

A meeting of the **Borders NHS Board** will be held on **Thursday, 1 December 2022** at 9.00am via **MS Teams**.

**AGENDA**

<b>Time</b>	<b>No</b>		<b>Lead</b>	<b>Paper</b>
<b>9.00</b>	<b>1</b>	<b>ANNOUNCEMENTS &amp; APOLOGIES</b>	Chair	<i>Verbal</i>
<b>9.01</b>	<b>2</b>	<b>DECLARATIONS OF INTEREST</b>	Chair	<i>Verbal</i>
<b>9.02</b>	<b>3</b>	<b>MINUTES OF PREVIOUS MEETING</b> 06.10.22	Chair	<i>Attached</i>
<b>9.03</b>	<b>4</b>	<b>MATTERS ARISING</b> Action Tracker	Chair	<i>Attached</i>
<b>9.05</b>	<b>5</b>	<b>STRATEGY</b>		
9.05	5.1	Digital Programme Update	Head of IM&T	Presentation
9.15	5.2	Health Inequalities Report	Director of Public Health	Appendix-2022-79 Presentation
<b>9.25</b>	<b>6</b>	<b>FINANCE AND RISK ASSURANCE</b>		
9.25	6.1	Resources & Performance Committee minutes: 01.09.22	Board Secretary	Appendix-2022-80
9.26	6.2	Audit Committee minutes: 15.06.22, 23.06.22, 29.08.22	Board Secretary	Appendix-2022-81
9.27	6.3	Endowment Fund minutes: 06.06.22	Board Secretary	Appendix-2022-82
9.28	6.4	Finance Report	Director of Finance	Appendix-2022-83
<b>9.38</b>	<b>7</b>	<b>QUALITY AND SAFETY ASSURANCE</b>		
9.38	7.1	Clinical Governance Committee minutes: 14.09.22	Board Secretary	Appendix-2022-84
9.39	7.2	Quality & Clinical Governance Report	Director of Quality & Improvement	Appendix-2022-85
9.50	7.3	Infection Prevention & Control Report	Director of Nursing, Midwifery & AHPs	Appendix-2022-86

<b>10.00</b>	<b>8</b>	<b>ENGAGEMENT</b>		
10.00	8.1	Staff Governance Committee minutes: 22.09.22	Board Secretary	Appendix-2022-87
10.01	8.2	Public Governance Committee minutes: 11.08.22	Board Secretary	Appendix-2022-88
10.02	8.3	Area Clinical Forum Minutes: 14.06.22	Board Secretary	Appendix-2022-89
10.03	8.4	Dying to Work Charter	Director of HR, OD & OH&S	Appendix-2022-90
<b>10.08</b>	<b>9</b>	<b>PERFORMANCE ASSURANCE</b>		
10.08	9.1	NHS Borders Performance Scorecard	Director of Planning & Performance	Appendix-2022-91
<b>10.20</b>	<b>10</b>	<b>GOVERNANCE</b>		
10.20	10.1	Board Committee Memberships	Chair	Appendix-2022-92
10.21	10.2	Public Protection	Director of Nursing, Midwifery & AHPs	Appendix-2022-93
10.33	10.3	Risk Management Annual Report 2021/22	Director of Quality & Improvement	Appendix-2022-94
10.46	10.4	Borders Alcohol and Drug Partnership Annual Report 2021-2022	Director of Public Health	Appendix-2022-95
10.58	10.5	Scottish Borders Health & Social Care Integration Joint Board minutes: 17.08.22, 21.09.22, 31.10.22	Board Secretary	Appendix-2022-96
<b>10.59</b>	<b>11</b>	<b>ANY OTHER BUSINESS</b>		
<b>11.00</b>	<b>12</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
		Thursday, <b>2 February 2023</b> at 9.00am as a hybrid meeting in the Lecture Theatre, Headquarters, Borders General Hospital.	Chair	<i>Verbal</i>

Minutes of a meeting of the **Borders NHS Board** held on Thursday 6 October 2022 at 10.00am in person at Tweed Horizons.

**Present:**

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

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Planning & Performance
- Mr A Carter, Director of HR & OH&S
- Mr C Myers, Chief Officer Health & Social Care
- Mr K Lakie, General Manager Planned Care
- Mr S Whiting, Infection Control Manager
- Mrs C Oliver, Head of Communications & Engagement
- Ms L Henderson, Communications Officer

## **1. Apologies and Announcements**

- 1.1 Apologies had been received from Dr Tim Young GP, Associate Medical Director P&CS, Mr Gareth Clinkscale, Director of Acute Services, Mrs Laura Jones, Director of Quality & Improvement, Dr Janet Bennison, Associate Medical Director BGH, and Dr Amanda Cotton, Associate Medical Director MH&LD
- 1.2 The Chair welcomed Dr Sohail Bhatti to his first meeting of the Board in his role as Director of Public Health.
- 1.3 The Chair welcomed Mr Kirk Lakie, General Manager Planned Care, who deputised for Mr Gareth Clinkscale.
- 1.4 The Chair to welcomed a range of attendees to the meeting including members of the public and media.
- 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. Declarations of Interests**

2.1 The declarations of interest form for Dr Sohail Bhatti was tabled.

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

The **BOARD** approved the inclusion of the declarations of interests for Dr Kevin Buchan, Dr Sohail Bhatti and Mr James Ayling in the Register of Interests.

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

3.1 The minutes of the Extraordinary meeting of Borders NHS Board held on 16 June 2022 were approved.

3.2 The minutes of the previous meeting of Borders NHS Board held on 30 June 2022 were approved.

## **4. Matters Arising**

4.1 **Action 3:** Mr Chris Myers confirmed there was no further update and he proposed the matter be closed on the action tracker.

4.2 **Action 4:** The Chair suggested that the item be delegated to the Resources and Performance Committee and be closed on the action tracker.

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

The **BOARD** noted the Action Tracker and agreed to close actions 3 and 4.

## **5. 2022/23 Annual Delivery Plan Feedback**

5.1 Mrs June Smyth provided an overview of the content of the report and clarified that the process for approving it was slightly unusual as it had already been discussed with the Scottish Government who had made further suggestions. The report however still required Board approval in its original form.

5.2 Mr Kirk Lakie commented that in regard to the question in the Q&A document on feedback from the public on waiting times, there had been no specific feedback received, however a number of patients who had been waiting for a significant period of time had been contacted to discuss whether it was in their long term interests to proceed with their planned procedure.

5.3 Mr Lakie further advised that in regard to National Treatment Centres (NTCs), whilst one would not be built locally, NHS Borders would benefit as it would be able to send its longest waiting patients to an NTC.

- 5.4 Mr Tris Taylor commented that in regard to health inequalities he would like to see further developments for the organisation to be more strategic and less reactive.
- 5.5 The Chair welcomed Mr Taylor's suggestion and added that she had spoken to Dr Sohail Bhatti in regard to making health inequalities more of a priority area.
- 5.6 Mr Chris Myers commented that in regard to section 6.6, substantial engagement had taken place including the engagement of around 130 people from 11 equality groups including: physical disability; learning disability; mental health; carers; older people; LGBT; the homeless; and specifically targeted groups with protected characteristics. The feedback from those groups was a rich source of learning and was being fed into the needs assessment.
- 5.7 Mr June Smyth commented that the narrative within the document would not alter however the trajectories would be revisited due to changes with funding levels.
- 5.8 Mr Andy Carter commented in regard to recruitment that the equality mainstreaming report contained more data on protected characteristics. He also reminded the Board that it had an obligation to publish a joint workforce report which contained further detail on recruitment and protected characteristics.
- 5.9 Mrs Lucy O'Leary commented that she welcomed the Scottish Government scrutiny on specificity and that the Board had previously struggled with a lack of basic data. She commented that the work on the needs assessment would be crucial to for both the Integration Joint Board and the Health Board.
- 5.10 Mrs Fiona Sandford commented that in regard to health inequalities it was dangerous to make big claims when the data was light and she welcomed the gathering of more data.
- 5.11 Mr Taylor enquired about the term "stabilise" used by the Scottish Government. Mrs Smyth commented that the Scottish Government used it to describe a "steady state of service" as opposed to pre pandemic levels of service.

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

The **BOARD** formally approved the NHS Borders Annual Delivery Plan 2022/23 as at September 2022.

The **BOARD** noted that the trajectories would be reviewed given the lack of funding being made available by the Scottish Government.

The **BOARD** noted that the access trajectory would look significantly different.

## **6. Annual Review Letter 2020/2021**

6.1 Mrs June Smyth provided a brief overview of the content of the letter.

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

The **BOARD** noted the letter.

## **7. Primary Care Improvement Plan Update**

- 7.1 Mr Chris Myers provided an overview of the content of the report and highlighted that it related to the GMS contract. He explained the tripartite arrangement of the Primary Care Improvement Plan (PCIP) Executive and the progress it had made in developing the PCIP. He spoke of the original funding arrangement of the GMS contract through the Scottish Government and the recent change in funding arrangements which had put the delivery of the contract locally at risk.
- 7.2 Mrs Fiona Sandford enquired where NHS Borders stood on PCIP in relation to other Health Boards. Mr Myers commented that he did not have comparison data however he was aware that a number of other Boards were in a similar position.
- 7.3 Dr Lynn McCallum commented that the risks associated with the non delivery of the PCIP were significant given primary care delivered 90-95% of health care interventions and the contract was essentially the continuity of primary care in the region.
- 7.4 Mr Ralph Roberts commented that he recognised the significant risks to PCIP and the provision of sustainability in primary care would be a major factor moving forward. He further spoke of the financial situation, level of resources required and challenges ahead. He further reminded the Board that the PCIP sat alongside the GMS contract and the delivery of the PCIP was not the sole determinate of the GP contract having been delivered.
- 7.5 Mr James Ayling enquired if there was a point at which the PCIP was inequitable and unfair given it put the organisation under additional financial pressure. The Chair commented that whilst the goal posts had been moved it was important for the PCIP Executive to have the ability to reprioritise existing workstreams and be cognisant of the impact on staff, patients and the organisation as a whole.
- 7.6 Mr John McLaren enquired about workforce risks, the GMS oversight group, the TUPE of staff from GP Practices to NHS Borders, the impact of recruitment of staff on the organisations carbon footprint and any potential cost pressure of the GMS contract.
- 7.7 Mr Roberts explained that the GMS oversight group was a tripartite national group with a role of keeping oversight of the implementation of the PCIP across NHS Scotland. He advised that he was a representative member of the group on behalf of the Board Chief Executive's and it received regular reports on recruitment and staff spend against the PCIP.
- 7.8 Mr Andrew Bone explained the funding routes for agenda for change pay uplifts and the differences with the GMS contract components and standard payments to GP Practices. He further advised that the PCIP was a development that sat alongside the delivery of core services and was not paid to GPs directly. The Scottish Government were responsible for funding the PCIP and the Health Board were responsible for the delivery of it and held the GMS contracts for Practices.
- 7.9 Dr Kevin Buchan commented that he had been involved in the PCIP Executive for some time and that it was difficult to put into context how it felt as a GP given they

had one contract that was the GMS contract. It felt like a failure for GPs as the Terms and Conditions were not being delivered by the Scottish Government. However Borders was in a better position than some areas and it had been able to deliver a lot of helpful parts of the contract and those parts it had not delivered had not been deemed as the most favourable parts of the contract. GPs were obliged to work under the contract and were currently awaiting the outcome of the contract. Other areas had received funding to bolster the contract however that had not been the case locally. Dr Buchan further advised that further funding had always been expected for the full achievement of the GMS contract given £250m across NHSScotland would never be enough to deliver a complete change in primary care.

- 7.10 The Chair suggested the questions on workforce raised by Mr McLaren be placed on the action tracker and a direct response be sought.
- 7.11 Mrs Sandford enquired given the financial constraints, what the Board could do to help. Dr Buchan suggested it required additional funding and staff in order to deliver the remained of the contract.
- 7.12 Mr Tris Taylor enquired from a risk perspective what could be achieved without destroying the goodwill that was there.
- 7.13 Dr McCallum commented that GPs were working long hours to deliver exceptional services under challenging circumstances. She suggested there were opportunities to innovate and highlighted polypharmacy as an area where significant savings could be achieved and potentially be reinvested back into PCIP.

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

The **BOARD** noted the update.

The **BOARD** agreed to add the questions on workforce on to the action tracker.

## **8. Quarter 1 Review**

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

The **BOARD** noted the report.

## **9. Resources & Performance Committee minutes: 05.05.22, EO 04.08.22**

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

The **BOARD** noted the minutes.

## **10. Finance Report**

- 10.1 Mr Andrew Bone provided an overview of the report and highlighted: the £8.39m overspend was broadly in line with expectations for the Quarter 1 (Q1) review; the forecast £13.7m deficit remained in line with the Q1 review and there were some risks associated with it; additional actions had been put in place to return to the financial plan position of £12.2m; and 60-70% of plans had been identified to deliver the £5m savings target. It was likely however that those savings would not be fully

realised in the current year, with further mitigation included within the additional actions identified. A recovery plan was being prepared for submission to Scottish Government in line with requirements identified in feedback to the Board's Quarter 1 submission.

- 10.2 Cllr David Parker commented that the Scottish Government repeatedly added additional cost pressures to the Board by insisting their priority areas were taken forward without funding being provided. He enquired what conversations were taking place nationally between Chairs and Chief Executives with the Scottish Government about the demands they were placing on already financially challenged Boards.
- 10.3 It was noted that Health Boards were each able to choose which areas to prioritise. The effect of the funding changes had meant that some areas which had not been prioritised now needed to be, and that was causing difficulties for NHS Borders. Other Health Boards that had prioritised differently would therefore experience the funding changes differently.
- 10.4 Mrs Fiona Sandford suggested the Scottish Government were not being clear with the public on just how difficult the situation was for the delivery of health services.
- 10.5 Mr Roberts commented that Chief Executives and Directors of Finance were in regular contact with the Scottish Government in regard to developing a reform plan and what the future might need to look like for the delivery of services and how that might be perceived by the public.
- 10.6 The Chair commented that Chairs also met regularly with the Cabinet Secretary in smaller groups representing urban and rural areas and there was more optimism on being able to influence future planning.
- 10.7 Ms Sonya Lam enquired if there were other MoUs like that of the PCIP that might change in the future and lead to an unplanned pressure on the organisation. She further enquired about the vacancy controls for non frontline staff and suggested they could in some instances have an impact on frontline staff.
- 10.8 Mr Bone commented that there were a number of areas with policy commitments attached to additional investment that were not secure but that his assessment was that PCIP was likely to be the most significant single instance of such issues. He further commented that whilst the Board had a responsibility to raise concerns around expectations to Scottish Government it was also important that there was continued effort to drive efficiency, increase value and progress the transformation of services. There was a frustration in the equity and expectation of individual Health Boards to come up with their own solutions. Mr Bone acknowledged this and referenced the point made by Mr Roberts in relation to the close working with Scottish Government to identify solutions within a national context.
- 10.9 Mr Andy Carter commented that in regard to vacancy control measures, the term non frontline staff was not helpful as it included telephonists, catering and IT and they had a significant impact on the delivery of all services.
- 10.10 Further discussion focused on: visit to front line staff by the Chief Nursing Officer; on-going pressure on frontline staff; improving relationships between Health Boards

and the Scottish Government; empowering local communities; and national public messaging.

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

The **BOARD** noted that it was reporting an overspend of £8.39m for five months to the end of August 2022.

The **BOARD** noted the position reported in relation to COVID-19 expenditure and how that expenditure had been financed.

The **BOARD** noted the revised projected deficit for 2022/23 of £13.7m, following the Quarter one review.

## **11. Clinical Governance Committee minutes: 18.05.22, 20.07.22**

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

The **BOARD** noted the minutes.

## **12. Quality & Clinical Governance Report**

12.1 Dr Lynn McCallum provided a brief overview of the content of the report and highlighted 3 key areas which included: a lack of assurance in relation to nurse staffing levels in acute and the significant work that was ongoing to mitigate the risk; HSMR level; and significant pressure in the patient experience team.

12.2 Mr Ralph Roberts advised the Board that there was likely to be a delay with the Scottish COVID inquiry following the resignation of the Inquiry Chair and Counsel.

12.3 Mrs Harriet Campbell enquired about duty of candour in relation to hospital acquired COVID-19 infection. Dr McCallum confirmed that it was applied in the context of incident management where there was a clear failure of systems.

12.4 Mr Tris Taylor asked that a report on the patient experience team situation in regard to complaints be submitted to the Public Governance Committee. The Chair agreed with the suggestion and asked that it be captured on the Action Tracker.

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

The **BOARD** noted the report.

The **BOARD** agreed that a report on the PET situation in regard to complaints be submitted to the Public Governance Committee.

## **13. Infection Prevention & Control Report**

13.1 Mr Sam Whiting provided an overview of the content of the report and assured the Board that duty of candour appeared as a standard item on the incident management team meeting agenda. He advised of an increase in COVID cases in the Borders General Hospital, Community Hospitals and Care Homes. He further advised of the progress that had been made in hand hygiene compliance.

- 13.2 Dr Lynn McCallum reminded the Board that it was not yet clear of the pandemic and another COVID wave during the winter period was highly likely. It would obviously lead to the isolation of patients, closure of bays and in turn longer waits in the Emergency Department.
- 13.3 The Chair commented that the Chairs Group constantly reminded the Scottish Government that the pandemic was ongoing.
- 13.4 Mr Whiting commented that the approach of the incident management team to a further wave of COVID would be to minimise risk and co-morbidity in the Emergency Department, through balancing risk by isolating infected patients, closing wards and reducing prolonged exposure to contacts which were not easily accommodated within the Borders General Hospital footprint.

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

The **BOARD** noted the report.

#### **14. Food, Fluid and Nutrition Update**

- 14.1 Mrs Sarah Horan provided a brief overview of the content of the report and suggested that in future it be included in a regular report to the Clinical Governance Committee and no longer be a standalone report to the Board.

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

The **BOARD** noted the report and agreed that it would be reported through the Clinical Governance Committee in future as part of the fundamentals of care report.

#### **15. Staff Governance Committee minutes: 23.03.22**

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

The **BOARD** noted the minutes.

#### **16. Public Governance Committee minutes: 11.05.22**

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

The **BOARD** noted the minutes.

#### **17. Whistleblowing Annual Report 2021/2022**

- 17.1 Mr Andy Carter commented that the Independent National Whistleblowing Ombudsman (INWO) required all Boards to produce an annual report. He commented that there had been a single case of whistleblowing in relation to a breach of patient confidentiality. A Whistleblowing Governance Group and a Whistleblowing Network of contacts had also been set up.
- 17.2 Ms Sonya Lam commented that it was "Speak Up" week and that had been used for the launch of the local confidential contacts details. She further advised that the

national Whistleblowing Champions group had lobbied for additional questions to be added to iMatter in regard to whistleblowing.

- 17.3 Ms Lam further mentioned the variation across the Health Boards in terms of operational accountability for whistleblowing and that the INWO were advocating separation between HR functions and whistleblowing. She encouraged the Board Executive Team to consider the current operational arrangements for whistleblowing in NHS Borders.
- 17.4 Mr John McLaren commented that the confidential contacts were a wide range of staff across a large geographical area.

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

The **BOARD** noted the report.

## **18. NHS Borders Performance Scorecard**

- 18.1 Mrs June Smyth provided an overview of the content of the report. She advised that an issue had come to light in regard to waiting times.
- 18.2 Mr Kirk Lakie advised the Board in regard to diagnostic performance and those waiting over 6 weeks. There had been a significant increase in numbers reported. He commented that the radiology information system had been transferred to a new system and it was likely that the reports generated by the new system were responsible for the increase in numbers. He emphasised that it did not mean that the reports were inaccurate and he had asked the Business Intelligence Team to analyse the reports and review what had changed in the system. Once the output of the Business Intelligence Team was known he would advise the Board accordingly.
- 18.3 Mrs Smyth commented that following on from the Annual Delivery Plan discussion trajectories would be revised for future scorecard reports.
- 18.4 Mr James Ayling enquired if the spike in endoscopy was a continuation of the radiology reporting issue. Mr Lakie commented that in regard to endoscopy there were a number of routine patients who had been on the endoscopy waiting list for a significant period of time. Priority was given to those patients who needed urgent endoscopy as the service did not have the capacity to accommodate all patients on the list. Those patients who were waiting for a significant period of time were under active clinical review and the use of cytosponge which was a less invasive procedure was being taken forward as it reduced the number of patients who required a more invasive endoscopy.
- 18.5 Mr Ayling enquired about the waiting times reporting complications. Mr Lakie commented that reporting was now done directly from the TRAK system and was reviewed by the Business Intelligence Team.
- 18.6 Ms Sonya Lam enquired about levels of confidence in maintaining those trajectories that had a RAG status of green. Mr Lakie commented that those patients on cancer pathways were prioritised although there were challenges in regard to diagnostics.

18.7 Dr Lynn McCallum commented that she had spent the previous 5 weeks working clinically and conversations had started with the acute sector on diagnostics and realistic medicine. It was not about reducing demand but was about patient care and providing the highest patient care possible. She expected that some tests that were no adding value to the patient would be stopped, and potentially that might reduce some demand.

18.8 Dr Kevin Buchan commented that it would be important to advertise to clinicians the anticipated change in behaviour to improve patient outcomes.

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

The **BOARD** noted performance as at the end of August 2022.

### **19. Board Meeting Dates & Business Cycle 2023**

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

The **BOARD** approved the Board meeting dates schedule for 2023.

The **BOARD** approved the Board Business Cycle for 2023.

### **20. Consultant Appointments**

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

The **BOARD** noted the report.

### **21. Scottish Borders Health & Social Care Integration Joint Board minutes: 16.06.22**

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

The **BOARD** noted the minutes.

### **22. Any Other Business**

22.1 No further business had been identified.

### **23. Date and Time of next meeting**

23.1 The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday, 1 December 2022 at 9.00am ideally in person, venue to be confirmed.

*The meeting concluded at 12.05.*

**BORDERS NHS BOARD: 6 OCTOBER 2022**

**QUESTIONS AND ANSWERS**

No	Item	Question/Observation	Answers
1	Appendix-2022-60 Register of Interests	-	-
2	Minutes of Previous Meeting	-	-
3	Action Tracker	-	-
4	Appendix-2022-61 2022/23 Annual Delivery Plan Feedback	<p><b>Lucy O’Leary:</b> P 34/35 Tables not clear Table 1 – parts of legend missing Table 2 – I don’t understand what the increase/decrease refers to – what is the baseline for the comparison? (no label on the Y axis to help)</p> <p>P 37 4.2.9 “<i>future joint approaches to housing for key workers in the Public Sector</i>” – this is a welcome initiative. But hope it’s mindful of the needs of key workers who do not happen to be have a public sector employer eg third/ independent sector homecare or care home workers etc. Would be interested to learn more about this as work progresses</p> <p>P 42 5.9 Patient validation. Do we have any feedback from patients on how this has been received?</p>	<p><b>June Smyth:</b> Table 1- Apologies this has happened when the chart has been made smaller for the document, this will be updated, updated chart attached to these responses for reference.</p> <p><b>Claire Smith:</b> apologies that this table is unclear the key challenge over the next year is to shift supplementary staffing to substantive posts increasing the sustainability and stability of our workforce</p> <p><b>Claire Smith:</b> This work is being progressed as part of the HSCP Integrated Workforce Plan, and actions related to this will be progressed in working groups with representation from Independent and 3rd Sectors.</p> <p><b>Kirk Lakie:</b> No specific feedback, we are finding that a small number of patients no longer require the procedure they were listed</p>

		<p>P 44</p> <p><i>5.14.1 We will continue to work with the NTC Delivery Group and support work aimed at identifying how capacity will be utilised nationally to ensure an equitable reduction in waiting times across NHS Boards. NHS Borders is not currently developing capacity funded from the NTC programme.</i></p> <p>Why not? Are we not in a bad enough situation to reach the top of the list?</p> <p>P 45 Integrated Planned Care Board: Again, a welcome development. Are unpaid carers (as one of the critical resources that may or may not support patients to “wait well”) included in the stakeholders for this work?</p> <p>P 65, feedback letter</p> <p><i>Most plans would benefit from more detailed information on specific work around health inequalities or more specificity around how deliverables will address inequalities, particularly how the Boards’ work will impact specific disadvantaged groups</i></p> <p>Amen – and not just in relation to protected characterisitcs</p>	<p>for 18-24 months previously, and removing these patient doe support planning.</p> <p><b>Kirk Lakie:</b> The development of NTC’s pre-dates Covid recovery planning and they are focused on addressing core or underlying elective capacity gaps nationally. Our immediate challenge relates to backlogs that have built up over the past 26-28months, and on recovering our workforce to support delivering core potential capacity locally. NHS Borders doesn’t necessarily require the capital investment associated with extending physical capacity via the NTC programme on a recurring basis. However, will be looking to access additional NTC capacity given the national commitment to maintaining equity in waiting times nationally, and as additional capacity comes on line during 2023/24 onwards. This would be similar to the arrangement we have in place with NGJH for Orthopaedic, Ophthalmology and General Surgery.</p> <p>Concerns have been raised that NTC developments may increase the overall workforce challenges we are facing, but longer term there is no doubt they will provide much needed capacity across NHS Scotland once established.</p> <p><b>June Smyth:</b> Point noted thank you</p>
5	Appendix-2022-61	<b>Harriet Campbell:</b>	<b>June Smyth:</b> As with RMP4 the ask is that

	2022/23 Annual Delivery Plan Feedback	<p>Slightly confused by what we are being asked to approve here: This is the ADP that has already been sent to and approved by SG. SG have reviewed and asked for a separate Q2 update to include issues they identified as lacking. We don't have that update. But we are approving something that SG has already said is broadly ok but missing things (which will be in the update which we haven't seen). That being the case what is the purpose of our approval?</p> <p>Or have I misunderstood and is this the Q2 update itself? I presume not, but if it is it's not clear (to me) that we have addressed all of what they ask for: there seems to be very little on, eg is 7.1.1 the detailed information on addressing health inequalities (is it detailed enough?) but then where is the information on MAT?</p> <p>That said, there is impressive honesty and clarity of language in setting the scene in the ADP. Thank you.</p>	<p>the Board approves the ADP that was submitted as draft to SG at the end of July 2022. SG requested that they had an opportunity to review plans prior to being taken through Boards Governance structures for approval. The letter provides us feedback to build into future quarterly updates and recommends we should now present the plan to our Board for approval.</p> <p>The Q2 progress update is to be submitted to SG by end of October 2022 – it will be shared with the Board thereafter.</p> <p>In regards to HIIA- it was felt that the key deliverables were such that rather than attempt to do a HIIA on the whole ADP that this should in fact be done individually as work progresses.</p>
6	Appendix-2022-61 2022/23 Annual Delivery Plan Feedback	<p><b>James Ayling:</b> Just a comment ..no answer required good to see reference to the Plan being affected by “evolving financial position”.</p> <p>S6.4.1 of ADP states that we are working on developing a team of Advanced Nurse Practitioners empowered to make clinical decisions for Care Homes residents. For my info how does this link in with the role of District Nurses ?</p>	<p><b>June Smyth:</b> Noted thank you</p> <p><b>Sarah Horan:</b> The ANP role is more about medicines review and support for reduction of polypharmacy, health assessments and treating minor illness to maintain healthy residents. DNs provide care in relation to review of effectiveness of the care plans, dressings, nutritional state and appropriate referral and input of AHPs.</p>
7	Appendix-2022-62	-	-

	Annual Review Letter 2020/2021		
8	Appendix-2022-63 Primary Care Improvement Plan Update	-	-
9	Appendix-2022-64 Quarter 1 Review	<p><b>Harriet Campbell:</b> Given that ADP 22/23 is still to be approved, SG's requirements for ADP 23/24 seem optimistic at best. Is this yet being considered? Are there expectations on behalf of SG that could/should be managed at this stage? SG's points are somewhat demanding...</p> <p>Can we have an update on the recovery plan discussion (which hasn't happened as I type, but will have before the meeting)</p>	<p><b>Andrew Bone:</b> Note your points around SG expectations. We do feedback regularly on level of expectation and present context of current operating position. Whilst the timescales are challenging (particularly the short term, in year plan) I recognise that we will need to ensure we direct effort towards the development of the ADP 23/24 and that the timescales are no different from the normal planning cycle (albeit the ask is greater).</p> <p>Happy to update on recovery plan – was expecting to bring a briefing to the NEDs informal meeting in next couple of weeks but might be possible to cover at some point on Thursday.</p>
10	Appendix-2022-65 Resources & Performance Committee minutes: 05.05.22, EO 04.08.22	-	-
11	Appendix-2022-66 Finance Report	<p><b>James Ayling:</b> SG Letter to Ralph dated 12 Sept :I see that “Any financial support will be provided on the same basis as pre-pandemic - in that it will need to be accompanied by a recovery plan and will be repayable in full by the Board”... Can you clarify when it might need to be repaid 23/24</p>	<p><b>Andrew Bone:</b> I don't have clarity at this stage. In 2019 we received £8.3m brokerage which is due for repayment. There has never been an agreed timescale for this to be repaid and I have submitted previous financial plans with the assumption that it would not fall due until after we had cleared our recurring deficit –</p>

		or later?  Is the PMO now fully staffed?	<p>in effect, we don't clear the backlog until we have achieved balance.</p> <p>I do, however, suspect this position may be altered for 2022/23 brokerage and I'll be picking up with SG following submission of our initial in year financial recovery plan.</p> <p><b>June Smyth:</b> We are currently inducting new staff into the PMO. On the 3<sup>rd</sup> of October 2 Senior Project Managers and 1 Project Support Officer started in their new roles. A further 3 Project Managers will commence by the middle of November with the PMO Manager taking up post on the 1<sup>st</sup> December due to notice period. This will mean the PMO will be fully staff (as per the agreed staffing model) by the 1<sup>st</sup> December.</p>
12	Appendix-2022-67 Clinical Governance Committee minutes: 18.05.22, 20.07.22	-	-
13	Appendix-2022-68 Quality & Clinical Governance Report	<b>Harriet Campbell:</b> Should have raised this at CGC itself but did SG every confirm whether the duty of candour applies in relation to hospital acquired Covid 19 ?	<b>Lynn McCallum:</b> Duty of Candour would be considered where the Incident Management Team identify a failure to follow our standards for infection control, or to follow PPE current guidance and it is felt there is a cause or effect relationship between the two. There has been no official SG guidance issued in relation to this.
14	Appendix-2022-69 Infection Prevention & Control Report	-	-
15	Appendix-2022-70	<b>Harriet Campbell:</b>	<b>Sarah Horan:</b> The 54% is a recording of usual

	Food, Fluid and Nutrition Update	The outliers in the Appendix seem to be in weighing patients on entry (and recording the scales used). Is this not something that could relatively easily be rectified and if not why not? Surely without this data any of the MUST that relates to BMI is then useless? – how can we have 91% of patients with BMI recorded if we are only weighing 54% of them?	weight, not actual weight on admission so the BMI calculations are accurate. What is missed by not recording the usual weight is pre admission weight loss over time that may indicate pathology or decline and requires Dietetic referral. Recording of weighing equipment used is an area for improvement to ensure consistency of approach during hospital stay and any reassessment required.
16	Appendix-2022-71 Staff Governance Committee minutes: 23.03.22	-	-
17	Appendix-2022-72 Public Governance Committee minutes: 11.05.22	-	-
18	Appendix-2022-73 Whistleblowing Annual Report 2021/2022	-	-
19	Appendix-2022-74 NHS Borders Performance Scorecard	<b>Harriet Campbell:</b> Some narrative missing at the bottom of page 4. Generally thought I think the addition of more narrative is hugely helpful. Thank you.  TTG stabilisation is positive however still some way off getting down to no patients waiting over 2 years. Do we have an estimate of when (if) this might be achieved?	<b>June Smyth:</b> Noted thank you, we have updated the scorecard and circulated with these responses  <b>Kirk Lakie:</b> We don't currently have an agreed trajectory that supports achieving this target in 2022/23.  We are working to recover elective core capacity as a priority for surgery. At present projected capacity, including that available from external providers will not be sufficient to meet clinically urgent workloads and

			<p>accommodate patients at or approaching a 2 year wait.</p> <p>We are exploring the potential for further external capacity to bridge our more immediate capacity gap; however our recent allocation letter confirming Waiting Times funding for 2022/23 was significantly lower than anticipated.</p> <p>We are working through revised plans given confirmation on funding, mapping what this means for planned additionality and our subsequent TTG trajectory for the remainder of the year.</p>
20	Appendix-2022-74 NHS Borders Performance Scorecard	<p><b>James Ayling:</b> Some background please for significant Diagnostic waits over 6 weeks increase.</p>	<p><b>Kirk Lakie:</b> The significant increase in reported delays is associated with the migration to a new RIS (reporting system for radiology).</p> <p>Initial assessment suggests that this has been an issue with the previous RIS and how data has been reported. The Radiology and BI team are working on reconciling to ensure we are confident the current reported position is accurate.</p>
21	Appendix-2022-75 Board Meeting Dates & Business Cycle 2023	-	-
22	Appendix-2022-76 Consultant Appointments	-	-
23	Appendix-2022-77 Scottish Borders Health	-	-

	& Social Care Integration Joint Board minutes: 15.06.22		
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## Borders NHS Board Action Point Tracker

Meeting held on 2 December 2021

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 <b>BOARD</b> agreed that a development session for board members should be scheduled for early 2022.	<b>Andrew Bone</b>	<b>In Progress:</b> Board Development session on 30 June 2022 identified.  <b>Update:</b> 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.  <b>Update:</b> This subject matter has now been deferred to the December Board Development 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 <b>BOARD</b> agreed to undertake a workshop and to add the action to the Action Tracker.	<b>Keith Allan</b> <b>Andy Carter</b>	<b>In Progress:</b> Board Development session on 6 October 2022 identified.  <b>Update:</b> With the appointment of a new Director of Public Health this subject matter has now been deferred to the December Board Development session

Meeting held on 6 October 2022

**Agenda Item:** Primary Care Improvement Plan Update

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2022-1	7	<p>Mr John McLaren enquired about workforce risks, the GMS oversight group, the TUPE of staff from GP Practices to NHS Borders, the impact of recruitment of staff on the organisations carbon footprint and any potential cost pressure of the GMS contract.</p> <p>The Chair suggested the questions on workforce raised by Mr McLaren be placed on the action tracker and a direct response be sought.</p> <p>The <b>BOARD</b> agreed to add the questions on workforce on to the action tracker.</p>	<b>Andy Carter</b>	<b>In Progress</b>

**Agenda Item:** Quality & Clinical Governance Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2022-2	12	The <b>BOARD</b> agreed that a report on the PET situation in regard to complaints be submitted to the Public Governance Committee.	<b>Laura Jones</b>	<b>In Progress:</b> Report being prepared for the next meeting of the Public Governance Committee.

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Health Inequalities Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Dr Sohail Bhatti Director of Public Health</b>
<b>Report Author:</b>	<b>Dr Keith Allan Associate Director of Public Health</b>

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Legal requirement

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

- Safe
- Effective
- Person Centred

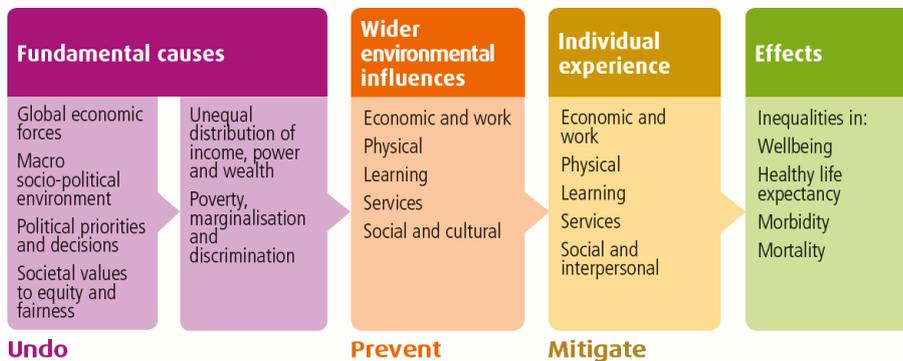
## 2 Report summary

### 2.1 Situation

2.1.1 Unfair and avoidable health inequalities exist within our communities. While there have been improvements in overall health, with people living longer than ever before, Scotland still has one of the lowest life expectancies in Western Europe and the lowest of all UK countries. While life expectancy has been increasing overall, there are significant differences between areas and healthy life expectancy can also be significantly shorter than total life expectancy. These differences are strongly influenced by gender and ethnicity but also by circumstances into which people are born, the places where they live, their education, the work they do and their access to positive social networks. There is a 9-10 year life expectancy difference depending on where you live in Borders. Addressing these inequities requires a person centred life course approach. Inequalities may be geographic in nature, linked to deprivation or characteristics (protected or not) shared by groups of people.

## 2.2 Background

2.2.1 The upstream causes of health inequalities are due to unequal distribution of income, power and wealth limiting choice and leading to poverty and marginalisation. The layering of factors that are the wider determinants of the effects of inequality are described in the image below (PHS, 2022):



2.2.2 The cost of living crisis is damaging people's health. This (inter)national event amplifies the worst aspects of health and other inequalities and makes tackling them all the more urgent (Goddard, 2022 BMJ 2022;377:o1343). Goddard writing in the BMJ points to the Inequalities in Health Alliance's survey which found that 84% of those who said their health was getting worse attributed this to increased heating costs, 78% referenced the rising cost of food and 46% stated the cause was increased transport costs.

2.2.3 All public bodies are legally required in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

2.2.4 NHS Borders discharges these duties through the use of a number of tools and policies; for example Health Inequality Impact Assessments of new programmes or policies assess how groups of people may be differentially affected and seeks to ameliorate any disadvantage. We also have documents such as the Mainstreaming Report (due for publication at least every two years with Equality Outcomes being agreed at least every four years) through which we seek to better understand the make-up of our own staff, evidence how we are mainstreaming equality and diversity as an employer. However in the wider community there are limited data available describing the protected characteristics of our population.

2.2.5 We also have a role to play as an Anchor Institute and as such can influence wellbeing through our purchasing, using our spaces to support the community, reducing the environmental impact of our activities, widening access to work and through working with other important partners to influence their activities and to learn from them in turn.

## 2.3 Assessment

2.3.0.1 Co-produced solutions can be used to reduce inequality and facilitate growth in community capacity. This result in better service design but also timely delivery as less translation between policy and implementation may be needed.

2.3.0.2 Resource/services may need to be targeted services towards defined groups to allow equality of access (facilitated by Health Inequalities Impact Assessment (HIIA) and Health in All Policies (HiAP)).

2.3.0.3 Interventions to reduce inequalities should have a low bar of uptake; opt-out interventions are more likely to work than opt-in. In rural areas travel and location of services are also critical factors in accessibility and therefore equity.

2.3.0.4 While it is important that in targeting our resources we take into account areas of deprivation it should not be the sole focus as a significant proportion of people living in deprivation will be living in areas not defined as deprived by SIMD.

2.3.0.5 We require to develop metrics that work well for remote and rural areas and agree datasets to be collected so that we can evidence change. This will require an analytical resource.

2.3.0.6 Inequality is multifactorial and our response to it needs to be so too. It requires multiple agencies to work together with the community to consider and address unequal levels of power, influence, and wealth. Anchor institutes are in a unique position to influence this agenda with their own policies as well as by acting as advocates nationally.

2.3.0.7 In order to narrow inequalities our systems should wrap around the individual, with a no wrong door approach allowing linked up signposting between programmes. This requires good data, information and strong communication between partners, and in understanding need.

2.3.0.8 In summary, to address unfair inequalities, we need tightly aligned policies and programmes aimed at supporting the most vulnerable groups with appropriate signposting (e.g. to debt/money advice, food security, mental health and wellbeing support, employability, transport, energy efficiency advice). We need to provide opportunities and services in a joined up fashion, targeted at areas of greatest need and ensure that voices are heard through co-production. We also need to ensure that we can measure change, therefore data capture, intelligence and measurable outcomes are key requirements.

2.3.0.9 A whole systems approach is required. This needs to work across organisational structures, barriers and concepts of ownership to build a clear understanding of skills and roles. This partnership needs to work towards clear and agreed priorities.

2.3.0.10 All services need to be assessed through an inequality and inequity lens and preventative assessments and plans put in place.

### 2.3.1 Quality/ Patient Care

2.3.1.1 Greater emphasis on primary prevention, easier access to services which are more acceptable to our communities will result in improved outcomes for our population.

## **2.3.2 Workforce**

2.3.2.1 Greater understanding of our workforce and strengthened engagement may support health and wellbeing of our staff for example by further progressing mainstreaming work and our Anchor Institute role.

## **2.3.3 Financial**

2.3.3.1 Consideration to targeting of resource (including financial) may be required to ensure the principles of proportionate universalism are fully achieved. Health Inequalities are however wasteful, therefore a narrowing of them should see more effective and resource efficient services arising, especially where partnership working is undertaken. Our roles as an Anchor institute may help ameliorate the financial impacts of recent years.

## **2.3.4 Risk Assessment/Management**

N/A

## **2.3.5 Equality and Diversity, including health inequalities**

2.3.5.1 Public Sector General Duty, Equality Act (2010) and (Specific Duties) (Scotland) Regulations 2012 and Fairer Scotland Duty are addressed through equalities work. In a wider sense narrowing Health Inequalities promotes better wellbeing in our population, a fairer society and more efficient services.

## **2.3.6 Climate Change**

2.3.6.1 No direct impact of this paper; however may be covered in appropriate HIIA. More accessible services may make carbon patients per person seen.

## **2.3.7 Other impacts**

2.3.7.1 A narrowing of health inequalities is in line with the principles of social justice. They will also allow people to have fuller more productive lives, the result of which we may also see in the economic and cultural life of the Scottish Borders.

## **2.3.8 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.

- N/A

## **2.3.9 Route to the Meeting**

2.3.9.1 This paper was requested as an update to Inequalities work / Mainstreaming in NHSB

## 2.4 Recommendation

2.4.1 It is recommended that we:

- Create a baseline of inequalities within the Scottish Borders requiring a review of data held and how it is linked.
- Explore completion of data and how this may be improved (e.g. opportunities at recruitment, patient contact, survey).
- Explore data around missed appointments.
- Work with colleagues such as SBC, Primary and Secondary Care, CPP etc. to understand the data they hold population wide and develop procedures to link these data.
- Develop metrics (in addition to SIMD) to better understand deprivation and inequalities in remote and rural areas.
- Develop analytical resource in this area.
- Promote intersectoral collaboration and enable policy decisions to be seen through a health and equity 'lens'.
- Consider targeting of resources to meet need described and agree how we measure change.

## 3 List of appendices

3.1 The following appendices are included with this report:

- Appendix No 1, Health Inequalities Discussion Paper
- Appendix No 2, Equality Act's Public Sector **General Duty**

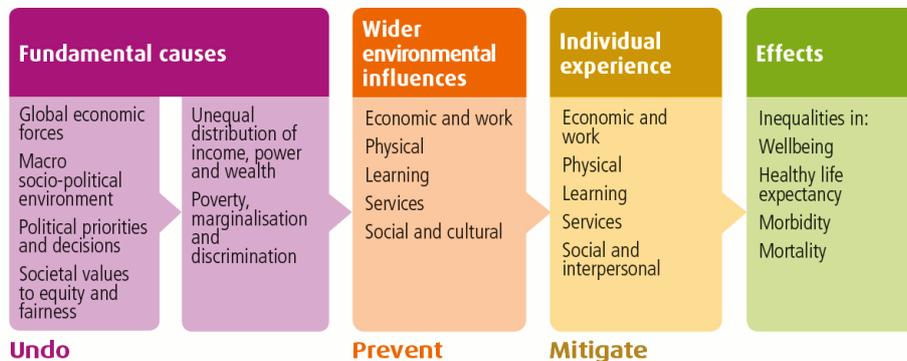
## Appendix 1 Health Inequalities

### 1. Introduction

- 1.1. Through the last century, we have seen considerable improvements in the overall health of the Scottish population. Much of this progress is a result of public health efforts and the provision of high quality healthcare to those who need it. People are now living longer than ever before, and that is a huge success. However despite this tremendous progress, Scotland still has one of the lowest life expectancies in Western Europe and the lowest of all UK countries. There is also some evidence that progress is slowing. While life expectancy has been increasing overall, there are also significant differences between areas. Healthy life expectancy can also be significantly shorter than total life expectancy. These differences are strongly influenced by gender and ethnicity but also by circumstances into which people are born, the places where they live, their education, the work they do and their access to positive social networks. There is a 9-10 year life expectancy difference depending on where you live in Borders. Addressing these inequities requires a person centred life course approach.
- 1.2. Poverty and inequality remain the biggest and most important challenges to our health, as the majority of health differences find their root cause in differences in wealth and income. Within Borders we have affluent areas and also pockets of deprivation (Fig. 1). However this we also have significant numbers of people living in deprivation outside of areas that statistics would recognise as deprived. This may cause issues for appropriate targeting of resource.
- 1.3. These health inequalities are unjust and often avoidable. Avoidable health inequalities (often termed “inequities” especially in North American discussion, here I use inequality as this is the term adopted by PHS, NHS Scotland etc.) are largely determined by social circumstances outwith the individual’s control and go against the principles of social justice. They mean that people are at an unfair disadvantage and that the right to the highest attainable standard of physical and mental health is not being met equally across our communities (PHS 2022 and TheKingsFund 2022).

## 2. Causes

2.1. The upstream causes of health inequalities are due to unequal distribution of income, power and wealth limiting choice and leading to poverty and marginalisation. The layering of factors that are the wider determinants of the effects of inequality are described in the image below (Fig.1):



(PHS, 2022)

2.2. Other geographic features also affect inequalities. Services are generally created with the expectation of equality of provision and access. However we know that is not how people living in our communities experience the world and inequitable distribution can drive inequalities in health. The Scottish Human Rights Commission has reported barriers to access which include: language barriers; attitudes of staff; culturally inappropriate offers; complex services but also in cost to attend. This latter point may be exacerbated in areas dealing with issues of rurality, such as the Scottish Borders, as transport costs and times can be significant. This may disadvantage groups in both accessing services initially and in follow-up (NHS Health Scotland, 2014).

2.3. Housing too can have an impact on inequalities. Within Borders we have housing stock ranging in age and state of repair. We know that the home someone lives in can directly affect their health (e.g. damp conditions leading to mould and increased likelihood of respiratory problems) but there are indirect consequences too. These will include distance to services, accessibility of mass transit / public transport, access to green spaces, access to shops selling healthy and affordable foods etc. There is also a mental wellbeing component tied to living conditions. This might include stress caused by decisions about how to heat a home or if it meets the physical needs of the occupant (which may well change over time). Furthermore a significant proportion of our housing stock is older and more difficult to heat. In more affluent areas decisions may be made to combat this by paying for better insulation or having the time and means to research better fuel tariffs or indeed access support to fund home improvements. It is a further regret that those on the lowest incomes disproportionately often pay higher fuel tariffs than more affluent members of the community.

### 3. Cost of Living Crisis

3.1. The cost of living crisis is damaging people's health. This (inter)national event amplifies the worst aspects of health and other inequalities and makes tackling them all the more urgent (Goddard, 2022 BMJ 2022;377:o1343). Goddard writing in the BMJ points to the Inequalities in Health Alliance's survey which found that 84% of those who said their health was getting worse attributed this to increased heating costs, 78% referenced the rising cost of food and 46% stated the cause was increased transport costs. There have also been reports of illnesses being worsened by cold homes and patients not accessing cancer investigation and treatment due to travel costs. We also see rising food costs pushing people to make unhealthy nutritional choices for themselves and their families. The response to this needs to be multiagency and cross-cutting to address the wider causes within the economy whilst at the same time protecting vulnerable people.

### 4. Protected Characteristics

4.1. The Equality Act 2010 defines the following as Protected Characteristics in Scotland:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

4.2. All public bodies are legally required in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

4.3. NHS Borders discharges these duties through the use of a number of tools and policies; for example Health Inequality Impact Assessments of new programmes or policies assess how groups of people may be differentially affected and seeks to ameliorate any disadvantage. We also have documents such as the Mainstreaming Report through which we seek to better understand the make-up of our own staff, evidence how we are mainstreaming equality and diversity as an employer. However in the wider community there are limited data available describing the protected characteristics of our population. Historically these data have not been captured well by health systems.

## 5. Inequalities in the Borders

5.1. The distribution of affluent and deprived areas, given by the Scottish Index of Multiple Deprivation (SIMD), in the Scottish Borders is shown in the map below (Fig. 2). This demonstrates that in Borders we have both areas of considerable affluence but also areas of significant deprivation. SIMD however has limitations, especially when used in a rural context (explored further below) and may not pick up need in communities. If an area does not show as being deprived by SIMD it does not mean that no one within it is living in poverty or deprivation. Indeed in these cases those experiencing deprivation may be at a greater disadvantage as they may not wish to be identified within a more affluent wider community and lose some of the protection of social capital seen in other areas.

Fig. 2

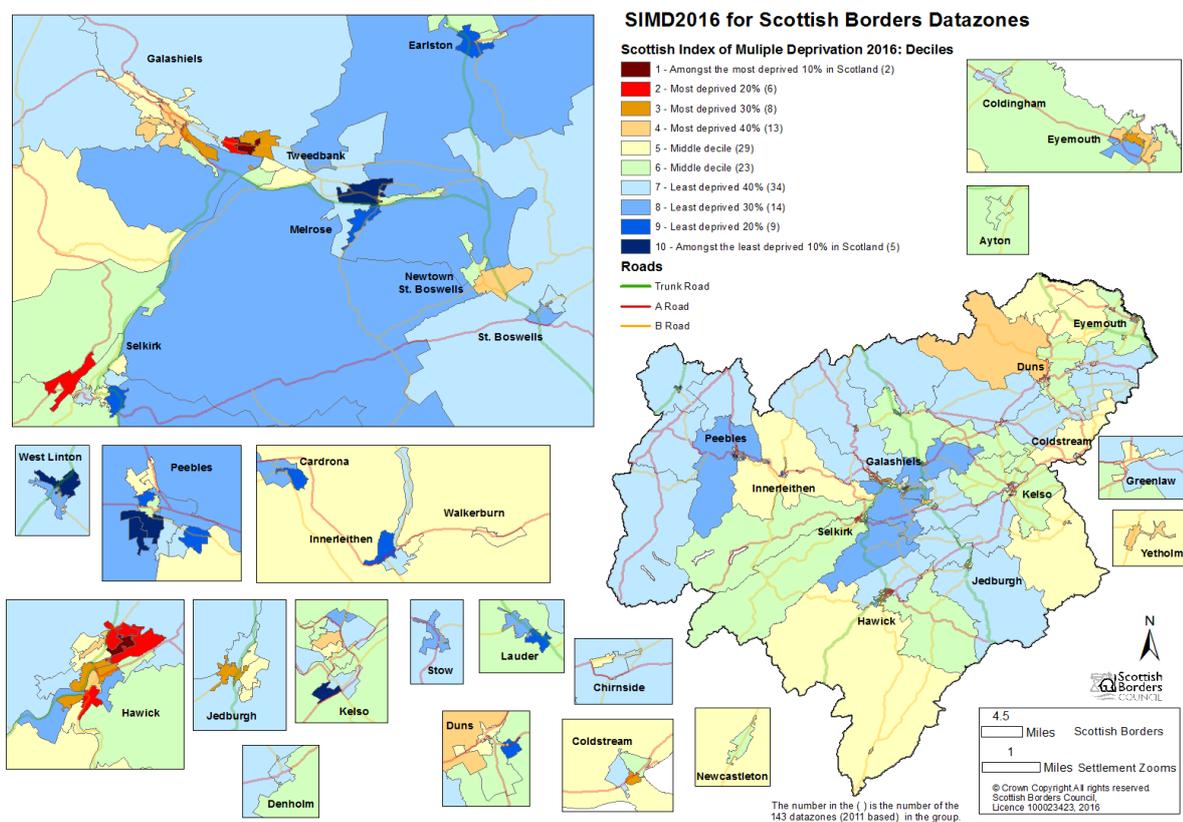
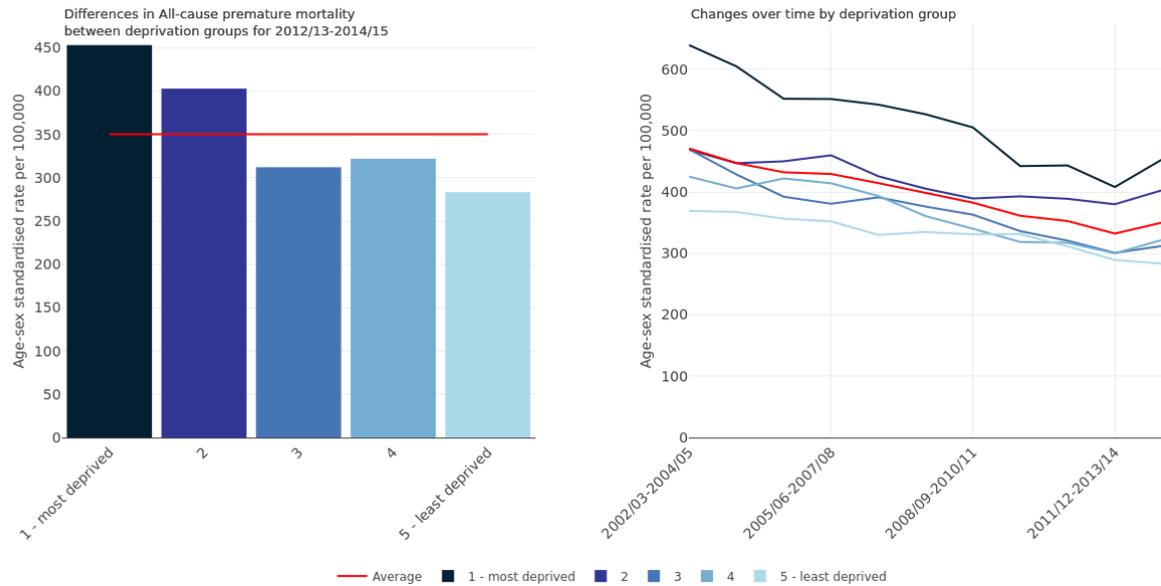


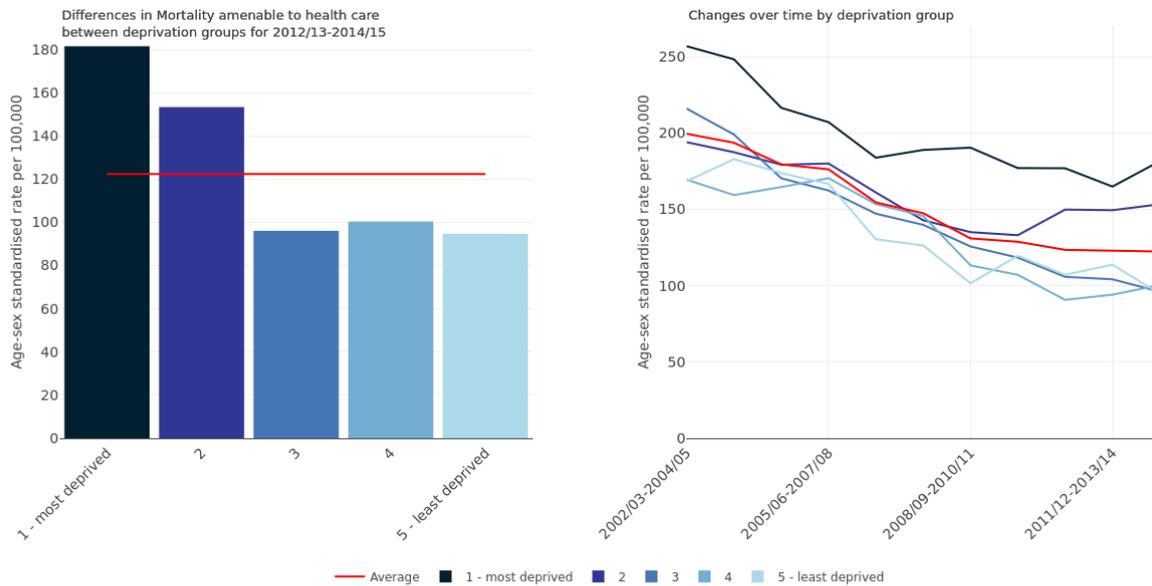
Fig.3



(ScotPHO, 2022)

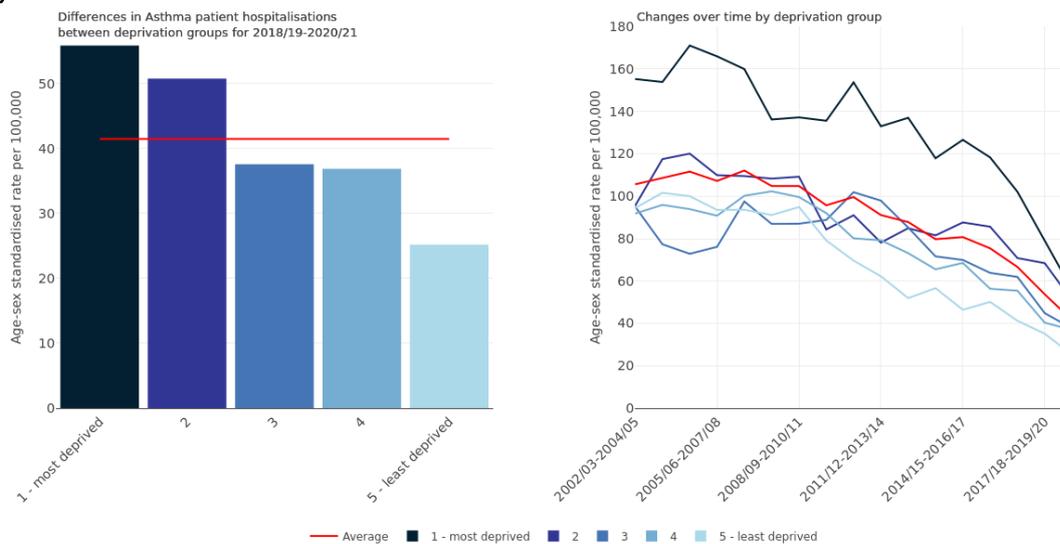
5.2. The differences in life expectancy as described by age/sex standardised all-cause premature mortality rates are clearly shown in Fig.3. Although overtime this has largely been reducing for all groups, the differences between deprivation groups are stark. This can also be seen in Fig.4 showing Mortality amenable to health care. Again there have been improvements in this as shown by the change over time; however there is evidence of this plateauing. Also of note is the fact that the improvements have not been felt equally by all with the rate in the most deprived areas not falling as quickly as others.

Fig.4



(ScotPHO, 2022)

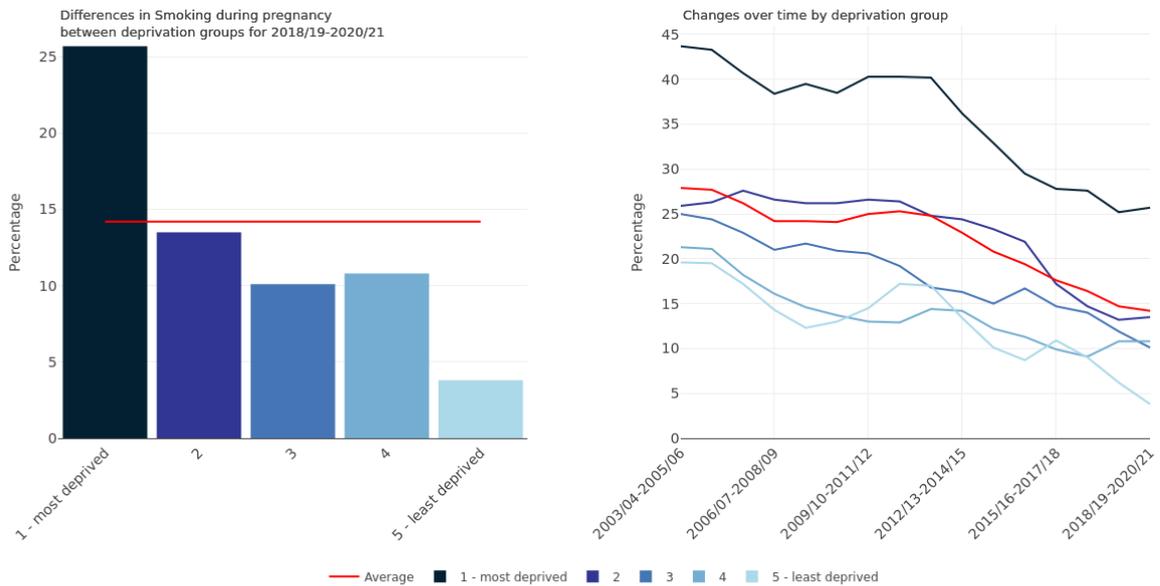
Fig.5



(ScotPHO, 2022)

5.3. Figure 5 shows that health conditions are more prevalent within more deprived areas, with people living in deprived areas being more likely to have such a condition. In the example of asthma we do see significant improvement over time and a narrowing of inequalities.

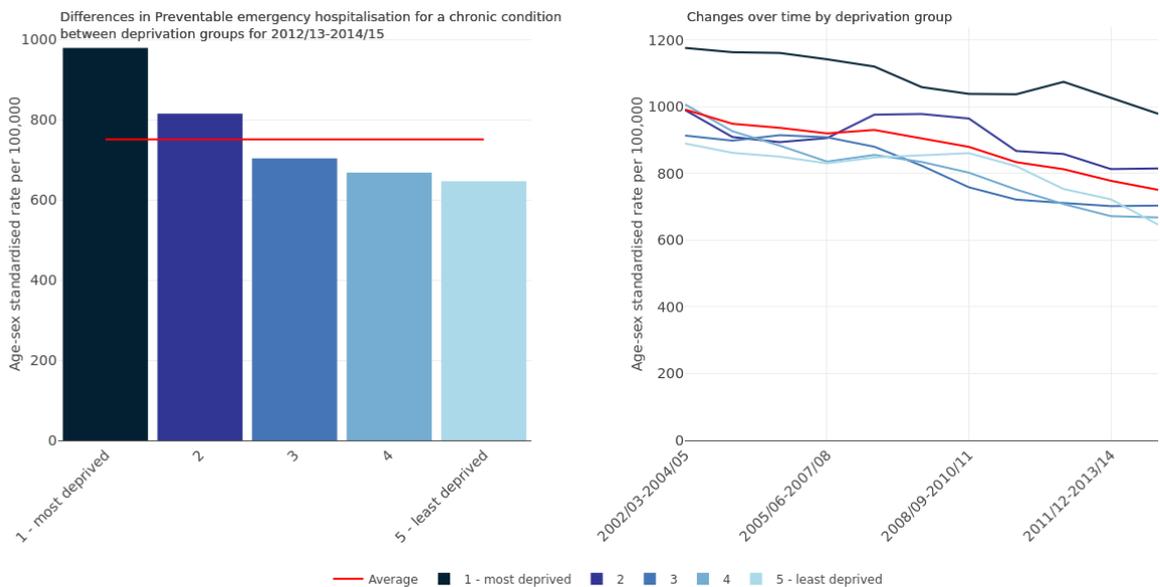
Fig.6



(ScotPHO, 2022)

5.4. Exposures to health behaviours may also be socially patterned (Fig.6), suggesting the need for targeted approaches.

Fig.7



(ScotPHO, 2022)

5.5. The previous graphs illustrate that people in deprived areas are more likely to suffer health conditions, Fig.7 illustrates that these individuals also suffer the consequences of ill health more than people living in more affluent areas.

5.6. Deprivation is experienced differently in rural and urban areas. Issues in rural areas include access to services, lack of affordable housing and higher fuel costs. There

may also be a dependency on car ownership to travel in the area (leading to higher costs on those with less or increased difficulty in accessing services or amenities).

- 5.7. Area-level measures of deprivation (such as SIMD) fail to fully capture households experiencing disadvantage in rural areas. This is because rural deprivation can be more dispersed compared to urban areas. In rural areas people living in deprivation can be geographically close to areas of affluence, and a lack of neighbourhoods in the most deprived groups does not mean that there are no people living in deprivation, rather that they are mixed through the population as a whole. This can lead to inadequate resources and interventions being located in these areas (<https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2017/02/scottish-index-of-multiple-deprivation-rural-deprivation-evidence-and-case-studies/documents/rural-deprivation-an-evidence-review/rural-deprivation-an-evidence-review/govscot%3Adocument/rural%2Bdeprivation%2Bevidence%2Breview.pdf>).
- 5.8. As well as statistically hiding the effects of deprivation this can also lead to an increase of stigma and fear of stigma as individuals may feel they have to keep up with their neighbours or hide the fact that they may be struggling from them. Furthermore individuals living in such circumstances may have limited support networks as they do not benefit from the identity of a larger neighbourhood as seen in more urban areas.
- 5.9. In delivering services we must therefore consider a range of available data to ensure that services are being delivered in an accessible way. This proportionate universalism may require targeting of resources to particular areas or communities. It also requires that we record data to understand who is using the service and if any groups are underrepresented.
- 5.10. As we have seen above individuals living in deprivation will experience more ill health and more harm from it. Prevention is key to lowering high demands and in addressing issues at an early stage where they may respond better and with less input of resource. Preventative action avoids a number of health and social problems in the long run; they can also be used to narrow inequalities making for a fairer society.
- 5.11. There are other sources of inequity, Tables 1 and 2 illustrate some groups which may experience our services differentially or be otherwise subject to inequity. It should be noted that in local systems ethnicity is often poorly recorded and similarly data on LGBT / LGBTQ+ status are not easily found in routine sources. Consideration should be given to gaps in data and how to better capture this information to address inequity and evidence progress.

<b>Table 1 Declared Ethnic Groups in Scottish Borders (2011 census Scotland)</b>			
	<b>Scottish Borders</b>		<b>Scotland</b>
	<b>Number</b>	<b>%</b>	<b>%</b>
<b>TOTAL</b>	<b>113,870</b>	<b>100</b>	<b>100</b>

<b>White</b>	112,400	98.71	96.02
<b>White - Scottish</b>	89,741	78.81	83.95
<b>White – Other British</b>	18,624	16.36	7.88
<b>White - Irish</b>	767	0.67	1.02
<b>White – Gypsy/Traveller</b>	64	0.06	0.08
<b>White - Polish</b>	1,302	1.14	1.16
<b>White - Other</b>	1,902	1.67	1.93
<b>Mixed or Multiple Ethnic Groups</b>	316	0.28	0.37
<b>Asian, Asian Scottish or Asian British</b>	733	0.64	2.66
<b>African</b>	207	0.18	0.56
<b>Caribbean or Black</b>	91	0.08	0.12
<b>Other ethnic groups</b>	123	0.11	0.27

<b>Table 2</b>	
<b>Age Structures</b>	16% of the Scottish Borders population is under the age of 15. 58% of the Scottish Borders population is aged 15 – 64 years old and 25% of the Scottish Borders population is over the age of 65 (National Records of Scotland 2020).
<b>Disability</b>	<b>30%</b> of the Scottish Borders population have a long-term health condition (2011 census Scotland).
<b>LGBT</b>	<b>67%</b> of young people in the Scottish Borders said they knew someone who is <b>Lesbian, Gay, Bisexual or Transgender</b> . <b>2.8% of Scottish Borders residents</b> (2.2% Scotland) identified as <b>LGB/ other</b> (SBC).
<b>Child Poverty</b>	<b>12.6%</b> of children in the Scottish Borders live in <b>low-income</b> families however there are <b>10 areas</b> with <b>more than 15%</b> of children living in poverty (Scottish Borders Anti-Poverty Strategy 2021).
<b>Fuel Poverty</b>	Around <b>29%</b> of all Scottish Borders Households are <b>fuel poor</b> (25% Scotland). This equates to roughly <b>16,000 households</b> (Scottish Borders Anti-Poverty Strategy 2021).

## 6. Our role as an Anchor Institute and other actions

6.1. Anchor institutes are large organisations that's long term sustainability is tied to the wellbeing of the populations they serve (The Health Foundation, 2022) and in turn

can positively (or negatively) affect that wellbeing. The NHS is such an institute and can influence wellbeing through its purchasing, using its spaces to support the community, reducing the environmental impact of its activities, widening access to work (as a major employer) and through working with other important partners to influence their activities (taking a health in all policies approach) and to learn from them in turn.

- 6.2. Nationally work needs to be done to remove the fundamental causes of inequality and ameliorate the effects on individuals. Locally resources should be targeted to remove barriers felt by our communities. These may include: physical (transport, access, location of services etc.); language (e.g. translation of materials, interpretation, BSL); attitudinal (HiAP, HIIA); information (ensuring it is seen, is accurate and is accessible). There is also a need to address geographic inequalities and ensure equality of access to service to those living further from service provision (Health Scotland 2022). This is especially important in remote and rural areas such as the Scottish Borders. Importantly we also need to be able access data which describes our population, their health needs and circumstances, in a timely way. Crucially these data need to be accessible and interrogable to provide insight for our services and in policy creation.

## 7. Summary

- 7.1. Co-produced solutions can be used to reduce inequality and facilitate growth in community capacity. This results in better service design but also timely delivery as less translation between policy and implementation may be needed. Additional resource may need to be used to target services towards defined groups to allow equality of access; again co-production may result in services that are more readily accessible. This may be supported through the use of Health Inequality Impact Assessments, multiagency working and appropriate representation and the adoption of a Health in All Policies Approach. This will sustain intersectoral collaboration and enable policy decisions to be seen through a health and equity 'lens', with agreement around how success will be measured.
- 7.2. Interventions to reduce inequalities should have a low bar of uptake; opt-out interventions are more likely to work than opt-in, or those that require significant payment (for the service itself or in travel to access it for example). In rural areas travel and location of services are also critical factors in accessibility and therefore equity.
- 7.3. While it is important that in targeting our resources we take into account areas of deprivation it should not be the sole focus as a significant proportion of people living in deprivation will be living in areas not defined as deprived by SIMD.
- 7.4. Inequality is multifactorial and our response to it needs to be so too. It requires multiple agencies to work together with the community to consider and address unequal levels of power, influence, and wealth. Anchor institutes are in a unique position to influence this agenda with their own policies as well as by acting as advocates nationally.
- 7.5. In order to narrow inequalities our systems should wrap around the individual, with a no wrong door approach allowing linked up signposting between programmes.

This requires good data, information and strong communication between partners, and in understanding need.

7.6. In summary, to address unfair inequalities, we need tightly aligned policies and programmes aimed at supporting the most vulnerable groups with appropriate signposting (e.g. to debt/money advice, food security, mental health and wellbeing support, employability, transport, energy efficiency advice). We need to provide opportunities and services in a joined up fashion, targeted at areas of greatest need and ensure that voices are heard through co-production. We also need to ensure that we can measure change, therefore data capture, intelligence and measurable outcomes are key requirements.

7.7. A whole systems approach is required. This needs to work across organisational structures, barriers and concepts of ownership to build a clear understanding of skills and roles. This partnership needs to work towards clear and agreed priorities.

7.8. All services need to be assessed through an inequality and inequity lens and preventative assessments and plans put in place.

## 8. Recommendations

8.1. It is recommended that we:

- Create a baseline of inequalities within the Scottish Borders requiring a review of data held and how it is linked.
- Explore completion of data and how this may be improved (e.g. opportunities at recruitment, patient contact, survey).
- Explore data around missed appointments.
- Work with colleagues such as SBC, Primary and Secondary Care, CPP etc. to understand the data they hold population wide and develop procedures to link these data.
- Develop metrics (in addition to SIMD) to better understand deprivation and inequalities in remote and rural areas.
- Develop analytical resource in this area.
- Promote intersectoral collaboration and enable policy decisions to be seen through a health and equity 'lens'.
- Consider targeting of resources to meet need described and agree how we measure change.

## Appendix 2 Equality Act's Public Sector **General Duty**

NHS Borders is legally required to take action to meet the 3 aims of the Equality Act's Public Sector **General Duty**

1. *Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act*
2. *Advance equality of opportunity between persons who share a relevant characteristic and persons who do not*
3. *Foster good relations between people who share a protected characteristic and those who do not*

The purpose of the public sector duty is to ensure that all public bodies mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key board functions including the development of internal and external policies, decision making processes, procurement, workforce support, service delivery and improving outcomes for individuals.

<b>Specific Duties:</b>		<b>Reporting schedule:</b>
<i>Report progress on mainstreaming the Public Sector General Duty</i>	Reports are required under the Equality Act (2012) to be published at intervals of not more than two years. A listed authority may choose to report more frequently, say on an annual basis. This is an organisational performance report requiring evidence from all parts of the organisation, which needs to be collated in an ongoing way in order to effectively measure NHS Borders performance as an organisation.	<i>Every 2 years, by the end of April 2021, 2023, 2025, 2027, 2029, 2031 etc.</i>
<i>Publish equality outcomes and report progress</i>  <i>Fundamentally this is the main part of a mainstreaming report as it is the main way we measure performance and progress</i>	Equality outcomes are strategic results intended to achieve specific and identifiable improvements in people's life chances.  The specific equality duties require listed public authorities to publish equality outcomes and report on progress. An equality outcome is a result a listed authority aims to achieve in order to further one or more of the needs of the general equality duty.	<i>Publish a new set every 4 years</i> <i>By the end of April 2021, 2023, 2027, 2031, 2035 etc. (tentative dates).</i>

	It must publish a fresh set of equality outcomes within four years of publishing its previous set. An authority must publish a report on the progress made to achieve its equality outcomes every two years.	
<i>Assess and review policies and practices (health inequality impact assessment)</i>	<p>Organisation wide, part of planning process. Should be done in partnership with service user groups &amp; with consideration to health inequalities as well as protected characteristics.</p> <p>Led by senior manager in charge of policy area, supported by Public Health if required, and Patient involvement. These also need to be published in an accessible manner (online, on main NHSB website).</p>	On-going
<i>Gather employee information and use it to support the delivery of the general duty</i>	Published in Mainstreaming Report.	On-going, report every two years inline with mainstreaming requirements.
<i>Publish a statement on equal pay</i>	<p>Equal Pay statements required on Gender, Race &amp; Disability since 2017. A listed authority must publish equal pay statements every four years, unless the authority did not have 20 or more employees in the intervening period. A listed authority may wish to revise its equal pay statement earlier than at four-yearly intervals and it may be appropriate to do so if there are any major developments in the intervening period, for example the achievement of an equality outcome relating to equal pay.</p>	<i>Every 4 years, by end of April 2021, 2025, 2029, 2033</i>

<i>Gather and publish gender pay gap information</i>	This needs to be reported annually, in years where there is a mainstreaming report it is included in that.	<i>Annual, by end of April</i>
<i>Consider award criteria and conditions in relation to public procurement</i>	Procurement.	On-going



# INEQUALITIES DISCUSSION

**Dr Keith Allan**

# Introduction

- Mainstreaming report
  - What is the mainstreaming report?
  - Why do we do it?
  - Some highlights
  - Good points and limitations
  - Next steps
- Wider inequalities context

# What is it?

- *Report progress on mainstreaming the Public Sector General Duty*
- *Every 2 years, by the end of April 2021, 2023, 2025, 2027, 2029, 2031*
- Mainstreaming is a long term strategy that aims to make sure that the decisions we make are fully sensitive to the diverse needs and experiences of patients, carers, staff and members of the wider Scottish Borders community.

