

## NHS Borders

Chair & Chief Executive's Office

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Date 16 March 2020  
Your Ref  
Our Ref RR/KM

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Dear John

### COVID19 Planning / Elective Activity

Further to your letter on the 11<sup>th</sup> March requesting additional information in relation to NHS Borders COVID-19 mobilisation Plans, please find attached our scale down plans for elective inpatients, daycases and outpatients.

Due to the anticipated impact of COVID19 there is a requirement to reduce elective activity. The current plan only details the initial reduction over the next few weeks.

#### *Inpatient/Day cases*

##### **Current Situation as at 16<sup>th</sup> March:**

- All routine elective surgery has now been cancelled up until the 29<sup>th</sup> March
- Cancer & all other urgent cases will be maintained and front loaded where possible

##### **TTG Impact 31 March:**

- For Inpatients/Day cases we are currently predicting 161 –TTG breaches as at the 31<sup>st</sup> March compared with our previously submitted trajectory of 100.

***We will review elective surgery on an on-going basis but protect Cancer and other urgents as far as possible.***

#### *Outpatients*

##### **Current Situation as at 16<sup>th</sup> March:**

- No outpatients have been cancelled as at 16<sup>th</sup> March
- Non Urgent Outpatients will be cancelled from 20<sup>th</sup> March until 27<sup>th</sup> March whilst we formulate plans to ensure we can continue to deliver a level of urgent and other Outpatients
- This planning will focus on what outpatients can be delivered out with the Borders General Hospital, through attend anywhere or other sites and understanding that the clinical prioritisation required within each speciality.
- These plans are being worked up and led by clinical teams
- There are an average of 2,500 Outpatient consultant appointments per week. The impact on the level of future activity will be confirmed during week beginning 23<sup>rd</sup> March

**NHS Borders has identified an initial criteria for Clinical Assessment (see below); this is currently being proposed but has yet to be confirmed through our governance routes. The final criteria will be confirmed next week along with the additional outpatient detail.**

Emergency Inpatients:

- Patients with a life or limb threatening condition.
- Patients with high probability of re-admission within next three months unless procedure is carried out.

Urgent Inpatients / Daycases:

- Patients with confirmed or suspected cancer.
- Acute abdominal surgery.
- Patients with complications of previous surgery who will deteriorate without further intervention e.g. infected joint replacements.
- Weekly ERCP list and Colonoscopy / Endoscopy will continue as normal.

Urgent Outpatients (Consultant, Diagnostic, AHPs):

- Patients with suspected cancer and relating to ongoing treatment for cancer.
- Patients who are likely to require admission within the next two months if not seen.
- Telephone consultations for some patients.
- Need to put message out to say that clinics are cancelled and we will contact patients who need to be seen.
- Diagnostic scanning to continue as normal at the moment.
- AHP - Physio only seeing urgent cases at the moment, e.g. post-surgery, cancer patients see patients at home etc. Stop BGH Outpatients from 27<sup>th</sup> March.

In light of NHS Borders having to reduce non urgent activity there will be an underspend on the Waiting Times access allocation for 2019/20. NHS Borders will be looking for Scottish Government support in managing this significant underspend over the year end and would require this funding in 2020/21 as part of the waiting times recovery process that we will need to be put in place once normal activity is put back in place.

In the meantime, I would provide you with our assurance that we are working hard to achieve an appropriate balance between releasing clinical time to mobilise for Covid-19, whilst also sustaining an appropriate level of essential elective capacity.

Yours sincerely



Ralph Roberts  
Chief Executive