

A meeting of the **Borders NHS Board** will be held on **Thursday, 26 June 2025** at 10.00am via MS Teams.

AGENDA

Time	No		Lead	Paper
10.00	1	ANNOUNCEMENTS & APOLOGIES	Chair	<i>Verbal</i>
10.01	2	DECLARATIONS OF INTEREST	Chair	<i>Verbal</i>
10.02	3	MINUTES OF PREVIOUS MEETING 24.04.25 EO	Chair	<i>Attached</i>
10.03	4	MATTERS ARISING Action Tracker	Chair	<i>Attached</i>
10.05	5	CHIEF EXECUTIVE'S REPORT	Chief Executive	<i>Appendix-2025-35</i>
10.10	6	STRATEGY		
10.10	6.1	Annual Delivery Plan 2025/26	Director of Planning & Performance	<i>Appendix-2025-36</i>
10.15	6.2	Scottish Borders Local Child Poverty Annual Report 2024/25 and Action Plan 2025/26	Consultant in Public Health Medicine	<i>Appendix-2025-37</i>
10.25	7	FINANCE AND RISK ASSURANCE		
10.25	7.1	Resources & Performance Committee minutes: 06.03.25	Board Secretary	<i>Appendix-2025-38</i>
10.26	7.2	Audit & Risk Committee minutes: 24.03.25, 26.05.25	Board Secretary	<i>Appendix-2025-39</i>
10.27	7.3	Endowment Fund Board of Trustees minutes: 03.02.25, 05.05.25	Board Secretary	<i>Appendix-2025-40</i>
10.28	7.4	External Annual Audit Report	External Audit	<i>Appendix-2025-41 To Follow</i>
10.35	7.5	Audit & Risk Committee Assurance Report	Chair Audit & Risk Committee	<i>Appendix-2025-42 To Follow</i>
10.40	7.6	NHS Borders Annual Report and Accounts	Director of Finance	<i>Appendix-2025-43</i>

				<i>To Follow</i>
10.50	7.7	NHS Borders Endowment Annual Accounts	Director of Finance	<i>Appendix-2025-44 To Follow</i>
10.55	7.8	NHS Borders Private Patients Funds Annual Accounts	Director of Finance	<i>Appendix-2025-45 To Follow</i>
11.00	7.9	Finance Report	Director of Finance	<i>Appendix-2025-46</i>
11.05	8	QUALITY AND SAFETY ASSURANCE		
11.05	8.1	Clinical Governance Committee minutes: 12.03.25	Board Secretary	<i>Appendix-2025-47</i>
11.06	8.2	Quality & Clinical Governance Report	Director of Quality & Improvement	<i>Appendix-2025-48</i>
11.15	8.3	Infection Prevention & Control Report	Director of Nursing, Midwifery & AHPs	<i>Appendix-2025-49</i>
11.25	9	ENGAGEMENT		
11.25	9.1	Staff Governance Committee minutes: 21.11.24, 16.01.25	Board Secretary	<i>Appendix-2025-50</i>
11.26	9.2	Health & Care (Staffing) (Scotland) Act 2019 - Annual Report	Director of Nursing, Midwifery & AHPs	<i>Appendix-2025-51</i>
11.35	9.3	Whistleblowing Annual Report 2024/25	Director of HR, OD and OH&S	<i>Appendix-2025-52</i>
11.45	10	PERFORMANCE ASSURANCE		
11.45	10.1	NHS Borders Performance Scorecard	Director of Planning & Performance	<i>Appendix-2025-53</i>
11.55	11	GOVERNANCE		
11.55	11.1	Code of Corporate Governance sectional refresh	Board Secretary	<i>Appendix-2025-54</i>
11.59	12	ANY OTHER BUSINESS		
12.00	13	DATE AND TIME OF NEXT MEETING		
		Thursday, 7 August 2025 at 10.00am in the Council Chamber, Scottish Borders Council and via MS Teams (HYBRID)	Chair	<i>Verbal</i>

Minutes of an **Extraordinary Borders NHS Board** meeting held on Thursday 24 April 2025 at 10.00am 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
- Mr P Moore, Chief Executive
- Mr A Bone, Director of Finance
- Dr S Bhatti, Director of Public Health
- Mrs S Horan, Director of Nursing, Midwifery & AHPs
- Dr L McCallum, Medical Director

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Planning & Performance
- Mr A Carter, Director of HR, OD & OH&S
- Mr O Bennett, Interim Director of Acute Services
- Mr G Clinkscale, Director of Acute Services
- MRs S Errington, Head of Planning & Performance
- Ms D McGarrity, Planning and Performance Officer
- Mrs C Oliver, Head of Communications & Engagement
- Ms S Laurie, Senior Communications Officer
- Ms M Taylor, Staff Nurse
- Ms C Barlow, Fundraising Manager

1. Apologies and Announcements

- 1.1 Apologies had been received from Cllr D Parker, Non Executive, Mrs L Jones, Director of Quality & Improvement and Mr C Myers, Chief Officer IJB.
- 1.2 The Chair welcomed Ms Meri Taylor, Staff Nurse who was shadowing the Director of Nursing, Midwifery & AHPs.
- 1.3 The Chair welcomed a range of attendees to the meeting.
- 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 April 2025 were approved.

4. Matters Arising

- 4.1 **Action 2024-5:** Mrs Fiona Sandford commented that at a recent meeting she had attended, Mr John Burn, NHSS Chief Operating Officer had emphasised the importance of strong engagement with Area Clinical Forums around the changes that were to come on how things were planned and delivered.
- 4.2 **Action 2025-1:** Mr Andy Carter commented that at the recent Staff Governance Committee meeting the previous week a people metrics paper had been shared with the Committee and more metrics would be added to it as it evolved. He suggested the action be closed as a regular reporting process was in place.

The **BOARD** agreed to mark Action 2025-1 as complete.

The **BOARD** noted the Action Tracker.

5. NHS Borders Organisational Strategy

- 5.1 Mr Peter Moore thanked Mrs June Smyth and the Strategy Team and all those who had supported the formulation and evolution of the organisational strategy. He recognised the input of local communities, the contributions of staff and the Board members who had all embraced the 5 Questions survey.
- 5.2 Mr Moore provided an overview of the content of the report and highlighted: people as an asset; local communities; co produced strategy; open teams call with staff; inclusion required greater visibility and emphasis and would be an enabling strategy in the people strategy; storyboard and words; national context; who we are; purpose of the strategy; our strategic approach; developing the clinical strategy; rewiring our internal operating model; delivery plan for 2025/26; values and behaviours; financial situation; learning; and on-going conversations with staff and communities.
- 5.3 Discussion focused on: clinical strategy; input of clinicians and communities; population and place space; consultation was medically focused and have a bio medical model described; easy read version; page numbering; risk management strategy fit in; social compact/contract concept; recognition that complexity was an issue; links to sub strategies; greater investment in training and development and appraisals; and financial planning and investment.
- 5.4 Mr James Ayling commented that the new organisational strategy would put extra strain on an already pressurised organisation and enquired if reviews would be put in place every 6 or 9 months to see if everything was running to time or if anything needed to be changed.
- 5.5 Dr Lynn McCallum commented that from a clinical perspective the organisation had worked over the previous 4-5 years within the organisation to enable the clinical voice to lead from the front in designing services, however given pressures and

challenges in the system progress had been slow. She expected the underpinning clinical strategy to empower clinicians and staff to make the changes needed to have the right clinical services for the future.

- 5.6 Mrs Lynne Livesey enquired what would be stopped in order to enable staff to have the space for them to focus on what was needed to be done.
- 5.7 The Chair commented on the connectivity issue of making sure the strategies connected and talked to each other and sought assurance on the proposed changes to internal governance structures.
- 5.8 Mr Moore commented that the intention was for the clinical strategy work to conclude by the end of the September as it would inform the rest of the underpinning strategies such as digital, investment, estate and people. A series of clear plans to monitor through the governance structure would then be available.
- 5.9 In terms of Mr Ayling's question, Mr Moore commented that the feedback that had been received from the staff and communities on how to keep well and what made it difficult, had shown it was predominantly eating, exercise and the cost of living. The intention was for people to stop repeating the same actions and the organisation needed to go back out to the communities to support people to change their habits and move towards a healthier life style. The organisation would work differently in terms of moving away from being reactive to looking ahead through the strategy. Foundations would be put in place for a different way of working in the future using the investment and resources currently available. Investment in community services should reduce admissions to the Borders General Hospital, agency costs and the need for extra hospital beds.
- 5.10 In terms of governance there was work to be taken forward on changing the delivery and management infrastructure in the governance framework and how the assurance infrastructure would work alongside it. Internal auditors would be used to check the changes proposed to ensure the integrity of the changes and ensure they were safe and effective.
- 5.11 Mr Moore further commented on the internal improvement plan on elective care and the financial position and the need to learn to improve at a faster pace. He was keen to enable communities to have easy access to the right services and ensure they were linked so that diagnosis and treatment occurred with a timeframe that was acceptable to communities.
- 5.12 The Chair thanked everyone for the discussion and recognised that there would be challenges and issues around it as it progressed. She recorded the thanks of the Board to Mrs June Smyth and her team in producing the draft organisational strategy.
- 5.13 Mrs Smyth commented that the strategy set out a clear direction of travel and was based on the engagement received from the staff and public. She thanked her Executive colleagues for their input and the strategy taskforce for bringing it altogether.

The **BOARD** approved NHS Borders Organisational Strategy as set out within Appendix 4.

The **BOARD** confirmed it had received Significant Assurance from the report in terms of direction and Moderate Assurance from the report in terms of the ability to achieve its objective.

6. Full to the Brim – Director of Public Health Annual Report 2024

- 6.1 Dr Sohail Bhatti presented the Director of Public Health Annual Report and highlighted several key elements which included: prevention work; obesity; social prescribing; type 2 diabetes access to drugs; balanced and healthy diet; ultra processed foods; improved uptake on schools meals; promotion of physical activity; promotion of breastfeeding; Health Visitors, District Nurses and Teachers encouraging good habits early on in childhood; conclusions and recommendations; community planning partnership; social prescribing; what matters hubs as a vehicle to deliver preventative interventions; potential for salary sacrifice schemes linked to physical activity ie electric bikes; rapid review and analysis of the health of the borders population; the work of the Joint Health Improvement Team to reduce inequalities and promote good health and create a healthy future for all; the public health screening service; the alcohol and drug partnership; and working with partners.
- 6.2 Mrs Fiona Sandford welcomed the report and enquired if there was any engagement with Live Borders given the Southern Reporter had reported that about half of the their facilities were to be closed.
- 6.3 Discussion focused on: the public health report focusing on a single area of concern quite heavily when there were a range of areas of concern that the report could have covered; how would it be quantified, evaluated and how improvement's would be made; challenges of obesity in terms of the population and the expectation on Boards to carry out operations on those with a BMI over 35 which posed significant risks to the patient and the clinicians; support to help people with significant weight challenges; recognising obesity as a disease; consider and recognise BMI is a national measure for obesity; baby friendly initiative and breastfeeding was very important as close loving relationships were the ethos of it and the organisation held a gold status and SCBU held silver status.

The **BOARD** noted the report.

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

7. Any Other Business

- 7.1 **Chief Officer IJB:** The Chair recorded the thanks of the Board to Mr Chris Myers for his leadership in providing the IJB with a more focused direction of travel during his tenure as Chief Officer and wished him well in his new role at Scottish Borders Council.
- 7.2 **Administration:** Mr Peter Moore, recorded his thanks to all those involved in producing the paperwork for the Extraordinary meeting as well as to Miss Iris Bishop for pulling it all together. He commented that there was a lot of hidden work that was taken forward behind the scenes in servicing Board meetings and the impact of extra meetings at short notice placed further pressures on staff.

8. Date and Time of next meeting

- 8.1 The Chair confirmed that the next scheduled meeting of Borders NHS Board would take place on Thursday, 26 June 2025 at 10.00am in the Roxburgh Suite, Scottish Borders Council and via MS Teams (hybrid).

DRAFT

Borders NHS Board Action Point Tracker

Meeting held on 3 October 2024

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 BOARD noted that the ACF Chair would progress linking the ACF through the Clinical Governance Committee in terms of activities across independent practitioners.	ACF Chair	In Progress: Update 05.12.24: 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. Update 06.02.25: The Chair advised that the Chair of the ACF had resigned and an election would be held for a replacement. Mrs Fiona Sandford commented that it was important for the Board to receive a strong voice from independent practitioners particularly GPs. Update 26.03.25: The Chair of the GP Sub election was required to take place before the election of the Chair of the ACF. The election for the Chair of the GP Sub was scheduled for 31.03.25. Update 18.06.25: Election to take place at ACF meeting on 23.06.25.

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 BOARD noted that it had previously requested to receive a regular report from the Staff Governance Committee on staffing.	Andy Carter / Cllr David Parker	Update 06.02.25: It was noted a discussion would take place under any other business in regard to the Staff Governance Committee. The action would remain live on the action tracker. Complete: Update 24.04.25: Mr Andy Carter commented that at the recent Staff Governance Committee meeting the previous week a people metrics paper had been shared with the Committee and more metrics would be added to it as it evolved. He suggested the action be closed as a regular reporting process was in place.

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2025-4				

Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Chief Executive's Report
Responsible Executive/Non-Executive:	Peter Moore, Chief Executive
Report Author:	Peter Moore, Chief Executive

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

In this update I want to recognise the value of our staff and local communities, note the progress with our organisational strategy and highlight the ongoing importance of the national redress scheme.

2.2 Background

Our Staff: It is with deep sadness that we share the loss of Mr Graham Dall.

Organisational Strategy: The new strategy has four main components.

Bowhill House: Earlier this month NHS Borders' staff were able to enjoy some local events thanks to the generosity of the Duke of Buccleuch.

Scotland's Redress Scheme: The scheme was launched some three and a half years ago and has enabled the Health Boards and Redress Scotland to collectively deliver financial and non-financial redress for those who suffered abuse in care as children in Scotland, before 2004.

Protected Characteristics: Under the Equality Act 2010, there are nine protected characteristics.

2.3 Assessment

Our Staff: As our people are the reason why we can provide the services we do, I will start by recognising Mr Graham Dalls passing formally here at the NHS Borders Board. Mr Dall was an outstanding Foot and Ankle Surgeon, a kind and caring colleague and played a significant contribution to our community. I recognise the strength of feeling and love the organisation demonstrated when we lost Graham, and was really moved by those who attended the funeral to pay their respects to Graham and support his family, but also those who supported them by maintaining our services here within NHS Borders. As painful as it is with any member of this organisation passing, it has made me reflect on making sure, as an organisation whose purpose it is to care for people, that we become the very best at caring for our own people during this most difficult of times. We will report back on how we take this forward in future meetings.

Organisational Strategy: It has been an incredibly busy period since April putting in place the foundations of the new Organisational Strategy. The Organisational Strategy has four main components; developing our Clinical Strategy, rewiring our Organisation, Implementing our QI Capability and delivering our Social Compact with our workforce. Our work to develop the Clinical Strategy is well underway with a great group developing the information we need and arranging some exciting engagement sessions with clinical leaders from across our organisation. Rewiring our organisation has started in earnest through the first of our NHS Borders Delivery Boards. The inaugural meeting was in May and we were well represented with a range of senior managers and clinical leaders who discussed how this important meeting will operate. The next meeting will be a workshop which develops further our ways of working. This will feel slightly uncomfortable for all of us as we adapt to this new way of working, but it will provide much wider engagement in our decision making process and also significantly better grip and control of our implementation.

Bowhill House: The Duke of Buccleuch approached NHS Borders offering to organise an exclusive event at Bowhill House near Selkirk for NHS Borders staff and their families and later added the offer of free tickets to the Family Book Festival in Melrose for children of NHS Borders' staff.

Free access to Bowhill House Grounds and Playpark was granted to all NHS Borders staff from 10am to 5pm on Saturday 14th June with an exclusive event held in the House and Gardens between 1pm and 4pm for those who registered in advance. All 300 places were claimed and though the poor weather did impact on the numbers on the day, those that attended enjoyed lawn games, tours of Bowhill House, free ice cream, a fascinating ranger-led walk and a fantastic performance from our own Health In Harmony Choir.

More than 330 children's tickets were booked for the Family Book Festival events on Sat 14th and Sunday 15th June and a further 40 or so adult tickets were booked for the main festival utilising the 30% discount that was also made available to our staff.

Our thanks have been conveyed to both the team at Bowhill House, and the Book Festival, as well as to the Duke himself for the generosity and kindness he has shown our staff through these initiatives.

Scotland's Redress Scheme: The scheme has enabled the Health Boards and Redress Scotland to collectively deliver financial and non-financial redress for those who suffered abuse in care as children in Scotland, before 2004. Many applicants have been able to gather the evidence and information they needed to make an application to the Scheme and have been able to receive a meaningful apology.

Since the Scheme launched on 8 December 2021, over 5500 applications for redress have been received, with more than 3300 passed to Redress Scotland for determination already. More than 2500 applicants have accepted an offer of redress with more than £125million having been paid, so far. This is significant and reflects the support and commitment for the Scheme from across Scotland's public bodies.

The date upon accepting the last application for the Scheme is dependent upon the publication of the Final Report from the Scottish Child Abuse Inquiry. The Inquiry is due to examine the provision of residential care provided by Scottish Local Authorities in the second half of 2025 as part of Phase 10 investigations. Officials are working on the assumption the Scheme is unlikely to be in a position to close any earlier than the end of 2028.

Protected Characteristics: Under the Equality Act 2010, there are nine protected characteristics:-

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Each member of the Executive Team has agreed to lead a specific characteristic and as of 1 July we are implementing the removal of titles in meeting minutes and meeting notes. Titles can unintentionally highlight or assume some of these characteristics, particularly sex, marital status, and gender identity. Removing titles supports a more inclusive and respectful approach, ensuring individuals are referred to in a neutral and consistent manner.

2.3.1 Quality/ Patient Care

None arising from this report.

2.3.2 Workforce

None arising from this report.

2.3.3 Financial

None arising from this report.

2.3.4 Risk Assessment/Management

None arising from this report.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed.

2.3.6 Climate Change

None arising from this report.

2.3.7 Other impacts

None arising from this report.

2.3.8 Communication, involvement, engagement and consultation

Not required.

2.3.9 Route to the Meeting

2.4 Recommendation

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

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:

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

3 List of appendices

The following appendices are included with this report:

None.

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Annual Delivery Plan 2025/26
Responsible Executive/Non-Executive:	June Smyth Director of Planning & Performance
Report Author:	Hayley Jacks, Planning & Performance Officer

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper updates Borders NHS Board on the submission of our 2025/26 Annual Delivery Plan (ADP) and the formal sign off of the Annual Delivery Plan by Scottish Government.

2.2 Background

On 29 November 2024, Paula Speirs NHS Scotland Deputy Chief Operating Officer, emailed all NHS Boards to commission a Delivery Plan for 2025/26. The email included a guidance document which has previously been circulated for awareness with Board members.

The submission date for the ADP was the 17 March 2025. A request for a 7 day extension was submitted to Scottish Government, and granted, to allow for the ADP submission to align with the completion of the Board's Organisational Strategy. The ADP was submitted on 24 March 2025 (Appendix 1).

Due to assigned timelines not matching the NHS Board meeting cycles we sought delegated authority for the Chair and Chief Executive to sign off and submit the draft 2025/26 Delivery Plan, with the final versions being tabled at this meeting for Board approval, once feedback has been received from Scottish Government.

2.3 Assessment

NHS Board Delivery Plans were asked to provide an overarching commitment at a Board-wide level to the key service outcomes that will be delivered, reflecting national priorities which have been identified by Scottish Government. NHS Borders plan will outline if the priorities can be achieved however at this stage it does not necessarily reflect what we would prioritise locally.

In each section relating to the key focus areas the following should be included for all territorial Boards:

- **Aims and Objectives** - Overall aims and objectives for the high-level planning and transformation priorities including any specific local priorities for 2025/26
- **Timelines** - Where there are local deliverable/actions indicate a completion date for the deliverable/action detailed. This should include any high-level transformation actions that may or may not be included in the priorities
- **Data and Intelligence** - Where there is an aligned Local Delivery Plan (LDP) indicator, waiting time, quality or locally set improvement target or action/deliverable then the current and planned trajectory should be included within the plan to understand the impact the actions/mitigations within the plan will have on a numerical basis. Performance will be monitored in our monthly Board Performance report.
- **Risk** - Detail where possible any explicit links to the corporate/Board risk register and any areas where a Board cannot deliver
- **Workforce** - Specifically in each section any areas that align with the Board's workforce planning that are areas which cannot be met due to mitigations not being within ability of the Boards

The planning priorities set out in the guidance were intended to give clarity on the high level priorities which Boards should deliver in 2025/26, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within their own financial context.

The Business Units worked collaboratively with the Planning & Performance Team to develop our ADP. The Director of Planning & Performance, along with Planning & Performance Team colleagues, met with Scottish Government representatives on 05 February 2025 to review the draft ADP document, before final submission in March. Formal sign off from Scottish Government was received on 08 May 2025 and is attached as Appendix 2.

Planning & Performance are working with services to address the points in the feedback letter; whilst there isn't a requirement to write to Scottish Government with our responses, we felt it prudent to have the information prepared, should any questions arise at subsequent Scottish Government sponsorship meetings with the Chief Executive and his team.

On 09 June, Scottish Government wrote to Directors of Planning to advise they have been considering the role of Delivery Plans in the context of the Operational Improvement Plan (OIP), the forthcoming Service Renewal Framework (SRF), and the Population Health Plan (PHP). Formal communications to Chief Executives are expected in the coming days to confirm the Scottish Government's position, which will likely involve stepping back from active approval and national reporting on Delivery Plans. Instead, the collective focus will move towards delivery of the OIP and SRF.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

Services will carry out Health Inequalities Impact Assessments (HIIAs) as part of delivering 2025/26 ADP priorities.

2.3.6 Climate Change

None identified.

2.3.7 Other impacts

None noted.

2.3.8 Communication, involvement, engagement and consultation

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

Specifically, the plan has been shared for review and comment with the Area Partnership Forum, Area Clinical Forum, Operational Planning Group and members of NHS Borders Board.

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

2.3.9 Route to the Meeting

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

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Borders ADP 2025/26
- Appendix 2, ADP sign off letter from Scottish Government



2025 / 26

Delivery Plan

NHS Board: NHS Borders

24 March 2025

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Glossary	
A&E	Accident & Emergency
AAU	Acute Assessment Unit
ACRT	Active Clinical Referral Triage
ADP	Annual Delivery Plan also: Alcohol and Drugs Partnership in Public Health
AHP	Allied Health Professional
aMASP	Audiology Multi Agency Support Plans
ANIA	Accelerated National Innovation Adoption
ANP	Advanced Nurse Practitioner
ASQ	Ages & Stages Questionnaire
BAS	Borders Addiction Service
BBV	Blood Bourne Virus
BCP	Business Continuity Planning
BGH	Borders General Hospital
BMI	Body Mass Index
CAMHS	Child and Adolescent Mental Health Service
CCIO	Chief Clinical Informatics Officer
CCOE	Cyber Security Centre of Excellence
CCT	Certificate of Completion of Training
CESR	Certificate of Eligibility for Specialist Registration
CfSD	Centre for Sustainable Delivery
CGS	Community Glaucoma Service
CHSWG	Children's Hearing Services Working Group
CIG	Clinical Interface Group
CMHT	Community Mental Health Team
CPAG	Child Poverty Action Group
CPD	Clinical Professional Development
CPP	Community Planning Partnership
CTAC	Community Treatment and Care
CT	Computerised Tomography
CWS	Centre for Workforce Supply
CYPPP	Children and Young People Planning Partnership
DME	Department of Medicine of the Elderly
DTP	Diphtheria, Tetanus, Polio Vaccine

Glossary	
DwD	Discharge Without Delay
DWP	Department for Work & Pensions
ED	Emergency Department
EHRIA	Equalities & Human Rights Impact Assessment
EMIS	Egton Medical Information System
ENU	Edinburgh Napier University
EPR	Electronic Patient Record
EV	Electric Vehicles
GA	Graduate Apprenticeship
GDS	General Dental Service
GDPR	General Data Protection Regulation
GIRFE	Getting it Right for Everyone
GMS	General Medical Services
GP	General Practitioner
H&S	Health & Safety
H@H	Hospital at Home
HCID	High Consequence Infectious Diseases
HCSA	Hospital Consultants and Specialist Association
HCSW	Healthcare Support Worker
HEPM A	Hospital Electronic Prescribing and Medicines Administration
HIS	Health Information Systems
HISES	Health Innovation South East Scotland
HNC	Higher National Certificate
HPI	Health Plan Indicators
HPV	Human Papillomavirus
HR	Human Resources
HSCP	Health & Social Care Partnership
ICJ	Improving Cancer Journey
IDA	Innovation Design Authority
IG	Information Governance
IJB	Integration Joint Board
IM&T	Information Management & Technology
IPC	Infection Prevention and Control

Introduction

Our delivery plan articulates the national Drivers of Recovery and how NHS Borders will, within the resources available, address the priorities outlined by the Scottish Government. At the time of writing this plan, there remain several uncertainties, and therefore planning assumptions have been made and detailed under each driver where necessary. As this plan, along with our financial plan, is implemented, levels of commitment and associated performance agreements may need to be reassessed in line with the development of our Organisational and Clinical Strategy. Consequently, this plan remains responsive with continual assessment over the coming months.

The development of our Strategy will outline the future direction of NHS Borders for the next five years, detailing our strategic ambitions for healthcare services. The formation of this strategy will provide us with an opportunity to have an invaluable ongoing conversation with our local communities and people.

A crucial first phase in the development of our Strategy has already started these conversations with our staff and the communities of the Scottish Borders. This has allowed the opportunity to share their thoughts and shape the future direction of the organisation. We were extremely impressed by the thoughtfulness, candidness, and depth of ideas that were put forward. The amazing level of positively-framed and constructive feedback we received has been invaluable in informing the development of our Strategy for 2025 – 2030. This work will continue to progress during 2025 and will inform future iterations of our Annual Delivery Plan.

Whilst this document outlines our commitments and priorities, we may not achieve everything, but we will strive to give our absolute best. The table below summarises our commitments set out in this plan. These will remain priority areas; however, as our strategy develops, and as the Planned Care and Urgent & Unscheduled Care resource allocations are confirmed, these will remain fluid and adaptable as circumstances change or develop.

Planned Care	
Tackling long waits and backlogs.	We are committed to addressing the patients waiting over 52 weeks for first outpatient appointment and Treatment Time Guarantee.
Increasing productivity and efficiencies and reducing variation across Scotland, such as optimising theatre utilisation.	Increase Cataract theatre lists from 7 to 8 patients per list.
Urgent & Unscheduled Care	
A&E Performance	Targeting an increase from 64.25% to 75% by March 2026
Average Acute Occupancy	Reducing from 205 to 196 by March 2026
12-hour Delays	Reducing from 268 to 174 by March 2026
8-hour Delays	Reducing from 409 to 276 by March 2026
Delayed Discharge	Reducing from 77 to 30 by March 2026
Length of Stay	Maintaining at 7.4 days
Cancer Care	
Improving cancer waiting times standards	Improving performance against the 62-day and 31-day targets, particularly for breast, colorectal, and urology pathways.
Increasing diagnostic capacity	Increasing capacity for endoscopy and other diagnostic services.
Mental Health	
CAMHS 18-week waiting times standard	Deliver and maintain the CAMHS 18-week waiting times standard - the 25/26 trajectory has been agreed and included in the ADP.
Psychological Therapies	Trajectory due to be submitted to Scottish Government by 18 April 2025.
Implementing National Standards for Mental Health services	There are various initiatives around the standards due to be implemented in 25/26.
Population Health	
Vaccination Service	Meeting interim national standards for vaccination services.
Screening Uptake	Reducing the difference in screening uptake between the most and least deprived quintiles.
Drug and Alcohol Services	Implementing MAT Standards and increasing access to residential rehabilitation.

2025/26 DELIVERY PLAN

Drivers Of Recovery

1	Planned Care	Recovering and improving delivery of Planned Care
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The following is in line with commitments 1 & 5 of the national [VBH&C Action plan](#).

As requested by Scottish Government, Planned Care trajectories for 2025/26 will be submitted by the service as a sperate submission as soon as these have been finalised and agreed.

Quality & Sustainability of Acute Services

NHS Borders presented a paper to the Clinical Governance Committee in July 2024 regarding our Strategic Risk related to Quality & Sustainability of Acute Services. As a result of the discussion, we initiated a review of each specialty to formulate recommendations for future sustainability. From August to November 2024, we conducted an in-depth analysis across all specialties in collaboration with relevant stakeholders, looking at workforce, capacity and finance of each individual clinical service. An overview of all services and the challenges has since been presented back to Clinical Governance in March 2025, this aligns with our ongoing local discussions about planned care and our planning activities for 2025/26 which are still underway. In 2025/26 we would like to progress conversations on regional planning for some services to provide sustainable and manageable services for the future.

Tackling long waits and backlogs focusing on key specialities including cancer, gynaecology, orthopaedics, ophthalmology and diagnostics.

We have seen a deterioration in reported performance against key cancer targets over the course of the past 12 months, particularly for Prostate and Colorectal cancers. Recovering 31 and 62 days cancer performance remains a priority for our Health Board.

We are reviewing co-ordination, leadership and capacity in each tumour group in line with the national framework for effective Cancer management and work undertaken recently in NHS Lanarkshire. Areas of particular focus include capacity for pathway navigation and intervention, clinical prioritisation for urgent and cancer workload including the application of national referral guidance and ensuring that capacity plans support required capacity in line with agreed pathways.

Colonoscopy capacity remains a significant issue for 2025/26 and there is a requirement for additional support to maintain current level of access. During 2024/25 we have recruited to a nurse Colonoscopist, and this will support longer term sustainability from 2026/27 onwards once training and accreditation is completed.

A workforce plan has been completed for our Oncology and Systemic Anti-Cancer Treatment Service. This will be supported through our financial plan and the development of capacity in line with forecast demand given ongoing growth.

While we have seen a stabilisation in overall outpatient waiting times, medical workforce gaps in key specialties continued during 2024/25 impacting on activity in several areas. A key service sustainability assessment has been undertaken during 2024/25 and will support continuing discussion both regionally and nationally on sustainable model of care where appropriate. This recognises local challenges are often reflective of national capacity challenges.

We have worked closely with NECU and NTC's during 2024/25 to support backlog recovery in Dermatology, Ophthalmology, Orthopaedics and General Surgery including Breast Surgery. We will continue to explore options for additional support from other NHS providers during 2025/26 including ongoing NECU and NTC capacity options in those service identified.

We are continuing to engage with improvement opportunities identified through CfSD workstreams where significant opportunities for quality or productivity improvement are identified. This includes the adoption of productivity targets in Ophthalmology and Orthopaedics, and through the adoption of technology that supports productivity improvements as local IM&T capacity allows (Community Glaucoma Service, Theatre Scheduling Support and Dermatology Imaging for example). We are working with IM&T colleagues on timelines for the implementation on these systems.

We are continuing to maximise the endorsed CfSD demand management initiatives, such as ACRT, Opt-in pathways and PIR options across all specialties.

We are reviewing compliance at a service level for the application of the National Waiting Times and Access Policy (as per the revised Waiting Times Guidance) and a detailed action plan is being development for implementation during 2025/26.

During 2025/26 we are planning to

- Closely monitor and then reduce the number of people who did not attend appointments (DNAs).
- Audit the application of our agreed three stage validation process (administrative, patient, clinical) with the ongoing support of NECU capabilities. This enables specialist services to reduce demand where appropriate and maximise capacity. We are also in discuss about the application of technology to review waiting lists where there is a significant capacity challenge.
- Demand and expectation management through review and relaunch of our local Refhelp guidance for Primary Care. This will be based on revised national referral guidelines and consistent with national guidance on procedures of limited clinical value.

It is unlikely that we will pursue the development of a standalone elective facility during 2025/26 given ongoing workforce and funding challenges. However, we are reviewing flow management arrangement, including elective and non-elective length

of stay with the aim of improving access for Elective Activity. We will review proposals for the development of a 23hrs facility to support elective flow to identify options or opportunities within current resources.

We are working with Scottish Government colleagues on capacity requirements in Radiology given the significant and ongoing support required from mobile CT and MRI units to meet core capacity requirements in 2024/25. We will during 2025/26 bring forward a proposal on the future of Nuclear Medicine within NHS Borders. This will be developed in conjunction with regional and national colleagues.

Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).

As noted, NHS Borders has and will continue to work closely with National Treatment Centres and the National Elective Co-ordination Unit.

During 2025/26 additional support via the NGJH has been provided for Cataract Surgery, Orthopaedics and General Surgery. Up take has been very good and has in part supported the reduction we have seen over the past year in TTG waits above 52 weeks. We are anticipating ongoing support from the NGJH for each of these specialties during 2025/26 and provision has been made in financial plans to support activity projected.

In addition, we have worked closely with NECU on additional support in Dermatology, Breast, Vasectomies and administrative waiting list validation exercises. This support has been invaluable to we would be keen to continue to work with NECU on capacity options in each of these services and explore opportunities in other service were we have backlog or short-term capacity issues including Cardiology, Ophthalmology and possibly Urology given workforce challenges.

Increasing productivity and efficiencies and reducing variation across Scotland, such as optimising theatre utilisation.

Having tested the infrastructure to deliver 8 cataract surgeries per list, NHS Borders will implement 8 cataract lists during 2025/26. We are current routinely supporting 7 cataracts on a majority of cataract only lists. We will also, taking the lead from the CfSD Cataract Group, implement the standardised bilateral sequential cataract surgery pathway when this is available.

Our Theatre teams remained focused on continuing work started in 2024/25 aimed at improving scheduling, pre-operative process and intra operative efficiency. We have moved to increasing Arthroplasty activity with an initial aim of increasing to 3 patients schedule on arthroplasty only lists. The stretch target for 2025/26 will be to move to 3 joints plus a suitable Day Case on specific lists.

Proposals will also be brought forward during 2025/26 to increase our Day Procedure Unit capacity given the improved productivity this could support both on specific Day Case lists, and in the use of our Main Theatre capacity.

A critical enabler for improving Theatre Productivity is effective evidence-based scheduling utilising systems that are available nationally (INFIX) and we are continuing to work with IM&T colleagues on a timeline that support integration with our Trak systems. Additionally, while we have successfully ringfenced a small number of elective bed capacity during the second half of 2024/25, will work on increasing available capacity both through increase beds and optimising length of stay to improve theatre productivity.

We are targeting a 10% increase in theatre productivity during 2025/26 assuming an implementation of INFIX to support scheduling and recovery of additional elective bed capacity through flow management.

Implementation of digital solutions.

We have identified opportunities based on the application of technology and are working with our IM&T colleagues on establishing implementation timelines that will support detailed impact assessment and opportunity realisation planning. These would include:

- Improved theatre scheduling using the National INFIX solution.
- Implementation Consultant Connect to support enhanced ACRT in Dermatology using digital images capture in primary care.
- Implementing Trak improvements including Voice Recognition upgrades and interface, Digital Patient Communications, Patient Portal, Waiting Times Model upgrades.
- The implementation of the national EPR for ophthalmology to support Community Glaucoma Services developments as capacity allows.

2	Urgent & Unscheduled Care	Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.
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This area remains a key pressure point both in terms of service delivery and financial cost. The Borders General Hospital continues to operate significantly out-with its funded bed base due to patients experiencing higher lengths of stay associated to treatment, and a corresponding increase in the length of stay for many patients waiting for social care provision. This has a detrimental impact on Planned Care delivery.

The following is in line with commitments 3, 4, 5 & 6 of the national [VBH&C Action plan](#).

The table below outlines our Urgent & Unscheduled Care Trajectories for 2025/26 which subject to confirmation of resource allocation:

	Targets				
Metric	Current / Baseline	Jun-25	Sep-25	Dec-25	Mar-26
A&E Performance	64.25%	66.80%	68.90%	70.10%	75.00%
Average Acute Occupancy *	205	202	200	198	196
12 hour delays	268	221	234	238	174
8 hour delays	409	349	357	344	276
Delayed Discharge	77	50	42	35	30
Length of Stay	7.4	7.4	7.4	7.4	7.4

* based on funded beds only (196)

How Boards will continue to support the Scottish Government and COSLA's Joint Mission to reduce Delayed Discharges.

The daily Delayed Discharge Meetings are represented by members across Acute and the wider Health and Social Care Partnership. This team is working together to review each individual patient who is delayed and to ensure that everything is being done to manage their transfer or onward discharge to home in a timely manner. The group is responsible for providing rigour and constructive challenge to processes and outcomes in order to expedite plans and discharge dates, and above all to reduce harm and further delays to our patients. Work is being undertaken to examine and improve our pathways with focus around Trusted Assessment, MDT working, improved ward flow and social work assessment pathways.

Ensuring patients receive the right care in the right place by Optimising Flow Navigation Centres, increasing scheduling of appointments and alternative services, increasing the routes for professional-to-professional advice with a focus on care home support.

The primary objective of this initiative has been to consolidate and optimise our displaced care pathways, ensuring sustainable operations over the short to medium term (3–5 years). By implementing this model, we aim to redirect 20–25% of Emergency Department (ED) activity to more appropriate urgent care pathways. The next phase will focus on expanding operating hours to 8am–8pm and enhancing the capacity of surgical hot clinics, as well as routine surgical services, to meet increasing demand.

Benchmarking data from CfSD (2022) reveals significant variation in care home attendance rates at EDs, ranging from 195 per 100,000 population in Aberdeenshire to 680 per 100,000 in the Scottish Borders, with a median of 419 per 100,000 in West Lothian. As part of our "Front Door" strategy, we are actively exploring how enhanced flow navigation can effectively reduce inappropriate ED attendance rates and improve overall patient outcomes.

Work is also being undertaken to focus on admission reduction under our HSCP Strategic Care Home Oversight Group.

Reduce hospital admissions for patients with low clinical value such as those aged over 85 and end of life care by improving urgent care in the community and increasing Hospital at Home pathways.

In July 2024, the Integration Joint Board approved £1million in funding over 18 months to support the second stage of the Virtual Hospital at Home programme. This is in addition to £600,000 previously awarded by Healthcare Improvement Scotland. The funding will enable critical development, staffing, training, and resources to refine the Virtual Hospital at Home model, ensuring its long-term viability as a safe, effective alternative to hospital admissions while also supporting earlier patient discharges.

Recruitment is actively underway to implement an 18-month, closely managed test of change that integrates pathways from prior Hospital at Home pilots and the Technology-Enabled Virtual Respiratory Ward. The initiative is expected to become fully operational by early 2025. The inclusion of remote monitoring technology is being reviewed.

Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas.

In late 2024, a new service was launched under the Acute Assessment Unit (AAU), consolidating previously fragmented pathways to deliver a safe, patient-centred alternative to traditional ED attendance focused on redirecting appropriate GP referrals from ED to non-ED settings, the AAU has recently expanded its scope to

address appropriate self-presentations. Since its inception, 10% of medical activity has been successfully redirected from ED to AAU pathways. The next phase of this initiative will explore further opportunities for optimisation by reviewing ambulatory care pathways, increasing capacity in surgical hot clinics, and extending operating hours to improve patient flow and outcomes.

Ensure people are discharged as soon as they are medically safe, by promoting robust and responsive operational management and providing early and effective discharge planning including rehabilitation and reablement in line with the 6 principles of good rehabilitation.

This year we have focused on developing a Target Operating Model for Discharge that will help us to target further areas for improvement including live updating of the patient database – Trak, further promoting weekend and pre-noon discharges and ongoing focus on Planned Date of Discharge (PDD) and DwD within ward huddles

We are about to embark on an intensive piece of work looking at flow improvement across the acute with a particular focus on understanding our non-delay LOS and building on recommendations to support the improvement of downstream care and rehabilitation settings. We are also focussing on our pre-12 noon discharges and releasing SCN capacity which will contribute to help support discharge planning/flow and ward level ownership.

Deliver rapid assessment and move to implement Frailty Units or designated bed base at the front door aligned to dedicated enablement or discharge to assess support that will facilitate new services within 24-36 hours of request, 7 day per week to provide recovery in the community.

The Borders General Hospital is currently operating a non-acute transitional care ward specifically designed to support the care of patients whose discharge is delayed and who would ideally receive care within the community through social care services. This initiative has reduced the acute footprint of the Department of Medicine for the Elderly (DME). As part of our ongoing Elderly Transformation Programme, early consideration is being given to the long-term strategy for these beds to ensure sustainability and effectiveness in line with a population-based approach to care.

With the ongoing focus on hospital flow, NHS Borders aims to radically reduce delayed discharges by March 2025. Should this be deliverable, the service would be focussed on developing a dedicated frailty unit over the medium term.

The dedicated unit would be based in Ward 12, which is currently an interim transitional care ward (opened March 2023). This is in the favourable position of being accessible from MAU. The preference would be for Ward 12 to be used as a combined DME Ward/dedicated Frailty Unit. Given there are limited opportunities to undertake capital works, this ward space would represent excellent value, appropriate clinical accommodation, and support the necessary clinical adjacencies to be successful.

The estimation of a 14-bed requirement would translate into requiring, 5PA DME Consultant, 2 registered nurses and 2 health care support workers for round the clock care, 24/7.

There would also need to be input from:

- Physiotherapy
- Occupational Therapy
- Social Work
- Pharmacy
- Older People's Liaison Nurses

There would be other additional equipment required from any rehabilitation and an upgrade to existing IT and workstations.

The current strategic direction, developed collaboratively with Primary and Acute Services, focuses on jointly staffing Community Hospitals and the Hospital at Home programme using the DME workforce. This approach aims to foster a locality-based model of care, bringing services closer to patients' homes while strengthening the resilience and capacity of both functions. Recruitment for a key post to support this initiative is planned for early 2025.

The following is in line with commitments 1, 3 & 4 of the national [VBH&C Action plan](#)

Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

Performance against the 62-day and 31-day targets has been challenging over the past year, primarily due to capacity issues within individual specialties, and we are working to improve and resolve these.

Within the Breast cancer service, we have had issues around one-stop clinic capacity, linked to Radiologist vacancies. We have made arrangements with the Forth Valley team to undertake a monthly clinic in Borders which we believe will address the capacity gap going forwards.

Our issues within the Colorectal cancer pathway are largely related to waits for Colonoscopy. Plans to improve these are detailed in the diagnostic section below.

The Prostate pathway is our biggest risk to performance at this time, with issues around both capacity and pathway co-ordination. Capacity for Prostate Biopsy is an issue locally, and we are planning to increase this during 2025. However the most significant delays are for radical treatment, which is provided through NHS Lothian and these have been escalated to the national Cancer Performance team. We are also seeking to improve clinical leadership within the service by recruiting to a local Consultant vacancy.

Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish or maintain a Rapid Cancer Diagnostic Service.

Diagnostic capacity remains challenging in Borders, both for Radiological investigations and scopes.

In Borders we currently only have one CT and one MRI scanner, and this places limitations on the volume of regular activity we are able to deliver. Over recent years mobile scanners and outsourcing of reporting have been used to supplement capacity, and the intention is this will continue during 2025/26 using waiting times funding.

During 2024 we have recruited to Nurse Endoscopist and Nurse Colonoscopist roles. These individuals will complete their required formal competencies during early 2025, and combined with moving to six-day activity, this will support increasing activity to the required level during 2025/26. It is expected that as a result it will not be necessary to continue weekend lists supported by Synaptik.

The Rapid Cancer Diagnostic Service is well established in Borders, and the outcome data from this is in line with expectations. The Board are keen to maintain the service, but it is likely that this will require SG funding to be continued.

Embedding optimal cancer diagnostic pathways and clinical management pathways.

NHS Borders is participating in national work around optimal pathways and will implement these where realistic and achievable. In some instances, this is limited by access to scanners as there is currently only one CT and one MRI scanner in Borders, and this makes it difficult to see specific groups of patients at very short timescales.

Delivering single point of contact services for cancer patients and integrating Improving the Cancer Journey into pathways of care.

The Single Point of Contact (SPOC) service is well embedded in Borders, and the feedback we receive from patients is excellent. ICJ will go live during early 2025 and we are refining referral pathways to ensure that this runs smoothly and seamlessly with SPOC.

Configuring services in line with national guidance and frameworks. Specifically, the Framework for Effective Cancer Management, Six Principles of Good Rehabilitation, Prehabilitation (Key Principles for Implementation), Psychological therapies and support framework, and the Nutrition framework for people affected by cancer.

We continue to develop our services in line with national guidance and frameworks.

The Framework for Effective Cancer Management is well embedded in Borders, and we continue to refine our cancer tracking and escalation processes. There have been some issues balancing capacity between urgent and routine patients and we are reviewing our booking processes to ensure that prioritisation is applied appropriately.

During 2024 we have reviewed our Prehabilitation offering, including taking into account recommendations around Nutrition and Psychological therapies. Following this we have developed a model to deliver the maximum possible within existing resources for implementation during 2025. It should be noted however that full implementation of the frameworks is likely to require additional national funding.

We continue to scope the requirements for psychology support to cancer services. The main gap is for a clinical health psychologist to work in and oversee this area, with the limiting factor being funding, which we are exploring, but is very difficult in current financial times. We are working with Dumfries and Galloway to scope out offering joint training to non-psychologists offering psychosocial interventions in 2025, but concerns remain about the lack of a psychologist in the service.

Supporting the work underway of oncology sustainable services including the next phase of considerations for implementation of the proposed Target Operating Model for oncology.

We participated in the groups which developed the Target Operating Model for sustainable Oncology services and will continue to participate through the implementation of this important piece of work.

All medical input to Oncology is currently provided regionally, but following a service review we are seeking to recruit locally at Specialty Doctor level to support the increasing demands that are being placed on our Oncology nursing team.

The following is in line with commitments 1, 5 & 6 of the national [VBH&C Action plan](#).

As requested by Scottish Government, a separate Psychological Therapies trajectory for 2025/26 will be submitted by the service by 18 April 2025.

Building capacity to deliver and maintain the CAMHS 18-week waiting times standard by December 2025 on a sustainable basis.

In March 2023 it was agreed that CAMHS NHS Borders would no longer include Category 1 patients in our Scottish Government returns (young people referred for assessment and management of a neurodevelopmental disorder) and only report on Category 2 (Young people referred for assessment and treatment of a CAMHS Core Mental Health problem).

The service commenced a waiting time initiative of seeing 12 new patients per week (included in the 12 appointments were 2 urgent/unscheduled appointments). It was agreed this would be for 52 weeks of the year and across all disciplines at that time. A tagging process was introduced at point of triage to indicate, from the information provided, if the patient was CAT1 (ND) or CAT2 (Core mental health).

We targeted our longest waits, and the test of change saw our length of wait for those over 18 weeks slowly decrease. We introduced New Patient Appointment checklists to improve administration processes, we plan with rotas of staff to cover the new patient appointments, we introduced opt in appointments to reduce our Did Not Attend (DNA) rate and we took a multidisciplinary approach. After some small tests of change we had a robust process in place where we were sustaining seeing the 12 patients per week plus additional urgent/emergency patients. We believe, although challenging, it will be achievable for the foreseeable future. In May 2024 we achieved the 18-week HEAT target in that 90% of children and young people should start treatment within 18 weeks of referral.

We ensure all patients receive their new patient appointment when they reach 13 weeks waiting on our external waiting list. This allows us scope to plan should they Not Attend (DNA) and offer a second appointment within the 18 weeks. If the patient does not attend two reasonable appointment offers, they are discharged from the service. We do have unique cases where there are mitigating circumstances that the patient cannot attend within the 18 weeks, such as in hospital, however we would apply an unavailability template in these rare occasions until such time as they are able to attend.

The 2025/26 CAMHS trajectory has been agreed as follows:

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Projected Patients Starting Treatment total	22	22	23	23	25	28	28	28	4	28	28	28
Projected patients starting treatment within 18 weeks	21	21	22	22	24	27	27	27	4	27	27	27
Projected Performance Against Standard (Auto Populates)	95.5%	95.5%	95.7%	95.7%	96.0%	96.4%	96.4%	96.4%	100.0%	96.4%	96.4%	96.4%

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Projected Waiting list < 18 weeks	36	40	43	46	47	45	43	41	63	61	59	57
Projected Waiting list >18 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Projected Waiting list >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0

Implementing National Standards for Mental Health services including the Core Mental Health Standards, the Specification for Psychological Therapies and Interventions, the CAMHS and Neurodevelopmental specifications and the Eating Disorder and IPCU Specifications, when published. This includes, where relevant, planning and delivery of the regional aspects of the CAMHS specification.

Core Mental Health Standards

We are implementing the Core Mental Health Standards with the aim of improving the quality and safety of our adult secondary care services. The standards define what the support should look like around Access, Assessment and Care Planning, Transitions, Workforce and Governance. The areas identified for implementation in NHS Borders are the Community Mental Health Teams including Crisis Team and Huntlyburn Ward. We have completed the developed assessment tool to identify areas for improvement and to highlight areas of good practice. The self-assessment was submitted on 20/12/24 and the improvement phase will commence in March 2025.

Eating Disorder Specification

The Eating Disorder Steering Group is being established to look at review the specification. We are hoping to recruit an Eating Disorder Psychological Therapy Nurse from our recovery and renewal allocation to support this.

CAMHS Specification

Currently under 18 weeks for CAT2 Mental Health. The service is working towards a more equitable / broader stepped care consultation - request for assistance - referral build to meet the principles of equity & access in the specification.

Neurodevelopmental (ND) Specification

The service has streamlined CAMHS Assessment' design and built in a Diagnostic x' paradigm (referrals mostly from schools). Wait-times are significant and increasing. We hope to move from a bought-in backlog post diagnosis service (EPIC), to using cross health board shared digital post diagnostic offers (Fife and Lothian Video resources). The service is working on ND universal system change - moving hopefully to single point of access / Request for Assistance rather than CAMHS Diagnostic paradigm. Aims are to best use current staffing across services

to meet needs. We aim to develop local solutions for ND sub-cohorts if appropriate (Intellectual Disability/Learning Disability and potential for cross age provision).

Psychological Therapies (PT) Specification

To date only one implementation guide has been published in relation to the PT Specification. This relates to digital therapies, which was updated in December 2024. We will be reviewing this and implementing the digital guidance via our PT Data Groups in 2025.

With regards to the self-assessment tool and other implementation guides, our Director of Psychology Services is working closely with the Heads of Psychology Services and the Scottish Government Principal Psychology Adviser, it is anticipated that we will complete the self-assessment tool in the first quarter of 2025 and the implementation guides when published.

Building on work already underway to improve unplanned and urgent Mental Health care, including for those in mental distress, prioritising working with Public Health Scotland on data improvements and 2025/26 NHS Board Delivery Planning Guidance reviewing local Psychiatric Emergency Plans to align them to the national template.

The Borders Crisis Team is working with the Mental Health Unscheduled Care Network to improve pathways for patients presenting out of hours. We have established a short life working group to improve pathways to the Community Mental Health Teams and are working on a test of change having commissioned services within our secondary care single point of access. Part of this work also includes the vision of a “no wrong door” approach for patients with mental distress.

Delivering a more coherent system of forensic mental health services, by collaborating and cooperating across Health Boards and with the Forensic Network to address the governance, capacity and placement issues raised by the independent review into such services and applying the forthcoming escalation arrangements being developed by the Forensic Network.

We are working on addressing the current lack of dedicated forensic psychiatry time and expertise for adult patients, this will involve collaborating and cooperating with the Forensic Network. We do not currently have any forensic psychology provision except in our Learning Disability Service.

Implementing the Mental Health and Wellbeing Workforce Action Plan to support improved planning and retention of the workforce and service reform.

We are reviewing our workforce and developing a paper to identify areas that may be affected by our ageing workforce and recruitment challenges. Within this there will be a focus on development and training for staff and wellbeing to ensure our workforce is prepared for the future and we have recommendations to improve retention.

Continuing work to ensure the Mental Health built estate enables the delivery of high quality, person centred and safe care, with a focus on implementing the national Mental Health Built Environment Quality and Safety toolkit.

There are ongoing challenges with the Mental Health estate within the following areas:

- CAMHS accommodation
- Borders Addiction Service (BAS) accommodation
- Access to appropriate community clinic space

We have found improved accommodation for our Veterans First Point Service, for veterans who have moved into this area and we are able to develop the service which will allow drop ins.

Work continues to look at alternatives for additional clinical space and CAMHS accommodation. We are hoping that work to improve our estate is prioritised with capital planning in 2025. In the meantime, we have mitigations in place using an outpatient area that provides accessible clinical space.

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

Improving data input quality and completeness of mental health data returns (for example the CAMHS and Psychological Therapies National dataset (CAPTND) to PHS and workforce data to NES) and proactively engaging with Public Health Scotland for analytical advice and support.

We have a monthly Psychological Therapy Data meeting which oversees data issues in relation to Psychological Therapies. We continue to try to improve the functionality of the EMIS system, although there remain some limitations.

Boards are asked to describe their Mental Health services priorities under the Public Sector Equality Duty, listing their priority groups and those with complex needs for focus (including people affected by suicide, self-harm and addiction) and their rationale for focusing on these vulnerable groups, referencing impact assessments undertaken.

Equality assessments have been completed for service reviews which include the Commissioned Services, Older Adults Community Mental Health Teams, Dementia Strategy and Looked After Children (LAC) review. These services look at the nine protected characteristics by carrying out an Equality and Human Rights Impact Assessment. We will consider patients unique needs and take positive actions to meet those needs to avoid indirect discrimination when planning for any service change.

Delivering annual health checks for all people 16+ with a learning disability known in their areas across Scotland, complying with their legal duty through the Annual Health Check Directions. This includes maintaining delivery models currently in operation as well as commencing delivery models that haven't yet started.

A health check project group has been established and is being led by P&CS. We have employed a lead nurse to develop pathways and we are exploring further opportunities to deliver this through CTAC.

Initial health checks have commenced through the lead nurse and existing LD nursing staff and we are looking at the sustainability of this going forward. Current Mental Health Outcomes Framework funding is insufficient to deliver an annual Health check to all of the Borders LD population.

5	Primary & Community Care	Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.
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The following is in line with commitments 1,3 and 4 of the national [VBH&C Action plan](#)

Ensuring the Board Executive Team has clear oversight of planning and delivery of General Practice within the Board territory, with approaches demonstrably supporting patient needs and regular monitoring of approaches in place.

We have established robust engagement mechanisms with GP representatives. These include direct inclusion of GP sub members at various committees with specific requests for attendance of a GP Sub member on key developments. BET representatives actively attend and contribute to critical forums such as the GP Sub-Committee, the Primary Care Improvement Plan (PCIP) Executive, and the Integration Joint Board (IJB), ensuring direct alignment between executive-level planning and GP input. GP Sub-Committee members are also invited to participate at the earliest opportunity on transformative or innovative work, embedding their perspective in decision-making processes. This year, as part of our commitment to developing a Clinical Strategy, we aim to map out these engagement routes, identify overlaps and gaps, and streamline processes to enhance collaboration and ensure a cohesive, impactful approach that meets patient needs and adheres to regulatory standards.

Improving interface working across secondary and primary care so that patient journeys and experience are prioritised, and system efficiency is optimised.

NHS Borders Clinical Interface Group (CIG) is a well-established group which has been instrumental in addressing issues at the primary-secondary care interface, aligning with goals to improve patient journeys, prioritise experiences, and optimise system efficiency. Its focus on resolving challenges related to hospital discharges, referrals, communication, investigation management, and prescribing ensures smoother transitions, enhancing patient safety and care quality.

The CIG supports multi-disciplinary working by fostering collaboration among representatives from acute, mental health, and primary care services. By maintaining a transparent register of interface problems, the group ensures timely resolution and accountability, promoting better-coordinated, patient-centred pathways. Regular meetings enable prompt decision-making and action, bridging communication gaps and improving operational efficiency.

Improving the use of multi-disciplinary working to support better, patient-centred care pathways and improve service capacity in GP and frontline community services, including additional funding to support the Primary Care Phased Investment Programme.

The Scottish Borders Health and Social Care Partnership has been selected as a demonstrator site for the Scottish Government's Primary Care Phased Investment Programme. Collaborating with Healthcare Improvement Scotland and General Practitioner (GP) practices, the initiative aims to enhance the quality and efficiency of PCIP services by applying quality improvement methodologies to optimise resources and improve patient care.

The evaluation framework captures both qualitative and quantitative data, including patient and staff feedback, ensuring a comprehensive assessment of outcomes. This approach is designed to refine ways of working, promote innovation, and deliver sustainable improvements in primary care services.

Key priorities for the upcoming year include:

- Standardising practices across areas to improve resilience, ensuring consistent service delivery within practice-based Multi-Disciplinary Teams (MDT).
- Supporting and facilitating MDT working in practices and PCIP services, with qualitative outcomes measured in partnership with Healthcare Improvement Scotland.
- Continuing the development of the Urgent Care workstream by training and recruiting locally, addressing the shortage of Advanced Nurse Practitioners (ANP).
- Expanding workstreams identified through the Week of Care audit to free up GP time, focusing on ANPs in Urgent Care and Pharmacotherapy teams managing non-patient-facing tasks.
- Trialling innovative roles and recruitment strategies for practice-based pharmacy, including hybrid/remote contracts and a new hub location, to portfolio careers.
- Enhancing intelligence and analytical tools to shape services, evaluate MDT working, and provide evidence of system benefits.
- Growing the Pharmacotherapy service and expanding the role of Pharmacy Support Workers (PSWs) to adapt to national pharmacist shortages.
- Remaining flexible in resource allocation to maximise value for MDT working, in alignment with the 2018 GMS contract.

Locality Multi-Disciplinary Team

Since November, a test of change has been initiated in Kelso to implement an Integrated Locality MDT model. This pilot aims to improve community-based care by providing rapid, person-centred support to reduce avoidable hospital admissions, Emergency Department conveyances, and GP practice contact. The MDT, comprising core members from Social Work, Home First Reablement, Scottish Borders Council Occupational Therapy team, Care at Home, District Nursing, Hospital at Home, Pharmacy, and an Administrative Coordinator, will meet weekly for one hour starting 26th November, with referrals prepared a week in advance.

The pilot underscores the importance of collaborative, community-based care to enhance outcomes and alleviate pressure on hospital services. Feedback and clear recording of progress will shape future developments and improvements.

In addition to this MDT approach, a move to integrate community services including District Nursing and Home First Reablement to support a locality led approach to delivering holistic and preventative care in the community.

Admiral Nurse – Funded by Dementia UK

The introduction of an Admiral Nurse model within Primary Care in the Scottish Borders in the new year offers a proactive approach to improving care pathways for people living with dementia and their families. Admiral Nurses provide specialist dementia care, focusing on the needs of the whole family. They address the complexities of dementia care, offering psychological support, specialist interventions, and care coordination, ensuring timely responses at critical stages in the dementia journey, including diagnosis, progression, and end-of-life care.

Evidence from other regions highlights the impact of Admiral Nurses in reducing GP appointments, Emergency Department visits, and inappropriate hospital admissions while improving dementia diagnosis rates and coordination of care. Locally, this model aligns with NHS Borders' dementia strategy by addressing gaps in the current pathway, such as improving post-diagnostic support and providing a consistent key contact for families.

The proposed Admiral Nurse post, supported by part-funding from Dementia UK and local charity The Difference, will be based in a GP practice within areas of higher deprivation (Hawick and Galashiels), where dementia risk and need are higher. This targeted approach will enhance outcomes for patients and families, reduce health inequalities, and support GP practices managing high numbers of dementia diagnoses. The post holder will link professionally with the Nurse Consultant for Dementia within the Health & Social Care Partnership (HSCP) and reported quarterly.

This innovative model represents a significant step forward in improving service capacity and supporting better, patient-centred care pathways in primary care. It reflects NHS Borders' commitment to addressing health inequalities and providing holistic, proactive care for people living with dementia and their carers.

Ensuring the full provision of appropriately resourced Out of Hours (OOH) services, with reporting of performance to the Board.

NHS Borders provides all its OOH service from the Borders General Hospital. It provides OOH services using a multidisciplinary team of GPs, Advanced Practitioners, Advanced Practitioner Trainees, Nurse Practitioners, Reception Staff and Drivers. We are also undertaking a project to identify the skill set required for safe effective care in conjunction with SAS. In common with other areas, the caseload is increasing along with the complexity. The service provides a direct line for Palliative Care patients OOH and continues to both support and receive from ED to manage patient flow and care effectively. We continue to liaise with all the relevant partners in the OOH period to ensure that we provide the right care, in the right

place, at the right time for our patients. We will continue to develop our service in response to the changing needs of the local community and the health pressures they face. The priority focus for this year will be to revisit the service model which has been impacted by recent vacancies (most notably across management functions), and to further build on the interface with ED with a view to developing more robust pathways in the OOH periods for appropriate patients.

Working with Independent Contractor General Practices to (i) identify, mitigate and reduce health inequalities, particularly in areas where there are high levels of deprivation; and (ii) support workforce and sustainability planning related to the General Practitioner workforce (in all localities).

GP Cluster Leads

The GP Cluster Leads are collaborating with the Quality Improvement Team and Public Health to address inequalities and inequities in health services. By engaging fellow GPs to review health-related patient data, the initiative aims to inform transformation efforts in primary care and commissioning of enhanced services.

Alongside this, the Primary Care Team's ongoing work focuses on GP sustainability, including the GP Fellow recruitment scheme, boundary reviews, and regulatory developments. These efforts are designed to ensure targeted, data-driven improvements and support the resilience of primary care services.

Integrated Workforce Plan Implementation Board

The Integrated Workforce Plan Implementation Board has been actively supporting the Integration Joint Board in addressing workforce challenges and meeting Scottish Government requirements. Efforts focus on attracting, recruiting, and training staff to ensure a workforce capable of meeting both current and future care needs. The board is identifying short and medium-term risks to service delivery, allowing for proactive solutions, while also exploring opportunities for transformation through service redesign. Additionally, the use of new and emerging technology-enabled care is being investigated to enhance care provision and support innovative practices. These activities aim to build a resilient workforce and drive sustainable improvements in service delivery.

Contributing, through the Preventive and Proactive Care programme, to wider work across NHS Scotland to support and empower patients in self-care and join up services to provide early intervention on known determinants of poor health.

Integrated Working and Delayed Discharges

Scottish HSCP is focussed on reducing delayed discharges and improving integrated working across primary and secondary care. By strengthening MDT collaboration, particularly in primary care, we focus on delivering person-centred, proactive interventions that address known determinants of poor health. Initiatives like the Integrated Locality MDT pilot in Kelso demonstrate our commitment to early intervention, keeping people in their own homes and reducing unnecessary hospital admissions.

Empowering Patients and Optimising Resources

We are enhancing patient empowerment through initiatives like pharmacotherapy services that optimise medication management, freeing up GP capacity to focus on preventive care. The Primary Care Improvement Plan further aligns with this agenda, supporting patients in self-care and ensuring services are joined up to respond early and effectively to health needs. By leveraging quality improvement methodologies, patient and staff feedback, and innovative workforce models, we aim to deliver sustainable, preventive care that improves outcomes and reduces health inequalities.

Virtual Hospital at Home (H@H)

Our focus on preventive and proactive care is closely linked to the principles of the H@H model. By integrating H@H into our broader strategy, we provide patients with acute-level care in their own homes, which not only reduces unnecessary hospital admissions but also promotes patient empowerment and self-care. The H@H model is a key component of our Integrated Locality MDT initiative, allowing us to deliver rapid, tailored interventions in the community. This approach alleviates pressure on acute services.

Home First Approach and Community Nursing Integration

Our commitment to the Home First approach is driving ongoing development of our intermediate care and reablement pathways. Integrated working across our locality teams bringing district nursing, AHPs, reablement staff and Hospital at Home aims to direct resources effectively, ensuring timely interventions and focusing on prevention. By aligning these teams, we can enhance support for patients in their own homes, promoting independence and self-care while reducing reliance on hospital-based care. This cohesive model will enable the delivery of person-centred care, addressing needs proactively and strengthening our ability to keep patients safe and supported in the community.

Admiral Nurse

The introduction of an Admiral Nurse within Primary Care will play a key role in addressing the needs of people living with dementia, a group significantly impacted by delayed discharges - 35% of delayed discharge patients in 2024 had a dementia diagnosis. By providing specialist dementia support, the Admiral Nurse will empower families to manage the complexities of the condition, reducing crises that often result in hospital admissions and delays in discharge. Their preventative work, including care coordination, psychological support, and guidance at critical points in the dementia journey, will enhance self-care and help families plan effectively for care needs. This proactive approach aligns with the programme's goals, ensuring timely interventions and reducing reliance on acute services, while improving outcomes for patients and carers alike.

Community Prevention and Rehabilitation

Community AHP services are seeking to provide preventative services 'upstream' in order to support health communities and prevent further demand to secondary care services. This includes involves physiotherapy involvement in community 'what matters' hubs to support falls prevention, proactive dietetic input to care homes to prevent frailty deterioration, and children and young people services developing links with schools to support the education and development of our young people.

Rehabilitation services are focussing on timely and effective rehabilitation in line with the '6 principles of good rehabilitation' in our community hospitals, supporting work in relation to early supported discharge for orthopaedic and stroke patients, and are reviewing our services and pathways for a variety of long term conditions in our communities.

Local Enhanced Service (LES) for Care

We are revisiting the LES contract with GPs, recognising its critical role in ED avoidance with comprehensive Anticipatory Care Plans. This aligns with our work with GP Cluster Leads to standardise practices and improve resilience. By collaborating with practices, we aim to optimise MDT working, enabling targeted, early interventions for high-risk patients. The LES contract review will ensure it remains fit for purpose, supporting proactive care and enhancing integration across primary and secondary care services.

Oral Health

Through national oral health programmes, such as Caring for Smiles, we are equipping staff to provide essential oral health care for dependent older adults, ensuring that oral health is an integral part of the overall support framework. This integration enhances prevention efforts and reduces the risks associated with poor oral health, contributing to an improved quality of life and well-being for patients supported at home. Other national programmes include Childsmile, focused on reducing oral health inequalities among children; Mouth Matters, aiding individuals with experience in the justice system; Open Wide, providing care for adults with additional needs; and Smile4Life, supporting people experiencing homelessness. These initiatives exemplify our commitment to tackling health inequalities through multi-disciplinary collaboration.

Multi-disciplinary working also extends to our alcohol and drug prevention services, where teams collaborate to provide holistic support for individuals at risk, addressing root causes and promoting long-term, our work with learning disabilities teams ensures patients receive tailored, person-centred care, empowering them and their families to manage health needs proactively.

Additionally, through partnerships with care home staff, we are enhancing support for residents by integrating preventive care into daily routines, fostering self-care and improving health outcomes across these vulnerable populations.

Borders Clinical Strategy

NHS Borders is in the process of developing a new clinical strategy which will guide future initiatives, ensuring services are equipped to address the evolving needs of the population while focusing on early intervention, person-centred care, and health equity.

By embedding prevention as a core principle, the strategy will align with the ongoing efforts listed above and the development of multidisciplinary teams. These initiatives aim to direct resources effectively, deliver timely interventions, and support patients in their homes to reduce reliance on hospital-based care.

NHS Borders Nursing, Midwifery and Allied Health Profession (NMAHP) strategy is currently under development which compliments the aforementioned organisational

strategy. Stakeholder engagement has shown a strong focus on early intervention and prevention in order to shift the balance of care upstream and support individuals remaining fit and well within their communities and reduce the burden on health and social care services.

