Borders NHS Board

A meeting of the **Borders NHS Board** will be held on **Thursday, 5 October 2023** at **9.00am at Kelso Tait Hall, Kelso.**

AGENDA

Time	No		Lead	Paper
9.00	**1**	**ANNOUNCEMENTS & APOLOGIES**	Chair	*Verbal*
9.02	**2**	**DECLARATIONS OF INTEREST**	Chair	*Verbal*
9.03	**3**	**MINUTES OF PREVIOUS MEETING** 17.08.23 EO	Chair	*Attached*
9.05	**4**	**MATTERS ARISING** Action Tracker	Chair	*Attached*
9.10	**5**	**STRATEGY**		
9.10	5.1	Risk Management Policy	Director of Quality & Improvement	Appendix-2023-74
9.25	5.2	Children's Rights Report 2020-2023 & Action Plan 2023-2026	Director of Public Health	Appendix-2023-75
9.40	5.3	Primary Care Improvement Plan Annual Programme Report	Chief Officer, Health & Social Care	Appendix-2023-76
9.50	**6**	**FINANCE AND RISK ASSURANCE**		
9.50	6.1	Resources & Performance Committee minutes: 04.05.23; 17.08.23	Board Secretary	Appendix-2023-77
9.51	6.2	Endowment Fund Board of Trustees minutes: 15.05.23	Board Secretary	Appendix-2023-78
9.52	6.3	Audit & Risk Committee minutes: 14.06.23; 24.07.23; 10.08.23	Board Secretary	Appendix-2023-79
9.53	6.4	Final Patient's Private Funds Accounts 2022/23 *Not available to the public in line with legislative requirements*	Director of Finance	Appendix-2023-80
10.00	6.5	Audit & Risk Committee Chair Update Report	Chair Audit & Risk Committee	Appendix-2023-81
10.15	6.6	Finance Report	Director of Finance	Appendix-2023-82

10.30	**7**	**QUALITY AND SAFETY ASSURANCE**			
10.30	7.1	Clinical Governance Committee minutes: 24.05.23; 15.08.23	Board Secretary	Appendix-2023-83
10.31	7.2	Quality & Clinical Governance Report	Director of Quality & Improvement	Appendix-2023-84
10.50	7.3	Infection Prevention & Control Report	Director of Nursing, Midwifery & AHPs	Appendix-2023-85
11.10	7.4	Pharmacy Aseptic Service	Medical Director	Appendix-2023-86
11.25	**8**	**ENGAGEMENT**			
11.25	8.1	Staff Governance Committee minutes: 31.03.23; 20.07.23	Board Secretary	Appendix-2023-87
11.26	8.2	Public Governance Committee minutes: 15.06.23	Board Secretary	Appendix-2023-88
11.27	8.3	Area Clinical Forum Minutes: 23.05.23; 27.06.23	Board Secretary	Appendix-2023-89
11.28	**9**	**PERFORMANCE ASSURANCE**			
11.28	9.1	NHS Borders Performance Scorecard	Director of Planning & Performance	Appendix-2023-90
11.45	**10**	**GOVERNANCE**			
11.45	10.1	Scottish Borders Health & Social Care Integration Joint Board minutes: 17.05.23; 19.07.23	Board Secretary	Appendix-2023-91
11.46	10.2	Annual Review letter	Chair	Appendix-2023-92
11.53	10.3	Board Business Plan	Board Secretary	Appendix-2023-93
11.58	10.4	Consultant Appointments	Director of HR, OD & OH&S	Appendix-2023-94
11.59	**11**	**ANY OTHER BUSINESS**			
12.00	**12**	**DATE AND TIME OF NEXT MEETING**			
		Thursday, 7 December 2023 at 9.00am at Lecture Theatre, Education Centre and via MS Teams (HYBRID)	Chair	*Verbal*

Borders NHS Board

Minutes of an Extraordinary meeting of the **Borders NHS Board** held on Thursday 17 August 2023 at 9.00am via MS Teams.

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
                  Dr K Buchan, Non Executive
                  Cllr D Parker, Non Executive
                  Mr J McLaren, Non Executive
                  Mr R Roberts, Chief Executive
                  Mr A Bone, Director of Finance
                  Dr L McCallum, Medical Director
                  Dr S Bhatti, Director of Public Health

In Attendance: Miss I Bishop, Board Secretary
                  Mr A Carter, Director of HR, OD & OH&S
                  Mrs L Jones, Director of Quality & Improvement
                  Mr C Myers, Chief Officer Health & Social Care
                  Mrs C Oliver, Head of Communications & Engagement
                  Ms A Soave, BBC

1.   Apologies and Announcements

1.1   Apologies had been received from Mr G Clinkscale, Director of Acute Services, Mrs S Horan, Director of Nursing, Midwifery & AHPs, and Mrs J Smyth, Director of Planning & Performance.

1.2   The Chair welcomed a range of attendees to the meeting.

1.3   The Chair announced that Ms Sonya Lam, Non Executive Whistleblowing Champion had decided to conclude her appointment to the Board on 31 January 2024. A recruitment campaign would shortly be launched to find a replacement Non Executive with the Whistleblowing Champion role within their portfolio.

1.4   The Chair recorded the thanks of the board to Ms Lam for her contributions to the Board as a Non Executive and especially in her role as Whistleblowing Champion.

1.5   The Chair confirmed the meeting was quorate.

2.   Declarations of Interests

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

The **BOARD** noted there were none declared.

3. Minutes of the Previous Meeting

3.1 The minutes of the previous meeting of Borders NHS Board held on 29 June 2023 were amended at page 5, paragraph 3, line 2 to include "… after the meeting subject to approval from PGC." and at page 6, paragraph 13.1 to read "2 significant matters, being property and ventilation, which were required to …" and at page 6 to remove the first paragraph numbered 14.2 and at page 8 paragraph 21.3 to read "… a consensus on whether it was content with the extension of the time for responding to complaints from 20 days, however, …" and with those amendments the minutes were approved.

4. Matters Arising

4.1 **Minute 5.5:** Mr Tris Taylor confirmed that the Borders Child Poverty Report would be added to the Public Governance Committee annual workplan for future years for the Committee to review the report in terms of inequalities so that the Board could be satisfied on its obligations in respect to child poverty.

4.2 **Minute 21.3:** Mr Taylor confirmed the Public Governance Committee had discussed and reached a consensus that they were content in regard to the complaints team being unable to meet the 20 days targets due to capacity issues.

4.3 **Action 2023-5:** The action referred to the broader workforce indicators which were shared with the R&PC on a twice yearly basis. It was agreed to mark the action as complete.

4.4 **Action 2023-7:** Mr Andy Carter confirmed that the 2 individuals did not provide consent and the document had been published without their quotes included. It was agreed to mark the action as complete.

The **BOARD** agreed that Action 2023-5 was completed.

The **BOARD** agreed that Action 2023-7 was completed.

The **BOARD** noted the Action Tracker.

5. Annual Audit Report 2022/23 from Audit Scotland

5.1 Mr Andrew Bone provided background to the preparation of the accounts and highlighted the robust audit that had been undertaken. On the 14th June the Audit and Risk Committee and undertaken a review of the governance framework. The Audit and Risk Committee met again on 10th August to review the draft final Annual Report and Accounts and receive the final auditor's opinion. During the review 1 change had been identified in relation to one of the actions in relation to the equality mainstreaming report, 2 further minor changes had been identified in regard to the accounts, 1 was for clarification of narrative and the other the correction to a calculation in a cash flow table, which did not affect anything in the accounts overall. Mr Bone had spoken to Audit Scotland the previous day who had confirmed that they had no expectation of any further changes to their report and they had concluded their final audit report which remained unchanged.

5.2   Mr Bone then drew the attention of the Board to the auditor's report; letter of representation; the paragraph on reinforced concrete and the surveys being carried out by NHS Assure; and a miss-statement highlighted by the auditors in regard to deferred income; a duplicate transaction error in the previous year's accounts which amounted to a £1.9m prior year adjustment resulting in an improved position for the previous year.

The **BOARD** noted the Annual Audit Report for 2022/23 from Audit Scotland.

6.   Annual Report & Accounts

6.1   Mr Andrew Bone drew the attention of the Board to 2 elements within the pack being: the issue of concrete and disclosures made on any issues highlighted as significant during the course of the audit, such as property and ventilation as well as backlog maintenance and risk management.

6.2   Mr Bone further highlighted the adjustments to the cash flow statements which were to correct a presentational error not otherwise affecting the accounts.

The **BOARD** adopted and approved the NHS Borders 2022/23 Annual Report and Accounts for the financial year ended 31st March 2023.

The **BOARD** submitted the approved Annual Report and Accounts to Scottish Government.

7.   Endowment Fund Annual Report and Accounts 2022/23

7.1   Mr Andrew Bone commented that the Endowment Fund Annual Report and Accounts had been approved by the Endowment Fund Board of Trustees on 7 August and were presented to the Board for noting as part of the consolidated Health Board accounts.

The **BOARD** noted the Endowment Fund Annual Report & Accounts 2022/23.

8.   Private Patients Funds Annual Accounts

8.1   Mr Andrew Bone advised that the Patient funds audit had concluded however the final audit close meeting had been rescheduled due to competing workload and pending confirmation of final auditor's opinion. He did not anticipate any significant issues arising from the audit and due to the low value of the funds held they did not present a material risk to the consolidation of the Health Board accounts. The Patients funds would be presented to the Audit & Risk Committee on 18 September and to the Board for approval on 5 October 2023.

The **BOARD** noted the position.

9.   Audit Committee Assurance Report

9.1   Mr James Ayling provided the Board with assurance from the Audit and Risk Committee on the external audit report. He thanked the external audit team for their robust review and reporting arrangements. In terms of the assurance statement he advised that there was nothing to add to the overall conclusion that controls were satisfactory with 2 exceptions being property transactions and ventilation.

9.2   Mr Tris Taylor drew the attention of the Board to the table on page 150 in regard to staff numbers and noted some progress had been made in terms of staff declaring a disability.

9.3   Mr Andy Carter commented that the organisation was working hard to get people to disclose a disability, however it was their right in law not to tell their employer if they did not wish to.

The **BOARD** noted the Audit Committee Assurance Report for 2022/23.

10.   2023/24 Annual Delivery Plan & Medium Term Plan

10.1   Mr Ralph Roberts described the co-relation of the Annual Delivery Plan (ADP) and the Medium Term Plan (MTP) and commented that the ADP was the description of the actions being planned to be taken over the subsequent 12 months from April 2023 to March 2024.   The MTP began to draw out in more detail what the Health Board needed to deliver linked back to the Strategic Framework and it would be further refined and updated over the following 6 months.

10.2   The Chair commented that the feedback received from the Scottish Government had been positive and she recognised that patient flow and Emergency Department scheduling were a feature of the MTP.

10.3   Discussion focused on several key elements including: communicating with the public about the obstacles and challenges; potential for regional and national collaboration; communication and engagement with the public over the next 6 months; connecting revenue, workforce, capital, and infrastructure with the demographic and inequality issues; protecting the capacity of the PMO to lead and support transformation; developing the digital team as the ancillary function for transformation; impact on influencing culture and practice engagement beyond patients to staff and the public; transparent governance structure; behaviour challenges; compassionate leadership and the quality management system; and balancing competing priorities.

The **BOARD** noted the 2023/24 ADP and MTP.

11.   Time for Change – Community Engagement

11.1   Mrs Clare Oliver introduced the position paper that outlined the purpose of engagement, timescales and the process being undertaken to map out actions. She confirmed that there was a coproduction element in the approach to engagement.

11.2   The Chair commented that she would like to see the workplan elements of what, when, where and how it would be taken forward.

11.3   During discussion several key elements were raised including: the title was community engagement but it talked of engagement with staff; first year speaks of 3 key tasks and is the first task the right starting point; training volunteers in the engagement process; get the community in as volunteers to ask the community appropriate questions; ask people to build the positive; start from a point of construction; be honest with the public and Scottish Government about where the red lines are; and using an asset based approach.

The **BOARD** noted Time for Change.

12. Quarter 4 Risk Management Report

12.1 Mrs Laura Jones provided a brief overview of the content of the report and highlighted that there had been an intense focus through the Operational Planning Group on very high and high risks.

12.2 Discussion focused on several key elements including: good policy and compliance with policy but risks were left unmonitored once approved; mitigation of long term risks; attendance of line managers at risk management and assessment training; and a lack of improvement to be monitored through the Audit and Risk Committee.

The **BOARD** noted the Quarter 4 Risk Management Report

13. Any Other Business

The **BOARD** noted there was none.

14. Date and Time of next meeting

14.1 The Chair confirmed that the next scheduled meeting of Borders NHS Board would take place on Thursday, 5 October 2023 at 10.00am at Kelso Town Hall, Kelso.

Borders NHS Board Action Point Tracker

Meeting held on 29 June 2023

Agenda Item: Mainstreaming Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-4	7	The **BOARD** agreed to remit the report to the Public Governance Committee on 10 August for scrutiny with a commitment to publish the document immediately after the meeting.	**June Smyth** **Tris Taylor**	**In Progress:** The Public Governance Committee reviewed the document and provided comments and feedback at its meeting on 10th August. The Committee agreed that an updated version will be considered virtually by members before the document is published.

Agenda Item: Mainstreaming Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-5	7	The **BOARD** agreed that Mr Andy Carter would submit a paper to the Board in due course on workforce differences.	**Andy Carter**	**In Progress:** A regular workforce report is submitted to the Resources & Performance Committee. The Board may wish to consider if it requires a further workforce report to the public Board meeting. **Update 17.08.23:** The action referred to the broader workforce indicators which were shared with the R&PC on a twice yearly basis. **It was agreed to mark the action as complete.**

Agenda Item: Pharmacy Aseptic Service

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-6	23	The **BOARD** noted that a further report would be brought back to the Board in 6 months time seeking a decision.	Alison Wilson Lynn McCallum	**In Progress:** Update paper prepared for Board meeting on 5 October 2023.

Agenda Item: Whistleblowing Annual Report 2022/23

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-7	28	The **BOARD** asked that consent be confirmed by individuals before the document was published on the website.	Andy Carter	**Complete: Update 17.08.23:** Mr Andy Carter confirmed that the 2 individuals did not provide consent and the document had been published without their quotes included. **It was agreed to mark the action as complete.**

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Risk Management Policy**
Responsible Executive/Non-Executive:	**Laura Jones, Director of Quality and Improvement**
Report Author:	**Lettie Pringle, Risk Manager**

1   Purpose

This is presented to the Committee for:

- Decision

This report relates to a:

- Local policy

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

- Effective

2   Report summary

2.1   Situation

The Risk Management Policy has been reviewed to come in line with the advancement that has been seen in risk management maturity within NHS Borders since 2019.

The Health Board are being asked:
- To approve this policy

2.2   Background

As part of the three year cycle, the NHS Borders Risk Management Policy has been renewed to capture the framework, processes and responsibilities that are embedded throughout NHS Borders.

2.3   Assessment

NHS Borders recognises that risk is inherent in the delivery of healthcare and that risk management should be part of an organisation's culture. The risk management policy explains how NHS Borders intends to deliver its risk management strategy by embedding processes and procedures into normal management practices.

The policy lays out how this will be achieved using a comprehensive and cohesive risk management framework, underpinned by clear accountability. These arrangements commit NHS Borders to an integrated risk management approach supported by a single risk management framework for all risks to be effectively managed.

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

Supports the risk management activities of the organisation to attain the corporate objectives and ultimately the effective delivery of safe and effective healthcare highlighting clear accountabilities for the workforce.

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 policy follows the nationally recognised standards: BS ISO 31000 Risk Management and the Orange Book.

2.3.5   Equality and Diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

An impact assessment has been not completed because it is not required for this report.

2.3.6   Climate Change

No climate change impacts have been identified.

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

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

- Key stakeholder consultation, completed 18 July 2023

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, 4 September 2023
- Board Executive Team, 19 September 2023
- Audit and Risk Committee, 18 September 2023

2.4 Recommendation

This policy is presented to the Health Board with the recommendation this is approved.

- **Decision** – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Draft Risk Management Policy

NHS Borders Risk Management Policy

File Name:	DRAFT 01.08.2023 RM policy
Version Number:	V1.3
Status:	Draft
Prepared By:	Risk Team
Distribution date:	October 2023
Review date:	October 2026
Distribution arrangements:	Intranet
Copyright 2023, NHS Borders	

This policy has been approved for NHS Borders

…………………………….. …………………………….
Chief Executive Employee Director

Approval date:
Authorisation date:

VERSION HISTORY

Release	Date	Author	Comments
Draft 1.0	1st August 2023	Risk Team	1st draft
Draft 1.1	07th August 2023	Risk Team	Adjustments made following comments from key stakeholders
Draft 1.2	23rd August 2023	Risk Team	Adjustments following comments from H&S
Draft 1.3	4th September 18th September	Risk Team	Agreed at OPG for submission to ARC Agreed at ARC for submission to Health Board

AUTHORISING CONTROL

Document Control
Document Name: DRAFT 01.08.2023 Risk Management Policy
Version Number: v1.3
Date Created: 1st August 2023
Date Last Amended: 4th September 2023
Approved By: *Operational Planning Group, Board Executive Team, Audit and Risk Committee*
Authorised By: *Healthboard*

Term	Intention
shall	denotes a requirement: a mandatory element
should	denotes a recommendation: an advisory element
may	denotes approval
might	denotes a possibility
can	denotes both capability and possibility
is/are	denotes a description

Contents

1   Introduction

1.1   NHS Borders recognises that risk is inherent in the delivery of healthcare and that risk management should be part of an organisation's culture. The risk management policy explains how NHS Borders intends to deliver its risk management strategy by embedding processes and procedures into normal management practices.

1.2   The policy lays out how this will be achieved using a comprehensive and cohesive risk management framework, underpinned by clear accountability. These arrangements commit NHS Borders to an integrated risk management approach supported by a single risk management framework for all risks to be effectively managed.

1.3   Risk management is the responsibility of NHS Borders Health Board and requires staff to work in partnership to achieve best/good practice. Managing risks increases the likelihood of success and reduces the likelihood of failure. In essence, good risk management is good management.

1.4   Our risk culture must embrace openness, support transparency, welcome constructive challenge and promote collaboration, consultation and co-operation. We must invite scrutiny and embrace expertise to inform decision-making. We must also invest in the necessary capabilities and seek to continually learn from experience.

1.5   This document is intended for use by all NHS Borders employees; temporary and permanent. Risk owners and senior management should familiarise themselves with this policy. All employees should ensure they read accompanying risk management protocol and guidance.

2   Purpose

2.1   The purpose of this risk management policy is to define the approach taken by NHS Borders in applying risk management to its decision making at all levels, with the objective of establishing the foundations for a culture of effective risk management throughout the organisation.

2.2   Supporting standards and guidance are outlined in **Appendix 1**.

2.3   Risk management 'enhances strategic planning and prioritisation, improves service delivery, assists in achieving objectives and strengthens the ability to be agile to respond to the challenges faced.'

2.4   This policy sets out clear definitions, responsibilities and process requirements to enable the principles and techniques of risk management to be applied consistently throughout NHS Borders.

2.5   This policy implements the aims and objectives of NHS Borders risk management strategy.

3   Objectives

3.1   The policy aims to support the delivery of person centred, safe and effective healthcare and to ultimately encourage and support a positive risk management and safety culture.

3.2   Measuring the implementation of objectives, outlined in **Appendix 2** will be evidenced through the risk information on NHS Borders risk register and within the adverse event reporting system.

3.3   To ensure a full understanding of the terminology used within this policy is understood a list of definitions is included as **Appendix 3**.

4   Risk Management Policy Statement (Statement of Intent)

- NHS Borders are committed to ensuring that the management of risk underpins our business and clinical activities. That robust risk management processes and procedures are in place.
- To ensure that a systematic approach to managing risk is in place to support a risk aware culture.
- The application of risk management practices cannot, and will not, completely eliminate all risk exposure. Through the application of risk management we aim to better understand the risks faced to promote more robust decision making and responsible risk taking.
- Recognise that risk, as well as posing a threat, also represents opportunities for developing innovative ways of working. There are also risks associated with not taking opportunities when they arise. Being proactive is essential to capture emerging risks before they materialise and allows for effective optimisation and/or exploitation of risks.
- The importance of risk management, and the part it plays in managing the organisation, is set out in the Code of Corporate Governance, NHS Borders governance statement and is summarised in the annual accounts each year.
- We expect management to take action to manage and mitigate the effects of those risks that are considered to be out with the organisational risk appetite. Where a manager is unable to do this, the risk management escalation process should be used.
- All managers are expected to have a good understanding of the nature of risk within their remit and the organisational risk appetite, including the ability to take the right risk, at the right time and in the right way.

A. Risk Management

6 Definitions

6.1 Strategic risk is defined as:

Long-term risk concerned with where an organisation wants to go, how it plans to get there and how it can ensure survival

6.2 Operational risk is defined as:

The chance of something happening that will have an impact on objectives; it is measured in terms of consequences and likelihood.

6.3 Hazards/problems/issues are defined as:

Something with the potential to cause harm including injury and ill heath, damage to property, equipment, products or the environment, service losses and increased liabilities.

7 Risk Management Framework

7.1 The Orange Book provides NHS Borders with a nationally recognised framework for public services and is essential to ensuring a consistent systematic approach to managing risk.

Diagram 1: Risk Management Framework

7.2 **Diagram 2** outlines how NHS Borders integrates the risk management framework into its activities.

- **Governance and Leadership** outlines how management demonstrates leadership and commitment.
- **Integration** outlines how risk is integrated into the organisational structures and context.
- **Collaboration** highlights how the organisation articulates its risk management commitment, roles and responsibilities, resources and communication.
- **Implementation** outlines how the framework is being implemented within NHS Borders.
- **Evaluation** is how NHS Borders measure the effectiveness of the risk management framework.
- **Continual Improvement** highlights how NHS Borders adapts and strives towards continual improvement.

Diagram 2: NHS Borders Risk Management Framework

Risk Management Framework

Continual Improvement
- Clinical Board newsletters
- Review process for policies and arrangements
- Learning from application of risk controls and evaluating effectiveness
- Engagement with national initiatives
- Benchmarking risk management framework to recognised standards
- Analysing data presented in reports
- Review cycle for risk management framework, appetite and KPIs

Governance and Leadership
- Promote and support a positive risk management culture by embedding risk management through strategic and operational processes
- Ensuring that the necessary resources are allocated to managing risk
- Assigning authority, responsibility and accountability at appropriate levels within the organisation
- Supporting a risk culture that promotes the Quality Ambitions set out in the Healthcare Quality Strategy for NHS Scotland
- Supporting implementation of all components of the framework
- Network/ benchmark through Regional and national groups

Integration
- Scottish Borders Integrated Joint Board Risk Management Strategy
- Through implementation of the Risk Management Strategy
- Risk Management embedded into strategic planning, ADP and financial planning
- Using a single approach to risk management
- Legislative directives - new/ updated
- Inclusion of risk management in the Governance Statement
- Premises Strategy
- Code of Corporate Governance outlining risk management relationships within NHS Borders
- Inclusion of risk management in the NHS Borders recovery plan

Evaluation
- Governance for strategic risks through organisational Governance Committees
- Link risks identified to corporate objectives on the risk register
- Governance statement reflecting the performance of the organisation
- Reports into operational and strategic groups
- Reports and updates reported through operational and governance structures
- Measurement of Key Performance Indicators (KPIs) for all risks
- Risk register health checks: periodic monitoring of risk registers
- Performance review framework

Implementation
- All organisational papers require risk identification
- Risk Champion Network to support embedding of Risk Management Strategy, Policy, Protocol and Guidance
- Audit: Internal and external audit outcomes
- Appraisal/ PDP/ Turas systems
- Risk appetite of the organisation
- Support and advice to risk owners, directors, managers, clinical leads, groups
- Education program through digital stories, virtual learning, 1:1s and eLearning
- Risk management process - proactive risk assessment and management

Collaboration
- Adverse Event Management Policy
  - Standard Operating Procedures
  - Significant Adverse Event Review Guidance
  - Management Reviews
  - Duty of Candour Guidance
  - RIDDOR Guidance
- Infection Control Policy
  - Infection Control Manual
  - Supporting Guidance documentation
- Risk Management Policy
  - Risk Management Guidance documentation
  - Risk Champion Network Guidance
- Claims Policy
- Clinical policies
- Security Policy
- Resilience Policy
  - Business Continuity System Guidance
- Information Governance Policy
  - Supporting Guidance documentation
- Occupational Health & Safety Policy
  - Occupational Health and Safety Manual
- Cyber Governance Group monitoring risks relating to security legislation requirements
- Sustainability Group monitoring risks relating to climate change legislation requirements
- OH&S Forum monitoring risks relating to occupational health and safety legislation requirements

8 Predictive, Proactive and Reactive Risk Management

8.1 There are links between risk management, and many other areas of speciality including adverse event management, claims and complaints management, resilience management and planning within NHS Borders as depicted in **Diagram 3**. As such it is possible that risks may be informed by these areas and, likewise, these aspects may be informed by risks.

8.2 The difference between predictive, proactive and reactive risk management are outlined below:
- Predictive – Predicts an occurrence of an event that may cause uncertainty to NHS Borders
- Proactive – Prevents the occurrence of an event
- Reactive – Reacts to the presence of an event

8.3 Lessons learned from reactive risk management can inform a risk assessment to ensure NHS Borders is minimising adverse events, complaints and claims and avoiding a move into crisis management. Issues identified through predictive risk management can cause uncertainty for NHS Borders and as such should be recorded as a risk within the risk register. Proactive risk management supports risk management within NHS Borders to ensure objectives and targets of NHS Borders are met.

Diagram 3: Predictive, Proactive and Reactive Risk Management within NHS Borders
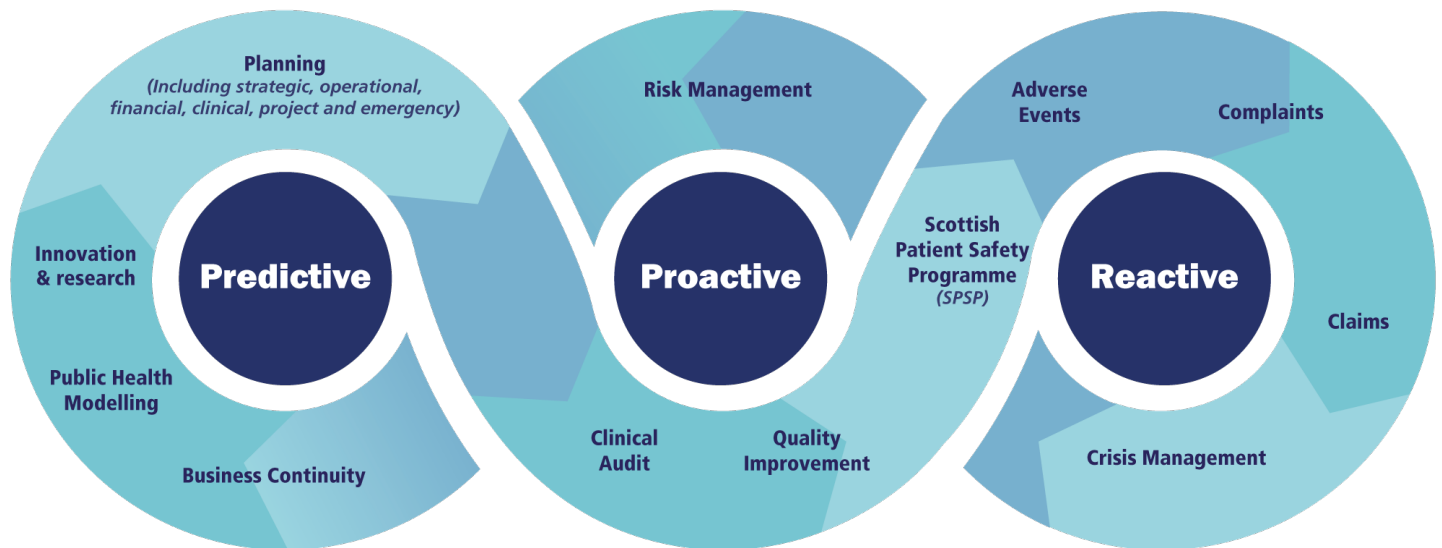
9 Risk Management Process

9.1 The risk management process is based on the BSI standards, ISO 31000, to achieve a consistent approach to risk identification and management of risks to acceptable levels and a step by step process to assist staff in carrying out their duties as risk assessors/owners can be found in **Appendix 4**.

9.2 The process will also require the use of the NHS in Scotland (NHSiS) agreed risk matrix[1] for the measurement of risk levels for all types of risk (**Appendix 5**). This facilitates the risk decision making process used by managers by ensuring that risks are managed through the same process and measured using the same tools. This also facilitates benchmarking risk levels both internally and across NHS Scotland.

10 Risk Management Communication

10.1 The effective management of risk cannot be realised without a robust communication system which allows for sufficient stakeholder involvement. Communicating risks and remedial actions to those affected or exposed to the risks is an essential element to involving people and organisations in the risk management systems, in gaining ownership of the risks and in managing risk.

10.2 Establishing internal and external communication to support the risk management process is essential as part of the preparation and planning of the risk. Planning should take place to determine who the internal and external stakeholders are within the context of the risk and how they will be consulted. This planning will ensure that those accountable for implementing the risk management process engage and bring together differing areas of expertise for risk analysis. This will aid stakeholders to understand the basis on which decisions are made and the reason why particular actions are required.

## 11 Board Assurance Framework (BAF)

11.1 The term 'Board Assurance Framework' (BAF) is used to refer to a document that brings together all of the relevant information on the risks relating to the Board's Strategic Objectives.

11.2 The effective application of the board assurance framework helps management and the Board to jointly consider the process of securing assurance using a formal procedure that promotes good organisational governance and accountability.

11.3 The specific benefits include:
- Gaining a clear and complete understanding of the risks faced by the organisation in the pursuit of its strategic objectives, the types of assurance currently obtained and consideration as to whether they are managed appropriately and proportionately;
- Identifying areas where assurance activities are not present, or are insufficient for their needs;
- Identifying areas where assurance is duplicated, or is disproportionate to the risk of the activity being undertaken (i.e. there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resource);
- Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur;
- The ability to better focus existing assurance resources; and
- Providing an evidence base to assist the organisation in the preparation of its annual governance statement.

11.4 Where the Board is of the view that there is full assurance in place, the BAF allows the Board and its Committees to decide the appropriateness, proportionality and effectiveness of the controls in place to mitigate the risks.

---

[1] NHS Quality Improvement Scotland (February 2008) sourced AUS/NZS 4360:2004 'Making it Work' (2004)

11.5   If minimal assurance is given, it is the responsibility of the Health Board to gain a more robust assurance level by requesting additional scrutiny to be undertaken by the Governance Committees.

Diagram 4: Board Assurance Framework (adapted from the Good Governance Institute)
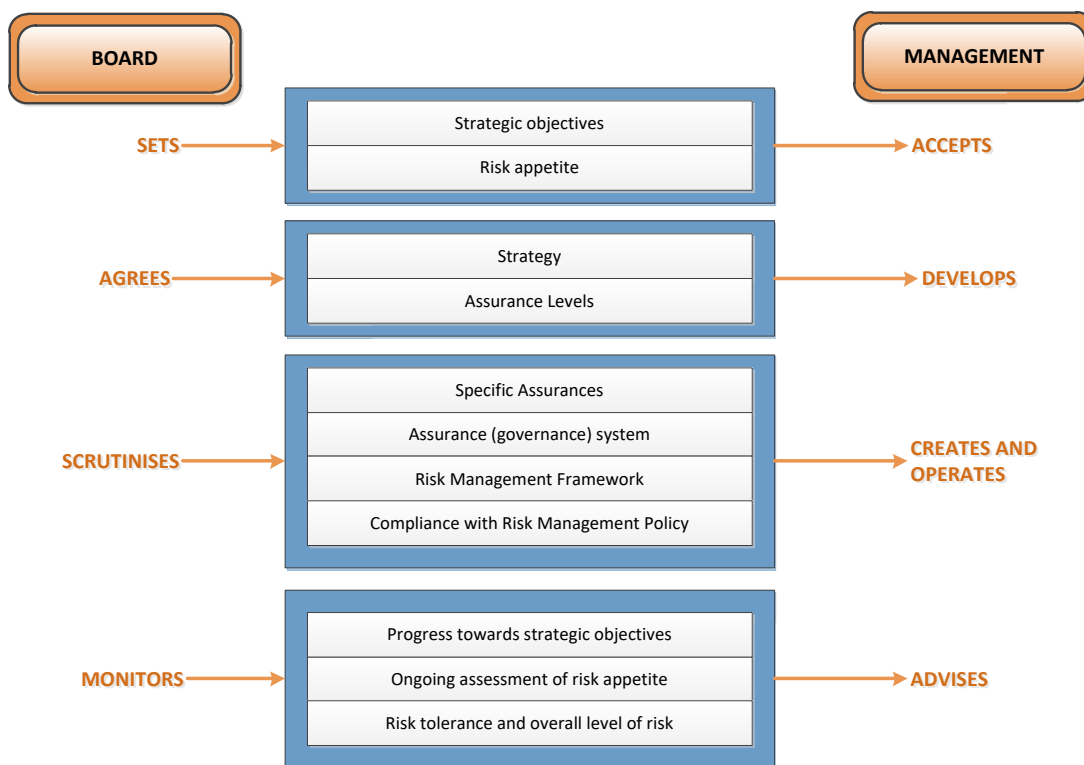
B. Risk Management Roles and Responsibilities

NHS Borders follows a 'three lines of defence' model (3LoD) whereby everyone in NHS Borders has some responsibility for risk management. The model provides a simple and effective way to help delegate and co-ordinate risk management responsibilities within NHS Borders. A diagram of the model is included in **Appendix 6**.

In line with Health and Safety Executives recommendations, roles and responsibilities shall be clear and concise to ensure there is clarity of what is expected of each group or individual. This will also support wider organisational awareness of who does what.

It is the responsibility of NHS Borders to ensure time and resource is given to those with roles and responsibilities outlined below and to ensure that the competencies of those with specific roles and responsibilities are suitable and sufficient to ensure they can carry out that work.

12   Committees and Groups

12.1   Health Board

12.1.1   Through the Board Executive Team, the Health Board has responsibility for risk management and its obligations to protect patients, staff and the public from risks related to the delivery of a healthcare service. The Board provides leadership on the management of risk and ensures the approach to risk management is consistently applied, determining the risk appetite approach for the organisation.

12.1.2   The Health Board shall seek assurance that risks are being identified and managed, with stakeholder engagement, proportionally and appropriately.

12.1.3   The Board shall conduct an annual review of its systems of internal control, including in particular its arrangements for risk management. Findings shall be reported publicly on its compliance with the principles of good corporate governance through the governance assurance statements within the Borders Health Board Annual Accounts.

12.1.4   Manage the performance of NHS Borders, including risk management, by monitoring performance against objectives and ensuring corrective action is taken when necessary.

12.1.5   To maintain a Risk Management Board for NHS Borders with a clear remit.

12.1.6   The Board shall agree the Risk Management Policy.

12.1.7   The Board shall set the Organisational Risk Appetite.

12.1.8   Ensuring appropriate scrutiny is given to influence progression with risk management maturity in NHS Borders.

12.1.9   Ensuring each Governance Committee has strategic risk management within their agendas and included within their annual work plans and in line with risk management governance arrangements.

12.1.10 Leveraging Board resources to enable mitigation of risk beyond the existing resource envelope.

12.2   Board Executive Team

12.2.1   The Chief Executive shares collective responsibility for the success of the Board Executive Team, including the effective management of risk and adherence to relevant legislation. The Board Executive Team has responsibility for risk management arrangements and ensures that the NHS Borders Health Board is kept fully informed of significant risks to the organisation.

12.2.2   The role of the Board Executive Team is to:
- Support a positive risk management culture;
- Have overarching co-ordination and development of the Risk Management Strategy in partnership with the Quality and Sustainability Board;
- Ensure the strategic risk register is developed based on the organisation's overall strategic direction
- Provide leadership on the management of risk and ensures risk management is embedded into operational management and decision-making;
- Protect the reputation of NHS Borders against false or misleading information in the public domain, but not to the extent of failing to be as open and transparent as possible in reacting to adverse events, mistakes, failures or wrongdoing, in line with our legal duty of candour; and
- Development and approval of operational financial plans which shall identify potential risks.

12.3   Quality and Sustainability Board

12.3.1   The Quality and Sustainability Board has a strategic role in ensuring that:
- A risk management strategy is developed and in place that is efficient and effective;
- A Risk Management Strategy is agreed that upholds the organisational vision and corporate objectives;
- Financial responsibility is taken and decisions are made within delegated authority limits including making decisions regarding the allocation of resources for minimising risks to an acceptable level;
- The Risk Management Strategy is implemented and monitored;

- To promote the Corporate Objectives, Corporate Values and a culture of learning, openness and transparency encouraging staff, patients and the public to feedback and raise issues; and
- Provide assurance, oversight and scrutiny for project risks.

12.4 Operational Planning Group

12.4.1 The Operational Planning Group (OPG) acts as a 'Risk Management Board' for NHS Borders. Its role includes challenging and agreeing which risks should have investment to mitigate.

12.4.2 The Operational Planning Group is responsible for establishing an operational approach to risk management across the organisation, ensuring the approach is proactive, integrated and standardised. The Group is also responsible for the overall co-ordination of risk management activity within NHS Borders. It ensures the necessary processes are in place to achieve the strategic and organisational objectives.

12.4.4 The Operational Planning Group has responsibility:
- To ensure the Risk Management Policy is in place and supports the implementation of the Risk Management Strategy;
- To approve clinical, occupational health and safety, risk management and resilience policies;
- To promote the Corporate Objectives, Corporate Values and a culture of learning, openness and transparency encouraging staff, patients and the public to feedback and raise issues;
- To manage key risks to the organisation, escalating significant risks to the Board Executive Team as appropriate;
- Ensure an effective strategic approach towards risk management is supported operationally by a robust risk management framework and process;
- To gain assurance from Risk Management Quarterly Reports on the implementation and management progress of risk within NHS Borders and approve for submission to the Audit and Risk Committee;
- To underpin the corporate objectives and governance requirements of the organisation ensuring that statutory, professional and performance obligations are met;
- Establish systems of monitoring and evaluating risk management through clear accountability arrangements;
- Foster the development of a culture that allows and encourages staff to raise issues and be supported in finding new ways to overcome risks. Learn from experience and enhance the development of a learning, supportive and open culture. Risk management is integrated into all NHS Borders systems and is owned by all;
- To ensure risks outwith organisational risk appetite are presented by risk owners and appropriate actions are taken to reduce very high risks. Challenging investment requests to mitigate risks using a risk based approach to decision-making through the Risk Fund Framework;
- To take financial responsibility and make decisions within delegated authority limits including making decisions regarding the allocation of resources for minimising risks to an acceptable level;
- Gain assurances and evidence from business units that high risks are being actively managed, with proportional and robust action plans in place through High Risk Assurance Reports;
- To agree annual risk management key performance indicators;
- Monitor actions from risk management internal audits;
- Monitor risk arrangements, adherence to key priorities, key performance indicators and staff skills;
- Monitor Risk Management Improvement Plans as presented by Business Units and gain assurance improvements are being made;
- Facilitate the recognition of all operational risks;
- Oversee the flow of information derived from the risk management process, such as risk assessment, adverse event reporting, significant adverse event reviews, trend analysis, audit and others ensuring that risk owners use the risk management infrastructure to manage risks;

- Support the risk owners in identifying the organisations risks using the agreed process, specifically monitoring the key risks and effectiveness of action plans/risk controls. Ensure the efficient management and allocation of resources to control risks to acceptable levels;
- Allocate risk issues for further analysis to the sub groups of the Operational Planning Group as required; and
- Receive reports from sub groups of the Operational Planning Group on any significant risks identified that have not been recorded on the organisational risk register.

12.5   Supporting Specialist Groups to the Operational Planning Group

12.5.1   Supporting groups include:

- Occupational Health and Safety Forum
- Infection Control Committee
- Environmental Oversight Group
- Short life ad hoc working groups

12.5.2   These groups should bring risk management issues to the attention of the Operational Planning Group to provide assurance of actions being taken within their respective areas of responsibility.

12.5.3   Each group should:

- Consider the impact on the organisation of legislation, Chief Executives Letters, UK and Scottish Government directives and other relevant standards/letters and report to the Operational Planning Group any improvements required. Examples include: HIS reviews, HEI standards, Clinical Governance standards, complaints, Health and Safety law, Environmental law and national security legislation and standards.
- Bring to the attention of the Operational Planning Group risks that cannot be managed down through the risk assessment/ risk management process which have significant risk levels or have a considerable impact on the organisation.
- Oversee the compliance with the Adverse Event Management Policy. Ensure a culture of learning, openness and transparency, encouraging staff, patients and the public to feedback and raise issues.
- The OH&S Forum will monitor the implementation of OH&S policies and the identification and management of OH&S risk as delegated by the Operational Planning Group.

12.6   Business Units

12.6.1   The Clinical Board (represented by the quadrumvirate) and Corporate Services (represented by service leads within support services) will have responsibility to:

- Review identified risks within their area;
- Manage the risks to an acceptable level;
- Provide assurance on a bi-annual basis to the Operational Planning Group that high risks are being managed appropriately and proportionately through High Risk Assurance Reports;
- Prioritise risks and reporting to the relevant Director and/or the Operational Planning Group;
- Disseminate any relevant information relating to risks and their controls;
- Monitor Risk Management Improvement Plans and gain assurance management actions are being undertaken to improve compliance; and
- Implement the Risk Management Strategy and Policy.

12.6.2   The Associate Medical Directors/Associate Directors of Nursing and General Managers of the Clinical Boards will be members of the Operational Planning Group and will exception report significant operational risks and risks out with organisational risk appetite to the Operational Planning Group as appropriate. Clinical Boards should have a standing item on their agendas for risk management.

12.6.3   Each clinical board/ directorate should have recorded on their risk register key risks identified in implementing corporate objectives.

12.6.4 Risks should also be identified in relation to:

- Financial management and affordability
- Service redesign and sustainability
- Effective partnership working
- Patient and staff safety and governance
- Performance management
- Statutory and professional compliance

12.7 Integrated Joint Board

12.7.1 Arrangements for the communication of risk are identified within the Scottish Borders Integrated Joint Board Risk Management Strategy. The Integrated Joint Board have responsibility to:

- Support work, led by the Chief Officer, to develop a risk management strategy for the Scottish Borders Health & Social Care Integrated Joint Board.
- Maintaining and routinely review an integrated risk management strategy, including (where necessary) to make recommendations to either or both parties.

12.8 Integrated Risk Forum

12.8.1 The Integrated Risk Forum has representatives from both NHS and SBC risk professionals who together provide appropriate strategic risk information from partnership bodies to inform the Integrated Joint Board risk register.

12.9 Area Partnership Forum

12.9.1 The Area Partnership Forum has representatives on the Operational Planning Group and the Clinical Boards and Support Services groups. This ensures that partnership working and staff interests are considered, ensuring the involvement of all staff in the management of risk.

13 Individual Accountability of NHS Borders staff and management

13.0.1 The management of risk is an integral part of leadership, operational delivery and clinical practice. Every individual within the Health Board is therefore responsible for identifying, reporting and managing risk.

13.0.2 It is important that managers at all levels within the organisation encourage, support and facilitate staff in the application of good risk management practice and that they ensure staff are provided with the education and training to enable them to do so.

13.1 Chief Executive

13.1.1 The Chief Executive is NHS Borders' accountable officer and has overall executive responsibility for risk management arrangements and the effective management of identified risks. This responsibility is fulfilled by providing effective leadership on risk management and by delegating specific responsibilities as below.

13.1.2 The Chief Executive and the Board Executive Team have a responsibility as risk owners of strategic risks to ensure strategic risks are identified, analysed, monitored and reviewed in line with this policy.

13.1.3 In the case of partnership working with other agencies, the NHS Borders risk management framework will be shared to identify and quantify the individual risks, particularly where responsibility cannot be assigned to an individual partner.

13.1.4 The Chief Executive is the Chair of the Quality and Sustainability Board and as such will have additional responsibilities:
- Ensuring that the Risk Management responsibilities of the Quality and Sustainability Board are achieved; and
- Supporting and promoting the risk management strategy, policy, process and framework.

13.2 Medical Director, Chief Officer, Director of Quality and Improvement and Director of Nursing, Midwifery and AHPs

13.2.1 The above roles have the responsibility to ensure risk management is an integral part of clinical activity. They provide assurance to the Chief Executive that clinical risk management and patient safety systems reflect the explicit arrangements for integrated risk management.

13.3 Director of Quality and Improvement

13.3.1 The Director of Quality and Improvement has been delegated the responsibility from the Chief Executive for providing effective leadership on risk management and is responsible for risk management arrangements.

13.3.2 The Director of Quality and Improvement is responsible for:
- Providing leadership for the risk management function within NHS Borders;
- Ensuring a risk management framework exists that identifies risks to the achievement of the corporate objectives;
- Promoting continuous quality improvement through performance review, which will address the adequacy of systems and processes for managing risk;
- Ensuring risks associated with clinical governance and quality, quality improvement and risk management are managed in accordance with risk management arrangements;
- Ensure patient safety systems are in place and follow the integrated risk management framework; and
- Ensuring risk and resilience systems and processes are appropriately aligned in accordance with the National Resilience Standards.[2]

---

[2] Shared responsibility with the Director of Planning and Performance

13.4   Director of Planning & Performance

13.4.1 The Director of Planning and Performance is the Chair of the Operational Planning Group which incorporates the organisation's Risk Management Board. Within this role the Director of Planning and Performance is responsible for:

- Ensuring the risk management role of OPG is effective and sustainable;
- Ensuring appropriate risks are presented at the OPG;
- Ensuring the risk escalation process is applied;
- Ensuring investment decisions taken are risk based and proportionate;
- Ensuring the membership gives appropriate challenge to risks outwith risk appetite;
- Ensuring risk decisions taken are minuted appropriately and OPG action tracker is updated;
- Ensuring the link between risk management and planning are embedded in process; and
- Ensuring a framework is in place for the Risk Fund. [3]

13.4.2 The Director of Planning and Performance is responsible for:

- Ensuring that the performance review systems capture very high risks and management thereof and supports quality improvements for managing very high risk;
- Ensuring risks associated with NHS Border's Planning & Performance, Resilience and Information Management & Technology services are managed in accordance with risk management arrangements and
- Ensuring risk and resilience systems and processes are appropriately aligned in accordance with the National Resilience Standards.[4]

13.5   Chief Officer

13.5.1 The Chief Officer is responsible for:

- Ensuring that controls are implemented through the Quality and Sustainability Board to minimise the effects of identified significant risks; and
- Ensuring that risk management activities within the integrated services are managed effectively.

13.5.2 It is the role of the Chief Officer to keep the Integrated Joint Board (IJB) informed. As described in the Scottish Borders Integration Joint Board Risk Management Strategy, the Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the services delivered under the direction of the IJB. The Chief Officer will be responsible for drawing to the attention of the IJB any new or escalating risks and associated mitigations to ensure appropriate oversight and action.

13.5.3 The Chief Officer will keep the IJB and the Chief Executives of the partner organisations informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes and objectives of the Strategic Plan or harm the reputation of the IJB or the partner organisations.

13.6   Director of Human Resources, OD and OH&S

13.6.1 The Director of Human Resources, Organisational Development and Occupational Health & Safety is responsible for:

- Occupational Health and Safety risk including the development of an Occupational Health and Safety Strategy and Policy that reflect the process of good risk management.
- Chairing the Occupational Health and Safety Forum; ensuring that actions are put in place to achieve the risk management responsibilities of the OH&S Forum.
- Co-Chairing the Training and Development Board to ensure statutory and mandatory Risk Management training is within appropriate compliance levels.[5]

---

[3] Shared responsibility with the Director of Finance

[4] Shared responsibility with the Director of Quality and Improvement

[5] Shared responsibility with the Employee Director

- Ensuring risks associated with NHS Border's workforce, human resources, occupational health and safety services are managed in accordance with risk management arrangements.

13.7 Director of Finance

13.7.1 The Director of Finance is responsible for:

- The management of financial risks, advising on the financial implications of identified risks.
- Collating information and producing the annual governance statement to be submitted to the Health Board;
- Advising the Chief Executive on the risk considerations ensuring that investment priorities are reflected in the strategic plans and providing the link between Audit and Risk Committee and the Quality and Sustainability Board;
- Identifying all risks arising in NHS Borders premises supported by the Head of Estates;
- The risk management of financial, estates and facilities issues arising from the activities of NHS Borders;
- Leading on Climate Change and risks to achieving net zero targets;
- Protecting NHS Borders against the risk of fraud and irregularity as outlined in the Standing Financial Instructions (SFIs)[6]
- Ensuring that risks, whether to achievement of business objectives, regularity, propriety, or value for money, are identified, that their significance is assessed and that systems appropriate to the risks are in place in all areas to manage them;
- Submitting the Financial Plan to the Resource and Performance Committee for detailed scrutiny and risk assessment, following which the Committee shall be responsible for recommending approval of the Financial Plan by the Board;
- Allocating the budget for the Risk Fund on an annual basis; and
- Ensuring a framework is in place for the Risk Fund.[7]

13.8 Employee Director

13.8.1 The Employee Director is Co-Chair of the Area Partnership Forum, Training, Education & Development Board and the OH&S Forum.

13.8.2 The Employee Director is responsible for:

- Ensuring that feedback from staff in relation to any aspect of risk management is reported into the Operational Planning Group.
- In liaison with the Director of Human Resources and OH&S, the Employee Director ensures iMatter survey results are analysed and risks associated with it are reported
- Ensuring that relevant staff risks are identified in the process of any project, management and organisational changes.
- Co-Chairing the Training, Education & Development Board to ensure statutory and mandatory Risk Management training is within appropriate compliance levels. [8]

13.9 Director of Nursing, Midwifery and AHPs

13.9.1 The Director of Nursing, Midwifery and AHPs is responsible for:

- Ensuring risks associated with NHS Border's nursing workforce, spiritual care, infection control, nurse bank and clinical & professional development are managed in accordance with risk management arrangements.

---

[6] The SFI's are issued in accordance with the financial directions issued by the Scottish Government Health & Social Care Directorate under the provisions contained in Regulation 4 of the NHS (Financial Provisions) (Scotland) Regulations, 1974 together with the guidance and requirements contained in NHS Circular No 1974 (GEN) 88 and Annex, and NHS Circular MEL (1994) 80;

[7] Shared responsibility with the Director of Planning and Performance

[8] Shared responsibility with the Director of Human Resources, OD and OH&S

13.10 Medical Director

13.10.1 The Medical Director will be responsible for:

- Radiation protection issues and risks; and
- Ensuring risks associated with the delivery of medical services and pharmacy are managed in accordance with risk management arrangements.

13.11 Director of Public Health

13.11.1 The Director of Public Health is responsible for:

- Ensuring risks associated with the public health directorate are managed in accordance with risk management arrangements.

13.12 Director of Acute Services

13.12.1 The Director of Acute Services is responsible for:

- Ensuring risks associated with the Acute Services are managed in accordance with risk management arrangements.

13.13 Risk Manager

13.13.1 The Risk Manager is responsible for providing a risk management framework for NHS Borders.

13.14 Planning and Resilience Manager

13.14.1 The Planning and Resilience Manager is responsible for ensuring that NHS Borders is prepared for any major incident, supporting the development of contingency plans, which will allow services to be maintained or re-established with minimal disruption following any unexpected event such as loss of premises or utilities.

13.14.2 Promotes risk awareness to support in continuity planning.

13.15 Health & Safety

13.15.1 To ensure appropriate specialist advice and training is given to all staff in the identification, analysis, monitoring and reviewing of OH&S risks.

13.15.2 To ensure OH&S policies align with NHS Borders Risk Management Policy and promotes risk awareness to support in OH&S activities.

13.16 Risk Champions

13.16.1 A central point of contact for Business Units, the risk champions are expected to:

- Communicate the risk management vision to staff to improve the awareness, importance and risk management culture in their area;
- Undertake quality checking of risks already entered into the system;
- Ensure risk information is fed into local groups through risk management improvement plans;
- Be the point of contact for feedback on risk management system and processes;
- Lead in the administration and follow up of the improvement plans;
- Lead in the administration of high risk assurance reports;
- Undertake appropriate training to carry out this role;
- Be a member of the Operational Planning Group; and
- Remind risk owners of deadlines for reports to be submitted to the Operational Planning Group.

14 General Risk Management responsibilities/accountabilities

14.1 Where there are no specific risk management responsibilities for individual roles are noted, the risk management responsibilities are outlined in the chart below.

Directors/ Managers	All directors and managers are responsible for effective risk management within their own area (**note: Directors/ Managers *accountability* cannot be delegated**). Specific duties in addition to the responsibilities of all staff include: - Risk ownership and accountability. - Implementation of Risk Management Policy and associated Policies and Procedures. - Implementation of risk identification processes for all types of risk: workforce, clinical, health and safety, finance, operational and corporate as examples. - Raising awareness of risk. - Ensuring staff, through annual appraisal and personal development planning, maintain knowledge and skills in the management of all risk. - Carrying out a training needs analysis of their area, ensuring staff attendance at statutory/mandatory/appropriate training sessions using risk based decision-making. - Encouraging staff to identify and report hazards/problems/clinical issues/risks and responding positively when they do so. - Prioritising and controlling risks. - Ensuring that all adverse events and near misses are recorded. - Reviewing identified trends and implementing change as a consequence.
Risk Owners	Risk owners identified within the risk register will have responsibility for: - Ensure risk assessments are undertaken - Being accountable for identified risk. - Ensuring the risk information and risk levels are correct. - Develop an action plan in accordance with the risk appetite. - Approve the risk onto the risk register in accordance with risk timescales. - Monitoring the action plan, ensuring actions are specific, measurable, achievable, relevant and time bound. - Identifying resources where required. - Ensure local efforts taken to mitigate the risk have been exhausted prior to escalation. - Escalating the risk through line management structure. - Reporting risk through the risk management structure as appropriate. - Involvement in decision-making process of tolerated/treated/transferred or terminated risks.
Staff	All Staff are responsible for: - To read, understand and follow risk management policies and procedures in place which assist service delivery. - To comply with those policies and procedures. - Maintaining general risk awareness. - Participating in risk management training. - Co-operating with NHS Borders in managing risk, including complying with policies and procedures. - Identifying risks that exist or emerge within the area in which they work, and the escalation of these identified risks to managers as appropriate. - Contributing to resolution of risk (s), including carrying out actions to mitigate or

	reduce the level of the overall risk as delegated by the risk owner. - Identifying and reporting risks to line managers any hazardous situations and accidents/ near miss adverse events to the relevant manager as soon as possible and through NHS Borders adverse event recording system in line with the Adverse Event Management Policy. - Taking part in risk assessment and the adverse event or near miss recording process following the policies, procedures and guidance. - Taking reasonable care for the health, safety and welfare of themselves and others. - Using equipment and substances safely.
Topic Specialists	Topic specialists are available to provide specialist information, advice and training to support the content of risk assessments, adverse event management, complaints management and claims management.

C. Risk Management Tools

15 Risk Register

15.1 A risk register is defined as a **"**record of information about identified risks".

15.2 Risk registers are a key management tool that enables the organisation to understand its risk profile and log risks of all kinds that threaten the organisation's ability in achieving success in its aims/objectives by supporting the context, identification, assessment and monitoring of risk. Risk registers also provide useful information on risk trends and action planning and offer a means of sharing lessons learned and good practice across the organisation.

15.3 The risk register is facilitated using an electronic risk management system; this can be accessed through the NHS Borders intranet. This allows the risk assessment process to be electronically recorded by risk assessors/owners.

15.4 Risks on the risk register will only be considered as being reported to the organisation once the risk owner has:
- Fully developed the risk assessment;
- Determined the risk status (treat/ tolerate/ transfer/ terminate);
- Developed a proportionate action plan; and
- Finally approved a risk onto the risk register.

15.5 Risks should be reviewed regularly. The frequency of risk review required will be dependent on the current risk level as indicated in **Diagram 6** below.

Diagram 5: Review Timescales

Current Risk Level	Review timescales (no more than)
Very High	Every 6 months
High	Every year
Medium	Every 2 years
Low	Every 2 years

15.6 Risk registers, if properly managed, can provide assurance information necessary to satisfy the organisations' governance arrangements.

15.7 **Guidance and training links on using the risk register are available on the Risk Team microsite.**

16   Risk Structure

16.1   To ensure we have a full understanding of the risks we face and their implications risks will be identified and assessed at four levels; strategic, corporate, business unit and local.

16.2   Escalation and de-escalation to each level is expected as per the risk escalation process (**Appendix 7**).

16.3   Each level can be outlined with the below descriptors:
- Strategic
  Those risks, if realised, could have a significant detrimental effect on NHS Borders strategic objectives

- Corporate
  Operational risk escalated to the most senior level to manage and action

- Business Unit – *(Covering clinical boards and support services)*
  Operational risks, if realised, could have a significant detrimental effect on business unit's key objectives and activities. These risks are owned by senior management within the business unit and are within the services delegated budgetary limits and resources to mitigate and manage.

- Local
  Operational risks, if realised, could have a significant detrimental effect on a ward or department's key objectives and activities. These are owned by local managers and are within their budgetary limits and resources to mitigate and manage.

Diagram 7: Levels of Risk
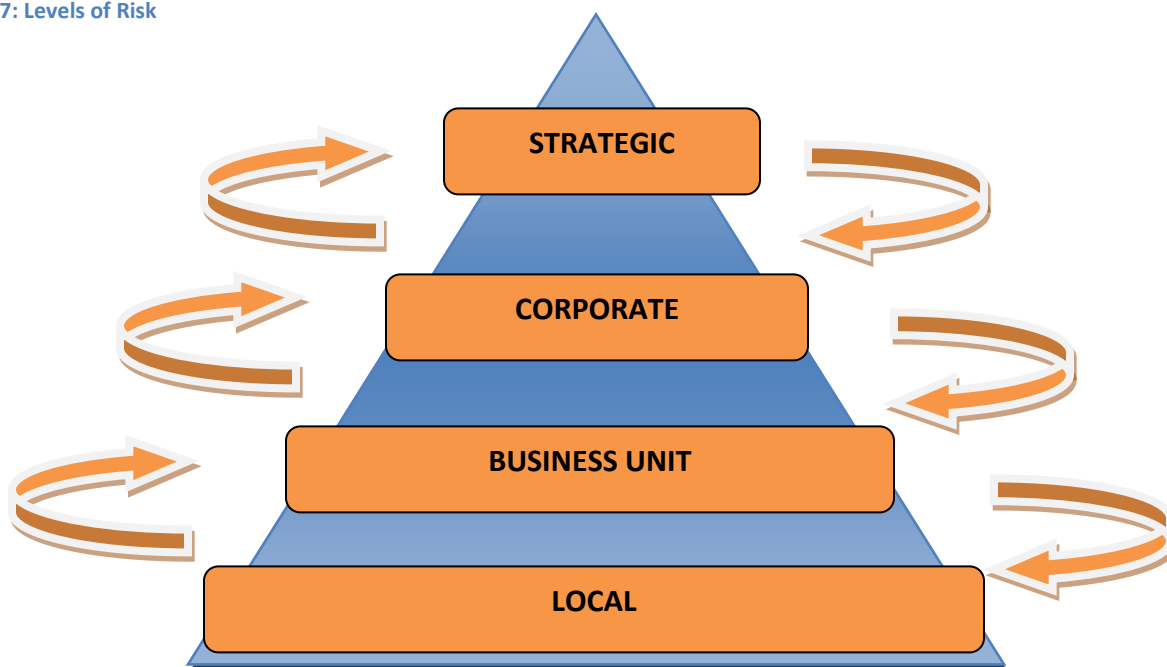
17   Project Risk

17.1   Within NHS Borders short term project risks are entered into a separate project management system. Any project risks that are indicating a very high risk to the organisation should be recorded on the corporate risk register and included in the risk appetite processes. The involvement of key stakeholders in projects will identify any risks that will impact on operations that may be of a lower risk level which should be added to the corporate risk register. Any residual risks from projects should be recorded on the corporate risk register. This process is included in **Appendix 8**.

18 Training and Support

18.1 NHS Borders offers a risk management education programme consisting of eLearning, digital stories, how to videos and bespoke training.

18.2 Ad hoc support is available upon request to the Risk Team and, where more appropriate, Topic Specialists.

18.3 The effective implementation of the Risk Management Policy will raise awareness on any areas that require training and support.

16.4 **For further details on available courses please refer to the Risk Team Microsite.**

D. Risk Appetite

19 Risk Appetite

19.1 To gain consistency in the risk management decisions taken across NHS Borders the organisation a risk appetite is utilised. The details of which can be found in the Risk Appetite Policy.

19.2 The Risk Appetite Policy should be read alongside the Risk Management Policy.

E. Governance

20 Risk Management Governance Structure

20.1 Risk management governance is based on:
1. Risks are recognised
2. Risks are acted upon
3. Risks are reported
4. Assurance that the risk management framework is working

20.2 The assurance framework for strategic and operational risks can be found in **Appendix 9** and **Appendix 10**.

20.3 Risk management information form part of the performance information for all of the governance committees to enable the organisation to gain assurance in all corporate aspects:
- Business is conducted in accordance with the law and proper standards;
- Public money is safeguarded and properly accounted for;
- Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question;
- Affairs are managed to secure economic, efficient and effective use of resources;
- Reasonable steps are taken to prevent and detect fraud and other irregularities;
- Effective systems of Risk Management are in place; and
- Effective systems of Information Governance are in place.

20.4 The Governance structure includes:
- Corporate Governance (Audit and Risk Committee)
- Staff Governance
- Clinical Governance
- Financial Governance
- Public Governance

20.5 Weaknesses identified within the risk management governance structure may form the basis of an entry into the Governance Statement.

21 Audit and Risk Committee

21.1 The Audit and Risk Committee will act as the governance body aiming to give assurance to NHS Borders Health Board that there are appropriate risk management systems and processes in place. The purpose of the Audit and Risk Committee is to assist the Health 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. The framework for risk assurance will keep the Audit and Risk Committee and ultimately the Health Board informed.

21.2 Audit and Risk Committee will be required to ensure the following is carried out:
- Ensure effective processes and systems of Risk Management are in place;
- Ensure appropriate governance structures are in place for risk management;
- Ensure the level of assurance that is gained for risk management processes and systems are reported to the Health Board as part of the annual risk management update;
- Evaluate the framework of internal control and corporate governance including risk management; and
- Scrutiny of the risk management framework is undertaken to ensure it is suitable and sufficient and complies with current requirements and legislation.
- Scrutiny of compliance with the risk management policy through risk management quarterly reports and bi-annual operational risk update reports. As a result of these reports, the Audit and Risk Committee may investigate further to gain added assurance;
- Monitors risk appetite, tolerance levels and overall level of risk facing NHS Borders;
- Monitors how the Board addresses risk in regard to potential litigation;
- Monitors progress towards strategic objectives;
- Receive action plans relating to risk management internal audit findings; and
- Have the authority to request reports on any area of the risk management processes and systems that require additional assurance.

22 Clinical Governance Committee

22.1 The Clinical Governance Committee will be responsible for:
- Ensuring that an appropriate approach is in place to deal with clinical risk management, including patient safety, across the NHS Borders system;
- Reviewing performance in management of clinical risk;
- Receiving reports from relevant service leads. As a result of these reports any areas of risk shall be highlighted and reported;
- Seeking assurance from risk owners that clinical strategic risks are being managed proportionally in line with the risk management process and systems; and
- Receiving bi-annual operational risk update report. As a result of these reports, the Clinical Governance Committee may investigate further to gain further assurance.

23 Staff Governance Committee

23.1 The Staff Governance Committee will be responsible for:
- Highlighting any risks in the implementation of the staff governance standards; and
- Seeking assurance from risk owners that strategic risks relating to workforce are being managed proportionally in line with the risk management process and systems.

24 Public Governance Committee

24.1 The Public Governance Committee will be responsible for:
- Seeking assurance from risk owners that strategic risks relating to public communication and engagement are being managed proportionally in line with the risk management process and systems.

25   Resource and Performance Committee

25.1   The Resource and Performance Committee will be responsible for:

- Appropriate governance of risks, as allocated to the Committee by the Health Board and/or Audit and Risk Committee, relating to finance, planning, performance and property, reviewing risk identification, assessment and mitigation in line with the Health Board's risk appetite and agreeing appropriate escalation;
- Highlighting any risks to the Health Board in regard to financial performance and organisational performance; and
- Seeking assurance from risk owners that strategic risks relating to finance, planning, performance or property are being managed proportionally in line with the risk management process and systems.

26   Area Partnership Forum

26.1   The Area Partnership Forum will be responsible for:

- Considering and commenting on the Risk Management Policy;
- Contributing to the development of the Risk Management Strategy; an
- Ensuring all staff have undertaken the necessary risk management education programme and are supported and performance is reviewed.

F.   Monitoring and Audit Arrangements

27   Monitoring

27.1   Monitoring should enable the organisation to:

- Identify new risks and prioritise the most significant risks facing the Health Board;
- Ensure risks are being managed in accordance with risk appetite, policy and processes;
- Evaluate the effectiveness of the risk management framework;
- Highlight common risk issues and ensure wherever relevant that a common solution is developed and learning/intelligence is cascaded throughout the organisation;
- Escalate and prioritise risks and resources;
- Intervene and take actions where necessary; and
- Identify significant internal & external changes, issues and events that might impact on the risk profile of the organisation.

27.2   Monitoring will be in two forms:

27.2.1   Monitoring and evaluating the framework
The component parts of the framework will be monitored for effectiveness and reported to the organisation as per an agreed timetable. Evaluation of the component parts will use benchmarking and auditing techniques to ascertain its effectiveness.

27.2.2   Monitoring the risks identified and potential future risks
Operational risks will be monitored by the Operational Planning Group to ensure that they are being managed in accordance with the risk appetite and good practice. Risk owners will report progress on risk management and controls on a bi-annual basis with exception reporting to the Operational Planning Group as required. The progress in managing risk to target risk levels and the effectiveness of controls will be monitored by Clinical Boards/Corporate Services and reported through the risk management structures. T**he risk architecture is included in Appendix 11.**

27.3   Horizon scanning will take place to ensure internal and external risk issues or events are used to foresee potential future corporate risk and possible risk impacts.

27.4   Monitoring the effectiveness of risk management arrangements is essential to determine any areas of weakness and possible risk areas not identified.

27.5   As part of the monitoring function, the Board Executive Team will be responsible for:
- Ensuring reporting is undertaken to the Health Board through an annual strategic risk report.

27.6   As part of the monitoring function, the Operational Planning Group will be responsible for:
- Reviewing risk management arrangements and ensuring reporting is undertaken to the Audit and Risk Committee through risk management quarterly reports;
- Considering the corporate objectives on an annual basis, changing future risk management priorities as required;
- Monitoring the risk register and the performance of the organisation to implement the organisational objectives;
- Work with the Training, Education and Development Board to determine whether staff/managers have sufficient risk management skills, knowledge and competence in line with the risk responsibilities; and
- Ensuring that risk owners are receiving adequate support to enable them to meet their roles and responsibilities.

28   Key Performance Indicators

28.1   The Key Performance indicators (KPIs) are a quantifiable measure used to evaluate the success of risk management in NHS Borders.

28.2   The key performance indicators for risk management require action by the risk owner. The key performance indicators are monitored through the Risk Champion Network. These are additionally monitored by the Operational Planning Group through quarterly risk management improvement plans and within the risk management quarterly reports. Further information on these can be found in **Appendix 12**.

29   Audit

29.1   External Audit

29.1.1   The role of External Audit is to provide an independent evaluation to inform the organisation's Governance Statement.

29.2   Internal Audit

29.2.1   The role of Internal Audit is to provide an objective evaluation and opinion on the adequacy and effectiveness of governance, risk and control.

29.3   Local Audit

29.3.1   The Operational Planning Group will ensure an agreed Quality and Audit process is in place and overseen by risk management specialists.

30   Freedom of Information (FOI)

30.1   FOI requests can be made to obtain information regarding risks; these requests must be managed through the Communications Team with all disclosed information conforming to data protection requirements.

31   Policy Review

31.1   The policy will be reviewed on a 3 year cycle or when any relevant significant organisational changes occur.

32   Supporting Documents
- Risk Management Strategy
- Risk Management Protocol
- Risk Register System Guidance

- Code of Corporate Governance
- Blueprint for Good Governance
- Risk Fund Framework
- Adverse Event Management Policy
- Health & Safety Policy
- General Health & Safety Risk Assessment Guidance
- Information Governance Policy
- GDPR Regulation
- Annual Delivery Plan
- Medium Term Plans
- Resilience Strategy

References

BS ISO 31000 (2018) Risk Management Guidelines
https://www.iso.org/obp/ui/#iso:std:iso:31000:ed-2:v1:en

ISO Guide 73:2009 Risk Management – Vocabulary
https://www.iso.org/obp/ui/#iso:std:iso:guide:73:ed-1:v1:en

Orange Book, (2020) Management of Risk – Principles and Concepts;
https://www.gov.uk/government/publications/orange-book

Orange Book (2021) Risk Appetite Guidance Note;
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1012891/20210805_-_Risk_Appetite_Guidance_Note_v2.0.pdf

Blueprint for Good Governance: second edition (2022)
https://www.gov.scot/publications/blueprint-good-governance-nhs-scotland-second-edition/

Healthcare Quality Strategy (2010); http://www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf

Thinking about Risk: Managing your risk appetite: A practitioner's guide, HM Treasury, (2006)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/191521/Managing_your_risk_appetitie_good_practice_examples.pdf

Fundamentals of Risk Management, 2nd Edition, Paul Hopkin; (2013)

Audit Scotland, Priorities and Risk Management Framework; May 2023
https://www.audit-scotland.gov.uk/uploads/docs/report/2007/prf_0708_localgov.pdf

Good Governance Institute, Risk Appetite for NHS organisations; www.good-governance.org.uk

Institute of Risk Management, Standard Deviations: A risk practitioner's guide to ISO31000, 2018
https://www.theirm.org/media/6884/irm-report-iso-31000-2018-v2.pdf

Health and Safety Legislation, Health and Safety Executive; http://www.hse.gov.uk/legislation/enforced.htm

Health and Safety at Work Act 1974; http://www.legislation.gov.uk/ukpga/1974/37

Management of Health and Safety at Work Regulations 1999; http://www.hse.gov.uk/pubns/books/l21.htm

Health and Safety Executive, Summary of findings on the management of risks CEL, 28th March 2023

National Patient Safety Agency, (2012); http://www.npsa.nhs.uk/

Healthcare Improvement Scotland, July (2019); "Learning from adverse events through reporting and review: A national framework for Scotland"

NHS Borders Adverse Event Management Policy,

NHS Borders Complaints Handling Procedure

NHS Borders Claims Management Policy

NHS Scotland Resilience – Preparing for Emergencies Guidance; (2013)

https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2013/09/preparing-emergencies-guidance-health-boards-scotland/documents/nhsscotland-resilience-preparing-emergencies-guidance-health-boards-scotland/nhsscotland-resilience-preparing-emergencies-guidance-health-boards-scotland/govscot%3Adocument/00434687.pdf
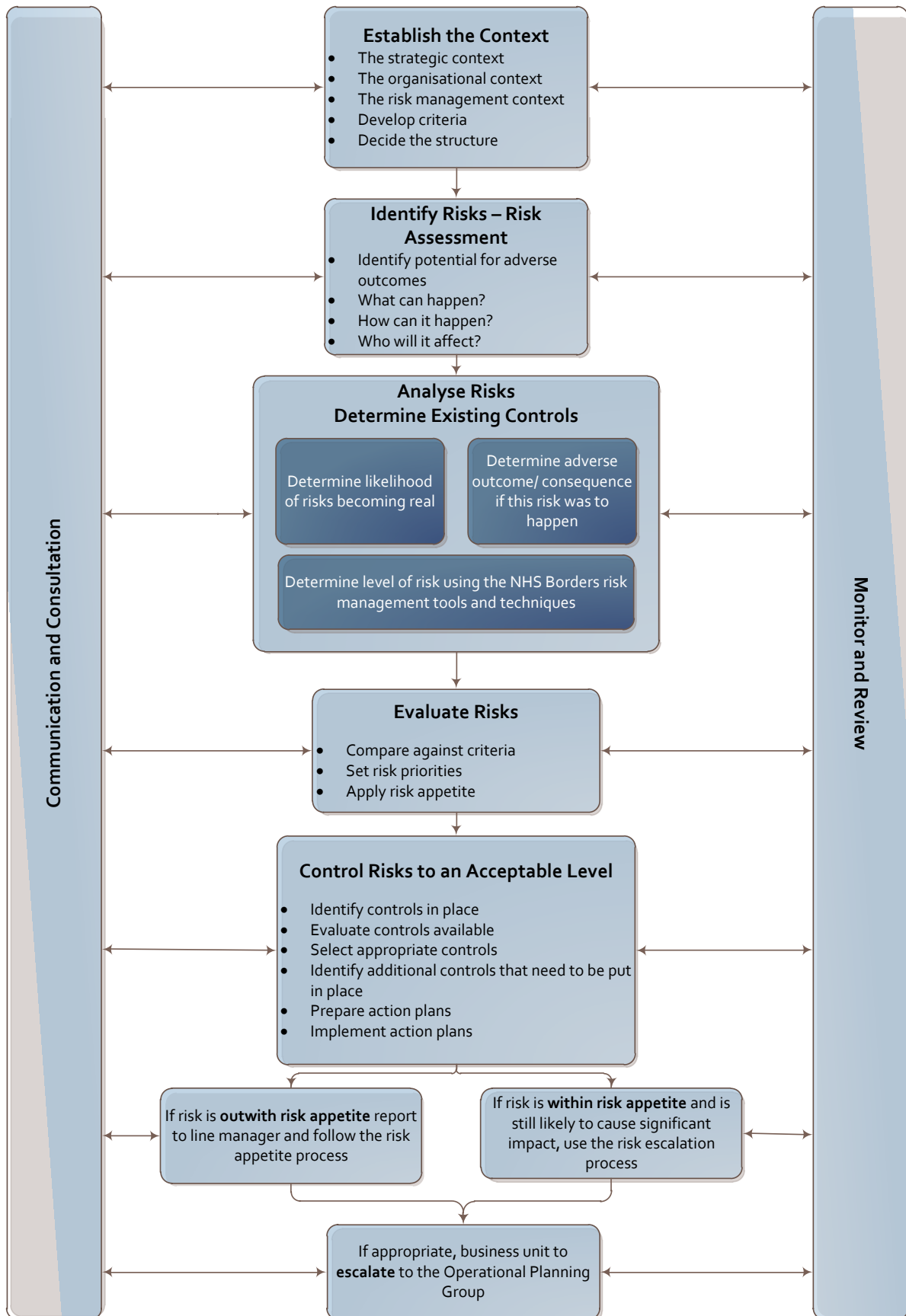
NHS Borders Resilience Strategy

Business Continuity-A Framework for NHS Scotland: Scottish Government, NHS Scotland Resilience; (2009)

Freedom of Information Act (Scotland) (2002); http://www.legislation.gov.uk/asp/2002/13/contents

British Standard (BS) ISO 31000:2018 Risk Management Guidelines.	To ensure that NHS Border's corporate liabilities are managed to a sufficient standard reflecting good practice and robust governance, the current risk management framework follows the nationally recognised standard: *British Standard (BS) ISO 31000:2018 Risk Management Guidelines*. This standard is supported by *BS 31100:2018 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 arrangements.
Orange Book: Management of Risk – Principles and Concepts (2023)	This standard is used to support ISO31000 and highlights that "Risk management shall be an essential part of governance and leadership, and fundamental to how the organisation is directed, managed and controlled at all levels".
The Blueprint of Good Governance (2022)	*The Blueprint of Good Governance (2022)* encourages and supports "a risk culture that embraces openness, supports transparency, welcomes constructive challenge and promotes collaboration, consultation and co-operation".
Healthcare Improvement Scotland (HIS): A national approach to learning from adverse events through reporting and review – December 2019	*Healthcare Improvement Scotland (HIS): A national approach to learning from adverse events through reporting and review – December 2019* which commits to a national Scottish learning approach for adverse events. It has added the first principles of adverse event management; prevention based on risk assessment. The suggested prevention methodology is based on proactive risk management process, as is this policy, and is also reflected in the Adverse Event Management Policy.

	Objective	Achievement Indicators
Person Centred	Inclusion of appropriate stakeholders in the risk management process	Risk owners must manage risk in partnership with staff, patients, the public and other organisations through inclusion and communication during the risk management process. Every risk assessment will record stakeholder involvement.
	A risk management education program is available to the organisation to support a positive risk management culture	Ensure that all staff members have adequate training, information and support to fulfil their duties and responsibilities as described in this policy. Monitoring of this will be included within Risk Management Quarterly reports that are fed into the Operational Planning Group.
Safe	Key risks must be identified	Using the risk management process risk owners must identify and understand the key risks affecting NHS Borders, clearly indicating those risks that are uncontrolled and tolerated. Each business unit should have as a minimum key risks identified in relation to implementing the corporate objectives. The process for risk identification is supported through training and digital stories and the risk management toolkit.
	Proactive risk assessment must be used to minimise occurrence of adverse events	Proactive risk assessment is required as a preventative action to minimise the risk of an adverse event occurring, managers must ensure that risks are minimised and where they continue to exist, are managed appropriately. Business units must review their work activities/patient pathways/patient journeys to identify issues/problems/hazards that could lead to an adverse event using the risk assessment process to manage the risks.
	Management of very high risks will be monitored through the risk appetite process	Very high risks outwith organisational risk appetite will be fed into the Operational Planning Group to ensure robust action plans are in place, investments challenged and agreed, and if required appropriate escalation of risk.
	Establish the development of a learning culture	Create a culture that allows and encourages staff to raise issues and be supported in finding new ways to overcome and/ or manage risks.
Effective	The risk management framework and supporting processes are consistently used by risk owners	An integrated risk management process exists that is efficient and promotes effective risk management decision making, minimising risk and maximising good management practice. This requires to be consistently adhered to by risk owners.
	Risks are escalated in accordance with the policy arrangements within this policy	Risks should be appropriately escalated as per escalation process included within this policy.
	Ensure a single approach is used to risk management, where all risks follow the same Enterprise Risk Management (ERM) approach	NHS Borders complies with national standards and guidance relating to risk management published by British Standards which are built into our strategy, policy, framework and system. Risk Management follows the BSI ISO31000 standards.
	The effective use of information management and technology to support the management of risk	The risk management information system in NHS Borders is up-to-date and the organisation is utilising the system to support risk management activities.
	NHS Borders complies with national standards and guidance relating to risk management published by Health Improvement Scotland	NHS Borders complies with guidance published by Health Improvement Scotland to ensure we deliver person centred, safe and effective care.

Consequence	The outcome of an event being loss, injury, ill health, disadvantage or gain.
Cost	Of activities, both direct and indirect, involving any negative impact, including money, time, labour, disruption, goodwill, political and intangible losses.
Frequency	The number of occurrences of that outcome over a specified period of time.
Hazard	A source of potential harm or a situation with a potential to cause loss.
Likelihood	Used as a qualitative description of probability or frequency.
Loss	Any negative consequence, financial, clinical, corporate or otherwise.
Operational Risk	The chance of something happening that will have an impact on objectives; it is measured in terms of consequences and likelihood.
Residual Risk	The remaining level of risk after the risk has been managed/ treated.
Risk	The chance of something happening (an opportunity or hazard) that will have an impact (good or bad) upon objectives. Risk is measured in terms of its consequences and likelihood.
Risk Analysis	A systematic use of available information to determine how often specified events may occur and the severity of their consequences.
Risk Appetite	Risk appetite is a term used to describe the amount and type of risk the organisation is willing to accept or tolerate in pursuit of its objectives.
Risk Assessment	A systematic process of evaluating the potential risks that may involve a project activity or undertaking.
Risk Control	That part of risk management, which involves the implementation of policies, standards, procedures and physical changes to minimise adverse risk, or optimise opportunity risk.
Risk Evaluation	The process used to determine risk management priorities by comparing the level of risk against predetermined standards, target risk levels or other criteria.
Risk Management Framework	Set of elements of an organisations management system concerned with managing risk. Components that provide foundations and arrangements for risk management to be implemented within the organisation i.e. strategy, policy, accountability, escalation process etc
Risk Identification	A process for finding out what outcomes are possible and how they occur.
Risk Level	The level of risk calculated as a function of likelihood and consequence.
Risk Management	A systematic approach to the management of risk, staff and patient/client/user safety, to reducing loss of life, financial loss, loss of staff availability, loss of availability of buildings or equipment, or loss of reputation. Risk management involves identifying, assessing, controlling, monitoring, reviewing and auditing risk.
Risk Management Process	The systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating risk.
Risk Matrix	A tool used to calculate the level of risk based on likelihood and consequences
Risk Reduction	A selective application of appropriate techniques and management principles to reduce either likelihood of an occurrence or its consequences, or both.
Risk Retention	Intentionally or unintentionally retaining the responsibility for loss or financial burden of loss within the organisation.
Risk Tolerance	An informed decision to accept the consequences and likelihood of a particular level of risk following implementation of an action plan.
Stakeholders	Those people and organisations who may affect, be affected by or perceive themselves to be affected by a decision or activity.
Strategic Risk	Risk concerned with where the organisation wants to go, how it plans to get there and how it sustains this. Long term risks.

Communication and Consultation

Monitor and Review

Establish the Context
- The strategic context
- The organisational context
- The risk management context
- Develop criteria
- Decide the structure

Identify Risks – Risk Assessment
- Identify potential for adverse outcomes
- What can happen?
- How can it happen?
- Who will it affect?

