

A meeting of the **Borders NHS Board** will be held on **Thursday, 3 October 2024** at 10.00am **in the Council Chamber, Scottish Borders Council and via MS Teams**

AGENDA

| Time | No | | Lead | Paper |
|-------------|-----------|---|---------------------------------------|------------------------|
| 10.00 | 1 | ANNOUNCEMENTS & APOLOGIES | Chair | <i>Verbal</i> |
| 10.01 | 2 | REGISTER OF INTERESTS | Chair | Appendix-2024-64 |
| 10.02 | 3 | MINUTES OF PREVIOUS MEETING 01.08.24 | Chair | <i>Attached</i> |
| 10.04 | 4 | MATTERS ARISING Action Tracker | Chair | <i>Attached</i> |
| 10.05 | 4.1 | CHIEF EXECUTIVES REPORT | Chief Executive | <i>Verbal</i> |
| 10.15 | 5 | STRATEGY | | |
| 10.15 | 5.1 | Integrated Annual Planning Cycle | Director of Planning & Performance | Presentation To Follow |
| 10.25 | 6 | FINANCE AND RISK ASSURANCE | | |
| 10.25 | 6.1 | Resources & Performance Committee minutes: 02.05.24 | Board Secretary | Appendix-2024-65 |
| 10.26 | 6.2 | Audit & Risk Committee minutes: 20.06.24, 27.06.24 | Board Secretary | Appendix-2024-66 |
| 10.27 | 6.3 | Finance Report | Director of Finance | Appendix-2024-67 |
| 10.40 | 7 | QUALITY AND SAFETY ASSURANCE | | |
| 10.40 | 7.1 | Clinical Governance Committee minutes: 10.07.24 | Board Secretary | Appendix-2024-68 |
| 10.41 | 7.2 | Quality & Clinical Governance Report | Director of Quality & Improvement | Appendix-2024-69 |
| 11.00 | 7.3 | Infection Prevention & Control Report | Director of Nursing, Midwifery & AHPs | Appendix-2024-70 |

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|--------------|-----------|---|---------------------------------------|------------------|
| 11.15 | 7.4 | Public Protection | Director of Nursing, Midwifery & AHPs | Appendix-2024-71 |
| 11.28 | 8 | ENGAGEMENT | | |
| 11.28 | 8.1 | Staff Governance Committee minutes: 18.04.24 | Board Secretary | Appendix-2024-72 |
| 11.29 | 8.2 | Area Clinical Forum Minutes: 02.04.24 | Board Secretary | Appendix-2024-73 |
| 11.30 | 9 | PERFORMANCE ASSURANCE | | |
| 11.30 | 9.1 | NHS Borders Performance Scorecard | Director of Planning & Performance | Appendix-2024-74 |
| 11.45 | 10 | GOVERNANCE | | |
| 11.45 | 10.1 | Scottish Borders Health & Social Care Integration Joint Board minutes: 15.05.24, 24.07.24 | Board Secretary | Appendix-2024-75 |
| 11.46 | 10.2 | Board Business Plan 2025 | Board Secretary | Appendix-2024-76 |
| 11.56 | 10.3 | Consultant Appointments | Director of HR, OD & OH&S | Appendix-2024-77 |
| 11.59 | 11 | ANY OTHER BUSINESS | | |
| | | | | |
| 12.00 | 12 | DATE AND TIME OF NEXT MEETING | | |
| | | Thursday, 5 December 2024 at 10.00am at the Lecture Theatre, Headquarters and via MS Teams | Chair | <i>Verbal</i> |

NHS Borders



| | |
|---|-------------------------------------|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| Title: | Register of Interests |
| Responsible Executive/Non-Executive: | Karen Hamilton, Chair |
| Report Author: | Iris Bishop, Board Secretary |

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Government policy/directive

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

- Person Centred

2 Report summary

2.1 Situation

2.1.1 The purpose of this report is to include the declarations of interest for Mr Peter Moore in the formally constituted NHS Borders annual Register of Interests as required by Section B, Sub Section 4, of the Code of Corporate Governance.

2.2 Background

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

2.3 Assessment

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

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

2.3.1 Quality/ Patient Care

Not applicable.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

Not applicable.

2.3.4 Risk Assessment/Management

Regulatory requirement.

2.3.5 Equality and Diversity, including health inequalities

An HIA is not required for this report.

2.3.6 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 **approve** the inclusion of the declarations of interests for Mr Peter Moore in the Register of Interests.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Declaration of Interests Mr Peter Moore

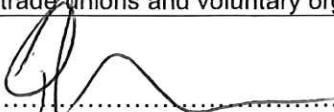


Register of Interests of Board Members

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

Board Member: PETER MOORE (please insert your full name in capital letters)

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

Signed  Date 16/9

Minutes of a meeting of **Borders NHS Board** held on Thursday 1 August 2024 at 10.00am in the Council Chamber, Scottish Borders Council and via MS Teams.

Present:

- Mrs K Hamilton, Chair
- Mrs F Sandford, Vice Chair
- Mrs L O'Leary, Non Executive
- Ms L Livesey, Non Executive
- Cllr D Parker, Non Executive
- Dr K Buchan, 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
- Mrs S Horan, Director of Nursing, Midwifery & AHPs

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Planning & Performance
- Mr C Myers, Chief Officer, Health & Social Care
- Mr A Carter, Director of HR, OD & OH&S
- Mrs L Jones, Director of Quality & Improvement
- Mrs L Huckerby, Interim Director of Acute Services
- Mrs C Oliver, Head of Communications & Engagement
- Ms L Thomas, Communications Officer
- Mr M Clubb, Director of Pharmacy
- Mr A McGilvray, Senior Reporter
- Ms L Anderson, ITV Border
- Mr P Seeley, Office for Mrs R Hamilton MSP

1. Apologies and Announcements

- 1.1 Apologies had been received from Mrs H Campbell, Non Executive, Mr J Ayling, Non Executive and Mr J McLaren, Non Executive.
- 1.2 The Chair welcomed Mr M Clubb, Director of Pharmacy to the meeting.
- 1.3 The Chair welcomed a range of attendees to the meeting including members of the public and press.
- 1.4 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 no declarations.

3. Minutes of the Previous Meeting

- 3.1 The minutes of the previous meeting of Borders NHS Board held on 27 June 2024 were amended at paragraph 6.4, line 2, remove “overseen” and at paragraph 6.10, line 1 to read “...had not been locally bottomed...” and with those amendments the minutes were approved.

4. Matters Arising

- 4.1 **Action 2024-1:** Dr Sohail Bhatti commented that progress had been held up due to a lack of capacity within the team, however a public health consultant had been appointed and work would begin to be progressed.
- 4.2 **Action 2024-2 & Action 2024-3:** Mrs June Smyth commented that conversations had been progressed with Dr Bhatti and herself regarding the health inequalities elements of the Public Governance Committee remit that remained outstanding. A solution had been found and conversations were required with the appropriate Governance Committee chair in terms of reporting on health inequalities. **Mrs Smyth advised that she would email the Board following that conversation to clarify the arrangements and which Governance Committee would oversee health inequalities moving forward.**

The **BOARD** noted the Action Tracker.

5. Items of Low Clinical Value

- 5.1 Mr Malcolm Clubb provided an overview of the content of the report and highlighted: a piece of work was carried out in England in 2017 which concluded with a list of drugs that were deemed as being of low clinical value due to a lack of evidence and the provision of more modern treatments; current Scottish Government consultation taking place on prescribing achieving value and sustainability; locally prescribing some items that are not clinically appropriate; review patients on current low clinical value drugs; and no admittance of new patients on to low clinical value drugs.
- 5.2 Mrs Fiona Sandford enquired what the financial saving would be in order to understand the order of magnitude or cost if patients were transferred to more modern drug treatments. She further enquired why it had taken the Scottish Government 7 years to undertake a similar consultation to the one in England that had listed low clinical value drugs in 2017.
- 5.3 Mr Clubb commented the financial saving was expected to be in the region of £500k and he had confidence in clinicians using the East Region formulary.
- 5.4 Mrs Sarah Horan commented that although there would be a saving, the main focus of the initiative was about low clinical value and it had been through numerous committees and was lead by clinical professionals.
- 5.5 Further discussion focused on: important to ensure prescribing drugs that add value to the patient; placebo effect of drugs; evidence based approach; important to

support primary care colleagues with any change; interventions to benefit people not harm people; important that communications are effective; and a communication plan.

- 5.6 Dr Kevin Buchan commented he wholeheartedly supported the recommendation and that GPs would be dealing with the consequences of the change. He suggested to support GPs there be an inclusion of communication on where and who to complain to. He further commented that in some instances the formula might be cut further as prescribing might be done in a different way.
- 5.7 Mr Clubb confirmed that a key part of the communication strategy was working with elected officials and the plan was that before implementation, full engagement would take place to explain the policy and why particular medications were included.

The **BOARD** approved the recommended Policy.

The **BOARD** confirmed it had received significant assurance from the report.

6. ED Workforce Review

- 6.1 Mrs Lynne Huckerby provided an overview on the content of the paper and highlighted: points of transformation and funding; performance against the 4 hour target; overcrowding in the Emergency Department (ED); benchmarking of workforce position; recruitment of a third consultant appointment; and overnight medical cover.
- 6.2 Mr Ralph Roberts reminded the Board that the costs were included in the financial projections and from his perspective it was the minimum required to sustain the current position and provide some certainty to the service.
- 6.3 Mr Andrew Bone clarified that the cost of the full development had been included in the financial plan, however a source of funding was not identified. He confirmed the Quarter 1 review had it included in the forecast based on costs in year and it remained a cost pressure.
- 6.4 Dr Lynn McCallum emphasised the impact and challenges of the current situation in the Emergency Department on patients and staff. She commented that formalising it showed the Team the Board were supportive of them and also played into the various work described on delayed discharges and impacts on the system.
- 6.5 Mrs Sarah Horan drew the attention of the Board to the nursing aspect of proposal and advised that the Emergency Department remained a desirable place for nurses to work in the Borders and that was due to the team and the model providing senior nursing leaders 24/7 in the ED.
- 6.6 Further discussion focused on: sustaining and managing and providing a role effective service; technical point in clarifying figure 3 in section 2.2 and if the data was presented by month or day; clinical risks; strategic view of emergency care moving forward; capacity in the system; impact of staff experience causing moral injury; and public safety and providing a service.

- 6.7 Cllr David Parker supported the proposal and commented that it was absolutely necessary to invest in the service in order to ensure the public were kept safe and provided with the service that they should expect.
- 6.8 Mr Bone commented that given the financial position of the organisation, any major developments and investments were expected to be passed through the Scottish Government. He suggested as the proposal was included in the Financial Plan and it had been reviewed by the Scottish Government, that that requirement had been met.

The **BOARD** approved the additional recurring £1m funding to implement the full ED Workforce Review staffing model.

The **BOARD** noted risk 1102 would be mitigated once a full staffing plan was in place.

The **BOARD** noted there remained two further high risks (operational/strategic) on the risk register.

The **BOARD** noted the continued requirement for surge capacity across ED would remain until system wide delays were resolved. That in turn would continue to negatively impact performance across front door areas.

The **BOARD** confirmed it had received moderate assurance from the report.

7. Finance Report

- 7.1 Mr Andrew Bone provided a presentation to the Board on the financial position and highlighted several key elements including: end of June 2024 position; formal review of the financial plan; £4.6m of savings delivered, £6.6m to identify; Q1 forecast; savings progress to date; 68% of savings schemes were at Gateway 3 which was the implementation stage; cost avoidance measures; key risks – service level agreements, pay policy, savings schemes in development, and Laboratory Management System “LIMS” additional spend.
- 7.2 Mr Ralph Roberts commented that the presentation suggested in terms of the operational budget management that the Board could be assured that it was aware of the current position and that progress was being made. However he did not underestimate the underlying scale of the challenge and that operational risks would come up across the rest of the year, as well as the ongoing issue of slippage on savings.
- 7.3 The Chair emphasised that there was some good news in the report and enquired if the £8m of savings in progress were at the more difficult end of the process being undertaken. She urged the Board to focus heavily on that savings target given that would be the main challenge for the Board.

The **BOARD** noted the presentation.

The **BOARD** confirmed it had received limited assurance from the report.

8. Energy Efficiency Grant Contract

8.1 Mr Andrew Bone reminded the Board that in November 2023 the organisation had been successful in being awarded a grant to undertake a number of energy efficiency improvements to the estate. Due to a timing issue the contract was presented to the Board for homologation. He confirmed that it had been through the national procurement process who had signed off the award.

The **BOARD** homologated approval of the contract award to Vital Energi Utilities Ltd for a total value of £1,938,477 (plus VAT), noting that procurement has been undertaken on behalf of the Health Board through the Scottish Government's NDEE framework.

The **BOARD** confirmed it had received significant assurance from the report.

9. NHS Borders Private Patients Funds Annual Accounts

9.1 Mr Andrew Bone commented that the total value of the funds held on behalf of patients was in the region of £5k. There was a duty on the Board to provide Annual Accounts on the funds held for patients. He confirmed that the Annual Accounts had been reviewed by the Audit and Risk Committee on 27 June 2024, who were recommending them to the Board for approval.

The **BOARD** approved the Annual Accounts for Patients' Private Funds.

The **BOARD** confirmed it had received significant assurance from the report.

10. Clinical Governance Committee minutes: 29.05.24

The **BOARD** noted the minutes.

11. Infection Prevention & Control Report

The **BOARD** noted the report.

The **BOARD** confirmed it had received moderate assurance from the report.

12. Q4 Risk Report 23/24

The **BOARD** noted the report.

The **BOARD** confirmed it had received moderate assurance from the report.

13. Medical Education Report: April 2023-March 2024

The **BOARD** noted the report.

The **BOARD** formally demitted responsibility for Medical Education scrutiny to the Clinical Governance Committee to provide assurance to the Board.

14. Quality & Sustainability of Acute Services

14.1 Mrs Lynne Huckerby commented that the report was presented for the awareness of the Board. She further advised that an action plan was being formulated and would be submitted to the Clinical Governance Committee.

14.2 Mrs Fiona Sandford commented that the Clinical Governance Committee had scrutinised the report which contained a lot of important information that the Board should be aware of. She urged the Board to be cognisant of the importance of the issues raised in the report.

14.3 The Chair suggested the Board took time to consider the report outwith the meeting.

The **BOARD** noted the paper as an update to the strategic risk relating to the Quality & Sustainability of Acute Services. This paper was presented to the July Clinical Governance Committee who approved the recommendation to create an over-arching risk assessment and associated actions as set out in section 2.3.5 and in accordance with the timelines set as part of the management and mitigation of the strategic risk.

15. Performance Scorecard

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

15.2 Dr Sohail Bhatti commented that in relation to acute services and prevention there may be something missing in the prevention part of the pathway of care. He commented that cancer and rapid diagnosis were all part of that pathway and suggested building something into the report for future reference.

15.3 Mrs Smyth commented that the format of the scorecard would be further revised and there would be an opportunity to expand on prevention. The team were working with services through the access code and national standards and targets to revise the report format.

15.4 The Chair commented that Board Chairs were looking at synergies and sharing reports to understand how Boards pulled their reports together to enable learning from each other.

The **BOARD** noted performance as at the end of June 2024.

The **BOARD** confirmed it had received moderate assurance from the report.

16. Any Other Business

16.1 The Chair thanked Scottish Borders Council for the use of their premises and facilities.

16.2 The Chair recorded the formal thanks of the Board to Mr Ralph Roberts on his impending retirement.

17. Date and Time of next meeting

17.1 The Chair confirmed that the next scheduled meeting of Borders NHS Board would take place on Thursday, 3 October 2024 at 10.00am in the Council Chamber, Scottish Borders Council and via MS Teams (hybrid).

Borders NHS Board Action Point Tracker

Meeting held on

Agenda Item:

| Action Number | Reference in Minutes | Action | Action to be carried out by: | Progress (Completed, in progress, not progressed) |
|----------------------|-----------------------------|---------------|-------------------------------------|--|
| 2024-4 | | | | |



| | |
|---|--|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| 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 29 August 2024

2.4 Recommendation

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

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

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Resources & Performance Committee minutes 02.05.24

Minutes of a meeting of the **Resources and Performance Committee** held on Thursday 2 May 2024 at 9.00am via MS Teams.

Present:

- Mrs K Hamilton, Chair
- Mrs F Sandford, Non Executive
- Mrs L O’Leary, Non Executive
- Mr J Ayling, Non Executive
- Mr J McLaren, Non Executive
- Mr R Roberts, Chief Executive
- Mr A Bone, Director of Finance
- Dr L McCallum, Medical Director
- Mr A Carter, Director of HR
- Mrs J Smyth, Director of Planning & Performance
- Mr C Myers, Chief Officer, Health & Social Care
- Mrs L Jones, Director of Quality & Improvement
- Dr S Bhatti, Director of Public Health

In Attendance:

- Miss Iris Bishop, Board Secretary
- Mrs C Oliver, Head of Communications
- Mrs L Huckerby, Interim Director of Acute Services
- Mrs S Errington, Interim Director of Planning & Performance
- Mrs Y Smith, Partnership Chair

1. Apologies and Announcements

- 1.1 Apologies had been received from Mrs L Livesey, Non Executive, Mrs H Campbell, Non Executive, Cllr D Parker, Non Executive, Dr K Buchan, Non Executive, Mrs S Horan, Director of Nursing, Midwifery & AHPs.
- 1.2 The Chair welcomed Mrs J Smyth, Director of Planning and Performance back to the Committee.
- 1.3 The Chair commented that it was the last meeting of the Committee for Mr Roberts and she recorded the thanks of the Committee to him and wished him a long, healthy and happy retirement.
- 1.4 The Chair confirmed the meeting was quorate.

2. Declarations of Interest

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

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

3. Minutes of Previous Meeting

- 3.1 The minutes of the previous meeting of the Resources and Performance Committee held on 7 March 2024 were approved.

4. Matters Arising

- 4.1 **Action 2023-3 and Action 2024-1:** Mrs Lynn Huckerby advised that progress was being made against challenges in regard to a supplier perspective and internal resource perspective. An options appraisal would be undertaken and a formal update was expected to be provided to the Committee in September. Mr James Ayling sought clarification in regard to financial implications and moving to the national framework. Mrs Huckerby confirmed that there would be no financial impact until the point of “go live” and that aspirational date had not yet been set. Mr Ralph Roberts suggested the Non Executives be kept up to date through their monthly Non Executive Group meetings until the formal update was presented to the Committee in September.
- 4.2 **Action 2024-2:** Mr Andrew Bone commented that the comments provided at the March Committee meeting had been included in the refreshed financial plan.
- 4.3 **Action 2024-3:** Mr Andrew Bone confirmed that both plans had been submitted together.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed to receive a formal update on LIMS at its' September meeting.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed that Action 2024-2 be marked as complete and closed on the action tracker.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed that Action 2024-3 be marked as complete and closed on the action tracker.

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

5. Performance Scorecard – March 2024

- 5.1 Mrs Steph Errington provided a brief overview of the content of the report and highlighted some key areas including: an inability to meet some of the trajectories; summaries of corrective action or further detail had been included in the narrative under each section; the report was consistent with previous reports in terms of performance levels; and formal feedback was awaited on the Annual Delivery Plan submission.
- 5.2 Discussion focused on: performance measures in monitoring the delivery programme and transformational change project; ensuring health inequalities impact assessments are carried out in an appropriate way at the right scale; components of the Public Governance Committee such as health inequalities were spread across the remaining Governance Committees to ensure progress and transparency; and the on-going work to look at data collection and reporting in primary care to report to the Board at a strategic level in a meaningful way.

The **RESOURCES & PERFORMANCE COMMITTEE** noted performance as at the end of March 2024.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received moderate assurance from the report.

6. Management (HR) Report

- 6.1 Mr Andy Carter provided a presentation on workforce which covered a range of topics including: staff in post; new starts and leavers; supplementary staffing; bank and agency staffing; and sickness absence rates.

- 6.2 A discussion ensued that highlighted several key areas including: funded posts; slow down in international recruitment; potential correlation of vacancy freeze and an increase in agency spend, although most agency spend was for expertise for sub specialist areas; positive consultant recruitment should see a reduction in medical agency spend although there remained a significant amount of pressure in medical staffing; pushing nationally for a medical agency piece on right sizing medical establishments to reduce locum spend; positive progress in mental health services who were on the downward trajectory for sickness absence and may have some learning for the rest of the organisation in that regard; and self preservation through work life balance.
- 6.3 Mrs Fiona Sandford asked that benchmarking against the rest of Scotland in regard to sickness absence, staff turnover, health and care staffing act implementation, agency spend and cost of medical staffing use of agencies, be included in the next report.
- 6.4 Mr Andrew Bone drew the attention of the Committee to the increases in workforce and sickness which were counter to where the organisation needed to be in terms of financial viability. He suggested the organisation needed to reduce the workforce by at least 300 WTE posts.
- 6.5 Mr James Ayling enquired if the implementation of the new Health & Care Staffing Act had increased liabilities for the organisation. Mr Carter confirmed that it had been implemented and to date there had been no negative financial impact. The non pay element of agenda for change was currently being worked through and close monitoring of safe staffing levels was taking place.

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

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received limited assurance from the report.

7. Year End Outturn Update

- 7.1 Mr Andrew Bone provided an update on the 2024/25 position and year end outturn. Mr Bone highlighted several elements including: 2023/24 final outturn position of £15.5m overspend against a forecast position of a £16.3m overspend; brokerage limit was set at £14.2m but may be increased to cover the outturn position; and the significant deficit in the IJB as previously forecast.
- 7.2 In terms of the 2024/25 position Mr Bone advised that as previously reported there was a plan to identify £14.6m of savings within the net deficit of £25m and correspondence had been exchanged with the Scottish Government in that regard. All areas had been asked for 10% savings over 3 years with 75% of those plans to be at Gateway 1 by the end of April 2024. It was likely that any further savings identified would be a challenge to delivery of services and impact on performance levels.
- 7.3 Discussion focused on: correspondence with the Scottish Government on the financial position; reporting a formal overspend at the end of 2023/24 would lead to a Section 22 report from Audit Scotland; a number of health boards were undertaking redesign off the back of financial plans that showed deficits; and Quarter 1 review.
- 7.4 Mr Roberts asked the Committee if it wished to “agree a deficit Financial Plan on the understanding that the Scottish Government accept the health board would do that and would review that with them at the end of Q1.”
- 7.5 Mrs Fiona Sandford asked that Mr Roberts unpack the “they are asking us to do something very difficult” as it felt very uncomfortable to submit something that was not right,

especially when the Board knew it was not right. Mr Roberts commented that there would be difficult decisions around performance ie closure of beds, impact on ED. He further advised that as the Accountable Officer it was difficult for him to suggest the Board set a financial plan with a deficit.

- 7.6 The Chair suggested submitting the Financial Plan with the deficit in the interests of being open and transparent about the fact that the Health Board had a deficit. She suggested it would be a fudge to submit it with no credible options in the plan.
- 7.7 Mr James Ayling suggested the Committee take more time to reflect on the matter and Mr Roberts agreed that more exploration could be taken through the Non Executive Group meetings.
- 7.8 Mr Bone commented that he would continue to review the financial plan and suggested the Board concentrate on the delivery of savings that had been set and held a line that was realistic in what could be achieved instead of setting out stuff that would be aspirational.
- 7.9 Mr Chris Myers commented that another factor to consider was the provision of reserves in the IJB as well as the current deficit in the IJB and the impact on Health Board finances and performance.

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

The **RESOURCES & PERFORMANCE COMMITTEE** noted a formal decision would be required at the June Board meeting.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received moderate assurance in regard to the 2023/24 outturn position update.

8. Strategic Risk: Healthcare Environment

- 8.1 Mr Andrew Bone provided an overview of the content of the report and set out the background to the matter.
- 8.2 Mr John McLaren commented that the risk assessment on the risks identified referred to service inefficiencies and he believed that meant improvements could be made however there were issues with capacity around the service itself. In terms of controls he suggested “back log maintenance” was a risk rather than a control and referred to RAAC and flooring.
- 8.3 Mrs Laura Jones commented the report was an attempt to provide the Committee with oversight of the risks, which had operational risks sitting beneath them. She further advised that the largest risks were A&E, Psychiatry and Estates and the level of resources were not sufficient in those areas to continue to manage those risks and she had suggested that those areas should not be looked at for future financial reductions.
- 8.4 Mr James Ayling noted the infection control strategic risk had been redesignated as an operational risk and he enquired if that could be done without Board agreement. Mrs Jones commented that at the strategic risk planning session with the Board it had been agreed to evolve the strategic risk register to be broader and capture all the risks and in doing that the Board had agreed to tweak the final format, as presented.
- 8.5 Mr Bone suggested in regard to Mr McLaren’s comment on “service inefficiencies” that the broader wording be included and highlighted that it was reflected in the risk as services that could not operate due to estate condition not being suitable and therefore could not deliver efficient services. In regard to flooring and RAAC, he advised that there was a specific

RAAC risk and confirmed that the back log programme was the control with limited capacity and prioritised areas of highest risk to ensure there were targeted interventions.

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

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received moderate assurance from the report.

9. Whole System Infrastructure Planning

9.1 Mr Andrew Bone provided an overview of the content of the report and specifically highlighted: section 2.2 in regard to resource for capital planning; a revisit of projects requested by services via a risk assessment process; development of a property strategy following the new mechanisms provided by the Scottish Government; and a longer term infrastructure investment over the next 20 years.

9.2 Mr James Ayling enquired about the ability to apply for emergency capital allocations given the large backlog of maintenance some of which would likely to be urgent. Mr Bone advised that although emergency capital had been accessed in the past it was highly unlikely to be made available in the future, given the increased pressure on capital budgets at a national level.

9.3 Discussion also focused on: legally committed projects already agreed and relevant to business continuity; RAAC works; aseptics unit; and if there was a risk to business continuity or health and safety that was outwith risk tolerance it would need to be escalated to the Scottish Government to resolve as the Board had a legal duty to address those issues.

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

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received limited assurance from the report.

10. Any Other Business

10.1 There was none.

11. Date and Time of Next Meeting

11.1 The Chair confirmed the next meeting of the Resources & Performance Committee would be held on Thursday, 5 September 2024 at 9.00am via MS Teams.

| | |
|---|---|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| 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 27 June 2024
- Audit & Risk Committee 23 September 2024

2.4 Recommendation

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

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

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Audit & Risk Committee minutes 20.06.24
- Appendix No 2, Audit & Risk Committee minutes 27.06.24 EO

Minutes of a Meeting of **Borders NHS Board Audit & Risk Committee** held on Thursday, 20th June 2024 @ 1 p.m. via MS Teams.

Present: Mr J Ayling, Non Executive Director (Chair)
Mrs L Livesey, Non Executive Director
Mrs L O’Leary, Non Executive Director
Cllr D Parker, Non Executive Director

In Attendance: Mr A Bone, Director of Finance
Mr J Boyd, Director, Audit Scotland
Mrs E Dickson, Associate Director of Nursing (Acute) (Item 5.1)
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)
Mrs L Huckerby, Interim Director of Acute Services
Mrs L Jones, Director of Quality Improvement
Ms E Mayne, Health Value for Money Director, Grant Thornton (Joined at 1.25 p.m.)
Mrs A McCloy, Senior Finance Manager (Item 7.1)
Ms H McKellar, Manager, Grant Thornton
Mr R Roberts, Chief Executive
Mrs S Swan, Deputy Director of Finance (Head of Finance)

1. **Introduction, Apologies and Welcome**

James Ayling welcomed those present to the meeting.

James confirmed that today’s meeting was quorate.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 20th May 2024**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

James referred to the update from the Head of Estates on the revised timescale of July 2024 for the action regarding critical ventilation. James asked members if they were content with this revised timescale. No objections were made.

The Committee noted the action tracker.

5. **Governance & Assurance**

James Ayling advised that as part of the Internal Audit follow up process the recommendations tracker would be circulated to the Chairs/Executive Leads of the Governance Committees after each meeting so they have sight of what recommendations are still outstanding.

5.1 *Contract Management Arrangements*

Susan Swan advised that a written update was awaited from the Head of Procurement on progress towards actions arising from the recommendations within this audit. Susan highlighted that NHS Borders had reached out to other Health Boards however it appears that no other Board in Scotland has established a Contract Management Policy. In regard to establishing a full contract register Susan advised that the Head of Procurement was discussing this with key personnel across the organisation, with reference to those areas where there were delegated procurement arrangements in place, specifically Estates and IM&T. Susan explained that due to delay in implementation she would be looking to revise the completion dates and these would be included within the update. Susan assured that many of the individual components had already been actioned.

James Ayling requested that a monthly update on progress be circulated around the Committee for information.

The Committee confirmed it had received limited assurance from the update.

The Committee noted the update.

Use of Bank & Agency

Elaine Dickson provided an update on each of the 10 recommendations arising from the audit and advised that some timescales were not going to be achievable. Key points noted were that the SLA awaited final sign off from NHS Lothian, monthly spot checks are taking place to ensure shifts are being authorised by appropriate members of staff and are only being booked if essential, KPIs have been agreed with the team at NHS Lothian and will be included within the SLA with quarterly meetings taking place to monitor these. The work on authorised signatories had been undertaken and was with Finance for appropriate action. It was noted that a number of the recommendations relied upon eRostering being fully rolled out across the organisation.

In regard to the recommendation about a communication being issued to all senior nursing staff reminding that all bank shifts should be signed off within 24 hours, Elaine explained that NHS Borders did not have a workforce to fulfil this action and advised that local criteria has been set so shifts are signed off within one week. This was being monitored and was being fully complied with. In regard to the recommendation about escalating a shift from bank to agency it was noted that an additional step has been added to the process, whereby the Executive Director on call is asked to approve this. Again this was being monitored and was fully compliant.

Lynne Livesey noted that numerous actions were dependent on the rollout of eRostering and enquired what was being done to bring this forward. Elaine

explained that there is a full rollout programme in place, however the challenge was that NHS Borders version of the eRoster system could not be integrated directly with the nurse bank system. It was noted that HR were leading on this and were working with RL Datix to try and find a solution.

In regard to the systems issues Andrew Bone explained that concerns had been raised around the integration of the two systems, however when weighing up the risks it had been agreed to proceed with the rollout of eRostering knowing that system issues would be encountered. Andrew advised that this is the only regional bank currently in place and that national timescales for the eRoster implementation had meant that this situation arose. Andrew indicated his understanding that there is active work underway to resolve the system issues.

Lynne asked for assurance regarding cost savings and that there was not going to be further slippage which could result in further costs being incurred if there was not an appropriate monitoring system in place. Ralph Roberts assured that in regard to expenditure on supplementary staffing this was being captured and reported on. It was noted that the monitoring indicated a reduction in nursing and medical bank and agency staff. Elaine hoped that the reduction in supplementary staffing gave the Committee some assurance even though not all recommendations had been implemented.

James Ayling asked for update on eRostering and when the organisation would be in a position to implement the recommendations reliant on this. Elaine advised that following discussion by the eRostering Group the current estimate was 2026 for rollout to all areas, with it being implemented within high use areas by the end of this financial year. James asked if the dates previously provided were unachievable. Elaine confirmed that in her view they were.

James Ayling requested that a monthly update on progress be circulated around the Committee for information.

The Committee confirmed it had received limited assurance from the update.

The Committee noted the update.

6. **External Audit**

6.1 *Audit Scotland Annual Report (including ISA 260 Requirement)*

John Boyd spoke to this report which was being presented today in draft to provide an opportunity for discussion on the key aspects emerging from the audit.

John went on to highlight two areas within the report in regard to the IJB disclosures which were not included within the Board's unaudited accounts. It was noted that management have since provided these figures and these will be included within the final report. John assured that a considerable amount of work had been undertaken as part of this year's audit to ensure that these figures reconciled across the three organisations which would ensure a smoother process going forward.

John advised that the report summarised the findings and conclusions of the audit work undertaken as per the Code of Audit Practice and was pleased to report that in terms of the financial statements it was planned to issue an unmodified audit

opinion as they were satisfied that the annual accounts were free from material misstatement.

John referred to exhibit 2, significant issues and key audit matters which had arisen during the course of the audit, which were predominantly in relation to any significant adjustments to the financial statements. One of these was in relation to the treatment of income and expenditure between the Board and the IJB as well as the Board and SBC which had resulted in inconsistencies which were reflected in the financial statements. John explained that what had been identified was in relation to the presentation of income and expenditure resulting in double counting between the IJB, Health Board and SBC. It was noted that this required an adjustment to the prior year's figures within the annual accounts and that this had been agreed. John assured that it would not have an impact in terms of the bottom line effect on the financial statements or indeed the outstanding balances between the Health Board and IJB, it just meant that the income and expenditure was now correctly stated.

John also highlighted adjustment to the remuneration report as the unaudited accounts did not include the 2023/24 remuneration and pension disclosures for Board members and senior employees. It was noted that this had also been a challenge for other Boards and had arisen due to late information being received from the Scottish Public Pensions Agency following a revision in the way calculations were undertaken. John confirmed that he was content that the updated accounts now correctly reflected these disclosures.

John referred to exhibit 3 which listed the significant risks of material misstatement identified in the annual audit plan along with the audit response and conclusion reached against each one. These were noted as the risk of material misstatement due to fraud caused by management override of controls, risk over fraud over expenditure and estimation in the value of land and buildings. John was pleased to report that work on each of these significant risk areas concluded that they were free from material misstatement.

In terms of the wider scope of the audit as set out in the Code of Audit Practice it was noted that this covered financial management, financial sustainability, vision, leadership and governance and the use of resources to improve outcomes. John confirmed that the Board had operated within the resource allocation limits set by the Scottish Government, including the supporting brokerage, however the forecast outturn over the next 2 to 3 financial years included within the financial plan highlighted the scale of the challenge the Board faced.

John noted that Scottish Government had not yet approved the financial plan and therefore it was crucial that the Board identified areas where savings could be achieved or service provision reviewed to operate within the financial envelope. John also referred to appendix 1 which detailed the key actions required.

John also referred to the service auditor reports relating to systems in place on an NHS Scotland basis to which NHS Borders is dependent. John noted that these auditor reports included some assurance gaps, and the management action highlighted within these reports to address these gaps. John confirmed that this did not have a material impact in terms of the Health Board audit but highlighted the opportunity for improvement.

John commented that they were a month ahead of the process when compared to the previous year and advised that going forward they would be more timely when issuing reports to alleviate the requirement of an extraordinary meeting. Part of the delay this year was in relation to the IJB information and as appointed auditor for the IJB and SBC they would be working with all partners going forward to try and get this information as soon as possible to avoid an impact on finalising the accounts.

John noted that there had been a huge improvement throughout the audit process in comparison to the previous year and passed on his thanks to all the Finance team involved.

In regard to the final audit fee it was noted that this was in line with the annual audit plan and no additional fees had been incurred.

Laura Jones highlighted that to meet the size of the financial gap it would not just be down to transformational change but that reduction to the level of service provision is likely to be required and that she would like to see this referenced more within future communications, including the wider NHS Scotland auditor's report. Laura also referred to the lack of capital resource which was alluded to within the report as she felt that this was an enormous risk for the Board in regard to the infrastructure risks it would have to carry and mitigate against. Again Laura would like to see this made clear within future reports to provide clarity around what the Board was facing.

John advised that in terms of some of the messaging this was likely to be included within the overview report and that he was working with colleagues within the Performance and Best Value Team at Audit Scotland. John noted that the Board was not unique with the concerns raised around the capital position and sustainability around some of its services.

James Ayling noted reference within the report around the financial position which the Board is facing and that it was not financially sustainable with the current 3 year financial plan. James agreed that systemic change was required for the Board to become financially sustainable. James referred to the figures referenced within the report should the necessary recovery actions not be identified as these were extremely concerning and felt that they needed to be reflected back to the Board to share the enormity of the scale.

James referred to the clear statement that effective leadership was required to deliver the transformation agenda and that progress had been too slow to date and more drive was required to achieve this change. There was also reference that the Board should challenge the progress being made. James appreciated that although there was improved activity there was still not a clear plan to develop further measures to reduce the funding gap and this required to be addressed as a matter of urgency. James highlighted the similar key messages referenced within the report to that of Internal Audit's annual report and advised that he was taking a paper to the Board the following week with the findings of the financial sustainability audit undertaken by Internal Audit to highlight the Board's specific responsibilities noted within this.

Ralph Roberts, as Accountable Officer, felt that this was a very helpful report and it was important that the Board had sight of it. Ralph commented that a vast majority of Health Boards were in a similar position, however appreciated that there was still a huge amount of work to be done. Ralph also commented on the significant increase to the savings within this year's plan (£14.7m) and noted that the majority of these were recurring and hoped that this provided some assurance that management had recognised the need to make more progress whilst taking on board the important messages throughout the report.

James referred to the point within the report that the financial performance report should also be shared and discussed with this Committee to support greater oversight and scrutiny of the financial performance. Andrew Bone confirmed that this had been discussed previously at a Board development session where it had been felt that as the Resource & Performance Committee provide oversight and scrutiny it would be a duplication of the work of that Committee. It was agreed that discussion should take place outwith the meeting between Andrew and John to ascertain what the additional benefit would be of also presenting the report at this Committee.

James commented on the important point made on page 24 which stated that "to shift from recovery to reform the Scottish Government needs to lead on the development of a clear national strategy for health and social care". Ralph agreed that this was a very important point and advised that Scottish Government have acknowledged this and that some reform work would be progressed in due course. Ralph expected further details to follow post election.

John confirmed that a letter of representation would be issued from the Board to Audit Scotland giving final assurances on any issues prior to signing of the annual report and accounts. It was noted that the final report, which would include the unmodified opinion, would be presented at the extraordinary meeting scheduled for 27th June and would provide the Committee with assurance that all audit work had been completed.

The Committee confirmed it had received significant assurance from the report.

The Committee noted the report and that it would receive the final version at the extraordinary meeting on 27th June 2024.

7. Corporate Governance Framework

7.1 Review of Corporate Governance Framework 2023/24

Anita McCloy spoke to this item and confirmed that all changes detailed on the tracker had been made. Anita also confirmed that the Statement of Assurance from the Audit & Risk Committee Chair was reflective of the current position as it was noted that some of the audit recommendations considered for inclusion had in fact been closed. Anita went on to provide an update on the amendments which had been made to the assurance statement.

Andrew Bone felt that there had been a fundamental discussion on this at the last meeting and it was being brought back today to note the changes and ensure the Committee were content with these. The Committee noted that they were content with the changes made.

The Committee confirmed it had received moderate assurance from the report.

The Committee noted the Corporate Governance Framework for 2023/24.

7.2 *Audit & Risk Committee Assurance Report*

This item was covered under the previous item.

8. **Annual Accounts 2023/24**

8.1 *Update Report – Track of Changes for Annual Report and Accounts 2023/24*

Susan Swan spoke to this item which provided an update on the changes made to the Annual Report and Accounts for 2023/24 following the Non Executive and Executive Director's session held on 6th June 2024. Susan advised that any further changes would be reported at the extraordinary meeting on 27th June 2024 and a further track of changes would be provided for ease of reference.

James Ayling felt that consideration should be given to include general performance information, such as number of operations/out-patient appointments/births that year within future reports as he felt that this would be beneficial to the reader. Susan confirmed that this would be considered for future reports.

Level of assurance was not required for this item.

The Committee noted the update report.

8.2 *Final Annual Report and Accounts 2023/24*

Susan Swan spoke to this item where it was noted that final approval would be deferred until the extraordinary meeting on 27th June 2024.

Level of assurance was not required for this item.

The Committee noted that the final Annual Report and Accounts for 2023/24 would be presented at the extraordinary meeting on 27th June 2024 with a recommendation to put forward to Borders NHS Board for approval at its meeting on 27th June 2024.

8.3 *Final Endowment Fund Annual Report and Accounts 2023/24*

Susan Swan spoke to this item and advised that the Endowment Fund Board of Trustees had reviewed the Annual Report and Accounts at its meeting on 20th June 2024 and had approved them subject to the final audit report from the fund's External Auditors.

James Ayling enquired if the Committee were required to have sight of the final audit report. Susan confirmed that this would not be necessary.

James also asked for an update on the Patient's Private Funds Annual Accounts. Susan advised that she hoped to have these signed off with the fund's appointed auditors within the following week.

The Committee confirmed it had received significant assurance from the report.

The Committee noted the Endowment Fund Annual Report and Accounts for 2023/24.

9. **Items for Noting**

9.1 *Information Governance Committee Minutes: 21st March 2024*

James Ayling referred to the reference made about the cyber attack at Dumfries and Galloway and suggested that this be reworded. Lucy O'Leary also suggested that the amended minutes be circulated retrospectively to any groups/Committees they had gone to.

The Committee confirmed it had received moderate assurance from the minutes.

The Committee noted the update report.

10. **Any Other Competent Business**

None.

11. **Date of Next Meeting**

Thursday, 27th June 2024 @ 9 a.m. via MS Teams (Extraordinary Meeting)
Monday, 23rd September 2024 @ 1 p.m. via MS Teams

BE
05.07.24

Minutes of an Extraordinary Meeting of **Borders NHS Board Audit & Risk Committee** held on Thursday, 27th June 2024 @ 9 a.m. via MS Teams.

Present: Mr J Ayling, Non Executive Director (Chair)
Mrs L Livesey, Non Executive Director
Cllr D Parker, 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)
Mrs K Hamilton, Chair
Mrs L Jones, Director of Quality Improvement
Mr I Lochhead, Audit Manager, Audit Scotland
Ms H McKellar, Manager, Grant Thornton
Mr R Roberts, Chief Executive
Mrs S Swan, Deputy Director of Finance (Head of Finance)

1. **Introduction, Apologies and Welcome**

James Ayling welcomed those present to the meeting. Apologies had been received from Lucy O'Leary, Non Executive Director and Mrs L Huckerby, Interim Director of Acute Services.

James confirmed that today's meeting was quorate.

2. **Declaration of Interest**

There were no declarations of interest.

3. **External Audit**

3.1 *Audit Scotland Annual Report (including ISA 260 Requirement)*

John Boyd spoke to this item which was a final draft version of the annual report which following signing of the annual accounts would be finalised for publication on the Audit Scotland website and shared with Borders NHS Board for publication on its website.

John advised that he had gone over the detail of the report at the previous meeting and did not propose doing this again and would just highlight key changes. John was pleased to report that the audit was now complete and that he planned to issue an unmodified audit opinion on the annual report and accounts.

John highlighted that it had been a challenging audit in terms of delivery to meet the end of June deadline and that they would work with management on the

approach for next year's audit to try and bring this further forward to avoid an extraordinary meeting having to take place.

John advised that the main audit adjustments were detailed at paragraph 21 and primarily related to the IJB disclosures as explained at the previous meeting. It was noted that the 2022/23 audit of the IJB annual accounts was still ongoing and was due to conclude at the end of the month. The delay had in the main been caused by numerous changes in Finance personnel and had provided an opportunity to undertake a root and branch review on the IJB transactions and how these are reflected across the various partners, including the Health Board and SBC, and had identified duplicate accounting on the 2022/23 disclosures. John confirmed that there had been an adjustment made, however in terms of restating the prior year this did not have an impact on the outturn position of the Health Board.

John also noted that there were 2 non material misstatements where it had been identified there had been relatively small errors in relation to some of the accruals.

As mentioned at the previous meeting John reminded of the issues encountered around CETV information due to the approach used by SPPA, who provide pension information to Health Boards, being changed this year. It was noted that Health Boards previously calculated CETV, however the new process introduced by SPPA meant that they had undertaken this in house and as part of that had identified some issues with previous disclosures, whereby some of the assumptions were linked to inflation when they should have excluded inflation, resulting in some disclosure changes. John explained that this had been picked up by the team prior to it being formally communicated and was pleased to report that these disclosures were appropriately reflected within the financial statements.

John concluded that he was satisfied that the annual accounts were free from any material misstatements and subject to approval by the Board they would be signed electronically.

The Committee accepted the updated report which they noted remained an unmodified audit opinion and were content that it went forward to Borders NHS Board.

The Committee confirmed it had received significant assurance from the report.

The Committee noted the report and were content it went forward to Borders NHS Board.

4. **Annual Accounts 2023/23**

4.1 *Track of Changes for Annual Report and Accounts 2023/24*

Susan Swan spoke to this item which provided an update on the changes made to the Annual Report and Accounts for 2023/24 following the version presented to the Committee on 20th June 2024.

The Committee confirmed it had received significant assurance from the report.

The Committee noted the update report.

4.2 *Final Annual Report and Accounts 2023/24*

Susan Swan spoke to this item. Susan advised that the pack presented had been shared with External Audit and the recommendation was for these to go forward to Borders NHS Board for approval at its meeting later that day.

It was noted that the Endowment Fund Annual Accounts and Private Patient's Funds Annual Accounts, which had both received a clean audit opinion, were included within the final pack as they formed part of the Board's consolidated accounts. Once approved by the Board the accounts would be signed prior to submission to Scottish Government.

The Committee recommended that these go forward to Borders NHS Board for approval.

The Committee confirmed it had received significant assurance from the report.

The Committee recommended that the Annual Report and Accounts for 2023/24 be put forward to Borders NHS Board for approval at its meeting on 27th June 2024.

4.3 *Final Private Patient's Funds Annual Accounts 2023/24*

Susan Swan spoke to this item and explained that these accounts were for monies held on behalf of long stay in patients. It was noted that Thomson Cooper was the External Auditor and had issued a clean audit opinion.

The Committee recommended that these go forward to Borders NHS Board for approval.

The Committee confirmed it had received significant assurance from the report.

The Committee recommended that the Private Patient's Funds Annual Accounts for 2023/24 be put forward to Borders NHS Board for approval at its meeting on 1st August 2024.

5. **Any Other Competent Business**

Andrew Bone took the opportunity to thank John, Iain and the Audit Scotland team for all their assistance throughout the course of the audit.

6. **Date of Next Meeting**

Monday, 23rd September 2024 @ 1 p.m. via MS Teams

BE
05.07.24

NHS Borders



| | |
|---|---|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| Title: | Finance Report – August 2024 |
| Responsible Executive/Non-Executive: | Andrew Bone, Director of Finance |
| Report Author: | Samantha Harkness, Senior Finance Manager Janice Cockburn, Finance Business Partner Paul McMenamin, Finance Business Partner |

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 periodic basis (i.e. both monthly and through formal quarterly reviews).

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 where required.

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 Other impacts

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- Senior Finance Team, 10th September 2024
- Board Executive Team, 24th September 2024

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 2024

FINANCE REPORT FOR THE PERIOD TO THE END OF AUGUST 2024

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 2024.

2 Recommendations

- 2.1 Committee Members are asked to:

- 2.1.1 **Note** the contents of the report including the following:

| | |
|---|--|
| YTD Performance | £10.32m overspend |
| Outturn Forecast at current run rate | £24.76m overspend |
| Q1 Review Forecast (adjusted trend) | £23.53m overspend |
| Variance against Plan (at current run rate) | £1.0m improvement |
| Projected Variance against Plan (Q1 Forecast) | £1.23m overspend |
| Actual Savings Delivery (current year effect) | £7.22m (actioned) |
| Projected gap to SG brokerage | Best Case £8.73m (Q1) Worst Case £9.96m (trend) |

- 2.1.2 **Note** the assumptions made in relation to Scottish Government allocations and other resources.

3 Key Indicators

- 3.1 Table 1 summarises the key financial targets and performance indicators for the year to date performance to end August 2024.