General Dental Services

Plan, organise, staff, lead and control critical Board-delivered oral health services including the Public Dental Service, and early intervention programmes such as Childsmile. Using newly acquired management information from NSS Scotland, provide local oral health needs assessments, alongside effective partnership programmes with dental contractors and bodies corporate to drive forward sustained improvements in NHS dental access in the immediate aftermath of payment reform.

NHS Borders' Strategic Plan for Oral Health and Dental Services, informed by the 2020 Oral Health Needs Assessment, guides whole-system actions to improve oral health and access to dental care. The plan, developed with dental service branches and stakeholders, is monitored quarterly using local and national data, with the addition of new NSS management data enhancing our to remain responsive to evolving needs. The Strategy Steering Group continues to adapt the plan to align with national developments.

The Oral Health Improvement Team delivers five national oral health programmes to reduce inequalities and improve population oral health:

- **Childsmile:** Focused on reducing oral health inequalities among children.
- **Caring for Smiles:** Supporting dependent older adults aged 65 and over.
- **Mouth Matters:** Aiding individuals with experience in the justice system.
- **Open Wide:** Providing care for adults aged 16-64 with additional care needs.
- **Smile4Life:** Supporting people experiencing homelessness.

Key actions for 2025/26 include:

- Continuing to deliver and develop national programmes locally through schools, charities, and community groups, encouraging participation in early intervention initiatives.
- Building partnerships with dental contractors to address their concerns and ensure the continued provision of NHS dental care.
- Collaborating with dental bodies corporate to align strategies, share resources, and enhance service delivery.

Over the next year, Public Dental Services (PDS) will:

- Focus on reducing inequalities by prioritising care for those at greatest risk of poor oral health.
- Expand Special Care Dentistry to meet the needs of vulnerable and complex patients, ensuring timely access and to ensure equitable access to care and improved health outcomes across NHS Borders.

General Ophthalmic Services

Continuing to roll out new initiatives such as the Community Glaucoma Service; where this service is live, Boards should set out planning to ensure patients are discharged by ophthalmology and registered with a CGS accredited provider. Where there is not a live service, Board Plans should set out how they intend to introduce this, and if this is not due to occur in 2025/26, the reasons behind this.

During 2025/26 the first Community Optometrist will enter into the NESCAT training programme. All going well, with accreditation granted, low risk glaucoma clinics will be implemented, however, this will not be within the financial year 2025/26.

With the limited uptake from Community Optometrists in entering the Community Glaucoma Service, in parallel with this, NHS Borders will also be introducing Specialist Nurse led low risk glaucoma reviews.

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Women and Children's Health

Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.

The following is in line with commitments 3, 4 & 5 of the national [VBH&C Action plan](#).

Taking forward the relevant actions set out in the Women's Health Plan and take steps to ensure the particular needs of women and girls are considered in the context of NHS Board planning in all parts of the system.

We are near completion of our organisation-wide baseline scoping exercise. We will use this to prioritise and direct our efforts in line with the aims in the national Women's Health Plan. Public Health is working with Women and Children's Services, Sexual Health and Cardiology to explore and prioritise initial workplans in NHS Borders. One key priority for the first half of 2025 will be increasing accessibility of Long Acting Reversible Contraception in an inclusive way, working closely with Primary Care.

In addition to the above, one way we are keen to ensure women and girls are considered in the context of planning across all parts of the system is to progress the work between Business Intelligence and Public Health to disaggregate our new acute and secondary care dashboards by sex. This facility will allow all users to view and respond to trends across the system as they relate to the health of women.

Reduction of waiting times and backlog for gynaecological services to Scottish Government target of 52 weeks.

Full analysis of demand and capacity will be undertaken and opportunities to increase clinic availability will be sought.

Continuing delivery of 'Best Start' policy, ensuring more women receive continuity of carer from the same midwife from pregnancy through birth, prioritising those who are most likely to benefit, such as minority ethnic women and women with additional social needs, with continuity of carer rolled out by mid-2026.

We are unable to provide continuity in the intra partum period and as we are a district general hospital we have agreed to concentrate on continuity of care in the antenatal and postnatal period. Focus remains on providing LBRP (Labour, Birth, Recovery and Postnatal care) within Labour ward to facilitate early discharge and continuity of care. We have been able to demonstrate a positive increase in continuity in the antenatal and postnatal period whilst also demonstrating continuity with Homebirths

and Domino birth where Community Midwives provided care during the labour/ birth. Continuity of care data for antenatal and postnatal periods is collated through Quality Improvement methodologies.

Ensuring safe and effective delivery of maternity services, Health improvement Scotland has been commissioned to undertake maternity inspections from January 25 in all Acute areas within NHS Scotland.

Ensure acute areas are prepared for acute maternity inspections using the safe delivery of care framework acute hospital inspections.

Participate with the short life working groups to create appropriate standards with NHS Scotland in partnership with Health Improvement Scotland and other key stakeholders.

There are 3 Short Life Working Groups and the first is complete. The equality standard had been drafted. These standards have been developed off the back of *The Best Start – A Five Year Forward Plan for Maternity and Neonatal Care in Scotland (2017)*. The development of the standards will be developed from October 2024 – April 2025, with consultation in May and June 2025 and being finalised between July – September 2025.

Introducing the New Pathways for Maternity Care

The aim is for all Woman and Children's services to be trauma informed trained. Currently this has been launched in Maternity and will be rolled out to neonates and paediatrics by the end of March 2025. National bereavement pathways in progress and will be complete by March 2025.

Implementing the new model of neonatal intensive care to improve outcomes for the very smallest and sickest babies, with the aim of having the new model in place by the end of 2025.

The East Region Planning Group continues to meet regularly with the most recent meeting held in December 2024. We are currently going through internal governance with regards to the regional planning on Neonatal Care. NHSB transfers the sickest babies to a tertiary centre which the regional model is considering for the future, in particular the repatriation of these babies and families. The impact of this repatriation is being considered regionally, including both Fife and Lothian. This has been escalated to board level due to the impact of accommodation for the women/birthing people and families across maternity/SCBU as currently there is no family room in SCBU and there has been a reduced inpatient footprint with the relocation of Maternity Services to Ward 16.

The service is currently progressing how we can facilitate accommodating families within SCBU in the absence of resource being available to support the implementation of a family room. This will be progressed by March 2025.

Continuing with implementation of the Lancet Series recommendations for improvements to miscarriage care, with Boards working towards delivery of the Framework for Miscarriage Care.

Appropriate miscarriage pathways are in place following first, second and third miscarriage events. Appropriate signposting of resources and investigations are available within NHS Borders. There is no designated inpatient area, we provide the most suitable environment within the hospital footprint which is often the Eildon Room, within our Labour Suite. Ectopic pregnancy is excluded from this and is managed through a surgical pathway.

Continuing to tackle racialised health inequalities in maternity care, with Boards working to develop and deliver actions in maternity services in their anti-racism plans, supported by the Scottish Government Action Plan and the associated Interpretation Toolkit.

As a service we are aware of the inequalities, exclusions and diversity for women of black and minority ethnic backgrounds. Currently there is a phased and structured approach to building this into our health needs plan so we can identify any problem areas. This data is collated within information governance team. Through the use of care opinion we invite feedback from all users to ensure that women of all ethnic backgrounds have their individual needs met. This information feeds into our equality, diversity and inclusion plan. We will ensure all staff have appropriate diversity training and an understanding of roles and responsibilities.

Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.

Audiology Services within NHS Borders is a single Tier 2 service that is responsible for adults and children over 5 years of age.

All Scottish Audiology Services and their Boards are currently working with and continue to work with the National Audiology Review Group to improve Audiology Services in line with the National Review Group Action Plan - this work includes Audiology services specifically for children. We are asked to complete and submit Assurance Framework Templates on a regular basis - these offer updates on our position against Review Group expectations. We have completed a number of these Framework templates over the last year and continue to work towards meeting what is asked of us.

On a more local update - All NHS Borders audiology services for children were provided by NHS Lothian until July 2022. Since July 2022 and so as not to overwhelm patients, their families or local services, there has been a gradual repatriation of children audiology services back to NHS Borders which is almost complete. It is very important to make you aware that due to the highly specialised Tier 1 Audiology care that children under 5 years of age require, NHS Borders and NHS Lothian have agreed that NHS Lothian will remain the audiology providers for all children under 5 years of age.

For those that have been repatriated, there is some work to be completed specifically around Children's Hearing Services Working Groups (CHSWG) and child specific Audiology Multi-Agency Support Plans (aMASP) and this will be the focus for 2025/26.

Ensuring that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years from a qualified Health Visitor or Family Nurse, that those reviews are conducted in the home and that assessment is supported by an appropriate version of the Ages and Stages Questionnaire.

The Scottish Government Universal Health Visiting pathway dictates that all eligible families are offered child health reviews at 13-15 month, 27-30 months and at 4-5 years from a qualified Health Visitor (Specialist Community Public Health Nurse). NHS Borders were early adopters of this standard in the pathway and have striven to deliver this. We have high delivery rates according to the reports from our Child Health Surveillance data. We use Ages & Stages Questionnaires (ASQ) at these reviews and at times supplement with the Schedule of Growing Skills tool, which is expected by our paediatricians if we highlight areas of concern needing specialist assessment. In November 2024 our ASQ scores reporting was as follows – 13-15 months Borders 91.18% Scotland 85.74 %, 27-30 months Borders 92.35% and Scotland 87.82%, 4-5 years Borders 90.21% and Scotland 76.38%. During 2025 to 2026 this will be a standard we aim to maintain.

Significant staffing challenges can lead to a reduced service delivery, as a service for most of 2024 we were in Red and at present one cluster is in Amber. We have established a black, red, amber and green criteria and during periods of Amber to Black we have reduced pathway delivery. We are currently reviewing and testing a change in this criterion in one cluster. They are delivering Amber with an associated business continuity plan regarding cover of vacant caseloads. The above reviews are protected, with the 4-5 review held and a more flexible delivery is activated, this includes band 4 Nursery Nurses supporting delivery, and at times delivering these reviews in a clinic setting. Our families are either Health Plan Indicator (HPI) core or additional and we are creative with those who are hard to reach, but we focus on families with additional needs. Typically, if a core family does not attend twice, we would not pursue the review. It is challenging to access some of the 27-30 and 4-5 year cohort as they access Nursery and many parents are working. So, creativity and flexibility is required to ensure the reviews are delivered. We also recommend that Health Plan Indicator (HPI) additional pathway reviews are delivered by a qualified Health Visitor.

Setting out how they will work with Local Authorities to take forward the actions in their Local Child Poverty Action Report.

In Summer 2024 the Child Poverty Action Group (CPAG) convened a multi-agency workshop to help prioritise shared actions to support the current plan's priorities. The improvement ideas generated through the workshop have been streamlined to enable clear action and decision making through the group and to ensure that existing work and developments are acknowledged.

The Group is co-chaired by Scottish Borders Council and NHS Borders colleagues and comprises senior statutory and third sector stakeholders who are able to influence actions.

We are currently mapping existing 'touch point' where finance/child poverty is discussed throughout a child's encounters with local services to enable us to identify gaps and areas for improvement over the coming year.

The Child Poverty Action Group provides regular updates on progress to the Anti-Poverty Members Reference Group, Scottish Borders CPP, NHS Borders Board, Children and Young People's Planning Partnership (CYPPP) and to other organisations as required.

The following section is in line with commitments 1, 3 & 5 of the national [VBH&C Action plan](#)

Working with partners to support a cross-sector approach to implementation of the Population Health Framework and its actions.

We are awaiting the publication of the Framework and plan to implement it.

Demonstrate the steps they are taking to implement and make progress towards meeting the interim national standards for vaccination services.

High Level Overview of Programmes & Delivery Models

NHS BORDERS VACCINATIONS MONTHLY OVERVIEW 2025												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Pre-School												
6:1 infanrix												
MMR												
Hib/ Men C												
PCV												
RTV												
Men B												
4:1 boostrix												
School programme												
HPV												
DTP												
Meningitis ACWY												
Adult Routine/At Risk*												
Shingles (Dose 1 & Dose 2)												
Pneumococcal												
RSV												
Maternity (Community Midwives)												
Pertussis (Whooping Cough)												
RSV (Pregnant women from 28 weeks and newborn babies)												
Influenza Only												
Pre-school (2-5 years)												
Primary School & Secondary School (inc Staff)												
Influenza and Covid-19 Co-admin												
Autumn/Winter Flu & Covid - Cohorts for 2025 TBC												
Covid-19 Only												
Spring/Summer Booster												
Non-Routine												
Non-Routine Vaccinations												
Travel												
Travel Vaccinations												

Babies & Pre-School

Clinics run all year round from local Health Centres and follow a fortnightly schedule that meets demand.

School Immunisations

Clinics for HPV, DTP and MenACWY take place in schools throughout the Scottish Borders with clinics taking place from January - May 2025.

Pneumococcal

Clinics are delivered in community clinics that take place in health centre, community hospitals and 1 external Live Borders venues. Eligible individuals are

invited via letter to phone NHS Borders Vaccination Booking Hub to make an appointment. Clinics will take place in January and February 2025, with mop clinics estimated to take place in July and August 2025.

Shingles

Clinics are delivered in community clinics that take place in health centre, community hospitals and 1 external Live Borders venues. Eligible individuals are invited via letter to phone NHS Borders Vaccination Booking Hub to make an appointment. Clinics will take place in January and February 2025, with second dose clinics estimated to take place in July and August 2025.

Spring / Summer CV-19

Clinics are delivered in community clinics that take place in health centre, community hospitals and 1 external Live Borders venues. Eligible individuals will receive a letter with an appointment that will be scheduled using the National Vaccination Scheduling System. Clinics are estimated to take place in April, May and June 2025.

Autumn / Winter Flu & CV-19

Clinics are primarily delivered in community clinics that take place in health centre, community hospitals and 1 external Live Borders venues, however this delivery model is being reviewed for the 2025/26 Programme. Eligible individuals will receive a letter with an appointment that will be scheduled using the National Vaccination Scheduling System. Clinics are estimated to take place from September – December 2025, with mop clinics estimated to take place in January 2026.

RSV

Clinics are delivered in community clinics that take place in health centre, community hospitals and 1 external Live Borders venues.

Non-Routine/Selective Vaccinations

Referrals are received from medical professionals (i.e. GP/Consultant) and assessed by clinical staff within the Vaccination Service weekly. Clinics take place on a weekly basis to meet service demand.

Travel Vaccinations

Patients are required to self-refer into the service at least 10 weeks prior to their travel date and are assessed for appropriate vaccinations in advance of attending clinics. Clinics takes place on a weekly basis to meet service demand.

Demonstrate that there are local High consequence infectious diseases (HCID) pathways in place for assessment and management of suspected cases in secondary care (and for management until onward transfer of a confirmed case into the HCID network) and also ensure that any agreements with other NHS Boards in relation to HCID pathways are still relevant and up to date.

NHS Borders works closely with the East Region Health Protection Service, Apart from a few residual "Out of Scope" topics, most health protection activity is now managed regionally. The Public Health Directorate is currently working with NHS

Borders clinicians to develop a High Consequence Infectious Disease (HCID) pathway as well as a pathway for testing and transfer to the Regional network. NHS Borders public health consultants participate in the out of hours rota and undertake relevant Continuing Professional Development, including HCID management.

Reducing the difference in screening uptake between the most and least deprived quintile for each of the three cancer screening programmes.

In March 2024, NHS Borders published our “Equity in Screening Action Plan 24-26” in response to the National “Equity in Screening Strategy 23-26”. Within the action plan, the three cancer screening programmes: Breast, Bowel and Cervical, incorporate evidence-based activities intended to improve uptake in underserved groups. These screening programmes deliver a coordinated approach to reduce inequalities in uptake through targeted activities across NHS Borders. Our Equity in Screening Action Plan aligns with NHS Borders’ T.H.I.S. Borders Strategy (2024), aiming to tackle health inequalities. Participation across all deprivation quintiles is monitored, stratifying non-attendance against the Scottish Index of Multiple Deprivation (SIMD) to identify the differences in attendance between the most and least deprived. Reviewing the data by SIMD and working closely with stakeholders to better understand and reduce barriers supports the development of initiatives to increase participation in a rural community.

We have delivered and will continue to deliver:

- Creating Hope in the Scottish Borders action plan seeks to address mental health and physical health in Programme 4 action 4.2. This is supported via the Mental Health Improvement and Suicide Prevention multi-agency steering group. Patients who are receiving care from mental health services are **supported by their key worker** to attend their screening appointment.
- **Incorporating breast screening in the new Learning Disability national annual health check** for those who have Learning Disabilities– LDS annual health check nurse is now in post; a PH lead for LD is in place supporting continued implementation of the LD project objectives.
- Increasing knowledge, understanding, and making every contact count (MECC) through training and awareness raising activities so that all public health delivery staff (Joint Health Improvement Team, Wellbeing Service) feel able to have confident conversations about the breast screening programme. They will then **provide advice, guidance and support** to service users to make informed decisions about participating in this screening programme to increase uptake.
- **NHS Borders has been successful in an award from the Cancer Research UK bid** to fund work around colorectal cancer, participation in the national bowel screening programme and where clinically indicated for ongoing high-risk surveillance.
- Offering **staff smear clinics**, between April-June 2024, at the BGH to increase access.

- Provision of additional **ad hoc smear clinics** to promote cervical screening awareness and participation.
- **Preventing screening opportunities being missed due to pregnancy**, using the pregnancy 'booking in' process to establish who is eligible for cervical screening during their pregnancy and ensuring their cervical screening invites are deferred until after their baby is born. This collaborative approach involves midwives, the public health screening call recall office and GP staff, educating and encouraging eligible women on the importance of attending for cervical screening in their immediate postnatal period (6 weeks post-delivery).

Working with partners to maintain the progress achieved by the National Mission on Drugs to reduce deaths and improve lives, including the implementation of MAT Standards, increasing access to residential rehabilitation and supporting sustainability planning.

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

We will continue to progress implementation of the MAT Standards.

During 2024-25 we undertook Trauma Walkthrough events with staff and people with lived and living experience. Alongside the findings from our MAT Experiential Learning data and staff wellbeing workshops and the walkthroughs 45 improvement ideas have been prioritised and allocated to working groups and will continue to be implemented in the year.

We are awaiting feedback from HIS on our draft Residential Rehabilitation Action Plan and will monitor progress on the plan via our ADP Quality Principles Sub-Group.

We are planning a formalised process for seeking feedback from people who are participating in the Residential Rehabilitation Pathway to inform improvements on support offered to gain maximum benefit from placements. We will also be reviewing how we best support family members whose loved ones are participating in the Pathway.

Following a table-top Drugs Harms Exercise in December 2024 we will be developing and testing local resources/processes to ensure we are able to respond appropriately to any emerging drug harms.

In response to feedback from people with lived and living experience we are planning a multi-agency workshop in relation to stigma to support the wider system to understand the stigma and associated discrimination that can be faced by our clients in Spring 2025.

We will continue to work alongside our Lived Experience Forum and Borders Engagement Group (living experience group) to improve and develop our local system.

We will review current commissioned services and impact through the ADP Board and identify operational and strategic risks arising should the National Mission funding cease in 2026.

Take forward the actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan, to support sexual health improvement, reduce sexually transmitted infections and unintended pregnancies, and help achieve viral hepatitis and HIV transmission elimination goals.

Working with clinical colleagues via the BBV MCN, we will implement the actions outlined in the *Sexual Health and Blood Borne Virus Action Plan* and *HIV Transmission Elimination Delivery Plan* to enhance sexual health outcomes. We will work towards reducing sexually transmitted infections (STIs) and unintended pregnancies through education, prevention, testing, and treatment. Access to sexual health services, ensuring inclusivity and equity, will be key to this. We will continue efforts to eliminate viral hepatitis and HIV transmission by expanding testing, early diagnosis and treatment. Targeted prevention strategies (e.g. PrEP) and harm reduction measures will be key.

Work towards viral hepatitis elimination goals, including through achieving Board-level HCV treatment initiation targets.

NHS Borders is currently setting up a Blood Borne Virus Managed Clinical Network as this has not been a feature locally. There is a wealth of local partners involved in blood borne virus work, including Borders Addiction Services (BAS), We are With You (3rd sector) and local NHS gastrointestinal and infectious disease services. The MCN will coordinate and provide a forum for these partners and monitor progress against elimination targets.

Taking forward the relevant actions in the Sexual Health and Blood Borne Virus Action Plan and HIV Transmission Elimination Delivery Plan to support improvements to sexual health and BBV service delivery, and work towards HIV transmission elimination targets, including through interventions to increase HIV prevention, detection and retention in care, and work to improve the lives of people living with HIV.

As above, we will implement the actions outlined in the *Sexual Health and Blood Borne Virus Action Plan* and *HIV Transmission Elimination Delivery Plan* to enhance sexual health outcomes. We will work towards reducing sexually transmitted infections (STIs) and unintended pregnancies through education, prevention, testing, and treatment. Access to sexual health services, ensuring inclusivity and equity, will be key to this. We will continue efforts to eliminate viral hepatitis and HIV

transmission by expanding testing, early diagnosis and treatment. Targeted prevention strategies (e.g. PrEP) and harm reduction measures will be key.

The BBV, once established, will aim to have public involvement.

Actions to support improvements to access of Long-Acting Reversible Contraception (LARC), including post-abortion and postpartum.

In NHS Borders we want to increase availability of LARC in line with the medium term aims of the national Women's Health Plan. As part of the Masters Dissertation of our NHS Borders Sexual Health Clinical Lead, they specifically researched barriers and facilitators to intrauterine device insertion in primary care. This recent, rich qualitative and quantitative data gathered from local GPs and GP Nurses is the basis for our approach to increasing access to LARC for women and couples who choose that method of contraception.

Over 2025 we will design and deliver a workplan to specifically address these local barriers including:

- Recruiting band 6 and band 3 staff to deliver LARC in peripheral clinics
- Updating and reframing the GP LES document to address clinicians' negative emotions associated with procedural complications by demonstrating the benefits to both practice and patient of offering LARC
- Advocating for extension of national Advanced Nurse Practitioner training to include female examination skills
- Addressing the lack of specialist gynaecological examination beds and treatment rooms

We will also strive to amplify facilitators to increasing availability of LARC via:

- increasing peer support within GP practices and ensuring easy access support from sexual health service;
- encouraging a practice culture that protects time for special interests;
- asking local women where they want to access LARC and use this information to reduce inequalities in access

Supporting improved population health, with particular reference to smoking cessation and weight management.

Smoking Cessation

Local smoking cessation services are delivered via participating community pharmacies and our Wellbeing Service. The Wellbeing Service provides holistic support to individuals in relation to smoking cessation, emotional wellbeing, being more active and eating more healthily. We will be taking steps to improve our successful recorded 3 month quits by trialling direct data entry into the National Database by advisers and continuing to promote the service with colleagues.

We will be launching our tobacco toolkit in partnership with education colleagues to ensure staff and young people have up to date knowledge in relation to vaping and routes to support

We will continue to work closely with colleagues in weight management and psychology services to ensure cross referral and support as appropriate. The Breastfeeding in Borders Support Service offers 1-to-1 and group support to breastfeeding mums in Borders and our support for breastfeeding will increase through the deployment of a community co-ordinator who will take forward breastfeeding accreditation in early years centres and wider settings.

We will continue to work alongside local authority colleagues on developing a Good Food Nation Plan and advocate for the adoption of evidence based local levers to prevent overweight and obesity.

We will be working with colleagues in Scottish Borders Council and wider partners to respond to a consultation on Physical Activity.

Weight Management

We offer virtual appointments and run a virtual group, focusing on remote and rural residents and we offer evening virtual group and a digital weight management programme to help with those in employment.

We are hoping to be part of Wellbeing week to raise awareness of our service and support options. Also, highlighting how weight is more than just diet, and is part of the bigger picture of wellbeing.

We have provided health visitor training to raise awareness and increase knowledge of those mum's who have had Gestational Diabetes during the pregnancy and support there to reduce their risk.

We have provided training to care providers (this is ongoing) and have linked up with Learning disability services to provide resources and support.

We offer one to one appointments for 18-25yr olds, rather than including them in adult group sessions, as recognise this age group should more specialist rather than targeted support.

We have linked in with the lead for the Community Treatment & Care (CTAC) clinics so promote our service and for those who have had Gestational Diabetes and are attending for routine bloods that they know why they are getting those bloods and know where these patients can access support if required.

We have linked in with the staff minority ethnic support group, to raise awareness and highlight risk of diabetes can be higher at lower BMIs for certain groups.

We work closely with Live Borders and provide their staff training for the provision of one of our services, so people can be seen out with a clinical setting, and as well as dietary support they get activity in a group environment, reducing isolation.

We have pulled back locality clinics which were popular due to significant reduction in staffing.

We see mothers who are pregnant and living with obesity with the aim to promote good eating habits during and post pregnancy with sign posing for weaning support and encouragement of breastfeeding. This is part of our whole life cycle of promoting an improvement in health.

As part of our self-referral forms (and in our initial appointments) we have as part of service to ask preference of pronoun to show inclusivity and ensure no part of the population feel they are not welcome in our service.

We do have scaled back our self-referral forms and have easy read appointment letters, when required, to ensure those with lower literacy can still access our service.

We practice without weight discrimination and have undergone trauma informed practice training to ensure the best possible experience for our service users, vital to keep them engaged.

Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment.

The Board is carrying out a new and refreshed JSNA in 2025, which will be used as the basis of the Tackling Health Inequalities in the Scottish Borders (THIS Borders) Strategy which was launched in late 2023 and is being collaboratively developed as a work programme with the local Community Planning Partnership.

On racialised inequalities, developing and delivering against anti-racism plans covering workforce and service delivery, aligning with the Scottish Government framework for action set out in the guidance.

The CPP continues to meet and discuss health inequalities in line with our strategy which seeks to better understand how deprivation can be mapped in our rural circumstances. We have embarked on a Delphi technique to identify priorities whilst this analytical process continues.

The new clinical strategy of the Board will embark with a new JSNA which the IJB has agreed will be carried one year earlier than scheduled (in 2025). This is being devised and developed under the leadership of the new Chief Executive and will drive our work for the next 5 years.

Tackling Health Inequalities in the Scottish Borders and the Scottish Borders Community Plan provide the strategic framework for tackling health inequalities. The Joint Strategic Needs Assessment sets out the demographics and health care needs of the population. The recommendations in THIS Borders have been developed to align with the Theme 3 outcomes in the Community Plan:

1. Improved access to effective services, particularly for those who face greater challenges accessing services

2. Reduced health inequalities for those experiencing the greatest negative impact
3. Fewer people experiencing domestic abuse

The Community Planning Partnership's Theme 3 Delivery Group will implement the strategy and is about to conduct an exercise among the membership to determine priorities and set out ways forward.

Redirecting wealth back into their local community to help address the wider determinants of health inequalities, through progressing specific, measurable objectives that align with their Anchor Strategic Plan.

We are working closely with colleagues in order to:

- Define roles and responsibilities related to Equality and Diversity in the senior leadership team and more widely in NHS Borders.
- Work with acute services to raise awareness among clinical colleagues about the process for arranging interpreter services.
- Develop a standard operating procedure/eligibility criteria for assessing requests for translation of documents.
- Monitor the impact of publication of the SBC British Sign Language plan on workload for Public Health administrative staff.

Develop plans on integration of transport into wider health planning and reform, reflecting the Scottish Government's Transport to Health plan published October 2024 and Section 120 and 121 of the Transport (Scotland) Act in relation to Board provision of non-emergency patient transport services.

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.

Between December 2024 and February 2025 we will work through the NHS Borders Anchors Development Group to establish specific measurable objectives for each pillar and will submit these to SG as part of our updated Anchors Strategic Plan due by March 31st.

How they will embed the GIRFE Toolkit, and the principles of GIRFE, into the planning and delivery of services.

The impending NHS Borders Clinical Strategy will take into account the GIRFE 'Team Around the Person' toolkit and principles of GIRFE. We are keen to engage in co-design locally to provide the most personalised care we can, in a values-based way. Our Clinical Strategy will be the main driver for our organisation for the next five years, and will articulate how we will work with other agencies and partners to provide care for Borderers which is accessible to them, meeting them where they are. We can look to the evidence of best practice emerging from the work of the national GIRFE place-based pathfinders and their work with people with lived experience. We recognise the relevance of the national emerging themes including transport as a barrier and the importance of social connection and how they link to our mission to reduce health inequity across the Scottish Borders.

8	Finance, Infrastructure & Value Based Health & Care	Changes to improve efficiency & productivity, reduce costs and maintain a healthy workplace culture
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Financial Planning

NHS Borders remains at Stage 3 on the Scottish Government's Support & Intervention Framework in relation to its financial performance and there is necessarily a focus in the plan on how financial grip and control is maintained and savings delivered, whilst recognising that this must be balanced with the need to improve operational performance and maintain safe and effective services.

The financial plan therefore makes limited assumptions about the level of investment required to fully address performance challenges and it is expected that this will remain largely in line with the direction and additional resources set out by Government with regards to Planned and Unscheduled Care. The plan does recognise that there will be a requirement for the Board to invest in sustaining services over the medium term, particularly with regards to vulnerable services which may require regional or national solutions over the long term. This will include investment in supporting digital infrastructure, stabilising laboratory medicine, addressing productivity in hospital and community services, and maintaining effective out of hours cover.

Work to fully integrate financial, workforce and operational planning remains ongoing and at this stage there is still a level of uncertainty around the level of performance which the financial plan set out below will achieve. This is being addressed through the development and implementation of a new performance and governance framework and the introduction of an internal commissioning model which is intended to set out explicit assumptions around the level of activity which can be provided within the resources allocated in the plan. This work will be undertaken during 2025/26 and the outcomes will inform planning for 2026/27 and thereafter.

Although there has been significant progress towards addressing the Board's underlying deficit during 2024/25 we anticipate that underlying growth in expenditure will remain in excess of available uplift in future years; this in turn means that there is a requirement for delivery of recurring savings of 1.5-2.0% p.a. to manage increasing cost pressures before there is any contribution to further reduction to the underlying deficit. It should be noted also that a significant element of the deficit remains within the Health & Social Care Partnership and that there will be a requirement to work closely with the IJB to determine how plans are developed in this area.

It is this profile, together with a diminishing level of non-recurrent flexibility, which impacts on the timelines for the Board's trajectory to a breakeven position, which remains out with the medium-term planning cycle. Given this position, the financial plan set out for the period 2025/26 to 2027/28 remains unbalanced, with a deficit projected in each of the three years. The position set out in the plan includes savings targets of 3% recurring each year, and a further 1% to be delivered on a non-recurring basis.

	2025-26			2026-27			2027-28		
	R	NR	Total	R	NR	Total	R	NR	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m
Financial Gap before Savings	(35.1)	7.7	(27.4)	(31.7)	0.4	(31.3)	(28.3)	0.3	(28.0)
Savings Target	9.1	5.5	14.6	9.4	3.1	12.5	9.7	3.2	12.9
Net Surplus/(Deficit)	(26.0)	13.3	(12.8)	(22.3)	3.5	(18.8)	(18.6)	3.5	(15.1)

At this stage the savings required to deliver this plan have not yet been fully identified and there is a low level of confidence that this can be achieved in line with the plan set out above. This is, in part, due to a recognition that operational focus must necessarily be directed towards improved performance and maintaining safe services as well as achieving an improved financial position.

Despite this, it is expected that the 2025-26 outturn position will be achievable through a mix of recurrent and non-recurrent measures and that work currently in place will ensure that the risks associated with delivery of the underlying saving profile over the full term of the plan will be fully assessed and where possible mitigated during the course of 2025-26, prior to development of the next iteration of the Board's medium term plan.

The delivery framework for both cash releasing and cost avoidance measures remains the Board's Financial Improvement Programme and work is currently underway to align this fully with the updated 15 box grid and to ensure that there are activities set out in the programme to address opportunities arising from benchmarking analysis and areas of potential productivity gain.

At this stage the existing controls in place, including vacancy controls, are not expected to have any material impact on operational performance (above the position described in 2024/25). Given the level of risk attendant to the financial plan, the Board will consider further control measures in line with its quarterly review cycle. This will continue to be undertaken with recognition of the broader priorities of NHS Scotland and delivery of safe and effective care to the population of the Scottish Borders.

Infrastructure Planning

NHS Borders is currently developing a new organisational and clinical strategy, and it is anticipated that this will inform the work towards an updated Property and Asset Management Strategy and Whole System Plan for the long term maintenance and development of the Board's infrastructure. This will be supported by existing information regarding backlog maintenance and environmental risks, as assessed through regular estate surveys and other work; equipment asset registers and life cycle replacement; digital infrastructure risks and portfolio planning.

The strategy will also build upon pre-existing and newly commissioned work in relation to strategic needs assessment regarding the Board's estate. This includes outputs from a review of the Board's Primary Care estate undertaken in 2022 which includes recommendations not progressed due to constraints on capital availability. During 2024/25 NHS Borders jointly commissioned with NHS Assure a review of the Borders General Hospital design and operating environment which is intended to support a strategic review of the Acute hospital infrastructure within the Health Board. This report is expected to report in quarter one of 2025/26. Finally, a review of the Board's Mental Health estate has been commissioned and will be undertaken later in 2025.

Work during 2024/25 has focussed on the immediate short term requirements as set out in the draft BCP submitted in January 2025, which include significant risks regarding maintenance of existing infrastructure. Key areas of very high risk include the presence and safe management of RAAC within our community estate, urgent reprovision of Aseptic pharmacy facilities at the Borders General Hospital, and the planning for life cycle replacement of essential infrastructure, plant and building facets within the Borders General Hospital, as well as actions to support operational pressures regarding space utilisation within Primary Care estate.

We anticipate that a number environmental and infrastructure risks will require to be tolerated due to ongoing limited availability of capital investment. Significantly, this will include areas impacting on business continuity and clinical productivity within digital infrastructure, urgent and unscheduled care flows, and planned care pathways within the Acute setting.

Value Based Health & Care

As with other Boards in Scotland NHS Borders also continues to face increasing demand on health and social care services. We recognise the need to adapt how we deliver care to address these challenges and build a more equitable and sustainable health and care system. By embedding Realistic Medicine into everyday practice, we aim to achieve outcomes that matter most to individuals, support informed choices about care that aligns with their priorities, and make wise use of our available resources. This action plan outlines our commitment to these principles and our strategies for implementation.

There's a continued focus on improving efficiency and productivity to reduce the costs of our Health and Social Care Workforce, and our developing Clinical Strategy will provide direction to safely and effectively transform our services. Our People Strategy will also be developed in 2025, informing key workforce changes, including role redesign, and how we best support our staff maintain a healthy workplace culture and incorporating VBHC learning and practice in line with commitment 1 of the national VBHC action plan.

Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

NHS Borders has not utilised non framework agency nurses effective from June 2023. Our approach is to recruit timeously to substantive RGNs in preference to supplementary staffing; and reduce long term vacancies via various initiatives e.g. international recruitment, return to practice, retire and return and targeted NQP recruitment. Agency nursing usage has decreased substantially year on year, however there are peaks of emergency/surge activity where short-term agency nursing support is the most effective response. Routinely 22 additional beds are open year-round and over Winter there are an additional 10 surge beds for 4 months. The latter is most effectively staffed by agency nurses over the short term. As at 18 December 2024 there are 75 delayed discharges across the health and care system – this is not normal demand so not effective to recruit permanently to resolve. HCSW vacancies and reducing number of NQPs emerging from training is an increasing concern. To reduce agency nursing spend and address vacancy rates NHS Borders has recruited a substantial number of International Recruits (61 over 2 years), the vacancy rate for Band 5 RGNs has been successfully managed. This year with the absence of SG/CWS support we have continued a smaller scale Board funded international recruitment programme, with 10 new RGNs joining in coming weeks. To optimise bank arrangements, we agreed with NHS Lothian partners that international nurses could be engaged on the joint bank to increase capacity.

Achieve reductions in medical locum spend

A target of reducing agency medical costs by 33% was set for the current financial year (approx. £1 million cost avoidance in year). Despite challenges including those related to rural health services, we are on target to achieve that. A new locum governance process was agreed in September 2023, there is weekly review of agency medical use in consultation with services; and a bi monthly report to the Medical Oversight Group, chaired by the Medical Director and attended by Senior Clinicians, Medical Education, General Managers, Finance and HR. By appointing an increased number of Clinical Development Fellows, agency costs for resident level doctors have almost been eliminated as well as creating a safer working and training environment for Training Grade Doctors and supporting continuity of care. In the acute sector there has been progress in filling vacancies in General & Acute

Medicine, Anaesthetics and Laboratories traditional high usage services for agency medical locums. However there remains a small number of enduring senior medical vacancies in Psychiatry filled by the same agency locum consultant / specialty doctor for up to 3 months and this aids continuity but reveals that most agency spend is to cover long term vacancies. We have attempted innovative recruitment measures in Psychiatry to ultimately reduce reliance on agency medical staff, including headhunting, revised job plans, new consultant development programmes, medical/non-medical skill mix, advertising the new specialist doctor grade and laterally international recruitment in partnership with the CWS. A national agreement on substantive doctors and provision of short term cover for absent colleagues would aid our efforts to reduce agency medical costs.

Increasing efficiencies across administrative and support services

Service reviews, including a review of skill mix is underway across administrative and support services, with a specific focus on identifying efficiencies, exploring digital solutions, and considering opportunities for cross sector, regional or national shared services. All corporate and support services have/are in the process of setting out plans to achieve a reduction of 10% against their base budgets over 3 years. At a recent financial improvement programme workshop there was recognition that corporate and support services delivering these efficiencies, will at the same time be integral to providing change management support to enable transformation. An example of increasing efficiencies through new technology includes the implementation of G2 in Borders, which provides an upgrade to voice recognition software to enable integration with TRAK, which is expected to provide a more efficient way of producing letters for PAs to medical staff.

Encourage attendance and support employees, where health issues impact on their ability to be at work, through implementing the [NHS Scotland](#)

Our focus remains to support staff during ill health whilst trying to reduce the rate of absence.

During 2025/26 we shall be continuing to focus on ensuring that the Once for Scotland Attendance Management policy is being applied appropriately and consistently across all our service areas. Our classroom based line manager training has recently been refreshed and we will be focussing efforts to encourage attendance for all line managers alongside promoting the Turas eLearning module.

During 2024/25 we had hoped to introduce absence panels where line managers present to senior managers on how they are managing absence in their areas. Unfortunately, these were not progressed as planned and will commence in Spring 2025 instead. These panels will not only provide support but also scrutiny to ensure the appropriate and consistent application of policy.

During 2024/25 our local reporting has been reviewed to ensure managers have meaningful real time data to support the management of staff absence effectively.

Reporting will continue to be developed during 2025/26 to optimise the data available.

We have recognised that a proportion of our workforce hold caring responsibilities out with work. During 2025/26 we shall be undertaking a programme of work to support this staffing group.

The Occupational Health and Organisational Development Heads of Service continue to work together to ensure that we are supporting staff with access to our Coaching Network and Counselling services. We have evidence that a short coaching conversation has helped return people to work quicker than anticipated. We are continuing to monitor this intervention.

An implementation plan for eRostering in 25/26 with a view to implementing across all services and professions by 31st March 2026

The eRostering High Level Implementation Plan projects that 35% of NHS Borders staff will be live on Optima/Loop by March 2025 including Nursing and Midwifery, Medical, AHP, Facilities and Pharmacy staff groups. NHS Borders is also on target to achieve the national requirement of 50% Nursing and Midwifery staff rostered on Optima by March 2025. Implementation of Safe Care, the nationally recognised tool to support boards to evidence compliance with the Health & Care (Staffing) (Scotland) Act 2019 is progressing in relevant clinical areas, however the delay to a payroll integration solution, that will enable bank staff to transfer to NHS Borders instance of Optima limits achievement of the full benefits before Summer 2025.

Full Implementation by March 2026 is unachievable with existing resources due to the demands of business as usual/ongoing support to services as they roll out. The level of support required varies depending on the mix of modules being implemented, with medic's implementation significantly more complex, including eJob Plan, Allocate Rota, Activity Manager and Medic on Duty.

Work is underway to develop a proposal for permanent 'Business as Usual' Resource and outline the additional temporary resource that would be required to achieve 31 March 2026 deadline.

How we are working with Further/Higher Education Institutions to improve the way they plan the education needs of their workforce, and what collaboration takes place to ensure education curriculums offered can respond to the changing population health needs both locally and nationally

Recruitment numbers for undergraduate nursing programs have continued to decline, which will significantly impact staffing levels by 2026. To address this challenge, our organisation is prioritising efforts to grow and develop our existing workforce. This focus aims to mitigate the potential risks associated with reduced recruitment.

Borderlands Project - NHS Borders, Borders College and Edinburgh Napier University have collaboratively applied for funding to set up a Human Health

Innovation Hub for the Borders. This Human Health Lab will encompass a digital skills lab to deliver Nursing and Social Care training for the people of the Borders Region.

Regional Nursing programme: Working with Edinburgh Napier University to create a regional nursing programme. This will offer NHS Borders students the ability to study online reducing the requirement to travel to Edinburgh for their classes. It is anticipated that this will reduce the financial pressure significantly for our local students and encourage more students to enrol on the nursing programme. This programme will be aligned to commitment 1 of the national plan to embed in the training the principles and practice of VBHC. The timeline for this is September 2026 as the NMC will need to approve this via revalidation event.

Health Care Support Worker (HCSW) Workforce Up skilling - In Summer 2024 we worked with Borders College to develop a programme to allow us to academically upskill three HCSW to gain additional qualifications to ensure they meet the entry requirements to apply for the HNC programme. This year we plan to grow those numbers by offering to more staff and align this training to the principles and practice of VBHC.

Endorsed HNC pilot started last year which is collaboration with NHS Borders, Borders College and Edinburgh Napier University. This involves NHS Borders funding candidates to study part-time at Borders College to complete an HNC Healthcare Practice at SCQF Level 7. Successful completion will allow them to articulate into Year 2 of the ENU nursing programme. In 2024, we successfully recruited 3 candidates from adult, however, for September 2025 we plan to grow these numbers and extend to Mental Health candidates too.

Professional Development Award staff up skilling- we have a number of Band 4 staff that have achieved the PDA and are keen to progress into the nursing programme to become registrants. We are currently working with Edinburgh Napier University to develop a route to allow these staff to articulate into Year 2. The timeline for this is September 2025

A Kings Trust (previously The Prince's Trust) programme is planned for Spring 2025, which supports young people to develop skills and experience through work-based learning to become a Healthcare Support Worker.

Train to Care Programme Working with Borders College and DWP, NHS Borders provides Healthcare Support Worker placements, to help candidates develop skills and experience to support them with future job applications, with an aim to attracting them to a career path within Health and Social Care. A programme is planned for early January 2025.

Non Clinical Workplace Learning NHS Borders, in collaboration with Borders College recently offered opportunities for workplace learning at SVQ 5 and 7 for staff within the Administration and Clerical and Support Service job families.

Plans to ensure that all relevant staff are face fit tested to an FFP3 respirator to support business as usual patient care and in the event of responding to an incident such as Mpox Clade1 and Measles.

We continue to have regular face fit testing sessions to support business as usual. These sessions are scheduled monthly and undertaken by external contractors. We advertise the dates of these sessions on the daily Safety Brief and through regular communications issued to the senior management team.

Managers hold responsibility for the health and safety of their staff including ensuring they are compliant with the legal requirement of face fit testing and must hold accessible records of test results at departmental level.

9	Digital Services Innovation Adoption	Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes
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Adoption and implementation of the national digital programmes.

NHS Borders will continue to align with national digital programmes to support improved care delivery and patient outcomes. Over the course of the 2024-2025 delivery year with the help of Scottish Government's Digital Health and Care Directorate, we have identified a number of critical digital infrastructure activities that will need to be prioritised in 2025-2026 to ensure our readiness for implementation and adoption of the national digital transformation programmes in the pipeline such as the National Digital Platform, Identity Management, and the Digital Front Door.

Our focus remains on embedding these programmes to deliver better data sharing, streamlined workflows, and more integrated care. In parallel, we will address key infrastructure needs to ensure readiness for the increasing demands of these national solutions as part of Scotland's digital transformation agenda. Our teams remain committed to following the Once for Scotland approach to minimise duplication and resource demands while improving operational efficiency.

HEPMA is a key part of the National eHealth Integrated Safer Medicines Programme endorsed by the National eHealth Strategy Board. It is an important building block of an integrated Electronic Patient Record (EPR) and would support several of the Scottish Government's policy aims on the future use of electronic health records. We are currently building capacity in Pharmacy, alongside our Digital team, to develop a business case for this electronic system. We do not have capital or recurring funding aligned to the implementation of this system.

Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework.

Maintaining a resilient and secure digital infrastructure remains a top priority for NHS Borders. We are committed to implementing the requirements of the Scottish Public Sector Cyber Resilience Framework V2.0 in alignment with National Cyber Security Centre of Excellence (CCOE) guidance. This includes consolidating endpoint protection, enhancing security monitoring tools, and streamlining processes to safeguard data and systems. Collaboration with colleagues in NHS health boards and the National CCOE will provide additional expertise to strengthen our security posture and ensure compliance with evolving standards.

Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce, including promotion of Digital and Data Capabilities Framework and Digital Learning Pathways

Our Board remains committed to championing the adoption of digital and data technologies as enablers of high-quality care. Through targeted training initiatives aligned to the Digital Learning Pathways and Digital & Data Capabilities Framework, we will continue to develop workforce skills and foster a digitally confident environment. Priority projects include the implementation of a Digital Champions Network and expanding the use of Microsoft 365 to enhance collaboration, improve data-driven decision-making, and drive efficiencies in service delivery.

The vision is to bring NHS Borders, including Pharmacy, Borders General Hospital's Scheduled and Unscheduled Care, Women and Children and Mental Health departments as well as Community Hospitals in line with national digital strategies and other Health Boards in NHS Scotland by providing an Electronic Prescribing and Medicines Administration (EPMA) system.

Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway

NHS Borders values the opportunities presented by national pathways such as the Innovation Design Authority (IDA) and Accelerated National Innovation Adoption (ANIA) programme, which enable collaboration and the scaling of innovation across health boards. As we look to the future, it is vital that we ensure our internal digital infrastructure is optimally prepared to support these advancements. To achieve this, our current focus is on addressing priorities identified through the Digital Maturity Assessment, the Network and Information Systems (NIS) Audit, and recent engagements with the Scottish Government's Digital Health and Care Directorate. By enhancing the resilience, governance, and overall capability of our digital systems and our people, we aim to create a strong foundation that will enable us to fully leverage collaborative opportunities and national innovations in the years ahead.

How analysis of Digital Maturity Assessment updates informs planning, priority setting and progress reporting aligned to the Board's Digital Strategy

NHS Borders is undergoing a period of leadership transition, with new appointments to key roles in 2024, including the Chief Executive and the Head of Digital and Information Services. To ensure alignment with the organisation's broader priorities and a shared understanding of current challenges, the finalisation and approval of our Digital Strategy, originally referenced in the 2024-2025 Delivery Plan, has been postponed. At present, the organisation is focused on the development of an NHS

Borders Clinical Strategy, which will serve as the foundation for subsequent strategic planning. Following the completion of the Clinical Strategy, work will commence to update and align the organisational, estates, and digital strategies, ensuring they reflect the organisation's overarching vision and priorities. This phased approach enables NHS Borders to address both immediate and long-term needs cohesively, while providing the new leadership team with the opportunity to contribute meaningfully to these critical plans.

NHS Borders' 2024 Digital Maturity Assessment highlights the importance of infrastructure readiness to support future demands, particularly as we transition towards cloud-based systems in line with Scotland's Cloud First strategy. Prioritising the modernisation of infrastructure, improved network capacity, and cybersecurity enhancements will be critical to sustaining operational performance and aligning with national programmes. Equally evident through our digital maturity assessment is the need for prioritisation of staff development and specific digital skills training for both our digital and non-digital colleagues to ensure the successful adoption and ongoing support of our digital transformation initiatives. Progress will be monitored through our strategic roadmap, ensuring that resources are targeted effectively to address maturity gaps.

The following planning priority is in line with commitment 5 of the national [VBH&C Action plan](#).

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

We seek opportunities to work with service leads to educate and consider options to reduce carbon emissions wherever possible in their decision making.

Greenhouse gas emission reduction in line with national targets with focus on building energy use reduction, transport and travel and medical gases.

Building energy use reduction – during 2024/25 we have progressed our grant funded energy efficiency programme and expect the impact of this to deliver significant reductions to our energy use in 2025/26 and thereafter; for 2025/26 we plan to explore options to introduce a dedicated energy manager post with a view to further developing our improvement plans, including potential collaboration with Scottish Borders Council on a longer term programme of energy efficiency measures within our community estate.

Transport & Travel - see below

Medical Gases – we have already achieved significant progress in this area, including cessation of Desflurane and decommissioning nitrous oxide manifolds; further actions will be delivered through green theatres programme (see below).

Adapting to the impacts of climate change, enhancing the resilience of healthcare assets and services of NHS Boards.

NHS Borders has completed the first version of our Climate Adaptation Plan in Collaboration with all key stakeholders in 2023/24. We are currently considering how climate adaptation is prioritised within our capital plans (Business Continuity Plan) for submission early in 2025, however at this stage it is unlikely that there will be significant capital investment available to progress many aspects of our adaptation plan.

In 2025/26 we will:

- Review all actions and ensure the relevant action owners are making progress against the plan.
- As the teams responsible and involved with adaptation planning gain competence and understanding, they will routinely review to add and amend the plan to capture further risks and actions to support.

- Work collaboratively with Scottish Borders Council and other partners to seek areas for partnership and collaborative working to manage adaptation plans

The achievement of national waste targets, local targets for clinical waste, and engagement with local procurement, waste leads and clinicians to progress Circular Economy programme within Boards.

NHS Borders has made good progress in waste management and has reviewed all contracts, utilising the National Framework agreement, to further leverage good waste management practice.

- We will continue to implement the Waste route map (developed by National Scenic Areas & Zero Waste Scotland) for NHS Scotland.
- We are compliant with the targets set out under the section resource and Waste Management (point 35) in DL (2021) 38.
- Further reductions in waste will be monitored through the Waste Management steering group with representatives from across the organisation and IPC and H&S colleagues to ensure the Waste Strategy is delivered collaboratively and to ensure it complies with IPC & H&S guidance.
- A series of “roadshows” are planned to continue education around waste stream with the aim to reduce clinical waste and improve recycling.
- We are starting to review all routes for circular economy and consider the work as an Anchor organisation in this area.

Implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation.

Progress towards decarbonisation of our NHS Borders fleet will be contingent upon availability of funding through national routes. We will actively engage through NHS Facilities and any other available schemes to progress replacement of fleet with Electric Vehicles (EVs) and to develop the infrastructure within the region.

We will:

- Launch our Active travel plan policy.
- Continue to work with Scottish Borders Council, Dumfries and Galloway Council, SOSE, SEStran and Community partners to further improve transport infrastructure in the South of Scotland.
- Support the introduction of the amended bus timetable – collaboratively revised to better to support shift times (scheduled April 2025).
- Continue to improve access to Electric pool vehicles across NHS Borders
- Work collaboratively across Scottish Borders with Public Sector organisations to improve EV infrastructure
- Support decision making for journey planning to be lowest carbon option
- Work with the Anchors lead to consider ways to support individuals in Transport poverty.

Environmental management and use of EMS, including increasing biodiversity and improving greenspace across NHS Scotland estate.

NHS Borders will continue:

- to work collaboratively across Boards and within departments to implement EMS.
- to work collaboratively, through Public Health, with Scottish Borders Council to capitalise and build on our green spaces.
- to develop our Green space and Biodiversity strategy, bringing together the good work already in progress into one umbrella document.

Improving environmental performance through improved stewardship of capital and assets and identified opportunities through the Business Continuity Planning process.

The Sustainability Steering group continues to seek opportunities to ensure that good environmental stewardship is applied throughout the organisation.

We are currently considering how climate adaptation is prioritised within our capital plans (Business Continuity Plan) for submission early in 2025, however at this stage it is unlikely that there will be significant capital investment available to progress many aspects of our adaptation plan. Where capital investment projects are approved we will ensure that sustainability is considered in the scope of these projects wherever possible.

Reducing environmental impact through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and adoption of the sustainability in quality improvement approach.

Work in both Green Theatres and Polypharmacy continue, and the teams are committed to delivering sustainable change as part of their day role. These initiatives align closely with our local Value Based Health and Care work with a focus on sustainability.

We continue to implement all Green Theatre initiatives and engage with the national group in this work.

Summary

This delivery plan articulates the national Drivers of Recovery and how NHS Borders will, if we are able to within the resources available, address the priorities outlined by the Scottish Government. All of our commitments in this plan are consistent and in line with our Health and social care partnership ADP.

Looking ahead, our focus will continue to be on pursuing the sustainability of our services within the context of workforce and financial pressures, and therefore any previous commitments of deliverables set nationally will need to be revisited and reassessed in line with our financial recovery plan.

At the time of writing this plan there remains a number of uncertainties and therefore this plan remains draft and responsive. As this plan, along with our financial recovery plan, is implemented levels of commitment and associated performance agreements may require to be reassessed and therefore we will be continually assessing our position over the coming months.

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8 May 2025

Dear Peter

NHS BORDERS DELIVERY PLAN 2025/26

Thank you for submitting your Board Delivery Plan 2025/26. I would first like to take this opportunity to thank you and your team for all the work that has gone into this during what is a particularly busy time.

We continue to plan against a backdrop of significant financial challenge across the public sector, and we welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets. Whilst it is welcome that we have been able to approve your financial plan, challenges remain in achieving a sustainable balanced budget, and it is important that we continue to work closely together on this.

We are satisfied that your Delivery Plan broadly meets our requirements and provides sufficient assurance at this stage between the Scottish Government and NHS Borders as a basis on which to proceed, contingent upon the understanding that your Board will continue to work closely with us around its delivery and implementation. However, as with previous years, whilst these plans provide an agreed way forward, they must also remain dynamic and responsive.

As you are aware, we are increasing the pace of our health and social care reform and renewal. To support this, a new NHS Scotland Operational Improvement Plan (OIP) was published on the 31st of March, which is the first of three documents on the Government's approach to health and social care renewal, with a Population Health Framework and Service Renewal Framework to be published in the coming months.

Your plan highlights that you are in the process of developing your Organisational and Clinical Strategy to help shape NHS Borders' strategic planning context. It will be important to ensure that this aligns and is coherent with the national reform and renewal programme, and that planning over the next year is appropriately shaped by the OIP, Population Health Framework and Service Renewal Framework. In support of this, we would be keen to engage with you as you plan for the development of your Clinical Strategy.

A key priority for us all in the year ahead is improving access to treatment and reducing waiting times for both urgent and planned care. Building on the Delivery Plan Guidance issued last November, the OIP sets out the key national priorities and investment to ensure

that patients will be able to access the treatment they need more quickly. As highlighted in that guidance, Delivery Plans are intended to set out the overarching planning being undertaken by the Board, and are supported by more detailed planning and engagement between Boards and the Scottish Government.

This is particularly true of Planned Care, and we not only welcome your focus on this as set out in your Delivery Plan, but also recognise the breadth of other ongoing work set out in your Planned Care Plan. We look forward to continuing to work with you to deliver further improvements in line with the objectives set out in the OIP, and appreciate your ongoing close engagement with our teams on this.

Along with Planned Care, improving access to Urgent Care is another key priority for the year ahead and we are continuing to work with you to develop robust, detailed plans around key priorities such as 'Hospital at Home' and Frailty services. We are content with the actions you are taking as set out in your Delivery Plan and the further detail provided in support of the OIP setting out how you will continue work to enhance equity of access across NHS Borders, the wider local system, and regional/national pathways. We particularly welcome your commitment to exploring digital solutions, and your awareness raising campaign on the benefits of using virtual consultations by primary and secondary care clinicians.

Whilst improving access to treatment remains a core priority for the year ahead, it is only one of a broad range of planning priorities covering the range of activity a Board undertakes, including Primary Care, Mental Health, Population Health and many others. We have reviewed the plan as a whole, and have included more detailed policy feedback for you in **Annex A** to consider as you continue to evolve your planning going forward.

Looking ahead, the Board Delivery Plans will be set within an increasingly integrated collaborative and national planning context as we move forward with population based planning. Our *Strategic Reform Framework* will be published in the summer and build on last year's Directors' Letter "*A Renewed Approach to Population Based Planning across NHS Scotland*" DL(2004)31. We look forward to working with you in the year ahead to continue to evolve our planning approach to better meet the needs of the populations which use them.

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

Yours sincerely



JOHN BURNS
NHS Scotland Chief Operating Officer

Annex A : Feedback on Planning Priorities

Cancer Care

It is encouraging to read that prehabilitation has been considered. Additional detail outlining the extent to which best practice will be implemented locally over the coming year, as per the Key principles for Implementing Cancer Prehabilitation in Scotland, and the Nutrition and Psychological Therapies and Support Frameworks, is requested.

It is equally encouraging to read that collaboration with a neighboring Health Board is being considered to improve access to psychological therapies and that access to clinical psychology is being explored also. It would be beneficial to consider how this is happening for children and young people too.

Both Single Point of Contact (SPOC) and Improving the Cancer Journey (ICJ) are referenced with work ongoing to refine referral pathways to ensure smooth and seamless transitions for people affected by cancer. This is an important step that will support efficacy and sustainability of both services and positively affect clinical, non-clinical and experiential outcomes.

It is noted that community AHP services are seeking to provide preventative services 'upstream' to support health communities and prevent further demand for secondary care services with rehabilitation services focusing on timely and effective rehabilitation as per the '6 principles of good rehabilitation'. Utilisation of the self-assessment process should enable further detail regarding processes and impact to be captured and reviewed, thereby supporting continual improvement. This is all welcomed.

The Board included details of the three most challenged tumour pathways and reasons for delays to diagnosis and treatment within the Cancer Waiting Times standards. Whilst recognising capacity and demand challenges, NHS Borders should continue to explore solutions regionally and locally to mitigate these pressures.

We recognise that NHS Borders participated in the groups which developing the Target Operating Model for sustainable Oncology services and will continue to participate through the implementation of this important piece of work. This is great to see and we appreciate ongoing commitment to this and to delivery of CMPs.

Mental Health

The Delivery Plan provided by NHS Borders addresses the majority of the planning priorities outlined in the 2025/26 guidance. However, there are areas that would benefit from further development or clarification, particularly in relation to service specifications and financial commitment and equality.

CAMHS Service Specification – Initial Contact: The plan describes a triage and tagging system to differentiate between CAT1 (ND) and CAT2 (CAMHS) referrals. However this model does not align with the CAMHS National Service Specification which explicitly recommends services move away from triage in favour of “meaningful engagement” at first contact. NHS Borders is encouraged to review this approach to ensure that all young people receive a person-centred first contact, in line with the national specification.

CAMHS enhanced support: While the plan notes professional engagement in psychological therapies, it overlooks that CAMHS is receiving enhanced professional support from Scot Govt CAMHS adviser to improve CAMHS delivery and compliance to standards. Recognising this input would offer a fuller picture of working to improve standards.

Finance commitments: Although the plan reflects the investment in improvement work, it doesn’t clearly state how the board is progressing towards the target of 10% for frontline spend on Mental Health and or 1% on CAMHS. More transparency would be welcomed.

Neurodevelopmental Pathway: While the plan acknowledges significant wait times for neurodevelopmental assessment, it would be helpful to see how the Board intends to manage and reduce this backlog. The shift toward a universal “Request for Assistance” model is promising, but implementation plans and timelines are not yet clear.

Data Quality and Engagement with PHS: While the plan references data meetings and EMIS functionality issues, further clarity would be helpful on how the Board is actively working with Public Health Scotland to improve the quality and completeness of returns (e.g. CAMHS & PT datasets).

Forensic Mental Health Provision: While the plan acknowledges the lack of local forensic psychiatry provision and proposes collaboration with the Forensic Network. More detail on how this will be achieved in practice would have been helpful, including interim solutions while capacity is developed.

Equality and Inclusion: Positive progress with completed Equality and Human Rights Impact Assessments across several service areas, but the plan doesn’t clearly list specific priority groups under PSED or rational for the focus on these groups.

LD Health checks: The response fails to fully address the priority and directive outlined. While NHS Borders acknowledged challenges in delivering Annual Health Checks for individuals aged 16+ with learning disabilities, citing insufficient funding, this explanation is not satisfactory. All eligible individuals should be offered a health check, with evidence suggesting a completion rate of approximately 70% acceptance will be achieved. Despite receiving funding in previous years, early data shows that NHS Borders has significantly underperformed, delivering well below the expected levels. Action is required to align delivery with national priorities and legal obligations.

Primary and Community Care

Dentistry

The main focus for 2025/26 is to understand the management information and identify common issues, working with the Directors of Dentistry group for national consensus and benchmarking (where appropriate). We would encourage you to include preliminary detail in future iterations of the plan on how the Board will use management information at this stage to inform service planning.

Aligned to wider ambitions on preventative health, we welcome the inclusion of information on how Boards can support population oral health. As part of Delivery Plan reporting, it would be useful to understand what steps have been taken to undertake strategic oral health needs assessments for localities, using local intelligence and management information to determine priority actions for sustainable improvement.

Optometry

It's noted that the Community Glaucoma Service will not meet the Scottish Government's Programme for Government commitment of rolling out the Community Glaucoma Service by 31 March 2026, and it would be helpful to set out the reasons for this.

Improving Interface Working

We note the significant action being taken to improve interface working in NHS Borders.

Out of Hours

It is encouraging to see that NHS Borders are fully utilising an MDT workforce in its OOH service, and the work in conjunction with SAS shows they continue to engage in order to develop this further.

Following the recent meeting with the OOH team, where they set out their plans for developing the service model, and the building on the ED interface, it would be useful to be kept informed of any progress on this work.

Transport to Health

In Section 7, p. 43, we were happy to see referenced a commitment to integrating transport issues into wider health planning and reform, as well as links to the Transport to Health Delivery Plan and the Transport (Scotland) Act. However the information in this section then pertains to the "Anchors" work. While this may have some relation to transport to health, the connections are not made clear. This link is suggested in the last bullet point of Section 10, p. 57, in reference to "Transport Poverty", however is not clear in the dedicated section: we would hope for clearer recognition of specifically transport-related health inequalities, and actions to be taken to address these (albeit we welcome the sentence pointing to this on p. 44 in the following subsection).

Women's and Children's Health

The women's health planning priority should have been included in the table of planning priorities on page 5.

It is positive to see gynaecology acknowledged as a priority within the section on planned care, whilst in this section there is less detail than for other specialties it was very welcome to see Gynae wait times within the section on the WHP connect these parts of the plan. The commitment to the ambition of '*Reduction of waiting times and backlog for gynaecological services to Scottish Government target of 52 weeks.*' Is very welcome. It was also positive to see that '*Full analysis of demand and capacity will be undertaken and opportunities to increase clinic availability will be sought.*'

Whilst it is very positive that an organisation-wide baseline scoping exercise is nearing completion and initial work plans are being explored this seems like limited progress since the last ADP /MTP.

The commitment to increase accessibility of Long Acting Reversible Contraception in an inclusive way, is very welcome. The detail on page 40 showed an assessment of the local population need with a commitment to design a work plan accordingly which was very positive.

We are delighted to see the commitment to disaggregate our new acute and secondary care dashboards by sex. The work being done to offer staff smear test clinics is also a very positive example of adapting healthcare to meet the needs of women.

Child Health Reviews

Overall the plan makes broad commitments to improvement however it would be useful, in future reporting, to understand clear actions /deliverables identified.

Significant staffing issues have led to a reduced pathway in some areas and it would be useful to know when full pathway will be undertaken in the home by qualified Health Visitors for all eligible children.

Population Health and Reducing Inequalities

Screening

The delivery plan sets out some positive interventions to address various barriers to accessing screening, including supporting those with learning disabilities, mental health issues, and those who are pregnant to access screening when appropriate. To note – reference is made to ‘smear clinics’ – this should be cervical screening clinics.

Population Health Framework Alignment

We have noted the lack of references to the PHF in the ADP despite its pivotal role in supporting whole system working to improve population health and reduce inequalities going forward. Given the strategic positioning of the PHF in the guidance, we would ask that the Board better reflects the anticipated strategic role of the Framework in their current plan. Following publication of the Framework, we would anticipate the Board to consider how it will support the local implementation and delivery of the relevant priorities and actions.

Tobacco and Healthy Weight

We will note with interest the approach to evaluation of the pilot promoting the service via direct entry into the national database.

The work on the toolkit is welcomed and we would be interested to understand if there are plans to share with other Boards.

We will be interested to understand the approach to roll out GLP1s

Given the move to baseline would like to understand the impact of this and reasons for the decision given popularity: *We have pulled back locality clinics which were popular due to significant reduction in staffing.*

We would be interested to understand more on approaches to supporting child weight management in their services.

Digital

NHS Borders have provided an in-depth plan with reference across various priorities set out in the delivery plan guidance including: ANIA pathways, HEPMA, Digital Maturity assessment analysis. We will be interested to consider your timeline to implement the national EPR for ophthalmology to support Community Glaucoma Services developments.

Clinical Priorities

Encouraging to see focus on timely and effective rehabilitation in line with the '6 principles of good rehabilitation', particularly with reference to stroke care. It would be helpful to understand how early supported discharge in stroke patients aligns with wider stroke rehabilitations ambitions set out in the Stroke Improvement Plan.

Plans for embedding prevention as a core principle are encouraging and align with wider Scottish Government ambitions. It would be helpful to understand if any prevention strategies specific to cardiovascular disease are being developed.

Value Based Health and Care

NHS Borders are to be commended for their approach to supporting health and care professionals to practise Realistic Medicine and deliver Value Based Health and Care. The principles of Realistic Medicine and Value Based Health and Care are integrated throughout its Delivery Plan for 2025/26.

NHS Border's progress with embedding Realistic Medicine and Value Based Health and Care will be monitored by Scottish Government through progress updates on the Board's Realistic Medicine action plan for 25-26.

Getting it Right for Everyone (GIRFE)

We were pleased to note the reference to use of the GIRFE "Team Around the Person" toolkit. We would ask that NHS Borders develops a plan for embedding this and that it forms part of the Delivery plan for 2025/26.

Climate

Waste and CE

NHS Borders continues to progress well with waste targets, noting reference to ongoing work and support on the waste route maps.

Adaptation and Resilience

NHS Borders show commitment in implementing the adaptation measures proposed in their Adaptation Plan by working with key stakeholders and evaluating how adaptation is integrated in their business continuity plan. The Board could benefit from specifying key prioritised risks from their CCRA in its delivery plan so actions can be prioritised accordingly.

Energy Transition

NHS Borders are progressing well with their energy transition and decarbonisation plans, although will require additional support to remain on track to achieving their net zero targets. They have secure energy efficiency grant funding and will be delivering this project. A dedicated Energy Manager post is being explored as well as collaboration with Scottish Borders Council on longer term energy efficiency programme.

Greenspace & Biodiversity

The delivery plan states that work will be done collaboratively, through Public Health, with Scottish Borders Council to capitalise and build on green spaces, however no further detail is provided. It would be helpful to understand what works are proposed and how NHS Borders is supporting existing sites, particularly given the extent of the boards greenspace resource and level of use by staff, patients, visitors and the public. It is acknowledged however that that greenspace and biodiversity is not identified within the guidance as a specific priority. The delivery also states that a greenspace and biodiversity strategy will be published which is very welcome. Further clarity on timescales for publication and work currently underway would be useful.

Environmental Management Systems (EMS)

The Plan highlights that additional resources have yet to be identified to support the strategic and policy commitments within this area and that existing capacity is fully directed to operational service delivery. The plan also indicates that where possible, plans are being progressed with existing resource. For EMS however the Plan indicates that they will continue to work collaboratively however don't provide any detail with regards to implementation plans or how EMS has been integrated into their management structure.

