

# DUMFRIES AND GALLOWAY NHS BOARD

## IN COMMITTEE MEETING



A meeting of the Dumfries and Galloway NHS Board will be held at 11am on Monday 6<sup>th</sup> April 2020. The meeting was held via video conferencing links with the NHS Board Members.

### AGENDA

Time	No	Agenda Item	Who	Attached / Verbal
11.00am	1	Apologies	L Geddes	Verbal
11.00am	2	Declarations of Interest	N Morris	Verbal
11.05am	3	Previous Minutes	N Morris	Attached
11.10am	4	Matters Arising and Review of Actions List	N Morris	Attached
<b>URGENT ITEMS FOR APPROVAL</b>				
11.15am	5	Temporary Revision to Corporate Governance Arrangements - COVID-19 Pandemic	N Morris / L Geddes	Attached
11.25am	6	Financial Plan 2020/21 – 2022/23	K Lewis	To Follow
<b>COVID-19 PANDEMIC</b>				
11.35am	7	COVID-19 Update	J Ace	Verbal
12.05pm	8	Mobilisation Plan	K Lewis	To Follow
<b>ITEMS FOR UPDATE</b>				
12.35pm	9	Financial Plan Update 2019/20	K Lewis	Verbal
12.45pm	10	Summary Performance Report	J White	Attached
<b>ITEMS FOR INFORMATION</b>				
12.55pm	11	Board and Committee Minutes <ul style="list-style-type: none"> <li>• In Committee Board – 3<sup>rd</sup> February 2020</li> <li>• Area Clinical Forum – 27<sup>th</sup> November 2019</li> <li>• Audit and Risk Committee – 18<sup>th</sup> November 2019</li> <li>• Staff Governance Committee – 25<sup>th</sup> November 2019</li> </ul>	N Morris	Attached

**NOT PROTECTIVELY MARKED**

# DUMFRIES AND GALLOWAY NHS BOARD



## NHS Board Meeting

Minutes of the NHS Board Meeting held on Monday 3<sup>rd</sup> February 2020 at 10am – 1.00pm in Meeting Room 1, Lower Ground Floor North, Mountainhall Treatment Centre, Bankend Road, Dumfries, DG1 4AP

Minute Nos: 133 – 156

### Present

Mr J Ace (JA)	-	Chief Executive
Mrs A Wilson (AW)	-	Nurse Director
Dr K Donaldson (KD)	-	Medical Director
Mrs K Lewis (KL)	-	Director of Finance
Dr L Douglas (LD)	-	Non Executive Member
Mrs R Francis (RF)	-	Non Executive Member
Ms M Gunn (MG)	-	Non Executive Member
Mr S Hare (SH)	-	Non Executive Member
Mrs L Carr (LC)	-	Non Executive Member
Mr A Ferguson (AF)	-	Non Executive Member
Ms G Cardozo (GC)	-	Non Executive Member

### In Attendance

Mrs C Cooksey (CC)	-	Workforce Director
Ms V White (VW)	-	Acting Interim Director of Public Health
Mrs J White (JW)	-	Chief Operating Officer/IJB Chief Officer
Mr E Kelly (EK)	-	Spiritual Lead
Mrs J Pollard (JP)	-	Associate Director Allied Health Professional's
Mr D Bryson (DB)	-	General Manager - Facilities & Clinical Support Services
Mrs L Geddes (LG)	-	Corporate Business Manager
Mrs L McKie (LM)	-	Executive Assistant (Minute Secretary)

### Apologies

Mr N Morris (NM)	-	Chair
Mrs P Halliday (PH)	-	Vice Chair / Non Executive Member
Ms L Bryce (LB)	-	Non Executive Member

LG advised that due to both the NHS Chair and Vice Chair not being present at this meeting, the Standing Orders request that the Non-Executive Board members appoint a Non-Executive Chair for this meeting. Following discussion LD was nominated and seconded for this position and will take on the role as Chair for this meeting.

LD welcomed AW to her first NHS Board meeting in her new role as Executive Nurse Director for the Board.

### **133. Apologies for Absence**

Apologies put forward for the meeting have been noted above.

### **134. Declarations of Interest**

LD asked members if they had any declarations of interest in relation to the items listed on the agenda for this meeting.

It was noted that no declarations of interest were put forward.

