

A meeting of the **Borders NHS Board** will be held on **Thursday, 6 February 2025** at 10.00am in the Roxburgh Suite, Scottish Borders Council and via MS Teams (HYBRID).

## AGENDA

Time	No		Lead	Paper
10.00	1	<b>ANNOUNCEMENTS &amp; APOLOGIES</b>	Chair	<i>Verbal</i>
10.01	2	<b>DECLARATIONS OF INTEREST</b>	Chair	<i>Verbal</i>
10.02	3	<b>MINUTES OF PREVIOUS MEETING</b>	Chair	<i>Attached</i>
10.04	4	<b>MATTERS ARISING</b> Action Tracker	Chair	<i>Attached</i>
10.10	5	<b>CHIEF EXECUTIVE'S REPORT</b>	Chief Executive	<i>Verbal</i>
10.15	6	<b>STRATEGY</b>		
	6.1	NHS Borders Future Direction Engagement Phase 1	Director of Planning & Performance	<i>Appendix-2025-1</i>
	6.2	Climate Emergency & Sustainability Annual Report 2023/24	Director of Finance	<i>Appendix-2025-2</i>
	6.3	Full to the Brim – Director of Public Health Annual Report 2024	Director of Public Health	<i>Presentation</i>
10.45	7	<b>FINANCE AND RISK ASSURANCE</b>		
	7.1	Resources & Performance Committee minutes: 07.11.24	Board Secretary	<i>Appendix-2025-3</i>
	7.2	Audit Committee minutes: 23.09.24	Board Secretary	<i>Appendix-2025-4</i>
	7.3	Finance Report	Director of Finance	<i>Appendix-2025-5</i>
	7.4	Capital Plan Update	Director of Finance	<i>Appendix-2025-6</i> <i>Presentation</i>
	7.5	Internal Audit Contract	Director of Finance	<i>Appendix-2025-7</i>

<b>11.15</b>	<b>8</b>	<b>QUALITY AND SAFETY ASSURANCE</b>		
	8.1	Clinical Governance Committee minutes: 06.11.24	Board Secretary	<i>Appendix-2025-8</i>
	8.2	Quality & Clinical Governance Report	Director of Quality & Improvement	<i>Appendix-2025-9</i>
	8.3	Infection Prevention & Control Report	Director of Nursing, Midwifery & AHPs	<i>Appendix-2025-10</i>
<b>11.40</b>	<b>9</b>	<b>PERFORMANCE ASSURANCE</b>		
	9.1	NHS Borders Performance Scorecard	Director of Planning & Performance	<i>Appendix-2025-11</i>
<b>11.55</b>	<b>10</b>	<b>GOVERNANCE</b>		
	10.1	Consultant Appointments	Director of HR, OD & OH&S	<i>Appendix-2025-12</i>
<b>11.59</b>	<b>11</b>	<b>ANY OTHER BUSINESS</b>		
<b>12.00</b>	<b>12</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
		Thursday, 3 April 2025 at 10.00am in the Council Chamber, Scottish Borders Council and via MS Teams (HYBRID)	Chair	<i>Verbal</i>

## **Borders NHS Board**

Minutes of a meeting of **Borders NHS Board** held on Thursday 5 December 2024 at 10.00am in the Lecture Theatre, Headquarters/Education Centre and via MS Teams.

**Present:**

- Mrs K Hamilton, Chair
- Mrs F Sandford, Vice Chair
- Mrs L O'Leary, Non Executive
- Ms L Livesey, Non Executive
- Mr J Ayling, Non Executive
- Mr J McLaren, Non Executive
- Cllr D Parker, Non Executive
- Mr P Moore, Chief Executive
- Mr A Bone, Director of Finance
- Dr L McCallum, Medical Director
- Dr S Bhatti, Director of Public Health
- Mrs S Horan, Director of Nursing, Midwifery & AHPs

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Planning & Performance
- Mr C Myers, Chief Officer, Health & Social Care
- Mrs L Huckerby, Director of Acute Services
- Mrs L Jones, Director of Quality & Improvement
- Mr S Whiting, Infection Control Manager
- Mrs C Oliver, Head of Communications & Engagement
- Ms L Thomas, Communications Officer
- Mr L Whitehead, Office for Mrs R Hamilton MSP
- Mr A Russell, BBC Reporter
- Mr P Johnson, Public Involvement Partnership Group member

### **1. Apologies and Announcements**

- 1.1 Apologies had been received from Mrs H Campbell, Non Executive, Mr A Carter, Director of HR, OD & OH&S and Dr K Buchan, Non Executive.
- 1.2 The Chair welcomed a range of attendees to the meeting including members of the public and press.
- 1.3 The Chair recorded the congratulations of the Board to Ms Faye Fowler on her Queens Nurse Award and to Ms Rhona Morrison on her nomination for the People's Choice Award at the 2025 RCN Awards.
- 1.4 The Chair confirmed the meeting was quorate.

### **2. Declarations of Interests**

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

The **BOARD** noted there were no verbal declarations.

### **3. Minutes of the Previous Meeting**

- 3.1 The minutes of the previous meeting of Borders NHS Board held on 3 October 2024 were approved.

### **4. Matters Arising**

- 4.1 **Minute 9.4:** Mrs Fiona Sandford sought an update on the anticipated reduction in surge beds as a consequence of the overspend in Home First. Mr Chris Myers advised that he would provide an update under the performance report item on the agenda.
- 4.2 **Action 2024-5:** Mrs Laura Jones advised that Dr Kevin Buchan, Mrs Sandford and herself had met and discussed linkages between the ACF and Clinical Governance Committee. Some issues required a more operational reporting line, and it was agreed to keep the item open on the Action tracker whilst further discussions took place.

The **BOARD** noted the Action Tracker.

The **BOARD** noted the update.

### **5. Chief Executives Report**

- 5.1 Mr Peter Moore highlighted 3 key aspects he wished to share with the Board following his first 4 months in post, namely: the pressures staff were under when activity became challenging which had been very difficult across the acute site and had tested processes; some processes that were in place required review over the next 3-6 months to ensure the best use of resources and provision of support to staff in their roles and the expectations of them; and that despite the challenges, there was a golden thread of the amount of effort, pride, care and compassion that staff contributed that could be clearly seen on a daily basis.
- 5.2 The Chair thanked Mr Moore of his feedback and initial response to his first 4 months in post.

The **BOARD** noted the update.

### **6. Winter Plan**

- 6.1 Mrs Lynne Huckerby highlight the key components of the report which included: activity commenced in May with what had been learned from previous winter periods; whole system engagement across NHS Borders and colleagues in social work and social care; winter road shows; listening to front line staff; feedback on a "you said, we did" engagement that shaped the plan; engagement with professional clinical groups; work with the Business Intelligence team and public health to determine demand and likely impact of covid/flu like illnesses; the data predicts an

additional 15 beds would enable management of demand at peak periods; the 3 core components to the plan and the framework; the communications and engagement framework; leaflets; and the move towards a process of seasonal planning.

- 6.2 Discussion focused on: seasonal planning across the whole year; management of live data in terms of demand; flu predictions and vaccination uptake; vaccination resistance and hesitancy has increased over time; early indications of a rise in respiratory infections; staff vaccination uptake; update on the desk top exercises undertaken; resilience manager supporting the development and strengthening of existing business continuity plans; seeking assurance from the regional health protection service on hand hygiene through non NHS premises controls; discharge to assess; and agency spend.
- 6.3 Mrs Lucy O'Leary commented that Scottish Borders Council had a separate winter plan, and the Integration Joint Board were keen to see a single winter plan across both organisations.
- 6.4 The Chair noted the section in the plan on whole system delivery and enquired if that was whole system or just NHS Borders whole system.
- 6.5 Mr Chris Myers advised that it was whole system as a lot of what drove winter pressures in health and social care often related to each other. He further advised of the availability of respite rooms, care home beds, the impact of home first and the work commissioned through Buchan Associates.
- 6.6 Mrs Huckerby acknowledged that in terms of whole system the plan did not go far enough however she assured the Board that engagement with social work and social care had informed the plan and would be a stronger element in future.
- 6.7 The Chair commented that delayed discharges were crucial to winter plan in terms of hospital flow and sought an update.
- 6.8 Mrs Fiona Sandford commented that she welcomed the plan and direction of travel but sought clarification in regard to the 77 delayed discharges who by being in the wrong place were subject to harm and the 22 unfunded beds which continued to place a financial pressure on the organisation. She suggested it would be difficult to approve the paper given there were 22 unfunded beds but the additional 15 surge beds would be funded. She suggested she would be happy to approve the paper if there was more clarity on the proposed reduction in surge beds with a timetable attached to it.
- 6.9 Dr Lynn McCallum commented that the inability of Discharge to Assess was impacting patients in terms of both patient care and patient flow. She also suggested that the investment put into partnership spend on social care there had been no impact on the hospital system, in fact there appeared to be more beds open than before the investment had been made.
- 6.10 Mr Peter Moore thanked Mrs Huckerby for a genuinely good piece of work that had been led well. He commented that the visibility of the Executives and the Board across all sites in talking and listening to staff was a fundamental part of the work that had taken place. It was imperative that a focus was kept on the waiting times in

the Emergency Department and that discharges were expedited to avoid the impact of harm on patients. It was well documented that people who were discharged to their own homes with the proper support for recovery was better for them in terms of their independence and engagement and messaging to the public around that was fundamental to the success of people's wellbeing.

The **BOARD** approved the 2024/25 Winter Plan.

The **BOARD** confirmed it had received Limited Assurance based on the caveat of surge beds and Discharge to Assess.

## **7. Resources & Performance Committee minutes: 29.08.24**

The **BOARD** noted the minutes.

## **8. Endowment Fund Board of Trustees minutes: 17.06.24**

The **BOARD** noted the minutes.

## **9. Finance Report**

9.1 Mr Andrew Bone provided an overview of the finance report and highlighted several key elements including: reporting a £12m overspend at the end of October; run rate £20.67m forecast given risks over the winter period; cost pressures continued; savings programme continued to be on track to deliver £8.4m in terms of financial improvement programme; 90% of savings were at gateway 3; doing well on agency reduction with £1.6m achieved against the £2m target (50% medical agency reduction and continued nursing agency reduction); and the savings plan position.

9.2 Mr James Ayling enquired about the position of NHS Borders in relation to other Boards in regard to its deficit challenge. Mr Bone commented that the organisation remained in the middle to lower end of the pack in terms of percentage of deficit.

9.3 Further discussion focused on: agency reduction; mental health services agency locum support; and nursing agency spend reduced by 95% for 7 months but unlikely to be maintained in the winter period due to staff sickness absence levels.

The **BOARD** noted the contents of the report including the following:

YTD Performance	£12.06m overspend
Outturn Forecast at current run rate	£20.67m overspend
Q2 Review Forecast (adjusted trend)	£22.64m overspend
Variance against Plan (at current run rate)	£5.09m improvement
Projected Variance against Plan (Q2 Forecast)	£1.97m underspend
Actual Savings Delivery (current year effect)	£7.68m (actioned)
Projected gap to SG brokerage	Best Case £5.87m (trend) Worst Case £7.84m (Q2)

The **BOARD** noted the assumptions made in relation to Scottish Government allocations and other resources.

The **BOARD** confirmed it had received Moderate Assurance from the report.

- 9.4 Mr Bone provided a high level overview of the Scottish Government budget proposals and highlighted: the £2bn increase to the health and social care budget included commitments made in year and in effect was not new money as there were pre-existing commitments against the funding; 3% uplift to all Health Board budgets; 7.9% increase to primary care aimed at priority areas; NRAC parity which equated to a £7m increase for NHS Borders; £200m was targeted for performance improvements for planned care waiting times; no capital planning monies for NHS Borders; no brokerage available to Health Boards across the next 3 years; higher level of employer National Insurance costs; and some impact on public sector pay policy.

The **BOARD** noted the update.

## **10. Clinical Governance Committee minutes: 28.08.24**

The **BOARD** noted the minutes.

## **11. Quality & Clinical Governance Report**

- 11.1 Mrs Laura Jones provided an overview of the content of the report and highlighted several key elements including: demand analysis; allied health professional workforce vacancy levels; mental health workforce pressures specifically in psychiatry; home first; and outpatient waiting times.
- 11.2 Mrs Fiona Sandford commented that the Clinical Governance Committee were concerned about the harm done to patients as a result of elective operations being delayed; an increase in opioid prescribing in General Practice; and difficulties with Stroke Unit access due to flow issues within the hospital.
- 11.3 The Chair commented that the increase in the prescribing of anti-depressants was a major concern.
- 11.4 Dr Lynn McCallum commented that NHS Borders had been a high opiate prescribing Board which predated the pandemic and there was no trend of it increasing and it was not as much a concern as had been suggested at the Clinical Governance Committee.
- 11.5 Further discussion focused on: public protection committee membership; learning from significant adverse event reports; and the FAI process and request by the procurator fiscal.

The **BOARD** noted the report.

The **BOARD** confirmed it had received Limited Assurance from the report.

## **12. Healthcare Associated Infection – Prevention & Control Report**

- 12.1 Mr Sam Whiting provided an overview of the content of the report and highlighted: an update to the SSI information on page 12 whereby the orthopaedic team had developed and improvement plan and commenced a deep dive review of each SSI case to look for additional learning; the 2 estates incidents on page 14, a joint learning review with the estates team would be taken forward; and new national

guidance in relation to water on page 19, there was a national meeting of infection control managers held and the outcome of discussions was that an agreement to escalate the concerns of the infection control committee to the national Directors of Nursing and in addition locally the Health and Safety Water Safety Group would review the content of the guidance and assess the local implementation of some of the content.

- 12.2 Further discussion focused on: water safety recommendations and the environmental risk oversight group (EROG); EROG enabled a retained focus on ventilation and other estates disciplines; potential to use funnel charts for comparative data; and hand hygiene compliance levels and support being provided to poor performing areas.

The **BOARD** noted the report.

The **BOARD** confirmed it had received Moderate Assurance from the report.

### **13. Staff Governance Committee minutes: 18.07.24**

The **BOARD** noted the minutes.

### **14. Area Clinical Forum Minutes: 25.06.24**

The **BOARD** noted the minutes.

### **15. British Sign Language (BSL) Plan 2024 to 2030**

- 15.1 Dr Sohail Bhatti advised that under the BSL Act 2015 the organisation was required to have a plan. Scottish Borders Council (SBC) had a plan, and resources had been pooled to produce a single plan across both organisations.
- 15.2 The Chair commented that the plan was aspirational in investing in people who could instruct and teach BSL across the Scottish Borders.
- 15.3 Dr Bhatti confirmed that there was a service available in the Scottish Borders for people to access and it was aspirational to have more people aware of BSL and far more important for those with BSL needs to be able to access services.
- 15.4 Mrs Lynne Huckerby enquired in terms of operationalising the plan in acute if a steering group with BLS stakeholders might be suggested.
- 15.5 Mr John McLaren reminded the Board that a Staff Disability Network existed and suggested using that forum.
- 15.6 Mrs Laura Jones reminded the Board that it had previously requested to receive a regular report from the Staff Governance Committee on staffing.

The **BOARD** approved the plan.

The **BOARD** noted that it had previously requested to receive a regular report from the Staff Governance Committee on staffing.



The **BOARD** confirmed it had received Moderate Assurance from the report.

## **16. NHS Borders Performance Scorecard**

- 16.1 Mrs June Smyth provided an overview of the content of the report and highlighted: actions from services to get back to trajectories and a deeper dive into outpatient's performance at the Development session later than afternoon.
- 16.2 Discussion focused on: quantifying the degree of risk that different groups of patients faced with long waits; the degree of harm in waiting for an outpatient appointment and treatment; undertaking a review of all services and bringing together a risk assessment on points of harm; risks are mitigated as best as possible under exceptional circumstances; potential for a quarterly report; number of delayed discharges and the updated procedure which was seeing some traction; current average length of referrals on a weekly basis was 15.2; use of the choices policy; longer term placement of care; ensuring there was no normalisation of what was an unacceptable level of performance; moving into a Quality Improvement approach; review of the choices policy and advising people they will have a move and it might not be to their preferred setting; communications with the public around care home of choice, small packages of care, prompts for medications and a change in risk threshold.
- 16.3 Mr Peter Moore commented that the Executive team were focused on both the finances and performance of the organisation. It was clear that delayed discharges needed to be halved to ensure capacity was available for the challenges of winter pressures. A decision had been made by the Executive Team to extend specialist cancer services to support diagnosis and make investment across the cancer workforce over the next 18 months which would assist performance.

The **BOARD** noted performance as at the end of October 2024.

The **BOARD** confirmed it had received Limited Assurance from the report around delayed discharges.

## **17. Primary Care Improvement Plan Annual Report**

- 17.1 The Chair suggested a discussion on the PCIP Annual Report be scheduled for a separate Non Executive Group meeting.

The **BOARD** noted the report.

The **BOARD** agreed that the Non Executives Group should receive a separate session on the PCIP Annual Report.

## **18. Scottish Borders Health & Social Care Integration Joint Board minutes: 18.09.24**

The **BOARD** noted the minutes.

## **19. Code of Corporate Governance Sectional Update**

Miss Iris Bishop presented the sectional update and advised that the main change was the formal removal of the Public Governance Committee.

The **BOARD** approved the refresh of Section A of the Code of Corporate Governance.

The **BOARD** confirmed it had received Significant Assurance from the report.

## **20. Board Committee Memberships & Quoracy**

The **BOARD** noted the changes in Non Executive memberships of its committees as set out in the NHS Borders Non Executives Committee Chart (Appendix 1).

The **BOARD** noted the quoracy levels for the Board Sub Committees.

The **BOARD** confirmed it had received Significant Assurance from the report.

## **21. Any Other Business**

21.1 There was none.

## **22. Date and Time of next meeting**

22.1 The Chair confirmed that the next scheduled meeting of Borders NHS Board would take place on Thursday, 6 February 2025 at 10.00am at Scottish Borders Council and via MS Teams (hybrid).

## Borders NHS Board Action Point Tracker

Meeting held on 3 October 2024

Agenda Item: Quality & Clinical Governance Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2024-4	11	The <b>BOARD</b> agreed to receive further information in regard to the interlinks of complaints and SAERs.	Laura Jones	<b>In Progress:</b> Explanation paper to be brought to the Clinical Governance Committee in January 2025 ahead of the February 2025 Board meeting.

Agenda Item: NHS Borders Performance Scorecard

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2024-5	16	The <b>BOARD</b> noted that the ACF Chair would progress linking the ACF through the Clinical Governance Committee in terms of activities across independent practitioners.	Kevin Buchan	<b>In Progress: Update 05.12.24:</b> Mrs Laura Jones advised that Dr Kevin Buchan, Mrs Sandford and herself had met and discussed linkages between the ACF and Clinical Governance Committee. Some issues required a more operational reporting line and it was agreed to keep the item open on the Action tracker whilst further discussions took place.

Meeting held on 5 December 2024

Agenda Item: British Sign Language (BSL) Plan 2024 to 2030

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2025-1	15	The <b>BOARD</b> noted that it had	Andy Carter /	

		previously requested to receive a regular report from the Staff Governance Committee on staffing.	<b>Cllr David Parker</b>	
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**Agenda Item:** Primary Care Improvement Plan Annual Report

<b>Action Number</b>	<b>Reference in Minutes</b>	<b>Action</b>	<b>Action to be carried out by:</b>	<b>Progress (Completed, in progress, not progressed)</b>
2025-2	17	The <b>BOARD</b> agreed that the Non Executives Group should receive a separate session on the PCIP Annual Report.	<b>Chris Myers</b>	

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>6 February 2025</b>
<b>Title:</b>	<b>NHS Borders Future Direction Engagement Phase 1</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth, Director of Planning &amp; Performance</b>
<b>Report Author:</b>	<b>Katy George, Planning &amp; Performance Officer</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- NHS Borders Strategy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

During January 2025 NHS Borders launched a largescale engagement exercise across all staff and Borders communities. These conversations were set up in order to get feedback on what NHS Borders means to our staff and public, what they value about our services and where there are opportunities for improvement.

This paper sets out the approach taken during this engagement phase, the level of response it received and to outline the next steps in developing NHS Borders future direction.

## 2.2 Background

It has been identified that NHS Borders requires a new Organisational Strategy for 2025 – 2030. The development of this strategy will provide us with the following opportunities:

- To reconnect with our staff & public
- To understand what is important to them
- To link this back to our staff's purpose
- To provide a clear vision of where we are going, and how this links to our NHS Borders values
- To provide the blueprint for our bridge towards this 2030 vision

Alongside this, is the recognition that we also need to develop our Clinical Strategy. The engagement outputs and themes collected will be crucial in informing this work.

Our aim throughout this engagement phase was to ensure that as many NHS Borders staff, and the communities of the Scottish Borders, had the opportunity to share their thoughts and shape the future direction of the organisation.

## 2.3 Assessment

Engagement with both staff and public across the Scottish Borders commenced on the 7<sup>th</sup> January in a variety of ways that enabled people to share their feedback and thoughts with us. We used a survey approach with five key questions that we asked staff and public, these are outlined below:

### Staff Questions:

1. What do you value about working here?
2. What do you think is important and what we, at NHS Borders, do?
3. What do you think good quality healthcare looks like for you and your loved ones?
4. If there was one change you could suggest that would make a positive impact on your work here within NHS Borders, what would it be?
5. What behaviours would you **want** to see and **not** want to see at work?

### Public Questions:

1. How do you keep yourself well?
2. What in your life makes it harder to keep yourself well?
3. What do you most value about the care you receive/would want to receive for your family?
4. What is the role of the NHS in the Borders?
5. What services would you value being closer to you?

To enable as many people as possible to access these questions and provide their thoughts, we developed and coordinated a range of options for people to participate.

- Focussed engagement with groups including multiple staff meetings online and in person, rotary clubs and local businesses
- Face to face conversations in public spaces to record people's views and promote the survey questions including supermarkets, libraries, leisure centres, community hubs, Borders College

- Targeted communication with groups identified through the diversity database to participate and share the engagement survey for those to share with their wider networks
- Postal option was also made available with pre-paid envelopes provided
- Electronic option for people to access the survey online through the development of a QR code and online survey link

Between the 7<sup>th</sup> January – 29<sup>th</sup> January, the Strategy Taskforce carried out 51 engagement sessions across all localities within the Scottish Borders. This included 30 sessions on NHS Borders sites, 2 leisure centres, 3 supermarkets, 3 community hubs, Borders College, 2 What Matters Hubs, 4 libraries and 2 rotary club meetings. Please see **Appendix 1, 2 & 3** for further detail.

We also reached out to a number of local businesses and rugby clubs to ask them to circulate the questionnaire link around their staff and membership lists.

At the time of writing this report 2 days prior to the questionnaire closing, we had received a total of 1,278 responses. These came from 548 staff, and 730 members of the public.

All responses captured are currently being analysed and themed and this information will be pulled together and presented back in a visual “This is what we heard” style report during February 2025. This will be shared back with our staff and across our communities. The themes from this engagement phase will be used to inform our Organisational Strategy for 2025 – 2030. The information captured will also inform the development of the Clinical Strategy and the underpinning strategies to support delivery and implementation.

### **2.3.1 Quality/ Patient Care**

This engagement exercise and future phase will contribute to a more supportive and collaborative environment. This will inform the development of the Organisations Strategy to enhance the quality of patient care and lead to better health outcomes and higher patient satisfaction.

### **2.3.2 Workforce**

We anticipate that the engagement with staff will have had a positive impact on staff by giving them the opportunity to share their views and shape the future direction of NHS Borders.

### **2.3.3 Financial**

There will be no financial impact with the delivery of this engagement phase. Once the strategy is developed a financial assessment will need to be considered.

### **2.3.4 Risk Assessment/Management**

There are no immediate risks with this part of the engagement phase. Once the strategy is developed a full risk assessment will need to be considered against the delivery and implementation plan.

### 2.3.5 Equality and Diversity, including health inequalities

Engaging with the public and staff is crucial for supporting the Public Sector Equality Duty the Fairer Scotland Duty, and the Board's Equalities Outcomes. This engagement exercise is the start of conversations that will continue throughout the development and implementation of NHS Borders Strategy. As we continue with this work we will:

- Identify barriers by gathering insights from diverse groups
- Ensure that our Strategy considers the needs and experiences of all groups to inform decision making
- Continue to encourage participation from underrepresented groups to foster a more inclusive environment

Whilst this phase of work has gathered qualitative information a population needs assessment has also been commissioned which will allow NHS Borders to actively consider how we can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions.

As the development of the Strategy continues engagement will remain at the heart of this work.

### 2.3.6 Climate Change

Once the strategy has been developed this will require an assessment however should have a positive impact on climate change.

### 2.3.7 Other impacts

These will be assessed as the Strategy is developed.

### 2.3.8 Communication, involvement, engagement and consultation

This engagement phase has been designed through multiple discussions and groups including:

- Staff Engagement QMS Pillar
- BET
- NHS Borders Board Development Session
- Quality & Sustainability Board
- Communication and Engagement Team
- Strategy Taskforce

### 2.3.9 Route to the Meeting

The engagement approach to develop NHS Borders Future Direction 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.

- BET – 5<sup>th</sup> November 2024
- Staff Engagement QMS Pillar – 6<sup>th</sup> November 2024



- Quality & Sustainability Board – 12<sup>th</sup> November 2024
- Communication and Engagement Team – 4<sup>th</sup> December 2024
- NHS Borders Board Development Session – 5<sup>th</sup> December 2024
- Strategy Taskforce – 6<sup>th</sup> January 2025

## 2.4 Recommendation

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

The Board will be asked to confirm the level of assurance it has received from this report:

- Significant Assurance
- Moderate Assurance
- Limited Assurance
- No Assurance

## 3 List of appendices

The following appendices are included with this report:

Appendix 1 – Staff Poster  
Appendix 2 – Public Poster  
Appendix 3 – Engagement diary

# NHS BORDERS FUTURE DIRECTION



## WHY IS THIS IMPORTANT FOR YOU?

This is your opportunity to tell us what NHS Borders means to you as staff, what you value in our services and where you think we can improve.

- ☐ To understand what is important to you
- ☐ Create a clear vision
- ☐ Enable you to shape the vision and future of NHS Borders

## WHAT ARE WE TRYING TO ACHIEVE?

## HOW YOU CAN GET INVOLVED

**5 MINUTES, 5 QUESTIONS**



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## HOW YOU CAN GET INVOLVED

**5 MINUTES, 5 QUESTIONS**



## Operational Strategy - Engagement Delivery Plan

	Mon 6th Jan	Tues 7th Jan	Wed 8th Jan	Thur 9th Jan	Fri 10th Jan
Week 1		8am - 12pm BGH Charities Table 2pm - 4pm Lauder GP Practice	9.30am - 11am Kelso Swimming Pool 1pm - 3pm Earlstoun Medical Practice	9am - 11am Coldstream Medical Practice 2pm - 4pm Jedburgh Medical Practice	1am - 12pm ASDA Supermarket, Galashiels
Week 2	8.30am - 10.30am Hay Lodge Community Hospital 10am - 12pm Hay Lodge Health Centre 2pm - 2.30pm Estates & Facilities Team Meeting 3pm - 5.30pm Peebles Swimming Pool	8.30am - 10.30am Kelso Community Hospital 10.30am - 1pm Kelso Medical Centre 2pm - 4pm East Brig, Galavale, Galashiels 2.30pm - 5pm Eildon Medical Practice	8.30am - 11am Borders College 10am - 12pm Eyemouth Medical Practice 10am - 12pm Peebles What Matters Hub 12.30pm - 1.30pm Eddleston Bite and a Blether Club 1pm - 4pm BGH Charities Table 2.3pm - 4.30pm MH Huntlyburn Ward	10am - 12pm St Ronan's Medical Practice, Innerleithen 11.30am - 12.45pm Burnfoot Hub Warm Spaces, Hawick 1pm - 2pm Staff Governance Committee 1pm - 3pm Hawick Library	8am - 1pm Sainsbury's Supermarket, Hawick 10am - 12pm Borders Specialist Dementia Unit 3pm - 6pm Sainsbury's Supermarket, Hawick
Week 3	11am - 2pm Teviot Medical Practice 1pm - 3pm Galashiels Library 2pm - 3pm Heads of Corporate Service Staff Meeting 5.30pm - 7pm Galashiels Library	9am - 12pm CAMHS, Andrew Laing Unit, Selkirk 10am - 11.30am Hawick Dental Centre 12pm - 1pm All Staff Teams Call 2pm - 3.30pm Hawick Community Hospital 2pm - 4pm Melrose Library 6.30pm Galashiels & District Rotary Club	10.30am - 12pm Knoll Community Hospital 11am - 1pm Burnfoot Foodshare Drop In, Hawick 2pm - 4pm Coldstream Dental Centre	10am - 12pm Newcastleton Medical Practice 11.30am - 12.30pm West Brig, Galashiels 1pm - 3pm Sainsbury's Supermarket, Kelso 7pm Jedburgh Rotary Meeting	
Week 4		12pm - 1.30pm Burnfoot Hub Lunch Club, Hawick	9am - 11am Adult Community Mental Health Teams, Hawick 2pm - 3pm All Staff Teams Call		

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>6 February 2025</b>
<b>Title:</b>	<b>Climate Emergency &amp; Sustainability Annual Report 2023/24</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance Harriet Campbell, Non-Executive Member</b>
<b>Report Author:</b>	<b>Andrew Bone, Director of Finance Fi Laidlaw, Head of Soft FM</b>

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Annual Operational Plan/Remobilisation Plan
- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The NHS Scotland Policy for Climate Emergency & Sustainability was published in October 2021. This policy requires that all NHS Boards publish an annual report on their progress towards the implementation of net carbon zero emissions targets and sustainable development goals.

The report is expected to be submitted to Scottish Government and published on the Health Board's public facing website following Board approval.

## **2.2 Background**

The policy requires that NHS Boards publish their report annually in November, reporting on progress during the financial year preceding. Timescales for publication have subsequently been revised due to availability of national data sources. Boards are expected to publish reports annually in January.

## **2.3 Assessment**

Due to timing of Board meetings this report is presented to NHS Borders Board for approval at its meeting on 6<sup>th</sup> February. The report covers the period April 2023 to March 2024.

### **2.3.1 Quality/ Patient Care**

Any issues related to this topic are described within the body of the report.

### **2.3.2 Workforce**

Any issues related to this topic are described within the body of the report.

### **2.3.3 Financial**

There are no immediate financial implications of the report. There are no resources identified to support implementation of the wider strategy, and this is highlighted in the report and via related risk assessment.

### **2.3.4 Risk Assessment/Management**

Climate Emergency is reported on the Board's Strategic Risk Register. In addition, local climate change impact assessments have been undertaken on an East region basis in collaboration with other public sector bodies.

### **2.3.5 Equality and Diversity, including health inequalities**

This report describes activities undertaken during the year 2023/24. The impact on inequalities of Climate Change is described within the report and is subject to separate reporting through the Board's existing structures regarding health inequalities.

### **2.3.6 Climate Change**

This topic is considered within the main body of the report.

### **2.3.7 Other impacts**

There are no other relevant impacts.

### **2.3.8 Communication, involvement, engagement and consultation**

N/A

### 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.

- NHS Borders Climate Change & Sustainability Group – October 2024
- NHS Borders Quality & Sustainability Board – November 2024

## 2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

The Board are requested to approve publication of the annual report in line with the Scottish Government policy requirement.

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

The Director of Finance recommends 'Limited Assurance' given the significant challenge presented by achievement of net zero emissions by the target date of 2040 and the lack of resources identified to achieve this objective.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Annual Report



**Annual Climate Emergency  
and Sustainability Report  
2023 - 2024**

**October 2024**



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## 1. Foreword from Harriet Campbell

I am very pleased to introduce the third NHS Borders annual Climate Emergency and Sustainability Report. Our previous report, covering our activities for the year to March 2023, was published in January 2024.

In March 2024 we held our first organisational wide *Climate Change Conference* via MS Teams, increasing awareness of our strategy and progress to date, and enabling staff across the organisation to understand how they can help support delivery of a net zero ambition within NHS Borders.

I am pleased that we can report continued progress in a number of areas, with highlights being:

- A greater than 50% reduction in Medical Gas emissions and full decommissioning of our nitrous oxide manifolds
- Greater than 10% reduction in emissions from both our own fleet and staff business travel
- Continued progress in our Green Theatres programme
- Collaboration with Scottish Borders Council to support increased use of public transport
- Introduction of 'no mow May' and other initiatives within our greenspace
- Successful award of a £2m grant for energy efficiency initiatives across our estate, including increase to Solar PV at Borders General Hospital
- Development of our climate risk assessment and adaptation plans

This report covers the period to March 2024, and reflects a year in which NHS services moved back towards 'normality' following the COVID19 pandemic.

One aspect of this return to normal business has been an increase in energy consumption. This has limited the level of progress achieved through emission reduction measures in other areas. It is clear that the actions we are able to achieve will only be successful if this is undertaken in tandem with greater progress towards decarbonisation of the grid and other nationally delivered measures.

Whilst I am delighted we can demonstrate progress against our plans, it is clear that in order to achieve the level of change required we will need to build greater momentum and that this in turn will need investment. Given the financial challenges facing NHS Borders and the wider Scottish public sector this remains a concern.

I do want to thank all the staff who have helped deliver changes over the past year and to encourage colleagues across the organisation to participate in our programmes over the next twelve months.



*Harriet Campbell*  
Non Executive Member,  
NHS Borders Health  
Board;  
*Sustainability Champion*  
and Chair of Organ & Tissue  
Donation Committee

### **Further information**

More information on NHS Borders and its activities can be found at the following website: [nhsborders.scot.nhs.uk](https://nhsborders.scot.nhs.uk)

Our contact details are listed below.

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Headquarters

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TD6 9BS

## 2. Introduction

The planet is facing a triple crisis of climate change, biodiversity loss and pollution because of human activities breaking the planet's environmental limits.

The World Health Organisation recognises that climate change is the single biggest health threat facing humanity. As climate change takes hold, we will see its direct impact on human health whether through extreme weather events (flood, fire, drought), the changing spread of disease (such as malarial mosquitos moving north), climate anxiety and mental health concerns or other factors. Health organisations will thus bear the direct impact of climate change. Health organisations have a duty to cut their greenhouse gas emissions, the cause of climate change, and influence wider society to take the action needed to both limit climate change and adapt to its impacts. More information on the profound and growing threat of climate change to health can be found here: [www.who.int/news-room/fact-sheets/detail/climate-change-and-health](https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health)

This is NHS Borders third annual Climate Emergency and Sustainability Report. Our previous report, covering our activities for the year to March 2023, was published in January 2024.

NHS Borders is responsible for the provision of health care services to the 116,900<sup>1</sup> people who live in the Scottish Borders and has approximately 3,315 employees. The region has a largely rural geography which covers 1,827 square miles at the southeast of Scotland. The Health Board operates a range of community and hospital services throughout the region, including 23 health centres, four community hospitals, a district general hospital, and a number of specialist community and mental health facilities.

Much of the Health Board's estate is aged and pre-dates modern construction methods and energy efficient design. In order to achieve the Board's net zero carbon roadmap the Health Board will require significant investment to modernise its estate, as well as actions taken across the wider public and private sectors to address energy efficiency and supply chain emissions.

The actions set out in this report are aligned to the NHS Scotland Climate Emergency and Sustainability Strategy 2022-26 and you can read more about this strategy at the link below:

<https://www.gov.scot/publications/nhs-scotland-climate-emergency-sustainability-strategy-2022-2026/>

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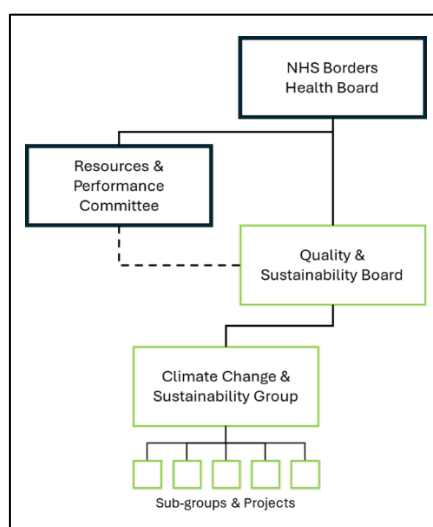
<sup>1</sup> Scotland Census 2022

### 3. Leadership and governance

Our previous report set out the governance structure and management arrangements the Board has put in place to ensure that we continue to develop and implement our plans to address the impact of climate change. There have been no significant changes to these arrangements since the previous report.

The role of Sustainability Champion continues to be held by Harriet Campbell, a non-executive member of our Board; Executive leadership remains under the remit of Andrew Bone, Director of Finance, Estates & Facilities.

#### REPORTING ARRANGEMENTS



The Climate Change & Sustainability Group has responsibility for developing the Board's response to climate change and supporting NHS Borders in becoming environmentally sustainable. The group meets on a bi-monthly basis to ensure progress against its action plan is regularly monitored. Individual workstreams and projects are managed through sub-groups established as and when required.

The Climate Change and Sustainability Group reports to the Quality and Sustainability Board, comprising the Board executive management team and senior management representatives from all business units. Updates are provided on a quarterly basis.

The Quality and Sustainability Board reports to the Health Board and to the Board's Resources & Performance Committee, which undertakes scrutiny of the Board's strategic plans.

Despite significant pressures on both time and resources, NHS Borders has dedicated both Board development time and Executive Leadership time to discuss this important agenda. Development and awareness sessions will continue with both the Board and Senior Leaders on a regular basis and sessions are planned for the full NHSB (NHS Borders) leadership team to enhance understanding.

A number of the Executive team lead key projects within their areas or expertise to support the Boards overall Net Zero ambitions.

### 4. Greenhouse gas emissions

NHS Borders aims to become a net-zero organisation by 2040 for the sources of greenhouse gas emissions set out in the table below. The table sets out the amount of greenhouse gas produced annually by NHS Borders.

### Greenhouse gas emissions 2022/23& 2023/24, tonnes CO2 equivalent

Source	2022/23 – emissions	2023/24 – emissions	Percentage change – 2022/23 to 2023/24	2023/24 – target emissions reduction	Percentage difference between actual and target emissions – 2023/24
Building energy	5995.43 tCo2e	6135.9 tCo2e	+2.3%	-10%	Missed by 12.3%
Non-medical F-gas use	391.06 tCo2e	498.18 tCo2e	+27%	-5%	Missed by 32%
Medical gases	535.7 tCo2e	243.3 tCo2e	-54.58%	-5%	Exceeded by 49.5%
Metered dose inhaler propellant	1,908.35 tCo2e	1,937 tCo2e	+1.5	-5%	Missed by 6.5%
NHS fleet use (Fleet & Grey Fleet)	302.74 tCo2e	256.40 tCo2e	-15.30%	-10%	Exceeded by 5.3%
Waste	135.98 tCo2e	120.04 tCo2e	-11.72%	-10%	Exceeded by 1.72%
Water	26.91 tCo2e	30.14 tCo2e	+12%	-10%	Missed by 22%
Business travel	381.31 tCo2e	298.86 tCo2e	-21.6%	-10%	Exceeded by 11.6%
<b>Total greenhouse gases emitted</b>	<b>9677.48 tCo2e</b>	<b>9519.82 tCo2e</b>	<b>-1.62%</b>		
Carbon sequestration	Not Available	Not Available	Not Available	Not Available	Not Available
Greenhouse gas emissions minus carbon sequestration	<b>9677.48 tCo2e</b>	<b>9519.82 tCo2e</b>	<b>-1.62%</b>	<b>8%</b>	<b>Missed by 6%</b>

We recognise that although there has been a reduction on previous year's emissions, this has not been in line with our own targets.

In part this is explained by the remobilisation of healthcare services following the COVID-19 pandemic and includes increased building energy use as staff and services increased within our estate. We continue to improve our reporting on emissions and this also impacts on our ability to compare progress.

Nonetheless, it is clear that we will need to increase the pace of changes in future years if we are to achieve a net zero position in line with current target dates.

More detail on the movements within each emissions source can be found under the relevant sections later on in this report.

The table below sets out our usage of key resources impacting on greenhouse gas emissions over the last two years and provides further context to the preceding table.

Source	2022/23 Use	2023/24 Use	Percentage change – 2022/23 to 2023/24
Building energy (MWh)	35,202 MWh	35,138 MWh	-0.18%
NHS fleet travel (km travelled) Includes Grey Fleet	2,058,370 km	1,645,751 km	-20%
Waste (tonnes)	1,165.5 tonnes	1,169.5 tonnes	+0.3%
Water (cubic metres)	146,319 cubic metres	163,374 cubic metres	+11%
Business travel (km travelled) Includes Public Transport)	2,279,034 KM	1,948,677 KM	-14%

## 5. Climate change adaptation

Scotland's climate is changing faster than expected according to research published by the James Hutton Institute in December 2023. According to this research:

- “Between 1990 to 2019, February and to a lesser extent April have become wetter, particularly in the west, by up to 60%, exceeding the projected change by 2050 of 45-55%.”
- “Scotland is on track to exceed “a 2°C increase in temperature by the 2050s, with the months from May to November experiencing up to 4°C of warming over the next three decades (2020-2049).”
- “The number of days of consecutive dry weather – an indicator for drought and wildfire risk – are also expected to increase in drier months, such as September.”

Climate change exacerbates existing health risks and introduces new challenges, ranging from the spread of infectious diseases to the intensification of heatwaves and extreme weather events that will impact the health of the population, healthcare assets and services. NHS Scotland plays a pivotal role in safeguarding the life and health of communities by developing climate-resilient health systems capable of responding to these evolving threats.

The changing climate is increasing risks for health and health services. More information on these risks in the UK can be found in the UK Climate Change Committee's Health and Social Care Briefing available here: [www.ukclimaterisk.org/independent-assessment-ccra3/briefings/](http://www.ukclimaterisk.org/independent-assessment-ccra3/briefings/)

NHS Borders completed an Adaptation Risk Assessment in 2023. The main risks identified were in relation to changes to population needs (i.e. increased demand for healthcare services) and the adaptability of environmental controls within our estate (e.g. ventilation systems).

This risk assessment will aid the Health Board in planning its future estate strategy, ensuring that our land and buildings are adapted to mitigate the risks arising from climate change. This includes both sustaining the fabric of the estate from potential damages as well as ensuring that the healthcare environment does not present and increased risk of harm to our patients, and that it is suitable to meet the future needs of our population.

Population risks impactation on healthcare needs include a potential increase to chronic conditions affected by seasonal temperature variation, for example more patients requiring hospital admission during prolonged hot weather; admissions relating to dehydration, heat stroke, breathing issues and cardiac issues could be anticipated; with further long-term issues relating to potential increase in skin cancers. We also identified wider societal impacts affecting population mental health, with specific concern regarding the isolation of small communities in rural locations.

Risks in relation to environmental controls are in part related to the age and design of our current estate, with integral plant and equipment likely to be insufficient to mitigate increased healthcare acquired infection risks arising from potential changes to temperature and humidity within the operating environment.



The actions to address increased demand will be a collaborative approach between our clinicians, supported by our Public Health and Communications teams, to ensure residents of the Scottish Borders are engaged in the design of future service models and aware of the actions they can take to ensure that health services are both effective and efficient regarding the impact that these services have on our environment.

In relation to our buildings, we are aware of innovation in building design which offers opportunities to improve natural ventilation and cooling, and we will ensure that these opportunities are considered for both our existing estate and new buildings developed in our long-term property strategy.

During 2024/25 we have begun the work necessary to develop our future property strategy, including commissioning a full review of the design, condition and use of the Borders General Hospital. We expect that the development of this strategy will be informed by the information provided through our climate change risk assessment.

NHS Borders is also working with Climate Ready South East, a regional project considering both impact and adaptations that will need to be made.

## 6. Building energy

We aim to use renewable heat sources for all the buildings owned by NHS Borders by 2038.

NHS Borders has thirty-nine buildings, across 19 sites, such as Borders General Hospital (Acute Hospital), 4 community hospitals, 23 health centres and a range of other facilities.

In 2023/24, NHS Borders used 33,738,000kWh of energy within its buildings, resulting in 6,135.9 tonnes of CO<sub>2</sub> equivalent, an increase of 1% on previous year emissions.

Increased energy consumption is attributed to a number of factors including the following:

- A combination of staff returning to on-site working post-pandemic together with expansion to community services (e.g. pharmacotherapy) resulted in increased building utilisation and occupancy during 2023/24.
- Increased use of mobile diagnostic facilities (endoscopy, mammography, CT, MRI) in order to support equipment refurbishment programmes and address long waiting times.
- Introduction of additional building cooling measures during summer 2023 in order to ameliorate the effect of high temperatures within Borders General Hospital.
- Shift to EV Charging – increase in the number of EV chargers available to support the fleet migration from fossil fuel to renewable energy (electric) – average annual consumption 86,000 kWh (based over 5300 sessions), equates to 1% of NHS Borders annual electricity consumption. This effect is offset by a reduction in use of fossil fuels.

In 2023/24, NHS Borders generated 1400 MWh of energy from renewable technologies (Solar PV). This is expected to increase significantly in future years with the introduction of increased Solar PV on the BGH campus.