# Why do we do it?

The three aims of the 2010 Act's Public Sector General Equality Duty are as follows:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act.
- Advance equality of opportunity between persons who share a relevant characteristic and persons who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

# Highlights from 2021

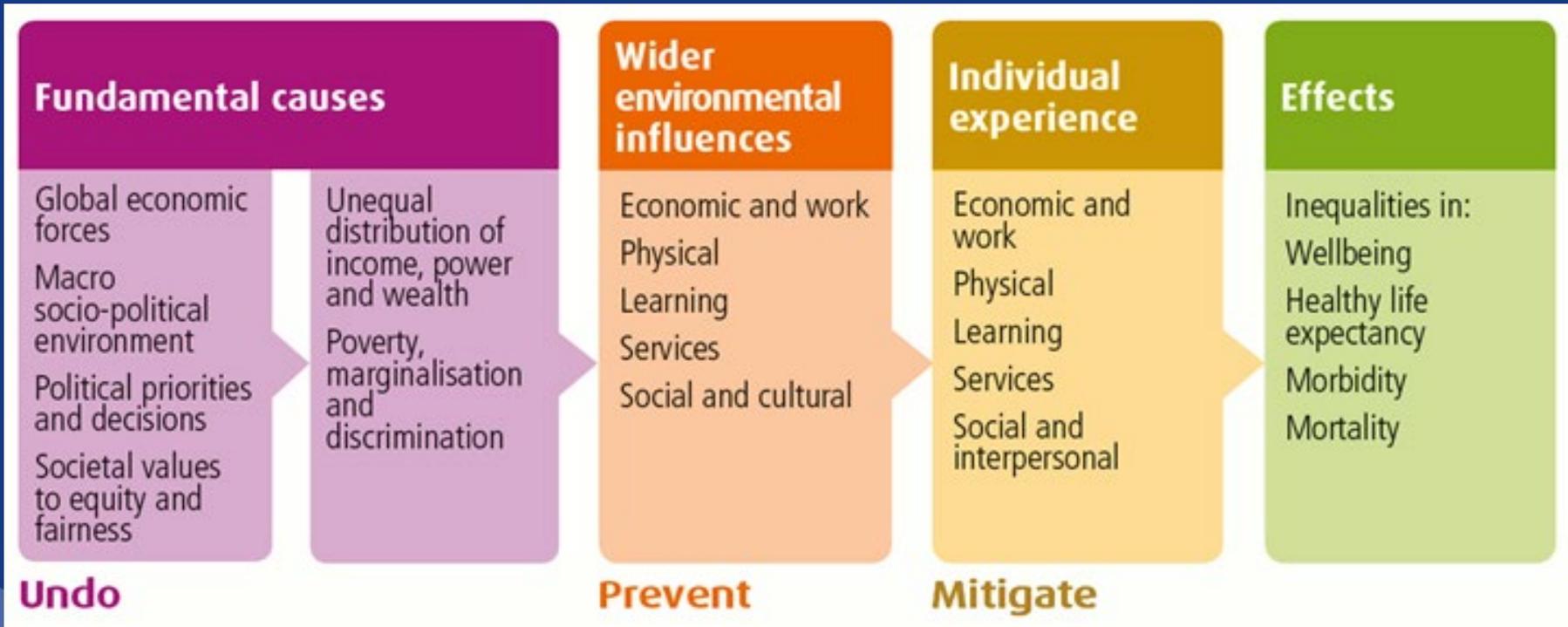
- The age demographic of the NHS Borders workforce was in line with that of the Scottish workforce.
- NHS Borders workforce is broadly representative of the population it serves
  - notable exceptions: % from a disclosed ethnic minority background higher than recorded in wider population
  - higher % of female staff
- Workforce profile remains relatively unchanged 2019-2020
- A skew in our pay gap remains.

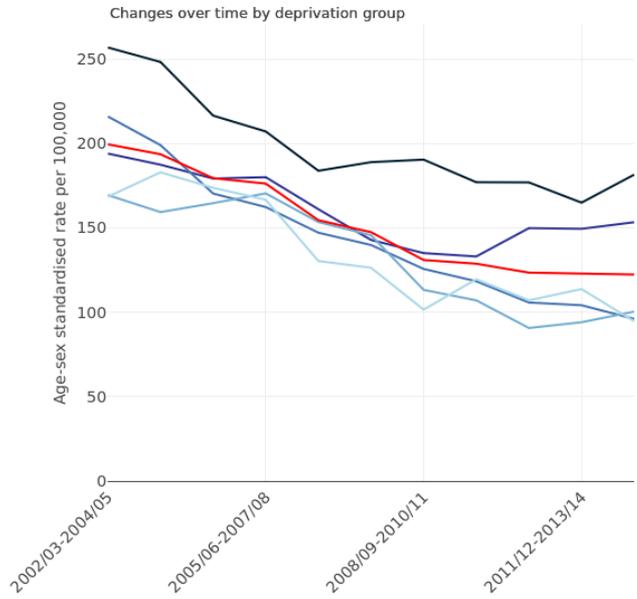
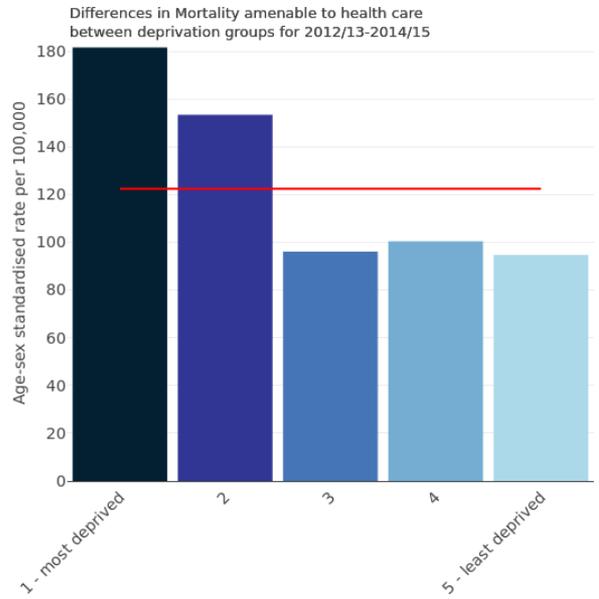
# Good Points & Limitations

- Opportunity to connect with our staff and reflect their experiences
- Could provide a useful lens for the organisation
- Opportunity for to promote equalities agenda
- Legislative compliance
- Some data are incomplete or old (e.g. 2011 census)
- Has an expected lay out and a job to do - could be seen as a series of dry, isolated reports.
- Our Equality Outcomes need to be refreshed by April 2023.

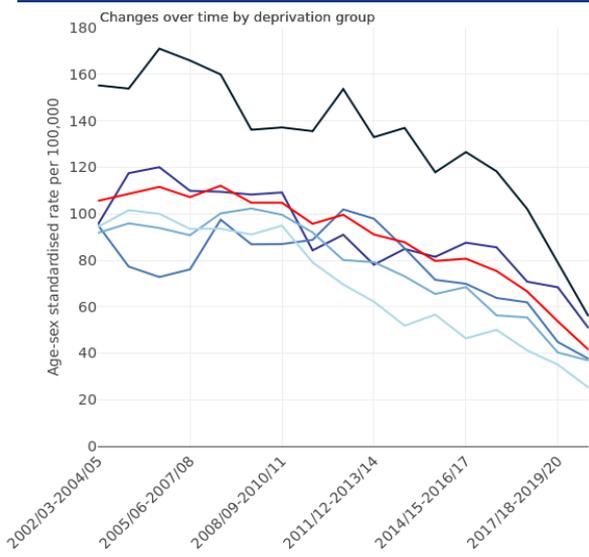
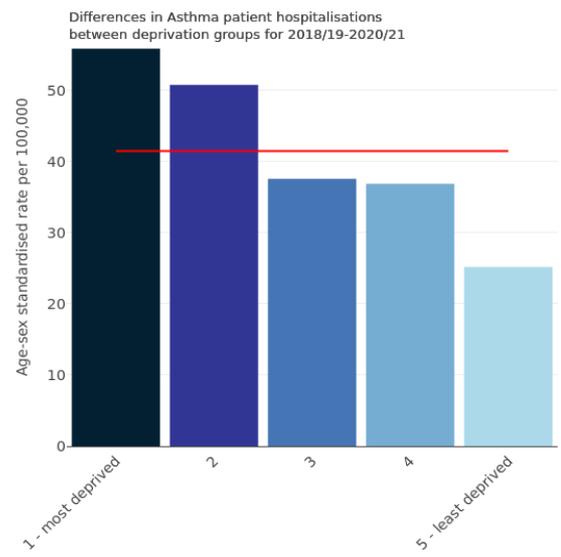
# Wider Context

- Poverty and inequality remain the biggest and most important challenges to our health
- Scotland still has one of the lowest life expectancies in Western Europe and the lowest of all UK countries
- Health Inequalities are largely determined by social circumstances outwith the individual's control
- Inequalities in Health Alliance's survey:
  - 84% who said their health was getting worse attributed this to increased heating costs
  - 78% referenced the rising cost of food
  - 46% stated increased transport costs as cause.





— Average ■ 1 - most deprived ■ 2 ■ 3 ■ 4 ■ 5 - least deprived



— Average ■ 1 - most deprived ■ 2 ■ 3 ■ 4 ■ 5 - least deprived

# Next Steps

- Create a baseline of inequalities in Borders (review data, link and analyse).
- Organisation to start process of agreeing new Equality Outcomes ahead of next Mainstreaming Report – are we measuring the right things?
- Consider trends in data and what it tells us about our policies and behaviours.
- Review these and targeting of services.
- Partnership working.

# Equality Outcomes

- Due to the Covid-19 pandemic it was agreed that our existing equality outcomes would be carried over to this report, with revised outcomes being published in 2023 after a full review including appropriate consultation being carried out. Therefore our equality outcomes are:
- We are seen as an inclusive and equal opportunities employer where all members of staff feel valued and respected and our workforce reflects our community.
- Our services meet the needs of and are accessible to all members of our community
- Our staff treat all service users, clients and colleagues with dignity and respect
- We work in partnership with other agencies and stakeholders:
- to ensure everyone has the opportunity to participate in public life and the democratic process
- to ensure that our communities are cohesive and there are fewer people living in poverty and the health inequality gap is reduced
- to ensure our citizens have the freedom to make their own choices and are able to lead independent, healthy lives as responsible citizens
- to ensure the difference in rates of employment between the general population and those from underrepresented groups is improved
- to ensure the difference in educational attainment between those who are from an equality group and those who are not is improved
- to ensure we have appropriate housing which meets the requirements of our diverse community.

- <https://www.nhsborders.scot.nhs.uk/media/846239/2021-nhsb-equality-mainstreaming-report-pdf-final-for-publication-1-.pdf>
- With thanks to Sara Mehdi



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Resources &amp; Performance Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Ralph Roberts, Chief Executive</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 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 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 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 3 November 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 01.09.22

Minutes of a meeting of the **Resources and Performance Committee** held on Thursday 1 September 2022 at 9.00am via MS Teams.

**Present:**

- Mrs K Hamilton, Chair
- Ms S Lam, Non Executive
- Mr J Ayling, Non Executive
- Mrs H Campbell, Non Executive
- Mr T Taylor, Non Executive
- Mrs L O’Leary, Non Executive
- Cllr D Parker, Non Executive
- Mr J McLaren, Non Executive
- Mr A Bone, Director of Finance
- Mrs S Horan, Director of Nursing, Midwifery & AHPs
- Mr A Carter, Director of HR
- Mrs J Smyth, Director of Planning & Performance
- Mr G Clinkscale, Director of Acute Services
- Mr C Myers, Chief Officer, Health & Social Care
- Ms V MacPherson, Partnership Rep

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mrs C Oliver, Head of Communications
- Mrs L Jones, Director of Quality & Improvement
- Mr K Allan, Associate Director of Public Health
- Dr A Cotton, Associate Medical Director, MH&LD
- Dr J Bennison, Associate Medical Director, Acute
- Mrs A Wilson, Director of Pharmacy

## **1. Apologies and Announcements**

- 1.1 Apologies had been received from Mrs Fiona Sandford, Non Executive, Dr Kevin Buchan, Non Executive, Dr Lynn McCallum, Medical Director, Mr Ralph Roberts, Chief Executive and Dr Tim Young, Associate Medical Director P&CS.
- 1.2 The Chair welcomed Mr Keith Allan, Associate Director of Public Health to the meeting who deputised for the incoming Director of Public Health, Dr Sohail Bhatti.
- 1.3 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 along with any further questions.
- 1.4 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.

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

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

- 3.1 The minutes of the Extraordinary meeting of the Resources and Performance Committee held on 4 August 2022 were approved.

### **4. Matters Arising**

- 4.1 **Action 10:** It was agreed this action would be completed by the end of September.
- 4.2 **Action 11:** It was agreed this action would be completed by the end of September.
- 4.3 **Action 12:** Mrs June Smyth advised that progress continued to be made in regard to the health inequalities agenda and a representative of the Public Health department was now an attendee at the Public Governance Committee.
- 4.4 **Action 13:** It was agreed that the action be classed as complete and removed from the action tracker at the next meeting.

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

### **5. 2022/23 Year end outturn and 3 year Financial Plan**

- 5.1 Mr Andrew Bone provided an overview of the content of the report and highlighted several areas including: the Quarter 1 review had provided an increase in the deficit to £13.7m; update on COVID-19 expenditure and the impact on the financial forecast; impact of the LIMS costs on the financial forecast if mitigation cannot be achieved; and the draft 3 year forecast was based on high level assumptions moving forward.
- 5.2 Ms Sonya Lam noted that the Board remained at stage 3 of the NHS Board Performance Escalation Framework and enquired of the risks in terms of the position worsening when looking at the context of performance and staffing levels.
- 5.3 Mr Bone confirmed that the Board was at stage 3 of the framework for financial sustainability and stage 2 for leadership. Stage 3 meant the organisation was being monitored by the Scottish Government at a high level and if it were to be escalated to stage 4 then the Scottish Government would intervene. He advised that the Scottish Government were reviewing the current NHS Board Performance Escalation Framework and were unlikely to escalate any Boards to a higher level until that review had been completed.
- 5.4 Mr Bone further advised that in terms of financial planning £8.5m of flexibility had been identified to deliver savings, however that was non recurrent and had been built into the £12.2m deficit. Some of the contributions to the level of flexibility were in the form of funding allocations and genuine slippage, slippage on planned investments and the pursuance of bad debts. Mr Bone emphasised that the scale of the issue was significant and as the year end position had become more uncertain there had been more accruals made at the end of the financial year for potential risks that had not been fully understood.
- 5.5 Mr Tris Taylor enquired about the variants in the cash flow forecast. Mr Bone commented that it related to commitments that had been made and in some cases they remained uncertain and the cash had not yet been paid out.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the Q&A.

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

## **6. Financial Improvement Plan**

- 6.1 Mr Andrew Bone provided an informative presentation on the financial improvement plan and highlighted several elements to the Committee including: initial plans were below what was required; the first round of monthly meetings with business units had commenced; the resourcing of financial improvement plan was slower than anticipated and recruitment to posts was underway; the work streams were not yet established; benchmarking report due September; and engagement remained challenging.
- 6.2 The Chair enquired if the recruitment to the PMO was limited to internal staff only. Mrs June Smyth commented that it was open to both internal and external recruitment.
- 6.3 Mr Harriet Campbell enquired how the forecast demonstrated ‘limited progress towards an improved financial provision’. She noted there was limited progress and that it was doubtful there would progress over the next three years with the situation as it stood. The fact that the deficit of £20m in 2025 was effectively a best case scenario for which currently there were no savings plans made it sceptical in terms of achievability. She suggested the Board needed to be better at calling a spade a spade. She had an appetite for having the honest uncomfortable conversations about what could and could not be done and the drastic options that needed to be looked at.
- 6.4 Mr Tris Taylor commented that firstly, he did not understand why the Board Executive Team needed to ask about the Boards appetite for controversial proposals and questioned whether the Board were in denial. Secondly, he enquired to what extent the standards and processes were divergent from the BOLD programme of work. Thirdly, he enquired how critical a success factor clinical engagement was especially if it started from a low base of clinical engagement. He was keen that the Board support clinicians with engagement to the fullest extent to help them achieve the sustainability of as many of the services as possible that the organisation was required to provide.
- 6.5 Mrs Smyth commented that the PMO approach had been enhanced to assist in the working with services to identify efficiencies and savings.
- 6.6 Ms Sonya Lam welcomed the increase in capacity to the PMO but queried the use of business units to look at improvement in silos and enquired about broader modelling to look at improvements across the whole organisation and alongside partners. She questioned if the organisation had the capacity to think radically if staffing levels were a limiting factor. She sought clarity if the recruitment to the PMO would provide the space for clinical staff to get their heads around thinking and working differently.
- 6.7 Mrs Lucy O’Leary echoed Ms Lam’s comments and enquired what the red line was beyond which the Board would not be prepared to go in reducing the services it provided to the local population and what the consequences would be for the Board.
- 6.8 Mr James Ayling commented that prioritising the financial turnaround programme and developing longer term financial plans had been highlighted by Audit Scotland as part of their report. He noted the board was in a similar position to other Health Boards and

reminded the Committee that given the pandemic it was in effect nearly 3 years since the Board had been able to really address the situation and this was year 1 of doing something positive about it. He also agreed with Mr Taylor that the Board needed to emphasise the priority to be given to financial sustainability.

- 6.9 Mrs Sarah Horan commented that from a clinicians perspective they were keen to lead change and do things differently but lacked the space to be able to do that. There would be things that could be stopped and no longer delivered and each of those things would have a varying degree of safety and performance attached to it. Clinicians would also worry about where people would go if some services were stopped and the Board would need to consider how that was balanced and how it would impact on other neighbouring Boards and partners.
- 6.10 Mrs Smyth commented that in terms of transformation the increase in the capacity in the PMO should assist with that. Ideas were already being thought through in terms of enabling engagement with clinicians around the transformation programme. In terms of hard decisions it was helpful to check in with the Board that they were keen to progress with the difficult decisions that would be required to be made and the Board Executive Team were keen to be in the driving seat for those. In terms of BOLD a lot of learning had been gained from that process and the highest level of recurring savings had been achieved during that period. The best of the BOLD approach would be applied within the current context of exhausted staff and relentless pressure on the system. In terms of priorities, whilst the Board were clear that financial improvement was a key priority it had to be progressed against the background of competing priorities by the Scottish Government of environmental sustainability, financial sustainability, mental health services, and other key performance targets.
- 6.11 Dr Janet Bennison commented that clinical teams were keen to engage, however given the severe pressures on the system they were struggling in terms of operational ability and their priority would always be their clinical job. She reminded the Committee that the winter surge beds had been open all summer and teams were working beyond what was expected of them. It was not a lack of willingness and enthusiasm to work differently and transform things, it was a lack of time and space given the current pressures that was delaying clinical engagement in transformation.
- 6.12 Mr Gareth Clinkscale assured the Committee that changes to working in acute had been made to create more capacity to support clinical leaders and create space to explore transformation with clinical leads asking the difficult questions.
- 6.13 Mr Taylor commented that conversations on stopping any services should be held with communities so that people could work together to agree something that was mutually acceptable and that mitigated against corporate risk. In terms of checking the temperature of the Board he suggested the Board might not have been clear in the past in setting the direction and influencing culture. In terms of key priorities he suggested it might be helpful to set them in a numerical ordered.
- 6.14 Mrs Smyth welcomed Mr Taylor's suggestions and advised that she would consider them within the context of the Annual Delivery Plan. There was a ranked order of priorities which was operational for in year business and she would consider how they might be read across to the strategic and transformation agenda.
- 6.15 Mrs Clare Oliver commented that a leadership engagement session pack had been developed to test with staff on the financial improvement programme and wider content. She also

advised that the first phase of engagement with communities on the strategic plan and priorities had been completed and as the engagement approach evolved conversations would continue with communities.

- 6.16 Mr Bone commented that he would take forward the point about being more blunt with messaging to the Board. He reminded the Committee that in terms of financial planning he was now committed to restarting a journey that had been delayed due to the pandemic and as a member of the Board he would be dissatisfied if the Board did not have a strategy and clear plans as to how to progress. He committed to producing a paper for the next Committee meeting to allow the Board Executive Team time to work out what it could deliver with contingency actions and how to build a more credible plan for the future years.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the presentation.

## **7. Finance Report to 31st July 2022**

The **RESOURCES & PERFORMANCE COMMITTEE** noted the Q&A.

The **RESOURCES & PERFORMANCE COMMITTEE** noted that the Board was reporting an overspend of £6.5m for four months to the end of July 2022.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the position reported in relation to COVID-19 expenditure and how that expenditure had been financed.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the revised projected deficit for 2022/23 of £13.7m, following the Quarter one review.

## **8. Acute Services Nurse Staffing Position and Proposal to Enable Stabilisation**

- 8.1 Mrs Sarah Horan provided an overview of the content of the report that had been formulated following several conversations at the Clinical Governance Committee. She highlighted the strain on in-patient beds; the significant risk in patients being admitted outwith criteria; pressures on community hospitals; delayed admissions and discharges; poor performance against the emergency access standard; cases of harm in the Emergency Department for those awaiting admission; significant risks to patients delayed in the system awaiting onward transfer to other care settings; and the morale and wellbeing of staff.
- 8.2 Mr John McLaren commented that he would be supportive of that level of reporting throughout the organisation. He sought clarity on the over recruitment of Health Care Support Workers (HCSWs). He questioned the historical turnover rate of 18% for nurses when in the past it had been 5%. In terms of the proposal for pharmacists and housekeepers he suggested they should be rolled out to all wards to enable cross cover with all systems operating the same.
- 8.3 Mr Andy Carter supported the paper and commented that his teams were heavily involved in sickness absence and supporting drop in sessions with Trade Union, HR and Occupational Health & Safety colleagues to support staff. He highlighted that the risk of harm to staff given the significant operational pressures was immense.
- 8.4 Mr Gareth Clinkscale commented that each of the Senior Charge Nurses (SCNs) had been met and asked what would assist them and there was therefore variation in terms of the support they sought. He advised that the projections moving forward would be monitored

by the acute leadership team on a monthly basis and fed into the wider review of workforce. There were 20 HCSWs recruited to date. Currently there were 18 surge beds open which had been open all summer, there was an average wait of 10 patients per day in the Emergency Department, there were 17 boarders and 50 people fit for discharge to a downstream place of care. Pressures on the acute hospital remained significant and the hospital had moved to a full capacity protocol on 5 of the last 7 days.

- 8.5 Mr Chris Myers commented that the 20 HCSWs were likely to have been recruited from the social care sector which had an impact on the provision of social care and in turn an impact on the acute hospital. He also explained that the pressures in social care remained as significant even though there were 35 more interim care beds available compared to the previous year and even through a raft of initiatives had been made such as technology enabled care, recruitment to social care, the position remained extremely challenging with the demand for social care increasing in its acuity levels. Discussions continued with partnership colleagues in the local authority, independent and third sectors as well as health and social care to move to a better state of preparedness for the winter period. Mr Myers also advised that he fully supported the paper.
- 8.6 Further discussion focused on: any stipulations within contracts for a minimum amount of time internationally recruited staff must stay with the organisation; outreach into schools for future recruitment; changes to the work experience approach; potential to move HCSWs to the care sector or third or independent sector; how do we use the expertise of therapy staff to maximise the independence of people to assist them to be discharged; and quantification of unmet need in terms of harm to staff.
- 8.7 Cllr David Parker commented that he supported the paper and he welcomed the integrated workforce plan that was being progressed and the initiatives to lessen the pressures on frontline staff.
- 8.8 Mrs Horan commented that it had been a joint effort from the whole team and she singled out Mrs Elaine Dickson for her calmness and creativity during a time of extreme pressure.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the Q&A.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the concern raised by the Clinical Governance 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 **RESOURCES & PERFORMANCE COMMITTEE** accepted the mitigations to the proposal within the paper to help reduce the staffing pressures within the BGH

The **RESOURCES & PERFORMANCE COMMITTEE** approved non-recurring funding of £271k to establish the pilot in relation to a different way of working.

The **RESOURCES & PERFORMANCE COMMITTEE** acknowledged that the paper would now go to the Clinical Governance Committee to give assurance around the staffing situation and the agreed mitigations.

## **9. NHS Borders National Care Service Response**

- 9.1 The Chair commented that she was unsure where the Board were in terms of where it wished to be a test pilot.
- 9.2 Dr Amanda Cotton asked that the response be amended to contain a paragraph in regard to mental health services.
- 9.3 The Chair commented that the deadline for the response to be submitted was the following day and she agreed that Dr Cotton should work with Mrs June Smyth to formulate a paragraph for inclusion in the response in regard to mental health services.
- 9.4 Mr Chris Myers provide some background to the context of the National Care Services Bill and the potential impact on a range of NHS Borders services. Both the local authority and the Integration Joint Board were supportive of becoming involved in a pathfinder pilot given the unique situation of being in a coterminous position and he suggested the Board should consider also becoming involved in a pathfinder pilot.
- 9.5 Mrs Smyth advised that Mr Ralph Roberts had intended to revisit the draft response and change the nuance to say that NHS Borders would not support a structural change in order to deliver the aims of the National Care Service and if there was no structural change then NHS Borders would be keen to be involved as a pathfinder pilot.
- 9.6 Mr Andrew Bone commented that many of the national professional groups were also submitting responses to the consultation and the NHS Scotland Directors of Finance had formulated a response from their professional perspective.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the Q&A.

The **RESOURCES & PERFORMANCE COMMITTEE** discussed and agreed the response be amended to include a section on mental health.

## **10. Performance Report**

- 10.1 Mrs June Smyth commented that the report was in the new format and the RMP4 quarter 1 position was provided for information and would not be included in future reports. She advised that a paper would be brought to the October Board on the elective care position.
- 10.2 Mrs Harriet Campbell welcomed the achievement of the 104 waiting times target.
- 10.3 Mrs Sarah Horan advised the Committee that the Borders General Hospital had declared a Black status earlier in the week due to pressures with unscheduled care and a significant number of patients waiting in the Emergency Department. From a planned care perspective the inpatient elective work would remain under pressure as unscheduled care patients were admitted to elective care beds and there was a lack of staff to open further surge beds in Ward 17.
- 10.4 Mr Chris Myers commented on the significant pressure within social care and the handing back to social care of 661 hours of home care provision from independent care providers. Currently home care commissioned hours were at 11k hours a week with an unmet need in hours of 12k to 13k per week. Work continued to be taken forward to try to mitigate home care capacity and the impact it had on acute services.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the Q&A.

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

**11. Any Other Business**

11.1 There had been no further notification of items to be discussed.

**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, 3 November 2022 at 9.00am via MS Teams

*The meeting concluded at 11.15am.*

## RESOURCES & PERFORMANCE COMMITTEE: 1 SEPTEMBER 2022

### QUESTIONS AND ANSWERS

No	Item	Question/Observation	Answer
1	Declarations of Interest	<b>Harriet Campbell:</b> I have a child being investigated by CAMHS. As chair of the parent council at Kelso High School I have recently had meetings with SBC and NHSB about mental health support in schools.	<b>Iris Bishop:</b> Thank you Harriet I will note this in the minutes.
2	Declarations of Interest	<b>Sonya Lam:</b> My partner is no longer a specialist advisor for the Scottish Government and this declaration can now be withdrawn.	<b>Iris Bishop:</b> Thank you Sonya I will note this in the minutes.
3	Minutes of Previous Meeting	<b>Karen Hamilton:</b> Agreed	-
4	Action Tracker	<b>Sonya Lam:</b> Page 6: Terms of reference and the differentiation of roles for the CO. Is there an issue with this?	<b>Iris Bishop:</b> Not really, it was asked that the differentiation be made clearer and I need to finalise the wording for that.
5	2022/23 Year end outturn and 3 year Financial Plan Appendix-2022-13	<b>Sonya Lam:</b> Page 9: The assumption is savings of £5m 2022/23. Realistically what do we anticipate achieving? Page 13 (3.6): What are examples of corporate flexibility? Are these options mentioned in 4.7.2 (Page 16)? Page 13 (3.7): We are currently in Stage 3 of the performance escalation framework. In light of the challenges with performance and safe staffing levels, what are our confidence levels in terms of remaining at 3? Page 14 (4.5.3) If 50% of nursing vacancies are covered by agency, how are we covering the other 50%? Are we still having a challenge with uptake from the shared staff	<b>Andrew Bone:</b> P9 – will address this in the meeting. P13(3.6) – see comment below on Corporate flexibility*. Yes, options mentioned also on page 16. P13 (3.7) – uncertain. We are dealing with similar challenges to rest of NHS Scotland and SG have previously advised that they will be reviewing the framework so unlikely that a change will be made before that review is concluded. That said, we are not able to demonstrate the level of progress required by

		<p>bank arrangements?</p>	<p>SG so I don't think we can assume there will not be further attention in this area.</p> <p>P14. There are a number of arrangements in place to cover vacancies, including use of agency &amp; bank staff, overtime at enhanced rates, and augmentation of the nursing pool with increased use of unregistered healthcare support workers. It is also true to say that we are not managing to cover every vacancy and hence there is increased risk where shifts are unable to be covered and safe staffing levels are not able to be achieved. This is mitigated by daily safety huddles which consider how resources can be prioritised and targeted to highest risk areas.</p> <p>Regional staff bank uptake remains below the level that we would desire. There continues to be ongoing dialogue focussed on resolving issues.</p> <p>*Corporate flexibility comes from a number of sources, including (but not limited to) the following:</p> <ul style="list-style-type: none"> <li>• slippage on funding allocations or planned investments due to timing of expenditure</li> <li>• Releasing balances where the assessed value of a charge was uncertain at time of accrual and therefore overstated</li> <li>• Review of funds held in reserve as provision against risks which do not crystallise in year</li> <li>• Provision for commitments, e.g. legal obligations, which are then mitigated to a</li> </ul>
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			lower financial cost through other actions.
6	2022/23 Year end outturn and 3 year Financial Plan Appendix-2022-13	<p><b>James Ayling:</b> This paper is a stark description /forecast of our financial position both current and going forward. Hard to see how any organisation can produce a 3 year financial plan under current circumstances but particularly health boards.</p> <p>The paper notes that it is estimated that further non-recurring flexibility of £8m will be available in future years (£5m 2023/24 &amp; £3m 2024/25). Use of financial flexibility is efficient in itself as an exercise but will surely get harder to achieve each year as the system gets tighter/more focussed with less margin/money for adjustment. How confident are we of that £8m?</p> <p>What is the progress with our consultant led scheme on savings or is that part of the Improvement Plan presentation ?</p> <p>Happy for above questions to be answered as part of presentation if easier .</p>	<p><b>Andrew Bone:</b></p> <p>The £8M is not secured. We have historically managed to achieve levels of £8-10m annually through the routes described in comment 5, above. The scope for such actions is reducing however as we utilise flexibility on balance sheet this is consumed and no longer available. There will continue to be some element of slippage on new allocations and investments, but again – if we are investing less and/or receiving less allocations – there will be a reduction in the level of such over time.</p> <p>I would probably rate this as medium rather than high risk at this stage because I think there will be some continuation of this type of opportunity in the immediate future (next 2 years) even though I foresee a point when this will dry up.</p> <p>The Deloitte report on benchmarking opportunities is expected to conclude in next 2 weeks and we will be reviewing as executive team towards the end of September. I would expect that the findings and draft action plan would be presented to the November committee meeting. At this stage I would anticipate that any contribution to savings plans will be directed to future years rather than delivery in 2022/23.</p>
7	Financial Improvement Plan Presentation	-	-

8	Finance Report to 31st July 2022 Appendix-2022-15	<p><b>Harriet Campbell:</b> No savings have yet been enacted but the situation is 'under review'. What actual confidence can we therefore have that these figures are in any way realistic? The paper effectively acknowledges this at 6.2...</p>	<p><b>Andrew Bone:</b> I will update the committee on current status of plans at the meeting.</p>
9	<p><b>Acute Services Nurse Staffing Position and Proposal to Enable Stabilisation – August 2022</b> Appendix-2022-16</p>	<p><b>Lucy O’Leary:</b> 2.3.14 – if additional permanent posts were to be established (if temporary contracts were not filled) what is our level of confidence that we could recruit successfully to them?</p> <p>2.3.30 – same Q for HCSWs: how confident are we that we could fill new permanent posts given the state of the local job market?</p> <p>What’s the average length of service for an HCSW and is this changing (do we think) if at all?</p>	<p><b>Sarah Horan:</b> The national (and UK wide) shortage of RGNs makes our confidence level of filling posts low. We see advertised posts with no external applicants now a regular occurrence. Majority of new RGNs are our NQPs and now International Nurses.</p> <p>We fill the majority of HCSW posts. To note that this then deplete social care due to NHS T&amp;Cs being attractive, however more applicants from different sectors eg hospitality evident.</p> <p><b>Andy Carter:</b> The turnover of HCSWs is usually higher than for registered nurses. The latest available turnover rate for HCSWs is 16.8% and is 14.0% for registered nurses. At present, fixed-term contracts are more prevalent for HCSWs than for registered nurses; such contracts (FTCs) come with a built-in end date and by nature, these tend to drive up turnover rates. If the Nursing proposal is accepted, NHS Borders will be advertising for HCSWs next month, as part of the winter planning response. Posts have been switched to permanent status to improve the chances for recruitment, and by definition, they have no built-in end date. Of the HCSW leavers in the period 2020-2022, 26%</p>

			<p>left our employment within one year and 60% of leavers had more than 2 years of service. In the 4-5 month period, April 2022 – Aug 2022, 24% of leavers left employment within one year (down 2%) and 64% (up 4%) of leavers had more than 2 years of service. Perhaps one can reasonably infer that turnover remains largely the same; the last 4-5 months compared to the last 2 years.</p>
10	<p><b>Acute Services Nurse Staffing Position and Proposal to Enable Stabilisation – August 2022</b> Appendix-2022-16</p>	<p><b>Harriet Campbell:</b> Can we have an update on what is happening at the SBC end of things to get patients who don't need to be in the BGH/Community hospitals a more appropriate placement?</p>	<p><b>Chris Myers:</b> Extensive work has been undertaken by the HSCP to get more people home, or to a more appropriate community placement. Some of the highlights that have been implemented include:</p> <ul style="list-style-type: none"> <li>• Development of the Social Care Commissioning function</li> <li>• Close work with independent care sector partners to promote their sustainability</li> <li>• Deployment of Technology Enabled Care</li> <li>• Deployment of Total Mobile to increase Home Care delivery efficiency</li> <li>• Co-authorship of the integrated workforce plan</li> <li>• Block booking of agency to support social care workforce gaps</li> <li>• Regular and routine review of client needs</li> <li>• Purchase of additional 35 capacity of interim care across the Borders</li> <li>• Development of non-registered carers to provide support at meal times to release capacity</li> </ul>

			<ul style="list-style-type: none"> <li>• CCRT review of Care home data onto Strata</li> <li>• Regular and routine review of provider business continuity plans</li> <li>• Proactive recruitment into Social Care and Social Work</li> <li>• Implementation of Social Prescribing</li> <li>• Development of polypharmacy review service for social care service users to reduce the potential for harm to individuals, hospital admissions, and the number of home care visits</li> <li>• the Delayed Discharge management is a joint process</li> <li>• the START (Social Work) team work in the BGH</li> <li>• the reablement homecare pathfinder for SB Cares in Teviot, which is being integrated with Home First</li> </ul> <p>In addition, the HSCP is deploying 'Supporting a right direction' worker in the BGH to promote Self Directed Support option 1.</p> <p>However despite all of these actions, it is worth noting that there are very significant provider pressures, which has impacted on our ability to support people in their communities, and as a result, there are significant pressures relating to the numbers of people waiting for care in our communities and in hospital. There is very close management of the situation by the HSCP.</p>
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		<p>If we approve this non-recurring funding, what happens when we need the new staff to stay? Is there any scope for funding this on a recurring basis in future years?</p> <p>To what extent are any of these additional recruitment costs included in the financial papers above?</p> <p>Should we be projecting underspends in theatres? How are these to be achieved?</p>	<p><b>Sarah Horan:</b> We have non recurrent funding available year on year but a more robust mechanism is to move these posts into vacant permanent hours as these are available.</p> <p><b>Janice Cockburn:</b> The £25k additional recruitment costs are not included in any of the figures in the paper these sit outside the acute nursing budgets.</p> <p>The underspending areas re OOH £300k, Recovery/Theatre £391k critical care outreach £72k we are actively trying to recruit to all these areas but are being unsuccessful.</p>
11	<p><b>Acute Services Nurse Staffing Position and Proposal to Enable Stabilisation – August 2022</b> Appendix-2022-16</p>	<p><b>Karen Hamilton:</b> 2.3.10 and table 6 – Attrition rates of staff – what actions are we taken to avoid this? Engagement with staff? Gentle persuasion? Changing roles/hours etc. Not expecting a response here but will raise this as a question at the meeting as others may wish to pick up on this too.....</p> <p>2.3.23 are we being overly pessimistic re the sickness levels? Rhetorical question – who knows really!!</p> <p>2.3.27 presumably the staff changes suggested are likely to be progressed quickly if funding approved</p> <p>2.3.31 Overspend offset by under spends – to what extent? The £400k – that just nursing or both?</p>	<p><b>Sarah Horan:</b> Note no response requested but welcome discussion at Board thank you</p> <p><b>Sarah Horan:</b> Current conditions indicate that increased sickness at above PA levels is likely as not seeing reduction expected as CV surge reduced. Main reasons Mental Health impact. Yes if approved work to prepare underway, some areas ie Pharmacy Technicians will require more time.</p>
12	<p><b>Acute Services Nurse Staffing Position and Proposal to Enable Stabilisation – August 2022</b></p>	<p><b>Sonya Lam:</b></p> <ul style="list-style-type: none"> <li>• I welcome the thought and consideration that has gone into this paper</li> <li>• I understand we have increased the bed base in response to demand and that this has a major impact on nursing requirements. In order to decrease the bed</li> </ul>	<p><b>Sarah Horan:</b> Thank you Sonia and noted.</p> <p>Workforce planning and a similar paper to this with clear metrics on attrition/recruitment/alternate additional roles is</p>

	Appendix-2022-16	<p>base, the rate of flow has to increase and not just for those defined as delayed discharges but for all inpatients. I recognise this paper has a focus on nursing staff but occupational therapy and physiotherapy staff (registered and assistant practitioners) are key to facilitating discharge and admission prevention. I know there have been workforce issues with AHP groups but have we maximised their input? What would the workforce plans be for these groups alongside nursing?</p> <ul style="list-style-type: none"> <li>• What is the grade distribution for HCSWs? Are we maximising their potential and using the higher grades such as Band 4 and 5?</li>   <li>• What information do we have from exit interviews?</li> </ul>	<p>to be prepared by Paul Williams. There is merit in an Assistant Practitioner to support all roles.</p> <p>Banding review underway to uplift HCSWs from B2 to B3, ensuring appropriate skill set is educationally supported and roles utilised to maximum benefit. B4 Assistant Practitioner roles already in post across NHSB being reviewed re need for educational input and current role definitions. Last 2 years APs undertaken appropriate validated education and working as part of altered skill mix.</p> <p><b>Andy Carter:</b> The HR Department encourages managers to engage in exit interviews before their staff member leaves in order to identify what factors pulled their staff member to the new employer/role and if there are any factors which might have pushed the employee away. Since December 2021, the HR Department has been offering leavers the opportunity to use a simple on-line tool to disclose their reasons for leaving, recognising that some leavers may wish to be one step removed before they offer their feedback. The facility to provide exit interview feedback was publicised via Senior Nurses, All Line Manager and Staff Share communications</p>
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		<ul style="list-style-type: none"> <li>2.3.27: Welcome the skill mix thinking including pharmacy technicians. Any thought to increasing AHP support workers? What is the test of change? Is there not existing evidence of how the HCSW workforce can release the capacity for registered staff? What would be the measurement framework for the change?</li> </ul>	<p>but to date, only 27 have engaged. There will be further publicity to raise the profile of the on-line tool. Of those who engaged, reasons for leaving included retirement, change to another department, promoted post in another department or promoted post in another organisation</p> <p><b>Sarah Horan:</b> AHP paper will outline the opportunities in similar way to this paper, acknowledging we need to skill mix across the AHP landscape.</p> <p>Use of and adaption of workforce tools and professional judgment re appropriate delegation can be used a framework for design and evaluation</p>
13	<p><b>Acute Services Nurse Staffing Position and Proposal to Enable Stabilisation – August 2022</b> Appendix-2022-16</p>	<p><b>James Ayling:</b> We had a series of action plans associated with CfSD that described the work underway that should mitigate (to some extent) the risks we are currently carrying around patient flow and one of those related to workforce. Does this proposal align with that plan?</p>	<p><b>Gareth Clinkscale:</b> The proposal does align to the previous CfSD workforce action plan. Several of the actions (for example international recruitment) were born during the period of CfSD support. The CfSD action plan and new workforce actions described in the paper have been collated to one action plan and will be managed as such.</p>
14	<p><b>NHS Borders National Care Service Response</b> Appendix-2022-17</p>	<p><b>Harriet Campbell:</b> I still don't know what a 'balancing impact' is (p 48, 55). I still think that the 'specific questions' on page 8 lack clarity and specificity.</p> <p>I should be interested to hear a response to James' concerns – raised by email – about our ability to act as a pilot (although I note this doesn't specifically appear in the</p>	<p><b>Chris Myers:</b> The term balancing impacts refers to changes which are designed to improve one part of the system and as a result cause issues in another part of the system.</p> <p>There are many balancing impacts that have been highlighted by NHS Borders teams, for instance, the concern about a potential split of</p>

		response, although it is referred to in the report).	<p>Community from Acute Mental Health services, the potential split of Primary Care from Secondary Care. In addition there are potential balancing impacts on NHS Borders as an organisation, and on our partners in the Scottish Borders Council.</p> <p>The SNP committed in their Manifesto that "As we create the National Care Service, we will review the number, structure and regulation of health boards – and other related delivery services – to remove unwarranted duplication of functions and make best use of the public purse."</p>
15	<b>NHS Borders National Care Service Response</b> Appendix-2022-17	<b>Karen Hamilton:</b> No further comment at this stage	-
16	Performance Report Appendix-2022-18	<b>Harriet Campbell:</b> Outpatient waiting times. We are now at the end of August. Do we have no patients still waiting over 104 weeks? What happened in Feb/March to reduce waiting times and can that be replicated?	<p><b>Kirk Lakie General Manager Planned Care-</b> NHS Borders will be reporting 3 dermatology patients on our Outpatient waiting list at the end of August over 104 weeks. All three patients are currently unavailable and have requested and been given appointments in September.</p> <p>We are now working toward the next milestone of no patient over 78 weeks by the end of December 2022.</p> <p>Improvements in February and March were related to work aimed at reducing long waits in ophthalmology. We are working with our</p>

		<p>P65 What is going on in this graph in 2024?!</p>	<p>ophthalmology service on undertaking a similar exercise during the autumn, in addition to ongoing improvements in other outpatient services like Dermatology and Respiratory Medicine.</p> <p><b>June Smyth:</b> The CAMHS RTT target shows the percentage of cases that have had a first treatment appointment within 18 weeks of all first treatments taking place. The text alludes to the number of new assessments completed in July. Attainment was above the assessment local target we have set to make sure we continue to reduce the backlog of treatments. First assessments can also be treatment starts or the first treatment may take place at a later date. To achieve the first treatment appointment within 18 weeks the number of assessments taking place need to increase which is why there is a local assessment target, once the assessment has taken place the patient will either have also had their first treatment appointment or then be in a position to progress to treatment.</p> <p>Please note, as there is a backlog of patients waiting over 18 weeks for assessment and for treatment the target will not start to be achieved until that backlog is cleared. This is why there is an increase from a trajectory of 31% to 62% in July 2024 and an onwards increase as the tail is seen and the number of first treatments eat into those that are waiting under 18 weeks. There are less patients waiting under 18 weeks than</p>
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		<p>P66 the graph doesn't seem to match the narrative – if performance has been above target why doesn't the graph show this?</p> <p>Pp13 et seq. Stupid question of the day. What do these graphs add that the information on pp 20 et seq doesn't give us? Please can we label the y axes? Where a graph goes up to 100 is that percentages or just a coincidence? Some of the graphs are pretty incomprehensible (to me anyway) without narrative – eg if cancer treatments are going down, this could be good news, because fewer people are getting cancer, or bad news, because we're failing to treat them in time.</p> <p>We don't have the breakdown by separate clinical departments this time. Why is this and are any departments in particular showing much better or worse waiting times/treatment delays etc?</p>	<p>those waiting over 18 weeks.</p> <p>The Psychological Therapies RTT target has been on trajectory the last 2 months (the chart shows that the numbers are the same but due to the month's markers look slightly lower as the system is showing there are two data points together).</p> <p>Unless specifically notes as % all the y axes are related to number of patients.</p> <p>These graphs are showing performance for the same measure against two different agreed measures, RMP4 and previous AOP measures.</p> <p>In terms of Cancer these graphs demonstrate performance as a % not actual numbers treated. As this is a previous set target we have left performance graphs in for sighting however the services do not have the capacity to provide narrative against all previously monitored performance therefore focus is on the 2022/23 waiting times trajectories and measure that are deemed "hot topics" such as delayed discharges and emergency assess standard.</p> <p>The new format of scorecard does not contain breakdown by speciality. Further detail can be provided if required.</p>
17	Performance Report Appendix-2022-18	<p><b>Karen Hamilton:</b> Just to note that we have recorded a system pressures status of black for the first time. It is important that Staff</p>	<p><b>June Smyth-</b> noted thank you I will discuss with the Communications Team.</p>

		<p>and Members of the public are assured that the Board is sighted on this issue and will support to its utmost any mitigating measures that will improve the position.</p> <p>I am very pleased with the style and layout of the document.</p> <p>P8 – recognise the immense struggle and pressure ED has been under lately and good to see mitigating measures on ‘huddles’ etc are having effect.</p> <p>P9 – the <u>DD trajectories are very encouraging!</u></p>	<p><b>June Smyth-</b> thank you the feedback will be passed onto the teams.</p> <p><b>Chris Myers:</b> the delayed discharge performance against trajectory is significantly challenged. This will be described in more detail in the meeting</p>
18	Performance Report Appendix-2022-18	<p><b>James Ayling:</b> We had actions plans with CfSD for outpatient capacity /waiting times and for theatre productivity .What is their current status please and how effective have they been to date?</p>	<p><b>Pauline Burns Clinical Service Manager:</b> There has been a lot of positive work undertaken in regard to the action plan examples of which we have detailed below:</p> <ul style="list-style-type: none"> <li>• Orthopaedic Department moved to new outpatient rooms in April</li> <li>• Discharge Lounge has been refurbished and now ready to move Infusion service, this will release further capacity for outpatients. It is anticipated this move will take place in the next four weeks.</li> <li>• The dermatology room has now refurbished and is being used creating further capacity</li> <li>• Standardisation of process for Active Clinical Referral Triage and Patient Initiated Review is in final stages of completion.</li> <li>• Opt-in – 4 pathways are in final stages of development.</li> <li>• Full specialty needs assessment of</li> </ul>

			<p>outpatient rooms, which includes trainees, in final stages. Aim to accommodate all requests.</p> <ul style="list-style-type: none"><li>• Draft Booking Process currently being tested.</li><li>• We are exploring the software to support the efficient use of outpatient rooms – supporting specialties to book and cancel efficiently</li><li>• Capacity plans are underway in all specialties</li><li>• Clinical Prioritisation and Waiting List validation – clinical capacity to validate lists being discussed with clinical teams.</li><li>• Recruitment to Ophthalmology Nurses – 3 nurses recruited. Currently out to advert for technicians</li><li>• Dermatology – new model of care worked up and to be presented to Senior Management Team for support.</li></ul>
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# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Audit Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 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 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.

- Audit Committee 10 October 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 15.06.22
- Appendix No 2, Audit Committee minutes 23.06.22
- Appendix No 3, Audit Committee minutes 29.08.22

Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Wednesday, 15<sup>th</sup> June 2022 @ 2 p.m. via MS Teams.

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

**In Attendance:** Miss I Bishop, Board Secretary (Item 5.1)  
Mr A Bone, Director of Finance  
Mr R Brydon, Senior Specialist Advisor – Health & Safety (Item 6.4)  
Mr P Clark, Director, Public Sector Internal Audit, Grant Thornton  
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)  
Mrs K Hamilton, Chair, NHS Borders  
Mr A Haseeb, Senior Audit Manager, Audit Scotland  
Mrs L Jones, Director of Quality & Improvement  
Mrs A McCloy, Senior Finance Manager  
Mr K Messer, IT Delivery Manager (Item 6.2)  
Mrs S Paterson, Deputy Director of Finance (Head of Finance)  
Mrs L Pringle, Risk Manager (Items 9.1 and 9.2)  
Miss M Richardson, Audit Associate, Grant Thornton  
Mr B Salmond, Deputy Director of HR (Item 6.3)  
Mr G Samson, Audit Senior, Audit Scotland  
Mrs J Smyth, Director of Planning & Performance (Items 5.3 and 6.2)  
Mrs S Thomson, Information Governance & Cyber Assurance Manager (Item 5.3)

1. **Introduction, Apologies and Welcome**

James Ayling welcomed those present to the meeting. Apologies were received from Mrs F Sandford, Non Executive Director, Mr R Roberts, Chief Executive, Mr G Clinkscale, Director of Acute Services, Mrs S Brook, Audit Manager, Grant Thornton and Mrs G Woolman, Director, Audit Scotland. James noted that the meeting was quorate.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 21<sup>st</sup> March 2022**

**The minutes were approved as an accurate record.**

4. **Matters Arising**

James Ayling advised in relation to item 5.1 (Audit Committee Terms of Reference) from the March minutes that he and the Director of Finance were still to review the

point “the Committee shall monitor how the Board addresses risk in relation to potential litigation” within the Terms of Reference.

#### *Action Tracker*

Andrew Bone referred to the second action, namely the meeting with the Director of Public Health to discuss the comments received in regard to “Equality Considerations” within the External Audit Annual Report to ensure these are taken into account and a satisfactory way forward agreed. Andrew confirmed that a meeting had taken place and he would update further under item 7.1.

Karen Hamilton provided an update to the first action regarding a Board Development Session being arranged on Strategic Risk where it was noted that this had now been brought forward to the June development session.

**The Committee noted the action tracker.**

## 5. **Governance & Assurance**

### 5.1 *Code of Corporate Governance Update*

Iris Bishop spoke to this item. Iris highlighted the sections of the Code of Corporate Governance which had been updated, namely Section B had been replaced with the approved Members Code of Conduct, Section D had been replaced with the revised Scheme of Integration and the wording on the tendering procedure listed within Section G (Standing Financial Instructions) had been updated as the previous process detailed was no longer appropriate. Iris advised that the updates were being brought to the Audit Committee today for recommending to the Board that these be approved. Tris Taylor asked for clarity on why Borders NHS Board governed spending of the Integrated Joint Board (IJB) as he would expect the IJB to oversee this themselves once funds were transferred by the Board. Andrew Bone explained that the Board transfer funds to the IJB and the IJB decide how these are spent and issue direction back to the Board, and that it is then the responsibility of the Board to ensure arrangements are in place to deliver these directions. Andrew added that as part of the Internal Audit plan for 2022/23 a review will be undertaken on the governance arrangements between the Board and the IJB which would cover this element and any action required would be picked up as part of this audit. James Ayling noted that a review of the Scheme of Delegation and Standing Financial Instructions was scheduled over the coming months and enquired when these would come forward to the Audit Committee. Iris confirmed she currently expected these to be presented at the December meeting.

**The Committee made recommendation to the Board to approve the updated Sections B, D and G of the Code of Corporate Governance.**

### 5.2 *Audit Follow Up Report*

Peter Clark spoke to this item. Peter highlighted that of the 18 recommendations being followed up, six were not yet due, three had been closed, six were ongoing and no response had been received for three. It was noted that for the three where no update had been received, two of these were medium rated and one was low. Peter assured that these continue to be followed up. Tris Taylor referred to item 2.2 on appendix 1 in regard to the 2019/20 GDPR and Information Governance Arrangements audit where he

noted that compliance with Information Governance training had improved slightly, however he felt that it was important to include numbers, perhaps in the form of a control chart, rather than just the percentage. Tris also noted concern in regard to the 2020/21 Estates and Facilities audit as no updates had been provided against the recommendations and enquired if any progress had been received following the paper being published. Peter advised that no further updates had been received and that these continue to be followed up. Andrew Bone noted that verbal update would be provided under item 5.3. James Ayling also noted that no update had been recorded against the recommendation arising from the 2020/21 Progress and Monitoring of Primary Care Improvement Plan audit. Andrew Bone advised that a comprehensive paper had been presented at the Integration Joint Board meeting earlier that day and discussions would be taking place on how this information will flow through the Board's governance route.

**The Committee noted the audit follow up report.**

**5.3 *Audit Follow Up Process***

James Ayling reminded the Committee of the system which had been reintroduced to ask managers to provide a verbal update on recommendations where timescales had slipped.

***Estates & Facilities***

Andrew Bone provided an update on the outstanding recommendations arising from the Estates & Facilities audit which was undertaken in 2020/21. Andrew advised that the two outstanding recommendations related firstly to assurance that regular property condition surveys were undertaken and risks recorded within the SCART (Statutory Compliance Audit and Risk Tool) and secondly to ensure that risk associated with backlog maintenance was understood and actions in place to mitigate. Andrew advised that the key actions identified to address these recommendations included ensuring that condition surveys and backlog maintenance plans were up-to-date and reported, and that data held within SCART and EAMS (Estates Asset Management System) were maintained. Andrew went on to provide an update on these where it was noted that a number of condition surveys had been completed and were currently being updated within EAMS, including a survey of Primary Care estate and a survey of the BGH roof. A full survey of the BGH was proposed for 2022/23 and discussions regarding funding were being progressed with Scottish Government. It was noted that updated risk assessments for the BGH roof and ventilation had been recorded on Datix. Andrew advised that although some progress had been made in updating the SCART and EAMS systems there were significant resource constraints that meant this had not been achieved within the agreed timescales. Andrew further updated that as a result of recruitment difficulties the Head of Estates & Facilities post was currently vacant and an interim structure had been proposed. It was intended that a full service review would be undertaken to consider the capacity required to meet the department's objectives, however interim proposals would be brought forward as soon as possible to address the risk management and reporting issues. No timeline was identified and James Ayling asked that an update be provided to the committee at its next meeting and that the information provided to the committee today be shared with Internal Audit for its next update report together with timelines when confirmed.

**The Audit Committee noted the update.**

*Covid19 Governance Arrangements and Remobilisation*

June Smyth provided an update on the outstanding recommendation arising from the Covid19 Governance Arrangements and Remobilisations audit. This related to ensuring that all changes to governance arrangements are documented and all response plans, including operational level continuity plans, are monitored to ensure they are completed and up-to-date. June advised that Business Resilience and Business Continuity will be moving under her remit on the 1<sup>st</sup> July 2022 and that she had discussed the first piece of work being undertaken with the Resilience Manager. It was noted that the Board Executive Team are due to get a further update on Business Continuity plans in two months' time. June appreciated the importance of these actions and expected the timescale to complete these would be over the next 2 – 3 months and gave assurance that they will be taken forward when the function formally moves over.

James Ayling stressed the importance of updates on recommendations being provided to Internal Audit to evidence a record of progress.

**The Audit Committee noted the update.**

*GDPR and Information Governance Arrangements*

Susie Thomson provided an update on the outstanding recommendations arising from the GDPR and Information Governance Arrangements audit. In regard to the first recommendation relating to noncompliance of the Information Governance eLearning module, it was noted that targeted emails would be sent to members of staff asking for this to be completed and to Line Managers asking that time is freed up to allow staff to undertake this. Susie advised that compliance had dropped to 68% but has since risen to 70%. For the second recommendation relating to submitting details on information assets for inclusion within the register, Susie advised that there had still not been much progress and provided an update on the statistics within each Business Unit which totalled an overall position of 83%. Susie advised that meetings would be taking place with the appropriate people within Acute to look at making progress. Tris Taylor enquired if there was a different culture within Acute compared to the other Business Units. Susie explained that she had not had any direct discussion as she was relatively new to this post, however was aware that this was largely due to the accessibility of staff and pressures within the service. It was the intention to target asset owners to understand the issues being experienced. June Smyth assured that Acute are aware of the importance of this and that there had been operational pressures prior to Covid and that they would be actively supporting them with this.

**The Audit Committee noted the update.**

5.4 *Internal Audit Annual Report 2021/22*

Peter Clark spoke to this item. Peter advised that the report provided a summary of the work undertaken throughout the year and included the annual audit opinion. Peter confirmed that the full audit plan had been delivered and highlighted the three key areas on which the audit opinion is based, namely risk

management, internal control and governance. Peter referred to the executive summary where it was noted that throughout the audits a total of 20 recommendations had been raised, all of which have been accepted by management. It was noted that of the 20 recommendations, six of these were rated high, eight medium, four low and two advisory. Peter confirmed that the Head of Internal Audit's opinion for 2021/22 was partial assurance with improvement required. Although this was the same opinion as last year Peter highlighted that there had been a slight improvement and felt it was a satisfactory position for the Board to be in. Peter took the opportunity to thank the Committee, management and staff as there had been good levels of engagement throughout the year.

Tris Taylor enquired how the opinion included the three audit reports being received at today's meeting as these had not been presented to the Committee prior to the 31<sup>st</sup> March 2022. Peter explained that although the 31<sup>st</sup> March is the official year end work still continues past this date and is included within the annual opinion. Peter highlighted that it was not unusual for audit reports from the prior year audit plan to be presented at the June meeting of the Committee. Andrew Bone thanked the Internal Audit team for their work undertaken throughout the year as he appreciated there had been some disruption to the audits where they had to adapt the plan to accommodate requests. Andrew was pleased to hear there was an improvement against the previous year but stressed complacency could not be taken from this and reminded of the outstanding recommendations from previous audits which still required to be completed. Andrew felt that there was a role for the Board Executive Team to have better oversight on the follow up of recommendations and discussions would be taking place in regard to this. Andrew confirmed that a paper would be brought to a future Audit Committee meeting detailing the approach to this.

Sonya Lam asked for assurance in regard to the audits undertaken in 2021/22 and if these had been the correct priorities in terms of the feedback received from the Executive Directors for making improvements. Peter advised that from feedback he had received he felt that they had been. Tris Taylor noted all follow up actions are reported through the Audit Committee and felt that it would be more appropriate for these to be through the relevant Governance Committee.

**The Committee noted the Internal Audit Annual Report for 2021/22 and thanked Internal Audit for their work throughout the year.**

## 6. **Internal Audit**

### 6.1 *Internal Audit Plan Update Report*

Peter Clark spoke to this item which provided an update on progress. Peter confirmed that since the last meeting the 2021/22 audit plan had been completed with the three final audit reports being presented at today's meeting. The audit plan for 2022/23 would be discussed separately at item 6.5.

**The Committee noted the report.**

## 6.2 *Internal Audit Report – IT Recovery and Resilience*

Peter Clark introduced this item which followed an audit to review the arrangements in place for disaster recovery and resilience. Peter advised that this had been given an overall rating of partial assurance with improvement required and highlighted that the findings resulted in three high and one medium rated recommendations. Peter referred to the first high risk recommendation which noted insufficient disaster recovery and business continuity procedures in place. The second high risk recommendation noted insufficient disaster recovery and business continuity testing and the third related to insufficient business impact assessments. The medium rated recommendation noted backup and restore policies for systems not being clearly documented.

Sonya Lam noted her concern around the due timescales of 31<sup>st</sup> March 2023, particularly as one of the risks highlighted within the first recommendation referred to “indirect injury or death to patients”. June Smyth introduced Kevin Messer who was deputising for Jackie Stephen. Kevin advised that there had been a debate around the due dates, however these had been agreed as there is confidence in the up-to-date technology within NHS Borders including a state of the art back-up shared across two data centres which at any point can be switched from one to the other. Kevin appreciated that documenting testing is not being undertaken in an appropriate manner. Tris Taylor noted from management responses that they believe the risks within the report can be mitigated from within existing resources. Tris noted his concern should a key member of staff leave without having the appropriate backup policies in place. Kevin assured that there was a good level of cross cover within the team and that there is a support maintenance contract in place with an on call service in the event of any disaster. James Ayling, on behalf of Fiona Sandford, appreciated there were resource issues within the department, however without the appropriate documentation in place it is not possible to provide evidence to prove that testing etc has been undertaken. June assured that the team are actively doing the necessary testing etc but there is not the capacity to prioritise the documentation aspect of this. June highlighted that the due dates reflected the need to avoid putting further pressure on staff until there is more capacity within the team. Sonya Lam noted her concern that should there be an incident with no back up documentation in place it would be a major reputational risk to the organisation. James Ayling took partial assurance from the responses but in view of the lengthy timescales for resolution would like to see regular updates on progress with ongoing work via the audit follow up report. James added that he had recently discussed the due dates with Internal Audit and overall saw the advantage of having realistic timescales rather than providing unrealistic ones.

**The Committee noted the IT Recovery and Resilience Internal Audit report.**

## 6.3 *Internal Audit Report – Workforce Recruitment and Retention*

Peter Clark introduced this item which followed an audit to evaluate the adequacy of internal controls in place around staff recruitment and retention. Peter advised that this had been given an overall rating of partial assurance with improvement required and highlighted that the findings resulted in one medium, one low and one advisory rated recommendations. Peter referred to the medium rated recommendation which noted evidence confirming right to work status is not always held by the organisation. The low rated recommendation highlighted a low level of completion of annual appraisals and

policy and guidance documents being out of the date. The advisory recommendation flagged that benchmarking performance against other Health Boards is not taking place.

Tris Taylor noted his concern as he was not getting any sense from the management responses that equality and diversity is of importance and the impact this has on people disadvantaged with a protected characteristic. Peter Clark highlighted that there are recruitment challenges for NHS Borders and this was referenced throughout the recommendations. Sonya Lam noted that prior to the pandemic the appraisal and Personal Development Review (PDR) target was 80% and asked if this was met. Bob Salmond confirmed that it was and that prior to the pandemic NHS Borders had a very high record of compliance in this area. Bob added that it was felt to be a low risk in not meeting this target during the pandemic as concentration was on essential services. It was anticipated that the target level of 80% would be reached during 2022/23. Bob went on to explain that reviews had been suspended due to national policy work and the PDR policy was due to be reviewed in the coming months.

**The Committee noted the Workforce Recruitment and Retention Internal Audit report.**

**6.4 *Internal Audit Report – Health & Safety Reporting***

Peter Clark introduced this item which had an overall rating of partial assurance with improvement required. Peter highlighted that the findings resulted in one high and three medium rated recommendations. The high recommendation related to RIDDOR events not being reported within the defined timescales. The first medium recommendation highlighted that staff identified as adverse event approvers in Datix had not completed the approver training, the second noted that adverse events were not being reviewed and approved on Datix within the 14 day timescale and the third that lessons learned are not shared across the organisation.

Tris Taylor noted his concern with the findings, particularly in relation to RIDDOR events not being reported within the timescales defined by Health & Safety Executive (HSE) guidance, as he did not feel the management responses were satisfactory and implied that occasional failures were tolerable. Tris felt that if there is insufficient capacity to execute HSE requirements then there required to be an increase in capacity unless acceptance to tolerate this is given by Borders NHS Board and he would be grateful for the Board Executive Team to reflect on this. Sonya Lam noted her surprise that lessons learned were not shared with the wider organisation as she was aware that there were mechanisms in place to do this. James Ayling, on behalf of Fiona Sandford, noted concern around RIDDOR events not being reported within timescales. He further advised that Fiona accepted the management comment that this is a consequence of the pandemic and pressures on staff. Fiona also appreciated the effect the pandemic had on training but felt that this required to be restarted at pace. Fiona was also concerned around the general lack of documentation to provide evidence for tasks that are being undertaken. James stressed that Health & Safety was a top priority for the organisation and due to non-compliance it appeared that there was an acceptance to tolerate risk at a level which he did not feel was appropriate.

Robin Brydon confirmed that he would be liable for prosecution in any case made against the Board and assured that he tries to report in a timely fashion. Robin appreciated late submissions were not ideal but staffing resources due to Covid had impacted on this. It was noted that an explanation had been provided to the HSE with all late submissions and to date these have not been challenged. Robin explained that Borders use a different reporting model to peers and feedback from HSE is that this provides them with better reporting. Laura Jones added that the timescales are not ideal but are as a result of pressures in management capacity within the Acute unit. Laura assured that adverse events are all tracked to a conclusion and management events will follow the same process. James noted his discomfort in operating in an environment with a low tolerance to RIDDOR. Robin explained that there are different priorities within the NHS and a certain level of risk is taken and went on to provide an example of this.

Following discussion Andrew Bone summed up that it was felt that the correct processes were in place and that there were ongoing conversations to support the team and ensure they have enough capacity. In regard to culture and adherence Andrew noted that there is a lot of reliance on individuals to get this right, with training and awareness being critical to this. It was noted that since the Director of Human Resources took up post there has been a push to ensure senior leaders are trained and have awareness.

**The Committee noted the Health & Safety Reporting Internal Audit report.**

**6.5 *Draft Internal Audit Plan 2022/23***

Peter Clarke spoke to this item. Peter referred to the Internal Audit planning principles on page 4 which detailed how the plan was developed, which included discussion with the Board Executive Team and review of the Board's corporate priorities and corporate risk register.

Peter highlighted that the 2022/23 plan included nine audits and totalled 120 days. Peter highlighted that the outline scopes were high level and that there would be further conversations to develop these but did not expect any delays to the plan being taken forward. James Ayling noted that he was content with the process which had taken place to produce the plan but queried if eight days would be sufficient for the Health Inequalities desktop review and asked going forward if this could be discussed prior to the plan going forward.

Andrew Bone advised that the feedback received from the session with the Non Executive Directors had been reflected within the plan. Andrew advised that there could be challenges within the organisation which would have an impact on the plan and recommended it commences as it currently stands and the phasings can be revised throughout the year if necessary. Andrew stressed the requirement to deliver the first half of the plan to ensure the second half is achievable. Sonya Lam referred to the Governance audit and asked if this would look at the performance of the IJB. Andrew advised that it would not and explained that the audit had resulted following review of the Audit Committee Terms of Reference between himself and the Chair of the Audit Committee where they felt that there was value in examining the process from when the Health Board delegates a function to the IJB and how this is then taken forward

in practice. Karen Hamilton, who chairs the IJB Audit Committee, highlighted the importance of reviewing the interaction between the IJB Audit Committee and the Board's Audit Committee as part of the audit.

**The Committee approved the Internal Audit Plan for 2022/23.**

## 7. External Audit

### 7.1 *External Audit Annual Report 2020/21 – Update on Recommendations*

Andrew Bone introduced this item. James Ayling noted that there had been limited progress and no recommendations had been closed since the last report. James assumed that these would be picked up within this year's annual report from External Audit. Asif Haseeb confirmed that the annual report was currently being drafted for the extraordinary meeting on the 23<sup>rd</sup> June 2022 and these points would be picked up with an updated position against each. Andrew agreed that there had been very little progress and that the Board would be discussing how to take forward. Andrew noted that some of the recommendations would be more easily achieved than others and highlighted that IT may be able to mitigate some of the risks in regard to cyber resilience.

Tris Taylor referred to the "Equality Considerations" which he had previously raised and provided detailed feedback on this as he was disappointed to see a lack of progress around this. Andrew advised that he will raise this with the new Director of Public Health when appointed and suggest that an action plan be developed as early as possible. Tris noted his concern that had this report not come forward to the Audit Committee this particular action would have been closed off which highlighted a weakness in the process and questioned if recommendations should also be remitted to the appropriate Governance Committee for decision. Andrew felt that a similar process could be put in place whereby recommendations not only go to the relevant Directors but they could also go to the relevant Governance Committee to close the loop.

**The Committee noted the updates on the recommendations arising from the 2020/21 External Audit Annual Report.**

### 7.2 *Audit Scotland Reports*

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

**The Committee noted the report.**

### 7.3 *Audit Scotland Report – NHS in Scotland 2021*

James Ayling suggested deferring this item to the September meeting to allow the Committee to receive the annual report from External Audit prior to discussion. This was agreed.

**The Committee agreed to defer this item to the September meeting.**

## 8. **Fraud & Payment Verification**

### 8.1 *NFI Update*

Susan Paterson spoke to this item which was a completion report following the 2020/21 NFI live exercise which takes place every two years. Susan highlighted that a total of 1,116 matches were received and confirmed that these have now all been closed. It was noted that 8 payroll to payroll matches had been closed without investigation due to Scottish Borders Council not having the resources available to review this information. Susan confirmed that no fraud had been identified from the investigation work carried out. It was noted that the Cabinet Office database had been updated with the outcomes of investigations as these were concluded.

Susan advised that the 2022/23 exercise will commence in October and the Committee would be kept updated on a quarterly basis.

**The Committee noted the report.**

## 9. **Risk Management**

James Ayling reminded that the Committee provides assurance to the Board that there are effective measures in place around risk management. James welcomed Laura Jones to the Committee in her new role noting that Risk now falls within her remit and as such she would be a regular attendee going forward. Laura advised that she had worked closely with Lettie Pringle, Risk Manager over the last 18 months and went on to provide an update on the priorities she and Lettie would be taking forward over the coming months. This included working with the Planning function to set the strategy and prioritise the strategic risks as well as looking at the operational risks and move these into operational tiers.

### 9.1 *Update on Very High Risks*

Lettie Pringle spoke to this item which provided an update on the very high operational risks on the risk register. Lettie highlighted that there has been an increase in very high risks within the risk register. In regard to the risk appetite it was noted that two risks outwith this had been escalated from the Risk Management Board (RMB) to the Operational Planning Group (OPG). These related to fire compartmentation and fire door integrity and the flooring within Ward 5 at the BGH. It was noted that these would be monitored by OPG and that the Board Executive Team (BET) were also aware. Lettie advised that with exception of Learning Disabilities the Clinical Boards/Corporate Services were unable to provide the RMB with full assurance that risk processes were undertaken in line with their Risk Management Improvement Plans which monitor KPI progress. The OPG have provided BET with feedback and have requested an update on the situation in six months' time.

James Ayling noted that positive feedback had been received on the adverse events and risk register training and welcomed this. James appreciated that more work was required in regard to the KPIs and was pleased to see that this was under review. James noted concern in regard to the fire door risk and again was pleased to see that BET was aware of the situation. Andrew Bone advised that inspections by the fire service are undertaken on a regular basis

with any recommendations arising from these to be addressed within specified timescales.

Sonya Lam was thoughtful around how culture could be measured across the organisation as it appeared to just 'accept' following the pandemic. Laura noted that risk is tolerated differently within healthcare and questions had been raised about tolerance levels being relaxed due to the pandemic but gave assurance that she hoped to see these go back to the same levels prior to the pandemic, however was aware that some areas across the organisation are still under extreme pressure.

**The Committee noted the update.**

#### 9.2 *Risk Management Framework Update*

Lettie Pringle spoke to this item and explained that she had taken the opportunity to fully update the Risk Management Framework, which now included security, and the updates that had been made were highlighted throughout the report. James Ayling welcomed this now being included.

**The Committee noted the update.**

### 10. **Corporate Governance Framework**

#### 10.1 *Review of Corporate Governance Framework 2021/22*

Anita McCloy introduced this item. Anita explained the process for producing this annual document which provides assurance that the correct controls and systems are in place across the organisation.

James Ayling suggested that the document be reviewed by each appendix.

#### *Appendix 1 – Review of the Governance Framework*

Sonya Lam referred to the purpose of the Resources & Performance Committee starting on page 7 as she noted there was no reference to performance and was surprised by this as performance was a concern. Andrew advised that performance reports over the last year have been very limited and that there was reference to the performance of the Board within the 2021/22 Annual Report which would come forward to the extraordinary Audit Committee meeting on the 23<sup>rd</sup> June 2022. Tris Taylor enquired if the Resources & Performance Committee produces an annual report like the other Governance Committees. Andrew confirmed that they did and that this started on page 91 of the document. Sonya advised that in terms of the Clinical Governance Committee there was partial assurance with some issues having been escalated to the Board. Andrew felt that going forward there was a need to be more specific on expectations around what is required from the Governance Committees. James Ayling highlighted that the public member had not attended any meeting of the Public Governance Committee throughout the year but was aware of arrangements for someone to attend going forward. Tris highlighted that aside from that particular voting member there were three other voting members from which there was good attendance at meetings. James also noted that the Clinical Governance Committee annual report did not include reference to the maternity services report and was surprised by this. Laura Jones advised that the report had been due in March 2022 but had been

deferred to May 2022 but gave assurance that the Clinical Governance Committee has extensively reviewed this.

*Appendix 2 – Statement of Assurance from the Audit Committee to the NHS Board*

No comments were received and the Audit Committee approved that this be put forward to the Board.

*Appendix 3 – Governance Statement*

Andrew Bone advised that the final annual report from External Audit was awaited which may have an impact on disclosures, however the initial view was that there would be no change. Sonya Lam noted that it stated NHS Borders appointed the Whistleblowing Champion but advised that this appointment was made by Scottish Government. Anita agreed to amend this.

The Audit Committee approved the Statement subject to receipt of the annual report from External Audit and any impact to disclosures following the Internal Audit reports received today plus the amendment agreed is to be made.

*Appendix 4 – Letter to Health and Wellbeing Audit Committee*

James Ayling referred to the letter which would be issued in his name regarding any significant issues for disclosure and was pleased to confirm that there were currently none. Andrew provided the Committee with examples of what would be classed as a significant issue to give assurance that NHS Borders had no such issues. James also asked External Audit if they would have expected to have seen anything being disclosed within the letter. Asif Haseeb confirmed that he did not and the letter was as he would have expected.

**The Audit Committee noted and approved the relevant sections of the Corporate Governance Framework for 2021/22.**

11. **Integration Joint Board**

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

12. **Items for Noting**

12.1 *Information Governance Committee Minutes – 2<sup>nd</sup> March 2022*

**The Committee noted the Information Governance minutes from the meeting held on the 2<sup>nd</sup> March 2022.**

13. **Any Other Competent Business**

James Ayling reported that he had recently had private meetings with Internal Audit and External Audit and had reported back to Committee members who had been unable to attend.

James asked for confirmation that everything was still on target to allow the extraordinary meeting of the Audit Committee to take place on the 23<sup>rd</sup> June 2022. Andrew advised that matters were still being cleared with External Audit and although timescales were tight the meeting was still on track, however it was likely that papers

would not be issued until the week of the meeting. James enquired if there would be a cover paper listing all changes made since the session on the accounts the previous week. Andrew confirmed that there would be. Asif Haseeb re-iterated that timescales were very tight but they were still aiming to issue their annual report within the timescales for papers being issued.