Analyse Risks
Determine Existing Controls

Determine likelihood of risks becoming real

Determine adverse outcome/ consequence if this risk was to happen

Determine level of risk using the NHS Borders risk management tools and techniques

Evaluate Risks
- Compare against criteria
- Set risk priorities
- Apply risk appetite

Control Risks to an Acceptable Level
- Identify controls in place
- Evaluate controls available
- Select appropriate controls
- Identify additional controls that need to be put in place
- Prepare action plans
- Implement action plans

If risk is **outwith risk appetite** report to line manager and follow the risk appetite process

If risk is **within risk appetite** and is still likely to cause significant impact, use the risk escalation process

If appropriate, business unit to **escalate** to the Operational Planning Group

Impact/Consequence Definitions

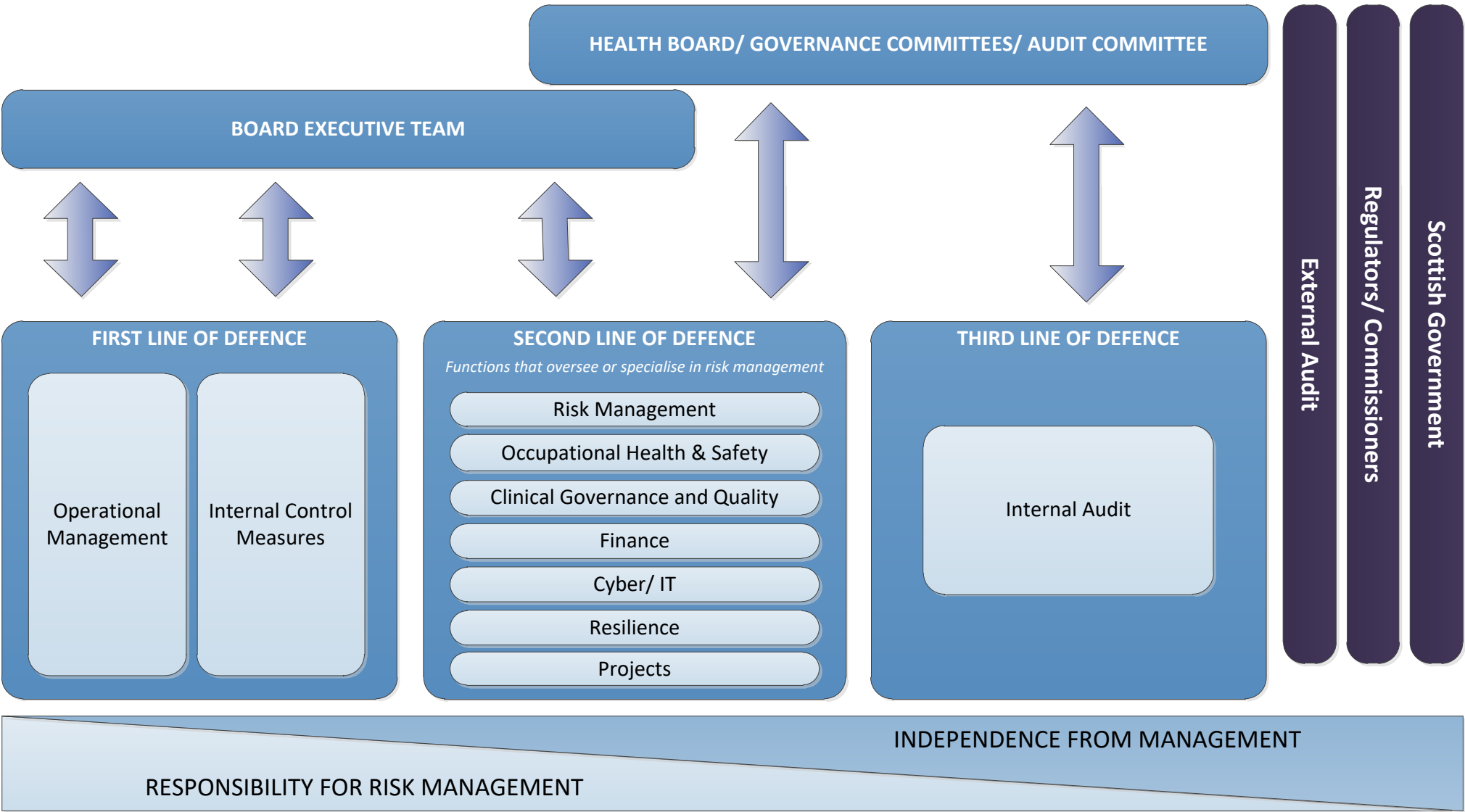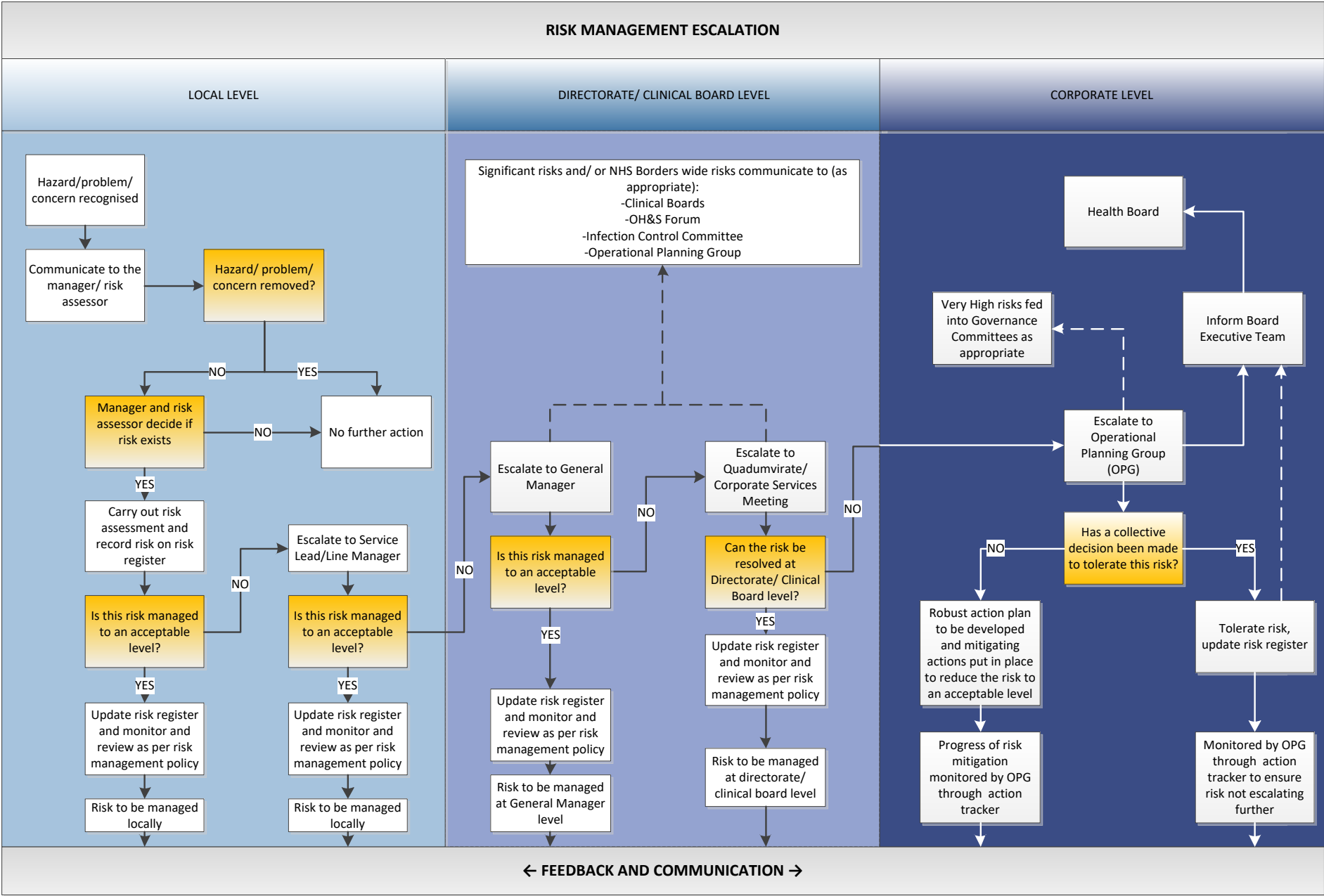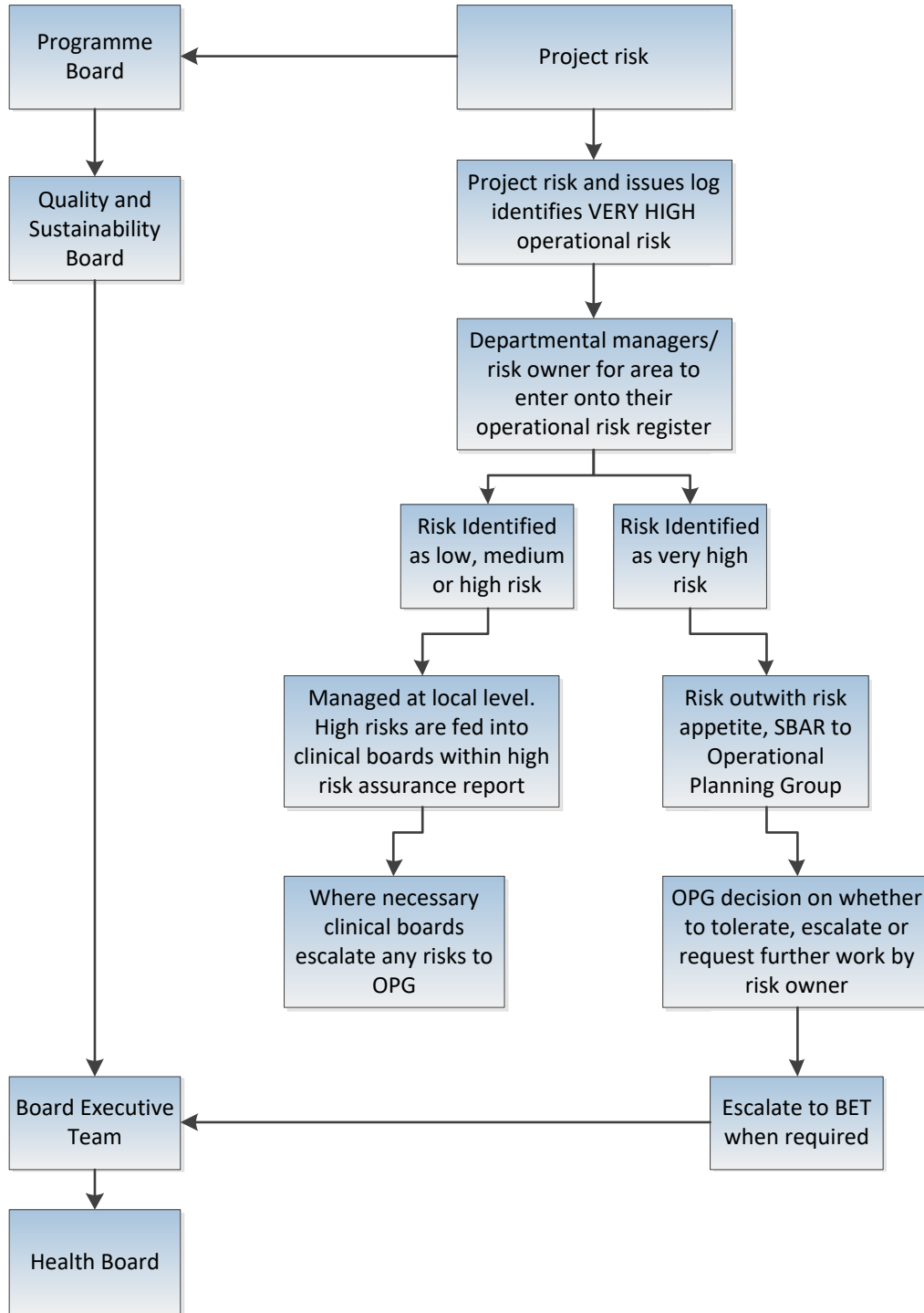| Descriptor	Negligible	Minor	Moderate	Major	Extreme
Injury (physical and psychological) to patient/visitor/ staff.	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. RIDDOR, Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling. Broken bone.	Incident leading to death or major permanent incapacity.
Patient Experience	Reduced quality of patient experience/clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience/ clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience/ clinical outcome; short term effects – expect recovery <1wk.	Unsatisfactory patient experience/ clinical outcome; long term effects – expect recovery >1wk.	Unsatisfactory patient experience/ clinical outcome; continued ongoing long term effects
Staffing and Competence	Short-term low staffing level temporarily reduces service quality (< 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. Minor error due to ineffective training/implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training/implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective/ service due to lack of staff. Major error due to ineffective training/ implementation of training.	Non-delivery of key objective/service due to lack of staff. Loss of key staff. Critical error due to ineffective training/ implementation of training.
Objectives / Project	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule	Reduction in scope or quality of project; project objectives or schedule.	Significant project over-run.	Inability to meet project objectives; reputation of the organisation seriously damaged.
Complaints / Claims	Locally resolved verbal complaint.	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint- involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim Complex justified complaint
Service / Business Interruption	Interruption in a service that does not impact on the delivery of patient care or the ability to continue to provide service.	Short-term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect
Financial (including damage / loss / fraud)	Negligible organisational/ personal financial loss. (£<1k). (NB. Please adjust for context)	Minor organisational/personal financial loss (£1-10k).	Significant organisational/personal financial loss (£10-100k).	Major organisational/personal financial loss (£100k-1m).	Severe organisational/personal financial loss (£>1m).
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating. Critical report.	Prosecution. Zero rating. Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale/public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media/adverse publicity, less than 3 days. Public confidence in the organisation undermined. Use of services affected.	National/international media/adverse publicity, more than 3 days. MSP/MP concern (Questions in Parliament). Court Enforcement. Public Inquiry/ FAI.
Emergency planning/ Region wide	Insignificant numbers of injuries or impact on health.	Small number of people affected no fatalities, and a small number of minor injuries with first aid treatment.	Limited number of people affected no fatalities, some hospitalisation and medical treatment. Localised displacement of small number of people for 6-14 hrs.	Significant number of people in affected area, with multiple fatalities, multiple serious or extensive injuries, significant hospitalization. Large number of people displaced 6-14 hrs or possibly beyond.	Very large number of people (100s) in affected area impacted, significant numbers of fatalities, large number of people requiring hospitalization with serious injuries with longer-term effects

Likelihood Definitions

Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Probability	Can't believe this event would happen – will only happen in exceptional circumstances.	Not expected to happen, but definite potential exists – unlikely to occur.	May occur occasionally, has happened before on occasions – reasonable chance of occurring.	Strong possibility that this could occur – likely to occur.	This is expected to occur frequently / in most circumstances – more likely to occur than not.

Risk Levels

Likelihood	Consequences / Impact				
	Negligible (1)	**Minor (2)**	**Moderate (3)**	**Major (4)**	**Extreme (5)**
Almost Certain (5)	Medium (5)	High (10)	High (15)	V High (20)	V High (25)
Likely (4)	Medium (4)	Medium (8)	High (12)	High (16)	V High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Medium (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

HEALTH BOARD/ GOVERNANCE COMMITTEES/ AUDIT COMMITTEE

BOARD EXECUTIVE TEAM

External Audit

Regulators/ Commissioners

Scottish Government

FIRST LINE OF DEFENCE

Operational Management

Internal Control Measures

SECOND LINE OF DEFENCE

Functions that oversee or specialise in risk management

Risk Management

Occupational Health & Safety

Clinical Governance and Quality

Finance

Cyber/ IT

Resilience

Projects

THIRD LINE OF DEFENCE

Internal Audit

INDEPENDENCE FROM MANAGEMENT

RESPONSIBILITY FOR RISK MANAGEMENT

RISK MANAGEMENT ESCALATION

LOCAL LEVEL	DIRECTORATE/ CLINICAL BOARD LEVEL	CORPORATE LEVEL

Hazard/problem/concern recognised

Communicate to the manager/ risk assessor

Hazard/ problem/ concern removed?

NO — YES

Manager and risk assessor decide if risk exists — NO → No further action

YES

Carry out risk assessment and record risk on risk register

NO → Escalate to Service Lead/Line Manager

Is this risk managed to an acceptable level?

YES

Update risk register and monitor and review as per risk management policy

Risk to be managed locally

Is this risk managed to an acceptable level?

YES

Update risk register and monitor and review as per risk management policy

Risk to be managed locally

Significant risks and/ or NHS Borders wide risks communicate to (as appropriate):
-Clinical Boards
-OH&S Forum
-Infection Control Committee
-Operational Planning Group

Escalate to General Manager

NO

Is this risk managed to an acceptable level?

YES

Update risk register and monitor and review as per risk management policy

Risk to be managed at General Manager level

Escalate to Quadumvirate/ Corporate Services Meeting

NO

Can the risk be resolved at Directorate/ Clinical Board level?

YES

Update risk register and monitor and review as per risk management policy

Risk to be managed at directorate/ clinical board level

Health Board

Very High risks fed into Governance Committees as appropriate

Inform Board Executive Team

Escalate to Operational Planning Group (OPG)

Has a collective decision been made to tolerate this risk?

NO — YES

Robust action plan to be developed and mitigating actions put in place to reduce the risk to an acceptable level

Progress of risk mitigation monitored by OPG through action tracker

Tolerate risk, update risk register

Monitored by OPG through action tracker to ensure risk not escalating further

← FEEDBACK AND COMMUNICATION →

```
Programme
Board
```
←
```
Project risk
```

```
Quality and
Sustainability
Board
```

```
Project risk and issues log
identifies VERY HIGH
operational risk
```

```
Departmental managers/
risk owner for area to
enter onto their
operational risk register
```

```
Risk Identified
as low, medium
or high risk
```

```
Risk Identified
as very high
risk
```

```
Managed at local level.
High risks are fed into
clinical boards within high
risk assurance report
```

```
Risk outwith risk
appetite, SBAR to
Operational
Planning Group
```

```
Where necessary
clinical boards
escalate any risks to
OPG
```

```
OPG decision on whether
to tolerate, escalate or
request further work by
risk owner
```

```
Board Executive
Team
```
←
```
Escalate to BET
when required
```

```
Health Board
```

Strategic risk assurance is provided to the Health Board through the Board sub committees (Clinical Governance, Staff Governance, Public Governance, Resource and Performance and Audit and Risk)

NHS Borders Health Board (HB)
Matters reserved to Board:
- Risk Management Policy
- Risk appetite

Staff Governance Committee (SGC)
Receives information in regard to risks associated with workforce to provide assurance to the board

Public Governance Committee (PGC)
Receives information in regard to risks associated with communication and public engagement to provide assurance to the board

Clinical Governance Committee (CGC)
Receives information in regard to risks associated with patients, clinical activity or clinical aspects to provide assurance to the board

Resource and Performance Committee (R&PC)
Receives information in regard to risks associated with finance and organisational performance to provide assurance to the board

Audit and Risk Committee (ARC)
Receives information in regard to risk management systems and processes to provide assurance to the board

Agrees a risk management strategy for submission to the Health Board

Approval of annual report on compliance with risk management KPIs

Integrated Joint Board (IJB)
Will support work, led by the Chief Officer, to develop a risk management strategy for the Scottish Borders Health & Social Care Integrated Joint Board.

Maintaining and routinely reviewing an integrated risk management strategy, including (where necessary) to make recommendations to either or both parties.

Board Executive Team (BET)

Risk owners of strategic risks

Ensure the strategic risk register is developed based on the organisation's overall strategic direction

Receives bi-annual strategic risk reports for sign off and submission to Audit and Risk Committee and recommendation for approval to the Health Board

Receives quarterly reports for submission to Audit and Risk Committee

Receives risk management policy for sign off and submission to Audit and Risk Committee for recommendation for approval by the Health Board

Receives risk management strategy for sign off and submission to Audit and Risk Committee for recommendation for approval by the Health Board

Quality and Sustainability Board (QSB)

To ensure a risk management strategy is developed and in place that is efficient and effective

Agrees a Risk Management Strategy that upholds the organisational vision and corporate objectives

Takes financial responsibility and make decisions within delegated authority limits including making decisions regarding the allocation of resources for minimising risks to an acceptable level

To implement and monitor the Risk Management Strategy

Integrated Risk Forum (IRF)
Feed in relevant NHS Borders strategic risk information to the Integrated Joint Board

41

Assurance is provided to the Health Board through the Audit and Risk Committee and Clinical Governance Committee for operational risk

NHS Borders Health Board (HB)

Matters reserved to Board:
- Risk Management Policy
- Risk appetite

Clinical Governance Committee (CGC)
- Receives an operational risk update report for review and to provide assurance to the Health Board

Audit and Risk Committee (ARC)
- Receives an operational risk update report for review and to provide assurance to the Health Board
- Receives risk management quarterly report for review and approval

Board Executive Team (BET)
- Receives an operational risk update report for noting and comments back to OPG
- Receives risks outwith risk appetite for noting
- Receives escalated risks outwith risk appetite for further action
- Receives assurance from OPG that high risks are being managed appropriately and proportionately
- Receives any escalated risk concerns from OPG

Operational Planning Group (OPG)
- Receives all risk management subjects and reports for review
- Receives risks outwith organisational risk appetite for review and action/escalation
- Receives High Risk assurance reports from Clinical Boards/ Corporate services to provide assurance to BET
- Development, implementation and review of the Risk Fund Framework

Reporting Lines

→ Operational Risk
→ Strategic Risk
----- Risk Communication
▢ Assurance Groups

Staff Governance Committee

Public Governance Committee

Clinical Governance Committee

Resource and Performance Committee

Audit Committee

NHS Borders Health Board

Information Governance Committee

Integrated Joint Board

Board Executive Team

IJB Audit Committee

Gold Command (when required)

Quality and Sustainability Board

Area Partnership Forum

Integrated Risk Forum

Operational Planning Group

Training and Education Board

Support Services Local Partnership Forum

Acute Local Partnership Forum

Primary and Community Services Local Partnership Forum

Mental Health and Learning Disability Local Partnership Forum

Occupational Health & Safety Forum

Short life working groups

Environmental Risks Oversight Group

Infection Control Committee

Other Clinical/Support Services outwith a clinical board:
- Human Resources
- Occupational Health & Safety
- Performance and Planning
- Communications and Engagement
- Information Management and Technology
- Finance
- Estates and Facilities
- Public Health
- Screening Services
- Health Improvement
- ADP
- Health Protection
- Clinical Governance and Quality
- Risk
- Pharmacy
- Public Protection
- Clinical and Professional Development
- Infection Control

Support Services/ Directorates/ Corporate Services

Acute Clinical Board

Primary & Community Services Clinical Board

Mental Health Clinical Board

LD Clinical Board

Clinical and Corporate Services

43

RAG Status Key	
0-59.9% compliance	
60-69.9% compliance	
70-79.9% compliance	
80-99.9% compliance	
100% compliance	

ISSUE	IMPROVEMENT ACTIONS	LEAD	PROGRESS & OTHER ACTIONS REQUIRED	TIMESCALE	TARGET COMPLIANCE LEVEL	CURRENT COMPLIANCE LEVEL				COMPLIANCE STATUS
						Jul 2023	Oct 2023	Jan 2024	Apr 2024	
Risks not being reviewed in line with policy timescales	Very High Risks reviewed within 6 months of risk assessment	Risk owners	*[Enter total number of Very High risks versus number of Very High risks out with review date]*	*[Enter expected date of compliance achieved]*	**90%**	*[Enter % compliance]*				*[Enter Red, Amber or Green traffic light]*
	High risks reviewed within one year of risk assessment	Risk owners	*[Enter total number of High risks versus number of High risks out with review date]*	*[Enter expected date of compliance achieved]*	**90%**	*[Enter % compliance]*				*[Enter Red, Amber or Green traffic light]*
	Medium Risks reviewed within two years of risk assessment	Risk owners	*[Enter total number of Medium risks versus number of Medium risks out with review date]*	*[Enter expected date of compliance achieved]*	**90%**	*[Enter % compliance]*				*[Enter Red, Amber or Green traffic light]*
	Low risks reviewed within two years of risk assessment	Risk owner	*[Enter total number of Low risks versus number of Low risks out with review date]*	*[Enter expected date of compliance achieved]*	**90%**	*[Enter % compliance]*				*[Enter Red, Amber or Green traffic light]*
Risks with no action plans in place	Ensure all risks have an action plan in place	Risk owners	*[Enter total number of finally approved risks versus the number of risks with no action plan in place]*	*[Enter expected date of compliance achieved]*	**100%**	*[Enter % compliance]*				*[Enter Red, Amber or Green traffic light]*

ISSUE	IMPROVEMENT ACTIONS	LEAD	PROGRESS & OTHER ACTIONS REQUIRED	TIMESCALE	TARGET COMPLIANCE LEVEL	CURRENT COMPLIANCE LEVEL				COMPLIANCE STATUS
						Jul 2023	Oct 2023	Jan 2024	Apr 2024	
Risk Appetite Process not being adhered to	Risks out with risk appetite taken through appropriate risk appetite process	Risk owners	*[Enter the number of risks identified as out with risk appetite versus risks out with risk appetite reported into OPG]*	*[Enter expected date of compliance achieved – may be influenced by OPG Risk Timetable]*	**80%**	*[Enter % compliance]*				*[Enter Red, Amber or Green traffic light]*
Risk owner responsibilities identified	Ensure risk owners identified for all risks in development	Risk Champions	*[e.g. All risks in development have risks owners identified]*	*[Enter expected date of compliance achieved]*	**100%**	*[Enter % compliance]*				*[Enter Red, Amber or Green traffic light]*
Risks in development not approved within policy timescale	Risks finally approved within 104 days	Risk owners and risk approvers	*[Enter total number of risks in development versus number of risks that are able to be approved within the 104 day deadline]* *[Enter number of risks that need to be progressed onto the risk register that will no longer comply with the timescales]*	*[Enter expected date of compliance achieved]*	**80%**	*[Enter % compliance]*				*[Enter Red, Amber or Green traffic light]*
Adverse event reporters statutory eLearning not being undertaken by all staff	Monitor compliance for area(s) of responsibility to ensure all staff have undertaken adverse event reporter training	Line Managers	As per Core Statutory and Mandatory eLearning compliance report *[enter date of eLearning compliance report];* *[Enter Number of staff trained in AE reporter eLearning]*	*[Enter expected date of compliance achieved]*	**80%**	*[Enter % compliance]*				*[Enter Red, Amber or Green traffic light]*

(BLANK PAGE)

NHS Borders

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**CHILDREN'S RIGHTS REPORT 2020-2023 & Action Plan 2023-2026**
Responsible Executive/Non-Executive:	**Sohail Bhatti, Director of Public Health**
Report Author:	**Sylvia Mendham, SBC-Senior Business Service Officer** **Janice Robertson, SBC- Strategic Planning & Policy Manager** **Carole Anderson, NHSB- Child Health Commissioner**

1 Purpose

This is presented to the Board for:
- Awareness

This report relates to a:
- Legal requirement

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

2 Report summary

2.1 Situation

This report is being submitted to the board for noting.

2.2 Background

Part 1 of the Children and Young People (Scotland) Act 2014 requires Public Authorities to report, "as soon as practicable" after the end of each 3-year period, on the steps they have taken to secure better or further effect of the requirements of the United Nations Convention on the Rights of the Child (UNCRC). Using the UNCRC as the framework for reporting, Scottish Borders Council and NHS Borders have prepared a joint report which sets out:

1. actions implemented in the past 3 years (2020-23), and:

2. an Action Plan of the proposed measures to be taken forward in the next 3 years (2023-26) to further the rights of children living in the Scottish Borders.

2.3 Assessment

The report demonstrates the commitment of Scottish Borders Council and NHS Borders over the past 3 years (2020-2023), and the next 3 years (2023-2026) to ensure all children, young people and their families have their rights valued and respected.

2.3.1 Quality/ Patient Care

Involving children and young people and embedding their rights into policy and practice will ensure that our service planning and delivery will best meet the needs of the children we serve.

2.3.2 Workforce

In Scotland work is underway to incorporate the UNCRC into the Scottish legal framework through the UNCRC (Incorporation) (Scotland) Bill 2021. The legislation requires all public bodies to embed the UNCRC in their policies and practice. This means that soon these rights will become law and children and families may hold services to account if a child's rights are infringed upon.

Staff Training around UNCRC has been discussed at TED board, with actions to have an information stand within the BGH, and to conduct a staff survey around UNCRC knowledge, skills and prefer learning approaches. The staff survey was conducted jointly with Scottish Government.

2.3.3 Financial

There are no identified funds to support the implementation of the UNCRC.

2.3.4 Risk Assessment/Management

In April 2019, the First Minister committed to incorporating the UNCRC into law in Scotland and they are set to be implemented 6 months after Royal Assent, currently 2024. This means children's rights will be legally protected in Scotland and public authorities must take steps to represent children's rights in their decisions and actions. It also means that children, young people, and their representatives will be able to use courts in Scotland to enforce their rights.

2.3.5 Equality and Diversity, including health inequalities

The Children & Young People's Planning Partnership has agreed to implement Children's Rights and Wellbeing Impact Assessment (CRWIA) within the development of projects and policies going forward.

2.3.6 Climate Change
N/A

2.3.7 Other impacts

N/A

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 his has been carried out and note any meetings that have taken place.

- Discussion at Public Health Management Meeting 3rd May 2023
- Discussion and agreement at the Training Education & Delivery Board 23rd June 2023

- Young People involved in consultation for the Scottish National Planning Framework 4
- NHS/Scottish Borders Youth Voice/Lauder Primary School - Partnership project to promote the UNCRC in clinical settings by creating accessible activities for young people while in waiting rooms (i.e., word searches)
- 'Article 12 at the Heart' series of workshops around the UNCRC to work with young people not often given a voice to develop their skills and knowledge to be able to represent their peers at meetings.
- UNCRC resources circulated to Community Learning and Development staff
- School assemblies – providing information on opportunities, resources and support for young people through Scottish Youth Parliament, Young Scot or Scottish Borders Youth Voice

2.3.9 Route to the Meeting

The paper was approved by the:
- Children and Young People's Planning Partnership on Monday 25th September 2023

The paper was noted at:
- Scottish Borders Council meeting on Thursday 28 September 2023

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

None

Scottish Borders

CHILDREN'S RIGHTS REPORT
2020-2023
&
2023-2026

Contents

Introduction

Part 1 of the Children and Young People (Scotland) Act 2014 requires Public Authorities to report, "as soon as practicable" after the end of each 3-year period, on the steps they have taken to secure better or further effect of the requirements of the United Nations Convention on the Rights of the Child (UNCRC).

Using the UNCRC as the framework for reporting, Scottish Borders Council and NHS Borders have prepared a joint report which sets out:

1. actions implemented in the past 3 years (2020-23), and:

2. an Action Plan of the proposed measures to be taken forward in the next 3 years (2023-26) to further the rights of children living in the Scottish Borders.

This report demonstrates the commitment of Scottish Borders Council and NHS Borders over the past 3 years (2020-2023), and the next 3 years (2023-2026) to ensure all children, young people and their families have their rights valued and respected. We do this by providing the very best in evidence-based practice that supports prevention and treatment opportunities. Our staff are highly trained and appropriately skilled in the provision of children's services. We aim to provide support to all parents, carers and guardians to make all of our decisions in the best interests of a child.

We strive to ensure children, young people and families are treated with dignity and feel valued and heard. Complaints and any other feedback from children, young people and families are treated seriously and responded to so we can ensure we improve our services. NHS Borders and Scottish Borders Council consider the rights of all children throughout our services. Services and projects have either adopted or are in the process of adopting a rights-based approach to ensure children's rights are respected, protected and fulfilled.

In preparing this report, we have consulted with children and young people to ensure they have a say about matters that are important to them. This has included various consultations on a variety of topics, e.g., the Young Carers Strategy, consultation on the proposals for the new build of Galashiels Academy and play park consultations. We are committed to involving children and young people in preparing Child's Rights Reports in the future, as well as in the design of our services, policies and plans.

What is the United Nations Convention on the Rights of the Child (UNCRC?)

The UNCRC sets out the human rights of every person under the age of 18 and is the most complete statement on children's rights treaty in history. It was adopted by the UN General Assembly in 1989 and is the most widely adopted international human rights treaty to date. Progress on implementation of the UNCRC is monitored by the UN Committee on the Rights of the Child.

The Convention must be understood as a whole: all rights are linked, and no right is more important than any other. The right to relax and play (article 31) and the right to freedom of expression (article 13) are as important as the right to be safe from violence (article 19) the right to education (article 28) and the best interests of the child (article 3).

The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It makes clear how adults and governments must work together to make sure all children can enjoy all their rights.

The Convention can be read in full or accessed in an alternative simplified formats prepared by the Children and Young People's Commissioner Scotland.

Scottish Ministers have set an ambition for our country: that Scotland is the best place to grow up and bring up children. To achieve that we require a positive culture towards children. This is promoted through Getting it right for every child (GIRFEC). The GIRFEC approach has been built up from the UNCRC. Appendix A shows the links between the GIRFEC wellbeing indicators (SHANARRI) and the articles of the UNCRC.

Children's rights are divided into 4 groups. These often referred to as the 4 P's - Provision, Protection, Participation and Prevention, as set out and described below:

Protection

These rights include protection from all forms of child abuse, neglect, exploitation and cruelty, including the right to special protection in times of war and protection from abuse in the criminal justice system.

Provision

These are rights to the resources, skills and contributions necessary for the survival and full development of the child. They include rights to adequate food, shelter, clean water, formal education, primary health care, leisure and recreation, cultural activities, and information about their rights. These rights require not only the existence of the means to fulfil the rights but also access to them. Specific articles address the needs of child refugees, children with disabilities and children of minority or Indigenous groups.

Participation

Children are entitled to the freedom to express opinions and to have a say in matters affecting their social, economic, religious, cultural and political life. Participation rights include the right to express opinions and be heard, the right to information and freedom of association. Engaging these rights as they mature helps children bring about the realisation of all their rights and prepares them for an active role in society.

Prevention

Children and young people have the right to be protected from being hurt or badly treated. Article 19 of the UNCRC makes it clear that children and young people have the basic human right to dignity. This means they have the right to be protected from violence, just like everybody else.

The Children & Young People (Scotland) Act 2014

Ministers have a duty to keep the UNCRC 'under consideration', to raise 'awareness and understanding' of its principles and provisions, 'take account' of views of children and local authorities must submit a report to the Scottish Parliament every three years on the changes that have been made to UNCRC implementation over the period. It also contains a duty on public bodies to report on UNCRC implementation.

The Bill became the newly named 'Children and Young People (Scotland) Act 2014' and while it fell short of incorporation, it provided a focal point for children's rights discourse. The key point of the Scottish Government's plan was to make Scotland the best place in the world for children to grow up.

The Children and Young People's Commissioner Scotland

The Commissioner's powers are set out in the Commissioner for Children and Young People (Scotland) Act 2003 and amended by The Children and Young People (Scotland) Act 2014. Before the 2014 Act became law, the Commissioner could only look into cases that involved human rights of groups of children and young people. As a result of the 2014 Act, the Commissioner can now investigate cases that affect the human rights of individual children and young people.

The role of the Commissioner is as follows:

- Protects the rights for children and young people under 18 or up to 21 if in care or care experienced.
- Works to ensure that laws are fair and will challenge people in authority to ensure that they have done what they have promised to do. To ensure that all children and young people grow up in an environment of happiness, love and understanding.
- Helps children and young people to understand the importance of children's rights and that children and young people can demand change if their rights or rights of others are not being respected.
- Also ensures adults in Scotland are aware of children's rights so that they know where they need to make changes.

In their General Comment 2, the UN Committee on the Rights of the Child explains how people like Children and Young People's Commissioners can best protect children's human rights:

- Help children, young people and adults understand children's human rights.
- Make sure children and young people know how to contact them.
- Listen to all children and young people's views and make sure others do too.
- Involve children and young people in their day-to-day work.
- Work closely with children and young people's organisations.
- Be able to investigate where children's human rights are not being respected.
- Report back to the United Nations Committee on the Rights of the Child on how their country's government is respecting children's human rights.

The Committee also says that like other national human rights institutions, Commissioners should be independent of government.

UNCRC Incorporation (Scotland) Bill

In April 2019, the First Minister committed to incorporating the UNCRC into law in Scotland and they are set to be implemented 6 months after Royal Assent, currently 2024. This means children's rights will be legally protected in Scotland and public authorities must take steps to represent children's rights in their decisions and actions. It also means that children, young people, and their representatives will be able to use courts in Scotland to enforce their rights. Incorporation of the UN Convention on the Rights of the Child | Together Scotland

In Scotland children and young people's rights are promoted and protected by the Children and Young People's Commissioner.

Despite being passed unanimously by MSP's, the Bill was blocked by the Supreme Court after a challenge by UK Ministers. The amended Bill will be presented to the Scottish Government after the parliamentary summer recess, in September 2023. This means that Local Authorities will only be required "to comply with the UNCRC requirements when delivering duties under powers in an act of the Scottish Parliament".

The General Principles that underpin the specific rights of Children and Young People

There are four articles in the Convention that are seen as special. They are known as the 'General Principles', and they help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children and young people. They are:

- Non-discrimination – article 2
- Best interests of the child – article 3
- Right to life, survival and development – article 6
- Right to be heard - article 12

The Impact of COVID 19

Covid-19 had a devasting impact on children and young people, with schools closing and learning moved to online. Preventing children and young people from having social interactions with their peers and friends and becoming more isolated and leading to feeling anxious about things with loneliness being a big factor The full impact of COVID is not yet known but young people are experiencing mental health issues (link: COVID-19 impact report for 10-17 year olds).

Local activity to support children, young people and families during Covid restrictions to ensure their rights were met include:

- Live Borders facilities were closed from March 2020 impacting on free access to services and Holiday Programmes were postponed. The delivery of face-to-face Holiday Programmes were converted and provided virtually and in creative ways by partners involved in the Joint Health Improvement Team.

- Third sector youth organisations supported young people with free online and in-person activities throughout 2020/21: including craft sessions, photography, cooking and baking, youth media, day trips, mountain biking and sports.

- Third sector youth organisations provided support to 253 young people with food parcels and through significant contributions from community-based youth groups: including Cheviot Hub, TD1 Youth Club, Rowland's, Tweeddale Youth Action and Connect Berwickshire. Collectively an estimated 10,000 food parcels were dispersed to households.

- Third sector youth organisations were involved in responding to many Covid-19 impacted issues facing young people and their families including fuel and data poverty. Although delivery was not included in the 2020-2021 Plan, it is envisaged this will continue in 2021-2022 and that organisations will be mindful of increased need as the furlough scheme ends.

- Prior to the emergence of COVID-19, timescales to deploy devices to teachers and students were already challenging, and subsequently due to the pandemic needs greatened and deployments were completed ahead of original timescales. During 2019-2020 devices were provided to teachers and students in all secondary settings by March 2020, three months ahead of schedule. During May 2020 540 iPads were distributed over a three-day period to primary school teachers and a further 3,600 iPads delivered to the homes of students based within primaries 6 and 7 and S1 to deliver home school learning from 11th August 2020. This particular rollout was eleven months ahead of the original programme. Extending the project scope to include primaries 4 and 5 pupils with the provision of 2,400 iPads was conducted prior to the October break.

- The CLD service have provided support for parents via phone, online via Teams and occasionally through one-to-one meetings outdoors when Covid-19 restrictions allowed.

- The Adult Learning team continued their telephone/online support to parents/carers throughout the pandemic despite the restrictions they have worked with142 learners, 90 of whom completed courses that developed employability skills.

PART ONE

What have Scottish Borders Council, NHS Borders and partners done to improve Children's Rights in the past 3 years (2020-2023)?

Over the 3-year period, a number of initiatives have been undertaken which have recognised Children's Rights and so have enabled children and young people an opportunity to state their views.

Significant highlights are detailed below, and the full list is shown in Appendix B.

1. **Virtual School Headteacher -** The Virtual School Headteacher acts as a local authority champion to promote the educational achievement, attainment and experience of all of our looked after and care experienced children and young people. As a member of the corporate parenting group, the Virtual School Headteacher works alongside colleagues in Social Work, Health and other agencies to advocate for learners and provide educational support and direction. The Virtual School Headteacher is there to support and challenge schools and settings to ensure the needs of care experienced learners are met and acts in a consultative role for staff in schools. The Virtual School Headteacher works in collaboration with The Promise Implementation team and Scottish Borders Champions Board, to ensure the voices of learners are heard and that there are opportunities for participation in decision making (art 12, 13, 28, & 29).

2. **Play park consultation** – Three community meetings were held in the village of Gavinton which were designed to be inclusive and children from the community had their voices heard. The first meeting was an onsite overview and to hear what everyone had to say, the second meeting was to narrow down their choices and the third meeting onsite, and in the village hall, was a presentation to the community to set out three options. The local children dominated the input at that meeting and were unanimous in their preferred choice which has been delivered on site (art 12, 17 & 31).

3. Since August 2021 a **Champions Board** approach has been implemented to enable care experienced children and young people to have a forum that is flexible, accessible and has young people's voice at the heart of its design and development.

   The Champions Board approach has continued to be developed with care experienced children and young people over the past twelve months, and a schools pilot was established in two local secondary schools at the start of 2023. Setting up Champions Hubs in schools allows for getting to know children and young people in their communities, as well as working alongside school staff to support them to understand their Promise and Corporate Parenting responsibilities. The Champion's Board is also developing hubs at local colleges. Updates about Champions Board progress have been published in April 2022 and February 2023 via Champions Board Reports which have been developed and designed by the Lead Young Person and informed by feedback and ideas from Champions Board members (art 3, 4, 6 & 12).

4. Over the last twelve months, Children 1st have worked on the **Brothers and Sisters project,** in partnership with Scottish Borders Council, funded by The Promise Planning Partnership. The project is now in its second year having undertaken initial mapping (art 3, 4, 6, 20 & 25).

5. Early in 2022, a group of corporate parents in the Scottish Borders worked on a collaborative project with Who Cares? Scotland to create multi-agency online live and e-learning corporate parenting training which includes content on the Promise and the UNCRC. Initial content was developed by Who Cares? Scotland, which replicates the national picture. The group worked together to capture the unique story of **Corporate Parenting in the Borders.** Who Cares? Scotland are early adopters of the Each and Every Child Framing recommendation, and the language in the training materials carefully reflects this (art 3 & 12).

6. A presentation on UNCRC was attended by Senior Management early in 2023 to provide information on how children and young people should be more involved about decisions on Council Policy especially about services that the Council provide (art 2 & 12).

7. **Get into Summer 2022** was delivered by Live Borders in partnership with Scottish Borders Council and other key partners. Following on from a successful pilot programme in the Summer of 2021, Get into Summer 2022 provided a comprehensive programme of sport and cultural activities for children and young people and offered free places for identified children and young people to participate in holiday camps, go to the cinema and library workshops (Art 28, 29 & 31).

8. NHS Borders **Money Worries App** provides access to confidential, quality assured information and support (art 2, 17 & 18).

9. Public Health, in partnership with NHS Borders Dietetics, has developed a new **Child Healthy Weight** (CHW) Fit 4 Fun service for children, young people and their families aged 0-18yrs. Pathways have been developed to support wide ranging access with options of self-referral over the age of 12 as well as the offer of support to fill out referral forms if required. Children & Young people aged 16-18 years are given a choice to access either CHW or Adult Weight

Management under professional guidance. Children and young people are encouraged to set their own goals and work at their own pace. In addition, they are encouraged to provide feedback during and following completion of the programme through options of verbal communications, evaluation and/or care opinion/care opinion monkey. Parent/carers feedback is also sought through post evaluation and care opinion/monkey (art 3,12,13,14, 24 & 25).

10. Pupils from Eyemouth High School are involved in a project that has mapped assets in Eyemouth to support health and wellbeing. The aim is to create an **interactive visual art map** that can be installed for local people and visitors to use. Geography students used digital mapping to map walks and trails in Eyemouth (art 2, 3, 6 & 31).

11. Engagement has taken place with young people as part of Scottish Borders Council's **Place Making** Project. Children and young people from Eyemouth and Selkirk High Schools, Philiphaugh, Lilliesleaf and Coldstream Primary Schools have attended meetings to give their views on 'How good is my place?' The Place Standard Tool for Children and Young People has been used in the engagement. As well as Place Making engagement, a number of communities have also been conducting their own engagement with schools, including Hawick High School, Berwickshire High School and Duns Primary School. Students from Jedburgh have been involved in creating a Children and Teenagers 20min Neighbourhood Plan of Jedburgh facilitated by A Place in Childhood. (art 3, 12, 24 & 31).

12. All local authorities are being required to implement UNCRC legislation. This is to ensure that all children and young people are able to access appropriate information to help them understand and exercise their rights without prejudice. SBC Education colleagues have worked in partnership with The South East Improvement Collaborative (SEIC) and Education Scotland (ES) over the past 18 months to deliver **training to raise awareness for all those working with children and young people** as part of their roles in ensuring effective implementation of UNCRC legislation (art 3, 4 & 6).

PART TWO

Actions proposed for the next 3 years 2023 - 2026

Scottish Borders Council, NHS Borders and their partners will continue to take forward measures to improve the wellbeing of all children living in the Scottish Borders and to ensure that their rights are fully realised and protected. The emphasis being on supporting all children and young people to realise their rights through the decisions, priorities and actions of public bodies. Local authorities and their partners must ensure that they act in accordance with UNCRC requirements.

Significant highlights are detailed below, and the full list is shown in Appendix D attached:

1. We are building on the **Champions Board approach** implemented in the last 3 years to develop Champion Board Hubs in 2 more schools and the local college in the Borders. We will work with partners to continue to develop the Champions Board Approach to ensure children and young people with quieter voices are at the heart of decision-making in the Scottish Borders.(art 3,4, 6 &12).

2. The SEIC UNCRC network has delivered **training to key staff volunteers** from each cluster of SBC schools. These colleagues are now trained as trainers, and they are in the process of training school staff across the Borders. They have access to a national bank of training resources and advice. Almost all of these trainers are volunteers. The majority of clusters will deliver awareness raising sessions over the course of 2023-24. CLD service adult learning staff are included in this training. (art 3 & 4).

3. SBC Education colleagues from Leader Valley School continue to engage with the SEIC Complex Needs Network to create additional **UNCRC training scenarios** which are relevant to children and young people with complex needs (art 3 & 4).

4. **Engagement is ongoing at Chirnside Primary School**, including students and teachers, regarding the investment of better football provision at Windram Park. This is to try and avoid the cost of vandalism repairs at the school. (art 3,4,23 &31).

5. 96 people responded to an **online consultation regarding play provision** at Sleepy Valley, (Burnhead Road),Burnfoot, Hawick. So far 21 adults and 15 children have been engaged in follow up conversations with the contractors who will install the play park.

6. **Current procedures are being updated** to encompass directions for children and young people identified as young carers to offer plans or statements quickly when they are a young carer of someone with a terminal illness. Current regulations can only set timescales once an offer is accepted. The guidance from Scottish Government will therefore help to achieve the original policy intention of timescales running from when the authority was first aware of a young carer of someone who is terminally ill (art 3,4, 6 & 17).

7. Scottish Borders Council has purchased the **British Sign Language** (BSL) teaching pack from Highland Council. Once staff have completed the training all schools within the Scottish Borders will be asked to consider learning BSL (2,3 &4).

8. Work is underway to develop a **strategic plan for Oral Health** for 2024-26. Children and young people will be included in the consultation process. It follows on from an Oral Health Needs Assessment Report in 2020 (art 3, 6 & 24).

9. NHS Borders have developed the **Care Opinion Monkey** which provides an opportunity for children and young people to feedback on their experiences of health and care. Local children have been involved in developing some of the resources to support this care opinion monkey which will be launched during 2023 (3,6,12 & 17).

10. A **child friendly complaints procedure and guidance** is currently being developed by the Scottish Public Services Ombudsman (SPSO) in conjunction with children and young people and other stakeholders. The current deadline for this is April 2024 (art 3 & 12).

11. Schools will continue to support young people to gain access to **U22 free bus travel** by updating their Young Scot Cards. The ability of schools to undertake group applications has made the process significantly easier and uptake is very high in the older age groups (art 4 & 6 & 17).

12. **A Health passport** (HP) is to be developed for when a child/young person is admitted into hospital. The HP will provide information about the young person, what name they would like to be called, what food they like/dislike and things that they are interested in e.g dogs, reading to try and make their stay in hospital a personalised experience (art 2, 3, 6 & 24).

13. A new **Youth Autism Advisory Group** is due to be launched in Spring/Summer 2023 for autistic young people aged 16 – 24 to support the engagement and inclusion of Autistic Youth Voices in local Autism Strategy work (art 3,4,6,&12).

14. We will invite young people to participate, and have a vote, in the **Children and Young People's Planning Partnership** (3,4 6,12,13,14 & 17).

15. A review is underway to help **shape the future of sport, leisure and cultural services in the Scottish Borders.** All secondary school pupils in the Scottish Borders are to be invited to complete an online survey. The responses will form part of the review, which focuses on the

quality, quantity, accessibility, affordability and ongoing sustainability of services and facilities owned by the Council and operated by Live Borders (art 12 & 31).

How will the Council and NHS Borders know they have made a difference?

The Council and NHS Borders measure the impact of the work carried out for Children's Rights in a variety of ways such as:

- Listen and work with children and young people as partners in measuring progress made by the Council, NHS Borders and their partners
- Annual Progress Reports in CLD Services, Social Work and Education Services.
- The Scottish Borders Annual Child Poverty Action Report
- The Council's Plan
- The Anti–Poverty Strategy
- Education Equity Strategy
- Education Improvement Plan
- The Scottish Borders Corporate Parenting Annual Report
- Performance indicators and monitoring reports
- Children and young people Case studies
- Using surveys to gather information
- Forum meetings with children and young people and reports that provide information on Children's Rights
- Feedback from parent forums, namely parent partnerships

Conclusion

In accordance with Part 1 of the Children and Young People (Scotland) Act 2014 the Council, NHS Borders and their partners have worked together on a number of initiatives to further children's rights over the past three years and continue to do so in their planned actions for the future. The wide range of activity shown demonstrates a clear awareness of the need to embed children's rights in our work. However, it should be noted that this report only includes some examples of the work undertaken to enhance children's rights in the Scottish Borders.

As a result of children's rights being incorporated into Scots Law, services provided by the Council, NHS Borders and partners will need to ensure that children's rights are embedded into all appropriate policies, plans and strategies and that our decision-making and service delivery is compatible with the rights afforded to children and young people, laid out in the United Nations Convention on the Rights of the Child (UNCRC). This work has already commenced and demonstrates our ongoing commitment to children and young people in the Scottish Borders.

Appendix A

Table linking the SHANARRI indicators with the articles of the UNCRC

Wellbeing Indicator	Suggested link with article of the UNCRC
Safe	(11) abduction and non-return of children (19) protection from violence, abuse and neglect (22) refugee children (32) child labour (33) drug abuse (34) sexual exploitation (35) abduction, sale and trafficking (36) other forms of exploitation (37) inhumane treatment and detention (38) war and armed conflicts
Healthy	(3) best interests of the child (6) life, survival and development (24) health and health services (39) recovery and rehabilitation of child victim
Achieving	(4) Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect these rights (18) parental responsibilities and state assistance (28) right to education (29) goals of education
Nurtured	(4) Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect these rights (5) parental guidance and a child's evolving capacities (18) parental responsibilities and state assistance (20) children deprived of a family (21) adoption (25) review of treatment in care (27) adequate standard of living
Active	(3) best interests of the child (23) children with disabilities (31) leisure, play and culture
Respected	(2) non-discrimination (3) best interests of the child (4) Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect those rights. parental guidance and a child's evolving capacities (8) protection and preservation of identity (12) respect for the views of the child (13) freedom of expression (14) freedom of thought, belief and religion (16) right to privacy (17) access to information; mass media (18) parental responsibilities and state assistance (30) the right to learn and use the language, customs and religion of their family
Responsible	(3) best interests of the child (12) respect for the views of the child (14) freedom of thought, conscience and religion (15) freedom of association (40) juvenile justice
Included	(3) best interests of the child (6) life, survival and development (18) parental responsibilities and state assistance (23) children with disabilities (26) social security (27) adequate standard of living

Extract from Scottish Government's publication (June 2015)

Appendix B

	What have Scottish Borders Council, NHS Borders and partners done to further Children's Rights in the past 3 years (2020-2023)? This appendix is an illustration of activities undertaken and achieved within that timescale.	Article
1	NHS Borders is committed to UNICEF Baby Friendly Initiative accreditation. This initiative provides a roadmap to improve care. It enables public services to better support families with feeding and developing close, loving parent-infant relationships, ensuring that all babies get the best possible start, helping parents to recognise non-verbal cues of their child e.g. breast feeding. Currently there are three accredited services and awarded: 1. Maternity – gold 2. Health visiting – stage 3 3. SCBU – stage 1 These services aim to continue progress while working towards the next level of awards.	3, 4, 6 & 24
2	Migrant families in Tweeddale were supported by health visitors and school nurses to ensure access to health care, and provision of immunisations in line with UK requirements. The Health visiting service provides a universal pathway that supports the transition to parenthood from the antenatal period. Standard Operating Procedures have been created ensuring all pregnant women are seen face to face in the home environment. This includes weekly handover meetings between Health Visitors and Community Midwifery teams to share information and agree plans of care. There is a focus on family and the child and a recognised gap between midwifery care and Health Visitors (HV). HV are now involved sooner and this is in line with National Policy FAMILY AND INC CHILD Gap.	3,4,6 & 24
3	Parents are supported to recognise and respond appropriately to infant/child cues at different developmental stages e.g. talking to their unborn baby and stroking baby bump, using verbal and non-verbal communication with baby such as eye-contact, social smile, stranger-awareness. Help is also provided for parents to understand and manage social and environmental influences on a child's development such as substance use, healthy relationships, social support and looking after their own parental mental health.	3, 6, 18 & 24
4	Health assessment processes and pathways have been developed to support assessment of child health need in a holistic way, for example, contact with children and families is used as an opportunity to understand factors influencing health and development in their lives and to promote wellbeing and healthy lifestyles. Support is given on how best to feed the child/young person taking into account the circumstances of the child/young person.	3, 6 & 24
5	Health Visitors attend the Infant and Perinatal Mental Health Warwick course. The steering group represents the voice of the infant and have worked towards improving practice around paternal mental health.	3, 6 & 24

6	To support neonatal development, SBCU has introduced a library so parents can read to their babies. To give the best start to life, parents are able to be by their babies' bedside during the day while other family members or close friends can also visit. Further work is planned to provide more information to parents and families on how they can enhance neonatal development. Plans are underway to redesign the family room to make it a more family friendly space and to develop an overnight stay room for families before a baby is discharged. To provide highest standard of health care, staff training programmes have been redeveloped and customised for all paediatric and neonatal staff. It is envisaged that these will continue to develop.	3 & 6
7	Focusing on the needs of an unborn child, women and families are involved in the planning of a care pathway. The aim of pre-birth pathway/assessment is to ensure that all unborn babies have their needs identified as early as possible where there are risks/vulnerabilities. This helps to ensure that appropriate and timely assessments and supports are planned and delivered in a co-ordinated way taking a multi-agency approach to reduce risks/improve outcomes. This helps to promote the welfare of both mother and unborn baby.	3 & 24
8	Healthy Start Vitamins & Vitamin D Distribution Scheme. Local pathways have been created to support access for these vitamins for all pregnant and all breastfeeding women and children under 3yrs in partnership with maternal & early year's services. We will continue to support the distribution and identify new pathways while raising awareness of entitlement and supporting perinatal and child health.	3,6 & 24
9	Engagement with children from Eyemouth Primary School led to the development of the School Junior Road Safety Officers project. Engagement took place with P6 boys by watching films and discussions to find out what barriers exist in cycling to school. Children identified protection equipment such as wearing cycle helmets and high vis waistcoats as well as bike maintenance and safety. They also identified safe storage solutions in the school.	3, 6, 12 & 24
10	Members of the Scottish Youth Parliament (MSYPs) attending electoral counts for Scottish Government and Local Council	3,6 &24
11	MSYP consultation on right to culture in their local communities	3, 6 &12
12	As part of Global Day for Climate Action 2021 on 19 March 2021, the Scottish Borders' Youth Ambassadors for Sustainability launched their #OurPromiseToThePlanet campaign for the coming year.	6 & 12
13	The Getting it Right For Every Child (GIRFEC) Information sharing Protocol of confidential and consent was reviewed to support children and young people's wellbeing between NHS Borders, Council, Police and Child Protection.	3, 6 & 12
14	Scottish Borders Council is among a range of organisations who have participated in the Connecting Scotland digital programme providing devices to those most in need so that they are able to connect online. Participating organisations, including the Council, identified people facing barriers to digital inclusion to benefit from the scheme, including households with pre-school and school age children and young care leavers on low incomes. The total number of devices for Scottish Borders for this phase was 481 – 238 iPads, 235 Chromebooks and 460 MiFi's helping to support 382 families, 65 care leavers and 34 other vulnerable people.	3, 4, 6, 14 & 17

15	During May 2020 540 iPads were distributed over a three-day period to primary school teachers and a further 3,600 iPads delivered to the homes of students based within primaries 6 and 7 and S1 to deliver home school learning from 11th August 2020. This particular rollout was eleven months ahead of the original programme. Extending the project scope to include primaries 4 and 5 pupils with the provision of 2,400 iPads was conducted prior to the October break. Borders College operated a laptop loan scheme during this time too, so that students could continue their courses online.	3,4, 6 & 17
16	The Kelso Skatepark Lighting project was developed by Jack and Niamh. They approached the Council for support with the planning application. *They were trying to get lights at a local skatepark so that everyone can use it longer when it's dark.* *It will be safer at night instead of using a flashlight or your phone light. Another benefit is that we would like CCTV so we can stop any vandalism, fights or disruption in the future.* *The lights will turn off at 10pm so it's a reasonable time, it's not too early but not too late. We are looking to get a shelter to stop crowding at Kerfield Court when it's raining.* *We are looking into getting a first aid kit to help people when they cut themselves. There will be plasters and medical wipes to clean them up. And for them not to buy them at shops or go home. So, once you are cleaned up you can go back to using the skatepark (Art 31 & 12).*	3,6,12 & 31
17	The Scottish Borders CLD Strategic Partnership Plan 2020-22 was informed by engagement with children and young people. The implementation of the plan will also involved children and young people to ensure effective delivery.	3,4,6 & 12
18	The Family nurse partnership is a home visiting programme for first time mums and their families helping them to achieve the best start for children.	3,6 & 24
19	Building on the Childcare Hubs that were implemented as a result of COVID 19 and support engagement and look at ways of improving the services provided in conjunction with children and young people.	3,4 & 5
20	In May 2022, Wheatlands House received an Excellent (grade 6) following their unannounced inspection by the Care Inspectorate. The report highlighted that the service demonstrates "major strengths in supporting positive outcomes for young people" and that there are "several areas of practice that are considered to be sector leading". Key points within the report stated that the young people living at Wheatlands were well supported by a stable and committed staff team, that they enjoyed positive relationships with staff members and other young people and that they were listened to and were supported to meet their aspirations and potential in all areas of life. Wheatlands won the Scottish Social Services Award for Outstanding Residential Care Service for 2022 in November. Amongst the many strengths of the service, the team's ethos for engaging with young people who have moved on from the home was seen as highly positive, with previous young people receiving Christmas and birthday cards and 'thinking of you' messages. They are also regularly invited for Sunday dinner and to other special occasions	3,4,6,12, 17, 20 & 25
21	Over the last twelve months, Children 1st have worked on the Brothers and Sisters project, in partnership with Scottish Borders Council, funded by The	3, 4, 6, 20 & 25

	Promise Planning Partnership. The project is now in its second year having undertaken initial mapping. The initial baseline data report was produced using data from the social work database, and gives some sense of care experienced children and their brothers and sister relationships. The team completed an initial analysis that includes a breakdown by age, placement type, legal order, relationship type, distance lived from their brothers and sisters. Work will continue to develop the data around 'sibling like' relationships such as foster brothers and sisters etc.	
22	An Advocacy Planning Group was developed and is continuing to undertake the preparatory work for the development of a new children and young people's advocacy service which should be commissioned in Autumn/Winter 2023.	3,4 &6
23	The Whole Family Wellbeing Fund will be used as part of our approach to Whole Family Support under the new Children & Young People's Planning Partnership (CYPPP).	3,4 &17
24	On 19 October 2022, there was an afternoon/evening event in the Assembly Hall of Galashiels Academy, where a selection of the drawings that were used during the planning stage for the new school were displayed. The running of this event was pupil led by the Pupil Council who presented the proposed plans to the general public, staff and pupils. The Pupil Council also attended a visit to Jedburgh in February of this year to experience some of the learning spaces there.	3,4,12 & 16
25	Roll out of transforming Trauma Informed Practice Training for staff to develop understanding of Trauma and Trauma informed ways of working in schools to ensure we can support children exposed to trauma or traumatic events that may affect learning or behaviour.	3, 4 & 24
26	Our Physical Intervention training has been reviewed and adjusted to ensure that trauma informed understanding and approaches through service delivery is prioritised.	3, 4 & 6
27	In February 2023 the Promise team published a 'Reframing Our Language' guide. This was developed from work undertaken by Champions Boards in other areas, a tool developed through engagement with Scottish Borders foster carers.	3, 4, 6, 20 & 25
28	UNCRC and Children's Rights are taken into account in child poverty work in the Scottish Borders.	3, 4 & 27
29	MSYP Campaigns (stop single use plastics and right to food) – consultations with young people in local area to have influence at a national level	12,13 & 17
30	Since the Summer 2022, the Promise Implementation Officer has worked in partnership with children, young people and their families and across services.	3 & 4
31	Noah's Ark - A Play Assistant is present on the children's ward at Borders General Hospital which allows children and young people to choose activities as well as participate in themed play projects. Play provision was adapted during pandemic to a 1:1 individual format within single patient rooms to protect others from infection.	3 & 31
32	Eyemouth has the first junior park fun in the Borders. This is a free 2km fun walk/run for 4 -14-year-old which takes place every Sunday in Eyemouth to coincide with other junior Park runs across the UK. Young people are involved in	3, 6 & 12

	the planning and delivery and there are two young people on the core organising team with others volunteering to help out.	
33	A local youth club used cost of living funding to increase their opening hours and, through Fareshare Partnerships, the hub offered 24 hours support with excess food at the end of the week. One young person said, " it can be pretty rubbish as we aren't at school, but by taking home loads of scran from here on Friday, means the weekends are not so bad".	3, 6 & 27
34	There was a playpark consultation meeting in Chirnside with Primary pupils to hear their ideas on what equipment should be added to the existing Windram Rd Play Park with the SBC allocated fund of £60k. A meeting was organised with all the class reps from nursery classes up to P7 which meant that 10 children were around the table. They had produced drawings of what they would like to have, and all options were considered before taking a vote on all the options – the three most popular, by a wide margin, were new Swings, new Slide and new Agility track but with a wide range from 3yrs to older years).	3, 4, 12 & 31
35	Halyrude Primary School hosted a discussion around the equipment the children would like at their school assembly. The age range attending the assembly were 5- 11yrs old. The school were provided with a catalogue from the contractors, and they highlighted 9 pieces of equipment they would like ranking them in order of preference. These include Trampoline, Multi Play Unit, Panel Boards, Basket Swing and See-saw.	3, 4, 12 & 31
36	The introduction of Mind of My Own (MOMO) – a web-based communication App - to ensure that children who are receiving a service have the right and ability to express their views independently of a Practitioner and/or parent/Guardian.	3, 4, 12 & 18
37	Children and young people are now widely consulted on the design of new schools. Recent examples include Earlston Primary, Gala Academy and Peebles High School.	3, 4, 12, 23, 28, 29, 30 & 31
38	In March 2022, Scottish Borders schools took part in a Health and Wellbeing Census for P5-7 children in primary schools and S1-S6 young people in Secondary Schools. Four key areas were identified which will be actioned by Education and Lifelong Learning and have been included in the Education Improvement Plan 2022/23.	3, 12, 24 & 31
39	In the Autumn Term of 2022, Scottish Borders schools took part in the Scottish Schools Health and Wellbeing Improvement Research Network (SHINE) survey. The report looked at different aspects of mental health and wellbeing and the results will be actioned by Education and Lifelong Learning going forward.	3, 12, 24 & 31
40	The Community Led Local Development Fund (CLLD) is funding given to 21 rural areas of Scotland by Scottish Government. The Borders Local Action Group (LAG) set up a Youth LAG and recruited a group of young people aged 16-25 to design a grant scheme. They gave out £20k in grants to individual young people in the Borders. They also met with other Y-LAGs from across 6 areas of Scotland to discuss shared issues, challenges and solutions. The Y-LAG gave young people the opportunity to learn skills, grow networks, boost confidence, make friends and share ideas.	4, 6 & 12

Appendix C

UNCRC work done through Scottish Borders Youth Voice

Person or Group involved	What was done	Article No
MSYPs	• MSYP Election and a by-election held that offers young people the opportunity to represent their peers at National Level • MSYP Campaigns (stop single use plastics and right to food) – consultations with young people in local area to have influence at a national level. • MSYPs attending electoral counts for Scottish Government and Local Council • MSYP consultation on right to culture in their local communities	Article 12 Article 12, 13, 17, 24, 27, 29 Article 13, 17 Article 31
COP26 Local Youth Champions	• Local Champions co-designed the Scottish Youth Climate Declaration	Article 12, 29
YAfS (Youth Ambassadors for Sustainability)	• YAfS created a film on the state of our planet and local issues that was shown at Council meetings and area partnership meetings • YAfS gave a presentation at the Councils Sustainable Development Committee asking for the removal of singles use plastic bottles from schools. This was taken forward for further discussion. • YAfS attended meetings with 3rd sector organisations and regional MP on food production, climate change and food waste	Article 12, 29 Article 12, 29 Article 12, 24, 29
Education Executive Reps	• Education Executive Reps attend Council's Education subcommittee to comment on all things education related on behalf of their peers.	Article 12, 13, 17, 28, 29
Children's Rights Ambassadors	• Received training on the UNCRC and how they could share that information with their peers	Article 12, 42
BANG (Borders Additional Needs Group)	• Project run to engage young people through activities in discussing their rights, the UNCRC, and how that relates to their life in their communities.	Article 12, 42
Other activities or projects	• Young People involved in consultation for the Scottish National Planning Framework 4 • NHS/SBYV/Lauder primary School Partnership project to promote the UNCRC in clinical settings by creating accessible activities for young people while in waiting rooms (i.e., word searches) • Article 12 at the Heart series of workshops around the UNCRC to work with young people not often given a voice to develop their skills and knowledge to be able to represent their peers at meetings. • UNCRC resources given out to CLD staff in 2020. • School assemblies – providing information on opportunities, resources and support for young people through Scottish Youth Parliament, Young Scot or Scottish Borders Youth Voice	Article 12 Article 12, 13, 17, 24, 31, 42 Article 12, 42 Article 42 Article 12, 13, 15, 17, 24, 27, 28, 29, 31, 42

Appendix D

	Actions proposed by Scottish Borders Council, NHS Borders and partners for 2023-2026	Article
1	The Virtual School will continue to work in collaboration with all stakeholders to ensure the voices of care experienced learners are listened to and they have the opportunity to participate in decision making.	3, 6 & 12
2	A Children's Rights and Participation Strategy is to be produced to raise awareness of Children's Rights and encourage children and young people to participate and be involved, including the establishment of a Young Borders Action Team. This will develop pathways so that young people can get the right information, advice and support at the right time. Work continues with a diverse group around Article 12 of the UNCRC and what it means for young people. Article 12 says that '*every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously'.* This group has also been involved around the thinking on how a Children and Young People's Participation and Engagement Strategy should look, and how young people should be more represented on various SBC and community forum and committees. We will undertake a mapping exercise of current participation and engagement opportunities for parents, kinship carers, foster carers and adoptive families in the Scottish Borders to identify areas for development and improvement.	3, 4 & 17
3	School clusters will deliver awareness raising sessions about UNCRC over the course of the next school session (23-24)	4
4	A road safety campaign was undertaken in June 2023 with the new intake of S1 pupils secondary schools at all secondary schools. This was designed to raise road safety awareness after several incidents and near misses during 2022/23.	3, 4 & 12
5	The Scottish Borders Corporate Parenting Strategy 2024 will be reviewed and incorporate play and parenting	3, 4 & 6
6	Langlee Breakfast Club will continue to provide information and signpost families to relevant organisations that can support them	3,4,6,&17
7	Bumps, Babies and Toddler Group - Provide information and sign post families to relevant organisations that can support them by: •Emphasise the need for bonding, routine, boundaries, nurture and play •Peer learning and support •Provide a nutritious breakfast as per the EatWell Guide and raise awareness of good nutrition •Invite speakers to positively engage with parents e.g. Weaning, breastfeeding, infant nutrition, DWP, Social Work •Share resources, including: Money Worries App, 6 ways to be well and PND information booklets, healthy eating guides and recipes •Provide a safe space for parents to bond with their child through free play, nursery rhymes (in different languages) and stories and engage in peer learning and support	3, 6,8, 9, 22, 24, 26, 27, 28, 29 & 30
8	Continue the Parent Voice peer support group, primarily with parents who have children with ASN. Activities include: •befriending	42, 37, 36, 35, 34, 33, 31, 29, 28,

	•participation groups where families are empowered to share their opinions and experience to influence national policy and shape services •Information/signposting group with guest speakers such as Social work, DWP, Social Security Scotland, Children1st, DAAS, DACS, Border Women's Aid, We are with You Borders, Health in Mind etc	27, 26, 24, 23, 19, 18, 17, 16, 12, 6, 5, 4, 3
9	Continue with Unity, a Care Experienced Parents peer support group. Activities include: •befriending •participation groups where families are empowered to share their opinions and experience to (in the future) influence national policy and shape services •Information giving/signposting group where parents have access to guest speakers •Nurture and play with your child/ren •Boundaries and Routine •Dealing with difficult behaviours •Positive engagement with professionals •Cooking on a budget	1, 2, 3, 4, 5, 6, 9, 12, 15, 18, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 31, 33, 34, 36, 37 & 39
10	Borders Forest Trust - This group help young people to settle into high school by providing them with a positive outdoor learning experience where there is a focus on nurture and cooperative activities.	3,12,13,28,29 & 31
11	Continue with Steps to Success - supporting pupils in taking steps to be successful in their learning and look at next steps for education or employment	24,28,29
12	ELC Transitions Parenting Programme offers parental opportunity to engage with and develop strong attachments with, their child, in a safe, supportive environment. Emphasises the importance of support for language acquisition, auditory perception, fine and gross motor skills and appropriate nutrition. The ELC Transitions Programme offers parents the opportunity to further support their child's learning prior to their move into P1 and encourages parents to support their child's social and emotional regulation development. The Triple P Parenting Programme works to develop parent's skills to respond appropriately and effectively to their child's emotional and behavioural needs.	5, 12, 13, 18 & 29
13	Deliver family fun sessions. Family fun sessions encourage and inform parents /careers about learning at home and using play. Short blocks of 4-6 sessions will cover literacy & numeracy. These sessions are delivered in various schools in the Eildon West area. STEM sessions are provided for older children and families.	29 & 31
14	R-Evolve Metal Work and Fabrication Project - Programme to better integrate students from mainstream and enhanced provision (EPU) within the school by creating a project which saw EPU students commission students from a targeted S3 cohort and S5 Higher Art to produce a co-designed bird feeder stand and pottery feeders for their garden area.	23 & 28
15	Deliver English as a Second Language Group. ESOL classes were set up for Ukrainians settling in the Scottish Borders. The ESOL groups are for adults 16 years old+. The English classes support adults who are often also parents, to live and work in the Scottish Borders and this includes supporting their children with schooling and health care support and accessing and working with different services.	2, 5, 7, 9, 10, 15, 18, 23 & 24

16	Kelso Youth Learning Programmes - Learning pathways programmes in archaeology and stone carving have meant young people furthest from learning have gained awards and learned about their local heritage along with practical, skills-based learning. They are contributing to their local town by creating community sculptures.	6, 28 & 29
17	Food punks - offered as an alternative to mainstream school that allow young people to develop skills around their personality/way of learning through cooking.	3,12,13,24,28,29 & 31
18	Food Foundation offers an alternative environment for young people with additional support needs to learn life skills and health and well-being concepts in a safe and nurturing practical environment.	23 & 24
19	A grant of £60k was awarded from Scottish Borders Council's cost of living fund to support the setting up and continuation of breakfast clubs. A total of 19 schools and 1 community group were successful in their application to provide a breakfast club. Support was also provided by Public Health where needed, to offer advice on nutrition and how to set up a club in accordance with Scottish Government Guidelines.	2,3,4,6,24 & 27
20	Contractors are currently preparing a landscape design which can be used as a visual, which will be presented to the community. The aim is to engage with children in a variety of different settings once this is available. Depending on the timescales (term time/summer holidays) we will seek to engage with children through settings such as schools, youth groups or summer schemes for children and young people's feedback on designs provided.	3,4,23 & 31
21	Incorporation of Children's Rights into Scots Law in relation to the current Parliamentary Bill and what incorporation would mean for public bodies. The Council and NHS Borders will review its policies to ensure compatibility with the rights of the child; and support the development of future strategies and services which will work to further the UNCRC for children and young people in the Scottish Borders.	3 & 4
22	'The Promise' will continue to be implemented across corporate parent organisations in the Scottish Borders. Developments will be led though the Children and Young People's Planning Partnership, Scottish Corporate Parenting Strategy 2021-24 and informed by the on-going participation of looked after and care experienced children and young people.	3, 6 & 12
23	Dental Health intends to utilise Care Opinion, including Care Opinion Monkey to engage with feedback. Team leads will be supported to use this tool and service effectively. This will help to improve quality and increase the voice of children and young people and families across the dental service.	3,6,12 & 24
24	There are plans to reintroduce play activities in small groups. This will allow children to learn and explore while also providing a distraction during their stay in the Borders General Hospital.	3,6,24 & 31
25	Young people in Eyemouth are involved in identifying what health means to them and to look at what is available in their community to support their health and wellbeing. It is planned that there will be a creation of a clay map that shows the health assets in Eyemouth.	3,6,12 & 17
26	The Children and Young People's Planning Partnership are currently working on strengthening networks so that services work more effectively together. This includes developing early intervention services across the partnership using the	4 & 6

27	Children and Families Social Work will introduce a strengths-based approach in how staff work with families, with a particular focus on the introduction of Family Group Decision Making. Children 1st provide a Family Group Decision Making service for children & families in Scottish Borders. They began with a pilot in July 2021 and provide the family with an opportunity to create their own plan for the benefit of their child/ren. The pilot was successful and has been extended and funded to April 2024. The pilot began with a focus on all children & young people who were at risk of becoming looked after by the local authority. Criteria now includes Looked after children to support rehabilitations home, and children subject to child protection plans.	3,6,4 18 & 24
28	Improve Transitions planning and processes across all service areas using a co-production approach with children, young people and their families. The transitions Good Practice work commenced as part of work within the Learning Disability Services facility and is now working on developing multi-agency process mapping of the pathways for young people who have support needs but do not have a learning disability. This work involves a range of partner agencies including those who represent the voice on young people. Contributors include education, adult social work, children's social work , ARC Scotland, Skills Development Scotland , BANG, and LD services.	2,3, 4, 6, 12, 18 & 24
29	Scottish Borders Council's Education Improvement Plan sets out the key strategic improvement priorities for our schools and settings. The report describes the steps they intend to take each academic year to reach each of the following strategic priorities: • Placing the human rights and needs of every child and young person at the centre of education • Improvement in attainment, particularly in literacy and numeracy • Closing the attainment gap between the most and least disadvantaged children • Improvement in children's health and wellbeing • Improvement in employability skills and sustained positive school leaver destinations for young people	3, 4, 6, 24, 28, 29 & 31
30	Building on the success of the Y-LAG last year, the Borders LAG chose to fund the Y-LAG in 2023/24 and they hope to launch a new grant scheme in by the end of 2023, with £25k to distribute to young people in the Borders who can demonstrate innovation, talent and a sense of community. They will meet up with other Y-LAGs again for training and discussion around creating and funding their own projects going forward and are considering hosting a Scottish Y-LAG event next year.	4, 6 & 12
31	A new Youth Advisory Forum that will give young people the chance to help shape the economy of the South of Scotland is set to be launched. The Forum will help the South of Scotland Enterprise (SOSE) to better understand the economic issues that are impacting young people living and working across the South. This will include the things that young people would like to see happen in their area, and what young people think the future of the South of Scotland should look like.	4, 6 & 12
32	We will continue to provide holiday programmes for children and young people to enjoy sport and leisure activities. The programme will include free places for identified children and young people to enable their participation.	28, 29 & 31

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Primary Care Improvement Plan Annual Programme Report**
Responsible Executive/Non-Executive:	**Chris Myers, Chief Officer Health & Social Care**
Report Author:	**Cathy Wilson, General Manager P&CS**

1 Purpose

To update the Health Board on progress made with implementation of the Primary Care Improvement Plan (PCIP) for period April 2022 – March 2023.

The purpose of this report is to provide a comprehensive overview of the achievements, challenges, and future goals pertaining to the delivery on the commitments outlined in the General Medical Services (GMS) 2018 contract.

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive
- Legal requirement
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board is asked to note the contents of the report attached and consider the issues raised in the report.

2.2 Background

New GMS GP Contract - 2018
In 2018, a new GP contract was introduced. A new primary care model was to be rolled out to make it easier for people to access care from a wide range of healthcare professionals. The New GMS GP Contract refocused the role of GPs as Expert Medical Generalists (EMGs) working within a Multi-disciplinary Team (MDT). The aim of this is to reduce GP and GP Practice workload. New staff will be employed by Health Boards and will work with practices and clusters.

The Health Board would be required to shift GP workload and responsibilities to members of a wider primary care multi-disciplinary team when it is safe and appropriate to do so, while also demonstrating an improvement for patient care.

It is a requirement of the MoU that Integrated Authorities develop and review a local Primary Care Improvement Plan (PCIP). The aim of the plan is to identify and integrate key areas to be transformed to achieve the GP contract goals with the expectation that reconfigured services will continue to be provided in or near GP practices.

MoU2
SG issued an updated Memorandum of Understanding (MoU2) to Health Boards in July 2021. The revised MoU for the period 2021-2023 recognised what had been achieved on a national level but also reflected gaps in delivering the GP Contract Offer commitments as originally intended by April 2021.

This revised MoU2 acknowledges both the early lessons learned as well as the impact of the Covid-19 Pandemic and that the delivery of the GP Contract offer requires to be considered in the context of Scottish Government remobilisation and change plans.

SG advised that all 6 MoU service areas should remain in scope, however following the SG/SGPC letter of December 2020, they agreed that the following services should be reprioritised to the following three services:

- Vaccination Transformation Programme (VTP)
- Pharmacotherapy
- Community Treatment and Care Services (CTAC)

It is important to note that prior to the MoU2 announcement, other PCIP Borders workstreams were well underway and PCIF commitments attached.

November 2021
In recognition that nationally several HBs were struggling with the March 2022 deadline, a GP sustainability payment was offered to help cover costs- giving an additional year for implementation of both CTAC and Pharmacotherapy.

March 2022
By March 2022 the Health Board had delivered VTP in full, partially delivered Pharmacotherapy (level 1 Acute Prescriptions) and CTAC was a still to be

delivered. Modelling and planning were complete and implementation was waiting for funding allocation before it could go ahead.

August 2022
Allocation from Scottish was released in August 2022 and was insufficient for fully implementing CTAC. This triggered a review of the strategic plan as a new model was required to fit within the financial envelope. This led to a reduced model, CTAC Phase 1, providing only phlebotomy services.

March 2023
As a direct result therefore and without any dialogue with the Board / Partnership regarding how the position on these reserves may have changed since they were brought forward on 01 April 2022 or any legal, contractual or strategic commitments that may have been entered into during the year, the SG has unilaterally deducted the full £1.523m from Scottish Borders 2022/23 PCIF allocation, resulting in no Tranche 2 payment being made.

2.3   Assessment

2.3.1   Financial

As this report serves as a reflection on the previous financial year that concluded in March 2023, it is important to note that a comprehensive overview of the Primary Care Improvement Funding (PCIF) allocation and its impacts on future plans is provided in the full report.

For detailed information and analysis, please refer to page 45 in the attached report, where you will find a comprehensive breakdown of the financial allocations and their effects on our future initiatives.

2.3.2   Risk Assessment/Management

Failure to deliver PCIP presents a number of strategic and operation risks to the IJB and Health Board:

Risk	Description
Access to Primary Care Services	Providing a CTAC service is essential to providing a safe, equitable and accessible community-based healthcare. By failing to deliver this, it is likely that patient access to primary care will be limited by capacity and that this may vary by practice/location.
Access to Secondary Care Services	The delivery of a primary care CTAC service provides the foundation for an enhanced CTAC model (Secondary Care access to CTAC services), moving workload away from hospital services. Without primary care CTAC this is unlikely to be deliverable.
GP engagement	GP Practices may choose to implement a work to rule approach to various pharmacotherapy and CTAC services – following BMA guidance[5]. This would push activity back to secondary and acute care services increasing pressure at Hospital front door.

GP Sustainability	There is a risk that primary care provision within general practice will be unsustainable and the local population will not have access to adequate primary care services. The Health Board is responsible for the provision of GMS to its local population. Should a GP Partnership give notice on their contract it will be up to the Health Board to find a mechanism to continue service delivery. This may mean undertaking a tender exercise to find another provider or it may mean the Health Board taking on responsibility for service provision and running the practice as a 2c model. There is evidence that 2c practices are more expensive than independent GP practices.
Contract Failure/- Penalties	The Health Board is responsible for delivery of the 2018 GMS Contract. Failure to implement PCIP will result in failure to deliver the contract. Should PCIF funds not be fully utilised, additional 'transitionary' payments will be incurred. These additional payments will represent additional expenditure at no added value.
Management Capacity	The capacity of the existing P&CS management team is insufficient to undertake the potential increased activity that arises from failure to meet the contract and the consequent impact on GP sustainability within Scottish Borders.
Polypharmacy Enhanced Service	Delivery of Polypharmacy savings is predicated on GP engagement. There is a risk that GPs do not have sufficient capacity, or otherwise do not wish to engage with the delivery of the polypharmacy programme.
Polypharmacy Fees	GPs have indicated a rate of £39.60 per review is contingent upon delivery of the proposed investment in PCIP. Should this fail to be delivered the proposed rate would revert to £70.00 per review at an additional cost of up to £243k.
Polypharmacy Savings	There is a risk that the level of savings achieved through polypharmacy reviews is insufficient to support the additional investments identified. Savings are modelled on information provided within the national polypharmacy guidance which indicates a range of between £50-£200 per review (net prescribing cost reduction). Should savings delivery be at minimum levels this would result in net benefit (after GP fees) of £83k. This is insufficient to deliver the required investment and it is likely that the GP fees abatement would therefore be removed and a further liability of £243k incurred in addition to failure to deliver the proposed model. This would result in a net deficit on the polypharmacy service of £160k, although recurring savings of £400,000 would be realised after year 2.

2.3.3   Equality and Diversity, including health inequalities

In 2018, Health Boards were informed that national Health Inequalities Impact Assessment had been conducted, relieving them of the requirement to complete a local PCIP strategic impact assessment. However, starting from April 2023, we now recognise the importance of fulfilling our legal duty by conducting comprehensive impact assessments for PCIP.

As evidence of our commitment, the recent PCIP Bundle Proposal work and its associated impact assessments for each distinctive workstream exemplify our dedication to compliance with our responsibilities. These assessments provide robust evaluations of the potential effects of our initiatives on equality, human rights, and our fairer Scotland duty.

Moving forward, we acknowledge the need to complete impact assessments for each outstanding workstream, as emphasised in the recent PCIP 6 Letter. In our next Annual report (due in June 2024), we will seamlessly integrate our findings and patient outcomes under each service of the 2023-2024 report. This integration will ensure patient engagement, transparency, accountability, and a comprehensive understanding of the impact of our plans.

2.3.4   Climate Change

Reduced travel in provision of Pharmacotherapy and continued provision of CTAC locally in the community and making this sustainable long terms will mean reduced travel to for associated staff and patients respectively. This will have Carbon reduction impacts and will also decrease impacts of transport on air quality.

2.3.5   Other impacts

The primary legislative consideration is the delivery of the 2018 GMS contract through the PCIP contract. Implementing CTAC is a core element of this proposal. Delivery of this service will mean we will meet the stipulations in the contract by delivering the services outlined in the Primary Care Improvement Plan.

2.3.6   Communication, involvement, engagement and consultation

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

Communities consulted

Impact Assessments currently exist in draft mode for outstanding CTAC and Pharmacotherapy models.

To engage with affected groups, and understand the impact of this proposal on relevant communities, a new engagement exercise will be carried out.

2.3.7 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.

- PCIP Executive, 7th September 2023
- Scottish Borders Health and Social Care Partnership Integration Joint Board, 20th September 2023

2.4 Recommendation

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

Note the content of the attached report and consider the issues raised in the report.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Primary Care Improvement Plan Annual Programme Report

2023

PCIP Borders
Primary Care Improvement Plan

Primary Care Improvement Plan

Annual Programme Report

"

There is more to be done. As services mature, we need to look more widely at the whole system, taking into account health inequalities and GP sustainability across NHS Borders. We need to be creative in how we are able to deliver the GP Contract and strengthen Primary Care locally.

"

- Dr Rachel Mollart

GP Sub-Committee Chair

PAGE OF
CONTENTS

Foreword

Notes from the PCIP Executive Chair – Cathy Wilson

In the ever-changing landscape of healthcare, the Scottish Borders has embarked on a journey to transform primary care services through the Primary Care Improvement Plan (PCIP). Last year, faced with financial challenges, we set out on a path of innovation and progress, aiming to implement and deliver the General Medical Services (GMS) 2018 contract.

Looking back on the year ending in March 2023, this report serves as a reflection of the remarkable progress made in implementing the PCIP in the Scottish Borders. With tripartite collaboration and careful allocation of PCIP funding, we have been able to provide significant workforce resources to practices to help meet the needs of our patients. We have adopted an agile and innovative approach, responding to the evolving needs of our patients. The positive impact that this work has had on practice workload and the support it has provided to meet healthcare needs has served as a powerful motivation for all involved.

However, funding availability continues to be our greatest challenge. As we eagerly await national direction regarding future recurring funding allocation to support rapid and full implementation of the GMS contract, we remain dedicated to maximising the potential of our current resources. The PCIP Executive Committee has undertaken meticulous oversight to ensure that every opportunity for improvement is identified – even prepared to make difficult decisions to prioritise and safeguard the services that would have the greatest impact on GP sustainability.

I would like to express my deepest gratitude to our valued patients, GPs, and all the dedicated individuals and organisations that have contributed to the progress and success of the PCIP. Your commitment and unwavering support in our shared goals are deeply appreciated. United in purpose, we are transforming primary care, one milestone at a time. With a deep focus on GP sustainability, we are creating a future where exceptional healthcare is accessible to all – leaving an indelible mark on the wellbeing of our communities.

Notes from the Chair of the GP Executive – Dr Rachel Mollart

Reflecting on the last year of PCIP development in NHS Borders we need to remember a lot has been achieved, with high levels of recruitment and retention across all work streams within the financial envelope from Scottish Government. We have a highly efficient PCIP Executive Committee where decisions are made with rigorous financial scrutiny and tripartite agreement, getting the best value for every pound spent.

Despite this the GMS 2018 GP Contract remains partially delivered following delivery date 1-4-23. GP's are in desperate need of this support. Significant financial challenges for contract delivery have been faced in the last year with Scottish Government withholding a proportion of Tranche 2 money despite PCIP Executive Committee having committed NHS Borders unspent reserve. This has severely limited our ability to develop and expand PCIP work streams. With limited resource, capacity within some work streams is capped resulting in an inability to remove all the designated

workload from GP's. This workload is passed back to GP's to continue to complete when often it is no longer GP's contractual responsibility. As new services mature and become embedded in GP practices, Scottish Government need to follow with commitment to ongoing baselined recurrent funding including uplift for pay awards, work force planning and consideration given to the realistic cost of full contract delivery.
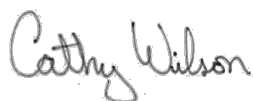
There is more to be done. PCIP Exec plan to expand data collection to allow measurement of efficiency in service provision and value for money; this will be supported with improved data collection systems. As services mature we need to look more widely at the whole system, taking into account Health Inequalities and GP Sustainability across NHS Borders. We need to be creative in how we are able to deliver the GP Contract and strengthen Primary Care locally, with increased investment through saving opportunities or unspent reserves. Expanded delivery of GP Contract and investment in Primary Care will result in improved patient care and outcomes with highly functioning multi-disciplinary teams delivering high value care in community settings; right place, right person, right time.

Notes from the Chief Officer of the Integration Joint Board – Chris Myers

Primary Care providers including General Practices work to support the needs of people across the Scottish Borders as the front door of the health service. However, in the context of increasing need and our rural GP recruitment challenges, access to General Practice was a key theme highlighted by our communities as part of the engagement for our Health and Social Care Strategic Framework.

Our Primary Care Improvement Plan is fundamental in rising to our workforce challenges to improve access. The redesign outlined in this plan, along with the recruitment and training of a significant number of skilled healthcare professionals across our community services, means that we have a more diverse workforce expertly supporting a significant and growing number of people who need access to services in Primary Care, and onward to the broader Health and Social Care Partnership.
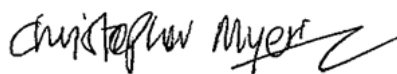
I would like to thank everyone involved in the implementation of the Primary Care Improvement Plan for making great strides forward over the past year, so that people who need Primary Care services have improved access and get the right care, in the right place at the right time.