### Building energy emissions, 2015/16, 2021/22 and 2022/23 – tCO<sub>2</sub>e

	2015/16 energy use	2022/23 energy use	2023/2024 energy use	Percentage change 2015/16 to 2023/2024
Building fossil fuel use	4681.3 tCO <sub>2</sub> e	5220.2 tCO <sub>2</sub> e	5254.8 tCO <sub>2</sub> e	+12.25%
District heat networks and biomass	129.7 tCO <sub>2</sub> e	69.0 tCO <sub>2</sub> e	13.7 tCO <sub>2</sub> e	-89.44%
Grid electricity	4340.6 tCO <sub>2</sub> e	1659 tCO <sub>2</sub> e	1751.5 tCO <sub>2</sub> e	-59.65%
<b>Totals</b>	<b>9151.6 tCO<sub>2</sub>e</b>	<b>6948.2 tCO<sub>2</sub>e</b>	<b>7020 tCO<sub>2</sub>e</b>	<b>-23.29%</b>

### Building energy use, 2015/16, 2021/22 and 2022/23 – MWh

	2015/16 energy use	2022/23, energy use	2023/2024 energy use	Percentage change 2015/16 to 2023/2024
Building fossil fuel use	22368MWh	24434MWh	24654MWh	+10.22%
District heat networks and biomass	2860.6MWh	1439MWh	1299MWh	-09.70%
Grid electricity	8739.6MWh	7860MWh	7785MWh	-10.93%
Renewable electricity	2895MWh	1469MWh	Est. 1400MWh	-50% *PV estimated
<b>Totals</b>	<b>36863.2 MWh</b>	<b>35202 MWh</b>	<b>35138 MWh</b>	<b>-4.69%</b>

In the last year we have taken the following actions in order to reduce emissions from building energy use:

- Rolling replacement programme of fluorescent light fittings with LED (light emitting diodes) fittings (internal and external).
- Rolling replacement of inefficient boilers across our estate.
- Replacement of 3 industrial laundry washers with new efficient units (including water recovery systems).
- Upgrading and maintenance of heating pipework insulation.
- Upgrades of heating pumps and associated equipment.
- Life cycle replacement of inefficient air conditioning units, upgrade to chiller units, and remedial works to other ventilation plan to improve functional efficiency.
- Upgrades to the Building Management System (BMS).
- Installation of water condensate recovery units.
- Building Fabric upgrades – roof coverings/insulation.

In 2023 NHSB were successful in bidding for £2m of capital investment funds from the Scottish Green Public Sector Estate Decarbonisation Scheme. Plans outlined in the bid cover schemes such as Fan/pump efficiency upgrades, LED lighting, insulation projects, solar PV, sub-metering etc. Contractors were appointed in March 2024 and this programme is expected to complete early in 2025.

This programme is expected to result in a reduction to annual energy consumption of 905 MWh and associated reduction in Carbon emissions of 328.2 tCO<sub>2</sub>e.

In addition to the grant funded scheme, rolling programmes for the replacement of boiler plant, and improvements to pressure systems, condensate units, steam traps and other integral plant and infrastructure will continue to be progressed through the Board's capital programme.

Work to support green theatre initiatives and improvement to ventilation plant are also expected to result in improved energy efficiency within the BGH.

Our longer-term plans to reduce to reduce emissions from building energy use are set out in our Net Zero Carbon Roadmap developed in 2023 and will include ongoing rollout of measures outlined above.

## 7. Sustainable care

The way we provide care influences our environmental impact and greenhouse gas emissions. NHSScotland has three national priority areas for making care more sustainable – anaesthesia, surgery, and respiratory medicine.

### 7.1 Anaesthesia and surgery

Greenhouse gases are used as anaesthetics and for pain relief. These gases are nitrous oxide (laughing gas), Entonox (a mixture of oxygen and nitrous oxide) and the ‘volatile gases’ - desflurane, sevoflurane and isoflurane.

Through improvements to anaesthetic technique and the management of medical gas delivery systems, the NHS can reduce emissions from these sources.

NHS Borders total emissions from these gases in 2023/24 were 243.3 tCO<sub>2</sub>e, a decrease of 292.4 tCO<sub>2</sub>e from the year before. We have more than halved the amount of CO<sub>2</sub> equivalent emissions over the last year mainly due to decommissioning the nitrous oxide manifolds; this has resulted in less consumption and wastage of this gas with consequent significant financial and environmental benefits.

More detail on these emissions is set out in the tables below:

#### Nitrous oxide and Entonox emissions, 2018/19, 2022/23, 2023/24 – tCO<sub>2</sub>e

Source	2018/19 (baseline year)	2022/23	2021/22	Percentage change 2018/19 to 2022/23
Piped nitrous oxide	241 tCO <sub>2</sub> e	234.7 tCO <sub>2</sub> e	29.5 tCO <sub>2</sub> e	-88%
Portable nitrous oxide	12 tCO <sub>2</sub> e	13 tCO <sub>2</sub> e	15.1 tCO <sub>2</sub> e	+26%
Piped Entonox	265 tCO <sub>2</sub> e	216.7 tCO <sub>2</sub> e	126.4 tCO <sub>2</sub> e	-52%
Portable Entonox	114 tCO <sub>2</sub> e	58.3 tCO <sub>2</sub> e	59.8 tCO <sub>2</sub> e	-48%
<b>Total</b>	<b>632 tCO<sub>2</sub>e</b>	<b>522.7 tCO<sub>2</sub>e</b>	<b>230.8 tCO<sub>2</sub>e</b>	<b>-63%</b>

### Volatile medical gas emissions, 2018/19, 2022/23, 2023/24 – tCO<sub>2</sub>e

	2018/19 (baseline year)	2022/23	2023/24	Percentage change 2018/19 to 2023/24
Desflurane	33 tCO <sub>2</sub> e	0	0	-100%
Isoflurane	1.1 <sup>2</sup> tCO <sub>2</sub> e	2.7 tCO <sub>2</sub> e	0.2 tCO <sub>2</sub> e	-81%
Sevoflurane	15.3 tCO <sub>2</sub> e	10.3 tCO <sub>2</sub> e	12.3 tCO <sub>2</sub> e	-20%
<b>Total</b>	48.6 tCO <sub>2</sub> e	13 tCO <sub>2</sub> e	12.5 tCO <sub>2</sub> e	-74%

We have moved away from using Desflurane for volatile anaesthesia. No Desflurane has been purchased by NHS Borders since August 2021 and it is no longer used. Sevoflurane or total intravenous anaesthesia is now our default anaesthesia.

In previous years we moved to GE Aisys anaesthetic machines which have technology that makes giving anaesthetics at lower gas flows more straightforward. This reduces the amount of volatile anaesthetic used as well as piped oxygen and air.

The nitrous oxide manifolds have now been decommissioned resulting in a significant reduction in CO<sub>2</sub>e in this financial year.

A National Green Theatres Programme was officially launched in 2023 to help reduce the carbon footprint of theatres across NHS Scotland and enable more environmentally sustainable care by:

- Working with clinicians and professionals to develop actions that reduce carbon emissions, waste and resource use.
- Supporting Boards to implement, measure and report on these improvements.

We are implementing the green theatre project and have reusable theatre hats for staff, reusable sterile drapes and gowns, embedded waste segregation and oral Paracetamol as the default choice in the peri-operative period. We are working on a process to switch AGS (Anaesthetic Gas Scavenging) and HVAC (Heating Ventilation Air Conditioning) to a background setting out of hours and looking at the business case for alternative surgical suction devices. We have moved away from in-line fluid warming in obstetric theatre resulting in a reduction in consumables and energy use and are looking to expand this across the theatre suite.

<sup>2</sup>Amended from previous reporting following recalculation Isoflurane previously stated as 0.3 tCo<sub>2</sub>e (2018/2019).

## 7.2. Respiratory medicine

Greenhouse gases are used as a propellant in metered dose inhalers used to treat asthma and COPD (Chronic Obstructive Pulmonary Disease). Most of the emissions from inhalers are from the use of reliever inhalers – Short Acting Beta Agonists (SABAs). By helping people to manage their condition more effectively, we can improve patient care and reduce emissions. There are also more environmentally friendly inhalers such as dry powder inhalers which can be used where clinically appropriate.

NHS Borders clinicians have adopted the approach agreed through national Respiratory pharmacy networks. It is the opinion of the Scottish Respiratory Pharmacist SIG, that the best inhaler is 'the one the patient can use [most] effectively'. The cost (financially and environmentally) of Dry Powder Inhalers (DPI) is significantly greater than normal use of MDIs (metered dose inhalers). There are two new (environmentally better) propellants coming to market in the next couple of years and it was agreed the greatest immediate gain clinically and environmentally would be to focus on patients' over-use of SABA inhalers rather than any scheme switching to DPI. It is also worth noting that the current crop of environmental claims is mostly through carbon off-setting and often still results in a plastic product which cannot be recycled.

We estimate that emissions from inhalers in NHS Borders were 1,937 tonnes of CO<sub>2</sub>equivalent.

### Inhaler propellant emissions, 2018/19, 2022/23, 2023/24 – tCO<sub>2</sub>e

Source	2018/19 (baseline year)	2022/23	2023/24	Percentage change 2018/19 to 2023/24
Primary care	1,751.27 tCO <sub>2</sub> e	1,871.67 tCO <sub>2</sub> e	1,900 tCO <sub>2</sub> e	+1.5%
Secondary care	41.55 tCO <sub>2</sub> e	36.67 tCO <sub>2</sub> e	37 tCO <sub>2</sub> e	+089%
<b>Total</b>	1792.82 tCO <sub>2</sub> e	1908.34 tCO <sub>2</sub> e	1937 tCO <sub>2</sub> e	+1.5%

There is a Primary Care asthma review project under development which will take into account changes to local Formulary and the recently published National Respiratory Strategy.

This year to improve patient care and reduce emissions from inhalers we are taking part in SRP-SIG discussions, gathering local data, and starting preparation work for individual patient review work required across practices. We will likely need to enter an agreement with a third-party review company (e.g., Interface/Spirit Healthcare) to support the practices. In early October 2023, the Pharmacy department and Respiratory team are meeting to agree an approach to the draft National Strategy and projects to improve East Region Formulary compliance for the year ahead. This will be published within the Board by early November 2024.

In addition, we are involved with Realistic Medicine which will ensure patients are on the most appropriate medicines for the minimum time.

### **7.3. Other Sustainable Care Action**

NHS Borders implemented a Virtual Respiratory ward from 22<sup>nd</sup> January 2022 till 31<sup>st</sup> March 2024. The model for the respiratory virtual ward was based on predominantly virtual care enabled by sophisticated remote monitoring technology which reduced the need for in person patient contact.

It is estimated that 6.48 tCO<sub>2</sub>e was saved through this model.

## **10. Travel and transport**

Domestic transport (not including international aviation and shipping) produced 28.3% of Scotland's greenhouse gas emissions in 2022. Car travel is the type of travel which contributes the most to those emissions.

NHSScotland is supporting a shift to a healthier and more sustainable transport system where active travel and public transport are prioritised.

We are reporting a reduction in emissions in relation to both NHS Fleet use and Business Travel and we anticipate this will continue to decrease slightly each year. Some of the reduction is related to an increase in Electric Vehicles available to staff. The use of light commercial vehicles has increased due to service needs and the reduction in business travel.

As last year the inclusion of air, rail, and passenger journeys we supported are now included for completeness. For bus and rail, due to the number of paper expenses claims the mileage was calculated this year as the average km to pence. This will be the process moving forward until we are able to get more accurate data.

We have worked collaboratively with Scottish Borders Council to ensure public transport is effective for NHS Borders staff, patients, and visitors. We expect this work to continue for the next two years and are pleased that in April 2025 new bus timetables, which better fit with shift times, will begin to be operational.

We continue to enable agile working which enables people to utilise technology such as Microsoft Office Teams to reduce the need to travel to meetings.

NHS Borders recognises that supporting active travel will be a key component of our future travel plans. Our progress to date in this area has been limited however through the development of our Active Travel plan we expect to increase awareness across staff and visitors and to ensure that our policies and infrastructure are refreshed to support active travel. The active travel plan will be launched in Spring 2025.

We will continue to build on positive engagement to date with Scottish Borders Council to improve public transport usage for all our sites.

We are working to remove all petrol and diesel fuelled cars from our fleet by 2025.

The following table sets out how many renewable powered and fossil fuel vehicles were in NHS Borders fleet at the end of March 2022 and March 2023:

	March 2022		March 2023		
	Total vehicles	Number of % Zero Emissions Vehicles	Total vehicles	Number of % Zero Emissions Vehicles	Difference in % Zero Emissions Vehicles
Cars	24	12	23	11	-8%
Light commercial vehicles	30	6	43	6	0
Heavy vehicles	2	0	2	0	0

The following table sets out how many bicycles and eBikes were in NHS Borders' fleet at the end of March 2022 and March 2023.

	March 2022	March 2023	Percentage change
Bicycles	0	0	0
eBikes	0	0	0

Due to the rurality of the Scottish Borders the relative distances for journeys are significantly higher than in Health Board regions which have a higher population concentration within urban centres.

Following consultation with key stakeholders NHS Borders has decided to undertake further review before progressing any investment in eBikes.

The following table sets out the distance travelled by our cars (Fleet and Grey Fleet), vans and heavy vehicles in 2023/24

#### Distance travelled, kms

Source	2022/23	2023/24	Percentage change 2022/23 to 2023/24
Cars	1,878,123 km	1,062,215 km	- 43%
Light Commercial Vehicles	180,246km	583,535 km	+ 223%
Heavy Vehicles	0	0	
<b>Total</b>	<b>2,058,369km</b>	<b>1,645,750km</b>	<b>-20%</b>



Business travel is staff travelling as part of their work in either their own vehicles or public transport. It covers travel costs which are reimbursable and does not include commuting to and from work. The table below shows our emissions from business travel by transport type. This table includes Fleet, Grey Fleet and business miles claims.

**Business travel emissions, tCO<sub>2</sub>e**

Source	2022/23	2023/24	Percentage change 2022/23 to 2023/24
Cars	658.06 tCO <sub>2</sub> e	441.6 tCO <sub>2</sub> e	-32%
Public Transport	0.76 tCO <sub>2</sub> e	2.47 tCO <sub>2</sub> e	+225%
Flights	5.51 tCO <sub>2</sub> e	9.43 tCO <sub>2</sub> e	+71%
<b>Total</b>	664.33 tCO <sub>2</sub> e	453.5 tCO <sub>2</sub> e	-38%

## 11. Greenspace and biodiversity

### **Biodiversity**

Biodiversity, or the wide variety of living organisms within an environment, has declined at a rapid rate in the last 50 years. Evidence demonstrates that these trends are attributed to human activities, such as land use change, habitat degradation and fragmentation, pollution, and the impacts of climate change. The State of Nature report published in 2023 has highlighted the decline of nature across Scotland, with 11% of species now classed as threatened with extinction.

Public bodies in Scotland have a duty under the Nature Conservation (Scotland) Act 2004 ([Nature Conservation Scotland Act 2004](#)) to further the conservation of biodiversity, taking care of nature all around us. Furthermore, the Wildlife and Natural Environment (Scotland) Act 2011 ([Wildlife and Natural Environment Scotland Act 2011](#)) requires every public body to summarise their activities to meet this duty, through the production of a publicly available report.

We are fortunate to be in a beautiful and rural part of Scotland and are continuing to work on a long-term strategy to address the identification, protection, and enhancement of biodiversity across our estate. As part of our climate change adaption plans we will consider how nature-based solutions may align across both the climate and biodiversity emergencies. We recognise this is a complex area and will work with relevant bodies (e.g. Nature Scotland) to ensure that plans are aligned to best practice.

We have submitted our data for NHS Scotland Estate Mapping programme and look forward to progressing this work. The ongoing mapping works by PHS has provisionally calculated that greenspace accounts for 53% of the NHS Scotland's 15.8km<sup>2</sup> total estate. This work will be published in a high-level report summary and an update will be provided from us at the time.

To mainstream biodiversity across the organisation we have continued to reduce the number of cuts on our large areas of grassland per year from approximately 16 to 10 whilst increasing the height of cut of these areas to 75mm. We have also further increased the number of areas within all NHS Borders grounds that are planted with new pollen rich planting and wildflowers.

We are currently assessing how we can minimise the use of pesticides across our estate and have reduced the times it is used each year, also working alongside Risk, Health & Safety to ensure the correct products are being used.

We are seeking to embed the principles of biodiversity into all our estate planning and management. We are also investigating opportunities on how to best monitor and assess biodiversity across the Estate.

Finally, we have used our regular communications to highlight Biodiversity and increase understanding of the issues to all our employees.

### **Greenspace**

The design and management of the NHS Scotland green estate for human and planetary health, offers an opportunity to deliver a range of mutually beneficial outcomes. These include action on climate change (both mitigation and adaptation), biodiversity, health and wellbeing for patients and staff, community resilience building and active travel.

To support this our grounds & gardens team continue to assist in the “Space to Grow” project at Huntlyburn House. The “Space to Grow” area is used for carrying out workshops that assist in the rehabilitation of our mental health patients and is widely accessed by staff and visitors.

We have also continued to develop new outdoor spaces for staff members at all our NHS Borders Hospitals by providing areas in greenspace which promote improved staff wellbeing. These areas will be planted with pollinator plants and shrubs. Healthcare workers often experience high levels of stress, especially in demanding environments like hospitals. Green spaces provide staff with a place to decompress, enhancing job satisfaction and potentially reducing burnout.

No Mow May - Following on from the grassland guidance, we joined other boards across Scotland taking part in No Mow May and other actions to change the way we manage grassland.

The table below outlines our key greenspace projects and their benefits.

Project name/ location	Benefits of project	Details of project
Public Health Collaboration	Wide Stakeholder engagement Anchor Organisation Work	We are working with PH to ensure our Green spaces provide the best environment for everyone in the Scottish Borders
Rainwater Harvesting	Reduced Water consumption	We are implementing rainwater harvesting to support the watering of plants across our sites
Increased Tree Planting	Improved environment and Carbon Sequestration	Investigating locations and partnerships to improve tree planting across the Estate.
No Mow May	Supporting our country's flora and the wildlife that relies on it – particularly pollinators such as bees.	Areas of the Borders General Hospital Grounds were identified for the project.

## **12. Sustainable procurement, circular economy, and waste**

Earth Overshoot Day marks the date when our demand for resources exceeds what earth can regenerate in that year. In 2023, Global Earth Overshoot Day is 2 August.

For the UK, the picture is more worrying. In 2023, the UK's Earth Overshoot Day is 19 May. The current level of consumption of materials is not sustainable and is the root cause of the triple planetary crises of climate change, biodiversity loss and pollution.

We aim to reduce the impact that our use of resources has on the environment through adopting circular economy principles, fostering a culture of stewardship, and working with other UK health services to maximise our contribution to reducing supply chain emissions to net-zero by 2045.

In the last year, to reduce the environmental impact of the goods and services we buy we have continued to procure over 80% of our products through National Contracts or Frameworks. The National Distribution Service supply over 80% of our medical consumables (economies of scale, consolidation of deliveries).

The majority of goods used by our services are supplied through national procurement hosted by NHS Scotland. For all of our deliveries, including those ordered locally, we aim to minimise the frequency of deliveries whilst retaining effective supply chain management. National deliveries are scheduled once daily via a single distribution centre. Orders placed directly with suppliers are consolidated across multiple departments in order to limit the number of journeys to a minimum achievable.

NHS Borders Procurement work with NHS NSS (National Services Scotland) National Procurement. Our Head of Procurement is a member of the Sustainable Procurement Steering Group. We will continue to be actively involved in this group and ensure delivery of initiatives and ensure our efforts are targeted effectively within our Board.

NHS Borders has signed up to the Community Benefits Gateway. The Community Benefits Gateway is a facilitation platform, enabling procurement services and suppliers to further improve lives, and support healthier communities.

When undertaking procurement activities, NHS Borders considers community benefits within the tender evaluation criteria (where relevant).

In 2021 NHS Borders became a Living Wage Accredited Organisation (working with the Poverty Alliance). Fair Work principles are embedded in appropriate contracts.

The Head of Procurement is a member of the National Efficiency Operational Group (commercial optimisation key objective).

In the next year to reduce the environmental impact of the goods and services we buy we will have a continued presence within the National Groups. A Commercial Improvement Taskforce (CITF) has been set up by National Procurement. This is bringing together expertise across

the Boards to review various commodities. Our Head of Procurement is an active member of the working groups set up.

Sustainability training is now a mandatory requirement for staff who have a Procurement remit (using the SG (Scottish Government) eLearning) on Sustainable Public Procurement, Climate Literacy and Circular Procurement & Supply.

During 2024/25 NHS Borders will remain committed to delivering on Climate and Sustainability objectives and utilising the benefits of being an active member of the various national groups.

We will continue to work with other NHS Scotland Health Boards to maximise our contribution to reducing supply chain emissions to net-zero by 2045.

We have a commitment to ensuring that waste generated through procurement activities will continue to be reduced and that we will increase how much of this waste is recycled. We are working with National Procurement on reducing plastic waste. A recent initiative is to change to paper medicine pots instead of plastic. This will help towards the goal of reducing plastic waste.

We have a commitment to ensuring that waste generated through procurement activities will continue to be reduced and that we will increase how much of this waste is recycled.

The table below sets out information on the waste we produce and its destination for the last three years. The data for 2020/2021 is incomplete. Percentage change has been measured against 2021/22 to ensure comparability of figures.

Type	2020/21 (tonnes)	2022/23 (tonnes)	2023/24 (tonnes)	Percentage change from last year
Waste to landfill	10	10	10	0%
Waste to incineration	31.5 (Partial Data)	63.62	49.82	+9.53%
Recycled waste	711.6	715.9	679.2	+11.13%
Food waste	Not available	15.5	19	0%
Clinical waste	262.8	360.9	326.4	-11.67%

The increase in incineration waste continues in part due to pharmaceutical waste, where patients are encouraged to return unused medicines to their local pharmacies for safe destruction.

Further to this, the safe disposal of 'sharps' (i.e. needles, etc.) used in health treatments has increased as activity returns to pre-pandemic levels, resulting in corresponding increase to clinical waste.

To reduce the amount of incinerated waste we are reinforcing our education of what should be included in this waste stream and asking for increased vigilance that all recycling packaging is placed in the correct waste stream. In addition, for pharmaceutical waste we have moved from plastic containers to recycled cardboard containers which reduces the overall waste streams carbon emissions.

We are pleased that we have moved 11% of Clinical waste into recycling streams and this was achieved through working with clinical colleagues in all areas of Borders General Hospital and Community Hospitals to change the types of bins they have available and to provide education on using the appropriate waste stream. As clinical waste creates more than 12 times the greenhouse gases than recycling this is a positive outcome. This is the second year in succession that we have achieved an 11% reduction in this area.

The work to reduce waste and ensure waste is placed in the correct waste stream across the organisation will continue. We will work with community pharmacies to reduce pharmaceutical waste and ensure that as much packaging as possible is recycled.

We will also continue to look for opportunities to further reduce single use items.

There are nationally agreed targets setting out reduction to the amount of waste produced across NHS Scotland; the tables below provide information on our performance against those targets. It should be noted that until April 2018 NHS Borders operated an onsite incinerator which was how most of our waste was processed; this means that we do not have segregated data from 2012/2013.

In 2024/2025 NHS Borders will be moving to a new Framework Waste Contractor for all Recycling and General Waste. A key part of the change was the requirement to provide accurate data for more collections which may impact future reports.

**Reduce domestic waste by a minimum of 15%, and greater where possible compared to 2012/2013 – by 2025**

Target – reduce domestic waste by	No 2012/13 baseline data available. Based on 'straight line' methodology, anticipate 1.25% reduction per year. Target = 1.25% x 2021/22 tonnes
Performance – domestic waste reduced by	0 (tonnes)
Outcome	Not achieved yet*
Further reduction required	3 x 1.25% of 2021/22 less any reduction achieved in 2022/23

*\*On basis that reduction of 1.25% is expected each year from point where base data is available.*

**Ensure that no more than 5%, and less where possible, of all domestic waste is sent to landfill – by 2025**

Target – reduce waste sent to landfill by	Target (total landfill at 5% of overall waste)
Performance – waste sent to landfill reduced by	10 tonnes (1.3% of all domestic waste based on SBC (Scottish Borders Council) provided data)
Outcome	Achieved
Further reduction required	None

**Reduce the food waste produced by 33% compared to 2015/16 – by 2025**

Target – reduce food waste by	3.3% per year based on 33% over 10 years. Use 2021/22 as baseline
Performance – food waste reduced by	0 tonnes
Outcome	Not achieved yet
Further reduction required	3.3% x remaining year

**Ensure that 70% of all domestic waste is recycled or composted – by 2025**

Target – recycle or compost	500 tonnes
Performance – recycled or composted	679.2
Outcome	Achieved
Further increase required	None

### **13. Environmental stewardship**

Environmental stewardship means acting as a steward, or caretaker, of the environment and taking responsibility for the actions which affect our shared environmental quality.

This includes any activities which may adversely impact on land, air, and water, either through the unsustainable use of resources or the generation of waste and pollution. Having an Environmental Management System (EMS) in place provides a framework that helps to achieve our environmental goals through consistent review, evaluation, and improvement of our environmental performance.

We have commenced work on our EMS during 2023. This work is ongoing and through our Climate Emergency and Sustainability Group we are aligning EMS to our overall action plan to ensure that as work is undertaken to review and/or introduce our plans, policies, and procedures these will be recorded within our EMS. The work on EMS impacts a wide number of stakeholders and we will work collaboratively to ensure the EMS is robust with organisational wide engagement and teams aware of their responsibilities.

We recognise that resource will impact the EMS work and are frustrated that this will impact the full adaptation of an EMS.



## 14. Sustainable communities

We know that the climate crisis is a health crisis. It has the potential to deepen the already stark health inequalities that our most deprived communities face, both locally and globally. We also know that in the UK, the NHS is responsible for approximately 40% of the public sector's carbon footprint. One of the ways NHS Borders can combat climate change is through our role as an Anchor Institution.

### Anchor Organisations

NHS Borders is an 'Anchor': a large, public sector organisation that has a significant stake in our local geographical area and an impact through the jobs we offer, the buildings and spaces we occupy, and the supply chains we use. As a result, we have the ability to use our resources and influence to benefit our local community. NHS Borders taking an Anchors approach is a coherent way to co-ordinate many actions to tackle health inequality.

Since last year, we have carried out a baseline assessment of our Anchors work in NHS Borders across workforce, procurement and land and assets, including sustainability, in order to focus our efforts. We have formed an Anchors Development Group with close links to Public Health Scotland and welcome the national work on communication of the concept of 'Anchors'. Colleagues in Public Health, HR, Procurement and Estates and Facilities have pushed this agenda forward by: expanding employability initiatives; developing the Community Benefits Gateway; bringing together a sustainability conference and developing the organisation's Climate Adaptation Plan; and sharing our Report into Climate Change Health Impacts with our community partners.

Over the coming year we will be working further with non-health Anchors – such as SBC, colleges and housing associations – around our shared goals to maximise the positive impact for us here in Borders.

It is vital for NHS Borders to proactively develop leadership and staff buy-in for environmental sustainability and influence sustainable practices in our community. Environmental sustainability is part of our Anchors mission. There is a real opportunity here to contribute to the regional, national and global efforts to fight the climate crisis.

### Engaging with our Communities

The Department of Public Health recently published the Climate Change Health Impacts, Scottish Borders report in March 2024. The report was produced with support from a number of local and national partners, including Public Health Scotland. The report identifies the risks that climate change has to people who live in the Scottish Borders and the most at risk groups. It also highlights where further resilience would be beneficial for communities. Information from the report is being disseminated with plans for engagement in community settings being explored. Link to the report: [Climate Change Health Impacts in the Scottish Borders Report](#)

The Department of Public Health is supporting a range of work being driven by third sector partners, to take forward community led climate action. Ongoing Public Health representation on the Advisory Group of Scottish Borders Climate Action Network (SBCAN) has enabled opportunities for collaboration between NHS Borders and local partners, to build awareness of climate change and actions that local communities can take to mitigate and adapt to change. From initial conversations with local partners, climate anxiety is emerging as an area of

particular concern. An example of how NHS Borders has worked with partners to increase community resilience is the recent Health, Wellbeing and the Climate workshop, co-delivered by NHS Borders, SBCAN and Change Mental Health. This event linked the recently published Health Impacts and Climate Change in the Scottish Borders report with information about climate anxiety, followed by a session covering The Ways to Be Well in the Scottish Borders, a local resource that provides information and ideas about how to protect your mental health. Following on from this event, further planning will determine how this work can be progressed in future.

The Department of Public Health is also developing a directory of community-based opportunities for Active Travel, the aim is that this will be shared for use by staff and communities. During staff Wellbeing Week 2024, planning for E-bike Come and Try sessions highlighted the need for centralised information about what could be accessed through local community cycling hubs and information about safer cycling routes that could be used for active travel. This information links with the Active Travel section of this report.

Energy efficiency is an ongoing area of collaboration between NHS Borders and partners. In preparation for the winter period, a planned series of opportunities for information sharing and signposting has been developed, for the benefit of staff and communities. This includes ongoing work with community-based partners to share information about how local groups can support with energy efficiency, information stands in Borders General Hospital for staff and members of the public, as well as working with NHS Communications team to disseminate information to staff and patients in health care settings.

NHS Borders is part of NHS Scotland Community Benefits Gateway portal. The portal aims to connect third sector organisations and NHS Scotland suppliers who may be able to support local project needs through providing 'in kind' support. In kind offers include volunteering, work placement opportunities, the provision of professional advice, assistance with building community facilities and more. Community Benefits Gateway is being actively promoted with third sector groups, including groups who are leading activities to improve community resilience to the impacts of climate change.

The Good Food Nation (Scotland) Act 2022 provides a legislative framework that enables the government to take forward a vision for Scotland to be a Good Food Nation. Under the Act ministers are required to produce a Good Food Nations Plan and this is expected to be developed by Spring 2026. Once this has been produced local authorities and health boards will have one year to produce a local Food Plan. Currently NHS Borders, Scottish Borders council, Borders Food Forum and key partners are working together with the intention of developing a joint Borders Food Plan.

It is the Scottish Government's ambition that: In our Good Food Nation, the people of Scotland can access and enjoy locally produced food that keeps them happy and healthy. Our food industry continues to thrive and grow. The environment is protected, biodiversity loss reversed, and our net zero ambitions achieved. A Good Food Nation enables flourishing rural and coastal communities.

### **Community Resilience**

The NHS Borders Emergency Planning and Resilience Team continues to work closely with counterparts at Scottish Borders Council to support and strengthen Resilient Community Planning. This collaborative approach is particularly focused on responding to, and mitigating the impacts of, inclement and severe weather events that are increasingly driven by climate

change. These efforts aim to enhance the capacity of local communities to cope with the immediate and long-term challenges posed by these events.

As part of this partnership, NHS Borders actively contributes to the development of community-led resilience strategies. These strategies are designed to ensure that communities are not only prepared to face extreme weather, such as flooding or heavy snowfalls, but also equipped to recover quickly and maintain access to essential health and social care services. This includes ensuring that vulnerable groups, such as the elderly or those with chronic health conditions, are supported during periods of disruption.

NHS Borders is also committed to providing practical, health-focused advice to Resilient Communities groups as they prepare for the winter months, when severe weather is most likely to occur. This expertise will help ensure that local winter resilience plans incorporate specific measures to protect the health and well-being of community members. This includes advice on:

- **Health Preparedness:** Practical tips for households on maintaining access to medical supplies and ensuring continuity of care for those reliant on regular health services, such as home visits or medication delivery.
- **Cold Weather Health Risks:** Guidance on protecting vulnerable individuals from the health risks associated with cold weather, such as hypothermia, flu outbreaks, and exacerbation of respiratory or cardiovascular conditions.
- **Access to Services:** Ensuring that communities understand how to access NHS services during adverse conditions, including through the use of NHS 24, telemedicine options, or mobile health services, should they be cut off due to extreme weather.

There will be formal representation at the Resilient Communities meetings during Winter 2024/5, where tailored advice will be provided to assist communities in integrating health resilience into their winter preparedness plans. NHS Borders' participation will focus on sharing best practices, highlighting available resources, and reinforcing the importance of building local networks to support health and social care needs during climate-related emergencies.

This ongoing collaboration forms a critical part of the broader strategy to increase community resilience to the impacts of climate change. By working alongside local authorities, emergency services, and community groups, NHS Borders is helping to ensure that communities are equipped not only to respond to immediate threats, but also to build long-term resilience to the evolving challenges posed by our changing climate.

NHS Borders has implemented a robust and well-developed plan to manage a range of severe weather events, including flooding, heavy snow, and storms. These plans have been thoroughly tested to ensure readiness across the organisation, minimising disruption to critical health and social care services. As part of the NHS Borders climate emergency response, the increasing frequency and severity of such events is recognised and emergency planning procedures to address these evolving challenges have been adapted.

To safeguard both patients and staff, NHS Borders has established comprehensive joint arrangements with Scottish Borders Council (SBC) Emergency Planning and Transport teams. This collaboration enables the maintenance of essential transport links during extreme weather, ensuring that vital services remain accessible.

Key measures include:

- **Staff Mobility:** Ensuring that healthcare and social care staff can travel safely to and from healthcare facilities or patient homes, even in adverse conditions. This includes priority access to cleared transport routes, and the provision of contingency options such as 4x4 vehicles or partnerships with community transport providers.
- **Patient Access:** Guaranteeing that patients, especially those with urgent healthcare needs, are able to access services or receive care at home. Community teams are fully supported and equipped to continue home visits wherever possible, with alternative arrangements in place (e.g., telehealth or mobile healthcare units) when physical access is compromised.
- **Risk Monitoring and Communication:** Using real-time weather monitoring systems and proactive communication strategies, staff, patients, and the wider community are kept informed of potential service disruptions and mitigation measures. NHS Borders works closely with SBC Emergency Planning to ensure early warnings and swift response actions are implemented.
- **Resource Allocation:** Plans include the strategic deployment of resources such as fuel for emergency vehicles, personal protective equipment for staff travelling in adverse conditions, and contingency supplies for patients who are cared for in the community.

In response to the climate emergency and the increasing likelihood of extreme weather events, scenario-based training exercises have been integrated to ensure staff are well-prepared for events such as major flooding, prolonged snowfalls, or heatwaves. These exercises simulate real-world challenges and test the responses across different services, identifying areas for improvement and ensuring plans remain resilient and adaptable.

NHS Borders is in the early stages of exploring the use of non-traditional spaces to deliver healthcare services during severe weather events, recognising the need for flexible and innovative approaches in response to the increasing frequency of such events due to climate change. This is part of the broader strategy to ensure that healthcare can be effectively provided to communities, even when traditional settings, such as hospitals or clinics, may be inaccessible or overwhelmed.

NHS Borders has been actively collaborating with counterparts at Scottish Borders Council (SBC) to integrate healthcare services into the region's emergency response framework. Specifically, working together to ensure that healthcare professionals can be deployed to rest centres set up in response to extreme weather, in alignment with the SBC "Care for People" Plan. These rest centres are typically established to provide shelter and support to individuals displaced or affected by events such as severe flooding, storms, or prolonged power outages, and the aim is to extend their capacity to offer basic healthcare services as well.

Key aspects of this joint effort include:

- **Health Provision in Rest Centres:** Work is underway to examine how healthcare teams can be embedded in rest centres during extreme weather events to provide immediate medical care, health assessments, and ongoing support for those with chronic conditions or acute health needs. This includes ensuring access to basic supplies like medication, first aid, and mental health support for displaced or vulnerable individuals.
- **Community-Based Healthcare Response:** In addition to rest centres, consideration is being given to other non-traditional spaces, such as community halls, schools, or mobile units, that could be utilised to deliver healthcare if local health facilities are inaccessible. These alternative locations would be equipped and staffed to provide

essential health services, with the flexibility to scale up in response to the severity of the weather event.

- **Collaborative Planning:** Work with SBC involves developing logistical frameworks to ensure that healthcare providers can access these spaces safely and that the necessary equipment and supplies can be deployed in a timely manner. This collaboration will also ensure that the healthcare response is coordinated with other essential services, such as emergency transport, social care, and shelter provision, to create a fully integrated response.
- **Continuity of Care:** Continuity of care for individuals who rely on regular health services is being prioritised, such as those with ongoing treatments, elderly patients, or people with disabilities. Planning includes ensuring that these individuals can continue to receive medical attention, prescriptions, and specialist care, even during periods of significant disruption.

NHS Borders is in the process of developing detailed protocols and training exercises to support healthcare staff in adapting to these non-traditional roles and settings during extreme weather events. This will help to ensure that, when such events occur, healthcare teams are fully prepared to deliver high-quality care in unconventional environments.

This initiative is a key component of the ongoing efforts to build resilience in community healthcare settings, ensuring that the people of the Scottish Borders have continued access to vital health services, regardless of the challenges posed by climate change. By working closely with local authorities and emergency planning teams, a proactive and flexible healthcare response model is being developed that can be swiftly activated in the event of extreme weather or other emergencies.

## 15. Conclusion

We are reporting a reduction of 1.62% against previous year emissions (9,519.82 tCO<sub>2</sub>e from 9,677.48tCO<sub>2</sub>e). This improvement is encouraging and has been achieved in the context of continued efforts to improve the accuracy, comprehensiveness, and transparency of our reporting.

Despite this we recognise that this falls below the level of progress necessary to achieve net zero carbon emissions by 2040. Delivering the national targets will require a level of investment in infrastructure adaptation, including actions which will address at source the efficiency and use of renewables in national grid. As a healthcare provider we will need to develop further actions as a Health Board, and in collaboration with our supply chain, to support changes in both clinical and broader staff working practices.

Reducing carbon emissions in a healthcare environment is challenging due to both the complexities of the operating environment and the necessary use of products which presently have a high carbon emissions footprint. We hope that this report demonstrates the commitment of our clinical teams and support services to finding innovative solutions to reduce our carbon emissions, without compromising patient care.

We acknowledge the four areas where we have observed an increase in Carbon Emissions (Building Energy, Non-Medical F Gas, Metered Dose Inhalers and Water), and understand that this is in part due to improved reporting, however it has also highlighted areas for focus in the next 12 months and the work stream leads in these areas are reviewing actions that can be taken.

The four areas of reduction (Medical Gases, Fleet Use, Business Travel and Waste) are of course good news stories. The work stream leads within these areas have clear action plans for continuing the progress within these areas.

NHS Borders has made considerable progress in the year 2023-2024 and are committed to further reducing our Carbon emissions in 2024-2025.

**Meeting:** Borders NHS Board

**Meeting date:** 6 February 2025

**Title:** Resources & Performance Committee Minutes

**Responsible Executive/Non-Executive:** Peter Moore, Chief Executive

**Report Author:** Iris Bishop, Board Secretary

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Resources and Performance Committee with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Resources & Performance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### 2.3 Assessment



The minutes are presented to the Board as per the Resources & Performance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Resources & Performance Committee 16 January 2025

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

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

The Board will be asked to confirm the level of assurance it has received from this report:



- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

### **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Resources & Performance Committee minutes 07.11.24

Minutes of a meeting of the **Resources and Performance Committee** held on Thursday 7 November 2024 at 9.00am via MS Teams.

**Present:**

- Mrs K Hamilton, Chair
- Mrs F Sandford, Non Executive
- Mrs L O'Leary, Non Executive
- Mr J Ayling, Non Executive
- Mrs L Livesey, Non Executive
- Cllr D Parker, Non Executive
- Mr J McLaren, Non Executive
- Mr P Moore, Chief Executive
- Mr A Bone, Director of Finance
- Dr L McCallum, Medical Director
- Mr A Carter, Director of HR
- Mr C Myers, Chief Officer, Health & Social Care
- Mrs L Jones, Director of Quality & Improvement
- Dr S Bhatti, Director of Public Health
- Mrs L Huckerby, Interim Director of Acute Services

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mrs S Errington, Head of Planning & Performance
- Ms S Laurie, Senior Communications Officer

## **1. Apologies and Announcements**

- 1.1 Apologies had been received from Mrs H Campbell, Non Executive, Dr K Buchan, Non Executive, Mrs J Smyth, Director of Planning & Performance and Mrs S Horan, Director of Nursing, Midwifery & AHPs.
- 1.2 The Chair welcomed Mrs S Errington, Head of Planning & Performance to the meeting who deputised for Mrs J Smyth.
- 1.4 The Chair confirmed the meeting was quorate.

## **2. Declarations of Interest**

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

The **RESOURCES AND PERFORMANCE COMMITTEE** noted there were none declared.

## **3. Minutes of Previous Meeting**

- 3.1 The minutes of the previous meeting of the Resources and Performance Committee held on 29 August 2024 were approved.

#### **4. Matters Arising**

- 4.1 Mr James Ayling requested that an update be provided to each meeting given the significance of the LIMs project. Mr Peter Moore advised that a plan would be submitted in due course to the Committee covering the LIMs project and UCAS Accreditation of the Labs for full transparency.
- 4.2 Mrs Lynne Huckerby provided a verbal update of the current status of the project and advised that with the additional funding agreed at the last meeting, additional resources had been put in place. It was anticipated that by the end of November it would be clear if Clinysis were committed to extending support beyond March 2025. Both NHS Tayside and the Golden Jubilee were behind NHS Borders in terms of their delivery plans and it had been raised with Mr John Burns, NHSS Chief Operating Officer in terms of risk.
- 4.3 The Chair suggested a new action be placed on the action tracker seeking a verbal update on LIMs and UCAS Accreditation at each meeting through the Action Tracker item.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed to open a new action on the action tracker in relation to LIMs and UCAS Accreditation seeking a verbal update at each meeting through the Action Tracker item.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the action tracker.

#### **5. Winter**

- 5.1 Mrs Lynne Huckerby provided a presentation and highlighted several elements including: winter planning timetable; staff winter engagement sessions; themes from engagement sessions; public messaging; acute bed forecasting over the winter period; seasonal planning across the system; proposed winter model; risks and considerations; and next steps.
- 5.2 Discussion focused on several key elements including: empowering the Senior Charge Nurses to have the moving on conversations; public messaging leaflet; publicity on vaccination uptake; provision of the wellbeing service in the A&E area to support and target the wellbeing of people; behaviour changes in the public to motivate them not to attend A&E unless it was truly life threatening; planning for winter needs to take place earlier in the year; discussions were taking place with the Scottish Ambulance Service to keep people at home where appropriate; resolution of funding issues in regard to Discharge to Assess; new clinical delivery model for respiratory virtual work and Hospital at Home; staff wellbeing and the various support mechanisms in place to support staff to keep well during the winter period; and difficulties in timings of patient assessments with social work colleagues as clinicians often told patients are flagged too early for an assessment.
- 5.3 Mrs Fiona Sandford commented that at present the Hospital at Home initiative covered 8 beds and she enquired how it would scale up to manage an extra 10 beds. She further sought assurance that the elective beds and operations would be protected during the winter period.

- 5.4 Mrs Huckerby commented that Mrs Laura Jones was working with the team to increase the model and staff recruitment was underway to support the initiative. In terms of the elective programme, there was some protection of beds in ward 9 which was working well and conversations were taking place about standing up ward 17 to ensure the protection of elective beds and operations through the winter period.
- 5.5 Mrs Lucy O'Leary queried the flow on non delay length of stay and suggested in the past the organisation had been an outlier on that for emergency admissions and she sought assurance that work was on-going about that.
- 5.6 Mrs Huckerby commented that work on flow around no delay length of stay was being taken forward as part of the delayed discharge piece of work and she was happy to provide more information outwith the meeting on the work being taken forward in that regard.
- 5.7 Mr Peter Moore thanked Mrs Huckerby for the huge amount of work that had gone into planning for the winter period. He acknowledged that it would be a difficult winter period in terms of hospital capacity, public expectation and public health data predictions of increased demand. He was keen to feedback to the whole organisation about what had been heard at the winter drop in sessions and what had been put in place and why.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the presentation.

The **RESOURCES & PERFORMANCE COMMITTEE** agreed to receive a deeper dive into length of stay and how that impacted on delayed discharges generally.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received moderate assurance from the report.

## **6. Performance Report**

- 6.1 Mrs Steph Errington provided a brief overview of the content of the report and highlighted: performance levels against trajectories; narrative to support actions being taken; challenges with out-patient waiting times and delayed discharges; and improvement across in-patient and day case waiting times.
- 6.2 The Chair commented that it was helpful to see further narrative of performance data and that there had been some improvement in diagnostics. However as a consequence of receiving an early diagnosis individuals were likely to become frustrated with a long delay to receive treatment.
- 6.3 Discussion focused on: an assurance rating for the report given the discussion that had taken place the previous day at the Clinical Governance Committee, in regard to harm to patients as a consequence of long waiting times for interventions; an update on delayed discharges and the provision of respite and long term care beds across the region; the performance report covered a range of activities which provided limited expectations; acknowledged the need to be open and honest with the public; and the Integration Joint Board (IJB) was where the collective partnership responsibility for delays sat and there would be a need for more funding to support delayed discharge performance.

- 6.4 Mr Peter Moore commented that there were specific things to address such as understanding the health needs of the population and how that need is met and reviewed. In terms of the reports they described the data and information and when it was triangulated it would provide the knowledge required to enable the achievement and sustainability of targets.
- 6.5 The Chair suggested the Committee reflect on the data, information, knowledge triangulation for the future.

The **RESOURCES & PERFORMANCE COMMITTEE** noted performance as at the end of September 2024.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received limited assurance from the report.

## **7. National Care Service Response**

- 7.1 Mrs Steph Errington provided a brief overview of the background to the item.
- 7.2 Mr Chris Myers reflected on the linkages across the system into the partnership and emphasised that it was important to continue with joint working locally.
- 7.3 The Chair thanked all involved in pulling the response together and noted that it had been formulated in conjunction with colleagues in the Integration Joint Board and Scottish Borders Council.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the report.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received significant assurance from the report.

