NHS Borders - Delivery Plan Progress Report

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status (mandatory)	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible– repeat for each applicable deliverable/ add multiple outcomes if required*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
				Primary Care& Community Care					
	PCIP. Delivery on increased Primary Care activity and reduced patient waits/ better patient outcomes. Improved sustainability for GPs	Pilot of the Community Treatment and Care service phlebotomy service in our West Cluster (Tweeddale)	Complete	Complete	NHS Borders Primary and Community Services	Covid-19 impacts on service provision	Deployment of additional project workforce to support, additional focus from our PCIP Exec Committee		Primary Care Improvement Plan Managing increased primary care demand / delivering increased primary care activity GP Sustainability Reshaping Urgent Care
		Discussions with secondary care (acute and mental health) relating to enhanced CTAC model	Ongoing	In progress, but agreed in the first instance that a proportion of winter acute minor injuries will go through CTAC	NHS Borders Primary and Community Services	Covid-19 impacts on service provision	Deployment of additional project workforce to support, additional focus from our PCIP Exec Committee		Primary Care Improvement Plan Managing increased primary care demand / delivering increased primary care activity GP Sustainability Reshaping Urgent Care
		Vaccination Transformation Programme	Will be implemented from October 2021	In progress	NHS Borders Primary and Community Services	Changing / delayed national policy steer (JCVI). Workforce and vaccine supply	Deployment of additional project workforce to support, additional focus from our PCIP Exec Committee		Primary Care Improvement Plan Managing increased primary care demand / delivering increased primary care activity GP Sustainability Reshaping Urgent Care
		Community Treatment and Care service is being rolled out on a phased cluster basis and will be in place by January 2022	Will be in place by January 2022	In progress, West Cluster pilot going well will be complete by end Sept, expected to roll out across each of the remaining three clusters on a monthly basis	NHS Borders Primary and Community Services	Covid-19 impacts on service provision	As above – however should there be a staffing requirement for additional covid wards, this will increase the risk of non delivery		Primary Care Improvement Plan Managing increased primary caredemand / delivering increased primary care activity GP Sustainability Reshaping Urgent Care
		Pharmacotherapy level one service will be in place by April 2022	April 2022	In progress	NHS Borders Pharmacy	Covid-19 impacts on service provision	Focused work in pharmacy team in partnership with PCIP Exec Committee		Primary Care Improvement Plan Managing increased primary care demand / delivering increased primary care activity GP Sustainability Reshaping Urgent Care
	Seasonal Demand Inc Festive Period	Winter Board and Board Executive Team signed off winter commitments	Development of pathways coordination team – Nov 2021 Winter minor injuries through CTAC – Nov 2021	Recruitment progressing and processes developing	Primary & Community Services / SBC Primary & Community	Covid-19 pressures and Workforce As above	Oversight of Winter Programme Board	Winter Board and Board Executive Team signed off winter commitments	Development of pathways coordination team – Nov 2021 Winter minor injuries through CTAC – Nov 2021

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			Additional therapies support – Nov 2021		Services Primary & Community Services	As above			Additional therapies support – Nov 2021
	Older Peoples Pathway Develop a whole system set of older people's acute and intermediate care pathways for the support of older people with a focus on prevention, anticipation and supported self-management.	Significant programme of work is being undertaken approved by the IJB	14 Month delivery target	Defined scope and project plan. Focus will be on acute geriatric services, development of home and bed based intermediate care and supporting infrastructure Project workstreams established Planned public and staff engagement over a 14 month period will inform the development of pathways. Undertaken options appraisal for Home First Service Developed daily community integrated huddle Delayed discharges reviewed routinely by H&SC Leadership Team, and mitigating actions considered	Primary & Community Services / HSCP / IJB	Covid-19 impacts			Health and Social Care Delivery Plan 6 Essential Actions Shifting the balance of care Older People's Pathways (IJB workstream) SG Rehabilitation Framework
	For those who become unwell and require a hospital admission, ensuring that no-one stays in an acute hospital setting when it is no longer needed.	Under the HSCP's Older People's Pathway, we have developed a daily Community Integrated Huddle to better manage risk and safety across the system and to support a community pull. We have also undertaken a retrospective DCAQ and used this to forward plan our delayed discharge trajectory over winter, factoring in mitigating actions including the impacts of the summer and winter allocations from the Scottish Government, along with additional actions from the HSCP.	Ongoing		HSCP / IJB	Covid-19 pressures and Workforce			Health and Social Care Delivery Plan 6 Essential Actions Shifting the balance of care Older People's Pathways (IJB workstream)
	Vaccination Programme	Significant work to deliver the Covid-19 vaccination programme and plan the Vaccination Transformation Programme (as noted in PCIP section above)	Complete	Good progress. Fully implemented. Highest NHS Board Covid-19 vaccine uptake in Scotland	Primary & Community Services	Changing national policy (e.g. JCVI), workforce	Significant focus via the Vaccination Programme Board		National Vaccination Strategy

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	Cervical Screening	Additional funding was allocated from NSS to financially support Primary Care colleagues to reduce the backlog. In January 2021 practices were sent an updated list to show the 2020 cohort still unscreened as they had received the £33k funding allocated for increasing screening capacity. After a review in April there was a cervical screening uptake of just fewer than 80% for the 2020 cohort, but it took over 16 months to achieve this.	Complete		Primary & Community Services				
	Remobilisation of AHP services	Outpatient and inpatient AHP services remobilised in line with RMP3 plans.	Target 100% outpatient activity and remobilisation of all services by Oct 21	Services remobilised to approx 75% by July 2021. Progress has been limited by current whole system pressures and internal movement of resource to support urgent activity and maintain flow.	AHP services	Workforce recruitment and retention. Unscheduled care pressures.	Working to support whole system flow. Clinical prioritisation to emphasise importance of rehab and preventative intervention.	Access time targets Quality and safety KPIs	SG Rehabilitation framework NHS Recovery Plan
	Restructuring of community rehabilitation services in line with locality working.	Benchmarking other services Restructure of service leadership Develop links across HSCP	New structure to be in place by March 21	Ongoing review of current service and structures. Review of outcome measures Exploration of population health metrics to guide work.	AHP services	Workforce recruitment and retention. Unscheduled care pressures.	Service reviews launched and established. Operational timeframes to ensure process completed.	KPIs to measure impact – functional outcome measures, financial impact, system impact (admission prevention/ system flow)	SG Rehabilitation framework
	Remobilisation of Community Dentistry –NHS GDS dental practices and Public Dental Service	NHSB will continue to work in partnership with NSS to provide practices with PPE and proved an on-going programme of face fitting for FFP3 masks to all practices and their clinical staff. Borders 94% of practices currently above Scottish Government Activity Baseline 20%. Process in place for NHS GDS ventilation reimbursement. PDS recovery: Planned mitigations to reduce need for AGPs to allow increase activity. 68% paediatric	A NHS GDS practices continue to be provided with support from NHS Borders throughout remobilisation in keeping with all local and national guidance documents throughout 2021-22 100% NHS GDS practices working above baseline activity of20%. PDS: All paediatric patients receive recall by end of 2021 All adults and paediatrics referred into service seen and treated in community setting where safe to do so. All PDS domiciliary patients receive routine examination.	New New New New New	Primary & Community Services	Ventilation PDS&GDS Delay to patient care, undiagnosed disease, progression of chronic conditions, increasing oral health inequalities Recruitment	Reimbursement of ventilations costs and equipment reimbursement to reduce need for AGPs for GDS. Business case to SG for funding to support additional PDS posts		Childsmile Caring for Smiles National Dental Inspection Programme