### **135. Minutes of meeting held on 2<sup>nd</sup> December 2019**

LD asked NHS Board Members if they had any points of accuracy in relation to the minute from the meeting on 2<sup>nd</sup> December 2019. Board members were content to approve the minute as an accurate record of discussion, with the following amendments:

- **Item 96 - Patient Safety and Improvement Annual Report 2018-2019**  
RF advised that one page summary referred to for Item 96 under Matters Arising in the December 2019 minute related to the Patient Safety and Improvement Report and not the IJB Annual Report.

- **Item 117 - Patient Services Feedback Report**  
MG requested that the amendment of the wording within item 117 page 4 to read:

*"MG commented on the increasing numbers of concerns relating to staff attitude and behaviour and asked what was being done to address this. ED explained that there has been high attendance at staff awareness and training sessions and this was one of the ways this was being addressed."*

- **Item120 – Governance Arrangements for the Integration Joint Board**  
LD queried to whether the Integration Joint Board (IJB) delivery functions through the use of directions should be presented to the NHS Board on a 6 monthly basis. JW advised that in line with the IJB, a mind year report would be presented to the NHS Board Performance Committee and an annual report to NHS Board.
- **Item126 – Proposal for Establishment of a Public Health Governance Committee**  
VW highlighted that NHS Board Members did not agree the draft terms of reference for the Public Health Governance Committee at the December 2019 Board meeting, only the establishment of the new Committee.

Work is being progressed to finalise a number of points within the draft terms of reference, before it is approved at NHS Board. It was noted that the first meeting is anticipated to be held in April 2020.

### **136. Matters Arising and Review of Actions List**

LD asked NHS Board Members if they had any items to be discussed under matters arising that were not noted on the agenda or within the action list. No matters arising were put forward.

LD presented the Actions List, taking members through the updates that had been received, noting the following key points of progress for some of the actions:

- **Item 45 – Register of Members Interests**  
LG advised that an update would be available for full review and approval at the NHS Board meeting in April 2020.
- **Item 97 - Summary Performance Report**  
JW advised that the performance matrix would be included within the performance report which would be presented to the NHS Board Meeting in April 2020.
- **Item 119 – Duty of Candour Annual Report 2018/2019**  
KD advised that future duty of candour reports would include additional clarification on individual cases.
- **Item 126 - Proposal for Establishment of a Public Health Committee**  
VW advised that the first meeting of the Public Health Committee had been scheduled for 20<sup>th</sup> April 2020.

NHS Board noted the progress on the Actions List.

### **137. Patient Services Feedback Report**

JP presented the Patient Services Feedback Report, asking NHS Board Members to note the Board's complaints performance for November and December 2019, including key feedback themes and details of the resulting learning and improvements.

NHS Board Members were advised that although there had been an increase in stage 2 complaints from April to December 2019 there had been a significant increase in positive feedback within the Physiotherapy department.

JP advised that Acute Directorate has a large share of the complaints recorded within the report and that the majority of complaints within Operational Services related to car parking and smoking issues.

AW highlighted that General Managers were working alongside the Patient Feedback Manager to make improvements around extensions to the complaints improvement framework.

MG enquired to whether recorded complaints could be absorbed into the online care opinion system, noting the lower clinical treatment numbers recorded within 2.3 of the report. JP advised that the numbers recorded within the report were actively seeking feedback.

MG enquired to the number of new complaints versus complaints closed between May and October 2019 and whether there had been any learning taken from the recorded figures. JW advised that although there were still challenges around elective waits within certain directorates the recorded data demonstrates that the complaints process has closed more complaints than it has received within this timeframe.

LD highlighted the numbers recorded within table 2 of the report asking why there isn't a higher level of compliments being recorded. JP advised that at present there was no reliable system for capturing and recording compliments, noting that many compliments were received within individual departments and only shared with their team.

GC shared her disappointment around the response letter recorded within the report which showed a lack of compassion in its response, highlighting that although there was an overall sense of pressure within the system she questioned how staff were being supported to draft the correct responses to patient experiences. JP advised that although there were staffing issues work was ongoing within the Acute and Diagnostics Directorate in adverse events and complaints from a values based perspective. There is a planned proposal to Endowment Committee which, if successful will increase staffing capacity within Spiritual Care which will support wider staff wellbeing.

