NHS Borders

Chair & Chief Executive's Office

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Date 14 October 2020
Your Ref
Our Ref RR/KM

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Dear Christine,

NHS Borders Response to your Letter Dated 29th September 2019 Regarding Our Remobilisation Plan.

Thank you for your letter of 29 September 2020 which provided feedback on the Remobilisation Plan that we submitted on 31 July 2020.

We have now had an opportunity to review this and I will respond to each of the main issues raised in turn below:

Test and Protect and Seasonal Flu and Covid Vaccine programmes

Further to John Connaghan's letter of 18th September I can confirm that NHS Borders has the defined levels of Contract Tracing Workforce in place from 8am to 8pm 7 days a week. I note correspondence has been from John Connaghan setting out further expectations on workforce numbers and associated investment for Contact Tracing Capacity across Scotland in the next period and can confirm we have responded to this separately.

I note that you are currently reviewing all NHS Board plans for the extended seasonal flu campaign for 2020 and that you will be in touch to follow up on any specific queries relating to our plan and to confirm funding for the programme which I understand will be funded in full.

It should be noted that for both Test and Protect and Seasonal Flu we have had to source staff from other clinical and admin roles across NHS Borders. Whilst we are complementing these through external recruitment campaigns it is not expected that we will be able to source sufficient additional staff to resource these completely. This means that the levels at which we are able to remobilise our services will continue to be impacted on as well as other business as usual activities across our corporate departments.

With regards to a Covid vaccine programme we would want to apply the lessons learned from the extended Seasonal Flu programme to this locally. It would be extremely helpful therefore if expectations regarding national / local requirements are confirmed timeously so that local

Boards have as much time as possible to understand the logistical requirements and to work with our local partners to put in place a robust and well communicated programme for our local population.

Remobilising Planned Care

I note your comments regarding remobilising planned care and can confirm that we continue to review our current practices to ensure our plans are implemented in line with the most up to date guidance and associated information from Health Facilities Scotland.

In your letter you confirm that £1.40m of non-recurring funding will be made available to NHS Borders to support additional activity in relation to outpatients, TTG and diagnostics to the levels set out in Annex 1. We have written to you separately to clarify this level of funding in support of waiting times and the expected level of activity. A number of core posts were recruited in anticipation of a waiting times allocation that have proved critical in both the Response and Remobilisation phases of NHS Borders pandemic response. It is important to be clear that funding for these posts, which we were expecting to receive as part of our normal Access allocation, will need to be secured before we can deliver the additional activity set out in our recent bid for funds to recover some of the backlog. Until this is clarified the funding referred to in this allocation will only secure the projected activity set out in the our submitted remobilisation plan. Attached to this letter are the updated data templates you requested reflecting actual levels of activity achieved during Quarter 2 and updated projections for the remaining two quarters of the financial year 2020/21. The activity template attached does not include the additional activity associated with the recent £1.4M bid. This will be added once we have clarified the funding issue described above. Further activity will depend on our ability to secure both medical and nursing external capacity which is currently assessed as high risk given agency staffing availability. However this is being actively pursued. As you of course understand, all projections for routine activity are dependent on our ability to continue to sustain these services in the way we have projected in light of the changing COVID 19 activity that we experience.

Mental Health Services

I note your comments relating to our Mental Health services and that colleagues from the SG Mental Health Team have further enquiries regarding the ongoing planning of these services locally.

In order to ensure a consistent approach I would ask that colleagues ensure any further feedback, additional enquiries or requests for meetings to discuss the plans are made through my office so we can ensure this is coordinated effectively and the local Mental Health team are supported appropriately by members of our senior team.

Chronic Pain Services

I note the reference in your letter to the recently published 'Framework for the Recovery of Pain Services' and the correspondence from the Cabinet Secretary for Health and Sport relating to this. I can confirm that NHS Borders has responded to confirm we are actioning the safe and rapid remobilisation of these services appropriately.

Reforming Urgent Care

I note your reference to the decline in performance at Borders General Hospital against the 4 hour target. As discussed at our meeting on 7 September we outlined a number of reasons behind this performance and have since provided further details on the approach being taken to improve the position. The team here will continue to liaise with Helen Maitland regarding this matter.

I note you plan to confirm the next steps of the Redesign of Urgent Care Programme separately and would ask that this is done urgently so that we can finalise our planning for this as we head towards winter. We have now had verbal confirmation at our Annual Review on 7th October that we should progress on the basis that our requested Redesign of Urgent Care' funding bid has been accepted and the funds will be provided.

Planning for Concurrent Risks

I note your comments relating to planning for concurrent risks and can confirm we continue to proactively promote, review and maintain robust and appropriate business continuity and resilience arrangement across all our services to support delivery of our Remobilisation Plan. That plan does highlight, however, that our ability to continue with our routine elective work could be compromised once COVID-19 positive patients requiring ventilation are admitted.