Transport and Active Travel

The Delivery Plan presents a comprehensive list of actions for improving commuting, business and patient/visitor travel; and should be commended for its balanced approach that encompasses all users and modes. We would encourage you to engage with the updated strategic guidance on travel planning (SHTM 07-03) before delivering its active travel plan.

Environmental Management Systems

It would be helpful to have more clarity on EMS implementation plans.



NHS Borders



Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Scottish Borders Local Child Poverty Annual Report 2024/25 and Action Plan 2025/26
Responsible Executive/Non-Executive:	Dr Sohail Bhatti, Director of Public Health
Report Author:	Fiona Doig, Head of Health Improvement/Strategic Lead Alcohol and Drugs Partnership

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambition:

- Person Centred

2 Report summary

2.1 Situation

The Child Poverty (Scotland) Act 2017 requires Local Authorities and Health Boards to jointly prepare a Local Child Poverty Action Plan Report and an Annual Progress Report.

A report has been prepared to update on progress in Scottish Borders against activities within the Action Plan for 2024/25 and sets out planned actions for 2025/26. This report was presented to the Community Planning Partnership on 5 June 2025.

2.2 Background

The Child Poverty (Scotland) Act 2017 sets out the Scottish Government's statement of intent to eradicate child poverty in Scotland by 2030. Local Authorities and Health

Boards are required to jointly prepare a Local Child Poverty Report (including an Action Plan) and submit an annual progress report each year.

Tackling child poverty in the Scottish Borders is governed through the Community Planning Partnership (CPP). A Child Poverty Action Group steers this work and consists of Scottish Borders Council, NHS Borders and key partners.

Scottish Government's tackling child poverty delivery plan 2022-26 (Best Start, Bright Futures) sets out an approach to delivery of the national mission to tackle child poverty. It focuses on:

- Action to support families
- Sustained action to create the integrated support that families need to move into work
- Changing the system to provide the support parents need
- Investing long term in both children's outcomes and economic transformation that will create a fairer, more equal Scotland.

The Borders report aligns with this approach.

Best Start, Bright Future outlines that almost 90% of children in poverty in Scotland live within these six priority family types:

1. Lone parents
2. Families with a disabled child or parent
3. Families with 3+ children
4. Minority ethnic families
5. Families where the youngest child is under 1
6. Mothers aged under 25

The report outlines the challenges faced in Scottish Borders including:

- Our proportion of children in low income families (before housing costs) have reduced from 16.2% in 2022/23 to 15.9% in 2023/24. This is below the Scottish average (16.3%) and is a slight decrease from the previous year. However, it is still concerning that 1 in 6 of our children are living this way.
- Proportion of children in low income families (before housing costs) in Scottish Borders Wards ranges from 11.3% in Tweeddale West to 25.6% in Hawick and Denholm
- In 2024, the median gross weekly pay for full time workers working in the Scottish Borders (workplace based) was £632. This is £108 less than the £740 for full-time workers working elsewhere in Scotland.
- Overall, the Scottish Borders has a lower proportion of households receiving Universal Credit (15.8%) compared to 18.6% for Scotland. In the Scottish Borders there were 4,156 households claiming the 'Child Entitlement' or 7.4% compared to 8.4% for Scotland.

2.3 Assessment

The Report provides information about dedicated funding streams which contribute to addressing child poverty and associated actions including the Whole Family Wellbeing

Fund provides for a Whole Family Support Service which aims to work with families who have multiple needs, on an intensive and holistic basis (page 13).

The team works in partnership with a range of agencies to provide wrap around support and is informed by feedback from families, for example, during focus groups feedback from the parents highlighted that they wanted support to complete forms and ensure they receive all appropriate benefits. Whole Family Support Workers attend drop-ins where parents are supported with the potential of an Income maximisation assessment. The service has recently attended the Borders Engagement Group (people with living experience of alcohol and drug use) and a number of referrals has arisen from that engagement.

The Report also provides insights into work focussing on the workstreams:

- **Income from employment** (p18)

The Parental Employability Support uses a holistic key worker approach to upskill and/or re-train to support increasing family income through paid work. This is an intensive service and in the reporting year 79 parents were supported. People have accessed additional funds and grants; cooking skills and food hygiene courses; work placements and driving to success – obtaining their drivers license and accessed funded driving lessons.

- **The Cost of Living** (p20)

A successful application to the Scottish Government Poverty Practice Accelerator Fund (CPAF) allowed establishment of a project with three Citizens Advice Bureaus in Scottish Borders to provide specialist holistic budgeting advice. The takes the form of outreach and drop-in services, as well as online and by telephone. Since January 2025, 171 client contacts have been made and over £50,000 of client gains achieved in the first quarter of this year

- **Income from Social Security** and benefits in kind (p27):

The Financial Inclusion Team works closely with NHS Health visitors and midwives and work undertaken by these staff resulted in £1.3 million in financial gains for families in Scottish Borders during 2024-25.

- **A Child's Journey** (p29)

Partners in the Child Poverty Group have created an information resource outlining what supports are available to support a child and their family from pre-birth up to the age of 18 year olds. Once complete, infographics will make this accessible for practitioners and will be published for use by families.

Routine data systems do not readily allow us to report on activity in relation to reaching priority family types and it is the case that a family may fall into one or more categories. However, the Report provides case studies from partners highlighting where the work is reaching such families (p30).

2.3.1 Quality/ Patient Care

The activities reported outline a positive impact on families experiencing hardship. It could be anticipated that ongoing hardship for families will impact on service demand.

2.3.2 Workforce

Staff working with families experiencing poverty and associated distress could impact negatively on staff health and wellbeing.

2.3.3 Financial

Actions outlined for 2024-25 are provided through existing resource. Impact on families will be positive where support is accessed.

2.3.4 Risk Assessment/Management

It is recognised that inability to support anti-poverty actions is likely to increase demand on services. This impact is also likely to be experienced by staff. The actions within the 2025-26 are intended to mitigate the impact of child poverty.

2.3.5 Equality and Diversity, including health inequalities

By providing targeted interventions and supports to mitigate or address child poverty this report contributes to the Fairer Scotland Duty to reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.

It contributes to our Equality Outcomes and in particular outcome 5: We work in partnership with other agencies and stakeholders to ensure that our communities are cohesive and there are fewer people living in poverty and the health inequality gap is reduced.

Actions outlined in 2024-25 have carried forward into 2025-26. An impact assessment was completed in 2024 and is available at <https://www.scotborders.gov.uk/downloads/file/12273/stage-1-child-poverty>

2.3.6 Climate Change

There is no impact on climate change as a result of this report.

2.3.7 Other impacts

n/a

2.3.8 Communication, involvement, engagement and consultation

This joint report has been prepared on behalf of NHS Borders and Scottish Borders Council by local authority colleagues.

In collating the report key stakeholders including NHS Borders, Youth Borders, Department of Work and Pensions, Borders College, Skills Development Scotland, Citizen Advice Bureaux, Volunteer Centre Borders and Third Sector children and young people's services were invited to update on their progress on actions for 2024-2025.

2.3.9 Route to the Meeting

This has been previously endorsed by the Community Planning Partnership on 5 June 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**

3 List of appendices

The following appendices are included with this report:

Appendix No 1 Scottish Borders Local Child Poverty Annual Report 2024/25 and Action Plan 2025/26.



SCOTTISH BORDERS LOCAL CHILD POVERTY ACTION REPORT 2025/26

INCLUDING ANNUAL PROGRESS FOR
2024/25



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This report details the progress achieved in addressing child poverty in the Scottish Borders during the 2024/25 period and outlines the planned initiatives for 2025/26.

Scottish Borders Council, NHS Borders, Community Planning Partners, and the partnership Child Poverty Group acknowledge the significance of addressing child poverty and are committed to improving the lives of children, young people, and families in the Scottish Borders.

The Child Poverty (Scotland) Act 2017 sets out the Scottish Government's statement of intent to eradicate child poverty in Scotland by 2030.

The Act mandates Local Authorities and Health Boards to jointly prepare a Local Child Poverty Action Plan Report and an Annual Progress Report. These reports should outline the measures implemented to help achieve child poverty targets and the proposed measures intended for this purpose. Additionally, the reports should detail any income maximisation efforts taken to provide pregnant women and families with children, information, advice, and assistance regarding eligibility for financial support and help in applying for such support.

This Plan outlines our strategic approach and efforts to address priority areas and key actions aimed at alleviating child poverty. We will collaborate with partners at both national and local levels as we implement measures throughout 2025/2026.

Child Poverty levels in the Scottish Borders continue to be challenging, for example:

- **15.9%** of our children still live in poverty (before housing costs)
- **23%** of our children still live in poverty (after housing costs)
- **15.8%** of Scottish Borders Households receive Universal Credit.
- The regional pay gap between the Scottish Borders and Scotland has increased since 2023 for workers who work in the region. In 2023, the median gross weekly pay (workplace based) was **£652**, for 2024 this reduces to **£632**. This is now **£108** below the **£740** for Scotland. This data comes from a national survey by the Office of National Statistics (ONS) which randomly samples 1% of PAYE registered employee jobs.

However:

- Work undertaken by the Financial Inclusion Team in 2024/25 has resulted in **£1.3 million** in financial gains for families in the Scottish Borders.
- The Annual Participation Measure (published in August 2024) shows that **94.2%** of 16–19-year-olds, in our area, were engaged in education, employment, training, or personal development. This compares to **92.7%** nationally.
- In 2024-25 The Consortium of Scottish Borders Bureaux had **17,686** client contacts and achieved a client financial gain of **£4,110,734.38**.

We continue to align with the Scottish Government's tackling child poverty delivery plan 2022 to 2026, Best Start, Bright Futures. This outlines the collaborative efforts to address child poverty in Scotland. It is a comprehensive plan for the entire country and acknowledges the role all sectors of society must play to achieve the desired outcomes for children and families. Another significant national plan is The Promise. Poverty is one of the five key elements in The Promise plan, and organisations are required to demonstrate how they contribute to mitigating the effects of poverty. We maintain our alignment with The Promise.

We acknowledge that partnerships are instrumental in achieving the intended outcomes for our children, young people, and families in the Scottish Borders. We extend our gratitude to the Child Poverty Group and the Community Planning Partnership for their valuable contributions to the Plan.

Councillor Caroline Cochrane – Chair of Community Planning Partnership
David Robertson – Chief Executive, Scottish Borders Council
Peter Moore – Chief Executive, NHS Borders
National Context

Best Start Bright Futures

Scottish Government’s tackling child poverty delivery plan 2022 to 2026, Best Start, Bright Futures sets out how we will work together to deliver on Scotland’s national mission to tackle child poverty.

The Scottish Government’s national child poverty targets serve as a crucial reference point and catalyst for local action within the Scottish Borders. While we align our efforts with these national objectives, we recognise that the poverty challenges within the Scottish Borders are unique to our locality. Therefore, our mitigation measures are tailored to augment national efforts and address the specific needs of our community.

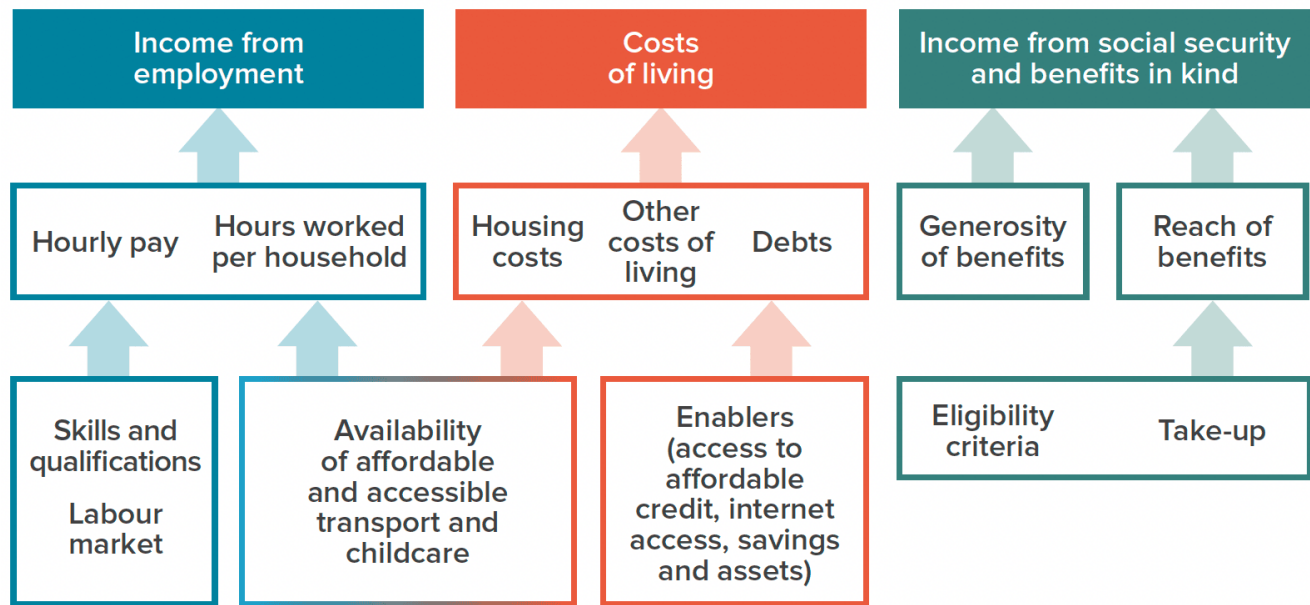
At the same time, child poverty is a complex issue composed of factors requiring both national (e.g., social security benefits) and local (e.g., local economy) interventions. National and local efforts must work in tandem to make the desired progress.

At national level, the most up-to-date figures released for the year from 2023 to 2024 show a relative rate of child poverty at 22%, while the rate of absolute poverty was 17%. Both figures are down from the previous year, but they fall short of the government’s interim target of getting relative poverty below 18% and absolute poverty below 14%. Given the relationship between national and local factors in determining the levels of child poverty, it can be expected that missing the national interim targets will have a direct impact on our local progress in combatting poverty.

Drivers of Child Poverty

The direct drivers of poverty fall into three main categories – income from employment, costs of living and income from social security. We remain focused on actions around these themes, as summarised in Figure 1 below.

Figure 1 – Drivers of child poverty



Source: [Best Start, Bright Futures](#)

Fairer Scotland Duty

The Fairer Scotland Duty (the Duty) places a legal responsibility on named public bodies in Scotland to actively consider ('pay **due regard**' to) how they can **reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions**. Therefore, it is crucial that public bodies consider the impact that their decisions have on socio-economic disadvantage and the inequality of outcome that both adults and children may experience as a result.

Families at greatest risk of poverty

The national Child Poverty Delivery Plan continues to focus on supporting the six priority family types. Almost 90% of all children in poverty in Scotland live within these six priority family types. We remain focused on actions to help these families.

1. Lone Parents
2. Families where a member of the household is disabled.
3. Families with 3 or more children
4. Minority ethnic families
5. Families where the youngest child is under 1.
6. Mothers aged under 25.

Source: [Best Start, Bright Futures](#)

Local Context

What do we know about Child Poverty in the Scottish Borders

The headlines below show that we continue to face significant challenges in the Scottish Borders.

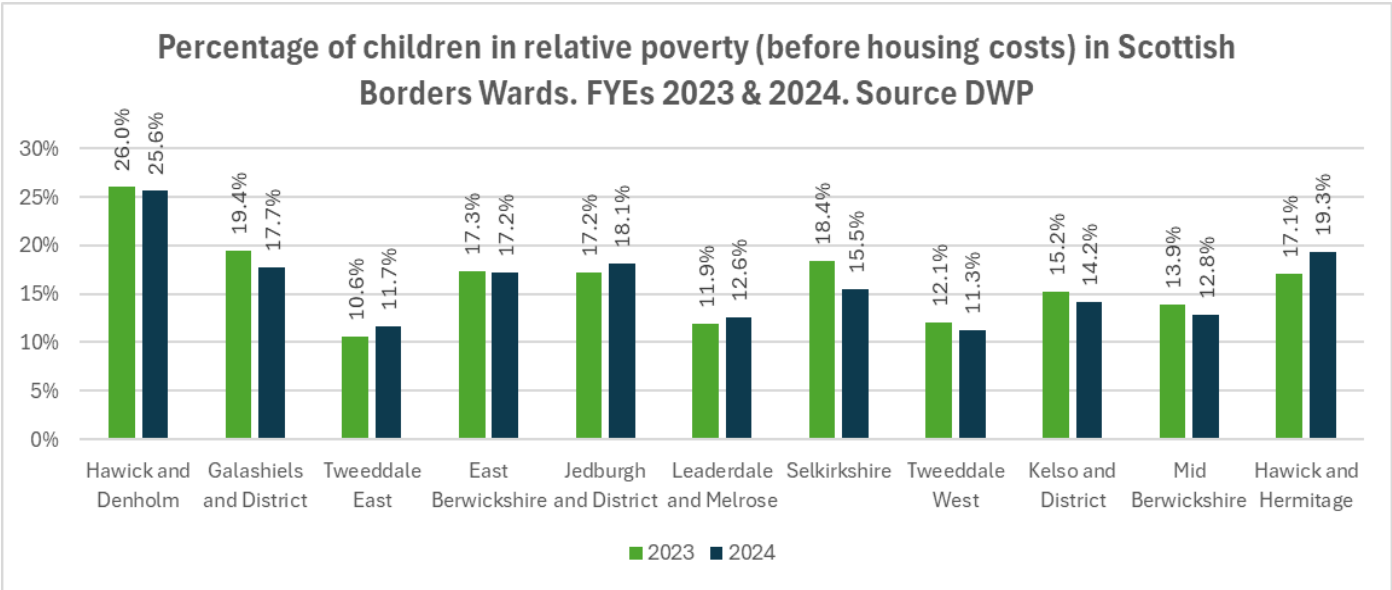
- Our children in low-income families (before housing costs) has **reduced** from **16.2%** in 2022/23 to **15.9%** in 2023/24.
- 23.6%* of our children still live in poverty (after housing costs) in the Scottish Borders
- 15.8% of Scottish Borders Households receive Universal Credit.

* Based on 2022/23 figures. The data presented is the most recent from available sources.

Appendix 1A shows more detail, including data relating to the nationally identified high priority family groups.

Children in Low-income Families in Scottish Borders Electoral Wards

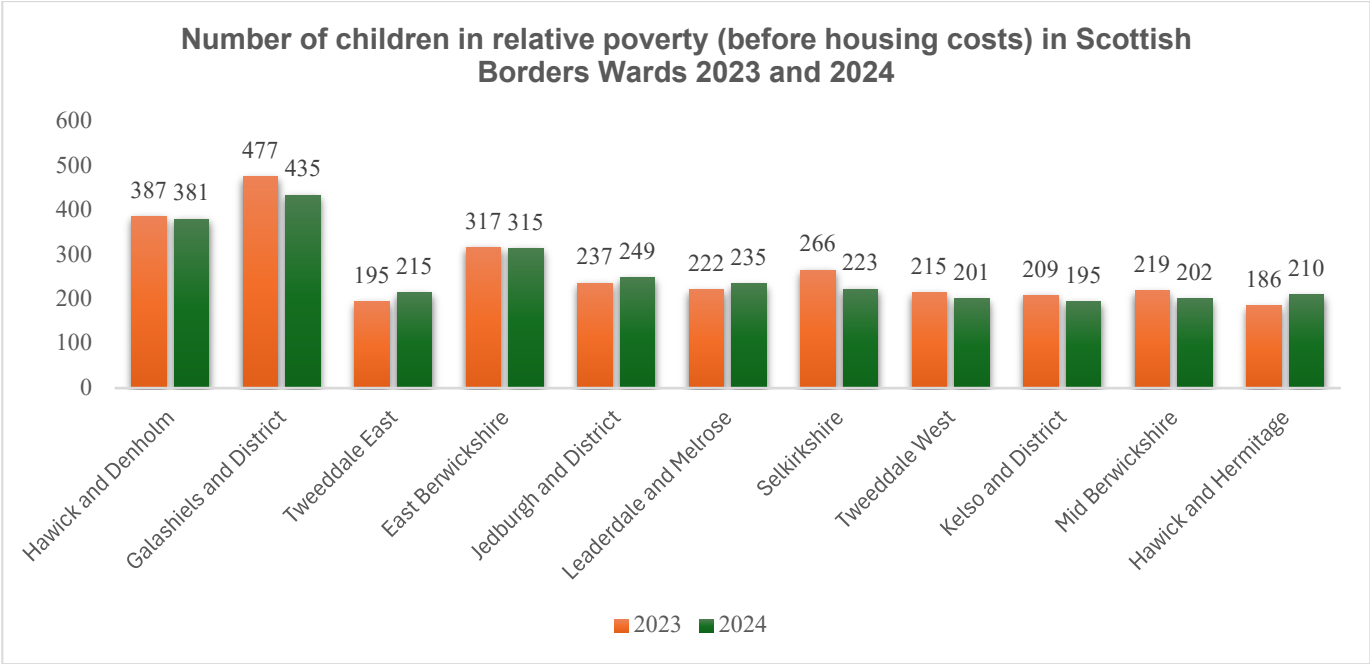
The chart below shows the Relative Child Poverty data at Scottish Borders Electoral Ward level for the financial years ending 2023 and 2024.



Numbers of children in relative low-income families in Scottish Borders Electoral Wards

The following chart gives an indication of the numbers of children who are estimated to be living in relative low-

income families in the financial years ending 2023 and 2024.



Households receiving Universal Credit

The table below shows the number and proportion of households in the Scottish Borders receiving Universal Credit compared to Scotland. Overall, the Scottish Borders has a lower proportion of households receiving UC (15.8%) compared to 18.6% for Scotland. In the Scottish Borders there were 4,156 households claiming the ‘Child Entitlement’ or 7.4% compared to 8.4% for Scotland.

Universal Credit Households November 2024 (provisional figures)	Scottish Borders No of Households	% of All Occupied Households	
		Scottish Borders	Scotland
All Occupied Households	56,030	100%	100%
All Universal Credit Households (UCH)	8,829	15.8%	18.6%
UCH with Children	4,156	7.4%	8.4%
UCH claiming Child Entitlement	3,938	7.0%	7.9%
UCH Lone Parent	2,390	7.4%	8.4%
UCH with 3+ Children	881	1.6%	1.7%
UCH with Child Under Age 1	277	0.5%	0.5%
UCH with Children - Child Disability Entitlement	669	1.2%	1.6%
UCH with Children - Adult limited capacity for work entitlement	803	1.4%	1.7%
UCH with children - adult carer entitlement	838	1.5%	1.9%
UCH with children with a health-related UC entitlement	2,310	4.1%	5.2%

Source: DWP/NRS

The Scottish Borders Child Poverty Index

The Scottish Borders Child Poverty Index (SB CPI) provides additional insight into child poverty in the Scottish Borders. The SB CPI was created to work alongside the Scottish Index of Multiple Deprivation (SIMD). SIMD

provides a way of looking at deprivation in an area, covering the whole population and does not specifically reflect child poverty.

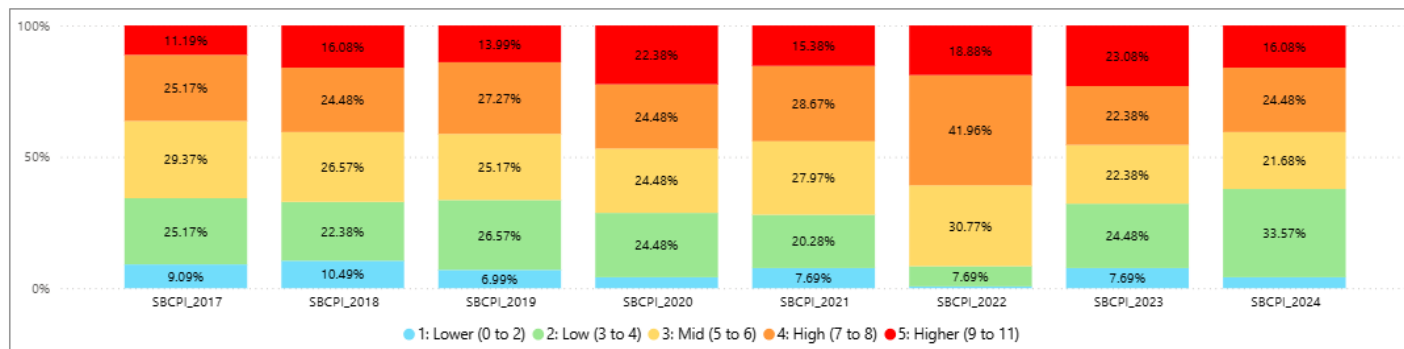
The SB CPI is a summary of two components, which are:

- Children in Low Income Families (**CiLIF**) – Source is [DWP/HMRC](#)¹. Relative low-income is defined as a family whose equivalised income is below 60 per cent of contemporary median income. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions. The SB CPI uses the most recent available year's data, currently there is a one-year lag e.g. for SB CPI 2025 uses the CiLIF data for 2023-24.
- Clothing Grant (**CLG**) - Source is SBC. The proportion of pupils recorded for Clothing Grant of all pupils in area for school year.

Appendix 1A shows more detail, including data relating to the nationally identified high priority family groups.

The graph below shows the proportion of data zones by each level of child poverty from 2017 to 2024. The impact of Covid19 and the cost-of-living crisis can be seen in the number/proportion of data zones with Mid/High/Higher levels of child poverty. 66% of data zones had Mid/High/Higher levels of child poverty in 2017. That increased to 71% in 2020 and then to 92% for 2022. In 2023 the proportion of data zones with Mid/High/Higher levels of child poverty return to pre-covid level with 68%. Then for 2024 the proportion of data zones with Mid/High/Higher levels of child poverty reduced further to 62%, with a marked increase in the data zones in the low group.

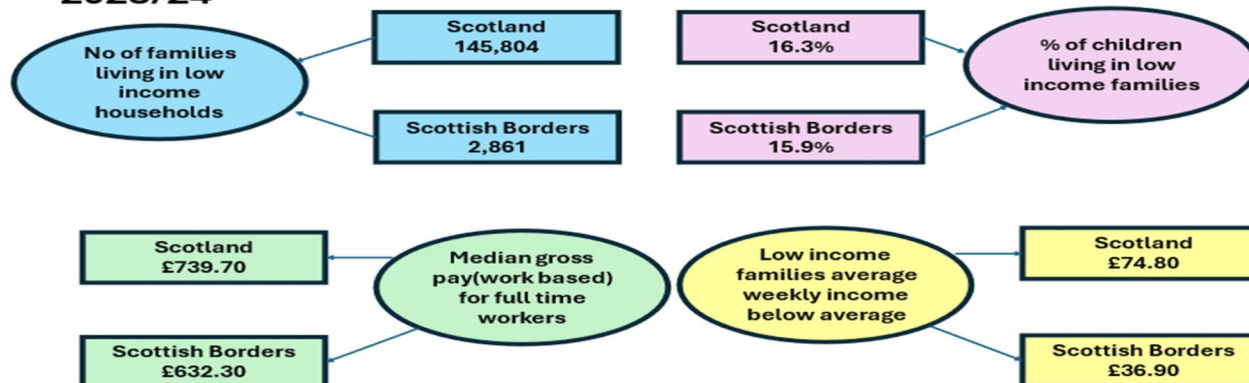
Proportion of Data Zones in the Scottish Borders by Level of Child Poverty (2017 to 2024)



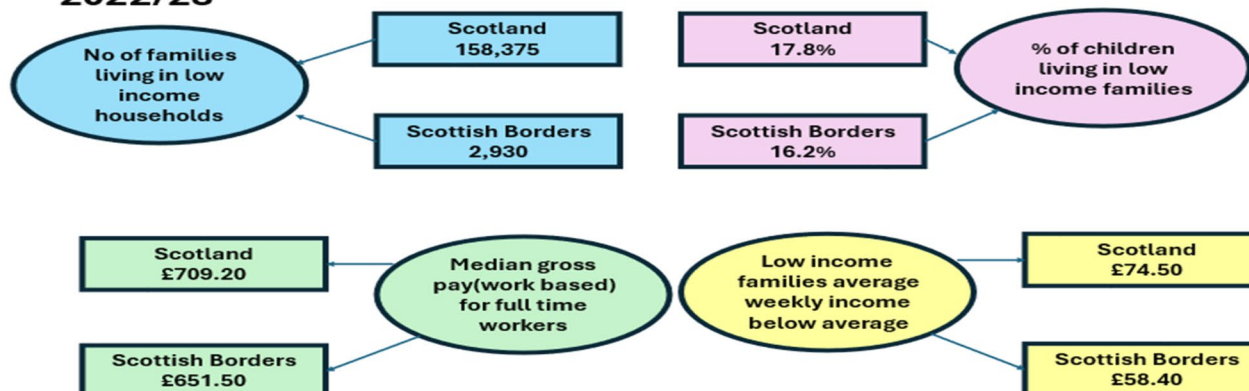
¹ *The calculation of proportion of Children in Low Income Families for the purpose of the Scottish Borders Child Poverty Index differs to 'official statistics' due to the availability of the data from Stat-Xplore. The children in Stat-Xplore are defined as dependent individuals aged under 16; or aged 16 to 19 in full-time non-advanced education or in unwaged government training. (Not just those aged under 16 – unable to group into age bands). The figure for all children is then expressed as proportion of those aged 0 to 15 as published by NRS. It is recognised that this calculation is imperfect, but practical for the purpose of the SB CPI.

Understanding Child Poverty data in the Scottish Borders

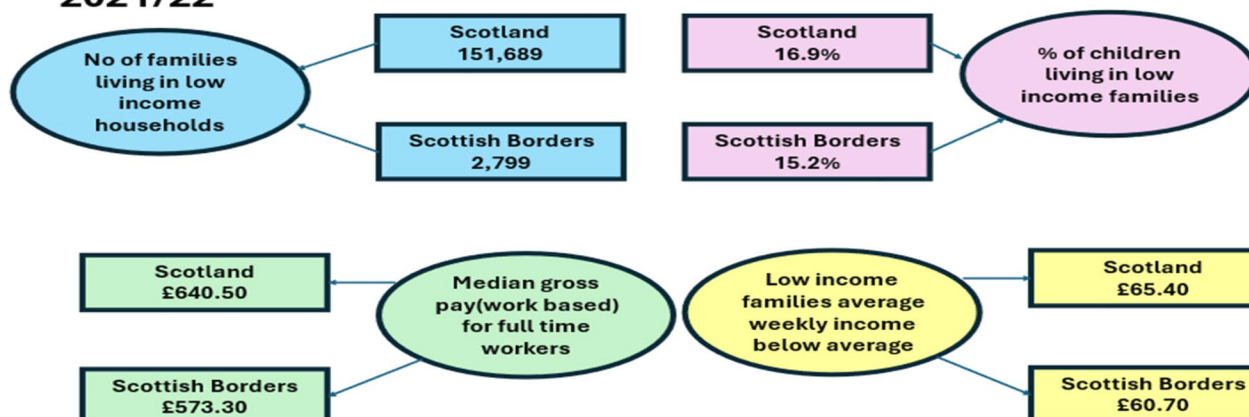
2023/24



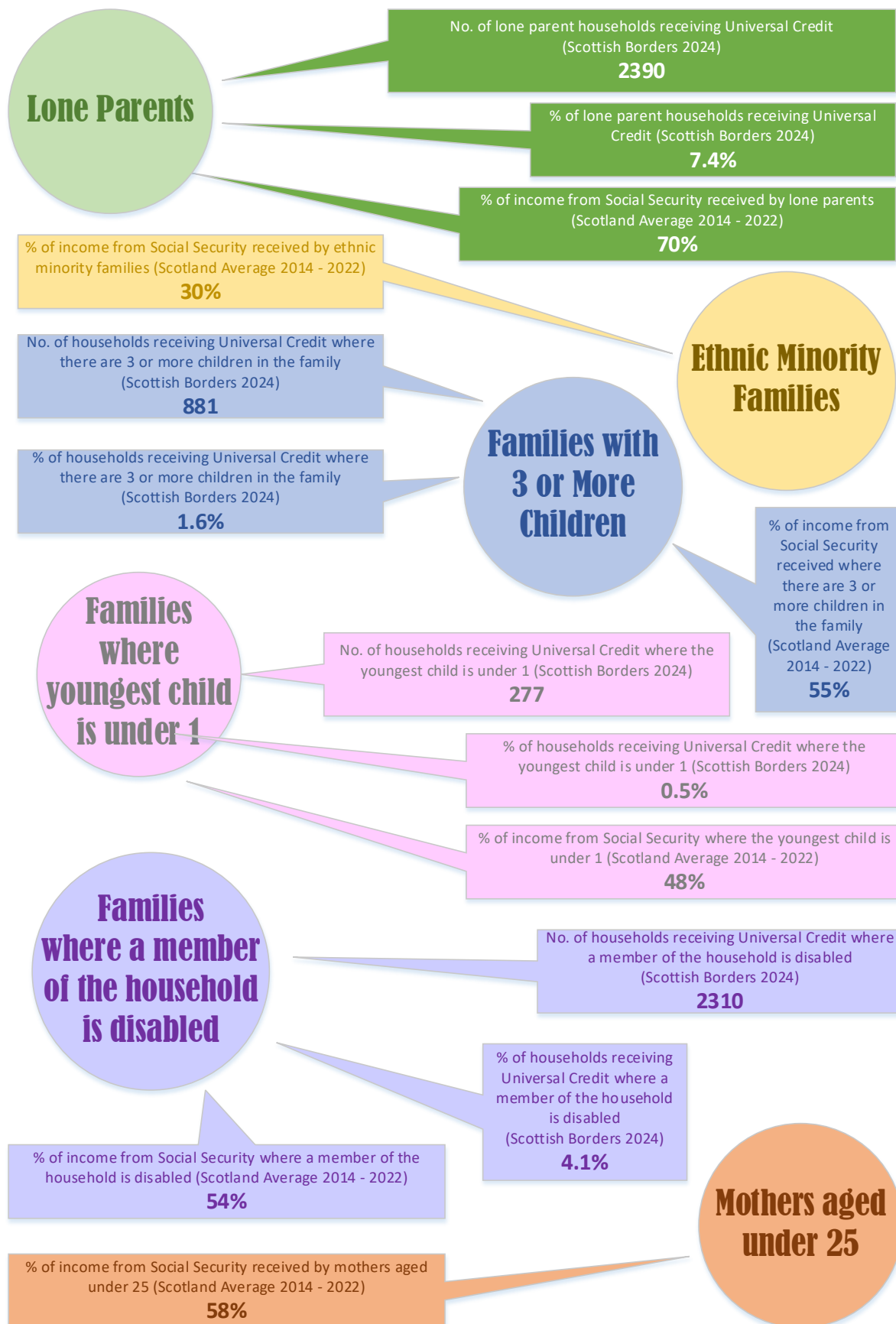
2022/23



2021/22



Understanding Key Drivers and Priority Groups data in the Scottish Borders



What are we doing about Child Poverty in the Scottish Borders?

Child poverty initiatives in the Scottish Borders are managed through the Community Planning Partnership (CPP). The CPP oversees and approves the Local Child Poverty Report and Action Plan but assigns the implementation to the Child Poverty Group. The Child Poverty Group consists of representatives from Scottish Borders Council, NHS Borders, and other key partners. They convene to discuss local strategies and address national developments as necessary.

Local Plans outlined below all contribute to tackling child poverty in the Scottish Borders.

The Scottish Borders Council Plan

The [Council Plan](#) from April 2025 sets out a strategic framework for Council decision-making and operations.

Anti-Poverty Strategy 2024-2029

The Scottish Borders [Anti-Poverty Strategy](#) sets out the way in which the Council and its partners will aim to work together to help reduce poverty across the region and recognises that Child Poverty is included in this aim.

Children & Young People's Services Plan 2023-2026

Child Poverty features as a priority within the [Children & Young People's Services Plan 2023-26](#). The whole family support network outlined in the Plan works with the Child Poverty Group towards the following aim: *Reduce the number of children in poverty and reduce the impact of living in poverty on families. Ensure that children and their families are given the opportunity to contribute to shaping local policy and actions to reduce the social and economic impact of poverty.*

Scottish Borders Community Plan

'Working together with our communities and through targeted partnership action, will enable all people in the Scottish Borders to live their lives to the full.' The [Scottish Borders Community Plan](#) works with four priority themes to support communities. These themes support our child poverty agenda.

T.H.I.S Borders (Tackling Health Inequalities in the Scottish Borders 2024-2030)

[This report](#) describes systemic differences in people's health that are thought to be avoidable and unjust and outlines how these can be tackled in practice.

Children's Rights

Our [Children's Rights Report 23-26](#) reports on the steps we have taken to fulfil the requirements of the United Nations Convention on the Rights of the Child (UNCRC).

Equity Strategy

Our [Education Equity Strategy 2021-2026](#) has been developed to ensure increased excellence, accelerated progress and embedded equity in our schools and settings to reduce the poverty related attainment gap and improve outcomes for care experienced children and young people (CECYP). The strategy coordinates the Attainment Scotland Funding streams; Pupil Equity Funding, Strategic Equity Funding and CECYP Funding to ensure maximum impact.

Local Housing Strategy

The [Local Housing Strategy \(LHS\) 2023-2028](#) is the key strategic document for housing in the region. The LHS sets out how we and our partners plan to address housing and housing related opportunities and challenges in all tenures over the five-year period.

Budgets and Funding

Significant Scottish Borders Council budgets and funding are attributed to tackling child poverty in the Scottish Borders. The table below sets these out for 2025/26. Additional child poverty funding streams are also expected, as set out in Best Start, Bright Futures, for No one left behind, employability projects, reducing barriers and tackling child poverty by increasing parental and household income from employment.

Budget/Funding	2025/26
Crisis grants	£187,000
School clothing grants	£406,663
Free sanitary products in schools	£34,000
Free sanitary products in public bodies	£60,000
Educational Maintenance Allowance*	£238,744
Pupil Equity Funding*	£1,947,630
Strategic Equity Fund*	£670,901
Care experienced Children and Young People Fund*	£124,133
Whole Family Wellbeing Fund	£669,000
TOTAL	£4,338,071

*based on 2024/25 funding

Scottish Borders Council is proud to be an accredited real Living Wage employer (current rate £12.60 per hour), and they remain committed to encouraging the wider adoption of the real Living Wage by partners, local employers, and suppliers. The Council has adopted the *Scottish Government Best Practice Guidance on Addressing Fair Work Practices*, including the Real Living Wage in Procurement for relevant contracts.

Key Areas of Work in 2024/25

During 2024/25, child poverty partners have been involved in several key areas of work that have had a significant effect on tackling child poverty and making a difference for children and their families.

The following areas of work sit alongside the three drivers of poverty and the six high risk priority family groups. We believe that they are important and make an over-arching contribution to tackling child poverty in the Scottish Borders.

Housing

SBC declared a Housing Emergency on 30th May 2024. This followed on from a report to the Executive Committee which outlined the significant challenges that the Council and partners have been experiencing in ensuring residents have access to a home which meets their needs.

As a result, a Housing Emergency Action Plan has been developed, and the Strategic Housing Forum has been established. The new Strategic Housing Forum will effectively act as a Housing Emergency Programme Board, discussing key strategic housing issues, monitoring delivery against the actions set out in the Housing Emergency Action Plan and agreeing key priorities and actions in response to the Housing Emergency.

Progress in 2024/25:

- As of March 2025, over 100 empty homes being brought back into use through officer support. This includes 17 brought back into use in 2024/25.
- The Empty Homes Grant Scheme launched in 2022 and secured further funding in October 2024 to extend the allocation for the duration of the current LHS – ending in March 2028. The scheme has supported 19 projects to date, with 13 being made available for affordable rent. There has been a total grant allocation of £467,244 which has unlocked investment of over £1.4m.

- 88 affordable homes were delivered during 2024/2025. 72 of these were new supply affordable homes. 4 homes were for particular needs housing.
- The SHIP 2025-2030 was approved in October 2024 and proposed an ambitious potential delivery of 1,050 new affordable homes underpinned by an estimated investment of £261m.
- South of Scotland Community Housing are working with Community groups across the Borders to support them to potentially deliver their own housing developments.
- EES:ABS continues to be delivered across the Borders, reflecting our committed focus to the introduction of renewable technologies for the region, as well as retrofit insulation that suits common wall construction. SBC were awarded £1.827 from Scottish Government for 2024/25 for energy efficiency measures.
- Estimated measures installed in 2024/25 include - Solar PV & Battery: 50 completions, Air Source Heat Pumps: 20 completions and Internal Wall Insulation: 45 completions.
- The SBHA Warm and Well Service was established in 2019 and extended the service to Borders Housing Network partners in 2023-24 and in 2024-25, through the Scottish Borders Cost of Living Fund. Since April 2023 financial support has been provided to over 3,700 social housing tenants across the Scottish Borders, with total funding distributed and household savings identified of £765k. - an average benefit of £200 per household. The service has a 100% satisfaction rating. The Social Value impact of the service (using the HACT Social Value Bank) is that the project has a social value return of £7.1m - that is £19 on every £1 spent.
- Key worker housing has been provided in Galashiels for NHS & SBC Social Care staff.
- Regional research on Key Workers has been commissioned in collaboration with South of Scotland Enterprise, Scottish Futures Trust and Dumfries and Galloway Council and is due to complete by April 2025. This is being undertaken by South of Scotland Community Housing and to examine demand for key worker housing in the South of Scotland. Two workshops were held in the Scottish Borders and Dumfries and Galloway in February 2025.
- Expansion of Homes for Good into the South of Scotland.
- Introduction of the licensing of Short Term Lets. Analysis of short term let licenses, and second homes is being undertaken with a view to identify any areas suffering from housing pressure.
- Increased proportion of RSL lets to Homeless households (target 50%; currently 43%).
- Assisted by a small fund from wider RRTP grant has enabled the set-up of a deposit guarantee scheme to assist access and uptake into private rented tenancies where this is a suitable sustainable option for the household.
- SBC's Crisis and Homeless Intervention Funds are two discretionary funds aimed at preventing homelessness for households in rent arrears, as well as promoting tenancy sustainment. Through these funds SBC have assisted 29 households and spent £35k.

Whole Family Support Service

The Whole Family Support Service is a new service for the Borders which aims to work with families who have multiple needs, on an intensive and holistic basis. The service will use a strength-based approach with families at the centre. It is a partnership approach and works with a number of services to provide wraparound support to families. These services include Live Borders, Stable Life, Children 1st, We are with you, Meeting of Minds and Reconnect.

The service approach consists of the following key features:

- ❖ a whole family approach including strengths-based family assessments
- ❖ a multi-agency team around the family to minimise duplication and maximise impact
- ❖ an assertive and supportive worker role
- ❖ low case load
- ❖ robust family agreements and support plans

Focus sessions were held in Langlee, Burnfoot and Eyemouth Early Years Centres to explain how the service can support local families. These sessions also explored the individual needs of each community and how 1:1

support can support this through joint group delivery.

Feedback from the parents highlighted that they wanted support to complete forms and ensure they receive all appropriate benefits. Whole Family Support Workers attend drop-ins where parents are supported with the potential of an Income maximisation assessment.

Families supported at greatest risk of poverty:

❖ Children in Lone Parent Families	45
❖ Families with a Disabled Person	22
❖ Household 3 or more Children	25
❖ Household Youngest Child under 1	28
❖ Minority Ethnic Group	9
❖ Mother Under 25	18

Closing the Poverty Attainment Gap

The Poverty-Related Attainment Gap (PRAG) is a critical educational issue in Scotland and beyond (Mowat, 2017), impacting the lives of many children and families. It's a gap that significantly affects their opportunities and future. Recognising this challenge, an ambitious and strategic initiative was undertaken to address the poverty related attainment gap in Scottish Borders through the use of Scottish Attainment Challenge (SAC) funding.

Over the last 2 years in SBC, we have made significant progress in closing the poverty related outcomes in attainment, attendance and positive destinations. The [empowered approach](#) to SAC funding in SBC will enable communities to take ownership of approaches to accelerate the pace in closing the gap in their context.

Attainment Scotland Fund (ASF)

Pupil Equity Funding (PEF) of £1.9m is devolved directly to almost all Scottish Borders Council schools to address the poverty related attainment gap at local level. Schools submit carefully considered plans, based on local needs analysis of demographic and education data. Outcomes and measures are developed for targeted interventions in schools which include support for literacy, numeracy, health and wellbeing, attendance, readiness to learn, addressing cost of the school day, and providing opportunities.

Strategic Equity Funding (SEF) of £670k in 2024/25 has been used in two distinct ways to address the poverty related attainment gap in SBC.

Firstly, to enhance leadership at our 3 primary schools with the highest proportion of children living in SIMD Quintile 1 by appointing an additional Depute Headteacher. Since this funding was put in place in 2022/23, each of these schools' attendance has risen each year by between 1.6% and 3.8%. Literacy and numeracy rates in P1, P4 and P7 have risen in each school consistently year on year by as much as 20%.

Secondly, funding is devolved to clusters based on Children in Low Income Families data. Clusters submit plans based on robust guidance (similar to PEF plans) to demonstrate how funding will be used to tackle the poverty related attainment gap at a cluster level. This has allowed clusters to be more creative in how schools collaborate in the cluster. Interventions have included the appointment of additional staff such as home school link workers who work with children and families to ensure barriers to attainment and attendance are addressed.

Clusters have consulted widely with partners and families to ensure that interventions meet the needs of children and young people. An example of practice using SEF which has been shared nationally is the establishment of the Teviot and Liddesdale Together Hub. The hub is overseen by a Cluster Wellbeing Lead who coordinates with schools, partners and families to put supports and interventions in place. This has helped

parents back into employment and allowed children and young people to attend school.

The Teviot and Liddesdale Cluster Approach Example

- ❖ The Context (January 2024)
 - 1990 learners in the cluster
 - 37.6% Quintile 1 learners across all cluster schools
 - Cluster attendance rate of 91.65%. Attendance gap between Q1 and Q4 of 3.2%
 - Recognition of national trend around attendance being mirrored in our cluster.
 - Highly effective Early Years Centre supporting families up to age 8
 - No coordinated support for families as children and young people move through Primary and Secondary.
- ❖ The Approach
 - Create a system for tracking, monitoring, promoting and celebrating positive attendance (Hawick HS)
 - Create a service focussed on providing holistic support for whole families from P1 through to the end of Secondary
 - Provide a 'one-stop shop' for parents/carers to access support
 - Provide support for parents/carers as well as children and young people
 - Coordinate resource across the cluster to avoid duplication
 - Use a 'neutral' space to encourage engagement with harder to reach families
- ❖ The Actions
 - Hawick HS Attendance Officer's relentless focus on attendance.
 - Celebration of attendance developed (see the photo below)
 - Teviot and Liddesdale (T&L) Together - employed a HSLW and seconded a PT Pastoral to lead and develop the service. SEF funding devolved to Cluster to allow this to happen.
 - Referral system from schools with informed consent
 - 1:1 and small group support for parents and carers and for children/young people
 - Partnership visits and support from other sectors e.g. Social Work, Borders Additional Needs Group, Financial Inclusion Team, immediate referral to support for mental health
 - Cluster-wide commitment to embed NHS Borders 'Creating Hope' culture and practice – tackling mental health barriers in parents/carers and young people.



❖ Emerging Impact

- 15 families currently supported – 46 young people across these families
- High uptake of Raising Children With Confidence from parents in the referral group
- Parents and carers are beginning to network and support one another to get their children to school
- Early indications of improvement in attendance across the schools of referred families (1.7-4.7%)
- Rise in Q1 attendance of 1.8% (Sept 23 V Sept 24)
- Whole cluster focus on improving attendance and engaging with the new SBC Attendance Policy

❖ Family Feedback

- *It's great getting access to support to help my children at school and life*
- *The centre's not in a school so I am much more comfortable coming in without people thinking there must be a problem*
- *Knowing there are people there to support me, listen and not feel judged*
- *A warm, supportive atmosphere, learning techniques and skills to be a better parent and help my children grow and be happy*

Skills Development Scotland

Skills Development Scotland offer career information, advice, and guidance across all 9 of our secondary schools, supporting young people from S3 upwards through personalised guidance at key transition points. The targeted approach is based upon characteristics related to poverty, with pupils identified in partnership with school. Post-school support is offered, through one-to-one coaching, employability advice and referrals to further training and education for those young people not in school. Support is available 24/7 via My World of Work alongside the SDS National Careers Helpline.

MyBnk is a new initiative that has been delivered in 2024/25, through partnership with SDS, DYW and

Education to every S4 young person, within our 9 High Schools in the Scottish Borders. Young people learned about minimum wage, payslips, tax, budgeting, and household costs. Planning is underway to deliver this initiative in 2025/26.

The Annual Participation Measure (published in August 2024) shows that 94.2% of 16–19-year-olds, in our area, were engaged in education, employment, training, or personal development. This compares to 92.7% nationally.

97% of school leavers, in our area, were in a positive destination, compared to 95.7% in 2023/24. Initial destinations for those in the 20% most deprived quintile, was 97.4%. This compares to 93.6% nationally.

An 80.8% achievement rate for Modern Apprenticeships indicates successful skill development leading to employment opportunities.

Transport

Concessionary Travel

The Young Persons' (Under 22s) Free Bus Travel scheme launched in January 2022.

All young people and children aged 5-21 years can apply for a card to access the Young Persons' (Under 22s) Free Bus Travel Scheme.

The scheme was introduced in January 2022 with the main objective of making public transport more affordable and accessible to Scotland's young people. Access to free bus travel can improve opportunities in various areas, such as education, leisure, and work. Free bus travel also enables young people to travel more sustainably.

More than 200 million free bus journeys have now been made by children and young people since the Scottish Government introduced free bus travel for under 22s three years ago.

The scheme continues to help eradicate child poverty, help people take climate action and grow the economy by providing free access to education, employment, and leisure.

Since being introduced, it continues to encourage the early adoption of bus travel among children and young people. It has expanded access to social, education and employment opportunities and it has reduced travel costs for families and young adults. Through the 2025-26 Budget, the Scottish Government will provide £409 million for concessionary bus travel, providing access to free bus travel for almost 2.3 million people.

Over the next few pages, we have set out some examples of the work undertaken to demonstrate how we are making a difference in the areas that are considered the key drivers for tackling child poverty.

Income from Employment

Parental Employability Service

Parental Employability Support (PES) uses a holistic keyworker approach to upskill and/or re-train, increasing family income, lifting themselves and their family out of poverty. PES workers provide personalised support for parents who face barriers to progressing in their careers.

Working with parents and families, we have engaged with partners in the local community to ensure our service is well known. We have engaged with a number of organisations such as Schools, Colleges, the NHS, and other local authority services to ensure families are referred to us who are in poverty and are looking for solutions to improve their position financially. We also engage with our 3 local job centres to ensure staff are referring customers who are parents to Parental Employment Support (PES).

Using marketing via leaflets and social media has also been a good way of informing parents who can benefit from PES about our service and in the last year 44 parents have benefitted from this.

We have worked with several of our partners, including Community Learning & Development, Abundant Borders, Borders College, Scottish Borders Councils Education Department and Borders Children's Charity, to be able to support and deliver the following interventions to parents and families:

- **79** parents supported in total in 2024/25.
- **44** new parents supported in the last 12 months.
- **20** families have been supported to access Cash for Kids Financial Hardship payments.
- **4** families have been supported to access Borders Children's Charity Grants for children with Additional Support Needs to purchase specialist equipment.
- **12** Parents have completed a 6-week course, working with Abundant Borders where they were able to learn cooking skills on a budget and obtain a food hygiene certificate which will assist them when applying for jobs in hospitality.
- **10** Parents have commenced our Work, Learn, Grow programme. This has seen them start to undertake a 12-week paid work experience placement for 10 hours per week. They are also attending College for 4 hours per week, completing 3 SQA level 5 units in Safeguarding, Children's Communication and Play. This programme has given them extra money and increased future employment prospects.
- **27** Parents have taken part in Drive to Success. This has seen us support them to obtain their Driver Theory Test.
- **6** parents have gone on to have funded driving lessons and 3 have passed their driving test during this period giving them great access to jobs and more mobility.



Second up this morning was Courtney who passed her driving test with only 2 d/f, fantastic result Courtney, well done, safe driving 🚗🚗

Your Fitness Your Future: Whole family support

Parental emotional wellbeing and self-esteem, leading to feelings of isolation, anxiety and poor mental health was identified as a barrier to considering entering into future learning and/or employment at a recent parental engagement event within the Philiphaugh Early Years Centre. These feelings left them unable to consider future learning and/or employment as they didn't have the confidence to be in a different environment. The Child Poverty employability coordinator, Early Years Team and Parental Employability Support staff supported these parents in the discussion.

“I'm just a mum”

The groups “ask” to us was to create and run a supported program and learning to improve physical and emotional wellbeing and be able to work towards recognised qualifications.

In continued conversations with the parents the agreed outcome for this program was to:

- improve physical and emotional wellbeing
- to improve self-esteem and confidence
- to offer the opportunity to continue the journey of wellbeing as a whole family
- to be supported in additional learning and achievement in mental health and employability learning
- to be offered the support from our PES team to take next steps into volunteering/employment
- to increase the household income.

In partnership with Live Borders and Scottish Borders Councils employability training team, an 8-week supported fitness and learning program was created which started in January 2025.

The 8-week physical activity sessions were designed to be accessible, social, and enjoyable, making them perfect for those who are new to exercise or returning after a break. Activities and pace were designed on individual needs, helping build a routine that made physical activity a regular part of the parents week. On completion of the 8-week program a complimentary 12-week membership was awarded to the whole family, to allow them to continue their journey of wellbeing together.

In addition to enhancing their fitness, we offered a blend of certificates designed to help build confidence and employability prospects. The courses included the Wellbeing Award and Employability First Steps, both accredited by SQA. These units focus on recognising, utilising, and developing skills to help our parents to

become the best version of themselves.

- ✓ 6 parents within our priority family groups joined us, these families included single parents, families with more than 3 children, mum under the age of 25 and disabilities with the household
- ✓ 3 of our parents were actively being supported by PES at the start of the program. 3 of our parents were not currently working with PES at the start of the program.
- ✓ 5 parents engaged in both physical engagement and learning (1 parent was active in Aquafit at the Leisure Centre at the beginning of the program, this was to support a member of the family – this continued, rather than taking part in the supported fitness element).
- ✓ 1 parent engaged in learning only
- ✓ On completion of the 8 weeks all 6 parents completed the work to achieve the Employability First Steps unit. This is given at SCQF level 4 and is an introduction into the employability award. This unit looks at past and present experiences, what skills and qualities individuals have and how they got them. It explores how they can be positively used in future both for employment and personal opportunities.
- ✓ Additionally, two of the parents achieved their Understanding Mental Health Unit, also awarded at SCQF Level 4.
- ✓ All of our parents made improvements in both their physical and emotional wellbeing, within the 8-week program.
- ✓ 2 parents gained employment with continued support from the PES worker whilst in the program.
- ✓ 3 parents accepted referrals into PES to explore next steps into employment.
- ✓ 1 parent continues to be supported by their PES worker

Child Poverty Accelerator Fund

Following a successful application to the Scottish Government Child Poverty Practice Accelerator Fund, Scottish Borders Council were awarded funding in late 2024. The project was established in January 2025 and will continue until December 2025. Working in partnership with the three Scottish Borders Citizens Advice Bureau's (CABx) funding was awarded to provide specialist holistic budgeting advice, throughout the Scottish Borders, via a variety of different channels including face to face, online and telephone.

There is a demand for budgeting advice which is likely to increase as vulnerable families move from legacy benefits to Universal Credit and the change from weekly to monthly income. Outreach work in the 5 highest areas of deprivation i.e. Galashiels, Hawick, Eyemouth, Walkerburn and Selkirk are included in the trial. The service is being delivered in the CABx office network and across a number of outreach establishments ie. Health Centres, Early Years Centres, hospitals, local village halls, food banks, warm spaces and schools.

CAB Outreach and drop-in services are provided in Hawick, Eyemouth, Lilliesleaf, Langlee Early Years Centre, Newtown St Boswells, Selkirk, Lauder, Philiphaugh, Ettrickbridge Walkerburn and West Linton.

Effective partnership working has resulted in efficient referral processes and a smoother client journey, with advice being targeted to those most in need.

Since the project started in January 2025:

- **171** client advice contacts have been made
- Client financial gains of over **£50k** have been realised in the first quarter
- Of these referrals, approximately **30%** are Registered Social Landlords (RSL) tenants, **18%** had children in their household, **50%** have health conditions or a disability, and **12%** have caring responsibilities.

Scottish Borders Citizens Advice Bureaux (CABx)

In 2024-25 The Consortium of Scottish Borders Bureaux had 17,686 client contacts and achieved a client financial gain of £4,110,734.38.

They provide advice, information, and support to all 16+.

Advice offered as standard includes:

- Comprehensive benefits check and support with any relevant applications
- Action on any benefits that can be claimed or debts outstanding
- Identification and assessment of eligibility for grants and other one-off support
- Exploration of any issues relating to energy costs or energy efficiency measures and support to access fuel vouchers and crisis support
- Holistic advice on other matters of concern
- Budgeting advice and support
- Pathway to comprehensive advice provided by specialist advisers

They also offer advice on most other areas including debt & money, housing, health, pensions and family concerns.

TD1 Youth Hub

TD1 Youth Hub have been working in partnership schools for over 8 years and throughout that time they have

developed a really strong partnership and work tirelessly to improve the lives of the young people they work with.

The significance of youth workers based in the school cannot be overstated due to the impactful relationships they have with many pupils within school. A significant proportion of their work in school is providing 1-1 support to students which allows them to address the individual needs and concerns of a pupil.

An example of this work in action involved 'A', who was in S2 and had a troubled start to life at high school. School attendance was a problem, they had a high number of behavioural issues in school, a number of charges in the community for anti-social behaviour and a refusal to engage with other services. Fortunately, 'A' had a good relationship with TD1. They needed extra support to unpick some of the issues they were facing so they could be supported to do better in life.

Working with 'A' we began to uncover a young person who was clearly very able and clever, however they were more interested in practical things and were very sporty. It was clear they also had a real lack of confidence and self-esteem. We started to understand that whilst home life provided a warm and loving environment, there was real poverty in the house. That impacted on the things 'A' had in their life compared to their friends, e.g., not being able to have the right clothes or shoes to fit in with their friends. This increased their lack of confidence and self-belief as they felt judged and struggled to find peers who were like them. This in turn encouraged them to act out, often in anger and frustration.

It was through the additional 1-1 support provided to 'A' that we were able to build up that trusting relationship. It took time to unpick the things in their life they found difficult and challenging and to identify the barriers to them being able to achieve. TD1 Youth Hub worked with 'A' to find out the things they enjoyed doing. TD1 Youth Hub were able to form groups doing activities 'A' liked with different friends who also enjoyed doing those things.

They removed the barriers for 'A' that poverty had put up, such as having the right shoes for sports, providing them with lunches and dinners, providing the funding for taking part in sports clubs, getting them outdoors and providing opportunities to take part in activities they wouldn't ordinarily get to take part in.

Throughout this process TD1 Youth Hub worked with 'A' and others in their life i.e. parents, teachers, youth justice worker and social worker, to be his advocate and get them the understanding, time and space they needed to make the changes they needed to make in their life.

Through participation in activities and the extra support, 'A' began to make positive choices, their attendance increased by 10%, the charges for offences stopped, they started taking up a new sport and they reported an increase in confidence from 2 out of 10 at the start to 8 out of 10 by the end.

'A' said, "the support I got from my TD1 worker really helped me as I didn't like being bad and I knew I was always getting in trouble and stuff. It upset my mum and a lot of other folk at school wouldn't spend time with me as their mums told them to keep away from me cos I was a bad kid. Now I have some new friends and that's because TD1 helped me find things I like to do and I was able to work with others who enjoyed those same things. The biggest thing is I just ain't angry and raging at everyone all the time, I am a lot more chill."

'A's school recently said, "We have seen a marked change in 'A's behaviour and attitude, they have really matured and now they communicate with us far better than before, meaning we can create a plan that suits 'A's needs. This change has undoubtedly been down to the intensive support offered by TD1".

'A's mum said, "I was at my wits end with 'A.' I felt like I was losing my child and feared the worse. I can't express how much of a relief it is to know that 'A' was somewhere safe and had someone to talk to."

Berwickshire SWAP

In the last financial year Berwickshire Swap held over 45 swaps and mini swaps events throughout the Scottish Borders. Many of the events were held in areas with a high percentage of children living in relatively low-

income families. A conscious effort is made to consider areas that are in high deprivation, as per the Scottish Index of Multiple Deprivation (SIMD). Initially the events held were large swap events but there are now more in smaller communities too. Mini swaps started in January 2025. These swaps are held at local baby and toddler groups throughout the Scottish Borders, private baby groups often held in local churches and Scottish Borders Councils Early Years Centres, which are proving to be a great success.

The events are proving to be beneficial for those who need to access this service financially and others who are environmentally conscious. Volunteering opportunities are open to everyone, most of them are pregnant or have young children, they see volunteering as a safe space where they can come, get a hot drink, a biscuit and talk to other families in the same situation.

Berwickshire Swap delivers Emergency parcels. This is a referral-based service, families are referred from official bodies such as schools, health visitors, midwives etc. Children are provided with 7 days' worth of seasonal appropriate laundered clothing with new pants and socks. All clothes that are donated are used and in great condition. Prams, cribs and toys can also be provided, and parcels are delivered across the entire Scottish Borders.

At the 45 events, 1675 people (attendees / swappers) signed in from all localities of the Scottish Borders. These attendees were swapping for 2085 children.

Swaps at Philiphaugh Community Centre are held in partnership with Philiphaugh Early Years Centre, SBC CLD, the Child Poverty Coordinator (employability), and Sustainable Borders

December 2024 Swap	March 2025 Swap
42 attendees signed in from 9 different postcode areas	50 attendees signed in from 7 different postcode areas
Attendees were swapping for 68 children	Attendees were swapping for 102 children
52.4% of attendees were from the TD7 postcode (where the event was held)	50% of attendees were from the TD7 postcode (where the event was held)
Of this 52.4%, 73% that signed in had NOT been to a swap before.	68% had been to a swap before 32% had not been to a swap before.
Up until this point we only had 4 swaps where TD7 signed in out of the past 24 swaps.	

Quotes from families who have come along to the Swap events:

“Berwickshire Swap have created a whole community as well as easing the financial burden on parents”

“The sorting days have a lovely atmosphere where you meet other parents”

“You can take whatever you need and you are not judged”

“It’s a great way to top up on my kids wardrobes during hard times”

“My children have been able to access more books than id ever be able to buy which has hugely helped their development”



Quotes from Practitioners:

Kerry, Health Visitor Duns

“Without access to Berwickshire Swap families would experience inequalities regarding basic items vital for survival and development, clothing, equipment and toys.... The service is easy for Health Professionals and families throughout Berwickshire to access due to the numerous events held throughout the region. Berwickshire Swap continues to be an essential service for our local families.”

Sandra, Health Visitor Eyemouth

“Many of the community in Eyemouth and surrounding area find themselves in financial hardship; some because of mental health preventing the ability to hold down work, others have been made redundant or single parent families, who struggle to afford childcare so choose not to work to look after their children.

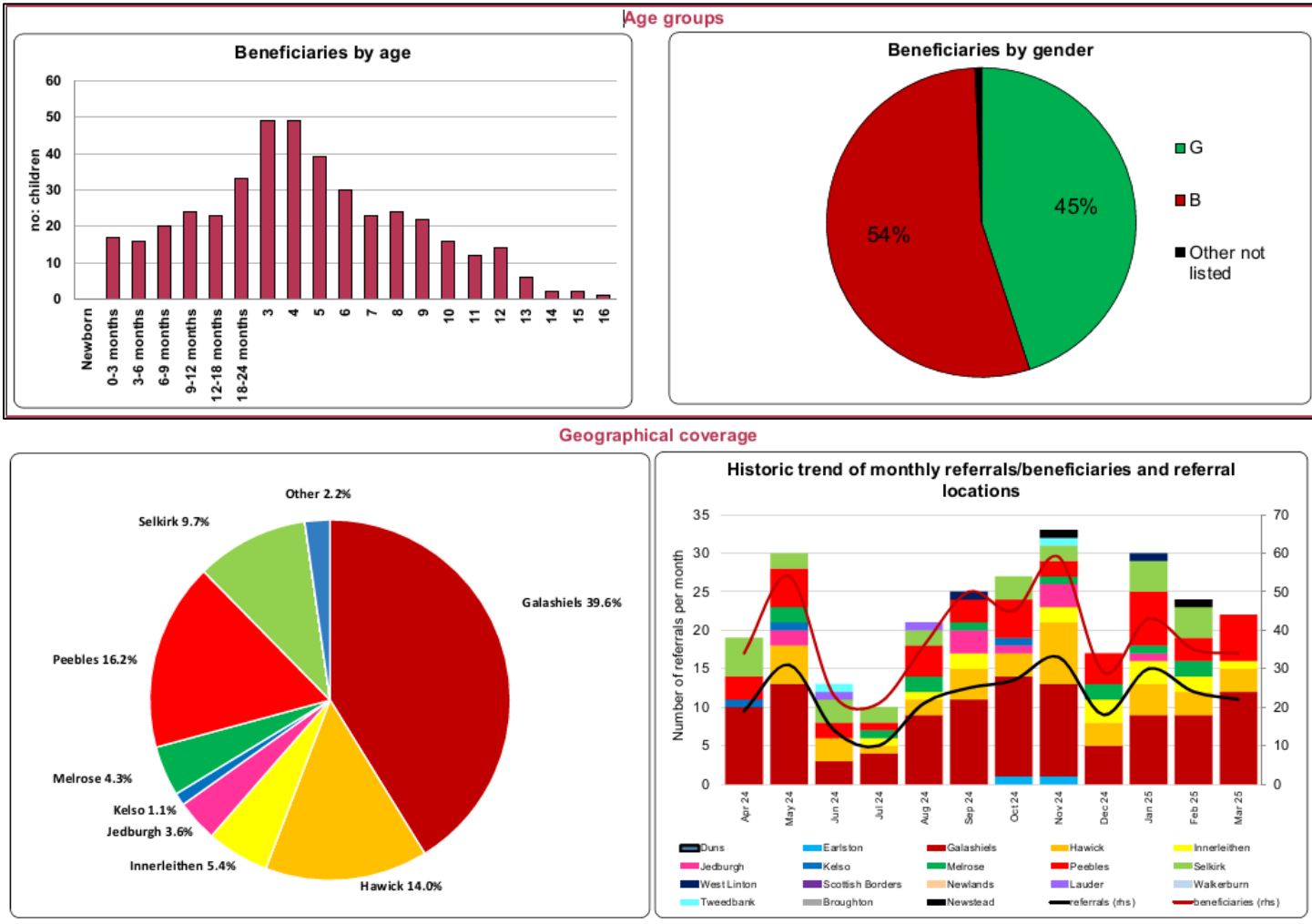
The families have been very vocal in showing their appreciation for the Berwickshire Swap and highlighting the reduction in the pressure they are often subjected to, to buy new clothing for their children, who grow so quickly and clothes then become too small.

During this year, the service has increased their partnership working and are forming close links with others to allow for the delivery of services to the right people at the right time.