AW highlighted that there had been an increase in patient compliments within the Acute and Diagnostic Directorate, especially around staff support, which shows quite a change through applying a more values based response.

AF enquired about the chart on page 11 of the report, which looks at the number of new complaints versus complaints closed from May 2019 to October 2019. AF noted that there seemed to be a rise in complaints recorded in July 2019 and asked whether this was due to improvements in patient complaints or the organisation's improvement in responding.

JP advised that there hasn't been any sign of an increase in complaints, noting that the rise is due to the organisation closing more complaints that it has received within this timeframe.

AF highlighted that although he appreciated that many complaints had been closed the cumulative figures do show that there has been a rise in complaints and asked when the board would be able to see a downturn in the figures.

JP highlighted that although there had been an additional 500 complaints over the period the total number is not a current trend, there has been progress made through extensions being in place.

NHS Board Members noted the Report.

### **138. Healthcare Associated Infection Report**

JA presented the Healthcare Associated Infection Report, asking NHS Board Members to note the Board's activity detailed within the paper and the Board's approach to managing incidents where infection risk is identified.

NHS Board Members were advised that Staphylococcus Aureus Bacteraemia and Clostridium Difficile infections remains low and stable, with our rates of Clostridium Difficile continuing to be amongst the lowest in Scotland.

JA highlighted the recent visit to Dumfries and Galloway Royal Infirmary by National Services Scotland, noting that the scope of the review had covered an assessment of 6 engineering systems including Water, Drainage, Ventilation, Fire, Electrical and Medical Gases, the report had shown that there were no issues found and the report would be submitted to the Cabinet Secretary and presented to the NHS June Board for noting.

VW gave NHS Board Members an update on the Whuhan Novel Corona Virus, highlighting that the virus was now a Public Health emergency, advising that communication was ongoing with Scottish Government issuing daily online updates for staff.

NHS Board Members noted the report.

### **139. Improving Safety, Reducing Harm – Acute and Diagnostics Directorate**

JA presented the paper, asking NHS Board Members to note the avoidable harms, the impact of Delayed Discharges and improvement actions of the Acute and Diagnostics Directorate.

NHS Board Members were advised that although there was a sustained deterioration in pressure ulcer rates, Dumfries and Galloway Royal Infirmary figures show a period of improvement.

GC enquired to the reason for the spike within the falls chart on the report. AW advised that although the board has improved in reporting pressure ulcers, falls still remain an issue and require additional work which is currently being undertaken by Mark Kelly and Joan Pollard. Once completed, the outcomes will be reported through the Quality Management Groups.

GC enquired to the number of falls with harm in Dumfries and Galloway Royal Infirmary and community hospitals and whether staffing ratios were correct for the figures. AW advised that although staffing ratios were based on the workforce tools, which have been in place over the last 2 years, there isn't the function within the system to address this nationally.

LD highlighted that it may be useful for Healthcare Governance Committee to receive a regular update from the Tissue Viability Nurse. AW advised that the Nurse has only been in post for a year, however, has established a link network and would be content to address ways for Healthcare Governance Committee to gain assurance of progress made.

RF highlighted that it may be an item for discussion at the next Healthcare Governance Committee when addressing the report. LD highlighted that she was content for Healthcare Governance Committee to advise on the best way forward to gain the appropriate assurance.

AF enquired to whether NHS Board Members should refrain from discussion if the correct place for the discussion was through Healthcare Governance Committee. JA advised that although the Board should allow committees to do their job, for those Board Members not on Healthcare Governance Committee, issues should be raised for members to gain assurance on progress.

LD asked if future reports could confirm where they had been discussed prior to coming to NHS Board to ensure Board Members are aware whether a report had already discussed in detail elsewhere. It was noted that this detail should be contained within the Consultation section on the Monitoring Form, but LG will work with LMCK to ensure this is completed appropriate going forward.

**Action: LG / LMCK**

NHS Board Members noted the report.

#### **140. Values Based Reflective Practice**

EK presented the Values Based Reflective Practice report, asking NHS Board Members to pause for a moment to reflect on what brought each of the members' into their roles within the Health Board, what gets them up in the morning and to what brings them back in today's climate.

NHS Board Members were taken through the tools of Values Based Reflective Practice, which sets out the commitment of supporting the people who work in the health service in Scotland to meet the core values of care, compassion, dignity and respect, openness, honesty and responsibility, teamwork and quality in all that they do.

