Borders NHS Board

An extraordinary meeting of the **Borders NHS Board** will be held on **Thursday, 17 August 2023** at 9.00am **via MS Teams**

AGENDA

Time	No		Lead	Paper
9.00	**1**	**ANNOUNCEMENTS & APOLOGIES**	Chair	*Verbal*
9.01	**2**	**DECLARATIONS OF INTEREST**	Chair	*Verbal*
9.02	**3**	**MINUTES OF PREVIOUS MEETING** 29.06.23	Chair	*Attached*
9.03	**4**	**MATTERS ARISING** Action Tracker	Chair	*Attached*
9.05	5	Annual Audit Report 2022/23 from Audit Scotland	Audit Scotland	Appendix-2023-66
9.20	6	Annual Report & Accounts	Director of Finance	Appendix-2023-67
9.30	7	Endowment Fund Annual Report and Accounts 2022/23	Director of Finance	Appendix-2023-68
9.35	8	Private Patients Funds Annual Accounts	Director of Finance	Appendix-2023-69 *Not Available*
9.40	9	Audit Committee Assurance Report	Audit Committee Chair	Appendix-2023-70
9.50	10	2023/24 Annual Delivery Plan & Medium Term Plan	Director of Planning & Performance	Appendix-2023-71
10.05	11	Time for Change – Community Engagement	Director of Planning & Performance	Appendix-2023-72
10.15	12	Quarter 4 Risk Management Report	Director of Quality & Improvement	Appendix-2023-73
10.25	**13**	**ANY OTHER BUSINESS**		
10.30	**14**	**DATE AND TIME OF NEXT MEETING**		
		Thursday, 5 October 2023 at 10.00am at Kelso Town Hall, Kelso	Chair	*Verbal*

Borders NHS Board

Minutes of a meeting of the **Borders NHS Board** held on Thursday 29 June 2023 at 10.00am in Peebles Burgh Hall, High Street, Peebles, EH45 8AG.

Present:
Mrs K Hamilton, Chair
Mrs F Sandford, Non Executive
Mr T Taylor, Non Executive
Ms S Lam, Non Executive
Mrs L O'Leary, Non Executive
Mrs H Campbell, Non Executive
Mr J Ayling, Non Executive
Dr K Buchan, Non Executive
Mr R Roberts, Chief Executive
Mr A Bone, Director of Finance
Dr L McCallum, Medical Director
Mrs S Horan, Director of Nursing, Midwifery & AHPs
Dr S Bhatti, Director of Public Health

In Attendance:
Miss I Bishop, Board Secretary
Mrs J Smyth, Director of Planning & Performance
Mr A Carter, Director of HR, OD & OH&S
Mrs L Jones, Director of Quality & Improvement
Mr S Whiting, Infection Control Manager
Dr T Young, Associate Medical Director P&CS
Mrs C Wilson, General Manager P&CS
Dr R Mollart, Chair GP Sub Committee
Mrs A Wilson, Director of Pharmacy
Mrs C Oliver, Head of Communications & Engagement
Mr M Fairburn, Non Executive, NHS Forth Valley
Mr T Kunkel, Royal College of Nursing Scotland
Mr P Maudsley, Chair Peebles Community Council

1. Apologies and Announcements

1.1 The Chair commented that in an attempt to be more inclusive the Board had undertaken to meet in person at a range of venues across the region. It had held its' last meeting in Galashiels and would hold its' next meeting in Kelso. She reminded members of the public that whilst they did not have an opportunity to provide comment during the meeting, members of the Board would be available after the meeting to engage with them should they have any questions they wished to raise.

1.2 Apologies had been received from Cllr D Parker, Non Executive, Mr J McLaren, Non Executive, Mr C Myers, Chief Officer Health & Social Care, Mr G Clinkscale, Director of Acute Services.

1.3 The Chair welcomed a range of attendees to the meeting, including members of the public.

1.4 The Chair announced that items 6.6 to 6.10 had been withdrawn from the agenda.

1.5 The Chair confirmed the meeting was quorate.

1.6 The Chair reminded the Board that a series of questions and answers on the Board papers had been provided in terms of fact and clarification.

2. Declarations of Interests

2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda

The **BOARD** approved the inclusion of the revised declarations of interests for Dr Lynn McCallum and Mr Tris Taylor in the Register of Interests.

3. Minutes of the Previous Meeting

3.1 The minutes of the previous meeting of Borders NHS Board held on 30 March 2023 were amended at page 9, paragraphs 21.2 and 21.3 to replace “ceasar” with “CESR” (Certificate of Eligibility for Specialist Registration) and with that amendment the minutes were approved.

4. Matters Arising

4.1 **Board Q&A:** Mrs Harriet Campbell thanked Mrs Alison Wilson for her update on pharmacy progress as mentioned in the Board Q&A and noted that a further update would be provided.

4.2 **Action 2023-2:** Mrs Laura Jones advised that there was now an established route to report to the Resources & Performance Committee and suggested the action be closed.

4.3 **Action 2023-3:** Mrs Laura Jones advised that Strategic Risk was an item on the Board Development session that afternoon which would address the matter and suggested the action be closed.

The **BOARD** agreed that Action 2023-2 was completed.

The **BOARD** agreed that Action 2023-3 was completed.

The **BOARD** noted the Action Tracker.

5. Borders Child Poverty Report

5.1 Mrs Fiona Doig provided an overview of the content of the report which highlighted: national and local cost of living pressures; the labour market; and an increase of families and individuals living in poverty.

5.2 The Chair commented on the breadth of categories and the broad scope of definitions of children considered to be living in poverty and families where the youngest child was under 1, and the percentage of people who had an average wage per week of £69 or less.

5.3 Mrs Lucy O'Leary highlighted that Health Visitors and Midwives were referring people for benefits checks and generating about £2.5k per referral. Mrs Sarah Horan welcomed the commented and advised that midwives undertook a financial needs assessment at various stages and highlighted benefits to people that they were not necessarily aware of.

5.4 Further discussion focused on: the role of NHS Borders as an anchor employer; the role of NHS Borders in supporting employees who may have children identified as living in poverty; the impact of climate on the report; what provision there was for those children not linked to schools to not become forgotten children; children who did not regularly attend school were sighted through pastoral support; NHS Borders was a Scottish living wage employer; the read across of data sets to identify employees with children living in poverty was not possible; and discussions had been held with partnership colleagues to create a link to support agencies such as the NHS Credit Union.

5.5 Mr Tris Taylor noted that 1 in 5 children lived in low income families and he suggested the Public Governance Committee should be the committee to review the report in terms of inequalities so that the Board could be satisfied on its obligations in respect of child poverty.

The **BOARD** noted the report.

6. Children & young people's services plan 2023-26 and integrated children & young people's plan annual progress report 2022/23

6.1 Mrs Sarah Horan commented that she had been asked to take on the responsibility of Strategic Lead for Children and Young People in NHS Borders, although the lead agency was Scottish Borders Council and several other agencies were involved.

6.2 She commented that the report was an overview of the 3 year plan and the Board was asked to endorse it as one of the agencies involved with children and young people in the Borders.

6.3 Mrs Fiona Sandford drew the attention of the Board to the attendance gap of 7.7 between quartiles 1 and 5 and suggested it was notable and would be worthy of attention.

6.4 Dr Sohail Bhatti welcomed the focus on inequalities and reducing inequalities and suggested thinking about social wellbeing to drive attendance at school.

6.5 Mrs Lucy O'Leary enquired what was in NHS Borders gift to do to have the biggest impact. Mrs Horan suggested ensuring all employees of NHS Borders understood what the Promise would deliver.

The **BOARD** endorsed the report.

7. Mainstreaming Report

7.1 Dr Sohail Bhatti provided an overview of the content of the report. He highlighted: that the work had been aligned to the Integration Joint Board (IJB) strategic work on inequalities; the report outlined the requirements of NHS Borders in relation to the Equality Duty; workforce demographics; staff with a disability; support to part time staff to take on senior roles; and further work to be done in relation to IJB outcomes.

7.2 The Chair noted that publication of the report was overdue and she had received representations in regard to the quality of the document and whether it was fit for purpose to be published on the Board website. She sought the views of other Board members in terms of whether the document should be published in the knowledge that it was not as robust a document as the Board would have liked.

7.3 Mr Tris Taylor commented that the report was produced for publication every 2 years and on the previous 2 iterations of the report he had raised concerns and it had been agreed that the report would be submitted to the Public Governance Committee for scrutiny ahead of submission to the Board. On this occasion that had not occurred and he was uncomfortable publishing the document without the scrutiny of the Public Governance Committee especially given the lack of evidence in regard to reducing health inequalities.

7.4 Mrs Sarah Horan enquired in regard to the section on the percentage of women in senior posts if more work was required to evidence inequalities at that level. Mr Andy Carter suggested he review the data in regard to female and male staff in senior posts and bring a paper back to the future meeting. He also commented that he could also include known data in regard to LGBTQ+ employees and minority ethnic groups of staff. He added that anti discrimination and LGBT training sessions were being undertaken to ensure managers had a cultural awareness and lived understanding of the whole workforce differences.

7.5 Ms Sonya Lam enquired what success would look like and what would be helpful for future iterations of the report.

7.6 Mr Carter commented that the document recognised those who made disclosures in terms of race, gender, sexual orientation, religion etc, however many staff did not wish to disclosure such information. Of 3500 staff 1.9% had disclosed as LGBT and the organisation had undertaken the Pride Pledge Badge. He further advised that more work was being taken forward on NHS Borders being a disability employer.

7.7 A robust discussion took place that focused on: whether to publish the report or delay publication and remit it back to the Public Governance Committee to scrutinise ahead of publication; whether to publish the document as a work in progress and make it clear that further work was being carried out and the document would be updated and republished; scrutiny by the Public Governance Committee was an issue of transparency; preference to undertake a proper assurance process prior to publication; the statutory requirement to publish every 2 years; and whether to contact the Equality & Human Rights Commission (EHRC) to seek an extension to the publication deadline.

7.8 Mr Taylor commented that his main concern was not the quality of the document but about the agreement 2 years previously to ensure the Public Governance

Committee had the opportunity to scrutinise the document and that had not occurred.

7.9 Dr Bhatti commented that the implications were to go back to the EHRC and seek an extension to publish in October, however, he reminded the Board that the publication of the report would not change anything it was the actions that would be taken collectively by employees of the organisation that would make change happen. He confirmed that he was concerned that it was a statutory requirement to publish the report by the end of June.

7.10 Mr Carter reminded the Board that the EHRC were a statutory body and would be likely to serve the Board with a compliance order for publication.

The **BOARD** agreed to remit the report to the Public Governance Committee on 10 August for scrutiny with a commitment to publish the document immediately after the meeting.

THE **BOARD** agreed that Mr Andy Carter would submit a paper to the Board in due course on workforce differences.

The **BOARD** noted the report.

8. Scottish Borders Health & Social Care Partnership Strategic Framework 2023-2026

8.1 Mrs June Smyth introduced the Strategic Framework and reminded the Board that it had been fully discussed at the Resources & Performance Committee who recommended it to the Board for endorsement.

The **BOARD** endorsed the decisions of the Resources & Performance Committee.

9. Scottish Borders Health & Social Care Integration Joint Board Directions

9.1 Mrs June Smyth provided an overview of the content of the paper. She advised that the Annual Delivery Plans for the Integration Joint Board and NHS Borders would be aligned to enable better planning for services. Any directions received would be built into the Boards performance report to enable monitoring of progress against the direction.

9.2 An internal audit report had been carried out on the process of directions earlier in the year and an indication of progress made against the implementation of directions would provide greater oversight to the Board.

9.3 The Chair commented that the IJB Audit committee also had responsibility for monitoring directions across the partnership.

The **BOARD** noted the IJB Directions to NHS Borders received in 2022/23 and progress against those.

The **BOARD** noted the IJB Directions received to date during 2023/24 and the status of those.

10. Resources & Performance Committee minutes: 02.03.23

The **BOARD** noted the minutes.

11. Endowment Fund Board of Trustees minutes: 06.02.23, 13.03.23

The **BOARD** noted the minutes.

12. Audit Committee minutes: 12.12.22, 27.03.23

The **BOARD** noted the minutes.

13. Audit & Risk Committee Chair Update Report

13.1 Mr James Ayling drew the attention of the Board to 2 significant matters in regard to property transactions which were required to be addressed ahead of the Board consideration of the Annual Report and Accounts.

13.2 Mrs Harriet Campbell enquired if the actions would be completed by the following day. Mr Andrew Bone commented that subject to internal audit confirmation, 3 of the 4 actions were completed and the 4th action was progressing towards completion the following day.

The **BOARD** noted the report.

14. Finance Report

14.1 Andrew Bone provided an overview of the content of the report and highlighted several key elements including: the end of May position of an overspend of £5.96m; the position in terms of savings with delivery of £300k of savings against a £5m recurring target; the deteriorating position against the financial plan with a £22.5m deficit; and a £1.5m allocation in relation to sustainability and further £1.0m population adjustment to the Boards general allocation and the recommendation that these allocations are directly offset against the Board deficit.

14.2 Mr James Ayling enquired what the £1.5m could have been used for if it was not used to offset the Board deficit. Mr Bone confirmed that the £1.5m was for financial sustainability and was intended by the Scottish Government to be offset against the Health Board deficit.

14.2 Mr James Ayling enquired what the £2.5m could have been used for if it was not used to offset the Board deficit. Mr Bone confirmed that the £2.5m was for financial sustainability and was intended by the Scottish Government to be offset against the Health Board deficit.

14.3 Mr Tris Taylor commented that the Board consistently overspent against its budget allocation and he suggested spending 90% of what was already pencilled in to be spent and then undertaking an open discussion with local communities to say help us spend 90% of what we are spending as we do not have the other 10%.

14.4 Mr Ralph Roberts commented that as the Accountable Officer it was important to note that the overspend position was not where the Board expected to be and h had

a clear understanding with the Scottish Government that the Board would overspend, but not to the extent that was being reported. He agreed that a conversation needed to take place with local communities as conversations had been held with services and they had been given the challenge of working with 90% of their budget only. He also emphasised that extensive engagement would be carried out over the following 6 months with the staff and public on the medium term plan and how that related to the strategic framework in order to be able to deliver sustainable services in the future.

14.5 Ms Sonya Lam enquired how the impact of services making savings was captured against patient care, staff and service sustainability.

14.6 Further discussion focused on: ensuring problems were not shifted from one service to another or one agency to another; a lack of funding for invest to save; monies diverted to offset the non achievement of recurring savings; individual cases for transformation will be scrutinised and if a strong case then investment for the delivery of sustainable savings may be possible; is there transparency with the public on the 10% cut in funding of services; and being clear if a service is cut it is not replicated somewhere else, the service is cut and gone.

14.7 Mr Ralph Roberts commented that understanding the impacts of cuts was important, it was already recognised that the Board was absorbing costs around other peoples' services and ultimately it was about the level of care to be delivered to patients in the Scottish Borders. Challenges remained around the impact of COVID-19, the financial situation and the need for a discussion with the staff and public on the realities of what the health service in the Borders would look like in the future and how it will live within its means currently.

The **BOARD** approved the allocation of £2.5m received in relation to Sustainability and NRAC Parity to be offset directly against the shortfall (i.e. recurring deficit) in the Board's financial plan, as represented by the unallocated savings target.

15. Annual Report & Accounts

The item was withdrawn.

16. External Annual Audit Report

The item was withdrawn.

17. Endowment Annual Accounts

The item was withdrawn.

18. Private Patients Funds Annual Accounts

The item was withdrawn.

19. Audit Committee Assurance Report

The item was withdrawn.

20. Clinical Governance Committee minutes: 16.01.23, 22.03.23

The **BOARD** noted the minutes.

21. Quality & Clinical Governance Report

21.1 Mrs Laura Jones provided and overview of the content of the report and highlighted: strong links to the finance report and pressures on front line services driven by a backlog resulting from COVID-19, workforce pressures and a reliance on health and social work systems operating together; the clinical boards continued to escalate pressures in relation to providing services across the health and social care spectrum; delays in moving patients to the right place of care; large number of surge beds open and subsequent pressure on staffing; deep dive into dental and critical specialties that were under pressure in terms of workforce such as dermatology, radiology, haematology and psychiatry; mutual aid provision for the haematology service form the region; and given the significant issues highlighted the Clinical Governance Committee were suggesting a partial level of assurance be provided to the Board.

21.2 Mrs Jones further highlighted the health care environment and impact on quality of care and advised that a range of steps were being progressed to undertake a review of estates team capacity, estates planning, property asset strategy, ventilation, complaints relating to waiting times and a regular report would be submitted to the Public Governance Committee.

21.3 Mr Tris Taylor commented that the Public Governance Committee had not reached a consensus on the requirements for a report, however, he suggested the Public Governance Committee would debate the position at its next meeting.

The **BOARD** noted the report.

The **BOARD** agreed the short-term deviation from the national complaints handling procedure to advise patients of the expected date of completion of their complaint's investigation without the need to agree regular extensions.

22. Healthcare Associated Infection – Prevention & Control Report

22.1 Mr Sam Whiting provided an overview of the report and highlighted section 6 on hand hygiene. He suggested that it continued to be a risk however more audits had been conducted since the report had been written and improvements in compliance was being seen around hand hygiene and inappropriate use of gloves.

The **BOARD** noted the report.

23. Pharmacy Aseptic Service

23.1 Mrs Alison Wilson provided an overview of the content of the report.

23.2 The Chair noted that it had been a good plan, however it had not come to fruition for a number of reasons. She noted that Option 2 was the preferred option and that it had been suggested by the Medical Director and Director of Pharmacy in NHS Lothian.

23.3 Mrs Harriet Campbell noted the disappointment in not progressing with the 2017 arrangements. Mrs Wilson commented that NHS Lothian were cautious of the risk of not being a licenced unit now that all parties understood the regulatory requirements. The choice before the Board was the only feasible choice to be made.

23.4 The Chair commented that there had been intimation that the selection of options should be for Board approval. Mr Ralph Roberts commented that whilst there were options and a previous decision had been made, that decision would stand once NHS Lothian were in a position to take on NHS Borders Aseptic Services through a licenced unit, until that time Option 2 was in line with the original Board decision so the board would be reverting to its original decision in agreeing to Option 2.

23.5 Mr Tris Taylor suggested the risk of regionalisation was that you lost control of the ability to take a course of action. Mrs Wilson commented that much work was being taken forward in NHS Lothian in regard to their aseptic units.

23.6 Dr Lynn McCallum commented that NHS Lothian were sighted on the risk to NHS Borders and she was keen to maintain conversations with them.

23.7 Mr James Ayling enquired about the cost to NHS Borders. Mr Roberts suggested a further report be brought back to the Board in 6 months describing progress made and at that point the Board should make a formal decision.

23.8 Mrs Campbell enquired if the wrong advice had been given to the Board in 2017 and if there was any recourse. Dr McCallum advised that it was not clear and that she would look into it.

The **BOARD** noted the report.

The **BOARD** noted that a further report would be brought back to the Board in 6 months time seeking a decision.

24. Staff Governance Committee minutes: 08.12.22

The **BOARD** noted the minutes.

25. Public Governance Committee minutes: 01.02.23

The **BOARD** noted the minutes.

26. Area Clinical Forum Minutes: 24.01.23

The **BOARD** noted the minutes.

27. Industrial Action

27.1 Mr Andy Carter appraised the Board of the current situation in regard to the proposed Junior Doctors Strike. A ballot had been held and the British Medical Association (BMA) membership had voted in the majority in favour of strike action. Strike action was being planned for 72 hours from 7am on 12 July to 7am on 15

July. Negotiations across Scotland were on going in an attempt to resolve matters before the strike action occurred. He further advised that contingency planning was being taken forward to ensure essential and emergency services would continue.

The **BOARD** noted the update.

28. Whistleblowing Annual Report 2022/23

28.1 Mr Andy Carter presented the Whistleblowing Report and commented that it had been approved by the Staff Governance Committee and required external publication on the NHS Borders website. He advised that he was the Executive Lead for Whistleblowing and Ms Sonya Lam was the Non Executive Whistleblowing Champion. Whistleblowing arrangements had been in place in NHS Borders for some time and in April 2021 a new body was established, the Independent National Whistleblowing Organisation (INWO) which brought in new standards and a staged process. The report reflected 3 whistleblowing cases within NHS Borders.

28.2 Ms Sonya Lam provided an overview of the activity undertaken to date in regard to the whistleblowing initiative and commented that there were still some improvements to put in place, such as a consideration of the governance of whistleblowing with a clear separation between Human Resources and Whistleblowing. How to create a culture where staff were confident to be able to speak up as business as usual and links to the Compassionate Leadership programme. She further commented that the imatter survey contained 2 additional questions in relation to whistleblowing and there had been a 95% response rate to those questions. She suggested that at some point whistleblowing should be built into the internal audit plan in terms of how well it was performing. She thanked those involved in the enormous amount of work undertaken on whistleblowing to date.

28.3 Mr Tris Taylor enquired if permission had been sought to share the whistleblowing response within the report. Mr Carter confirmed that he had reached out to the individuals involved to seek consent. He further advised that in terms of a culture for people to feel safe to speak up, he expected it to be a key indicator from the outcome of the imatter survey.

28.4 In clarifying the point in regard to consent, Mr Carter further advised that the INWO had been advised that he was awaiting consent from individuals on their content in the report as he had been asked to specially gain quotes from those involved.

28.5 Further discussion focused on: people feeling safe to speak up; psychological safety generally; and joining up whistleblowing across the health and social care partnership and third sector providers.

The **BOARD** noted the report.

The **BOARD** asked that consent be confirmed by individuals before the document was published on the website.

29. Involving People Framework

29.1 Mrs Clare Oliver provided an overview of the content of the framework and explained that the framework design was a tool for staff when planning engagement for services and included the new Equalities and Human Rights Commission (EHRC) documentation.

29.2 The Chair suggested there was a need to join up consultations with partners through the integration space and she welcomed the framework.

29.3 Mr Tris Taylor commented that as the Chair of the Public Governance Committee the Committee had received and approved the framework. He drew the attention of the Board to the fact that it was to be implemented by the IJB.

The **BOARD** approved the Involving People Framework and adopted it for use.

30. NHS Borders Performance Scorecard

30.1 Mrs June Smyth provided an overview of the content of the scorecard and highlighted that the draft of new targets were with the Scottish Government for approval prior to inclusion in the report.

30.2 The Chair enquired if there would be variations and revised targets for 2023/2024. Mr Ralph Roberts commented that colleagues were trying to balance the financial and performance position against quality of service. He suggested as a Board the organisation was not in the position that it would want to be in in terms of both performance and finance.

30.3 Mrs Harriet Campbell enquired if Ward 17 had been opened. Mr Roberts commented that Ward 17 had not been opened. A piece of work was being taken forward to look at the bed requirements across the system and the outcome of that work and a decision was likely to be made in the summer.

30.4 Mr Tris Taylor enquired if performance had stabilised and finance had not. Mr Roberts commented that the position was not deteriorating and waits were stabilising however further improvement was required.

The **BOARD** noted performance as at the end of April 2023.

31. Consultant Appointments

The **BOARD** noted the report.

32. Board Committee Memberships

The **BOARD** approved the attendance of Karen Hamilton as a member of the CYPPP Board and noted that Non Executives would be asked for their availability as and when any Appeals Against Dismissal Hearings were organised.

33. Scottish Borders Health & Social Care Integration Joint Board minutes: 01.02.23, 15.03.23, EO 19.04.23

The **BOARD** noted the minutes.

34. Any Other Business

The **BOARD** noted there was none.

35. Date and Time of next meeting

35.1 The Chair confirmed that the next scheduled meeting of Borders NHS Board would take place on Thursday, 5 October 2023 at 10.00am at Kelso Town Hall, Kelso.

35.2 The Chair confirmed that an Extraordinary Borders NHS Board meeting would be held on Thursday 17 August at 9am via MS Teams.

35.3 The Chair advised that the Board would reconvene in private for matters of reserved business.

Borders NHS Board Action Point Tracker

Meeting held on 29 June 2023

Agenda Item: Mainstreaming Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-4	7	The **BOARD** agreed to remit the report to the Public Governance Committee on 10 August for scrutiny with a commitment to publish the document immediately after the meeting.	**June Smyth Tris Taylor**	**In Progress:** The Public Governance Committee reviewed the document and provided comments and feedback at its meeting on 10th August. The Committee agreed that an updated version will be considered virtually by members before the document is published.

Agenda Item: Mainstreaming Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-5	7	The **BOARD** agreed that Mr Andy Carter would submit a paper to the Board in due course on workforce differences.	**Andy Carter**	**In Progress:** A regular workforce report is submitted to the Resources & Performance Committee. The Board may wish to consider if it requires a further workforce report to the public Board meeting.

Agenda Item: Pharmacy Aseptic Service

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-6	23	The **BOARD** noted that a further report would be brought back to the Board in 6 months time seeking a decision.	**Alison Wilson Lynn McCallum**	**In Progress:**

Agenda Item: Whistleblowing Annual Report 2022/23

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2023-7	28	The **BOARD** asked that consent be confirmed by individuals before the document was published on the website.	**Andy Carter**	**In Progress:**

NHS Borders

Meeting:	**Extraordinary Borders NHS Board**
Meeting date:	**17 August 2023**
Title:	**2023/24 Annual Delivery Plan & Medium Term Plan**
Responsible Executive/Non-Executive:	**June Smyth Director of Planning & Performance**
Report Author:	**Hayley Jacks, Planning & Performance Officer**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan
- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper updates Borders NHS Board on the submission of our 2023/24 Annual Delivery Plan (ADP) and Medium-Term Plan (MTP) and the formal sign off of the Annual Delivery Plan by Scottish Government.

2.2 Background

On 28 February 2023 Paula Spiers NHS Scotland Deputy Chief Operating Officer, Planning and Sponsorship, emailed all NHS Boards to commission an ADP for 2023/24 and MTP covering 2023-26.

The submission date for the Annual Delivery Plan was the 08 June 2023 with the Medium Term Plan submitted on 07 July 2023. NHS Borders was able to meet both deadline dates respectively.

Both plans are attached, along with accompanying templates (ADP only), as appendices and were signed off by the Chief Executive and Chair on behalf of NHS Borders Board prior to submission.

2.3 Assessment

This year has provided the first steps towards the reset of MTPs, providing Boards with the opportunity to set their annual plans within a medium-term context; to address the very current significant pressures and challenges being faced by Boards.

To support ongoing improvement and resilience, we are moving to the next phase of Scottish Government's *Remobilisation, Recovery & Redesign* work and will focus on 'recovery and renewal'.

Scottish Government have developed 10 recovery drivers that span across the work of NHS Scotland for 2023/24. Concurrently, they are continuing planning work for longer term redesign/renewal and transformation of services, which seeks to position the NHS for sustainable delivery of healthcare that also improves population health and reduces health inequalities.

The 3 key tasks in 2023/24 are:

1. To recover our core services and continue to improve levels of productivity.
2. Make progress in delivering the key ambitions in The Recovery Plan.
3. Continue transforming our health services for the future.

The Business Units worked collaboratively with the Planning & Performance Team to develop both our ADP and MTP. The Director of Planning & Performance, along with Planning & Performance Team colleagues, met with Scottish Government representatives on Wednesday 12th July to review the final ADP document before formal sign off from Scottish Government. Formal sign off from Scottish Government was received on Monday 31st July and is attached as Appendix 5.

Progress on the ADP will be required to be submitted to Scottish Government on a quarterly basis, as per this year's plan and copies of the update will be brought for information to the Board or R&PC meetings depending on the Committee meeting cycle.

In addition to this reporting, we have in recent months been developing a programmed approach to work that will be overseen by our Quality & Sustainability Board (Q&SB). The initial work outlined in the programmes will map over to the ADP, but in time the programmes will extend to over the life of the Board's Medium-Term Plan. The intention is to bring forward to R&PC regular updates from Q&SB on all the programmes once these have been finalised.

2.3.1 Quality/ Patient Care

Each key deliverable has been prioritised using scoring criteria which considers, amongst other criteria, patient safety and quality improvement including impact on health inequalities.

2.3.2 Workforce

The ADP and MTP have been developed in conjunction with the first integrated Scottish Borders Health and Social Care Partnership (HSCP) Workforce Plan 2022-25 which was approved in October 2022.

2.3.3 Financial

This plan is being developed in conjunction with the Three Year Financial Plan and Financial Recovery Plan that have been submitted to Scottish Government.

2.3.4 Risk Assessment/Management

This will be continually assessed by the business units as we progress the key deliverables.

2.3.5 Equality and Diversity, including health inequalities

Services will carry out Health Inequalities Impact Assessments (HIIAs) as part of delivering 2023/24 ADP and MTP priorities.

2.3.6 Climate Change

None identified.

2.3.7 Other impacts

None noted.

2.3.8 Communication, involvement, engagement and consultation

The ADP and MTP have been co-produced with individual services and senior management teams. As part of this co-production the plans have been presented to various committees for noting or appropriate action.

Specifically the plans have been shared for review and comment with the Area Partnership Forum, Area Clinical Forum, Operational Planning Group, the Health & Social Care Partnership senior management team and members of NHS Borders Board.

As the individual programmes of work referenced in the plans are activated, the appropriate level of involvement will be agreed upon; including specific communications plans.

2.3.9 Route to the Meeting

The submitted plans have been noted by the Operational Planning Group (OPG) and the Board Executive Team (BET). This paper is brought forward to the Board today for awareness purposes. Both plans have been taken through the appropriate governance processes.

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, ADP1: Narrative response to ADP
- Appendix 2, ADP2: Delivery Planning Template
- Appendix 3, ADP3: Service Sustainability response template
- Appendix 4, Medium Term Plan
- Appendix 5, ADP sign off letter from SG

Annual Delivery Plan Template

Template: ADP1 (V2)

NHS Board: NHS Borders

June 2023

Contents Page

Glossary

ACP	Anticipatory Care Planning
ACRT	Active Clinical Referral Triage
ADP	Alcohol & Drug Partnership
ADP	Annual Delivery Plan
AHP	Allied Health Professional
ANIA	Accelerated National Innovation Adoption
ANP	Advanced Nurse Practitioner
ARP	Acute Recovery Programme
ASD	Autism Spectrum Disorder
BAS	Borders Addiction Service
BAU	Business As Usual
BGH	Borders General Hospital
BUCC	Borders Urgent Care Centre
CAMHS	Child and Adolescent Mental Health Service
CAPTND	Child, Adolescent and Psychological Therapies National Dataset
CCoE	Cyber Centre of Excellence
CCRT	Community Care Review Team
CfSD	Centre for Sustainable Delivery
CGS	Community Glaucoma Service
CHI	Community Health Index
CHST	Care Home Support Team
COTS	Commercial Off The Shelf
CPP	Community Planning Partnership
CT	Computerised Tomography
CTAC	Community Treatment and Care
CVD	Cardiovascular Disease
EBUS	Endobronchial Ultrasound
ED	Emergency Department
EMS	Environmental Management System
EOL	End Of Life
EV	Electric Vehicle
FCP	First Contact Practitioner
FIP	Financial Improvement Programme
FNC	Flow Navigation Centre
FRP	Financial Recovery Plan
GA	General Anaesthetic
GDS	General Dental Service
GMS	General Medical Services

GP	General Practitioners
GRC	Gala Resource Centre
HB	Health Board
HCSW	Healthcare Support Worker
HEAT	Health, Efficiency, Access and Treatment
HEPMA	Hospital Electronic Prescribing and Medicines Administration
HIIA	Health Inequalities Impact Assessment
HISES	Health Innovation South East Scotland
HMP	His Majesty Prison
HSCP	Health & Social Care Partnership
IBS	Irritable Bowel Syndrome
ICJ	Improving Cancer Journeys
IJB	Integrated Joint Board
IM&T	Information Management & Technology
IPC	Infection, Prevention & Control
JML	Joining, Moving & Leaving
KPI	Key Performance Indicator
LIMS	Laboratory Information Management System
M365	Microsoft 365
MADE	Multi Agency Discharge Event
MAT	Medication-Assisted Treatment
MAU	Medical Assessment Unit
MDT	Multidisciplinary Team
MH	Mental Health
Mi-Lite	IM&T Major Incident Lite
MRI	Magnetic Resonance Imaging
MSK	Musculoskeletal
NES	National Education Scotland
NESGAT	NES Glaucoma Award Training
NIPCM	National Infection Prevention Control Manual
NIS	Network & Information Systems
NQP	Newly Qualified Practitioners
NR	Non-recurring
O365	Office 365
OBC	Outline Business Case
OD	Organisational Development
OOH	Out of Hours
PACS	Primary and Community Services
PATEN	Plan, Attract, Train, Employ, Nurture
PCIF	Primary Care Improvement Fund

PCIP	Primary Care Improvement Plan
PDS	Public Dental Service
PH	Public Health
PIR	Patient Initiated Review
PT	Psychological Therapy
Q	Quarter
QI	Quality Improvement
QMS	Quality Management System
QPI	Quality Performance Indicator
R	Recurring
RAD	Rapid Assessment Discharge
RCDS	Rapid Cancer Diagnostic Service
RDS	Right Decision Service
REACH	Rights, Empowerment, Aspiration, Choice, Hope
RM	Realistic Medicine
RR	Residential Rehabilitation
RTP	Regional Transport Partnership
RTT	Return to Treatment
SAS	Scottish Ambulance Service
SBAR	Situation Background Assessment Recommendation
SBC	Scottish Borders Council
SBHSCP	Scottish Borders Health & Social Care Partnership
SCAN	Southeast Scottish Cancer Network
SDAI	Scottish Dental Access Initiative
SHIP	Scottish Health and Industry Partnership
SIGN	Scottish Intercollegiate Guidelines Network
SIMD	Scottish Index of Multiple Deprivation
SLA	Service Level Agreement
SLT	Speech and Language Therapy
SOC	Security Operations Centre
SPPA	Scottish Peoples Pension Agency
SRP-SIG	Scottish Respiratory Pharmacy group
SVIP	Scottish Vaccination Immunisation Programme
TEP	Treatment Escalation Plans
U&USC	Urgent & Unscheduled Care (U&USC)
ITS	Urgent Emergency / Intensive Home Treatment Service
VMT	TURAS Vaccination Management Tool
VTP	Vaccination Transformation Programme
WTE	WinPath Enterprise
XML	Extensible Markup Language

OFFICIAL

2023/24 Annual Delivery Plan
Section A: Recovery Drivers

1 Primary & Community Care

Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

No.	Board Action
1.1	*Set out approach to extending and scale the multidisciplinary team preventative approach to support strategic aims of both delivering more care in the community and enhancing a focus on preventive care, with a view to testing the further development of Community Treatment and Care Services (CTACs) over the medium term. Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.* The Primary Care Improvement Plan (PCIP) Programme in Borders recognised the importance of developing multi-disciplinary teams to support Primary Care. As a result, it prioritised and implemented services that supported a Multidisciplinary Team (MDT) approach. To date, PCIP has successfully provided all Scottish Borders General Practitioners (GPs) with access to a range of healthcare professionals who can support them in providing comprehensive care to patients: **First Contact Practitioner – Musculoskeletal Physiotherapy** First Contact Practitioner (FCP) pathways are fully established across all GP practices in Borders providing Physiotherapy assessment and treatment for Musculoskeletal (MSK) conditions. Ongoing development of these pathways includes further work with secondary care, Orthopaedics and core Physiotherapy services, alongside the development of digital self-management pathways. **Mental Health - Renew** The Renew service in Borders is a centralized service offering a “see and treat” model for mild to moderate anxiety and depression using a range of evidence based psychological therapies in primary care, with an overall aim of increasing capacity and access to psychology therapies, as well as early intervention. Renew was established in October 2020 and supports all GP practices in the Borders. Further details can be found against action 1.3. **Urgent Care** An urgent care pathway was established in 2019 and led with an Advanced Nurse Practitioner (ANP) model - autonomous practitioners with ability to manage the comprehensive clinical care of their patients, including prescribing and onward referral. The above services are well used and embedded. Continuous quality improvement and outcome monitoring will be the focus of PCIP this coming year. The PCIP Premises Workstream is currently undertaking a space allocation review to maximise clinical spaces in Health Centre’s to allow PCIP service review expansion plans to further enhance local access to MDTs. A pilot of a primary care Occupational Therapy service is currently underway to evaluate the benefits of providing long term condition management in a primary care setting.

Pharmacotherapy

With funding reductions, PCIP has implemented a reduced pharmacotherapy service with a limited range, mainly focusing on acute prescribing, hospital discharge letters, clinic letters and repeat prescribing (increasing serial prescribing). Additional efforts are currently being made to explore possible options within the financial envelope. Viable solutions are being considered to ensure that financial resources are utilised optimally while staying within the constraints.

Community Treatment and Care

The significant shortfall in Primary Care Improvement Fund (PCIF) allocation triggered the need to re-evaluate our PCIP delivery plans for both Community Treatment and Care (CTAC) and Pharmacotherapy. Both CTAC and Pharmacotherapy are key enablers to applying value-based medicine and supporting people in staying well in their communities. The Borders PCIP Programme will continue to develop and will aim to implement a level of service within the resource envelope available.

Vaccination Transformation Programme

The NHS Borders Vaccination Transformation Programme (VTP) was successfully implemented in 2022 and has been nationally recognised as providing a very cost-effective service that has delivered optimal performance in terms of deadlines and volumes of vaccination, particularly Covid-19 related.

However, the funding that has been allocated for the year is considerably less than anticipated, based on previous submissions to the Scottish Government. As a result, this significant shortfall poses a strategic risk to the programme's ability to fully satisfy national requirements with regards to vaccination programmes.

To mitigate the effect of this funding reduction, the Vaccination Service is undertaking various activities which will be continued throughout the year to explore potential saving opportunities and alleviate cost pressures within the organisation and aims to provide a service within its given financial envelope.

GP Sustainability

A programme of work is required to fully understand the medium to long term sustainability issues locally and develop a plan to ensure NHS Borders can provide sustainable General Medical Services (GMS) provision to the local population. Scoping work will begin in the East Cluster which includes risk profiles for individual practices, and this will be completed by the end of Q2. GP Career Start will be a focus in 2023/24. In Q1 we recruited a GP Fellow to support general practice across our remote & rural Board. In Q2 we will monitor and evaluate the impact the post is having on GP Sustainability and aim to advertise additional GP Fellows and to have them in post by Q3.

Community Nursing Services

At the heart of Primary and Community Services' multi-disciplinary approach is our nursing workforce. The rapidly evolving landscape of delivering health services in a remote and rural setting has prompted the need to re-examine current community nursing staffing establishments and plan for services that are safe, equitable and both clinically and financially effective. An all-encompassing community nursing review will be conducted, acknowledging possible synergies with District Nursing, Treatment Rooms and Hospital at Home Services. From Q2, workforce toolkit work will commence, with the outcome of a clear future model by Q4. The Hospital at Home final business case is likely to incorporate this model.