Tweed Togs

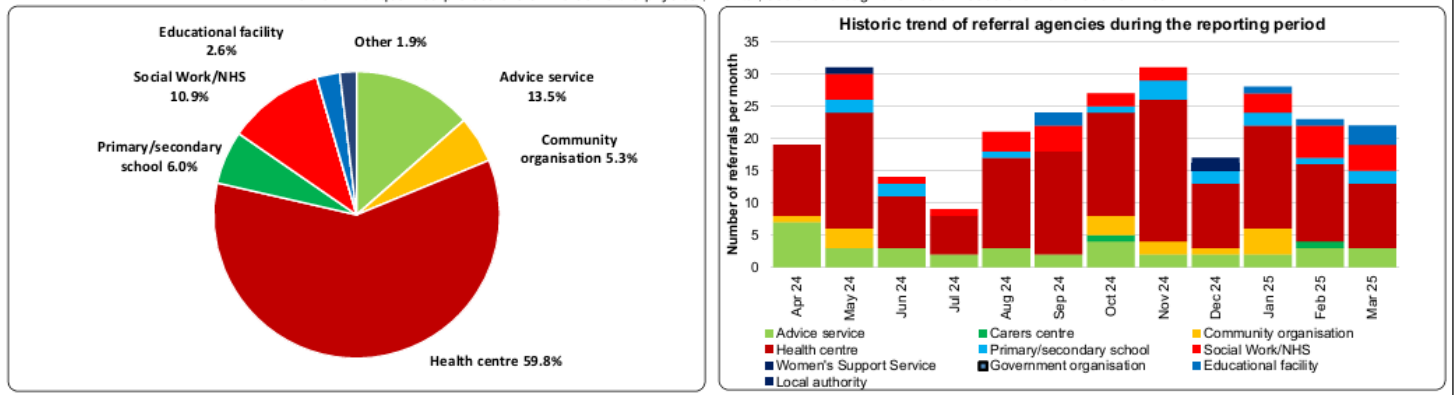
Tweed Togs is a registered charity who assist families in need of a little extra support by gifting bags of recycled, preloved clothes which have been generously donated by the local community. They provide for children from birth to twelve years of age and aim to provide around a week’s worth of clothing including a jacket, new underwear and PJs. Their impact report for 2024/25 is shown below.

During this period, Tweed Togs received 274 referrals from organisations throughout the Scottish Borders. They delivered 460 packs comprised of around 1380 gift bags full of hand-picked, age appropriate clothing, carefully laundered and packed. They have 49 volunteers who help process and pack the gift bags, in an average turnaround time of 14 days.



Referrer network

We work with qualified professionals who serve the physical, mental, social and cognitive health needs of children and families.



Feedback:

"I would like to email to say how wonderful the service is from Tweed Togs. As a health visitor working with vulnerable families this service has provided countless support over the years. This allows families to have weather appropriate and age appropriate clothing that is in great condition and money can be prioritised elsewhere. Additionally, the team that runs the service is time sensitive and very accommodating, making liaising with the service a pleasure. Without this service children would most definitely suffer."

"Clothing is an essential for us all and the bags provided to these families meet these children's needs and beyond. I recently took some to a family where the recipient immediately opened the bag and smiled with delight at her lovely new clothes. Her Mum shared that knowing the clothes were coming had taken a big weight of her mind as she hadn't known how she could afford to get the next size clothing for her daughter without this support. Thank you for all you do, it is very much appreciated."

"Tweed Togs is an ESSENTIAL lifeline to many of our families who are living in poverty or come into difficulty through no fault of their own- eg we have helped families fleeing war in Ukraine, families fleeing domestic abuse situations, and families who have been moved hundreds of miles from their home town to the Borders due to lack of housing. Most of our referrals are from families who regularly attend... for emotional, parental, and financial support. These families are mostly lone parents, they have very limited income, and they rely on support to ensure their children (and they) have the most basic essentials such as food and clothing."

"When receiving Tweed Togs our families are always extremely overwhelmed by the amount of clothing in the parcels, they are thankful for the parcels and say they are a lifeline. The children are also very complimentary of the clothing and thankful too, on more than a few occasions I have been walking through the centre and had a child stop me excitedly to show me the jumper or coat they got in their Tweed Tog parcel."

"This charity is honestly a HUGE help for so many people. As an organisation we couldn't possibly provide the amount of clothing they do for the amount of families who need it."

Income from Social Security and benefits in kind

Financial Inclusion

A dedicated resource is now part of the Financial Inclusion Team supporting the Employability and Community Learning Teams at Scottish Borders Council. Benefit checks and advice are now available for parents who are looking to maximise their income or improve their employment prospects. Along with staff dedicated to Early Years Financial Inclusion (who already have strong links with SBC's Early Years Service, NHS Health Visitors and Midwives), they will provide an increase in support to a wider group of families in the Borders.

The work undertaken by these staff resulted in £1.3 million in financial gains for families in the Scottish Borders during 2024/25.

The Financial Inclusion Team, along with the Digital Innovation and Systems Team, have developed a new case management system which will improve reporting and day-to-day case management. It will offer improved reporting to monitor demand, identify trends and influence future take-up campaigns. The team will also use Council data to maximise free school meal and clothing grant eligibility as well as encourage take up of Scottish Child Payment.

Post COVID and cost-of-living issues were less relevant within referrals in 2024-25, however there were more residence related issues reflecting an increase in job seekers arriving from overseas, many of whom had no "access to public funds" and therefore unfortunately no rights to benefits.

The case studies outlined below clearly demonstrate the immense value that the joint SBC referral system and NHS Pathway Initiative bring to young families in the Borders. The support provided by Financial Inclusion staff can significantly increase the income of families, but the positive outcomes can extend much further than just an increase in income:

Case 1

The Welfare Benefits Assistant (Employability) received a referral for a benefit check from a Kinship Carer who had applied for Child Benefit but was refused. As a result, they were not only losing out on Child Benefit but other benefits such as Scottish Child Payment, which requires proof of Child Benefit to demonstrate that the parent is the primary carer for that child.

A Mandatory Reconsideration request was sent to HMRC along with a supporting letter from a Social Worker. After the reconsideration, the carer received confirmation that they had been approved for Child Benefit but there was a backlog of 16 weeks before making the first payment. The Welfare Benefits Assistant (Employability) escalated the case. Child Benefit was awarded which also gave entitlement to Scottish Child Payment and Best Start Grants. The backdated payment of benefits totalled over £3,700 and the increase in weekly benefit income was over £190.

Case 2

Families who receive means tested benefits are receiving Universal Credit (UC0 migration notices). Their legacy benefits will end in around 3 months after receiving the notice, so they need to apply for UC or potentially lose out.

The Welfare Benefits Assistant (Employability) received a referral from a single parent who was getting Income Support and received a migration notice. They were worried about a potential reduction in income and moving to monthly payments. After a benefit check, it became known that the parent would be £46 per week worse off, but as long as they claimed Universal Credit before the migration deadline date, she would be entitled to

Transitional Protection to top up her award. That means it would match their previous benefit award so they would be no worse off by claiming Universal Credit.

There was also a discussion about deciding the best date to apply for Universal Credit, because typically it will be five weeks later when the first payment is received, and all further payments are made around the same date every month.

Housing Benefit and Income Support are paid for a further two weeks after the application for Universal Credit is made, which helped make the transition a little bit easier. During the benefit check, it also came to light that the parent wasn't receiving Council Tax Reduction or Discretionary Housing Payment for a shortfall in their rent. Applications were submitted for both which reduced rent and Council Tax payments meaning the parent was better off by over £35 per week.

This case highlights the importance of a benefit check and getting good advice about applying for Universal Credit before the deadline date, particularly if their Universal Credit forecast shows that their entitlement is going to be lower than their award of legacy benefits.

Case 3

The Early Years Financial Inclusion Assistant helped a single parent with disabilities, who had a disabled child and recently separated from their partner. They were unsure about the benefits which might be available to them. They discussed the individual's circumstances and gave advice about the range of benefits available from DWP and Social Security Scotland.

Their total benefit package which included Adult Disability Payment, Child Disability Payment, Carers Allowance, Best Start Foods, Scottish Child Payments and increased Universal Credits came to over £2,100 per month which made a huge impact on their life and wellbeing.

Case 4

The Early Years Financial Inclusion Assistant helped several families moving to this area from south of the Border. They were unfamiliar with the Scottish benefits system and unsure about what help is available.

They were amazed at the additional benefits in Scotland but equally important to them was the high quality of support available to them by everyone involved in the benefit process from the Heath Visitor through to Scottish Borders Council and Social Security Scotland. They felt they had been treated with a kindness, patience and respect that they had not previously experienced.

Navigating benefits system for parents can be difficult because they may potentially have to deal with three different bodies administering the support (DWP, Social Security Scotland and local authorities). It's important that they are made aware of any potential entitlement and signposted to them as soon as possible.

A Child's Journey

Together with all of the partners within and supporting Child Poverty in Scottish Borders we have created an information resource that shows what supports are available, to support a child and their family from pre-birth up to the age of 18 years old, and other family supports beyond, this includes:

Financial Support

Health

Early Years

Emotional Wellbeing

Food & Fuel Poverty

Help in other circumstances

Foster & Adoption Support

Education & training

Clothing & additional misc items to support a child & their family

Employment

Transport

Childcare

The resource is shown in ages and stages and is designed to capture milestones and transition periods of a child's life. Once complete, the infographics will be shared with practitioners to assist them in supporting children and families. The work will be published so that families can also benefit from it. To be able to showcase one of the stages the infographic below has been created.



The following case studies relate to the priority family types as set out below. A family can fall into one or more categories; therefore, we have chosen not to label the case studies.

Lone Parents
Families where a member of the household is disabled
Families with 3 or more children
Minority ethnic Families
Families where the youngest child is under 1
Mothers aged under 25

Waverley Housing - Making Memories

Waverley Housing have continued to expand the capacity of their Building Memories programme by improving social inclusion and providing an Easter/Spring provision for family holidays.

Some of the local businesses involved are; Bowhill, Abbotsford, Cheeky Pandas, Jacksons at Jedburgh, Out There Artisan, Stable Life, Witch Corner, Pavilion Cinema, Trimontium.

The programme aims to achieve the following:

- Create positive core memories for children & parents, building inclusion and sense of belonging within the wider Borders community
- Provide access to venues & experiences which would normally be seen as unachievable to some tenants.
- Remove social barriers, and perceived exclusion. All funds have been spent locally within local businesses.
- Partner with local businesses, and in all cases they have supported us with preferential rates or free access.
- Actively working together to include tenants as “regular” guests and prevent any stigma of social housing.
- Build on social inclusion and positive impact.

Over 300 Memories made, 300 tenants uplifted, 300 neighbours finding inclusion in local communities.

We helped a mother by talking through and giving advice on her daughter's behaviours at home. This reinforced her belief that her concerns about her daughter were valid. Her daughter was referred to Stable Life to help regulate her emotions and we supported the mother with her decision to move her daughter to a different school.

1:1 support was also provided by Resolution Mediation Scotland, to the mother, to help her mental health and to enhance her resilience. They provide person-centred support focusing on trauma and the impacts of this on an individual's daily life. They aim to provide support when someone feels stuck in difficult circumstances and is struggling to make plans for the future.

The mother was also referred to Children 1st to help them identify their strengths and where they feel they are doing well, to understand what they are struggling with and where they feel they need support. An action plan was then agreed with the family. In addition, it was identified that the family house is overcrowded, and the service is working closely with their housing association to help support the family move to a different property.

Through regular meetings with the mother, the service has watched her grow in confidence, especially regarding her strengthening resilience. She attended the Drive to Success classes and passed her theory test and is due to sit her driving test soon. These were both funded through IFSS and PES funding applications to the Local Employability Partnership (LEP).

Berwickshire Swap Case Study

An urgent request was received from a Health Visitor for a young mother under the age of 25 who was fleeing domestic abuse. She had two small children, one of whom was disabled and had left home with nothing for them. The service was asked to provide what we could for the family. In a few days they had gathered together everything the children would need to start again. This consisted of 98 pieces of equipment, including a pram, beds, toys, walker, bath, changing table, highchair etc. Plus 142 items of washed, ironed clothing, full set of baby and infant clothing plus the next size for them to grow into. They were very grateful for this support as it would be very expensive, time-consuming, and stressful for them to source it themselves.

TD1 Youth Hub

Early Steps is a group of young parents ages 16-26 years old that come together twice each week. There are currently 12 young parents registered and attending, of which 25% identify as Black and Asian Ethnic Minority (BAEM) and 50% are classed as living in poverty. Sessions are focused on socialisation, supporting and learning from each other. This can be through sharing their own experiences of rearing and nurturing their child or their life experiences. The programme offers activities and topics of discussion based on the expressed needs of the parents, for their own development and well-being.

Free activities are offered over school holiday periods and every session there is a small foodbank of which parents can take home items.

Some Quotations from Parents:

- *"I was very nervous to come in, but you made me feel so welcomed & my child really came out of her shell"*
- *"I was having too much fun doing arts and crafts, didn't even go out for a fag!"*
- *"TD1 Early Steps programme had immensely helped me with my postpartum depression. It's got me out of the house and I'm now more confident. My daughter loves the sensory room."*
- *"My boy loves coming to TD1, every session is different so offers a great variety of activities to suit every child. We also spend a lot of time playing in the sensory room which I love too! So far on our TD1 journey my boy absolutely lit up when Santa came to visit, and he was especially delighted he even got an early gift!"*

TD1 Youth Hub delivers 6 Drop in Evening Food sessions a week, including 2 on a Friday half day. In 2024-25

there were over 200 young people attended a drop-in session. Each evening drop in session is free of charge and we provide meals and snacks at every session. We estimate that we have provided over 5,000 meals in the year. Whilst exact figures are hard to ascertain in a drop-in, we estimate that approximately 70% of the beneficiaries would be classed as living in poverty.

Over 100 young people benefited from free activities TD1 Youth Hub ran over the school holiday periods. In the summer over 30 days away for young people were organised. These were free of charge and the young people were also fed at each session. Of these 75% were young people classed as living in poverty.

Community Learning and Development (CLD)

Lone parents:

The CLD service works with a number of lone parents in various programmes and also signposts to the Parental Employability Team for support to gain employment and therefore increase income. Some work with this group is budgeting and cooking on a budget.

Families with 3 or more children:

There are no barriers to families taking part in organised activities. These range from family fun sessions to PEEP (supporting parents and children to learn together) which is accredited in Burnfoot.

Ethnic Minority Families:

Our ESOL (English Speakers of other languages) programme supports families of other nationalities to learn English and brings them all together for walks, cooking, outdoor learning, and fun sessions. The programmes on offer also support integration into our communities. Our ESOL basic English participants learn basic language skills and have the opportunity to move on to Borders College to gain accredited learning.

Families where youngest child is under 1:

The CLD service offers courses such as PEEP (supporting parents and children to learn together) babies, family fun sessions and families learning together. Volunteers carry out reading sessions for younger children and babies. The service can and does signpost families to other services to help them maximise income, gain employment and access any other supports deemed necessary.

Families where a member of the household is disabled:

CLD provide support and signpost where appropriate for this group.

Mothers aged under 25

The service provided learning for 47 adults under 25 in the last year. They took part in activities such as Mother and Toddler groups, PEEP babies and some were supported by the PES.

Scottish Borders Citizens Advice Bureaux (CABx)

- In 2024/25, the Borders Consortium CAB helped **546** local clients who were identified as belonging to the priority family types. Each of these clients was a representative of a different family unit, so the total number of people in poverty indicator groups - and the impact of the advice given - will far exceed these base numbers.
- *Single Parent Families* and *Families where a member of the household is disabled* were the largest overall groups of priority clients with more than **250** of each, but Borders CAB saw significant levels of *Large Families* and *Ethnic Minority Families* with over **50** of each.
- The intersecting nature of the poverty indicator clients can be demonstrated by the fact that **202** of the clients identified above (**37%**) of total priority group clients fell into more than one of the indicator groups, compounding the need that many of these groups face in daily life.
- This work for those in the poverty indicator groups represents **12.2%** of the total clients helped by Borders CAB in 24/25.

Other Activity During 2024/25

Throughout 2024/25 Scottish Borders Council, NHS Borders, Community Planning Partners, and the Child Poverty Group have progressed a significant range of activity geared towards tackling child poverty in the Scottish Borders.

Details of these activities can be found in **Appendix 1B (available on SBC Website)**

Looking Forward – Priorities for 2025/26

Our priorities for 2025/26 are outlined below in four key themes. These themes were identified by the Child Poverty Group Partners for the period of 2024/25 to 2025/26. They reflect a commitment to collaborating on approaches to address child poverty. The Child Poverty Group convenes regularly to discuss these themes and the associated actions. Progress highlighted for 2024/25 indicates that partners are working towards these goals.

Understanding local need
Develop a shared data and intelligence resource across services, departments and organisations so that there is a more in-depth understanding of the drivers and impact of poverty in the Scottish Borders
Develop our work with people with direct experience of poverty so that they are meaningfully involved in service development and delivery. Ensure that membership of the Child Poverty Group reflects the voices of those who have experienced poverty and those who work closely with low-income families.
Use of policy levers and resources
Use a whole systems approach to poverty reduction and prevention, including high level strategic engagement from housing, economic development, transport and childcare in the child poverty agenda.
Ensure that our pathways are simple and intuitive so that families at risk of financial crisis are supported in a timely and dignified way.
Increase our focus on engagement in the early years so that low-income families receive the wrap-around, whole family support they need.
Understanding our progress
Create a shared outcome framework for child poverty, which allows all local partners to understand their progress towards shared goals in the short, medium and long term. This should include understanding the impact of key interventions on priority families.
Ways of working
Build stronger, clearer relationships between the Child Poverty Group, the Children and Young People's Partnership (CYPPP) and ultimately the CPP. Ensure that the Child Poverty Group is empowered and resourced to take a strategic role in action to tackle child poverty in the Scottish Borders.

Glossary

ASF	Attainment Scotland Fund
BAEM	Black and Asian Ethnic Minority
CABx	Citizen's Advice Bureaus
CECYP	Care Experienced Children and Young People
CILIF	Children in Low Income Families
CLD	Community Learning and Development
CLG	Clothing Grant
CPP	Community Planning Partnership
CYPPP	Children and Young People's Planning Partnership
DWP	Department for Work and Pensions
DYW	Developing the Young Workforce
EES:ABS	Energy Efficient Scotland: Area Based Schemes
ESOL	English speakers of other languages
HMRC	His Majesty's Revenue and Customs
HSLW	Home School Link Worker
IFSS	Intensive Family Support Service
LHS	Local Housing Strategy
NHS	National Health Service
PAYE	Pay as you Earn
PEF	Pupil Equity Funding
PES	Parental Employability Support
PRAG	Poverty Related Attainment Gap
PT	Principal Teacher
PV	Photovoltaics
RRTP	Rapid Rehousing Transition Plan
RSL	Registered Social Landlord
SAC	Scottish Attainment Challenge
SB CPI	Scottish Borders Child Poverty Index
SBC	Scottish Borders Council
SBHA	Scottish Borders Housing Association
SCQF	Scottish Credit and Qualifications Framework
SDS	Skills Development Scotland
SEF	Strategic Equity Fund
SHIP	Strategic Housing Investment Plan
SIMD	Scottish Index of Multiple Deprivation
SQA	Scottish Qualifications Authority
UC	Universal Credit
UCH	Universal Credit Households
UNCRC	United Nations Convention on the Rights of the Child

Meeting:	Borders NHS Board
Meeting date:	26 June 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 8 May 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 06.03.25

Minutes of a meeting of the **Resources and Performance Committee** held on Thursday 6 March 2025 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
- Mr J McLaren, Non Executive
- Mr P Moore, Chief Executive
- Mr A Bone, Director of Finance
- Dr L McCallum, Medical Director
- Mrs S Horan, Director of Nursing, Midwifery & AHPs
- Mr A Carter, Director of HR
- Mrs J Smyth, Director of Planning and Performance
- Mrs L Jones, Director of Quality & Improvement
- Dr S Bhatti, Director of Public Health

In Attendance:

- Miss I Bishop, Board Secretary
- Mrs C Oliver, Head of Communications & Engagement
- Mrs L Goodman, Head of IM&T
- Mr K Bryce, Programme Manager
- Mr K Messer, Programme Manager
- Mrs S Thomson, Cyber Manager

1. Apologies and Announcements

- 1.1 Apologies had been received from Cllr D Parker, Non Executive, Mr O Bennett, Interim Director of Acute Services and Mr C Myers, Chief Officer IJB.
- 1.2 The Chair welcomed Mr Oliver Bennett, Interim Director of Acute Services to the meeting.
- 1.3 The Chair recorded the thanks of the Board to Mrs Lynne Huckerby who had been the previous Interim Director of Acute Services for all of her support and advice over the previous 18 months and wished her well in her new role as Associate Director of Acute Services in NHS Lanarkshire.
- 1.4 The Chair further welcomed a range of attendees to the meeting.
- 1.5 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 16 January 2025 were approved.

4. Matters Arising

- 4.1 **Action: 2024-4:** Mr Peter Moore provided an update on the LIMS position and reported that there had been a continued level of challenge and under investment in the Laboratory Team. Mr Gareth Clinkscale had been assigned to take on the LIMS issue and work closely with the Labs team on the 4 main programmes of work to be delivered over the following 12 months: LIMS programme; regain UCAS accreditation; continue with MHRA accreditation; and the programme analyser replacement. He further highlighted that: a meeting had been held with UCAS earlier in the week; a meeting with MHRA was scheduled for later that day; some resources were being provided by CfSD and NHS Lothian; some additional non recurrent funding had been released; leadership in the Labs team needed to have a greater presence in the clinical community; and the transformation of processes to provide a more efficient and effective service delivery. Mr Moore suggested a short update paper be provided to the next meeting.
- 4.2 Mr James Ayling suggested it was essential that a written update be provided to the Committee and suggested it encompass, the short term and long term position of LIMS, resolution of the issue, how much the LIMS issue had impacted the accreditation process, and the risk assessment process that had been undertaken and mitigations put in place.
- 4.3 **Action: 2024-5:** The Chair commented that she welcomed the potential update at the May 2025 meeting as delayed discharges were a constant issue for the organisation. Mrs Fiona Sandford commented that she was disappointed to read that patients waiting for discharge over 14 days were responsible for 60%-70% of occupied bed days. Mr Moore cautioned that often where there were improvements in some areas there was an impact in other areas and it had been clear that a reduction in delayed discharges had increased length of stay. A more creative approach to tackling the matter was required through cross system leadership with clinicians.
- 4.4 The Chair suggested the Clinical Governance Committee have first sight of progress, particularly what had been done and assurance on what was being done.
- 4.5 Dr Lynn McCallum provided a brief update on the work being taken forward in regard to patient pathways and the reduction in length of stays for the frail elderly.
- 4.6 **Action: 2025-1:** Mrs Lynne Livesey emphasised the urgency and importance of addressing the issue and commented that the Committee had been reassured that the data would be submitted to the Staff Governance Committee and it had not

been. She suggested it had been virtually a year without consideration of the issue and required urgent focused attention.

- 4.7 Mrs June Smyth commented that the work she had been referring to at the previous meeting was in relation to integrated workforce in general and was about a broader conversation about data and the new performance framework would not be in place until later in the year.
- 4.8 Mr Andy Carter commented that he would report on HR data to the next Staff Governance Committee at subsequently at each of its meetings. He was also scheduled to provide an HR data report to the Resources & Performance Committee twice a year.
- 4.9 **Action: 2025-2:** Mrs June Smyth advised that the Grip and Control Group had agreed to permanent funding of a Resilience Manager post and appropriate HR processes were underway. She further commented that a full workplan for that team had been progressed. It was agreed that the action could be closed on the action tracker.
- 4.10 **Matters Arising: Chief Executives Update:** Mr Peter Moore provided an update to the Committee on a recent conversation between the NHS Scotland Health Board Chief Executives and Mr John Swinney, First Minister. He highlighted several areas of interest which included: increased political oversight and scrutiny; service redesign and owning leadership opportunities; less focus on finance; more focus on cultural environment; scrutiny of performance on waiting times across elective and non elective; 3 key areas of operational improvement plan, population health framework and renewal framework; empowering staff and optimising resources; and collaboration.

The **RESOURCES AND PERFORMANCE COMMITTEE** agreed to close Action 2025-2.

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

5. PERFORMANCE REPORT

- 5.1 Mrs June Smyth provided an overview of the content of the report and highlighted that: the Annual Delivery Plan was off trajectory; narrative was included from services around corrective actions; cancer standards performance; and pooling of patients information was included in the annex to the report.
- 5.2 Mrs Fiona Sandford enquired about out patient waiting times on page 5 and the issues related to workforce recruitment and for the specialities without workforce issues why the waiting times remained so long. Mrs Smyth advised that she did not have the specific detail but would explore the matter outwith the meeting.
- 5.3 Mr James Ayling enquired about the number of readmissions following discharged patients who had been delayed discharges. Dr Lynn McCallum commented that when interrogating the readmission data it was clear that they were not readmissions but were referrals back to the Borders General Hospital for ambulatory care for blood tests or scans, however the tracking system was set up in such a way that they were recorded as readmissions. She suggested it would be better to interrogate the data on those removed from the delayed discharge list

before they were discharged as that was the data required in terms of harm for long delays in the system.

- 5.4 Discussion focused on: prevention work; scrutiny of pathways from cradle to grave; dashboard of pathways; junctions on pathways; standards of care; performance framework set by the Scottish Government; broader range of indicators in the new performance report; pooled surgical lists; patient choice is not the health boards issue to solve; and variation in waiting lists for different consultants.

The **RESOURCES & PERFORMANCE COMMITTEE** noted performance as at the end of January 2025.

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

6. FINANCE REPORT

- 6.1 Mr Andrew Bone provided an overview of the content of the report and highlighted: slight further improvement in the forecast outturn projection of £18.3m; discussions with Scottish Government around brokerage which was agreed at £18.3m level; agreement to the repayment element limited at the brokerage cap of £14.8m; anticipated delivery of the savings target however progress was limited; and achievement of the outturn position and no new emerging issues within the current financial year.
- 6.2 Mr Bone commented that regarding workforce the reality was that there was slippage from posts that were difficult to recruit to as opposed to the vacancy control and service review work happening in tandem.

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

YTD Performance	£13.67m overspend
Outturn Forecast at current run rate	£16.40m overspend
M10 Review Forecast (adjusted trend)	£18.31m overspend
Variance against Plan (at current run rate)	£9.36m improvement
Projected Variance against Plan (M10 Forecast)	£1.91m underspend
Actual Savings Delivery (current year effect)	£8.31m (actioned)
Projected gap to SG brokerage	Best Case £1.60m (trend) Worst Case £3.51m (M10)

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 moderate assurance from the report.

7. FINANCIAL PLAN 2025/26

- 7.1 Mr Andrew Bone provided an overview of the content of the report and highlighted that the document set out what had been agreed with the Committee in January in terms of the outline of a plan, what had been submitted to the Scottish Government

as a draft plan and the further work that was underway to bring it to a conclusion. Mr Bone further highlighted the core content of the paper which included: 3 year forecast before and after savings; modelling to get to breakeven; predicated trajectory of 3% savings each year; and next steps to revise the plan.

- 7.2 Mr Bone spoke of the changing dynamic nationally in terms of planning and performance; the escalation status of NHS Borders due to its financial performance; £19m savings deficit; zero brokerage available in 2025/26; and national advice was to focus on performance and balance the finances against that.
- 7.3 Further discussion focused on: risks in the system and additional financial spend; significant impact of national directives and operational direction from Scottish Government; service redesign and reform to influence financial improvement; remote and rural health boards were all struggling financially; celebrating the increase in cataracts operations leading to more fully utilised theatre capacity and efficiencies; closure of unfunded beds to assist system flow; concern over impact on staffing and finances of national directives being released that are unfunded; and potential investment to speculate or accumulate to ensure savings are delivered.
- 7.4 Mr James Ayling commented that he would be interested to see if the savings figures being projected were in line with the other Health Boards especially as a percentage split between service redesign and reform. Mr Bone advised that he was picking up that point and would report back on that in due course.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received limited assurance from the draft financial plan on the basis that it did not present a balanced financial position and that there remained a significant level of risk attendant on the plan in relation to identification and delivery of savings plans.

8. STRATEGIC RISK: FINANCIAL PERFORMANCE

- 8.1 Mr Andrew Bone presented the report.
- 8.2 Mrs Laura Jones highlighted the change to risk appetite.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed it had received limited assurance from the report on the basis that although mitigating actions were not in place to treat the risk within current risk appetite, there was an ongoing process (i.e. financial planning) which was intended to address the situation and further to that there were assurances in place which demonstrated that the Board's actions to date were consistent with the level of expectation set by the Scottish Government as demonstrated by the review of the Board's financial escalation status undertaken at Q2 review in 2024/25.

The **RESOURCES & PERFORMANCE COMMITTEE** noted a report on risk appetite would be brought to a future Board meeting.

9. DIGITAL REFRESH PROGRAMME

- 9.1 Mrs June Smyth provided an overview of the report and highlighted: strategic risk relating to digital and IT; mitigating actions taken; development of projects linked to Scottish Government expectations; development of projects driven locally; portfolio of work for 2024/25; aged digital infrastructure; penetration test that was

commissioned and the resultant risks identified; and areas that had been prioritised for attention.

- 9.2 Mrs Smyth advised that the report on the penetration exercise undertaken by the Scottish Government for the Board had not been released mainly due to personnel changes within the Scottish Government. The local internal report and outline programme had however been shared with the Scottish Government who had endorsed the teams' approach.
- 9.3 The Chair recorded the thanks of the Board to Mrs Laine Goodman and her IM&T team for what they had achieved in terms of digital roll out across the organisation as well as following the penetration test.
- 9.4 Further discussion focused on: compatibility of digital systems impacting on clinical care of patients; offer of wider clinical representatives to join the Digital Programme Board if required; governance and risk assurance structure; potential for once for Scotland or once for the region approach to digital systems; impact on small teams delivering core business to input to major digital change; cyber threat protection; the work undertaken and achieved to date is impressive; previous investment in the Target Operating Model (TOM) however recruitment was not successful; welcome transparency and state of the nation; oversight of critical risk and scoping of governance currently underway; and fully committed to the Once for Scotland approach.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the progress made on the Digital Refresh Programme and endorsed the approach and continued prioritisation of critical digital infrastructure improvements despite the delay in the Scottish Government's formal report.

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

10. JOINT HEALTH PROTECTION PLAN

- 10.1 Dr Sohail Bhatti provided an overview of the content of the report.
- 10.2 Discussion focused on senior health leadership consultation as part of the route to the board and more resilience in the regional health protection service.

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

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

11. KNOLL COMMUNITY HOSPITAL & HEALTH CENTRE RAAC UPDATE

- 11.1 Mr Andrew Bone provided a brief overview of the update and advised that contractors had been on site the previous week evaluating the impact of what was required and how it would work. The scheme of work costings were awaited but were expected to be in the region of £2m to £2.5m with a timeline of 6 months. He confirmed the costings would be picked up by the Scottish Government.

- 11.2 The Chair recorded the thanks of the Board to all those involved for the tremendous amount of work that had been taken forward.

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

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

12. RESOURCES & PERFORMANCE COMMITTEE ANNUAL REPORT 2024/25

The **RESOURCES & PERFORMANCE COMMITTEE** noted the current draft report and approved final sign off by the Chair after the elements from the 6 March 2025 meeting had been included.

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

13. Any Other Business

- 13.1 Governance Structure: The Chair referenced the proposed new governance structure that had been previously mentioned as a part of the new Organisational Structure. She requested that a clear and concise paper be provided for the Board on any significant changes to the governance structure to ensure the Board were fully sighted.

- 13.2 Mr Peter Moore confirmed that a proposed revised governance structure paper would be included as a supporting document to the new Organisational Structure to be presented to the Extraordinary Board meeting at the end of April.

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, 8 May 2025 at 9.00am via MS Teams.

Meeting:	Borders NHS Board
Meeting date:	26 June 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 26 May 2025
- Audit & Risk Committee 19 June 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, Audit & Risk Committee minutes 24.03.25
- Appendix No 2, Audit & Risk Committee minutes 26.05.25

Minutes of a Meeting of **Borders NHS Board Audit & Risk Committee** held on Monday, 24th March 2025 @ 1 p.m. via MS Teams.

Present: Mr J Ayling, Non Executive Director (Chair)
Mrs L Livesey, Non Executive Director
Mrs L O'Leary, Non Executive Director

In Attendance: Mr A Bone, Director of Finance
Miss I Bishop, Board Secretary (Item 8.2)
Mr J Boyd, Director, Audit Scotland (Left meeting at 3 p.m.)
Mr G Clinkscale, Director of Acute Services (Item 8.3)
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)
Ms S Harold, Senior Audit Manager, Audit Scotland
Mrs L Jones, Director of Quality Improvement
Mr M Lee, Value for Money Assistant Manager, Grant Thornton (Items 8.1 and 8.2)
Mrs E Mayne, Head of Internal Audit, Grant Thornton
Ms H McKellar, Manager, Grant Thornton
Mrs L Pringle, Risk Manager (Items 5.1, 5.2 and 7.2)
Mrs J Smyth, Director of Planning & Performance (Item 8.2)
Mrs S Swan, Deputy Director of Finance (Head of Finance)

1. **Introduction, Apologies and Welcome**

James Ayling welcomed those present to the meeting.

Apologies were received from Cllr D Parker, Non Executive Director, Mr P Moore, Chief Executive 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 – 16th December 2024**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

Internal Audit Contract Update

Andrew Bone updated the Committee on the Internal Audit contract following a joint procurement exercise with NHS Lothian but explained that this would be treated as 2 separate contracts. It was noted that this had been awarded to BDO who will take up appointment in April 2025. Andrew advised that discussions have begun for transition between the 2 audit teams and that data is being shared with the new auditors. Noted that the draft Internal Audit plan would be presented to the next meeting in May.

James Ayling advised that he would be meeting with the new auditors on 29th April 2025 and the invite had been extended to the other members of the Committee.

The Committee noted the update.

5. Risk Management

5.1 *Operational Risk Management Report (Bi Annual)*

Lettie Pringle spoke to this item. Lettie highlighted the key points within the report where it was noted that both strategy and policy objectives had declined slightly during the period reported which could be attributable to resources being diverted with implementing the new Risk Management system. Lettie also highlighted the change to the organisations KPIs which had noticeably dropped. This again may have been attributable to implementation of the new system as the team had been unable to offer their usual support.

Lettie advised that the new system, incorporating adverse events, risk register, complaints and claims, had gone live on the 13th January 2025 and had been successfully delivered.

Lynne Livesey referred to the training statistics detailed within the report and asked for clarification on this. Lettie advised that the figures reported are the number of individuals who have undertaken training. Lynne felt that also having this reported in percentage terms would be a helpful addition. Lettie agreed to include this going forward.

James Ayling felt that Risk Management processes should link with the organisation's overall strategies following engagement with staff and public to help develop this and asked for assurance that the Risk Management strategy would be aligned to this. Lettie confirmed that it would be. Laura Jones added that the next item on the agenda would touch on this and that there would be a refresh of the Risk Management strategy later in the year which will tie in with the overarching strategy.

Laura went on to note her thanks to Lettie and the Risk Team for the transfer over to the new system as she appreciated the enormity of the task.

In regard to the training statistics Laura advised the Committee that following transfer over to the new system these had been reset to zero and highlighted that the figures reported for training compliance was positive following this but appreciated that training required to be undertaken rapidly to ensure full compliance by all staff.

Andrew Bone referred to page 18 of the report and the section on Risk Management Improvement Plans where he noted within the table that Corporate Services/Support Services had been given limited assurance by the Operational Planning Group and enquired if there were any factors owing to this. Lettie felt that this would likely be due to a number of factors and offered to look into this and provide an update outwith the meeting. Following discussion Andrew agreed to work with Lettie around this as he suspected part of the reason could be attributable to areas within his remit and if anything required to be brought back for the Committee's attention it would come forward to the next meeting.

James referred to the risk appetite section on page 15 and noted that one of the risks outwith the organisation's risk appetite had not been funded from the Risk Fund and enquired where this had been funded from. Andrew explained that it is not always the Risk Fund that is used to fund mitigating risks and that this is only used when it is not possible to fund from individual budgets.

James also noted that there had been an increase of 36% in the number of very high risks in the period reported. Lettie explained that a large number of these related to the RAAC situation at the Knoll Hospital.

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

The Committee noted the report.

5.2 *Risk Appetite Policy*

Laura Jones introduced this item and reminded of previous discussions with the Committee and at the Board development session in preparation of having a standalone Risk Appetite Policy. Laura explained that although the policy was not due to be reviewed in its entirety, the risk appetite statements should be reviewed as good practice on an annual basis. Laura highlighted that there were 3 revisions being proposed to the risk appetite levels going into 2025/26 for discussion with the Committee prior to requesting approval from the Board. It was noted that these had been reviewed by the Board Executive Team and that the statements previously agreed with Board members remained broadly the same.

Laura went on to take the Committee through the proposed changes for 2025/26, noting that the first one related to the governance statement and the proposal to change the risk approach from cautious to open by making and acting upon difficult decisions where the benefits outweigh the risks. In regard to the financial statement, a move from minimal to cautious was proposed and finally for reputation, given the scale of change which may need to be considered with the new strategy, a move from open to eager was proposed.

James Ayling advised that the members of the Committee felt uncomfortable with the governance statement proposal to move the risk level from cautious to open, particularly at a time when existing governance structures were under review as part of the proposed new strategy arrangements. James felt that governance was key within an organisation and asked for the Board Executive Team's rationale for this. Laura explained that this arose from the need to make difficult decisions and it had been felt there had been a strong steer from the Board

around the need to be more receptive to making more difficult decisions, particularly in the current operating environment.

Lucy O'Leary agreed with James' comment and highlighted that a number of debates by the Non Executive Directors focussed on the governance that is in place for the decisions being taken and felt that a move to an open risk level at this point would not be appropriate and she did not support the proposed change.

Lynne Livesey supported the comments made by both James and Lucy and felt that at a time of challenge and potential significant change very strong governance was critical and she did not feel that the organisation was sufficiently robust for this change at the present time.

Andrew suggested that within the Board paper some examples be included around the Board Executive Team's rationale to amending this level and also include the Committee's comments and discomfort to recommend this to allow the Board to make an informed decision. This was agreed.

The Committee discussed the proposed change to the financial statement move from minimal to cautious and confirmed their approval for this change due the very detailed financial analysis regularly received.

James referred to the proposal to change the reputational risk level from open to eager and queried if this was linked to the new organisational and clinical strategies and if this would be underpinning these going forward. Laura confirmed that this was the case and explained that the five year strategy could take NHS Borders to a very different level across Health and Social Care Partnerships and this change would allow the relevant discussions to take place to do this.

Lucy stated that she would be more content with this amendment should there be no change to the governance risk level and felt that if bold decisions were going to be made then there should at least be a structure in place to record these and the scrutiny undertaken. The Committee confirmed they were content with this proposal.

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

The Committee did not approve the revision to the risk appetite approach for the Governance statement as detailed within the appendix.

The Committee approved the revision to the risk appetite approach for the Finance Statement as detailed within the appendix.

The Committee approved the revision to the risk appetite approach for the Reputational statement as detailed within the appendix with the proviso there be no change to the Governance statement.

6. **Annual Accounts 2024/25**

6.1 *External Audit Annual Audit Plan 2024/25*

John Boyd spoke to this item which summarised the workplan for the 2024/25 audit which outlined Audit Scotland's role and responsibilities as the appointed auditor for NHS Borders. John explained that the report was split into two key areas, namely audit of the financial statements and Audit Scotland's responsibilities under the Code of Audit Practice.

John went on to take the Committee through the section of the report pertaining to the audit of the financial statements and highlighted the section on materiality where it was noted that a threshold of 1.5% would be applied. John highlighted that this was slightly lower than the average used across the sector and was due to the increased risk with NHS Borders being in receipt of brokerage funding and the financial challenges faced by the Board. John clarified that if any adjustments were identified, either individually or cumulatively, above the threshold these would be included within the annual audit report.

In regard to the audit of the financial statements, John advised that this would be a risk based approach as per previous years where they would look to identify any areas where there was an increased risk of material misstatement to the accounts. It was noted that the plan provided an outline of these risks which John highlighted to the Committee. It was noted that a risk around property, plant and equipment had also been included this year and this was due to the level of estimation and judgement used.

John referred to exhibit 3 within the report relating to group auditing engagements which was a revised auditing standard and advised he did not expect this to have a significant impact on NHS Borders.

In terms of the wider scope of the audit John advised that financial management, financial sustainability, vision, leadership and governance and the use of resources to improve outcomes would be considered.

John highlighted exhibit 4 which detailed significant wider scope and best value risks. It was noted that this covered financial management and financial sustainability and there would be particular focus on the financial challenges faced by the Board.

John referred to exhibit 5 which provided an outline timetable for the audit and advised that they would work with management to achieve the 30th June 2025 deadline for submission of the annual accounts.

John highlighted the audit fee where it was noted that for this year it would be retained at the baseline fee. It was also noted that there had not been any specific issues identified which would increase the level of work required in the current year but this would continue to be monitored.

In regard to audit independence within the audit team John confirmed that no matters had been identified and confirmation of this would be incorporated within the annual audit report which would be presented at the June meeting.

James Ayling referred to the property valuations, in particular to the RAAC issues encountered, and queried if these would be material enough for consideration. James also referred to the wider scope and best value risks and noted that this year 2 were included, namely financial sustainability and financial management. James noted that last year's audit had only included financial sustainability and queried if there was a reason for financial management being included this year.

John confirmed that in relation to RAAC this would be considered as part of the year end procedures to ensure the accounts adequately reflect an appropriate value.

In regard to the wider scope risks John explained that this had been split into 2 areas and as financial management arrangements had been looked at as part of the financial sustainability work the previous year it had been included as part of this year's plan, however assured this did not represent an increased risk, it was just for better alignment to split these and this would be drawn out within the annual audit report.

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

The Committee noted the External Audit Annual Audit Plan for 2024/25.

6.2 *Annual Accounts 2024/25 Timetable*

Susan Swan spoke to this item which provided an update on the key dates for production of the 2024/25 Annual Accounts. Susan confirmed that these had been discussed with the 3 separate sets of auditors to ensure they were achievable.

Susan went over the key dates detailed within the appendix culminating in the annual accounts coming forward to the Committee on 19th June 2025 before going to the Board for approval on the 29th June 2025. Susan confirmed that there were sufficient resources in place and was hopeful of achieving the deadlines detailed. Susan added that the interim audit was being concluded and nothing of significance had been raised to date.

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

The Committee noted the timetable for production of the 2024/25 Annual Accounts.

7. Internal Audit

7.1 *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 highlighted that one report was being presented at today's meeting and an update on page 3 detailed reports that had been reviewed by the Committee and those yet to come forward.

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

The Committee noted the report.

7.2 *Internal Audit Report – Risk Management (Board Assurance Framework)*

Hannah McKellar introduced this report which had an overall rating of moderate assurance. The finding ratings were noted as 1 medium and 4 low. Hannah advised that the objective of the audit was to provide an independent assessment of the processes around NHS Borders' Board Assurance Framework (BAF).

Hannah referred to the medium rated recommendation and explained there was a need to improve clarity and monitoring of risks and ensure risks were captured consistently with no omissions. Hannah advised that there should be clear mapping between the BAF, Strategic Risk Register (SRR) and the Board's strategic documents and a regular review process be implemented to ensure risks are consistently tracked and aligned between the BAF and SRR.

Hannah highlighted the low rated recommendations which noted further opportunities for improvement.

Hannah explained that development of the BAF within NHS Borders is seen as innovative as this is mandatory for NHS organisations in England but not in Scotland. It was noted that management have accepted the recommendations and provided comments against each of these.

Laura Jones highlighted that this was the first year for the BAF and it had been a learning curve with no-one else in Scotland having done this previously. Laura appreciated that this gave the Board added value and that it should also map to the organisation's strategic objectives rather than just to the SRR so the format would require to be reviewed going into 2025/26 to ensure the recommendations were reflected upon. It was noted that discussion had already begun with members of the Board Executive Team around this.

James Ayling noted his thanks to those involved in production of the BAF and agreed that it would form an important part of the framework going forward.

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

The Committee noted the report.

8. Governance & Assurance

8.1 *Audit Follow Up Report*

Emily Mayne spoke to this item and advised that work had been undertaken to revisit the number of recommendations and hoped to see a marked improvement in the next iteration received by the Committee.

James Ayling referred to the aged actions for the Committee's attention and noted that the first two relating to the IT Recovery and Resilience audit would be

covered under item 8.2 on the agenda. In regard to the recommendation from the Financial Controls audit it was noted that there was a revised date of 31st March 2025 which the Committee were content with. For the remaining actions linked to the Data Capture and Reporting of Waiting Times and Use of Bank and Agency audits, James noted that these would be picked up through the work being undertaken by Grant Thornton around the number of outstanding actions.

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

The Committee noted the report.

8.2 Audit Follow Up Process

Outstanding Internal Audit Recommendations

Iris Bishop spoke to this item and advised that not as much progress had been made as had been hoped and advised that Grant Thornton are reviewing the recommendations so there is a cleansed set of outstanding actions which will be carried forward to the new Internal Auditors.

Matt Lee advised that he was reviewing the outstanding 30 actions to see if these were all still relevant, any could be closed, merged etc. When finalised these would be shared with the Deputy Director of Finance and Board Secretary for their input. Matt provided an overview of where he was at with the review noting that it was hoped to half the number of outstanding recommendations for handing over to the new auditors. Susan Swan assured the Committee that they would have full sight of the proposed changes to the recommendations at the May meeting.

The Committee noted the update.

Digital & Information Services Aged Actions Update

June Smyth spoke to this item and advised that the report provided an update on the 3 outstanding recommendations within her remit.

In regard to the outstanding action from the GDPR and Information Governance Arrangements audit it was noted that all assets had been logged onto the OneTrust system by the end of December 2024. June explained that this system had not been rolled out to asset owners as it was currently out to a tender exercise so assets continued to be added centrally until the outcome of the tendering exercise is known. When in a position to do so the system would be rolled out to allow asset owners to update this themselves. June suggested that this action could now either be closed or paused until the outcome of the tendering exercise is known.

June advised that the 2 actions arising from the IT Recovery and Resilience and Business Impact Analysis and IT Recovery Planning audits were interlinked and remained outstanding. June advised that to give some assurance the current Disaster Recovery and Business Continuity Plan had been attached as an appendix to show the assumptions that have been made. As further assurance June advised that formal feedback was awaited from the Network and Information Systems (NIS) audit undertaken earlier in the month but was pleased to confirm they had found that the Board had demonstrated year on year progress overall

and reference had been made to the planned digital refresh programme which would enhance compliance with the overall NIS audit. The audit recognised that there was still work to be undertaken around business continuity and disaster recovery testing which was planned to be undertaken during 2025/26.

June noted reference within the paper highlighting how actions were interlinked between the digital team and the service in general. In order to close off the digital actions the plan being worked up was to finalise the back-up and recovery group information for liaising with services, with the document requiring a final sense check from the technical team before being handed over to services for population. In addition to holding the back-up information for services within one document, recovery schedule agreements would also be produced for each service and would act as formal agreements.

June advised that it was also planned to undertake a failover test and recovery test in June and these would be built into the work plan moving forward.

It was noted that a digital refresh programme had recently been launched and one of the workstreams within this was digital business continuity and disaster recovery. The work through this workstream would further strengthen and enhance the outstanding audit recommendations.

June advised that the outstanding audit recommendations would not be complete by the next meeting in May but she would be happy to provide a further update. June hoped that by the summer she would be able to confirm that the actions had been completed.

Lucy O'Leary noted the addition of 200 new assets since the last update to the Committee and asked if there was a clear route for adding these. June advised that the service needs to identify any new assets and these will be added by the Information Governance team, however following rollout of the system the service will be able to add these themselves. June added that as part of the Information Governance Committee workplan asset owners will be reminded routinely that assets require to be formally logged as part of GDPR requirements.

James Ayling thanked June for the update which gave the Committee assurance that work continued to be undertaken to close the recommendations and appreciated that many elements were dependent on action by services across the organisation. June confirmed that this was correct, however highlighted that they also had competing priorities. It was noted that going forward the Business Continuity Manager would liaise between IT and the services working on the digital elements of the recommendations.

Laura Jones welcomed the format of the report to provide assurance on the outstanding recommendations, however noted as the recommendations were so reliant on services it may be helpful to receive a progress update in a few months to highlight any issues which required escalation to the Board Executive Team for discussion. This was agreed for the September meeting.

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

The Committee noted the update.

8.3 *Laboratory Programme Update*

Gareth Clinkscale provided an update on the situation within the Laboratory where it was noted that there were significant pieces of work being undertaken as part of the Laboratory Programme of Improvement. Gareth explained that at the beginning of February Labs had received an inspection, which was the second in 6 months from the United Kingdom Accreditation System (UKAS), resulting in suspension of UKAS accreditation status due to a reduction in quality management system processes (to free up capacity to meet the revised LIMS go-live deadline). In response to this Labs contacted the Medicines and Healthcare Regulatory Agency (MHRA) to advise of the suspension of the accreditation status. MHRA have the power to close down a Laboratory blood transfusion service removing the supply of blood to key parts of the BGH such as ED, ITU and theatres.

Gareth advised that a paper had been produced addressing the concerns arising from 2 MHRA inspections undertaken in 2020 and 2023. It was noted that some actions had been taken on the back of these, however the resource requirements identified in both inspections had not been sufficiently addressed. A paper had since been presented to the Acute Q leadership team and Board Executive Team and a decision made to invest approximately £130k in recurring posts to support the blood transfusion service and to meet the remaining MHRA recommendations. Gareth was pleased to confirm that following a meeting with MHRA they advised they were content with the actions that had been taken and a follow up meeting was scheduled in the next month. No action has been taken by the MHRA and service continues.

Gareth referred to the situation with UKAS, where the other areas of work being undertaken linked in, namely LIMS and the replacement of the analysers within Labs. In regard to LIMS it was noted that a go live date of 2nd June 2025 was currently being worked to, with the overall programme currently being at amber status. Gareth could not assure the group that this date would be met and noted that delays in the turnaround of actions by the provider had been escalated to the LIMS Programme Board. Gareth went on to provide feedback from the recent Laboratory Programme Board, where it was noted that these meetings will move to fortnightly until the go live date to provide reassurance to the Board. Gareth recognised the contribution being made by the Laboratory teams to achieve this.

It was noted that following LIMS going live there would be a 60 day bedding in period which would then be quickly followed by moving to the new Managed Service Contract and the replacement of analysers throughout the Laboratory system which Gareth expected to take around 6 – 12 months to deliver.

Gareth confirmed that the timeline for regaining UKAS accreditation was still being worked through.

Gareth advised that an update report would be going to the Board Executive Team meeting the following week and he would be happy to attend a future Audit & Risk Committee meeting if that would be helpful to provide an update.

James Ayling did not feel this would be necessary as he felt that considerable assurance could be taken from the update that the issues had been identified and action was being taken at an operational level.

The Committee agreed it would not be necessary for them to receive a further update.

Laura Jones advised that regarding the UKAS suspension, the Clinical Governance Committee would continue to have an active interest in this. Laura also stressed the importance of using the learning from this particular set of circumstances which had impacted upon a small team of staff, who have tried to continue with business as usual whilst undertaking all the additional workload.

Laura added that there are only a small number of clinical services who are regulated and externally reviewed in this way and these are reported through the Clinical Governance Committee so the learning from this would be critical to understand why this situation had arose in the first instance.

Lynne Livesey enquired if there was going to be an audit of other areas of the organisation to ensure there is no other departments in a similar position to Labs so they can be picked up. Andrew suggested it may be beneficial picking this up with the new Internal Auditors and commissioning a piece of work as part of the 2025/26 Internal Audit plan to scan the organisation's overall management of risk, which would not only provide the auditors with background information but it would also give learning back to the organisation. The Committee agreed that it would be beneficial to explore this with the new auditors.

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

The Committee noted the update.

8.4 *Debtors Write Off Report*

Susan Swan spoke to this item which provided an update on debt follow up where it was noted that the provision of doubtful debts would be looked at as part of the annual accounts process. Susan advised that no further debts had been recommended for write off by the Director of Finance.

Susan highlighted that as requested at the previous meeting the report now detailed information on possible future debt and advised that she did not expect anything significant for write off in the next quarter.

James Ayling appreciated why there was no doorstep recovery or recovery of patient related debt by the Debt Recovery Agency but asked in the current financial climate if this was still relevant. Susan advised that this would not be required as there is an extremely positive reaction to the initial contact made by the Debt Recovery Agency. Andrew Bone added that for the size of the

organisation the level of write off is not material but noted this should be kept under periodic review to ensure nothing further can be done, particularly on larger individual debts.

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

The Committee noted the report.

8.5 *Audit & Risk Committee Annual Self-Assessment*

Andrew Bone spoke to this item which provided the findings from the Committee's annual self-assessment.

James Ayling referred to the first recommendation regarding the length of the meetings and felt that if there was a fuller agenda it may be necessary to extend the meeting by 30 minutes on an adhoc basis. This was agreed as an acceptable way forward.

In regard to the second recommendation to consider links with the other Governance Committees, James noted that the Board receives the Audit & Risk Committee minutes and if a matter was deemed to be of significant relevance he would bring this to the Board's attention. James advised of a conversation with the Board Chair around the Internal Audit Plan and if there should be an opportunity for Board participation. Andrew Bone advised that stakeholder participation is welcomed and reminded of the existing process whereby the draft plan is shared with the Audit & Risk Committee and Chairs of the other Governance Committees for comment. Following discussion it was agreed that this should be sufficient, however if the Board felt there was a need for a particular audit to be undertaken this could be reviewed by the Committee with a view to adapting the audit plan. James agreed to feed this back the Chair of the Board.

James noted that the final recommendation related to having a member with accounting experience. Although this would be dependent on the applications received. James agreed to feed this back to the Chair of the Board in anticipation of the interviews which would be taking place in the near future.

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

The Committee noted the report.

9. **External Audit**

9.1 *Audit Scotland Reports*

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

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

The Committee noted the report.

10. **Fraud & Payment Verification**

10.1 *Countering Fraud Operational Group Update*

Susan Swan spoke to this item and provided an update where it was noted that all communications received had been circulated around the Countering Fraud Operational Group to take forward within teams as required. Susan provided an update on the communications received in the last quarter. It was noted that the next meeting of the group would be for the annual review with Counter Fraud Services.

James Ayling enquired if the Committee should have an annual review with CFS or if this was for the Board only. Susan confirmed that this usually formed part of a Board Development Session and would check with the Board Secretary to see if there was an opportunity to do this in the near future.

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

The Committee noted the update.

10.2 *NFI Update*

Susan Swan spoke to this item which was a standard exercise undertaken by public sector bodies across the UK. Susan reported that not as many matches had been received as normal and they were well advanced in the process. Susan highlighted that 1 duplicate payment for a higher value was currently being investigated to establish why this had happened.

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

The Committee noted the update.

10.3 *Fraud Allegations*

Susan Swan reported that 1 fraud allegation from the previous year had been carried forward and was ongoing.

It was noted that there had been 8 allegations during 2024/25 which were all closed with exception of the 1 carried forward. Susan confirmed that these are all discussed with CFS for their recommendations prior to closing.

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

The Committee noted the update.

11. **Integration Joint Board**

11.1 *IJB Direction Tracker*

Lucy O'Leary provided a brief update from the recent IJB meeting and the Committee noted the directions tracker provided.

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

The Committee noted the report and IJB Directions Tracker.

James Ayling referred to the link attached for the IJB Audit Committee agenda and minutes and highlighted reference to the new global auditing standards which would be picked up with the new Internal Auditors.

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

12. **Any Other Competent Business**

None.

13. **Date of Next Meeting**

Monday, 26th May 2025 @ 1 p.m. via MS Teams.

BE
04/04/25

Minutes of a Meeting of **Borders NHS Board Audit & Risk Committee** held on Monday, 26th May 2025 @ 1 p.m. via MS Teams.

Present: Mr J Ayling, Non Executive Director (Chair)
Mrs L Livesey, Non Executive Director
Mrs L O'Leary, Non Executive Director
Mr D Parker, Non Executive Director

In Attendance: Mr A Bone, Director of Finance
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)
Mrs K Hamilton, Chair
Ms S Harold, Senior Audit Manager, Audit Scotland
Mrs L Jones, Director of Quality Improvement (Joined at 1.15 p.m.)
Mrs E Mayne, Head of Internal Audit, Grant Thornton (Left at 2.20 p.m.)
Mrs A McCloy, Senior Finance Manager (Item 9.1)
Mr P Moore, Chief Executive
Mrs L Pringle, Risk Manager (Items 5.1, 5.2 and 5.3)
Ms C Robertson, Director and Head of Risk Advisory Services (Scotland), BDO
Mrs J Smyth, Director of Planning & Performance (Item 12.1)
Mr P Williams, Associate Director of AHPs (Item 6.2)

1. **Introduction, Apologies and Welcome**

James Ayling welcomed those present to the meeting and in particular to Claire Robertson from BDO, the new Internal Auditors.

Apologies were received from Mrs S Swan, Deputy Director of Finance, Ms H McKellar, Manager, Grant Thornton and Mr J Boyd, Director, Audit Scotland.

James confirmed that today's meeting was quorate.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meeting – 24th March 2025**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker

The Committee noted the action tracker.

In regard to the update on LIMS at the last meeting it was noted that the go live date of 2nd June 2025 had been put back slightly to the 23rd.

5. **Risk Management**

5.1 *Annual Risk Horizon Scanning Report*

Lettie Pringle spoke to this item and advised that this was an annual exercise to capture emerging risks from key publications which have potential to impact on NHS Borders over the coming year. It was noted that risk owners had been asked to review the report and update their risks appropriately to ensure comprehensive resilience and business continuity plans are in place.

James Ayling asked for assurance that all relevant emerging risks are mapped to the relevant strategic risks of NHS Borders. Lettie confirmed that they had and risk owners asked to review and ensure they were reflective.

James enquired if emerging risks had been considered for inclusion in the new organisational / clinical strategies. Peter advised that some had been captured via the objective setting exercise, however felt that more reflection was required on this prior to sign off of this year's objectives.

Andrew Bone added that risks relating to the economic environment would be picked up through the financial strategy which would support the organisational strategy and that he would not expect clinical strategies to respond to economic factors.

James, on behalf of Fiona Sandford, Non Executive Director, asked for assurance that the risks regarding compliance with the new "digital front door" / digital transformation, in line with the Once for Scotland approach, had been taken into account during the risk scanning exercise and was being monitored at a senior level in the organisation. Lettie confirmed that there was a digital infrastructure risk owned by the Director of Planning & Performance which captured this. Andrew added that the Digital Portfolio Board is the group where these risks would be discussed and decisions made on where they will reside and how they will be managed.

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

The Committee noted the report.

5.2 *Annual Assurance Report from Operational Planning Group (OPG)*

Lettie Pringle spoke to this item which provided an update on the assurance levels gained through OPG in 2024/25 for both risk management KPIs and operational risks graded as high risk level. Lettie advised how the KPIs were monitored and noted that various areas were reporting non compliance, however plans were in place to address these gaps during 2025/26. It was noted that the Board Executive Team had been asked to review these and the actions were outlined within the report providing an overview on how gaps would be reduced and compliance improved during this financial year.

Laura Jones added that the move across to InPhase had provided an opportunity for each Director to undertake a deep dive review for their own area(s) and the report hopefully provided some assurance on the action planned for the course of the year. Laura recognised that the Committee may wish to receive regular updates on the progress of this work as she appreciated some areas had significant gaps.

James Ayling noted his concern around some of the findings and felt that there should be responsibility and accountability for this and asked that a progress report be provided to the Committee in 6 months.

Andrew Bone referred to the discussion with Executive Directors and felt that the work undertaken following migration to InPhase had provided helpful clarity on the actions required to deliver improvement and individual accountability in relation to this position, and that this was reflected in the action plan included within the report.

Lettie advised that the Risk Team are also looking at ways to make processes more efficient for users, i.e. system dashboards.

Lynne Livesey also noted concern around the findings and found it difficult to have confidence that things are being addressed when there is non compliance with basic procedures and management.

Peter Moore felt that it would be helpful to include percentages within the report to show at a glance how much improvement there had been. Peter advised that he planned to ask each area for a trajectory from now until when they expected to be back on track and stressed that this was an important management function and it was crucial that it worked effectively.

James referred to the newly formed NHS Borders Delivery Group and was aware that due to this the role and responsibilities of OPG; which also acts as the Risk Management Board, may change and asked for assurance that this work would not be lost in transit. Peter confirmed that risk management would be incorporated within the standard agenda for the Delivery Group as he appreciated that tighter governance was required than what had previously been in place. Andrew Bone added that the function of the OPG reviewing risk would not change but in addition to this the Delivery Group would have oversight in terms of tracking improvement and monitoring performance around risk management and would be the group where OPG would make escalations to rather than the Board Executive Team which was the current process.

It was agreed that an update would be presented to the September A&RC meeting.

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

The Committee noted the report and agreed to receive a progress update in 6 months.

5.3 *Risk Matrix Update*

Lettie Pringle spoke to this item and advised that the risk matrix is the national tool for grading adverse events across NHS Scotland and this had recently been updated and gone live within NHS Borders on 1st April 2025. Lettie highlighted that the report provided details of the impacts and work involved across the organisation.

James Ayling asked for clarification around existing risks and asked if these would have to be reviewed again against the new risk matrix. Lettie confirmed that they would but to make it less onerous risk owners were only being asked to do this at the review date.

James referred to the deadline of July 2025 for all risks to be reviewed and asked if this was achievable. Lettie noted that it was ambitious but hoped to support risk owners to achieve it.

Laura Jones advised that this was a national piece of work which had been ongoing for a number of years and was not in NHS Borders' gift to determine the timescales for roll out.

The Committee confirmed it had received a significant level of assurance on the concept and a limited level of assurance on capacity to complete prior to the deadline.

The Committee noted the report.

6. **Internal Audit 2024/25**

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 all days within the plan had been delivered and those not utilised for the Property Transactions Monitoring audit had been supplemented for refreshing the outstanding recommendations ready for handover to the new Internal Auditors.

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

The Committee noted the report.

6.2 *Internal Audit Report – AHP Productivity Review*

Emily Mayne introduced this report which had an overall rating of partial assurance with improvement required. The finding ratings were noted as 1 high, 5 medium and 3 low.

Emily advised that during the audit very good progress had been observed with risks being managed appropriately. It was noted that the services looked at were the Adult In-Patient Physiotherapy Services at BGH and the Children and Young People's Community Speech and Language Services. Emily advised that both services had good oversight of activity and service performance but there was limited evidence that the service specification is aligned to NHS Borders' priorities, therefore there was a lack of clarity in the specific targets which should

be formally reported. Duplicate reporting of activity had also been identified as well as a variance in the arrangements for monitoring and reviewing service delivery against the service specification. Emily also highlighted that EMIS, the system used for capturing data activity, was not ideally suited for capturing all aspects of AHP activity.

Paul Williams noted that the audit had highlighted gaps, some which the service were aware of and some which they were not, and it was reassuring to receive feedback that processes and the service leads' approach were moving in the right direction.

In regard to KPIs for each AHP service, Paul felt that with the development of the clinical strategy this would provide an opportunity to progress these in collaboration with the Clinical Boards. It was noted that work was also being undertaken with the Business Intelligence team to develop dashboards in relation to performance and governance.

Paul also advised that he would be developing a workforce paper to look at establishments and how to mitigate the clinical risk which is associated with the unmet demand.

Lucy O'Leary referred to the issue on capturing the data around unmet contacts and highlighted the importance of unmet demand in terms of financial impact and patient flow within the system as well as the clinical risk. Lucy also enquired if there were any inequalities around the groups of people who were unable to gain access to the service.

Paul advised that he was not aware of any inequalities around the groups of individuals/communities associated with the unmet demand. It was noted that a quality improvement piece of work was being undertaken within the Occupational Therapy service looking at the rehabilitation required at the beginning of a patient's journey versus the end which would provide information on a number of areas, including the financial impact and patient flow.

Lucy also asked for further clarification around the unmet contacts and if they automatically went on to a waiting list. Paul highlighted that in the context of the audit they were looking at in-patients and explained those not seen on a certain day would go onto the list for the following day. Paul then went on to explain about clinical prioritisation which may result in a patient being seen much less frequently than they would like.

Laura Jones noted that this was an area where there has been much less focus nationally and felt that there was a real opportunity as part of the clinical strategy work to manage the AHP workforce effectively across the clinical pathways.

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

The Committee noted the report.

6.3 *Audit Follow Up Report*

Emily Mayne spoke to this item and advised that the recommendations had been cleansed and the rationale for proposing to close actions were all detailed within the report.

James Ayling advised that the aged actions for the Committee's attention and the actions recommended for closure had been discussed by Committee members at their pre meeting and provided an update against each of these.

Appendix 1 to the report outlined the status of aged actions reported in follow up. For each of these items timescales for review of progress were proposed by James Ayling and these were agreed by the committee. A summary of actions agreed is included as appendix to the minute.

Appendix 2 set out recommendations for closure of aged actions. These were approved by the committee with exception of recommendations in relation to Health Inequalities (2022/23) and Contract Management Arrangements (2023/24).

With regard to the Health Inequalities audit it was proposed that this action remain open pending confirmation that relevant KPIs have been reported in the next annual report.

James Ayling highlighted his concern regarding assurance that contract management arrangements were complete and requested additional evidence be presented for consideration before the Committee would be content to close these actions.

The Committee agreed, subject to proposed actions, the amendments proposed to the recommendations in Appendix 2. A summary of actions agreed is included as appendix to the minute.

James asked Emily if a final version of the report could be provided which was amended to reflect the changes approved by the committee. Emily agreed that this would be provided following the meeting.

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

The Committee noted the report.

6.4 *Internal Audit Annual Report 2024/25*

Emily Mayne spoke to this item and highlighted this was caveated around the number of final recommendations pending discussion at the previous item and the report would be updated to reflect this. Emily referred to the Head of Internal Audit opinion which was noted as partial assurance with improvement required. Although the opinion remained the same as the previous year Emily felt that there had been improvement throughout 2024/25 and this was reflected within the report.

It was noted that 78 open recommendations had been brought forward, closing with 48, and this would be amended following today's discussion. Emily thanked those who had worked with Internal Audit to achieve this.

Emily also noted her thanks for the support shown throughout their contract and was pleased to see that the organisation was moving in the right direction in regard to the internal control framework.

James Ayling noted that the follow up of recommendations had partly been impacted on due to resourcing pressures. Emily appreciated that staff are extremely stretched but stressed the importance of giving these priority and keeping them under review as well as providing more realistic deadlines.

It was noted that the report would be updated to reflect earlier discussion and the final version would be shared with the Committee.

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

The Committee noted the report.

James Ayling thanked the Internal Audit team for all their input over the years and wished them well for the future.

Emily Mayne left the meeting.

7. Internal Audit 2025/26

7.1 *Draft Internal Audit Plan 2025/26*

Claire Robertson spoke to this item and explained that the draft plan had been prepared following a review of the risks on the risk register, discussion with management on their priorities and challenges, an assessment of previous audit coverage, amongst other things. It was noted that the plan presented had a 3 year audit strategy included and a 1 year audit plan. Claire highlighted the proposed topics for 2025/26 and took the Committee through these.

Lynne Livesey referred to the timing of the Whistleblowing audit as she felt that it may be more helpful to have this at end of plan to allow time for known defects and changes to be made to ascertain if it is effective or if further changes are required. Lynne also noted reference to picking up on staff development with regard to risk management and fraud and felt that this also required to be extended to whistleblowing. Andrew agreed to pick up with Claire around the timing of this audit within plan. It was noted that the draft plan had also been shared with the Chairs of the other Governance Committees asking for views but no comments had been received to date.