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		patients received routine recalls. All adults and children with additional needs offered routine recalls. Paediatric action plan increasing activity for referred assessments and management modalities. Routine domiciliary care remobilised in independent homes and care homes. Oral Health Improvement programmes restarting in line with national guidance: Childsmile academic year 20-21: 64% EYS sites tooth brushing	Oral Health Improvement: NDIP completed by July 2022 Childsmile: 100% EYS t/brushing by end of academic year 21-22. P1&P2 t/brushing commence September 2021 F varnish: 20% of SIMD 1 nursery to P4						
	Remobilisation of Community Optometry	Local practices are following Optometry Scotland advice of twice weekly LFTs and Covid Safe practice.	Ongoing		Primary & Community Services				
	Development of a Care Home Team	Care Home team is currently being developed with IPC, Education facilitators and Senior Nurses. A gap analysis of care and education relating to the fundamentals of care is currently underway which will inform the programme of delivery for 21/22. Work is also currently underway in building the governance structures and partnership working with Health and Social care.	March 2022	Lead Nurse was appointed in Feb 2021 and the gap analysis has now been completed. 2 Senior Nurses have been appointed and commenced in post in August 2021. 2 Education facilitators have been appointed and commenced on 30th Aug. A project plan guided by the gap analysis will be developed and actions commenced by October 2021, engaging all our newly appointed staff. Further work has been developed in relation to the wider AHP input required within the care home setting, The Lead Nurse has developed a strong working relationship with the Community Care Review Team and are working collaboratively in undertaking further reviews, supporting large scale investigations and further follow up assurance visits. The Governance structures have been developed in partnership with health and social care, with a feed into the Operational and strategic oversight groups facilitating the effective oversight for the Executive Nurse Director. New- As a component of RUC and Realistic Medicine an advanced practice model is also under development with a proposal of advanced practitioners supporting GPs with ACP and urgent care within the Care Home setting with a goal of reducing hospital admissions and compliance with recommendations relating to ACP in the palliative care strategy and Care Home Review carried out in	Primary & Community Services	Lack of funding and appropriately trained practitioners (ANPs). Reliance on GP time to	Negotiate within PCIP for urgent care workstream moneys to be pulled over to support this proposal. Consider employing Physicians Associates as opposed to trainee		Realistic Medicine Transforming Urgent Care Palliative Care Strategy Dementia Strategy Care Home Review

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				Feb 2021.		support training of NP to ANPs.	ANPs.		
				Social Care					
	Effective Remobilisation of Adult Social Care Services	Thrice weekly operational group that meets with representation from NHS Social Care and private providers this feeds into a strategic group which consists of Director of Nursing, Chief officer for IJB, Director of Public Health, Chief Social Work Officer	Permanent Arrangement	NHS has responsibility for infection control, leadership, staff training and governance procedures as part of the extended role of the nurse director. Care home team established with a lead nurse employed by NHS Borders which is the operational link between health and the CCRT(Care Commissioning Review Team) and Scottish Border Council The operational group is the channel for the day to day activities needed to ensure that care homes are supported with the above the escalation point is the strategic group. This is done by thrice weekly operational meetings with	Joint but accountability sits with Chief Officer	If operational meetings didn't take place there is the risk of reduction of the availability of beds in care homes Nosocomial infection within care homes Risk that there could potentially be a decline in the quality of care provided	National TURA system with records the data Weekly reporting to SG		Older Peoples Pathway Programme NHS Recovery Plan
				Mental Health					
CAMHS	Deliver Smooth consistent journey for patients and families assessment, treatment and discharge from the service. Accessing right care at right time	Development of treatment pathways for mood mental health (MH)disorders, Neurodevelopmental disorders (ND) and Eating disorders (ED) Recruitment progressing	Complete operational pathways Complete clinical pathways for MH and ED disorders Assumptions – Fully resourced to allow capacity to release experienced staff for test to change	Completed process mapping of operational pathways into and through service. Operational test to changes scoped, designed and cohorts identified for phase 1 PDSA ○ Discharge – letting go sessions ○ Optimising Opt-in ○ Care Plans/Case Load Management ○ Referral Improvements ○ ED Peer Support ○ Commenced clinical pathways mapping including MD and eating disorder. Test to change scoped for phase 2 PDSA Recruited to Medical positions – commence Nov 21. Recruitment to Clinical Psychologist posts have been unsuccessful back out to advert, and maternity leave	CAMHS	Risks of commencing test of change, and not commencing change Staff not onboard. Sickness/vacancies. Further vacancies. Not fully resourced to support full test to change. Increase in urgent/emergency work	Project group catch up meetings monitoring progress. Monthly service update. Monitoring Covid 19 with SG guidance around schools for ND completion of assessments.	Ongoing monitoring of project work. Monitor Covid 19 apply RAG status measures in the event of outbreak within CAMHS, MH service and community. Leads continue to meet weekly.	CAMHS MH & ND Standards MH Strategy GIRFEC Referral to Treatment HEAT Target

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				all have been challenging for patient through put of service impacting on waiting times. Space utilisation to be agreed to further progress face to face appointments and ND observations		delaying backlog work/implementation new pathways Lack of recurrent additional funding certainty			
CAMHS	Deliver Smooth consistent journey for patients and families assessment, treatment and discharge from the service. Accessing the service at the right time by the right person	We have commenced a review the autism assessment and diagnosis process Recruitment progressing	Complete clinical ND pathway. Separate MH and ND pathways within CAMHS. Assumptions – Fully resourced to allow capacity to release experienced staff for test to change	Bottle neck within nursing case loads due challenges of formulation/diagnosis slots that require Psychology/medical input. 4 slots per week have been agreed with medical staff equates to 4 hrs as a temporary measure until there new staff commence in October. Acute mental health patients are prioritised within the service including Urgent/Emergency new and deteriorating current patients, ITS cases, eating disorders and Psychosis. New Consultant due to commenceOctober2021 Awaiting Consultant Paediatric Psychiatrist to start in November for input into ND pathway for MDT approach	CAMHS	Vacancies further clinicians leaving. Sickness. Escalation in Covid 19 within community as school closures.	Continue to monitor staffing and progress of temporary slots. Purchase (within budget SBAR presented to informal ops 9/8/21) of Social Responsiveness Scale – 2 (SRS) – tool to effectively provide assessment information for autism.	Continue to monitor progress and adjust processes through staffing issues, service acuity and Covid 19	CAMHS MH & ND Standards MH Strategy GIRFEC Referral to Treatment HEAT Target
CAMHS	Increased patient / family and stakeholder involvement within the service including future developments	Completed Introduction meeting, discussing purpose and Terms of Reference. Consultation re Website	Have fully functioning Stakeholder Reference group. Improved access and treatment services for patients and families. **Completed**	Complete and ongoing meetings planned	CAMHS	Diminishes and loss of faith within service.	Operational Manager attends with member from Leads and clinician. Discuss progress following the meetings.		CAMHS MH & ND Standards MH Strategy GIRFEC Referral to Treatment HEAT Target
CAMHS	Publish information in a clear, accessible format about what and who CAMHS is for, and how children, young people and their carers can access CAMHS.	Scoping of website and engagement with stakeholders to capture thoughts and views.	Webpage redesign pages Interactive content	New Site Content Map has been created with input from stakeholders (awaiting Public Engagement Sign-off for young person survey)	CAMHS	Critical staff pressures to support project work	Project group catch up meetings monitoring progress.	Continue to monitor progress and adjust processes through staffing issues, service acuity and Covid 19	CAMHS Service Specification Standards
CAMHS	Support age range of 18-25 within CAMHS	We will look to establish the scope and cohort of patients and establish pathways to support this	Next steps would be - Scoping and cohort Pathways established Recruitment Implementation Assumptions - Recruitment of vacancy; clarity from Scottish Government;	New	CAMHS	Scope and range of parameters may fall out with current resource and criteria Impact on waits	Project group to be established Meeting with Scottish Government for guidance on cohort	Continue to monitor progress and adjust processes through staffing issues, service acuity and Covid 19	CAMHS service specification standards