	Allied Health Professional (AHP) Services The wider multidisciplinary team within community services provides essential clinical care to prevent hospital admissions and to ensure that people remain in their own homes. These services can be based within community hospitals, health centres, care homes and domiciliary services. Professions such as Dietetics, Speech and Language Therapy, Occupational Therapy, Physio and Podiatry currently play a critical role in supporting provision across primary care. Recent Scottish Government funding has been received which will allow us to build on the ongoing work around establishing long covid pathways across primary and secondary care. Over the next 12 months we will focus on engaging with relevant stakeholders, reviewing current levels of activity and coming to a consensus on multidisciplinary pathways. The scoping will take place in Q1, proposed pathways will be developed in Q2, and implementation will occur in Q3. National datasets are currently in development, NHS Borders will feed into them and be monitored against the outcomes. **Drugs Related Deaths** Encouragement will be given to GPs and Primary Care colleagues to implement Medication-Assisted Treatment (MAT) standards for patient treatment. This includes expediting referrals to the Borders Addiction Service (BAS) for same day treatment and increasing naloxone availability in Primary Care sites to for opiate overdose. Over the next 12 months, ANPs will be used in the addiction service to support patients with long-term conditions. Vaccinations will be offered and given to people who use drugs to protect them against bloodborne viruses. Same day treatment for opiates will also be maximised.
1.2	*Boards to set out their plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams as referenced in the recommendations within the Sir Lewis Ritchie Review* NHS Borders is currently reviewing the Out of Hours service and clinical workforce model to ensure we provide a safe, resilient, and effective service for the population of the Scottish Borders. An option appraisal process is currently underway. The preferred option from both the non-financial and financial option appraisal is to maintain central Service with Advanced Practitioner Led Service Model and Collaborative GP On-Call. This will need to be considered for formal approval from the Urgent and Unscheduled Care Board, however the planned next step is to develop an Implementation Plan which will contain the detail for a phased approach to the end point workforce model. Timescales will be developed in conjunction with the implementation plan.
1.3	*Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.* **Pre-diagnostic support for those seeking an autism diagnosis** The Mental Health Service has commissioned a provider to deliver 10 courses per year over a 3-year period providing awareness and coping strategies to those who have an autism diagnosis or identify as being autistic. The courses run for 5 weeks and take referrals from

	Primary and Secondary care. There has been little uptake of this service to date however and a review of the referral process will commence later this year. **The Coming Home Programme** In line with the 2018 Scottish Government report, "Coming Home: A Report on Out-of-Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs", the integrated Learning Disability Service has set up a strategic Coming Home Programme steering group tasked with coordinating the development and delivery of local services to enable all adults with a learning disability placed out of area are given the opportunity to move back to the Borders. We have commissioned specialist consultants to support us to devise person centred plans and construct resilient support arrangements around the individual and work with our multi agency stakeholders. Work on this programme will commence in 2023/24 and we expect the first 7 placements for adults with complex needs to be in place during 2024/25. Other projects are being considered in the medium term (2 – 5 years) to provide housing and support solutions for a further 12 people. **PCIP Renew** The Renew service was established in October 2020 as a partnership between the PCIP/GP's and Mental Health/Psychology services. The aim of the service is to offer a "one- stop shop" where people presenting in primary care with mild to moderate anxiety and depression can be assessed quickly and offered an evidence-based treatment. The service has been well utilised, with all GP practices in the Borders referring to it. Satisfaction with the service has been high from referrers and people who use the service. In 2023, we aim to continue to develop the service by understanding more about demand for it and whether this has changed from the Covid-19 period when the service started. We are also continuing to develop digital interventions (such as computerised cognitive based therapy) and this year will be completing the transition from 'Beating the Blues' to 'Silvercloud', 14 different interventions that are offered digitally, and rolling out engagement appointments to increase engagement and support. The Gala Resource Centre (GRC) is a building-based day service for adults 18 and over with mental health challenges. Jointly funded and staffed by Scottish Borders Council (SBC) and NHS Borders, it is located within Galashiels and provides services for central Borders. It offers building and community-based leisure, interest, and skills-based activities to support improvements in mental health and wellbeing. The arrival of the Covid-19 pandemic in 2020, and associated restrictions on face-to-face service delivery, resulted in the temporary closure of the GRC to allow the redeployment of staff elsewhere. This was seen as an opportunity to review the centre by examining its role and function, identify unmet need, and considering how these needs might be best met in the future. There has been an agreement, and subsequent direction from the Scottish Borders Integrated Joint Board (IJB) to close GRC permanently and reinvest some of the money to enhance the personality disorder pathway to provide lower intensity course work, e.g., decider skills courses.
1.4	*Analysis shows that the leading drivers of demand for urgent and unscheduled care are respiratory disease and CVD (for which diabetes is a major risk factor) and, for children, the way in which viruses are circulating in the population postpandemic. In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.*

	Work is being undertaken to develop ways of better identifying health inequalities within our population. This will require engaging several stakeholders and the development of data dashboards showing where the greatest need is within our population. This in turn will allow targeting of resource to allow efficient early intervention and prevention work. As health trajectories are set in early life it is important that children and young people, along with their families, are supported to make healthy decisions. Services such as child healthy weight are key in that regard and should be tailored to need. Similarly adult weight services will be required to divert individuals from these pathways later in life. Our health inequalities strategy will identify and develop plans to address early disadvantage including obesity and propensity for risk taking behaviours. During 2023/24 we are realigning Child Health Weight and Adult Healthy Weight provision in line with the new NRAC based funding arrangements. NHS Borders will also continue to support initiatives such as “Know your numbers” to allow people to make informed choices about their health and will use their position as an Anchor Institute to case find. The formation of a local Food Plan will aid in the management of risk factors for a number of these conditions. We will also incorporate within our Health Inequalities Strategy, primary and secondary prevention methods to address Cardiovascular Disease (CVD), respiratory and other chronic diseases such as diabetes. Ideally, we will need to identify people in the early stages of disease development which underlines the importance of case-finding e.g., for hypertension (“know your numbers”), and successful interventions for obesity & indolence which we will link with peer supported activities of common interest. By aggregating into population cohorts, we will be able to reach significantly greater numbers of people than through a pure 1:1 individual patient care approach.
1.5	*Frailty* *In parallel with the development of the national frailty programme, Boards are asked to outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.* The development of a Health & Social Care Partnership (HSCP) Falls Strategy seeks to develop a preventative and proactive approach to supporting frailty within the community and has input from NHS, Scottish Borders Council, Scottish Ambulance Service (SAS), Scottish Fire and Rescue Service, and community partners. A public health approach to improve physical health preventing and delaying the onset of frailty is a significant driver within many service areas, specifically AHPs. This strategy and associated implementation plans will be developed within 2023/24. Developing an integrated approach across AHP services will be central to ensuring this preventative public health approach is met. A current workstream within the Urgent and Unscheduled Care Programme is seeking to develop an Integrated Reablement Service with Scottish Borders Council. This development will seek to address frailty within our communities by providing a proactive and preventative reablement approach with the aim of improving independence, reducing hospital admissions, and reducing long term packages of care. Additional work with Third Sector organisations such as Live Borders and Eat Well Age Well are supporting a multi professional approach to frailty within our communities. A business case with an outline proposal and structures will be submitted to the IJB by the end of 2023/24. Hospital at Home and Respiratory Virtual Ward as outlined in section 2.4 below, gives further details on how they are contributing to addressing frailty within the community.

	The Care Home Support Team (CHST) have updated their strategy in line with Scottish Government, moving from Assurance to Collaborative working. A paper has been written in conjunction with the Community Care Review Team (CCRT) around implementing this change into practice. The Healthcare Framework for Adults in Care Homes was published in July 2022. A Gap Analysis was carried out which resulted in recommendations. These recommendations will be embedded into a full review of all Care Home related services which will commence in Q4. It is yet to be scoped but it will consider natural synergies, developing a way to deliver an efficient service within full funding envelope available. Speech and Language Therapy (SLT) and Dietetics continue to provide support in care homes, for both staff and to follow up on patients who have had an initial assessment with advice and recommendations.
1.6	*Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients. Response should include quarterly trajectories for at least 2023/24.* Increasing capacity for urgent care for unregistered and deregistered patients, in response to required demands continues to be challenging. Within the Public Dental Service (PDS) a number of changes have taken place over the last 12 months to improve access for PDS registered and unregistered patients, including considering the current available clinical establishment of facilities and staff, service wide standardisation of clinic hours and the reduction in standard appointment times which has had a positive impact on patient throughput. NHS General Dental Service (GDS) access to new patients within the Scottish Borders is challenging and remains precarious with very few practices accepting new NHS patients. GDS continues to experience significant pressures, including protracted difficulties recruiting dentists and dental care professionals. Recent substantial increases in practice running costs, materials and laboratory fees have brought financial challenges which are resulting in practice owners having to make difficult decisions regarding their business models. Patient de-registrations are monitored monthly and have been slowly increasing month by month. Reasons for these de-registrations under the GP200 system are recorded and subject to regular review. The situation locally is mirrored in other Health Boards demonstrating pressures across the system remain a national issue. These pressures bring concerns re the stability of the GDS, where around 98% of primary dental care across the Borders is delivered, and ability to meet the level of demand for NHS dental care in the Borders, with knock on effects on other areas of dentistry, particularly the PDS. This has been recognised at Board level and is currently noted on the risk register as a very high risk. The GDS service is delivered by independent contractors and the Board have only limited authority to influence activity within individual practices. We will continue to support colleagues in GDS as much as we can to maintain commitment to NHS dental care, though recognise that many of the difficulties they face are out with our control. To help address the lack of access to NHS dental care, an application was submitted to the government to expand the areas within the Borders covered by the Scottish Dental Access Initiative (SDAI). This was approved in late April and will help support recruitment and retention, as well as increasing the likelihood of attracting new practices and the extension of current practices. We do however have concerns that in the current climate, the terms of the grant

	may not provide sufficient incentive to meet the shortfall and that additional support may be required, for example in recruitment & retention allowances. The PDS also delivers dental treatment under General Anaesthetic (GA) for patients who are unable to undergo treatment in the dental clinic, including pre-operative children and adults with additional care needs. Access to paediatric beds and the infrequency of lists limits the number of children who can be seen on any paediatric General Anaesthetic list. Additionally, a reported lack of staff within Borders General Hospital (BGH) outpatient and theatre support staff prevents a return to routine operating in the Day Procedure Unit (DPU) which significantly reduces activity. With the continued remobilisation of GDS and an associated increase in the number of referrals to the PDS for paediatric patient management, especially access to GA services waiting lists continue to increase for both assessment and treatment. As result children are increasingly likely to present "in-extremis" with uncontrolled pain or systemic infection requiring unscheduled management. The PDS is investing significantly to upskill staff in conscious sedation techniques to reduce the need for GA services however this alone is not sufficient. The Oral Health Needs Assessment for NHS Borders, completed in 2020, has been reviewed in relation to the current context. A Strategic Plan for Oral Health and Dental Services is being developed over 2023/24, with the aim to implement it from April 2024. The plan will be based around four themes: maximising oral health, access to dental care, developing pathways and partnership working and will apply across all branches of dental services as well as the work of the oral health improvement team and working with colleagues across wider health and social care to ensure oral health. The plan will set our direction of travel for the next twelve years, until 2036, divided into four action plans each of three years duration to allow flexibility to respond to changing circumstances over this time.
1.7	*As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service. Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings.* Primary & Community Services have been in direct discussion with Acute Services and the Dentistry & Optometry Division at the Scottish Government regarding the roll out of the Community Glaucoma Service (CGS) across Scotland. For Community Optometrists to provide CGS they are required to be firstly Independent Prescribers and then must have completed NES Glaucoma Award Training (NESGAT). In addition, practice owners must agree with their employed Optometrists providing this service. Direct contact was made with all Community Optometrists in the Borders who are Independent Prescribers to invite them to apply for the Government funded NESGAT course. Unfortunately, there are no Community Optometrists able to progress with this course meaning that NHS Borders will be unable to provide CGS within the Primary Care setting during 2023/24. This will be revisited again next year as there are currently more Optometrists undertaking their prescribing course who once completed, will then qualify for NESGAT.
1.8	*Review the provision of IPC support available to Primary Care, including general practice and dental practice, and consider how these settings can be supported in the future, e.g., the use of peripatetic IPC practitioners.*

	Within Borders GPs have been kept up to date with current Infection, Prevention & Control (IPC) guidelines through established channels of communication within Primary & Community Services. Historically support to Primary Care has been reactive however NHS Borders has recently supported a service review for the IPC team which has provided the opportunity build in substantive resource to support for Primary Care. Dental services follow the National Infection Prevention Control Manual (NIPCM) with additional guidance on decontamination of dental instruments which apply across GDS and PDS and are monitored through the Combined Practice Inspection. The independent nature of GDS, with the majority delivered from privately owned premises means that responsibility for IPC sits with individual practices. The Board have oversight through the three yearly rolling practice inspections which include items relating to IPC, and practices are required to undergo National Education Scotland (NES) delivered IPC training every three years. At present any queries from an independent dental contractor relating to IPC would be directed to the Dental Practice Adviser who would liaise with colleagues to provide an answer. Consideration will be given to future input from IPC to ensure relationships are maintained, any support is in line with what practises need and to ensure arrangements are beneficial to dental services as a whole and the IPC team. A training timetable is underway to increase skills and capacity to support Primary & Community Services. From early 2025, annual IPC visits will be scheduled for all GP practices, and all directly managed dental services. Until this point, the reactive IPC service is the same and available as and when required.

2 Urgent & Unscheduled Care

Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

No	Board Action
2.1	*Boards are asked to set out plans to progress from the De Minimis Flow Navigation centre (FNC) model to further optimise. Plans should include:* • *Interface with NHS24 in and out of hours* • *Development of new pathways for inclusion within FNC, including consideration of paediatric pathways:* • *Further reduce admissions by increasing professional to professional advice and guidance via FNCs, including access for SAS (call before you convey)* • *Further develop signposting alternative pathways including paediatrics* • *Mental health pathways.* NHS Borders currently provides Out of Hours services from a single site at the BGH. It is staffed by a Multidisciplinary Team which works closely with Secondary Care. The base team consists of Reception/Coordinators, Drivers, Administrative staff, Nurse Practitioners, Advanced Practitioners and GPs. To provide sustainability and meet the challenges of a reduction in available GP staff the service has actively recruited Advanced Practitioner Trainees to replace Nurse Practitioner posts when they become vacant. The service is working actively with Mental Health to produce a patient centred pathway that will meet the challenges facing both departments. Due to being based in the BGH the service can provide support to the Emergency Department (ED), and vice vera, when required. This model supports mutual aid, active redirection and support. The further development of the team is supported by regular education. This includes all the Advanced Practitioners enrolling in the paediatric model in rotation. All the above activities are supporting the future provision of care in this area but is an ongoing process which will continue throughout 23/24. The department is flexible and has proven to adapt to change quickly and effectively embracing new ways of working in a planned timeous manner. The current Flow Navigation Centre (FNC) activity is conducted by the Borders Urgent Care Centre (BUCC) during the out of hours period. The current service composition is split between different departments to ensure the activities are managed appropriately. In the out of hours period BUCC will continue to provide the role as part of the Out of Hours service. Referrals for NHS 24 during the in hours period is managed through the ANP's in ED supported by the medical clinicians. Interface with NHS 24 is via the Adastra Clinical system both in and out of hours. The current paediatric pathway was developed in 2021 and will continue substantively. Professional to Professional advice will continue to be made available out of hours.

	We are unable to provide access for Scottish Ambulance Service (SAS) for "Call before you Convey" due to lack of appropriate resource however will continue to review opportunities to introduce this in line with service development. Currently the Borders Crisis Team take referrals from NHS 24 via BUCC, ED, SAS and police. They triage and provide Mental Health (MH) assessment to patients requiring mental health assessment or will triage to other services if the patient needs this to ensure they are able to access to correct support in a timely fashion. The department is in ongoing discussion around the provision of Mental Health Services in the out of hours period with a view to improving patient care and working between the departments. The previously established Acute Recovery Programme (ARP) has now been superseded by the Unscheduled Care Delivery Group which will support rapid delivery of priority recovery projects. This group reports to the Urgent & Unscheduled Care (U&USC) Programme which is in place to support the longer-term future vision for services and associated service delivery requirements. The Unscheduled Care Programme is co-chaired by management and medical leads from across Acute and Community. Public messaging is undertaken by NHS Borders Communications and Engagement Department on both an ad hoc and planned basis.
2.2	*Extend ability to schedule unscheduled care by booking patients into slots which reduce self-presentation and prevent over-crowding.* In the Out of Hours period patients are scheduled to attend the FNC at BGH. All Minor Injuries Appointments that are received from NHS 24 are appointed. Currently there is no plan to implement appointments in the ED however there are plans to remove GP referrals through to the ED known as GP Expect flow to assist with decongestion within the department. This will be overseen by the ARP (above). *Develop access to booked slots across wider urgent and emergency care system, such as primary, secondary, community and mental health services and to include children and babies.* Currently access to booked slots is reserved for ambulatory care and minor injuries. There is an existing pathway in place for paediatrics however nothing which allows primary care to directly book slots. The current Paediatric Pathway from BUCC is to see and examine the patient in BUCC, then refer to Paediatrics if there is a clinical need. The ED can refer directly to Paediatrics without initial doctor assessment during the times the department is under pressure.
2.3	*Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise assets.* Primary Care and community care are integrated out of hours using a combination of BUCC staff and community staff when they are on duty. We provide medical cover for the Community

	Hospitals including advice and visiting. We have a direct Palliative Care telephone line, this number is given to all Palliative Care patients and responding to this line is treated as a priority. The staffing of BUCC is Driver/Health Care support workers, Nurse Practitioner, Advanced Practitioners and GPs. This is bolstered by the Evening Service 6pm – 10pm and Community Nursing 9am – 5pm at the weekends.
2.4	*Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home Pathways* Outpatient Parenteral Antibiotic Therapy (OPAT) services are provided from Ambulatory Care. **Respiratory Pathways** The Respiratory team will be trialling a test of change until March 2024 to determine whether a remote monitoring solution would be of benefit to a wider virtual ward or Hospital at Home service. The technology (provided by Current Health) is not specific to Respiratory patient pathways and has been used to support patients on a variety of clinical pathways in virtual ward settings in the UK. The aim is to assess how this type of continuous remote monitoring solution could be used by clinical teams in NHS Borders to enable patients to be monitored safely at home, with Respiratory Medicine acting as the initial use case. This will help to determine usability by patients of different ages and with different degrees of digital literacy and quantify the amount of staff time required to support patients with technology set up and use. NHS Borders are the only Board in Scotland currently using this technology. This test of change will also enable an assessment of ease of pathway configuration by clinical teams, usability of the clinical dashboard, including alerting functionality, and identification of cohorts of patients best suited for this type of continuous remote monitoring. Patients will be identified by the Respiratory Consultants or Specialist Nurses and onboarded to the cloud-based platform and given a full kit to take home and set up. Patients can be monitored in the comfort of their own home with the technology having the ability to monitor sats, step count and heart rate with the additionality of a blood pressure monitor or spirometer also available. We can develop our own patient pathways for specific diagnoses. There is ample opportunity to expand into other appropriate specialities if the test of change has positive patient feedback and outcomes. The Test of Change will be continually monitored over the next 6 months, with weekly working group meetings taking place alongside regular discussions with the national digital team and other health boards. The technology system provides reports that we can use to analyse patient length of stay, alongside their individual journeys and these will be used throughout the Test of Change. A Winter funding bid will be placed for additional clinical resource to increase capacity over the winter period. **Hospital at Home** The planning and preparation for our Hospital at Home project began in January 2023 and has moved at pace – bringing together all the elements required for delivering an operational test of change in April 2023. Two Community Geriatricians, two Senior Nurses and an admin assistant were in place to initially enable the service and the service was successfully launched on 17th April 2023. A small initial roll out is enabling the team to repeat the cycle of implementing, reviewing and adjusting the processes and procedures for safe patient delivery model. This cycle approach will allow the team to attain a level of reliability that will enable the service to be scaled safely. As the staffing compliment increases and the processes and procedures are

	embedded, this will be the foundation to increase patient numbers – with the aim of achieving a virtual ward capacity of 20 patients within six months. The service is closely monitoring and reporting various datasets and benefits to the Urgent and Unscheduled Care Programme Board. These include sources of admission, length of stay, comparative analysis of anticipated discharge dates from Acute Care, and readmission rates. Additionally, wider system impacts of Hospital at Home on Social Care, such as the preservation of Package of Care will be reported. This work is a collaborative effort produced by the Hospital at Home Management Team, Business Intelligence, Quality Improvement and Finance Partners from the IJB/HSCP, Acute and Primary and Community Services. In addition to the metrics, the team will focus on the collection of patient and staff feedback. Gathering patient feedback is critical for understanding how Hospital at Home is impacting their health outcomes and overall experience with the service. Similarly, staff feedback will provide insight into any challenges or successes they encounter while providing care in this new model. These insights will be used to continuously improve and optimise the Hospital at Home test of change. The Hospital at Home service aims to provide patients with personalised hospital level care in the comfort of their own home. Studies of similar services have shown a reduced risk in physical deterioration and hospital-acquired infections. It is also understood that being treated in familiar surroundings improves patient outcomes with a resulting decrease in readmissions. Emotional and improved recovery has also been demonstrated due to family involvement in the care and support of their loved ones - noting the improved access for visits at a time that is convenient for all. The Borders test of change will assess whether similar results are attainable within a remote and rural health care setting. This new service will have a significant interface with Home First Reablement and District Nursing. These services will work together to ensure a seamless patient pathway whilst reducing unnecessary duplication. Recognising the current synergy with the District Nursing Service, the final business case will likely reflect this natural arrangement. (see Community Nursing Review, section 1.1) Funding for the test of change was secured for an initial period of 6 months. An interim paper highlighting progress to date will be presented to the IJB on 20th September 2023 to seek additional funding to extend the test of change to a full year.
2.5	*Set out plans to introduce new pathways, including paediatrics and heart failure* *As discussed in 2.2.*
2.6	*Boards are asked to set out plans to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways. Response should include forecast reduction in length of stay through short stay patients being admitted into short stay wards and reduction in Boarding levels* There is limited scope to increase assessment capacity due to lack of resource/space although our ED currently has access to surge capacity into our “Blue ED” area which provides access to additional assessment space should the need arise. A discharge Kaizen is being established (see 2.7 below) which will focus on effective discharge pathways with a focus on increasing criteria led discharge, referral processes and ultimately reduce length of stay. The aim is to return the Medical Assessment Unit (MAU) to a 48-hour length of stay and plans are in place

	across Acute medicine to use digital technologies to reduce length of stay and in so doing provide adequate downstream capacity. Scottish Government MDT funding was used within NHS Borders Rapid Assessment Discharge (RAD) team to maximise the potential within short-stay pathways through an increase in Occupational Therapists and Physiotherapists within ED and MAU.
2.7	*Set out plans to deliver effective discharge planning seven days a week, through adopting the Discharge without delay approach* Discharge without Delay principles are applied as a default to any new work undertaken across NHS Borders. As demand and activity were slightly lower than forecast in the winter 2022/23 trajectory covering the preceding 24-week period, an updated trajectory has been set based on the referrals/ additions (demand) and removals (activity and people removed due to ill health) over the previous 24 weeks. This trajectory is in draft as the impacts of additional care capacity that are being commissioned have not yet been included as these initiatives are in the commissioning phase. Details of the trajectory are provided in Annual Delivery Plan (ADP) 2. Acute and HSCP teams are focusing on delayed discharge process, including discharge planning, use of the moving on policy (which is being updated), and ensuring good oversight over every person delayed. There is a focus on all patients who are in hospital for over 21 days and a focus from all Clinical Boards on those who are in hospital the longest. There is a focus from the new Mental Health Officer Lead on reducing waits for adults with incapacity. A discharge Kaizen programme was launched in May 2023 and will run for approximately 4 months. The Discharge Kaizen will facilitate joint working in health and social care teams to support a seamless multi-agency approach to the delivery of effective discharge processes across acute, community, mental health and social care services. Using the Discharge without Delay approach, the focus will be on applying the principles of Home First and the learning from the Borders Multi Agency Discharge Event (MADE), as well as the two previous successful kaizens (MAU and general medical ward 4), to achieve: • Clearly defined pathways 1- 4 and % in each pathway • Review referral processes for each pathway so they are transparent and consistent • Implement Discharge to Assess as the default option • Increase use of a Criteria Led Discharge approach • Increase the ability to receive patients in ED • Create/improve the ability to maintain hospital flow from the front door to the required specialism/team • An escalation process for patients who have length of stay >90 days This work is being progressed by the General Manager of Primary and Community Services and is being supported by the General Manager of Unscheduled Care (Acute) and Interim Adult Social Work & Practice Chief Officer.
2.8	*Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in*

place including oversight at Board level

NHS Borders continues to progress with our implementation plans for delivery of the Best Start Programme. We recognise that we will not be able to fully deliver Best Start as we are unable to provide the intrapartum care model recommendations within NHS Borders due to our current establishment and the level of funding that would be required to deliver this, however, our focus is on providing continuity of care both antenatally and postnatally, alongside increasing Labour, Delivery, Recovery and Postnatal Care in one location.

There is an identified lead within NHS Borders that attends the National Implementation Board for Best Start and we are in the process of establishing monthly internal meetings within NHS Borders to monitor progress on delivery.

The governance structure for reporting include bi-monthly reports to the Women & Children's Services Clinical Management Team, and this group then reports into the Acute Clinical Governance Board. Highlight reports are the reporting mechanism that is used to update both groups on progress. Best Start Implementation progress will be reported to NHS Borders Quality and Sustainability Board during 2023/24.

We have developed a detailed project plan and delivery timeline to ensure completion of the recommendations included within the Best Start Programme Plan and are making progress on the delivery of these. Some of these include:

- Demonstrating 100% of women are allocated a primary midwife
- 98% of women have a birth plan discussed ahead of birth
- Continuing to build strong links with GP's, Midwives and Health Visitors within NHS Borders
- All families are provided information regarding Young Persons Family Fund
- Offering an extensive amount of pain relief options within our maternity settings, and we ensure that women are informed of all options available and are given informed choice. Birth plans are discussed on admission.
- Development of a process to audit plans of care

Implementation and delivery of our Best Start Programme will continue to be a focus within NHS Borders throughout 2023/24.

Women & Children Service Review

Work is continuing to progress our Women & Children's Service review which re-commenced in October 2022. This service review is to identify options for a sustainable workforce within the service and how this can be achieved, given the difficulty we have previously experienced around recruitment into the service. The steering group continues to meet weekly to develop the potential options that will be recognised through this work.

Work will continue to implement the recommendations from the Service Review throughout 2023/24.

3 Mental Health

Improve the delivery of mental health support and services.

No.	Board Action
3.1	***Improving Access to Services In 2023/24*** *- Outline your plans to build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT and actions to meet and maintain the 18- week referral to treatment waiting times standard.* **CAMHS** One of the key priorities in relation to Child and Adolescent Mental Health Services (CAMHS) includes continuing to carry out new patient assessment appointments with a focus on reducing the RTT. Historically CAMHS within NHS Borders has reported both core mental health patients (CAT2) and Neuro-developmental patients (CAT1) waiting over the 18 weeks Heat target together as combined data to the Scottish Government. The intention is to separate current reporting processes Health, Efficiency, Access, and Treatment (HEAT) Standard and report only the Core Mental health information/data that meets NHS Borders CAMHS specific referral criteria. This will bring NHS Borders in line with other Health Boards in Scotland. CAMHS continues to look at new ways to improve the service it provides to children and young people. These improvements include career development structures within nursing, psychology and psychiatry and a focus on patient flow designed to meet the broad range of needs for patients referred to the service. Formal and Informal stakeholder engagement will continue, ensuring multiagency working with colleagues in SBC and 3rd sector organisations. CAMHS has significantly reduced the longest waits for referral to treatment (36 weeks referral to treatment as of end of March 2023). Future work includes improving the referral quality through a Borders wide roll out of a school referral route for neurodevelopmental queries. The new referral template is continuing to benefit the service and the pilot continues to support identifying whether any interventions can be established prior to the first appointment. Work is also progressing on expanding the range of support materials and integration with other communication platforms as well as the development of an in-house Urgent Emergency/Intensive Home Treatment Service (ITS) and working with colleagues across Scotland to support and deliver an Out of Hours (OOH) CAMHS service provision. Working on these different pathways of care will avoid clinicians being pulled away from waiting list focussed work. We are also involved in work to examine inpatient services across Scotland acknowledging that access to specialist young person beds continues to be challenging and this places demand on our adult acute inpatient service. Newly appointed AHP roles within CAMHS have strengthened the MDT approach to ensure the most appropriate professional carries out assessment and treatment. There have been numerous changes to the Neuro-development assessment processes, to make this consistent with the Scottish Intercollegiate Guidelines Network (SIGN) and deliver an equitable and robust multidisciplinary service. The service will continue to increase the rate of diagnosis for Autism Spectrum Disorder (ASD), increase its capacity for post diagnosis input by supporting an ASD parenting group and utilising a bespoke ASD family resource pack. Changes to the learning disability transition process continue to ensure a more reliable process and structure is in place to support young people transitioning into adult services. We also

continue to support the use of continuous service improvement process, actively reach out to external and 3rd sector organisations.

A trajectory has been developed which is outlined within the quarterly milestones in ADP2 and attached as appendix 1.

This trajectory reflects a balanced service for both the CAT1 and CAT2 patients across the time period. The assumptions included in the model change over time to give an indication of how the service could be attempting to work toward the HEAT targets, while not storing up longer term problems for our CAT1 patients.

Emergency appointment have been allocated with 2 to CAT1 and 6 to CAT2 in every month.

Non-emergency appointments start by being allocated evenly for both CAT1 and CAT2, reflecting the fact that the waiting lists at the end of May are reasonably similar, particularly for patient number waiting over 18 weeks (47 for CAT1 and 56 for CAT2 waiting over 18 weeks at the end of May23).

From July 23, the number of appointments has increased from 12 a week to 16 a week, due to planned additional capacity in the service. The even split between CAT1 and CAT2 continues until August23, to reflect the low % of both types of patients being seen within 18 weeks.

From September 2023, there is a small increase in the appointments for CAT2 patients, at the expense of CAT1 patients, and then from January 24, the vast majority of appointments are given over to CAT2 patients since the number of Category 1 patients has been reduced to just 19 on the Waiting List.

Clearly the balance of appointments between CAT1 and CAT2 patients affects the service levels provided to each of these sets of patients, and therefore the achievement of the HEAT targets for CAT2. It would be possible to alter the balance between the two groups of patients further if required, though it should be noted that other drafts included looking at a proposal for 14 monthly appointments for CAT1 and 48 for CAT2 (including all 8 emergency appointments) each month and found it would still not be possible to meet the CAT2 HEAT target until June 24.

Psychological Therapies

All Psychological Therapy (PT) services have made significant progress with eliminating very long waits – at the end of March 2023 we only had 2 people waiting over 52 weeks – this represents 0.3% of our total patients waiting. Our longest waits in PT relate to secondary care services most notably adult mental health and substance misuse. Our CAMHS PT data has had some errors which we are currently resolving. CAMHS PT waits are improving from a longest wait perspective, although the overall number on the waiting list is increasing.

Recovery and Renewal funding has had a positive impact on CAMHS PT with an expansion of the team and improved skill mix. Recruitment to these posts has been slow but ultimately successful with one current post outstanding which we expect to fill by September/October 2023. Demand for PT in CAMHS has increased significantly in line with waiting list initiatives to improve NHS Borders CAMHS compliance with the Return to Treatment (RTT) Heat target. As a result, we are currently reviewing our demand and capacity model to ensure that we can meet this increased demand on an ongoing basis.

	Recovery and Renewal funding has been utilised to remobilise PT services and increase capacity in areas of highest demand or longest waits. Our performance against the 18-week RTT standard have been improving although in the last year has generally been between 80-90% with the 90% target met in one month of the year. We are currently reviewing our model of demand and capacity in PT as we continue to have strong demand for all services. We therefore need to review capacity to avoid long waits building up. Funding constraints and difficulties with recruitment to f fixed term or maternity cover posts will make this challenging. A trajectory has been developed which is outlined within the quarterly milestones in ADP2 and attached as appendix 2.
3.2	***To deliver services that meet standards*** *- Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery.* There are plans underway to review and improve current services in line with strategies and the forthcoming secondary mental health standards. This will involve redefining pathways into and within our services to ensure they meet needs of service users and carers. The identified areas for reviews are our working age adult services, older adult's services, medical workforce and commissioned services. The reviews will include a review of workforce and demand to ensure we are meeting required standards and maximising workforce capacity. As part of our transformation plan for MH Rehabilitation, we have introduced grade 5 supported accommodation which is defined as Intensive community rehabilitation providing early discharge from grade 6 or an alternative to admission. This has increased the capacity of our service through integration with social care and the 3rd sector. **CAMHS** There are on-going plans to review and develop current services in line with the CAMHS and ND standards and specifications for service delivery. These will involve ensuring the right services are delivery at the right time by delivering high quality care and support that is right for children and young people (CYP)and their families. Within CAMHS there are established services that have a person-centred approach focusing on the needs of the individual child according to a child's evolving capacity. Identified areas are that families are continuously involved and consulted. Working with the local authority to plan and progress a Children and Young People's Independent Advocacy Service. As part of the improvements the service is working with colleagues in Adult MH to plan make sure the SG, Transitions Care Planning process is implemented and continuity is achieved. **Psychological Services** NHS Borders will be reviewing the delivery of psychological services and therapies from a pathway perspective to ensure we are working in the most productive way and maximising workforce resilience. However, we do anticipate that existing gaps in service will remain as previously described due to the financial climate and the focus on remobilising existing services as opposed to creating new ones.

	Ensuring that PT services are operating effectively from a productivity perspective, is a key objective of the service in 2023/2024. In order to do this, we propose to undertake the following: <u>Data & Process</u> Building on the work done in the last financial year, plans to improve data quality include: • Develop standard operating procedure for ROTS (removals other than treatment). • Process map all services to reduce variance. <u>Performance & Productivity</u> PT services shall undertake DCAQ work (demand and capacity), and a review of job planning and performance to job plans, in order to ascertain if there are productivity gains to be made. This will also include: • Regular oversight and review of caseloads. • Reviewing and scoping the role of Assistant Psychologists • Review of demand and the role of triage pre-assessment, in Renew and LD. • Explore gaps in the service and SAER review. <u>Service User Feedback</u> Carry out engagement activity with Service users (people using the service) to obtain feedback, opinions and insight. Agree and implement a service user outcome measure.
3.3	***Data – engagement with PHS to improve quality of data*** *- Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.* NHS Borders continues to work with the Child, Adolescent and Psychological Therapies National Dataset (CAPTND) National Programme Team to establish full compliance of the CAPTND dataset in both CAMHS and PT services by March 2024. The objective is for full completion so that the Board can cease aggregate submissions and fully utilise the CAPTND dataset as soon as this is possible. This timeline includes developing enhancements to our EMIS patient management system to collect non-mandatory data items and new requirements.
3.4	***Programme for Government – Mental Health Spend*** *- Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%. Boards are also asked to include within their return current percentage of total frontline spend and the planned trajectory towards the 10% and 1% target.* There are plans to review the workforce within Mental Health as part of the Service Reviews that are planned during 2023/24 which aim to improve capacity in our services and to assist with the recruitment and retention challenges that are currently being experienced within our senior medical staff and occupational therapists.

	Further detail surrounding this action is noted within the Finance and Sustainability section below.

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4 Planned Care
Recovering and improving the delivery of planned care

We are not asking you to duplicate your planned care response again within this return. For reporting purposes, we will be incorporating the planned care response into the wider ADP to enable single quarterly returns.

No.	Board Action
4.1	Narrative as part of the Planned Care Planning Guidance response submitted on 17th March. Submission attached as appendix 3.
4.2	Narrative as part of the Planned Care Planning Guidance response submitted on 17th March.
4.3	Narrative as part of the Planned Care Planning Guidance response submitted on 17th March.
4.4	Narrative as part of the Planned Care Planning Guidance response submitted on 17th March.

5 Cancer Care
Delivering the National Cancer Action Plan (Spring 2023-2026)

No	Board Action
5.1	*Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives.* There have been challenges experienced regarding our diagnostic capacity and this is impacting on performance against the Cancer Waiting Times standards. Waits for scanning and reporting of Computerised Tomography (CT) and Magnetic Resonance Imaging (MRI) scans have also been an issue. Funding has been confirmed from Scottish Government to support the increased use of mobile scanners for both modalities during 2023/24 and for the continued outsourcing of reporting. Longer term plans to balance demand and capacity are being developed. NHS Borders are also experiencing waits for Colonoscopy which are causing some issues, principally due to operator availability. Cancer Waiting Times funding will be used through 2023/24 to provide additional weekend capacity and maintain waiting times. Longer term, the intention is to train further Nurse Endoscopists, and this work is planned to commence in September 2023. We also have Colon Capsule Endoscopy and Cytosponge both in use. Funding has recently been secured to support the development of a local Endobronchial Ultrasound (EBUS) service, and this will be taken forward during 2023/24. This will have significant benefits for patients with lung cancer.
5.2	*Plan for continued roll out of RCDS's - both Board level and regional approaches will be required.* NHS Borders is one of the pilot Boards for Rapid Cancer Diagnostic Service (RCDS), and our service went live in April 2023. This has been well received by GPs and initial patient feedback has been positive. Outcomes from the pilot will be reviewed during 2023/24 in conjunction with Scottish Government colleagues.
5.3	*Set out plans to achieve full adoption of Framework for Effective Cancer Management* The Framework for Effective Cancer Management document has been reviewed, and an action plan developed for implementation in NHS Borders. The most significant actions are around outpatient booking, to ensure that patients referred with suspicion of cancer receive their first appointment within appropriate timescales. Additional actions include finalising the process to audit referrals from GP, and finalising information held on GP Ref Help.

5.4	*Outline plans to improve the quality of cancer staging data* This is not something that has been raised through the Quality Performance Indicator (QPI) Action Plans as an issue. There have been some concerns raised locally specific to Urology, which is a regionally co-ordinated MDT meeting, and we are raising these with the service and within the Southeast Scotland Cancer Network (SCAN). Other than the proposed action plans, there are no other work underway.
5.5	*Confirm you have:* *•Implemented or have plans to implement provision of single point of contact services for cancer patients* *•Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways* *•Assurance of routine adherencetooptimal diagnostic pathways and Scottish Cancer Network clinical management pathways* *•Embed the Psychological Therapies and Support Framework* *•Signposting and referral to third sector cancer services embedded in all cancer pathways* *In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme.* A Single Point of Contact has been live in NHS Borders since November 2022. Tumour sites covered by the new service have been increased on a phased basis and this was completed in April 2023. The desire is to review what is required to introduce prehabilitation services during 2023/24, and a bid for funding to support this has been submitted. This will be taken forward in collaboration with regional and national partners to achieve equity and consistency across Scotland. NHS Borders is participating in national work around optimal pathways and will implement these where realistic and achievable. The Psychological Therapies and Support Framework will be explored during 2023/24. We currently have no dedicated Psychology Oncology Cancer support service in Borders nor any current opportunities to fund this. Implementation of this would be dependent on funding. Signposting to Macmillan services is in place and work to implement Improving Cancer Journeys (ICJ) will begin during the first half of 2023/24, including assisting patients to access available support. The National Oncology Transformation Programme has not yet been shared at Board level, and we will engage when this happens.

6	**Health Inequalities** Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

No.	Board Action
6.1	*Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report.* NHS Borders is currently developing a Health Inequalities Strategy, working with appropriate stakeholders, to advance controls and support the health of the population by removing inequity. This will build upon a previous internal audit on the topic area. NHS Borders has adopted a Health Inequalities Impact Assessment (HIIA) approach and uses this tool to assess significant policies or strategic decisions (using national guidance and materials). NHS Borders is developing data and information systems to allow better identification of areas of inequality or indeed communities. This will include the creation of appropriate dashboards and requires us to work with a range of stakeholders. This will be facilitated by creation of a multidisciplinary Borders Health Inequalities Reduction Steering Group. A key feature will be the development of definitions of rural health inequality and importantly, means of measuring changes to these in response to intervention. Through this work NHS Borders seeks to: • Create a baseline of inequalities within the Scottish Borders requiring a review of data held and how it is linked • Explore completion of data and how this may be improved (e.g., opportunities at recruitment, patient, contact, survey) • Explore data around missed appointments • Work with colleagues such as SBC, Primary and Secondary Care, Community Planning Partnership (CPP) etc. to understand the data they hold population wide and develop procedures to link these datasets • Develop metrics in addition to Scottish Index of Multiple Deprivation (SIMD) to better understand deprivation and inequalities in remote and rural areas • Develop analytical resource in this area • Promote intersectoral collaboration and enable policy decisions to be seen through a health and equity 'lens'. • Consider targeting of resources to meet need described and agree how we measure change. • Recently NHS Borders has refreshed its Mainstreaming Outcomes and now shares these with the IJB. These will be published in this year's Mainstreaming Report but are listed below: 1. Improved accessibility and confidence in using health and social care services 2. Inclusive approach to enabling and empowering people to stay well, keep well and live as independently for as long as possible 3. Community engagement and empowerment across the Scottish Borders is inclusive, strong and effective

	4. All staff delivering health and social care services, fully understand their legal duties and other responsibilities in keeping people living, working, studying or visiting the Scottish Borders safe and free from harm 5. We have a workforce that is reflective and representative of the communities we care for 6. We have a workplace where all staff feel valued and respected and have their needs met appropriately. NHS Borders recognises that the most marginalized members our society have the poorest health outcomes, placing a significant demand on health services. Evidence shows that persistent health inequalities remain in both health outcomes and service experience across NHS Scotland. However, health inequalities are avoidable and can be mitigated on both an individual and structural level. The aim of the Health Inequalities Strategy is to maximise the impact of NHS Borders in reducing health inequalities; to achieve this, the programme of work stemming from it will examine how services can be delivered to minimise disadvantage using a data driven approach. It will also serve to promote a greater awareness of health inequalities and opportunities to reduce them amongst staff and suggest how people experiencing health inequalities may influence services. This will require robust data; engagement with communities and individuals; work with other partners; service change and consideration of the role and opportunities of NHS Borders as an anchor organisation. **Mental Health Improvement and Suicide Prevention - Creating Hope in the Scottish Borders action plan** We will implement the agreed priority actions for 2023-24 to improve mental health and reduce suicide deaths. This includes developing a local approach to mentally healthy communities and the identification of local data to measure the progress and impact of the plan. **Learning Disabilities Health Checks** NHS Borders will implement regular health checks for people with learning disabilities to address their health inequalities. This will be progressed in two phases, both following the same pathway, Phase 1 for those aged 16 and over known to the Board to have a learning disability and Phase 2 for those aged 16 and over who identify themselves as having a learning disability (whether or not that learning disability has been formally diagnosed and regardless of whether it is mild, moderate, severe or profound). Once all individuals have been identified, a delivery plan will need to be agreed on what can be achieved within allocated funding. Should there be capacity issues based on the take up/demand, the agreed model will need to be flexible by adjusting the frequency of checks and applying a patient prioritisation model within the funds allocated.
6.2	*Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions. This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards. Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.*

	Close links are in place between our local alcohol and drugs services and His Majesty Prison (HMP) Edinburgh. A Liberation Pack providing local information has been produced and is available online for other prisons. Engagement also continues with NHS Lothian, our current service provider, and aim to produce a Service Level Agreement (SLA) for the delivery of healthcare in police custody in the Borders.
6.3	*Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.* **MAT Standards** Borders has been assessed as provisional Green RAG status for MAT Standard 1-5 and an Amber status for MAT Standards 8 and provision amber for 6, 7, 9 & 10. A Steering Group is established for Standards 6,9 &10. Key actions for 2023/24 are: • Trauma informed culture assessment process from December 2023. • Improve documentation of patient experiences by December 2023. • Integrate Advanced Nurse Practitioner role into assertive outreach structures to enhance mental health input in this setting by December 2023. • Develop proposals for joint working across alcohol and drug services and Community Mental Health Services including an 'interface' document for people with mental health and substance use problems by March 2023. • MAT Standard 7 – continue development of a primary care model through the Advanced Nurse Practitioner role and review impact by March 2024. • Respond to experiential feedback developed as part of the MAT reporting process by September 2023 and in line with revised information from MIST (timing tbc) To support our recovery orientated system of care NHS Borders is planning to deliver capacity building training for our Lived Experience Forum colleagues those who represent the Forum on the ADP Board and Rights, Empowerment, Aspiration, Choice, Hope (REACH) Advocacy training for staff by September 2023. **Treatment Target** Borders Alcohol & Drug Partnership (ADP) has previously highlighted concerns in relation to meeting the Drug Treatment target due to the methodology for setting the baseline and target. The calculations for numbers in treatment did not reflect local data and the increase is unlikely to be met given the strong performance on access to service prior to MAT Standard publication. The caseload for NHS Borders Addiction Service has remained stable at around 400 since Quarter 3 2020. At the end of December 2022, there were 347 people in receipt of MAT equating to 68% of the estimated prevalence. Increasing access to Residential Rehabilitation (RR): despite the implementation of a new pathway, numbers of people accessing RR has not increased. Staff awareness sessions are planned in Quarter 1 2023/24. The HIS Self-Assessment for RR is due to be submitted by 10/06/23 and improvement will be developed with support from Health Improvement Scotland (HIS) from September 2023 onwards.