Lucy O'Leary referred to the Management of Change Projects and Management Structure and Procedures audits and suggested that these be brought forward in the plan due to their overarching nature, particularly the Management of Change Projects given that the management structure was being implemented at the present time.

Laura Jones welcomed the approach and flexibility, however noted there was a lot of focus on risk and due to the small team thought would have to be given how these would be managed and would be happy to pick this up outwith the meeting.

Lynne also referred to the Management of Change Projects and Management Structure and Procedures audits and asked for clarification if there would be a review included to see how these link in with governance as from some things brought forward it was not always clear if it is about management or Board governance so this would ensure that the whole process is being overseen as it should be.

Andrew Bone recognised this point and advised that when the detailed scope for the audits were produced this would provide an opportunity for this to be considered.

In regard to the Management of Change Projects audit Andrew advised that the intention was to examine how these align with the Board Assurance Framework and that the management processes and governance processes of the Board are appropriately connected.

Claire confirmed that there would be opportunity to make any changes to the plan and advised that members of the Committee could come forward at any point with any concerns.

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

The Committee noted the draft plan and that a final version would come forward to the June meeting.

8. Governance & Assurance

8.1 *Audit & Risk Committee Terms of Reference & Workplan*

Andrew Bone spoke to this item and advised that there were no substantive changes to the remit of the Committee and highlighted that changes to the Terms of Reference were confined to the Risk Management section which had been expanded in line with other sections of the document.

In terms of the workplan it was noted that no substantive changes had been made but that sections had been expanded to provide more clarity to members on what was due to come forward throughout the year.

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

The Committee approved the Terms of Reference and Workplan and noted that the Terms of Reference would be included within the Code of Governance refresh which would go forward to the Board for approval.

8.2 *Debtors Write Off Report*

Noted that this item had been carried forward to the June agenda.

9. **Corporate Governance Framework**

9.1 *Draft Corporate Governance Framework Review 2024/25*

Anita McCloy spoke to this item and explained that she receives information from various sources across the organisation to provide assurances and went on to take the Committee through the report highlighting key areas. It was noted that some information was still awaited and this was highlighted within the report. Anita referred to the governance statement which would be signed by the Chief Executive as Accountable Officer and included within the annual report for 2024/25.

Anita referred to the list of disclosures at the end of the report and advised that within the next iteration one would be added for third party assurances, which are for major services provided to NHS Borders by a third party, as the Board can only take limited assurance from these.

It was noted that the report had been shared with Audit Scotland who have assessed the disclosures and offered advice around these. Anita confirmed that the next version of the report would also include a reflection of the Internal Audit Annual Report once this has been finalised following today's meeting plus any other outstanding information.

Lynne Livesey referred to the Statement of Assurance for the Staff Governance Committee which stated there had been no issues of significance and asked for it to be put on record that the statement appended to the report had not come forward to the Staff Governance Committee for approval. Lynne also advised that 2 meetings had not been minuted and papers for one of the meetings had been presented on the day so no levels of assurance could be taken from them. Lynne also felt that in regard to whistleblowing, amongst other things, the Staff Governance Committee was the forum by which the statutory obligations around reporting are done, data and actions are fulfilled and that this had not happened during the course of the year so questioned the level of assurance detailed within the report.

David Parker, as chair of the Staff Governance Committee, felt that the comments made were valid and confirmed that the assurance statement had not gone to the Staff Governance Committee. It was agreed that Anita and David would pick this up outwith the meeting and any updates would be presented within the next iteration of the document.

Andrew Bone recognised the importance of ensuring that the Committee's annual assurance statement is reflective of the views of members of the Committee and highlighted that wording of a proposed disclosure with regard to whistleblowing was presented within the draft governance statement and that this would be reviewed following the meeting.

Peter Moore noted that he had only been in post for part of the year in regard to signing as Accountable Officer. Andrew Bone advised that guidance would be checked but it was his understanding that this would be signed at a point in time based on the evidence presented and confirmed that it would be reflected within the report that he had only been in post part year.

James Ayling highlighted the varying Executive Directors Certificates of Assurance and Andrew advised that he would consider the provision of guidance on judging materiality and disclosure for future Certificates of Assurance.

James referred to the statement of losses and compensations and enquired about the 30 ex-gratia compensation payments which excluded clinical payments. Andrew was aware of payments due to reimbursement of loss of earnings to members of the public subject to public health exclusion notices arising from infection control measures, however he did not expect it to be as many as this so would check and provide an update.

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

The Committee noted the draft Corporate Governance Framework Review.

10. **External Audit**

10.1 *Audit Scotland Reports*

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

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

The Committee noted the report.

11. **Fraud & Payment Verification**

11.1 *Fraud Allegations*

Andrew Bone advised that he was not aware of any new fraud allegations and should there be a change to this position a further update would be provided at the next meeting.

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

The Committee noted the update.

11.2 *NFI Update*

James Ayling advised that he had some queries on the report and would pick these up directly with the Deputy Director of Finance who was not in attendance at today's meeting.

The Committee noted the report.

12. **Integration Joint Board**

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

12.1 *IJB Directions Tracker*

June Smyth spoke to this item and explained that this had arisen from a previous audit recommendation for the Committee to have sight of the IJB directions tracker.

June explained that since the tracker had been stood down the Committee had been receiving a copy of the IJB Performance & Delivery Report which included the directions, however the tracker had now been re-instated and it was noted that 6 directions had been added during 2024/25. It was noted that the Committee would continue to receive updates at each meeting.

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

The Committee noted the IJB Directions Tracker.

13. **Any Other Competent Business**

13.1 *Aseptic Facility Tender Waiver*

Andrew Bone spoke to this item which had been discussed at a recent NHS Borders Board meeting and was being presented today as part of the Code of Corporate Governance which requires that any deviation from the Standing Financial Instructions be reported to the Committee. On this occasion it was due to the use of a tender waiver to go to direct appointment of a contractor to procure an aseptic dispensing facility due to the timelines involved.

Andrew highlighted reference to issuing a VEAT notice and confirmed that following further discussion with National Procurement advisors this action was no longer required and that the contract award would be published directly.

James Ayling was aware of the background following discussion by the Board so was content the Committee were well informed of the circumstances and understood the rationale for the deviance from normal procedure.

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

The Committee noted the report.

14. **Date of Next Meeting**

Thursday, 19th June 2025 @ 1 p.m. via MS Teams.

Appendix

Appendix	Audit Report	Comments	Follow Up Action(s)
Appendix 1*	Contract Management Arrangements		Update in 6 months
Appendix 1*	Use of Bank and Agency	Update to be provided following 1 st November 2025 'go live' date to confirm action closed	Update in November
Appendix 1*	Infection Control	SOP re HAI-SCRIBE - no update in follow up report. Laura Jones confirmed Head of Estates provided update to last Clinical Governance Committee.	Laura expected both actions to be complete by end April and would provide an update to confirm this
Appendix 1*	Data Capture and Reporting of Waiting Times	Amend Executive Lead	Update in 6 months
Appendix 1*	Effectiveness of Radiology Service	No update provided	A&RC Chair to request an update from Lesley Wilson to confirm what has been done on this
Appendix 2**	GDPR and Information Governance Arrangements	Recommended close	Agreed
Appendix 2**	IT Recovery & Resilience	Close 2.2 & 2.3 and merge and create new action with update in 6 months	Agreed – update in 6 months
Appendix 2**	Financial Controls	Recommended close	Agreed
Appendix 2**	Health Inequalities	Recommended close	Not agreed - new target date March 2026 set in line with Public Health reporting
Appendix 2**	Data Capture and Reporting of Waiting Times	Recommended close	Agreed
Appendix 2**	Use of Bank and Agency	Recommended close	Agreed but to be advised to Staff Governance Committee to note closure and request that they pick up issue of monitoring compliance with Working Time Regulations
Appendix 2**	Contract Management Arrangements	Recommended close	Not agreed – keep open until A&RC Chair / Committee members review Procurement microsite and SharePoint to get a feel of progress made

*Appendix 1 – Aged Actions for Committee Attention

**Appendix 2 – Action Tracker Closure Proposals

Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Endowment Fund Board of Trustees 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 Endowment Fund Board of Trustees with the Board.

2.2 Background

The minutes are presented to the Board as per the Endowment Fund Board of Trustees 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 Endowment Fund Board of Trustees 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.

- Endowment Fund Board of Trustees 5 May 2025
- Endowment Fund Board of Trustees 12 June 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, Endowment Fund Board of Trustees minutes 03.02.25
- Appendix No 2, Endowment Fund Board of Trustees minutes 05.05.25

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 3rd February 2025 @ 2 p.m. via Microsoft Teams.

Present: Mr J Ayling, Trustee
Mr A Bone, Trustee (Left meeting at 3 p.m.)
Mrs K Hamilton, Trustee (Chair)
Mrs S Horan, Trustee (Left meeting at 3 p.m.)
Mrs L Livesey, Trustee
Dr L McCallum, Trustee (Left meeting at 3 p.m.)
Mrs L O'Leary, Trustee
Mrs F Sandford, Trustee

In Attendance: Ms C Barlow, Charity Development Manager
Ms R Egan, Fundraising Officer
Mrs B Everitt, PA to Director of Finance (Minutes)
Mr M McLean, Investment Advisor
Mrs S Swan, Deputy Director of Finance (Head of Finance)
Mrs K Wilson, Fundraising Manager

1. **Introduction, Apologies and Welcome**

Karen Hamilton welcomed those present to the meeting.

Apologies had been received from Harriet Campbell and David Parker.

2. **Declaration of Interests**

James Ayling referred to the holdings in "First Sentier Invr Stewart Invrs Asia Pac Ldrs" and declared an interest as this investment was managed by a company of which he was previously a Director and that he receives a pension from its ultimate parent company.

3. **Minutes of Previous Meetings : 7th October 2024 and 25th November 2024 (Extraordinary)**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Trackers

The action trackers were noted.

5. **Strategy & Fundraising**

5.1 *Charity Plan 2024/25 – Progress Update*

Karen Wilson spoke to this item which provided a progress update on the 2024/25 Charity Plan. Karen highlighted key areas where it was noted that there had been an increase in donations made to unrestricted funds, the Tree of Light Campaign had been a tremendous success with the largest net profit received to date. Karen advised that the Charity Team had taken on the administration for providing Christmas gifts to patients which had supported an estimated 305 patients. Karen noted her thanks to Royal Mail and SPPA at Tweedbank who were the main donors of gifts for the Children's Ward.

Karen advised that work was ongoing around using Beacon CRM to support the categorisation of the donor database. Progress was also noted in terms of support to Fund Managers and supporting with the completion of applications and bids. Karen explained that the Finance Department service review was progressing and the previously approved Charity Finance post had been discussed with the Deputy Director of Finance with a view to the post being taken forward to recruitment.

Karen Hamilton referred to the objectives around developing a targeted comms which had not yet been started and identifying opportunities to increase brand awareness which had been carried forward and enquired if there were timescales for these. Karen W advised that the rebrand proposal would be discussed later in the meeting and if approved these would both be initiated in the next financial year. Karen H also enquired about the generous gifts donated to the Children's Ward and enquired how these are managed with there only being a very small percentage of children treated as in patients. Karen W explained that they had received a request from the Children's Ward around using their funds to purchase Christmas gifts for patients, however due to the donations received these had been used instead. Karen advised that the donors had also agreed to the suggestion of using some of the gifts to give to children seen within A&E but appreciated more was required to explore what could be done for children's services within community settings.

Lynne Livesey stressed the need to maximise gift aid on all types of donations for the benefit of charity. Karen W confirmed that this is the case for financial donations, however it is more difficult for donations received in kind due to it being time consuming putting values against these, but she would look at capturing these going forward.

The Board of Trustees noted the update.

5.2 *Charity Rebrand Proposal*

Karen Wilson spoke to this item. Karen felt that the current brand was less favourable for raising funds generally and highlighted the three proposals detailed in her report to Trustees. Karen went over the brief provided to prospective bidders and noted that the recommendation was to award the tender to McGowan Marketing who had been the most cost effective, to deliver the full scope as asked, at a cost of £7k. It was expected that proposals for the next phase would come back to Trustees late summer.

Fiona Sandford agreed that there was a need to rebrand but queried if an agency was required to do this or whether this could be done in house using a toolkit. Karen felt that this could be taken forward in house, however the reason to outsource was due to capacity within the team as it would be time consuming and did not feel this element of work would deliver the best value from the internal resources available. It was noted that once up and running it could be maintained by the Charity Team thereafter.

James Ayling asked for assurance that there were no existing contractual arrangements in place. James also highlighted that changing the name of the charity was very significant so Trustees needed to be clear around their decision to do this. James agreed that the preferred bidder was the best value for money, however if a rebrand exercise was taken forward he would be content to spend more if required.

Karen confirmed that there were no existing contractual arrangements in place and advised that the official name of the charity would still remain, it would be the “known as” name which would change to “NHS Borders Health Charity”.

Lucy O’Leary queried whether it might be better to spend slightly more on this and ask the recommended bidder to do a follow-up check in a year’s time to make sure that there was nothing remaining from the old brand.

Sarah Horan also suggested that there could be a link in with Scottish Borders Council / Education as an opportunity to invest in young people. Karen advised that she would be happy to look into this but it could have an impact on the timescales as she would have to explore how best to go about this.

Following discussion and taking onboard the comments made, Karen Hamilton suggested that an update be presented to the June meeting. This was agreed.

The Board of Trustees noted the intended charity name change to NHS Borders Health Charity.

The Board of Trustees approved in principle a budget of £7,000 and approved the commissioning of McGowan Marketing to carry out brand strategy development, deliver a brand and marketing toolkit and full website redesign with proviso that the Charity Team advise if further funding was required.

5.3 NHS CT Membership Request

Karen Wilson spoke to this item and advised that she was looking for Trustees’ agreement to continue being a member of Charities Together. Karen advised that following the pandemic fees had been reintroduced the previous year and noted a 3% increase for this year. Karen highlighted that the information and networking advantages were extremely limited to non members and saw great benefit from remaining as a member of Charities Together.

The Board of Trustees approved continued membership of Charities Together at a cost of £2,580 for 2025/26.

5.4 Grants Update

Colleen Barlow spoke to this item which provided Trustees with an oversight of the progress made on smaller grants facilitated by the Charity Team.

Colleen advised that the biggest facilitator to this was the Small Grants Fund which was for areas who do not have access to funds. Colleen highlighted that one of these projects was a QI approach to reduce avoidable pressure damage by equipping doctors and nurses with mirror cards and visual prompts. It was noted that progress would be monitored. Colleen also advised that the team are working more in partnership with the Friends of the BGH who had provided a £10k grant and saw the establishment of the “Friendly Bursary” giving registered nurses and midwives an opportunity to pursue educational development. Colleen advised that she sat on the panel for decision making to ensure that spending is effectively monitored and that progress would be reported to Trustees.

Colleen also highlighted projects in the pipeline and advised that there are currently 5 enquiries which require some degree of Estates / Capital Planning input and advised that there had been discussion with these teams around what could be progressed, however felt that things were at a bit of a standstill. Colleen hoped to pick this up as part of the strategy development work.

Andrew Bone agreed that it was very challenging to do any work on sites without input from Estates, however they were under enormous pressure with priority operational workload. Andrew suggested that there be a holding position not to take forward any projects requiring Estates' input for the next 3 – 6 months. Andrew felt it would be beneficial for a meeting to be arranged between the Charity Team and Estates leads to understand the nature of the requests coming through and how these may be programmed in going forward should they be deemed to be of added value to the organisation. This was agreed and feedback would be provided within the next update report.

The Board of Trustees noted the update.

6. Financial Report

6.1 *Financial Report and Primary Statements*

Susan Swan spoke to this item which provided an update on the level of spend to 31st December 2024 against the level of income that had been received. Susan highlighted the balance sheet where a cumulative total of £5.3m was noted which was a slight reduction against the £5.4m reported as at 31st March 2024.

Susan also highlighted that the in-year investment movement totalled a surplus of £0.59m for the period reported and that she would be emailing Trustees during March with recommendations for apportionment of this across fund balances into 2025/26.

Karen Hamilton enquired if the review of restricted funds was still progressing. Colleen Barlow confirmed that it was, and the overall number of funds had been reduced, however some were genuinely restricted so applications would have to be made to OSCR where necessary.

Karen also referred to the adult changing facility which had been discussed by Trustees over a number of years and advised that it had been intimated that the new Tweeddale Care Village at Tweedbank would include such a facility so this would be a potential resource coming on stream in due course which would be more appropriate than the current facility situated at the Galashiels Interchange.

The Board of Trustees noted the report.

6.2 *Register of Legacies and Donations*

Susan Swan spoke to this item which provided Trustees with an update on all legacies and donations received over £5,000 to 31st December 2024. It was noted that there were also ongoing discussions with solicitors and representatives around 2 legacies which are currently in progress.

Karen Hamilton reminded of previous discussions around legacy giving, in terms of promoting the charity, which she appreciated may come on the back of the rebranding exercise but was keen that this was not lost sight of.

Lynne Livesey felt that it would be particularly helpful to make contact with solicitors etc well in advance of “Wills Week” which was due to take place in September.

The Board of Trustees noted the report and their thanks for the generous donations received.

6.3 *Audit Completion Report – Update on Recommendations*

Susan Swan spoke to this item which provided Trustees with an update on progress against the recommendation made for improvement by the External Auditor during the 2023/24 audit. Susan advised that progress on the improvement recommendation, namely introducing a control log for each area where donations are received, an update would be provided to the External Auditors at the planning meeting for the 2024/25 audit, however Susan noted that the changes implemented were in line with the previous discussion which they had been content with.

The Board of Trustees noted the update.

7. **Funds Management**

7.1 *Investment Advisor Report*

Mark McLean spoke to this item and referred to the bullet point summary and highlighted that as at 31st December 2024 the portfolio value was just under £5m. It was noted that the portfolio had decreased by -1.26%, net of fees, since the last quarterly valuation received. Over the same period the comparable gross benchmark had increased by +0.92% so the portfolio was still performing behind this. In regard to the investment yield it was noted that the portfolio had produced a yield of 3.24% which equated to just under £161k.

Mark went on to explain that the decrease was partly due to the exposure in the US which had been increased over the last 2 years and although the US markets had risen the previous year the US collective investment funds had not performed in line with US markets. It was noted that this had driven approximately 2% of the gap between the portfolio and the benchmark. In addition, around a further 1% of the gap could be tracked back to the UK direct equities which had been purchased to predominantly provide income generation within the portfolio, however income paying stocks had not performed well over the last year or so against growth stocks. Mark advised that if some of the underperforming UK shares were removed from the portfolio there was a possibility this would see a reduction in the amount of income generated. This would be something for Trustees to consider and agree on.

Mark went on to highlight recent global events which have had an impact on the market and advised that he expected to see some volatility going forward due to these.

Fiona Sandford noted her concern around increasing exposure within US stock due to the volatility and general uncertainty within the US, and would prefer investing in safer shares, perhaps those which are UK based.

James Ayling agreed with the comments about the current volatile environment and referred to a tracker fund which had been mentioned previously, noting that although this would see a reduction in overall fees paid by the Charity there would not be an opportunity to beat the relevant index.

Mark highlighted that the portfolio was currently underweight with US exposure so by increasing this would mean narrowing the gap but appreciated the concern to increase in the current climate. It was noted that just under a quarter of the portfolio was invested in fixed interest investments, i.e. government stocks and corporate bonds, which have held up reasonably well over the last year when compared to the benchmark and would provide a backstop if there was a large fall in equity markets around the globe. Mark also highlighted other areas where investments had been made, such as property and alternative investments, making up around 11% of the portfolio.

Lucy O'Leary reminded that the key aim for Trustees is to spend funds and stressed the need to get the grant giving function up and running rather than the focus of discussions being around the portfolio and investments.

The Board of Trustees noted the report.

7.2 *ESG Status Annual Report*

Mark McLean spoke to this item and highlighted that the portfolio, rated as medium, was in a favourable position with the only embargoes being gambling, tobacco, alcohol and armouries. It was noted that the stock held in BP and the BHP Group were what pushed the portfolio to being medium rated rather than low.

James Ayling referred to the shares in BP which some may take exception to due to the environmental impact as he felt this needed to be kept in mind.

Lynne Livesey agreed with the comment made by James and was also mindful of shares held in companies which are linked to the obesity crisis.

The Board of Trustees noted the report.

8. Project Updates/Funding Requests

8.1 *Palliative Care Project Expansion Funding Request*

This item was taken earlier on the agenda to allow interested parties to leave the meeting early

Lynn McCallum spoke to this item which was an application request for £38k to secure 2 Medical Planned Activities (PA's) to provide additional clinical support to the Community Palliative Care Team. It was noted that this would provide benefit to patients as it would see a reduction in the number admitted for palliative care assessment on the Acute Hospital site.

Lynn advised that the substantive consultant would be going on maternity leave during February and these sessions would go to the locum who would be covering the post.

Fiona Sandford noted her support for the application of 2 sessions at a cost of £38k but was keen to know how many patients this would benefit and stressed that there be a check to ensure that the amount requested included on costs and travel time.

Sarah Horan suggested that Hospital at Home may also have a role to play in this as it would allow for a better understanding and ensure that there is a palliative care service fit for the future.

Karen Hamilton advised that she expected to see a progress report coming forward in 6 months' time.

The Board of Trustees approved the request of a provisional amount of £38k plus on costs and travel if these were not already included and noted a progress report would be received in 6 months.

*The Executive Directors left the meeting for Gold Command
The meeting remained quorate*

9. **Any Other Business**

9.1 *Investment Advisor Contract Update*

Mark McLean left the meeting for this item

Susan Swan provided Trustees with an update on the contract for the Investment Advisor where it was noted that capacity issues had not allowed this to be moved forward. James Ayling noted his concern around the timing and reminded that Trustees needed to be content with the remit noting the current underperformance of the portfolio.

Susan went on to provide her recollection from discussion at the previous meetings on the proposed way forward and following discussion agreed to make contact with Cllr Parker regarding the process undertaken within Scottish Borders Council and proceed from there if they were willing to support with the procurement of the Investment Advisor.

The Board of Trustees noted the update.

James Ayling referred to a previous request from a charity to assist with the purchase of a property and asked if there was any update on this. Following discussion it was noted that a meeting would be arranged to discuss this further and to enable a view to be taken on whether to pursue should there be sufficient funds to do so.

Karen Wilson highlighted the development session which had been arranged for 18th March and would be held in person at the Board Room, Newstead. Karen urged Trustees to prioritise attendance at this session.

10. **Date and Time of Next Meeting**

Monday, 5th May 2025 @ 2 p.m.

BE
13.02.25

Minutes of a Meeting of **Borders NHS Board Endowment Fund Board of Trustees** held on Monday, 5th May 2025 @ 2 p.m. via Microsoft Teams.

Present: Mr J Ayling, Trustee
Mr S Bhatti, Trustee (Left meeting at 3.20 p.m.)
Mrs K Hamilton, Trustee (Chair)
Mrs L Livesey, Trustee
Dr L McCallum, Trustee

In Attendance: Ms C Barlow, Grant & Fund Engagement Manager
Ms R Egan, Fundraising Officer
Mrs B Everitt, PA to Director of Finance (Minutes)
Mr M McLean, Investment Advisor (Left meeting at 3.45 p.m.)
Mrs S Swan, Deputy Director of Finance (Head of Finance)
Mrs K Wilson, Fundraising Manager

1. **Introduction, Apologies and Welcome**

Karen Hamilton welcomed those present to the meeting.

Apologies had been received from Lucy O’Leary, David Parker, Fiona Sandford, Andrew Bone, Peter Moore, John McLaren and Sarah Horan.

2. **Declaration of Interests**

James Ayling referred to the holdings in “First Sentier Invr Stewart Invr Asia Pac Ldrs” and declared an interest as this investment was managed by a company of which he was previously a Director and that he receives a pension from its ultimate parent company.

3. **Minutes of Previous Meetings : 16th April 2025**

James Ayling referred to the last sentence of paragraph 5 and asked for this to be amended to read “..... not be an opportunity to beat the relevant index”.

The minutes were approved as an accurate record with the proviso the change discussed be made.

4. **Matters Arising**

Action Tracker

In regard to the meeting with Estates/Capital Planning to discuss the input required for grant requests coming forward it was noted that this had taken place but there had been no resolution due to capacity issues. The Chair agreed to pick this up outwith the meeting with the Director of Finance as he was not present.

The action tracker was noted.

5. **Endowment Advisory Group**

5.1 *Minutes of Meeting: 16th April 2025 (Draft)*

Trustees noted the draft minutes of the Endowment Advisory Group meeting held on 16th April 2025 and those who had been present confirmed they were an accurate reflection of the meeting.

The Board of Trustees noted the draft minutes.

6. **Strategy & Fundraising**

6.1 *Grants Update*

Colleen Barlow spoke to this item which provided Trustees with an update following the recent Endowment Advisory Group (EAG) meeting. It was noted that the EAG had supported recommendations that the current position of the general unrestricted fund be attained and commitments assessed against it and to having a pause in new grants being made from the general unrestricted fund until the current position was understood and a budget identified to support opening grant cycles. Colleen went on to provide an overview of the papers presented to the EAG which were attached as appendices.

Sohail Bhatti noted that the focus in applications for grants tended to be around treatment rather than prevention. Sohail also reminded that there was a duty of care that no particular group be disadvantaged so there would be a requirement to provide evidence that there is equality when funds are distributed.

Lynn McCallum noted her support in favour of generating income for the unrestricted fund and enquired about the productivity in terms of fundraising which she felt was currently more passive than active. Karen appreciated that there had been a lack of fundraising appeals in recent years as work had tended to be more focussed around processes and putting these in place, however she expected to see more activity from the next financial year when the team would be looking to proactively fundraise within communities. Karen also reminded that the annual workplan is presented to Trustees each year and gives an opportunity to provide feedback.

Lynne Livesey enquired if staff were clear around the preference to receive unrestricted funds as she felt if they were this could see an increase in the income being generated in this way. Karen Hamilton felt that the rebranding and relaunch of the Charity would help publicise this. Karen W confirmed they do work with staff and try to support this, however sometimes the donor wishes to donate to a specific area/fund.

James Ayling referred to the annual report which was later on the agenda and highlighted that there did not appear to be anything within it to promote the message of donating to the unrestricted fund.

Trustees asked for a indication around the length of time the pause would be for. It was noted that the Charitable Accountant post would soon be going out to advert and it was hoped that there would be someone in post within the next 4 months.

Lynn McCallum advised that she was not supportive of waiting this length of time as this would cause an issue for clinical communities. Lynn also highlighted that some of the applications referred to within the pack were a number of years old and felt that if these were not going to be taken forward the funding should be put back into the unrestricted fund for use by other applicants. Colleen advised that there were reasons why some of these were still live and assured that the team are working on this.

James enquired if there were any rights reserved to withdraw funding from an approved grant, i.e. if the funding was linked to a time limited period or milestone or if it was just at the Trustees' discretion. Colleen advised that when the process was formalised 12 months had been the given timescale, however discretion had been shown for larger grants as this was a very short timescale and they had been given up to 24 months.

Lynne Livesey noted her support to a pause but only for as limited a time as possible. Lynne also enquired if temporary cover could be sought until an appointment is made. Susan Swan agreed to discuss this with the Director of Finance but felt that it would be more beneficial to put the input into the recruitment process rather than trying to get someone up to speed to cover the role temporarily.

Trustees discussed and agreed a pause for 3 months in new grants being made from the general unrestricted fund and requested that a progress report be provided after this period.

The Board of Trustees approved a current position of the General Unrestricted Fund be attained and commitments assessed against it.

The Board of Trustees approved a pause of 3 months for new grants from the General Unrestricted Fund until the current position is understood and a budget identified to support opening grant cycles. A progress report to be provided at the end of the three month period.

The Board of Trustees approved the development of a Charity's Strategy to inform Trustees' priorities and areas of focus to facilitate engagement with Fund Managers and key stakeholders in the application of funds.

The Board of Trustees approved putting in place a budget of small grants for the year against each fund (e.g. % of balance of fund) to avoid significant drawdown without strategic alignment.

The Board of Trustees approved continuation of reorganisation to accurately reflect unrestricted vs restricted balances and inform investment income allocations.

6.2 *Charity Plan 2024/25 – End of Year Report*

Karen Wilson spoke to this item which provided an end of year update on the 2024/25 plan and highlighted the progress made against each of the objectives.

Karen Hamilton also enquired about the difference between the objectives carried forward and those marked as not complete. Karen W explained that those noted as being carried forward were awaiting the Charitable Accountant post being filled.

The Board of Trustees noted the update.

6.3 *Fundraising Workplan 2025/26*

Karen Wilson spoke to this item which provided Trustees with the draft Fundraising Workplan for 2025/26 which primarily focussed on the work which will be undertaken by the Fundraising Team.

The meeting was not quorate from this point therefore any subsequent decisions would require to be ratified by Trustees at the next meeting.

James Ayling referred to previous discussion to optimise unrestricted income and asked if consideration should be given to adding an objective to monitor this against an agreed target. Karen confirmed that she was content to add this.

The Board of Trustees agreed the Fundraising Workplan for 2025/26.

7. **Endowment Fund Annual Accounts 2024/25**

7.1 *Draft 2024/25 Report from Trustees and Annual Accounts*

Susan Swan introduced this item and highlighted that the document which had been pulled together by the Finance and Fundraising Teams covered the legislative, audit and financial regularity requirements of the Charity.

Susan highlighted that the level of expenditure and income this year had been significantly impacted by the delivery of the Macmillan Cancer Centre project which was now in the final stages.

Susan referred to the notes at the end of the report which were a legislative requirement and were currently being audited by the External Auditor. It was noted that no issues had been raised to date and that the final version would be presented to the June meeting for approval.

James Ayling noted that there were some minor amendments required which he would pick up outwith meeting. James also highlighted that Harriet Campbell and Kevin Buchan would no longer be Trustees at the date of signing the accounts and felt that this required to be noted. James also felt that there should be reference within the narrative in regard to the development of the Charity's Strategy which would help facilitate engagement with Fund Managers when applying for funds as well as taking the opportunity to flag the point regarding unrestricted income as discussed earlier.

Lynn McCallum referred to the MacMillan Cancer Centre refurbishment and enquired if there was a completion date for this and if there was a planned launch/celebration. Karen Wilson advised that she did not have a final completion date, however noted that it was hoped to have a small celebration event which would include some of the donors and patients.

The Board of Trustees noted the draft 2024/25 Report from Trustees and Annual Accounts.

8. **Funds Management**

8.1 *Investment Advisor Report*

Mark McLean spoke to this item and referred to the bullet point summary which noted that as at 31st March the portfolio value was £4,861,853.

Mark highlighted that over the 3 month period the portfolio had decreased by 1.27% and the benchmark had risen by 0.63%, however looking at this over a 4 month period the benchmark was up 1.5% and the portfolio was up by 0.6%, noting that it was getting closer to the benchmark but still behind.

Mark advised that a holding in gold had been introduced to the portfolio since the last meeting and there was potential to increase the exposure in European equities as well as a small reorganisation in some of the UK equities. Mark expected the market to continue to be volatile in the short term and did not plan on making any major asset allocation changes and would continue to monitor how things developed within the US.

It was noted that the next quarterly report received would be set out differently as it would be fully converted to Rathbones.

James Ayling referred to the volatility of the market and wondered if Trustees should consider taking money out and invest it in a bank account for security. Mark advised that economic growth would be slower in the short term but still felt that sitting tight at the present time was the correct thing to do for the longer term. If the Trustees wished to increase cash holdings within the portfolio, Mark suggested purchasing Government Stocks as an alternative to sitting on large cash balances.

The Board of Trustees noted the report.

9. **Any Other Business**

9.1 *Investment Advisor Contract Update*

Mark McLean left the meeting

Susan Swan provided Trustees with an update on the contract for the Investment Advisor where it was noted that a meeting with ISIO had been arranged to discuss the proposal prepared by them.

The Board of Trustees noted the update.

9.2 *Palliative Care at Home*

Colleen Barlow advised that a proposal for funding was being pulled together by one of the workstreams of the Palliative Care Service Review for a Palliative Care at Home model and asked if this could come forward to the meeting in June for consideration. This was agreed.

10. **Date and Time of Next Meeting**

Monday, 16th June 2025 @ 2 p.m.

(Subsequently moved to Thursday, 12th June 2025 @ 1 p.m.)

BE

15.05.25

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Finance Report – April 2025
Responsible Executive/Non-Executive:	Andrew Bone, Director of Finance
Report Author:	Samantha Harkness, Senior Finance Manager Janice Cockburn, Finance Business Partner Paul McMenamin, Finance Business Partner

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to a:

- Annual Operational Plan/Remobilisation Plan

This aligns to the following NHSScotland 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 Climate Change

There are no impacts in relation to Climate Change within this paper.

2.3.7 Other impacts

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

2.3.8 Communication, involvement, engagement and consultation

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

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.

- Senior Finance Team, 20th May 2025
- BET, 17th June 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 the end April 2025

FINANCE REPORT FOR THE PERIOD TO THE END OF APRIL 2025

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 April 2025.

2 Recommendations

- 2.1 Committee Members are asked to:

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

YTD Performance	£1.50m overspend
Outturn Forecast at current run rate	£18.03m overspend
Projected Variance against Plan (at current run rate)	£5.23m adverse
Actual Savings Delivery (current year effect)	£0.43m (actioned)
Projected gap to FP Forecast	Best Case £12.80m (FP)
	Worst Case £18.03m (trend)

- 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 April 2025.

Table 1 – Key Financial Indicators

	Financial Plan £m	Month 1 £m
Summary		
Year to Date (forecast/actual)	(1.07)	(1.50)
Core Operational	(13.06)	(0.35)
Board Reserves ¹	5.51	0.46
Savings / Flexibility	(5.22)	(1.59)
Average Monthly Run Rate	(1.07)	(1.50)
Outturn Forecast (pro-rata)	(12.80)	(18.03)
Outturn Target (Scottish Government)	(10.00)	(10.00)
Savings		
Full Target	(19.66)	(19.66)
In year target	(12.15)	(12.15)
Forecast Delivery	12.15	12.15
Recurring Schemes		
Implemented	-	0.40
Planned/Mandated	6.44	6.49
In Development / At Risk	2.68	2.22
Non Recurring Schemes		
Implemented	-	0.03
Planned/Mandated	2.19	0.45
In Development / At Risk	-	1.71

¹ Includes £5.5m SG non-recurrent 'sustainability' allocation (share of £250m nationally)

Cost Avoidance Measures		
YTD Achieved	-	0.20
Forecast at current run rate	0.85	2.40
Slippage / At Risk	-	-
Brokerage (memo)		
Accumulated Brokerage Mar-25	49.33	49.33

4 Summary Financial Performance

- 4.1 The board's financial performance as at 30th April 2025 is an overspend of £1.50m. This position is summarised in Table 2, below.

Table 2 – Financial Performance for one month to end April 2025

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Revenue Income	(350.15)	(351.06)	(29.43)	(29.39)	(0.04)
Revenue Expenditure	350.15	351.06	29.33	30.79	(1.46)
Surplus/(Deficit)	0.00	0.00	(0.10)	1.40	(1.50)

4.2 Core Operational Performance

- 4.2.1 The core operational performance excluding savings is £1.39m overspent. This position has been adjusted to £0.11m (underspent) in anticipation of additional resources not yet implemented within operational budgets.
- 4.2.2 The overall impact of these adjustments is a £1.50m improvement included within the position reported above. These adjustments are summarised as follows.
- 4.2.3 Adjustment is made to the position to anticipate release of reserves held in respect of non-pay growth, including prescribing, and additional resources where budget setting has not yet been completed. This work will be concluded for month 3 reporting and Q1 review. The level of funding assumed to be released is £1.5m.
- 4.2.4 As at end April 2025 no Scottish Government allocations had been confirmed. As such, operational budgets at service level remain unadjusted for a number of items where funding is expected to be received (including ongoing commitments from prior years). This position is consistent with previous years and is expected to be resolved by quarter one review.
- 4.2.5 A breakdown of the boards income and expenditure has been included in Appendix 1. This represents the information reported to Scottish Government via the Financial Performance Returns each month and shows the boards income and expenditure against a number of key headings. This data is presented by Business Units in Section 5 of this report.
- 4.2.6 A number of Key trend areas have been included in Appendix 2, which again represent data reported to Scottish Government. These key trends show the monthly spend against some of the highest cost areas including Agency spend to show the trend over the last 13 months.

4.3 Savings Delivery

- 4.3.1 As noted in Table 1 (key financial indicators), the overall financial performance at Month is £1.50m overspent, of which £1.59m represents unmet savings.
- 4.3.2 The financial plan assumes delivery of £9.11m recurring savings during 2025/26 which would result in a residual balance of unmet savings to be carried forward of £10.60m. Pro-rata to Month 1 this would project a shortfall of £0.88m.
- 4.3.3 The year to date position of £1.59m unmet reflects the savings profile of business unit plans which anticipates a greater level of delivery to be achieved within later financial periods and the reliance upon schemes in development not yet included within business unit plans.
- 4.4 Recurring savings delivered to date have a current year effect of £0.40m. This is lower than the savings delivered at this point during 2024/25, and focus on delivering recurring savings needs to remain constant to ensure the Board meets its Financial Plan targets.
- 4.5 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 April 2025.

Table 3 – Income by Category, year to date April 2025/26

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Income Analysis					
Revenue Resource Limit	329.25	329.25	27.44	27.44	-
Family Health Services	10.24	10.96	1.58	1.58	-
External Healthcare Purchasers	4.55	4.65	0.39	0.36	(0.02)
Other Income	6.11	6.21	0.03	0.01	(0.02)
Total Income	350.15	351.06	29.43	29.39	(0.04)

- 5.1.2 There is a small under recovery on other income which is linked to under recovery of non patient related income and will be reviewed throughout the year
- 5.1.3 Currently income generated from non-Border residents is marginally under recovered. This position is largely based on estimated activity due to the six week delay in coding of activity therefore this position should be treated with a degree of caution and will monitored robustly once actual activity data is available.

5.2 Operational performance by business unit

- 5.2.1 Table 4 describes the financial performance by business unit at April 2025.

Table 4 – Operational performance by business unit, April 2025

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Operational Budgets - Business Units					
Acute Services	84.73	87.91	7.50	8.01	(0.51)
Acute Services - Savings Target	(4.08)	(3.82)	(0.32)	-	(0.32)
TOTAL Acute Services	80.65	84.09	7.18	8.01	(0.83)
Set Aside Budgets	34.43	33.71	2.83	3.24	(0.41)
Set Aside Savings	(3.83)	(3.83)	(0.32)	-	(0.32)
TOTAL Set Aside budgets	30.60	29.88	2.52	3.24	(0.72)
IJB Delegated Functions	121.78	122.82	12.08	12.52	(0.44)
IJB – Savings	(5.00)	(4.85)	(0.40)	-	(0.40)
TOTAL IJB Delegated	116.78	117.97	11.67	12.52	(0.84)
Corporate Directorates	23.41	24.44	1.97	1.88	0.09
Corporate Directorates Savings	(1.73)	(1.73)	(0.14)	-	(0.14)
TOTAL Corporate Services	21.68	22.71	1.82	1.88	(0.05)
Estates & Facilities	24.75	25.47	2.08	2.03	0.05
Estates & Facilities Savings	(2.10)	(2.10)	(0.17)	-	(0.17)
TOTAL Estates & Facilities	22.65	23.38	1.90	2.03	(0.12)
External Healthcare Providers	36.61	37.38	3.12	3.25	(0.13)
External Healthcare Savings	(2.75)	(2.75)	(0.23)	-	(0.23)
TOTAL External Healthcare	33.86	34.63	2.89	3.25	(0.36)
Board Wide					
Depreciation	5.87	5.87	0.49	0.49	-
Year-end Adjustments	1.28	0.55	(0.62)	(0.62)	-
Planned expenditure yet to be allocated	32.00	27.21	1.50	-	1.50
Central Unallocated Savings Target	4.78	4.78	(0.02)	-	(0.02)
Board Flexibility	-	-	-	-	-
Total Expenditure	350.15	351.06	29.33	30.79	(1.46)

5.2.2 Acute² Overall.

The position is £1.56m overspent. £0.92m relates to operational overspend and £0.64m relates to non-delivery of the remaining element of the three year saving targets of £10.3m. The £10.3m recurring three-year target set in 24/25 has been reduced to £7.5m due to the savings achievement the Acute Board made in 2024/25. It is expected that the Acute Board will achieve the remaining balance by the end of 26/27.

The proportion of saving anticipated in 25/26 is a minimum of 3% or £3.1m recurring cash releasing savings. Currently the Acute Board has a plan for £2.3m and are currently working to identify schemes to meet the deficit. Currently there has been retraction of full year recurring saving of £0.26m so the target has reduced to £7.2m and the month one impact of this unmet target is contributing to the overall overspend by £0.64m.

The operational overspend in Acute in the first month of 25/26 is £0.92m. This overspend is mainly related to nursing, drugs and instruments and sundries. The overspend in nursing relates to the continued running of the 22 unfunded beds. The overspend on instruments and sundries is a continuation of overspends experienced in 2024/25 which are due to the inflationary pressure experienced in previous years

² 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.

which have not been funded. The drugs budget has been increased and therefore the level of overspend related to drugs is a new pressure and work is being carried out with pharmacy to review and understand this overspend.

- 5.2.3 **Acute services** (excluding Set Aside) are reporting a total overspend of £0.83m at the end of April 25. This overspend is broken down into £0.51m operational overspend and £0.32m related to savings. The unmet savings reported in the position relate to one twelve of the saving required to be achieved during 25/26 and 26/27. The Acute Board has plans in place to achieve the majority of the minimum requirement for 25/26 of 3% recurring and this overspend will begin to decrease as plans are completed.
- 5.2.4 The operational element of the overspend is £0.51m. The overspend is £0.25m on drugs in cancer and ophthalmology we are currently reviewing the cancer drugs spend for month one with Pharmacy as there are been £55k spend on one drug to understand if this is recurring. Ward 7/9 continue to overspend in relation to the additional surge beds, which were open consistently during 24/25 and remain open in April. There is also an overspend in relation to diagnostics where radiology has continued used of TMC for reporting which is included in our waiting times submission but as in previous years we are still awaiting the allocation however confirmation that we are to receive our requested funding has been received.
- 5.2.5 **Set Aside.** The set aside budget is overall, £0.72m overspent, at the end of April 25. This overspend is broken down into £0.41m operational overspend and £0.32m related to savings. The unmet savings reported in the position relate to one twelve of the saving required to be achieved during 25/26 and 26/27. The Acute Board has plans in place to achieve the majority of the minimum requirement for 25/26 of 3% recurring and this overspend will begin to decrease as plans are completed.
- 5.2.6 There continues to be an overspend in relation to the additional beds open across unscheduled care. There are 15 unfunded surge beds, which were, open continuous during 24/25 and remained open in April and contributing to the high level of overspend. There is addition cost being incurred in medical consultant staffing in relation to high cost agency being utilised to cover sickness which is expected to continue into the autumn. Although the drugs budget has seen fully funded to the level of 24/25 expenditure there are still area of concern for example dermatology, which we are currently reviewing with Pharmacy.
- 5.2.7 **IJB Delegated.** Excluding non-delivery of savings, the HSCP functions delegated to the IJB are reporting a net over spend on core budgets of £0.44m. Within Mental Health (£0.100m overspend excluding savings), medical agency use (locums) continues to be a pressure (£0.073m at M01), offset by £0.36m in the MH Drugs budget. Nursing budgets are reporting a slight overspend (£0.026m) whilst Psychology is currently overspent by £0.046m, although in both of these cases, this is due to funding not yet having been received or released against incurred cost. The largest area of financial pressure again relates to Learning Disability out-of-area placements (£0.150m).
- 5.2.8 Primary Care Prescribing is reporting a M01 adverse position of £0.250m due to the latest information available (Quarter 4 2024/25) highlighting a higher than average trend in the volume of items dispensed. This will be closely monitored as the year progresses and further more recent information becomes available.

5.2.9 In summary therefore, IJB delegated functions are reporting at M01:

£0.100m Overspend - Mental Health

£0.150m Overspend – Learning Disability Service Placements

£0.250m Overspend – Primary Care Prescribing

These areas of key pressure are partly offset by £0.060m by a range of small underspends across Dental, AHP and Mental Health / Learning Disability staffing budgets due to ongoing vacancies.

5.2.10 Corporate Directorates are reporting a net under spend of £0.09m on core budgets. The underspend continues as in previous months and is mainly within staffing areas in a number of departments such as the Workforce and Planning and Performance and Finance. Planning and Performance and Finance have completed service reviews and Workforce are in the process of completing their review so the current underspend is likely to be non-recurring as posts are filled

5.2.11 **Estates & Facilities** are reporting an operational underspend of £0.05m. The underspend in Estates relates to vacancies. There are a number of workload pressure areas within Estates and in order to address some of these issue post will require to be filled as this happens in underspend will reduce and therefore this should only be considered non-recurrent

5.2.12 Within facilities, patient travel continues to be an issue with increased number of patients requiring to be transported to Edinburgh for cancer treatment and the number of journeys increasing resulting in increased costs. These pressures were highlighted in 24/25 and currently a paper is progressing through governance to request further funding from cancer endowment to support transport

5.2.13 **External Healthcare Providers.** Excluding savings there is an over-spend of £0.13m. Currently little actual activity data for 25/26 is available from external providers. Data is not usually available until six weeks after the end of the current month. Therefore much of the external healthcare position is based on estimated data and therefore the main element of the overspend continue to be related to our contact with NHS Lothian but is based on 24/25 trends.

6 Savings Delivery

6.1 The savings targets set within the Financial Plan for 2024/25 are £9.12m recurring and £3.04m non-recurring.

6.2 The FIP Board has agreed that targets set at individual business unit level should continue to be monitored against the three year target set in 2024/25. This means that there is a difference between the target set within the financial plan and the operational targets included within individual business unit budgets. This issue is addressed by creation of an unallocated 'organisation wide' target which will be addressed through identification of workstream schemes not included within business unit plans. This approach has been viewed as preferable to minimise disruption to local plans and to ensure that there is consistency of approach across the three year period to March 2027.

- 6.3 Table 5 sets out the operational savings targets set for 2025/26 and cumulatively to 2026/27.

Table 5 – Delegated Savings Targets

	Recurring 3% £m	2025-26 Non- Recurring 1% £m	Total £m
Acute Services	(1.88)	(0.63)	(2.51)
Set Aside	(1.25)	(0.42)	(1.67)
IJB Directed Services	(1.69)	(0.57)	(2.26)
Prescribing	(0.77)	(0.26)	(1.03)
Corporate Directorates	(0.79)	(0.28)	(1.07)
Estates & Facilities	(0.68)	(0.23)	(0.91)
External Healthcare Providers	(1.26)	(0.42)	(1.68)
Organisational Wide	(0.80)	(0.23)	(0.36)
Total	(9.12)	(3.04)	(12.15)

- 6.4 At time of preparation the plan included schemes identified at a total value of £6.44m recurring with a further £0.85m non-recurring. The plan included assumption that the balance of savings required (£2.68m recurring; £2.19m non-recurring) in order to achieve the full target would be identified and enacted during the course of 2025/26.
- 6.5 Given the scale of risk inherent in this assumption, provision was made at £3.04m (1%) within the plan; in effect, this reduces the forecast delivery in year to 3% overall (£9.12m). This forecast remains above the level of savings identified within the plan.
- 6.6 It should be noted that Scottish Government has set an expectation that all NHS Boards deliver a minimum of 3% recurring and that the position outlined above is consistent with this approach. The additional non-recurrent target set out above is consistent with the three year target set in 2024/25 and is required in order to achieve the trajectory set out over the medium term financial plan.
- 6.7 A revised in year forecast will be prepared at Quarter One following update to local savings plans; this will include consideration of any further contingency required to mitigate risk of non-delivery, together with options for how this contingency may be achieved.

6.8 Actual Savings Delivery

- 6.8.1 Table 6 below shows actual level of savings achieved to date, including amounts expected to be delivered to March 2026 in respect of schemes implemented in April 2025.

Table 6 – Current year savings achieved as at April 2025

	Savings Target £m	Recurring Savings Achieved £m	Non Recurring Savings Achieved £m	Total Achieved £m	Unmet Savings (current year) £m
Acute Services	(2.51)	0.00	0.00	0.00	(2.51)
Set Aside	(1.67)	0.26	0.00	0.26	(1.41)
IJB Directed Services	(2.26)	0.11	0.00	0.11	(2.15)
Prescribing	(1.03)	0.04	0.00	0.04	(0.99)
Corporate Directorates	(1.07)	0.00	0.03	0.03	(1.04)

	Savings Target	Recurring Savings Achieved	Non Recurring Savings Achieved	Total Achieved	Unmet Savings (current year)
Estates & Facilities	(0.91)	0.00	0.00	0.00	(0.91)
External Healthcare Providers	(1.68)	0.00	0.00	0.00	(1.68)
Central Unallocated Target	(1.03)	0.00	0.00	0.00	(1.03)
Total	(12.15)	0.40	0.03	0.43	(11.72)

6.8.2 Against the 2025/26 target, £0.40m 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.

6.8.3 The balance of savings to be delivered in 2025/26 is £11.72m.

6.8.4 The level of unmet savings remaining against the three year target (10%) is £19.26m. This position will continue to be reported as a measure of progress towards delivery of the medium term plan.

6.9 Reduction in Agency Use

6.9.1 Table 7 below reports the change in agency use against the same period for the previous year and projects forward to outturn position based on current trend.

Table 7 – Agency use by Staff Group

	Apr			Ave Monthly (FYE)		
	2024/25	2025/26	Movement (increase/-decrease)	2024/25	2025/26	Movement (increase/-decrease)
	£k	£k	£k	£k	£k	£k
Medical	220	207	-13	151	207	57
Nursing	-19	56	75	40	56	16
Other	54	41	-14	130	41	-89
	256	304	49	321	304	-16

6.9.2 Comparison with average month values for the prior (full) year give a clearer indication of trend at this stage; this suggests there is higher usage in both Medical and Nursing in April, whereas the reduction in other staffing is more pronounced.

6.9.3 Agency use is monitored against the projected £0.85m cost reduction identified within the Financial Plan as cost avoidance measure.

6.9.4 Appendix 2 provides further information on trends in key costs, including agency staffing within context of overall pay expenditure.

6.10 Progress towards Implementation

6.10.1 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.

6.10.2 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.

6.10.3 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.

6.10.4 Table 8 summarises the recurrent plans currently identified by business units for 2025/26. This is set against the 3% recurring target.

Table 8 – Recurring Plans 2025/26 by Business Unit

	Number of Schemes	3% Target £m	FYE £m	PYE £m
Acute	27	(3.13)	3.50	3.04
Commissioning	1	(1.26)	0.19	0.10
Corporate	12	(0.79)	0.43	0.30
Estates	7	(0.30)	0.35	0.35
Facilities	4	(0.38)	0.12	0.11
IJB - MH/LD	16	(0.61)	1.30	1.30
IJB - PACS	14	(1.08)	0.79	0.76
Organisation Wide	1	(0.80)	0.15	0.08
Primary Care Prescribing	44	(0.77)	0.90	0.88
	126	(9.12)	7.73	6.89

6.10.5 As noted, the slippage against target reflected in the above table is recognised in the financial plan by a requirement for additional schemes to be developed. Progress towards this action will be reported at Quarter One Review.

6.10.6 Table 9 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.

Table 9 – Recurring Plans 2025/26: Progress by Gateway

	FYE £m	PYE £m	Total Schemes
At planning stage	-	-	-
Gateway 1	5.99	5.24	93
Gateway 2	0.59	0.51	10
Gateway 3	0.75	0.74	11
Gateway 3 - Blue	0.40	0.40	12
Total Schemes	7.73	6.89	126

7 Scottish Government Oversight

7.1 The Board's medium term financial plan has been approved by Scottish Government conditional on the basis that the Board develops a five year financial plan which demonstrates a path to financial balance of that period; savings delivery is at a minimum of 3% of RRL; and that actions are identified to deliver an improved in year financial performance at a target deficit of no greater than £10m in 2025/26.

- 7.2 Progress towards these actions will be reviewed at Q1 and with expectation that the five year plan for financial balance is finalised by end September 2025.
- 7.3 As previously advised, Scottish Government has indicated that brokerage will not be available in 2025/26 and therefore any deficit reported at end of the financial year will be reported in the Board's Annual Accounts.
- 7.4 Brokerage accumulated to date is £49.33m. The current financial framework requires that repayment is made after achievement of a balanced financial position. No change to this arrangement has been indicated at present.
- 7.5 The Health Board remains at Stage 3 of the Scottish Government's Support and Intervention Framework.

8 Key Risks

- 8.1 Financial sustainability remains a *very high* risk on the board's strategic risk register (Risk 547). This risk has been updated to reflect the Board's medium term financial plan and financial recovery plan for the period 2025/26 to 2027/28.
- 8.2 Where identified, risks are currently reported on an individual basis through the InPhase system.

Appendices

- Appendix 1 – Income and Expenditure Analysis as reported to Scottish Government via FPR
- Appendix 2 – Key Expenditure Trends

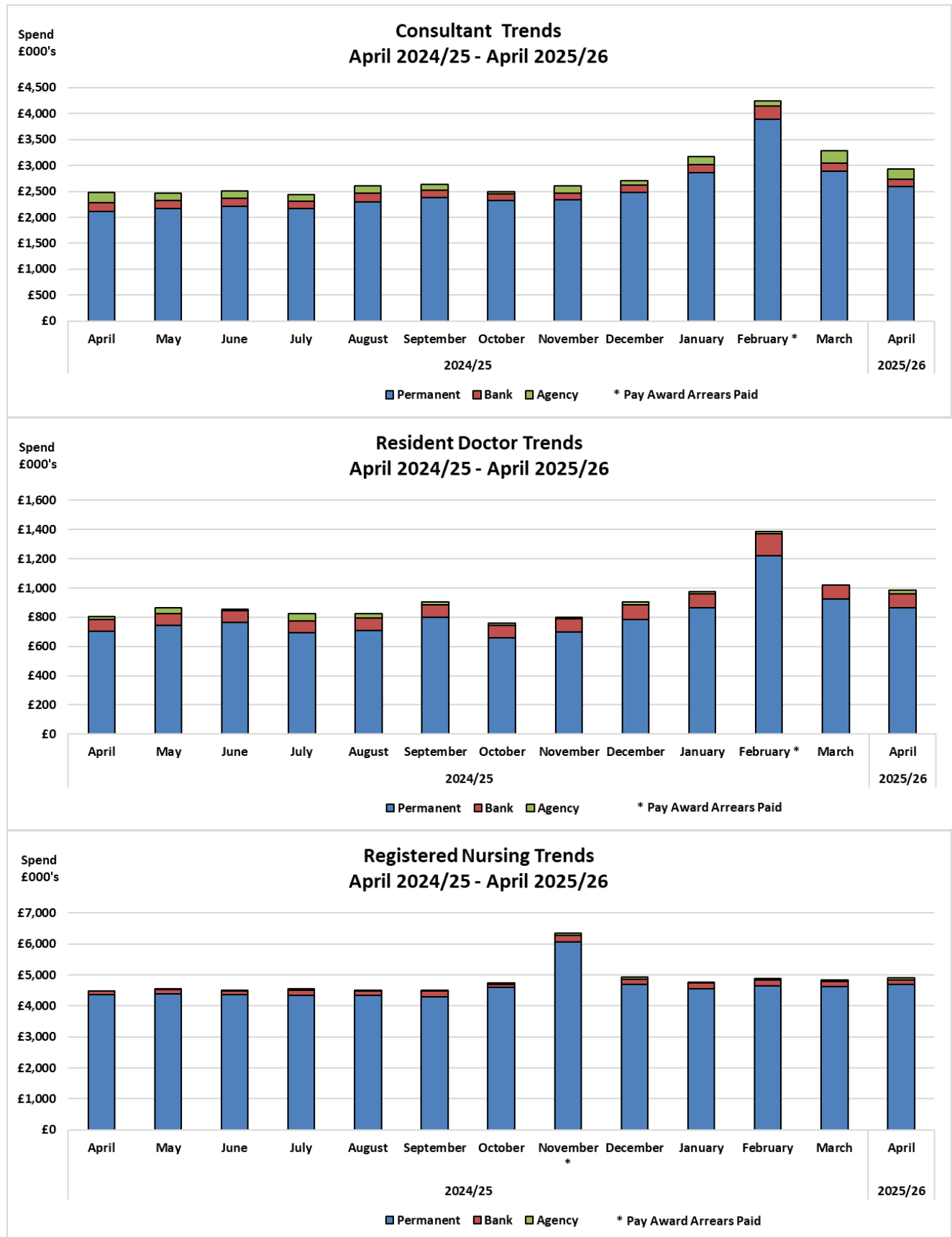
Author(s)

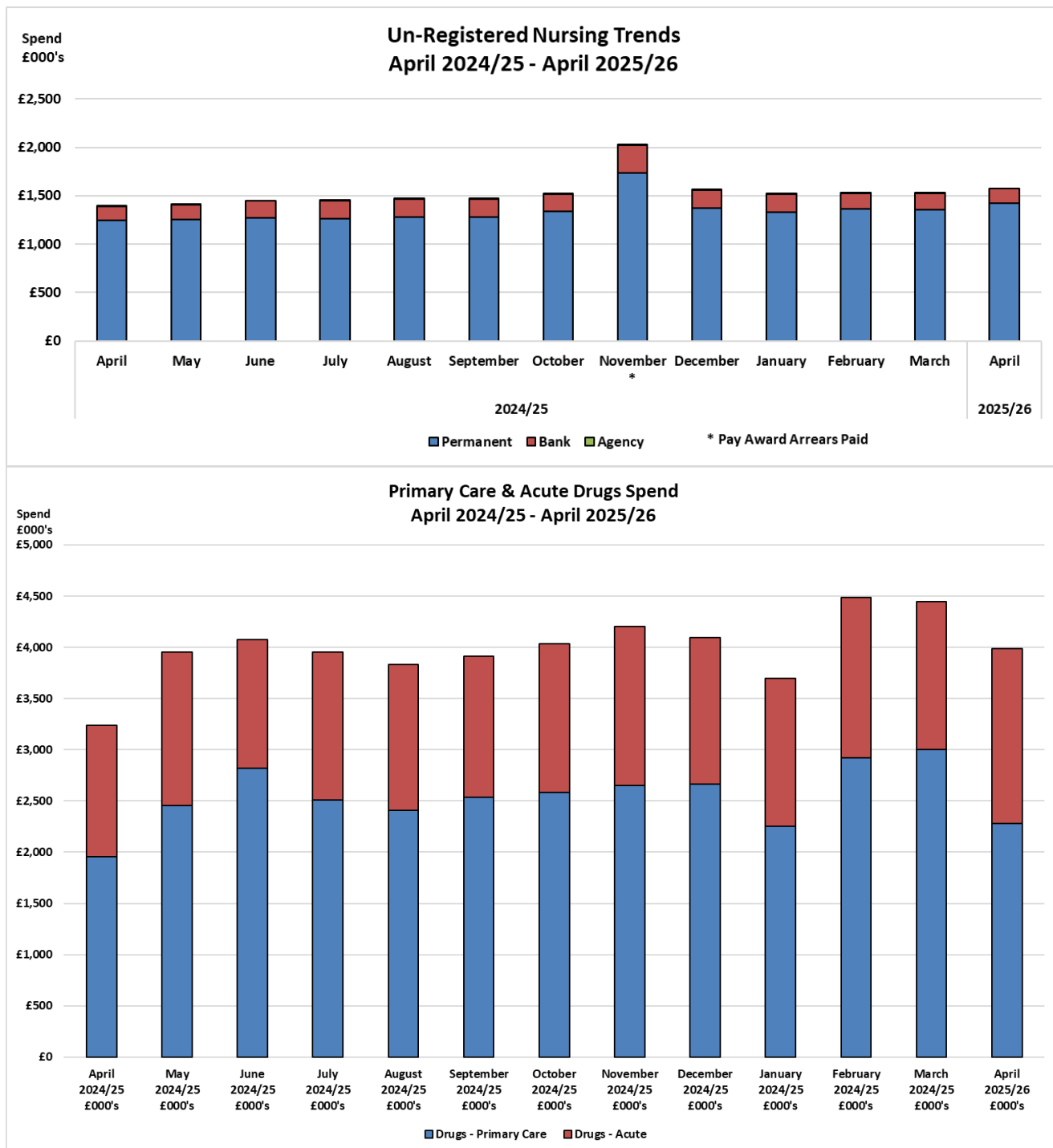
Samantha Harkness Senior Finance Manager Sam.harkness@nhs.scot	Paul McMenamin Deputy Director of Finance Business Partner (IJB Services) Paul.mcmenamin@nhs.scot	Janice Cockburn Deputy Director of Finance Business Partner (Acute & Corporate Services) Janice.cockburn@nhs.scot
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Appendix 1 – Income and Expenditure Analysis as reported to Scottish Government via FPR

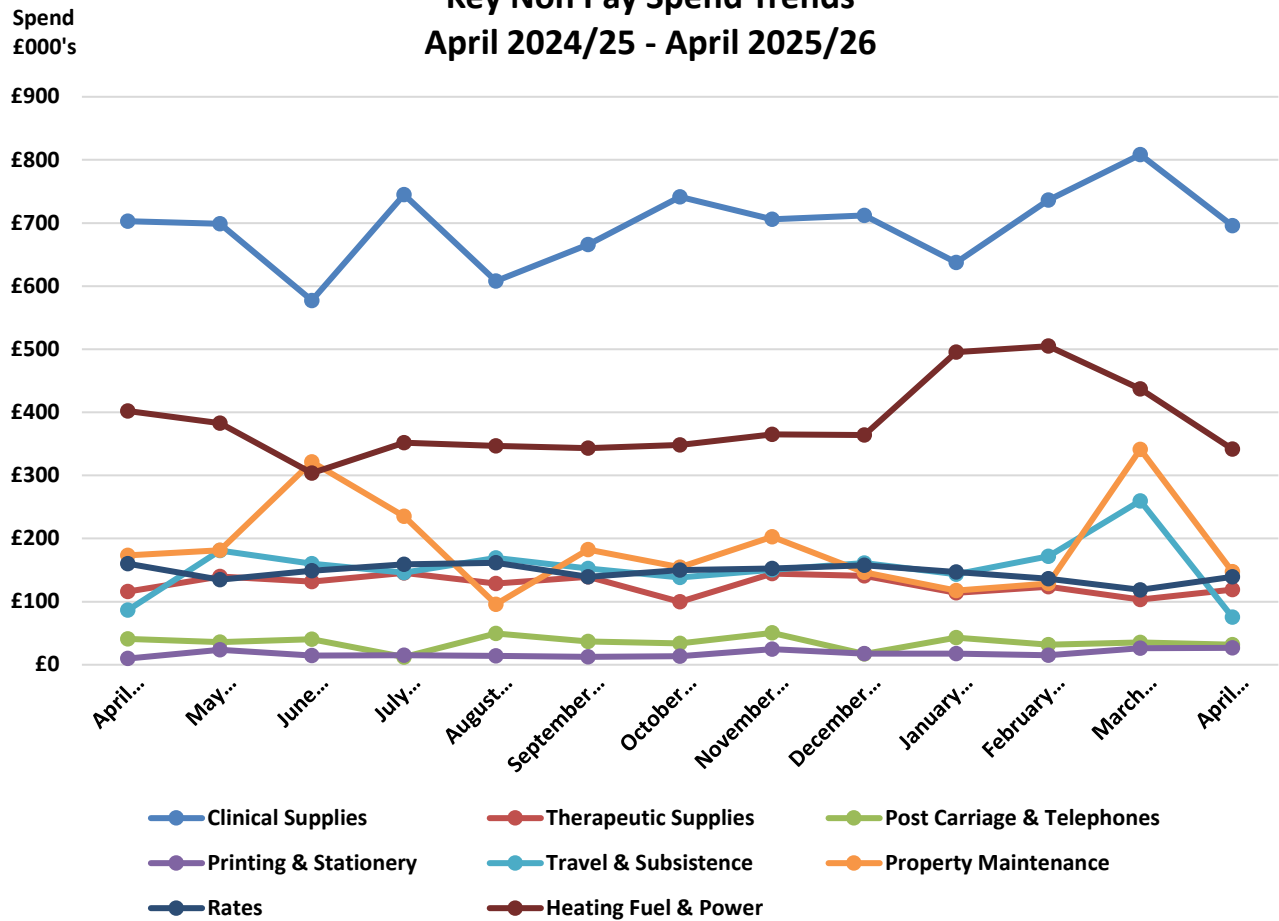
Income & Expenditure Analysis	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Pay					
Medical & Dental	42.78	42.87	3.14	3.26	(0.11)
Nursing & Midwifery	72.78	73.39	6.09	6.44	(0.35)
Other	69.66	73.20	6.19	6.06	0.13
Sub-total	185.22	189.46	15.43	15.76	(0.33)
Non Pay					
Independent Primary Care Services					
General Medical Services	22.94	22.84	1.90	1.87	0.03
Pharmaceutical Services	4.02	4.25	0.57	0.57	0.00
General Dental Services	5.75	6.17	0.89	0.99	(0.10)
General Ophthalmic Services	1.63	1.71	0.21	0.21	0.00
Sub-total	34.35	34.97	3.58	3.64	(0.07)
Drugs and medical supplies					
Prescribed drugs Primary Care	25.72	25.72	1.93	2.28	(0.35)
Prescribed drugs Secondary Care	14.10	16.74	1.39	1.71	(0.32)
Medical Supplies	7.31	7.30	0.61	0.81	(0.21)
Sub-total	47.13	49.76	3.93	4.80	(0.87)
Other health care expenditure					
Goods and services from other NHS Scotland bodies	34.27	35.08	3.00	3.03	(0.03)
Goods and services from other providers	5.45	5.57	0.46	0.67	(0.20)
Goods and services from voluntary organisations	0.17	0.18	0.01	0.01	0.00
Resource Transfer	2.81	2.87	0.24	0.23	0.00
Loss on disposal of assets	0.00	0.00	0.00	0.00	0.00
Other operating expenses	44.60	39.40	3.25	3.27	(0.02)
External Auditor - statutory audit fee & other services	0.00	0.00	0.00	0.02	(0.02)
Sub-total	87.30	83.09	6.96	7.23	(0.27)
Income Analysis					
Income from other NHS Scotland bodies	(6.39)	(6.52)	(0.17)	(0.15)	(0.02)
Income from NHS non-Scottish bodies	(2.73)	(2.79)	(0.23)	(0.21)	(0.02)
Income from private patients	(0.06)	(0.06)	(0.01)	0.00	(0.01)
Patient charges for primary care	(11.41)	(12.13)	(1.67)	(1.77)	0.10
Non NHS					
Overseas patients (non-reciprocal)	0.00	0.00	0.00	0.00	0.00
Other	(4.17)	(6.53)	(0.48)	(0.46)	(0.01)
Total Income	(24.76)	(28.04)	(2.56)	(2.60)	0.04
Net Total Expenditure	329.25	329.25	27.34	28.84	(1.50)

Appendix 2 - Key Cost Charts





Key Non Pay Spend Trends April 2024/25 - April 2025/26



NHS Borders



Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Clinical Governance Committee Minutes
Responsible Executive/Non-Executive:	Laura Jones, Director of Quality & Improvement
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 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 14 May 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 12.03.25

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



Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Wednesday 12 March 2025** at 10am via Microsoft Teams

Present

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

In Attendance

Miss D Laing, Clinical Governance & Quality (Minute)
Mrs L Jones, Director of Quality & Improvement
Mr O Bennett, Interim Director of Acute Services
Dr L McCallum, Medical Director
Dr S Bhatti, Director of Public Health
Dr O Herlihy, Associate Medical Director, Acute Services & Clinical Governance
Mr M Clubb, Director of Pharmacy
Mrs S Horan, Director of Nursing Midwifery and Allied Health Professionals
Mr P Grieve, Associate Director of Nursing, Chief Nurse Primary & Community Services
Mr P Williams, Associate Director of Nursing, Allied Health Professionals
Mrs E Dickson, Associate Director of Nursing/Head of Midwifery
Mrs K Guthrie, Associate Director of Midwifery & GM for Women & Children's Services
Mr J Campbell, Lead Nurse for Patient Safety and Care Assurance
Mr S Whiting, Infection Control Manager

1 Apologies and Announcements

Apologies were received from:

Mr P Moore, Chief Executive
Dr J Bennison, Associate Medical Director, Acute Services
Dr T Young, Associate Medical Director, Primary & Community Services
Dr A Cotton, Associate Medical Director, Mental Health Services
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities
Dr C Cochrane, Director of Psychological Services
Mrs H Campbell, Non-Executive Director
Dr K Buchan, Non-Executive Director

The Chair Announced:

Mrs H Campbell was unable to attend and will be stepping down as Non-Executive in 2025/26, the Committee noted they were sorry to see her go and thanked her for her extensive contributions over the last few of years and wished her well in future endeavours.