James also advised that he had asked both Internal Audit and External Audit if they would undertake a 360 degree review as per the last Audit Committee self-assessment and both had confirmed that they would be happy to participate in this.

14. **Date of Next Meeting**

Thursday, 23<sup>rd</sup> June 2022 @ 10 a.m., MS Teams (Extraordinary Meeting)

Monday, 19<sup>th</sup> September 2022 @ 2 p.m., MS Teams

BE  
08/07/22

Minutes of an **Extraordinary** Meeting of **Borders NHS Board Audit Committee** held on Thursday, 23<sup>rd</sup> June 2022 @ 10 a.m. via MS Teams.

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

**In Attendance:** Miss I Bishop, Board Secretary (Minutes)  
Mr A Bone, Director of Finance  
Mr G Clinkscale, Director of Acute Services  
Mr A Haseeb, Senior Audit Manager, Audit Scotland  
Mrs S Paterson, Deputy Director of Finance (Head of Finance)  
Mr G Samson, Audit Senior, Audit Scotland  
Mrs G Woolman, Director, Audit Scotland  
Mrs K Hamilton, Chair  
Mr R Roberts, Chief Executive

#### 1. **Introduction, Apologies and Welcome**

Apologies were received from Mrs F Sandford, Non Executive Director, Mrs L Jones, Director of Quality & Improvement, Mr R Roberts, Chief Executive, Mr P Clark, Director, Public Sector Internal Audit, Grant Thornton and Ms S Brook, Audit Manager, Grant Thornton.

The Chair advised that Grant Thornton, Internal Auditors, had tendered their apologies to the meeting. They had confirmed that they had no additional issues to bring to the attention of the Chair of the Audit Committee or the External Auditors other than what had been covered in their reports presented on 15 June. Audit Scotland had confirmed they were happy to proceed in the absence of Grant Thornton from the meeting.

#### 2. **Declaration of Interest**

There were none.

#### 3. **Matters Arising**

There were none.

#### 4. **2021/22 External Audit Annual Report (including ISA 260 requirement)**

- 4.1 The Chair commented that the Committee had only received the report late Tuesday afternoon which was a tight timescale to enable Committee members to digest its contents. He noted that the report itself highlighted the difficulties in finalising the accounts and therefore by implication the production and dissemination of the external audit report. Normally he would have been concerned by the timescale were it not for the fact that the report provided by Audit Scotland was in his view well presented, clear and concise in its findings and recommendations and clear on the actions that needed

to be taken. He thanked the Auditors for providing that clarity which had given him the comfort to allow the Committee to deal with the report that day.

- 4.2 The Chair further recognised the herculean effort on the part of the finance team and Mrs Susan Paterson in particular, in producing the accounts and he appreciated the considerable efforts of the External Audit team in producing their final report. He commented that although the exercise had been quicker this year than last, he would suggest that consideration needed to be given to streamlining and timetabling of next year's process to avoid delays.
- 4.3 Mrs Gillian Woolman provided an overview of the content of the report and specifically highlighted: that there remained challenges in terms of capacity to meet the 30 June deadline; notification by NHS Scotland of the need to reflect Lateral Flow Device (LFD) tests as a consumable within the income and expenditure statement; outstanding clarification of the figures for the Integration Joint Board (IJB) in the financial statements; the content of Appendix A; the expected provision of an unmodified opinion; content of Appendix B; and the key messages from the draft annual audit report.
- 4.4 Mrs Woolman commented that the 2021/22 audit was the last year of the External Auditor appointment for Audit Scotland with NHS Borders.
- 4.5 Mr Andrew Bone commented that having reflected on the general process he had not appreciated how much assistance it would have been to have had the draft IJB accounts prepared well in advance.
- 4.6 Mr Asif Haseeb commented on 2 significant points to be addressed which were the IJB accounts and donated equipment. He then spoke of 2 minor points to be addressed which were the remuneration report and median figures without expenses and the general fund balance which showed a negative position.
- 4.7 Mr Tris Taylor enquired about the equity split of the IJB resource at 50% and if the IJB were disbanded if the Health Board would lose out given it contributed more than 50%. Mr Taylor also enquired about health inequalities given the Public Governance Committee who were charged with providing assurance regarding the strategic risk of health inequalities had been unable to do so.
- 4.8 Mrs Woolman advised the 50% split of IJB resource came from the Technical Accounting Group for NHS Scotland and had not been an issue previously, however, given late additional funding from the Scottish Government it had impacted the reserves position or IJBs. In regard to health inequalities she was keen to highlight the shift in language that had happened strategically in NHS Scotland as a consequence of the pandemic and she welcomed the scrutiny that had been referred to.
- 4.9 Mr Bone commented that should the IJB be disbanded he would anticipate the reserves would be returned to the appropriate partners based on contribution or what they have been ring fenced for. He suggested it would be more likely that they would be transferred to the new National Care Service when it was incorporated.
- 4.10 Ms Sonya Lam enquired about performance data across the calendar year. Mr Bone advised that the performance data was largely dependent on the national publication and verification of data.

- 4.11 The Chair commented that in regard to outpatients waiting over 12 weeks it was difficult to reconcile the narrative with the heading. Mrs Woolman advised that she would review that point.
- 4.12 Mr Bone commented that he recognised the comments made within the report and the willingness of Mrs Woolman's team to work to achieve the 30 June deadline. He further advised that he would seek the reflections of Audit Scotland in formulating a timeline for the annual accounts to be worked up for the following year.
- 4.13 The Chair thanked Mrs Woolman and her team for their report together with the terms of their accompanying letter. He noted in particular that their audit work on the 2021/22 annual report and accounts was now substantially completed and that subject to receipt of a revised set of annual report and accounts for final review, they anticipated being able to issue an unqualified audit opinion in the independent auditor's report.

**The Audit Committee noted the 2021/22 annual audit report from External Audit.**

5. **Annual Accounts 2021/22**

5.1 *Final Annual Report and Accounts 2021/22*

- 5.2 Mrs Susan Paterson provided an overview of the content of the report and highlighted: the tracked changes to the document; the final adjustments relating to the IJB; the LFD requirements; the median figure for the remuneration report; and the refined wording for the negative balance. She further advised that the intention was to issue the annual report and accounts to the Board for discussion at its meeting on 30 June provided Audit Scotland were content.

*Mr Tris Taylor left the meeting.*

- 5.3 Mrs Gillian Woolman thanked Mrs Paterson for the work that had gone into the revisions to the documentation, and advised that due to a range of capacity challenges it was unlikely that a review would be achieved in time for the Board to sign off the accounts at its meeting on 30 June 2022.
- 5.4 Mrs Karen Hamilton advised that the Board would be content to accept the accounts as late papers for the meeting if that assisted with the review timeline.
- 5.5 The Chair commented that the Audit Committee was remitted to review and recommend for approval the Board's Annual Report and Accounts and that the Extraordinary Audit committee meeting had been arranged to fulfil that function, including review and consideration of the report of the board's External Auditors and any findings arising from that report.

**The Audit Committee reviewed the draft Annual Accounts for NHS Borders for the year ended 31 March 2021 and noted some potential adjustments which still required to be agreed and then audited by external audit.**

**The Audit Committee subject always to confirmation that the aforesaid adjustments had been made and agreed and audited, recommended that the Board approve the Annual Accounts for the year ended 31 March 2021 as so adjusted.**

**The Audit Committee recommended that the Board authorise the designated signatories to sign the aforesaid final Accounts on behalf of the Board.**

*5.6 Final Endowment Fund Annual Report and Accounts 2021/22*

5.7 The Chair commented that the cover paper advised that the Audit Committee was remitted to review the Endowment Fund Annual Report and Accounts. The Annual Accounts for the Endowment Fund were included for consolidation within the Health Board's group accounts. He noted that the accounts had been approved by the Trustees of the Endowment Fund at their meeting held on 6 June 2022 and that the Trustees took assurance from the terms of an anticipated clean audit report from the Fund's newly appointed external auditors, Thomson Cooper. The Auditors report had stated that based upon the information provided and the results of the audit fieldwork undertaken that they anticipated issuing a clean audit report for the current financial period. The final report had been issued by the External Auditors and was a clean audit opinion.

5.8 Mrs Susan Paterson provided an overview of the Endowment Fund Annual Report and Accounts which were presented to the Committee for awareness. She confirmed that the Endowment Fund was a separate registered charity and the accounts had received a clear audit opinion from Thomson Cooper and would be included in the full NHS Borders Annual Report and Accounts pack.

**The Audit Committee noted the final Endowment Fund Annual Report and Accounts for 2021/22.**

*5.9 Final Patient's Private Funds Annual Accounts 2021/22*

5.10 The Chair noted that the Audit Committee was remitted to review and recommend for approval the Board's Annual Accounts for Patients Private Funds.

5.11 Mrs Susan Paterson provided an overview of the content of the Patient's Private Funds Annual Accounts. She advised that the organisation held and supported individual patients with the management of their money whilst they were in long term care with NHS Borders. The Accounts would form part of the NHS Borders pack of Accounts and had been separately audited and received a clean audit opinion from Thomson Cooper.

**The Audit Committee noted the assurance from management that the Accounts were prepared in line with relevant accounting standards and guidance and they had received a clean audit opinion from the appointed auditors, Thomson Cooper Accountants.**

**The Audit Committee noted the accounts and recommended to the Board that the Board approve the draft Patients' Private Funds accounts for the year ended 31 March 2021**

**6. Any Other Competent Business**

6.1 The Chair recognised that the financial year 2021/22 had been a one year extension to the External Audit contract for Audit Scotland. He reflected that there had been 6 years of cooperation and working together and from next year (2022/23) a new team from Audit Scotland would be the auditors for NHS Borders. He recorded his thanks and

those of the Audit Committee to Mrs Gillian Woolman and her team for their work over the last 6 years.

- 6.2 Mr Andrew Bone reiterated the Chairs comments and added that it had been a really productive working relationship for him and his department with Audit Scotland and although there were challenges they had all been conducted in a positive spirit with an aim of achieving the best for NHS Borders.
- 6.3 Mrs Gillian Woolman commented that her team had also enjoyed their association with NHS Borders and she gave thanks in particular to Mrs Susan Paterson for her work over the various accounts.
- 6.4 Mrs Karen Hamilton added her thanks to Mrs Woolman and her team.
- 6.5 The Chair commented that although the next meeting was scheduled for September there may be a requirement to hold a further Extraordinary Audit Committee meeting in advance of September.

7. **Date of Next Meeting**

Monday, 19<sup>th</sup> September 2022 @ 2 p.m., Microsoft Teams

*The meeting concluded at 11.17am.*

Minutes of an **Extraordinary** Meeting of **Borders NHS Board Audit Committee** held on Monday 29 August 2022 @ 3pm via MS Teams.

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

**In Attendance:** Miss I Bishop, Board Secretary (Minutes)  
Mr A Bone, Director of Finance  
Mr A Haseeb, Senior Audit Manager, Audit Scotland  
Mrs S Paterson, Deputy Director of Finance (Head of Finance)  
Mr G Samson, Audit Senior, Audit Scotland  
Mrs K Hamilton, Chair

1. **Introduction, Apologies and Welcome**

1.1 Apologies were received from Mrs F Sandford, Non Executive Director, Gillian Woolman, Audit Scotland, Gareth Clinkscale, Director of Acute Services, Laura Jones, Director of Quality & Improvement, Peter Clark, Public Sector Internal Audit, Grant Thornton and Mr Ralph Roberts, Chief Executive.

2. **Declaration of Interest**

There were none.

3. **Minutes of Previous Meetings**

3.1 The minutes of the Audit Committee meeting held on 15 June 2022 were approved.

3.2 The minutes of the Extraordinary Audit Committee meeting held on 23 June 2022 were approved.

4. **Matters Arising**

4.1 There were none.

5. **External Audit**

5.1 Mr Andrew Bone explained the background to the delay in the annual report and accounts being presented to the Committee. He commented that the draft accounts had been produced and there had been some relatively small amounts of adjustment required in regard to the Integration Joint Board (IJB) and the conclusion of the audit work. It has been a disruptive process in terms of capacity for both NHS Borders and External Audit.

- 5.2 *2021/22 External Audit Annual Report (including ISA 260 Requirement)*
- 5.3 Mr Asif Haseeb highlighted two of the main issues in the audit report that had been addressed in the Report and Accounts, the IJB consolidated figures/treatment of surplus in the Accounts and deferred income respectively. He advised that Audit Scotland were satisfied with all of the changes that had been made in the Accounts. There was one change in terms of the payable figure where the correct figure was in the notes of the accounts but was incorrect in the balance statement. Subject to that correction he was content to confirm the external audit as unmodified and for the Committee to recommend approval of the Report and Accounts for 21/22 by the Board.
- 5.4 Mr Haseeb highlighted the external audit changes to the report. He advised that the covering letter and external audit report had not been changed. The external audit changes consisted of: paragraph 17 date change from 23.06.22 to 01.09.22; Exhibit 2 insertion of new paragraph; further analysis of deferred income of £1.6m by management next year; paragraph 28 in the old report was paragraph 29 in the new report; changes to paragraph 39; paragraph 38 was the old paragraph 36 and had not changed; an error in section 5, Exhibit 9; and narrative changes from months to weeks.
- 5.5 The Chair welcomed the further work to be taken forward in regard to the further review of deferred income balances during 22/23.
- 5.6 Mr Haseeb advised the Committee of the treatment of the IJB accounts and the changes that had been made to the process to ensure a consistent treatment of the accounts in future years in regard to mapping them across NHS Borders, Scottish Borders Council and the IJB.
- 5.7 The Chair recorded his thanks to Mr Haseeb and his team.

**The Audit Committee noted the External Audit 2021/22 Annual Audit Report and its conclusions and recommendations and that the audit opinions on the accounts were unmodified.**

## 6. **Annual Accounts 2021/22**

- 6.1 *Update Report – Track of Changes for Annual Accounts 2021/22*
- 6.2 Mrs Susan Paterson explained that the paper detailed all of the adjustments that had been made to each page of the pack previously discussed by the Committee on 23 June 2022. She commented that there had been one further adjustment made to the statement of financial position balance sheet which now appeared in the final version of the Annual Accounts. She proposed that on approval by the Board, the Chair, Chief Executive and Director of Finance sign off the Report and Annual Accounts through the docuSign process.

**The Audit Committee noted the amendments which had been made to the 2021/22 NHS Borders Annual Report and Accounts as detailed in the paper.**

6.4 *Final Annual Report and Accounts 2021/22*

6.5 Mrs Susan Paterson advised that the cover paper detailed the remit of the Audit Committee in terms of the annual accounts and detailed the revisions made to the previous iterations.

6.6 Mrs Karen Hamilton referred to the provision in the paper which advised that the final version of the Report and Accounts as hopefully to be approved at this meeting would be presented to the Board for approval on 1 September 2022. She clarified that this meeting would in fact be an Extraordinary Board meeting held in private and requested the Board Secretary to confirm that this was appropriate. [It was subsequently confirmed that this was in order. The Report and Accounts remain private pending publication in the Scottish Parliament].

**The Audit Committee reviewed the report as amended from its previous review and after consideration agreed to recommend the Annual Report and Accounts for approval to the Extraordinary NHS Borders Board at its meeting on 1 September 2022.**

6.7 *Final Endowment Fund Annual Report and Accounts 2021/22*

These Report and Accounts had previously been approved by the Endowment Fund Trustees and had received a clean audit report and were included in this meeting as being part of the consolidated Board Accounts.

**The Audit Committee noted the Final Endowment Fund Annual Report and Accounts 2021/22.**

6.8 *Final Patient's Private Fund Annual Accounts 2021/22*

6.9 Mrs Susan Patterson presented the final Patient's Private Fund Annual Accounts and confirmed that there had been no changes made to the previous draft version seen by the Committee. These accounts would be consolidated with the Board accounts.

6.10 Mr Tris Taylor commented that it still referenced the Board meeting on 30 June 2022 and Mrs Patterson thanked Mr Taylor for his observation and commented that she would revise the date to 1 September 2022.

**The Audit Committee noted that it required to review the Accounts and recommend to the Board for approval.**

**After consideration the Audit Committee recommended the Annual Accounts for Patient's Private Funds for approval to the Extraordinary NHS Borders Board at its meeting on 1 September 2022.**

7. **Any Other Competent Business**

7.1 **IJB:** Mr Asif Haseeb commented that the IJB Annual Accounts would be submitted to the IJB Audit Committee on 31 August 2022 for approval. He observed that 31 August 2022 was the last date permissible under accounting regulations for the annual accounts to be approved. He further commented that for completeness under the Local Authority regulations a notice should be published to advise of the

inspection period for the accounts which was normally 15 days and he was unaware that such a notice had been issued.

*Mrs Karen Hamilton left the meeting.*

- 7.2 **Public Governance Committee:** Mr Tris Taylor commented that as the Chair of the Public Governance Committee he was keen to ensure public involvement and engagement activities that crossed the Health Board and IJB were appropriately scrutinised and he had written to the Chief Officer in that regard. The Chief Officer had responded and suggested that a place be made available to the Public Governance Committee on the IJB Audit Committee which was responsible for scrutinising and monitoring public engagement activity. Mr Taylor suggested it would not impact on the Public Governance Committee's role in performing scrutiny but could enhance the overall collaborate working between the partners.
- 7.3 The Committee was supportive of the suggestion and asked that the governance arrangements of the Health Board be checked to ensure the arrangement could be put in place. He suggested the audit team be asked to review public governance and identify any best practice.
- 7.4 Mr Taylor commented that the latest guidance received from Health Improvement Scotland was intended to cover both the Health Board and the IJB and potentially the Local Authority and viewed it as a catalyst for improving frameworks for the scrutiny of public involvement and engagement and it would be a more effective way of working.

8. **Date of Next Meeting**

- 8.1 Monday, 19<sup>th</sup> September 2022 at 2pm, Microsoft Teams.

*The meeting concluded at 3.55pm.*



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Endowment Fund Board of Trustees Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 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 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.

- Endowment Fund Board of Trustees 3 October 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 06.06.22

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 6<sup>th</sup> June 2022 @ 2 p.m. via Microsoft Teams.

**Present:** Mr J Ayling, Trustee  
Mr A Bone, Trustee  
Mrs H Campbell, Trustee (Left at 3.30 p.m.)  
Mrs K Hamilton, Trustee (Chair)  
Mrs S Horan, Trustee  
Ms S Lam, Trustee  
Dr L McCallum, Trustee  
Mr J McLaren, Trustee  
Mrs L O'Leary, Trustee  
Mrs F Sandford, Trustee (Left at 3.30 p.m.)  
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)  
Mrs K Wilson, Fundraising Manager

1. **Introduction, Apologies and Welcome**

Karen Hamilton welcomed those present to the meeting. Apologies had been received from Mr R Roberts, Trustee, Mr T Taylor, Trustee and Mrs J Smyth, Director of Planning & Performance.

2. **Declaration of Interests**

James Ayling referred to the 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.

3. **Minutes of Previous Meeting – 16<sup>th</sup> May 2022**

James Ayling referred to item 6.1 and the creation of a Privacy Policy on the Charity's website. James asked that it be reworded to clarify that he had liaised with Colleen Barlow around this rather than the existing wording which implied he had produced the policy.

**The minutes were approved as an accurate record with the proviso that the amendment requested is made.**

4. **Matters Arising**

*Action Tracker*

**The action tracker was noted.**

*Investment Policy Update*

Andrew Bone spoke to this item and reminded Trustees of discussion at the last meeting where it was suggested that the Investment Policy be reviewed and updated to provide further clarity in relation to social responsibility. Andrew referred to appendix

2 which provided detail of the 10 specific objectives for investment listed within the existing policy and highlighted the two objectives which made reference to social responsibility. Andrew advised that the paper was informed by information shared by the Investment Advisor and that he had looked at other NHS bodies/health related charity's Investment Policies which tended to reflect similar content to the current policy. Andrew anticipated that to align with Scottish Government's commitments on Climate Emergency and Sustainable Development this issue is likely to be addressed as part of supplementary guidance emerging from the Endowment Funds national review during the next 12 – 18 months. Andrew went on to suggest wording for an additional objective to be added to the current Investment Policy to reflect an aspiration of moving towards a Net Zero goal, namely "The Endowment Fund will seek to reduce and, over time, eliminate investments which are incompatible with the objectives of United Nations Net Zero Carbon emissions commitments". If Trustees were content to approve this additional objective meantime Andrew advised that the policy would still be further refined through the normal governance process. Sonya Lam noted that she was content to adopt the wording for the additional objective in the interim. Harriet Campbell also noted that she was content with the wording as an interim measure but did not feel that this went far enough as she felt that the charity should be living by the values of Borders NHS Board. James Ayling agreed with the wording but noted caution around use of "eliminate" (investment) as he felt that this would be impossible to do due to companies who invest in others companies and suggested this be amended to "direct" (investment). Fiona Sandford agreed with this suggestion and said she would also be interested in hearing Investec's view. Andrew highlighted that the Investment Advisor had confirmed that Investec have adopted the UN supported 'Principles for Responsible Investment' (UN PRI). UN PRI being a network of investors which encourages participating organisations to adopt six principles, including adoption of the ESG issues within institutional analysis and decision making processes, on a voluntary basis. The Investment Advisor had also pointed out that the charity's current portfolio was not an ESG portfolio but indicated he would work to accommodate Trustees' specific requirements where identified. Lucy O'Leary stated that ESG is an evolving term and stressed the need to get a workable set of principles for the charity. Harriet added that she would like to see it go in the direction of travel where the charity will only invest in funds which demonstrate an ESG compatible position, notably that there would be no fossil fuel production in addition to those other provisions already encapsulated within the existing policy. Andrew replied that he was not informed enough to make any comment around the investment parameters, however reiterated that Investec are signed up to UN PRI investments but that the charity's current portfolio is not established on an ESG basis and therefore any immediate change would require action which may be disruptive to the short term approach. It was noted that if Trustees wished to do anything more than aspire to move in this direction of travel then it would require an urgent decision to be made around the type of portfolio that is held. Andrew reminded of the decision made previously to extend the Investment Advisor's contract for the next two years to allow the new Trustees to appoint their own Investment Advisor if they so wished. Harriet asked if it would be possible for the Investment Advisor to provide an annual update on the ESG status to give Trustees' assurance that it is moving in the right direction. Andrew did not foresee any issues with this and agreed to ask the Investment Advisor for an annual report.

**The Board of Trustees agreed to the proposed wording with the change to "direct" investment.**

### *Cash Management Policy – Update on Commercial Account(s)*

Susan Paterson spoke to this item which followed an issue raised at a previous meeting in regard to holding significant sums of money in one current account which meant funds in excess of the protection guarantee provided by the Financial Services Authority (FSA) were at risk, i.e. above £85,000. Susan provided background to the reason for holding one current account where it was noted that in September 2021 Investec Wealth and Management advised that they would no longer offer deposit accounts and that the Endowment Fund deposit account would require to be closed. The account balance was transferred to the Natwest current account and since then had been used as a single bank account for all cash balances and transactions relating to the Endowment Fund. This arrangement had been intended to be an interim measure pending review of the Cash Management Policy. Following a review of OSCAR guidance, which was not prescriptive in relation to how charities manage financial risk arising in respect of bank account and cash management, Susan recommended that a deposit account also be set up which would maximise the value of any cash held by the charity. Susan also recommended moving to a total cash holding of £400k which was a low level risk in the event of a banking collapse (£230k maximum). Susan highlighted that to increase the number of accounts to mitigate this risk would mean that a minimum of 5 separate accounts would be required and that the additional administration arising from this approach was not considered an efficient use of existing resources by the Director of Finance. Andrew Bone added that although the risk would be mitigated by having more accounts he did not think the risk was significant enough to warrant this and agreed with the proposal to only have two accounts.

James Ayling commented that he did not feel that this was being approached in the correct way and described the scenario he felt would be more appropriate: he felt that the paper should present the situation in terms of the level of risk and then describe how this is mitigated by proposed actions including any options for consideration by the trustees in terms of how any residual risk can be addressed. James also felt it was not satisfactory for Trustees to accept that it would be too much work administratively to operate the number of bank accounts required to eliminate this risk. James highlighted that trustees were being asked to accept to tolerate the risk of losses up to £230k but that the option to mitigate further through insurance was not fully evaluated. James noted his agreement with the first recommendation, namely that a suitable interest bearing deposit account be set up which maximises the value of any cash held by the charity in line with the existing Cash Management Policy. James also stressed that the policy should be amended to reflect a proposed limit to cash holdings of £400k unless in exceptional circumstances and only once agreement is sought from the Chair. James also felt that it was crucial that Trustees received all relevant information around the £230k risk by quotes being requested from banks for indemnity insurance to protect the monies held. Harriet Campbell agreed that quotes for insurance should be sought to give Trustees' assurance around limiting this risk. Harriet also enquired about what happens with the cash held at Investec if they are no longer providing a banking service. Andrew agreed to ask the Investment Advisor and would circulate the response received for information. Andrew also agreed to take the points received on board and to bring a follow up paper to address these. This paper would also include the quotes from banks regarding indemnity insurance.

**The Board of Trustees agreed that a suitable interest bearing deposit account is set up which maximises the value of any cash held by the Charity in line with the existing Cash Management Policy.**

**The Board of Trustees acknowledged that the risk of losses arising from a banking collapse was sufficiently low, however requested further information on how this risk could be eliminated in the form of the options of indemnity cover available.**

**The Board of Trustees agreed that the existing policy be amended to reflect the adjustment to the cash limit (£400k) and that no further changes would be required to the existing Cash Management Policy in advance of the governance review to be undertaken during 2022.**

#### *Staff Lottery Fund*

Susan Paterson spoke to this item which asked Trustees to approve a move of the Staff Lottery Fund to be managed by the Staff Wellbeing Group. Susan highlighted that these funds are closely aligned and the move would be more effective in achieving the purpose of supporting staff. John McLaren added that by moving this it would make the funds much more accessible to staff across the whole organisation and not just the BGH. Sarah Horan stated that she was supportive of the paper but referred to the Terms of Reference for the Staff Wellbeing Group and in particular to the reference within the “authority and reporting” section that “all issues requiring escalation will be directed to the Board Executive Team through the Occupational Health & Safety Committee and where appropriate to the APF”. Sarah questioned the need for this escalation and that it should be crossed reference with the terms of reference for the Staff Governance Committee. Andrew Bone questioned if escalation should be back to Trustees rather than NHS Borders. Sonya Lam enquired if all initiatives requiring funding would go through the Staff Wellbeing Group. John advised that thought would have to be given to this as the group do not currently have any funding and any requests need to be made through the normal process for accessing endowment funding. John reiterated that allowing the Staff Wellbeing Group to manage this fund would speed up the process allowing a quicker response. Lucy O’Leary asked if there was an equivalent for social care staff as we aspire to becoming more integrated. Andrew Bone advised that the Staff Lottery Fund is a unique fund where NHS employed staff who have opted-in to a regular payroll deduction are eligible for prizes and that the fund balance is generated by additional cash generated above the level of prizes offered. Andrew clarified that this is not a charitable donation as such and is explicitly for NHS staff who pay into it, however partnering with SBC could be explored in future. Andrew advised he was unaware whether SBC already held a similar scheme for its own employees. Andrew highlighted that this is a small fund with a specific source and does not automatically mean the group will make all decisions around staff wellbeing but that it might be reasonable to ask the Staff Wellbeing group to provide a view or recommendation on relevant applications to the Endowment fund as a ‘topic specialist’ function. Andrew felt that escalation back to Trustees was required in some form and suggested the Endowment Advisory Group could perform this function due to the small values involved. John noted that if it was felt that a review of the Staff Wellbeing Group Terms of Reference would be appropriate he would be happy to engage with the relevant parties. Harriet Campbell questioned why this had come forward to Trustees if the money held was staff lottery funds as they had no jurisdiction over this. James Ayling agreed with this comment as he too could see no relevance for Trustees. Susan Paterson clarified that the Board had previously determined that the income generated from the employee scheme be passed to Endowments. Andrew added that the decision making process could be reviewed at a later date but asked Trustees for support in principle at today’s meeting. Following discussion Trustees agreed to support the recommendation of the Staff Lottery Fund being managed by the Staff Wellbeing Group.

**The Board of Trustees supported the Health Board's Staff Wellbeing Group to become the delegated authority group to provide governance to, and utilise the funds of, the Staff Lottery Endowment Funds.**

**The Board of Trustees requested regular update reports from the Staff Wellbeing Group on the projects which have been supported by the Staff Lottery Endowment Fund.**

## **5. Endowment Fund Annual Accounts 2021/22**

### **5.1 *Final 2021/22 Report from Trustees and Annual Accounts***

Susan Paterson spoke to this item. Susan advised that the accounts had been audited by the newly appointed Auditor, Thomson Cooper and it was noted that Fiona Haro, Partner, had been unable to join today's meeting to go through the findings but anticipated doing so in future. Susan went on to provide Fiona's feedback to Trustees which is noted below:

"Sorry I couldn't be here in person on this first year of taking over the audit of accounts, I would like to express my thanks to Kim Carter and Susan Paterson for all their help and assistance given during the audit.

The key financial points are as follows:

Income has increased in the year by £74,097 (12%) this has resulted from a decrease in investment income of £9,696 and in increase in donations of £31,356 and legacies of £52,436.

Costs increased significantly (£337,191) from £566,621 to £903,812 - £269,540 of this was an increase in equipment, furniture and fittings. £84,175 was due to an increase in patient welfare costs.

After transfers the unrestricted fund made a surplus of £7,840 and restricted funds a deficit of £92,776.

The unrestricted fund balance at 31<sup>st</sup> March 2022 sits at £870,730, ring fenced funds £842,426 and restricted funds £3,943,241.

The only point from the completion memorandum to bring to your attention is the following recommendation:

Certain funds are shown as ringfenced by Trustees; that would normally indicate a designated fund not a restricted fund. It was agreed that Susan and I would have a meeting after the accounts are finalised with a view to reviewing these in more depth prior to the March 2023 year end. We can therefore look at each one individually and the history behind them and advise as to our understanding of the restriction and therefore if it impacts disclosure."

Susan also advised of Fiona's request to support with the final phase of the restricted funds review along with Turcan Connell. Susan assured that there was no misstatement with the information shared to date.

Susan confirmed that all adjustments since the meeting on the 16<sup>th</sup> May were documented for Trustees' information and these included the points received at the meeting and after. If the accounts were approved today the Chair and Chief Executive would be asked to sign these and in turn they would be returned for release of the audit certificate. Susan advised that the Endowment Annual Accounts would then be consolidated within the Board's Annual Accounts. James Ayling referred to the performance report and noted that the investment performance is listed for three years but not for the year under review as he was surprised this was not a requirement. Susan advised that this is not a reporting requirement but could be added if Trustees requested this. It was agreed that this should be added for future years. Sonya Lam noted that she was listed as a member of the Endowment Advisory Group but was not a member of this group. Susan agreed to amend the report to reflect the correct membership. Harriet Campbell also noted that there were still some inconsistencies between the use of the terms 'ring fenced' funds and 'restricted' funds. Harriet went on to highlight that there were also some points of accuracy to be amended within the audit completion report. Susan agreed to feed this back. Alison Wilson highlighted that Ward 9 had agreed to pay for its electronic drugs cabinet but this did not appear to have been taken out of their fund. The Margaret Kerr Unit had also agreed to pay part of their cabinet but again this did not appear to have been taken out. Susan advised that she was aware of this and there would be some adjustments to be made after the accounting period (into the 2022/23 position) which the auditors were aware of and were content with due to their level of materiality.

**The Board of Trustees approved the 2021/22 Report from Trustees and Annual Accounts for going forward to Borders NHS Board.**

**The Board of Trustees requested a mid year update on the issues highlighted and the recommendations made by the Audit Completion Report.**

## 5.2 *Audit Completion Report*

Item covered until item 5.1.

**The Board of Trustees noted the Audit Completion Report.**

## 6. **Fundraising**

### 6.1 *Endowment Fund Applications - Update*

Karen Wilson spoke to this item which was an update on the paper presented at the previous meeting. Karen confirmed that she would be happy to provide an update at each meeting going forward. Karen highlighted the progress made since the last meeting and confirmed that the Trickle App had been approved. It was noted that one further application had been received and was being taken forward through the appropriate route. Harriet Campbell asked for clarity around the approval route for funding applications as she did not feel this was clear within the paper. Colleen Barlow explained applications that come to the Fundraising Team are directed either to the appropriate restricted fund or to unrestricted funds and follow the Scheme of Delegated authority. Historically, the Endowment Advisory Group have addressed all applications from unrestricted funding, and from December 2020 until June 2021, applications were reviewed within their Delegated Authority limits. Updates on these were included within the regular Fundraising reports to Trustees. It was noted that the paper received today was

specifically for unrestricted applications recently received. Harriet felt that it would be helpful to detail against each application which fund it was coming out of and who had approved it. This was agreed for reports going forward.

**The Board of Trustees noted the update.**

## 7. **Endowment Advisory Group**

### 7.1 *Endowment Advisory Group Terms of Reference*

Andrew Bone spoke to this item following discussion at the previous meeting where it was highlighted that there was no clinical representation on the Endowment Advisory Group. Andrew added that having reviewed the current Terms of Reference (ToR) he had identified areas where the remit had not been fulfilled and proposed that this be reviewed as part of the wider Endowment Funds governance review. Andrew also asked for views if it was felt that there was a lack of representation from other areas. Alison Wilson suggested the Chair of the Area Clinical Forum (ACF) join the group. Sarah Horan supported this suggestion but was mindful should the ACF chair be a medic then she would like to see an AHP or nurse on the membership to cover the full spectrum. Karen Hamilton welcomed the Medical Director being added to the Endowment Advisory Group membership but agreed that other clinical bodies should also be represented. Alison put her name forward to be a member of the Endowment Advisory Group if helpful.

*Fiona Sandford and Harriet Campbell left at 3.30 p.m.*

Andrew proposed adding Lynn McCallum in the interim and as part of the review of the ToR agreed to ensure that all areas are represented. The findings from the review, including recommendations, would be put forward by the end of August and this would also be an item for the agenda in October.

**The Board of Trustees approved the addition of the Medical Advisor to the Endowment Advisory Group Terms of Reference.**

**The Board of Trustees agreed that additional work is required to review the Terms of Reference and to ensure that the full remit of the group is fulfilled, and that this will be taken forward separately through the governance review and development of the Endowment Strategy.**

## 8. **Any Other Business**

Karen Hamilton noted that today would be Alison Wilson's last meeting as she would be concluding her appointment as a Non Executive Director at the end of July. Karen thanked Alison, on behalf of Trustees, for her input as a Trustee over the previous years.

## 9. **Date and Time of Next Meeting**

Monday, 3<sup>rd</sup> October 2022 @ 2 p.m.

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Finance Report – October 2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Samantha Harkness, Senior Finance Manager</b>

## 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):**

- Effective

## 2 Report summary

### 2.1 Situation

The report describes the financial performance of NHS Borders and any issues arising.

### 2.2 Background

NHS Health Boards operate within the Scottish Government (SG) Financial Performance Framework. This framework lays out the requirements for submission of Financial Performance Reports (FPR) to SG which include comparison of year to date performance against plan with full review of outturn forecast undertaken on a quarterly basis.

NHS Borders has determined that regular finance reports should be prepared in line with the SG framework (i.e. monthly).

The board has remitted the Resources & Performance committee to “review action (proposed or underway) to ensure that the Board achieves financial balance in line with its statutory requirements”.

The board continues to receive regular finance reports for reporting periods where there is no scheduled committee meeting.

## **2.3 Assessment**

### **2.3.1 Quality/ Patient Care**

Any issues related to this topic are provided as background to the financial performance report and it is expected that, where relevant, these issues will be raised through the relevant reporting line.

### **2.3.2 Workforce**

Any issues related to this topic are provided as background to the financial performance report and it is expected that, where relevant, these issues will be raised through the relevant reporting line.

### **2.3.3 Financial**

The report is intended to provide briefing on year to date and anticipated financial performance within the current financial year. No decisions are required in relation to the report and any implications for the use of resources will be covered through separate paper.

### **2.3.4 Risk Assessment/Management**

The paper includes discussion on financial risks where these relate to *in year* financial performance against plan. Long term financial risk is considered through the board’s Financial Planning framework and is not relevant to this report.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because the report is presented for awareness and does not include recommendation for future actions.

### **2.3.6 Climate Change**

There are no climate change impacts identified in relation to the matters discussed in this paper.

### **2.3.7 Other impacts**

There are no other relevant impacts identified in relation to the matters discussed in this paper.

### **2.3.8 Communication, involvement, engagement and consultation**

Not Relevant. This report is presented for monitoring purposes only.

### **2.3.9 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.

- Senior Finance Team, 18<sup>th</sup> November 2022
- Board Executive Team, 29<sup>th</sup> November 2022

## **2.4 Recommendation**

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

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 - Finance Report for the period to end October 2022

## FINANCE REPORT FOR THE PERIOD TO THE END OF OCTOBER 2022

### 1 Purpose of Report

- 1.1 The purpose of the report is to provide board members with an update in respect of the board's financial performance (revenue) for the period to end of October 2022.

### 2 Recommendations

- 2.1 Board Members are asked to:

- 2.1.1 **Note** that the Board is reporting an overspend of £9.68m for seven months to end of October 2022.
- 2.1.2 **Note** the position reported in relation to COVID-19 expenditure and how this expenditure has been financed.
- 2.1.3 **Note** the financial performance expectation set out by the Scottish Government following the Board's Quarter One Review is that the board achieve an outturn performance in line with the Financial Plan (£12.2m deficit).
- 2.1.4 **Note** progress against the actions described within the Financial Recovery Plan submitted to Scottish Government in October.

### 3 Summary Financial Performance

- 3.1 The board's financial performance as at 31<sup>st</sup> October 2022 is an overspend of £9.68m. This position is summarised in Table 1, below.

*Table 1 – Financial Performance for seven months to end October 2022*

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Revenue Income	273.94	285.15	161.92	162.05	0.13
Revenue Expenditure	273.94	285.15	144.51	154.32	(9.81)
<b>Surplus/(Deficit)</b>	<b>0.00</b>	<b>0.00</b>	<b>(17.41)</b>	<b>(7.73)</b>	<b>(9.68)</b>

- 3.2 Core operational performance excluding savings is reporting a £0.52m overspend position to the end of October. As previously reported, the position includes expenditure related to actions implemented during the pandemic which remain in place due to operational pressures in unscheduled care.
- 3.3 The financial plan identified a projected £5m delivery against savings targets in 2022/23. As at end of October, £0.40m of savings have been retracted from budgets with a full year effect (to end March) of £0.69m. Progress towards identification of full savings plans is described in section 6 below.

3.4 The reported position has been adjusted to recognise anticipated funds in relation to COVID recovery plans. Funding in line with anticipated levels has now been received in relation to delegated functions. Funding for delegated functions, including Social Care, remains subject to further dialogue between IJBs and Scottish Government. As at end October, a total of £2.32m of expenditure has been assumed funded against these sources. This remains in line with previous forecast.

### 3.5 Comparison to Forecast

3.5.1 The Quarter One Review identified a forecast outturn position of £13.7m overspend. This was subsequently amended to £15.7m, reflective of further anticipated expenditure related to the implementation of the LIMS contract.

3.5.2 The year to date position (after seven months) is reported as £9.68m overspent. As noted, SG have set out expectation that the board delivers financial performance in line with its financial plan (£12.2m deficit) *as a minimum*.

3.5.3 There are a number of actions identified in the Board’s financial plan and recovery plan which are predicated on delivery during the latter half of the financial year. This includes review of slippage on Board and IJB reserves, together with a full assessment of balance sheet provisions. These actions are now underway which has resulted in a reduction in the year to date deficit being reported at the end of October. A summary of progress to date is included within section 7.

## 4 Financial Performance – Budget Heading Analysis

### 4.1 Income

4.1.1 Table 2 presents analysis of the board’s income position at end October 2022.

Table 2 – Income by Category, year to date October 2022/2023

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
<b>Income Analysis</b>					
SGHSCD Allocation	254.21	511.91	148.29	148.29	-
SGHSCD Anticipated Allocations	(0.17)	(249.78)	-	-	-
Family Health Services	10.24	12.93	8.67	8.67	-
External Healthcare Purchasers	4.39	4.39	2.62	2.50	(0.12)
Other Income	5.27	5.70	2.34	2.59	0.25
<b>Total Income</b>	<b>273.94</b>	<b>285.15</b>	<b>161.92</b>	<b>162.05</b>	<b>0.13</b>

4.1.2 There is a shortfall on External Healthcare Purchasers which is a continuation of the decrease to elective activity patient flows between health boards during the course of 2021/22, which continues into 2022/23. The SLA for 2022/23 has been signed at the same levels as 2021/22 which mitigates the risk of further reduction previously highlighted in the financial plan. This risk remains a concern for future years since activity remains below levels agreed.

4.1.3 The over recovery of income within *Other Income* is linked to income received in respect of *Scottish Post Graduate Medical Education* (SPGME) income and

provides an element of offset to additional medical staffing pressures highlighted previously with regard to Medical training grade rotational posts.

## 4.2 Operational performance by business unit

4.2.1 Table 3 describes the financial performance by business unit at October 2022.

Table 3 – Operational performance by business unit, October 2022

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
<b>Operational Budgets - Business Units</b>					
Acute Services	65.23	77.22	44.00	43.41	0.59
Acute Services - Savings Target	(2.11)	(1.99)	(1.16)	-	(1.16)
<b>TOTAL Acute Services</b>	<b>63.12</b>	<b>75.23</b>	<b>42.84</b>	<b>43.41</b>	<b>(0.57)</b>
Set Aside Budgets	27.04	29.04	16.89	18.12	(1.23)
Set Aside Savings	(1.05)	(0.94)	(0.55)	-	(0.55)
<b>TOTAL Set Aside budgets</b>	<b>25.99</b>	<b>28.10</b>	<b>16.34</b>	<b>18.12</b>	<b>(1.78)</b>
IJB Delegated Functions	120.93	139.09	79.76	79.94	(0.18)
IJB – Savings	(4.74)	(4.51)	(2.64)	-	(2.64)
<b>TOTAL IJB Delegated</b>	<b>116.19</b>	<b>134.58</b>	<b>77.12</b>	<b>79.94</b>	<b>(2.82)</b>
Corporate Directorates	34.28	9.08	(8.22)	(8.16)	(0.06)
Corporate Directorates Savings	(0.34)	(0.17)	(0.10)	-	(0.10)
<b>TOTAL Corporate Services</b>	<b>33.94</b>	<b>8.91</b>	<b>(8.32)</b>	<b>(8.16)</b>	<b>(0.16)</b>
External Healthcare Providers	29.38	30.82	18.42	18.06	0.36
External Healthcare Savings	(0.39)	(0.33)	(0.19)	-	(0.19)
<b>TOTAL External Healthcare</b>	<b>28.99</b>	<b>30.49</b>	<b>18.23</b>	<b>18.06</b>	<b>0.17</b>
<b>Board Wide</b>					
Depreciation	5.06	5.06	2.95	2.95	-
Planned expenditure yet to be allocated	13.00	11.45	0.40	-	0.40
Financial Recurring Deficit (Balance)	(12.35)	(9.17)	(5.35)	-	(5.35)
Financial Non-Recurring Deficit (Balance)	-	(4.50)	(2.62)	-	(2.62)
Board Flexibility	-	5.00	2.92	-	2.92
<b>Total Expenditure</b>	<b>273.94</b>	<b>285.15</b>	<b>144.51</b>	<b>154.32</b>	<b>(9.81)</b>

4.2.2 **Acute services** are reporting a net overspend of £0.57m. This includes a £0.59m under spend on core operational budgets. The main drivers for this under spend is in relation to staffing vacancies within Labs, General Surgery, Orthopaedics and Ophthalmology as well as a continuation of reduced spend on supplies, which is linked to the reduced levels of activity. The underspend is substantially less than in previous reporting periods as a result of increased bed pressures managed across the BGH site. This position also includes retracted recurring savings of £0.10m (£0.18m full year).

4.2.3 **Set Aside.** The set aside budget is overall £1.78m overspent, of which £0.55m relates to non-delivery of savings. This position includes retracted savings of £0.03m YTD (£0.04m full year). Unscheduled care services are the main cost driver, exhibiting significant variance from agreed staffing budgets due to enhanced staffing arrangements in place to support A&E and additional agency and supplementary staffing deployed to augment inpatient areas. Drugs expenditure continues to demonstrate an increasing trend in relation to prescribing for patients with long term conditions managed by hospital based prescribers.

4.2.4 **IJB Delegated.** Excluding non-delivery of savings the HSCP functions delegated to the IJB are reporting an overspend of £0.18m on core budgets. The main driver

of the overspend is prescribing, linked to both increases in volume and prices, albeit this has reduced slightly this month, and continues to be an area of volatility and is reviewed monthly.

- 4.2.5 Alongside the overspend on prescribing, there are also continued overspends relating to locum cover within Mental Health and placements within LD, all of which are being offset somewhat by underspends in relation to a reduction in primary care services expenditure within public dental services, along with vacancies within Allied Health Services.
- 4.2.6 This reported position includes retracted recurring savings of £0.13m YTD (£0.23m full year).
- 4.2.7 **Corporate Directorates** are reporting a net overspend of £0.16m. This includes a £0.06m overspend on core budgets. There are retracted savings of £0.10m included in this reported position (£0.18m full year). Maintenance costs continue to be high due to work being carried out across the NHS Borders portfolio. Additional funding drawn down to cover the year to date costs of Vaccination & immunisations has resulted in a reduction in the reported overspend this month. There continues to be offsetting underspends linked to vacancies within Director of Nursing as well as on-going pressures related to implementation of regional HR arrangements.

Expenditure to deliver existing cleaning rotas is insufficient to meet national cleaning standards and there is an emerging pressure where actions implemented to enhance infection control measures within domestic services were implemented during COVID pandemic and remain in place. Requirements to meet national standards will be considered further as part of financial planning discussions.

- 4.2.8 **External Healthcare Providers.** Excluding savings there is an underspend of £0.36m reported at the end of October. This position is based on estimates within the East Coast Costing Model (ECCM) and Unplanned Activity budgets (UNPACs) as pricing and final activity baselines have not yet been agreed. These arrangements relate predominantly to tertiary services and out of area referrals for Acute services. Within the reported position there are £0.04m of recurring savings retracted (£0.7m full year).

## 5 COVID19 Expenditure

- 5.1 COVID19 expenditure continues to be reported within the board's business unit core performance as detailed in Table 4. Table 4 provides summary of this expenditure as at end October.

*Table 4 – summary COVID19 expenditure for seven months to end October 2022*

	<b>Allocated YTD Budget £m</b>	<b>YTD Actual £m</b>	<b>YTD Variance £m</b>
Acute Services	0.05	0.06	(0.01)
Set Aside	0.01	0.01	-
IJB Directed Services	1.25	1.23	0.02
Corporate Directorates	1.01	0.99	0.02
<b>Total NHS Costs</b>	<b>2.32</b>	<b>2.30</b>	<b>0.03</b>

- 5.2 Expenditure plans continue to be reviewed to reduce expenditure where possible in line with the NHS Scotland COVID Financial Improvement Programme. This work is now substantially complete and an updated forecast will be submitted to Scottish Government at end November.
- 5.3 Budgets are set in line with plans approved through the Board's Operational Planning Group (OPG), including nationally directed and locally agreed COVID response plans. Expenditure is monitored through Local Mobilisation Plans (LMP) and monthly Financial Performance Reports (FPR) to Scottish Government.
- 5.4 LMP and FPR monitoring includes a further c.£525k of expenditure not reported directly within the above table. As advised by Scottish Government, these costs are no longer eligible for COVID funding and are treated as operational pressures however we continue to report within LMP during 2022/23 in order to maintain consistency with financial plan presentation. Costs within this category include on-going arrangements for additional workforce in the Emergency department introduced during the pandemic, as well as the additional cost of 7 additional assessment beds in MAU. Other bed pressures are not reported against COVID and are attributed to unscheduled care pressures (i.e. delayed discharges).

## 6 Savings

- 6.1 As part of the financial plan for 2022/23 it was identified that the Board would seek to deliver £5.0m in recurring savings. Each Business Unit have been asked to deliver 1% savings on core expenditure budgets, with further savings to be achieved through Board wide programmes including Prescribing savings.
- 6.2 Table 5 below shows the recurring savings targets allocated to each area and the full year achievement of those targets.

*Table 5 – summary recurring savings achieved as at October 2022*

	<b>Recurring Savings Target</b>	<b>Recurring Savings Achieved</b>	<b>Balance of Savings not yet delivered</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Acute Services	(0.66)	0.18	(0.48)
Set Aside	(0.28)	0.04	(0.24)
IJB Directed Services	(0.49)	0.23	(0.26)
Corporate Directorates	(0.38)	0.18	(0.20)
External Healthcare Providers	(0.32)	0.07	(0.25)
Board Wide	(2.87)	-	(2.87)
<b>Total NHS Costs</b>	<b>(5.00)</b>	<b>0.69</b>	<b>(4.31)</b>

- 6.3 There has been £0.69m of recurring savings retracted to October (covering the full year impact to end March).
- 6.4 Progress continues to lag behind Q1 forecast and presents a risk to financial performance at end March 2022, however actions have been identified to mitigate this risk in the current financial year (see section 7).
- 6.5 Recurring plans totalling c.£3.5m (inclusive of savings achieved above) have been identified to date, however this includes early assessment (pre-Gateway 1) of

savings opportunities not yet developed to implementation phase. There has been no significant change to this position during the last month.

- 6.6 It remains a key objective that recurring savings of £5m full year effect are identified and implemented by end March 2023. Actions to increase focus on development and delivery of recurring savings during the remainder of 2022/23 are being considered and will be discussed with the Quality & Sustainability board in December. An update will be provided to the Resources & Performance committee at its meeting in January 2023.

## 7 Scottish Government Requirements & Brokerage

- 7.1 As previously advised, Scottish Government have confirmed that the Board is expected to deliver *as a minimum* a financial outturn position in line with its financial plan (£12.2m deficit).
- 7.2 Further to this, Scottish Government have confirmed the reintroduction of the Medium Term Financial Framework which requires that NHS Boards develop financial plans which identify how they will deliver financial balance over a three year timeline. Financial balance is defined as being within 1% of total budget. For NHS Borders this would require a deficit of no greater than £3m.
- 7.3 Any borrowing required to achieve a breakeven position during a three year planning cycle will be made available on a brokerage basis (i.e. repayable). At end of March 2023 it is expected that NHS Borders will have a total brokerage liability of £20m (being pre-existing commitments carried forward from 2019/20, i.e. pre-pandemic, and the additional borrowing anticipated at March 2023).
- 7.4 Following discussion with Scottish Government colleagues it has been confirmed that any brokerage repayment will fall due *after* delivery of a balanced financial position. In line with the medium term financial framework this would be expected to be from April 2025, however this position will be revisited as part of the development of the 2023/24 financial plan.
- 7.5 A draft *Financial Recovery Plan* to 31<sup>st</sup> March 2023 was submitted to Scottish Government at beginning of October and presented to the Resources & Performance committee at its meeting on 3<sup>rd</sup> November. This plan identified a requirement for additional actions totalling £5m in order to deliver an outturn financial position in line with financial plan. Progress to date against the recovery actions identified in this plan is summarised below.

NHSB Financial Recovery Plan 2022/23	Estimated Impact £m	Risk	Expected Start Date
<b>Implemented</b>			
National Insurance Rise (1.25%)	0.5	L	Nov-22
PMO Resource Plan	0.3	L	Nov-22
Review of Purchase Orders	0.5	L	Nov-22
Transformation Programme	0.5	L	Nov-22
	<b>1.8</b>		
<b>On Track</b>			
Enhanced Vacancy Controls	0.2	M	Dec-22
Target Reduction in Agency Use	0.1	M	Jan-22
Reduce Stock Levels	0.3	M	Mar-22

NHSB Financial Recovery Plan 2022/23	Estimated Impact £m	Risk	Expected Start Date
Review of IJB Commitments	0.5	H	Nov-22
Balance Sheet Provisions - additional releases	0.6	H	Mar-22
	<b>1.6</b>		
<b>Under Review</b>			
Digital Programme rephasing / LIMS	0.7	H	TBC
LIMS – Additional SG Funding (capital and/or /DEL)	0.9	H	TBC
	<b>1.6</b>		
<b>Totals</b>	<b>5.0</b>		

- 7.6 The financial impact of LIMS and actions required to address are being reviewed following revisions to the phasing profile for delivery of the project (now expected to be by September 2023). This is likely to reduce the expenditure profile in 2022/23 however actions to manage this revised spend profile are not yet fully in place. Discussion with SG colleagues has removed the potential use of DEL funding as an option, although capital investment may still be possible and further discussion is planned during December.

In order to mitigate this risk (and other risks to the overall forecast position) investment in transformation (previously retained at £1.5m in the forecast) has now been placed on hold following discussion at the Quality & Sustainability Board on 7<sup>th</sup> November. Resources required to support transformation programmes will be revisited and expenditure deferred to Spring 2023 pending final agreement as part of the development of the Medium Term Financial Plan. Slippage in 2022/23 will be released to mitigate the shortfall against the board's recovery plan, should this be required.

## 8 Key Risks

- 8.1 Financial sustainability remains a *very high* risk on the board's strategic risk register (Risk 3588).
- 8.2 This position will only be addressed once the board have identified and implemented actions to deliver cash-releasing savings at a scale and over a timeline acceptable to Scottish Government. Further update on this issue will be provided through regular performance reports to the Resources & Performance committee in 2022/23 and through the development of the board's three year financial plan.
- 8.3 The strategic risk has been revised following approval of the board's one year plan and supplementary risk analysis of service specific financial risks is currently being reviewed pending finalisation of the Q2 forecast update.

### Author(s)

<p>Samantha Harkness  Senior Finance Manager  <a href="mailto:Sam.harkness@borders.scot.nhs.uk">Sam.harkness@borders.scot.nhs.uk</a></p>
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<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Clinical Governance Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Jones, Director of Quality &amp; Improvement</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 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 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 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 9 November 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 14.09.22

# Borders NHS Board Clinical Governance Committee Approved Minute



Minute of meeting of the Borders NHS Board's Clinical Governance Committee held on Wednesday 14 September at 10am via Microsoft Teams

## Present

Mrs F Sandford, Non Executive Director (Chair) Ms S Lam, Non Executive Director  
Mrs H Campbell, Non Executive Director  
Dr K Buchan, Non Executive Director

## In Attendance

Miss D Laing, Clinical Governance & Quality (Minute)  
Mrs L Jones, Director of Quality & Improvement  
Mr G Clinkscale, Director of Acute Services  
Dr O Herlihy, Associate Medical Director, Acute Services & Clinical Governance  
Dr T Young, Associate Medical Director, Primary & Community Services  
Mrs A Wilson, Director of Pharmacy  
Mrs S Horan, Director of Nursing Midwifery & Allied Health Professionals  
Mr P Williams, Associate Director, Allied Health Professionals  
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities  
Mrs E Dickson, Associate Director of Nursing Acute Services  
Mrs C Cochrane, Head of Psychological Services  
Mrs L Pringle, Risk Manager  
Mr S Whiting, Infection Control Manager  
Mrs V Hübner, Head of Occupational Health Services

## 1 Apologies and Announcements

### Apologies were received from

Mr R Roberts, Chief Executive  
Dr L McCallum, Medical Director  
Dr J Bennison, Associate Medical Director, Acute Services  
Mrs S Flower, Associate Director of Nursing, Chief Nurse for Primary & Community Services

### Absent

Dr A Cotton, Associate Medical Director, Mental Health & Learning Disabilities  
Mrs K Guthrie, Associate Director, Midwifery, GM for Women & Children's Services

The Chair confirmed the meeting was quorate.

The Chair welcomed:

Mrs V Hübner, Head of Occupational Health Services (item 7.4)

The Chair announced the following:

1. Mrs Wilson has stepped down as Non Executive of the Board, she will remain in attendance with her role as Director of Pharmacy
2. Verbal overview of improvement work taking place in Medical Assessment Unit (MAU) will be added to today's meeting. This will be taken at **Matters Arising** on the agenda.

## 2 Declarations of Interest

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

The **CLINICAL GOVERNANCE COMMITTEE** noted there were no new declarations of interest and the previous declarations from Ms Lam and Mrs Campbell still stood.

## 3 Minute of Previous Meeting

The following correction was made:

### *Item 5.2 Adverse Events Report*

*“Ms Lam reported that feedback from two members of medical staff indicated they find Datix a clunky system which provides little feedback but that the Trickle App provided them with an easier mechanism to raise and resolve concerns. Her question was if staff were using the Trickle App, how would they decide when to log a concern onto Datix v the Trickle App.”*

Following correction, the minute of the previous meeting of the Clinical Governance Committee held on Wednesday 20 July 2022 was approved.

## 4 Matters Arising/Action Tracker

There were no further matters arising from the previous meeting and the action tracker was updated accordingly.

Mrs Jones gave a brief overview of the current improvement work in MAU, reporting that due to capacity issues during pandemic and recovery it had been difficult to take part in improvement work. Pressures had mounted to tipping point so the team adopted a ‘Kaizen’ rapid cycle improvement approach looking at systems and pressures and where improvements could be made. The unit have embraced the challenge and within the first two weeks there had been some really good results achieved in particular with patient flow. Focus is now on how this improvement can be sustained by the core team. Plans to filter this approach systematically into the downstream wards, working closely with health and social care partnership and rapid assessment team. Mrs Jones identified that there are still risks involved with this approach and the whole system pressures are still there.

Mrs Campbell asked if she could have sight of some literature on the Kaizen approach and some of the improvements thus far. The Chair agreed to share the theory behind Kaizen with Mrs Campbell.

Dr Young suggested that some of his GP colleagues would be happy to be involved in supporting this work as they use Kaizen approach in the day to day running of the practices, Mrs Jones will pick this up with Dr Young.

**ACTION:**

- 1 The Chair will share Kaizen literature with Mrs Campbell**
- 2 Mrs Jones will liaise with Drs Young regarding GP involvement in improvement work**

## 5 Patient Safety

### 5.1 Infection Control Report

Mr Whiting provided a brief overview of the content of the report. He commented on the statistical control chart for Clostridium difficile (C.diff) noting that although the data appears to be below average there was not a significant change. Mr Whiting had previously explained, C.diff reporting is complicated due to whether or not infection is hospital or community acquired and the small numbers involved can skew the figures making them appear worse than they are in actuality.

Mr Whiting reports that National discussions are taking place regarding resumption of Surgical Site Infection (SSI) surveillance, this may not be until next year and the team are looking at requirements to support the collection and reporting of this data.

Following a question from Mrs Campbell, discussion took place regarding C.diff reporting, Mr Whiting commented that there is little in terms of interventions that can be done about community

acquired infections which is challenging but there were National discussions taking place on how to promote good healthy practices for the general public. Further discussion took place relating to efficacy of hand-gel use versus hand washing with Mr Whiting explain the effectiveness and practicalities of both.

Ms Lam enquired about use of catheters following review of catheterisation policy in terms of health improvement and prevention of infection. Mr Whiting commented that there had been a lengthy review of the policy and noted that the reviewed document was much clearer in terms of indications and contra-indications for catheterisation ensuring that patients are only catheterised when appropriate. It is hoped the implementation of updated policy will assist in promoting best practice and allow for better monitoring and measurement of the use of catheters.

The **CLINICAL GOVERNANCE COMMITTEE** noted concerns relating to C.diff targets but is assured by infection control processes in place.

## 5.2 Quarterly HSMR

Mrs Jones provided a brief overview of the content of the report. She reported that NHS Borders HSMR figures remain within normal limits and crude mortality continues to follow NHS Scotland trend. Covid deaths continue although numbers are small.

Mrs Campbell enquired if NHS Borders were seeing the same spikes in deaths over the last three months reported in the News. Some discussion took place about these reported spikes and it was acknowledged that it is difficult to comment as community mortality data is not immediately to hand, Mrs Jones will look at any trends in preparation for next HSMR report.

**ACTION: Mrs Jones will include Community deaths and trends in next HSMR report.**

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

## 6 Effectiveness

### 6.1 Clinical Board update (Acute Services)

Mrs Dickson provided a brief overview of the report, she highlighted monitoring of the Emergency Access Standards had continued and improvement had been seen following introduction of Kaizen approach in MAU. Changes had also been seen across Scotland. The wait for beds continues to be top reason for breaches.

Patient cancellations continued due to capacity issues with overspill from surge beds into the surgical footprint. Discharge without delay work continues with improvements being seen in two ward areas in the Borders General Hospital. The Planned Care Team is investigating how beds can be ring fenced for elective patients.

The Chair enquired about 'ring fencing' areas and if there were plans for a delayed discharge area, Mrs Dickson confirmed that this could be a possibility along with the provision of a transitional care ward. There are issues to be resolved including what co-hort of patients would be suitable, staffing capacity and pharmacy provision. A short working life group had been set up to explore the possibilities; the first meeting will be today.

Following a question from Ms Lam, discussion took place relating to causes of theatre delays, the outcomes and risks involved including the impact of reduced theatre time on the Surgeons. Mrs Dickson offered to bring more detail in the next report to the committee.

Mrs Campbell enquired if there was consideration being given to other aspects of patient flow than delayed discharges, Mrs Dickson confirmed that they were looking at delays throughout the system; the provision of hot clinics to relieve pressures in Emergency Department (ED) was being explored. Mr Williams commented that Rapid Assessment and Discharge (RAD) Team are hoping to work

more closely with ED to assist in speeding up pathways to get patients in and out safely and timeously to avoid delayed discharges further down the line. He also commented that key to these initiatives was public messaging.

Ms Lam asked about alternative routes into MAU, Mrs Dickson gave some background into direct referrals explaining that these beds were now being used as surge beds so patients are being directed through ED. This means medical doctors are spending a lot of time off the ward assessing patients in ED, causing further issues with medical capacity in MAU. The Chair enquired if limited access to Consultants overnight in ED meant that Trainee Doctor's were slightly risk averse therefore more likely to admit, Dr Herlihy commented that consultants were available at night and the level of trainee in ED tended to be those who were further on in their training so less likely to be risk averse.

**ACTION: Mrs Dickson to add more detail on impact of reduced theatre time in next report.**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the ongoing improvement work, there is concern regarding sustainability of this progress so cannot be fully assured. The Committee is also cognisant of the risks involved but is keen to congratulate the staff for taking on the Kaizen Improvement work so eagerly.

### **6.1a Acute Services Staffing update**

Mrs Dickson presented a report which had been taken to Resources and Performance, following the Committee's persistent lack of assurance on the staffing position within acute services. Mrs Dickson reports that work is ongoing relating to national registered nurse shortages; NHS Borders have also looked at what can be done locally to alleviate the situation and mitigate risks. Previous recruitment drives had been successful in obtaining Healthcare Support Workers but they are generally being recruited from care sector which has a knock on effect on community care provision. Several different options are being explored but they all come with other pressures on the wider workforce. International nurses are starting to be deployed but process is slow, return to practice registered nurses are being secured and options on offering final year students healthcare support worker positions is being explored. Further work on predicted future workforce establishment and requirement is ongoing.

Discussion followed regarding the multidisciplinary mix in the wards, Mrs Wilson asked if the paper had been supported by Resources and Performance as this may help with how pharmacy technician and enhanced roles are developed ahead of pharmacy support staff interviews taking place. Mrs Horan confirmed that the paper had been approved and asked Mrs Wilson to link in with Mrs Dickson.

The Committee are aware that conversations regarding multidisciplinary models are taking place throughout the organisation which will hopefully have a positive effect on patient pathways. Further discussion took place about audits and quality assurance on learning environments across the boards, the Nursing Education paper is due to come to the committee in November which will provide an overview of quality of the educational environment.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured; noting there are still concerns but acknowledges the significant progress on previous position.

### **6.2 Clinical Board update (MH Services)**

Mr Lerpiniere provided a brief overview of the content of the report. Will bring more detailed staffing position for next meeting for both Learning Disability and Mental Health services. An alcohol and brain damage development officer had been appointed and pathways will be developed across the service, it is hoped that this will impact on clinical pathways in the Acute Service.

Mental Welfare Commission inspection had taken place in Lindean and recommendations are awaited, discussions will be ongoing at the annual review which is to take place next week. Space

utilisation in Lindean is being explored to ensure optimum patient experience. Mr Lerpiniere noted that there were some difficulties in relation to patient activities and access to Occupational Therapy, however there is activity coordinators and consideration is being made on how they can be deployed more effectively.

Changes in the neurodevelopment pathway had been made and an update on that will be included in the next report to the Committee.

Mr Lerpiniere introduced Mrs Cochrane, Director of Psychological Services who is attending for the first time. The Chair welcomed Mrs Cochrane on behalf of the Committee. Mrs Cochrane gave a brief overview of her role and reports that they are in the process of ratifying the terms of reference for Psychological Services Clinical Governance Group. The service will report into the Mental Health and Learning Disability Governance Groups and an appendix will be included in the reports coming to the Committee with a more comprehensive report being tabled annually. They are also in the process of setting up an integrated psychological trauma steering group.

The Chair asked that the Committee have sight of the Lindean report.

**ACTION: 1 Psychological Services annual report to be added to the workplan  
2 Mr Lerpiniere will provide copy of Lindean report for the Committee**

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

### **6.3 Clinical Board update (LD services)**

Mr Lerpiniere provided a brief overview of the content of the report. He noted that there are no Learning or Intellectual Disability beds within NHS Borders and support is required from out with the area for these clients. One of the units used for an out of area client is closing and solutions to finding a more suitable placement closer to home for current client has been ongoing since June. Mr Lerpiniere reports that there are two potential options and he will keep the Committee informed. Mrs Campbell asked if there was family involvement in placement decisions, Mr Lerpiniere confirmed that the families are involved and the family of current client is being kept up to date as appropriate.

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

### **6.4 Clinical Board update (PC Services) including AHP position**

Mr Williams offered apologies from Mrs Flower who was unable to attend; he provided a brief overview of the report and asked the Committee had any themes they would like to have included in the AHP annual report.

He reported recent Care Inspectorate to Saltgreens Care Home had produced a less than favourable report, the Care Home oversight group will focus on what is needed in terms of recommendations and improvements.

Primary & Community Services are experiencing similar challenges as Acute and Mental Health Services in terms of staffing and impact this is having on service delivery, these challenges are also being felt in the care system and provision of home support. There is work ongoing on processes and cleansing waiting lists to see if this helps ease pressures in the system. Pockets of positive activity and improvement are taking place; this will be reported to the Committee as appropriate.

Dr Young commented that there had been problems recruiting into General Practice and offered to provide a report to the Committee to give them oversight of any issues. Work has commenced on looking at GP sustainability. The Committee would welcome a paper from Dr Young on GP issues, he agreed to liaise with Mrs Jones and Miss Laing to table a paper at future meeting. Dr Young also reported that he had started to engage with some of the leads to improve QI work throughout the practices.

Discussion took place regarding referrals for AHP support from GP perspective and the difficulties in booking patients. Mr Williams commented that pathways, funding and workforce provision would need to be investigated in order to provide better patient flow, they were particularly looking at musculoskeletal, orthopaedics and long term conditions in primary care and what the impact would be by improving these in both primary and secondary care. He acknowledged that there is potential to develop and improve further.

Mrs Campbell requested that future reports highlight skill mix and recruitment to address staffing issues. Mr Williams assured the committee that as with the acute service workforce, tools are being developed which will allow for real-time staffing reporting and standardisation across the clinical boards and professional groups. It is hoped this will also be developed across social care services providing a whole system approach.

**ACTION: Mrs Jones will liaise with Dr Young regarding paper for Committee on GP issues which will be tabled at a future meeting.**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured on quality of care at present but remain concerned regarding risks associated with delayed discharge position and impact on community colleagues.

## **7 Assurance**

### **7.1 Research & Innovation Governance Annual Report**

Mrs Jones provided a brief overview of the content of the report. She reported that as a Board we were doing well. Activity still taking place relating to Covid research and remobilisation of non Covid research activity is starting to build. We are leading on innovation from the Heart Flow project and there are new pieces of work around stroke.

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

### **7.2 Pharmacy Annual Report**

Mrs Wilson provided an overview of the content of the report. Formulary Committee for Borders has been disbanded following move to an East Regional Formulary. The Formulary should be complete by end of year, how this will look for NHS Borders will be the next phase of work.

Changes had been made in education and training for pharmacy technicians as well as pharmacists' undergraduate and postgraduate training, this has had a huge impact on team. Other change affecting the team is provision of ward based roles. Mrs Wilson noted Pharmacy team should be credited for accommodating the changes and continuing to support student placements within an already depleted workforce.

Risks previously highlighted to the organisation as high had been re-graded to very high, in particular with the expected retirement of lead technician in aseptics and existing cold store being condemned. Essential upgrades on equipment had not taken place; Mrs Wilson cites equipment upgrade is an issue UK wide.

Omnicell cabinets were due to be fitted but this had not happened as yet, partly due to capacity of estates to carry out the works and partly due to impact this would have on nursing staff during works. An increased number of medication errors had been noted on Datix, this will be highlighted on the next adverse events report to the Committee, it is hope the Omnicell cabinets will help to reduce these. The Committee asked if a timeline could be established from Estates on when expected to fit the cabinets.

Mrs Wilson will bring the Hospital Electronic Prescribing and Medicines Administration System (HEPMA) report to the Committee for noting once report had been approved.

Discussion followed on a number of issues relating to the pharmacy report in particular governance issues and risks which are out with pharmacy's control, the Committee are happy to assist in supporting any solutions to tackle persistent risks.

**ACTION: Mrs Wilson will contact Estates to ask for a timeline on installation of Omnicell Cabinets and report back to the Committee.**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured that work is ongoing to resolve highlighted. The Committee would like to be kept informed of any persistent risks.

### **7.3 Public Protection Annual Report**

Mrs Horan provided a brief overview of the content of the report; in particular she drew attention to the Webster report recommendations. Recommendation on multiagency training had been addressed.

There had been an increase in child support referrals but not the same increase in adult support referrals. An inspection of adult support and protection had taken place, initial reports did not flag anything of concern, however feedback and recommendations are expected on the 26<sup>th</sup> and 27<sup>th</sup> September.

Ms Lam commented that it was not clear what the strategy and aims were for Public Protection, Mrs Horan responded that there had been agreement last week on expected outcomes and a framework for scrutiny and observation was being devised, allowing for consistency in reporting.

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

### **7.4 Work & Wellbeing Annual Report (taken out of sequence)**

Mrs Hübner provided a brief overview of the content of the report. She commented the report had not changed much since last year's report, the same themes, concerns and issues had been noted. Attendance and referrals had increased but it is thought that this may be a consequence of Covid

Mrs Horan enquired if there was data available to highlight any incidence of aggression and violence in the wards in relation to use of agency and bank staff. She also asked that a closer look at the figure relating to adverse events with staffing as a contributing factor be taken as she had expected that this would be higher than 10%, Mrs Horan agreed to discuss this with Mrs Hübner out with the meeting.

The level of assurance to the Committee was discussed; it was felt that if the report was same as previous years, processes in place may not be working. Ms Lam asked if there was sufficient grip and if workforce issues were leaving the organisation vulnerable to legal actions. Mrs Jones commented that the Committee need to be clear on which parts of the report and level of assurance is relevant to them, as the agenda for Work and Wellbeing is very wide. It was suggested that the need for a deeper dive into what we can and cannot be assured on and if any particular points of non-assurance can be addressed. It was agreed that this would not be an easy task as there were many aspects to be considered, the Chair suggested Mrs Hübner looks at training provision in the first instance. The Committee requested that Mrs Hübner provide them with an update on training provision for consideration. Mr Clinkscale commented he was happy to support Mrs Hübner to link in with general managers across the clinical boards for their perspective.

Mrs Jones further commented that for assurance purposes she would pick up an action with Mrs Hübner and leads for staff governance out-with the room. There is some targeted work around training and monitoring taking place, it is well recognized training compliance has been poor and poses a risk to the organisation.

**ACTION: 1 Mrs Horan will follow up with Mrs Hübner regarding adverse events involving staff.  
2 Mrs Huber to provide update on training provision and risks.**

### **3 Mrs Jones to discuss training risks with Mrs Hübner and Mr Bone relating to targeted ongoing training.**

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured. They acknowledge Occupational Health processes and actions are in place to address the gaps around statutory and mandatory training compliance.

## **8 Items for Noting Patient Access Policy**

Mrs Sandford commented that it would be helpful to see this more widely publicised. Mr Clinkscale commented that communication to the public is part of the programme and gave a brief update on the background and reporting pathways relating to the patient Access Policy.

The Clinical Governance Committee noted the policy.

The Clinical Governance Committee noted the following Minutes from other Governance Meetings/Committees

- P&CS Clinical Governance Meeting June 22
- Public Governance Committee (PGC) May 22
- Public Health Governance Group Meeting (PHGG) Jan 22
- Acute Services Business / Clinical Governance Board Jan 22
- Public Protection Committee May & July 22

## **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 9 November 2022** at **10am** via Teams Call.

*The meeting concluded at 12:24*



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Quality and Clinical Governance Report – October 2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Jones, Director of Quality and Improvement</b>
<b>Report Authors:</b>	<b>Susan Cowe, Quality Improvement Facilitator - Person Centred Care, Justin Wilson, Quality Improvement Facilitator - Clinical Effectiveness</b>

## 1 Purpose

This is presented to the Board for:

- Awareness

**This report relates to:**

- Clinical governance

**This report relates to a:**

- Government policy/directive
- Legal requirement
- Local policy

**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 effectiveness
2. Patient safety
3. Patient experience
4. COVID Inquiry

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.