6.4	*Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan.* This is being taken forward and a Lead will be identified by our Executive Team. NHS Borders has many strong female leaders that can champion and drive this agenda.
6.5	*Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.* NHS Borders identified a lead within the public health team under the guidance of the Director of Public Health, and we are scoping out the potential areas of work that this will entail. This will result in an appropriate strategic plan within the timescales set out. The Anchors Strategic Plan may be subsumed within the emerging Health Inequalities Reduction Strategy for the Scottish Borders.
6.6	*Accessibility to services is as an integral part of healthcare, and NHS Boards should give consideration to transport needs in the planning and delivery of services. This should include consideration of how best to work with Regional Transport Partnerships (RTPs) and transport officers from local authorities.* *Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.* NHS Borders has asked Public Health (PH) Scotland to map out the number and ages of people living at each postcode which will then be presented by travel and geographical distances between each postcode. This will help enable the local partners (and residents) look at the impact of geography on access to service. NHS Borders will work with Scottish Borders Council and the Regional Transport Partnership (RTP) to help turn this information, and the impact of our staff/patients on travel flows to help address the issues of travel reimbursement and to optimise patient travel. Across Women & Children's Services information on the Young Patients Family Fund is available for all families. Families are provided with the support they need with assistance from staff. The forms are administered by NHS Borders Administration department and data is submitted to provide assurance on this. Patient transport is utilised as well as local transport within NHS Borders to support patients and families.

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7 Innovation Adoption

Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

No.	Board action
7.1	*Boards to set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the benefits, which could include collaborative approaches to adoption.* NHS Borders is one of the 3 Health Boards together with NHS Lothian and NHS Fife which form the South East Scotland innovation test bed known as Health Innovation South East Scotland (HISES). The NHS Borders Innovation Champion recently started attending regular meetings with the Centre for Sustainable Delivery (CfSD) which will ensure early engagement with proposed projects coming through the Accelerated National Innovation Adoption (ANIA) pipeline, which will allow early communication with services to raise awareness of projects that are being developed nationally that have been identified as having a potential through innovation to improve service delivery. Current ANIA projects in Dermatology and Diabetes are being considered by services to assess implications and resources required for rapid adoption. NHS Borders is currently building local capacity to deliver innovation. This includes project management support. A local governance steering group is being established to help scope the projects coming in and identify services who will be involved and provide a governance structure to ensure oversight and delivery. NHS Borders is currently involved as a pilot site for a national project (HEARTFLOW) which may be adopted onto the ANIA programme at a later date. NHS Borders is keen to be involved in innovation projects that will ensure delivery of services post pandemic and through HISES scopes projects to assess benefit to Health Boards and capacity and capability to support
7.2	*Work in collaboration with a range of national organisations to combine the right skills and capabilities across Scotland to reduce the barriers to national innovation adoption.* NHS Borders works closely with test bed partners NHS Lothian and NHS Fife in HISES. The test bed has established a governance structure with 3 different levels of oversight from scoping to Board level representation at an Oversight Committee where all approvals are submitted. Members from each board attend national meetings and share information of future innovation initiatives and funding plans. As part of HISES, NHS Borders works strategically to engage with Scottish Health and Industry Partnership group (SHIP) to encourage innovation within the NHS. The test bed receives an annual allocation from the Chief Scientist Office (CSO), and this is used to fund a core project management team based within NHS Lothian with support in place in NHS Borders and NHS Fife. The dedicated project management support which has been in place for a year within NHS Borders allows the growth of skills and capacity within the Board to support both national innovation projects and the creation of local projects. Additionally, HISES has access to information governance and research and development resources to ensure governance of these projects. In addition to open innovation challenges from SHIP, NHS Borders also participates as a test site for Small Business Research and Innovation projects (SBRIs). These pilots at regional sites may then be adopted for scaling up nationally and be part of the ANIA pathway.

	NHS Borders' medium-term plans are to create a structure and team within the board that can assist with the rapid adoption of innovation projects such as those in the ANIA pipeline. Work is being done in dermatology to provide interim service plans whilst the ANIA project is going through national procurement. Where there is insufficient support within the innovation team locally, NHS Borders will escalate to the regional test bed and if necessary to the Scottish Government. Projects that require quick adoption through the ANIA pathway that require significant digital and e-health input for service adoption will be escalated to the Board where significant support and additional resources may be required. Borders are leading as a test site for the CAELUS 2 project to assess the feasibility of drone use in NHS Scotland. This project is a collaboration between NHS Scotland led by NHS Grampian and ascension agreements with 12 other health boards including NHS Borders There are also 16 other partners, and it is funded as part of the Innovation UK future flight programme. Work is being undertaken to create a live test use case between the Borders General Hospital and Royal Infirmary of Edinburgh. As well as looking at improving service deliver and assessing more efficient delivery of services in a timely manner, the project will also assess the ability for drone delivery to reduce the carbon footprint of the NHS and work towards achieving net zero targets for emissions. NHS Borders works collaboratively with regional and national teams to deliver on this project sharing knowledge and skills with a clinical lead for the region based in NHS Borders as well as dedicated local project management support. A short life working group has been established locally as well as a regional steering group to ensure project monitoring, governance and delivery.

8 Workforce
Implementation of the Workforce Strategy.

No.	Board Action
8.1	*Support all patient-facing Boards to implement the delivery of eRostering across all workforce groups. Resources to be identified locally to support business change and roll out of e-Rostering/safer staffing too including optimal integration between substantive and flexible staff resource.* NHS Borders is focussing on implementing the 5 pillars of workforce strategy Plan, Attract, Train, Employ, Nurture (PATEN) which will support recovery, growth and transformation of services and the workforce. NHS Borders has developed short-term actions over the next 12 months to contribute to post COVID-19 recovery of the Scottish Borders Health and Social Care system and create the conditions for lasting change; some of which are outlined below: **Plan** Three Year Workforce Plans have been published, and include key information and analysis, with the express intention of improving the strategic alignment between workforce, financial and service planning. Workforce Data and Intelligence: Improving the quality of workforce data across health & social care, regular standard reports to operational management, integrated workforce planning groups and committees of governance. Workforce trajectories highlighting projected gaps/identifying solutions successfully developed for Acute Nursing and Midwifery, with plans to extend approach to other staff groups experiencing recruitment/retention challenges. Health & Care (Staffing) (Scotland) Act: Support clinical services to run available Workload Planning Tools to review sustainability and meet duties of Health and Care (Staffing) (Scotland) Act. Real time staffing resources now fully embedded in critical care and mental health, and some acute services areas. 3 nationally mandated tool runs planned over next 6 months within community areas. Workforce Sustainability: Exploring options to ensure sustainability of services at increased risk, including considering different roles, working across Health and Social Care boundaries or closer collaboration with regional/national services. **Attract** Nursing Recruitment: The recruitment of registered general nurses has been our principal concern given the high vacancy rate over the last year, however, successful recruitment interventions, including domestic UK recruitment, overseas recruitment, retire/return and return to practice schemes and initiatives aimed at the Newly Qualified Practitioners (NQP) have significantly improved the position (20% reduction in the vacancy rate) within acute services. Generally, the Mental Health Service and Primary and Community Services nursing vacancy levels are manageable; although there are some challenges for specialist roles across all service areas. Alongside the efforts to increase the registered nursing workforce, have been the appointment of 20 wte health care support workers to newly established permanent roles. New permanent roles have also been developed as an augmentation to the nursing workforce such as Pharmacy Technician and Housekeeper, and this trend will continue.

International Recruitment and Support: In early 2022, NHS Borders started its first coordinated international recruitment campaign, and the overseas recruitment programme has continued with cohorts recruited throughout the year. During 2023/24 NHS Borders plans to recruit 20 new international nurses which will add to the sustainability of the substantive workforce and reduce supplementary agency nursing. Relatively speaking, NHS Borders has recruited more qualified staff from Overseas than almost any other Health Board and of particular note, is the number of International Recruits with PIN Numbers (having already passed Organization for Security and Co-operation in Europe (OSCE) and achieved Nursing and Midwifery Council (NMC) registration) but who have sought out employment with NHS Borders because of referrals from our first recruits from Overseas. The Clinical & Professional Development (Preceptors) and Human Resource (HR), Facilities, and Occupational Health & Safety (OH&S) teams have worked hard to make our new colleagues feel at home in the Scottish Borders; tending to their wider personal needs (e.g., local accommodation) as well as key professional matters. By mid-Autumn 2023, NHS Borders will have recruited 64 Nursing & Midwifery, AHP, Medical & Dental staff via the international route since the start of the international recruitment campaign.

Employability and Career Support for Young People: NHS Borders continues to support employability for all and particularly promoting health and care careers to young people, including a multi-professional co-ordinated approach to work experience/career fairs. Modern Apprenticeships (MAs) are supported in line with the requirements of the Young Person's Guarantee. No-one left behind initiative recently supported 15 students to develop employability skills and participate in work experience across our facilities departments. Project Search supports young people with Autism or Learning Disabilities to gain employability skills and work experience in preparation for employment, with another cohort of interns beginning in September.

Train

Organisational Development (O.D.): To build capacity and opportunities for continued professional development we have increased the capacity within our OD function. This will enable us to continue to build on coaching and facilitation and sharing of best practice and resources. This will be crucial within NHS Borders at a time of significant change across the organisation including our large-scale complex programmes such as Financial Improvement, development and implementation of our Quality Management System (QMS) and our continued commitment to Compassionate leadership.

Compassionate Leadership: NHS Borders recognises the importance of care and compassion in the workplace; and we underline our commitment to being an organisation with compassion at the heart of all that we do. Compassionate Leadership is a practice which means that people listen with fascination to the people they lead, arriving at a shared understanding of the challenges they face, empathise and care for them and take action to help and support them. Learning from research from the renowned Kings Fund, NHS Borders has launched a local compassionate leadership programme with various offerings and learning sets.

Leading to Change: The programme offers a range of leadership development and support for health, social care and social work staff at all levels. It is focused on delivering leadership development, emphasising the values and behaviours of compassionate and empathetic leaders who empower others.

Partnership with Borders College. Working in partnership NHS Borders is able to offer access to Non-Clinical Health Care Support Worker and First Line Manager Training to our staff. The relationship with Borders College has developed and strengthened over the previous 3 years. However, the college has indicated that central funding has been significantly affected and this may influence the offerings that we can access.

Leading for the Future: National programme and the emphasis is on enabling leaders to put theory into practice by applying it to their live leadership challenges in Adaptive Learning Sets. In a major success we have five places this year as we have been able to provide a facilitator for the national group. The programme will give senior leaders the opportunity to participate and bring the learning back to the NHS Borders organisation.

Employ

Workforce Policies: Prioritising local implementation of Once for Scotland Policies through the partnership PACE group.

Addressing Staff Turnover: Turnover of staff is higher in NHS Borders than the Scottish average (as high as 16% for registered nurses), which we believe reflects the demographics of an ageing population in Scottish Borders and the falling numbers of the working age population. In this year NHS Borders will continue to revamp our exit interviewing process (including post pandemic, face to face interviews) and reporting in an effort to learn lessons about the preventable reasons for staff who choose to leave us.

Flexible Working: Promote opportunities to retain existing staff using flexible working, work-life balance and retire and return policies to support sustainability by retaining skills and experience.

Retire and Return. Reaching out to recent retirees in key difficult to recruit to positions, to promote opportunities to work within NHS Borders over peak periods.

Pensions & Retirement Planning: Another activity is forging closer links with Scottish Peoples Pension Agency (SPPA) and the development of staff awareness resources to increase the knowledge and understanding of the NHS Pension Scheme for staff. This includes the promotion of the flexible retirement options that are available which could aid staff retention.

Addressing Barriers to Employment: Review key infrastructure barriers to employing, retaining and mobilising current staff and overseas recruits e.g., housing for key workers and local letting initiatives; transport – exploring opportunities to link train/bus timings from key towns within the Borders and shift patterns.

Nurture

Staff Well Being: A range of projects to support the physical and mental health of NHS Borders staff and the Spaces Project, which sets out to identify and establish fit-for-purpose indoor and outdoor spaces for staff to rest during their breaks.

Staff Engagement: Acting on feedback from staff through iMatter and our own “Collecting Your Voices” initiative – this output influences priorities for staff well-being.

Prioritisation of equality, diversity and inclusion: NHS Borders has successfully set up an Ethnic Minority Forum, chaired by a trade union equality rep from a minority ethnic background. We are taking steps to establish a forum for staff with disabilities and a forum/network for LGBT+

	staff. NHS Borders has 600 staff signed up to the Pride Pledge, around 20% of the entire Health workforce. Training interventions are being commissioned to foster good relations and improve cultural awareness. Armed Forces & Veterans: NHS Borders is developing new relationships with the Armed Forces/Veterans community, and we are the proud holder of the Ministry of Defence's Silver Employer Accreditation. Wellbeing Week: A series of events and interventions will be run for staff in June 2023. These include financial wellbeing, health checks, beekeeping, book clubs, mindfulness training, cooking on a budget and physical activities such as Zumba, yoga and gardening. A "what matters to you?" day takes place on 6th June 2023 focused on staff. The output will be used to influence the development of Organisational Development interventions in forthcoming months. **eRostering National Programme** The implementation of the new National eRostering solution at NHS Borders began with the initiation call with the suppliers RLDatix in March 2023. The eRostering solution on completion will provide a modern user-friendly rostering tool and easily accessible management level data/information that will allow NHS Borders to manage its staffing levels efficiently. By enabling the easier provision of safe levels of staffing, this system and its data will be a key element to improve patient safety and care. NHS Borders is currently appraising options available to optimize the benefits of maintaining the Shared Bank staff with NHS Lothian when the implementation of the system is complete. NHS Borders projects to have rolled out 4 Agenda for Change Clinical Units, 4 Agenda for Change non-Clinical Units and 1 Medical Unit by the end of 2023.

9 Digital

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

THIS SECTION SHOULD BE COMPLETED IN CONJUNCTION WITH YOUR DIGITAL LEAD

No.	Board Action
9.1	***Optimising M365 Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product.*** *Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits. This should include:* *• Outlining what resources and approaches are being used to roll out M365 collaboration across Health and Care Integrated Authorit(y)ies.* *• Describing the approaches being taken to deliver business change and realise the benefits of the M365 product* *• Confirming which current tools are being used, how they are being utilised and plans for future role out of applications including (but not limited to) Sharepoint, automation and retirement of legacy applications* *• Describing how M365 data and licences are being used and controlled locally* *• Outlining the approach being taken and confirmation of compliance with Information Security, Information Governance and Data Protection standards* *• Providing milestones for the deployment of document management classification scheme working practices compliant with GDPR guidance will be fully embedded and operational* *• Outlining how you will develop and improve digital skills of the workforce to realise the full operational benefits of M365* NHS Borders is working closely with the NHS Scotland National Team in relation to the rollout of all Microsoft 365 products. The National team set the high-level direction and the order which tools and components need to be implemented, whilst NHS Borders is working at a local level to implement applications, products, tools, security tools along with localised migration activities. NHS Borders is looking to increase the size of their project team for M365 roll out. The organisation is taking a waterfall approach to the rollout of M365, taking each product on its own merits and then working through a design, test then implement approach. Once the team expands, it is expected that the deployment of M365 will speed up. NHS Borders needs to agree an implementation model, plan, resources and funding to move beyond the current footprint and increase adoption and value. The team will work with the business to understand business needs and objectives, then match them with M365 products. This will drive the order in which M365 will be rolled out at a local level. This approach will also ensure benefits can be realised and cost savings made where possible. This will allow a clearer sense of direction ad detailed planning to begin. MS Teams is widely used in NHS Borders, and it is intended to develop this application in later stages of M365 delivery to ensure we obtain all functionality from the application. Power BI and SharePoint are currently deployed at a small pilot level. It is intended to deploy these tools further into NHS Borders, subject to the team expanding and engagement with a 3rd

	party. NHS Borders intends to look at the implementation of Power Apps where possible to replace existing applications, processes and systems and allow for a reduction in Commercial Off The Shelf (COTS) licence costs. Licences are controlled centrally by the National Team. At a localised level, the M365 and Business As Usual (BAU) support teams are responsible for the Joining, Moving & Leaving (JML) process and the application and removal of licences. A daily report is produced and fed into Power BI showing the real time licence position for NHS Borders. One Drive and all elements of M365 storage are controlled and managed centrally via the national tenancy. Localised guidance and controls / Information Governance are managed by NHS Borders using existing security policies. In relation to information governance, data protection and security. Localised policies are in place to address requirements. All areas of M365 are reviewed by each of the above areas before moving into pilot or live. The National Team / tenancy control some aspects of data protection and remain outside of NHS Borders' control. Where nationally agreed polices or guidance exists, we will adopt these. NHS Borders is developing a milestone plan for the implementation of a document classification and management system, aiming to complete requirements gathering by the end of 2023 and move into a pilot early 2024, before implementing further within NHS Borders by the end of 2024. Benefits realisation will take place once organisational requirements have been gathered and a solution mapped and implemented. It is the intention of NHS Borders to create a benefits realisation plan for all areas of M365 and monitor this plan throughout delivery and beyond to ensure tangible and non-tangible benefits are realised and recognised by the organisation. Workforce digital skills, development and training specific to O365 will be conducted in partnership with the organisation as a whole and the project team. Training needs analysis will take place early in the planning phase for each M365 component. Training will then be delivered by various channels where necessary.
9.2	***National digital programmes*** *Boards to provide high level plans for the adoption/implementation of the national digital programmes*. This should include:* *• Position Statement – including work undertaken to date and areas outstanding* *• Highlighting any issues/challenges with adoption/implementation and what plans are in place to mitigate any issues should they arise • High level milestones in 23/24* *• An outline of the resources identified to support business change for national programmes* *Health Boards to provide an update on new initiatives/developments to embrace the use of local systems to support the DHAC delivery plan and the implementation of an integrated care record. For example, use of Health Share, developments to Trakcare, Care Portal.* *Boards are encouraged to identify areas of best practice or opportunities' that could be shared across NHS Scotland.*

National digital programmes: CHI, Child Health, GP IT, eRostering, LIMS, HEPMA, M365, endoscopy reporting system, Diagnostics (PACs), Near Me, Connect Me, Scottish Vaccination Immunisation Programme (SVIP)

Community Health Index (CHI)

Position: Work is progressing to local plan, however replanning happening at a national level. Rerouting of CHI Extensible Markup Language (XML) is complete for both of NHSB subscriber systems.

SBAR submitted to organisation to request that each area review their business continuity plans and raise any risks or issues with the project manager. Continued progress dependent upon results of national replanning.

Issues: No issues to report.

Project delayed - Awaiting replanning dates from National team.

Milestones:

- Planning & Resourcing is complete but will need revision.
- CHI XML Re-routing Engagement is complete.
- UAT is on hold pending national replanning.
- Training is on hold pending national replanning.
- Cutover is on hold pending national replanning.

Child Health

Position: Project delayed due to the national decoupling of CHI and Child Health Projects. Currently awaiting details of replanning of project from National team. Project Manager attends National New Child Health Management Group, which is currently held by the national team every six weeks. Locally key stakeholders still attend all national meeting relating to Child Health.

Issues: Project effectively on hold pending National Team replan and relaunch of Child Health project.

Milestones: To be confirmed.

eRostering

Position: The implementation of the new National eRostering solution in NHS Borders like across the NHS in Scotland is to provide a modern user-friendly rostering tool and easily accessible management level data/information that will allow each Board to manage its staffing levels. By enabling the easier provision of safe levels of staffing, this system and its data will be a key element to improve patient safety and care. The derivable benefits include:

Health Board benefits:

1. Provide NHS Borders the necessary reporting to support the implementation of Safe Staffing.

2. Assist in the design and forwarding planning of rosters around the number and clinical needs of patients.
3. Help in improving and simplifying absence management and shift swaps.
4. Provide NHS Borders real time visibility of current and future rosters, staffing levels and demand for temporary staff.
5. Use eRostering to deliver workforce efficiencies and reductions in agency spend at NHS Borders.
6. Facilitate eRostering practice which is aligned to national and local rostering policy.
7. Help NHS Borders identify and redeploy appropriately qualified staff to under resources areas at short notice.
8. Drive back-office efficiencies, such as removing duplicate data entry; and reduced time spent arranging bank staff.
9. Introducing efficiency by the seamlessly integration with other business systems, i.e., HR and payroll.

Issues: Supplier 'Allocate' take a generic approach to rolling this out to all boards. NHS Borders has a Shared Bank arrangement with NHS Lothian, and the current roll out put that arrangement at risk. While NHS Borders is seeking to unbundle the contract to design implementation according to our capabilities, we may have to raise a change request to accommodate the modification that will allow us to enjoy the continuous support of NHS Lothian with our Shared Bank arrangement. Asking members to be aware this project may require change in scope and is an evolving situation.

Milestones:

- Begin WORKSTREAM 1 – Initiation which is expected to begin on the 20th of March 2023.
- Begin WORKSTREAM 2 – Readiness which is expected to begin on the 12th of June 2023.
- Begin WORKSTREAM 3 - Deployment (Intro) which is expected to begin on the 7th of August 2023.
- Begin WORKSTREAM 4 - Deployment (Build) which is expected to begin on the 14th of August 2023.
- Begin WORKSTREAM 5 - Deployment (Build & Train) which is expected to begin on the 21st of August 2023.

Laboratory Information Management System (LIMS)

Position: NHS Borders currently implementing CliniSys WinPath Enterprise (WPE) as an interim Tactical solution to avoid any interruption to LIMS Service. WPE will Go Live in October 2023.

Currently expecting to engage with National LIMS Team from Q1 2024 to plan in migration from WPE to Citadel LIMS Solution at the end of 24/25 or possibly Q1/Q2 25/26 dependent upon when National LIMS Programme can fit NHS Borders in.

Issues: Issues are being progressed as they arise in line with the plan. There are currently no significant showstoppers.

Milestones:

- Clinisys interim solution will go live by October 2023.
- Dates to be confirmed for national Citadel solution.

Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Position: A local outline business case was presented to the Board in November 2022. The direction & aspiration to implement HEPMA was supported. However, there is insufficient resources or funding to proceed during 2023/24. An interim proposal to upgrade the current Pharmacy Stock control during 2023/24 to mitigate against end of life and unsupported software risks was accepted and will proceed. The Outline Business Case (OBC) for a full HEPMA implementation will be kept under review and may be able to proceed during 2024/2025 if resources can be made available within local plans.

HEPMA on hold due to funding issues until 2024/2025

Issues: Lack of availability of resources to proceed currently.

Milestones: Interim milestone to upgrade Stock control system with current supplier during 23/24.

M365

Position: MS Teams and End Of Life (EOL) Mail Migration complete.

Some residual EOL mop work required for local Exchange Hybrid environment, which will complete by June 2023.

.Scot email address change being implemented for circa 3,500 staff within NHSB, and this will be completed by end of May 2023. The remaining 900 email addresses have a national conflict and will be remediated and moved over to .Scot by end of June 2023.

Implementation of Intune will be completed by the end of June 2023.

Implementation of MS OneDrive for all users within NHS Borders will be completed by the end of June 2023

Three pilots using SharePoint Communication sites are underway with further SharePoint work dependent upon additional resource being secured to move this part of the project forward.

Document classification work pending. However currently investigating using a third-party company to manage data discover, cleansing and migration to SharePoint.

Issues: No issues to report.

Milestones:

- NHS Scot Mail and OneDrive Sync were both complete in May 2023.

- SharePoint Pilot is due for completion in November 2023.
- SharePoint Phase 1 is due for completion in April 2024.
- Power BI Phase 1 is due for completion in April 2024.
- Power Apps Phase 1 is due for completion in June 2024
- SharePoint Phase 2 is due for completion in June 2024.

Endoscopy Reporting

Position: Awaiting the national business case to develop the local case and take through local governance. In discussion with the current supplier to arrange continuity of support and service during the transition period.

Issues: Final costs, timescales etc not yet fully known and may present challenges with funding or competing priorities this year.

Milestones: To be determined during business case and further planning work.

PACS

Position: Awaiting the outcome of the national procurement to develop a local business case and plan. Digital and radiology colleagues will work with the national team in line with timescales to determine the best approach, timing etc to transition to the preferred bidder once known.

Issues: No issues to report.

Milestones: To be agreed as plans develop.

Near Me

Position: Near Me was fully deployed to all required Services and Teams since January 2022.

Issues: BAU handover is proving challenging to ensure capacity and skills to support.

Milestones: Rollout completed by January 2022.

Connect Me

Position: NHS Borders is currently working on two Connect Me project, Florence Replacement (Blood Pressure Pathway), and Irritable Bowel Syndrome (IBS) pathways, with discussions ongoing with Connect Me Team regarding adoption of Prostate Cancer Pathway,

Florence Replacement (Blood Pressure Pathway)

Position: Project now complete and user management has been handed over to Information Management & Technology (IM&T) Service desk.

IBS Pathway

Position: Pathway available in sandpit, but project on hold locally due to service resource pressures.

	Issues: No issues to report. Milestones: All milestones are now complete for the Florence Replacement and milestones will be agreed for the IBS pathway once local resource has been identified to deliver the project. **Scottish Vaccination Immunisation Programme (SVIP)** Position: Covid, flu, Shingles and Pneumococcal vaccinations are currently recorded on TURAS Vaccination Management Tool (VMT) with other vaccinations e.g. Pertussis being added in due course. Issues: Local data recording for selective, travel, baby and preschool immunisations and vaccinations via Emis Web requires ongoing support to maintain templates and accurate reporting. Ad hoc local Business intelligence support is also required to ensure that National and local systems and data stores align to be able to retrieve cohort files required for vaccination programmes. *An outline of the resources identified to support business change for national programmes* *Health Boards to provide an update on new initiatives/developments to embrace the use of local systems to support the DHAC delivery plan and the implementation of an integrated care record. For example, use of Health Share, developments to Trakcare, Care Portal.* Resources: Support for services to adopt national programmes is planned as part of the implementation activity and will vary depending on the needs of the programme. Capacity within Digital teams and services to adopt can be a constraining factor and will be identified during planning and flagged where we are finding it difficult to meet timescales or objectives. Local initiatives: NHS Borders has an outline business case and architecture describing our aspirations for improved integration of services and an integrated record across our IJB. The general direction has been supported within both organisations. NHS Borders is currently reviewing where national products could plug gaps in the architecture and how we might leverage these products. The organisation is exploring Healthshare and is keen to pursue a case for this having had recent demonstrations to a wide audience across the partnership and receiving overwhelming support for the functionality this offers us. Ideally this would offer greater integration in time to support services over the next winter period.
9.3	*Boards to complete the **Organisational Digital Maturity Exercise** to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authorit(y)ies* NHS Borders is participating in the national Digital Maturity Assessment and will complete a submission in line with the timescales.

9.4	***Leadership in digital*** *Boards should outline:* *• Executive support and commitment to how you are optimising use of digital & data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce • How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation* Digital reports through the Director of Planning & Performance as part of the executive team. The Head of IM&T leads the Digital operational service and the development of strategic & programme planning & delivery. The Digital planning process is being embedded into organisation wide planning to align with the ADP and longer-term plans and is considered alongside these with appropriate prioritisation through a process agreed with executives and senior leaders. A new Digital Target Operating model and workforce plan was supported by the Executive Team and the Board in summer 2022 and the first two phases have been funded within the financial plan. Further phases will be presented during 2023 to increase capacity within digital to deliver against our plans and ambitions. The Boards financial plan recognises the need for additional investment in Digital over this year and in coming years to support Digital as an enabler for transformation. However, it will be a significant challenge to afford our aspirations alongside other financial pressures. There is for example extremely limited capital & revenue funding available to sustain and maintain the current Digital footprint in good order, create sufficient capacity & skills in the workforce and invest in more transformational technologies. In partnership with SBC, an OBC for Digital Health & Social care was developed outlining our ambitions and the transformational impact on care. The general direction was supported by both executive teams and further work is underway to explore phasing and affordability of the key components. The executive team are clear that Digital is a critical enabler to transform healthcare delivery and will support transformation of services and financial balance and are committed to making the most of the current capabilities as well as considering newer functionality. Digital skills within the workforce are patchy and tailored to job roles, with specific training provided in key applications required for the job role. There is limited capacity within digital teams and so training is related to specific projects deploying new applications and upgrades. This is provided by eLearning, online sessions through trainers and facilitators. Within Digital teams there are skills gaps which have been hard to fill both due to the nature of small teams and pressure on workload. NHS Borders relies heavily on contract resource to plug these gaps and is working on plans to reduce that need by re-evaluating job descriptions to attract the right skills and training our own staff although it is likely that we will always need to buy in some less frequently used skills. We have no candidates participating in the Masters programme.

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9.5	***Scottish Health Competent Authority /Network & Information Systems Regulations (NI)s Regulation Audits*** *Boards to demonstrate progress against the level of compliance with the Refreshed Public Sector Cyber Resilience Framework via the independent audit process. Health boards must follow the 2023 audit programme guidance and adopt the new evidence template. Health Boards should outline processes in place for engaging with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.* NHS Borders' compliance with Network & Information Systems (NIS) has increased from 38% to 66% over the 3-year NIS audit cycle which ended in 2022, with its Cyber risk profile falling from 46% to 12%. The 2022 audit demonstrated that NHS Borders had made significant improvement in all 17 of the NIS categories and had met 2 of the 3 statutory NIS Key Performance Indicator (KPI)'s ahead of the 2023 year-end deadline. The findings from the audit have been assessed and a project plan and action plan are being developed to consider the 2023 audit programme guidance and adopt the new evidence template. Under the new programme, NHS Borders will have an onsite visit in July 2023, with formal audit meetings taking place in March 2024. NHS Borders is fully engaged with the Cyber Centre of Excellence (CCoE) and is therefore able to keep abreast of cyber threat intelligence and adopt standards for best practice. In addition to this, NHS Borders can access training and awareness materials and receive support with managing any incidents. Key Cyber stakeholders within NHS Borders are also members of the Security OPs forum, ensuring that alerts posted are assessed and actioned locally. Cyber security alerts received from the Security Operations Centre (SOC) (or other sources) are responded to via the IM&T Major Incident Lite (MI-Lite) process. The MI-Lite process ensures appropriate key staff members are involved in incident response. The process includes roles and responsibilities, minutes of decisions, audited actions, communications, recommendations and lessons learned. The MI-Lite process does not preclude out of hours immediate actions being taken by on-call Senior Managers when circumstances dictate that is vital to protect the organisation.

10 Climate
Climate Emergency & Environment

No.	Board Action
10.1	*Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).* **Fleet Decarbonisation** NHS Borders fleet currently comprises the following: (see table below) NHS Borders continues to work with National Procurement colleagues to access the Electronic Vehicle (EV) programme and evaluate where possible to migrate existing fleet to EV. The organisation currently has 63 charging stations across our estate, including a small number of stations accessible to staff & public (due to go live in June). NHS Borders is on course to fully migrate our NHS owned fleet cars/light commercial vehicles by 2025 and continue to work with our leasing partners to ensure that all relevant vehicles are compliant with policy requirements over same timeline. The organisation expects to meet timescales for heavy vehicles in line with 2032 deadline. Actual delivery timescales in 2023/24 are dependent upon confirmation of national programme (and funding).
10.2	*Set out plan to achieve waste targets set out in DL (2021) 38.* **Healthcare Waste** NHS Borders has reduced the amount of healthcare waste as recorded via the RIO Environmental Management System (EMS). A programme of waste management awareness is being rolled out across inpatient wards and other clinical areas. Target clinical waste reduction for 2023/24 against previous year is set at minimum 10% and stretch target at 15%. **Domestic Waste** NHS Borders already meets the requirement that no greater than 5% of domestic waste is directed to landfill (currently 2%). The organisation is awaiting the national framework for domestic and recyclable waste before assessing options for how we will commission our domestic waste disposal moving forward. **Food Waste** NHS Borders does not presently have any data on food waste. The organisation is assessing options for how this can be measured and managed, including potential for on site composting.

	Renewable powered vehicles	Fossil fuel vehicles	Total vehicles	**Percentage renewable powered vehicles**
Cars	9	18	18	50%
Light Commercial Vehicles	6	30	36	17%
Heavy vehicles	0	2	2	0%

10.3	*Set out plan to reduce medical gas emissions –N20, Entonox and volatile gases –through implementation of national guidance.* **Medical Gas Emissions** NHS Borders has already removed Desflurane use and by 10 May 2023 the piped Nitrous Oxide Manifold will be decommissioned. The medical gasses committee and Green Theatre programmes will review additional methods to reduce our medical gas emissions in line with national guidance.
10.4	*Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.* **Green Theatres** NHS Borders has created a Green Theatres group that works within the guidance from the National Green Theatres group. In addition, our Green Theatre team are reviewing how they could improve waste segregation. The Green Theatre programme will be implemented in line with national guidance.
10.5	*Setout approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.* NHS Borders has undertaken two separate pre-capital grants under the Scottish public sector Energy Efficiency Grant Scheme over the past two years - taken together these provide a comprehensive assessment of potential actions available across our estate, including both Acute sector and community buildings. The organisation is presently developing a business case for capital investment which is further informed by our recent net carbon reduction strategy report undertaken in conjunction with Health Facilities Scotland. This capital investment proposal is intended to be submitted to Scottish Government at the June 2023 checkpoint for energy efficiency grants and will outline our proposed strategy across the next 18-24 months. This will include introduction of smart metering across our estate, together with initial actions in relation to lighting, window and cavity insulation, as well as targeted measures with high impact, low complexity for implementation in a first phase of improvements. NHS Borders anticipates that longer term actions including consideration of heat pump technology and development of an energy centre will be evaluated prior to a further bid to be made by 2025/26.
10.6	*Set out approach to implementthe Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.* **Scottish Quality Respiratory Prescribing** NHS Borders continues to engage with Scottish Respiratory Pharmacy group (SRP-SIG) to explore how to best implement changes to inhaler technology which will deliver the greatest

	reduction to greenhouse gas emissions whilst remaining clinically effective. The organisation will work with national Quality Improvement on their improvement actions when they are received.
10.7	*Outline plans to implement an approved Environmental Management System.* **Environmental Management System** NHS Borders is working with NHS Assure to consider the effective implementation and management of an EMS. The initial work will be completed in early 2024.

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Section B: Finance and Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

NHS Borders' Medium-Term Financial Plan was submitted to Scottish Government on 19 March 2023 and was accompanied by a draft Financial Recovery Plan (FRP) which outlines the actions in place and under development to address the financial challenges faced by the Board.

The Medium-Term Financial Framework requires that Health Boards achieve financial balance over a three-year term, with flexibility of 1% available in any given year. The financial plan remains unbalanced and as such does not meet the requirements of this framework.

Following submission of the plan Scottish Government have written to NHS Borders and confirmed that the Health Board will receive tailored support to review and develop its FRP during the first six months of the new financial year. This support will include evaluation of the drivers for the Board's recurring deficit, together with assessment of its current financial management arrangements and governance.

Given this position it is expected that the FRP will continue to be developed and that the Board's financial plan will remain a live document informed by future iterations of the FRP.

Table 1 provides a summary of the medium-term financial plan.

Table 1 – Financial Plan (revenue) 2023/24 – 2025/26

	2023-24			2024-25			2025-26		
	R £m	NR £m	Total £m	R £m	NR £m	Total £m	R £m	NR £m	Total £m
Financial Gap before Savings	(30.4)	(2.2)	(32.5)	(28.7)	(3.2)	(31.9)	(25.3)	(6.4)	(31.7)
Savings Target	5.0	2.5	7.5	7.5	2.5	10.0	7.5	2.5	10.0
Non-Recurrent Measures	0.0	2.5	2.5	0.0	0.0	0.0	0.0	0.0	0.0
Total Savings & Non-Recurrent Measures	**5.0**	**5.0**	**10.0**	**7.5**	**2.5**	**10.0**	**7.5**	**2.5**	**10.0**
Forecast Variance against Core RRL	**(25.4)**	**2.8**	**(22.5)**	**(21.2)**	**(0.7)**	**(21.9)**	**(17.8)**	**(3.9)**	**(21.7)**

The plan describes a projected outturn of £22.5m at March 2024 which remains broadly stable over the medium term, with a final outturn position at March 2026 of £21.7m. The position described reflects a worsening in year performance against 2022/23 (projected £12.2m gap at quarter three review).

The main drivers of this increase are in relation to increased cost pressures including energy costs, medicines growth and other non-pay inflation, as well as reduced levels of non-recurrent flexibility and additional COVID support which has offset pressures in 2022/23. Underlying this position is a £24m brought forward deficit in relation to historic pressures. The increase against in year performance in 2022/23 signifies the level of non-recurrent measures available in that year to mitigate this position, and the reducing level of these measures moving forward.

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A number of cost pressures previously assumed to be non-recurrent are now expected to have an on-going impact on the Board's financial performance. This includes additional medical workforce required to provide safe minimum staffing levels within hospital settings out of hours, as well as continuation of additional bed capacity and other measures intended to manage the impact of delays to hospital discharge.

At this stage the Board does not have savings plans identified to deliver the full level of savings outlined in the plan (£20m over three years). Beyond this level the Board would need to identify a further £17.8m in order to achieve a breakeven position at March 2026. Plans in 2023/24 remain high level and in order to deliver the level of savings described in the existing plan, this will require a doubling of the improvement delivered in 2023/24.

Our draft Financial Recovery Plan outlines the approach we will take in order to identify and implement actions to improve its financial sustainability. Initial focus will be on securing savings in the immediate short term in order to deliver the 2023/24 financial plan; thereafter focus will be directed at achieving the £20m recurring savings described in the plan.

The approach to delivery of savings will include enhanced grip & control activities, as well as a blend of local efficiency schemes and broader work streams directed at whole system savings.

The outcomes of a recent benchmarking review will support increased focus on productivity gain; continuing to implement the quality management system will help ensure that clinical services are as efficient & effective as possible.

Longer term work streams will begin to explore the role which a shift towards prevention might play in managing demand for services, and – working in partnership with the IJB – the review of services and clinical pathways will evaluate alternative models of care and consider the future role of our Acute and community hospitals.

As this work progresses it will be necessary to consider how services can be reconfigured within affordable budgets and to engage with patients, staff and the wider community on the choices which may be necessary to achieve this outcome.

Actions to address this situation are described in further detail within the FRP.

Capital Planning

NHS Borders has agreed its capital plan for the next 12-18 months. This covers a series of schemes associated with:

- Medical equipment, including key life cycle replacement.
- A back-log maintenance programme focussing on fire, water and ventilation safety.
- A series of development projects are planned, mainly focussing on Primary Care Premises improvement.
- Governance and processes, looking at the way we work.
- An overall estates and property strategy, firstly focussing on a baseline survey review of our current estate.

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Mental Health Target Shares

The strategic development of mental health services is delegated to Scottish Borders Integrated Joint Board and any future changes to the level of resources invested in this area will be considered through the IJBs strategic commissioning framework. Investments will be considered in the context of local prioritisation and needs, as well as the significant financial challenges faced by the Health Board and the likely constraints this would place on our budgets.

NHS Borders is currently reported at 7% share of its overall resources against a 10% target share. The organisation considers national reporting of cost shares by Board to be inaccurate because this is reflective of Board of Treatment rather than Board of Residence. NHS Borders spends a significant proportion of its overall resources in commissioning healthcare from NHS and private providers, both for mental health and other services. Further to this, current measurement is against spend rather than total available resources; given the Health Board's current operating deficit this may skew expected spend since target share would normally be expected to be only against the recurrent funded baseline. The organisation is currently reviewing the level of out of area and baseline provision so that we can provide a more accurate measure of total resources directed towards mental health for our population.

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Section C: Workforce

Please include an update on the implementation of Board workforce plans.

The focal point of the workforce strategy in this past year has been the approval of the 3-year workforce plans in October 2022.

The first Integrated Scottish Borders Health and Social Care Partnership (HSCP) Workforce Plan 2022-25 was co-produced by representatives from NHS Borders, Scottish Borders Council, Primary Care, the Independent and Third Sectors. This plan has been designed to carefully consider the workforce interdependencies across the whole system and enable and empower the HSCP to plan the workforce to ensure sustainable community-based services. Actions are being progressed through the newly formed Integrated Workforce Plan Implementation Board, which is chaired by the Scottish Borders HSCP Chief Finance Officer. Membership of the Implementation Board is representative of all 5 sectors delivering adult health and social care services in the Scottish Borders.

The associated action plan is overseen by the Implementation Board and is based on the "5 Pillars, PATEN" approach Plan, Attract, Train, Employ, Nurture. In line with the agreed Governance and Performance framework the Implementation Board will take monthly reports from individual workstream leads. The Implementation Board will prepare and present regular reports to the SBHSCP Joint Executive Team, the SBHSCP Strategic Planning Group and the Scottish Borders Integration Joint Board. Papers are also taken to the Joint Staff Forum to ensure engagement and consultation with workforce representatives.