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			capacity within MH Services						
	Reduce the RTT waiting list, including completing an engagement appointment test of change	Nurses Opt in Assessment clinic in place since Jan 21	Next steps would be - Achieve RTT HEAT target Complete Engagement project Assumptions – fully resourced to allow skill mix required for engagement appointments test to change plus support backlog work; operational pathways tested to remove waste	Vacancies within the service challenge the target. Challenges to recruit to temporary positions through the CAMHS Recovery fund with no candidates applying or candidates who do not meet job specification. Bottlenecks within case loads have resulted in greater number of patients waiting on formulations/diagnosis and have increased nursing anxieties. Increased number of Intensive Treatment Support, Eating Disorder patients presenting to services with internal acuity have resulted in clinicians prioritising their case loads. Engagement project is the final project to be completed and will commence following the completion of the Pathways.	CAMHS	Continue with long waits. Staff sickness. Increase in complaints, aggression towards clinicians. Increase in staff stress. Tarnished reputation of NHS Borders and CAMHS.	Monitor through data within CAMHS dashboard. Further plans around the recruitment of vacant positions. Ensure DNA policy is adhered to.	On full recruitment of the service and completing the project work including tests of change that waiting times will be achieved. However this is dependent on recruitment, sickness / absence and Covid.	CAMHS MH & ND Standards MH Strategy GIRFEC Referral to Treatment HEAT Target
CAMHS	Transisition Care Plan		Next steps would be - Scoping and cohort Pathways established Recruitment Implementation	New Recognition that this will entail dedicated time and resources across more than just CAMHS service. Current work with ED pathways from CAMHS to CMHTs will include work on transitions.	CAMHS	Scope and range of parameters may fall out with current resource and criteria	Hoping staffing resources will improve with recruitment plan to allow this to move forward	Continue to monitor progress and adjust processes through staffing issues, service acuity and Covid 19	CAMHS service specification standards
CAMHS	Recruitment to Clinical Director Post	Job Description with HR for Grading. Move to have Interviews held in October with preferred candidate by November 2021.	Job description established Recruitment process underway	New (2 year post)	Quad	Leadership model fit with strategic direction within NHS Border s MH service		Clinical leadership at Director level for service support and drive improvements	CAMHS service specification standards
CAMHS	DACQ Data Pack	DCAQ analysis supporting data back to understand the efficiency and operation of the service	Complete DACQ for service	New Gathering of DCAQ data is almost complete to help support pathway work in understanding current demand and capacity. Analysis with team to be scheduled.	CAMHS Project management office (PMO)	Accuracy and lack of data;	Continue to work with BI Team to improve accuracy of data; engagement to agreed assumptions re job planning and DCAQ assumptions.	Clear understanding of demand, capacity, gaps and queues and the ability to plan how to manage these. Reliable data	18 weeks RTT Heat Standard for CAMHS
CAMHS	Reducing the backlog by March 23		Assumptions – fully resourced to allow skill mix required to support backlog work	New Quantify the backlog Recruit to SG CAMHS allocation Review areas of backlog and develop plans to address this without any further funding, and clarify how long this will take if possible.	CAMHS	Not enough capacity, difficulty with recruitment, backlog increases.	To explore alternatives to increase flow and improve capacity and resilience in the absence of any further funding.	To ensure people are seen and offered the best matched treatment, rather than being on a waiting list and their condition deteriorating.	18 weeks RTT Heat Standard for CAMHS
Psychological Services	Recruitment to Director of Psychology		Job description established Recruitment process Appointment	New	Quad			Clinical leadership at Director level for service support and drive improvements	
Psychological Services	DCAQ for all psychology services		Complete DCAQ for all psychology services	New All psychology leads will have completed DCAQ, job planning, gap and capacity analysis for their areas of work/services.	Psychology Services	Accuracy and lack of data;	Continue to work with BI Team to improve accuracy of data; national engagement with HOPS re agreed	Clear understanding of demand, capacity, gaps and queues in psychology services, and the ability to	18 weeks RTT Heat Standard for Psychological Therapy.

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							assumptions re job planning and DCAQ assumptions.	plan how to manage these. Reliable data	
Psychological Services	Consistently meeting the 18 week HEAT target		Be within 10% of achieving the 18 week RTT Heat Target	New We will endeavour to be within 10% of meeting our 18week RTT Heat Target by September 2021.	Psychology Services	-Covid and service pressures may disrupt ability to meet this target due to staff sickness or inability to see patients for face to face work. -Renew service not able to continue working as a centralised model with no face to face appointments.	-Continue to work via Near Me and telephone where clinically appropriate and prioritise face to face appointments for those who most need them. -Monitor requests for face to face appointments in Renew.	To be able to see people referred to psychological services within 18 weeks in order to maximise treatment benefit and effectiveness.	18 weeks RTT Heat Standard for Psychological Therapy.
Psychological Services	Review of psychology structures and processes to maximise flow, efficiency and resilience	To ensure psychology services offer best value for money and performance in NHS Borders; to ensure a resilience and attractive workplace to retain staff and ensure workforce development.		Plan in principle to be agreed by BET and in SG Improvement Plan Sept 2021. Will commence once DOP in post.					
Psychological Services	Reducing the backlog by March 23			New Quantify the backlog Recruit to SG PT allocation £106 000 Review areas of backlog and develop plans to address this without any further funding, and clarify how long this will take if possible.	Psychology Services	Not enough capacity, difficulty with recruitment, backlog increases.	To explore alternatives to increase flow and improve capacity and resilience in the absence of any further funding for PT.	To ensure people are seen and offered the best matched treatment, rather than being on a waiting list and their condition deteriorating.	RMP 4 – SG Remobilisation Plan
Urgent and Emergency Mental Health Care	Improved resilience and support to ED and enhance workforce in crisis team	New – recruitment to x1 ANP no other appoint able candidates	Employment of x1 WTE ANPs to our crisis Part of MH Transformation programme exploring established pathways and resilient workforce	New Unable to appoint to further post reviewing position within service	Adult Mental Health Crisis Team	Increase mental health waits in ED Increase in attendance of MH patients at ED	Existing crisis team in place Enhanced working relationships with adult CMHT – reviewing current way of working between CMHT and Crisis team	Reduced waits in ED re MH patients Reduced activity/attendance for MH patients at ED	
Perinatal mental health service	All work force relating Perinatal and Maternal Mental Health Services in post	Recruitment progressing to Perinatal midwife post	To have the identified workforce resource in post to support the agreed perinatal pathway already identified within NHS Borders	Delay in recruitment to perinatal midwife post is now in process of recruitment. Due to vacancies and workload pressures within adult CMHT and delay in midwifery post this has impacted on deliverables of a streamlined service adhering to agreed clinical pathway	Mental Health Perinatal steering group	If key staff not in post pathway may be compromised and have poor outcomes for patients	Consultant psychiatrist in post and has identified clinic Good relationship with obstetrics and midwifery services Perinatal resource permeated through	All identified staff in post and able to deliver existing and agreed perinatal pathway	