Through the introduction of two Isolation Pods we have increased the numbers of COVID-19 positive patients requiring ventilation that we can accommodate in the unit (from 1 patient to 3 patients) before elective activity would be impacted. Beyond this any further increase, given the physical layout within our unit is expected to impact our routine elective programme. I can confirm however that we will continue offering urgent treatment (e.g. relating to cancer) should routine electives be stood down, as we have throughout our COVID response.

I can also confirm that our ITU surge plan remains in place and we would be in a position to create up to 20 ITU spaces if required in line with the original requirements for our Response phase.

Your letter referred to the need for NHS Boards to plan to provide non-invasive ventilator (CPAP) support outwith the ICU setting, and that CPAP capacity for Covid Pneumonia outwith ICU should match ICU surge capacity. In the initial wave of COVID-19 any patient being treated within Borders General Hospital needing CPAP support was treated within ITU; this was due to the hospital not having a High Dependency Unit and the physical constraints of our estate. As you have now asked that we plan for this support to be delivered outwith of ITU the acute team are working on plans to determine if this is achievable within our current resources. This work is ongoing I am therefore not in a position to confirm our ability to achieve this at this point but will certainly do this in due course.

In terms of general surge capacity, our Remobilisation Plan outlined the ability to create 84 acute beds to support COVID-19 activity, increasing to 104 beds if the wards returned to 6 patients per bay rather than 4 patients per bay. We are currently revisiting this plan as we

prepare for a resurgence of COVID-19 but do not anticipate the number of surge beds significantly altering. Notwithstanding the impact of our ITU capacity on our elective programme (see above) it is also important to note that included within our surge capacity plans we would also start to impact on our routine elective programme when the number of COVID-19 inpatients increases to 18 Non-ITU patients.

We continue to review and refine our local predictive modelling as we plan for a resurgence of COVID-19 demand. This work incorporates the national long-term modelling scenarios and will be adjusted as these are amended. It is informed by national guidance and early warning from Public Health Scotland (PHS) and UK-wide information, but is also advised and guided by local intelligence and knowledge. The modelling work has enabled us to set out a range of scenarios for operational services to consider in the planning of service delivery and a range of triggers have been developed to inform our surge plans. We will continue to use the outputs from the modelling work to inform and refine our plans over winter as required. We are also working with PHS to test the new Whole System Model in an operational setting.

Escalation

I note your comments regarding NHS Borders escalation status and your intention to review this as soon as this is practicable. In the meantime we continue to review opportunities to support long term financial recovery although I would not4e that capacity to do this continues to be significantly impacted by our need to focus staff on work relating to our ongoing COVID-19 response and priorities.

Emergency Footing

I note your comments that given the current indications regarding the resurgence of COVID-19 that the health and care system will continue to operate on an emergency footing until the end of March 2021.

Finance

I note the funding allocation for the Board and the Integration Authority within Borders.

At this stage we would be confident that costs incurred to date are manageable within the funding allocation. However the expected increase in expenditure over the next six months in order to fully implement our re-mobilisation plans, in addition to our flu immunisation programme and Test & protect is likely to result in a requirement for additional funding. We note that unscheduled care and winter planning costs are excluded from the allocation and await further information on the level of funding available against these areas. Once we have fully reviewed the funding allocation against costs incurred to date and forecast expenditure we would expect to highlight any areas where the board may require additional funding.

We acknowledge the mechanism upon which allocations have been calculated includes adjustment to cap allocations at NRAC share on the basis of individual lines within the LMP financial template. It would be helpful if you could share the detail of benchmarking information on a board by board basis in order that we can fully review and amend areas where our costs are out of line with national average. Whilst recognising the principle of this approach we would highlight that for a number of nationally directed public health services

there will be a de minimus level at which services will be required to operate and that this approach will be challenging to small health boards.

We note that resources outlined in the allocation are segmented between NHS Board and Integrated Authorities. For NHS Borders this is likely to result in a greater shortfall against planned expenditure within the IJB and we will continue to review this and discuss any implications with the IJB and Scottish Borders Council.

One area of particular concern within the funding allocation is the treatment of support for planned care. The removal of remobilisation costs for elective services and replacement of this with the investment to support additional actions against waiting times leaves the board with a shortfall against the resources to maximise internal capacity whilst supporting use of external providers. We will engage directly with the Access Support team to consider the implications of this upon our re-mobilisation plan.

Finalising the Plan

I note that your letter concludes the review phase of the NHS Borders Remobilisation Plan and are grateful for the feedback provided. I will ensure that the plan is available on our website, along with this letter confirming our response to the actions you have set out.

As referred to in the letter, we have continued to refine our plans since submitting the second iteration in July. For completeness I therefore attach the latest update to our Remobilisation Plan which was considered by the Board at the end of September. The update includes reference to our plans for preparing for winter. We have now moved our attention to further refining our plans for a resurgence of COVID-19 within the context of a challenging winter and the need to continue to operate services, albeit to a reduced level than we were able to before the pandemic.

I am, of course, happy to discuss any element of this letter further with you and your team.

With thanks again for your ongoing support.

Best wishes

Yours sincerely

Ralph Roberts
Chief Executive