GC highlighted that the report had been really interesting to read noting the evidence recorded within paragraph 1 on page 6 of the report which links to the overall impression that stepping back prior to responding is the best practice.

GC continued to highlight the lack of Values Based Reflective Practitioners across the organisation, noting the importance of taking time out to reflect on how we are looking after patients.

KD noted his agreement on the reflective goals, but raised his concerns on the challenges for clinical teams to find the time away from their daily routines to reflect.

VW enquired to whether board development may help with leadership goals. CC advised that role modeling was an extremely strong messaging tool, which could be used with appropriate communications, noting the sessions with staff in relation to the recent Whistleblowing cases, which had led to in depth discussions through the use of the Values Based Reflective Practice tools.

JW raised her concerns that support teams would find it difficult to find the time to hold Values Based Reflective Practice conversations, therefore, would be content to open dialogue with teams on best approach.

NHS Board Members noted the report and thanked EK for attending.

#### **141. Health and Social Care Partnership Update**

JW gave a verbal update on the Health and Social Care Partnership, making Board Members aware that the Integration Joint Board last met on 6th December at Dumfries and Galloway College in Dumfries.

It was highlighted that there was a number of papers presented for approval, including the Option Appraisal Timeline for the Independent Review of Short Breaks for Children and the Day Services Review.

JW noted that although delayed discharges were a particular area of concern, the Health and Social Care Partnership continues to work with Dumfries and Galloway Council's in-house Care At Home Service to support recruitment to vacant posts, which would then increase the care at home hours



NHS Board Members were highlighted to the investment of an additional 25% of funding in the Short Term Assessment Reablement Service and the recruitment of additional Allied Health Professionals which could lead to an additional 250 individuals able to access the Short Term Assessment Reablement Service.

JW gave an update on registered providers and the use of spot to block which providers are using sheltered accommodation on a street by street basis, highlighting that the use of block contracts could offer additional care capacity.

RF enquired to whether block contracts would be rolled out to rural areas. JW advised that it was the proposal to roll out the service to all areas, once learning is captured from monitoring DG1 and DG2 areas.

NHS Board Members noted the verbal update.

## **142. Performance Report**

JW presented the Performance Report to NHS Board Members, highlighting that the report is an overview of the performance of key measures relating to NHS Dumfries and Galloway's priorities.

NHS Board Members were highlighted to the pressures around patient safety and the increase to scheduled and unscheduled bed days, with JW advising that the data provided within the report gave evidence in the volume of activity.

NHS Board Members were made aware of the staff challenges in Elective and Treatment Time Guarantee waits, a significant amount of work is being progressed with Scottish Government in relation to the Annual Operational Plan, to look at options around the staffing challenges.

JW advised that although there had been an increase in Unscheduled Care figures from this time last year, general admissions and Community Assessment Unit figures have risen by 11.6%, with clinical and operational teams working hard to elevate pressures and deliver the appropriate care and support to patients.

JA advised that although the current position was mirrored across Scotland, NHS Dumfries and Galloway remained one of the best performing Boards in Scotland.

GC enquired to progress on the Out of Hours Hub model, noting her interest in the home support pilot for paramedics. JW advised that the Board were currently in the midst of recruiting in advance of the pilot commencing from September 2020.

NHS Board Members were advised that although 11 Advanced Practitioners had been recruited into Bank Nursing to alleviate pressures in the interim period, the challenge remained in recruiting a Medic into post as it is a requirement that a Medic is on call to answer any arising issues the Advanced Practitioner identifies with a patient that they are not able to handle. JW noted that discussions were ongoing with both the Accident and Emergency department and the Scottish Ambulance Service to address options.

GC noted that a medic was required to be On Call with the Advanced Practitioner and questioned whether the medic needed to physically be on site or whether they were allowed to be contactable remotely.

JW stated that although this was a good proposal it would be beneficial if a General Practitioner was present during the shift.

NHS Board Members noted the report.