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							adult CMHT		
CMHTs (adult)	Target neurodevelopmental disorder assessments waiting list and backlog	Recruitment of 4 sessions of NHS locum consultant psychiatry time for one-year on a fixed-term contract Aug 21 to Aug 2022 to begin work on adult NDD assessment backlog and pathway design	In post and commence backlog and pathway design August 21 and would see significant improvement and pathway	In place and work commenced	Mental Health Adult CMHT	Workload and demand outstrips capacity due to competing demands Surrounding MDT & admin lack capacity to support locum progression Due to vacancies, the redeployment of x1 nurse to in patient ward this is having a negative impact on day to day delivery of services	Team members in adult CMHT have knowledge and skills to support identified clinician Dedicated protected time to clinician to progress work and back log. *RAG status of all patients on caseloads to be reviewed weekly. RAG status of patients awaiting allocation to be re-reviewed. Resources directed to Red/Amber patients. Risk Register to be updated to reflect current staffing pressures. CPN capacity to be reviewed across the three localities. Explore and implement a staged approach that works towards a single point of access for referrals. This would decrease risk for patients, exclude failure to act on referrals that are missed or revolve as a consequence of a multiple access service. Build capacity, resilience and skills through a joined up, structured clear process that gives the patient, the right clinician at the earliest opportunity and directs into the most appropriate pathway, using an evidence based and recovery focused approach. Pull together the small resource that community mental health and borders crisis team have to combine CMHT duty/crisis/social work into a duty hub to triage referrals effectively. Initially	Backlog addressed and brought into manageable position Pathway identified and embedded within service Improved patient outcomes Reduced complaints Improve organisational reputation	

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							emergency/urgent referrals progressing to additionally including routine referrals with an assessment/treatment model.		
CMHTs (adult)	Complete and embed Personality disorder treatment pathway	Allocated service manager to provide managerial support to progress		Pathway remains incomplete at present but is active with elements still required to be in place. Delayed due to staff accessing appropriate training (Awaiting confirmation from NHS Fife who will provide the training)	Mental Health Adult CMHT	Elements of the pathway cannot be delivered and provide maximum clinical input to support this cohort of patients	Majority of the pathway can be delivered and impact to date has been minimal *same as above		
CMHTS/CAMHS	Complete and embed the eating disorder pathway	First meeting held August 2021	Allocated service manager to offer managerial support	Similar to Personality Disorder pathway. Awaiting emergency covid funding as per letter from Kevin Stewart SG dated 2nd August 2021 allocated funding of £94,614 Regular 6 weekly steering group meetings now in place with agreed membership	Mental Health Adult CMHT/CAMHS	Elements of the pathway cannot be delivered and provide maximum clinical input to support this cohort of patients	*same as above		
CMHT (Rehabilitation)	Community Rehabilitation Team - Supported Living Proposal project involving patients and families, and all other related stakeholders.	Accommodation identified Patient/carer feedback obtained 4 weekly planning meetings in place Support from HIS	To have relocated supported living to alternative accommodation To have a grade 5 supportedaccommodation in place	Current progress – working up business plan to submit to housing association. Agreement in principle within NHS Borders and IJB. Accepted and part of Reducing reliance on adult in patient wards - HIS	Mental Health Rehabilitation team	Contract from housing association is not within financial envelope Housing association does not accept proposal/business case	Consider alternative associations to consult with		Reducing reliance on adult in patient wards - HIS
CMHT (Rehabilitation)	Remobilisation of the physical healthcare agenda within Mental Health supported by collaboration with Primary Care around Community Care and Treatment Centres.	In last 2 months clinical lead and lead for physical healthcare have been meeting	To reinstate the physical healthcare agenda within mental health/primary care/community care and treatment centres	Healthcare Lead redeployed to test and protect team and currently still in post. Will be released from post provisional date of 4th October 2021 will then reinstate steering group. Currently exploring and seeking finance re employment of Physician Associates (PAs) who would have a discrete role in physical health assessment and action planning for inpatients and community patients with severe mental illness	Mental Health Rehabilitation team	Redeployed physical healthcare lead does not get released from test and protect service. Finance not sourced to employ PAs	PAs could take a more prominent lead in progression	Improved physical health and well being for people with severe and enduring mental health	Mental Health in Scotland Improving the Physical Health and Well Being of those experiencing Mental Illness December 2008 Mental health strategy
CMHT (Borders Addictions Service)	Resume 'Drop In Hubs' within the towns of the Borders in line with Government COVID-19 guidance.	Contact has been made with the church who supports access to premises in Eyemouth Contact made with SBC to source other premises	Resume "Drop In Hubs"	Progress slow however meeting planned to restart Hubs in central Borders and Eyemouth. Further enquiries being made to secure other premises across localities to implement wider initiative	Addictions service/ADP	Unable to access appropriate facilities for drop in services (proven successful and nationally	Central Galashiels progressing with hub	Increased access to specialist service Early intervention and treatment Reduction/prevention of drug related deaths	Medication Assisted Treatment (MAT) standards: access, choice, support

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						recognised)			
CMHT (Borders Addictions Service)	Training - Implement Trauma training awareness for clinicians, support nursing staff to complete Non Medical Prescribing training		Complete	All staff where relevant in relation non medical prescribing are now either trained or currently in training. Trauma awareness training implemented	Addictions service				
CMHT (Borders Addictions Service)	Maintain and progress the national MAT standards.	We are currently meeting MAT standards 1-5 MAT 6, 9 and 10 have active discussions ongoing around how to achieve them. MAT 8 we do have some existing resource already		New	Addictions service	current staffing pressures including redeployment increasing caseload numbers have placed considerable strain on the service	Staff should assess current caseloads and prioritise the most at risk; you are not required to complete a formal RAG list, however this method may help determine who may be most vulnerable Reduce pressure to see individuals as frequently; unless there is imminent risk Revert to the three week wait for new referrals, prioritising only those at significant risk of harm for rapid access into service and low threshold prescribing Non urgent face to face appointments to be cancelled if needed and switched to telephone support In the event that staff are becoming overwhelmed then non-urgent patient contacts should be completely cancelled and delayed to release time to prioritise other things. Non urgent Mental Health reviews to be postponed if needed to allow Consultant psychiatrist to prioritise the most at risk services users requiring urgent medic support NMP's will not, as previously, be on hand to respond as quickly to	Increased access to specialist service Early intervention and treatment Reduction/prevention of drug related deaths	Medication Assisted Treatment (MAT) standards: access, choice, support