Cathy Wilson
PCIP Executive Chair/General Manager
Primary and Community Services

Dr Rachel Mollart
GP Sub Chair
GP Executive

Chris Myers
Chief Officer
Integration Joint Board/Health and Social Care Partnership

"United in purpose, we are transforming primary care, one milestone at a time. With a deep focus on GP sustainability, we are creating a future where exceptional healthcare is accessible to all – leaving an indelible mark on the wellbeing of our communities. "

Cathy Wilson – Primary and Community Services General Manager

& PCIP Executive Chair

PCIP Timeline

In 2018, a new GP contract was introduced. A new primary care model was to be rolled out to make it easier for people to access care from a wide range of healthcare professionals.

Funding was to be provided for the streamlining of services and for new staff who would be employed by NHS Health Boards to help maximise the time GPs can spend for caring for those who require their expertise.

It was hoped that this transition would take place over the course of 3 years – this would be locally agreed through Primary Care Improvement Plans (PCIPs) .

PCIP is part of the GP Contract. It is defined through an agreed national Memorandum of Understanding (MoU) between the Scottish Government (SG), the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities (IAs) and NHS Boards.

This MoU mandated the delivery of specific priorities aimed at supporting people to access more easily the most appropriate healthcare to meet their needs to in turn release GP Clinical time to allow GPs to focus on their role as Expert Medical Generalists.

2018

SG funding to support the implementation of the MoU has been allocated to IAs through the Primary Care Improvement Fund (PCIF), and locally agreed PCIPs would set out in more detail how implementation of the 6 priority service areas will be achieved.

PCIP Executive April 2019

The PCIP Executive Committee (created in April 2019) is the body which overseas and directs the development and implementation of the PCIP programme in the Borders. Its membership is at senior level and represents the 3 partner organisations – a tripartite agreement between GPs, NHS Borders and the Integration Joint Board (IJB).

A revised version of the Borders PCIP Plan 2018-2021 would be published later in the year.

COVID-19 Pandemic

The PCIP Executive notes the impact of COVID on service delivery. GP Executives of the GP Sub Committee would work closely with NHS Borders to mitigate risks and focus on the recovery and remobilisation progress.

Journey

December 2021
Joint letter SG/SGPC

In December 2021, the Government issued a letter announcing an implementation change order of workstreams recognising which streams would be of more benefits to GP workloads, also the extended deadline for workstreams and also highlighting the contractual burden on Health Boards for non-delivery of these workstreams.

July 2021
MoU2

SG issued an updated Memorandum of Understanding (MoU2) to Health Boards in July 2021. The revised MoU for the period 2021-2023 recognised what had been achieved on a national level but also reflects gaps in delivering the GP Contract Offer commitments as originally intended by April 2021.

This revised MoU2 acknowledges both the early lessons learned as well as the impact of the Covid-19 Pandemic and that the delivery of the GP Contract offer requires to be considered in the context of Scottish Government remobilisation and change plans.

SG advised that all 6 MoU service areas should remain in scope, however following the SG/SGPC letter of December 2020, they agree that the following services should be reprioritized to the following three services:

- Vaccination Transformation Programme (VTP)
- Pharmacotherapy
- Community Treatment and Care Services (CTAC)

It is important to note that prior to the MoU2 announcement, other PCIP Borders workstreams were well underway and PCIF commitments attached.

November 2021
GP Sustainability Payment

In recognition that nationally several HBs were struggling with the March 2022 deadline, a GP sustainability payment was offered to help cover costs- giving an additional year for implementation of both CTAC and Pharmacotherapy.

March 2022
Position

The position at the end of March 2022, against the three priority areas from MoU2, was as follows:

- Vaccination Transformation Programme (VTP) – delivered in full (supported by non-recurrent funding)
- Pharmacotherapy (level 1 Acute Prescriptions) – partially implemented
- CTAC – not yet implemented

Modelling and planning were complete for final implementation however this was paused pending confirmation of resources to support further investment.

August

2022

Scottish Government
Annual Allocation

Scottish Government confirmed the 2022/23 PCIF allocation in August 2022. In common with the position across NHS Scotland, the level of funding available to primary care within Scottish Borders was insufficient to meet the projected costs outlined within the local PCIP.

At this stage a strategic review was undertaken which identified a revised CTAC Phase I model to deliver a minimum PCIP commitment. Discussions on implementation were predicated on use of non-recurrent resources held within the IJB reserves to bridge investment pending confirmation of future Scottish Government allocations.

In March 2023 Scottish Government made adjustment to the Health Board's RRL funding allocation to offset slippage on prior year PCIF allocations against funding allocated in 2022/23. This adjustment had the effect of reducing non-recurrent IJB reserves held for PCIP by £1.523m – this triggered a review of Scottish Borders' PCIP strategic plan.

March

2023

Adjustment to
Health Board's
Funding Allocation

PCIP Vaccination

Vaccination Programmes
- Schools
- Routine Childhood
- Shingles
- Flu
- COVID
- Pneumo-coccal
- Pertussis
- Patients at risk
- Occupational
- Travel
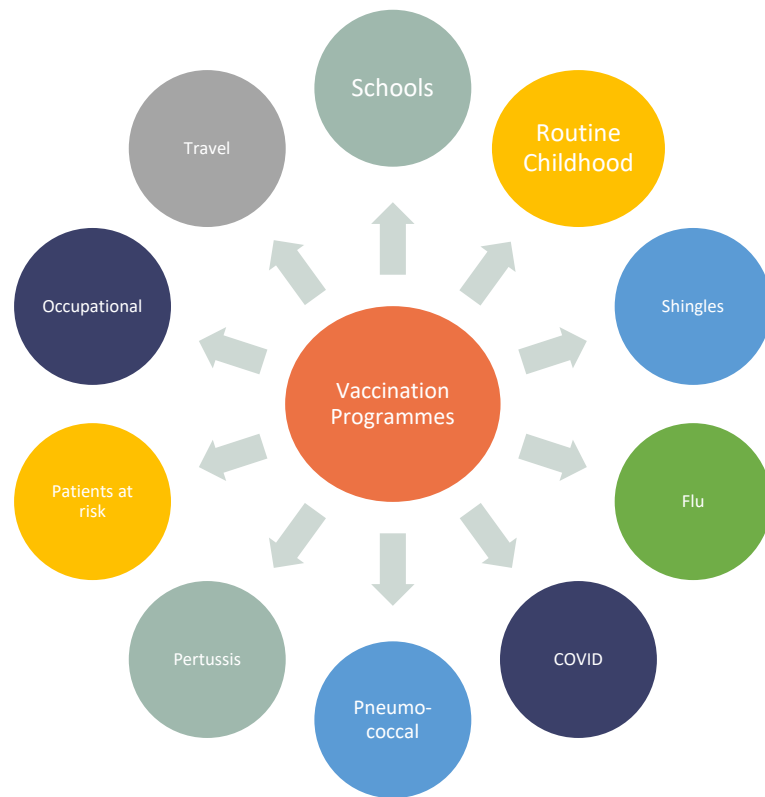
WHAT WE SET OUT TO DELIVER

As per the outcomes of the 2017 GMS contract negotiations, NHS boards and local partners are required to plan, manage and deliver vaccinations rather than the longstanding arrangement of contracting delivery through general practice.

While the UK Joint Committee on Vaccination and Immunisation (JCVI) and Public Health Scotland (PHS) will continue to guide national policy and vaccination programmes, delivery must be managed and implemented by NHS health boards and their local partners to suit their local population, geography and workforce.

Between September 2021 and April 2022, NHS Borders Vaccination Transformation Programme created a dedicated Vaccination Service with responsibility for vaccinations and immunisation, and successfully transitioned all outstanding programmes from GPs to the health board by the required deadline.

NHS Borders Vaccination Service leads the delivery of programmes in partnership with public health, school immunisation, community nursing, occupational health, maternity services, child health, general practice, acute services and the wider Scottish Borders Health and Social Care Partnership.

115,000 Borders citizens will be offered vaccinations throughout their lives
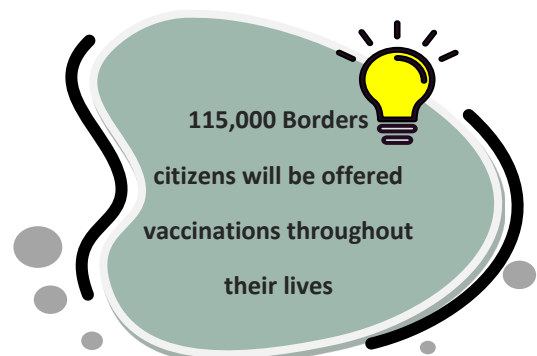
Vaccination clinics take place on an ongoing basis in health centres, schools, hospitals and community venues across the Borders. Provision is also in place for patients who are housebound or live in residential care.
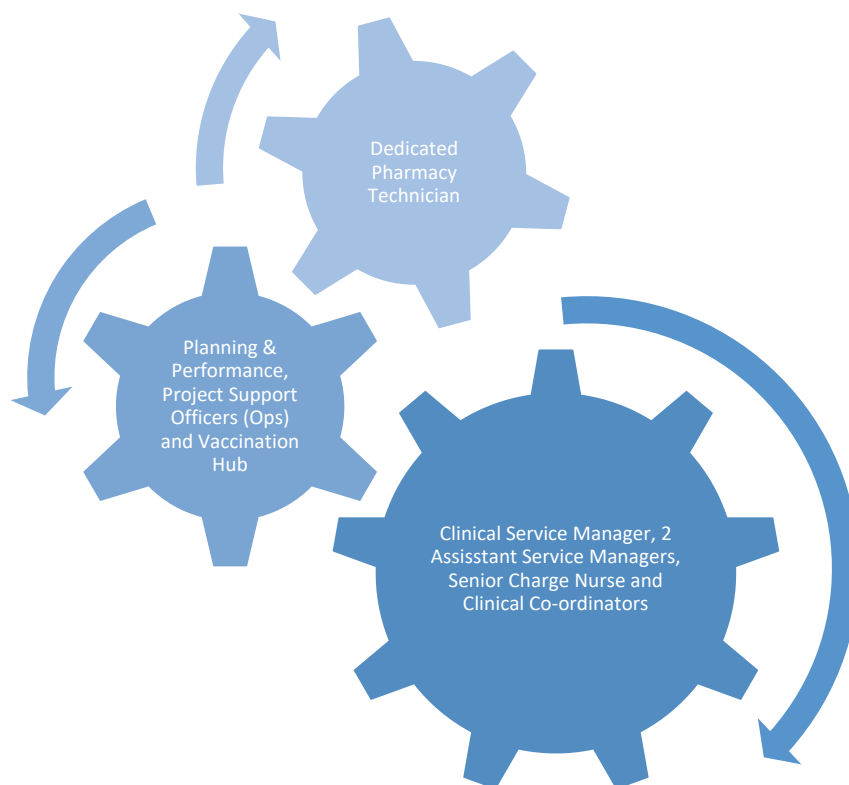
The service is led by a dedicated Clinical Service Manager, supported by two Assistant Service Managers (Planning and Operational) and the following staff:

- Senior charge nurse, Clinical Co-ordinators, vaccinators (nurses) and healthcare support workers.
- Planning and performance Co-ordinator to manage planning, uptake monitoring, change and improvement Project Support Officers manage clinic set up, logistics, kit and vaccine transport.
- Vaccination Hub for patient contacts, admin and staffing, including a coordinator, supervisors, admin officers and call handlers.
- A dedicated pharmacy technician to manage vaccine provision.

DELIVERY APPROACH

The Vaccination Transformation Programme delivered patient journeys, operating processes, policies, workforce, communications, resources, systems and reporting from scratch to support a new service.

A dedicated "Vaccination Hub" was developed following its introduction during the 2020 flu programme, evolving to provide a single centre of expertise for:

- Call handling and patient appointment booking line (inbound and outbound)
- Clinic administration (registering patients, arriving patients, liaising with clinical staff)
- Staffing support (recruitment, rostering and training support)
- Dedicated administration and operational support
- Clinical operational support (e.g. clinic kit boxes, printing documentation, ad hoc transport requests)
- Caseload and patient list management (e.g. housebound patients, care homes)
- Records management (devolved management, record amendments, issues and data quality)

Covid-19 and other non-PCIP vaccinations

The Vaccination Programme was integral in the successful delivery of Covid-19 Vaccinations. It is important to note that this vaccine along with other non-PCIP vaccines introduced after the PCIP specification was agreed are funded with a separate additional funding stream.

The Vaccination Transformation Programme capitalised on innovations and new technologies to create a streamlined, resilient, people-centred service introducing:

- A new cloud-based telephone system, increasing call capacity, improved patient routing, call queues, options for patient call back, and the capability for call handlers to answer calls remotely.
- Vaccination Management Tool, a national web-based application to support the recording of vaccinations at point of care.
- iPads to support the recording of vaccinations 'on the move' and in varied clinic settings.
- National Vaccination Scheduling System to support the appointing of patient en mass by cohort, and a web-based portal allowing patients to book and reschedule appointments online.
- National Clinical Data Store and COVID status app, allowing patients to view their own vaccination status online and automatically pushing data into GP systems.
- Reporting dashboards – sharing concise, visual summaries of uptake, performance and planned appointments.
- Dedicated vaccinations webpage for patients http://www.nhsborders.scot.nhs.uk/vaccinations
- Dedicate vaccinations intranet for NHS staff and partners.

<u>CLINICAL STAFFING BREAKDOWN (31 March 2023)</u>

	Permanent		Fixed Term		As & When	
	In Post	Vacant	In Post	Vacant	In Post	Vacant
Clinical Management	2.0	0.0	0.0	0.0	0.0	0.0
VTP (Babies, Pre-School, Travel & Selective)	3.6	0.00	0.00	0.00	0.00	0.00
Adult Vaccinations (Shingles, Pneumo, Flu & CV-19)	4.0		0.00	0.00	0.54	0.00
School Immunisations	5.06	0.00	0.53	0.00	0.00	0.00
Total:	14.66	0.00	0.53	0.00	0.54	0.00

VACCINATION ACTIVITY & UPTAKE- As of March 2023, the Vaccination Service has given over 493,000 vaccinations, including over 347,00 COVID vaccinations (since December 2020), and 146,00 vaccinations across routine childhood, pneumococcal, shingles, flu, selective and travel programme.

Programme	Vaccinations given	Uptake range
Routine childhood (baby/pre-school)	16,500	94 – 97%
Pneumococcal	7,500	67% uptake – eligible every 5 years 63% uptake 2 – 64 at risk 43% uptake over 65
Shingles	4,000	71% uptake aged 70 -79 71% overall uptake
Selective referrals	500	-
Travel	500	-
Flu	117,00	55 - 93% (all programmes)
COVID	347,00	86 – 99%

Public Feedback:
COVID-19 & Flu
Vaccinations

"Very efficient service. I did not have to wait to get my vaccinations and was directed straight away to a vaccinator who discussed the vaccines I was getting."

"My husband had an appointment for his jags and asked if could get mine they were very obliging and I came up today and received both of mine"

"Initially it was tricky to book online and first available appointment was 3 months away. However yesterday my sister suggested I try to reschedule and I got my appointment for today!"

"deserves a medal for being a lovely vaccinator - very kind and put me at ease"

Public Feedback:
Childhood
Vaccinations

"The receptionist was so helpful and the vaccinator was child-friendly and she explained properly about the vaccine and the effects after. Very satisfied"

"Very friendly vaccinator who spoke to my child as well as me and made us both feel very comfortable for a quick pleasant visit"

What we set out to deliver

The GMS Contract (2018), subsequent Memorandum of Understandings and the draft directions released in April 2023 outlined a commitment to the development of HSCP (Health and Social Care Partnership) led pharmacotherapy services to support GP workload. Acute prescribing makes up a significant part of day-to-day workload in primary care services and this programme provides solutions to support rapid sustainable improvement.

The programme aims to deliver improvements that:

- enable staff involved in prescribing to work together effectively, and
- enable pharmacotherapy and practice staff to fully utilise their skills sets.

Service Delivery

The original service plan in 2018 for Pharmacotherapy was for 28 whole time equivalent (WTE) completing work raging from the original Level 1 – 3 as per the GMS 2018 contract. NHS Board allocated staff funded prior to PCIP were later removed early on in the plan to refocus on efficiencies, reducing the workforce to 21 WTE with further funding cuts leading to a current workforce of 16wte (Pharmacists and Technicians).

In March 2022, faced with concerns around the delivery of Levels 1, 2 and 3, a survey was sent to all GP practices to better understand which areas could make a significant difference at reducing GP workload. The results indicated that GP Practices prioritised Level 1 work. A technician led service was organised mainly focusing on supporting Level 1 prescribing, hospital discharge letters, clinic letters and repeat prescribing (increasing serial prescribing). This service has continued up until now, the release of the draft directions in April 2023 will necessitate a change in direction of service delivery.

The Pharmacotherapy service is now defined as 'Management of all acute and repeat prescriptions, medicines reconciliation, performing polypharmacy reviews and serial prescribing (GP to only provide immediate care to prevent injury of a patient or the worsening of a patient's clinical condition). Making available sufficient staff to ensure that an adequate service continues to be available, during annual leave, sickness absence or parental leave taken by the staff who routinely operate the service.'

Workforce

Based on our 2018 original plan we would have had 1wte member of pharmacy team per 5000 patients, with the reduction in funding available the ratio is now 1wte to 7500 patients. The team consists of staff ranging from Band 4 technicians to Band 8a pharmacists which provide a good spread of skill mix to complete the levels 1-3 pharmacotherapy work.

What has been achieved by March 2023?

Workload

Data collection has been a focus of work. The project began by creating task sheets for staff members to use as a guide in completing assigned work. These sheets include the necessary read codes that need to be referenced. A new read code template includes all the codes required to record the daily work completed by each staff member to maximize the data collected for review. This focus has also gained the support of stakeholders to utilize software now available to us (EMIS Enterprise), which will automatically pull this data from the practices, in contrast to the staff having to run manual searches.

We have learned that practice workload for Level 1 tasks is subject to wide variation (complexity of work assigned to the team, level of experience, skill mix and different practice demographics are key components of this), to minimise variation this is being addressed by standardisation of practice work using the Universal Prescribing Policy and the use of task sheets developed by the team. The suggestion of allocating staff to practices based on treated patients and not practice size would allow a pharmacy service to be provided based on equity rather than equality.

Service Delivery

A wide variance in the work that each practice would like the team to complete, that is the skill set of the team and how work is completed in practice, has led to significant challenges in delivering an equitable service. With this fact now realized, the team has turned their focus in conjunction with the pharmacy support workers to deliver increased serial prescribing as this can benefit many aspects of day-to-day GP practice work. The prompt for an annual review provides patient safety measures.

There has been an initial review to consider developing HUB working for the pharmacotherapy team, this will provide peer support and daily supervision of the team. We also expect hub working to allow sharing of work between staff members. The sharing of workload between staff members is expected to improve workflow implementation for immediate discharge and clinic letters.

Acute Requests

Acute requests are in many practices the main workload assigned to the Pharmacotherapy team. Although difficult to ascertain exact numbers, the team are beginning to take active steps to reduce the quantity by utilising other services available, for example serial prescribing and use of limited repeats. We have taken steps to collaboratively work with Health Improvement Scotland to reduce the numbers, which will increase safety of prescribing and equity in the service.

Serial Prescriptions

Managing the medicines to treat chronic disease is part of the service delivery plan and serial

prescribing is key to this. Work is continuing over 2023/24 to maximize the number of repeat medications that are managed via the serial prescribing route, currently we average at 4% over the Board.

Workforce Development

Over the past 48 months, we have been developing our service and are continually reviewing skill mix. Recognising the lack of technician workforce at a national level, we have 5 trainee pharmacy technicians in post; one who is awaiting their registration certificate, two who will qualify spring 2024, and two who will qualify in Autumn 2024. Of these trainee pharmacy technicians, we only have permanent positions for three of the five trainees due to budget demands on the service. The pharmacist team consists of nearly 70% Band 8a pharmacists, reducing the progression available for less experienced pharmacists in years to come.

GP Impact

We have Pharmacy resource split equitably across all 23 practices. The practices feel strongly that once the service has embedded and that the time freed up is fully utilised by the GPs, then it is incredibly difficult to take back that workload. The service needs to be resilient and reserve the ability to flex sufficiently to manage during sickness, vacancies and parental leave.

Community Pharmacy

The links between practice teams and community pharmacy teams are very important. Community pharmacy provides supports to general practice in a number of areas (Pharmacy First and Pharmacy First plus) as well as working alongside the team to provide Serial prescribing.

What gaps do we still have to deliver on the MOU?

Within NHS Borders the attention is focused on delivering the Level 1 tasks only and how we deliver this given the current budget constraints around staffing. This means that delivery of MoU2 is not attainable due to Level 2 and 3 not being delivered by the Pharmacy Team.

With the proposed draft directions from Scottish Government the model of pharmacotherapy in NHS Borders will need to respond to support delivery of the directions.

<u>**Key Risks:**</u>

Service resilience has been challenging, trying to maintain a service with vacancies is not possible. The definition of Pharmacotherapy previously quoted, includes covering annual, sickness and parental leave. The difficulty with this ask is that with low team numbers there is very limited flex in the allocations to move staff without leaving other noticeable gaps in practices.

Remote working from hubs is a way to improve resilience. This streamlining of staff to a central area can reduce inefficiencies in travel as well as resolve issues with space within practices. Progress with this plan has been influenced heavily by the availability of work stations and available areas to work in.

Staff training and ongoing support for staff development in line with the national direction led by NES to ensure that staff have the necessary skills and competence to carry out these new roles safely and effectively does impact on service delivery to some extent and requires negotiation with practices. Practice pharmacist specific frameworks have been developed by NES (both at foundation and advanced practice level) but the team find the workload at present does not afford them the opportunity to engage with these frameworks and future staffing models need to take this into account (staff given between 10% and 20% of their time to complete training and admin). Frustration is felt by the team that there is no time to undertake these frameworks.

Vacancy Management is an ongoing issue, not only locally but also nationally. Within the rural setting of NHS Borders, trained Pharmacy Technicians (not already employed by the Board) are becoming harder to find. Newly qualified staff (particularly pharmacists) are also moving away to the cities for a large part of their career. This is causing movement within teams and sectors rather than new employees joining the NHS.

Leadership As teams grow in size, more time is required to lead the changes required within practices and support the less experienced staff. We are currently developing new supervision models to support leadership, training and service delivery.

Travel Time All Pharmacy staff have the Borders General Hospital (BGH) as their work base and travel time is calculated from the BGH to their actual GP workplace. Due to limited staff living in the outer perimeters of the Scottish Borders, this increases the travel time and distance for others (e.g. GP practices in the East). Due to current HR policy, travel time must be inclusive of a staff working hours.   This has resulted in a significant loss of clinical time for teams. (e.g. loss of 8 hours per week for a GP Practice in East historically). The recent allocations have reduced travel time by half to nearly 9 hrs for the whole team, improving efficiency of work across the Board.

What do we still need to enable this?

Understanding the workload challenges and practice systems has led to the realisation both locally and nationally that there needs to be a significant piece of quality improvement work embedded into practices to get them "pharmacotherapy ready" where the Level 1 tasks can be devolved to the pharmacy team. The required resource as well as skill mix to deliver a pharmacotherapy service is being modelled nationally based on experience to date from various boards.

Our original modelling of a total resource of 1 WTE pharmacotherapy team member per 5000

patients has been shown over the past 2 years to be inadequate and this finding is supported across Scotland. A national view is awaited regarding an optimum staffing model but this will be difficult to deliver due to current funding and workforce availability.

PCIP Borders
Primary Care Improvement Plan

PCIP Vaccination
Delivered March 2022

Community PCIP Care & Treatment

PCIP Pharmacotherapy

Due by since April 2022

MoU 2 Priorities

Community Mental Health PCIP

PCIP Urgent Care

Community PCIP Links Worker Service

PCIP Musculoskeletal

Additional Professional Roles

PCIP Premises

PCIP Communications

} **Enablers**

What we set out to deliver

The Primary and Community Services (P&CS) Team within NHS Borders Health Board are responsible for delivering a robust, efficient and sustainable CTAC service which will enable people to live safely and confidently in their own homes and communities, supporting them and their families and carers to effectively manage their own conditions whenever possible. The CTAC service aims to provide person-centred care through integrated models that are safe, efficient & effective – underpinned by a culture of learning, kindness and respect.

The CTAC delivery model will maximise capacity and delivery of CTAC services across NHS Borders to enable services to be run efficiently and for patients to access services in a location which is most convenient for them.

The CTAC project will also put in place the required infrastructure and workforce so that in future, an enhanced CTAC service can be offered to assist with shifting the balance of care from acute settings to the community.

NHS Borders currently operate 10 Treatment Rooms in a number of different Health Centres and Community hospitals. In 2021 a pilot of phlebotomy services in Haylodge Health centre took place. This allowed the project team to test centralised booking and consider premises and human resource issues. The learning from the pilot led to a more ambitious plan where all CTAC work would be delivered in all GP practices rather than an incremental plan. This work looked to build and improve upon the current treatment rooms in NHS Borders and to provide equity of service. With this in mind a service specification was agreed. The planned CTAC activity is summarised in the following table;

Core CTAC treatments *(as per GMS contract list)*	Current Treatment Room Provision beyond Core CTAC *(as currently provided in limited number of existing HB Treatment Rooms)*	Enhanced service *(secondary care – for further discussion/resource transfer after Core and Additional services established – likely 2023 onwards)*
Ear Care	Assisting minor surgery	Assisting for coil services
ECG	Catheterisation	Cognitive screening
INR checks (phlebotomy or near patient testing)	Continence Assessment	Diagnostic tests e.g. Short synacthen
Minor Injuries*	Complex wound Management (including leg care and Dopplers)	Eating disorder monitoring measurements
Monitoring chronic conditions (BP-including 24 hour monitoring / active stand /	Medicine Administration	Phlebotomy (secondary care)

Weight / Height / Urinalysis / Diabetic Foot Screening)		
Phlebotomy (primary care)	Phlebotomy (secondary care)	Post bariatric surgery measurements
Suture removal	Resus trolley and equipment maintenance	PSA monitoring
Wound Dressings	24 hour heart rate monitoring removal	Ring pessaries
	24 hour urine collection	Spirometry
	Glucose tolerance testing (? If not done by Midwives)	Visual acuity
	MRSA Screening	

Following further review from PCIP Executive and the Integrated Joint Board a request was made for the service to focus on providing all phlebotomy in each practice in addition to exisiting treatment room provision.

A staffing model was developed, however there is no recurring funding for CTAC services and the plans have therefore been unable to move forward.

Staffing model for phlebotomy only model role out;

	Mid-point cost inc new pay award	WTE	Cost	WTE inc 21% uplift	Cost inc 21%uplift
Clinical Band 3	34,737	10.97	381,065	13.27	460,960
Clinical Band 7	65,937	1.00	65,937	1.21	79,784
Clinical Band 6	55,047	2.00	110,094	2.42	133,214
Admin Band 2	30,144	0.50	15,072	0.61	18,388
TOTAL		14.47	572,168	17.51	692,345

Engagement activity

Work has been undertaken to engage with GP practices and current treatment room staff about the planned changes to treatment room provision. This has involved one to one meetings with practices and members of NHS Borders staff. Written communication has also been provided.

For the internal organisational change process a workforce steering group has been establish which

has staff, partnership and HR representation. This group is currently paused awaiting further decision regarding the funding of CTAC services.

Appointments per cluster

Norm times for the service were established through work undertaken by Meridian and appointments range from 10 mins to 40 mins. Clinic templates are still to be fully developed.

Key Risks:

Risk	Details
Finance – delivery of CTAC	CTAC recurring expenditure is set against non-recurring, insufficient budgets which is hindering project planning and potentially setting up an unsustainable service delivery model. No funding allocation has yet been made for CTAC delivery and therefore the overall affordability of the proposal remains uncertain.
Finance – Non delivery of CTAC	There is no indication of financial risk of non-delivery however in 2022 an interim payment was made to GP practices due to non-delivery of CTAC and pharmacology work streams of PCIP. Further payments may be required by boards not able to deliver by new dates.
Recruitment	Recruitment processes can take up to 12 weeks. Delivery of CTAC service is dependent on staffing being available to run clinics and provide treatments. Temporary posts – current experience shows that recruitment to Fixed Term Posts reduces successful recruitment in RN and HCSW posts. Some types of staff e.g. Band 4 associate practitioners may not be available due to a lack of suitably trained personnel.
TUPE of staff, organisational change and wider staff engagement	For the Health Board to take on the delivery of CTAC services, a number of staff currently employed by GP Practices will need to be offered the opportunity to TUPE across to Health Board employment when the tasks they carry out are transferred. Staff will have pay and conditions protection unless consultation with individuals allows for agreement on contract variation. Also, staff can only TUPE into long-term contracts so recurrent funding would need to be available for this to happen. Delays in CTAC delivery have caused practices to employ recently hired staff on short-term contracts who will not be eligible for TUPE. Practices may also be holding vacancies for these posts currently knowing that CTAC delivery has to be imminent. A recent survey and meetings with GP practices has indicated only a small amount of staff with transfer. The transfer of staff under TUPE regulations is complex and requires a significant amount of HR legal advice and consultation. In this project, it is particularly

| | complex given there are potentially 23 different employers to engage with as part of the transfer.

The TUPE of staff also poses a significant financial risk to the Health Board due to the lack of recurring funding for CTAC. Under the TUPE regulations, staff will have pay protection when moving across to being Health Board employees. Initial investigations by HR colleagues has shown some GP Practice staff are currently paid higher hourly rates than NHS employed staff doing the same role. This has the potential to put an additional financial pressure on the Health Board until such times as the Agenda for Change bands progress to meet the same rates of pay.

In order to be able to transfer staff to Health Board employment, all existing staff employed within the Health Board to delivery Treatment Room services need to be moved across to standardised CTAC role descriptions. This process will involve consultation with 30 staff (bands 3 – 6), with HR and Partnership support.

Staff joining the organisation will need support with induction and gaining/ evidencing skills and competencies for the role. |
|---|---|
| **Data assumptions** | Data used to create the original CTAC staffing and financial planning model was based on 2019 activity and broad assumptions have been applied rather than a full analysis of demand/capacity across all GP practices. The assumptions will have an impact on the reliability of the model. A ratio approach has now been used and tested against existing workforce used to deliver CTAC tasks. |
| **Project delay risk** | Project timelines have slipped considerably and delivery by the new 2023 deadline will not be met. Without a clear agreement for financial funding the project team are unable to create a timeline for the rollout of these services. |

Renew Annual Report 2022/23

The Renew service was established in NHS Borders in October 2020 utilising funding from

PCIP, Action 15 and psychology services, with the aim of offering a "see and treat" model for mild to moderate anxiety and depression for those aged 18 and above, using evidence based psychological therapies in primary care. The aim is to reduce GP Mental Health workload as well as increase the range and access of psychological therapies.

Key Performance Indicators – Renew 2022/23

KPI 1:   Demand for the service

Referrals:

All GP Practices have referred to Renew.

In the last financial year we received 3820 referrals between April 2022 and March 2023, average 318 per month. Since Renew started we have received a total of 9667 referrals of which 9307 have been accepted. This is an average of 310 referrals per month.

Figure 1: Referrals to Renew October 2020- March 2023.
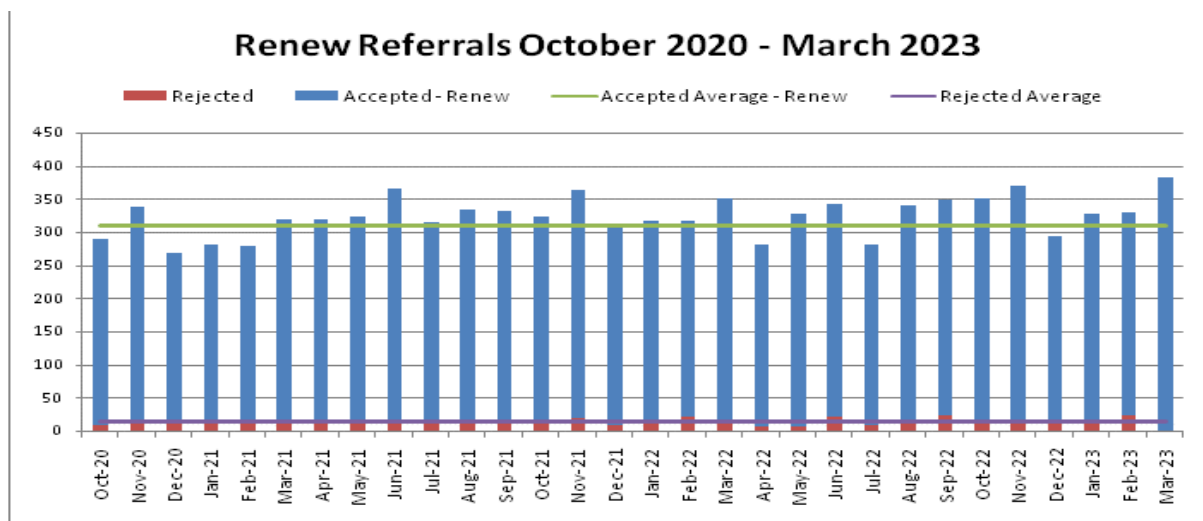
KPI 2:   Speed of Access/Service Efficiency to see and treat

Assessment

In the last financial year time from referral to assessment was 15 days. This is a very slight increase to the average of time to assessment since we started to March 2023 of 13 days, but in general we continue to prioritise seeing people referred to us for an assessment appointment within a month.

Figure 2: Renew – Time to Assessment in Days: April 2022-March 2023

RENEW Time to Assessment (days) April 2022 - March 2023
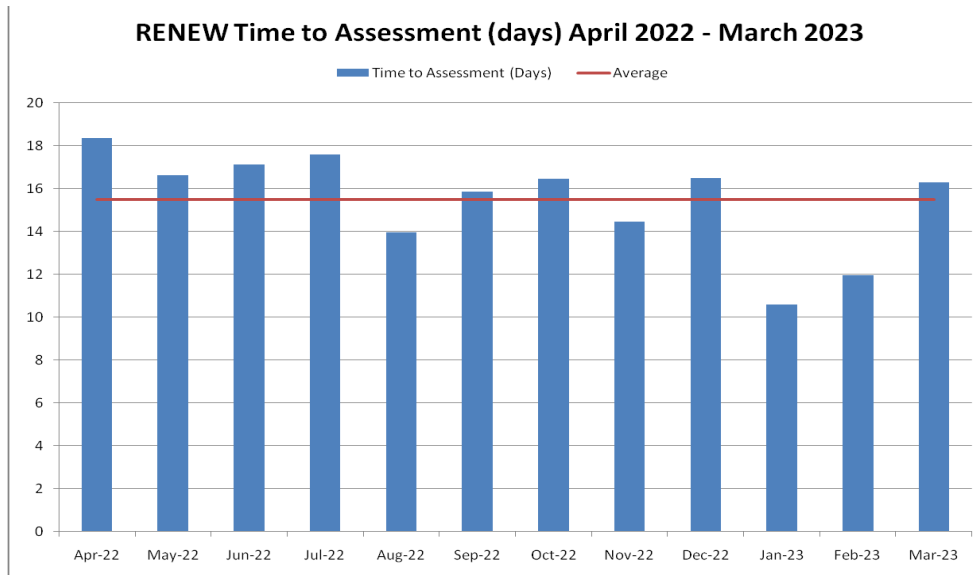
Treatment

95% of treatment is delivered within 18 weeks with an average time to treatment start being 49 days. One to one individual therapy for more complex issues usually take longer in terms of treatment starts.

Figure 3: Renew Time to Treatment start in days: April 2022- March 2023

RENEW Time to Treatment (days) April 2022 - March 2023
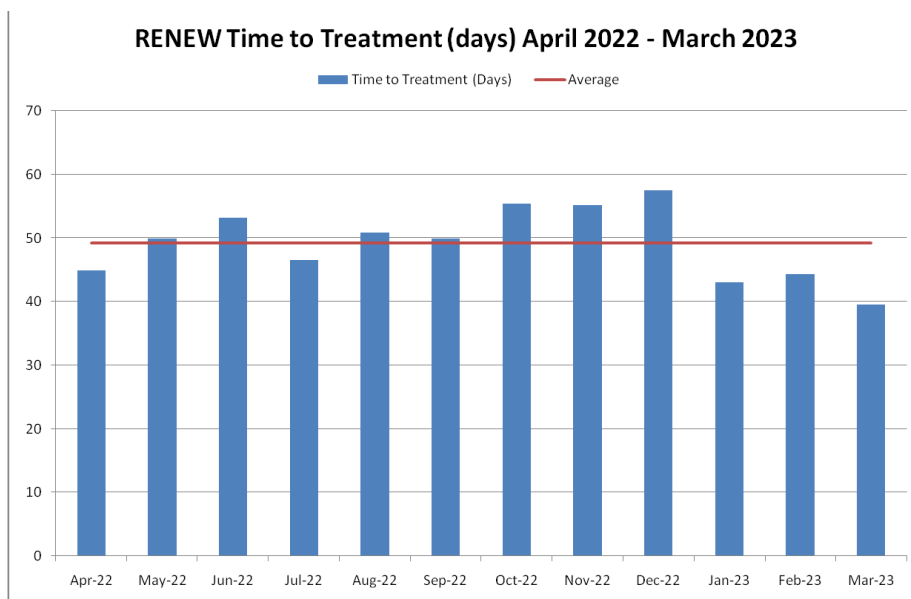
Treatment Interventions Offered

We continue to offer a range of interventions as the Figure 4 below indicates, all of which are evidence based:

Figure 4: Overview of types of interventions offered in Renew between 2021 and 2023.

Type of interventions received within Renew (2021-2023)

- One off assessment
- Computerised CBT
- CBT skills course
- IESO
- Individual Therapy

84% · 13% · 0% · 1% · 2%
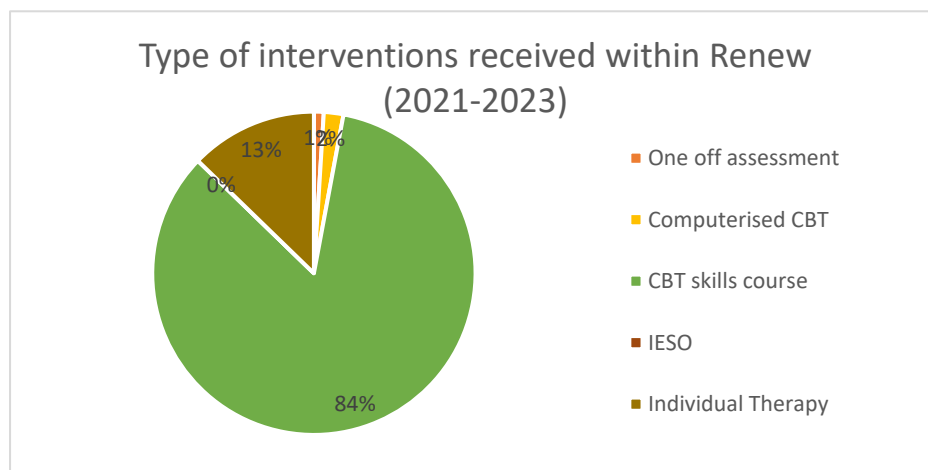
Skills courses:

Our CBT Skills courses (low mood, anxiety and low self-esteem) continue to be the mainstay of the service and we have recently made some changes that have improved flow and accessibility. We currently offer four low mood and four anxiety courses per week (rotating on an 8 week basis). Patients attending these courses demonstrate reliable improvement in routine outcome scores (50% reliable improvement in anxiety course, and 59% reliable improvement in low self-esteem course), which is consistent with the literature.

In 2023/24 we will review these courses further to improve the course materials and online delivery. We continue to ask and monitor patient feedback on the courses to ensure they are meeting service need.

Digital Interventions:

We offer a range of effective evidence based digital therapy offerings for patients accessing Renew. Beating the Blues has now been phased out and replaced by Silvercloud which offers 14 different modules of evidence based computerized CBT (cognitive behavioral therapy). Modules offered include: depression, depression and anxiety, health anxiety, social anxiety, and generalized anxiety disorder. Silvercloud is appropriate and effective for people who have mild to moderate mental health problems. People Silvercloud are supported in its use by members of our digital mental health team, who check in at regular intervals. We are aiming to improve uptake in these interventions and develop ways of supporting full engagement with the whole treatment, which produces the best results.

IESO is a further digital intervention offered as part of the service. Offered in three tiers from guided self-help to higher intensity interventions for depression and anxiety. In this service patients make a 1:1 appointment and engage with a therapist via text, access is quick, usually within 2 weeks. People referred to this service from NHS Borders experience 67.7% reliable improvement following treatment. This effective treatment can be offered in evenings or weekends which suit people who have work or family commitments find it difficult to access appointments in working hours.

Guided self-help

The service also offers guided self-help which can suit those who need more individualized support with an intervention.

1:1 Interventions:

These are provided in the service by Enhanced Psychological Practitioners (EPPS), Clinical Associates in Applied Psychology and Clinical Psychologists. These interventions are provided by video link and in exceptional circumstances where it is clinically indicated in person.

KPI 3:   Service Outcomes – service valued by GP's and patients and treatments effectiveness

1. GP Feedback:

88% GP's rate Renew excellent or very good (May 2022).

Some GP comments (May 2022):

Some of their comments about the service are:

 • Encouraging lack of hoops for us to jump through - we can leave assessment to our more expert colleagues

• We previously had a massive gap in MH provision in Borders and I believe Renew has filled this gap well.

 • Before it was very confusing to keep up with what services were still available and what were not.

• I found single point of referral for triage to different treatment modalities works really well.

• Patient feedback and I have also noticed that they have an initial consultation quickly to discuss problems and develop a plan about most appropriate approach and I think the patients find this discussion and choice helpful and empowering.

2. Service user feedback:

We gather routine service feedback using the Client Satisfaction Questionnaire (CSQ-8), a brief questionnaire which allows people using the service to rate its acceptability in a range of areas. Feedback in this section summarizes analysis of completed CSQ-8 questionnaires.

A) How would you rate the service you received?

93% of people rate the service as excellent or very good as Figure 5 indicates.

Figure 5: Overview of how our patients rated the service received in Renew (2021 – 2023)

How would you describe the service you have received?

- Excellent 61%
- Very good 32%
- Fair 5%
- Poor 2%
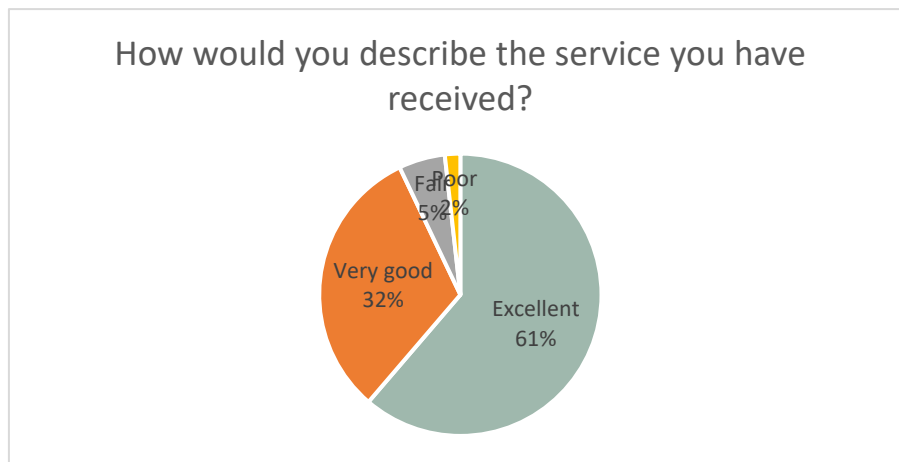
B) How has the service helped you deal with your problems?

96% of people positively rated the interventions they were offered as helping them a great deal or somewhat as Figure 6 illustrates.

Figure 6: How has Renew helped people deal with their problems? (2021 -2023)

Have the services you received helped you deal more effectively with your problems?

- 38%
- 48%
- 12%
- 1%

- ■ Yes, they helped me a great deal
- ■ Yes, they helped me somewhat
- ■ No, they didn't seem to help
- ■ No, they seemed to make things worse
- ■ Did not complete

C) If you were to seek help again, would you come back to our service?

89% of people said if they were to seek help again they would come back to Renew as Figure 7 illustrates.

Figure 7: Renew: If you were to seek help again would you come back to our service? (2021 – 2023)

If you were to seek help again, would you come back to our service?

- 66% Yes, definitely
- 23% Yes, generally
- 9% No, not really
- 2% No, definitley not
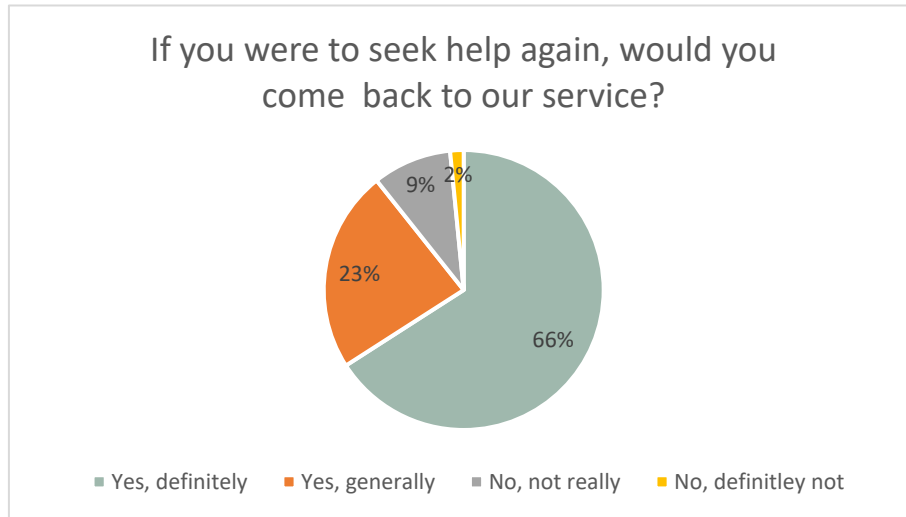
Here are a few comments from people using the service:

Thank you very much for the course. I was dubious about being in a group but because it was a small group I felt comfortable. I think the course was structured really well and I've learnt that even though I'll always probably be an anxious person I can move forward with all of the tools you've given me. (Skills Course)

I am happy with the service, I understand it takes more time than just the course to continue helping myself but I think the course has gave me the tools to help with my self-esteem and anxiety (Skills Course)

I really enjoyed working through the modules on this course. It was nice to get feedback from my supporter every so often as well to keep me motivated. I have learned so much and so much about myself. 100% beneficial to me and would absolutely recommend. (SilverCloud computerised cbt)

3.   Treatment effectiveness

Renew aims to treat low mood/depression and anxiety that presents in a primary care setting. We measure what we call "caseness", which is whether there is a significant enough need for an evidence based treatment to be administered. We collect routine clinical measures of depression and anxiety use nationally accepted measures called the PHQ-9 and GAD-7 which are are collected pre and post intervention in order to capture this and monitor treatment effectiveness.

Patients are routinely administered PHQ-9 (a widely accepted measure of low mood and depression) and GAD-7 (a widely accepted measure of anxiety administered with the PHQ-9) at assessment and discharge. The data in Charts 1 and 2 demonstrates the percentage of patients achieving "caseness" on each of these measures pre and post intervention.

a) PHQ-9- Low mood and Depression.

The PHQ-9 is a widely accepted measure of low mood and depression which is measured at assessment and discharge. The data in this chart below demonstrates the percentage of patients achieving "caseness" pre and post intervention. Figure 8 below shows an improvement in symptoms and caseness across all interventions offered for low mood and depression.

Figure 8: Impact of Psychological Intervention on depression/low mood in Renew as measured by PHQ-9
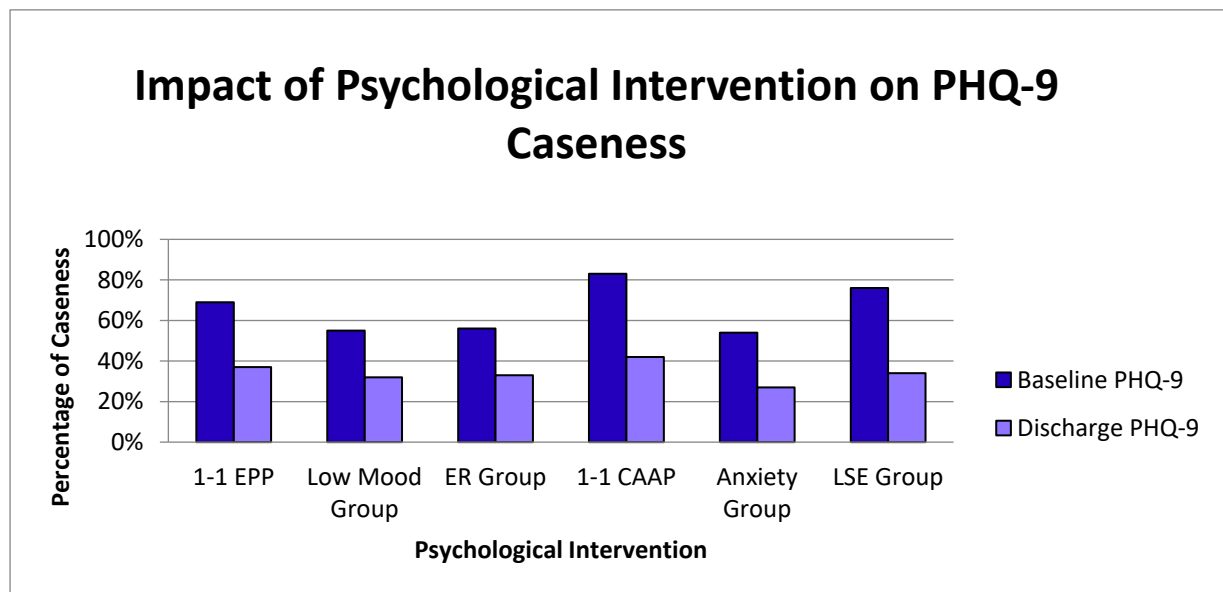
b) GAD-7 – Anxiety

The GAD-7 is a widely accepted measure of anxiety which is measured at assessment and discharge. The data in this chart below demonstrates the percentage of patients achieving "caseness" pre and post intervention. Figure 9 below shows an improvement in symptoms and caseness across all interventions offered for anxiety.

Figure 9: Impact of Psychological Intervention on Anxiety in Renew as measured by GAD-7
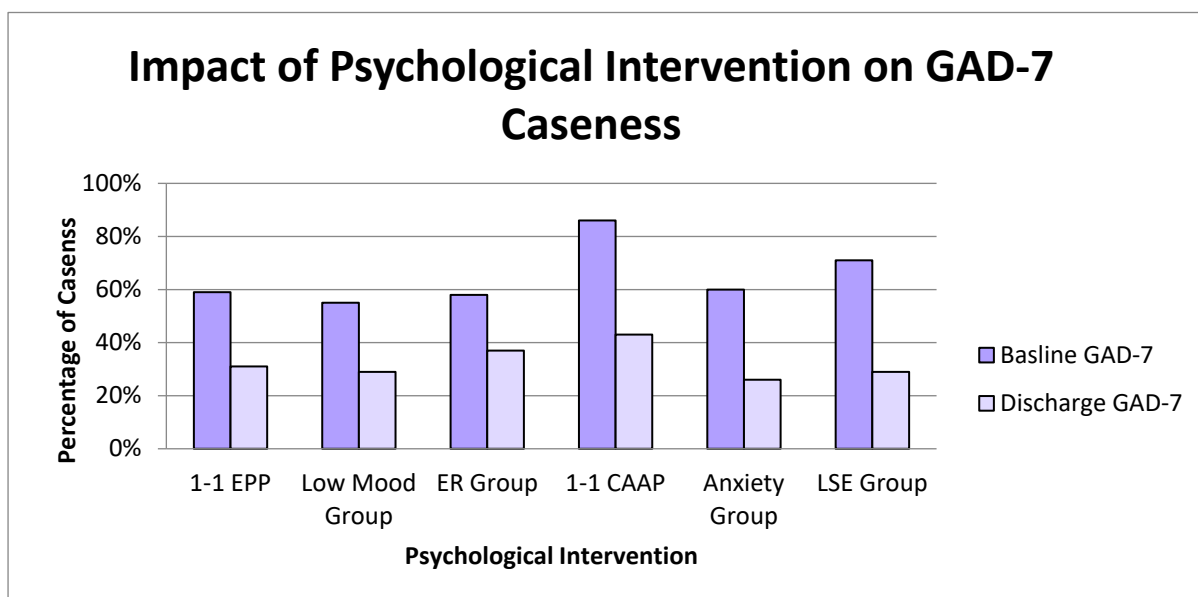
c) Reliable improvement

Outcome data collected by the service demonstrates reliable improvement across all interventions offered within Renew. Reliable improvement is a term in primary care psychological services that suggests efficacy and acceptability of treatment options for patients.

Summary

In general, Renew has performed well over the past financial year. Demand continues to be strong for the service from all GP practices and in the past year has remained relatively steady with a 1% increase over the financial year.

However, the type of referrals to the service seems to be changing with an increase in complexity and risk. This may be either as a result of Covid or as we emerge from Covid, the presenting problems may be changing. We are therefore starting a review of referral reasons to ensure we understand and consider how to respond to any significant changes. This is important to consider in terms of the gap between Renew and secondary care services.

The centralized model continues to work well and helps us to maximize flow and be able to see people soon and offer interventions centrally via telephone or Near Me, so we are not limited by geographical area. We now have an administrative base for the service at SBC Headquarters in Newton St Boswells.

We have established weekly meetings with secondary care adult psychology to ensure easier transitions between the services and this is making patient journeys smoother and more consistent.

We continue to work closely with the DBI (Distress Brief Intervention) Service, the clinical lead for this service is now based within Renew and patients are benefiting from this change.

Aims for 2023/24:

Our aims in the coming financial year are:

➢ To continue to monitor flow and reduce treatment backlogs

➢ Analyse referrals to ensure the model, flow and treatments fit demand.

➢ Consider how to meet changes in demand and gaps that have come to light between Renew and secondary care services

➢ Continue to improve and enhance the digital therapeutic offering (e.g. cCBT) by embedding Silvercloud, increasing uptake and establishing engagement appointments

Workforce and footprint:

First contact Physiotherapy services were implemented in the Borders in 2019 with only 2.2 WTE B7 Physiotherapists.

The service has grown to 100% of budget allocation with a staff compliment of 9.2 WTE FCP's in service from February 2022, working at a 1:20 000 population ratio. The service has carried one 0.5 WTE vacancy from February 2023. We have been successful in international recruitment with the new member of staff to join the service in September 2023.

The service is funded for 8.7 WTE Clinically and 0.5 WTE Management. FCP services are delivered in 100% of the 23 GP practices in the Borders in a hybrid model.

- Vision:

  – First contact Physiotherapy (FCP) in the Borders will provide a trusted and direct triage service, in the GP practice, for patients presenting with musculoskeletal pathologies.

- Mission:

  – To be the Gold standard of FCP in Scotland. To inspire hope and contribute to health and well-being by providing the best first contact MSK care to every patient through integrated clinical practice, education and research.

- Slogan:

  – "Together we are the difference"

Key Focus areas:

1. Multidisciplinary teams:

The team is well integrated in all 23 of the 23 GP practices within the Borders. The FCP work-stream have been using a hybrid delivery in the last year to move away from a silo working model imbedded in the GP practices. The key priorities of FCP remain to be a service of excellence in being:

- Safe
- Person centred
- Equitable
- Accessible
- Outcome focused

- Effective
- Sustainable
- Affordable
- Value for money

2. Pathways:

The team has been working continuously on developing various pathways across the MDT for better patient care, early access and "right time-right care-right practitioner".

FCP pathways established is with

- MSK teams
- Orthopaedics
- Community link workers incl. Mental health
- OT/Speech and Language therapist
- Podiatry and orthotics
- Third party vendors e.g. Live Borders

3. Expert Generalist role

FCP continuously work towards our four pillars of practice to enhance our skill, clinical outcomes for patients and our leadership within the developing roles and delivery of care in PCIP and the Physiotherapy profession.

Clinical Practice	Faciliating learning	Leadership	Evidence, reseach and development

4. Digital innovation:
   FCP together with the MSK and podiatry work streams are working hard to establish a relationship to have a digital solution for additional triage and self management options within the Borders. We are exploring the PHIO product learning from other Boards that have embraced technology.

5. Enablers:
   1. Workforce: 8.7 Clinical WTE delivering FCP services in 23 GP practices to a 1:20 000 ratio.
      i. GP requirement is currently 223.57 hours per week (11178.5 pa – 50 weeks)
      ii. 8.7 WTE FCP = 326.25 FCP hours per week

1. 1(70% clinical time /30% time to work towards our professional four pillars of practice.
            2. n228.375 clinical hours -11 418.75 pa over 50 weeks
        iii. Capacity is created by virtual triage across the Borders to absorb leave/ long term illness, but still lack enough resources to deliver on a full 50 week cover.
    2. Education and training:
        i. 100% of the FCPs are cortisone injection therapy trained.
        ii. 100% FCP staff members are IRMER trained and refer for special investigations including MRI scans
        iii. 1 member of staff are completing their qualification in independent prescribing for non-medical prescribers with four more members of staff to follow in the next 24 months.
    3. The APP lead represents The Borders at the National APP Primary Care Network.

6. Premises:
    1. Hybrid delivery model for FCP in Borders to help with accommodation in certain practices where space is a limitation.
    2. Blended working format between Face-Face / Telephone triage and Near Me consultations.

7. Digital:
    a. The change over to the hybrid IT system, to deliver the service, has been evaluated over the last year and continuous improvement are made.

What did we deliver?

1) Impact on GP workload:

Total Patient Contacts | 2022–2023

Month	Value
Jan-22	1038
Feb-22	1059
Mar-22	1270
Apr-22	1099
May-22	1328
Jun-22	1291
Jul-22	1127
Aug-22	1230
Sep-22	1076
Oct-22	999
Nov-22	1414
Dec-22	1074
Jan-23	1236
Feb-23	950
Mar-23	1426
Apr-23	1138

Total consultations | 2020 – 2023

Month	Value
Nov-20	688
Dec-20	570
Jan-21	623
Feb-21	623
Mar-21	915
Apr-21	795
May-21	795
Jun-21	766
Jul-21	534
Aug-21	882
Sep-21	1201
Oct-21	1053
Nov-21	1286
Dec-21	1024
Jan-22	1059
Feb-22	1059
Mar-22	1270
Apr-22	1099
May-22	1328
Jun-22	1328
Jul-22	1127
Aug-22	1230
Sep-22	1076
Oct-22	999
Nov-22	1414
Dec-22	1074
Jan-23	1236
Feb-23	950
Mar-23	1426
Apr-23	1138

3.8 WTE FCP until July 2021, increased to 5.5 WTE in July 2021. Returning members of staff from maternity leave and new recruitment increased workforce to 7.8 WTE in September 2021 and reaching 100% capacity by February 2022 with 8.7 WTE clinical FCP.

- 1282.33 (2022-2023) compared to 1016.52 (2021-2022) average consultations per month with a 73% average of self-management and no further referral/intervention required.
- 15388 (2022-2023) compared to 13216 (2021-2022)total consultations for the year
- 0.9% patients referred back to GP practice for medication or fit note prescription.

2) X-ray and MRI referrals:
   - 3.7% average referral rate for x-ray views
   - 2.1% average referral rate for MRI views

3) Wider system benefits:

MSK activity:
- 8% average MSK (Musculoskeletal Physiotherapy department) referral rate.

Orthopaedic activity:
- Cortisone injection therapy in primary care setting:
   o Average of 3.7% of FCP activity is administering Cortisone injection therapy
   o 455 CSI injections administered for the year
- Orthopaedic referral rate:
   o 5.6% referrals to orthopaedic secondary services.
      - Clinical pathway development was done with focus on the patient journey,
      - Education and in service training to clinically up-skill FCPs on diagnosis and referral patterns.

4) IT and technological considerations:
   - Use Emis Web for more virtual cross cover- by combining all FCP diaries.
   - 4- 13 hours per week virtual FCP consultation hours to address the need for cross cover.
   - Creation of a platform for automated service audits and activity data.
   - Creation of 1WTE administrative post for service delivery and support.
   - Improved Quality of care and peer review auditing to support, mentor and educate the FCP team.

Gaps in the delivery of FCP services?

1) HR: To be in line with National service delivery of 1:12 000 population ratio over a 50 week service the Borders are in need of 372.61 additional FCP hours per week.

   - FCPs to increase with 14 WTE to successfully answer to the demand.
   - 2 x 0.5 WTE B3 administrative support currently employed – gaps remain:
      o Single point of contact -to ease patient queries

- o   Automated booking messaging system for appointments and reminders
2) IT systems:
   a. The current IT provisioning in the Borders does not communicate successfully with IT used in GP practices. To be able to render a virtual model FCPs are using one IT system that is removed from the GP IT system and duplication of clinical notes exist.
   b. Delayed times in reports for investigations due to the different IT systems and FCP need to employ a third system to search for reports.

Risk of the new hybrid system and central booking model:
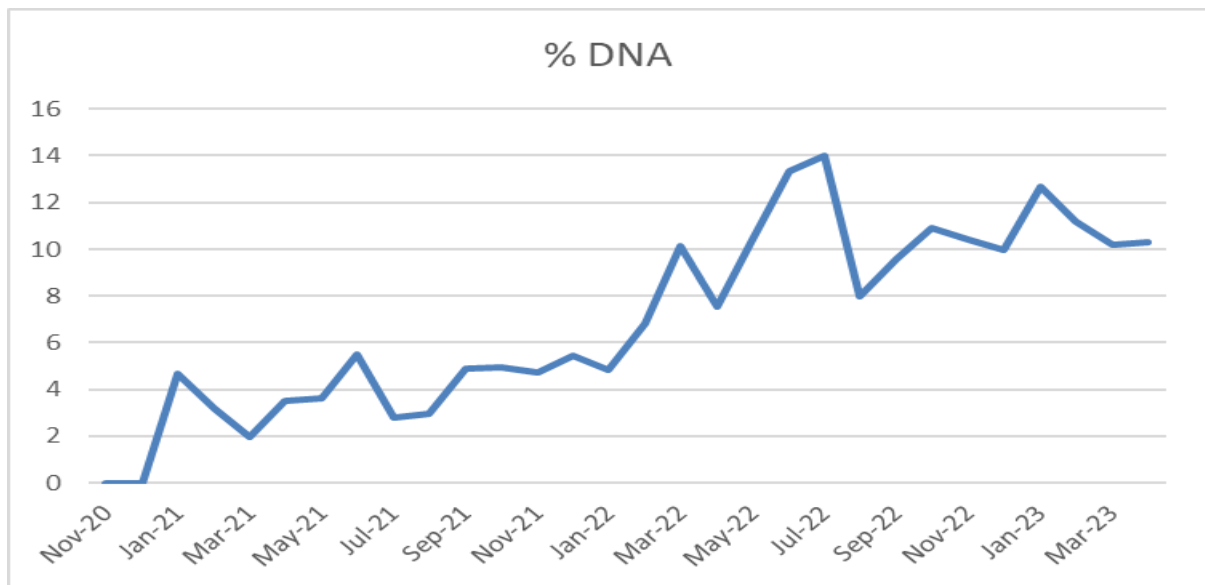
The lack of a central office with central telephone line limits patients being able to contact the service and cancel or change their appointments, each GP practice has to email patient correspondence to the central hub and communications may be delayed and a rise in "Did Not Attend" (DNA) (3.4 % 2021 to 9.7% in 2022 and 11.2% in 2023) with each practice moving over to the hub system has been noticed.

To address DNAs, we are currently re-evaluating the delivery model of FCP.

The initial focus of the Scottish Borders Primary Care Improvement Plan 2018-2021 was the development and establishment of an Advanced Nurse Practitioner model. As there was a shortage of trained ANPs nationally and within the rural Borders demographic, NHS Borders undertook to recruit a cohort of untrained ANPs.

Prior to PCIP roll out there was no workforce supply of trained primary care ANPs and in 2019 a successful pilot of five trainees Advanced Nurse Practitioners (ANP) was carried out across South and West GP Clusters.

The ANP service is highly valued and supports PCIP to meet the urgent care pathway to provide a service to GP practices for `urgent care`, delivering on the day presentations: face to face consultations, telephone consultations and home visits. This releases the GP to take on a more holistic view of patient care and clinical expert role, and improving patient access to care and treatment.

The ANPs are autonomous practitioners and manage the comprehensive clinical care of their patients, including prescribing and onward referral. Independent prescribing is an integral component of advanced practice which allows easier and quicker access to medications for patients and increases patient choice in accessing medication, and there is a growing body of evidence to support the positive impact of independent prescribing by ANPs.

Service User Experience

Patients have embraced the role of advanced practitioners in primary care and they have reported high levels of satisfaction with the care they receive. They have commented on their surprise at the autonomous ability of advanced practitioners to include assessment, diagnosis and treatment. Many patients request to see the ANP again. This allows for continuity of care.

Positive feedback on the referral of patients to secondary care has also been received.

Challenges and Key Risks:

The ANP lead role has been vacant now for 6 months and it is demonstrable through iMatter results that this has had a major impact of moral and job satisfaction within the PCIP Urgent Care workstream. It is a top priority to resolve the issues surrounding the changes to the job with secondary care and recruit to the role as soon as possible.

There is a national shortage of primary care ANPs and recruitment of qualified advanced practitioners has been extremely challenging, particularly due to the rural geographical area of the Borders. This has also required a local training pathway to be developed for trainee ANP and significant support, clinical supervision time and educational input from GPs, acute medical/surgical colleagues and lead ANP, work that was not initially anticipated. We need to continue to train further ANP to address the national and local shortage.

What do we aim to achieve in the coming year?

- In the coming weeks we aim to recruit a combined clinical lead role whose time will be split between primary and secondary care. Their focus will be on the development of the proposed ANP academy
- We are hoping to develop an ANP academy - training ANPs in both secondary and primary care to develop a resilient and competent workforce capable of handling high volumes of work independently. The objective for this is that it will be much less resource intensive to train an ANP through this pathway than the previous model of a single practice taking on responsibility for the support and training of any ANPs it takes on through PCIP.

On the 8th September 2022 PCIP Executive decided to discontinue funding for the Community Link Workers (CLW) due to inadequate funding from the Scottish Government for PCIP. The workstream was prioritised for deep evaluation as it was operated under a model that was considered inadequate for its intended purpose. Additionally, the service was set during the pandemic, which presented challenges in fully integrating it with practices due to staff proximity restrictions in back offices in GP surgeries. This hindered the optimisation of information sharing and coordination, impacting the effectiveness of the service.

Despite these constraints, the dedicated team of 2.5 full-time equivalent community link workers and two full-time equivalent Local Area Coordinators continues to serve the community. Over a two-year period, while funded with through PCIF, they managed to identify and attend to 40 GP patients in need. However, the available data did not demonstrate a significant easing of GP workloads as a direct result of CLW. Despite efforts made, the overall impact on alleviating pressures and reducing the workload of GPs was limited.

Nevertheless, Local Area Coordination services continue to be available as part of the broader service offered under our Health and Social Care Partnership.

Accommodation constraints remains a central theme regarding the implementation of PCIP workstreams. Buchan and Associates were previously commissioned by Hub South East on behalf of NHS Borders to conduct a review of primary care premises, taking account of the implementation of PCIP and new housing developments with the objective of identifying investment priorities. The review was published in October 2021 and outlined significant immediate pressures faced by many practices when seeking to find space for the new workforce within primary care.

Resource constraints within NHS Borders Estates and IM&T services have also limited change and improvement works required to implement PCIP workstreams. Despite these challenges, P&CS have managed to progress work that has delivered benefits to patients, staff and services using health centres and community hospitals.

Key achievements

- Revised premises governance to accelerate decision making, increase accountability and retain a "bigger picture" view of the NHS Borders estate.

- Streamlined pathways and a dedicated digital "premises portal" for requesting space, equipment and technology required for patient treatment and administration.

- Introduction of policies to improve sustainability of service delivery, such as "shared bookable spaces", sourcing equipment from within NHS Borders estate before purchasing new equipment and the prioritisation of clinical rooms for clinical activities.

- New assistant service manager in post from August 2022 with time dedicated to leading premises delivery.

- Mapping of rooms vs services in all primary care health centres and community hospitals, enabling the expansion of services and a fairer approach to space management.

- Completion of minor estate and IM&T works across many sites to increase clinic capacity and improve fixtures and fittings.

- Investment in clinical and non-clinical equipment, furniture and IT equipment.

- Removal and disposal of a significant volume of redundant equipment to release space and improve the environment for patients and staff.

- Digital room booking platform options appraisal completed, awaiting IT resource availability to progress implementation.

Key challenges and risks

- Limited resources to progress tactical and strategic, preventing delivery of recommendations outlined in the Buchan Report.

- Limited space to support PCIP services within the finite footprints of health centres and community hospitals. Work is transferring from GP practices but not the associated accommodation.

- Competition between PCIP workstreams for the same space.

PRIMARY CARE IMPROVEMENT FUND OVERVIEW

Background

Each month, a PCIP budget monitoring report is made to the PCIP Executive. This report outlines:

- Latest known information with regard to expected / actual PCIF allocation;
- Conditions over its use;
- How the recurring PCIF allocation has been directed / allocated across PCIP workstreams by PCIP Executive;
- Expenditure against the workstream budgets created in support of this direction;
- Forecast expenditure by workstream to 31 March;
- How non-recurring slippage / allocation are expected to be utilised during the financial year;
- Proposed revisions to the PCIP and their financial impact; and
- Risks to delivery and overall affordability.

The majority of PCIP activity is funded entirely by Scottish Government Primary Care Improvement Fund allocation, with only a relatively smaller amount of resource coming from NHS Borders baseline and other funding across the CTCS (£0.840m) and MH Renew (£0.320m).

2022/23

Planned Funding Allocation

On 11 August 2022, NHS Borders and Scottish Borders Health and Social Care Partnership (the Board / Partnership) received its Annual PCIF funding letter. The national PCIP funding envelope was £170 million in 2022-23. 2022/23, NHS Borders' NRAC proportion is 2.15% of the national resource envelope equating to a PCIF allocation of **£3.648m**, an increase of **£0.352m** from 2021/22.

Within the August allocation letter, the Scottish Government stated that agreement had been made with the Cabinet Secretary for Health and Social Care that Integration Authorities should draw down existing reserves balances and that 2022/23 allocations would reflect reserves held.

The Tranche 1 allocation letter identified that (based on a forecast submitted to SG on 30 November 2021) PCIF reserves held by Scottish Borders was **£0.079m**, which would therefore be deducted from the above NRAC allocation, in addition to **£0.161m** baseline funding, the latter of which has been the case each year since the inception of PCIP.

The letter stated that there would be two allocations made during the year on a 70:30 basis, taking into account the deductions highlighted in 2.3 above. Based specifically on the annex schedule of funding allocation therefore, the PCIP Executive has, in the time since the Tranche 1 allocation letter, specifically directed the net balance outlined in the table below (**£3.569m**) across PCIP workstreams

which, at the end of January 2023, is, with the exception of slippage of **£0.032m**, expected to be spent in full.

Actual slippage at 31 March 2022 was **£0.426m**, **£0.347m** higher than forecast at 30 November 2021.

This slippage was carried forward to 2022/23 and consolidated with a balance of **£1.097m** brought forward from an additional ad-hoc non-recurring allocation made by the SG in late 2020/21 as a total of **£1.523m**. PCIP Executive has been working to direct this funding non-recurrently across a range of initiatives during 2022/23 in order to further support the delivery of the PCIP workstreams.

The Board / Partnership has never had to report back on the use of the non-recurrent allocation to the Scottish Government since it was made in late 2020/21, nor on what plans / commitments / expenditure has been made on the slippage carried forward at any point during 2022/23 and there has been no request for information, nor any discussion with Boards / Partnerships during the last year with regards to this.

Planned PCIP Funding 2022/23

	2022/23 PCIF Allocation £'000
2022/23 NRAC Allocation	**3,648**
Tranche 1	2,554
Less: Baselined Funding	(161)
PCIF Initial Allocation	2,314
Tranche 2*	1,094
2022/23 Tranche 1 and 2 Allocations	**3,408**
Add Back Baseline Funding	161
Actual Funding Allocation	**3,569**
Funding Allocation withheld by SG	**79**

Actual Funding Allocation

On 09 March 2023, the Board / Partnership received its Tranche 2 allocation letter. Tranche 2 allocations, as stated in the letter, were to be made based on 30% of the overall £170m allocated via NRAC, less additional reserves as of March 2022, stating that "*the additional reserve deductions reflect the difference between November 2021 and the final March 2022 position*".

The allocation letter states that additional funding has been made to a small number of Integration Authorities (IAs) who held legal commitments against PCIF reserves prior to Tranche 1 being issued. In the absence of any request for this information by the SG, Scottish Borders is not one of them.

What has happened is that the SG has referenced the Scottish Borders Health and Social Care Partnership Annual Accounts that the IJB approved and published late in 2022.

With hindsight, even though there has never been a request to report back on reserves brought forward this financial year from a PCIP-tracker perspective, there was always a prevalent risk that the SG would update its thinking around Tranche 2 allocations, stating that *"the approach to second tranche allocations will also be informed by updated financial data on the reserve positions as at 31 March 2022, which Scottish Government officials have separately requested from IAs."* Given however that no information had been sought by SG directly from Boards / Partnerships or any dialogue offered regarding non-recurrent reserves brought forward or any plans / commitments / expenditure against them made during the year, this risk was believed to be low and as a result, the Scottish Borders Partnership has continued to plan, direct, manage and report on additional non-recurring initiatives which require funding from this resource.

As a direct result therefore and without any dialogue with the Board / Partnership regarding how the position on these reserves may have changed since they were brought forward on 01 April 2022 or any legal, contractual or strategic commitments that may have been entered into during the year, the SG has unilaterally deducted the full **£1.523m** from Scottish Borders 2022/23 PCIF allocation, resulting in no Tranche 2 payment being made.

Impact on 2022/23 and Future Years Plans

During 2022/23, the Health and Social Care Partnership and Health Board, in order to deliver as much of the MOU as it can, then fully directed and committed the allocation as soon as it practicably could, directing all of the allocation with the exception of the anticipated £0.079m retained as notified by the SG in the Tranche 1 allocation letter.

Workstream	PCIP 3-Year Recurring Investment £'000
VTP	16
Pharmacotherapy	879
CTAC	121
Urgent Care	883
FCP	528
Mental Health	669
Community Link Workers	150
Central Costs	49
22/23 Pay Inflation and Drift (Funded Recurrent)	273
Total Expenditure	**3,569**
Funded by:	
2.15% of £170m*	(3,648)
Withheld by SG	79
Forecast Expenditure	
Total	**(3,569)**

This is in direct comparison to the Tranche 2 allocation letter which advised that no additional tranche will be made beyond Tranche 1, which was an allocation of **£2.553m**. As a result of no additional tranche, Scottish Borders has had to utilise almost **£1.100m** of its non-recurring PCIP Reserve (a non-recurring allocation made by SG at the end of 2020/21 which had been earmarked for the acquisition of Order Comms system, ANP Training and a Test of Change for CTCS. This resource is therefore no longer available and it is anticipated that the remaining reserve figure of £0.383m will again be clawed back by the SG during 2023/24 in a similar manner.

2023/24 Outlook

Presently, it is not yet known what the 2023/24 PCIF allocation will be. In relation to next year, the Scottish Government has stated that "the minimum budgeted position for PCIF in future years is £170m subject to Agenda for Change uplifts available for recruited staff. We will work with Chief Financial Officers on the exact processes for how the PCIF will be allocated next year, including exploring the possibility of baselining the fund. Baselining the fund would ensure that all funding (staff and non-staff costs) would be uplifted in line with the annual uplift applied to funding allocations to Health Boards.

On any carried over reserves from 2022-23, you should assume for the time being that you should continue to reinvest any locally held reserves in the implementation of PCIPs in 2023-24 before new funding is requested. The only exception to this is where IAs have a prior agreement with Scottish Government to hold reserves to cover legal commitments in future years. In this case, we would expect you to hold sufficient reserves to cover those legal commitments and only use reserves on PCIP implementation in 2023-24 where they are surplus to the commitments agreed with Scottish Government."

As a result of the statement underlined above, it is likely therefore that the 2023/24 allocation will be reduced by £0.383m of the remaining IJB reserves brought forward from 2022/23.

As outlined earlier also, should this happen, this will mean an inability to fund non-recurrently EMIS training, FCP Prescriber training, Order Comms, ANP training and a CTCS Test of Change.

Without a substantial increase in funding allocation (in the region of £2.4m or 67%), PCIP remains financially unaffordable, resulting in an inability to fund the costs of VTP that are now being incurred or to contribute towards the implementation of CTCS. Both of these are directly in contravention of MOU, as a result of insufficient PCIF funding.

Bridging the Gap
To be financially sustainable going forward, the affordability gap between forecast expenditure and current / forecast PCIP resource envelope must be significantly reduced. In summary, there are two main ways that this can happen:

1. Reduce the level of expenditure required by the current plan through improved cost-effectiveness, rationalisation or cessation of services currently in place or proposed;

2. Seek to increase the level of resources available to support the delivery of the Primary Care Improvement Plan.

In all likelihood, both approaches are required and Figure 1 below outlines some of the suggested ways that this might happen:

Figure 1: Required Affordability Objectives and Approach

Primary Care Improvement Plan	

Expenditure	Resource Envelope

Options to Reduce	Options to Increase

Efficiency Review of Models of Delivery Identify Alternative Models of Delivery Review Model v MOU2 Review / Challenge MOU2 Rationalise or Cease Workstreams	Seek Increased PCIF Allocation Direct Other Allocations to PCIP Partner Cost Pressures Targeted Re-Investment of Planned Efficiencies

Options to Reduce Funding Requirement

Given the current forecast recurring affordability gap, the Partnership must consider ways in which the projected forecast cost of delivering the PCIP can be mitigated. Potential options are detailed below:

Efficiency Reviews	Each workstream's model of delivery should be reviewed with a view to ensuring that the optimally economic model is in place to deliver required outcomes at the lowest possible cost.
Alternative Models	Alternative, less expensive models of delivery should be considered. It may be possible to deliver required outcomes more cost effectively.
Review against MOU2	The Memorandum of Understand should be reviewed and current targeted outcomes evaluated against it. Only specifically required outcomes should be targeted and delivery models reviewed and where required, rationalised accordingly.
Challenge MOU2	There should be ongoing dialogue with the Scottish Government as to whether previously directed PCIF resource can be moved from lower priority workstreams towards higher priority workstreams in order to reduce overall resource requirement.
Rationalisation / Cessation	Given the ongoing affordability gap, there should be an assessment of whether some workstreams now in place can be rationalised or even ceased. This will also require engagement with the Scottish Government.

Options to Increase Resource Envelope

Similarly, options for increasing the level of resource available to fund PCIP require identification and consideration. These include:

Increased Allocation	Scottish Government should continue to be lobbied for a further increase in the overall national PCIP resource envelope. It should also be highlighted that NRAC proportionately as an allocation base does not meet the resource requirement in the Borders.
Other Allocations	Some partnerships have supplemented PCIF with other SG allocations in order to increase funding of PCIPs. To date, this has not happened within the Scottish Borders although a small proportion of core baseline funding supplements MH Renew. Advice from Scottish Government also suggests that partnerships should consider how Recovery and Renewal, Action 15 investment and PCIF is combined to deliver the Mental Health model set out in the planning guidance for example.
Increased Partner Investment	It may be possible that partners can increase baseline funding to support PCIP and supplement PCIF allocations.
Planned Efficiencies	THE H&SCP IJB may wish to direct the delivery of further planned efficiencies in order to create financial capacity to re-invest any efficiency savings in a targeted manner to PCIP, although there is already a substantial challenge here.

Primary Care Infrastructure - GP Premises Improvement

In addition to the core PCIF allocation, Partnerships have received a series of small further allocation from the Scottish Government specifically to be directed towards the improvement of GP Premises. Allocations were made in each of the last 3 financial years with accompanying conditions that they be prioritised for use through a combination of improvement grants, physical property estate works or digitisation of physical records in order to create clinical or administrative space.

No confirmation of any allocation has yet been received this financial year (2023/24). Over 3 years however, the allocations received are detailed in Table 5 below:

Table 5: Premises Funding Allocations

	PCIP Premises Funding Allocation £'000
2019/20	105
2020/21	107
2021/22	106
Total	**318**
2022/23	0

In total therefore, £0.318m has been received to date. In February 2021, a report was approved by GP Executive, which following a process of evaluation of proposals, directed £0.214m towards premises improvement. This fully consumed the £0.212m of funding allocations received during 2019/20 and 2020/21.

Taking account of the subsequent £0.106m allocation received in 2021/22, no commitment has been made against the remaining balance of £0.104m to date therefore.

Actual expenditure at the end of 2021/22 is detailed in Table 6 below.

Table 6: Premises Expenditure by Workstream

	PCIP Premises Expenditure by Workstream		
	Directed by GP Executive £'000	Actual Expenditure £'000	Remaining Balance £'000
Improvement Grants	53	46	7
Premises Works to Increase Space	47	11	36
Digitisation of GP Practice Records	114	0	114
Sub-Total	**214**	**57**	**157**
2021/22 Balance Remaining Undirected	**104**	**0**	
Total	**318**	**57**	

A particular issue has arisen in respect of digitisation of practice records. In early 2021, bids were submitted by 5 practices at a total cost of £0.114m in respect of digitisation of records. At that point in time, the amount directed was based on a quoted unit cost per record of £2.28 by Microtech, the preferred supplier, in October 2020. Since then however, the supplier has revised the unit cost to £3.85 per unit, an increase of 69% which has cast the overall financial affordability and cost-effectiveness of the proposals into question, particularly given the competing premises priorities highlighted in the recent Buchan Associates review of the Primary Care Property Estate. Alternative suppliers have been approached but to date, an equally-effective and affordable solution has yet to be identified. As a result therefore, PCIP / GP Executive groups require to reconsider priorities across the estate and (a) identify how the 2021/22 allocation can be used to best address them (including any further allocation that may be received going forward) and (b) reconsider whether previously agreed proposals should continue to be progressed given competing priorities, slippage in work to date and overall affordability concerns of the previously agreed plan.

"

I would like to thank everyone involved in the implementation of the Primary Care Improvement Plan for making great strides forward over the past year, so that people who need Primary Care services have improved access and get the right care, in the right place at the right time.

"

- Chris Myers
Chief Officer of Integration Joint Board

Acknowledgements

PCIP transformation work would not be possible without the dedicated support and involvement of the various workstreams highlighted in this report. Although it is not possible to name everyone individually, PCIP Executive Committee would like to thank everyone who has contributed to the drafting, testing, implementation and refining of Scottish Borders' Primary Care Improvement Plan.

Workstream Leads

Workstream	Lead
Vaccination Transformation Programme	Nicola Macdonald – Clinical Service Manager
Community Treatment and Care Services	Kathy Steward – Clinical Nurse Manager
Pharmacotherapy	Malcolm Clubb – Lead Pharmacist Primary and Community Services
Community Mental Health "Renew"	Dr Caroline Cochrane – Director of Psychological Services and Head of Psychology Speciality
Urgent Care Services	Lisa Hume – Lead Advanced Nurse Practitioner
Musculoskeletal Services "First Contact Physio"	Wilna-Mari Van Staden – Clinical Lead Advanced Physiotherapy Practitioner
Premises	Rob Cleat – Primary and Community Services Premises Lead
Communications	Clare Oliver – Communications Manager
Finance	Paul Mcmenamin–Deputy Director of Finance / Finance Business Partner (IJB)

PCIP Executive Committee

GP Executives	Dr Rachel Mollart Dr Kevin Buchan Dr Kirsty Robinson Dr Robert Manson
NHS Borders	Cathy Wilson – General Manager Dr Tim Young – Associate Medical Director
Integration Joint Board	Chris Myers – Chief Officer Hazel Robertson – Chief Finance Officer

PCIP Project Management

Senior Project Manager	Owain Simpson

June 2023

Scottish Borders

PCIP Executive Committee

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Resources & Performance Committee Minutes**
Responsible Executive/Non-Executive:	**Ralph Roberts, Chief Executive**
Report Author:	**Iris Bishop, Board Secretary**

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The purpose of this report is to share the approved minutes of the 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 17 August 2023
- Resources & Performance Committee 7 September 2023

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 04.05.23
- Appendix No 2, Resources & Performance Committee minutes 17.08.23

Borders NHS Board

Minutes of a meeting of the **Resources and Performance Committee** held on Thursday 4 May 2023 at 9.00am via MS Teams.

Present:
Mrs K Hamilton, Chair
Mrs L O'Leary, Non Executive
Ms S Lam, Non Executive
Mrs H Campbell, Non Executive
Mr T Taylor, Non Executive
Cllr D Parker, Non Executive
Mr R Roberts, Chief 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 C Myers, Chief Officer, Health & Social Care
Ms V McPherson, Partnership Rep

In Attendance:
Miss Iris Bishop, Board Secretary
Mr K Lakie, General Manager Planned Care
Mrs C Oliver, Head of Communications
Dr N Campell, Consultant Liaison Psychiatrist
Dr K Allan, Associate Director of Public Health
Dr T Young, Associate Medical Director, P&CS

1. Apologies and Announcements

1.1 Apologies had been received from Mrs Fiona Sandford, Non Executive, Mr James Ayling, Non Executive, Mr John McLaren, Non Executive, Dr Kevin Buchan, Non Executive, Dr Sohail Bhatti, Director of Public Health, Dr Lynn McCallum, Medical Director, Mrs Laura Jones, Director of Quality & Improvement, Mr Gareth Clinkscale, Director of Acute Services, Dr Janet Bennison, Associate Medical Director Acute and Dr Amanda Cotton, Associate Medical Director MH&LD.

