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Karen Hamilton - Chair  
NHS Borders

Sent via: [iris.bishop@nhs.scot](mailto:iris.bishop@nhs.scot)

28 September 2023

Dear Karen

## **NHS BORDERS ANNUAL REVIEW: 11 SEPTEMBER 2023**

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Galashiels on 11 September. I was supported by Caroline Lamb, Director General of Health & Social Care and Chief Executive of NHS Scotland. The focus of the day was the resilience and recovery of local services, as we emerge from the Covid-19 pandemic, and I am writing to summarise the key discussion points.

2. This round of Annual Reviews marks the first safe and practicable opportunity since the pandemic began to visit and meet with colleagues and stakeholders in the local area. The key addition to the format this year has been, wherever possible, to include digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, e.g. those with care/treatment commitments; or those with vulnerabilities who remain nervous about attending potentially large public events.

3. We would like to record our thanks to you and everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and by virtual means. We found it a very informative day and hope everyone who participated also found it worthwhile.

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## Meeting with the Area Clinical Forum

4. We had an interesting and constructive discussion with the Area Clinical Forum. We firstly reiterated our sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures over recent years, for the benefit of local people.

5. It was clear that the Forum continues to make a meaningful contribution to the Board's work, and that the group has effective links to the senior management team; noting that more frequent personal interactions with management may be a benefit of working in a smaller territorial Board. It was reassuring to hear that the Forum felt it had been fully involved in the Board's determined focus on contributing to effective clinical governance and patient safety. In addition, the Forum has played an important role in terms of informing the Board's approach to workforce recruitment and retention, as well as in the key area of staff wellbeing.

6. We had very interesting discussions with the representatives from the various professional committees and undertook to consider some of the points raised: for instance, the impressive work undertaken in theatres and other areas to improve patient flow, in the face of persistent delayed discharge pressures; the need for more focused IT development and integration; the need to keep key performance indicators and other metrics under review to ensure they continue to be fit for purpose; the importance of investing appropriately in early intervention, health improvement and in primary/community care settings, alongside the focus on acute services; and the need for consistent public messaging around accessing the right services, at the right time. We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

## Meeting With the Area Partnership Forum

7. We were pleased to meet with the staff-side of the Area Partnership Forum. It was clear that local relationships have been strengthened by the significant pressures of the pandemic experience, which we recognised had accelerated pre-existing challenges facing local staff and the system. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally over the last year. We also acknowledged that, whilst we hope to be over the most acute phase of the pandemic, very many pressures remain on staff throughout the NHS and planning partners.

8. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategy and associated workforce plan; alongside key work on: staff wellbeing; the need for the appropriate scheduling of staff training; the successful local work to attract international recruitment, as well as the *Retire to Return* scheme; and the bullying and harassment/dignity at work agenda. We also noted the worrying accounts around staff fear of physical violence from patients and families: we were clear that violence, or the threat of violence, towards staff is

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completely unacceptable, in line with the national zero tolerance policy towards violence, threatening and abusive behaviour across the public sector in Scotland.

## **Patients' Meeting**

9. We would like to extend our sincere thanks to all the patients who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. We greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities and systems to support patient care/access, including better continuity of care and face-to-face treatment options; the need to ensure that communications with patients take place in a way which is appropriate to their needs; the significant positive impact of wellbeing services and talking therapies; the value of multi-disciplinary teams in healthcare to provide more timely and appropriate support; alongside an effective, accessible and responsive NHS complaints procedure. There were some outstanding concerns raised about personal treatment and these were going to be taken forward in liaison with the local NHS Borders' public involvement officer, who was also in attendance.

## **Annual Review: Public Session**

10. The full public session was also streamed live and began with your presentation on the Board's key achievements and challenges, looking back and forward. As this round of Ministerial Reviews are the first in public since the necessary limitations of Covid-19, you firstly summarised the extraordinary pandemic response from NHS staff in the area before moving to the key themes of resilience (including winter planning), recovery and renewal, in line with national and local priorities. We then took questions from members of the public: four that had been submitted in advance and also a number from the floor. We are grateful to you and the Board/local Partnership team for your efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

## **Annual Review: Private Session**

11. We then moved into private session with yourself and the Board Chief Executive to discuss local performance in more detail.