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							individuals both coming into treatment or indeed having prescriptions restarted; allowing the prioritisation of core duties and management of caseloads. Where NMP's are not available medics should be approached, we accept this may mean longer waits for some, or requirements for patients to travel more to Galashiels Assessment for alcohol detox to be delayed until someone has capacity to see them In-patient detoxification will be delayed; individuals will be retained within a waiting list with ongoing support from WAWY		
CMHT (Mental Health Older Adults Service (MHOAS)	Provide outreach in the community with aim to reduce hospital admissions where clinically appropriate		Complete	This was part of the winter bid that didn't happen last year. However, the team do provide outreach and direct support to prevent admission wherever possible.					
CMHT (Mental Health Older Adults Service (MHOAS)	Review/embed systems and processes with aim to streamline patient journey. The review is currently ongoing and is continually changing.		Identified as phase 2/3 of transformation programme	This has been put on hold as part of our Mental health transformation programme given the level of change within service as a result of Covid. Priority has been a focus on diagnosis.	MHOAS PMO				
CMHT (Mental Health Older Adults Service (MHOAS)	Resume Newcastle model work in all areas if resources available to take this forward.		complete	Where appropriate the Newcastle model has been reintroduced across all services	MHOAS				National dementia strategy: 2017-2020 - gov.scot
CMHT (Mental Health Older Adults Service (MHOAS)	Scoping options for expansion of the service including inpatient wards and community settings.		Identified as phase 2/3 of transformation programme	Part of MH transformation and prioritised for phase 2/3	MHOAS PMO	Pathways remain stagnant Poor patient pathway Reduced patient experience Increased wait	Commence work October 2022 Daily monitoring of patient referrals and flow	Improved patient experience Right care at right time Agreed and improved operational and clinical pathways Increase in efficiency of service	

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						to access service			
CMHT (Mental Health Older Adults Service (MHOAS)	Developing/providing training within care homes. Complete training needs assessment within care homes and implement training plan. within the next 3 months	NES Skills course has been provided in a proportion of care homes	Complete and ongoing	Plan to implement with other providers in the near future. Psychologist has explored the needs of services and has a plan of intervention.					
CMHT (Mental Health Older Adults Service (MHOAS)	Within the next 6 months, we plan to continue to develop our Post Diagnostic Support (PDS) Service within the Borders.		Complete	Service is now back up and running at capacity the only challenges are in accessing community resources as many have remained closed	MHOAS			Improved access to targeted support regarding diagnosis of dementia	Alzheimer Scotland's 5 Pillar of Post Diagnostic Support National dementia strategy: 2017-2020
CMHT (Mental Health Older Adults Service (MHOAS)	Trial Dementia screening within a small GP practice within the Borders to assist with Early Diagnosis		Review as part of Transformation programme	Due to clinical demand and persistent strain on clinical services this work has been delayed, recruitment and staff absences have also been a contributing factor	MHOAS PMO				Standards of care for Dementia in Scotland National dementia strategy: 2017-2020
Inpatient Units (Huntlyburn ward)	Small board that accesses specialist service via a service level agreement for Intensive psychiatric in patient (IPCU) bed/eating disorder bed/Young persons bed (YPU) – no local in patient facility for Learning Disability (LD)	Local risk register completed. Current position escalated to Board Executive team Ward under extreme pressure due to admission outwith criteria for 3 months – not mental health related (social care deficit)	Management review	New	Mental Health Management	Lack of funding for PAs Lack of specialist respite and beds (YPU, LD placements, elderly) leading to patients inappropriately placed within general/other healthcare settings Aggression towards staff; staff sickness Poor experience and care for inpatients, risks associated Reduced	Redeployed staff from other clinical areas Daily meeting with key stakeholders – managers/clinicians/Social work Risk assessment complete Occupational health to support staff Reduction in bed compliment to reduce demand to in patient ward	Sustained service delivery of core functions of ward Will review and examine current admission criteria to provide added clarity Enhance multi-professional working with health and social care to ensure people get the right care at the right time by the right speciality and facility	

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						service form other specialities due to redeployment of staff to ward			
				Acute					
	Response to an increase in inpatient activity as a result of Viral Respiratory Infections in Children	Recruit additional registered nursing staff to support increased capacity through winter Review capacity surge plan Increase training for HDU beds	December 2021-09-19 November 2021 December 2021	Recruitment underway New New	Acute Services	Paediatric service capacity overwhelmed Further impact on outpatient waiting times Increase demand on anaesthetic and paediatric services locally beyond safe levels in event of lack of paediatric care and retrieval capacity	Any step down of activity will be considered in line with clinical prioritisation processes.		Winter Plan
	Improving Emergency Access Standard	Review of Physical ED environment Review of ED Workforce Undertake Process Improvement Work in Medical Assessment Unit Restart ward discharge work	January 2022 January 2022 September 2021 October 2021	Immediate environmental issues have been addressed. ED has flexed into an area that was previously an outpatient department to allow for social distancing measures and an increase in presentations- this will need to be kept under review with effected clinical areas ED team do not have capacity for further environment work given current operational pressures Recruitment currently being undertaken to increase senior decision making in the department out of hours. Project delayed due to operational pressures Service are progressing work on this action. This is being refreshed in order that it can be progressed across all wards	Acute Services	Operational Pressures such as an increase of presentations to ED, staffing shortages and an increase in COVID-19 activity	Continued ability to flex into an area agreed		6 essential Actions, Re-designing Urgent Care, Winter Plan

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	Medium Term COVID-19 Capacity	Interim escalation plan reviewed and in place List of options identified by Acute Management Team Optional Appraisal carried out Business Case Development underway	Complete June 2021	Options appraisal completed Project paused due to inability to create decant capacity for period required to deliver capital works. Existing COVID-19 capacity plan in place. ICU surge plan in place as part of COVID-19 interim bed model, that has the capacity to surge into theatre recovery as an when required.	Acute Services	Financial ability to deliver preferred option	Interim escalation plan that has previously agreed is able to be implemented as required		Re-mobilise, Recover, Re-design, NHS Recovery Plan
	Re-designing Urgent Care project	A workshop has taken place to evaluate stage 1 Ensure effective planning and resource allocation is in place and aligned to peaks and troughs of demand to secure delivery of timely care for patients and carers Formalise/standardise patient experience and staff evaluation approach at local level Paediatric Pathway- Monitor impact of redesigned pathway on FNC and ED activities, including clinical governance review at local and national level Establish a process to collect more standardised locally and centrally available patient experience data Ensure processes are in place to continually consult with those likely to experience barriers to care to shape, refine and improve pathways to better meet citizen's needs, mitigate against harm and minimise inequalities locally	Complete Complete December 21 December 21 Ongoing	Working group are now progressing stage ongoing actions Staffing rota is in place and reviewed weekly, noting workforce challenges across the organisation Staff and patient questionnaires available. Looking to progress to use care opinion Data dashboard being reviewed with our Business Intelligence team and mock up tableau version circulated for comments within RUC team. Aim to move to tableau. The central collection of patient experience data is being formulated in partnership with the boards and HIS This is information is captured and is a work in progress that will update as the programme evolves	Acute Services	Operational Pressures Workforce challenges Increased COVID-19 activity	National Directions		Re-designing Urgent Care ,Re-mobilise, Recover, Re-design

