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Chair
NHS Borders

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4 July 2022

Dear Karen

NHS BORDERS ANNUAL REVIEW: 5 JULY 2022

1. Thank you for attending NHS Borders' Annual Review with Ralph Roberts, the Board's Chief Executive, on 5 July 2022 via video conference. I am writing to summarise the key discussion points.
2. In the same way as last year, in-person Reviews have not proved possible as a result of the Covid-19 pandemic and associated pressures. Nonetheless, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by John Burns, the Chief Operating Officer of NHS Scotland.
3. The agenda for this year's round of Reviews had been split into two sections to cover: a look back from 2020/21, including the initial response to the pandemic; and a look forward, in line with the Board's resilience and mobilisation plans.

Look back: including the initial response to the pandemic

4. You provided a helpful overview of the Board's initial response to the pandemic from late February 2020. This required an unparalleled, immediate and radical restructure of both services and ways of working across the NHS in Scotland, including in NHS Borders. The Board's response and recovery planning process involved the rapid reconfiguration of local health and care services across acute, primary and community settings, including a significant increase in the use of technology, such as *Near Me*, to deliver care outside hospitals or clinic settings, alongside effective, whole system working.
5. I was happy to visit Borders General Hospital on 12 April to thank local staff for their efforts during the pandemic; to visit the A&E Department, the palliative care centre, maternity unit and dementia unit. Staff at every level have consistently performed above and beyond the call of duty to support both local services and the national effort: for instance, with the unprecedented *Test & Protect* and vaccination programmes, as well as the crucial support and clinical oversight provided to local care homes.

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6. An example of this had been the medical physics staff who had worked innovatively and tirelessly in the initial stages of the pandemic to bolster vital critical care capacity by converting anaesthetic machines to ventilators; alongside other largely unsung heroes, such as those who had been instrumental in establishing the new community pathways; and ensuring that key services, such as district nursing and health visiting, had been maintained throughout. Indeed, it is through the consistent dedication and commitment of local health and social care staff, under largely unrelenting pressures, that we have ensured that the NHS has not been overwhelmed at any point during the pandemic, to date. As such, I would want to once again formally record our deep appreciation to all local health and social care staff for their outstanding work, and give them an assurance that we will continue to do all we can to support them.

7. In terms of the impact of Covid-19 and associated activity, during the financial year 2020/21 (Apr-Oct) NHS Borders had experienced/operated: 132 Covid positive cases in beds; 18 positive cases in ICU; 20,664 A&E attendances; 1,018 theatre operations; 1,788 emotional wellbeing appointments; and 9,168 Near Me appointments. You confirmed that this very significant activity, and the service adaptations, such as the remarkable increase in virtual outpatient appointments had been delivered via a highly effective, whole system command structure in Borders: ensuring appropriate oversight and governance alongside delivery.

8. The need to establish capacity to meet the Covid-19 demands placed on health and social care required significant changes in the level of planned care available during 2020/21. During the first Covid-19 wave all planned surgery, with the exception of cancer, was paused. The increase in both outpatient and TTG waiting times since March 2020, particularly for routine assessment or surgery, means the Board had not reported meeting the RTT standard since June 2020. The Board went into last winter with significant challenges, brought about by Covid pressures and already holding a number of long term vacancies; with the workforce further depleted by sickness, self-isolation and redeployment to ensure safe staffing.

9. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. As restrictions were eased following the initial lockdown, attendances had risen; and Boards faced new pressures in A&E Departments and receiving wards due to the higher acuity of some presentations, alongside the maintenance of appropriate infection control measures and streaming of patients. Frequent high occupancy, limited bed capacity and continuing staffing gaps (for a number of reasons inc. Covid) have been contributing to lengthy delays. Delayed discharge has also been a marked issue: with an increase in the complexity of home care packages required and collaboration with planning partners has been challenging as a result of resourcing issues in relation to home care staff and increasing the number of care home beds. Local performance against the 4-hour standard for the week ending 26 June 2022 was 64.1% against a national average of 67.5%. In terms of the longest delays, there were 49 patients staying over 12 hours, compared to 6 in the equivalent pre-pandemic week from 2019.

10. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic and NHS Borders performance against the 31-day standard was consistently strong; whilst performance against the 62-day standard was more challenged but has been consistently at, or above, the national trend.

11. NHS Borders was one of seven Boards escalated for enhanced improvement support for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies performance. An ambitious CAMHS plan is in place prioritising the longest waits; however, recruitment will be essential to sustain the planned level of activity. We were pleased to note the Psychological Therapies workforce grew slightly between March and December, 2021.

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12. Following the review of escalated Boards in March 2021, the Board has been de-escalated from level 4 to level 3 on the Performance Framework in terms of its financial position. NHS Borders received £7.9 million and £8.8 million of non-repayable support in 2020-21 and 2021-22, respectively, to deliver breakeven. Prior to the pandemic, NHS Borders received £8.3 million of brokerage in 2019-20. The local savings-focused Programme Management Office had made a significant impact following its inception in 2019 but was paused during the pandemic to redeploy resources; the programme has not been fully re-started and the Board are considering what further resource is required to do so. Government Health Finance officials continue to engage regularly with the Board.

13. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum, Area Partnership Forum and patient/carer stakeholders to provide brief updates ahead of the Review and were pleased to note the ongoing positive engagement and contribution of these groups; the Board will need to harness this and ensure full staff and wider stakeholder support and engagement for the longer term recovery and renewal phase.

14. To summarise, we are most grateful for the outstanding efforts of local staff to adapt and maintain key services from 2020/21 for the benefit of local people, in the face of unrelenting pressures. We must also recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care; and that, despite the success of the vaccination programme, we face ongoing risks around the disease, alongside a range of other pressures that are likely to continue to have a significant impact.

Forward look

15. Ensuring that the NHS was not overwhelmed had been of paramount importance in the first phases of the pandemic and, given the myriad of pressures facing us, Boards remained on an emergency footing until the end of April 2022. The Government had supported NHS Board planning for the most recent winter via the [Health and Social Care Winter Overview](#), published on 22 October. The approach was based on four principles: maximising capacity; supporting staff wellbeing; supporting effective system flow; and improving outcomes. It outlined how we would: protect the public from the direct impact of Covid-19 and other winter viruses; support our staff to deliver high quality care; increase capacity and maintain high quality integrated health and social care; support the public through clear and consistent messaging to make sure they access the right care, in the right place, at the right time; and use digital and financial enablers to achieve these objectives.

16. This approach, supported by the [Adult Social Care Winter Plan](#), is backed by £300 million of recurring funding, aimed at ensuring we have a well-staffed, well-supported and resilient health and social care system. The new multi-year funding will support a range of measures to maximise capacity in our hospitals and primary care, reduce delayed discharges, improve pay for social care staff, and ensure those in the community who need support receive effective and responsive care.

17. Most NHS Boards, including NHS Borders, had faced a very difficult winter and the subsequent peak in Omicron hospitalisations resulted in unprecedented and sustained pressures on local services, particularly at Borders General Hospital. There have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

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18. As noted above, NHS Borders A&E performance remains challenging and we note the work underway locally as part of a range of improvement programmes, including the continued development of the local Redesign of Urgent Care programme, Flow Navigation Centre, Discharge without Delay, and Interface Care.

19. A long term local pressure point has been workforce availability and the Board had undertaken a range of actions to mitigate the associated risks, including a plan to recruit international nurses; of which, 5 nurses have already been appointed with two further cohorts of overseas nurses due to start in August and October 2022. Further to this, you confirmed that two radiographers are due to start with NHS Borders in the autumn.

20. We also remain very conscious on the cumulative pressures on the health and social care workforce and recognise the full range of actions NHS Borders is taking in terms of the wellbeing and resilience of local staff. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace. These measures will also play a pivotal role during the essential recovery period, ensuring full staff support and engagement in the longer term recovery and renewal phase. This will also be material in terms of the local staff recruitment and retention efforts.

21. Whilst the recent focus has necessarily been on resilience (not least in response to the Omicron wave), we remain ever conscious of the backlog of elective care and associated harms. We continue to assist NHS Boards, including NHS Borders, with their plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our [Recovery Plan](#), announced in August 2021.

22. Whilst the Board continues to be pressured for inpatient beds we noted the planning currently underway to open up a separate area to protect elective capacity; however, it was acknowledged that staffing these beds remains a challenge. The Board has also been supported by a new agreement to deliver a cohort of colorectal cancer cases at the Golden Jubilee National Hospital; alongside additional support for orthopaedics and cataract surgery.

23. In terms of cancer, the Board are developing an action plan to implement the refreshed *Framework for Effective Cancer Management*, published in December 2021. Monthly progress and monitoring of the Board's action plan to implement the Framework is in place to ensure all eight key elements are embedded. The funding of £214,763 will be aligned to areas where a difference can be made in long waiting times and reducing the backlog of patient waiting for diagnosis.

24. We noted the pressures relating to the increasing number of local patients that require neurodevelopmental formulation and/or diagnosis; and the Board's plans to mitigate any associated risks, as far as possible. Progress against the revised trajectories for CAMHS and Psychological Therapies waiting times will be monitored monthly as part of routine engagement meetings with the Government's Mental Health Performance Unit.

25. 2022/2023 presents a further financial challenge against a backdrop of remobilisation, recovery and the ongoing impact of Covid. The key financial risks are primarily driven by local operational pressures, including acute prescribing, energy costs and digital investment. The Scottish Government will continue to regularly engage with the Board to monitor your position and to assist with longer term financial planning.

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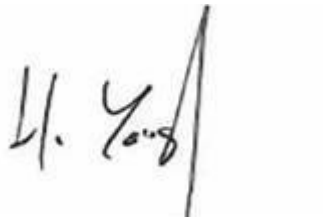


Conclusion

26. I hope that by the time of the next Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most periods in its history and are grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and provide as much support as possible.

27. I want to conclude by reiterating my sincere thanks to the NHS Borders Board and local staff for your sustained professionalism and commitment, in the face of unprecedented and unremitting pressures over the last couple of years, for the benefit of local people.

Yours sincerely

A handwritten signature in black ink, appearing to read 'H. Yousaf', written on a light-colored background.

HUMZA YOUSAF

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