For NHS services out with the HSCP; a 3 year NHS Borders Workforce Plan 2022-25 has also been published as a companion document and this reflects the close synergies between NHS Borders and the HSCP. The board has identified/continues to identify how it will respond to recovery plans post Pandemic, highlighting existing and predicted future workforce challenges, and actions to support service sustainability and transformation over the next 3 years. Progress against which is reported monthly to the NHS Borders Workforce Planning Group, Area Partnership Forum and Staff Governance Committee.

NHS Borders has noted the letter dated 5th May 2023 regarding developing an integrated process where NHS Boards will use the ADP to update the Scottish Government on their workforce plans, and work with HSCPs to provide comprehensive updates on workforce planning.

The short notice of this change of process, coupled with the governance structures and joint approval process required to sign off progress against the HSCP Integrated Workforce Plan 2022-25 make the ADP deadline unachievable. A detailed update will therefore be provided in line with the original timescale (October) at the end of Quarter 2 of the ADP cycle.

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A high-level summary of progress against short term actions identified in the NHS Borders Workforce Plan 2022-25 is embedded below, and a more detailed update will be provided alongside the HSCP Integrated Workforce Plan 2022-25 update in October.

Key new/emerging workforce challenges within NHS Borders include the unintended consequence of our recent healthcare support worker recruitment event where 50% (8) successful applicants were recruited from the social care workforce within the Borders, and challenges around recruiting to specialist posts including consultant psychiatrists and specialist nurses. Financial control measures have been introduced since the publication of the plans, and consideration of the workforce impact of vacancy control, assessing the value of out of hours cover and regionalisation of services to ensure sustainability are being considered.

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Short Term Actions – Up to 12 Months – (April 2023 update)

Plan	Attract	Train	Employ	Nurture
Develop 3 year Workforce Trajectories highlighting projected gaps and identifying solutions across clinical services experiencing recruitment and retention challenges. (Similar to Acute Nursing intelligence in Section 4) Nursing trajectories updated – improved position shown for Nursing with success of International Recruitment and Newly qualified nurses. Work begun to develop trajectories within Acute Medical Services as part of risk assessment exercise. Support Clinical Services to run available Workload Planning Tools to review sustainability of services and meet duties of the Health & Care (Staffing) (Scotland) Act	Work with Health and Social Care colleagues to develop a joint recruitment event to attract new applicants into Health and Social Care professions. Will be progressed as part of the Attract workstream within HSCP workforce plan. Continue to progress international recruitment to attract Nurses and AHP's to the Borders, addressing the current national shortage, and opening a new supply line to NHS Borders. 40 IR Nurses recruited to date 25 in employment, 15 formally accepted offers and arriving over next 6 months. 5 AHP's started – 4 Radiographers, 1 Physio Promote wider employment opportunities across Health and	Continue to work with Borders College, and NHS Education for Scotland to maximise opportunities to develop staff/advanced roles e.g., Band 3/4 HCSW, opportunities. CPD Continuing to support 8 Band 2's to completed Level 7/8 programme to enable progression to Assistant Practitioner. Support increased numbers of HCSW entering registered nursing training by working jointly with Napier University to explore the development of a programme, where following a year studying at Borders College, HCSW can go into second year of training by October 2024. Discussions ongoing re entry requirements - Open day also planned for undergrad Nursing	Promote opportunities to retain staff using flexible working, retire and return policy etc to support sustainability by retaining valuable skills and experience. 37 former staff in various roles and occupations have participated in the retire and return scheme over the past year. Reach out to recent retirees in key difficult to recruit to positions, to promote opportunities to work within NHS Borders over peak periods (e.g., winter planning, Covid waves etc) recognising that this may be more attractive amid the cost-of-living crisis. N/A in quarter 1	Promote the new staff wellbeing plan to implement interventions aimed at supporting our workforce to work through the remainder of the emergency response and learning to live with covid, focussing on building resilience to face future adversity/challenge. Monthly newsletter established focussing on wellbeing to publicise available support for staff. Partnership working groups to devise local approaches on Menopause, Miscarriage and Gender Based Violence while awaiting a Once for Scotland approach. Continue to deliver Stress and resilience training, Working Health Matters and Managing Mental Health for Managers

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Real time staffing resources now fully embedded in critical care and mental health. Maternity & adult Inpatient tools currently being worked on. 3 nationally mandated tool runs planned over next 6 months within community areas. Explore options to ensure sustainability of services at increased risk, including considering different roles, working across Health and Social Care boundaries or closer collaboration with regional/national services. Key priority to consider flexibility/portability of staff identified within HSCP Implementation plan. Also links to Medical Risk Assessment exercise to establish areas to focus workforce planning activity on. Explore regional solutions for Medical areas identified as high risk, including dermatology, paediatrics and ED to ensure future sustainability. Results from acute Medical Risk assessment exercise will inform	Social Care to family members of International Recruits where they have relevant skills/experience. 5 spouses working for NHS Borders within ED, catering, and Radiography & Pharmacy banks. Arrangements with SBC to consider spouses for relevant roles. Continue to promote and provide employability programmes such as Apprentices, Project Search, Princes Trust, Job Creation Fund to maximise our recruitment pipeline within the local community Existing programmes continue to be supported and a new programme, Train for facilities running Spring 2023 for 14 students. Borders College provide employability skills with NHS Borders providing work placements across General Services, Laundry and Catering, students will then have opportunity to apply for bank positions.	to take place in the Borders Spring/Summer 2023 to promote opportunities. Liaise with Borders College and Scottish Borders Council, to support the development of generic courses to prepare potential applicants for entry level positions across health and social care. Action to be considered within IWP Implementation Plan under Train workstream Develop entry level Housekeeper roles to undertake tasks that don't require to be undertaken by HCSW (e.g., non care activities) to free up clinical time. Housekeeper role is currently being piloted in Ward 5 & MAU Activities co-ordinator is being piloted in Ward 14 Explore opportunities to work with Borders College to upskill staff for theatre based on the success of the theatre academy in NHS Lanarkshire	Review key infrastructure barriers to employing, retaining and mobilising current staff and overseas recruitment e.g. Housing for key workers and local letting initiatives. 1 year Pilot has been set up to supply 5 properties for NHS and 5 properties for SBC at McQueen Gardens in Galashiels. This is an arrangement with Eildon Housing to provide short term housing for Key Workers. Transport – linking train/bus times to key towns within the Borders. Work ongoing with SBC to consider how bus times can better link with shift patterns to support staff	courses to support our staff wellbeing. Training, including bespoke courses continues to be provided. Support the staff wellbeing group to deliver new initiatives such as complimentary therapies project and a new active travel project in the coming year. A Staff Wellbeing Week in June 2023. This will include information on a range of topics such as heart health, exercise, wellbeing, finances and healthy lifestyle options. Enable staff to implement action plans developed as part of the imatter survey to influence team wellbeing at work Local Partnership Forums asked to consider and support Action Planning in their own areas. Recognise that members of our workforce may be unpaid carers and provide support in line with the Carers Act and our partner organisations' flexible working conditions.

areas that would benefit from regional collaboration. Continue to develop workforce systems to provide high-quality, user-friendly Workforce intelligence to support decision making Initial work to establish dashboards progressing as part of the service redesign work. Monitor progress against commitments with Workforce Implications set out in NHS Recovery Plan	Expand work with Developing the Young Workforce, attend local school careers fairs, provide work experience, including virtual work experience to S4 pupils to promote opportunities and attract the younger workforce. Virtual Work experience week successfully delivered in December 2022 – evaluated well, and plans to roll out nationally September 2023. Pilot generic work experience opportunity for 12 S3 pupils w/b 24th April 23 with 8 different professions included, showcasing the variety of careers available. Review attractiveness of roles as they become vacant e.g., upcoming laboratory department manager role, to ensure a future sustainable service	Theatre staff undertaking modules with NES currently – links with Borders College to be considered further. Continue to promote and grow new roles such as the point of care testing co-ordinator role within laboratories to sustain point of care testing across NHS Borders.		Support for Carers will be considered as part of the HSCP Implementation Plan

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Section D: Value Based Health and Care

Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local RM Plans.

Medical Director, Dr Lynn McCallum, is our Executive Sponsor; Director of Medical Education and Consultant Physician, Dr Olive Herlihy is our clinical Realistic Medicine lead and Caroline Westmoreland is our Senior Project manager for this workstream.

We have established a bi-monthly steering group for value based health and care, which sits under our Quality and Sustainability Board (QBS). Our local RM Action Plan will be supported and monitored via our steering group. Monthly programme reports go to QSB and an opportunity to escalate in this forum.

Within NHS Borders, there have been primary & secondary interface meetings held to raise awareness and to discuss challenges and opportunities.

Within secondary care this has driven the Kaizen approach (undertaken in MAU and downstream medical ward) which has had a positive effect on patient flow- engaging colleagues to apply principles of shared decision making, reducing harm and waste and managing risk better. We plan to move onto discharge planning for our next Kaizen (end of April/beginning of May) and all processes will be reviewed on completion of this work. Keeping the momentum (energy/enthusiasm) of Kaizen going is something we are aware of.

An assessment in MAU has been carried out using the 'collaboRATE' tool to evaluate feedback from patients, including whether or not shared decision making had taken place. This was difficult to administer with busy staff and response was low however the response we received was positive (shared decision making had taken place, i.e. a patient centred approach demonstrated). NHS Borders is aware that more work needs to be done to evaluate the impact of shared decision making from a patient outcome perspective. This will feed into our longer-terms plans (see action plan 2023/24).

The organisation needs to further raise awareness out with acute- i.e. sharing of good practice and education on Realistic Medicine (RM) and Value Based Health and Care. A planned approach to communications is detailed in our 2023/4 action plan. As part of this approach, we will identify RM champions within medical areas to promote the practice of RM and embedding value-based health and care.

A clinical lead has been employed to focus on Treatment Escalation Plans (TEP) within NHS Borders within initial focus in acute and community hospitals. Work is also underway to looked at a once for Borders approach to anticipatory care planning with collaborative work with a GP cluster and local care homes. RESPECT would be the preferred method if national pilot work has been able to address the digital solution for this to interface with GP and acute IT systems.

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A Polypharmacy plan is in development with the primary focus on improvement to patient care through the systematic identification of patients most at risk from inappropriate polypharmacy.

Medical guidelines have been updated and moved to the Right Decision Service platform. The next step is to expand this to patient information. Simultaneously, primary and secondary care services are working to embed referral pathways onto the RDS platform. This will support Active Clinical Referral Triage (ACRT) process in secondary care. Consistency of pathways will reduce harm and waste and enable conversations to promote patient centred care.

Patient Initiated Review (PIR) options have been embedded in TRAK and are available to all services. ACRT/opt-in pathways such as the management of Globus and hernias are also available in TRAK. Further work is to be done in other services in respect to their opt-in pathways.

NHS Borders has utilised the Atlas of variation to help drive service improvement (such as within our cataract pathways). Sections of the Atlas have been updated, including surgical procedures, day surgery and colorectal cancer**.** The organisation has met with our clinical colleagues to determine whether variation (hip/knee replacement and cholecystectomy) is warranted or unwarranted.

NHS Borders is also undertaking a number of service reviews and recognises the importance of embedding value based health and care as a part of this review process. This is a work in progress around practicalities of assessing how these principles translate within service delivery models. NHS Borders will be looking initially at including value-based principles within the women and children's service review, learn from this process and embedding as standard within any new service reviews taking place.

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Section E: Integration

Please demonstrate how the ADP has been developed with partner Integration Authorities.

The Scottish Borders Health and Social Care Strategic Framework for 2023-26 was co-produced across the IJB, NHS Borders and Scottish Borders Council. The Framework sets out how the Health and Social Care Partnership will transform, commission and provide health and social care services over the next three years to improve and support the health and wellbeing of the people of the Scottish Borders. The Framework has been adopted by these three bodies and the Community Planning Partnership. As such it sets the strategic priorities within which the NHS Borders priorities sit.

The scale of the challenges faced in planning and delivering health and social care services to meet need are unprecedented; NHS Borders has significant workforce and financial challenges which make it challenging to meet the increasing levels of need from our communities.

To support delivery against the Health and Social Care Strategic Framework, the Health and Social Care Partnership is developing an Annual Delivery Plan. Again, this has been co-produced between the IJB, NHS Borders and Scottish Borders Council, and is consistent with the health actions in the NHS Borders ADP for all delegated and set aside health and social care services. The IJB Strategic Planning Group and the IJB have been consulted on the IJB Annual Delivery Plan.

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Section F: Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

Quality Management System

NHS Borders is working towards implementing a Quality Management System (QMS) which will provide the organisation with a framework for how we run the organisation. It supports us to be safe, effective, person centred, timely, efficient and sustainable in fulfilling our purpose of improving the health of our population and delivering health care services that meet the needs of the Borders community.

Our ambition is to be an organisation that:

- has a vision and clear purpose
- sustains and develops its workforce
- is clinically focused, empowering and enabling staff to improve and innovate
- puts patients at the centre
- has robust business processes
- is responsible and accountable

There are 4 pillars of our QMS:

1. Business Processes
2. Staff Engagement
3. Public Involvement
4. Leadership

Integrated Workforce Plan

Our integrated workforce plan is published but will continue to be updated by the Integrated Workforce Planning Group to help us to rise to the workforce challenge. The Integrated Workforce Plan is available by following this link to the Strategic Plans section of our website.

Communications and Engagement Plan

The Health and Social Care Partnership is committed to timely and effective communication and engagement with our communities. Listening to the experiences of people who use services is vital, and we have heard how important this is to the public through the views expressed in the 'We Have Listened' Report. Communications and engagement plans will be developed to support projects and programmes of work that take place to ensure that people are involved and informed with the work of the Partnership.

Service / Programme Plans

In addition, there will be a number of Service / Programme Plans in key areas which will align and complement to the strategic objectives and ways of working in our Strategic Framework, along with other national strategies and local policies. These plans will help us to deliver the outcomes intended in our Strategic Framework.

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Whole System Capacity Review

A key priority in the coming months is to revert back to our original bed-based model and to reduce the reliance on surge capacity. Looking ahead at the future of NHS Borders includes undertaking bed modelling work to define the future bed model and capacity requirement for inpatient care for the population of the Borders. This includes social care beds, recognising the direct relationship between NHS and Social Care. Some of the outcomes that we hope to achieve from this work include minimising the requirement for inpatient facilities, alongside a robust plan for facilities that are modern, fit for purpose and flexible.

This work will be undertaken by focused work across length of stay (of both delayed and non-delayed patients), benchmarking of National standards across Older Adults medicine and medical assessment areas and continued collaborative working across organisational boundaries in health and social care systems to reduce occupied bed days.

Locality Plans

To be successful and achieve our aims our plans need to be continually informed by engagement with people who use our services and their families and carers. NHS Borders will continue to shift our focus towards developing a 'Community Led Support' approach, to increase co-production around a shared vision, build community capacity, engage with service users and carers in an open way, undertake an asset and strengths-based approach, and support the delivery of more efficient ways of working, with improved outcomes.

Dementia Strategy

A local Outline Dementia Strategy is currently being developed which will complement our new Health and Social Care Strategic Framework with its focus on early intervention and prevention, improving access to services, supporting unpaid carers and improving our effectiveness for people with dementia and their carers. The Outline Dementia Strategy underlines our commitment to our ways of working and 'Community Led Support' principles of co-production, focusing on people, their strengths and human rights, treating people with dignity and respect, care and compassion, and providing seamless support.

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Appendices:

- **Appendix 1 – CAMHS Trajectory**

CAMHS Trajectory Template - NHS Borc

- **Appendix 2 – Psychological Therapy Trajectory**

PT Trajectory Template - NHS Borc

- **Appendix 3 - Planned Care Trajectory**

Planned Care Planning Template 23

Waiting Times Funding 23-24.xlsx

Actual vs Planned 2023-24 Trajectories

Annual Delivery Plan Template

Template: ADP 2 (V2)

June 2023

NHS Board: NHS Borders

Recovery Driver *Please select from the drop down list :*	SG ADP Action Reference *Please select from the drop down list:*	NHS Board Deliverable Reference *Please create your own reference code for this deliverable*	Deliverable Summary *Please include a brief summary of the deliverable, briefly outlining the intended action and what this will achieve in 23/24.*	Q1 Milestones *Please outline what you intend to have achieved by Q1*	Q2 Milestones *Please outline what you intend to have achieved by Q2*	Q3 Milestones *Please outline what you intend to have achieved by Q3*	Q4 Milestones *Please outline what you intend to have achieved by Q4*	Risks and Issues - Category *Please indicate the types of risk(s) and/or issue(s) impacting on delivery of milestones. Please choose all that are relevant from the list .*	Risks and Issues - Description *Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones.*	Controls *Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occurring.*
1. Primary and Community Care	1.1	PCS01	Sustainability & Value - to plan and deliver sustainable P&CS services to meet demand within the current financial envelope.	Development of the Annual Delivery Plan including key priorities and milestones	Currently being assessed.	Currently being assessed.	Currently being assessed.	Workforce Finance	Capacity to deliver	Continual monitoring is milestones and deliverables through Quality & Sustainability Board
1. Primary and Community Care	1.1	PCS02	Recruitment & Retention - this programme seeks to improve recruitment, development and retention of appropriately qualified, skilled and experienced employees to meet the clinical and non-clinical requirements of P&CS and wider NHS Borders.	Development of the Annual Delivery Plan including key priorities and milestones	Currently being assessed.	Currently being assessed.	Currently being assessed.	Workforce Finance	Capacity to deliver	Continual monitoring is milestones and deliverables through Quality & Sustainability Board
1. Primary and Community Care	1.3	PCS03	Service Reviews - to identify, plan and deliver savings within P&CS budget to address the NHSB financial deficit over the short, medium and long term, without compromise to the quality of service delivery.	Development of the Annual Delivery Plan including key priorities and milestones	Commence the review process for community hospital modals of care. Complete LES review Workforce toolkit will commence for Community Nursing Continue working through AHP service reviews	Complete 3 AHP service reviews	Review outcomes and plan for implementation of the Community Nursing review Commence Care Home Support Services review Commence P&CS admin services review for delivery in 2024/25	Workforce	Capacity to deliver	Continual monitoring is milestones and deliverables through Quality & Sustainability Board
1. Primary and Community Care	1.6	PCS04	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients. Response should include quarterly trajectories for at least 2023/24	For all PDS patients - ensuring that risk based recalls are introduced and determined specifically for each patient and tailored to meet his or her needs, on the basis of an assessment of disease levels and of/or from dental disease. A personalised risk –based recall would therefore allow for healthy patients to be less frequently, realising valuable clinical capacity to provide further routine and unscheduled care. Aim to reduce outstanding recalls by 10%.	Reduction of clinical downtime/unused appointments to improve clinical efficiency though appointment of a dedicated appointments officer (from within current establishment of staff). Aim to increase number of available appointment slots by 10%. Work with Acute Services to develop action plan for increased access to theatres and beds to reduce GA waiting list.	Proactive recruitment of PDS dental staff including both a full time Senior Dental Officer and Hygienist Therapist to provide a total additional 19 clinical sessions. Aim to increase number of available appointment slots by 20%. Aim to reduce paediatric GA waiting list by 25%.	Clinical staff education in re-orientation towards a less invasive and more preventative approach, prioritising care for high need groups and ceasing ineffective/unnecessary treatments that do not improve health outcomes. Aim to reduce IV sedation waiting list by 25%.	Adverse publicity/reputation, Patient Safety/Clinical Risk/Clinical Activity, Staffing and Competence	If the Dental Service experience recruitment difficulties/sickness absence then the services patient waiting lists will rise. This could result in a pause of dental examinations leading to potential harm to patients, an increase in referrals to acute hospital services and a negative impact on patient experience/quality of care.	Regular review of activity through monthly Dental Dashboard. Management of staff sickness absence. Submitting vacancy paperwork at earliest opportunity. Rotation/movement of staff to meet demand. Monitoring of monthly deregistration's from GDS.
2. Urgent and Unscheduled Care	2.1	UC01	Urgent & Unscheduled Care Programme - this collaboration is to refine and co-produce whole system patient pathways to improve health, care and wellbeing outcomes for all, utilising learning from the COVID-19 pandemic about how to develop and implement rapid change.	Continue to monitor the Test of Change within Respiratory Service. Commence an operational Test of Change for Hospital at Home. Development and early stages of implementation of the Discharge Kaizen. Development of a SLWG to focus on the exit strategy for the Transitional Care Ward (Borders View).	Continue to monitor the progress of the Respiratory Test of Change and ensure it is achieving the agreed deliverables. Increase staffing compliment for Hospital at Home and continue to embed the required processes and procedures. Continue to monitor progress of the Discharge Kaizen. Ensure that the actions outlined within the exit strategy are taking place. Lessons learned will also take place.	Review the recommendations from the Respiratory Test of Change and consider alternative use of technology for other medical specialities. Review the impact of the Discharge Kaizen and what the lessons learned from this are.		Workforce Finance	Clinical commitments and workforce capacity may impact on delivery.	Continual monitoring of milestones through the Urgent and Unscheduled Care Programme Board.
2. Urgent and Unscheduled Care	2.6	UC02	Service Reviews - To provide a safe, resilient, sustainable and effective services across Unscheduled Care.	Continue with the ED Workforce Review and look at the recommendations recognised through this. Continue with the development of the Neurology Service Review document & begin to look at the preparations for an Options Appraisal.	ED Workforce Service Review document is taking through appropriate governance routes for approval of recommendations. Begin to progress with Option Appraisal process for Neurology Service. Commence scoping for Gastroenterology Service Review. Development of an implementation plan for Borders Emergency Care Service using the recommendations from the Option Appraisal.	Development of comprehensive implementation plan to support with recruitment and the required actions derived from the ED Workforce Review. Hold financial & non-financial Option Appraisal for Neurology Service Review. Development of project group for Gastroenterology Service Review and agree Terms of Reference. Monitor progress of agreed milestones within the implementation plan for BECS. Begin scoping exercise for Cardiology Service Review.	Continue to monitor progress on delivery of the implementation plan for ED Workforce Review. Development of a Business Case for the Neurology Service Review and take this through appropriate governance routes. Commence with the Gastroenterology Service Review process. Development of project group for Cardiology Service Review and agree Terms of Reference.	Workforce Finance	Clinical commitments and workforce capacity may impact on delivery.	Continual monitoring of milestones through the Urgent and Unscheduled Care Programme Board.
2. Urgent and Unscheduled Care	2.7	UC03	A draft trajectory to reduce the number of Delayed Discharges across our system has been set and will be delivered through various projects across the Health & Social Care Partnership, with input from acute services.	By the end of Q1, it is predicted there will be 62 delayed patients in our system.	By the end of Q2, it is predicted there will be 52 delayed patients in our system.	Currently being assessed.	Currently being assessed.		There is a risk that the demand for care is greater than expected, and that the removals for care are lower than expected, or both. This would lead to an increased number of people who are delayed discharges.	Continued focus on discharge process including DwD, and reviewing length of stay. Kaizen on the Complex Discharge Function. Close working at HSCP Joint Executive level to review the situation to ensure that sufficient levels of care are commissioned with support from HSCP Commissioning Team where possible.
2. Urgent and Unscheduled Care	2.7	UC04	A Discharge Kaizen which will involve joint working across health and social care teams to support a seamless multi-agency approach to the delivery of effective discharge processes across Acute, Community, Mental Health & Social Care Services.	Development and early stages of implementation of the Discharge Kaizen Programme	Continue to monitor the progress of the Discharge Kaizen to ensure it is achieving the agreed deliverables	Review the impact of the Discharge Kaizen and what the lessons learned from this are	N/A			
2. Urgent and Unscheduled Care	2.8	UC05	Women's & Childrens Services - there is a need to ascertain a future model of Women and Childrens services that is sustainable and meets the needs of the population of the Borders and aligning this model locally to 'Best Start'	Development of the Women & Children's Service Review document that outlines preferred recommendations. Development of a clear reporting structure to monitor progress & delivery of Best Start Recommendations.	Women & Children's Service Review document is taken through appropriate governance routes for approval / noting. Development of an implementation plan for Best Start with agreed key milestones for delivery.	Development of an implementation plan for the recommendations from the Women & Children Service Review or begin Option Appraisal process if required. Continue to monitor progress on agreed deliverables outlined within the Best Start implementation plan.	Timescales and implementation dependant on outcome of service review process. Continue to monitor progress on agreed deliverables outlined within the Best Start implementation plan.	Estates Workforce Finance - funding not yet agreed	Clinical commitments and workforce capacity may impact on delivery.	Continual monitoring of progress against deliverables through Acute Clinical Governance Board and Quality and Sustainability Board
3. Mental Health	3.1	MH01	Service Reviews - to deliver sustainable and effective services across Mental Heath	Implement single point of access (trial phase) of the partial MH Working Age Adult Acute service review. Continuation of current review. Commence scoping exercise for the Psychological Therapy service review. Commence scoping exercise for the MHOAS service review. Continue with the Commissioned Services review and look at the recommendations recognised through this. Commence scoping exercise for Medical Workforce review. Development of project group and agree Terms of Reference.	Agree actions and recommendations of the MH Working Age Adult Acute service review. Development of project group for Psychological Therapy service review and agree Terms of Reference. Development of project group for MHOAS service review and agree Terms of Reference. Commissioned Services review is taken through appropriate governance routes for approval of recommendations. Commence with the Medical Workforce review process.	Implement actions and recommendations of the MH Working Age Adult Acute service review. Commence with the Psychological Therapy service review process including productivity improvements. Commence with the MHOAS service review process. Implement actions and recommendations of the Commissioned Services review. Continue with the development of the Medical Workforce review.	Continue to monitor progress on delivery of the implementation plan for the MH Working Age Adult Acute service review. Continue with the development of the Psychological Therapy service review and productivity improvements. Continue with the development of the MHOAS service review. Continue to monitor progress on delivery of the implementation plan for the Commissioned Services review. Agree actions and recommendations of the Medical Workforce review.	Workforce Finance	Clinical commitments and workforce capacity may impact on delivery.	Continual monitoring of milestones and deliverables through Quality & Sustainability Board.
3. Mental Health	3.1	MH02	A trajectory for activity and waiting lists for CAMHS up to end March 2024.	At 30th June 2023 we project 23% of the target will be delivered, and the Waiting List will be 227.	At 30th September 2023 we project 17% of the target will be delivered, and the Waiting List will be 236.	At 31st December 2023 we project 17% of the target will be delivered, and the Waiting List will be 255.	At 31st March 2024 we project 12% of the target will be delivered, and the Waiting List will be 229.	Workforce	Clinical commitments and workforce capacity may impact on delivery.	Continual monitoring of trajectories through the monthly Access Board and also the monthly Board Scorecard.
3. Mental Health	3.1	MH04	A trajectory for activity and waiting lists for PT up to end March 2024.	At 30th June 2023 we project 75% of the target will be delivered, and the Waiting List will be 653.	At 30th September 2023 we project 79% of the target will be delivered, and the Waiting List will be 612.	At 31st December 2023 we project 79% of the target will be delivered, and the Waiting List will be 646.	At 31st March 2024 we project 77% of the target will be delivered, and the Waiting List will be 613.	Workforce	Clinical commitments and workforce capacity may impact on delivery.	Continual monitoring of trajectories through the monthly Access Board and also the monthly Board Scorecard.
3. Mental Health	3.2	MH04	Build capacity in MH Services	Scoping of a transition process from CAMHS to Adult CMHT.	Implementation of a transition process from CAMHS to Adult CMHT.	Continue to monitor the progress of the transition process from CAMHS to Adult CMHT.	Review the impact of the transition process from CAMHS to Adult CMHT.			
3. Mental Health	3.3	MH05	Data – engagement with PHS to improve quality of data - Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance	Implement unavailability reporting via EMIS by 30th June 2023.	Implement Diagnosis Mapping on EMIS – Map codes to format for submission by 30th September 2023.	Implement RTT & PT Template additions on EMIS – Treatment/Intervention type, tickbox for group/individual and also a new Referrals Template on EMIS – Reason for referral and discharge/rejected signposting by 31st December 2023.	Implement a solution on EMIS for Adult Protection and Veterans Mapping by 31st March 2024.	Finance - Funding not yet agreed	To improve CAPTND our EMIS system may need upgrade, current trajectory for work is March 24.	Updates through MH information group re: any delays in work.
3. Mental Health	3.4	MH06	Service Reviews - to deliver sustainable and effective services across Learning Disability Services	Commence scoping exercise for the Forensic Team review. Development of project group and agree Terms of Reference. Develop "Good Life" plans for the Coming Home Programme. Engage key stakeholder groups and establish project groups.	Commence with the Forensic Team review process. Identify actions to deliver "Good Life" plans for the Coming Home Programme.	Continue with the development of the Forensic Team review. Implement actions for the Coming Home Programme.	Agree actions and recommendations of the Forensic Team review. Continue to implement actions and identify placement start dates for the Coming Home Programme.	Workforce Finance	Clinical commitments and workforce capacity may impact on delivery.	Continual monitoring of milestones and deliverables through Quality & Sustainability Board.
4. Planned Care	4.1	PLC01	Service Reviews - To provide a safe, resilient, sustainable and effective services across Planned Care.	Development of milestones	Development of implementation plans with clear milestones for the Service Reviews planned within Planned Care	Monitor delivery of implementation plans and actions outlined within these	Monitor delivery of implementation plans and actions outlined within these	Estates Workforce Finance - funding not yet agreed	Clinical commitments and workforce capacity may impact on delivery.	Continual monitoring of milestones and deliverables through Quality & Sustainability Board
4. Planned Care	4.1	PLC02	Development of a ring fenced elective ward	Proposal to be agreed by Borders Executive Team.	Establishment of ring fenced elective ward if proposal supported.	Ring fenced elective ward in operation during Winter period.	Monitoring of ring fenced elective ward and review the outputs of this.	Estates Workforce	Clinical commitments and workforce capacity may impact on delivery.	Continual monitoring of milestones and deliverables through Quality & Sustainability Board
4. Planned Care	4.1	PLC03	Waiting Times Recovery Plan	Detailed RAG assessment of current capacity and waiting times recovery capability. This to include key challenges and risk at a service level.	Development of a service specific action plans outlining actions to address any substantial performance deficit in terms of DCAQ assessments against required national performance expectations.	As per action plans	As per actions plans	Revenue and Waiting Times Funding Workforce and Recruitment Physical Capacity restrictions		
4. Planned Care	4.2	PLC04	Ophthalmology Cataract Pathway	Remobilise cataract theatres back to 100% (4 lists per week) Increase number of surgery per list to the 6 per list. 6 per list by April & May.	Continue to increase number of surgery per list to 7 per list by June and 8 per list by July. Increase above core capacity to include 2 further theatre sessions per week funded by Waiting Times by July.	Plan to undertake bilateral cataract surgery by end of December 2023.	Aim to complete 10 cataract surgeries per list by March 2024. Achieve 18 weeks for referral to treatment for patients requiring cataract surgery by March 2024.	Workforce - Training & Development Clinical Leadership	Staff (medical, clinical and managerial) may not engage resulting in loss of effectiveness/efficiency Inability to recruit the required staff and skill mix Staff will continue to work existing ways and not embrace new systems or processes Financial resource Inability to train in a timely manner existing staff Lack of additional resource to address the queues Capacity is used to support unscheduled activity impacting on the ability to delivery planned surgery Patient safety is compromised due to the delay in care	
4. Planned Care	4.3	PLC05	Outpatient Trajectory	60 patients waiting over 78 weeks 450 patients waiting over 52 weeks	150 patients waiting over 52 weeks	20 patients waiting over 52 weeks	N/A			
4. Planned Care	4.3	PLC06	TTG Trajectory	130 patients waiting over 104 weeks 330 patients waiting over 78 weeks 750 patients waiting over 52 weeks	100 patients waiting over 104 weeks 330 patients waiting over 78 weeks 800 patients waiting over 52 weeks	50 patients waiting over 104 weeks 300 patients waiting over 78 weeks 800 patients waiting over 52 weeks	270 patients waiting over 78 weeks 800 patients waiting over 52 weeks			
4. Planned Care	4.3	PLC07	8 Key Diagnostic Tests	20 patients waiting over 26 weeks 581 patients waiting over 6 weeks	300 patients waiting over 6 weeks	140 patients waiting over 6 weeks	N/A			
4. Planned Care	4.3	PLC08	Endoscopy 4 Key Diagnostic Tests	20 patients waiting over 26 weeks 138 patients waiting over 6 weeks	80 patients waiting over 6 weeks	40 patients waiting over 6 weeks	N/A			
4. Planned Care	4.3	PLC09	Radiology 4 Key Diagnostic Tests	443 patients waiting over 6 weeks	220 patients waiting over 6 weeks	100 patients waiting over 6 weeks	N/A			
4. Planned Care	4.4	PLC10	Active Clinical Referral Triage	Agree prioritisation rollout based on gap analysis of CfSD heatmap recommendations and local gap analysis	Development of a toolkit for implementing via Specialities and their CMT	Commence the complete roll out of ACRT & Opt In	Monitor the impact of ACRT & Opt In			
4. Planned Care	4.4	PLC11	Patient Initiated Review	Agree prioritisation rollout based on gap analysis of CfSD heatmap recommendations and local gap analysis	Development of a toolkit for implementing via Specialities and their CMT	Commence the complete roll out of Patient Initiated Review	Monitor the impact of Patient Initiated Review			
4. Planned Care	4.4	PLC12	Planned Care Programme - to develop and implement a backlog recovery plan that will set out how NHS Borders will achieve waiting time targets. The programme will also plan for and deliver increased productivity across Outpatients and Theatres, with particular focus on Theatre utilisation, Day Case activity and Outpatient activity.	Commence scoping of the projects planned within the Planned Care Programme where required. Agree rollout prioritisation for Active Clinical Referral Triage, Opt In & Patient Initiated Review based on the recommendations from the CfSD heatmap gap analysis. Complete clinical requirement metrics and agree sign off of SLA & License Agreement for Outpatient Booking Process and System.	Development of implementation plans with clear milestones for the projects planned within the Planned Care Programme and continue scoping others where required. Development of a toolkit for implementing Active Clinical Referral Triage, Opt In & Patient Initiated Review via Specialities and their CMT. Complete implementation of Outpatient Booking Software with supplier.	Monitor progress on the projects within the Planned Care Programme where actions and milestones have been agreed. Continue scoping or developing implementation plans for others where required. Commence roll out of Active Clinical Referral Triage, Opt In & Patient Initiated Review. Implement booking process and software.	Monitor progress on the projects within the Planned Care Programme where actions and milestones have been agreed. Continue scoping or developing implementation plans for others where required. Monitor the impact of Active Clinical Referral Triage, Opt In & Patient Initiated Review.	Estates Workforce Finance - funding not yet agreed	Clinical commitments and workforce capacity may impact on delivery.	Continual monitoring of milestones and deliverables through Quality & Sustainability Board
5. Cancer Care	5.1	PLC13	Deliver the Cancer Care action plan	Review the outcome of the Rapid Cancer Diagnostic Service. Continue to deliver the actions outlined in the Effective Cancer Management Framework. Implement Improving Cancer Journeys Work	Review the outcome of the Rapid Cancer Diagnostic Service. Continue to deliver the actions outlined in the Effective Cancer Management Framework. Explore Psychological Therapies and Support Framework and develop implementation plan depending on funding. Implement Improving Cancer Journeys Work	Review the outcome of the Rapid Cancer Diagnostic Service. Continue to deliver the actions outlined in the Effective Cancer Management Framework. Explore Psychological Therapies and Support Framework and develop implementation plan depending on funding.	Review the outcome of the Rapid Cancer Diagnostic Service. Continue to deliver the actions outlined in the Effective Cancer Management Framework. Explore Psychological Therapies and Support Framework and develop implementation plan depending on funding. Review what is required to introduce prehabilitation services.	Finance - funding not yet agreed	We are still awaiting confirmation of funding allocations, once received these may impact on delivery.	
6. Health Inequalities	6.1	CS01	Create a structure and team within NHS Borders that can assist with the plan and delivery of health inequalities across the organisation and other Anchor institutes e.g. SBC and provide metrics for delivery	Scoping out the data requirements	Have established and presented an outline strategy to NHS Borders with milestones to be developed through the oversight team.	Developed partnership arrangements within NHS Borders and other anchor institutions to help delivery of the strategy	Dependant on scoping	Capacity & capability of staff, access to data, analytical capacity, competing priorities for other partner agencies	We cannot provide an evidence-based strategy that reduces health inequalities without the means to measure the impact of that strategy which needs access to GP and other healthcare datasets. We have two half time analysts on a fixed term contract, but we need to get them the access they need. Health inequalities is not a high priority for other partner anchor institutes so we also need to build alliances. Given the financial pressures, it is likely that this work may be seen as peripheral rather than core work. Public Health cannot deliver this on its own.	Regular reporting of activity with performance metrics and risk register
7. Innovation Adoption	7.1	CS02	Create a structure and team within NHS Borders that can assist with the rapid adoption of innovation projects such as those in the ANIA pipeline.	Scope out process required and establishment of local steering group.	Set up agreed process for distribution of ANIA projects to services with oversight from steering group. Scope Governance process for approval.	Dependant on scoping	Dependant on scoping	Staffing levels Corporate risk -reputation	There are currently 2 known ANIA projects in Dermatology and Diabetes. The dermatology project in particular could be challenging to deliver in timescales due to current staffing levels in this service. The project may therefore not be able to deliver to timescales. The same is applicable to the diabetes closed loop project which has a tight deadline but NHSB had no prior knowledge of this project and is currently scoping. Both projects could require IM&T support which is not already agreed as part of clinical prioritisation, therefore this may have an impact on other projects objectives and timescales. The objective for the ANIA pathway is for an accelerated pathway for specific Scottish Government backed projects to be implemented therefore staffing and financial constraints means there will be a corporate reputational risk in being unable to deliver	Establishing steering group and identifying governance structure will be key control in identifying services who need to be involved from an early stage and identifying risks and mitigations
8. Workforce	8.1	CS03	Minimise the turnover of high-quality staff who share our values and thereby reduce our expenditure on expensive, temporary staffing solutions.	Improved exit interview intelligence to determine preventable reasons for leaving, to enable targeted support.	Targeted support established, greater awareness of flexible working policies to promote retention, including retire and return. Positive impact of wellbeing week recognised by staff, improving morale.	Reduced Bank/Agency spend as a result of a more stable workforce	Reduced barriers to retaining/mobilising current staff and oversees recruits, e.g. working with partners to progress housing for key workers and local letting initiatives; transport – exploring opportunities to link train/bus timings from key towns within the Borders and shift patterns.	Staffing levels Corporate risk -reputation	Risk that the efforts to retain staff are not successful and turnover remains high, with the impact leading to unsustainable services. Financial risk of continued/increased use of Bank/Agency	Acting on results of exit interviews, promoting flexible working policies, wellbeing,
9. Digital	9.2	CS04	Deliver the agreed Digital Portfolio of projects for 2023/24 - Portfolios include Infrastructure, Business System, Clinical Information Systems, Patient Admin, Primary & Community Services, M365. Please see section 9 in ADP1 for detailed projects and milestone plans.	Projects completed in Q1 eQuip Management System Network Capacity Uplift Phase 2 Cloud Additional VEEAM Storage for GP Server Replacements Capacity Uplift Selkirk, Peebles & Kelso Compute for Infrastructure for Vmware & SQL(CPU) - Exchange 2013 Hybrid Upgrade 2019 Florence Replacement Genesis Inventory Management System (Powergate) GP Medical Practice Merge Mindray Patient Monitoring Replacement	Projects to be completed in Q2 Air Watch Replacement to INTUNE (part of O365) - Expected completion date 01/08/2023 Attend Anywhere - Expected completion date 31/08/2023 e-Consult - Expected completion date 31/07/2023 EMIS Web Dynamic Templates - Expected completion date 31/07/2023 Federated Services - Expected completion date 30/09/2023 GP host Infrastructure & Backup upgrade - Expected completion date 15/08/2023 Ivanti Upgrade - Expected completion date 31/08/2023 Monitoring Tools - Network & Infrastructure (BGH) - Expected completion date 30/09/2023 EMIS Enterprise Reporting - Expected completion date 31/07/2023 eRostering National Programme - Expected completion date 31/08/2023 *GP Order Comms - Expected completion date 31/07/2023 SCI Gateway Upgrade R21 - Expected completion date 31/08/2023 Ascribe Upgrade - Expected completion date 30/09/2023 AuditBase 2023 Upgrade - Expected completion date 30/09/2023 Badgernet - Lab Results interfacing - Expected completion date 30/09/2023 Direct Access Replacement - Expected completion date 30/09/2023 EDT Hub Upgrade - Expected completion date 30/09/2023 EDT SAS ePR - Expected completion date 31/07/2023 EMIS EXA Migration - Expected completion date 30/09/2023 Single Sign On for Primary Care - Expected completion date 30/09/2023 TrakCare Demographic Inserts (CHI Seeding) - Expected completion date 31/07/2023	Projects to be completed in Q3 CHI Replacement - Expected completion date 31/10/2023 Disaster Recovery & Business Continuity - Expected completion date 31/12/2023 Fileshare Remediation - Expected completion date 31/12/2023 Windows 10 - Expected completion date 30/11/2023 LIMS - LabCentre Replacement - Expected completion date 31/12/2023 *EMIS Mobile - Expected completion date 31/12/2023 PCIP - CTAC - Full Rollout - Expected completion date 31/12/2023 Acute Recovery Programme Phase 2 - Expected completion date 31/12/2023 Badgernet - USS DiCOM Ultrasound imaging and scanning - Expected completion date 31/12/2023 TrakCare T2022 Additional Functionality - Expected completion date 31/12/2023 Hospital at Home - Expected completion date 31/12/2023 Room Booking Software Smartways2 - Expected completion date 31/10/2023 EDT - EMIS Web Documents - Expected completion date 31/12/2023	Projects to be completed in Q4 / carried forward to FY 24/25 Office 365 -Mail Migration - Expected completion date 26/04/2024 GP IT ReProvisioning - Expected completion date 31/07/2024 Child Health Replacement - Expected completion date 31/01/2025 Magentus National LIMS Solution (formally Citadel) - Expected completion date 31/03/2025 Office 365 - One Drive & Sharepoint - Expected completion date 31/03/2024 Office 365 - Power Apps - Expected completion date 31/03/2024 PACS Link - TrakCare -Expected completion date 31/03/2024 TrakCare T2022 User Interface Upgrade (NUI) - Expected completion date 30/06/2024 Pharmacy - Shared PCR - Expected completion date 31/03/2024 ISC Healthshare - Expected completion date 31/08/2024 Badgernet - Trium Archived data - Expected completion date 31/03/2024 Netcall - Appt Reminder Service EMIS Web - Expected completion date 31/03/2024	Various	Lack of delivery/supplier resource Lack of available funding Project scope change Lack of project sponsor/stakeholder engagement Failure to find solution/solution functionality Failure to deliver due to National solution/Supplier delays	Programme/Project governance in place for each Portfolio, weekly reporting, actively manage risk register, escalation process in place
10. Climate	10.1	CS05	Climate Sustainability & Energy - NHS Scotland is aiming to become a net-zero health service by 2040 at the latest. We want to maximise our contribution to reducing emissions from the manufacture and supply of medicines and equipment and from staff, patient and visitor travel. This will require unprecedented change in how we work. We need to establish a culture of stewardship, where resources are safeguarded and responsibly used to provide environmentally sustainable healthcare.	This programme is defined by the national Sustainability & Value Programme and NHS Borders will participate in this ensuring the following deliverables. - Implementation of national Climate Emergency & Sustainability Strategy Action Plan - Improved performance against National Sustainability Assessment Tool (NSAT) - Reduction to energy use and associated carbon emissions to be measured through implementation plan for national strategy - Key metrics will include monitoring of carbon emissions through annual report and financial improvement savings arising from energy efficiency and waste management actions.				Estates Workforce Finance - funding not yet agreed	Aging estate may limit opportunities Capacity to deliver Funding availability to support	Participating in the national programme and creating a local steering group. Establishing a culture of responsibility to provide environmentally sustainable healthcare