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		Local communications	June- December 2021	A local NHS Borders communication strategy has been developed and a series of local videos are being produced and circulated.					
	Remobilisation of urgent and routine appointments with an ambition of 100% of pre-COVID-19 activity being delivered	All specialties are undertaking enhanced administration and validation of waiting lists to ensure patients are correctly placed on waiting lists and prioritised appropriately. This will be a continuous process for new, review and surveillance waiting lists. This included Opt In. Ophthalmology- will be further promoting and optimising the Shared Care Service as well as converting more appointments to virtual only. The service will look to review all their pathways along with community services, which will include referral criteria, pathways and Post Infection Review. Exploration of new models of care within outpatients' settings to understand what can be done to improve service efficiency and productivity.	Ongoing	Total activity remobilised as at end of August was 66%. NHS Borders has had challenges in remobilising due to: 1. Initial 3 months of nurse staffing redeployed to IP areas and reduced clinic templates for social distancing. 2. Reduced OPD space / flexibility 3. Recent challenges in unscheduled care beds / staffing / covid resulting in some specialty consultant deployment to unscheduled. Against our NOP trajectories we had been performing well against trajectories until July. July and August below trajectory for the reasons outlined above. A result of reduced activity has seen our "urgent" waiting lists grow beyond the 6 weeks. A focus for additional capacity is firstly to address the urgent demand waits followed by addressing the longest waiting routine patients. Work in the second half of 2021/22 will continue to improve remobilisation and include: Further assessment and refinement/full implementation of waiting list validation, ACRT and PIR. Ensure all specialties increase clinic templates to pre-covid levels maintaining 1m social distancing. Identification of outpatient space to improve activity and flow of patients through outpatient departments, particularly for high volume specialties (Orthopaedics and Ophthalmology). This may require external contractors to ensure swift refurbishments so facilitate the additional capacity/ support more efficiency patient flow through departments. Close links with Realistic Medicine and liaison with primary care colleagues to develop and implement local pathways (utilising the Once for Scotland Pathways) for each specialty. Support from improvement/project manager and project support officer for operational services to execute plans. Dedicated general practitioner sessions to support redesign of pathways.	Acute Services	Resurgence of COVID-19 activity within the acute hospital Workforce challenges	Clinical Prioritisation Dialogue with access support team		Re-mobilise, Recover, Re-design Once for Scotland Pathway implementation Heat map priorities

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		Initiatives supported by the allocation of initial tranche of Waiting Times Funding Work to reduce Backlog		Cardiology, Dermatology and colonoscopy additional capacity plans have and continue to be executed. Further plans, as noted above, are being developed for agreement and execution. Activity linked to these plans are reflected in our trajectories. Golden Jubilee for orthopaedics and ophthalmology are planned, however, orthopaedic capacity is "paused" in Golden Jubilee. Spire Washington capacity has been agreed as 10 per month for orthopaedics. With the slippage from Golden Jubilee we are negotiating further activity with Spire to offset out capacity lost. Secure capacity within Spire for Category 2 patients (range of specialties) All specialties will review the long waiting patients / apply waiting list validation structure. Ring-fenced time will be allocated to ensure this happens and that the patients appointed are those who need to see specialists. Additional activity with the support of third party and locums for ophthalmology, dermatology, cardiology, urology, colonoscopy, and gastroenterology to address the backlogs.					
	Continue to Deliver 100% of unscheduled urgent operating	Each procedure is clinically prioritised	Ongoing	All emergency operating Cat 1 patients have protected capacity Cancer remains a priority and then non cancer urgent patients when capacity allows	Acute Services	Workforce challenges Bed Capacity in Wards and ITU	Clinical Prioritisation		NHS Recovery Plan
	Continue to deliver 40% of routine operating, with patients being clinically prioritised, whilst developing plans with ambition to reach 100% of Pre-COVID-19 activity by October 2021.	A weekly meeting continue to take place aimed at clinically prioritising procedure and planning of assumed resumption of 100% pre-COVID-9 activity by October 2021	October 2021 now March 22	Plan to reach 70% of pre covid activity in theatres delayed due to cancellation of all routine operating in Aug 21 We are planning for the remobilisation elective operating at the beginning of Oct this is dependent on a number of external factors including a reduction in emergency admissions, increasing staffing, decreased COVID-19 activity Moving beyond 70% is likely to take until March 2022 due to current workforce issues we have	Acute Services	Increase in COVID-19 Inpatient activity Workforce challenges	Clinical Prioritisation Active recruitment to key posts		NHS Recovery Plan
	Continue to deliver 60% diagnostic overall capacity, whilst developing plans to reach ambition of 100% of Pre-	MRI replacement scanner is being installed and a mobile scanner will be running whilst it is installed Explore CT Scanner Replacement	October 2021 2022/23	MRI replacement is actively being worked on and will be complete in Dec 21 Work has begun to scope the replacement of our CT scanner	Acute Services	Workforce challenges Unscheduled care Equipment issues- CT	Active Clinical prioritisation of urgent work Weekly review of diagnostic waiting times Monthly meeting with access support team		NHS Recovery Plan

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	COVID-19 activity by October 2021.	Recruitment of 2 WTE radiographers to allow us to begin to address ultrasound backlog Scoping work underway to introduce colon capsule Within physiological measurements locum support has been secured to address the longest waits for pacing and 24 hour tapes. Plans being developed to address Echo longest waits	December 21	Ongoing workforce challenges that we are working through addressing this Work continues on the Colon Capsule Project dedicated IM&T project management support has been agreed Ongoing workforce challenges continue to be addressed by service Work remains ongoing		Scanner Financial ability to deliver	from SG		
	Recommencement of the National Best Start Programme	The service continues to plan for recommencement of this project.	The National Best Start Implementation Group had indicated that Boards should recommence their previous work in August 2021.	25/08 SG meeting best start remains paused, delayed completion date, local progress continues with where possible providing continuity of care anti and post natal but due to staffing challenges in community this can pose a challenge Development of leadership team to review what is within our gift to carry on locally, engagement with national best start team and senior midwives hubs	Acute Services	Workforce challenges FInanical ability to deliver Space to deliver SG support with national programme paused / networking opportunities	Still doing what is in our gift so that we do not stop entirely Encouraging home births Outpatient induction of labour 6 hour discharges – primary midwife does the discharge		Best Start
	Cancer waiting times funding allocation	Colonoscopy waiting times getting the waits below 4 weeks and maintaining this - achieved Additional capacity for diagnostic breast work to keep waiting times below 4 weeks Access to chemotherapy	Complete Ongoing Complete	Work in progress to secure this additional specialist radiography support, this is a national problem, however we have been able to maintain urgent waits at acceptable levels. Maintained Surgical access for all tumour groups and waiting times is consistent with pre-covid levels. Invested in additional capacity for chemotherapy for timely access	Acute	Increased screening levels Medical workforce issues in GI	Continued use of locum cover to release GI consultants		Effective Cancer Management Framework