Table 1 – Key Financial Indicators

| | Financial Plan £m | Month 5 £m |
|---|----------------------|---------------|
| Summary | | |
| Year to Date (forecast/actual) | (10.73) | (10.32) |
| Core Operational | (12.30) | (1.25) |
| Savings | (13.46) | (9.07) |
| Average Monthly Run Rate | (2.15) | (2.06) |
| Outturn Forecast – trend (pro-rata) | (25.76) | (24.77) |
| Updated Forecast – Q1 Review | (25.76) | (23.53) |
| Recurring Savings | | |
| Full Target | (28.11) | (28.11) |
| <i>In year target</i> | (11.24) | (11.24) |
| Forecast Delivery | 14.64 | 14.64 |
| Schemes Implemented | - | 6.15 |
| Planned/Mandated Schemes | 7.93 | 2.13 |
| Cost Avoidance Measures (forecast) | 2.00 | 2.00 |
| Non Recurring Savings (Forecast) | - | 0.95 |
| Schemes in development | 4.71 | 3.41 |
| Slippage against Plan | - | - |
| Scot Gov Support | | |
| Brokerage Cap | 14.80 | 14.80 |
| Forecast Overspend after brokerage (Q1) | (10.96) | (8.73) |
| Accumulated Brokerage Mar-24 | 35.53 | 35.53 |

4 Summary Financial Performance

4.1 The board's financial performance as at 31st August 2024 is an overspend of £10.32m. This position is summarised in Table 2, below.

Table 2 – Financial Performance for five months to end August 2024

| | Opening Annual Budget £m | Revised Annual Budget £m | YTD Budget £m | YTD Actual £m | YTD Variance £m |
|--------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|----------------------------|
| Revenue Income | 287.43 | 340.49 | 142.68 | 142.79 | 0.11 |
| Revenue Expenditure | 287.43 | 340.49 | 129.76 | 140.19 | (10.43) |
| Surplus/(Deficit) | - | - | (12.92) | (2.60) | (10.32) |

4.2 Core Operational Performance

4.2.1 The core operational performance excluding savings is £3.06m overspent. This position has been adjusted to £0.36m (overspent) in anticipation of additional resources not yet implemented within operational budgets.

4.2.2 The overall impact of these adjustments is a £2.70m improvement included within the position reported above. These adjustments are summarised as follows.

4.2.3 Anticipated release of reserves held in respect of areas such as non-pay growth, and any flexibility identified within the reserves. Work is ongoing to establish the basis for release of areas such as non-pay growth into the revenue budgets. The level of funding assumed to be released is £1.03m YTD.

4.2.4 Adjustment is made in respect of assumed financial flexibility included within the financial plan forecast, in relation to review of balance sheet items and is expected to be concluded for the Q2 review. The level of assumed flexibility included in the year to date position is £1.67m.

4.3 Savings Delivery

4.3.1 As noted in Table 1 (key financial indicators), the overall financial performance at Month 5 is £10.32m overspent, of which £9.07m represents unmet savings.

4.3.2 The financial plan assumes delivery of £14.64m savings during 2024/25 which would result in a residual balance of unmet savings to be carried forward of £13.46m. Pro-rata to Month 5 this would project a shortfall of £5.61m.

4.3.3 The year to date position of £9.07m unmet reflects the savings profile of business unit plans which anticipates a greater level of delivery to be achieved within later financial periods.

4.4 Recurring savings delivered to date have a current year effect of £6.33m. This is higher than the total savings delivery in 2023/24, however, in line with previous agreement, this figure does include £1.0m retention of Waiting Times core funding following confirmation of additional Scottish government allocation which offsets expenditure in current plans.

4.5 Despite this level of savings delivery, the overall forecast savings position remains at risk and is discussed further in Section 6 of the report.

5 Financial Performance – Budget Heading Analysis

5.1 Income

5.1.1 Table 3 presents analysis of the board’s income position at end August 2024.

Table 3 – Income by Category, year to date August 2024/25

| | Opening Annual Budget £m | Revised Annual Budget £m | YTD Budget £m | YTD Actual £m | YTD Variance £m |
|--------------------------------|-----------------------------|-----------------------------|------------------|------------------|--------------------|
| SGHSCD Allocation | 266.47 | 317.19 | 132.16 | 132.16 | - |
| Family Health Services | 10.24 | 12.69 | 6.72 | 6.72 | - |
| External Healthcare Purchasers | 4.93 | 4.33 | 1.87 | 1.97 | 0.10 |
| Other Income | 5.79 | 6.28 | 1.93 | 1.94 | 0.01 |
| Total Income | 287.43 | 340.49 | 142.68 | 142.79 | 0.11 |

5.1.2 Income in relation to external contract is slightly over recovered due to the inclusion of additional patient income; this was in relation to a exceptional arrangement to support extreme beds pressures within NHS Lothian Mental Health service.

5.2 Operational performance by business unit

5.2.1 Table 4 describes the financial performance by business unit at August 2024.

Table 4 – Operational performance by business unit, August 2024

| | Opening Annual Budget £m | Revised Annual Budget £m | YTD Budget £m | YTD Actual £m | YTD Variance £m |
|---|-----------------------------|-----------------------------|------------------|------------------|--------------------|
| Operational Budgets Business Units | | | | | |
| Acute Services | 80.07 | 80.38 | 33.73 | 34.97 | (1.24) |
| Acute Services - Savings Target | (6.79) | (4.55) | (1.90) | - | (1.90) |
| TOTAL Acute Services | 73.28 | 75.83 | 31.83 | 34.97 | (3.14) |
| Set Aside Budgets | 32.24 | 32.66 | 13.62 | 14.61 | (0.99) |
| Set Aside Savings | (4.17) | (3.94) | (1.64) | - | (1.64) |
| TOTAL Set Aside Budgets | 28.07 | 28.72 | 11.98 | 14.61 | (2.63) |
| IJB Delegated Functions | 109.56 | 152.09 | 59.67 | 60.87 | (1.20) |
| IJB - Savings | (8.32) | (6.21) | (2.58) | - | (2.58) |
| TOTAL IJB Delegated | 101.24 | 145.88 | 57.09 | 60.87 | (3.87) |
| Corporate Directorates | 22.38 | 24.17 | 9.89 | 9.92 | (0.03) |
| Corporate Directorates Savings | (2.36) | (1.96) | (0.82) | - | (0.82) |
| TOTAL Corporate Services | 20.02 | 22.21 | 9.07 | 9.92 | (0.85) |
| Estates & Facilities | 22.92 | 23.70 | 9.87 | 10.45 | (0.58) |
| Estates & Facilities Savings | (2.26) | (2.23) | (0.93) | - | (0.93) |
| TOTAL Estates & Facilities | 20.66 | 21.47 | 8.94 | 10.45 | (1.51) |
| External Healthcare Providers | 36.17 | 34.88 | 14.40 | 14.42 | (0.02) |
| External Healthcare Savings | (4.21) | (2.86) | (1.20) | - | (1.20) |
| TOTAL External Healthcare | 31.96 | 32.02 | 13.20 | 14.42 | (1.22) |
| Board Wide | | | | | |
| Depreciation | 5.87 | 5.87 | 2.44 | 2.44 | - |

| | | | | | |
|---------------------------------------|---------------|---------------|---------------|---------------|----------------|
| Year End Adjustments | - | (7.49) | (7.49) | (7.49) | - |
| Planned expenditure not yet allocated | 6.32 | 16.81 | 1.37 | - | 1.37 |
| Board Flexibility | - | - | 1.68 | - | 1.68 |
| Financial Plan 25-26 Pre-Commitments | - | (0.83) | (0.35) | - | (0.35) |
| Total Expenditure | 287.43 | 340.49 | 129.76 | 140.19 | (10.43) |

5.2.2 **Acute Overall.** The position is £5.77m overspent. £2.23m relates to operational overspend and £3.54m relates to non-delivery of the three year saving targets of £10.3m. The proportion of saving anticipated in 24/25 is £3.1m recurring and good progress continues with fully year recurring saving of £2.3m having been retracted from budget in the first 5 months of 24/25. The operational overspend of £2.6m in the first five months of the is reflective of the additional 22 unfunded beds which are open across the Acute site to deal with the significant number of delayed in the system and the additional staffing required in the ED department to staff “blue ED” while patients wait for onward admission to an appropriate bed. Further areas of overspend relate to cancer drugs (£491k) which continue to overspend with activity increasing in the region of 8% per annum and no additional funding allocated over the 23/24 budgeted level. Instruments in theatre and diabetic services (£503k) continue to overspend while the diabetic overspend is fully understood in relation to the increased number of new pump allocated by SG with the recurring costs now having to be picked up by the NHSB the theatre requires further investigation. Currently there is significant allocation expected from Scottish Government in relation to diagnostic waiting times and these have not yet been recognised in the position. 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.

5.2.3 **Acute services** (excluding Set Aside) are reporting overspend of £3.14m including five months of the 10% savings requirement over 3 years. The operational element of the overspend is £1.24m on core budgets. Ward 7/9 are overspent by £0.25m which is related to the additional surge beds which have been open consistently during April to August and Ward 8 has been open on a number of occasions during this period. Cancer drugs are overspent by £0.49m due to increased activity in the SACT service. There is also an issue as funding for diagnostic waiting times has not been allocated once we have notification from Scottish Government we will include this funding and it will improve the position.

5.2.4 **Set Aside.** The set aside budget is overall £2.63m overspent, including five months of the 10% saving requirement over three years. The operational element of the overspend on core budget is £0.99m. Following agreement of the ED workforce paper at the Board in August the funding has now been input into the operational budget this has significantly reduced the level of overspend in ED. However, the overspend relation to the additional beds in “blue ED” continues. These beds remain open to deal with the long waits in the department due to lack of flow into the rest of the hospital due to the high number of delays blocking beds in the remainder of the hospital. 15 unfunded surge beds have remained open consistently between April and August contributing to the high level of overspend.

- 5.2.5 **IJB Delegated.** Excluding non-delivery of savings, the HSCP functions delegated to the IJB are reporting an over spend on core budgets of £1.20m. Not all funding carried forward from 2023-24 and held in Board reserves however has been allocated to operational budgets as of M05, neither has anticipated funding from SG. The estimated funding shortfall at M05 is £472k which will offset the above net position. Medical agency use (Mental Health locums) continues to be a pressure. Primary Care Prescribing remains stable and at previously reported levels and significant Financial Plan investment made into this area on a recurring basis (£2.20m) is intended to address the significant cost (and to a lesser degree, volumes) pressures experienced in 2023/24.
- 5.2.6 There are a small number of other areas where some financial pressures are currently being experienced such as in Home First, Sexual Health drug costs and in Community Nursing equipment and supplies currently offset non-recurrently by ongoing vacancies across all areas, but in particular nursing workforce models, Allied Health Professionals and Dental services. In relation to Home First specifically, the service continues to operate at a level beyond the agreed funding plan and will continue to overspend throughout this year until an alternative solution is found to operate the service within the agreed funding envelope or further investment is made to fund to current operating levels.
- 5.2.7 **Corporate Directorates** are reporting a net over spend of £0.03m on core budgets. The over spend is mainly due to equipment costs linked to e-Health where funding is still to be confirmed.
- 5.2.8 **Estates & Facilities** are reporting an operational overspend of £0.58m. This is mainly related to the ongoing requirement to main the estate with only high risk work being undertaken. Service contracts are also an area of concern and work is being carried out to ensure that all contract are appropriate and place at the correct level for service requirement. Patient travel continues to be an issue in Facilities with increased number of patients requiring to be transported to Edinburgh for treatment. A review of patient transport services is in train.
- 5.2.9 **External Healthcare Providers.** Excluding savings there is a small over-spend of (£0.02m). The position has deteriorated as information re the Primary Care and ECCM Contract has been received from NHS Lothian. The commissioning Team are currently working to validate the information but there appear to have been a significant increase in expenditure and this has been reflected in the position. In term of other contracts currently little in year activity has been received and therefore expenditure is predominantly based on estimates of 23/24 activity. This position remains draft until actual 24/25 activity is available. The main area of overspend is within Scottish UNPACs where the estimated activity for both Lothian and Glasgow is higher than budget.

6 Savings Delivery

- 6.1 The savings targets set within operational budgets represent 10% of the Board's overall baseline expenditure (£28.1m). These targets are expected to be delivered over a three year period and targets set for 2024/25 are £8.43m recurring and £2.81m non-recurring.

6.2 The financial plan sets out an expected level of savings delivery in 2024/25 of £14.64m, of which £2.07m is expected to be non-recurring. The expected delivery incorporates expectation of additional savings of £3.4m to be delivered above the level of in year delegated savings targets. This includes schemes remaining in development which present a risk to delivery of the planned level of savings (see para 6.6, 'potential slippage').

6.3 Actual Savings Delivery

6.3.1 Table 5 below shows actual level of savings achieved to date, representing the current year value for the 12 months to end March 2025.

Table 5 – Savings achieved as at August 2024

| | Savings Target £m | Recurring Savings Achieved £m | Non Recurring Savings Achieved £m | Total Achieved £m | Unmet Savings (current year) £m | Unmet Savings (against 3 year target) £m |
|-------------------------------|----------------------|----------------------------------|--------------------------------------|----------------------|------------------------------------|---|
| Acute Services | (2.51) | 2.12 | 0.00 | 2.12 | (0.39) | (4.67) |
| Set Aside | (1.67) | 0.36 | 0.00 | 0.36 | (1.31) | (3.82) |
| IJB Directed Services | (2.30) | 0.96 | 0.00 | 0.96 | (1.34) | (4.81) |
| Prescribing | (1.03) | 1.16 | 0.00 | 1.16 | 0.13 | (1.40) |
| Corporate Directorates | (1.16) | 0.36 | 0.17 | 0.53 | (0.63) | (1.83) |
| Estates & Facilities | (0.91) | 0.04 | 0.00 | 0.04 | (0.87) | (2.23) |
| External Healthcare Providers | (1.68) | 1.34 | 0.71 | 2.06 | 0.38 | (1.68) |
| Total | (11.26) | 6.33 | 0.89 | 7.22 | 4.04 | (20.89) |

6.3.2 Against the 2024/25 target, £7.22m has been delivered to date. This reflects actual adjustments reported through the finance systems and impacting on service budgets and does not include any cost avoidance measures which do not result in budget retraction.

6.3.3 The balance of savings to be delivered in 2024/25 is £4.04m. The level of unmet savings remaining against the three year target (10%) is £20.89m.

6.3.4 As noted separately, the financial plan assumes that savings delivery in year will exceed the in year savings target by £3.40m inclusive of cost avoidance measures.

6.4 Cost Avoidance Measures

6.4.1 Monitoring of cost avoidance measures presents a level of complexity to the FIP programme and tracking measures are not yet fully in place for all such schemes. As such, it is expected that there may be some under-reporting of delivery during the first and second quarters, however the actual impact of these schemes will be reflected in operational performance therefore there is no expected impact to the overall financial position as reported.

6.4.2 This situation is expected to be resolved by the Q2 review which is reported in October.

Table 6 - Agency Use by Staff Group

| | Apr-Aug | | | Ave Monthly (FYE) | | |
|---------|--------------|--------------|--------------------------------------|-------------------|------------|--------------------------------------|
| | 2023/24 | 2024/25 | Movement (increase/ -decrease) | 2023/24 | 2024/25 | Movement (increase/ -decrease) |
| | £k | £k | £k | £k | £k | £k |
| Medical | 1,500 | 915 | -585 | 267 | 183 | -84 |
| Nursing | 492 | 83 | -409 | 79 | 17 | -63 |
| Other | 499 | 225 | -274 | 74 | 45 | -29 |
| | 2,492 | 1,224 | -1,268 | 421 | 245 | -176 |

6.5 Progress towards Implementation

- 6.5.1 The Project Management Office (PMO) maintains a register of all schemes which are included within agreed plans. Schemes in development do not appear within this register until such time as they are developed to Gateway 1.
- 6.5.2 Additional measures have been introduced for 2024/25 in order to ensure that performance is monitored against plan. Targets have been set for progress against each gateway and this is reported monthly to the Financial Improvement Programme (FIP) Board. This includes escalation of individual business units to more frequent steering group meetings and implementation of local vacancy control measures where necessary.
- 6.5.3 Schemes which are expected to be cost avoidance (i.e. do not impact on budget but result in a reduction to overall expenditure) are not presently reported through the mandate process. Reporting of such schemes is being reviewed as noted under 'Cost avoidance measures' above.
- 6.5.4 Table 7 summarises the recurrent plans currently identified by business units for 2024/25 as at July 2024. This is set against the 3% recurring target.

Table 7 – Recurring Plans 2024/25 by Business Unit

| | Number of Schemes | 3% Target | FYE | PYE |
|-------------------|-------------------------|---------------|-------------|-------------|
| | | £m | £m | £m |
| Acute | 36 | (3.13) | 3.51 | 2.85 |
| Commissioning | 9 | (1.26) | 1.35 | 1.34 |
| Corporate | 30 | (0.87) | 0.85 | 0.82 |
| Estates | 3 | (0.30) | 0.37 | 0.11 |
| Facilities | 3 | (0.38) | 0.10 | 0.07 |
| IJB - MH/LD | 21 | (0.65) | 0.68 | 0.54 |
| IJB - PACS | 61 | (1.84) | 2.38 | 2.21 |
| Organisation Wide | 1 | 0.00 | 0.35 | 0.35 |
| | 164 | (8.43) | 9.58 | 8.28 |

- 6.5.5 This position shows a slight reduction in projected savings against the position reported in the July (M04) finance report. The number of schemes has reduced by 10 (from 174) however the overall value of projected savings has increased by £0.36m FYE and by £0.03m PYE (i.e. current year).

- 6.5.6 A level of movement is expected as schemes progress through the gateway process from initial scoping to full delivery. This is monitored through local FIP steering group meetings and it is expected that individual business units continue to identify additional schemes to address any shortfall against target.
- 6.5.7 The above table indicates a potential over-recovery against target. This does however present a risk to the overall forecast where schemes indicate phasing on a fully year basis which is unlikely to be achieved. This situation is being discussed via local FIP steering group meetings with individual business units and any specific delivery risks arising from these discussions will be escalated as they arise.
- 6.5.8 Table 8 describes the same information as Table 7 in terms of the progress towards implementation through the Gateway mandate process. Schemes which are reported as 'Gateway 3 Blue' are fully implemented.

Table 8 – Recurring Plans 2024/25: Progress by Gateway

| | Last Month | | | This Month | | |
|----------------------|-------------|-------------|---------------|-------------|-------------|---------------|
| | FYE | PYE | Total Schemes | FYE | PYE | Total Schemes |
| | £m | £m | | £m | £m | £m |
| At planning stage | 0.06 | 0.06 | 8 | - | - | |
| Gateway 1 | 2.34 | 1.67 | 45 | 2.18 | 1.35 | 30 |
| Gateway 2 | 0.32 | 0.20 | 5 | 0.56 | 0.34 | 9 |
| Gateway 3 | 0.58 | 0.56 | 18 | 0.47 | 0.44 | 9 |
| Gateway 3 - Blue | 5.92 | 5.75 | 98 | 6.36 | 6.15 | 116 |
| Total Schemes | 9.22 | 8.25 | 174 | 9.58 | 8.28 | 164 |

- 6.5.9 As noted in paragraph 6.7.5 above, there has been a slight reduction in the number and value of schemes identified. Table 8 however demonstrates that there has been substantial progress towards implementation, with the proportion of schemes at GW3 now 76% (previously 67%).

6.6 Potential Slippage.

- 6.6.1 At this stage there remain significant risks in relation to delivery of the forecast £14.64m savings; this includes those elements which fall outwith the current PMO gateway monitoring arrangements, notably those schemes remaining in development.
- 6.6.2 The Quarter One Review highlighted the risk on delivery of schemes in development and made provision for slippage against the plan. There is a balance of £3.7m of schemes in development against which £2.3m is provided for slippage on delivery in 2024/25. This requires that delivery of £1.4m is achieved in the remainder of 2024/25 and this still remains a significant risk to the plan. The main component of the overall schemes in development is the closure of surge beds which is expected to deliver a reduction in spend of c.£2m on a full year basis. An updated trajectory for bed closures remains in development.

7 Key Risks

- 7.1 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 2024/25 to 2026/27.
- 7.2 Where identified, risks are currently reported on an individual basis through the DATIX system. A financial risk register detailing individual risks held both operationally and on a corporate basis remains in development and is expected to be in place by end of quarter two (i.e. in advance of 2025/26 financial planning round).
- 7.3 Risks to the forecast are described in more detail within the Q1 review.

Appendices

- N/A

Author(s)

| | | |
|--|---|--|
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|--|---|--|



| | |
|---|---|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| 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 HIA is not required for this report.

2.3.6 Climate Change

Not applicable.

2.3.7 Other impacts

Not applicable.

2.3.8 Communication, involvement, engagement and consultation

Not applicable.

2.3.9 Route to the Meeting

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

- Clinical Governance Committee 4 September 2024

2.4 Recommendation

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

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

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Clinical Governance Committee minutes 10.07.24

Borders NHS Board
Clinical Governance Committee
Approved Minute



Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Wednesday 10 July 2024** at 10am via Microsoft Teams

Present

Mrs F Sandford, Non-Executive Director (Chair)
 Ms L Livesey, Non-Executive Director
 Mrs K Hamilton, Chair NHS Borders

In Attendance

Miss D Laing, Clinical Governance & Quality (Minute)
 Dr L McCallum, Medical Director
 Dr O Herlihy, Associate Medical Director, Acute Services & Clinical Governance
 Dr J Manning, Associate Medical Director, Acute Services
 Dr T Young, Associate Medical Director, Primary & Community Services
 Mrs S Horan, Director of Nursing Midwifery and Allied Health Professionals
 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, Lead Nurse for Patient Safety and Care Assurance
 Mrs L Pringle, Risk Manager
 Mr S Whiting, Infection Control Manager

1 Apologies and Announcements

Apologies were received from:

Mrs H Campbell, Non-Executive Director
 Mrs L Jones, Director of Quality & Improvement
 Mr M Clubb, Director of Pharmacy
 Dr A Cotton, Associate Medical Director, Mental Health Services
 Dr I Hayward, Associate Medical Director, Acute Services
 Mrs K Guthrie, Associate Director of Midwifery & GM for Women & Children's Services
 Mrs L Huckerby, Interim Director of Acute Services
 Mr P Grieve, Associate Director of Nursing, Chief Nurse Primary & Community Services
 Mrs C Cochrane, Head of Psychological Services
 Dr S Bhatti, Director of Public Health
 Dr K Buchan, Non-Executive Director

The Chair confirmed the meeting was quorate.

The Chair welcomed:

Mrs K Hamilton, Chair NHS Borders
 Ms K Thomson, Lead Clinical Pharmacist (item 5.6)
 Mr M McCormack, Clinical Director Dental Services (item 5.7)
 Mr A Bone, Director of Finance (item 6.2)
 Mrs J Brennan, Board Screening Coordinator - deputising for Dr Bhatti

- 1.1 The Chair announced Mr R Roberts, Chief Executive, would be leaving at end of August prior to the next scheduled Committee meeting. The Chair along with the rest of the Committee wished him well for his retirement and thanked him for his contribution to the Committee over the last few years.

2 Declarations of Interest

- 2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda. The **CLINICAL GOVERNANCE COMMITTEE** noted there were no new declarations of interest.

3 Minute of Previous Meeting

- 3.1 Following correction to title of Ms Gardiner the minute of the previous meeting of the Clinical Governance Committee held on Wednesday 29 May 2024 was approved and adopted as holograph.

4 Matters Arising/Action Tracker

- 4.1 Matters Arising from the previous meeting were noted and Action Tracker was updated accordingly.
- 4.2 Discussion relating to developing inhouse PROMS had not yet taken place, Miss Laing noted the recently appointed Patient Experience Coordinator, had made headway, along with the Patient Experience Team (PET), into reducing the number of outstanding complaints which had been reduced from over a hundred to just under fifty. The Committee acknowledged this progress and thanked the PET for their hard work.
- 4.3 Mrs Horan extended her thanks on behalf of the Infection Control Committee to Dr McCallum for her Leadership relating to hand hygiene challenges.

5 Effectiveness & Annual Assurance

5.1 Clinical Board update (Acute) Services

- 5.1.1 Mrs Dickson provided a brief overview of content of report. She noted there remains significant challenges, high ED attendances and increase in number of delays across the site. The service had seen an increase in COVID patients with bays closed, further impacting on ability to meet DME and Stroke admission targets as well as affecting ED performance. Work with infection control continues to ensure appropriate bed use.
- 5.1.2 Day case elective activity had improved challenges are still being seen in elective inpatient activity.
- 5.1.3 Mrs Dickson cited an increase in falls across acute site, services are being supported by Quality Improvement Team to address increase. New falls assessment paperwork is being trialled in MAU initially, difficulties in securing additional staff for patients requiring extra support to reduce falls are largely due to surge beds still being open.
- 5.1.4 Medical staffing position had improved, and the services hope to see this continue

on an upward trajectory. Registered Nursing staff position was looking healthier. Interviews for Healthcare Support Workers were taking place later in July.

- 5.1.5 Dr McCallum enquired about colonoscopy surveillance; Mrs Dickson agreed to contact her out with meeting.
- 5.1.6 Discussion followed relating to the intricacies involved in discharging to Community Hospitals. Dr McCallum noted her concern regarding COVID restrictions.
- 5.1.7 Ms Livesey asked for clarity on correlation between increase in falls and staffing levels. Mrs Dickson explained the need for increased staffing when a patient has need for closer observation or one to one to reduced chance of falling. Mr Williams and Mrs J Campbell gave a little background on falls rates and follow up required when a fall is reported, work is continuing on falls strategy.
- 5.1.8 Ms Livesey asked about appraisal backlog rates, to which Mrs Dickson gave an update on noted improving position.
- 5.1.9 The chair to note disappointment in the further decline of stroke services, she also commented that following recruitment of experienced Consultant at 'front door' of ED no improvement had been seen. Discussion followed where Dr McCallum gave clarity on stroke services issues and lack of availability in Community Hospitals for rehabilitation. She provided re-assurance that this remains a focus.
- 5.1.10 Dr McCallum addressed apparent lack of improvement in ED performance citing this was a flow issue so related to the whole system rather than just ED. The Committee agreed with Dr McCallum noting their lack of assurance but understood the issues, they are keen to ensure delays in flow and stroke performance are monitored and not allowed to become the 'new normal.'
- 5.1.11 **ACTION: Dr McCallum and Mrs Dickson to discuss colonoscopy surveillance.**
- 5.1.12 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Limited Assurance**

5.2 Clinical Board update (PCS) Services

- 5.2.1 Mr Williams provided a brief overview of report. He noted Primary & Community Services are seeing pressures in system in terms of flow, workforce and sickness absence. Trends continue to be above that of previous years, particularly in nursing workforce. Mr Williams provided reassurance to the Committee that health visiting vacancies and sickness absence had significantly improved due to a number of long term sickness absence returning during the month of June.
- 5.2.2 Mr Williams informed Committee of development of assurances within internal governance metrics relating to safety and quality within Community services. He acknowledged each service would look slightly different; metrics will be appropriate to each area. This had generated some helpful discussion and cross pollination around person centeredness and how to get user feedback which will be meaningful to the service.
- 5.2.3 Not included in the report was information from quarterly report submitted to Scottish Government relating to Healthcare Staffing Act, there is variance in

established governance and assurance leading to inconsistent reporting. There were two duties in the act lacking assurance, one was if there was appropriate staffing to deliver safe and high quality care, whilst the staff endeavour to provide safe care the high quality aspect may fall short. The other was related to escalation of risk, in particular enduring (chronic) risk. Both duties rely on access to services and have a high demand on workforce.

- 5.2.4 Primary and Community Services are looking at ways to record and highlight issues on the risk register. Dr McCallum noted NHS Borders should not underestimate the workforce requirements to comply with legislation.
- 5.2.5 Discussion followed relating to sickness absence figure being largely related to mental health and wellbeing and how the organisation can support staff so rise in absence being seen is addressed. Mr Williams noted they are working with staff and partnership looking providing better facilities for staff to feel supported. Mr Lerpiniere commented not all absence due to mental ill health is work related and we need to be cognisant of that. There is concern that meeting Healthcare Staffing Act legislation and reporting to Scottish Government is adding a further burden on staff who are already under pressure.
- 5.2.6 The chair asked that issues relating to complying with legislation should be escalated to the Board. Mrs Horan asked to meet with Mrs Sandford and Mrs Jones before concerns are escalated.
- 5.2.7 **ACTION: Mrs Horan requested that Mrs Sandford and Mrs Jones meet with her where issues are identified for escalation to the Board.**
- 5.2.8 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Limited Assurance**

5.3 Clinical Board update (MH) Services

- 5.3.1 Mr Lerpiniere provided comment on the paper. He noted that numbers of delayed discharges were continuing to cause challenges for Mental Health Services. Mr Lerpiniere met with Mr Richards from Scottish Government to discuss challenges and ongoing work in Borders to see if improvements will have an impact.
- 5.3.2 Mr Lerpiniere made reference to alcohol deaths audit noting this is a public health audit, but the data will be used from this to help improve services to reduce alcohol related deaths.
- 5.3.3 There had been an increase in number of neurodiversity assessments, whole systems pathway work is commencing for young people with neurodiverse conditions.
- 5.3.4 Dr McCallum noted there were significant pressures in relation to Consultant Psychiatry staff with largest locum spend at present in the organisation, she acknowledged this is unsustainable but essential in terms of risk mitigation. She commented Dr Cotton had been doing fantastic work in terms of encouraging psychiatrists to work in the Borders and will keep the Committee updated.
- 5.3.5 The Committee noted that staffing is a significant risk, but this is a national problem and not peculiar to Borders.

5.3.6 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Limited Assurance**

5.3.7 Clinical Board update (Psychological Service) Services

5.3.8 Dr Cochrane was unavailable to talk to the report. Prior to meeting she commented that there was nothing of significance to highlight to the Committee. Dr Cochrane invited any questions to be sent directly to her. Dr Cochrane indicated moderate assurance from the Committee.

5.3.9 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

5.4 Clinical Board update (LD) Services

5.4.1 Mr Lerpiniere provided a brief overview of the content of report. He commented they are working on addressing referrals to service when the patient does not have a learning disability but may have neuro development difficulties to ensure this cohort is not missed.

5.4.2 Mental Welfare Commission report had been returned in draft, it was felt the report did not reflect the service accurately, on the back of that work had taken place on improving care planning recognising the high level of nursing input into the service. An updated report will be forthcoming.

5.4.3 Monthly meetings with the Brothers of Charity (BoC) had commenced to encouraging a closer relationship and a more proactive approach to address service users' issues before referrals are required in to LD services.

5.4.5 Mr Lerpiniere confirmed the annual health checks are progressing.

5.4.6 The chair asked for a quick update on progress of Coming Home project, Dr McCallum commented they are unlikely to see much progress until 2025/26, patients have highly complex needs, everything needs to be in place to meet care needs before placement which takes significant planning Discussion followed relating to the financial implications and risks associated with moving people without ensuring care is right for the individuals.

5.4.7 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Limited Assurance**

5.6 Medical Education Annual Review (deferred from 2023/24 workplan)

5.6.1 Dr Herlihy provided an overview of report. She highlighted a Borders is partner Board for new undergraduate course due to start in St Andrews in 2026/27. Scottish Community Orientated Medicine (SCOT COM) course is anticipated to be a boost for GP practices. Dr Young commented that there are GP practices showing interest in taking on students.

5.6.2 There had been successful bids through funding for staffing and deputy medical education manager should be appointed next week.

5.6.3 School students introduction to Medicine set up by one of our CDFs supported by Consultants and GPs last year it is planned this will run again in 2025.

- 5.6.4 The quality visit to obstetrics and gynaecology had been positive there are no further visits indicated.
- 5.6.5 It is anticipated despite investment in developing CDF programme some pressures in the system on rotas and workloads will be seen as much of the staffing is dependent on Deanery allocation of trainees and therefore access to funding could be an issue.
- 5.6.6 Dr McCallum acknowledged the massive amount of work in medical education this year. There had been some quite difficult problems to work through which the team had resolved.
- 5.6.7 Discussion followed relating to SCOT COM and benefits to GPs, including the positive aspect of trainees getting a broader aspect of a patient's journey through primary into secondary care. Logistically there are still some hurdles to cross but it is a positive approach for NHS Borders.
- 5.6.8 Dr McCallum commented on issues regarding nuances of various specialties rotas for trainees which can lead to non-compliance with rotas, work continues to address issues within financial constraints.
- 5.6.9 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Significant Assurance**

5.7 Pharmacy Annual Report

- 5.7.1 Ms Thomson provided a brief overview of the content of report. Main focus is relating to medicines governance and assurances. Pharmacy continues to work with HIS Medicines collaborative strategy and direction of travel.
- 5.7.2 Patient safety and medicines governance group chaired by Mr Young had been set up to provide rigor around prescribing. The group aims to bring together pharmacy with wider organisation to identify themes for discussion and oversight. Mental Health, Primary care and Nursing are represented giving a holistic overview. Thematic Datix review of medicines had been commissioned from the last four years for the group to work on. This work is still in its infancy, but the Committee will be kept informed on progress.
- 5.7.3 Education Themes had been brought to nursing education group and grand round which had been received positively and generated useful discussion around improving culture around medicines governance.
- 5.7.4 Ms Thomson updated the Committee on work relating to Controlled Drugs Governance. Inroads had been made but there is still a work to be done. Omnicell cabinets continue to be rolled out albeit slowly providing better reassurance around governance processes.
- 5.7.5 HEPMA is still on the 'to do list' and recognised as a risk from a medical education and pharmacy point of view. Trainees coming from areas are HEPMA trained and are finding reverting to paper documentation an issue, leading to medication errors.
- 5.7.6 Discussion followed relating to slow roll out of Omnicell cabinets and the causes of delays. Staff reluctance is one issue and the team are working with staff to

resolve their concerns.

- 5.7.7 Mrs Horan commented on nurse prescriber training taking place in the organisation. All new student nurses are doing this as part of their current training so it is expected this will be the model going forward, they will not yet be independent prescribers, it is anticipated they will require additional support initially.
- 5.7.8 The chair asked issues related to HEPMA should be further highlighted to the Board in light recent court case where nurse was found culpable. Mrs Pringle commented this should be captured on the Risk Register.
- 5.7.9 ACTION: Highlight case for HEPMA to the Board and record on Risk register (Mrs Jones)**
- 5.7.10 The CLINICAL GOVERNANCE COMMITTEE noted contents of the report and confirmed **Moderate Assurance**.

5.8 Dental Services Annual Report

- 5.8.1 Mr McCormack provided overview of content of the report. He stated the dental position in Borders was stable. New dentists listing in area had increased and Borders had been allocated as eligible for the Scottish Dental Access Initiative grant for independent NHS practitioners to either set up a new practice or expand current practice to allow more NHS dental registrations.
- 5.8.2 One concern noted was extended waiting times for paediatric patients to undergo general anaesthetic procedures currently admitted through Ward 15. Previously children were seen in day procedure unit, this was proving difficult due to increased use by adult cohort in DPU, deeming this unit unsafe for paediatric patients. Mr McCormack assured the Committee, children presenting with uncontrolled pain are being seen expediently sometimes at a cost to other planned care, causing staff to move or cancel leave to accommodate extra lists.
- 5.8.3 Dental issues have been raised at National level and discussions are ongoing with British Dental Association and Royal Colleges, so it remains high on the agenda.
- 5.8.4 Dr McCallum acknowledges there had been some positive work happening in dental services and although there are risks and concerns around waiting times particularly in children we should not lose sight of the positives.
- 5.8.5 Discussion followed regarding the possibility of doing one off clinics to alleviate back log and complications this presents under financial constraints and an already stretched workforce.
- 5.8.6 Mrs Horan requested that Children's services report include issues relating to poor access to dental treatment so Committee can get a view from their perspective of effect on health relating to dental delays.
- 5.8.7 Comment was made about Public Health initiatives and if they go far enough. Mr McCormack commented that dental service is keen to engage with wider public health group. Their strategic plan includes this engagement. The Chair asked Mrs Brennan to discuss with Dr Bhatti.

5.8.8 ACTIONS: Include effects of poor access to dental services in Children's services report. (Miss Laing will request it be included in next report)

Feedback request for engagement with dental services from Public Health. (Mrs Brennan agreed to feed this back to Dr Bhatti)

5.8.9 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

6 Patient Safety

6.1 Strategic Risk- Quality & Sustainability of Acute Services

6.1.1 Mrs Dickson provided a brief overview of the report. She commented the acute services risk assessment is graded as very high. Risks are predominately attributed to change in population, demographics, complexity of patients being seen and treatments being provided for longer in a strained system.

6.1.2 Mrs Dickson apologised the section relating to Diabetes and Endocrinology appeared to have been missed from the report, she gave a brief update in relation to insulin pumps and the financial implications of supporting patients with pumps.

6.1.3 The paper outlines all risks being managed through planned and unscheduled care boards relating to services, workforce and financial sustainability and associated mitigating factors.

6.1.4 Discussion took place about risks associated with maintaining competencies in particular for orthopaedic surgeons, due to pressures on elective activity. Risks are attributed to size of the organisation and reliance on single or small consultant specialties. This is noted on risk register and had been highlighted to Chief Operating Officer for NHS Scotland on his previous visit to Borders. It had been suggested staff could maintain competencies by visits to Golden Jubilee. Mrs Dickson will follow this up with Mr Lakie for an update.

6.1.5 Dr Herlihy gave an overview of position relating to insulin pumps and financial implications on maintaining them. Further discussion took place and Committee recognised from a public health preventative point of view the Board should be encouraged to support funding of pumps in particular for under 18s. The chair requested that diabetes and endocrinology aspect should be added to the report and shared with the Board.

6.1.6 ACTION: Update report to include diabetes and endocrinology (Mrs Dickson) Discuss with Mrs Hamilton and Mrs Jones on how this can be escalated to the Board. (Mrs Sandford)

Mrs Dickson will follow up progress of maintaining competencies via Golden Jubilee with Mr Lakie.

6.1.7 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **No Assurance**

6.2 Environmental Risks associated with Ventilation.

6.2.1 Mr Bone provided an overview of the report. He gave a little background relating to

compliance with Scottish Health Technology Memorandum concerning maintenance of ventilation plant & equipment. Following audit a no assurance rating was advised and 19 recommendations for action made, five actions were noted as high with the rest being medium. The Risk Committee introduced additional monitoring. There remain two actions outstanding. The risks are noted on risk register as high partly due to capacity within the Estates team.

- 6.2.2 Mr Bone went on to describe adverse events relating to ventilation systems in the past 12 months which had an impact on operating environment. Investigation is ongoing on how the issues came to light and any remedial actions taken. Issues had been addressed at a slower pace than expected, largely due to capacity within the team. He noted it is important to ensure regular inspection of plant and equipment should be taking place.
- 6.2.3 Following deconditioning of air handling unit in nuclear medicine and endoscopy, processes and governance of regular planned maintenance needs to be tightened.
- 6.2.4 He acknowledged that plant and equipment is aging and maintenance is significant burden on resources, regular inspection and maintenance of plant poses problems within capacity of estates team. Remedial actions and improvements are continuing on an ad hoc basis. Of the 15 critical ventilation plans defined by Scottish Health Technical Memorandum, seven are covered through external contractors for annual inspection and maintenance, work is ongoing to establish a contract for outstanding eight.
- 6.2.5 Newly established estates posts had been appointed to oversee compliance with Health Technology Memorandums.
- 6.2.6 Assurance is being sought through recently established Environmental Risk Oversight Group initially with any issues reported through Clinical Governance. Issues are fed through Infection Control Committee as appropriate. Mrs Horan raised a concern about over reporting of these issues.
- 6.2.7 Mrs Horan informed the Committee that two of the infection control nurses are attending a specific ventilation course recommended nationally.
- 6.2.8 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Limited Assurance**

6.3 Adverse Event Overview

- 6.3.1 Mrs J Campbell provided a brief overview of the report. She noted there had been no concerns in report. Adverse events had been broken down detailing grading. Ten had been graded extreme and report showed level of review commissioned.
- 6.3.2 The patient safety team had been working with colleagues to design new processes to provide better assurance following completion of SAERS which are communicated back to services and key stakeholders. This will improve systems and processes. Improvements had been seen with unscheduled care but improvements were still to be seen elsewhere.
- 6.3.3 Work towards replacing Datix, adverse event recording system is ongoing and it is hoped that the new In Phase system will be rolled out in November.

6.3.4 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Significant Assurance**

6.4 Infection Control Update

6.4.1 Mr Whiting provided a brief overview of the report. He reported here had not been any update on Scottish Government targets relating to infection control. Mr Whiting commented since the establishment of east of Scotland Health Protection team, they had noticed a reduction in service and support for discharges following withdrawal of Risk assessment process. Infection Control Team are working with Director of Nursing, Director of Public health and Chief Officer, Scottish Borders Health and Social Care Partnership to discuss a way forward. Director of Nursing had escalated concerns to Chief Nursing Officer. Mr Whiting had shared his concerns with his counterparts in other boards to escalate to Regional Planning, he will keep the Committee informed of any developments.

6.4.2 Hand hygiene audits continue, results will be reported at next meeting, early indication is that no further improvements had been noted. NHS Education Scotland module has now been made mandatory for all clinical staff and domestic porters. Infection control clinical update and face to face training content is being reviewed. Mr Whiting expressed his gratitude to Dr McCallum for her support.

6.4.3 Change over to new supplier of soap and hand gel is largely complete in the community with the next step being change over in BGH.

6.4.4 Other infection control audits had shown improvements with all areas scoring over 91%.

6.4.5 Discussion followed relating to Covid restrictions and balancing risk to patient flow against current advice. Mr Whiting and Dr McCallum will meet to discuss out with meeting

6.4.6 ACTION: Discuss Covid restrictions and risks. (Dr McCallum and Mr Whiting)

6.4.7 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

7 Items for Noting

7.1 There were no items presented for noting.

8 Any Other Business

8.1 No further items of business were noted

9 Date and time of next meeting

9.1 The chair informed members that next meeting of Clinical Governance Committee needs to change. Suggested date is **Wednesday 28 August 2024 at 10am** via Teams Call. Miss Laing will confirm when agreed.

The meeting concluded at 12:33



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| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| Title: | Quality & Clinical Governance Report - September 2024 |
| Responsible Executive/ Non-Executive: | Laura Jones - Director of Quality and Improvement |
| Report Author: | Julie Campbell - Lead Nurse for Patient Safety and Care Assurance Justin Wilson - Quality Improvement Facilitator Susan Hogg - Patient Experience Coordinator Susan Cowe - Senior Project Officer - Covid 19 Inquiries Joy Dawson - Research Manager |

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

This aligns to the following NHS Scotland 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 remains intense and is exacerbated by significant staffing and financial challenges, across the health and social care system.

2.3 Assessment

2.3.1 Clinical Effectiveness

The Board CGC met on the 10 July 2024 and the 28 August 2024 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. Delayed discharges across the health and social care system remains a consistent issue raised by each clinical board and members were keen that this position and its impact on quality of care, access to emergency care, elective and specialist beds is not normalised and continues to be escalated to NHS Borders Board and the Integrated Joint Board.

- 2.3.2 The CGC received a report on Mental Health (MH) services. The CGC recognised the work completed in the Neurodiversity pathways with acknowledgement of a further communication from the Scottish Government. The CGC were keen to receive further assurance on this at the next meeting. The committee were briefed on continuing challenges in Medical Staffing and acknowledged that this was leading to a less resilient medical staffing group. The committee were assured in relation to the recent audit of BCT standards, noting that NHS Borders in comparison to other health boards has been successful in meeting many of these standards. An increase in falls was noted in MH although the service is carrying out a review into this and the CGC were keen to receive an update on this at the next meeting. Moderate Assurance was assigned to the MH report recognising the ongoing medical staffing pressures and impact.
- 2.3.3 The CGC received a report on Learning Disability (LD) Services. The CGC were assured on the increase in internal auditing being carried out within the LD service following the Mental Welfare Commission report. The committee noted that the Mental Welfare Commission report had been updated following further evidence sent by the LD service, and acknowledged that this was an improvement within the report. The CGC were assured by the work being carried out by the LD service in partnership with the Mental Welfare Commission on care planning. The committee were briefed on the progress of the annual health checks, but acknowledged the challenges caused by resources available for this work. The CGC received assurance that the Coming Home project was progressing but noted the difficulties this continues to present financially and to design and develop local housing and care solutions. The committee were keen to continue to push for progress in this area recognising the impact on service users. The committee took moderate assurance from the report.
- 2.3.4 The CGC considered a paper from Acute Services and noted the extreme pressures that are currently being faced within the Borders General Hospital. The report detailed the sustained pressure on flow across the acute service but the CGC were assured that a number of Elective Beds were now being protected and that there has been a reduction in late notice cancellations due to a change in scheduling practice. Staffing pressures in the Women's and Children's Service were highlighted to the committee. This has led to a short temporary closure of the labour and maternity units to births under 35 weeks, with these being diverted to NHS Lothian. The CGC also noted that there have been

pressures within outpatients appointments due to staff sickness but that there is a new scheduling system being used in the department which should see better utilisation of rooms moving forward. The CGC agreed it was critical to highlight the risks that NHS Borders are currently carrying within outpatients with the possible harm being caused to patients due to the current inability to reduce the size of waiting lists. A board development session on this area was proposed to consider the detail across vulnerable specialties for new and review appointments. The committee were assured that the Acute Services Unscheduled Care team have implemented a new SAER action plan process which has led to large improvements in the numbers of actions being closed. This is now to be rolled out across planned care. The CGC were briefed on progress with appraisal timescales, noting that whilst these are not being met across all areas there is an improved position in comparison to last year. The committee also noted that the Stroke Service are now meeting monthly and there has been improvements in the service, with swallow screens being the next focus. Timely access to the stroke unit remains a challenge due to the delays across the system. The CGC were briefed on concerns relating to the recent recruitment process for Health Care Support Workers. This has been escalated to the East Region Recruitment Team and is being worked throughout has presented a challenge to timely recruitment to roles ahead of the winter period. The committee took limited assurance from the report recognising the ongoing pressures and risks faced by acute services.

- 2.3.5 The CGC received a report from Primary and Community Services. The CGC were assured to hear that the Health Visitors were now back to normal service provision. The committee were briefed on the CrowdStrike Global IT issue and its impact across Primary and Community Services, specifically in EMIS Web and the Patient Electronic System. This was managed with business continuity plans with no detrimental impact to service provision. The CGC noted the ongoing capacity gaps in AHP services requiring prioritisation of workload. This remains an area of concern for the committee, and they are keen to understand the options to mitigate this moving forward recognising the important role AHPs play. The committee were briefed on the CTAC implementation, including the temporary pause of clinical work by Health Care Support Workers whilst governance processes were implemented but this work has now recommenced. The CGC also noted the work currently being undertaken with the Leaderfoot General Practice Team to ensure support for the team, and maintain their safety. An increase in falls has been noted within The Knoll which is being reviewed. The CGC recognised that whilst there is a downward trend in sickness absence with work being undertaken to improve RTW completion, levels are still high, and the committee were keen to see a continued focus in this area. The CGC had limited assurance remaining concerned about capacity in AHP services and continued delays effected appropriate patient placement.
- 2.3.6 The CGC received the annual report on Psychological Services. The report provided a detailed analysis of the psychology workforce. The local workforce has grown in recent years due to investment in the renew service operating in general practice and to additional Scottish Government funding. A mini team structure has been introduced to bring more resilience to small specialist services in secondary care but referrals have increased in these areas and some workload pressures exist particularly in Child and Adolescent Mental Health, Addiction Services and Learning Disabilities. The committee noted the positive progress in both reducing the overall waiting list size and also how long patients were waiting with steady progress to reduce those who had waited the longest. The report discussed the gap in local service provision for people who have psychological or mental health difficulties in relation to a physical health or

neurological condition and the committee were keen to understand how this might be addressed in the future. The CGC took moderate assurance from the report.