Q1 RAG Status	Progress in Q1 *Please outline what you have achieved in Q1*	Risks and Issues - Category *Please indicate the types of risk(s) and/or issue(s) impacting on delivery of milestones. Please choose all that are relevant from the list.*	Risks and Issues - Description *Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones.*	Controls *Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occurring.*	Q2 RAG Status	Progress in Q2 *Please outline what you have achieved in Q2*	Risks and Issues - Category *Please indicate the types of risk(s) and/or issue(s) impacting on delivery of milestones. Please choose all that are relevant from the list.*	Risks and Issues - Description *Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones.*	Controls *Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occurring.*	Q3 RAG Status	Progress in Q3 *Please outline what you have achieved in Q3*	Risks and Issues - Category *Please indicate the types of risk(s) and/or issue(s) impacting on delivery of milestones. Please choose all that are relevant from the list.*	Risks and Issues - Description *Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones.*	Controls *Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occurring.*	Q4 RAG Status	Progress in Q4 *Please outline what you have achieved in Q4*	Risks and Issues - Category *Please indicate the types of risk(s) and/or issue(s) impacting on delivery of milestones. Please choose all that are relevant from the list.*	Risks and Issues - Description *Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones.*	Controls *Please summarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occurring.*

Service Sustainability Template

Template: ADP3

NHS Board: NHS Borders

June 2023

SERVICE SUSTAINABILITY

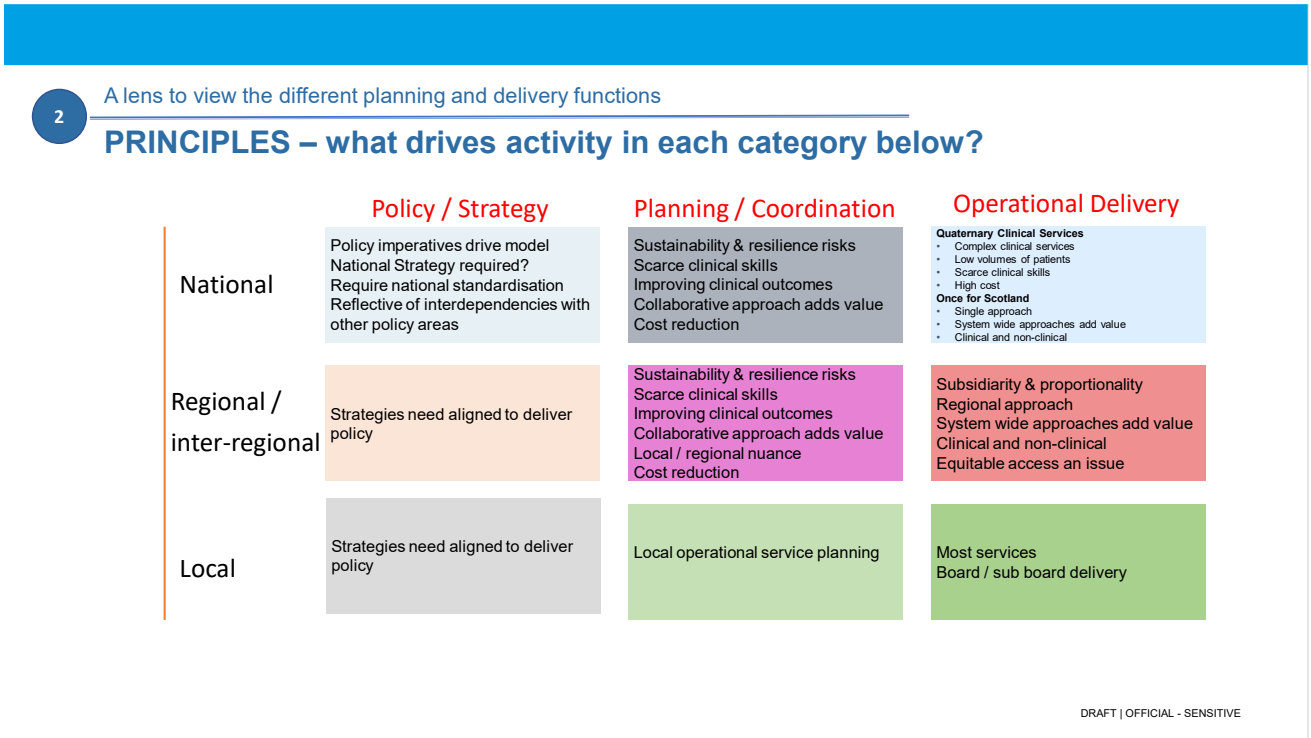
Recognising the widespread sustainability and resilience of specific services within individual Health Boards, we need to develop a more systematic approach to assessing which specialties / services - or aspects of those services - would benefit from a regional or national approach, in the short, medium and longer term. We are therefore asking Boards to complete this template to indicate service areas which have a delivery risk around sustainability, resilience, affordability, access or efficiency – and where a regional or national perspective on some aspects of service could help mitigate these risks.

Completion of this template will broadly inform the agenda of the proposed SLWG on national and regional planning, which will take forward refinements and agreement on the most appropriate next steps.

The principles set out in the **National Clinical Strategy** have been used to frame this template**,** which should be used as a reference document when considering responses. https://www.gov.scot/publications/national-clinical-strategy-scotland/

Guidance sessions to support completion of this template, are planned in March / April 2023 and will be guided by discussions at the National Directors of Planning group.

PLEASE NOTE THIS EXERCISE IS TO CAPTURE A **HIGH-LEVEL INDICATION** OF CURRENT ISSUES ACROSS SCOTLAND AND NOT INTENDED TO BE A DETAILED REVIEW. Principles to apply in determining how a service **could** be stratified at different levels, is presented below:



Service Area	Local	Regional	National	Comment
Example service	Mostly local delivery	Regional coordination of lists in X, Y pathways	Nationally standardised pathways and strategic vision	Additional comment / clarification *e.g. it may not be the whole specialty that would benefit from a regional/national approach, simply an indication of how it could be supported differently to mitigate current risks.*
ED		Would like to explore what a regional model could look like.		There have been multiple attempts for substantive consultants that have failed. We should explore and consider what a regional model could look like. There is significant risk associated with junior medical staff with limited supervision, particularly in out of hours period. Compounded by long waits for beds in the emergency department resulting from delays across health & social care system.
Gastroenterology		Regional SDG looking at pathways – Reflux pathway first to be considered	IBD National Pathway	Closely linked to Endoscopy in relation to Colonoscopy for Cancer pathways. Standardisation across all Scottish Health boards to be considered to allow consistent approach. Currently 1 WTE consultant vacancy plus nurse endoscopist retiring. Increasing demand from biologic treatments is resulting in significant pressure across the system. This service has very long waits for assessment.
Cardiology		Would like to explore what a regional model could look like.		There have been multiple attempts for substantive consultants that have failed, however we are going back out to recruit in September. We currently have a locum in place but are experiencing long waits. Regional model should be considered although recognise the regional and national challenges with consultant recruitment. Workforce scope and review to identify opportunity for alternate workforce, advanced practitioners etc.
Cancer		We are working with our Regional Cancer Centre in Edinburgh on options for increased Oncology support to the satellite cancer treatment unit in NHS Borders.		There is discussion ongoing nationally around Acute Oncology support to primary and satellite cancer units, and how this can be delivered robustly and sustainably. We currently have no SACT lead due to substantive haematology consultant leaving. In addition, an exceptionally challenged dermatology service (see below) is resulting in risk in relation to skin cancer care.

Service Area	Local	Regional	National	Comment
Dermatology	We have experience significant challenges in recruiting to consultant level posts. 2.2wte of a total of 2.4wte Consultant level posts are currently sitting vacant.	We will work with regional partners for Acute Dermatology support in the absence of consistent and continuous consultant level support our Acute Hospital. Would like to explore what a regional model could look like.		There are significant workforce and recruitment issues at a consultant level, these would appear to be a national issue. There is significant redesign being taken forward within this service aimed at maximising input from non-medical professional groups and piloting the use of technology (tele dermatology and remote assessment). We are working with regional and national partners around additional option that would support capacity and sustainability options for some aspect of our local Dermatology Service (notably from Plastics and NECU). This situation has been escalated to multiple boards across NHS Scotland in search of mutual aid with only very limited support available. Currently reliant on synaptic to maintain urgent workload. This would be a critical priority for regional & national support as there are significant patient safety risks in relation to the capacity challenges in this service (as previously escalated at performance review meetings).
Haematology		Would like to explore what a regional model could look like.		Discussions have taken place with Lothian as our tertiary site however, due to significant workforce challenges within the Lothian team their ability to support is very limited. NHS Fife are experiencing similar workforce pressures. At the current time, NHS Borders is running a haematology service with a locum consultant who is in the process of applying for CESR and a specialist nurse. We remain out to locum and have advertised a substantive role multiple times, however, neither of these approaches have been successful. This is currently our greatest risk in relation to patient safety and top priority for regional / national support.
Microbiology		Would like to explore what a regional model could look like.		Our microbiology service is currently run single hand by consultant microbiologist who has retired and returned to the service. We continue to pursue a substantive replacement and locum cover for periods of leave. We would want to consider this service for regional / local support.

Service Area	Local	Regional	National	Comment
ENT	This is a single-handed service, and we are working to building capacity and resilience. Repeated attempts to recruit an ENT consultant have not been successful.			We may need to consider a regional discussion about the configuration of ENT services given workforce challenges, and risks of a single practitioner surgical service.
Obstetrics & Gynaecology				We have experienced difficulty in recruiting staff into our Women and Children's Services and are in the process of undertaking a Service Review to look at current and future models of workforce to ensure a sustainable model. We currently have 2/6 WTE consultant vacancies which is leading to significant challenges with on call cover and this could have a potential impact on waiting times.
Radiology		There is a regional vulnerability associated with specialised services. There is an immediate challenge in Breast Radiology due to an acute shortage of capacity locally (currently both of our breast radiologists are on medium term sick leave) and general issues in this sub-specialty area at a regional/national level. Capacity/pathway at a regional level may support greater service resilience recognising this vulnerability		There is a significant reliance on mobile CT and MR units to support required capacity/demand profiles for these diagnostic services. Additionally, there is a significant reliance on external reporting support both for elective reporting, and routine CT reporting out of hours. These are likely to be a recurring feature and will need long term investment given activity/capacity profiles. The greatest risk currently relates to breast radiology due to medium term sickness.

Service Area	Local	Regional	National	Comment
		in an important cancer pathway.		
Physiotherapy Services		Major Trauma pathways already in place and functioning well.		Small teams with specialist roles create a level of vulnerability which may benefit from a Regional approach. These areas include; Pain services, LD, Mental Health, and specialist neurology.
Occupational Therapy		Regional working across Major Trauma, and SMART wheelchair assessment established and business as usual		Workforce and recruitment challenges within mental health and adult social work are longstanding and may benefit from a regional approach.
Dietetics		Regional approach to weight management services are well established		Small workforce and single specialist roles create fragile services that would benefit from a regional approach. These include; eating disorders, CAMHS, oncology and paediatrics
Speech and Language Therapy		Informal support provided by NHS Lothian in times of staffing absence.		Small workforce and single specialist roles create fragile services that may benefit from a regional approach. Including paediatric dysphagia and LD.
Podiatry				Specialist diabetes services remain dependant on one individual and therefore high risk service.
Orthotics			National procurement has now ceased. Local decisions to be made regarding future service provision. Small workforce creates potential resilience risk.	
General Practice				We are experiencing major sustainability problems for small practices due to local recruitment issues. This has been exacerbated by reduction in national funding for PCIP, compromising expansion of other roles in Primary Care to

Service Area	Local	Regional	National	Comment
				support GP workload. We are currently developing a local GP career start model. GP Training: Exposure to rural and remote areas
Dental – PDS				National recruitment challenges for all PDS dental team members – small workforce creating risk in service continuity and resilience, especially regarding certain specialist services e.g IV sedation. Non specialist led paediatric and special care services – would benefit from regional support/governance activities. Uncertainty regarding GDS provision across Borders – potential for significant surge in unregistered patients having to access unscheduled care services.
Dental – GDS				Successful allocation of entire NHS B to be designated as SDAI approved area however currently inequalities within the Remote Area Dentist Allowance GDS which may serve as a barrier to attract more Independent GDS listings - raised at National DoD level and being reviewed within Rural SLWG with DCDO
Orthodontics				Currently single NHS provider of Orthodontics in Borders located in Galashiels (Independent Contractor). Longstanding substantive orthodontic consultant vacancy in BGH. Concerns regarding future provision, considering current national recruitment challenges may require the specialised service to be supported by an adjacent health board. It would be helpful to consider a regional model for orthodontic provision.
Mental Health – CMHT				We have had a significant number of resignations in our community mental health teams resulting in a 2.4/3.6 WTE consultant vacancy rate. Although actively recruiting to these roles, this remains a very significant risk for the organisation. There is a lack of resources available locally to provide effective Forensic specialist input when required. Reliant upon generic professionals to support and manage this cohort.
CAMHS		Inpatient beds		There is a lack of regional inpatient beds leading to a reliance on inappropriate adult inpatient beds locally and/or the

Service Area	Local	Regional	National	Comment
				purchasing of scarce private hospital beds. There is a growing cohort of young people with complex needs where family support systems are breaking down increasing risks for the individual.
	Neurodevelopmental Disorders			Significant growth in referrals for ND assessments and support across the system including social work, CAMHS and educational services. Urgent system wide solutions required providing needs led rather than diagnostic led approaches.
Other **Adults with Learning Disabilities**			Inpatient beds	There is a significant lack of specialist in-patient beds for adults with a Learning Disability both within and out with Scotland. This is leading to a reliance, where available, upon private hospital placements at exorbitant cost and significant concerns regarding quality of care. Placements within other Health Boards where in patient services are delivered have proven impossible due to pressures within those Board areas.
	Community placements for adults with complex needs (Coming Home Report)			The 2018 Scottish Government report, "Coming Home: A Report on Out-of-Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs" concluded that all adults with learning disabilities, including those with complex needs, should experience meaningful and fulfilled lives close to home. There is an urgent need to address this and an expectation is that this should be achieved by March 2024. Some capital funding has been provided by Scottish Government to support the costs involved. However, to provide placements that are resilient within the community is going to require significant recurring additional financial investment to achieve the aspirations and to meet future demand. A failure to provide these placements is going to exacerbate the already problematic delayed discharges and increase the risks of placement breakdown within the community. Without suitable

Service Area	Local	Regional	National	Comment
				and sufficient placement options we will need to rely on inappropriate generic adult acute inpatient mental health beds.
Aseptics				NHS Scotland BCEs supported a proposal and work in 2018 to reduce the number of aseptic units in Scotland recognising the ongoing challenges with both workforce and fabric. In parallel a programme of work was supported to develop a plan for a national service for the batch production of aseptically prepared products (NCIVAS). The aseptic unit in Borders required maintenance and upgrading of its fabric and there is a vacancy for the accountable pharmacist. Because of this (and with the above direction to reduce the number of aseptic services in Scotland) a collaborative process was undertaken in 2018/19 between NHS Lothian and NHS Borders, which supported NHS Lothian providing aseptic services to NHS Borders. Unfortunately, due to regulatory requirements with the MHRA, NHS Lothian are currently unable to provide this service for NHS Borders and therefore significant risk remains in relation to workforce and physical infrastructure in the delivery of aseptic therapies.
Digital	Local delivery of routine & project related Digital functions including delivery of regional and national programmes. Challenges in recruiting specialised	Limited opportunities for regional collaboration and sharing of support services / resources due to differing technology baseline across Boards and capacity in teams with different baselines and needs. To date there has been very limited success due to	The national Cyber resource has been helpful. Opportunities to leverage synergies and efficiencies through coordinated approach to M365, power apps and power BI – at least with	There are opportunities to establish greater effectiveness through the roles and relationships between NSS, SG and local Boards for contract, supplier management. Standards, roadmaps, knowledge, and skills sharing.

Service Area	Local	Regional	National	Comment
	technical skills and upskilling local teams in newer technologies to maintain and sustain some service at local level. Challenges to provide support 24/7 with adequate skills sets given the extent to which services now rely on Digital solutions.	competing and differing needs.	knowledge and understanding though some capacity and skills uplift to leverage this is required. We utilise the national network of Digital, Infrastructure and Information groups to collaborate, support and improve delivery and efficiency.	
HR	Mostly local delivery - Employee Relations/ Workforce Planning/Systems/ Medical Staffing	ERRS (East Region Recruitment Service)		Movement of all NHS Borders recruitment staff (around 1/3 of our previous workforce) to East Region Recruitment Service (ERRS) has resulted in unexpected additional workload for HR staff due to around 25% of out of scope recruitment activities remaining in NHS Borders. This leads to less flexibility within the remaining workforce. Due diligence and clear SLA required in advance of agreeing to future regional services impacting HR.
Health Protection Service	Two nurses with input from 3 Consultants for out of hour rota (gaps now due to sickness & departure) providing 24/7 service	East of Scotland Health Protection Service		Service is not sustainable nor resilience. A shared service involving Lothian, Forth Valley, Fife and Borders has been developed with shared SOPs which provides a resilient and flexible approach to outbreaks and pandemics. Access to datasets and accountabilities being worked out with anticipated launch in June 2023

Medium Term Plan 2023 – 2026

Template: MTP

NHS Board: NHS Borders

July 2023

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Glossary

ADP	Annual Delivery Plan
AHP	Allied Health Professional
ANP	Advanced Nurse Practitioner
BAS	Borders Addiction Service
BECS	Borders Emergency Care Service
CAMHS	Child and Adolescent Mental Health Service
CCIO	Chief Clinical Informatics Officer
CfSD	Centre for Sustainable Delivery
CMHT	Community Mental Health Team
CPP	Community Planning Partnership
CTAC	Community Treatment and Care
CT	Computerised Tomography
DPH	Director of Public Health
EBUS	Endobronchial Ultrasound
ED	Emergency Department
FIP	Financial Improvement Programme
FME	Forensic Medical Examination
GDS	General Dental Service
GDPR	General Data Protection Regulation
GI	Gastrointestinal
GMS	General Medical Services
GP	General Practitioners
HCSW	Healthcare Support Worker
HIS	Health Information Systems
HISES	Health Innovation South East Scotland
HSCP	Health & Social Care Partnership
ICJ	Improving Cancer Journeys
IG	Information Governance
IJB	Integrated Joint Board
IR	International Recruit
ITS	Intensive Home Treatment Service
M365	Microsoft 365
MRI	Magnetic Resonance Imaging
MA	Modern Apprenticeship
MAU	Medical Assessment Unit
MAT	Medication-Assisted Treatment
MDT	Multidisciplinary Team
MSK	Musculoskeletal
NMC	Nursing and Midwifery Council

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NUI	New User Interface
O365	Office 365
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
P&CS	Primary and Community Services
PCIF	Primary Care Improvement Fund
PCIP	Primary Care Improvement Plan
PDS	Public Dental Service
PMO	Programme Management Office
QSB	Quality & Sustainability Board
RAD	Rapid Assessment Discharge
RTT	Return to Treatment
SACT	Systemic Anti-Cancer Therapy
SBC	Scottish Borders Council
SDAI	Scottish Dental Access Initiative
SDM	Shared Decision Making
SLA	Service Level Agreement
TEC	Technology Enables Care
UGI	Upper Gastrointestinal Series
VBH&C	Value Based Health & Care
V1P	Veterans First Point
WTE	Whole Time Equivalent

Introduction

NHS Borders provides healthcare services to our local population of 116,020 people (National Records of Scotland, as at June 2021). We take great pride in the delivery of healthcare to our local communities and all our staff who work within NHS Borders and across our health and social care partnership, who carry out their role with the aim of improving the lives of our patients and the health of people within our local communities.

Our vision is for NHS Borders to be a leader in the quality and safety of care we provide, doing this by the continual improvement and development of local services to meet the needs of our population. This will require innovation in the design of our services ensuring they are sustainable, equitable and
fit for purpose to meet the demands of the future.

We acknowledge that there are challenges ahead of us. Challenges which will require us to think differently, with our partners and communities, about the way we deliver our services to maintain the quality and coverage we are currently able to provide. However, we intend to grasp this challenge and consider it an opportunity to innovate for the future. We firmly believe that by ensuring the services we provide are sustainable, as well as transforming the traditional models of delivery, that we can continue to deliver quality health services to the people of the Borders. Through the relentless pursuit of quality within our organisation we can drive down costs and improve the effectiveness and safety of our services.

To achieve our vision we intend to continue to work with and to build on the strong relationships we have with Scottish Borders Council (SBC) and the voluntary sector to provide services which are person centred, seamless and integrated.

The Scottish Borders Health & Social Care Partnership Strategic Framework was approved by the Integrated Joint Board (IJB) in March 2023 following in depth research into the needs of the people and an understanding of what matters to people in the Scottish Borders about health and social care. Locally, a ‘Once for Borders’ approach has been agreed between public partners, with the aim of delivering best value for our communities, improved strategic partnerships and improved outcomes. As a result, NHS Borders has adopted the Strategic Framework as has Scottish Borders Council, with direct alignment of the ‘Good Health and Wellbeing’ theme within the Council’s Plan. The Community Planning Partnership’s ‘Enjoying Good Health and Wellbeing’ theme is also aligned to the Strategic Framework.

The Health and Social Care Strategic Framework for 2023-26 is a great achievement and the sum of a significant amount of work in partnership with our communities. We are extremely grateful to everyone who has told us what matters to them. The framework has been developed by focusing on what people of the Scottish Borders have told us matters the most to them, and on the actions that we expect will have the greatest impacts.

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Our Strategic Framework lets people know:

- What we want to achieve through the priorities identified by the 'Needs of our Communities' and 'We have Listened' reports
- The way we plan to tackle these priorities
- What we will do, including what we will do differently to achieve our aims
- How we will use our budget and resources to do this
- How we will measure how well we are doing

To do this, in the context of our challenges that we face, to achieve our ambitious aspirations for improved community outcomes, we will need:

- Everyone to play their part to take care of their health and wellbeing
- To take proactive action to manage the strategic issues
- To have a relentless focus on our objectives and ways of working
- To make difficult decisions in partnership with our communities
- To ensure continued alignment across the Health and Social Care Partnership and with our Community Planning Partners - by working together everyone achieves more.

The Strategic Framework is laid out over three components:

1 – Our Mission, Vision & Intended Outcomes
2 – Our Objectives and Ways of Working
3 – How we will Deliver

A link to the full document can be accessed here.

Year 1 delivery priorities to meet the objectives as set out in the Strategic Framework are captured within the NHS Borders Annual Delivery Plan and the Integrated Joint Board's Delivery Plan. These plans are currently being finalised and once available will be included within this document. This Medium Term Plan sets out our intentions to respond over the medium term to the Strategic Framework as well as the continuation of our 'Remobilisation, Recovery and Redesign' following the pandemic, with a particular focus on 'recovery and renewal' and addressing the significant pressures and challenges faced by NHS Borders.

The plan will therefore focus on the Scottish Government's 10 recovery drivers and aims for NHS Scotland with specific reference to how we plan to:

- Recover our core services and continue to improve levels of productivity
- Make progress in delivering the key ambitions in The Recovery Plan
- Continue transforming our health services for the future

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2023/26 MEDIUM TERM PLAN
MTP Recovery Drivers

1	**Primary & Community Care**	Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.

The Primary & Community Services team in Borders recognises the importance of developing multi-disciplinary teams to support Primary Care and the requirement to support patients via the 2018 GMS contract. As a result, it has already prioritised and implemented services that supported a Multidisciplinary Team (MDT) approach. To date, PCIP has successfully provided all Scottish Borders General Practitioners (GPs) with access to a range of healthcare professionals who can support them in providing comprehensive care to patients and this is something that we want to continue building on over the medium term.

"Empowering communities for sustainable care"

Primary and Community Services' (P&CS) five-year plan is to envision a team of empowered multi-disciplinary teams, working in partnership to deliver the highest quality of care that is both realistic and person-centred by 2026. Our services will be characterised by a focus on prevention, early intervention, and supported self-management. We will take an integrated approach to healthcare, ensuring that our patients receive access to the full range of support they need to thrive. Sustainability is at the heart of everything we do, so that we can continue to provide compassionate care for all Scottish Borders residents.

Half-way through this journey, a range of challenges have emerged that threaten primary care sustainability, making it difficult for primary care and wider health and social care partnership services to continue delivering optimal care. The national shortage of primary care workforce is amplified in remote and rural areas across Scotland due to the challenges of creating sustainable services across smaller and dispersed communities. We are also under increased scrutiny to deliver these services.

Workforce

To address the workforce challenges impacting our services, there is a need for innovative solutions that can attract and retain healthcare providers in the Scottish Borders. One such solution is the creation of an academy model that focuses on enhancing the skills of current healthcare providers, as well as recruiting newly qualified graduates or students within the field. This model will provide mentorship, coaching, and ongoing education and training to support the development of a skilled and sustainable healthcare workforce.

We have developed a variety of schemes and initiatives to support the development of an academy model. Firstly, the General Practitioner (GP) Career Start scheme, which is designed to help newly qualified GPs establish themselves in a career in general practice. Under this scheme, participants receive expert mentorship, training, and support as the begin their career, which has been adapted to include a rural and remote focus.

Secondly, the Urgent Care element of our Primary Care Improvement Plan (PCIP) programme is developing an Advance Nurse Practitioner (ANP) Academy, which provides in-house expert training and mentorship for either existing local nurses or newly qualified nurses.

We are keen to explore opportunities to support training and development of dental professionals as a means of attracting staff to the area.

Premises

In additional to the workforce challenges, the focus on providing locally accessible multi-disciplinary services in the community has had a significant impact on the already strained clinical capacity in health centres. Our established P&CS Premises Group is currently looking at maximising the utilisation of existing space, which along with an understanding of future needs will be crucial in supporting Primary Care sustainability and the development of future Business Cases to secure additional capital investment to improve and modernise our primary care facilities. (Also see Vaccination Premises risks under *PCIP Implementation*)

Dental Sustainability

Access to NHS dental care is a significant challenge, with an observed increase in patients being deregistered and very limited opportunities for patients to register with an NHS dentist. Several factors are at play which threaten the sustainability of General Dental Services (GDS) including longstanding difficulties with recruitment and retention of all members of the dental team and rising costs resulting in financial challenges.

The Public Dental Service (PDS) has for many years supported dental access and has a significant number of routine GDS patients registered with the service. PDS are also impacted by recruitment challenges, with a number of posts vacant. There is no capacity in PDS to accept further patients for routine GDS care, with priority given to those who fall within the core remit of PDS (patients with additional needs or vulnerabilities). Pressures in GDS are having a knock-on effect on PDS and it will be essential that the service retains the ability to provide care for vulnerable patients who cannot be treated in GDS.

The recent designation of the whole of NHS Borders for the Scottish Dental Access Initiative (SDAI) is a positive development and over the coming months/years we hope this will attract new practitioners to the area and enable expansion of existing practices, to increase the availability of NHS Dental Care. Recruitment and retention to the area will be crucial to building capacity within dental services, and we plan to actively promote the Borders as an attractive area to work within the dental profession.

In addition, we are keen to explore innovative solutions to overcome current challenges and would welcome an opportunity to engage in discussion with Scottish Government regarding the potential, for example, of introducing alternative models such as a “salaried plus bonus” payment model as well as opportunities to strengthen incentives such as a review of the recruitment and retention allowance, with a particular focus on retaining the existing workforce.

While dental access is our main concern, we recognise the importance of maximising the oral health of our population to prevent oral conditions which contribute to pressure on dental services and, through their impact on general health, knock on effects on colleagues in wider health and social care. The Oral Health Improvement Team will continue to drive local delivery of the national oral health improvement programmes with a focus on reducing oral health inequalities for children and the "dental priority groups". In addition, we will work across dentistry and with partners to promote and improve oral and general health.

During 2023/24 we will develop a Strategic Plan for Oral Health and Dental Services. This will be a 12-year plan to be implemented from April 2024 and is based on recommendations from a comprehensive needs assessment. The plan will set our strategic direction, guiding longer term planning to improve oral health and develop and build resilience in dental services. It is envisaged that this plan will help steer us through the current challenges and as it progresses will be a vehicle to build on the good work already happening in the Scottish Borders.

PCIP Implementation

Whilst we have established some Primary Care Improvement Plan (PCIP) Multi-Disciplinary Teams (MDT) services (such as Musculoskeletal (MSK), Mental Health, Urgent Care, Community Link Workers and Vaccination), both Community Treatment and Care (CTAC) & Pharmacotherapy are not yet fully implemented. They are partially in place with a Treatment Room service and some pharmacotherapy provision, however equitable access to all GP practice remains a key challenge.

The significant shortfall in Primary Care Improvement Fund (PCIF) allocation from Scottish Government (SG) triggered the need to re-evaluate our PCIP delivery plans for both CTAC and Pharmacotherapy. After carefully evaluating the available funding envelopes needed for delivering the individual workstreams, it is clear that the funds at our disposal, both recurring and non-recurring, are insufficient for the full delivery of the new General Medical Services (GMS) contract.

The proposal that has been developed following the review outlined above, offers an innovative solution by creating a symbiotic relationship between three key workstreams:

1. CTAC
2. Pharmacotherapy
3. Polypharmacy

By leveraging the strengths of each workstream, it is believed that we will be able to achieve better patient outcomes through the application of realistic medicine which in turn will produce sufficient efficiencies to temporarily offset the current funding gap.

As for our Vaccination Programme, the funding that has been allocated is considerably less than anticipated, based on previous submissions to the Scottish Government. As a result, this significant shortfall poses a strategic risk to the Vaccination programme's ability to fully satisfy national requirements. programme.

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The reduction in funding is expected to have a significant impact on the ability to utilise mass vaccination venues. The use of such venues has been crucial to the vaccination programme. However, the increasing cost of these venues, notably caused by the sharp cost increase for heating and other utilities/maintenance, may hinder the continuation of this model in the future.

To mitigate the effect of this funding reduction, the Vaccination Service is undertaking various activities to explore potential saving opportunities and alleviate cost pressures within the organisation. These activities include:

- reducing the use of bank staff except for large programmes like Spring/Summer COVID-19 and Autumn/Winter Flu & COVID-19
- undertaking re-negotiations with Live Borders and other community venue providers with regards to reducing their daily rate
- minimising the number of weekend clinics to reduce paying staff additional payments
- scoping available spaces within Health Board settings that may be appropriate for running clinics

However, it is possible this will reduce our ability to deliver a service that is as locally accessible as we have previously been able to provide.

Community Hospitals – Models of Care

It is important that we continue to deliver high quality and sustainable care within our four community hospitals. During the life of this plan, we intend to initiate a review of care delivery, workforce and the overall modality of care. This will include examining multidisciplinary working to determine that we have the correct workforce delivering the right care to the right people.

We plan to review inclusion criteria and strengthen the transition pathway from home and acute hospital into the community hospitals and intermediate and social care, to ensure we maintain safe and effective discharge and that our Community Hospitals and Intermediate care provision are fit for the future. The level of nursing and medical intervention will also be examined to maintain and enhance the delivery of evidenced based person-centred care. Part of the review will also focus on enhancing specialist clinics across the community hospitals.

At the heart of Primary and Community Services' multi-disciplinary approach is our nursing workforce. The rapidly evolving landscape of delivering health services in a remote and rural setting has prompted the need to re-examine current community nursing staffing establishments and plan for services that are safe, equitable and both clinically and financially effective. We need to ensure that Community nursing teams have the skills, knowledge and resources to be able to deliver highly complex clinical care to people in their homes and in homely settings. This is why we are investing in our urgent care academy and developing new service models such as Hospital at Home and Nurse Practitioner - Care Home Support Team services with new and differing roles.

In a similar approach, we plan to review community nursing provision and the workforce across the Scottish Borders to ensure that we remain aligned to the 2030 Nursing – A Vision for Nursing in Scotland and its three key principles of

personalising care, promoting caring and compassion and taking technology-enabled care forward.

Allied Health Professions

AHP services across P&CS are seeking to deliver services focussed on prevention, early intervention and empowerment of the population of the Scottish Borders to support their own health and wellbeing in line with the national AHP Public Health Framework. Working collaboratively with GP practices, Scottish Borders Council and Third Sector organisations AHP services are seeking to embed the principles of physical and emotional health across our communities. The well documented national workforce challenges across many AHP professions have prompted full-service reviews of all AHP services to ensure that all staffing skill-mix, service structure and distribution of service delivery is optimised and most appropriate for the local context within the Scottish Borders.

Improving Health Outcomes and Financial Sustainability

Financial efficiency is an essential requirement for addressing the challenges of primary care. Through innovation and implementation of prevention and wellness programmes, we aim to help reduce the need for ever increasing need for expensive treatments and hospitalisation into acute care. Doing more with less can lead to financial instability and could impact P&CS long-term viability.

Recognising this significant financial risk will undoubtably be crucial when carefully prioritising spend, balancing competing demands, maintaining the quality of healthcare services for patients and supporting our workforce.

2	Urgent & Unscheduled Care	Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

Urgent and Unscheduled Care within NHS Borders has a continued focus on the delivery of the Urgent & Unscheduled Care Collaborative priorities, alongside continuing to implement our Frailty Programme and develop a sustainable workforce. Detailed plans for these are outlined within the narrative below.

Over the next 3 years, NHS Borders will continue to develop and deliver the Urgent and Unscheduled Care Collaborative Programme which is part of the wider national programme for recovery and will be central to the sustainable deliver of safe and timely care within NHS Scotland.

The aim of this collaboration is to refine and co-produce whole system patient pathways to improve health, care, and wellbeing outcomes for all. This includes utilising the learning from the COVID-19 Pandemic with a focus on how to develop and implement rapid change.

We have a number of deliverables we plan to achieve as part of the Urgent and Unscheduled Care Programme Board which includes a focus on decongesting the Emergency Department (ED); this will be achieved by developing pathways across frailty, medical hot clinics, GP input and considering how the interface between in-hours and out-of-hours can support system wide flow. While the development of a dedicated Frailty Unit remains an area of increased interest, the outcome of the work to reduce bed occupancy (and in doing so, create much needed space across the site) will determine whether an enhanced pathway-based approach will support a greater frailty offering.

Over the medium term, the Borders Emergency Care Service (BECS) out of hours services' focus will move towards developing a more sustainable workforce; following the option appraisal process that took place in 2023. Once agreement is formally reached the service will focus on an implementation plan that will move service delivery from the current to the preferred workforce model involving remote GP working. Moving to a remote GP model will allow NHS Borders to develop a multi-disciplinary team of advanced clinical practitioners that is not reliant on once single profession which will create resilience and improve sustainability. The model encourages staff development and creates a learning environment which is intended to create an attractive service for people to work within and will support the attraction and retention of our workforce. The timeframe for this is as follows:

- Securing agreement to the new model and development of implementation plan (2023/24),
- Recruitment (2024/25),
- Integration and delivery (2024-26)

Using the intelligence and results of the currently ongoing Respiratory Test of Change (using mobile, wearable technology to remotely monitor and manage patient activity), we will seek to expand our digital offering of this technology across other specialties to further decongest the Acute site and make the transition from

Acute based care to community based care and oversight, with a view to improving acute bed capacity and will reduce occupied bed days across IP areas.

An area of focus for NHS Borders over the next 3 years will be our work on Pathways and Community Integration which is centred on changing patient pathways to support more patients to remain in Primacy & Community Care. Our initial concentration is on long term conditions, dementia pathways and access to secondary care, however in time the workstream will consider all places of care and this will develop in more detail over the next 12-18 months.

This work also includes the Hospital at Home project to design and implement a service that offers hospital level assessments and interventions for acute conditions that would normally require hospital admission. We are currently facilitating a 5-month Test of Change, which has the primary goal to provide evidence to support the decision as to whether this should be prioritised for investment within the Borders setting. If the service becomes permanent, Hospital at Home will become one of the focus areas within Urgent and Unscheduled Care.

We are also in the process of developing a Borders Health and Social Care Partnership Integrated Reablement Service, which combines the NHS Borders Home First Team with the Scottish Borders Council Adult Social Care staff to create a Borders wide reablement approach. The purpose of this work is to reduce admissions into the Acute hospital, prevent re-admissions, look at care at home packages and enable people of the Borders to remain independent at home. An implementation plan is being developed and we will continue to monitor progress.

Within the Acute setting AHP services support frailty assessment with dedicated short stay input through the Rapid Assessment and Discharge (RAD) team within ED and Medical Assessment Unit (MAU). This holistic AHP assessment seeks to reduce length of stay, facilitate discharge and prevent admission from ED when possible. Community AHP services are reviewing current service structures to develop a locality approach to service delivery. This will enable a single point of access, reduce service duplication, and make best use of staff resource.

A Public Health approach across AHP services will be crucial over the next 5-10 years. Focussing on a preventative and early intervention approach by seeking to reduce the impacts of frailty within our communities by promoting physical activity, healthy nutrition, and mental wellbeing. We will partner with third sector and community groups to promote a health improvement approach across the Borders.

Looking ahead and at the need to determine our future bed model and capacity requirement for inpatient care in Borders, we will take forward whole system capacity modelling work which will include future projected needs for social care beds, recognising the direct relationship between NHS and Social Care.

Service Reviews

Within Urgent and Unscheduled Care, we have a programme of Service Reviews that are scheduled to take place over the next 3 years. The Service Review model has a firm focus on workforce sustainability, service improvement and modern ways of working and maximising productivity, within the context of the need for financial sustainability of all services operating within NHS Borders. Recognising the level of

input required to complete these to a high standard with clear outputs, we are developing a Service Review Roadmap that will detail the sequence in which service reviews will be conducted – this will ensure that we are allocating adequate time and resource to these service reviews throughout the forthcoming years. Key to these reviews will be a focus on productivity to ensure National standards are met in relation to clinic size, utilisation and best practice (at sub speciality level). Broadly, by 2026 Service Reviews will be completed across Neurology, Respiratory, Gastroenterology, Cardiology, Diabetes, Stroke and Palliative Care.

Workforce

Recognising the significant challenges that all Boards in Scotland continue to face with recruitment and staffing, we have been undertaking pro-active work to address this and develop plans to enhance a sustainable workforce over the next 3 years and beyond. Part of this work includes a Workforce Review within the ED. This Workforce review was commissioned to manage 3 primary drivers for change. These are listed below:

1. Additional Medical Cover (Overnight).
   The overnight period reflects the most vulnerable period of the working day for the ED; there is a less experienced medical team available to manage complex patients, there is reduced levels of wider medical support to provide expertise, and most significantly there is a lack of mutual aid for the single senior decision maker. The evening period also correlates directly with the time of the day when the largest proportion of breaches are recorded.

2. Skill Mix
   Long waits in ED, can adversely affect patients with longer inpatient stays, higher rates of mortality and higher costs of care. Nursing workforce numbers have not been formally appraised and considered since pre pandemic (prior to March 2020) and therefore need to be updated. As a result, the review is considering the optimal skill mix to address current/emerging challenges, missed nursing opportunities and acuity. This will also need to address economic constraints while balancing this with improve quality of care.