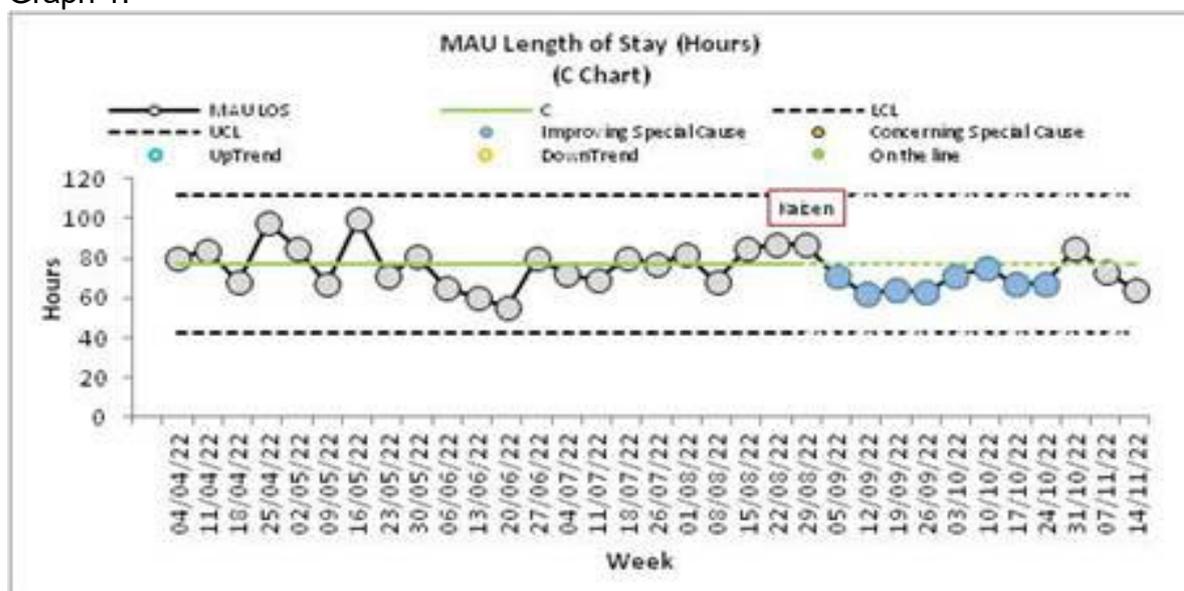
## 2.3 Assessment

### 2.3.1 CLINICAL EFFECTIVENESS

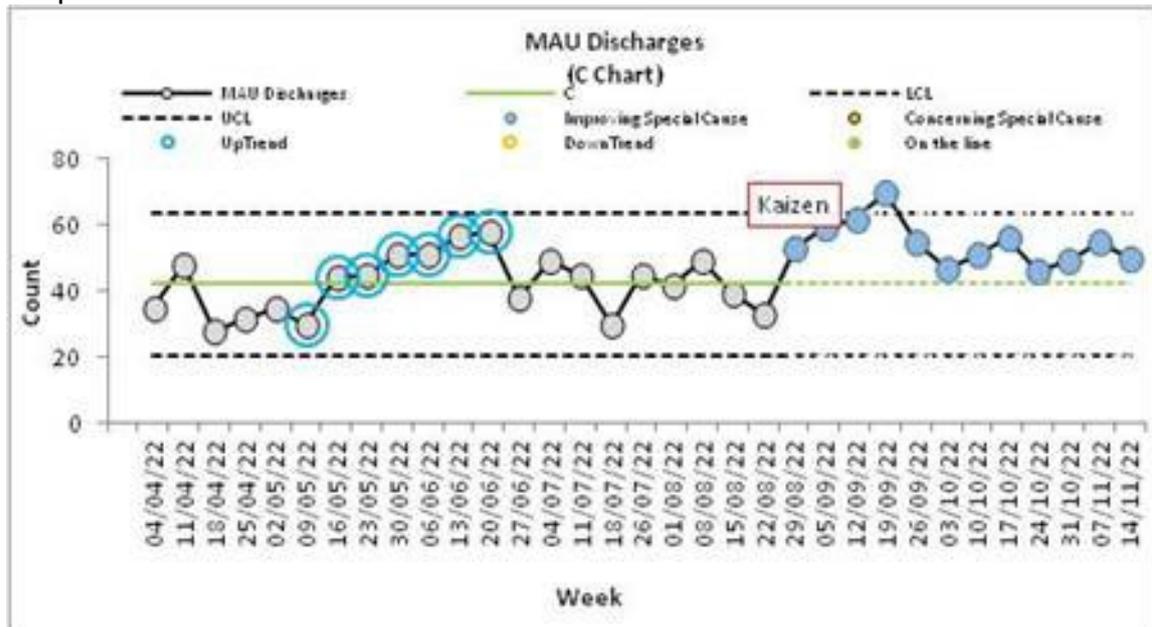
2.3.2 The Board Clinical Governance Committee (CGC) met in November 2022 and discussed papers from all four clinical boards. Each clinical board continued to raise risks which are placing pressure on the delivery of local services.

2.3.3 Acute services continue to take an active approach to quality improvement and are focusing on sustaining the gains made in the Medical Assessment Unit (MAU) through the Kaizen rapid improvement approach and are now deploying this approach to ward 4. Gains made in MAU in reducing length of stay (LOS) have enabled the elective footprint to open in Ward 17, increasing the amount of elective surgery underway. Graph 1 demonstrates the reduction in LOS in MAU, graph 2 the sustained increase in discharges directly from MAU and graph 3 the increase in elective admissions:

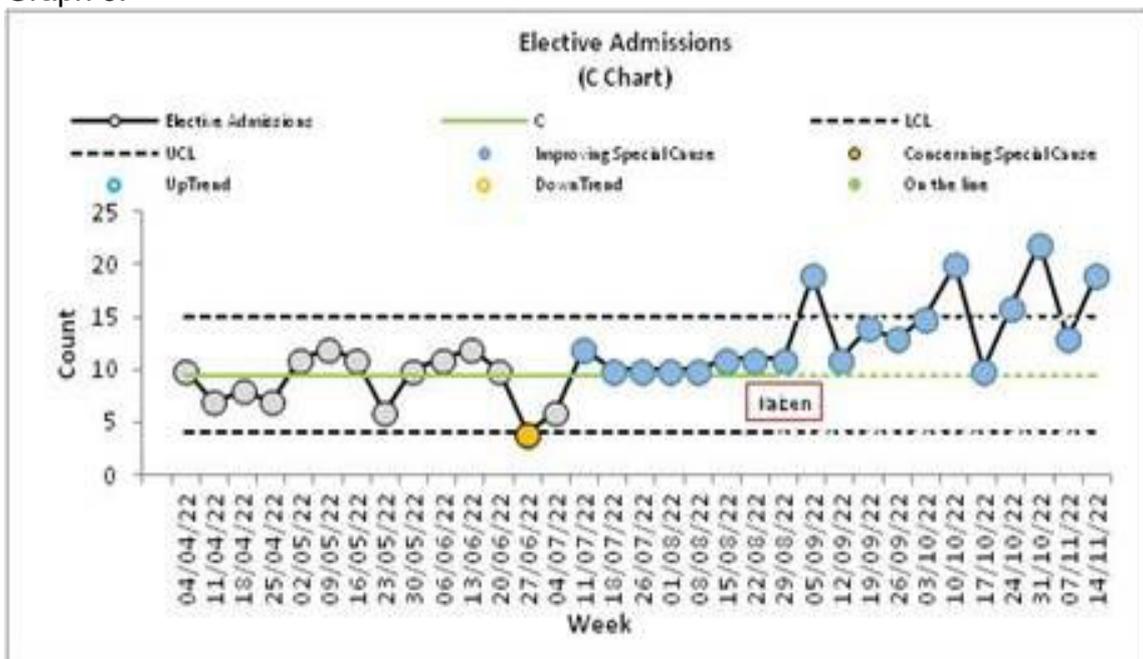
Graph 1:



Graph 2:

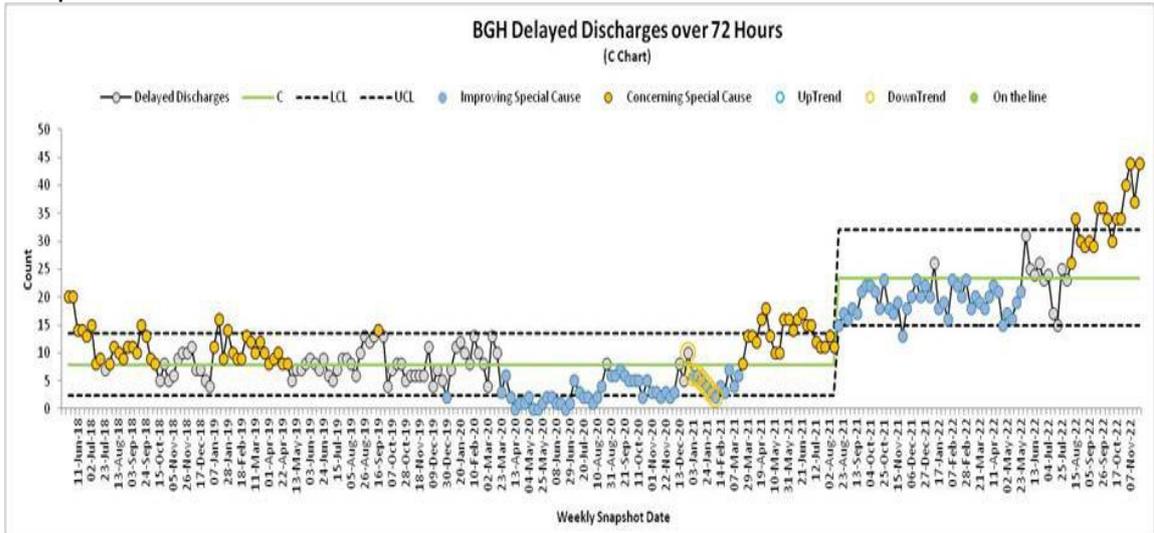


Graph 3:

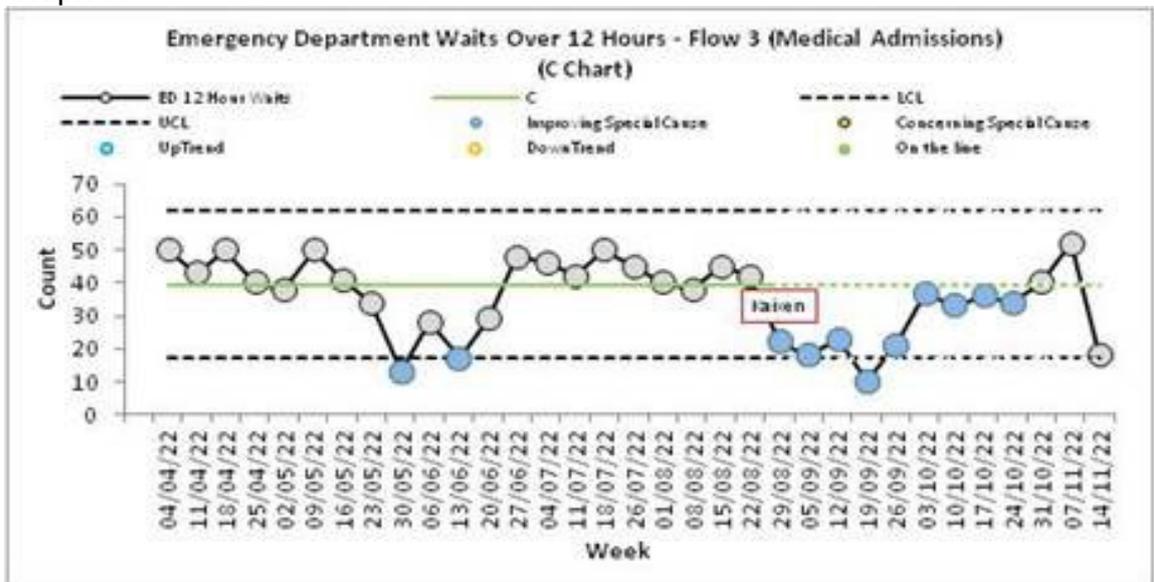


2.3.4 Delays have unfortunately continued to increase on the Borders General Hospital (BGH) site meaning longer waits in the emergency department at times. Discussion is now underway about the potential to run a kaizen approach at the front door of the hospital with social work and social care involvement. This will be critical to ease the ongoing pressures. Graph 4 shows the continued increase in delayed discharges, graph 5 the number of patients over 12 hours in the Emergency Department (ED) and graph 6 the number of transfers out of MAU showing there is no increase in movement to downstream beds resulting from improvement work yet:

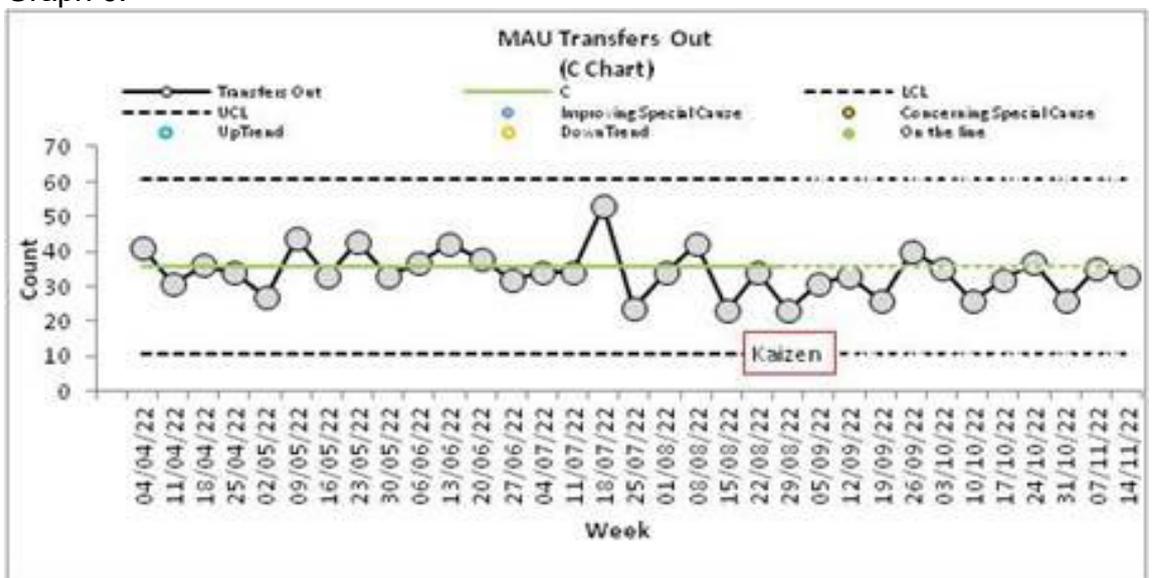
Graph 4:



Graph 5:

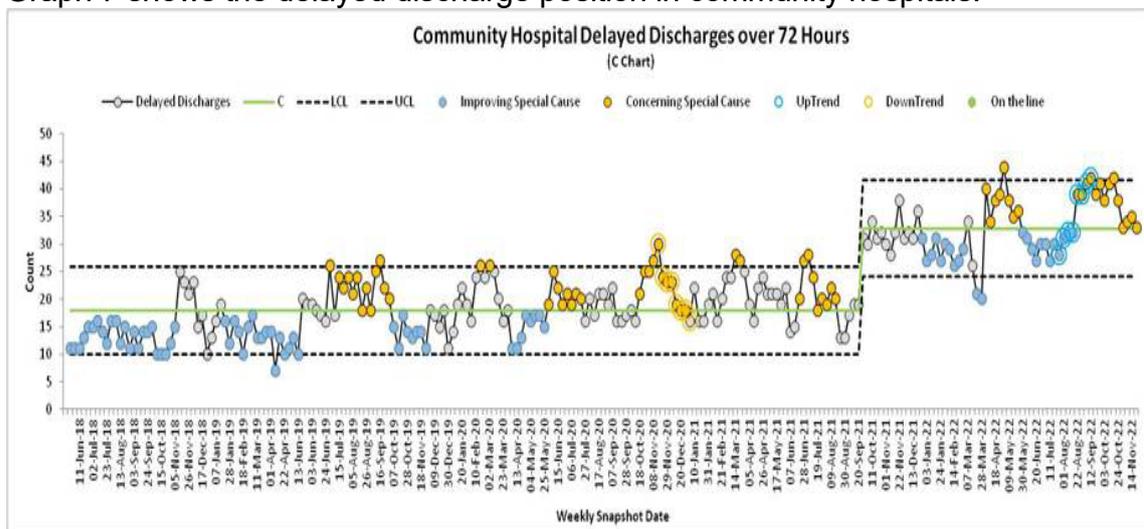


Graph 6:



- 2.3.5 Staffing continues to be an area of concern relating to the national shortages of registered nurses, some allied health professional roles and the numbers of people taking up social care roles. An update was provided on progress against the Acute Staffing paper previously presented to the Board Resource and Performance Committee and Board Clinical Governance Committee and assurance was provided that this is progressing well. A risk was flag in relation to Healthcare Support Worker recruitment and potential impact that recruitment into NHS roles can have on the care sector.
- 2.3.6 The acute team highlighted to the Board Clinical Governance Committee work they are undertaking to develop a robust approach to areas they would consider to be never events including measures such as length of wait in ED, numbers of staff on shift, cancellations on the day of surgery and overall LOS of stay in BGH.
- 2.3.7 Primary and Community Services (PCS) continued to highlight the heightened delayed discharge position and the impact this was having on patient flow and also patient experience in relation to patients being cared for in the correct location, for many this being home or care home. Work is underway within the Knoll and Kelso community hospital on discharge without delay and this is progressing well but issues with provision of care packages continue to be a barrier to timely discharge. An update was provided on additional care home beds being scoped to aim to increase capacity.

Graph 7 shows the delayed discharge position in community hospitals:



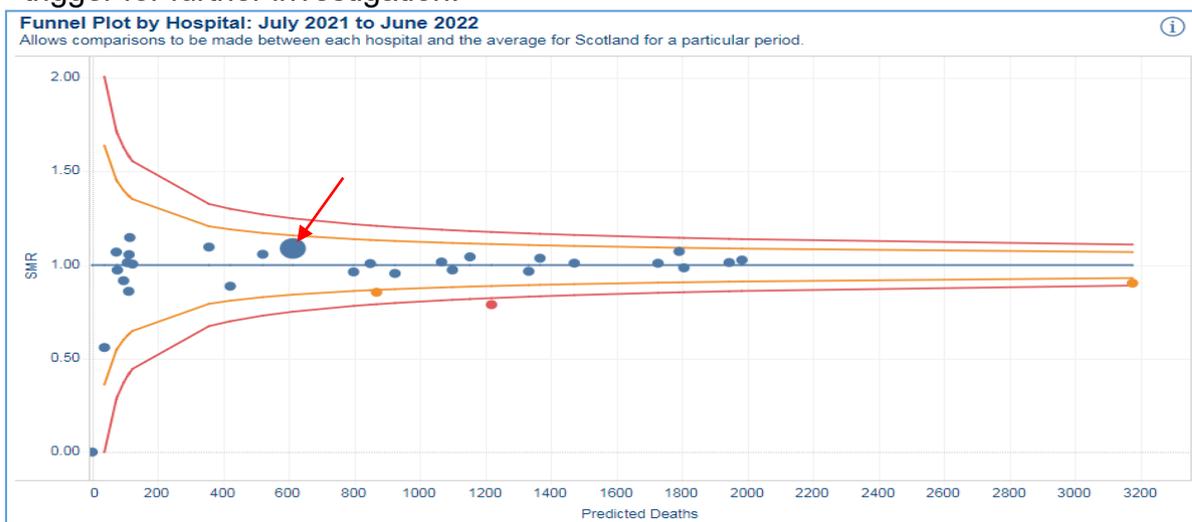
- 2.3.8 PCS also highlighted the continued workforce pressures and in particular the trend of interest in HCSW roles from staff currently working in social care and the risk this presents to social care provision. Workforce pressures were highlighted in Speech and Language Therapy and work is underway to look at how to address this.
- 2.3.9 The Board CGC were only able to agree partial assurance for reports from acute and primary and community services on the basis of the increasing pressures with patient flow and delays in addition to the workforce pressures. There was assurance about the wide programme of work underway to mitigate risk but concern that delay continues to grow due to pressures across the wider health and social care system.
- 2.3.10 Following a visit from the Mental Welfare Commission the Mental Health team are looking at how they might take the next step in the evolution of their clinical and care

governance approach across agencies. The Board CGC will consider this further a future meeting as this is scoped out by the mental health management team.

- 2.3.11 Mental health services are also experiencing workforce pressures and are planning for a number of retirements which will increase the workforce gaps based on the availability of registered nurses. There continues to be a reliance on medical locums to sustain some services and gaps in occupational therapy are presenting particular challenges. Changes have been made to adult neurodevelopment pathways to tighten thresholds for referral for secondary care. The team are monitoring this closely recognising this has led to an increase in complaints but feel this is the correct direction of travel. The Board CGC were assured by the mental health report.
- 2.3.12 The Board CGC considered an annual update on Cancer Services. The service was commended on the continued high performance against the national cancer targets in spite of the ongoing pressures to fully remobilisation the elective programme across NHS Scotland. NHS Borders being the only Board to meet the 95% target for the 62-day standard for 2022. Workforce pressures across Scotland and the region were described and the impact this can have on some of the tertiary pathways for cancer. In addition, pressure points were highlighted across radiology, endoscopy, dermatology and urology but the cancer team continue to work locally and regionally to mitigate risk and improve pathways. The Board CGC were assured by the cancer services report.
- 2.3.13 A annual update paper on blood transfusion was reported to the Boards CGC. The committee were assured by the work being led by the new transfusion committee chair that NHS Borders was able to fulfil Scottish National Blood Transfusion Service expectations for local services.
- 2.3.14 The Board CGC were assured about progress with medical appraisal across NHS Borders but recognised the current risk that is being carried in relation to the number of medical appraisers available without reliance on retired staff. Work is underway to try and address this to build capacity for this workload internally.
- 2.3.15 The Head of Clinical and Professional Development updated the committee on the work underway to support workforce development included the tailored programmes in place to support our new international nurses. This has required extensive effort to ensure skills development and transferability into the NHS. The team were commended for the innovative approaches they have introduced to develop clinical education using simulation and experiential learning. This is helping to increase attendance and get training back up to date for clinical staff who were unable to be released for training during the pandemic.
- 2.3.16 Three key risks were highlighted to the Board CGC. Hotspots remain around Basic Life Support training and targeted work is underway to address this however despite good progress risks remain and work will continue to get this back on track. A second area of concern was highlighted in relation to practice assessor's/supervisor education compliance. NHS Borders compliance has seen a small improvement but work continues in this area to increase compliance. Lastly it was highlighted that dedicated pace for education and training delivery has been a challenge. A larger space is required to deliver less resource intensive education to all staff. Discussion is underway with Borders College and community partners to identify a conducive space. The Board CGC were partial assured by the nursing education annual update and were keen to see progress on the three risks identified.

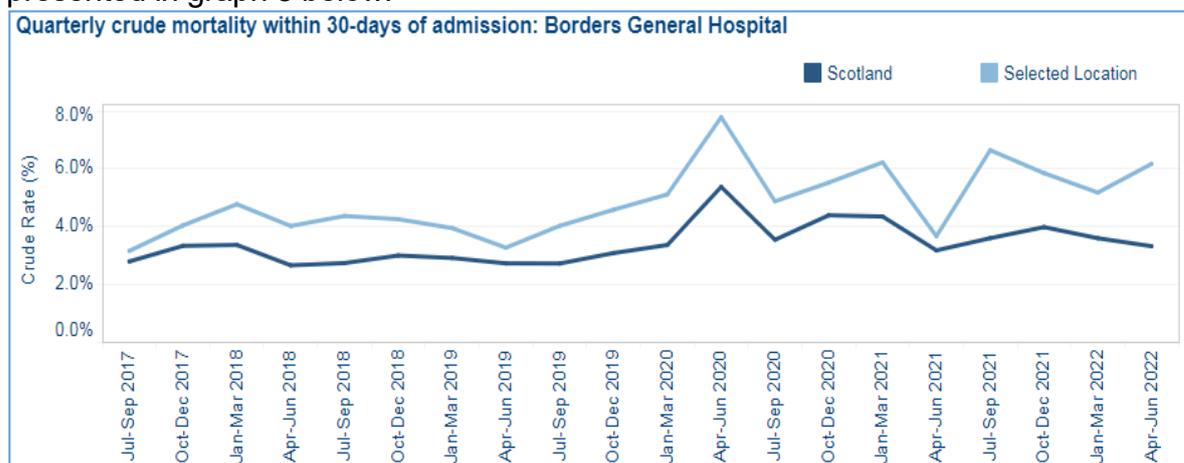
## 2.3.17 PATIENT SAFETY

2.3.18 NHS Borders Hospital Standardised Mortality Ratio (HSMR) for the 13th data release under the new methodology is **1.09**. This figure covers the period **July 2021 to June 2022** and is based on 667 observed deaths divided by 613 predicted deaths. The funnel plot in Figure 1 shows **NHS Borders HSMR remains within normal limits** based on the single HSMR figure for this period therefore is not a trigger for further investigation:



\*Contains deaths in the Margaret Kerr Palliative Care Unit

2.3.19 NHS Borders crude mortality rate for quarter April 2022 to June 2022 was **6.2%** and is presented in graph 8 below:

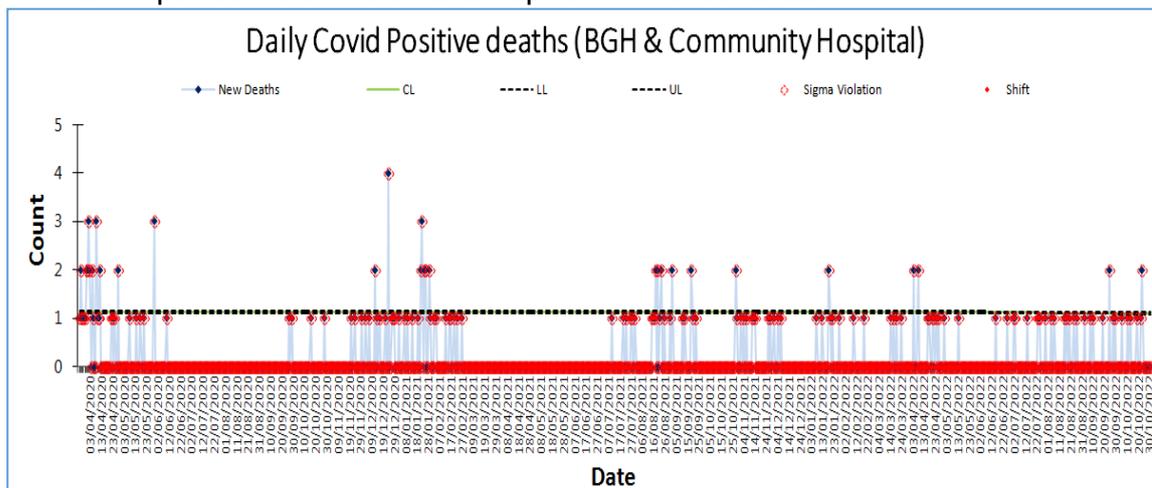


\*Contains deaths in the Margaret Kerr Palliative Care Unit

2.3.20 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 BGH by the total number of admissions over the same period. This is then multiplied by 100 to give a percentage crude mortality rate.

2.3.21 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, 3 and 4 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.

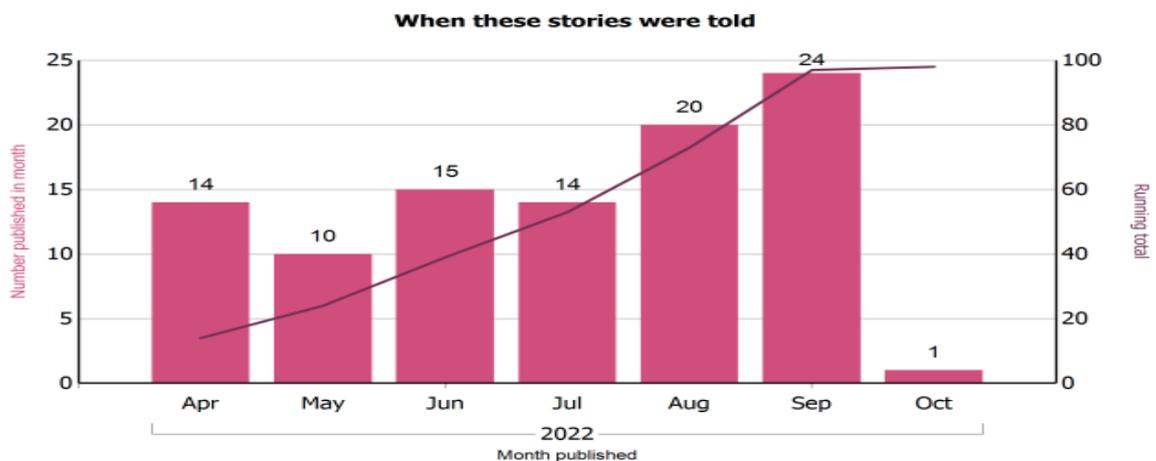
2.3.22 Graph 9 details the COVID 19 deaths which have occurred since the start of the COVID 19 pandemic in March 2020 up to 31 October 2022:



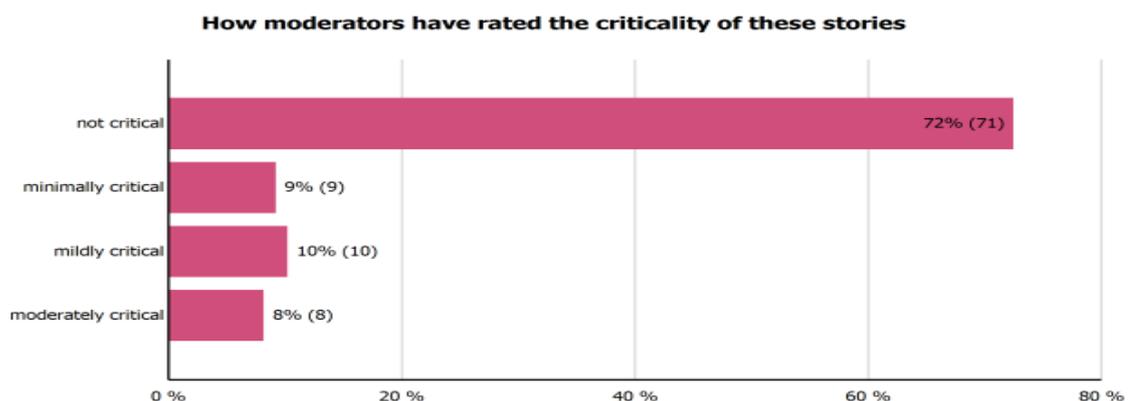
### 2.3.23 PATIENT EXPERIENCE

#### 2.3.24 Care Opinion

For the period 1 April 2022 to 30 September 2022, 98 new stories were posted about NHS Borders on Care Opinion. The graph 10 shows the number of stories told in that period, as at 20 October 2022. These 98 stories were viewed 13,130 times:

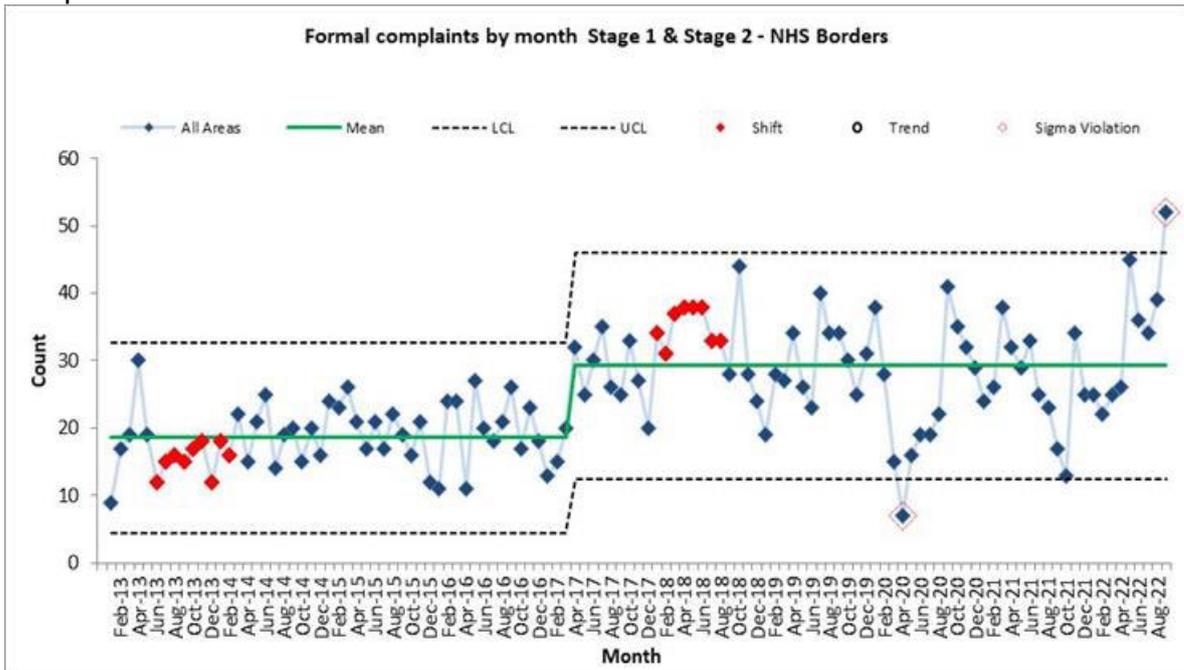


2.3.25 Graph 11 provides a description of the criticality of the 98 stories:

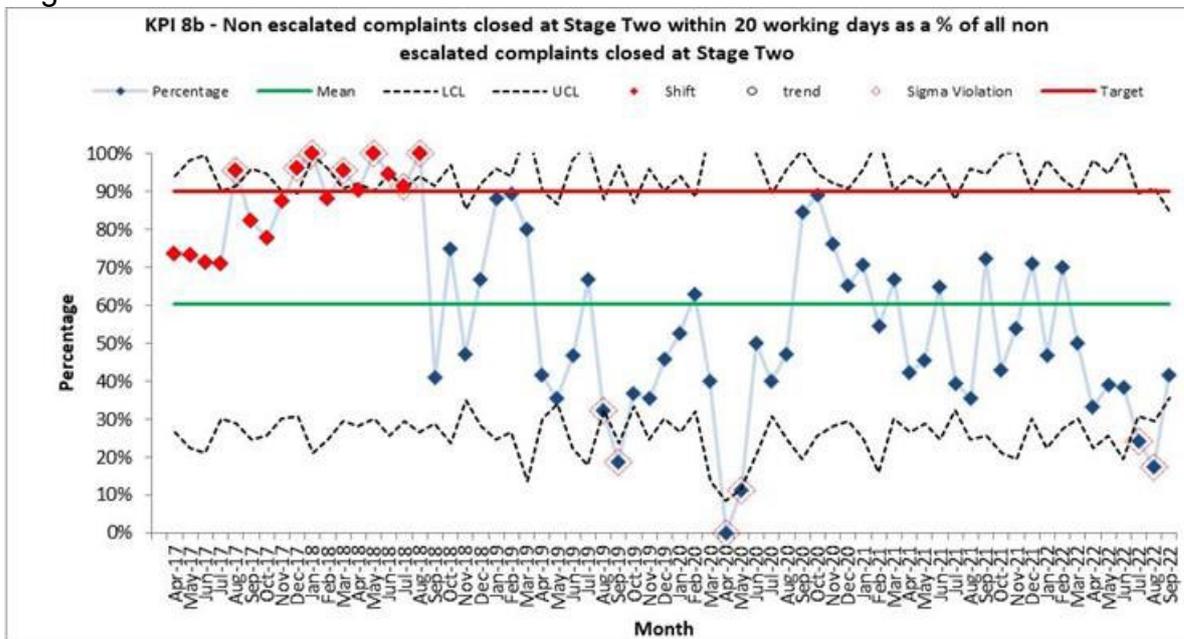




team are informing complainants of the additional time they may need to process their complaint at this time:

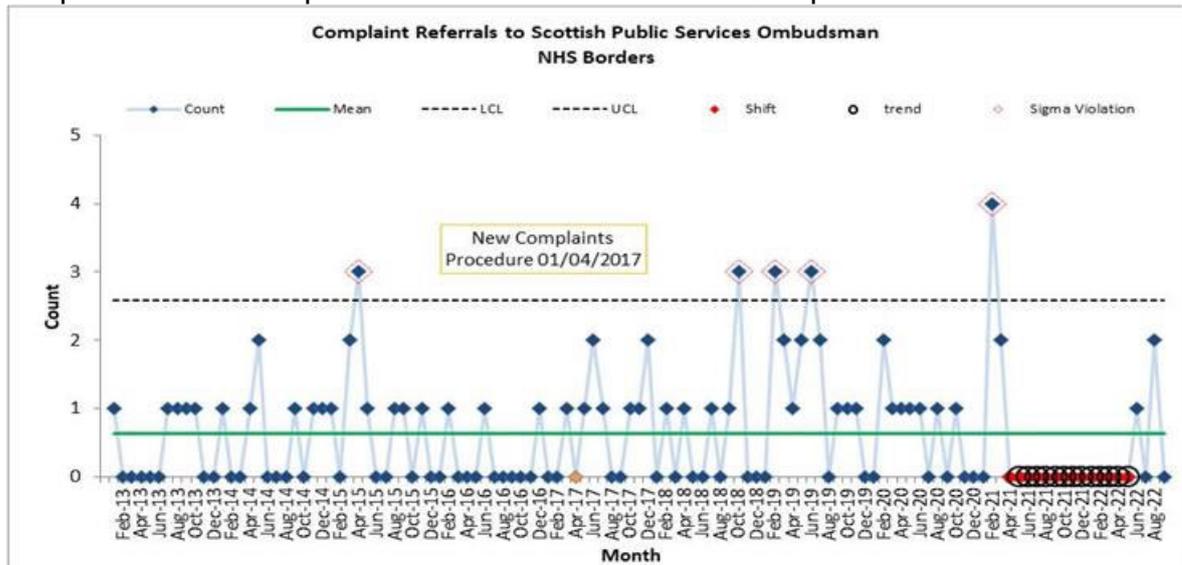


2.3.28 Graph 13 shows the percentage of complaints responded to within 20 working days. Front line services are experiencing ongoing clinical pressures which have impacted on the ability of frontline clinical staff to respond to complaint investigations within normal timescales. This together with the increase in the number of complaints has impacted on the ability to consistently deliver responses within the 20 working day target:



2.3.29 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.

2.3.30 Graph 14 shows complaint referrals to the SPSO to 30 September 2022:



### 2.3.31 COVID INQUIRY

2.3.32 Both the UK and Scottish Covid Inquiries have commenced. The Central Legal Office (CLO) has set up a team to deal with preparations for the Inquiry and to provide advice to all of the territorial and special Boards in Scotland. CLO continue to provide training sessions and hold monthly meetings with all Health Boards which NHS Borders are part of. A new chair, Lord Brailsford, was appointed to the Scottish Inquiry on 27 October 2022.

### 2.3.33 Quality/ Patient Care

Following the impact of the COVID 19 pandemic services continue to recovery and respond to significant demand with heightened workforce pressure across health and social care. 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. The ongoing unscheduled demand and delays in flow across the system remain an area of concern with concerted efforts underway to reduce risk in this area.

### 2.3.34 Workforce

Service and activities are being provided within agreed resources and staffing parameters, with additional resources being deployed to support the recovery from the pandemic response and resulting pressures across health and social care. 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.

### 2.3.35 Financial

Service and activities are being provided within agreed resources and staffing parameters, with additional resources being deployed to support the recovery from the pandemic response and resulting pressures across health and social care. 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 prolonged recovery plan.

### **2.3.36 Risk Assessment/Management**

Each clinical board is monitoring clinical risk associated with the need to adjust and remobilise services following the pandemic response.

### **2.3.37 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.

### **2.3.38 Climate Change**

No additional points to note.

### **2.3.39 Other impacts**

No additional points to note.

### **2.3.40 Communication, involvement, engagement and consultation**

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

### **2.3.41 Route to the Meeting**

The content of this paper is reported to Clinical Board Clinical Governance Groups and Board CGC.

## **2.4 Recommendation**

The Board is asked to:

- note the report

### **Glossary**

Clinical Governance Committee - CGC

Medical Assessment Unit - MAU

Length of Stay - LOS

Borders General Hospital - BGH

Emergency Department - ED

Primary and Community Services - PCS

Hospital Standardised Mortality Rate - HSMR

Patient Experience Team - PET

Scottish Public Services Ombudsman - SPSO

Central Legal Office - CLO

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Infection Prevention and Control Report – April 2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sarah Horan, Executive Director of Nursing, Midwifery and Allied Health Professionals</b>
<b>Report Author:</b>	<b>Natalie Mallin, HAI Surveillance Lead Sam Whiting, Infection Control Manager</b>

## 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.

### 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 16 *Staphylococcus aureus* Bacteraemia (SAB) cases between April 2022 and September 2022, 10 of which were healthcare associated infections.
- 1.1a The Scottish Government has 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 2022/23 (using 2018/19 as the baseline). Based on TOBDs for the period April 2021 – March 2022, our new target rate equates to no more than 19 healthcare associated SAB cases per financial year.
- 1.2 NHS Borders had a total of 13 *C. difficile* Infection (CDI) cases between April and September 2022; 10 of these cases were healthcare associated infections.
- 1.2a The Scottish Government has 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 2022/23 (using 2018/19 as the baseline). Based on TOBDs for the period April 2021 – March 2022, our new target rate equates to no more than 11 healthcare associated CDI cases per financial year.
- 1.3 NHS Borders had a total of 47 *E. coli* Bacteraemia (ECB) cases between April and September 2022, 20 of which were healthcare associated.
- 1.3a The Scottish Government 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 2022/23 (using 2018/19 as the baseline) and with a total reduction of 50% by the end of 2024/25. Based on TOBDs for the period April 2021 – March 2022, our new target rate equates to no more than 30 healthcare associated ECB cases this financial year.

##### 2.0 *Staphylococcus aureus* Bacteraemia (SAB)

See Appendix A for definition.

- 2.1 Between April and September 2022, there have been 16 cases of Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and 0 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.

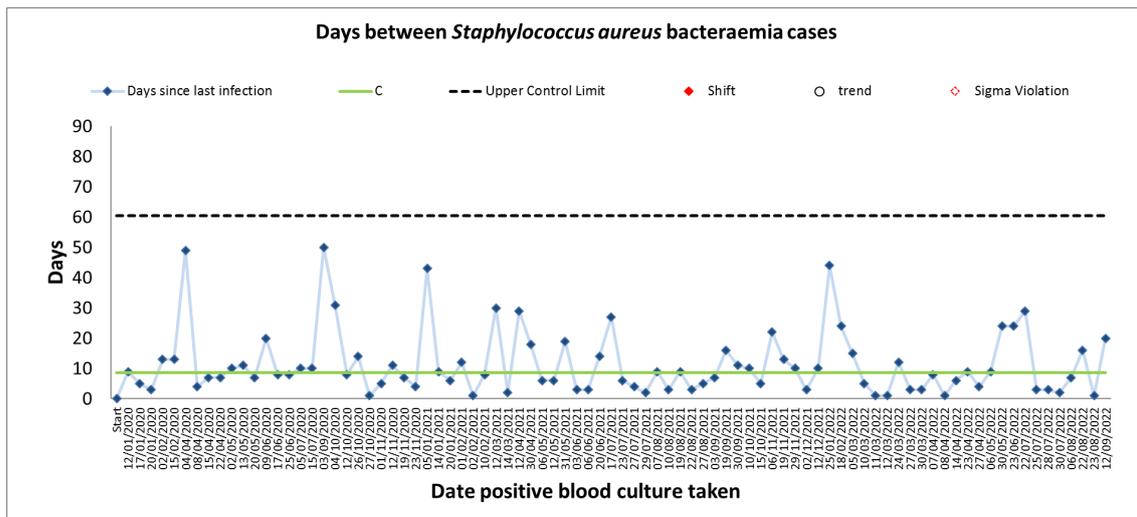
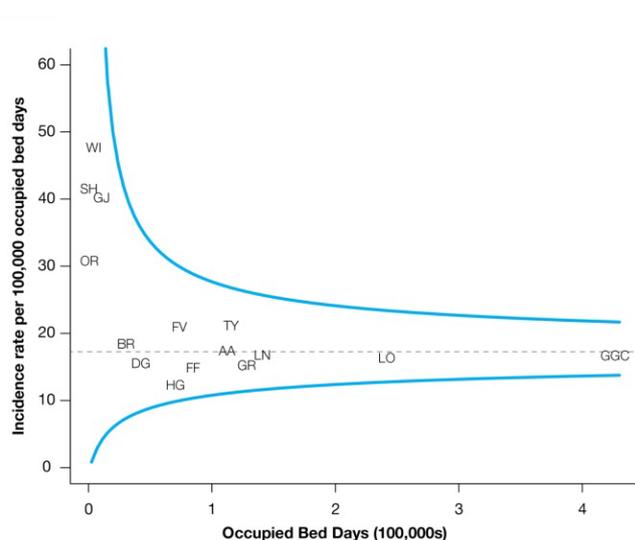


Figure 1: NHS Borders ‘days between’ SAB cases (January 2019– September 2022)

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 ARHA 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 2 2022 (Apr 2022 – Jun 2022).

2.6 During this period, NHS Borders (BR) had a rate of 18.5 which was above the Scottish average rate of 17.3.

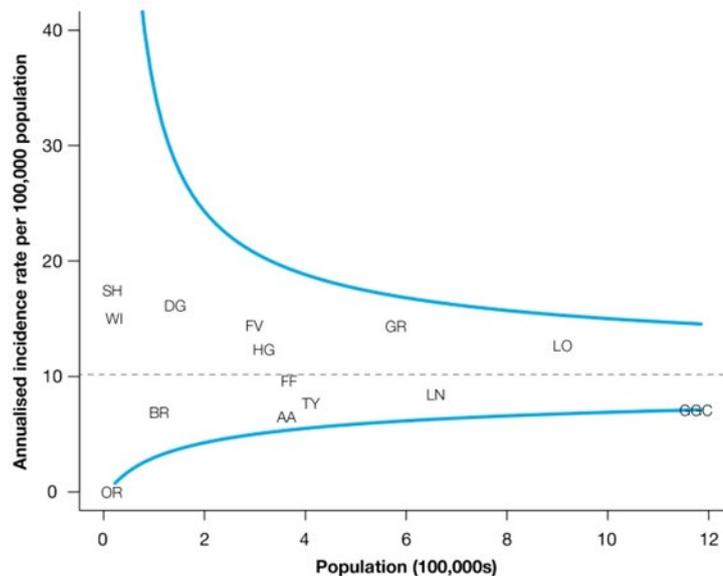


1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.

Figure 2: Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q2 2022

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 from the rest of Scotland.

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 Q2 2022.



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

Figure 3: Funnel plot of SAB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q2 2022

2.8 During this period NHS Borders (BR) had a rate of 6.9 which was below the Scottish average rate of 10.2. 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.

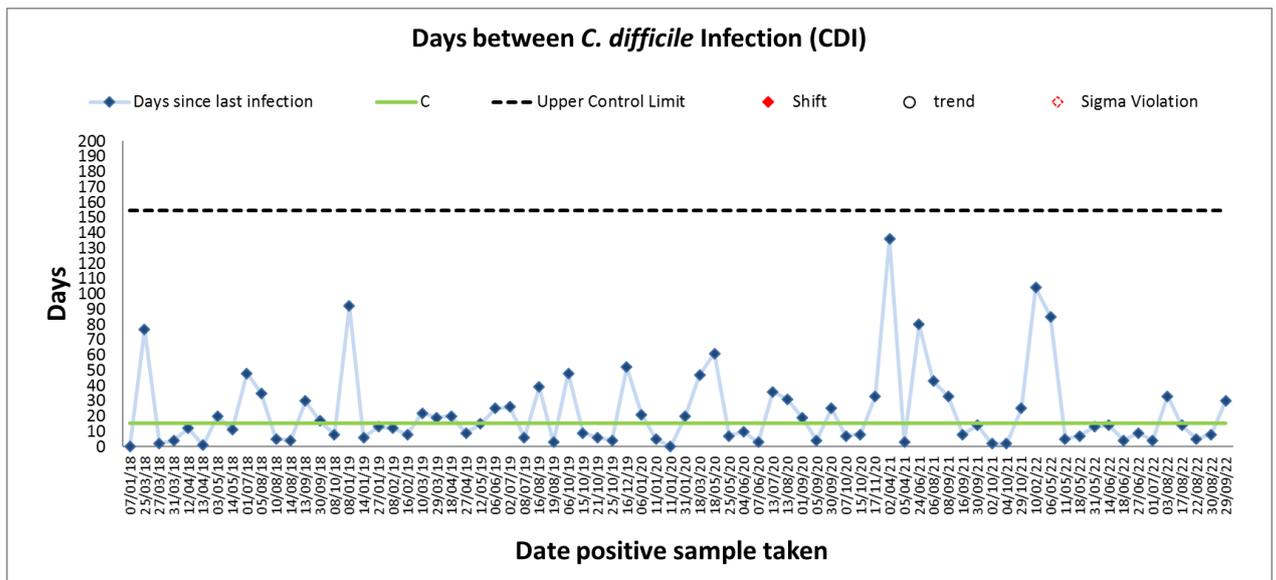
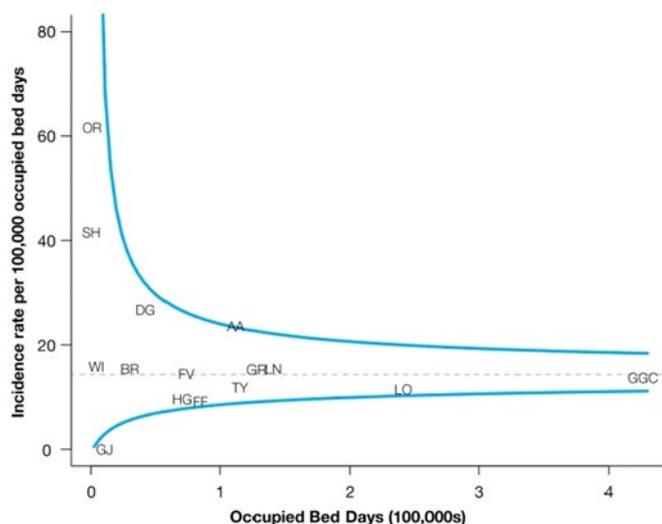


Figure 4: NHS Borders days between CDI cases (January 2018 – September 2022)

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 Q2 2022.

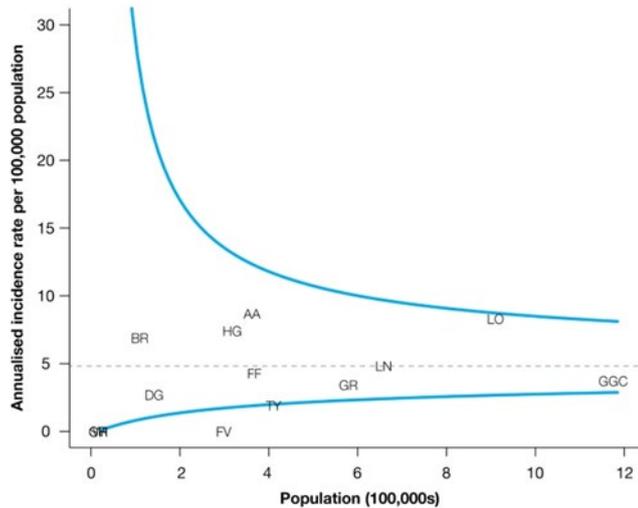


1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.
2. NHS Grampian and NHS Lanarkshire overlap.

Figure 5: Funnel plot of CDI incidence rates (per 100,000 TOBD) of healthcare associated infection cases for all NHS Boards in Scotland in Q2 2022

3.3 The graph shows that NHS Borders (BR) had a rate of 15.4 which was above the Scottish average rate of 14.3 but we were not a statistical outlier.

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 Q2 2022.



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 Q2 2022

3.5 The graph shows that NHS Borders (BR) had a rate of 6.9 which was above the Scottish average rate of 4.8 but we were not a statistical outlier.

#### **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.

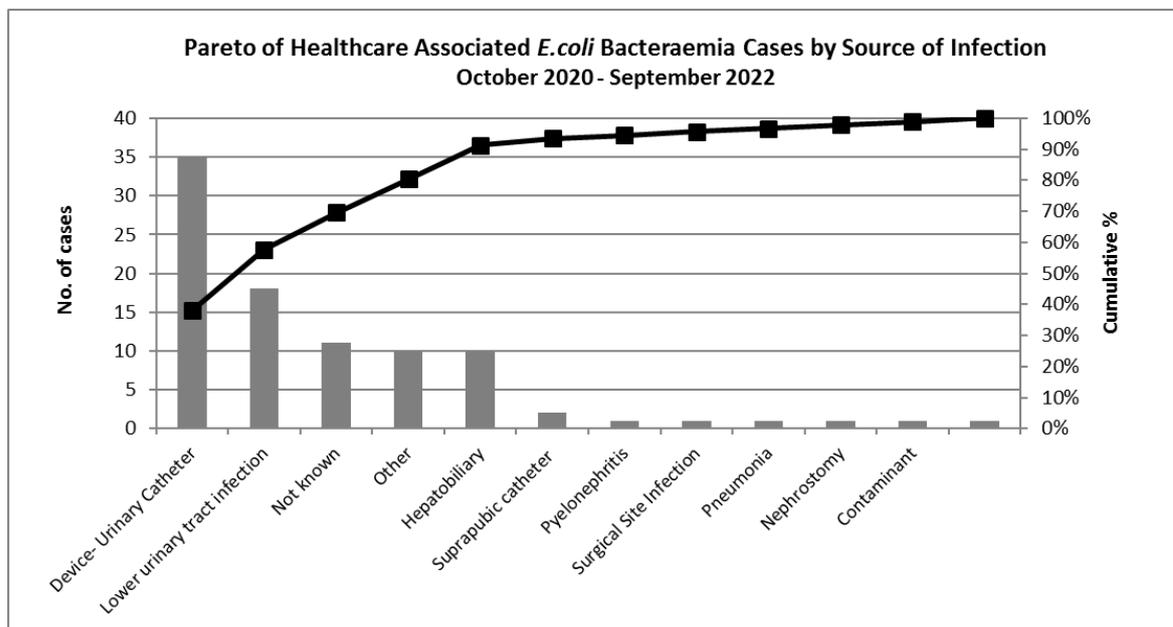
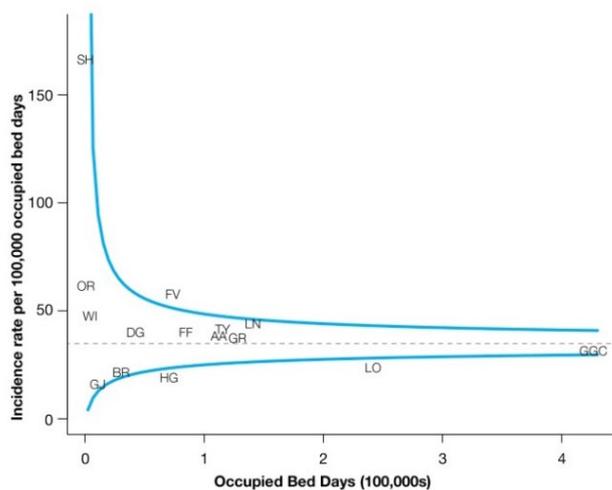


Figure 7: Pareto chart of healthcare associated ECB cases by source of infection

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 Q2 2022. NHS Borders

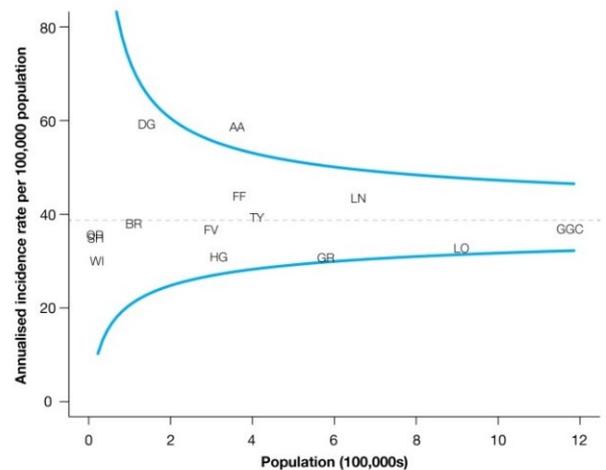
(BR) had a rate of 21.6 for healthcare associated infection cases which was below the Scottish average rate of 34.8.

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 Q2 2022. NHS Borders (BR) had a rate of 38.0 for community associated infection cases which was below the Scottish average rate of 38.7. 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.

Figure 8: Funnel plot of healthcare associated ECB infection rates (per 100,000 TOBD) for all NHS Boards in Scotland in Q2 2022



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

2. NHS Orkney and NHS Shetland overlap.

Figure 9: Funnel plot of community associated ECB infection rates (per 100,000 population) for all NHS Boards in Scotland in Q2 2022

## Surgical Site Infection (SSI) Surveillance

5.1 The Scottish Government updated the requirements for HAI surveillance on the 25<sup>th</sup> of March 2020. In light of the prioritisation of COVID-19 surveillance, all mandatory and voluntary surgical site infection surveillance was paused from this date.

5.2 Full surveillance of *E.coli* bacteraemia, *Staphylococcus aureus* bacteraemia and *C. difficile* infections will resume from 1<sup>st</sup> October 2022.

## 6.0 Hand Hygiene

6.1 Hand hygiene compliance monitoring is now gathered during infection control spot checks and external audits such as those conducted by our hand gel supplier, GoJo. A second round of audits across 10 inpatient areas was completed in October 2022 with an outcome of 71%. An update on hand hygiene improvement activity is provided under *item 12* of this paper.

6.2 Given the known human factors associated with conducting audits, an apparent reduction in hand hygiene compliance compared with self-audit data was expected. In addition, the context in which clinical areas are working has never been more challenging with significant demand for services alongside severe staffing shortages.

## **7.0 Infection Prevention and Control Compliance Monitoring Programme**

7.1 Between August and October 2022, infection control spot checks were undertaken in a total of 10 clinical areas across NHS Borders with an average compliance of 88.3%.

## **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. Health Facilities Scotland (HFS) also publishes quarterly reports on cleanliness standards and estates fabric across NHS Scotland using this data. The most recently published report covers the period July – September 2022. NHS Borders cleaning compliance continues to be slightly above the national average. A process has been implemented to provide confidence in cleanliness scores. Any area recording above 98% or below 90% is subject to a peer audit by a domestic supervisor from a different area.

8.3 In the context of the HFS report, ‘Estates’ reporting refers to issues with the fabric of the building which impede effective cleaning activity. In the period July to September 2022, Borders General Hospital achieved an estates score of 97%. The Infection Control Manager and Head of Facilities are reviewing the detail behind this overall figure to check that it accurately reflects the relevant estates issues.

8.4 The Facilities Manager continues to progress actions to improve the accuracy of monitoring and reporting through this national system.

## **9.0 2022/23 Infection Control Work plan**

9.1 The Infection Prevention and Control Team provide both a reactive and proactive service. Responding to significant unexpected events or peaks of clinical activity such as outbreak management requires flexing resources away from proactive to reactive activities impacting on Work Plan progress.

9.2 There is currently one overdue action in the 2022/23 Infection Control Work Plan. This is low risk as it relates to a review of an established process.

## **10.0 Outbreaks/ Incidents**

### **• COVID-19**

10.1 Since the last Board meeting, there have been 3 COVID-19 clusters for which a Problem Assessment Group (PAG) and/or Incident Management Team (IMT) has been held. A summary for each closed cluster as at 18<sup>th</sup> October 2022 is detailed in the table below.

<b>Area affected</b>	<b>Total positive patients</b>	<b>Total positive staff</b>	<b>Total deaths</b>
DME 12	REDACTED	REDACTED	REDACTED
DME 14	12	7	0
FBSU	6	REDACTED	REDACTED

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 24<sup>th</sup> July 2022 to week ending 9<sup>th</sup> October is displayed in Figure 11 below.

<b>Hospital Onset COVID-19 Cases by Hospital Onset Status Summary</b>		
For NHS Borders, the total number of hospital onset COVID-19 cases reported to ARHAI Scotland, with specimen dates from week-ending 24 Jul 2022 to week-ending 9 Oct 2022, was 81.		
	% of total	n =
Non-Hospital onset	21.0%	17
Indeterminate Hospital onset	14.8%	12
Probable Hospital onset	11.1%	9
Definite Hospital onset	53.1%	43
Grand Total	100.0%	81

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

- **Influenza**

10.3 Since the last Board update, there has been 1 Influenza related incident. A summary of this incident is shown in Figure 12 below. Any learning from each incident is captured and acted upon in real time where appropriate.

Area(s) affected	Number of patients affected	Number of staff affected
Renal dialysis	REDACTED	REDACTED

Figure 12: Summary of Influenza incidents

## **11.0 Infection Prevention and Control Team Capacity**

11.1 The vacancy for a trainee Infection Control Nurse is being re-advertised as initial attempts to recruit were unsuccessful. The Infection Prevention and Control Team has concluded a service review which was presented to the Board Executive Team on the 20<sup>th</sup> September 2022. The proposed recurring funding will be considered alongside other service investment proposals in November 2022.

## 12.0 Quality Improvement Update

12.1 The following quality improvement projects have been identified as a priority for progression. An update on each project is provided below:

Invasive device – urinary catheters	<p>The Prevention of CAUTI Group continues to meet every 6 weeks to drive forward the action plan.</p> <p>Following completion of the catheter passport survey and the point prevalence, representatives from acute, community hospitals, district nursing and care homes held a launch week at the beginning of November to promote:</p> <ul style="list-style-type: none"> <li>• Revised NHS Borders Urinary Catheterisation Policy</li> <li>• National Urinary Catheter Care Passport for patients, carers &amp; staff</li> <li>• NHS Borders Urinary Catheterisation Internet Site</li> </ul> <p>Sessions have been held with district nursing teams and nursing/care home staff as well as use of the hospital safety brief, social media to promote catheter management.</p>
Invasive device – PVC documentation	<p>A test of change is planned for PVC documentation using separate records for insertion (sticker) and maintenance (single sheet).</p> <p>Discussions are also under way with the education team to ensure a joint approach to improvement regarding cannulation and management of PVCs.</p> <p>Work is underway at a national level to review bundles and tools to assist PVC insertion and management.</p>
Hand hygiene	<p>IPCT are working with areas that had the lowest performance following the independent audits to discuss and offer tailored support for improvement. This has already commenced in 3 areas with 2 further areas to be approached.</p> <p>NHS Borders' Gojo representative continues to visit on a quarterly basis. The focus of the next visit in January 2023 will to be to support staff with skin care &amp; integrity.</p>
Infection Control screening documentation	<p>MRSA admission screening compliance is monitored on a monthly basis by IPCT for each of the four main admitting wards. Screening is mandatory and our target is 100% compliance. Within recent months variable compliance from these areas has been highlighted.</p> <p>A test of change is underway in MAU in relation to obtaining MRSA screening within 24 hours of admission. An auto generated daily report highlight patients who require screening. Ward staff will be supported to ensure appropriate screening is obtained.</p>

## 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 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).

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 *E.coli* bacteraemia, *C.diff* and SABs. More information on these can be found on the UKHSA website:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1081256/mandatory-healthcare-associated-infection-surveillance-data-quality-statement-FY2019-to-FY2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1081256/mandatory-healthcare-associated-infection-surveillance-data-quality-statement-FY2019-to-FY2020.pdf)

#### 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

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
MRSA	0	1	0	0	0	0	0	0	0	0	0
MSSA	3	1	1	1	7	5	2	1	4	3	1
<b>Total SABS</b>	3	2	1	1	7	5	2	1	4	3	1

### *Clostridioides difficile* infection monthly case numbers

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Ages 15-64	0	0	0	0	0	0	0	0	0	1	0
Ages 65 plus	0	0	0	1	0	0	4	3	1	3	1
Ages 15 plus	0	0	0	1	0	0	4	3	1	4	1

### Cleaning Compliance (%)

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
<b>Board Total</b>	96.8	96.1	96.3	93.4	93.8	96.4	94.2	96.2	95.5	93.5	95.06

### Estates Monitoring Compliance (%)

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
<b>Board Total</b>	98.7	98.7	98.9	99.0	98.0	98.4	98.6	98.6	97.4	97.3	97.6

## BORDERS GENERAL HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
<b>MRSA</b>	0	1	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	0	0	0	1	2	1	0	1	1	0	0
<b>Total SABS</b>	0	1	0	1	2	1	0	1	1	0	0

### *Clostridioides difficile* infection monthly case numbers

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
<b>Ages 15-64</b>	0	0	0	0	0	0	0	0	0	0	0
<b>Ages 65 plus</b>	0	0	0	1	0	0	2	2	0	1	1
<b>Ages 15 plus</b>	0	0	0	1	0	0	2	2	0	1	1

### Cleaning Compliance (%)

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
<b>Board Total</b>	95.3	97.1	96.3	96.0	95.8	96.4	96.0	95.6	95.5	95.6	95.1

### Estates Monitoring Compliance (%)

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
<b>Board Total</b>	97.7	98.1	97.9	98.6	98.4	98.4	97.4	96.7	97.5	97.3	96.8

## 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

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 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

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 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

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

### *Clostridioides difficile* infection monthly case numbers

	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Ages 15-64	0	0	0	0	0	0	0	0	0	1	0
Ages 65 plus	0	0	0	0	0	0	1	1	1	2	0
Ages 15 plus	0	0	0	0	0	0	1	1	1	3	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* : <https://www.nhs.uk/conditions/staphylococcal-infections/>

MRSA: <https://www.nhs.uk/conditions/mrsa/>

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:

<https://www.hps.scot.nhs.uk/publications/?topic=HAI%20Quarterly%20Epidemiological%20Data>

**Clostridioides difficile 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:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/#data>

**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**

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.

**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 Healthcare Improvement Scotland. More details can be found at:

[https://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/nhs\\_hospitals\\_and\\_services.aspx](https://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/nhs_hospitals_and_services.aspx)

## APPENDIX B

**ARHAI Scotland COVID-19 Hospital Onset Definitions**

<b>Day of sampling post admission</b>	<b>Nosocomial categorisation</b>
Before admission	Community onset COVID-19
Day 1 of admission/on <b>admission to NHS board</b>	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



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Staff Governance Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andy Carter, Director of HR &amp; OH&amp;S</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 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 Staff Governance Committee with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Staff 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 Staff 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 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

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

- Staff Governance Committee 4 October 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, Staff Governance Committee minutes 22.09.22

## **STAFF GOVERNANCE COMMITTEE**

Minutes of the meeting held on Thursday 22<sup>nd</sup> September 2022, 12:00-13:50  
via Microsoft Teams

Present: Councillor David Parker, Non-Executive Director (Chair)  
Mrs Karen Hamilton, Chair  
Mr Ralph Roberts, Chief Executive  
Mr Andy Carter, Director of HR and OH&S  
Ms Sonya Lam, Non-Executive Director  
Ms Harriet Campbell, Non-Executive Director  
Mr John McLaren, Employee Director  
Mrs Ailsa Paterson, Assistant Director of Workforce  
Ms Claire Smith, HR Team Manager  
Mr Bob Salmond, Assistant Director of Workforce  
Mrs Jennifer Boyle, HR Manager / Business Partner  
Ms Edwina Cameron, Employee Involvement and OD Lead  
Mrs Vikki MacPherson, Partnership Lead / Staff Side Chair  
Ms Marcella Malley, Personal Assistant (Minutes)

### **1. Welcome, Introductions and Apologies**

Karen Hamilton welcomed everyone to the meeting; it was noted that Councillor Parker would be slightly late in attending the meeting due to other commitments.

It was agreed that this meeting was quorate.

Apologies were noted from Mrs Vikki Hubner and Mrs Alison Wilson.

### **2. To agree Minutes of Previous Meeting**

The minutes of the previous meeting, held on 23 March 2022, were agreed without amendment.

Harriet Campbell noted that commenting on minutes from meetings that were held a significant time ago is not practical, as anything discussed has most likely been forgotten by those who attended. She asked if minutes could perhaps be circulated soon after the meeting, with Karen Hamilton echoing this request. Andy Carter confirmed that minutes will be circulated for information as soon as possible after a meeting has taken place in order to allow time for members to make comments if applicable. It was also noted that there has been more time than usual between meetings, as the last scheduled meeting in June was cancelled.

### **3. Whistleblowing Annual Report (Draft)**

Sonya Lam stated that the Whistleblowing paper comes from the executive and is completed on an annual basis, with this report being slightly delayed, however the Independent National Whistleblowing Officer (INWO) is aware of this. Andy Carter noted that the INWO standards were introduced in April 2021 and that a Whistleblowing Governance Group has been established with Sonya being the chair for this as Whistleblowing Champion. A network of 15 confidential contacts have been trained up and are to be publicised within the next fortnight in order to coincide with the Speak Up Week initiative starting on 3 October 2022, as well as communications regarding further whistleblowing information being published.

A single case of whistleblowing has been reported within the first year of operating the INWO standards (up until March 2022); Andy recognised that it is difficult to discuss this case in detail due to possible identifying factors being inadvertently broadcasted, however it was stated that the case was regarding a breach of confidentiality. This case has been investigated, with a conclusion being reached after approximately 2 months from notification of the incident. It was noted that this timescale is slightly longer than the expected standard. Several further matters reported have been dealt with as business as usual rather than whistleblowing.

The provision of quarterly updates on whistleblowing activity are currently being looked into. Andy stated that the WGG is looking at having more staff completing the whistleblowing learning modules on TURAS; approximately 70 staff members have completed these at the last count. Andy clarified that the annual report is to ideally be endorsed in time for the October 2022 Board Meeting.

Sonya stated that the report is difficult to judge considering the fact that only 1 instance of whistleblowing has been reported. It was also noted that this may be due to instances being dealt with as business as usual, or because staff may not feel safe speaking up or using the necessary whistleblowing process, therefore alternative parameters may have to be looked into, perhaps with systems through either line management or Staff Side for staff to raise their concerns. An enquiry-led method of reporting is being looked at in order to make reports more meaningful. A clear line of separation between HR and whistleblowing processes also needs to be established and communicated; Sonya stated that the report should be amended to include information on how whistleblowing will be operationally managed and the governance process for this. Andy is to take this forward as an SBAR to BET in due course.

Karen Hamilton queried where the WGG reports to; Sonya stated that Terms of Reference are taken to both Area Partnership Forum and the SGC. Karen also queried if any other cases have arisen that may be considered whistleblowing, especially in comparison to past years. Andy stated that 6 cases had been identified in the 3 years prior to the INWO standards being implemented which averages as 2 per year, however near misses have instead been handled as business as usual. Andy and Karen also noted the fact that these staff have felt confident in coming forward to voice their concerns, along with confidential contacts being able to volunteer their time and services for this process. John McLaren also noted that at least 2 members of staff have approached Staff Side regarding cases that may have also been considered whistleblowing, however these have been dealt with in the necessary manner.

John thanked Andy for the report and stated his endorsement of this along with his opinion that the report is wholesome and states achievements as well as potential avenues for progress. John is looking to raise awareness of whistleblowing in the community hospitals and BGH during Speak Up week. Harriet noted that it should be highlighted within the report that alternative routes for raising concerns are available to staff. She also raised the point that only having 1 case of whistleblowing and the outcome of this being groundless could be looked negatively upon. Sonya also raised the issue of staff perhaps not feeling that their concerns are listened to and acted upon and that the culture surrounding this needs to be improved.

Sonya also noted that the possibility of introducing a question within the iMatter survey regarding the safety of staff members who decide to raise concerns, however this may not be included in the next scheduled round of surveys. It was also stated that raising concerns is not limited to staff members alone, with former employees and students among other groups having the right to do so.

In conclusion, it was stated that the group should be partially assured as to what is currently in place regarding whistleblowing. Andy and Bob Salmond had spoken to senior colleagues regarding INWO standards, the general consensus being that this has been a learning curve and more resources are to be introduced.

The Whistleblowing Annual Report was largely accepted by the committee with only minor amendments required. The report is to be taken to the October Board Meeting.

#### **4. Integrated Workforce Plan Update**

Bob Salmond and Claire Smith have produced a presentation outlining the Health & Social Care Partnership and NHS Borders integrated workforce plan 2022-25 that was shared with the committee during this meeting. An integrated national workforce strategy has been published in the last few months, with the workforce plan being a part of this. The previous workforce plans had only been in place for 1 year at a time and only originally covered NHS Borders, but this has now been integrated with H&SCP and has been co-produced between NHS Borders, Scottish Borders Council and independent and 3<sup>rd</sup> sectors. The plan had also previously been disrupted due to the COVID pandemic but is now being re-introduced. A draft integrated workforce plan was submitted to the Scottish Government for comment at the end of July 2022 and a further iteration is to be published by the end of October 2022.

Bob stated that affordability is absolute, with workforce costs making up over 50% of the budget. External economic and social factors are to be considered, as well as the impact of the pay deal being higher than previously planned. Significant digital advancement is expected over the next 3 years in order to improve operational efficiency, customer service and access to services. It was noted, however, that there exists a growing elderly population within the Scottish Borders and NHS Borders specifically, with some of this group having complex needs. Bob highlighted that the plan submitted to SG may not necessarily be the finalised and approved plan. Workforce planning is in place for both NHS Borders and SBC, with H&SC overlapping between the 2 organisations.

Claire highlighted the current challenges that exist with regards to workforce planning; the aforementioned aging population is having an impact on the working population, with the Borders exhibiting a lower population of those of working age compared with the rest of Scotland; 58.4% compared to 63.9%. In terms of workforce demographics, NHS Borders has a high proportion of those aged between 45-59, with 10% of the workforce aged 60 plus in addition. Recovery and remobilisation as a result of the COVID pandemic are resulting in pressure on the workforce, along with increased demand in all clinical disciplines, high levels of sickness, delayed discharges and recruitment gaps. Claire mentioned that international recruitment, developing Band 3 and 4 roles within nursing and developing pharmacy technician roles are mitigating these challenges, whereas the recruitment of clinical development fellows and salaried GPs is supporting medical services. In addition, increased advertising and training, more focused recruitment and promoting of roles are also mitigating these workforce challenges and increasing skill mix.

Claire stated that employees are most likely to follow the trend of moving from working in independent and 3<sup>rd</sup> sectors to SBC and then on to NHS Borders in order to benefit from higher pay and permanent roles; the recruitment of HCSWs therefore has an unintended consequence on these other organisations. National strategy action plans are being implemented in the workforce plan, which notes actions under the 5 main headings of: plan, attract, nurture, employ and train, with the main focuses being to improve the sustainability of the workforce and to endorse the Borders as a good place to work in order to attract a higher number of potential employees. The workforce plan is fed into the Integrated Workforce Planning Group and is then signed off by the Integrated Joint Board.

The amount of whole-time equivalent job roles held has been increasing amongst most age groups and job families; Claire also highlighted that there has been a noticeable increase in the 20-24 age range specifically which she noted is good progress and is due to employability schemes currently in place. There has also been an increasing trend since 2013 for WTE change for all health boards in Scotland, however there is also a higher annual WTE turnover in NHS Borders than in other boards, with this possibly being attributed to the higher proportion of older staff and higher levels of retirement. A fairly similar level is also noted with regards to the gender split in NHS Borders when compared to other boards, however the proportion of female staff in part-time roles is higher than in other boards.

A lower proportion of “not known” answers have been submitted for questions regarding sexuality, transgender status and disability than in other boards which has been noted as positive as this highlights that NHS Borders staff feel comfortable sharing this information. Whilst the same can be said regarding religion, the number of “declined” answers is relatively high which Claire notes should possibly be investigated. However, there is little diversity within the board, with most people answering either “White – Scottish” or “White – Other British” to this question; Claire noted that international recruitment should alter this balance. A relatively high proportion of staff absences have also been reported which additionally affects workforce.