- 2.3.7 The CGC considered the Public Protection Annual Report. The extensive report examined the areas of responsibilities for public protection across local agencies and the areas of good practice against each of these responsibilities and areas for improvement. The CGC recognised the significant work underway this area and the positive cross agency working and took significant assurance from the report.
- 2.3.8 The CGC noted Strategic Risk Report relating to Primary and Community Services and Independent Contractors. The committee discussed the complexities surround sustainability of the independent contractor workforce and the very significant pressures being faced in this area. The committee recognised the positive developments in dental and also the work of the Primary Care Improvement Programme (PCIP) where NHS Borders have been awarded a national demonstrator site with the aim of mitigating the workload challenging general practice. The committee discussed a concern they have held around access to data for primary care and how PCIP can support this area to bring greater transparency to the workload and outcomes of PCIP in transforming some of the service delivery approach. They were also keen to consider how workforce resilience and wellbeing could be understood as part of the overall approach to managing and tackling this strategic risk. Given the ongoing pressures across primary and community services the committee agreed a position of limited assurance.
- 2.3.9 The CGC received the Duty of candour Annual report. During the reporting period of 01 April 2023 to 31 March 2024 there were 37 adverse events which activated the organisational Duty of Candour (DoC). The committee were assured that were a significant adverse event review of management review had been triggered the Duty of Candour had been enacted. The committee noted the improvements identified relating to enacting the Duty of Candour where pressure damage may have occurred and ensuring this was documented. The committee recognised that optimal timescales for enacting Duty of Candour and for completed Significant Adverse Event Reviews remain challenging for Boards to deliver with no additional resource committed to these growing areas. The committee took moderate assurance from this report.
- 2.3.10 The CGC received an annual report on Claims. The committee noted the report on claims and the alignment to other processes in NHS Borders including the adverse event process and the formal complaints. The committee recognise comparator information is limited in this area but were keen to understand the rate of claims across Boards and the trend year on year. The committee took moderate assurance from the report.
- 2.3.11 An annual report on Medical Education was discussed. The committee heard of the development in medical training taking place in StAndrews and the collaboration we hope to build in this area. There have been some positive enhancements to the medical education offerings this year an introduction to medicine course designed by one of the Clinical Development Fellows and tailored education and support programme for international medical graduates. A positive site quality visit took place for Obstetric and Gynaecology with no need for follow up visits recommended. Rota compliance continues to be an area of focus to ensure appropriate mitigations are put in place. The CGC recognised the extensive work across the medical education programme and took significant assurance from the report.

- 2.3.12 The CGC received the annual report on Pharmacy Services. The report detailed the range of medicines governance activities undertaken by the pharmacy team and the extensive work to keep on top of new drugs, changes to drugs through the regional formulary. The committee noted some key medicines governance issues highlighted and the work underway to bring a focus to this particularly in inpatient wards to ensure systems and processes are working as intended. A medicines governance group has been established to also bring a greater focus and drive in this area. The committee were keen to get further assurances on progress with this work through clinical board governance leads reports moving forward. The risk relating to electronic prescribing was highlighted again recognising the financial investment which is going to be required to move in line with expectations around electronic prescribing in the future. The committee were keen that this was raised again with the Board as financial planning decisions were considered for the years ahead. The specific pressures in areas of the pharmacy workforce were recognised particularly in aseptic's which were planned to be reviewed in a separate paper to the Board. The committee heard about the development to nursing training meaning new nurses will graduate prescriber ready. This will require consideration of the education and supervision required to support new nurses moving forward. The committee were keen to hear more about this in due course. The committee took moderate assurance from the report.
- 2.3.13 The committee considered the Dental Services Annual Report. The CGC took moderate assurance from the report recognising that Borders are performing well against other areas of Scotland and that positive progress has been made in a number of areas. The CGC did remain concerned about waits for some dental care and wanted a continued focus on this and feedback on actions to address the paediatric waiting list.
- 2.3.14 The Director of Acute Services presented a paper detailing the Strategic Risk relating to the quality and sustainability of acute services. The paper provided a triangulated view of risk across acute services relating to workforce pressure, timeliness of access to services resulting from whole system flow pressures and backlogs in elective workload and also the wide financial constraints. The CGC considered vulnerable specialties detailed and the actions underway to mitigate risks but recognised the pressure in small specialties and the inability to secure mutual aid for areas such as dermatology and haematology remain a concern the CGC were keen to continue to raise in national and regional forums. The pressures in elective surgical care were discussed with recognition of the significant impact of whole system delays in maintaining and effective and efficient elective programme and the resulting consequences this could have on workforce skills. The CGC were also keen that the Board have time to consider the impact of financial constraints on bringing down the size of outpatient waiting lists for new and review patients and the impact this may be having across the wider healthcare system. There are also a number of areas of predicted growth in demand and also treatment costs included diabetes and endocrinology, cancer treatments, diagnostics and high cost drugs in key specialities. The CGC acknowledged that acute services pressures are also reflective of pressures across the wider health and social care system and tertiary partners and some areas of pressure and additional spend are a result of delays to provision of services in other parts of the system. Acknowledging the scale of risk presented and the reducing financial and workforce resources to fully mitigate these risks the CGC agreed a position of no assurance and wanted to ensure this was escalated to Board with dedicated time to consider the risks and mitigating actions.
- 2.3.15 The committee received a report on Environmental risks relating to ventilation. The report detailed the significant work underway to implement the actions resulting from the

internal audit into ventilation systems. The CGC recognised the scale and impact of this work on the small resource within the estates team and where pleased with the progress made against the actions but also recognised the ongoing risk this presents particularly in relation to the ongoing maintenance requirements to prolong the life of the estate and key plants in light of the restrictions to capital resource across NHS Scotland. The CGC were keen that this risk in the context of the wider risks the estates team hold are understood at Board level seeking assurance that the risks are captured in the organisational risk register with mitigating action plans. The CGC noted the actions take to mitigate risk and ensure additional resources were allocated to this area. An Environmental Risk Oversight Group has been introduced to ensure additional scrutiny and support in this area which was welcomed by the CGC. Given the risks outlined the committee agreed a position of limited assurance.

2.3.16 The committee received the Adverse Event Overview report. The committee noted the trends detailed in the report and how systems and processes for reporting, review and learning from adverse events were operating. The new adverse event reporting system will be implemented in quarter 4 of 2024/25. The CGC took significant assurance from the report.

2.3.17 Patient Safety and Care Assurance

2.3.18 EiC Quality of Care Reviews - Care Assurance Visits

A national approach to care assurance quality of care review guidance webinar is scheduled for Wednesday 25 September. The webinar will discuss the new Quality of Care (QoC) review guidance developed as part of Excellence in Care (EiC) in collaboration with Scottish Executive Nurse Directors (SEND).

2.3.19 The QoC Review Guidance supports a multi-professional 'Once for Scotland' approach to QoC reviews. This approach enables local teams to gain a deeper understanding of the standards and quality of care that is being delivered in their area, ultimately informing the sharing of good practice and enabling improvement.

2.3.20 NHS Borders have tested the document prior to the launch date within Acute, Women's and Children's and Community Hospitals. Conversations with Mental Health have started to include how they plan to implement the guidance locally.

2.3.21 The Lead Nurse for Patient Safety and Care Assurance met with the Senior Charge Nurse Forum to provide an update and to understand barriers / enablers to support the implementation of the guidance. Senior staff felt empowered to use the guidance within their areas to provide assurance of quality of care. Due to organisational pressures within Acute, teams have struggled to maintain frequent Care Assurance Visits (CAVs), therefore, a process is to be confirmed to ensure CAVs take place reliably and to ensure responsibilities for are clear.

2.3.22 Organisational QoC reviews can be commissioned, to include key stakeholders following an adverse event, complaint, adult protection investigation or arranged routinely to provide assurance of quality of care. QoC reviews will therefore include participation from executive leads with a clear scope identified prior to the visit to provide clear expectations.

2.3.23 Adverse Events

To provide assurance of the completion of actions from Significant Adverse Event Reviews (SAER) the Patient Safety and Risk Team designed a function within Datix to incorporate learning from events. Since April 2024 the system has been available to enable management teams to support the governance of actions identified in the review. Figure 1 explains the learning and improvement process following a Significant Adverse Event Review (SAER). Unscheduled Care have taken a pathfinder approach to this and have formed a Task and Finish Group approach to support the learning and improvement process following an event. The process includes a Learning Summary which is shared by the General Manager, Unscheduled Care, supported by the Lead Nurse for Patient Safety and Care Assurance at the Acute Service Clinical Governance Board meeting. This should then conclude the governance process for that SAER:

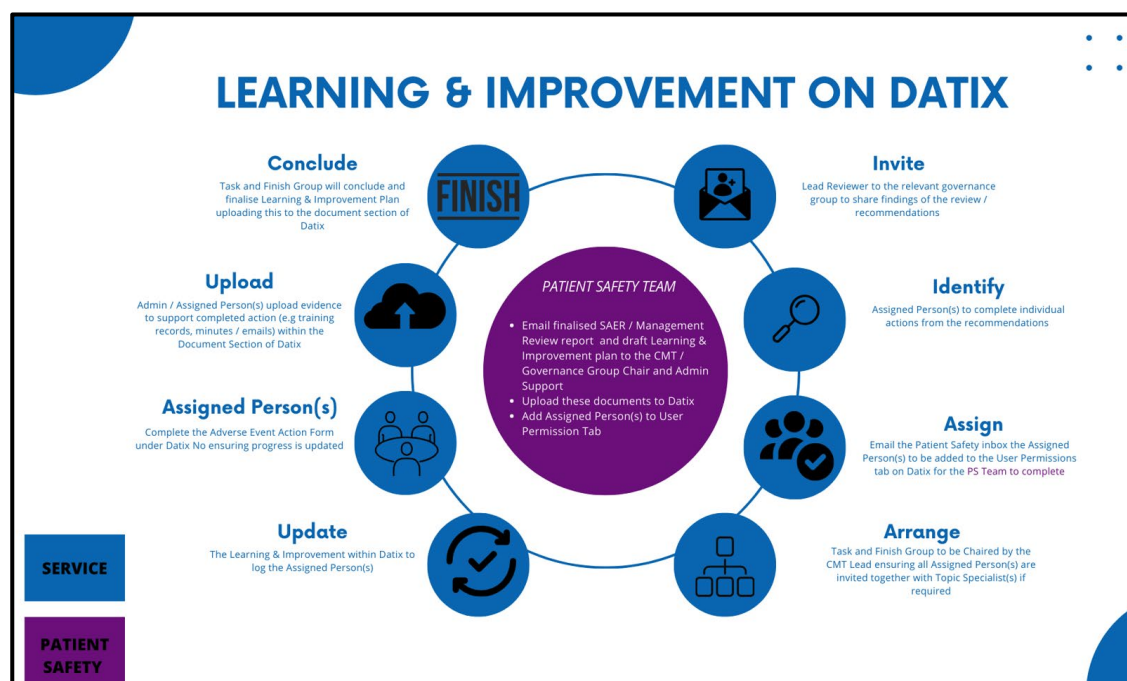


Figure 1: Significant Adverse Event Learning and Improvement Cycle Infographic

2.3.24 This process has not yet been fully adopted in Planned Care and Commissioning. The Patient Safety Team have offered additional training and support to the key stakeholders to enable this. Mental Health services have adapted their Clinical Management Team meetings to encompass the new process, with training being provided to both senior management and administrative staff. Primary and Community Services have not yet had an SAER to review, however, there has been good representation from key stakeholders during training.

2.3.25 Following an adverse event, the Patient Safety Coordinator has designed a tool to support staff to perform a hot debrief to improve systems, communication, learning and support in a timely manner:

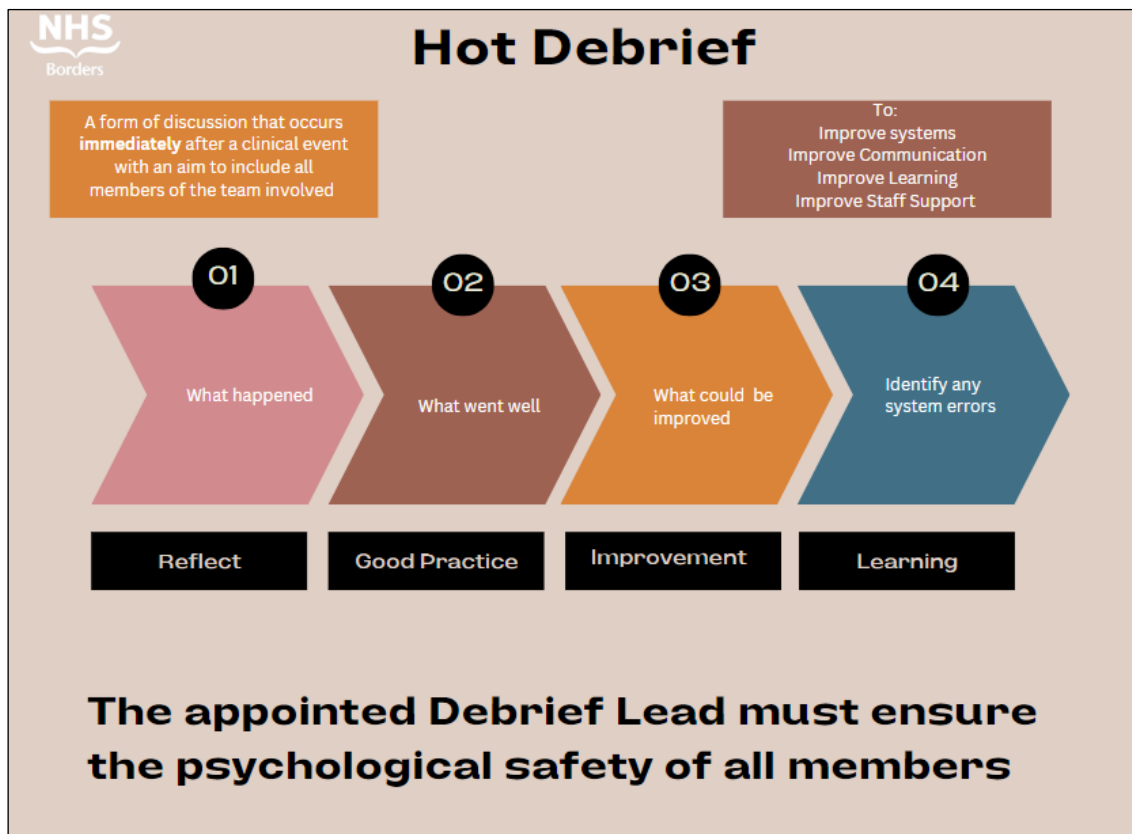


Figure 2 hot debrief tool

2.3.26 Deteriorating Patient

Figure 3 shows normal variation in the cardiac arrest (CA) rate per 1000 discharges in the acute adult in-patient areas (excluding ITU and ED) of the Borders General Hospital (BGH):

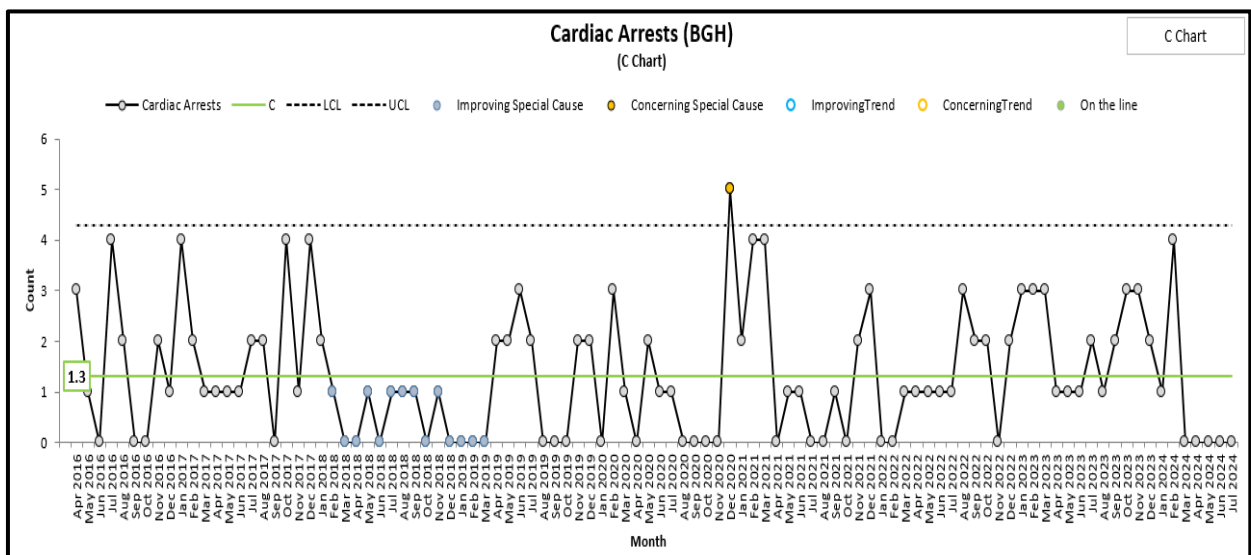


Figure 3: Cardiac arrest rate, BGH

2.3.27 A review of the NHS Borders Observation Policy has been undertaken. The Policy signposts clinical staff to the relevant clinical observation chart and includes reference to the three early warning systems in place (NEWS2 for adults, PEWS for paediatrics, MEWS for use in maternity). The Policy is to be finally approved at the next Deteriorating Patient Governance Group and will thereafter be uploaded to the Right Decisions Service (RDS) platform.

2.3.28 Following a review of all cardiac arrests in 2023 which was presented in a previous Clinical Governance Board Report the data will be discussed at the Resuscitation Committee on 27 August 2024. The group will discuss potential themes / trends and suggest areas for improvement. The cardiac arrest proforma will continue to be reviewed and discussed at the Resuscitation Committee and it is to be applied following any future acute adult in-patient cardiac arrest as it provides more informative data on deterioration and escalation.

2.3.29 Mortality Reviews

The Global Trigger Tool (GTT) is used to review 20 random in-patient deaths, indicating when a mortality review is required. The majority of these are currently performed by the Quality Improvement Facilitator for Patient Safety. Community Hospitals commenced a process for mortality reviews in June 2024 which will help to identify themes and learning, including length of stay (LoS) and completion of Treatment Escalation Plans (TEP).

2.3.30 The Learning Disabilities (LD) Team aim to complete a detailed review on all patients within their service following a death. The review focus on appropriate timely interventions and LD support. If their independent review indicates shared learning or identifies concerns prior to the patient's death a mortality review can be commissioned. Sharing of information between teams promotes transparency and a detailed analysis of the patient's care.

2.3.31 Medicines

Excellence in Care (EiC) require the percentage of omitted medicine doses and the percentage of patients with one or more omitted doses to be included in NHS Borders EiC submission. The Quality Improvement Facilitator for Patient Safety (medicines) has agreed to test the data collection tool in Ward 4 in September 2024. Following this, a plan to implement a weekly audit in all inpatient areas will need to be discussed and agreed by the relevant stakeholders and Medication Governance and Safety Group.

2.3.32 Falls

Figure 4 shows the fall rate per 1000 occupied bed days across NHS Borders adult inpatient areas showing normal variation:

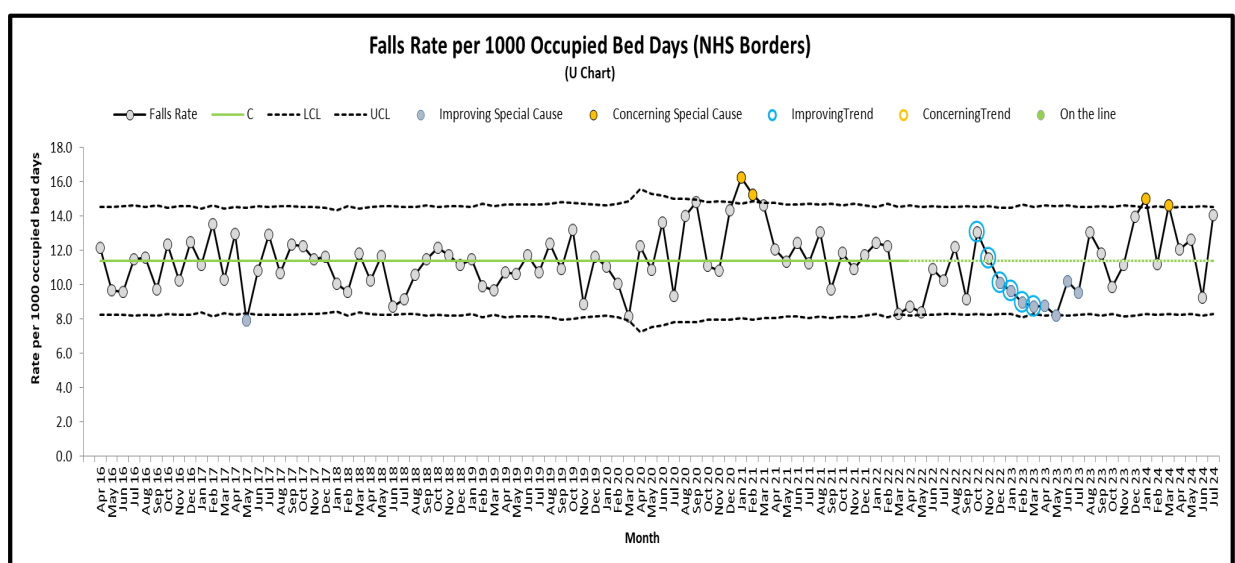


Figure 4: Fall rate NHS Borders

2.3.33 Figure 5 shows the falls with harm rate per 1000 occupied bed days for NHS Borders adult inpatient areas, showing special cause:

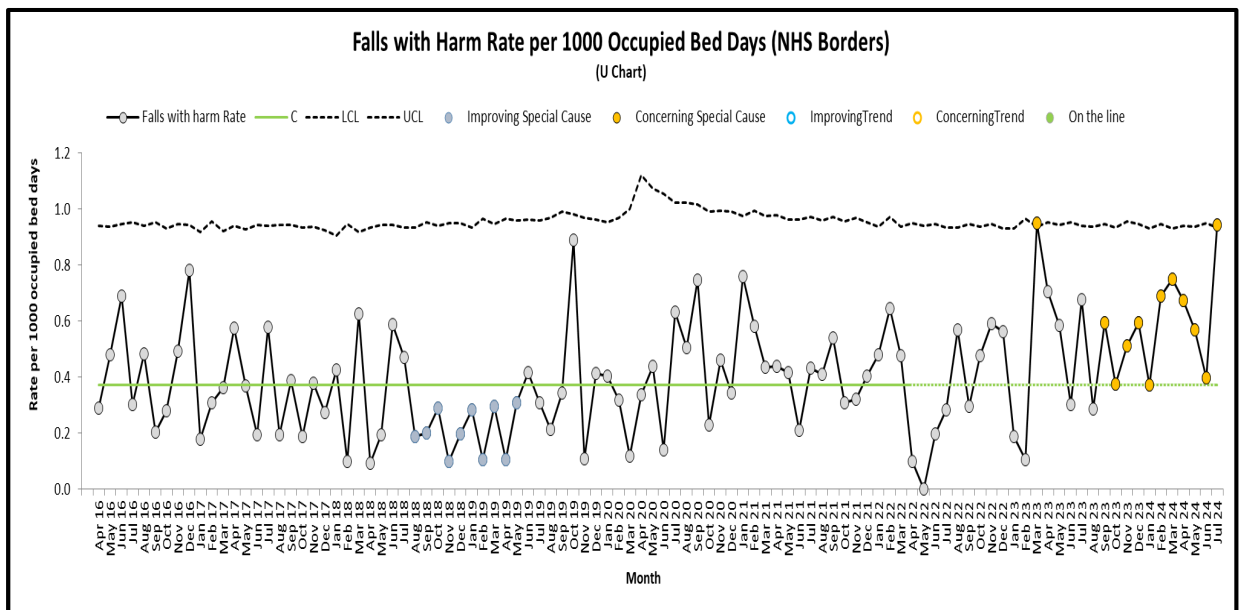


Figure 5: Falls with harm rate NHS Borders

2.3.34 Figure 6 shows concerning special cause in falls with harm per 1000 occupied bed days in Community Hospitals:

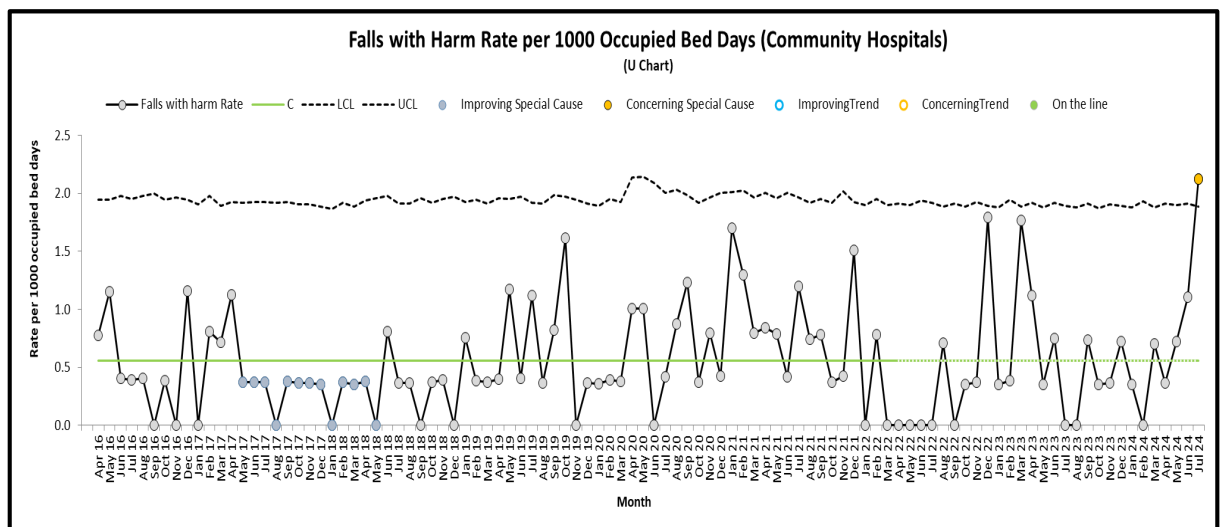


Figure 6: Falls with harm Community Hospitals

2.3.35 A deep dive review is currently being carried out with support from the Quality Improvement Facilitator for Patient Safety and the Quality Improvement Facilitator for Primary and Community services, this is to understand the shift in data with falls with harm in the Community Hospitals.

2.3.36 Following collaboration with NHS Highland the Quality Improvement Facilitator for Patient Safety has proposed a quality improvement initiative aimed to implement a Daily Care Plan (DCP). The test site for the DCP will be within the Medical Assessment Unit (MAU), this will aim to reduce the rate of falls with harm by introducing Safe Care Pauses (SCP) prescribed for patients who are at risk of falls as detailed in figure 7 below:

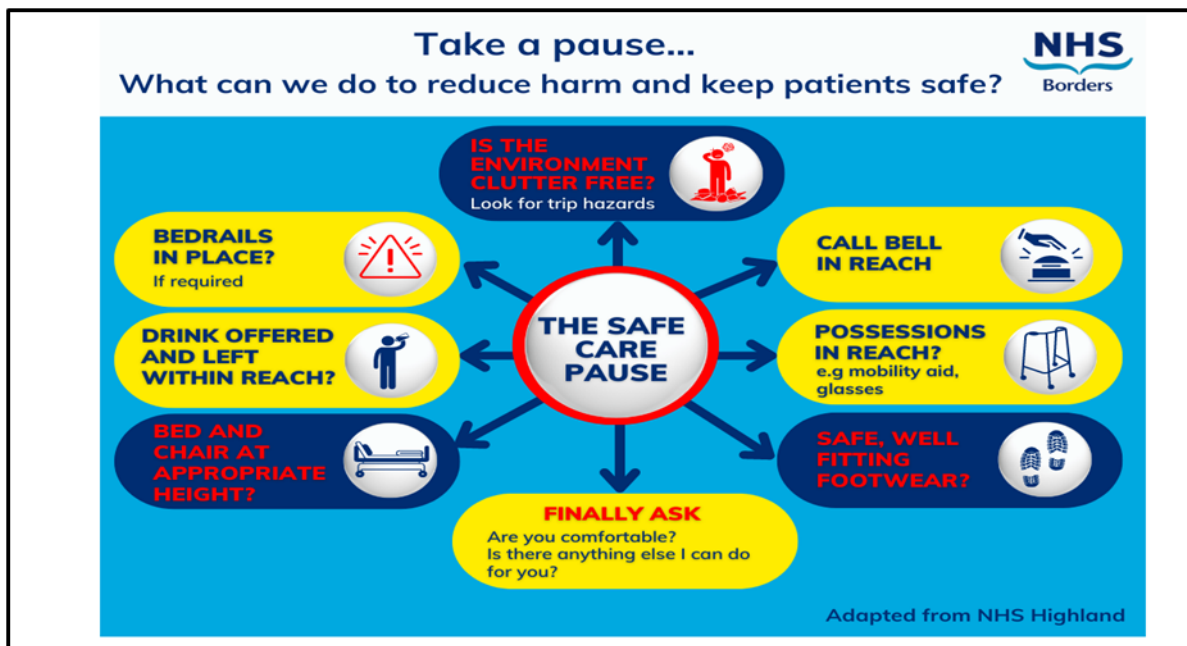


Figure 7: Safe Care Pause Infographic

2.3.37 The DCP will allow person centred care planning to be delivered to patients for their personal and medical care needs and reduces documentation paper workload. Ongoing updates will be provided throughout the improvement journey.

2.3.38 The Emergency Department (ED) is testing an updated Multidisciplinary Assessment and Communication (MAC) booklet in blue ED to ensure safe care is delivered to all patients awaiting admission. This work is being supported by the Education Team.

2.3.39 Pressure Damage

Figure 8 shows normal variation of developed pressure ulcers Grade 2 and above rate per 1000 occupied bed days across NHS Borders adult inpatient areas:

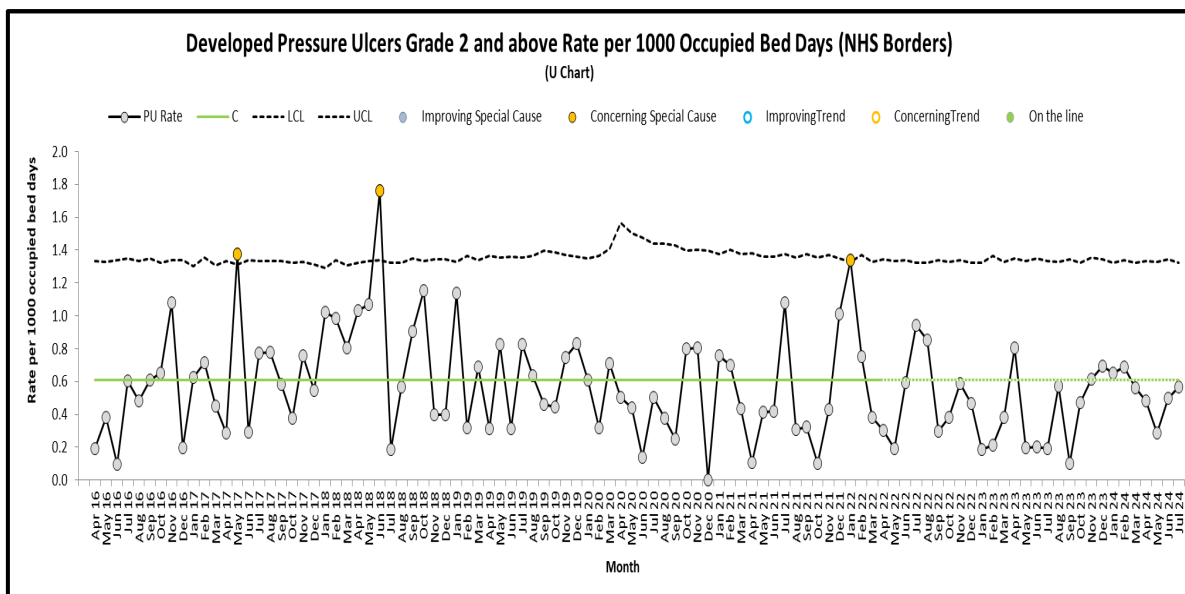


Figure 8: developed pressure ulcers Grade 2 and above

2.3.40 An NHS Borders Tissue Viability Service Interactive Decision Flow Diagram (figure 9) has been developed by the Quality Improvement Facilitator for Patient Safety which is

now accessible from the NHS Borders Intranet page. The flow diagram aims to support staff with steps to be actioned before contacting the Tissue Viability Specialist Nurse (TVN) and it explains when the Tissue Viability Specialist Nurse should become involved.

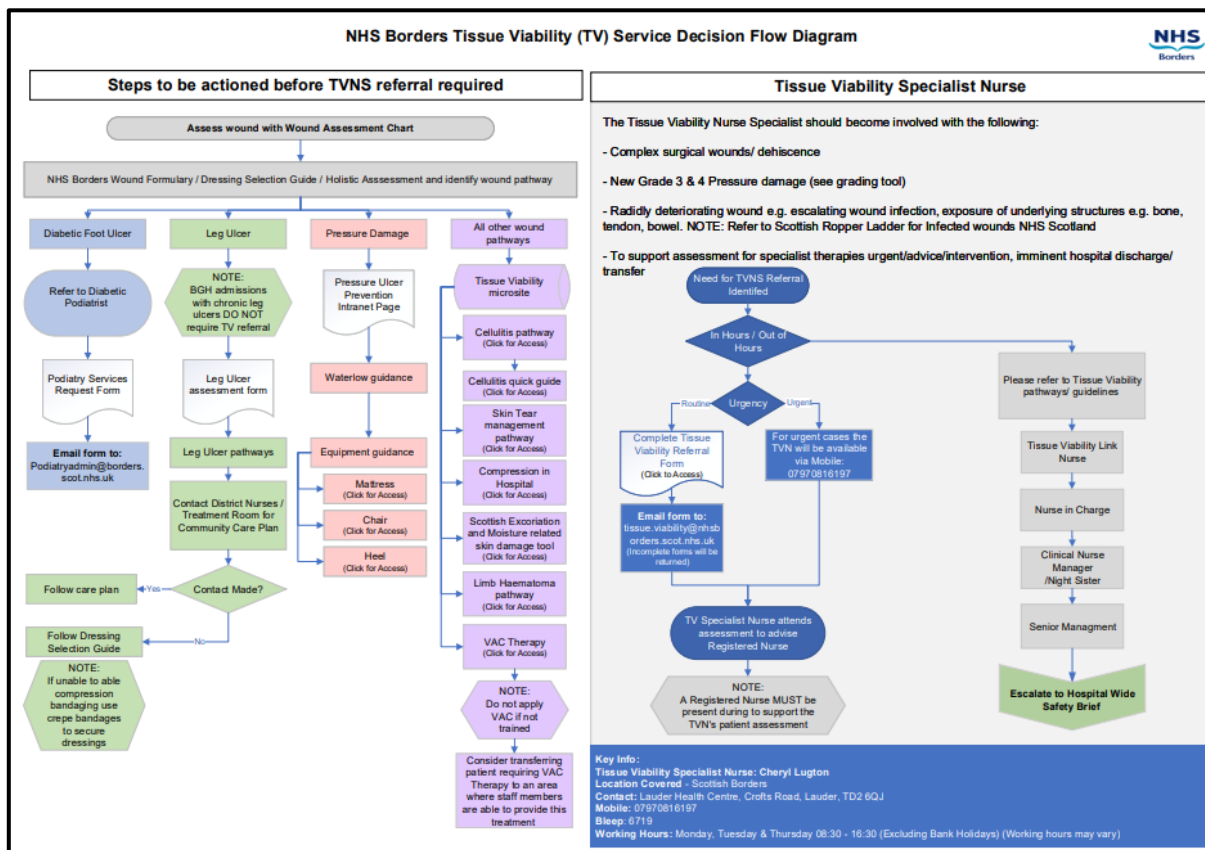


Figure 9: TVN decision flow diagram

2.3.41 Figure 10 shows normal variation in developed pressure ulcers Grade 2 and above as a rate per 1000 occupied bed days within Community Hospitals (CH):

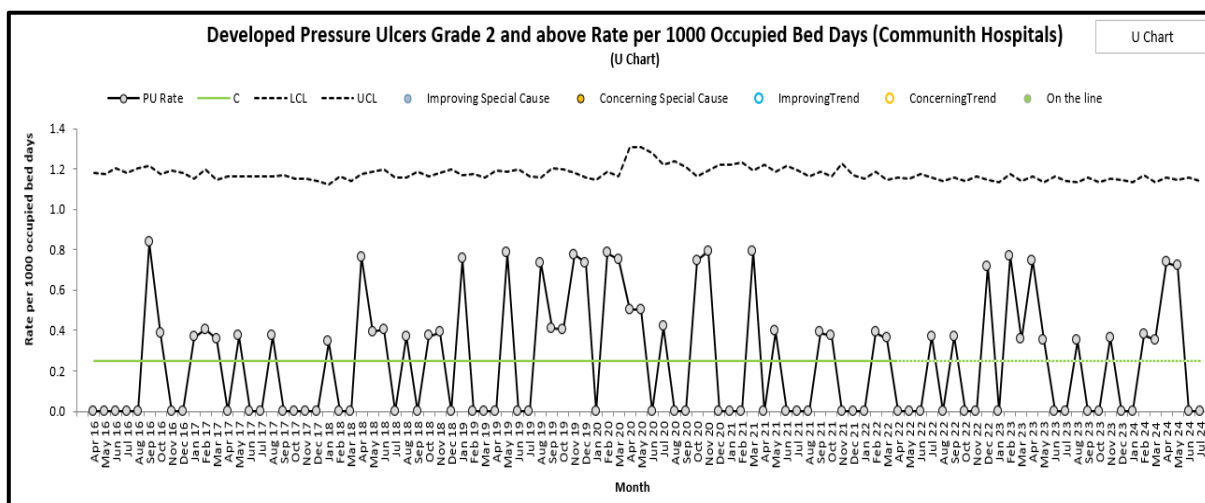


Figure 10: developed pressure ulcers Grade 2 and above, CH

2.3.42 Food, Fluid and Nutrition

An Improvement project was facilitated by the Quality Improvement Facilitator for Patient Safety who assisted malnutrition assessment training. The objective was to enable the healthcare practitioner, band three and above to acquire the theoretical knowledge and

practical skills necessary to competently and safely perform a malnutrition assessment using the Malnutrition Universal Screening Tool (MUST). Following completion, staff were awarded a certificate for their continuing professional development. A positive outcome from this project is that the Dieticians have reported to the Food, Fluid and Nutrition Group that their workload has increased in referrals from the MAU and all were deemed appropriate. There has been an increase in the use of food charts in MAU with the development of food chart stickers currently being tested. The project has now spread to Ward 7 where Dieticians are reporting an improvement in appropriateness of referrals, early intervention and improvements in weekly MUST's.

2.3.43 Hospital Standardised Mortality Ratio

2.3.44 Hospital Mortality

NHS Borders Hospital Standardised Mortality Ratio (HSMR) for the 21st data release under the new methodology is 1.15. This figure covers the period April 2023 to March 2024 and is based on 632 observed deaths divided by 549 predicted deaths. The funnel plot in Figure 11 shows NHS Borders HSMR remains within normal limits based on the single HSMR figure for this period therefore is not a trigger for further investigation:

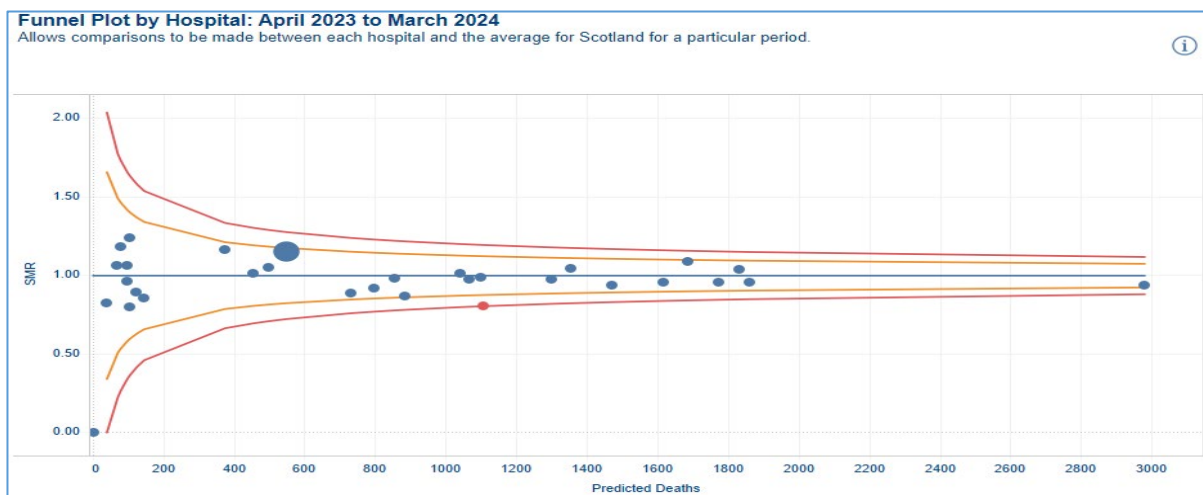


Figure 11 *Contains deaths in the Margaret Kerr Palliative Care Unit

2.3.45 NHS Borders crude mortality rate for quarter January 2024 to March 2024 was **5.0%** and is presented in figure 12 below:

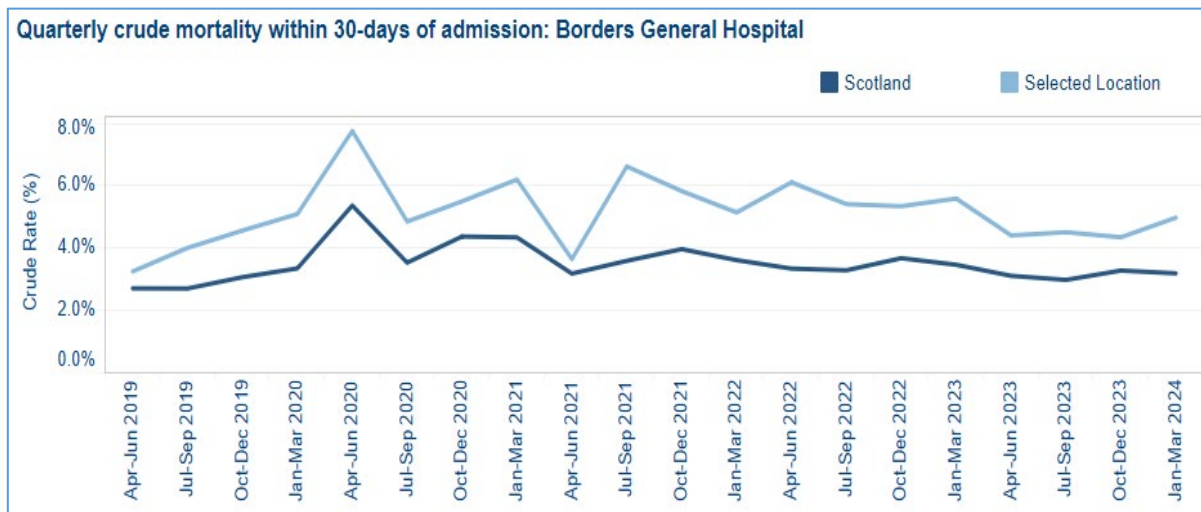


Figure 12 *Contains deaths in the Margaret Kerr Palliative Care Unit

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

2.3.47 Figure 13 details the COVID 19 deaths which have occurred since the start of the COVID 19 pandemic in March 2020 up to 11 August 2024:

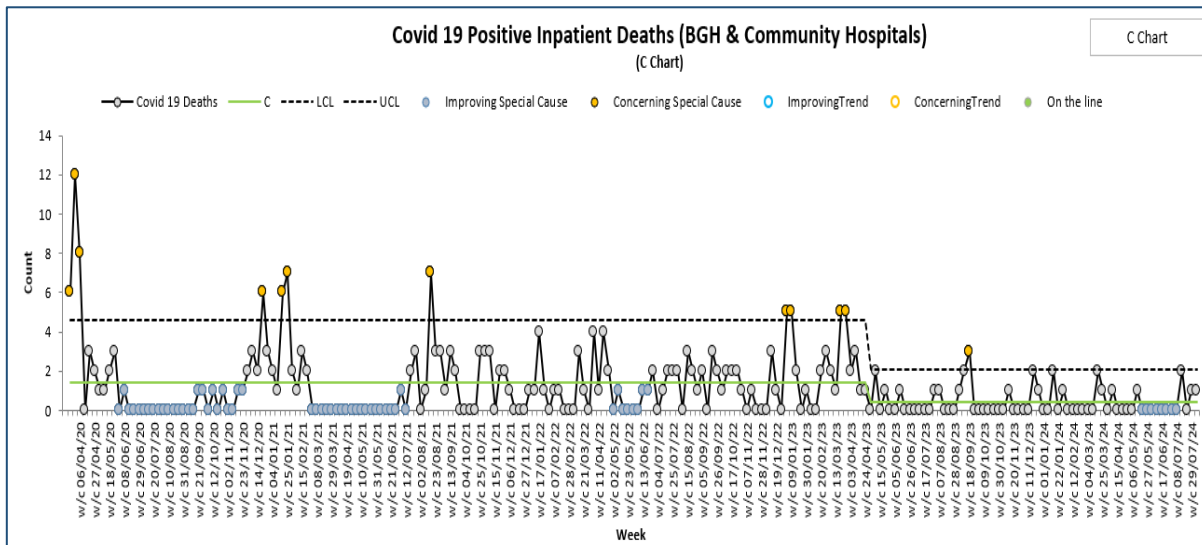


Figure 13 *From 07/05/2023 patients are counted as Covid positive for 10 days after a positive test. Prior to this patients were counted as covid positive for 28 days after a positive test.