1.2 The Chair welcomed Dr Keith Allan, Associate Director of Public Health who deputised for Dr Sohail Bhatti.

1.3 The Chair welcomed Mr Kirk Lakie, General Manager Planned Care who deputised for Mr Gareth Clinkscale.

1.4 The Chair welcomed Dr Niall Campbell, Consultant Liaison Psychiatrist who deputised for Dr Amanda Cotton.

1.5 The Chair confirmed the meeting was quorate.

1.6   The Chair reminded the Committee that a series of questions and answers on the papers had been provided in regard to areas of fact or clarification.

2.   Declarations of Interest

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

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

3.   Minutes of Previous Meeting

3.1   The minutes of the previous meeting of the Resources and Performance Committee held on 2 March 2023 were approved.

4.   Matters Arising

4.1   **Action 2023-1:** Mr Andrew Bone advised that a discussion had taken place in regard to the business case process that was already established in regard to non financial, financial and cost per benefit. He committed to review the process part of the business case process in the Business Process pillar for items that might impact on next years planning timescales. The Chair suggested the item be closed on the action tracker as it would be picked up through the Business Process pillar workplan.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed to close Action 2023-1.

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

5.   NHS Borders Annual Delivery Plan 2022/23 – Quarter 4 Update

5.1   Mrs June Smyth commented that the Board had been asked to roll forward the delivery for 2022/23 into the next Annual Delivery Plan (ADP), which meant there would be a further update on the 2022/23 plan at the end of the June as well as a new plan for 2023/24.

5.2   Mrs Harriet Campbell enquired why the status of Ward 17 and protecting elective surgery had not been mentioned in the plan. Mr Ralph Roberts commented that it had been omitted as a final decision had not been made on whether it was achieveable. The judgement to be made in that respect concerned added value outweighing any impacts on staffing and other issues. He assured the Committee that if the decision was made after the submission of the final plan it would be reflected in the following years ADP.

5.3   Mr Kirk Lakie commented that his recommendation was to continue to pursue Ward 17 as a ringfenced elective facility.

5.4   Ms Sonya Lam enquired how the impact assessments were carried out and the definition of "some" in that context. She further enquired if workforce modelling had been done given it was a key issue for the organisation.

5.5   Mrs Smyth commented that in regard to the impact assessments it was unclear how many had been completed, however a process and training would be made available to enable and support services to undertake their impact assessments moving forward.

5.6   In regard to workforce modelling, Mrs Sarah Horan advised that work was progressing on understanding the workforce deficit for years 1, 2 and 3 for nursing, physiotherapy and allied health professionals. She emphasised that staffing to protect elective beds was predicated on not having surge beds open.

5.7   Mr Tris Taylor commented that the Public Governance Committee reported in its annual report for the second year running, that it was unable to provide assurance on the execution of the impact assessment system.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the NHS Borders Annual Delivery Plan 2022/23 Quarter 4 update as at 31 March 2023.

6.   2023/24 Annual Delivery Plan & Medium Term Plan Commissioning Letter

6.1   Mrs June Smyth provided an overview of the content of the letter. She advised that colleagues were working with services to ensure the Annual Delivery Plan (ADP) and Medium Term Plan (MTP) would be as realistic as possible. She reminded the Committee that the Scottish Government would consider the ADP as a performance contract with the Health Board.

6.2   Mr Tris Taylor suggested the Public Governance Committee would wish to scrutinise what was planned and progress made against the guidance on inequalities in the ADP and MTP. In regard to the section on digital he emphasised that it was a huge and potentially transformational change targeting viable cross-boundary sharing through O365. He suggested it was another reason why the Board required more visibility of IM&T strategy and delivery. In his judgement it was difficult to see how Mrs Smyth could adequately account for such a complex and deep portfolio alongside everything else in her wider portfolio as he deemed there were too many competing priorities just within IM&T itself.

6.3   He suggested if a senior person was put on Power Apps only and targeted to deliver efficiency, quality and even compliance benefits four times their investment it would be a full time job. He enquired if there were any candidates accepted onto the Digital Health and Care Transformational Leaders master's programme.

6.4   He also noted that the MTP section on digital referred to optimising the use of digital in the design as well as the delivery of services 'for improved patient access' and he suggested the Chairs of the Public Governance Committee and the Clinical Governance Committee be actioned to review how patient experience was assured between the two Committees as it was something that used to be in the Public Governance Committee terms of reference and he suggested it was probably a clinical governance matter.

6.5   Finally noting the MTP position on digital was also a very large package of work, he enquired if the organisation was adequately resourced to address it. He further enquired where the scrutiny of performance against digital delivery plans would take place and how resource would be directed to the climate change and regulatory sustainability work.

6.6   The Chair asked that an action be placed on the Action Tracker for Mr Taylor and Mrs Fiona Sandford to meet and discuss patient experience assurance

6.7   Mrs Lucy O'Leary acknowledged that the digital agenda was a huge piece of work to be taken forward. She enquired if there was anything in the MTP in regard to finance or that represented a large change of direction not already considered or pursued.

6.8   Mrs Harriet Campbell suggested there was need for a more strategic view on how to deliver against the background of climate change, as well as who was responsible and accountable and if there was enough resource available.

6.9   Mr Chris Myers commented that there had been much joint work across NHS Borders, Scottish Borders Council and the Health and Social Care Partnership to ensure there was common oversight of progress against the ADP. He highlighted possible tensions in the future and provided the example of investment in mental health services requiring disinvestment in other services. He summarised that much of the ADP aligned to the Strategic Framework.

6.10   Ms Sonya Lam enquired about the reality of the situation and how it would be managed. In terms of assurance of patient experience she enquired how Non Executives were assured.

6.11   Mrs Smyth commented that in regard to patient experience there was work underway internally through the Public Involvement pillar under the Quality Management system and she assured the Committee that it would be addressed.

6.12   In terms of the digital programme of work and climate change Mrs Smyth commented that the Committee would receive more sight of those on a regular basis, alongside updates on other programmes of work that were being established under the Quality & Sustainability Board which the Chief Executive chaired.

6.13   Mrs Smyth also advised that the MTP referenced the work that the Scottish Government said was in the national strategy. It had been made clear to the Scottish Government that a smaller Health Board had the same pressures and requirements as a larger Health Board and that there would be some areas that could not be delivered as quickly due to volume, pace and capacity.

6.14   Mr Ralph Roberts commented that in regard to overall capacity and an ambition to achieve, there was a need to challenge and refine what was being delivered and how it was being delivered and to understand that in terms of impact and outcomes. He reminded the Committee that the Board had agreed to increase the levels of resource into IM&T to support the teams to move to the agreed Target Operating Model. However, Mrs Jackie Stephen the Head of the IM&T had indicated that she would be retiring later in the summer. A process would be put in place to seek an interim replacement for Mrs Stephen whilst a further piece of work was undertaken to look at the long term plan for IM&T and the delivery model.

6.15   The Chair suggested a further Board Development session be used for a broader discussion on IM&T and the digital agenda.

The **RESOURCES & PERFORMANCE COMMITTEE** approved delegated authority to the Chair and Chief Executive to formally approve the submission of the Annual Delivery Plan 2023/24 and Medium-Term Plan 2023-26, on behalf of the NHS Borders Board.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the request of the Chair that an action be placed on the Action Tracker for Mr Taylor and Mrs Fiona Sandford to meet and discuss patient experience assurance

7.   Performance Scorecard

7.1   Mrs June Smyth provided an overview of the content of the report and highlighted that an informal meeting had been held on the back of the Deloitte report. Moving forward the Business Intelligence team would include some benchmarking data where this was available through national systems. Unfortunately, some of this data is not releasable into the pubic domain so it was likely an enhanced report would be received by the Committee and a slimmer version would be received by the public Board meeting.

7.2   The Chair commented that the Cabinet Secretary was focused on outcomes to reduce delayed discharges and was keen to see results.

7.3   Mr Ralph Roberts echoed the Chairs comments that the Cabinet Secretary was clear on a focus on delivery and performance, as well as equalities and opportunities for all.

The **RESOURCES & PERFORMANCE COMMITTEE** noted performance as at the end of March 2023.

8.   People Management Metrics

8.1   Mr Andy Carter presented the people management metrics paper and highlighted several elements including: culture; imatter results; statutory and mandatory training; equality and diversity; east region recruitment; and sickness absence.

8.2   The Chair commented that it was a good first paper and she looked forward to it evolving further.

8.3   Mr Tris Taylor welcomed the paper and provided some feedback on the format including: it appeared to set out more narrative than metrics; he sought the inclusion of targets and achievement of standards in the paper; he suggested adding outcomes; and asked that charts be put into a control chart format.

8.4   Further discussion focused on: workforce planning and the six step methodology; what we currently have and can currently provide; workforce plan baseline; medium/long term transformation work; use of bank and agency staff; looking at specialties and understanding the high risk areas; medical workforce sustainability; preparation for safe staffing legislation; and person dependent services due to size and locality.

8.5   Mr Ralph Roberts reminded the Committee of the current situation in regard to potential strike action by Junior Doctors in Scotland. He assured the Committee that contingency planning for a strike situation had commenced.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the People Metrics paper with its datasets and associated commentary.

The **RESOURCES & PERFORMANCE COMMITTEE** provided feedback on the format and content of the paper for the author to consider.

9.   Finance Report

9.1   Mr Andrew Bone provided an overview of the content of the report and highlighted: the outturn position had marginally improved against the forecast; a brokerage request for

£11.7m had been made to the Scottish Government; reporting breakeven on capital which included a £1.5m carry forward to next year; currently preparing the annual report and accounts; cost pressures impacting on position were offset by other benefits; primary care prescribing increase was £1.8m above mid year forecast; unanticipated new medicines funding offsetting this position was non recurring; further underspend on Service Level Agreements out of area; £2.4m recurring savings delivered in year which equated to broadly 1% of baseline; target for next year of 3%; and further £1m of non recurrent savings made overall delivery in 2022/23 position £3.5m against the target of £5m.

9.2   Mr Tris Taylor commented that the level of accumulated brokerage was of concern and a significant risk to the organisation.

9.3   Mr Ralph Roberts recognised the significant risk of accumulated brokerage and commented that he was assuming the Board would be required to repay it, which could take up to 8 years at a rate of £10m per year.

9.4   Mr Bone referred to the communication received from the Scottish Government the previous day in regard to tailored support and the process to be undertaken.

9.5   Mr Roberts commented that he had received confirmation that the Board would remain at level 3 on the Performance Escalation Framework for financial matters.

9.6   Mr Taylor recalled that the original tailored support offered to the Board through BOLD had found that the culture of the organisaiton had been resistant to change and policies such as grip and control.

9.7   Mrs June Smyth commented that the diagnostic part of the tailored support would be more intense than with BOLD and that would provide challenges in terms of the volume of information they would be seeking. In terms of culture, the organisation was in a different place and some processes such as grip and control had been brought back into play. She suggested any resistence would not be seen in the same way or to the same extent.

The **RESOURCES & PERFORMANCE COMMITTEE** noted that the Board reported a deficit of £11.64m at 31st March 2023 against its financial plan forecast deficit of £12.2m.

The **RESOURCES & PERFORMANCE COMMITTEE** noted that a request for additional support had been made by the Director of Finance in order to enable the Board to achieve its requirement to break even and that it was expected to be made available on a repayable basis (i.e. brokerage).

The **RESOURCES & PERFORMANCE COMMITTEE** noted that the Board was reporting a breakeven position against its Capital Resource Limit (CRL) at 31st March 2023.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the position reported in respect of recurring savings delivered in year.

The **RESOURCES & PERFORMANCE COMMITTEE** noted that the overall position remained draft pending external audit of the Boards' final accounts for the financial year 2022/23.

10. **Scottish Borders Health & Social Care Partnership Strategic Framework 2023 – 2026**

10.1 Mrs June Smyth provided the background to the formulation of the Strategic Framework and referred to an informal conversation about the framework that had taken place at a recent Non Executives Group meeting.

10.2 The Chair welcomed the framework and its potential to ensure the Board, Scottish Borders Council (SBC) and the Integration Joint Board (IJB) were all travelling in the same direction.

10.3 Mrs Harriet Campbell welcomed the document and enquired if SBC had to adopt the framework as well.

10.4 Mr Tris Taylor enquired if provision had been made in the recommendations for the fact that the strategic plan was intended to cover all of the Boards operations or just the delegated functions. Mrs Smyth advised that it would cover all of the operations and if over the course of a year something was identified that could be strengthened it would be fed into the IJB as part of the yearly refresh of the framework.

10.5 Mrs Lucy O'Leary recalled that at the Non Executive Group meeting there had been discussion on cultural change and she suggested the framework was a starting point to consider how to measure culture and ways of working.

10.6 Mr Chris Myers thanked Mrs Smyth and her team and Mr Michael Cook at SBC and his team for the positive joint working that had taken place to formulate the framework as a once for Borders framework. In regard to SBC adopting the framework he confirmed that they had already adopted it and that community planning partners had agreed that it would be their framework for their good health theme.

10.7 Mr Ralph Roberts commented that it was a significant achievement to get an alignment across SBC, NHS Borders and the IJB in terms of a single set of strategic objectives. The challenge would be in demonstrating the benefit of the single strategic framework and how that might be encompassed in the potential new National Care Service at some point in the future. Mr Roberts commented that the new Cabinet Secretary had advisd that he did not believe in structural change and would only pursue that when absolutely necessary.

The **RESOURCES & PERFORMANCE COMMITTEE** agreed that NHS Borders should adopt the Scottish Borders Health & Social Care Partnership Strategic Framework, including moving to the same Mission, Vision, Strategic Objectives and with the ways of working as set out in the Framework complementing our agreed NHS Scotland Values

The **RESOURCES & PERFORMANCE COMMITTEE** agreed the Medium term plan that was currently in development should align to the Strategic Framework

The **RESOURCES & PERFORMANCE COMMITTEE** recommended that the NHS Borders Board should endorse it at its next meeting in June 2023

11. **COVID-19 Vaccination Strategic Risk**

11.1 Mr Chris Myers appraised the Committee of the strategic risk in regard to the funding of the vaccination programme. He advised that efficiencies had been made as the COVID vaccination programme had been run alongside other vaccination programmes utilising

COVID funding. Work was underway to look at reducing the risk through using bank staff, renegotiating the space being used and minimising weekend clinics as well as the potential to merge with other services like treatment rooms and PCIP.

11.2   The Chair commented that she was encouraged by the mediation actions that had been put in place and she enquired if there was a consideration of who might not be vaccinated in order to manage the system.

11.3   Mr Myers commented that the issue was around access as opposed non vaccination of people. He suggested the number of sites used might be rationalised down and work was underway to consider options.

11.4   Mrs Lucy O'Leary acknowledged the stellar performance of the vaccination programme to date.

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

12.   Any Other Business

12.1   **Nursing Staff:** Mrs Sarah Horan advised that there might be some media coverage in relation to nurses securing roles in the UK having undertaken competency training in Nigeria which might potentially be a fraud issue. No staff within NHS Borders appeared to be affected by the issue.

13.   Date and Time of Next Meeting

13.1   The Chair confirmed the next meeting of the Resources & Performance Committee would be held on Thursday, 7 September 2023 at 9.00am via MS Teams

RESOURCES & PERFORMANCE COMMITTEE: 4 MAY 2023

QUESTIONS AND ANSWERS

No	Item	Question/Observation	Answer
1	Declarations of Interest	-	
2	Minutes of Previous Meetings	-	
3	Matters Arising	-	
4	**NHS Borders Annual Delivery Plan 2022/23 – Quarter 4 Update** Appendix-2023-10	**Sonya Lam:** • Pg 18. (2.3.5) Equality and Diversity, including health inequalities. Did services carry out HIIA's as part of delivering 2022/23 ADP key deliverables? • Pg 25 (3.2.3) Transitional Care Unit. Has this added value? What are the measurements of change for this facility?	**June Smyth/Gareth Clinkscale:** HIIA's have been carried out by some services but not all of them, this work will continue to be a focus throughout 2023/24 This project seeks to co-locate medically fit patients delayed in their discharge to a single BGH ward located within Ward 12 (to be known as Borders View), to create a 24 bedded Transitional Care Unit (a reduction of 5 beds from the existing Ward 12 resource) with the primary objective being to redirect registered nursing resource from the existing ward 12 model, into other BGH wards, making best use of registered nursing resource to alleviate pressures originally until August 2023. We have already released a number of hours of registered nursing time from Borders view, as an Acute DME ward we were previously aiming to staff this with 4 registered nurses on a Day shift and 2 overnight, Borders View is now established with 2 registered nurses on through the day and 1 at night this is a reduction of 7.77

			WTE on what was required previously.
			Our anticipated aim had been to work with 1 registered both days and nights, however due to complexities of medication management, and the fact there are fewer patients who required level 1 medication support than was anticipated initially as part of the initial scoping we have been unable to safely reduce to this level on the day shift.
		• Section 3: Key highlights. The majority of this section provides a narrative around reviews that are underway. How are these reviews brought together to get an overview? Have we completed any future service modelling based on the workforce we know to be available?	We have an overview of all the Service Reviews taking place through our Quality and Sustainability Board which monitors progress on an individual basis, collectively within each Business Unit and the wider Organisation. HR representation is part of each Service Review Steering Group, and a part of the review is to look at future service demand and workforce planning.
		• Pg 28 (4.2.3) What has enabled a 43% reduction on patients reported waiting over 104 weeks?	A combination of focussed work to ensure we continued to deliver elective surgery and prioritising longer waiting patients
5	**2023/24 Annual Delivery Plan & Medium Term Plan Commissioning Letter** Appendix-2023-11	-	
6	Performance Scorecard Appendix-2023-12	**Sonya Lam:** Could a list be developed (not for this Q&A) of those services where staff recruitment/retention make	**June Smyth/Andy Carter:** Yes. The key indicators would obviously be turnover and time-to-hire (TTH), if recruitment

		medium/long term viability a challenge, so that future modelling can perhaps be considered through a regional or collaborative lens.	can be achieved at all. NHSB does reach out to neighbouring Health Boards already where such workforce planning difficulties are experienced.
7	**People Management Metrics** Appendix-2023-13	**James Ayling:** I welcome this paper as it gives members a more rounded view of what is happening in this area. Thank you. Personally I would have thought that a report like this say twice a year would be good with an emphasis on new developments and any areas of poor compliance. The level of improvement on non compliance re statutory and mandatory training is encouraging but still pretty minimal. The non compliance figure for fire training at c35% is concerning. We need to get better on that.	**Andy Carter:** Appreciate the feedback, this paper needs to give committee members a clear line of sight on workforce issues which are either at a sustained satisfactory level or require further investment of time & energy. Levels of compliance with training required by law and required by the organisation are improving incrementally. The Fire Safety training resource has increased recently with a new appointee and new approaches aimed at increasing uptake are being explored.
8	**People Management Metrics** Appendix-2023-13	**Sonya Lam:** • I welcome this paper to the R&P Committee. • Pg 159: OH & Safety Data/training. For future reference, can we have some context around the numbers, in terms of whether these numbers are satisfactory/need improvement etc. • Future consideration of how we measure culture and where this sits?	**Andy Carter:** Appreciate the feedback. Fair point, and already taken up with functional area. Recent engagement with Service and trades unions around Prevention and Management of Violence & Aggression (PMAV) training availability and levels. Priority area for improvement. Happy to enter into furthers discussions here. Overall culture is summation of lots of local management cultures and window into that includes iMatter Engagement Index, state of industrial relations/partnership working, HR Policy activity in area (e.g. discipline, grievance), levels of sickness and turnover, looking for

			patterns of staff concerns being expressed. No one KPI but multiple indicators to be watched.
9	Finance Report Appendix-2023-14	-	
10	Scottish Borders Health & Social Care Partnership Strategic Framework 2023 – 2026 Appendix-2023-15	-	
11	COVID-19 Vaccination Strategic Risk Appendix-2023-16	-	

Borders NHS Board

Minutes of an **Extraordinary** meeting of the **Resources and Performance Committee** held on Thursday 17 August 2023 at 10.50am via MS Teams.

Present:
Mrs K Hamilton, Chair
Mrs F Sandford, Non Executive
Mrs L O'Leary, Non Executive
Ms S Lam, Non Executive
Mrs H Campbell, Non Executive
Mr J Ayling, Non Executive
Mr T Taylor, Non Executive
Cllr D Parker, Non Executive
Dr K Buchan, Non Executive
Mr J McLaren, Non Executive
Mr R Roberts, Chief Executive
Mr A Bone, Director of Finance
Dr L McCallum, Medical Director
Dr S Bhatti, Director of Public Health
Mr A Carter, Director of HR
Mr C Myers, Chief Officer, Health & Social Care
Mrs L Jones, Director of Quality and Improvement

In Attendance:
Miss Iris Bishop, Board Secretary
Mrs C Oliver, Head of Communications
Ms J Kandulu, PMO

1. Apologies and Announcements

1.1 Apologies had been received from Mrs S Horan, Director of Nursing, Midwifery & AHPs and Mrs J Smyth, Director of Planning & Performance.

1.2 The Chair welcomed Ms Jess Kandulu, PMO Officer who was an observer at 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 **RESOURCES AND PERFORMANCE COMMITTEE** noted there were none declared.

3. Minutes of Previous Meeting

3.1 The minutes of the previous meeting of the Resources and Performance Committee held on 4 May 2023 were approved.

4.   Matters Arising

4.1   **Action 2023-2:** Mr Ralph Roberts suggested the focus of the action should be on if there was any more that could be done or should be done in terms of patient input to the assurance around patient experience. Mr Tris Taylor suggested if patient centred care assurance was sought it should be sought from the recipients of the care and their representative groups. Mr Roberts suggested he meet with Mrs Laura Jones to discuss the issue further and would then have a wider discussion with Mrs Fiona Sandford and Mr Tris Taylor.

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

5.   Financial Performance Report & Quarter One Review

5.1   Mr Andrew Bone provided an overview of the report and highlighted several elements including: page 7 of the report, table 4, the overview of savings delivered to date which was just over £500k against the target, which meant the organisation was below where it needed to be in terms of progress; page 22, tables which involved the movements from the forecast deficit of £22.5m identified in the financial plan, with expected improvement following additional Scottish Government funds of £4.5m not included in the financial plan; if the plan had been on track the deficit would have reduced to an outturn of £18m, however it was not on track and a revised deficit of £26m was forecast (a deterioration of £8m); the drivers of this movement were described in the table and following narrative. This included shortfall on forecast savings delivery, together with increase in cost of surge beds, prescribing, vaccinations and out of area placements. Page 10, paragraph 5.8, mentioned 3 broad areas for further action: management of cost pressures, identification of additional savings schemes, and enhanced grip & control.

5.2   Mr Bone commented that a more detailed action plan would be submitted to the next meeting on 7 September, however he cautioned that actions to address and bring improvement to the position in year would also involve risks and choices to be considered.

5.3   A debate ensued which covered a multitude of points including: how to recover the £8m deterioration in the year end forecast; what were the maximum benefits of a vacancy freeze and grip and control measures; how to maximise and support clinical buy in to budgetary control; how the size of the Board and resulting scale of staff resource makes the implementation of national schemes more challenging and reduces our ability to provide support to the delivery of savings targets; assurance sought that significant expenditure is being addressed ie high cost specialist out of area placements; when do we have the discussion to make the difficult decision to stop doing something and ensure the Board supports clinicians to make changes; and clinicians are content to explore what elements of service delivery to stop ie adult neurodiversity assessments. However it was recognised that stopping something comes with a plethora of questions politically and we must ensure clinicians do not have their registration put at risk if they do less.

5.4   Dr Lynn McCallum assured the Committee that the high cost Learning Disability case was constantly reviewed and regularly discussed at the Clinical Governance Committee and the high cost was mainly due to a very limited capacity to deliver care for that individual across the UK. She suggested a focus needed to be given to delays in the system which were in effect causing harm to patients. She further reflected on feedback from clinical staff on the impact the financial position and service pressures was having for some individuals on the attractiveness of senior clinical roles within NHS Borders.

5.5 Mrs Harriet Campbell enquired how granular at an operational level the Board could or should be in seeking to make savings. She noted that action needed to be taken at a clinical level balancing it with patient safety which had to be the number one priority for clinicians. She queried whether we could be more directive around discharge for delayed discharge patients but recognised that such drastic action would require a conversation with the Scottish Government. She enquired if other Boards were in the same position and what learning might be available from them.

5.6 Mr John McLaren suggested a wider conversation with the Board, Executive Team, Senior Managers and Clinicians be organised to gain a more honest and fuller picture of what could be possible and such a session could also provide an opportunity to think about the unthinkable and formulate an outline plan. He further commented that in previous financial turnaround discussions there had been a plan to engage directly with staff and consistent and repeated messages were released that asked the staff directly for their thoughts and ideas. He suggested managers were thinking about savings and wanted to ensure they were fully involving staff who were being impacted by them.

5.7 Further discussion focused on: over medicalisation of society; the consequences of less medical interventions; decisions taken by the Board to provide less services with less staff; discussions with the Scottish Government about a reduction in services; the Board needs to direct change and support clinicians to say no to the expectations of the public; engagement with the public on what they can and can't expect; ensuring any services where thresholds are reviewed should not transfer the burden to other areas, e.g. primary care; and debating and being explicit about where we choose to reduce services and/or put in thresholds and criteria for those that will and those that will not be treated. This should recognise that any such decisions need to balance the impact and potential harm that might result.

5.8 Mr Ralph Roberts commented that the Committee had to recognise that it was an extremely challenging time in which to make financial savings in the health service and that we need to recognise the expectation from the public that health services are free and available to all. He highlighted that decisions would need to be made at the next meeting against the context of a complex political environment where policy decisions continued to drive changes which were not fully aligned to the financial realities faced by the health service. He further commented that there was also waning staff resilience, the effects of the pandemic still being felt, the economic situation, quality of care, the financial situation and performance levels which would all be competing with each other.

5.9 Mr Bone thanked the Committee for their contributions to the discussion and suggested at the next meeting discussions would need to focus on the bigger choices to be made. He advised that there was a communications plan for the staff, clinicians and public and in terms of the next steps a series of actions would be identified and have financial impact and risk assessments taken forward against them. Mr Bone advised that his main concern was the lack of capacity to take forward what was an extremely important process, and noted that staff from HR, Finance, Analytics and the PMO had been pulled into the e-rostering and other national programmes which illustrated the challenge of identifying capacity to support the broad range of programmes already established.

5.10 Mr Tris Taylor suggested that a health inequalities strategy would provide a framework for ensuring the net impact of any service changes and cuts was less adverse for marginalised people. He reminded the Committee of the realistic medicine initiative that was to deliver quality and efficiencies more cost effectively and he suggested the Board should support and

empower the people who had the budgets so that they were more empowered to reduce spend and were more accountable for it.

The **RESOURCES & PERFORMANCE COMMITTEE** noted that the board is reporting an overspend of £7.93m for three months to end of June 2023.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the position reported in relation to recurring savings delivered year to date.

The **RESOURCES & PERFORMANCE COMMITTEE** noted that the Quarter One review highlights a forecast outturn position (£26.1m) which represents a deterioration from the financial plan (£22.5m).

The **RESOURCES & PERFORMANCE COMMITTEE** noted the further actions being progressed to identify potential mitigation against this position.

6. NHS Borders Financial Support Initial Diagnostic Report July 2023

6.1   The Chair suggested that the item had been noted through the earlier discussion.

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

7. Surge Beds

7.1   Mr Chris Myers introduced the presentation to the Committee on surge planning as a step towards a wider discussion on a proposed way forward at the next meeting.

7.2   Mrs Laura Jones and Mr Myers opened the presentation and highlighted several elements including: surge planning principles and objectives; Scottish Government expectations; modelling outputs for 2022/23; surge planning workshop; prevention and early intervention actions; additional capacity actions; and next steps.

Mr James Ayling, Mrs Lucy O'Leary, Ms Sonya Lam and Dr Kevin Buchan left meeting.

7.3   Mrs Fiona Sandford enquired to what extent the initiative might stop admissions, especially given a third of beds were blocked. She also enquired if the delayed discharges would be discharged before the winter period.

7.4   Mr Myers commented that the extra care capacity and transfers would all impact on delayed discharges as well as those waiting for care or an assessment for care. He suggested it would also impact on health delays for other sites and would have a cumulative effect. In terms of the forthcoming winter, he was working with teams to bring forward a model to reduce the pressure and the key decisions for the Committee would be about the closure of surge beds and how much of a buffer below that the organisation would be willing to accept. He suggested it would impact on elective activity and there would be a balance to be struck against the financial element and front door performance.

7.5   Mrs Sandford enquired about the appointments process. Mr Myers commented that work would be taken forward in regard to the GP pathway as a good first step along with surgical closure.

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

8.   Any Other Business

8.1   **Director of Acute Services:** The Chair advised that a get well card had been sent to Mr Gareth Clinkscale on behalf of the Board and the Board Executive Team were covering the various elements of his role in his absence and she recorded the thanks of the Board to the Executive Team.

9.   Date and Time of Next Meeting

9.1   The Chair confirmed the next meeting of the Resources & Performance Committee would be held on Thursday, 7 September 2023 at 9.00am via MS Teams and advised that the meeting would be extended to 12noon.

NHS Borders

Meeting: **Borders NHS Board**

Meeting date: **5 October 2023**

Title: **Endowment Fund Board of Trustees Minutes**

Responsible Executive/Non-Executive: **Andrew Bone, Director of Finance**

Report Author: **Iris Bishop, Board Secretary**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

2.2 Background

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

2.3 Assessment

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

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An 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.

- Endowment Fund Board of Trustees 31 August 2023

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 15.05.23

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 15th May 2023 @ 2 p.m. via Microsoft Teams.

Present:

Mr A Bone, Trustee
Mrs H Campbell, Trustee (Left at 3.20 p.m.)
Mrs K Hamilton, Trustee (Chair)
Ms S Lam, Trustee
Dr L McCallum, Trustee
Mr J McLaren, Trustee
Mrs L O'Leary, Trustee
Cllr D Parker, Trustee (Arrived at 2.10 p.m.)
Mrs F Sandford, Trustee
Mr T Taylor, Trustee (Left at 3.05 p.m.)

In Attendance:

Ms C Barlow, Charity Development Manager
Mrs B Everitt, PA to Director of Finance (Minutes)
Mr M McLean, Investment Advisor
Mrs S Swan, Deputy Director of Finance (Head of Finance) (Left at 3.15 a.m.)
Mrs K Wilson, Fundraising Manager

1. **Introduction, Apologies and Welcome**

Apologies had been received from Mr R Roberts, Trustee, Mr J Ayling, Trustee, Mrs S Horan, Trustee and Dr S Bhatti, Trustee.

2. **Declaration of Interests**

Harriet Campbell referred to the Estate of the late E Macmillan which was referred to within the annual accounts and advised that up until recently she had been the solicitor dealing with this case which was now closed.

3. **Minutes of Previous Meetings : 6th February 2023 and 13th March 2023 (Extraordinary)**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Trackers

The action trackers were noted.

5. **Endowment Advisory Group**

5.1 *Minutes of Meeting: 13th April 2023 (Draft)*

The Board of Trustees noted the draft minutes of the Endowment Advisory Group on 13th April 2023.

5.2 *Endowment Advisory Group Recommendations - Applications*
Karen Hamilton, who had chaired the Endowment Advisory Group where the funding allocation for "GP in Palliative Care" had been discussed, explained that the request for funding was to improve the Palliative Care service within the BGH. Karen advised that this application had been discussed in depth by the Endowment Advisory Group.

John McLaren asked if this application was due to Annabel Howell no longer being in post. Lynn McCallum advised that it was not due to this as that post had been filled but was in fact to expand education to teams across the wards within the BGH around Palliative Care as it was felt that there is a lack of recognition and decision making around end of life care.

The Board of Trustees approved the application.

David Parker joined the meeting

6. **Strategy & Fundraising**

6.1 *End of Year Fundraising Report 2022/23*
Karen Wilson spoke to this item and highlighted the diverse range of objectives undertaken by the Fundraising Team during 2022/23. Karen referred to objective 6 in particular, namely maximising the benefits of NHS Charities Together membership, and stressed how invaluable the shared learning/networking is and that they would continue to maximise all opportunities.

Karen also referred to objective 7 in regard to the day to day running of the Fundraising Office and stressed that the team are always looking to maintain and improve the service provided.

Karen Hamilton complimented on the clear and succinct presentation of the end of year report which was appreciated.

The Board of Trustees noted the 2022/23 End of Year Fundraising Report.

6.2 *End of Year Spend Report 2022/23*
Karen Wilson spoke to this item and highlighted that this was the first time Trustees had received this report and advised that it had been produced to provide an oversight of the spend during 2022/23. Karen highlighted that some projects had more detail than others and assured that those with less would be followed up and fed back in through future reports.

Harriet Campbell referred to the simulation based education programme and noted that that they had not managed to recruit to this and asked if there was a reason for this and if there had been any progress. Karen explained that it wasn't because they had been unable to recruit but it had not yet gone out to advert and that she was due to contact Michelle O'Reilly for an update.

Fiona Sandford felt it was a very clear report and welcomed it in this format. Karen Hamilton echoed these comments.

The Board of Trustees noted the 2022/23 End of Year Spend Report.

6.3   *Restricted Funds Update*
Colleen Barlow spoke to this item which provided an overview of restricted funds and on the grant making process going forward. Colleen advised that emphasis would be on spending down funds and closing them. It was noted that there may be times when tranches of funds need to come forward to Trustees for approval but these would be in the minority as focus would be on spending funds.

Harriet Campbell referred to the table starting on page 3 of the report and in particular the group of 19 and group of 4 funds which could now be closed as she felt it may be beneficial to commit to a timescale to close these so they were not forgotten. Colleen advised that some had already been progressed since the report had been circulated.

Lucy O'Leary thanked for the clear report and enquired if the remaining 131 funds would be sufficient to cover what is required going forward. Colleen confirmed that this would not be sufficient, however she was working closely with the Fundraising Manager and they are actively encouraging donors to donate to the unrestricted fund.

Harriet enquired if there was a list held of legacies in wills from people who are still living as there could be potential for them to donate to a fund which would in time be closed. Susan Swan confirmed that Finance hold a legacy register and would be happy to share this with the Fundraising Team to allow appropriate action to be taken should any of the donations be to one of funds which will be closed in due course.

Karen Hamilton referred to the suggestion for timescales against actions and agreed that it would be helpful to have indicative timelines included within future reports.

The Board of Trustees noted the report.

6.4   *Charity Plan 2023/24*
Karen Wilson spoke to this item and advised that it had been presented and discussed at the recent Endowment Advisory Group. Karen highlighted the new format of the plan which encompassed the objectives across four workstreams, namely Fundraising, Charity Operations, Finance and Governance, Grant Making and Evaluation.

The Board of Trustees approved the Charity Plan for 2023/24.

6.5   *Customer Relationship Management (CRM) Renewal Proposal*
Karen Wilson spoke to this item and advised that the CRM database is currently with Blackbaud e-Tapestry and the contract is due for renewal at the end of July. Karen advised that she had researched the market to see what other options were available and had also taken the opportunity to look at grant making software and the findings were detailed within the report. Karen went on to take Trustees through the findings and highlighted that Beacon could deliver both packages plus assisted migration at a total cost of £4,140 per year. Karen also highlighted the additional level of benefits with this company.

Fiona Sandford enquired how widely this company were used across the sector and if they had been tried and tested. Karen advised that they had been voted number one in Fundraising magazine for the last two years and that their software is set out from a charity perspective and has become very popular over the last two years as it has excellent support and functionality.

Harriet Campbell enquired about any training requirements and if these were included within the migration cost. Harriet was also keen to hear thoughts on the affordability of this. Karen advised that they had opted for assisted migration which meant that the data would be extracted from the existing database. In regard to training Karen explained that that they had received a two week demo and she felt that any training would be minimal as it was a very intuitive system. It was noted that a knowledge base was also offered as part of the package and there is a very responsive chat facility. Karen expected that there would also be a saving on time, particularly around grant making, as this could be extremely labour intensive.

Karen Hamilton asked if feedback had been sought from any other users and if not, this might be worth considering. Karen advised that she had been alerted to this company by a colleague in another NHS Board and she had also received other positive feedback.

Andrew Bone noted that the 'like for like' cost of the two systems, as described in options 1 & 2, is not materially different. He highlighted that the preferred option (option 3) includes an additional grant giving package which results in an increased cost of £1.3k per year over the expected life of the system. Andrew confirmed that this is affordable within the unrestricted fund. Nonetheless he advised that it is a matter for the trustees to agree if they were content that the additional value this change would deliver would justify the investment.

Tris Taylor stressed that to make the most out of any IT system the applicant must be keen and interested and he could see that this was the case. Tris also stressed that focus should not only be on the bottom line cost, which the difference was a relatively small sum, as the cost of time saving should also be taken into account.

Andrew confirmed that the cost would not result in a material shift from the agreed 1% target for operating costs and that the only consideration he felt was relevant was regarding the value added by the additional package.

Karen reiterated that with the added package the Charity Development Manager would be able to increase productivity around grant giving which as previously stated was very time consuming. Karen highlighted that it would also be possible to test that the additional package did give the expected value for money as there was an option to pull out of elements of the contract no longer required.

Karen Hamilton, on behalf of James Ayling, noted support for option 3 to migrate to Beacon for both fundraising and grant making.

The Board of Trustees approved the procurement of Beacon as the new CRM provider for the charity.

7. **Endowment Fund Annual Accounts 2022/23**

    7.1 *Draft 2022/23 Report from Trustees and Annual Accounts*
    Karen Hamilton advised that comments/queries had been raised by James Ayling and Harriet Campbell prior to the meeting, detailed within the appendix, and asked if these would be reflected within the final accounts. Susan Swan confirmed that they would be and the final accounts would be presented to the meeting on 5th June 2023.

    Susan advised that anything highlighted in yellow within the pack was yet to be updated. It was noted that the accounts had been audited by the Endowment External Auditor, Thomson Cooper, who had undertaken their audit and no significant issues had been raised. The final report was awaited and an unqualified opinion was expected.

    It was noted that this was the final year for the Trustees' Report and Annual Accounts to be presented in this format as going forward this would link in with the Fundraising Plan and Spend Plan.

    Colleen Barlow noted that there was still reference to "restricted" funds and that she had highlighted to Susan prior to the meeting around the need for clarity on the language used.

    Colleen also referred to Note 11 and the negative balance of £405,914 noted against "Other ring fenced – unrestricted" and asked for clarification on this figure as this was not her understanding. Susan agreed to circulate the analysis for this around Trustees for information.

    Susan went on to take Trustees through the queries/comments received from Harriet and James, detailed within the appendix, and provided an update on these and the proposed changes that would be made.

    Tris Taylor left the meeting

    Karen Wilson referred to the Risk section within the report, and in particular the fundraising appeal for the MacMillan Centre, and queried whether this should be updated to reflect the current situation. Susan reminded that this was reflective of the position as at 31st March 2023 and she would ensure that was correct for that point in time.

    The Board of Trustees noted the draft 2022/23 Report from Trustees and Annual Accounts and that the final version would be brought forward to the June meeting for approval.

    Susan Swan left the meeting.

8. **Funds Management**

    8.1 *Investment Advisor Report*
    Mark McLean spoke to this item and reminded at the last meeting he had highlighted that it would be a difficult few months for the market and advised that this position had not changed since then. Mark advised that as of today the value

of the portfolio was £4.8m so a very slight increase to the figure reported. It was noted that over the last year the portfolio had fallen by -4.96% against the benchmark of -2.80%.

Mark went on to provide an update on the banking crisis within the US where it was noted that this had not had a huge impact on the market, however focus would be on the current issues within the US. Most notable in the short-term will be the ongoing negotiations regarding an agreed deal to raise the debt-ceiling for the US Government.

Mark felt that the portfolio was well diversified, however it may be prudent to get more exposure from various asset classes as when things start to pick up the portfolio should benefit from this. Mark also felt it may be necessary to look at reducing European exposure and increase investment in emerging markets.

It was noted that income remained at a steady yield of 3.3%.

Harriet Campbell left the meeting

Fiona Sandford noted that we had been waiting on the market to recover for some time now. Fiona also referred to Mark's comment about moving growth stocks into emerging markets. Mark advised the portfolio had 1% invested in emerging markets which he felt was quite light, particularly for when the markets start to pick up. Mark agreed that recovery of the market was taking longer than expected, however as interest rates start to come down this will fuel the market so sitting tight was the favourable option for the time being.

The Board of Trustees noted the report.

9. **Capital Spend**

   9.1 *Capital Projects Update*
   Andrew Bone spoke to this item and provided the following update:

   - Macmillan Centre project – a timeline for this project has been identified and is progressing towards the procurement stage. It was expected that phase 1 would be complete by March 2024. It was noted that the financing discussions are ongoing and should there be additional costs Andrew proposed that these be picked up from NHS Capital funding.

   - Mammography project – this project was scheduled to be complete by March 2024.

   - Changing Facilities project – the alternative plan of a modular unit within the BGH car park is now being reviewed following recent complaints from patients about the accessibility of facilities within the hospital building. If it was confirmed that the car park approach was still relevant it was hoped that this would also be completed by March 2024.

   Karen Hamilton enquired if we were comfortable with the project management capacity. Andrew advised that from a Health Board perspective actions were now in place to address capacity constraints but that the size of the capital planning

6

team would remain appropriate to the overall level of resources available and that this would mean that there would always be a balance between scale of projects and time to deliver. The Health Board is now progressing five capital projects which are expected to conclude in 2023/24 and once these projects are complete there will be an opportunity to review future priorities and to consider how to progress any charitable projects which are not currently in flyte.

Karen Wilson advised that a meeting with Macmillan was due to take place at the end of the month. Karen wished to make Trustees aware that the preparation work (phase 1) which will be taken forward and completed by March 2024 would not involve any fundraised appeal money. Karen welcomed this progress but would like to see the rest of the project progressed in whatever form this will take as it had been five years since this project commenced and she saw this as a risk for the charity. Andrew advised that this was likely to remain challenging from a Health Board perspective, given the likelihood that other works on BGH site would be required and may take precedence.

David Parker referred to the Changing Facilities project and advised that from his knowledge these facilities tended to be within the heart of a building. David felt that it this was located within a car park it could prove a challenge for users. Andrew reminded that the car park suggestion had been made for practical reasons to make the project deliverable and the reality would be an extended timeline if they were to locate this within the main hospital. He recognised however that the points David made were reflective of patient feedback and that this was why the plan was currently being reviewed.

The Board of Trustees noted the update

10. **Any Other Business**

None.

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

Monday, 5th June 2023 @ 2 p.m.

BE
19.05.23

7

Comments received from James Ayling and Harriet Campbell prior to meeting on item 7.1 (Draft 2022/23 Report from Trustees and Annual Accounts)

James Ayling

- We have a repetition of the narrative re Fund Expenditure on pages 4/5 albeit in a slightly different format.
- Page 7 Investment Management and performance section para 4 line 3 …need new sentence …This enables……Para 5 line 1.should be 22/23. In this section we note the fee paid to Investec. There are obviously also commissions to brokers etc and numerous other fees payable within the management charges implicit in the various managed funds. Should we consider a covering statement for disclosure noting that there are other associated payments? Transparency?
- Risk management p8. There was a review of governance framework in March 23 which included risk register etc and which sought approval for the continued use of the framework. I see there is a formal review in 2024 but should we also refer to the March 23 exercise as otherwise it looks like we have done nothing on this in the current financial year…. since March 22?
- Main risks for the charity p8. The report says *"The Charity **currently** records 3 Medium Risks and 4 Low risks on its Risk Register. The Charity does not hold any Very High or High Risks."*. Is that right? Looking at the register presented in March 23 it shows 1 high risk re performance and 5 medium and 1 low. The reference in your report to 3 medium and 4 low risks matches the **target** risks which unless I am misinterpreting all this are not the **current** assessment scores. Let me know if I have misinterpreted this.
- Reserve policies page 11. Unrestricted Funds para last sentence. Should this should refer to March 22 if risk fund not moved over the year.
- Plans p12 bullet point 2 delete "be2.
- P13…presumably additional bank accounts elsewhere were opened post 31 March if not mentioned here.
- P15 para 1 …wording needs fixed at end

Harriet Campbell

- On p81 under Fund Balances is 'net charge' a formal accounting term?. 'charge' to me means 'loan' or 'mortgage' so this confused me. I think what we are saying is total expenditure from all funds amounted to x. If that's what we mean can we say so?
- At the bottom of p81 and the top of p82 the same paragraph has been repeated.
- Also on p82 the paragraph about delivery makes it sound as though all applications come through the EAG and makes no mention of the delegated authority to fund managers at lower financial levels I think this should be clarified.
- On p88 and following I am **loving** the descriptions of funds! Thank you!
- The makeup of the EAG at p92 has confused me slightly. I'm not on the EAG but I have attended the last couple of meetings. I wonder whether we need to make it clear that other Trustees are 'welcome' (?) 'permitted' 'encouraged' to attend. I'm not sure then what our role is in approving applications to go forward to the Trustees.
- Can you possibly explain when you speak to this item the arrangement for investment income. On p 98 we see £249 of investment income attributed to restricted funds and all the rest to ring fenced unrestricted. That says to me (as I thought was the case) that any income in the year goes into unrestricted, but is ring fenced pending apportionment at the end of the year, but then:
- What is the £249 and
- Why does p107 say (in the narrative under the both tables) that investment income goes into **restricted** funds?
- This seems contradictory so can you possibly explain? It may just be a typo?!
- On p109 why are there bank charges against ring fenced funds?

9

NHS Borders

Meeting: **Borders NHS Board**

Meeting date: **5 October 2023**

Title: **Audit & Risk Committee Minutes**

Responsible Executive/Non-Executive: **Andrew Bone, Director of Finance**

Report Author: **Iris Bishop, Board Secretary**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

2.2 Background

The minutes are presented to the Board as per the Audit & Risk 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 & Risk 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 & Risk Committee 24 July 2023
- Audit & Risk Committee 10 August 2023
- Audit & Risk Committee 18 September 2023

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 & Risk Committee minutes 14.06.23
- Appendix No 2, Audit & Risk Committee minutes 24.07.23
- Appendix No 3, Audit & Risk Committee minutes 10.08.23

Minutes of a Meeting of **Borders NHS Board Audit & Risk Committee** held on Wednesday, 14th June 2023 @ 2 p.m. via MS Teams.

Present: Mr J Ayling, Non Executive Director (Chair)
                Mr T Taylor, Non Executive Director (Left meeting at 3.05 p.m.)
                Ms S Lam, Non Executive Director

In Attendance: Mr A Bone, Director of Finance
                Mr J Boyd, Director, Audit Scotland
                Mr R Brydon, Interim Head of Health & Safety (Item 4.5)
                Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)
                Mr J Fraser, Internal Audit Assistant Manager, Grant Thornton
                Mrs K Hamilton, Chair
                Ms S Harold, Senior Audit Manager, Audit Scotland
                Mrs L Jones, Director of Quality & Improvement
                Ms E Mayne, Health Value for Money Director, Grant Thornton
                Mrs A McCloy, Senior Finance Manager (Items 6.1 and 6.2)
                Mr G McLaren, Head of Estates (Items 4.3 and 4.4)
                Mrs L Pringle, Risk Manager (Item 4.5)
                Mr R Roberts, Chief Executive
                Mrs J Smyth, Director of Planning & Performance (Item 4.6)

1.   **Introduction, Apologies and Welcome**

    James Ayling welcomed those present to the meeting and highlighted that this was the first meeting since the name change to the Audit & Risk Committee. It was noted that this was due to guidance within the Blueprint for Good Governance and did not change the remit of the Committee.

    Apologies were received from Mrs F Sandford, Non Executive Director, Mr G Clinkscale, Director of Acute Services and Mrs S Swan, Deputy Director of Finance (Head of Finance).

    James confirmed that today's meeting was quorate.

2.   **Declaration of Interest**

    There were no declarations of interest.

3.   **Minutes of Previous Meetings – 27th March 2023**

    The minutes were approved as an accurate record.

    James Ayling noted that within the previous minutes it stated that the production of the annual accounts was on track. James asked for an update on this from Audit

Scotland. John Boyd advised that an extraordinary Audit & Risk Committee had been arranged (28th June) to allow the accounts to come forward to that meeting. John added that the audit work would be substantially complete for that meeting, and although challenging, he was confident they would be able to issue their annual report within the revised timeline.

4. **Internal Audit**

4.1 *Audit Follow Up Report*
Emily Mayne introduced this report. Emily reminded members of discussions at the last meeting regarding the number of recommendations, with many of these being older. Emily advised that a detailed exercise had been undertaken to go through the recommendations to try and ascertain if they were still relevant, if the risk rating remained the same etc. Emily noted her thanks to the Director of Finance for his input into this exercise. Emily went on to highlight the 4 actions put forward to the Audit Committee should they feel recommendations were still relevant and to the summary table which detailed all outstanding recommendations being followed up.

Emily also asked the Committee for feedback on the new format of the report and if this fitted with the requirements or if they would like to see anything different in future reports. Emily stressed the need to get the correct balance in the amount of information received by the Committee.

James Ayling noted his thanks for the report in the new format which he felt would be very helpful going forward.

James referred to the first of the actions for the Committee, namely to evaluate the current status and asked Internal Audit if they were content with the progress and deadlines noted. Emily advised that they felt what had been presented was reasonable but stressed that the Committee needed to be comfortable with this. James asked for confirmation that they were being asked to look at these from a high strategic level. Emily confirmed that this was the case.

James referred to the second action to consider aged actions. Tris Taylor asked for clarification around the "Committee" being asked to review these and queried if this was the Audit & Risk Committee or the respective Governance Committee who had oversight. Emily confirmed that for Internal Audit reporting at this stage it was the Audit & Risk Committee. Andrew Bone suggested that he write to each of the relevant Committees on behalf of the Audit & Risk Committee Chair with details of the older recommendations listed. This was agreed.

Ralph Roberts referred to the recommendation arising from the GDPR and Information Governance Arrangements (2.1) in regard to protected time being provided for staff to complete their mandatory training. Ralph noted his concern around the timeline for this as this would be associated with the new pay deals which would not be finalised nationally for a considerable time. The Committee agreed to a timeline revision for this action on the back of this.

James asked the Director of Finance if he could provide a paper to the next meeting outlining the roles and remits of each Committee to provide clarity and avoid repetition. Andrew advised that he was due to bring a report to the next meeting on the actions required to fully implement the Blueprint for Good Governance and proposed incorporating this into that report. This was agreed.

In regard to the other recommendations arising from the GDPR and Information Governance Arrangements and Covid 19 Governance Arrangements and Remobilisation audits (2.2 and 2.3) the Committee agreed with extending the deadlines to 31st August 2023. Karen Hamilton asked for assurance that this date was achievable. Andrew highlighted that the action owner was June Smyth and agreed to enquire and provide feedback to the Committee.

Sonya Lam referred to the earlier comment on protected time being provided to complete mandatory training and agreed that the deadline had to be both realistic and achievable. Andrew suggested that this be referred to the Staff Governance Committee to review the action and give their view in regard to pay policy discussions. This was agreed.

Andrew Bone confirmed that he was content with the proposed action which would supersede the original one within the Estates and Facilities audit (2.1) relating to the Asset Management System and the Property Asset Management Strategy. Andrew added that there would be a paper going to the Board later in the month on the Property Strategy which would include a timeline. Tris Taylor enquired why this was going to the Board and not the Resources and Performance Committee. Andrew explained that this was purely due to timing as a decision on costs would be required before the next Resources and Performance Committee meeting.

James confirmed that for future reporting he was personally content with the format of the report and asked other members for their views. Tris referred to the graphs detailing overdue recommendations as he did not feel that these were particularly helpful.

The Committee confirmed that they were content to go with the judgement of Internal Audit around the amount of information shared on older recommendations, noting that further information would be available upon request.

The Committee noted the report.

4.2 *Internal Audit Plan Update Report*
Emily Mayne spoke to this report which confirmed that all audits within the 2022/23 Internal Audit Plan were complete. Emily highlighted that this would be covered under the Head of Internal Audit's opinion within the Internal Audit Annual Report at item 4.7.

The Committee noted the report.

Before handing over to Internal Audit for the next four items, James highlighted that there had been an addition to the cover sheet for Internal Audit reports, whereby it

now indicated which Governance Committee the report would be shared with. James also advised that the Director of Finance planned to take a paper to the Board Executive Team each month showing all actions, with focus being on those nearing their completion date.

4.3 *Internal Audit Report – Compliance with Scottish Health Technical Memorandum 03-01 Part B – Ventilation Systems*

Jamie Fraser introduced this report which had an overall rating of no assurance. The findings ratings were noted as 5 high, 13 medium and 1 low. Jamie highlighted that the objective of the audit had been to evaluate the adequacy of internal controls in place around the ongoing maintenance and repair of critical healthcare ventilation systems. This assessed the assurance over compliance with the Scottish Health Technical Memorandum (SHTM) 03-01 specialised ventilation for healthcare premises (part B). Jamie advised that they had recently delivered this audit for another Health Board so had been able to draw comparisons. Jamie highlighted that within the appendices there were a number of management comments to set some context as they had not been able to locate this information at the time of the audit.

Sonya Lam enquired if the audit had just been undertaken at the Borders General Hospital (BGH) or if it included any community premises. Jamie confirmed that it had just been the BGH. Gavin McLaren added that this was for critical ventilation systems and there were none outwith the BGH site.

Andrew Bone appreciated that this report was rated as no assurance and recognised the seriousness of this and wished to give the Committee confidence that this will be acted upon.

Andrew explained that ventilation controls had been selected by Estates as it was known that this area was not in the place it should be. It was noted that the Head of Estates had been appointed in August 2022 and had been tasked to go through the Estates function with the objective of finding risks. In summary Andrew advised that there were significant challenges in terms of issues within Estates and challenges in the available resources to deal with these. Andrew added that in terms of resources this would require to be discussed in the near future.

By way of an update, Andrew advised the Committee of actions taken to date, namely:

- Development of an Estates Compliance and Risk Team - currently finalising recruitment with the expectation that this team would have specific responsibility for tracking any compliance issues, including follow up on audit recommendations going forward.
- Establishment of an Environment Risks Oversight Group - this is a new group which has recently been established. It was noted that the Terms of Reference is currently being finalised and the group will report to the Clinical Governance Group. This group would bring additional oversight to all the various building related risks, whether they be legislative, infection control, health & safety etc.

- Engagement of NHS Assure to undertake an assessment of the design of the BGH which will provide a comprehensive assessment of non-compliance against design guidance and legislation. The cost for this would be included within the Property Strategy paper referred to earlier which would be going to the Board later in the month for approval.
- Engagement of a contractor to undertake a full 6-facet survey of the BGH site, to include infection control, building condition, life cycle maintenance, legal compliance, quality of infrastructure etc.

Gavin went on to provide an update on the actions being undertaken by the Estates Team and highlighted that a number of these were interlinked. It was noted that some of the actions had already been completed.

Tris Taylor noted his thanks for the work undertaken to date but was concerned that there was no mechanism in place to flag issues around governance reporting within Estates. Tris enquired if the Resources and Performance Committee had not delivered what they should have or if they had not been sighted on the issues being reported.

Gavin advised that in terms of governance there are a number of groups established with focus on compliance and risk in Estates, including Water Safety and Ventilation, however there had been issues around attendance and action had now been taken to improve this. The frequency of these meetings had also been increased from quarterly to monthly.

Andrew advised that the issue raised by Tris had been identified and that the new Environmental Risks Oversight Group had been established to provide a clear link between operational oversight and the relevant Board Committees responsible for assurance. Andrew noted that for Estates risks this would include Clinical Governance Committee as well as Resources and Performance Committee. The terms of reference of the new group will include clarity of how reporting arrangements will work moving forward.

Ralph Roberts highlighted that governance reporting was in place to an extent as it had been recognised that there were issues and the Estates Team just required clarity on exactly what these were. James Ayling stressed that assurance reporting must be in place and reliance could not just be put on Internal Audit as they should be seen as the backstop.

Sonya Lam noted her concern that there could be other issues across the organisation which were not visible and how these are dealt with. Andrew advised that it was his view that this is likely to be the case and that the establishment of the new group, together with the other actions described, were intended to address this concern.

Laura Jones stated that it could not be underestimated the effect the pandemic has had on small teams across the organisation. Laura stressed the need to systematically work through each service as part of the recovery phase. Laura reiterated that this area was prioritised as there was not the resource to look at it internally and was part of a number to be prioritised to get a solid baseline across services. Laura highlighted that the Clinical Governance Committee have oversight of infection control and this was the governance reporting route

being proposed but was happy to take comments if it was felt that this was incorrect.

Ralph assured that this was being taken extremely seriously by management and he hoped the Committee would bear with them in taking forward the recommendations.

James advised that, as Chair of the Audit & Risk Committee, he would be bringing this to the Board's attention as a matter of significant concern at its next meeting due to the no assurance rating.

It was noted that this was also referenced within the Audit Committee Assurance Report.

The Committee noted the report.

4.4 *Internal Audit Report – Property Transactions*
Jamie Fraser introduced this report which had an overall rating of no assurance. The findings ratings were noted as 4 high. The objective of the audit was to see if NHS Borders had complied with the relevant provisions set out within the NHS Scotland Property Transactions Handbook during 2021/22 and 2022/23. It was noted that this was an annual audit undertaken.

Andrew Bone acknowledged that there were deficiencies within the system and that the judgement of the decisions made fell to him. Andrew accepted the recommendations within the report and was confident in terms of actions that these would be in place by the end of month.

Ralph Roberts noted that the situation with the leases arose during Covid which he felt owing to the circumstances at that particular point in time was a sound judgement rather than a "serious judgement of error" as detailed within the report. Ralph also noted that these were relatively small scale transactions but appreciated that the correct procedures required to be put in place and followed. James noted that whilst there may be mitigating circumstances the Committee could not condone non compliance with the terms of the Handbook.

James Ayling noted the seriousness around the findings resulting in the no assurance rating, however appreciated that due to staff turnover there had been a loss of knowledge in this area. James also noted concern that the Finance Department had not been aware of any property transactions resulting in adherence to the property transaction monitoring requirements. Andrew advised that this reflected lack of understanding of the handbook, as highlighted in the report, and that the actions identified would address this point.

James also referred to the register which would be created and enquired if this would be for purchases and sales as well as leases. Andrew advised that they would not be on the same register but assured everything will be registered and comply with the handbook moving forward.

James advised that, as Chair of the Audit & Risk Committee, he would be bringing this to the Board's attention as a matter of significant concern at its next meeting due to the no assurance rating.

It was noted that this was also referenced within in the Audit Committee Assurance Report.

The Committee noted the report.

4.5 *Internal Audit Report – Health and Safety Risk Management*
Jamie Fraser introduced this report which had an overall rating of partial assurance with improvement required. The findings ratings were noted as 2 high, 1 medium, 4 low and 1 improvement. The objective of the audit was to consider the design and operation of controls in place in relation to Health and Safety Risk Management. Focus had been on the control measures in place around health and safety risk assessments, training for staff, implementation of mitigating controls in practice, and monitoring and reporting.

Robin Brydon felt that this was a fair audit and highlighted that management responses had been provided against the recommendations which Internal Audit had provided further comment on. Robin referred to the high rated finding regarding SMART (Specific, Measurable, Achievable, Realistic, Timely) training which he felt would be straight forward and not take too long to resolve, however the potential level of resource required would be the challenge.

Laura Jones confirmed that she had discussed the 2 high findings, namely missing risk assessments and adhering to the Health and Safety Risk Assessment Guidance, with the Director of Acute Services and the Chief Officer around what would be a reasonable timescale and felt that March 2024 would be a more realistic deadline. It was noted that the Risk Manager provides routine reports to the Clinical Boards which would assist in monitoring progress.

James Ayling enquired if the recommendations would be put in place across the organisation. Laura advised that they had asked Internal Audit for a sample from each part of the organisation, however more deficiencies had been found within Acute services. Laura advised that the Interim Head of Health & Safety was working with teams to ensure they have up-to-date health and safety risk assessments in place. It was noted that Mental Health already have these in place.

The Committee noted the report.

Tris Taylor left the meeting – the Committee remained quorate

4.6 *Internal Audit Report – Data Capture and Reporting of Waiting Times*
Jamie Fraser introduced this report which had an overall rating of partial assurance with improvement required. The findings ratings were noted as 3 medium and 3 low. The objective of the audit was noted as evaluating the adequacy of internal controls in place around the data capturing and reporting of waiting times.

James Ayling noted that version control is a common theme within audit reports and felt that this was an easy thing to rectify and should be looked at in general.

James noted surprise that clinicians did not have access to the Tableau Dashboards currently available for TTG and Outpatient waiting times. June Smyth advised that these can be released to appropriate personnel who request access. June also confirmed that the recommendations would be progressed via the Access Board.

Tris Taylor, via Teams chat due to leaving the meeting early, noted that there may be a problem with Acute delivering assurance information on time and in a concise format that supports analysis and challenge given a) it's recorded in the present report and b) there has been a persistent issue at the Public Governance Committee where Acute is late with updates which then become verbal rather than written and tend to have little substance. Tris also asked if it would be possible to see some sample BI reports.

The Committee noted the report.

4.7 *Internal Audit Annual Report 2022/23*
Emily Mayne spoke to this report which included the Head of Internal Audit's opinion for 2022/23 which is a requirement of the Public Sector Internal Audit Standards.

Emily referred to page 8 of the report which detailed the audits, including the assurance provided, undertaken during 2022/23. Emily then highlighted page 11 of the report which noted an opinion of partial assurance with improvement required for the period 1 April 2022 to 31 March 2023. Emily advised that the 2 no assurance reports had been taken into account but had not lowered the overall opinion. It was noted that the opinion is based upon findings of the annual work plan which focuses on three key areas, namely risk management, internal control and governance. Emily highlighted the large number of outstanding actions to be addressed and urged that these be moved forward. It was noted that progress would continue to be monitored through the follow up report.

James Ayling noted his thanks for all the work undertaken throughout the year. James enquired if Borders stood out when compared against other Health Boards. Emily confirmed that there are others who have this rating and if the organisation is open to take on board the recommendations and work throughout the year to strengthen the recommendations tracker, whilst holding people to account, this would hopefully result in an improved rating.

Laura Jones highlighted that in previous years audits tended to be recycled, however the audits picked to be undertaken in 2022/23 had been in other areas with the intention of highlighting any issues.

The Committee noted the Internal Audit Annual Report for 2022/23.

4.8 *Internal Audit Plan 2023/24*
Emily Mayne spoke to this item and reminded members that the draft plan had been presented to the March meeting. Emily stressed the importance of having a plan that is staggered throughout the year as it was not helpful for audits to be stacked up in the last quarter. In her view Emily felt that the number of days was quite light and she would not like to drop below this number for value

added purposes. It was noted that specialist colleagues within Grant Thornton would be utilised as and when required to add value throughout the plan.

James Ayling noted that the plan had been prepared prior to the 2 reports which had been rated as no assurance and enquired if there was merit in reconsidering any of the areas to be audited. Emily felt that the organisation needed time to focus on the recommendations arising from these audits and suggested that these areas be looked at in a future year, however there was scope to do work to provide assurance on these two areas if this was felt to be required.

James reminded members of the discussion at the March meeting regarding Theatre Productivity as the Director of Acute Services had been of the view that there should be a productivity audit undertaken during 2023/24 but did not recommend this was within Theatres as the Theatre Improvement Programme had just been established and he felt this required time to get off the ground and proposed deferring this to the following year.

James asked Internal Audit, should they feel at any point there were risks, to bring these to the Committee's attention.

The Committee approved the Internal Audit Plan for 2023/24.

5. **External Audit**

    5.1 *External Audit Annual Report 2021/22 – Update on Recommendations*
    Andrew Bone spoke to this item which provided an update on the recommendations arising from the 2021/22 audit undertaken by External Audit. Andrew advised that the report is brought to the Committee twice per year to provide an update with the expectation that these will be reviewed as part of the annual audit. Andrew highlighted that the updates provided were opinions of internal management. It was noted that these would be picked up fully at the next meeting within External Audit's Annual Report.

    James Ayling noted that there were 3 missing deadlines and assumed that these would be included within the report received at the next meeting.

    Tris Taylor, via Teams chat due to leaving the meeting early, noted that there had been no progress on inequalities and while actions had been agreed by the Director of Public Health he was not aware of any completion to report so far. In regard to the workforce actions Tris did not feel there was anything of real substance and that this appeared to be action driven and not outcome driven. In regard to the inequalities update Andrew Bone suggested that Tris pick this up directly with the Director of Public Health.

    The Committee noted the update.

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

    The Committee noted the report.

6. **Corporate Governance Framework**

6.1 *Audit Committee Assurance Report*
James Ayling spoke to this item and reminded members that the Committee are required to produce an annual assurance statement detailing the outcomes throughout the year to provide the Board with assurance that it has met its remit. James confirmed that the Audit Committee had met its remit during 2022/23 and that the assurance report would be included within the papers going to the Board on 29th June 2023 when considering the annual accounts.

Tris Taylor, via Teams chat due to leaving the meeting early, noted that the Public Governance Committee section included mention of the Public Governance Framework, which he did not immediately recognise and also to the Scottish Health Council which no longer existed. Tris queried if the author had meant to refer to Health Improvement Scotland. Anita McCloy agreed to look into this and update as necessary.

The Committee noted the report.

6.2 *Review of Corporate Governance Framework 2022/23*
Anita McCloy spoke to this item and took the Committee through the changes which had been made to the document since they had first reviewed it at the session for Non Executive and Executive Directors on the 24th May 2023. As well as further information being added to various sections this now also included the Fraud Annual Report and action plan.

In regard to the service audit reports, which had been qualified in previous years, Andrew highlighted that there were no concerns arising from the 2022/23 audits and clean audit opinions had been received.

Andrew also asked the Committee to raise anything they felt was missing from the report against what they had seen/heard throughout the year.

James Ayling confirmed that he had passed comments back previously and was not aware of anything else that had not already been disclosed within the report and felt it was a fair reflection. Sonya Lam noted her agreement with this.

In regard to the Audit Committee Assurance Statement, James noted that due to the 2 Internal Audit reports received today rated as no assurance, he had since changed the statement "controls were considered to be satisfactory" to controls were considered to be **overall** satisfactory". Sonya Lam noted her agreement with this amendment.

James also referred to the letter to Richard McCallum, Director, Heath Finance, Corporate Governance & Value Directorate at Scottish Government at the end of the document in regard to any significant governance issues arising during 2022/23. James confirmed that reference to the "no assurance" Internal Audit reports had been added within the first sentence of the third paragraph.

James also highlighted the sentence within the letter stating "the Board does not consider any of these points to be of a level of significance which require

disclosure to the Scottish Government portfolio Audit Committee" and stressed that this is for the Board to agree and he could only advise as Chair of the Audit & Risk Committee.

Andrew Bone asked both Internal Audit and External Audit to feed in any observations which they felt would improve the process for future years.

The Committee noted the review of the Corporate Governance Framework for 2022/23.

7. **Any Other Competent Business**

    None.

8. **Date of Next Meeting**

    Extraordinary Meeting for Annual Accounts – date TBC via MS Teams
    Monday, 24th July 2023 @ 1 p.m. (Extraordinary Meeting) via MS Teams
    Monday, 18th September 2023 @ 1 p.m. via MS Teams

BE
28.06.23

Minutes of an Extraordinary Meeting of **Borders NHS Board Audit & Risk Committee** held on Monday, 24th July 2023 @ 1 p.m. via MS Teams.

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

In Attendance: Mr A Bone, Director of Finance
Mr J Boyd, Director, Audit Scotland
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)
Mr J Fraser, Internal Audit Assistant Manager, Grant Thornton
Mrs K Hamilton, Chair (Left meeting at 2 p.m.)
Mrs L Jones, Director of Quality & Improvement
Mr G McLaren, Head of Estates (Item 3)
Mrs L Pringle, Risk Manager (Items 4.1 and 4.2)
Mr R Roberts, Chief Executive

1. **Introduction, Apologies and Welcome**

   James Ayling welcomed those present to the meeting and confirmed that today's meeting was quorate.

   Apologies were received from Mr G Clinkscale, Director of Acute Services.

2. **Declaration of Interest**

   There were no declarations of interest.

3. **Matters Arising**

   Action Tracker

   Information Governance eLearning Statistics
   Committee members discussed the latest update circulated on eLearning statistics. It was felt that the information was difficult to interpret and a further update, preferably in table format, was requested to provide clarity on the statistics.

   Audit Committee Workplan 2023/24
   Directions from the IJB to be included within the Audit & Risk Committee workplan when updated.

   Audit Follow Up Process – IT Resilience Update
   The Committee members noted their concern with the lack of progress within the June action tracker update and that there had been no further update in July due to no progress being made. Following discussion it was agreed that June Smyth should be asked to attend the September meeting to provide assurance that remedial actions

were in place. James Ayling also advised that he planned to escalate this at the next Board meeting due to in part the lack of resource to implement the recommendations.

The Committee noted the action tracker.

Audit Follow Up – Update on Property Transactions Internal Audit Report
Andrew Bone confirmed that 3 of the 4 'high' rated recommendations arising from this audit, which had received a no assurance rating, had been completed. The final one in relation to issuing a communication to all line managers on the process to be followed when entering into property transactions was due to be issued later in the week, which would then see all recommendations complete.

The Committee noted the update.

Audit Follow Up – Update on Compliance with Scottish Health Technical Memorandum 03-01 Part B – Ventilation Systems Internal Audit
Gavin McLaren provided an update on the recommendations arising from this audit which had received a no assurance rating. Gavin tabled a spreadsheet detailing all 19 recommendations listed under the five main risk areas and went on to provide an update on progress within each risk area. It was noted that the majority of recommendations were either in progress or complete. Gavin confirmed that the recommendations with a July deadline would in the main be complete by the end of the month, with perhaps a small number taking to mid August to complete.

James Ayling asked if the spreadsheet could be forwarded around to the Committee for information and be updated and circulated on a monthly basis to provide assurance on progress.

The Committee noted the update.

4. **Risk Management**

    4.1 *Risk Management Quarterly Report*
    Lettie Pringle spoke to this item and highlighted the key points outlined within the paper. It was noted that the KPI for all risks to have associated action plans had not been achieved in 2022/23. Lettie advised that the Operational Planning Group (OPG) have agreed that the current KPIs could be carried forward into 2023/24 with a view of achieving these. Lettie also highlighted that there had been a large drop in compliance in reviewing risks within the timescale set by the risk owners. It was further noted that the High Risk Assurance report, overseen by the nominated Risk Champion within each business unit, had only been submitted by the Learning Disability Service and Corporate Services for quarter 4 so OPG were unable to take assurance from the other business units that this is being managed appropriately.

    Lettie highlighted that although the KPI had not been achieved for all risks to have an action plan against them, this had improved dramatically during 2022/23. It was also noted that the target levels for eLearning in quarters 3 and 4 had been sustained.

    Tris Taylor felt that notwithstanding the areas of progress highlighted there appeared to be somewhat of a stagnation. Lettie did not feel that this was the

case and highlighted that the policy objectives were so large it would just take time to action these but assured that progress was being made.

James Ayling noted that a tendering process to update the electronic risk management system was underway and that a contract was to be confirmed by the end of June 2023. Laura Jones advised that there had been a delay to this and it was now hoped it would be concluded by the end of September. James highlighted that implementing a new system would require training and policies and procedures to be put in place and enquired about the impact of this. Lettie explained that as the tendering process was still in progress, which she was a part of, she was unable to provide an update on this until it was concluded but appreciated this would require consideration, amongst other things, once the new provider had been selected.

Andrew Bone added that he and Lettie had met with the Head of IM&T and felt it was realistic to say that rollout of a new system was likely to take 12 – 18 months and that this process would need to be resourced appropriately. Andrew assured that when the outcome was clearer a full risk assessment would be undertaken.

Sonya Lam referred to the compliance level for risks being reviewed within the dates set dropping below 50% and stressed the need for realistic timescales to be set by risk owners. Laura highlighted that this links in with the KPIs and is followed up through this process.

Laura added that Risk is a regular item on the Clinical Board agendas and efforts were ongoing for this to again be a core part of monitoring by the Clinical Board but appreciated that there was still a lot of work to be done in this area.

James advised of a recent presentation to Non Executive Members where "normalisation of deviance" had been raised and asked how this is addressed to stop it from happening. Laura explained that this issue was considered within discussion of both quality of care and performance. Laura highlighted that understanding the performance of the system prior to the pandemic was critical to understanding what was possible to deliver and to testing current performance.

The Committee noted the report.

4.2 *Strategic Risk Register – Update on New System of Reporting to Governance Committees*
Laura Jones spoke to this item. Laura advised that changes made post pandemic had provided an opportunity to strengthen the governance process further by providing each Governance Committee with a more detailed view of strategic risks under their remit.

It was noted that regular checks are undertaken on where strategic risks sit across the organisation and placed under the most appropriate Governance Committee. Laura also confirmed that the annual strategic risk review had been undertaken by the Board Executive Team in May 2023. Laura explained that each strategic risk would have one annual deep dive by the relevant Governance Committee to allow assurance to be given to the Board that these

are being managed appropriately. It was noted that more frequent updates could be requested if it was felt that this was required.

Tris Taylor noted that the deep dives would be useful, however from a Governance Committee perspective he felt if these are set by Executive Directors this might not provide enough assurance, with an example of this being health inequalities which he felt by having a deep dive would just prolong the issues. Tris asked for thought to be given around the method used for the deep dives. Laura confirmed that she would be happy to discuss this further with her Board Executive Team colleagues on how this could be undertaken.

The Committee noted the update report.

5. **Annual Accounts 2022/23**

    5.1 *Annual Report and Accounts 2022/23 – Update*
    Andrew Bone spoke to this item and apologised at having to reschedule the Annual Accounts coming forward to this meeting. It was noted that a date for the Audit & Risk Committee to review the accounts had not been set but work was ongoing for these to be presented to the Board on 17th August 2023 for approval. Andrew advised that regular meetings were taking place with Audit Scotland to address outstanding issues and finalise the audit. Andrew highlighted that some of the challenges were not unique to NHS Borders and were partly due to it being the first year with new audit teams and changes within the audit approach. It was noted that there had also been issues around internal resourcing of the plan, which had been an issue previously, and would have to be looked at going forward. Andrew advised that a number of specific issues had also been raised which had required to be addressed, with the treatment of deferred income being a significant issue throughout. It was noted that there were still a small number of live issues to be worked through.

    John Boyd added that it was always going to be a challenge this year due to it being the first year of the new audit appointments. John advised that there were a number of other Health Boards who are working towards a July/August deadline for approving the accounts. John confirmed that the Audit Scotland and NHS Borders teams were working closely together to deliver the accounts for the August Board meeting and he was confident in achieving this. John highlighted that testing often leads to additional procedures and changes required within the accounts and that a lessons learned exercise will be undertaken to assist with planning, both in terms of resource and delivery of the audit, going forward.

    It was noted that the final annual audit report would be provided once the financial statements are finalised and reviewed.

    James Ayling enquired if there was any indication of accounting policies being applied incorrectly. James was also surprised to hear about deferred income being an issue as he was aware that this had been tested during last year's audit.

    John explained that issues surrounding deferred income was not uncommon and provided examples on the treatment of this and how errors can occur. It was noted that areas to be covered through the audit plan varies from year on

year, however this was an area of focus applied by teams across all Health Board audits for 2022/23 and once an error is identified extended testing is required to provide sufficient comfort.

Andrew added that the next catch up was scheduled for the following day and he hoped to be in a position to set a date for the August Audit & Risk Committee meeting as soon as possible thereafter.

The Committee noted the update.

6. **Fraud & Payment Verification**

6.1 *Fraud Allegations*
Andrew Bone confirmed that there were no fraud allegations which had not already previously been reported to the Committee.

The Committee noted the update.

7. **Governance & Assurance**

7.1 *Audit & Risk Committee Governance and Workplan*
Andrew Bone spoke to this item and confirmed that in updating the Audit & Risk Committee Terms of Reference and Workplan he had undertaken a consistency check against the second edition of the Blueprint for Good Governance and Scottish Government's Audit and Assurance Committee Handbook to try and identify any differences.

Andrew went over the proposed changes to the Terms of Reference which had been tracked for ease of reference and highlighted that Whistleblowing is not included within this, as per the handbook's model Terms of Reference, but as this came under the Staff Governance Committee's remit he did not propose any change to this.

In regard to the workplan, it was noted that the model handbook workplan included receiving a report on financial performance but again as this was reported to the Resources & Performance Committee it was felt this deviation did not require to be changed. Andrew also highlighted that the Committee may wish to discuss what other assurances are not captured within the workplan.

Andrew explained that this had been an opportunity to simplify the Terms of Reference and update the workplan and as per earlier discussion the IJB directions would be added to the workplan plus any other items if there was an appetite to refine further over time.

Andrew confirmed that observations from the self assessment did not impact on the Terms of Reference or the workplan and that the majority of points are already covered against what is detailed within the Blueprint for Good Governance. Andrew proposed picking up with the Committee Chair around a development plan which would include development for members. This was agreed.

Tris Taylor referred to D11 under the Blueprint for Good Governance regarding disseminating audit reports to the relevant Board Committees and suggested

that the proposed change of wording be "to review all Internal Audit reports and disseminate to the relevant Governance Committee". Andrew agreed to make this change.

Tris also referred to D13 in relation to adopting an approach for the oversight of actions identified within audit reports and to ideally deal with these within the current financial year. Tris did not feel that the proposed change to the Terms of Reference was clear if this included reviewing all actions falling due outwith a single financial year or only those over one year old. Andrew advised that he would amend the wording to provide clarity and to reflect the Blueprint.

James Ayling referred to the proposed addition of the Committee reviewing "special investigations" and enquired if this was separate to Whistleblowing. Andrew confirmed that it was.

James also noted reference in the workplan of the proposal to increase the number of meetings from 4 to 5 per annum and agreed to discuss this further when he met with the Director of Finance. He would also discuss the findings of the self assessment.

James also asked if reference to Non Executive Directors within the Terms of Reference could be changed to Non Executive Members for consistency with other documentation. This was agreed.

Tris Taylor did not feel in his opinion that the Staff Governance Committee was the correct place for having oversight for Whistleblowing as there could potentially be a conflict of interest. Sonya Lam advised that where this sits is variable across Scotland and that there had been discussions recently about the policy lead for Whistleblowing. Sonya felt that there were conflicts of interest with the majority of the Governance Committees and would like the opportunity to review this again.

Ralph Roberts felt that in terms of assurance the Staff Governance Committee should have oversight of Whistleblowing to ensure NHS Borders is meeting its obligations. Equally there would also be issues raised by individuals which would be more appropriate for other Governance Committees to oversee. James agreed that the Staff Governance Committee was overall the correct place for oversight. James added that he would pick up with Director of Finance as part of their discussion and provide a revised document for approval if necessary.

To sum up Andrew suggested that, subject to the queries raised, the Committee adopt the documentation presented to move this forward and to give consistency against the Blueprint for Good Governance and updates would be brought forward at a future date for approval. This was agreed.

The Committee agreed the proposed changes to the Terms of Reference and that a further update would be brought back in due course for approval.

The Committee agreed the annual workplan and acknowledged further work was required as outlined in the paper and at today's meeting.

The Chair agreed to discuss with the Director of Finance the proposal to increase the number of meetings per year from 4 to 5.

The Committee endorsed the approach to the preparation of a development plan.

8. **Integration Joint Board**

    James Ayling highlighted from the IJB Audit Committee papers that the annual IJB Internal Audit report had indicated that inter alia there were generally sound governance arrangements, risk management and systems of control in place for the IJB. James also noted that more work was recommended on ascertaining the quality of integrated services and value for money. He also highlighted that reliance was placed on our arrangements for internal control assurances.

    James remarked that the IJB Audit Committee meets five times per year which was in line with the proposal in the previous paper.

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

9. **Items for Noting**

    9.1 *Information Governance Committee Minutes – 8th March 2023*
    James Ayling noted that the meeting on the 8th March 2023 had not been quorate. James also felt it would be useful for the minutes to be expanded upon as the Audit & Risk Committee did not have sight of the papers and he did not feel that assurance could be taken from the minutes presented. Comments to be fed back to the Chair of the Information Governance Committee.

    Tris Taylor referred to the "Implementation of OneTrust" item and the audit undertaken by the ICO earlier in the year. Tris noted concern to the areas highlighted for improvement, namely areas where there are no formal agreements in place or the ability to evidence assurance controls, therefore questioned how the Audit & Risk Committee could gain assurance.

    James highlighted that should the OneTrust system be implemented it noted that this would address the majority of issues raised from the audit.

    The Committee noted the Information Governance minutes from the meeting held on the 8th March 2023.

10. **Any Other Competent Business**

    None.

11. **Date of Next Meeting**

    Extraordinary Meeting for Annual Accounts – Date TBC
    Monday, 18th September 2021 @ 1 p.m. via MS Teams

Minutes of an Extraordinary Meeting of **Borders NHS Board Audit & Risk Committee** held on Thursday, 10th August 2023 @ 4 p.m. via MS Teams.

Present: Mr J Ayling, Non Executive Director (Chair)
                     Mrs F Sandford, Non Executive Director
                     Mr T Taylor, Non Executive Director (Left Meeting at 5 p.m.)
                     Ms S Lam, Non Executive Director

In Attendance: Mr A Bone, Director of Finance
                     Mr J Boyd, Director, Audit Scotland
                     Mrs K Hamilton, Chair (Left Meeting at 5.05 p.m.)
                     Ms S Harold, Senior Audit Manager, Audit Scotland
                     Mrs S Swan, Deputy Director of Finance (Head of Finance)

1. **Introduction, Apologies and Welcome**

    James Ayling welcomed those present to the meeting and confirmed that today's meeting was quorate.

    Apologies were received from Mr G Clinkscale, Director of Acute Services, Mrs L Jones, Director of Quality & Improvement, Mr R Roberts, Chief Executive, Ms Emily Mayne, Health Value for Money Director, Grant Thornton and Mr J Fraser, Internal Audit Assistant Manager, Grant Thornton.

    Andrew Bone advised that he had checked with Internal Audit, who were not in attendance at today's meeting, if there was anything they wished to raise and confirmed that Emily Mayne was satisfied with the content of the annual accounts, the reflection of the Internal Auditor's opinion within the accounts and the specific disclosures which were recorded under the Internal Audit reports.

    John Boyd confirmed that he was content to proceed with today's meeting without the presence of Internal Audit.

2. **Declaration of Interest**

    There were no declarations of interest.

3. **External Audit Annual Report (including ISA 260 Requirement) 2022/23**

    James Ayling highlighted that the report received within the pack of papers was draft and that he was aware that there were still two audit procedures to be resolved and asked for confirmation that these had been dealt with and that the unqualified audit opinion could now be issued. James also took the opportunity to thank External Audit for the comprehensive report received.

James noted the recommendation within the report that the financial performance reports which go to the Board be shared and discussed at the Audit & Risk Committee meetings to give greater oversight and scrutiny. James agreed with this recommendation and assumed it would be incorporated within the workplan going forward.

John advised that the first paper was the proposed audit opinion which was noted as an unqualified audit opinion on the financial statements. John highlighted within the pack that there was also a letter of representation which is standard across any financial statements audit and requires to be signed by the Chief Executive as the Accountable Officer confirming that everything has been disclosed during the audit. John highlighted that the letter of representation within the pack was standard wording with the exception of two points, namely point 13 in relation to the Reinforced Autoclaved Aerated Concrete (RAAC) which is part of an ongoing review. John confirmed that they had received sufficient assurance that this was likely to be immaterial to the Board, however highlighted that the actual impact was currently unknown. The other point related to an addition at paragraph 31 in regard to a disclosure relating to the prior year adjustment.

John referred to the second paper, the Annual Audit Report, which as referred to earlier was being presented to the Committee in draft. John confirmed that the report has now been finalised and could be submitted to Borders NHS Board as part of the pack for approving the accounts. John referred to some outstanding audit procedures, providing examples of these, but confirmed that the core audit work was now complete.

In terms of the key aspects John advised that the report was split into two sections, with the first section being a summary of the annual audit of the financial statements and the conclusions from the work undertaken. The second section looked at Audit Scotland's responsibilities under the wider aspects of public sector audit in Scotland, covering financial management, sustainability, vision, leadership, governance and use of resources.

John touched on the financial statements audit and as previously reported highlighted that the key message was that an unqualified opinion would be issued. John noted that the audit process had been longer than what was initially planned and advised that the issues raised should not inherently be a problem going forward as management were now aware of these.

John advised that the challenge faced during the course of the audit was essentially due to issues identified through audit testing which resulted in amendment to the draft accounts and in turn meant additional audit procedures and extended audit testing. Due to the nature of some of the adjustments there were amendments which resulted in restatement of the prior year's accounts and engagement with the Scottish Government had been required.

John hoped there would be lessons learned around the timelines for next year's audit to ensure we are in a better position for approving the accounts.

John advised that the report included a summary of the significant audit risks identified during the course of the audit and Audit Scotland's response to these. John highlighted that no instances of fraud or misstatement had been identified.

John highlighted that a number of audit adjustments, as previously mentioned, had been identified and were reflected within the annual report. It was noted that there had been one unadjusted error which was included within the appendix relating to deferred income but was not material to the financial statements.