## **8. Finance Report and Quarter 2 Review**

- 8.1 Mr Andrew Bone provided an overview of the content of the report and highlighted several elements including: Quarter 2 forecast; slight improvement in the forecast despite growth in cost pressures; progress with recurring savings plans; some savings plans not yet fully developed; and Scottish Government likely to revisit our Stage 3 escalation status.
- 8.2 Mrs Fiona Sandford enquired where NHS Borders was in relation to the other Boards in terms of deficit and escalation status. Mr Bone commented that he had yet to see the Quarter 2 forecasts, however based on the Quarter 1 forecasts NHS Borders retained the largest deficit in proportion to annual allocation. It was becoming apparent that some other Boards had been ambitious in their Quarter 1 forecasts. Overall there were 6 Boards on the performance escalation and scrutiny framework
- 8.3 Mr James Ayling enquired about the impact on revenue when the capital project for LIMs was completed. Mr Bone assured the Committee that he had provided for the full impact of the LIMs project in the revenue forecast.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the contents of the report including the following:

YTD Performance	£11.13m overspend
Outturn Forecast at current run rate	£22.26m overspend
Q2 Review Forecast (adjusted trend)	£22.64m overspend
Variance against Plan (at current run rate)	£3.50m improvement
Projected Variance against Plan (Q2 Forecast)	£0.38m underspend
Actual Savings Delivery (current year effect)	£7.62m (actioned)
Projected gap to SG brokerage	Best Case £7.46m (trend) Worst Case £7.84m (Q2)

The **RESOURCES & PERFORMANCE COMMITTEE** noted the assumptions made in relation to Scottish Government allocations and other resources.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received limited assurance from the report.

## **9. Medium Term Financial Plan Update**

- 9.1 Mr Andrew Bone provided a presentation and highlighted several key elements including: medium term financial planning assumptions; what was in the plan previously; information on the UK budget; intelligence on the Scottish budget; what to build into the plan; timeline; key dates; population growth; and next steps.
- 9.2 Discussion focused on several elements including: National Insurance hike for employers and the exemption of the NHS; next Scottish Parliament elections due in May 2026; NHS Borders could be a test bed for future population changes and trends; sharing of the slide on population and rurality (national trends/drivers) with the Scottish Government and other Health Boards; different models of care for those entering the NHS at a much later stage in life; those over 65 and affluent versus those over 65 and deprived; sustainability; transfer of services; financials; engagement with communities; everyone's responsibility to stay fit and healthy as long as possible; volunteer workforce; and information to inform the strategy.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the presentation.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received limited assurance from the report.

## **10. R&PC Business Plan 2025**

The **RESOURCES & PERFORMANCE COMMITTEE** noted the Business Plan for 2025.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received significant assurance from the report.

## **11. Resources & Performance Committee Terms of Reference**

The **RESOURCES & PERFORMANCE COMMITTEE** reviewed the Terms of Reference and recommended them to the Board for formal approval as part of the next refresh of the Code of Corporate Governance.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received significant assurance from the report.

## **12. Self Assessment**

The **RESOURCES & PERFORMANCE COMMITTEE** agreed to undertake a self assessment for the period January to December 2024 and submit returns to the Board Secretary by 31 January 2025.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received significant assurance from the report.

## **13. Any Other Business**

13.1 There was none.

## **14. Date and Time of Next Meeting**

14.1 The Chair confirmed the next meeting of the Resources & Performance Committee would be held on Thursday, 16 January 2024 at 9.00am via MS Teams.

**Meeting:** Borders NHS Board

**Meeting date:** 6 February 2025

**Title:** Audit & Risk Committee Minutes

**Responsible Executive/Non-Executive:** Andrew Bone, Director of Finance

**Report Author:** Iris Bishop, Board Secretary

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Audit & Risk Committee with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Audit & Risk Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### 2.3 Assessment

The minutes are presented to the Board as per the Audit & Risk Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.



### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIIA is not required for this report.

### **2.3.6 Other impacts**

Not applicable.

### **2.3.7 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.8 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Audit & Risk Committee 16 December 2024

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

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

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Audit & Risk Committee minutes 23.09.24

Minutes of a Meeting of **Borders NHS Board Audit & Risk Committee** held on Monday, 23<sup>rd</sup> September 2024 @ 1 p.m. via MS Teams.

**Present:** Mr J Ayling, Non Executive Director (Chair)  
Mrs L Livesey, Non Executive Director  
Cllr D Parker, Non Executive Director

**In Attendance:** Mr A Bone, Director of Finance  
Mr J Boyd, Director, Audit Scotland  
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)  
Mrs L Goodman, Head of IM&T / Digital Services (Item 7.2)  
Ms S Harold, Senior Audit Manager, Audit Scotland  
Mrs S Horan, Director of Nursing, Midwifery and Allied Health Professionals (Item 7.2)  
Mrs L Jones, Director of Quality Improvement  
Ms E Mayne, Health Value for Money Director, Grant Thornton  
Ms H McKellar, Manager, Grant Thornton  
Mr P Moore, Chief Executive  
Mrs L Pringle, Risk Manager (Items 5.1 – 5.3)  
Mrs S Swan, Deputy Director of Finance (Head of Finance)

1. **Introduction, Apologies and Welcome**

James Ayling welcomed those present to the meeting and in particular to Peter Moore, NHS Borders' new Chief Executive.

Apologies were received from Mrs L O'Leary, Non Executive Director, Mrs L Huckerby, Interim Director of Acute Services and Mrs K Hamilton, Chair.

James confirmed that today's meeting was quorate.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 20<sup>th</sup> June 2024 and 27<sup>th</sup> June 2024 (Extraordinary)**

The minutes were approved as an accurate record.

4. **Matters Arising**

*Action Tracker*

The Committee noted the action tracker.

## 5. **Risk Management**

### 5.1 *Risk Management Bi-Annual Report*

Lettie Pringle spoke to this item. Lettie highlighted that the report had been restructured around the risk management framework and to fit with the Committee having oversight of risk and hoped that it allowed navigation of the work ongoing across the organisation for each framework category. It was noted that a summary of each was included within the covering paper.

Laura Jones noted that the report provided an extensive overview across the organisation and noted her thanks to the Risk Manager for this. Laura asked the Committee for feedback around whether or not the report fitted with what they required to provide assurance to the Board that appropriate controls and processes were in place.

James Ayling felt that it was a helpful report and was content with the presentation.

James reminded that the remit of the Committee was to ensure that there were effective processes and oversight in place to allow them to give assurance to the Board. James enquired how assurance was sought from risk owners with very high risks. Lettie explained that these are scrutinised by the Operational Planning Group and escalated to the Board Executive Team as and when required.

James also asked how risk can be mitigated when the risk fund is non recurring. Andrew Bone confirmed that the risk fund has a recurring budget but that its application is intended to be non-recurrent for the purpose of mitigating the short term impact of risks outwith the Board's risk appetite and that any recurring implications should be considered through the normal business case route via the financial planning cycle.

James also enquired about the risk regarding LIMS. Lettie confirmed that this was on the risk register and was going through the approval process.

James noted that there were 8 very high risks requiring review as the deadline had passed and asked how these would be resolved. Lettie advised that periodic emails are sent to the Heads of Service and Directors pushing for very high risks to be reviewed and are followed up where necessary.

The Committee confirmed it had received moderate level of assurance from the report.

**The Committee noted the report.**

### 5.2 *Board Assurance Framework Quarterly Report*

Lettie Pringle spoke to this item and explained that this was a new report focussing on strategic risks. Lettie advised that the report provided a summary of the assurance levels given by each of the Governance Committees on individual strategic risks. The Committee were also asked to confirm the frequency in which they would like to receive the report.

Laura Jones went on to provide some background and advised that the report had been produced following receipt of the Blueprint for Good Governance. Laura explained that the quarter 1 report had been produced to show members the format and suggested that the Committee receive this on an annual basis with a mid year report to provide an update on assurance levels.

Peter Moore noted that it was a helpful report in understanding the strategic risks faced by the organisation. Peter highlighted that at a strategic level the risk appetite would fluctuate so it was important to get a sense of where this sits across the organisation and capture it. Peter added that it was important to get assurance from the controls in place so using the correct language was crucial to assess if everything was on track. Laura thanked for the feedback and would consider how this could be reflected within the report.

Laura highlighted the importance of the risk appetite due to the landscape changing significantly over recent years and noted there may be a need to review this more frequently than every 3 years as currently undertaken.

Peter felt that it would be helpful to produce a high level dashboard showing the status of key information such as finance, performance etc.

Lynne Livesey also felt that it was helpful report, however noted that some risks had yet to be developed and enquired how actively strategic risk was being managed and how these risks are identified. Laura explained that new risks are identified by horizon scanning across all areas. She noted that where risks have not yet been fully developed this was already being addressed and would be picked up with the relevant teams.

Andrew Bone noted the significant progress that had been made and referred to the comment about producing a dashboard which he agreed would be an essential tool. Andrew highlighted that process and outcome measures are currently what the organisation struggles with due to the challenges it faces and felt that how success is currently measured is fluid. Peter stressed the importance of agreeing the organisation's risks and risk hierarchy to allow the organisation's priorities to be communicated. Andrew advised that although there was not a formal prioritisation of strategic risks the Board had been clear that safety would be given priority over other considerations when outwith the agreed risk appetite.

In regard to the frequency of the Committee receiving the report James agreed with the suggestion of this being annually with a mid year update. This could be amended in future if necessary.

The Committee confirmed it had received moderate level of assurance from the report.

#### **The Committee noted the report.**

#### **5.3 *Strategic Risk Governance Structure Update***

Lettie Pringle spoke to this item and advised that positive feedback had been received from the Governance Committees on the process implemented to

ensure strategic risks are monitored by the appropriate Committee. Lettie reminded that this had been put in place following the Risk Management Internal Audit where the Clinical Governance Committee had been commended on its level of scrutiny around strategic risks and the processes used by them had been shared as best practice with the other Governance Committees.

The Committee confirmed it had received moderate level of assurance from the report.

**The Committee noted the report.**

## **6. Internal Audit**

### **6.1 *Internal Audit Plan Update Report***

Emily Mayne spoke to this report which provided a summary on delivery of the 2024/25 Internal Audit plan. Emily confirmed that they were about a third of the way through the audit plan and had no issues to highlight on progress and delivery. It was noted that there was sufficient resource in place for delivery of the remainder of the plan. Emily added that as there had been no property transactions the property transaction audit had only used 4 of the allocated 10 days therefore the surplus could be added to the contingency days.

Emily was also pleased to provide positive feedback from a member of the audit team who had been on site for an audit during September.

Emily advised that an issue had been identified in relation to medicines management controls during the HAI audit. Although this issue was not within scope of the audit it has been raised with the relevant Executive Directors for consideration within potential future audit plans.

Emily highlighted that a subject for the productivity review had yet to be confirmed in quarter 3.

Peter noted the number of aged actions and was keen to see these closed down timeously. Peter stressed the importance of actions being implemented by the deadline or there being clarity around any extensions requested. Emily advised that there had been an improvement in actions being closed but agreed there could still be a further push.

James Ayling referred to an issue which had arisen with the medicines management process and asked for an update and action being taken. Laura Jones confirmed that there had been an issue raised with the controlled drug processes and that more stringent controls had been put in place to ensure the process now worked as intended. It was noted that the Medicines Governance Group would be overseeing this. Laura agreed to take this back to the Clinical Governance Committee for discussion and to provide further assurance.

The Committee confirmed it had received significant level of assurance from the report.

**The Committee noted the report.**

## 6.2 *Internal Audit Report – Property Transaction Monitoring*

Hannah McKellar introduced this report and highlighted that NHS bodies are required to conduct a property transactions audit in accordance with the NHS Scotland Property Transaction Handbook on an annual basis. Hannah confirmed that during 2023/24 no transactions had taken place, therefore no overall opinion was required.

The Committee confirmed it had received significant level of assurance from the report.

**The Committee noted the report.**

## 7. **Governance & Assurance**

### 7.1 *Audit Follow Up Report*

Hannah McKellar spoke to this item. Hannah advised that 19 recommendations had been implemented since the last meeting, of which 4 were high rated, 9 medium and 6 low.

Hannah referred to the aged actions over one year old which were highlighted for the Committee's attention and also included the most recent updates received. Hannah recommended that management followed up on the overdue recommendations to reduce the number outstanding.

James Ayling was pleased to see the number of recommendations implemented since the last meeting but noted his concern around the number still outstanding. James highlighted that the Committee were being as proactive as they could be and had put back in place the process asking managers to attend meetings to provide an update on progress as well as requesting monthly updates. Escalation had also been made to the Board in regard to IT business continuity due to a lack of progress which James appreciated was due to capacity issues and conflicting priorities. James advised that in view of the need for executive prioritisation of completion of outstanding audit actions he would now write to Executive leads reiterating that they are accountable for the delivery of actions arising from audit recommendations within agreed timescales. This reflected provisions within the Committee's terms of reference.

James referred to the aged actions and advised that in regard to the one linked to IT Recovery and Resilience he would request feedback from the relevant Executive Director before taking a formal view. In respect of the Financial Controls recommendation James agreed that the rationale provided and revised date of 31<sup>st</sup> March 2024 seemed sensible. For the GDPR and Information Governance Arrangements recommendation it was noted that James would write to the relevant Executive Director and ask for an update on how this will be addressed.

Peter Moore agreed there was a need to close off outstanding recommendations and would be happy to discuss further with the Board Executive Team.

Laura Jones confirmed that those delegated to the Clinical Governance Committee are scheduled to be scrutinised at meetings and agreed that it would

be helpful to have further discussion with BET, particularly around having realistic timescales.

The Committee confirmed it had received limited assurance from the report.

**The Committee noted the report.**

## **7.2 Audit Follow Up Process IM&T**

Lainé Goodman provided an update on the recommendations where it was noted that there was still a significant amount of work to be done. Laine highlighted that although they were making some good progress, some of the larger pieces of work were still to be undertaken and would require input from Planning and Performance and Business Continuity.

James Ayling asked for an update on the Resilience Manager. Lainé confirmed that there was someone now in post, however they had a very heavy workload with only a very small team to undertake this.

The Committee confirmed it had received limited assurance from the update.

**The Committee noted the update.**

### *Use of Bank & Agency*

Sarah Horan provided an update on the recommendations where it was noted that there was a very close co-dependency on eRostering and that a revised date of January 2025 was being requested due to the loss of capacity within the eRostering team and the complexities involved.

James Ayling noted that some of the actions appeared to be marked as complete, however he did not feel they were and provided an example where the action regarding authorised signatories had been moved to another department to complete. Andrew Bone was aware of this action and confirmed that it would be complete within the next 4 – 5 weeks.

James appreciated that many of the actions were dependent on eRostering being up and running. Sarah added that these actions were never going to be completed until after this was in place, so a lesson had been learned when agreeing to timescales for recommendations.

The Committee confirmed it had received limited assurance from the update.

**The Committee noted the update.**

### *Contract Management Arrangements*

Susan Swan provided an update on the recommendations where it was noted that updated guidance had been issued to managers in March 2024. It was noted that a new policy had been drafted and resources were being identified to set up a short life working group. Susan referred to the March 2025 deadline and felt that this required to be extended to complete all recommendations, and a revised implementation schedule would be looked at and communicated in due course.



Susan assured that progress was being made and appreciated the significant risk to the Board.

James Ayling referred to the issues experienced with the LIMS contract and was keen not to see those repeated again and enquired if a lessons learned exercise had been undertaken. Andrew Bone confirmed that lessons had been learned from this, however felt there was a bigger challenge which went beyond LIMS. Andrew felt that should there be a requirement for a broader review of LIMS then that should be a separate item. It was noted that a meeting between NHS Borders and Clinisys was due to take place on Friday and that update would be provided after this meeting.

The Committee confirmed it had received limited assurance from the update.

**The Committee noted the update.**

**7.3 *Debtors Write Off Report***

Susan Swan spoke to this which provided an update on debt follow up as at 12<sup>th</sup> September 2024, including the use of the Debt Recovery Agency. It was noted that £45k had been written off by the Director of Finance as all recovery options had been exhausted.

Susan reminded that the recovery of debt had been temporarily stopped during the Covid pandemic. Andrew Bone added that having reviewed all debt accrued over a number of years there was a significant amount of aged debt and he wished the Committee to be sighted on the likelihood of potential write off which were outwith the Board's capabilities to recover. James Ayling felt that it would be helpful to have this further information included within the next report. Susan agreed to provide this.

The Committee confirmed it had received moderate assurance from the report.

**The Committee noted the report.**

**7.4 *NHS Scotland Support & Intervention Framework***

Andrew Bone spoke to this item and explained that the Resource & Performance Committee at its meeting on 29<sup>th</sup> November 2023 had remitted oversight around how the Board is assessed against the framework to the Audit & Risk Committee. Andrew highlighted that the Board were currently on level 3 of the escalation ladder and advised that additional guidance on how the financial escalation status would be reviewed was attached as an appendix. It was noted that the guidance set out a two-stage approach, namely a brokerage requirement/numeric assessment and a qualitative assessment linked to financial controls and governance.

Andrew referred to the second appendix, namely the financial escalation assessment and advised that all Boards on escalation have been asked to complete this as part of their financial reviews. Andrew proposed issuing a draft of the completed template to Committee members virtually within the next 2 weeks to allow them the opportunity to raise any comments prior to asking the Chief Executive to sign off the submission. This was agreed.

Emily Mayne advised that she had been asked by another Board to support with the completion of their self assessment and as there were still available days within the plan suggested some might be used to assist with this. Andrew Bone, with the agreement of the Committee, wished to take up the offer. This was agreed. James Ayling enquired about the Audit & Risk Committee's role around the submission. Andrew confirmed that it would be to challenge anything which did not match against other evidence. Andrew stressed the need to be realistic due to the timescales available.

The Committee confirmed it had received moderate level of assurance from the report.

**The Committee noted the report.**

#### **7.5 *Audit Committee Annual Self Assessment***

Andrew Bone spoke to this item following the recent review undertaken. Andrew highlighted that positive feedback had been received with no major recommendations. Andrew confirmed that the action plan produced took on board the points raised.

James Ayling noted his agreement with the action plan. James referred to an action arising from the self assessment undertaken the previous year, namely around having an Audit & Risk Committee members' pre meet prior to each meeting and advised that he had asked for feedback from members and they all confirmed that this was helpful and should continue.

In regard to the action arising from this year's assessment about potentially extending Audit & Risk meetings this had also been discussed with members where it had been agreed to extend by 15 minutes where it was felt necessary from meeting to meeting.

The Committee confirmed it had received significant level of assurance from the report.

**The Committee noted the annual self assessment and action plan.**

### **8. External Audit**

#### **8.1 *Audit Scotland Reports***

Andrew Bone spoke to this report which highlighted where it was suggested relevant Audit Scotland reports are distributed across the organisation.

No issues were raised.

The Committee confirmed it had received significant level of assurance from the report.

**The Committee noted the report.**

## 9. **Fraud & Payment Verification**

### 9.1 *Countering Fraud Operational Group Update*

Susan Swan spoke to this item which detailed the activity taken forward by the Countering Fraud Operational Group. Susan referred to the action on the tracker regarding the process for dealing with highly sophisticated frauds which are on the rise and highlighted the appendix attached which provided examples of the types of communication the group have access to maximise the intelligence of new and emerging fraud risks. Examples of these included the annual review meeting with Counter Fraud Services (CFS), use of CFS sharepoint, intelligence alerts issued by CFS and completion of fraud awareness training. Susan assured that everything possible is undertaken within the resources available.

The Committee confirmed it had received significant level of assurance from the report.

**The Committee noted the update.**

### 9.2 *NFI Update*

Susan Swan spoke to this item which was a standard exercise undertaken by public sector bodies across the UK. It was noted that it was a 'live' exercise for 2024/25. Susan advised that timescales had been shortened but they were currently on schedule to meet these. Susan went on to explain that matches were expected by the 29<sup>th</sup> December 2024 and any matches relating to recruitment or sickness absence would be prioritised. Susan reminded that in previous years there had been a number of matches relating to duplicate payments, however these had not been in relation to fraud but to an internal issue around the recording of invoices whereby the system had not picked up it was a duplicate payment.

James Ayling enquired how many matches were outstanding from the previous exercise. Susan confirmed there was one which was generated to NHS Lothian around sickness absence, however the member of staff was employed by NHS Borders.

James noted that the timetable was tight and asked if there were sufficient resources in place. Susan advised that based on matches from previous years there would be similar resources in place so did not anticipate any capacity issues.

The Committee confirmed it had received moderate level of assurance from the report.

**The Committee noted the update.**

### 9.3 *Fraud Allegations*

Susan Swan reported that there were currently 3 cases ongoing and provided details on these.

The Committee confirmed it had received moderate level of assurance from the report.

**The Committee noted the update.**

9.4 *Audit Scotland – National Fraud Initiative in Scotland 2024*

Andrew Bone advised that this had been covered under item 9.2.

The Committee confirmed it had received significant level of assurance from the report.

**The Committee noted the report.**

10. **Integration Joint Board**

John Boyd provided an update on completion of the IJB Annual Accounts for 2023/24 which he hoped would be completed in the coming months. It was also noted that the intention was to pull back the timelines going forward.

The Committee confirmed it had received significant level of assurance from the update.

**The Committee noted the link to the IJB Audit Committee agenda and minutes.**

10.1 *IJB Directions Tracker*

James Ayling enquired about progress against the delivery of directions where slippage or risks were noted, with specific reference to the budget setting direction.

Andrew Bone explained that the IJB Scheme of Delegation requires that each partner underwrites the IJB to the value of any deficit incurred and that conditions are expected to be set for repayment. With regard to the 2024/25 budget, the IJB has requested that the Health Board underwrite the projected deficit arising from the HSCP financial plan, which is a component of the overall Health Board financial plan. The Board has confirmed that additional payment will be made, but Andrew noted that the Health Board's ability to enact this was dependent on additional support from Scottish Government. Andrew further noted the approach taken was pragmatic but did not resolve how this issue will be addressed in future planning cycles.

The Committee confirmed it had received moderate level of assurance from the report.

**The Committee noted the report and tracker.**

11. **Any Other Competent Business**

*Reprovision of Internal Audit*

Andrew Bone advised that following discussion with the Chair of the Committee it had been agreed to undertake a joint tender arrangement with NHS Lothian which would be the same as that undertaken 4 years ago. It was noted that dates of potential interviews were yet to be confirmed but the new cycle would begin in April 2025.

12. **Date of Next Meeting**

Monday, 16<sup>th</sup> December 2024 @ 1 p.m. via MS Teams.

BE  
04.10.24

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>6 February 2025</b>
<b>Title:</b>	<b>Finance Report – December 2024</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Samantha Harkness, Senior Finance Manager Janice Cockburn, Finance Business Partner Paul McMenamin, Finance Business Partner</b>

## 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 NHS Scotland quality ambition(s):**

- Effective

## 2 Report summary

### 2.1 Situation

The report describes the financial performance of NHS Borders and any issues arising.

### 2.2 Background

NHS Health Boards operate within the Scottish Government (SG) Financial Performance Framework. This framework lays out the requirements for submission of Financial Performance Reports (FPR) to SG which include comparison of year to date performance against plan with full review of outturn forecast undertaken on a periodic basis (i.e. both monthly and through formal quarterly reviews).

NHS Borders has determined that regular finance reports should be prepared in line with the SG framework (i.e. monthly).

The board has remitted the Resources & Performance committee to “review action (proposed or underway) to ensure that the Board achieves financial balance in line with its statutory requirements”.

The board continues to receive regular finance reports for reporting periods where there is no scheduled committee meeting.

## **2.3 Assessment**

### **2.3.1 Quality/ Patient Care**

Any issues related to this topic are provided as background to the financial performance report and it is expected that, where relevant, these issues will be raised through the relevant reporting line.

### **2.3.2 Workforce**

Any issues related to this topic are provided as background to the financial performance report and it is expected that, where relevant, these issues will be raised through the relevant reporting line.

### **2.3.3 Financial**

The report is intended to provide briefing on year to date and anticipated financial performance within the current financial year.

No decisions are required in relation to the report and any implications for the use of resources will be covered through separate paper where required.

### **2.3.4 Risk Assessment/Management**

The paper includes discussion on financial risks where these relate to *in year* financial performance against plan. Long term financial risk is considered through the board's Financial Planning framework and is not relevant to this report.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because the report is presented for awareness and does not include recommendation for future actions.

### **2.3.6 Other impacts**

There are no other relevant impacts identified in relation to the matters discussed in this paper.

### **2.3.7 Communication, involvement, engagement and consultation**

Not Relevant. This report is presented for monitoring purposes only.

### **2.3.8 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.

- Senior Finance Team, 21<sup>st</sup> January 2025

## **2.4 Recommendation**

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

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 - Finance Report for the period to end December 2024



# FINANCE REPORT FOR THE PERIOD TO THE END OF DECEMBER 2024

## 1 Purpose of Report

- 1.1 The purpose of the report is to provide committee members with an update in respect of the board's financial performance (revenue) for the period to end of December 2024.

## 2 Recommendations

- 2.1 Committee Members are asked to:

- 2.1.1 **Note** the contents of the report including the following:

YTD Performance	£12.19m overspend
Outturn Forecast at current run rate	£16.25m overspend
M09 Review Forecast (adjusted trend)	£18.64m overspend
Variance against Plan (at current run rate)	£9.51m improvement
Projected Variance against Plan (M09 Forecast)	£2.39m underspend
Actual Savings Delivery (current year effect)	£8.08m (actioned)
Projected gap to SG brokerage	Best Case £1.45m (trend) Worst Case £3.84m (M09)

- 2.1.2 **Note** the assumptions made in relation to Scottish Government allocations and other resources.

## 3 Key Indicators

- 3.1 Table 1 summarises the key financial targets and performance indicators for the year to date performance to end December 2024.

*Table 1 – Key Financial Indicators*

	Financial Plan £m	Month 9 £m
<b>Summary</b>		
Year to Date (forecast/actual)	(19.32)	(12.19)
Core Operational	(12.30)	3.63
Savings	(13.46)	(15.82)
Average Monthly Run Rate	(2.15)	(1.35)
Outturn Forecast – trend (pro-rata)	(25.76)	(16.25)
Updated Forecast – M09 Review		(18.64)
<b>Recurring Savings</b>		
Full Target	(28.11)	(28.11)
<i>In year target</i>	<i>(11.24)</i>	<i>(11.24)</i>
Forecast Delivery	14.64	14.64
Schemes Implemented	-	7.04
Planned/Mandated Schemes	7.93	0.33
Cost Avoidance Measures (forecast)	2.00	2.00
Non Recurring Savings (Forecast)	-	1.03
Schemes in development	4.71	4.24
Slippage against Plan	-	-
<b>Scot Gov Support</b>		
Brokerage Cap	14.80	14.80
Forecast Overspend after brokerage (M09)	(10.96)	(3.84)
Accumulated Brokerage Mar-24	35.53	35.53

## 4 Summary Financial Performance

- 4.1 The board's financial performance as at 31<sup>st</sup> December 2024 is an overspend of £14.02m. This position is summarised in Table 2, below.

*Table 2 – Financial Performance for nine months to end December 2024*

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Revenue Income	287.43	358.43	268.60	268.86	0.26
Revenue Expenditure	287.43	358.43	251.09	263.54	(12.45)
<b>Surplus/(Deficit)</b>	-	-	<b>(17.51)</b>	<b>(5.32)</b>	<b>(12.19)</b>

### 4.2 Core Operational Performance

- 4.2.1 The core operational performance excluding savings is £5.05m overspent. This position has been adjusted to £3.63m (underspent) in anticipation of additional resources not yet implemented within operational budgets.
- 4.2.2 The overall impact of these adjustments is a £8.68m improvement included within the position reported above. These adjustments are summarised as follows.
- 4.2.3 Anticipated release of reserves held in respect of areas such as non-pay growth, and any flexibility identified within the reserves. As part of the M09 review further flexibility within the reserves was identified, and work continues to establish the basis for release of areas such as non-pay growth into the revenue budgets. The level of funding assumed to be released is £4.73m YTD. This represents an improvement to the forecast outturn position of £2.41m, to a forecast outturn of £18.64m deficit.
- 4.2.4 Financial flexibility in respect of balance sheet items remains at £5.27m full year, with £3.95m released YTD. This excludes further flexibility generated through non-recurrent slippage in revenue budgets.

### 4.3 Savings Delivery

- 4.3.1 As noted in Table 1 (key financial indicators), the overall financial performance at Month 9 is £14.02m overspent, of which £15.82m represents unmet savings.
- 4.3.2 The financial plan assumes delivery of £14.64m savings during 2024/25 which would result in a residual balance of unmet savings to be carried forward of £13.46m. Pro-rata to Month 9 this would project a shortfall of £10.10m.
- 4.3.3 The year to date position of £14.64m unmet reflects the savings profile of business unit plans which anticipates a greater level of delivery to be achieved within later financial periods.

- 4.4 Recurring savings delivered to date have a current year effect of £7.04m. This is higher than the total savings delivery in 2023/24, however, in line with previous agreement, this figure does include £1.0m retention of Waiting Times core funding following confirmation of additional Scottish government allocation which offsets expenditure in current plans.
- 4.5 Despite this level of savings delivery, the overall forecast savings position remains at risk and is discussed further in Section 6 of the report.

## 5 Financial Performance – Budget Heading Analysis

### 5.1 Income

- 5.1.1 Table 3 presents analysis of the board's income position at end December 2024.

*Table 3 – Income by Category, year to date December 2024/25*

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
SGHSCD Allocation	266.47	331.63	248.72	248.72	-
Family Health Services	10.24	14.90	12.34	12.34	-
External Healthcare Purchasers	4.93	4.58	3.49	3.67	0.18
Other Income	5.79	7.32	4.05	4.13	0.08
<b>Total Income</b>	<b>287.43</b>	<b>358.43</b>	<b>268.60</b>	<b>268.86</b>	<b>0.26</b>

- 5.1.2 Income in relation to external contract is slightly over recovered due to the inclusion of additional patient income from NHS Lothian Mental Health service where support was provided on a short term basis in previous months and has continued to over recovery due to a high cost one off emergency patient from out with Borders.

### 5.2 Operational performance by business unit

- 5.2.1 Table 4 describes the financial performance by business unit at December 2024.

*Table 4 – Operational performance by business unit, December 2024*

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
<b>Operational Budgets Business Units</b>					
Acute Services	80.07	85.83	63.38	65.39	(2.01)
Acute Services - Savings Target	(6.79)	(4.42)	(3.32)	-	(3.32)
<b>TOTAL Acute Services</b>	<b>73.28</b>	<b>81.41</b>	<b>60.06</b>	<b>65.39</b>	<b>(5.33)</b>
Set Aside Budgets	32.24	34.90	25.57	27.60	(2.03)
Set Aside Savings	(4.17)	(3.94)	(2.95)	-	(2.95)
<b>TOTAL Set Aside Budgets</b>	<b>28.07</b>	<b>30.96</b>	<b>22.62</b>	<b>27.60</b>	<b>(4.98)</b>
IJB Delegated Functions	109.56	159.04	112.20	113.00	(0.80)
IJB – Savings	(8.32)	(5.74)	(4.31)	-	(4.31)
<b>TOTAL IJB Delegated</b>	<b>101.24</b>	<b>153.30</b>	<b>107.89</b>	<b>113.00</b>	<b>(5.11)</b>
Corporate Directorates	22.38	26.55	19.62	19.07	0.55
Corporate Directorates Savings	(2.36)	(1.91)	(1.66)	-	(1.66)
<b>TOTAL Corporate Services</b>	<b>20.02</b>	<b>24.64</b>	<b>18.19</b>	<b>19.07</b>	<b>(0.88)</b>
Estates & Facilities	22.92	24.91	18.67	19.32	(0.65)

	Opening Annual Budget	Revised Annual Budget	YTD Budget	YTD Actual	YTD Variance
Estates & Facilities Savings	(2.26)	(2.20)	(1.66)	-	(1.66)
<b>TOTAL Estates &amp; Facilities</b>	<b>20.66</b>	<b>22.71</b>	<b>17.01</b>	<b>19.32</b>	<b>(2.31)</b>
External Healthcare Providers	36.17	36.94	27.50	27.87	(0.37)
External Healthcare Savings	(4.21)	(2.76)	(2.15)	-	(2.15)
<b>TOTAL External Healthcare</b>	<b>31.96</b>	<b>34.18</b>	<b>25.35</b>	<b>27.87</b>	<b>(2.52)</b>
<b>Board Wide</b>					
Depreciation	5.87	5.87	4.40	4.40	-
Year End Adjustments	-	(13.11)	(13.11)	(13.11)	-
Planned expenditure not yet allocated	6.32	14.03	5.35	-	5.35
Board Flexibility	-	5.27	3.95	-	3.95
Financial Plan 25-26 Pre-Commitments	-	(0.83)	(0.62)	-	(0.62)
<b>Total Expenditure</b>	<b>287.43</b>	<b>358.43</b>	<b>251.09</b>	<b>263.54</b>	<b>(12.45)</b>

### 5.2.2 Acute<sup>1</sup> Overall.

The position is £10.31m overspent. £4.04m relates to operational overspend and £6.27m relates to non-delivery of the three year saving targets of £10.3m.

The proportion of saving anticipated in 24/25 is £3.1m recurring and good progress continues with full year recurring saving of £3.0m either retracted or ready for retraction from budget. The remaining £0.1m of savings will be retracted during March to ensure that on a recurring basis the Acute Clinical Board has achieved the minimum Scottish Government savings target of 3%.

The operational overspend of £4.04m in the first nine months of the year an increase of £0.07m over the November position. The monthly increase in overspend has reduced on the level of overspend in previous month and is due to the allocation of funding for reduced working week being input in December for the period April to December. In terms of the year-end out turn forecast, this had been anticipated. Therefore, the ongoing expenditure trend, which will lead to a forecast year-end of £5.7m excluding savings, remains unchanged.

There are 22 additional beds, open across the Acute site and the bedded area known as “blue ED”, which will continue until the end of 24/25. This additional capacity requires to be staffed safely and this required 28.94wte made up of both registered and unregistered nurses. No funding has been allocated for these staff and these costs are significantly contributing to the level of overspend across Acute Clinical Board.

Cancer drugs continue to overspend (£985k) with activity increasing in the region of 8% per annum and no additional funding allocated over the 23/24 budgeted level. The level of expenditure is a major element of the year-end forecast with drugs contributing £2.6m of the £5.7m out turn overspend.

<sup>1</sup> Budget reporting is categorised as ‘Acute Services’ covering health board retained functions including planned care and women & children’s services, and ‘Set Aside’ representing unscheduled care functions under strategic direction of the Scottish Borders IJB.

Instruments in continue to contribute to the overall position in Acute (£888k) with theatre and diabetic services being the main areas of overspend. The overspend in diabetic services is fully understood and is in relation to the increased number of new pump allocated by SG with the recurring costs for consumable and replacement now having to be picked up by the NHSB. The theatre supplies have been investigated and it is directly related to the level of unfunded inflation within the system, which is running at more than 10% per year.

Discussion is ongoing with SG around the diagnostic allocation (£675k in 9 mths) in relation to diagnostic waiting times. This allocation has not been recognised in the position as it does not appear on the allocation letter and is leading to a significant year to date pressure.

- 5.2.3 **Acute services** (excluding Set Aside) are reporting overspend of £5.33m including nine months of the 10% savings requirement over 3 years. The operational element of the overspend is £2.01m on core budgets. Ward 7/9 are overspent by £0.5m which is related to the additional surge beds which have been open consistently during April to December and Ward 8 has been open on a number of occasions during this period. Cancer drugs show an overspent by £1.0m due to increased activity in the SACT service. Theatre supplies continue to affect the overall position adversely. Also negatively affecting the overall position is diagnostic waiting times currently not allocated as this has not received the funding via Scottish Government, we will include this funding and it will improve the position. However it should be noted that there is a degree of offset in this overspend which is related to cancer and ITU nursing which is reducing the overall level of overspend.
- 5.2.4 **Set Aside.** The set aside budget is overall £4.98m overspent, including nine months of the 10% saving requirement over three years. The operational element of the overspend on core budget is £2.03m. There continues to be an overspend relation to the additional beds in “blue ED”. Maternity leave cover in ED medical staffing continues to put pressure on the budget due to the use of a high cost agency medic. In addition, 15 unfunded surge beds have remained open consistently between April and December contributing to the high level of overspend (£952k) within the wards within this area. In addition, drugs pressure continues in neurology and respiratory as no drugs uplift has been allocated for 24/25. The overspend related to the additional beds is being offset by underspend in nursing in specialist areas such as hospital at night, diabetic liaison and stroke as these vacancies are filled this underspend will no longer be available to offset the overspending areas.
- 5.2.5 **IJB Delegated.** Excluding non-delivery of savings, the HSCP functions delegated to the IJB are reporting an over spend on core budgets of £0.80m. Within Mental Health, medical agency use (locums) continues to be a pressure (£0.394m), largely offset by a small underspend (£0.076m) in the MH Drugs budget and savings arising from a further increased number of vacancies across Mental Health Nursing pay budgets (£0.516m). Primary Care prescribing pressure has increased to £0.465m at the end of M09 / Q3. This is due to a significant increase in the average number of items prescribed during both October (+13%) and November (+9%), compared to average volumes per month prescribed during 2023/24. At outturn, around £600k is forecast.

- 5.2.6 There are a small number of other areas where some financial pressures are currently being experienced such as in Sexual Health drug costs (£0.111m) and in Community Nursing equipment and supplies (£0.292m). A significant proportion of these are currently offset non-recurrently by ongoing vacancies across all areas, including nursing workforce models (£0.161m), Allied Health Professionals (£0.251m) and Dental services (£0.226m). In relation to Home First specifically, the service continues to operate at a level beyond the agreed funding plan and will continue to overspend throughout this year until an alternative solution is found to operate the service within the agreed funding envelope or further investment is made to fund to current operating levels. Non-recurrently, H&SCP Multi-Disciplinary Team funding has been directed in order to mitigate this pressure until a more sustainable solution is identified.
- 5.2.7 A number of previously reported pressures associated with pay inflation have now been addressed through the release in Q3 of SG funding in respect of the Reduced Working Week and Pay Uplift and the direction of H&SCP IJB reserves brought forward.
- 5.2.8 **Corporate Directorates** are reporting a net under spend of £0.55m on core budgets. The underspend is mainly within staffing areas in a number of departments such as the Workforce and Public Health Directorate where there are currently a number of vacant posts. Recovery of income particularly from the occupational health service is also contributing to the underspend on operational budgets.
- 5.2.9 **Estates & Facilities** are reporting an operational overspend of £0.65m. This is mainly related to the ongoing requirement to maintain the estate with only high-risk work being undertaken. Service contracts are also an area of concern and work is being carried out to ensure that all contracts are appropriate and place at the correct level for service requirement. There has also been an increase in the level of overspend in relation to utilities as more information is becoming available. These pressures are being offset by an underspend on staffing budgets in the Estates service. Patient travel continues to be an issue in Facilities with increased number of patients requiring to be transported to Edinburgh for treatment for cancer treatment. A detailed review of patient transport services is in train and likely to report out during January. However this overspend is again being offset by underspend created by vacant posts
- 5.2.10 **External Healthcare Providers.** Excluding savings there is an over-spend of £0.37m. This mainly related to contracts with NHS Lothian for both Primary Care and ECCM (Acute) Contract. High-level patient activity is available and this is being monitored but due to the move from average cost to patient level information, costing (PLIC) being implemented the complexity of patient is increasing cost. There has also been a number of high cost out of area notifications, which are currently being verified, but these have adversely impacted the position.

## 6 Savings Delivery

- 6.1 The savings targets set within operational budgets represent 10% of the Board's overall baseline expenditure (£28.1m). These targets are expected to be delivered over a three-year period and targets set for 2024/25 are £8.43m recurring and £2.81m non-recurring.

6.2 The financial plan sets out an expected level of savings delivery in 2024/25 of £14.64m, of which £2.07m is expected to be non-recurring. The expected delivery incorporates expectation of additional savings of £3.4m to be delivered above the level of in year delegated savings targets. This includes schemes remaining in development which present a risk to delivery of the planned level of savings (see para 6.6, 'potential slippage').

### 6.3 **Actual Savings Delivery**

6.3.1 Table 5 below shows actual level of savings achieved to date, representing the current year value for the 12 months to end March 2025.

Table 5 – Savings achieved as at December 2024

	Savings Target	Recurring Savings Achieved	Non Recurring Savings Achieved	Total Achieved	Unmet Savings (current year)	Unmet Savings (against 3 year target)
	£m	£m	£m	£m	£m	£m
Acute Services	(2.51)	2.24	0.00	2.24	(0.27)	(4.55)
Set Aside	(1.67)	0.37	0.00	0.37	(1.30)	(3.80)
IJB Directed Services	(2.30)	1.31	0.00	1.31	(0.99)	(4.46)
Prescribing	(1.03)	1.21	0.00	1.21	0.18	(1.35)
Corporate Directorates	(1.16)	0.41	0.23	0.64	(0.52)	(1.72)
Estates & Facilities	(0.91)	0.07	0.04	0.11	(0.80)	(2.15)
External Healthcare Providers	(1.68)	1.45	0.76	2.21	0.53	(2.00)
<b>Total</b>	<b>(11.26)</b>	<b>7.04</b>	<b>1.03</b>	<b>8.08</b>	<b>(3.18)</b>	<b>(20.03)</b>

6.3.2 Against the 2024/25 target, £8.08m has been delivered to date. This reflects actual adjustments reported through the finance systems and impacting on service budgets and does not include any cost avoidance measures which do not result in budget retraction.

6.3.3 The balance of savings to be delivered in 2024/25 is £3.18m. Within this figure is some elements of non-recurrent savings target against which offsetting actions are in place but which are not directly reported against target. The level of unmet savings remaining against the three-year target (10%) is £20.03m.

6.3.4 As noted separately, the financial plan assumes that savings delivery in year will exceed the in year savings target by £3.40m inclusive of cost avoidance measures.

## 6.4 Cost Avoidance Measures

6.4.1 A number of cost avoidance measures are in place through FIP and grip & control schemes. In general, these measures are not tracked except where there is material impact over the medium term. The largest element of these schemes is in relation to Agency cost avoidance and Table 6 outlines the year to date and average monthly trends in relation to these measures. Based on M09 year to date, the projected savings identified in the Q1 review remain achievable (£2m full year effect).

Table 6 - Agency Use by Staff Group

	Apr-Dec			Ave Monthly (FYE)		
	2023/24	2024/25	Movement (increase/-decrease)	2023/24	2024/25	Movement (increase/-decrease)
	£k	£k	£k	£k	£k	£k
Medical	2,483	1,345	-1,139	267	149	-117
Nursing	618	322	-296	79	36	-44
Other	681	359	-322	74	40	-35
	<b>3,782</b>	<b>1,798</b>	<b>-1,757</b>	<b>421</b>	<b>225</b>	<b>-196</b>

## 6.5 Progress towards Implementation

6.5.1 The Project Management Office (PMO) maintains a register of all schemes which are included within agreed plans. Schemes in development do not appear within this register until such time as they are developed to Gateway 1.



- 6.5.2 Additional measures have been introduced for 2024/25 to ensure that performance is monitored against plan. Targets have been set for progress against each gateway and this is reported monthly to the Financial Improvement Programme (FIP) Board. This includes escalation of individual business units to more frequent steering group meetings and implementation of local vacancy control measures where necessary.
- 6.5.3 Schemes which are expected to be cost avoidance (i.e. do not impact on budget but result in a reduction to overall expenditure) are not presently reported through the mandate process. Reporting of such schemes is being reviewed as noted under 'Cost avoidance measures' above.
- 6.5.4 Table 7 summarises the recurrent plans currently identified by business units for 2024/25 as at December 2024. This is set against the 3% recurring target.

**Table 7 – Recurring Plans 2024/25 by Business Unit**

	<b>Number of Schemes</b>	<b>3% Target £m</b>	<b>FYE £m</b>	<b>PYE £m</b>
Acute	33	(3.13)	2.95	2.60
Commissioning	10	(1.26)	1.45	1.45
Corporate	27	(0.87)	0.60	0.57
Estates	2	(0.30)	0.04	0.04
Facilities	5	(0.38)	0.13	0.07
IJB - MH/LD	21	(0.65)	0.69	0.52
IJB - PACS	28	(1.84)	0.95	0.88
Organisation Wide	36	0.00	1.35	1.22
	<b>162</b>	<b>(8.43)</b>	<b>8.15</b>	<b>7.36</b>

- 6.5.5 This position shows a further decrease in projected savings against the position reported in the November (M08) finance report. The reduction in the value of projected FYE savings and PYE savings is £0.32m and £0.15m respectively. The number of schemes has decreased by 7 (from 162).
- 6.5.6 Movement has occurred partly as a result of actions implemented at MYR, specifically the request that all services review the phasing of plans not yet implemented and provide update to PMO to confirm any changes in projected impact to March 2025. As evidenced in Table 8, below, the main shift has been in the level of schemes recorded at Gateway 1.

**Table 8 – Recurring Plans 2024/25: Progress by Gateway**

	<b>Last Month</b>			<b>This Month</b>		
	<b>FYE £m</b>	<b>PYE £m</b>	<b>Total Schemes</b>	<b>FYE £m</b>	<b>PYE £m</b>	<b>Total Schemes £m</b>
At planning stage	-	-		-	-	
Gateway 1	0.12	0.09	6	0.44	0.32	18
Gateway 2	0.09	0.05	4	0.74	0.50	13
Gateway 3	0.22	0.19	7	0.22	0.16	7
Gateway 3 - Blue	7.72	7.03	145	7.30	6.83	136
<b>Total Schemes</b>	<b>8.15</b>	<b>7.36</b>	<b>162</b>	<b>8.70</b>	<b>7.81</b>	<b>174</b>

- 6.5.7 Table 8 describes the same information as Table 7 in terms of the progress towards implementation through the Gateway mandate process. Schemes which are reported as 'Gateway 3 Blue' are fully implemented.