Harriet noted that an increase in diversity within the board should be included under the afore mentioned “attract” pillar within the workforce plan, as well as “nurture”. The statistics within the plan were praised but the underlying reason for this plan was stated as being unclear, with it being referred to as more of an introduction than a plan in itself due to the lack of actions mentioned. In response to this, Andy stated that the plan is being worked upon to fit a template provided by the SG, whereas the wider workforce strategy is to be more streamlined. Claire also stated that this is the first integrated plan that has been produced and was not refined in time to meet the deadline; therefore, the final document will be more condensed and will include more tangible actions.

Sonya also praised the integrated nature of the plan and the statistics noted in the presentation. She also mentioned that nurturing, valuing and maintaining staff is important, with training and the quality of learning environments also being priorities. She also mentioned that health promotion should be looked at in terms of the aging population to increase the likelihood of this age group staying in work.

Bob noted that accountability, timescale and actions will be included in the final plan and any actions and achievements are to be tracked and progressed in annual reviews over the 3-year period of the plan. He also stated that the recruitment of HCSWs is being shared and discussed with partners, both the independent sector and SB Cares, which minimises the unintended consequences on other organisations when recruiting from the same labour pool. John McLaren thanked Claire and Bob for the presentation and plan but recognised that this is only a draft. He highlighted the importance of staff wellbeing and suggested that this should be at the forefront with regards to recruitment so any new staff members have the assurance that they will be looked after whilst at work. John and Andy are also looking into introducing a joint staff wellbeing plan. It was also noted that the plan helpfully highlighted challenges, but John also suggested that the board should not lower itself to the lowest common denominator in order to aid recruitment and retention.

Ralph Roberts noted that the plan had produced a helpful conversation and will evolve workforce planning but also recognises that this plan is not the finished product and there is a long way to go before this is finalised; the possibility of connecting this plan to clinical, financial and organisational strategies was also raised. The need to alter the plan in order to keep up with changes within the organisation was mentioned, however Sonya noted that the

plan is based on the organisation and its actions at the current moment. Andy mentioned that a joint executive meeting had been held between NHS Borders and SBC, with the integrated workforce plan being mentioned here; it was agreed that both teams could work together to take this forward. Ralph also stated that any future workforce plans will impact on the current service model and that the workforce and the nature of this will impact on designs rather than finance.

The integrated workforce plan was noted and approved by the committee.

## **5. East Region Recruitment Update**

Bob stated that since 25<sup>th</sup> July 2022, NHS Lothian provides recruitment services for the Borders and 4 other boards in the east of Scotland, with the former local NHS Borders Recruitment Team now operating under Lothian instead. The electronic recruitment system JobTrain has recently been introduced and is based on applicant experience whilst being geared towards a younger demographic. It was stated that the Key Performance Indicator (KPI) between the job advert being published and the start date of the new recruit is 116 days in NHS Scotland; Bob noted that this standard has usually been achieved over the last year with a few exceptions, however the standard agreed in 2017 of 8 weeks from interview to start date has been difficult to meet. Bob also noted that there is a seasonal difference in vacancies filled figures, these peaking at almost 100% and lowest numbers being around 50%.

Bob congratulated the recruitment team on their speed and efficiency as NHS Borders has met national KPIs with regards to recruitment times. The volume of recruitment has also been higher than in previous years. Edwina Cameron noted that a significant number of posts have been waiting to be advertised with this number peaking at 23, but has now dropped to 15 (with 1 additional job post needing clarification); these high numbers have not previously been seen in NHS Borders. Negotiations with the leaders of the regional recruitment service have been ongoing to ensure that performance improves. A Modern Apprentice has been introduced on a temporary contract to help bolster performance and this overall performance as well as current mitigations in place continues to be monitored. Reports on recruitment activity will continue to be addressed at the SGC.

John McLaren stated that he is unsure as to the reason for the delays in the recruitment process and noted that there appears to be more challenges than benefits with the new process. Bob stated that the establishment of the new regional recruitment service coincided with 40% of the Borders' most experienced recruiters moving on to new roles, with new members of the team also taking time to settle in. He also mentioned that the labour market is currently tight, with more jobs available than the amount of people looking for jobs. IT has also been down, including the use of telephones and JobTrain, which caused further delays to recruitment.

Harriet Campbell queried whether staff are satisfied with the recent transfer; Edwina responded that recruits appear to have a positive experience as JobTrain has been developed to make the job application process simpler. Recruiting managers seem to be struggling as they are required to make use of different systems than they are used to. The previous NHS Borders recruitment team are also finding the transfer difficult and are struggling to settle in, however improved satisfaction on all fronts is currently being undertaken.

Sonya Lam queried whether the other boards in the East Region Team are experiencing the same issues; Andy Carter responded that from previous discussions with the regional team, they have stated that NHS Borders' expectations are too high. However, Andy has also discussed this with both the Scottish Ambulance Service and National Education for

Scotland, with both services stating that they are not pleased with the new system and the increased time it takes to recruit staff. It was also mentioned that greater resilience was promised with the introduction of the regional team, however this has not been seen thus far.

John stated that both himself and Vikki MacPherson have been involved in supporting the recruitment team through trade unions. Issues with job banding have been raised along with a clear inequity between how staff transferred over to Lothian have been treated as opposed to other areas of the organisation. Ralph Roberts noted that it is still early days in the transfer and that disruption is an inevitable consequence of this. Ralph also stated that we need to take learning from the situation to make sure that shared services like the regional recruitment team work effectively. Andy stated that he supports the collaborative regional work, however in practice this has been difficult. Andy, Bob and Edwina are continuing to monitor the situation and Andy will have a conversation with his counterpart in Lothian to discuss the details of the transfer. Andy will also be monitoring progress along with both SAS and NES. He further stated that he may need to go beyond simply discussing this issue with the HR Director Lead and possibly speak to the consortium as a whole.

## **6. Statutory & Mandatory Training (Internal) Audit**

Andy Carter noted that the training papers are for information at this stage and are being taken to the Audit Committee in October to discuss progress. He stated that there is a need for employees to fulfil continuing professional development requirements and regulatory frameworks in relation to training, with employers also needing to comply with governance standards. Within the audit, current performance was compared to the old education policy however this has distorted current figures. It was stated that general improvement with regards to training is required with partial assurance received; good practice has been noted regarding the use of LearnPro and the team scorecard facility, however more work is required on how performance compliance regarding statutory training is monitored. Andy also stated the difference between statutory and mandatory; statutory training is prescribed by law, whilst mandatory relates to specific training needs for each job role. Compliance levels are to be raised with the SGC, the Safe Staffing Board and the OH&S Forum.

Andy stated that the relatively newly established Training Education Development Board feeds into this issue; membership of this group has recently been sorted with almost every job family being represented. Traction has been gained in the last few months and activity in this field is ongoing. It was stated that minutes from TED Board meetings will be shared with the committee for information, as this meeting feeds into the SGC and Sonya Lam had queried what assurances the TED Board would be providing in relation to statutory and mandatory training. The dashboard will also be established over the next quarter.

Harriet Campbell queried what the organisational risk is if staff are not completing their allocated regulatory requirement training. She also noted that any staff involved in reporting to the TED Board will have more pressure on them, therefore reducing the likelihood of training being completed; Andy responded that clinical boards need to report why staff are not completing training if this is the case and that there is indeed organisational risk surrounding this. Andy noted that there will be a specific ask for senior managers with regards to training accountability, but this is an important issue for the organisation.

## **7. Strategic Risk: Industrial Action**

Andy stated that he is not clear of the current position with regards to industrial action and pay negotiations, however many areas are intending to ballot with numerous dates published. It was also stated that the notes on the risk register regarding this issue are from 2010 and are therefore out of date. It was noted that the reason behind this action relates to

pay and the recent 5% offer made. There are ongoing discussions between trade unions and the SG.

John McLaren stated that industrial action will continue to be a risk until trade unions sign up to a deal with the SG or an outcome is reached. He also stated that it is correct to note this on the risk register; industrial action is a potential risk to any organisation but this does not necessarily have to be high, but this is now at the highest level of risk previously seen. Staff are currently disgruntled over their treatment during the COVID pandemic and over the current cost of living crisis. John stated that trade unions will continue to work with the organisation even if strike action is agreed. Andy agreed to update committee members via email briefing if anything further is heard in relation to industrial action. It was also noted that workforce strategic risks should be added as a standing item on the agenda to ensure updates at future meetings are shared.

#### **8. Any Other Competent Business**

No further competent business was raised.

The Chair closed the meeting by thanking members for attending.

**Date of Next Meeting:** Thursday 8<sup>th</sup> December, 13:00pm via TEAMS

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Public Governance Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth, Director of Planning &amp; Performance</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 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 Public Governance Committee with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Public 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 Public 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 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

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

- Public Governance Committee 10 November 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, Public Governance Committee minutes 11.08.22

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**Minutes of Public Governance Committee (PGC)  
Meeting held on Thursday 11<sup>th</sup> August 2022 9.30-11.30  
via MS Teams**

**Present:** Tris Taylor, Non Executive Director (Chair)  
Lucy O'Leary, Non Executive Director (leaving at 11am)  
Margaret Simpson, Ability Borders  
Graham Hayward, Vice Chair, Public Involvement Partnership Group  
Debbie Rutherford, Borders Carers  
Cllr David Parker (left at 10.15am then back at 10.30)

**In Attendance:**

June Smyth, Director of Planning & Performance  
Clare Oliver, Head of Communications and Engagement  
Carol Graham, Public Involvement Officer  
Philip Grieve, MH Service Manager  
Fiona Doig, Strategic Lead, ADP &  
Kirk Lakie, Hospital Manager Planned Care  
Sharon Bleakley, Health Improvement Scotland  
Denise Symington, Principle Change Advisor, Health Improvement Scotland  
Carmen Morrison, Service Change Advisor, Health Improvement Scotland  
Lainey Thomson, Communications Officer  
Alison Wilson, Director of Pharmacy  
Marion Phillips, Committee Administrator

**1. Welcome & Introductions**

Tris Taylor welcomed everyone to the meeting and introduced Carmen Morrison and Denise Symington from HIS.

The meeting was recorded for purpose of minutes

**2. Apologies & Announcements**

Apologies had been received from: Nicky Hall, Lynn Gallacher, Lynne McCallum, Cathy Wilson, Chris Lau

The Chair thanked the Committee for their attendance

The Chair advised that the meeting will only be quorate until Lucy O'Leary and Cllr Parker leave

**3. Minutes of Previous Meeting:**

The minutes from meeting held on 11<sup>th</sup> May 2022 were approved as accurate

#### **4. Matters Arising and Action Tracker**

Terms of reference to be circulated

Item 45 - Adult Changing Facility:

J Smyth updated the Committee that the site previously identified for a portable facility was still in use by the covid testing team, in addition to which the PMO had been unable to provide project management capacity onto this project due to other, urgent schemes such as the replacement of the MRI Scanner and the CT Scanner. Margaret Simpson commented that it may be better to wait now and find a permanent site.

Item 54 - Health Inequalities

J Smyth reminded the Committee that the programme referred to was an enhanced programme around health inequalities that had been proposed towards the end of 2020/21 but the internal teams were unable to secure additional capacity and resources needed to take it forward and it had therefore been paused. This can be revisited when the new Director of Public Health is in post. M Simpson offered to share with T Taylor her report to HIS Care Commission Committee.

Item 61 – Care Village

T Taylor has form of words for letter to C Myers. The Committee agreed to the content of the letter and would await a response.

**The Public Governance Committee noted the action tracker.**

#### **5. Development for Committee:**

T Taylor welcomed Carmen Morrison and Denise Symington from Health Improvement Scotland who gave a presentation on Planning with People Guidance and also Service Change Perspective.

The Planning with People guidance was developed in response to the ministerial strategic group for Health and Community Care and review of Health & Social Care. The guidance is co-owned by Scottish Government and COSLA and HIS are supporting this by supplementing the Quality Improvement Framework for Community Engagement to support Boards and Partnerships meet these strategic duties and help delivering the guidance that is there.

This was published in March 2021 with intention to test over a year, gather feedback and review the guidance. This was pushed back due to the pandemic and Scottish Government wrote to NHS Boards in July advising the review of the guidance had restarted and a survey was sent in August for completion.

Planning with People sets out responsibilities each organisation has to community engagement where changes to services are being planned. The guidance encourages organisations to involve people in a meaningful way. It takes account of relevant recent

policy drivers and it states that in addition to national policy, each Health Board and IJB will have local policies and Communication Engagement that should be referred to.

The guidance quotes the National Standards for Community Engagement and the definition of Community Engagement as a purposeful process which develops a working relationship between community organisations, public and private bodies to identify and act on community needs and ambitions. It must be relevant, meaningful with a clearly defined focus.

This applies to all NHS Boards and IJB where decisions are being made by planning and development of care services and should complement and support existing local engagement plans and strategies for each organisation.

Planning for these needs organisations to commit the necessary resources including people, time, and money. It is important for Boards and Partnerships engaging at the earliest stages and continue to be involved through to the decision making stage. Organisations are expected to demonstrate how they are engaging with communities and to evidence the impact of engagement on decisions made.

HIS recommend to Boards and Partnerships that Communities and people with lived experience are involved when completing impact assessments as this helps inform the planning the engagement process and also consider the potential impact of a strategy or a service and any negative impact the change may have on people using the service.

The definition for consultation is it has a defined beginning, middle and end. The remit should be finite and the scope for stakeholder input should be clear. The definition for engagement is a broader term encompassing a range of activities. It is an approach that encourages productive relationships between communities and public bodies. It should be ongoing and meaningful.

The guidance around governance and decision making when identifying major service change says that NHS Boards can designate proposals using HIS Community Engagement template and guidance developed. HIS can offer a view in the status of the service change but if no consensus between NHS Board and HIS then Scottish Government would give a final decision.

The section about impact on patients and carers also addresses the changes to accessibility of a service. There is also a section on financial implications, consequences for other services and conflict with national policy. There is an accompanying template for Boards to complete to establish if this is major service change, or not, this would be submitted to HIS Service Change Team. Proposals for major service change must have at least 3 months of public consultation and then for ministerial approval. HIS will look to the organisation to provide evidence that the views of potentially affected people and communities have been sought, listened to, acted on and treated with same priority as clinical standards and financial performance.

The governance and decision making is slightly different for Integration Joint Boards, the guidance mentions significant decisions out with the Strategic Commissioning Plan that would have a significant effect on provision of integrated service must involve consultation with the Strategic Planning Group and users of the service. Decisions about service change, service redesign, investment and disinvestment may be made at regular meetings. They are required to undertake ongoing engagement and feedback and take this into account.

HIS can quality assure the engagement that has been carried out by NHS Boards for major service change. They aim to provide constructive, timely and evidence based feedback to

Boards when working with them and work on 'no surprises' approach by having regular contact, feedback and discussion and regularly induct evaluation on our work so we can continually improve the way we work with them.

There are a range of tools and templates on the HIS website that are useful for Boards and Partnerships. HIS also run interactive workshops on Duties and Principles, Planning Effective Engagement and Option Appraisal.

There is presentation on duties and principles and use case studies where action was taken. There is a financial risk to the organisation not conducting community engagement properly in case it does get challenged, this applies to Local Authorities and IJB. T Taylor commented on behalf of the committee that he would like to take up the offer of this presentation at a future meeting.

Equality Impact Assessments should be looked as a living document and should be taken along to meetings where decisions are being made and then look at what the impact on the assessment is and update as it proceeds. When a financial decision is made that may have an economic impact on people, the Fairer Scotland Duty is the model reporting template for Boards and gathers information as a governance structure and how that is being conducted.

Including contributions from people with lived experience and service users provides a more balanced Equality Impact Assessment. It gives indication of where barriers might be to someone receiving care and what the negative impact might be. As part of the engagement, you can mitigate and overcome that impact and makes the consultation and service changes more meaningful involving members of the community.

M Simpson commented that when engaging with service users and lived experience, they have used voices training as service users can not always understand the language and acronyms being used, this helps them get some benefit from the process.

Scottish Government has a consultation on planning with people. People can put in their views and comments and possibly expectations for next iteration of planning with people. A copy can be shared with the group. C Oliver added that identified people in NHS and IJB are responding to the consultation but if anyone has any comments they would like added to let her know.

T Taylor thanked Carmen and Denise for their time and presentation.

The Public Governance Committee noted the presentation.

## **6. Public Governance Business Items**

### **6.1 Chairs Update**

The Chair noted that he had nothing specific to add that was not already being covered or discussed in the meeting.

#### **The Committee noted the update**

### **6.2 Public Involvement and Engagement Update**

The update highlighted the amount of activity including meetings, requests for support and advice. Engagement involvement activity is not just the bigger pieces of work but the day to day work that comes in too.

C Oliver reported she was keen to organise a reflective session for public involvement members to touch base to make sure their needs as well as our needs are being met, especially as we are still not meeting face to face post Covid. Once this has taken place she will share any feedback with the committee.

C Oliver highlighted the work underway on the Strategic Planning Engagement that is taking place which has been commissioned by the IJB. There is a lot of learning from it and should have a richer experience, information, and new contacts at the end of the first phase of work. There have been over 650 responses to the online survey and the work is being supported by an external provider, National Development team for inclusion and this is great source of learning and information. The team are looking at data on weekly basis so tweaking the communications approach and identifying where there are any gaps at the moment. Responses from men in general are low so have approached the Men Sheds in the Borders to try and encourage them to fill in the survey. The team are working to be responsive and reactive to what the findings are and tweaking the approach accordingly. When pulling out data from the responses received, it shows that 125 of those are from carers, this can then be broken down into age ranges.

C Oliver highlighted there is engagement with equality groups and people with protected characteristics in the Borders as part of this exercise. The team are working alongside Wendy Henderson, who is supporting the partnership and IJB, as a specialist in area for Human Rights and Equality. Also working closely with colleagues in SBC and offering focus sessions to get their views on work being done with the Strategic Plan.

It is not always easy to get those groups to engage but there is an obligation to ensure reasonable attempts are being made to engage.

C Oliver advised that a piece of work was presented to the Carers Workstream, which is sub-committee of the IJB, and have had good feedback on the approach taken. This is a full engagement exercise on research phase of the development of the Strategic Plan. All of this work will inform a draft Strategic Plan. This is first document being co-produced and have had great feedback from the independent sector, third sector and other colleagues from the Carers Workstream on that approach.

M Simpson commended the work Ability Borders does alongside Engagement and Involvement, they enjoy working with Clare and Carol and it does make a difference.

### **The Committee noted the update**

*L O'Leary and Cllr Parker left the meeting and it is no longer quorate*

## **7. Monitoring & Performance Management**

### **7.1 Clinical Board Updates:**

#### **Acute:**

A Reshaping Urgent Care Programme Board has been established to work through some of the issues being experienced within BGH from an unscheduled care perspective. They are seeking appropriate public engagement within the context of the Governance structures.

Remobilisation of elective or planned care services group is considering appropriate governance structures and they need to ensure there is appropriate representation from public on that group.

The other groups that might be affected by work going forward and pending but not yet started is Paediatrics and Maternity Services and they will ensure there is appropriate representation on these too.

An update of who has been co-opted onto the groups will be brought back here through future updates.

Healthcare Quality Impact Assessments (HQIA) are included in opt-in vision screening service which reflects the high level of Did not attend (DNAs) historically for that service and we moved to an opt-in appointment service to make better use of capacity that is available and will review this within 3 months and assess whether this is achieving what it set out to do or if there are issues that need to be addressed.

HQIA has been included when considering establishment of a ring-fenced elective inpatient ward, reviewing to see what the impact will be a moving to mitigate where possible and what impact this will have from an unscheduled care perspective.

K Lakie reported that they are looking to review peripheral clinics due to ongoing workforce challenges within the Community Hospitals and we need to be able to address this. At present these clinics can be cancelled at short notice which can impact on people expecting to attend their appointments at the peripheral clinic locations.

There has been lot of activity around waiting times and patients who have been on a waiting list for a long time. They are opening up communication and working with clinical teams to ensure everything is being done as appropriate validation. They are working on a Policy report for the Board and will ensure there is appropriate engagement with the impact assessment as part of that work.

### **Cancer Service Update:**

K Lakie reported that the Cancer experience group is looking to get re-established and to include public representation and patient voices. There are issues at present with lack of admin support staff but once this is resolved these meetings will be set up again.

There are clinical issues to be addressed regarding accommodation within the Borders Macmillan Centre. Need to ensure it is fit for purpose from clinical perspective and working with our capital team to look at what is possible to do and the timescales. Working on communication and what that will mean for cancer services and provision of cancer services in the interim while that work is being completed.

K Lakie reported that the team were working with IJB partners and Macmillan services to develop a programme to provide support to patients from a non-clinical perspective. Patients receiving cancer care and the impact that can have on other aspects of their life. Using a holistic approach to ensure taking care of their treatment and improving cancer journeys and supporting patients in treatment and beyond. Discussions have taken place regarding terms of reference and setting up the programme board, updates will be provided accordingly.

Replacement for the Edinburgh Cancer Centre is being developed, which is approx. 10 years until completion. This is a very significant capital and development programme but it will impact on the shape of cancer services across South East Scotland in the future. We

will be engaging with partner organisations and making sure their views are considered as work continues on outline business case.

### **Aseptic Pharmacy Dispensing Service Provision:**

Alison Wilson attended for this paper. There was national decision to change provision of pharmacy aseptic service from NHS Borders to NHS Lothian and this is a change in the supply of products. Within pharmacy product suppliers are changed frequently and it does not make any difference to the products coming into the BGH pharmacy. Patients will receive the same drugs. Some of the products do have a short expiry time with Pentamidine in particular, and pharmacy may not be able to provide it from BGH and the patient may need to go to Lothian for it, although this is unlikely to happen and alternative options are being explored. This is 19 patients a year that may be impacted, which is under 3% of all patients seen in Borders Macmillan Centre in a year. Advice was taken from the Public Involvement team and consulted with a number of patients that attended the centre. They did not perceive any particular problem to the change in delivery of drugs to BGH pharmacy. The impact will be negligible and the majority of patients will not notice any difference.

The Aseptic Project Group have discussed changes to schedule and treatment days which may impact some patients who are already receiving treatment and they may have to change their day of treatment according to the delivery of the products. Once more information is available on this we will work with the Comms team to get the information into the public domain. Using this system does mean that we will be unable to accommodate any last minute changes to treatment regimens, cancellations, or patients being fitted in at last minute as things need to be planned at least the day before.

T Taylor indicated that going forward he would like to have numbers included in the papers, this would be helpful to the committee as a benchmark and to provide a process of governance for support. The committee are here to take assurance and not reassurance.

A new template will be issued going forward for the information to be submitted.

### **Mental Health:**

Philip Grieve submitted the report but had to leave for another meeting. The report was noted

### **Primary & Community Services:**

The report was submitted and there was no attendance at meeting. The report was noted.

### **Public Health:**

ADP concerns previously raised and looking at feedback around things that are important to people. The feedback shared some information about their experience within the ED when they attended. This has been shared with the Depute Hospital Manager and there is ongoing conversation about that. It is important to get the tension right keeping people safe when they are in a mental health crisis.

There is an update Service Level Agreement with the Addictions Service which looks at how an appropriate response is provided 24/7 to our clients, we are unlikely to be able to offer that Borders wide with the resources within the Alcohol and Drugs services. This is ongoing work and people are keen to be involved in it.

F Doig reported they are awaiting results and feedback from the Community Planning Partnership Survey it will be interesting once the results are available. This is broader than Health and Social Care agenda as housing, college and other services are involved.

**The Committee noted the all the updates**

**8. Any Other Business:**

Nothing to report

**9. Next Meeting Date**

10<sup>th</sup> November 9.30-11.30am  
Via MS Teams

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Area Clinical Forum Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Kevin Buchan, Non Executive</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 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 4 October 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 14.06.22

## MINUTE of meeting held on

Tuesday 14th June 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)  
Suzie Flower (BANMAC) (SF)  
Dr Kevin Buchan (GP/Area Medical Committee Chair/ACF Vice-Chair)  
  
Lesley Shillinglaw (Minutes/Actions)

### 1. **APOLOGIES and ANNOUNCEMENTS**

Rodger Zais (Area Dental Advisory Committee) – Now no longer member of ACF

### 2. **Draft Minute of ACF 5 April 2022**

Agreed as a correct record

### 3. **Matters Arising, Action Tracker and work plan**

The undernoted items were highlighted:

- “Digital” – an update from Jackie Stephen at a future date
- Assurance Standards – New Year

#### **Safe Staffing:**

- Agreed go through BANMAC initially. Need to ensure consistent message going through various committees. Suzie will feed back to Lynn.
- Invite Claire Smith/Lynn Boyle to a future meeting to discuss safe staffing

Paul Williams intimated that the Safe Staffing Board was predominantly Nursing & AHPs.

### 4 **Voting Process for New Chair (Iris Bishop)**

Iris Bishop introduced the above process of voting for a new Chair of the ACF by indicating that only Chairs of Advisory Groups can vote and only Chairs can stand for the position of Chair of ACF. In response to an open invitation for position of Chair, Kevin Buchan presented his case by initially referring to the significant improvement within NHS Borders, particularly within Primary Care and highlighted that some work has been helpful to GPs and Consultants and relationship building. From a GP/Consultant perspective it is imperative to find a way to deal with issues arising and intimated that there is a meeting next week agreed with Dr McCallum and Dr Neary where client voices to talk. In addition there has been significant improvement in relationships between AHPs, P&CS and NHS Board alongside Dr McCallum. Kevin indicated that his tenure as Chair of AMC is due to cease towards the end of the year

**AGREED:**

- Kevin Buchan was officially elected as Chair of the Area Clinical Forum
- Terms of Reference to be updated
- Vice Chair to be elected at next ACF

**5. Update Terms of Reference – To Amend**

The undernoted suggested changes to the Terms of Reference were made and agree

**AGREED:**

- Widening the membership to Chairs, Vice-Chairs and appropriate representatives.
- All take back to Sub-Committees to see if anyone would be interested in attending, including Consultants in Acute/Primary Care and Pharmacy.
- Change term to 4 years in line with all Non Executive Members of NHS Board

**6. Area Clinical Forum – Annual Report 2021-22**

The ACF Annual Report was agreed.

**7. Clinical Governance Committee: Feedback**

The Committee accepted the concerns raised around staffing levels and pressures particularly in Acute around ED. This feedback had been received from all Clinical Boards and these concerns have been fed back to NHS Borders Board. In addition, the Clinical Governance Committee did not feel assured that safe systems are in place and this has also been reported back to NHS Borders Health Board

**8. Non Executive Input to ACF – Verbal**

This item was discussed at a previous meeting and in addition Kevin Buchan had previously expressed concerns at numbers of people attended AMC.

**9. National ACF Chairs Meeting:**

It was noted that the last meeting took place 2 weeks ago. No nominees for new Chair had been received therefore the existing Chair, Maureen Lees from Lanarkshire, agreed to continue on as Chair until the year end.

**ACTION:**

- Alison Wilson will circulate the minutes from the last ACF Chairs meeting

**10. NHS Borders Board Papers: Discussion**

The agenda and papers for the NHS Borders Board meeting were due to be circulated. Agreed if there was anything to report, please contact Alison Wilson

11. **Professional Advisory Committees:**

(a) **Area Dental Advisory Committee (ADC)**

**To Note:**

- Roger Zais has stepped down as Chair. Currently without Vice-Chair

(b) **Area Medical Committee (AMC) & GP Sub Group**

**To Note:**

- AMC due to meet next week where an update will be given on colleagues on pressures.
- Meeting planned for 22<sup>nd</sup> June 2022 “Quiet Voices” between Primary & Secondary Care colleagues

(c) **Area Ophthalmic Committee (AOC)**

- Meeting on 25.5.22
- Now have new Chair, Stuart Forrester, Noel Johnstone.
- Kevin Wallace optical adviser from Lothian gave update.
- Liaising with eye sector – back log causing issues.
- Trying to get another meeting setup

**To Note:**

- IT tall glass – SCI Gateway referral systems stop working. IM&T indicate that this should still work using Microsoft edge
- KB raised concerns regarding Eye Referrals process and indicated that this is currently causing major problems. It was imperative to ensure key messages are sent out to GPs and other colleagues
- Nicky Hall made reference in particular to cataract follow up and it had been previously suggested to try and get a meeting with the Chief Executive and the Manager of Eye Centre

(d) **Area Pharmaceutical Committee (APC)**

**To Note:**

- Pharmacy report submitted.
- Pressures with recruitment and retention.
- A lot of pharmacies running on locums.
- Increase in closures for a few hours due to lack of staffing and sickness.
- Secondary care advertising for technician posts creating imbalance in terms of community pharmacy.
- A high proportion of students.
- Struggling to recruit senior Pharmacists.
- Pharmacy undergone change in terms of education & training – pressure to support junior staff.

- Relaunch of emergency care summary to community pharmacy Access to ECS during covid – permanently extended.

(e) **Allied Health Professionals Advisory Committee (AHP)**

**To Note:**

- Meeting took place yesterday with the main themes such as ongoing system pressures, increasing frailty, in patients/rehab – skill mix pre covid not fit for purpose moving forward.
- Number of SLT swallow referrals have doubled – need to be prioritised which has an impact on stroke patients.
- In response to a query from KB regarding how we are mitigating/informing relatives/patients, Paul Williams agreed and referred to the high number of complaints currently. Clinicians feel guilty not able to provide level of care they would like to – difficult to acknowledge/feedback. Important to be open & honest re waiting lists
- Recruitment – Radiology – exploring international recruitment via Sanctuary. Issue around accommodation. Podiatry and Occupational Therapy
- NHS Workforce Plan: AHPs trying to be proactive around recruitment & retention and future picture

**AGREED:**

- AW/LS will form words to feed into ACF summary.

(f) **BANMAC**

**To Note:**

- BANMAC due to meet on 6.7.22.
- Terms of Reference finalised – Suzie will send on for distribution
- To note similar issues to AHPs re recruitment with Health Visiting – one training post with 25 applicants (Band 7 post).
- It was noted that there had been a move in Forth Valley around school nursing to re-band to a band 7. It was noted that this was a SG & SEND decision not to drive this forward nationally.
- Will update at next meeting.

(g) **Medical Scientists** – no update

(h) **NHS Borders Board: *Feedback to Board***

- *All professional advisory committees are feeding back on workforce pressures either due to volume of work or inability to recruit staff*
- *Issue previously re unused vaccines, Nicky raised issue of PPE.*

- *Nicky to let Suzie know numbers and Suzie will enquire with Community Hospitals re surplus stocks*
- *Position of Board: When share clarity with staff where we find ourselves fiscally. Would be beneficial for Board to provide a statement.*
- *Joint session ACF/APF on Annual Plan*

12. **Any Other Competent Business**

None

13. **Date of Next Meetings:**

- **4 October 2022, via TEAMS.**
- **29 November 2022, via TEAMS**

<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Dying to Work Charter</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Carter, Director of HR</b>
<b>Report Author:</b>	<b>Jennifer Boyle, HR Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**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

A short life working group was convened to develop localised line manager guidance to support employees who have received a diagnosis of a terminal illness. This guidance, based on a national guidance document, is now complete and has been submitted to BET for consideration and agreement.

### 2.2 Background

The TUC Dying to Work Charter was adopted by NHS Scotland in March 2021 and all Boards were asked to adopt this charter and develop a guidance document for Line Managers. The Charter aims to support employees and their families following a serious or terminal diagnosis and to ensure that employees with life limiting illness aren't dismissed because of their condition unless leaving employment would benefit them.

## **2.3 Assessment**

### **2.3.1 Quality/ Patient Care**

This guidance aims to support and protect our employees who have received a terminal diagnosis.

### **2.3.2 Workforce**

The aim of the Dying to Work Charter is to ensure that terminally ill employees feel secure in the knowledge that they will be supported following their diagnosis and will allow them to make decisions regarding their employment.

### **2.3.3 Financial**

Financial implications linked to this guidance are low. There may be requests to extend full or half sick pay entitlement and these requests will be dealt with on a case by case basis in line with Agenda for Change Terms and Conditions.

### **2.3.4 Risk Assessment/Management**

Not applicable to this guidance.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because this is a guidance document summarising existing supports and does not constitute any change in policy.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

No further impacts.

### **2.3.8 Communication, involvement, engagement and consultation**

This guidance has been agreed through the PACE Group.

Awareness raising sessions will be held for staff and managers when the guidance has been endorsed for use across NHS Borders.

### **2.3.9 Route to the Meeting**

This guidance has been agreed through the PACE Group.

## **2.4 Recommendation**

- **Decision** – Reaching a conclusion after the consideration of options.

### **3 List of appendices**

The following appendices are included with this report:

**Appendix No 1:** NHS Borders Dying to Work Guidance for Line Managers



## **Guidance for Line Managers – Supporting Employees Diagnosed with a Terminal Illness**

**September 2022**

## Contents

1. Introduction.....	3
2. Immediate action following initial diagnosis .....	3
3. Supporting an employee with a terminal illness to remain at work.....	4
4. Supporting an employee with a terminal illness who is absent from work .....	5
5. Financial Support .....	5
6. Ill health retirement.....	6
7. Occupational Health support .....	6

### **Appendix 1 - List of SPPA Forms**

### **Appendix 2 - Links to Further Supports/Resources for employees and Line Managers.**

## 1. Introduction

NHS Borders is committed to treating all our employees with dignity and respect, managing staffing and employment matters with sensitivity and compassion.

The health and wellbeing of our workforce is one of our top priorities and when employees are faced with a serious or terminal diagnosis, it is important that they have the right to choose their own path without worry of the financial implications. NHS Scotland has introduced the TUC Dying to Work Charter through partnership working which means that employees can focus on themselves and their families at these difficult times and can be rest assured that we are here to support them.

The Dying to Work Charter is about choice and giving NHS Borders employees options around how they want to proceed at work if they receive a terminal diagnosis. For some, they may want to continue to work for as long as they can for financial security or because work can be a helpful distraction from their illness whilst others may decide that they do not want to work anymore and would rather spend their remaining time with family and friends, getting their affairs in order, or simply doing what they want. Whatever choice an individual makes, NHS Borders is committed to ensuring that employees are provided with the security of work, peace of mind and the right to choose the best course of action for themselves and their families.

This guidance provides information on the range of support available within NHS Borders and outlines the options on how employees may wish to proceed at work and what support to expect from NHS Borders as their employer.

This guidance provides reassurance to managers to assist them in supporting an employee who has been given a terminal diagnosis and can also be used as a support framework for the employees themselves. It is important that our employees feel supported and valued following diagnosis and are offered the respect, dignity and choice they deserve at the most difficult of times.

It is recognised that a medical condition which is given a terminal diagnosis may be considered under the Equality Act 2010 due to any substantial and/or long term effect on the individual's ability to do normal activities. NHS Borders seeks to support all employees with a terminal diagnosis and consider all possible reasonable adjustments and support. Terminal illness for the purposes of this guidance is normally considered to be a prognosis of 12 months' life expectancy or less.

## 2. Immediate action following initial diagnosis

As a line manager, you have an important role in ensuring communication and support is provided for employees whether they are at work or during any period of absence. Consideration needs to be given to the individual circumstances of each employee and their right to choose their own path. Everyone's experience is different, however, you should be available to listen and provide emotional and practical support to your employee which includes seeking advice from relevant departments such as Occupational Health and Safety and Human Resources.

Following news of a terminal prognosis everyone will react in a different way. Some employees may wish to talk about it and some may not. Some may wish to continue

working, some may wish to but cannot, some may not wish to and spend their time with their family and friends. Whichever choice an employee makes, they should be able to expect help and support from NHS Borders. The important thing to remember is that employees will manage their diagnosis in a range of ways and you will be keen to ensure that you support your employees with sensitivity, compassion and flexibility.

As a manager, you may also need support as you work through this difficult time with your team member and you should consider which form of support might suit you. It may be speaking to your manager, Human Resources, Occupational Health and Safety or Spiritual Care who are all able to provide support in this situation. It may be that a specialist organisation such as Marie Curie or Macmillan Cancer Support will be able to help. Information on additional resources and links to support can be found in Appendix 2 of this guidance. You may also find it useful to attend the Courage to Manage training which can prepare you to have difficult discussions with your employees as part of your normal managerial role.

When an employee advises you that they would like to discuss a health issue or concern, arrange for a safe and private place to do so without interruption. You could also arrange this virtually. This may be a difficult and distressing conversation and the employee may not have a clear idea of what steps they would like to take at this point. It is important that you are just available to listen.

You and the employee should agree the best method and frequency for keeping in touch and you may wish to find out if your team member has shared the news with any colleagues within the team or wider organisation and respect their privacy if they do not wish colleagues to be informed of their situation.

Other members within the team may be impacted by the news of their colleague's diagnosis and you should consider wider team support as well as signposting the team members to the routes available to speak about their feelings, including Occupational Health and Safety.

### 3. Supporting an employee with a terminal illness to remain at work

An employee may be well enough and may wish to remain in work despite their diagnosis. It may be therapeutic for some employees to remain at work and it is important to support this wish and ensure that you explore any supports or adjustments that may be required with your employee. Further advice is available through HR or Occupational Health and Safety.

A terminal diagnosis is likely to be covered by the Equality Act and there is a duty on the employer to consider and implement reasonable adjustments. These can be adjustments to the role, adjustments to particular duties or the work environment, working more flexibly or from home or even redeployment if this is deemed appropriate. This should be discussed with the employee and consideration given to completing a risk assessment with them to highlight any aspects that might cause concern or require adjusting.

The medical and psychological impact of a diagnosis can change over time and so regular discussions and review of the working environment should take place to consider any further adjustments or support that may be required.

An employee may need time off to attend medical appointments and so as a manager you should be as supportive as possible. It may be helpful to consider a change to working hours within the Flexible Working Policy so again consider this when the time is right.

#### [NHS Borders Flexible Working Requests Policy](#)

Access to Work may be able to provide support to enable an employee to continue working. Access to Work is a publicly funded employment support grant scheme. More information can be found on the gov.uk website. The link is here [Access to Work](#) . There is also a useful factsheet and the link is [Access to Work Factsheet](#).

## 4. Supporting an employee with a terminal illness who is absent from work

Detailed guidance about supporting a member of staff who is absent due to long term illness can be found in the NHS Scotland Attendance Policy which can be found here [Attendance Policy](#).

It is important to keep in touch with your employee and as is normally the case, you should agree the method and frequency of contact. In addition, it may be appropriate to agree whether contact from colleagues is welcomed and if so what form this could take. It may be appropriate in some situations to advise if the employee's role will be back filled on a temporary basis, but this will be dependent on the individual and you should consider how and when you share this information.

Consider everyone on an individual basis in relation to information they would like to receive about work.

Talk to your HR department about whether a referral to Occupational Health would be helpful for your employee. If they wish to pursue an application for ill health retirement, speak to your HR department for support and advice with this process.

In line with the NHS Scotland Attendance Policy, it is important to recognise that terminal illness requires support and understanding and not additional and avoidable stress and worry.

In the case of a terminal diagnosis, absence triggers should be used to initiate supportive interventions and discussions that could include a referral to Occupational Health or the introduction of workplace adjustments. Progression through the formal stages in the Attendance Policy would only be appropriate if the employee has advised that they no longer wish to continue with their employment.

There is a need to handle these discussions in a compassionate and sensitive manner. Seek advice from your HR department on the application of the Attendance policy.

## 5. Financial Support

Employees who are absent from work will be entitled to Occupational Sick Pay as per their contractual agreement as follows:

- during the first year of service - one month full pay and two months half pay;
- during the second year of service - two months full pay and two months half pay;
- during the third year of service – four months full pay and four months half pay;

- during the fourth and fifth years of service – five months full pay and five months half pay;
- after completing five years of service – six months full pay and six months half pay.

Statutory Sick Pay (SSP) will also be paid for a maximum of 28 weeks (included as part of the Occupational Sick Pay entitlement), however if the SSP is expected to end but the employee is still sick and expects to be sick beyond the maximum 28 weeks of SSP, a SSP1 form must be issued on or before the beginning of the 23rd week. Payroll will complete this form and send the employee a copy. At this point, the employee may be able to apply for Universal Credit or Employment and Support Allowance (ESA) where they would use the form SSP1 to support their application. HR and Payroll colleagues can advise of the details for each set of circumstances.

If an employee is absent from work for a prolonged period and is either not eligible or does not wish to apply for ill health retirement, full or half occupational sick pay may be extended for a pre-agreed limited period of time at the discretion of NHS Borders to allow the employee time to consider whether they wish to return to work or whether they wish to leave NHS Borders employment.

Further information can be obtained through your HR team.

Employees should be encouraged to explore options available to them in terms of what would be the most financially viable option for them; whether that would be to remain in service or to apply for retirement through ill health. Your HR department can provide assistance and support with this.

Employees should be encouraged to seek independent advice about the benefits they could be entitled to, including those that are payable whilst in work or those payable if someone has ceased to work. Further information about benefits for those with a terminal illness can be found on the Gov.uk website <https://www.gov.uk/terminal-illness-benefits>.

Any disagreements or disputes with regards to this policy that cannot be resolved locally should be managed through the Grievance Policy.

## 6. Ill health retirement

Information on termination of employment on the grounds of ill health is available on the SPPA website in relation to pension options when there is a terminal diagnosis. This is the link <https://pensions.gov.scot/nhs/retiring-nhs/ill-health-retirement>. You, or your team member, may wish to discuss options with a member of the HR department who can provide advice on the process and the relevant forms that will need completion.

A table summarising SPPA application forms can be found at Appendix 1.

## 7. Occupational Health and Safety support

NHS Borders Occupational Health and Safety offer confidential help, support and assistance for our staff via the telephone, online or through face to face counselling. Occupational Health and Safety gives completely confidential support and reliable information to staff and managers to tackle problems relating to everyday matters as well as more serious health problems.

Occupational Health and Safety provide both you and your employee with a range of services, including the following:

- Counselling which can be provided over a period of time.
- Signposting to specific agencies, which includes agencies that can focus on any life limiting health conditions and also the broader services provided to those receiving palliative care, which can vary between weeks and years. Referral to services who can provide information on a range of everyday matters such as financial, legal, consumer, family care and housing issues.
- Line manager support assisting managers when they are dealing with mental health in their teams.

Colleagues within the team or wider department may also require support via Occupational Health if they are struggling to come to terms with news of a colleague's illness.

The contact details for Occupational Health and Safety Service are below:

01896 825982

[ohsadmin@borders.scot.nhs.uk](mailto:ohsadmin@borders.scot.nhs.uk)

## SPPA Table of Forms

<b>Form</b>	<b>Completed by</b>
AW6: Death Benefits for Widow(er)/Partner	Spouse/Civil Partner/Partner/Nominee/Legal Representative
AW7: Death in Service Benefits for Widow(er)/Partner	Spouse/Civil Partner/Partner/Nominee/Legal Representative
Declaration of Entitlement to Estates	Spouse/Civil Partner/Partner/Nominee/Legal Representative
AW9: Dependents Allowance Award	Surviving Parent/Guardian of any child/children under 16n years of age or dependent if over 16
AW8: Ill Health Retirement Application	Employee
AW8P: Ill Health Retirement Early Payment of Preserved Benefits	Employee
AW8P MED: Ill Health Retirement Early Payment of Preserved Benefits Medical Report	GP/Specialist/OHS

### Additional resources and support

#### Employee Support

NHS Borders Wellbeing resources on our intranet: [NHS Borders Staff Wellbeing Support](#)

NHS Inform <https://www.nhsinform.scot/>

[MacMillan Cancer Support Line](#) (0800 808 0000): Confidential support to people living with cancer and their loved ones.

[Dying Matters](#): Raising awareness of dying, death and bereavement.

[Dying to Work Charter](#): Further information on how the charter began and what it aims to change.

[ACAS](#): Free and impartial advice on workplace rights, rules and best practice.

[Improving the cancer journey](#) (0141 287 7077): A service to help people affected by cancer get the support they need, whether it is financial, emotional, medical or practical. Improving the Cancer Journey is a partnership between Macmillan Cancer Support and Glasgow City Council.

[National Wellbeing Hub](#) (0800 111 4191): Resources to assist with looking after your emotional and psychological wellbeing.

[NHS](#): Support for coping with a terminal illness.

[NHS Inform](#): national health information helping individuals make informed decisions about their health and the health of the people they care for.

[Marie Curie](#) (0800 090 2309): Care and support through terminal illness.

[Hospice Care](#): A national charity for those experiencing, dying, death and bereavement. Information available on hospice centres near where you live.

[Maggie's Centres](#): A charity providing free cancer support and information in centres across the UK and online.

#### Line Manager Support

[MacMillan: Guide for Employers](#): A support guide for managers to help support their employees with a cancer diagnosis.

[Healthy Working Lives](#) (0800 019 2211): Information and guidance for employers on supporting employees who have cancer including legal obligations.

### 8.3 Other useful contacts

[HR Department Intranet Site](#) - Advice and Guidance on NHS policy and procedure.

[NHS Borders Occupational Health and Safety Intranet Site](#) - Specialist advice to support you and your staff at work on all matters relating to your health and wellbeing.

[NHS Borders Spiritual Care/ Chaplaincy Services](#)

[SPPA](#) (01896 893000): Scottish Public Pensions Agency. Members can contact at [sppacontactus@gov.scot](mailto:sppacontactus@gov.scot).

[The Pensions Advisory Service](#): free and impartial guidance about workplace and personal pensions.

[NHS Borders Staff Discounts and Benefits](#) - Exclusive deals handpicked for NHS Staff.

[Money Helper](#) (0300 500 5000): Offers advice to help people manage their finances.

[Citizens Advice Scotland](#) (0808 900 8060): Looking for advice? Independent, confidential, impartial and available to everyone.

[Access to Work](#) : (0800 121 7479): Financial support to help staff remain at work, the grant can pay for special equipment, adaptations or support worker services. Can also assist with transportation costs to and from work (Access to Work Factsheet ).

Employees can also access additional support via their Trade Union.



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>NHS Borders Performance Scorecard October 2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth Director of Planning &amp; Performance</b>
<b>Report Authors:</b>	<b>Katy George &amp; Hayley Jacks, Planning &amp; Performance Officers</b>

## 1 Purpose

The purpose of this report is to update the Board on NHS Borders latest performance against the suite of performance measures linked to our Annual Delivery Plan for 2022/23. The scorecard also reports key targets and standards that were included in previous Annual Operational Plans (AOPs) and Local Delivery Plans (LDP).

It should be noted that since submitting the waiting times trajectories NHS Borders has been informed it will receive less funding than originally anticipated. As a result, the Planned Care team are re-evaluating the associated trajectories.

Revised trajectories will be reported within the January 2023 scorecard and cover paper for Resources & Performance Committee.

We are also investigating a reporting error within the Waiting Times for Imaging that are reported to Public Health Scotland, a paper will be presented to Resources & Performance Committee meeting in January and the NHS Borders Board meeting in February which will give more detail and will outline solution actions once these have been worked through.

### **This is presented to the Committee for:**

- Awareness

### **This report relates to a:**

- Annual Delivery Plan / Annual Operational Plan / Remobilisation Plan

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

- Safe
- Effective

## **2 Report summary**

### **2.1 Situation**

The scorecard sets out performance as at October 2022. Performance against the targets associated with the Annual Delivery Plan form the main body of the document, and previous AOP/LDP measures being moved into appendices for information purposes.

Performance is noted against the previous waiting times trajectories in place as at 31 October 2022. As highlighted above these are currently being revisited and will be updated from January 2023 onwards. A revised Delayed Discharge trajectory is also being developed, performance against which will be included in future reports once this is finalised.

### **2.2 Background**

In 2022/23 Scottish Government moved away from commissioning any further remobilisation plans and instead commissioned a one-year Annual Delivery Plan aimed at stabilising the system. Measures relating to that plan along with some targets / standards from plans in place pre-covid.

### **2.3 Assessment**

Monitoring progress against the trajectories set out within the ADP, we can see that we are above target within CAMHS for September with 309 patients on the waiting list, which is 62 under the projected number of 371. Within Psychological Therapies (PT) we are slightly under the PT Referral to Treatment (RTT) standard target with a performance of 83.50% against the 90% target. We are also meeting trajectory targets within Delayed Discharges.

We are still unable to meet trajectory targets for Outpatients, TTG and Emergency Care, however summaries for each of these can be found within the scorecard.

Where services have been able to provide it, narrative is contained within the body of the scorecard, focusing on 2022/23 waiting times trajectories and the 'hot topics' of emergency access standard and delayed discharges.

#### **2.3.1 Quality/ Patient Care**

The 2022/23 waiting times 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 (HIIA) has been completed as part of RMP3/4 and services will carry out HIAs as part of delivering 2022/23 ADP key deliverables.

### 2.3.6 Climate Change

None Highlighted

### 2.3.7 Other Impacts

None Highlighted

### 2.3.8 Communication, involvement, engagement and consultation

This is an internal performance report and as such no consultation with external stakeholders has been undertaken.

### 2.3.9 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 the end of October 2022.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Borders Performance Scorecard



# **PERFORMANCE SCORECARD**

**As at 31 October 2022**

**Month 7**

## Contents Page

<b>Area</b>	<b>Page</b>
<b>Introduction</b>	<b>3</b>
<b>Outpatient Waiting Times</b>	<b>4</b>
<b>Treatment Time Guarantee</b>	<b>5</b>
<b>CAMHS</b>	<b>6</b>
<b>Psychological Therapies</b>	<b>7</b>
<b>Emergency Access Standard</b>	<b>8</b>
<b>Delayed Discharge</b>	<b>9</b>
<b>Previous Performance Measures Appendix</b>	<b>11</b>

## Introduction

As a result of the COVID-19 Pandemic the 2021/22 Annual Operational Plan was replaced for all Health Boards by their Remobilisation Plan and associated trajectories agreed with Scottish Government, the latest iteration being RMP4. In 2022/23 Scottish Government moved away from further remobilisation plans and instead commissioned a one-year Annual Delivery Plan aimed at stabilising the system, to supplement this all Boards were required to submit waiting times trajectories but no other formal performance measures have been agreed.

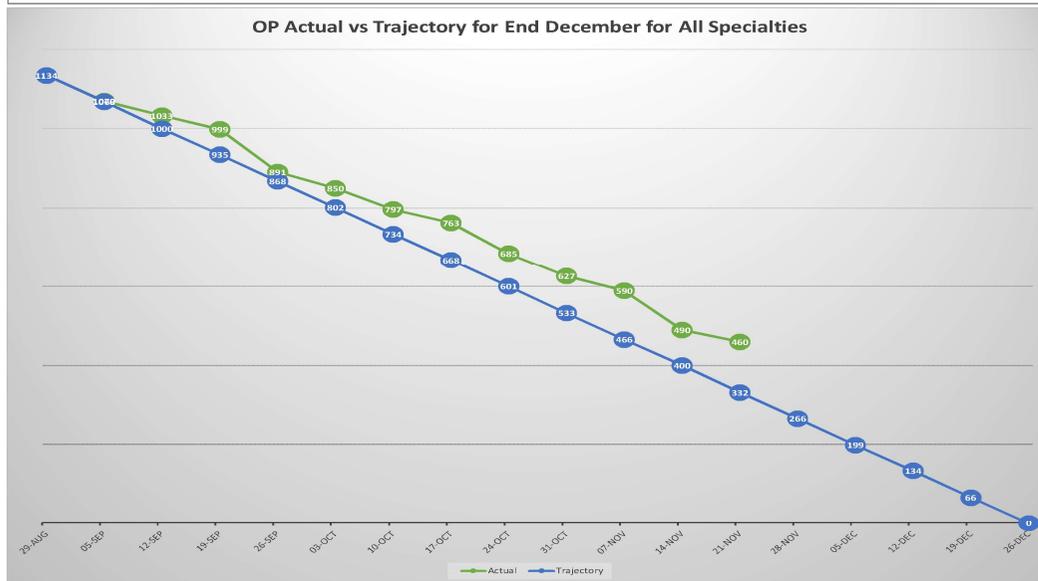
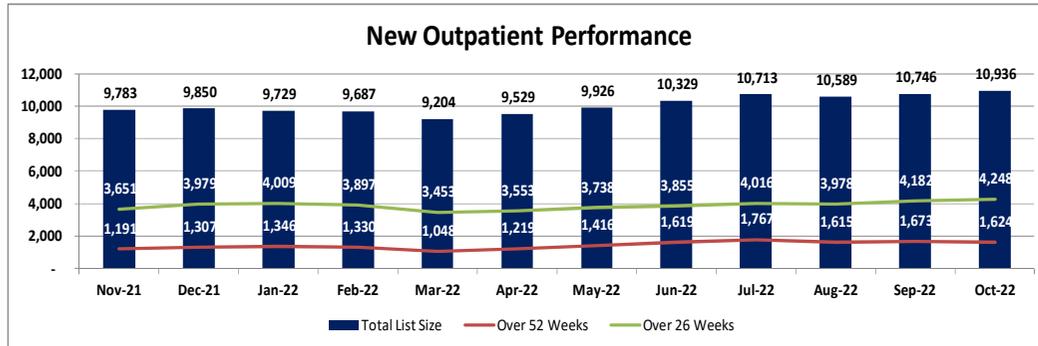
This report contains the 2022/23 waiting times performance and hot topic measures and an appendix which demonstrates AOP and LDP measures. Performance is noted against waiting times trajectories in place as at October 2022. NHS Borders has recently been notified that the amount of waiting times funding allocated to the Board is lower than anticipated; as a result some trajectories are being revisited and will be included in performance reports from January 2023 onwards. A revised Delayed Discharge trajectory is also being developed, performance against which will be included in future reports once this is finalised.

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).

## Waiting Time Performance

### Outpatient Performance Against > 104 Week Trajectory- Planned V Actual

Total On List	< 12 Weeks	>12 Weeks	>26 Weeks	>52 Week	>78 Weeks	>104 Weeks
10936	4025	6911	4248	1624	226	5



#### What is the data telling us?

The outpatient waiting list size currently sits at 10,936 which is more than double to that pre-covid. The national target was to have no patients over 104 weeks for the majority of specialties and we currently have 5 patients waiting over 104 weeks.

It should be noted that the new Scottish Government Waiting Times targets are as follows:

- No patient waiting over 2 years by end August 2022
- No patient waiting over 18 months by end December 2022
- No patient waiting over 1 year by March 2023

#### Why is this the case?

Due to staff sickness and no third-party capacity, 5 patients breached > 104 week target at end October. Ongoing staff vacancies have also had an impact.

#### What is being done?

The service is on average remobilising to around 60-70% to pre-covid levels of new patient activity. Every specialty will be working through their current remobilised activity levels and root causing why this is not back at 100%. One element of this will be the analysis of the review demand and activity. Other improvements that will contribute to improving OPD performance include:

- Sign off Room Capacity allocation
- Decision to procure software room booking package
- Advertise Room Booking administrator
- Continue to standardise the Opt In, ACRT and PIR approach
- Assess the timeline for all specialty capacity plans
- Agree OPD waiting list validation process

## TTG Performance Against Trajectory- All Specialties



### What is the data telling us?

The waiting list size remains the same as last month with 2501 patients on the waiting list, with a small number of patients waiting over 104 weeks being treated.

It should be noted that the new Scottish Government inpatient/daycase surgery TTG targets are:

- **No patient waiting more than 2 years by end September 2022**
- **No patient waiting more than 18 months by September 2023**
- **No patient waiting more than 1 year by September 2024**

### Why is this the case?

TTG continued to be challenging from the perspective of theatre staffing and ward IP beds.

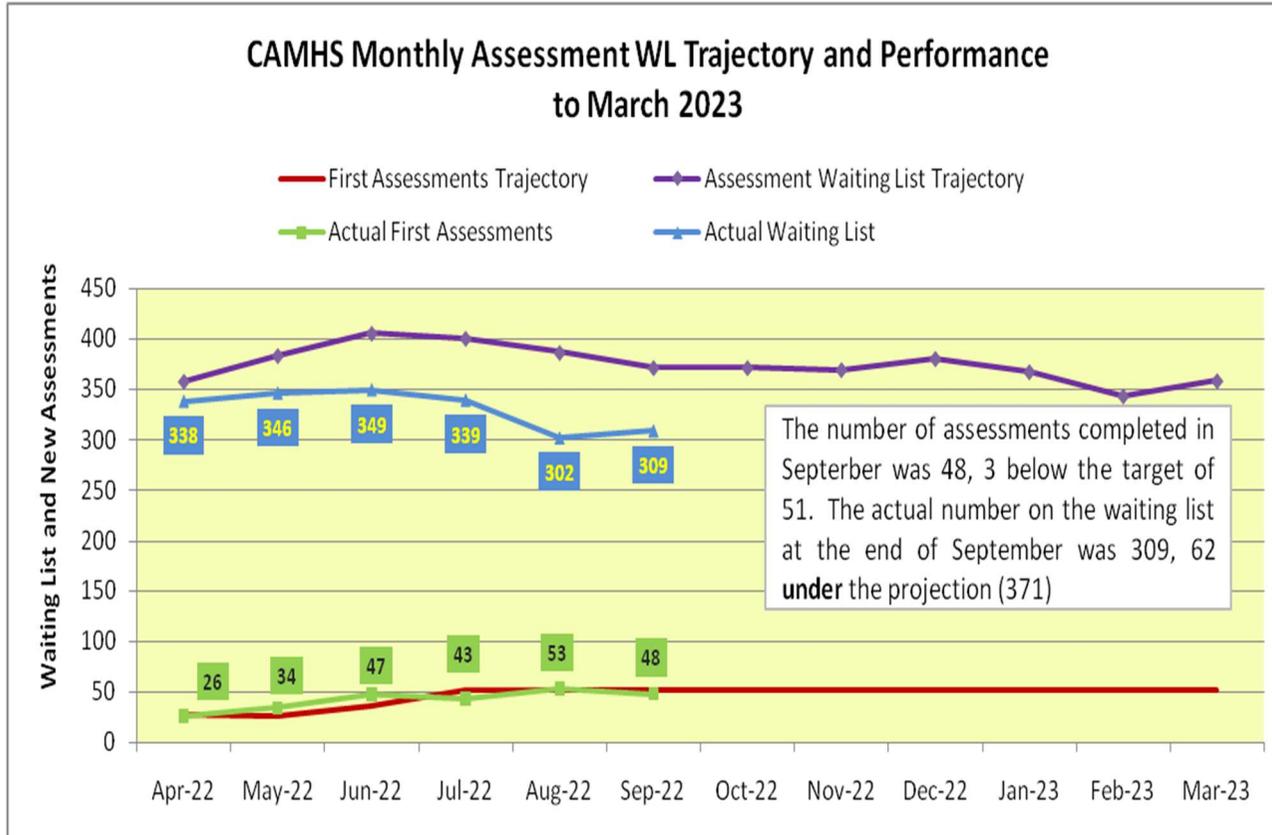
### What is being done?

The service is executing the current funded Waiting Times Plan, which includes weekend operating, third party support to make inroads to the long waiting lists & continuing to progress the capacity issues within core services.

Additional capacity will be realised when Ward 17 opens to inpatient activity 24/7 on 21<sup>st</sup> November 2022. Our longest waiting patients require inpatient beds and Ward 17 will increase IP capacity for an additional 10 patients per week for inpatients.

Other action underway are to develop a theatre workforce plan and have a schedule until the end of March 2023.

## Mental Health Waiting Times CAMHS



### What is the data telling us?

The number of new assessments to be achieved in September was agreed at 51. The actual achievement was 48, the same as treatment. The waiting list has increased and sits at 309 cases to be assessed but this is below the projection for September of 371.

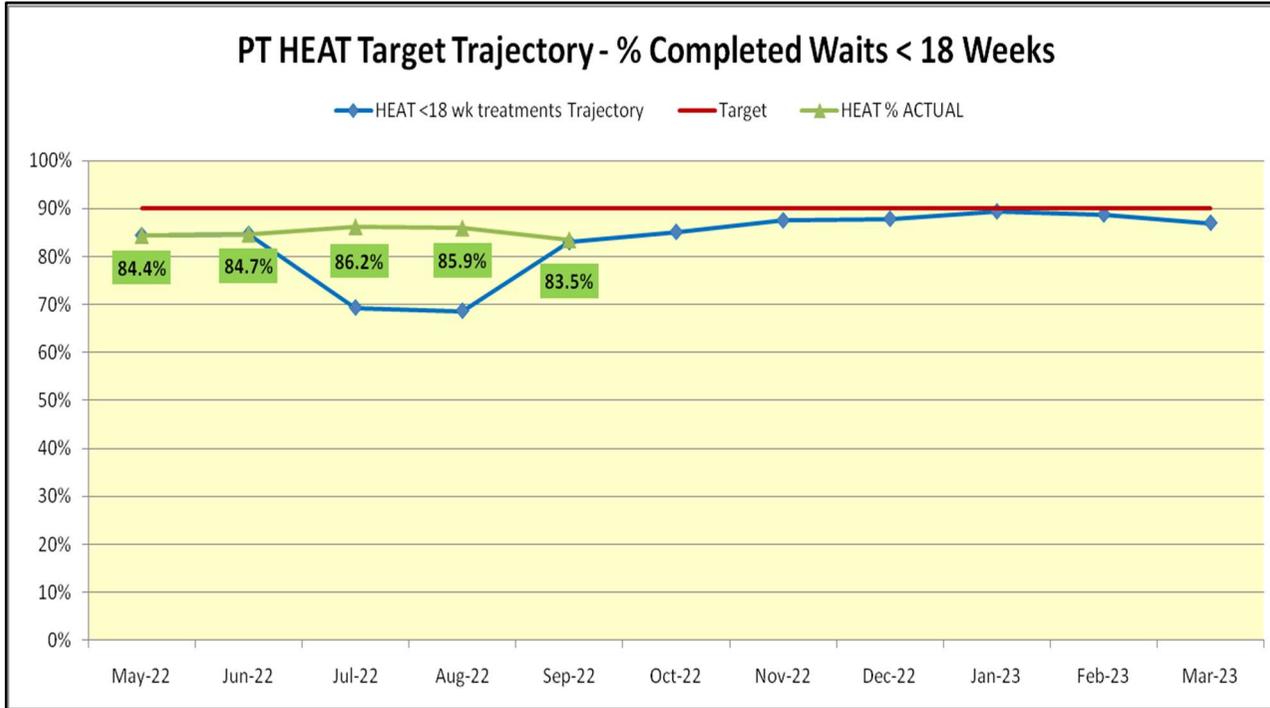
### Why is this the case?

The Service has actioned a planning and waiting times initiative and the first appointment letters were sent out in May. A robust recruitment initiative is ongoing with 82% of nursing staff in post and the remaining 18% waiting to start or vacant posts. Psychology is 69% with 31% either due to start or vacant posts. Administration is now 100% recruited. Medical is currently 100% recruited

### What is being done?

The plan for New Patient Appointments (NPAs) commenced on 13th June and the service has been seeing 12 new patients per week (included in the 12 appointments 2 are urgent/unscheduled care appointments). This plan will be in place in order to see a minimum of 12 new patients per week 52 weeks of the year and this will be across all disciplines with a review in 6 months from commencement. A tagging process has been completed to determine those patients waiting to access the service with a view to determining appropriate signposting or establishing any possible interventions prior to a first appointment. This tagging process would be to support the reduction of the number of patients actually requiring access to the CAMHS service and potentially reduce the numbers of those waiting on the list. Access to specialist young person beds remains a challenge and continues to place a demand on the adult acute inpatient service.

## Mental Health Waiting Times- Psychological Therapies



### What is the data telling us?

In September 2022, the service saw 206 patients for their first treatment appointment of which 34 patients had waited longer than 18 weeks for a first treatment appointment (Figure 1). This is a slight decrease from last month where we saw 220 patients for their first treatment appointment.

Performance towards the PT RTT standard was **83.50%** (standard 90%) for September 2022 which is slightly down on last month's (85.91%).

### Why is this the case?

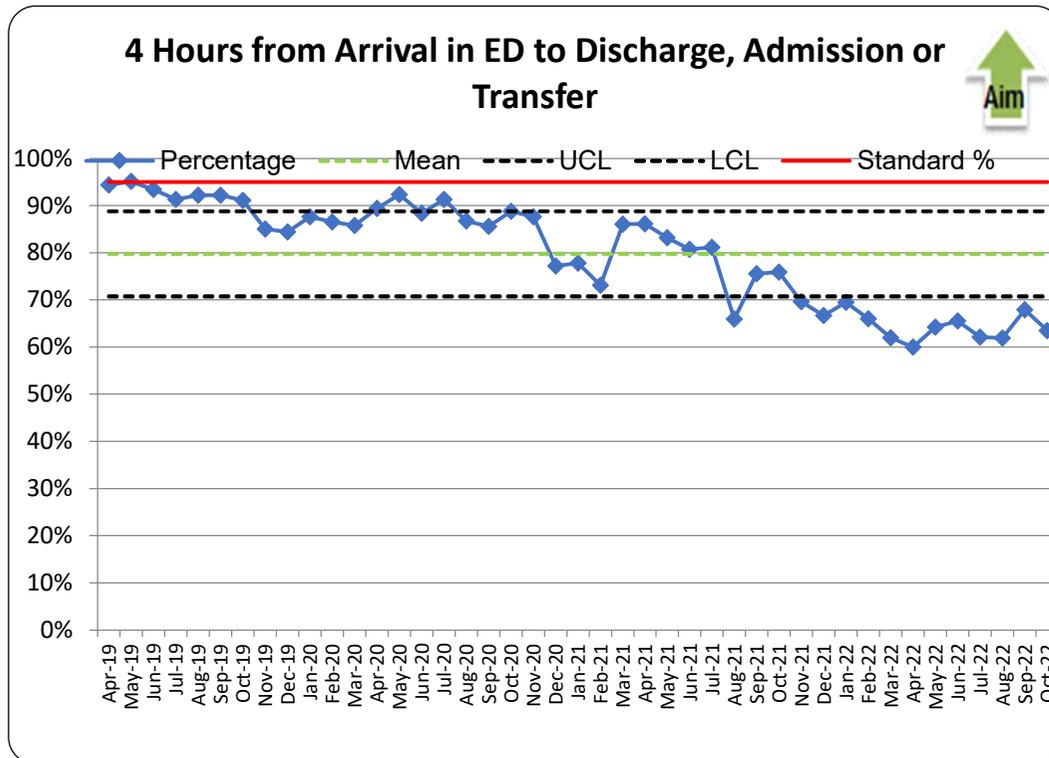
We had anticipated that we would have a drop in performance mainly due to staffing issues in the Renew service, but changes to how courses are offered, and some locums have meant us performing higher than anticipated.

### What is being done?

Trajectories will be reviewed on a quarterly basis which is especially important as we have made a series of assumptions for the trajectory, given the previous 2 years data was affected by Covid and hence not necessarily representative of normal service DCAQ.

As a result of this when we estimated proposed activity, capacity and non-attendances; we put in estimated averages this out to show a regular pattern. It is therefore expected that there will be variation around these averages on a month-by-month basis. We will carry out our first review of this trajectory in November 2022 and recalculate if need be our proposed activity and estimated demand.

## Unscheduled Care Performance - 4 Hour Emergency Access Standard Performance



### What is the data telling us?

Performance in the Emergency Department for October 2022 was 63.5 % vs 67.9% in September 2022.

We had 2284 attendances with 927 breaches of our emergency access standard in October 2022. Out of the total breaches, 374 patients breached due to a wait for a medical inpatient bed.

### Why is this the case?

The 4-hour emergency access standard (“the standard”) is a whole system measure; to either admit or provide definitive treatment and discharge for 95% of unscheduled care patients within 4-hours requires a collaborative approach from all parts of the health and social care system to provide patient flow.

ED patients who require admission experience long waits for a bed greater than 4 hours, 8 hours and 12 hours with 168 patients waiting over 12 hours. This increase has resulted in Blue ED regularly being opened and red status being declared.

The 4EAS is influenced by a range of factors including, but not limited to;

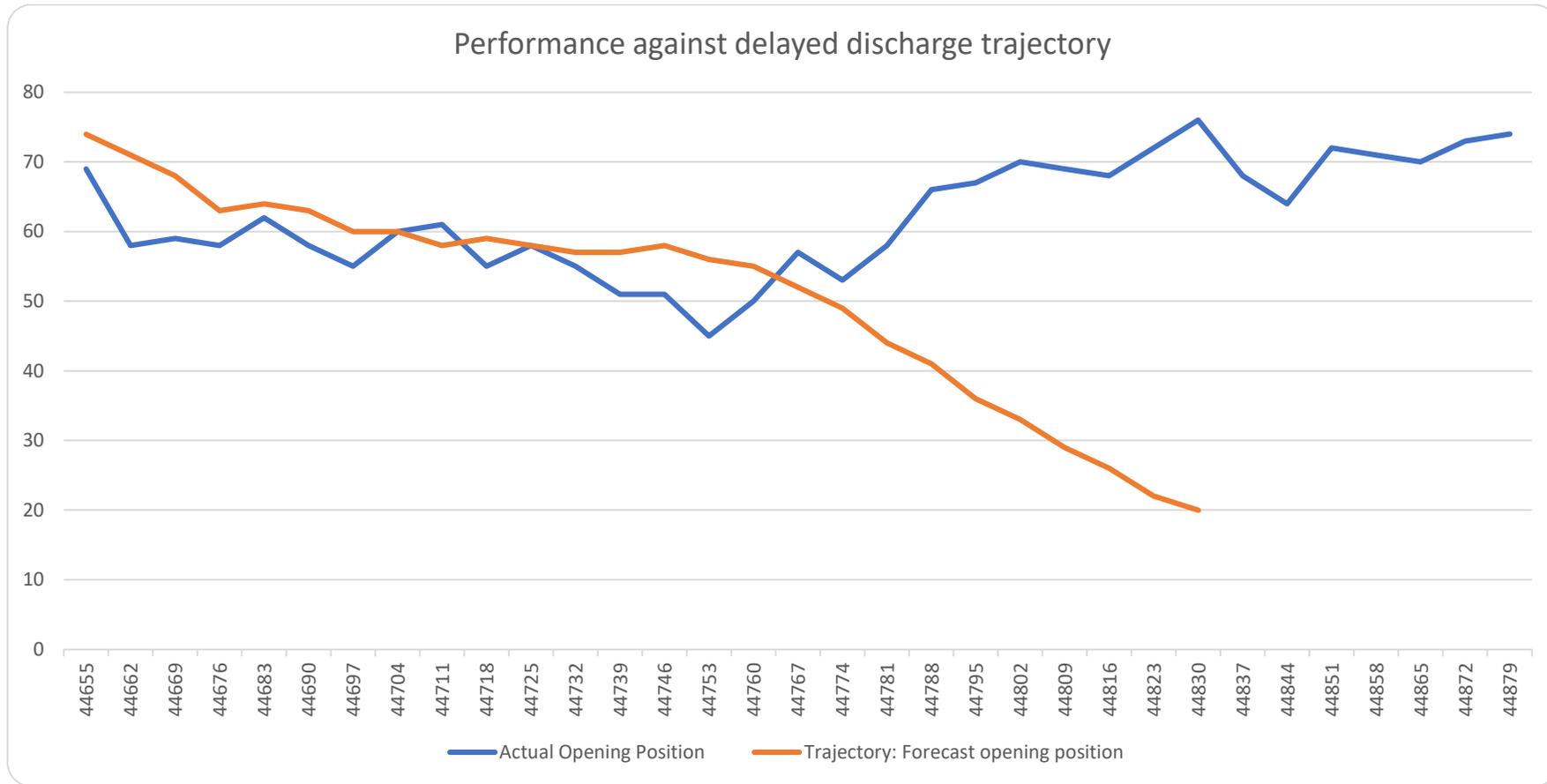
- the volume of Emergency Department (ED) attendances;
- the pattern of arrival of ED attendances i.e. high volumes within a short period causing crowding;
- patient acuity;
- bed pressures.

### What is being done?

The Scottish Borders Urgent and Unscheduled Care Programme Board has been established and has commenced a weekly reporting cycle. Other key improvement activities underway include:

- Following on from the success of the MAU kaizen, the approach is being replicated in ward 4 to improve flow, embed consistent processes and reduce length of stay. Meanwhile, the Medical Director is leading a revised piece of work in MAU to revisit founding principles of the original Kaizen.
- A review and change of duty management process (now called site lead) has been established which is a bespoke role to fully focus on flow, early movement, pressure points across the hospital (incl. ED), and early enactment of the full capacity protocol. This is a visible role which improves control, awareness and early warning.
- A Full Capacity Protocol has been developed for the Emergency Department which details to process and acute response required to decongest the ED where capacity is becoming challenged, or there are potential ambulance waits that will impact safe flow of patients through the ED department.
- A management review of on call processes (led by General Manager of Unscheduled Care) has resulted in the establishment an SOP for the out of hours periods.

## Delayed Discharge



**What is the data telling us?**

Current performance is above trajectory.

**Why is this the case?**

An average of 15.2 removals per week were needed to get us from our starting trajectory of 74 to 20 over a 25 week period. Due to significant risks and pressures in both health and social care, there was a loss of 51 against the planned removals from across bed based, non-registered care and increased flow initiatives. A number of mitigating measures have been offset by other pressures.

The drivers for delayed discharge and patient flow issues are complex and multifactorial, and span the HSCP. These include workforce / sustainability, associated impacts on capacity; service and system processes; along with challenges associated to increased demand and need.

Workforce - Workforce pressures across the HSCP are significant. Staff often migrate from the independent care sector to in-house care sector to health roles due to the respective terms and conditions.

Service and system processes - We also have a range of other significant challenges related to processes at a service and system level.

Demand - Demand continues to increase, and weekly additions continue to grow from 11.4 per week last year to 16.25 a week over past 8 weeks. Average weekly additions over the current trajectory have been 13.0 a week.

**What is being done?**

The operational and professional leads HSCP Joint Executive have met and agreed that there is further work to do to improve demand management and discharge process. We will work to co-locate our complex discharge function in order to support improvements in communication and an enhancement of efficiency and the capacity to support discharge planning. This will be followed by a Kaizen. It is recognised that there is a need for training, and this will be developed for medical, nursing and AHP staff. Operational support will be provided.

A review process into patients with a higher length of stay in hospital who haven't been referred to care is being developed to improve grip and control.

In addition, meetings will be held with the front door team to explore what further can be done from HSCP teams to support discharge from the front door.

There will be a further review of MHO assessments for people with AWI and a new team member joining in January. In addition, social work assessment duty cover is being explored for community hospitals to ensure better continuity of assessment cover from locality social work teams.