2.3.48 Patient Experience

2.3.49 Care Opinion

For the period 1 April 2024 to 30 June 2024, 296 new stories were posted about NHS Borders on Care Opinion. Figure 14 below shows the number of stories told in that period. As of 4 July 2024, these 296 stories had been viewed 36,298 times:

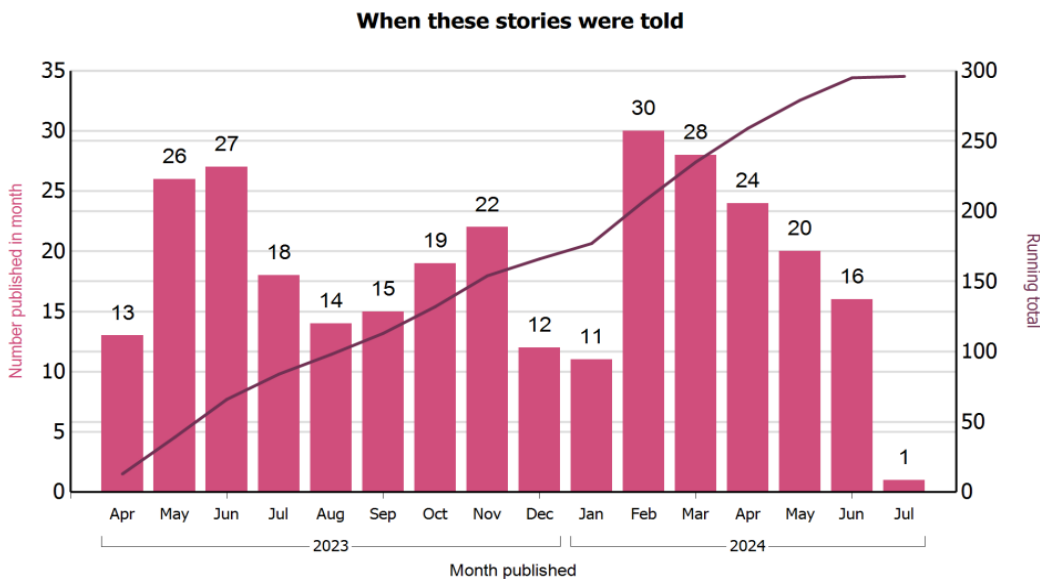


Figure 14 Care Opinion stories

2.3.50 Figure 15 provides a description of the criticality of the 261 stories:

How moderators have rated the criticality of these stories

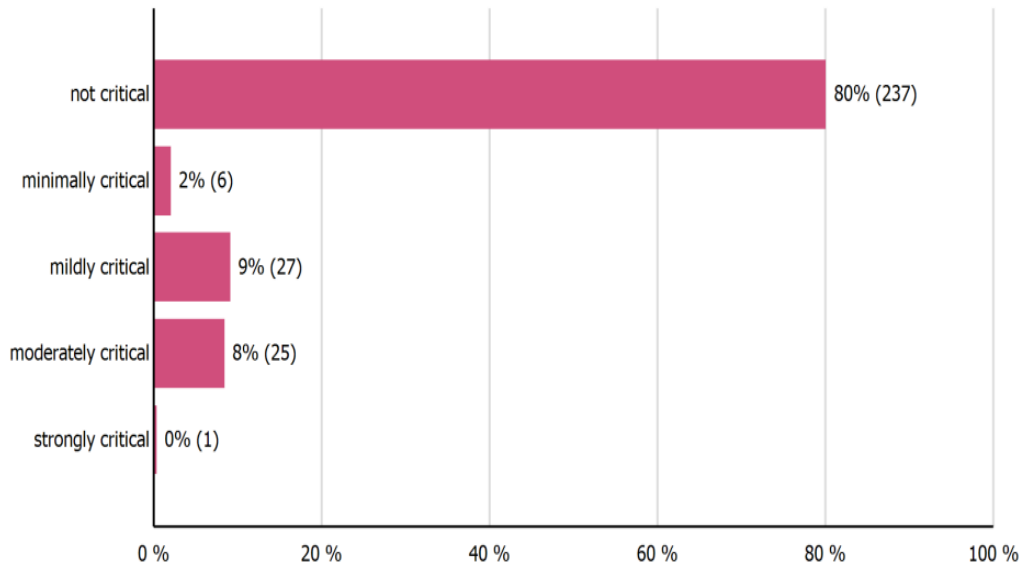
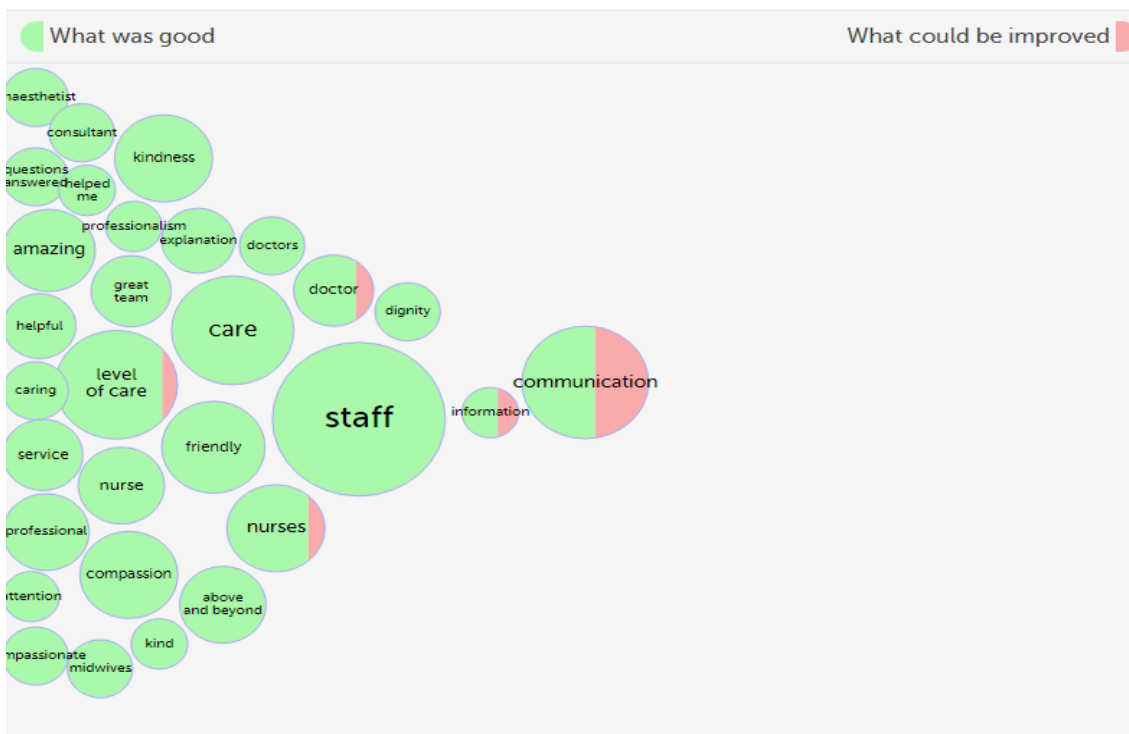


Figure 15 criticality of the 261 stories

2.3.51 The diagram and word clouds below summarise what was good and what could be improved in Care Opinion posts for this period:



2.3.53 Figure 17 shows the percentage of complaints responded to within 20 working days. Due to the increase in demand and pressures being experienced in frontline services complaints responses have not been delivered within the national 20 working day timeframes. Some positive steps have been taken to address this but further work is required to be able to deliver against the national target within the resources available:

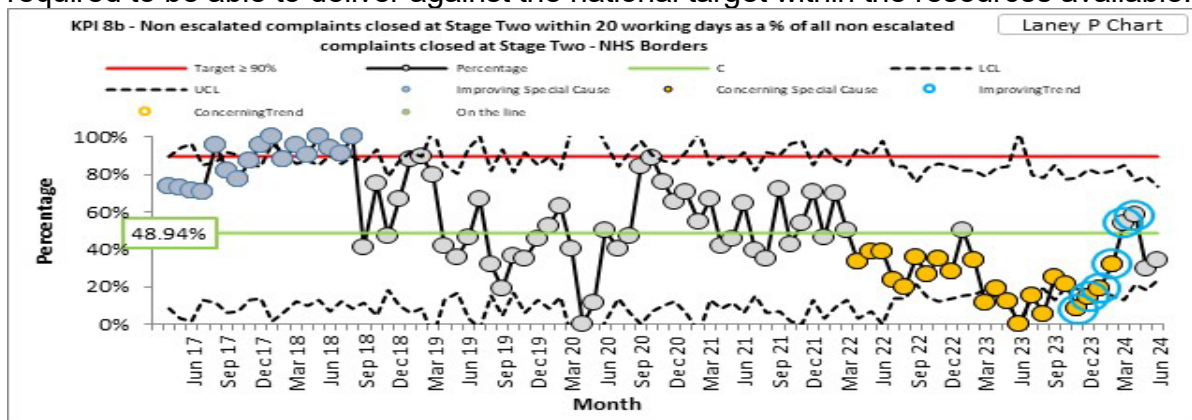


Figure 17 percentage of complaints responded to within 20 working days

2.3.54 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 processes.

2.3.55 Figure 18 shows complaint referrals to the SPSO to 30 June 2024:

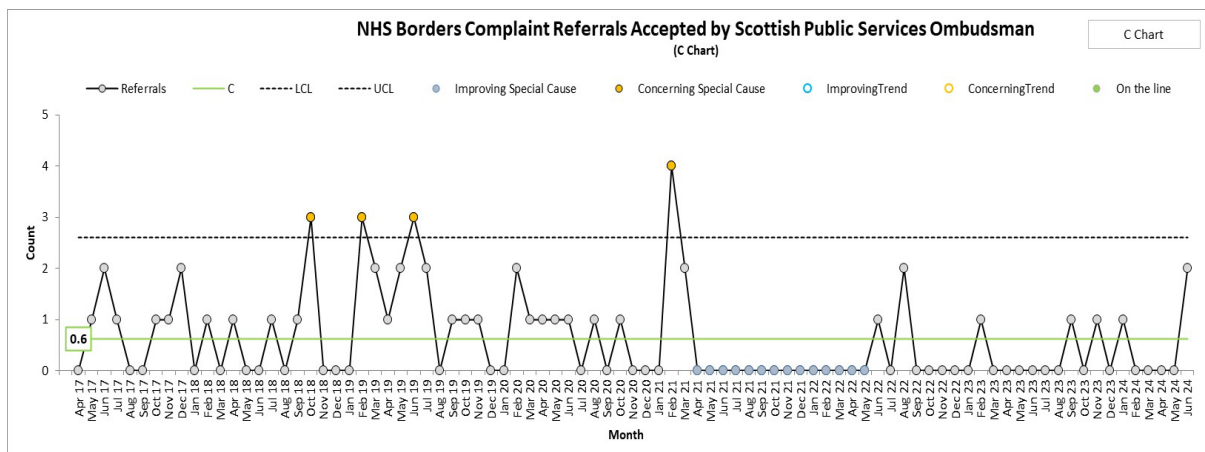
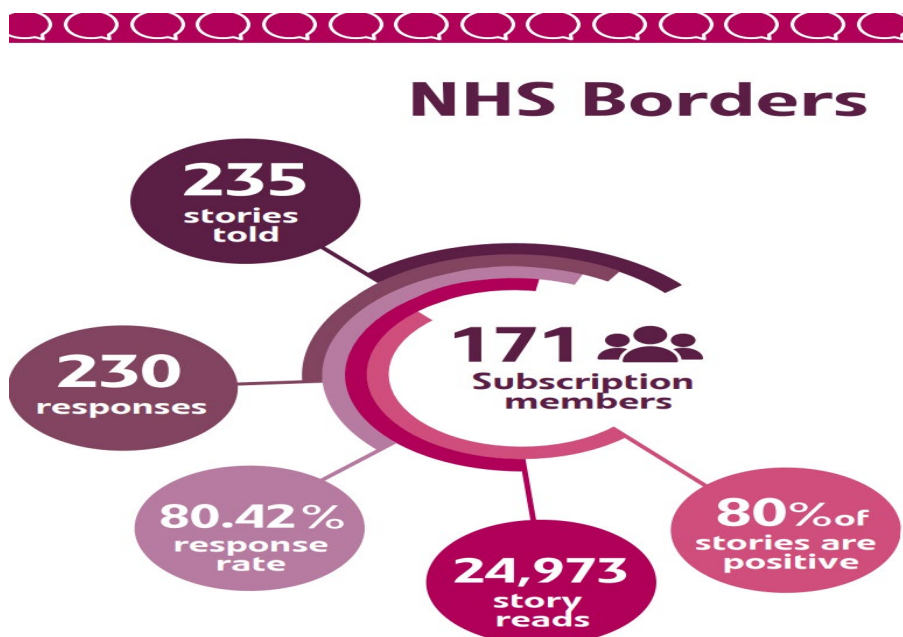


Figure 18 complaint referrals to SPSO

2.3.56 Care Opinion Annual Review – 2023-2024

We have received from Care Opinion the Annual review of stories told about NHS Scotland services 2023/24, titled ‘**Over a decade of stories – Inspiring learning, growth and change**’. Within NHS Scotland services provided by health boards overall 77% of stories are positive. NHS Borders, along with NHS Fife have the highest positive story percentage of territorial boards at 80% and above. The diagram below shows NHS Borders Statistics.



2.3.57 COVID Inquiries update

The Scottish Covid-19 Inquiry's health and social care impact hearings have concluded with closing statement taking place on 27–28 June 2024.

2.3.58 The Scottish Covid-19 Inquiry's hearings investigating the impacts of the pandemic on education and certification (Portfolio 4) will begin on 4 November 2024. The Inquiry will then move to hearings on the impact of the pandemic on the financial and welfare support given to businesses and individuals (Portfolio 2).

2.3.59 The UK Covid-19 Inquiry published its first report following its investigation into the UK's 'Resilience and Preparedness (Module 1) on Thursday 18 July 2024. The report which makes 10 recommendations is available on the following link [Module 1 full report](#).

2.3.60 Oral evidence hearings into Module 2 - Core UK decision-making and political governance were concluded in May 2024.

2.3.61 Public hearings for Module 3 - Impact of Covid-19 pandemic on healthcare systems in the 4 nations of the UK commenced on the 9 September 2024 and will run until 28 November 2024.

2.3.62 Research & Innovation

2.3.63 Research

Research activity in NHS Borders has risen significantly in the past six months due to a number of new studies opening including a breast cancer clinical trial in which predicted 12 month recruitment has already been exceeded. A respiratory clinical trial in bronchiectasis has also opened which is the first respiratory study undertaken in NHS Borders for over 10 years. There are also several studies in the pipeline including a clinical trial in Critical Care and several respiratory studies which will expand our research portfolio into new areas. Recruitment activity may fall slightly in the next few months due to vacancies in the research team and focus will be on maintaining care

for patients already recruited in research projects. The new Lead Research Nurse will take up post in late September 2024.

2.3.64 Innovation

NHS Borders has been involved in the national CAELUS 2 drones programme which aims to test the viability of establishing a network for drones to support NHS Scotland as part of future health care delivery. It has been funded by UKRI and Innovate UK and involves three pilot areas in South East, North and West Scotland. The N3 trial running in August involved NHS Borders and NHS Lothian and included the first live flight trial of a drone between two health boards. The consortium of partners is led by AGS Airports. In addition to live flights, the packaging and the temperature controls during flight were tested as well as an ordering system for the drone which will provide validation data as to the feasibility of using drones logistically, particularly in remote and rural communities to improve access to health care. The learning from these flights will then be implemented in further tests in September and October in other areas of Scotland.

2.3.65 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. 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.

2.3.66 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.

2.3.67 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. This pressure is likely to be compounding by the growing financial pressure across NHS Scotland.

2.3.68 Risk Assessment/Management

Each clinical board is monitoring clinical risk associated with the need to adjust and remobilise services following the pandemic response. The NHS Borders risk profile has increased as a result of the extreme pressures across Health and Social Care services.

2.3.69 Equality and Diversity, including health inequalities

An equality impact assessment has not been undertaken for the purposes of this awareness report.

2.3.70 Climate Change

No additional points to note.

2.3.71 Other impacts

No additional points to note.

2.3.72 Communication, involvement, engagement and consultation

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

2.3.73 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.

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

3 Glossary

Associate Directors of Nursing (ADoNs)

Associate Medical Directors (AMDs)

Borders General Hospital (BGH)

Cardiac Arrest (CA)

Care Assurance Visits (CAV)

Children and Adolescents Mental Health Service (CAMHS)

Clinical Development Fellows (CDFs)

Clinical Governance Committee (CGC)

Clinical Nurse Manager (CNM)

Community Hospital (CH)

Controlled Drugs (CD)

Daily Care Plan (DCP)

Emergency Department (ED)

Excellence in Care (EiC)

General Practitioner (GP)

Global Trigger Tool (GTT)

Health Care Support Worker (HCSW)

Health Improvement Scotland (HIS)

Health Visitor (HV)

Hospital Electronic Prescribing and Medicine Administration (HEPMA)

Hospital Standardised Mortality Ratio (HSMR)

Infection Control (IC)
Intensive Therapy Unit (ITU)
Learning Disability (LD)
Length of Stay (LoS)
Malnutrition Universal Screening Tool (MUST)
Maternity Early Warning Score (MEWS)
Medical Assessment Unit (MAU)
Mental Welfare Commission (MWC)
National Early Warning Score (NEWS2)
Outpatient Department (OPD)
Paediatric Early Warning Score (PEWS)
Patient Experience Team (PET)
Primary Care Improvement Programme (PCIP)
Quality of Care (QoC)
Registered Nurse (RGN)
Right Decisions Service (RDS)
Safe Care Pauses (SCP)
Scotland's Executive Nurse Directors (SEND)
Scottish Government (SG)
Scottish Health Technical Memorandum (SHTM)
Scottish Public Services Ombudsman (SPSO)
Short Life Working Group (SLWG)
Significant Adverse Event Reviews (SAER)
Tissue Viability Nurse (TVN)
Treatment Escalation Plan (TEP)
United Kingdom Research and Innovation (UKRI)



| | |
|---|--|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| Title: | Infection Prevention & Control Report – August 2024 |
| Responsible Executive/Non-Executive: | Director of Nursing, Midwifery & AHPs |
| Report Author: | HAI Surveillance Lead 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 reference to the incidence of Healthcare Associated Infections (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

- ***Staphylococcus aureus* Bacteraemia (SAB)**

1.1 NHS Borders had a total of 12 *Staphylococcus aureus* bacteraemia (SAB) cases between April and July 2024, 7 of which were healthcare associated infections.

1.2 The Scottish Government previously 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).

1.3 Our predicted target for 2023-24 equated to no more than 20 healthcare associated SAB cases. ARHAI Scotland have now published the Q1 2024 epidemiological data which confirms we have met this target.

1.4 We are awaiting updated Government guidance to enable us to calculate our new target for 2024-25. Until then, we will continue to use the 2023-24 target as illustrated in Figure 1 below.

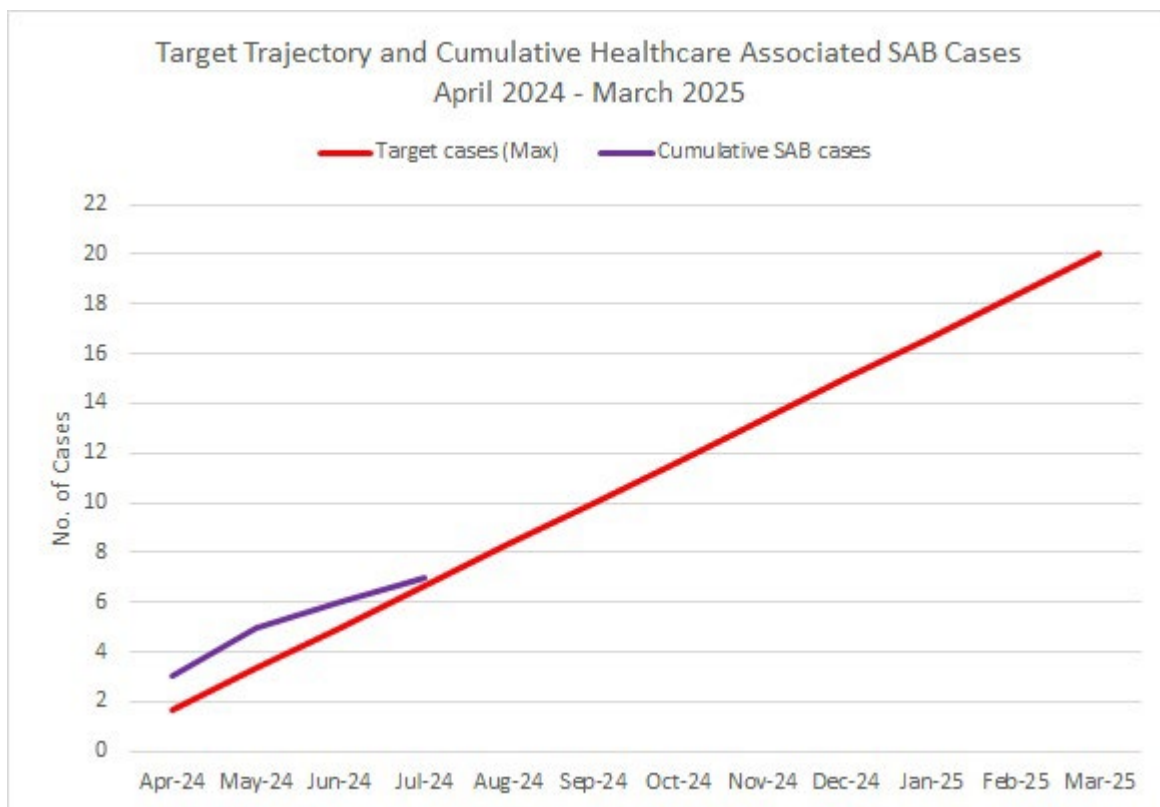


Figure 1: SAB Scottish Government target trajectory and cumulative NHS Borders healthcare associated SAB Cases

- ***Clostridioides difficile* Infection (CDI)**

1.5 NHS Borders had a total of 8 *C. difficile* Infection (CDI) cases between April and July 2024; 5 of which were healthcare associated infections.

1.6 The Scottish Government previously 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).

1.7 Our predicted target for 2023-24 equated to no more than 12 healthcare associated CDI cases. ARHAI Scotland have now published the Q1 2024 epidemiological data which confirms we have not met this target.

1.8 We are awaiting updated Government guidance to enable us to calculate our new target for 2024-25. Until then, we will continue to use the 2023-24 target.

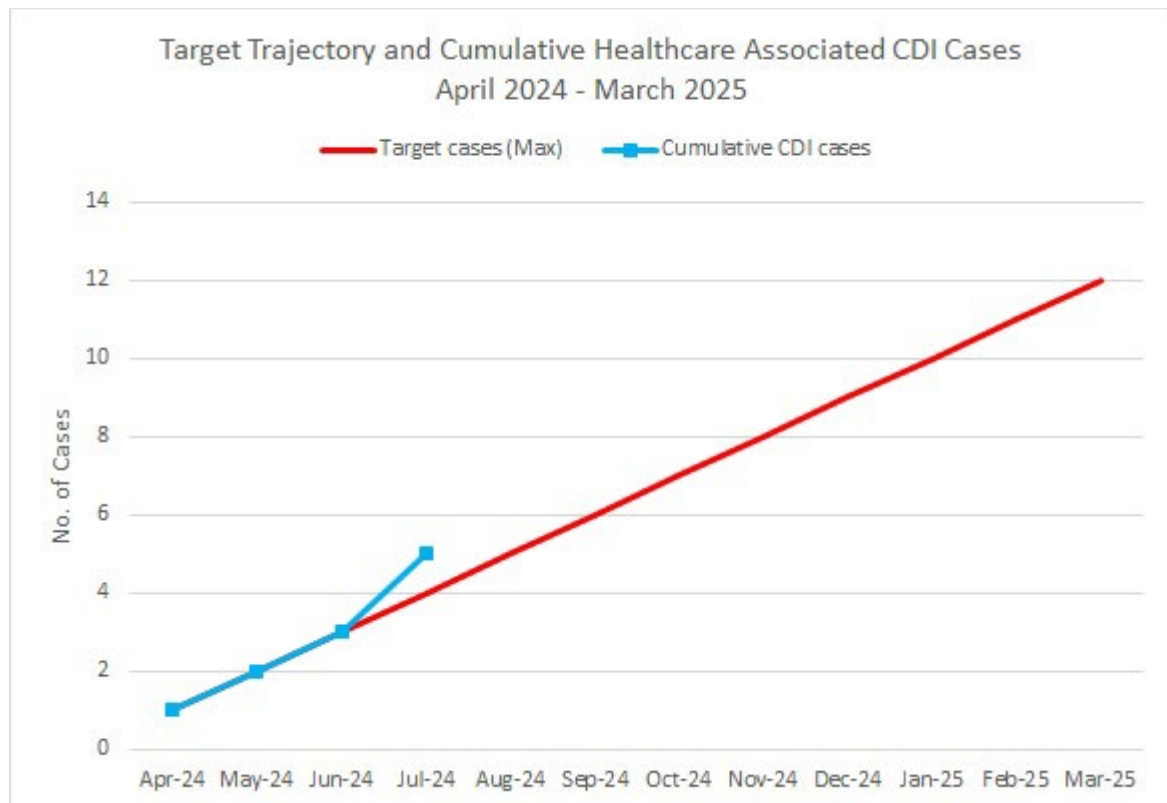


Figure 2: Scottish Government target trajectory and cumulative NHS Borders healthcare associated CDI cases

- **Escherichia coli bacteraemia (ECB)**

1.9 NHS Borders had a total of 42 *Escherichia coli* bacteraemia (ECB) cases between April and July 2024, 18 of which were healthcare associated infections.

1.10 The Scottish Government previously 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).

1.11 Our predicted target for 2023-24 equated to no more than 32 healthcare associated ECB cases. ARHAI Scotland have now published the Q1 2024 epidemiological data which confirms we have not met this target.

1.12 We are awaiting updated Government guidance to enable us to calculate our new target for 2024-25. Until then, we will continue to use the 2023-24 target as illustrated in Figure 3 below.

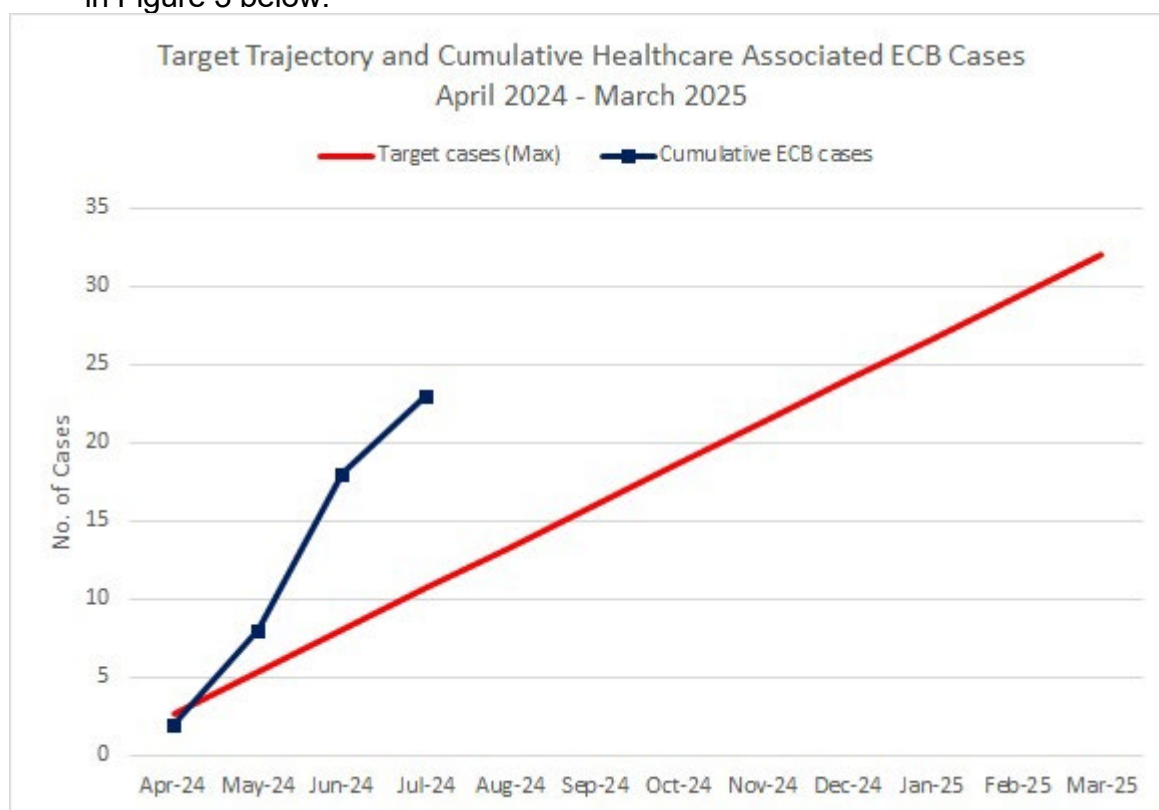


Figure 3: Scottish Government target trajectory and cumulative NHS Borders healthcare associated ECB Cases

2.0 Infection Surveillance

- ***Staphylococcus aureus* Bacteraemia (SAB)**
(Background information provided in Appendix A)

2.1 All of the 12 SAB cases reported between April and July 2024 were Meticillin-sensitive *Staphylococcus aureus* (MSSA).

2.2 Figure 4 shows a Statistical Process Control (SPC) chart showing the number of days between each healthcare associated 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.

2.4 In interpreting Figure 4, 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 The graph shows that there have been no statistically significant events since the last update.

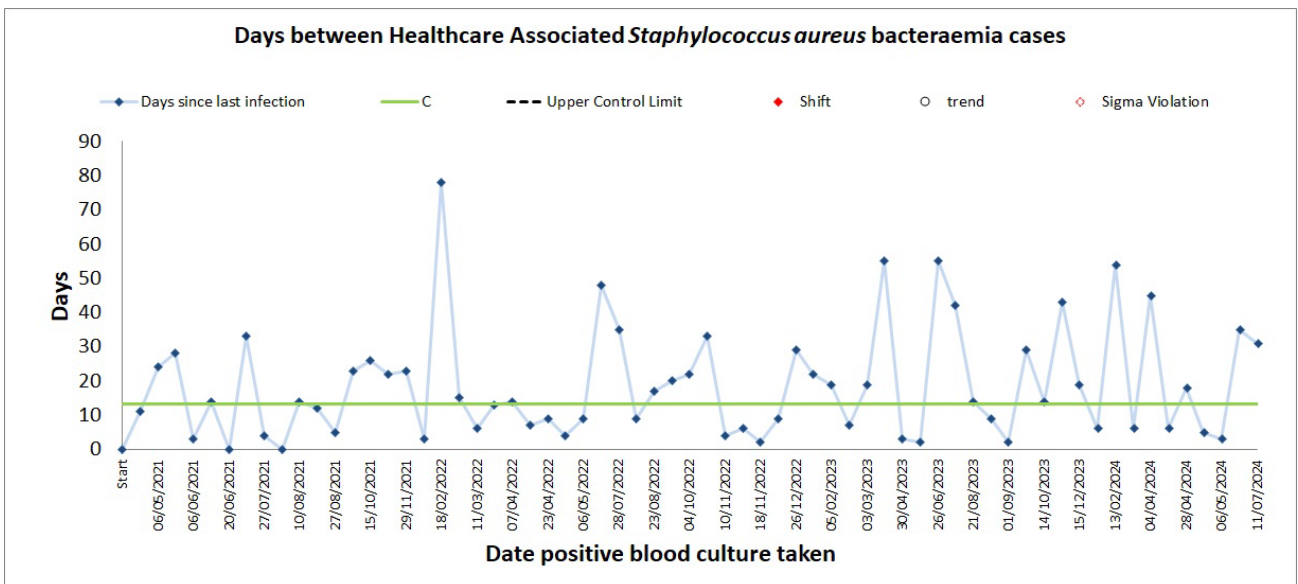


Figure 4: NHS Borders days between healthcare associated SAB cases

2.6 Over the last 2 years, the primary known causes of preventable healthcare associated SAB cases has been Catheter Associated Urinary Tract Infection (CAUTI) followed by peripheral vascular cannulas (PVCs) as shown in figure 5 below.

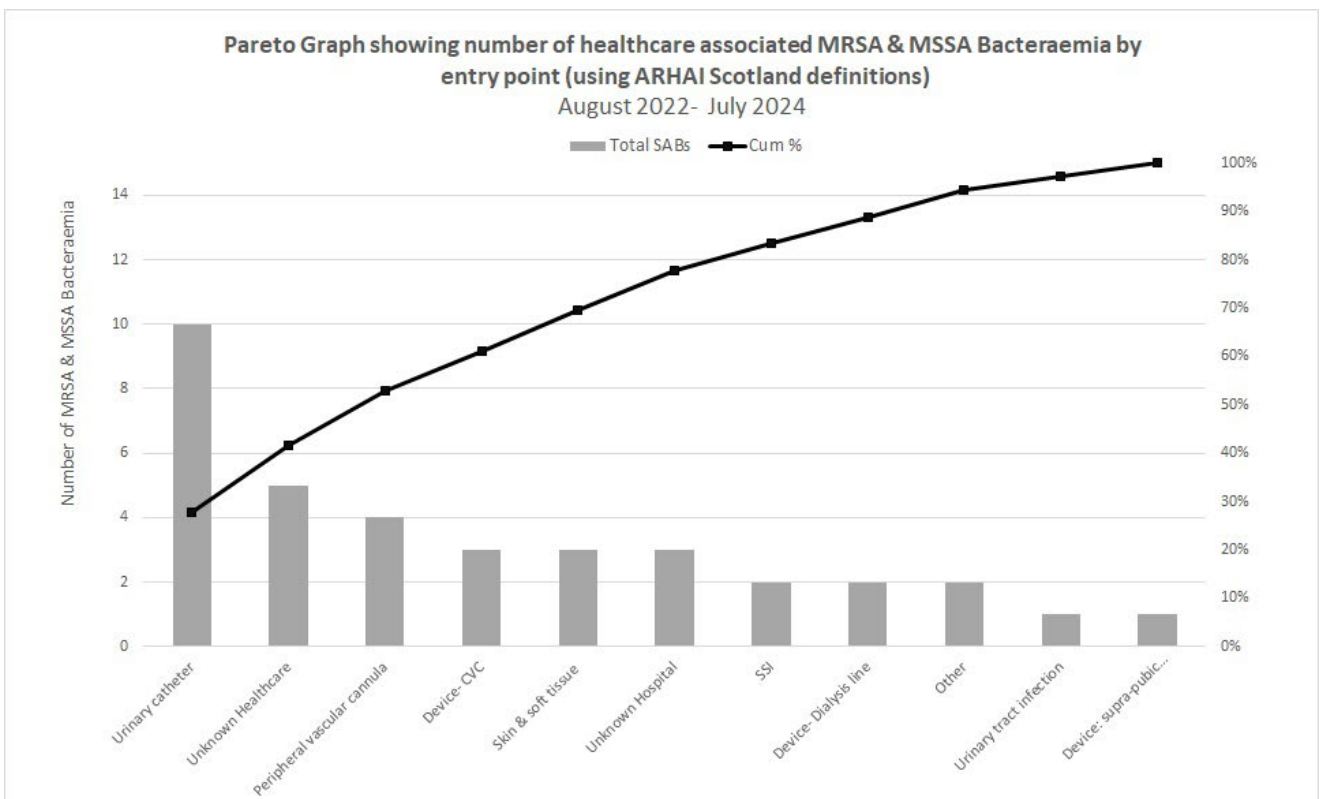


Figure 5: Pareto chart of NHS Borders healthcare associated SAB cases by entry point

2.7 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 6 below shows the most recently published data as a funnel plot of healthcare associated SAB cases as rates per 100,000 Total Occupied Bed Days (TOBDs) for all NHS boards in Scotland in Quarter 1 2024 (Jan 2024 – Mar 2024).

2.8 During this period, NHS Borders (BR) had a rate of 6.1 which was below the Scottish average rate of 17.0.

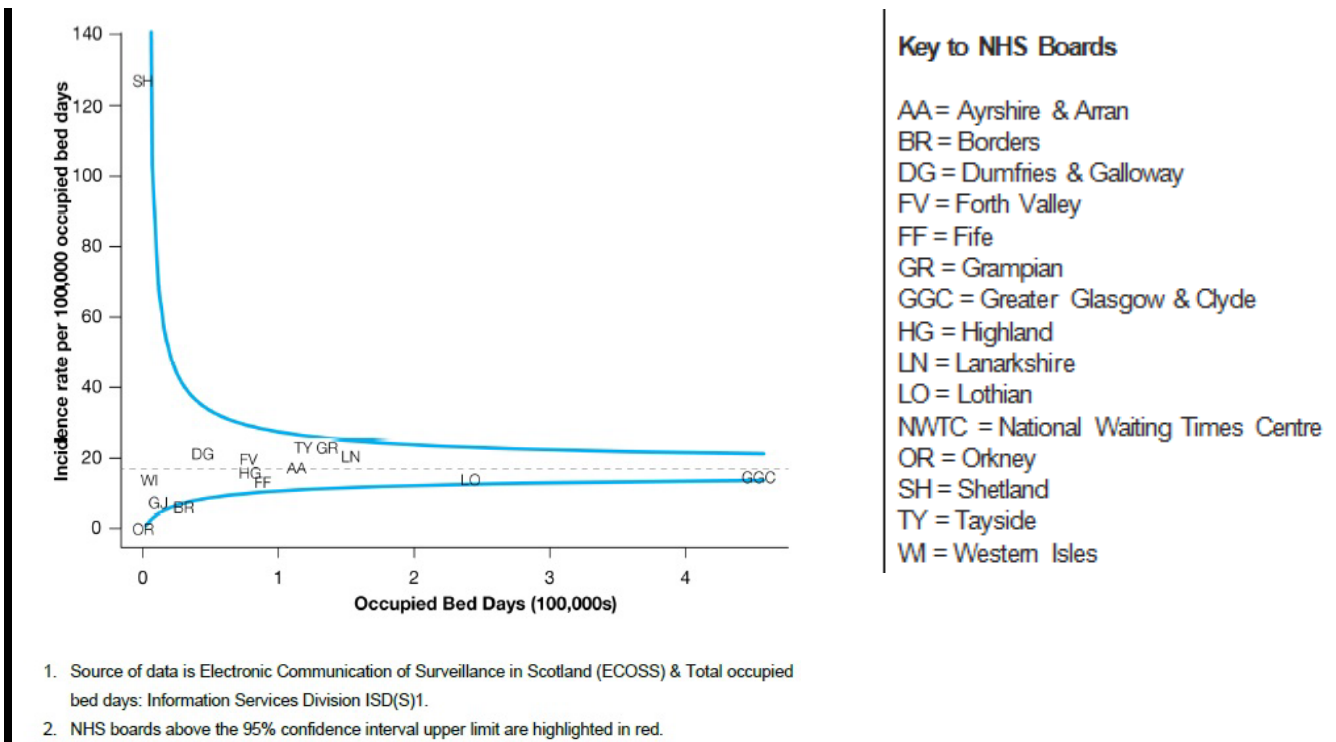
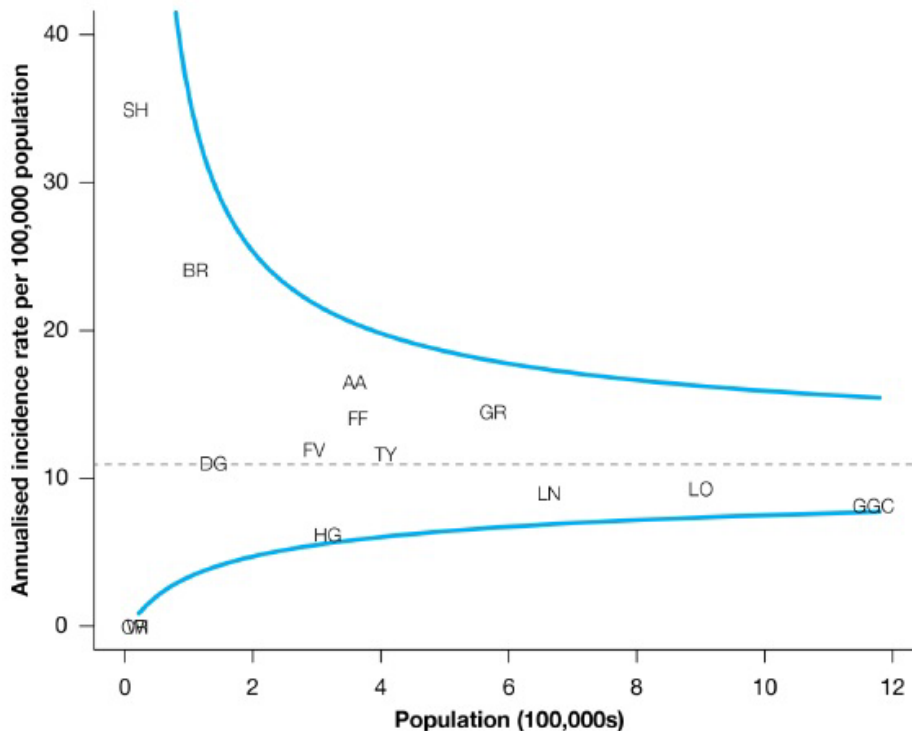


Figure 6: Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q1 2024

2.9 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.

2.10 Figure 7 below shows a funnel plot of community associated SAB cases as rates per 100,000 population for all NHS boards in Scotland in Q1 2024.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.
2. NHS Orkney and NHS Western Isles overlap.
3. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 7: Funnel plot of SAB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q1 2024

2.11 During this period NHS Borders (BR) had a rate of 24.1 per 100,000 population which was above the Scottish average rate of 10.9. It is worth noting that community acquired SAB cases had no healthcare intervention prior to the positive blood culture being taken. The graph shows that as we are within the blue funnel, we are not a statistical outlier from the rest of Scotland.

- ***Clostridioides difficile Infection (CDI)***

(Background information provided in Appendix A)

2.12 Figure 8 below shows a Statistical Process Control (SPC) chart showing the number of days between each healthcare associated 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.

2.13 The graph shows that there have been no statistically significant events since the last update.

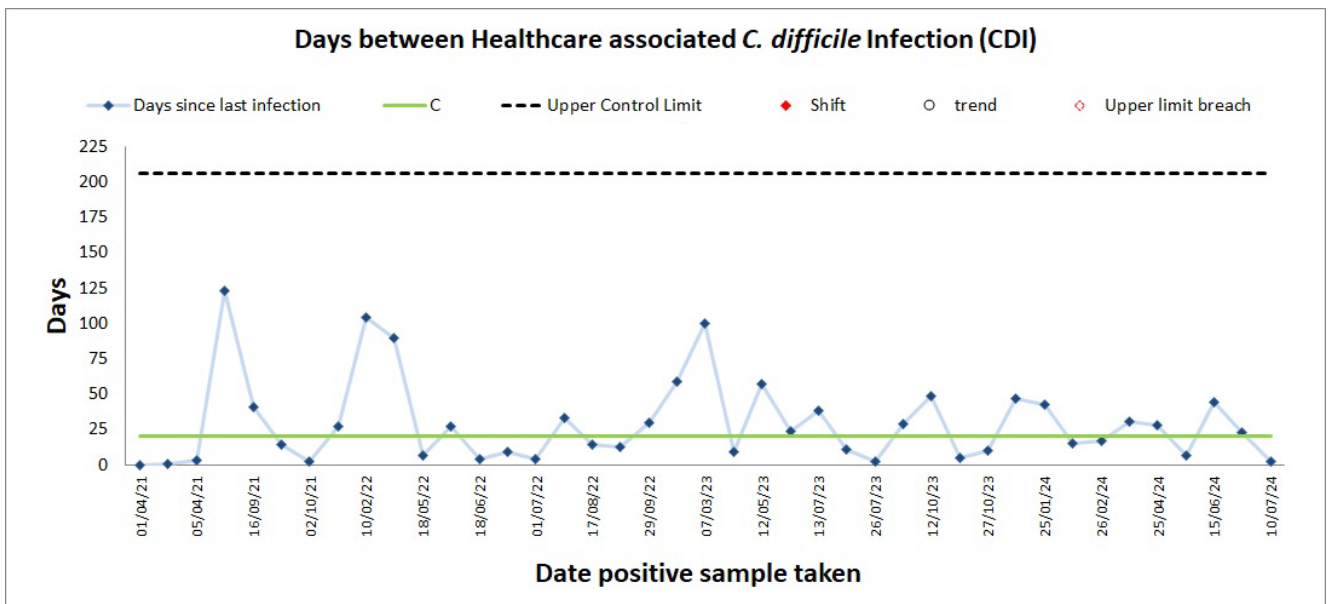
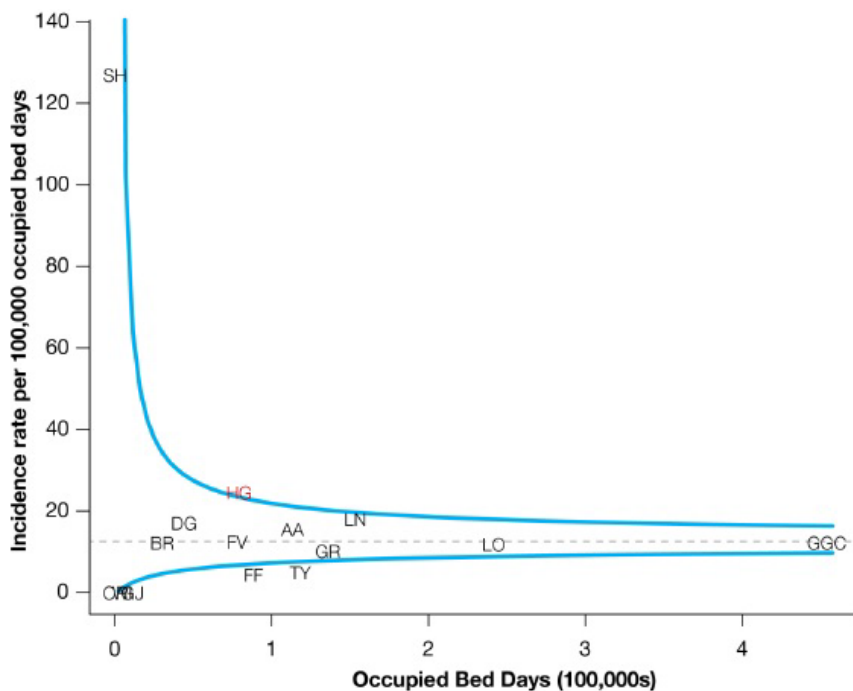


Figure 8: Days between healthcare associated CDI cases

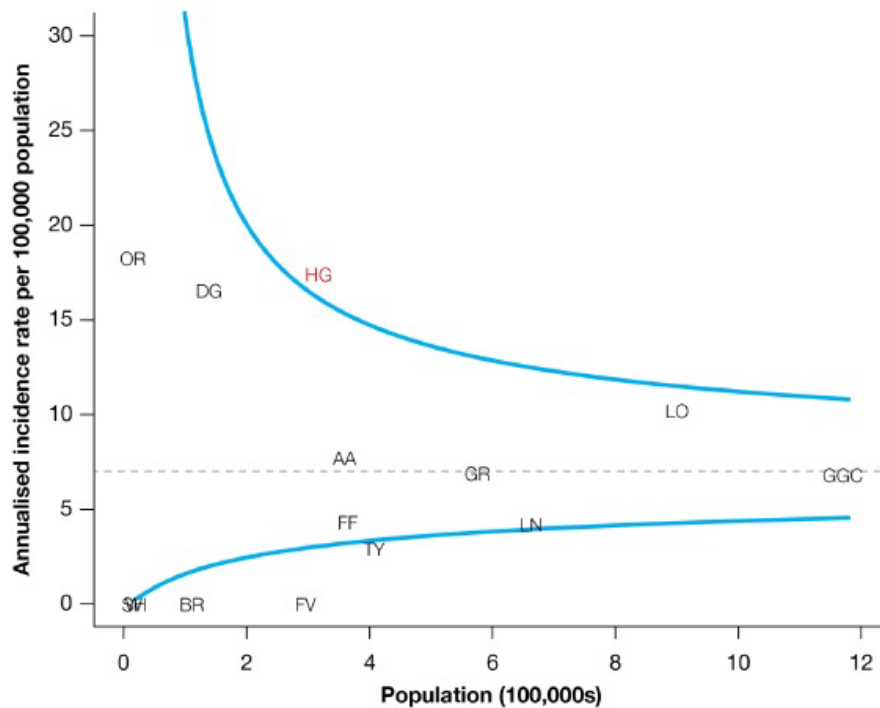
2.14 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 9 below shows a funnel plot of CDI incidence rates (per 100,000 TOBD) of healthcare associated infection cases for all NHS Boards in Scotland in Q1 2024. The graph shows that NHS Borders (BR) had a rate of 12.3 which was below the Scottish average rate of 12.6.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.
2. NHS Golden Jubilee, NHS Orkney and NHS Western Isles overlap.
3. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 9: Funnel plot of CDI incidence rates (per 100,000 TOBD) of healthcare associated infection cases for all NHS Boards in Scotland in Q1 2024

2.15 Figure 10 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 2024. The graph shows that NHS Borders (BR) had a rate of 0.0 which was below the Scottish average rate of 7.0.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.
2. NHS Shetland and NHS Western Isles overlap.
3. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 10: Funnel plot of CDI incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q1 2024

- ***Escherichia coli* bacteraemia (ECB)**
(Background information provided in Appendix A)

2.16 The primary cause of preventable healthcare associated ECB cases is Catheter Associated Urinary Tract Infection (CAUTI) as shown in Figure 11 below.