3. Levels of Clinical Risks derived from 1 /2 above.

Over the medium term, with the actions described above (Hospital at Home, enhanced frailty pathways, medical hot clinics, appropriate bed modelling and productive services), demonstrate an increased focus on decongesting our unscheduled care footprint and in doing so reduce the pressure across front door services. In parallel, this will support the development of an empowered, sustainable workforce capable of managing natural peaks and troughs in demand without detrimentally impacting performance. This is heavily caveated on a) acceptance of ED workforce review recommendations, b) successful impact of hospital at home and substantive recruitment and c) delivery of interventions as part of the urgent and unscheduled care collaborative. The business cases mentioned above will require to be carefully reviewed considering a range of factors including workforce availability and financial affordability.

Nursing workforce, although showing signs of stabilisation later this year (largely due to international recruitment), is predicted to be an ongoing challenge for the

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Board for the next 5 - 10 years. The reason for this is multifactorial, including the inability of Higher Education Institutes to fill all nursing placements, an anticipated high student attrition rate and the ageing workforce we have within NHS Borders with 26 % of our registered nursing staff over the age of 53 which is projected to have an impact on our turnover rates, and the number of staff retiring and returning on reduced hours. Staffing availability will also be impacted by the long-term changes to Agenda for Change terms and conditions including working hours, protected learning time and review of bandings. be impacted by the changes to working hours

Ongoing work will be required to help stabilise our nursing workforce. This will need to include supporting return to practice staff to gain the required practice hours/skills required for re-instatement on the NMC (Nursing and Midwifery Council) register, further development of Assistant Practitioners as part of the NHS Scotland career framework as well as supporting flexible working and retire to return staff. Longer term investment is required for preceptorship to enable retention of nursing staff through support and education as well as providing leadership development to support in Board succession planning for senior clinical roles.

Work is currently underway with senior nurses looking at different ways of working and or skill mix that would help support our workforce model moving forward to ensure that we have a clear plan of future requirements in relation to staff numbers, band of staff projected to be required and training requirements to ensure we are prospectively mapping out our ongoing requirements. This work will be supported moving forward by workload tools which are required be run at a minimum of an annual basis using a triangulated approach as stipulated within the Health and Care (Staffing) (Scotland) Act 2019.

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3	**Mental Health**	Improving the delivery of mental health support and services, reflecting key priorities set out in the upcoming Mental Health Strategy.

NHS Borders is committed to improving access to Mental Health services, building capacity to sustainably deliver and maintain the CAMHS and Psychological Therapies 18-week referral to treatment standards and tackling health inequalities. Opportunities exist to develop and grow Primary Mental Health teams, develop the workforce and to integrate the primary care mental health workforce into wider primary care multi-disciplinary teams, community and secondary care. Detailed plans for these are outlined within the narrative below.

Improving Access to Mental Health Services
Child and Adolescent Mental Health Service (CAMHS) continues to look at new ways to improve access by children and young people to the service it provides. These improvements have and will include career development structures within nursing, psychology and psychiatry with a focus on clear patient flow designed to meet the broad range of needs for referred patients to the service. Stakeholder engagement both formal and informal will continue to be established within the service this will enable the service to reach a wider audience and work in co-production.

Establishing the service as multiagency working with colleagues in SBC and 3rd sector organisations will also improve access to the service. Close links with school nurses and working collaboratively with Borders College has forged links to enable more children and young people to access the CAMHS service. CAMHS has significantly reduced its longest waits for referral to treatment as well as the overall number of patients on the waiting list. Future planned activity includes:

- Improving the referral quality to the service. This will be achieved by a Borders wide roll out of a school referral route for neurodevelopmental queries. The new referral template is continuing to benefit the service and the pilot continues to support if any interventions can be established prior to the first appointment.

- Expanding the range of support materials and integration with other communication platforms. Development of an in-house Urgent Emergency/Intensive Home Treatment Service (ITS).

- Working with colleagues across Scotland to support and deliver an Out of Hours (OOH) CAMHS service provision.

- Working with colleagues across Scotland to examine inpatient services acknowledging that access to specialist young person beds continues to be challenging placing demands on the adult acute inpatient service.

Key priorities in relation to CAMHS Specifications include continuing to carry out new patient assessment appointments with a focus on reducing the Return to Treatment (RTT). Historically CAMHS within NHS Borders has reported both core mental health patients (CAT 2) and Neuro-developmental patients (CAT 1) waiting over the 18 weeks Heat target as combined data for publication in national returns. The plan is to separate current reporting process (HEAT Target) and report only the

Core Mental health information/data that meets NHS Borders CAMHS specified referral criteria. This will be in line with guidance and the approach in other health boards in Scotland.

Psychology services in NHS Borders are currently reviewing demand and capacity to respond to changes in demand for the service and to ensure we can offer treatment to those referred to the service within 18 weeks. Part of this exercise is to identify backlogs and ensure services are resilient, with as few barriers as possible. This is especially relevant as due to the current national recruitment situation we are unable to recruit to maternity cover or fixed term posts.

Tackling Inequalities

There are plans underway to review current services in line with strategies and the forth coming secondary mental health standards to improve the delivery of mental health services within NHS Borders. This will involve redefining pathways into and within our services to ensure they meet needs of service users and carers. The identified areas for reviews are our working age adult services, older adult's services, medical workforce and commissioned services. The reviews will include a review of workforce and demand to ensure we are meeting required standards and maximising workforce capacity.

One area identified in our scoping exercise has been access to services to ensure that our services have clear treatment pathways and referrals that come into service that are appropriate and timely. Having the correct access should prevent unnecessary waits or delay in referrals.

We are working closely with social care and third sector agencies to map out mental health services that are available with aim of supporting more people in the community.

Within our mental health rehabilitation service, we have introduced grade 5 supported accommodation, defined as Intensive community rehabilitation, providing early discharge from grade 6 or an alternative to admission. This has increased the capacity of our service through integration with social care and third sector and will continue to develop so we can support those with complex needs in the community.

Primary Mental Health Teams

In October 2020 the Renew primary care mental health service was established using a combination of funding from Action 15 and the PCIP. This service, for those aged 18 and over was developed in partnership with GP's and psychology services and offers a range of evidence-based interventions for mild to moderate anxiety and depression. A centralised model was agreed as a "one stop shop – see and treat model" and this has worked well in the Borders. Since its establishment, demand has grown strongly to an average of 300 referrals per month.

Renew works closely with secondary care mental health services as well as other services in primary care including those developed/developing under the PCIP. We will be reviewing the service this year as part of the review of psychology services with the aim of ensuring that the service is continuing to meet the needs of primary care, is as productive as possible and that pathways to step up those who need

secondary care intervention are as seamless as possible. No major expansion is planned due to funding constraints.

NHS Borders does not serve a prison population or have secure accommodation under our service. Our Forensic Mental Health care is all provided either in the community or is in partnership with external providers.

We are working closely with a partner agency to appropriately plan and deliver a person-centred repatriation model for people who, for forensic care have been placed out of area but remain under our care.

We are working in partnership with NHS Lothian to deliver an updated Service Level Agreement (SLA) in relation to Forensic Medical Examination (FME) input into our custody suite.

We are working with our Police partners to update our Psychiatric Emergency Plan to reflect and include the recommendations identified in the Ending the Exclusion report.

Improving Data Collection

We have recently developed data dashboards for our Adult Community Mental Health Teams (CMHT's) enabling live, continuous monitoring of referral rates, waiting times, length of wait and a host of other information which will allow greater understanding of our service model. Over the forthcoming year we will engage and interrogate the data provided to examine and influence the service model as part of our service transformation.

Mental Health Workforce

We are developing senior leadership teams within all our services across mental health, this was done to improve our governance structure and workforce involvement. The remit of the senior leadership team is to be proactive in managing strategic issues and to have a focus on objectives to ensure the workforce plays a part in the strategic planning process.

Quality & Safety Challenges

There are ongoing challenges with the Mental Health Estate in relation to:

- CAMHS accommodation
- Borders Addiction Service (BAS) accommodation
- Access to appropriate community clinic space
- Accommodation for the Veterans First Point (V1P) service

Utilising the Scottish Government grant for improving Mental Health Estates, we have now identified suitable alternative accommodation for V1P. Work continues to look at alternatives for additional clinical space and CAMHS accommodation.

NHS Borders has also commissioned a review of the Mental Health Estate including space requirements and surveys of existing sites to support planning moving forward.

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4	**Planned Care**	Recovering and improving delivery of planned care - CfSD working with Boards in delivery of four key interventions to improve delivery of planned care.

We are committed to continuing the recovery and improving the delivery of our Planned Care Services within NHS Borders over the next three years and have outlined some key areas of focus below.

Recognising the challenges facing NHS Borders it clear that we will be focused on three primary issues over the medium term:

- Recovering and then sustaining activity consistent with performance achieved pre-pandemic across all elective activity areas.
- Ensuring all elective services have in place a reasonable assessment of demand and capacity and can evidence a level of service productivity consistent with their peer organisations or best practice as applicable.
- Clear evidence that service improvements outlined by Centre for Sustainable Delivery (CfSD) both in general terms, and as part of deep dives into key specialties, have been implemented locally or that actions plans have been developed to ensure implementation within a reasonable timescale.

A clear benefits realisation plan will be developed alongside our overarching capacity management plan recognising that in addition to improvements in waiting times performance, NHS Borders is also committed to delivering real time cash releasing saving to support our Financial Improvement Plan.

Once the modelling work is available and has been shared with us, we will review our plans to assess for further opportunities.

5	Cancer Care	Delivering the National Cancer Action Plan (spring 2023-2026)

NHS Borders is reviewing our cancer strategy in line with the requirements outlined in the national care action plan and current performance challenges in respect of both 31and 62-days targets. This will need to be considered within the context of available resources, both current and any additional support that may be available in future.

We will continue to work with our Diagnostic teams on plans aimed at addressing underlying capacity issues in both Computerised Tomography (CT) and Magnetic Resonance Imaging (MRI). There is currently a reliance on additional staffed mobile capacity to support waiting times consistent with cancer pathways and this is not financially sustainable in the long term. We are developing plans that demonstrate we are maximising value from our investment in existing equipment and provide best value in addressing any residual capacity requirements. This is likely to include proposals for further capital investment in equipment at some point in the future.

We are working with Gastrointestinal (GI) and Surgical teams on proposals aimed at increasing operator capacity for both Upper Gastrointestinal Series (UGI) and Colonoscopy. The longer-term sustainability of both new urgent and surveillance waiting times is dependent on a sustainable work force plan that addresses existing capacity issues. We will send 1 Whole Time Equivalent (wte) ANP Nurse for training in 2023/24, and we will work on proposal to increase this based on service needs. This will be supplemented by a review of referral pathways to ensure appropriate patient selection and the continued development of both Colon Capsule and Cytosponge use in NHS Borders.

Funding has recently been secured to support the development of a local Endobronchial Ultrasound (EBUS) service, and this will be taken forward during 2023/24. This will have significant benefits for patients with lung cancer.

NHS Borders is participating in national work around optimal pathways and will implement these when realistic and achievable.

During 2023/24 we will finalise the Workforce Plan for Cancer Services in Borders, including treatment room nursing staff, Cancer Nurse Specialist input for less common cancers and the future model for Oncologist input.

Looking at the delivery of Systemic Anti-Cancer Therapy (SACT) treatments, building works are scheduled during the latter part of 2023 to address immediate concerns relating to space for treatment delivery. Long-term plans for the Unit will be developed during 2024 to ensure we have sufficient capacity to meet projected demand over the medium term.

A structured review will be undertaken of existing prehabilitation services available for those on cancer pathways. It is anticipated this will be completed by the end of 2023/24 and will be used as the basis for future proposals aimed at addressing any

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identified shortfall. This will be taken forward in collaboration with regional and national partners to achieve equity and consistency across Scotland.

Signposting to Macmillan services is in place. Work to implement Improving Cancer Journeys (ICJ) in Borders will begin during 2023/24, and part of this will be to support patients in accessing available support. This will supplement work we have delivered to introduce Single Point of Contact service for patients on cancer pathways in Acute services.

The Rapid Cancer Diagnostic Service commenced accepting referrals in April 2023, and this will be evaluated during the coming year.

The National Oncology Transformation Programme has not yet been shared at Board level, and we will engage when this happens.

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6	**Health Inequalities**	Enhance planning and delivery of approach to tackling health inequalities including the contribution to primary prevention through Anchors.

In NHS Borders we are currently writing our first health inequalities strategy following the pandemic which will review population needs and take account of the joint Strategic Needs Assessment. Once this is developed, as a "live" document, we will engage stakeholders and local anchor institutions to help deliver it.

NHS Borders will continue to provide leadership to the Alcohol & Drugs Partnership. Our Director of Public Health Chairs the Alcohol & Drugs Partnership and manages the Alcohol & Drugs Partnership Support Team.

In partnership with the Borders Children and Young People's Planning Partnership we will continue to take action to prevent people experiencing problem drug use through providing whole family approach services; supporting curriculum development in relation to alcohol and drugs and implementation of the young person's framework once published.

We will reduce risk for people using drugs through ensuring naloxone training and provision across key services in Borders and the non-fatal overdose pathway.
We will seek to achieve 'blue' RAG status across standards 1-5 and 'green' across 6-10 through provision and evaluation of new ANP roles for mental health and primary care.

We will test additional approaches to enhance our performance for Medication Assisted Treatment (MAT) 7.

We will increase the numbers of people accessing Residential Rehabilitation through further communicating with key partners about our new pathway and aim to involve people with lived experience in the assessment process where feasible. We will build increasing awareness of the needs and barriers for people with problem drug use through ongoing communications and workforce development.

Women's Health Plan

We are in the process of developing our Women's Health Plan and will set out the actions, in association with our work with Anchor institutions.

Transport to Health

We are working with Public Health Scotland to develop an understanding of the transport needs of our population and are developing a tool which will make it easier to plan the location of services and the ease of access for appropriate cohorts. Our Health in All Policies work will also lead to greater partnership with transport providers in the Scottish Borders

7	**Innovation Adoption**	Support pace of change of innovative healthcare and technologies, to improve efficiency and outcomes for patients and to enable care closer to home.

NHS Borders forms part of the national network created to deliver the Government's vision of utilising the innovation process to deliver a healthier and wealthier nation for the future.

Through project management support, innovation is being fully integrated into the service review process with a specific session focussing on this within all service reviews. This challenges staff to consider innovative ideas to enable future delivery of services to become more efficient and more effective. This approach will reduce barriers, perceived or otherwise within NHS Borders delivery teams.

We are developing a governance structure to support innovation at a local and national level. NHS Borders works closely with test bed partners NHS Lothian and NHS Fife in Health Innovation Southeast Scotland (HISES) and is committed, in collaboration with our staff, academia, industry partners and the third sector to work together to identify the problems faced by patients, staff and citizens in receiving / delivery of high quality, effective and efficient health and care services. Through our dedicated innovation support from the Programme Management Office (PMO) an Innovation Steering Group is in the process of being established and the first meeting will be held in Q2 2023/24. The first meeting will confirm the draft terms of reference for the group which will consider the pipeline process that has been drafted for identifying and reviewing innovation projects.

8	Workforce	Implementation of the Workforce Strategy.

The focal point of workforce planning to support service recovery is the 3-year workforce plans published in October 2022. The first Integrated Scottish Borders Health and Social Care Partnership (HSCP) Workforce Plan 2022-25 was co-produced by representatives from NHS Borders, Scottish Borders Council and the Independent and Third Sectors. This plan has been designed to carefully consider the workforce interdependencies across the whole system and enable and empower the HSCP to plan the workforce to ensure sustainable community-based services. Actions are being progressed through the newly formed Integrated Workforce Plan Implementation Group, which contains equal membership across all relevant sectors within the Scottish Borders.

For NHS services out with the HSCP; a 3-year NHS Borders Workforce Plan has also been published as a companion document and this reflects the close synergies between NHS Borders and the HSCP. We have identified/continue to identify how NHS Borders will respond to recovery plans post Pandemic, highlighting existing and predicted future workforce challenges, and actions to support service sustainability and transformation over the next 3 years.

NHS Borders continues to work with local Higher Education Institutions and local colleges to develop innovative ways to develop and bolster our nursing and midwifery teams. We continue to develop our non-registered workforce to Assistant Practitioner level and have continued to increase their numbers to support our registered nursing staff. Recognising the skills and knowledge of our year two students we have successfully completed a pilot to improve transition and recruitment. We offered over twenty students a part-time Band 4 Assistant practitioner role with a guaranteed staff nurse position on completion. The pilot was a success and we have recently opened this up to paramedic students to work as assistant practitioners but as part of the nursing teams. This will improve interprofessional working and improve diversity across teams promoting shared learning, improving communication and positively impacting our patient's journey.

In September 2023 we are commencing a pilot programme with Borders College for our non-registered staff to support more routes for widening access into heath and care roles.

Recognising the impact of development and education to recruitment and retention NHS Borders has invested a significant amount of time on developing its teams. As well as in house development programmes we have worked with Dundee University to secure funding for acute care modules. We have designed and implemented a Newly Qualified Programme whereby staff are offered support and development both clinically and with pastoral support over their first year of employment through a dedicated group in our education team.

We continue with our seven-week bespoke preparation and induction programme for our International Recruits (IR) waiting to sit their NMC Objective Structured Clinical Examination (OSCE). This has been hugely successful, and we now have a large number of IRs. Our reputation as a supportive Board has resulted in an increase of international recruits coming to NHS Borders from NHS England who

are already inducted into the NHS. This has improved our recruitment significantly and increased diversity and inclusion across the Board. Our Florence Nightingale membership will allow us to develop all staff further around leadership, management and teamwork. To improve workforce culture retention and recruitment. NHS Borders is delivering a locally developed in-house Compassionate Leadership Programme.

New permanent roles have been developed to support clinical staff and improve efficiency within our ward establishments include Pharmacy Technicians, Housekeepers, Physician Associates and Associate Practitioners and activity co-coordinators.

NHS Borders continue to support employability schemes, enhancing local supply pipelines, and providing opportunities for young people and disadvantaged groups. Modern Apprenticeships (MAs) are supported in line with the requirements of the Young Person's Guarantee, and the Prince's Trust Programme continues, which aims to prepare students for a Health Care Support Worker (HCSW) role. Our Train to Gain programme for facilities staff was re-established in Spring 2023 giving those furthest removed from the labour market a 2-week work placement in our facilities departments as part of an intense employability programme.

Project Search which supports young people with a learning disability or autism into work continues, with the 2023/24 cohort recently recruited. Interns attend 3 different placements throughout the year and at the recent graduation we celebrated 2 interns successfully achieving employment, and the significant progress all students have made in confidence, skills, and experience in preparation for further training/employment,

A key priority is engaging the younger workforce and significant effort has gone into working more closely with our local schools over the past year. NHS Borders staff have recently attended career fairs across all 9 Secondary schools, and an NHS insight day showcasing the variety of careers available, which will be rolled out further next year. An accredited virtual work experience gave pupils an opportunity to learn about the variety of careers available, meet clinicians and research their findings in a presentation. Workplace Tours have also resumed, and following a successful pilot, a generic work experience week for S3 pupils, where young people rotate across 8 departments was introduced. A programme is in development to host all schools in the Borders, supporting a fairer, more equitable process. A co-ordinated approach for requests from senior school pupils, and 18+ is also being progressed with a rotational medical work experience week aimed at S5 pupils taking place during the summer holidays and plans to expand this to other professional groups.

NHS Borders have embraced the use of technology over the past year, improving efficiency, by embedding and extending the role of Digital Health and Telecare using Virtual/Remote/Video Consultations and supporting self-care.

Flexible location workplace with I.T. support for remote and home working has proved successful and the Covid virtual ward was established to allow patients to be monitored from home.

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Hospital at Home, as a short-term, targeted intervention that provides a level of hospital care in a patient's own home or other home setting has also been introduced and NHS Borders are exploring the opportunities of working in partnership with NHS Education for Scotland to deliver Technology Enabled Care (TEC) learning which supports health and social care practice.

National and local workforce policies have influenced NHS Borders recruitment strategy for international recruitment, with a target of 20 overseas nurses to be recruited in 2023 – 2024.The National Retire and Return policy has enabled NHS Borders to retain skilled health professionals, and alongside the flexible working policy, which helps employees balance work with other commitments, has supported staff to continue.

Health care students have been offered part-time HCSW or Associate Practitioners roles building on the "Earn as you Learn" approach over the past year, encouraging them to consider a career within NHS Borders.

The new monthly newsletter on Wellbeing publicises available support for our workforce, and partnership working groups to devise local approaches on Menopause, Miscarriage and Gender Based Violence have been established while awaiting a Once for Scotland approach.

Intranet and poster campaigns on wellbeing have been developed, and a Staff Wellbeing Week was held in June 2023 and included information on a range of topics such as heart health, exercise, wellbeing, finances and healthy lifestyle options.

Onsite one to one support, tailored to precise staff needs, and bespoke welfare sessions with teams e.g., Stress and Resilience training, Respect at Work and Managing Mental Wellbeing for Managers have been introduced.

Staff counselling continues with high demand for this valuable facility, with occupational health working closely with Psychology and the Internal Coaching Network continues to support staff to achieve their goals and handle workplace issues.

We have revamped our exit interviewing process (including post pandemic, face to face interviews) and reporting to learn lessons about the preventable reasons for staff who choose to leave us. iMatter and our own 2020 "Collecting Your Voices" initiative influences priorities for staff well-being and understanding key issues around how it feels to work in NHS Borders. We are working collectively to bringing the outputs into mainstream decision-making processes and this will be a key focus over the next 3 years. Regular staff governance reports and workforce KPIs are presented at Board level to measure progress in these areas.

9	Digital Services & Technology	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

We work collaboratively to maximise the use of digital and data technologies across the organisation in the design and delivery of services to improve patient experience.

When services are re-designing, they include Digital colleagues in the projects and consider the Digital options that might assist. A collaborative approach to review all aspects of the Digital impact as solutions are developed, including consideration of the impact on patients. A test of change or pilot will be established and evaluated prior to a full implementation if appropriate. We are also establishing additional clinical capacity to support the Digital team and Chief Clinical Informatics Officer (CCIO) as they design and implement Digital solutions.

We have a well-established Digital Portfolio process where all work and projects are assessed and prioritised, including national programmes and local aspirations to develop our plans. The process assesses the importance, organisational fit with objectives, commitments, and performance as well as the benefits of delivering the scheme. This includes considering risks in the underlying infrastructure, security, architecture, and service that must be mitigated.

A significant element of our yearly plan is focused on mitigating risks leaving limited capacity to pursue projects that innovate, increase our digital maturity or support redesign of services in the timescales and at the pace we would wish. This is a source of frustration for clinical and admin services. The process is collaborative and transparent, with clinical and service input to aspects of prioritisation when choices and flexibility are available, rather than essential risk mitigation.

In that context, we will review how we can further contribute and participate in the national priorities set out in ‘Care in the Digital Age’ Delivery Plan as our local plans are developed.

We have described our position regarding national programmes within the Annual Delivery Plan (ADP). This will evolve as plans and timings are refined. We are significantly impacted by the increasing demands on our local infrastructure, whether through ageing, requiring refresh, increased security, or service need for improved performance and functionality. We face challenges within the local context of small teams, skills gaps, difficulty recruiting and limited available funding whether capital or revenue. The revenue position has improved through the support of our Board in recent years; however, capital is extremely limited and insufficient to implement an adequate refresh programme.

We are working collaboratively with SBC as described in the ADP and will continue to work with them to move forward our ambitions of an integrated health and care record as resources allow. As part of this we will follow closely developments within the national arena and product set for their availability and functional fit with the architecture we aspire to deliver. Key components are likely to include identity

management, national digital platform and digital front door. There may be challenges in the timing of functions being readily available and the capacity and priority of work in the national programmes that will require us to make some tactical choices to progress, though we are committed to leveraging Once for Scotland approaches and products where we can.

Our teams participate and share knowledge and learning through the Digital forums available to us whether digital leads, Information Governance (IG) forums, Infrastructure leads, regional Digital groups etc. As far as possible we adapt, and re-use content ad solutions developed nationally or in other NHS Boards to minimise the effort required locally.

We are currently working with the Cyber Security Operations Centre setup nationally in partnership with Abertay University. We will look to contribute and benefit from a national Cyber Security strategy which will involve adoption of common technologies to support and protect the Digital Infrastructure within local boards. This will provide NHS Borders with additional Cyber Security expertise which will assist in developing and monitoring our security posture.

It would be helpful to see a strategic direction for NHS Scotland with an agreed target architecture that all boards aim towards, setting out the national components for key functionality and timescales to assist with local planning and product choices either tactical or longer term.

Individual roadmaps for national products such as National Digital Platform, Identity Management and Digital Front Door developed collaboratively around an architecture would assist local Digital teams to develop plans and strategies to increase their digital maturity and level the offering to staff and patients across all Boards. It would also be helpful if these focused on providing the essential functions that support boards to interact with the public and streamline their service delivery. E.g., appointments and letters interaction with patients, or integrated records and referral management across health and social care and cross board boundaries.

There are many Digital initiatives that come from policy areas outside the Digital Directorate, often via NSS commissions, and having a more coordinated view of these and how they fit together with a national architecture would assist Boards to be more prepared and plan for implementation and take advantage of these offerings. This applies equally to programmes already established where clarity of plans ad approach in a single coordinated view would be beneficial.

Regarding the Office 365 (O365) programme, it is important that the national programme implements the agreed resource model to create the capacity to support Boards by giving guidance and clarity of the steps necessary to build the foundations that will allow us to safely deploy the functionality available to us through SharePoint, Power Apps, Power Bi & Viva Engage. Boards like NHS Borders who have very small teams find it hard to plan and support the desire from local service leads to exploit O365 without clarity of security components, IG and how to gain the skills and knowledge of the product to leverage it for services.

Our approach locally will be to leverage the current systems we already have whether Microsoft 365 (M365) or Trakcare to deliver more value from money already being spent. As part of this we plan to work towards a comprehensive electronic patient record that can be shared across health & social care systems and with individuals so they can interact with our services and have access to appropriate information and transact with us. We will achieve that through leveraging the functionality within Trakcare and are exploring the HealthShare product to facilitate the sharing of Information across staff groups and the public.

The next major upgrade for the TrakCare Patient Management System is to move to the New User Interface (NUI). Not only does this give a more modern look and feel to the system but it will allow NHSB to utilise new functionality enabling an electronic health record within the TrakCare system. The Encounter Record functionality is a problem-oriented medical record, providing a centralised workspace enabling a care provider to document an encounter with a patient as well as providing a solution for viewing and storing patient information. Observations can be recorded electronically and the NUI scales to multiple types of devices allowing more options for mobile working within our settings.

InterSystems HealthShare is a comprehensive Health Information System (HIS) and healthcare data platform that enables the sharing and exchange of healthcare data between different healthcare organisations and systems. Overall, InterSystems HealthShare aims to improve the quality of care, increase efficiency, and reduce costs by enabling healthcare organisations to share and exchange healthcare data in a secure and interoperable manner.

This project would be a joint venture with SBC and initially would focus on providing a Unified Patient Record which would aggregate data from multiple Health and Social Care systems to allow clinicians to view all relevant patient data in one place. HealthShare would also enable NHS Borders to provide a patient portal giving our patients the ability to access aspects of their care record, book appointments and receive letters electronically.

We are in the process of developing a strategy for removing paper health records and developing digital solutions for electronic data capture to into a full Electronic Health Record. This will improve access to information, which is currently stored in paper notes, accuracy of records and allow sharing of relevant patient data.

In Information Governance, we are in the process of implementing OneTrust, which will support management of our Information Assets, provide a log of Records of Processing agreements, create workflows for completion and approval of Data Protection Impact Assessments and allow us to document data flows to streamline and enhance processes under General Data Protection Regulation (GDPR) Regulations.

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10	**Climate Emergency & Environment**	Reduce NHS greenhouse gas emissions and contribute to wider societal decarbonisation, adapt to the risks from climate change and improve the NHS's impact on the environment.

We have not identified any additional resources available to support delivery of the strategic and policy commitments within this area and our existing capacity is fully directed to operational service delivery. Wherever possible we are progressing plans through existing resources. We aim to have developed our local action plan by August 2023 aligned to the national strategy and this will consider the extent to which we are able to meet the objectives set out by Scottish Government below.

NHS Fleet and business travel - zero tailpipe emissions by end 2025

- Set out how the Board will achieve this target, including consideration of the number of charging points required, the costs of installation including any electrical infrastructure upgrades required, and the phasing of the transition.

Medical gases –desflurane, sevoflurane, isoflurane, nitrous oxide and Entonox accounted for 27,000 tCO2e of NHS emissions in 21/22

- Using guidance provided by Scottish Government and the Centre for Sustainable Delivery, Boards should set out approach to end their use of desflurane. If they have not done so, nitrous oxide mitigation programmes and complete their implementation.
- Establish Entonox mitigation programmes and begin implementation.
- Outline how emissions reductions will be achieved to meet guidance requirements.

Waste

- How the Board will improve its data quality on waste; the actions it will take to meet national waste targets as well as local targets for clinical waste as set out in paragraphs 34 and 35 of DL (2021) 38.

Net-zero health service by 2040 and minimise the cumulative emissions

- Outline how the Board will develop and begin implementation of a building energy transition programme to reduce energy consumption. Boards should deliver year-on-year reductions in building energy emissions at a rate which is consistent with meeting a 75% reduction by 2030 compared to 1990. In particular, reductions should be delivered in emissions from the combustion of fossil fuel.

Green Theatres – reducing the environmental impact of surgery

- CfSD's National Green Theatre Programme is developing implementation 'bundles' which will be released in phases. Medium term plans should set out how the Board will approach implementation of green theatres.
- Outline quality improvement approach to implementation of the Scottish Quality Respiratory Prescribing Guide by primary care and secondary care respiratory clinicians.

Finance & sustainability	Approach to achieving financial balance and aligning with S&V financial improvement programme of work.

NHS Borders is currently escalated at Stage 3 of the Scottish Government Performance Escalation Framework in relation to financial sustainability.

The Board's financial plan for 2023/24 describes an opening deficit of £23.6m projected to rise to £30.4m by March 2024, before delivery of savings and any other remedial actions. This deficit excludes repayment of brokerage received in previous years. From 2017/18 onwards the Board has required additional Scottish Government support to achieve a breakeven outturn position. As at March 2023 the accumulated repayable brokerage liability held by the Board is £20.0m.

Our Medium-Term Financial Plan was submitted in March 2023. The plan describes a worsening financial position over the three-year cycle and actions currently identified are sufficient only to arrest the level of increase in our deficit. Financial performance after savings would remain broadly stable across the three-year cycle outlined in the plan, with a £22.5m (deficit) in 2023/24 and a final outturn position of a £21.7m deficit in 2025/26.

Over this period the underlying (recurring) deficit is expected to reduce from £30.4m (March 2023) to £17.8m (March 2026). Savings delivery is projected at 3% per annum (a total of £20m over three years), with further non-recurring flexibility and savings of £15m to be achieved over the same period.

The assumptions underpinning the plan remain subject to significant uncertainty, with limited modelling undertaken so far on future demographic and policy impacts, and wider economic forces. It is worth noting that the assumptions in relation to energy and wider inflationary impacts for years 2 & 3 of the plan are already challenging given the continued volatility of the UK economy.

Even if the performance described in the plan, including the delivery of savings, is achieved this will still leave the Board facing a significant challenge in identifying further savings opportunities to address the residual deficit in March 2026. Beyond this there will be the need to identify further actions to meet the repayment of the total brokerage that will be accumulated.

Our draft financial recovery plan, prepared alongside the Medium-term financial plan highlights that traditional cost improvement measures and productivity gain will not be sufficient to achieve this objective; actions likely to be required to sustainably reduce costs are expected to require whole system transformation and reform to Health & Social Care delivery within the Scottish Borders. The scoping and implementation of a transformation strategy is underway however at the time of preparation, there is a significant gap between the level of savings identified and the target

We have an established Financial Improvement Programme (FIP) in place which is supported by our PMO. Our FIP reports into our Quality & Sustainability Board

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(QSB) which is aligned to the objectives of the national Sustainability & Value Programme. QSB provides oversight and monitoring of progress to the Board's transformation programme, its FIP, and the workstreams associated with operational effectiveness, workforce sustainability, and climate emergency & sustainability.

Delivery of the Financial Improvement Programme is expected to be achieved across a number of complementary workstreams, including the following:

- Cash releasing Savings Programmes delivered through local efficiencies and whole system workstreams (e.g. prescribing, procurement, estates & facilities, agency reduction)
- Grip & Control (financial, workforce and operational)
- Quality Improvement (small scale, incremental change)
- Clinical Productivity
- Longer term transformation programmes (e.g. review of bed model and clinical pathways, site rationalisation, regional/local shared services, etc.)

As at March 2023, there was a significant shortfall in the level of plans required to deliver the savings target identified in the Board's financial recovery plan (£20m over 3 years). Actual plans identified c.60% of the savings required in 2023/24. An updated position will be reported at Quarter One Review.

From April 2023 Scottish Government has been providing tailored support to the Board in order to undertake a systematic review of its financial deficit, the effectiveness of its planning and control environment, and to assist in the development of an updated financial recovery plan. This work is expected to conclude in September 2023.

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Value Based Health & Care	Approach to embracing and adopting Value Based Health and Care.

We have strong advocates for Value Based Health & Care (VBH&C) within NHS Borders, including our Medical Director as our Executive Sponsor and senior leadership. However, there is a need to further raise the profile of VBH&C within our clinical teams. This is critical, so everyone has the same understanding of VBH&C, and what this would mean within their service area. There are several ways we will approach this including education and awareness raising sessions, organisation wide communication and recruitment of VBH&C champions.

We believe that communication is a key factor in helping to deliver VBH&C. This is why we identified communication and public engagement as one of our top 3 priorities for 23/24. Comms and engagement with staff will come first, followed by public comms (approximately six months thereafter). Our comms plan will be a live document. We envisage that comms will continue to play a vital role in the delivery of VBH&C and would see the development of this aspect of the work as ongoing (spanning 2023-26 and thereafter). We are working closely with comms colleagues around the messaging and envision some form of VBH&C comms on a quarterly basis as a minimum.

To link VBH&C more strategically within Borders, we need to further link with our business units to help them gain a better understanding of Realistic Medicine principles and how they can be applied to the development of their business plans. In particular, the importance of Shared Decision Making (SDM) a personalised approach to care and using tools such as the Atlas to reduce unwarranted variation.

In addition, we have started work on integrating VBH&C principles within our service reviews. We want to ensure that VBH&C is firmly at the top of our ‘business as usual’ and becomes a natural way of working across the organisation.

Formal networks will also help drive and strengthen our approach to VBH&C within NHS Borders. We have recently established a local steering group for VBH&C which will meet bi-monthly. Strengthened governance and wider ownership of our action plan will help support the strategic and operational embedding of value-based health and care principles.

In addition to comms work, the other 2 areas we are prioritising for 2023/24 are the scaling up of polypharmacy initiatives across Borders and the development of an early link between palliative care and oncology for patients with incurable disease. These are key pieces of work for us that have a strong focus on VBH&C.

To address the 5 specific actions in recent planned care guidance.

- We must decide as a board to make SDM training on TURAS mandatory if all health and care professionals are to complete this training. This will also require a significant ‘push’ from senior leadership.

- Patients and carers encouraged to use the 'BRAN' approach (Benefits, Risks, Alternatives, do Nothing). This will need to be part of our comms plan and approach as well as working with services to assess the extent to which BRAN is integrated within written and verbal communication with patients.

- As part of our 'baseline assessment' with Business Units, we can begin to evaluate our approach to SDM. Use of SDM tools such as CollaboRATE can be onerous in terms of time taken to administer and collating the data. We need to decide as a board how we will be capturing and evidencing the impact of SDM. Case studies can be very powerful and again, comms could play a key role in SDM from a staff and patient perspective.

- Full roll out of Active Clinical Referral Triage, Patient Initiated Reviews and best practice pathways (including EQUIP) will need support. Again, our work with Business Units should give us more detail about what next steps and support are needed and areas which need more focus or prioritisation**.** A wealth of appointment options is currently available on TRAK to all services. We recognise the need to develop and implement consistent and equitable processes and pathways to enable enhanced vetting of referrals by clinicians to ensure optimal management. We have completed this process for Globus and hernia and currently liaising with the Centre for sustainable delivery for other patient pathways suitable for the opt-in process.

- Atlas data is also a key tool to support tackling unwarranted variation and we have other datasets available from Discovery that can potentially supplement this. Having a more formal governance and reporting structure should help with these links.

The Realistic Medicine Action plan (submitted 11th of May) highlights our top 3 priority areas and provides more detailed activities as well as integrating the 5 specific actions from recent planned care guidance. Again, like the comms plan we envisage this to be a live document and the establishment of a VBH&C steering group will help drive and support this work.

VBH&C is an evolving agenda for us locally (as well as nationally). We currently envisage a continuation of the priorities of 2023/24 into 2024/25 and 2025/26. However, as work progresses, we need to be adaptable and that includes our main areas of focus for VBH&C. Communication will continue to be a key element of our work and can assist as a driver for change.

Acknowledging the huge scope of VBH&C we need to prioritise and focus our efforts most effectively (building on existing work, sharing best practice and knowledge, and strengthening our formal and informal networks around VBH&C).

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Integration & population need	Boards are asked to set out key actions to respond to population needs and how you will work in partnership to address and respond to these needs.

We have a rural population distributed predominantly within small market towns: Peebles, Selkirk, Melrose, Hawick, Galashiels and Kelso and depends on agricultural activity for much of its economy. We have a deficit in younger working age cohorts, and a preponderance of those who are older and retired. Whilst we appear to have a more affluent population than the Scottish average, the way data-zones are constructed for the index of multiple deprivation, is not suitable for rural areas with a tendency to regress to mean and hide pockets of lower income people such as farm labourers amongst more affluent land and homeowners. Many of our population are asset rich but cash poor, so the cost of living has been a key issue for the local residents. We are therefore planning to publish a health inequalities reduction strategy which will mean developing our own index, with help from Public Health Scotland.

As we are coterminous with SBC, the IJB, the HSCP and the Community Planning Partnership (CPP) there are fewer opportunities for leadership clashes or misunderstandings, though we also tend to duplicate, so there is work to ensure we take a Once for Borders approach. Work is also underway, led by the IJB to take a locality approach to community engagement, and there is a funding stream from SBC of £0.4m which will support social prescribing through small grants to community bodies and a collective approach for commissioning across the public sector will help by having clear engagement outcomes. There is also development to support the CPP deliver on health inequalities using local communities. The unification of community bodies under one umbrella (Borders Community Action) is supported by all the statutory bodies locally and will help reach out to local communities through grants and collective engagement.

The Director of Public Health (DPH) is promoting the development of a social movement for health and wellness and has begun by utilising his Annual Report as a vehicle for engaging creative people to involve young people in the area, to act as “healthy heroes” and also devise a narrative for what a healthy Borders in 2050 would look and feel like. The DPH now has a regular monthly meeting with the CEO of SBC and attends one meeting a month of their Corporate Management Team with a standing item on the agenda.

We also intend to create a network of connected communities of interest beginning with our Wellbeing Service with ambitious targets to reach 400 people a week and then build up cohorts of people supported to develop self-management capabilities through education, support and individually developed networks of friends in these networks. This “web” of networks will enable us to reach large components of our population using their own connections and recruit them as part of the social movement.

We actively use the SBC mechanisms of obtaining information from the public using their well-developed systems for engagement (on-line), and we may also commission specific work to reach out to local residents to get bespoke feedback on local perspectives & responses, including attitudes to ill-health and realistic and pragmatic outcomes.

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Regional & National	Approach to working regionally and nationally across services through collective and collaborative approaches to planning and delivery, where required.

NHS Borders remains committed to ensure our services are accessible, sustainable, and cost effective. We must work on lessons learned and ensure that no Board is adversely impacted in terms of cost, time or outcomes when delivering regional solutions. Areas where we would be interested in regional solutions are outlined in ADP3.

Summary

Looking ahead, our focus will continue to be on pursuing the sustainability of our services within the context of workforce and financial pressures, whilst delivering the priorities within the ADP and this MTP. These plans will assist us with the recovery, remobilisation and transformation required to stabilise our system. The plans have been developed with the resource plan that we currently have, therefore any assumptions made may be revisited and the plan updated should anything change.

NHSScotland Chief Operating Officer

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244 2480
E: John.burns@gov.scot

31 July 2023

Dear Ralph,

NHS BORDERS: ANNUAL DELIVERY PLAN 2023/24

Thank you for sharing your Annual Delivery Plan (ADP), setting out your operational priorities and key actions for 2023/24. May I take this opportunity to thank you and your teams for all the hard work that has gone into the preparation, and subsequent review, of the ADP over the last few months.

As set out in the Delivery Plan Guidance issued in February, this year's ADP process is intended to move us forward from the volatility of the last three years and make further progress along the path towards recovery and renewal as set out in *Re-mobilise, Recover, Re-design: the framework for NHS Scotland*. As such, the guidance was framed around 10 'drivers of recovery' and we welcome the considered way in which you have responded to these when developing your 2023/24 Plan.

Following discussions between our teams, I am now satisfied that your 23/24 Annual Delivery Plan broadly meets our requirements and provides a clearly shared understanding between the Scottish Government and NHS Borders regarding what is to be delivered in 2023/24.

There are a small number of areas where some further detailed work is required and these have already been discussed with your team. Annex 1 sets out a summary of our agreed joint position on key milestones and deliverables for 2023/24.

In moving to focus on delivery of the Plan, we do this through strenghtened engagement around the quarterly updates and the six-monthly joint Executive meetings – the next round of which is currently being scheduled for September/October.