**Appendix to Main  
Performance Scorecard –  
Performance Against Previous  
Agreed Standards**

## Contents Page

Area	Page
AOP/LDP Performance Key Metrics	13
AOP/LDP Performance Charts	14

## Key Metrics Report – AOP Performance

### Current Performance Key

<b>R</b>	Under performing	Current performance is significantly outwith the trajectory/ standard set	Outwith the standard/ trajectory by 11% or greater
<b>A</b>	Slightly Below Trajectory/ Standard	Current performance is moderately outwith the trajectory/standard set	Outwith the standard/ trajectory by up to 10%
<b>G</b>	Meeting Trajectory	Current performance matches or exceeds the trajectory/standard set	Overachieves, meets or exceeds the standard/trajectory, or rounds up to standard/trajectory

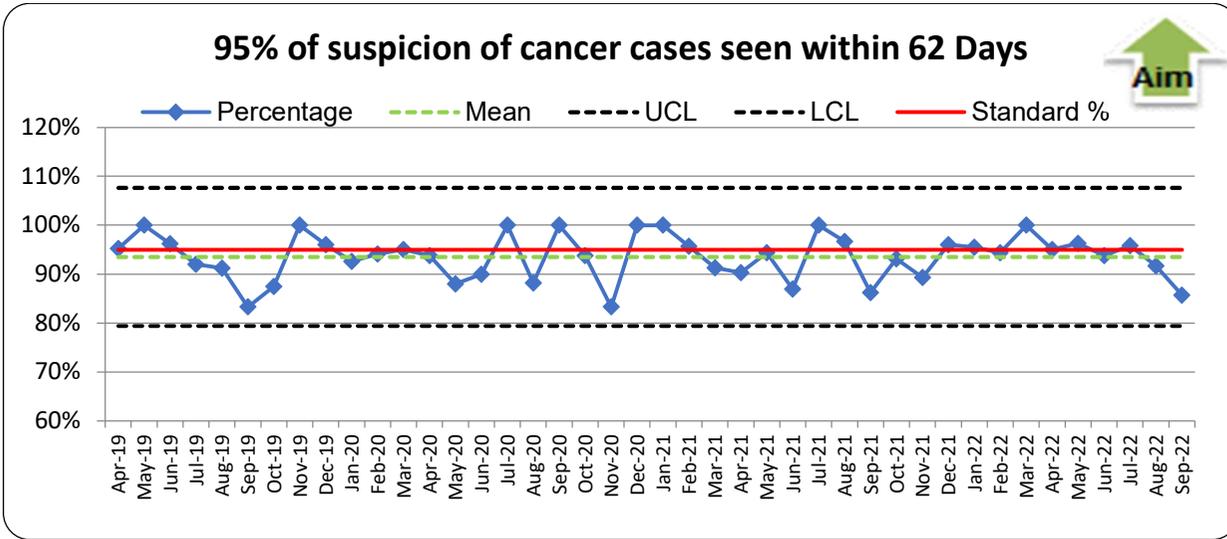
### Symbols

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-

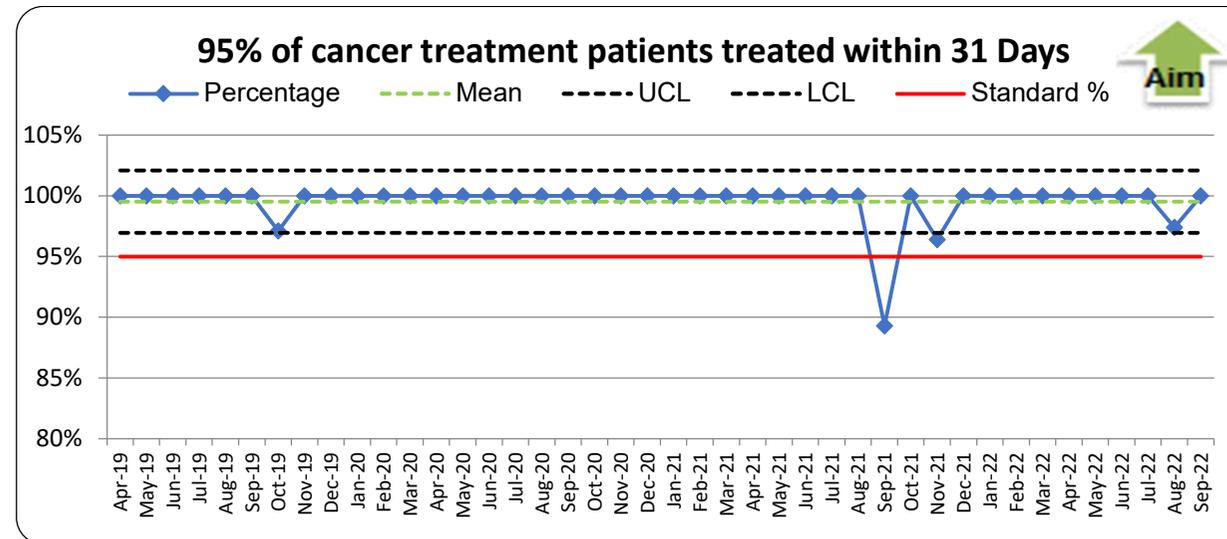
### Key Metrics Report Annual Operational Standards

	Measure	Target/ Standard	Period	Position	Period	Position	RAG
<b>Annual Operational Plan Measures</b>	Cancer waiting Times - 62 Day target	95% patients treated following urgent referral with suspicion of cancer within 62 days	Aug-22	91.7%	Sep-22	85.7%	↓
	Cancer waiting Times - 31 Day target	95% of patients treated within 31 days of diagnosis	Aug-22	97.4%	Sep-22	100.0%	↑
	New Outpatients- Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	Sep-22	6966	Oct-22	6916	↑
	New Inpatients- Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	Sep-22	1912	Oct-22	1882	↑
	Treatment Time Guarantee - Number not treated within 84 days from decision to treat	Zero patients having waiting longer than 84 days.	Sep-22	126	Oct-22	126	↔
	Referral to Treatment (RTT) - % treated within 18 weeks of referral	90% patient to be seen and treated within 18 weeks of referral.	Sep-22	70.1%	Oct-22	71.4%	↑
	Diagnostics (8 key tests) - Number waiting >6 weeks	Zero patients waiting longer than 6 weeks for 8 key diagnostic tests	Sep-22	1417	Oct-22	1278	↑
	CAMHS- % treated within 18 weeks of referral	90% patients seen and treated within 18 weeks of referral	Aug-22	35.3%	Sep-22	28.3%	↓
	A&E 4 Hour Standard - Patients discharged or transferred within 4 hours	95% of patients seen, discharged or transferred within 4 hours	Sep-22	67.9%	Oct-22	63.5%	↓
	Delayed Discharges - Patients delayed over 72 hours	Zero patients delayed in hospital for more than 72 hours	Sep-22	52	Oct-22	51	↑
	Psychological Therapies - % treated within 18 weeks of referral	90% patient treated within 18 weeks of referral	Aug-22	85.9%	Sep-22	83.5%	↓
	Drug & Alcohol - Treated within 3 weeks of referral	90% patient treated within 3 weeks of referral	Aug-22	100%	Sep-22	100%	↔
	Sickness Absence Rates	Maintain overall sickness absence rates below 4%	Sep-22	5.10%	Oct-22	5.92%	↓

**Cancer Waiting Times (please note there is a 1 month lag time for data)**

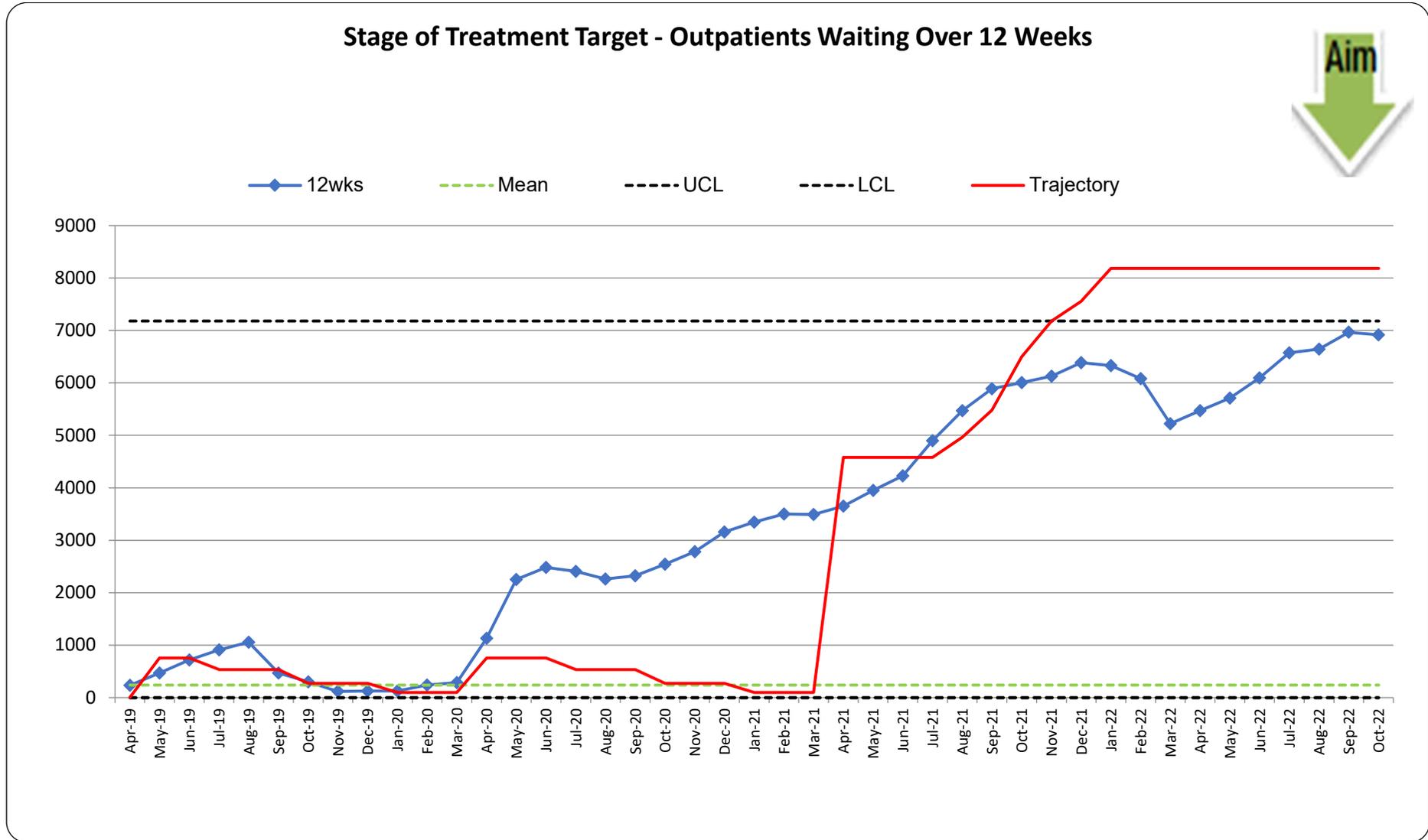


<b>Latest NHS Scotland Performance</b>
83.1% (Jul - Sep 2021)

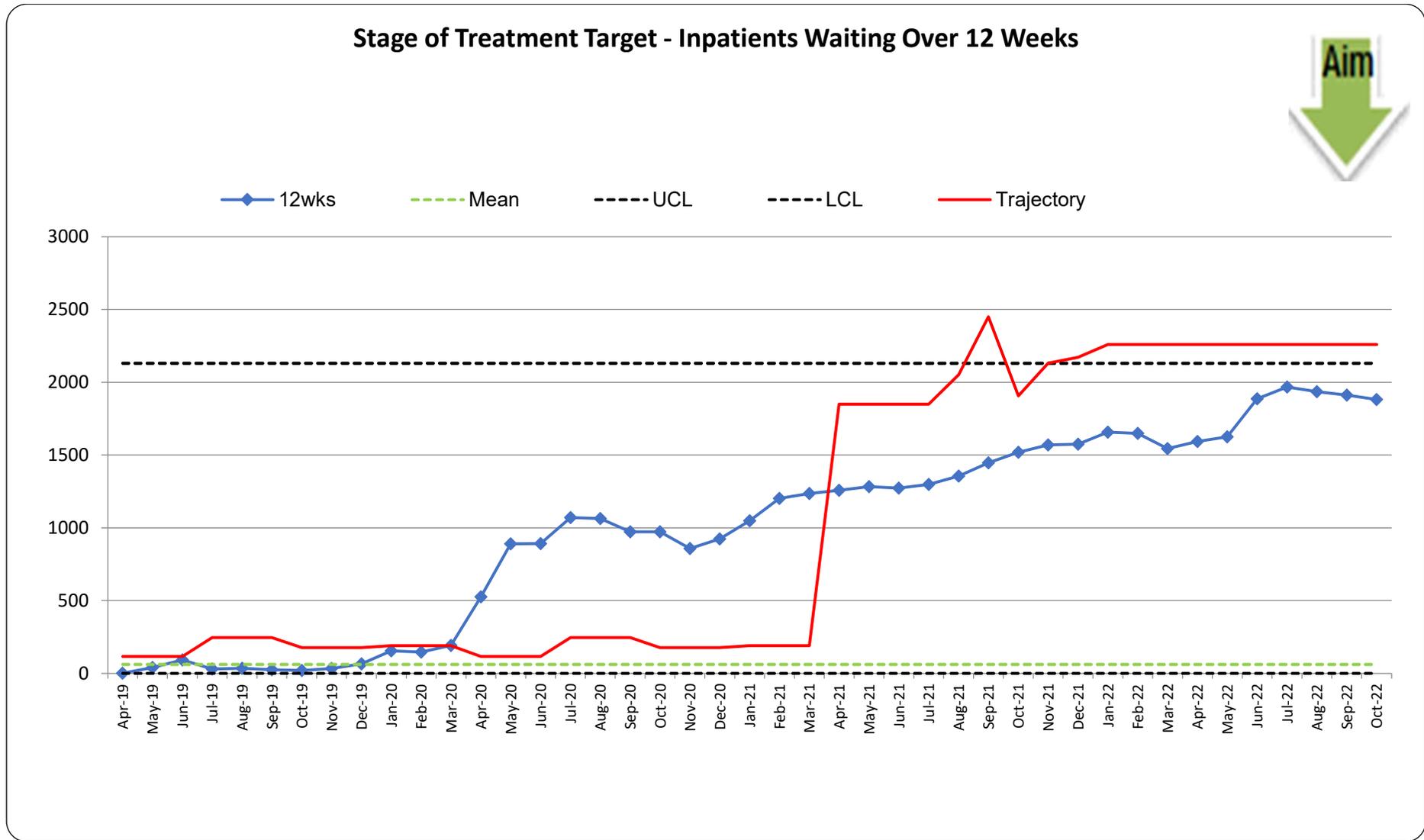


<b>Latest NHS Scotland Performance</b>
96.7% (Jul - Sep 2021)

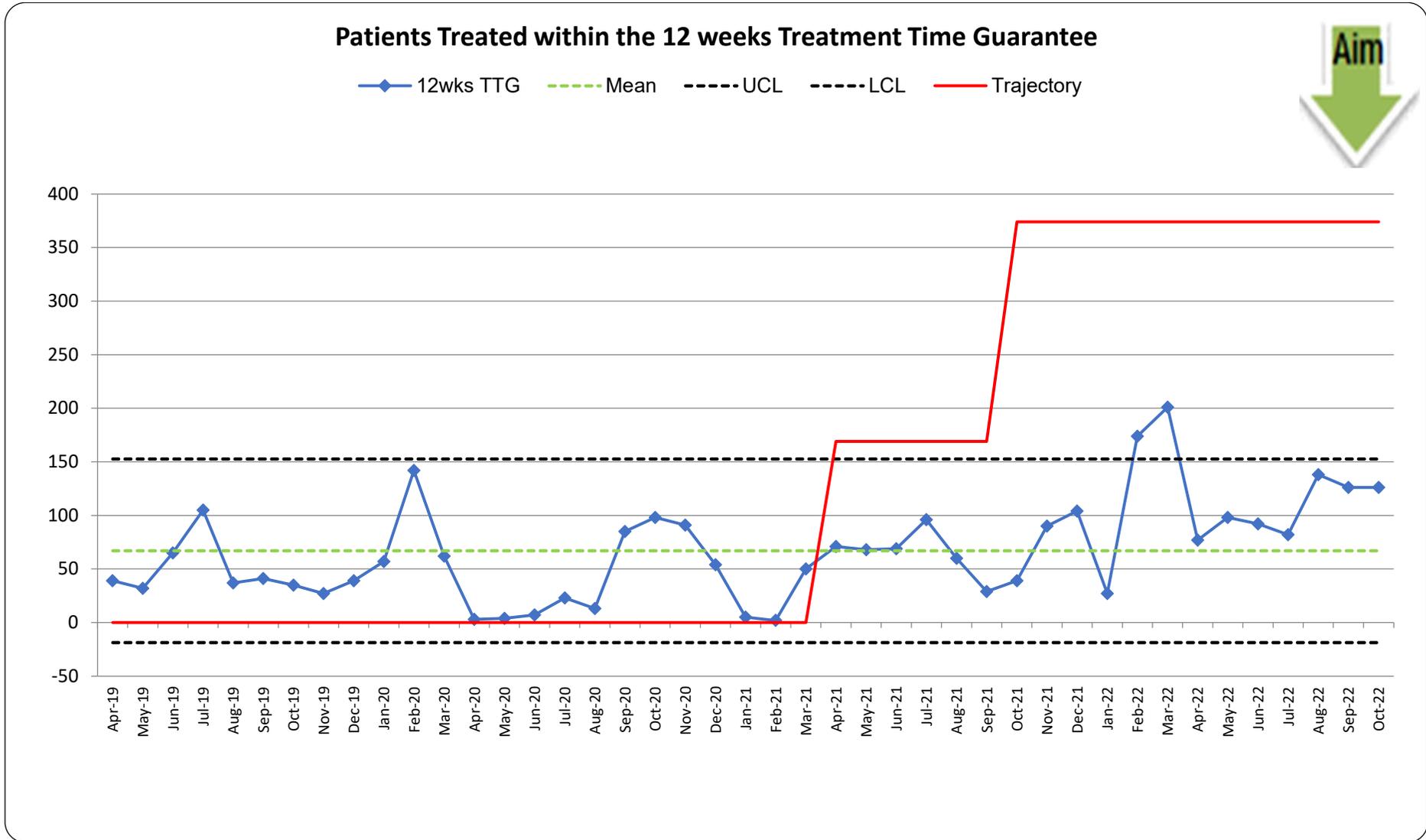
Stage of Treatment- Outpatients Waiting Over 12 Week



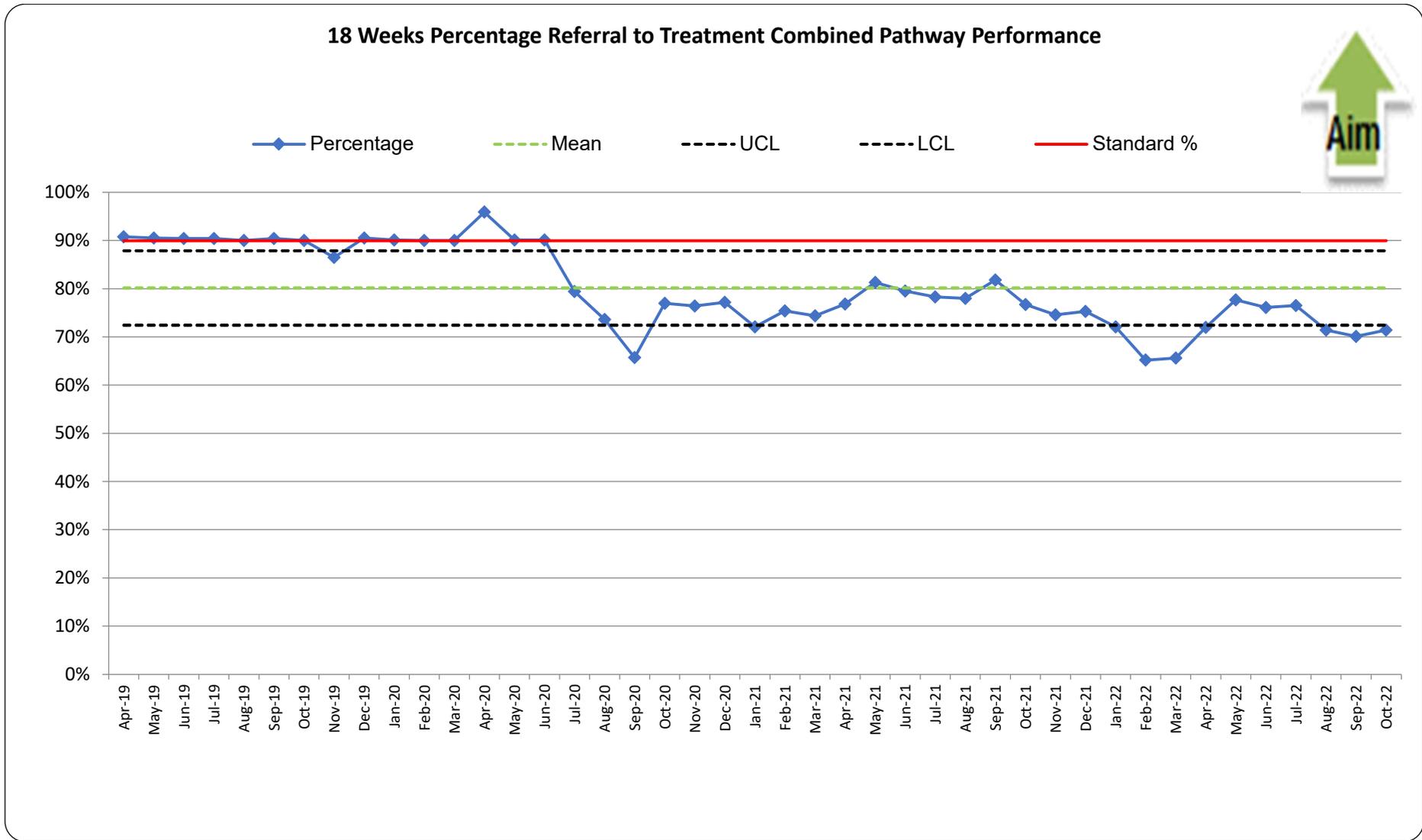
Stage of Treatment- Inpatients Waiting Over 12 Weeks



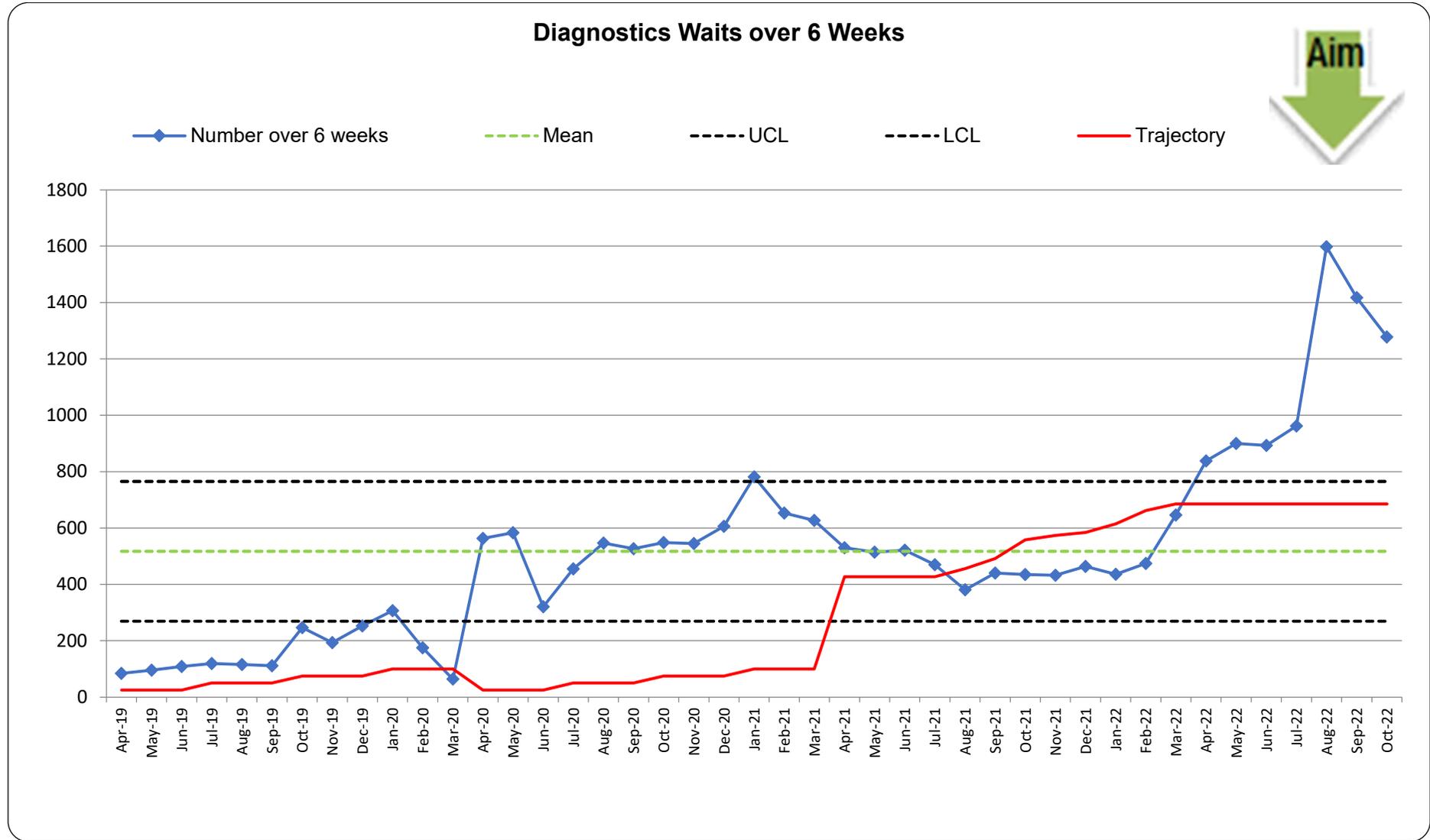
Patients Treated within the 12 weeks Treatment Time Guarantee



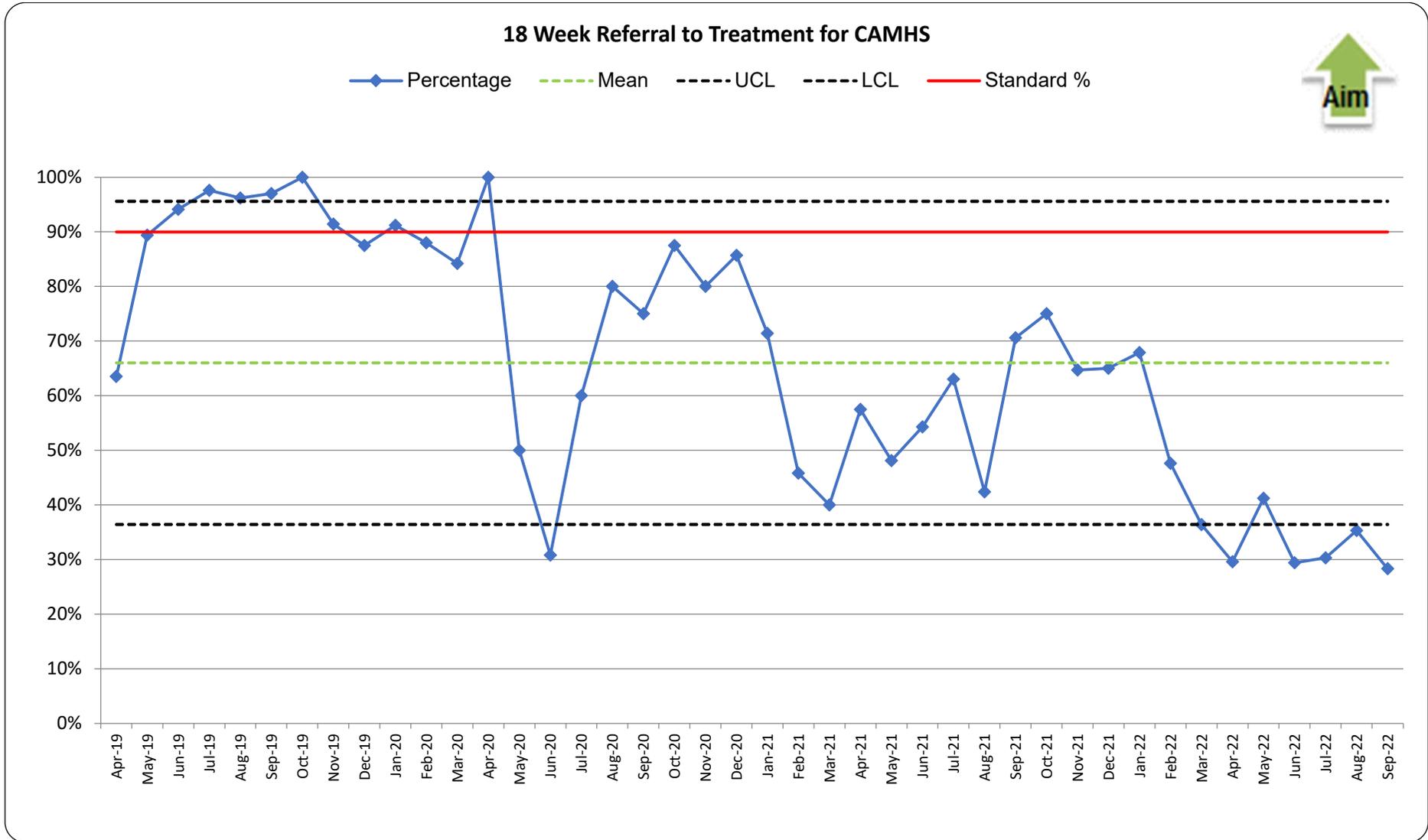
18 Weeks Referral to Treatment Combined Pathway Performance



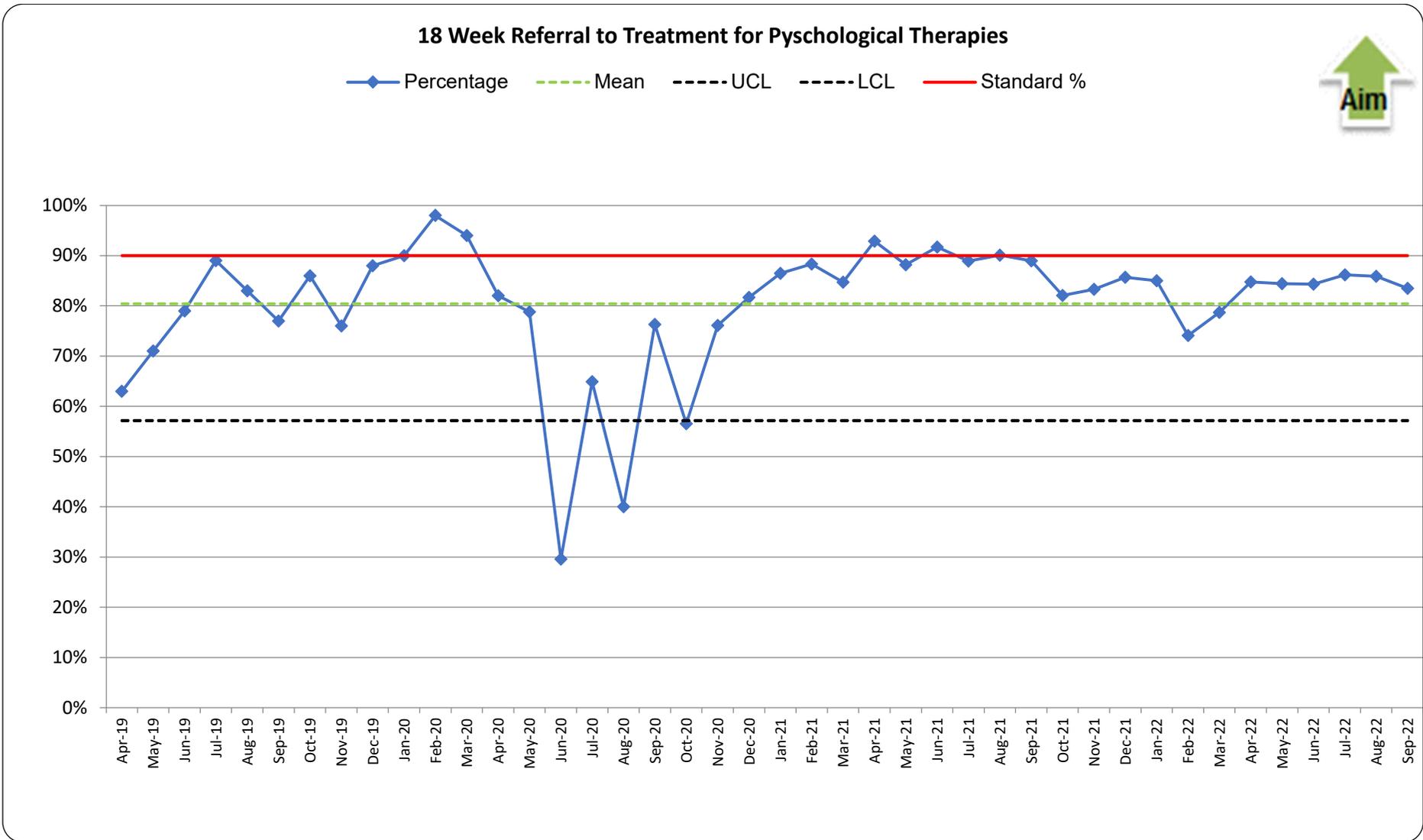
# Diagnostic Waits



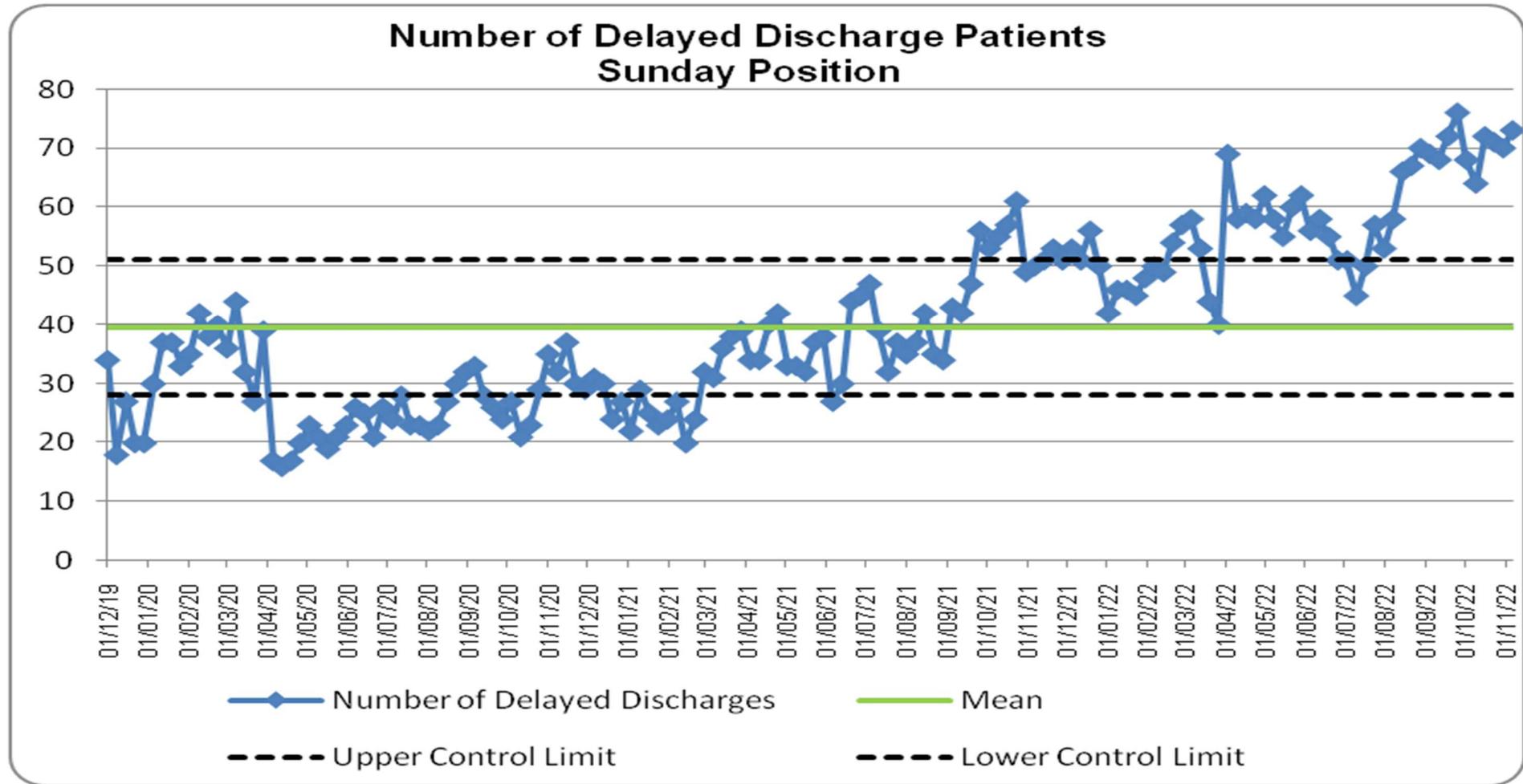
**CAMHS Waiting Times- 18 Week Referral to Treatment**

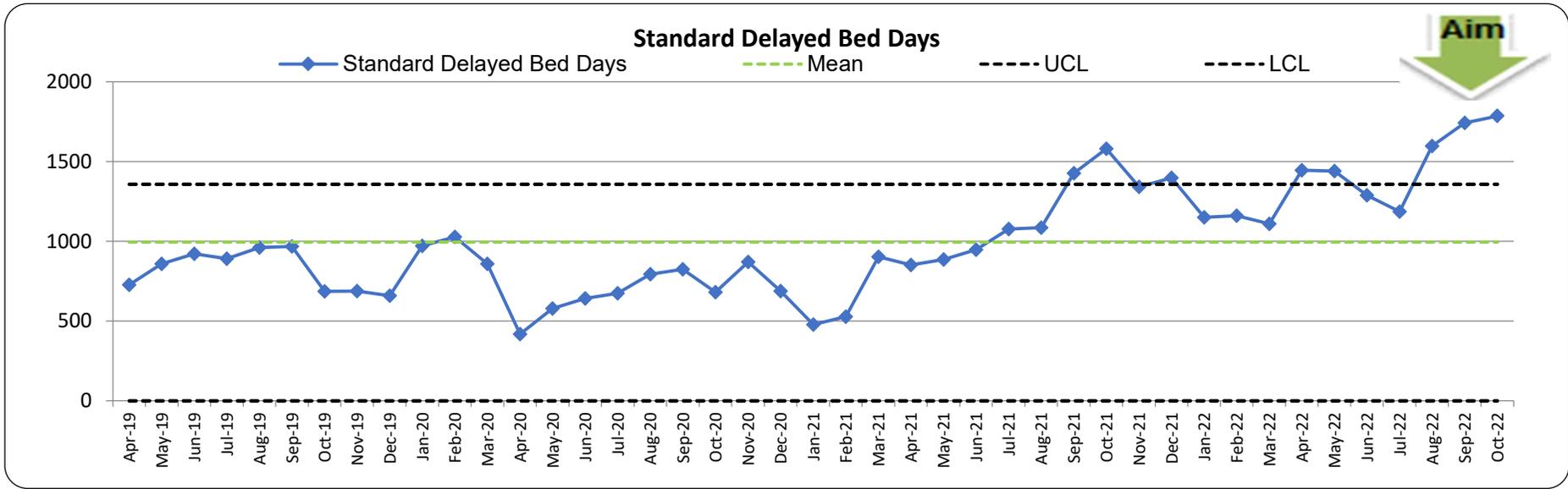
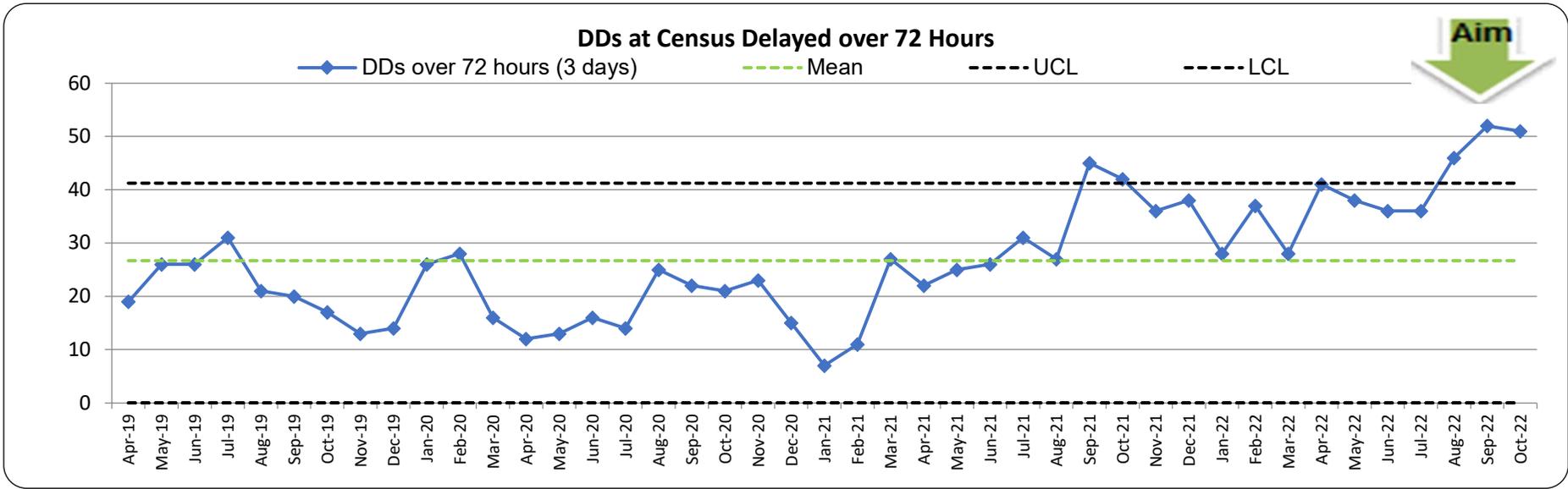


Psychological Therapies Waiting Times- 18 Week Referral to Treatment

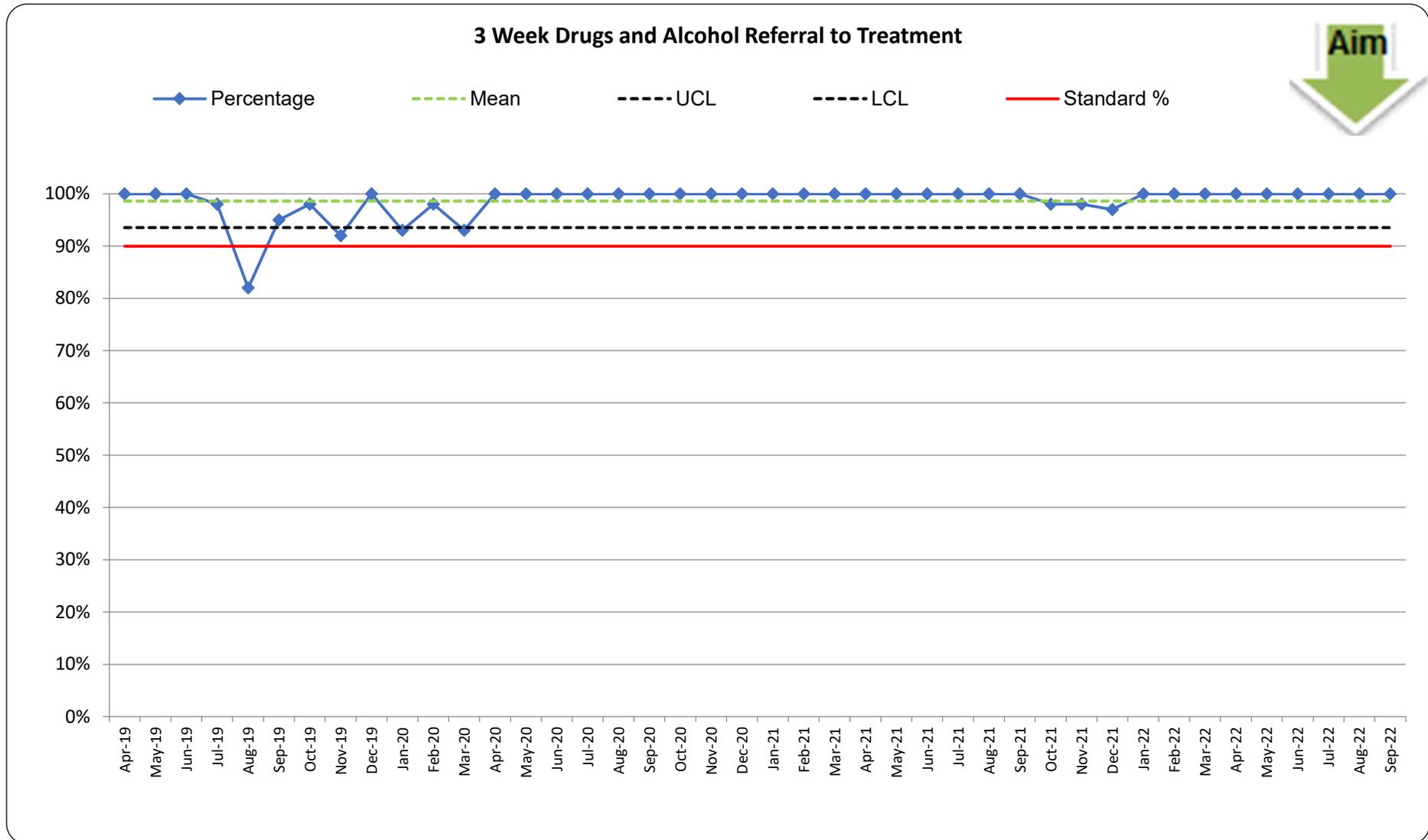


## Delayed Discharges

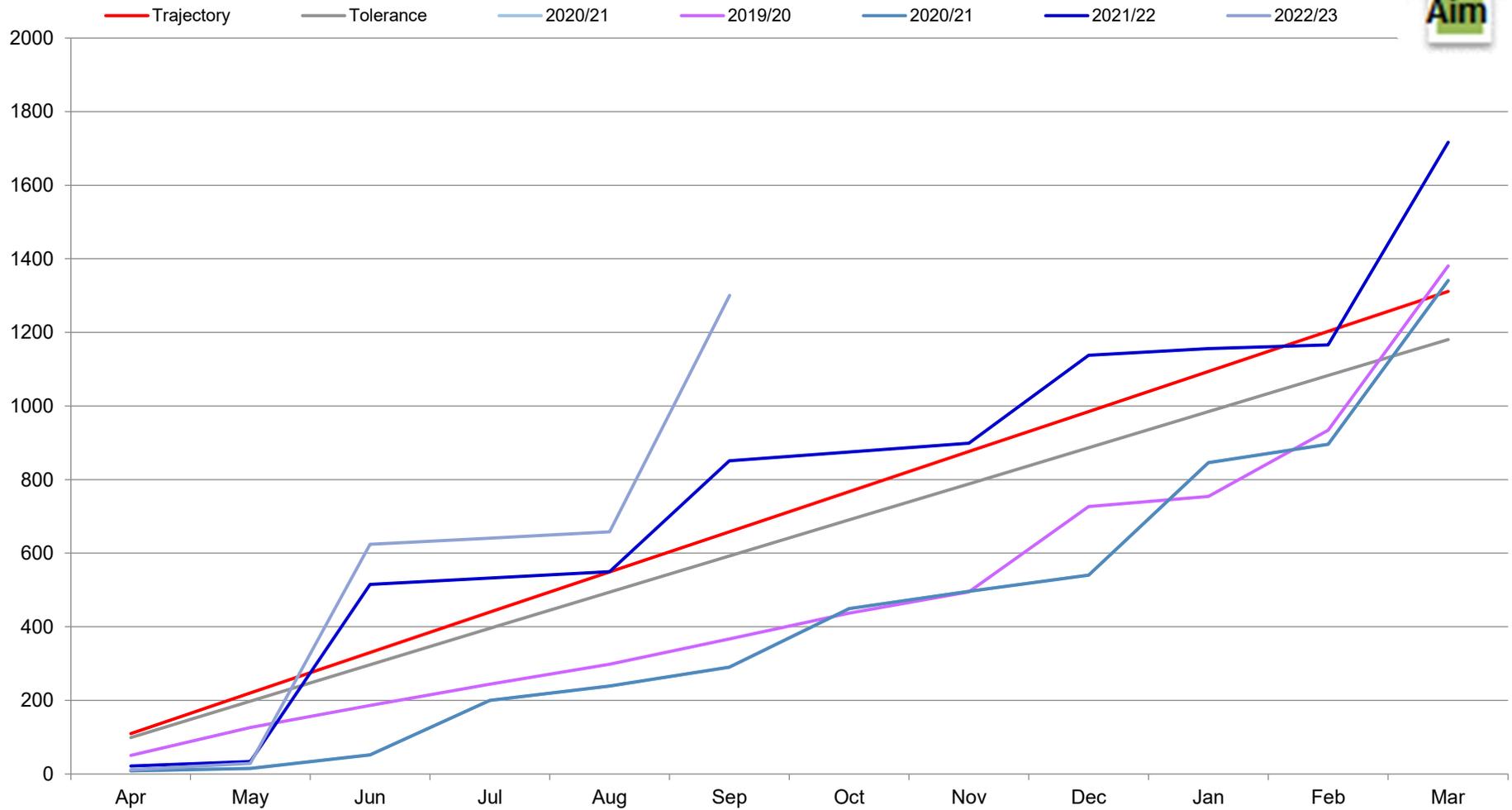




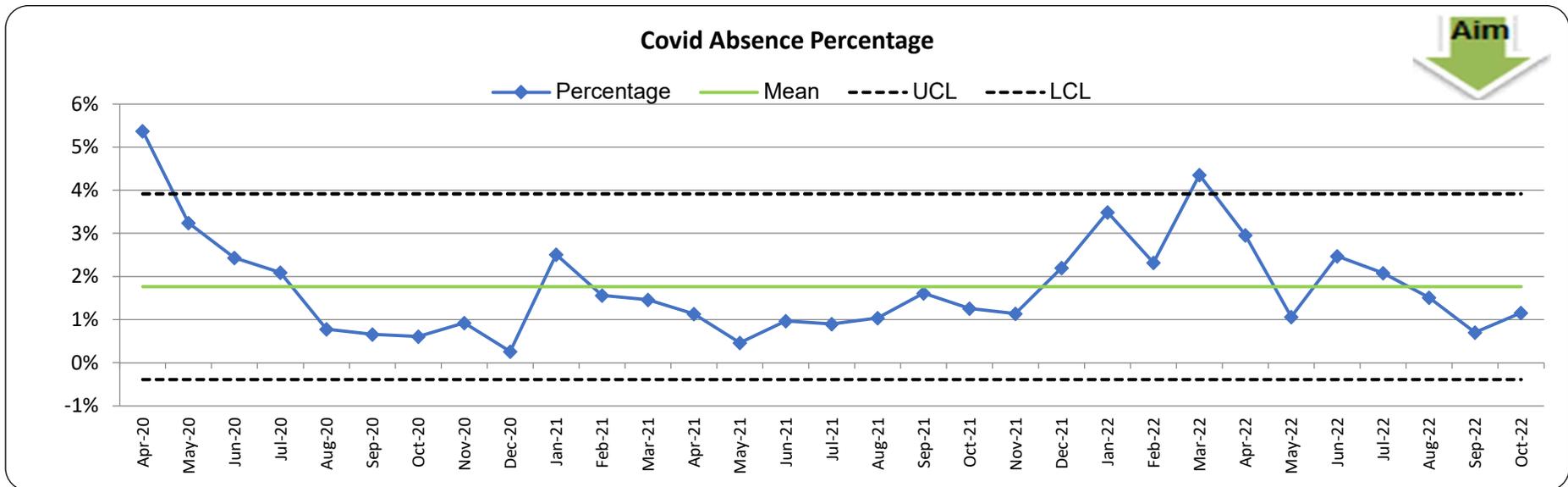
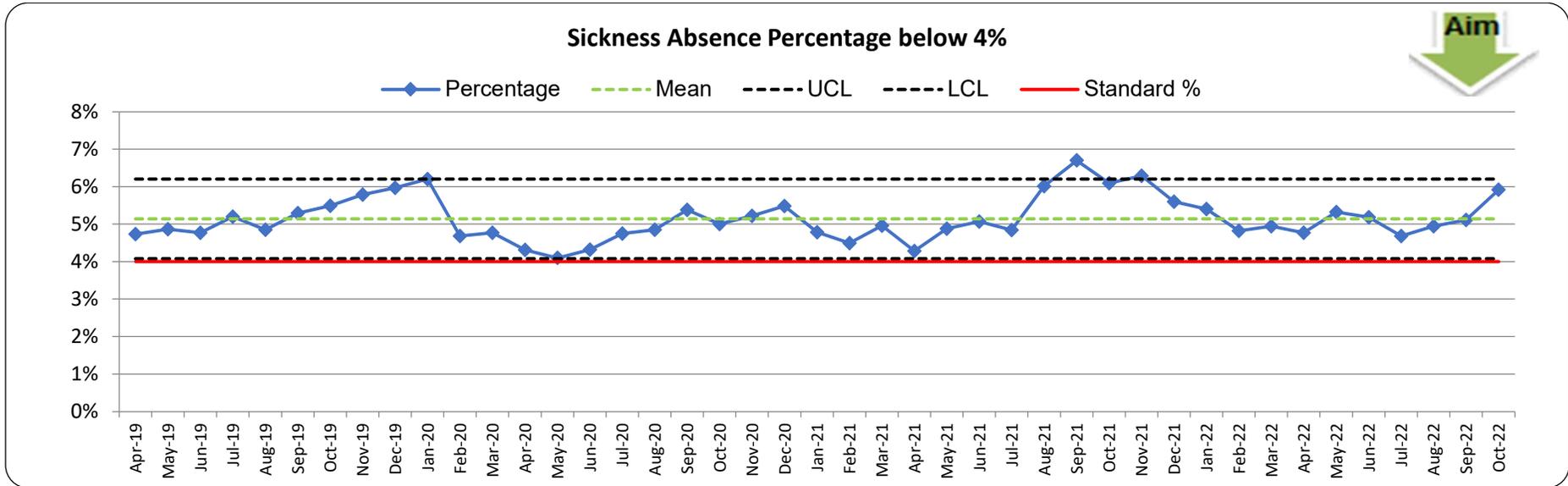
Drugs & Alcohol



### Number of Alcohol Brief Interventions Delivered

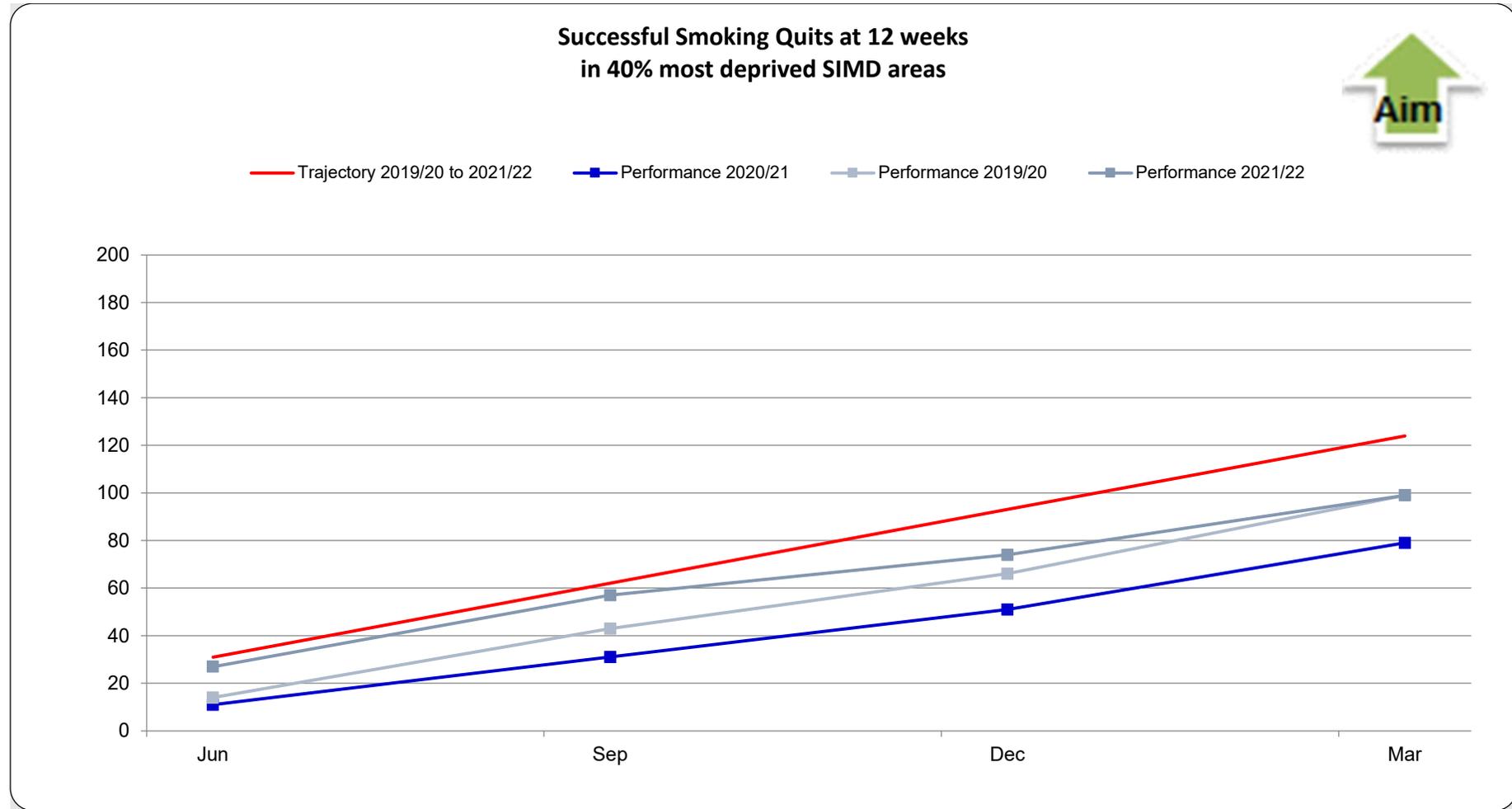


## Sickness Absence



## Smoking Quits

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
97.2% (2019/20)	77.4% (2019/20)



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Board Committee Memberships</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Karen Hamilton, Chair</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction

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

- Person Centred

## 2 Report summary

### 2.1 Situation

The Chair has nominated Mrs Fiona Sandford to replace Mrs Harriet Campbell as a voting member of the Integration Joint Board.

The Chair has nominated Mr Tris Taylor as the Chair for the Pharmacy Practices Committee.

The Chair has nominated Dr Kevin Buchan to join the Clinical Governance Committee.

The Chair has nominated Dr Kevin Buchan to join the Expert Advisory Group to the Endowment Committee.

The Chair has also agreed the following linkages between Non Executives and other meetings in order to assist with the exposure and visibility of Non Executive members of the Board to the wider organisation:-

- Area Clinical Forum – Fiona Sandford
- Mental Health Partnership Board – James Ayling
- Learning Disability Partnership Board – Lucy O’Leary
- Medical Education Board – Sonya Lam

## **2.2 Background**

In line with the Code of Corporate Governance the Board must approve the Non Executive member membership, including the appointment of Chairs and Vice Chairs as appropriate, of its Committees.

## **2.3 Assessment**

This report provides an update to the changes in Board memberships since those agreed by the Board on 3 February 2022.

### **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**

Committees are created as required by statute, guidance, regulation and Ministerial direction and to ensure efficient and effective governance of the Boards’ business.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

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

- Board Executive Team, 22 November 2022

## **2.4 Recommendation**

The Board is asked to formally **approve** the membership and attendance of Non Executive members on its Board and other Committees as recommended by the Chair with immediate effect.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, NHS Borders Non Executives Committee Chart.

## NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2022 – 21.11.2022

Name/Cttee	Tris Taylor	John McLaren (APF)	Fiona Sandford (Vice Chair)	Karen Hamilton Chair	Kevin Buchan (ACF)	Lucy O'Leary	Clr David Parker (LA)	Sonya Lam (Whistle-blowing)	Harriet Campbell	James Ayling	Exec Lead & Secretariat
Borders NHS Board (All NEDs)	X	X	VC	C	X	X	X	X	X	X	CEO BS
<b>GOVERNANCE</b>											
Resources & Performance Committee (All NEDs)	X	X	X	C	X	X	X	X	X	X	CEO BS
Audit Committee (4 NEDs)	X		X					X		X	DoF DoF PA
Clinical Governance Committee (4 NEDs)			C		X			X	X		DoQI CG&Q PA
Staff Governance Committee (4 NEDs)		X					C	X	X		DHR DHR PA
Public Governance Committee (3 NEDs)	C					X	X				DoP&P DoP&P PA
Remuneration Committee (5 NEDs)		X	X	C					X	X	DHR BS
Area Clinical Forum (Chair ACF)					C						ACF Chair CEO PA
<b>PARTNERSHIP</b>											
Area Partnership Forum (Chair APF)		C									ED ED PA
Community Planning Partnership Strategic Board (Chair & Vice Chair)			X	X							SBC
Police, Fire & Rescue & Safer Communities Board (1 NED)										X	SBC
<b>OTHERS</b>											
Endowment Fund Board of Trustees (All NEDs)	X	X	X	C	X	X	X	X	X	X	DoF DoF PA
Expert Advisory Group to Endowment Cttee (4 NEDs)		C		X	X					X	DoP&P DoP&P PA
Area Drugs & Therapeutics Cttee (ACF Chair)					C						DoP DoP PA
Car Park Appeals Panel (1 NED)		C									GSM GSM
Whistleblowing Champion								X			Scottish Government

## NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2022 – 21.11.2022

Name/Cttee	Tris Taylor	John McLaren (APF)	Fiona Sandford (Vice Chair)	Karen Hamilton Chair	Kevin Buchan (ACF)	Lucy O'Leary	CLlr David Parker (LA)	Sonya Lam (Whistle-blowing)	Harriet Campbell	James Ayling	Exec Lead & Secretariat
<b>OCCASIONAL/AS AND WHEN NECESSARY</b>											
Discretionary Points Committee (Annual)			<b>C</b>								<b>DHR DDHR</b>
Pharmacy Practices Committee	<b>C</b>										<b>MD DoP PA</b>
Dental Appeals Panel (1 NED required at the final escalation stage only)											<b>MD MD PA</b>
ECR Panels (1 NED required at the final escalation stage only)											<b>MD DPH PA</b>
<b>LINKAGES</b>											
Area Clinical Forum			<b>A</b>								<b>ACF Chair CEO PA</b>
Mental Health Partnership Board									<b>A</b>		<b>GM MH&amp;LD PA</b>
Learning Disability Partnership Board						<b>A</b>					<b>GM MH&amp;LD PA</b>
Medical Education Board								<b>A</b>			<b>DoME PA</b>
<b>TOTAL</b>	<b>6</b>	<b>8</b>	<b>9</b>	<b>6</b>	<b>7</b>	<b>5</b>	<b>5</b>	<b>8</b>	<b>6</b>	<b>8</b>	

### KEY

C	Chair	DDHR	Deputy Director of HR
VC	Vice Chair	GSM	General Services Manager
X	Member	GM	General Manager
A	Attendee	DoME	Director of Medical Education
CEO	Chief Executive	SBC	Scottish Borders Council
DoF	Director of Finance	ED	Employee Director
DoNMA	Director of Nursing, Midwifery & AHPs	PA	Personal Assistant
DPH	Director of Public Health	CO H&SCI	Chief Officer Health & Social Care Integration
MD	Medical Director	DHR	Director of HR, OD & OH&S
DoQI	Director of Quality & Improvement	CG&Q	Clinical Governance & Quality
BS	Board Secretary	DoP	Director of Pharmacy

# NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2022 – 21.11.2022

## SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AND ASSOCIATED COMMITTEES

Name/Cttee	Tris Taylor	John McLaren (APF)	Fiona Sandford	Karen Hamilton	Kevin Buchan (ACF)	Lucy O’Leary (IJB Chair 2022-25)	Cllr David Parker (LA) (IJB Vice Chair 2022-25)	Sonya Lam (Whistle-blowing)	Harriet Campbell	James Ayling	Exec Lead & Secretariat
Scottish Borders Health & Social Care Integration Joint Board (H&SC IJB) (5 NEDs Required)	XV	XV	XV	XV		XV	VC (Appointed in capacity as a Cllr)				IJB CO BS
H&SC IJB Audit Committee (2 NEDs Required)				XV		XV					IJB CFO BS
H&SC IJB Strategic Planning Group (Vice Chair of IJB, Chairs the SPG)							C (Appointed in capacity as a Cllr)				IJB CO PA
<b>TOTAL</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	

Changes highlighted in pink.

### KEY

C	Chair
VC	Vice Chair
XV	Member (Voting)
XNV	Member (Non Voting)
BS	Board Secretary
IJB CO	Integration Joint Board Chief Officer
IJB CFO	Integration Joint Board Chief Financial Officer
A	Attendee

<b>Meeting:</b>	<b>Borders NHS Board Meeting</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Public Protection</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sarah Horan- Director of Nursing, Midwifery and AHPs</b>
<b>Report Author:</b>	<b>Rachel Pulman- Nurse Consultant Public Protection</b>

## 1 Purpose

**This is presented to the Committee for:**

- Awareness

**This report relates to a:**

- Assurance that NHSB structure and processes are in accordance national legislation, procedures and guidance.

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The report is being brought to committee for awareness.

***'Everybody in the Scottish Borders has the right to live safe from abuse, harm and neglect' (Public Protection Committee Vision statement)***

The term 'Public Protection' involves all actions that support children, young people and adults at risk of harm to live a life that is free from abuse and neglect and to enable independence, wellbeing, dignity and choice. Public Protection includes the early identification and/or prevention of harm, exploitation and abuse; it should be recognised as everyday business across NHS Borders.

Public Protection (PP) practice continues to be complex and challenging with the ever evolving economic situation and resulting stressors impacting the most vulnerable in our communities; anecdotal evidence suggests that this increases risks related to domestic abuse, physical abuse, deterioration in mental health, substance use, exploitation and poverty. The Scottish Borders are also supporting people from Ukraine and Unaccompanied Asylum Seeking Children who have been displaced fleeing conflict. Vulnerabilities are likely to be amplified due to their experiences with the risk of exploitation and trafficking a particularly concern.

Collaborative partnership working continues to be a key component of Public Protection work to improve outcomes for children and adults and ensure a truly effective 'Think Family' approach. This approach continues to be embedded across services, alongside the focus on developing and implementing evidenced based, person centred, approaches to Public Protection Practice.

NHS Borders have specific responsibilities and work along with the Scottish Borders Partnership to report progress and ensure evidence of continuous improvement for both Child Protection and Adult Support and Protection.

Despite the impact and the continued challenges Child Protection (CP) and Adult Support and Protection (ASP) services have continued to respond to concerns about harm to children and adults.

The NHS Borders Public Protection (PP) team continue to provide specialist and expert public protection advice, support, supervision (key staff) and training to staff across the organisation to support them to fulfil their responsibilities and duties in respect to a wide range of public protection issues across the life span.

The PP team strive to ensure that all Public Protection process, particularly in relation to child and adult support and protection are robust and effective and that we are responsive to emerging local and national needs and initiatives. Most importantly we aim to ensure that the person at risk of harm remains at the centre and that their voice is heard.

## **2.2 Background**

There are several key pieces of legislation, policy and guidance that outline duties and responsibilities and support the delivery of Public Protection Services including;

[Children and Young People \(Scotland\) Act 2014](#)

[Getting it right for every child \(GIRFEC\)](#)

[National guidance for child protection in Scotland](#)

[Adult Support and Protection \(Scotland\) Act 2007](#)

[Adults with Incapacity \(Scotland\) Act 2000](#)

[Mental Health \(Care and Treatment\) Scotland Act 2003](#)

[Equally Safe Strategy 2018](#)

[Multi-Agency Public Protection Arrangements \(MAPPA\): National Guidance 2022](#)

[PREVENT Guidance 2021](#)

**Updates to National Guidance and Code of Practice Adult Support and Protection**

There has been a refresh of the ASP (Scotland) Act 2007: code of practice. The important amendments are:

- More detail about the three-point test
- Clarification on capacity and consent
- Emphasis on the duty to refer and co-operate in inquiries
- Clarification regarding information sharing expectations
- Clarification of relationship between inquiries and investigations
- New sections on referrals and related matters
- Further detail and clarification on visits and interviews
- New chapter on assessing and managing risk including case reviews and large scale investigations
- The sections on protection orders have been rationalised
- The chapter on Adult Protection Committees has been removed and is now contained within the redrafted Guidance for Adult Protection Committees

The ASP (Scotland) Act 2007 provides the legislative framework for Adult Support and Protection in Scotland. The code of practice (referred to as the Code) provides guidance about the performance of functions by councils, their officers, and other professionals under the Act. It provides information and guidance on the principles of the Act, and about the measures contained within the Act including when and where it would be appropriate to use such powers.

**Child Protection**

Implementation of the Child Protection National Guidance 2021; there has been a National Implementation group established that will focus on the following priority areas;

- Participation of children and families
- Leadership
- Pre-birth, perinatal, and pre-5
- Preventative and proactive early family support and GIRFEC
- Training and workforce development
- Neglect
- Data and evaluation
- 16-17 year olds
- Extra-familial harm
- Child protection processes

The Scottish Border along with Edinburgh and the Lothian commissioned an external practitioner to review and update our joint Multi-Agency Child Protection Procedures, to align with the National Guidance, however this work has not progressed as

expected and has resulted in a delay to the implementation progress. The Scottish Borders Child Protection Delivery Group will coordinate and support the implementation locally.

### **Webster Report (handling by SBC of school assault allegations)**

There were 10 recommendations from the report with two giving specific focus to Child Protection Multi-agency Training and SBC Child Protection Procedures. There was emphasis on ensuring that staff understand their obligation to report concern for harm and a need to strengthen the procedures in relation to individual responsibility and clarifying the broader relevance of child protection measures.

The Scottish Borders Child Protection Procedures are to be reviewed and updated in accordance with the New Child protection Guidance Scotland (2021). As described a national implementation group has been established, with Borders representation, to progress this work.

The Multi-Agency training has been reviewed and updated since the incident took place and does address the following aspects;

- The rights of children to be protected from harm
- Personal obligation of staff to report concerns of harm and not to assume trust that others have done so
- The importance of acting on single incidents of concern and
- The relevance of CP Procedures beyond the assessment of risk and protection against harm to identified children

The escalation and dispute resolution processes have been updated within the CP and ASP procedures.

Stuart Easingwood and Lesley Munro have oversight in respect to progress of the action plan.

### **Adult Support and Protection Inspection**

The Scottish Borders Partnership has recently undergone an Adult Support and Protection Inspection, with the final report being published on 18<sup>th</sup> October 2022. The report found significant strengths in ensuring adults at risk of harm are safe, protected and supported and a few areas that could further improve;

Key strengths:

- Improved outcomes for adults at risk of harm were achieved through the provision of effective adult support and protection practice by knowledgeable, competent, and confident staff.
- Interagency referral discussions supported highly effective multi-agency collaboration. This was a result of staff working well together, supported by clear guidance and appropriate templates.
- Strategic leadership for adult support and protection was highly effective and underpinned by a clear vision including the 'think family' approach. Leadership was collaborative, cohesive and decisive.

- The multi-agency whole system approach to the continuous review and improvement of adult support and protection work was impressive and effective. It was well planned and methodical.
- The quality and implementation of risk assessment, and risk management was highly effective. This was supported by excellent templates, clear guidance, and collaborative working.

*“The culture of collaboration between partner agencies, and between leadership and staff was exemplary. The supportive environment allowed robust solutions to be implemented flexibly, while keeping the adult at risk of harm at the centre of the process.”*

Key areas for improvement:

- Recording of the three-point criteria (criteria set out in the legislation that determines if an adult is at risk of harm) at the initial inquiry stage needed to improve. The template was recently changed to promote this. Progress should be monitored.
- The involvement of adults at risk of harm and their unpaid carers at a strategic level should remain an active goal for the partnership.

The Scottish Borders Partnership has prepared an improvement plan which addresses the priority areas for improvement and this will be submitted to the Inspectorate, following approval by Critical Services Oversight Group, by 30<sup>th</sup> November 2022. Progress will be monitored via Borders link inspector.

[Joint Inspection of Adult Support and Protection; Scottish Borders Partnership October 2022](#)

### **Joint Inspection- Children at Risk of Harm**

The care inspectorate gave notice on 7<sup>th</sup> November 2022 that the Scottish Borders Partnership will be subject to a joint inspection for Children at Risk of Harm. Inspection activity will take place during December 2022 -April 2023.

The Inspection will address the four following aims which will, in turn, form the basis of the published report:

- Children and young people are safer because risks have been identified early and responded to effectively
- Children and Young People’s lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm
- Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning and improvement
- Collaborative strategic leadership, planning and operational management ensure high standards of service delivery

Inspectors will use a range of quality indicators but will put particular focus on the following to establish the standard and quality of practice;

- Impact on children and young people.
- Impact on families; and
- Delivery of key processes

- Planning and improving services
- Performance management and quality assurance
- Management of resources
- Leadership of strategy and direction

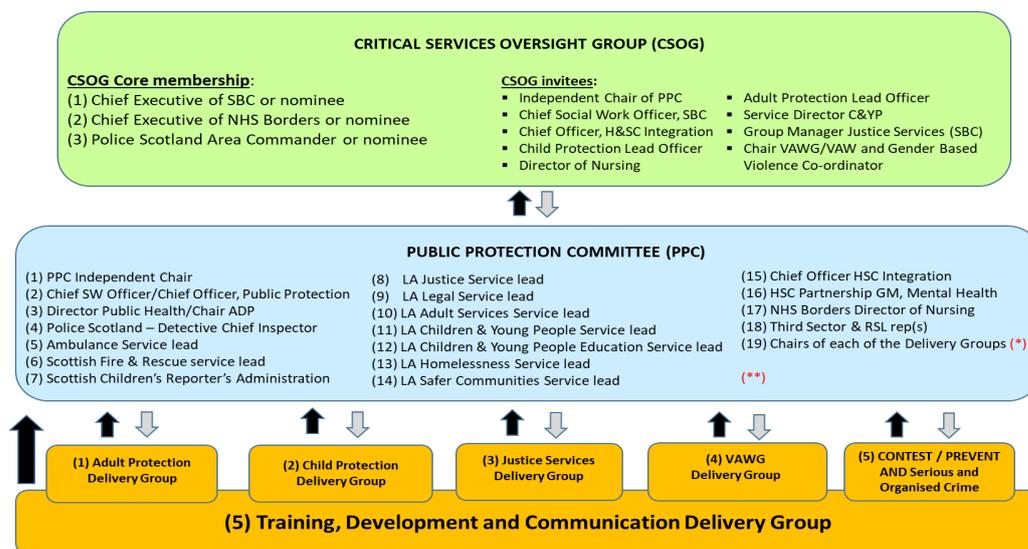
**The inspection activity will include:**

- A staff survey relevant to health, Police Scotland, provider organisations, social work and social care staff.
- Engagement with Children, Young People and their families.
- The review of a short position statement and supporting documentation.
- The reading of records (health, police and social work records) of a sample of children considered at risk of harm.
- The engagement of front line and senior managers in focus groups.