Mrs L Huckerby Interim Director of Acute Services, Dr K Buchan, Non-Executive Director and Dr T Young, AMD for Primary & Community Services had all stepped down.

The Chair welcomed:

Mr O Bennett, new Interim Director of Acute Services

Deputising for Mr P Lerpiniere as follows:

Mrs L Clark item 5.3a Mental Health Services update

Dr A Gentil item 5.3b Psychological Services update

Mrs R Gardiner item 5.4 Learning Disabilities Services

Mr A Bone for item 7.5 HAI Scribe

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
- 2.2 The **CLINICAL GOVERNANCE COMMITTEE** noted declarations of interest in relation to Cardiology waiting list

3 Minute of Previous Meeting

- 3.1 The minute of the previous meeting of the Clinical Governance Committee held on Wednesday 15 January 2025 was approved and adopted as holograph.

4 Matters Arising/Action Tracker

- 4.1.1 Matters Arising from the previous meeting were noted.
- 4.1.2 Action Tracker was updated accordingly.

5 Effectiveness

5.1 Clinical Board update PCS Services

- 5.1.1 Mr Grieve provided a brief overview of the report. Informing the Committee of progress of RAAC issue at the Knoll Mr Grieve noted exceptional efforts of the team secretary and CNM in arranging alternative accommodation and provision for both inpatients and outpatients with minimal disruption. The Committee joined him in commending the effort that went in to decanting patients at Knoll. Mr Grieve also noted the tendering for Duns Medical Group had been delayed.
- 5.1.2 He commented NHS Borders had been the highest performing mainland board in relation to the vaccination programme for flu and covid and 2nd highest for uptake of vaccinations in the under 18's.
- 5.1.3 The challenges relating to waiting times for paediatric inpatient dentistry remain and Community Nursing leadership position is precarious leaving Clinical Nurse

manager picking up responsibilities on an already stretched role. However there is a plan in place to review position.

- 5.1.4 District Nurse review relating to workforce balance had been undertaken, results will be reviewed in conjunction with National review of District Nursing qualification. It is hoped will help to reduce number of District staff leaving to take up Advances Nurse Practitioner roles. Mr Grieve informed the committee that challenges in Community Nursing were likely to be seen for several months. He highlighted the AHPs are leading way on care assurance approach and are working alongside colleagues towards a combined care assurance approach.
- 5.1.5 Previously Primary Care Clinical Board and Governance meetings had been amalgamated, however it was noted this was not working and they have decoupled the meetings again to ensure governance gets the attention and focus required.
- 5.1.6 There had been a noticeable reduction in length of stay within the Community hospitals and a consistent average caseload of 17 Hospital at Home patients per week. The Committee discussed learning from other boards to increase uptake of Hospital at Home any outcome will be reported back to the Committee in regular board updates.
- 5.1.7 The Chair noted the huge amount of work that had taken place in decanting patients from the Knoll and ensuring outpatient work continued with as little disruption as possible, and on behalf of the Committee thanked everyone involved.
- 5.1.8 Discussion took place relating to small efficiency changes that could be made across Primary Care and Secondary care following development of single sign off IV therapy policy. Clinical Governance & Quality team are looking at different examples from other boards to see if there are examples where NHS Borders could learn from.
- 5.1.9 Following a comment from Mrs Horan regarding looked after children there was discussion around corporate parenting of vulnerable children in the Borders. It was suggested this could be a discussion to be tabled at future meeting.
- 5.1.10 Mrs Jones enquired about the progress towards dental recovery plan and asked that we track progress within regular reporting for Committee assurance.
- 5.1.11 **ACTION: Table corporate parenting as part of PACS Board report to committee**
 Keep update on paediatric dental waiting lists in PACS report.
- 5.1.12 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Limited Assurance**

5.2 **Clinical Board update MH and Psychological Services**

- 5.2.1 Ms Clark provided a brief overview of the content of the Mental Health Report. Demand on services remain high. Self-assessment for Scottish Government was submitted and this highlighted several areas for improvement. The team are keen to have standards to work towards improvement of services. They are currently

auditing the quality of risks assessments, this work will support the implementation of core mental health standards and recommendations

- 5.2.2 Following Recent Group A strep infections in BSDU, the unit is happy to report no further cases and controlled measures remain in place.
- 5.2.3 Mental Health staff were involved in an FAI and findings will be reported back later in the year. Outcomes will be shared with the Committee as appropriate
- 5.2.4 Mental Welfare Commission visit to Huntlyburn took place and findings have been published. The reported noted very positive patient experiences. They highlighted five recommendations and the team are working towards creating an action plan.
- 5.2.5 Workforce risks had been highlighted with an expectancy that a large amount of staff will be due to retire in the next few years. Succession planning is being considered to alleviate the impact of the workforce changes. Ms Clark also commented sickness absence had increased and Medical workforce remained under pressure. AMD for mental health is updating the medical workforce plan but areas of concern remain.
- 5.2.6 Completed appraisals sat at 60% in February so focus is on the areas of low compliance to reach the 80% target by end of March.
- 5.2.7 Service reviews are ongoing with details noted in the appendices to the report. CAMHS highlight report at appendix 2 noted the service achieved 95% against the Scottish Government target of 90% which is a great achievement. There is no target set for neurodevelopmental disorders, long waits remain, it is hoped the service review will aid in improving pathways for this cohort.
- 5.2.8 There had been some concern over the change from the old adverse event recording system to InPhase reporting with a perception performance against risks would decrease. Mrs Jones gave an update on the change and acknowledged this would have an effect, however service are keeping a tight grip on the changes to performance.
- 5.2.9 Mrs Jones acknowledged the impact of FAI process on the family and staff involved, she recognised the professionalism, care and compassion the team showed during an extremely difficult time especially with all other pressures and demands on the service. The Committee are keen to keep a focus on the scope the teams provide and the increasing demands on the service.
- 5.2.10 Dr Bhatti commented on over medicalising our population and more could be done in terms of mental health to alleviate the pressures in the system, he had had conversations with AMD for mental health as part of the service redesign on this subject.
- 5.2.11 Discussion took place regarding targets set by Scottish Government and where there wasn't a specific target set were we able to set our own targets as an organisation. It was agreed local excellence is important and possibly a discussion around how this would look out with the meeting could be considered.

5.2.12 Dr Young noted his concerns on the impact of referrals to CAMHS being rejected and shift of workload and back into General Practice and the related risks.

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

5.2.14 Psychological Services Report

Dr Gentil provided a brief overview of the content of the Psychological Services section of report. He noted there had been a Governance Group set up within the service, it is hoped this will provide more robust assurance to the Committee. The group will consider local and national service objectives, staffing, PT service specifications and self-assessment and other governance related issues.

5.2.15 Currently PT services sit with Psychological services, however discussion is underway to ascertain whether a separate governance structure would be more beneficial. Changes in digital therapies had been implemented and they are working on a digital strategy that fits they service better. Dr Gentil gave a brief update on training and supervision modelling. The Committee welcomed the discussions on PT governance structure. Mr Williams will keep committee informed on that discussion.

5.2.16 It was noted that the service review is almost complete, stakeholder feedback was gained along with feedback from service user to advise the review. The outcomes will be reported back to the Committee once completed.

5.2.17 There are national workforce issues affecting the service with details included in the report.

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

5.3 Clinical Board update LD Services

5.3.1 Ms Gardiner provided a brief overview of the content of the report. Discussions with NHS Lothian are ongoing in relation to long term inpatient facilities at the Royal Edinburgh for one of our out of area placed patients. They are also discussing the availability and access to an emergency bed in the facility.

5.3.2 Ms Gardiner reported there had been the highest number of referrals for a single year, reinforcing the importance of the service. Access to accommodation and suitable facilities had resulted in delayed discharges. A short life working group had been set up to explore pathways which had been adapted and communication had been improved.

5.3.3 Lead Nurse in Borders had developed a mortality review tool which had been shared with other boards, the LD service are committed to carrying out mortality reviews which will be shared with the Committee. Mr Grieve noted he would be interested to see more detail in LD report relating to the reviews and learning from them.

5.3.4 ACTION: Share learning from mortality reviews in subsequent reporting.

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

5.4 Clinical Board update Acute Services

- 5.4.1 Mrs Dickson provided a brief overview of the report. She noted significant pressures remained, with unfunded surge beds continuing to be used which has a knock on effect on ED with long waits still being seen. Acute Assessment unit is now open with GP expects being streamed through there rather than ED, the service is looking to expand access to this unit. The Chair requested an update on AAU in next report.
- 5.4.2 Mrs Dickson commented on key challenges being seen in stroke unit, however, did not elaborate as full annual stroke report is due at next committee meeting. The challenges are largely around staffing standards for unit, recruitment in this area is ongoing. Dr McCallum suggested the possibility of a task and finish group to look at stroke standards, further discussion took place around the initiatives both in primary and secondary care in relation to supporting and improving stroke services.
- 5.4.3 The paper outlined a number of challenges across several services and teams are looking their demand and capacity and exploring different ways of working around these to be able to safely deliver services.
- 5.4.4 Medical workforce vacancies remain an issue and funding for Radiology is expected soon. Sickness absence although an issue remains below national average with a reduction being seen last month. Themes for absence will be taken into account and conversations taking place on whether further support for staff is required.
- 5.4.5 Excellence in care programme continues despite pressures, the scald incident noted in the report has been under scrutiny from HSE they have taken statements and are planning a return visit.
- 5.4.6 Mrs Dickson informed the Committee our local hip fracture team had been awarded the Golden Hip by the Scottish Fracture Audit Group for best performing Health Board in Scotland for patients with hip fracture.
- 5.4.7 The Chair made enquiry about progress of improvement at front door since recruitment of new ED Consultant, no progress had been seen as yet, it was recognised there was a significant amount of work to be done, Mrs Dickson will keep Committee updated. She also requested that the Committee be kept updated on the progress towards filling Cardiology Consultant post. Dr McCallum agreed to have a discussion with The Chair and Mrs Dickson out with meeting regarding the various medical staffing issues.
- 5.4.8 Mrs Guthrie gave an update on Obstetrics & Gynaecology perspective, discussions with Lothian continue in relation to workforce and provision of additional sessions to address long waits, this is also being discussed at a regional level. Mrs Guthrie

will keep the Committee informed. Dr McCallum requested an additional paper to come to a subsequent Committee.

**5.4.9 ACTION: update on AAU position in acute paper
paper regarding Obs & Gynae position to subsequent meeting**

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

6 Assurance

6.1 Children's Services Network Annual Report

6.1.1 Kirsteen provided a brief overview of the content of the report. She commented that there had been some difficulties with the service due to long terms sickness of senior staff but KPIs had progressed regardless. There had been the Launch of Bear Care opinion across all services allowing children to feedback their experiences directly, this had been added to discharge letter and utilised well.

6.1.2 Trauma informed workforce across the organisation and within Women & Children's services. Meetings with Psychology have been arranged and Mrs Guthrie will keep Committee informed.

6.1.3 Child poverty and obesity had been a focus of the work in the service to ensure staff are providing financial inclusion referrals to families along with using the young patient family fund. Numbers are noted with in the paper for information.

6.1.4 Mrs Guthrie highlighted Breast feeding attrition rates had increase and health visiting, maternity and neonate services had maintained sustainability.

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

6.2 Child Death Review Annual Report

6.2.1 Kirsteen provided a brief overview of the content of the report. She commented that as this is a new report they were unable to provide data that would show improvement. She did comment that there had been an increase from the previous year although the numbers remain low. Any data which will provide themes will be provided once they have any quantitative data to show.

6.2.2 A multi-agency approach is applied to any child death reviews this is working well, and will continue as required. SOPs and guidance had been developed to support and formalise these reviews including a procedure for 16 and 17 year olds which had not previously been done in NHS Borders.

6.2.3 Discussion followed regarding various anomalies on reporting and investigating child deaths in relation to resident families whose child may die out with the country and if this a significant issue for Scotland. Mrs Jones commented that this may be something for one of the National groups to address.

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

6.3 Mortality Annual Review

- 6.3.1 Dr Herlihy talked to the report giving an update on mortality rates. More deaths are being seen per month both under and over 30 days. There also appears to be a proportional increase in deaths in the community. Discussion followed relating to the factors implicated in deaths in hospital including increased lengths of stay. Deaths in surgical wards had increased but mainly attributed to medical boarders. Percentage of deaths over last 4 years however had remained fairly consistent.
- 6.3.2 Difficulties in more comprehensive reporting remain around communication and poor documentation in medical records. Dr Herlihy commented on ensuring work continues on providing person centred care approach, using advanced care plans, not over testing, providing integrated pathways for allowing patients to be managed at home rather than dying in hospital.
- 6.3.3 The increase in deaths over 30 days were being audited to see if there is any learning to be gained. The plan is to meet with teams and specialty areas to look at their own mortalities and conduct team based structured reviews.
- 6.3.4 Mr Bennet enquired about performance against the rest of Scotland which is not provided in the Mortality report. Mrs Jones noted that the comparisons to other boards are noted in the Hospital Standardised Mortality Review report which comes to the Committee, this had been showing NHS Borders are not outliers. Using both reports it appears that mortality in general in the Borders remain stable and the trend we are seeing is more people are dying in hospital setting rather than at home as seen previously.
- 6.3.5 Discussion took place in relation to factors contributing to the increase in deaths in hospital setting. It is expected that there is a correlation between increased length of stay and delayed discharges. What we are not able to ascertain is if waiting for care is a contributory factor which is something being considered by IJB. The Chief Officer for SBHSCP had asked for some data to identify where this may be an issue.
- 6.3.6 Dr Bhatti commented that consideration should be given to deaths taking place with patients being managed in the 'Hospital at Home' setting to allow for a greater degree of scrutiny.
- 6.3.7 Mr Clubb asked for more clarity on medications management being contributory, Dr Herlihy gave an overview on what was being seen.
- 6.3.8 Mrs Jones informed the committee that we do mortality reviews as part of best practice which came from the Scottish patient Safety programme, these reviews are not a requirement but it does help highlight care & safety issues that can be addressed in order to help inform and develop services. This is done within a very limited staffing resource, there are more bespoke audit pieces that could be considered and built in to our audit plans for 25/26.

6.3.10 ACTION: Discuss audit work required to inform the mortality profile

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

7 Patient Safety

7.1 Infection Control update

- 7.1.1 Mr Whiting provided a brief overview of the report and updated the Committee on three areas of report for clarity and assurance. The increase in Healthcare Associated SABs appeared significant however numbers in January and February are low, review are taking place but due to current capacity challenges this is taking longer than normal. The high numbers seen in December had not been sustained.
- 7.1.2 Numbers of SSI's being reported had reduced and work is ongoing with CSM on a more robust surveillance process for better confidence that cases being reported are actual infections.
- 7.1.3 CAUTI group are doing targeted actions which had highlighted further work was required for a more systemic approach to urinary catheter usage. Mr Grieve was drafting an SBAR to go to the various Clinical Governance Boards to escalate concerns and recommend a way forward, he will note progress in future reporting to the Committee. Discussion followed relating to support for work towards better adherence to NHS Borders Policy for Adult Urinary Catheterisation.
- 7.1.4 The Committee agreed that the theme of non-adherence to various policies was an issue and are keen to support any work to address this issue. They are keen to have a regular update on this work going forward.
- 7.1.5 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

7.2 Strategic Risks – Whole System Flow - taken out of sequence

- 7.2.1 Mr Bennett provided an overview of the report, noting length of stay relating to harm, focus should be on ensuring patients are seen by right services. Dr McCallum taking part in National Scottish Discharge without delay collaborative which comes with IT support and tools to address challenges. A significant shift in number of delays was seen and a number of strands of flow improvement work were ongoing supported by BET, noting a priority to de-escalate Border's view.
- 7.2.2 Discussion took place relating to occupied bed days and positive shift in data, delays are still noted but length of stay appears shorter. Information on social work pathways would be useful to better understand where delays are happening. Adherence to policy is a key issue and requires further work. Mr Bennett will look at total number of bed days lost metric going forward.
- 7.2.3 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Limited Assurance**

Mrs Livesey left meeting at 12:30 therefore meeting no longer quorate.

7.3 Patient Safety Programme Annual Update - taken out of sequence

- 7.3.1 Mrs J Campbell gave the Committee a brief outline of the report and Patient safety programme key workstreams.
 - 7.3.2 Work continues on local priorities relating to NHS Paediatric collaborative focus on Paediatric Early Warning scores (PEWS). There had been a concerning decrease on accuracy recorded within the service most likely due to an exercise to fully understanding the system rather than being driven by harm. This exercise enabled development of improvement priorities plan.
 - 7.3.3 NHS Borders' maternity services recently hosted a site visit from the National Scottish Patient Safety team which gave them a chance to share local initiatives and learn from other boards
 - 7.3.4 Emergency Department and Mental Health continue to develop their quality measures to include in the monthly senior charge nurse scorecards.
 - 7.3.5 Recently developed Excellence in Care quality of care guidance published in September 2024 aims to provide care assurance structure by applying quality management system approach, guidance has been tested across inpatient areas. An annual quality care review is being considered.
 - 7.3.6 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**
-

7.4 Adverse Event Overview – taken out of sequence

- 7.4.1 Mrs J Campbell provided a brief overview of the content of the report, noting NHS Borders adverse event policy is aligned with the recently launched 50th edition of National Framework. The framework allows a consistent coordinated response to adverse events.
- 7.4.2 Discussions had been taking place Nationally to review significant adverse event timelines, the new framework had not however, deviated from these but concerns and challenges to meet timelines had been highlighted to the National team
- 7.4.3 Mrs J Campbell shared how adverse event process aligned with the complaints process to provide assurance there is robust processes in place. Mrs Jones confirmed there were significant programmes of work across the organisation to proactively prevent harm.
- 7.4.4 Discussion followed regarding the increase in reliance from other agencies relating to significant adverse events, in particular death reviews in the community which was not the intended purpose of SAER's. Mrs Jones noted the complexities involved which highlighted unrealistic timeline for completion of reviews. She stated NHS Borders aim to deliver a robust human factor focussed review system.

- 7.4.5 Dr McCallum commented on the importance of SAER citing recent FAI and decision to move to FAI, she also noted a number of claims where reviews have informed decision to claim. The purpose of reviews is to learn from outcomes and there is concern that clinical engagement and learning from reviews may be lost due to the National expectation to use reviews as a tool for claims and FAIs leading to losing the learning aspect for the organisation.
- 7.4.6 Following a comment from Dr Bhatti further discussion about capturing primary care events in the same way. Mrs Jones noted independent practitioners have their own processes to review significant events, they are encouraged to share interface issues with secondary care.
- 7.4.7 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Significant Assurance**

7.5 Environmental Risks – HAI Scribe Action Plan

- 7.5.1 Mr Bone gave a brief overview of the background of HAI scribe tool's purpose. The system is covered by National Guidelines to which the organisation is expected to comply with. An audit was undertaken in October 2023 and twelve individual recommendations were made. An action plan was put together, 27 actions were identified. Mr Bone noted 23 had been completed. It is expected the remaining four actions owned by Head of Estates will be completed by end of April.
- 7.5.3 Details of the remaining actions on development and implementation of standard operating procedures relating to HAI scribe were shared with Committee.
- 7.3.4 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and in Mrs Livesey's absence confirmed **Moderate Assurance**

8 Any Other Business

- 8.1 **Public Health Annual Update** – The Public Health Paper was not submitted so 2024/25 Committee Business was incomplete. An update will be tabled for May's meeting. Dr Bhatti gave a brief verbal overview.

9 Items for Noting

- 9.1 **Early Supported Discharge Summary**
Resource and Performance Committee were looking for detailed analysis relating to length of stay. Mrs Jones shared the Early Supported Discharge summary and noted there had been work on examining each pathway. She gave a brief overview of what this work entailed. Fuller details will come back to the Committee on conclusion of this work.
- 9.2 **Draft Annual Report** – will be updated with details of today's meeting and signed off by Committee Chair prior to submission to the Board.
- 9.3 **Updated Terms of Reference** – Approved and noted
- 9.4 **Minutes of other Committees/Groups** – Noted

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 14 May 2025** at **10am** via Teams Call.

The meeting concluded at 12:50

Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Quality & Clinical Governance Report - May 2025
Responsible Executive/Non Executive	Laura Jones - Director of Quality and Improvement
Report Author (s):	Julie Campbell - Lead Nurse for Patient Safety and Care Assurance Justin Wilson - Quality Improvement facilitator - Clinical Effectiveness Susan Hogg - Patient Experience Coordinator Susan Cowe - Senior Project Officer - Covid 19 Inquiries Joy Dawson - Research Governance Manager

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 pressures on services as they work towards reducing waiting times in planned care services and delays across the unscheduled care system. Demand for services remains intense and is exacerbated in areas by workforce and financial challenges, across the health and social care system.

2.3 Assessment

2.3.1 Clinical Effectiveness

The Board CGC met on the 14 May 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 Mental Health Services. It was raised to the committee that the data quality from the EMIS system is poor but that improvements are being explored. The committee noted that collaboration with the Mental Welfare Commission during the care planning process is being undertaken to enhance person-centred care. It was highlighted to the committee that the Borders Addiction Service have been recognised as national leaders providing strong trauma-informed care. The committee were pleased to note that there are reduced waiting lists for the Community Mental Health Teams, with a consultant nurse being successfully recruited. There are still concerns surrounding medical staffing. The committee noted that there is active collaboration with the Scottish Government team considering suicide prevention. The committee welcomed the update that CAMHS are meeting HEAT targets but acknowledge that vulnerabilities remain. The committee requested a further investigation into CAHMS risks. It was highlighted to the committee that the Borders Specialist Dementia Unit had had a nine-hour power outage, this was managed well but the committee noted there were learning points to improve the service's business continuity. The committee noted that there has been high spend on locums but acknowledged that there are efforts ongoing to attract permanent consultants. There was no representative present from psychological services and no concerns were raised by the committee. The committee took **limited assurance** from the Mental Health report and **moderate assurance** from psychological services.

- 2.3.3 The CGC received a report from Learning Disability Services. The committee noted that there had been progress in relocating individuals to local care as part of the coming home programme. The committee were pleased to note that the mortality review tool is being used to inform local and national learning. The committee acknowledged that despite the limited resources for annual health checks that these were still being delivered and recognised the significant work of the learning disability nursing team in this area. The committee were concerned to hear about funding risks surrounding transition support and single points of failure in the system. The committee took **moderate assurance** from the report.

- 2.3.4 The CGC received a report on Acute Services. The committee were concerned to hear that emergency access was below target at 64.7% rather than 75% but noted that an AAU trial is underway which may improve this performance. Concerns were raised to the committee surrounding poor audit results for stroke care with a single consultant in post, but the committee noted that an improvement plan was in development. The committee acknowledged that CT and urgent scans are taking place in a timely manner but noted that there have been delays in ultrasounds. The committee were pleased to note that there has been a reduction in long waits for planned care with elective activity up 5.5%. Concerns were raised to the committee surrounding Prostate Cancer Services, the committee noted that a task force and an improvement plan were both in progress. The committee recognised that consultant recruitment continues to be a major risk within the Acute Services for particular specialties and noted that a paper will be brought to the board covering this. The committee took **limited assurance** from the report recognising the plans in place to mitigate risk but the remaining significant pressure in the acute system.
- 2.3.5 The CGC received a report on Primary & Community Services. The committee noted that there are current gaps within the leadership of Primary and Community Services with vacancies in medical leadership roles within the district nursing leadership team. Work is underway to recruit to these vacancies. The committee were advised of a forthcoming risk in relation to provision of Orthotics services, while outsourced this is a fragile single handed service and the management team are working on plans to try and secure effective cover during the planned absence. The committee noted that there had been a surge in referrals to the Speech and Language Therapy Team and that there were currently long waits for children's services. The committee requested additional information on the plans to mitigate this risk recognising the impact of prolonged waits on young people. The CGC have previously requested work to review the Allied Health Professions plans to mitigate risk relating to workforce gaps. The committee advised this work is underway and will be brought back to the Board. The committee were pleased to note that there has been cross-service learning from both complaints and care assurances. The committee took **limited assurance** from the report.
- 2.3.6 The CGC considered the Stroke Services Annual Report. The committee recognised that performance in regards to admission to the stroke unit and thrombolysis times are poor. The committee recognise the impact of wider delays across the health and social care system and the impact this continues to have on timely access to specialist beds. They also noted that rehabilitation services are lacking but were pleased to note that an early supported discharge model has been proposed. The committee also acknowledged that there is currently a consultant vacancy but that the outreach nurse role has been expanded. It was highlighted to the committee that a new stroke team is being redesigned with support from Chest, Heart & Stroke Scotland. It was confirmed to the committee that pathway mapping is to be undertaken with the national team and that there has been a proposal for a protected stroke bed. The committee noted the report and the improvement plan set out but remain concerned about progress in this area agreeing a position of **limited assurance**.
- 2.3.7 The CGC received the Value Based Health and Care Annual assurance report. The committee welcomed the progress in embedding a Values Based Health and Care approach within the clinical and professional development approach and within the approach to delivering outpatient consultations. The committee acknowledged the limited

resources available to expand the focus of this agenda but were assured by the level of work underway and its integration within key local workstreams. The committee took **significant assurance** from the report.

- 2.3.8 The CGC considered the Hospital Standardised Mortality Ratio (HSMR) report. The committee noted that the HSMR remains within normal limits on the NHS Scotland funnel plot. The committee also noted that the crude mortality rate tracks above the NHS Scotland rate at a consistent level reflecting the inclusions of deaths within the palliative care unit within the acute hospital data. The committee noted the report and took **moderate assurance** from the report recognising that the committee have previously noted through the mortality review report that more can be done to ensure patients are able to die at home in the community as opposed to in a hospital setting.
- 2.3.9 The CGC considered the Patient Feedback report. The committee acknowledged the continued elevated demand being experienced by the patient experience team and resulting impact on the wait for complaints responses. The committee were pleased to note that stories posted on Care Opinion about care within NHS Borders had been predominantly positive. The committee noted the report and welcomed the progress in this area but took **limited assurance** recognising the significant strain on services to respond given the level of demand.
- 2.3.10 The CGC noted the update from Public Health on the Community planning partnerships activity. The paper outlined how the service was aiming to co-ordinate their activities and devise a strategy for the organisation, the committee were keen that some of the activities in this area have wider viability across other committees of the Board.

2.3.11 Patient Safety and Care Assurance

2.3.12 Adverse Events:

Figure 1 shows all NHS Borders reported adverse events for the period January 2020 to May 2025:

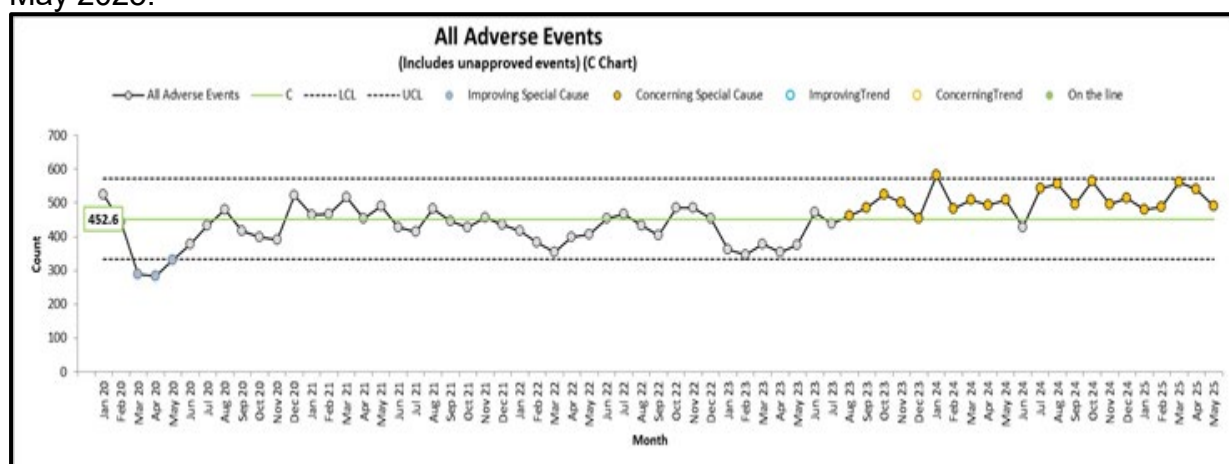


Figure 1: Adverse Events – NHS Borders

2.3.13 Table 1 outlines the number of Significant Adverse Event Reviews (SAERs) currently commissioned across all NHS Borders services:

Overall SAER Summary	Unscheduled Care	Planned Care & Commissioning	Women's & Children's Services	Child Death Review	Mental Health	Drug Death Review	Primary & Community Services
Level 1 SAER	5	3	8	1	8	6	0
Level 2 Management Review	1	0	0	0	3	n/a	0
Level 2 Fall Review	1	0	0	0	0	n/a	0
Level 2 Pressure Ulcer Investigation Tool	0	0	0	0	0	n/a	3
Other	0	3	0	2	0	n/a	0
Awaiting Review Decision	1	0	0	0	1	n/a	0
Total	8	6	8	3	12	6	3

2.3.14 Since the introduction of InPhase (adverse event digital system), the Learning and Improvement Standard Operating Procedure (SOP) has been updated to support and align with the new adverse event management system. This update has been communicated to administrative support teams responsible for organising Task and Finish Groups following the completion of SAERs. This is to ensure that recommendations are actioned and that responsible clinicians are assigned tasks through InPhase.

2.3.15 The National Framework for Reviewing and Learning from Adverse Events in NHS Scotland was published in February 2025 by Healthcare Improvement Scotland (HIS). The NHS Borders Adverse Event Management Policy is now being reviewed in 2025 to reflect changes in the national guidance.

2.3.16 Deteriorating Patient

Figure 2 shows the Cardiac Arrest (CA) rate for the Borders General Hospital (BGH) showing normal variation:

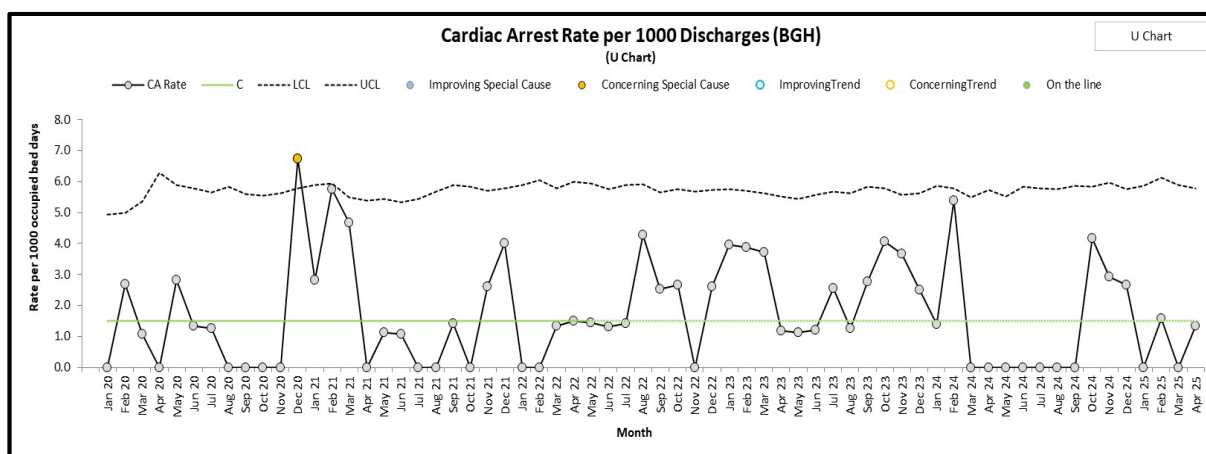


Figure 2: Cardiac Arrest Rate – Borders General Hospital (BGH)

2.3.17 All CAs are reviewed against an agreed proforma. Following completion, these are be discussed at the Resuscitation Committee to consider themes, trends, learning and any required actions.

2.3.18 Following recommendations from a recent SAER where errors were identified in the clinical observation of respiratory rate the Deteriorating Patient (DP) Group held a workshop in April 2025 to review the NHS Borders approach to recognition and response to deterioration. Participants of the workshop agreed to some amendments to our National Early Warning Score 2 (NEWS2) to strengthen the local approach.

2.3.19 The workshop also asked participants to consider spread of the escalation board, which is currently being tested in Ward 5. The board aims to provide a visual management system to inform staff how to appropriately escalate deterioration. This will now be spread across inpatient areas.

2.3.20 Falls

Figure 4 shows normal variation on NHS Borders fall rate per 1000 occupied bed days (OBD) across acute adult inpatient areas. The NHS Borders falls rate sits above the average for NHS Scotland which is not case mix adjusted for age and case mix:

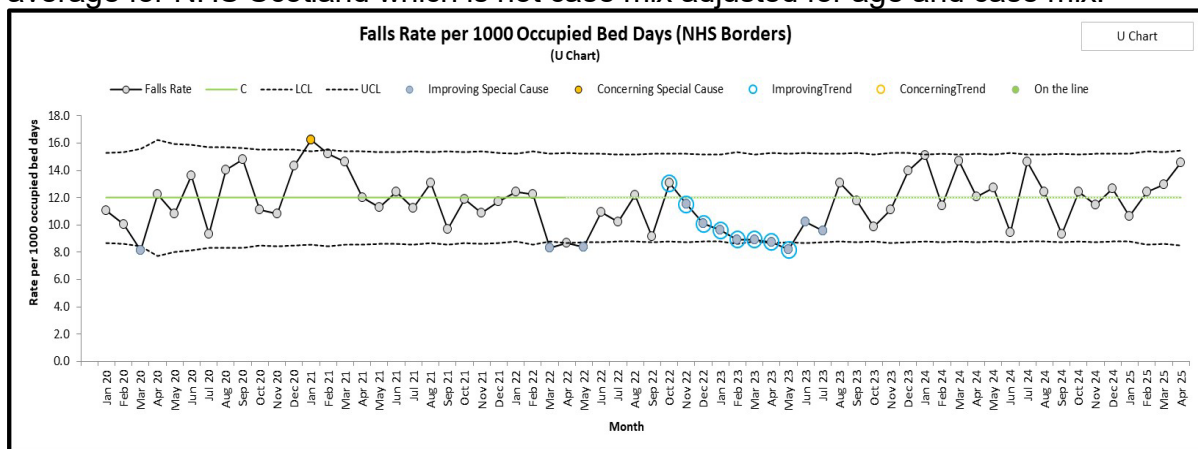


Figure 4: Falls Rate – NHS Borders

Figure 5 shows Special Cause with falls with harm per 1000 OBDs in NHS Borders:

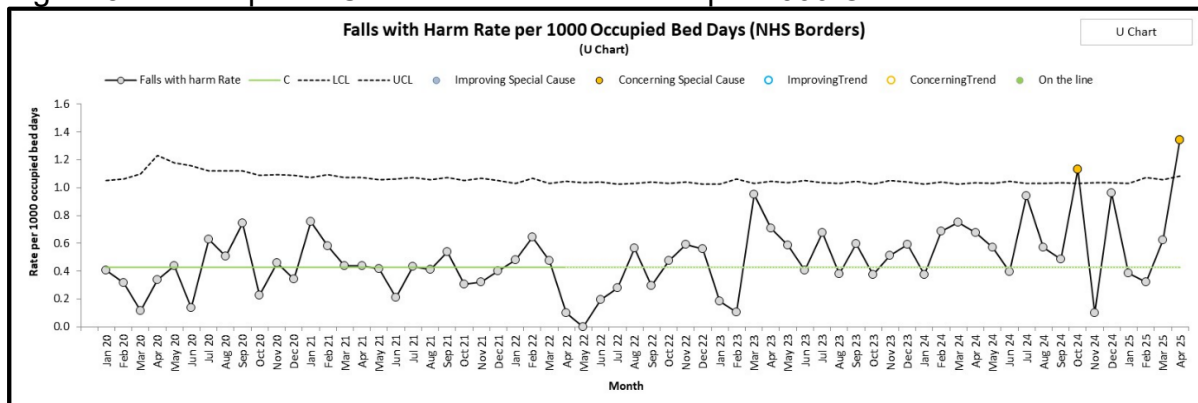


Figure 5: Falls with Harm Rate – NHS Borders

2.3.21 Special cause identified in April 2025 relates to three moderate and three major falls across 4 inpatient areas. On the basis of falls reviews for the major cases some improvement actions have been put in place including:

- Educational input regarding risk assessment and documentation
- Testing of a Safe Care Pause to improve situational awareness
- Revision to the NHS Borders post fall assessment sticker to support staff in accurately documenting falls

2.3.22 Pressure Damage

Figure 8 shows the rate per 1000 OBDs of developed pressure ulcers Grade 2 and above rate across NHS Borders showing normal variation:

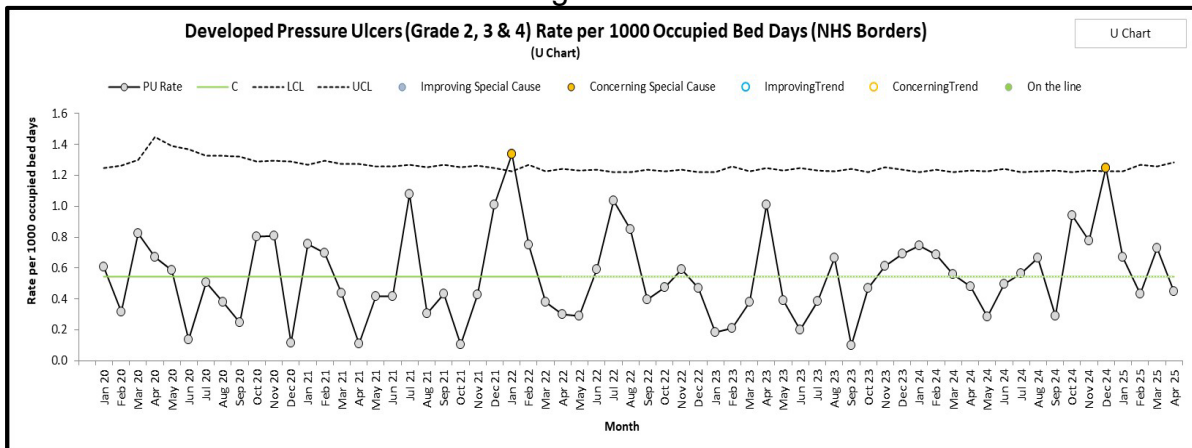


Figure 8: Developed Pressure Ulcer – NHS Borders

2.3.23 A comprehensive mattress audit was undertaken across acute inpatient areas in the BGH in May 2025. The findings confirmed the need to replace 105 full mattresses. In alignment with the improvement plan to reduce avoidable developed pressure ulcer incidents within NHS Borders, several static equipment models were upgraded to Premier Active hybrid models. These actions have significantly enhanced equipment standards, supporting both Tissue Viability and Infection Control. Next steps are to complete the mattress audit in all Community Hospital's.

2.3.24 Food, Fluid and Nutrition

Ongoing development of the Enhanced Oral Mouth Care Guidelines are underway, the Margaret Kerr Unit (MKU) are currently testing small headed toothbrushes with longer handles. Feeding at risk Protocol continues to be in development. The Quality Improvement Facilitator for Patient Safety has completed an action to streamline all 'Nil by Mouth' and 'Fasting' signage across NHS Borders.

2.3.25 Excellence in Care (EiC) Quality of Care (QoC) Review Guidance

The Lead Nurse for Patient Safety and Care Assurance is in collaboration with peers to discuss NHS Borders' Care Assurance System and Delivery Programme, in line with national guidance. The first approach is focused on Acute Adult Inpatient areas, and aims to offer a process which, when implemented, provides assurance that patients in receipt of care receive a high standard of care.

2.3.26 It is recognised that the programme delivery will alter depending on the service performing the care assurance exercise i.e. implementation across Mental Health (MH), Learning Disabilities and Community Teams will look different. Therefore, further work is required to ensure that appropriate methods are applied to individual teams and the future development of the delivery programme. This work is planned out throughout 2025/26.

2.3.27 A Quality of Care (QoC) Review was commissioned in Ward 7 and took place on the 6 May 2025. A final report has been shared with the service and plans are in place to ensure that a robust learning and improvement action plan is designed by the Senior Charge Nurse (SCN) and reviewed on a regular basis, focused on areas of assurance.

2.3.28 An annual QoC programme will be developed to include a maximum of five areas across Acute Adult Inpatient areas. These will include three that are pre-planned, expected QoC reviews and an additional two areas for flexibility. A QoC review can be commissioned

by medical, nursing, midwifery and allied health professional directors and associate directors or by the Director of Quality and Improvement and Lead Nurse for Patient Safety and Care Assurance.

2.3.29 Since December 2024 there have been three full QoC reviews completed across Acute Adult Inpatient areas; Ward 14, the Medical Assessment Unit (MAU) and Ward 7.

2.3.30 Hospital Mortality

NHS Borders HSMR for the 24th data release under the new methodology is 1.16. This figure covers the period January 2024 to December 2024 and is based on 623 observed deaths divided by 538 predicted deaths. The funnel plot in Figure 9 shows NHS Borders HSMR remains within normal limits based on the single HSMR figure for this period therefore is not a trigger for further investigation:

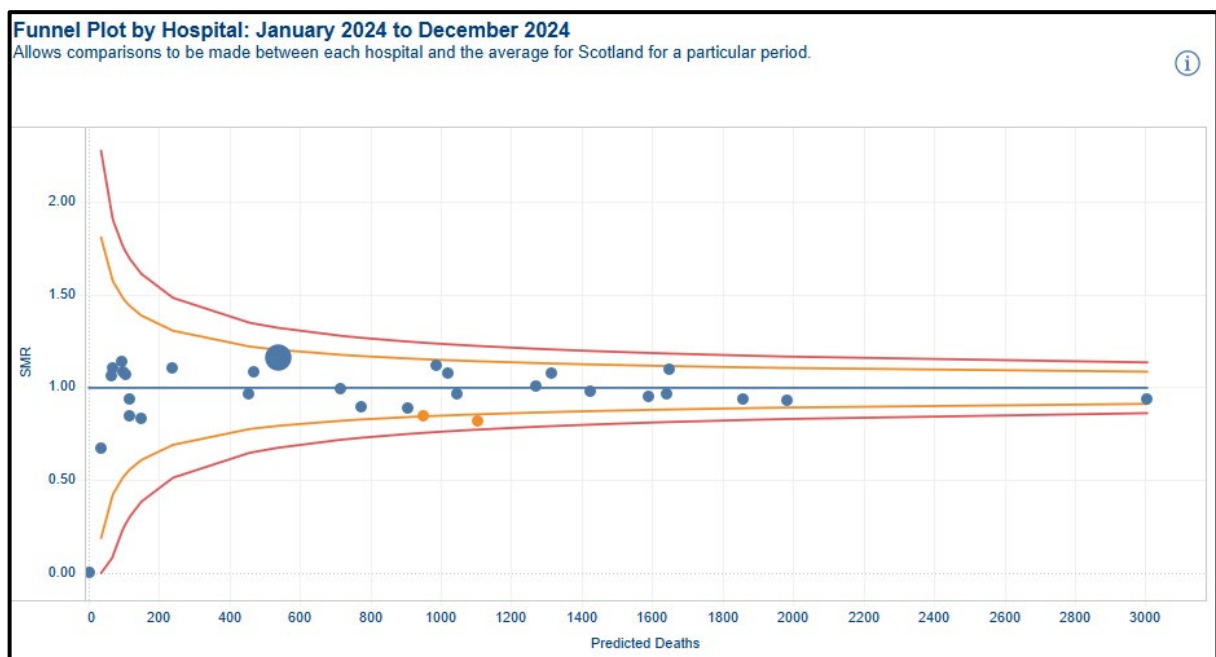


Figure 9 *Contains deaths in the Margaret Kerr Palliative Care Unit

2.3.31 NHS Borders crude mortality rate for quarter October 2024 to December 2024 was 4.6% and is presented in Figure 10 below:

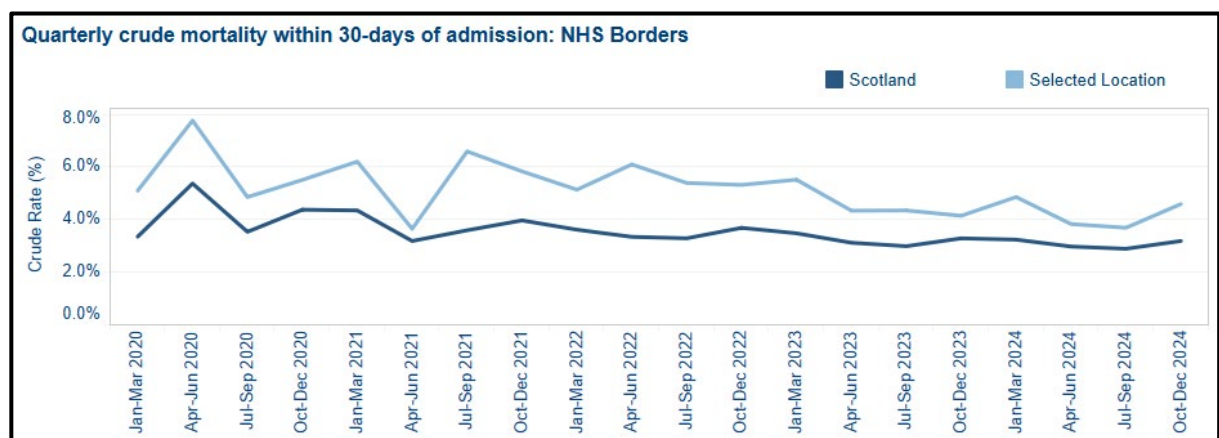


Figure 10 *Contains deaths in the Margaret Kerr Palliative Care Unit

2.3.32 No adjustments are made to crude mortality for local demographics. It is calculated by dividing the number of deaths within 30 days of admission to the BGH by the total

number of admissions over the same period. This is then multiplied by 100 to give a percentage crude mortality rate.

2.3.33 Figure 11 details the COVID 19 deaths which have occurred since the start of the COVID 19 pandemic in March 2020 up to 4 May 2025:

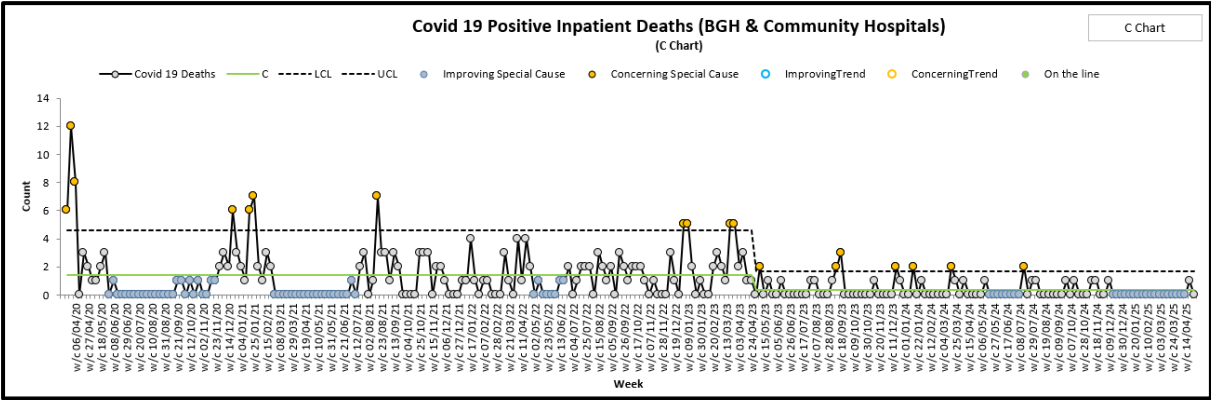


Figure 11 *From 07/05/2023 patients are counted as Covid positive for 10 days after a positive test. Prior to this, patients were counted as covid positive for 28 days after a positive test.

2.3.34 Patient Experience

2.3.35 Care Opinion

For the period 1 April 2024 to 30 April 2025 238 new stories were posted about NHS Borders on Care Opinion. Figures 12 and 13 below show the number of stories told in that period. As of 01 March 2025, 238 stories had been viewed 33,347 times:

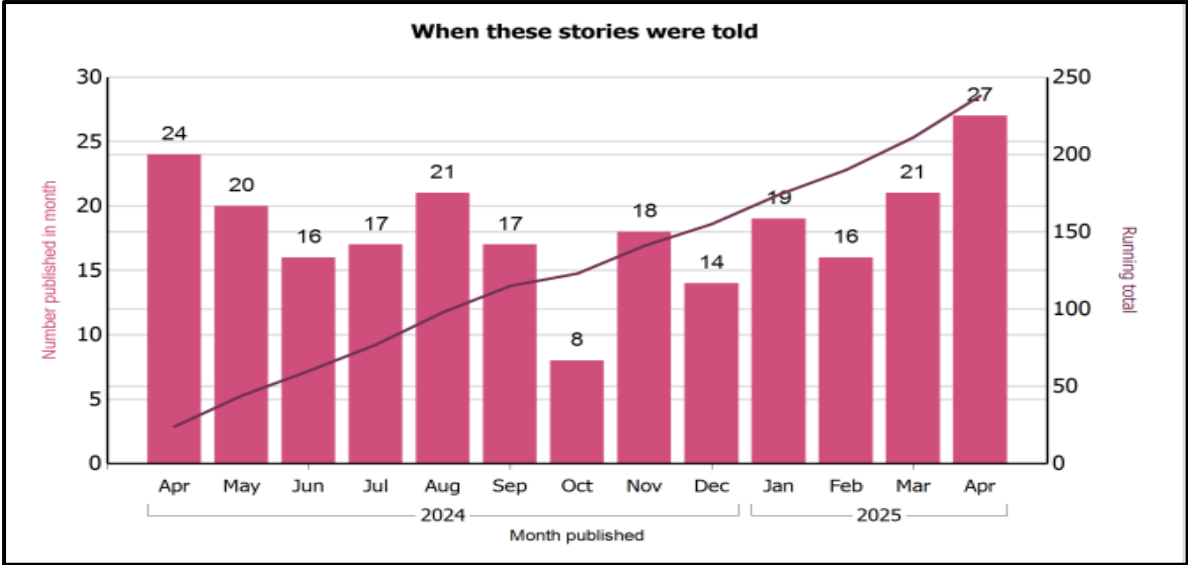


Figure 12: Care Opinion – NHS Borders

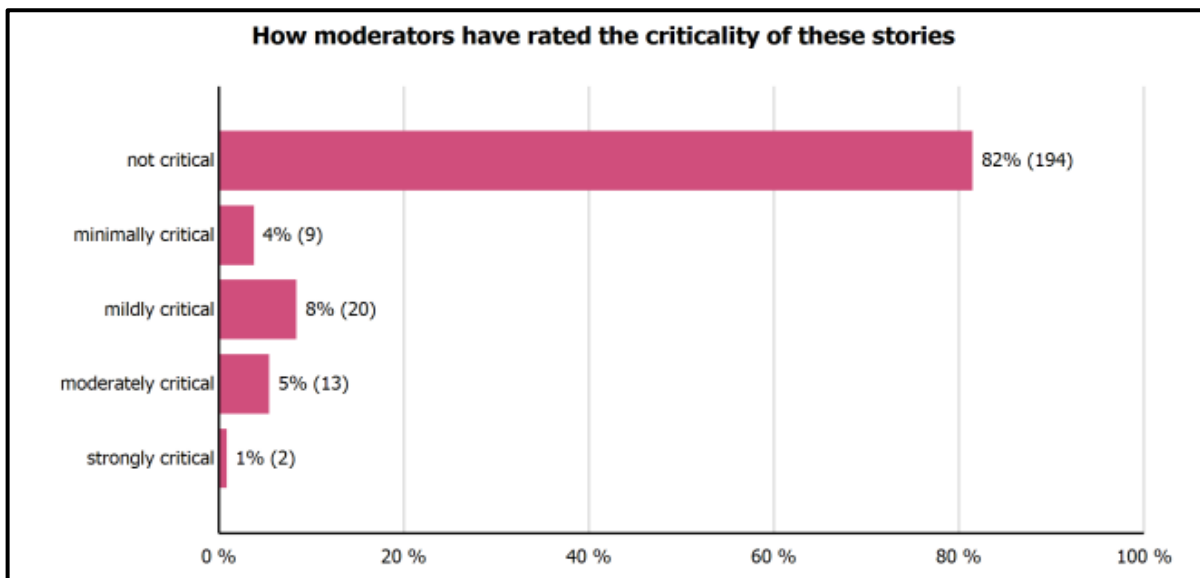


Figure 13: Criticality of Care Opinion stories – NHS Borders

2.3.36 The word cloud displayed in Figure 14 summarises ‘what was good’ as detailed in Care Opinion posts for this period:

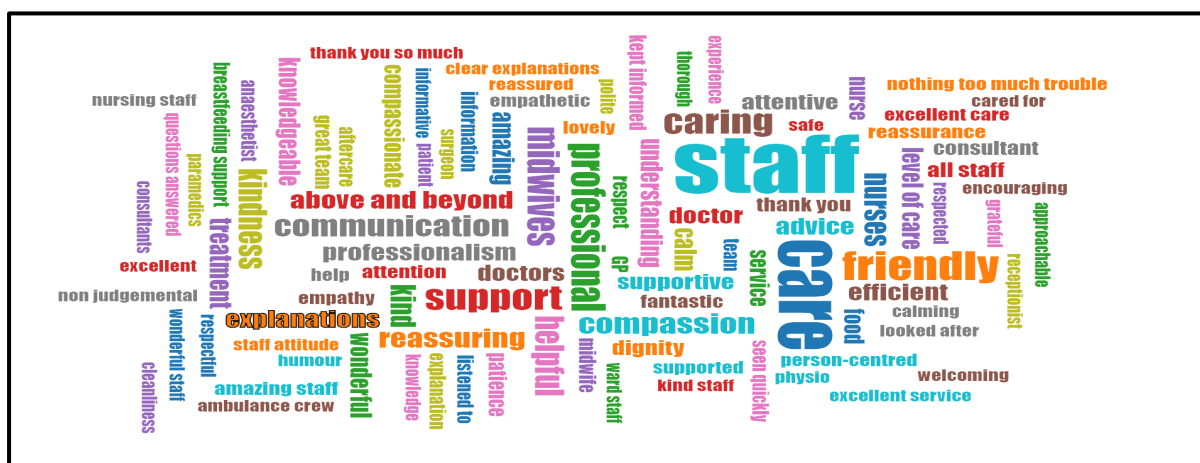


Figure 14: What was good – Care Opinion

2.3.37 The larger the font in the word visualisation above reflects the number of times this word was used in a Care Opinion post. Please note below in summary the descriptive word(s) which were used the most to describe what the poster felt was good:

staff, care, helpful, friendly, professional

2.3.38 The word cloud displayed in Figure 15 summarises ‘what could be improved’ as detailed in Care Opinion posts for this period:



Figure 15: What could be improved – Care Opinion

2.3.39 Again, the larger the font in the word visualisation above reflects the number of times this word was used in a Care Opinion post. Please note below the descriptive word(s) which were used the most to describe what the poster felt could be improved, which reflect the most common themes generated from complaints:

communication, staff attitude, waiting times, information, empathy

2.3.40 Complaints

Figure 16 shows the number of formal complaints received by month until April 2025.

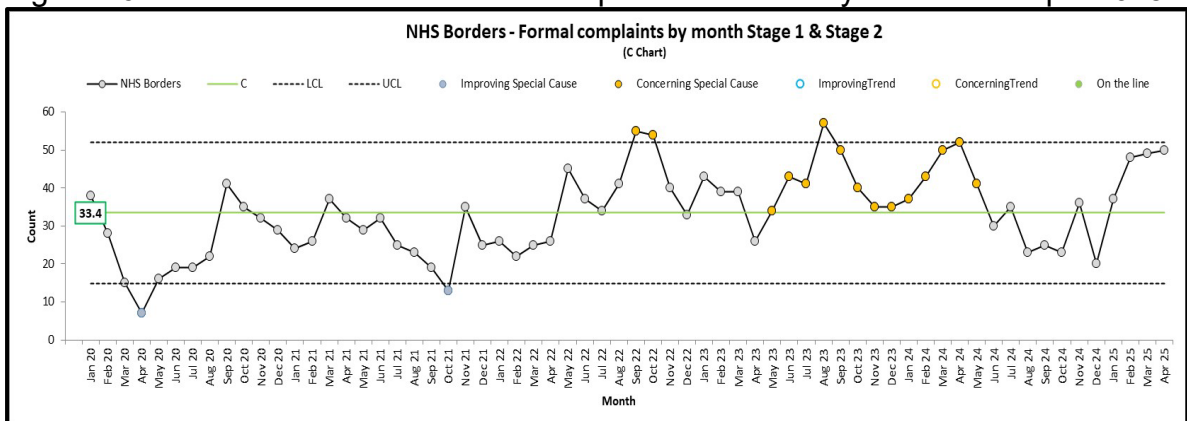


Figure 16- Complaints by Month NHS Borders

2.3.41 Challenges to respond to complaints within the legislated 20 working days continue and this is reflective in the high volume of new complaints the Patient Experience Team receive each month. An additional administrator is being added to the team on a non-recurring basis to support this demand.

2.3.41 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 17 shows complaint referrals to the SPSO to May 2025:

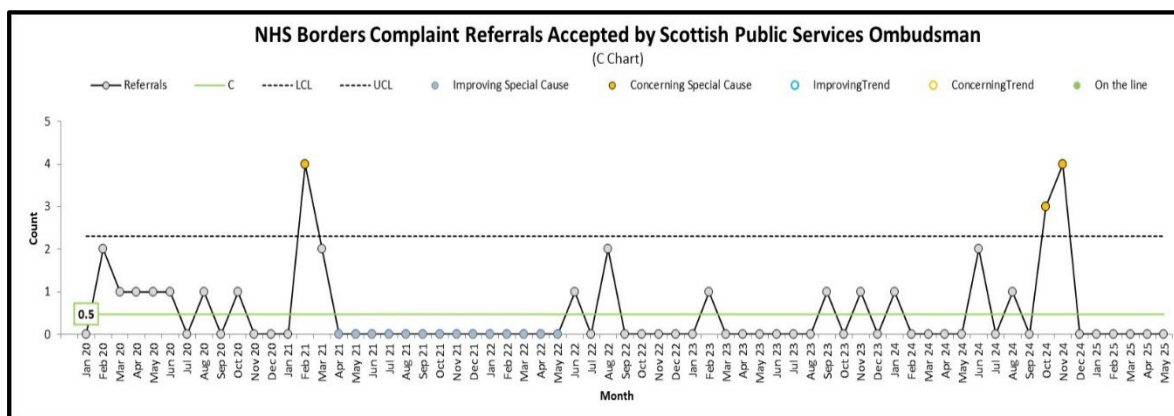


Figure 17 - Complaint referrals to the SPSO to December 2024

2.3.42 COVID Inquiries update

NHS Borders continues to participate in the Scottish Covid-19 Inquiry along with all other Boards in NHS Scotland. Equalities and Human Rights Impact Hearings are being held from 10 to 20 June 2025.

2.3.43 Once the Inquiry has completed hearing evidence on the impacts of the pandemic, it will begin looking at how policies were implemented in Scotland and the decisions taken by Scottish politicians and their advisers.

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

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

2.3.44 NHS Borders also participates in the UK Covid-19 Inquiry along with all other Boards in NHS Scotland. Public hearings for Module 7 Test Trace and Isolate are taking place between 12 and 30 May 2025. Public Hearings for Module 6 Care Sector commence on 30 June 2025.

2.3.45 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.

2.3.46 Research & Innovation

2.3.47 Research

Research activity in NHS Borders has risen significantly in the past two months with new trials opening and recruiting immediately. May 2025 is one of the highest recruiting months since COVID. This is due to the number of studies that are now open and the mix of study types that include clinical trials and observational studies. NHS Borders currently have more inpatients trials open than the period prior to the COVID pandemic and have more in the pipeline. A current review of workload and the research team is underway to ensure any new proposed clinical trials can be delivered safely.

2.3.48 Innovation

NHS Borders is part of the CONSOLIDATE research network which has been awarded £2 million from the Engineering and Physical Sciences Research Council (EPSRC) and National Institute for Health and Care research (NIHR) in collaboration with Alzheimer's Society. The Network is led by Age Scotland, Heriot Watt University

and the University of Strathclyde. The goal is to develop innovative technologies that will help people with dementia to maintain independence for longer and improve their quality of life. NHS Borders is one of 4 health boards collaborating, and the first meeting of the strategic board for the project will meet at the end of May.

2.3.49 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.

2.3.50 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.

2.3.51 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.

2.3.52 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.

2.3.53 Equality and Diversity, including health inequalities

An equality impact assessment has not been undertaken for the purposes of this awareness report.

2.3.54 Climate Change

No additional points to note.

2.3.55 Other impacts

No additional points to note.

2.3.56 Communication, involvement, engagement and consultation

This paper is for awareness and assurance purposes and has not followed any consultation or engagement process.

2.3.57 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)
 Hospital Standardised Mortality Ratio (HSMR)
 Standard Operating Procedure (SOP)
 Significant Adverse Event Reviews (SAER's)
 Healthcare Improvement Scotland (HIS)
 Cardiac Arrest (CA)
 Borders General Hospital (BGH)
 Deteriorating Patient (DP)
 National Early Warning Score 2 (NEWS2)
 Occupied Bed Days (OBD)
 Community Hospitals (CH)
 Margaret Kerr Unit (MKU)
 Excellence in Care (EiC)
 Quality of Care (QoC)
 Mental Health (MH)
 Senior Charge Nurse (SCN)
 Medical Assessment Unit (MAU)
 Scottish Public Services Ombudsman (SPSO)
 Engineering and Physical Sciences Research Council (EPSRC)
 National Institute for Health and Care research (NIHR)

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Infection Prevention & Control Report – June 2025
Responsible Executive/Non-Executive:	Director of Nursing, Midwifery & AHPs
Report Author:	Infection Control Manager

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

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4.1 Outbreaks

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- Organisms and infections
- Graphs and data

1.0 Headlines

- The data in this report has been considered by NHS Borders Clinical Governance Committee and the content reflects the reporting timescales for that Committee.
- The format of this report has been updated to highlight key messages. This new report format is a deviation from the Scottish Government template for reporting on infection prevention and control to NHS Boards. All the topics included in the Scottish Government template are covered in this report.
- In March 2025, the Scottish Government wrote to all Boards with new Healthcare Associated Infection (HAI) standards. The expectation is that there should be no increase in the incidence (number of cases) of *Clostridioides difficile* infection (CDI), *Escherichia coli* bacteraemia (ECB), and *Staphylococcus aureus* bacteraemia (SAB) by March 2026 from the 2023/24 baseline.
- NHS Borders did not achieve the new HAI standard for CDI, ECB or SAB in 2024/25
- Up to date Surgical Site Infection (SSI) surveillance data is not currently available. The Senior Orthopaedic Medical Staff meeting will be considering the surveillance process to improve the accuracy, learning and reporting of cases.
- A combination of reduced capacity in the Infection Prevention and Control Team (IPCT) and significant work associated with supporting multiple legal processes is impacting infection prevention and control activities. Development of an Infection Control Work Plan for 2025/26 has been paused and quality improvement activity has been significantly reduced. Production of meeting minutes is also delayed although action trackers are being maintained. The associated risk is being managed with prioritisation to ensure core activities are maintained including clinical support for patients with alert organisms, outbreak management, staff education, audits, and risks associated with the built environment. The relevant risk assessment has been updated and is classified as 'High'. It is anticipated that this will reduce in the summer, after two new staff have received internal training.