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	Embedding Effective Cancer Management Framework and re-design to support earlier diagnosis	See above actions	Ongoing	With support of regional planning group invested in a cancer manager documenting pathways for primary tumour groups and supporting clinical teams in identifying opportunities for improvement 1 stop MRI prostate patients	Acute	Workforce challenges	Continued use of locum		Effective Cancer Management Framework
				Winter Preparedness					
	Medical cover for weekends to support discharge	Increase number of weekend discharges through provisions of an additional 0.4 WTE registrar	November 20 – March 2021	Awaiting Vacancy Approval from Finance. Confident to fill role through agency.	Acute Services	Increased length of stay for patients Patients not receiving timely consultant reviews.	Use of agency		Remobilisation Plan- Winter Plan
	Enhanced AHP services across an increased BGH bedbase and include enhanced RAD front door service at weekends 1.5 bed days saving	Facilitating inpatient flow and providing timely assessment, treatment and discharge through the winter months	September 20 – March 2021	These services exist at present. This bid provides additional 7 day RAD cover which is not currently available, and AHP inpatient provision for winter bed plan to support up to 315 inpatient beds.	AHP Services – Acute	A failure to resource RAD/ inpatient services will significantly increase patient length of stay and reduce flow causing an increase in delayed discharges. Quality of care will be compromised and patient safety may be affected. This presents a potentially high risk to the organisation.	Service in place this is an enhancement		Redesign of Urgent Care Admission prevention
	To provide SACT to cancer patients in the BMC over Christmas Public Holidays	Provide SACT to cancer patients on 27/28th December & 3/4th January 2022	December 21 – January 2022	Carry Forward	Pharmacy - Acute	Risks as per normal working day. Reliance of ChemoCare system working & availability of medical staff for patient			Remobilisation Plan- Winter Plan

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						review. Aseptic unit fully functioning- air handling unit previously affected by cold weather conditions.			
	Additional Site & Capacity Assistant on duty from 1-9pm 7 days per week	Improved patient flow by down streaming patients as soon as beds are available and moving patients who are to be boarded as soon as they are identified and handed over	December 21 – March 2022	Carry Forward September - VAF approved and gone to HR to be advertised. Confident will fill HCSW role.	Acute Services	Minor (9) as could impact on patient experience due to delays in ED and is likely to happen more than once.	Use of agency and bank		Older Peoples Pathway by preventing delays for frail elderly patients who require admission with having capacity in wards. ED and Wards - creating capacity in wards for admissions and reduce delays.
	Community Treatment and Care(CTAC)Services - Minor Injuries & Long-Term Conditions Management Service	Further CTAC enhancements	November 2021 Launch of CTAC MI Units	To reduce winter pressures, will managed care closer to home for those with long-term conditions and minor injuries will help reduce emergency admissions and A&E attendance at Borders General Hospital. Further enhancements to the established Community Treatment and Care (CTAC) services will support patients to better manage their health conditions in the community and will reduce avoidable use of both NHS Border's Acute services and Primary Care GP Practices at a time when resources are at capacity by seasonal pressures.	Primary & Community Services	Inappropriate referral to CTAC Minor Injury Hubs Lack of skills and/or training of staff in CTAC Minor Injury Hubs	Deployment of additional project workforce to support, additional focus from our PCIP Exec Committee		Primary and Community Services (PCIP Workstream) Acute (Re-designing Urgent Care & BUC) Clinical Interface Group GP Executive PCIP Executive NHS24 (111 scheduled care pathway)
	Increase available staffing resource across SB Cares	Recruit 1x FTE recruitment officer & 0.5FTE Recruitment Clerical	October 21 – March 2022	Recruitment underway		If post is not recruited to early there will be little opportunity to make meaningful impact to recruitment in time to assist with winter pressures	Appointment to Post – Sept (sooner if internal candidates)		Remobilisation Plan- Winter Plan
	Open winter beds in BGH	To increase inpatient unscheduled winter bed base	December 2021	Recruitment underway	Acute Services	Ability to recruit COVID-19 capacity may require use of 'winter' bed	Over-recruitment of Healthcare Support Workers underway to mitigate failure to recruit sufficient numbers of registered nurses Different ward model will be explored if workface lacks sufficient numbers of registered nurses		Remobilisation Plan- Winter Plan
	Older Person Assessment Area 4 bed days saving	To support the reopening of the assessment bay in MAU. Recruit 5.19 WTE	30th August	Unable to open due to system pressures. Light approach to model being undertaken with increased frailty reviews. Recruitment underway for AHP posts support model.	Acute Services	Availability of beds if demand continues to be in excess of	Looking to review start date and soft launch.		Part for the Older Peoples' Pathway Project

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						expected levels- HIGH Availability of AHPs to support the service – HIGH Sickness/absence and other nurse staffing pressures Medical staffing availability Downstream service availability e.g. POCs/Care home placements etc			
	Overnight ED Doctor	To reduce delays from 1st assessment to completion of care	October 21 – March 2022	September – post out to advert	Acute Services	Minor to moderate – depending on the activity and waits in the department.			Remobilisation Plan- Winter Plan
	Enhancing Home First capacity	To recruit Band 3 HCSWs to extend opening hours of Home First	October 21 – March 2022	AHP Acute RAD Winter Bid and ongoing work on frailty and older People's pathway will enhance benefit and contribute to a coordinated whole systems approach to accelerating discharge and prevention of admission. Confident will fill HCSW role's.	AHP – Community Services				Remobilisation Plan- Winter Plan
	Optimise patient flow within Ward 15	Recruit paediatric nursing staff	October 21 – March 2022	To respond to predicted Pressures which could lead to a 50% increase in Paediatric admissions due to RSV. If we do not provide this additional capacity, we will need to transfer children to the care of other Boards, if they have capacity. This would have a reputational affect / child safety consequence. September – post out to advert, challenge recruiting nursing staff	Acute Services	Ability to recruit Workforce pressures COVID-19 activity			Remobilisation Plan- Winter Plan
	Community Care Review Team	Ensure there is capacity to provide care at home and undertake prompt reviews of care arrangements	October 21 – March 2022	Recruit 1 x Grade 8 and 1 x Grade 9 - Social Work/ social care (SBC grade)	Community Care Review Team	Ability to recruit			Remobilisation Plan- Winter Plan
	Introduction of an occupation based service to enable patients to remain at home	To provide surge capacity within current resources to be able to address the care needs of individuals with	November 21 – March 2022	This aims to provide surge capacity within current resources to be able to address the careneeds of individuals with dementia. In particular there will be a focus on those known and active to MHOAS and those most in need of intervention to prevent hospital admission. The service aims to support	Joint Mental Health / SBC	Ability to recruit			Remobilisation Plan- Winter Plan