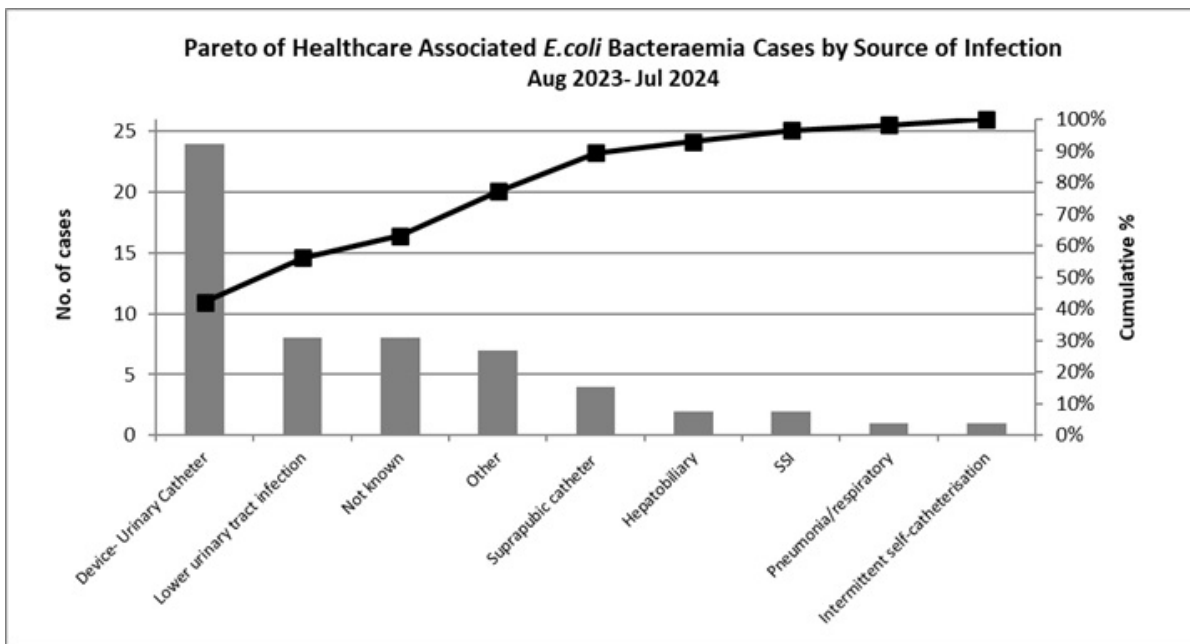


Figure 11: Pareto chart of healthcare associated ECB cases by source of infection

2.17 Figure 12 shows a statistical process control chart of the total number of healthcare associated *E.coli* bacteraemia 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.

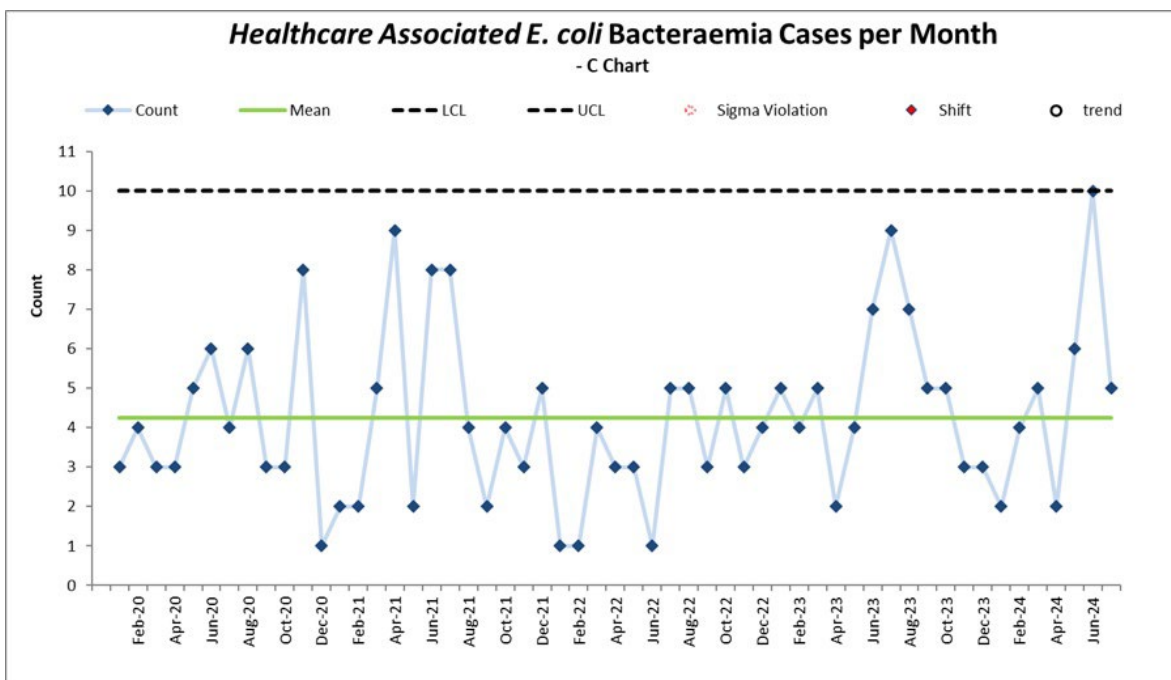
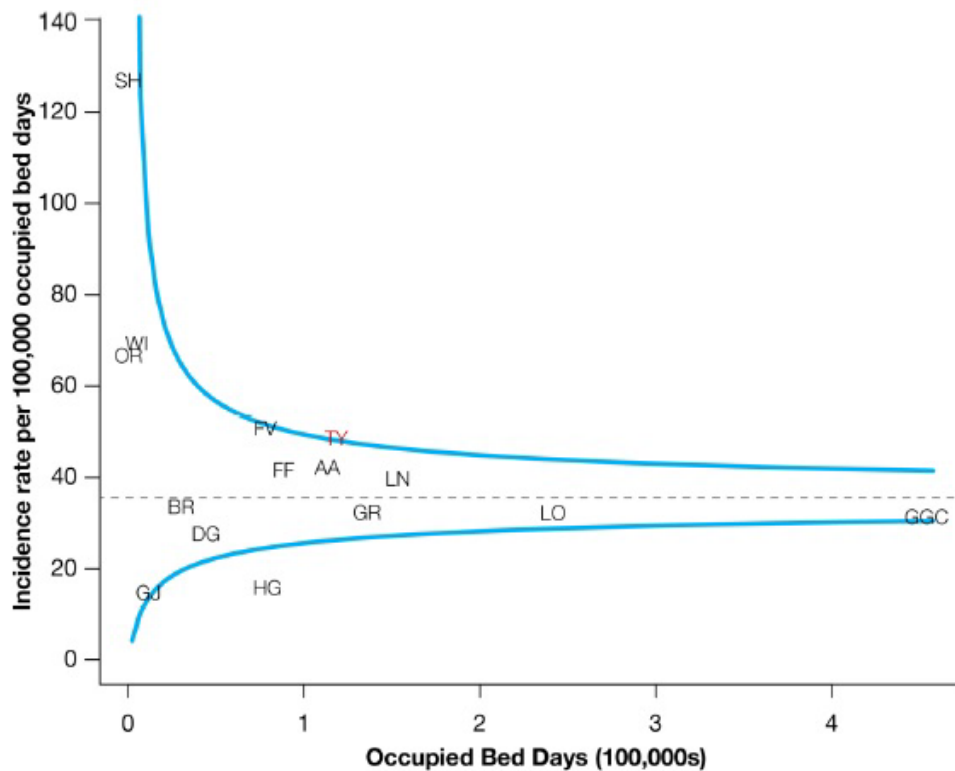


Figure 12: Statistical process chart (SPC) of healthcare associated *E.coli* bacteraemia cases per month

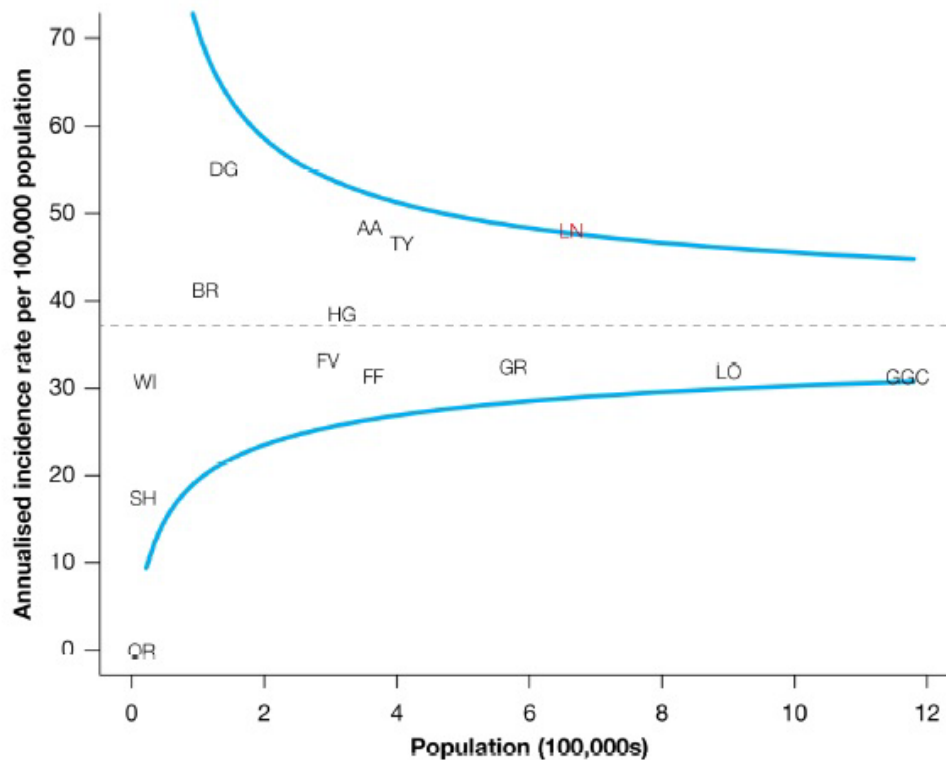
2.18 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 13 below shows a funnel plot of healthcare associated ECB infection rates (per 100,000 TOBD) for all NHS Boards in Scotland in Q1 2024. NHS Borders (BR) had a rate of 33.8 for healthcare associated infection cases which was below the Scottish average rate of 35.6.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Information Services Division ISD(S)1.
2. NHS Orkney and NHS Western Isles overlap.
3. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 13: Funnel plot of healthcare associated ECB infection rates (per 100,000 TOBD) for all NHS Boards in Scotland in Q1 2024

2.19 Figure 14 below shows a funnel plot of community associated ECB infection rates (per 100,000 population) for all NHS Boards in Scotland in Q1 2024. NHS Borders (BR) had a rate of 41.3 for community associated infection cases which was above the Scottish average rate of 37.1 but we are not a statistical outlier from the rest of Scotland. It is worth noting that community acquired ECB cases had no healthcare intervention prior to the positive blood culture being taken.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.
2. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 14: Funnel plot of community associated ECB infection rates (per 100,000 population) for all NHS Boards in Scotland in Q1 2024

3.0 NHS Borders Surgical Site Infection (SSI) Surveillance

- 3.1 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.
- 3.2 In July 2023 NHS Borders resumed local SSI surveillance for hip and knee arthroplasty and C-section surveillance was recommenced in January 2024. The latest data is provided in the tables below. Figures 15 and 16 show statistical process charts (G-charts) which plot the number of surgical procedures between infections. The reason for using this type of chart is to account for fluctuations of the case load due to cancellations or other external factors. The higher the line on the graph, the better we are performing.

Table 1

| Summary of Surgical Site Infection (SSI) cases (Using ARHAI Scotland definitions) (January - July 2024) | | | |
|--|------------------|-------------------|-----------------|
| Procedure | Total ops | Total SSIs | SSI Rate |
| Hip arthroplasty | 86 | 4 | 4.65% |
| Knee arthroplasty | 76 | 1 | 1.32% |
| C-section | 213 | 4 | 1.88% |

Table 2

| SSIs per month with category of infection (Using ARHAI Scotland definitions) (January - July 2024) | | | |
|---|--------------|---------------------|-------------|
| Procedure | Month | SSI category | Type |
| C-section | January | Superficial | Elective |
| Knee arthroplasty | February | Superficial | Elective |
| C-section | March | Superficial | Emergency |
| Hip arthroplasty | May | Deep | Elective |
| C-section | May | Superficial | Emergency |
| C-section | May | Deep | Emergency |
| Hip arthroplasty | June | Superficial | Emergency |
| Hip arthroplasty | June | Deep | Emergency |
| Hip arthroplasty | July | Deep | Elective |

- 3.3 An Orthopaedic SSI Task and Finish Group has completed a review of the post-operative patient pathway against national guidance. The resulting action plan from this review will be presented to the next meeting of the Infection Control Committee.
- 3.4 Infection Prevention and Control continue to meet with the Associate Director of Midwifery/General Manager for Women & Children Services and the Clinical Director to identify and progress actions to reduce the risk of SSI following C-section. Confirmed SSIs are also reviewed by the Core Management Team.

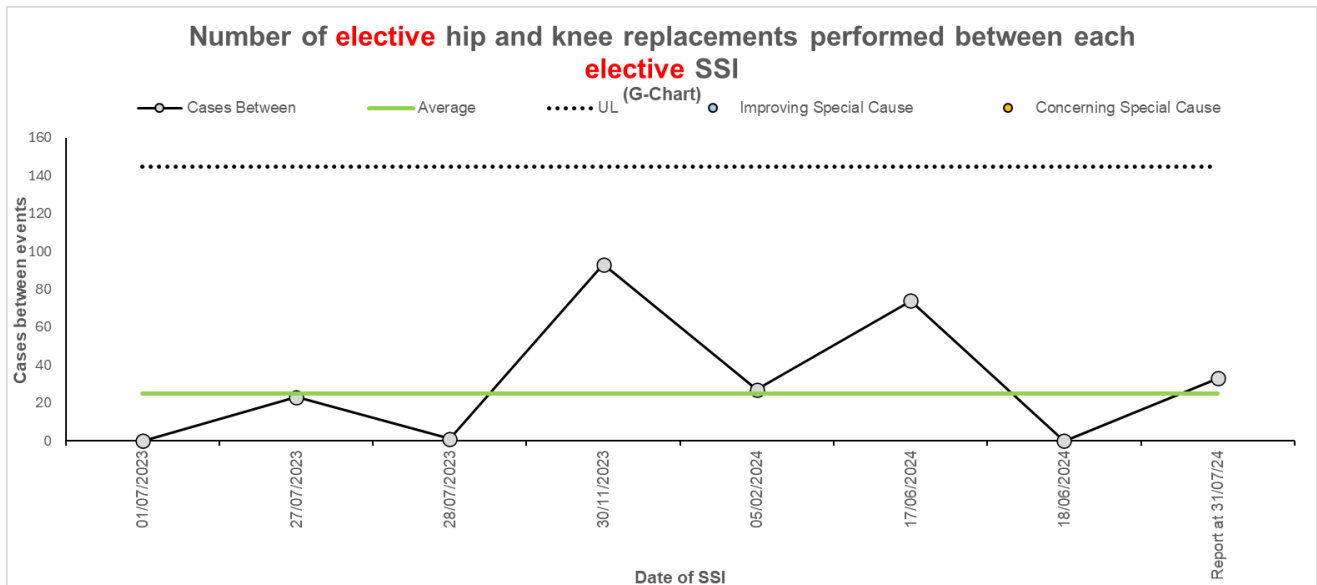


Figure 15: G-chart of elective hip and knee arthroplasties performed between each SSI

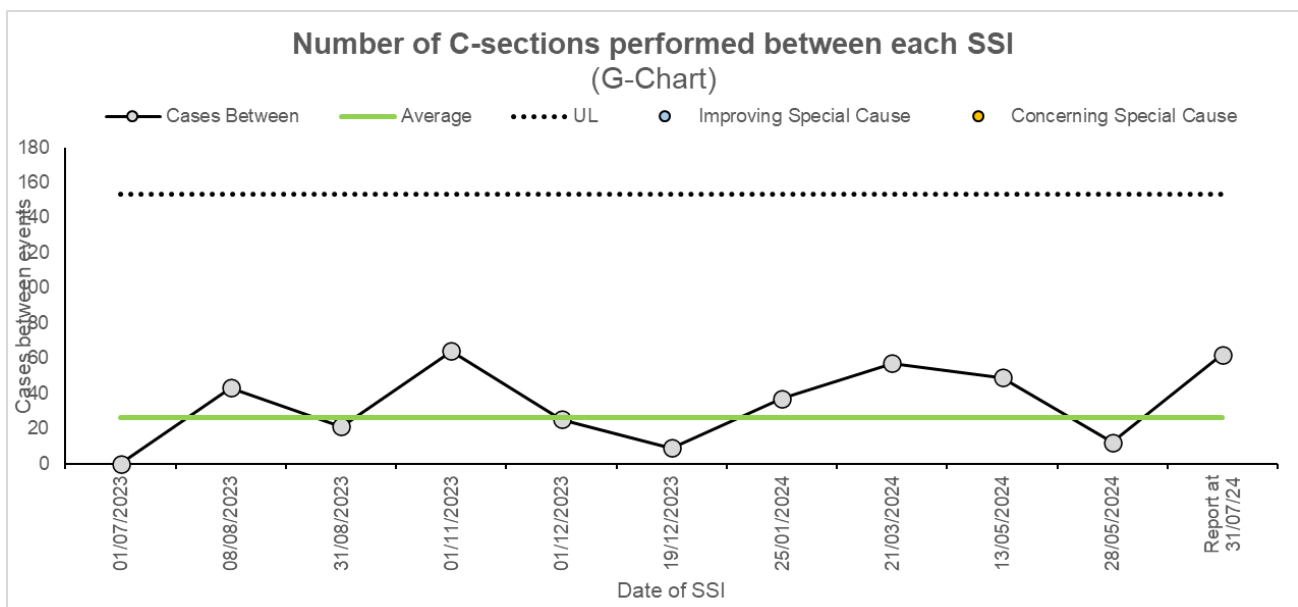


Figure 16: G-chart of C-sections performed between each SSI

4.0 Incidents and Outbreaks

- **Respiratory outbreaks**

4.1 Since the last Board update, there have been 6 respiratory 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 4th September 2024 is detailed in Appendix B.

4.2 Any learning from each incident is captured and acted upon in real time where appropriate.

- **Norovirus**

4.3 There have been 2 Norovirus incidents since the last Board update shown in Appendix B.

5.0 Infection Control Compliance Monitoring Programme

- 5.1 In July and August 2024 spot checks were undertaken in 17 clinical areas with an average compliance of 93.2%.
- 5.2 The new audit programme for 2024/25 commenced in April 2024. 6 areas were audited in July and August 2024 and all achieved $\geq 91\%$ compliance except for 1 area. Infection Prevention & Control (IPC) have met with the senior charge nurse and clinical nurse manager of the area to develop an action plan. Areas that achieve 99% and above are awarded a certificate of achievement and a small prize.
- 5.3 IPC review themes from spot checks and audits on a monthly basis to identify improvement actions. This data is also informing the focus for local staff communications planned for International Infection Prevention Week in October 2024.

6.0 Quality Improvement Update

- 6.1 The Prevention of CAUTI Group last met on 20th August 2024 and continues to oversee progress against the action plan and review data at each meeting to consider additional areas for improvement.
- 6.2 At the recent meeting the Group considered a catheter count summary report and identified further data collection and analysis to collate. This additional work will compare catheter data against infection rates and locality/population data to inform further improvement activity.
- 6.3 The group are also considering how to support decision-making for catheter removal at the earliest opportunity by reviewing use of the nurse led catheter removal tool in Community Hospitals and Care Homes. There is also an opportunity to explore alternatives to catheterisation with a benefit to patient care and dignity.
- 6.4 The Infection Prevention and Control Team will be delivering a Grand Round presentation in September 2024 in relation to CAUTI to highlight risk factors and the importance of identification, treatment and appropriate management of cases.

7.0 Cleaning and the Healthcare Environment

- 7.1 Health Facilities Scotland (HFS) publishes quarterly reports on cleanliness standards and estates fabric across NHS Scotland. The most recently published report covers the period [April-July 2024](#). Figure 17 below shows the cleanliness score for NHS Borders January-March 2024 was 95.8%. In the same period, the estates score was 98.5%.

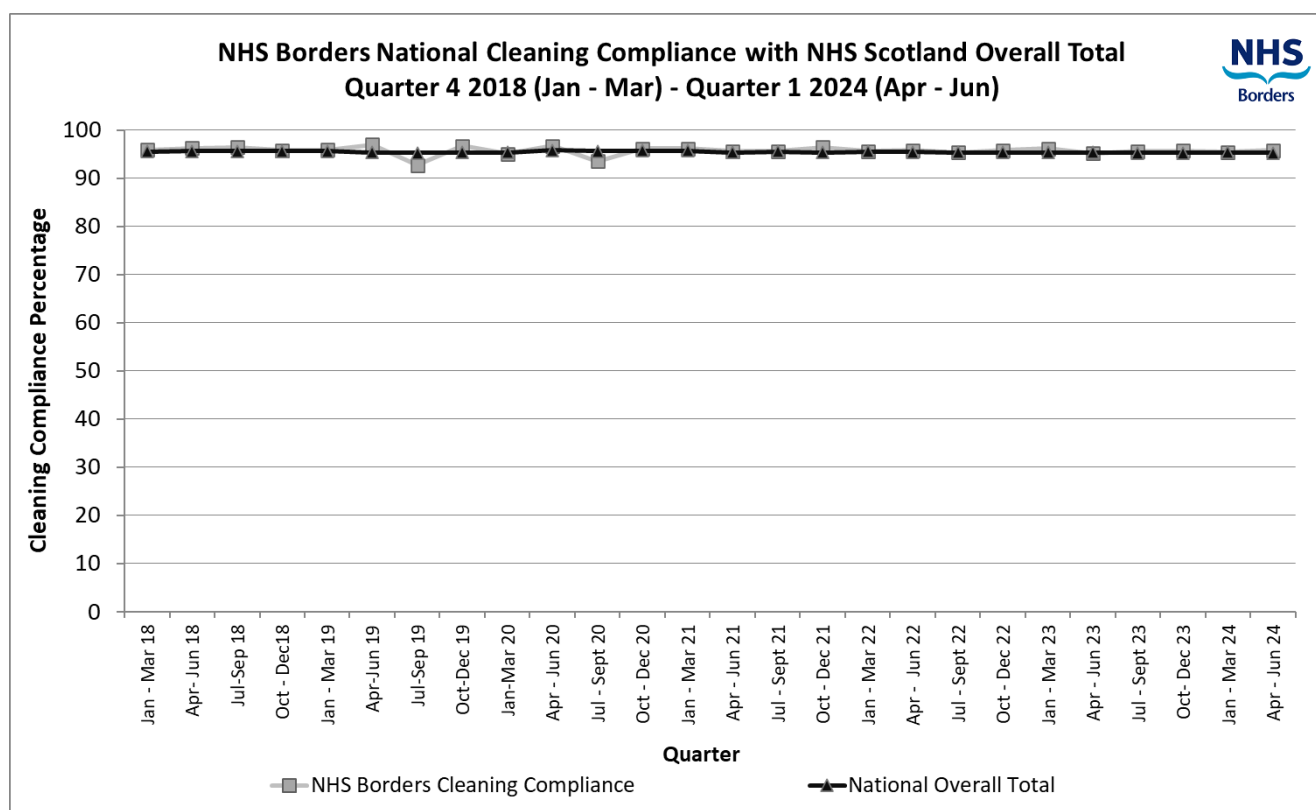


Figure 17: NHS Borders cleaning compliance against the NHS Scotland average by quarter

8.0 Hand Hygiene

8.1 The Infection Prevention and Control Team are planning further hand hygiene audits to be conducted across NHS Borders. The outcome of these audits will be included in the next update to the Board.

8.2 Changeover to alternative hand hygiene products across NHS Borders is progressing following the announcement that our previous supplier has gone into administration. The changeover across community sites is complete and BGH has been partially converted to the new product range (soap, alcohol gel and skin care products). The process is being coordinated by a short life working group to ensure no area is left without hand sanitising products and to run-down existing product to minimise waste. The changeover is currently paused whilst a further delivery of new dispensers is awaited.

9.0 Infection Control Work Plan 2024/25

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

9.2 Over the last 12 months, significant Infection Prevention and Control resource was diverted to support the work of the COVID-19 Deaths Investigation Team (CDIT). This is a specialist unit within the Crown Office & Procurator Fiscal Service (COPFS) tasked with investigating the deaths of care home residents and workers related to COVID-19.

9.3 There are currently seven overdue actions in the 2023/24 Infection Control Work Plan of which three are assessed as medium risk and the remainder are low risk.

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

| | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 |
|-------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| MRSA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MSSA | 4 | 1 | 2 | 4 | 2 | 5 | 1 | 5 | 3 | 2 | 2 |
| Total SABS | 4 | 1 | 2 | 4 | 2 | 5 | 1 | 5 | 3 | 2 | 2 |

Clostridioides difficile infection monthly case numbers

| | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Ages 15-64 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| Ages 65 plus | 0 | 2 | 0 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 2 |
| Ages 15 plus | 0 | 4 | 0 | 1 | 1 | 2 | 1 | 2 | 1 | 1 | 4 |

Cleaning Compliance (%)

| | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 95.5 | 95.9 | 96.18 | 96.42 | 95.14 | 96.1 | 95.2 | 95.9 | 96.3 | 96.0 | 96.0 |

Estates Monitoring Compliance (%)

| | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Board Total | 98.0 | 98.09 | 98.62 | 97.86 | 95.37 | 98.61 | 98.7 | 98.5 | 98.6 | 97.1 | 98.1 |

BORDERS GENERAL HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

| | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 |
|-------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| MRSA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MSSA | 1 | 0 | 1 | 2 | 0 | 1 | 0 | 2 | 0 | 1 | 1 |
| Total SABS | 1 | 0 | 1 | 2 | 0 | 1 | 0 | 2 | 0 | 1 | 1 |

Clostridioides difficile infection monthly case numbers

| | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Ages 15-64 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ages 65 plus | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 1 | 0 |
| Ages 15 plus | 0 | 1 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 1 | 0 |

Cleaning Compliance (%)

| | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| BGH Total | 98.4 | 99.0 | 98.1 | 98.4 | 98.0 | 98.3 | 95.2 | 95.1 | 95.5 | 95.6 | 95.5 |

Estates Monitoring Compliance (%)

| | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| BGH Total | 98.4 | 98.4 | 98.0 | 98.3 | 99.0 | 98.1 | 98.7 | 98.3 | 98.5 | 98.3 | 98.3 |

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

| | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 |
|------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 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

| | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 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

| | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 |
|------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| MRSA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| MSSA | 3 | 1 | 1 | 2 | 2 | 4 | 1 | 3 | 3 | 1 | 1 |
| Total SABS | 3 | 1 | 1 | 2 | 2 | 4 | 1 | 0 | 3 | 1 | 1 |

Clostridioides difficile infection monthly case numbers

| | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Ages 15-64 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| Ages 65 plus | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 2 |
| Ages 15 plus | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 4 |

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 Climate Change

None identified.

2.3.7 Other impacts

None identified.

2.3.8 Communication, involvement, engagement and consultation

This is a regular update as required by SGHD and has not been subject to any prior consultation or engagement although much of the data is included in the monthly infection control reports which are presented to divisional clinical governance groups and the Infection Control Committee.

2.3.9 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 NHS Borders Board

2.4 Recommendation

Committee members are asked to:

- **Discussion** – Examine and consider the implications of a matter.

The Board/Committee will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**

- **No Assurance**

3 List of appendices

Appendix A: Supplementary information and definitions

Appendix B: Outbreak summary

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=HA%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 Borders Clusters as at 04/09/2024 (CLOSED INCIDENTS ONLY) | | | | | |
|--|-----------------------------|-----------------|-------------------------------|--|---|
| Outbreak start date | Outbreak location(s) | Organism | Positive patient cases | Patient deaths <small>(COVID recorded on DC)</small> | Suspected/ confirmed staff cases |
| 25/05/2024 | Huntlyburn | COVID | 4 | 0 | 1 |
| 03/07/2024 | Ward 4 | COVID | 24 | 0 | 5 |
| 10/07/2024 | DME14 (Bay 1 & 2) | COVID | 5 | 0 | 0 |
| 11/07/2024 | MAU (Bay 4) | COVID | 5 | X | 0 |
| 24/07/2024 | Ward 7 (Bay 1, 2 & 3) | COVID | 6 | 0 | 0 |
| 14/08/2024 | Ward 4 (Bay 1) | COVID | 3 | 0 | 0 |
| | | | | | |
| 22/07/2024 | MAU (Bay 1 & 2) | Norovirus | 12 | 0 | 3 |
| 06/08/2024 | Ward 4 (Bay 2) | Norovirus | 2 | 0 | 0 |

NHS Borders



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| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| Title: | Public Protection |
| Responsible Executive/Non-Executive: | Sarah Horan- Director of Nursing, Midwifery and AHPs |
| Report Author: | Rachel Pulman- Nurse Consultant Public Protection |

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Assurance that structures, systems and process are in place that prioritise the safety and wellbeing of children, young people and adults who are at risk of harm.

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

2.1.2 Given the strategic importance of Public Protection it is essential that NHS Borders continues to maintain robust oversight, compliance with national legislation, standards and guidance and demonstrate continuous improvement in practice to keep children, young people and adults safe from harm.

This upholds the vision of the Scottish Borders Public Protection committee:

‘Everybody in the Scottish Borders has the right to live safe from abuse, harm and neglect’

- 2.1.3 The Public Protection agenda remains substantial and complex in nature and continues to evolve in line with societal influences and can evoke difficult practice challenges and feelings for health professional who work with these cases.
- 2.1.4 The NHS Borders Public Protection (PP) team continue to provide specialist and expert public protection advice, support, supervision (key staff) and training to staff across the organisation to support them to fulfil their responsibilities and duties in respect to a range of public protection issues across the life span.
- 2.1.5 We continue to implement national guidance, system connectivity and strengthen our engagement within our multi agency partnerships. There is a commitment to learning from reviews and incidents to improve outcomes for our population across Scottish Borders and ensure the voice of those who experience harm, abuse and neglect are central to our focus and service delivery.
- 2.1.6 Successful outcomes for children, young people and adults at risk of harm depend on strong partnership working between the professionals working with them.
- 2.1.7 Scottish Borders Public Protection Committee is committed to the continued development of consistent and co-ordinated approaches to Public Protection that ensure that all children, Young People and adults at risk of harm are protected from harm. Key objectives include:
- Promoting early intervention.
 - Enhancing multi-agency collaboration, assessment, planning and information sharing.
 - Promoting Supervision and Support for staff.
 - Promoting a culture of continuous learning and development.
 - Promoting person-centred care- rights of the individual.
- 2.1.8 This report provides an overview of the different components of the Public Protection agenda and specifically areas of key developments and areas for improvement and learning.

2.2 Background

- 2.2.1 Child and Adult Support and Protection in Scotland is grounded in a comprehensive Legal and policy framework designed to protect the most vulnerable in society. Key Legislation, such as the Children (Scotland) Act 2014, the Children and Young People (Scotland) Act 2014 and the Adult Support and Protection (Scotland) Act 2007, outline the responsibilities of health boards and other agencies to protect children and young people and adults at risk of harm. This legislation directs a multi-agency approach, ensuring that professionals across sectors work collaboratively to identify, assess and respond to risks.

NHS boards have a duty to co-operate with local authorities when they are making enquiries to protect children, young people and adults and NHS employees have a duty to take appropriate action when we are concerned that a child (including an unborn child), young person or an adult is at risk of harm, abuse or neglect Section 4 ASP Act 2007 (Scottish Government 2007), Scottish Government (2021) and Scottish Government (2022). Section 5 (3) of the ASP Act 2007 places a legal duty on NHS staff

to 'report' to Social Work colleagues when an adult is known or believed to be at risk of harm [Section 5\(3\) ASP Scotland Act 2007](#).

2.2.2 National guidance and Standards such as the National Guidance for Child Protection in Scotland (2021) and The Code of Practice for Adult Support and Protection (2022) provide comprehensive detail in respect to the practical application of day-to-day practice to support development of local procedures.

2.2.3 The approach to addressing violence against women and girls (VAWG) is supported by comprehensive framework of guidance aimed at prevention, protection and provision of services.

2.2.4 There is also specific legislation and practice guidance that directs and supports NHS Boards to fulfil their duties in relation to MAPPA and PREVENT.

NHS Boards have responsibilities in relation to assessing and managing the risks of certain offenders by virtue of [Sections 10 and 11 of The Management of Offenders etc. \(Scotland\) Act 2005](#). These are the statutory partnership working arrangements known as Multi-Agency Public Protection Arrangements (MAPPA). Health board have key statutory responsibilities as a **Duty to Cooperate** agency (where the focus is on information sharing and other supports to partners). They also have statutory responsibilities as **Responsible Authorities** where MAPPA arrangements relate specifically to Restricted Patients.

2.3 Assessment

2.3.1 **An executive Health Board lead has overall responsibility for child protection, adult protection, and MAPPA and champions public protection across our Health Board and contracted services**

- There is a clear partnership governance structure established in the Scottish Borders for Public Protection via Critical Oversight Group (COG) and Public Protection Committee (PPC) and associated delivery groups.
- NHS Borders is represented consistently and has active participation at COG, PPC by Chief Executive and Director of Nursing and associated delivery groups are attended by Nurse Consultant PP.
- NHS Borders organisational chart includes a clearly defined structure for PP- Nurse Director has a clear mandate for PP reporting to Chief Executive.
- Scottish Borders PPC produce an annual report.
- PP agenda is included at National Scottish Executive Nurse Director (SEND) meetings and has strengthened links with National lead nurse forums for Child and Adult Support and Protection who provide representation at SEND.

2.3.2 **Lead Clinicians are resources and supported to provide advice, expertise and professional leadership across NHS Borders.**

- Nurse Consultant PP advises and escalates any risks regards Child and Adult Support and Protection matters to the Director of Nursing and/or Associate Director of Nursing for the relevant clinical board area and team leaders/managers.
- NHS Borders Public Protection team are based within the co-located public protection unit (PPU). Partnership collaboration and Partnership working with

in co-located PPU provides collaborative partnerships with local authority, police Scotland, education and safer communities teams (DAAS/ASBO); supports a culture of continuous improvement relating to PP matters.

- There are named professional who have specific roles and responsibilities for Public Protection work within NHS Borders; these roles are fulfilled and in place.
- There is consistent and active participation by NHS Borders within multi and single agency forums/meetings that address complex public protection issues.
- NHS Borders Public team have Action plans in place to keep focus on priorities for development and these link to the Business plans for PPC and associated delivery groups.
- Nurse Consultant is a member of the National lead Nurse Networks for Child and Adult Support and Protection and participates in other Short Life Working Groups that focus on areas for development across PP agenda.
- The Nurse Consultant PP and CP/PP Nurses support the duty to co-operate functions of MAPPA and ensure consistent attendance at local and national MAPPA meetings. There is an agreed process for information sharing in relation to MAPPA in place that adheres to the principle of proportionate, appropriate and relevant.
- The Associate Director of Nursing for Mental health, Learning Disability and Older Adults also has a strategic role for MAPPA (link to responsible authority role for restricted patients) and attends the Strategic MAPPA oversight group.
- Nurse Consultant has opportunities for peer supervision and has regular 1:1s with Nurse Director.

2.3.3 Governance, accountability, quality assurance and reporting arrangements for protecting people are in place.

- Quarterly ASP and CP performance reports are shared with Critical Services Oversight Group (CSOG), PPC and associated delivery groups who provide oversight and scrutiny to key performance indicators.
- IRD review group: Nurse Consultant PP, Group Manager CP, Inspector Police Scotland and Lead Officer PP review all IRDs to ensure satisfied decision making has been robust and actions completed; also identifies areas for improvement/practice development. One area of improvement identified via IRD review group was to strengthen process for making disclosure to parent(s)/carers when there is a risk from a managed/convicted offender.
- There are regular multi-agency audits to ensure that cases that have reached the CP/ASP threshold have been managed as per the Scottish Borders Procedures. These audits also have a focus on cases where ASP and CP have been involved. The results of these audits are reported via PPC delivery groups.
- There are regular multi-agency audits undertaken in relation to MAPPA cases in Scottish Borders. The results of these are reported through Scottish Borders Offender Management Committee.
- The national Lead Nurses Network for CP and ASP have developed a NHS Public Protection and Assurance Framework toolkit and this was approved

by SEND in April 2024. This toolkit will support NHS Boards in quality assuring public protection responsibilities and processes. This is currently being completed by the NHS Borders Public Protection team.

- Recommendations from Adult Support and Protection recommendations in relation to NHS Borders are shared with the Patient safety team, Associate Director of Nursing for Clinical Area and Director of Nursing. Action plans have been developed to address these recommendations. Themes identified from ASP investigations across NHS Borders Acute Services include:
 - Communication and information sharing particularly at points of transition (between wards, discharge to another NHS setting, discharge home).
 - Management and monitoring of food and fluids and weight
 - Monitoring of pressure areas/Skin integrity
 - Documentation and recording
- A section has been added to the adverse event form that specifically asks about child and adult support and protection to support staff to consider whether this should be considered. The adverse events that are marked as CP/ASP or unknown are now reviewed by the Public Protection Team.

Areas for Development

- Multi and single agency self-evaluation and integration of data that supports the understanding of PP practice, identification of priorities and decision making for service delivery and development. Currently data is collected across various areas (single and multi-agency) but often remains siloed, limiting comprehensive analysis. Monitoring and evaluation – increase in actionable insights generated from data analysis. This work being is being progressed within the Children and Young People Planning Partnership and Public Protection Committee to and is linked to PPC improvement plans from inspections.
- There is a need to continue to strengthen links with patient safety/clinical governance team in relation to Public Protection Adverse events to ensure that action plans are coordinated in relation to learning from ASP investigations to confirm they are being effectively implemented and they are having a positive impact on patient safety and quality of care.
- Nurse Consultant Public Protection team and Clinical risk co-ordinator have been invited to be part of a Public Protection Adverse Events SLWG, commissioned by the Scottish Government, to ensure a national consistent approach of the reporting of public protection related adverse incidents and will ensure that where there is multi agency stakeholders involved in an adverse event, only one single review is undertaken where possible. The first meeting was held 07/08/24.

2.3.4 PREVENT

- The Executive Lead for Prevent is Director of HR, OD, OH&S (added to portfolio June 2023) and the Single Point of Contact (SPOC) is the Nurse Consultant for Public Protection.
- NHS Borders induction now includes PREVENT awareness for all staff.
- A request has been made to have PREVENT awareness training made mandatory for all staff and has been made to the NHSB Training & Education Board, (PREVENT is included within Public Protection e-learning).

- Prevent intranet pages have been updated and includes information about Multi arrangements for reporting concerns.
- A seven-minute briefing about PREVENT was shared across NHS via staff share news.
- There continues to be a challenge in relation to the home office training and NHS ability to capture how many staff complete this. This is being addressed nationally.

2.3.5 National Referral Mechanism/Trafficking

- The Scottish Borders Partnership, including NHSB, has been involved in a NRM implementation pilot. This pilot is now nearing completion, and the next steps will be to launch the Scottish Borders Multi-Agency Guidance and agreed procedure for supporting those who have been trafficked on 21/10/24. Local and National colleagues will be invited to attend the launch to share in the learning from the pilot.

2.3.6 NHS Borders is committed to identifying and responding to concerns about children and young people and Adults and has systems in place that direct staff to the actions they need to.

- Child Protection and ASP policies, protocols and guidance are up to date and accessible to all staff, on NHSB Borders Intranet, to support them in the responsibilities they have for protecting children and adults.
- The Bruising in non-mobile infants and children guidance, missing children and families and the unseen child/was not brought policy have been updated in 2024.
- There is clear information about how to make a child and/or ASP referral on the intranet and how to seek advice/consultation.
- There are processes in place to enable Specialist Medicals and Health Assessments for Children and YP.
- The Lead paediatrician for Child Protection, who is responsible for Child Sexual Abuse Examinations (CSE), is on extended leave and during this period cover in relation to these duties is being provided via NHS Lothian.

2.3.7 Implementation of updated Child Protection Procedures

The updated Scottish Borders Child Protection Procedures were completed by the SLWG, approved by PPC and launched in April 2024. They are now fully operational. As part of the launch key services were given a 'talking heads video' explaining the changes to the procedures with a request to complete a feedback form. This was well received across services and provided constructive feedback which enabled some changes and production of a FAQ sheet that has been shared with staff. There was also a seven-minute briefing that was shared via NHSB communications across NHSB.

Areas for Development

- There is currently work progressing to develop a proforma and standard operating procedure for medicals that are required under Adult Support and Protection legislation.

- There is a need to ensure that NHS Borders CP and ASP intranet pages align with Right Decision-Making App. The plan would be to create a comprehensive platform on the Right Decision-Making App to host Public Protection information.
- NHS Borders PP team identified, through assurance processes, that there was an inconsistent response from the Scottish Borders Council 0300 number that ASP referrals are made via. This was escalated to Public Protection lead officer and a more detailed audit was undertaken in respect to ASP referral routes. This highlighted inconsistencies and different points of access for referrals. A SLWG has been established that has formulated a proposal that will provide assurance that ASP referrals are being received and screened appropriately. The NHSB confirmation of referral form allows the NHSB PP team to maintain oversight of referrals and to ensure that they are processed correctly if difficulties arise accessing the 0300 number.

2.3.8 There are strategic and operational arrangements in place between NHS Borders and multiagency partners to improve joint working and communication regarding children and young people and adults across agencies; think family.

- The NHS Borders PP team continue to contribute to the operational and strategic functioning of the multi-agency Public Protection Unit.
- NHSB PP team have developed a communication SOP to ensure a coordinated approach to the dissemination of key PP information so that it is shared with the appropriate workforce in NHSB.
- NHSB continue to be represented on a number of multi-agency strategic and operational groups in relation to Public Protection Practice.
- A quarterly partnership meeting has been established between Public Protection Unit professionals, Children and Families duty social work and health visitor, school nursing and midwifery managers/team leaders. The Purpose and Scope of the meeting is:
 - Discuss and share information about emerging trends and themes that are impacting children and families.
 - Consider and decide how services respond to improve partnership working to effect change and improve outcomes.
 - Ensure understanding of professional roles and responsibilities between health and social work teams.
 - Ensure that information sharing practices are clear and consistent.
 - Ensure understanding of workforce challenges and impact on service delivery; understand what is happening in frontline practice.
 - Ensuring staff awareness of and adherence follow policy/procedures

Areas for Development

- To further develop integrated care pathways to support continuous improvement in response to assessment and planning for pregnant women and unborn children. This includes reviewing communication pathways between midwifery services and addiction and mental health services and partner agencies. A pre-birth workshop was held 27/08/24 in which key stakeholders participated.
- Implementation of chronologies in adult services is an area for improvement. NHS PP team have established links with Learning Disability Team and plan to carry out a pilot with the team to introduce chronologies.

2.3.9 NHS Borders PP team ensure the establishment and maintenance of robust information sharing processes and procedures with regards to child and adult support and protection:

There are established information sharing processes in place to share information in relation to Public Protection.

- Alerts are now placed on electronic records to indicate that a child and/or adult is subject to CP/ASP investigation/IRD. Since this has been established, we have received increased enquiries from Emergency Dept and Advanced Nurse Practitioners seeking to clarify/confirm information about risk to inform their assessments.

NB: There are multiple different patient management systems in place across NHS Borders and this continues to present a challenge in ensuring relevant and proportionate information is shared/documentated across all these systems. There is a risk that this can create a fragmented view of a patient's journey and who is involved in the patients care. This lack of inter-communication between these systems can lead to inconsistent communication and delays in responses/recognition of risk.

The challenge is how to improve inter-operability of systems to enhance information sharing regards a patient care experience (links to chronologies).

2.3.10 NHS Borders has arrangements in place that provide support and supervision to staff working with vulnerable children, young people and families.

- NHSB Public protection team continue to provide consultation for NHSB staff on Child and Adult Support and Protection matters.
- Child Protection Supervision is available and accessed as per child protection supervision policy. All Health visitors and School Nurses are allocated Child Protection Supervisors.
- There is a risk that when operational demand on services is high Child Protection Supervision is not given the priority it should have. There is a need to reinforce the importance of CP supervision and ensure that this is scheduled into diary/workload planning, making it a routine part of role and responsibilities.
- NHSB PP team have established process to hold professional meeting to support professional across agencies to critically analyse cases that are complex, contentious and where professional thresholds differ. Utilising tools that facilitate professional to think about how they test and/or clarify assessment information (what is factual/what is missing/assumptive/ambiguous).

Areas for Development

- Implementation of group CP supervision that can be accessed by specific professionals who have a direct role in managing complex cases. The aim would be to support continuous development and understanding of importance of CP supervision in supporting practice and encouraging critical reflection.
- Improve processes for tracking attendance at CP supervision and linking to professional development and appraisal.

- Addressing barriers to accessing CP supervision: raising awareness sessions with teams to facilitate participation.
- Further develop opportunities to promoting critical thinking, particularly in complex or ambiguous cases where risk thresholds might differ.

2.3.11 NHS Borders will ensure that Training and Development opportunities are available and accessible to support staff to fulfil roles and responsibilities for Public Protection.

- NHSB is committed to promoting a learning culture that ensures that gaps in protection services and systems, which may adversely impact on the outcomes for children, YP and adults are identified and addressed.
- Systems are in place to deliver single and multi-agency training on Public Protection across NHSB.
- Mandatory Public Protection e-learning module for August 24 is **74.7%** which is a decrease from August 2023 **80.8%** compliance for completion.
- NHS Borders staff across a broad spectrum of disciplines attended Multi-Agency Public Protection Training.
- NHS Borders PP team have begun delivering Public Protection Awareness training to Newly qualified staff and student nurses. This has been well evaluated by the participants and provides an important opportunity to share information about roles and responsibilities in responding to concerns.