My team will be in touch shortly to discuss your recently submitted Medium Term Plans (MTP), which provide the opportunity to set annual plans within a medium-term context. We wish to use these MTPs as the basis on which we can work in a collaborative way with Boards to ensure that they provide a robust foundation on which we can build stronger medium and long term planning capacity and capability both within Scottish Government and Boards.

Looking ahead, we will continue to build on the foundations of the annual planning process that have been laid here. In particular, we will work to ensure the ADP planning and reporting cycle is better integrated with financial and workforce planning, as well as enhanced regional and national planning. Our intention is also to bring forward the planning timetable for 2024/25, with the aim of finalising ADPs earlier in the year, and we look forward to working

with your Planning team on this to ensure we can meet this aim without placing undue pressure on Boards during busy periods.

One again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens
If you have any questions about this letter, please contact Paula Speirs, Deputy Chief Operating Officer, in the first instance (paula.speirs@gov.scot).

Yours sincerely

JOHN BURNS
NHS Scotland Chief Operating Officer

Annex 1 : NHS Borders 2023/24 ADP Review Feedback and Responses

1. Primary & Community Care

General Feedback -

- Good links made to PCIP and impact on alignment with GP access and sustainability – funding issues identified re PCIP and continued work on pharmacotherapy programme that has already increased utilisation of pharmacists in GP and in community to deliver easier access to medicines management and advice.
- Good practice model - The Renew service available in Borders is worthy of note and consideration re application as a model to follow as part of PC & MH capacity.
- OOH's co-location with acute emergency departments – is this a means for mutuality in times when workforce and demand is difficult to match?

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
1.1	*Set out approach to extending and scale MDT preventative approach to support strategic aims of both delivering more care in the community and enhancing a focus on preventive care, with a view to testing the further development of Community Treatment and Care Services (CTACs) over the medium term.* Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.	None	Not required.	Content
1.2	Plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams.	OOH Policy team: Encouraging to read that the Board continues to review the service in regards to best practice in delivering a MDT model. It would be helpful to hear details on the outcomes and plan/actions from this review and timeline for this work. It would be helpful to understand more about the preferred option for the future delivery of Out of Hours and for the Board to provide reassurance that this service will continue to be GP led.	The preferred option from both the non-financial and financial option appraisal is to maintain central Service with Advanced Practitioner Led Service Model and Collaborative GP On-Call. We are awaiting formal approval from the Urgent and Unscheduled Care Board, however the planned next steps will be to develop an Implementation Plan which will contain the detail for a phased approach to the end point workforce model. The service will be GP led until an agreed alternative model is in place. Any alternative model will have appropriate staffing skill mix / expertise included as part of the model.	Content
1.3	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.	MHWF – Re-developing PCIP Renewal Services. High satisfaction and referral rates. IJB to reinvest in personality disorder pathway. Funding to be confirmed. ADP1 only	None required	Content
1.4	In 2023/24, set out plans and approaches for the early	Re T2DPF only: no specific actions around type 2	During 2023/24 we are realigning Child Health Weight	Content

	detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.	diabetes prevention/ weight management services in relation to this action	and Adult Healthy Weight provision in line with the new NRAC based funding arrangements.	
1.5	**Frailty** In parallel with development of the national frailty programme, outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.	None	Not required	Content
1.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients.	Actions seem pro-active and appropriate however there is little detail on baseline metrics. ADP2 template does not pick up on the GA point, despite narrative noting that additional work may be needed on this to manage waiting lists.	Now included in ADP2. Now included in ADP2 against quarter 2 deliverables.	Content
1.7	As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service. Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings.	The Scottish Government would ask that the Board doesn't wait until next year to revisit their CGS situation, and would instead encourage them to maintain ongoing dialogue with their optometry community throughout 23/24 regarding interest in the CGS, so they have a clear plan well ahead of any NESGAT cohort 4 timelines. The Scottish Government is happy to provide appropriate support with these Board-led discussions if that would be helpful.	Noted	Content
1.8	Review the provision of IPC support available to Primary Care, including general practice and dental practice	No time scale for completion. No description of the IPC service provided to primary care but mention of audit for each health centre.	Historically support to Primary Care has been reactive however NHS Borders has recently supported a service review for the IPC team which has provided the opportunity build in substantive resource to support for Primary Care. A training timetable is underway to increase skills and capacity to support Primary & Community Services. From early 2025, annual IPC visits will be scheduled for all GP practices, and all directly managed dental services. Until this point, the reactive IPC service is the same and available as and when required.	Content

2. **Unscheduled Care**

No	Key Result Areas	Initial SG Feedback	Board Comments	SG Final Sign Off Comments
2.1	Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise.	Borders are an outlier in terms of SAS conveyance to hospital. There is no place to introduce call before you convey. We would want to see a commitment to this. Could improve by including more detail about plans to enhance prof to prof pathways including expanding mental health to out of hours  2020-12-16%20Flow %20Navigation%20C  Copy%20of%20RUC %20FNC%20Board%2	Our staffing resource means that we are unable to commit to call before you convey at this current time. This is not something that has been prioritised within NHS Borders in our delivery plans for 2023/24. Any ambition to expand prof to prof pathways, including any expansion of mental health out of hours is reliant on additional funding being secured. NHS Borders will be hosting a virtual 'Discovery Day' in August. This session will enable operational and clinical leads within the health board to meet with National Improvement Advisors and Portfolio Leads to discuss what is in place, what is in progress and highlight any gaps in service provision or capacity. The team are also scheduling quarterly monitoring around NHS Borders ED performance trajectories. As we work with the Scottish Government team, we will continue to refine our plan as appropriate. This will ultimately need to be based on an assessment of the added value (outcomes) & cost effectiveness of any agreed change.	Content SG Unscheduled Care Team are planning a session with Borders which this can be discussed further.
2.2	Extend the ability to 'schedule' unscheduled care by booking patients into slots which reduce self-presentation and prevent over-crowding.	Booking system not yet in place. No plans to schedule into ED. Appears no plans to improve scheduling	We have no plans to implement scheduling into ED as this would potentially lead to further congestion within the department. We have booked slots directly into Ambulatory Care and surgical hot clinics as outlined within ADP1 narrative.	Content However, there are concerns that there is no plan to implement scheduling and would like to see evidence which points to this leading to further congestion, and this will be picked up as part of ongoing reviews. The SG Unscheduled Care Team are planning a session with Borders which involves benchmarking the board against the key components of the unscheduled care programme.
2.3	Boards to outline plans for an integrated	It is encouraging to hear about the collaboration with	This work is being progressed and active discussions are taking place, it is also being considered alongside the Mental Health	Content

	approach to all urgent care services including Primary Care OOH and community services to optimise their assets.	Mental Health, and we would be interested to hear more about this work, as well as the outcome, in regard to addressing challenges. It would be helpful to know the timeline for this work.	Transformation Programme. It should be noted that this will require additional investment.	
2.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.	Borders is behind the curve and do not currently have OPAT and Respiratory pathways. They plan to trial test of change with these pathways and expand to other pathways if works well. No details on timescales. Do not expect to review outcome of test of change until quarter 3 and roll out to other specialties. Missed opportunity to increase capacity for winter. Aim to achieve 20 patients within 6 months for H@H. Doesn't feel a very ambitious target given current capacity pressures on site which hospital at home could help relieve.	We do provide OPAT either from ward, infusions service or ambulatory care but under a bespoke OPAT service. Any ambition to expand this service is reliant on additional funding being secured. The Respiratory Test of Change will be running until 31 March 2024. The Test of Change will be continually monitored over the next 6 months, with weekly working group meetings taking place alongside regular discussions with the national digital team and other health boards. The technology system provides reports that we can use to analyse patient length of stay, alongside their individual journeys and these will be used throughout the Test of Change. A Winter funding bid will be placed for additional clinical resource to increase capacity over the winter period. This is currently a test of change which is the equivalent to a community Hospital. A decision will be needed ahead of the end of the pilot whether this will be adopted within Borders. Any ambition to expand is reliant on additional funding being secured.	Content
2.5	Set out plans to introduce new pathways, including paediatrics and heart failure.	As above	As above.	Content
2.6	Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways.	The board are not committing to additional assessment space and only have an ED assessment area should the need arise. They have an aim to return MAU to 48 hour length of stay but don't include actions which will support them to do this.	The main action that will be undertaken to return MAU to 48-hour length of stay is the Discharge Kaizen that began in May 2023. See milestones added to ADP2.	Content
2.7	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach.	Reasonable actions – 4 month discharge kaizen.	Noted	Content
2.8	Best Start Maternity and	Good description of approach and	Noted	Content

	Neonatal Plan: *you should continue to move to full delivery of The Best Start programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022.* Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.	governance, and deliverables. However they have outlined that they will not deliver a key part of Best Start (intrapartum continuity) and this needs to be removed from the ADP, its about what they will deliver, not what they wont and to put a statement like that in here is not helpful. Need to remove the reference to non-delivery of intrapartum continuity of carer.		

3. **Mental Health**

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
3.1	Build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT	The main actions listed for CAMHS and PT waiting times are the production of trajectories, rather than the activity required to build capacity to improve performance. Insufficient information is provided to determine what will be done and by when. We are concerned that the forecast performance in CAMHS will be at 12% by end Q4 and still with a sizeable waiting list. Plan notes that longest waits significantly reduced within NHS Borders for CAMHS and significant progress made towards reducing long waits over 52 weeks for PT. Plans outlined to separate reporting processes to report only the core MH information/data that meets CAMHS specific referral criteria described to ensure they meet the RTT standard. Plans to build capacity in CAMHS stated including working with colleagues across Scotland to support and deliver an Out of Hours (OOH) CAMHS service provision, however it is not clear from the ADP how this will eliminate long waits. PT demand and capacity model being reviewed to ensure increased demand can be met on ongoing basis. Recovery and renewal funding has been utilised to remobilise PT services and increase capacity in areas of highest demand or longest waits. Plan to continue with the development of the Psychological Therapy service review briefly mentioned in ADP2, however no mention of CAMHS. CAMH/PT demand and capacity model being reviewed but remains a risk.	ADP1 reflects current plans to reduce CAMHS waiting times and improve performance. The PT service review (as detailed in ADP2) will determine what measures can be taken going forward. This is a consideration of the fact that the service wish to continue to see CAT1 patients at the same time as CAT2. Further detail has been added to ADP1. Working on these different pathways of care avoids clinicians being pulled away from waiting list focussed work. ADP1 has been updated to reflect this. Psychological Services will be reviewed in line with the new national PT specification in 2023/24. In the second and third quarters of 2023 we will be focusing on improving productivity and gathering necessary data for the Psychology Services Review. There is no plan to undertake a CAMHS service review in 23-24. There is a risk that we will not be able to meet the 18-week PT RTT target in 2023/24.	Content
3.2	Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards	There is no mention in section 3.2 of Borders' ADP around the CAMHS or ND specifications. It is briefly mentioned in 3.1 that they are moving towards full implementation of the National Neurodevelopmental specification. Equally, this is not present within ADP2.	Upon reflection, full implementation of the National Neurodevelopmental specification is unlikely to be fulfilled in 2023/24 and will be revisited in April 2024. ADP1 has been updated to reflect this. Plans to build capacity within MH services has been added to ADP2. PT Service Review will identify our key clinical priorities and we will identify any new key risks or clinical priorities. There is	Content

	and specifications for service delivery.	PT gaps in staff leading to remobilisation rather than new staff. Risk is shifting and may have ongoing effect across the service. Reviewing Psychological Services with further integration with social care and 3rd Sector to increase capacity. Further details required.	no capacity to integrate psychology services with social care and third sector to increase capacity as social care and third sector are not offering psychological therapy at enhanced and expert level.	
3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.	ADP details that Borders are working towards full compliance of the CAPTND dataset in both CAMHS and PT services by March 2024, including developing enhancements to their EMIS patient management system to collect non-mandatory data items and new requirements. This is also detailed in ADP2.	Noted	Content
3.4	Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%.	Brief reference: NHS Borders is currently reported at 7% share of its overall resources against a 10% target share. No mention of plans to increase MH spend and no mention of 1% on CYP in ADP/ADP2. Whilst we recognise there is a need for NHS Borders to reduce their overall budget, increasing mental health services spend to 10% of NHS frontline spend by 2026 with spend on the mental health of children and young people to 1% is a PfG commitment, therefore we would expect to see this included within future plans.	Detail was included within the Finance and Sustainability Section B of the original ADP1 document. We have no plans to increase investment in Mental Health or Children and Young Peoples within our current financial plan. We are looking to reduce overall expenditure within the Health Board. NHS Borders will continually assess the budget framework outlined above as part of its plans. As previously set out our Financial plan for 23/24 does not include a change to overall mental health spend. We understand the PfG commitment and will continue to keep this under review as we progress the development of our medium term financial plan and financial recovery plan over the next 3 years. This is longer term than the immediate ADP.	Content

4. **Planned Care**

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
4.1	Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a "hospital within a hospital" approach in	Notes development of milestones in Q1 for service reviews but doesn't mention protecting capacity 17 March – notes will develop a ring-fenced elective ward but no details around this There are comments about increases in ophthalmology and orthopaedics but these need to be shown on ADP2.	A proposal on protected elective bed capacity has been developed and consideration is being given to wider systems impact given an associated reduction in flexibility across our bed base from an unscheduled care perspective. It is anticipated that this work will be completed during Q2 to support planning ahead of Winter 2023/24. If the proposal for ring fenced capacity is not supported, we will need to adjust TTG trajectories to reflect likely reductions in capacity.	Content

	order to protect the delivery of planned care.	Similarly diagnostics looks to be moving to 7 days but isn't demonstrated on ADP2	We are working to consolidate 7-day working in MRI as part of a wider review of current workforce, capacity and demand. This won't be concluded until the end of Q2 and will only be implemented once confirmation on recurring funding to support the required investment has been identified. If agreed, it is likely that we will implement during 2024/25.	
4.2	Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	Nothing on ADP2 Will target capacity mgt, capacity planning, theatre productivity, cataract surgery and protect capacity. Will also look at pathways in breast surgery and urology as sign vol of inpatient or 23-hour surgery undertaken. Talks about productivity and staff training with full theatre capacity by April 2024 – would be good to demonstrate in ADP2	This is incorporated into proposals around the development of a standalone elective ward. Proposals support dedicated capacity for elective care patients and support a concentration on pathway improvement given an elective only focus. Current arrangements make this challenging because we are not confident on consistency in terms of staff and location. TTG trajectories include the staged recovery to pre-covid theatre capacity. Milestones identified are September 2023 x2 additional GA lists, with a further x2 by March 2024. These are based on individual development plans, and the overarching workforce plan for our theatre teams.	Content
4.3	Set out plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks.	ADP 2 only states Deliver Planned care trajectories as per 17th March submission and isn't broken into milestones Will work with CfSD on ACRT, PIR, ERAS and opt-in for elective procedures. Mentions Atlas of Variation for a number of procedures and NTC networks.	Work during 2023/24 will focus on establishing criteria for surgery in procedures included in the Atlas of variation, and that these are subsequently being applied consistently across clinical teams. This will initially be focused on the adoption of Opt-In pathways for elective procedures. Initially be focus on General Surgery and following assessment at the end of Q3 a roll out to other procedures/services.	Content
4.4	Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of engagement with the National Elective Co-ordination Unit (NECU) to support validation.	ADP 2 talks about Active Clinical referral Triage and PIR based on CfSD heatmap gap analysis. However, doesn't mention 52 week waits Agrees to take targeted support but not clear what this will be. Mentions working with NECU on waiting lists up to April 2023 – but no results in ADP2 or plan to close gaps.	We have worked with NECU to validate outpatients waiting list over 26 weeks. A total of 4355 patients have been contacted and over 400 opted to be removed from waiting lists at this stage (9% of those contacted). We are looking at targeted clinical validation for service with significant backlogs over 52 weeks in service like Cardiology and Dermatology. This will include developing alternative pathways following virtual review where capacity exists or can be provided.	Content

5. **Cancer Care**

General Feedback –
There are risks more generally with provision of cancer services. Borders is currently in discussion with Lothian and nationally on support to primary and satellite cancer services. There is currently no SACT lead and an exceptionally challenged dermatology services that will affect skin cancers. The Plan highlights several risk areas of long waits across diagnostics. Planned activities and timelines seem reasonable. Two main risks have been highlighted, both relating to finance: one (prehabilitation) where funding has still to be allocated; one (Psych framework) where there is no current service nor funding – so it's not clear if or when this will be introduced.

With reference to prehabilitation and Phycological support within Oncology, there is an aspiration in NHS Borders to provide these services however this is dependent on national funding being available.

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
5.1	Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives	CT and MRI mobile scanners agreed with SG and outsource reporting while longer term plan developed. Endoscopy challenge – short term will continue weekend lists with plan to train/up-skill staff from September 2023. CCE and cytosponge in use. Local Endobronchial Ultrasound (EBUS) service funded by SG to support optimal lung cancer diagnostic pathway. Expect to see more detailed diagnostic plans as part of their 62 day improvement plan that's been requested (by cancer type). CT capacity and additional endoscopy lists have all been funded from the planned care budget form this year and Policy is not aware of funding being available for next year, so Borders may want to reflect this as a risk in their response	CT & MRI mobile scanners are in place until March 2024. Options on future capacity will be developed during Q2. Colonoscopy lists running at weekend will be in place until March 2024. Training for Endoscopy to start in September 2023, the plan will then be to start training a nurse colonoscopist from September 2024. More detail has been added for Colonoscopy to the 62-day improvement plan. As indicated longer term plans including impact and financial risks for 24/25 and beyond will be developed during the course of Q2 and beyond. The academic course will begin in September 2023 and it will be towards the end of 2024 when the nurse colonoscopist is signed off to work independently	Content
5.2	Plan for continued roll out of RCDS's – both Board level and regional approaches will be required.	Already activated and feeding into national evaluation of pilot sites.	Noted	Content
5.3	Set out plans to achieve full adoption of Framework for Effective Cancer Management	The most significant actions are around outpatient booking, to ensure that patients referred with a suspicion of cancer receive their first appointment within appropriate timescales.	Noted	Content

		Additional actions include finalising the process to audit referrals from GP, and finalising information held on GP Ref Help. While there's limited detail in the ADP, Boards are expected to complete quarterly returns summarising progress in delivering FECM so we should get the required level of detail from this route instead.		
5.4	Outline plans to improve the quality of cancer staging data	Reference work with SCAN and QPI groups but no work underway locally to look at the completeness or quality of staging data. Nationally, we will drive these discussions through the above national groups.	Other than the proposed action plans, there is no other work underway.	Content
5.5	Confirm you have: • Implemented or have plans to implement provision of single point of contact services for cancer patients • Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways • Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways • Embed the Psychological	Psychological Framework – Borders notes that it will be explore but no current service and no current funding, Single point of contact – expansion completed in March 2023. Not clear if any changes planned for 2023/24 Prehabilitation – early stages - will review what will be needed but awaiting funding Adherence to Pathways – participating. Will apply where appropriate Psychological Framework – will be explored. No current service and no current funding. Signposting and referral- - referral to Macmillan ongoing. Looking to implement ICJ in first half of year. National Oncology Transformation Programme – will engage when starts	Full assessment of the Psychological Framework will be explored; this will need to include a gap analysis and assessment of any requirement for funding. We are not yet in a position to describe the outcome of this but this will be progressed and will include an assessment of existing services, as appropriate	Content .

	Therapies and Support Framework • Signposting and referral to third sector cancer services embedded in all cancer pathways In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme.	Timing of deliverables in ADP2 is reasonable. No progress, risk or controls reported for Q1. Potential to reference CHAS and existing relationships for children who need to access palliative care •		

Health Inequalities

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
6.1	Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report	• Potential to provide detail on how health services are identifying and supporting patients in poverty e.g requirement for Health Visitors to support income maximisation and build links with LA Money Advice Services. • No mention apart from brief reference to successfully setting up an Ethnic Minority Forum. • Whilst the WHP is covered under 6.4, would like to see more about the impact of gender in relation to inequality.	Midwives and Health Visitors will continue to proactively ask and refer expectant and new mothers to benefits checks. In 2022/23 there were 500 referrals resulting in an uplift in benefits of £1.2 million. Public Health will continue to market the Money Worries App through briefing sessions and communications. Cohort 2 of Money Guiders Training is being offered in July 2023 to support conversations relating to finance. We will develop an action plan to align with the Equality Mainstreaming Report which will meet our required actions in relation to protected characteristics including Race and Women's Health.	Content
6.2	Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions.	• Welcome the development of an SLA for police custody healthcare. • The Exec lead has not been named and there is no reference to implementing MAT standards in custody by 2025. • There is an omission on referral pathways and workforce which have been added since the guidance was shared. • Although Borders doesn't have a prison in the area, more detail on the referral pathways between prison and health services in Borders would be welcomed. Although led by the ADP, this doesn't	Whilst not technically an 'Exec Lead' Peter Lepiniere, Associate Nurse Director effectively fills this role. All people released on Statutory Throughcare will be supported to identify health needs including access to MAT.	Content

	This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards. Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.	cover how other health needs are managed.		
6.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.	None	Not required	Content
6.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan.	The appointment of the lead is being taken forward.	Noted	Content
6.5	Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and	No reference to plans to work with local partners to support Anchors work or the governance structure to oversee Anchors Strategic Plan Limited information on plans to develop an Anchors Strategic Plan as still at the early stages of scoping out potential actions and identifying a lead to take forward the work	Noted	Content

	planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.			
6.6	Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.	No reference to the Young Patients Family Fund which the Board administers on behalf of the SG. It is worth noting that Borders have had issued returning completed YPFF data.	Across Women & Children's Services information on the Young Patients Family Fund is available for all families. Families are provided with the support they need with assistance from staff. The forms are administered by NHS Borders Administration department and data is submitted to provide assurance on this. Patient transport is utilised as well as local transport within NHS Borders to support patients and families.	Content

Innovation Adoption

General Feedback – Good to see reference to ANIA and current innovation and your engagement as s part of the Health Innovation South East Scotland (HISES) innovation test bed.				
No	**Key Result Areas**	**SG Review Feedback**	**Board Comments**	**SG Final Sign Off Review**
7.1	Set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the benefits, which could include collaborative approaches to adoption.	We would like to see a stronger set of actions/milestones within ADP2 that will support acceleration and adoption of projects coming through the ANIA pathway.	Thank you for your comments. NHS Borders is committed to supporting the acceleration and adoption of projects through the ANIA pathway. At present there is no clear process nationally to ensure projects are disseminated to Health Boards, however NHS Borders Innovation Champion is working closely with colleagues on the national Innovation Regulation group to ensure the pipeline for adoption and dissemination to Health Boards is developed. Currently the regional test bed is working collaboratively to ensure any information is disseminated to the regional boards. The innovation champion and project manager will review the project and disseminate the information to the relevant service stakeholders, however at this time, it is not possible to identify any additional resource that will be required in order to support adoption. The scoping work in Q1 and Q2 is intended to confirm the pathway for dissemination and the local process that will be required.	Content

6. **Workforce**

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
8.1	*Support all patient-facing Boards to implement the delivery of eRostering across all workforce groups* Resources to be identified locally to support business change and roll out of e-Rostering/safer staffing too including optimal integration between substantive and flexible staff resource.	Reference to eRostering and shared bank arrangement with NHS Lothian. Timescales and milestones included within ADP1.	Noted	Content

7. Digital

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
9.1	**Optimising M365** Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits. This should include: • Outlining what resources and approaches are being used to roll out M365 collaboration across Health and Care Integrated Authorit(y)ies. • Describing the approaches being taken to deliver business change and realise the benefits of the M365 product • Confirming which current tools are being used, how they are being utilised and plans for future role out of applications including (but not limited to) Sharepoint, automation and retirement of legacy applications	Overall a good outline and detail of 365 implementation and much of the maximisation still at the planning stage. The Plan indicates how Digital Skills on 365 is being prepared but nothing on any work done to date in this area. Milestone Plan for 365 in progress.	Noted	Content

	• Describing how M365 data and licences are being used and controlled locally • Outlining the approach being taken and confirmation of compliance with Information Security, Information Governance and Data Protection standards • Providing milestones for the deployment of document management classification scheme working practices compliant with GDPR guidance will be fully embedded and operational Outlining how you will develop and improve digital skills of the workforce to realise the full operational benefits of M365			
9.2	**National digital programmes** Boards to provide high level plans for the adoption/implementation of the national digital programmes*. This should include: • Position Statement – including work undertaken to date and areas outstanding • Highlighting any issues/challenges with adoption/implementation and what plans are in place to mitigate any issues should they arise • High level milestones in 23/24 • An outline of the resources identified to support business change for national programmes	Would be helpful to see reference to work to support the new child health data system. Good to see narrative in ADP1 in relation to progress against the identified national programmes, we would like to see a strengthened and more specific set of deliverables within ADP2.	The Child Health Data System was referenced in the original submission of ADP1 in section 9.2. More detail on the Digital deliverables has been added to ADP2 for 2023/24.	Content
9.3	Boards to complete the **Organisational Digital Maturity Exercise** to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authorit(y)ies.	Reference needs updating in Plan to show DM exercise 'completed'.	Noted	Content
9.4	**Leadership in digital** Boards should outline: • Executive support and commitment to how you are optimising use of digital & data	A detailed commitment to the role of Digital and further expansion and investment to enable transformation. However the Plan is	Noted	Content

	technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce • How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation	lacking commitment in the Digital skills/leadership and mindset required by senior staff. Limited capacity in Digital Teams so most training is directly in job function and related technology/systems. Board needs to move forward and wider into the cultural developments that is harnessed by Digital Leadership.		
9.5	**Scottish Health Competent Authority /Network & Information Systems Regulations (NI)s Regulation Audits** Boards to demonstrate progress against the level of compliance with the Refreshed Public Sector Cyber Resilience Framework via the independent audit process. Health boards must follow the 2023 audit programme guidance and adopt the new evidence template. Health Boards should outline processes in place for engaging with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.	Good outline of progress and position.	Noted	Content

8. **Climate**

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
10.1	Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).	Good overview of progress to date, with assurances the Board is on track to meet the 2025 target, supplier lead times and funding availability notwithstanding. Currently, 16% of light commercial vehicles are decarbonised and more specific information for 23/24 plans would be beneficial. It would be useful to include reference any work in collaboration with local authority partners when considering EV charging infrastructure.	Thank you for your comments, we will take them into consideration when developing our local action plan. This is scheduled for agreement in August 2023 when an update will be provided.	Content
10.2	Set out plan to achieve waste targets set out	The text in relation to waste management provides detail regarding current performance.	Thank you for your comments, we will take them into consideration when developing our local action plan. This is	Content

	in DL (2021) 38.	However, a plan, including key actions is not provided and would be beneficial, particularly as there are only 18 months to meet the dates for compliance. The reduction in clinical waste is positive and goes some way to focussing activity on increasing recycling and moving towards a CE approach. The recent activity and compliance with waste reduction targets as well as landfill diversion in DL (2021)38 is noted and welcomed. The action focusing on food waste monitoring and recovery and looking at options for this requires to be progressed to ensure compliance for the Board. It is acknowledged that Melrose is identified as a rural location and a separate collection and recovery of food waste is currently not required in legislation, however the exemption for rural facilities is likely to be lifted and the Board should prepare for this. No specific reference is made to supporting the circular economy, also referenced in DL (2021)38. Circular Economy activities. Considerable progress and work by the Board WMO has gone into reducing the Boards clinical waste volume and this is welcomed. The WMO also does extensive work in terms of comms and contractor work on identifying appropriate waste streams and segregation. It would be useful to have more detail regarding a waste management group and or equivalent, and it would be helpful to identify responsibilities and governance in relation to waste management. The development of this group would ensure that the WMO has some support going forward in achieving the targets set out. The action on food waste is noted, and whilst there is no legal requirement for the Board to have a separate collection this is welcomed as a ban on biodegradable to landfill will be in place by 2025, and it is expected that regulation will be put in place for food waste to coincide with this timescale.	scheduled for agreement in August 2023 when an update will be provided.	

10.3	Set out plan to reduce medical gas emissions – N20, Entonox and volatile gases – through implementation of national guidance.	Medical gases is a high priority area. The timeline for decommissioning the piped Nitrous Oxide Manifold is noted, but please be clear about timelines for each gas mitigation project. Would be helpful if the clinical leads are identified for each gas mitigation project.	Thank you for your comments, we will take them into consideration when developing our local action plan. This is scheduled for agreement in August 2023 when an update will be provided.	Content
10.4	Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.	It is good that they have set up a local Green Theatre group. Response however is very limited and a very high level in terms only commitment to implement. RAG amber/red	Thank you for your comments, we will take them into consideration when developing our local action plan. This is scheduled for agreement in August 2023 when an update will be provided.	Content
10.5	Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	Energy Transition programme not explicitly mentioned. Good longer-term objectives in terms of decarbonising the estate, however, needs more specific actions / objectives for 2023/24. Apart from the business case development are there any other activities to undertake for 2023/24? "Recent net carbon reduction strategy report undertaken in conjunction with Health Facilities Scotland" – does this refer to the Net Zero Routemap with NHS Assure?	Thank you for your comments, we will take them into consideration when developing our local action plan. This is scheduled for agreement in August 2023 when an update will be provided.	Content
10.7	Outline plans to implement an approved Environmental Management System.	NHS Borders has reported that they working with NHS Assure to consider the effective implementation and management of an EMS, however, it is the responsibility of the Board to develop and implement EMS; Assure can only advise the process. No outline plan for implementation has been submitted, however, they mention that initial work will be completed in early 2024. Clarity is required around the initial work that has been completed and their implementation plan.	Thank you for your comments, we will take them into consideration when developing our local action plan. This is scheduled for agreement in August 2023 when an update will be provided.	Content

B – Finance & Sustainability

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
1.1	Delivery of ADP / Financial Plan	The financial information within the submitted ADP aligns to that presented in the Boards 2023-24 financial plan. We recognise the financial challenges presented by the Board and we will monitor its progress against the 2023-24	At this stage the Board does not have savings plans identified to deliver the full level of savings outlined in the plan (£20m over three years). Beyond this level the Board would need to identify a further £17.8m in order to achieve a breakeven position at March 2026. Plans in 2023/24 remain high level and in order to deliver the level of savings	Content

		financial plan through the in-year financial performance return process, beginning with the Quarter One review. Following discussions with the Chief Executive and Director of Finance and as detailed in a letter on 3 May 2023, the Scottish Government is providing tailored support to the Board in order to diagnose underlying causes of the recurring deficit and to develop and implement a financial recovery plan.	described in the existing plan, this will require a doubling of the improvement delivered in 2023/24. Initial focus will be on securing savings in the immediate short term in order to deliver the 2023/24 financial plan; thereafter focus will be directed at achieving the £20m recurring savings described in the plan.	

C – Workforce

General Feedback - Integrated Workforce Plan 2022-2025 worthy of note for spread

NHS Borders recognise the need to minimise staff turnover, which should in turn reduce bank and agency spend. Narrative ADP plan makes reference to their workforce plan and the need to improve workforce data for their board level planning.

- Workforce Data and Intelligence: Improving the quality of workforce data across health & social care, regular standard reports to operational management, integrated workforce planning groups and committees of governance. Workforce trajectories highlighting projected gaps/identifying solutions successfully developed for Acute Nursing and Midwifery, with plans to extend approach to other staff groups experiencing recruitment/retention challenges.
- Plan also addresses staff turnover, and makes mention of the various initiatives to combat turnover and staff retention.

D – Value Based Health Care

General Feedback – Progress against local RM Action Plans is reviewed by the SG RM Team every 6 months and so detail on specific RM actions does not need to be repeated in the ADPs. Instead, we are looking for assurance that connections between executive/planning teams are appropriate and working effectively. We are seeking evidence that the local RM Action Plans are supported by executive sponsorship arrangements and monitored by appropriate governance structures.

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
1.1	Outline the executive sponsorship arrangements of the local Realistic Medicine Clinical Lead and Team.	Information missing	Lynn McCallum is our Executive Sponsor; Olive Herlihy is our clinical RM lead; Caroline Westmoreland our Senior Project manager for this workstream.	Content
1.2	Indicate the connection to and overall approach of the local RM Action Plan, including the 5 key areas stipulated as conditions of funding.	Good overview of the actions plan set out	None required	Content
1.3	Outline the governance arrangements for monitoring the delivery of the local RM Action Plan.	Information missing	We have established a bi-monthly steering group for value based health and care, which sits under our Quality and Sustainability Board (QBS). Our RM Action Plan will be supported and monitored via our steering group. Monthly programme reports go to QSB and an opportunity to escalate in this forum.	Content

NHS Borders

Meeting:	**Extraordinary Borders NHS Board**
Meeting date:	**17 August 2023**
Title:	**Time for Change – Community Engagement**
Responsible Executive/Non-Executive:	**June Smyth, Director of Planning and Performance**
Report Authors:	**Clare Oliver, Head of Communications and Engagement** **Stephanie Errington, Head of Planning and Performance**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan/Remobilisation Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The scale of the challenges faced in planning and delivering health and social care services to meet need are unprecedented. There is a significant workforce challenge with an aging workforce in the Borders, national shortages of many staff groups including registered nurses and GPs, and an inability to recruit to some specialties including dermatology and psychiatry. We are also facing a financial challenge with a projected £22 million deficit in NHS Borders and a need to regain financial and non financial grip and control, and make savings.

We continue to strive to balance the delivery of safe, quality care within the financial and human resources available to us. We know that we need to start doing things differently

to achieve our aims. This may mean making some difficult decisions about the services we provide, including what we do or do not continue to provide, where services are provided from and who they are provided by.

We are committed to involving the public and our partners in the development of options and the decision-making process.

2.2 Background

NHS Borders Annual Delivery Plan (ADP) was submitted to Scottish Government (SG) in June 2023. It is the first step towards the reset of Medium-Term Plans (MTP), providing Boards with the opportunity to set their annual plans within a medium-term context; to address the very current significant pressures and challenges being faced by Boards.

For the first year (2023/24) planned actions and programmes of activity will be absolutely firm and aligned to budgets and will work towards addressing the very current significant pressures and challenges being faced focussing on the following three key tasks:

1. Our immediate priority is to recover our core services and continue to improve levels of productivity
2. As we recover, we need to make progress in delivering the key ambitions in the Recovery Plan
3. We need to continue transforming our health services for the future

The plan includes narrative giving an overview of plans on the 10 Recovery Drivers and critical planning areas as well as a service sustainability response which is where we flag services that we consider to be vulnerable and potentially requiring consideration of regional / shared / national solutions.

NHS Borders is required to provide quarterly ADP updates to SG on:

- Deliverables
- Milestones
- Risks
- Progress Reporting

In addition, our Medium-Term Plan for 2023-26 was submitted in July 2023 and reflects the following requirements set out by SG:

- 10 Recovery Drivers
- Finance & Sustainability
- Value Based Health Care (Realistic Medicine)
- Integration & Population Need
- Regional & National

It is acknowledged that specific programmes of work referenced in the MTP may still be developing.

The Time for Change engagement programme will inform the developing MTP.

2.3 Assessment

Community engagement is a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.

Effective community engagement and the active participation of people is essential to ensure that health and social care services are fit for purpose and lead to better outcomes for people.

The Time for Change engagement programme will take place between September and November 2023 and include internal (staff) and external (community) engagement.

It will comprise of a combination of engagement methods including face to face meetings, on-line and hybrid meetings, staff drop-in sessions, an on-line survey and discussions with people with the relevant protected characteristics, lived experience and communities experiencing inequality, and the organisations who represent them.

The dual aims of the engagement are to:

- Describe the reality of the situation that we are facing, including detailed descriptions of three proposed areas; GP sustainability, community bed based services and acute care
- Obtain information from the public and our staff on the possible options and choices to be considered; exploring what is more important to them, what are the opportunities, what are the barriers, what can be done within communities etc.

Information obtained from the ‘We have listened’ engagement exercise that took place to inform the development of the Strategic Framework will be fed into the discussions.

2.3.1 Quality/ Patient Care

The workforce and financial pressures currently faced by NHS Borders do, at times, impact on the quality of care that we provide. The Time for Change engagement will explore the options around balancing quality of care, productivity and efficiency against the impact of those pressures.

2.3.2 Workforce

We recognise the impact that ongoing and unprecedented pressures are having on our staff. Time for Change engagement will fully involve staff with an opportunity for them to fed in their thoughts, ideas and experiences. Staff participation will be possible through a variety of means including face to face drop in sessions, on line sessions and a survey.

2.3.3 Financial

NHS Borders financial plan for the next three years is not sustainable. Our Financial Recovery Plan has not yet been able to identify the changes that would be necessary

to deliver a return to financial balance within the next three years. There is an urgent need to plan for the delivery of savings to address the board's financial deficit over the short, medium and long term.

There is a clear requirement to ensure NHS Borders can demonstrate both financial and non-financial grip and control across all our services, as well as improving our productivity so that we increase our delivery against service performance and quality targets.

We must focus on maximising the use of resources to deliver high quality, safe, effective, efficient, sustainable and affordable patient care – increasing productivity and reducing waste

It is critical that everyone using NHS resources understands that the decisions they make have a financial impact (staff and patients / public) and the Time for Change engagement exercise will help get that message across.

2.3.4 Risk Assessment/Management

This will be continually assessed as we progress with the schedule and engagement material.

2.3.5 Equality and Diversity, including health inequalities

Time for Change engagement will be planned and conducted in line with the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

An impact assessment on the Time for Change engagement will be completed by the end of August 2023.

2.3.6 Climate Change

None identified.

2.3.7 Other impacts

None identified.

2.3.8 Communication, involvement, engagement and consultation

The Time for Change engagement programme is being designed and carried out to ensure that the Board is carrying out its duties to involve and engage external stakeholders.

A co-production session to support the planning of the engagement took place with the Public Involvement Partnership Group on 20 July 2023.

2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Board Executive Team 27 June 2023
- Public Involvement Partnership Group 20 July 2023

2.4 Recommendation

This item is being brought to the Board for

- **Awareness** – For Members' information only.

3 List of appendices

No appendices are included with this report.

NHS Borders

Meeting:	**Extraordinary Borders NHS Board**
Meeting date:	**17 August 2023**
Title:	**Quarter 4 Risk Management Report**
Responsible Executive/Non-Executive:	**Laura Jones, Director of Quality and Improvement**
Report Author:	**Lettie Pringle, Risk Manager**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

The Risk Management Quarter 4 report is being fed into the Health Board to replace the Risk Management Annual Report. This ensures the Health Board receives up-to-date information relating to risk management activities within NHS Borders whilst still capturing key information from the annual report.

2.2 Background

To be fully effective, risk management should be part of the organisational culture. It should be embedded into the organisation's philosophy, practices and business processes, rather than be viewed or practiced as a separate activity. When this is achieved, everyone in the organisation is involved in the management of risk. Risk management is a responsibility of NHS Borders and all staff to work in partnership to achieve best practice. Managing risk increases the likelihood of success and reduces the likelihood of failure. In essence, good risk management is good management.

From previous discussions at the Risk Management Board/ Operational Planning Group, it is recognised that Risk Owners are having trouble undertaking their risk management duties alongside other operational duties. The Risk Management Quarter 4 report indicates that Key Performance Indicators are still not being met, risk identification is not being fully undertaken and the risk appetite is being breached.

2.3 Assessment

Risk Management Key Performance Indicators were not achieved by the end of the financial year, as such it was agreed that the current key performance indicators would be carried forward into 2023-24 with the aim of attaining these targets.

As part of the KPIs risk owners are asked to review their risks within a generic timescale with a date set by themselves. Reviews are not being achieved and a large drop in compliance can be seen for risks with a very high risk level.

Risks in development have had little improvement over the last 4 quarters with many past the policy timescale of 104 days. Only 15% of those in development can be approved within the allotted timescale.

However, in 2022-23 there are areas of improvement that should be noted:

- The number of action plans in place for risks has increased with an expectation that this will reach its target level of compliance in 2023-24. This suggests the implementation of the Risk Champion Network to improve documentation is beginning to yield results.

- The number of staff completing risk management statutory eLearning has reached the target level of 80%. This has been sustained throughout quarter 3 and quarter 4.

- Continued scrutiny of very high and high risks has been supported by the Operational Planning Group. This process continues to evolve to ensure appropriate decision making is undertaken by the group to gain assurance that risks are managed appropriately and proportionately and where appropriate additional support or escalation is given to reduce the most significant risks facing NHS Borders.

Within quarter 4 key recommendations have been outlined within the report to progress our approach to risk management in 23/24. These are approved and supported by the Operational Planning Group.

2.3.1 Quality/ Patient Care

Supports the risk management activities of the organisation to attain the corporate objectives and ultimately the effective delivery of safe and effective healthcare

2.3.2 Workforce

Supports the risk management activities of the organisation to attain the corporate objectives and ultimately the effective delivery of safe and effective healthcare

2.3.3 Financial

Supports the risk management activities of the organisation to attain the corporate objectives and ultimately the effective delivery of safe and effective healthcare

2.3.4 Risk Assessment/Management

To ensure that NHS Borders' corporate liabilities are managed to an effective standard reflecting good practice and robust governance, the current risk management framework follows the nationally recognised standard: BS ISO 31000 Risk Management.

2.3.5 Equality and Diversity, including health inequalities

This report covers performance against key indicators. Any implications of individual risks can be addressed by a separate paper as required

An impact assessment has not been completed because it is not required for this report.

2.3.6 Climate Change

This report covers performance against key indicators. Impacts from individual risks can be addressed by a separate paper if required.

2.3.7 Other impacts

Risk management should be embedded into the organisation's philosophy, practices and business processes rather than viewed or practiced as a separate activity. When this is achieved, everyone in the organisation becomes involved in the management of risk. In other words, good risk management is good management. If intelligent, informed decisions are being made and the correct level of risk being taken, then there is a much higher likelihood of achieving the objectives and strategies of NHS Borders.