In terms of the wider scope of audit work John advised that the key financial challenges facing the Board were highlighted within the report. The level of brokerage received in year, plus the estimated required brokerage, had also been referred to as well as the ongoing review with Scottish Government to look at trying to find ways of addressing the underlying financial challenges.

It was noted that the difficulty the Board faces in terms of the underlying financial position had also been referenced within the report whilst highlighting that a more systematic change is required in order to achieve financial balance and longer term financial sustainability.

John also highlighted that the report touched on the impact around performance and outcomes against some of the key performance measures. Whilst reflecting on the financial pressures, it was noted that there was a two pronged pressure on the Board to deliver a financially sustainable operating model whilst at the same time looking to ensure performance is in line with targets and not deteriorating.

John referred to governance and financial monitoring and the recommendation that the Audit & Risk Committee have sight of the financial monitoring reports which go to the Board. It was noted that this was partly in relation to the Blueprint for Good Governance as this would ensure more effective scrutiny.

John went on to highlight the action plan included within the annual report, including responses from management against these. John confirmed that the previous year's recommendations had also been followed up on to give assurance that there is ongoing monitoring and scrutiny.

John then drew the Committee's attention to the audit fee and noted that whilst they look to build contingency within the audit plan, inevitably the additional audit procedures had incurred an overrun of the audit. John advised that some of these additional costs had been absorbed by Audit Scotland, however it had been agreed with the Director of Finance that there would be a slight increase in the audit fee to reflect this.

Tris Taylor advised that one aspect of the report which he would like to understand more clearly was in relation to inequalities. Tris referred to paragraph 12 on page 4 of the report where it stated that NHS Borders had an appropriate best value framework in place and work in year had been carried out to support the work of inequalities. Tris asked for clarification on what work this referred to. Tris also referred to a prior year's recommendation detailed on pages 44/45 which was noted as closed and asked on what basis this had been closed as the update received at the June Audit & Risk Committee meeting still had this in progress. Tris confirmed that the Board had indeed received the Equalities Outcome Report for 2023 but it did not address any of these recommendations. This was the same position as at the 2021 report which was when the Board remitted this to the Public Governance Committee for oversight and scrutiny.

John noted that the initial recommendation was around the reporting of inequalities and that the mainstreaming report was to be produced. Tris did not agree with this interpretation and felt that the initial recommendation was to adopt the recommendations that were noted within the mainstreaming report and that these would be executed. Tris highlighted that the 2021 action, namely that progress would be reported in the equalities mainstreaming report, did not happen and there was no reference to this within either the 2021 or 2023 mainstreaming reports.

James agreed that these were valid points but did not feel that they could be resolved at today's meeting without further investigation being undertaken. James asked members if they were content to note the report and further work would be undertaken to look into these points. This was agreed. James also suggested that Tris may like to set out his concerns and go back to John if necessary and the wording of the report could be reviewed. Tris noted his concern that the report was not an accurate reflection on what action had been taken. John advised that his understanding was that the action which was originally raised was about the equalities outcome report being prepared and shared with the Board and this had been completed by management. John highlighted that it may be that it was not necessarily closed but had been superseded by actions taken by the Board and agreed to look into this further.

Karen Hamilton referred to the comments made and suggested that the action was not recorded as closed as she felt this would resolve the issue. Andrew Bone agreed and asked External Audit if they would be content to modify the report to reflect this action was not closed. Andrew also asked External Audit if they would be happy for the annual report to be issued as draft to the Board for the meeting the following week and should there be any subsequent amendments a verbal update could be given. This was agreed.

James noted that within the report it clarified that following agreement with management the unadjusted misstatement of £3.9m was not of material value. James also noted reference to the issue in relation to RAAC within the letter of representation which was also picked up after the date of the report within the annual report. James could not recall this being flagged as an issue previously. Andrew advised that due to the timing of this there had not yet been an opportunity to update the Board and suggested that the Board be provided with a verbal update at its meeting on 17th August 2023. John reiterated that this had only arisen in the last few weeks and in relation to the audit it would only affect Boards with audits still being undertaken. Work had been undertaken to give assurance that this would not have a material impact/risk of impairment on the accounts.

James referred to the action plan for 2023 (appendix 1) and the actions in regard to IM&T procedures, many of which remain outstanding. James noted it had been agreed that progress would be reported quarterly as part of the audit follow up and there was an agreed date of 31st March 2024 for resolution. James asked where this date had been agreed as he could not recall this specific proposal being approved by the Committee to push this back to the 31st March 2024. James advised that this first came to the Committee's attention in 2022 with a deadline of March 2023 which had not been met and he considered it to be a significant matter due to it being around business recovery, disaster recovery etc. It was noted that this was also going to be highlighted to the Board as a matter of concern.

Susan Swan advised that IM&T had supplied this date to the audit team as a backstop date. Susan reminded that progress being made will be reported at each Committee meeting to give assurance but it was not the intention to wait until 31st March 2024 to conclude. Andrew added that the role of the Committee would be to challenge the date if they did not feel it was appropriate.

James took the opportunity to note his thanks to the External Audit team for all their hard work undertaken throughout the audit.

The Committee noted the 2022/23 annual audit report from External Audit.

4. **Annual Accounts 2022/23**

    4.1   *Update Report – Track of Changes for Annual Accounts 2022/23*
Susan Swan spoke to this item. Susan reminded members that they had reviewed the draft version of the Annual Report and Accounts at the session on 24th May 2023. Susan advised that the Annual Report and Accounts comes forward to the Audit & Risk Committee as it is remitted to make recommendation that they are approved by Borders NHS Board at its meeting scheduled for 17th August 2023. Susan advised that the pack presented today had been issued to the Board, however should there be any adjustments arising from today's meeting then an updated pack, including an update of the changes, would be circulated.

Susan went on to take the Committee through the track of changes paper which detailed all changes made since the draft version was reviewed in May, paying particular attention to the adjustments which had been made.

James Ayling noted that it stated that the number of staff employed by NHS Borders was 5,000, however from the report received from Scottish Government as part of their tailored support this was noted as 4,000. Andrew Bone explained that when looking across a 12 month period there will be new starts and leavers during the course of this period which can inflate or deflate numbers. Susan also added that bank staff are physically employed by NHS Borders but are on NHS Lothian's payroll therefore if Scottish Government had undertaken a payroll analysis these members of staff would not have been included.

James also referred to the RAAC issue discussed earlier and asked for assurance that nothing else has happened after the reporting period which should be included. Andrew explained that assurance is given through the work undertaken by the External Audit team which the Finance Team must agree whether or not there is anything of significance to report during that period. Andrew confirmed that following discussion with both Internal Audit and External Audit nothing else has been identified at this stage which is believed to be of significance.

James highlighted the reference to the confidential contacts for Whistleblowing which stated that the "contacts and email addresses were detailed on the Human Resources microsite" and questioned the relevance of an in house microsite for the public. Following discussion Susan agreed more general wording was required.

Susan advised that she would be meeting with the External Audit team in October to review the audit process and see where improvements could be made, for example working papers, to try and get in a better position for next year's audit.

The Committee noted the amendments made to the Annual Report and Accounts for 2022/23.

4.2 *Final Annual Report and Accounts 2022/23*
Following discussion under item 4.1 members were content to note the Annual Report and Accounts for 2022/23 and recommend these go forward to Borders NHS Board for approval on 17th August 2023.

The Committee noted the final Annual Report and Accounts for 2022/23 and recommended these go forward to Borders NHS Board for approval.

4.3 *Final Endowment Fund Annual Report and Accounts 2022/23*
Susan Swan spoke to this item and advised that the Endowment Fund annual accounts have been audited and had received an unqualified audit opinion. Susan explained that they were being presented today as they were part of the Board's consolidated accounts. It was noted that the accounts had been approved by Trustees on Monday, 7th August 2023 and once returned to Thomson Cooper, the External Auditor and the approved audit report is received, they will be published on the Charities website after the Board meeting on 17th August 2023.

The Committee noted the final Endowment Fund Annual Report and Accounts for 2022/23.

5. **Any Other Competent Business**

Andrew Bone highlighted that the Committee would normally have received the Patient's Funds Annual Accounts at this meeting for recommending to the Board for approval. Andrew confirmed that the audit is complete but the final opinion has yet to be received, however no issues have been raised and due to the low value of these accounts they would not have an effect on the consolidated accounts in terms of materiality. It was noted that these would be presented at the next meeting for recommendation to go forward to the Board for approval.

Andrew went on to thank Audit Scotland for their patience and perseverance during the course of the audit and felt that there has been a lot of learning throughout the process. Andrew also noted his thanks to Susan and the Finance Team in terms of the amount of work and effort undertaken and to the Committee members for their patience.

6. **Date of Next Meeting**

Monday, 18th September 2023 @ 1 p.m. via MS Teams

BE
31.08.23

NHS Borders

Meeting:	**Borders NHS Board.**
Meeting date:	**5 October 2023**
Title:	**Audit & Risk Committee Chair Update Report**
Responsible Executive/Non-Executive:	**James Ayling, Non Executive Director**
Report Author:	**James Ayling, Non Executive Director**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The Chair of the Audit & Risk Committee wishes to bring to the Board's attention two items discussed at the Committee's meeting on 18th September 2023 as matters of significance for the awareness of the Board. Minutes of the meeting will not be available until the first Board meeting in 2024.

2.2 Background

The first item refers to key findings from an Internal Audit report presented to the Audit & Risk Committee on 18th September 2023 on the use of Bank and Agency Staff which had overall ratings of "no assurance".

The second item refers to a continued failure to put in place previously agreed timebound actions to meet recommendations arising from an Internal Audit report dated June 2022 relating to I.T. Resilience and Recovery.

2.3   Assessment

The first item refers to key findings from an Internal Audit (IA) report presented to the Audit & Risk Committee on 18th September 2023 on the use of Bank and Agency Staff which had overall ratings of "no assurance".

Use of Bank and Agency Staff

IA reviewed the design and operating effectiveness of controls to mitigate against the following potential risk areas:

- There is a lack of an agreed service level agreement, policies and procedures in place relating to the use of bank/agency staff and as a result, rosters are not effectively managed.
- Processes and procedures in relation to bank/agency staff are not followed, resulting in inappropriate use of bank and agency staff and an increased financial burden.
- There is limited or no monitoring and reporting of the use of bank and agency staff, this results in the organisation being unable to assess the impact of bank/agency staff usage to inform recruitment as well as identify root causes where high numbers are used.

Following the audit IA have raised 3 high rated, 7 medium rated and 2improvement rated recommendations. As such, they have concluded that the controls in place in respect of NHS Borders' use of bank and agency staff provide a level of **No Assurance.**

The guidelines indicate that a *no assurance* report is arrived at following consideration of the following guidelines and judgement**:**

A conclusion that, in the areas examined, the risk management activities and controls are not suitably designed to achieve the risk management objectives required by management. Those activities and controls that were examined were not operating with sufficient effectiveness to provide reasonable assurance that the related risk management objectives were achieved during the period under review. No assurance might be indicated by significant weaknesses in design or operation of controls and several HIGH rated recommendations.

Management have responded to the IA findings and recommendations and actions are being put in place with varying due dates for completion to address said findings between now and mid January 2024. The IA report is being shared with the Resources and Performance Committee due to their respective responsibilities and oversight in the affected areas. The Audit Committee will monitor progress against management actions.

The second item refers to an ongoing inability to put in place previously agreed timebound actions to meet recommendations arising from an Internal Audit report dated June 2022 relating to I.T Resilience and Recovery. This report concluded that the controls in place in respect of IT Resilience and Recovery provided a PARTIAL level of assurance and identified four findings three of which were high rated (Insufficient disaster recovery and business continuity procedures / Insufficient

disaster recovery and business continuity testing / Insufficient business impact assessments).

The Blueprint for Good Governance states that it is important that the Audit and Risk Committee adopt a robust approach to the oversight of the completion of actions identified in the audit reports. Where possible, actions should be dealt with in the current financial year rather than being carried forward from one financial year to the next. Any exceptions to this should be closely scrutinised by the Audit and Risk Committee who should seek assurance that the timeline proposed for addressing the risks or issues identified by the auditors is both reasonable and achievable.

The initial completion dates identified in June 2022 were 31 March 2023. Whilst progress has been made with some actions there remain a considerable number of outstanding actions. A lack of resource to carry out the necessary actions remains apparent with completion of some actions highly dependent on the recruitment of a Resilience Manager. This post has recently been recruited so the relevant actions should now be progressed. An overall subsequent completion date of 31 March 2024 has now been agreed with External Auditors.

2.3.1 Quality/ Patient Care

Any implications for this topic are identified within the relevant Internal Audit report, as referenced in the body of the paper.

2.3.2 Workforce

Any implications for this topic are identified within the relevant Internal Audit report, as referenced in the body of the paper.

2.3.3 Financial

Any implications for this topic are identified within the relevant Internal Audit report, as referenced in the body of the paper.

2.3.4 Risk Assessment/Management

Internal Audit is an essential function within the Board's framework for governance and assurance. The report was presented as part of the Board's Internal Audit work plan which aims to assess the effectiveness of the Board's systems of internal control and how these controls will mitigate risks faced by the organisation.

Each report provides details of any risks identified, together with recommendations for how any weaknesses in controls might be improved, where identified.

2.3.5 Equality and Diversity, including health inequalities

There are no issues identified in relation to this topic.

2.3.6 Climate Change

Any implications for this topic are identified within the relevant Internal Audit report, as referenced in the body of the paper.

2.3.7 Other impacts

N/A

2.3.8 Communication, involvement, engagement and consultation

Internal Audit reports are prepared through engagement of auditors with relevant stakeholders identified by the Board's designated executive lead for the audit topic.

2.3.9 Route to the Meeting

The reports / findings were agreed with the executive leads prior to finalisation.

The reports were discussed by the following Committee:

- Audit & Risk Committee : 18th September 2023

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

Nil

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Finance Report – August 2023**
Responsible Executive/Non-Executive:	**Andrew Bone, Director of Finance**
Report Author:	**Samantha Harkness, Senior Finance Manager**

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.

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, 19th September 2023
- Board Executive Team, 3rd October 2023

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 August 2023

FINANCE REPORT FOR THE PERIOD TO THE END OF AUGUST 2023

1   Purpose of Report

1.1   The purpose of the report is to provide committee members with an update in respect of the board's financial performance (revenue) for the period to end of August 2023.

2   Recommendations

2.1   Committee Members are asked to:

2.1.1 **Note** that the board is reporting an overspend of £11.07m for five months to end of August 2023.

2.1.2 **Note** the position reported in relation to recurring savings delivered year to date.

2.1.3 **Note** there is no change to the updated outturn position of £26.1m following completion of the Q1 review and that the forecast will be reviewed as part of the Q2 review taking place during October.

3   Summary Financial Performance

3.1   The board's financial performance as at 31st August 2023 is an overspend of £11.07m. This position is summarised in Table 1, below.

Table 1 – Financial Performance for five months to end August 2023

	Opening Annual Budget	Revised Annual Budget	YTD Budget	YTD Actual	YTD Variance
	£m	£m	£m	£m	£m
Revenue Income	300.90	301.27	124.99	124.69	(0.30)
Revenue Expenditure	300.90	301.27	116.87	127.64	(10.77)
Surplus/(Deficit)	**0.00**	**0.00**	**(8.12)**	**2.95**	**(11.07)**

3.2   The Quarter One forecast projected an outturn position at end March 2024 of £26.1m overspend.

3.3   Following submission of the forecast to Scottish Government the Chief Executive has received a letter from the Director of Health Finance and Governance, Scottish Government, which confirms expectation that the Health Board identify actions to restore performance to the level identified within the Financial Plan.

3.4   The plan identified a projected outturn of £26.1m and there is therefore a requirement to identify actions to address improvement of £3.6m against the position outlined in the Q1 forecast. This is discussed further in Section 4, below.

3.5 The YTD reported position of £11.07m overspend is £3.15m adverse against the original plan and £0.20m adverse to the revised Q1 forecast[1]. This is based on a 'straight line' (i.e. 5/12ths of forecast) assessment and is not considered to be significant deviation from forecast at this stage.

3.6 There is an improvement in 'run rate' from M03 to M05 which reflects the implementation of actions identified within the forecast, including improved delivery of savings. This is shown in figure 1, below

Figure 1 – Average YTD 'run rate' compared to plan / forecast
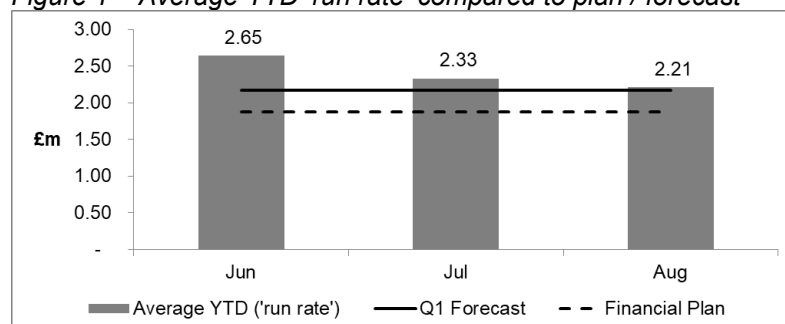
3.7 Movement from the financial plan is driven by increase to cost pressures in year and a reduction to the level of savings delivery reported year to date (and as reflected in the Quarter One forecast). Despite this, there has been some improvement to the level of savings delivered as at Month 5.

3.8 Further review of the of the expected outturn position will take place during October as part of the Q2 Review and any changes will be updated in the coming months.

4 Financial Performance – Budget Heading Analysis

4.1 Income

4.1.1 Table 2 presents analysis of the board's income position at end August 2023.

Table 2 – Income by Category, year to date August 2023/2024

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Income Analysis					
SGHSCD Allocation	271.27	278.74	115.25	115.25	-
SGHSCD Anticipated Allocations	9.46	0.14	-	-	-
Family Health Services	10.24	12.01	6.04	6.04	-
External Healthcare Purchasers	4.68	4.68	1.98	1.72	(0.26)
Other Income	5.25	5.70	1.72	1.68	(0.04)
Total Income	**300.90**	**301.27**	**124.99**	**124.69**	**(0.30)**

---

[1] Financial Plan YTD position is calculated as 5/12's of £22.5m.
 Q1 review YTD position is calculated as 5/12's of £26.1m

4.1.2 The shortfall on income is related to continued reduced activity on the Northumberland SLA. This reflects a reduction in contract activity against the historic baseline and this shortfall is expected to continue throughout 2023/24 and beyond. The impact of this position will be reflected in the draft financial plan for 2024/25.

4.2 **Operational performance by business unit**

4.2.1 Table 3 describes the financial performance by business unit at August 2023.

Table 3 – Operational performance by business unit, August 2023

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Operational Budgets - Business Units					
Acute Services	69.07	80.07	33.36	33.06	0.30
Acute Services - Savings Target	(1.54)	(0.86)	(0.38)	-	(0.38)
TOTAL Acute Services	**67.53**	**79.21**	**32.98**	**33.06**	**(0.08)**
Set Aside Budgets	28.81	31.78	13.66	14.78	(1.12)
Set Aside Savings	(0.94)	(0.94)	(0.39)	-	(0.39)
TOTAL Set Aside budgets	**27.87**	**30.84**	**13.27**	**14.78**	**(1.51)**
IJB Delegated Functions	125.82	124.47	56.08	56.88	(0.80)
IJB – Savings	(4.33)	(3.91)	(1.63)	-	(1.63)
TOTAL IJB Delegated	**121.49**	**120.56**	**54.45**	**56.88**	**(2.43)**
Corporate Directorates	38.84	47.77	18.64	19.57	(0.93)
Corporate Directorates Savings	(0.05)	(0.54)	(0.23)	-	(0.23)
TOTAL Corporate Services	**38.79**	**47.23**	**18.41**	**19.57**	**(1.16)**
External Healthcare Providers	31.88	34.67	14.04	13.55	0.49
External Healthcare Savings	(0.13)	-	-	-	-
TOTAL External Healthcare	**31.75**	**34.67**	**14.04**	**13.55**	**0.49**
Board Wide					
Depreciation	5.06	5.06	2.11	2.11	-
Year-end Adjustments	-	(12.98)	(12.31)	(12.31)	-
Planned expenditure yet to be allocated	19.74	14.77	1.46	-	1.46
Financial Recurring Deficit (Balance)	(11.33)	(18.79)	(7.83)	-	(7.83)
Financial Non-Recurring Deficit (Balance)	-	(1.30)	(0.54)	-	(0.54)
Board Flexibility	-	2.00	0.83	-	0.83
Total Expenditure	**300.90**	**301.27**	**116.87**	**127.64**	**(10.77)**

4.2.2 **Acute Overall**. The position is £1.59m overspent, of which £0.77m relates to non-delivery of savings. Key drivers of operational cost pressures continue to be on-going use of premium rate nursing and medical agency (with offset against core vacancies); unfunded inpatients beds; and medicines expenditure. Budget reporting is categorised as 'Acute Services' covering health board retained functions including planned care and women & children's services, and 'Set Aside' representing unscheduled care functions under strategic direction of the Scottish Borders IJB.

4.2.3 **Acute services** (excluding Set Aside) are reporting a net overspend of £0.08m. This includes a £0.30m under spend on core operational budgets. The main driver for this over spend unmet savings which are being offset by continued underspend in pays, mainly related to vacant posts within Nursing & Midwifery.

4.2.4 **Set Aside.** The set aside budget is overall £1.51m overspent, of which £0.39m relates to non-delivery of savings. Pressures on unscheduled care which were seen in 2022/23 continue into 2023/24, linked to the continued use of unfunded beds, additional staffing within A&E and overspends linked to high cost Neurology drugs. As at August 2023 there were 22 unfunded beds open within BGH (including 7 MAU beds) and an average of 8-10 patients requiring overnight trolley stays within A&E.

4.2.5 **IJB Delegated.** Excluding non-delivery of savings the HSCP functions delegated to the IJB are reporting an over spend on core budgets of £0.80m. The main drivers for the overspend are Medical agency use (Mental Health locums), continued growth in GP Prescribing, further pressures in Mental Health prescribing and pressures relating to the Vaccination programme. This position is partly offset by on-going vacancies across all areas. An update of the issues surrounding the GP Prescribing data is noted below:

4.2.6 **GP Prescribing** - as at M05 the reported overspend is £0.91m. This position remains uncertain given disruption to normal reporting timescales for primary care prescribing. Current spend is based on estimates reflective of trends in expenditure to April 2023 and in volumes to May 2023. The issues related to GP prescribing data are described under Section 5 of this report ('Key Risks').

4.2.7 **Corporate Directorates** are reporting a net over spend of £0.93m on core budgets. This position is largely within Estates & Facilities, with key areas of financial pressure in relation to patient travel (supporting hospital discharge), utilities costs, and additional maintenance expenditure. Actions available to address these pressures are being considered through the Q2 review.

4.2.8 **External Healthcare Providers.** Excluding savings there is an underspend of £0.49m. Most areas are reporting underspends as at M05 with these underspends linked to reduced activity or historic averages. At present this is assumed to be non-recurrent and up to date activity has yet to receive in a number of areas. Scottish UNPACS is overspending due to increases in stem cell and cardiology patients treated within NHS Lothian earlier in the year.

4.3 **Financial Recovery Actions**

4.4 Following Quarter One review and subsequent discussions regarding current year financial performance, Scottish Government have requested that the Board identify actions to deliver in line with its financial plan (£22.5m). Opportunities to deliver this objective are being developed through the Board's Quarter Two review. Areas for management action are identified against three broad themes:

4.4.1 **Mitigation of cost pressures.** A full review of existing cost pressures is being undertaken with requirement for options to be considered in relation to how these can be managed either within budget, or to minimum level of expenditure required to provide safe service. This includes: surge bed capacity; vaccination programme; prescribing expenditure. A plan for reduction in unfunded ('surge') bed capacity was presented to the Resources & Performance Committee in September and is currently being implemented. Updates to other areas of cost pressure will be reported via Q2 review.

4.4.2 **Identification of additional savings schemes.** Routine FIP meetings have continued to consider options for additional savings and there has been an improvement of c.£0.7m against Q1 forecast through additional actions identified via business units and workstreams. Plans for additional savings workshops during August and September have been impacted by management and service capacity. This delay means that there is now unlikely to be significant progress towards the development of additional recurring savings schemes impacting during 2023/24 and it is expected that resources will remain focussed on securing delivery of existing plans. It is intended that workshops will be held during quarter three which will be primarily focussed on early identification of savings plans for 2024/25 and beyond.

4.4.3 **Enhanced grip & control activities.** Workshops held in August and September have identified a number of areas where there is some scope for immediate action to restrict expenditure on a short term basis during 2023/24; additionally, these workshops have informed a review of existing controls in place in relation to discretionary and other expenditure where there is opportunity to improve existing processes. As with other areas, there are significant capacity constraints upon implementation of actions and therefore these are being prioritised against areas of greatest opportunity. The expected benefit from these actions is likely to be relatively modest given the overall scope of expenditure under consideration, however target savings for these activities are set at c.£0.5m in 2023/24.

4.5 As part of the financial plan for 2023/24 it was identified that the Board would seek to deliver a minimum of £5.0m in recurring savings. Targets have been allocated to each business unit in respect of delivering a minimum of 2% in recurring savings on core expenditure budgets, with further savings to be achieved through Board wide programmes including Prescribing savings.

4.6 Table 4 below shows the recurring savings targets allocated to each area and the full year achievement of those targets

Table 4 – summary recurring savings achieved as at August 2023

	Recurring Savings Target £m	Recurring Savings Achieved £m	Balance of Savings not yet delivered £m
Acute Services	(1.05)	0.67	(0.38)
Set Aside	(1.08)	-	(1.08)
IJB Directed Services	(1.06)	0.42	(0.64)
Corporate Directorates	(0.85)	0.13	(0.73)
External Healthcare Providers	(0.35)	0.35	-
Board Wide	(2.18)	0.22	(1.96)
Total NHS Costs	**(6.58)**	**1.79**	**(4.79)**

4.7 As at August 2023 there has been £1.79m recurring savings transacted against budgets. The saving achieved to date are slightly below the current run rate of £0.42m *per month* required to meet the minimum £5m recurring savings outlined in the financial plan.

4.8 Current forecasts indicate a further £1.4m is expected to be delivered during the remainder of 2023/24 (full year forecast, £3.2m). This is slightly higher than Q1 forecast but remains below the level of savings expected within the financial plan (£5m).

4.9 Key risks to FIP programme remain consistent with those outlined in the recovery plan, notably the capacity of management to undertake financial savings activities, and dependency on effective clinical engagement; and constraints on analytical capacity. The FIP Board reviews its risk register on a quarterly basis and update will be provided at Q2 review.

4.10 The Board continues to receive 'tailored support' from Scottish Government, including weekly discussions between the Director of Finance and SG Finance Support Unit. Following the diagnostic review concluded in July the focus of this work has been on the actions identified within the report and the development of an updated Financial Recovery Plan for 2023/24 and beyond.

4.11 An update on progress will be presented to the Resources & Performance Committee in November as part of the Quarter Two review.

5 Key Risks

5.1 Financial sustainability remains a *very high* risk on the board's strategic risk register (Risk 3588). This risk has been updated to reflect the Board's medium term financial plan and financial recovery plan for the period 2023/24 to 2025/26.

5.2 As reported to the Resources & Performance committee in September, there is an emerging risk to the forecast presented by the lack of available data regarding primary care prescribing.

5.2.1 The contractor payment system used by NHS Scotland to produce payment schedules for pharmacies, dispensing doctors, and appliance suppliers on behalf of NHS Boards is being replaced over the summer of 2023. The system is the primary data source for the Primary Care PIS (Prescribing Information system) and PRISMS (the Prescribing Information System for Scotland).

5.2.2 As a result of difficulties encountered during the implementation phase there has been significant impact on the availability of information available to Health Boards in respect of both their Prescribing activity and costs over the period April to August. This position is largely in relation to workforce resources within NHS National Services Scotland, both to support the implementation of the system and to ensure continuity of data processing of prescription payments.

5.2.3 What this means is that no expenditure or unit cost information has been available nationally since April and no prescription volume information has been available since May. In order to inform the reported position each month since the information has been available assumptions have been made regarding continuation of historic trends extrapolated from previous performance.

5.2.4   In terms of unit cost, this has included reviewing average cost per month over the last year and last known and reported unit cost. Similarly, in relation to volumes of forms and items prescribed, average monthly volumes and profiled actual volumes for the same periods in 2022/23 and 2021/22 have been reviewed.

5.2.5   As a result, there is inherent risk that when PRISMS information is finally available, actual costs and volumes for the period May to August may be less or more than those assumed. This is of particular sensitivity due to the fact that in the 12 months immediately leading up to the replacement of the new system, on average, monthly activity had grown to be 5% higher than in previous financial years and unit costs were running at around 12% more than previously. Without access to information detailing the actual position currently, no assurance over whether this trend has continued, increased or indeed decreased can be provided.

5.2.6   The situation will continue to be reviewed and as soon as information becomes available, forecasts will be updated and included within the reported monthly position. It is currently estimated that this situation will be resolved over the next two to three months with improvement during that period.

5.2.7   Scottish Government are fully sighted on the issues and the potential impact on all Health Board forecasts. This situation remains under scrutiny of national Directors of Finance and it is anticipated that an audit of the issues leading to delays will be undertaken and reported to Health Boards prior to conclusion of 2023/24 Annual Accounts.

Author(s)

Samantha Harkness Senior Finance Manager Sam.harkness@borders.scot.nhs.uk	Paul McMenamin Business Partner, HSCP delegated functions Paul.mcmenamin@borders.scot.nhs.uk

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Clinical Governance Committee Minutes**
Responsible Executive/Non-Executive:	**Laura Jones, Director of Quality & Improvement**
Report Author:	**Iris Bishop, Board Secretary**

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

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

2.2   Background

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

2.3   Assessment

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

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An 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.

- Clinical Governance Committee 15 August 2023.
- Clinical Governance Committee 13 September 2023.

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 24.05.23
- Appendix No 2, Clinical Governance Committee minutes 15.08.23

Borders NHS Board
Clinical Governance Committee
Approved Minute

Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Wednesday 24 May 2023** at 10am via Microsoft Teams

Present
Mrs F Sandford, Non-Executive Director (Chair)
Ms S Lam, Non-Executive Director
Mrs K Hamilton, Chair

In Attendance
Miss D Laing, Clinical Governance & Quality (Minute)
Mrs L Jones, Director of Quality & Improvement
Mr R Roberts, Chief Executive
Dr L McCallum, Medical Director
Dr S Bhatti, Director of Public Health
Dr O Herlihy, Associate Medical Director CG&Q and Director of Medical Education
Mrs A Wilson, Director of Pharmacy
Mrs C Cochrane, Director of Psychological Services
Mr P Grieve, Associate Director of Nursing, Chief Nurse Primary & Community Services
Mr P Williams, Associate Director of Nursing, Allied Health Professionals
Mrs E Dickson, Associate Director of Nursing/Head of Midwifery
Mrs J Campbell, Lead Nurse for Patient Safety & Care Assurance
Mrs L Pringle, Risk Manager
Mr S Whiting, Infection Control Manager

1   Apologies & Announcements
Apologies were received from:

Mrs S Horan, Director of Nursing Midwifery and Allied Health Professionals
Dr A Cotton, Associate Medical Director, Mental Health Services
Dr J Bennison, Associate Medical Director, Acute Services
Mrs H Campbell, Non-Executive Director
Dr T Young, Associate Medical Director, Primary & Community Services
Mrs K Guthrie, Associate Director of Midwifery & GM for Women & Children's Services
Dr K Buchan, Non-Executive Director
Mr G Clinkscale,
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities

The Chair confirmed the meeting was quorate.

The Chair welcomed:
Mrs K Hamilton, Chair NHS Borders Board
Ms J Tannahill deputising for Mr P Lerpiniere (item 7.3)
Mr B Joshi deputising for Mr G Clinkscale (item 6.1)
Ms Miranda Thorpe, Infection Control Nurse (shadowing Mr Whiting)

Mr P Grieve, Associate Director of Nursing, Chief Nurse Primary & Community Services
to his first meeting.

The Chair announced that there had been a change to the running order of the agenda to allow for proper scrutiny and discussion of the assurance items presented to the Committee.

2   Declarations of Interest

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

The **CLINICAL GOVERNANCE COMMITTEE** noted no new declarations had been made and previous declarations stood.

3 Minute of Previous Meeting

The minute of the previous meeting of the Clinical Governance Committee held on Wednesday 22 March 2023 was approved.

4 Matters Arising/Action Tracker

There were no Matters Arising from the previous meeting. The action tracker was discussed and updated accordingly.

5   Patient Safety

5.1   Infection Control Report

Mr Whiting attended to provide a brief overview of the content of the report. He updated the Committee on overdue actions relating to gap analysis performed last year against Queen Elizabeth University Hospital report. Unfortunately, the team had struggled to close the gaps due to capacity issues, these will be transferred to the new workplan. Mr Whiting reported funding has been allocated to increase the team capacity, following Infection Prevention & Control service review.

Surgical Site Infection (SSI) surveillance was paused during Covid, anecdotally it has appeared that SSI rates had increased, a meeting has been arranged to look at data and make a decision about re-starting SSI surveillance.

Further round of Hand Hygiene audits had been undertaken by the product supplier, Mr Whiting is awaiting the full feedback, early indication shows improvements had not been achieved as expected, work is ongoing to embed ownership at ward level. Compliance checks and Back to Basics training had taken place. Mr Whiting commented that Ward 12 results were poor, the team had recently undergone significant changes and work is underway to devise an action plan to improve processes and support Ward 12 staff.

Ms Lam sought clarity on what training numbers should look like, Mr Whiting commented data was being compared with feedback from hand hygiene audits which should provide better clarity on training figures and compliance by staff groups.

The Chair noted it was disappointing improvement had not been seen, Mr Whiting gave an overview of the challenges on changing culture, ownership and improved support to Wards, it is hoped the new approach will lead to improvement.

Dr Bhatti enquired about hand hygiene compliance with Medical Staff, Mr Whiting confirmed that they will be doing a focus session at the grand round.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report, there is concern relating to hand hygiene but they recognise work is ongoing to address this. Therefore, they can only be partially assured by the contents of the report.

5.2 Quarterly HSMR

Mrs Jones commented that mortality rates and crude mortality follow the National trend and sit within normal limits. There have been no spikes relating to Covid deaths which is also in line with what is being seen Nationally. Increased profile of deaths in hospital continues however, deaths overall have not increased this is thought to be due to delays being experienced across the health and social care system. These trends continue to be monitored with focus on balancing the bed base across the system. Dr McCallum gave a brief overview of proposed structured review to look at increasing capacity for end of life care in the community allowing patients to get home rather than being stuck in a hospital setting this will align with value based realistic medicine model. It is hoped this work will start towards end of this year and into next year.

Dr Bhatti commented that it was important to understand more about unexpected deaths and if there were trends identified in particular relating to health inequalities. Mrs Jones informed the Committee discussions between her team and Public Health were ongoing relating to this topic and any trends will be reported in the Mortality Review later this year.

Mrs J Campbell commented that she will discuss Excellence in Care measures relating to preferred place of death with Mr Grieve, data will be gathered by Community Nursing teams and reported back through Primary & Community services report.

ACTION: Mrs J Campbell will discuss excellence in care measures with Mr Grieve and Community Nurses with a view to gathering data on preferred place of death.

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

5.3 Very High Operational Risk

Mrs Pringle provided a brief overview of the content of the report, she updated the Committee on very high risks added to the risk registered since the last report. Four of the 13 have been escalated to BET and nine are being tolerated and monitored by the Operational Planning Group who have given assurance that they are being managed appropriately and proportionately. Work is ongoing to increase compliance with KPIs.

Mr Williams gave the committee an overview of Paediatric OT risks and other AHP services, following a question from Ms Lam, he commented that clinical impact relating to risk is reported to the Access Board locally and governance is being maintained.

Mrs Jones commented noted there had been significant improvement towards a positive risk culture in the organisation since last year with thanks to Mrs Pringle's team, Mrs Dickson and Mrs J Campbell.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and welcome the positive progress being made and the way risks are being managed but they are unassured in relation to high risks being carried by organisation.

5.4 Regional Health Protection Service Report

Dr Bhatti provided a brief overview of the content of the report. He commented NHS Borders have a mutual arrangement with NHS Lothian to support each other during periods of significant capacity issues, the report captures the huge amount of effort that has gone into providing resilience and cover whilst managing outbreaks.

NHS Borders have been working industriously with its partners and it is anticipated that the East Regional Health Protection Service will be fully up and running in June, the service will include NHS Fife, NHS Lothian, NHS Forth Valley and NHS Borders. It is hoped that as NHS Borders is now part of the Regional service that high risks noted on the risk register will be managed at that level. Following a question from Ms Lam relating to financial implications, Dr Bhatti commented that initial discussions had taken place and that Mr Bone was leading on the financial aspects of the group, it is hoped that expenditure will be equitable and proportionate but further clarity is required.

ACTION: Dr Bhatti will update the committee on progress and financial aspects at a future meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by the contents recognising that things are moving in the right direction.

6 Assurance

6.1 Stroke Services Annual Update

Mr Joshi commented that there had been a significant deterioration in performance against National Standards with surges and high levels of acuity across the hospital having an impact on capacity and access to the stroke unit. Recruitment to the vacant nurse specialist post had been unsuccessful, this prompted discussions on how this post should look going forward with different options being explored.

A comprehensive annual stroke audit measuring against criteria points had been undertaken this will be presented to the National Team tomorrow. Initial data shows the service falls below required standards but these results will inform the development of short, medium and long term actions to improve consistent performance across stroke services with a refocus on access to stroke unit. There has been significant management investment into the service to address shortcomings. Mr Joshi gave an overview of some of the measures being explored. The longer term ambition is to develop a local managed clinical network to help the service return to the level previously noted Nationally in which NHS Borders led in stroke services.

Access the stroke unit and downstream flow remain poor and AHP support for stroke patients is stretched due to demand and capacity throughout the organisation. Discussion took place relating to the impact delayed discharges, capacity for rehabilitation, provision of psychological support and ability to place patients in the right environment was having on stroke patients. Dr McCallum commented that she would like to see more realistic/values based principles applied within stroke services.

The Committee recognised that this a very complex issue and an area of significant concern. However, performance against initial stroke diagnosis was above the Scottish average and patients were still receiving good care but not always in stroke unit environment.

ACTION: Mr Joshi to send audit to Miss Laing for sharing with members. Update on progress of action plan and improvements to come to future meeting.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is not assured by the contents, in particular with the lack of progress towards accessing the stroke unit and also the impact of access to beds across the health and social care system. The Committee recognise that there is work underway to address issues highlighted.

6.2 Value Based/Realistic Medicine update

Dr Herlihy reported that recurring funding has continued this year based on the flash reports which had been produced over the last year. This has come with a more specific action plan to progress which will come with challenges. The Network have asked for more specifics on shared decision making and how this is evaluated and modernising patient pathways.

Communication with the public has been slow locally and nationally focus both from primary and secondary care will be required. Then teams have been asked to look at ongoing service evaluations from a realistic/ value based perspective, it has been recognised this is a huge cultural change and it will take time to embed.

Discussion followed relating the importance of the shift to realistic/value based medicine for the organisation and patients, initial reactions had been very positive but further work on communicating to patients and families and recording discussions in notes is ongoing.

Mr Williams cited there is discomfort around the level of risk being felt by individual clinicians in the context of pressures across the system, the introduction of values based medicine could remove that feeling of individual responsibility. The Chair commented that discussion on risk had taken place at the Area Clinical Forum and they were keen to escalate that to the Board.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents and welcome expansion of Value Based Medicine

7   Effectiveness

7.1 Clinical Board Update Acute Services

Mrs Dickson provided a brief overview of the report. Pressures and delays across the system continue, with surge beds in use across the board. Elective activity is continuing, sickness absence has reduced and nursing staffing capacity continued to improve with Medical staffing remaining an issue. Mrs Dickson assured the Committee that work is underway to address the Medical staffing concerns.

Discussion took place around ensuring the right capacity to meet demands is available all year round and not just during winter months. Mr Roberts informed the Committee that these discussions are taking place at BET, where they have agreed that there is more work to be done particularly around bed capacity being best utilised within financial constraints both in the BGH and Community Hospitals.

Walk rounds have recommenced which have enable teams to look more closely at risks and complaints at Ward level giving a more comprehensive real time view to better inform an action plans.

Healthcare Improvement Scotland: Unannounced Acute Hospital Safe Delivery of Care Inspection Action Plan

Mrs Dickson commented most actions are complete and processes in place. Walk rounds will continue to evolve. Meetings to discuss outstanding action relating to the fabric of the building continue, work to address this issue is challenging due to the requirement to perform a complete decant in the worst affected areas, capacity difficulties mean this will not be possible at present.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report recognising the challenges in full completion of the actions. They are partially assured by the contents

Mrs Jones updated the committee on a further two inspections which had taken place since the Committee last met:

IR(ME)R – Inspection in relation to radiology and nuclear medicine, full report is due at end of June and will be brought to the Committee once it has gone through the appropriate channels. Initial informal feedback was very positive, the inspectors commented there were no major actions to report and they found the team to be very open and transparent noting they saw a good culture in the department with very clear and robust governance systems and processes.

MRHA – Inspection focussed on blood safety systems in the laboratory. The full report will be brought to the Committee for information once finalised. Findings were noted and an action plan will be forthcoming. Three issues were identified relating team capacity, managing deviations and change control processes with labs.

The **CLINICAL GOVERNANCE COMMITTEE** look forward to full reports and action plan updates at a later date.

7.2   Clinical Board Update Mental Health & Psychological Services

Dr Cochrane noted pressures are still being felt in the system due to delayed discharges in the older adult wards, predominantly due to lack of availability of homecare and care home beds. A project is underway to address blockages in the system with positive results being seen so far. There had been further Consultant resignations causing a knock on effect on service provision, this is being addressed with weekly huddles to inform contingency planning. The move to Millar House is ongoing with three residents now in situ freeing up spaces elsewhere in the system.

Dr Cochrane gave an update on Psychological Services, commenting that there had been a sustained increase in demand but service is working hard to reduce longest waits. Workforce set up and shortages causing difficulties in performing role efficiently had been cited, recruitment to fill vacancies is ongoing. Discussion took place in relation to resignations and difficulties in staff retention, Mrs Jones commented that this is a trend being seen Nationally, different models of staffing structures will be explored and discussed at a National level. Contingency plans are in place to cope with upcoming proposed Junior Doctor's strike but at this stage it looks like this may be averted.

Dr Cochrane commented that there had been some good positive collaborative work on mapping of trauma training and service delivery, also working alongside occupational health on a staff support pathway for those who have experienced traumatic events

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is concerned about the Consultant resignations but recognise the ongoing work towards solution. They are partially assured by the report.

7.3 Clinical Board Update Learning Disabilities Services

Ms Tannahill provided a brief overview of the content of the report. She reported that the team will be undertaking a demand and capacity piece of work due to start in the next couple of months the results will be feedback to the Committee as appropriate. The service is working towards providing annual health checks in the community to help

identify patient needs and focus on preventing chronic illness, this initiative is being supported by investment from the Scottish Government. Work is ongoing to see how the checks will be performed and by who and is hoped health inequalities which are being felt at present for people with Learning Disabilities will be addressed. The Committee acknowledged that this piece of work came with challenges, largely due to the complexity of needs within this cohort of patients but also could have a financial implication relating to fees for the GP practices to support the health checks.

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

7.4 Clinical Board Update Primary & Community Services

Mr Grieve provided a brief overview of Primary & Community Services report commenting that he will be reviewing the content and how it is presented to the committee. Mr Grieve has just taken up post and getting to know all the aspects of his role and what detail will be required.

Mr Grieve noted that there had been an increase in patients being able to access Home First service in correlation with an increase in capacity. Risks are still being noted relating to the children's therapy and hydrotherapy access. Challenges remain with recruitment and retention across the workforce. Mr Grieve will provide more detail around impact ANPs are having in his next report.

They continue to meet weekly with the Scottish Government relating to ongoing improvements and support in care homes, Mr Grieve noted that there had been a spike in adult protection referrals particularly around pressure care, investigations are ongoing. Review of workforce, agency and bank spend in community hospitals is also ongoing along with a new review on Community hospital modality. Training programme touching on delayed discharges and whole system approach is taking place with Community Staff.

Areas of concern remain incidence of pressure care and Mr Grieve is working with Clinical Governance to look at the data and translate that into actions and improvements. He is also working with Mr Williams looking at increase in falls which had been reported previously.

Ms Lam asked if there could be more detail on dentistry in the P&CS report with possibly an annual update as with other areas such as AHP and Psychology, Mrs Jones agreed and she will work with Miss Laing on finding a suitable slot on the workplan, Mr grieve commented it would be more appropriate that the Director of Dentistry should be invited to provide a report for the Committee. Discussion followed relating to the risks associated with dentistry and the difficulties relating to NHS contracts. Dr McCallum noted that this was a national issue which was being taken to BET and further discussion will take place on how the risks and inequalities are highlighted to the Board.

Mrs Jones gave the Committee an update on the recent Children at risk of harm inspection, recognising that this report didn't sit with any particular board but was closely aligned with P&CS. She commented that overall the report was fairly positive with good practice highlighted in particular with collaborative work supporting families and responses to risks and concerns. The summary report will be circulated to the members and a more detailed report with improvements and action plan will be included on the July agenda.

ACTION: Dental resilience to be added to the Primary & Community Services report.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by the contents recognising the huge amount of work being undertaken to make improvements.

8	Person Centred

8.1 Patient Experience Report including SPSP position

Mrs Jones provided a brief overview of the content of the report. She noted that there continues to be an increase in complaints as with rest of Scotland. This has placed a significant strain on our small patient experience team and the frontline teams to respond to the increased demand. The team are managing expectations from the start and capacity in the team has been increased. Targets are improving but it is perceived that achieving the working day targets will take longer than expected.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by the contents. They would like to see complaints being responded to in a timelier manner but acknowledge the difficulties faced by a small patient experience team and frontline staff alike.

9	Items for Noting

Items presented to the Committee were noted.

10	Any Other Business

The Chair commented that following some issues highlighted at Area Clinical Forum (ACF) meeting she would like to discuss a plan on how to bring any issues highlighted to the Clinical Governance Committee.

work with Mrs Jones, Mrs Hamilton (HB Chair) and Dr McCallum on how these issues can be brought to this Committee.

ACTION: Meeting with Mrs Sandford, Mrs Hamilton and Dr McCallum to discuss escalation of ACF issues to the Committee

11	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 12 July 2022** at **10am** via Teams Call.

The meeting concluded at 12:15

Borders NHS Board
Clinical Governance Committee
Draft Minute

Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Tuesday 15 August** at 12pm via Microsoft Teams

Present

Mrs F Sandford, Non-Executive Director (Chair)
Ms S Lam, 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
Dr L McCallum, Medical Director
Dr S Bhatti, Director of Public Health
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 and Allied Health Professionals
Mr P Grieve, Associate Director of Nursing, Chief Nurse Primary & Community Services
Mrs K Guthrie, Associate Director of Midwifery & GM for Women & Children's Services
Mr S Whiting, Infection Control Manager
Ms R Roberts, PA to Director of Quality & Improvement

1 Apologies and Announcements
Apologies were received from:
Mr R Roberts, Chief Executive
Mrs H Campbell, Non-Executive Director
Mr G Clinkscale,
Dr J Bennison, Associate Medical Director, Acute Services
Dr A Cotton, Associate Medical Director, Mental Health Services
Dr C Cochrane, Director of Psychological Services
Mr P Williams, Associate Director of Nursing, Allied Health Professionals
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities
Mrs E Dickson, Associate Director of Nursing/Head of Midwifery
Mrs J Campbell,
Mrs L Pringle, Risk Manager

The Chair welcomed:
Mr K Lakie, deputising for Mrs E Dickson items 7.2 & 6.3
Mrs L Wilson, item 6.4
Ms N Mallin, shadowing Mr S Whiting
Mr P Old, Deputising for Mr P Lerpiniere item 7.4
Ms L Blackwood, shadowing Mr P Old
Ms V Hamilton, deputising for Mr P Williams
Mrs A McElrath, item 7.1 (b)

The Chair confirmed the meeting was quorate.

2 Declarations of Interest

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

The **CLINICAL GOVERNANCE COMMITTEE** noted no new declarations had been made and previous declarations stood.

3 Minute of Previous Meeting

The minute of the previous meeting of the Clinical Governance Committee held on Wednesday 24 May had been approved prior to the meeting.

4 Matters Arising/Action Tracker

There were no Matters Arising from the previous meeting. The action tracker was discussed and updated accordingly.

5 Patient Safety

5.1 Infection Control Report

Mr Whiting attended to talk to the infection control report, he gave a brief update since paper was written. There have been no further surgical site infections (SSI) in either May or June, effectively reducing the rate for hips to 1.97% and knees to 2.37%, task and finish group will address any further actions. Plan to look at other surgical sites have been put on pause until dialogue has taken place with Clinical Directors to agree processes and help with ownership of any SSI issues.

Next round of hand hygiene audits are due to take place and updates will be provided at next Committee meeting. Other infection control audits in DME and ED have yielded significant improvement in both areas.

Dr Bhatti prompted a discussion regarding a more balanced overview of infection control both in the community and hospital settings in future reporting. Mr Grieve has been working closely with Mr Whiting to look at community settings and care homes to see how this can be achieved as community reporting is challenging. They agreed to explore this further.

The Chair enquired about comparators for SSI data as the programmed had been paused during pandemic, Mr Whiting noted that rates are sitting slightly higher than in 2019 for hip arthroplasty but he did not have other comparative data as this had not been collected previously.

The Chair welcomed the data and commented that the Committee would be happy to have updates in his reports from time to time.

ACTION: Mr Grieve and Mr Whiting will discuss gathering more meaningful community data.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured with the report. They are pleased to see improvements and happy with processes but recognise there are still areas to keep an eye on.

5.2 Adverse Event Overview

Mrs Jones provided a brief overview of the content of the report. She noted to unusual themes or trends and rate of adverse events has remained stable and within normal limit. Previous shifts and spikes have been looked at in detail and it appeared this pertained to

pressure damage across the system addressing this remains a key focus. Significant adverse events have returned to a more stable level.

Ms Lam asked about progress against the falls strategy, Mrs Jones noted that Mr Williams who leads on falls had made some headway and a full report will be forthcoming when next scheduled on the workplan.

Dr Bhatti commented that he would like to see more data and reporting from the community and primary care settings to give an overall picture across the system. Mrs Jones noted that adverse events are reported in community, mental health and acute settings but the GP practices in primary care are under no obligation to share any data as they are independent practitioners. Dr Young commented that there have been discussions on how flow of information can be improved.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents and would welcome improvement in flow of data throughout the organisation.

6 Assurance

6.1 Pharmacy Annual Report

Mrs Wilson attended to take any question on the report. She also asked the committee if there were any particular points on how the report comes to the committee as she will be handing on the reporting to her successor.

The chair enquired if there was any direct correlation with anticoagulation errors and access issues with the stroke pathway or access to the stroke unit. Mrs Wilson commented that these medications were high risk medications and there did not appear to be any connection.

Ms Lam prompted discussion regarding missed doses and how these are reported. Mrs Wilson explained how pharmacy is reported through Area Drugs and Therapeutics Committee but would be happy to provide an oversight into investigations and outcomes. There is a correlation with the new students coming in and increases in errors and that is being addressed, pharmacy support workers and technicians are being assigned to wards to support them.

Discussion followed regarding HEPMA as students are now relying on this system in other areas so going back to not using electronic prescribing is causing a training issue in using paper Kardexes. Implementation of HEPMA would be a step forward in addressing errors and there is some concern that this is not being progressed in Borders. The Committee felt that is was important to escalate this to the Board as there is no financial commitment to HEPMA in the next financial year. Discussion also took place about polypharmacy and the importance of getting this right so harm is not being caused, particularly in the elderly frail patient.

Mrs Jones commented that there was not an obvious increase in errors compared to last year. This would need to be explored before escalating to the board and she is happy to take this discussion out with the meeting.

Mrs Wilson did note her concern around other boards rolling out HEMPA and NHS Borders being left behind which could cause an issue going forward.

ACTION: Mrs Jones will pick up with Mrs Wilson escalating electronic prescribing to board.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents, noting their concern around lack of electronic prescribing.

6.2 Joint Inspection – children at risk of harm & action tracker

Sarah gave an update on the report – she commented on the strengths and weaknesses noted in the report. She thanked all the teams involved as the report had come directly after the adult inspection. The action plan shows the reporting and assurance structures quite clearly and she was happy to take any questions either at this meeting our out with.

There were no questions and the **CLINICAL GOVERNANCE COMMITTEE** noted the report

6.3 MHRA Inspection Report

As there was no one from laboratory services to talk to the report Mr Lakie gave a brief overview and noted that from the recommendation and conclusions from the inspection that the site operates in compliance with the required standards. There were some actions from the report and these will be address and an updated action plan in the acute service report will be brought to a future meeting for noting.

ACTION: Mrs Dickson will be asked for updated action plan in future acute report

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured that there is an action plan in place.

6.4 IR(ME)R – Inspection Report

Mrs Wilson attended to take question in relation to the annual IR(ME)R report. There was focus on nuclear medicine and their safety processes. The report was extremely positive and the inspectors were happy that there were robust approaches and processes in place. Mrs Wilson informed the committee that they have an SLA with Lothian in place which addresses the recommendation relating to provide expert advice that is otherwise not available in Borders, this is also noted as a national issue.

The Committee thanked Mrs Wilson on the very positive report and extended their thanks to the rest of the team. They recognise that there is a huge amount of flow through the department from the rest of the hospital and the team work away quietly behind the scenes.

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

7 Effectiveness

7.1 Clinical Board update – Primary and Community Services

Mr Grieve attended to update the Committee. He commented on work aligned to delayed discharges across the whole system. The Kaizen project is nearing completion and work is ongoing to sustain improvements, working relationships with acute and primary care services have been strengthened. Work is ongoing relating to the recommendation from Scottish Government and Community Hospitals and work in relation to ensuring safe administration of controlled drug registrants. Hospital at Home pilot has been extended. Mr Grieve also cites extensive vacancies across primary care and will keep the Committee updated.

He wanted to congratulate the Health Visiting Team on gaining silver accreditation from

UNICEF in relation to their baby friendly initiative, they recommended that they progress to gold. The Committee shared their congratulations.

Dr Young gave a brief overview of GP data and will ensure that this is included in the next report. It appears that his update didn't quite make it into this report and is happy to share should that be required.

Discussion took place regarding reporting arrangements for and clinical governance oversight of GPs and it was agreed that there was sufficient cross over between the Committee and Area Clinical Forum to ensure a more robust governance reporting structure.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is partially assured by some aspect of the report but recognise that there is still questions about sustainability /fragility. The also recognise that there is work to be done relating to assurance around independent contractors

Dental Resilience Report

Mrs McElrath was in attendance to talk to the paper. She commented that access to dentistry remains precarious and gave an overview of the differences between public and general dental services and the independent practitioners which come under a different umbrella. Changes in workforce and demographics have also added their challenges. Rigid NHS fee structures have crippled some of the independent contractors who provide NHS care.

Mrs McElrath states they have been working closely with the CDO office to ensure that there continue to be access to all despite the challenges. As NHS Borders have been designated as remote and rural they have access to Scottish Dental Access Initiative, a government grant which is there to help improve access. This has seen two new practices open in the last year riding access within the area will support new practises opening and payment reform is underway.

Educational support is important moving forward to support dental practitioners with the changes to enable entire teams to be on board. Pre pandemic an oral health needs assessment was performed and there were ten action points highlighted, this will be picked up again and actions will be explored further and addressed. Shared care will be explored, it is hoped that there will be a better link between primary and secondary care. Reporting will be through PACS given dental services a more formal governance route to the Board.

Discussion followed regarding the importance of good dental health to in overall health conditions and the general health of the population.

Ms Lam enquired about data and what is being measured to show the impact on health and any inequalities. Mrs McElrath commented that data is available through public health Scotland but this is mainly on what active treatment is being delivered through registration figures, there is also a national dental inspection programme which highlights the percentage of decayed, missing teeth or health teeth. Early indications showed health inequalities are worsening.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured by the contents recognising there are areas of concern but confident that measures are being taken to address these

7.2 Clinical Board Update Acute Services

Mr Lakie commented that the acute services remain under significant pressure from an

unscheduled care point of view with impacts being seen in emergency activity. Surge beds remain in use giving challenges in terms of flow causing delays and an inability to meet performance targets. Winter planning is underway and it is anticipated the system will remain under pressure and prove another challenging winter ahead, mitigations are being explored and these will be reported through the Committee. Stroke metrics are moving in the right direction and a focus on using the capacity available for stroke patients.

Treatment Time Guarantee position is stabilising and a slow progress to reducing waiting times in some specialties is being seen however some areas are still showing long waiting times. This is further complicated in by workforce issues in some specialties. Diagnostics and cancer services are in a better position and progress towards standards is being seen. Complaints remain high and a large proportion of these relate to waiting times.

Discussion followed regarding the improved staffing levels, particularly in nursing but concern was raised regarding sustaining improvements going forward. Concerns relating to the specialites seeing significant issues have been raised nationally. Ms Lam enquired about the improvements being seen following Kaizen work and if this was to be spread further. Mr Lakie commented that there were several initiatives to look at demand and capacity and flow through the system the Committee will be kept updated.

Mr Lakie gave a brief overview of the virtual ward stating that this appeared to be creating capacity and will again update the committee once more data had been gathered.

Ms Lam picked up on an increase in fractures being cited on fractures and if this was musculoskeletal due to poor compliance with moving and handling training but Mr Lakie assured the Committee that these were in fact fractures and were not work related although this will be investigated further and any issues will be brought to the Committee,

Dr Bhatti asked that the reporting could be broken down into gender and age ranges to give ensure that we are managing our equality duty and raise awareness of these dimensions.

Mrs Jones is happy to pick that point and look at how this could be achieved and if a deep dive is required this can be done. She highlighted the importance of addressing fundamental issues and escalating through the IJB and focus will continue on that to achieve the level of performance improvement that is required. There followed a lively discussion relating to the initiatives introduced and suggestions on how improvements can be sustained.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report, they are not assured by the contents and have particular concerns around delayed discharges and sustainability of any improvements.

7.3 Clinical Board update - Mental Health & Psychological Services

Mr Ward was unable to attend today's meeting to update the committee. Mrs Jones gave a brief update on pressures being seen in psychiatry medical workforce which has meant significant changes to ways of working particularly in the community teams across occupational therapy and CAMHS. Delayed discharges remain an issue, in particular patients waiting onward care. Plans have been presented to the Integrated Joint Board to commission additional care home capacity particularly for dementia patients.
Miller House which had been part of the coming home report, is up and running and showing positive impact on provision of appropriate accommodation for those returning from out of Borders placements. This model will be used to build on any future developments.

Psychological services will be bringing their annual report in September, however Mrs Jones did comment that despite increase in team's remit and workload they are making good

progress against the increased capacity demands. Mrs Jones will ask Dr Cochrane to include detail around any hold ups in waiting times to give the Committee a better oversight on pressures.

Discussion followed regarding the concerns on Consultant workforce issues, the Committee extended their thanks to Dr Cotton on the work she has done to look at solutions to address these issues.

The **CLINICAL GOVERNANCE COMMITTEE** noted the reports and although there are areas of concern they are assured work is ongoing to address concerns.

7.4 Clinical Board Update Learning Disabilities

Mr Old attended to present the Learning Disabilities updated. He noted National Divers set by the Scottish Government which determine the service's direction. Annual Health checks are mandated and a plan is in place for these. He commented that NHS Borders are ahead of other boards in Scotland in establishing this plan which will address health inequalities in this patient co-hort.

NHS Borders are also ahead of other boards following publication of the Coming Home Report, partly because we have clients who are placed out of area due to lack of suitable places in Borders and are already working towards bringing them home. Mr Old noted that transitioning from child to adult services has been challenging, particularly for those with more demanding complex needs. There is an overarching coming home programme in place and NHS Borders are working alongside an organisation who will assist in bringing complex needs clients home and keep them here. Work is ongoing with Eildon Housing to provide supported housing for those who have more complex physical needs.

It had been previously highlighted that the Risk Assessment tool was lacking, after looking at other boards a new slightly adapted tool which is used in Lanarkshire has been introduced.

Workforce demand and capacity assessment is underway as part of the Workforce planning review, which is particularly timeous with upcoming staff changes

Following a question from Ms Lam, discussion followed regarding the implications in terms of capacity in the Learning Disability Services and GP practices and the effects on capacity in the whole system due to extra time needed to support Learning Disability clients. Dr Young noted that there was work ongoing to look at access to services including dental, cancer services and screening, however noted that in his understanding we seem to be a bit better placed in supporting clients into these services than other Boards.

The **CLINICAL GOVERNANCE COMMITTEE** noted the report and is assured processes in place recognising there are still areas of concern.

8   Person Centred

8.1 Claims Annual Report

Mrs Jones updated the Committee on Claims received by NHS Borders, she noted that there were no themes or trends being seen. Broadly there were similar numbers of claims however the legal process is not particularly quick and some of the cases may have been reported in previous updates to the Committee.

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

9 Items for noting

The **CLINICAL GOVERNANCE COMMITTEE** noted the following minutes from other committees:

Public Health Governance Group (October 22)
Primary & Community Governance Board (March 23)

10 Any other business

There were no further items of competent business to record.

11 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 13 September 2023** at **10am** via Teams Call.

The meeting concluded at 14.11

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Quality and Clinical Governance Report - September 2023**
Responsible Executive/Non-Executive:	**Laura Jones, Director of Quality and Improvement**
Report Authors:	**Julie Campbell, Lead Nurse for Patient Safety and Care Assurance** **Susan Cowe, Quality Improvement Facilitator - Person Centred Care**

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 key aspects of clinical effectiveness, patient safety and person centred care within NHS Borders.

2.1.2   The Board is asked to:

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

2.2   Background

2.2.1   NHS Borders, along with other Boards in Scotland, continue to face extreme pressures on services. Demand for services, although improving remains intense and is exacerbated by significant staffing challenges, across the health and social care system.

2.3   Assessment

2.3.1   Clinical Effectiveness
The Board CGC met on the 15 August 2023 and 13 September 2023 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.

2.3.2   The annual paper on adverse events was considered by the CGC. There had been no themes or trends identified and the rate of adverse events remain within normal limits. Any spikes or shifts had been investigated fully. The Committee discussed the balance of data to ensure that all parts of the organisation are being fed into the report, including independent contractors. Clarity was given that adverse events are reported from all NHS Borders employed staff onto the adverse event management system. Independent contractors have their own systems to manage adverse events and at this time data is not shared in NHS Scotland relating to themes and trends in this area. There is a process for independent contractors to raise issues to the Primary and Community Service team about interface issues and a Clinical Interface Group exists to facilitate joint areas of work on themes raised from across the interface between parts of the system. The Committee were assured by the contents of report.

2.3.3   The annual report on pharmacy was presented to the CGC. The report highlighted that NHS Borders does not yet have electronic prescribing and this is a priority area which requires investment for implementation. The CGC would like to see progress towards implementation of HEPMA recognising the critical role this plays in safe medicines management. Medical Students are using electronic prescribing in other boards and there is concern that going back to paper prescribing whilst on placement may lead to an increase in errors. The CGC were assured by the Pharmacy report but wanted to see a clear plan for HEPMA implementation through the Board recognising the financial challenges this brings.

2.3.4   The CGC received a report on the Joint Inspection of Services for Children at Risk of Harm in the Scottish Borders which took place between 7 November 2022 and 19 April 2023. The inspectors found important strengths that had significant positive impacts on children and young people's experiences' and evaluated 'impact on children and young people' as good. There were three areas identified for improvement. This was felt to have been a positive inspection and the CGC were assured by the report and inspection outcomes.

2.3.5   The CGC noted the action plan resulting from the recent Medicines and Healthcare Regulatory Agency (MHRA) inspection of the blood bank led by laboratory services. The CGC will be appraised of progress against completion of agreed actions from

the inspection at future meetings in line with agreed timescales. The CGC were assured by the report.

2.3.6   Healthcare Improvement Scotland completed an Ionising Radiation (Medical Exposure) Regulations inspection focussing mainly on the nuclear medicine department. They found that there were robust processes in place and the inspection feedback was very positive. A recommendation relating to providing expert advice not available in borders is mitigated with an SLA in place with NHS Lothian. The Committee were assured by the report and congratulated the team on their continued vigilance and hard work.

2.3.7   The CGC received a report on Primary and Community Services. A detailed report on dental resilience was discussed and the Committee was assured by the work underway but recognised the significant work ahead to address access to NHS care and changes in dental practices fee structures. The team are working tirelessly alongside the Scottish government to achieve reform. Recruitment remains an issue across Primary and Community Services, a more detailed report relating to General Practice (GP) sustainability will be included in the next divisional report to the Committee. The Committee noted partial assurance with questions still remaining around the fragility of some areas of general practice and the continued pressure resulting from delays across community hospitals. The absence of data around general practice and independent contractors was discussed and while the committee recognise the independent contractors are not required to share data directly at present this is an area of critical importance to ensure the risks and quality issues within community services are fully understood. The primary and community services report also detailed the work underway within the NHS Borders Health Visiting team who have gained silver accreditation from UNICEF in relation to their baby friendly initiative, they hope now to work to gold status.

2.3.8   The CGC received a report on acute services. The service remains under pressure with a high level of delays effecting unscheduled and elective flow. Delayed discharges have increased which has placed additional pressure on access through the emergency department and to specialist beds within areas such as the stroke unit. This presents a significant patient safety risk in relation to receive timely care in the appropriate setting. Elective inpatient care is compromised due to the lack on bed availability, cancer patients continue be prioritised. A whole system surge plan has been developed with enhanced social care capacity with the aim of reducing delays this will be critical to delivering a safe service during the winter months where increased demand is expected. Good progress has been made on recruitment to nursing posts but there are still workforce challenges in some areas. Critical workforce pressures remain in dermatology and haematology. Mutual aid has been sought from across the country, but these services remain very fragile, and escalation has been made to the Scottish Government to seek further support in finding capacity in these areas. This presents a significant clinical risk and there are several actions in place to mitigate risk as far as possible. The Committee were not assured given the level of risk acute services continue to carry due to increased demand for beds, additional workforce requirements resulting from this and also the specific capacity problems in dermatology and haematology and were keen to ensure the Board continue to be sighted on these challenges and the need for a whole system and regional response.

2.3.9   The CGC considered a paper from Mental Health Services. Pressures within the Psychiatry workforce highlighted at previous Board meetings have increased. Several actions have been agreed to mitigate risk and prioritise areas of greatest clinical need. The Board Executive Team have supported a six week pause on routine activity to enable the Community Mental Health Team to reprioritise activity enabling the safe delivery of care. This short-term measure will not affect the response to urgent and emergency mental health provision. Shortages are being seen in this specialty across Scotland. The CGC recognised the steps being taken within mental health to balance clinical risk but due to this significant pressure were only able to confirm partial assurance in this area.

2.3.10 The CGC considered a detailed report on psychology services. There has been good progress against the waiting times target for psychological therapies. The CGC was assured by the report and planned service review to be carried out over the coming months which will review all areas of provision across the psychology service.

2.3.11 The CGC received a report from the Learning Disability (LD) Service. The risk assessment tool used had been identified as lacking and a tool used in Lanarkshire has been adapted for use in Borders. The Coming Home report has been published and NHS Borders are doing well on progress to repatriate clients with complex needs. Work continues to address the challenges with transitioning from child to adult services and also towards access to screening and dental services for all LD clients. The Committee were assured in the processes recognising there are still areas of concern but work is underway to address these.

2.3.12 Patient Safety

2.3.13 Invasive devices
Analysis is being carried out relating to urinary catheters to look at local surveillance data relating to Catheter Acquired Urinary Tract Infections (CAUTI) and where there is potential for local improvements. The Infection Prevention and Control Team (IPCT) are also reviewing national data to identify boards with a lower rate of infections to consider any learning that could be adopted within NHS Borders.

2.3.14 The IPCT have drafted a revised Peripheral Venous Catheter (PVC) insertion sticker and maintenance sheet which is currently being tested in one area with plans to test in two further clinical areas. The IV Therapy Group will have oversight of PVC improvement activity. The IPCT will work with the Patient Safety Team to review the PVC ward audit tool to bring this in line with documentation once finalised.

2.3.15 Maternity
The Maternity Dashboard has been enhanced to share data widely. Deep dives have been undertaken into Post-Partum Haemorrhage (PPH) rates and primary elective section rates in partnership with the medical and midwifery team. Data is being used to direct local improvement actions in these areas.

2.3.16 The maternity service is developing a Thistle Clinic to support birth choices. The team are currently finalising the standard operating procedure for the clinic and service user's leaflet.

2.3.17 Learning from adverse events has led to some improvements to the Maternity Early Warning Scoring (MEWS) system and the supporting standard operating procedure. There is also work underway to improve the use of Situation Background

Assessment Recommendation (SBAR) communication during the maternity journey to improve handover of safety critical information.

2.3.18   The Maternity Quality Improvement Facilitator Quality Improvement Facilitator (QIF) is part of the Scottish Patient Safety Programme (SPSP) maternity expert group, working in collaboration with the national team and other boards to develop a SPSP Maternal Driver Diagram on deterioration, stillbirth and caesarean sections which will inform local improvement work moving forward.

2.3.19   Leadership Walkrounds
The Associate Director of Nursing (ADoN) for Acute Service and Lead Nurse for Patient Safety and Care Assurance have been working to enhance the patient safety walkround system across acute areas. The focus of the walk rounds aligns to the Excellence in Care (EiC) Framework depicted below:

2.3.20   The EiC Framework follows quality management principles and connects culture, leadership and staff well-being with quality of care and learning from excellence and error. Through the Quality Management System approach walkrounds take a triangulated approach using intelligence from a number of different sources to understand the conditions in services, the current challenges and enables a targeted approach to improvement priorities agreed during walkrounds. Senior Charge Nurses, Clinical Nurse Managers and a member of the patient safety team are invited to participate in the walkrounds:

2.3.21   As part of the Quality planning preparation for walkrounds data is reviewed from ward quality dashboards provided routinely by the Clinical Effectiveness team. Data from the dashboards is also available in infographic form as detailed below:
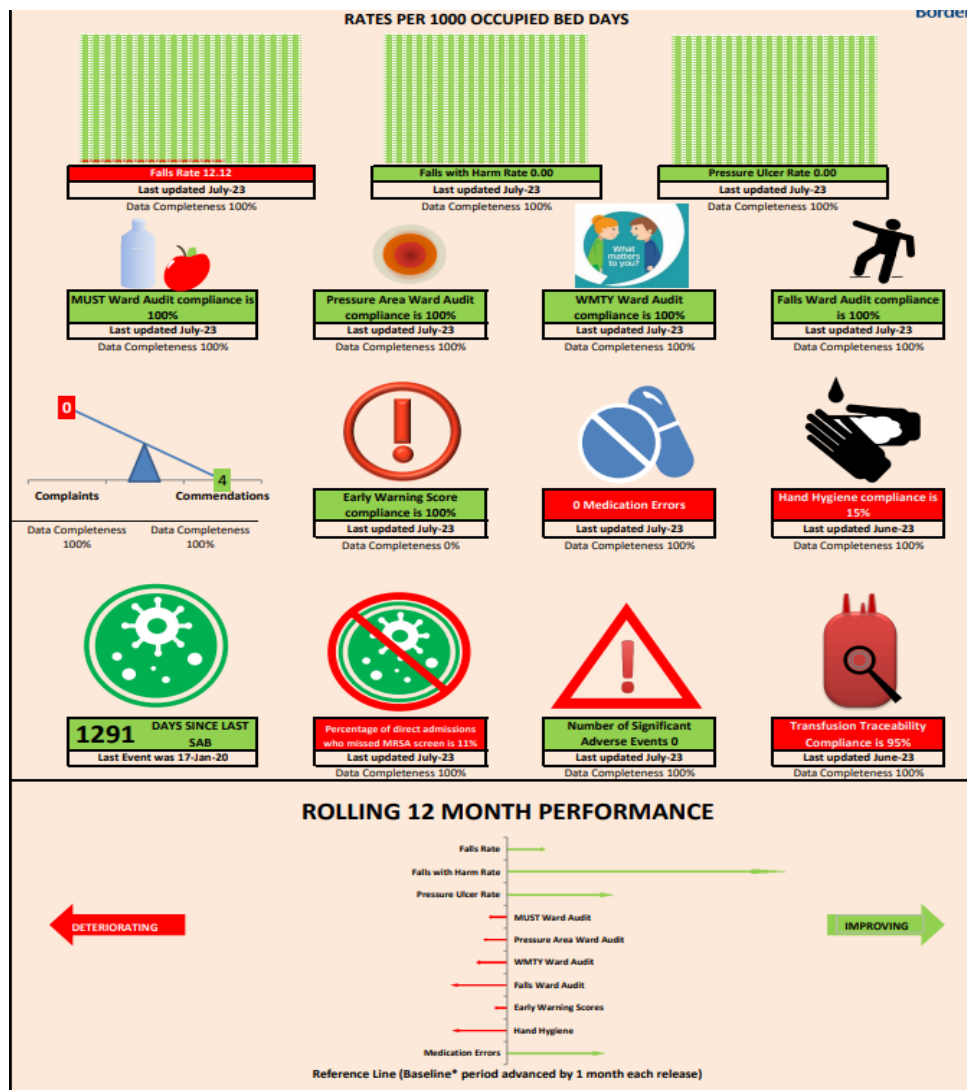
2.3.22 The benefit of sharing data in this form ensures that staff have a better understanding of any improvements or areas which require more scrutiny. The team are currently testing a Care Assurance proforma which was shared from NHS Grampian and can apply to all clinical areas and patient and staff feedback is integral to this approach. The ADoN and Lead Nurse for Patient Safety and Care Assurance are in discussion to ensure that continual improvement is made to our governance structures to bring the outputs from walkrounds into Clinical Management Team and Clinical Governance Groups.

2.3.23 Walkrounds are coordinated from the patient safety team to bring a consistent approach and rebuild momentum with teams and the aim is build back to a cycle of 8-12 weekly walkrounds in each area.

2.3.24 Leadership walkrounds are extending to Outpatients, Intensive Therapy Unit (ITU) and Dialysis and although the areas vary in patient group they have shown to be beneficial. The Clinical Nurse Manage and Quality Improvement Facilitator for Maternity Services are now working to design an approach suitable for maternity services. This approach will then extend into Mental Health and Community Teams to enhance the existing approach.

2.3.25 Falls

Hospital acquired deconditioning is a central focus of the falls workstream. This work has been limited by the significant workforce pressures resulting from additional surge beds required for patients delayed across the health and social care system. This is a critical area of work as delays remain high which is leading to deconditioning while patients wait in a hospital environment. Learning from colleagues in NHS Greater Glasgow and Clyde and NHS Highland is in progress to share intelligence, especially regarding how to measure outcomes and promote safer mobility.

2.3.26 Tissue Viability

The Patient Safety QIF together with the Mental Health and Learning Disabilities QIF are supporting a Tissue Viability Service Review to better understand the system and create the conditions to be able to provide a sustainable service. The Patient Safety QIF is currently reviewing pathways to support staff in their escalation for topic specialist support and are in collaboration with SPSP Pressure Ulcer Driver Diagram to aim to achieve a reduction in the number of avoidable developed pressure damage in NHS Borders.

2.3.27 Adverse Events

As part of our work to strengthen governance following a Significant Adverse Event Review (SAER) the Lead Nurse for Patient Safety and Care Assurance and the named Lead Reviewer for each SAER attend the most relevant Clinical Management Team (CMT) applicable to the event. This opportunity gives the Lead Reviewer the most appropriate audience to present their findings of the event. The agreed recommendations are then listed and discussed with the group. Following these discussions an action plan is developed and the most appropriate individual / group is appointed to oversee the delivery of actions.

2.3.28 Patient Experience

2.3.29 Care Opinion

For the period 1 April 2023 to 31 August 2023, 99 new stories were posted about NHS Borders on Care Opinion. Graph 4 shows the number of stories told in that period. As at 8 September 2023 these 99 stories were viewed 7,769 times:

When these stories were told
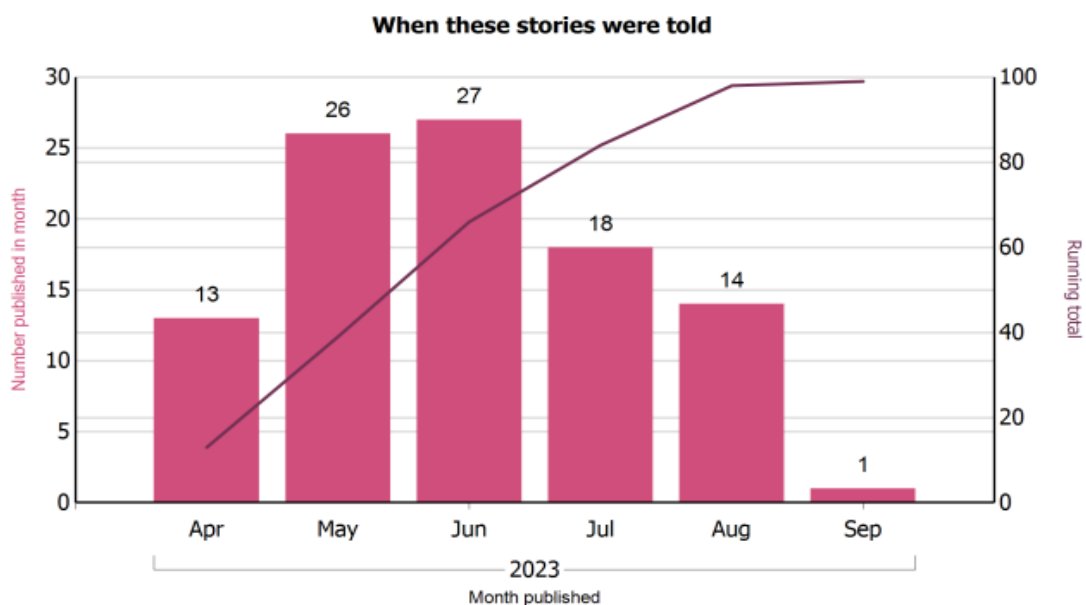
2.3.30   Graph 5 provides a description of the criticality of the 99 stories:

How moderators have rated the criticality of these stories
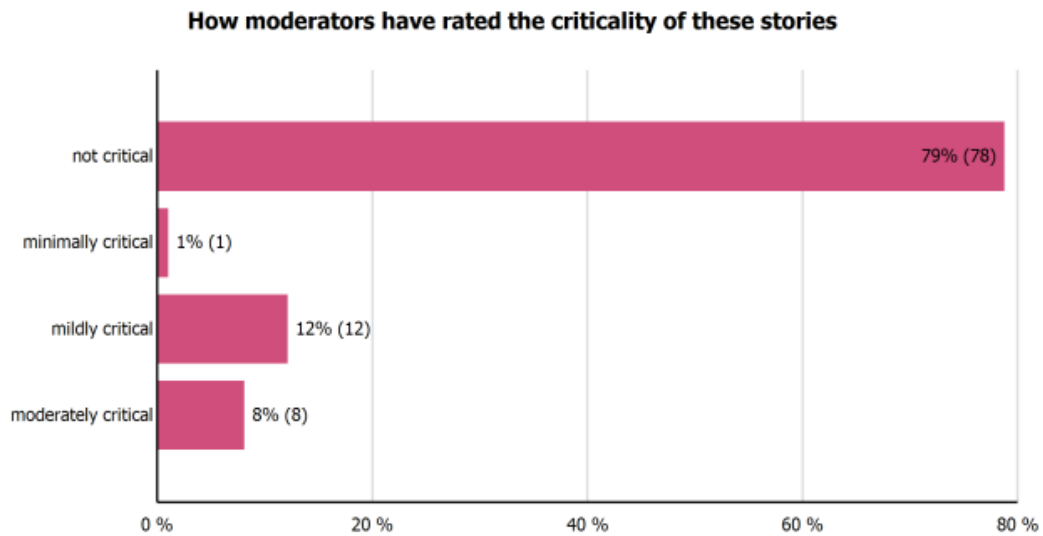
2.3.31   The word clouds below summarise 'what was good' and 'what could be improved' in Care Opinion posts for this period:
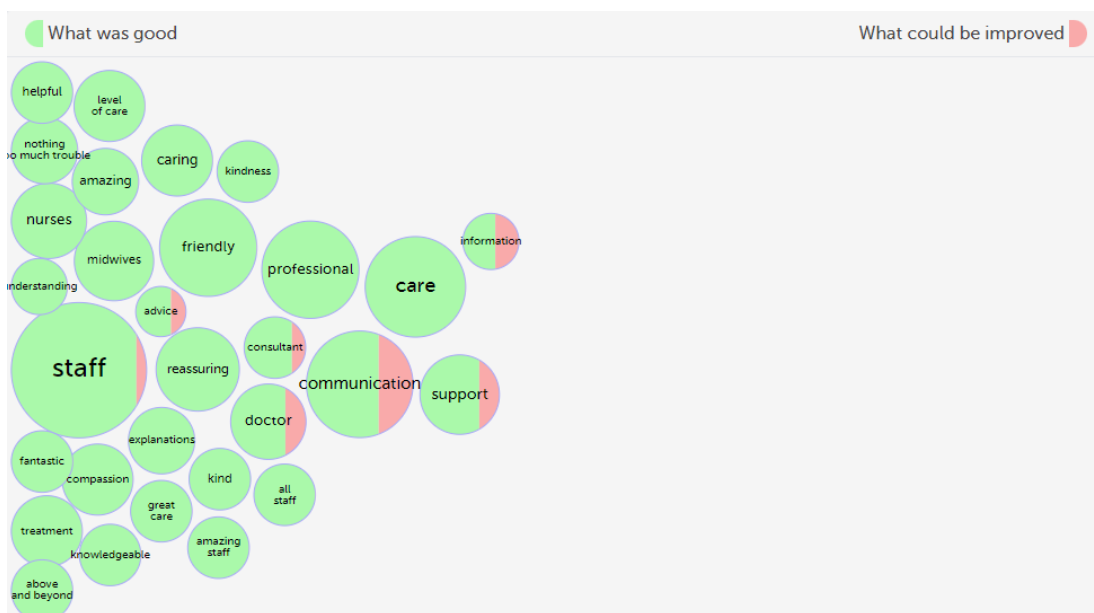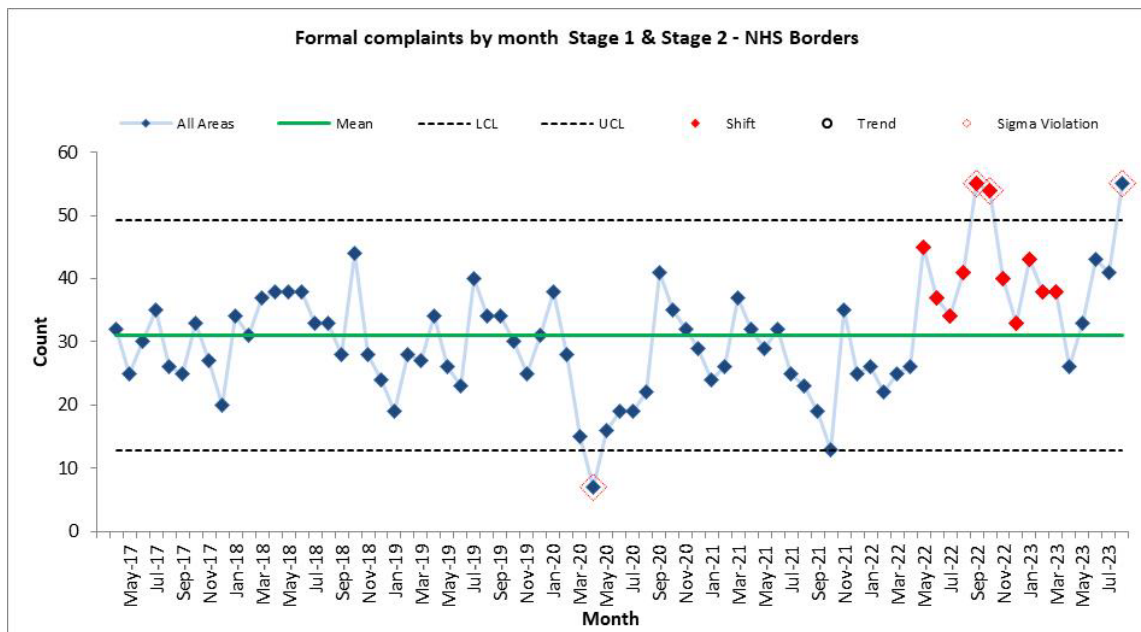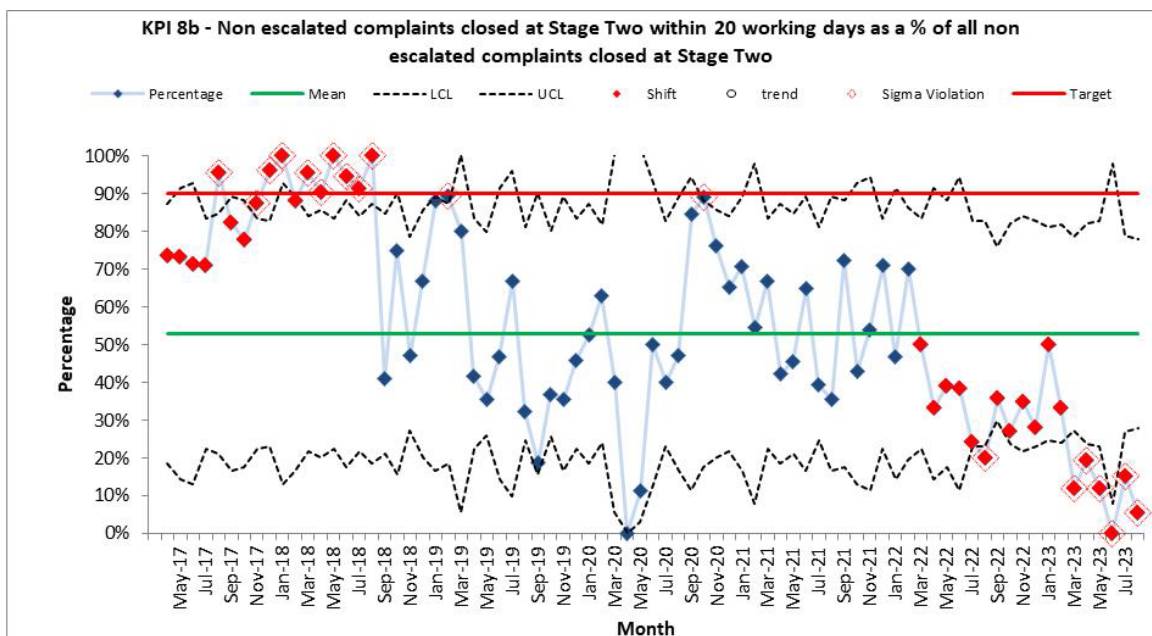

What was good?