Areas for Development

- NHS Border team to attend team meetings/development sessions to provide updates specific to Public Protection and reinforce roles and responsibilities and address gaps in understanding.
- Aligning Public Protection Training to workforce as defined within the Scottish Borders joint Learning and development framework and strategy (General., specific and intensive workforce).

2.3.12 Learning Reviews and Large Scale Inquires

- A Multi-Agency Learning Review Delivery Group (sub-group of PPC) has been established to ensure that there is robust governance in respect to the commissioning and embedding from Learning Reviews.
- There has been two Multi-Agency Learning Reviews, in respect to Adult Support and Protection cases completed. Work is now progressing to formulate an improvement plan that addresses the recommendations from the reviews. Progress on this is reported via Public Protection Committee and Critical Oversight Group (COG).
- NHSB Nurse Consultant Public Protection was involved in the multi-agency learning review team and was chair for one of the reviews.
- The Learning Review reports have been presented to COG and PPC and the next steps is to develop an improvement plan that will ensure application of the thematic learning to develop services, systems and practice to ensure that we are responsive to the needs of those individuals who are at risk of harm.
- There has been one Large Scale Investigation commenced in relation to an external provider.

- There have been three requests for Learning Reviews in relation to Child Protection cases. It has been agreed that one of these cases did not meet the requirement for a Learning review. The other two are at the 'information gathering' stage that informs the decision-making process regards progressing to review.
- Undertaking learning reviews demands a significant amount of time and focus and places an additional workload on to the professionals involved in the process. As such it is important that there is cognisance of this in decision making.
- The national public protection leadership group has established a SLWG to consider how reviews are undertaken nationally to ensure that they are conducted effectively, and subsequent learning is implemented. The Nurse Consultant Public Protection has been invited to be part of this group.

Areas for Development

- Further strengthen links to align CP and ASP Learning Reviews, SAER and child death reviews to avoid duplication. Consider how an integrated governance framework could be developed that creates a shared approach for both review processes and ensures reviews focus on learning opportunities to improve safety and care.
- Establish a consistent and co-ordinated systems and processes for disseminating lessons learning across NHS Borders.
- Continue to cultivate a no-blame culture that encourages open discussion and a safe environment for reflection.
- There is ongoing multi-agency work focused on developing approached to Professional Curiosity, Analytical writing and chronologies across the partnership. This includes staff consultations, focus groups and development of guidance.

2.3.1 Quality/Patient Care

- See with above content

2.3.2 Workforce

- The current team continues to work at capacity which impacts on the ability to respond to aspects of work such as quality assurance, training and practice development versus the need to meet operational demand. There are also wider influences on the multi-agency response to Child and Adult Support and Protection in relation to the service demands and recruitment challenges our social work colleagues are facing.
- Nurse Consultant PP and DoN are progressing planning in relation to succession planning within the NHSB PP team.
- The work of public protection is emotive and at times upsetting and disturbing as such it is important that, as a team, we take time to reflect and acknowledge this in our day to day and are mindful of each other's wellbeing as a team.

2.3.3 Financial

There has been a piece of work down to ensure that Public Protection nursing roles are brought together under one budget code.

2.3.4 Risk Assessment/Management

The economic climate and changes in the way we deliver PP services have resulted in increased demand and complexity on current workforce. Workforce discussions are on-going with DoN to ensure we continue to deliver safe and effective service responses to PP.

2.3.5 Equality and Diversity, including Health Inequalities

N/A.

2.3.6 Climate Change

N/A.

2.3.7 Other Impacts

PP operates within a series of complex adaptive systems, many of which continue to experience change as a result of changes in legislation and national guidance and the impact of societal changes.

2.3.8 Communication, involvement, engagement and consultation

N/A.

2.3.9 Route to the Meeting

Clinical Governance Committee.

2.4 Recommendation

Awareness – For Members' information only.

The Underpinning message is that Child and Adult Support and Protection is everyone's business irrespective of role or position in NHS borders.

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

3 List of Appendices

None.

4 Glossary

- 5 ASP- Adult Support and Protection
- 6 CP- Child Protection
- 7 YP- Young Person
- 8 MAPPA- Multi-Agency Public Protection Arrangements
- 9 PP- Public Protection
- 10 COG- Critical Oversight Group
- 11 PPC- Public Protection Committee

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|---|---|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| Title: | Staff Governance Committee Minutes |
| Responsible Executive/Non-Executive: | Andy Carter, Director of HR, OD & 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 HIA is not required for this report.

2.3.6 Climate Change

Not applicable.

2.3.7 Other impacts

Not applicable.

2.3.8 Communication, involvement, engagement and consultation

Not applicable.

2.3.9 Route to the Meeting

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

- Staff Governance Committee 18 July 2024

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 18.04.24

STAFF GOVERNANCE COMMITTEE
Minutes of the meeting held on Thursday 18th April 2024,
10:30-12:30 via Microsoft Teams



Present:

Councillor David Parker, Non-Executive Director (Chair)
Mr Andy Carter, Director of Human Resources, Organisational Development, Occupational Health & Safety
Mr John McLaren, Employee Director (Non-Executive)
Mrs Lynne Livesey, Whistleblowing Champion (Non-Executive)
Mrs Karen Hamilton, Chair of the Board (Non-Executive)

Ex Officio Members

Miss Vikki MacPherson, Partnership Lead (Support Services) Staffside (Unite)
Ms Gail Russell, Partnership Lead (Mental Health & Learning Disability Services) Staffside (Unite)
Mrs Karen Lawrie, Partnership Lead (Acute Services) Staffside (Unison)
Mrs Yvonne Smith, Partnership Lead (Primary & Community Services) Staffside (RCN)

In Attendance:

Mr Ralph Roberts, Chief Executive
Dr Sohail Bhatti, Director of Public Health
Mrs Ailsa Paterson, Deputy Director of Human Resources
Miss Kirsty McLachlan, Interim Head of Occupational Health
Ms Edwina Cameron, Head of Organisational Development
Mrs Josie Gray, Personal Assistant to Employee Director (Administrator)
Mrs Amanda Harrison, Allied Health Professional Service Lead Physiotherapy
Mrs Claire Smith, HR Manager, eRoster Implementation Lead
Mrs Lettie Pringle, Risk Manager

Apologies:

Ms Harriet Campbell, Non-Executive Director
Mr Robin Brydon, Interim Head of Health & Safety

1. Welcome, Introduction and Apologies

The Chair welcomed everyone to the meeting and the apologies were noted. It was noted that the meeting was quorate.

As it was Lynne Livesey's first attendance of the Staff Governance Committee she was welcomed by the Chair and formal introductions were made.

2. Home First Reablement

Amanda Harrison informed the committee that she was attending on behalf of Paul Williams, Associate Director for Allied Health Professions, to provide an update on Home First Reablement.

Home First have three working parties looking at the changes or decisions around Home First services. There have been challenges around travel and staffing and for the last six months they have been working through these complexities. An initial instruction was provided by the Integrated Joint Board with regards to looking at integration without the Transfer of Undertakings Protection of Employment rights (TUPE) which has created a few issues with the Care Commission. Amanda confirmed that they were not keen on this option due to it not working around the lines of governance, and noting that if we did this, we would have two groups of staff on different terms and conditions doing the same job and on different pay. Amanda went on to explain that the situation was problematic and for various reasons they were putting in another paper to the Integrated Joint Board for consideration. They feel that the integration without TUPE is not the best course of action. The three working groups looking at this consist of: one around HR and conversations with staff, supported by union representation from all the different Unions across both health and social care;

an operational group looking at data and how this works, with HR representation; and a third group where everyone comes together to discuss from a wider perspective.

Amanda confirmed that at this point progress had paused whilst awaiting clarification from the Integrated Joint Board on how to move forward. The groups have considered possibilities in terms of legislation and equity across different groups of staff.

Karen Lawrie referred to previous mass face to face meetings with staff being beneficial and suggested a continuation of this monthly to support the staff with their wellbeing. She noted that staff are located all over the Scottish Borders and are isolated. Amanda committed to taking this back to Paul Williams with an agreement to try and re-establish some further staff meetings within the next few weeks. They anticipated that more information will be available to update staff.

John McLaren wished to make the Staff Governance Committee aware that this had been a stressful time for staff involved and the managers of Home First. John hoped the Integrated Joint Board would be mindful of this in relation to making any future decisions. The trade union perspective is that there are a lot of things that can be looked at through processes rather than focusing on bringing services together.

Ralph Roberts acknowledged the points made by both Karen and John. He agreed the Staff Governance Committee need to look at this thoroughly and consider when making any changes that we do this in a way that is appropriate. He also noted that the Staff Governance Committee needs to be assured about the process. Ralph noted it had been difficult and challenging for staff and stated that we have to minimise the impact on our staff whilst making sure we deliver services that are the most effective for the population.

Amanda confirmed that a further paper was being presented to the Integrated Joint Board this week and it was hoped for some progress in the near future.

The committee was asked to note this update.

3. To Agree Minutes of Previous Meeting

The minutes of the last Staff Governance Committee held on 29th November 2023 were agreed without amendment as an accurate reflection of the discussion.

3.1 Matters Arising

There were no matters arising.

4. STANDING AGENDA ITEMS

4.1 Workforce Planning Update – Integrated Workforce Plan

Claire Smith provided the committee with an update on the progress of the Integrated Workforce Plan after year one of the three-year plan.

In April 2022 the Scottish Government's Health Directorate issued some guidance on the completion of the first three-year integrated workforce plans. Within the Scottish Borders representatives from each of the sectors working within health and social care came together with an aim to support the Integrated Joint Board to maximise the integration of workforce across adult health and social care. An integrated workforce plan was approved in October 2022, designed to consider the interdependencies across the sector and how we could work better together to plan our workforce. Part of this was an action plan that delivers the platform to support the integration and the health and social care partnership's vision of an across-the-system approach for current and future workforce pressures.

The accompanying report detailed some of the progress that we have made in relation to the agreement of governance and performance arrangements. This was challenging at times to negotiate however the identification of some of our initial priorities and an update on progress

against key target priority areas was provided. A few challenges have been identified in relation to capacity to progress some of these priorities; predominantly a slight lack of profile and knowledge around the integrated workforce plan; and incompatibilities with the IT infrastructure have really slowed down some progress within areas.

As Workforce Planning Leads across sectors, Claire stated that we have realised that the changed financial climate is going to have significant implication and that they were meeting next week to review the Key Performance Indicators (KPIs) that had been previously agreed. Nationally they are also reviewing KPIs and future workforce plans.

Claire reiterated that it had been quite challenging and that most areas have not been able to develop an integrated workforce plan. She commented that we were making progress but needed to increase pace to support the workforce challenge workstream that we are supporting within the Integrated Joint Board space.

In terms of next steps, Claire stated that it was important to consider the changed financial context and the corresponding impact that has on workforce planning. This will be a key area for discussion at the Integrated Workforce Planning Board meeting next week. From an NHS perspective this will be informed by the service reviews currently being developed.

To summarise Claire confirmed that we need to re-evaluate our priority areas and KPIs, particularly around our approach to recruitment, retention, development, and wellbeing of the workforce. There is probably an opportunity, given the financial climate, to more support and working closer with areas we have struggled to engage in. We have followed the Five Pillar approach to develop the plan, noting we have probably taken on a bit too much in terms of the action plan. Therefore, it is timely and sensible to streamline and focus on the higher priority areas given the financial position.

Edwina Cameron commented that, from an Organisational Development perspective, it would be useful to revisit the development with our colleagues from the Scottish Borders Council. Edwina stressed that there may be things we could do that are different in relation to development and offered to work with Claire in relation to this.

John McLaren, noting he had previously been involved in the Joint Workforce Planning meetings but had no recollection of meetings recently. Claire confirmed this group had not met for some time. She noted that some of the work involved many different partners, and we were not able to achieve full engagement. The plan will be sent to a wider group with some recommendations around KPIs and take into consideration the things that have changed and the information coming out of the national meeting.

Lynne Livesey stated that it would be useful to understand why there has been a lack of engagement. Claire commented that she thought this was due to capacity issues. NHS Borders are looking to work much closer with the independent and third sectors. She noted that whilst we have an overall representative, it is challenging in terms of volume and different groups to get feedback from. We are considering if this is the right way to work. Claire commented that we maybe need to have a few different representatives from the independent and third sectors to collate views rather than relying on an individual, referencing all the different governing structures and IT infrastructures. The Chair agreed that engagement and capacity does seem to be an issue for a range of organisations, particularly for our third sector colleagues.

Andy Carter wished to reaffirm that we are asking a lot of the third sector and our partner agencies. However, when we submitted our integrated workforce plan, we were praised as one of only about three or four Boards who were genuinely and honestly trying to create a truly integrated workforce plan. Andy stated he was still optimistic that we were on the journey towards this.

The committee was asked to note this update.

4.2 Whistleblowing Update

Andy Carter confirmed there were three things he wished to update the committee on in relation to Whistleblowing. Andy was delighted to announce Lynne Livesey as our new Whistleblowing

Champion, taking over the role from Sonya Lam. Andy confirmed that he would no longer be in the Whistleblowing Confidential Contact Coordinator role and the Independent National Whistleblowing Officer (INWO) Liaison role. He confirmed that Iris Bishop had now taken on this responsibility. He also updated the committee that NHS Borders have one outstanding Whistleblowing case at present and confirmed that we are in the process of drawing this investigation to a close.

Lynne Livesey asked that as Iris Bishop had taken over the role as Whistleblowing Confidential Contact Coordinator and INWO Liaison, she becomes a member of the Staff Governance Committee. Andy agreed.

Edwina Cameron informed the committee that we are about to re-visit the Staff Governance Committee Terms of Reference. These are out of date. Edwina went on to confirm that the Terms of Reference would be circulated to members of the committee for comment. Karen Hamilton reminded the committee that the Staff Governance Committee Terms of Reference would need to come to the Board for approval. Edwina also agreed to approach Iris and added her to the membership.

Karen Hamilton queried whether there were any outstanding Whistleblowing cases that will be transferred in terms of scrutiny and performance to Lynne Livesey from Sonya Lam. Andy Carter confirmed that the current case he referred to predates Lynne's appointment and Sonya was aware that this case was nearing conclusion, therefore, as it is a historical case it would not be transferred.

John McLaren sought clarification that whether the role Iris Bishop has taken on would mean inclusion or Chairing of the Whistleblowing sub-group. Andy Carter confirmed this. The Whistleblowing Governance Group was typically chaired by our Whistleblowing Champion and Iris is aware of this as part of this group.

The committee was asked to note this update.

4.3 Strategic Risks: Workforce

Andy Carter stated that the Staff Governance Committee had previously agreed to have this item on today's agenda. He highlighted the strategic risks linked to statutory and mandatory training and compliance within health and safety legislation. He informed the committee that our compliance levels have improved. Over the course of the last year we have seen a lot of progress in compliance with the nine core modules and credit goes out to a great number of people, including members of the Training Education and Development (TED) Board, which is a partnership body.

Andy went on to state that the organisation also had a strategic risk around industrial action and was pleased to say that we had been able to avert that risk over the course of the last year.

The final area around strategic risk which Andy wished to highlight comes under the heading of Workforce. He confirmed that Lettie Pringle will work with the Medical Director, Lynn McCallum, and Director of Nursing, Midwifery and Allied Health Professionals, Sarah Horan, to help us with the strategic risk around the availability of the medical and nursing workforce.

Sohail Bhatti queried where Safe Staffing was reporting to and being overseen. Andy confirmed that this came under the broad heading of Workforce and was being considered.

Lettie Pringle wished to make the committee aware that going forward Strategic Risks will need to be assigned a level of assurance and that this will feed into a Board Assurance Framework Report.

The committee was asked to note this update.

5. Workforce Statistical Report

Claire Smith referred the committee to the report circulated on the agenda pack, presenting the committee with a selection of key slides.

Staff in Post change by Job Family (last 12 months):

- Indicates that over the period from March last year to February this year that there has been an increase of 72.1 Whole Time Equivalent (WTE) with 26.5 of those within Nursing and Midwifery, and reflecting some of the successful international recruitment within Acute Services.
- Largest reduction has been within Health and Healthcare Science which has been due to recruitment challenges.

Staff in Post change by Business Unit (last 12 months):

- Noting headcount changes is lower than the WTE, particularly in Acute and Primary Care Services, which suggests the trend for either existing staff increase in hours or new starts appointed on higher contracted hours than previous staff within these areas.

% Age Category by Business Unit:

- Indicates that the under 25 years in age represent less than 5% of our workforce now, whilst over 55 years represent 27.9%.
- In order to address this, we are continuing to support employability in some capacity, with four local schools sending in pupils over the next six weeks for a week's generic work experience, rotating around different departments and experiencing a day in the life of a variety of professions. Encouraged by the level of support from services in making this happen at a time of such significant pressure, which shows a commitment to trying to attract our future workforce.

New Starts and Leavers by Quarter 2023-24:

- Consistent trend for more starters than leavers, with an expectation that this trend will reverse in the current financial climate with enhanced vacancy controls.
- Annual turnover rates will be published as part of a national timescale next month and trends are suggesting that NHS Borders will continue to have a higher turnover rate than the national average.
- Replacement rates have historically been even higher than the turnover rate, which we would expect to change.

% Sickness Absence Rate – NHS Borders:

- The line on the chart reflects the Heat Target of 4%, which has been in place for well over a decade and is now an aspiration but important to note that this is rarely achieved by any Health Board.
- NHS Borders are likely to exceed last year's annual average of 5.4% by the end of March 2025 as we are currently sitting at around 5.87%.
- Over the period it is key to note that the difference this year, although seasonal increases still prevail, is due to us seeing much less of a drop off within the summer months than previous years.

% Sickness Absence Rate – All Business Units:

- Trends indicated for larger service areas, such as Acute, Primary and Community and Support Services show they usually track each other, however, this year Primary and Community Services have experienced consistently higher levels of sickness absence over the winter months, which peaked to 8.39%.
- Learning Disability, as a smaller service, recently data shows more peaks and troughs, noting that individual absences impact substantially on their percentage figures.

Nurse Bank / Agency Shifts (last 6 months):

- In terms of bank shifts that are requested around 50% of these are filled at the moment, and we have seen an increase in agency usage since December 2023, but this corresponds with the higher number of shifts requested.

East Region Recruitment Service (ERRS) Vacancies (last 12 months):

- Information that has been gathered from ERRS, who support our recruitment for NHS Borders, indicates a spike in October 2023 for vacancies, including winter surge and planning posts for that year.
- The gap between the vacancies and job adverts reflects single adverts where there were multiple opportunities, for example an advert put out for a Health Care Support Worker where

there are 15 vacancies attached to it.

- The reduction in vacancies over the last month corresponds with the enhanced vacancy controls, and when compared to other Health Boards within the region it is consistent.

Claire agreed to work with Sohail on his suggestions to ensure the data was clearer for the next report. With regards to shift pattern data, Claire confirmed eRostering was able to facilitate further analysis and this could be looked at for future reports.

John McLaren queried around how we could offer the Staff Governance Committee a better understanding and wondered if we should be looking at a comparison between previous years to see what the difference is. Claire made comment that this was a very valid point and agreed to work to try and make this data clearer.

Lynne Livesey agreed that having comparable data over several years would be useful, particularly with regards to sickness absence, suggesting you would expect this to be variable throughout the year due to winter illness etc. Lynne wanted to also understand where this data is looked at. She noted challenges in recruitment and higher sickness absence rates some services have, and wondered where the triangulation of this data comes together and is examined. She wanted to understand if there are things that could be done to improve the situation in areas or whether there are specific triggers within teams. Ailsa Paterson confirmed to the committee that data was drilled-down into reports for each business unit each month, which provide a lot more granular detail and are reviewed within the Local Partnership Forums and Clinical Board Meetings to identify any trends or areas that may need support. She noted that these forums work in partnership with Trade Unions, Organisational Development, Occupational Health, and senior managers for a collective approach to addressing issues. It was agreed she would look at how to capture this and bring back to this committee.

Karen Lawrie referred to the high turnover of staff leaving the organisation and asked if this was being put on the risk register as we are losing experienced staff. Claire confirmed workforce was certainly on the risk register and went on to explain that a lot of turnover is expected turnover. Andy Carter stated he was not particularly alarmed that our turnover is any different from what is being experienced elsewhere and confirmed that retire and return can create a turnover effect for people who are opting to reduce their hours or change their role. He agreed to have a conversation with Staffside around any hot spots if this was required.

Edwina Cameron wished to offer assurance to the committee, following Ailsa's comments, that Organisational Development also work closely together with Occupational Health and if they notice there are areas that are particularly challenged they will reach out to support them. She explained that the triangulation of data for reporting is sometimes quite difficult due to the way our systems work and that deeper dives can take an awful lot of time and effort.

The committee was asked to note this update.

6. Health & Care Staffing Board

There was no update available for this item and it was agreed to defer this item to the next Staff Governance Committee meeting.

7. Staff Governance Committee Annual Report 2023-24 (Draft)

Edwina Cameron confirmed that the Staff Governance Committee Annual Report is a report that is undertaken annually as part of the assurance of the governance of the Board. The Chair of the Staff Governance Committee signs this report off each year and it is then sent to our accountants who pull it together into part of the annual report of the Health Board. Edwina confirmed there was nothing controversial or anything the committee did not know within the report, explaining it was basically an analysis of the minutes of each meeting of the Staff Governance Committee over a financial year put into one place. Edwina went on to suggest that the committee could perhaps use this report to form a work plan, looking at what we have been doing to identify what is missing.

The committee was asked to note this update and the report.

8. To Agree 2024-25 Staff Governance Committee Meeting Schedule

Andy Carter referred the committee to the proposed schedule of meeting dates for the next year and asked for the committee to approve.

The committee approved the Staff Governance Committee meeting schedule for 2024-25.

9. FOR NOTING

9.1 Occupational Health & Safety Forum Minutes – 6th November 2023

Andy Carter referred the committee to the previous minutes of the Occupational Health & Safety Forum, stating that the forum had in fact met again since then and had no particular points of interest to raise.

The committee was asked to note this update.

9.2 Training Education & Development Board Minutes – 8th December 2023

Andy Carter referred the committee to the previous minutes of the Training Education and Development (TED) Board.

The committee was asked to note this update.

9.3 Remuneration Committee Annual Report 2023-24

Andy Carter confirmed that Iris Bishop had authored the Remuneration Committee Annual Report for 2023-24, reflecting on the performance of the Remuneration Committee over the last year.

Karen Hamilton queried whether this report was titled correctly, suggesting instead Remuneration Committee Annual Report to Staff Governance Committee 2023-24. Edwina Cameron agreed to feed this back to Iris Bishop, noting that this report was expected on an annual basis by the Staff Governance Committee as part of the governance process.

Lynne Livesey referenced that the report mentions Terms of Reference being looked at annually and queried if these come to the main Board or through the Staff Governance Committee. Edwina confirmed that the Staff Governance Committee accepts assurance from the Remuneration Committee that they have checked their Terms of Reference and that these have been signed off as part of the governance structure.

The committee was asked to note this update.

9.4 Survey – Effectiveness of Staff Governance Committee – November 2023

Andy Carter confirmed this survey was issued to colleagues to ask about how they felt the Staff Governance Committee has functioned over the last financial year, noting in terms of comments only four people contributed to this questionnaire. Comments included the scheduling of meetings, noting the committee had changed dates over the course of last year and it was agreed to try and avoid this over this financial year. He also committed to the timeframe and quality in regard to meeting papers, allowing time for scrutiny and assurance of data-sets.

John McLaren referred to hard-copy papers being previously issued for the Staff Governance Committee, stating this was an issue of contention and an inappropriate use of resources, hoping this was no longer a requirement and that all papers were now issued electronically. Edwina Cameron confirmed this was the case, electronic papers only.

Lynne Livesey queried whether she had received the full pack of papers for this meeting, commenting that there was only one copy of feedback to this survey. Lynne went on to reiterate the importance of committee members submitting returns, stating it would have been helpful to

understand the full view of the working effectiveness of the Staff Governance Committee. Edwina suggested that the questionnaire should probably be re-issued to the committee and agreed to discuss this with Iris Bishop, and to bring the output back to a future meeting. The Chair made a final comment that the timing of the issuing of the survey was around Christmas and New Year last year, so was not ideal and also suggested a slightly longer timescale for responses, with a one-week reminder issued.

Lettie Pringle acknowledged that the survey had a bit around development and noting this was very risk focused, referenced a five-minute video available on Risk Governance, which include roles in the Staff Governance Committee, and agreed to share this with members in the MS Teams chat function.

Karen Hamilton shared that with the reduction in number of Non-Executive Directors, offered as an organisational saving, she is doing a piece of work with Iris Bishop looking at the governance committee membership and structure overall, so the committee could expect some changes; and noted that any views that come back from this assessment of the Staff Governance Committee would be really welcome in informing their piece of work.

Ralph Roberts wished to highlight that the Staff Governance Committee need to be sure that they are content with the Terms of Reference, recognising that the requirements of these are clearly set out by the Scottish Government; therefore not much scope in terms of changing the role of the committee but making sure we have the right membership in attendance was key. Ralph wished to reassure Lynne Livesey by explaining that as part of the whole corporate governance pack that comes to the Board includes the Terms of Reference for all of the committees, including Staff Governance and Remuneration.

The committee was asked to note this update.

10. Action Tracker for Updates

There were no actions on the Action Tracker requiring any update.

11. Any Other Competent Business

No other competent business was raised.

Date of the next meeting

The next Staff Governance Committee meeting was confirmed for Thursday 18th July 2024 from 13:00-15:00 via Microsoft Teams.

The Chair thanked those in attendance for their contributions and closed the meeting.



| | |
|---|-------------------------------------|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| 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 25 June 2024

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 02.04.24

MINUTE of meeting held on
Tuesday 2 April 2024 - 13:00 – 14:00
Via Microsoft Teams

Present: Kevin Buchan, Nicky Hall, Martin O’Dwyer, Fiona Sandford, Philip Grieve,
Mark Redpath

In Attendance: Lesley Shillinglaw – Minutes/Actions

1. **APOLOGIES and ANNOUNCEMENTS**

Caroline Cochrane, Rachel Mollart, Martin O’Dwyer

ACF members introduced themselves to Mark Redpath who was in attendance to provide feedback from

2. **Draft Minute of previous ACF**

Minutes from January 2024 approved by Kevin Buchan and seconded by Fiona Sandford

Action Tracker: Updated accordingly

There followed discussion regarding links between ACF and Board and Kevin will link in with Iris regarding this. The importance of having a clinical voice from ACF was highlighted and in particular how we can link in the Medical and Nursing Director into ACF and Kevin agreed to arrange a meeting with the Chair and Chief Executive initially to discuss this and will update at the next ACF meeting. **Action:** Kevin Buchan

3. **Clinical Governance Committee**

Fiona Sandford provided feedback as follows

- LD Board: Discussion on difficulties on finalising placements on coming home – placements in Kelso not as yet filled.
- Mental Health: Met CAMHS Heat Target
- Unstable workforce common theme throughout – one Consultant Psychiatrist recruited
- Acute: Over 1000 breaches in ED – now have Laura Ryan to assist with front door of ED and good signposting.
- P&CS: To allow staffing within community hospitals relying on Dr T Young as well as Laura Ryan to assist.
- Update on closure of Chirnside
- Sickness absence concern throughout
- Community Hospitals
- Annual Report on Maternity and Neonatal: Impact of social deprivation and child death statistics. One still birth in November in Borders
- Children Services Annual Report and AHP Education Annual Report
- Standing Item: Infection: Concern about ECB infections.

- Good discussion on whole system flow – difficulty of delayed discharges – good work ongoing however is a huge concern
- Discussion on Public Health Annual Report – available on website – looking at strong leadership, working with anchor organisations, social prescribing. Concerns expressed re preventative work, however report on deprivation by DoPH. Report on deprivation on dental health and children
- Annual Mortality Report

There followed discussion around the importance of preventative work within Public Health and Fiona confirmed she would be meeting with Dr Sohail Bhatti today and noted a report which has been prepared by Dr Bhatti due to Board meeting on Thursday which is welcomed as a good starting point.

3. **Non Exec Input to ACF**

Kevin Buchan intimated that the Non Exec Input into ACF provided currently by Fiona Sandford and following discussions with Karen Hamilton, it was agreed that Fiona Sandford would remain on ACF, however noted that some succession planning would be required.

4. **National ACF Chairs Meeting**

Kevin Buchan provided feedback as follows

- Governed by John Harden.
- Meeting recently supported by HIS
- Financial cuts across Boards dominated last few meetings.
- How ACF can support clinicians in a wider sense

ACF chairs who had been at Board level for a longer duration felt more comfortable to influence and as a smaller Board it should be easier

5. **NHS Borders Pharmaceutical Care Services Report**

Martin O'Dwyer made reference to the difficulty in getting better population data and work around future contract applications whereby it will be easier to see progress of applications thereafter. Formal thanks noted by ACF for work around population data by Malcolm Clubb and Kate Warner. ACF noted the Borders Pharmaceutical Care Services Report and progress to date.

6. **NHS Borders Board Papers**

Kevin referred to the Financial Paper and the level of savings certain areas have made e.g. 5 areas commissioning, acute, primary care and mental health, noting Primary Care and Mental Health have gone above. In response Fiona referred to Mental Health and savings were accidental in so far as not being able to recruit. Fiona highlighted the issue of closing surge beds and the difficulty in closing. Paul Williams referred to savings within P&CS and being part of the broader IJB and a risk of even further asks to make even more savings.

There followed discussion regarding Independent Contractors and the possible expectation of picking up work not not viable and Martin O'Dwyer agreed that this is happening within Pharmacy as well. Kevin intimated that GPs are working with 25 appointments per day which BMA have deemed safe and thereafter 25 these patients typically attend A&E or 111.

7. **Professional Advisory Committees:**

Area Dental Advisory Committee (ADC)

No update provided – Apologies for meeting received from Gerhard Laker

Area Medical Committee (AMC) & GP Sub Group

Kevin Buchan updated ACF as follows

- Paper to AMC asking SG for 10% more sponsored by BMA, however LNC from BMA didn't win and 10%

Area Ophthalmic Committee (AOC)

Nicky Hall provided update from February meeting as follows:

- Cataract surgery – good progress. Company in assisting with waiting list.
- Orthoptist left so low visual aid clinic on hold presently
- Dr Gowdie from Edinburgh – discussion took place on referral process. Now have visiting Ophthalmologists a few days per week
- Scheme for Registration changing. Now stay at University for another year – so all come out as independent prescribers by 2029.
- Private Surgery – e.g. had people going abroad and coming back to Borders

Kevin confirmed he has not heard any update back from Public Health around the Private Health Care Policy.

Area Pharmaceutical Committee (APC)

Martin provided update as follows

- Pharmaceutical Care Services Plan
- Concern around funding packages
- Issues with influx of patients not going to A&E and presenting at pharmacy for various reasons
- As per Ophthalmology above, changes to Pharmacy students and they will also now come out as prescribers at the

Area Health Professionals (AHPs)

- Pressures in terms of flow
- Unable to do preventative work
- Safe Staffing Legislation in force – work within AHPs around how demonstrating and articulating.
- AHP Professional Forum – similar approach to Nursing & Midwifery Council to ensure AHP professional voice to feed into ACF – escalate risks etc. Will bring revised TOR to ACF. Will be a deputy to attend ACF moving forward

Professional Nursing & Midwifery Leadership Council (PN&MLC)

Philip Grieve provided an update as follows:

- Met on regular basis since December 2023.

- Final TOR will come to next meeting
- Working on devising a nursing and midwifery and AHP strategy for NHS Borders
- Reaching out across the organisation seeking them to use PN&MLC as an advisory board e.g. digital for formularies/pathways etc so have reached out to IM&T for clinicians to access clinical information quicker and more effectively.
- Asked for access to MEDUSA, Pharmacy service, which a lot of clinical services don't have access to – now piloting a QR system
- Would like to raise profile – will be a staff share going out on Friday
- Nationally – big focus on care assurance – document will be shared soon on how provide care assurance.

Medical Science Update:

Mark Redpath provided an update as follows:

- Lots of single points of failure – a lot of single handed Consultant Services
- Tried to engage with neighbouring Boards to assist with this – not been successful in gaining any support from Lothian or Fife
- Haematology – receive some remote support also been engaging with Pharmacy to see how they can assist with support e.g. prescribing of oral chemotherapies to assist with a very small haematology service
- Value Based use of diagnostics – have engaged with Malcolm Clubb – new prescribing protocols which is helpful to be aware of.
- Work effectively as a region – Borders, Lothian & Fife in terms of diagnostic laboratories – ERPB – strategic part Chaired by Ralph. Labs main role is to ensure evidence based use of things – therefore specialist work done in specialist centres. If offering acute service require an acute diagnostic service on site – work ongoing – in early stages.

Psychology

No update provided. Philip Grieve asked if it would be possible to get an update from Mental Health for an update. **Action:** It was agreed that Kevin Buchan would get in touch with Simon Burt/Louise Keir.

Issues for Escalation to CG/Board

ACF agreed that feedback regarding concerns around impact on independent contractors.

9. **Any Other Competent Business**

Nicky Hall: Letters being sent out – please ask staff to print double sided.

10. **Date of Next Meeting:** - 26.6.24

NHS Borders



| | |
|---|--|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| Title: | NHS Borders Performance Scorecard August 2024 |
| Responsible Executive/Non-Executive: | June Smyth, Director of Planning & Performance |
| Report Authors: | Carol Graham & Hayley Jacks, Planning & Performance Officers Matthew Mallin, BI Developer |

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

2 Report summary

2.1 Situation

The main body of the scorecard sets out performance as at end of August 2024 against the targets from the Annual Delivery Plan (ADP). The report also includes as appendices performance as noted against some previous Annual Operation Plan/Local Delivery Plan 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. New targets and trajectories were submitted to Scottish Government as part of the ADP.

In July 2024, a new approach to quarterly monitoring of progress against plans for 2024/25 was issued by Scottish Government to Health Boards. Boards were requested to share a copy of their own local Delivery Plan progress or performance report which they present to their own Board to inform them on progress on delivery against their plans. The intention is that this will provide assurance around delivery in a way which ensures that the Scottish Government is receiving information consistent with that received by the Board itself, whilst also reducing workload and duplication of reporting. In light of this request, it has been proposed that we will submit a copy of this performance report to Scottish Government on a quarterly basis throughout 2024/25. We submitted our quarter 1 reporting to Scottish Government on Monday 12 August, meeting the deadline of 16 August.

2.3 Assessment

We are still unable to meet certain trajectory targets however summaries for each of these can be found within the scorecard where available updates have been added. To clearly demonstrate where we are achieving or under achieving on standards, a summary of met targets for Planned Care and Delayed Discharge has been included within the scorecard from this month.

Where services have been able to provide it, narrative is contained within the body of the scorecard, focusing on waiting times trajectories and the 'hot topics' of emergency access standard and delayed discharges.

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

Services will carry out HIAs as part of delivering 2024/25 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.

2.3.8 Route to the Meeting

The Performance Scorecard has been developed by the Business Intelligence Team with any associated narrative being collated by the Planning & Performance Team in conjunction with the relevant service area.

2.4 Recommendation

- **Awareness** – To note Board performance as at the end of August 2024.

The Board/Committee will be asked to confirm the level of assurance it has received from this report:

- **Moderate Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Borders Performance Scorecard



PERFORMANCE SCORECARD

As at 31 August 2024

Month 5

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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.

This report contains 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).

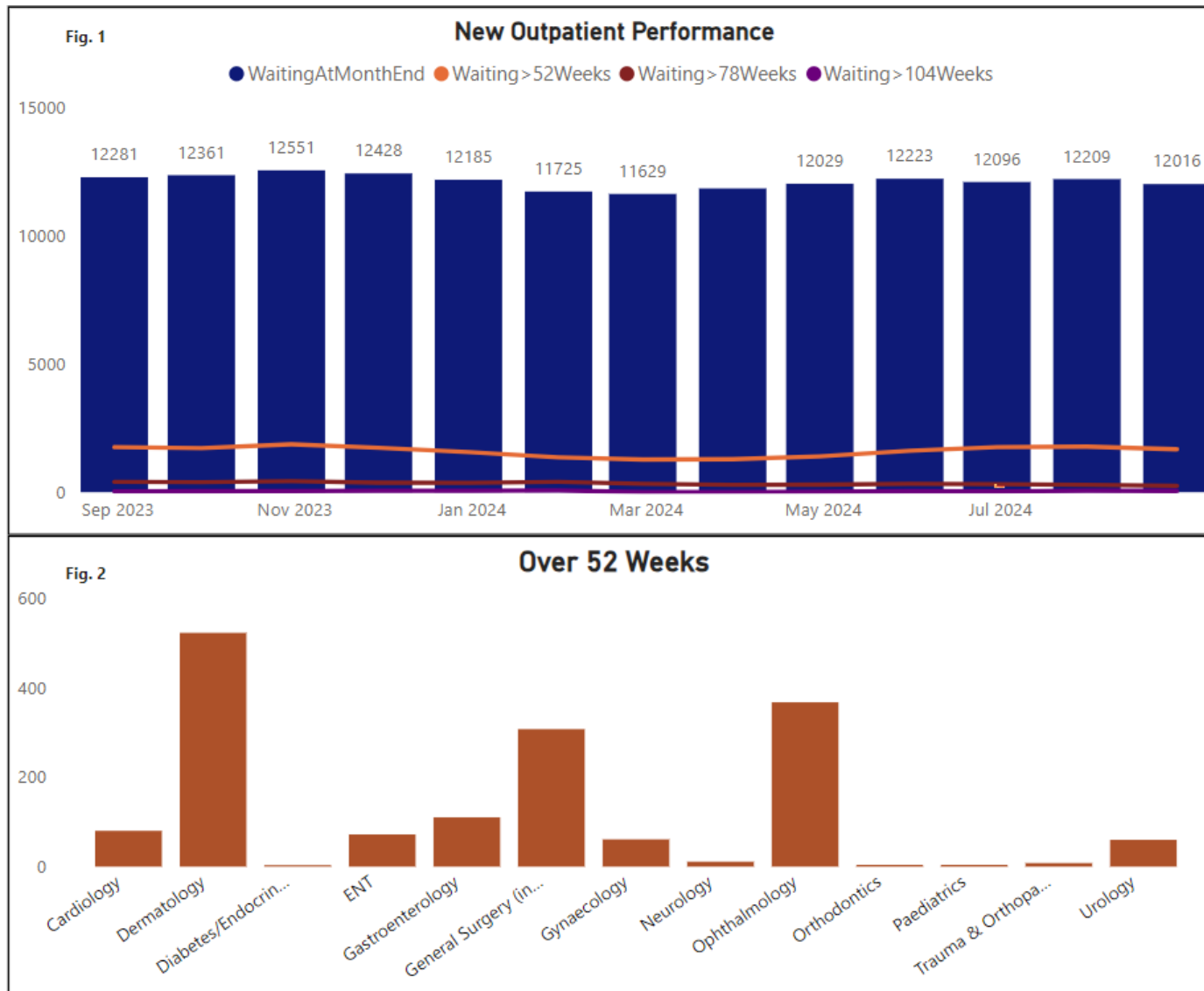
In July 2024, a new approach to quarterly monitoring of progress against plans for 2024/25 was issued by Scottish Government to Health Boards. Boards were requested to share a copy of their own local Delivery Plan progress or performance report which they present to their own Board to inform them on progress on delivery against their plans. The intention is that this will provide assurance around delivery in a way which In light of this NHS Borders will submit a copy of the Performance Scorecard report to Scottish Government on a quarterly basis throughout 2024/25.

Performance is measured against a set trajectory or standard if this is available. To enable current performance to be judged, colour coding is being used to show whether the trajectory is being achieved. A tolerance of 10% is applied to the standards to enable them to be given a RAG status. For standards where the trajectory is 0, the tolerance level is 1, anything higher the RAG status is red (for example waiting times and delayed discharges).

Current Performance on Planned Care trajectories

| Trajectories for delivering Planned Care Targets | | | | | |
|--|-----------|-----------|-----------|-----------|--------------------|
| New Outpatients (NOP) | 30-Jun-24 | 30-Sep-24 | 31-Dec-25 | 31-Mar-25 | August Performance |
| Over 104 Weeks | 0 | 0 | 0 | 0 | 96 |
| Over 78 Weeks | 300 | 260 | 220 | 200 | 283 |
| Over 52 Weeks | 1411 | 1230 | 1019 | 850 | 1607 |
| Total List Size | 10115 | 9450 | 8810 | 8310 | 12016 |
| Inpatient / Day Cases (TTG) | 30-Jun-24 | 30-Sep-24 | 31-Dec-25 | 31-Mar-25 | August Performance |
| Over 104 Weeks | 10 | 10 | 5 | 5 | 53 |
| Over 78 Weeks | 250 | 229 | 210 | 200 | 182 |
| Over 52 Weeks | 645 | 617 | 595 | 575 | 455 |
| Total List Size | 3165 | 3240 | 3330 | 3310 | 2749 |

Outpatients waiting times



Performance

- The overall outpatient waiting list size and shape has been broadly stable over the past 12 months (Figure 1). We are seeing challenges in building capacity in services with the longest waiting patients and this is largely linked to workforce and recruitment challenges (Figure 2)

Issues

The main contributing factors impacting on reported performance are:

- 1) We are seeing an increasing proportion of activity being referred or prioritised as “clinically urgent”. Consequently, a higher proportion of available capacity is being used to access patients in the greatest need as appropriate. Unfortunately, this does mean longer waits for those who are prioritised as routine.
- 2) As mentioned, most long waiting patients are in specialties with key workforce issues impacting on available capacity. In all these areas we have been unsuccessful in efforts to recruit to currently vacant posts.

Priorities / Work Plan

- We are undertaking a review of our current Dermatology service provision, this includes arrangement for urgent and routine assessment, the use of Tele-dermatology and locum support. Currently there is little to no capacity for routine dermatology services in secondary care and patients in this category are waiting more than 2 years on average. NHS Borders has been approached by the Centre for Sustainability Delivery to be an early implementor of high-volume image clinics which will be centrally funded. This capacity will be focus on both adult lesions and rashes and for the longest waiting patients.
- Dermatology Consultant post will be readvertised in September
- Urology Consultant post advertised with no successful appointment. Further discussions planned with NHS Lothian on future model. Post will go back to advert once agreement on model. Particular challenges for service in respect of prostate and prostate cancer referrals.
- Ophthalmology service advertised for a Consultant and again failed to recruit. Alternative options for a locum appointment are being considered.
- Interviewing for a Consultant Orthodontist on 4th November 2024. In the interim locums in place.
- Further work in General Surgery and Orthopaedics is progressing regarding OPD capacity.
- Cardiology recruitment successful with the likely start date to be in quarter two of 2025/26.

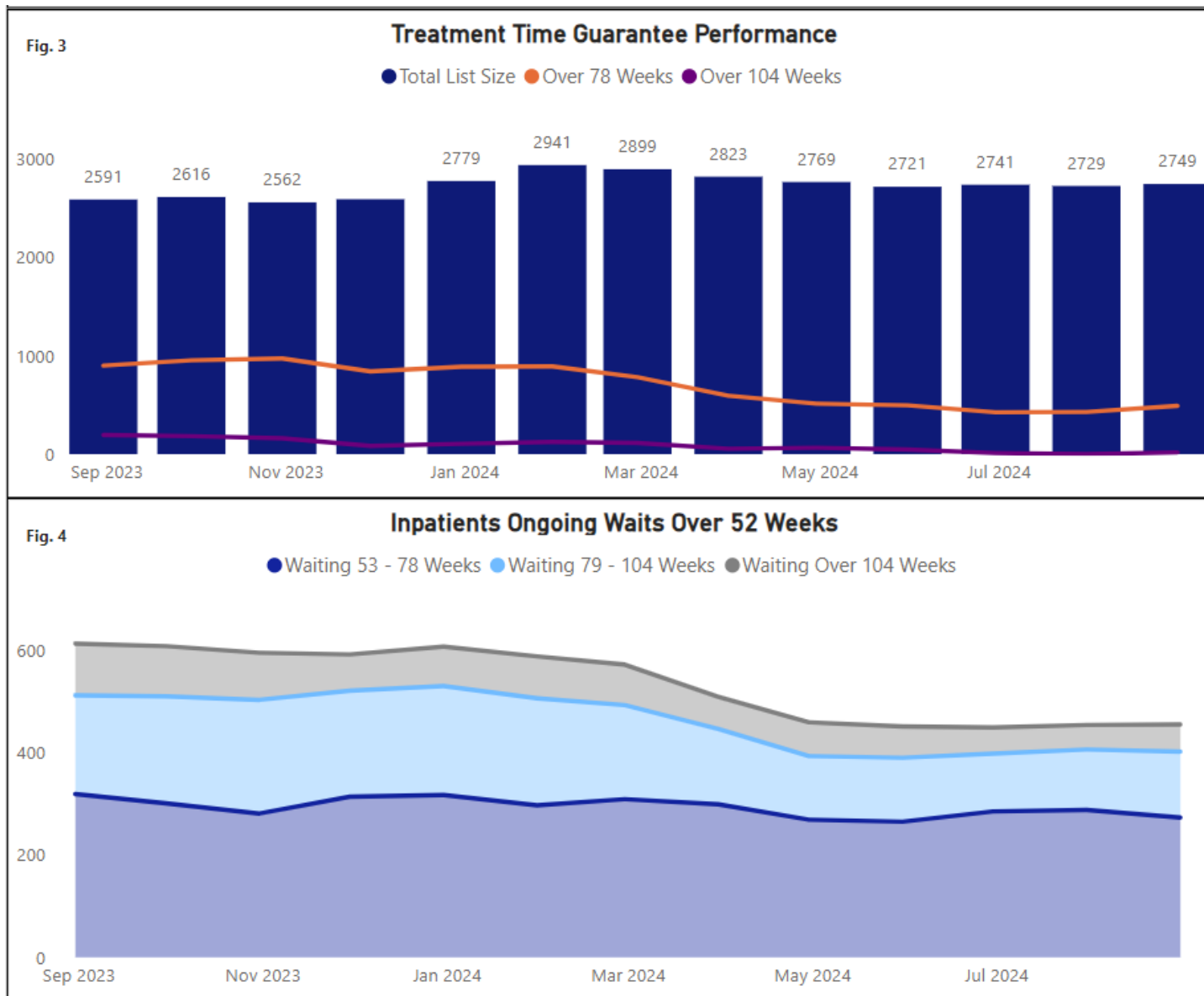
It is unlikely given financial constraints that there will be significant capacity to address long waits without additional funding support, or productivity gains identified from ongoing capacity reviews.

Successes

- ENT specialty doctor in post and we are already seeing improved performance for both urgent and routine waiting times.
- Service has implemented a new electronic booking system which will support maximising clinic occupancy

Updated.89;6980

TTG Performance Against Trajectory- All Specialties



Performance.