**2.3 Assessment**

**1. Governance, accountability, quality assurance and reporting arrangements for protecting children and adults are in place across the organisation.**

- The Governance, accountability and reporting arrangements for Public Protection in Scottish Borders are:



(\*) Expectation that each Delivery Group Chair is a pre-existing permanent member of the Public Protection Committee.  
 (\*\*) The Procurator Fiscal Service will be invited to participate in the work of the PPC

- Chief Executives of Health Boards are the Chief Officers responsible for ensuring that their organisation works individually and in partnership, to protect individuals who may be at risk of harm.
- The Chief Executive has delegated responsibility for Public Protection to the Nurse Director; the Nurse Consultant PP is responsible for leadership, co-ordination and management of PP services.
- Nurse Consultant PP advises and escalates any risks regards Child and Adult Support and Protection matters to the Director of Nursing and/or Associate Director of Nursing for the relevant clinical board area.
- There is a need to ensure that Public Protection is reported in a consistent manner across clinical boards to ensure that any risks or

actions/recommendations from referrals, investigations and/or learning reviews are implemented and emerging themes are identified and understood in a timely manner. Also to provide assurance that the workforce is appropriately trained.

- Associate Director of Nursing is Chair of the Adult Support and Protection Delivery Group.
- There are named professional who have specific roles and responsibilities for Public Protection work; these roles are fulfilled and in place.

**2. NHS Borders is committed to identifying and responding to concerns about children and young people and Adults and has systems in place that direct staff to the actions they need to.**

- Child Protection and ASP policies, protocols and guidance are up to date and accessible to all staff, on NHSB Borders Intranet, to support them in the responsibilities they have for protecting children and adults.
- There has been a multi-agency working group that has contributed to producing the Scottish Borders Multi-Agency ASP procedure including Large Scale Inquiry procedure; Published July 2022.
- There is clear information about how to make a child and/or ASP referral on the intranet and how to seek advice/consultation.
- A quick reference poster guide to CP and ASP referral process has been shared across services with a request to display in staff areas.
- NHS Borders PP team have continued to meet with teams across NHSB to ensure that staff know who we are, what we do and how to contact us.
- There has been a perceptible increase in the number of staff accessing the NHSB PP team for consultation and advice, in relation to adults and children, and we are considering how we can collate data to reflect this moving forward.
- Along with Health Visiting and School Nursing services the NHSB PP team has been supporting improvements in how we assess the health needs of children and Young People (YP), balancing wellbeing and risk, and develop child-focused plans with measurable outcomes. This has involved;
  - Reviewing and developing health needs assessment documentation and guidance for under 5 years.
  - Delivering a training and development session on the principles of good assessment, analysis and planning in work with children and their families
- There are processes in place to enable Specialist Medicals and Health Assessments for Children and YP.

**3. There are strategic and operational arrangements in place between NHS Borders and multiagency partners to improve joint working and communication regarding children and young people and adults across agencies; think family.**

- The NHS Borders PP team contribute to the operational and strategic functioning of the Multi-Agency Public protection Unit.
- NHSB PP team have created and implemented a confirmation of referral form to be completed by all NHSB staff when they make an ASP referral; this process is well established for Child Protection Referrals. The form is sent to the NHSB PP mailbox and provides another trigger point for NHSB staff in

Public Protection to link with social work staff in Adult Support and Protection in order to confirm the outcome of the referral and ensure feedback to the referrer.

- There is a Public Protection dissemination process to ensure that key information is shared with appropriate staff across NHS including via seven minute briefings (local and National) to ensure a consistent approach to messaging.
- There is health representation at all Child Protection Case Conferences for Children and work is progressing to increase the attendance of health professionals at Adult Support and Protection Case Conferences.
- There is now an expectation that health professionals attending Adult Support and Protection Case Conferences will submit a report, prior to the meeting, to support the multi-agency assessment of risk and care management. This is already an expectation for Child Protection.
- NHS Borders now has consistent representation as a member of the tripartite Inter-Agency Referral Discussions for both Child Protection and Adult Support and Protection.
- NHSB are increasingly supporting Council Officers with their investigations as a 'second worker' particularly in relation to harm that has occurred in an NHS or care home setting. This enables good information sharing and assessment between agencies and implementation of any recommendation from investigations. There is a need to consider how staff members are supported in this role in terms of training and this is being explored along with the development of a Standard Operating Procedure.
- There has been recent dialogue with NHS Borders Medical Director in relation to GP representation for GP service at Public Protection Committee; this would support and strengthen the communication of key priorities for PP across GP services in Borders.
- NHSB are represented on a number of Multi-Agency strategic and operational groups in relation to Public Protection Practice;

Multi-Agency Groups attended by NHS Borders
Public Protection Committee
Child Protection Delivery Group
Adult Protection Delivery Group
Training and Development Delivery Group
Violence Against Women and Girls Delivery Group and associated sub-groups
Justice Delivery Group
Communication Delivery Group
Child Death Review
CONTEST (PREVENT)
Self Evaluation meeting (child & adult)
Scottish Child Interview Implementation
E-IRD Implementation (on hold)
MCN for Child Protection
MAPPA level 2/3, MAPPA Operational Group & Strategic Oversight Group
MATAC (multi-agency tasking and Coordination)
MARAC (Multi-agency Risk Assessment Conference)

Pre-birth oversight group
IRD review group (adult/child)
DMF (Domestic Abuse Disclosure Decision Making Forum)
Child Protection MCN
Senior Nurse Leadership Child Protection Scotland
Adult Support and Protection Network
Corporate Parenting Operational Group
Sexual Exploitation Strategy Group
IRD review Group (child and adult)
Implementation Child Protection Guidance

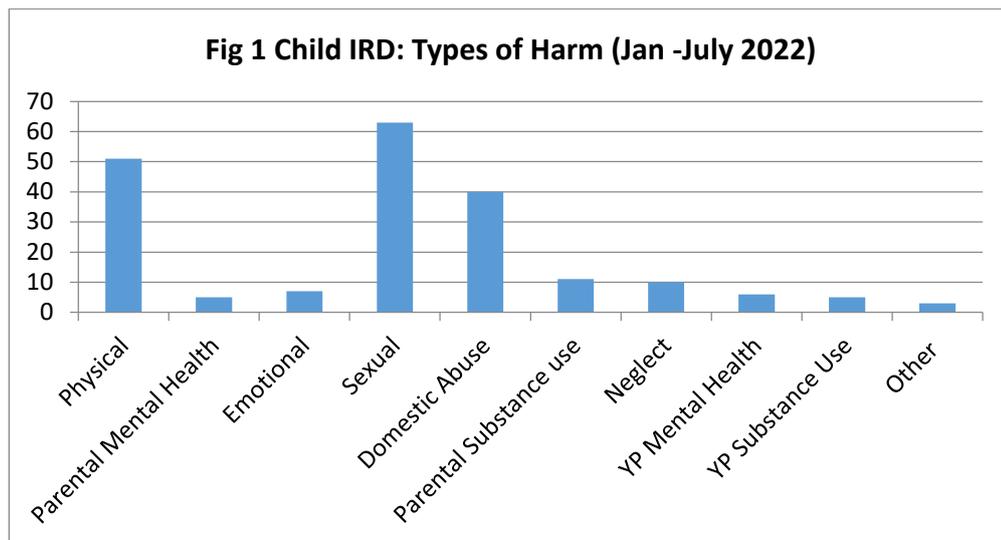
#### 4. NHS Borders PP team ensure the establishment and maintenance of robust information sharing processes and procedures with regards to child and adult protection;

- As part of the information sharing process in respect to Inter Agency Referral discussion (IRDs) the CP/PP nurses ensure all relevant staff are fully aware of the risks associated with child and Adult Support and Protection concerns in their setting, the protection plans to manage those risks and their individual responsibility to protect children and adults at risk of harm.
- Alerts are now placed on Trak and EMIS for adult's, who have a child on the Child Protection Register, previously alerts were only placed on the child's record. However following an incident in Emergency Department it highlighted the importance of staff being aware of the adults given that it is parental issues that result in registration.
- An alert system is in place within relevant health systems to flag up when an Adult or Child is subject to an open CP or ASP investigation.
- NHS Borders is represented at MARAC by the PP team and Mental Health/Border Addictions Service, who contribute relevant/proportionate information regards high risk domestic abuse cases. The NHSB PP team have strengthened the process for placing Alerts on records and sharing information with GPs; Standard Operating Procedure developed to reflect this process.
- When an ASP or CP IRD is convened a summary is now placed in paper based records (acute) and shared with GP, with direction of how to access further detail if required.

**NB:** The number of different patient management systems in place across NHS Borders presents a challenge in ensuring relevant and proportionate information is shared/documented across these systems.

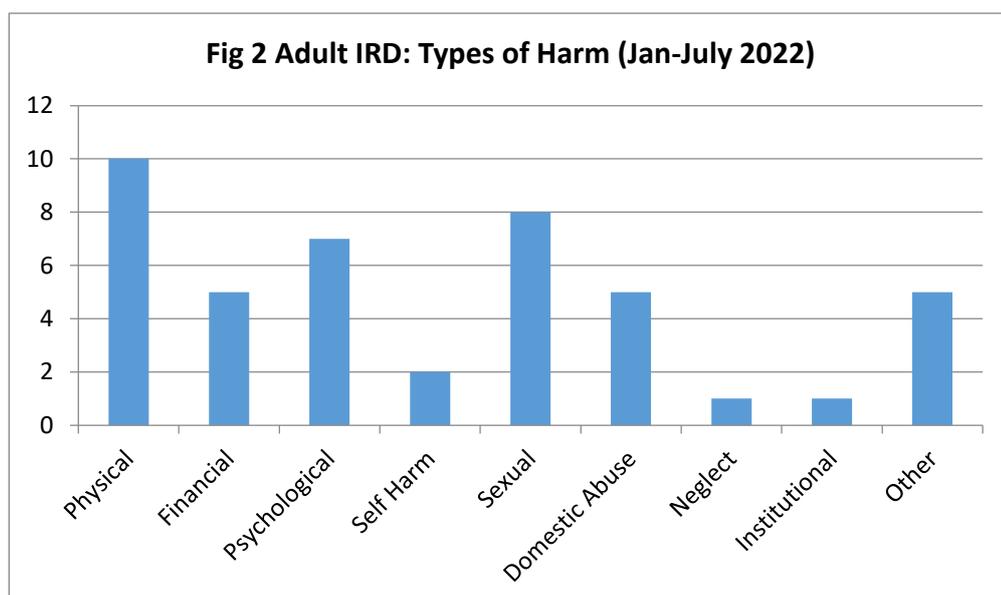
#### 5. Operational Data

- There has been an increase in the number of CP IRDs being convened in relation to concerns about significant harm for Children since the beginning of 2022 to date compared to the same period 2021;
  - Jan-Nov 2021 = 201
  - Jan- Nov 2022= 296 (involves 427 children/YP)



NB: Sexual Harm also includes referrals for CSE (10), disclosures/RSO (10), sexual assault (11), Peers (18), sharing of images (12). The number is particularly high due to a number of referrals in relation to the same person causing harm.

- ASP referrals that have reached the ASP IRD threshold have remained comparable to the same time period Jan-Jul 2021. Although there has been an increase in ASP referral rates.
- There were **57** pre-birth referrals received from midwives between Jan- Nov 2022 with **42** progressing to Pre-Birth MACs (Meetings Around the Child) and **6** unborn babies placed on the Child Protection Register (CPR).
- There are currently **52** (7<sup>th</sup> Nov 2022) Children on the Scottish Borders Child Protection Register (mean approx. 44).
- There is quarterly reporting to CSOG re national datasets and Scottish Borders Quality Indicators (recently developed for ASP). This provides regular and robust data to support scrutiny and improvement of service delivery and planning.



- A data set has been formulated on EMIS to support the collection of data from health needs assessments; implemented April 22.

#### **6. NHS Borders has arrangements in place that provide support and supervision to staff working with vulnerable children, young people and families.**

- NHSB Public protection team continue to provide consultation for staff on Child And Adult Support and Protection matters.
- Child Protection Supervision is available and accessed as per child protection supervision policy. Currently this is only mandatory for school nurses and health visitors, although other staff can access it on a needs led basis. There is a need to extend this to midwifery service and discussions are currently underway.
- Due to staff leaving posts and retirement there has been a reduction of Child Protection Supervisors. As such, there is a requirement to provide training to staff to enable them to undertake the role of a child protection supervisor to support critical reflection and development of good practice and quality of service. Training has been identified through an external provider and dates scheduled for March 2023.

#### **7. NHS Borders will ensure that Training and Development opportunities are available and accessible to support staff to fulfil roles and responsibilities for Public Protection.**

- NHSB is committed to promoting a learning culture that ensures that gaps in protection services and systems, which may adversely impact on the outcomes for children, YP and adults are identified and addressed.
- Systems are in place to deliver single and multi-agency training on Public Protection across NHSB.
- Mandatory Public Protection e-learning module July 2022 **73.1%** compliance for completion.
- **187** NHS Borders staff across a broad spectrum of disciplines attended Multi-Agency Public Protection Training.

Course Title	No attended July 21-July 22
Introduction to Public Protection	122
ASP3- Contributing to the Process	5
CP3 – Contributing to the process	5
Thinking about risk	20
CP3 Neglect toolkit	17
Council Officer	2
Hoarding and Neglect	16

- Risk assessment training was delivered to Border Women's Aid, Health Visitors, School Nursing Team and practitioners from the drugs/alcohol specialist services.
- Risk assessment and analysis training session delivered to **45** staff from health visiting and school nursing teams.
- Reflective session delivered with **30** staff across midwifery and health visiting in response to learning from a practice review.

- Child Sexual Exploitation awareness training delivered to Obs and Gynae team following learning from a Child Protection Case.
- NHS Borders requires its workforce to be competent, knowledgeable and have the skills to actively recognise and act to protect children and adults. There is a need to continue to strengthen internal systems and processes, in relation to training, for directing and supporting staff to discharge responsibilities for protecting children and adults. This will involve mapping workforce to general, specific and intensive workforce as per Multi-Agency PP training Guidance/strategy. This will enable greater governance and assurance that staff are attending training relevant to roles and responsibilities.
- NES Scotland has developed Public Protection training, e-learning modules, which were launched October 2022 and it is envisaged that these will become integral to ensuring that we have a workforce that recognises and responds to CP and ASP concerns; This is also in line with the recommendations from the Webster Report action plan.

### 2.3.1 Quality/ Patient Care

- See with above content

### 2.3.2 Workforce

- The Public Protection Nurse post is now well embedded into operational practice and is proving to be invaluable to the development of ASP practice in NHB. There has also been positive feedback from NHB staff and our multi-agency partners regarding the benefits of the role. As this role has developed there is an increasing need for administration support to support particularly in the processing and management of information. This has been noted on the risk register.
- The landscape of Public Protection has evolved over recent years and continues to develop in response to societal changes. This has resulted in an increase and changing demand on PP service (influenced by national and local policies). The current team is working at capacity which impacts on the ability to respond to aspects of work such as quality assurance, training and practice development versus the need to meet operational demand. This is being explored with the Director of Nursing regarding reviewing workforce resource for PP which includes consideration of additional staff within PP team, succession planning and development of staff competency within the high risk and specialist area of PP.
- Scottish Government have developed a NHS Accountability and Assurance Framework for Public Protection and this will support the evaluation of current workforce, published October 2022. The National Child Protection and Adult Support and Protection Lead Nurse group have formed a Short Life Working Group to support the development of national standards that are applied consistently across our health boards. There is also work progressing in respect to the role of Child Protection/PP nurses in Inter-agency Referral Discussions and the increasing demand and impact on workforce in terms of capacity.
- The work of public protection is emotive and at times upsetting and disturbing as such it is important that, as a team, we take time to reflect and

acknowledge this in our day to day and are mindful of each other's wellbeing as a team.

### 2.3.3 Financial

There is no additional budget other than allocated to PP posts.

### 2.3.4 Risk Assessment/Management

- Changes in the way we deliver PP services have resulted in increased demand on current workforce. Workforce discussions are on-going with DoN to ensure we continue to deliver safe and effective service responses to PP.
- As described above there is a need to further evaluate and understand the learning and competency requirements of staff working across NHSB (on risk register).
- Reduction of Child Protection Supervisors (on risk register)

### 2.3.5 Equality and Diversity, including health inequalities

N/A

### 2.3.6 Climate Change

N/A

### 2.3.6 Other impacts

PP operates within a series of complex adaptive systems, many of which continue to experience change as a result of changes in legislation and national guidance and the impact of societal changes.

### 2.3.7 Communication, involvement, engagement and consultation

### 2.3.8 Route to the Meeting

## 2.4 Recommendation

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

The Underpinning message is that Child and Adult Support and Protection is everyone's business irrespective of role or position in NHS borders.

## 3 List of appendices

None included

## 4 Glossary

- ASP- Adult Support and Protection
- CP- Child Protection
- YP- Young Person
- MAPPA- Multi-Agency Public Protection Arrangements

- PP- Public Protection

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Risk Management Annual Report 21/22</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Jones, Director of Quality and Improvement</b>
<b>Report Author:</b>	<b>Lettie Pringle, Risk Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

Risk management is an important process in keeping the organisation safe and minimising liabilities whilst supporting the achievement of the corporate objectives and values.

### 2.2 Background

Risk Management has been highlighted as an area of concern through annual accounts reports due to the backlog of work already highlighted through Audit Committee.

This report has been agreed by the Operational Planning Group, Board Executive Team and Audit Committee.

## 2.3 Assessment

### Key Points:

- The Health Board can be assured that NHS Borders corporate liabilities are managed by a risk management framework based on the BS ISO 31000 Risk Management Standards.
- The Risk Management policy objectives were not fully attained, although this is an improvement to 2020/21; 6 objectives were fully attained, 3 were partially attained and 2 were not attained.
- Risk management key performance indicators were not fully attained in 2021/22. Adherence to the risk management process remains of concern.
- The corporate objective 'Provide high quality, person centred services that are safe, effective, sustainable and affordable' has the most risks likely to threaten NHS Borders and has seen an 18% increase in risks aligned to this objective in 2021/22 reflecting the significant impact of the pandemic response on services.
- The organisational risk profile shows that most risk is classified as low-medium 85%, with 13% of risks being high and 2% very high.
- The highest reported risk in 2021/22 has remained corporate risk and occupational health and safety risk. Given the nature of the organisation's core services, there is an expectation clinical risk would feature more prominently on the risk register.
- Strategic risk register was reported throughout all governance committees throughout 2021/22. Assurance was given by all committees that systems were in place to report risks, however assurance could not be given for risks being mitigated to target levels by 3 of the 4 governance committees with strategic risks in their remits reflecting the significant pressures the health and social care system is under.
- Following lessons learned from the implementation of the basic COVID risk register, the operational risk register was streamlined and the majority of risk management jargon removed to make the system as easy and understandable as possible for the users of the system, whilst still capturing the required data.
- To support risk owners who were struggling with competing operational priorities and losing risk management skills, a more holistic approach to training was implemented including the use of eLearning, digital stories and short how to videos.
- Implementation of Risk Awareness Sessions for Clinical Boards has taken the back to basics approach to help managers and staff understand why risk management is an important component in delivering services and how it impacts on their day to day working.
- National work to develop a national standardised system for all boards in Scotland continued throughout 2021/22 with an expectation that the starting point for a national exercise to standardise system coding would be undertaken in 2022/23.

- NHS Borders continues in the tendering process with NHS Greater Glasgow and Clyde, NHS Dumfries and Galloway, NHS Lanarkshire and NHS Tayside. Indicative timescales have now been released for NHS Greater Glasgow and Clyde allowing NHS Borders time to plan for implementation.
- As part of the Home Working SLWG actions, Display Screen Equipment (DSE) assessments were added to the Datix system as a short term fix to capturing DSE assessments. These have now been removed from the Risk Management system and the process reverted back to Work and Wellbeing's pre-pandemic process.

### **2.3.1 Quality/ Patient Care**

Supports the risk management activities of the organisation to attain the corporate objectives and ultimately the effective delivery of safe and effective healthcare.

### **2.3.2 Workforce**

Staffing risks relating to nursing and medical staffing are held within our strategic risk register with a fuller whole workforce strategic risk in development. This will support the risk management activities of the organisation to comply with the Health and Care (Staffing) (Scotland) Act 2019 and to attain the corporate objectives, and ultimately the effective delivery of safe and effective healthcare.

### **2.3.3 Financial**

Supports the risk management activities of the organisation to attain the corporate objectives and ultimately the effective delivery of safe and effective healthcare.

### **2.3.4 Risk Assessment/Management**

To ensure that NHS Borders' corporate liabilities are managed to an effective standard reflecting good practice and robust governance, the current risk management framework follows the nationally recognised standard: BS ISO 31000 Risk Management.

### **2.3.5 Equality and Diversity, including health inequalities**

An inequalities risk is held within our strategic risk register with a robust action plan in place. This supports the risk management activities of the organisation to comply with the Equality Act 2010 (Scotland) Regulations 2018.

### **2.3.6 Climate Change**

A climate change risk is held within our strategic risk register with a robust action plan in place. This supports the risk management activities of the organisation to comply with the Climate Change Scotland Act 2009 (amended 2019).

### **2.3.7 Other impacts**

Risk management should be embedded into the organisation's philosophy, practices and business processes rather than viewed or practiced as a separate

activity. When this is achieved, everyone in the organisation becomes involved in the management of risk.

In other words, good risk management is good management. If intelligent, informed decisions are being made and the correct level of risk being taken, then there is a much higher likelihood of achieving the objectives and strategies of NHS Borders.

### **2.3.8 Communication, involvement, engagement and consultation**

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

### **2.3.9 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, September 2022
- Board Executive Team, September 2022
- Audit Committee, October 2022

## **2.4 Recommendation**

NHS Borders Health Board is asked to note the risk management annual report in relation to risk activities in 2021/22.

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

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Risk Management Annual Report

Risk  
Management  
Annual  
Report

2021/22

2021/22

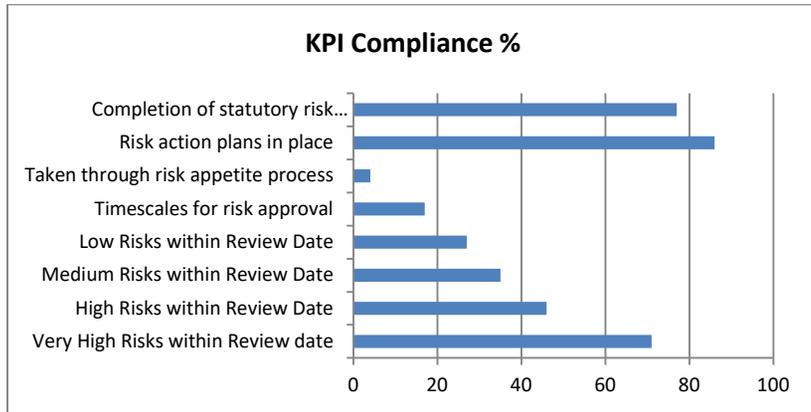
## Table of Contents

Dashboard Overview of Risk Management Annual Report .....	4
1. Introduction .....	5
2. Risk Management Framework .....	5
3. Summary of Risk Management Activities .....	7
3.1 Risk Strategy.....	7
3.2 Risk Management Policy .....	8
3.3 Internal Audit .....	9
3.3.1 Risk Management .....	9
3.3.2 Clinical and Professional Development.....	10
3.3.3 Health and safety .....	10
3.4 Risk Management Annual Report 2021/22 Action Plan .....	10
3.5 Corporate Governance.....	11
3.5.1 Corporate Governance.....	11
3.5.2 Code of Corporate Governance .....	11
3.6 Audit Committee.....	11
3.7 Operational Planning Group .....	12
3.8 Pandemic Committee (Gold Command) .....	12
3.9 Risk Management Board.....	12
3.10 Risk Team .....	12
3.11 Risk Appetite .....	13
3.12 Reactive Risk Management.....	13
3.13 NHS Borders Risk Register.....	14
3.13.1 Strategic Risk Register .....	14
3.13.2 Operational Risk Register.....	15
3.13.3 Risk Management System.....	15
3.13.4 DSE Assessments.....	16
3.14 Reactive Risk Management – Adverse Events .....	16
3.14.1 Data Checking Team.....	16
3.14.2 Wales Dataset and National Reporting.....	16
3.14.3 Aggression and violence Adverse Event Core Dataset.....	16
3.14.4 Equipment Adverse Event Core Dataset.....	16
3.14.5 National Falls Dataset .....	17
3.14.6 Pilot Board for Clinical Adverse Events – IT equipment.....	17
3.15 Risk Management Training Program.....	17

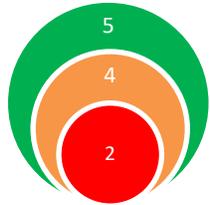
- 4. NHS Borders Risk Profile ..... 18
  - 4.1 Numbers of Risks Recorded Depicted by Risk Types ..... 18
  - 4.2 Risk Management Activity for Very High Operational Risks ..... 19
  - 4.3 Risk Status ..... 19
  - 4.4 Risks Affecting Corporate Objectives ..... 20
  - 4.5 Key Performance Indicators ..... 21
- 5. Findings ..... 22
- 6. Organisational Priorities for 2022/23 ..... 22
  - 6.1 Risk Management Strategy & Policy ..... 22
  - 6.2 Risk Management Framework ..... 23
  - 6.3 Embedding Risk Management Processes ..... 23
    - 6.3.1 Risk Management System ..... 23
  - 6.4 Risk Appetite ..... 23
  - 6.5 Links between Risk Management and the Quality Management System ..... 24
- Appendix 1 – Risk Management Annual Report 2021/22 – Action Plan ..... 25

- Chart 1: British Standards Institute Risk Management Framework ..... 5**
- Chart 2: Current NHS Borders Framework ..... 6**
- Chart 3: NHS Borders Policy Objectives ..... 8**
- Chart 4: Internal Audit Recommendations ..... 9**
- Chart 5: Adverse Events ..... 13**
- Chart 6: Types of Risks ..... 18**
- Chart 7: Heatmap Comparison ..... 19**
- Chart 8: Risk Status ..... 19**
- Chart 9: Risks affecting corporate objectives ..... 20**

## Dashboard Overview of Risk Management Annual Report



### Policy Objectives RAG Status

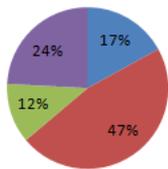


- Green (Achieved)
- Amber (Partially Achieved)
- Red (Not Achieved)

### Comparison showing movement of risk

2019/20					2021/22				
1	1	4	2	0	1	1	13 ↑	6 ↑	4 ↑
4	20	17	18	3	4	23 ↑	19 ↑	20 ↑	7 ↑
11	68	160	18	13	14 ↑	70 ↑	241 ↑	31 ↑	19 ↑
31	53	72	49	5	32 ↑	61 ↑	97 ↑	73 ↑	4 ↓
14	20	11	6	12	8 ↓	21 ↑	13 ↑	12 ↑	18 ↑

### Risks Affecting Corporate Objectives



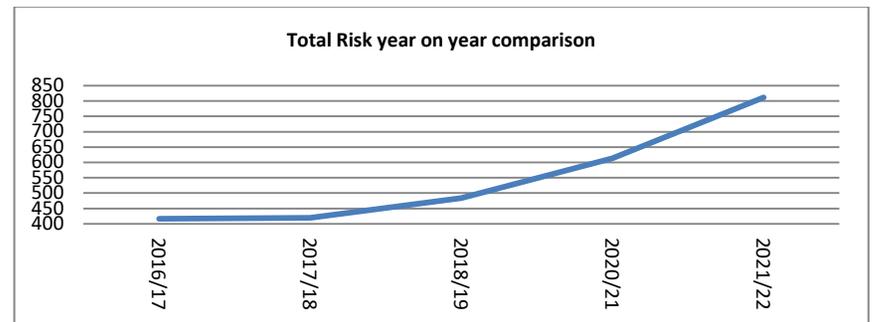
- Provide high quality, person centred services that are safe, effective, sustainable and affordable.
- Safe patient care.
- Promote excellence in organisational behaviour and always act with pride, humility and kindness.
- Reduce health inequalities and improve the health of our local population.

## Risk Appetite Overview

	Outwith	Within	Not Specified	Total
Acute	14	225	17	256
Allied Health Professionals	1	56	1	58
Learning Disabilities	0	9	3	12
Mental Health	11	122	2	135
Primary and Community Services	0	114	5	119
Support Services	7	216	7	230

## Risk Status

	Acute	Allied Health Professionals	Learning Disabilities	Mental Health	Primary and Community Services	Support Services	Total
Closed	0	0	0	1	0	1	2
Treat	178	29	10	54	68	127	466
Terminate	3	2	0	3	3	6	17
Tolerated	74	27	2	78	46	95	322
Transfer	1	0	0	0	2	2	5
Not Populated	0	0	0	0	0	0	0
<b>Total</b>	<b>256</b>	<b>58</b>	<b>12</b>	<b>136</b>	<b>119</b>	<b>231</b>	<b>812</b>



## 1. Introduction

- i. Healthcare is an increasingly complex and cost-constrained undertaking, fraught with risk. Risks to patients, risks to staff, risks to the public and risks to the corporate healthcare organisation established as the infrastructure within which healthcare is provided. On this basis, healthcare risk management is not about 'clinical' versus 'non-clinical' risk. It is about a holistic, enterprise-wide approach to risk identification and management. It is about engaging everyone in the process, from front-line staff up to the Board. Successfully managing risk is, therefore, a key imperative for the healthcare professional, manager and board member.
- ii. Risk Management is not about managing a list of risks, it is about:
  - Setting the right objectives
  - Selecting the best strategies for achieving them
  - Running the operational day-to-day activities and making the right decisions to achieve the objectives
  - Doing the above intelligently, with the help of the right people and based on the best information available
- iii. In other words, good risk management is good management. If intelligent, informed decisions are being made and the correct level of risk being taken, then there is a much higher likelihood of achieving the objectives and strategies of NHS Borders.

## 2. Risk Management Framework

- i. To ensure that NHS Borders' corporate liabilities are managed to an effective standard reflecting good practice and robust governance, the current risk management framework follows the nationally recognised standard: BS ISO 31000 Risk Management.
- ii. This standard is supported by BS 31100:2011 Risk Management-Code of Practice and Guidance for the implementation of BS ISO 31000, and forms the basis of NHS Borders risk management framework and supporting infrastructure.

Chart 1: British Standards Institute Risk Management Framework



iii. The framework provides an infrastructure that will support the risk management activities of the organisation to attain the corporate objectives and ultimately the effective delivery of safe and effective healthcare. NHS Borders has an integrated risk management framework which requires all types of risk to be managed through a single risk management system (known as enterprise risk management).

iv. The Risk Management Framework is currently being updated to capture new legislative responsibilities and is to be approved at the next Risk Management Board meeting in May 2022, and will be sent onwards to Audit Committee for agreement.

**Chart 2: Current NHS Borders Framework** consists of component parts as depicted below:

	<b>Leadership and Commitment</b>  (How management is going to demonstrate leadership and commitment)	<b>Integration</b>  (integrating risk into the organisational structures and context)	<b>Design</b>  (understanding the organisation and its context/articulating risk management commitment, roles and responsibilities, resources and communication)	<b>Implementation</b>  (Implementing the framework)	<b>Evaluation</b>  (The effectiveness of the risk management framework)	<b>Improvement</b>  (Adapting and continually improving)
<b>Risk Management</b>	<ul style="list-style-type: none"> <li>-Supporting the implementation of all components of the framework</li> <li>-Ensuring that the necessary resources are allocated to managing risk</li> <li>-Supporting a risk culture that promotes the Quality Ambitions set out in the Healthcare Quality Strategy for NHS Scotland and supports the 2020 vision</li> <li>-Assigning authority, responsibility and accountability at appropriate levels within the organisation</li> <li>-Promote and support a positive risk management culture by embedding risk management through strategic and operational processes</li> </ul>	<ul style="list-style-type: none"> <li>- Through implementation of the Risk Management Strategy</li> <li>- Using a single approach to risk management</li> <li>-Inclusion of risk management in the Governance Statement</li> <li>- Code of Corporate Governance outlining risk management relationships within NHS Borders</li> <li>-Clinical Governance Strategy</li> </ul>	<p>Supporting documents and systems in communicating risk management commitment, responsibilities and resources to the organisation.</p> <ul style="list-style-type: none"> <li>-organisational strategies</li> <li>-organisational structures</li> <li>-Code of Corporate Governance</li> <li>-Corporate objectives</li> </ul>	<ul style="list-style-type: none"> <li>-Adverse Event Management System</li> <li>-Risk Register</li> <li>-COVID-19 Risk Register</li> <li>-Claims Management System</li> <li>-Support and advice to risk owners, directors, managers, clinical leads, groups</li> <li>-Risk management process - proactive risk assessment and management</li> <li>-Education program through classroom learning, 1:1s and eLearning</li> <li>-Appraisal/ PDP/ Turas systems</li> <li>-Audit: Internal and external audit outcomes</li> <li>- All organisational papers require risk identification</li> <li>-NHS Borders Strategic risk register</li> <li>-Risk management embedded into local governance for clinical boards and directorates</li> <li>-Risk appetite of the organisation</li> </ul>	<ul style="list-style-type: none"> <li>-Governance statement reflecting the performance of the organisation</li> <li>-Link risks identified to corporate objectives on the risk register</li> <li>-Performance review framework</li> <li>-Risk register health checks: periodic monitoring of risk registers</li> <li>- Reports and updates reported through operational and governance structures</li> <li>- Clinical Executive Operational Group assurance that the risk management framework is in place, is implemented and being used efficiently and effectively</li> <li>-Adverse Event Management systems lessons learnt</li> <li>- Data presented in quarterly reports</li> <li>- Data presented in Annual reports</li> </ul>	<ul style="list-style-type: none"> <li>-Review process for policies and arrangements</li> <li>-Clinical Board newsletters</li> <li>-Learning from application of risk controls and evaluating effectiveness</li> <li>-Benchmarking risk management framework to recognised standards</li> <li>-Network/ benchmark through the Datix Scottish User Group</li> <li>-Evaluations and continuous improvement plan</li> <li>-Updating adverse event and risk register systems</li> <li>-Implement lessons learnt from Adverse Events</li> <li>- Analysing data presented in the quarterly reports</li> <li>-Analysing data presented in the annual report</li> <li>-Review approach to risk management for Integrated Joint Board</li> </ul>

- v. There are two distinctive work streams within the risk management framework: proactive risk management (risk information based on risk assessment flowing towards the risk register) and reactive risk management (risk information flowing towards the Adverse Event Management System). Reports on the Adverse Event Management System are overseen at local clinical board's Governance Groups, Local Partnership Forums, Clinical Governance Committee, Staff Governance Committee and Occupational Health & Safety Forum.

### 3. Summary of Risk Management Activities

#### 3.1 Risk Strategy

- i. The Risk Management Strategy lays out the principal organisational strategies towards implementing effective risk management; this was approved by the board in April 2021.
- ii. The aim of this Risk Management Strategy is to support the delivery of the organisational objectives through effective management of risks across all of NHS Borders' functions and activities through effective risk management processes, measurement, analysis and organisational learning as outlined in NHS Borders Clinical Strategy, NHS Health Scotland's Healthcare Quality Strategy, the 2020 Vision for Scotland and Once for Scotland. There are ambitious targets for health boards to achieve and remain central to day to day work of the health service.
- iii. The Strategy contains ten objectives reflecting the risk management targets of the organisation.

iv. **Chart 3: NHS Borders Strategy Objectives**

(Measured by RAG status issued within organisational scorecards)

Strategy Objective	Progress	Comments
NHS Borders risk management will follow international standard BSI 31000	Green	Risk management process follows BS131000, ensuring that the organisation is aware of any updates to this standard and associated guidance documents.
A single system approach for all types of risk	Green	There is a single risk management process in place for all risks in NHS Borders.
Move from a reactive to proactive risk management stance	Red	Whilst risk management has become more visible in 2021/22, there is still lack of consistency in recording risks before they come to fruition.
All risk management processes are electronic; adverse events, risk register, risk assessment, claims and complaints	Green	All risk management processes are held within the Datix system. Currently working with other NHS Boards to ensure upgrading of the system is in line with the national direction through a tendering process and involvement in national system developments.
An education program is in place to support staff to implement risk management	Green	A training programme was implemented in 2021/22, which moved away from traditional classroom training sessions to virtual sessions and use of digital technology to support increasing education on risk management to staff, including using a back to basics approach for Risk Management through virtual risk awareness sessions. This programme will continue to evolve in 2022/23 as the use of new technology is realised.
Support achievement of the Clinical Strategy, local health plans and health and social care partnership	Amber	Further work is required to ensure closer working with the health and social care partnership
A risk appetite is in place that will reflect the organisation's position	Amber	This is currently under review by the Risk Management Board.

Support a positive risk management culture	Amber	Visibility of the risk management subject has increased but more work is required to align it with business processes under the Quality Management System.
Leadership and commitment to risk management throughout the organisation will be reflected through board leadership	Amber	Commitment to risk management in 2021/22 through board leadership has improved; increased scrutiny of risks has allowed better understanding of the processes, procedures and systems in place. This approach has given more value to the strategic risk register. This level of scrutiny needs to be replicated in the operational risk governance structures. A development session with the Health Board is scheduled for June 2022 which will further increase knowledge and understanding.
Risk management assurance will be gained through governance structures	Amber	Governance structures are becoming more robust and this work will continue into 2022/23

### 3.2 Risk Management Policy

- i. This Policy explains how NHS Borders intends to deliver its risk management strategy by embedding processes and structures for risk into normal management practices.
- ii. These management practices ensure that risks are managed appropriately in line with statutory, mandatory and best/good practice requirements. The Policy lays out how this will be achieved using a comprehensive and cohesive risk management framework underpinned by clear accountability.
- iii. The policy commits to an integrated risk management system supported by a single risk management system allowing for all risks to be effectively managed.
- iv. The Policy contains nine objectives reflecting the core business of the organisation: the delivery of person centred, safe and effective healthcare.

**Chart 3: NHS Borders Policy Objectives**  
(Measured by RAG status issued within organisational scorecards)

Policy Objective	Progress	Comments
Inclusion of appropriate stakeholders in the risk management process	Amber	8% of risks had no stakeholder engagement
Risk management training is available to the organisation to support a positive risk management culture	Green	Development and implementation of the Risk Management Training plan was undertaken in 2021/22, using a mix of 1:1 training, eLearning, digital stories and how to videos as well as targeted risk awareness sessions
Key risks must be identified	Green	The number of very high risks has increased over 2021/22 reflecting the increased pressures the health board are experiencing
Proactive risk assessment must be used to minimise occurrences of adverse events	Red	This agreed risk management Key Performance Indicator (KPI) for all risks to have action plans to minimise liabilities has a compliance level of 81%; this has stayed consistent throughout 2021/22, meaning a shortfall to achieving the 100% target.
Risk management performance of very high risks will be monitored through organisational performance review arrangements	Red	Clinical Board performance reviews were suspended in 2020/21 and 2021/22 due to COVID-19 priorities which has led to performance of risk management activities being solely monitored by the Risk Management Board.

Establish the development of a learning culture	Amber	A process for shared learning from adverse events reviews is implemented. All staff can access via intranet. Challenge is to populate with meaningful learning without breaching confidentiality or data protection. Mental Health Clinical Board publishes an adverse event update to keep staff informed. This system has not been implemented by other clinical boards. Further work is being scoped to use lessons learned as a source of risk identification.
The risk management framework and supporting processes are consistently used by risk owners.	Amber	During the pandemic lots of decisions have been made and risk has been managed however there is less consistency with documenting these on organisational risk management systems. There has been an improvement in 2021/22 but still not consistent.
Risks are escalated in accordance with the policy arrangements within this policy.	Green	Escalation of risks to the Risk Management Board continues as appropriate
	Green	COVID-19 risks are fed into the Pandemic Committee on a monthly basis
The effective use of information management and technology to support the management of risk.	Green	Types of events have been reviewed and updated on the electronic risk management system. Development of the system to record Significant Adverse Event Reviews within the electronic system now in place. Use of Microsoft Teams has allowed the Risk Team to continue to offer 1:1 support via training and specialist advice.
NHS Borders complies with national standards and guidance relating to risk management published by Healthcare Improvement Scotland.	Green	System and policy in compliance with HIS standards.

- v. There have been improvements in adherence to policy objectives since 2020/21. This can be attributed to increased interaction with the risk management function and understanding how it can support ongoing high level work processes in regards to decision making, the introduction of a more robust risk management training program and ongoing system developments.

### 3.3 Internal Audit

#### 3.3.1 Risk Management

- i. Internal Audit carried out a review of Risk Management within NHS Borders in September 2019 and made recommendations. An action plan was put in place to address the recommendations; these were completed and signed off at Audit Committee in March 2022.

Chart 4: Internal Audit Recommendations

Internal Audit Recommendations	Comments
<b>No Risk Management Strategy or Guidance in place and the Risk Management Policy still in draft</b>	
Develop Risk Management Strategy	The Risk Management Strategy was approved by the Healthboard in April 2021.
Review date timeframes highlighted in Risk Management Policy and Protocol	Risk Management Policy was approved in March 2020 and subsequently updated to reflect timeframes for review. The policy is available on NHS Borders staff intranet.
Risk Register system guidance reviewed to reflect changes in Risk Management policy	Risk Register system guidance has been updated to reflect the changes in the Risk Management Policy and is available on the NHS Borders staff intranet.
<b>Corporate Risk Register is incomplete and inaccurate because risk management process is not followed</b>	
Strategic risk register requires review to ensure it reflects current risks facing NHS Borders	A gap analysis was carried out with the Board Executive Team and consideration given to identify risks that had yet to be recorded. The strategic risk register has now been updated by all risk owners and provides a more robust strategic risk position.

Review the operational risk register	A timetable into reviewing operational risks was undertaken by the Risk Management Board in the latter part of 2020. Assurance was gained from General Managers and Directors that reviews had been undertaken for their areas of responsibility within a set timescale.
Risk owners to be reminded of their responsibilities regarding the completeness of risks and their ongoing monitoring to ensure risks are kept up to date	Through dissemination of the updated Risk Management policy, risk owners were asked to ensure they were aware of their roles and responsibilities. An offer of clarification on duties was made to all risk owners and approvers. Assurance was also gained from General Managers and Directors that roles and responsibilities of their staff were understood.
The risk management framework should incorporate guidance as to how often risk requires to be reviewed by the risk owner to ensure information relating to risks remains reflective of the current environment	This is now highlighted in the Risk Management Policy and Risk Management Protocol and included in Risk Management System Training, associated training documentation and reports.
<b>Lack of formal risk management training has led to a lack of risk awareness and subsequent incompleteness of and inaccuracies within the corporate risk register</b>	
There is a need for a more consistent, embedded programme of training that takes place on a frequency basis for risk owners. This will increase the understanding of risk across the organisation and support risk capture consistently. This also ensures it will incorporate risk owners who may be new to the organisation or new to the role. Consideration should be given to the resource required to deliver this.	Training program in place. Risk Register system training for risk owners and approvers has now been made available as eLearning. This can be accessed at the convenience of the risk owner/approver at a time that suits them. Risk Awareness sessions now offered regularly across whole organisation. Supporting digital stories and how to videos are in place to support the training program.
When launching the Risk Management Strategy, Policy and Guidance, it is important that risk awareness and training, which supports the risk culture, is a focus of the work undertaken by the Risk Team and the Risk Management Board.	A further clinical board specific training program and audit is in place to support risk owners in understanding risk management responsibilities, expectations and 1:1 support in updating risk registers.
<b>Key Performance Indicators in respect of risk management set by the organisation in 2015/16 have yet to be fully achieved</b>	
It is expected that with completion of the previously mentioned recommendations that the KPI position could improve. The Risk Team should continue to monitor and escalate consistent barriers to non-compliance with the KPIs. Consideration could also be given to whether or not current KPIs (with no legal implications) are appropriate or if they could be evaluated to become more useful measures of performance.	Risk Management Board to review KPI compliance levels for all risks without legal implications. All risks with legal implications will remain as 100% target level.  Improvement plans implemented across NHS Borders clinical boards and directorates and a standing item at Risk Management Board.

### 3.3.2 Clinical and Professional Development

- i. The Risk Team have been cited in the Clinical and Professional Development internal audit due to the risk assessment process being outlined in the current Education Policy. As such, Risk is now represented on the Education Policy review SLWG. Ongoing discussions are being undertaken over the appropriateness of the current expectations of the risk assessment process in relation to this policy.

### 3.3.3 Health and safety

- i. This audit is currently in progress. Due to the terms of reference for this internal audit, there is a potential for the Risk Team to be involved due to a joint Adverse Event Management Policy between Health & Safety, Risk Team and Clinical Governance and Quality and any policy, process, or system issues being identified.

### 3.4 Risk Management Annual Report 2021/22 Action Plan

- i. Following last year's Risk Management Annual Report an action plan was put in place, monitored by Audit Committee, to ensure improvements were made. This consisted of 27 actions, three of which are still outstanding. The full action plan is attached as Appendix 1.

- ii. Due to demand on a small team with finite resources, the Risk Management Strategy and Policy still require to be updated to reflect new reporting lines into the Operational Planning Group. This action will be carried forward and undertaken as a priority in 2022/23.
- iii. The report also asked that any initial risk assessment that indicates very high and high risks should be progressed for inclusion on the risk register as a matter of priority and within 3 months of the recorded date of entry. This is an ongoing action as staffing pressure across the whole system has meant that delivery of patient care has had to be prioritised by all levels of staff.
- iv. Completion of the tendering process with NHS Greater Glasgow and Clyde was postponed during the waves of COVID-19 over the last 2 years. This has now been reinstated and new timescales issues. NHS Borders implementation date of a new system is now not expected until 2023/24.

## 3.5 Corporate Governance

### 3.5.1 Corporate Governance

- i. Corporate governance can be defined as ‘the systems by which organisations are directed and controlled.’
- ii. Corporate governance is concerned with improving the performance of the organisation for the benefit of stakeholders. It focuses on the conduct of, and relationship between, the Health Board, Board Executive Team, Managers and the stakeholders of NHS Borders. Corporate governance generally refers to processes by which organisations are directed, controlled and held to account.

### 3.5.2 Code of Corporate Governance

- i. The Code of Corporate Governance was updated in 2020 allowing NHS Borders to have a detailed structure of where risk management feeds into the organisation. Risk management contributes to good corporate governance by providing reasonable assurance to the Health Board and senior management that the organisations objectives will be achieved with a tolerable degree of risk.
- ii. Sound risk management not only contributes to good governance, it also provides some protection for directors and non-executives in the event of an adverse outcome. Provided risks have been managed in accordance with the process, protection occurs on two levels:
  1. *Adverse outcomes may not be as severe as they may otherwise have been*
  2. *Those accountable can, in their defence, demonstrate that they were exercising a proper level of due diligence*
- iii. In its focus on positive outcomes, risk management provides a major contribution to those aspects of corporate governance directed to enhancing organisational performance. Risk management provides a structure to facilitate communication and consultation between external stakeholders, governing bodies, management and personnel of all levels on defining and achieving organisational goals.

## 3.6 Audit Committee

- i. The Audit Committee acts as the governance body overseeing risk management reporting to NHS Borders Health Board. The purpose of the Audit Committee is to assist the Board to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that an appropriate system of internal control is in place.

### **3.7 Operational Planning Group**

- i. The Operational Planning Group is part of the governance structure for Risk Management and is responsible for approving all risk management policies and managing key risks to the organisation, escalating significant risks to the Board Executive Team, Audit Committee or other Committees as appropriate.
- ii. To avoid the Group's agenda becoming over-burdened and unmanageable specific pieces of risk management work will be delegated to the appropriate Director or to short-life task and finish group reporting to the Group with a very specific remit, objectives, timescales and membership.

### **3.8 Pandemic Committee (Gold Command)**

- i. During the pandemic, COVID risks have followed a different governance structure to ensure regular oversight of risks being entered onto the COVID-19 risk registers. These risks continue to be fed into the Pandemic Committee on a regular basis.

### **3.9 Risk Management Board**

- i. The Risk Management Board engages key stakeholders to oversee, co-ordinate and provide assurance that healthcare activities are scrutinised and that robust quality assurance systems are implemented and effective. This Group provides information to the Operational Planning Group and other standing governance committees on issues of risk management. The Risk Management Board will submit this 2021/22 Annual Report to the Audit Committee.
- ii. As part of the actions coming from the Risk Management Board, Risk Champions have been identified throughout the Clinical Boards and Support Services to assist in monitoring operational risk registers, quality check and identify themes. To support the implementation of a Risk Champion network, the Risk Team has developed a training programme to give advanced knowledge of the risk management process, framework and risk based support and decision making. The success of this programme will be monitored by the Risk Management Board.
- iii. The Risk Management Board has followed up all very high and high risks within the operational risk register to ensure they are proportionate and accurate. This work is continual and supported by the Risk Champion network.
- iv. The Risk Management Board has been postponed since November 2021 due to the emergency response required to the Omicron variant and additional pressure on the membership to manage resources. The Risk Management Board is due to meet in May 2022, following the Easter break. This has meant there is a backlog of risk management oversight which needs to be addressed.

### **3.10 Risk Team**

- i. Following the recruitment of a fixed term Risk Co-ordinator, this has allowed a training program to be developed and implemented to support the organisational demand. The Risk Co-ordinator role has been pivotal in ensuring support to risk owners with day to day operational risks and management of the risk management system; covering risks, adverse events, claims and complaints system queries, administration and changes. This role has also allowed a more robust reporting schedule into the Clinical Boards, Local Partnership Forums and Area Partnership Forum.
- ii. During the pandemic the Risk Team has been working from home full time. This has proved a successful move and has allowed the team to increase productivity and embed working from home processes into the day-to-day running of the Risk Team responsibilities, whilst reducing travel and budgetary costs. Working from home has allowed the team greater visibility across the organisation and has seen an increase in risk engagement at a senior level. The success of this move has been reliant on the implementation of Microsoft Teams.

### 3.11 Risk Appetite

- i. Risk appetite is a description for the *amount* and *types* of risk that NHS Borders *wishes to carry* in order to *achieve its desired objectives*; specifically it defines what the organisation expects from risk owners in deciding what management actions are required at specified levels of risk to give a proportionate response. (Flowchart of the risk appetite approach is available as Appendix 2).
- ii. Risk appetite highlights the tolerance levels that are acceptable to NHS Borders. Ultimately the risk appetite is a group of statements to guide risk owners, helping them understand whether they are taking more risk than they can afford to take.
- iii. It is important to remember the risk appetite is there to guide risk owners, highlighting how much risk NHS Borders will take.
  - Limits on risk taking are set through these statements and approved by the Board Executive Team and the Health Board.
  - Risk owners should stay within these limits; where it is not possible, this should be immediately escalated to the Risk Management Board for discussion and potential exception reporting to the Board Executive Team with recommendations to the Finance and Performance Committee.
  - On a periodic basis, compliance with the limits is reported into the Risk Management Board.
- iv. The risk appetite is currently under review by the Risk Management Board to ensure it is still fit for purpose and reflective of the risk tolerance levels the organisation is currently accepting.

**It is the responsibility of the risk owner to identify risks outwith the tolerance level of NHS Borders and feed these into the Risk Management Board as required.**

### 3.12 Reactive Risk Management

- i. Thematic reports for 2021/22 were reported to the Clinical Governance Committee, with operational reports being overseen by the local clinical board/directorate divisional Groups.

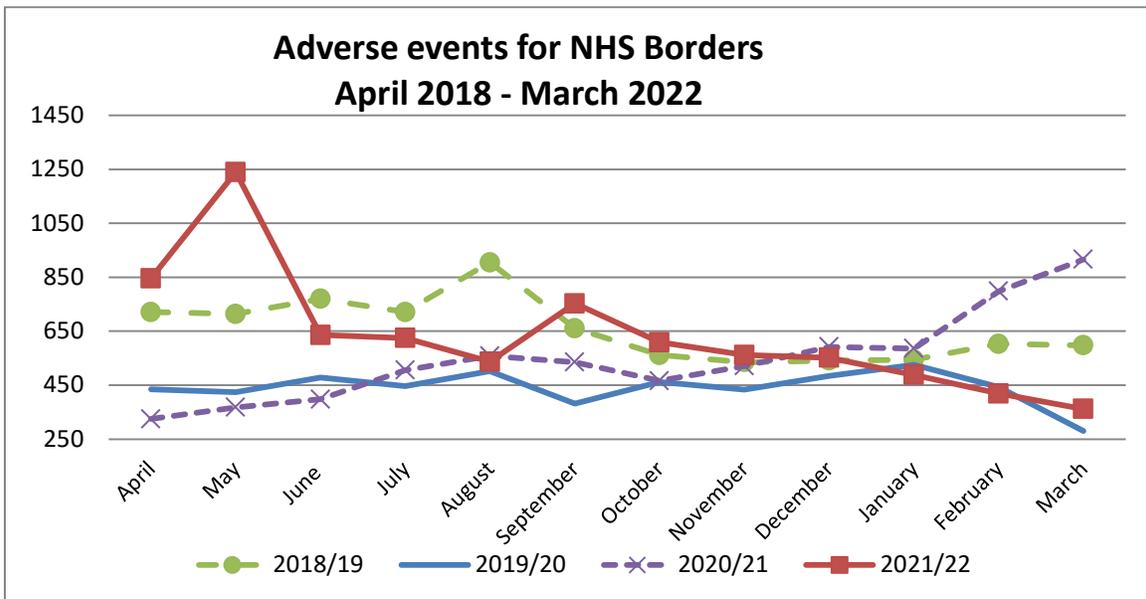


Chart 5: Adverse Events

- ii. There was an increase in adverse events that peaked in May due to Laundry events being recorded. This accounted for 573 of 1240 events recorded in May 2021. Laundry events have not been reported consistently throughout 2021/22.
- iii. Adverse event numbers trail off between January and March 2022; this can be attributed to an increase in staffing pressures throughout the whole system due to demand impacted by vacancy and absence levels.
- iv. More analysis of adverse events will be available in the Clinical Governance & Quality reports and Occupational Health & Safety reports.

### 3.13 NHS Borders Risk Register

- i. NHS Borders uses Datix as its risk management electronic system; this incorporates adverse events, all risk registers, complaints and claims.

#### 3.13.1 Strategic Risk Register

- i. The strategic risk register is owned by the Board Executive Team; during 2019/20 the strategic risk register was transferred to an electronic system which allowed greater transparency and ownership of strategic risks by the Board Executive Team and Governance Committees.
- ii. For each strategic risk, a governance committee is identified by the risk owner as the lead committee to provide scrutiny and assurance to the Health Board. An exercise was undertaken by the Board Executive Team to highlight where each risk required to be presented at a supporting assurance committee. The paper was discussed at the Audit Committee on 21<sup>st</sup> March. 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 by December 2022.
- iii. Schedules for strategic risks to be reported into the governance groups were reinstated and achieved throughout 2021/22, using the current governance process in place.
- iv. Between September 2021 and February 2022, risks were presented to the Clinical Governance Committee, Public Governance Committee and Staff Governance Committee. Audit Committee, at this time, had no specific risks to provide assurance for, instead gaining assurance that the risk management process and systems in place are appropriate.

	Risks managed appropriately and proportionately		Systems are in place to record these risks		Comments
	Assurance Given	Assurance Not Given	Assurance Given	Assurance Not Given	
Audit Committee					November 2021 - Report presented to the Audit Committee highlighting the process in place for information sharing process for strategic risk assurance. This was approved by the Audit Committee. <i>Next report Due April 2022</i>
Clinical Governance Committee					November 2021 - Assured by processes but not the outcomes. Concern raised over specific risk relating to workforce, which the SGC are lead governance group, as this risk will impact on clinical activity.

Public Governance Committee				September 2021 - Decision on assurance deferred on whether risks were managed appropriately and proportionately. As it stands cannot give full assurance that this group is seeing all risks that may impact on Public Governance. Assured systems in place to record risks.
Performance and Resource Committee				August 2021 - Assurance given for both risks being managed appropriately and proportionately and that there are systems in place to record these risks.
Staff Governance Committee				October 2021 – Assurance could not be given around the staff wellbeing risk. Whilst it was acknowledged there are controls in place, these are not reducing the risk to the organisation. Assurance was given on the systems and processes being appropriately used and followed.

Chart 6: Scrutiny and assurance

- v. Three of the five Governance Committees could not provide assurance to the Healthboard that risks were being managed appropriately and proportionately.

### 3.13.2 Operational Risk Register

- i. Governance for risks relating to the pandemic are robust with risks being reviewed regularly by the Pandemic Committee (Gold Command) to reflect the fast paced changing risk landscape.
- ii. It was identified in 2021 that there was a threat of operational risks being overshadowed by the more immediate and visible COVID-19 risks, which could have led to operational risks escalating in risk level due to risk mitigation efforts being redirected to COVID-19 risk mitigation. The COVID-19 risk register has been amalgamated into the operational risk register as it moves towards business as usual. This has ensured that all operational risks are on the same risk register.
- iii. Following lessons learned from the implementation of the COVID-19 risk register, the operational risk register has been streamlined and the majority of risk management jargon removed to make it as easy and understandable as possible for the users of the system, whilst still capturing the necessary data.

### 3.13.3 Risk Management System

NHS Borders is currently in a tendering process for the Risk Management System with NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS Tayside and NHS Dumfries and Galloway. Indicative timescales have been confirmed as below:

Activity	Proposed Timeline
ITT finalised	June 2021
Secure approval to proceed, Approval of this OBC	Nov 2021
Issue of Invitation To Tender	February 2022
Tender Submission Deadline	March 2022
Shortlisted Suppliers Confirmed (2 weeks)	April 2022
Shortlisted Suppliers Q&A (2 weeks if required)	April 2022
Preferred Supplier Confirmed and Awarded (3 weeks)	May 2022
Renew current support and maintenance contract	May 2022
NHS Greater Glasgow and Clyde Implementation phase/training/data migration	August 2022

- iv. Please note NHS Greater Glasgow and Clyde will be the first Healthboard to implement this change as the lead Healthboard for this work. It is anticipated that the implementation work for NHS Borders will be undertaken in 2023/24, but is dependent on supplier availability to support this work within this timeframe.

#### **3.13.4 DSE Assessments**

- i. As part of the Home Working SLWG actions, Display Screen Equipment (DSE) assessments were added to the Datix system as a short term fix to capturing DSE assessments. To support the Risk Team's capacity to ensure the system was fit for purpose, a Risk Administrator was employed to carry out the administrative system work required. This post came to an end in March 2022 and as such, DSE assessments were removed from the Datix system. As this subject comes under Work and Wellbeing's Computer Policy, the responsibility for recording DSE assessments reverted back to Work and Wellbeing and the pre-pandemic process of paper forms which are available on the Occupational Health and Safety manual.

### **3.14 Reactive Risk Management – Adverse Events**

#### **3.14.1 Data Checking Team**

- i. A collaborative approach to ensuring adverse events are capturing required information was developed in October 2020 through the creation of a data checking group consisting of members of staff from the Risk Team, Clinical Governance and Quality and Work and Wellbeing Team. This continues to give the organisation assurance that all events are being monitored centrally as well as by managers and topic specialists.

#### **3.14.2 Wales Dataset and National Reporting**

- i. The Adverse Event Network Group has identified an appetite across Scotland for a national adverse event recording system, such as NHS Wales has in place, one adverse event system for all Trusts in Wales. NHS Wales kindly shared their Datix system set up with NHS Scotland representatives as a starting point to developing this work. It was agreed that whilst it was a useful document, some work is needed to streamline the list of events to be appropriate for NHS in Scotland. This is an ongoing long term piece of work which is likely to be a phased implementation, starting in 2022/23. NHS Borders has both Risk Team and Clinical Governance and Quality representatives on this national group.

#### **3.14.3 Aggression and violence Adverse Event Core Dataset**

- i. The Cabinet Secretary requested a core dataset for Aggression and Violence adverse events throughout NHS Scotland following a Freedom of Information request showed varying information being given from different health boards. This project is being led through the Datix Scottish User Group and a Scottish Government representative. This project has been delayed due to COVID-19 response. The expectation is that this change will not impact significantly on the way NHS Borders currently records events of aggression and violence.

#### **3.14.4 Equipment Adverse Event Core Dataset**

- i. The Incident Reporting and Investigation Centre (IRIC) put forward a national request for a core dataset to be used across NHS Scotland for any event relating to equipment issues. This was initially rejected by the Datix Scottish User Group as IRIC had put forward a substantial list which was not sustainable. This was revised after ongoing work between IRIC and NHS Lothian and is expected to become a legislative request from IRIC to record this information. This is still to be agreed at the Adverse Event Network Group.

### **3.14.5 National Falls Dataset**

- i. Work is ongoing as part of a Health Improvement Scotland project to implement a national falls dataset. Currently this is not a mandatory request and as such has not been implemented in NHS Borders, although some boards have applied these in anticipation of it becoming mandatory in the near future.

### **3.14.6 Pilot Board for Clinical Adverse Events – IT equipment**

- i. There is a requirement for NHS Scotland boards to report and review adverse events involving clinical software in line with the reporting of other adverse events related to medical devices. Along with four other health boards, NHS Greater Glasgow and Clyde, NHS Tayside, NHS Grampian and NHS Fife, NHS Borders will be piloting this adjusted adverse event form from March 2022.

## **3.15 Risk Management Training Program**

- i. Statutory training continued throughout 2021/22. Adverse Event Reporting eLearning saw an increase in numbers from 1,228 staff undertaking training in 2020/21 to 3,091 in 2021/22. The introduction of a Key Performance Indicator around this particular training has also supported improvement of compliance levels, with each clinical board and support service reporting an increase in their compliance to undertake this statutory training.
- ii. Face to face training sessions have been on hold during the pandemic. This has allowed the Risk Team to develop a more holistic approach to training, including use of digital stories, how to videos and delivering training sessions via Microsoft Teams. As such, the Risk Team has managed to continue to support staff that are required to use the electronic risk management system and carry out their risk management roles and responsibilities.
- iii. Development of adverse event approver training, risk owner and approver training and dashboard & report training into eLearning modules has increased the capacity of the Risk Team to focus on other areas of training which require additional support, such as Risk Awareness Sessions for Clinical Boards.
- iv. Implementation of Risk Awareness Sessions for Clinical Boards has taken the back to basics approach to help managers and staff understand why risk management is an important component in delivering services and how it impacts on their day to day working.

## 4. NHS Borders Risk Profile

### 4.1 Numbers of Risks Recorded Depicted by Risk Types

- i. The profile incorporates all risks within the risk register to provide an overview of NHS Borders risks. This does not include risks recorded for projects. As the risk register allows for more than one type of risk to be entered per risk assessment on the system, inevitably there are a higher number of types of risk than actual risk assessments.

Chart 6: Types of Risks

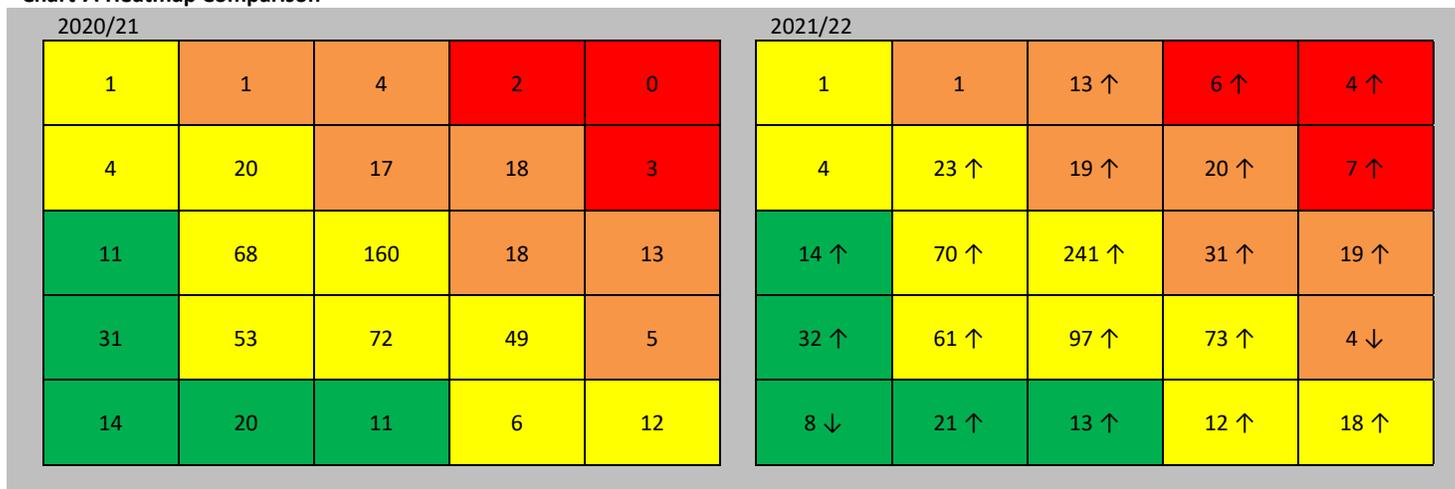
Risk Grouping	Type of Risk	Total 2017/18	Total 2018/19	Total 2019/20	Total 20/21	Total 21/22	% of total risks increase/decrease from 2017/18 to 2018/19	% of total risks increase/decrease from 2018/19 to 2019/20	% of total risks increase/decrease from 2019/20 to 2020/21	% of total risks increase/decrease from 2020/21 to 2021/22
Clinical Risk	Inequalities	15	21	No data analysed due to pandemic response	35	69	17%	No data analysed due to pandemic response	19%	19%
	Patient Safety/ Clinical Risk/ Clinical Activity	146	222		349	415				
<b>TOTAL</b>		<b>161</b>	<b>243</b>		<b>384</b>	<b>484</b>				
Corporate Risk	Adverse publicity/ reputation	110	162		239	321	38%		38%	42% ↑
	Business Continuity	56	76		118	165				
	COVID-19					87				
	Staffing and Competence	59	93		158	216				
	Information Governance	14	25		41	37				
	Legal	56	78		110	134				
	Political	12	20		25	37				
	Technological	29	34	55	55					
<b>TOTAL</b>		<b>336</b>	<b>488</b>	<b>746</b>	<b>1052</b>					
Financial Risk	Financial/ Economical (including damage, loss, fraud)	62	98	139	159	8%	7%	6% ↓		
	<b>TOTAL</b>	<b>62</b>	<b>98</b>	<b>139</b>	<b>159</b>					
Health & Safety Risk	OH&S Activity	68	77	109	134	36%	35%	32% ↓		
	OH&S Environment and Equipment	157	235	324	409					
	OH&S Ligature			19	21					
	OH&S Policy - generic	9	19	21	29					
	OH&S Specific - Aggression and Violence	51	62	114	117					
	OH&S Specific - Moving and Handling	48	69	99	100					
	<b>TOTAL</b>		<b>333</b>	<b>462</b>	<b>686</b>				<b>810</b>	
Project Risk	Project Risk	5	10	21	12	1%	1%	1%		
	<b>TOTAL</b>	<b>5</b>	<b>10</b>	<b>21</b>	<b>12</b>					

- ii. The number of risks has increased in 2021/22 within all risk types except project, which saw a decrease in numbers of risks. Although there has been an increase in number of risks, the overall percentages between the risk categories have remained fairly consistent with slight fluctuations in corporate risk and OH&S risk. This shows good practice as more risk is being identified. The clinical prioritisation process has allowed for clinical risks to be identified and entered onto the corporate risk register where appropriate. Further development of linking risk management into the Quality Management System business processes will continue in 2022/23.
- iii. The highest reported risk is corporate risk followed by occupational health and safety risk. Given the nature of the organisation's work there is an expectation that clinical risk would command a higher proportion of risks on the risk register.
- iv. Health and safety risks are to be monitored by the Occupational Health & Safety Forum to ensure each risk register has OH&S risk represented.

## 4.2 Risk Management Activity for Very High Operational Risks

- i. Numbers of risks as per the risk levels are compared from year to year.

Chart 7: Heatmap Comparison



- ii. The overall risk profile of the organisation shows an increase in the number of risks identified. Identification and management of risks is improving but not documented as robustly as they should be. This has been discussed at the Risk Management Board and further work is ongoing to improve this.
- iii. The organisational risk profile shows that most risk is classified as low-medium 85%, with 13% of risks being high and 2% very high.
- iv. The number of very high risks has increased significantly. These risks represent staffing pressures, clinical risks, risks relating to impacts of COVID-19 and compliance risks.
- v. As part of the recovery and return to business as usual, the COVID-19 risk register has now been amalgamated into the operational risk register. This avoids the threat of operational risks being overshadowed by the more immediate and visible COVID-19 risks.

## 4.3 Risk Status

- i. 57% risks on the register are being treated, 39% are being tolerated, 1% are to be transferred, 2% are to be terminated and 1% of risks are closed and awaiting removal from the system. The organisation's tolerance level allows risk owners to tolerate medium and low risks and some high and very high risks through the risk approach as part of the organisational risk appetite. As the majority of the organisation's risks are graded as low and medium risk level, it is expected that more risks would be tolerated and resources concentrated on reducing high and very high risks.

Chart 8: Risk Status

	Acute	Allied Health Professionals	Learning Disabilities	Mental Health	Primary and Community Services	Support Services	Total
Closed	0	0	0	1	0	1	2
Treat	178	29	10	54	68	127	466
Terminate	3	2	0	3	3	6	17
Tolerated	74	27	2	78	46	95	322
Transfer	1	0	0	0	2	2	5
<b>Total</b>	<b>256</b>	<b>58</b>	<b>12</b>	<b>136</b>	<b>119</b>	<b>231</b>	<b>812</b>

#### 4.4 Risks Affecting Corporate Objectives

- i. Risk owners indicate on the register what risks could adversely impact on the achievement of the corporate objectives. Allowing for the focus of resources when deciding on risk mitigation, which should be balanced against the overall risk profile that shows the majority of risk is medium.
- ii. Risk owners report that the objective under greatest threat is to providing high quality, person centred services that are safe, effective, sustainable and affordable. Corporate objectives were updated in 2020 and as such this new corporate objective replaces the objective to deliver safe, effective and high quality services. As such, this objective continues to be a consistent message since 2014, followed by safe patient care. This has increased by 18% in the last year.

Chart 9: Risks affecting corporate objectives

	Promote excellence in organisational behaviour and always act with pride, humility and kindness.	Provide high quality, person centred services that are safe, effective, sustainable and affordable.	Reduce health inequalities and improve the health of our local population	Safe patient care	Total
Adverse publicity/ reputation	110	270	89	144	613
Business Continuity	53	135	34	57	279
COVID-19	15	54	12	9	90
Financial/ Economical (including damage, loss, fraud)	62	131	34	77	304
Inequalities	21	56	37	23	137
Information Governance	13	31	6	20	70
Legal	65	117	34	66	282
OH&S Activity	32	118	34	50	234
OH&S Environment and Equipment	84	341	54	156	635
OH&S Ligature	3	15	1	15	34
OH&S Policy - generic	8	23	4	16	51
OH&S Specific - Aggression and Violence	42	104	18	72	236
OH&S Specific - Moving and Handling	24	90	12	47	173
Patient Safety/ Clinical Risk/ Clinical Activity	94	342	82	204	722
Political	19	28	19	13	79
Project Risk	3	8	4	5	20
Staffing and Competence	93	180	50	84	407
Technological	20	50	11	21	102
<b>Total</b>	<b>761</b>	<b>2094</b>	<b>536</b>	<b>1080</b>	<b>4471</b>

#### 4.5 Key Performance Indicators

The Risk Management Board agrees risk management KPIs on an annual basis, performance against these are reported quarterly and elements are included in clinical boards' performance reviews. KPIs are based on the risk management policy objectives.

Performance Tool			
R	Under Performing	Current performance is significantly outwith the trajectory set.	Under the target by 11% or greater
A	Slightly Below Trajectory	Current performance is moderately out with the trajectory set.	Under the target by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory set	Matches or exceeds the target.

Target Descriptor			Compliance Level					Performance compared to previous report	Status	Comments	
			Target	Q1	Q2	Q3	Q4				
Within review date by risk level	Current Risk Level	Review timescales (no more than)	90%	9%	70%	71%	83%	↑	R	Number of Risks Outwith Review Date 3 of 17	
	Very High	Every 6 months		11%	39%	46%	46%	→←	R	Number of Risks Outwith Review Date 58 of 107	
	High	Every year		30%	41%	41%	37%	↓	R	Number of Risks Outwith Review Date 378 of 598	
	Medium	Every 2 years		23%	33%	28%	28%	→←	R	Number of Risks Outwith Review Date 63 of 88	
	Low	Every 2 years									
Timescales for risk approval	Risks in development not approved within policy timescale	Risks finally approved within 104 days	80%	19%	11%	14%	18%	↑	R	Number of Risks in development over 104 days 183 of 224 awaiting approval for over 104 days	
Risk outwith risk appetite taken through appropriate risk appetite process			100%	<5%	0%	4%	4%	↔	R	33 risks indicate that they are outwith risk appetite, with a potential for a further 35 which have not indicated whether a risk is outwith risk appetite	
Action plans in place			100%	81%	81%	81%	86%	↑	R	No of risks on the risk register with no action plans in place 113	
Number of staff completing statutory risk management eLearning			80%	78%	76%	76%	77%	↔	R	eLearning	Passes
										Adverse Event Reporter eLearning	3,091

- i. The 2021/22 KPIs have not been attained despite reviewing the key performance indicators, reducing compliance levels and implementing and embedding ongoing improvement plans within Clinical Boards and corporate services by the Risk Management Board. This will have an impact on the attainment of Risk Management Policy objectives.

## **5. Findings**

- i. Adherence to the Risk Management Strategy and Policy objectives have improved but not been fully achieved.
- ii. Electronic risk management system has been further developed during 2021/22 to ensure it remains current and relevant.
- iii. An increase in risks being recorded on the risk register ensures the organisation has a more transparent view of risks being experienced at both operational and strategic levels.
- iv. Risks outwith risk appetite are not being fed into the Risk Management Board by risk owners and further promotion of education available may be required.
- v. The organisational risk profile shows that most risk is classified as low-medium 85%, with 13% of risks being high and 2% very high.
- vi. Stronger links with Quality Management System and risk management processes need to be explored.
- vii. The Strategic Risk Register has been reviewed, updated and monitored by the Board Executive Team.
- viii. Assurance around strategic risk being managed proportionately and appropriately was not given by all the Governance Committees in 2021/22. Further work is ongoing to improve the governance of these risks and develop a more detailed report to each Committee.
- i. The highest reported risk in 2021/22 was corporate risk and occupational health and safety risk. Given the nature of the organisation's core services, there is an expectation clinical risk would feature more prominently on the risk register.
- ix. Risk management key performance indicators set by the Risk Management Board in 2021/22 were not attained.
- x. Improvement required in documenting risks within the risk register in a timely manner.