2.0 Outcome Measures - Infection Surveillance

2.1 *Clostridioides difficile* infection (CDI) - Key Messages

- All four UK nations reported varying degrees of increases in CDI incidence rates in 2024
- In March 2025, ARHAI Scotland circulated a report about a statistically significant increase in CDI cases in Scotland in 2024 (**Figure 1** and **Figure 2**). The report includes actions for ARHAI Scotland to progress with further work to understand what has been driving the increase in cases
- NHS Borders CDI rates are not statistically significant from the rest of NHS Scotland (**Figure 3** and **Figure 4**)
- There has not been any statistically significant increase in NHS Borders CDI cases since the last update report (**Figure 5**)
- NHS Borders did not achieve the new HAI CDI standard in 2024/25 (**Figure 6**)
- The BGH estate does not support effective management of CDI cases due to lack of clinical hand wash sinks in side rooms. This issue has been included in an environmental risk assessment
- Measures to reduce the risk of CDI:
 - Antimicrobial stewardship - reduce and control use of antibiotics that are more strongly associated with causing CDI (oversight provided by the Antimicrobial Management Team)
 - Good Hand Hygiene practice (**Section 3.1**)
 - Good standard of environmental and equipment cleaning (**Section 3.2** and **Section 3.3**)
- Background information and explanation provided in **Appendix A**

2.2 CDI National Context (ARHAI Scotland data)

Figure 1 Quarterly rates of healthcare associated CDI per 100,000 TOBD, 3-year SPC U-chart, Oct 2021 to Sep 2024, NHSScotland

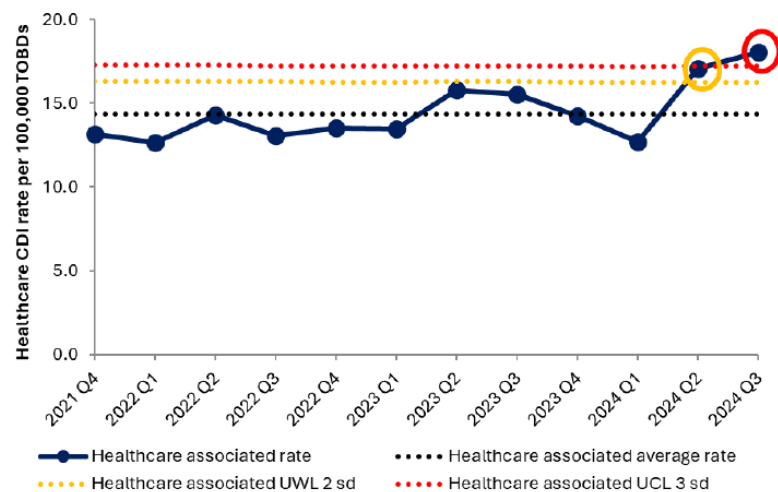


Figure 2 Quarterly rates of community associated CDI per 100,000 population 3-year SPC U-chart, Oct 2021 to Sep 2024, NHSScotland

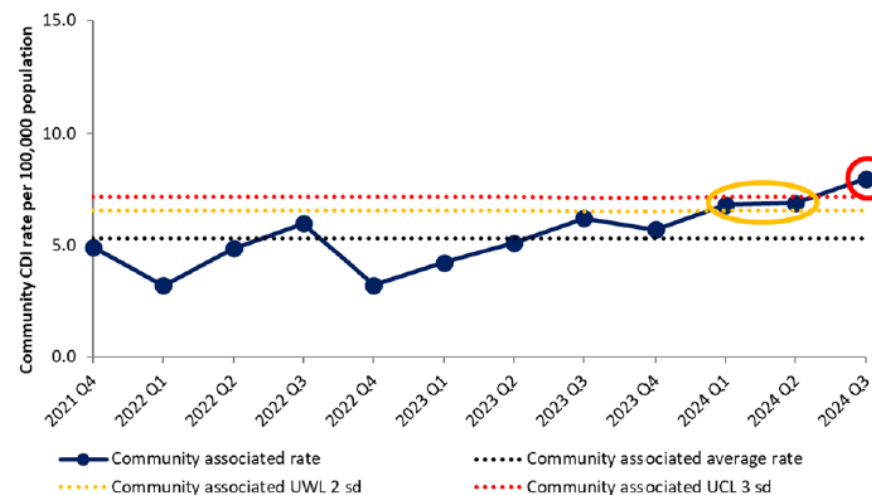


Figure 3 Funnel plot of healthcare associated CDI rates per 100,000 TOBD for all NHS boards in Scotland in Q4 2024

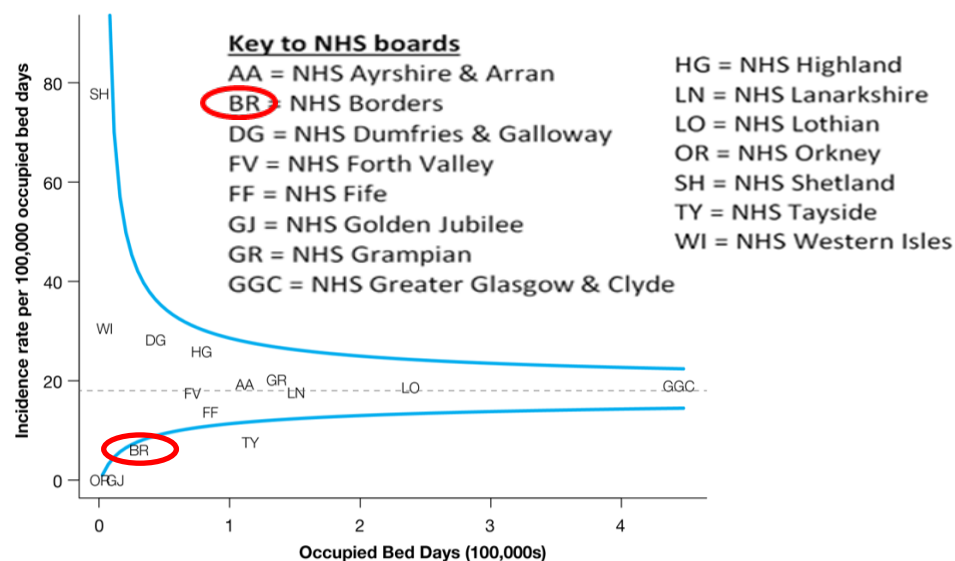
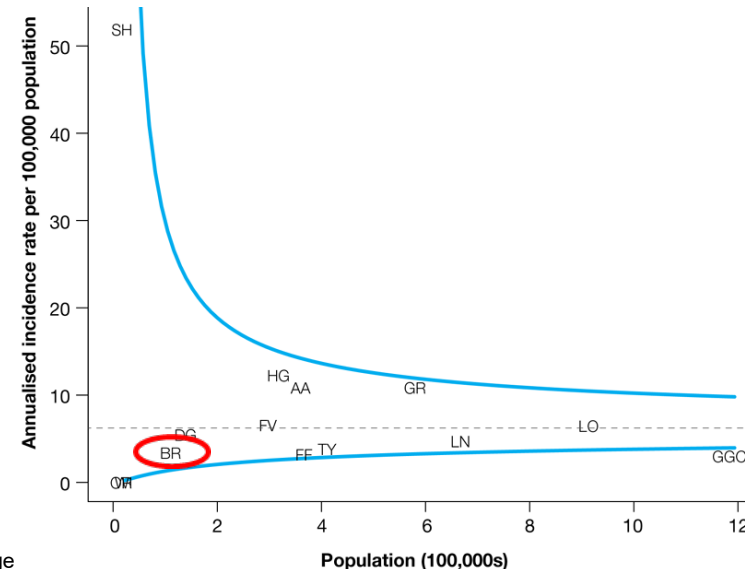


Figure 4 Funnel plot of community associated CDI rates per 100,000 population for all NHS boards in Scotland in Q4 2024



2.3 CDI Local Context

Figure 5 NHS Borders, days between healthcare associated CDI cases (G Chart). March 2023 - March 2025

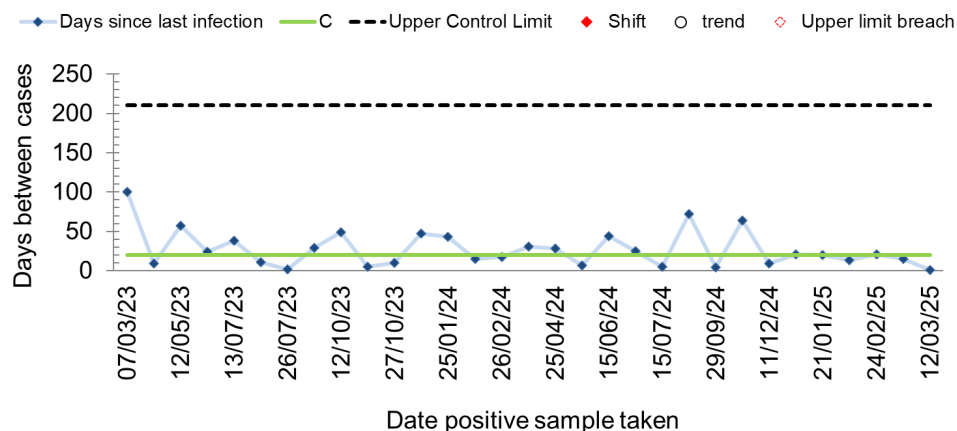
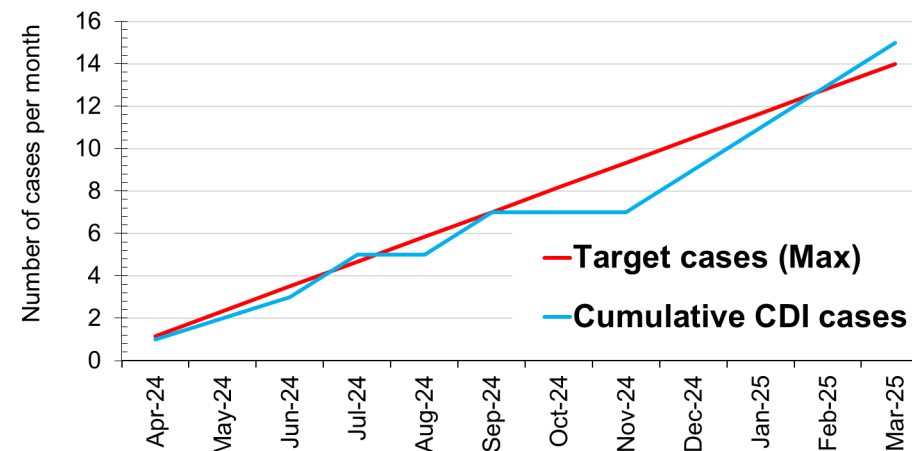


Figure 6 NHS Borders cumulative healthcare associated CDI cases Vs Scottish Government target trajectory (April 2024 - March 2025)



2.4 *Escherichia coli* bacteraemia (ECB) - Key Messages

- NHS Borders ECB rates are not statistically significant from the rest of NHS Scotland (**Figure 7** and **Figure 8**)
- There has not been any statistically significant increase in NHS Borders ECB cases since the last update report (**Figure 9**)
- NHS Borders did not achieve the new HAI ECB standard in 2024/25 (**Figure 10**)
- Urinary catheters are the primary cause of ECB infections (**Figure 11**)
- Measures to reduce the risk of ECB:
 - Avoid using urinary catheters when possible, maintain urinary catheters in accordance with [NHS Borders Policy](#), remove urinary catheters at the earliest opportunity (**Section 5.1**)
- Background information and explanation provided in **Appendix A**

2.5 ECB National Context (ARHAI Scotland data)

Figure 7 Funnel plot of healthcare associated ECB incidence rates per 100,000 TOBD for all NHS boards in Scotland in Q4 2024

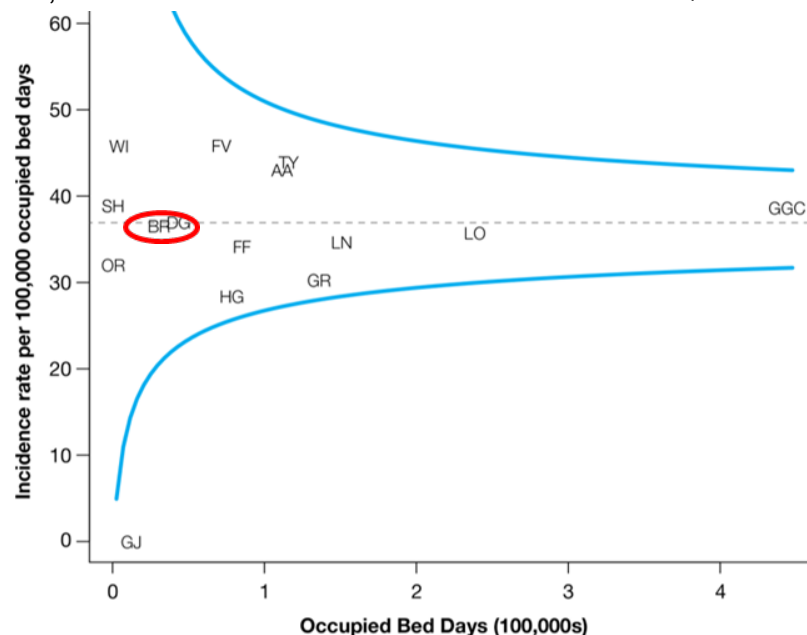
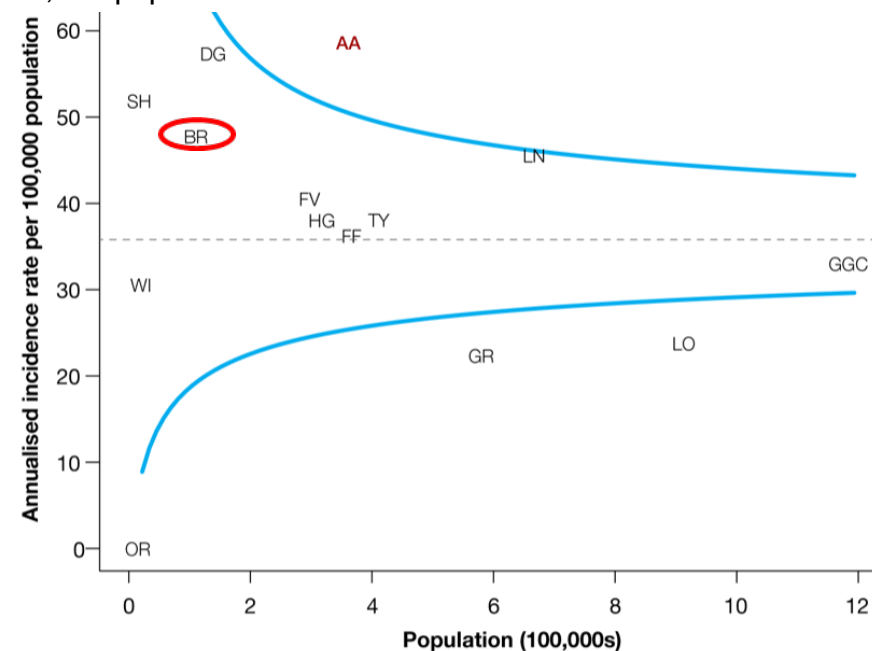


Figure 8 Funnel plot of community associated ECB rates per 100,000 population for all NHS boards in Scotland in Q4 2024



2.6 ECB Local Context

Figure 9 NHS Borders healthcare associated ECB cases per month (C Chart). March 2022 - March 2025

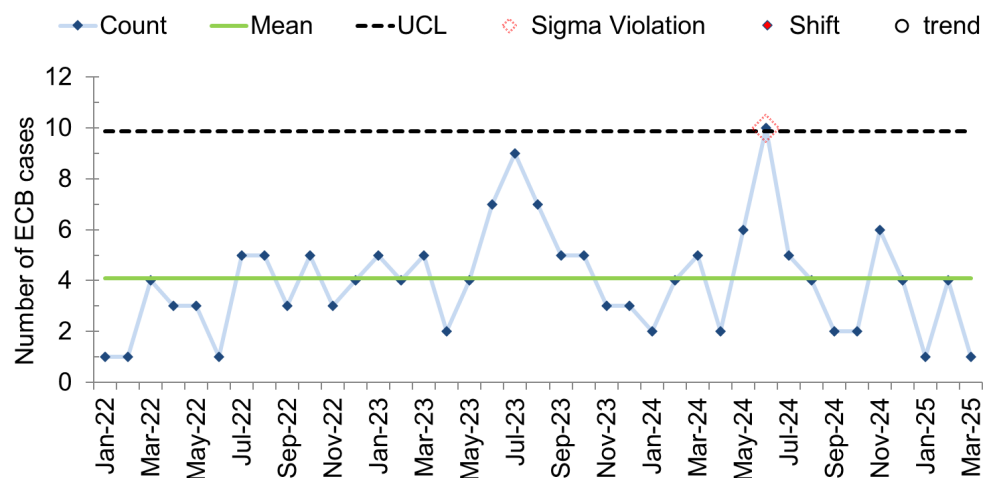


Figure 10 NHS Borders cumulative healthcare associated ECB cases Vs Scottish Government target trajectory (April 2024 - March 2025)

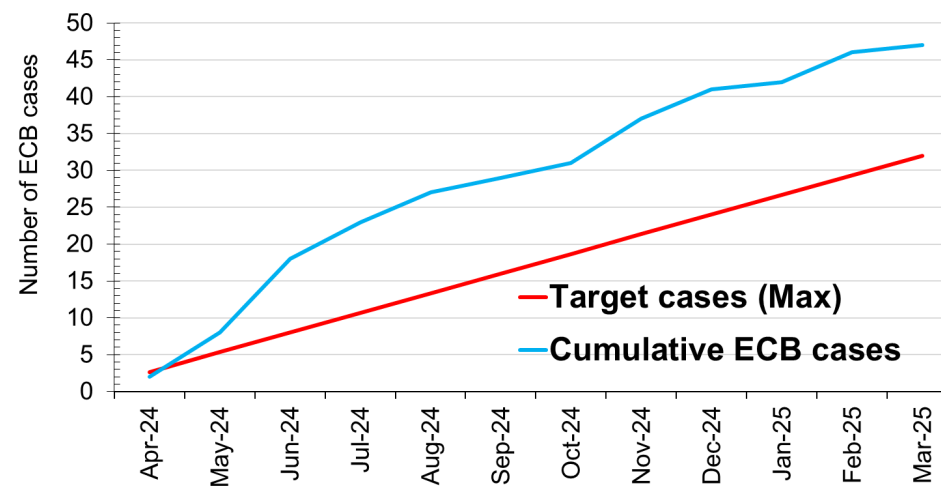
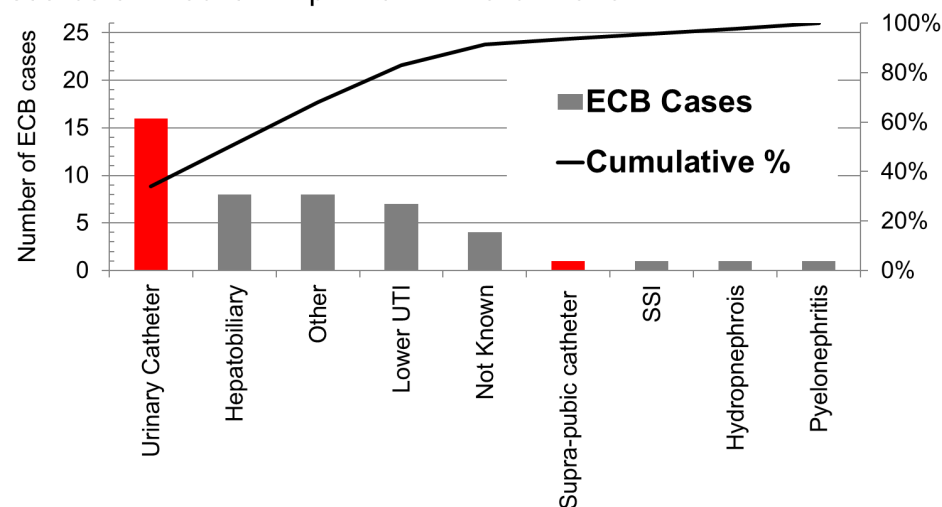


Figure 11 Pareto Chart of healthcare associated ECB cases by source of infection. April 2024 - March 2025



2.7 *Staphylococcus aureus* Bacteraemia (SAB) - Key Messages

- NHS Borders SAB rates are not statistically significant from the rest of NHS Scotland (**Figure 12** and **Figure 13**)
- There has not been any statistically significant increase in NHS Borders SAB cases since the last update report (**Figure 14**)
- NHS Borders did not achieve the new HAI SAB standard in 2024/25 (**Figure 15**)
- The main known causes of healthcare associated SAB cases were urinary catheters and diabetic foot ulcers (**Figure 16**)
- Measures to reduce the risk of SAB:
 - Clinical review of cases relating to diabetic feet to identify if there is any learning – meeting being arranged
 - Avoid using urinary catheters when possible, maintain urinary catheters in accordance with [NHS Borders Policy](#), remove urinary catheters at the earliest opportunity (**Section 5.1**)
- Background information and explanation provided in **Appendix A**

2.8 SAB National Context (ARHAI Scotland data)

Figure 12 Funnel plot of healthcare associated SAB rates per 100,000 TOBD for all NHS boards in Scotland in Q4 2024

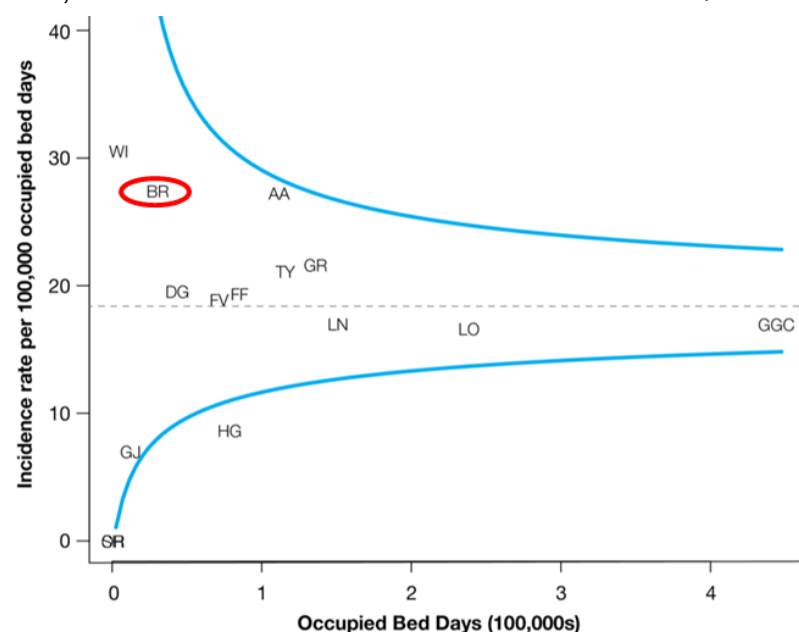
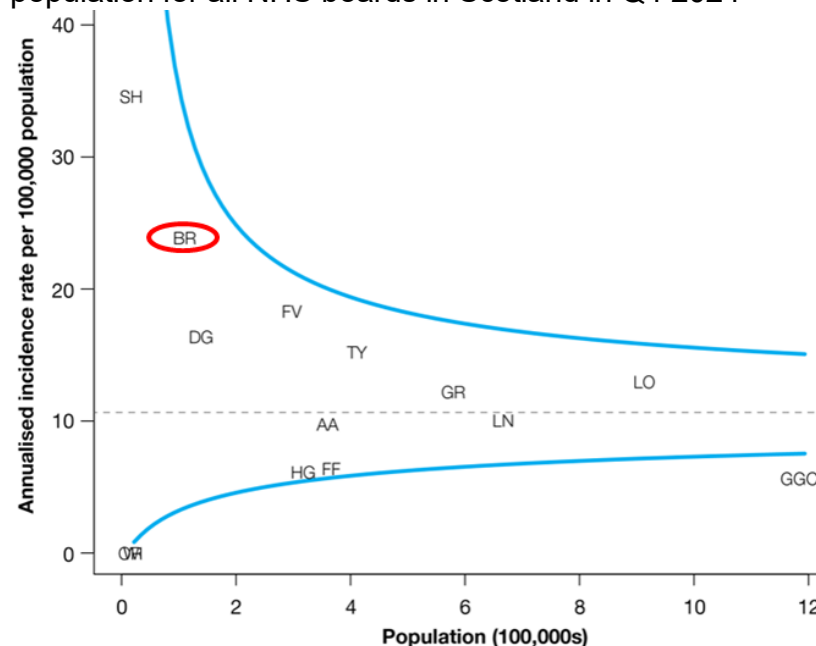


Figure 13 Funnel plot of community associated SAB rates per 100,000 population for all NHS boards in Scotland in Q4 2024



2.9 SAB Local Context

Figure 14 NHS Borders, days between healthcare associated SAB cases (G Chart). January 2023 - March 2025

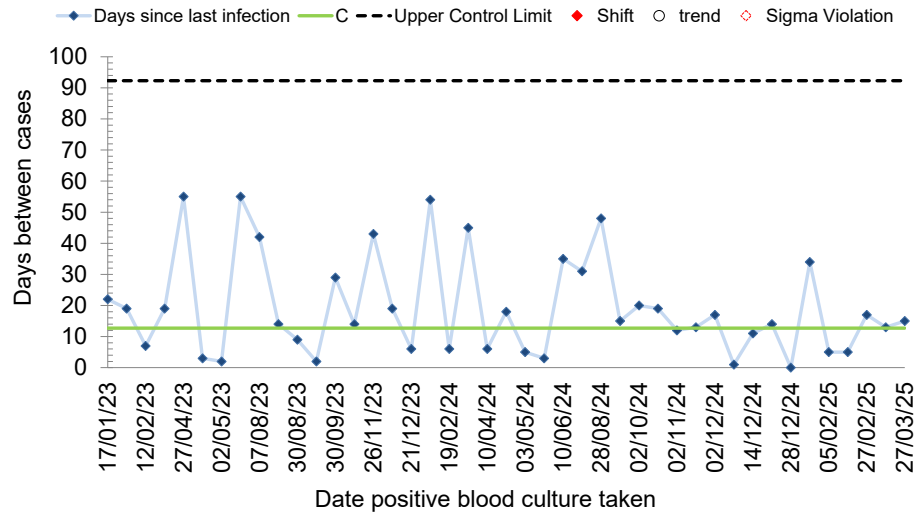


Figure 15 NHS Borders cumulative healthcare associated SAB cases Vs Scottish Government target trajectory (April 2024 - March 2025)

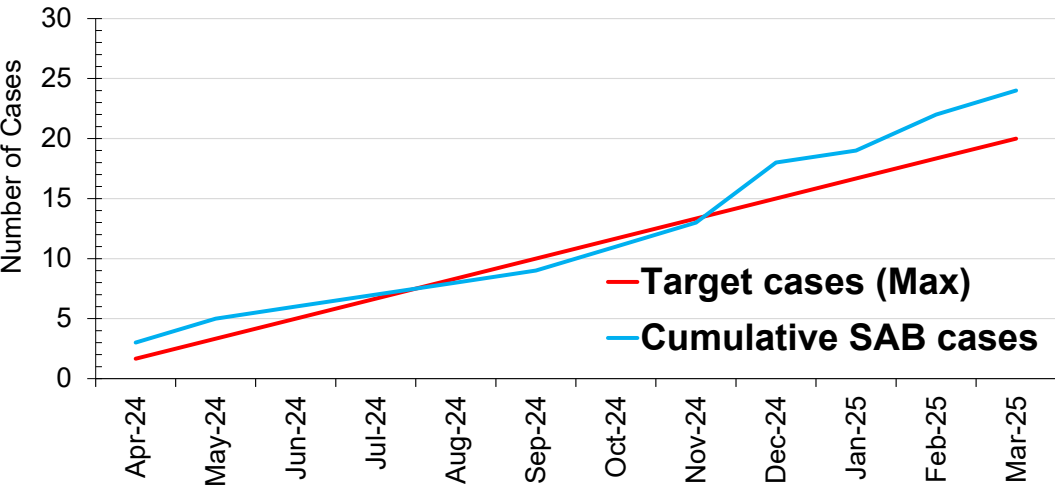
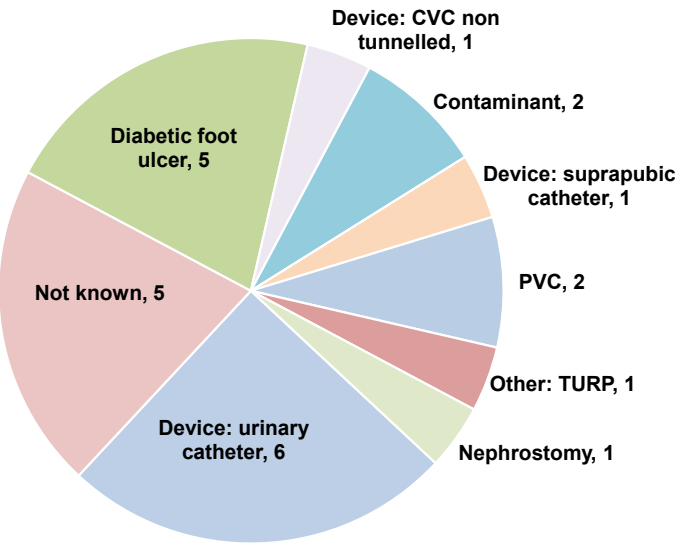


Figure 16 Healthcare Associated SAB cases by source (April 2024 - March 2025)



3.0 Process Measures

3.1 Hand Hygiene – Key Messages

- Overall hand hygiene compliance was 64% in March 2025 (**Figure 17**)
- Nursing compliance was 64% (**Figure 18**), Medical compliance was 54% (**Figure 19**)
- Unscheduled Care senior management convened a meeting with clinical leaders focussed on hand hygiene following the previous audits conducted in January 2025. Compliance in all Medical wards improved since the previous audit.
- Since the audits conducted in March 2025, surgical areas have sought additional support from the Infection Prevention and Control Team. Staff training sessions are being delivered in surgical wards
- The Medical Director has written to the senior medical leaders for the surgical wards requesting an action plan to improve medical hand hygiene compliance
- Hand hygiene audits will be repeated in May 2025

Figure 17

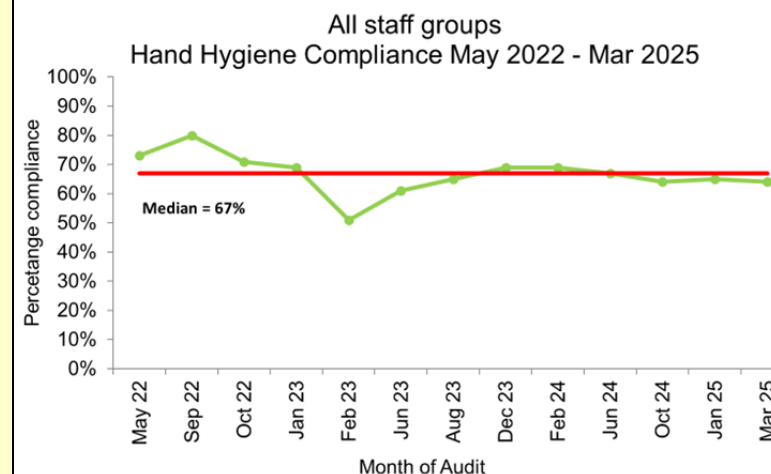


Figure 18

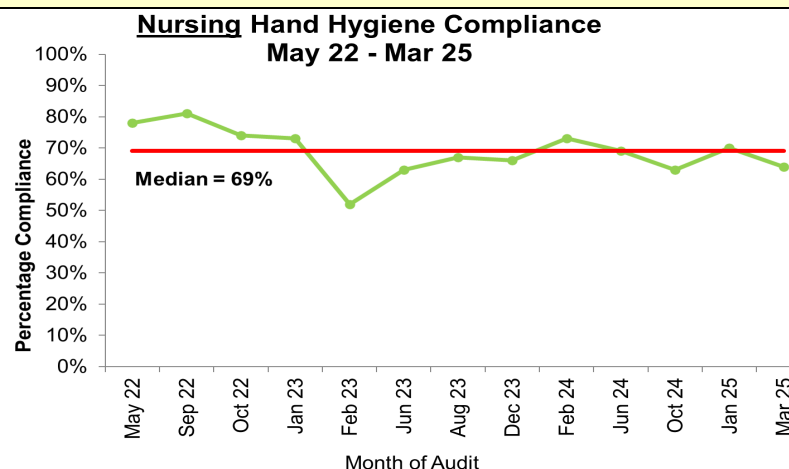
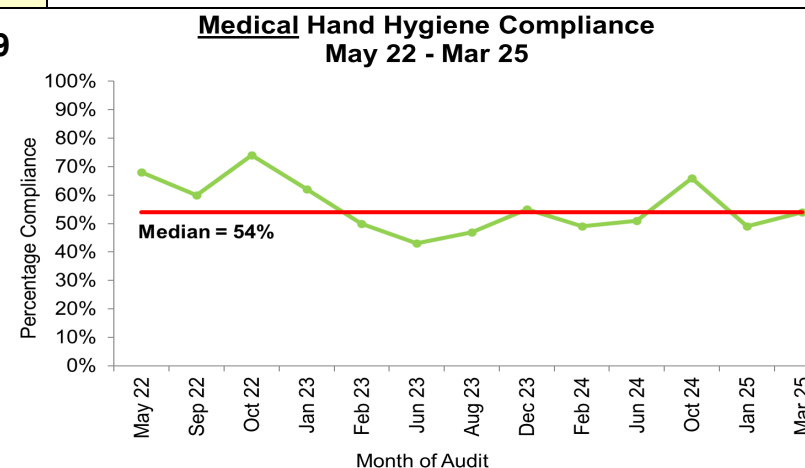


Figure 19

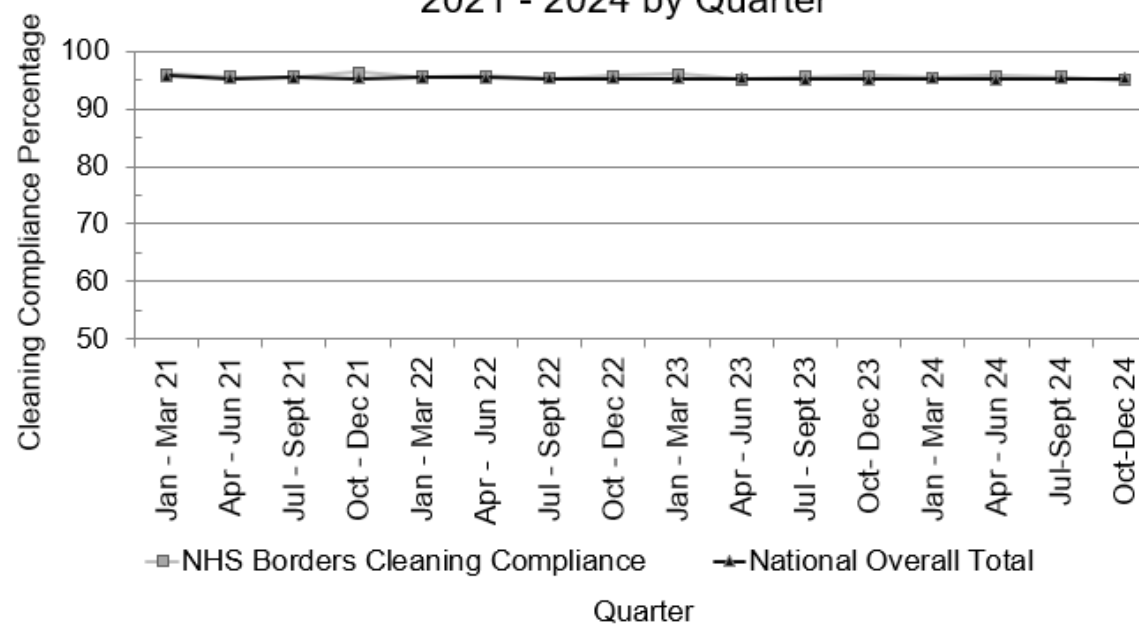


3.2 Cleaning Standards – Key Messages

- Cleanliness is monitored in accordance with national standards
- There is a national target to maintain overall compliance with standards above 90%
- Any area that does not reach this standard should have the issues rectified and the area re-audited within 21 days
- NHS Borders compliance is comparable with NHS Scotland (**Figure 20**)
- All areas achieved green compliance in March 2025 except for Haylodge Hospital which achieved 82.1%. General Services has been contacted to confirm the action taken to address the issues identified in the cleanliness audit

Figure 20

NHS Borders Cleaning Compliance Vs NHS Scotland 2021 - 2024 by Quarter



3.3 Audit – Key Messages

- The management actions in response to the infection control internal audit report are on target to be completed on time (**Figure 21**)
- In February 2025, 15 spot checks were completed resulting in 5 areas achieving an 'Amber' status with the remaining achieving a 'green' status with a score of 90% or higher. All the 'Amber' areas were revisited in March and achieved a 'Green' status
- In March 2025, 6 spot checks and 4 full audits were completed with all areas achieving a 'green' status
- The audit and spot check tools were reviewed in March 2025 to ensure they reflect current national guidance
- Recurring themes from the audits and spot checks:
 - Poor compliance with the 5 moments of hand hygiene
 - Staff observed wearing wrist watches
 - Temporary sharps bin closures not in place
 - High dust
 - Single patient use items in communal areas
 - Dirty equipment
- Senior Charge Nurses are provided with verbal and written feedback to share with their teams
- General Services management are copied into feedback to address environmental cleaning issues
- The Senior Charge Nurse Forum has established a Short Life Working Group to standardise cleaning documentation across Borders General Hospital
- Themes from spot checks and audits are used to inform the content of staff education delivered by the Infection Prevention and Control Team

Figure 21

2024 Internal Audit - Infection Prevention & Control Action

Progress as at 01/04/2025

		Status
1	Develop and implement standardised cleaning documentation for patient equipment in inpatient areas. Responsible Officer: Clinical Nurse Managers Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/12/2025	In progress (01/04/25)
2	Review IPCT audit tool to include assessment of compliance with completion of cleaning records. Responsible Officer: Infection Control Manager Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/03/2025	Complete
3	Include IPC audit programme in annual Infection Control Workplan. Responsible Officer: Infection Control Manager Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/03/2025	Complete
4	Implement daily IPC review across inpatient wards using the Rapid Assessment Tool Review. Responsible Officer: Clinical Nurse Managers Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/03/2025	Complete
5	Clinical Nurse Managers to routinely review completion of Rapid Assessment Tool and improvement activity to address Responsible Officer: Clinical Nurse Managers Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/05/2025	In progress (01/04/25)
6	Update Hospital Safety Brief script to include Facilities issues. Responsible Officer: Quality Improvement Facilitator Executive Lead: Interim Director of Acute Services Due Date: 31/12/2024	Complete
7	Senior Charge Nurses to formalise communication with staff about audit outcomes and improvement activity. Responsible Officer: Clinical Nurse Managers Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/05/2025	Complete
8	Infection Control Manager to attend the Senior Charge Nurse Forum to discuss promotion of improvement activity. Responsible Officer: Infection Control Manager Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/05/2025	Complete
9	Promote completion of the NES hand hygiene module with Medical staff. Responsible Officer: Associate Medical Directors Executive Lead: Medical Director Due Date: 31/03/2025	Complete
10	Raise importance of Hand Hygiene at Clinical Director meeting including review of audit results. Responsible Officer: Associate Medical Directors Executive Lead: Medical Director Due Date: 31/03/2025	Complete
11	Infection Control Manager to meet with individual Clinical Directors with areas of poor compliance. Responsible Officer: Associate Medical Directors Executive Lead: Medical Director Due Date: 31/03/2025	Complete
12	Include learning, themes and trends from outbreaks, incidents, spot checks and audits in reports to the Clinical Governance Committee and Board. Responsible Officer: Infection Control Manager Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/03/2025	Complete

4.0 Outbreak and Incidents

4.1 Outbreaks – Key Messages

- Learning is included as a standard agenda item at Problem Assessment Group (PAG) and Incident Management Team (IMT) meetings
- Since the last update, there have been 4 outbreaks in NHS Borders (**Figure 22**) with the following learning identified:
 - A Laboratory test is required for confirmation when a point of care test has been used. Action: ward team were reminded
 - Whilst diarrhoeal samples should take the form of the specimen container, this is not always possible. Action: Infection Prevention and Control Team now liaise with the Laboratory to request samples to be processed when it is not possible to get a liquid sample

4.2 Incidents – Key Messages

- On 23rd March 2025, a decontamination adverse event was reported to the Infection Prevention & Control Team. An endoscope was used on two patients without being decontaminated after the first patient. The patients were informed and samples taken which indicated that there had not been patient harm. An initial management review was instigated, and a Serious Adverse Event Review will also be completed.

Figure 22

NHS Borders Clusters as at 01/04/2025 (CLOSED INCIDENTS ONLY)					
Outbreak start date	Outbreak location(s)	Organism	Positive patient cases	Patient deaths	Suspected/confirmed staff cases
22/02/2025	Haylodge	COVID	2	0	0
12/03/2025	DME 14	Norovirus	4	0	2
13/03/2025	Hawick	COVID	7	0	0
17/03/2025	Ward 9	Gastrointestinal symptoms	6 suspected cases	0	0

5.0 Quality Improvement

5.1 Prevention of Catheter Associated Urinary Tract Infection (CAUTI)

- The Chair of NHS Borders Prevention of CAUTI Group has written to the Chair of each of the Clinical Board's governance groups. He has requested that an SBAR about catheters be tabled at each of the respective governance groups with a recommendation to establish a working group to address:
 - Whole system review of catheter pathway with a focus on governance arrangements including record keeping & communication at transition points of care
 - Review of NHS Borders Catheter Policy & related protocols
 - Review of current practice in application & use of NHS Scotland catheter passport
 - Review of associated training & education on all types of catheters as well as education & training on alternatives to catheterisation
 - Review of information & education provided to patients, carers and relatives in relation to catheter management
- The aim is to have members identified for this group no later than the end of April 2025

6.0 Horizon Scanning

6.1 *Candidozyma auris*

- In March 2025, The UK Health Security Agency (UKHSA) issued an alert about cases of *C. auris* in the United Kingdom (background information is provided in **Appendix A**). ARHAI Scotland also circulated a briefing confirming that there have been three recent cases in Scotland which were all repatriated from healthcare settings outside the UK from countries that have previously reported detections of *C. auris*.
- The key recommendation made by ARHAI Scotland is to screen patients with specific risk factors for *C. auris*. NHS Borders adopted this approach with immediate effect.

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

This assessment has not identified any resource implications.

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

- **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:

- **Limited Assurance**

3 List of appendices

The following appendices are included with this report:

Appendix A, Background and Explanation

Background and Explanation

1.0 Organisms and Infections

1.1 *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/>

1.2 *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>

1.3 *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>

1.4 *Candidozyma auris*

C. auris is a World Health Organization critical priority fungal pathogen that can result in invasive infection, colonisation and outbreaks in healthcare settings.

C. auris was first identified in 2009 in a patient in Japan. It has since been identified across six continents, in more than 40 countries worldwide. It is increasingly detected in England and more recently cases have been identified in Scotland.

Whilst most cases represent (asymptomatic) colonisations rather than infections, *C. auris* outbreaks can result in serious infections, and substantial service disruption with financial implications as measures are put in place to reduce risk to patients.

As with other organisms associated with nosocomial outbreaks, *C. auris* appears to be easily transmitted between patients, and the clinical environment, including via shared patient care equipment, highlighting the importance of prompt, effective, and sustained infection prevention and control (IPC) precautions.

More information can be found at:
<https://www.nipcm.scot.nhs.uk/a-z-pathogens/#c>

2.0 Graphs and Data

This report routinely includes Statistical Process Control (SPC) charts to analyse data. All systems including healthcare operate with a level of variation. The graphs generally display an Upper Control Limits (UCL) and / or Lower Control Limits (LCL). When the plotted line is within these limits, it is an indication that a system is stable. The graphs help us by highlighting where the amount of variation is exceptional and outside the normal predicted limits which is indicative that something in the system has changed.

2.1 Funnel plots

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 (TOBDs). Any plot that is within the blue funnel is not a statistical outlier.

2.2 C Charts

A control chart that monitors the total number of nonconformities (defects) per unit or subgroup. For example, used to analyse the number of infections per month within NHS Borders.

2.3 G Charts

A control chart used to monitor the frequency of rare events over time. For example, the number of days between infections when there are low numbers of cases each month.

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.

It is important to remember that as these graphs plot the number of days between infections, we are trying to achieve performance above the green average line.

2.4 U Charts

A control chart used to monitor the average number of nonconformities per unit, or defects per unit, when sample sizes can vary. For example, used to analyse infection rates across all Boards in Scotland.

Meeting: Borders NHS Board

Meeting date: 26 June 2025

Title: Staff Governance Committee Minutes

Responsible Executive/Non-Executive: Andy Carter, Director of HR, OD & OH&S

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 Staff Governance Committee with the Board.

2.2 Background

The minutes are presented to the Board as per the Staff 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 Staff 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 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.

- Staff Governance Committee 16 January 2025
- Staff Governance Committee 17 April 2025

2.4 Recommendation

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

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Staff Governance Committee minutes 21.11.24
- Appendix No 2, Staff Governance Committee minutes 16.01.25

A meeting of the **Staff Governance Committee** was held on **Thursday, 21 November 2024** at 11.00am via MS Teams

Present: Cllr D Parker (Chair)
Mrs L Livesey, Non Executive
Mr J Ayling, Non Executive
Mr J McLaren, Non Executive
Mr P Moore, Chief Executive

In Attendance: Miss I Bishop, Board Secretary
Mr A Carter, Director of HR, OD & OH&S
Mrs E Cameron, Head of OD
Mr R Brydon, Head of Health & Safety
Mrs M O'Reilly, Chief Nurse for Clinical & Professional Development
Mrs K McLachlan, Head of Occupational Health
Mrs A Paterson, Deputy Director of HR
Ms V MacPherson, Partnership Chair
Mrs C Smith, Head of Workforce

1. Apologies and Announcements

- 1.1 Apologies had been received from Mrs L O'Leary, Non Executive and Mrs H Campbell, Non Executive.
- 1.2 The Chair welcomed Mr P Moore, Chief Executive to the meeting.
- 1.3 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 **STAFF GOVERNANCE COMMITTEE** noted there were no verbal declarations.

3. Minutes of the Previous Meeting

- 3.1 The minutes of the previous meetings of the Staff Governance Committee held on 18 April 2024 and 18 July 2024 were approved.

4. Matters Arising

- 4.1 **Action 2:** Mrs Lynne Livesey advised that an external internet site had been set up where the Whistleblowing reports were now available and suggested the action could be closed.

- 4.2 **Action 3:** Mrs Lynne Livesey advised that Confidential Contacts Network meetings had been set up and a plan for the content of future meetings was being drawn together to enable learning.

The **STAFF GOVERNANCE COMMITTEE** agreed to close Action 2.

The **STAFF GOVERNANCE COMMITTEE** noted the Action Tracker.

5. Workforce Information & Planning

- 5.1 Mrs Claire Smith provided an overview of the content of the report and highlighted several elements including: numbers of staff in post by job family; age profile; new starts and leavers; sickness absence levels; training compliance; east regional recruitment service; and appraisal rates.
- 5.2 Mrs Kisty McLachlan spoke to the management referrals to occupational health and use of the stress risk assessment.
- 5.3 Mrs Lynne Livesey enquired about what was being done in regard to appraisals; any data on stress risk assessments and the differences between excess hours versus overtime.
- 5.4 Mrs Smith advised that in regard to appraisals they were presented to business units through the performance reviews to monitor compliance.
- 5.5 Mrs Ailsa Paterson commented that in one area it was clear that action was required and some funding had been secured through the winter planning fund to release senior charge nurse time to be able to undertake appraisals rather than being clinical. The criteria being measured against was looking at that significant increase in the volume of appraisals undertaken and it was expected that a more positive outcome would be seen at the end of the year report, as the senior charge nurses would have had time outwith their clinical duties to be able to undertake that work.
- 5.6 Mrs L Livesey from a governance point of view was keen to see the actions and timelines to be assured.
- 5.7 Mrs Edwina Cameron advised that a Turas learning system was being developed on a drop in basis to engage with staff to enable staff to understand how to use the system and start to take some responsibility for their appraisals.
- 5.8 Mr Peter Moore commented that people were the organisations' greatest assets and he was keen to understand the split on causes for absence around either non-work or work-related issues.
- 5.9 Mr James Ayling enquired if there was anything in the information which suggested the Board might be an outlier in relation to other Health Boards. Mr Ayling further enquired if there was something more that could be done in regard to appraisals compliance.
- 5.10 Mr Andy Carter commented that comparative data was not available nationally,

however he was aware that the special boards tended to have a higher level of appraisal performance than territorial Boards. Most appraisals were undertaken in March each year at the end of the performance year and then objectives were set for the forthcoming year.

- 5.11 Mrs Smith commented that NHS Borders was an outlier in the age category compared to other Boards in Scotland as it had an older age profile.

The **STAFF GOVERNANCE COMMITTEE** noted the update.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has received from the report was moderate assurance.

6. Strategic Risks Update

- 6.1 Mr Andy Carter advised the Committee that the strategic workforce risks comprised of compliance around health and safety legislation, statutory training access and compliance and retaining staffing levels. He commented that learning would be taken from the Clinical Governance Committee in how to manage bringing strategic risks on the workforce into the Staff Governance Committee. He suggested that there would be a rota of strategic risks brought to the Committee with reports produced based on each risk with yearly updates.

The **STAFF GOVERNANCE COMMITTEE** noted the update.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has received from the report was significant assurance.

7. Whistleblowing Operational Arrangements

- 7.1 Miss Iris Bishop provided an overview of the contents of the report which confirmed the operational arrangements and that she had been appointed as Whistleblowing Coordinator, policy lead and Independent National Whistleblowing Office (INWO) Liaison officer. INWO had recommended a separation of whistleblowing from Human Resources leadership. She further advised that the flowchart had been updated on how whistleblowing concerns were to be raised, including if they were in regard to the Chair, Chief Executive, Non Executives or Directors and a page had been put in place on the external website where reports would be posted and arrangements were clearer for contractors, students, employees to access the whistleblowing arrangements.
- 7.2 Mrs Lynne Livesey asked that contractors be included on the whistleblowing flowchart and recognised that whilst INWO were keen to separate whistleblowing from Human Resources (HR) it was important that HR continued to have a significant input to whistleblowing in terms of the culture of the organisation, openness and other procedures and liaison.
- 7.3 Mr Andy Carter commented that it had been a year of transition around whistleblowing from Ms Sonya Lam and himself to Miss Bishop and Mrs Livesey and he advise that he would continue to offer support moving forward.

The **STAFF GOVERNANCE COMMITTEE** noted the revised whistleblowing operational

arrangements.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has received from the report was significant assurance.

8. Whistleblowing Quarterly Reports 1 and 2

- 8.1 Miss Iris Bishop advised that a reporting template had now been formulated and the Committee could expect to receive 3 quarterly reports and then an annual report each year. In terms of the Quarter 1 report there were no whistleblowing concerns raised at stage 1 or stage 2 and for the Quarter 2 report there was 1 concern that was being taken through the stage 2 process. She further advised that some work was taking place in the background to look at the effectiveness of HR processes and Significant Adverse Events to provide assurance that when those processes worked well it was likely that a small number of whistleblowing cases would be seen and if those processes were not working well it was likely a larger number of cases would be seen.

The **STAFF GOVERNANCE COMMITTEE** noted the whistleblowing quarterly reports.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has received from the report was significant assurance.

9. Whistleblowing Governance Group Terms of Reference

- 9.1 Miss Iris Bishop presented the terms of reference for the Whistleblowing Governance Group. She commented that it was recognised that substantive input from HR was required and whilst both Jennifer Boyle and Edwina Cameron were attendees at the group it was proposed that Mr Andy Carter be included back in the core membership of the group.
- 9.2 Mr James Ayling enquired who had ultimate responsibility for whistleblowing in the organisation given the terms of reference referred to the Chief Executive and Directors.
- 9.3 Miss Bishop advised that it was the Chief Executive as the Accountable Officer who had ultimate responsibility.
- 9.4 Mr Peter Moore confirmed that the accountability sat with him for overseeing that responsibility and that it was delegated and devolved to Executives and Directors.
- 9.5 The Chair commented that at a national level the Scottish Government had been keen to mandate and make sure that lots of people within the organisation were responsible for whistleblowing as it had not been strong enough in NHS Scotland given the NHS Highland case.
- 9.6 Mrs Lynne Livesey commented that in terms of her role she did not have responsibility for the process or implementation but had responsibility for challenging whistleblowing from a governance point of view.
- 9.7 Mr Moore commented that he had worked closely with Mr Stephen Moss who was part of the team who went into Mid Staffs and on the back of that the Freedom to

Speak Up movement in England had been formulated. He commented that it was a big step culturally to encourage people to speak up as opposed to whistleblowing which felt more punitive in the language used.

- 9.8 The Chair recognised that the language of whistleblowing did appear very formal and would potentially put people off of engaging on it.
- 9.9 Mr Andy Carter suggested it was worth further debate outwith the meeting. He further advised the Committee that many conversations took place as “business as usual” where issues were discussed and resolved without a need for a formal process to be taken forward.

The **STAFF GOVERNANCE COMMITTEE** formally approved the revised Whistleblowing Governance Group Terms of Reference with the inclusion of Andy Carter in the core membership.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has received from the report was significant assurance.

10. NHS SCOTLAND Staff Governance Standard 2023-2024: Assurance of Compliance

- 10.1 Mrs Edwina Cameron provided an overview of the content of the report and highlighted evidence on bullying and harassment, whistleblowing, and retire and return.
- 10.2 Mrs Lynne Livesey noted a significant increase in bullying investigations as reported in the data earlier in the meeting and enquired if the cases in the report were just those that had been upheld. Mrs Ailsa Paterson commented that they were the cases recorded during the period to the end of March and as the data collection was now in month 9 for the next data set she would expect that increase referred to earlier to be visible in the next report for 2024-25.
- 10.3 Mrs Livesey enquired if there would be reports on each item received by the Committee across the year for assurance purposes.
- 10.4 Mrs Cameron commented that as part of the normal reporting process, Mrs Paterson provided the Committee with a report on employee relations data on an annual basis.
- 10.5 Mr James Ayling commented that he thought the figures for retire and return were low and enquired how it was promoted and how successful it was. Mrs Patterson commented that she expected them to reduce as staff in the 1995 pension scheme were now able to do a partial retirement and access their pension benefits and continue to work less hours, which was more attractive than the retire and return scheme. Mrs Cameron suggested providing a comparison of those accessing the 1995 pension benefits and returning to work against those pursuing the retire and return scheme.

The **STAFF GOVERNANCE COMMITTEE** noted the report.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has

received from the report was significant assurance.

11. Observation of Clinical Governance Committee

- 11.1 Mrs Edwina Cameron provided an overview of the content of the report and explained the rationale for observing the Clinical Governance Committee and how that learning could enable the Staff Governance Committee to fulfil its remit against the staff governance standard.
- 11.2 Miss Iris Bishop offered to work with Mrs Cameron in regard to the formulation of a workplan and supporting the structure of the committee.
- 11.3 Mrs Lynne Livesey welcomed the revised approach which would help to give assurance of appropriate oversight of everything within the Committee's remit.

The **STAFF GOVERNANCE COMMITTEE** noted the report.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has received from the report was significant assurance.

12. Organisational Development: Position Paper

- 12.1 Mrs Edwina Cameron provided an overview of the position paper on organisational development and how it was being embedded in the organisation. She highlighted several elements including: projects; interventions; non clinical learning and development training; culture; and coaching and mentoring network; and the compassionate leadership programme.
- 12.2 Mrs Lynne Livesey enquired about what work was being done to address low levels of appraisals and high sickness in the acute setting. Mrs Cameron advised that she had engaged with the acute quad and management who were keen to encourage staff to engage. She was also working with Mrs Michelle O'Reilly on OD support for Health Care Support Workers.
- 12.3 Mr Andy Carter congratulated Mrs Cameron, Ms Mandy Colquhoun and Ms Mo Comiskey for the work they were doing to establish the OD service and embed it within the organisation.

The **STAFF GOVERNANCE COMMITTEE** noted the report.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has received from the report was significant assurance.

13. iMatter

- 13.1 Mr Andy Carter presented the iMatter results and highlighted several elements including: the Chief People officer at a recent annual review was quite heartened at our engagement level, having moved from 52% in 2021 to 57% in 2024; the Employment Engagement index, was not a percentage, it was an arbitrary number which was statistically significant to some extent and it had dropped down to 76, which also mirrored the national average; the embargoed National iMatter report has been received which provided benchmarking data across NHS Scotland; 22 of

the 30 responses had shown a little deterioration but in all cases were already in the 70-80 categories which are known as “strive and celebrate”; 4 areas were in the 50s which every health board in Scotland struggled with; a score of 87 in confidence of raising concerns; and on-going publicity in the value of iMatter and its relevance to Scottish Borders Council care workers.

- 13.2 Mrs Lynne Livesey enquired how the organisation knew that teams were producing action plans and how their content might be captured in an anonymised way to share more widely across the organisation. Mr Carter commented that 63% of the teams across health and social care had completed action plans against the national average of 58%. iMatter was a team focused tool with high levels of confidentiality built into the system. He emphasised that there had been a good internal campaign run ahead of the iMatter survey of “You Said, We Did” across the organisation.
- 13.3 Mr Peter Moore reiterated the value of iMatter and its importance in relation to the leadership of the organisation. Board visibility was important and he suggested the ambition of the Board should be to maintain cohesion with its’ staff and communities and the people’s strategy would be a fundamental tool in setting out the knowledge gathered through iMatter and the actions the organisation would take to improve on those.
- 13.4 Mr James Ayling highlighted that the results in regard to performance management reflected the discussion held earlier in the meeting in regard to appraisals.
- 13.5 The Chair welcomed the positive iMatter response rate and commented that in local government it would have been much less. He suggested it gave the organisation a base from which it could progress.

The **STAFF GOVERNANCE COMMITTEE** noted the 2024 iMatter results.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has received from the report was moderate assurance.

14. Anti-racism Plans

- 14.1 Mr Andy Carter advised that a Directors Letter from the Scottish Government had been received which asked all Health Boards to prepare Anti Racism plans and nominate an Executive Lead. He commented that he had been nominated as the Executive Lead and had established a group of professionals to develop the plan which included those with lived experience and staff from ethnic minority groups.
- 14.2 He assured the Committee that those staff on the Executive and Senior Manager pay scales had reference to equality, diversity and inclusion in some capacity within their objectives.

The **STAFF GOVERNANCE COMMITTEE** noted the update.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has received from the report was significant assurance.

15. Staff Wellbeing Group Work Plan

- 15.1 Mrs Edwina Cameron commented that the workplan was a live document and she drew the attention of the Committee to the intention to mainstream wellbeing as business as usual across the organisation.

The **STAFF GOVERNANCE COMMITTEE** noted the workplan.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it has received from the report was significant assurance.

16. Occupational Health & Safety Forum Minutes: 13.05.24, 29.07.24

- 16.1 Mr Robin Brydon provided an update on the forum and the formulation of a new workplan and development sessions.

The **STAFF GOVERNANCE COMMITTEE** noted the minutes.

17. Training Education & Development Board Minutes: 25.04.24

- 17.1 Mrs Michelle O'Reilly provided an update and advised of: ongoing work in regard to statutory and mandatory core training requirements; pay protected learning time; succession planning; budgetary requirements for education and development; and applications for funding.

The **STAFF GOVERNANCE COMMITTEE** noted the minutes.

18. Area Partnership Forum Minutes: 19.07.24

- 18.1 Mr Andy Carter commented that the July meeting of the APF had focused on the Annual Delivery Plan, finance, e-rostering and the non pay elements of the Agenda for Change pay award.

The **STAFF GOVERNANCE COMMITTEE** noted the minutes.

19. Whistleblowing Governance Group Minutes: 22.01.24, 31.05.24

- 19.1 Miss Iris Bishop commented that further progress was being made with the improvement plan.

The **STAFF GOVERNANCE COMMITTEE** noted the minutes.

20. Any Other Business

- 20.1 No further business had been notified to the Committee for discussion.

21. Date and Time of next meeting

- 21.1 The Chair confirmed that the next scheduled meeting of Staff Governance Committee would take place on Thursday, 16 January 2025 at 1.00pm via MS Teams.

A meeting of the **Staff Governance Committee** was held on **Thursday, 16 January 2025** at 1.00pm via MS Teams

Present: Cllr D Parker (Chair)
Mrs L Livesey, Non Executive
Mr J McLaren, Non Executive
Mrs K Hamilton, Chair

In Attendance: Mrs J Smyth, Director of Planning & Performance
Ms D McGarrity, Senior Project Manager, Planning & Performance
Mrs D Rafferty, Senior Project Manager, Planning & Performance
Mr A Carter, Director of HR, OD & OH&S
Mrs E Cameron, Head of OD
Mr R Brydon, Head of Health & Safety
Mrs M O'Reilly, Chief Nurse for Clinical & Professional Development
Dr S Bhatti, Director of Public Health
Mrs K McLachlan, Head of Occupational Health
Mrs A Paterson, Deputy Director of HR
Ms K Lawrie, Partnership Chair
Ms V MacPherson, Partnership Chair
Mrs C Smith, Head of Workforce

1. Apologies and Announcements

- 1.1 Apologies had been received from Miss I Bishop, Board Secretary and Mrs H Campell, Non Executive.
- 1.2 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 **STAFF GOVERNANCE COMMITTEE** noted there were no verbal declarations.

3. Minutes of the Previous Meeting

- 3.1 The minutes of the previous meeting of the Staff Governance Committee held on 21 November 2024 were deferred to the next meeting.

4. Matters Arising

- 4.1 Mrs Lynne Livesey made the point that some papers and minutes had not been produced in a timely fashion and it therefore created difficulties for business at

future meetings if actions were not identified and recorded timeously.

The **STAFF GOVERNANCE COMMITTEE** noted the Action Tracker.

5. Staff Governance Workplan 2025/26

- 5.1 Mrs Edwina Cameron provided an overview of the content of the workplan and highlighted the ability to ensure the staff governance committee received the information that it required to fulfil its remit. She advised that the draft workplan followed the 5 tenants of staff governance along with the standard items of business that a governance committee was required to address. She suggested asking each clinical board to present to the committee on an annual basis on its' performance against the staff governance standard.
- 5.2 Discussion focused on: a yearly presentation of information to the Committee by General Managers and Directors; data on staff numbers by areas over time; organisational trends annual report; regular workforce metrics report; group together acute and primary care services reporting and mental health and corporate services reporting; inequalities in health across staffing groups; annual report on equal opportunities based data; data broken down by protected characteristics; potential for regular reports to the Committee on mainstreaming equality; combine protected characteristics and health inequalities into a workforce report for the committee; an annual report on employee relations activity and adding in reporting against protected characteristics.

The **STAFF GOVERNANCE COMMITTEE** noted the proposed suggestions for inclusion to the Staff Governance workplan 2025/26.

6. iMatter Update

- 6.1 Mrs Edwina Cameron provided a brief update on the iMatter cycle for 2025/26 and advised that the survey would run from 27 May 2025 until 17 June 2025 with reports being available from 1 July 2025. Line Managers were being asked to check their structures to ensure maximum staff involvement and value in completing the questionnaire. She commented that her team would continue to support managers to make sure they understood their obligations with team feedback and formulating meaningful action plans.
- 6.2 Mrs Lynne Livesey enquired about what could be done to enhance how the data was used both locally and organisationally and how learning was shared.
- 6.3 Mrs Cameron commented that there was a communications plan for iMatter and both Mr Andy Carter and Mr John McLaren were driving the communications through the organisation. A "You Said, We Did" approach had been taken previously and that would be expanded to start to influence the direction of travel and more work would be taken forward with Mrs Laura Jones and the Quality Management system for staff.
- 6.4 Mr Andy Carter shared a flyer from the previous year on encouraging staff to complete the iMatter questionnaire. He further referred to the staff engagement exercise that had taken place on the new organisational strategy and suggested that would complement the iMatter process.

The **STAFF GOVERNANCE COMMITTEE** noted the update.

7. NHS Borders Future Direction - Staff Engagement

- 7.1 Mrs June Smyth provided an update on the work that was underway in regard to the new organisational strategy, specifically the staff and public engagement exercise. She advised on the variety of activities that were being undertaken by the Strategy Taskforce Team which included the 5 questions approach and engagement with staff and public on NHS sites, GP Practices and in community settings such as supermarkets and libraries. Social media was being utilised and the use of a QR code on posters and business cards. The first round of engagement would conclude at the end of January and key themes would be drawn together, a further round of engagement would then take place to retest what was captured.
- 7.2 Mrs Debbie McGarrity commented that at the end of week 2, 344 staff and 467 members of the public had been engaged with.
- 7.3 The Chair welcomed the positive process of engagement with the staff and communities.
- 7.4 Further discussion focused on: high engagement levels and reaching out to out of hours staff; the provision of QR codes for staff; engaging with specific teams to fit around their schedules; relevant themes being shared with the staff wellbeing group; map of all existing groups and teams being used and updated as further groups are being identified; the survey remains anonymous; elements of demographic and protected characteristics data being received; using the QR code in payslips; when logging into the QR code being told what number responder you are; and learning from this process to inform the clinical strategy engagement process.

The **STAFF GOVERNANCE COMMITTEE** noted the update.

8. Statutory and Mandatory Training Update

- 8.1 Mrs Michelle O'Reilly presented the December report for statutory and mandatory training and highlighted the statistics for each training module. She advised that there had been a reduction in compliance for training in adverse events, fire, information governance and prevention and management of aggression and violence. She highlighted that there had been a change in the reporting system for adverse events from DATIX to InPhase and she expected to see a steady rise in training compliance for adverse events over the coming months. In terms of fire training she emphasised that it was an annual training requirement. Areas of good compliance included equality and diversity and areas of consistent good performance included Mental Health, ITU, the Knoll, Haylodge and the C&PD team. Areas of concern included bank staff, medical staff, dentists, porters and domestics and work was on-going to rationalise bank staff numbers on the system as there were a lot of inactive accounts. Data had been presented to specific groups over the past 4-6 weeks to try and target the key areas that were non compliant.
- 8.2 Discussion focused on: online training compliance; gaps in in-person training;

capturing training by area and linking to appraisals and sickness absence, staff wellbeing and being supported to deliver roles; capturing the uptake and completion of mandatory training for clinical professionals; monthly reports were run on clinical role requirements including practical clinical skills; TED Board receives headline data; broader report for the Committee moving forward providing a level of triangulation of data; and acute services have an acute services dashboard for appraisals, statutory and mandatory training and absence rates which is submitted to the acute business and clinical governance board and local partnership forum.

The **STAFF GOVERNANCE COMMITTEE** noted the update.

9. Quality Management Staff Pillar

9.1 This item was deferred to the next meeting.

10. Workforce Planning Update

- 10.1 Mrs Claire Smith provided an overview of the report and highlighted several elements including: directors letter in regard to workforce information for both NHS Borders and the health and social care partnership; sharing areas of concern and areas of good practice; hard to fill posts; managing vacancies and reducing supplementary spend; sickness absence rates; supporting staff wellbeing; role diversification and reform; using technology and IT to improve performance; e-rostering; retaining current workforce and attracting the future workforce; and location specific challenges. She further advised that a draft response was due by late February with a submission date of March and the Committee would not meet again until April.
- 10.2 Mr Andy Carter commented on some the challenges with workforce planning and gave the example of a shortage of newly qualified psychiatrists and the potential for some models of care to change by enhancing other services. He also highlighted there being a good supply of trained paramedics who were unable to secure positions in NHS Scotland and his team were thinking creatively about how to employ paramedics into primary care and emergency department type roles.
- 10.3 Dr Sohail Bhatti commented that workforce planning was challenging and the new clinical strategy would be the bedrock upon which future staffing needs were built. He enquired if business units were asked to complete 1, 3 and 5 year staffing profiles. Mrs Smith commented that a large piece of work had been done on nursing and midwifery in terms of projecting 5 years ahead. Workforce forward planning was done on a unit by unit basis and business units would be supported to undertake it as it fed into overall workforce planning.
- 10.4 Mr Edwina Cameron commented that it was also important to have good training needs analysis to support workforce planning moving forward.

The **STAFF GOVERNANCE COMMITTEE** noted the update.

11. Policy Development Update

- 11.1 Mrs Ailsa Paterson provided an overview of the suite of 8 new policies that had been released which included: employment checks; equality, diversity and inclusion;

facilities arrangements; fixed term contracts; gender based violence; personal development planning; secondment and redeployment; 4 guides on racism, reasonable adjustments, sexual harassment and transitioning; policies were expected to go live at the end of February; comparisons to existing policies and developing information sessions for line managers and staff were in hand; phase 2 work was nearing completion and nationally they were looking at phase 3 which would include all “managing health at work policies” and producing some guidance on adverse weather, menopause and menstrual health.

- 11.2 Mrs Paterson further advised that an update on policy development would be brought to the July meeting of the Committee and would encompass a gap analysis of the new policies and existing policies and resourcing implications.
- 11.3 Dr Sohail Bhatti welcomed the inclusion of guidance in regard to menstrual health and the menopause and highlighted that it was broader than that in terms of carers responsibilities both for young age and parental caring and disproportionately fell on the female workforce and he fully supported the introduction of a womens’ health plan. He then enquired about the health and care safe staffing act and any potential guidance that was available.
- 11.4 Mrs Claire Smith commented that the health and care staffing act was not within the policy framework and she would ask her colleague Mrs Lynne Boyle to contact Dr Bhatti to provide support to the public health team.
- 11.5 Mr Andy Carter commented that he was an advocate for the Once for Scotland approach which allowed NHS Scotland to be fair and egalitarian and democratic around staffing policies.

The **STAFF GOVERNANCE COMMITTEE** noted the update.