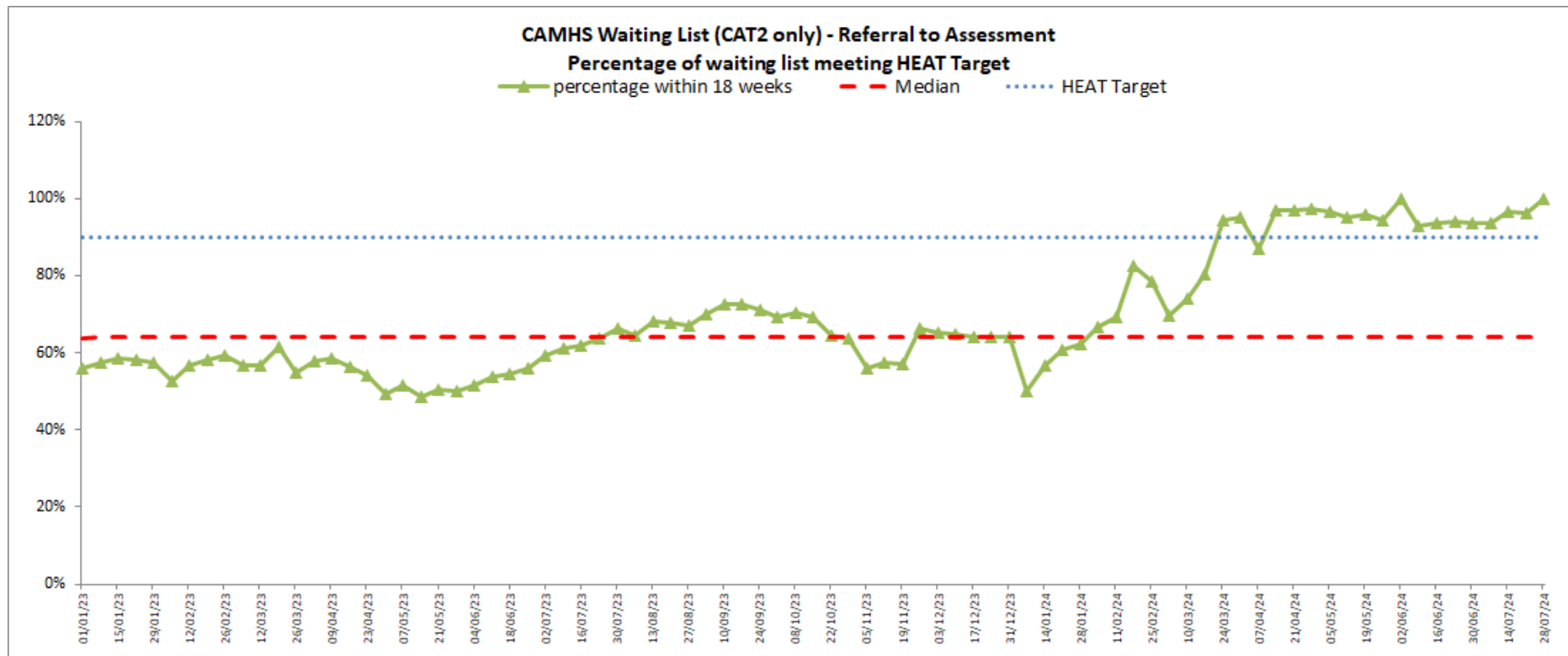
- The size of the IPWL continues to show a slow but steady improvement as are the numbers waiting over 52 weeks.
- Elective Surgery Activity levels in August were disappointing and were at 88% of 2023 levels. This period was characterised by fewer Ophthalmology lists due to surgeon absence. As this specialty is a high turnover specialty, this caused a pronounced effect on total operations performed.

Priority.

- Theatre Scheduling. Current focus on Theatre 1 to reduce the amount of time that is being lost due to early finishes.

Updated.7316580

Mental Health Waiting Times – CAMHS



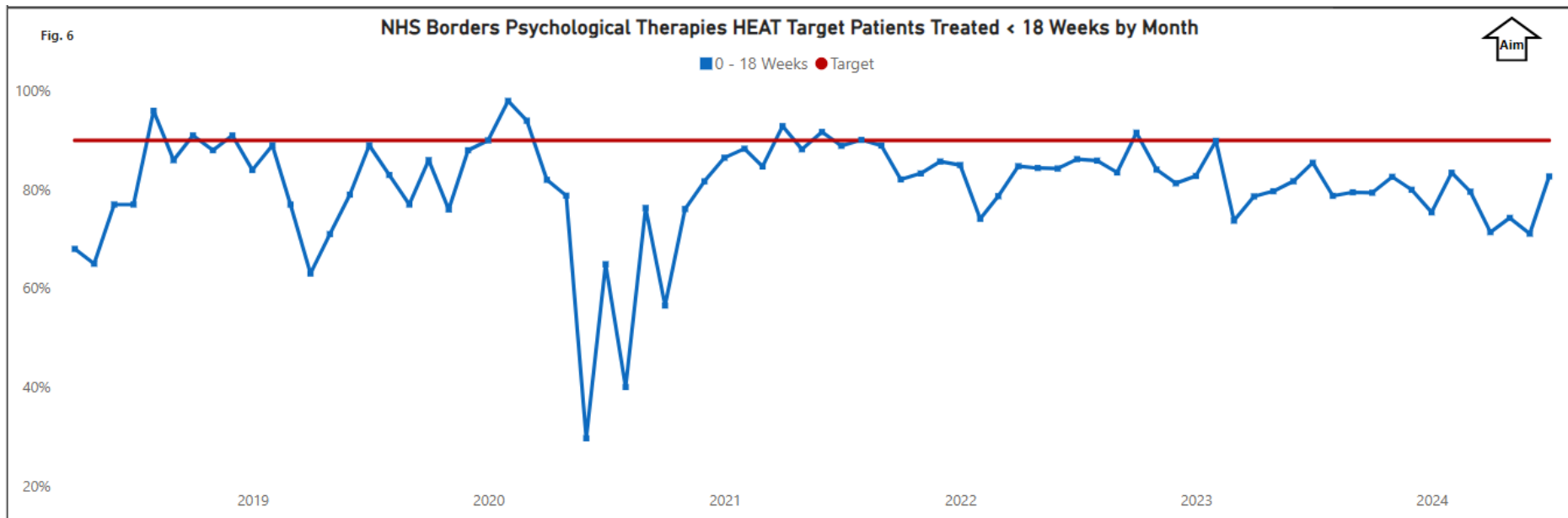
Achievement towards the CAMHS Treatment Trajectory

During July 2024, CAMHS continue to achieve the 90% HEAT Target of patients being seen within 18 weeks from referral to first appointment, with only one patient waiting over 18 weeks.

We continue to see 12 new patient appointment per week and urgent/emergency appointments out with these. Now that we are meeting the LDP (Heat Target) the referrals and number of treatments are being weighted in favour of 90% Category 1 and 10% Category 2 due to the increase in the number of Neurodevelopmental referrals. This is being monitored weekly to maintain the Heat Target for Category 2's.

Updated: 78;69;80

Mental Health Waiting Times- Psychological Therapies



Current activity and performance against HEAT Target

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. The target is to see 90% of those starting treatment within 18 weeks. Performance in July towards the PT RTT standard has improved at 82.71% which is an improvement on last month's performance (71.13% June 2024).

Current PT Waiting List (backlog)

Our waiting list has decreased this month. In July we had 439 people on our waiting list, a decrease of 41 from last month, 84.5% of whom have waited less than 18 weeks.

Of those who are waiting, 58 people are waiting between 19-35 weeks which is an increase from the previous month (39), and we have 10 people waiting in the 35-52 week range (slight reduction from last month which was 11). We have no people waiting over 52 weeks. We continue to closely monitor and work hard to reduce all waits, especially those over 18 weeks.

Waits over 18 weeks are mainly due to capacity issues and delays in secondary care psychology services, especially learning disability, substance misuse and adult mental health. We are monitoring the increases in 19-35 weeks and 35-52 weeks, as these are in areas where there are either known

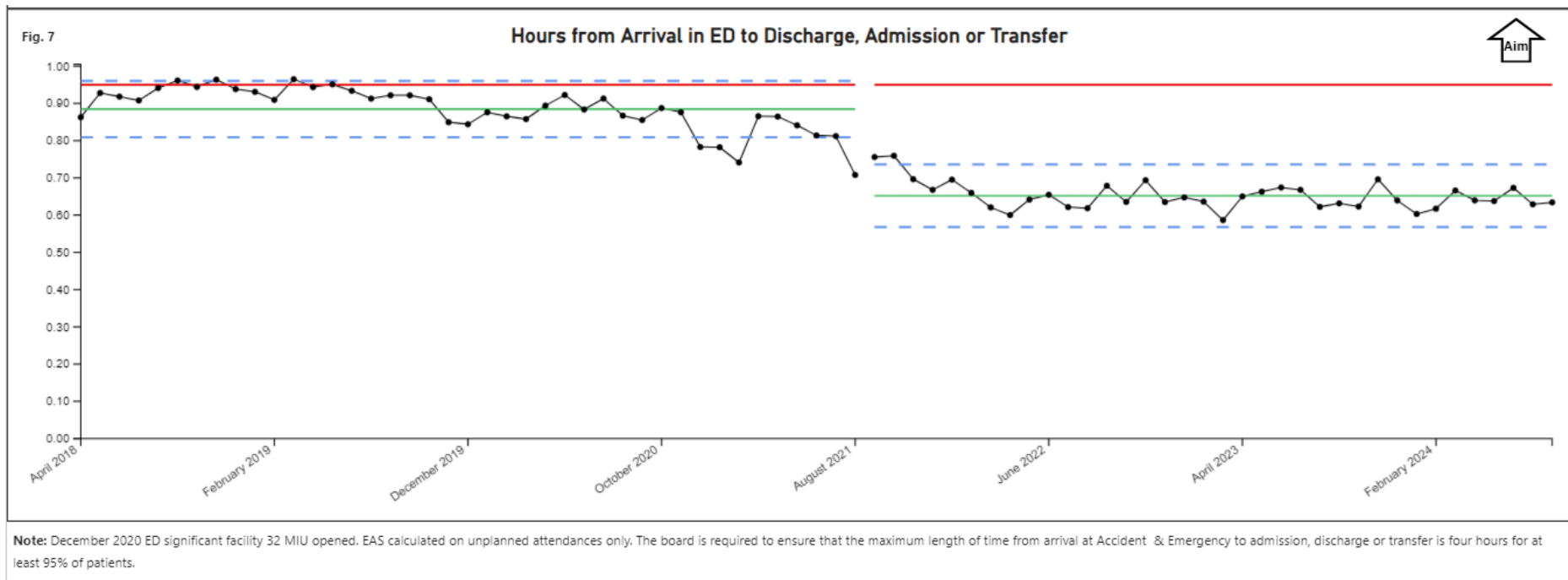
capacity gaps, staff vacancies or maternity leave which has not been backfilled due to financial pressures. This may well result in longer waits especially in the next 6-12 months.

Demand/Referrals

In July 2024, we received 234 accepted referrals (233 in June) – this is lower than usual, but not uncommon as part of seasonal variation due to the summer holidays. We are reviewing referral trends, as we are seeing some changes.

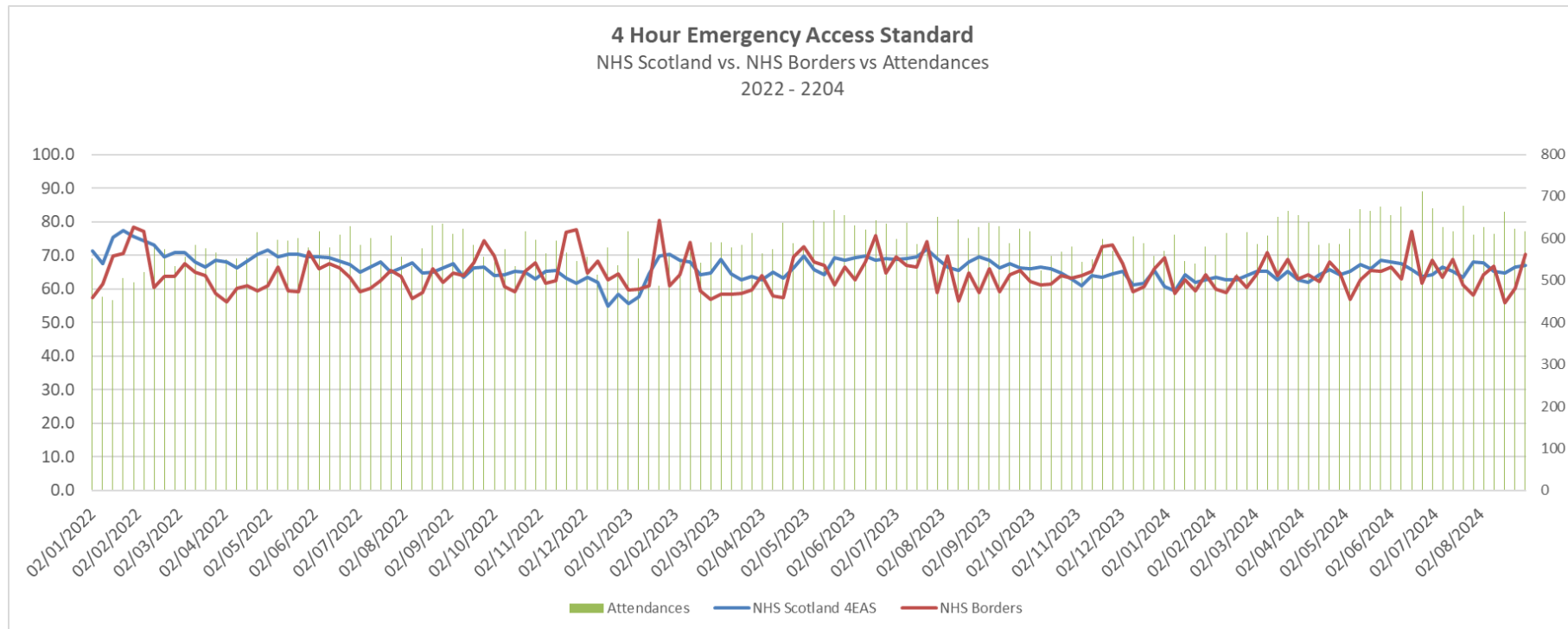
Updated: 7/8/2024

Unscheduled Care Performance - 4 Hour Emergency Access Standard Performance



In August 2024 there were 2780 unplanned attendances to the Emergency Department (ED), with 1082 breaches. Performance against the standard was 65.4% vs. 64.7 in July 2024. There remain significant challenges in delivering, safe, effective patient flow. The reasons behind this are long standing and historic (see next page for further info).

The BGH continued to face significant pressures throughout August associated with attendances, acuity, and flow with additional surge open for patients waiting longer than 4hrs for an inpatient bed.



Following NHS Board approval for the ED Workforce Review, a programme recruitment is underway to implement the recommendations across Nursing and Medical workforce. It should be noted that the department is currently working with similar nursing ratios to those suggested in the workforce review. These will now be funded and reduce the overspend. The new funded establishment for Emergency Medical (EM) consultants is 3 WTE. This workforce review was approved in August 2024.

The continued levels of high bed occupancy, coupled with notable increases across length of stay and occupied bed days has brought an increased risk to the time spent waiting for an In Patient (IP) bed in the ED, and increases the instances of the department becoming overcrowded and requiring surge capacity in Blue ED. Time spent waiting for a bed is caused by a range of factors included, treatment care delays, congestion and delayed and non delayed length of stay.

We are actively undertaking work to optimise front door flow and decongest the ED. Optimising front door flow is linked to the ability to schedule ambulatory patients, and provision of on the day access to assessment, diagnostics and treatment is one of the many ways we are working to provide the right care, in the right place, at the right time for patients in a standardised and consistent way so that patients are not admitted when it is not clinically appropriate.

There are three clinical pathways that were displaced due to our response to the Covid-19 pandemic from ward-based locations to the Emergency Department. These are:

- Acute Assessment Unit GP referrals;
- Surgical assessment for GP referrals; and
- Gynaecological assessment;

Due to increased demand for inpatient care and the volumes of patients requiring care, these pathways cannot return to their ward base. The consequence of this results in attendances at the ED from patients who could be more appropriately and safely managed using a scheduled approach in a more appropriate clinical environment. Another negative impact of these displaced pathways includes our performance against the 4-hour Emergency Access Standard.

These pathways now require to be delivered and supported by the correct processes, workforce and locations. Work has been carried out to demonstrate the reconfiguration of workforce and current footprint within Border Urgent Care Centre (BUCC) to manage this activity in a scheduled manner. The scheduling of patients and case types amenable to care, advice and signposting is a safer alternative to presentation at the ED.

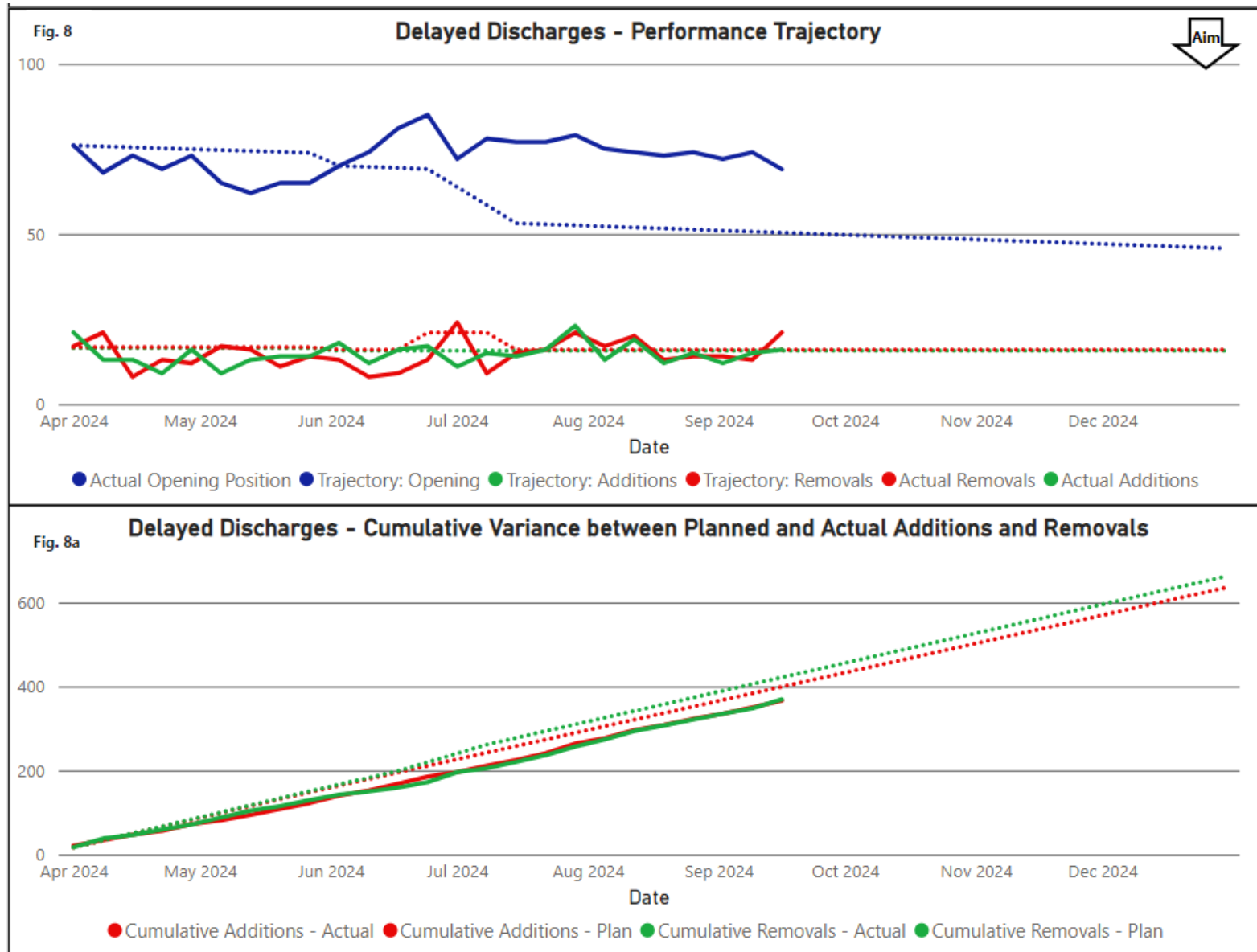
This approach is a critical component of a wider Front Door Bundle of activity. The primary focus of this work is to consider how to consolidate these pathways to generate sustainability over the short to medium term (3-5 years). In delivering this model it is anticipated that as much as 20-25% of ED activity could be redirected to urgent (not emergency) care pathways. If successful, and sustainably staffed, this will in turn reduce overcrowding/congestion in the ED department and support improvement against handover times, delays to care and patient experience.

Updated.796980

Current Performance on Delayed Discharge trajectories

| Trajectories for delivering Delayed Discharge targets | | |
|---|------------|--------|
| At 26 August 2024 | Trajectory | Actual |
| Opening position | 51.31 | 74 |
| Additions | 15.69 | 15 |
| Removals | 16 | 14 |

Delayed Discharge



What is this data telling us?

Our performance is worse than the forecast trajectory. At the time of writing, we have 74 people waiting for care as 'delayed discharges' against a trajectory of 51.

Why is this the case?

Demand has been in line with the forecast. There were 255 forecast removals from 2 June to 9 September however, there were 221 actual removals (34 less than expected). Discharges from care homes have been lower than expected. In addition, a number of relatively large packages of care were sourced which has reduced the level of additionality that we expected from the additional staff that were recruited into homecare.

What is being done to improve performance?

We have plans to convert underused lower level bed based respite in Saltgreens and St Ronans into 10 additional enhanced dementia and enhanced residential beds in the next two months. In addition, plans are being developed to reduce surge capacity through increased care capacity. We expect that these actions will bring us back into line with trajectory by the festive period.

A review of systems and processes across the Health and Social Care Partnership was completed (over the past 3 months). This included analysing type of information being shared, frequency of meetings, outcomes and feedback from all colleagues involved. The review concluded that there was lots of duplication in information being discussed, causing increased frustration to all concerned. The introduction of improved systems and processes, including more robust oversight of waiting lists, adopting a performance management approach through use of data dashboards, increased accountability and deployment of staff from Social Work localities, has resulted in significant improvement in waiting lists for care homes and packages of care.

Additional resource was deployed from locality social work teams to support with outstanding assessments across all hospital sites, and all registered managers within Adult Social Care services were trained in Trusted Assessment to provide support with delayed discharges largely in intermediate settings. Whilst the initial focus has been on reducing the number of people delayed in a hospital setting and the various supports which have been put in place, other work has been progressing to support in the form of a performance plan. This includes the following actions (amongst others):

- Discharge to assess and Community reablement undertaken by the Adult Services Team
- Technology Enabled Care first approach; utilising Technology Enabled Care as an alternative to face-to-face care
- Creation of Enhanced residential beds across 2 Scottish Borders Council Care Homes – by end November 2024
- Matching Unit will assume responsibility for the matching of patients identified for care home placements over coming weeks, alleviating further pressure from the Discharge Team.
- Matching Unit daily attendance at daily huddle, resulting in a waiting list which is now in single figures.
- Negotiations underway with new providers to support with pressures in the Home Care East locality, where the Adult Social Care team are the only provider in certain areas.

- Alternative Meal provision pathfinder due to commence over coming weeks, which will release capacity of qualified home care staff. Meals will be prepared in Grove House Care Home and will be delivered by volunteer/ancillary staff.

Updated.79;6980

Appendix to Main Performance Scorecard – Performance Against Previous Agreed Standards

Key Metrics Report – AOP Performance

| Legend | |
|-------------------|-----------|
| Value | ————— |
| Mean | ————— |
| Upper/Lower Limit | - - - - - |
| Target | ————— |

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 |

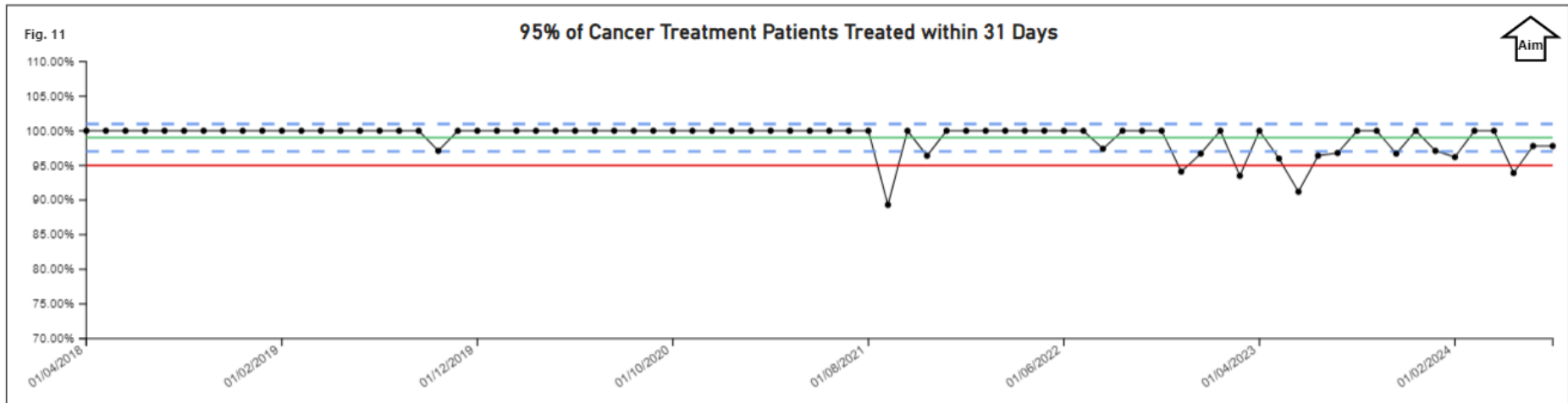
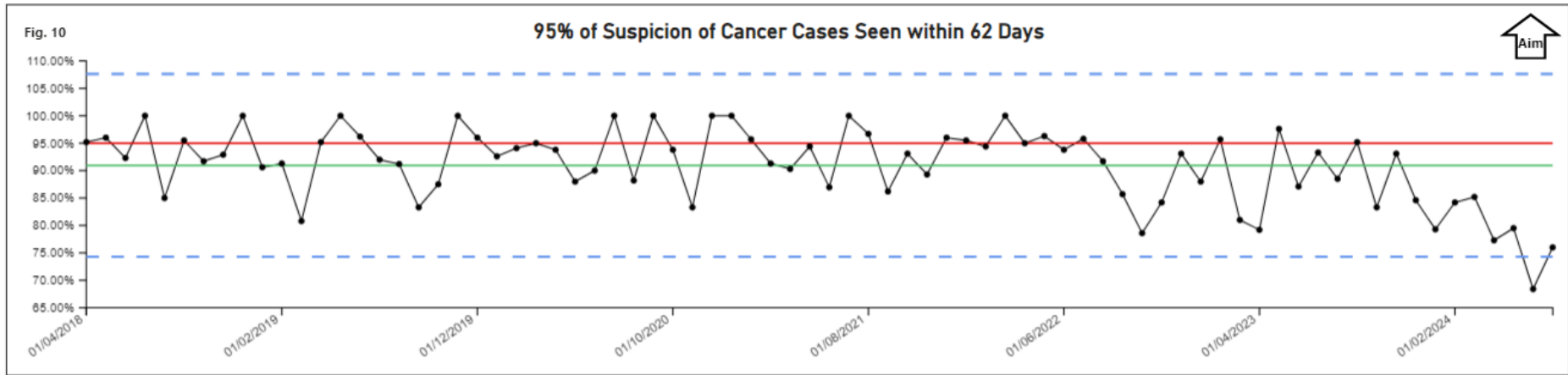
Symbols

| | |
|--|---|
| Better performance than previous month | ↑ |
| No change in performance from previous month | ↔ |
| Worse performance than previous month | ↓ |
| Data not available or no comparable data | - |

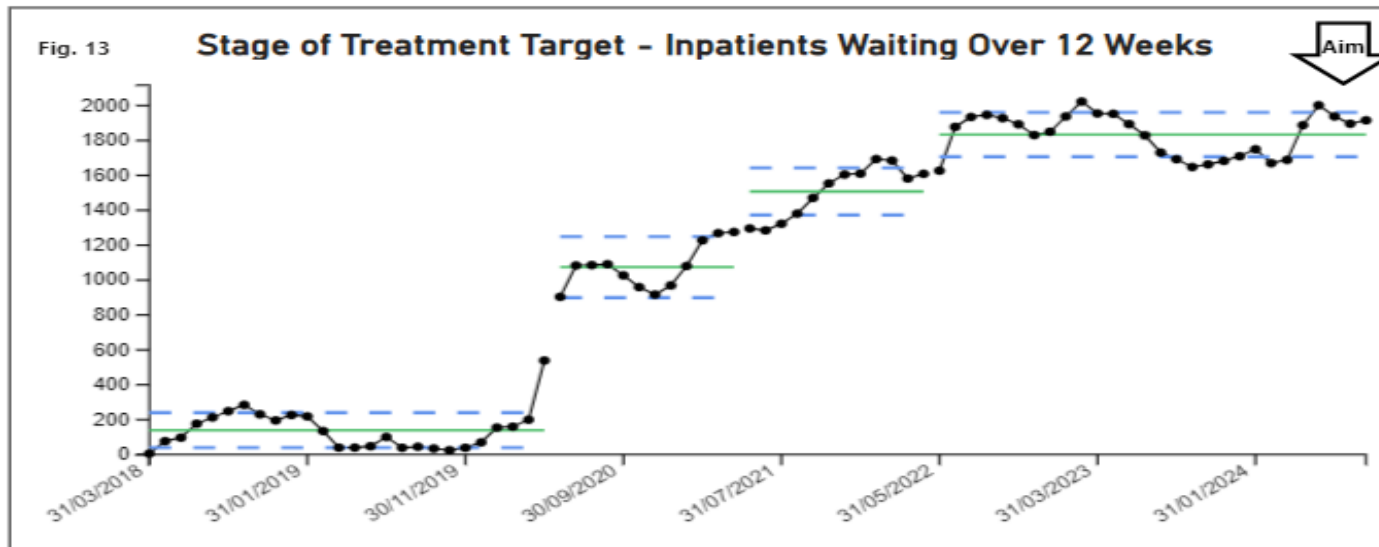
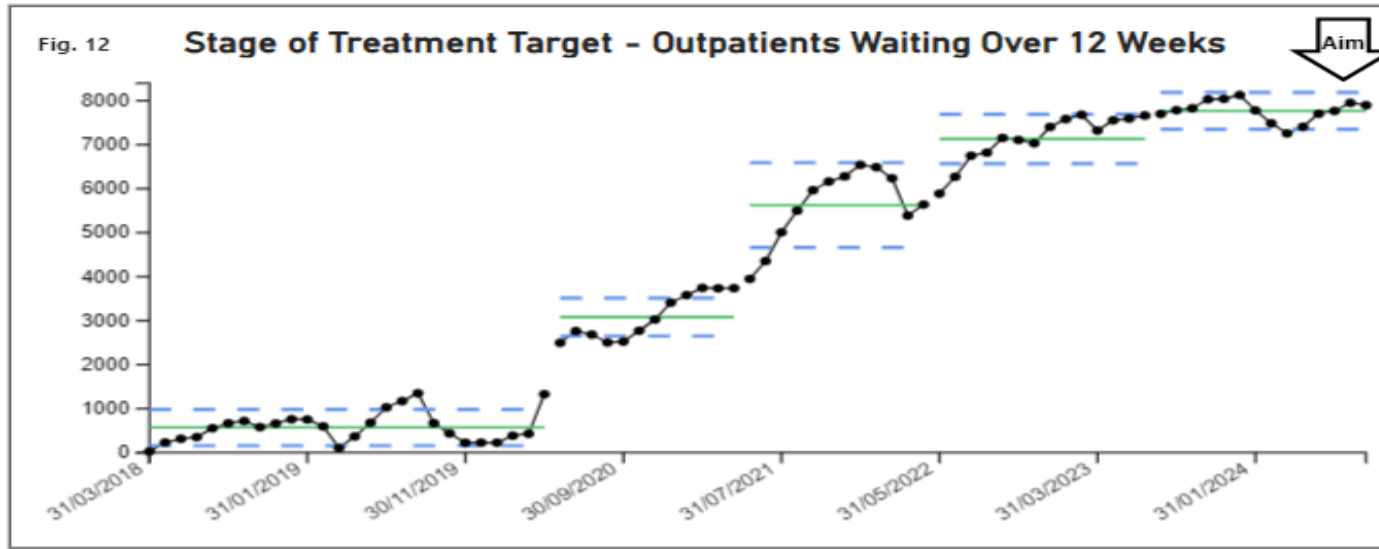
Key Metrics Report Annual Operational Standards

| Index | Measure | Target/Standard | Last Period | Last Position | Current Period | Current Position | Comparison |
|-------|---|--|---------------|---------------|----------------|------------------|------------|
| 1 | Cancer Waiting Times - 62 Day Target | 95% patients treated following urgent referral with suspicion of cancer within 62 days | 01 June 2024 | 0.68 | 01 July 2024 | 0.76 | ↑ |
| 2 | Cancer waiting Times - 31 Day target | 95% of patients treated within 31 days of diagnosis | 01 June 2024 | 0.98 | 01 July 2024 | 0.98 | ⇒ |
| 3 | New Outpatients - Number waiting >12 Weeks | Zero patients waiting longer than 12 weeks (maximum) | 31 July 2024 | 7,951.00 | 31 August 2024 | 7,899.00 | ↓ |
| 4 | New Inpatients - Number waiting >12 Weeks | Zero patients waiting longer than 12 weeks (maximum) | 31 July 2024 | 1,896.00 | 31 August 2024 | 1,916.00 | ↑ |
| 5 | Treatment Time Guarantee - Number not treated within 84 days from decision to treat | Zero patients having waiting longer than 84 days. | 31 July 2024 | 143.00 | 31 August 2024 | 131.00 | ↓ |
| 6 | Referral to Treatment (RTT) - % treated within 18 weeks of referral | 90% patient to be seen and treated within 18 weeks of referral. | 01 July 2024 | 0.67 | 01 August 2024 | 0.64 | ↓ |
| 7 | Diagnostics (8 key tests) - Number waiting >6 weeks | Zero patients waiting longer than 6 weeks for 8 key diagnostic tests | 01 July 2024 | 255.00 | 01 August 2024 | 277.00 | ↑ |
| 8 | CAMHS - % treated within 18 weeks of referral | 90% patients seen and treated within 18 weeks of referral | 01 May 2024 | 0.89 | 01 July 2024 | 0.75 | ↓ |
| 9 | A&E 4 Hour Standard - Patients discharged or transferred within 4 hours | 95% of patients seen, discharged or transferred within 4 hours | 01 July 2024 | 0.63 | 01 August 2024 | 0.63 | ↑ |
| 10 | Delayed Discharges - Patients delayed over 72 hours | Zero patients delayed in hospital for more than 72 hours | 31 July 2024 | 69.00 | 31 August 2024 | 61.00 | ↓ |
| 11 | Psychological Therapies - % treated within 18 weeks of referral | 90% patient treated within 18 weeks of referral | 01 May 2024 | 0.74 | 01 July 2024 | 0.83 | ↑ |
| 12 | Drug & Alcohol - Treated within 3 weeks of referral | 90% patient treated within 3 weeks of referral | 01 March 2024 | 0.99 | 01 June 2024 | 0.97 | ↓ |
| 13 | Sickness Absence Rates | Maintain overall sickness absence rates below 4% | 01 July 2024 | 0.06 | 01 August 2024 | 0.06 | ↓ |

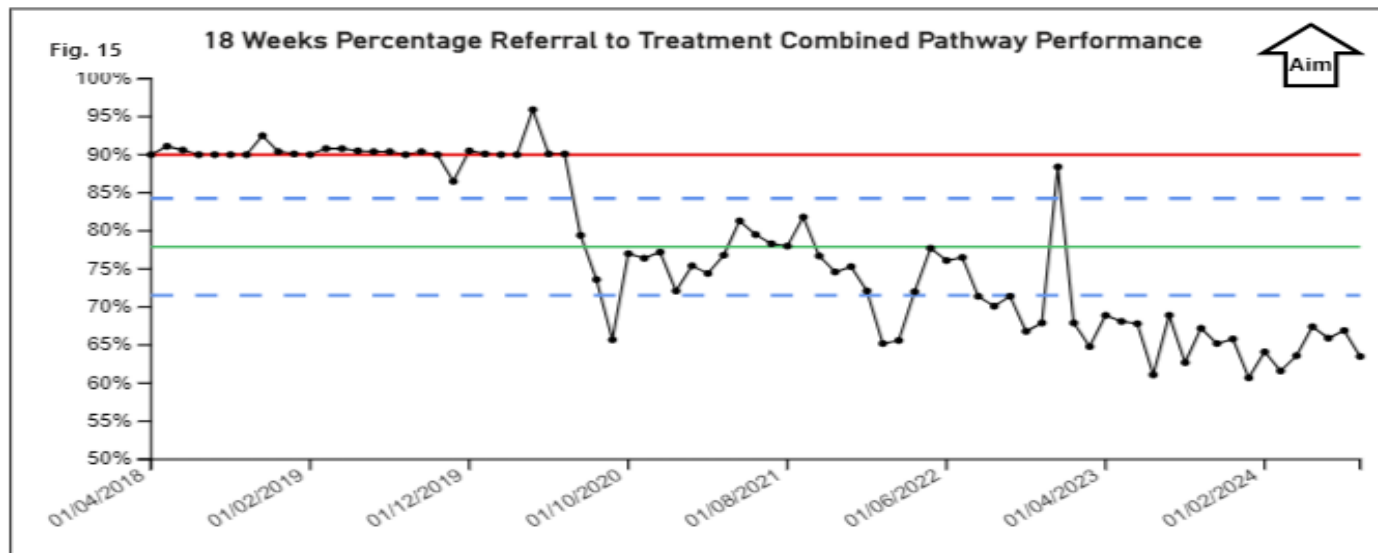
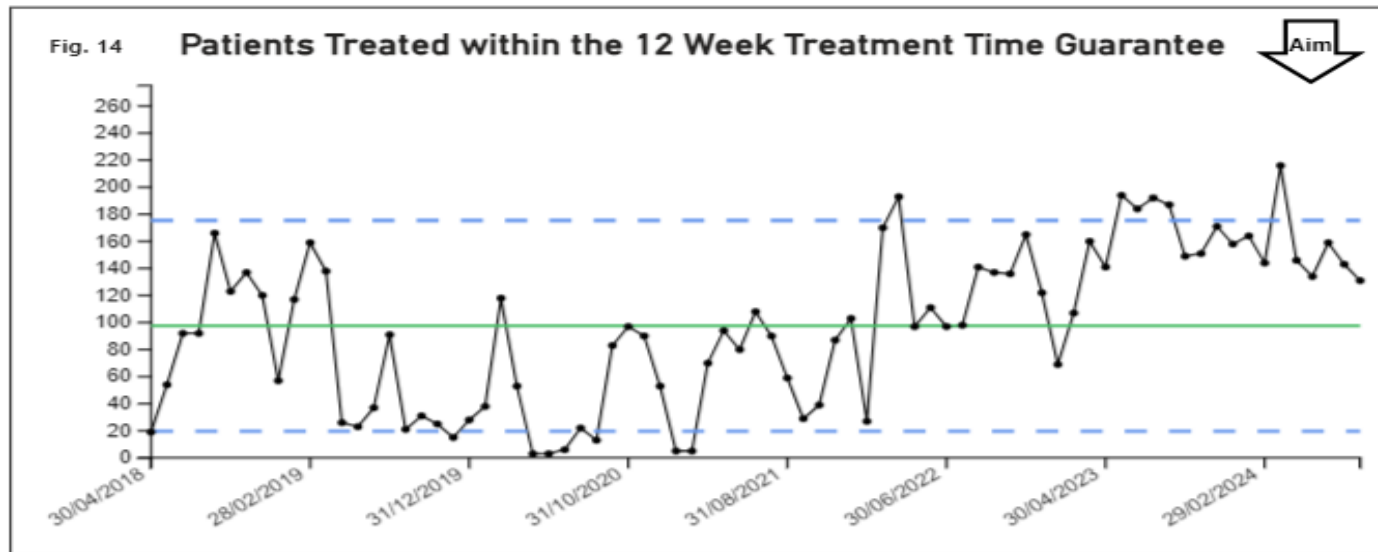
Cancer Waiting Times



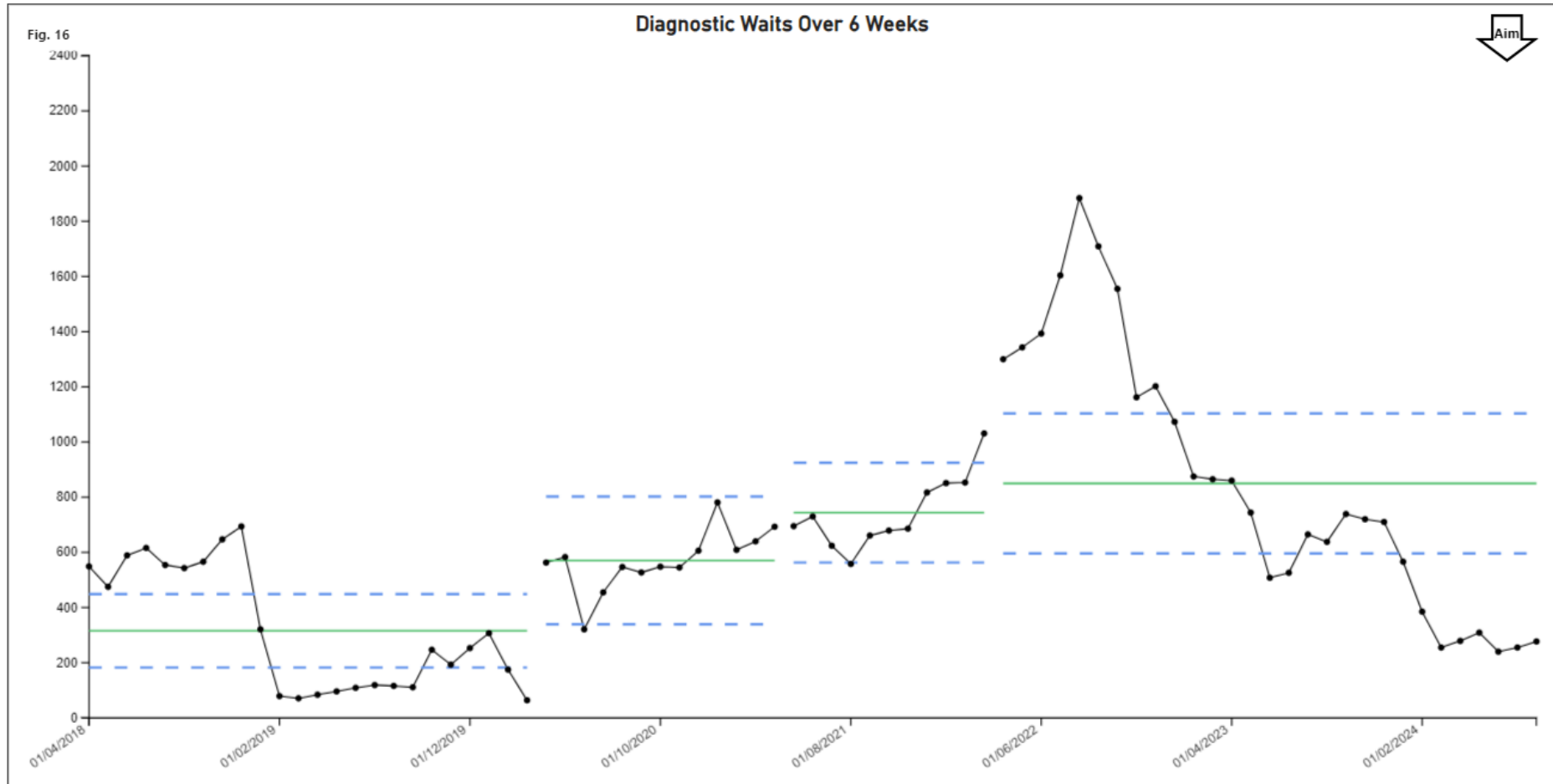
Stage of Treatment- Outpatients/Inpatients waiting over 12 weeks



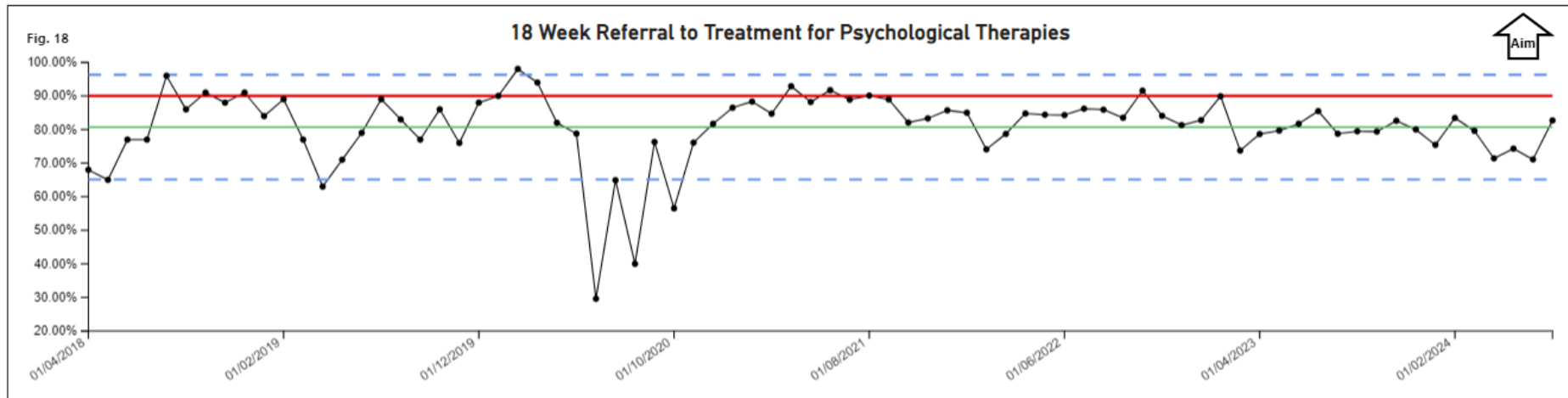
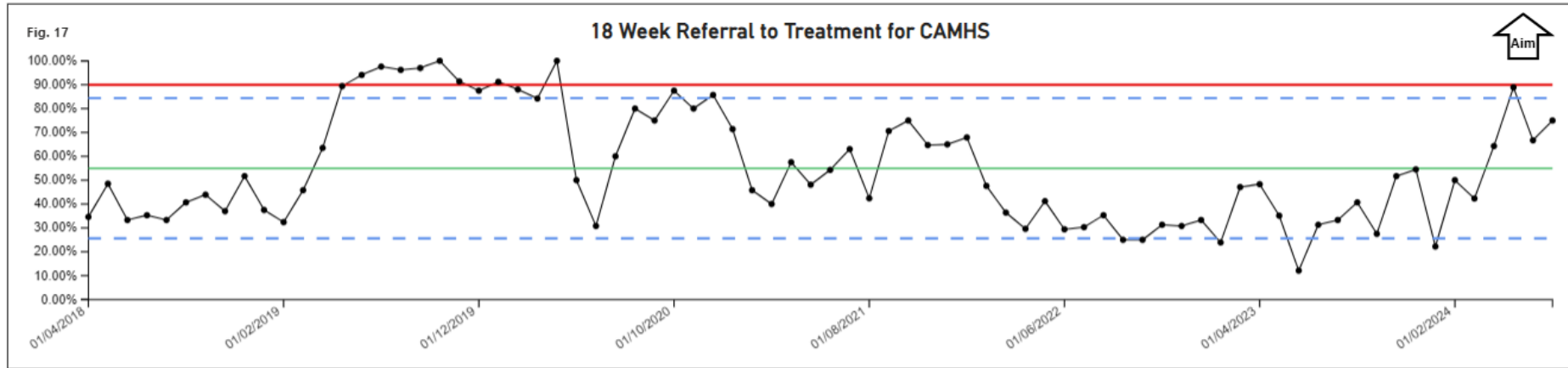
Treatment times