What could be improved?

2.3.32 Graph 6 below gives the number of Stage 1 and Stage 2 complaints received by month. With the exception of April 2023, the number of complaints being received has been above average since May 2022, with peaks in August and September 2022 and August 2023:

Formal complaints by month Stage 1 & Stage 2 - NHS Borders

2.3.33 Graph 7 below shows the percentage of complaints responded to within 20 working days. The Patient Experience Team (PET) team being unable to sustainably deliver against the 20-working day target with an 18-month shift below the mean. Steps have been taken to address capacity to meet demand. Additional hours for complaints handling have been provided and following a recruitment process additional capacity is now in place with a final team member is joining the team from 2 October 2023. The team will work to reduce the overall waiting time. Pressures remain in frontline services and the PET will adapt the model of work as a result of the additional capacity to provide greater outreach into clinical teams. The risk of frontline team capacity is not fully mitigated and will be monitored over time:

KPI 8b - Non escalated complaints closed at Stage Two within 20 working days as a % of all non escalated complaints closed at Stage Two

2.3.34 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. The SPSO are experiencing the same demand

pressures at this time, resulting in extended periods for reviews by the SPSO. Graph 8 below shows complaint referrals to the SPSO up to 31 August 2023:
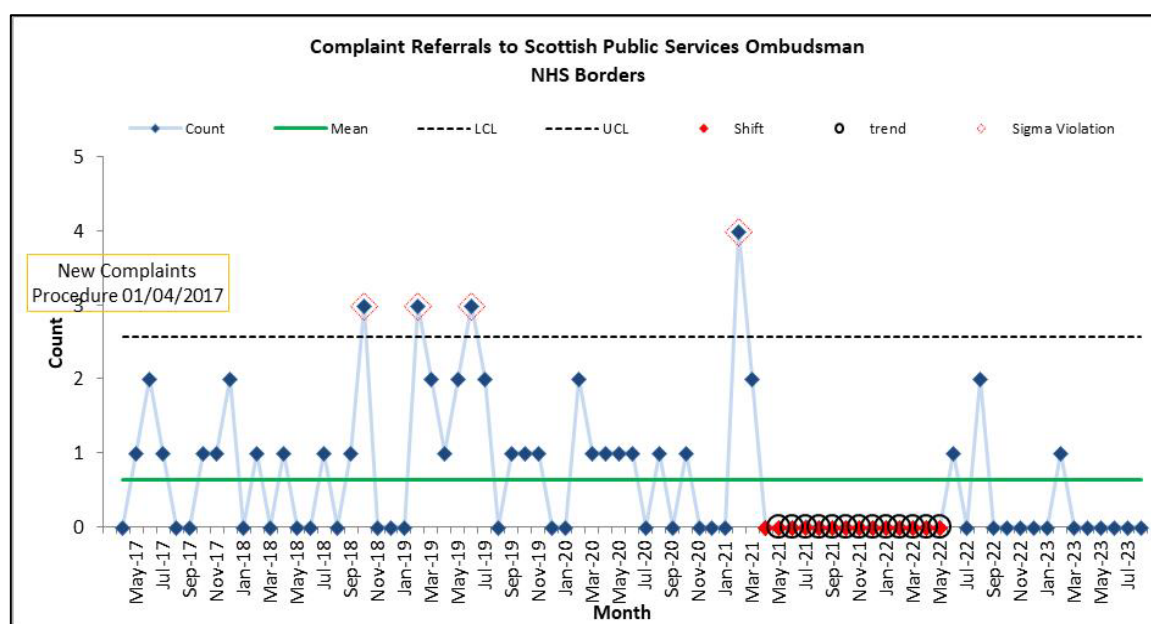
2.3.35 COVID Inquiries

The Scottish COVID-19 Inquiry held a preliminary health and social care hearing on 28 August 2023. Health and social care impact hearings will begin on 24 October 2023. The Scottish COVID-19 Inquiry has confirmed George House, 126 George Street, Edinburgh, as the venue for its health and social care impact hearings. Hearings will be live streamed on the Inquiry's YouTube channel.

2.3.36   Four Modules in the UK COVID-19 Inquiry have begun: Resilience and preparedness (Module 1), Core UK decision-making and political governance (Module 2), Impact of the COVID-19 pandemic on healthcare (Module 3) and Vaccines and therapeutics (Module 4). Both preliminary and public hearings continue to be held for other modules throughout 2023. Dates and times for these can be found on the UK Inquiry's website (https://covid19.public-inquiry.uk/)

2.3.37 Quality/ Patient Care

Following the impact of the COVID-19 pandemic services continue to recover 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.

2.3.38 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. Key workforce pressures have required the use of bank, agency and locum staff groups and further exploration of extended roles for the multi-disciplinary team. Mutual aid has also been explored for a few critical specialties where workforce constraints are beyond those manageable locally. There has been some progress locally in reducing gaps in the registered nursing workforce and positive levels of

international recruitment. There continues to be an outstanding response from staff in their effort to sustain and rebuild local services, but many staff continue to feel the strain of workforce challenges and this needs to remain an area of constant focus for the Board.

2.3.39 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.

2.3.40 Risk Assessment/Management

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

2.3.41 Equality and Diversity, including Health Inequalities

An equality impact assessment has not been undertaken for the purposes of this awareness report.

2.3.42 Climate Change

No additional points to note.

2.3.43 Other Impacts

No additional points to note.

2.3.44 Communication, Involvement, Engagement and Consultation

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

2.3.45 Route to the Meeting

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

2.4 Recommendation

The Board is asked to:
- note the report.

3 Glossary

Clinical Governance Committee - CGC
Medicines and Healthcare Products Regulation Agency - MHRA
General Practice - GP
Learning Disabilities - LD
Catheter Acquired Urinary Tract Infections - CAUTI
Peripheral Venous Catheter - PVC
Post-Partum Haemorrhage - PPH
Maternity Early Warning Score - MEWS
Situation Background Assessment Recommendation - SBAR
Quality Improvement Facilitator - QIF
Scottish Patient Safety Programme - SPSP

Associate Director of Nursing - ADON
Excellence in Care - EiC
Intensive Therapy Unit - ITU
Significant Adverse Event Review - SAER
Clinical Management Team - CMT
Patient Experience Team - PET
Scottish Public Services Ombudsman - SPSO

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Infection Prevention and Control Report – August 2023**
Responsible Executive/Non-Executive:	**Sarah Horan, Executive Director of Nursing, Midwifery and Allied Health Professionals**
Report Author:	**Natalie Mallin, HAI Surveillance Lead** **Sam Whiting, Infection Control Manager**

1   Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Government policy/directive

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

- Safe

2   Report summary

2.1   Situation

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

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 9 *Staphylococcus aureus* Bacteraemia (SAB) cases between April 2023 and July 2023, 4 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 2023/24 (using 2018/19 as the baseline) which equates to no more than 20 cases. We are currently on target to achieve this.

1.2   NHS Borders had a total of 6 *C. difficile* Infection (CDI) cases between April 2023 and July 2023, 5 of which 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 TOBDs by the end of 2023/24 (using 2018/19 as the baseline) which equates to no more than 12 cases. We are not currently on target to achieve this.

1.3   NHS Borders had a total of 40 *E. coli* Bacteraemia (ECB) cases between April 2023 and July 2023, 22 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 2023/24 (using 2018/19 as the baseline) which equates to no more than 32 cases. We are not currently on target to achieve this.

2.0 *Staphylococcus aureus* Bacteraemia (SAB)
See Appendix A for definition.

2.1 Between April and July 2023, there have been 9 cases of Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and no 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.
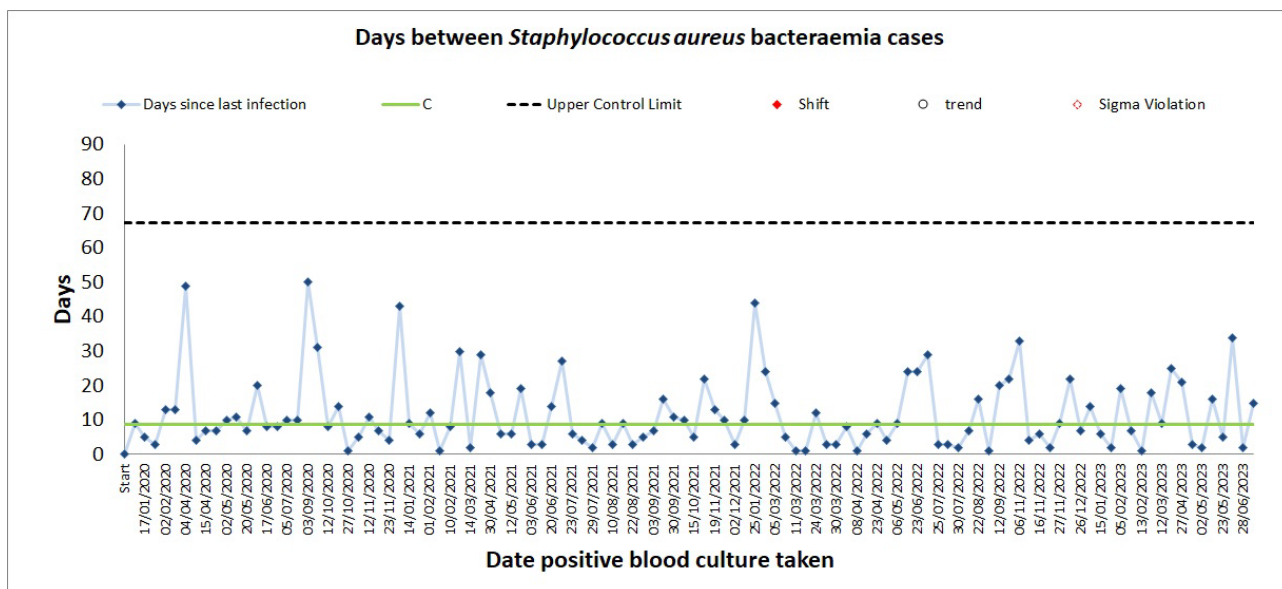
Figure 1: NHS Borders 'days between' SAB cases (January 2019– July 2023)

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

2.5 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 2 below shows the most recently published data as a funnel plot of <u>healthcare associated</u> SAB cases as rates per 100,000 Total Occupied Bed Days (TOBDs) for all NHS boards in Scotland in Quarter 1 2023 (Jan 2023 – Mar 2023).

2.6 During this period, NHS Borders (BR) had a rate of 12.5 which was below the Scottish average rate of 19.1.
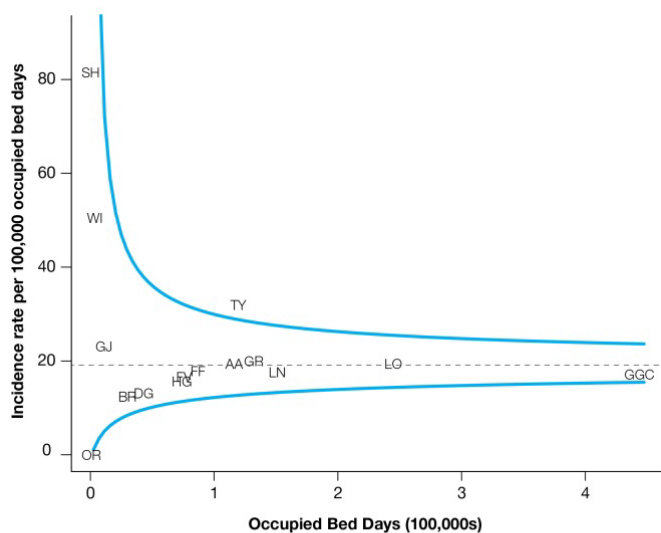
Key to NHS Boards

AA = Ayrshire & Arran
BR = Borders
DG = Dumfries & Galloway
FV = Forth Valley
FF = Fife
GR = Grampian
GGC = Greater Glasgow & Clyde
HG = Highland
LN = Lanarkshire
LO = Lothian
NWTC = National Waiting Times Centre
OR = Orkney
SH = Shetland
TY = Tayside
WI = Western Isles

1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.
2. NHS Fife, NHS Forth Valley, and NHS Highland overlap, as do NHS Borders and NHS Dumfries & Galloway.

Figure 2: Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q1 2023

2.7 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.

2.8 Figure 3 below shows a funnel plot of <u>community associated</u> SAB cases as rates per 100,000 population for all NHS boards in Scotland in Q1 2023.
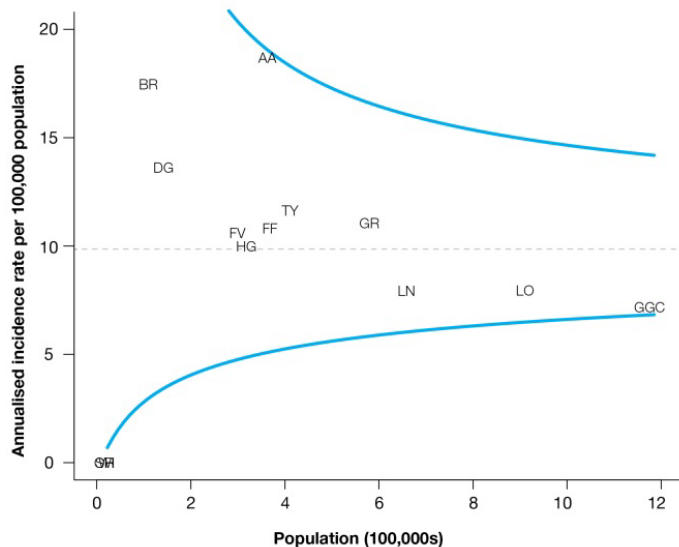
1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.
2. NHS Orkney, NHS Shetland and NHS Western Isles overlap.

Figure 3: Funnel plot of SAB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q1 2023

2.9 During this period NHS Borders (BR) had 5 cases resulting in a rate of 17.5 per 100,000 population which was above the Scottish average rate of 9.8. It is worth noting that community acquired SAB cases had no healthcare intervention prior to the positive blood culture being taken. We are not a statistical outlier from the rest of Scotland.

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.
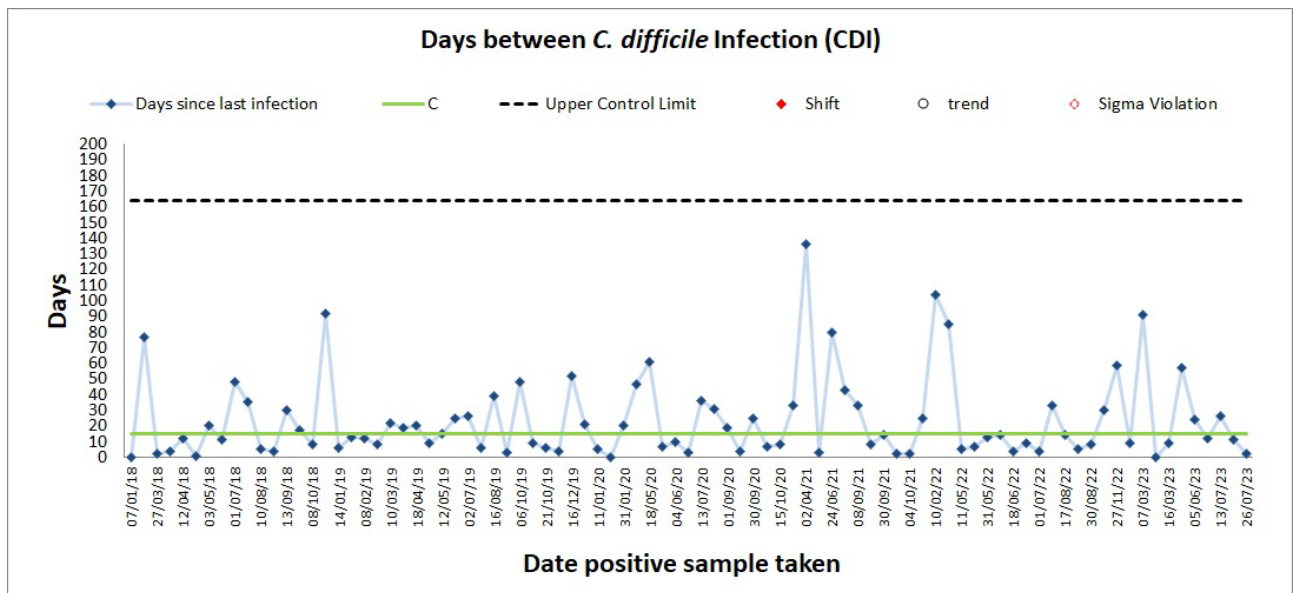
Figure 4: NHS Borders days between CDI cases (January 2018 – July 2023)

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 Q1 2023. The graph shows that NHS Borders (BR) had a rate of 6.2 which was below the Scottish average rate of 13.4.
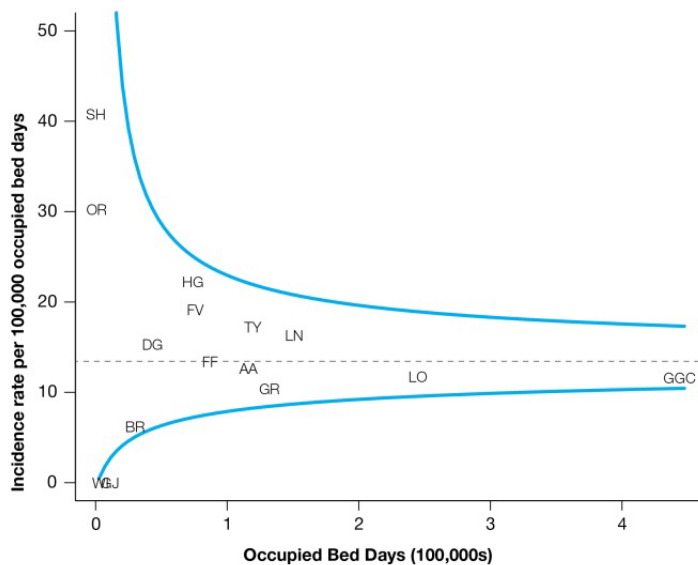
1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.
2. NHS Golden Jubilee and NHS Western Isles overlap.

Figure 5: Funnel plot of CDI incidence rates (per 100,000 TOBD) of healthcare associated infection cases for all NHS Boards in Scotland in Q1 2023

3.3 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 Q1 2023. The graph shows that NHS Borders (BR) had a rate of 3.5 which was below the Scottish average rate of 4.3.
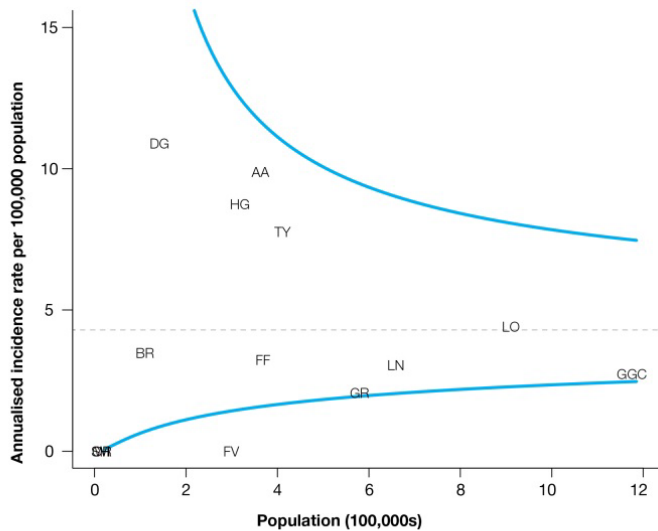
1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.
2. NHS Orkney, NHS Shetland and NHS Western Isles overlap.

Figure 6: Funnel plot of CDI incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q1 2023

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 11* of this paper.
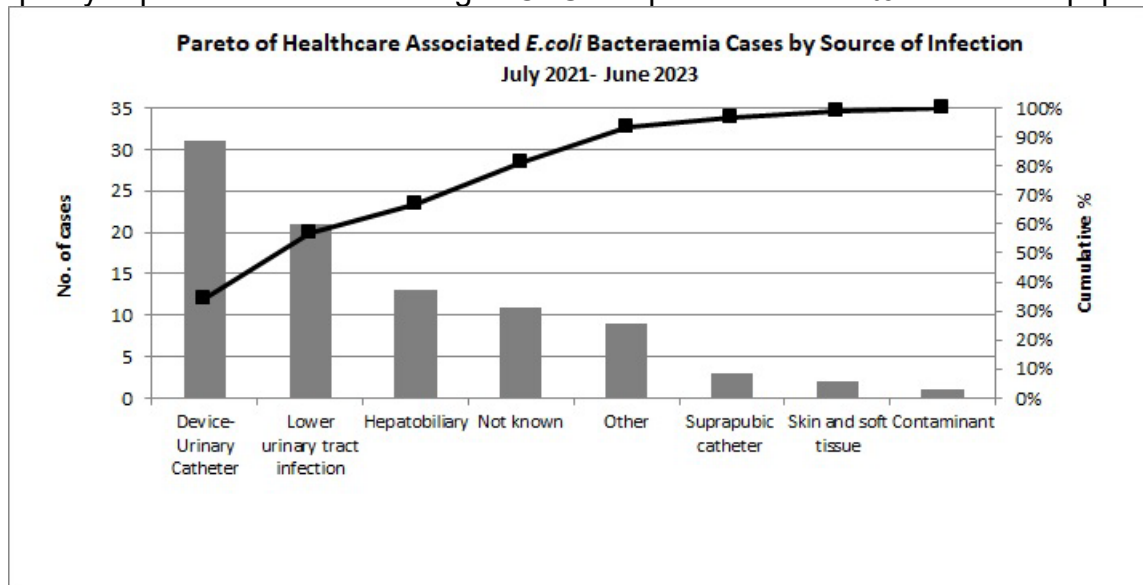

Figure 7: Pareto chart of healthcare associated ECB cases by source of infection. NB: Data for July not yet available.

4.2 Figure 8 shows a statistical process control chart of the total number of healthcare associated and community acquired *E.coli* bacteraemia (ECB) cases per month. The chart shows that the total number of cases reported per month was within expected limits and there have been no statistically significant events. Please note that in contrast to previous statistical process control graphs, Figure 8 is a count of cases per month rather than the number of days between cases.
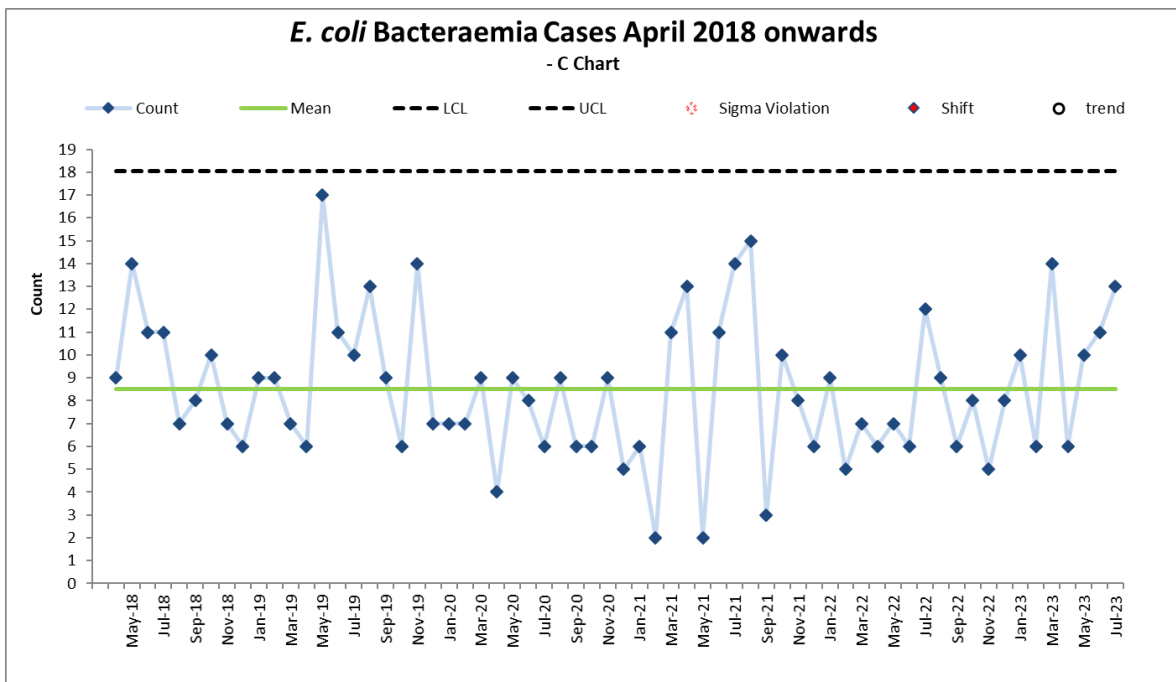
Figure 8: Statistical process chart (SPC) of all *E.coli* bacteraemia cases per month

4.3 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 9 below shows a funnel plot of <u>healthcare associated</u> ECB infection rates (per 100,000 TOBD) for all NHS Boards in Scotland in Q1 2023. NHS Borders (BR) had a rate of 43.6 for healthcare associated infection cases which was above the Scottish average rate of 37.3 but we are not a statistical outlier.

4.4 Figure 10 below shows a funnel plot of <u>community associated</u> ECB infection rates (per 100,000 population) for all NHS Boards in Scotland in Q1 2023. NHS Borders (BR) had a rate of 55.9 for community associated infection cases which was above the Scottish average rate of 37.0 but we are not a statistical outlier. It is worth noting that community acquired ECB cases had no healthcare intervention prior to the positive blood culture being taken.
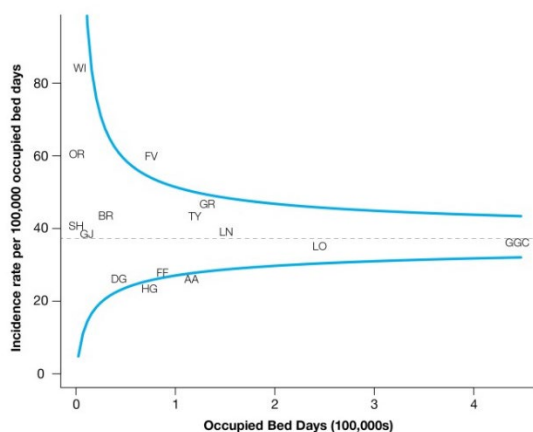
1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.
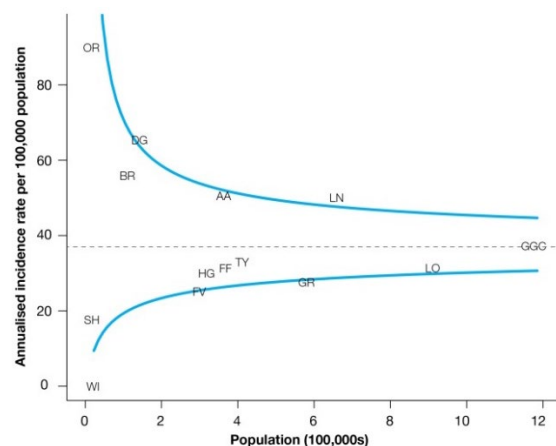
1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.

Figure 9: Funnel plot of <u>healthcare associated</u> ECB infection rates (per 100,000 TOBD) for all NHS Boards in Scotland in Q1 2023

Figure 10: Funnel plot of <u>community associated</u> ECB infection rates (per 100,000 population) for all NHS Boards in Scotland in Q1 2023

5.0 NHS Borders Surgical Site Infection (SSI) Surveillance

5.1 The Scottish Government paused the requirement for mandatory surgical site infection (SSI) surveillance on the 25th of March 2020. There has been no indication of a potential date for re-starting national SSI surveillance.

5.2 NHS Borders resumed SSI surveillance for hip and knee arthroplasty in July 2023 with a retrospective review of cases since January 2023. SSI data for January 2023 to July 2023 is summarised in the table below.

Jan-Jul 2023	Number of procedures	Number of SSI cases identified	SSI Rate (%)
Hip arthroplasty	174	4	2.3%
Knee arthroplasty	92	3	3.3%

5.3 All hip and knee arthroplasty procedures are undertaken in operating Theatre One. Following the most recent SSI cases, on the 25th August 2023 this theatre was closed for maintenance works including a full clean and check of the ventilation system. The theatre re-opened on Monday 11th September 2023.

5.4 An SSI Task and Finish Group has been established to review NHS Borders approaches against national guidance to reduce the risk of surgical site infections.

5.5 SSI surveillance for breast surgeries, elective colorectal surgeries and caesarean sections were planned to resume from the 1st of July 2023. However, prior to commencement, the opportunity is being taken to review the surveillance process for each surgery including data requirements whilst also establishing crucial links with the clinical teams. Planning for commencement of C-section SSI surveillance is underway following an initial meeting with the service clinical lead. Further updates will be included in Board papers.

6.0 Hand Hygiene

6.1 During May and June 2023, the Infection Prevention and Control Team (IPCT) conducted hand hygiene audits across a number of areas in BGH. These are the first audit results to be reported since the World Hand Hygiene Day campaign and delivery of back to basics infection control education to over 180 members of staff in BGH.

6.2 The table below shows the outcome of the hand hygiene audits by staff group.

6.3 The worst performing staff group during the audit was doctors. On the 20th June the Infection Prevention and Control Team (IPCT) delivered education focussed on hand hygiene at the doctor's Grand Round meeting. The hand hygiene audit data was shared at the meeting along with a practical clinical scenario and interactive hand

hygiene demonstration. In July, the IPCT delivered a workshop event to the new FY1 doctors with a focus on hand hygiene.

Hand Hygiene Compliance by Staff Group

May - Jun 2023	Opportunities Observed	Opportunities Taken	Compliance by Staff Group
Nursing	164	104	**63%**
Medical	28	12	**43%**
Allied Health Professionals	24	17	**71%**
General Services / Portering	22	13	**59%**
All Staff Groups	238	146	**61%**

6.4 Whilst overall compliance has improved since the previous audit which achieved overall compliance of 51%, hand hygiene will continue to be a focus for improvement activity. Further audits are currently progressing and results will be reported in the next Board update paper.

7.0 Infection Prevention and Control Compliance Monitoring Programme

7.1 Between April and August 2023, spot checks were undertaken in a total of 38 clinical areas across NHS Borders with an average compliance of 91%.

7.2 Following a review of the audit process, full Infection Control audits recommenced in March 2023. There were 18 full audits undertaken between March and August 2023 with an average score of 89%.

8.0 Cleaning and the Healthcare Environment
For supplementary information see Appendix A.

8.1 Health Facilities Scotland (HFS) publishes quarterly reports on cleanliness standards and the estates fabric across NHS Scotland. The most recently published report covers the period April – June 2023. Figure 11 below shows NHS Borders cleaning compliance against the NHS Scotland average by quarter. In the period April - June 2023, the cleanliness score for NHS Borders was 95.1%. In the same period, the estates score was 97.5%.
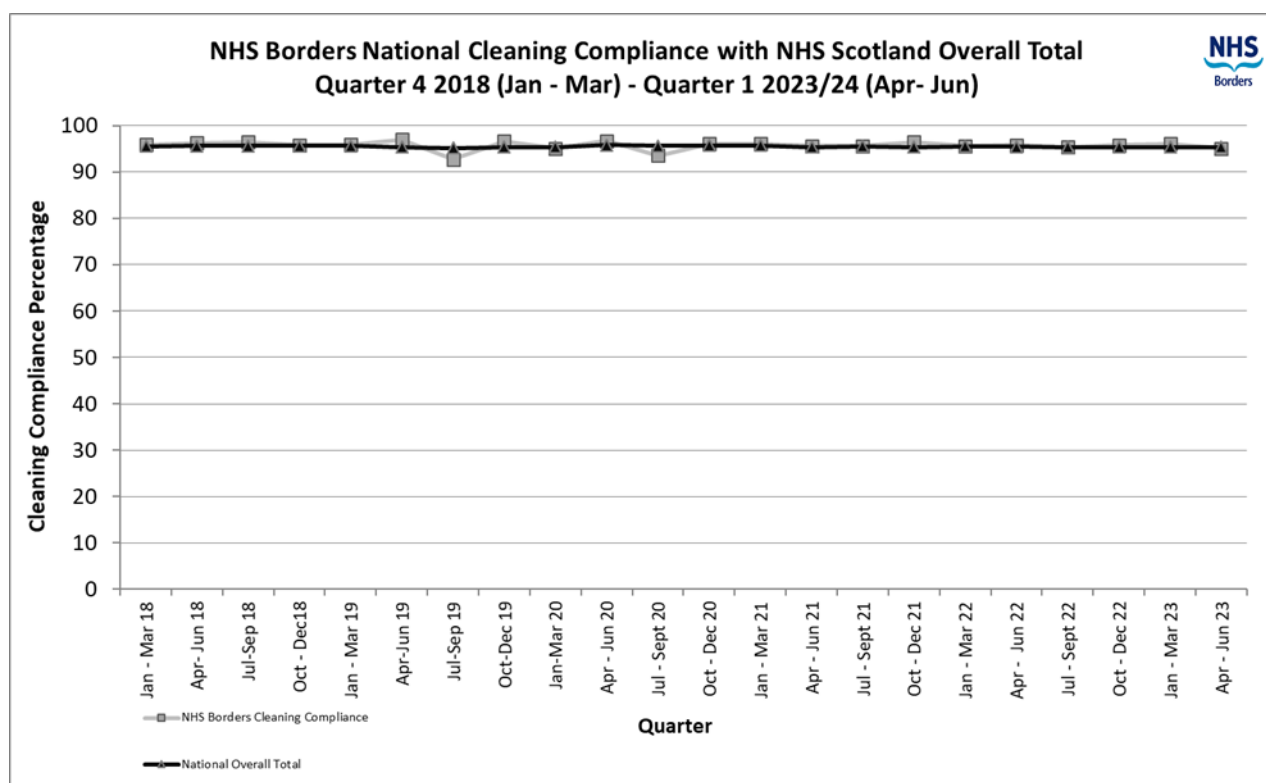
Figure 11: NHS Borders cleaning compliance against the NHS Scotland average by quarter

8.2 NHS Borders reported one zone in Amber (partially compliant) for cleaning compliance for Quarter 1 2023/24 as shown below. This was a non-clinical area. The response provided by NHS Borders Facilities to HFS for publication in the report (Appendix B) is provided below:

"Haylodge House has not done well in the Quarter 1 audit due to the fact that there have been significant staffing challenges for the Peebles area. Staff long term sick, staff retention and staff recruitment. Staff in the first instance have been moved from non-clinical areas to cover clinical areas. In the meantime, the area has been covered by temporary staff. With recruitment improving in this area and staffing levels back to normal, audit scores for this area should improve.

Action plan – all rectifications to be completed and the area to be regularly monitored."

Zone	Quarter 3 2022/23	Quarter 4 2022/23	Quarter 1 2023/24
Non-Clinical	N/A	95.1	83.7

NHS Borders cleaning non-compliance Quarter 1 2023/24 (excerpt from HFS: National Cleaning Compliance Report (Appendix B)

9.0 2023/24 Infection Control Work Plan

9.1 On the 5th July, the Infection Control Committee approved NHS Borders 2023/24 Infection Prevention and Control Work Plan. No actions are currently overdue. Updates on progress against the Work Plan continue to be reported to the Infection Control Committee and Clinical Governance Committee.

10.0 Outbreaks/ Incidents

- **COVID-19**

10.1 Since the last Board meeting, there have been three 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 7th August 2023 is detailed in the table below.

10.2 Learning from each incident is captured and acted upon in real time where appropriate.

Area affected	Total positive patients	Total positive staff	Total deaths
Ward 7, Ward 4 & Ward 12	3	0	0
Ward 4	2	0	0
Knoll	8	10	0
BSDU	2	4	0
MAU	2	0	0

Summary table of COVID-19 clusters

- **Norovirus**

10.3 There have been 2 Norovirus clusters reported since the last Board meeting. A summary of each closed cluster as at 7th August is detailed in the table below. Incidents are only reported if at least 1 Norovirus positive result has been received and it resulted in a bay closure. Symptomatic, unconfirmed cases are included in the totals following confirmation of norovirus within the area.

Areas affected	Number of patients affected*	Number of staff affected
DME14	3	5
DME14 (2nd incident)	2	0

Summary table of norovirus clusters

11.0 Quality Improvement Update

11.1 Invasive device (urinary catheters):
The most recent meeting of the Prevention of CAUTI (catheter associated urinary tract infection) Group was held on 22/08/23. Attendance at the meeting was poor and the chair of the Group (Associate Director of Nursing for Primary & Community Services) is reviewing attendance along with a review of the Terms of Reference.

11.2 The HAI Quality Improvement Facilitator, Infection Control Manager and Associate Director of Nursing for Primary & Community Services have met to review the

focus of the group. The outcome of this was development of a work plan for this group to ensure appropriate focus for support and improvement.

11.3 Further analysis is being carried out on local surveillance data relating to CAUTI to identify how this can support targeted interventions. The Infection Prevention and Control Team (IPCT) are also reviewing national data to identify boards with a lower rate of infections to consider any learning that could be adopted by NHS Borders.

11.2 Invasive device – Peripheral Venous Catheter (PVC):
The IPCT has drafted a revised PVC insertion sticker and maintenance sheet which is currently being tested in one area with plans to test in two further clinical areas. The IV Therapy Group has oversight of PVC improvement activity. The IPCT are working with the Patient Safety Team to review the PVC ward audit tool and bring this in line with documentation once finalised.

11.3 Excellence in Care (EiC) Multi-Drug Resistant Organism (MDRO) Admission Screening Measure:
The IPCT continue to support the completion of the monthly audits in one area for the above measure.

12. Horizon scanning

- *Candida auris*

12.1 On the 8th August 2023, an ARHAI Scotland briefing note was received regarding an increase in *Candida auris* isolates (see appendix C for definition) with three cases being reported recently in Scottish hospitals. The briefing note was to raise awareness of this increase and provide clarity on the actions relating to the detection and management of patients with *C. auris* in acute care. Recommendations for IPCT are to isolate and screen patients who are directly repatriated from any country outside the UK and also any patient with a new positive carbapenemase-producing organism (CPO). Additionally, IPCT will alert Health Protection if positive patients are discharged to the community. This briefing note has been disseminated to the relevant stakeholders.

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

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

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
MRSA	0	0	1	0	0	1	0	0	0	0	0
MSSA	1	1	4	2	3	3	2	3	3	2	1
Total SABS	1	1	5	2	3	4	2	3	3	2	1

Clostridioides difficile infection monthly case numbers

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
Ages 15-64	0	0	0	0	0	0	1	0	0	1	1
Ages 65 plus	1	0	1	0	0	0	2	0	1	1	2
Ages 15 plus	1	0	1	1	0	0	3	0	1	2	3

Cleaning Compliance (%)

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
Board Total	95.1	95.6	95.6	95.8	96.7	96.7	95.6	94.1	95.6	92.7	95.5

Estates Monitoring Compliance (%)

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
Board Total	97.6	97.3	97.1	96.9	96.3	98.0	97.2	98.3	96.9	98.5	97.5

BORDERS GENERAL HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
MRSA	0	0	1	0	0	0	0	0	0	0	0
MSSA	0	0	2	1	1	0	0	1	1	1	0
Total SABS	0	0	3	1	1	0	0	1	1	1	0

Clostridioides difficile infection monthly case numbers

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	1	0	0	0	0	0	1	0	0	1	0
Ages 15 plus	1	0	0	0	0	0	1	0	0	1	0

Cleaning Compliance (%)

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
BGH Total	95.1	95.5	95.5	95.8	95.9	96.6	95.3	95.5	94.7	95.2	95.6

Estates Monitoring Compliance (%)

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
BGH Total	96.8	97.2	97.0	96.3	97.4	97.3	97.3	97.3	96.9	97.29	97.64

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

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
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

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
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

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
MRSA	0	0	0	0	0	1	0	0	0	0	0
MSSA	1	1	2	1	2	3	2	2	2	1	1
Total SABS	1	1	2	1	2	4	2	2	2	1	1

Clostridioides difficile infection monthly case numbers

	Sept 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	June 2023	July 2023
Ages 15-64	0	0	0	0	0	0	1	0	0	1	1
Ages 65 plus	0	0	1	1	0	0	1	0	1	0	2
Ages 15 plus	0	0	1	1	0	0	2	0	1	1	3

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

Appendix B

[NHS Scotland National Cleaning Compliance Report Domestic and Estates Cleaning Services Performance 2023/2024 Quarter 1: April 2023 – June 2023](#)

Appendix C
Candida auris **definition (adapted from ARHAI Scotland briefing note 080823.02):**
C. auris is a fungal pathogen, which was first identified in 2009 from the external auditory canal of a patient in Japan. It has since been identified across six continents, in more than 40 countries worldwide. *C. auris* infections have been frequently reported from the bloodstream and in association with bone, cerebrospinal fluid (CSF), and intra-abdominal infections. Additionally, *C. auris* has been isolated from wounds, ear, respiratory specimens, urine, bile, and jejunal biopsies. Detection in screening swabs from the axilla and groin may indicate carriage rather than infection but poses a risk of invasive infection and transmission to others.

C. auris can affect both adult and paediatric populations. This is largely within high-risk healthcare settings, especially high-dependency and intensive care units. Findings of prospective screening on admission suggests a high propensity for subsequent nosocomial acquisition. As with other organisms associated with nosocomial outbreaks, *C. auris* appears to be easily transmitted between patients, and the clinical environment, including via shared patient care equipment, highlighting the importance of prompt, effective, and sustained infection prevention and control (IPC) precautions.

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Pharmacy Aseptic Service**
Responsible Executive/Non-Executive:	**Dr Lynn McCallum, Medical Director**
Report Author:	**Cathryn Park, Deputy Director of Pharmacy**

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

As previously reported, NHS Scotland BCEs supported a proposal and work in 2017 to reduce the number of aseptic units in Scotland with an intended plan of Borders aseptic service provision being transferred to Lothian.

The Medical Directors (MD) and Directors of pharmacy (DoP) from Borders and Lothian met in May to review progress on the transfer of aseptic provision from Borders to Lothian.

Prior to the meeting NHS Lothian asked the MHRA to review the previous advice and the MHRA confirmed that for cross board supply of products made in an aseptic unit, a manufacturer's licence is required.

2.2   Background

NHS Scotland BCEs supported a proposal and work in 2017 to reduce the number of aseptic units in Scotland recognising the ongoing challenges with both workforce and fabric. In parallel a programme of work was supported to develop a plan for a national service for the batch production of aseptically prepared products (NCIVAS).
The NCIVAS programme was predicated on both a capital build and significant levels of automation in production which have not been delivered anywhere else in the UK.
The NCIVAS programme is currently paused.

The aseptic unit in Borders requires maintenance and upgrading of its fabric and pharmacy aseptic staffing has been a risk factor for sustaining the service.

2.3   Assessment

The MD/DoP meeting in May recommended that:

NHS Lothian does not take on the unmitigated risk of producing products for Borders without the correct MHRA licence and considered 2 options.
Option 1: Borders carries out the necessary work after developing a capital case and the necessary financial support and maintains its aseptic unit
Option 2: Borders undertakes remedial work necessary for short term continuation and NHS Lothian applies for a licence from the MHRA to produce for Borders. This would take approx. 18 months.

Option 2 is the preferred option but we note the risks associated with this, namely the substandard environment within NHS Borders, which has not been developed due to an understanding that this work would move to NHS Lothian. We will look to mitigate these risks as able.

Whilst option 2 has been agreed with Lothian as preferred, no progress has been made with progressing the licence.

Previous high risks regarding the staffing of the unit, have been somewhat mitigated by the internal recruitment of a deputy accountable pharmacist (Sept 2023). There is ongoing work to develop the skill mix of the unit to support resilience of staffing of the unit.

2.3.1   Quality/ Patient Care

A number of deficiencies with the aseptic unit have been highlighted and are included on the risk register, namely the ventilation, layout of the unit, lack of transfer hatches and transfer area between clean and dirty areas. The ventilation has closed the unit during periods of extreme cold or high winds. This means compounded products will not be available for patients on these days. An assessment of the ventilation system was undertaken by estates in June and feedback is awaited.

The regional Quality Assurance Pharmacist was invited to visit BGH on 26th September for a Quality Review Meeting. At the meeting it was planned to discuss the requirements of the national aseptic audit in relation to the layout of the unit, requirement for transfer hatches and transfer area between clean and dirty areas. The QA pharmacist cancelled this meeting at the last minute due to Covid. The meeting will be rescheduled, and the

QA pharmacist will be asked for a written report of his findings. The subsequent Quality Management report will be reviewed in conjunction with the Estates Programme Manager.

2.3.2 Workforce

In order to maintain a safe and manageable workload for staff and reduce the impact on resources, it is proposed that a 4pm cut off time is introduced for products required the following day and the unit runs for one 4 hour session per day. This remains a challenge due to workforce pressures elsewhere within local and regional SACT services. The unit processes between 320-400 items a month, 96% of which is chemotherapy, and has seen a growth of around 20%.

2.3.3 Financial

In order to manage the workload and to provide a safer working environment for staff the purchase of pre-filled products will continue. This will have cost implications due to the higher cost of these products and the likelihood of increased waste through short expiry dates.

Capital funding will be required for basic maintenance to the unit.

Estates visited the department on 21st September and advised that a high level options appraisal of upgrading the unit versus a standalone mobile unit in an area of the BGH grounds should be undertaken once the Quality Management Report and action plan with the Quality Assurance Pharmacist's comments is available.

The costs of upgrading the unit will depend on the options available and work required.

A mobile unit will take approx. 5 weeks to install, and costs will be subject to a site survey. The estimated costs of a mobile unit based on information from April 2023 are as follows:

Delivery and Crane	£30,000.00
Installation	£28,000.00
Validation	£ 4,000.00
Rental	£ 1,550.00 per week (excluding equipment)

De commissioning and removal from site at the end of the contract period £38,000.00

Additional staff costs will need to be factored to support a unit external to pharmacy.

2.3.4 Risk Assessment/Management

In order to mitigate the risks to the provision of aseptic dispensing from the existing pharmacy aseptic unit and ensure staff do not work above capacity on a regular basis the following actions are being taken:

1. A plan is being progressed to train additional pharmacy technicians and pharmacy support workers to provide service resilience
2. A deputy accountable pharmacist has now been recruited into post (Sept 2023) and will require development through attendance at national training programmes

3. Discussions will be required with estates about the ventilation of the unit and other areas of improvement required, with consideration of use of a mobile aseptic unit
4. Pre-filled products from a commercial manufacturer will be supplied where these are available
5. Pharmacy and BMC will continue the work that has been progressed to date on scheduling of patients and working to a cut-off time to ensure that the prescribing and dispensing of systemic anticancer therapy (SACT) protects both patients and staff.
6. Pharmacy will run one session per day on the majority of occasions to minimise costs and the workforce required.
7. Borders will work with Fife and Lothian on reviewing and updating the business continuity plan.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because no impact is expected

2.3.6 Climate Change

Retaining aseptic production in Borders will eliminate the need to transport products from the Western General Hospital to Borders General Hospital. There will be the increased likelihood of cytotoxic waste which will need to be incinerated.

2.3.7 Other impacts

N/A

2.3.8 Communication, involvement, engagement and consultation

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

The outcome of the Lothian decision was presented to the Aseptic Programme Board on the 16 May 2023. Members of Lothian Pharmacy service attend this meeting.

2.3.9 Route to the Meeting

2.4 Recommendation

This paper is for Board member's **awareness** to be informed of the actions being taken to mitigate the risks to the aseptic service, the appointment of a deputy accountable pharmacist, and the discussions with estates on the layout of the aseptic unit, the ventilation, which are very high risks on the risk register, and the possibility of a mobile unit.

NHS Borders

Meeting: **Borders NHS Board**

Meeting date: **5 October 2023**

Title: **Staff Governance Committee Minutes**

Responsible Executive/Non-Executive: **Andy Carter, Director of HR & OH&S**

Report Author: **Iris Bishop, Board Secretary**

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The purpose of this report is to share the approved minutes of the 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 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.

- Staff Governance Committee 20 July 2023
- Staff Governance Committee 7 September 2023

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 31.03.23
- Appendix No 2, Staff Governance Committee minutes 20.07.23

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Friday 31st March 2023, 13:00-14:30
via Microsoft Teams

Present: Councillor David Parker, Non-Executive Director (Chair)
                      Mr Andy Carter, Director of HR, OD, OH&S
                      Mr John McLaren, Employee Director
                      Ms Sonya Lam, Non-Executive Director
                      Mrs Ailsa Paterson, Assistant Director of Workforce
                      Mr Bob Salmond, Assistant Director of Workforce
                      Ms Claire Smith, HR Team Manager
                      Ms Jennifer Boyle, HR Manager / Business Partner
                      Mrs Vikki MacPherson, Partnership Lead / Staff Side Chair
                      Ms Karen Lawrie, Partnership Forum Member
                      Ms Yvonne Smith, Staff Side Chair (BGH)
                      Ms Kirsty Kiln, Public Health Registrar
                      Ms Clare Oliver, Head of Comms & Engagement

Apologies: Ms Karen Hamilton, Chair
                      Mr Ralph Roberts, Chief Executive
                      Ms Harriet Campbell, Non-Executive Director
                      Ms Alison Wilson, Director of Pharmacy
                      Dr Sohail Bhatti, Director of Public Health
                      Ms Edwina Cameron, Employee Involvement and OD Lead
                      Miss Marcella Malley, Personal Assistant (Minutes)

1. Welcome, Introduction and Apologies

All committee members present at the meeting were welcomed and apologies were noted. It was agreed that the meeting was quorate. CO was introduced as being in attendance to view how the Staff Governance Committee meetings operate.

2. To Agree Minutes of Previous Meetings

The minutes of the previous meeting held on Thursday 8th December 2022 were approved without amendment.

3. Matters Arising

3.1 Workforce Planning Update

CS provided an update regarding both the Integrated Workforce Plan and the NHS Borders Workforce Plan, both of which were published in October 2022. In relation to the Integrated Workforce Plan, a summary of actions to be taken in order to address cross-sector workforce issues, as well as an action plan based on the 5 pillars of the National Workforce Strategy, have been developed. The main aim with regards to the IJB is to deliver a cross-sector workforce that meets short-term recovery and medium-term growth requirements. An Implementation Board has been created and has met on 3 occasions so far, with the Chair of

this board being Hazel Robertson, Chief Financial Officer. An implementation plan is being developed, with reports to be taken to IJB and the H&SCP Joint Executive Team and regular updates to the Joint Staff Forum and the Staff Governance Committee. Membership of this board incorporates 5 sectors, with Terms of Reference having been co-produced by members and an initial plan is in early development. Membership is flexible, with suggestions being taken for this; those in the committee are welcome to be involved in workstreams as spaces are available for those in NHS Borders; workstream leads are currently being identified. A mapping exercise is being undertaken in order to identify current activities in relation to recruitment, retention and training and to avoid duplication and affect change. A change from acute to community-based care is being focused on, along with flexibility of staffing; international recruitment is being expanded through work with partners, promoting the benefits of living in the Borders and looking at affordability of local accommodation.

The NHS Borders Workforce Plan work is being conducted similarly to avoid duplication, as synergies exist between the 2 plans. The NHS Borders Workforce Planning Group also feeds into the Staff Governance Committee. The main action identified is to better engage the young workforce; a Work Experience Week has been planned for the end of April, which will allow S3 pupils from Borders high schools to rotate around several departments (including Pharmacy, Nursing & Midwifery, Medical & Dental and Admin) in order to give young people an overview of the careers available in NHS Borders before they make their main subject choices. Nursing and Facilities bank opportunities are also being promoted to senior year pupils, which should encourage more young people to join the workforce so they can take advantage of the "earn as you learn" approach.

JMc requested that the APF be fully briefed with updates regarding the workforce plans so that progress can be explained to staff; the volume of turnover for international recruits was also queried as the organisation needs to try to keep staff members for the long-term. BS noted that there is indeed a difference between successful recruitment and subsequent supporting of staff to aid retention. The international recruitment programme is currently running as expected, with recruits managing to obtain registration either prior to travelling to the UK or shortly after arriving. International recruits form a major component of the workforce, with turnover rates currently sitting at 0; recruitment has also been aided by current international staff members recommending NHS Borders as an employer to other friends and colleagues. Thanks were given to Stasys Gimbutis and David Critchlow in HR for their efforts in the international recruitment process; their efforts have also been recognised by the Scottish Government, whose Centre for Workforce Supply has reached out to Stasys and David to ask for help with tracking of international recruits on eESS; it was clarified that they were asked over staff members from any other boards.

SL noted the positive nature of the progress made with regards to young people and international recruitment; it was also noted that effective learning development needs to be in place for students. SL also queried whether there are any KPIs in place to provide information. CS noted that KPIs and trajectories are currently a work in progress. KL suggested that an inquiry into staff resignations should be made in order to learn from these and aid retention; AC noted that line managers should be aware of any details regarding resignations and exit interviews should have taken place, with any reasonable adjustments expected to have been offered to staff members prior to this. A conversation outwith the group between AC and KL is to take place to discuss this issue further.

3.2: Sustainability

AC noted that sustainability was suggested as a potential standing agenda item by HC during the last meeting; AC stated that this suggestion will be taken forward into meetings occurring in 2023-24. It was noted that Andrew Bone has recently created a Climate Change & Sustainability Group, the first meeting of which was unfortunately not well attended, possibly due to organisational pressures, but the second meeting was. AC is a member of this group and will update the committee on any progress made.

4. Equality, Diversity & Inclusion in Employment: Annual Update

AC stated that observations and actions with regards to each protected characteristic will be noted within this update; thanks were given to BS, CS and David Critchlow for providing the relevant data, which includes information on turnover and pay gaps. The organisation has obligations under the Equality Act 2010, specifically as a public sector provider and employer, with this information being noted within the workplan for the Equality, Diversity and Inclusion in Employment Group.

With regards to sex, data was broken down into different staff groups and Agenda for Change bands; the workforce is currently made up of 80% females, with a disproportionate number of males in the higher bands. However, there has been a shift in the last decade towards junior doctors and senior medical staff being more female dominated (62% and 52% respectively). AC has been in touch with Peter Lerpiniere who has plans to encourage more males into Mental Health nursing; Peter will attend a future meeting of the Equality, Diversity and Inclusion in Employment Group in order to share and discuss these plans. Potential barriers to working at higher bands for females need to be identified; a better work-life balance or coaching to improve confidence could help remove any barriers. It was also mentioned that a significantly higher proportion of female staff work part-time compared to males; however, this is mostly made up of contracts that are just shy of full-time hours (e.g. due to Facilities contracts that follow shifts, cost-cutting measures or nursing contracts at 34 hours due to rotas). The new AfC deal also mentions a change of full-time hours from 37.5 to 36 per week, which is to be looked into. It was also noted that personal caring responsibilities tend to fall to females. JMc queried whether this data could be further broken down by bandings and job families; it was also suggested that females may be excluded from working at higher bands due to the fact that they are more likely to work part-time, as if senior managers tend to work full-time then this could automatically be putting females at a disadvantage; KL also added that little to no Senior Charge Nurses work part-time. AC noted that this could be looked into further in order to take positive action; as most senior managers and executives work full-time, then perhaps job share and part-time working requests should be considered to help combat this. SL also suggested compressed hours; AC noted that it is usually only those at senior level who work to compressed hours. It was suggested that flexible working patterns could be looked into further in terms of sex breakdown and more work on introducing a better work-life balance and opportunities for job sharing could be carried out.

In relation to marriage and civil partnership, AC is currently waiting for the Scottish Census 2022 data to be made available in order to compare and contrast with past data. However, an increase in single-person households has been noted in both England and Wales. There has been an increase noted in those who have disclosed no faith in terms of religion and spiritual belief. A diversity calendar is being looked into so comms can be sent out to all staff with information on significant religious dates; communications have already been circulated with regards to Holocaust Memorial Day and Ramadan. With regards to ethnic minorities, 18% of

the workforce opted not to provide information on their ethnic origin; the reasons behind this choice are not known, however it was suggested that information could be provided regarding what this data is used for in order to encourage more specific responses. Around 3% disclosed that they are of an ethnic origin other than white, which compared to the figure of 1.2% for the SBC local authority area demonstrates that the health board workforce is more diverse than the community it serves. It was noted that this data is from 2021-22, so information relating to the recent international recruitment campaign was not included. Good employment opportunities, fair recruitment processes and trade union density most likely contribute to this figure. Cultural awareness training is to be commissioned for senior teams and public-facing departments, both in-person and online over the next 6 months. AC also recently co-presented a Compassionate Leadership session with Cathy Wilson relating to equality and diversity, with a positive response being received from this. Ethnic Minority Forum members are also present within the organisation.

In relation to sexual orientation, 1.9% of the workforce disclosed that they identified as something other than heterosexual, compared to 3.1% of the UK population. 28% chose not to disclose their sexual orientation; again, the reasons for this are not known, however it may be that there are negative thought processes behind this, such as the fear of this information affecting staff members' careers. Around 20% of the workforce have taken the Pride Pledge and wear the badge; this is a positive step for allyship, as it means employees have stated, amongst other promises, that they will speak up for any colleagues who they have witnessed being discriminated against. JMc and Linda Clotworthy also recently attended a flag raising at SBC Headquarters to celebrate International Transgender Day of Visibility, with a comms having also been sent out to staff with information on this. JMc mentioned that there appeared to be limited numbers of council staff at this event, however DP noted that elected members had not received an invite to this. JMc also stated his thanks to the council for allowing this representation, as it has been a difficult time for transgender people; KL also noted her thanks to Susan Hart from the LGBTQ+ community in the Borders for organising this event. AC stated that an LGBTQ+ network for staff is in the process of being set up, which will be a self-support group for these staff and will allow the sharing of experiences and recommendations. There also appears to be a lack of anti-discrimination training products available at national level, however NES have stated that they should have training available by autumn 2023. SL queried what can be done in terms of this agenda for the general public and service users and how support can be provided to staff members who have been discriminated against. AC will send a video resource regarding shared experiences from NHS Grampian to the group for information; it was also stated that this is an important agenda as it forms part of the Treated Fairly and Consistently staff governance commitments.

With regards to age, the majority of staff members sit within the 50-59 age bracket, with the largest majority of those working within Nursing & Midwifery and the average age of the workforce being 49 and increasing steadily over time. The primary reasons behind staff working on into older age seem to be the increasing state pension age and the cost-of-living crisis. NHS Borders is an age-positive organisation, however it was also noted that if reasonable adjustments cannot help older staff with their performance, then this needs to be looked into. 1% of the workforce is aged between 16-19; the high number of graduate-level jobs impedes younger people taking up certain roles, however a higher volume of young people are entering the organisation by taking on such roles as HCSWs. It was noted that it is usually unavoidable that more senior roles tend to be filled by older workers, due to the mostly time-served nature of these roles and the experience required. The Once for Scotland approach with regards to retire and return has also been adopted, with a number of staff members taking this up. A staff network for age is also being looked into. School careers fairs are also being attended by NHS Borders staff to encourage young people to join the workforce,

with additional funds being assigned to these to improve the appeal of these stalls, such as by printing brochures. AC and AP have also been working with SPPA to communicate the different retirement options available to staff. SL queried whether brochures are the best method of attracting young people to the workforce, as social media could be more relevant and less expensive. AC noted that brochures would be exclusively for careers fairs and CO noted in the chat that the Comms team are exploring the use of Instagram in engaging young people. AC also mentioned that certain staff profiles are also being created in order to share information about the organisation and demonstrate the diversity present.

Less than 1% of staff members have disclosed that they have a disability, when recent data from England and Wales has demonstrated that this should be closer to 17%. A recent survey circulated by Occupational Health with regards to disability disclosure has received 21 responses, with the majority of those (20) stating that they would wish to be part of a staff disability network. JMc and Linda Clotworthy have worked with Comms to circulate an open invite to all staff for this, with the first meeting taking place on 21st April. JMc queried whether there are any policies in place to ensure that parents of disabled children are afforded equal rights as those with disabilities themselves; AC stated that there is strong employment law pertaining to this with regards to discrimination by association. KL queried whether managers will be made aware of the staff network and whether staff members will be given protected time to attend these meetings. AC noted that the recent Weekly Digest should raise awareness, as well as the fact that the network will also be mentioned at the APF. Network meetings will most likely be held on a quarterly basis for around 1-2 hours, so managers would be expected to release staff for this. AC also mentioned the fact that NHS Borders is a disability confident employer, with disabled applicants being fast-tracked to interview if they meet basic requirements.

SL queried where actions are monitored and communicated and whether there are any specific timescales involved. AC noted that these are governed within the workplan of the Equality, Diversity & Inclusion in Employment Group, which is a sub-group of the APF. People metrics for those higher up in the organisation are also to be collected and presented at the next Resources & Performance Committee in May. BS noted that regular workforce reports for the scrutiny of people management are required. With regards to the aforementioned proportion of gender in higher-banded posts, data has been collected regarding the opportunities for promotion and internal movement within the organisation. In 2021-22, this data showed that there was a 1 in 7 chance for internal staff to gain a higher band, however a glass ceiling seems to still be evident. It was suggested that senior bands' data be analysed as a collective, as figures can be easily skewed. There has been a positive change reported in that half of all consultants are now female; an equality analysis of the PRP scheme for consultants is being carried out, with a move towards more successful female applicants and towards part-time consultants, with a report having gone to the Remuneration Committee. International recruits have mostly been from 1 particular ethnic origin and religion, with around 2% of the workforce now being made up of international recruits, increasing the proportion of ethnic minority staff from 3 to 5%. Accommodation options have been explored for these staff members, with appropriate accommodation having been sourced in Galashiels, however the last bus to Galashiels from the BGH does not link up with the end of shift times which would constitute a staff welfare issue; DP noted that he would look into this. BS also stated that the lowest rate amongst boards with regards to non-disclosure of ethnic origin and sexual orientation was in NHS Borders, so this is also a nationwide issue, but that the recent survey and staff network for disability has had a positive effect on disclosure. It was also stated that 30 staff members have taken up retire and return, with this having recently been changed from a local policy to a Once for Scotland policy with little consultation; the previous policy allowed for fixed-term appointments, whilst the current policy allows for permanent contracts which

introduces issues and does not allow for young people entering the workforce. JMc thanked AC for the clear report; it was also noted that both JMc and AC would move from being joint chairs of the EDI in Employment Group to simply being present for support so meetings can be led by other members. Thanks were also given to Staff Side colleagues for their commitment to creating staff networks, where network members will also take over leadership from trade union representatives. AC also gave thanks to DP for his help with sourcing accommodation for international recruits. The item was approved by the committee.

5. Industrial Action Update

AC stated that the AfC pay award 2023 was approved by all trade unions and will be effective from 1st April 2023. This award constitutes an average overall pay uplift of 6.5% for staff up to and including Band 9, with an additional one-off payment also being paid to staff. Along with this award, the deal also committed to a change in the full-time working week, reducing from 37.5 to 36 hours, as well as introducing protected learning time for staff and a review of Band 5 nursing profiles. Ongoing work is also being carried out around recruitment, sustainability and retention, career development, fair recognition of skills and modern ways of working. The current First Minister delivered this deal, avoiding industrial action that was displayed in other boards within the UK.

Junior doctors who are members of the BMA are currently being balloted, with this closing in early May. Industrial action is being threatened due to a drop in pay of around 35%, workload issues, negative working environments and work-life balances and an overall deterioration in terms and conditions. BMA estimated that there are 20 junior doctors signed up to them within NHS Borders, however AC noted that this figure is more likely closer to 35. If the majority vote for "yes", then industrial action could be carried out as early as mid-May. This update was accepted by the committee.

6. Any Other Business

SL queried the status of the quarterly whistleblowing updates and asked whether the latest annual report would still be taken to the June Board meeting. AC confirmed this and noted that the latest quarterly update would be checked by SL and circulated to the group.

7. 2023-24 Programme of Meetings

DP confirmed that the programme of meetings for both the Staff Governance Committee and Whistleblowing Governance Group for 2023-24 had been circulated to committee members. JMc requested that APF dates also be added to this list. JMc and AC will also discuss how often reports from APF are to be raised at Staff Governance Committee meetings.

Date of Next Meeting: The next Staff Governance Committee meeting will be held on Thursday 15th June 2023 at 1:00pm via Microsoft Teams.

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting held on Thursday 20th July 2023, 13:00-14:30
via Microsoft Teams

Present:	Councillor David Parker, Non-Executive Director (Chair)
	Mrs Ailsa Paterson, Assistant Director of Workforce
	Mr Andy Carter, Director of HR, OD, OH&S
	Mr Bob Salmond, Assistant Director of Workforce
	Ms Edwina Cameron, Employee Involvement and OD Lead
	Mr John McLaren, Employee Director
	Ms Karen Hamilton, Chair
	Miss Marcella Malley, Personal Assistant (Minutes)
	Mr Ralph Roberts, Chief Executive
	Ms Rebecca Wilson, Senior HR Advisor (ER & Policy)
	Dr Sohail Bhatti, Director of Public Health
	Ms Sonya Lam, Non-Executive Director
	Ms Yvonne Smith, Staff Side Chair (BGH)
Apologies:	Ms Claire Smith, HR Team Manager
	Ms Harriet Campbell, Non-Executive Director
	Ms Jennifer Boyle, HR Manager / Business Partner

1. Welcome, Introduction and Apologies

All committee members present at the meeting were welcomed and apologies were noted. Members were reminded of normal protocols by the Chair and were advised to avoid use of the Teams chat function where possible. It was stated that Item 7 on the agenda would be promoted and would be discussed following Item 3 as RW, who will be speaking to this item, would be unavailable later in the meeting.

2. To Agree Minutes of Previous Meetings

The minutes of the previous meeting held on Friday 31st March 2023 were approved without amendment.

3. Matters Arising

3.1 iMatter

AC noted that the level of staff engagement with iMatter has increased this year by roughly 3-4%; EC confirmed that iMatter completion has increased to 55% this year, from 51% last year. It was also stated that the Employee Engagement Index (EEI) has also increased, from 75% last year to 77% this year. It was noted that the directorate with the highest increase in engagement from last year was Public Health, whilst the highest engagement overall was in Workforce. Other directorates have, however, made an attempt to increase engagement, with Acute having increased their response rate by 2%; this was noted as being good progress, as Acute is one of the most difficult areas to engage with. Managers are now being encouraged to support their staff members in creating and delivering action plans from iMatter reports by the end of August; these plans are to be owned by staff, as any success in completing actions can have a positive effect on future iMatter survey engagement rates. Work is being done with

both AP and BS to analyse and triangulate results. It was also added that this year, champions from each directorate were identified to help improve engagement amongst staff, as opposed to trying to boost engagement from a corporate perspective. AC noted that this year's iMatter statistics will be compared with those of other health boards. The 4% uplift in engagement was also noted as being a particularly positive change, due to the current time of relative survey fatigue. An estimated 1500 staff members participated in the survey, making this statistically valid. The uplift in EEI also demonstrates that employees are more motivated and committed to working for the organisation; this increase will also be compared to other boards.

SL queried if there is any reflection regarding whether or not action plans are carried out and if any positive outcomes from these are reported. The response to the 2 additional questions regarding speaking up was also queried, along with the potential for future KPIs relating to this. EC responded that in terms of action plans, the outcomes cannot be viewed by others once these have been completed, however managers are to report any progress with action plans at LPFs. There have also been issues with Webropol, whose contract will be up in 18 months so it may be possible to go back out to tender as outcomes of action plans need to be viewed. In relation to the 2 speaking up questions, Webropol was also supposed to be able to analyse these in terms of directorates, however this was not the case. As a result, iMatter leads have provided extensive feedback regarding the system. KH queried whether recurring themes such as visibility are analysed so these can be addressed and made less of an issue for staff. EC noted that it is unclear who staff are referring to in relation to visibility, as it may depend on where they work and what their role is in the organisation as to what individual perceptions are. OD colleagues will be holding focus groups within the next 3-4 months to better understand staff's opinions on visibility and involvement in decisions.

SB raised that issues may lie with those who have not responded to the survey; this may be due to IT access, workload or lack of desire to engage as these staff members may believe that nothing will change. It was suggested that staff could be reached out to in order to ascertain reasons behind non-responses. EC agreed with this idea and will discuss this with SB outwith the meeting; it was suggested that areas with consistently low response rates could be targeted. AC added that the system can report on whether managers have populated action plans and managers can view trajectories at a local level to determine whether completed actions have been successful; it was suggested that publicity be shared regarding the benefits of action plans to improve use of these. It was also suggested that if Webropol were to continue to be used, then it could be requested that questions regarding visibility could be altered to be made more specific, however analysis will be carried out on recurring themes such as this. AC also agreed with the suggestion of gathering further information from those staff members who did not respond to the survey. The committee accepted this update.

4. ER Case Work Activity 2022/23

RW stated that the main themes in the ER Case Work Activity report would be noted, rather than discussing each detail. From April 2022 to March 2023, HR supported a total of 59 employee relations cases. This report takes into consideration 5 case types: bullying and harassment, capability, conduct, grievance and investigation processes. The majority of these cases were resolved informally, however 12 required a formal process. 44 cases were concluded and 15 have had to be carried over to the next financial year. Case work trends show that there have been similar numbers of cases over the last 3 years, with 58 in 2021-22 and 60 in 2020-21, with only slight changes in types of cases. The report also breaks down case work numbers into categories such as age, ethnicity and gender; in terms of age, the majority of cases, both formal and informal, involved employees between the ages of 31-64, with only a small number being from staff of ages 18-30 or over 65. With regards to clinical

boards, the majority of cases were in Acute with a total of 24, followed by Support Services with 13 and P&CS with 8. Acute, P&CS, MH and Corporate Services had a majority of cases with females involved, whereas Medical & Dental and Support Services had a higher number of male cases. In relation to ethnicity, 76% of employees involved in case work identified as white, whilst Caribbean or black, Asian or other ethnic groups made up 14% of cases. Individual case types show similar trends, with the majority of cases identifying as white and the most common age bracket being 31-64. The only exception to this was grievance processes, which was the only case type that identified employees from all age categories, with the majority being from the 46-64 bracket.

SB praised the report for its accessibility, however noted that the raw data should include denominators so that figures can be put into context with more of a strategic view. For example, with regards to the ethnicity figures reported, this does not appear to match that of the workforce as a whole; therefore, it may be that those who are not from the majority white population are either more prone to issue grievances or feel that there are more issues against them, which should be looked into to determine if this is a common trend and if there are any reasons behind this that can try to be fixed. SL agreed with SB's point and noted that this report provided a useful narrative, but could be improved with further analysis. It was also suggested that any actions that have arisen should also be identified. AC noted that ethnicity, as one of the Protected Characteristics, is especially important to investigate as the 5% of minority ethnic staff members within the organisation does not match the given figure of 14% involved in HR processes; this is something that the national Ethnic Minority Forum would be interested in. Any evident themes can also be looked into and actions identified.

5. Standing Items

5.1. Strategic Risks: Workforce

AC noted that this item follows on from the recent Public Board Development meeting, during which organisational strategic risks were discussed and looked into. It was decided that the Staff Governance's strategic risks would transition into 3 higher level risks: statutory mandatory training, compliance with Health & Safety legislation and workforce. There was also discussion as to moving some risks from the strategic framework into the operational sphere, including whistleblowing, industrial action and staff wellbeing. SB added, as an indirect relation to strategic risks, that work around sociodemographic inequalities is not carried out and that methods of identifying those within disadvantaged groups (e.g. as a result of poor educational attainment or cost of living) should be investigated. Therefore, the relevant information on staff's social characteristics that can adversely affect their work is not currently available. Potential solutions are to look into postcodes' SIMDs, which may be difficult due to geography, or to ask staff to complete a survey regarding adverse childhood experiences. It was noted that this could come as a recommendation from the Health Inequality Strategy, as this information could help with tailoring support to staff on the basis of inequalities. AC responded that Protected Characteristics within the Equality Act are usually only looked into at the moment as these are set in law, however it was agreed that SB's suggestions could be looked into in the future.

5.2. Whistleblowing Update

AC stated that an update regarding whistleblowing will be provided in the substantive agenda item (Item 8).

5.3. Workforce Planning Update

BS stated that 2 workforce plans were published in October 2022: a Health & Social Care Workforce Plan and an NHS Borders Workforce Plan for healthcare staff outwith the IJB remit. A progress update will come to the committee 1 year on from the publication of the reports. The workforce strategy is set on 5 main aims under the mnemonic "PATEN": Plan, Attract, Train, Employ and Nurture. With regards to the 'Attract' element, the recent international recruitment campaign has been such a success that further Band 5 RGNs are now not being recruited as the funded establishment has been reached. The next challenge, however, is to look across to H&SC, as there has been little international recruitment in this area; a SLWG is currently progressing discussions with SBC regarding sponsorship and lessons learned from NHS Borders, with regards to sharing expertise developed over the last 18 months. Employability initiatives have also been ongoing, with the organisation having been commended for these, in particular with regards to engaging the young workforce. Examples of initiatives include in-person and remote work experience weeks, NHS insight days for S4 and S5 students, volunteering and earn-as-you-learn opportunities, such as local banks, with the main aim being to attract people into long-term NHS careers.

In relation to 'Train', current training is to be standardised and streamlined, along with gaining cost efficiency and promoting recognition of training across H&SC sectors to avoid duplication. EC added that there continues to be a positive working relationship between NHS Borders, and more specifically the C&PD team, and Borders College, whilst ad-hoc interventions in education are also offered such as sustainability programmes and leadership and management training. BS noted that training is generic across H&SC, both within the NHS and the care sector. Band 4 Assistant Practitioner roles have also recently been developed to address the skill mix and enhancement of the HCSW role. Return to practice roles have also been a feature of the relationship with Borders College. EC also noted that discussions are to be had between OD and third sector managers to help signpost and offer coaching.

BS stated that there is currently a nurture mapping exercise with regards to staff wellbeing underway across H&SC, which will identify the benefits of working together to promote this. The IJB will also have potential involvement in deciding how future posts are advertised, particularly in terms of winter planning; whilst the NHS may be the recruiter, this may not be the final employment destination in that employees may also work across care settings. A winter planning event will be held at the end of the month; it was impressed upon the group that winter recruitment starts in the summer and that roles should be advertised by the end of August to guarantee recruitment by December. It was also reiterated that an annual report on the workforce plans will be shared at a future meeting following the anniversary of their publication. The committee accepted this update.

6. Staff Governance Annual Return

EC stated that following the request received from the Scottish Government for a Staff Governance action plan, an annual report is to be submitted to SG by 4th December 2023. The current plan is for a draft of the report to be brought to the next meeting on 7th September; this will allow sufficient time for any required input and changes before being signed off by AC, RR, JMc and DP. This information is gathered and submitted annually and is linked to SG's requirements as to performance against staff governance standards. SL queried whether the APF has sight of this report prior to submission; EC responded that it is tabled for noting at the APF rather than signing off. SL further queried if a progress report is provided at any point during the year; EC noted that there used to be an action plan linked to the report, however SG moved away from this and now simply send a response that requires further response from the committee; the assumption from SG is that this should be part of business-as-usual,

rather than developing a separate action plan. SL asked if there is an improvement plan in place and if any progress has been made by the committee in terms of improvement; EC suggested that the draft response could be looked at during the next meeting and updates on specific standards requested. SL queried whether it is enough, in terms of assurance, for this to be done once a year, or whether something more iterative is required; it was agreed that this would be discussed at the next meeting when the draft report is tabled. The group accepted this update.

7. Remuneration Committee Annual Report 2022/23

AC noted that as Iris Bishop was not available to attend this meeting, he will provide an update regarding this item. The roles and remits of the Remuneration Committee were stated, in that it deals with the pay and performance of senior managers and executives, updates on appointments to senior roles and bringing senior employments to an end. The report details who attended each meeting in the 2022/23 financial year, what was discussed at each meeting and the Terms of Reference of the committee. As the Remuneration Committee reports into the Staff Governance Committee, approval that the appropriate business has been addressed has been sought by the group as part of the assurance to the board. AC noted his contentment that the Remuneration Committee did address the appropriate business.

SL queried where assurance sits in terms of objective setting and performance management of the wider organisation, as this tends to be a lower scoring section of iMatter. AC noted that performance is most likely managed more closely by RR into the Executive Team than in any other area of the board, as there is a formal structure in place. It was suggested that investigation could be carried out into assurance on performance management within the organisation and capability through iMatter results, as well as potential training on strong performance management, perhaps all through the work of a possible SLWG.

SB queried where private practise sits within the remuneration structure, as this can potentially be a contributing factor to motivation levels. AC noted that with regards to the directly employed consultant medical workforce, this would sit within the job planning process. BS agreed with AC but also noted that there is a best practice process within the 2004 consultant contracts which details how private practise is to be dealt with; this is recorded in the job plan so is robust and can be tracked. It was also stated that GPs are beyond the remit of the Remuneration Committee as they are self-employed contractors.

RR noted that in terms of the responses to the iMatter questions in relation to confidence in performance management within the organisation, these are close to the Scottish average. The difference in responses between performance management with regards to individual teams and the organisation as a whole need to be understood, however, before any further analysis or actions are implemented, as the response to the question specifically regarding organisational performance management is in the 4 lowest iMatter scores, both within NHS Borders and Scotland as a whole. SL queried how assurance could be provided in terms of performance management, as some KPIs tend to be negative. RR suggested that staff's interpretation of these iMatter questions should be investigated, as they could potentially answer in relation to either management of individual performance or organisational performance in delivering targets. There appears to be a general view that the NHS does not deal with poor individual performance effectively which leads to frustration amongst staff; therefore, RR suggested that staff may be answering these iMatter questions with this in mind. It was noted that this would not be an issue for the Remuneration Committee, but instead for the staff governance action plan if this were to be addressed and worked on further. AC suggested that the Resources & Performance Committee, which looks at the performance of the organisation as a whole, could potentially commission some work on this issue; the

Remuneration Committee does not have the broader remit to investigate this as it only looks into the performance and pay of roughly 12 staff in the organisation. EC responded to SL's earlier query, in that in staff governance terms KPIs for performance management are measured nationally through appraisal rates and PDP performance. The group accepted this item.

8. Whistleblowing: Annual Report 2022-23

AC stated that this is the 2nd annual whistleblowing report produced by NHS Borders; this report was circulated to committee members previously and has been sighted at a Board meeting. It was also noted that recent guidance issued by INWO in June 2023 has been adopted. The main format of the report is to identify learning from the 3 whistleblowing cases in the last financial year, from which some main themes have been noted such as: communication between Acute management and the Acute workforce, the Hospital at Home initiative and trying to keep people out of hospital, patient flow issues, review of ED staffing, layout of ED, communications between management and Lothian & Borders bank staff and the use of exit interviews. The report then details how many cases there have been within the financial year, how staff are trained in awareness of whistleblowing as a speak-up process and performance targets in relation to timescales in managing cases. The target for NHS Scotland set by INWO is 20 days, however it has been noted that this timescale is difficult to achieve given the complexity of some cases, especially Stage 2 cases; a recent case has been concluded in 97 days and another in over 100 days. This report was discussed during the most recent Board meeting, at which it was also requested that specific feedback from whistleblowers be removed from the report as explicit consent had not yet been provided for quotes to be used. It is unclear as to whether this report has been published on the external website as yet, however this will be confirmed with Clare Oliver.

SL suggested that reporting needs to be tightened to ensure that the annual report is brought to the Staff Governance Committee prior to noting at Board meetings. INWO have also requested quarterly reports, however with the smaller number of cases within the board these could prove to be a challenge to develop. Whistleblowing Governance Group meetings are also usually scheduled between Staff Governance Committee meetings. It was also reiterated that meeting deadlines has been difficult due to the complexity of cases, however this does not appear to be unusual for other boards either. How assurance is gained is also evolving, with enquiry conversations now being carried out with business units during Whistleblowing Governance Group meetings. However, it tends to be a challenge to gain assurance that appropriate training is in place, staff feel able to speak up and concerns are being addressed; therefore, a discussion may need to be had to determine if the enquiry approach is working, as more stringency may be required in getting assurance statements from business units. A willingness to collaborate more closely with other sectors in terms of the H&SC Partnership has increased, however, with recent conversations regarding the IJB having been encouraging. AC noted that he has reached out to his counterpart at SBC to determine whether a single telephone number for any aspect of whistleblowing across H&SC could be effective in order to make the process simpler for whistleblowers; there is also a whistleblowing section within the SBC standards of business conduct. DP agreed with the idea of a single number for whistleblowers and noted his ability to facilitate discussions where necessary. The group approved the item and the draft of the annual report.

9. Minutes for Noting (EDI in Employment Group, OH&S Forum, TED Board and Whistleblowing Governance Group)

AC stated that these minutes are simply for noting, as they pertain to particular areas that are of interest to the Staff Governance Committee and relate to the staff governance standards. The minutes were accepted by the group.

10. AOUB

10.1. Long Service Awards

KH stated that a system is now underway to formally recognise staff who have worked within NHS Borders for either 25, 30 or 40 years, to which bronze, silver or gold certificates will be awarded; KH wanted to instate this system as a mark of her recent reappointment to Chair. The 1st batch of certificates have been sent out, with the 2nd to be sent out imminently. A quarterly look into the Payroll system will be carried out in order to identify those staff members who have achieved these service milestones, after which a certificate and cover letter, signed personally by KH, will be sent to these staff in order to show value and commitment to staff. There was a concern that there could be some negative feedback from this project, however JMc noted in chat that there has only been positive feedback thus far. However, at the moment the Payroll system does not capture the total length of service for those staff who have left the organisation and returned, however this can be looked into. JMc added that discussions have been ongoing regarding the potential to award staff with a voucher for local shops as well as the certificate. JMc has a meeting scheduled to discuss the possibility of using both endowments and lottery funds to fund this.

10.2. Staff Wellbeing Group

JMc noted that the outdoor spaces project has been halted until solutions to the Health & Safety risks posed by garden pods have been agreed; a small group is currently looking into this issue. A decision may need to be made regarding whether or not to continue with this project or to start afresh if Health & Safety issues are not addressed and satisfied. Steph Errington is currently leading on this piece of work and it is hoped that progress can be made in the near future.

10.3. Committee Self-Evaluation

SL queried whether self-evaluations from Staff Governance Committee members should be undertaken, as these are completed by members of other committees, with questions posed regarding the effectiveness of the committee, what is going well, what can be improved upon and whether members are sufficiently trained. JMc noted that the committee is monitored through the annual report to the Scottish Government; EC agreed on this point and noted that this report provides assurance to the board. However, it was suggested that the self-evaluation template for other committees could be brought to the next meeting for discussion and to determine if this would be appropriate for use by the committee.

Date of Next Meeting: The next Staff Governance Committee meeting will be held on Thursday 7th September 2023 at 1:00pm in the Coldingham Room, BGH Education Centre.

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Public Governance Committee Minutes**
Responsible Executive/Non-Executive:	**June Smyth, Director of Planning & Performance**
Report Author:	**Iris Bishop, Board Secretary**

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The purpose of this report is to share the approved minutes of the 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 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.

- Public Governance Committee 10 August 2023

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 15.06.23

PUBLIC GOVERNANCE COMMITTEE

NHS Borders

Minutes of Public Governance Committee (PGC)
Meeting held on Thursday 15th June 2023 12.30pm
via MS Teams

Present: Tris Taylor, Non Executive Director (Chair)
Lucy O'Leary, Non Executive
Margaret Simpson, Ability Borders
Graham Hayward, Vice Chair, Public Involvement Partnership Group

In Attendance:
June Smyth, Director of Planning & Performance
Clare Oliver, Head of Communications and Engagement
Karen Hamilton, Chair NHS Borders
Carol Graham, Public Involvement Officer
Cathy Wilson, General Manager for P&CS
Sharon Bleakley, NHS HIS, Engagement Programme Manager
Chris Myers, IJB Chief Officer, Director of Health & Social Care
Sohail Bhatti, Director of Public Health
Kirsty Kiln, Consultant, Public Health
Lettie Pringle, Risk Manager
Marion Phillips, Committee Administrator

1.   Welcome & Introductions

Tris Taylor welcomed everyone to the meeting.

The meeting was recorded for purpose of minutes.

2.   Apologies & Announcements

Apologies had been received from Cllr D Parker, N Hall,
L Gallagher (Heather Fullbrook unable to deputise), L Clark, L Jones, F Doig, K Lakie

Karen Hamilton attending the meeting in her role as Chair and for good practice will attend the Governance Committee meetings at least once a year.

The Chair thanked the Committee for their attendance.

The Chair advised that the meeting was quorate.

It was noted that late papers that were circulated would not be discussed today as the members have not had time to read them and do meaningful scrutiny. These are to be rolled forward into the report for the next meeting.