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		dementia.		patients and their carers to enable the patient remain at home, access respite resources or transition to a 24 hour care setting.					
	Weekend pharmacy service	Support with weekend workload, drugs being dispensed for discharge & clinical queries	October 21 – March 2022	New	Pharmacy Services	Workforce challenges			Remobilisation Plan- Winter Plan
				Pain Management					
	clinical prioritisation and treating pain management as essential care, recognising links to mental health	Recruitment Multidisciplinary working Providing Services in different ways	Ongoing	Pain Clinic continues to run with a reduced Consultant capacity but option for patients to be seen face to face. Acupuncture provision continues and 12 week Pain management Groups now offered both online and face to face (limited to 10 maximum). New pilot of Compassion Focused therapy "Prepare Group" due to start in November lead by Pain Clinical Psychologist and Specialist OT for patients not yet ready for pain management. Collaboration with Adult mental Health and Psychology in place regarding what our service offers. Permanent secretary now in post 30 hours for continuity of care for patients calling the service	System Wide	Workforce challenges Increase in COVID-19 activity			NHS Recovery Plan
	Communicating with, and supporting, people with chronic care needs (inc P&Cs)	Primary Care Project Multidisciplinary Working Review of Funding	Ongoing	New primary care project developed – repeat of online pain education for primary care patients with the addition of medication session; Prescribing support Pharmacist involvement and offer of medication review – awaiting MPPP funding decision. Service participates in Clinical Interface meetings. We have sourced private funding for continuation of Pain Association Scotland for another year. Commencement of re referrals to Live Borders.	System Wide	Workforce challenges Increase in COVID-19 activity			NHS Recovery Plan
				Long Covid					
	Establishment of a long covid pathway	Covid lead appointed. Developing clinical network. Quantifying local	Clinical network to be established by Oct 21, with defined clinical pathway defined by March 22.	As well as Covid lead 0.3wte Clinical Health & Neuropsychology commences in post September 21 Development of clinical network ongoing.	Covid clinical lead	Whole system acute pressures dominating clinician time	Board comms and commitment.	PROMs, functional outcome measures	SG Rehabilitation framework Care and Wellbeing Programmes NHS Recovery Plan Framework for supporting people through Recovery and Rehabilitation during and after the Covid-19 Pandemic

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		demand. Use of track and trace resource to support telephone contact of patient group. Recruitment of 1.0wte Occupational Therapist to support staff with Long Covid referred to Occupational Health. Adoption and implementation of SIGN 161 by NHS Borders Provision of Mental Health support for those hospitalised by Covid, as per Cossette report Adoption of Chest Heart & Stroke Scotland (CHSS) 'Hospital to Home' scheme for those with Covid/Long Covid – also open to those not hospitalised Caldicott Guardian contacted 26/8 to discuss data sharing – could be via SCI Gateway as done in NHS Fife	 Job description by early Sept 21 (Staff Wellbeing/ OH/OT) December 2021 Agreement re GDPR to allow Primary Care direct referral end Oct 21	 Track and track resource no longer able to support because of increase in Covid related work. Discussions with Work & Wellbeing Lead, Occupational Health Physiotherapist, Staff Wellbeing Group, Staff Side –agreement to pursue funding this post - via The Difference or Staff Endowment. New		 Funding not approved, post not recruited to. Failure to reach data sharing agreement; less efficient/less person-centred approach			Realistic Medicine SIGN 161 Primary Care Improvement Plan Cossette Report
	Staff Wellbeing Group	Spaces Project	TBC	Aim is to identify and establish fit for purpose indoor and outdoor spaces for staff to use during their rest breaks	Staff Wellbeing group which consists of membership from staff-side, clinical	Availability of available space			Staff Wellbeing

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					and management				
	2021-22 Interim Workforce Plan	Interim Workforce Plan Submitted to Scottish Government Consultation with IJB Strategy Board / presentation Establish infrastructure for 3 year Integrated Workforce Plan Submit to SG the final for 3 year Integrated Workforce Plan	March 2021 April 2021 October 2021 March 2022	Achieved Achieved On target On target	NHS Borders and IJB	NHS Lead Workforce Planner on Maternity leave not directly replaced National Workforce Strategy and NHSiS recovery Plan still in development Ensuring workforce risks across all f the health & social care workforce are considered	Responsibilities devolved amongst HR / workforce team Engagement with Scottish Government Consultation with IJB strawtgic group and infrastructure proposed for joint workforce planning across health &social care		NHS Borders Remobilisation Plan NHS Scotland Recovery Plan An Integrated Health & Social Care Workforce Plan for Scotland https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/documents/ DL(2020)27 WORKFORCE PLANNING GUIDANCE
	NHS Borders Local Digital Strategy	Workforce and public engagement aimed at understanding peoples feedback against our current digital offering Development of Our Local Strategy- reviewing National Strategy to ensure aligned Further workforce and public engagement NHS Borders Board sign off of our new strategy and publication	March 2022	Project group is currently working through the workforce and public engagement piece	IM&T Team	Operational pressures being faced across all our services	Project team in place that meets regularly to progress development		National Digital Strategy
	NHS Borders Local Sustainability Strategy	Working Group established GAP analysis of where we currently stand against 6 Chief Executive Climate Change Commitments Engagement with	March 2022	GAP analysis is being progressed once complete a review will take place and NHS Strategy document developed. New national strategy has not yet been published but NHS Borders are engaging and have received support from Health Facilities Scotland NSAT self assessment complete and has been submitted	NHS Borders	Operational pressures meaning key stakeholders cannot be released to undertake project work	Planning & Performance support to progress development		Chief Executive 6 Climate Change Commitments National Sustainability Strategy

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		Health Facilities Scotland NSAT Self Assessment							
	Primary Care Strategy Development	Finalise list of medium term priorities Develop a programme of works Establish likely routes to take forward	October 2021 recommendations to be received	The Primary Care Premises Review work is nearing completion; we are awaiting the technical assessment. The recommendations and output report will be taken through NHS Borders internal governance to agree the priorities and timescales which will form a programme of work.	Corporate Services	Estates resource to support with the technical assessment.	External support commissioned to develop to initial agreement stage		NHS Borders Property and Asset Management Strategy
	Estates and Facilities full service review	Proposed structure distributed to staff and partnership for feedback A short life working group has been established to identify gaps, review job descriptions, suitability of proposed structure and affordability Dedicated Project Management resource for building and engineering	March 2022	Work remains ongoing in relation to the proposed service and statutory requirements review and update of job descriptions and evaluation needs to take place as part of the project	Corporate Services	Workforce challenges and operational capacity Affordability Head of Service retirement in the next financial year Demographics of current workforce meaning imminent retiral across the service Ability to recruit suitability trained staff	Active dialogue with the relevant director		Potential to explore Regional Working Potential to explore Partnership with Scottish Borders Council
	Clinical and Professional Development Team- full service redesign	Service review complete	Steering Group / Staff Engagement / Model Identified / Strategic Engagement	New Plans to test new model voluntarily	NHS	**Online Model:** Transitioned **Staff well-being:** Voluntary testing	Board recognition of the need to further develop the strategic approach for small teams, assess impact and risks to the organisation	Service review process halted	Financial Turnaround / NHS Delivery Plan
	Remobilisation of Medical Education trainees in outpatient department	Outpatient Clinics in the community	Ongoing	The demand on trainee time in the acute medical has limited trainee capacity to attend clinics		Workforce challenges Increased COVID-19 inpatient activity Social Distancing Measures	Continue to support attendance in clinics when capacity allows		
	To maximise the impact of NHS Borders in reducing Health Inequalities	Workshop session to engage with the organisation around the objective	Ongoing	The Project Team are currently looking at which elements of the project can be carried out with the existing resource in place.	Corporate Services	Resource challenges Operational pressures in	Continue to have weekly Project Team Meetings & monthly Steering Group Meetings		NHS Recovery Plan

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
		Survey has been complete to collect feedback around ongoing Health Inequalities work taking place Continued development of updated Project Plan				terms of releasing capacity to support activities			