- 6.5.8 Where there has been reduction in individual business unit plans this will be addressed through FIP steering group meetings; additional actions will be sought to secure delivery at least to the level of savings target in year.
- 6.5.9 It is likely that this situation will increase the reliance upon non-recurrent savings in place in 2024/25 and may therefore leave a shortfall against recurring savings thus impacting on the opening deficit at April 2025. This will be reviewed through the development of the draft financial plan.
- 6.5.10 As noted in paragraph 6.5.5 above, there has been a reduction in the number and value of schemes identified. Table 8 however demonstrates that there continues to be progress towards implementation. The proportion of schemes which are now at GW3 is 96% (95% FYE).

## 7 Key Risks

- 7.1 Financial sustainability remains a *very high* risk on the board's strategic risk register (Risk 3588). This risk has been updated to reflect the Board's medium term financial plan and financial recovery plan for the period 2024/25 to 2026/27.
- 7.2 Where identified, risks are currently reported on an individual basis through the DATIX system. A financial risk register detailing individual risks held both operationally and on a corporate basis remains in development and is expected to be in place by end of quarter two (i.e. in advance of 2025/26 financial planning round).
- 7.3 Risks to the forecast are described in more detail within the Q2 review.

## Appendices

- N/A

## Author(s)

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# NHS Borders



<b>Meeting:</b>	<b>NHS Borders Board</b>
<b>Meeting date:</b>	<b>6 February 2025</b>
<b>Title:</b>	<b>Capital Plan Update</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Susan Swan, Deputy Director of Finance</b>

## 1 Purpose

**This is presented to the Committee for:**

- Awareness

**This report relates to a:**

- Annual Delivery Plan (ADP)

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The paper outlines the position in relation to current year capital resources and expenditure planning.

At the date of this report the Board's capital resources are fully committed.

### 2.2 Background

The board approved its financial plan for 2024/25 on 4th April 2024. This plan included identification of the anticipated resources available to deliver its capital programme in the current year. Against these resources, the plan described the proposed commitments expected to be delivered in year.

A number of capital projects agreed in 2023/24 were incomplete and/or not started at the end March 2024. Slippage on the delivery of the 2023/24 capital plan was agreed with Scottish Government and as a result a total of £1.7m from the 2023/24 capital budget is being utilised to cover the planned spend on these projects as they complete during 2024/25.

The plan was prepared on the basis that there was likely to be little capacity for new projects during 2024/25, that the delivery of the prioritised projects which had slipped in timescales during 2023/24 would be the focus and would utilise the funding available to the Board.

### Available Resources

NHS Borders receives £2.484M capital resource under a formula allocation, with any further allocations being made based on either Scottish Government strategy or through submission of business cases to the national capital investment group.

The formula capital resource is fully committed in support of rolling programmes directed to ongoing maintenance of the estate and life cycle replacement of equipment, including IT infrastructure.

The NHS Scotland National Infrastructure Board (NIB) is progressing work entitled Whole System capital investment priorities. Scottish Government have confirmed that no new business cases will be approved until completion of this review, but that slippage on existing programmes will be made available through the NIB to finance existing commitments and urgent priorities.

NHS Borders continues to submit prioritised expenditure plans to NIB on request and were successful in being allocated an additional £1.1m in capital resource for commitment in 2024/25. A working group of the Boards Capital Investment Group reviewed spend plans from the Estates, Medical, Radiology and brought forward where possible prioritised spend from future years to commit this resource.

The Public Sector Decarbonisation Scheme has been funded through Government Grant funding, to 2024/25 and into 2025/26, capital resources have been phased to the 2 years of the Capital Plan aligned to the works programme.

The ADP included the requirement for capital resource to support the Board's planned IM&T delivery plan (£1.5m) and a level of spend estimated at the Community Hospital locations as a result of the RAAC national survey reports (£1m). Funding has not been made available from Government in the current year for these areas, and as such, the requirements will be carried forward and included in the 2025/26 Capital Plan.

Table 1 outlines the capital resources for 2024/25

*Table 1 – Available Resources (CRL) 2024/25 as at 31<sup>st</sup> December 2024*

Capital Resource Limit (CRL)	Funding Status	£000s
NHSB Formula Capital	Confirmed	2,484
Slippage on prioritised projects from 2022/23	Confirmed	1,650
Additional prioritised spend Estates, Medical & Radiology equipment.	Confirmed	1,100
Community Hospitals/RAAC mitigating actions		1,000
Public Sector Decarbonisation Scheme	Confirmed	1,701
<b>Total CRL 2022/23</b>		<b>6,935</b>

## 2.3 Assessment

### Project Delivery

A significant component of the capital plan for 2024/25 relates to the delivery of the estates backlog and rolling maintenance programme (£1.5m) and the Public Sector decarbonisation scheme (£1.7m). Rolling replacement programmes for equipment and im&t are in progress and the larger work to scope solutions for the IM&T infrastructure replacement has been reported recently to the Board's Resources and Performance Committee (16<sup>th</sup> January 2025).

A number of other prioritised projects remain pending and are expected to be developed for implementation during 2024/25. This includes the charity funded Adult Changing Facility project, which is currently being reassessed through a feasibility study, and replacement of further diagnostic equipment (radiology).

A number of other requests have not yet been considered for prioritisation but are expected to be scoped during 2024/25 and considered via planning for 2025/26. This includes remedial works within the Aseptic suite (BGH).

A separate programme is in development in relation to Primary Care estate and update will be provided to future meetings.

### Forecast Expenditure

Table 2 outlines the budget and expenditure to 31<sup>st</sup> December 2024.

*Table 2 – CRL Budgeted Expenditure and Actual Spend to 31<sup>st</sup> December 2024*

	Budgeted Resources £000s	Expenditure to Dec-24 £000s
<b>Rolling Programmes</b>		
IM&T Hardware Life Cycle Replacement	300	152
Medical Equipment Life Cycle Replacement	285	88
Estates - Planned Preventative Maintenance & Backlog	1,500	879
Estates - Statutory Compliance and Minor Projects <sup>1</sup>	240	240
<b>Programme Infrastructure</b>		
Project Management Support	320	213
Feasibility Works/Consultancy Support	-	43
<b>Property Strategy</b>		
Borders Health Campus	-	-
Primary Care Premises Programme	-	-
Mental Health Estate	-	-
Digital Transformation	-	-
<b>Digital Programmes</b>		
Digital Portfolio – Recommendations from SG Report	377	55
<b>Projects</b>		
Pharmacy Department – Aseptic Unit	250	16

<sup>1</sup> Expenditure on Statutory Compliance and Minor Projects not available at date of reporting. This information requires classification of expenditure between revenue and capital and is reported within revenue expenditure until verified.

	Budgeted Resources £000s	Expenditure to Dec-24 £000s
Decarbonisation Scheme	1,905	279
RAAC Mitigating Actions (tbc)		
Mammography - Enabling works and equipment installation	936	940
Macmillan Cancer Centre	-	-
Additional Allocation – Equipment, Radiography & Estates	741	-
<b>Uncommitted</b>	81	-
<b>Gross Capital Expenditure</b>	<b>6,935</b>	<b>2,905</b>

There are other infrastructure projects financed via revenue resources which are not detailed in the table; specifically where revenue funding has been made available to support priorities within the Mental Health and Digital Portfolio programmes. Other lines detailing 'nil' resources are included as reference to expected investment programmes over a five year timescale.

### 2.3.1 Quality/ Patient Care

The capital programme should improve quality through regular maintenance and enhancement of the Board's Property and Assets. Delays to implementation of capital investment may therefore have a corresponding negative impact on the healthcare environment.

The state of the estate is monitored through regular reporting via Health Facilities Scotland. This information informs future capital plans and will be described within the Capital Plan for 2024/25.

### 2.3.2 Workforce

The workforce requirements to support delivery of the Capital programme have been assessed and proposals are currently being considered by OPG/BET prior to any recommendation to the financial plan.

The capital programme includes resources directed towards regular maintenance of the estate, including projects aligned to Health & Safety and other relevant legislative responsibilities.

### 2.3.3 Financial

The financial position is described in the paper. At present all available capital resources are committed to planned/in progress projects, and it is anticipated that a break-even financial outturn on capital will be reported for 2024/25.

Capital and infrastructure planning guidance issued by Scottish Government requires the Board to submit a Business Continuity Plan for approval, this plan provides details of the priorities to which additional BCP linked Capital funding will be allocated for future years from 2025/26 onward.

A major component of the Board's Property Strategy continues to be in highlighting the need for significant infrastructure investment in BGH over the medium to long term.

### **2.3.4 Risk Assessment/Management**

A number of risks are associated with the maintenance and statutory compliance of infrastructure and these are reported in the Board's risk management system and considered through the newly established Environmental Risks Oversight Group reporting to Clinical Governance Committee.

Specific risks continue to be reported in relation to ventilation controls, decontamination, fire safety, and the general condition of buildings and plant. Planned and backlog maintenance is prioritised against areas of highest risk as reported in the Estates Asset Management System.

A new risk was identified in July 2023 in relation to Reinforced autoclaved aerated concrete (RAAC). An update on the impact of RAAC on capital requirements will be provided at the meeting.

The Board's Resources and Performance Committee (November 2024) were presented with an update on the LIMS project including the revised Go Live date of June 2025. An element of spend required by the project will be capital in nature and this spend has been included as a commitment in the 2024/25 Capital Plan.

The management of individual capital priorities across the phasing of the five-year capital plan remains subject to ongoing discussion with SG finance colleagues.

### **2.3.5 Equality and Diversity, including health inequalities**

This report is an update on existing strategy and does not include any proposed changes to previous policy. Therefore an impact assessment has not been completed.

It is expected that individual capital projects are prepared in line with guidance and include their own impact assessment.

### **2.3.6 Climate Change**

The NHS Scotland Climate Emergency and Sustainable Development strategy published in 2022 outlines significant requirements for NHS Boards, including development of a climate change risk assessment and adaptation plan, and an action plan for the achievement of Net Zero Carbon reduction in line with nationally published targets.

Actions are included within the plan for the delivery of energy efficiency schemes financed through separate grant allocation.

### **2.3.7 Other impacts**

No other impacts are identified.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This update provided in this report is collated from the information discussed by the Board's Capital Investment Group.

## **2.4 Recommendation**

Board members are asked to note the update provided in the paper and to recognise the risk in relation to slippage on the programme and the actions in place to mitigate this risk, including further dialogue with Scottish Government.

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**
  
- **Awareness** – For Members' information only.



The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

### **3 List of appendices**

The following appendices are included with this report:

N/A

<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>6 February 2025</b>
<b>Title:</b>	<b>Internal Audit Contract</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance James Ayling, Non Executive Director</b>
<b>Report Author:</b>	<b>Andrew Bone, Director of Finance</b>

## 1 Purpose

The purpose of this report is to request that the Board homologate the contract award for the Board's Internal Auditors.

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

Approval of the appointment of the Board's internal auditors is a matter reserved for the Health Board, although this function has been delegated to the Audit & Risk Committee to make recommendation to the Board for approval.

The current contract with the Board's Internal Auditors (Grant Thornton) expires at the end of March 2025 and a joint tender with NHS Lothian for the award of a new contract has been undertaken.

Appointment has been made and standstill letters have been issued to all bidders, with the standstill period ending on 1<sup>st</sup> February 2025.

Due to the timescales and nature of the appointment (co-sourced with NHS Lothian) approval is sought retrospectively with the appointment having been agreed by Chairs of each Health Board's Audit & Risk Committee and Director of Finance (or representative).

## **2.2 Background**

The Code of Corporate Governance (Section F – Reservation of Powers and Delegation of Authority) requires that the Director of Finance put in place appropriate arrangements for the Board's Internal Audit function.

Approval of the appointment of the Board's internal auditors is a matter reserved for the Health Board, although this function has been delegated to the Audit & Risk Committee to make recommendation to the Board for approval.

The contract is awarded under the Crown Commercial Framework: RM6188 – Audit & Assurance Services (A&AS), LOT 1 – Internal Audit.

Initial invitation to tender was issued in November 2024 with mini-competition within the framework being undertaken through December 2024 and bids evaluated through interviews held on 14<sup>th</sup> January 2025.

## **2.3 Assessment**

The appointment panel comprised of two representatives from each partner Health Board (NHS Borders and NHS Lothian) supported by NHS Lothian procurement team. NHS Borders' representatives were Andrew Bone, Director of Finance and James Ayling, Non Executive Director / Audit & Risk Committee Chair.

A preferred bidder was identified following a robust scoring exercise and standstill letters have been issued to all bidders, with the standstill period ending on 1<sup>st</sup> February 2025.

The contract value and rate per day remains broadly in line with existing costs with an estimated annual value of £49,896 plus VAT. Actual costs will be determined by agreement of the annual audit plan and associated audit days required. The contract includes an annual uplift of 2.6% p.a. over the four years of the term.

Health Board members will be notified of the appointed audit firm following completion of the standstill period.

### **2.3.1 Quality/ Patient Care**

Internal Audit is a core element of the assurance mechanisms by which the Board tests its systems and processes.

### **2.3.2 Workforce**

Internal Audit will evaluate the effectiveness of controls in place to manage key risks identified in the Board's audit universe. This may include workforce risks. Audit recommendations will consider improvements available to mitigate these risks and should therefore result in a positive impact on workforce.

### **2.3.3 Financial**

The Board's Internal Audit function will undertake audit of best value and financial sustainability through the activities outlined in its annual workplan.

### **2.3.4 Risk Assessment/Management**

No specific risk register is required in relation to Internal Audit functions.

### **2.3.5 Equality and Diversity, including health inequalities**

No impact identified.

### **2.3.6 Climate Change**

No impact identified.

### **2.3.7 Other impacts**

There are no other impacts identified.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This was discussed by the Audit & Risk Committee at its meeting on 16<sup>th</sup> December 2024.

## **2.4 Recommendation**

Board members are asked to note the process undertaken for appointing the Board's Internal Auditors and agree the contract awarded.

- **Decision** – Reaching a conclusion after the consideration of options.

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

## **3 List of appendices**

None.

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>6 February 2025</b>
<b>Title:</b>	<b>Clinical Governance Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Jones, Director of Quality &amp; Improvement</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to share the approved minutes of the Clinical Governance Committee with the Board.

### 2.2 Background

The minutes are presented to the Board as per the Clinical Governance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### 2.3 Assessment

The minutes are presented to the Board as per the Clinical Governance Committee Terms of Reference and also in regard to Freedom of Information requirements compliance.

### **2.3.1 Quality/ Patient Care**

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

### **2.3.4 Risk Assessment/Management**

As detailed within the minutes.

### **2.3.5 Equality and Diversity, including health inequalities**

An HIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following group as part of its development. The group has supported the content.

- Clinical Governance Committee 15 January 2025

## **2.4 Recommendation**

The Board is asked to **note** the minutes which are presented for its:

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

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

### **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Clinical Governance Committee minutes 06.11.24

**Borders NHS Board**  
**Clinical Governance Committee**  
Approved Minute



**Minute of meeting of the Borders NHS Board's Clinical Governance Committee held on Wednesday 06 November 2024 at 10am via Microsoft Teams**

**Present**

Mrs F Sandford, Non-Executive Director (Chair)  
Dr K Buchan, Non-Executive Director  
Mrs L Livesey, Non-Executive Director

**In Attendance**

Miss D Laing, Clinical Governance & Quality (Minute)  
Mrs L Jones, Director of Quality & Improvement  
Dr L McCallum, Medical Director  
Dr S Bhatti, Director of Public Health  
Dr O Herlihy, Associate Medical Director, Acute Services & Clinical Governance  
Dr T Young, Associate Medical Director, Primary & Community Services  
Mr M Clubb, Director of Pharmacy  
Mr P Grieve, Associate Director of Nursing, Chief Nurse Primary & Community Services  
Mr P Williams, Associate Director of Nursing, Allied Health Professionals  
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities  
Mrs E Dickson, Associate Director of Nursing/Head of Midwifery  
Mrs K Guthrie, Associate Director of Midwifery & GM for Women & Children's Services  
Dr C Cochrane, Head of Psychological Services  
Mrs J Campbell, Lead Nurse for Patient Safety and Care Assurance  
Mr S Whiting, Infection Control Manager

**1 Apologies and Announcements**

Apologies were received from:

Mrs H Campbell, Non-Executive Director  
Mr P Moore, Chief Executive  
Dr J Manning, Associate Medical Director, Unscheduled Care  
Dr I Hayward, Associate Medical Director, Planned Care  
Dr A Cotton, Associate Medical Director, Mental Health Services  
Mrs S Horan, Director of Nursing Midwifery and Allied Health Professionals

The Chair confirmed the meeting was quorate.

The Chair welcomed:

Mrs M O'Reilly, Head of Clinical and Professional Development deputising for Mrs S Horan  
Mrs L Taylor, Macmillan Nurse Consultant and Lead Clinician in Cancer (item 6.1)  
Mr S Litster, Cancer Transformation Manager (item 6.1)



## **2 Declarations of Interest**

- 2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.
- 2.2 The **CLINICAL GOVERNANCE COMMITTEE** noted there were no new declarations and previous declarations stood.

## **3 Minute of Previous Meeting**

- 3.1 The minute of the previous meeting of the Clinical Governance Committee held on **Wednesday 28 August 2024** was approved and adopted as holograph.

## **4 Matters Arising/Action Tracker**

- 4.1 The Clinical Governance Committee Action Tracker was discussed and updated accordingly.
- 4.2 The Committee discussed lack of assurance relating to waiting lists following reduction in funding from Scottish Government. There are expectations that levels of activity are maintained within reduced funding, this will not allow for any improvement or reduction in lists. Mrs Huckerby is leading the next Board Development session to highlight issues and any proposed improvement work. Dermatology position had improved but challenges with recruitment remain. Balancing risk and financial plans should be included in session, focus should be on quality of care and not solely Scottish Government's performance expectations.
- 4.3 Dr Buchan commented from a General Practice point of view long waits for treatment can lead to deterioration of conditions and impact on quality of care for patients and increase GP workload.
- 4.4 The Chair noted harm due to inactivity should be included in any discussions, Mr Williams assured the Committee these discussions were taking place at Area Clinical Forum but acknowledged discussion needed to be wider. Mrs Jones further assured the Committee these points would be noted and included in session. Dr Cochrane requested to be included in development session.

## **5 Effectiveness**

### **5.1 Clinical Board update PCS Services**

- 5.1.1 Mr Grieve provided an overview of the content of report. He noted there were some discrepancies on application of missing persons policy across the three clinical boards, a meeting had been arranged to link together and review policy and its application across the organisation.
- 5.1.2 Duns Medical Group had had a note of interest in taking over the practice this will allow practice to move away from 2C status.
- 5.1.3 Pressure remained on dental procedures in children requiring general anaesthetics, Clinical Dental Director had attended National meeting where it was noted to be a national issue. Pending report will demonstrate what the challenges are

Nationally, whilst waiting for report NHS Borders Clinical Dental Director is working closely with services to mitigate risks and resolve any emerging issues.

- 5.1.4 Mr Grieve noted falls remain high in Community Hospitals, a link to cognitive impairment or dementia diagnosis is being monitored to help identify if this may be leading to the high incidence of falls.
- 5.1.5 AHP demand remained high with little capacity, Scottish Government requested a consultation document be returned with a focus on rehabilitation provision which was completed and returned. The paper highlighted gaps and a position paper is being drawn up to present to BET and IJB. He will keep the Committee informed on outcome and any progress. Scottish Government escalation processes and draught had been circulated for comment, this focuses on any challenges or issues boards are having in relation to children whose health care needs are being met out with area. The team are working closely with Social Work and Scottish Borders Council to make improvements.
- 5.1.6 Mr Grieve informed the Committee Health Visiting and Family Nurse Partnership had now been awarded UNICEF BFI Gold accreditation. The Committee gave their congratulations to all involved.
- 5.1.7 Mr Williams asked if the rehabilitation self-assessment should come to the Committee separately or be included in Allied Health Professions annual report, Mrs Jones will discuss with Mr Williams.
- 5.1.8 Discussion took place regarding structure of reporting to the Committee. Mrs Jones informed the Committee that the structure of reports is dictated by a National Guidance in line with Scottish Government once for Scotland initiative, she offered to discuss out with meeting should that be necessary.
- 5.1.9 The Chair voiced her concern relating to lack of vaccination uptake and enquired if the Board could be more proactive in encouraging uptake through communications, national televised campaigns do not get shown on Scottish Borders television networks, suggestion was made to look at ways our local communications team could help. Mr Clubb gave the Committee an update on status of vaccinations and provided assurance that patients eligible for RSV will be recalled if they had not attended for vaccine. Different models for delivery are being explored, those attending are being asked for feedback.
- 5.1.10 Prior to meeting Mrs H Campbell had sent some points for clarification. These were conveyed to authors and detailed responses sent to Mrs H Campbell. One comment was relating to correlation between delayed discharges and increased level of falls, Mr Grieve confirmed further work was required.
- 5.1.11 **ACTION: Mrs Jones will discuss appropriate place/format for reporting rehabilitation self-assessment.**
- 5.1.12 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Limited Assurance**

**5.4 Clinical Board update Acute Services - taken out of sequence.**

- 5.4.1 Mrs Dickson commented for accuracy the paper had been prepared by Mrs Guthrie and not Mrs Dickson as noted on the paper.
- 5.4.2 Mrs Dickson reported long waits continued in the Emergency Department due to pressures across the whole system. Delayed discharges and surge bed occupancy remain a challenge, initial improvement and reduction in numbers had been seen following introduction of daily whole system flow meetings.
- 5.4.3 Acute Assessment Unit is up and running with a view to diverting GP referrals away from Emergency Department. Mrs Dickson will keep the Committee cited on performance.
- 5.4.4 Stroke performance remains a significant challenge, focus on barriers to getting access to beds particularly over weekends and improvement on meeting all aspects of stroke care bundle.
- 5.4.5 Elective activity had increased due to ring fencing a bed, pressure remained on holding position given other pressures in the system. A higher number of orthopaedic emergencies were seen and continued pressures across wards and medical workforce. Use of locums to cover gaps in workforce exposed vulnerabilities.
- 5.4.6 Mrs Dickson noted the Maternity team are preparing for inspection visit in the new year as part of Healthcare Improvement Scotland inspection programme, this will be unannounced.
- 5.4.7 An increase in pressure damage reports had been seen in Emergency Department coupled with reduction in reporting in Medical Assessment Unit which provides assurance the work to improve documentation had a positive effect on identifying acquired and inherited damage. There had been increased developed pressure damage in Orthopaedic wards, causes are being investigated and addressed.
- 5.4.8 The Medical Assessment Unit continue to see falls with harm with improvement ongoing to address causes and risks.
- 5.4.9 Improvement in compliance with controlled drugs had been seen, this will be monitored going forward.
- 5.4.10 First full Care Assurance Review had taken place in ward 14 following launch of National Quality of Care Assurance Programme in September
- 5.4.11 Dr McCallum informed the Committee about various challenges within the Acute site, obstetric medical workforce position may become more precarious. There is concern the Emergency Department is functioning more like a medical or surgical assessment unit work to address this should be moving at pace.
- 5.4.12 The Chair requested that a timeline for stroke improvement be include in next report to the Committee. Mrs Jones commented on the work around stroke pathway within limited footprint discussion. Board have commissioned modelling work related to future improvement for the unit.

5.4.13 Board development session should pick targeted pieces of work around outpatient capacity and reduction of waiting lists. Mrs Jones commented NHS Borders have some of the lowest waiting times in Scotland for diagnostics however focus on areas where performance is falling behind is essential. Further discussion took place relating to balancing risks and increasing capacity around waiting times. Dr McCallum was not assured in relation to cardiology workforce and asked this be noted. Mr Williams noted his concerns around negative impacts being seen in the Community due to the pressures within acute services.

**5.4.14 ACTION: Include Stroke improvement information in next paper.**

5.4.15 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **No Assurance**.

## **5.2 Clinical Board update Mental Health Services**

5.2.1 Mr Lerpiniere noted number of drug related deaths in the Borders had continued to decline despite increases elsewhere in Scotland. Drug Deaths annual report is tabled for January's. The Committee commended the teams for their hard work in relation to drug deaths.

5.2.2 Mr Lerpiniere commented on project improvement work and development of risk assessments following National Suicide review, more details will be in the annual suicide report tabled at next meeting.

5.2.3 Challenges within the medical workforce remain, initiatives and national workforce testing is taking place within a number of wards to develop safer staffing tools. Discussion followed relating to exceptional medical workforce challenges, Dr McCallum noted the subject had been raised at national level with a view to a national recruitment approach. Dr McCallum commended the medical teams for managing to maintain services under some difficult circumstances. The Chair suggested Dr McCallum looked at ways of highlighting areas of fragility to the Board.

5.2.4 Mrs H Campbell had asked Mrs Jones to request an update on CAMHS in subsequent reporting.

**5.2.5 ACTION: Investigate ways of highlighting areas of fragility to Board. Include CAMHS update in next report.**

5.2.6 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Limited Assurance**

## **5.2.7 Psychological Services update**

5.2.8 Dr Cochrane provided a brief overview of report. She noted substance use psychology is becoming fragile with long waits to access the service and some workforce pressures. Workforce in learning disability and CAMHS is being monitored.

5.2.9 Psychology service review is underway to identify gaps and look at ways to improve services and increase footprint across acute adult services.

5.2.10 Scottish Government have advised a psychological therapies self-assessment tool needs to be completed by Directors of Psychology for all boards as part of the psychological therapies specification. Dr Cochrane will take this forward and liaise with Dr McCallum.

5.2.11 Dr Cochrane noted access to training for EMDR and DPT treatments had remained difficult for the second year, she is liaising with CPD to look at funding.

5.2.12 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

### **5.3 Clinical Board update LD Services**

5.3.1 Mr Lerpiniere gave an overview to the Committee. The 'Coming Home Project' continues to be monitored, this is a long term piece of work and he will keep the Committee informed of progress.

5.3.2 Developments had been made around the annual health checks, with innovative work taking place to deliver an important piece of work within a limited resource.

5.3.3 The work following recommendations from mental welfare commission continues to progress, issues relating to software interfaces are more difficult to deliver as this is an organisational issue and not readily resolved within the team.

5.3.4 Mr Lerpiniere commented that since writing report some of the team had gone to Lothian to look at one of their units to see if there was any learning from them.

5.3.5 Discussion took place following a comment from Dr Bhatti relating to ways of identifying and registering those who may have a learning disability. Mr Lerpiniere noted that learning disability is not easy to measure however there is on-going work to look at the possibility of a register and what would be the best way to identify individuals who may need support from LD services.

5.3.6 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**.

## **6 Assurance**

### **6.1 Cancer Services Annual Report**

6.1.1 Mrs Taylor provided a brief overview of report, noting pressures in reduced workforce and rising demands on the service is causing challenges. The incidence of cancer is rising and complexity of treatment changing affecting pathways from diagnostics to treatment and towards the end of life, these pressures were being seen throughout Scotland. Mrs Taylor noted some improvement in workforce challenges.

6.1.2 The chair requested detail on actions being taken to mitigate pressures. The Committee were keen to understand waits for urology treatment, Mrs Taylor commented some issues could be attributed to cross boundary working. Mr Litster gave a brief overview of challenges and complexities around diagnostic decisions and waiting times for treatments, he noted Scottish Government team are working to

address challenges. Dr McCallum commented that she had raised issues with Lothian colleagues and was assured a solution was being sought. The Chair asked that the Committee be kept informed on how the discussions and work toward solutions are progressing.

- 6.1.3 Mrs Jones requested that mitigations around urology pathway be included in Acute paper to the Committee in order that a focus be kept on this issue.
- 6.1.4 Dr Cochrane raised concern around delivery of psychological services input into annual delivery plan. She commented conversations were taking place to map out this work.
- 6.1.5 Dr Young expressed interest in being part of urology pathway review due to significant concerns being raised within Primary care, he cited differences in local and Scottish Cancer Guidelines. IT solutions to allow for PSA monitoring post radical prostatectomy are in place in other Boards removing risks but these are not available locally.
- 6.1.6 The Chair noted concerns around urology and asked that an updated be provided to the Committee on progress towards a solution. Mrs Jones requested that mitigations around urology pathway be included in Acute paper to the Committee in order that a focus be kept on this issue.
- 6.1.7 ACTION: The chair asked that the Committee be kept informed on how discussions on urology pathway solutions are progressing.**
- 6.1.8 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

## **6.2 GP Sustainability Update**

- 6.2.1 Dr Young provided a brief overview of the content of the report. He noted Duns Medical Group should be reverting under standard GMS Contract as reported in Mr Grieve's Primary & Community Services Report.
- 6.2.2 Dr Young highlighted the successful GP fellow scheme which had been ongoing for the last two years with four placements across the Borders, it is hoped that these incumbents will remain in the Borders following training. Ongoing concerns on how to support the scheme going forward with discussions taking place to address funding.
- 6.2.3 Borders had been successful in pathfinder bid to embed Community Treatment and Care (CTAC) and pharmacotherapy within the area, the programme is expected to last a further year. First stage of CTAC is complete now moving towards second and final stage with a variety of additional services now available in all practises across Borders, it is hoped this will provide stability. Data from workload care survey of practices is being analysed, Dr Young will share with the Committee if required. Dr Young noted that initial figures show a third of the population have some contact weekly with their GPs.
- 6.2.4 This workload is being controlled by practices at present, but some are foreseeing challenges with recruitment and ongoing sustainability. Mr Clubb noted his support for

pharmacotherapy, he commented gaps between what is being delivered and what could be delivered is not insurmountable, recruiting to posts may be the issue in delivery. Move to electronic prescribing and a move away from wet signatures allowing more remote posts to be offered may help with recruitment.

6.2.5 The Chair commented this topic could be something taken to the Board for advice on how to balance and invest resources. Discussion followed relating to workload and financial implications going forward. Risks to the workforce relating to funding and pay are being watched closely. Dr McCallum is cited on these issues and noted discussions with ministerial colleagues are taking place. Decision on how the issues raised will be reported to the organisation will be discussed out with meeting.

6.2.6 GP Career START scheme had been an enormous success in the borders. It is in initial stages but there is an appetite to continue with scheme if funding allows. It would be useful to pick up at board from a sustainability perspective within general practice.

**6.2.7 ACTION: Discuss how funding, workload and any data collected is reported to the Committee.**

6.2.8 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

### **6.3 Research & Innovation Governance Annual Report**

6.3.1 Mrs Jones provided a brief overview of the report, she noted that the Scottish Government Provides a small allocation of funding for the Research & Innovation Governance to oversee the day to day running of all studies. The allocation was reduced this year so a risk assessment is required to look at whether this reduction was being offset by income generated from studies.

6.3.2 Oncology remains the largest research area in NHS Borders, there had also been positive developments in critical care, respiratory and stroke. There also remains activity in Haematology. The aim is to continue to build on activity with a view to encourage recruitment in the Borders for those interested in research

6.3.3 Innovation continues at a pace with successful testing of drones being one of the first areas in Scotland to do live healthcare flights

6.3.4 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Significant Assurance**

## **7 Patient Safety**

### **7.1 Infection Control Report**

7.1.1 Mr Whiting provided a brief overview of the report, he noted the risk relating to refurbishment of Ward 5 was removed as this risk is noted as an organisational risk. The Environmental Risk oversight Group are aware of the risk so there was no need to have it noted on the Infection Control workplan.

- 7.1.2 Mr Whiting informed the Committee each orthopaedic surgical site infection case will be reviewed against best practice guidance to gain information and learning for the service.
- 7.1.3 Dr McCallum enquired about status of hand hygiene, Mr Whiting informed the Committee the next round of audits is due to take place, data will be included in next Committee report.
- 7.1.4 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

## **7.2 Strategic risks relating to Mental Health & Learning Disabilities Services**

- 7.2.1 Mr Lerpiniere highlighted risks around medical workforce and challenges this presents, he noted the nursing workforce is stable at present but anticipates this may not be the case within the next five year, so sustainability is an issue.
- 7.2.2 Increasing numbers of people are seeking to access mental health services, work on diversifying the portfolio to ensure the service can support everyone in different ways continues.
- 7.2.3 Lack of specialty beds remains challenging with pressures being seen throughout Scotland impacting on NHS Borders being able to access additional beds regionally.
- 7.2.4 Delayed discharges continue to pose a risk to the organisation due to lack of resources and appropriate cares on discharge to home.
- 7.2.5 Discussion followed relating to risk appetite in relation to decision making and ongoing discussions with neighbouring health boards around commissioning, Dr McCallum reiterated concerns on medical staffing and hoped that any commissioning proposal would have to bring Consultant time in terms of accountability and responsibility for patient care. Mr Lerpiniere noted any referrals from out of area pose risks at point of transition. Any opportunity to generate income would be welcomed but thoughts around being able to support and sustain safely must be held at the centre of discussions.
- 7.2.6 Mrs Jones informed the Committee risks around Mental Health and Learning Disability Services had been raised formally with the Scottish Government
- 7.2.7 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed Limited Assurance

## **7.3 HSMR Quarterly report – Report embargoed until 12/11/2024**

- 7.3.1 Mrs Jones provided a brief overview of the content of the report. She noted there was nothing to escalate. Mortality and crude mortality remain in normal limits. NHS Borders continue to review deaths in depth providing assurance and learning for the organisation.



7.3.2 There followed a brief discussion on deaths in hospital setting where Dr McCallum enquired if there continued to be an upward trend post Covid. It was acknowledged that this relates to delayed discharges in the system and the inability to get people home as their chosen place of death. Dr Herlihy commented that the focus should also be on appropriate planning on admission to avoid re-admission. Focus continues on Care at home at end of life, it is expected that there will be a report on these outcomes at a future meeting.

7.3.3 Dr Bhatti commented he had concerns that when services were under pressure people were being sent home resulting in inadvertent deaths. Mrs Jones assured him there had been some analysis in the previous report and data on anyone who had died within 48 hours of attending A&E had been analysed. The Care assurance programme had been expanded and spotlight on this will be included in next mortality report.

**7.3.4 ACTION: Ensure spotlight on care assurance is included in annual mortality report**

7.3.5 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

## **8 Items for Noting**

8.1 Meeting dates for 2025/26 were presented for noting. Meeting makers will be sent out for these dates accordingly.

8.2 Minutes of the following meetings were presented for noting:

Acute Services Business/Clinical Governance Board 24.07.24  
LD Clinical and Care Governance Group General Meeting 25.07.24  
NHSB Public Health Governance Group Meeting 24.04.24

## **9 Any Other Business**

There were no further items of competent business to record.

## **10 Date and Time of next meeting**

The chair confirmed that the next meeting of the Borders NHS Board's Clinical Governance Committee is on **Wednesday 15 January 2025** at **10am** via Teams Call.

*Meeting concluded at 12:12*

<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>6 February 2025</b>
<b>Title:</b>	<b>Quality &amp; Clinical Governance Report – January 2025</b>
<b>Responsible Executive/</b>	<b>Laura Jones - Director of Quality and</b>
<b>Non-Executive:</b>	<b>Improvement</b>
<b>Report Author:</b>	<b>Julie Campbell - Lead Nurse for Patient Safety and Care Assurance</b> <b>Susan Hogg - Patient Experience Coordinator</b> <b>Susan Cowe - Senior Project Officer - Covid 19 Inquiries</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Government policy/directive
- Legal requirement
- Local policy

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

2.1.1 This exception report covers key aspects of clinical effectiveness, patient safety and person-centred care within NHS Borders.

2.1.2 The Board is asked to note the report and detailed oversight on each area delivered through the Board Clinical Governance Committee (CGC).

## 2.2 Background

- 2.2.1 NHS Borders, along with other Boards in Scotland, continue to face extreme pressures on services. Demand for services remains intense and is exacerbated by significant staffing and financial challenges, across the health and social care system.

## 2.3 Assessment

### 2.3.1 Clinical Effectiveness

The Board CGC met on the 15 January 2025 and discussed papers from all four clinical boards. Each clinical board continued to raise risks which are placing pressure on the delivery of local services. Delayed discharges across the health and social care system remains a consistent issue raised by each clinical board and members were keen that this position and its impact on quality of care, access to emergency care, elective and specialist beds is not normalised and continues to be escalated to NHS Borders Board and the Integrated Joint Board (IJB) for further collective action.

- 2.3.2 The CGC considered a paper from Acute Services. Concerns around the continuing challenge in the medical workforce were highlighted, especially across smaller services. The Director of Acute Services is leading a piece of work to review vulnerable services and the CGC were keen for the Board to consider this as it develops in the context of the longer-term strategy work. The committee noted the focused work in conjunction with Social Work and Social Care in relation to delays in the system is continuing but also acknowledged that minimal improvements have been seen. The committee recognise the complexity of addressing this situation but want to see a clear delivery plan set out for the Board and IJB with options to address this. Infection control challenges resulting from winter illnesses have placed additional pressure on patient flow due to the temporary closure of areas to admissions to prevent spread. Despite challenges across the site, the committee noted that elective work has been sustained over the winter period. The committee raised concerns regarding waits for surgery and want to see a more detailed dataset developed to understand the harm which may be resulting from longer waits and the impact on other services. It was highlighted that there has been a knock-on effect to the rest of the system due to patients waiting for surgery. It was noted that there has been a significant increase in requests for prostate biopsies thought to be linked to national press relating to prostate cancer. This is a single nurse-led clinic which has led to demand outweighing capacity. The committee noted that some of this work has been outsourced to bring waiting times down. A rise in falls with harm was highlighted, and work is underway to understand this increase. A rise in pressure damage within one area was also raised, an action plan has been implemented, and the Care Assurance visit last week saw improvements. The pharmacy team are testing a medication review tool to gain a better understanding of the root cause of medication errors. The committee also acknowledged that a test of change is taking place for Senior Charge Nurses (SCNs) to protect more of their time for supervisory work including responsibilities around patient flow and discharge planning as well as quality of care. The committee gave the acute services paper a limited assurance position in recognition of the points above.
- 2.3.3 The CGC received a report from Primary and Community Services (PCS). The increase in demand for insulin administration in the community was highlighted, this is having a significant impact on demand for the District Nursing Service. Discussions are underway with the Diabetes Team to consider patient pathways. It was raised that

the Health Visiting Team in Berwickshire were having staffing issues caused by sickness absence, with further cover issues noted for Health Visiting, School Nursing and Hospital at Home as whole services. There have been some initial difficulties in recruiting the specialist workforce for the phase 2 of the Hospital at Home. However, after a second round of recruitment some key posts have now been filled which will enable the service to begin to scale up from the end of March 2025. The committee noted that Dental Theatre waiting times had not improved since the previous CGC and asked that the plan to address this be detailed in the next report to the committee. It was acknowledged that the Community Hospital Advanced Nurse Practitioner (ANP) model is working well with some significant improvements in patient flow and ways of working for the clinical team. The committee also noted that NHS Borders is still awaiting information around recurrent funding for the Care Home Support Team from the Scottish Government. The CGC took limited assurance from the report.

- 2.3.4 The CGC received a report on Mental Health and Psychological Services. The committee noted work underway to improve risk assessment processes. The committee was pleased to note the improvement in waiting times for Child and Adolescent Mental Health Services but remained concerned that some pathways still have extended waits. The IJB has commissioned work to review pathways to support neurodiversity. Major concerns around the Medical Workforce were raised, with the committee noting the high risk to the organisation as a result of the workforce pressures extending across NHS Scotland. Work is taking place to reduce locum spends but this will only be possible once the medical workforce has been stabilised. No issues were raised from Psychological Services since the last report to the CGC. The committee took limited assurance from the mental health report pertaining to medical workforce pressures and moderate assurance from psychological services report.
- 2.3.5 The CGC received a report on Learning Disability Services. The committee noted that the current work surrounding Delayed Discharges continues to highlight extreme difficulties in discharging out of area patients from hospital to an appropriate placement. There was no further update on the Coming Home Project, with risks being associated with the project due to accommodation falling through. The committee took moderate assurance from the report.
- 2.3.6 The CGC considered the Allied Health Professions (AHP) paper. It was highlighted that work is being undertaken to strengthen measurement of AHP activity and care standards. The committee heard of the pressures in some parts of the AHP workforce impacting on ability to give optimum levels of rehabilitation input in all areas. The committee acknowledged the ongoing workforce challenges, and lack of resilience in small services. They also noted that capacity is not meeting demand due to workforce challenges and that there is targeted work underway to look at skill mix. The committee agreed a position of moderate assurance and were keen to see the outputs of the demand and capacity work underway and the skill mix review.
- 2.3.7 The CGC received the drug deaths annual report. The annual report has highlighted a decrease in drug related deaths. The committee noted the increased access to residential rehabilitation and the high level of work that has taken place to achieve these reductions. The committee noted the changing profile of drug use and the impact on drug deaths. The committee recognised the great work on the Borders Addiction Service in relation to delivery of the Medication Assisted Treatment (MAT)

standards and the positive impact public health colleagues have in this area of work. The committee noted the report and took significant assurance from the report.

- 2.3.8 The CGC noted the suicide review and prevention annual report. The Creating Hope award scheme was launched last year promoting good mental health and raising understanding of suicide and its prevention. There has also been an increased participation of applied suicide intervention skills training. The committee noted that a suicide surveillance system has been introduced, as well as post-suicide support for bereaved through bereavement training. It was also highlighted that historical data is currently being analysed to identify patterns and trends. The CGC took moderate assurance from the paper and commended the team for their work in this area.
- 2.3.9 The CGC received the Blood Transfusion annual update. A haematology consultant was appointed in September 2024. There has also been improvement in mandatory Blood Transfusion training across all staff groups. It was also highlighted to the committee that the transfusion team meetings are now being attended well and taking place regularly with inclusion of a Haematologist from Lothian. Improved external governance was also noted. The committee acknowledged that the Scottish National Blood Transfusion Service (SNBTS) guidelines are being met more timely, and that the infected blood inquiry recommendations are also being met. Access to blood transfusion practitioners remains limited, and national consultation relating to this is ongoing. Issues were highlighted in the laboratory relating to the resources impacted by the introduction of the laboratory information system. There were concerns about the impacts of LIMs on the laboratories team's capacity to delivery their wider work programme. It was highlighted by Dr Lynn McCallum, Medical Director, that the ability to run safe transfusion processes has a major effect on all services that rely on access to blood transfusion, and to note that if this service does not function it will mean that the acute services will not be able to function. The committee noted the report and took moderate assurance from the report.
- 2.3.10 The CGC considered the Maternity Services and Severe Maternal Morbidity annual update. Concerns were raised regarding current vulnerabilities in the medical consultant workforce, an option appraisal is being considered and the CGC want to be appraised of the options recognising the vulnerability of this service. It was highlighted a national programme of maternity inspections has been announced so NHS Borders will expect to receive an inspection in the year ahead. The committee acknowledged the internal improvement programme set out by the Head of Midwifery and the focussed work on tracing and recognition of deterioration. An improvement focus had been planned relating to Post Partum Haemorrhage but has been slightly delayed due to the pressures detailed in the medical workforce. An audit is underway of Cardiotocography (CTG), an update on the actions from this will be reported back to the CGC. It was acknowledged that the Baby Friendly Initiative Gold award has been sustained and that there has been an increase in breast feeding rates. The team were commended for their work in these areas. The committee agreed a position of limited assurance specifically relating to the vulnerability in the medical workforce and the availability of workforce across the country to mitigate this issue.
- 2.3.11 The CGC received the Patient Feedback annual report. A reduction in the number of complaints seen in the last 6 months was highlighted. PCS requested a thematic review into their complaints be considered in 2025. One main theme of complaints raised was the timeliness of access to elective treatment, this was noted by the CGC.

The committee agreed a position of moderate assurance recognising the work underway to reduce response times.

2.3.12 Patient Safety and Care Assurance

2.3.13 Adverse Events:

Figure 1 shows all NHS Borders reported adverse events for the period January 2018 to October 2024. All events graded as major and extreme are reviewed through the Significant Adverse Event Review (SAER) process to ensure all opportunities are taken to identify learning. Each individual case has a specific improvement plan where learning is identified and where themes and trends are identified they are referred to the appropriate topic group working under the proactive patient safety programme.

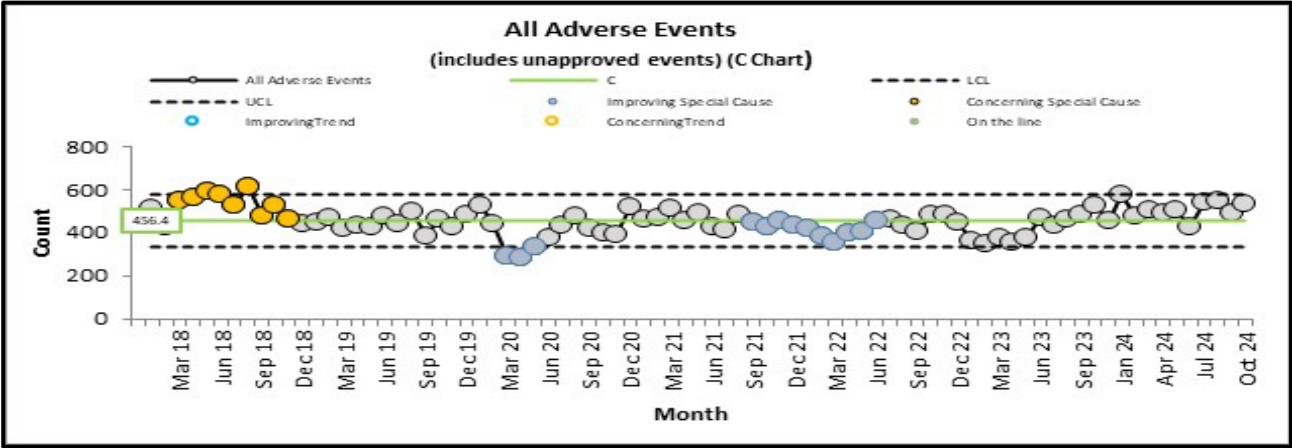


Figure 1: Adverse Events (NHS Borders)

2.3.14 The Patient Safety Team provides representation at the Clinical Management Team (CMT) meetings / Task and Finish Groups for all services for assurance purposes that the learning and improvement plans compiled from SAERs are completed accordingly. The team are looking at opportunities to strengthen the way in which learning from SAERs is shared across teams and the wider organisation, with an aim to promote a positive safety culture.