3.   Minutes of Previous Meeting:

The minutes from meeting held on 1st February 2023 were approved as accurate.

4.   **Matters Arising and Action Tracker**

- Terms of Reference

June Smyth commented that the Terms of Reference with some suggested tracked changes or comments will be emailed to the Committee for any further comments and will bring those back to next meeting to be reviewed and signed off. The work plan will be amended accordingly.

- Adult Changing Facility

June Smyth reported that has been escalated to Endowment Board of Trustees as they had agreed to fund it and it was acknowledged there is no capacity within Estates to carry out this work at present.

Margaret Simpson commented that there is a map that shows the where changing facilities are across the Scottish Borders and there is only one facility available. Margaret to share the map with Karen Hamilton.

Clare Oliver stated that this issue was raised with Community Engagement colleagues at SBC and they will add to an agenda for their meeting of the Public Toilet Group and they will take this forward.

Tris Taylor suggested that this be taken forward with partners to get this moving and look at alternative options. Margaret Simpson to take through the Access Panels that link in Scotland and Borders wide to try and get another facility installed locally close to BGH. Graham Hayward commented that there is an application going ahead imminently for funding from SBC to open the Hydro pool in Jedburgh which will include an available changing facility.

June Smyth and Sohail Bhatti to take back to Executive Team for further conversation and can update at the next meeting.

- Development Sessions

June Smyth to send email to Committee members to ask for suggestions to what development sessions they would like to have included in these meetings.

The Public Governance Committee noted the action tracker and matters arising.

5.   **Public Governance Business Items**

5.1   Chairs Update

Tris Taylor reported that all relevant items are already included within the agenda for the meeting and will be discussed as they arise.

The Committee noted the update

5.2   IJB Audit Committee Update:

Chris Myers gave short explanation of the Audit committee and Strategic planning group committee that report into the IJB. He suggested that it may be worth thinking about looking at the interface between PGC and both of these committees.

Chair of PGC and Chair of IJB agreed to have a discussion to explore collaborative accountability potential for a shared arrangement.

The Committee noted the update

5.3   Annual Report:

This was circulated with the agenda and as no comments made then it was agreed as accurate.

The Committee noted the annual report.

5.4   Public Involvement & Engagement Update

Clare Oliver reported that there has been a reframe of the Public Involvement Pillar and have a new look meeting coming up soon. We will be looking at focused work with the priorities and will be pulling scopes across these. There will be targeted work taking place that is owned and driven according to the timescales of the offices within the pillar who have been brought in. Going forward, will be progressing the learnings from the previous pillar in terms of the outputs and will report back here in relation to that.

Clare also reported that the Involving People Framework is ahead of schedule, and this has been taken across the organisation, partnership colleagues, third sector and public involvement members. It has been to Operational Planning Group and Quality & Sustainability Board meeting who suggested that given the importance that it is taken to next Board meeting which is being held in Peebles. Clare commented that they are still able to take comments or any additional observations if there are any.

In relation to the Public Involvement Pillar, one of the scopes will be testing the application of the Involving People Framework against a piece of work and applying the lessons and learning into a case study.

Clare advised that they are currently in process of writing a communications and engagement strategy for the IJB. The Involving People Framework will inform the engagement aspect of that strategy and should be presented to the IJB meeting in September and will be taken through the governance routes prior to that.

The Involving People Framework to come back to PGC in August for formally noting after it has been discussed at the Board meeting.

The Committee noted the update.

5.5   Draft Workplan 2023/24

June Smyth commented that the IJB Audit Committee can be updated in the work plan. The Terms of Reference sign off has been added to August meeting. The two development discussions have still to be populated and the Risk reviews have been amended to allow a deeper dive on the risks overseen by this committee individually.

The Committee noted the updates to the workplan.

5.6   Strategic Risk Update

June Smyth reported that this is the start of the transition for each of the strategic risk owners to the relevant executive leads who will talk to their items rather than Lettie Pringle coming to the relevant committees to talk to the items.

The overall set of strategic risks are broken down and then assigned to a particular Governance Committee. This Committee have two risks, one is public involvement and engagement, which June Smyth is the Executive Lead and the other is housing policies and Sohail Bhatti is the Executive lead for that. This process will allow the Committee to get assurance on the risks.

Following the workplan, at the next meeting Sohail will go more in-depth on health inequalities, strategic risk and mitigating actions. June will do the same with her risk at a later meeting. This process will allow for a deeper understanding and an opportunity to question in more detail the risk, the assessment, and mitigating actions.

The full Strategic Risk register was attached to allow the Committee to view the above aforementioned risks they can also see them within the context of the overall risk register that sits at Board level.

The new list of strategic risks to be circulated and members can feedback on the newer risks they would want to be considered later in the year. Sohail commented that there may be an element of climate change in people's behaviours that may be of interest to this committee as part of that risk.

The Committee are assured that there are systems and controls in place for public involvement and engagement and these are being executed. The Committee were not assured systems and processes were in place for health inequalities but would consider this after Sohail's presentation later in the meeting.

5.7   Planning with People

The final edition of the Planning with People guidance document was published in April by Health Improvement Scotland. This item is for noting.

The Committee noted the final document.

6.   Monitoring & Performance Management

6.1   Clinical Board Updates:

Public Health:
Apologies received from Fiona Doig and a report was submitted.

Mental Health:
Apologies received from Lisa Clark and a report was submitted

Primary & Community Services:

The P&CS report will be submitted to the next meeting.

-Chirnside HIIA
Cathy Wilson reported that following the closure of Chirnside branch, a Health Inequality Impact Assessment was completed to measure the impact on the patients. It was agreed that this would continue to monitor the situation and are engaging with the Merse Medical Practice regularly to ask if any issues have come up with patients, who in general are accepting of the situation.

Sharon Bleakley asked if a patient participation group could be considered, Cathy responded by saying this was good suggestion and will ask the question next time she is in Duns.

Cathy noted that when the assessment was started over a year ago and since then work has been carried out through IJB and NHS to develop the current format of identifying and targeting individual groups and being able to record it as evidence in the phase two of that assessment.

Cathy commented that GPs are well versed in responding on an individual basis and within people's circumstances and they do look at people in holistic manner. Taking on board Tris Taylor's comments, Cathy will amend how the wording in the HIIA reads regarding the protected characteristics of homelessness, living in deprived and rural and remote areas, with the concept of clinical need includes environmental factors and conditions to reflect this. GPs do tailor the needs to the individual and their set of circumstances, not just clinical needs.

Tris enquired if there is specific evidence that the fitness of the document for purpose in providing evidence against challenge. Is there evidence that consideration of access is informed by lived experience. The list of names is not matched against the groups they represent. Cathy commented that since working with the IJB and Clare's team, they have adopted their template which now includes targeting individual groups and being able to record it as evidence in phase two of the HIIA. If there were any challenges from a group or individual who felt they were being disadvantaged based on their circumstances, the practice would respond in the first instance, then it would be escalated to the health board. The HIIA would be referred back to show that people with disabilities regarding their complaint had been targeted. It is unlikely that this would be escalated based on how practices handle complaints.

Cathy asked if the Committee would recognise that they have completed the piece of work regarding the closure of Chirnside branch and can now focus on ongoing monitoring. Tris replied that he would be content for that to be an operational decision.

Acute:

Apologies received from Kirk Lakie – a late report was submitted and to allow members time to review this it will be carried forward to the next meeting.

HIS Community Engagement:

Sharon Bleakley reported that the HIS Scotland Strategy was launched in April with four priorities. The third priority is around enabling the health and care system to place the voices and rights of people and communities at the heart of improvements to the safety and quality of care. Sharon attached a copy of the HIS vision statement for the directorate and asked if people could provide feedback to it. This was only aimed at professionals so now HIS have created a public facing animation and would welcome feedback and thoughts.

Planning with People and the Quality Framework for Engagement was launched a few days after the Planning with People guidance that came out. Any questions can be discussed with Sharon out with the meeting. Comments were received to echo the benefit of early engagement for any planned changes or proposals for consulting.

The Committee noted the all the updates

6.2   Health Inequalities Update / Assurance

Sohail Bhatti reported that an internal audit report was completed in response that there was not assurance around this area. Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups.
A management action plan has been put in place to try and address the high and medium risks with some time skills and responsible officers. A timescale has been set around getting the data together and writing a strategy on the back of that.

Kirsty Kiln talked through a presentation:
Phase 1 of developing a strategy is data identification and analysis.   Looking at the information that can be accessed. Phase 2 is taking that information and have discussion with relevant staff groups and phase 3 is stakeholder and community engagement and thinking about health inequalities and developing recommendations and actions. Also thinking about being an anchor institution and thinking about rules, through the CPP and other groups beginning to have the conversations about health inequalities being part of the anchor institution.
Also being included in the strategy is the burden of disease and unhealthy behaviours, identifying the wider determinants of health, the need for partnership working and recommendations for action.

Kirsty gave an overview of the main areas of focus of the strategy will look at with a comprehensive life course view. Kirsty added that she is happy to take comments if people think there is anything missing from the list.
At present the work is focusing on the analysis and review stage and are starting to build a picture of certain areas of concern that need to be looked at more closely. The plan is to start the conversation with staff groups over the summer and should be able to progress to then thinking about stakeholder engagement with community groups by the autumn.

Sohail added that there are a number of challenges being faced, some around collection of data and where this sits, which includes external contractors. To mitigate risks is a challenge as the only specialist within Public Health at present, while Kirsty is acting up until the interviews for the consultant post in July, but there could still be capacity issues going forward until they are in post.

Sohail commented that the strategy will be a living framework and as better data is collected it will improve understanding of the issues. It is hoped that a significant piece of work on health inequality will get started and will build confidence to address the challenges that are emerging.   To be able to allow NHS Borders and Scottish Borders to have a deeper understanding of the impact of health inequalities on the population.

June Smyth welcomed the timeline that works well to start to consider next years planning and ensure that the outputs and actions are developed as part of the strategy are embedded within services as their responsibilities in tackling health inequalities. Also, there are other separate engagement with local communities going ahead over the summer and it would be good to work together to prevent any double-doing.

Tris Taylor thanked Kirsty and Sohail for their presentation and to give assurance to the Committee it was agreed that there is cause for optimism that the position will change within the next six months, and we will see progress being made.

The Committee noted the update and comments on assurance, and this will come back to future meetings with further updates.

Lucy O'Leary left the meeting

7.   **Public Engagement Assurance H&SC Partnership:**

Chris Myers attended the meeting and gave a presentation on H&SC partnership. He outlined that Health & Social Care Partnership, and the Integrated Joint Board are different things. The H&SC Partnership are the legally integrated services in legislation that exist within the context of NHS Borders and SBC and along with general practice social care providers, the third sector along with others in the Primary care sector.

The IJB is the decision making strategic board that is responsible for overseeing the services within the partnership and is responsible for the strategic decision making. The IJB have taken the approach of once for Borders and start with community first and work backwards then should get the right results. Chris commented that the Involving People Framework, that Clare is developing, will apply to both IJB and Health Board space.

Chris added that the Teviot Day Centre closure was deemed unlawful on the basis that the equality impact assessment and consultation processes in reaching the decision were flawed. It was noted that when the process goes wrong that ultimately this is about people. The decision to close the service should have been made by the IJB and not by SBC, the IJB Governance failed, and it impacted on the community.

Chris noted that key changes have been made in IJB which includes changing the strategic commissioning approach to a more formal role for the strategic planning group to allow communities to have a say on plans before they go to IJB. NDTI were commissioned to undertake a major public consultation and were assisted by the Public Involvement and Engagement Team. A new code of conduct was agreed for IJB members which puts public first essentially. IJB also agreed to re-establish the Community Integration groups. All the changes will allow IJB to evidence and do well against the responsibility to the community under the Community Empowerment Act.

The Equalities and Human Rights was a key area highlight by the audit committee that the IJB did not perform well last year, there has been significant amount of work to address that. There was a risk relating to IJB on the Risk Register relating to legal challenge and consultation, engagement, equalities, and human rights, that risk has reduced significantly to a very low risk now. Once the locality working group is re-established, we would expect that risk to be removed.

Chris reported that following the commissioned report from NDTI the important principles of maintaining independence, effective communication and living a good life were highlighted in the integrated impact assessment. People felt the third sector came into it's own during Covid and real opportunity to harness community assets. Services for people living with dementia was positive. There are a few gaps with access to GPs and Dentistry as well as primary care access, social care, social work, and secondary care, partially due to workforce challenges. The lack of communication between services with a lack of seamless provision and also communication with the public was another gap. Engagement with people with lived experiences needs to included at the beginning rather than the end of the process.

Taking all the issues raised from lessons learned report, joint strategic needs assessment from Public Health, from SWOT analysis and National Health and Wellbeing Outcomes, they were themed and the results were that long waiting times, workforce, being good in a crisis, needing to better support unpaid carers all came directly from the we have listened report. The increasing need and financial constraints were highlighted in poverty and inequalities, which include health inequalities as well as protected characteristic inequalities and being likely to worsen in financial crisis.

Objectives were set to try and mitigate the issues and are working to set up an annual delivery plan. Having a partnership that helps address these issues and aligns to our objectives and thinking about how to structure the approach so there is assurance as a partnership that we are delivering and moving services in the right direction. The values of NHS Borders, SBC and the Communities were put together and this will be embedded amongst teams and IJB and among the senior managers in the partnership as well.

Chris concluded that the environment is challenging, and this will increase, if we can develop a partnership that has difficult decisions about how to move forward in the context of the fact that do not have the workforce to deliver all these services like they used to be, and the financial environment is much harder. It is important to build on having honesty and openness with the public in an effective way moving forward. This will help develop the approach to infrastructure as well as doing it in a meaningful way.

The Committee noted the report and took assurance of the Health Board participation in the plans

8. **Any Other Business**

No other business was raised.

Karen Hamilton thanked the Committee for being able to sit in on the meeting today and found it really interesting and stated it is encouraging to see how the Committee is progressing.

10. **Next Meeting Date –** Thursday 10th August 10am via MS Teams

NHS Borders

Meeting: **Borders NHS Board**

Meeting date: **5 October 2023**

Title: **Area Clinical Forum Minutes**

Responsible Executive/Non-Executive: **Kevin Buchan, Non Executive**

Report Author: **Iris Bishop, Board Secretary**

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

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

2.2   Background

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

2.3   Assessment

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

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An HIIA is not required for this report.

2.3.6 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.

- Area Clinical Forum 27 June 2023
- Area Clinical Forum 15 August 2023

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 23.05.23
- Appendix No 2, Area Clinical Forum minutes 27.06.23

NHS Borders - Area Clinical Forum

MINUTE of meeting held on
Tuesday 23 May 2023 13:00 – 14:00
Via Microsoft Teams

Present: Dr Kevin Buchan, Chair
Gerhard Laker
Martin O'Dwyer
Fiona Sandford
Alison Wilson
Paul Williams
Philip Grieve
Rachel Mollart
Nicky Hall

Minutes recorded for later transcription

1.   APOLOGIES and ANNOUNCEMENTS

None noted.

2.   Draft Minute of ACF 24th January 2023
Minutes approved as a correct record. Seconded by Dr Mollart.

Action Tracker/Matters Arising:

Fiona Sandford contacted Laura Jones – Action No 14 – Duty of Candour – Complete. Action tracker updated accordingly.

Discussion around training programme for Associates – Lesley has invited Olive to attend June meeting.

Points to note:
- Noted when commence start at Band 7.
- Not yet able to prescribe
- GMC take over leadership at some point
- Invite Olive Herlihy to June ACF
- Kevin to Speak to Sohail

3.   Clinical Governance Committee – Feedback

Fiona Sandford – note next CG meeting 24 May 2023. Last meeting issues discussed:

- Medical Education
- Mental Health Services
- Primary & Community Services – GP Vulnerability to be included. Agreed any issues/potential risks be sent to Philip Grieve who will include in paper for inclusion with CG agenda.

Agreed: End of each ACF any issues for escalation to be identified and Fiona Sandford will feed these up to Clinical Governance.

4. **Non-Executive Input to ACF**

It was noted that having Non Executive Input to ACF was extremely useful. PW referred to Clinical Governance and noted that there was so much ground to cover and welcomed the opportunity at ACF to link into more clinical issues. Agreed to remove this item from standing agenda item currently.

5. **National ACF Chairs Meeting**

Kevin Buchan referred to email sent round in March and updated ACF on discussions at previous ACF National Chairs meeting as follows:

- Last meeting John Harden, Deputy National Clinical Director in attendance as well as Jason Leitch, Vice.
- Commitment to ACF role discussed and how people felt and what the expectation was.
- There was a piece of work done around the role of ACF Chair. Issue around time to do this. 3 core pieces of work ACF Chairs do over next year supported by Clinical Directors Team.

Following a question from Rachel Mollart with regards to other NHS Boards being in a similar position, Kevin confirmed there are various similar issues around the whole of Scotland being experienced.

76. **Professional Advisory Committees:**

(a) **Area Dental Advisory Committee (ADC)**

Gerhard Laker gave feedback as follows:

- Most practices stopped taking new patients and stopped taking people onto waiting lists.
- SG promised to introduce a new working payment system for general dental practices for many years – currently postponed with implementation still planned for October 2023.
- RM asked what happens to patients not taken onto list. Gerhard confirmed if patient registered with a particular practice, they are still entitled to receive treatment, however if not registered dentists can only assist with urgent care.
- PW made reference to being new to area and recognised extreme difficulties in seeing a dentist.
- GL indicated that main issue is recruitment and retention.

In conclusion, Fiona Sandford indicated that Clinical Governance are very much aware of the situation within Dental Services and Dr Lynn McCallum has raised previously that poor dental health can lead to other health issues.

(b) **Area Medical Committee (AMC) & GP Sub Group**

Action:

To be updated on agenda as Rachel Mollart - Chair.

RM gave update as follows:

- Work load issues
- Recruitment & retention
- Consultant numbers gone up, GP numbers down nationally
- Interface between Primary and Secondary care – waiting times up, increased demand.
- Not heard of any more practices in vulnerable status since last update
- Work on GP sustainability – P&CS working on and will bring to GP Sub

(c) **Area Ophthalmic Committee (AOC) – Nicky Hall - update as undernote**

- Last meeting cancelled.
- Stroke Pathway – other areas use Trakcare
- Cataract waiting list 2-4 years – people choosing to go privately.
- People referred for Glaucoma – having to re-refer urgent as not been seen.

(d) **Area Pharmaceutical Committee (APC) – Martin O'Dwyer**

- Recruitment & Retention issue for contractor Pharmacist no financial framework – finished 31st March – no replacement agreed as yet.
- Change in contractors in Pharmacy
- Medicine Shortages
- Prices – difficulty sourcing under tariff
- Morale not high in community pharmacies currently
- When Financial Framework established should assist

(e) **Allied Health Professionals Advisory Committee (AHP)**

- Workforce & recruitment challenges – lots of National work
- Locally – challenges around rehabilitation space within acute hospital as well as within health centres & communities
- Financial pressures Board under – all services being asked to review workforce – anxiety within some of AHP services.
- Waiting lists going up – greater complexities
- Vast majority of service budgets – staff – create challenges moving forward to deliver high quality, safe whilst contributing to FIP
- Major Trauma – colleagues from Lothian & Fife coming to see how well this is working
- SLT – changed to more universal and targeted programmes

(f) **BANMAC**

Philip Grieve intimated that the intention is that BANMAC will be replaced with another Nursing Forum. There is currently no policy/requirement at Board level for BANMAC. From Nursing perspective – no change as outlined for AHP services.

Main challenges:
- Community Hospitals and staffing
- Recruitment challenges – incurs agency costs
- Real staffing legislation in place – apply for E-Rostering for nurses which will have impact on delivery of services
- Clamp down on nursing agency spend – as of 1st June any agency request off framework must be reported to SG.
- Will keep ACF up to date with what new BANMAC will be

(g) **Medical Scientists**

No Update

(h) **Psychology**

No Update

8. **Any Other Competent Business**

Issues for Escalation to CG

- Paul Williams made reference to the current challenges face by Clinical Managers – pressure around FIP – acknowledgement that financial situation is not sustainable, however there is still the expectation of clinical areas to make savings and this is proving really challenging in the context of other issues, including workforce. Need to escalate the financial risk v clinical risk. Clinical feedback received is that it feels that the risk is more at individual Clinician level rather than at Board level. Raise clinical risk element at Clinical Governance Committee.

- KB: Risk of patients not being seen

- Alison Wilson highlighted the Medicines risk and in particular HEPMA, medicine automation etc. Noted HEPMA issue has been raised to Chief Exec and response received.

- RM: Annual Plan – Reference made to difficult conversations as to what we can stop Expectation to retain what currently doing, stay later, do more etc. Difficult discussions required

- Nicky – referrals – responsibility – if can have accurate information/feedback as to waiting times length, easier to have conversations with patients. Increases risk of patient damage if referral not within timely fashion, risk of losing eyesight.

- To Note ADP highlights difficult conversations required

- Martin – feedback – risk – independent contractor risk – pharmacies bear own financial risk – salaries not part of NHS budget – all at risk if financial framework not in place and longer term risk of sustainability to service. Working ridiculous hours across all sectors

- Fiona: FIP – slightly helpful – are receiving support from local politicians. Will amongst Chair of Boards to be more realistic. Helpful if Board should see things ACF feel we should stop doing?

Following the above concerns, the undernoted escalations were noted and will be reported to Clinical Governance Committee:

Escalations:

- Financial Risk will increase clinical risk
- GPs need Board backing – RM to formalise
- Waiting lists, ophthalmology
- Financial Risks pharmacists carry
- Any other points of escalation please email Fiona directly

In conclusion, Fiona Sandford referred to a recent personal situation, whereby her husband had need to attend BGH emergency and received appropriate treatment timeously and noted the fantastic pathway and highlights that the NHS is still working at it's best during difficult times. bloods, scan, MRI – fantastic pathway – proves NHS still working very well.

Paul Williams referred to the previous Clinical prioritisation process and intimated that in future discussions around clinical services stopping may be a role for ACF.

9. **Date of Next Meeting**

Tuesday 27th June 2023 – 1pm – 2pm

NHS Borders - Area Clinical Forum

MINUTE of meeting held on
Tuesday 27 June 2023 13:00 – 14:00
Via Microsoft Teams

Present: Dr Kevin Buchan, Chair
Gerhard Laker
Martin O'Dwyer
Rachel Mollart
Nicky Hall
Caroline Cochrane
Alison Wilson
Alison Downie

Lesley Shillinglaw – Minutes/Actions

1.   APOLOGIES and ANNOUNCEMENTS

Paul Williams (Alison Downie deputising), Philip Grieve, Imogen Hayward, Fiona Sanford

2.   Draft Minute of ACF 23 May 2023

Minutes approved as a correct record. Seconded by Dr Mollart.

Action Tracker/Matters Arising:
Action Tracker updated accordingly.

3.   Clinical Governance Committee – Feedback

Noted - Next meeting 6 July 2023.

4.   Non-Executive Input to ACF

No update

5.   National ACF Chairs Meeting

Minutes not yet available. 8 core pieces of work. Ongoing piece of work re ACF chair work.

6.   Professional Advisory Committees:

(a)   Area Dental Advisory Committee (ADC)

Gerhard gave update:

- Still awaiting SG re NHS Dentistry
- Asked by Morag Muir, Consultant in Public Dental Health – drawing up a strategic plan for oral health for implementation next year.
- **Action**: Invite Morag to next meeting.

(b)   Area Medical Committee (AMC) & GP Sub Group

Rachel Mollart provided an update as follows:

- Short of Consultants and GPs
- Discussed importance of making bullet points for useful escalation to ACF
- Last meeting highlighted:
    - Difficulty around waiting times
    - Default position of "see GP to speed up waiting list" – try improve communication
    - Specific areas of difficulty Dermatology, Neurology & Cardiology
    - SGPC meeting feedback. RM will share minutes with Committee. GP Wellbeing survey – 6% unstable, 1 in 20 sustainable.
    - BMA Website – Heatmap: Recruitment situation/ sustainability dashboard – highlights information across Scotland re general state of GP practices.

(c) **Area Ophthalmic Committee (AOC) – Nicky Hall - update as undernoted**

- Noted not much change in situation from previous meeting, however noted slight improvement with regards to Cataracts

(d) **Area Pharmaceutical Committee (APC)**

Martin O'Dwyer gave an update as below:

- No financial framework in place
- Pharmacy Contractors – change in ownership – one of large multiples – undergoing sales process

(e) **Allied Health Professionals Advisory Committee (AHP)**

Alison Downie gave an update as below:

- AHPs writing service specs – struggling with obtaining data
- Children and Young People Services

(f) **BANMAC**

No update provided.

(g) **Medical Scientists**

(h) **Psychology**

Caroline Cochrane gave update as below;

- Continued strong demand for all services, especially Adult Mental Health - secondary care.
- Paper with QSB in July putting forward a plan – short, medium and long term plan. **Short term**: is around FIP, **medium term**: rest of this year to look at productivity and ensuring productive as possible and taking into full service review – completion next year. Recent review of SAERs in Mental Health – Gaps 1. Inpatient adult – no psychology resource, older adult in patient, 3. CBT for psychosis. Difficulty cannot move established resource.

- Trauma Champion for NHS Borders working closely with Stuart Easingwood – co chair integrated Trauma Steering Group to ensure less stigma, if people offered trauma treatment it is evidence based, work out where focus resource. Working closely with maternity currently. Another piece of work staff support pathway for traumatic events at work. Done a survey working out what people are looking for – happy to report on progress moving forward. Kevin/Caroline meet to catch up re this.

In response to a query from Rachel Mollart with regards to the link to trauma and personality disorder and whether the Integrated Trauma Steering Group include this group of patients, Caroline referred to a piece piece of work in mental health around PD Pathway. Aim of Trauma Steering Group is ensuring relevant clinicians have correct training. NES – informed, skilled, enhanced & expert. Psychologists have correct training – rolling out training, Safety and stabilisation training in MH (not yet complete), in future when funds available, provide training in EMDR.

6. **Issues for Escalation to CG**

- Clinical Interface Group currently looking at how to escalate to CG. Each Board, Acute, P&CS and MH have own governance structure. RM, Robert, Laura Jones will be meeting to discuss escalation from CIG to CG.
- Alison Wilson referred to IT issues including digital prescribing, order comms etc

9. **Date of Next Meeting**

15 August **11.30 – 12.30** – **Olive Herlihy in attendance re Physician Associates.** Invite Morag Muir re dental strategy update.

LS
29.06.23

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**NHS Borders Performance Scorecard August 2023**
Responsible Executive/Non-Executive:	**June Smyth Director of Planning & Performance**
Report Author:	**Sarah Martin, Planning & Performance Officer**

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. The scorecard also reports key targets and standards that were included in previous Annual Operational Plans (AOPs) and Local Delivery Plans (LDP).

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 main body of the scorecard sets out performance as at end of August 2023 against the targets from the 2023/24 Annual Delivery Plan (ADP). The report also includes as appendices performance as noted against some previous AOP/LDP measures, for information purposes.

2.2 Background

In 2022/23 Scottish Government moved away from commissioning any further remobilisation plans following the covid pandemic and instead commissioned a one-year ADP aimed at stabilising the system. Scottish Government have since commissioned a further ADP for 2023/24 which has recently been submitted and approved. New targets and trajectories have been submitted as part of the approved ADP.

2.3 Assessment

We are still unable to meet trajectory targets for Outpatients, TTG, Emergency Care and Mental Health (CAMHS and Psychological Therapies) however summaries for each of these can be found within the scorecard where available updates have been added.

Where services have been able to provide it, narrative is contained within the body of the scorecard, focusing on 2023/24 waiting times trajectories and the 'hot topics' of emergency access standard and delayed discharges.

Following a recent request, Health Protection data is currently being reviewed by Public Health, Planning & Performance and Business Intelligence Services with a view for this to be included in future scorecards.

2.3.1 Quality/ Patient Care

The ADP milestones and 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 HIIAs as part of delivering 2022/23 & 2023/24 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 August 2023.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Borders Performance Scorecard

PERFORMANCE SCORECARD

As at 31 August 2023

Month 5

Contents Page

Introduction

As a result of the COVID-19 Pandemic the 2021/22 Annual Operational Plan (AOP) 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 (ADP) aimed at stabilising the system. As per the agreed ADP for 2023/24, which was brought to the NHS Borders Board August meeting for approval, all Boards were required to submit waiting times trajectories but no other formal performance measures were agreed.

This report contains the 2023/24 waiting times performance and hot topic measures and an appendix which demonstrates AOP and Local Delivery Plan (LDP) measures (LDPs were in place as performance agreements between Boards and Scottish Government prior to AOPs and we retain some of the performance standards from those plans). In the current report performance is noted against waiting times trajectories in place as at March 2023.

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 Total List Size by Weeks Waiting
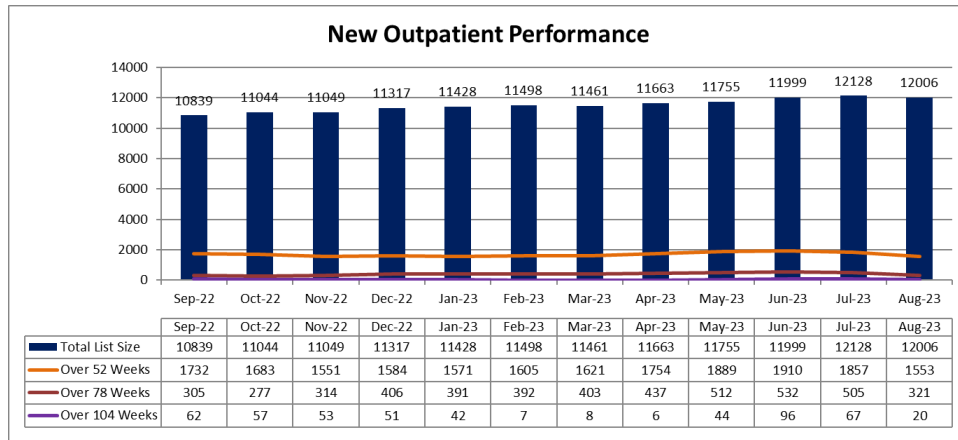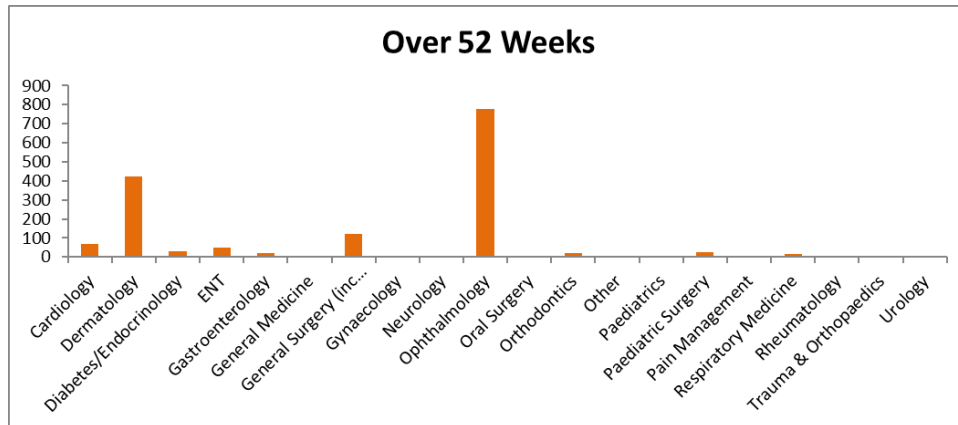
New Outpatient Performance

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Total List Size	10839	11044	11049	11317	11428	11498	11461	11663	11755	11999	12128	12006
Over 52 Weeks	1732	1683	1551	1584	1571	1605	1621	1754	1889	1910	1857	1553
Over 78 Weeks	305	277	314	406	391	392	403	437	512	532	505	321
Over 104 Weeks	62	57	53	51	42	7	8	6	44	96	67	20

Fig. 1

Over 52 Weeks

Fig. 2

New Waiting Times Targets

During August we have seen a reduction in the OPD list size, reducing by 122 patients. Demand during August is slightly above the average seen over the last year, and activity has increased compared to the previous 4 months.

It should be noted that the activity delivered during August (like previous month) has been a made up of approximately 50% seen within 12 weeks and 50% of longer waiting patients. Specialty discussions are required to explore whether any further assessment can be done to ensure patients are clinically categorised appropriately to ensure those most at need are being seen but also ensure that potential inroads can be made to the longer waiting patients.

Current Waiting Times Standard is that no patient should wait over 52 weeks.
We are currently failing to meet the standard where no patient will wait over 52 weeks for their new outpatient appointment. During August we have continued to decrease the number of patients waiting over 52 weeks by 304 patients.

The main contributing specialties to our over 52 weeks are high volume outpatient services, dermatology, and ophthalmology (majority of which are cataracts), both specialties continuing to have patient waiting over 78 weeks.

Dermatology – we continue to see core medical gaps and we are delivering an "urgent only" service at present with the support of independent providers. The tele-dermatology model continues to be tests and during September the concept will move to the new "urgent" referrals.

Ophthalmology - we increased cataract capacity during May, and we have sustainably recovered to pre covid capacity for cataract surgery. Additional Golden Jubilee capacity has been secured for cataracts; this will address some of the longer waiting outpatient ophthalmology patients. The number of cataracts per operating list are increasing with improvement and operational support. In addition, patients waiting on outpatient lists for cataract surgery are being transitioned onto TTG waiting lists in line with capacity increases.   Technicians have been employed; one has commenced with the second due to start beginning October. This will support increasing OPD activity. The workforce model is nearing completion and the SLA for consultant time has recently been reviewed. Further discussion is required around the next steps for the medical workforce. In the meantime, the sessions available will be picked up with locum support.

Process Improvement
The service is making great inroads to standardising and implementing the Centre for Sustainable Delivery (CfSD) endorsed demand management improvements, i.e., ACRT, PIR and Opt In. The Heatmap will be tabled in the September report.

Booking Software has been procured and the local team is working to implementing in September. A robust room booking process is critical in ensuring we are using all capacity available.

Successes for August
- Plan test of change for 8 cataracts on a list - 21st September test date
- Building the templates for the Booking Software
- Further resources secured for Dermatology, including NECU support
- Activate additional capacity for General Surgery & Orthopaedics

Plan for September
- Plan to in place for 3rd all day list of cataract theatres – 21st September test of change
- Full implementation of booking software
- Write up of all Tele-dermatology tests of change for consideration of future model
- Further consultant dermatologist capacity commencing
- Continue with CfSD endorsed improvement opportunities

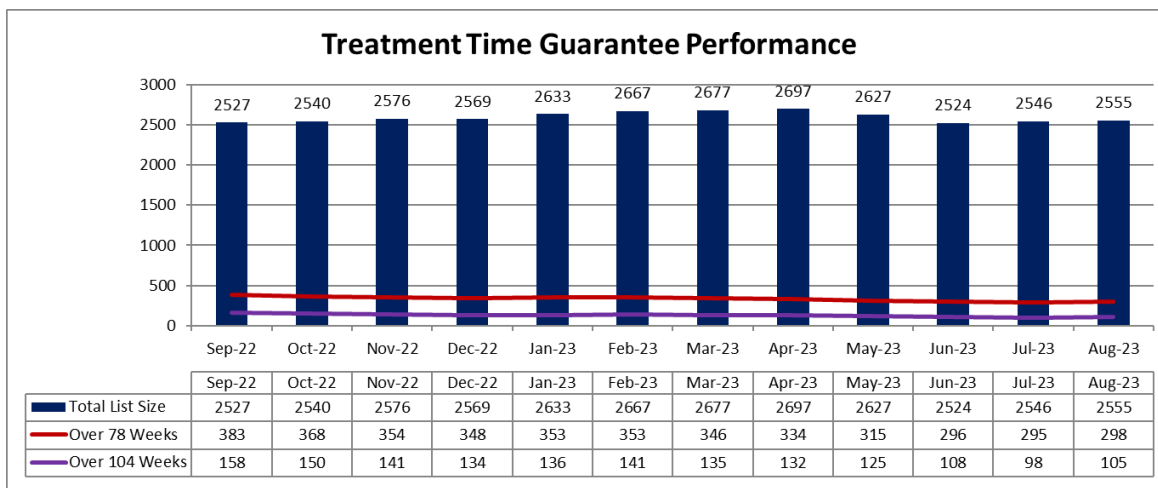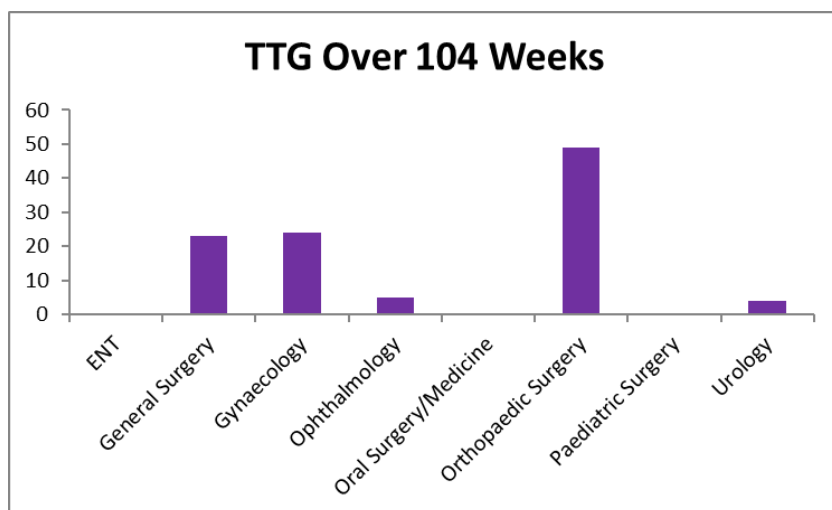## TTG Performance Against Trajectory- All Specialties

Treatment Time Guarantee Performance

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Total List Size	2527	2540	2576	2569	2633	2667	2677	2697	2627	2524	2546	2555
Over 78 Weeks	383	368	354	348	353	353	346	334	315	296	295	298
Over 104 Weeks	158	150	141	134	136	141	135	132	125	108	98	105

Fig. 3

TTG Over 104 Weeks

(Chart showing by specialty: ENT, General Surgery ~23, Gynaecology ~24, Ophthalmology ~5, Oral Surgery/Medicine, Orthopaedic Surgery ~49, Paediatric Surgery, Urology ~4)

Fig. 4

Waiting Times. The TTG targets for Inpatient / Day Case surgery are as follows:

Theatres:
- 2 year waits for Inpatient / Day Cases in the majority of specialities by end of **Sep 22**.
- 18 month waits for Inpatient / Day Cases in the majority of specialities by end of **Sep 23**.
- 1 year wait for Inpatient / Day Cases in the majority of specialities by end of **Sep 24**.

Chronic Pain:
- Waiting times standard: 12 weeks for new outpatient appointments.

Issues & Actions

Operating Theatres
Issue
Ability to meet Inpatient TTG targets.

Updates
October Additional Capacity. The October Theatre Schedule has now been released, adding on an additional 4 sessions / week.

Anaesthetic Staffing. The new Specialty Doctor (SD) 2022 contract specifies that no more than 40% of hours are worked Out of Hours (OOH), unless the individual adopts to work in excess of this figure. The 4x SDs who work for BGH Anaesthetics Department currently work between 60% and 84% OOH. In the next job planning round in 2024 it is anticipated that the current SDs will elect to drop to a maximum 40% of hours worked OOH. This is expected to result in a deficit of 71 OOH shifts. Planning is underway to resolve this.

Closure of Theatre 1. As a result of a number of issues that were highlighted in the annual verification report of Theatre 1, the decision was taken to suspend operating at the end of August. This resulted in a 2-week closure of theatre 1, during which time remedial works were completed and the theatre is now operational. This has impacted elective activity during this reporting period.

Ring-fenced Elective Ward. There remains no ring-fenced elective ward. This creates a risk that there are not sufficient Inpatient beds for our elective patients, especially during times of high bed demand e.g., winter. This creates uncertainty and causes delays in starting procedures; it makes it difficult to make or maintain efficiencies.

Chronic Pain Service
Issue
The Clinical Psychologist position that supported the Chronic Pain Team has been vacant since June 2023. This position is one of the core members of a Pain Service. The impact of not having a Clinical Psychologist is that we are no longer able to provide the core Pain Management service, the Pain Management Programme. This would have a significant impact on the viability of the Chronic Pain Service.

Updates
Meeting scheduled in August with Caroline Cochrane, Director of Psychological Services and Head of Psychology Speciality to look at 2 options:
- Review the cost and availability of utilising the national pain management pro-gramme and a more regional approach, for example NHS Lothian.
- Psychology services considering a more resilient resource to support acute / health related issues for example chronic pain.
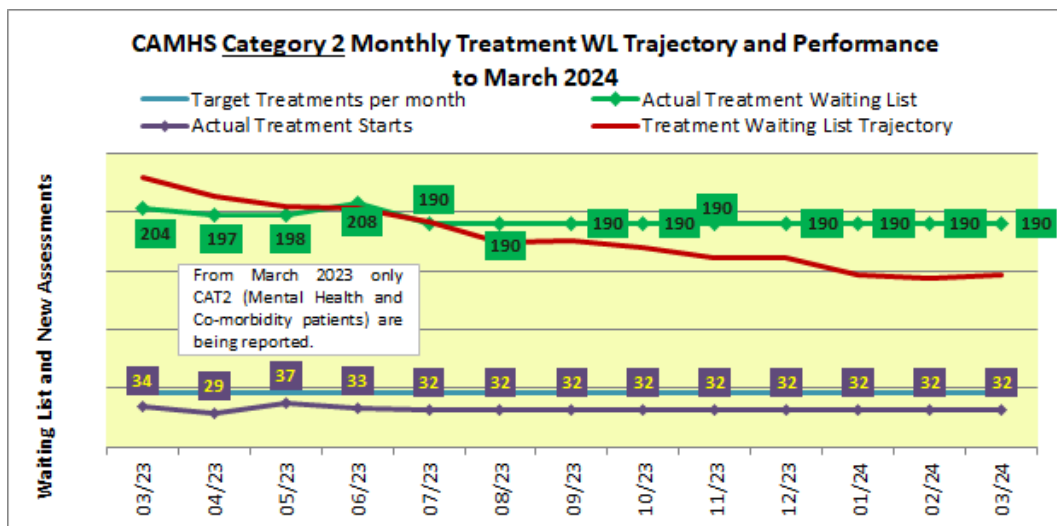
Mental Health Waiting Times CAMHS

CAMHS Category 2 Monthly Treatment WL Trajectory and Performance to March 2024

— Target Treatments per month ♦ Actual Treatment Waiting List
— Actual Treatment Starts — Treatment Waiting List Trajectory

Waiting List values (green): 204, 197, 198, 208, 190, 190, 190, 190, 190, 190, 190, 190, 190

From March 2023 only CAT2 (Mental Health and Co-morbidity patients) are being reported.

Treatment Starts values (purple): 34, 29, 37, 33, 32, 32, 32, 32, 32, 32, 32, 32, 32

Months: 03/23, 04/23, 05/23, 06/23, 07/23, 08/23, 09/23, 10/23, 11/23, 12/23, 01/24, 02/24, 03/24

Fig. 5

What is the data telling us? *Updated 26.09.23*

Performance (0-18 weeks) for August 2023 has increased to 33.3% compared to data for July 2023 (31.3%). The number of patients being seen has increased, 39 compared to 32 for July 2023 this is based on CAT2 data submission. There were 2 patients see in the over 35-week cohort compared to 0 for July 2023.

The total number of patients waiting as at end of August 2023 has increased to 193, compared to 190 at end of July 2023.

There has been a decrease in patients waiting over 18 weeks for treatment: 56 patients for August 2023, compared to 63 patients for July 2023.

The longest wait for treatment yet to commence is unadjusted 48 weeks, this is reduced to 17 weeks' adjustment for DNA, as at end August 23.

There has been an increase in the total number of referrals for August 2023 with 72 compared to 40 (trend yr on yr is low due to school holidays) for July 2023. There has been a decrease in the number of rejected referrals with 22 (30.6%) in August 2023 compared to 23(57.5%) in July 2023.

Caseload has increased from 597 in July 2-23 to 608 in August 2023.

What is being done?

New Patient Assessments (NPA)
o The service continues with the waiting times initiative of seeing 12 new patients per week. 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, this will be across all disciplines at this moment in time. The tagging process is continuous and all patients waiting have been tagged as being CAT1 (ND) or CAT 2 (Core mental health) this allows the team to review patients waiting to access the service, with a view to determining appropriate sign-posting or establishing any possible interventions prior to a first appointment.
School Referral Rollout
o The new school referral form for ND has been revised and has been rolled out to all 10 schools within the Tweeddale Learning Community. The pilot with the initial 4 schools was extremely successful with excellent quality referrals.
Recruitment
o Nursing – 2 Band 6 posts commence 25th September 2023, with 2 unfilled posts. There are 2 Band 6 nurses on long terms sick.
o Medical staffing vacancy continues and there is still one consultant vacancy, although the service has an additional speciality doctor on a temporary basis and a clinical development fellow for one year.
RHCYP Melville Unit (Royal Hospital for Children & Young People)
o Access to specialist young person beds continues to be challenging placing demands on the adult acute inpatient service. Melville unit is just about reaching 50% staff vacancy level, which needs considered when thinking about the care of our YP.
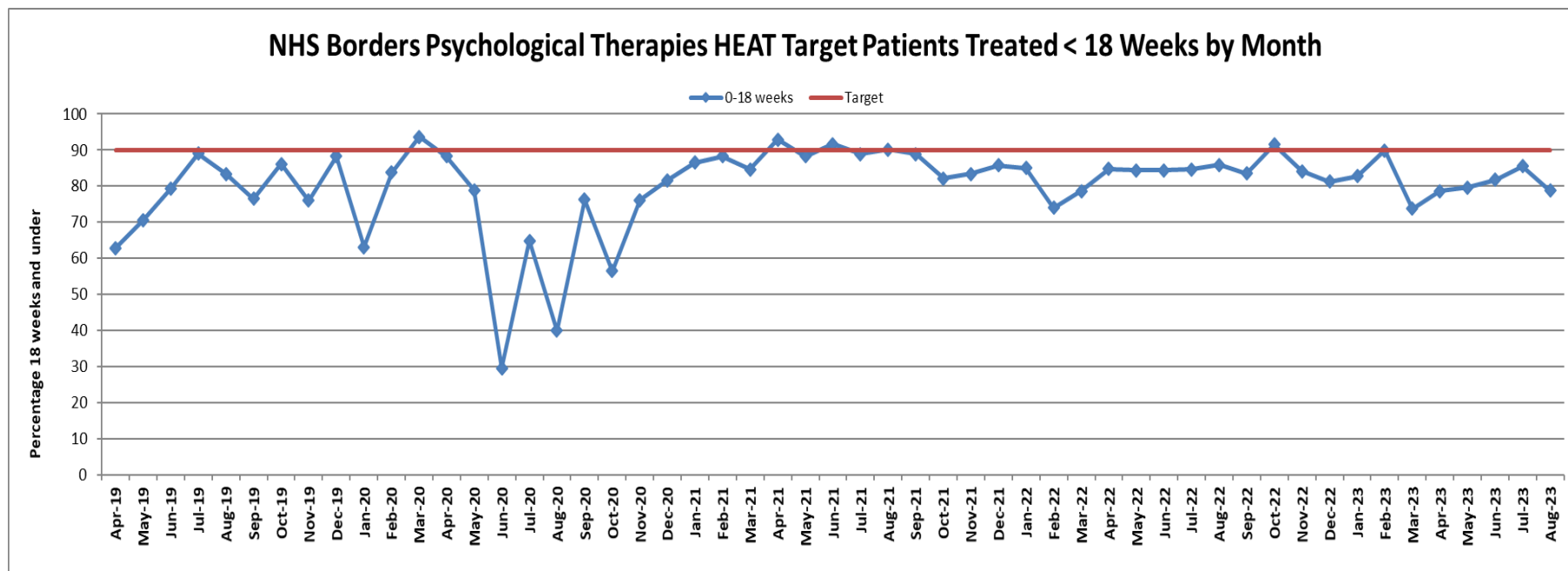
Mental Health Waiting Times- Psychological Therapies

NHS Borders Psychological Therapies HEAT Target Patients Treated < 18 Weeks by Month

Fig. 6

What is the data telling us?
The 18 week RTT HEAT target for Psychological Therapies measures those people who are starting treatment and how long they have waited for this to start.
In August the service saw 193 patients (179 in July 2023) for their first treatment appointment of which 41 (26 July 2023) patients had waited longer than 18 weeks for a first treatment appointment (Figure 1).
Performance this month (August 2023) towards the PT RTT standard is down by 6.71% from last month at 78.76 % (standard 90%) - last months was 85.47%. The reason for this is that although we had more new treatment starts in August, we saw a higher number of people who had waited over 18 weeks as compared to last month.

Why is this the case?
Our LD psychology service is under great pressure with a known capacity gap. Older adult psychology is also under great pressure due to us not being able to fill maternity leave posts, and although the post holder is returning from maternity leave in the autumn, we will have a vacancy in the service at this time. For those areas who have had an increase in referrals, we are noticing a build-up of assessments, which may impact on treatment waits.

What is being done?
We have made good use of locums in adult mental health which has significantly assisted us with managing the increase in referrals and longer waits, but given financial pressures are not sure how long we will be able to sustain this, which may impact on our performance in the last quarter of the year.

Our CAMHS psychology team will be fully recruited by October 2023, but we have some capacity issues due to 3 members of the team going/being on maternity leave, which may have a negative impact on our treatment times. This is complicated by us not being able to recruit to fixed term maternity leave cover, or find locums who can work on site, although we continue to explore this.

Unscheduled Care Performance - 4 Hour Emergency Access Standard Performance

4 Hours from Arrival in ED to Discharge, Admission or Transfer
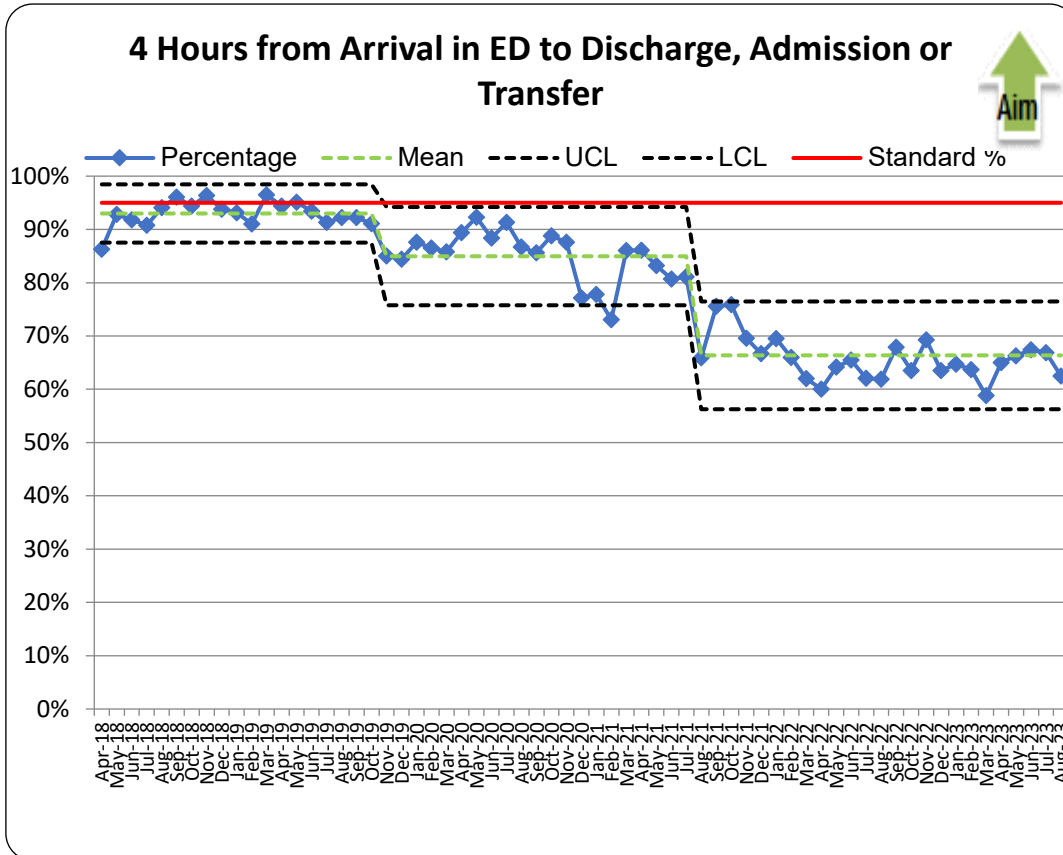
Fig. 7

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.

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

The BGH continued to face significant pressures throughout June in relation to patient flow, leading to Blue ED being open for the majority of the month meaning ED was over 100% capacity.

What is being done?

Work continues on the following improvement activities:

- ED Workforce Review -. This review is now complete and will navigate internal acute governance. If supported, focus will move to developing a comprehensive implementation plan to deliver the required workforce changes.

- Discharge Hub Kaizen – the project ended at the end of August and is currently in the write up stage in which a comprehensive report is being developed to share findings it is anticipated this will be available in early October 23.

- Discharge without Delay- work is underway within the programme operational group to support clinical areas to carry out a self-assessment exercise which aims to give a fair and realistic view of where each ward area currently are, it is anticipated that the self-assessments will be completed in September 23. Individual staff questionnaires have also been developed and issued to ward areas with the aim of establishing a baseline of understanding of this work and to allow for target education and engagement to take place.
    - Review of the Full Capacity Protocol- the refreshed protocol is currently being taken through the acute governance structures ahead of winter, the refreshed plan aims to take on board learning from the previous plan and brings in a newly developed pre-escalation process for the Emergency Department to follow.
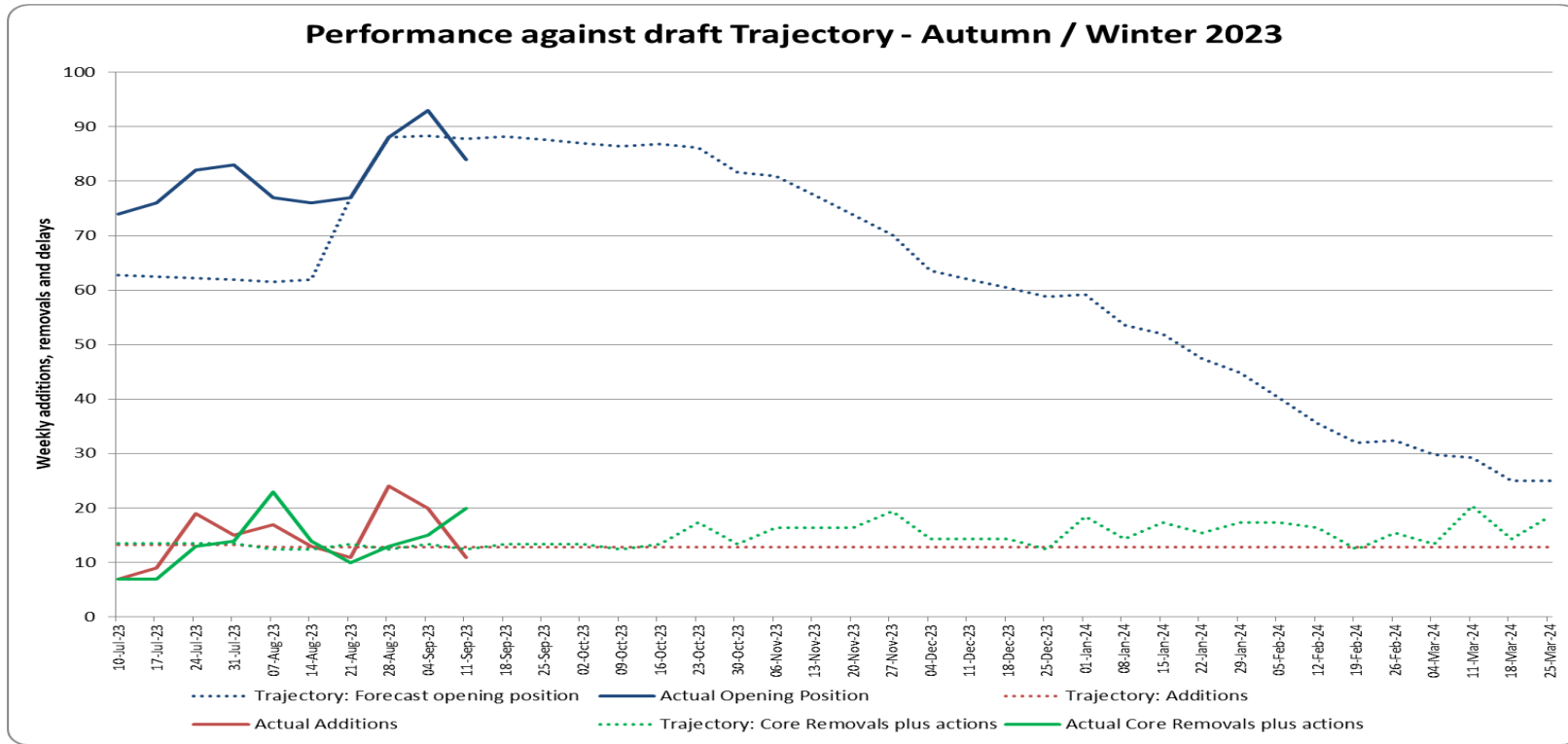
Delayed Discharge

Performance against draft Trajectory - Autumn / Winter 2023

Fig. 8

What is the data telling us?

The data is telling us that delayed discharge performance is currently ahead of the planned trajectory and there has been a decrease in the number of additions and an increase in removals from the number of delayed discharges within the system.

Why is this the case?

The table below shows the variation in referrals and removals, compared to the trajectory which is based on performance over the preceding 26 week period.

22 weeks 03/04/23 - 28/08/23	Referrals	Removals	*Of which, transfer to care*	*Of which, for health reasons*
Total forecast	**288.8**	**293.6**	174.9	118.7
Total actual	**292**	**272**	162	110
Variance	**3.2**	**-21.6**	-12.9	-8.7
Forecast - weekly	**13.1**	**13.3**	7.9	5.4
Actual - weekly	**13.3**	**12.4**	7.4	5.0
Variance - weekly	**0.1**	**-1.0**	-0.6	-0.4

Fig. 9

Referrals have remained slightly lower than forecast, combined with an increase in removals has resulted in an improvement in performance. There has been the highest number of additions identified as delayed discharge on the 27th August 2023, highest since the beginning of the year in January. This was a result of focussed attention from the integrated discharge without delay team in ensuring an increase in grip and control and ensuring that all in patients within acute hospital have an identified PDD.

Whilst removals to care have reduced compared to the preceding 26-week period, our commissioned / provided capacity has not reduced, and so it is thought that in line with the experience from ward and social work teams that this is likely to relate to a higher level of need and dependence of patients, and associated higher average level of care required. It may also be indicative of a longer length of stay for residents in care homes.

Removals for health reasons have decreased, and when exploring this further the majority of removals for health reasons are as the 'patient is clinically unfit.' Many of these removals are made in a short period of time after referral and so these tend to be inappropriate referrals to social care. As the number of referrals has reduced by an equivalent level to the number of removals for health reasons, we expect that there will be a correlation between the two, with an improved quality of referral.

What is being done?

The Discharge Kaizen ended on the 31st August 2023, remains in place to consolidate data/information and associated learning and will be presented to the organisation/HSCP.

The national self-assessment for the implementation of discharge without delay principles is due to be completed in September 2023 and plans are in place for timely completion.

Increased capacity within social care has progressed with the opening of 39 additional Extra Care Housing units Poynder Apartments in Kelso and we have already seen a move of those meeting criteria move into accommodation, this will release capacity relating to individualised packages of care within the community and the hope is to see an improved picture with flow across the system. The additional residential care step-down and step-up and respite capacity are projected to be in place in October remains on track. Work continues to progress to develop the approach to the integration of Home First with the Adult Social Care Home Care service, some challenges remain with the progression of this initiative. A paper on the approach to integration of these services will be considered at the HSCP Joint Executive in due course.

The Integration Joint Board issued a direction on surge planning, which includes a range of further measures to alleviate the pressures, including discharge (home to assess), single assessment, closer working with the third sector and communications promoting community supports, which will all help reduce the demand for social work and social care, get more people onto the right intermediate care pathway, and increase productivity.

Appendix to Main Performance Scorecard – Performance Against Previous Agreed Standards

Contents Page

Page

Key Metrics Report – AOP Performance

Current Performance Key

R	Under performing	Current performance is significantly outwith the trajectory/ standard set	Outwith the standard/ trajectory by 11% or greater
A	Slightly Below Trajectory/ Standard	Current performance is moderately outwith the trajectory/standard set	Outwith the standard/ trajectory by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory/standard set	Overachieves, meets or exceeds the standard/trajectory, or rounds up to standard/trajectory

Symbols

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-

Key Metrics Report Annual Operational Standards

	Measure	Target/ Standard	Period	Position	Period	Position	RAG
Annual Operational Plan Measures	Cancer waiting Times - 62 Day target	95% patients treated following urgent referral with suspicion of cancer within 62 days	Jun-23	87.1%	Jul-23	93.3%	↑
	Cancer waiting Times - 31 Day target	95% of patients treated within 31 days of diagnosis	Jun-23	91.2%	Jun-23	96.4%	↑
	New Outpatients- Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	Jul-23	7561	Aug-23	7586	↓
	New Inpatients- Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	Jul-23	1732	Aug-23	1705	↑
	Treatment Time Guarantee - Number not treated within 84 days from decision to treat	Zero patients having waiting longer than 84 days.	Jul-23	196	Aug-23	187	↓
	Referral to Treatment (RTT) - % treated within 18 weeks of referral	90% patient to be seen and treated within 18 weeks of referral.	Jul-23	61.1%	Aug-23	68.9%	↑
	Diagnostics (8 key tests) - Number waiting >6 weeks	Zero patients waiting longer than 6 weeks for 8 key diagnostic tests	Jul-23	526	Aug-23	665	↓
	CAMHS- % treated within 18 weeks of referral	90% patients seen and treated within 18 weeks of referral	Jun-23	12.1%	Jul-23	31.3%	↑
	A&E 4 Hour Standard - Patients discharged or transferred within 4 hours	95% of patients seen, discharged or transferred within 4 hours	Jul-23	66.9%	Aug-23	62.5%	↓
	Delayed Discharges - Patients delayed over 72 hours	Zero patients delayed in hospital for more than 72 hours	Jul-23	72	Aug-23	81	↓
	Psychological Therapies - % treated within 18 weeks of referral	90% patient treated within 18 weeks of referral	Jun-23	81.7%	Jul-23	85.5%	↑
	Drug & Alcohol - Treated within 3 weeks of referral	90% patient treated within 3 weeks of referral	May-23	100%	Jun-23	96%	↓
	Sickness Absence Rates	Maintain overall sickness absence rates below 4%	Jun-23	5.40%	Jul-23	4.96%	↑

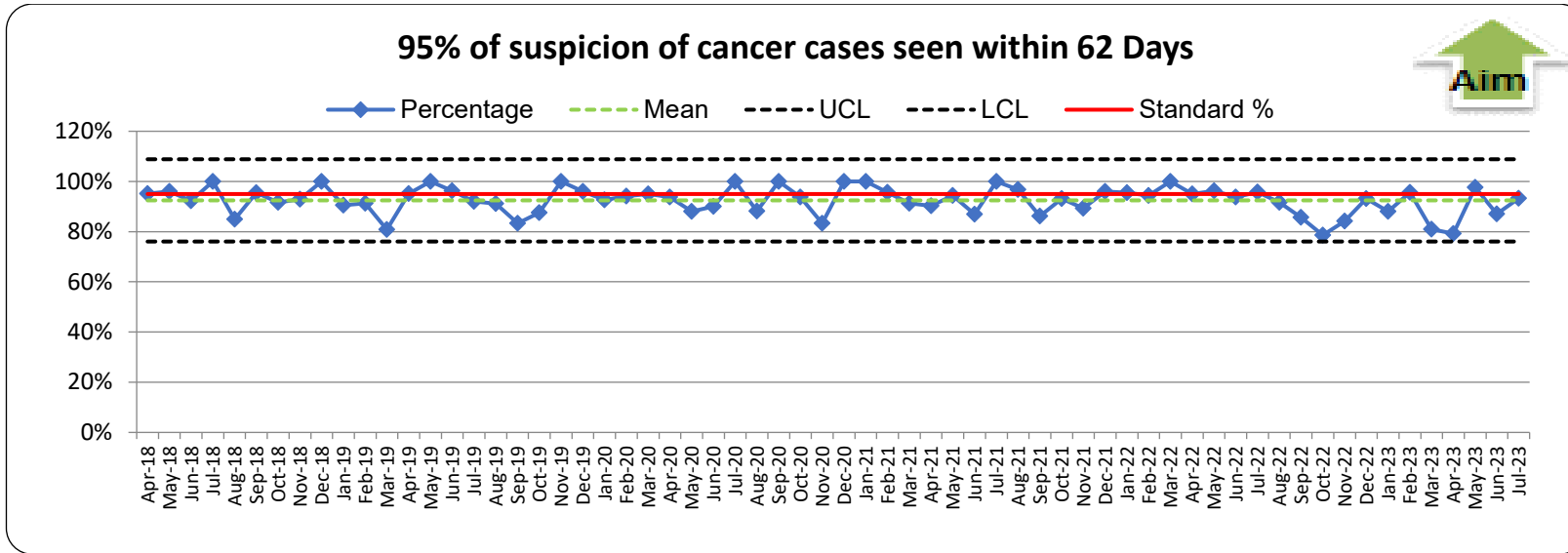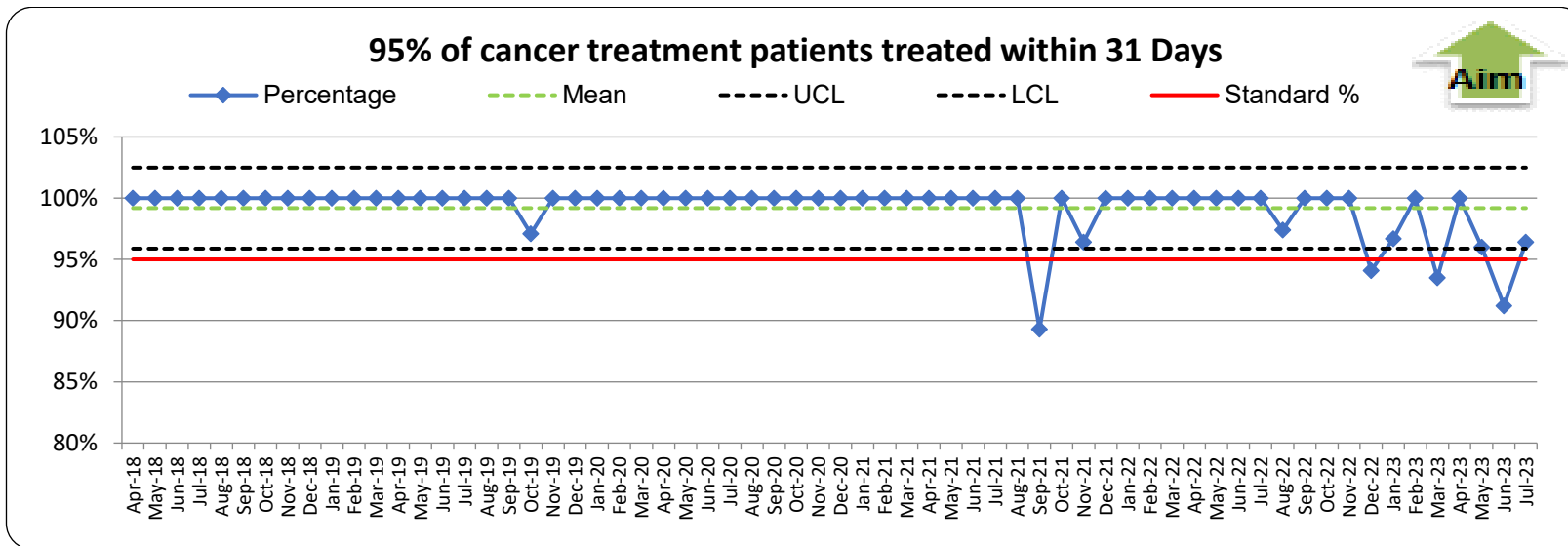**Cancer Waiting Times** *(please note there is a 1-month lag time for data)*

95% of suspicion of cancer cases seen within 62 Days

Legend: Percentage — Mean — UCL — LCL — Standard %

Fig. 10

95% of cancer treatment patients treated within 31 Days

Legend: Percentage — Mean — UCL — LCL — Standard %

Fig. 11

15

Stage of Treatment- Outpatients Waiting Over 12 Weeks

Stage of Treatment Target - Outpatients Waiting Over 12 Weeks

Fig. 12

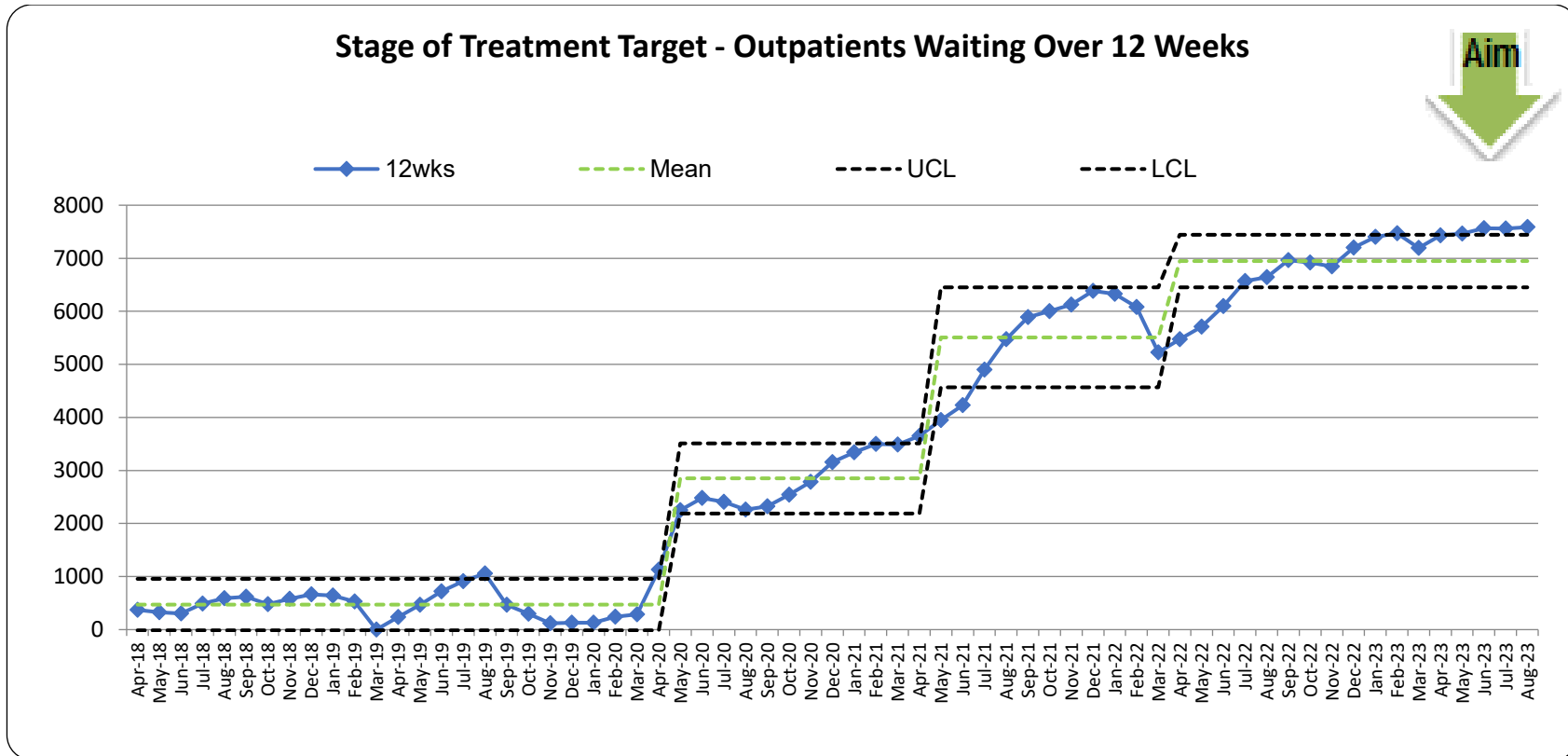**Stage of Treatment- Inpatients Waiting Over 12 Weeks**

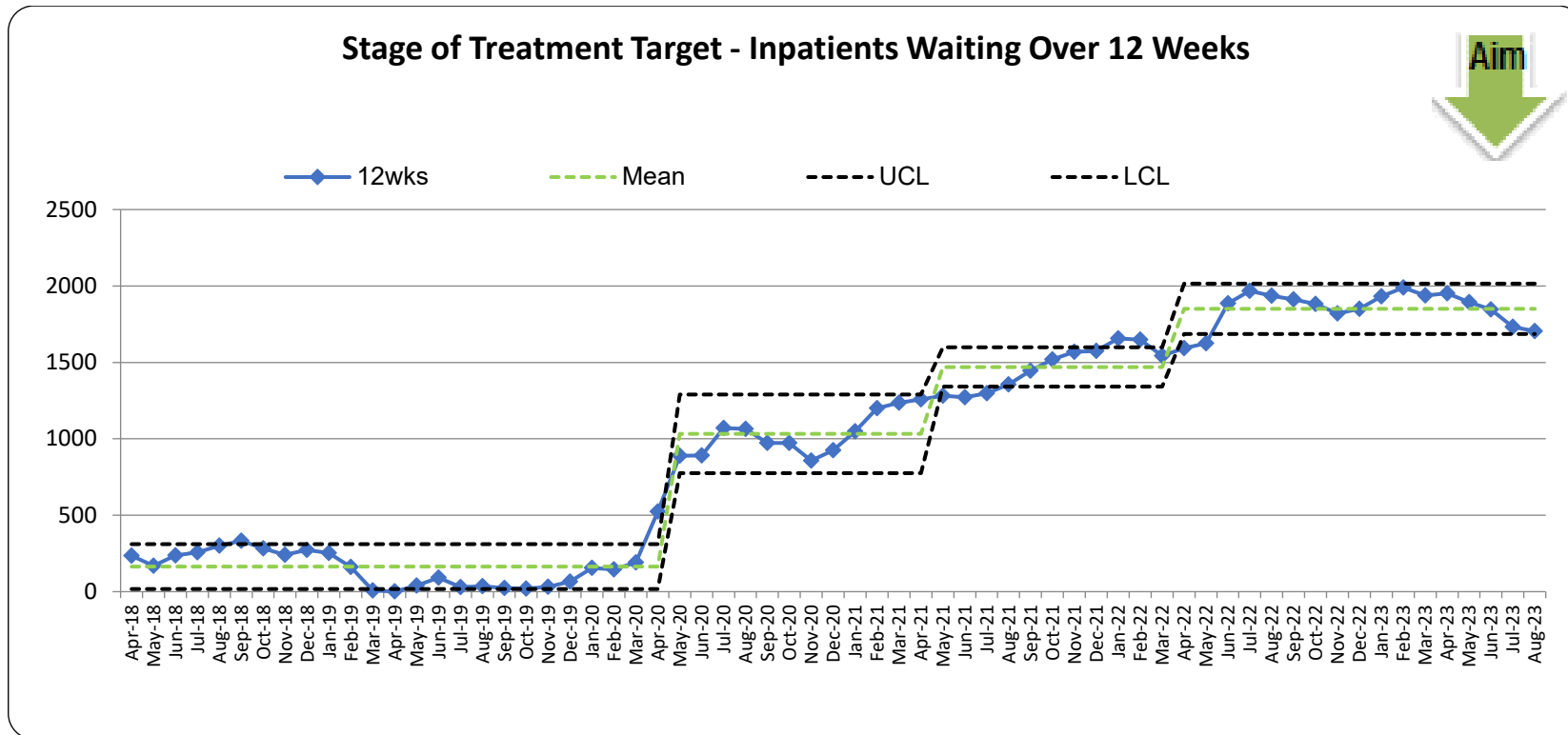Stage of Treatment Target - Inpatients Waiting Over 12 Weeks

Fig. 13

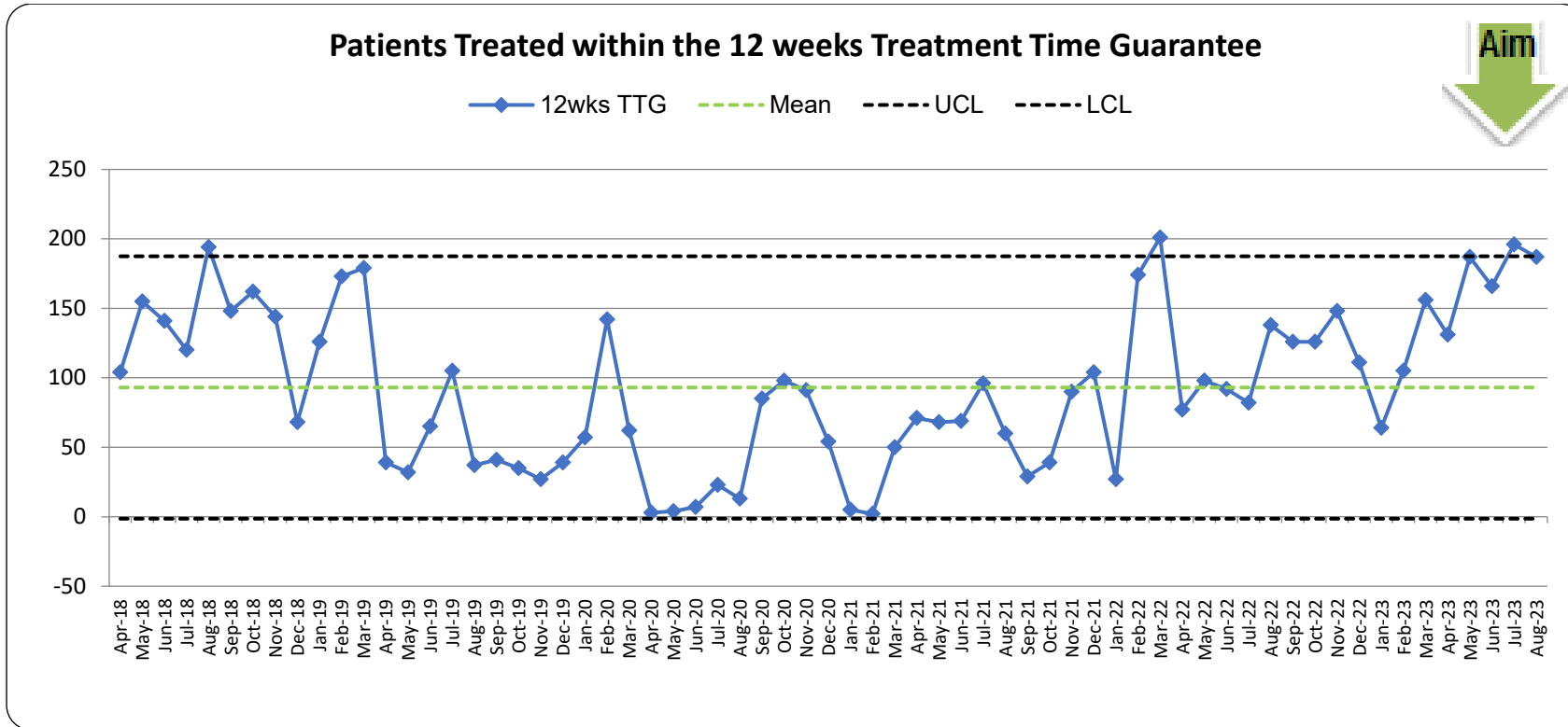**Patients Treated within the 12 weeks Treatment Time Guarantee**

Fig. 14

18 Weeks Referral to Treatment Combined Pathway Performance

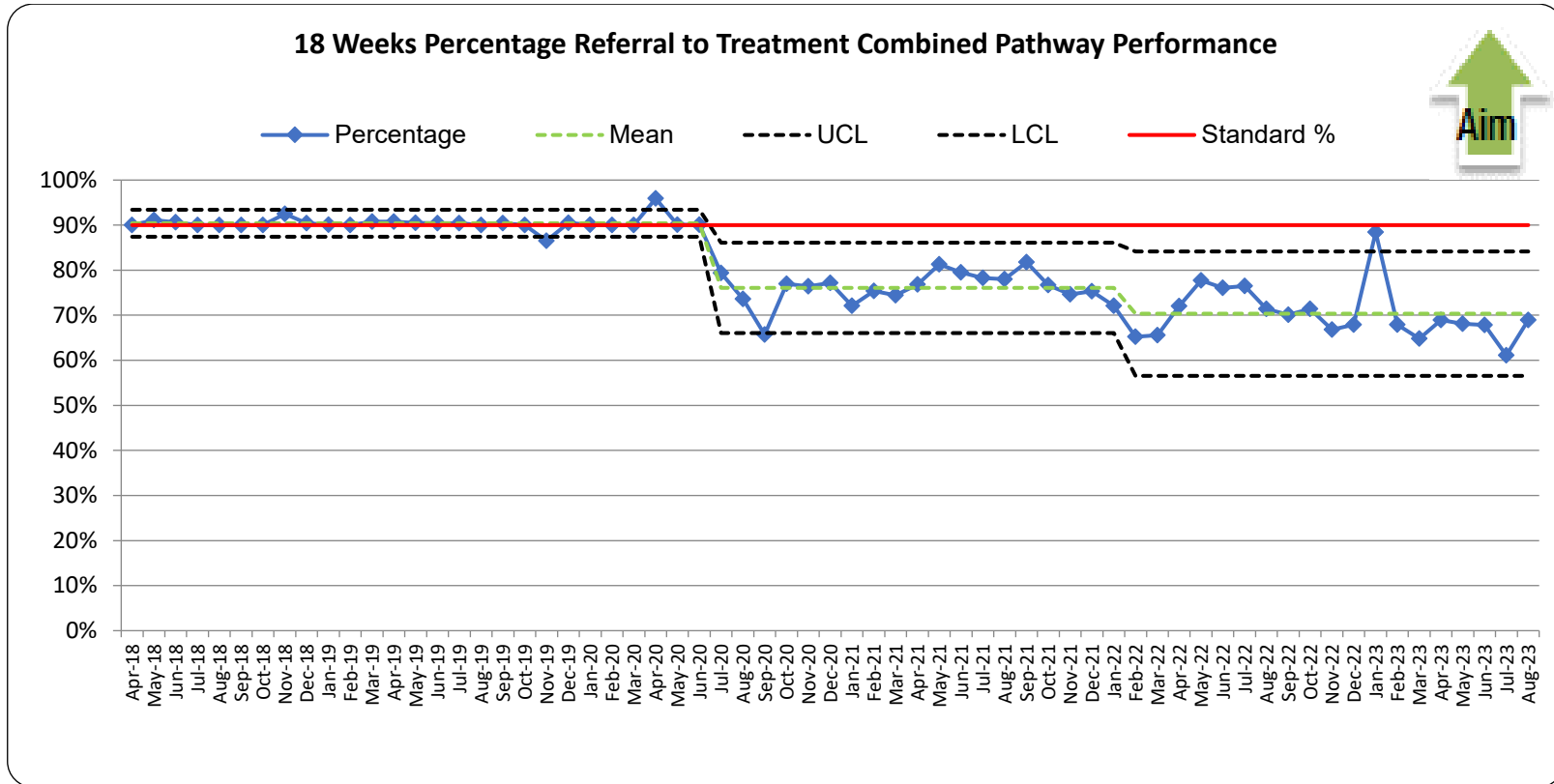18 Weeks Percentage Referral to Treatment Combined Pathway Performance

