DG Health and Social Care
Director of Planning

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Ralph Roberts
Chief Executive
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29 September 2020

Dear Ralph,

Thank you for all that you and your team at NHS Borders have done in setting out your plans against the Remobilise, Recover, Redesign Framework and for the subsequent discussion we had on 07 September.

Our key priorities for the next phase are:

1. Securing exit from the acute pandemic phase through an effective mass population vaccination programme;
2. Suppressing the virus through sustainable precision public health measures such as Test and Protect, Surveillance and Response;
3. Keeping people alive and well through provision of essential health and social care services including those that promote wellbeing; and
4. Supporting people through incentives and clear communication to comply with public health guidance.

Test and Protect and Seasonal Flu and Covid Vaccine programmes

As outlined above, Test and Protect and Vaccination programmes are amongst our top priorities. John Connaghan wrote to all NHS Boards on 18 September reminding them of the requirement to have in place defined levels of Contract Tracing Workforce from 8am to 8pm, 7 days per week. This is a requirement to ensure that all NHS Boards are in a position to contribute to the national effort, and to enable the National Contact Tracing Capacity to manage demand and capacity across the system. As we see daily index cases increasing we will continue to work with NHS Boards to review the capacity and sustainability of the system, and to identify improvement and productivity gains. Work is currently underway to enable us to confirm expectations on workforce numbers and associated investment for the coming weeks and months and we will provide further details on the results of this work in the next few days.

Thank you for submitting your Board's plans for the extended seasonal flu campaign. We have been through a process of reviewing all NHS Board plans for extended flu and assessing the extent to which we will be able to build on these plans to deliver Covid vaccines. We will be in touch to follow up on any issues emerging from this and to confirm funding for the programme.

Caroline Lamb wrote to all NHS Boards on 25 September reminding them of the importance of ensuring that they have sufficient staff in place both to administer appointments for seasonal flu and to deliver the vaccinations.

Remobilising Planned Care

The restart of previously paused elective services is underway in NHS Borders. Both the ability to sustain this activity and the pace of progress in restarting elective services will be determined by our success in suppressing the virus. Infection prevention and control (IPC) is a key element of restarting services safely and it is important that all Boards review current practices to ensure that plans are put in place to implement the most up to date guidance and associated information from Health Facilities Scotland.

The issue of reduced capacity resulting from the continued implications of living with Covid, and the contingencies in place for dealing with a second wave, were issues we spent some time discussing at our meeting. Both workforce and facilities were noted as key dependencies and I note that representatives of NHS Borders have since met with Gordon Frame and his team to seek solutions.

In order to support the Board with additional capacity for elective services, I can confirm that **£1.40 million** of non-recurring revenue funding will be made available to the Board to support additional activity in relation to outpatients, TTG and diagnostics. The detail of the agreed activity levels that this will support is set out in **Annex 1**.

The usual conditions will be applied to this funding allocation, in that the Access Support Team reserves the right to withhold or withdraw all or part of the funding provided if funds are not used for the purpose intended, or if improvements/activity are not delivered. NHS Boards must be able to demonstrate that utilisation of specific waiting time funding represents additionality and value for money.

We appreciate the support of NHS Borders in working collaboratively with the Access Support Team to achieve best possible outcomes for patients.

Mental Health Services

In relation to Mental Health services, virtual contact with patients has played a key role in keeping services going, and the implementation of community assessment hubs to support patients who do not have access to the necessary technology and to increase engagement was welcomed. Consideration should continue to be given to the additional mental health impact of the pandemic on those with long-term conditions, including chronic pain, in service planning for mental health support.

We are keen to obtain some further details from you on the planning of your mental health services and colleagues from SG Mental Health team will continue to liaise direct with the Board in this regard**.**

Chronic Pain Services

I also wish to highlight the importance of ensuring services, which support the health and wellbeing of patients are also treated as a priority as part of essential care. I refer you to the recently published 'Framework for the Recovery of Pain Services' which sets out the expectation that Health Boards will take immediate action to support the safe and rapid remobilisation of both specialist and community/primary care based pain management services. You will have received a separate letter from the Cabinet Secretary for Health and Sport seeking a response on this matter.