2.3.15 Deteriorating Patient:

Figure 2 shows normal variation in the cardiac arrest (CA) rate per 1000 discharges in the adult in-patient areas (excluding the Intensive Therapy Unit and Emergency Department) of the Borders General Hospital (BGH):

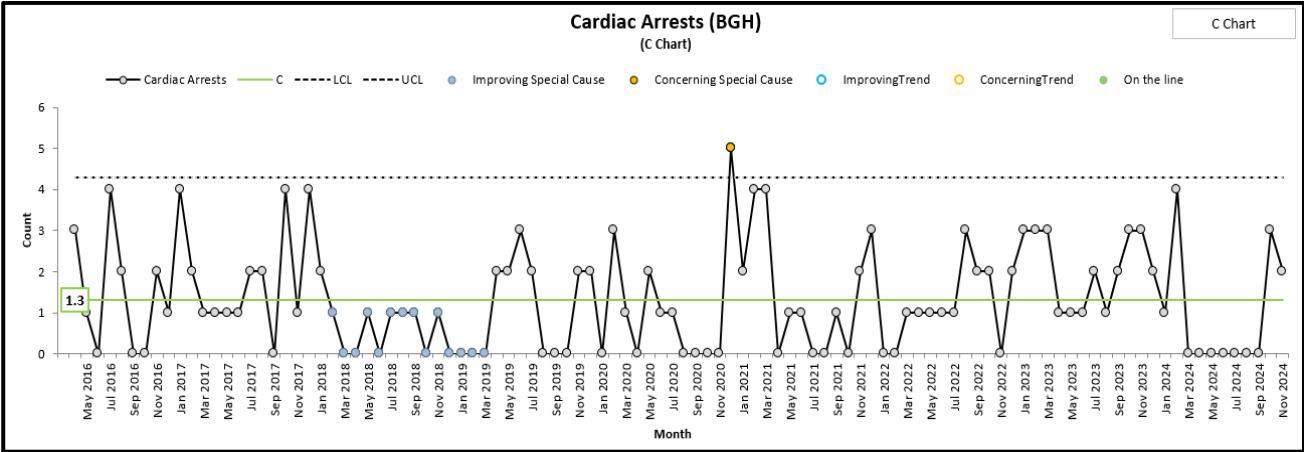




Figure 2: Cardiac Arrest Rate per 1000 Discharges (BGH)

2.3.16 NHS Borders has both an acute and community deteriorating patient group to ensure there are robust systems and processes for recognition and response to the deteriorating patient and supporting educational programmes. The group are currently working to refresh the Clinical Observation Policy and format of the National Early Warning Score 2 (NEWS2) documentation using feedback from key clinical stakeholders.

2.3.17 A deteriorating patient escalation board is being tested in Ward 5, initiated by the SCN. The board aims to signpost staff to the correct clinician during medical emergencies ensuring timely escalation. Learning from this testing will inform the visual management approach to be rolled out across other inpatient areas.

### 2.3.18 Falls:

Figure 3 shows the falls rate per 1000 occupied bed days across NHS Borders adult inpatient areas, showing normal variation. The NHS Borders falls rate sits above the average for NHS Scotland which is not case mix adjusted for age and case mix:

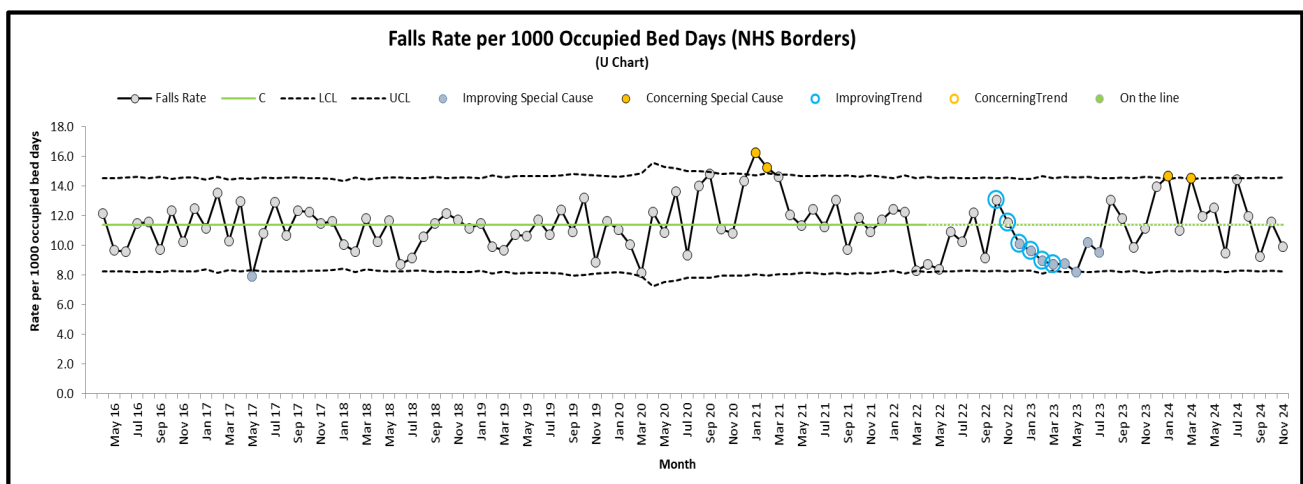


Figure 3: Falls Rate per 1000 OBD (NHS Borders)

2.3.19 The Patient Safety Quality Improvement Facilitator for Falls continues to test the adapted Daily Care Plan (DCP) from NHS Highland in the Medical Assessment Unit (MAU) using quality improvement methodology. The DCP has been integrated into daily routines, with ongoing training and feedback to ensure staff are confident in its use. The project is being monitored to assess impact on staff workload and patient outcomes which will be used to consider potential roll out to other inpatient areas.

### 2.3.20 Pressure Damage:

Figure 4 shows normal variation of developed pressure ulcers Grade 2 and above per 1000 occupied bed days across NHS Borders adult inpatient areas:

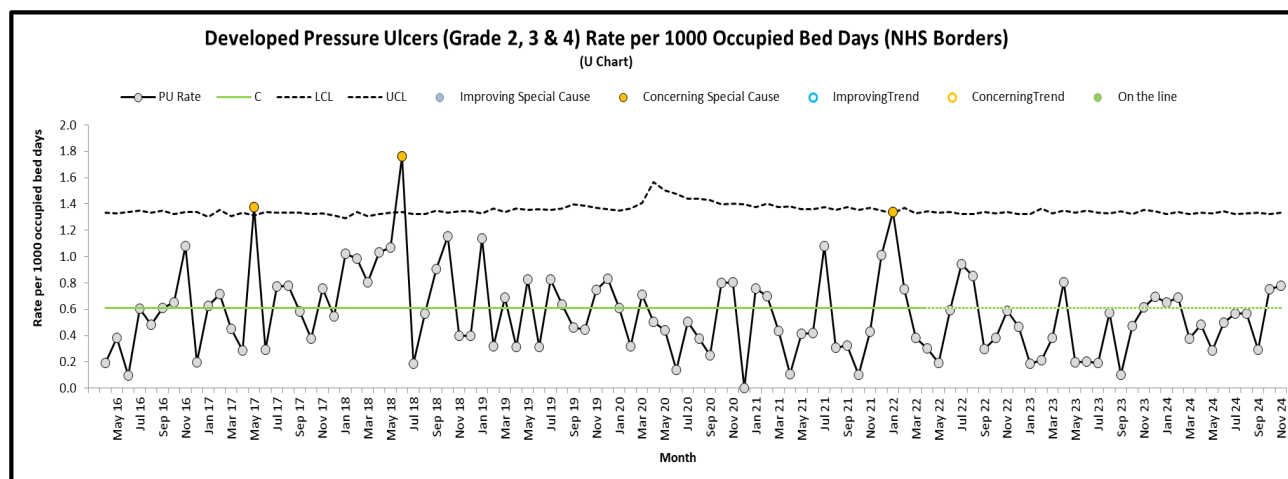


Figure 4: Pressure Ulcer Rate per 1000 OBD (NHS Borders)

2.3.21 The Patient Safety Team are exploring a validation exercise of reported Suspected Deep Tissue Injury. The validation process would follow the learning shared through the Scottish Patient Safety Programme based on learning shared with other NHS Boards from work undertaken in NHS Greater Glasgow and Clyde. If events have resolved after 2 weeks of the original report then it would be appropriate to downgrade the event, acknowledging that the initial concerns were valid but has since been resolved. This approach maintains a record of the event for future reference and ensures transparency in reporting and validation processes. All grade 3 and above pressures injuries are reviewed under the adverse event management policy to ensure learning is identified and used to inform practice development.

### 2.3.22 Quality of Care Reviews:

Since the launch of the Quality of Care Review (QoC) and Care Assurance Visit (CAV) Guidance from Excellence in Care (EiC) in September 2024 NHS Borders have been carrying out testing of the approach.

2.3.23 In October 2024, a full QoC review was commissioned in Ward 14. Areas of good practice were identified and areas for improvement were captured in a Learning and Improvement Plan shared with the clinical team and CMTs for oversight and monitoring. The Improvement Plan will be referred to at each CAV to provide assurance that actions are being met and evidenced. The Associate Director of Nursing for Acute Services and Lead Nurse for Patient Safety and Care Assurance are scheduled to attend the CAV in April 2025, 6 months after the QoC review to observe improvements.

2.3.24 Within acute inpatient areas, Clinical Nurse Managers (CNM) and SCN's have been asked to meet monthly to complete a CAV, during which at least 2 elements of the EiC framework should be reviewed with Learning and Improvement Plans developed. Following each CAV a summary should then be completed and discussed at the appropriate CMT.

2.3.25 The Lead Nurse for Patient Safety and Care Assurance and the Clinical Nurse Manager for Community Hospitals are scheduled to meet on the 5 February 2025 to perform an assisted CAV in Kelso Community Hospital, providing support with the implementation of the guidance.



2.3.26 Within Mental Health inpatient areas, the Clinical Nurse Manager has scheduled a meeting in January 2025 with the Lead Nurse for Patient Safety and Care Assurance and all SCN's to discuss implementation.

2.3.27 The Lead Nurse for Patient Safety and Care Assurance has regular coaching calls with EiC colleagues and is participating in an interview which will promote shared learning and understanding of how the guidance is influencing practice. The learning from a three month test period is being used to prepare a summary report for consideration of how the QoC review approach can be embedded within the existing care assurance system.

## 2.3.28 Patient Experience

### 2.3.29 Care Opinion

For the period 1 April 2024 to 31 December 2024, 151 new stories were posted about NHS Borders on Care Opinion. Figures 5 and 6 below show the number of stories told in that period. As of 8 January 2025 these 151 stories had been viewed 19,930 times:

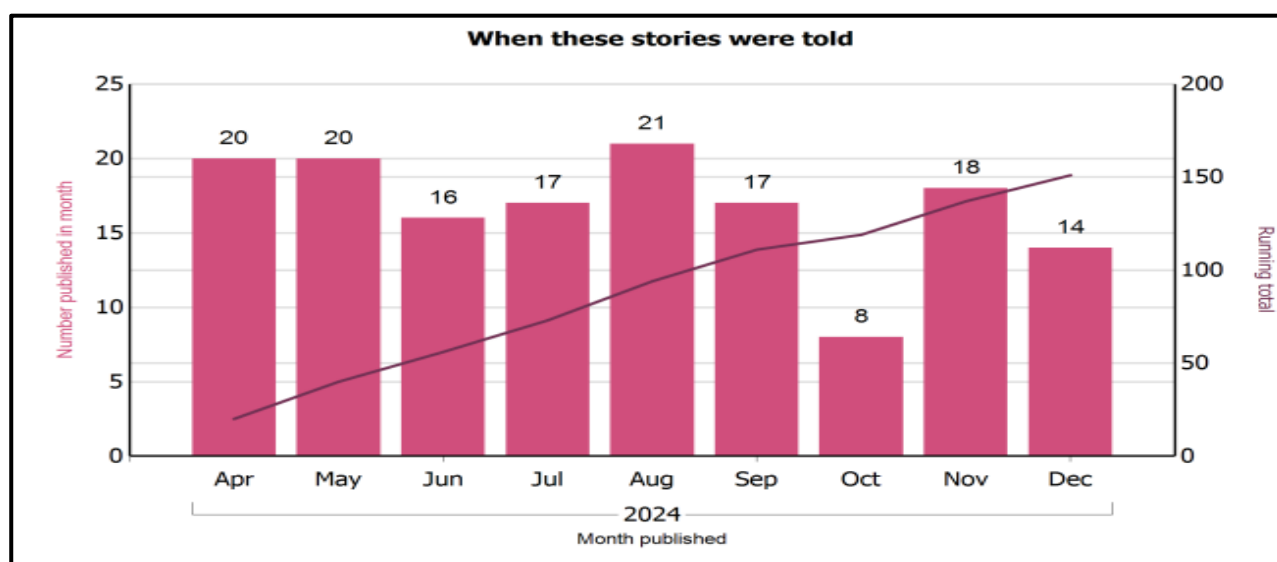


Figure 5: Number of stories told per month from April 2024 – December 2024

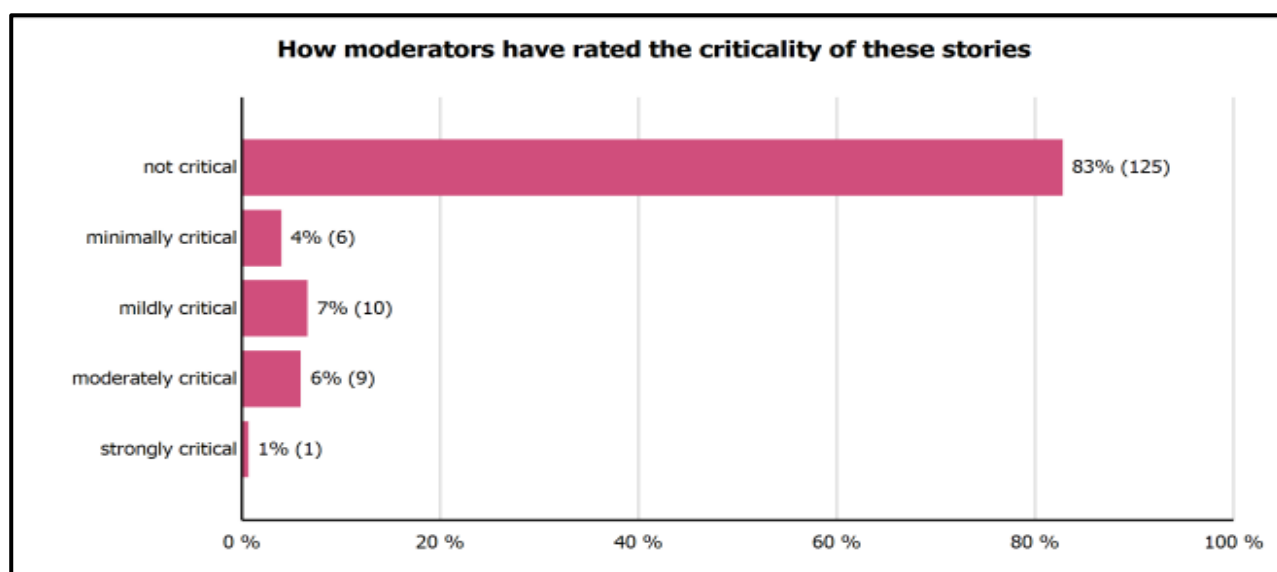


Figure 6 – Criticality of Stories posted between April 2024 – December 2024,

**2.3.30** The word clouds below summarise ‘what was good’ and ‘what could be improved’ as detailed in Care Opinion posts for this period:

## What was good



### What could be improved:



### 2.3.31 Complaints

Figure 7 shows the number of formal complaints received by month. In the last six months complaints numbers have returned to pre-pandemic levels following a two year period of elevated demand. During this period the average waiting time for complaints responses increased to around 40 days. This was communicated to on acknowledgement of new complaints. The Patient Experience Team (PET) have been working to bring down the backlog of complaints to within normal workload levels and response times:

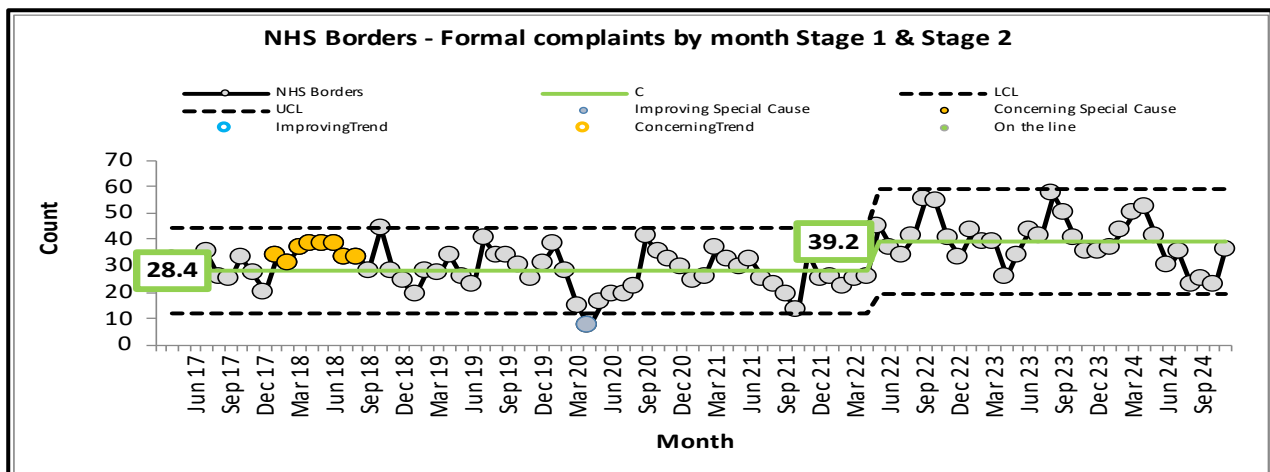


Figure 7 Complaints by month

2.3.32 The additional scrutiny provided by the involvement of the Scottish Public Services Ombudsman (SPSO) is welcomed by NHS Borders as this gives a further opportunity to improve both patient care and our complaint handling. Figure 8 shows complaint referrals to the SPSO to November 2024:

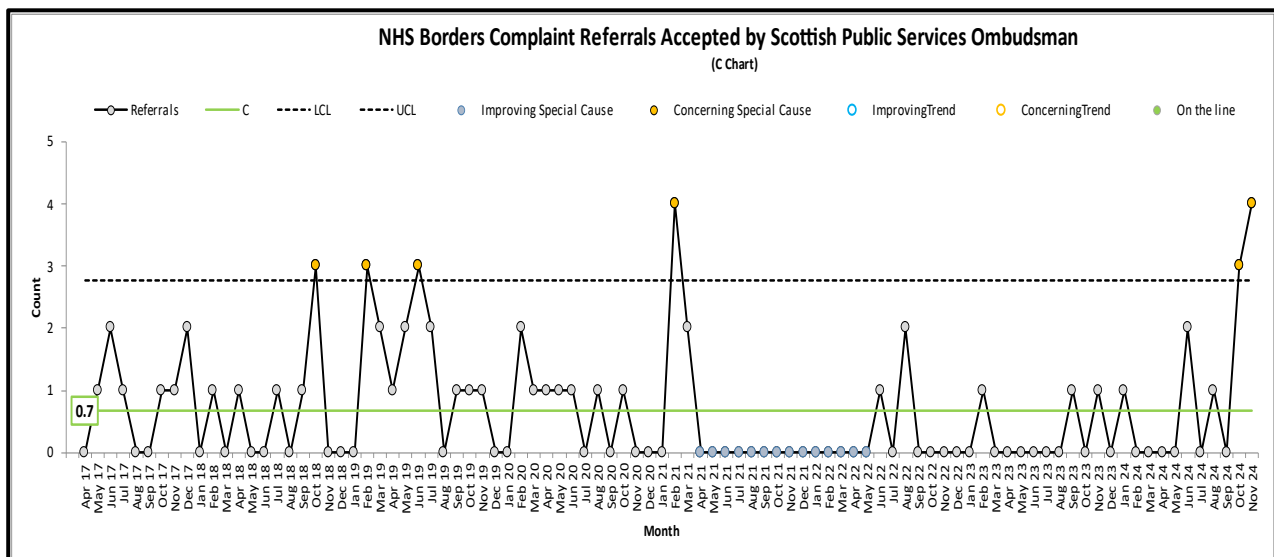


Figure 8 SPSO referrals accepted

### 2.3.33 COVID Inquiries update

NHS Borders continue to participate in the Scottish Covid-19 Inquiry along with all other Boards in NHS Scotland. The Inquiry will hold hearings investigating the impact of COVID-19 in Scotland on the following themes:

- Justice, from 18 to 28 February 2025
- Worship and Life Events, from 29 April to 2 May 2025
- Equalities and Human Rights, from 10 to 20 June 2025

The Inquiry may hold further impact hearings in June 2025

All hearings will be broadcast on the Scottish Covid-19 Inquiry's YouTube channel:

<https://www.youtube.com/@covidinquirysco>.

2.3.34 NHS Borders also participate in the UK Covid-19 Inquiry along with all other Boards in NHS Scotland. The UK Inquiry commenced hearings for Module 4 examining vaccines, therapeutics, and anti-viral treatment across the UK on 14 January 2025. Module 4 hearings are scheduled to finish on 31 January 2025. Hearings for Module 5 Procurement are due to commence on 3 March 2025.

**2.3.35** The Chair of the UK Inquiry aims to conclude public hearings in 2026. For each investigation, the Inquiry will produce a report and set of recommendations, which will be published after evidence has concluded. It is planned that the Inquiry's second report, focused on core UK decision-making and political governance (Module 2) will be published in Autumn 2025.

### **2.3.36 Quality/ Patient Care**

Services continue to recover and respond to significant demand with heightened workforce pressure across health and social care. This has required adjustment to core services and non-urgent and routine care. The ongoing unscheduled demand and delays in flow across the system remain an area of concern with concerted efforts underway to reduce risk in this area.

### **2.3.37 Workforce**

Service and activities are being provided within agreed resources and staffing parameters, with additional resources being deployed to support the recovery of waiting times and urgent and unscheduled flow across health and social care. Key workforce pressures have required the use of bank, agency and locum staff groups and further exploration of extended roles for the multi-disciplinary team. Mutual aid has also been explored for a few critical specialties where workforce constraints are beyond those manageable locally. There has been some progress locally in reducing gaps in the registered nursing workforce and positive levels of international recruitment. There continues to be an outstanding response from staff in their effort to sustain and rebuild local services. Whilst many services have recovered there are still a number of services which continue to feel the strain of workforce challenges and this needs to remain an area of constant focus for the Board.

### **2.3.38 Financial**

Service and activities are being provided within agreed resources and staffing parameters, with additional resources being deployed to support the recovery of waiting times and urgent and unscheduled flow across health and social care. As outlined in the report the requirement to step down services to prioritise urgent and emergency care has introduced waiting times within a range of services which will require a prolonged recovery plan. This pressure is likely to be compounding by the growing financial pressure across NHS Scotland.

### **2.3.39 Risk Assessment/Management**

Each clinical board is monitoring clinical risk associated with the recovery of elective waiting times and pressure on urgent and unscheduled care services. The NHS Borders risk profile has increased as a result of the extreme pressures across Health and Social Care services.

### **2.3.40 Equality and Diversity, including health inequalities**

An equality impact assessment has not been undertaken for the purposes of this awareness report.

### **2.3.41 Climate Change**

No additional points to note.

### **2.3.42 Other impacts**

No additional points to note.

### 2.3.43 Communication, involvement, engagement and consultation

This paper is for awareness and assurance purposes and has not followed any consultation or engagement process.

### 2.3.44 Route to the Meeting

The content of this paper is reported to Clinical Board Clinical Governance Groups and Board Clinical Governance Committee.

## 2.4 Recommendation

The Board is asked to **note** the report.

The Board will be asked to confirm the level of assurance it has received from this report, based on the level of assurance taken at the clinical governance committee overall a level of **limited assurance** is proposed to the Board.

## 3 Glossary

Clinical Governance Committee (CGC)  
 Integrated Joint Board (IJB)  
 Senior Charge Nurse (SCN)  
 Primary and Community Services (PCS)  
 Allied health Professional (AHP)  
 Medication Assisted Treatment (MAT)  
 Scottish National Blood Transfusion Service (SNBTS)  
 Cardiotocography (CTG)  
 Significant Adverse Event Review (SAER)  
 Cardiac Arrest (CA)  
 Borders General Hospital (BGH)  
 Clinical Management Teams (CMT)  
 Daily Care Plan (DCP)  
 Medical Assessment Unit (MAU)  
 National Early Warning Score (NEWS2)  
 Quality of Care (QoC)  
 Care Assurance Visits (CAV)  
 Excellence in Care (EiC)  
 Clinical Nurse Manager (CNM)  
 Patient Experience Team (PET)  
 Scottish Public Services Ombudsman (SPSO)

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>6 February 2025</b>
<b>Title:</b>	<b>Infection Prevention &amp; Control Report – February 2025</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sarah Horan, Director of Nursing, Midwifery &amp; AHPs</b>
<b>Report Author:</b>	<b>Sam Whiting, Infection Control Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Government policy/directive

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

- Safe

## 2 Report summary

### 2.1 Situation

This report provides an overview for NHS Borders Board of infection prevention and control with particular reference to the incidence of Healthcare Associated Infections (HAI) against Scottish Government targets.

### 2.2 Background

The format of this report is in accordance with Scottish Government requirements for reporting HAI to NHS Boards.

### 2.3 Assessment

# Healthcare Associated Infection Reporting Template (HAIRT)

## Section 1– Board Wide Issues

### 1. Key Healthcare Associated Infection Headlines

- ***Staphylococcus aureus* Bacteraemia (SAB)**

1.1 NHS Borders had a total of 26 *Staphylococcus aureus* bacteraemia (SAB) cases between April and November 2024, 13 of which were healthcare associated infections.

1.2 The Scottish Government previously set a target for each Board to achieve a 10% reduction in the healthcare associated SAB rate per 100,000 total occupied bed days (TOBDs) by the end of 2023/24 (using 2018/19 as the baseline). We are awaiting updated Scottish Government targets for 2024/25. Until then, we will continue to use our 2023/24 target which equates to no more than 20 healthcare associated SAB cases. We are on target to achieve this as shown in figure 1 below.

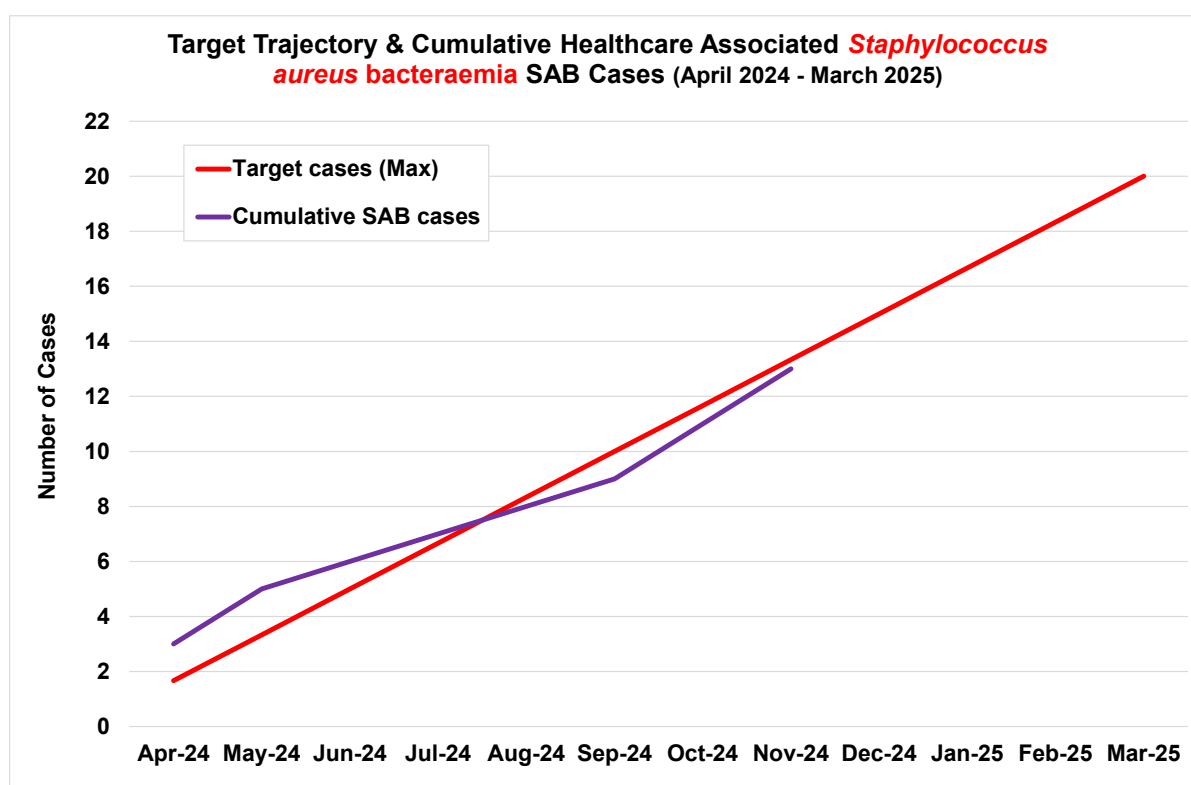


Figure 1: SAB Scottish Government target trajectory and cumulative NHS Borders healthcare associated SAB Cases

- ***Clostridioides difficile* Infection (CDI)**

1.3 NHS Borders had a total of 12 *C. difficile* Infection (CDI) cases between April and November 2024; 7 of which were healthcare associated infections.

1.4 As with SABs, the Scottish Government set a target for each Board to achieve a 10% reduction in the healthcare associated CDI rate per 100,000 total occupied bed days (TOBDs) by the end of 2023/24 (using 2018/19 as the baseline).

- 1.5 We are awaiting updated Scottish Government targets for 2024/25. Until then, we will continue to use our 2023/24 target which equates to no more than 12 healthcare associated CDI cases. We are currently on target to achieve this as shown in figure 2 below.

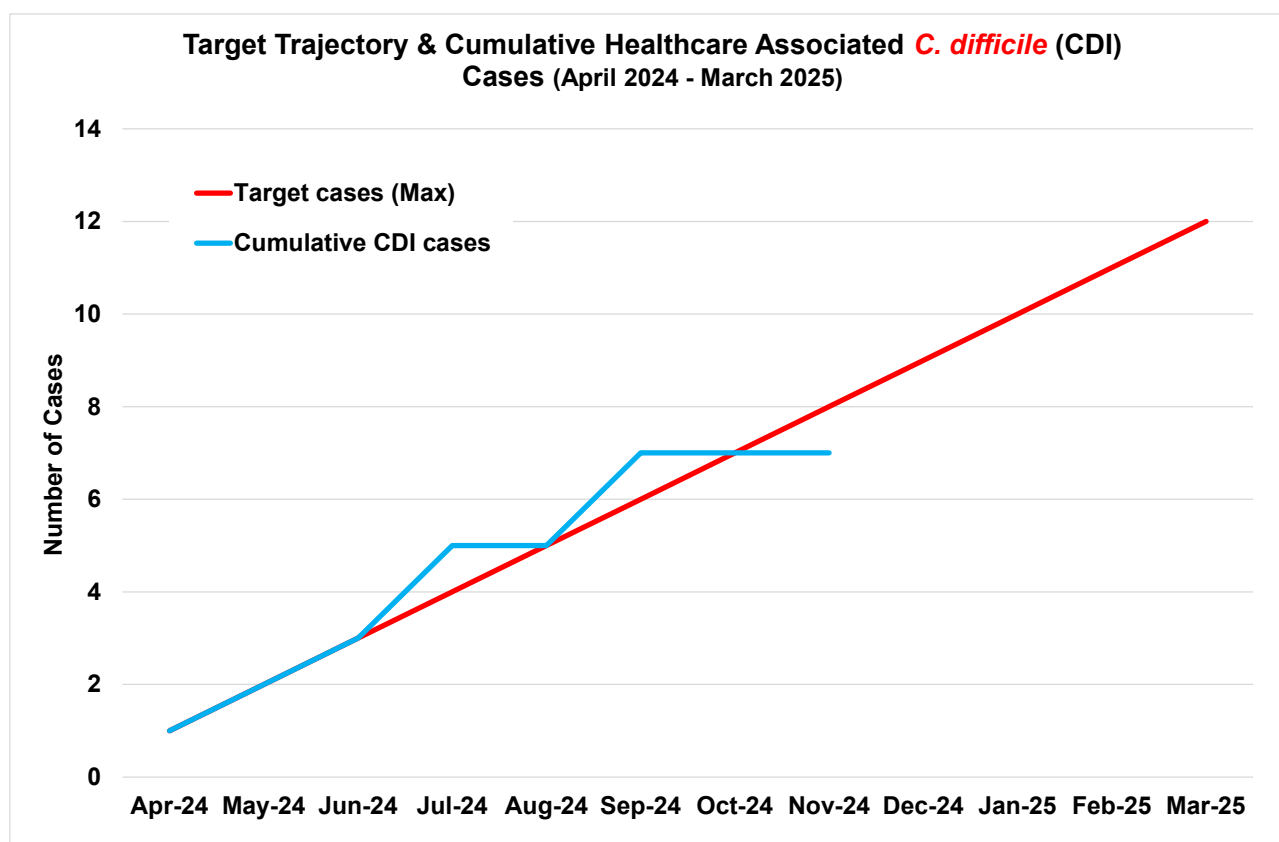


Figure 2: Scottish Government target trajectory and cumulative NHS Borders healthcare associated CDI cases

### • *Escherichia coli* bacteraemia (ECB)

- 1.6 NHS Borders had a total of 77 *Escherichia coli* bacteraemia (ECB) cases between April and October 2024; 31 of which were healthcare associated infections. Data for November is currently being reviewed and will be included in the next update paper.
- 1.7 The Scottish Government previously set a target for each Board to achieve a 25% reduction in the healthcare associated ECB rate per 100,000 total occupied bed days (TOBDs) by the end of 2023/24 (using 2018/19 as the baseline).
- 1.8 Our target for 2023/24 equated to no more than 32 healthcare associated ECB cases. We are awaiting updated Scottish Government targets for 2024/25. Until then, we will continue to use our 2023/24 target as illustrated in Figure 3 below. We are currently not on target to achieve this.
- 1.9 In Quarter 3 2024 (July – September) NHS Borders had a statistically significant increase in our Community Associated ECB rate. The reason for this is not known. Early indications are that in Quarter 4 2024 (October – December) our rate returned to normal variation.



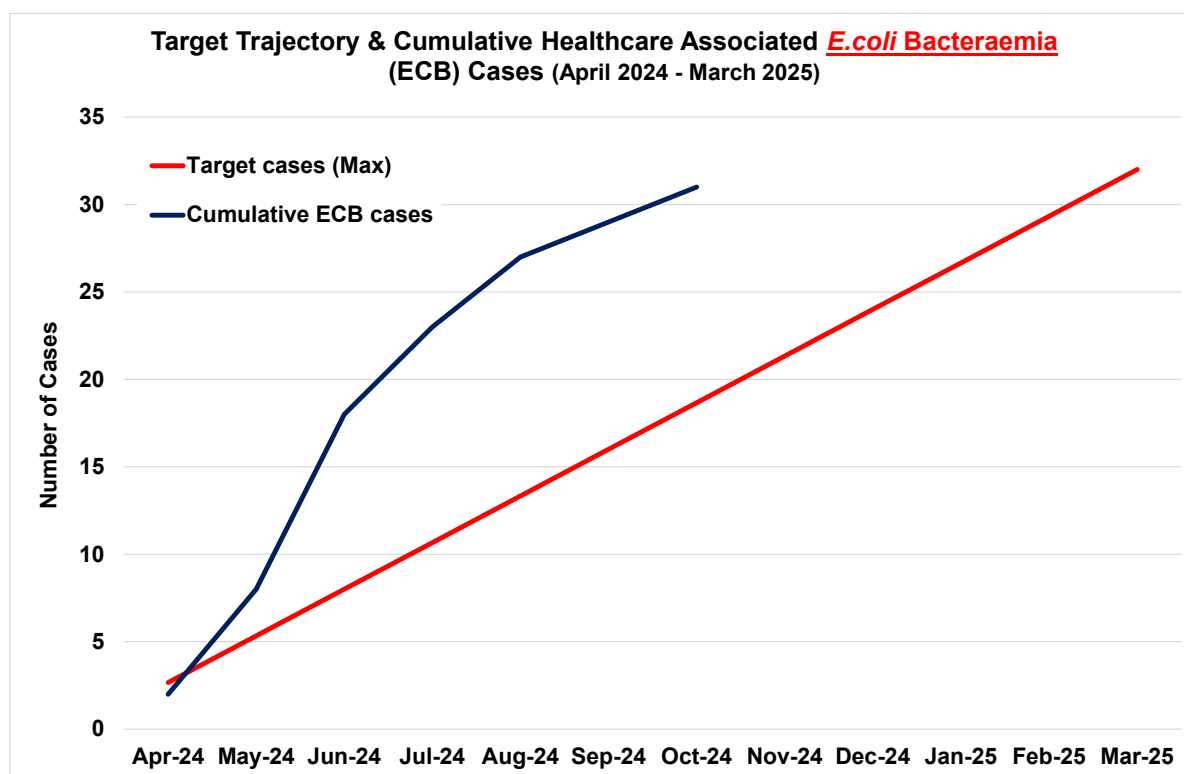


Figure 3: Scottish Government target trajectory and cumulative NHS Borders healthcare associated ECB Cases

## 2. Infection Surveillance

### • *Staphylococcus aureus* Bacteraemia (SAB) (Background information provided in Appendix A)

- 2.1 Between April and November 2024, there have been 25 cases of Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and 1 case of Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia.
- 2.2 Figure 4 shows a Statistical Process Control (SPC) chart showing the number of days between each healthcare associated SAB case. The reason for displaying the data in this type of chart is due to SAB cases being rare events with low numbers each month.
- 2.3 Traditional charts which show the number of cases per month can make it more difficult to spot either improvement or deterioration. These charts highlight any statistically significant events which are not part of the natural variation within our health system.
- 2.4 In interpreting Figure 4, it is important to remember that as this graph plots the number of days between infections, we are trying to achieve performance above the green average line.
- 2.5 The graph shows that there have been no statistically significant events since the last update.

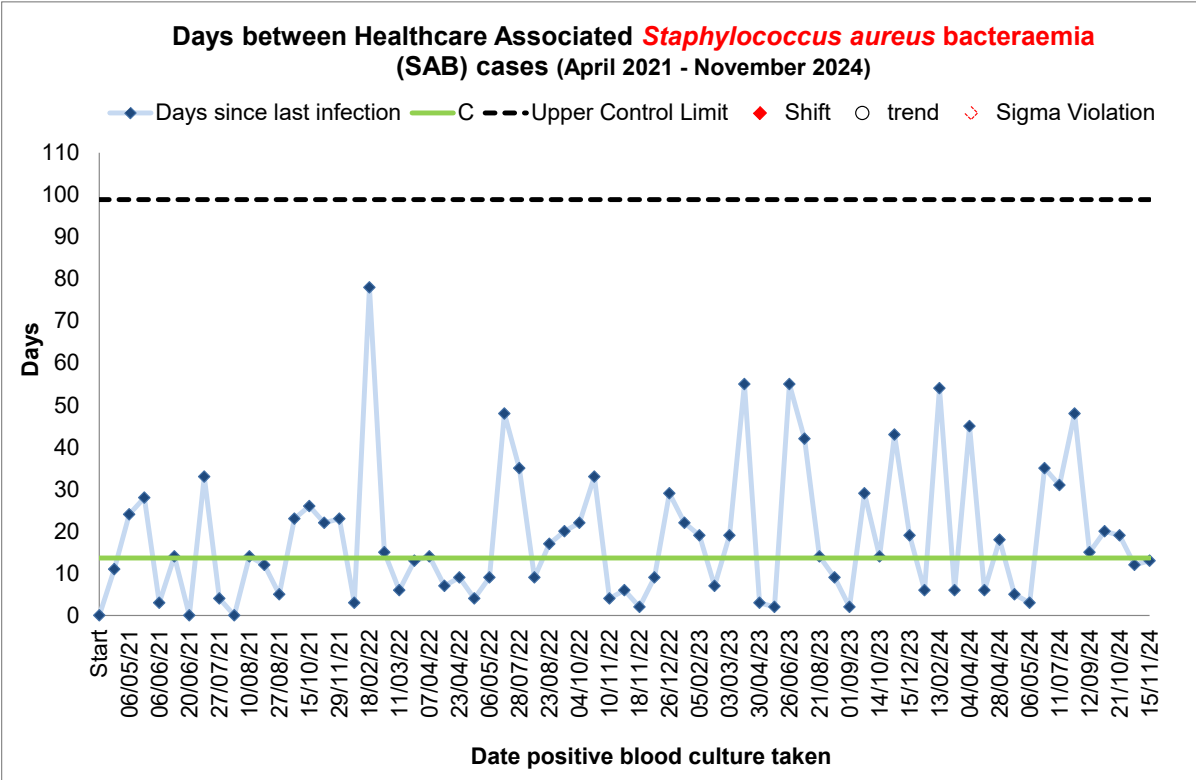


Figure 4: NHS Borders days between healthcare associated SAB cases

2.6 Over the last 2 years, the primary cause of preventable healthcare associated SAB cases has been Catheter Associated Urinary Tract Infection (CAUTI) as shown in Figure 5 below.

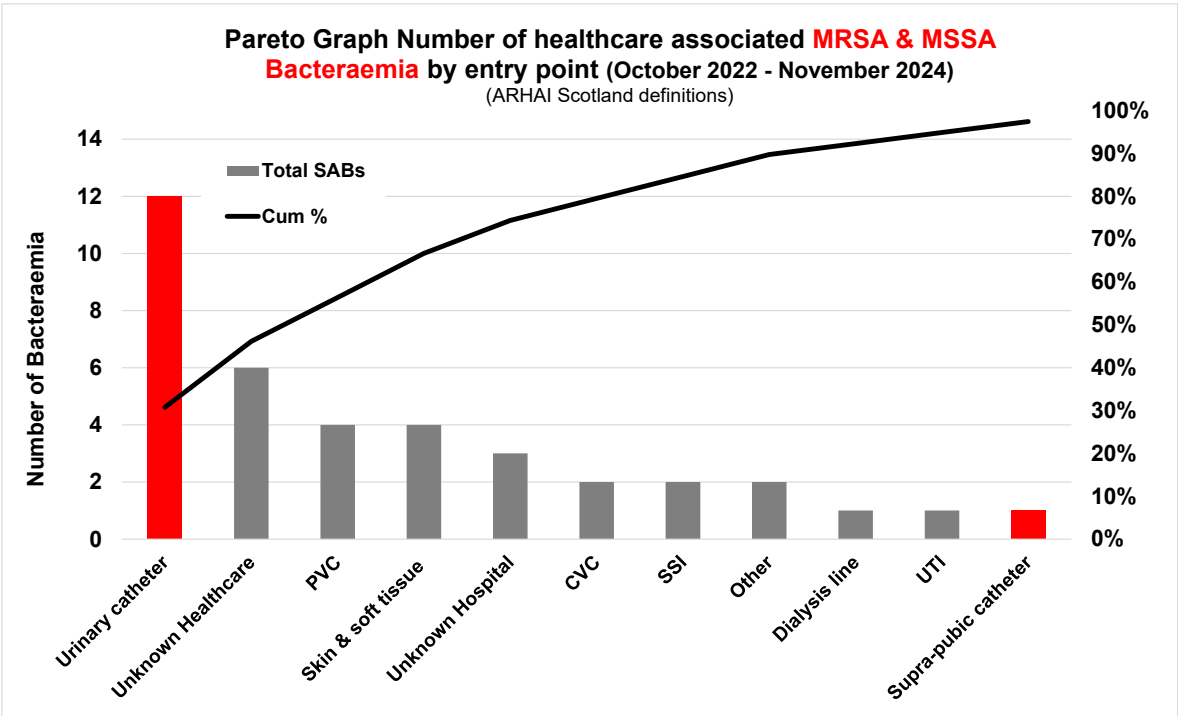
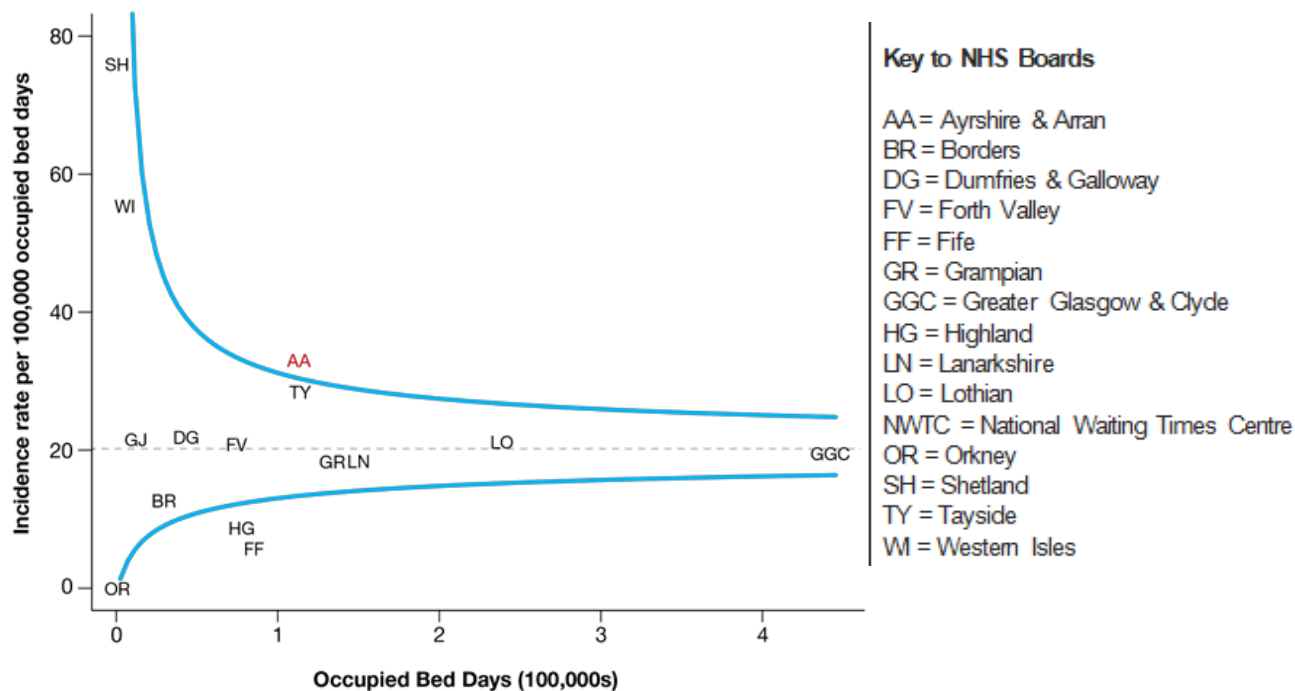


Figure 5: Pareto chart of NHS Borders healthcare associated SAB cases by entry point

2.7 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 6 below shows the most recently published data as a funnel plot of healthcare associated SAB cases as rates per 100,000 Total Occupied Bed Days

(TOBDs) for all NHS boards in Scotland in Quarter 3 2024 (July 2024 – September 2024).