Fig. 15

Diagnostic Waits

Diagnostics Waits over 6 Weeks
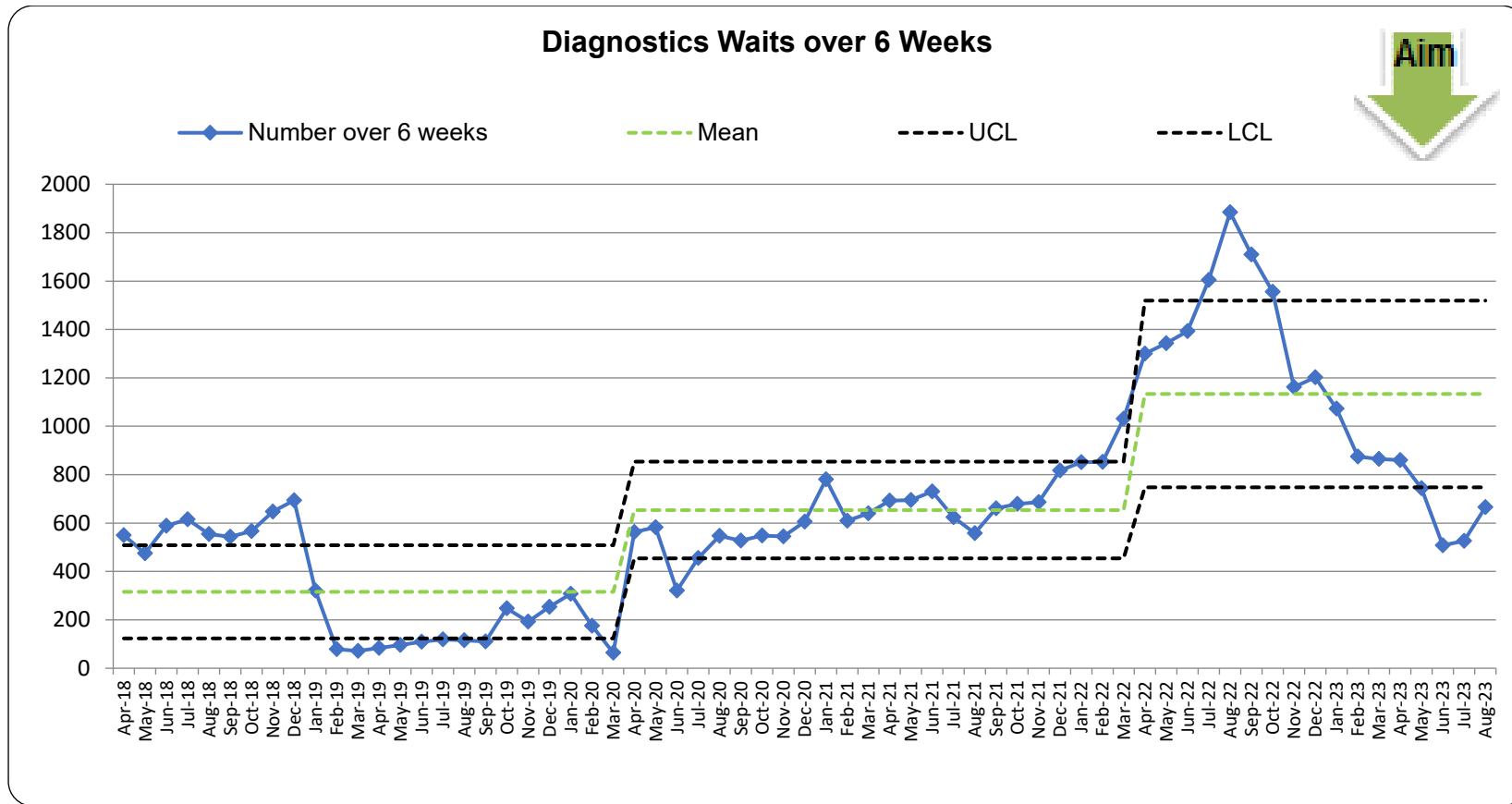
Fig. 16

CAMHS Waiting Times- 18 Week Referral to Treatment

18 Week Referral to Treatment for CAMHS
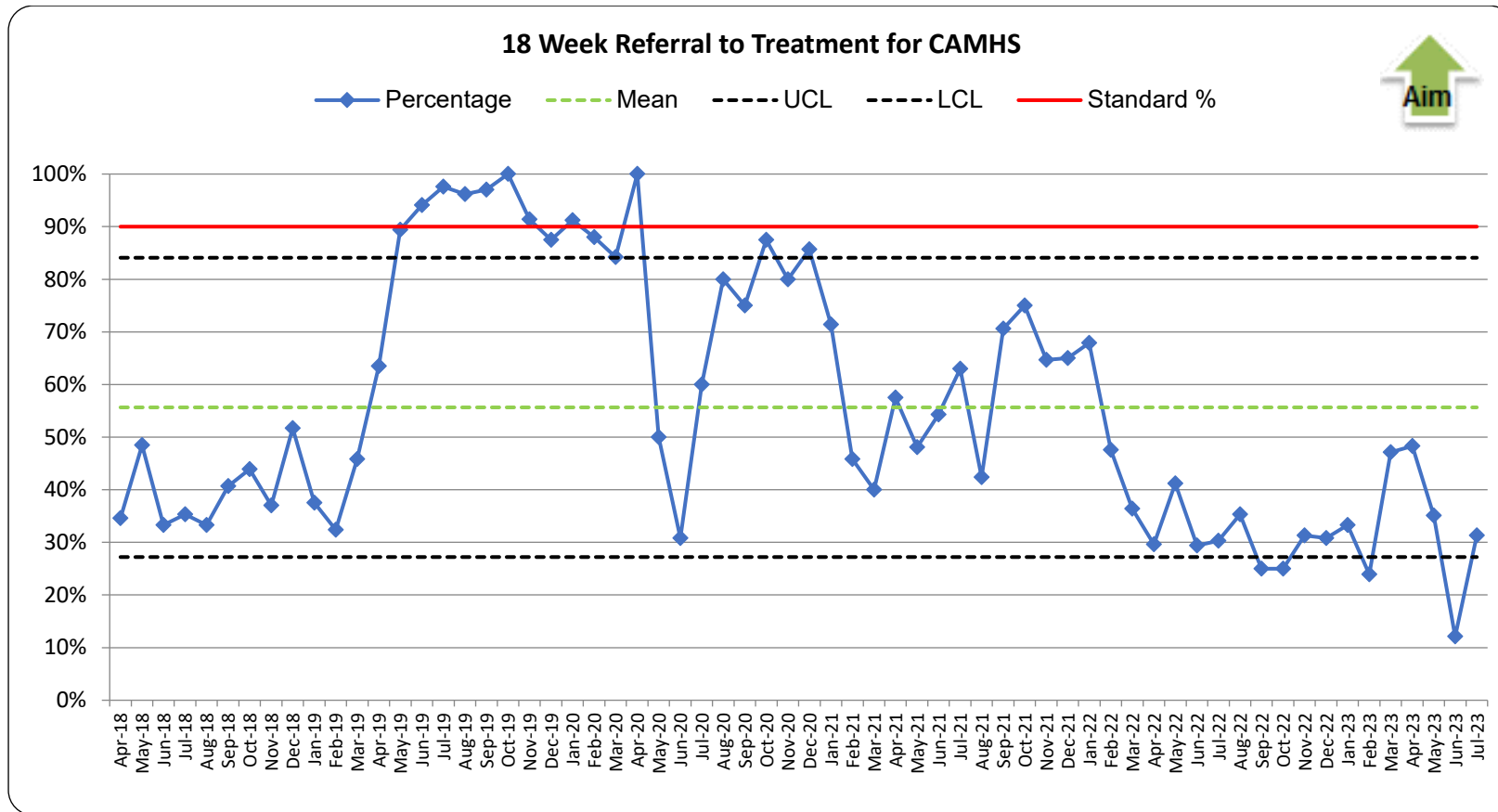
Fig. 17

Psychological Therapies Waiting Times- 18 Week Referral to Treatment

18 Week Referral to Treatment for Psychological Therapies

Fig. 18

Delayed Discharges

Number of Delayed Discharge Patients
Sunday Position

Fig. 19

DDs at Census Delayed over 72 Hours

Fig. 20

24

Standard Delayed Bed Days
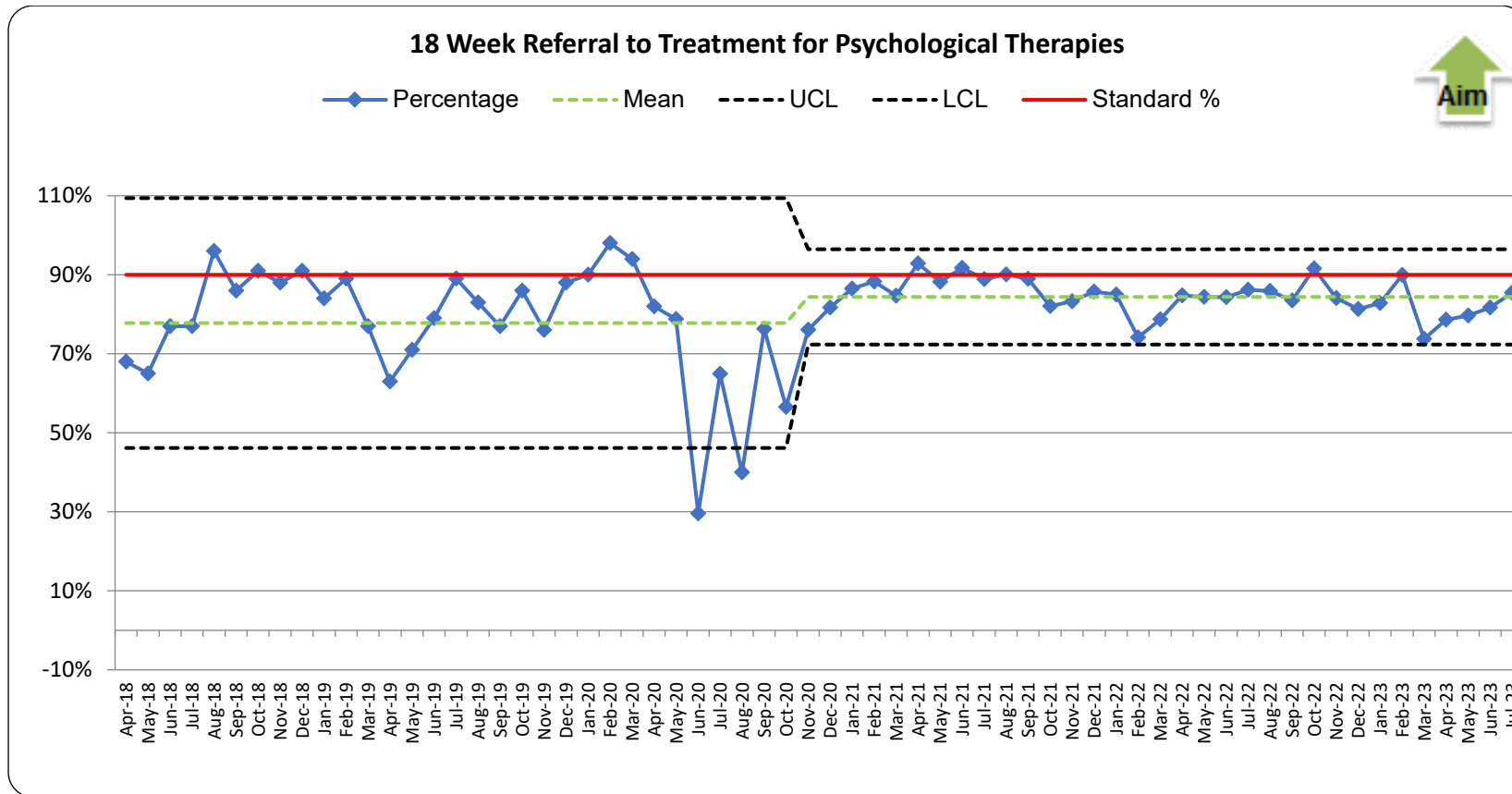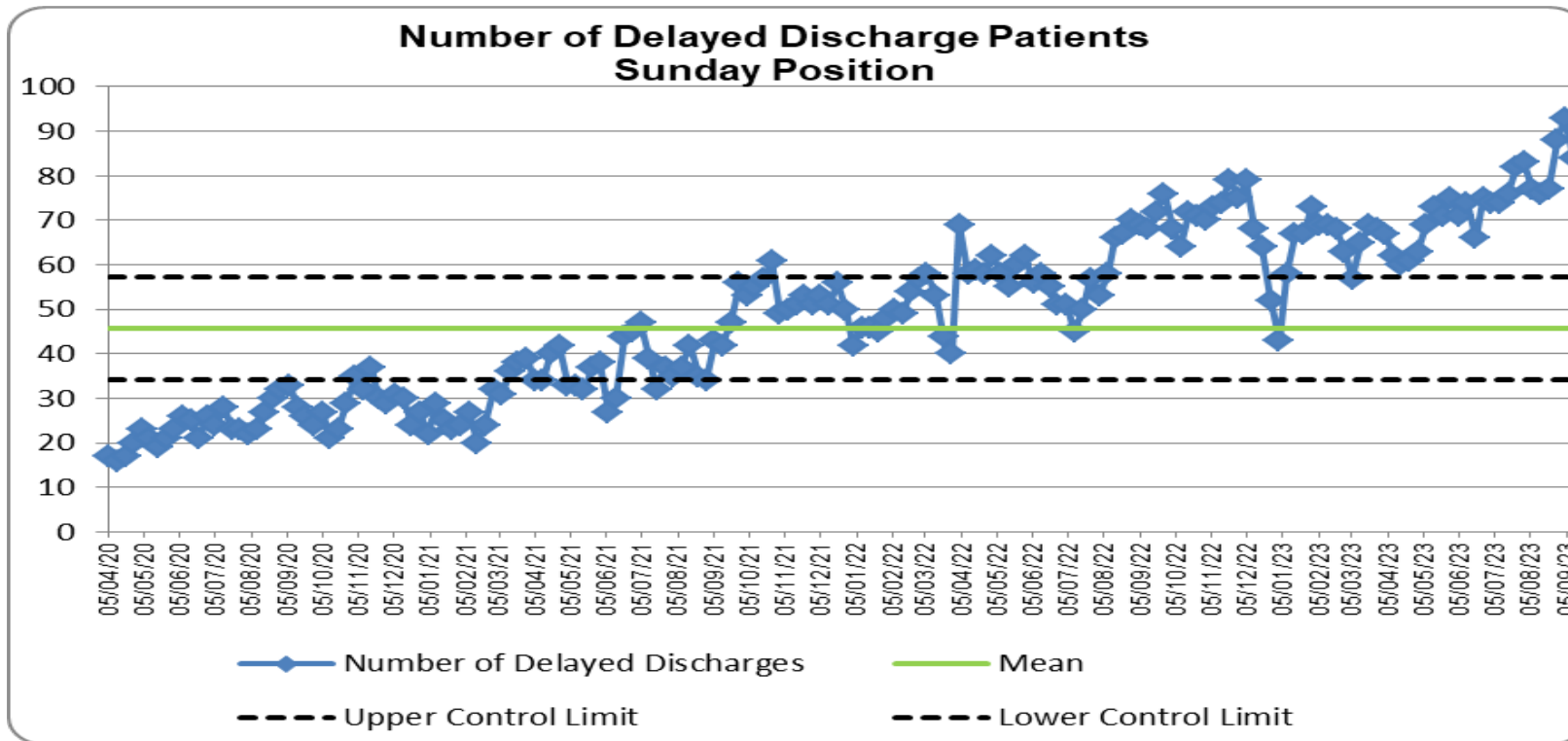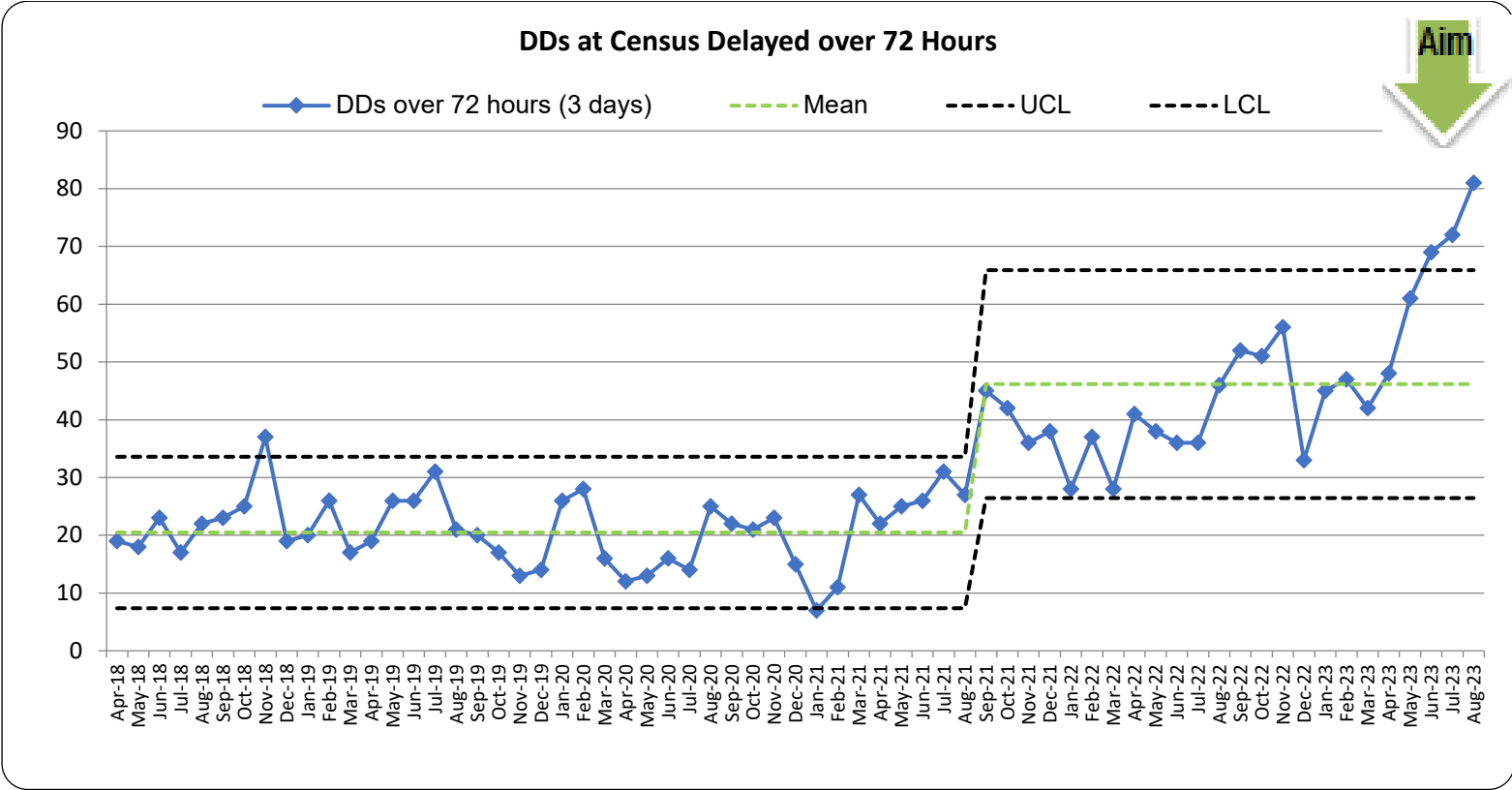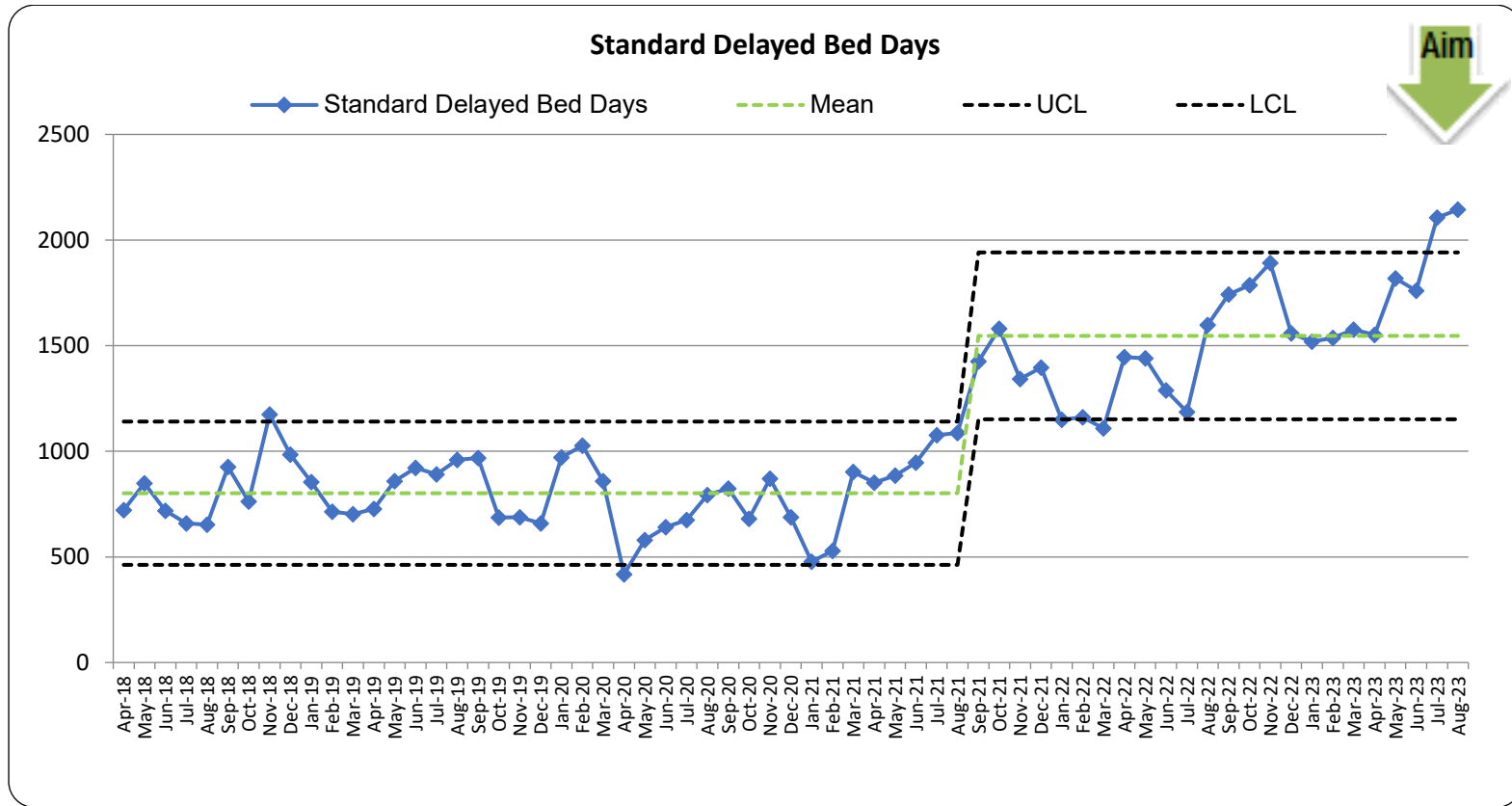
Fig. 21

Drugs & Alcohol
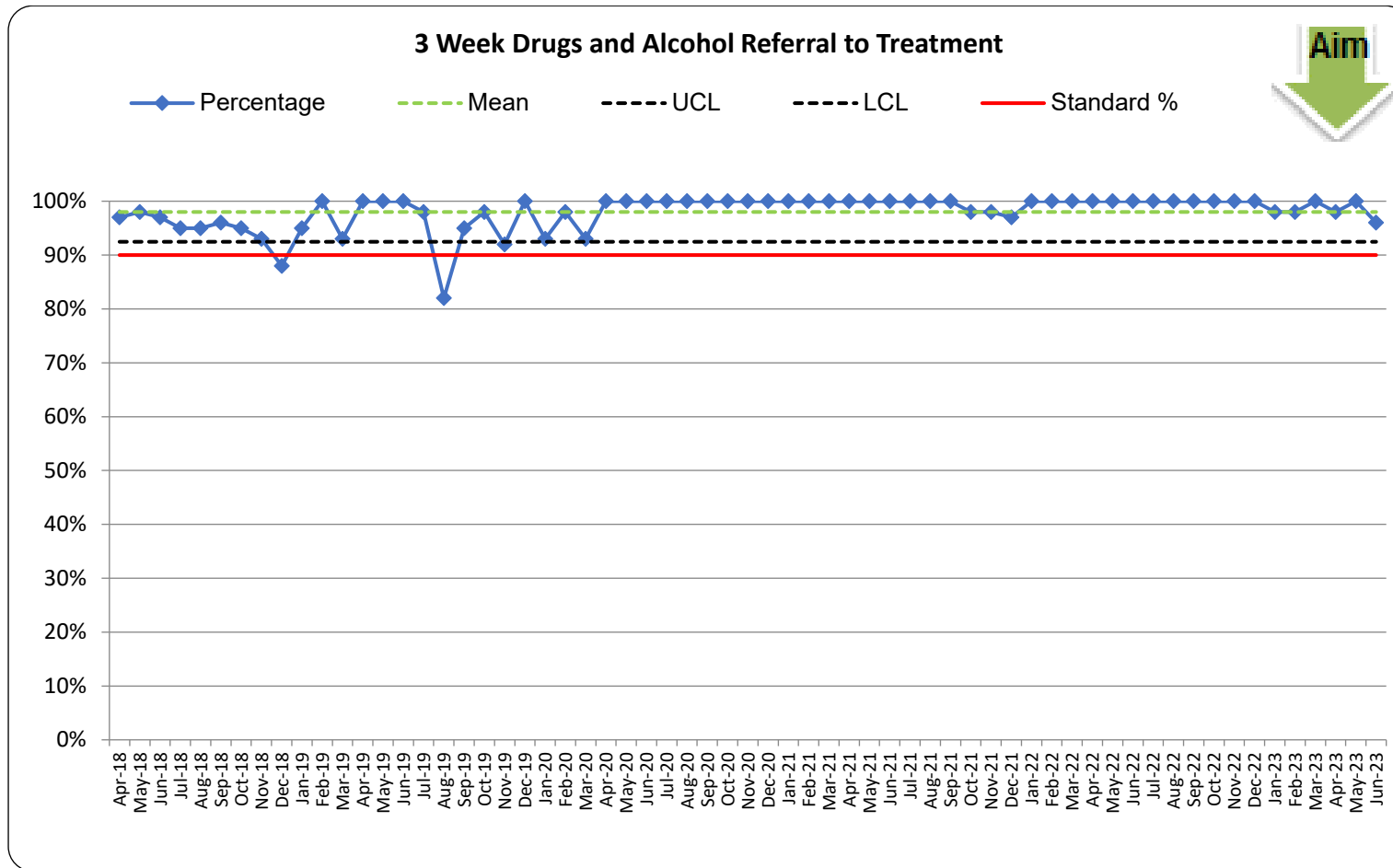
Fig. 22
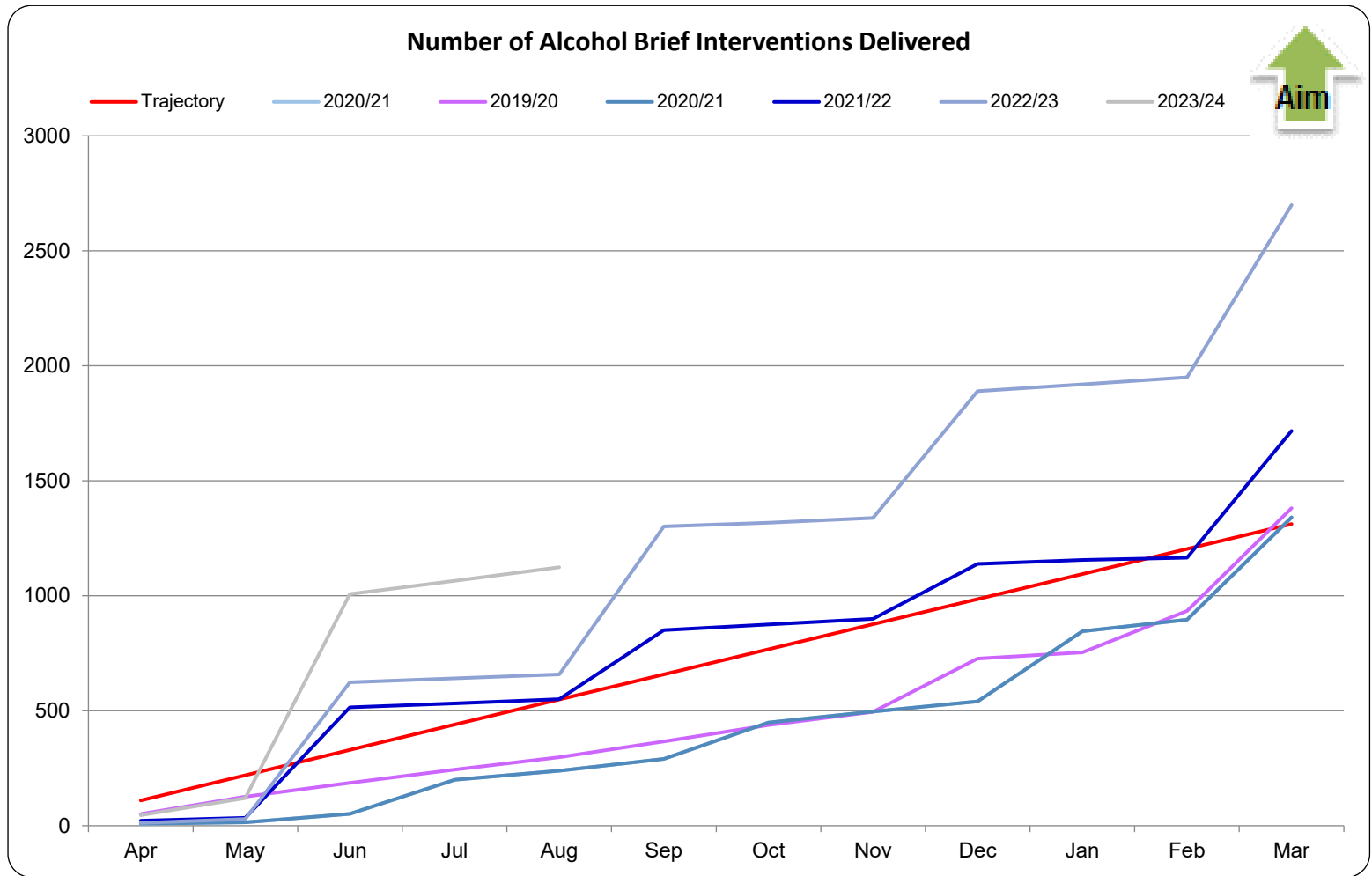
Fig. 23

Sickness Absence
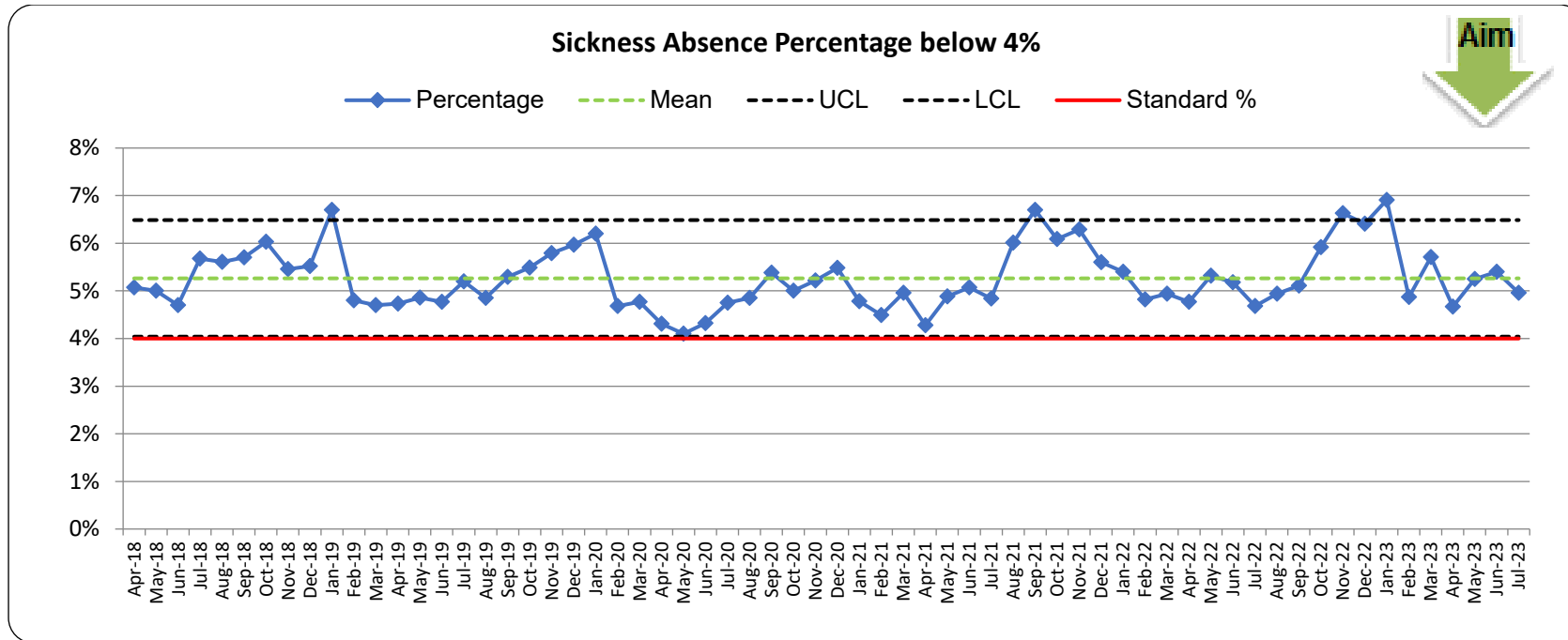
Fig. 24
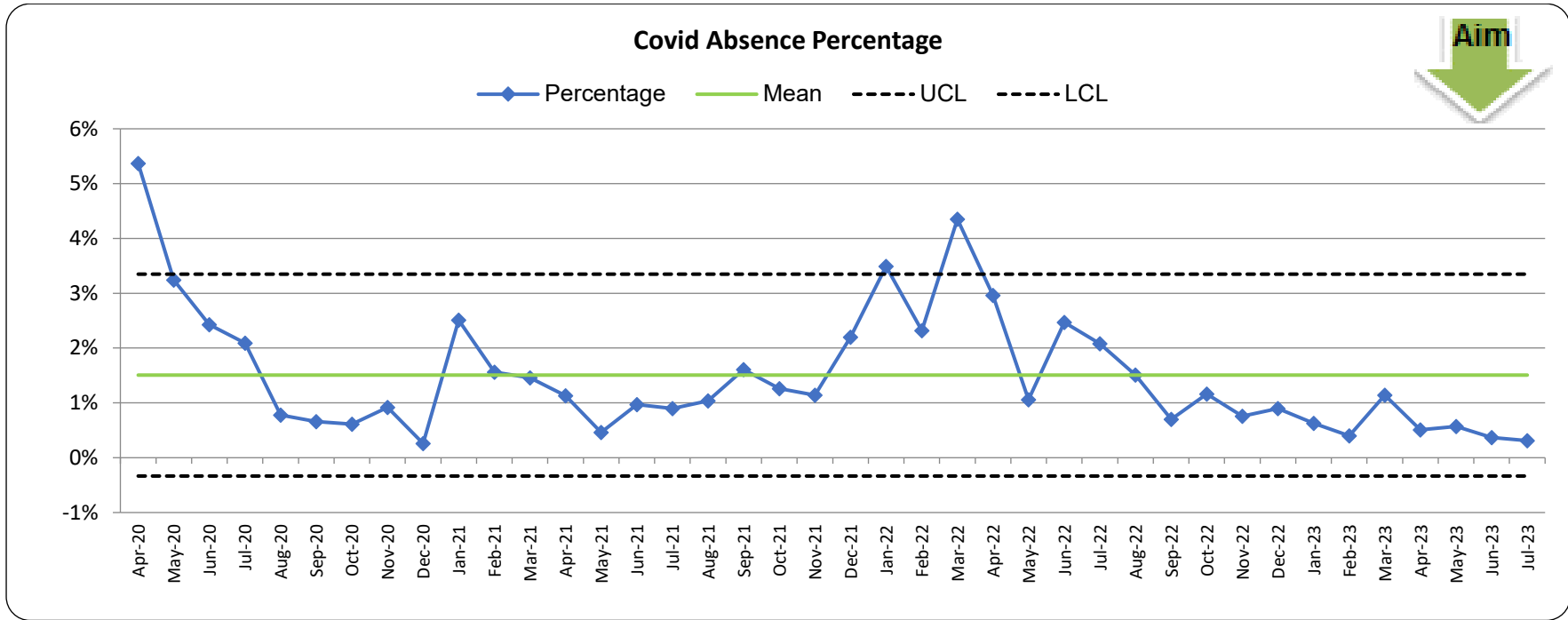
Fig. 25

Smoking Quits *(Please Note: All figures are cumulative. Data is reported quarterly to allow monitoring of the 12-week quit period. There is a 6-month lag time for reporting to allow monitoring of the 12 week quit period)*

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
97.2% (2019/20)	77.4% (2019/20)

Successful Smoking Quits at 12 weeks in 40% most deprived SIMD areas
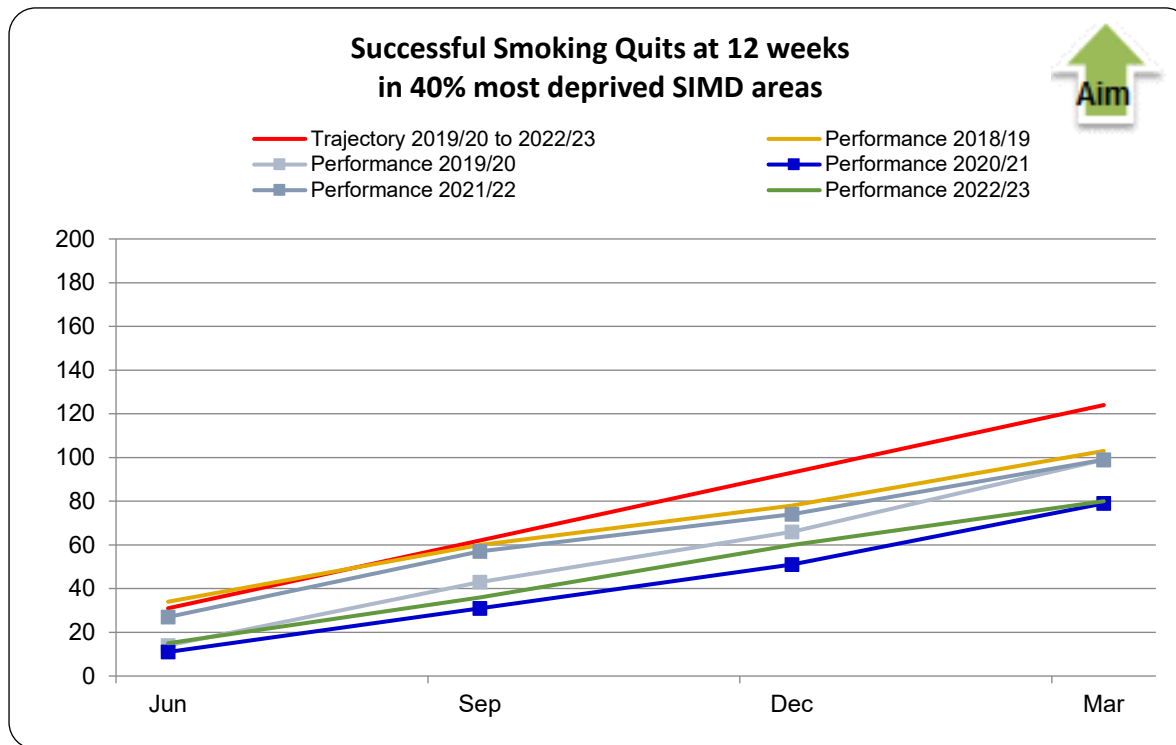
Fig. 26

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Integration Joint Board Minutes**
Responsible Executive/Non-Executive:	**Chris Myers, Chief Officer Health & Social Care**
Report Author:	**Iris Bishop, Board Secretary**

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The purpose of this report is to share the approved minutes of the Integration Joint Board with the Board.

2.2   Background

The minutes are presented to the Board in regard to Freedom of Information requirements compliance.

2.3   Assessment

The minutes are presented to the Board in regard to Freedom of Information requirements compliance.

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An 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.

- Integration Joint Board 19 July 2023
- Integration Joint Board 20 September 2023

2.4 Recommendation

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

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Integration Joint Board minutes 17.05.23

- Appendix No 2, Integration Joint Board minutes 19.07.23

Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 17 May 2023** at **9am** via Microsoft Teams

Present:
(v) Cllr D Parker
(v) Cllr R Tatler
(v) Cllr N Richards
(v) Cllr E Thornton-Nicol
(v) Cllr T Weatherston
Mr C Myers, Chief Officer
Mrs H Robertson, Chief Financial Officer
Mr N Istephan, Chief Executive Eildon Housing
Dr R Mollart GP
Mrs S Horan, Director of Nursing, Midwifery & AHPs
Dr L McCallum, Medical Director
Mr S Easingwood, Chief Social Work Officer
Ms J Amaral, BAVs

(v) Mrs L O'Leary, Non Executive (Chair)
(v) Mrs K Hamilton, Non Executive
(v) Mr T Taylor, Non Executive
(v) Mrs F Sandford, Non Executive

In Attendance:
Miss I Bishop, Board Secretary
Mr D Robertson, Chief Executive, SBC
Mrs J Stacey, Chief Internal Auditor
Mr P Grieve, Associate Director of Nursing P&CS, NHS Borders
Ms W Henderson, Scottish Care
Mr A Bone, Director of Finance, NHS Borders
Ms S Bell, Communications, SBC
Ms C Oliver, Head of Communications & Engagement, NHS Borders
Ms J Holland, Director of Strategic Commissioning & Partnerships, SBC
Mr K Allan, Associate Director of Public Health, NHS Borders
Ms K Slater, Scottish Borders Council
Mr D Knox, BBC Scotland

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from Mr J McLaren, Non Executive, Ms L Jackson, LGBTQ+, Ms L Gallacher, Borders Carers Centre, Mr R Roberts, Chief Executive, NHS Borders, Mrs J Smyth, Director of Planning & Performance, NHS Borders, Mr D Bell,Staff Side, SBC, Mrs J Smith, Borders Care Voice, Mrs Y Smith, Partnership, NHS Borders, Dr S Bhatti, Director of Public Health, NHS Borders and Mrs L Jones, Director of Quality & Improvement, NHS Borders.

1.2 The Chair welcomed attendees and members of the public to the meeting including Ms Wendy Henderson, Scottish Care, Ms J Holland, Director of Strategic Commissioning & Partnerships, SBC and Mr David Knox, BBC Scotland.

1.3   The Chair confirmed that 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 Extra ordinary meeting of the Health & Social Care Integration Joint Board held on 19 April 2023 were approved.

4.   MATTERS ARISING

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

5.   DIRECTION: HAWICK CARE VILLAGE

5.1   Mr Chris Myers detailed the updates to the Direction and advised that the Strategic Planning Group were fully supportive of the revised direction.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Direction for issue.

6.   DIRECTION: TEVIOT & LIDDESDALE DAY SERVICE BUSINESS CASE

6.1   Mr Chris Myers provided an overview of the report and spoke about the engagement process undertaken. He highlighted several areas including: NDTi; unpaid carers; and options appraisal results.

6.2   Cllr Neil Richards enquired about the number of providers identified. Mr Myers advised that 6 providers had responded with expressions of interest however only 1 provider had completed the submission process. He suggested there were a range of difficulties for providers in terms of recruitment, provision of a day service only, economies of scale and geographical area that were barriers for providers.

6.3   Mr Tris Taylor enquired about financial evaluation and commented that carer burnout was mentioned in the Inequalities Impact Assessment. He suggested there should be more understanding of quantifying the wider benefits in financial terms in the future.

6.4   Mrs Hazel Robertson advised that the best practice model had been followed for the options appraisal with additional value considerations. The preferred option was considered to be a better value model as more would be supported by the service. She suggested she would give more thought on how to undertake value consideration in future cases.

6.5 Cllr Elaine Thornton-Nicol enquired about the number of days to be supported. Mr Myers confirmed that it would be a 5 day service for those with dementia and other needs who were older adults. If the demand increased due to population change there would be the option to consider commissioning more capacity.

6.6 Mr Myers commented that in terms of the Newcastleton area, level of demand was low and appropriate options would be considered for those residents to promote social interaction and respite support.

6.7 The Chair enquired about the modelling numbers. Mr Myers commented that the service would accommodate 14 people per session. There were already 20 people receiving replacement care in Hawick and he anticipated that the service would be highly occupied across all 5 days.

6.8 Dr Rachel Mollart suggested a comparison to other areas. Mr Myers commented that it had been agreed based on the legal decision from the Court of Session that the greatest need was for the Hawick area and then for the Eildon area. A review of the care provision in other localities would also be undertaken.

6.9 Cllr Thornton-Nicol enquired if the service was affordable and of the likelihood of there still being unmet need in 5 years time. Mr Myers commented that the approach had been reflected upon and in order to do it well and in line with the legal obligation it had to be undertaken locality by locality with impact assessments carried out at a locality level.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the selection of the preferred option based on the definition of the required service and the qualitative and financial options appraisal carried out.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the Business Case and the associated Direction.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the issue of the Direction to Scottish Borders Council.

7. DIRECTION: PROPOSAL TO IMPLEMENT A FURTHER NIGHT SUPPORT/RAPID RESPONSE PATHFINDER IN THE DUNS AREA

7.1 Mrs Jen Holland provided an in-depth narrative of the content of the report which summarised the process and findings of the consultation.

7.2 Discussion focused on: the current provision of an overnight service in Peebles; provision of the overnight service in Duns; overnight continence provision; feedback from service users in Peebles; rapid response team overnight provision; palliative and end of life care will not be affected; negative responses to the initial pathfinder; other overnight services include the District Nursing Twilight service and overnight BECs (Borders Emergency Care); and embedding of lessons learned in future consultations.

7.3   Mrs Karen Hamilton sought clarification on the "tech" used. Mrs Holland commented that it included systems such as bed sensors and door sensors.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** reviewed the findings of the consultation.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the approach to undertake a further test of change followed by consultation in the Duns area.

8.   DIRECTION: STRATEGIC APPROACH TO RELAUNCH LOCALITY WORKING GROUPS (COMMUNITY INTEGRATION GROUPS)

8.1   Mr Chris Myers explained the background to and content of the direction.

8.2   Cllr Elaine Thornton-Nicol reminded the Board that Eildon was a large area made up of 3 wards and she enquired how those with lived experience and unheard voices would be included in the Locality Working Groups.

8.3   Mr Nile Istephan suggested the governance might be light as he was keen to understand how any tensions between the Locality Working Groups (LWG) and the Strategic Planning Group would be resolved.

8.4   Mrs Karen Hamilton echoed Mr Istephan's comments and sought a strengthening of governance through a suggested tree of responsibility diagram. Whilst supportive of the proposal she suggested a smaller area as the first locality may have been preferable given the area of Eildon included 3 separate wards.

8.5   Mrs Hazel Robertson commented that in order to assist people to join their LWG and to support them to access it, an expenses policy would be formulated.

8.6   Mr Myers commented that Eildon was the largest and most complex area for a LWG and part of the reason for starting in Eildon was to understand the complexities and intricacies of a large locality before LWGs were rolled out elsewhere. In terms of lived experience and unheard voices, consideration was given to that through the Stage 1 IIA and is being further progressed through Stage 2 of the IIA to ensure a broad representation of society is engaged and involved in the LWG.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the strategic approach to re-launch Community Integration Groups (Locality Working Groups) outlined in the paper.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to commission a pathfinder in the Eildon locality to inform the future development of the approach.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to review the initial findings from the pathfinder in the September 2023 meeting.

9. INTEGRATED WORKFORCE PLAN IMPLEMENTATION GROUP PERFORMANCE REPORT

9.1 Mrs Wendy Henderson provided an update on the actions taken since the last update provided to the Board in March 2023. She commented that the equality and mainstreaming actions had been adopted and incorporated into the action plan for the Implementation Board and outcomes were starting to influence and inform discussions.

9.2 The Chair enquired why medication management was a workforce item.

9.3 Dr Rachel Mollart commented that Dr Tim Young was no longer a practicing GP and sought the nomination of a GP from either GP Sub Committee or LMC to join the group.

9.4 Mrs Fiona Sandford welcomed the paper and cautioned that an over success in increasing the threshold for salaries for skilled workers could lead to gaps in the care sector.

Cllr Robin Tatler left the meeting.

9.5 Mrs Sarah Horan on the point of medication management commented that separate employers working in partnership had different regulations and rules. She enquired how the end user could be placed at the centre of provision.

9.6 Mrs Henderson commented that medication management was in regard to the prompting or administering of medication. It was one of the top 3 areas for improvement in the delivery of care and transition of care from hospital to home or to the care sector.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made to date.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to accept update reports at the IJB meetings to be held in January, May and September of each year.

10. DIRECTIONS TRACKER

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the Directions Tracker.

11. AUDIT COMMITTEE MINUTES: 19.12.2022

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

12. STRATEGIC PLANNING GROUP MINUTES: 01.02.23

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

13.   ANY OTHER BUSINESS

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there was none.

14.   DATE AND TIME OF NEXT MEETING

14.1   The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 19 July 2023, from 10am to 12noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

Scottish Borders
Health and Social Care
PARTNERSHIP

Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 19 July 2023** at **10am** in the Council Chamber, Scottish Borders Council and 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 N Richards	(v) Mr T Taylor, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mrs F Sandford, Non Executive
	(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
Mrs J Smith, Borders Care Voice
Ms Gwyneth Lennox (for Stuart Easingwood)
Mr D Bell, Staff Side, SBC
Dr R Mollart, GP
Mrs Y Smith, Partnership, NHS Borders

In Attendance:

Mrs L Shillinglaw, Minute Taker
Mr D Robertson, Chief Executive, SBC
Mr R Roberts, Chief Executive, NHS Borders
Mrs J Stacey, Chief Internal Auditor
Mr P Grieve, Associate Director of Nursing P&CS, NHS Borders
Dr S Bhatti, Director of Public Health
Mrs L Jones, Director of Quality & Improvement, NHS Borders.
Ms W Henderson, Scottish Care
Ms S Bell, Communications, SBC
Ms C Oliver, Head of Communications & Engagement, NHS Borders
Ms J Holland, Director of Strategic Commissioning & Partnerships, SBC
Mrs C Wilson, General Manager Primary & Community Services
Ms C McElroy, Public Health Lead – for
Mrs E Dickson, Associate Nurse Director Acute
Mr Ian Ritchie, Aspiring Chair
Dr T Young, Medical Director, P&CS
Mr D Knox, BBC

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from Cllr R Tatler, Elected Member, Ms L Gallacher, Borders Carers Centre, Ms J Amaral, Dr L McCallum, Medical Director, Mr S Easingwood, Chief Social Work Officer, Mr A Bone, Director of Finance, NHS Borders,

Mrs J Smyth, Director of Planning & Performance, NHS Borders, Miss I Bishop, Board Secretary, NHS Borders, and Ms D Rutherford, Borders Carers Centre.

1.2 The Chair welcomed attendees and members of the public to the meeting including Mrs C Wilson, General Manager Primary & Community Services, Ms C McElroy, Public Health Lead and Mrs E Dickson, Associate Nurse Director Acute and Mr I Ritchie, Aspiring Chair (shadowing Karen Hamilton).

1.3 The Chair confirmed that the meeting was quorate.

## 2.	DECLARATIONS OF INTEREST

2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda. Dr Rachel Mollart tendered a declaration of interest for the PCIP item (as Chair of LMC & Chief Negotiator of LNC). Dr Mollart advised that she would leave the discussion for that item.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the declaration.

## 3.	MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 17 May 2023 were approved.

## 4.	MATTERS ARISING

4.1 There were no matters arising.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

## 5.	DIRECTION: PRIMARY CARE IMPROVEMENT PLAN BUNDLE PROPOSAL

5.1 Mrs Cathy Wilson provided an overview of the content of the proposal and highlighted: a in breach of contract and risk to the delivery of the bundle. Dr Tim Young gave an outline of the situation regarding the GP sustainability position and CTAC.

5.2 Mrs Wilson indicated that the presentation had been received at the Health Board meeting on 29 June 2023 where the proposal had been agreed in principle with certain caveats. She also intimated that a meeting regarding Polypharmacy would be taking place on 20 July 2023.

5.3 Mrs Wilson commented that further discussions would take place at the GP Executive following discussions with GPs regarding the TUPE of staff arrangements.

5.4 Mrs Wilson referred to the reserves from the IJB and noted any offset in savings would come from the Polypharmacy review. It was noted that it was a 3 year plan and an exit

strategy was required. It was noted that Mrs Hazel Robertson has also written to the Scottish Government on the issue.

5.5   In response to the caveats referred to above, Mrs Karen Hamilton stressed the need for the recommendations and caveats to be included within the paper to ensure the IJB were fully aware of the position within NHS Borders. In addition, Mrs Hamilton referred to point 5.12 of the paper and the need to ensure the date was added and also raised concern at the use of the word "lucky" at point 5.15.

5.6.   In response to a query from Mrs Jenny Smith regarding any benefits and impacts for the third sector, Mrs Wilson confirmed that engagement was underway complete stages 2 and 3.

5.7   Mrs Sarah Horan commented on the purpose & scope "realistic medicine" and intimated she would like to include "values-based care". It was also noted that paediatrics had not been mentioned within the impact assessment.

5.8   Mrs Jen Holland referred to a social care proposal for pharmacotherapy and home care to reduce the amount of visits and reduce delayed discharges and highlighted the need to be coherent around priorities regarding efficiencies in health as well as health & social care.

5.9   Mrs Fiona Sandford referred to the "fragility of GP services" and noted NHS Borders had the highest vacancy rate for GPs than any other Health Board and commented that it was imperative to highlight that to the Scottish Government.

5.10   Mr Tris Taylor welcomed the approach outlined regarding the delivery of savings and the impact assessment section "improvement to health & equalities……" if there was increased capacity.

5.11   In response to a query from Mr John McLaren regarding GP payments, Mr Ralph Roberts intimated that the details of contractual parties were the responsibility of the Health Board and he was clear that it was not compensation and was paying for a contractual service around Polypharmacy. It was being funded through the funds available within the PCIP as they currently stood and the commitments of savings to fund on an ongoing basis until additional funding was received from the Scottish Government. In addition, and in response to a query regarding how other NHS Boards had delivered PCIP services, Mr Roberts intimated that they had been delivered in different ways by different Boards depending on their identified priorities.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** directed NHS Borders to implement the Bundle Proposal plan to deliver services outlined in PCIP 6 Scottish Government's direction.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved and endorsed the financial model supporting the PCIP Bundle Proposal, including temporary redirection of Polypharmacy efficiency savings to deliver against PCIP 6.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to escalate funding concerns and gaps for PCIP 6 delivery with the Scottish Government which include the financial risk of over and under delivery.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to review the situation at the next meeting and review the delivery in March 2024.

6.   DIRECTION: SURGE PLANNING

6.1   Mr Chris Myers provided an overview of the content of the proposal and highlighted: the overspend on set aside services; the suggestion to accelerate the programme; the single assessment process; and role of the third sector.

6.2   Mrs Laura Jones highlighted the significant pressures currently within the whole system.

6.3   Mrs Jen Holland commented that "Discharge to Assess" was a fundamental whole system model.

6.4   Cllr Elaine Thornton-Nicol expressed concern regarding Single Assessment/Older People's Pathways and the importance of communications signposting – right place, right care, right time.

6.5   Mrs Fiona Sandford highlighted the need to get the elective capacity back and the need to have the polypharmacy review undertaken before the anticipated winter surge which would assist with the overall health of the population.

6.6   Mr Ralph Roberts welcomed the paper and highlighted that it was a joint responsibility and noted there was a lot of work ongoing including improving flow and prevention. He further noted that the Scottish Borders had the worst levels of delays in Scotland and highlighted the need for collective working.

6.7   Mr David Robertson enquired what more could be done to prevent deconditioning in hospital resulting from the significant delayed discharges.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the position relating to acute hospital unscheduled care pressure outlined within the report.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the position relating to the Urgent and Unscheduled Care Programme Board.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the issue of a direction to NHS Borders and the Scottish Borders Council to commence the Surge / Winter planning process, and to develop and implement the following policies: single assessment and home to assess; and to work towards strengthened engagement with the third sector, and communications which promote community supports.

7.   MENTAL HEALTH IMPROVEMENT AND SUICIDE PREVENTION PLAN

7.1 Ms Clare McElroy provided an overview of the content of the IIA report and highlighted gasp with the engagement work.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the IIA for Creating Hope in the Scottish Borders, prior to IJB

8. MSG SELF ASSESSMENT

8.1 Mrs Hazel Robertson provided an overview of the content of the MSG self assessment and intimated that she had re-issued the Action Plan.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** endorsed the enclosed self-assessment process.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** **approved** the associated action plan for delivering on the proposed improvement actions, prior to submission to the Scottish Government.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** **requested** an update to the IJB Audit Committee on progress against the delivery of the actions outlined in March 2024 from the Chief Officer.

9. ANNUAL PERFORMANCE REPORT 2022/23 AND DELIVERY PLAN 2023/24

9.1 Mr Chris Myers provided an overview of the content of the Annual Performance Report and Delivery Plan and indicated that the national level reporting cycle has changed, meaning local comparison would not take place until the national data was available in May 2024. Mr Myers indicated that he was currently working with Miss Iris Bishop in regard to the work plan and range of key themes for the coming year. He then referred to page 129 – development of a Delivery structure and indicated that the Joint Executive would have oversight in advance of the IJB, with escalation as and when required.

9.2 Mrs Fiona Sandford commented that the number of days spent in hospital when patients were ready for discharge was very concerning as it impacted patients health.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** proposed no changes to the draft APR.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the APR for publication.

10. FINANCIAL REGULATIONS

10.1 Mrs Hazel Robertson provided an overview of the financial regulations and commented that they had been co-produced with colleagues in both NHS Borders and Scottish Borders Council.

10.2   Mrs Karen Hamilton acknowledged the large volume of work undertaken within the IJB and its partners.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted that the Regulations had been substantially reviewed by the IJB CFO and confirmed by SBC and NHSB. All outstanding matters had now been resolved.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted that the IJB Audit Committees approved those for implementation, replacing the current regulations.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** requested that the CFO implement those, making the required improvements in financial control, management and reporting, and communicating best practice to finance teams within the Partnership.

11.   FINANCE REPORT

11.1   Mrs Hazel Robertson provided a presentation on the financial position.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the update.

12.   QUARTERLY PERFORMANCE REPORT

12.1   Mr Chris Myers provided an overview of the content of the proposal.

12.2   Mrs Karen Hamilton referred to the new strategic planning objectives and asked if there was any core data available. In response Mr Myers referred to the unscheduled care element and intimated it would remain and was more around unpaid carers, social care and social work and primary care activity at a local level and the new national datasets would assist in understanding.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted and approve any changes made to performance reporting and the key challenges highlighted.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** directed actions to address the challenges and to mitigate risk.

13.   DIRECTIONS TRACKER

13.1   Mrs Hazel Robertson referred to the Directions Tracker and intimated that the Audit Committee had indicated that some other factors would be relevant to consider such as materiality to the IJBs strategic direction and any legal issues or concerns. Consideration was also given as to whether to add any of the outstanding directions to the risk register.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the Directions Tracker.

14.   AUDIT COMMITTEE MINUTES: 20.03.23

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

15.   STRATEGIC PLANNING GROUP MINUTES: 03.05.23

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

16.   ANY OTHER BUSINESS

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there was none.

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 20 September 2023, from 10am to 12 noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**NHS Borders Annual Review Letter 2022/23**
Responsible Executive/Non-Executive:	**June Smyth, Director of Planning and Performance**
Report Author:	**Katy George, Planning & Performance Officer**

1   Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Scottish Government Feedback Letter

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

- Performance

2   Report summary

2.1   Situation

This paper is to provide members with feedback from the Cabinet Secretary for Health and Social Care's letter following the Board's Ministerial Annual Review with the Chair and Chief Executive of NHS Borders on 11th September 2023.

2.2   Background

The NHS Borders Ministerial Annual Review for 2022/23 was held both in person and virtually at The Great Tapestry of Scotland in Galashiels on the 11th September 2023 with Karen Hamilton, Chair of Borders Health Board and Ralph Roberts, Chief Executive both in attendance. Ms Jenni Minto, Minister for Social Care, Mental Wellbeing & Sport led the review and was supported by Caroline Lamb, DG Health & Social Care and Chief Executive, NHS Scotland.

The Annual Review process is intended to ensure the rigorous scrutiny of NHS Boards' performance whilst encouraging as much dialogue and accountability between local communities and their Health Boards as possible.

Every year, following the Annual Review of NHS Borders Scottish Government summarise the performance of the Health Board by letter (See Appendix 1).

This year's letter from Ms Jenni Minto, Minister for Social Care, Mental Wellbeing & Sport, is positive and pays tribute to the ongoing efforts in these continuing unprecedented and unremitting pressures.

The agenda for the day included discussions with the following groups:
- Area Clinical Forum
- Area Partnership Forum
- Patients and Carers
- Public Session
- Private Session

In advance of the Public Session NHS Borders received 4 pre-submitted questions which have all been responded to. A number of questions were asked during the session and there was also the opportunity to email a question afterwards if there was not the time to discuss them all during the session. All questions will be formally responded to and published on NHS Borders public website within 8 weeks from the review date.

Achievements highlighted include:

- Ms Minto was most grateful for the outstanding efforts of local staff to adapt and maintain key services throughout 2022/23 after what has been a continually challenging period after responding to the Covid-19 pandemic.
- Ms Minto was pleased to note the ongoing positive engagement and contribution of the Area Clinical Forum, Area Partnership Forum and patient/carer stakeholders.
- The impressive work undertaken in theatres and other areas to improve patient flow in the face of persistent delayed discharge pressures.
- Ms Minto appreciated the openness and willingness of the patients present during the Patient & Carers session sharing their experiences.
- Recognition for the range of actions that NHS Borders is taking to support the wellbeing and resilience of its workforce.
- Performance against the 31-day standard for Cancer Waiting Times was consistently strong.
- Ms Minto was pleased to hear that the Board and its planning partners continue to make progress on the Scottish Borders Health and Social Care Strategic Framework that has been co-produced across the IJB, NHS Board and Scottish Borders Council.

Areas for improvement commented on by Ms Minto from the Annual Review of performance in the year 2022/23 included:

- Continue to work alongside the Government to monitor NHS Borders financial position and give assurance in relation to the savings programmes

that have been identified and how progress and delivery of these is being monitored.

- Continue to review the decision not to appoint a Clinical Director for CAMHS as this has assisted other Boards to offer a clear and single point of accountability for clinical and professional standards, alongside effective governance in multi-professional teams.

2.3 Assessment

It is hoped that by the time of the next Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. Ms Minto was nonetheless, under no illusion that the NHS continues to face one of the most periods in its history and are grateful for the ongoing efforts to ensure resilience. Scottish Government will continue to keep local activity under close review and provide as much support as possible.

2.3.1 Quality/ Patient Care

The feedback covers deliverables that promote Safety, increases Effectiveness and are Person Centred that will dovetail into performance for the year ahead.

2.3.2 Workforce

None identified.

2.3.3 Financial

The Financial Plan underpins the performance targets for the year and the Annual Delivery Plan (ADP). The Plan references the Financial Improvement Programme and the challenges associated with managing the backlog in a financially restricted environment.

2.3.4 Risk Assessment/Management

The narrative within the ADP highlights any particular risks to achievement of the targets, and the plans in place to minimise any such risks.

2.3.5 Equality and Diversity, including health inequalities

NHS Borders Annual Review 2022/23 complies with the Board's Equality and Diversity requirements.

2.3.6 Climate Change

None identified.

2.3.7 Other impacts

None identified.

2.3.8 Communication, involvement, engagement and consultation

The public session that was held as part of the Annual Review included public members and staff. The briefing pack that was provided in advance of the session to Scottish Government was developed through contributions from service leads, Board Executive Team, Chair of the Area Clinical Forum and Chair of the Area Partnership Forum.

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.

2.4   Recommendation

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

3   List of appendices

The following appendices are included with this report:

- Appendix No 1, Annual Review – Ministerial Feedback Letter

Ministear airson Slàinte Phoblach is Slàinte
Bhoireannach
Jenni Minto BPA

Minister for Public Health and Women's Health
Jenni Minto MSP

T: 0300 244 4000
E: scottish.ministers@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Karen Hamilton - Chair
NHS Borders

Sent via: iris.bishop@nhs.scot

28 September 2023

Dear Karen

NHS BORDERS ANNUAL REVIEW: 11 SEPTEMBER 2023

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Galashiels on 11 September. I was supported by Caroline Lamb, Director General of Health & Social Care and Chief Executive of NHS Scotland. The focus of the day was the resilience and recovery of local services, as we emerge from the Covid-19 pandemic, and I am writing to summarise the key discussion points.

2. This round of Annual Reviews marks the first safe and practicable opportunity since the pandemic began to visit and meet with colleagues and stakeholders in the local area. The key addition to the format this year has been, wherever possible, to include digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, e.g. those with care/treatment commitments; or those with vulnerabilities who remain nervous about attending potentially large public events.

3. We would like to record our thanks to you and everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and by virtual means. We found it a very informative day and hope everyone who participated also found it worthwhile.

Meeting with the Area Clinical Forum

4. We had an interesting and constructive discussion with the Area Clinical Forum. We firstly reiterated our sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures over recent years, for the benefit of local people.

5. It was clear that the Forum continues to make a meaningful contribution to the Board's work, and that the group has effective links to the senior management team; noting that more frequent personal interactions with management may be a benefit of working in a smaller territorial Board. It was reassuring to hear that the Forum felt it had been fully involved in the Board's determined focus on contributing to effective clinical governance and patient safety. In addition, the Forum has played an important role in terms of informing the Board's approach to workforce recruitment and retention, as well as in the key area of staff wellbeing.

6. We had very interesting discussions with the representatives from the various professional committees and undertook to consider some of the points raised: for instance, the impressive work undertaken in theatres and other areas to improve patient flow, in the face of persistent delayed discharge pressures; the need for more focused IT development and integration; the need to keep key performance indicators and other metrics under review to ensure they continue to be fit for purpose; the importance of investing appropriately in early intervention, health improvement and in primary/community care settings, alongside the focus on acute services; and the need for consistent public messaging around accessing the right services, at the right time. We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

Meeting With the Area Partnership Forum

7. We were pleased to meet with the staff-side of the Area Partnership Forum. It was clear that local relationships have been strengthened by the significant pressures of the pandemic experience, which we recognised had accelerated pre-existing challenges facing local staff and the system. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally over the last year. We also acknowledged that, whilst we hope to be over the most acute phase of the pandemic, very many pressures remain on staff throughout the NHS and planning partners.

8. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategy and associated workforce plan; alongside key work on: staff wellbeing; the need for the appropriate scheduling of staff training; the successful local work to attract international recruitment, as well as the *Retire to Return* scheme; and the bullying and harassment/dignity at work agenda. We also noted the worrying accounts around staff fear of physical violence from patients and families: we were clear that violence, or the threat of violence, towards staff is

completely unacceptable, in line with the national zero tolerance policy towards violence, threatening and abusive behaviour across the public sector in Scotland.

Patients' Meeting

9. We would like to extend our sincere thanks to all the patients who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. We greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities and systems to support patient care/access, including better continuity of care and face-to-face treatment options; the need to ensure that communications with patients take place in a way which is appropriate to their needs; the significant positive impact of wellbeing services and talking therapies; the value of multi-disciplinary teams in healthcare to provide more timely and appropriate support; alongside an effective, accessible and responsive NHS complaints procedure. There were some outstanding concerns raised about personal treatment and these were going to be taken forward in liaison with the local NHS Borders' public involvement officer, who was also in attendance.

Annual Review: Public Session

10. The full public session was also streamed live and began with your presentation on the Board's key achievements and challenges, looking back and forward. As this round of Ministerial Reviews are the first in public since the necessary limitations of Covid-19, you firstly summarised the extraordinary pandemic response from NHS staff in the area before moving to the key themes of resilience (including winter planning), recovery and renewal, in line with national and local priorities. We then took questions from members of the public: four that had been submitted in advance and also a number from the floor. We are grateful to you and the Board/local Partnership team for your efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

Annual Review: Private Session

11. We then moved into private session with yourself and the Board Chief Executive to discuss local performance in more detail.

Escalated area: Finance

12. NHS Borders is one of three NHS Boards currently escalated at Stage 3 on the NHS Scotland Support & Intervention Framework in terms of your financial position. You confirmed that, in 2022-23, the Board delivered a balanced financial outturn, following the receipt of £11.7 million of repayable brokerage from the Government. This takes the Board's overall brokerage to £20 million; this will be repayable once the Board achieves balance.

13. You confirmed that, whilst the Board's immediate priority is providing safe, resilient services, the Board has identified a sustainable financial future as a top corporate priority, building on the financial improvement/recovery plan that has been in place since 2022.

14. As at month 4 of 2023-24, the Board has presented a year-to-date overspend of £9.3 million, as part of a forecasted full year overspend of £26.1 million. This is a deterioration from the outturn forecast in the original financial plan from March, despite additional sustainability funding and new medicines funding of £4.7 million. We noted that key pressures continued to be delayed discharge and unfunded, contingency beds on the acute site. In addition, we noted that significant risks carried over into future years include pay and workforce pressures alongside prescribing costs. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges.

15. As with a number of Boards, NHS Borders also faces challenges with the capital budget, including current and backlog maintenance, alongside the need for increased investment in digital infrastructure.

16. The Government will continue to work with the Board to monitor your financial position and assist with longer term financial planning; as noted, it will be important that you are able to assure us in relation to the savings programmes that you have in place and how you are monitoring delivery against these.

Workforce

17. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

18. You confirmed that the Board has continued to experience significant challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge from Borders General Hospital. For the fortnight ending 29 August, the Board's overall rate of staff absence was 15.8%; slightly lower than the NHS Scotland rate of 17.0%; and whilst we noted that the Board continues to experience challenges with short notice sickness absence, for the fortnight ending 29 August, NHS Borders' rate of all sickness absence was 4.6%; lower than NHS Scotland's rate of 5.4%.

19. As at March 2023, the Board reported a lower vacancy rate than the NHS Scotland average for Nursing/Midwifery but a higher vacancy rate for consultants; and significantly higher for AHPs: 13.6% compared to the national average of 7.1%. We recognise that recruiting to specialist posts has continued to be very challenging, as it is with a number of more remote and rural Board areas; that is why it is important that the Board continues to consider the development of new roles such as Advanced Practitioners and Medical Physician Associates; to help mitigate vacancy rates, alongside working with your planning partners to identify mutual opportunities to maximise workforce capacity; particularly, but not exclusively, when dealing with transitions of care from hospital to care settings.

20. As recognised in our earlier meetings with the local Area Clinical and Partnership Forums, we remain very conscious of the cumulative pressures on the health and social care workforce; and recognise the range of actions NHS Borders is taking in terms of the wellbeing and resilience of local staff. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace, not least in light of the cost-of-living crisis. Such measures will also be material in terms of the local staff recruitment and retention efforts. The Board will need to continue to harness this, maximising staff support and engagement through winter and into the longer-term recovery and renewal phases.

Resilience and winter planning

21. Given the scale of the cost-of-living crisis, combined with the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be one of the most difficult our NHS has faced. We also remain conscious that most NHS Boards, including NHS Borders, have already been confronted with a sustained period of unprecedented pressures on local services, particularly at the main acute site. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

22. It was therefore reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. You provided assurances that good practice and lessons learned from last winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning.

23. Nationally, we have again jointly agreed a number of overarching priorities with COSLA which will help guide our services this winter, and these measures will support resilience across our health and care system; ensuring people get the right care they need at the right time and in the most appropriate setting. One of our key lines of defence again this winter, protecting both vulnerable individuals and the system against further pressures, will be the recently launched vaccination programme for seasonal flu and Covid-19.

Unscheduled Care & Delayed Discharge

24. As noted above, NHS Borders has been experiencing sustained pressures across services. The causes are multifactorial and have resulted in very high bed occupancy, long ambulance turnaround times, bed closures, reduced theatre capacity, cancellations of elective surgery, overcrowding in the A&E Department and very long waits for admission. Delayed discharge has also been a marked issue.

25. In terms of the longest 12-hour+ waits, for the week ending 3 September, the Board recorded 58 breaches: the fifth highest in Scotland and 7% of the national total, which is significant for a smaller Board. Against the 4-hour standard, compliance over the last quarter was 66.2% against the national average of 70.2%; and in the week ending 3 September, the Board was at 66.2% against the national average of 68.6%; up from 58.9% the previous week but down from 95.0% in the comparable, pre-Covid week from 2019.

26. We continue to work with all Boards, including NHS Borders, to reduce pressure on hospitals and improve performance; not least via the national Urgent and Unscheduled Care Collaborative programme, which supports further development of Flow Navigation Centres to ensure rapid access to a clinician and scheduled appointments; offers alternatives to hospital, such as *Hospital at Home;* and directs people to the most appropriate urgent care settings. Whilst it was pleasing to note that the Board and its planning partners are fully engaged with the national unscheduled care programmes of work, we agreed that the current level of performance against the A&E standard is not acceptable; particularly in relation to the longest delays and has to be sustainably addressed as a matter of priority. We will keep progress under close review.

Planned Care Waiting Times

27. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. We continue to assist NHS Boards with plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our Recovery Plan, announced in August 2021.

28. In July 2022, the Government announced targets to eliminate long waits for planned care across Scotland. You confirmed that the Board is prioritising improvement activity on the specialties with the biggest pressures, e.g. ophthalmology, dermatology and orthopaedics. In terms of recovery planning and trajectories, the Board continues to plan that theatre capacity will recover to pre-pandemic levels by the beginning of next year; though we noted that this has several key dependencies, including ensuring there is sufficient theatre and anaesthetic staff capacity, as well as having a ring-fenced elective ward.

29. You confirmed that NHS Borders is working with the National Elective Co-ordination Unit and others to support delivery of the long wait targets, including opportunities for insourcing, outsourcing and accelerating planned improvements. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients, building on the success of initiatives such as the *Near Me* programme.

30. Government funding has also been provided to support the provision of additional diagnostic scanning capacity; you confirmed that such initiatives have worked well to support a reduction in the waiting lists and times, and that a new CT scanner is planned. Whilst recognising that the current pressures are very significant across the local health and care

system, we were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly as relates to the longest waits which, as with unscheduled care, we will keep under close review.

Cancer Waiting Times

31. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic and, whilst local performance against the 31-day target has been consistently met and maintained, this has slipped of late (91.2% as at the quarter ending June 2023). As with most NHS Boards, local performance against the 62-day target has been more challenged (83.1% at June). We noted that the Board remains committed to sustained improvements against both targets, with activity focused on addressing particular pressures in the prostate and colorectal pathways, alongside system and staffing pressures, which have reduced diagnostic capacity. The Board continues to submit regular progress reports and the Government will continue to provide tailored support.

Mental Health Waiting Times

32. Child and Adolescent Mental Health Services is a particular pressure area for the Board, with performance against the 18-week target at 31.3% in June. You explained that the focus has been on reducing the longest waits and reducing the overall size of the list and, whilst progress has been made, performance against the target will take longer to improve sustainably. We noted that staffing in this area remains fragile. You also confirmed that the local service has not opted to appoint a Clinical Director as in a number of other Board areas. We would ask you to keep this under review as it has helped in other Boards to offer a clear and single point of accountability for clinical and professional standards, alongside effective governance, across the multi-professional teams. A regular programme of engagement will continue via the Government's Mental Health Performance Unit to monitor progress.

National Drugs Mission

33. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment by the end of the current Parliamentary session. We noted that the number of drug-misuse deaths locally per population has shown a decrease from a peak of 22 in 2018 to 13 in 2022. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland. As such, we were happy to note that the Board and local planning partners are meeting their commitments for the MAT standards, and in relation to the targets for access to residential rehabilitation, as well as the waiting times for access to alcohol and drug treatment services.

Local Strategy

34. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note that the Board and its planning partners are making progress on the Scottish Borders Health and Social Care Strategic Framework, which had been co-produced across the IJB, NHS Board and Scottish Borders Council. The Framework sets out how the Health and Social Care Partnership will transform, commission and provide health and social care services over the next three years; to improve and support the health and wellbeing of local people.

35. The Framework recognises that the scale of the challenges faced in planning and delivering health and social care services to meet local need are very significant. This makes it all the more important that the Board and its planning partners innovate and adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

Conclusion

36. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.

37. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of a period of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely,

Jenni Minto MSP

INVESTORS IN PEOPLE | Accredited Until 2020

NHS Borders

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Board Business Plan**
Responsible Executive/Non-Executive:	**Iris Bishop, Board Secretary**
Report Author:	**Iris Bishop, Board Secretary**

1   Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Annual Operational Plan/Remobilisation Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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 provide the Board with a focused and structured approach to the known business that will be required to be conducted over the coming year.

2.2   Background

To deliver against targets and objectives, the Board must be kept aware of progress on a regular basis.   The Board has a governance responsibility around

performance, requiring assurance that targets will be met and that any action required to be taken to keep the organisation on course will be managed properly. The Board will seek such assurance through the Resources & Performance Committee of the Board.

2.3 Assessment

Public Board Meeting Agendas

Public Board meeting agendas will be focused on main clinical and strategic issues at each meeting in order to facilitate strong debate of items.

Board Development

Board Development sessions have been scheduled for the afternoon after each public Board meeting. A programme of content will be worked up to ensure these sessions are used to the benefit of the Board.

Attached at Annex A is the Business Cycle for 2024 which has been formulated to capture the known business that the Board will be expected to address during 2024.

The Business Plan will remain a live document and will evolve further and flex where appropriate, to ensure the Board can meet its statutory and regulatory requirements.

Meeting Dates 2024

Tabled below are the proposed meeting dates for 2024.

- The Borders NHS Board will meet on 6 occasions.
- The Board will undertake Development sessions on 6 occasions.
- The Resources & Performance Committee (R&PC) will meet on 5 occasions.

Meeting	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec
Public Board		1		4		27		1		3		5
Development Session		1		4		27				3		5
Resources & Performance Committee	18		7		2				5		7	

- Public Board meetings – 10.00am to 12.00noon
- Development Sessions – 2.00pm to 5.00pm
- Resources & Performance Committee – 9.00am to 11.00am

It is proposed that the meetings remain scheduled for the first Thursday of each month wherever possible in order to ensure reporting cycles for data collection are maximised. Meetings will also be held in person whenever possible with the use of hybrid facilities or full MS Teams whenever necessary.

Due to the need to ensure that the Annual Accounts are duly signed off by the Board in line with statutory requirements the June Borders NHS Board meeting will be pushed back to the last Thursday of the month (27 June).

In line with previous years it is proposed that there are no Borders NHS Board, Resources & Performance Committee, or Board Development sessions held in July.

Policy/strategy implications will be addressed in the management of any actions/decisions resulting from the business presented to the Board.

The SBC Full Council meetings cycle has been taken into account when identifying dates.

2.3.1 Quality/ Patient Care

Patient Safety/Clinical Impact implications will be addressed in the management of any actions/decisions resulting from the business presented to the Board.

2.3.2 Workforce

Staffing implications will be addressed in the management of any actions/decisions resulting from the business presented to the Board.

2.3.3 Financial

Resource implications will be addressed in the management of any actions/decisions resulting from the business presented to the Board.

2.3.4 Risk Assessment/Management

Risk assessment will be addressed in the management of any actions/decisions resulting from the business presented to the Board.

The risks of falling outwith the financial and performance reporting cycle have been recognised and minimised.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed.

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 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.

- Board Executive Team, 26 September 2023.

2.4   Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

The Board is asked to **<u>approve</u>** the Board meeting dates schedule for 2024.

The Board is asked to **<u>approve</u>** the Board Business Cycle for 2024.

3   List of appendices

The following appendices are included with this report:

- Appendix No1 Business Plan 2024

BORDERS NHS BOARD BUSINESS PLAN 2024

Item	Recurrence	Owner	1 February BOARD	1 February DEV	4 April BOARD	4 April DEV	27 June BOARD	27 June DEV	1 August Board	1 August DEV	3 October BOARD	3 October DEV	5 December BOARD	5 December DEV
Minutes	monthly	Board Secretary	▓		▓		▓		▓		▓		▓	
Action Tracker	monthly	Board Secretary	▓		▓		▓		▓		▓		▓	
Clinical Governance & Quality Update	public	Director of Quality & Improvement	▓		▓		▓		▓		▓		▓	
Healthcare Associated Infection Control & Prevention Update	public	Infection Control Manager	▓		▓		▓		▓		▓		▓	
Finance Report	public & R&PC	Director of Finance	▓		▓		▓		▓		▓		▓	
NHS Borders Performance Report	R&PC & Public	Director of Planning & Performance	▓		▓		▓		▓		▓		▓	
Statutory & Other Committee minutes	public	Board Secretary	▓		▓		▓		▓		▓		▓	
Consultant Appointments	public	Director of Workforce	▓		▓		▓		▓		▓		▓	
Patient Story	each meeting	Director of Quality & Improvement	▓		▓		▓		▓		▓		▓	
Register of Interests	yearly	Board Secretary												
Remobilisation Plan /Annual Delivery Plan (includes winter plan and financial plan)	yearly	Director of Planning & Performance / Director of Finance	▓											ADP and MTP Update & plan for refresh
Code of Corporate Governance Refresh	3 yearly	Board Secretary			Sectional									
Joint Public Protection Annual Report (replaces the separate Adult and Child Protection Reports) (Goes to CGC first for assurance and then the Board for noting)	yearly	Director of Nursing & Midwifery											▓	
Child Poverty Annual Report (as per Child Poverty (Scotland) Act 2017 - Board required to publish annual report by June each year	yearly	Director of Public Health					▓							
Strategic Risk Report Q4 and Register	yearly	Risk Manager	Strategic Risk Register				RM Q4 Rpt	Strategic Risk						
NHS Borders Annual Report and Accounts	yearly	Director of Finance					▓							
NHS Borders Endowment Annual Accounts	yearly	Director of Finance					▓							
NHS Borders Private Patients Funds Annual Accounts	yearly	Director of Finance					▓							
Board Committee Memberships	yearly	Board Secretary			▓									
Board Meeting Dates & Business Cycle	yearly	Board Secretary												
Annual Review Letter and Action Plan	yearly	Head of Performance & Planning									Dependent on timing of Annual Review			
Alcohol and Drug Partnership Annual Report (Goes IJB first and then NHSB for noting)	yearly FOR NOTING goes to IJB	Director of Public Health / Chief Officer											▓	
DPH Annual report	2 yearly	Director of Public Health												
Progress on Mainstreaming the Equality Duty & Equality Outcomes	2 yearly	Director of Public Health	Due 2025											
Mainstreaming Equality Outcomes Report: to publish on website	4 years	Director of Public Health					Due 2027							
Medical Education Report (yearly to CGC first in January each year then the Board)	yearly to CGC first	Medical Director	▓											
Pharmaceutical Care Services Plan 2023 - The NHS (Pharmaceutical Services) (Scotland) Amendment Regulations 2011 (SSI 2011/32) amended regulations so that NHS Boards are obliged to publish Pharmaceutical Care Services Plans and monitor their plan annually to reflect changes in service provision or service need	yearly (3 yearly)	Director of Pharmacy			▓									
Financial Plan	Done in R&PC?	Director of Finance		Financial Recovery Plan	24/25	Financial Recovery Plan								
Resource to the IJB 23/24 (Delegated Budget)	yearly	Director of Finance												
Board to formally sign off integration board membership (NEDS)	yearly	Chair			Every 3 Years due 2025									
Counter Fraud Services	every 2 years	Director of Finance												Due 2024
External Annual Audit Report	yearly	Gillian Woolman, Audit Scotland					▓							
Logie Legacy - Zambia Twinning Partnership Annual Update	yearly	Director of Public Health			▓									
Primary Care Improvement Plan (PCIP)	Yearly	Chief Officer									Annual Update			
Health Improvement Annual Report	yearly	Director of Public Health												
Blueprint of Corporate Governance Update	yearly	Board Secretary											annual update	Action Plan and Prep for Blueprint Self Assessment in January
Health & Care (Staffing) (Scotland) Act 2019 - Annual Report on complaince for submission to Scottish Government - Awaiting timeline from Scottish Govt - Bill live from April 2024	yearly	Director of HR, OD & OH&S, Director of Nursing, Midwifery & AHPs			▓									
Appointment of Internal Auditors		Director of Finance												
iMatter		Director of Workforce												
The Organisation - Strategy - ADP, 3 yr Fin Plan, 3 yr Wk Plan, Vision & Values, Strategic Aims		Chief Executive									3yr Financial Plan update			3yr Workforce Plan / Strategy
PAMs	yearly	Director of Finance												
Regional Health Protection Service Update	as and when	Director of Public Health												
Whistleblowing (reporting through SGC) Annual Report to the Board	annual	Director of Workforce					▓							
Scheme of Integration Consultation	Due 2026	Chief Officer	Due 2026											
ACF Annual report	yearly	ACF Chair												
Digital Programme Update	yearly	Head of IM&T							▓					
Climate Change Annual Report	yearly	Director of Finance	▓											
Joint Health Protection Plan - last produced 2011 between SBC and NHS - other boards updated in 2018 - chased DPH to find out if need to update as if we do it needs formal Board approval		Director of Public Health									▓			
Strategic Framework 2023-26 (Corporate Objectives - to be updated in line with the Strategic Framework)	3 yearly - FOR APPROVAL	Chief Officer / Director of Planning and Performance					Corp Objectives due 2026							

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**5 October 2023**
Title:	**Consultant Appointments**
Responsible Executive/Non-Executive:	**Andy Carter, Director of HR & OH&S**
Report Author:	**Bob Salmond, Associate Director of Workforce**

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):

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The purpose of this report is to notify the Board of recent consultant appointments offered by the Chair or their deputy on behalf of NHS Borders Board.

2.2   Background

Board members were briefed in December 2017 on revisions to the NHS Borders guidance on medical consultant appointments. As a result, the Chair of the Board or his/her deputy have delegated authority to offer consultant appointments on behalf of the Board.

2.3   Assessment

Since the last report to the Board, 5 new consultants have been interviewed, offered and accepted consultant posts.

2.3.1

New Consultant	Post	Start Date
Dr Rebecca Devine	Consultant in Public Health	August 2023
Mrs Kirsty Kiln	Consultant in Public Health	September 2023
Dr Stuart Campbell	Consultant Anaesthetist	October 2023
Mrs Mary Cazaly	Consultant Orthodontist	March 2024
Mr Samir Hakeem	Consultant Orthopaedic Surgeon	August 2024

Quality/ Patient Care

The Senior Medical Staffs Committee receives a quarterly report on forthcoming medical vacancies, new long term Consultant appointments (including locums) and consultant posts filled by long term locums.

2.3.2 Workforce

Successful recruitment to substantive consultant posts supports the sustainability of services.

2.3.3 Financial

Not applicable.

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed in the preparation of this paper. However Equality and Diversity obligations are fully complied with in the recruitment and selection process.

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

Not applicable.

2.4 Recommendation

The Board is asked to note the report.

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

3 List of appendices

Not applicable.