### **143. Financial Performance Report**

KL presented the Financial Performance Report, asking NHS Board Members to note:

- the overall forecast deficit for 2019/20 currently projected at £1.9m overspend based on the Quarter Three financial review, which is an improvement of £1.5m from the Quarter Two forecast position.
- the updated financial position at the end of December 2019 (month 9) reflects an overspend year to date of £3.7m. This is before the release of reserves and any other adjustments.
- the ongoing level of financial risk in the position.
- the overspend on the Integrated Joint Board financial position, which is factored into the overall NHS Board forecast.

NHS Board Members were made aware that there had been an improvement in the latest financial position, which have been partially offset by a number of financial risks, especially GP prescribing costs and out of region contracts.

KL highlighted that following the Quarter Three Review of the financial position, the Board is forecasting an improved outturn position for the year of £1.9m deficit, which is a £1.5m improvement since Quarter Two and a £7.2m in year.

KL advised that there were a number of key high risk areas reflected in the current position, specifically the Acute and Diagnostics Directorate, GP prescribing and external Service Level Agreement contracts.

NHS Board Members were highlighted to the additional allocation from Scottish Government to fund the support of technical projects.

KL highlighted NHS Board Members to the Scottish Budget announcement on 6<sup>th</sup> February 2020 and the United Kingdom's Budget announcement on 11<sup>th</sup> March 2020, with the draft financial plan being presented to Performance Committee in March 2020.

RF asked for clarification on the provision of unspent funds/ reserve delegated to the Integration Joint Board. KL advised that any new available funds would be used for the purpose delegated and that a ongoing review of the reporting was underway.

NHS Board Members noted:

- the overall forecast deficit for 2019/20 currently projected at £1.9m overspend based on the Quarter Three financial review, which is an improvement of £1.5m from the Quarter Two forecast position.
- the updated financial position at the end of December 2019 (month 9) reflects an overspend year to date of £3.7m. This is before the release of reserves and any other adjustments.
- the ongoing level of financial risk in the position.
- the overspend on the Integrated Joint Board financial position which is factored into the overall NHS Board forecast.

#### **144. Redevelopment of Mountainhall Treatment Centre, Phase 2**

DB presented the Redevelopment of Mountainhall Treatment Centre paper, asking NHS Board Members to note:

- the decision to reutilise and reconfigure the Cresswell wing at Mountainhall Treatment Centre formed part of the original business case for the Acute Services Redevelopment Programme. The funding package from Scottish Government was approved as part of this recognising that a further business case would be developed once the project developed.
- the business case for the redevelopment of Mountainhall Treatment Centre Phase 2 was approved by the Strategic Capital Programme Board on 22<sup>nd</sup> January 2020

NHS Board Members were also asked to approve the business case for the Redevelopment of Mountainhall Treatment Centre Phase 2.

NHS Board Members were made aware that the business case sets out the scope of the project at Phase 2 looking to develop plans for the relocation of Ophthalmology Services into fit for purpose accommodation and to improve clinical flow and efficiency. It also sets out the benefits, risks and associated costs of this move.

DB advised that the project requires the approval of the building owners Dumfries Facilities Ltd as part of the Private Finance Initiative change management process. This adds a layer of complexity that is outwith the Boards direct control and may add some delay to the overall programme. Dumfries Facilities Ltd has been kept informed of progress and changes throughout the business case process and is supportive of the proposed plans to date. It is only after the design is fully worked up and completed that they will be in a position to carry out their due diligence and formally comment on the plans.

KL advised that although the additional staffing costs are not captured within the report, activity monitoring is ongoing to record any impact on current facilities.

MG noted the recent Cabinet Secretary letter regarding recruitment challenges, enquiring whether the new facility may attract new staff to NHS Dumfries and Galloway. DB advised that by having a fit for purpose facility this would certainly give NHS Dumfries and Galloway a greater potential opportunity for recruiting additional staff.

NHS Board Members were advised that by having one facility to house Ophthalmology Services it would improve productivity as currently Ophthalmology Services are delivered from a number of locations within the main Mountainhall Treatment centre and Dumfries and Galloway Royal Infirmary.

GC highlighted her unease with the proposal asking for assurance on whether Management has fully engaged with services. DB advised that impact assessments have been carried out and discussions are ongoing with patient advocates.

AF stated that it is clear that the new plans would improve patient flow, however, he asked for clarification on why we would further invest in a building that the Board does not own. JA advised that although the Board needs to make a commitment on the best long term option, he agreed that a report was required to be submitted to NHS Board which will focus on the long term development of the building.