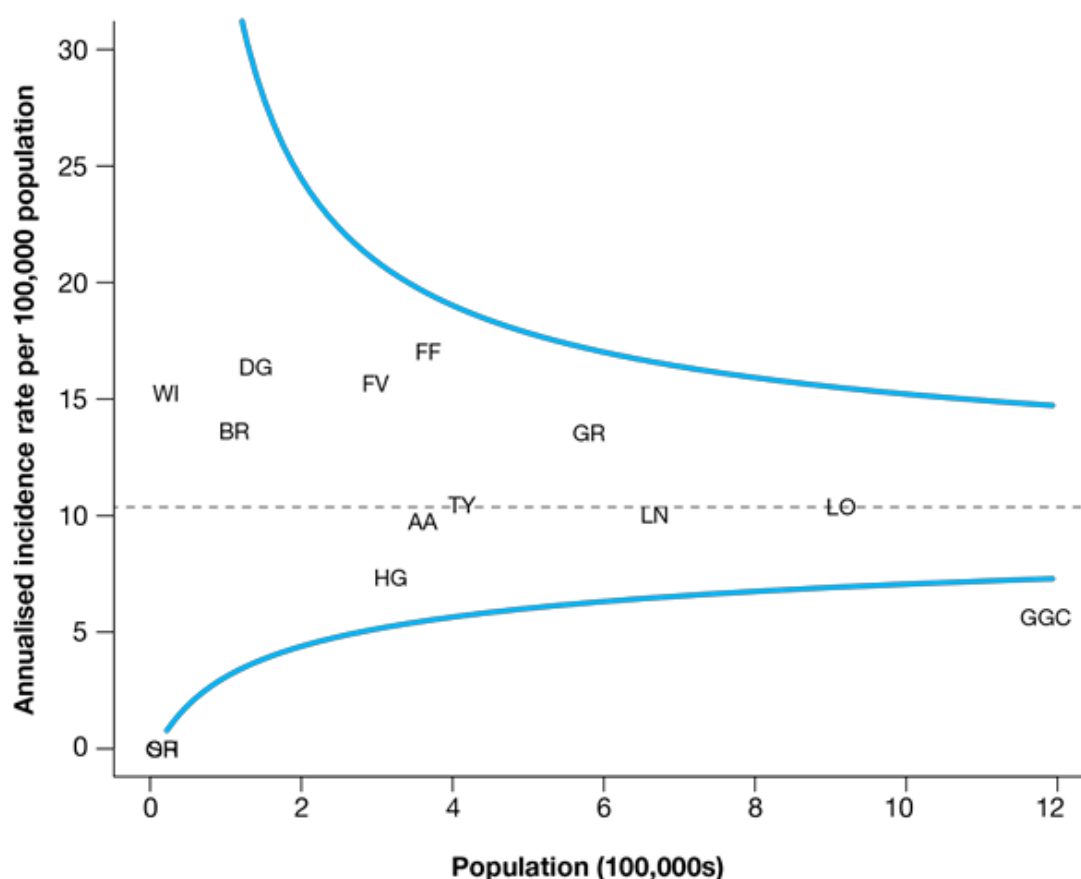
2.8 During this period, NHS Borders (BR) had a rate of 12.7 which was below the Scottish average rate of 20.2. We are not a statistical outlier from the rest of Scotland.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.
2. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 6: Funnel plot of SAB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS Boards in Scotland in Q3 2024

- 2.9 A funnel plot chart is designed to distinguish natural variation from statistically significant outliers. The funnel narrows on the right of the graph as the larger health Boards will have less fluctuation in their rates due to greater Total Occupied Bed Days.
- 2.10 Figure 6 shows that NHS Borders was within the blue funnel which means that we are not a statistical outlier.
- 2.11 Figure 7 below shows a funnel plot of community associated SAB cases as rates per 100,000 population for all NHS boards in Scotland in Q3 2024.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.
2. NHS Orkney and NHS Shetland overlap.
3. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 7: Funnel plot of SAB incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q3 2024

- 2.12 During this period NHS Borders (BR) had a rate of 13.6 per 100,000 population which was above the Scottish average rate of 10.4. It is worth noting that community acquired SAB cases had no healthcare intervention prior to the positive blood culture being taken. We are not a statistical outlier from the rest of Scotland.

### • *Clostridioides difficile* Infection (CDI)

- 2.13 NHS Borders had a total of 12 *C. difficile* Infection (CDI) cases between April and November 2024; 7 of which were healthcare associated infections.
- 2.14 Figure 8 below shows a Statistical Process Control (SPC) chart showing the number of days between each healthcare associated CDI case. As with SAB cases, the reason for displaying the data in this type of chart is due to CDI cases being rare events with low numbers each month.

2.15 The graph shows that there have been no statistically significant events since the last update.

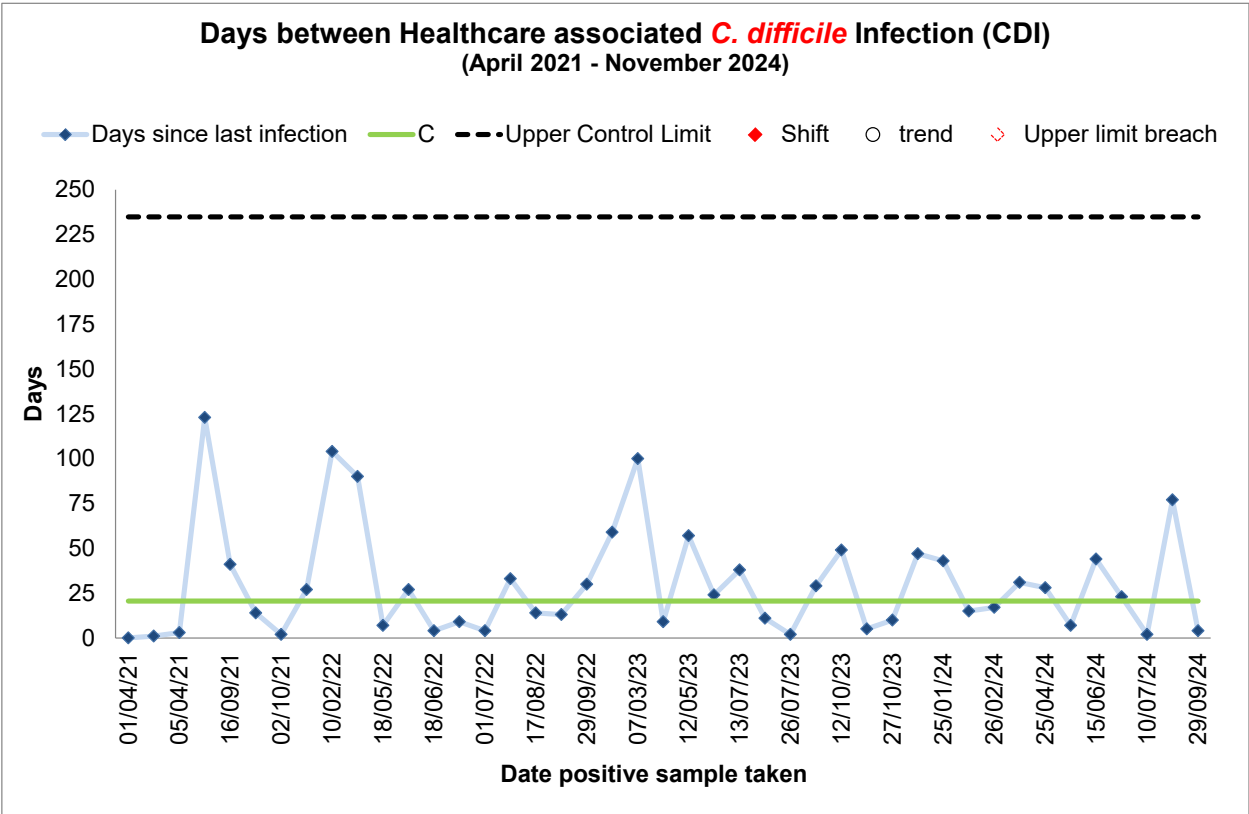
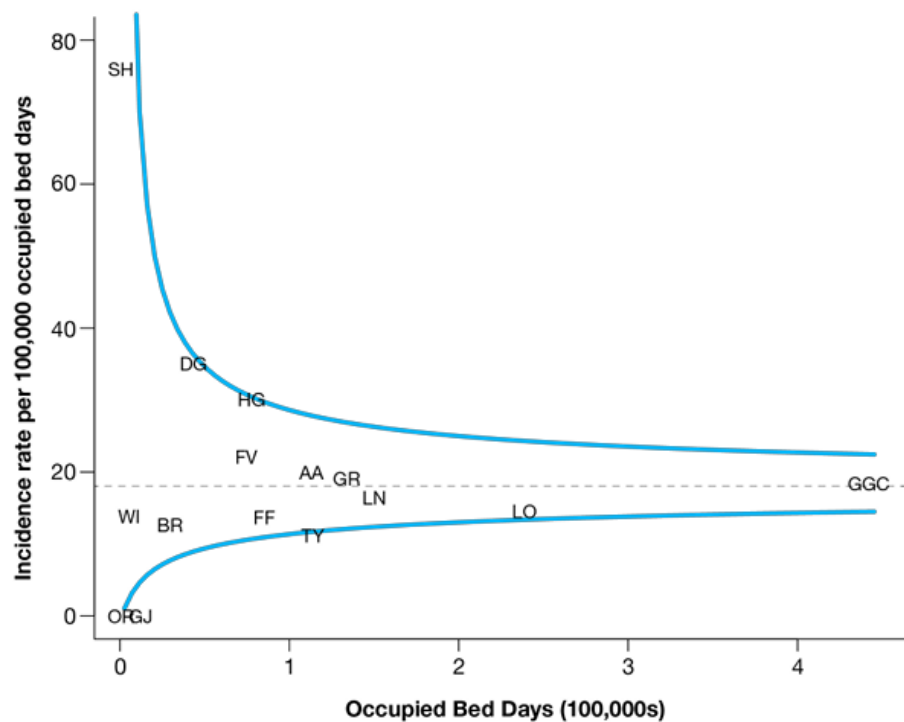


Figure 8: Days between healthcare associated CDI cases

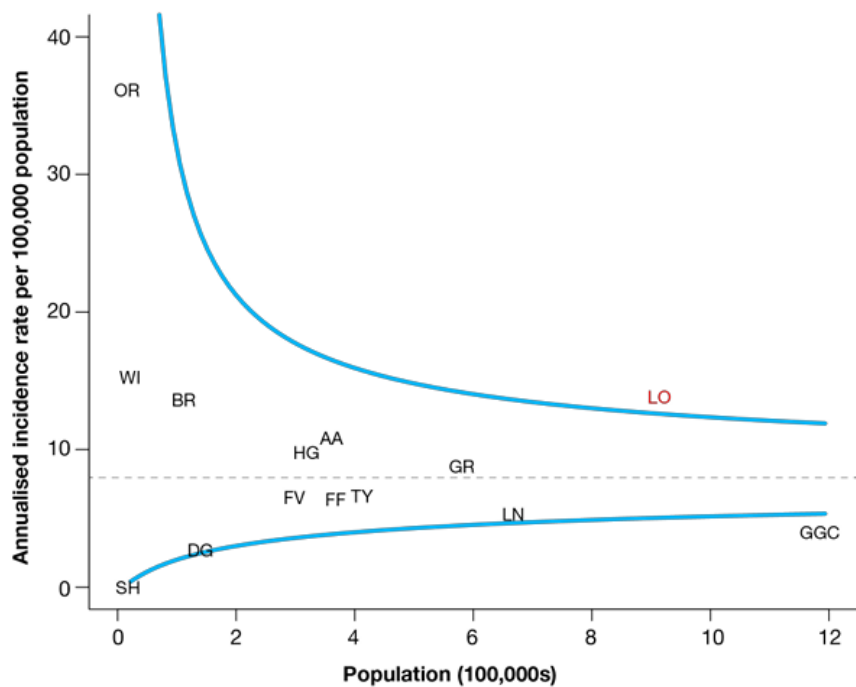
2.16 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 9 below shows a funnel plot of CDI incidence rates (per 100,000 TOBD) of healthcare associated infection cases for all NHS Boards in Scotland in Q3 2024. The graph shows that NHS Borders (BR) had a rate of 12.7 which was below the Scottish average rate of 18.0.

2.17 Figure 10 below shows a funnel plot of CDI incidence rates (per 100,000 population) of community associated infection cases for all NHS Boards in Scotland in Q3 2024. The graph shows that NHS Borders (BR) had a rate of 13.6 which was above the Scottish average rate of 8.0. We are not a statistical outlier from the rest of Scotland.



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.
2. NHS Orkney and NHS Golden Jubilee overlap.
3. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 9: Funnel plot of CDI incidence rates (per 100,000 TOBD) of healthcare associated infection cases for all NHS Boards in Scotland in Q3 2024



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.
2. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 10: Funnel plot of CDI incidence rates (per 100,000 population) in community associated infection cases for all NHS Boards in Scotland in Q3 2024

• ***Escherichia coli* bacteraemia (ECB)**

2.18 NHS Borders had a total of 77 *Escherichia coli* bacteraemia (ECB) cases between April and October 2024; 31 of which were healthcare associated infections. Data for November is currently being reviewed and will be included in the next update paper.

2.19 The primary cause of preventable healthcare associated ECB cases is Catheter Associated Urinary Tract Infection (CAUTI) as shown in Figure 11 below.

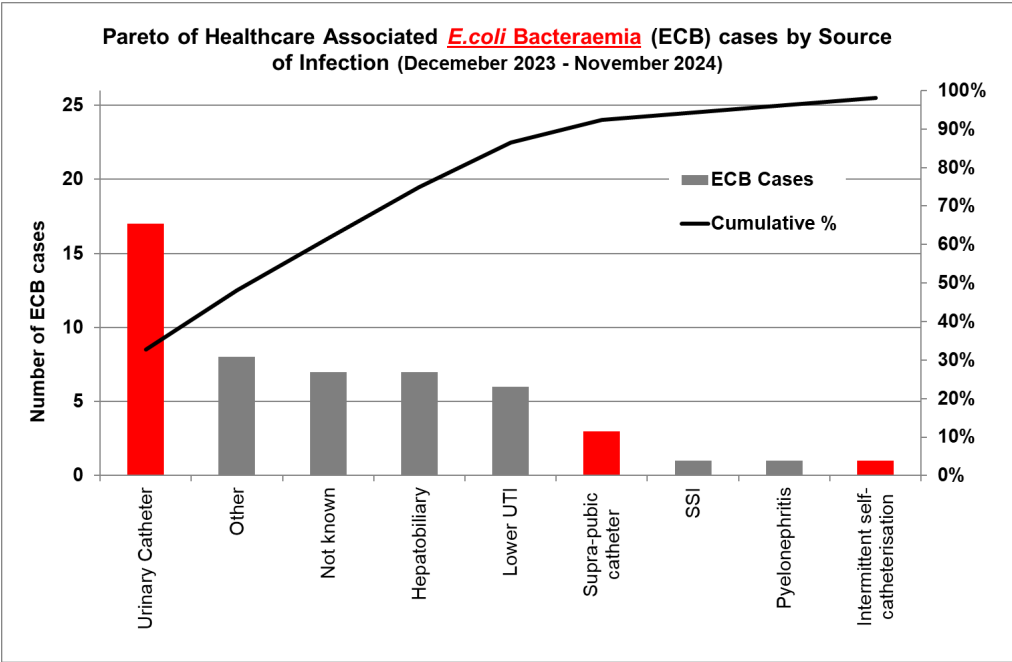


Figure 11: Pareto chart of healthcare associated ECB cases by source of infection

2.20 Figure 12 shows a statistical process chart of the total number of healthcare associated *E. coli* bacteraemia cases per month. The chart shows that there has not been a statistically significant increase in cases since the last update paper.

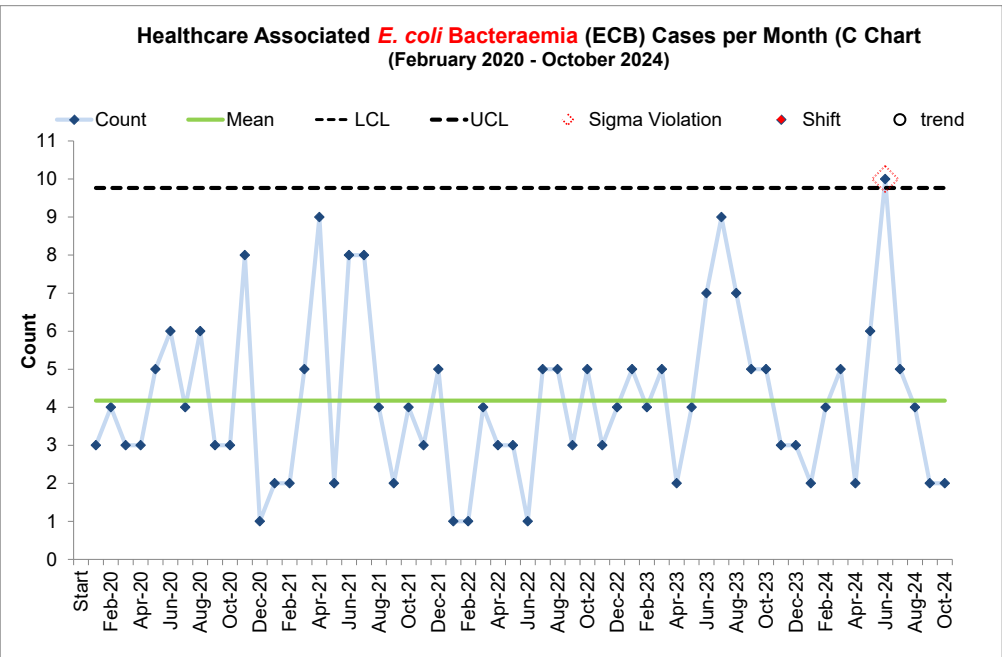
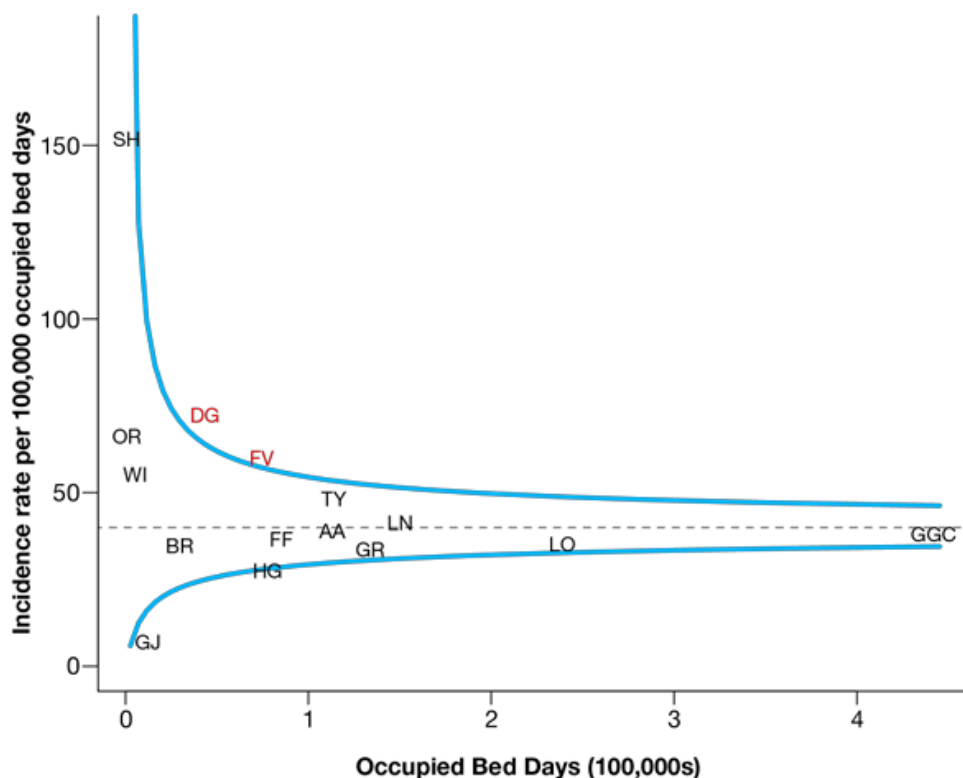


Figure 12: Statistical process chart (SPC) of healthcare associated *E. coli* bacteraemia cases per month

2.21 ARHAI Scotland produces quarterly reports showing infection rates for all Scottish Boards. Figure 13 below shows a funnel plot of healthcare associated ECB infection rates (per 100,000 TOBD) for all NHS Boards in Scotland in Q3 2024. NHS Borders (BR) had a rate of 34.9 for healthcare associated infection cases which was below the Scottish average rate of 39.9.



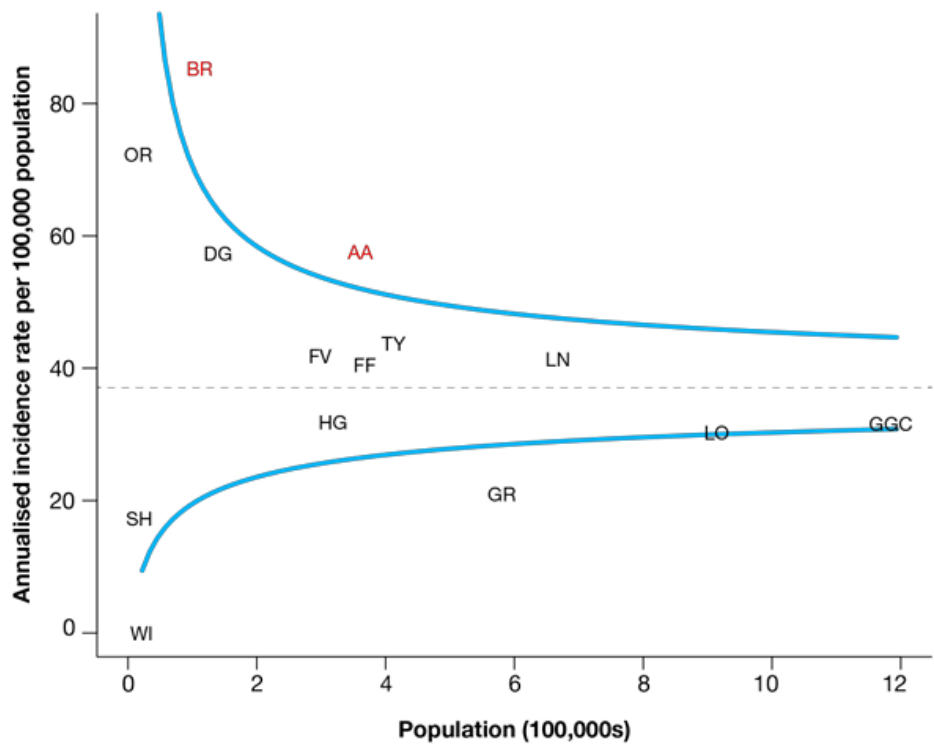
1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.
2. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 13: Funnel plot of healthcare associated ECB infection rates (per 100,000 TOBD) for all NHS Boards in Scotland in Q3 2024

2.22 Figure 14 below shows a funnel plot of community associated ECB infection rates (per 100,000 population) for all NHS Boards in Scotland in Q3 2024. NHS Borders (BR) had a rate of 85.3 for community associated infection cases which was above the Scottish average rate of 37.1 and we are a statistical outlier from the rest of Scotland. Figure 15 also shows that NHS Borders was above normal variation when analysing trends over the past three years.

2.23 The reason for the statistically significant increase in Quarter 3 2024 is not known. It is worth noting that community associated ECB cases, by definition, do not reside in a care home and had no healthcare intervention prior to the positive blood culture being taken. These infections do not relate to the care or services provided by NHS Borders.





- 1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & National Records of Scotland (NRS) mid-year population estimates.
- 2. NHS boards above the 95% confidence interval upper limit are highlighted in red.

Figure 14: Funnel plot of community associated ECB infection rates (per 100,000 population) for all NHS Boards in Scotland in Q3 2024

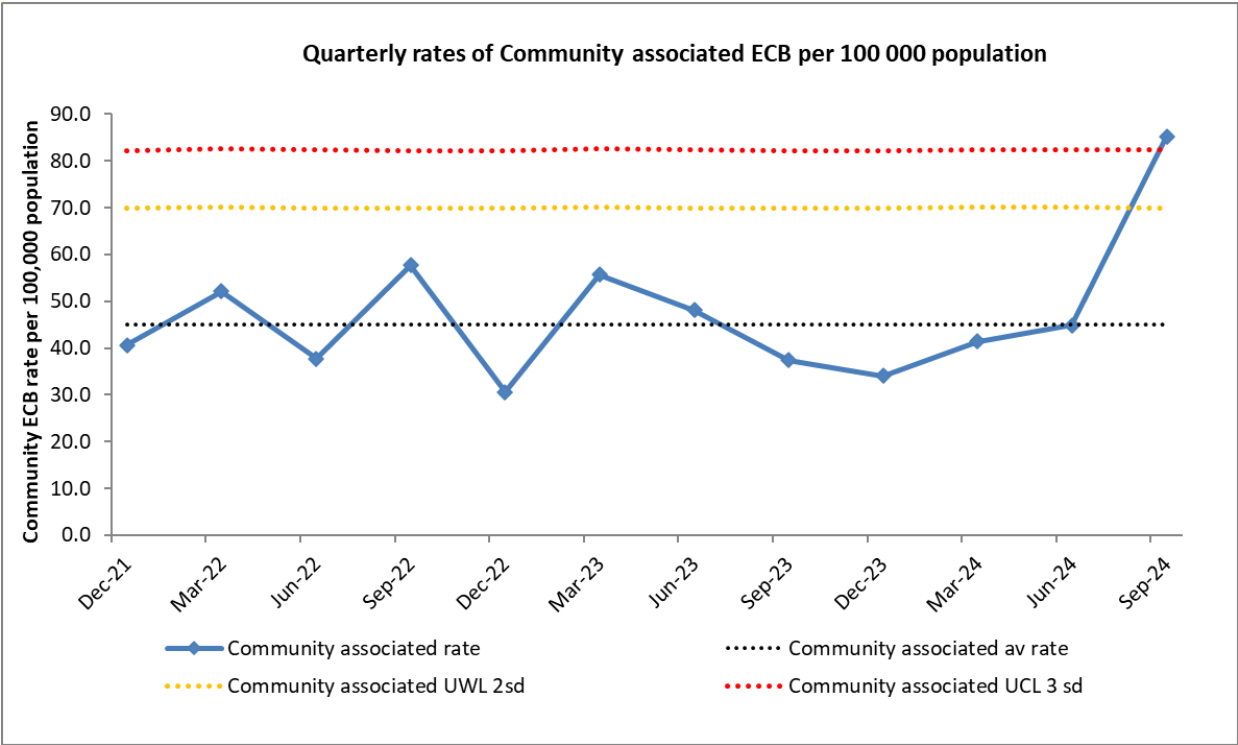


Figure 15: NHS Borders quarterly rates of community associated ECB per 100,000 population

2.24 The data was considered at the Infection Control Committee meeting in January 2025. The main causes of the ECB infections were hepatobiliary and lower urinary tract infection. Of the 25 ECB cases occurring in Quarter 3, 9 of the cases were in the TD9 postcode area but as the cases had no prior healthcare intervention, there is no known link between the cases. The lead Consultant in Health Protection East Region stated that age is a risk factor for these infections and that concern about the published data not being age standardised has been escalated to ARHAI Scotland.

2.25 Early indications are that for Quarter 4 (October to December 2024) our community associated ECB rate has returned to normal variation.

### • Surgical Site Infection (SSI) Surveillance

2.26 The post of HAI Surveillance Lead is currently vacant resulting in a backlog of data which is currently being reviewed. It is anticipated that updated SSI data will be available to be reported in the next update to the Clinical Governance Committee and Board meeting.

2.27 There has been no indication of a potential date for re-starting national SSI surveillance. The Infection Control Manager asked if other Boards undertaking SSI surveillance would be willing to share their data to enable comparison. Five Boards (including NHS Borders) have shared data which has enabled SSI average rates to be identified for comparison as detailed in the table below (01/01/24 – 30/06/24).

01/01/24 - 30/06/24	Hip arthroplasty			Knee arthroplasty			C-section		
	Total ops	Total SSIs	SSI rate	Total ops	Total SSIs	SSI rate	Total ops	Total SSIs	SSI rate
<b>NHS Borders</b>	86	4	4.7%	76	1	1.3%	213	4	1.9%
<b>NHS SCOTLAND (TOTAL FOR PARTICIPATING BOARDS)</b>	1422	15	<b>1.1%</b>	1253	11	<b>0.9%</b>	4294	64	<b>1.5%</b>

2.28 Although NHS Borders SSI rates were above the average rates, statistical analysis has confirmed that NHS Borders was not a statistical outlier.

2.29 A further update on the improvement activity being progressed by the Orthopaedic SSI Task and Finish Group is scheduled for the next meeting of the Infection Control Committee.

## 3. Incidents and Outbreaks

### • Respiratory outbreaks

3.1 Since the last Board meeting, there have been 10 respiratory clusters. A summary for each cluster as at 18<sup>th</sup> December 2024 is detailed in Appendix B.

3.2 Learning from each incident is captured and acted upon in real time where appropriate.

#### 4. Infection Control Compliance Monitoring Programme

- 4.1 In October and November 2024, spot checks were undertaken in 23 clinical areas. All areas except one achieved a Green RAG status with a score of 90% or higher. One area achieved an Amber status and was subsequently re-inspected in January and achieved a green status.
- 4.2 In October and November 2024, full infection control audits were undertaken in 4 areas with each achieving a Green RAG status with a score 90% or higher.
- 4.3 From the audits and spot check completed over the last 12 months the following themes have been identified and will be incorporated in forthcoming education during 2025:
- Hand hygiene and correct use of personal protective equipment (PPE)
  - Management of care equipment including:
    - Staff knowledge of Tristel Fuse
    - Use of Decontamination Certificate
    - Contaminated commodes and mattresses
    - High dust
    - Completion of cleaning records

#### 5. Internal Audit

5.1 Internal Audit has completed a review of Infection Prevention and Control with a final report published in December 2024.

5.2 The review was focussed on the following risks:-

- NHS Borders staff are not aware of and compliant with the actions contained within the National Infection Prevention and Control Manual for NHS Scotland.
- The Clinical services cannot evidence the actions undertaken to improve and maintain hand hygiene compliance to address recurrent poor compliance in hand hygiene audits.
- NHS Borders does not have appropriate governance arrangements in place to ensure the Board is sufficiently sighted on the compliance with Standard Infection Control Precautions and the progress made against areas of non-compliance, and the timely escalation of slippage in activity or performance.

5.3 The outcome of the audit was *partial assurance with improvement required*. The detailed findings along with the management action plan are provided in Appendix C.

## 6. Quality Improvement Update

### • Hand Hygiene

6.1 Hand hygiene audits were undertaken in 10 areas during October and November 2024 with an overall compliance of 64%. The table below shows compliance by staff group.

Staff Group	Opportunities Observed	Opportunities Taken	Overall Compliance by Staff Group
Nursing	149	94	63%
Medical	44	29	66%
AHP	9	5	56%
General Services / Portering	23	17	74%
Overall Compliance	225	145	<b>64%</b>

6.2 Four locations which previously had the poorest compliance were offered Quality Improvement support. The HAI Quality Improvement Facilitator has met with each of the Senior Change Nurses in those areas to commence an improvement journey focussed on hand hygiene. Two of these areas have shown improvement in the most recent audits. A further area has been approached following these audits to commence improvement in relation to hand hygiene.

6.3 Each of these areas has been provided with a data summary to share with staff and to support discussion to generate improvement ideas. Ongoing collaboration between the Infection Prevention & Control Team (IPCT) and ward staff will help to optimise ownership and engagement of hand hygiene improvement. This data summary will be rolled out to all areas by end of January 2025.

6.4 With support from Stores, the Infection Prevention & Control Team have commenced rollout of new end of bed brackets to enable hand gel to be available in each patient bed space. This was required following the transition to a new hand gel supplier.

6.5 The NHS Education Scotland Hand Hygiene module is now included in mandatory training profiles for relevant staff. Data showing completion of the training module by staff group will be included in the next report.

### • Catheter Associated Urinary Tract Infection (CAUTI)

6.6 The Prevention of CAUTI Group continues to oversee progress against the action plan and review data at each meeting to consider further areas for improvement.

6.7 A current focus for the Group is looking for improvement with the following:

- Documentation of catheter insertion including reason for insertion
- Use and consideration of alternatives to catheterisation
- Trial without catheters and nurse led catheter removal (test of nurse led catheter removal tool planned in Community Hospitals early 2025)
- Patient education of risk of catheter insertions
- Development of education for suprapubic catheters

6.8 Further updates on the work of the Prevention of CAUTI Group will be provided in future updates.

## 7 Infection Control Work Plan 2024/25

- 7.1 The Infection Prevention and Control Team provide both a reactive and proactive service. Responding to significant unexpected events or peaks of clinical activity such as outbreak management requires flexing resources away from proactive to reactive activities impacting on Work Plan progress.
- 7.2 The post of HAI Surveillance Lead is currently vacant and this is impacting on Team capacity. This post is currently under review which will be concluded in January 2025.
- 7.3 There are currently four overdue actions in the 2024/25 Infection Control Work Plan of which two are assessed as medium risk and the remainder are low risk.

## 8. Cleaning and the Healthcare Environment

- 8.1 Health Facilities Scotland (HFS) publishes quarterly reports on cleanliness standards and estates fabric across NHS Scotland. The most recently published report covers the period July – September 2024. Figure 16 below shows the cleanliness score for this period was 95.6%. In the same period, the estates score was 98.5%.

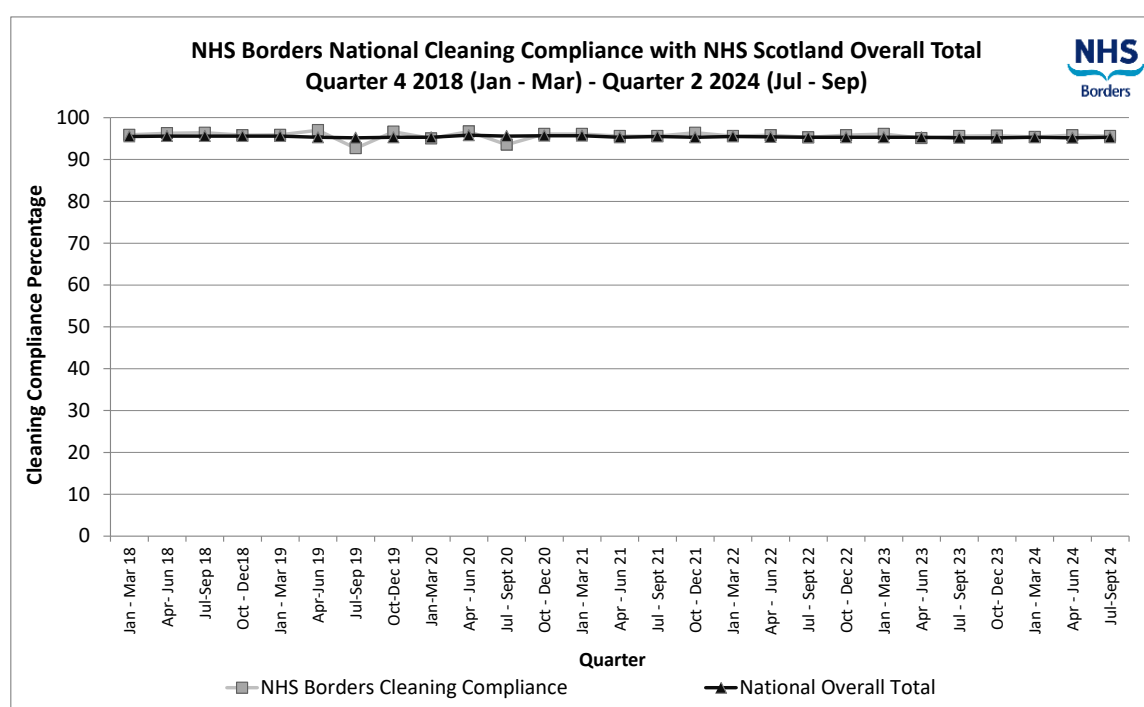


Figure 16: NHS Borders cleaning compliance against the NHS Scotland average by quarter

## 9. National guidance

- **Launch of the new 'water' section in chapter 4 of the National Infection Prevention and Control Manual**

- 9.1 On 5<sup>th</sup> August 2024, the Scottish Government wrote ([DL 2024 17](#)) to Boards to notify of new content added to the national [Infection Prevention and Control Manual](#). The Scottish Government has set an expectation for the new content to be fully implemented by 1<sup>st</sup> January 2025.
- 9.2 The national infection control networks (Infection Control Managers Network and Infection Control Doctors Network) in Scotland have raised significant concern to ARHAI Scotland and the Scottish Government about the new content which is focussed on water.
- 9.3 The concerns relate to aspects which are not be possible to implement within the specified timeframe, proportionality of other content, and significant costs to fully implement.
- 9.4 The new guidance has been considered by NHS Borders Water Safety Group and the outcome was a recommendation to the Infection Control Committee to derogate from the new guidance for 6 months. This is to allow time for national discussions to progress as well as asses the impact of the guidance on NHS Borders. This recommendation was subsequently approved by the Infection Control Committee and also escalated at the Environmental Risk Oversight Group.

- **High Consequence Infectious Diseases (HCID) including Mpox**

- 9.5 With the upsurge of Mpox cases spreading in Africa, there is an increased focus in Scotland on preparedness for managing HClDs. Public Health has been leading the development of patient pathways and the Infection Prevention and Control Team has provided advice and support to the BGH Emergency Department.
- 9.6 HClDs, are rare in the UK. When cases do occur, they tend to be sporadic and are typically associated with recent travel to an area where the infection is known to be endemic or where an outbreak is occurring. HCID are a defined list of diseases with a combination of properties which make them complex to manage safely in a healthcare setting.
- 9.7 In the UK the categorisation of a particular condition as an HCID takes account of a number of factors
- It is an acute infectious disease
  - It typically has a high case-fatality rate
  - It may not have effective prophylaxis or treatment
  - It is often difficult to recognise and detect rapidly
  - It's ability to spread in the community and within healthcare settings
  - It requires an enhanced individual, population and system response to ensure it is managed effectively, efficiently and safely

(<https://www.gov.uk/guidance/high-consequence-infectious-diseases-hcid>)

- 9.8 A small group of specific units exist in the UK for the management of confirmed cases. Confirmation of the diagnosis requires diagnostic tests that are performed at external laboratories.
- 9.9 Though no formal arrangement is in place, previous agreement was for suspected cases to be transferred to the care of Lothian Infectious Diseases early after recognition. Previous PPE training and plans developed for the BGH Emergency Department to respond to Ebola and Mpox risks reflected the expectation of providing care for a few hours prior to transfer to Lothian. A recent change in location of the Lothian Infectious Diseases ward at the Western General Hospital appears to have contributed to a change in the willingness of the unit to accept possible cases. Concerns about this have been escalated to the Operational Planning Group.
- 9.10 Depending on the clinical situation and particular HCID(s) suspected, time from initial suspicion to receipt of laboratory result could be between 24 and 36 hours. During this time period a patient who could not be sent back their own home to self-care would require suitable accommodation and medical and nursing care in BGH by sufficient staff trained in using appropriate PPE.
- 9.11 Local management of suspected HCID cases, would entail significant disruption to business as usual for the BGH Emergency Department, Acute Medicine and any other clinical groups involved.
- 9.12 The ability to ensure all ED and Acute medicine shifts included sufficient trained staff to deal with cases would require a significant training resource and commitment for both trainers and trainees.
- 9.13 The extended time scale for providing care to a patient suspected of having a HCID prior to transfer, creates a number of safety risks;
- No identified negative pressure rooms within the BGH
  - Staff are unfamiliar with donning and doffing the full PPE needed (FFP3 face mask, full coveralls including hood, double gloves, wellingtons + over boots and face shield)
  - A higher number of staff will need to wear full PPE due to the time taken to get test results. This may require some to have to use it more than once and for extended periods of time. The PPE increases the physical effort to undertake tasks and creates communication barriers. Previous experience of using this level of PPE in the typically warm temperatures experienced within ED, significantly fatigued the staff member.
- 9.14 No entirely suitable accommodation for a suspected case exists on the BGH site. Planning and agreement among groups at a BGH level will be needed to identify a next best solution and prepare a plan for its use. This issue is being considered by the BGH Quad in January 2025.

## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of Staphylococcus aureus blood stream infections (also broken down into MSSA and MRSA) and Clostridium difficile infections, as well as cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

#### **Understanding the Report Cards – Infection Case Numbers**

Clostridium difficile infections (CDI) and Staphylococcus aureus bacteraemia (SAB) cases are presented for each hospital, broken down by month. Staphylococcus aureus bacteraemia (SAB) cases are further broken down into Meticillin Sensitive Staphylococcus aureus (MSSA) and Meticillin Resistant Staphylococcus aureus (MRSA).

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

#### **Targets**

There are national targets associated with reductions in E.coli bacteraemia, C.diff and SABs. More information on these can be found on the UKHSA website:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1081256/mandatory-healthcare-associated-infection-surveillance-data-quality-statement-FY2019-to-FY2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1081256/mandatory-healthcare-associated-infection-surveillance-data-quality-statement-FY2019-to-FY2020.pdf)

#### **Understanding the Report Cards – Cleaning Compliance**

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

#### **Understanding the Report Cards – 'Out of Hospital Infections'**

Clostridium difficile infections and Staphylococcus aureus (including MRSA) bacteraemia cases are associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes. The final Report Card report in this section covers 'Out of Hospital Infections' and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.



## NHS BORDERS BOARD REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
MRSA	0	0	0	0	0	0	0	0	0	1	0
MSSA	2	5	1	5	3	2	2	4	2	3	4
Total SABS	2	5	1	5	3	2	2	4	2	4	4

### *Clostridioides difficile* infection monthly case numbers

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
Ages 15-64	0	0	0	1	0	0	2	0	0	0	0
Ages 65 plus	1	2	1	1	1	1	2	1	3	1	0
Ages 15 plus	1	2	1	2	1	1	4	1	3	1	0

### Cleaning Compliance (%)

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
Board Total	96.42	95.14	96.1	95.2	95.9	96.3	96.0	96.0	95.5	95	95.6

### Estates Monitoring Compliance (%)

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
Board Total	97.86	95.37	98.61	98.7	98.5	98.6	97.1	98.1	98.5	97.5	98.6

## BORDERS GENERAL HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	0	1	0	2	0	1	1	0	1	0	1
<b>Total SABS</b>	0	1	0	2	0	1	1	0	1	0	1

### *Clostridioides difficile* infection monthly case numbers

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
<b>Ages 15-64</b>	0	0	0	0	0	0	0	0	0	0	0
<b>Ages 65 plus</b>	1	2	1	0	0	1	0	0	1	0	0
<b>Ages 15 plus</b>	1	2	1	0	0	1	0	0	1	0	0

### Cleaning Compliance (%)

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
<b>BGH Total</b>	98.4	98.0	98.3	95.2	95.1	95.5	95.6	95.5	94.1	95	95

### Estates Monitoring Compliance (%)

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
<b>BGH Total</b>	98.3	99.0	98.1	98.7	98.3	98.5	98.3	98.3	98.4	97.9	98.8

## NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- Haylodge Community Hospital
- Hawick Community Hospital
- Kelso Community Hospital
- Knoll Community Hospital

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
MRSA	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0
Total SABS	0	0	0	0	0	0	0	0	0	0	0

### *Clostridioides difficile* infection monthly case numbers

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	0	0	0	0	0	0	0
Ages 15 plus	0	0	0	0	0	0	0	0	0	0	0

## NHS OUT OF HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
MRSA	0	0	0	0	0	0	0	0	0	1	0
MSSA	2	4	1	3	3	1	1	4	1	3	3
Total SABS	2	4	1	0	3	1	1	4	1	4	3

### *Clostridioides difficile* infection monthly case numbers

	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024
Ages 15-64	0	0	0	1	0	0	2	0	0	0	0
Ages 65 plus	0	0	0	1	1	0	2	1	2	1	0
Ages 15 plus	0	0	0	2	1	0	4	1	2	1	0

**2.3.1 Quality/ Patient Care**

Infection prevention and control is central to patient safety.