Reforming Urgent Care

Despite the work underway to redesign Urgent Care models, attendances at Emergency Departments (EDs) in NHS Borders are currently rising (although they are still below pre-Covid levels), which has resulted in a decline in performance at Borders General Hospital against the 4 hour target. It was recognised that the model in place has an impact on the figures, and this is understood, but concerns on performance did remain. We agreed that you would provide more detail on the approach being

taken to tackle this and would continue your ongoing dialogue with Helen Maitland in this regard. It is noted that positive discussions have since taken place, with only precise timescales still to be agreed.

We will be in touch separately to confirm the next steps Redesign of Urgent Care Programme and noted that the Board have established a Reshaping Urgent Care Recovery Group which is leading the approach to redesign

Planning for Concurrent Risks

Health boards have a duty to plan and prepare for a range of emergency situations in order to ensure health services are resilient and minimise disruption to patients and staff. Your Re-mobilisation Plan references various methods to support the Board's business continuity, and engage and collaborate with key partners and agencies over the period to 31 March 2021.

Boards should continue to proactively promote, review and maintain robust and appropriate business continuity and resilience arrangements across all services to support delivery of this Re-mobilisation Plan. This will be particularly important over the winter period, and plans should take into account potential concurrent impacts of EU Exit and Covid-19.

As set out in previous letters, Boards should continue to make provision to re-purpose 3,000 beds as surge capacity to support Covid-19 as required. In addition, NHS Boards should retain the ability to double their ICU capacity within one week, treble in two weeks and, if required, extend this to over 700 in extremis. NHS Boards should also plan to provide non-invasive ventilatory (CPAP) support out with the ICU setting, e.g. High Dependency Unit (HDU), Respiratory Wards. NHS Boards capacity to provide CPAP for Covid Pneumonia out with ICU should match ICU surge capacity.

It was noted that your full winter plan was in development and is expected to be incorporated into your wider re-mobilisation plan by the end of September.

Escalation

The escalation status of NHS Borders was also discussed. I can confirm that, as per Malcolm Wright's letter dated 1 April this year, at present NHS Borders' escalation status remains in place. However as detailed in that letter, the recovery process has not been progressed in the intervening period. We would intend to review the Board's current position taking into account the national picture and update you on NHS Borders' position as soon as practicable.

In the meantime, the Board was asked to consider what savings plans might be put in place to support long term financial recovery, and what opportunities currently exist in this regard. We would be keen to explore with you how we might be able to support the Board in this regard, to ensure that opportunities for recovery are fully exploited.

Emergency Footing

As you will be aware, the Cabinet Secretary has now announced that, given the current indications regarding the resurgence of the virus, the health and social care system will continue to operate on an emergency footing until the end of March 2021. This step has not been taken lightly, but is considered necessary to ensure we are able to continue to support the Boards and their partners as effectively as possible in delivering the four key priorities outlined above.

Finance

Following close working with NHS Boards, Integration Authorities, and COSLA, we have developed a funding allocation to reflect actual costs incurred in Quarter 1 and to agree parameters to support

ongoing activity throughout this financial year. Following the Cabinet Secretary's announcement to Parliament this morning of **£1.089 billion** to support health and social care costs, we are now allocating funding for your Board and Integration Authority as set out at **Annex 2.** This funding is made in line with the following approach:

- It is essential that all action is taken to mitigate additional financial pressure as far as possible and to make best use of resources across the system. We are requesting that all Boards and Integration Authorities reassess **options for savings** that can be delivered in this financial year and beyond. We request that a formal reassessment is submitted following Quarter 2, and will revisit at that point our approach for provision of financial support. We are therefore not making any funding allocation at present in recognition of under-delivery of savings.
- Funding is allocated in line with **actual expenditure** where spend disproportionately impacts on specific Boards/Integration Authorities and where there is a significant uneven distribution. This includes funding for PPE, Louisa Jordan, planned care, and also includes funding for social care. We will also allocate all funding for National Boards based on actual expenditure levels.
- Funding is allocated **up to an NRAC share** to cover spend that is incurred across all Territorial Boards/Integration Authorities and where there is a higher level of consistency between Board areas. This would include staffing costs and overtime, equipment, investment in digital, additional beds, and community hubs. We expect, in principle, that funding is allocated between NHS Boards and Integration Authorities on the basis of the tables of the Annex, however Boards and Integration Authorities may agree to allocate funding flexibly between categories to better recognise local pressures and priorities. We will keep this under review in the coming months.
- We recognise that **further funding** may be required to meet costs that have been in excess of formula shares, and we will review reasonable requests for further financial support to meet such pressures. In the meantime we expect NHS Directors of Finance and Integration Authority Chief Finance Officers to consider recharging for cross boundary flow in order to address funding variances.
- Given the level of uncertainty that is currently reflected in financial assumptions, the allocation for funding beyond Quarter 1 reflects a **general contingency of 30%** that will be retained by the Portfolio at this stage. We will continue to work closely with Boards and Integration Authorities over the coming months to review and further revise financial assessments, and as part of this we intend to make a **further substantive funding allocation in January**. This will allow identification of the necessary additional support required, and realignment of funding in line with actual spend incurred.

In terms of **social care**, further work is currently progressing with Integration Authorities and with COSLA to identify financial implications of actual spend incurred and ongoing commitments, including sustainability payments for providers. Given the level of uncertainty reflected in current estimates, the funding allocation at present is based on Quarter 1 actual spend and 50% of forecast spend for the remainder of the year. This is intended to support ongoing sustainability across the sector, and to allow time in the coming weeks for further assessment of spend to be undertaken. We will return to the social care allocation in November and make the funding adjustments that are required.

Any initial queries on individual allocations should be directed in the first instance to your regional member of the Corporate Finance Network Peer Review Group.

Finalising the Plan

I can confirm that this concludes the review phase of the NHS Borders' Re-mobilisation Plan, which can now be published on your website, along with your response to the actions set out in this letter.

A Winter Planning team will work with Boards and delivery partners to ensure that we are as prepared as we can be for the months ahead. You will be aware that an updated set of Covid-19 resurgence scenarios issued to Boards on 18 September highlighting a potential peak of Covid cases in late autumn, and a further peak in spring 2021. I would ask that you re assess your plans and risks in light of those scenarios. As is normal practice, you will also be asked to review your winter preparedness (including on Covid resurgence) through a winter planning self-assessment process. Also, there will be a series of tabletop Winter Planning events in the next few weeks to share expectations and good practice and further detail on these events will be provided as soon as available.

As a key part of the quarterly review process outlined in my commissioning letter of 3 July, I would be grateful if you could prepare an updated set of data templates which reflect the actions in this letter and the associated investment in the remainder of this year. The updated data templates should reflect the actual levels of activity achieved during Quarter 2 (to end September 2020) and updated activity projections for the remaining two quarters of the financial year 2020/21. I would expect to receive that information by Friday 16 October.

If you have any queries relating to any the subjects covered in this letter, I would be grateful if you could submit these to the AOP mailbox so that we can ensure they receive a prompt response: NHSAnnualOperatingPlans@gov.scot.

Yours sincerely

CHRISTINE MCLAUGHLIN
Director of Planning

ANNEX 1

Elective Care

Funding and Activity Detail

NHS Board	Projected Additional Activity						Funding £
	New Outpatient		Inpatient & Daycase		Diagnostics		
	Q3	Q4	Q3	Q4	Q3	Q4	
NHS Borders	576	828	171	273	1,584	1,584	1,404,888

Given the challenging financial and operational healthcare environment, it is important that we maximise the available resource to ensure the best possible delivery of healthcare services. It is recognised, that various unforeseen issues may impact the delivery of activity, and should this occur, there would be a requirement for the underutilised funding to be returned to Scottish Government in order that this can be reallocated to priority areas. Accordingly, appropriate measures require to be put in place to monitor the spend and associated activity to provide the necessary level of assurance.