## **Escalated area: Finance**

12. NHS Borders is one of three NHS Boards currently escalated at Stage 3 on the NHS Scotland Support & Intervention Framework in terms of your financial position. You confirmed that, in 2022-23, the Board delivered a balanced financial outturn, following the receipt of £11.7 million of repayable brokerage from the Government. This takes the Board's overall brokerage to £20 million; this will be repayable once the Board achieves balance.

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13. You confirmed that, whilst the Board's immediate priority is providing safe, resilient services, the Board has identified a sustainable financial future as a top corporate priority, building on the financial improvement/recovery plan that has been in place since 2022.

14. As at month 4 of 2023-24, the Board has presented a year-to-date overspend of £9.3 million, as part of a forecasted full year overspend of £26.1 million. This is a deterioration from the outturn forecast in the original financial plan from March, despite additional sustainability funding and new medicines funding of £4.7 million. We noted that key pressures continued to be delayed discharge and unfunded, contingency beds on the acute site. In addition, we noted that significant risks carried over into future years include pay and workforce pressures alongside prescribing costs. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges.

15. As with a number of Boards, NHS Borders also faces challenges with the capital budget, including current and backlog maintenance, alongside the need for increased investment in digital infrastructure.

16. The Government will continue to work with the Board to monitor your financial position and assist with longer term financial planning; as noted, it will be important that you are able to assure us in relation to the savings programmes that you have in place and how you are monitoring delivery against these.

## Workforce

17. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

18. You confirmed that the Board has continued to experience significant challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge from Borders General Hospital. For the fortnight ending 29 August, the Board's overall rate of staff absence was 15.8%; slightly lower than the NHS Scotland rate of 17.0%; and whilst we noted that the Board continues to experience challenges with short notice sickness absence, for the fortnight ending 29 August, NHS Borders' rate of all sickness absence was 4.6%; lower than NHS Scotland's rate of 5.4%.

19. As at March 2023, the Board reported a lower vacancy rate than the NHS Scotland average for Nursing/Midwifery but a higher vacancy rate for consultants; and significantly higher for AHPs: 13.6% compared to the national average of 7.1%. We recognise that recruiting to specialist posts has continued to be very challenging, as it is with a number of more remote and rural Board areas; that is why it is important that the Board continues to consider the development of new roles such as Advanced Practitioners and Medical Physician Associates; to help mitigate vacancy rates, alongside working with your planning partners to identify mutual opportunities to maximise workforce capacity; particularly, but not exclusively, when dealing with transitions of care from hospital to care settings.

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20. As recognised in our earlier meetings with the local Area Clinical and Partnership Forums, we remain very conscious of the cumulative pressures on the health and social care workforce; and recognise the range of actions NHS Borders is taking in terms of the wellbeing and resilience of local staff. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace, not least in light of the cost-of-living crisis. Such measures will also be material in terms of the local staff recruitment and retention efforts. The Board will need to continue to harness this, maximising staff support and engagement through winter and into the longer-term recovery and renewal phases.

## **Resilience and winter planning**

21. Given the scale of the cost-of-living crisis, combined with the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be one of the most difficult our NHS has faced. We also remain conscious that most NHS Boards, including NHS Borders, have already been confronted with a sustained period of unprecedented pressures on local services, particularly at the main acute site. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

22. It was therefore reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. You provided assurances that good practice and lessons learned from last winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning.

23. Nationally, we have again jointly agreed a number of overarching priorities with COSLA which will help guide our services this winter, and these measures will support resilience across our health and care system; ensuring people get the right care they need at the right time and in the most appropriate setting. One of our key lines of defence again this winter, protecting both vulnerable individuals and the system against further pressures, will be the recently launched vaccination programme for seasonal flu and Covid-19.

## **Unscheduled Care & Delayed Discharge**

24. As noted above, NHS Borders has been experiencing sustained pressures across services. The causes are multifactorial and have resulted in very high bed occupancy, long ambulance turnaround times, bed closures, reduced theatre capacity, cancellations of elective surgery, overcrowding in the A&E Department and very long waits for admission. Delayed discharge has also been a marked issue.