**2.3.2 Workforce**

Infection Control staffing issues are detailed in this report.

**2.3.3 Financial**

The paper refers to a Scottish Government expectation to fully implement new water safety guidance by 1<sup>st</sup> January 2025. The implementation cost has not been assessed and national discussions reflecting concerns with the guidance continue.

**2.3.4 Risk Assessment/Management**

All risks are highlighted within the paper.

**2.3.5 Equality and Diversity, including health inequalities**

This is an update paper so a full impact assessment is not required.

**2.3.6 Climate Change**

None identified.

**2.3.7 Other impacts**

None identified.

**2.3.8 Communication, involvement, engagement and consultation**

This is a regular update as required by SGHD and has not been subject to any prior consultation or engagement. Much of the data was included in the monthly infection control report presented to divisional clinical governance groups and the Infection Control Committee.

**2.3.9 Route to the Meeting**

This report has not been submitted to any prior groups or committees but much of the content has been presented to the Clinical Governance Committee.

**2.4 Recommendation**

Board members are asked to:

- **Discussion** – Examine and consider the implications of a matter.

The Board will be asked to confirm the level of assurance it has received from this report:

- **Moderate Assurance**

### **3 List of appendices**

The following appendices are included with this report:

Appendix A: Supplementary information and definitions

Appendix B: Outbreak summary

Appendix C: Infection Control - Internal Audit Report summary

## APPENDIX A

**Definitions and Supplementary Information****Staphylococcus aureus Bacteraemia (SAB)**

*Staphylococcus aureus* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Methicillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well-known is MRSA (Methicillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

*Staphylococcus aureus* : <https://www.nhs.uk/conditions/staphylococcal-infections/>

MRSA: <https://www.nhs.uk/conditions/mrsa/>

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemia. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemia for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemia can be found at:

<https://www.hps.scot.nhs.uk/publications/?topic=HAI%20Quarterly%20Epidemiological%20Data>

**Clostridioides difficile infection (CDI)**

*Clostridioides difficile* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridioides difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridioides difficile* infections can be found at:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/#data>

**Escherichia coli bacteraemia (ECB)**

*Escherichia coli* (*E. coli*) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of *E. coli* live harmlessly in your gut, some types can make you unwell. When it gets into your blood stream, *E. coli* can cause a bacteraemia. Further information is available here:

<https://www.gov.uk/government/collections/escherichia-coli-e-coli-guidance-data-and-analysis>

NHS Borders participate in the HPS mandatory surveillance programme for ECB. This surveillance supports local and national improvement strategies to reduce these infections and improve the outcomes for those affected. Further information on the surveillance programme can be found here:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/escherichia-coli-bacteraemia-surveillance/>

**Hand Hygiene**

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.

**Cleaning and the Healthcare Environment**

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by Healthcare Improvement Scotland. More details can be found at:

[https://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/nhs\\_hospitals\\_and\\_services.aspx](https://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/nhs_hospitals_and_services.aspx)

## Appendix B

NHS Borders Clusters as at 18/12/2024 (CLOSED INCIDENTS ONLY)					
Outbreak start date	Outbreak location(s)	Organism	Positive patient cases	Patient deaths (COVID recorded on DC)	Suspected/ confirmed staff cases
08/10/2024	MAU	COVID	6	0	0
09/10/2024	Ward 4	COVID	9	0	0
12/10/2024	Ward 7	COVID	6	0	0
16/10/2024	Ward 9	COVID	3	0	0
30/10/2024	BSDU	Norovirus	4	0	14
04/11/2024	Hawick	COVID	8	0	0
05/11/2024	Ward 5	COVID	2	0	0
11/11/2024	DME 14	COVID	4	0	0
18/11/2024	Ward 9	COVID	2	0	0
22/11/2024	Haylodge	COVID	2	0	0



## Appendix C

## Internal Audit Detailed Findings and Action Plan

## Appendix C

# Detailed findings & action plan

1	Partial assurance with improvement required	Objective 1. NHS Borders staff are not aware of and compliant with the actions contained within the National Infection Prevention and Control Manual for NHS Scotland
Finding and implication	Audit recommendation	Management response, including actions
<p>During our site visit, we identified good compliance with the uniform policy among nursing staff but there were medics in two areas observed to be wearing wrist watches, which we were told by staff in ED was a reoccurring issue.</p> <p>In 14 out of 16 areas visited the Tristel Fuse in use was appropriately dated and signed and staff were able to explain when it should be used in line with the Board's Infection Prevention &amp; Control Guidance.</p> <p>There is variance in the documentation used to record the completion of cleaning after patient use, such as commodes, mattresses, and equipment trays, and there is limited evidence that staff consistently complete the cleaning records. In addition, staff frequently tick to indicate an action has been completed rather than initial an action. This demonstrates a lack of transparency and ownership of the action. <b>(Recommendation 1)</b></p>	<p><b>Recommendation 1</b></p> <p>To strengthen and standardised cleaning schedules NHS Borders should develop standardised documentation for recording cleaning. In addition, staff should be required to initial completed cleaning records, and the full Infection Prevention &amp; Control audit tool should incorporate an assessment of compliance with the completion of the cleaning records.</p>	<p><b>Action:</b></p> <p>1) Develop and implement standardised cleaning documentation for patient equipment in inpatient areas.</p> <p><b>Responsible Officer:</b> Clinical Nurse Managers</p> <p><b>Executive Lead:</b> Director of Nursing, Midwifery and AHPs</p> <p><b>Due Date:</b> 31/12/2025</p> <p>2) Review IPCT audit tool to include assessment of compliance with completion of cleaning records.</p> <p><b>Responsible Officer:</b> Infection Control Manager</p> <p><b>Executive Lead:</b> Director of Nursing, Midwifery and AHPs</p> <p><b>Due Date:</b> 31/03/2025</p>

# Detailed findings & action plan

1	Partial assurance with improvement required	Objective 1. NHS Borders staff are not aware of and compliant with the actions contained within the National Infection Prevention and Control Manual for NHS Scotland
Finding and implication	Audit recommendation	Management response, including actions
<p>There is no evidence to demonstrate that equipment and commodes are cleaned between patient use and there is no formal process that provides Ward managers with assurance that staff are following required Infection Prevention &amp; Control standards.</p> <p>We were told on multiple occasions that staff are trusted to adhere to Infection Prevention &amp; Control guidelines. However, our observations identified a variety of practices that are not compliant with Infection Prevention &amp; Control standards:</p> <ul style="list-style-type: none"> <li>• Single patient use items being stored in 3 communal shower rooms;</li> <li>• Commodes that had been used and not sufficiently cleaned between use;</li> <li>• mattresses that weren't in use being stored directly on the floor and in two areas staff told us that they did not unzip the mattress cover when they did mattress checks;</li> <li>• 10 sharps bins that did not have the temporary closure mode in place;</li> <li>• There was a variable approach to cleaning equipment after patient use with some staff cleaning after use, some cleaning before use and some staff doing both after and before use as they were unclear if the item was clean.</li> </ul> <p>The lack of standardisation and variable compliance suggests that staff may not consistently follow the required Infection Prevention &amp; Control standards. <b>[Recommendation 2]</b></p>	<p><b>Recommendation 2</b></p> <p>To improve the oversight and assurance of compliance with daily, weekly and monthly cleaning schedules, NHS Borders should maintain its auditing programme and introduce a daily review of Infection Prevention &amp; Control compliance using the Rapid Assessment Tool completed by the Charge Nurse.</p> <p>To embed and sustain improved Infection Control practice the Board should enforce the formal standardised, approach to managing repeated staff non-compliance with IPC practice.</p>	<p><b>Action:</b></p> <p>1) Include IPC audit programme in annual Infection Control Workplan.</p> <p><b>Responsible Officer:</b> Infection Control Manager</p> <p><b>Executive Lead:</b> Director of Nursing, Midwifery and AHPs</p> <p><b>Due Date:</b> 31/03/2025</p> <p>2) Implement daily IPC review across inpatient wards using the Rapid Assessment Tool Review.</p> <p><b>Responsible Officer:</b> Clinical Nurse Managers</p> <p><b>Executive Lead:</b> Director of Nursing, Midwifery and AHPs</p> <p><b>Due Date:</b> 31/05/2025</p> <p>3) Clinical Nurse Managers to routinely review completion of Rapid Assessment Tool and improvement activity to address issues.</p> <p><b>Responsible Officer:</b> Clinical Nurse Managers</p> <p><b>Executive Lead:</b> Director of Nursing, Midwifery and AHPs</p> <p><b>Due Date:</b> 31/05/2025</p>

# Detailed findings & action plan

1	Partial assurance with improvement required	Objective 1. NHS Borders staff are not aware of and compliant with the actions contained within the National Infection Prevention and Control Manual for NHS Scotland
Finding and implication	Audit recommendation	Management response, including actions
<p>In some areas we found there was a Rapid Ward Check List that we were told had been developed for use ahead of anticipated Infection Control visits to allow quick view of compliance in key areas such as cleanliness of environment and temporary closure of sharps bin. However, not all areas were familiar with this tool, and it is not routinely used to gain assurance of compliance with Infection Prevention &amp; Control standards.</p> <p>Environmental issues were widely known by staff and frequently on the risk register. However, there is a lack of clarity on the responsibility for following up Estates referrals and inconsistency in evidencing the outcome of referrals has been followed up. <b>[Improvement point 1]</b></p>	<p><b>Improvement Point 1</b></p> <p>To provide improved clarity of the progress in estates issues the Nurse in Charge should receive a quarterly update on the progress of outstanding estates referrals.</p>	<p>This finding has attracted an 'Improvement Point' as opposed to a formal recommendation, and as such does not require a management response unless you wish to supply one.</p>
<p>In two areas with Covid Pods we noted dust on the roof of the pods. We were told this issue was known and work was being undertaken to remove the pods and mitigate the risk.</p> <p>The Board has a process whereby the Domestic staff in the clinical areas are required to gain weekly sign off that they are happy with the completion of environmental cleaning, and this allows concerns to be identified and escalated. However, there was variance in the frequency of this sign off and not all the domestic staff we spoke with were not aware this was a requirement, indicating the process requires further embedding. <b>[Recommendation 3]</b></p> <p>Nursing staff in all clinical areas visited were able to articulate how concerns with the standard of environmental cleaning would be escalated. However, there is no formal process in place to ensure that identified gaps in environmental cleaning are sufficiently addressed and this may be an area for further improvement. <b>[Recommendation 3]</b></p>	<p><b>Recommendation 3</b></p> <p>To strengthen the assurance that concerns in environmental cleaning are being addressed in an appropriate and timely manner, NHS Borders should formalise the escalation process of environmental concerns into the daily Safety Brief and embed a process to monitor that in response to the escalation appropriate action is taken and required improvements are sustained.</p>	<p><b>Actions:</b></p> <p>1) Update Hospital Safety Brief script to include Facilities issues.</p> <p><b>Responsible Officer:</b> Quality Improvement Facilitator</p> <p><b>Executive Lead:</b> Interim Director of Acute Services</p> <p><b>Due Date:</b> 31/12/2024</p>

# Detailed findings & action plan

2	Partial assurance with improvement required	Objective 2. The Clinical services cannot evidence the actions undertaken to improve and maintain hand hygiene compliance to address recurrent poor compliance in hand hygiene audits.
Finding and implication	Audit recommendation	Management response, including actions
<p>There is limited evidence at a ward level that in response to gaps identified in compliance with Infection Prevention &amp; Control standards any quality improvement activity is being initiated.</p> <p>The Charge Nurses we spoke to told us that the outcome of audits was shared with ward staff via email and would be discussed in the daily safety briefs. However, there was limited evidence to support this communication and in many of the areas we visited the staff we spoke to were unaware of the areas that had been identified by the audits as requiring improvement and they were unable to identify any initiatives that had been introduced to improve infection prevention and control practice in response to Infection Prevention &amp; Control audits. This may indicate that processes for sharing the outcome of Infection Prevention &amp; Control Audits and addressing sustained improvement in Infection Prevention &amp; Control require strengthening. (Recommendation 4)</p>	<p><b>Recommendation 4</b></p> <p>To further strengthen Infection Prevention &amp; Control arrangements to gain sustained improvement in practice the Charge Nurse should formalise any communication with staff regarding the outcome of audits and the actions being taken to improve compliance.</p> <p>In addition, Ward Managers should work with the Infection Prevention &amp; Control Team to promote the work undertaken to improve Infection Prevention &amp; Control processes</p>	<p><b>Actions:</b></p> <p>1) Senior Charge Nurses to formalise communication with staff about audit outcomes and improvement activity.</p> <p><b>Responsible Officer:</b> Clinical Nurse Managers</p> <p><b>Executive Lead:</b> Director of Nursing, Midwifery and AHPs</p> <p><b>Due Date:</b> 31/05/2025</p> <p>2) Infection Control Manager to attend the Senior Charge Nurse Forum to discuss promotion of improvement activity.</p> <p><b>Responsible Officer:</b> Infection Control Manager</p> <p><b>Executive Lead:</b> Director of Nursing, Midwifery and AHPs</p> <p><b>Due Date:</b> 31/05/2025</p>

# Detailed findings & action plan

2	Partial assurance with improvement required	Objective 2. The Clinical services cannot evidence the actions undertaken to improve and maintain hand hygiene compliance to address recurrent poor compliance in hand hygiene audits.
Finding and implication	Audit recommendation	Management response, including actions
<p>We undertook a sample of staff handwashing practice that showed an overall compliance rate of 69%. The testing demonstrates that in 9 out of the 16 areas visited there was variable staff compliance with the 5 moments of hand hygiene. Analysis of our testing indicates 72% of the nursing staff were compliant with the 5 moments of hand hygiene and 67% of other staff, including Portering, AHP, and housekeeping staff, were compliant. However medical staff compliance was 23%. This reflects similar results from previous Infection Control audits and indicates that further focused training and monitoring of Doctors infection prevention and control practice may be required. <b>(Recommendation 5)</b></p> <p>We note the Board has developed a Zero Tolerance Hand Hygiene – Supportive Management Protocol that outlines supportive approach to respond to non-compliance with hand hygiene for healthcare workers at all levels. However, we were told hand hygiene audits don't identify individuals so it would be difficult to identify staff who were repeatedly non-compliant. Many staff were not familiar with this policy or aware it was in use. <b>(Recommendation 2)</b></p>	<p><b>Recommendation 5</b></p> <p>To improve the compliance of Medical staff NHS Borders should increase the focus of compliance with IPC practises for medical staff.</p>	<p><b>Actions:</b></p> <p>1) Promote completion of the NES hand hygiene module with Medical staff.  <b>Responsible Officer:</b> Associate Medical Directors  <b>Executive Lead:</b> Medical Director  <b>Due Date:</b> 31/03/2025</p> <p>2) Raise importance of Hand Hygiene at Clinical Director meeting including review of audit results.  <b>Responsible Officer:</b> Associate Medical Directors  <b>Executive Lead:</b> Medical Director  <b>Due Date:</b> 31/03/2025</p> <p>3) Infection Control Manager to meet with individual Clinical Directors with areas of poor compliance.  <b>Responsible Officer:</b> Associate Medical Directors  <b>Executive Lead:</b> Medical Director  <b>Due Date:</b> 31/03/2025</p>



# Detailed findings & action plan

3	Reasonable assurance with some improvement required	Objective 3. NHS Borders does not have appropriate governance arrangements in place to ensure the Board is sufficiently sighted on the compliance with Standard Infection Control Precautions and the progress made against areas of non-compliance, and the timely escalated of slippage in activity or performance.
Finding and implication	Audit recommendation	Management response, including actions
<p>A comprehensive Infection Prevention &amp; Control Report is presented to the Clinical Governance Committee (CGC) at each meeting. A review of the reports to CGC indicates the Committee receives assurance that learning from incidents is captured and acted upon and it is reported in the Infection Prevention &amp; Control Report to Board that the IPC Team monitor themes from spot checks and audits on a monthly basis.</p> <p>However, there is no evidence that any detail of the learning or themes and trends of the incidents and associated learning is being shared and this would provide improved oversight of the effectiveness of actions. <b>(Recommendation 6)</b></p> <p>In addition, a similarly detailed Infection Prevention &amp; Control report is presented to each Public Board allowing the Board oversight of audits and performance and reports the Infection Prevention &amp; Control Team monitor themes from the spot checks and audits on a monthly basis. However, this detail is not shared and to do so would strengthen the Board's oversight. <b>(Recommendation 6)</b></p>	<p><b>Recommendation 6</b></p> <p>To further strengthen the Board's oversight of Infection Prevention and Control performance and activity the work undertaken by the Infection Prevention &amp; Control Team to identify themes and trends should be incorporated in the report to the Clinical Governance Committee and the Public Board.</p>	<p><b>Actions:</b></p> <p>1) Include learning, themes and trends from outbreaks, incidents, spot checks and audits in reports to the Clinical Governance Committee and Board.</p> <p><b>Responsible Officer:</b> Infection Control Manager</p> <p><b>Executive Lead:</b> Director of Nursing, Midwifery and AHPs</p> <p><b>Due Date:</b> 31/03/2025</p>

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>6 February 2025</b>
<b>Title:</b>	<b>NHS Borders Performance Scorecard December 2024</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth, Director of Planning &amp; Performance</b>
<b>Report Authors:</b>	<b>Carol Graham, Planning Officer Matthew Mallin, BI Developer</b>

## 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

## 2 Report summary

### 2.1 Situation

The main body of the scorecard sets out performance as at end of December 2024 against the targets from the Annual Delivery Plan (ADP). The report also includes as appendices performance as noted against some previous Annual Operation Plan/Local Delivery Plan measures, for information purposes.

### 2.2 Background

In July 2024, a new approach to quarterly monitoring of progress against plans for 2024/25 was issued by Scottish Government to Health Boards. Boards were requested to share a copy of their own local Delivery Plan progress or performance report which they present to their own Board to inform them on progress on delivery against their plans. The intention is that this will provide assurance around delivery in a way which

ensures that the Scottish Government is receiving information consistent with that received by the Board itself, whilst also reducing workload and duplication of reporting. In light of this NHS Borders will submit a copy of this performance report to Scottish Government on a quarterly basis throughout 2024/25. We submitted our quarter 2 report to Scottish Government on Monday 11 November 2024.

## 2.3 Assessment

### Trajectories for Delivering Planned Care Targets

Index	New Outpatient (NOP)	Current Month	Current Performance	30/06/2024	30/09/2024	31/12/2024	31/03/2025
1	Over 104 Weeks	31/12/2024	138	0	0	0	0
2	Over 78 Weeks	31/12/2024	473	300	260	220	200
3	Over 52 Weeks	31/12/2024	1694	1411	1230	1019	850
4	Total List Size	31/12/2024	11830	10115	9450	8810	8310

Index	Inpatients/Day Case (TTG)	Current Month	Current Performance	30/06/2024	30/09/2024	31/12/2024	31/03/2025
1	Over 104 Weeks	31/12/2024	43	10	10	5	5
2	Over 78 Weeks	31/12/2024	171	250	229	210	200
3	Over 52 Weeks	31/12/2024	472	645	617	595	575
4	Total List Size	31/12/2024	2654	3165	3240	3330	3310

### Trajectories for Delivering Unscheduled Care Targets

Index	Emergency Access	Current Month	Current Performance	30/08/2024	30/09/2024	31/10/2024
1	Emergency Access Standard	December 2024	58%	63.00%	64.50%	67.40%

Index	Delayed Discharges	Current Month	Current Performance	30/06/2024	30/09/2024	31/12/2024	31/03/2025
1	Delayed Discharges Actual	06/01/2025	69	69	50	46	0
2	Additions	06/01/2025	29	16	16	16	0
3	Removals	06/01/2025	33	21	16	16	0

As outlined above, we are not meeting some of the ADP trajectories. A narrative providing further detail can be found within the scorecard where available updates have been added. To clearly demonstrate where we are achieving or under achieving on standards, a summary of met targets for Planned Care and Delayed Discharge has been included within the scorecard.

Where services have been able to provide it, narrative is contained within the body of the scorecard, focusing on waiting times trajectories and the 'hot topics' of emergency access standard and delayed discharges.

It should be noted that performance against the Cancer standards have recently declined and therefore we have provided additional narrative on page 17 of the Scorecard.

### 2.3.1 Quality/ Patient Care

The ADP milestones and trajectories, Annual Operational Plan measures and Local Delivery Plan standards are key monitoring tools of Scottish Government in ensuring Patient Safety, Quality and Effectiveness.

### 2.3.2 Workforce

Directors are asked to support the implementation and monitoring of measures within their service areas.



### 2.3.3 Financial

Directors are asked to support financial management and monitoring of finance and resources within their service areas.

### 2.3.4 Risk Assessment/Management

There are several measures that are not being achieved and have not been achieved recently. For these measures service leads continue to take corrective action or outline risks and issues to get them back on trajectory. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders.

### 2.3.5 Equality and Diversity, including health inequalities

Services will carry out EHRIA's as part of delivering 2024/25 ADP key deliverables.

### 2.3.6 Climate Change

None Highlighted

### 2.3.7 Other impacts

None Highlighted

### 2.3.8 Communication, involvement, engagement and consultation

This is an internal performance report and as such no consultation with external stakeholders has been undertaken.

### 2.3.8 Route to the Meeting

The Performance Scorecard has been developed by the Business Intelligence Team with any associated narrative being provided by the relevant service area and collated by the Planning & Performance Team.

## 2.4 Recommendation

- **Awareness** – To note Board performance as at the end of December 2024.

The Board will be asked to confirm the level of assurance it has received from this report.

The Board will be asked to confirm the level of assurance it has received from this report:

- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

### **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, NHS Borders Performance Scorecard



# **PERFORMANCE SCORECARD**

**As at 31 December 2024**

**Month 9**

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## Introduction

This report contains waiting times performance and hot topic measures and an appendix which demonstrates Annual Operational Plan (AOP) and Local Delivery Plan (LDP) measures (LDPs were in place as performance agreements between Boards and Scottish Government prior to AOPs and we retain some of the performance standards from those plans).

In July 2024, a new approach to quarterly monitoring of progress against plans for 2024/25 was issued by Scottish Government to Health Boards. Boards were requested to share a copy of their own local Delivery Plan progress or performance report which they present to their own Board to inform them on progress on delivery against their plans. The intention is that this will provide assurance around delivery in a way which ensures that the Scottish Government is receiving information consistent with that received by the Board itself, whilst also reducing workload and duplication of reporting. In light of this NHS Borders will submit a copy of this performance report to Scottish Government on a quarterly basis throughout 2024/25.

Performance is measured against a set trajectory or standard. To enable current performance to be judged, colour coding is being used to show whether the trajectory is being achieved. A tolerance of 10% is applied to the standards to enable them to be given a RAG status. For standards where the trajectory is 0, the tolerance level is 1, anything higher the RAG status is red (for example waiting times and delayed discharges).

## Current Performance on Annual Delivery Plan (ADP) Targets

### Trajectories for Delivering Planned Care Targets

Index	New Outpatient (NOP)	Current Month	Current Performance	30/06/2024	30/09/2024	31/12/2024	31/03/2025
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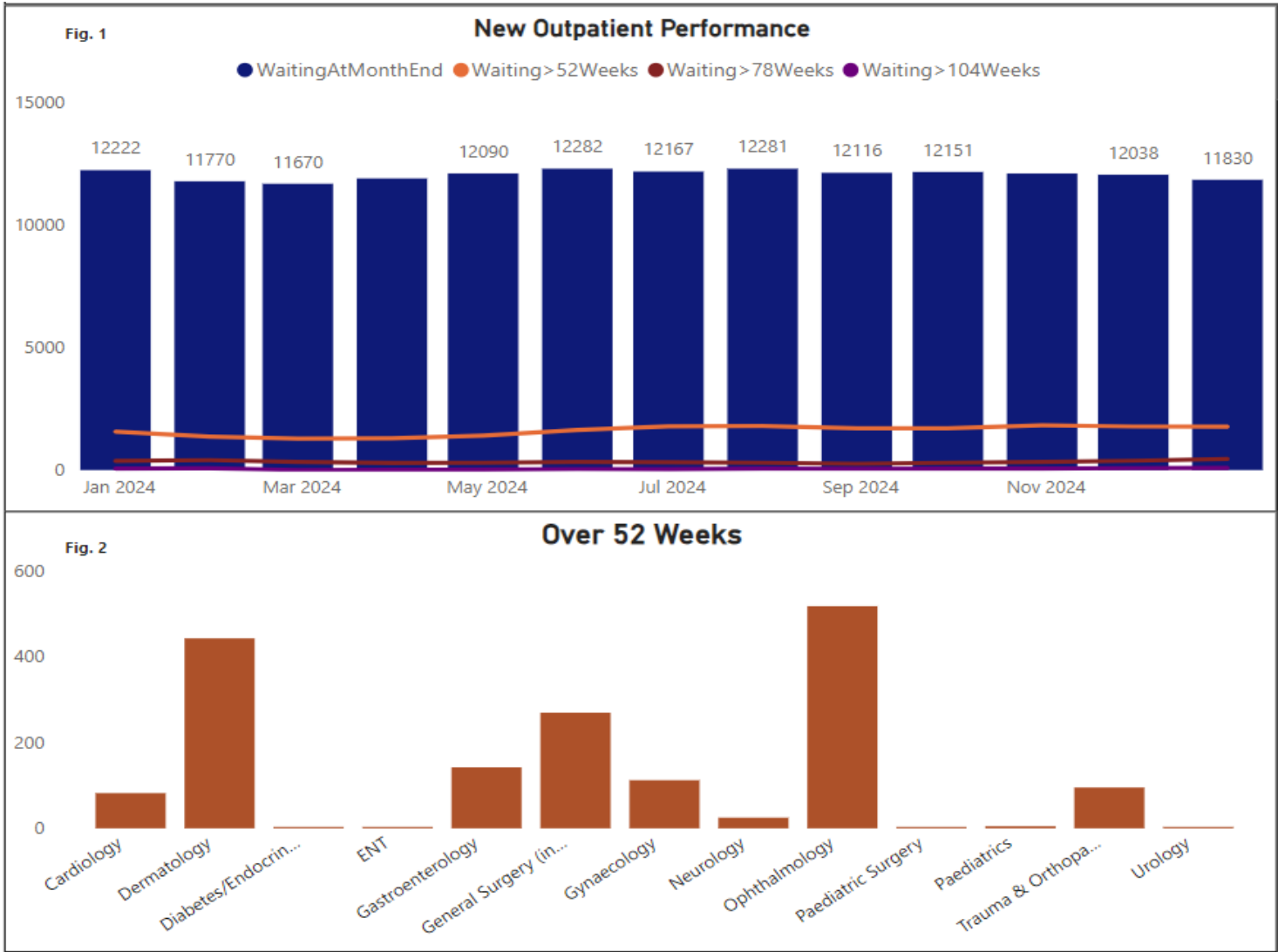
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### Trajectories for Delivering Unscheduled Care Targets

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## Outpatients waiting times



**Performance:**

- The overall size of the new outpatient waiting total list size reduced by 200 patients during December.
- We are seeing the number of patients waiting over 52 weeks trending upwards due to capacity issues in General Surgery, Ophthalmology, Gynaecology, and GI services. These are related to a combination of specific skills deficits for some routine procedures (vasectomies, minor skin lesions and eye operations), and ongoing vacancies despite recent attempts at recruitment.
- Activity levels overall are being maintained at levels at least consistent with those achieved last year, and during October activity showed an increase when compared to the same period 12 months ago.
- Capacity across all specialties is being challenged around the high volume of “urgent” referrals resulting in limited capacity to see the long waiting “routines”. This is extending some absolute routine waits while total numbers waiting is the same.

There are 2 main issues contributing to the specialties with patients waiting over 52 weeks:

- As noted, a higher-than-expected number of referrals are being clinically prioritised to “urgent” with limited capacity therefore to see more routine waiting patients.

- Additionally, we have ongoing workforce issues and challenges in key services due to unfilled long-term vacancies. This is most apparent in Dermatology and Ophthalmology.

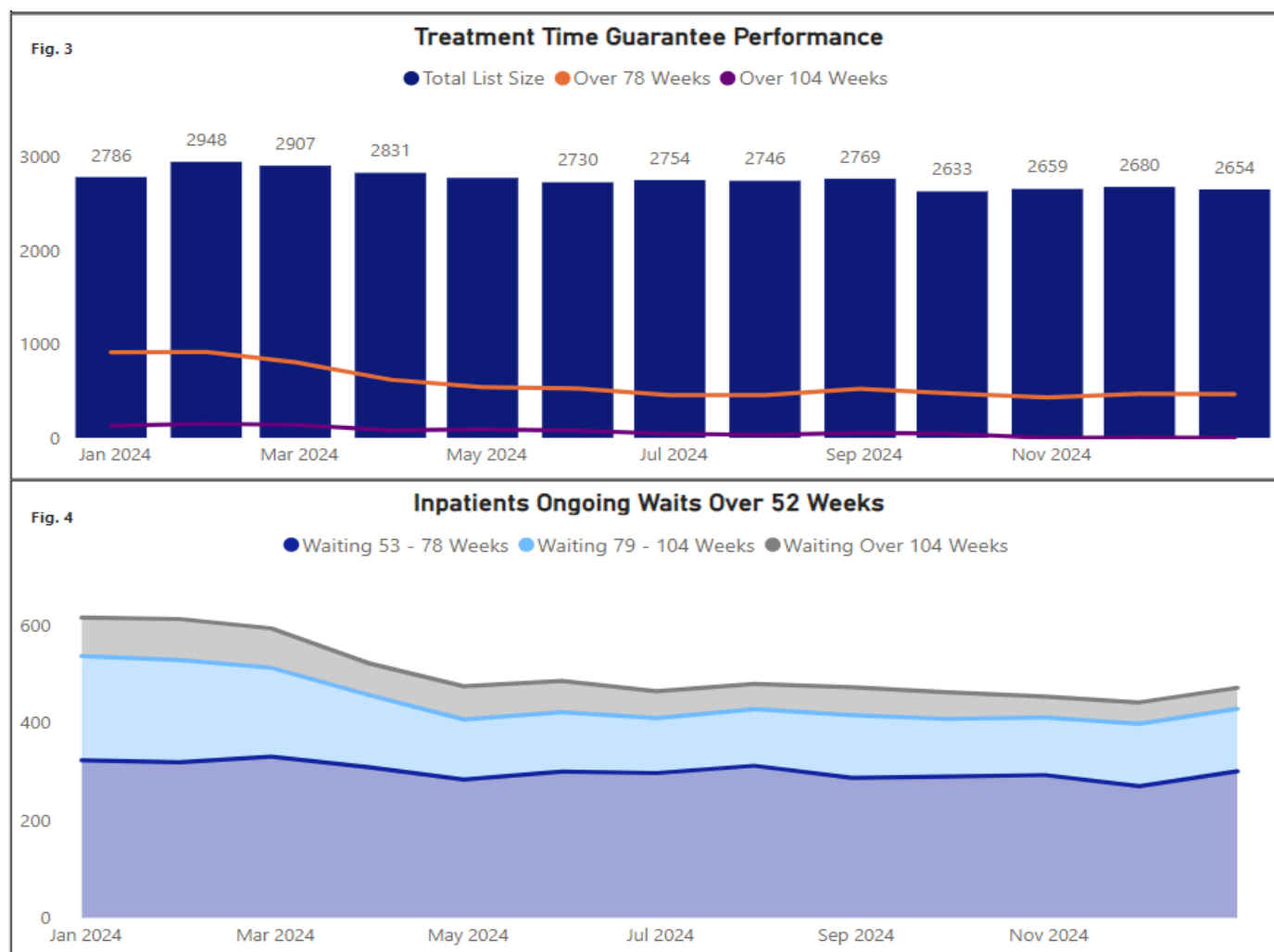
#### **Plan for Q4:**

- General Surgery – A National Elective Coordination Unit (NECU) campaign is being organised alongside a plan for additional vasectomy lists (longest waiting patients). We are planning for regular local vasectomy lists in the New Year with a local specialty doctor undertaking this activity. The Service are currently validating long waiting lesion patients with the aim of significantly reducing waits back to 52 weeks by March if possible. Ophthalmology – We are planning for minor operation lists with the support of an NHS locum; this is a skills deficit within the current directly employed workforce. The service has secured approval to receive medical trainees for the first time and were allocated one trainee. However, due to accommodation issues in NHS Lothian, we have other trainees registered with the department who will be seeing long waiting patients and undertaking cataract surgery along with our consultants. These posts will provide some additional activity, and we are modelling its likely impact. Glaucoma pathways are also being revised. New way of working will be introduced including optometry and nurse-led clinics. This will release consultant time for “new” long waiting patients by Q1 of 2025/26.
- Dermatology – A Scottish Government funded campaign focused on long waiting patients in Dermatology has been agreed and will be undertaken during Q4.
- Cardiology – work is ongoing to identify solutions to current capacity issues. There are additional capacity issues during February that the service is working to bridge.

Updated: 8/6/2021



## TTG Performance Against Trajectory- All Specialties



### Performance:

#### What is the data telling us.

The size of the Inpatient Waiting List decreased in December by 26 patients compared to the previous month. Patients waiting over 104 weeks remained static at 43 patients, patients waiting over 78 weeks decreased marginally from 172 to 171, and patients waiting over 52 weeks increased from 443 to 473.

#### Why is this the case?

- Elective activity in December was at the same level as that seen in November, with 257 patients receiving an operation. This is 84% of 2023 levels. The elective activity is at 88% of 2023 levels when compared to the last 3 months, 98% compared to the last 6 months and 105% when compared to the last 12 months. In total there were 72 patients who did not receive an operation as a result of either cancelled lists or cancelled patients.
  - Cancelled Lists.** Cancelled lists remain high at 10 in December, down from 15 in November. 8 of these were due to surgeon unavailability (6 x Ophthalmology, 1 x Oral Surgery, 1x Gynaecology) and 2 due to Theatre Staff unavailability (both Orthopaedics). This amounts to around 39 patients.

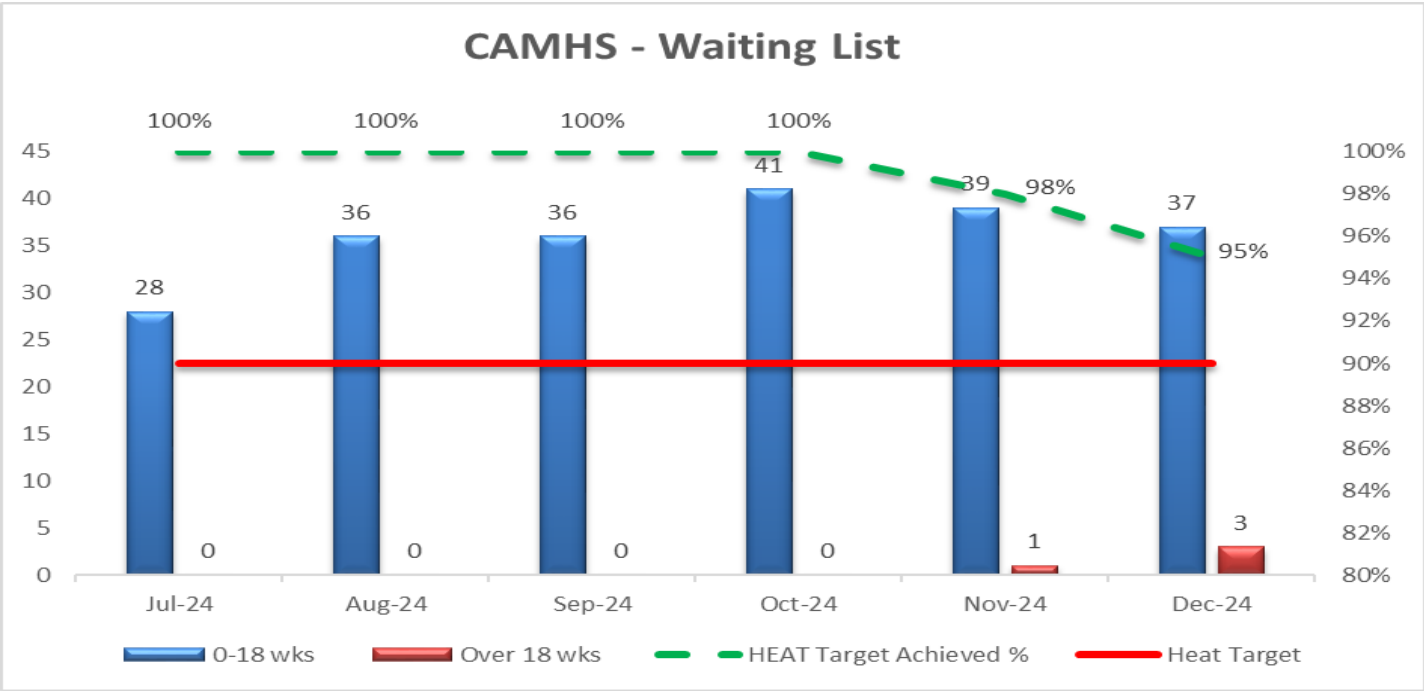
- **Cancelled Patients.** The cancellation rate remains high at 10% in December, down from 16.7% in November. This was due to a variety of factors; the top 3 reasons are 'cancelled by patient' (12 patients), 'Emergency took priority (5 patients) and 'Procedure no longer required' (4). This amounts to 33 patients.
- **Public Holidays.** Due to the Festive Bank Holidays, 12 lists were not scheduled. This amounts to approx. 26 patients. This has not been factored into the lost opportunity as we do not plan to undertake Elective Surgery during this time.

### **What is being done to improve performance?**

- **Elective IP Beds.** Maintaining the Elective Bay in Ward 9 is key to both reducing cancelled cases due to lack of In-Patient beds and increasing theatre efficiency as it allows theatres to start on time. In December, there was only 1 patient cancelled due to 'no ward beds'. By contrast, 49 patients were cancelled due to 'no ward beds' in 2024, with only 4 patients cancelled for this reason since the Elective Bay was Ring-Fenced in June 2024.
- **Theatre Schedule.** The Theatre Schedule continues to be a focus of effort to reduce the number of lists that do not go ahead.
- **Pooling Patients.** There is a disparity in the length of time that a patient needs to wait for an operation depending on which consultant surgeon's list the patient is on. Work is ongoing to identify if it is acceptable to develop a 'pool' patients within the Orthopaedic specialty that any suitable surgeon can operate on. If this is successful it will allow us to be able to target the longest waiting Orthopaedic patients in a more efficient manner as well as consider implementing this change in other surgical specialties.
- **Technology.** An implementation date for INFIX, a SG-funded theatre scheduling solution that has been shown to deliver a 16 % increase in theatre productivity, remains unknown. Once implemented, the opportunity is for an additional 570 patients a year who will receive surgery based on 2024 activity levels. The lost opportunity between April 2024 (when INFIX was made available to HBs) and December 2024 has been 442 operations. This lost opportunity was 41 patients in December.

Updated.87;67;8①

Mental Health Waiting Times – CAMHS



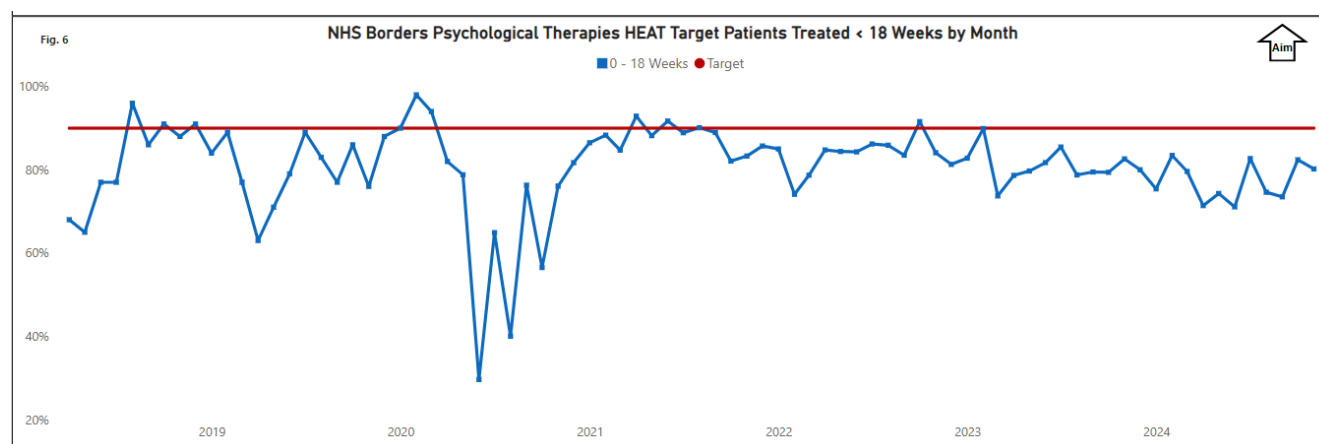
Achievement towards the CAMHS Treatment Trajectory

During the previous quarter, CAMHS achieved the 90% HEAT Standard of patients being seen within 18 weeks from referral to first appointment.

We continue to see 12 new patient appointments per week and extra urgent/emergency appointments out with these. Now that we are meeting the LDP (HEAT Standard) the referrals and number of treatments are being weighted in favour of Category 1 due to the increase in the number of Neurodevelopmental referrals. This is being monitored weekly to maintain the Heat Target for Category 2s.

Updated.87;67;81

## Waiting Times- Psychological Therapies



Please note the one month lag in data. (current available data for Nov."80)

### What is the data telling us?

In November we started treatment with 126 people, 101 within 18 weeks and 25 of whom had waited longer than 18 weeks; compared to last month where we started treatment with 125 people, 103 within 18 weeks and 22 over 18 weeks. Our performance therefore this month for starting treatment within 18 weeks is 80.16% which is a slight decrease from last month's performance (82.40%).

Our waiting list has had a significant increase this month of 58 to 529; 90.07% of whom have waited under 18 weeks. We have 44 people waiting between 19 and 35 weeks (8.3%); 5 people waiting between 36 and 52 weeks (0.9%) and no one waiting over 52 weeks. One of the reasons for this increase apart from an increase in referrals, is that we have included some services who were previously not included in our reporting (V1P psychology, paediatric psychology and major trauma psychology). However, there is a general upward trend in our waiting list, that we are monitoring.

We have some known capacity gaps. We continue to closely monitor and work hard to reduce all waits, especially those over 18 weeks, but do expect some fluctuations in performance over the next 6-12 months.

### Why is this the case?

In some areas we have capacity gaps or waits for specialist treatment that can cause delays. In other areas we have had staff sickness or gaps where people have gone on maternity leave and we have been unable to backfill these posts, or where some have left the service where delays to recruitment have impacted on flow. We have some known capacity gaps which we are reviewing as part of our service review which is due to be completed in June 2025.

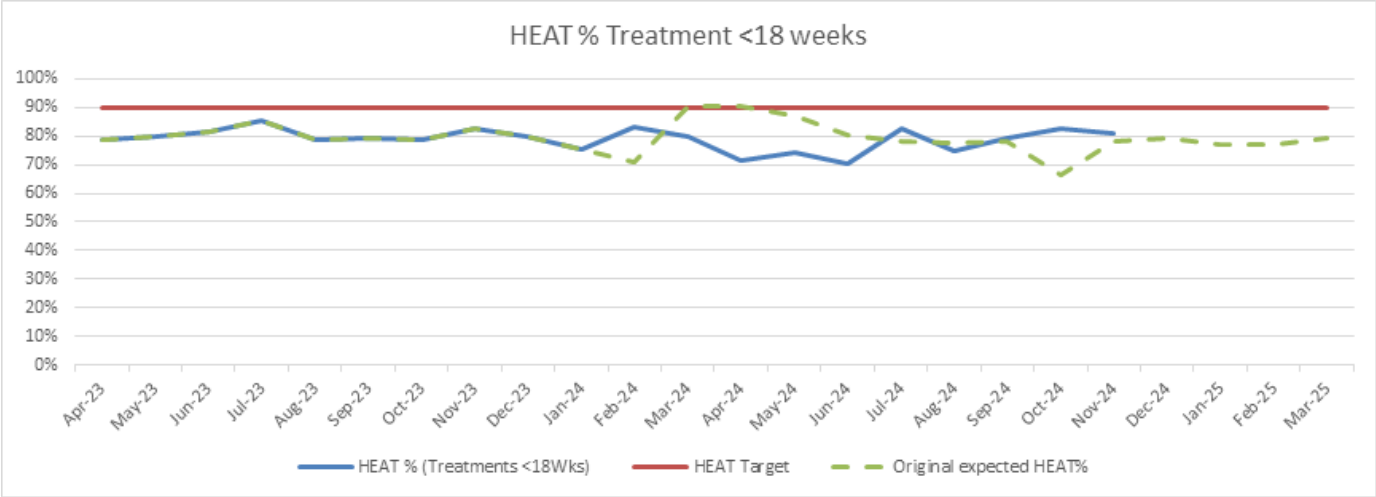
### What is being done to improve performance?

We have recently completed a piece of work where we have made some estimations regarding our trajectory for the remainder of the financial year, see graph below.

We estimate that our performance in the last quarter will range between 77% and 80% with a projected 564 people being on our waiting list by the end of the year. Given that we have had a big increase in our waiting list as per November 2024 and our current performance, we are currently working on employing some locums for a short period of time to assist with our longer waits.