NHS Board Members approved:

- the business case for the Redevelopment of Mountainhall Treatment Centre Phase 2.

NHS Board Members noted:

- the decision to reutilise and reconfigure the Cresswell wing at Mountainhall Treatment Centre formed part of the original business case for the Acute Services Redevelopment Programme. The funding package from Scottish Government was approved as part of this recognising that a further business case would be developed once the project developed.

- the business case for the redevelopment of Mountainhall Treatment Centre Phase 2 was approved by the Strategic Capital Programme Board on 22<sup>nd</sup> January 2020

#### **145. Scheme of Delegation**

KL presented the Scheme of Delegation, asking NHS Board Members to approve:

- the revised Scheme of Delegation; and the
- Delegation of approval of minor changes of the Scheme of Delegation to Audit and Risk Committee.

NHS Board Members were advised that the full review of the Scheme of Delegation is carried out every two years and any changes require Board approval. This ensures that officers of the Board are clear what delegated authority they hold. As part of this refresh it is requested that minor changes could be approved by Audit and Risk Committee without having to come back for full Board approval.

NHS Board Members approved:

- the revised Scheme of Delegation.
- Delegation of approval of minor changes of the Scheme of Delegation to Audit and Risk Committee.

#### **146. Mid Year Review 2019-20**

JA presented the Mid Year Review report, asking NHS Board Members to note the Cabinet Secretary outcome letter issued by Scottish Government following the Mid Year Review meeting between the Cabinet Secretary, Chief Executive and Chair on 6<sup>th</sup> November 2019.

NHS Board Members noted the report.

#### **147. Regional Update**

JA advised NHS Board Members that a report on Vascular and Ophthalmology services would be submitted to the NHS Board meeting in April 2020.

NHS Board Members noted the verbal update.

#### **148. Whistleblowing Standards Presentation**

CC gave a presentation on the new Whistleblowing Standards, advising NHS Board Members that she had attended a recent briefing session on the standards, which has been passed in legislation for full implementation by summer 2020.

NHS Board Members were advised that a briefing would be given to all NHS Board Members once the standards are published at the workshop at the end of March 2020.

CC highlighted that further to presenting at Staff Governance Committee on 27<sup>th</sup> January 2020, work had commenced on liaising with staff to progress the establishment of a working group. CC formally thanked LB for her contribution over recent years towards Whistleblowing.

AF highlighted that the NHS Board and Integration Joint Board could not have two different Whistleblowing Polices.

CC advised that although discussions had yet to take place with Council colleagues an extensive consultation process had already taken place.

JA advised that the Whistleblowing Champion appointment was due to be formally announced by Scottish Government on 4<sup>th</sup> February 2020.

NHS Board Members noted the presentation.

#### **149. Draft Priorities for Delivery in 2020-21**

JA presented the draft Priorities for Delivery in 2020-21, asking NHS Board Members to approve the draft tactical priorities for delivery in 2020-21.

NHS Board Members were advised that the report proposes a number of priorities for delivery by the Health Board in 2020-21, noting its delegation of service delivery to the Health and Social Care Partnership. If ratified by the Board, these will form the basis of individual objectives and will be accompanied by detailed measures of performance and achievement.

JA highlighted the draft Board Priorities 2020-21, which have been discussed and approved in principal at Board Management Team in January 2020, which include Elective Waits, Mental Health, Capital Planning including potential agreements with partner organisations over the shared use of areas of Mountainhall Treatment Centre, Financial Planning and Delivery, Regional and National Initiatives, Recruitment, Public Health, Staff Wellbeing and Brexit.

GC praised the robust plans, noting the challenge ahead around staff wellbeing, enquiring to whether targets could be added regarding visible leadership discussions for NHS Board Members. LD advised that this should be included in discussions at the Board Development day later in the month.

NHS Board Members approved the draft tactical priorities for delivery in 2020/21.

## **150. Corporate Risk Register**

LG presented the Corporate Risk Register, asking NHS Board Members to discuss and note the updated register, giving assurance that it continues to be aligned to the Corporate Objectives and Priorities.

NHS Board Members were advised that following the last update in December 2019 all risks within the Corporate Risk Register had been reviewed and updated with the Executive Directors to ensure that hazards and mitigation relating to the risks have been captured.