## **6. Organisational Priorities for 2022/23**

- i. Organisational risk management priorities for 2022/23 will be:

### **6.1 Risk Management Strategy & Policy**

- i. Embedding the Risk Management Strategy and Policy within NHS Borders and monitoring and reporting on the performance and trajectory of attaining strategic objectives.
- ii. Updating Risk Management Strategy and Policy to reflect current organisational reporting lines to Operational Planning Group.

## 6.2 Risk Management Framework

- i. Update the Risk Management Framework to represent changes in legislation and further embedding of risk management into organisational structures and context.

## 6.3 Embedding Risk Management Processes

### 6.3.1 Risk Management System

#### 6.3.1.1 *Strategic Risk Register*

- Ensuring the risk register is populated appropriately by risk owners to inform the organisation of its strategic risks and liabilities.
- Development and implementation of strategic risk governance process
- Link strategic risks to organisation's/clinical boards' 3 year plans

#### 6.3.1.2 *Operational Risk Register*

- Ensuring the risk register is populated appropriately by risk owners to inform the organisation of its risks and liabilities. The Risk Team will support risk owners to populate registers with the aim to have all clinical boards/support directorates' local registers with identified risks.
- Review risk register functionality and use lessons learned to improve the risk register with involvement from key stakeholders.
- Scope the use of adverse event lessons learned to support in identification of operational risks.

#### 6.3.1.3 *Adverse Events*

- Undertake updates, development and implementation of new functions for the adverse events module.

#### 6.3.1.4 *Complaints and Claims*

- Undertake updates, development and implementation of new functions for the complaints and claims modules.

#### 6.3.1.5 *Tendering process for an electronic risk management system*

- Continue the tendering process with NHS Greater Glasgow & Clyde, working on a national level with eHealth Leads and National Procurement.

#### 6.3.1.5 *Education Programme*

- Continued development on delivering a full education programme virtually will be undertaken in 2022/23.
- Continued delivery of awareness sessions to help boost the understanding of risk management in NHS Borders.
- Promotion of Education Programme to all staff
- Ensure risk management training is included in statutory/mandatory training priorities and, where appropriate, included in role mandatory training plans.
- Deliver Risk Awareness Session at Board Development Session.

## 6.4 Risk Appetite

- i. The approach to risk management has had to adapt during the COVID-19 response. As we remobilise and recover, it is timely to re-evaluate risk management arrangements and consider what is really important in supporting organisational sustainability. This includes if the 'relaxing' of risk appetite and tolerance should be retained in some form going forward.
- ii. In such uncertain times, there are conflicting factors: risk appetite is reducing and risk tolerance is increasing, but the need to control safety, cost and equality are vital in healthcare. In this dynamic risk environment it is important the organisation can issue consistency through the risk appetite whilst maintaining the Quality Management System.

- iii. A review of the current risk appetite arrangements will be undertaken by the Risk Management Board to advise the Board Executive Team whether a move to a more open attitude to risk through an increased tolerance level is appropriate.

## **6.5 Links between Risk Management and the Quality Management System**

- i. Strengthen the alignment between risk management and the business processes of the Quality Management System to allow NHS Borders to adopt a proactive approach to risk management – identifying risks, understanding consequences and the speed at which these can occur, and using this information to inform decision making throughout NHS Borders.

## Appendix 1 – Risk Management Annual Report 2021/22 – Action Plan

### Risk Management Annual Report Action Plan

Updated: 22.04.2022

RAG Status Table	
R	Not on trajectory to complete in timescale
A	On trajectory to be completed in timescale
G	Complete

*Please note there is currently a review of risk team capacity and this may impact on the action plan timescales.*

No	Action	Lead	Timescale	RAG Status	Comments
16	Update Risk Management strategy/policy/protocol to reflect new reporting lines into Operational Planning Group	Risk Team	31 <sup>st</sup> August 2021		Protocol and Guidance updated.
19	Any initial risk assessment that indicates very high and high risks should be progressed for inclusion on the risk register as a matter of priority and within 3 months of the recorded date of entry	Risk owners	30 <sup>th</sup> September 2021		This is an ongoing process and picked up through Risk Management Action plans
23	Completion of risk management system tendering process with NHS Greater Glasgow and Clyde	Risk Team	<del>31<sup>st</sup> May 2022</del> 2023/24		New timescales have been issued with expected date for implementation in NHS Borders in 2023/24

## Completed Actions

No.	Action	Lead	Timescale	RAG Status	Comments
2	Risk Register dashboards fed into clinical boards and LPFs/APF	Risk Team	30 <sup>th</sup> April 2021		
3	Review local document management policy to incorporate updated Records Management Code of Practice (2020)	Risk Team	30 <sup>th</sup> April 2021		
4	Review key performance indicators for 2021-22	RMB	31 <sup>st</sup> May 2021		
6	Re-establish quarterly reports	Risk Team	30 <sup>th</sup> June 2021		
7	Back to basics risk management awareness sessions	Risk Team	30 <sup>th</sup> June 2021		
8	Amalgamation of the COVID-19 risk registers into the operational risk register	Risk Team	30 <sup>th</sup> June 2021		
9	Develop a Risk Champion Network	RMB	30 <sup>th</sup> June 2021		
14	Key Performance Indicators monitored at RMB meetings	RMB	18 <sup>th</sup> Aug 2021		
15	Implementation of Risk Management Improvement Plans led by Risk Champions and monitored through RMB	Risk Champions/ RMB	18 <sup>th</sup> Aug 2021		
1	Strategic risks fed into governance groups	Risk Team	1 <sup>st</sup> April 2021		
12	Alignment with Clinical Prioritisation to ensure clinical risks are recorded within the corporate risk register and built into the Risk Management Framework	Risk Team	31 <sup>st</sup> Dec 2021		
17	Risk Team service review	BET	31 <sup>st</sup> Aug 2021		
24	Involvement in national imperatives issued by Scottish Government, MHRA, IRIC etc	Risk Team	31 <sup>st</sup> March 2022		
20	Streamline risk register form and implement on live system	Risk Team	1 <sup>st</sup> Oct 2021		
21	Creating lessons learned and implementing these lessons into the Risk Team recovery plan	Risk Team	1 <sup>st</sup> Nov 2021		
27	Inclusion of security into the risk management framework as per statutory requirements	Risk Team	31 <sup>st</sup> Dec 2021		
11	Inclusion of climate change into the risk management framework as per statutory requirements	Risk Team	30 <sup>th</sup> Nov 2021		
18	Clinical Boards and Support Services to continue to review their risk registers in line with Risk Management Board action	Risk owners	30 <sup>th</sup> Sept 2021		
13	Board development session of strategic risk to be scheduled in 2021/22	Risk Team/ CG&Q	31 <sup>st</sup> March 2022 30 <sup>th</sup> June 2022		Date given for Board Development Session June 2022. Timescale extended.

5	Risks outwith risk appetite fed into RMB	Risk owners	31 <sup>st</sup> March 2022		
22	Risk Champion Network training programme development	Risk Team	31 <sup>st</sup> Dec 2021		
26	Alignment of risk and resilience services to allow NHS Borders to encourage a more proactive approach and increase organisational resilience	Risk Team/ Resilience Team	31 <sup>st</sup> March 2022		
25	Development of risk management training programme	Risk Team	31 <sup>st</sup> March 2022		
10	Risk appetite process monitored and reported on	RMB	30 <sup>th</sup> Oct 2021		Standing item at RMB

<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Borders Alcohol and Drug Partnership Annual Report 2021-2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Dr Sohail Bhatti, Director of Public Health</b>
<b>Report Author:</b>	<b>Fiona Doig, Head of Health Improvement/Strategic Lead ADP</b>

## 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 presents an ADP Annual Report 2021-22 to the Board. The Report (Appendix One) includes information included in the template required for feedback to Scottish Government and additional narrative related to key work programmes over the year.

The Annual Report includes an update on progress against Ministerial Priorities; the new National Mission for Drugs funding and activity and areas for improvement identified in the Annual Review template submitted to Scottish Government.

The report does not represent all work carried out across the partnership.

This is being brought to the Board for their awareness.

## 2.2 Background

Borders ADP is a partnership of agencies and services involved with drugs and alcohol. It provides strategic direction to reduce the impact of problematic alcohol and drug use. It is chaired by the Director of Public Health and the Vice Chair is Scottish Borders Council's Director – Social Work and Practice. Membership includes officers from NHS Borders, Scottish Borders Council, Police Scotland and Third Sector.

The Annual Report shows positive progress in many of the reporting areas and extracts are presented below. There are some areas where the ADP will seek to improve in future work.

During 2021-22 the ADP was directed to develop work in response to increased funding in the following areas:

- Implement standards 1-5 of the Medication Assisted Treatment (MAT) standards<sup>1</sup>. MAT refers to the use of medication, such as opioids, together with psychological and social support, in the treatment and care of individuals who experience problems with their drug use. There are 10 standards which aim to improve access, choice and care and to ensure that MAT is effective
- Increase access to Long Acting Buprenorphine which is used to treat opioid dependence. It can be administered monthly rather than daily as in the case of methadone
- Outreach
- Near-fatal overdose pathways
- Lived and living experience
- Residential rehabilitation
- Whole family approach and family inclusive practice

There are two long standing Local Delivery Plan targets for the ADP:

- 90% of people referred should start alcohol or drug treatment within 21 days of referral
- Delivery of a target of 1312 Alcohol Brief Interventions across Primary Care, Antenatal and wider settings

## 2.3 Assessment

The ADP has made strong progress in each of the required areas outlined above:

### 2.3.1 Quality/ Patient Care

#### 2.3.1.1 Progress on new work areas:

- MAT Standards Implementation: Borders is the only ADP assessed as having implemented MAT Standards 1-5 by April 2022.
- Long Acting Buprenorphine: Borders Addiction Service (BAS) had already commenced work to expand access to Long Acting Buprenorphine prior to the new funding arrangements by end of March 2022. The percentage of people in receipt increased from 12% at end March 2021 to 18%.

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<sup>1</sup> [Introduction - Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/introduction-to-mat-standards/pages/introduction-to-mat-standards.aspx)

- Outreach: Additional funding was used to enhance capacity of our existing assertive engagement team (ES Team). The ES Team is jointly staffed by BAS and We Are With You and has been able to expand the towns in which drop-in clinics operate. People attending drop-ins can start same day treatment where clinically appropriate.
- Non-fatal overdose pathway: A local non-fatal overdose pathway commenced May 2021. Between May- March 2022, 71% of people referred were seen within 48 hours of referral.
- Lived and living experience: the Lived Experience Forum meets each month and a representative from this group attends the ADP. People who had accessed ADP services within the last 12 months were involved in a local service evaluation in November 2021. People reported very positive experiences. Some areas for improvement were identified including access to BAS via telephone and improved access to psychology. The telephone issues have been resolved and there is both additional psychology capacity (via MAT Standards funding) and staff capacity building undertaken to enhance skills in safety and stabilisation.
- Residential rehabilitation: as part of work to develop a new pathway consultation was undertaken with staff in drug and alcohol services, wider stakeholders and people with lived experience. The pathway was approved in September 2022.
- Whole family approach: an audit of support for children and young people affected by parental substance use was carried out in partnership with the Children and Young People's Leadership Group. Actions arising include dedicated training for specific staff groups.

#### 2.3.1.2 Drug Related Deaths Prevention

The Drug Related Deaths Review Group (DDRG) meets quarterly to review individual drug related deaths in terms of support and care offered. The members of the multiagency group are responsible for providing information to the reviews and taking forward relevant actions.

Borders continues to perform well in relation to provision of Take Home Naloxone which can be administered in the event of an opioid overdose. Since the programme started in 2011 Borders has reached 85% of our estimated population of opiates/benzodiazepine drug users with a first-time kit compared to 59% nationally at end of March 2022.

#### 2.3.1.3 Local Delivery Plan Targets

Borders has met the targets with 99% (560/563) of people referred starting treatment within 3 weeks of referral and delivery of 1781 alcohol brief interventions against a target of 1312.

### 2.3.2 Workforce

As part of the Service Evaluation we also sought views from staff about their experiences. Staff identified concerns about workload and improving joint working with other drug and alcohol services. They also identified a need to improve support for people's mental health and physical health.

There has been significant additional funding to the ADP from the National Mission and to support MAT standards. This has allowed for development of new staff roles to take forward work and add capacity to the system.

The wider workforce is supported through ADP commissioned training. There were 194 participants in a range of training delivered by local colleagues, nationally commissioned organisations and colleagues from other Boards. The ADP Workforce Directory also advertises available e-learning.

The Annual Report notes the pressure on both the ADP Support Team and colleagues in services in responding to new national priorities.

### 2.3.3 Financial

#### 2.3.3.1 Financial Summary

The national funding allocations for 2021-22 are summarised in the table below.

<b>Funding</b>	<b>Amount</b>
1. Core Funding (recurring)	£1,102,061
2. Programme for Government Funding (annual since 2018)	£358,278
3. Drugs Death Task Force funding (announced Nov 2020)	£26,688
5. National Mission Uplift (awarded June 2021)	£106,308
6. Residential Rehab (awarded June 2021)	£106,308
7. Long Acting Buprenorphine – Buvidal (awarded June 2021)	£85,047
8. Near Fatal Overdose Pathways (awarded August 2021)	£63,785
9. Outreach (awarded August 2021)	£63,785
10. Whole Family Approach Framework (awarded October 2021)	£74,416
11. Lived and Living Experience (awarded October 2021)	£10,631
12. MAT Standards (awarded February 2022)	£127,570

#### 2.3.3.2 Update on additional funding and carry forward

In February 2022 the Board was updated on the allocation of awards in June and August.

The funding for whole family approach is allocated as follows:

<b>Whole Family Approach £74,416</b>	<b>Award</b>
3% uplift on CHIMES contract	£7646
Additional CHIMES capacity (1 WTE)	£35,000
Additional WAVY Capacity (0.8 WTE)	£31,500
<b>Total</b>	<b>£74,146</b>

The funding received to support Lived Experience Panels is used to support training and capacity building.

Due to the late notification and lead in time for any associated spend there is a significant carry forward of funding into 2022-23. Scottish Government has alerted

NHS Borders to the intention to consider carried forward reserves prior to releasing of current year funding. There is an exception in relation to the MAT funding due to the pace of the work and timing of the award.

The ADP is utilising non-recurring funding to support development work in relation to identified gaps and to build capacity in the recovery community.

#### 2.3.3.3 Financial management

The ADP Board receives quarterly financial statements to ensure appropriate oversight. Bi-annual finance reports are submitted to Scottish Government.

#### 2.3.4 Risk Assessment/Management

There are three operational areas of work areas noted in the report which require improvement:

- Alcohol related deaths audit: the ADP is currently considering commissioning external support to undertake this work.
- Alcohol pathways: initial discussions for development work in BGH will take place 5.12.22
- Support for people with co-occurring alcohol and/or drug use and mental ill-health: an Advanced Nurse Provider will provide leadership for this work in alcohol and drugs services. This is a national concern highlighted by the Mental Welfare Commission for Scotland and additional leadership is provided within the Mental Health Service.

#### 2.3.5 Equality and Diversity, including health inequalities

A Health Inequalities Impact Assessment was completed for the ADP Strategy.

#### 2.3.6 Climate Change

n/a

#### 2.3.7 Other impacts

n/a

#### 2.3.8 Communication, involvement, engagement and consultation

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

The Annual Review for Scottish Government was produced by the ADP Support Team in consultation with commissioned alcohol and drugs services and a representative from Borders Recovery Community and this is reflected in the Annual Report

#### 2.3.9 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.

- ADP Board Meeting, 20 October 2022

## **2.4 Recommendation**

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

## **3 List of appendices**

The following appendices are included with this report:

- Appendix One Alcohol and Drugs Partnership Annual Report 2021-22

action on

**drugs+alcohol**

BORDERS

# **Alcohol Drugs Partnership**

**Annual Report  
2021-22**

## Contents

<b>1</b>	<b>Introduction</b>	<b>3</b>
<b>2</b>	<b>ADP Support Team</b>	<b>3</b>
<b>3</b>	<b>Adult Drug &amp; Alcohol Services</b>	<b>3</b>
<b>4</b>	<b>Recovery Groups</b>	<b>3</b>
<b>5</b>	<b>New Areas of Work</b>	<b>4</b>
<b>6</b>	<b>National Mission Response</b>	<b>6</b>
<b>7</b>	<b>Ministerial Priorities</b>	<b>8</b>
<b>8</b>	<b>Progress in Relation to ADP Strategic Plan 2021-2023</b>	<b>12</b>
<b>9</b>	<b>Areas for Improvement</b>	<b>14</b>
<b>10</b>	<b>Summary</b>	<b>15</b>
	Appendix One - ADP Support Team Representation on other committees	16
	Appendix Two - Training provided and numbers attending 2021-22	17

## 1 - Introduction

This Annual Report includes information included in the template required for feedback to Scottish Government and additional narrative related to key work programmes over the year 2021-22.

The Annual Report is intended to provide an update on some key developments and activities during 2021-22 in a more accessible format than the required review template. This report does not include the full extent of all work carried out.

The role of the ADP is to deliver Scotland's national alcohol and drug strategy, **Rights, Respect and Recovery** and provide strategic direction to reduce the level of drug and alcohol problems amongst children, young people and adults in the Borders based on local need.

## 2 - ADP Support Team

In 2021-22, the ADP Support Team included the following staff: 1.0 WTE Head of Health Improvement/Strategic Lead ADP, 1.0 WTE ADP Coordinator, 0.8 WTE Project Officer.

*Appendix One* provides a summary of representation by the ADP Support Team on wider partnership groups.

## 3 - Adult Drug & Alcohol Services

There are three ADP commissioned drug and alcohol services in the Scottish Borders: Borders Addiction Service; We Are With You and CHIMES. These services provide a range of harm reduction, treatment, psychological interventions, as well as wider support including employment, housing and support for family members. For more information on local services click [here](#).

During 2021-22, 563 individuals started alcohol or drug treatment. 99% of people started treatment within three weeks of referral against the national target of 90%.

## 4 - Recovery Groups

There is a range of recovery groups in the Borders that people can attend. The following is a summary of those meeting during 2021-22:

- MAP Groups – Mutual Aid Partnership Groups have resumed in person but also continue to meet online for those who are unable to attend.
- Serendipity Recovery Community Network – reopened in August 2021 and worked with We Are With You during September to promote Recovery Month. This halted due to further covid restrictions and, following the sale of the premises have successfully secured a new building. Serendipity is planning to resume face-to-face in August 2022.

- Borders Recovery Group - This group formed in January 2022 involving members of the Lived Experience Forum. This grass roots organisation is self-managed and has been delivering a Recovery Café and music group on a weekly basis with increasing numbers of people attending. Recovery Coaching Scotland provide support around webhosting and administrative support and the group are also supported by We Are With You.
- Recovery Coaching Scotland is a Community Interest Company run by people with lived experience of recovery and has successfully gained funding to deliver Recovery Coaching courses from the national Mental Health and Wellbeing Fund. Programmes of work in Scottish Prisons have taken place through 2021-22 and a Borders course was planned for Summer 2022.

## 5 - New Areas of Work

### National Mission £50m nationally

A National Mission was announced in 2020-21 with the aim of improving and saving lives of people who use drugs and their loved ones by:

- Providing fast and appropriate access to treatment and support through all services.
- Improving frontline drugs services (including the third sector).
- Ensuring services are in place and working together to react immediately for people who need support and maintain that support for as long as is needed.
- Increasing capacity in and use of residential rehabilitation.
- Implementing a more joined-up approach across policy and practice to address underlying issues.

£50 million was allocated to this nationally and during 2021-22, Borders ADP received £637,850 from this funding to support the delivery of the National Mission.

Priority Area	Task for Local Areas
Delivery of MAT Standards	<p>Medication assisted treatment (MAT) is used to refer to the use of medication, such as opioids, together with psychological and social support, in the treatment and care of individuals who experience problems with their drug use.</p> <p>There are 10 standards which aim to improve access, choice and care and to ensure that MAT is safe and effective. For more information on MAT click <a href="#">here</a>.</p> <p>ADP areas were tasked by Scottish Government to implement MAT Standards 1-5 by April 2022.</p>

Priority Area (cont.)	Task for Local Areas (cont.)
Long Acting Buprenorphine	To expand access to Long Acting Buprenorphine in financial year 2021-22.
Outreach	There is an expectation that there is effective, assertive outreach activity in all areas, which engages those at most risk, ensuring they have a meaningful pathway into treatment and support. This may include but is not limited to navigator and peer support models; out of hours and weekend support; and, multidisciplinary, holistic support teams.
Near-fatal Overdose Pathways	There is an expectation that near-fatal overdose pathways, will result in a rapid emergency response, which ensures individuals get access to the help they need at the point of need. It is also expected that pathways will incorporate wider harm prevention activity, incorporating appropriate wraparound support.
Lived and Living Experience	Funding is allocated to expand and improve the reach of the voices of those with lived and living experience.
Residential Rehabilitation	Improve data on residential rehab funding and improve pathways into and from residential rehabilitation services, in particular for those with complex needs.
Whole Family Approach & Family Inclusive Practice Framework	<p>There is an expectation that ADPs and Children Planning Partnerships should implement the recommendations from the Framework including:</p> <ul style="list-style-type: none"> <li>• Audit existing provision of family support services for children, young people and adult family members affected by others use of alcohol and drugs. In response to these findings: <ul style="list-style-type: none"> <li>* Ensure a range of family support options that are available to family members in their own right.</li> <li>* Ensure the workforce across alcohol and drug services, children's services and adult services are trained in family inclusive practice and whole family approaches.</li> </ul> </li> </ul>

## 6 - National Mission Response

Priority Area	Task
Delivery of MAT Standards	Borders was the only ADP area to be assessed as successfully implementing MAT Standards 1-5 by April 2022. Achieving a 'maintenance' status will require local reporting systems to be developed as there is no national solution.
Long Acting Buprenorphine	Long Acting Buprenorphine contains the active substance buprenorphine, which is a type of opioid medicine. It is given by injection to the patient and because of its long action means it can be given on a monthly rather than daily basis. By February 2022, 18% of people prescribed opioid substitution treatment (OST) were receiving Long Acting Buprenorphine an increase of 6% on the previous year.
Outreach	The assertive engagement team (ES Team) are now supporting 4 drop-in clinics across the Borders in Galashiels, Hawick, Eyemouth and Kelso. Regular support is provided to both BAS and WAWY in making contact with people who are not engaging. This is done through supporting home visits, telephone contacts and providing ways to reduce barriers such as transport to appointments or mobile phones to keep in contact.
Near-fatal Overdose Pathways	<p>A near-fatal overdose (NFO) pathway has been in place in Borders since May 2021 and is led by the ES Team. This pathway involves Police, Scottish Ambulance Service and Borders General Hospital staff being able to refer direct to Borders Addiction Service when someone has presented to their service having experienced a NFO.</p> <p>A multiagency group led by ES Team meets twice weekly (Monday and Thursday) to review referrals for all people notified as having experienced an NFO and ensure any relevant actions identified are completed. This includes appropriate outreach to vulnerable individuals and aftercare including referral into drug treatment service if not currently engaged. The service aims to see people within 48 hours of referral.</p> <p>There have been 130 referrals into the pathway since May 2021. Between May 2021-March 2022 71% of individuals referred were seen within 48 hours of referral.</p>

Priority Area (cont.)	Task (cont.)
Lived and Living Experience	<p>Lived Experience Forum: This group has been meeting over the last two years on a monthly basis and is led by the Community Engagement &amp; Peer Naloxone Coordinator from We Are With You. Within this group are people with lived and living experience including family members. A nominated representative from this group attends the ADP Board with alongside the coordinator. A member of the ADP Support Team attends each Forum and ensures that any concerns raised by people with lived experience are fed back to the appropriate staff within the Health &amp; Social Care Partnership.</p> <p>People with lived experience were involved in a service evaluation in November 2021. The findings from the SDF Service Evaluation were reported to the ADP. People who completed the evaluation had accessed one or more of the alcohol and drugs services in the previous 12 months. The findings reported very positive reports of experiences and relationships with services staff. The areas that people reported being most satisfied with were emotional health, meaningful use of time, and physical health. The areas people were least satisfied with were family/relationships, involvement with the community and offending. Testimonies from some showed positive impacts on confidence and substance use; some stated service use had saved their lives. Suggestions for how services could improve, included: longer hours on phone lines, making a Care Plan with worker, joined up services, improved access to specialist support, such as psychologists and more staff and funding.</p> <p>The evaluation also include feedback from staff who reported that it was common for people to have multiple and complex needs so flexibility in provision is required and identified that there could be better support for issues around specific substances (e.g. benzodiazepines), mental health and physical health. At time of reporting staff felt that workloads were very high and there was a need for more staff including inclusion of lived experience peers and more opportunities for joint work.</p>

Priority Area (cont.)	Task (cont.)
Lived and Living Experience (cont.)	<p>The recommendations were presented to service managers to review and develop an action plan. A poster was developed highlighting the feedback and the actions agreed in the form of 'You Said, We Will'. This was shared with the Forum and services to ensure it was widely available. We are now working on an updated 'You Said, We Did'. The findings from the survey have helped influence the allocation of additional funding and development of MAT implementation.</p> <p>Access to the full Service Evaluation is available <a href="#">here</a>. Access to the feedback and report is available <a href="#">here</a>.</p>
Residential Rehabilitation	<p>Borders participated in an audit of Residential Rehabilitation (RR) pathways in March 2021 which identified a need to review our local pathway alongside people with lived experience.</p> <p>A consultation took place between November 2021 and January 2022 with drug and alcohol services, wider stakeholders including homelessness and people with lived experience to identify demand (where possible) and seek feedback on the current pathway. A total of 7 different stakeholder meetings were held where views were gathered for the consultation.</p> <p>A workshop was held on Wednesday 23 February 2022 to share findings from the consultation work and to identify actions for improvement.</p> <p>A short life working group has taken forward the improvements and has produced a new pathway (September 2022). The group is now working on improved patient information and staff briefings.</p>

## 7 - Ministerial Priorities

ADPs are required to deliver work to address the following Ministerial Priorities which reflect Rights, Respect and Recovery and the Alcohol Framework.

- A recovery orientated approach which reduces harms and prevents deaths
- A whole family approach
- A public health approach to justice

- Prevention, education and early intervention
- A reduction in the affordability, availability and attractiveness of alcohol

ADPs are expected to set their own actions, improvement goals, measures and tests of changes alongside national deliverable to drive quality improvement at a local level.

The priorities are reflected in our local [Strategic Plan 2020-23](#). The following is a summary of action against each ministerial priority:

### **7.1 A recovery orientated approach which reduces harms and prevents deaths**

- In 2021-22 there were 117 first supplies of Take Home Naloxone provided across Borders and 163 resupplies. Since the programme started in 2011 Borders has reached 85% of our estimated population of opiates/ benzodiazepines drug users with a first time kit compared with 59% nationally by end March 2022.
- Naloxone supply was extended via:
  - \* Scottish Drugs Forum and We Are With You Borders implemented a Peer Naloxone Supply to people at risk of, or likely to witness an overdose. Recruitment took place in March 2021. 62 supplies were made through the Peer Naloxone Supply pilot in 2021-22.
  - \* Community pharmacies
- Development of a Non-Fatal Overdose Pathway established. Further information reflected in section 4 above.
- 23 staff from alcohol and drugs services attended skills building training in benzodiazepines.
- As part of our services' approach to broadening the delivery of trauma-informed interventions, 3 members of staff within the Addiction Psychological Therapies Team (APTT) were trained as trainers by NES in Safety and Stabilisation Training in November 2021. As part of MAT 6 (The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks) Improvement Plan this training will be delivered to all staff within our 3 drug and alcohol services by Christmas 2022.
- Borders ADP leads a multi-agency Drug Death Review Group (DDRG) chaired by the Chief Social Work Officer/Vice Chair ADP. The DDRG meets quarterly, carries out reviews on drug related deaths and ensures liaison between agencies in efforts to introduce interventions aimed at reducing drug-related deaths at local level. The 2020 Annual Report was produced and presented at the Critical Services Oversight Group (CSOG).

- Borders has successfully implemented MAT Standards 1-5. Achieving a 'maintenance' status will require local reporting systems to be developed as there is no national solution.
- Our local Drug Trend Monitoring Group continued to meet to share intelligence regarding emerging trends of drugs/alcohol use and related harm as well as hosting CPD events with on average 30 people in attendance. The mailing list is used to disseminate briefings/alerts to members. In 2021-22 we offered sessions on cannabis edibles and drugs in prisons.

## 7.2 A whole family approach

- The Whole Family Approach audit of support for children and young people was carried out in November 2022 in partnership with the CYPLG and Child Protection Delivery Group. This highlighted the need to increase knowledge of current support services and ensure targeted training was provided on whole family approach. Specific training is being provided during 2022 to meet this identified need.
- CHIMES is the service in Borders that provides support to young people under the age of 18 who are impacted by parental/carer alcohol or substance use. Additional funding was provided to CHIMES to increase capacity, engagement with appropriate services (e.g. Justice Women's Service) and ensure support is available at weekends and evenings.
- During the summer of 2021, the service was able to provide a full programme of activities at school holiday times as well as purchase and distribute sports and leisure equipment, musical equipment, arts and crafts materials and games and toys. External funding was also sources for a voice coach and drummer tutor to provide music sessions for young people. In the previous 6 months, April to Sept, 11 young people were involved in a group street band music initiative over 4 days during the summer. The group produced a film which highlights their musical efforts, and this has been uploaded to You Tube.
- WAVY is the service in Borders that provides support to people over the age of 16 who are impacted by another's drug/alcohol use. Additional funding was provided to WAVY to increase capacity and ensure support available at weekends and evenings.
- WAVY and CHIMES provide one to one and group support for adult family members affected by someone else's alcohol or drug use based on CRAFT (Community Reinforcement and Family training programme).

### 7.3 A public health approach to justice

- The Justice Social Work Service supports the delivery of Alcohol Brief Interventions (ABIs). (An ABI is a short, evidence-based, structured conversation about alcohol consumption with a patient/client that seeks to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm). The service delivers ABIs as part of the induction process for individuals subject to unpaid work, in addition to screening when undertaking Criminal Justice Court Report interviews.
- Justice staff including Social Work and Unpaid Work are trained in the administration of Naloxone. Offices hold a small supply of Naloxone kits that can be issued to individuals for personal or family/partner use where there is considered high risk of overdose.
- The Justice Social Work Service has appointed a half time Welfare Worker for two years. The post seeks to break down barriers of discrimination, health and social isolation to those involved in the Justice System, in order to enhance positive outcomes including reduced offending behaviour, social inclusion and enhanced healthy living opportunities.
- As part of a restructure of Drug Treatment and Testing Order (DTTO) delivery, the Welfare Worker utilises an additional 7 permanent hours to support individuals subject to DTTO, who require generic mental health support while awaiting specialist mental health provision.
- The service's Group Manager sits on and contributes to the Drug Death Review Group.
- While the use of Diversion by the Procurator Fiscal Service is relatively low, opportunities to refer individuals to drug and alcohol support services are in place. This is a useful opportunity to engage and deliver Early Effective Intervention across Youth and Adult Justice, with an aim to address problematic substance use that is impacting negatively on decision making and behaviours avoiding remittance to the Court.

### 7.4 Prevention, education and early intervention

- During 2021-2022, the ADP Support Team coordinated 13 online training courses for 194 participants (130 participants in 2020-21). There were 133 participants from statutory agencies, 57 from voluntary sector and 4 from other organisations. While the shift to online delivery was made in response to the pandemic, it has benefits by allowing more accessible training by reducing travel time. A range of stakeholders including local service providers, Police Scotland, Scottish Drugs Forum, Crew, Scottish Families Affected by Drugs and Alcohol (SFAD) and NHS Ayrshire and Arran, provided training.

In addition, there were 142 participants in e-learning provided by Scottish Drugs Forum.

The most recent Workforce Development Training Directory is available [here](#). *Appendix Two* provides detail of numbers attending training.

- ADP extended the Drug Trend Monitoring Group CPD events to any interested parties. These 30 – 60 min CPD events occur twice a year and provide a relevant update from Police Scotland Drug Expert Witness Unit. Staff have found these short sessions very informative and easy to attend rather than trying to find longer periods available in their diaries. Numbers attending have been high with around 30 participants at each session.
- An evaluation of the Substance Use Education programme rolled out in Primary and Secondary Schools in November 2019 took place in November 21. This evaluation showed that as a result of the programme being launched just prior to COVID-19 pandemic there was a need to relaunch the programme. This was carried out in May for both Primary and Secondary schools along with specific training for Youth Work Services on the programme and an update from Crew on Drug Trends.
- A total of 1781 ABIs were delivered across Primary Care, Antenatal and wider settings. This was against a target of 1312 (131%).

### **7.5 A reduction in the affordability, availability and attractiveness of alcohol**

- Borders ADP Support Team review all new licence and variations on behalf of Public Health. Occasional licences which have a child/family element and are brought to the attention of ADP Support Team by Licensing Standards Officer for review.
- **Borders Alcohol Profile** was updated by Borders ADP Support Team and published in August 2021. This was presented to the Licensing Board highlighting the most recent alcohol data available, good practice recommendations from the Review of Statements of Licensing Policy 2018 – 2023 (Alcohol Focus Scotland) and Alcohol Consumption and COVID – 19.
- Due to lack of membership no Local Licensing Forum meetings have been held except the joint Licensing Board and Forum meeting in 2021/22. Scottish Borders Council colleagues are recruiting for new members from July 22.

## **8 - Progress in Relation to ADP Strategic Plan 2021-2023**

The ADP Strategic Plan identified the following areas for improvement:

- Lived experience involvement
- Independent advocacy
- Pathways for people experiencing both mental health and substance use (dual diagnosis)

Below is a short update on progress:

### **Lived Experience involvement in development of ADP Strategy and Delivery plan**

- Lived Experience Forum: This group has been meeting over the last two years on a monthly basis and is led by the Community Engagement & Peer Naloxone Coordinator, We Are With You. Within this group are people with lived and living experience including family members. A nominated representative from this group attends the ADP Board with alongside the coordinator. A member of the ADP Support Team attends each Forum.
- Funding was provided to recruit an Addiction Worker Training Post within Scottish Drugs Forum (SDF) and hosted within We Are With You (WAWY). SDF also worked alongside WAWY to continue delivering Peer Naloxone supply to people at risk of, or likely to witness and overdose. WAWY has volunteering roles for people with lived experience.

### **Independent Advocacy**

There is a review of existing adult independent advocacy contract in progress. Pending the outcome of this review we have extended the capacity within the existing provider to support clients with drug and alcohol problems.

Children and Young People's Leadership Group remain unable to progress a decision relating to children's advocacy due to lack of available funding.

### **Pathways for people experiencing both mental health and substance use (dual diagnosis)**

A consultant psychiatrist is available within BAS to offer psychiatric review and both diagnostic input and medication where needed and the available hours for this role were extended using new funding.

We were successful in developing a proposal to respond to MAT 9 (All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery) to appoint an Advanced Nurse Practitioner to improve joint working and input to adult mental health, allowing us to outreach more and offer more input where patients sit within adult and have difficulties with substances or alcohol, but do not wish for formal addictions input. This role will also support pathway development that clarifies the expectations from different services for this patient group.

BAS aims to offer support around mental health difficulties to all in service regardless of if they have a formal diagnosis of a mental illness. As part of the MAT 6 response all staff are being offered safety and stabilisation training and will be supported by psychology colleagues to deliver tier 2 interventions to those on their caseload. Alongside this the Addictions Psychology Team will accept referral and offer tier 3 or 4 work as felt needed to individuals based on formulation rather than diagnosis.

## 9 - Areas for Improvement

### Alcohol related deaths

In 2020 ADPs were advised they should complete an audit of alcohol related deaths at least every three years. The first such audit locally was completed in 2017 and there has not been one undertaken since. In early 2022 the staff member identified to undertake this work became unavailable. We are hoping to get support to do this work through a Specialist Registrar in Public Health as there is no existing capacity within the ADP Support Team to complete this work.

### Alcohol pathways

There is a need to ensure all opportunities for early identification of alcohol concerns for individuals are taken. There is a plan in place to work with acute sector colleagues in the first instance to improve pathways within our local hospital during 2022-23.

### Improve responses for people with co-occurring alcohol and/or drug use and mental ill health.

There is work ongoing to improve joint working between the drug and alcohol services and mental health via developments as part of MAT Standards 6 and 9, however a recently published report from the [Mental Welfare Commission for Scotland 'Ending the Exclusion: Care, treatment and support for people with mental ill health and problem substance use'](#) in Scotland highlights the need for more.

### Future planning and governance

The reporting year has been challenging in terms of future planning. The additional funding from the National Mission has been welcomed locally, however, the information relating to funding and the allocations were issued via several letters during Summer-Autumn 2021 meaning, for most improvements, work did not start until the final quarter of the financial year.

In addition, unanticipated demands on MAT standards reporting from November 2021 – April 2022 were challenging to meet within local capacity on top of existing workplans.

The ADP is planning to review governance structures and future planning during late 2022-23. At this stage we are also waiting for indications from the Scottish Government Alcohol Care and Treatment team about local priorities.

There are emerging expectations from Scottish Government to enhance the guidance in the Partnership Delivery Framework<sup>1</sup> in terms of ADP governance and in particular its relationship with the Health and Social Care Partnership.

<sup>1</sup> [Alcohol and Drug Partnerships: delivery framework - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/06/Alcohol_and_Drug_Partnerships_delivery_framework.pdf)

These new developments meant that much of ADP Board discussion was focussed on planning, commissioning and financial management.

The ADP is planning to review governance structures and future planning during late 2022-23. At this stage we are also waiting for indications from the Scottish Government Alcohol Care and Treatment team about local priorities.

## 10 - Summary

Borders ADP continues to perform well in many areas related to Ministerial Priorities and it is positive to see the improvements in access to MAT recognised nationally. The major challenge to further improvement is local capacity (both in the ADP Support Team and service staff time). During 2022-23 additional funding has been made available to increase capacity in the ADP Support Team and employ a data analyst to support MAT standards implementation.

## Appendix One

### ADP Support Team Representation on other committees

#### National

- Alcohol Focus Scotland Board (Director)
- DAISY Implementation Group
- Drug Death Coordinators Meeting
- Drug Death Task Force
- Medication Assisted Treatment Standards Implementation Forums (Various)
- National Drug Death Task Force Meetings and Multiple and Complex Needs Sub-group
- Public Health Alcohol Special Interest Group (Vice Chair)
- Scottish Government and Alcohol and Drugs Partnership Quarterly Meetings and locality based liaison meetings

#### Local

- Adult Protection Delivery Group
- Child Protection Delivery Group
- Community Justice Board
- Children and Young People's Leadership Group
- Mental Health and Wellbeing Board
- Violence Against Women Partnership Executive and Delivery Group
- Public Protection Training and Delivery Group

## Appendix Two

### Training provided and numbers attending 2021-22

Course	Number attended
ABI Training	6
Benzodiazepines & Managing Emotions	23
Bereaved Through Substance Use	8
Drugs & Mental Health	12
DTMG - Cannabis Edibles CPD	30
DTMG - Drugs in Prison CPD	25
Emerging Drug Trends (2 courses)	25
Enhanced Core Communication Skills	8
Family Inclusive Practice	8
Introduction to Drug & Alcohol Services	13
Introduction to Motivational Interviewing (2 courses)	21
Introduction to Trauma	5
Introduction to SUE and Drug Awareness	10
<b>Total</b>	<b>194</b>

## Need to contact us

@ [bordersadp@borders.scot.nhs.uk](mailto:bordersadp@borders.scot.nhs.uk)

 01835 825900

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>1 December 2022</b>
<b>Title:</b>	<b>Integration Joint Board Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Chris Myers, Chief Officer Health &amp; Social Care</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 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 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 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 21 September 2022
- Extraordinary Integration Joint Board 31 October 2022
- Integration Joint Board 16 November 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, Extraordinary Integration Joint Board minutes 17.08.22
- Appendix No 2, Integration Joint Board minutes 21.09.22.
- Appendix No 3, Extraordinary Integration Joint Board minutes 31.10.22.



Minutes of an extraordinary meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 17 August 2022** at 9am via Microsoft Teams

**Present:**

(v) Cllr D Parker (Chair)	(v) Mrs L O'Leary, Non Executive
(v) Cllr T Weatherston	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor, Non Executive
(v) Cllr J Cox	(v) Mr J McLaren, Non Executive

Mr C Myers, Chief Officer  
Dr K Buchan GP  
Ms L Gallacher, Borders Carers Centre  
Ms G Russell, Partnership Representative NHS  
Mr D Bell, Staff Side SBC  
Mr N Istephan, Chief Executive Eildon Housing  
Mrs S Horan, Director of Nursing, Midwifery & AHPs  
Ms L Jackson, LGBTQ+  
Mrs H Robertson, Chief Financial Officer

**In Attendance:**

Miss I Bishop, Board Secretary  
Mrs J Stacey, Internal Auditor  
Mr D Robertson, Acting Chief Executive, SBC  
Mr R Roberts, Chief Executive, NHS Borders  
Mrs C Oliver, Head of Communications & Engagement, NHS Borders  
Ms S Flower, Chief Nurse Health & Social Care Partnership  
Mrs C Wilson, General Manager P&CS  
Dr C Cochrane, Director of Psychological Services and Head of Psychology Speciality  
Mr S Burt, General Manager, Mental Health & Learning Disability Services  
Ms M Struthers, GP Practice Pharmacist, NHS Borders  
Mrs N MacDonald, Vaccination Programme Manager, NHS Borders  
Ms K Slater, Scottish Borders Council  
Ms C Veitch, Scottish Borders Council  
Mrs J Holland, Director of Strategic Commissioning & Partnerships  
Mrs L Jones, Director of Quality & Improvement, NHS Borders  
Ms H Jacks, Planning & Performance Officer, NHS Borders  
Mr A Medley, Scottish Borders Council  
Mrs K Steward, Clinical Lead CTAC, NHS Borders

## 1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr Robin Tatler, Mrs Harriet Campbell, Non Executive, Ms Juliana Amaral, BAVs, Dr Lynn McCallum, Medical Director, Mr Andrew Bone, Director of Finance, NHS Borders and Mrs Jenny Smith, Borders Care Voice

1.2 The Chair welcomed Mrs Hazel Robertson to her first meeting of the Integration Joint Board (IJB) in her official capacity as Chief Financial Officer of the IJB.

1.3 The Chair to welcomed a range of attendees to the meeting.

1.4 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.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were no declarations.

## **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 June 2022 were approved.

## **4. MATTERS ARISING**

4.1 **Action 2021-6:** Mr Myers confirmed that the action remained on-going.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

## **5. RESOURCING OF PRIMARY CARE IMPROVEMENT PLAN AND OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FUND FROM 2023/24 ONWARDS**

5.1 Mrs Cathy Wilson provided an overview of the content of the paper and highlighted several key elements including: work on skill mix; scrutiny of workforce to validate the workforce required; £200k savings achieved; future funding envelope insufficient for the development of Memorandum of Understanding (MoU) 2; and recurring funding required to TUPE staff from GP Practices.

5.2 Mr Hazel Robertson elaborated on the content of the allocation letter and its implications for the IJB. She advised that the IJB would be required to ensure it fully spent any carry forward balances within its reserves. Then 70% of the allocation would be released to the IJB with the remaining 30% held in abeyance. She further advised that the funding envelope did not give certainty for the next year, but gave some indication of an overall direction of travel.

5.3 Dr Kevin Buchan commented that the organisation was in a reasonably good position as it had continued to work on elements of the PCIP through the COVID-19 Pandemic. He advised that the consequences of not delivering the contract were huge and suggested that there would be significant difficulties with GP Practices in the Borders being unable to provide their normal high level of care.

- 5.4 Mrs Kathy Steward commented that as the clinical lead for CTAC, explained that there were lots of dependences in the project and in terms of timescales they were already part way through the organisational change process with current staff, vacancies would require to be recruited to as well as the TUPE of staff. There would be pressures to deliver CTAC by the end of March, however she suggested the IJB should consider the risks of non delivery.
- 5.5 Discussion focused on: what was the level resource predicted on a recurrent basis from April 2023; what was the acceptable level of risk given a lack of available funding; supported the direction of travel; Scottish Government had responsibility for financially resourcing the PCIP; escalation of the overall position to the Scottish Government to make them aware of the implications of non delivery of MoU 2; assurance to NHS Borders that the IJB will commission what it has funds to commission to ensure it does not operate an overspend position; sustainability payments; position of ring fenced reserves; any direction should clearly set out the risks and assumptions made by the IJB; and pursue a more robust approach with the Scottish Government on future funding.
- 5.6 Cllr David Parker commented that non recurrent resources should not be used to TUPE staff and clarification of the financial situation was required.
- 5.7 Mr John McLaren enquired about the level of engagement that had taken place with the Scottish Government.
- 5.8 Mr Tris Taylor expressed concern that the IJB did not have clarity on the financial risk and that the operational risks required to be summarised.
- 5.9 In terms of the financial risk, Mr Chris Myers advised that he had written to the Director of Primary Care at the Scottish Government and outlined the situation and advised that there was a risk that the MoU 2 would not be delivered. He had emphasised that the contract was clear that the financial responsibility for resourcing the contract sat with the Scottish Government.
- 5.10 Mr Myers suggest the Chief Financial Officer work with the NHS Borders Director of Finance and the PCIP to draw up a reserves plan and to issue a direction to NHS Borders whilst being clear that the direction would not ask NHS Borders to go beyond the funding made available for delivery.
- 5.11 Dr Buchan commented that he had raised the matter with the BMA and the Scottish Government Practitioners Committee. He spoke of the Action 15 monies that had always been directed to primary care and the disparity of treating GPs differently to other services in health care.
- 5.12 The Chair suggested that as a result of the conversation the IJB required Mr Myers and colleagues to develop a paper to clarify what needed to happen over the following 4 weeks to be able to meet the 16 September 2022 deadline and to understand the deployment of reserves and other funding streams in the short term as well as finance, workforce and other risks in moving forward. She further clarified that the paper should look at how to deliver what was currently planned to be done as safely and prudently

as possible. She suggested that the paper could be circulated virtually for the IJB to consider.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made since the last Integration Joint Board.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the risks to non-delivery of the GMS Contract, GP sustainability, workforce, and mental health and wellbeing services.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the local financial position had been escalated to the Scottish Government Primary Care Directorate, and that the Scottish Government had subsequently issued a national allocation letter and the process to be followed.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the funding for the Mental Health and Wellbeing in Primary Care Services plan reviewed at the Integration Joint Board in June 2022 had not been released and the plan had not been signed off by Scottish Government.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that discussions would occur with the Scottish Government about the use of the Mental Health and Wellbeing in Primary Care fund to inform a future paper for the Integration Joint Board.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that a further paper be worked up and shared with the IJB for consideration.

## **6. National Care Service consultation response**

- 6.1 Mr Chris Myers provided background information to the item and the engagement process that had been followed in order to develop the response. He spoke of the content of the response and suggested that for co-terminous areas and remote and rural areas it could have a significant impact on the delivery of services that were currently operating. The response noted that that Feeley Review had put people at the centre of their care, however the Bill was focused on structures and did not elude to what it could do for people.
- 6.2 The Chair noted that there were 3 separate responses formulated which would be discussed and submitted from the IJB, Scottish Borders Council and NHS Borders. She suggested the option of a pathfinder would be the opportunity to formulate something that would fit with the uniqueness of the Scottish Borders rather than having something imposed that may not meet the needs of the Scottish Borders.
- 6.3 Mr John McLaren commented that he was concerned that being a pathfinder would add further pressure and stress onto an already fragile workforce.

6.4 Mr David Bell echoed Mr McLaren's comments and reminded the Board that the organisations all struggled to retain staff and further pressure on staff could potentially exacerbate that position further.

Further discussion focused on the pros and cons of being a pathfinder.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered the response developed.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** did not provide any further comments.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the response for submission to the Scottish Parliament's 'Call for Views' and 'Your Priorities' consultations.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed (by a majority at the meeting) to the principle of progressing discussions with the Scottish Borders Council, NHS Borders and Scottish Government to explore the potential for a local pathfinder to support the development of the Bill.

## **7. DATE AND TIME OF NEXT MEETING**

7.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 21 September 2022, from 10am to 12noon, via Microsoft Teams.

Signature: .....  
Chair



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 21 September 2022** at **10am** via Microsoft Teams

**Present:**

(v) Cllr D Parker	(v) Mrs L O’Leary, Non Executive (Chair)
(v) Cllr T Weatherston	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor, Non Executive
(v) Cllr J Cox	(v) Mr J McLaren, Non Executive
(v) Cllr R Tatler	(v) Mrs H Campbell

Mr C Myers, Chief Officer  
Dr K Buchan GP  
Ms L Gallacher, Borders Carers Centre  
Ms V McPherson, Partnership Representative NHS  
Mr N Istephan, Chief Executive Eildon Housing  
Mrs S Horan, Director of Nursing, Midwifery & AHPs  
Ms L Jackson, LGBTQ+  
Dr L McCallum, Medical Director  
Mrs J Smith, Borders Care Voice  
Ms J Amaral, BAVs

**In Attendance:**

Miss I Bishop, Board Secretary  
Mrs J Stacey, Internal Auditor  
Mr R Roberts, Chief Executive, NHS Borders  
Mrs H Robertson, Chief Financial Officer  
Mrs J Smyth, Director of Planning & Performance  
Mr A Bone, Director of Finance  
Ms J Glen, Head of Operations, SBCares  
Ms C Lyall, Planning & Performance Officer  
Dr K Allan, Associate Director of Public Health  
Mrs F Doig, Strategic Lead ADP  
Mrs S Elliot, ADP  
Mrs C Oliver, Head of Communications & Engagement  
Ms S Flower, Chief Nurse Health & Social Care Partnership  
Mrs C Wilson, General Manager P&CS  
Mrs J Holland, Director of Strategic Commissioning & Partnerships  
Mr A Medley, Scottish Borders Council  
Mr D Knox, BBC Scotland  
Mr A McGilvray, Radio Borders

## **1. APOLOGIES AND ANNOUNCEMENTS**

1.1 Apologies had been received from Mr David Bell, Staff Side Scottish Borders Council.

1.2 The Chair to welcomed a range of attendees to the meeting including the public and media.

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 an interest in item 5.4 on the agenda, Appendix-2022-26 Direction Update: Care Village Development – Hawick Outline Business Case Initial Assessment, as Eildon Housing owned one of the premises mentioned in the report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the verbal declaration made.

## **3. MINUTES OF THE PREVIOUS MEETING**

3.1 The minutes of the Extraordinary meeting of the Health & Social Care Integration Joint Board held on 17 August 2022 were approved.

## **4. MATTERS ARISING**

4.1 **Action 2021-6:** Mr Myers provided an update to the action and reported that the Court of Session had issued a legal challenge in regard to the closure of the Hawick Day Services during the pandemic on the premise of a lack of a legally compliant process. The Carers Workstream had undertaken a needs assessment and were meeting the following week to consider the way forward.

4.2 **Action 2022-3 PCIP:** The Chair noted that there was a substantive paper on the agenda at Item 6.1.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

## **5. DIRECTION: DEVELOPING A HOSPITAL AT HOME SERVICE**

5.1 Mrs Cathy Wilson provided an overview of the content of the direction.

5.2 Cllr David Parker commented that an extensive discussion had taken place at the Strategic Planning Group who were supportive of the Direction.

5.3 Dr Lynn McCallum commented that Dr Tricia Cantly had been an excellent addition to the Geriatric Team in the Borders and she had committed to 2 years with Borders before she retired. Dr McCallum advised that Dr Cantly had been brought on board specifically to look at developing a hospital at home service and had already made an impact from a clinical perspective. It was evident to Dr McCallum that the challenges in the acute sector could potentially lead to harm for patients.

- 5.4 Mrs Harriet Campbell enquired if Eildon was the right place given the challenging geography of Borders.
- 5.5 Mrs Sarah Horan expressed support for the initiative and suggested it was the way to think of transforming care in the Borders. From her perspective the success of the initiative would also have an impact on nursing, carers and unpaid carers availability to support people in their own homes.
- 5.6 Mrs Wilson commented in regard to distance Eildon had been chosen and the net cast across Lauder to Clovenfords and out to Tweedbank to ensure a good set of patients who fitted the criteria would be captured. When the initiative progressed from scoping to testing, distance would be tested.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that the Scottish Borders should explore the option of developing a Hospital at Home service locally.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the further exploration of the model which included working with Healthcare Improvement Scotland – recognising their extensive experience in the field in both urban and rural areas.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed NHS Borders to scope and develop a business case on the development of a Hospital at Home (H@H) model in Scottish Borders as a transformation initiative in line with the 2022/23 IJB Commissioning Plan.

## **6. DIRECTION: SCOTTISH BORDERS HOMECARE REABLEMENT APPROACH**

- 6.1 Mrs Julie Glen provided an overview of the content of the paper.
- 6.2 The Chair enquired of the status of a para-professional and Mrs Glen advised that it was someone who was not a fully qualified social worker.
- 6.3 Cllr David Parker commented that the Strategic Planning Group were supportive of the proposal and had suggested it had good potential in relation to integration with SBCares and Home First and better resilience outcomes for individuals.
- 6.4 Dr Lynn McCallum commented that clinically it was the right thing to do and would produce better outcomes for people. She questioned how it would be accessed and rolled out across the Borders given Home First were operating at full capacity. She also enquired if it would be a gradual process of moving from a focus of permanent care for people to reablement or a process associated with it.
- 6.5 Mrs Glen commented that the pathfinder was underway and would be scored separately to Home First. Early conversations had commenced with Mr Paul Williams in terms of potential scoping and involvement of a project team from Scottish Borders Council and NHS Borders. She further commented that currently to access SBCares reablement the approach was through START and they would refer and do an assessment and determine if there were rehab goals to go to home care. When the

system was integrated it was expected that a further scope out of the actual pathway would be required.

- 6.6 Dr McCallum enquired given the exceptional pressures in START if there were any people who were medically fit and able to go home that needed to be captured before 10 days down the line, as it took up to 10 days to allocate a social worker for the review and the deconditioning of those people was significant in that timeframe. She suggested consideration needed to be given to access and how to make it slicker for Home First and not to rely on START specifically who were overwhelmed. Mrs Glen echoed Dr McCallum comments. She suggested that the scoping exercise would assist in identifying future gaps.
- 6.7 Mr John McLaren enquired about levels of engagement on the Homecare Reablement approach. He sought assurance that appropriate engagement had taken place and would continue to take place as the proposal progressed. He further suggested that the Joint Staff Forum be engaged with on the proposal prior to its submission to the Strategic Planning Group. Mrs Glen commented that there would be challenges for the project groups and there would be HR and Trade Union representation on the groups. In terms of staff engagement that had not yet happened as the proposal at the current stage was for a pathfinder project, however she assured the Board that full engagement would take place on any proposal to be progressed from the findings of the pathfinder.
- 6.8 Mr Tris Taylor commented that he fully understood that the direction was to look at a pilot, however he was concerned at the quality of the paper given it contained some inconsistencies in regard to legislative requirements especially in regard to conducting a full impact assessment (IA). He enquired how the night service that was to be decommissioned was outwith the scope of the Reablement project. He suggested IA guidance did not appear to have been followed in the sense of providing clear evidence and the involvement of people representative of equality groups.
- 6.9 The Chair commented that a further IA would be required to be completed as part of the next stage of the pathfinder and she asked that the comments raised by Mr Taylor be taken into account when that further IA was progressed.
- 6.10 Mrs Glen commented that a pathfinder was being taken forward in Peebles to decommission the night support service and transfer the staff into the reablement service. That pathfinder was due to be evaluated at the end of September and once concluded and if evaluated positively it would then be rolled out across all of the localities and all night service staff would be realigned to the reablement service. At that stage a full IA would be produced.
- 6.11 The Chair commented that there appeared to be 2 separate issues, the completion of the IA and the decommissioning of the night service and she asked that both be addressed.
- 6.12 Mrs Lynn Gallacher suggested that both would impact on unpaid carers both positively and negatively and she asked that a carers representative be included so that the voice of carers and the impact on carers would be heard and fully understood. The

Chair asked that Mrs Cathy Wilson and Mrs Glen look at additional ways to engage with carers on the proposals.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Reablement work by NHS Borders and SBCares that was already underway and the benefits of the approach.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that a further business case would be submitted for discussion following the completion of the Reablement Pathfinder, its subsequent evaluation and discussions on a future Borders wide operating model.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the progression of the scoping of one integrated SB Cares / Home First service.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to a future proposal being submitted later in the year with an outline approach for an Integrated Reablement Service with SB Cares and Home First.

## **7. DIRECTION: REVIEW OF PALLIATIVE CARE SERVICES ACROSS THE SCOTTISH BORDERS**

7.1 Mrs Suzie Flower provided an overview of the content of the paper.

7.2 Cllr David Parker commented that the Strategic Planning Group (SPG) had noted the challenges with unpaid carers support and accessing respite care. The SPG had been keen to ensure unpaid cares would be engaged with.

7.3 Dr Lynn McCallum commented that she was supportive of the direction and in terms of a clinical perspective she was aware of a rise in the number of deaths in hospital since the pandemic, who would have normally passed away at home. She suggested there was a significant issue on the ability to be able to deliver palliative and end of life care in a variety of settings across the Borders and it was imperative that it was looked at through an external lense instead of internally.

7.4 Mrs Harriet Campbell commented that she was supportive of the direction, but questioned where the funding would be taken from to commission the review. The Chair suggested it was a matter for the Chief Financial Officer to address.

7.5 Mrs Hazel Robertson commented that she would be expected to find the resource if the direction was approved.

7.6 Mrs Sarah Horan commented that she was supportive of the direction and reminded the Board that there was an 8 bedded palliative care unit attached to the Borders General Hospital. She further commented that a significant amount of people required specialist palliative care and that it should be provided with equity across the Borders.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the direction and the commission of an external review.

## 8. **DIRECTION UPDATE: CARE VILLAGE DEVELOPMENT – HAWICK OUTLINE BUSINESS CASE INITIAL ASSESSMENT**

- 8.1 Mr Nile Istephan withdrew from the discussion as per his declaration of interest.
- 8.2 Mrs Jen Holland provided an overview of the content of the paper.
- 8.3 Cllr David Parker commented that the Strategic Planning Group were supportive of the direction of travel and had noted the approach being taken and welcomed the further engagement to be progressed in Hawick.
- 8.4 Mr Tris Taylor commented that he was concerned that there did not appear to be any endorsement from the involvement work from service users and communities for the Care Village model. Mrs Holland commented that the initial assessment was in regard to the Outline Business Case (OBS) and fuller engagement would be taken forward in 2023.
- 8.5 Mr Taylor challenged that the paper read as though communities had been approached and had fed back that there could be a better way to deliver the outcomes desired but that had not been reflected in the paper.
- 8.6 Mr Chris Myers commented that it was important to provide context and when undertaking the consultation the concerns from the community had been essentially was it enough or was there a need for more care or different care to be provided. It had been focused on the scale of the work required and in regard to the £8m development there were concerns in terms of capacity and funding. An OBC would now need to be developed to define the care village based on demand and what communities saying. The OBC would provide further information and it will ensure what was being scoped would meet the needs of the Hawick for the next 10-20 years.
- 8.7 Mr John McLaren challenged the recommendation to endorse the OBC and suggested the Board should be noting the OBC. The Chair clarified that the Board were being asked to endorse the options in the initial assessment and the engagement and evaluation of those options had not yet taken place.
- 8.8 Mr Ralph Roberts commented that it would be helpful if there was a collective commitment to progress the development at a model level so that as similar projects were progressed in other localities they could be done in a more joined up way.
- 8.9 Cllr Tom Weatherston commented that his feedback form the public in Hawick was that they wanted the care village and were frustrated that it was taking so long to progress.

The **HEALTH & SOCIAL INTEGRATION JOINT BOARD** endorsed the Outline Business Case (OBC) Initial Assessment set out in Appendix 1.

The **HEALTH & SOCIAL INTEGRATION JOINT BOARD** noted the current options set out in the OBC Initial Assessment that would be taken forward and appraised within the development of the final OBC for Hawick Care Village provision.

The **HEALTH & SOCIAL INTEGRATION JOINT BOARD** noted that the final OBC would be submitted to the Integration Joint Board in early 2023.

The **HEALTH & SOCIAL INTEGRATION JOINT BOARD** noted the findings of the NDTi engagement activity on future care provision in Hawick, as set out in the report at Appendix 2

## **9. DIRECTION: PRIMARY CARE IMPROVEMENT PLAN**

9.1 Mrs Hazel Robertson provided an overview of the content of the paper and highlighted several key elements including: the current stage in the process had not gone through due process; the allocation letter lacked clarity on funding for the PCIP; discussions had taken place with the Scottish Government; significant gap in funding and aspirations of the PCIP; implementation of all workstreams and significant risks; the PCIP Executive Group would review the whole programme and reprioritise accordingly, which might mean pulling back from some aspects of the programme; and the guidance on commissioning that had been received in November last year.

9.2 Dr Kevin Buchan commented that the PCIP had worked hard on the GMS contract locally and were concerned about how they could move forward with a process that had failed through every step. Whilst good progress had been made locally there was significant failure across the patch. It was likely that there would be design issues for Boards and the likelihood of fines which he commented was a waste of money. There had been a significant amount of disappointment and the Scottish Government were clear in where they were going with the GMS contact. Dr Buchan advised that locally delivery of the contract was in doubt with significant issues around it nationally, especially in regard to terms and conditions. He commented that the Executive Group would maximise what it could and there would need to be a significant review of what was successful and what was not and changes would have to be made to certain areas to enable a focus on what would be helpful for GPs and patients.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the tightening position regarding PCIP funding

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the PCIP direction which entailed reprioritisation of spend patterns.

## **10. ALCOHOL AND DRUGS PARTNERSHIP (ADP) SELF-ASSESSMENT**

10.1 Mrs Fiona Doig provided an overview of the content of the report and highlighted the increased scrutiny of ADP performance. She advised that the self assessment was part of the assurance to the Scottish Government on how the ADP performed at a local level, which was good.

10.2 Mr Chris Myers commented that discussions had taken place on the linkages between the ADP and the IJB and work was being progressed to ensure there was a governance route for the ADP moving forward. He suggested a paper would be brought to the January 2023 meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report.

## **11. APPOINTMENT OF SELECTION COMMITTEE FOR EXTERNAL MEMBER IJB AUDIT COMMITTEE**

- 11.1 Mrs Jill Stacey provided an overview of the content of the paper.
- 11.2 Cllr Tom Weatherston, as Chair of the Audit Committee commented that in his opinion an external lay member of the Committee was vital and it was important to ensure they had the right skill set.
- 11.3 Mrs Karen Hamilton enquired about the level of costs given the role was unremunerated. Mrs Stacey advised that the appointee would be reimbursed for out of pocket expenses such as travel and care costs, as had been the case with previous appointments.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** appointed a Selection Committee, comprising the Chair of the IJB Audit Committee and two of its Members, excluding the IJB Chair, for the purpose of interviewing, selecting and appointing a person as External Member of the IJB Audit Committee.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the same recruitment advertising process would be utilised as that used by Scottish Borders Council for the External Members of its Audit and Scrutiny Committee.

## **12. IJB MEETING DATES AND BUSINESS CYCLE 2023**

- 12.1 Miss Iris Bishop provided a brief overview of the content of the report and highlighted the proposal of 6 Integration Joint Board (IJB) meetings with 6 Strategic Planning Group (SPG) meetings given the SPG was the enabler of business for the IJB. There would also be 2 IJB Development sessions and 4 IJB Audit Committee meetings. The business plan remained a live document and would be populated further as timelines were formed for business to come to the SPG and agree the formation of directions for the IJB to consider.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the business plan and meeting cycle for 2023.

## **13. MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET**

- 13.1 Mrs Hazel Robertson provided an overview of the content of the report and highlighted the forecast of £12.39m for the partnership; review of savings and recovery plans; review of the reserves position; and the set aside budget continued to be under significant pressure.
- 13.2 Mrs Robertson further advised that she had completed the Quarter 1 return for the Scottish Government and all of the Integration Joint Board (IJB) reports were collated and made publicly available. She suggested she amend the report in future to ensure the IJB was fully aware of all relevant documentation in the public domain. She further

advised that as the report was the first finance report the next report would contain more projections.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£2.390m) for the H&SCP for the year to 31 March 2023 based on available information

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that whilst the forecast position included costs relating to mobilising and remobilising in respect of Covid-19, and also assumed that all such costs would again be funded by the Scottish Government.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a recovery plan was to be developed and that any expenditure in excess of delegated budgets in 2022/23 would require to be funded by additional contributions from the partners in line with the Scheme of Integration.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that set aside budgets continued to be under significant pressure as a result of activity levels, flow and delayed discharges.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the importance of ensuring that the strategic commissioning and planning process currently in progress was used to identify options for change which could improve the long term financial sustainability of the partnership whilst at the same time addressing need.

#### **14. QUARTERLY PERFORMANCE REPORT**

14.1 Mr Chris Myers provided a brief overview of the content the report and highlighted that the report should be looked at through the lense of what the Integration Joint Board (IJB) could do as the commissioner of services. He advised that the current level of system risk and pressures were significant and impacted on access to services across both community hospitals and the acute hospital and the associated outcomes were contained within the data for: social work assessments; unmet care hours; unpaid carers hours; and occupancy and discharge rates. He commented that performance was required to improve and a lot of the challenges were in regard to significant workforce pressures across the whole health and social care system. The commissioning and delivery plan contained a number of actions to improve the situation and the impact of those initiatives would take time to come to fruition.

14.2 Mr Myers advised on the level of risk and the significant amount of work that was on-going through joint working to look at the whole system and what could be done.

14.3 Mr Ralph Roberts commented that in regard to service pressures they needed to be looked at over a number of different timescales, such as the immediate, medium and longer term simultaneously. He emphasised the level of concern in the system with the current level of operational challenges, elective delays, people being carried for in the wrong place and the harm that was potentially being caused to individuals. He advised that the winter period would be extremely challenging unless efforts were made across the whole system by all parties to address their various elements of responsibility and

he urged the IJB to ensure they were doing everything possible within their area of responsibility.

- 14.4 Ms Lynn Gallacher commented that unpaid carers were often the point that picked up the unmet provision and they were at breaking point. She advised that she would be keen to be involved in any planning for the winter period as she had major concerns about the resilience and wellbeing of unpaid carers to get through the winter period.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved any changes made to performance reporting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key challenges highlighted.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed actions to address the challenges and to mitigate risk.

#### **15. STRATEGIC PLANNING GROUP MINUTES: 04.05.22**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

#### **16. ANY OTHER BUSINESS**

- 16.1 There had been no notification of any further business.

#### **17. DATE AND TIME OF NEXT MEETING**

- 17.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 16 November 2022, from 10am to 12noon in person.



Minutes of an **Extraordinary** meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Monday 31 October 2022** at **9am** via Microsoft Teams

**Present:**

(v) Cllr D Parker	(v) Mrs L O'Leary, Non Executive (Chair)
(v) Cllr T Weatherston	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor, Non Executive
(v) Cllr R Tatler	(v) Mr J McLaren, Non Executive

Mr C Myers, Chief Officer  
Mrs H Robertson, Chief Financial Officer  
Mr N Istephan, Chief Executive Eildon Housing  
Mrs S Horan, Director of Nursing, Midwifery & AHPs

**In Attendance:**

Miss I Bishop, Board Secretary  
Mrs J Stacey, Internal Auditor  
Mr R Roberts, Chief Executive, NHS Borders  
Dr S Bhatti, Director of Public Health  
Mrs J Holland, Director of Strategic Commissioning & Partnerships  
Mr B Davies, Strategic Lead for Commissioning, Scottish Borders Council  
Mrs C Smith, HR Manager, NHS Borders  
Mr E Ullrick, HR Manager, Scottish Borders Council

## 1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr Jane Cox, Elected Member, Mrs Harriet Campbell, Non Executive, Dr Lynn McCallum, Medical Director, Mrs Jenny Smith, Borders Care Voice, Mrs Lynn Gallacher, Borders Carers Centre, Dr Rachel Mollart, GP Representative, Mr David Bell, Staff Side Scottish Borders Council.
- 1.2 The Chair welcomed a range of attendees to the meeting.
- 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.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

## 3. MINUTES OF THE PREVIOUS MEETING

- 3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 21 September 2022 were approved.

## 4. MATTERS ARISING

- 4.1 **Action 2021-6:** Mr Myers provided an update to the action and reported that the matter had been considered by full Council and a paper had been drafted that took into consideration the findings of the carers survey, workstream and the judgement from the Court of Session. The paper would be discussed by the Strategic Planning Group at its' meeting to be held the following day and an update would be provided to the next Integration Joint Board meeting to be held on 16 November 2022.
- 4.2 **Minute 6.9:** Mr Tris Taylor commented that the findings of the judicial review were instructive in assessing the provision of the equalities impact assessment of day services. He suggested that in regard to minute 6.9 the Board had asked if a further impact assessment would be required as part of the next stage of the pathfinder relating to the home care reablement approach. He was concerned if the impact assessment brought to the Board would be treated as separate to a related closure of service and in light of the judicial review findings if an inadequate impact assessment had been carried out. He asked if the Board could be really assured that the action that it had requested was adequate for that stage.
- 4.3 **Minutes 8.4 & 8.5:** Mr Taylor commented that the Board had considered the outline business case for the Hawick care village and he enquired whether the impact assessments that had been carried out were adequate given they did not appear to have involved local communities or service users. In light of the judicial review opinion he enquired if the risk to the Board could be quantified in terms of any commissioning that necessitated the provision of service change.
- 4.4 He further commented that it was important to note that both Scottish Borders Council (SBC) and NHS Borders were distinct entities and he sought assurance that the work of SBC and NHS Borders in terms of equalities and consultation was sufficient for the understanding and mitigation of the risk to the Board.
- 4.5 The Chair commented that had the development session gone ahead the previous week then a very full discussion on equalities and human rights would have taken place which would have broadened the understanding of Board members. In terms of the previous meeting the Board had agreed that the Impact Assessment that had been presented had not been sufficient and it had agreed to request a fuller impact assessment be taken forward as part of the next stage of the proposal. She suggested that in terms of the Board business the basics had been covered and assurance would be sought and received at the next stage as part of future decision making.
- 4.6 Mr Myers commented that the directions policy and procedures both contained within them reference to all papers being considered by the Strategic Planning Group (SPG) before being submitted to the Board. The reablement paper had been submitted to the SPG who had recommended its agreement by the Board. He further commented that the SPG were to also undertake a development session in relation to their responsibilities for Equalities and Human Rights legislation and he also reminded the Board that they had the right to refuse to commission and request that further work be undertaken. He commented that further work would be taken forward in terms of risk and the risk register and he would provide feedback to the strategic lead for equalities.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

## **5. INTEGRATED WORKFORCE PLAN**

- 5.1 Mr Chris Myers introduced the integration workforce plan and advised that it was a document that was expected to continue to evolve over time.
- 5.2 Mrs Claire Smith and Mr Erick Ullrick provided an overview of the content of the report.
- 5.3 The Chair noted that the plan covered the delegated services staff from NHS Borders and she enquired about the linkages for those staff not covered by the plan and sought assurance that the totality of Health Board staff was being looked at. In terms of the working group reviewing and revising the short term plans she asked about the timescales for those and requested they be turned into a set of smart actions to be reviewed for progress during the year.
- 5.4 Mrs Smith commented that the plan covered the delegated NHS services staff and a separate workforce plan had been produced for NHS Borders. The NHS Borders plan had been developed to compliment the Integration Joint Board plan and used the NHS structure of the 6 step methodology and there were close synergies within the documents. She further advised that there was an aim to produce a single document moving forward.
- 5.5 Mr Ullrick commented that the intention was to provide monthly updates in the first year of the short term plans and quarterly updates on the medium to long term plans.
- 5.6 The Chair sought the detail of “by who, by when” on the short term plans. Mr Ullrick commented that the working groups would take the action plans forward and feed into the Integration Joint Working Group and then report to the Board on those actions.
- 5.7 Mrs Hazel Robertson thanked the team for the quality of the report and provided assurance to the Board that the workforce plan was 1 of 3 plans that would all be tethered together: workforce plan; strategic commissioning plan; and the developing financial approach. With those 3 processes coming together officers would be in a good position to provide assurance to the Board to take forward what it should at the pace it should.
- 5.8 Mrs Sarah Horan commended the plan and agreed that the addition of “what by when” detail would be useful. She welcomed the suggestion of a single workforce plan in the future and enquired if the limiters to services were also included.
- 5.9 Mrs Karen Hamilton welcomed the plan and agreed with the concept of having granularity around the planning. She enquired if barriers such as accommodation had been included in the plan. Mrs Smith confirmed that barriers had been identified and the implementation group would be identifying and seeking solutions to those. She also confirmed that housing representatives had been included on the implementation group.

- 5.10 The Chair again sought granularity on when things would happen in regard to housing.
- 5.11 Mr Ralph Roberts commented that a meeting of key officers was being organised to make progress however it was unlikely there would be any immediate solutions. He welcomed the aspirations of a single workforce plan across the partnership.
- 5.12 Mr Nile Istephan commented that there were challenges across a range of jobs and professions which went beyond the partnership workforce. He welcomed the plan and asked that at the appropriate time a discussion at the Community Planning Partnership take place to look at the wider planning and infrastructure requirements.
- 5.13 Cllr Elaine Thornton-Nicol welcomed the aspiration of a single workforce plan and asked that it also contain deliverability given the partnership organisations recruited to similar roles on different rates of pay and terms and conditions which often saw the constant movement of staff between organisations. She was concerned at how that would be overcome.
- 5.14 Cllr Tom Weatherston commented that in various sectors incentives were offered to attract good potential employees and he suggested that should be explored.
- 5.15 Mr Roberts commented that Cllr Thornton-Nicol made a reasonable challenge about the whole structure of the partnership and it was unlikely to change until something was done fundamentally around the organisations systems. The current plan outlined the things that could be done at the moment to address the challenges faced within the current context that the partnership organisations were working in.
- 5.16 The Chair summarised that the main issue appeared to be the question of granulation and being assured that a smarter measureable set of objectives existed. The other issues in regard to deliverability, incentivisation and term and conditions required to be taken forward in the short to medium term.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** considered and approved for implementation the Scottish Borders Health and Social Care Partnership's first Integrated Workforce Plan.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the establishment of the cross sector SBHSCP Integrated Workforce Plan Implementation Group.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to take monthly performance reports from the above group in Dec 2022, Jan 2023, Feb 2023 and March 2023.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to take quarterly reports from the Implementation Group quarterly for the period April 2023 to March 2025.

## **6. APPOINTMENT OF MEMBERS**

- 6.1 The Chair provided an overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the change in membership of the IJB.

## **7. DATE AND TIME OF NEXT MEETING**

- 7.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 16 November 2022, from 10am to 12noon in Committee Rooms 2 & 3, Scottish Borders Council.

Meeting concluded at 9.39am.