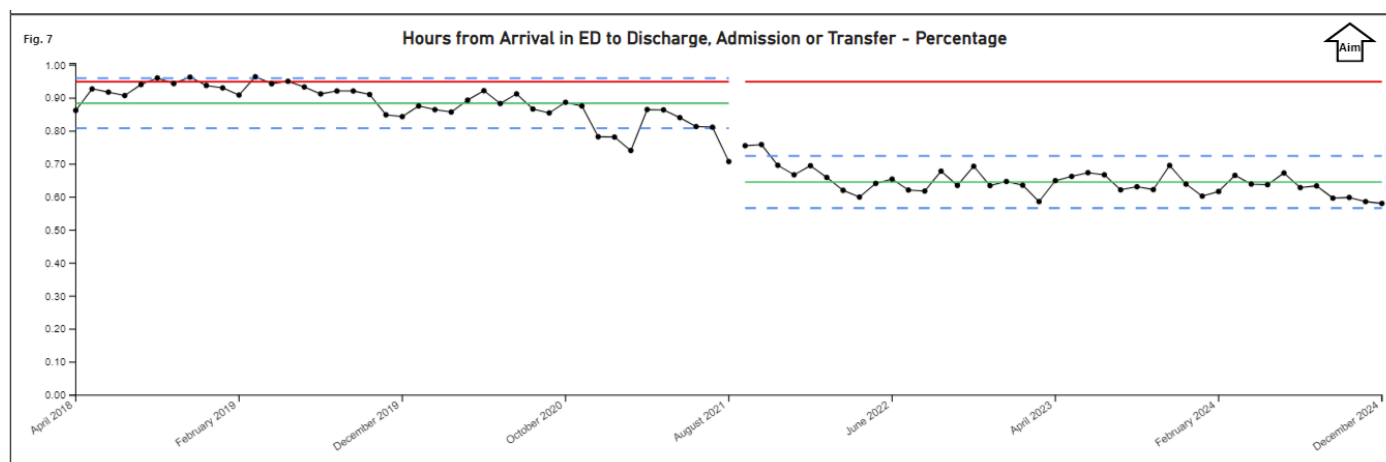
We have also included paediatric psychology, major trauma psychology and VIP psychology in our returns – these services are small and were not included in the main trajectory work, so we have made an estimate while we do this work.

All of these factors, as well as unexpected staff sickness, vacancies and changes in referral trends can impact on trajectory figures.



Updated.87;67;80

## Unscheduled Care Performance - 4 Hour Emergency Access Standard Performance



In December 2024 there were 2547 unplanned attendances to the Emergency Department (ED), with 1064 breaches. Performance against the standard was 58.23% vs 58.58% in November 2024. There remain significant challenges in delivering, safe, effective patient flow. During the month of December flow from the ED was restricted further by several bay and ward closures derived from infection.

Following NHS Board approval for the ED Workforce Review, a programme of recruitment remains underway to implement the recommendations across Nursing and Medical workforce.

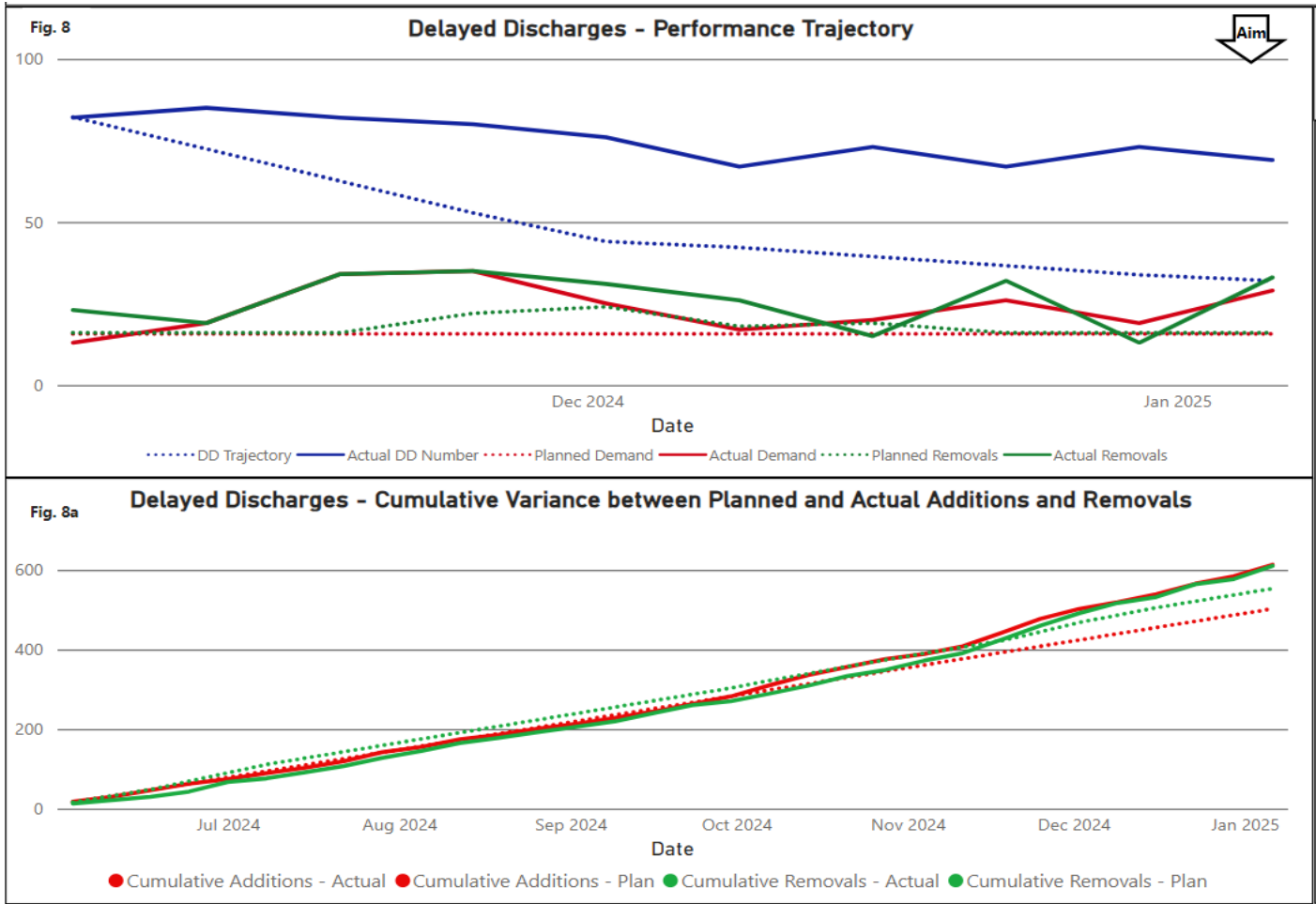
Our Acute Flow Improvement Programme is actively underway, concentrating on enhancing ward activities. We are committed to ensuring quality multidisciplinary team (MDT) engagement to facilitate timely decisions regarding patient care and improve discharge planning from the point of admission. We will also be establishing key measures of improvement to enhance our performance and make these visible across our ward areas.

The programme is made up of several workstreams –

1. **The release of Senior Charge Nurses** – this work is intended to facilitate the release of our SCNs across some wards to enable increased focus on the management of our hospital delays
2. **Effective Flow Discharge** – a review of failed discharges (why discharges are failing to go before 12pm) is being undertaken to support the various strands of work and produce a set of learning for improvement.
3. **Non-Delay Length of Stay** – to enable us to get upstream of any possible future delays, we are setting out some key actions which ensuring timely decision-making and a focus on prevention of delays.
4. **Ready for Winter** - planning and preparation to ensure a swift response to winter pressures including clear escalation and de-escalation thresholds
5. **Processes** – robust review and improvement of daily processes
6. **Command and Control** – establishment of a daily meeting to follow up of all patients identified as discharges at SBs. Supports ward discharge of golden patients, consistent process management, and monitors risks and issues to report back to Acute Bronze and evening review.
7. **Flow Enablers – Discharge Letters, Pharmacy and Transport** – improvement cycles of work in 3 key areas to improve the flow of patients through the system.

Updated 28.01.25

Delayed Discharge



Performance:

Our performance is worse than the forecast trajectory. At the time of writing (15 January 2025), we have 75 people waiting for care as ‘delayed discharges’ against a trajectory of 31, which is significantly above our trajectory. This is broken down as per the table below, with improvement actions summarised in detail in each paragraph below.

	Number of people delayed	% of people delayed	Occupied bed days	% of occupied bed days
Assessment	19	25%	302	8%
Home care	10	13%	132	3%
Adults with Incapacity	13	10%	787	20%
Residential care	15	20%	750	19%
Nursing care	9	12%	1,211	31%
Housing / other	9	12%	721	18%
Total	75	100%	3,903	100%

Our most immediate performance improvement opportunities relate to assessment, residential and nursing care, who comprise 43 delays and 58% of the occupied bed days. A reduction in these areas would have brought us to 32 delays, which is 1 above our trajectory.

In relation to assessment, referrals have increased and the number of removals at triage have also increased. As it takes time to triage referrals, inappropriate referrals reduce the capacity for assessments, and so work is being undertaken between Adult Social Work and colleagues in the Borders General Hospital and Community Hospitals to increase the quality of referrals. A Social Work action card is now in place and ward based discharge action cards are being developed.

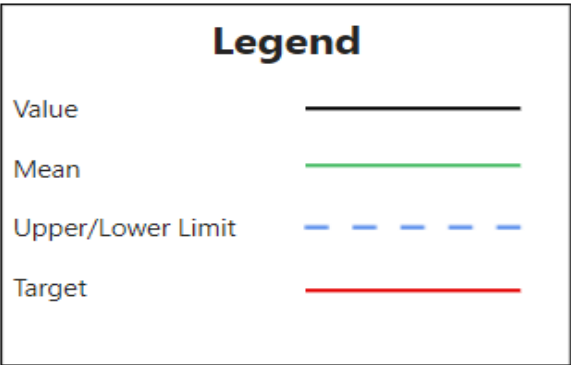
Additional resource has been deployed from locality social work teams to support with outstanding assessments across all hospital sites, and all registered managers within Adult Social Care services are now trained in Trusted Assessment to provide support with delayed discharges largely in intermediate settings.

It is expected that the number of Social Work assessments outstanding will reduce as a result of referral quality improvements and the action cards in a sustainable way.

Updated.87;67;80



Key Metrics Report – AOP Performance



Current Performance Key

R	Under performing	Current performance is significantly outwith the trajectory/ standard set	Outwith the standard/ trajectory by 11% or greater
A	Slightly Below Trajectory/ Standard	Current performance is moderately outwith the trajectory/standard set	Outwith the standard/ trajectory by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory/standard set	Overachieves, meets or exceeds the standard/trajectory, or rounds up to standard/trajectory

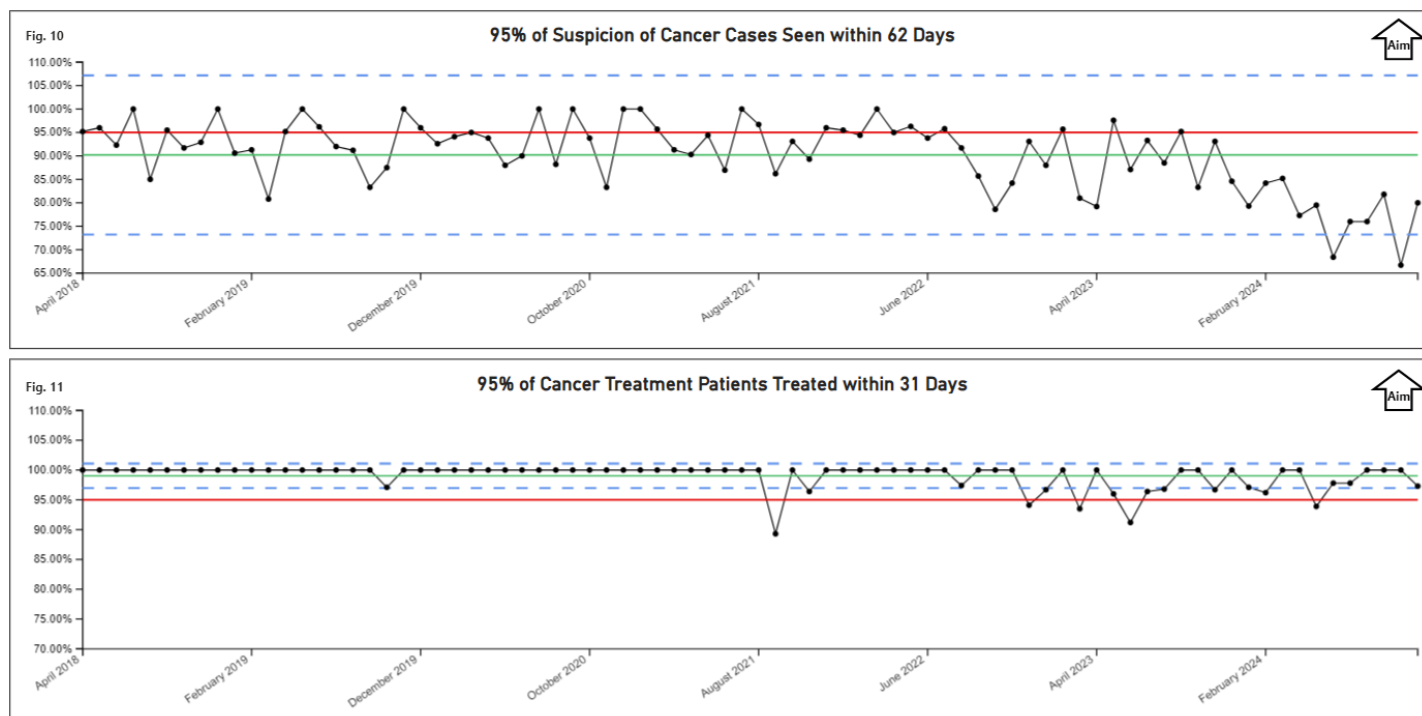
Symbols

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-

## Key Metrics Report Annual Operational Standards

Index	Measure	Target/Standard	Last Period	Last Position	Current Period	Current Position	Performance
1	Cancer Waiting Times - 62 Day Target	95% patients treated following urgent referral with suspicion of cancer within 62 days	01 October 2024	66.70	01 November 2024	80.00	↑
2	Cancer waiting Times - 31 Day target	95% of patients treated within 31 days of diagnosis	01 October 2024	100.00	01 November 2024	97.30	↓
3	New Outpatients - Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	30 November 2024	7,983.00	31 December 2024	8,001.00	↓
4	New Inpatients - Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	30 November 2024	1,793.00	31 December 2024	1,819.00	↓
5	Treatment Time Guarantee - Number not treated within 84 days from decision to treat	Zero patients having waiting longer than 84 days.	30 November 2024	110.00	31 December 2024	113.00	↓
6	Referral to Treatment (RTT) - % treated within 18 weeks of referral	90% patient to be seen and treated within 18 weeks of referral.	01 November 2024	61.30	01 December 2024	62.40	↑
7	Diagnostics (8 key tests) - Number waiting >6 weeks	Zero patients waiting longer than 6 weeks for 8 key diagnostic tests	01 November 2024	379.00	01 December 2024	391.00	↓
8	CAMHS - % treated within 18 weeks of referral	90% patients seen and treated within 18 weeks of referral	01 October 2024	77.30	01 November 2024	95.80	↑
9	A&E 4 Hour Standard - % patients discharged or transferred within 4 hours	95% of patients seen, discharged or transferred within 4 hours	01 November 2024	59.00	01 December 2024	58.00	↓
10	Delayed Discharges - Patients delayed over 72 hours	Zero patients delayed in hospital for more than 72 hours	30 November 2024	65.00	31 December 2024	53.00	↑
11	Psychological Therapies - % treated within 18 weeks of referral	90% patient treated within 18 weeks of referral	01 October 2024	82.40	01 November 2024	80.20	↓
12	Drug & Alcohol - % treated within 3 weeks of referral	90% patient treated within 3 weeks of referral	01 September 2024	99.00	01 December 2024	96.00	↓
13	Sickness Absence Rates (%)	Maintain overall sickness absence rates below 4%	01 November 2024	5.81	01 December 2024	6.91	↓

## Cancer Waiting Times



### Performance:

Reported performance against the 62-day target has deteriorated significantly during 2024; this is largely due to delays in the diagnostic pathway, as evidenced by continuing good performance against the 31-day target. The principle causes of these delays are:

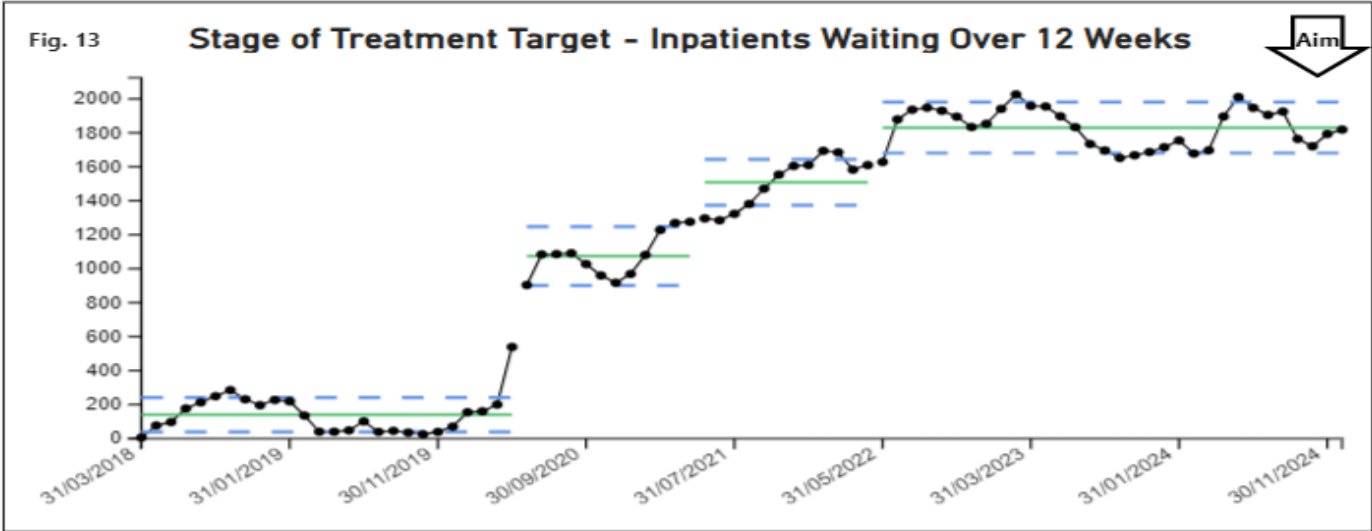
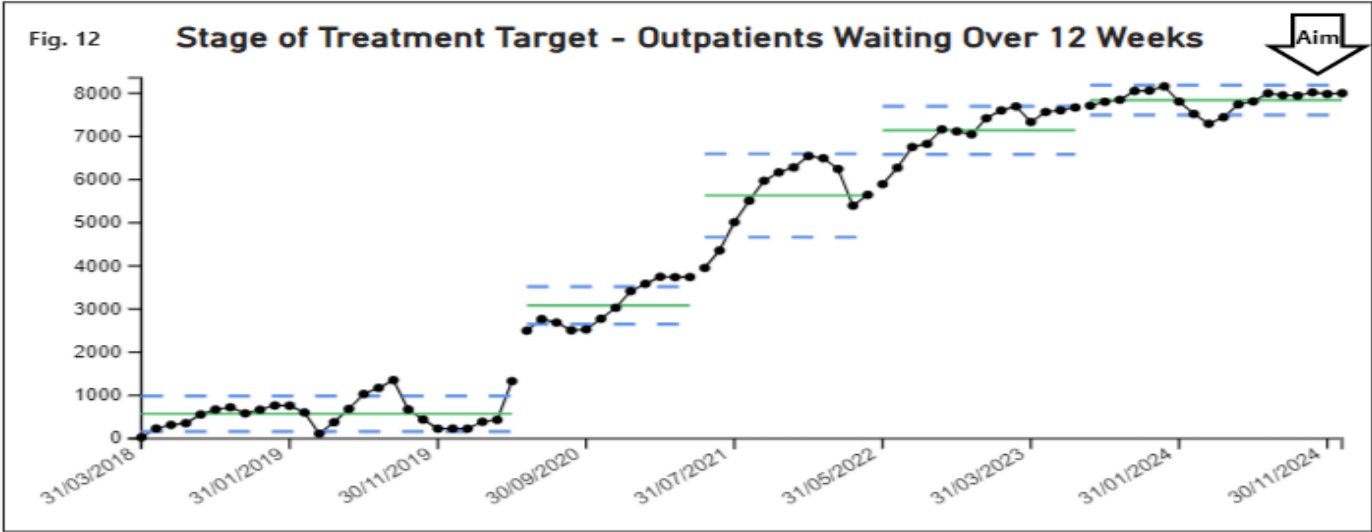
- Issues within the Urology service which have impacted on the Prostate pathway. This relates to a combination of increased demand, leading to delays in waits for MRI scans and Prostate Biopsies, and wider issues around co-ordination within the Urology service. The Prostate pathway accounted for 70% of all breaches during 2024.
- Long waits for diagnostic appointments, both for scope procedures and within Radiology. Long waits for Colonoscopy and Endoscopy resulted in around 10% of breaches during 2024.
- Long waits for first clinic appointments have also been an issue. These are related to available capacity, and how this is allocated between urgent and routine cases.
- Breast and Dermatology have had specific issues related to capacity during parts of 2024.

The most challenging issue is Urology. To improve co-ordination within the service it was agreed to recruit to a local Consultant post; however this has been advertised twice without success, and discussions are now ongoing around how Consultant input within the current regional service can be improved to provided enhanced leadership and increased capacity. In the interim enhanced Cancer Tracking input is in place, but with the current level of increased demand this service remains at considerable risk and is likely to continue to see breaches during 2025. This will impact of overall reported performance.

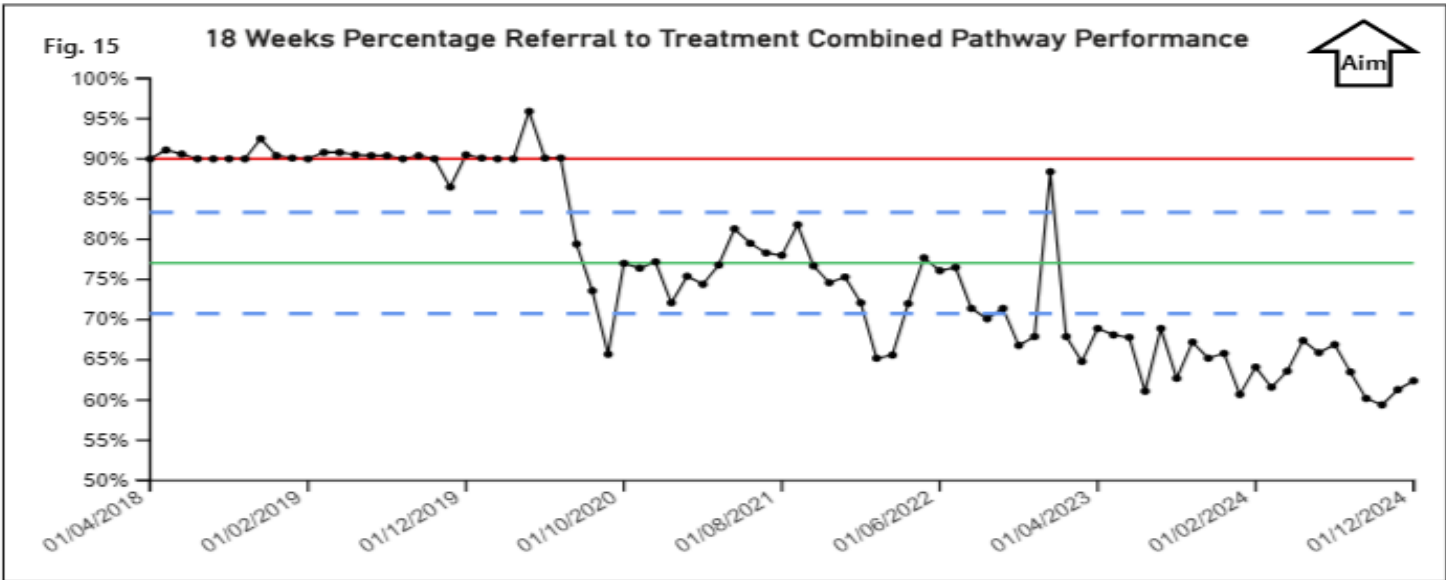
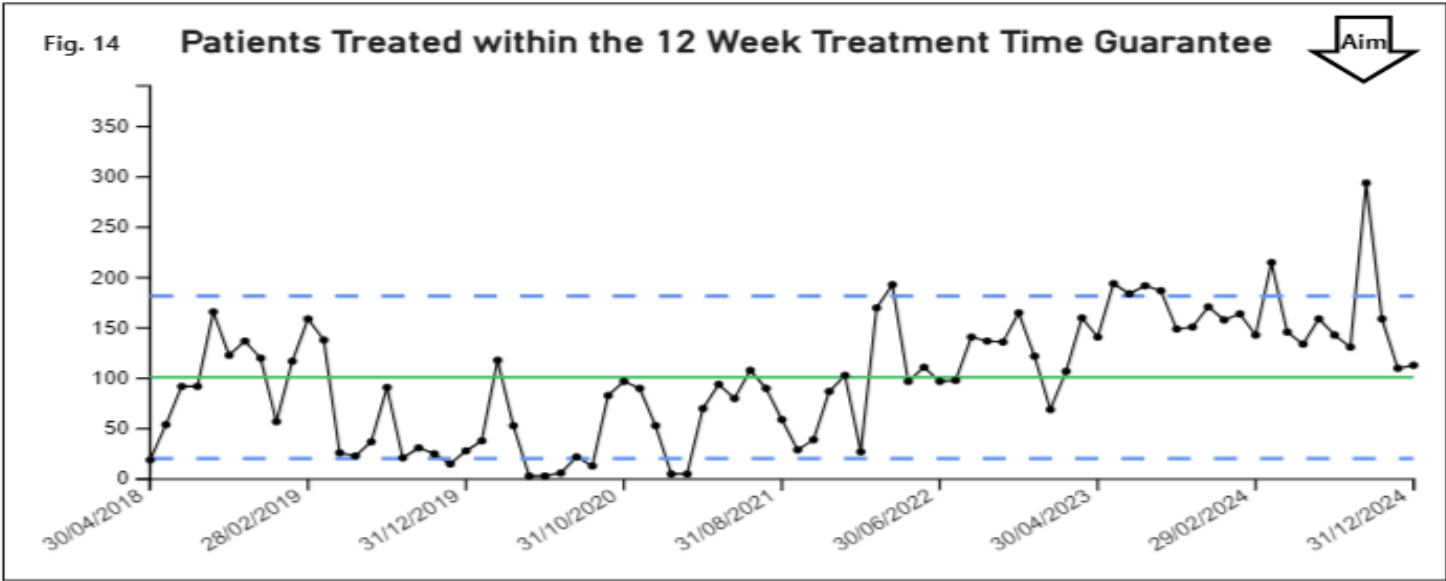
Two Nurse Colonoscopist/Endoscopists have been appointed and will result in increased activity from later in 2025 when their training is completed. In the interim we are planning to continue with weekend Colonoscopy lists to increase capacity. It is also planned to continue with regular visits from mobile CT and MRI scanners through 2025/26. Both of these rely on Planned Care capacity plans being signed off, and funding being released from Scottish Government.

This work will also impact on outpatient clinic capacity, and how this can be used to effectively meet cancer and long-wait targets.

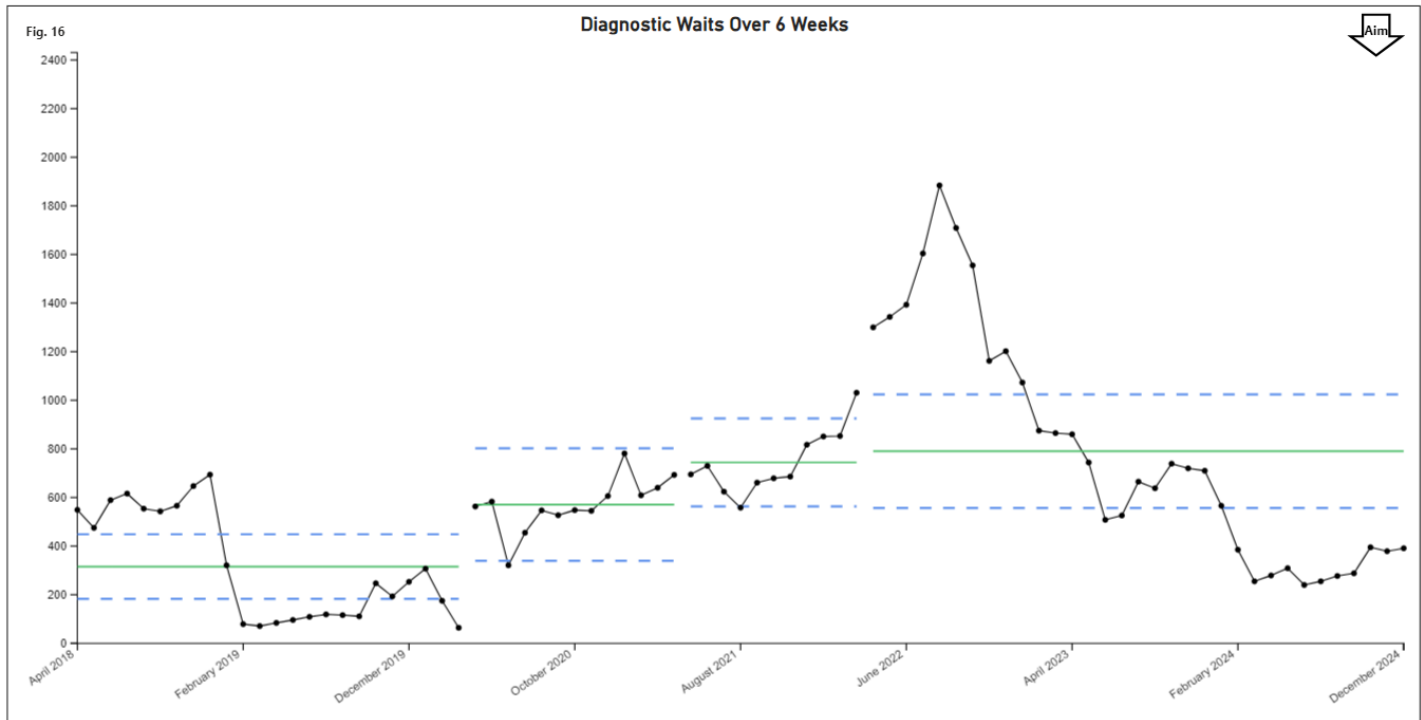
Stage of Treatment- Outpatients/Inpatients waiting over 12 weeks



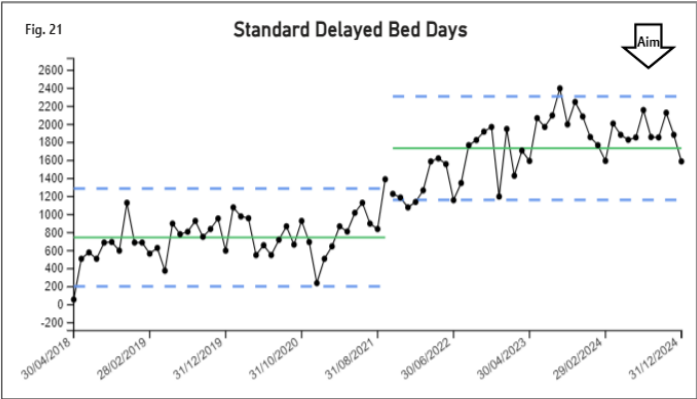
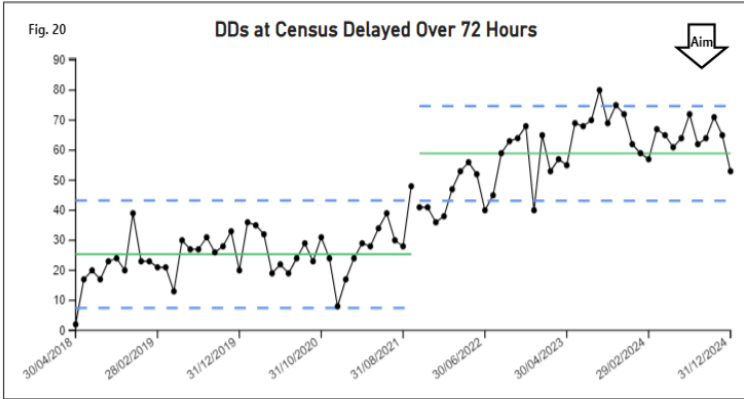
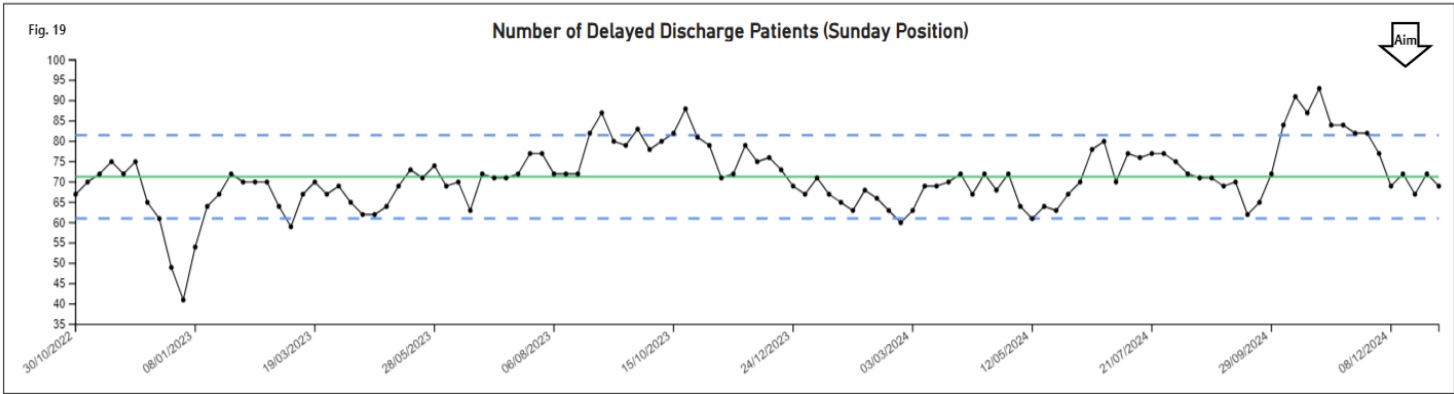
Treatment times



Diagnostic Waits

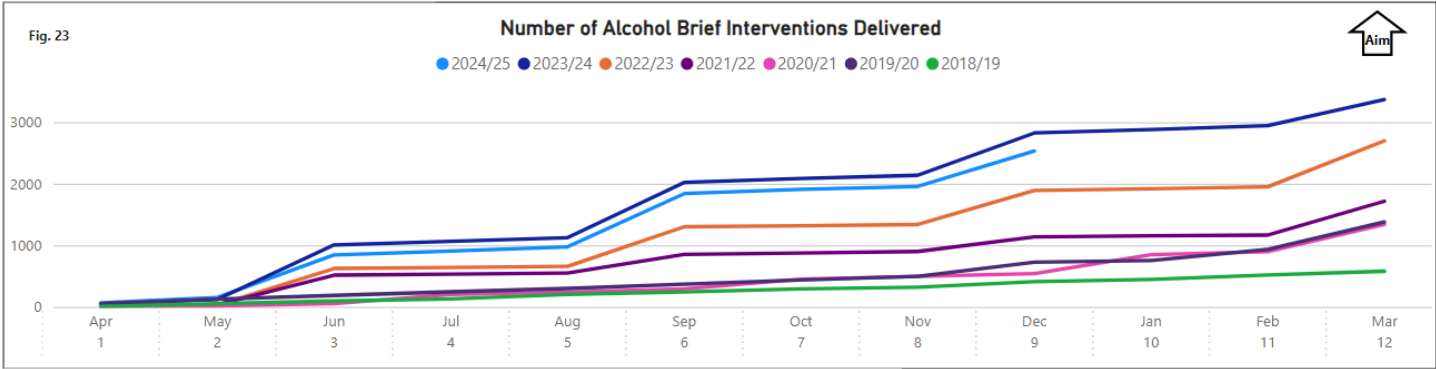
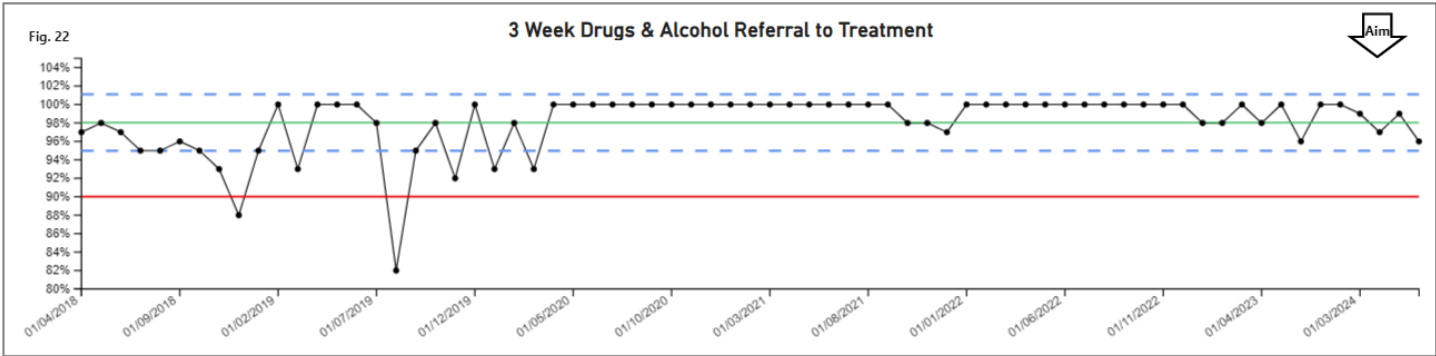


Delayed Discharges

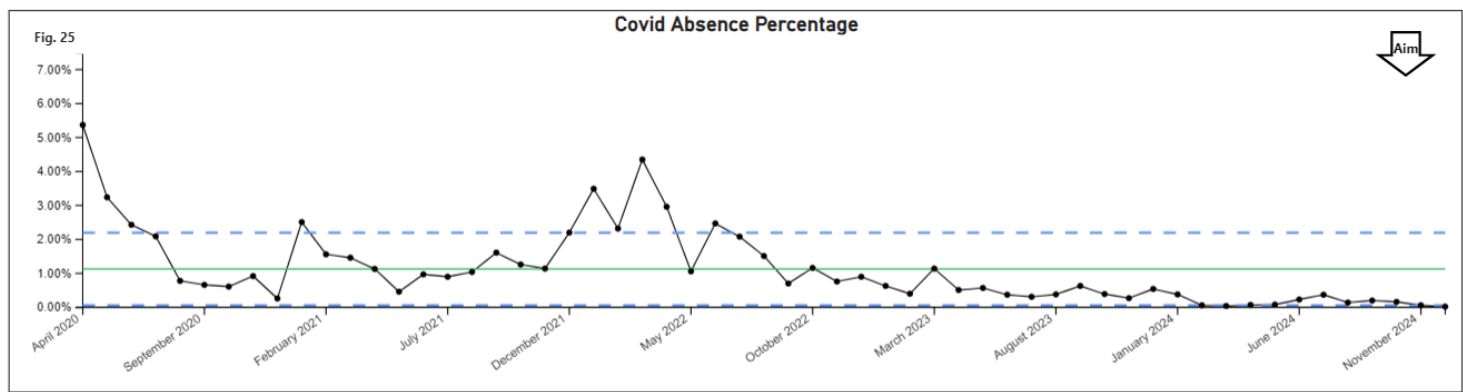
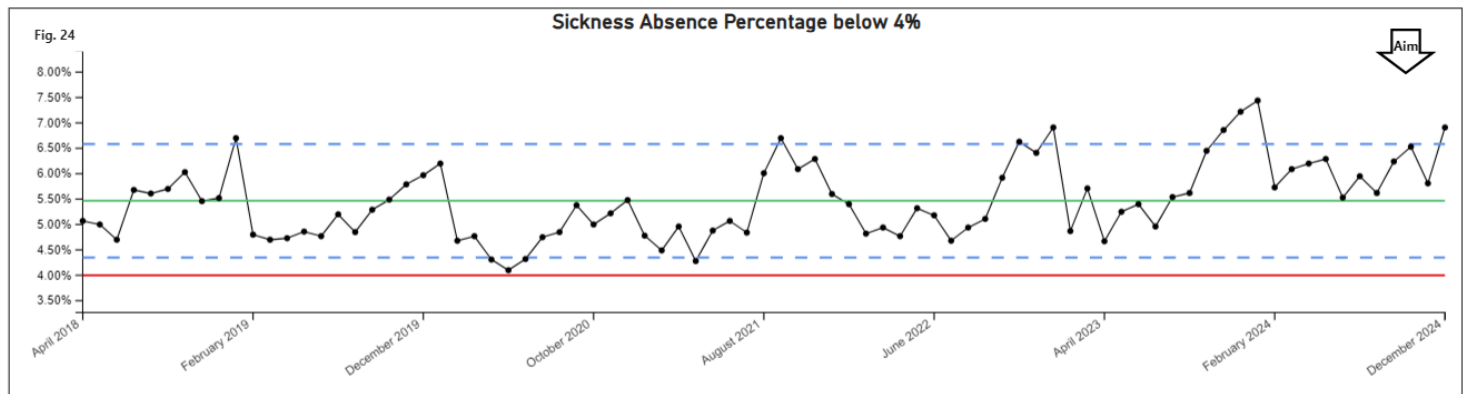




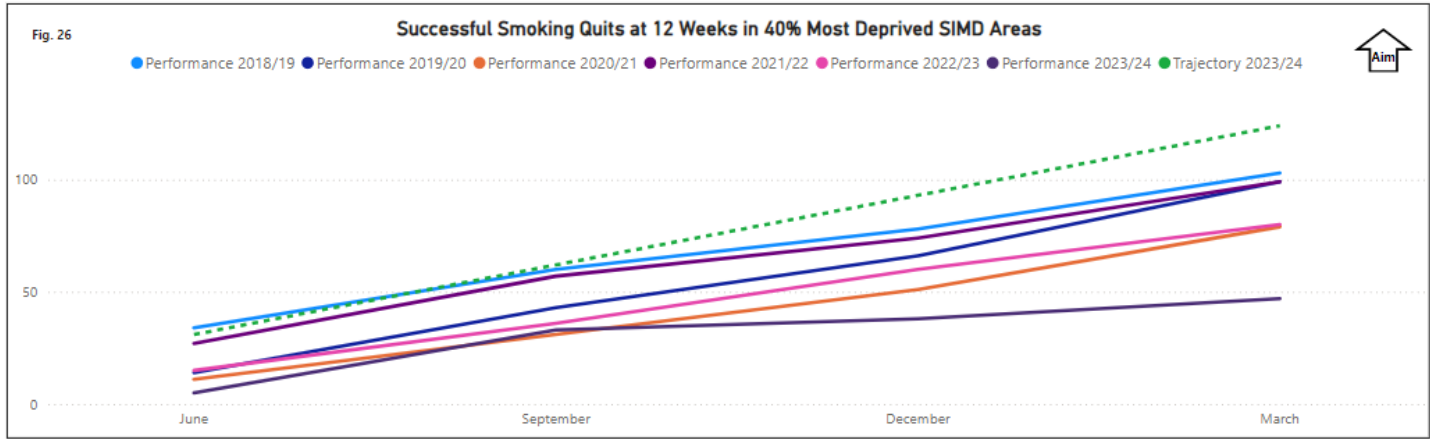
Drugs & Alcohol



# Sickness Absence



Smoking Quits



(Please Note: All figures are cumulative. Data is reported quarterly to allow monitoring of the 12-week quit period. There is a 6-month lag time for reporting to allow monitoring of the 12 week quit period)

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>6 February 2025</b>
<b>Title:</b>	<b>Consultant Appointments</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andy Carter, Director of HR &amp; OH&amp;S</b>
<b>Report Author:</b>	<b>Bob Salmond, Associate Director of Workforce</b>

## 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):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to notify the Board of recent consultant appointments offered by the Chair or their deputy on behalf of NHS Borders Board.

### 2.2 Background

Board members were briefed in December 2017 on revisions to the NHS Borders guidance on medical consultant appointments. As a result, the Chair of the Board or his/her deputy have delegated authority to offer consultant appointments on behalf of the Board.

### 2.3 Assessment

Since the last report to the Board, 1 new consultant has been interviewed, offered and accepted a consultant post.

<b>New Consultant</b>	<b>Post</b>	<b>Start Date</b>
Dr Andrew Shepherd	Consultant Anaesthetist	February 2025

### **2.3.1 Quality/ Patient Care**

The Senior Medical Staffs Committee receives a quarterly report on forthcoming medical vacancies, new long term Consultant appointments (including locums) and consultant posts filled by long term locums.

### **2.3.2 Workforce**

Successful recruitment to substantive consultant posts supports the sustainability of services.

### **2.3.3 Financial**

Not applicable.

### **2.3.4 Risk Assessment/Management**

Not applicable.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed in the preparation of this paper. However Equality and Diversity obligations are fully complied with in the recruitment and selection process.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

### **2.3.8 Communication, involvement, engagement and consultation**

Not applicable.

### **2.3.9 Route to the Meeting**

Not applicable.

## **2.4 Recommendation**

The Board is asked to note the report.

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

### **3 List of appendices**

Not applicable.