Accompanying core data sets for return by Boards

1. Monthly Planned v Actual Activity Summary Update

Please complete all of the planned activity columns from the attached template to allow us to understand the increase in activity this funding will provide. This will be an update to the previous template 2 you submitted with the remobilisation plan at the end of July 2020, now broken down by month. I would ask that this be completed and returned by 16th October 2020 to ttgreports@gov.scot This will show specialty activity forecasts monthly.

An update to this template with actual activity figures will be required from the Boards by the 5th day of the following Month. The template should be signed off every month by the Waiting Times lead for the Board. Previous monthly activity and planned activity figures should not be revised. The updated templates should be sent to ttgreports@gov.scot with the Boards Regional Access Performance Manager copied in.

2. Quarterly Spend to Date Return

Spend to date Quarterly return to be submitted to Boards Regional Access Performance Manager on the 08 January 2021 and the 09 April 2021. Specific hot issues to be raised at the regular monthly meetings or before if urgent.

ANNEX 2

	NHS Borders (£000s)			
	Allocation Basis	Health Board	HSCP	Total
Q1 Total as per COVID-19 Finance Return		3,658	2,547	6,205
Less Exclusions				
Social Care Spend	Actuals	-	(642)	(642)
Underachievement of savings	N/A	(1,035)	(1,156)	(2,191)
Offsetting Savings	N/A	1,520	-	1,520
Personal protective equipment	Actuals	(22)	(60)	(82)
Hospice Loss of Income	N/A	-	-	-
FHS Payments	N/A	-	(65)	(65)
Louisa Jordan Costs	Actuals	-	-	-
Q1 Spend for NRAC calculation		4,120	624	4,744
NRAC Share of Total		***2.11%***		***2,989***
Q1 Calculated Allocation (Lower of NRAC/Actual)		2,596	393	2,989
Add back:				
Social Care Spend	Actuals	-	642	642
Personal protective equipment	Actuals	22	60	82
Louisa Jordan Costs	Actuals	-	-	-
Q1 Allocation		**2,619**	**1,095**	**3,713**
Q2-4 Total as per COVID-19 Finance Return		13,075	8,976	22,051
Allocations- 70% of actuals or NRAC share				
PPE	Actuals	2	160	162
Social Care (payments to third parties, DD reduction)- 50%	Actuals	-	699	699
Elective/Planned Care (100% allocated)	Actuals	1,405	-	1,405
Test and Protect	Actuals	664	-	664
Hospital scale up - Staffing and beds	Actuals	1,965	58	2,023
Loss of income	Actuals	554	-	554
Louisa Jordan	Actuals	-	-	-
Equipment and Maintenance costs	NRAC	367	17	384
Other	NRAC	69	138	206
Primary care	NRAC	-	470	470
Digital transformation	NRAC	102	16	118
Remobilisation	NRAC	212	-	212
Additional HSCP staffing costs	NRAC	-	417	417
Public Health Measures (including flu)	NRAC	379	-	379
Total allocation for Q2-4		**5,718**	**1,975**	**7,693**
Difference between Q2-4 Forecast and allocation				(14,358)
Reconciling Items				
Underachievement of savings				(6,572)
Offsetting Cost Reductions				-
Social Care (payments to third parties, DD reduction)				(699)
FHS Payments				(512)
Hospice Funding				-
Winter Planning				(1,000)
Unscheduled Care				(1,023)
30% forecast adjustment				(2,395)
NRAC adjustment				(3,131)
Planned Care Adjustment				974
Calculated Allocation Q1-4		**8,336**	**3,070**	**11,406**
Less social care funding previously allocated		0	1,617	1,617
Total Allocation Q1-Q4		**8,336**	**1,453**	**9,789**