2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how his has been carried out and note any meetings that have taken place.

2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Operational Planning Group – 1st May 2023
- Audit Committee – Postponed from June meeting, extraordinary meeting TBC

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Risk Management Quarter 4 Report

NHS Borders

Risk Management Quarterly Report

January 2023 – March 2023

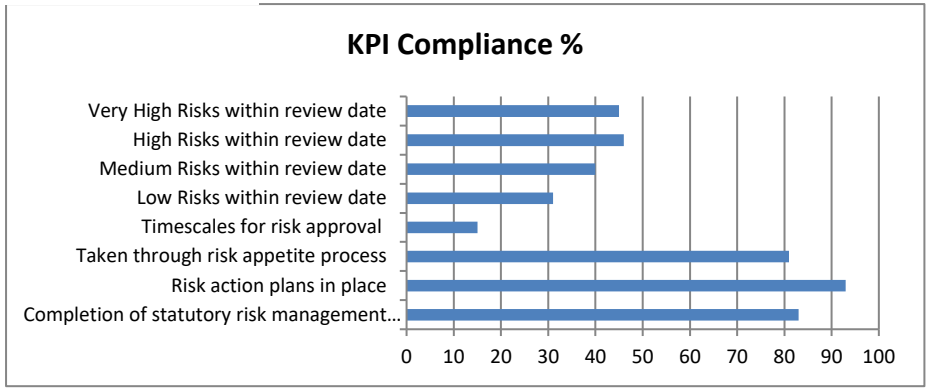
Ruth Macdonald
14/04/2023

Contents

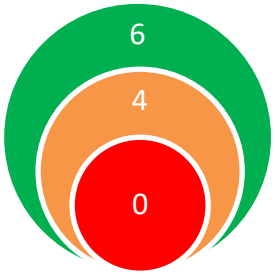
Table of Charts

Dashboard Overview of Risk Management Quarterly Report

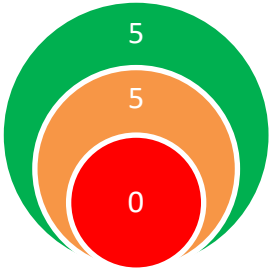
As at 04.04.2023.

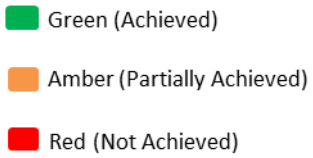


Policy Objectives RAG Status



Strategy Objectives RAG Status





Comparison showing movement of risk

Q3 2022/23					Q4 2022/23				
1	0	8	12	3	1	1↑	5↓	11↓	3
1	28	29	23	9	2↑	29↑	30↑	20↓	8↓
17	66	231	40	20	18↑	68↑	250↑	40	19
29	60	117	69	6	32↑	63↑	120↑	72↑	7↑
7	17	13	12	20	7	16↓	13	12	21↑

Risk Appetite Overview

	Outwith	Within	Not Specified	Total
Acute	6	240	4	**250**
Allied Health Professionals	2	65	0	**67**
Learning Disabilities	1	9	0	**10**
Mental Health	1	128	0	**129**
Primary & Community Services	3	192	0	**195**
Support Services	9	206	2	**217**
	22	**840**	**6**	**868**

Risk Status

	Acute	Allied Health Professionals	Learning Disabilities	Mental Health	Primary & Community Services	Support Services	Total
Closed	0	0	0	1	0	0	**1**
Treat	161	31	5	50	104	111	**462**
Terminate	17	2	0	7	4	6	**36**
Tolerate	71	34	5	71	87	98	**366**
Transfer	1	0	0	0	0	2	**3**
Total	**250**	**67**	**10**	**129**	**195**	**217**	**868**

1. Introduction

i. Healthcare is an increasingly complex and cost-constrained undertaking, fraught with risk. Risks to patients, risks to staff, risks to the public and risks to the corporate healthcare organisation established as the infrastructure within which healthcare is provided. On this basis, healthcare risk management is not about 'clinical' versus 'non-clinical' risk. It is about a holistic, enterprise-wide approach to risk identification and management. It is about engaging everyone in the process, from front-line staff up to the Board. Successfully managing risk is, therefore, a key imperative for the healthcare professional, manager and board member.

ii. Risk Management is not about managing a list of risks, it is about:
- Setting the right objectives
- Selecting the best strategies for achieving them
- Running the operational day-to-day activities and making the right decisions to achieve the objectives
- Doing the above intelligently, with the help of the right people and based on the best information available

iii. In other words, good risk management is good management. If intelligent, informed decisions are being made and the correct level of risk being taken, then there is a much higher likelihood of achieving the objectives and strategies of NHS Borders.

iv. The data included within this report was extracted from the electronic risk management system on 4th April 2023.

2. Risk Management Strategy

i. The Risk Management Strategy lays out the principal organisational strategies towards implementing effective risk management; this was approved by the board in April 2021.

ii. The aim of this Risk Management Strategy is to support the delivery of the organisational objectives through effective management of risks across all of NHS Borders' functions and activities through effective risk management processes, measurement, analysis and organisational learning as outlined in NHS Borders Clinical Strategy, NHS Health Scotland's Healthcare Quality Strategy, the 2020 Vision for Scotland and Once for Scotland. There are ambitious targets for health boards to achieve and remain central to day to day work of the health service.

iii. The Strategy contains ten objectives reflecting the risk management targets of the organisation.

Chart 1: NHS Borders Strategy Objectives (measured by RAG status issued within organisational scorecards)

Strategy Objective	Q1	Q2	Q3	Q4	Comments
NHS Borders risk management will follow international standard BSI 31000	Green	Green	Green	Green	Risk management process follows BSI31000, ensuring that the organisation is aware of any updates to this standard and associated guidance documents.
A single system approach for all types of risk	Green	Green	Green	Green	There is a single risk management process in place for all risks in NHS Borders.

Strategy Objective	Q1	Q2	Q3	Q4	Comments
Move from a reactive to proactive risk management stance	Red	Red	Amber	Amber	Risks articulated on the risk management system are increasingly reflective of risks being faced; however there is still a delay in timescales to getting these onto the risk register.
All risk management processes are electronic; adverse events, risk register, risk assessment, claims and complaints	Green	Green	Green	Green	All risk management processes are held within the Datix system. Currently working with other NHS Boards to ensure upgrading of the system is in line with the national direction through a tendering process and involvement in national system developments.
An education program is in place to support staff to implement risk management	Green	Green	Green	Green	A training programme was implemented in 2021/22 and supporting digital stories and how to videos have been created to support training and knowledge of risk management.
Support achievement of the Clinical Strategy, local health plans and health and social care partnership	Amber	Amber	Amber	Green	Work has been undertaken to ensure closer working with the health and social care partnership, including the establishment of a risk integration group. Meetings are embedded to ensure closer communication between the Risk Management functions of NHS Borders and SBC, led by the Chief Officer. Further work has been carried out to ensure a risk based approach is built into the NHS Borders Annual Delivery Plan and Financial Plan.
A risk appetite is in place that will reflect the organisation's position	Amber	Amber	Amber	Amber	The risk appetite process is fully embedded into OPG scrutiny. Further support is being offered to Clinical Boards to ensure scrutiny and assurance of high risks is not lost. Further work is being undertaken with the Board Executive Team to ensure this practice is applied to strategic risks and a schedule for reviewing those outwith risk appetite is being developed.
Support a positive risk management culture	Amber	Amber	Amber	Amber	Visibility of the risk management subject has increased but more work is required to align it with business processes under the Quality Management System. This work is ongoing.
Leadership and commitment to risk management throughout the organisation will be reflected through board leadership	Amber	Amber	Amber	Amber	Commitment to risk management through board leadership continues to improve in quarter 4; increased scrutiny of risks has allowed better understanding of the processes, procedures and systems in place. This approach has given more value to the strategic risk register. This level of scrutiny needs to be replicated for medium and low operational risk governance structures. A development session with the Health Board was undertaken in October 2022 which further increased knowledge and understanding.
Risk management assurance will be gained through governance structures	Amber	Amber	Amber	Amber	Governance structures are becoming more robust and this work has continued throughout 2022/23

3. Risk Management Policy

i. This policy explains how NHS Borders intends to deliver its risk management strategy by embedding processes and structures for risk into normal management practices.

ii. These management practices ensure that risks are managed appropriately in line with statutory, mandatory and best/good practice requirements. The policy lays out how this will be achieved using a comprehensive and cohesive risk management framework underpinned by clear accountability.

iii. The policy commits to an integrated risk management approach supported by a single risk management system allowing for all risks to be effectively managed.

iv. The policy contains nine objectives reflecting the core business of the organisation: the delivery of person centred, safe and effective healthcare.

Chart 2: NHS Borders Policy Objectives (measured by RAG status issues within organisational scorecards)

Policy Objective	Q1	Q2	Q3	Q4	Comments
Inclusion of appropriate stakeholders in the risk management process	Amber	Amber	Amber	Amber	54% of risks had no stakeholder engagement. This is a 4% improvement in comparison to Q3.
Risk management training is available to the organisation to support a positive risk management culture	Green	Green	Green	Green	Development and implementation of the Risk Management Training plan was undertaken in 2021/22; this was further developed in Q3 with the creation of additional digital stories. Promotion of risk management training videos continues in Q4, and positive feedback has been received highlighting these as helpful tools.
Key risks must be identified	Green	Green	Green	Green	The risk profile of the organisation has changed for the first time since 2014, with the majority of risks being identified as medium and high risks; this reflects the increasing risks being faced by NHS Borders. Risk movement within the profile shows the identification of risks continues to improve as the organisation becomes more risk aware.
Proactive risk assessment must be used to minimise occurrences of adverse events	Red	Amber	Amber	Amber	This agreed risk management Key Performance Indicator (KPI) for all risks to have action plans to minimise liabilities has a compliance level of 93%, which is the closest the organisation has been to the 100% target this year; Local Risk Management Improvement Plans, supported by the Risk Champion Network in Clinical Boards are fed into the OPG on a quarterly basis to provide assurance that risk management responsibilities are highlighted and improved upon.

Policy Objective	Q1	Q2	Q3	Q4	Comments
Risk management performance of very high risks will be monitored through organisational performance review arrangements	Red	Red	Amber	Green	Clinical Board performance reviews were suspended in 2020/21 and 2021/22 due to COVID-19 priorities but restarted in Q3. Risk management information was fed into these in Q4.
Establish the development of a learning culture	Amber	Amber	Amber	Amber	A process for shared learning from adverse events reviews is implemented. All staff can access via the intranet. The challenge is to populate with meaningful learning without breaching confidentiality or data protection. Mental Health Clinical Board publishes an adverse event update to keep staff informed. This system has not been implemented by other clinical boards.
The risk management framework and supporting processes are consistently used by risk owners.	Amber	Amber	Amber	Amber	During the pandemic lots of decisions have been made and risk has been managed, however there is less consistency with documenting these on organisational risk management systems. There has been further improvement in Q4 but this is still not consistent.
Risks are escalated in accordance with the policy arrangements within the Risk Management Policy.	Green	Green	Green	Green	Escalation of risks to the Operational Planning Group continues as appropriate.
The effective use of information management and technology to support the management of risk.	Green	Green	Green	Green	National work has started on standardising adverse event types across NHS Scotland led by Health Improvement Scotland. The Risk Management system used in NHS Borders is reviewed regularly to ensure it continues to record required information. The Types of Adverse Event list is updated annually with involvement from key stakeholders to more accurately capture the types of event faced by NHS Borders.
NHS Borders complies with national standards and guidance relating to risk management published by Healthcare Improvement Scotland.	Green	Green	Green	Green	System and policy in compliance with HIS standards.

4. Risk Management Framework

i. To ensure that NHS Borders' corporate liabilities are managed to an effective standard reflecting good practice and robust governance, the current risk management framework follows the nationally recognised standard: BS ISO 31000 Risk Management.

ii. This standard is supported by BS 31100:2011 Risk Management-Code of Practice and Guidance for the implementation of BS ISO 31000, and forms the basis of NHS Borders risk management framework and supporting infrastructure.

iii. The framework provides an infrastructure that will support the risk management activities of the organisation to attain the corporate objectives, and ultimately the

effective delivery of safe and effective healthcare. NHS Borders has an integrated risk management framework which requires all types of risk to be managed through a single risk management system (known as enterprise risk management).

Chart 3: British Standards Institute Risk Management Framework

iv. The updated Risk Management Framework was approved by the Audit Committee in June 2022 and can be seen in Appendix 1. This captures new legislative responsibilities for security management and climate change.

v. There are two distinct work streams within the risk management framework: proactive risk management (risk information based on risk assessment flowing towards the risk register) and reactive risk management (risk information flowing towards the Adverse Event Management System). Reports on the Adverse Event Management System are overseen at local clinical board's Governance Groups, Local Partnership Forums, Clinical Governance Committee, Staff Governance Committee and Occupational Health & Safety Forum.

5. Very High Operational Risks

i. There are 21 very high risks within the operational risk register. Out of these very high risks, 20 indicate that they do not have an adequate level of control in place.

ii. Of the 21 very high risks:

- Eight risks cite staffing shortages as a gap in the controls (Risk IDs: 4065, 4451, 4397, 4450, 4510, 4502, 863 and 949).
- Five risks cite training as a gap in the controls (Risk IDs: 4391, 4387, 4450, 949 and 766).
- Five risks have listed a lack of existing capacity/supporting roles as a control gap (Risk IDs: 1297, 4452, 4397, 4450, 4510 and 4526).
- Three risks cite funding as a gap in controls (Risk IDs: 1521, 1460 and 850).
- One risk is fluctuating due to occupancy within the Mental Health in-patient wards (Risk ID: 4430).
- One risk is tolerated due to external factors required to manage this risk (Risk ID: 835).
- Another risk relating to the closure of the Children's Therapy Unit is being tolerated; the intention is to terminate the risk by re-opening the unit (Risk ID: 4114).
- Thirteen risks have been taken through the risk appetite process with agreement from OPG to tolerate until a set date.
- Five risks have been taken through the risk appetite process with a decision from OPG to escalate to BET for further scrutiny (Risk IDs: 1460, 4198, 863, 4502 and 4526).
- Three risks have not yet been taken through the risk appetite process, but have been given a slot on OPG agenda to progress through this (Risk IDs: 4451, 4510 and 4450).

iii. At a meeting of the Operational Planning Group on 27th March 2023, it was agreed that this meeting would take place fortnightly instead of weekly. This has impacted on submission timescales and the OPG Risk Timetable will be updated accordingly with refreshed meeting dates.

6. Operational Risk Register Summary/Analysis

6.1 Risk Profile

i. Currently there are 868 risks within the operational risk profile. The operational risk register continues to hold the COVID crisis risks and COVID health and safety risks that are still relevant, following the amalgamation into a single operational risk register. Work continues to amalgamate risks relating to COVID-19 with preceding operational risks already on the risk register, with involvement from the Health and Safety Team.

Q3 2022/23

1	0	8	12	3
1	28	29	23	9
17	66	231	40	20
29	60	117	69	6
7	17	13	12	20

Q4 2022/23

1	1↑	5↓	11↓	3
2↑	29↑	30↑	20↓	8↓
18↑	68↑	250↑	40	19
32↑	63↑	120↑	72↑	7↑
7	16↓	13	12	21↑

The above profiles do not include risks in development

ii. The majority of risks identified are graded as Medium or High risk. This reflects last year's figures; however, this is a change from previous years where the majority of risks usually sit within the Medium and Low gradings. Very High and High risks should be prioritised as risks requiring resource. Following the organisational risk appetite, some of these Very High risks could be tolerated for a period of time until the risk level is reduced to an acceptable level, or mitigated, but must be reported into the Operational Planning Group for organisational agreement.

iii. A slight decrease in High and Very High risks has been noted in Quarter 4, suggesting these risks are being prioritized and managed down to a more acceptable level by Risk Owners.

iv. A new risk appetite was agreed by the organisation in 2022-23, increasing its tolerance level to Very High risks only.

v. Three risks have been fed into the Operational Planning Group in Quarter 4 by Risk Owners or Risk Champions; a breakdown of all Very High risks out with risk appetite is included as Chart 5 and outlines the outcome agreed by the Operational Planning Group.

6.1.1 Numbers of Risks Recorded by Risk Types

i. The profile incorporates all risks within the risk register to provide an overview of NHS Borders risks. This does not include all risks recorded for projects. Work has been undertaken to create a process whereby any project risks identified as Very High risk level will be fed into the organisational risk register and follow risk management governance structures; this ensures organisational visibility of risks that could have a detrimental effect on NHS Borders achieving its objectives. Any residual risks left at the end of a project should also be fed into the operational risk register.

ii. As NHS Borders follows an Enterprise Risk Management approach, the risk register allows for more than one type of risk to be entered per risk assessment on the system; inevitably, there are a higher number of types of risk than actual risk assessments.

Chart 4: Types of Risk

Risk Grouping	Type of Risk	Total Q1 22/23	Total Q2 22/23	Total Q3 22/23	Total Q4 22/23	% Total Q1 22/23	% Total Q2 22/23	% Total Q3 22/23	% Total Q4 22/23	Increase/ Decrease from last Q
Clinical Risk	COVID-19	100	104	106	**106**	18.5%	19%	20%	**23.5%**	↑
Clinical Risk	Inequalities	61	55	65	**64**					
Clinical Risk	Patient safety/ clinical risk/ clinical activity	363	364	394	**409**					
Corporate Risk	Adverse publicity/ reputation	321	316	322	**325**	41%	41%	41.5%	**39%**	↓
Corporate Risk	Business continuity	179	178	187	**187**					
Corporate Risk	Staffing and competence	189	183	197	**204**					
Corporate Risk	Information governance	34	34	32	**35**					
Corporate Risk	Legal	122	119	125	**126**					
Corporate Risk	Political	30	33	36	**36**					
Corporate Risk	Technological	53	51	51	**52**					
Financial Risk	Financial/ economical (including damages and fraud)	179	178	175	**177**	8%	8%	8%	**7%**	↓
Health & Safety Risk	OH&S activity	129	126	128	**131**	32%	31%	30%	**29%**	↓
Health & Safety Risk	OH&S environment and equipment	364	325	318	**337**					
Health & Safety Risk	OH&S Ligature	17	16	17	**17**					
Health & Safety Risk	OH&S policy - generic	25	27	32	**34**					
Health & Safety Risk	OH&S Specific - Aggression and Violence	105	102	107	**109**					
Health & Safety Risk	OH&S Specific - Moving and Handling	91	88	89	**93**					
Project Risk	Project	12	10	13	**13**	0.5%	1%	0.5%	**0.5%**	↔

iii. The number of risks within the corporate risk type has decreased, albeit minimally, for the first time in 2022/23, whilst the financial and project risk types continue to show little variation. Clinical risks have fluctuated throughout the year, seeing a 3.5% increase in Quarter 4 which could suggest identification of more clinical risk. The occupational health & safety risk type has seen a particularly steady decrease in numbers of risks throughout the year, which could be attributed to the removal of no longer required COVID-19 risk assessments and the amalgamation of residual risks with other operational risk assessments. Although there has been an increase in number of risks, the overall percentages between the risk categories have remained fairly consistent with relatively small fluctuations in most types of risk. This shows good practice as more risks are being identified and managed respectively.

iv. The highest reported risk is corporate risk followed by occupational health and safety risk, which is a continuing theme throughout the year.

v. Health and safety risks are to be monitored by the Occupational Health & Safety Forum to ensure each risk register has OH&S risk represented.

6.1.2 Risk Status

i. 53% risks on the register are being treated, 42% are being tolerated, 4% are to be terminated and >1% of risks are to be transferred, or are closed and awaiting feedback from the Risk Owners as to whether these should be removed from the system. The organisation's tolerance level allows Risk Owners to tolerate High, Medium and Low risks, as well as some Very High risks after consideration through the risk approach as part of the organisational risk appetite.

Chart 5: Risk Status

	Acute	Allied Health Professionals	Learning Disabilities	Mental Health	Primary and Community	Support Services	Total
Closed	0	0	0	1	0	0	**1**
Treat	161	31	5	50	104	111	**462**
Terminate	17	2	0	7	4	6	**36**
Tolerated	71	34	5	71	87	98	**366**
Transfer	1	0	0	0	0	2	**3**
Total	**250**	**67**	**10**	**129**	**195**	**217**	**868**

6.1.3 Risks Affecting Corporate Objectives

i. Risk Owners indicate on the register which risks could adversely impact on the achievement of the organisations corporate objectives. This allows for the accurate focus of resources when deciding on risk mitigation, which should be balanced against the overall risk profile that shows nearly three quarters of all risk is graded Medium.

ii. Risk Owners continue to report that the objective under greatest threat is to provide high quality, person centered services that are safe, effective, sustainable and affordable. This new corporate objective replaces the previous objective to deliver safe, effective and high quality services. As such, this objective continues to give a consistent message and has done since 2014, followed by safe patient care.

iii. Risks to providing high quality, person centred services that are safe, effective, sustainable and affordable have increased by 2% throughout 2022-23. This may be attributed to on-going increased whole system pressures due to demand on services. Increased reports of staffing level adverse events have continued within the Acute Clinical Board, indicating risks around staffing levels are coming to fruition regularly within this area. This can also be evidenced by the heightened number of Very High risks relating to workforce issues and gaps.

iv. In the chart below (Chart 8), the number of risks affecting each corporate objective has been highlighted. This will not total the number of risks on the risk register as more than one corporate objective can be selected per risk. This data has been aggregated to give a more realistic view of the number of risks that are affecting NHS Borders achieving their corporate objectives; therefore the totals will not align to last quarter's data.

Chart 6: Risks affecting Corporate Objectives

	Promote excellence in organisational behaviour and always act with pride, humility and kindness.	Provide high quality, person centred services that are safe, effective, sustainable and affordable.	Reduce health inequalities and improve the health of our local population
Q1	186	794	149
Q2	172	761	147
Q3	175	782	164
Q4	**180**	**810**	**171**

6.1.4 Risk Appetite

i. There are currently 22 risks marked as out with organisational risk appetite; 18 of these risks have been taken through the risk appetite process, 13 of which have agreement to tolerate from the Operational Planning Group. A further 6 risks have not specified whether the risk is within risk appetite; work is underway to follow up with risk owners.

Chart 7: Risk Appetite Overview

	Outwith	Within	Not Specified	Total
Acute	6	240	4	**250**
Allied Health Professionals	2	65	0	**67**
Learning Disabilities	1	9	0	**10**
Mental Health	1	128	0	**129**
Primary & Community Services	3	192	0	**195**
Support Services	9	206	2	**217**
	22	**840**	**6**	**868**

ii. A programme is continuously being undertaken to quality check all risks marked out with risk appetite; this will continue to improve accuracy of reports being fed into the organisation.

iii. Following the review of the risk appetite tolerance level, a further review of the accompanying risk appetite statements has been suggested on the most recent Strategic Risk Report, which was presented at the Health Board in February 2023. This will ensure statements are reflective of the level of risk the organisation is currently comfortable taking.

6.2 Risks in Development

i. There are currently 143 risks in development. Of these, 13 have been provisionally graded as Very High risks and 51 provisionally graded as High risks.

Chart 8: Risks in Development

	Learning Disability Service	Mental Health	Acute	Primary & Community Services	Allied Health Professionals	Corporate Services	**Total**
Very High	0	0	9	1	0	3	**13**
High	0	0	34	0	1	16	**51**
Medium	1	1	31	1	5	13	**52**
Low	1	0	23	0	1	2	**27**
Not stated	0	0	0	0	0	0	**0**
Total	**2**	**1**	**97**	**2**	**7**	**34**	

ii. Risk Owners should be reviewing their risks (including risks in development) within the agreed timescales as per the Risk Management Policy, whereby a risk should be finally approved within 104 days of being entered onto the system. Quarter 1 to Quarter 4 of 2022-23 has seen a 33% decrease in numbers of risks in development; this is a contrast to the 2% increase in numbers of risks on risk register within the same time period. This is most likely attributed to the removal of historic risks, as well as those which have been superseded, and a bigger push to move risks through the approval process so they become visible to the organisation. It should be noted that approval is not always achieved within a timely manner, with only 42% of risks being taken through this process within the 104 day timescale. Out of the risks in development only 15% can be approved within the timescale, which is the lowest this compliance level has been all year.

6.3 Risk Movement

6.3.1 Risk Closures

i. Twenty-four risks have been closed in Quarter 4 of 2022/23. The number of risks being removed from the system can be attributed to pockets of good practice by Risk Owners when reviewing their risks to ensure they are current, as well as successful termination of certain risks facing their services.

Chart 9: Risk Closures

Closure Reason	No.
Duplicate	0
Entered in error	1
Merged/ Amalgamated	0
Mitigated	2
No longer relevant	4
Superseded	5
Terminated	12

6.3.2 Risk Reduction/Increase

i. There has been an increase in risk level across NHS Borders over the past year, which is reflective of the current whole system pressures and the organisations need to proactively use their risk registers and weigh up risks against each other. The level of risk has decreased slightly moving from

Quarter 3 into Quarter 4, with a small reduction in the numbers of Very High and High risks on the risk register.

ii. The total number of risks being entered onto the risk register has increased over the last year in the risks graded with a current risk level of High and Very High. From Quarter 1 to Quarter 4, High risks have increased by 9% whilst Very High risks have increased by 83%. This indicates that the organisation may currently be exposed to a significant level of risk. This could also be attributed to the enhanced scrutiny provided by the Operational Planning Group for risks out with risk appetite, and High risks requiring assurance.

iii. No risks have been escalated to Very High risk within Quarter 4. Following the increased scrutiny of the risk appetite process, one risk has been reduced to High:

- 4483 – Paediatrics and SCBU staffing

One risk has also been reduced from Very High risk to Medium risk during Quarter 4:

- 4508 – Sexual Health Service staffing

6.3.3 New Risks

i. There were 55 new risks entered onto the risk register in Quarter 4, which shows good practice by certain areas within the organisation in identifying risks and managing these through the system. One of these risks indicates a Very High risk level; twenty risks indicate a High risk level.

7. Risk Management Update

7.1 Themes

i. There is a continuing theme of risks being entered onto the system and taken through the approval process, then being left unmonitored and out-of-date. This has been a consistent theme from 2020 to 2023, where relevant actions may be carried out but are not documented in the organisational system, and therefore are not fed through the governance structure of NHS Borders.

ii. Whilst it remains that there is a lack of documentation within the electronic risk management system, the risk management Key Performance Indicator for 'Risk Owners building action plans for their risks' has improved over the last year and is near its target compliance level. This suggests the implementation of the Risk Champion Network to improve documentation is beginning to yield results.

iii. The compliance level for risks being reviewed within the review date set by the Risk Owner has dropped below 50% for all risk levels. When reviewing their risks, Risk Owners should be realistic about timescales for review to ensure they are documenting risks accurately. By setting unrealistic timescales for review, Risk Owners often fail to comply with this key performance indicator.

iv. Robustly documenting risks on the system supports escalation and risk-based decision making, and in turn feeds into the quality improvement of NHS Borders. This subsequently reduces the board liabilities. Given the difficult decisions having to be made, documenting the risk controls, risk levels and mitigation plans also reduces the chance of NHS Borders making uninformed decisions without being aware of associated risks that could impact on the success of delivering a service that is high quality, person centred, safe, effective, sustainable and affordable.

v. Continued scrutiny of very high and high risks has been supported by the Operational Planning Group. This process continues to evolve to ensure appropriate decision making is undertaken by the group to gain assurance that risks are managed appropriately and proportionately and where

appropriate additional support or escalation is given to reduce the most significant risks facing NHS Borders.

vi. An exercise previously undertaken to rationalise operational risk registers has continued in Quarter 4, with an aim to make risk registers more sustainable for managers where appropriate. This includes quality checking data within risk registers via health checks by the Risk Team, and liaising with Risk Owners via email and Microsoft Teams meetings to identify risks that are no longer required or could be merged. A handful of risks have been identified as no longer relevant or have been terminated or superseded within Quarter 4.

7.2 Risk Champions

i. Risk Champions have been identified throughout the Clinical Boards and Support Services to assist in monitoring operational risk registers, quality checking and identifying themes. A training programme has been developed by the Risk Team to give advanced knowledge of the risk management process, framework and risk-based support and decision making; this is available to all nominated champions via the Risk Team microsite and consists of eLearning, digital stories and bespoke sessions. Quarterly meetings are held between the 'Lead' Risk Champions of each Clinical Board/Corporate Service, with additional quarterly meetings held between sub-Champions of Clinical Boards who have nominated further support. The purpose of these meetings is to discuss any concerns or issues, as well as discuss updated Risk Management Improvement Plans. Due to pressures, these meetings are currently being held sporadically.

ii. Improvements noted within the Risk Management Key Performance Indicators suggest the implementation of a Risk Champion Network to improve risk documentation is beginning to yield results.

iii. Risk Champions are asked to produce a Risk Management Improvement Plan for their Clinical Board/Corporate Service to be presented at quarterly meetings of the Operational Planning Group. Due to the new reduced meeting schedule for the Operational Planning Group, the Quarter 4 Risk Management Improvement Plans will be presented in May 2023.

iv. Clinical Boards/ Support Services will present a High Risk Assurance Report twice a year at Operational Planning Group. This piece of work will be overseen by the nominated Risk Champions. The Learning Disability Service and Corporate Services have provided this report in Quarter 4 and were able to assure the Operational Planning Group that High risks within the service are being managed appropriately and proportionately.

v. High risk escalation was noted for Risk 757. This Acute risk relating to the flooring in Ward 5 was previously escalated in Quarter 1 but requires further scrutiny and review. This is under ongoing monitoring by the Operational Planning Group.

vi. The Acute Clinical Board are experiencing staffing shortages and are therefore reviewing their risk champion structure, with the intention of nominating appropriate personnel within the sub-units that can produce an improvement plan and carry out required follow-up with Risk Owners and Approvers. Work is on-going to identify a Lead Risk Champion for this Clinical Board to present required updates at Operational Planning Group, while sub-Champions for certain areas have been identified and trained appropriately.

vii. The success of the Risk Champion Network will be monitored by the Operational Planning Group.

7.3 Risk Management Training

i. Face to face training sessions continue to be available to all staff. During the pandemic the Risk Team developed a more holistic approach to training, including use of digital stories, how to videos and delivering training sessions via Microsoft Teams. As such, the Risk Team continues to support staff that are required to use the electronic risk management system and carry out their risk management roles and responsibilities, without the need to organise 1:1 training.

ii. The development of adverse event approver training, risk owner and approver training and reports & dashboards training into eLearning modules has increased the capacity of the Risk Team to focus on other areas of training which require additional support, such as Risk Awareness Sessions for Clinical Boards and bespoke Risk Workshops.

iii. Implementation of Risk Awareness Sessions for Clinical Boards has taken the back-to-basics approach to help managers and staff understand why risk management is an important component in delivering services, and how it impacts on their day-to-day working. Bespoke Risk Workshops can be prepared and delivered to groups of staff on request and can focus on any area of the risk management process requiring further guidance, for example, risk identification or risk analysis.

iv. Statutory training continued throughout Quarter4 of 2022/23. Adverse Event Reporting eLearning saw a small increase in numbers from 3,158 staff undertaking training in Quarter 3 of 2022/23, to 3,271 in Quarter 4 of 2022/23. This could be attributed to the increase of nearly 100 members of staff within the organisation from Quarter 3 to Quarter 4, and leaves this Key Performance Indicator above the current target compliance level of 80%. Continual monitoring of the Key Performance Indicator around this particular training has also supported improvement of compliance levels, with each Clinical Board and Support Service reporting near or on target compliance with completion of this statutory training. Statutory and Mandatory training will be monitored through the Training, Education and Development (TED) Board with a governance line to Area Partnership Forum and Staff Governance Committee; this is part of the wider statutory and mandatory training compliance of NHS Borders.

v. In Quarter 4, a digital story covering Risk Governance has been developed and released. Further training development is also being undertaken and eLearning for Adverse Event Final Approvers, as well as a Types of Risk digital story, will be released early in April 2023. A digital story is also being produced for the refreshed Corporate Induction, informing on the risk management process followed within NHS Borders; this video will also be available early April 2023.

All training videos are available via the Risk Team microsite by visiting the Training tab, or can be accessed via the following link:

Risk Management - YouTube

Chart 10: Risk Management Training

eLearning	Q1	Q2	Q3	Q4
Adverse Event Reporting	295	271	259	241
Adverse Event Approver	19	31	28	10
Risk Register	17	19	18	8
Reports & Dashboards for Adverse Events	5	11	8	2
Reports & Dashboards for the Risk Register	6	9	7	3
Bespoke Sessions	**Q1**	**Q2**	**Q3**	**Q4**
Topic Specialist Training	4	0	1	4
Reports & Dashboards Training	0	5	0	0
Adverse Event Approver Training	0	1	0	0
Adverse Event Final Approver Training	3	4	4	1
Risk Register System Training	0	1	2	0
Risk Management Awareness Session	10	0	0	0
Mini Risk Management Awareness Session	0	4	0	0

8. Risk Management System Update

i. Health Improvement Scotland (HIS) is leading on national work to standardise the types of adverse events across NHS in Scotland. Various meetings have been arranged for specialist sub-groups to begin conversations around this piece of work.

ii. Further work on the adverse event system is being reviewed to ensure appropriate policy owners are involved in any changes and adjustments made to the adverse event system to capture the necessary national requirements. An annual system review is undertaken at the end of each financial year to ensure the Datix system is reflective of current requirements.

iii. NHS Borders have been involved in a tendering process to update the electronic risk management system since 2020; this piece of work is being undertaken alongside NHS Greater Glasgow and Clyde, NHS Dumfries and Galloway, NHS Lanarkshire and NHS Tayside. An update on this project was given to the Operational Planning Group in Quarter 3 outlining the actions required and slippage of target timescales for completion. Final tenders have now been received and scoring of these will be undertaken throughout April and May 2023, with a contract to be confirmed by the end of June 2023.

9. Risk Management Key Performance Indicators

i. Revised key performance indicators were agreed by the Risk Management Board in June for 2021/22, taking into account the updated Risk Management policy objectives and priorities.

ii. To ensure consistent monitoring, the below table will guide the RAG status of the Key Performance Indicators.

iii. Key Performance Indicators 2022/23:

Performance Tool			
R	Under Performing	Current performance is significantly outwith the trajectory set.	Under the target by 11% or greater
A	Slightly Below Trajectory	Current performance is moderately out with the trajectory set.	Under the target by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory set	Matches or exceeds the target.

Target Descriptor			Compliance Level: Target	Q1 2021/22	Q2 2022/23	Q3 2022/23	Q4 2022/23	Performance compared to previous quarter	Status	Comments
Within review date by risk level	Current Risk Level	Review timescales	90%	58%	90%	67%	**45%**	↓	R	Number of Very High Risks Outwith Review Date = 12 of 22
	Very High	Every 6 months								
	High	Every year		54%	27%	39%	**46%**	↑	R	Number of High Risks Outwith Review Date = 66 of 122
	Medium	Every 2 years		42%	36%	39%	**40%**	↑	R	Number of Medium Risks Outwith Review Date = 380 of 638
	Low	Every 2 years		37%	32%	28%	**31%**	↑	R	Number of Low Risks Outwith Review Date = 59 of 86
Timescales for risk approval	Risks in Development	104 days	80%	17%	19%	22%	**15%**	↓	R	Number of Risks in Development unapproved within 104 days = 121 of 143 15% of risks in development can be taken through the approval process within timescale
Risks taken through appropriate risk appetite process			100%	7%	67%	86%	**81%**	↓	R	3 risks have been taken through the risk appetite process in Q4 18 of 22 risks have been taken through the risk appetite process 6 risks have no value for this field
Action plans in place			100%	88%	57%	91%	**93%**	↑	A	59 of 868 risks on the risk register have no action plan in place
Number of staff completing risk management eLearning			80%	77%	78%	82%	**83%**	↑	G	eLearning: No of staff undertaken end of Q3 Adverse Event Reporter eLearning: 3271

10. Recommendations Approved at the Operational Planning Group

i. Senior managers and Directors to continue to promote recording of adverse events and risk assessments on the appropriate form, supporting a move to a more positive, embedded and mature risk culture.

ii. Managers to note the escalation of risk levels for the majority of risks within NHS Borders risk register and support risk owners in addressing these risks, particularly High and Very High graded risks.

iii. Agreed key performance indicators have not been achieved in 2022/23; propose the same risk management Key Performance Indicators remain the same for 2023/24 with an aim of fully attaining all targets.

iv. Risk Owners should review their risks in compliance with their own allocated timescales, particularly High and Very High graded risks as these require review more frequently. Suggested timescales for review of risks can be found within the Risk Management Policy.

v. Any initial risk assessment that indicates Very High and High risks should be progressed for inclusion on the risk register as a matter of priority, and within 104 days of the recorded date of entry.

vi. Risks out with risk appetite must be fed into the Operational Planning Group by Clinical Board/ Support Services representatives as per the Risk Management Policy; all Risk Owners/Approvers should ensure they watch the Risk Appetite training video available on the Risk Team microsite.

vii. Managers should ensure all their staff members have completed Adverse Event Recording eLearning, including required refreshers.

viii. Managers to note the increase in Very High risk throughout 2022-23 and contact their Risk Champion or the Risk Team for support when providing SBAR updates to Operational Planning Group if required.

ix. Note the increase in compliance with building action plans for each risk throughout the year, as well as risks being taken through the risk appetite process.

x. Note the high risk that has been escalated by Acute Clinical Board to Operational Planning Group for further organisational support.

iv. Consideration should be given to those risks which cannot be further mitigated with the action plans currently in place. Risks with a Very High target risk level and an inadequate level of control should be further scrutinised by the organisation to ensure no further action can be implemented to reduce these risks.

Appendix 1 – NHS Borders Risk Management Framework

	Leadership and Commitment	Integration	Design	Implementation	Evaluation	Improvement
	(How management is going to demonstrate leadership and commitment)	(integrating risk into the organisational structures and context)	(understanding the organisation and its context/articulating risk management commitment, roles and responsibilities, resources and communication)	(Implementing the framework)	(The effectiveness of the risk management framework)	(Adapting and continually improving)
Risk Management	Supporting the implementation of all components of the framework Ensuring that the necessary resources are allocated to managing risk Supporting a risk culture that promotes the Quality Ambitions set out in the Healthcare Quality Strategy for NHS Scotland and supports the 2020 vision Assigning authority, responsibility and accountability at appropriate levels within the organisation Promote and support a positive risk management culture by embedding risk management through strategic and operational processes	Through implementation of the Risk Management Strategy Using a single approach to risk management Inclusion of risk management in the Governance Statement Code of Corporate Governance outlining risk management relationships within NHS Borders Clinical Strategy Scottish Borders Integrated Joint Board Risk Management Strategy Legislative directives - new/ updated Inclusion of risk management in the NHS Borders recovery plan Sustainability & Quality Board linking strategic risks to strategy as part of the Quality Management System	Supporting documents and systems in communicating risk management commitment, responsibilities and resources to the organisation: Risk Management Policy - Risk Management Guidance documentation - Risk Champion Network Guidance Resilience Policy - Business Continuity System Guidance Occupational Health & Safety Policy - Occupational Health and Safety Manual Infection Control Policy - Infection Control Manual - Supporting Guidance documentation - COVID-19 Guidance Claims Policy Clinical Policy Medicines Policy Security Policy Adverse Event Management Policy - Standard Operating	Adverse Event Management System Risk Register - Strategic - Operational Claims Management System Complaints Management System PMO System for risk recording Support and advice to risk owners, directors, managers, clinical leads, groups Risk management process - proactive risk assessment and management Education program through digital stories, virtual learning, 1:1s and eLearning Appraisal/ PDP/ Turas systems Audit: Internal and external audit outcomes All organisational papers require risk identification	Measurement of Key Performance Indicators (KPIs) for all risks Governance statement reflecting the performance of the organisation Link risks identified to corporate objectives on the risk register Performance review framework Risk register health checks: periodic monitoring of risk registers Reports and updates reported through operational and governance structures Risk Management Board and Operational Planning Group assurance that the risk management framework is in place, is implemented and being used efficiently and effectively Audit Committee responsible for the governance of risk management framework Governance for strategic risks through	Review process for policies and arrangements Clinical Board newsletters Learning from application of risk controls and evaluating effectiveness Benchmarking risk management framework to recognised standards Network/ benchmark through the Datix Scottish User Group Engagement with national initiatives for Adverse Events developments/ national system Evaluations and continuous improvement plan Updating adverse event and risk register systems Implement lessons learnt from Adverse Events and linking into risk register

		Inclusion of risk management to support Clinical Board's 3 year plans	Procedures - Significant Adverse Event Review Guidance - Management Reviews - Duty of Candour Guidance - RIDDOR Guidance Information Governance Policy - Supporting Guidance documentation	Risk management embedded into local governance for clinical boards and directorates Risk management embedded into Clinical Prioritisation Processes Risk appetite of the organisation Risk Champion Network to support embedding of Risk Management Strategy, Policy, Protocol and Guidance	organisational Governance Committees Gold Command assurance for risks relating to COVID-19 Sustainability Group monitoring risks relating to climate change legislation requirements Security Group monitoring risks relating to security legislation requirements Cyber Governance Group monitoring risks relating to security legislation requirements OH&S Forum monitoring risks relating to occupational health and safety legislation requirements Adverse Event Management systems lessons learned Data presented in quarterly reports Data presented in Annual reports	process Analysing data presented in the quarterly reports Analysing data presented in the annual report Review approach to risk management for Integrated Joint Board Review cycle for risk management framework, appetite and KPIs