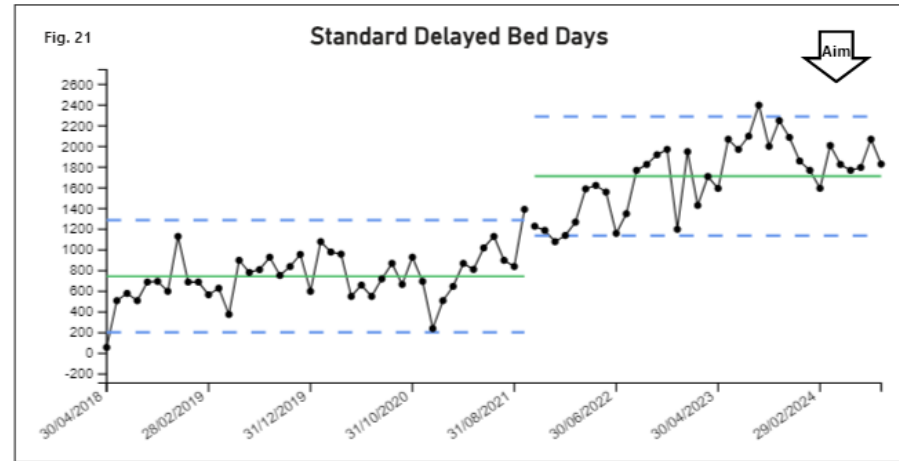
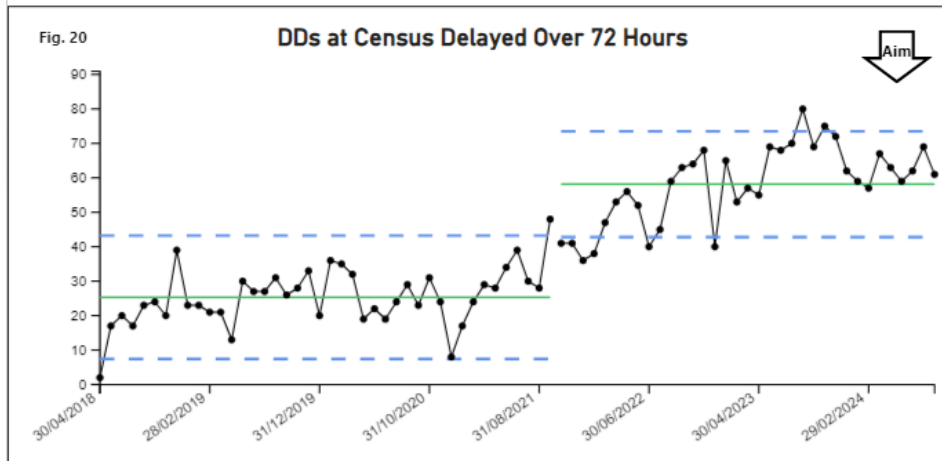
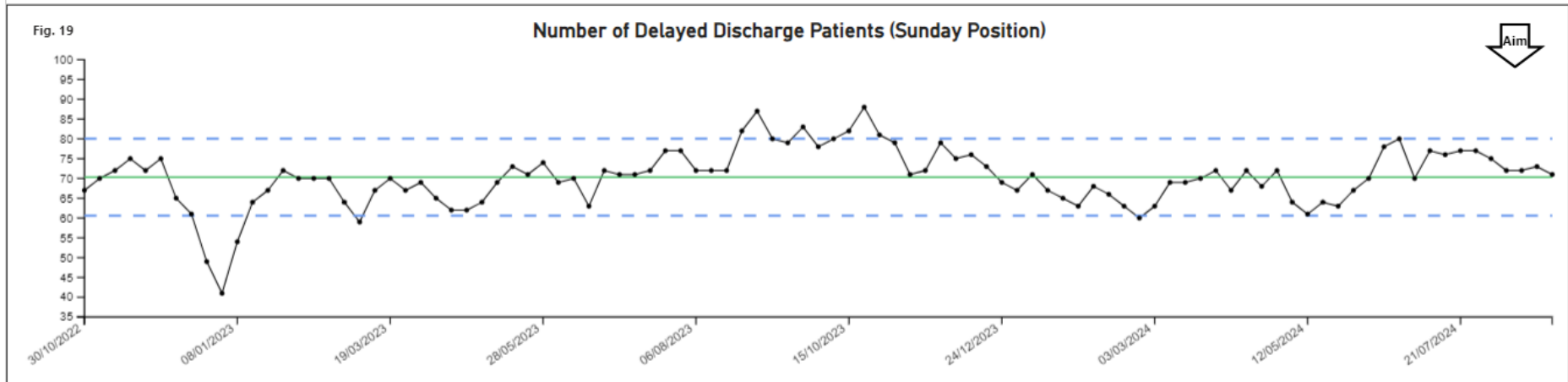
Diagnostic Waits



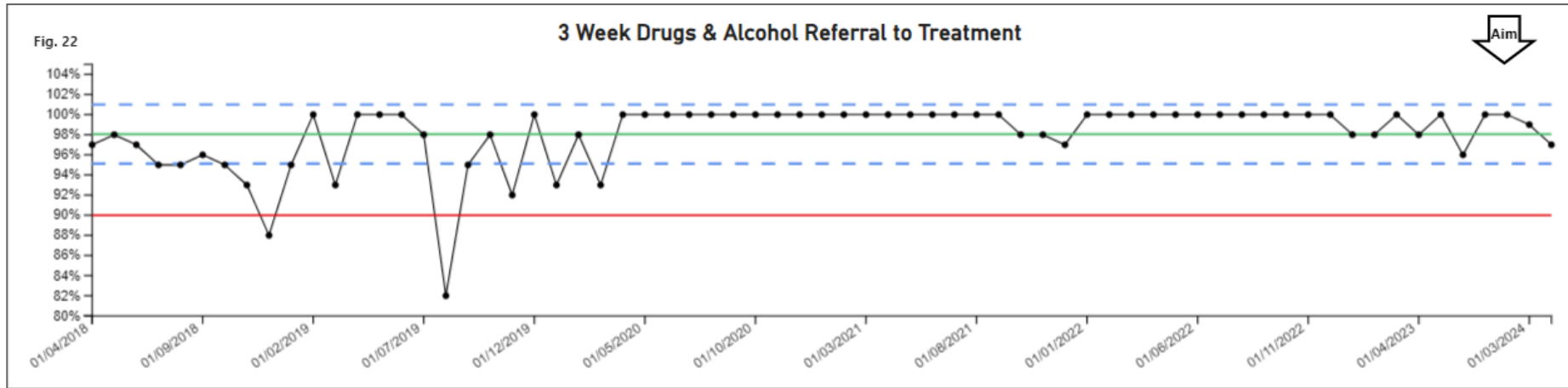
Mental Health



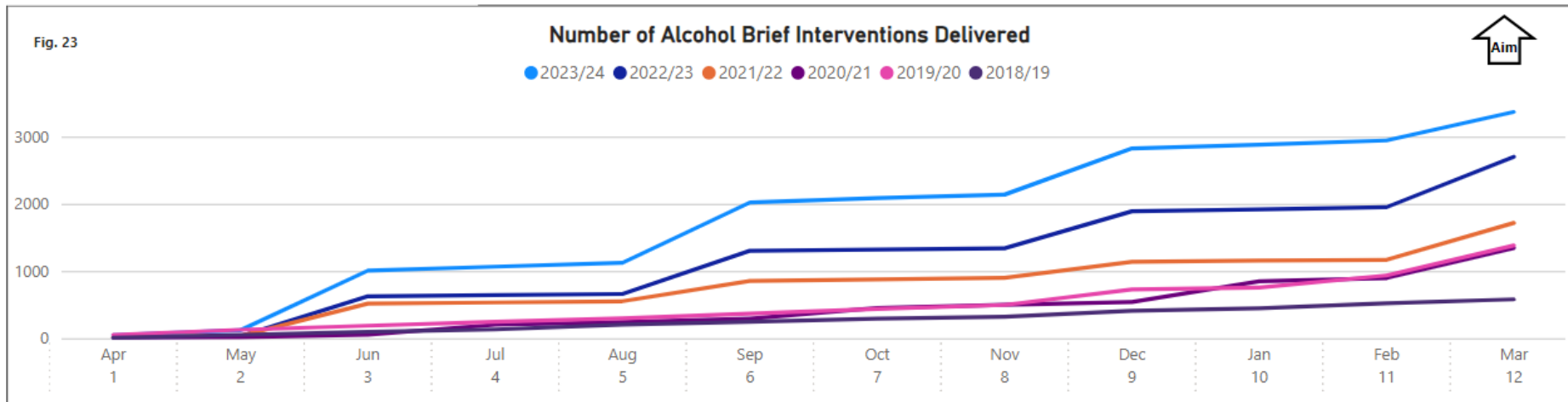
Delayed Discharges



Drugs & Alcohol

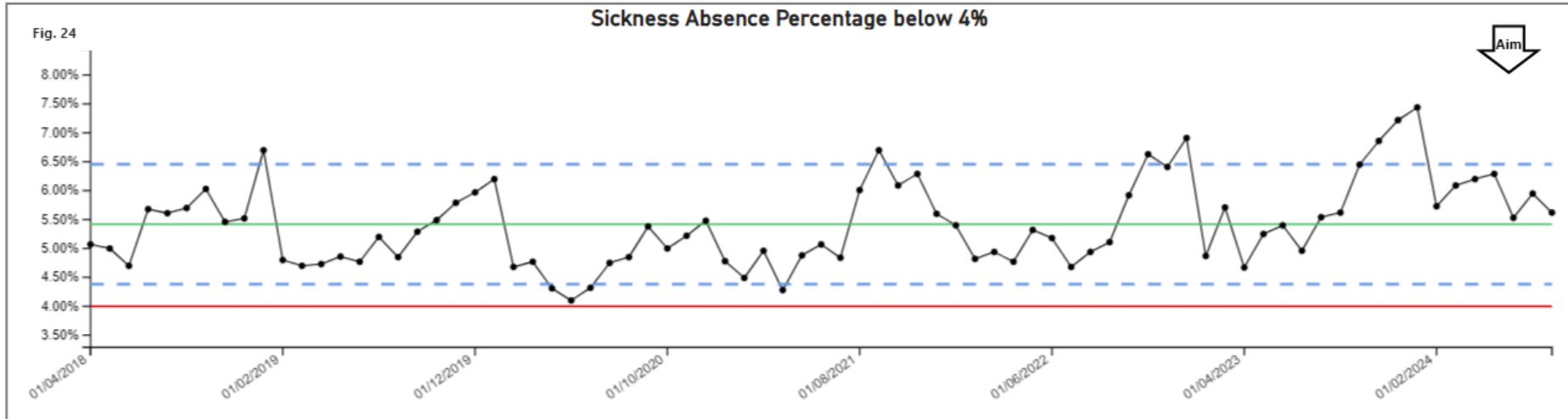


Note: Updates provided Quarterly

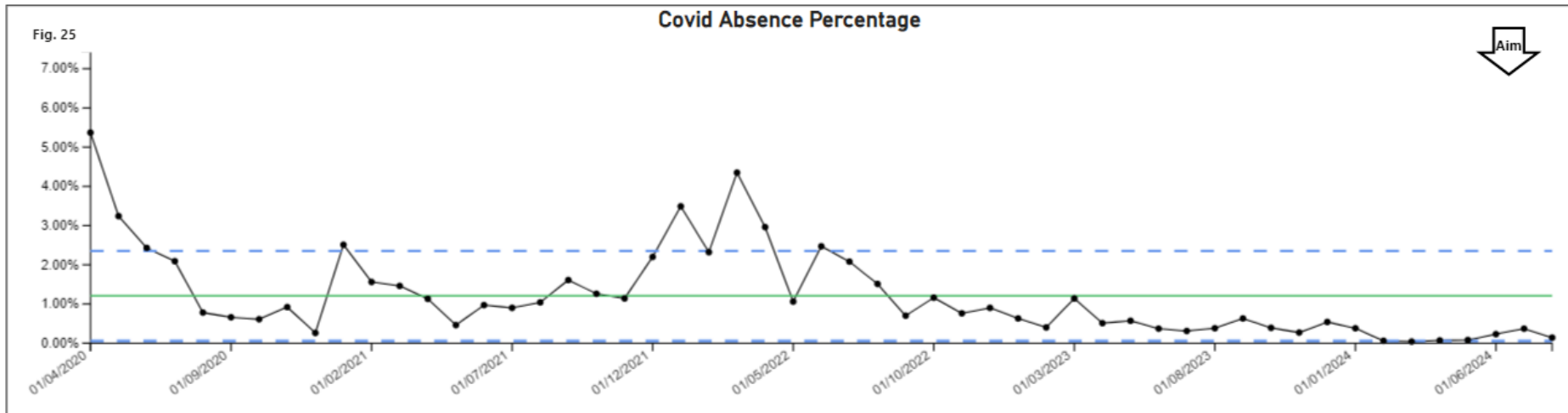


Please Note: Standard is 1312 by end of March every year, it then resets back to 0 every April and cumulative reporting starts again. There is a reporting lag in some areas which means that data is not fully reconciled at time of reporting therefore should be treated as provisional.

Sickness Absence



Note: Sickness absence data does not include any COVID-19 related absences.



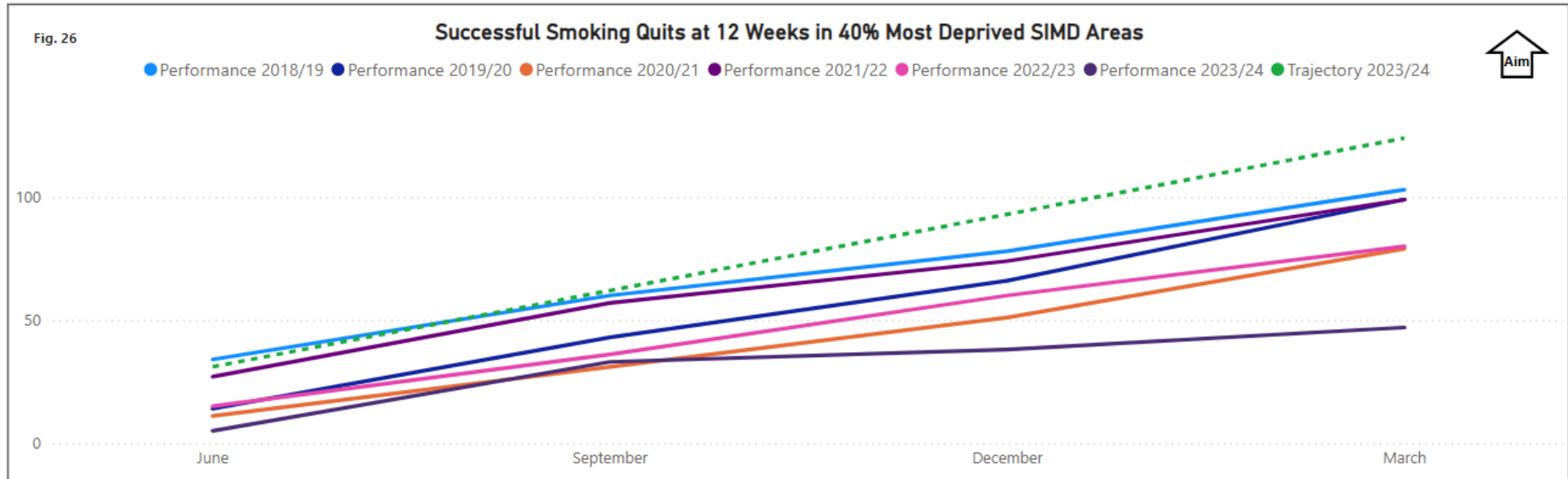
Smoking Quits

Latest NHS Scotland Performance (2019/20)

97.20

NHS Borders Performance (2019/20)

77.40



(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)

NHS Borders



| | |
|---|--|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| 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 24 July 2024
- Integration Joint Board 18 September 2024

2.4 Recommendation

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

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

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**

- **Limited Assurance**
- **No Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Integration Joint Board minutes 15.05.24
- Appendix No 2, Integration Joint Board minutes 24.07.24



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 15 May 2024** at **10am** as a hybrid meeting in the Council Chamber, Scottish Borders Council and via Microsoft Teams

Present:

| | |
|----------------------------|--|
| (v) Cllr N Richards | (v) Mrs L O'Leary, Non Executive (Chair) |
| (v) Cllr T Weatherston | (v) Mrs K Hamilton, Non Executive |
| (v) Cllr R Tatler | (v) Mrs F Sandford, Non Executive |
| (v) Cllr E Thornton-Nicoll | (v) Mr J McLaren, Non Executive |

Mr C Myers, Chief Officer
Ms L Turner, Interim Chief Financial Officer
Dr L McCallum, Medical Director
Mrs S Horan, Director of Nursing, Midwifery & AHPs
Mrs J Smith, Borders Care Voice
Mrs L Gallacher, Borders Carers Centre
Ms L Jackson, LGBTQ+
Ms Gwyneth Lennox, Head of Adult Social Work
Mr D Bell, Staff Side, SBC
Ms V MacPherson, Partnership Rep, NHS Borders
Mr N Istephan, Chief Executive Eildon Housing
Mrs J Amaral, Borders Community Action

In Attendance:

Miss I Bishop, Board Secretary
Mrs J Stacey, Chief Internal Auditor
Mr R Roberts, Chief Executive, NHS Borders
Mr A Bone, Director of Finance, NHS Borders
Mrs L Jones, Director of Quality & Improvement
Mr A Carter, Director of HR, OD & OH&S, NHS Borders
Dr T Young, Associate Medical Director, P&CS, NHS Borders
Dr S Bhatti, Director of Public Health, NHS Borders
Ms C Oliver, Head of Communications & Engagement, NHS Borders
Ms L Henderson, Communications Officer, NHS Borders
Ms L Thomas, Communications Officers, NHS Borders
Mr J Barrow, SDS/Carers Lead
Mrs C Proudfoot, Dementia Nurse Consultant
Mrs M Muir, Consultant in Dental Public Health
Mr A McGilvray, Senior Reporter
Mr D Knox, Reporter BBC Scotland

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr D Parker, Elected Member, Mr J Ayling, Non Executive, NHS Borders, Mr D Robertson, Chief Executive, Scottish Borders Council (SBC), Mr P Grieve, Chief Nurse Health & Social Care Partnership, Mrs J Smyth, Director of Planning & Performance, NHS Borders and Dr R Mollart, GP.

1.2 The Chair welcomed attendees and members of the public to the meeting including Mr J Barrow, SDS/Carers Lead, Mrs C Proudfoot, Dementia Nurse Consultant and Mrs M Muir, Consultant in Dental Public Health.

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 **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none declared.

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 17 April 2024 were amended for the designation of Linda Jackson from Mrs to Ms and at paragraph 7.1, penultimate line to amend “tertiary” to “primary” and with those amendments the minutes were approved.

3.2 The Chair advised that Dr Rachel Mollart had submitted apologies for the meeting and asked that a statement be shared with the Board which related to the discussion on Community Hospital next steps. The statement read: “In relation to the agenda item 6.1 discussed at IJB meeting 17-4-24 Community Hospital next steps, for clarification I would like to state on behalf Teviot Medical Practice, Mairches Medical Practice, Neidpath Medical Practice, Tweed Medical Practice and St Ronans Medical Practice that while the current structures for the Community Hospitals remain in place the GP practices are committed to providing medical cover for the Community Hospitals. At no point have these GP practices considered withdrawing their services from Hawick or Hay Lodge Community Hospital because of workload or for any other reasons. The GPs view the Community Hospitals as valuable community assets and wish to support the service.”

3.3 Dr Tim Young reassured the Board that discussions between primary care and acute colleagues were being taken forward to work through cover arrangements for both Kelso and Duns Community Hospitals to ensure safe stable medical cover would be provided moving forward.

3.4 Cllr Tom Weatherston welcomed the reassurance provided by Dr Young and reiterated that it was imperative to engage with the local populations in Kelso and Duns on the future provision of care within those community hospitals.

3.5 The Chair clarified that communications were being drawn together.

3.6 Dr Lynn McCallum clarified that discussions were on-going to source a solution and whilst that work was taking place there could potentially be a need to temporarily close beds on the grounds of patient safety. She reiterated that any potential closure of beds would be temporary and would be based purely on patient safety grounds and not on financial savings.

- 3.7 Mrs Sarah Horan commented that as the professional lead for all clinical staff except medical and dental she fully supported Dr McCallum and Dr Young's collective work on providing a solution and the potential for that to involve non medical leadership should that be safe and practicable. She assured the Board that colleagues were working through all avenues to provide a patient safety solution.
- 3.8 Mr Chris Myers further reiterated Dr McCallum and Dr Young's remarks and commented that work was on-going to manage the risk and if there came a position where the risk could not be managed then that would lead to a temporary closure of beds on patient safety grounds.

4. MATTERS ARISING

- 4.1 **Action 2023-2:** The Board agreed to close the item as it would be provided to the Development session immediately following the meeting.
- 4.2 **Action 2024-3:** Mr Chris Myers advised that the Chief Financial Officer would provide and update on the timeline during their presentation later on the agenda, however he was aware that all 3 Finance Team Leads across the partnership had met and were working to put a medium term financial planning process in place.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** closed Action 2023-2 on the action tracker.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

5. HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE AND DELIVERY REPORT

- 5.1 Mr Chris Myers provided a presentation on the delivery report and highlighted several key elements of it including: increased activity in primary care and uptake in GP activity; reductions in unmet need in both community and hospital settings; occupied bed days and delayed discharges; discharge without delay; dementia awareness day; work across strategies and plans with service users; building on asset based community development; polypharmacy; social work digital pathfinder; care capacity review; development planning approach; and currently above the delayed discharge trajectory and forecasting a reduction in delayed discharges.
- 5.2 Ms Julianna Amaral provided an informative presentation on warm welcome spaces across the Borders.
- 5.3 Dr Lynn McCallum congratulated Ms Amaral on the good work that had been taken forward on warm spaces and the positive impact that it had on the people of the Borders. She suggested she would be supportive of the initiative being provided all year round for the people of the Borders.
- 5.4 Mr Andy Carter echoed Dr McCallum's comments and advised that as the Director of HR at NHS Borders and the Armed Forces Champion, he welcomed the inclusion of veterans and armed forces personnel in the initiative.

- 5.5 Cllr Elaine Thornton-Nicol commented that a return on investment was just as important for the third sector and she enquired if there were already structures in place such as lunch clubs that could be more readily utilised by meeting more frequently. She reflected that the initiative was very positive and she had seen intergenerational moments that were incredibly positive for both younger and older people. She suggested it could become a positive prevention tool to relieve pressure on the NHS and change peoples lives for the better. She fully supported the idea of it being provided all year round.
- 5.6 Further discussion focused on: proof of return on investment to quantify the value of the initiative; increase in dependence and acuity; importance of quantitative data; mapping of all similar initiatives across the Borders; focus on school holidays; measuring of health and wellbeing outcomes; review of consultation rates and prescriptions; and working in a more targeted way in future.
- 5.7 The Chair asked that any questions in regard to the Delivery report be emailed directly to Mr Myers to address outwith the meeting.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the Health and Social Care Partnership Delivery Report.

6. DIRECTION: CARERS STRATEGY AND IMPLEMENTATION PLAN

- 6.1 Mr John Barrow provided an overview of the content of the report and highlighted some key elements including: design of needs assessment; strategic vision; vision for carers; and co-production and design of services.
- 6.2 Mrs Lynn Gallacher commented that it had been a strong collaborative piece of work and specifically highlighted that it had engaged with unpaid carers and those with protected characteristics and provided a strong direction of travel as well as clearly setting out the need to improve support for carers in the Borders.
- 6.3 Mr Chris Myers thanked all those involved in pulling the strategy and implementation plan together and he was keen that the documents would help to improve carer support in the future.
- 6.4 Further discussion focused on: overarching approach to delivery; challenges; getting it right of the cared for person was the biggest risk; recognition of the role of unpaid carers in communities to support people to remain in their own homes; and identification of unpaid carers at the point of diagnosis; publicising what support is available.
- 6.5 Mrs Jill Stacey commented that in relation to strategic risk there was a particular piece of internal audit work around unpaid carers for the 2024/25 internal audit plan. She was keen to have the IJB perspectives on influencing the scope of that internal audit work.
- 6.6 The Chair suggested that Mrs Stacey, Mr Barrow and Mrs Gallacher meet to discuss the internal audit item.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposals for the Carers Strategy and Implementation Plan.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the issue of the accompanying direction.

7. DIRECTION: DEMENTIA STRATEGY AND IMPLEMENTATION PLAN

- 7.1 Mrs Christine Proudfoot provided a brief overview of the content of the report and highlighted some key elements including: local strategy aligns to the national strategy; main commitments for the strategy and key themes; evidence based care services and support; and it is a 5 year strategy.
- 7.2 Mrs Sarah Horan commented that it was a step change in how dementia was considered as part of the community and part of life and not a disease process.
- 7.3 Mr Nile Istephan welcomed the broadness of partners being involved in the strategy including the Housing sector. He commented that the strategy was a good framework to progress the implementation plan and also to raise public awareness of the workforce, and the range, complexity and experience of living with dementia. He stressed that all of the professional care and support provided to people was critical, along with the living environment that people were in. He commented that some of the dementia friendly principles were good principles whether people were diagnosed with dementia or not and it was important for Eildon as a Housing provider and provider of the Care and Repair service to lift the luminosity in buildings, in order to help people see around their property to avoid slips, trips and falls.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the draft plan.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the issue of the accompanying direction.

8. DIRECTION: DENTAL AND ORAL HEALTH STRATEGY

- 8.1 Ms Morag Muir provided a brief overview of the content of the report and highlighted some key elements including: oral health needs assessment and production of strategic plan; 12 year plan; and engagement with various groups as well as staff and industry experts.
- 8.2 A discussion ensued that focused on: an aging population and their dental requirements; positive dental health in the older population; maintenance of dental health in the aging population; increased complexity and demand for dental services; dental access in remote areas; and nutritional funding used in the non promotion of sugary foods in public places to help people to maintain oral health and prevent diabetes.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the draft plan for implementation from May 2024.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the issue of the accompanying direction.

9. FINANCE UPDATE

- 9.1 Mrs Lizzie Turner provided a presentation on financial planning for 2024/25 and highlighted some key elements including: outturn position for 2023/24 and opening position for 2024/25; an overview of the financial planning process as per the Scheme of Integration; the process to close the gap for 2024/25; and proposed membership of the review group.
- 9.2 In terms of the 2023/24 position she advised that the numbers remained draft but the current indication was that there would be a £5m overspend on delegated services which would be funded by the respective partners to ensure the IJB did not carry a deficit forward. The set aside budget was £3.6m overspent but did not show as an overspend in the annual accounts due to a technicality whereby the overspend would be shown in the Health Board annual accounts.
- 9.3 In terms of 2024/25 she provided a recap of the position and recommendations agreed at the extra ordinary meeting held on 17 April 2024. She further advised that there was an estimated £6.2m of savings required by the IJB to reach breakeven and it was assumed that brokerage would be provided via NHS Borders. In addition to the savings already identified a further £15m would be required moving forward of which £5.5m had been identified. It was likely that significant pressures would emerge in social care services during the year and plans were in place to address those issues.
- 9.4 In terms of the Scheme of Integration Mrs Turner advised that she would work with both Scottish Borders Council and NHS Borders to ensure the process was followed and how it would work in reality.
- 9.5 Mrs Sarah Horan endorsed the approach to forming a review group and suggested from a professional directors perspective it was important to have the right clinical representation on such a review group.
- 9.6 Mr David Bell requested that staff side membership on the review group should be drawn from both SBC and NHS Borders.
- 9.7 Mr Chris Myers commented that when reviewing the figures it was clear that there was a large scale of reduced spend required by the IJB. He suggested there was a process to be worked through to reduce growth and bring forward savings plans, as well as using reserves for one-off or transformational purposes. There would be difficult decisions to be made and he was keen to ensure the IJB fulfilled its legal responsibilities and in terms of the review group, he did not underestimate the challenge for those members to work together to bring about a balanced budget to the IJB.
- 9.8 The Chair also commented that it would be a big ask of the members of the review group and they would need to be mindful that they would be operating solely as a member of the IJB and not of their parent bodies.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update.

10. IJB STRATEGIC RISK UPDATE

- 10.1 Mr Chris Myers gave a brief overview of the content of the report and highlighted that the key risks within the report were the increase in demand and financial constraints. He advised that work was in progress to reduce the level of risk and work remained on-going on unscheduled care performance and improving performance across the partnership.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the work in progress to manage the IJB Strategic Risk Register.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted that a further risk update would be provided in alignment with the relevant progress updates on the Delivery Plan in 2024.

11. ANY OTHER BUSINESS

- 11.1 **AGE FRIENDLY COMMUNITIES:** Mrs Juliana Amaral commented that the Age Friendly Communities would be happy to support all of the strategies moving forward and she suggested a conversation be had at a future IJB meeting.

- 11.2 The Chair welcomed the suggestion and agreed to add it to the Business Plan for a future meeting.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the update and agreed to add Age Friendly Communities to the business plan.

12. DATE AND TIME OF NEXT MEETING

- 12.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 24 July 2024, from 10am to 12 noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 24 July 2024** at **10am** as a hybrid meeting in the Council Chamber, Scottish Borders Council and via Microsoft Teams

Present:

| | |
|----------------------------|--|
| (v) Cllr N Richards | (v) Mrs L O’Leary, Non-Executive (Chair) |
| (v) Cllr T Weatherston | (v) Mr J Ayling, Non-Executive |
| (v) Cllr E Thornton-Nicoll | (v) Mrs L Livesey, Non Executive |

Mr C Myers, Chief Officer
Mrs L Turner, Interim Chief Financial Officer
Dr L McCallum, Medical Director
Mrs J Smith, Borders Care Voice
Mrs G Lennox, Head of Adult Social Work
Mr D Bell, Staff Side, SBC
Ms V MacPherson, Partnership Rep, NHS Borders

In Attendance:

Mr D Robertson, Chief Executive, Scottish Borders Council
Mrs J Stacey, Chief Internal Auditor
Mrs J Glen, Head of Adult Services
Mr P Williams, Associate Director of Nursing, Midwifery & AHPs
Dr S Bhatti, Director of Public Health, NHS Borders
Mr B Davies, Head of Commissioning, Scottish Borders Council
Mrs L Jones, Director of Quality & Improvement
Mr A Carter, Director of HR, OD & OH&S, NHS Borders
Mrs G Bouglas, HR Manager, NHS Borders
Ms J Law, Audit Scotland
Mr J Boyd, Audit Scotland
Mrs L Clark, Operations Manager, Mental Health Services
Mrs K Pirrie, Associate Director, Buchan and Associates
Mrs C Oliver, Head of Communications & Engagement, NHS Borders
Mr D Knox, Reporter BBC Scotland

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1. Apologies had been received from Cllr D Parker, Elected Member, Cllr R Tatler, Elected Member, Mrs K Hamilton, Non Executive, Mrs F Sandford, Non-Executive, Mr J McLaren, Non Executive, Mrs S Horan, Director of Nursing, Midwifery & AHPs, Mr N Istephan, Eildon Housing Association, Mrs J Amaral, Borders Community Action, Mr P Grieve, Chief Nurse Health & Social Care Partnership, Ms L Gallacher, Borders Carers Centre, Ms L Jackson, LGBTQ+, and Dr R Mollart.
- 1.2. The Chair welcomed attendees and members of the public to the meeting including Mrs L Livesey who deputised for Mrs F Sandford, Mr P Williams who deputised for Mrs S Horan, Mr B Davies, Mrs K Pirrie and Mrs J Glen, newly appointed Head of Adult Services, Scottish Borders Council.
- 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 **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none declared.

3. MINUTES OF THE PREVIOUS MEETING

- 3.1. The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 15 May 2024 were approved.

4. MATTERS ARISING

- 4.1. The Health and Social Care Integration Board agreed that Action 2024-3 was complete as the financial planning process would be discussed later on the agenda.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

5. HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE AND DELIVERY REPORT

- 5.1. Mr Myers provided a presentation on the delivery report and highlighted several key elements of it including: increased activity in primary care and uptake in GP appointments, social care waiting lists, Home Care waiting lists, Health and Care Experienced Survey results and what the data indicated, ongoing issues relating to Emergency Occupancy and the impacts that this had on patients and staff in the acute sector, and noted the impact of recent increase in COVID occupancy.
- 5.2. Mrs Lennox discussed the Social Work waiting lists, and the trajectory included in the report, noting the trend is positive and moving in the right direction, but where spikes appear, these can be linked to staffing issues for example annual leave. Mrs Lennox acknowledged the good teamwork going across all areas, with staff supporting different teams to help bring waiting lists down. Mrs Glen added there was real willingness and commitment to drive down waiting lists, to identify areas of good practice and replicate, stating she is delighted with the progress being made.
- 5.3. Commenting on the Health and Care Experienced Survey, Mr Myers noted it highlighted that services do not feel seamless and this is reflected in the survey. Work on pathways should show continued improvement in user experiences. The Health and Care Experience had been reviewed at the Strategic Planning Group, and with key partners such as the Borders Carers Centre.
- 5.4. Discussing Care at Home figures, it was noted that as more Care at Home provision is activated, the hospital bed occupancy numbers should start to come down.
- 5.5. There is also a strong national focus on delayed discharges, with the Permanent Secretary visiting the Scottish Borders in early August and a national Collaborative Response and Assurance Group having been established. Mr Myers highlighted

Scottish Government has asked the partnership to reduce delayed discharges to pre-pandemic levels.

- 5.6. Mr Myers explained that there had been a high increase in demand for social care since the pandemic, the work that was ongoing across the partnership to mitigate this growth and increase productivity, timeliness and capacity. A request for additional resource to assist with the situation has been requested in writing and verbally to the Collaborative Response and Assurance Group to help meet the pre-pandemic targets.
- 5.7. The Integration Joint Board discussed the Performance and Delivery Report. There was an ask for more specific data breakdown in relation to social work referrals to allow analysis on how many people are being referred multiple times, the duration of stays in hospital whilst waiting for assessment, placements or care packages being organised, noting that longer (unnecessary) stays in hospital have serious health consequences due to deconditioning and increasing frailty.
- 5.8. Dr McCallum highlighted the harm currently at the front door of the unscheduled care system and indicated that it is important to acknowledge this risk as a Board. Cllr Thornton-Nicol agreed and spoke about risks of delayed discharge in hospital setting, concern that the pre-pandemic delayed discharge level was also too high but challenging to achieve based on current levels of demand. Cllr Thornton-Nicol asked why Trusted Assessment was not being used and why we are not fully implementing discharge to assess as part of a reablement pathway in line with previous IJB discussions.
- 5.9. Mr Myers agreed with the comments made indicating that we have not been in a position to have sufficient capacity to pull out of the hospital system into the community, but now are in a position from a homecare perspective to do this. Much work is being undertaken to get our system ready for this change, with the review into the challenges relating to integration of home first and adult social care project planned to report to the HSCP Joint Executive Team with recommendations in August. Mrs Glen and Mr Myers indicated that they would bring a further update to the IJB in the next development session.
- 5.10. Dr Bhatti agreed with all comments made, adding that hospitals are not a place of refuge and do bring their own risks, and if data for discharge to home and readmission rates could be looked at.
- 5.11. Mr Myers drew attention to the recent success at the LGC Awards where Scottish Borders Adult Social Care were finalists, gaining recognition for their innovative use of Total Mobile and the positive impact this has had on social care service users.
- 5.12. The inaugural Health and Social Care Partnership Equalities and Human Rights Conference was highlighted and thanks given to Wendy Henderson for organising the event, and to the people who bravely shared their lived experiences and the people who ran the various workshops. The feedback after the event was overwhelmingly positive.
- 5.13. Mr Myers noted the progress of the Wellbeing Programme Board, the progress of the Whole System Capacity Review commissioning which would be covered later in the agenda, and progress with financial reporting.

5.14. The Integration Joint Board thanked Mr Myers for his report.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed that Mr Myers circulate the slide deck presented to the Integrated Joint Board members.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed that Mrs Glen bring an update to the Integration Joint Board Development Session in September on Social Work assessments, Social Care waiting lists, Trusted Assessment Discharge to Assess and Reablement progress.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the Health and Social Care Partnership Delivery Report.

6. EXTERNAL AUDIT ANNUAL REPORT 2022-2023 IJB ANNUAL ACCOUNTS AUDITED 2022/23

6.1. Agenda items 5.1 and 5.2 were discussed together.

6.2. Mrs L Turner explained that due to extenuating circumstances, the financial audit for 2022/23 was running late and reassured the Integration Joint Board that work had been undertaken to get the audit cycle back on track and contingency plans put in place to ensure the audits meet the deadlines going forward. Mrs Turner gave an overview of Audit and discussed the requirement for the Integrated Joint Board to present balanced budgets.

6.3. Mr J Boyd spoke of the role of external auditors and the requirement to issue an 'unmodified' opinion on accounts presented and give recommendations based on financial stability and sustainability.

6.4. Mr J Ayling asked about paragraph 33 & 34 and the differences identified and if this was being addressed at an operational level. It was noted that the 2022/23 Audit had not yet received approval of the Audit Committee and asked if this was going against the normal route of approval.

6.5. Cllr Weatherston confirmed that the Audit Committee met on Monday 22 July 24 but unfortunately was not quorate and apologised for the financial records having not been scrutinised.

6.6. It was acknowledged that Audit Scotland were content with 2022/2023 financial records, that they are historic and the 2023/2024 audit is well underway. Furthermore, the Audit Committee are meeting for an Extraordinary Meeting tomorrow to address this.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the final audited IJB Annual Accounts 2022/2023 for signature.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** accepted the 2022/2023 audited accounts, noting there had been issues and approved those for signature.

7. IJB AUDIT COMMITTEE ANNUAL REPORT 2023/2024

- 7.1. Cllr Tom Weatherston gave a brief overview of the IJB Audit Committee Annual Report, thanking Mrs Jill Stacey for her assistance in preparing the report, highlighting the recommendation to make identified changes to the Terms of Reference.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the IJB Audit Committee Annual Report 2023/24 (Appendix 1) which presented the self-evaluation of the IJB Audit Committee's performance, impact and effectiveness, and areas of improvement.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** acknowledged the assurances from the IJB Audit Committee to the Integration Joint Board (set out in bullet points a-f in Appendix 1) and its identified areas of improvement (nos.1-4 in Appendix 1) to enhance its impact and effectiveness as a scrutiny body.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the proposed revisions to the Terms of Reference of the IJB Audit Committee (set out in the final section of the Appendix 1) to include the Purpose and amend the functions 1-10 to explicitly address all the core areas identified in the 'CIPFA Position Statement 2022: Audit Committees'.

8. IJB 2023/2024 YEAR END MONITORING POSITION

- 8.1. Mrs L Turner outlined the Year End Monitoring Position noting that the normal reporting cycle, with financial records being published on time, and with external auditors is expected to happen. Mrs Turner gave an overview covering overspends and where they occurred, underspends and where they occurred and the set aside fund.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the final year end position for the year ended 31st March 2024 and asked that the Audit Committee report back to the Integration Joint Board in the future.

9. 2024/25 BUDGET AND MEDIUM TERM PLAN

- 9.1. Mrs Turner explained that the 2024/2025 budget was yet to be set pending approval of the payment offer from NHS Borders and the paper. Meetings with Managers were ongoing to discuss how to close the financial gap. Mr Myers and Mrs Turner have met with Scottish Government and discussed the pressures. A request for a further payment was submitted to NHS Borders. This was agreed, and it was noted that the Health Board have a deficit too and the payment will create challenges elsewhere. The importance of a medium-term financial strategy was highlighted, and Mrs Turner looks forward to working collaboratively with colleagues in NHS Borders and the Scottish Borders Council to do this.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** accepted the revised payment offer from NHS Borders.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed the principles of the IJB 5-year medium term financial plan.

10. CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND NEURODIVERSITY

- 10.1 Mrs L Clark gave a brief overview of the Children and Young People Mental Health and Neurodiversity noting that developing the paper had involved partnership working with Education involvement, with the aim of providing the right care, in the right place at the right time.
- 10.2 Mr Myers noted that the Direction covered only the staff in the delegated services in NHS Borders and Scottish Borders Council and did not cover the services outwith the HSCP as per the Scheme of Integration. The direction would ensure that staff in delegated services worked collaboratively with colleagues outwith the HSCP. He added that colleagues in Education and Children's Services had been involved in the development of the paper and Direction and were supportive of the approach outlined.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** considered the proposal which had been endorsed by the HSCP Joint Executive Team to allow for onward support and commissioning of the work by the Integration Joint Board via the issuing of a Direction.

11. HOSPITAL AT HOME

- 11.1. Mrs L Jones summarised the Hospital at Home paper discussing: the benefits of Hospital at Home, the current pilot system and the positive feedback, the impact on hospital stays, the viability and sustainability of the project, acknowledging that as it stands a whole Borders roll out is not financial viable but work is ongoing to address this. Phase 2 of the project involves rolling the scheme out to two localities, whilst work on the longer term transformation goes ahead and the ask today is for non-recurrent funding to cover the next 18 months of development work. It was highlighted that the funding source was non-recurrent, and so a decision would be required in due course and so it was important to use this period to fully build the business case. Mrs Jones acknowledged that if the Hospital at Home model proves unviable after a further 18 months, it would be open to a change of course/direction.
- 11.2. The Integration Joint Board had a robust discussion about the project and the ask. Question raised were: Is there evidence to prove the benefit of the scheme, are any other areas running this successfully, investment in remote technology for monitoring and costs involved, impact on bed occupancy in hospital and workforce challenges. Other points raised were around locality working, how it links into prevention and better outcomes, reduced medicalisation, the positive effects on mental health, family support and reduced stress.
- 11.3. There was suggestion that as a test of change, the project should be reviewed by the Integration Joint Board in 1 years' time to allow any changes, new proposals or changes in direction to be considered before the 18 months' trial is complete, and to plan for mainstreaming and wider roll-out.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to receive an update on Hospital at Home in twelve months time.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the allocation of non-recurrent transformation funding to support 18 months of

testing of a phase 2 model which would apply the learning from hospital at home and respiratory virtual ward to build a viable model for the future.

The funding would facilitate the necessary development, staffing, training, and resources required to refine the Virtual Hospital at Home model, ensuring it could demonstrate long-term viability providing a safe alternative to hospital admission and supporting early discharge. Approval of the funding would allow NHS Borders to:

- Conduct an 18-month testing phase in two localities supported by a central hub to coordinate remote monitoring and specialist input.
- Address workforce and service provision challenges identified during the initial phase specifically;
- Central:
 - Specialist input for diagnosis, treatment planning and escalation
 - Out of hours cover for monitoring and escalation
 - Remote monitoring provision and workforce structure to support this
- Locality:
 - Alignment and skill mix with existing locality district nursing teams
 - Alignment to consultant, advanced practice nursing and junior doctor cover in existing localities
- Leverage the learning and technology from Hospital at Home and Respiratory Virtual Wards to create an integrated and effective virtual care system.
- Build a business case for long-term implementation at scale across the Scottish Borders based on the outcomes of the expanded testing phase.
- Additionally, it was recommended that the current case be scaled up further to ensure sustainability by closing inpatient beds as part of a future phase. This approach would be necessary to demonstrate the capability of a truly integrated system that can offset hospital-based care with community-based care.

12. H&SC IJB ANNUAL PERFORMANCE REPORT AND 2024/25 DELIVERY PLAN

12.1. Mr Myers gave an overview of the H&SC IJB Annual Performance Report and 2024/25 Delivery Plan, drawing attention to highlights and exceptions in performance. Mr Myers noted that following previous Integration Joint Board discussions, and a letter from Cllr Kelly, that Carers Act Funding has been included in the annual performance report. The Delivery Plan is set out to implement the Strategic Framework and provides an overview of our second year of work as an Integration Joint Board and Health and Social Care Partnership. The Health and Care Experienced Survey is reference and the plan sets the agenda of work for the coming year. In addition, progress against last year's Annual Delivery Plan is noted in the report.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** did not propose any changes to the draft APR.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the APR for publication.

13. REVIEW OF WHOLE SYSTEM CARE CAPACITY

- 13.1. Mr Bryan Davies and Ms Karen Pirrie were welcomed to the meeting. Mr Davies gave a brief overview of the paper and planning and procurement process followed which led to the commissioning Buchan & Associates.
- 13.2. Ms Pirrie discuss the presentation that has been circulated, discussing the scope of the review, how data would be sourced and handled and the timeline of the project, how gaps or missing data would be addressed.
- 13.3. Dr Bhatti asked if a projection of people ageing well and longevity could be included in to the review, to assess the impact of people living longer on the systems.
- 13.4. Consideration was given to engaging with the workforce, hearing the voice of those frontline and validity of the data gathered.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** thanked Karen Pirrie, Buchan & Associates for joining the meeting.

Mrs Lynne Livesey left the meeting at 11:46am. The meeting was no longer quorate.

14. AUDIT COMMITTEE MINUTES FROM 18 DECEMBER 2023

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

15. MINISTERIAL STEERING GROUP SELF- EVALUATION

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the MSG self evaluation.

16. STRATEGIC PLANNING GROUP MINUTES 7 FEBRUARY 2024

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

17. STRATEGIC PLANNING GROUP MINUTES 10 APRIL 2024

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

18. ANY OTHER BUSINESS

- 18.1 No further business was raised.

19. DATE AND TIME OF NEXT MEETING

- 19.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 18 September 2024, from 10am to 12 noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

NHS Borders



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|---|-------------------------------------|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| Title: | Board Business Plan 2025 |
| 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 2025 which has been formulated to capture the known business that the Board will be expected to address during 2025.

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 2025

Tabled below are the proposed meeting dates for 2025.

- 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 | | 6 | | 3 | | 26 | | 7 | | 2 | | 4 |
| Development Session | | 6 | | 3 | | 26 | | 7 | | 2 | | 4 |
| Resources & Performance Committee | 16 | | 6 | | 8 | | | | 4 | | 6 | |

- 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 (26 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 paper has been prepared directly for the Board.

2.4 Recommendation

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

The Board is asked to **approve** the Board meeting dates schedule for 2025.

The Board is asked to **approve** the Board Business Cycle for 2025.

3 List of appendices

The following appendices are included with this report:

- Appendix No1 Business Plan 2025



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|---|---|
| Meeting: | Borders NHS Board |
| Meeting date: | 3 October 2024 |
| 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, 6 new consultants have been interviewed, offered and accepted a consultant post.

| New Consultant | Post | Start Date |
|------------------------|---|-------------------|
| Dr Ahmed Eissa | Consultant Obstetrician & Gynaecologist | August 2024 |
| Dr Matthew Topping | Consultant Physician – Medicine for the Elderly & GIM | August 2024 |
| Dr Siobhan Pacitti | Consultant Physician – Diabetes & Endocrinology & GIM | August 2024 |
| Dr Charlotte Robertson | Consultant Haematologist | September 2024 |
| Dr Stephen Dauncey | Consultant in Emergency Medicine | January 2025 |
| Dr Evangelos Tzolos | Consultant Cardiologist | August 2025 |

2.3.1 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.