NHS Board Members noted the report.

## **151. Integration Joint Board Directions to NHS Dumfries and Galloway**

LG presented the paper in relation to the Integration Joint Board Directions to NHS Dumfries and Galloway, asking NHS Board Members to note the Directions that have been issued from the Integration Joint Board on the delivery of delegated services.

NHS Board Members were advised that since the last report in December 2019 no new Directions had been received from the Integration Joint Board, however, the 6 Directions received in 2018 and 2019 from the Integration Joint Board were omitted from the last report and are now detailed in Appendix 1 for reference.

NHS Board Members noted the report.

## **152. NHS Board Agenda Matrix**

LG presented the paper in relation to the NHS Board Agenda Matrix, asking NHS Board Members to note the 2019/20 Board Agenda Matrix as a complete record of items taken to NHS Dumfries and Galloway Board Meetings in year and to approve the 2020/21 Board Agenda Matrix as a plan of activity coming to NHS Dumfries and Galloway Board meetings between April 2020 – March 2021.

RF highlighted that the agendas for each of the Board Meetings were becoming busier and busier, meaning the meetings sometimes running over time and potentially not affording the time to each item that would be liked. Is it possible to review the Agenda Matrix for 2020/21 to try to streamline the agendas going forward and remove any duplication.

LG agreed to meeting with JA and NM to review the matrix and bring a revised version back to NHS Board for review and approval in April 2020.

**Action: LG**

NHS Board Members noted the 2019/20 Board Agenda Matrix as a complete record of items taken to NHS Dumfries and Galloway Board Meetings in year. However, approval of the 2020/21 Board Agenda Matrix was deferred for consideration at the April 2020 NHS Board Meeting when the revised document is presented.

### **153. Board Briefing**

JA presented the Board Briefing paper to NHS Board Members, which raised awareness of events and achievements that have occurred within the Board over the past two months.

JA highlighted that this was SH and LC's last NHS Board Meeting as they stand down for their Non-Executive roles at the end of March 2020. JA extended a note of thanks to both of them for their input and advice over the years. NHS Board Members noted the report.

### **154. Governance Committee Minute Matrix and Minutes**

LG presented the Governance Committee Minute Matrix to Board members, which was developed to give assurance to NHS Board Members that all governance committee minutes are presented to NHS Board meetings throughout the year as part of the assurances for the Governance Statement process.

LD introduced the minutes from the various governance committees to NHS Board Members asking the Lead Director or Committee Chair to highlight any key points from the minute, for interest.

- Performance Committee – 4<sup>th</sup> November 2019  
KL presented the minute from the Performance Committee on 4<sup>th</sup> November 2019, which received an update on the Financial Performance and the Annual Operational Plan.

NHS Board Members noted the minute.

- Staff Governance Committee – 23<sup>rd</sup> September 2019  
CC presented the minute from the Staff Governance Committee on 23<sup>rd</sup> September 2019, which received an update on Staff Experience – Nurse Led Triage within the Combined Assessment Unit (CAU).

NHS Board Members noted the minute.



### **155. Any Other Competent Business**

KD gave NHS Board Members an update on the Medical School, advising that NHS Dumfries and Galloway had met with Cabinet Secretary and had received a letter inviting the Board to put forward a formal proposal by 28<sup>th</sup> February 2020 to establish a medical school within Dumfries and Galloway.

NHS Board Members were advised that meantime work was progressing with both the Crichton Leadership Group and the University of the West of Scotland.

LD and RF declared interests in this item as they are both connected with the partner agencies involved in the discussions around the proposal, specifically around the Crichton Leadership Group and the University of the West of Scotland.

### **156. Date of Next Meeting**

The next public meeting of the NHS Board will be held on 6<sup>th</sup> April 2020 at 10am – 1pm in Meeting Room 1, Lower Ground Floor North, Mountainhall Treatment Centre, Bankend Road, Dumfries, DG1 4AP.

Time	No	Agenda Item	Who	Attached / Verbal
<b>ANY OTHER COMPETENT BUSINESS</b>				
1.00pm	12			Verbal
<b>DATE AND TIME OF NEXT MEETING</b>				
		<ul style="list-style-type: none"> <li>20<sup>th</sup> April 2020 @ 11am – 1pm. This meeting will be held via video or telephone conferencing.</li> </ul>		