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25. In terms of the longest 12-hour+ waits, for the week ending 3 September, the Board recorded 58 breaches: the fifth highest in Scotland and 7% of the national total, which is significant for a smaller Board. Against the 4-hour standard, compliance over the last quarter was 66.2% against the national average of 70.2%; and in the week ending 3 September, the Board was at 66.2% against the national average of 68.6%; up from 58.9% the previous week but down from 95.0% in the comparable, pre-Covid week from 2019.

26. We continue to work with all Boards, including NHS Borders, to reduce pressure on hospitals and improve performance; not least via the national Urgent and Unscheduled Care Collaborative programme, which supports further development of Flow Navigation Centres to ensure rapid access to a clinician and scheduled appointments; offers alternatives to hospital, such as *Hospital at Home*; and directs people to the most appropriate urgent care settings. Whilst it was pleasing to note that the Board and its planning partners are fully engaged with the national unscheduled care programmes of work, we agreed that the current level of performance against the A&E standard is not acceptable; particularly in relation to the longest delays and has to be sustainably addressed as a matter of priority. We will keep progress under close review.

### Planned Care Waiting Times

27. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. We continue to assist NHS Boards with plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our Recovery Plan, announced in August 2021.

28. In July 2022, the Government announced targets to eliminate long waits for planned care across Scotland. You confirmed that the Board is prioritising improvement activity on the specialties with the biggest pressures, e.g. ophthalmology, dermatology and orthopaedics. In terms of recovery planning and trajectories, the Board continues to plan that theatre capacity will recover to pre-pandemic levels by the beginning of next year; though we noted that this has several key dependencies, including ensuring there is sufficient theatre and anaesthetic staff capacity, as well as having a ring-fenced elective ward.

29. You confirmed that NHS Borders is working with the National Elective Co-ordination Unit and others to support delivery of the long wait targets, including opportunities for insourcing, outsourcing and accelerating planned improvements. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients, building on the success of initiatives such as the *Near Me* programme.

30. Government funding has also been provided to support the provision of additional diagnostic scanning capacity; you confirmed that such initiatives have worked well to support a reduction in the waiting lists and times, and that a new CT scanner is planned. Whilst recognising that the current pressures are very significant across the local health and care

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system, we were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly as relates to the longest waits which, as with unscheduled care, we will keep under close review.

## Cancer Waiting Times

31. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic and, whilst local performance against the 31-day target has been consistently met and maintained, this has slipped of late (91.2% as at the quarter ending June 2023). As with most NHS Boards, local performance against the 62-day target has been more challenged (83.1% at June). We noted that the Board remains committed to sustained improvements against both targets, with activity focused on addressing particular pressures in the prostate and colorectal pathways, alongside system and staffing pressures, which have reduced diagnostic capacity. The Board continues to submit regular progress reports and the Government will continue to provide tailored support.

## Mental Health Waiting Times

32. Child and Adolescent Mental Health Services is a particular pressure area for the Board, with performance against the 18-week target at 31.3% in June. You explained that the focus has been on reducing the longest waits and reducing the overall size of the list and, whilst progress has been made, performance against the target will take longer to improve sustainably. We noted that staffing in this area remains fragile. You also confirmed that the local service has not opted to appoint a Clinical Director as in a number of other Board areas. We would ask you to keep this under review as it has helped in other Boards to offer a clear and single point of accountability for clinical and professional standards, alongside effective governance, across the multi-professional teams. A regular programme of engagement will continue via the Government's Mental Health Performance Unit to monitor progress.

## National Drugs Mission

33. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment by the end of the current Parliamentary session. We noted that the number of drug-misuse deaths locally per population has shown a decrease from a peak of 22 in 2018 to 13 in 2022. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland. As such, we were happy to note that the Board and local planning partners are meeting their commitments for the MAT standards, and in relation to the targets for access to residential rehabilitation, as well as the waiting times for access to alcohol and drug treatment services.

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## Local Strategy

34. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note that the Board and its planning partners are making progress on the Scottish Borders Health and Social Care Strategic Framework, which had been co-produced across the IJB, NHS Board 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 local people.

35. The Framework recognises that the scale of the challenges faced in planning and delivering health and social care services to meet local need are very significant. This makes it all the more important that the Board and its planning partners innovate and adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

## Conclusion

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

37. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of a period of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely,



**Jenni Minto MSP**

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