12. Whistleblowing Quarter 3 Report

- 12.1 Mrs Lynne Livesey advised that further work was required in how investigations were conducted and availability when issues were raised; how to maintain confidentiality for those who raised concerns and linked to that making sure people could speak up with confidence and be assured they would be supported through the appropriate process; work was also to be done on drawing out learning from cases and making sure that concerns were progressed in a timely way.

The **STAFF GOVERNANCE COMMITTEE** noted the Whistleblowing Quarter 3 Report.

13. Any Other Business

- 13.1 No further business had been notified to the Committee for discussion.

14. Date and Time of next meeting

- 14.1 The Chair confirmed that the next scheduled meeting of Staff Governance Committee would take place on Thursday, 17 April 2025 at 11.00am via MS Teams.

Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Summary of Health and Care (Staffing) (Scotland) Act 2019 Annual Report – April 2025
Responsible Executive/Non-Executive:	Sarah Horan, Director of NMAHP Lynn McCallum, Medical Director Sohail Bhatti, Director of Public Health
Report Author:	Lynne Boyle, Senior Nurse Workforce Planning

1 Purpose

This paper summarises the first Annual report to Scottish Government on progress towards compliance with the duties of the Health and Care Staffing (Scotland) Act 2019 across NHS Borders and Health services delivered within the Health and Social Care Partnership (HSCP). The Act was formally enacted on 1 April 2024.

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive
- Legal requirement
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (“HCSSA”) requires:

- Quarterly compliance reporting to the NHS Board by the individuals with lead clinical professional responsibility for a particular type of health care (known as “Board level clinicians”).
- As per section 1 of Duty 12IM of the HCSA, Health Board’s must publish and submit a report (via the provided template) to Scottish Ministers on compliance with their duties under the HCSA by April 30th, 2025.

NHS Borders established a Health and Care Staffing Programme Board (HCSPB) to provide guidance on the overall strategic direction of the Health & Care Staffing legislation for the Board. The HCSPB also retains oversight of the implementation of the 10 specific duties placed on NHS Borders through the Health & Care (Staffing) (Scotland) Act 2019. Progress to date has been reported to the Staff Governance Committee (SGC).

This report outlines progress at end of 2024-25 on NHS Borders’ implementation of the requirements of the Act, as we work towards full compliance. The full Scottish Government report can be obtained from the Executive Lead on request.

2.2 Background

The aim of the Act is to provide a statutory basis for the provision of appropriate staffing in health and care services. While many of the Act requirements are not new concepts, they must now be applied consistently within all Roles in Scope with an intent to:

- Enable delivery of safe, high-quality care and improved outcomes for people.
- Support the health, well-being and safety of patients and the well-being of staff.

Underpinning all duties and responsibilities placed on NHS Borders when considering staffing within health care is the application of the **Guiding Principles** (see Appendix 1 – p11).

As well as introducing Guiding Principles, the Act outlines **10 duties** which are now placed on NHS Boards and are set out within this report, indicating areas of success/achievement as well as risks and challenges.

The Act’s accompanying Statutory Guidance outlines the internal quarterly reporting requirements and the Act also outlines a number of duties for Healthcare Improvement Scotland. These are summarised below:

- HIS: monitoring compliance with staffing duties.
- HIS: duty of Health Boards to assist staffing functions.
- HIS: power to require information.

To assist HIS in carrying out their functions, formal requests have been made for a copy of the Board’s Quarterly Reports. A Board engagement meeting is then held between HIS and NHS Borders representatives to review the quarterly report. HIS will also use other intelligence held by them in order to monitor performance of the NHS Board overall.

2.3 Assessment

Reporting assessment of NHSB compliance against the duties.

In order to report compliance with the duties across all services, Professional Leads were asked to complete a standardised template to identify current levels of compliance with the duties, within their areas of professional responsibility. In summary, information received to date indicates a number of areas of progress as well as challenges faced by NHS Borders in achieving compliance with the Health & Care (Staffing) (Scotland) Act 2019:

Achievements:

The primary focus in the first year of implementation has been increasing our understanding and gathering intelligence on the systems and processes that are already in place and being used across NHS Borders and to understand how these processes meet the requirements of the Act.

NHS Borders take steps to facilitate our staff to provide safe, high-quality care and improve outcomes for patients and service users. We obtain a range of feedback from the public who use our services e.g. via complaints and commendations as well as feedback from Care Opinion. NHS Borders also has a patient representation network which allows the views of public representatives to be considered when making decisions directly related to care, and which helps to improve services and acknowledges lived experiences.

The link between increased staff wellbeing and the safety and quality of care provided to service users is recognised by NHS Borders and resources continue to be developed to support staff wellbeing.

There has been a successful programme of international recruitment across nursing, AHP and some medical specialties enabling an improved staffing complement.

Local and national resources in relation to the duties of the Act are shared across the Board during all relevant engagement and learning sessions and the HCSSA Programme Board enables collaborative working and shared learning between services and professional groups.

The roll out of Optima Health Roster and SafeCare continues to progress steadily across all clinical services within NHS Borders.

Challenges:

We identify that improvement is required to our governance and risk management processes as well as the development of guidance and SOPs to support full implementation of the Act.

There are a number of factors that may prevent us fully progressing our compliance with all elements of the Act which we will monitor and help minimise to prevent any impact on delivery of safe and high-quality care:

Competing System Pressures: Teams are delivering care in a very stretched system where work has to be prioritised and reprioritised at short notice. This in turn impacts on the time that staff have to develop and deliver the necessary processes required by the Act.

Financial Challenges: The challenging financial position both nationally and locally has an ongoing potential to affect progress with overall compliance with the Act. Fiscal challenges create a conflict between the sustainability of services, cost reductions and the aims of the legislation to ensure safe and effective, high-quality care for patients and service users

provided by staffing in the right numbers, in the right places with the right skills and at the right time.

Consistency of Processes: There is much variation across the Board that continues to have potential impact on overall compliance with the legislation. The annual report reflects all professions and although significant progress is being achieved, there remains inconsistency in the overall position and how the duties are managed.

Limitations of IT systems: Work is being done nationally to look at solutions to provide an interface between HR, Finance and Workforce Planning systems, but currently systems require double keying and duplication of effort which inhibits complete progress.

As a Board there is requirement to comply with the Duties specified by the Act and our progress against each is summarised below.

Guiding Principles for Health and Care Staffing

Guiding Principles etc in Health Care Staffing and Planning

All NHS functions are represented on the NHSB HCSSA 2019 Programme Board. A shared space for learning and collaboration across clinical professions is available via access to local HCSSA Programme Board Teams Channel.

Communication with staff around provision of safe and high-quality services is a strong focus for NHS Borders currently as it embarks on the production of clinical and professional strategies to direct the service over the next 5 years

Service reviews are ongoing across the Board with identification of workforce development opportunities but there is a stark reality that vulnerable services may not all be fully sustainable if funding or recruitment continues to be significantly challenged and this will be part of the wider narrative within Board and with the local population. The Local Workforce Plan is used to highlight existing/emerging risks to Scottish Government.

As we have variable levels of progress against all of the duties, across the professions, we rated our overall level of assurance as 'reasonable' (see Key in Appendix 2 on p12).

12IA Duty to ensure appropriate staffing

Workforce is one of the biggest strategic risks for NHS Borders. To mitigate this risk there is a robust Workforce Planning process within the Board, with annual review of workforce plans together with all areas undergoing service reviews to assess gaps between demand & capacity. A number of professions have national recommendations within Professional Body guidance or National pathways; Regional Working, national workforce reviews e.g. in Dentistry and Audiology, DCAQ models in HV and Community Pharmacy, Job Planning in Medicine and AHP all contribute to Workforce planning in NHS Borders. Service specifications have been completed for all AHP services. Every profession has agreed safe minimum staffing e.g. cardiac physiology – data on core demand is used to influence staffing numbers and skills while medical staff have prepared proposals for safe staffing minimum and tolerance levels and skills mix.

Staffing across the Board has increased through National and International recruitment in nursing, medical and AHP staffing. Factors including NQP recruitment, development of B4

Assistant practitioners, application of Staffing Level Tools across N&M and Emergency Medicine; and monthly recruitment oversight group discussions in Acute Nursing have led to increased numbers across most nursing services. Collaboration/discussion with Universities and HEIs is being held to identify if more education can be provided locally to encourage uptake of training places and prevent attrition e.g. on nursing courses.

There has been improved recruitment to medical consultant posts: use of CDFs has also improved medical staffing rotas. A safe staffing matrix in Psychology, service specifications exist for most AHP services outlining core service and context, and the roll out of Optima HealthRoster and SafeCare have all contributed to improvements in staffing safety although it is acknowledged that there remain national and local recruitment challenges in some clinical professions such as Psychiatry, Pharmacy, Audiology and Dermatology. National shortage and difficulty recruiting to rural area and lack of sub specialisation opportunities can limit applicant interest.

Some services lack resilience due to small numbers of staff and no Bank availability e.g. specialist services in a rural Board such as audiology. This is impacted by unplanned absence. Succession planning is also challenging in small teams and in light of fiscal challenges.

Savings targets -10% over 3 years, reduction in uptake and availability of training places across Scotland for student nurses, rural/remote location of NHSB, and a high elderly population creates additional challenge whilst clinical pressures affect ability to release staff for training, also adversely affecting engagement with HCSSA. There are limitations of current IT systems for data collection; and vacancy control and recruitment processes are lengthy, all adding to the challenges of compliance with the legislation.

121C Duty to have real-time staffing assessment in place

Real Time Staffing Resources on TURAS were rolled out across all Acute, Community Hospital and Mental Health Inpatient wards – being superseded by roll out of Optima HealthRoster and SafeCare in some areas. All other areas demonstrate dynamic risk assessment either through Daily Safety Brief or various Daily Staffing Huddles and also in response to unplanned absences that impact on staffing levels. Psychology and Public Dentistry are working with PHS to develop bespoke resources for their services. 45% of clinical areas now use Optima eRoster with 25% currently 'live' with SafeCare across the Board – 100% of Mental Health Inpatient Wards are using both eRoster and SafeCare. Implementation continues across a range of specialties including AHP services, community nursing and vaccination teams. Non bedded services will also use eRoster and SafeCare level 1 to allow for raising of red flags and escalation of risk. There has been increased awareness by all professions of this Duty, and it is acknowledged that processes are not consistently documented and require further work.

Uptake and use of RTSRs and eRoster/SafeCare remains inconsistent due to pressures on clinical services delaying engagement with the onboarding process and eRostering Team having to use capacity to provide maintenance to areas already onboarded; the use of more than one recording system leads to some inconsistency in reporting on real time staffing. Professional judgement of staff is utilised at Safety Brief and Safety Huddles. Informal processes remain in some areas e.g. Healthcare Scientists where neither RTSRs nor SafeCare have yet been implemented. Such processes require to be formalised.

121D Duty to have risk escalation process in place

NHS Borders has a clear Risk Management Strategy underpinned by Risk Management Policy and Protocols for all staff to access. Training by the Risk & Safety team is delivered to all managers and team leads. The use of Real Time Staffing Resources and Optima Health Roster/SafeCare, where embedded, provides a useful and reliable framework for risk escalation processes to be implemented around staffing.

InPhase recently replaced Datix as the Adverse Event Recording system used in NHS Borders. Clinical pressures and lack of familiarity with InPhase may still lead to under reporting of risks as well as delays to reviewing reports; practicalities of risk escalation can also delay mitigation.

Business Continuity Plans are being updated across the Board; SOPs are being developed for profession/service specific processes – SafeCare will provide a standardised approach once all clinical services have implemented it.

12IE Duty to have arrangements to address severe and recurrent risks

Use of InPhase is in place to record incidents and near misses or to record severe/recurring risks due to staffing levels; increased reporting and trend analysis is available through both InPhase and SafeCare; Major and extreme risks/events are flagged for discussion with clinical teams and/or SAER investigation; risk assessment tools are in use e.g. developed pressure damage, medication errors which also look at impact of staffing as a contributing factor to patient harm. InPhase reviews are a subject matter for operational Risk & Safety team and Clinical Governance groups.

The Risk Register is universally used to record severe/recurring risks and those that remain unmitigated. The digital national Real Time Staffing Resource is being utilised by greater numbers of staff. Service reviews have sight on risks within services with steps being taken to address these.

Persistent clinical pressures have delayed roll out of eRoster and SafeCare, both of which allow for increased identification and reporting on severe and /or recurrent risks; use of RTSRs has remained inconsistent where SafeCare has not been implemented. Delays to reviewing adverse incident reports means less timely identification of trends and recurring themes, with associated lack of detail to evidence mitigating actions.

12IF Duty to seek clinical advice on staffing

Day to day senior clinical staff are readily available to provide advice when clinical staffing risks are escalated to them – either during Safety Brief/Staffing Huddles or directly to line managers. In the Out of Hours period there is a rolling 7-day roster of senior staff to whom staffing risks can be escalated and who are able to provide advice. This roster includes at all times a Site Manager for Acute as well as Professional Leads up to and including Executive level. All services report having a system via line managers to appropriate experts when clinical advice is sought.

As services in NHS Borders are small scale it is also recognised practice to employ a collaborative approach so that if issues arising cannot wait until the next working day and specific professional advice was required that the relevant professional leader may be contacted in the out of hours period whether formally on call or not.

Topic specialists provide additional support and advice to teams where significant risks or harm are identified and reported via Datix/InPhase and they are involved in all SAERs.

Lack of assurance exists, as yet, that clinical teams have a robust approach to recording clinical advice given and any disagreements with that advice – a number of methods may be in place using currently available documentation but compliance with this duty does require further work.

12IH Duty to ensure adequate time given to clinical leaders

Professional leads are currently working on ensuring that appropriate time to lead is built into all relevant Job Descriptions and that this is reviewed both on an annual basis at the time of Appraisal, and at other appropriate key times e.g. as part of service reviews and redesign. Job planning is well established within medical specialties and is becoming more widespread across professions e.g. AHP, Dentistry, Pharmacy where there is an option/permission for leads to use their time flexibly to execute leadership roles. Some professions also have recommendations provided by their professional Bodies for non-clinical and CPD time.

Staffing Level Tool outputs provide some evidence of whether there is adequate leadership time available within nursing & midwifery. Use of Optima eRoster and SafeCare facilitates identification of leadership time and whether this is able to be utilised. Monthly reporting within CMTs of team/service performance e.g. appraisal and CPD completion rates, sickness levels and RTW discussions, will help to formalise the need for protected time. Additional administrative support has been introduced to help some clinical leads cope with the administrative burden of their role.

Leadership time across many professions continues to be compromised due to direct clinical pressures and is often the main mitigation to staffing risk in the short term with clinical leads frequently reporting that leadership time identified remains inadequate. Effect of the Reduced Working Week (RWW) and financial constraints also adversely impact the provision of leadership time.

12II Duty to ensure appropriate staffing: training of staff

There is ongoing work within Acute Nursing to ensure all training plans have been updated to reflect staff's current training to allow evaluation of time required for staff training and development. Where feasible, services take a flexible approach to staff completion of mandatory training and online learning, with access to training available from multiple locations, however Protected Learning Time is being introduced as part of A4c non pay elements of recent pay award which will be challenging for some services to implement. Registration Bodies/Professional Bodies such as NMC, GMC, GDC, HPC outline CPD requirements for their professionals with annual registration renewal a requirement. A training matrix on NHS LearnPro is aligned to professional education requirements and monthly feedback is given to clinical areas on completion rates for mandatory/statutory training and C&PD team also flag any areas of significant concern. 2% of PAA (Predicted Absence Allowance) is allocated for training; professional teams universally report this to be insufficient.

There is continued innovation by C&PD staff to deliver training and development using a variety of bespoke methods, targeted approaches, and locations. TED (training, education, and development) Board meets monthly to oversee the identification and most appropriate use and allocation of resources and opportunities.

Release of staff from clinical roles to complete mandatory/statutory training can be deprioritised by individual clinicians or managers due to clinical pressures. Protected learning time is currently difficult to achieve when there are high levels of absence, particularly in small teams. The Reduced Working Week is likely to impact further on ability to release staff for training.

12IJ Duty to follow common staffing method (CSM) and 12IL Training and consultation of staff

Currently, Nursing, Midwifery and Emergency Department Medical staff (Duty 12IK) undertake a 2-week tool run annually. These form part of the Common Staffing Method approach to workforce planning which considers multiple components including Clinical Quality Indicators, Patient Complaints and Feedback, Staff Training & Development and Appraisal rates and other local context of the area of service provision. Reports on CSM are jointly agreed and signed off by Team Leads, Managers +/-Finance to ensure transparency and governance. The narrative can be used to build a case for reviewing staffing levels and action planning as well as potential service redesigns as part of service reviews.

There remains a lack of a robust feedback loop following the completion of a SLT and CSM run as well as a lack of assurance that staff views are fully embedded in CSM application.

Clinical pressures and lack of protected leadership time for team leads results in challenges to getting Staffing Level Tools run accurately and comprehensively. Clinical leads are still requiring significant support from Senior Nurse Workforce Planning to prepare for and complete SLT s and CSM. Reports take significant time for teams to generate and discuss, with delays possibly reducing effectiveness of SLTs and validity of reports.

Training is provided by Senior Nurse (Workforce Planning) by way of refresher sessions, teaching sessions using SSTs and data capture templates to ensure that staff have full understanding of the CSM and reasons for it. Action plans are devised following review of data triangulated in CSM. Information gathered from iMatter, Care Opinion and Complaints/Commendations is used to support review of local context in which care is provided. A template was developed by Senior Nurse (Workforce Planning) who also delivers training to clinical leads on the features of CSM and how to gather necessary intelligence to inform reports following completion of staffing level tools.

Current service pressures means supporting staff to attend training on use of the CSM continues to be challenging with an ongoing lack of assurance that team leads are fully aware and conversant with all aspects of CSM. CSM Toolkit (HIS website) and Quick Guides are shared to support completion of SLTs and CSM during training by Senior Nurse (Workforce Planning). TURAS analytics around module uptake of HCSSA resources remains concerning with a move to mandate specific modules for some A4C staff initially.

There is a consultative approach within NHSB to encourage open sessions on the financial situation, staff share/staff digest articles on intranet and iMatter is run annually so staff are encouraged to have their voices heard.

Planning and Securing Services

Established Planning and Procurement of services exists within NHS Borders incorporating HSCP, with awareness raising by Senior Nurse (Workforce Planning) on the duties of the legislation around Planning & Securing Services via meetings with relevant contracting managers. There is no requirement to revisit contracts/SLAs established prior to April 2024,

but all new contracts will be subject to legislative requirements. Sharing of Scottish Government Guidance and HIS Quick Guides with contracting managers aids understanding of this Duty.

Lack of a national 'Once for Scotland' approach by NHS Scotland as to how Boards should ensure compliance with the Act is being discussed at national Workforce Leads Collaborative meetings and with HIS. Discussions are underway to look at wording of initial contracts and SLAs at points of tendering and agreeing/signing off.

The expectation of confirmation of compliance with the requirements of the Act will be built into any future commissioning agreement but there is a need for further consideration of local assurance processes.

2.3.1 Quality/ Patient Care

As described within the report.

2.3.2 Workforce

As described within the report.

2.3.3 Financial

As described within the report.

2.3.4 Risk Assessment/Management

As described within the report.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment is not required.

2.3.6 Climate Change

Not applicable.

2.3.7 Other impacts

Not applicable.

2.3.8 Communication, involvement, engagement and consultation

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

2.3.9 Route to the Meeting

This report has been prepared directly for the Board.

2.4 Recommendation

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

Board members are encouraged to reflect on the information provided and to provide guidance on any further information which they feel would be helpful to both provide assurance to the Board, and to support evidencing of compliance with the Act.

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, Guiding Principles

APPENDIX 1**GUIDING PRINCIPLES**

The Guiding Principles, as specified in the Act, are:

- To provide safe and high-quality services and to ensure the best health care or (as the case may be) care outcomes for service users - our patients.

This ensures that staffing for health care and care services is to be arranged while:

- Improving standards and outcomes for service users.
- Taking account of particular needs, abilities, characteristics, and circumstances of service users.
- Respecting dignity and rights of individual service users.
- Taking account of the views of staff and service users.
- Ensuring wellbeing of staff.
- Being open with staff and service users about decisions on staffing.
- Make the best use of available individuals, facilities, and resources – allocating staff efficiently and effectively.
- Promoting multi-disciplinary services as appropriate.

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Whistleblowing Annual Report 2024/25
Responsible Executive/Non-Executive:	Lynne Livesey, Non-Executive
Report Author:	Andy Carter, Executive Lead Whistleblowing Iris Bishop, Board Secretary

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The National Whistleblowing Standards (the Standards) have been in place now since 1 April 2021. The [National Whistleblowing Standards](#) set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns.

Where the employee remains dissatisfied, the concern can be escalated for external review to the Independent [National Whistleblowing Officer](#).

NHS Borders supports and encourages an environment where employees, students, contractors and volunteers can raise concerns about patient safety, malpractice and any perceived wrongdoing.

2.2 Background

The National Whistleblowing Standards are underpinned by legislation and constitute formal guidance to the NHS in Scotland; guidance which has been implemented locally as *“Raising whistleblowing concerns : a guide for staff at NHS Borders”*. The Scottish Public Services Ombudsman (SPSO) and stakeholders, including NHSScotland employers and trades unions, co-produced the Standards, which were also subject to public consultation.

NHS Borders has a designated Whistleblowing Champion – Lynne Livesey, Non Executive, an Executive Lead - Andy Carter and an INWO Liaison Officer – Iris Bishop, Board Secretary.

A range of staff from different backgrounds across the organisation act as Confidential Contacts; publicised points of contact available to staff & students to work out if their issue is indeed in the public interest and covered by the whistleblowing construct.

2.3 Assessment

The NHS Borders approach to handling whistleblowing allegations under the Independent National Whistleblowing Officer (INWO) Standards continues to evolve in line with evolving guidance from INWO.

The Standards are applicable across all NHS services. They must be accessible to anyone working to deliver an NHS service, whether that is through an employment, educational or commissioning arrangement. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

The format of the Whistleblowing Annual Report 2024/25 is in line with the June 2023 guidance received from the Independent National Whistleblowing Officer regarding what areas must be covered.

2.3.1 Quality/ Patient Care

The Whistleblowing initiative assists the organisation by creating an environment where staff who have concerns about patient safety issues and other harms will be carefully listened to and offered impartial advice, encouragement, support and protection against victimisation.

2.3.2 Workforce

The monitoring of whistleblowing concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance hand book and a culture which supports the appropriate raising and handling of concerns.

The standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and Teamwork.

These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty and transparency are used to achieve this goal.

Whistleblowing can be stressful for the whistleblower, those who allegations are brought against and the Confidential Contact.

2.3.3 Financial

Not applicable.

2.3.4 Risk Assessment/Management

Risks can relate to a wrongdoing, patient safety or malpractice which the organisation oversees or is responsible or accountable for. In a health setting, these concerns could include, for example:

- patient-safety/care issues
- poor professional practice
- unsafe working conditions
- fraud (theft, corruption, bribery or embezzlement)
- changing or falsifying information about performance
- breaking any legal obligation
- abusing authority
- deliberately trying to cover up any of the above.

2.3.5 Equality and Diversity, including Health Inequalities

The Standards are underpinned by legislation and form the National Whistleblowing Policy for NHSScotland. The Scottish Public Services Ombudsman and stakeholders, including NHSScotland employers and trade unions, co-produced the Standards, which were also subject to public consultation.

2.3.6 Climate Change

Not applicable.

2.3.7 Other impacts

Not applicable.

2.3.8 Communication, involvement, engagement and consultation

Under the Whistleblowing Standards, NHS Borders must ensure that all staff have access to a 'Confidential Contact' whose role is to provide a safe space to discuss concerns and provide options for staff to take forward their issue.

NHS Borders Confidential Contacts are listed on the Whistleblowing page of the NHS Borders website.

2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development.

- Whistleblowing Governance Group on 13 June 2025.

2.4 Recommendation

- **Awareness** – For Members' information only and publication on NHS Borders external webpages.

3 List of appendices

The following appendices are included with this report:

- Appendix No1, Whistleblowing Annual Report 2024/25



Whistleblowing Annual Report 2024/2025

1. INTRODUCTION

- 1.1 This is the fourth Annual Whistleblowing Report which is presented to the NHS Borders Board for consideration.
- 1.2 During the year 2024/25 the Director of HR, OD & OH&S took on the role of Executive Lead for Whistleblowing. In doing so, the Director of HR reviewed what Whistleblowing cases were 'live'. There was a shared understanding between the Director of HR, Health Board Chair, Chief Executive and Whistleblowing Champion of those cases which were outstanding and also of what further actions were required to ensure that NHS Borders fulfilled its obligations under the Independent Whistleblowing Officer (INWO) Standards. Whistleblowing is a sensitive and highly confidential process and our Internal Audit programme for 2025/26 has whistleblowing as a key area for auditing.
- 1.3 The appointment of a PA to the Director of HR who will also provide administrative support to the whistleblowing function has successfully concluded. It is anticipated that the appointee will be in post for the Quarter 1 period for 2025/26 and will be able to ensure a more efficient servicing of whistleblowing matters.

2. KEY PERFORMANCE INDICATORS (KPIs)

Key Performance Indicator	Requirement	Local Update
1	Statement outlining learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns	There have been 2 whistleblowing cases raised for the year 2024/25 which progressed to Stage 2. The learning from case 1 has involved:-

		<ul style="list-style-type: none"> • Better information on our local intranet site for all staff – localised / borderised which explains clearly what the steps are for raising a WB case etc. – referring to the national guidance docs could be enhanced by some local info / factsheets. • Guidance / information for if you need to secure an external investigator, how to go about it, what arrangements need to be put in place, what information does the investigator need. • Some information specifically for those who have allegations or concerns raised against them, that explains the WB process in clear language. • Consider providing ‘informal contacts’ outwith the WB process for those who have concerns raised against them, to act as ‘peer support’. • Standard letters / templates / prompts to give to the individual overseeing the WB investigation at the start of the process with clear guidelines / steps to follow – should also include a short cut guidance to contacting INWO. • Clearer guidance at the end of a WB case as to what steps are open to the individual raising the concerns, and those who had concerns raised against them – with a clear route that does not include the individual who oversaw their case. • Some sort of feedback collection process to be introduced that does not include the individual who did the investigation or who oversaw the investigation / case – otherwise no closure.
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		<ul style="list-style-type: none"> • Need to be really honest in opening discussions / paperwork that for many WB cases these are complex and therefore not likely to meet the timescales set out by INWO. • Information to investigators / those overseeing the investigation – from an information governance perspective - how and where to save data, confidentiality, data protection etc. especially for when using external investigators and notes re who 'owns' the data / notes from investigatory meetings etc. <p>Case 2 has been held in abeyance until all HR processes have been concluded.</p> <p>Individuals decide who they wish to approach from the list of Whistleblowing Confidential Contacts. They may be attracted to a Confidential Contact in the same line of work or someone from a completely different job family. Geography might frame their decision one way or another i.e. speaking to someone out-with their immediate area or vice versa. Thought does need to be given as to whether there is any conflict of interest between potential whistleblower and Confidential Contact e.g. is the working relationship too close, is it unhelpful to seek assistance from someone in the same area. These things can usually be resolved between the whistleblower, Confidential Contact approached and the person who co-ordinates the Confidential Contacts.</p> <p>Our Independent Contractors – General Dentistry Service, General Practice, Community Pharmacy and Community Optometry also have requirements under the INWO Standards.</p>
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2	Statement to report the experiences of all those involved in the whistleblowing procedure	<p>There have been 4 whistleblowing cases raised for the year 2024/25.</p> <p>Case 1 – Involved an external investigation. Case 2 – Held in abeyance until all HR processes have concluded. Case 3 – Resolved at Stage 1 as it was an HR issue. Case 4 – Related to Case 1 and was resolved via the issuing of an apology following INWO advice.</p> <p>As we are a small Health Board due to confidentiality we are unable to provide commentary on the experiences of those involved in these cases.</p>
3	Statement to report on levels of staff perceptions, awareness and training	<p><u>Staff Awareness</u> – in October 2024, NHS Borders engaged in Speak Up week, issuing Staff Involvement and Staff Share communiqués on how and why it was important to raise any whistleblowing issues.</p> <p><u>Staff Training</u> – The majority of completion was in the financial years 2021/22 and 2022/23. Over the last two years, only around 20 learners have completed the training each year. There is improvement to be made in this area.</p> <p>Number of staff (Head count): 2863.79 (WTE @ 28.02.25) No of Staff who completed training: 94 (118 commenced modules) % of total staff who completed training: 3% Manager head count: 471 No of managers who completed training: 66 % of managers who completed training: 14%</p> <p>This training data is caveated in so much as issues have been identified with the integrity of the training data supplied nationally in</p>

		<p>terms of staff having the ability to move directly to completion of training without having undertaken all of the modules.</p> <p><u>Board Awareness</u> – The annual iMatter survey outcomes are reviewed by the Board to seek assurance that our staff have the awareness and ability to speak up should they have any concerns.</p> <p>The Whistleblowing Confidential contacts have moved to six monthly meetings to share experiences and stay up-to-date with any changes to the INWO Standards via an internal training plan.</p> <p>The NHS Borders website was updated in the period 2024/25 and includes the whistleblowing quarterly and annual reports as well a flowchart for staff and contractors to understand how whistleblowing concerns are taken forward.</p>
4	Total number of concerns received	<p>From 01 April 2024 to 31 March 2025, NHS Borders received 4 whistleblowing concerns.</p> <p>During 2024/25 4 concerns were received and investigated to see if they passed the definition for whistleblowing. NHS Borders did not think that 1 case (Case 3) met the criteria and referred it to the organisations internal HR process.</p> <p>The other 3 concerns involved 1) an external investigation 2) being held in abeyance until all HR processes have concluded 3) an apology being issued.</p>
5	Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed	<p>During 2024-25 1 Whistleblowing Case was concluded at Stage 1 (Case 3).</p>

		<p>During 2024/25 1 Whistleblowing Case was concluded at Stage 2 (Case 1).</p> <p>During 2024/25 1 Whistleblowing Case was concluded at Stage 1 as a connection to the concern concluded at Stage 2 (Case 4).</p> <p>During 2024/25 1 Whistleblowing Case remains in abeyance until all HR processes have concluded (Case 2).</p>
6	Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage	<p>During 2024-25 1 Whistleblowing Case was concluded at Stage 1 – Not Upheld (Case 3).</p> <p>During 2024/25 1 Whistleblowing Case was concluded at Stage 2 – Not upheld (Case 1).</p> <p>During 2024/25 1 Whistleblowing Case was concluded at Stage 1 as a connection to the concern concluded at Stage 2 – Partially upheld (Case 4).</p>
7	Average time in working days for a full response to concerns at each stage of the whistleblowing procedure	<p>For Whistleblowing Case raised in 2024/25 under Stage 2 the total time taken from notification to resolution was 205 days (Case 1).</p> <p>For Whistleblowing Case raised in 2024/25 under Stage 1 the total time taken from notification to resolution was 2 days (Case 3).</p>
8	Number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working day	For Whistleblowing Case raised in 2024/25 the total time taken from notification to resolution was 2 days (Case 3).
9	Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	No cases handled under Stage 1 required an extension.

10	Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2	Progress with the investigation was kept under review through liaison with senior managers. Due to a lack of administration support formal extensions were not recorded. Recruitment has now been made to administration support to support the full whistleblowing process and will ensure that where extensions are required these are formally applied for at 20 working day intervals and logged in line with the regulations.
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3. CONCLUSIONS

- 3.1 The NHS Borders approach to handling whistleblowing allegations under the INWO Standards continues to evolve in line with evolving guidance from INWO.
- 3.2 NHS Borders appreciates that the decision to pursue whistleblowing allegations is not taken lightly and wishes to express its thanks to those parties who took the time and effort to do so during 2024-2025, and also to staff who were involved in responding to concerns, including our network of Confidential Contacts.
- 3.3 In terms of improving our learning from whistleblowing cases, we have developed an improvement plan that remains live and is discussed at our regular Whistleblowing Governance Group to ensure progress is being made.

LYNNE LIVESEY
Whistleblowing Champion

ANDY CARTER
Executive Lead for Whistleblowing

IRIS BISHOP
INWO Whistleblowing Liaison

YEAR END REPORTING - INWO

Reporting Year:

2024-25

KPI	Category (link to Guidance)	Description	Total	Percentage
3	Staff perceptions, awareness and training	No of staff (headcount)	2863	
3		No of staff who completed training	94	
3		% of total staff who completed training	3%	3%
3		Manager headcount	471	
3		No of managers who completed training	66	
3		% of managers who completed training	14%	14%
4	Received	Total number of concerns received	4	
5	Closed	Total number of concerns closed	3	
5	Stage 1	Number of concerns closed at Stage 1	2	67%
5	Stage 2	Number of concerns closed at Stage 2	1	33%
6	Stage 1 Outcomes	Number of concerns upheld at Stage 1	0	0%
6	Stage 1 Outcomes	Number of concerns partially upheld at Stage 1	0	
6	Stage 1 Outcomes	Number of concerns not upheld at Stage 1	1	
6	Stage 2 Outcomes	Number of concerns upheld at Stage 2	0	0%
6	Stage 2 Outcomes	Number of concerns partially upheld at Stage 2	0	
6	Stage 2 Outcomes	Number of concerns not upheld at Stage 2	1	
7	Stage 1 Avg Working Days	Average working days for concerns at Stage 1	2	
7	Stage 2 Ave Working Days	Average working days for concerns at Stage 2	205	
8	Stage 1 Timescales	Number of concerns at Stage 1 closed within 5 working days	1	50%
8	Stage 2 Timescales	Number of concerns at Stage 2 closed within 20 working days	0	0%
9	Stage 1 Extensions	Number of concerns at Stage 1 with authorised extension	0	0%
10	Stage 2 Extensions	Number of concerns at Stage 2 with authorised extension	0	0%

NHS Borders



Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	NHS Borders Performance Scorecard April 2025
Responsible Executive/Non-Executive:	June Smyth, Director of Planning & Performance
Report Authors:	Carol Graham, P&P Officer Matthew Mallin, BI Developer

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 April 2025 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

The Performance Scorecard is presented to each Board meeting so that performance against the key standards can be scrutinised, and corrective action can be reviewed. During 2024/25 this report has been submitted to Scottish Government on a quarterly basis as a progress report against the Board's Annual Delivery Plan. We will submit our

Quarter 4 report to Scottish Government shortly and will submit this Performance Scorecard as our Quarter 1 report for 2025/26.

2.3 Assessment

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.

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 2025/26 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 April 2025.

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Borders Performance Scorecard



PERFORMANCE SCORECARD

As at 30 April 2025

Month 1

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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). The report is shared on a quarterly basis with Scottish Government to report progress against the key performance measures contained within our annual Local Delivery Plan 2025/26.

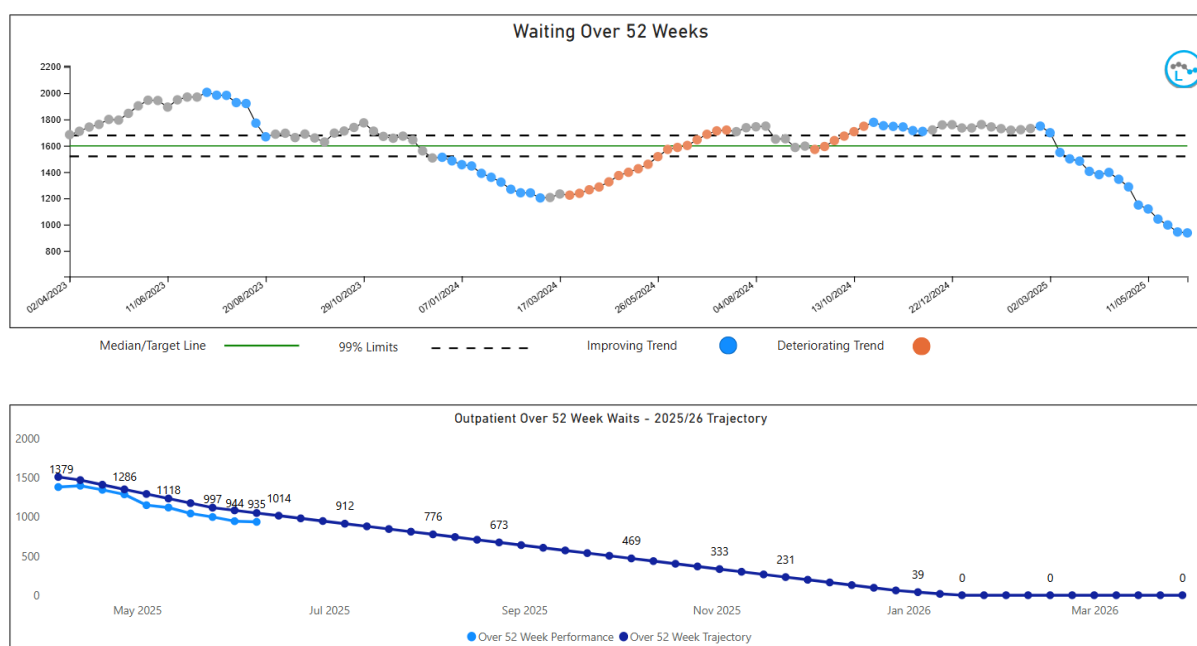
Performance is measured against a set trajectory or standard. To enable current performance to be judged, colour coding is being used to show whether the trajectory is being achieved. A tolerance of 10% is applied to the standards to enable them to be given a RAG status. For standards where the trajectory is 0, the tolerance level is 1, anything higher the RAG status is red (for example waiting times and delayed discharges).

Please note that moving forward we will be producing Statistical Process Control (SPC) charts to display data so we can monitor and improve our performance. An SPC chart is a type of graph used to monitor how a process changes over time. It shows data points in time order and includes a centreline (usually the average), and control limits (upper and lower boundaries). These limits help you see whether the process is stable or if something unusual is happening.

- If the data stays within the control limits and follows a consistent pattern, the process is considered in control.
- If the data goes outside the limits or shows unusual patterns, it may signal a problem that needs attention.

Outpatients waiting times

NHS Borders is committed to ensuring that by March 2026 (stretch goal January 2026), no patient waits more than 52-weeks for their first outpatient appointment. As shown in the charts below, continuous reduction in the 52-week new outpatient backlog is demonstrable and is in line with the performance improvement trajectory.



During April 2025 we have continued to show improvement in outpatient waiting time performance. Strengthened performance management and oversight and additional capacity has been targeted at patients waiting over 52 weeks, and this is where reductions are noted.

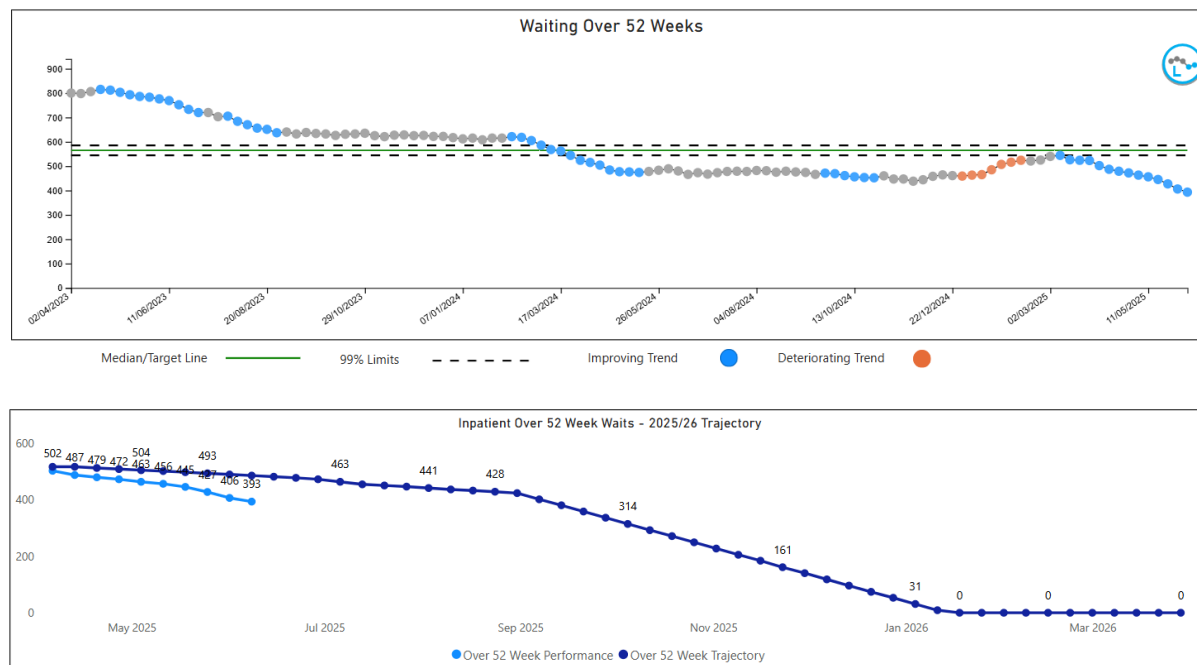
- The total waiting list size has reduced in the month by 95 patients or 1%
- Number of patients waiting over 104 weeks have reduced by 13 patients in the month despite limited capacity for routine dermatology rash referrals
- Number of patients waiting over 52 weeks also reduced by 118 or 8%

As per our Improvement Plan & Impact report, progress will continue to be made during May:

- The Scottish Government has now confirmed indicative allocation (nearly £2.4m) to support our elective care recovery plan, which is positive.
- The Tender document for 500 Ophthalmology "See and Treat" cataract procedures is now progressing and will close at the end of May for evaluation.
- "Super Friday" clinics to see significant number of new patients, first clinic booking was 28 April 2025, and its success and impact evaluated before a decision to continue is made
- 'Back to Basics' booking & scheduling to commence over the summer. More core capacity is to be earmarked to see and treat long-waiters and this is being monitored closely.
- DCAQ workshop April/May to identify productivity opportunities in outpatients
- Recovery plans in place in targeted specialties to deliver against trajectory are in place with robust oversight and management of delivery risks.
- Robust and targeted administrative and clinical validation of clinical pathways.

TTG Performance Against Trajectory- All Specialties

NHS Borders is committed to ensuring that no patient waits more than 52-weeks for treatment by March 2026, with a stretch goal of January 2026. As demonstrated in the below charts, continuous improvement is demonstrable, and delivery is in line with trajectory.



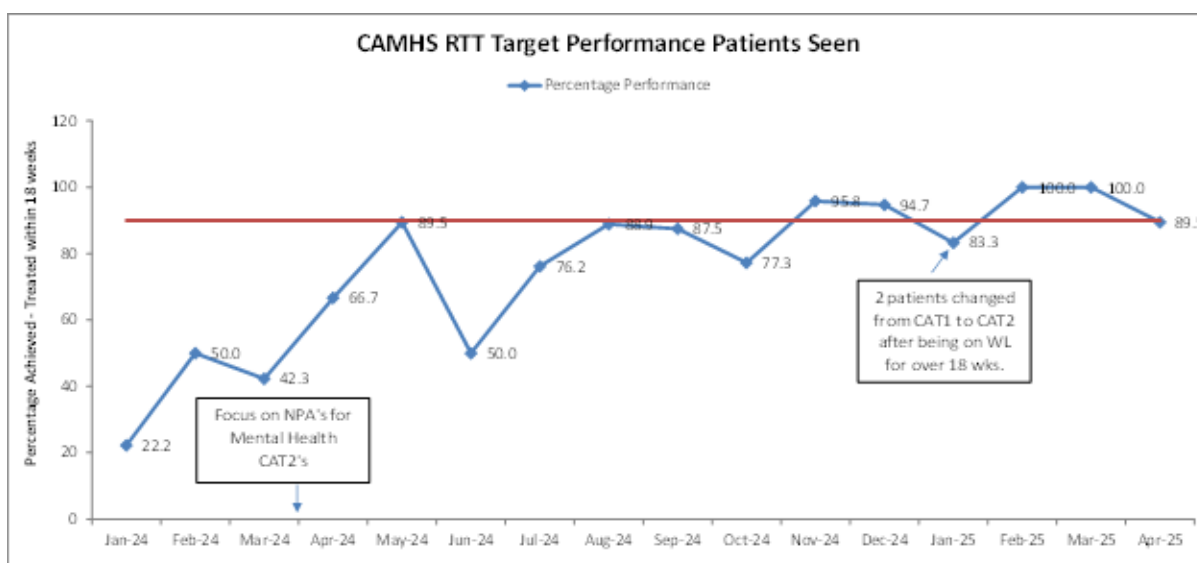
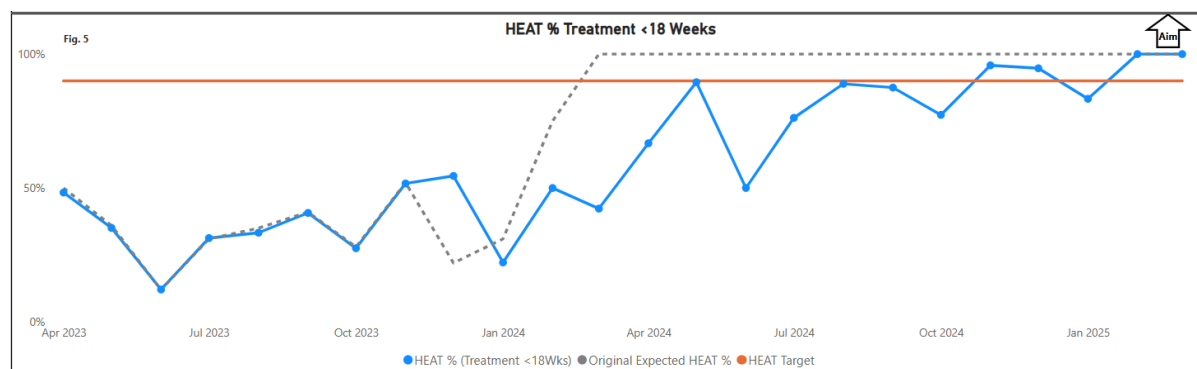
Performance

We are continuing to see the overall size of the IPWL reduce and this was at 2,317 patients at the end of April 2025. Patients waiting over 104 weeks were 23 and this has continued to reduce over the past few months. Patients waiting over 52 week waits decrease and in line with the agreed improvement trajectory.

Priorities

- **Theatre Scheduling.** We are working towards Infix (theatre scheduling tool) being fully operational by the end of June 2025, after which time productivity gains will start to be seen. Staff are being training in its application during April/May, and current waiting lists validated during May. This will coincide with the advent of “ring fenced” elective capacity for short stay inpatient elective activity.
- **Pooled Lists.** Work is underway to identify how patient lists can be sensibly ‘pooled’ so that we can ensure capacity is targeted based on strict clinical prioritisation then date order. (i.e. urgency and time waited). The specific focus is on the Orthopaedics and Cataracts.
- **IPWL Validation.** Work will commence to focus on the longest waiting patients to confirm that Waiting Times Guidance is being followed and that it remains appropriate that they should remain on the IPWL. This takes an MDT approach and meeting have been happening since February to good effect. This is supporting the ongoing reduction in waits over 104 weeks.
- **Building Capacity.** With funding (circa £2.4m) provided by the Scottish Government, including recurrent, is being used expand operating capacity in theatre and the day case procedure unit, and the establishment of a 23-hour stay unit at the BGH to ensure there is the right type of bed capacity to deliver more elective activity, targeting the 52-week wait backlog.

Mental Health Waiting Times – CAMHS



Plan to Reduce CAMHS Waiting Times – 2025 Update

Ensuring timely access to CAMHS services remains a priority, particularly in alignment with the 18-week Referral to Treatment (RTT) Annual Delivery Plan (ADP) Target. February and March 2025 achieved full compliance at 100%, while April saw a slight dip to 89.5%. To maintain progress, weekly monitoring of waiting times continues, with a particular focus on Condition 1 category patients (Mental Illness) to ensure equitable access.

To support ongoing service development, CAMHS is implementing several measures. One significant initiative is the continued strengthening of school-based referral pathways. Refinements made in Spring 2024 led to improved referral quality for neurodevelopmental concerns, and further optimisation is underway to ensure appropriate support and intervention for children and young people.

Improving inpatient service capacity remains a key focus. CAMHS has been working closely with NHS Lothian on an Options Appraisal to enhance the existing inpatient facility in Lothian, which will be accessible to NHS Borders. This initiative aims to reduce pressure on adult acute inpatient services while ensuring children and young people receive specialist, age-appropriate care in a dedicated setting.

Regional collaboration is also advancing, with efforts to develop a comprehensive ID-CAMHS pathway alongside East of Scotland Regional partners. This initiative integrates healthcare

teams, Social Work, education professionals, specialist residential care providers, and Third Sector organisations, ensuring equitable access to services for children with moderate to profound intellectual disabilities and complex behavioural needs, as series of workshops across the east region are scheduled for the next quarter.

Additionally, the Neurodevelopmental (ND) 'Whole System Approach' is developing and meetings scheduled over the coming weeks this project will strengthen collaboration across health, social care, and education sectors. The projects primary aim is to provide timely and effective interventions through need-based support across specialist, targeted, and universal services, ensuring families receive appropriate guidance.

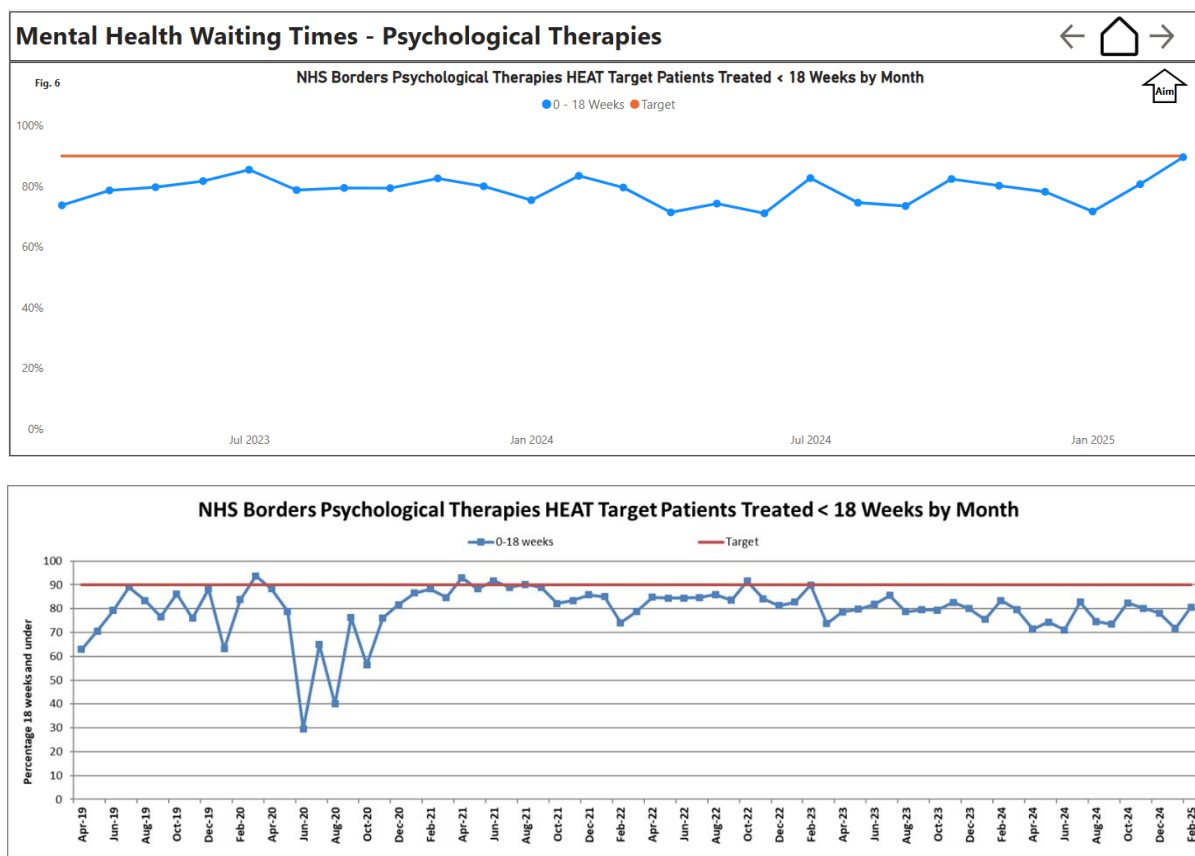
A pilot program aimed at reducing the internal waiting list for Neurodevelopmental (ND) referrals is underway. This initiative is designed to help reduce waiting times for over a hundred children in the coming months, ensuring quicker access to appropriate assessment and support. To further enhance service delivery, medical consultants and psychologists are now integrated into this initiative, working alongside nursing staff to provide more comprehensive assessments and specialist intervention. Their expanded involvement will ensure that children and young people receive timely, multidisciplinary support, aligning with best practices in neurodevelopmental care.

Stakeholder engagement remains essential to CAMHS service improvement. Quarterly meetings continue with key partners, including BANG, Children 1st, Educational Psychology, Social work, and School Nursing, to ensure effective inter-agency collaboration and service development.

Updated.836180

Waiting Times- Psychological Therapies

Please note the one month lag in data. (current available data for March."81)



What is the data telling us?

In March 2025, we started treatment with 125 people, 13 of whom had waited more than 18 weeks. Our performance against the 18-week LDP Heat target improved to 89.60% - an improvement of 8.95% from last month which was 80.65% and very close to the Heat target which is very good news! However we need to balance this against our current waiting list is 530 (slight increase from last month which was 519) and a slight increase in those waiting 19-35 weeks. Of the people on our current waiting list, 91.5% have waited less than 18 weeks, a slight reduction in those waiting 36-52 weeks and have no one waiting over 52 weeks.

Why is this the case?

Our performance improved mainly due to some extra capacity provided by short term locum input using underspend, as well as all teams working hard to see their longest waits. However, with the locums finishing we are seeing some increases in the 19-35 week waits which alerts us to this improvement not being maintained unless we have some extra resource, especially in areas that have capacity gap. We continue to have strong demand in all services, especially adult mental health (both primary and secondary care psychology), learning disability psychology and older adult psychology.

What is being done to improve performance?

We monitor all of our services to make sure that they are as productive as possible and performing according to nationally agreed job plans. We have had approval for utilising prospective underspend to recruit some 1.6wte 8A resource to carry out a waiting list initiative so we can bring down our longest waits, with recruitment starting in April/May. We are working hard

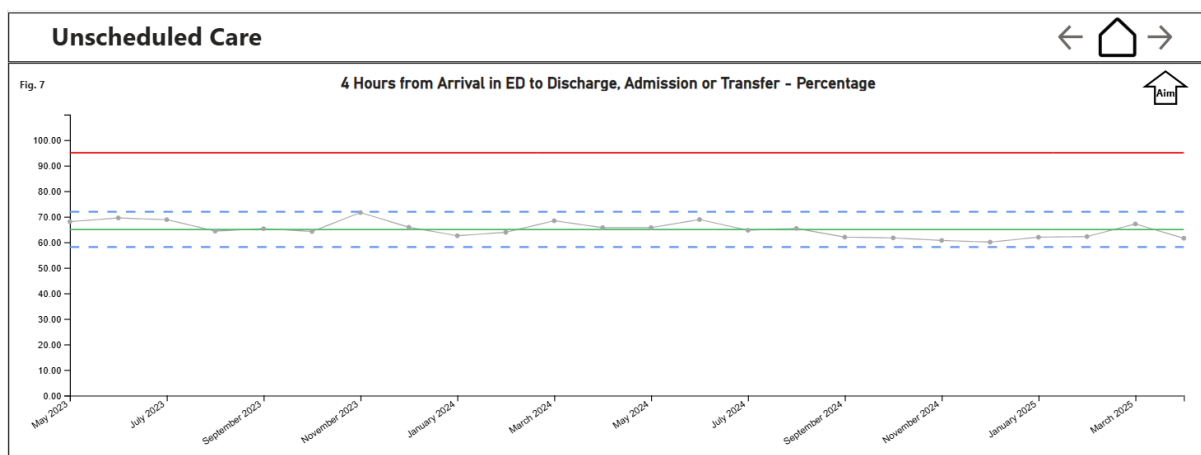
on our service review which is considering ways to improve our performance; although this is challenging due to gaps in services, the way the services are structured and the need to make savings.

Updated: 7/5/2018

Unscheduled Care Performance - 4 Hour Emergency Access Standard Performance

Unscheduled care services at NHS Borders continue to experience significant pressure, which has created challenges achieving the 4-hour emergency access standard. In April 2025 there were **2692** unplanned attendances to the Emergency Department (ED), with **1093** breaches. Performance against the standard was **59.4%** vs **64.55%** in March 2024.

Performance was notably affected by a combination of factors, including increased patient acuity, disruptions due to infection control measures—such as ward and bay closures—and ongoing challenges related to crowding and congestion at the emergency department entrance.



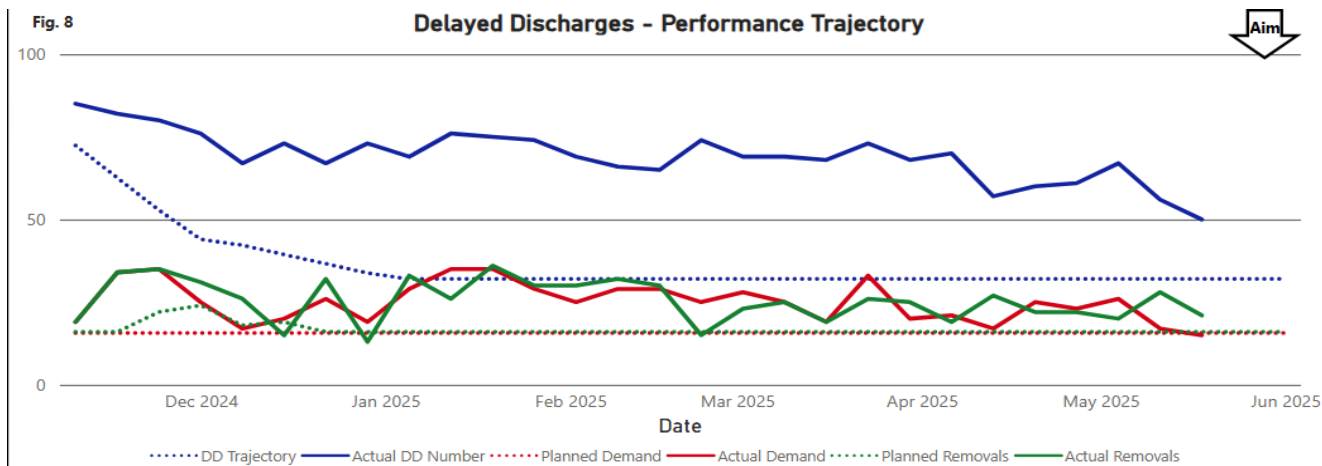
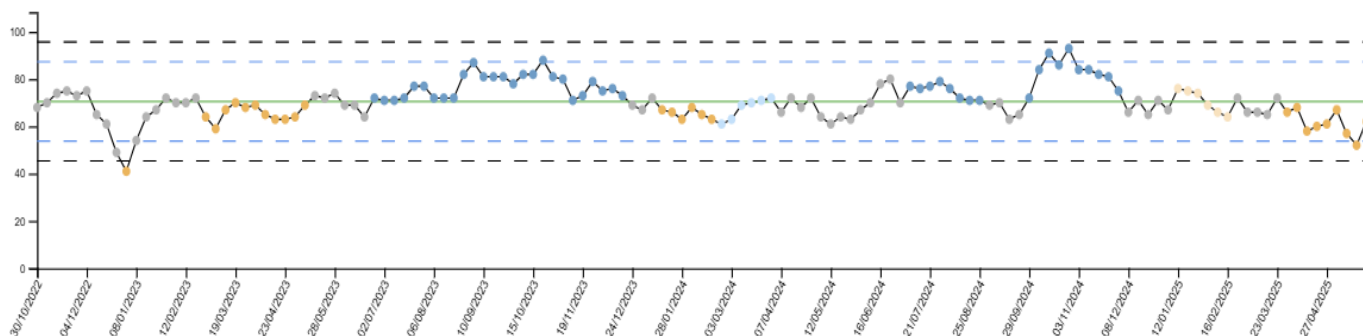
Following the Board's approval of the Emergency Department (ED) Workforce Review, the final phase of recruitment has now been completed. Five new medical positions have been successfully filled, which is expected to enhance the resilience and capacity of the medical roster. This will support the hybrid rotas currently staffed by junior doctors from multiple specialities, including Paediatrics and Orthopaedics. Work is also progressing to implement the broader recommendations from the review across both Nursing and Medical staffing structures, with the aim of ensuring a more sustainable and responsive workforce.

The Urgent and Unscheduled Care Programme Board is scheduled to reconvene in June 2025, with a refreshed urgent and unscheduled care improvement plan developed through a deep study of the data and insights. The plan will target improvements in ED and AAU, system-flow, frailty, and alternative out of hospital pathways including expansion of hospital at home and 'Home First'. By bringing these areas under a unified governance structure, the programme aims to improve coordination, oversight, and accountability. This integrated approach is expected to support improved patient flow, reduce pressure on acute services, and enhance overall performance at the point of admission.

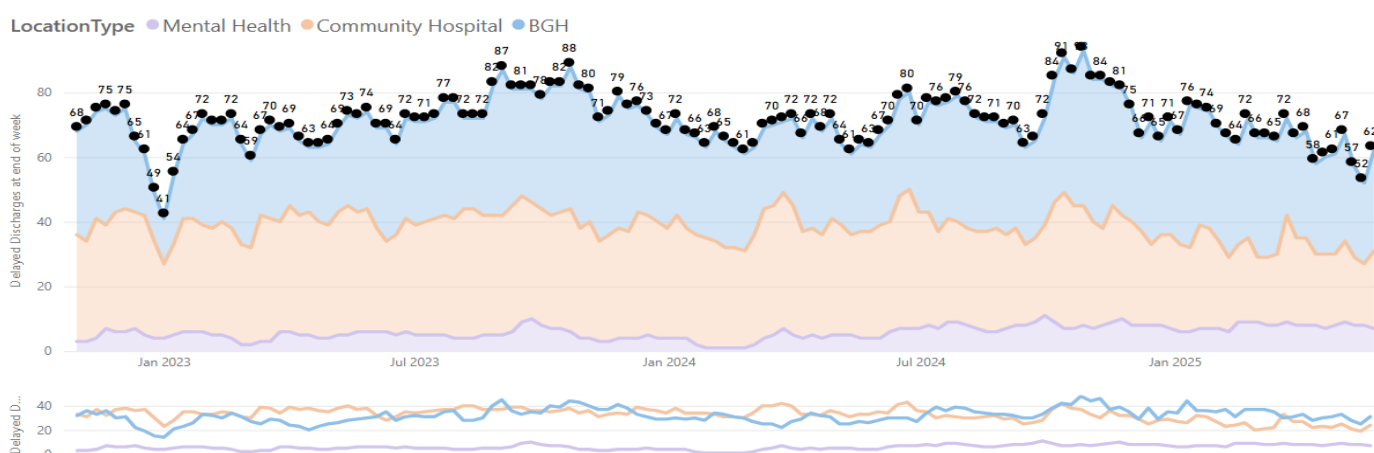
Whilst there is a need for a new refreshed targeted urgent care improvement plan, significant work continues in the improvement space, and we are seeing some demonstrable benefits. For example, activity through the Acute Assessment Unit (AAU) is significantly increasing which relieves pressure on ED, the proportion of patients being discharged from hospital before 12noon is showing a positive upward trend and the average LOS on the Medical Assessment Unit is also reducing.

Delayed Discharge

SPC - Delays On Sunday



No. of Delayed Bed Days



Performance:

As demonstrated in the above SPC charts, there is an overall downward trend in the number of delayed discharges across the system because of targeted improvement work. Unfortunately even with this targeted work our performance is still not inline with the forecast trajectory. At the

time of writing (18 May 2025), we have 52 people waiting for care as ‘delayed discharges’ against a trajectory of 31, which is above our trajectory but an improvement on the previous month (66).

As of 27 April, our delayed discharge breakdown was summarised as below:

	Number of people delayed	% of people delayed	Occupied Bed Days	% Occupied Bed Days
Assessment	8	13%	70	4%
Waiting to go Home	22	36%	820	43%
Adults with Incapacity	9	15%	268	14%
Residential Home	14	23%	544	29%
Nursing Home	6	10%	178	9%
Other	2	3%	17	1%
Total	61	100%	1897	100%





The number of delayed discharges in the hospital and the number of lost bed days as a result is falling. This is the result of executive oversight and targeted actions.

Primary and Community Services are seeing variation in outflow from community hospital beds. This is multifactorial, with a mix of outflow block due to availability of social care (packages of care provision) capacity of social work teams for moving on to care homes and IC bed availability. MDTs occur in community hospitals weekly with clear action cards for all stakeholders and escalation to thrice weekly RFD calls. Application of the MOP requires relentless focus from the ward and service team as there are opportunities to strengthen this process in terms of consistent application which are a focus for community services this month.

Updated.896181

Appendix to Main Performance Scorecard – Performance Against Previous Agreed Standards

Key Metrics Report – AOP Performance

Legend	
Value	
Mean	
Upper/Lower Limit	
Target	

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

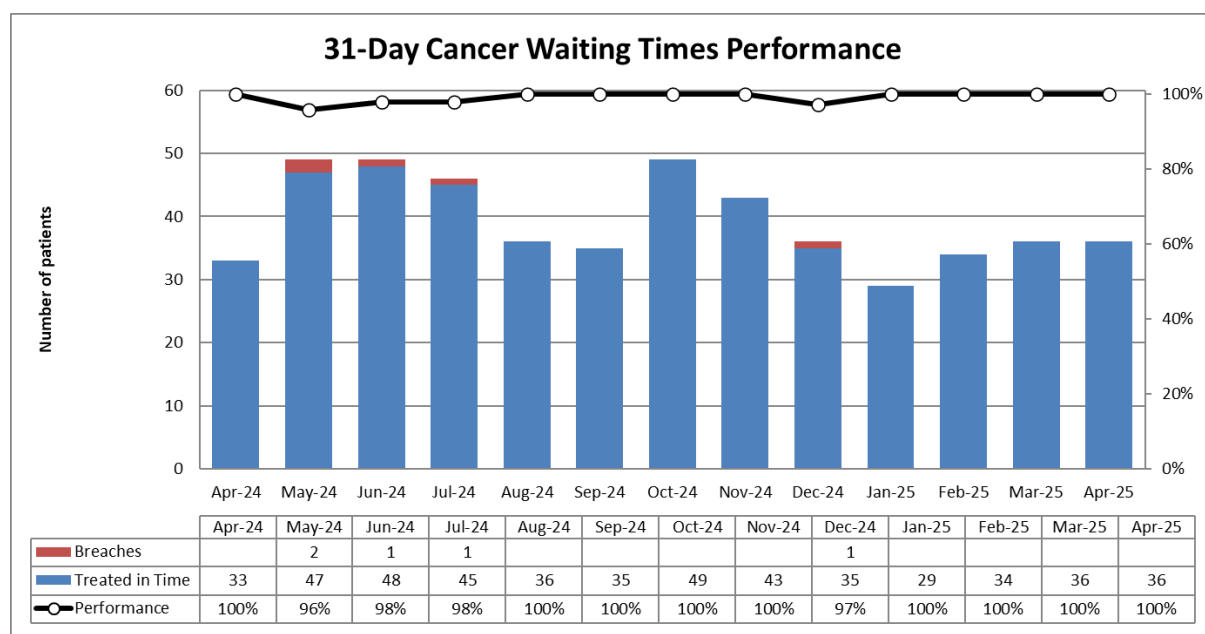
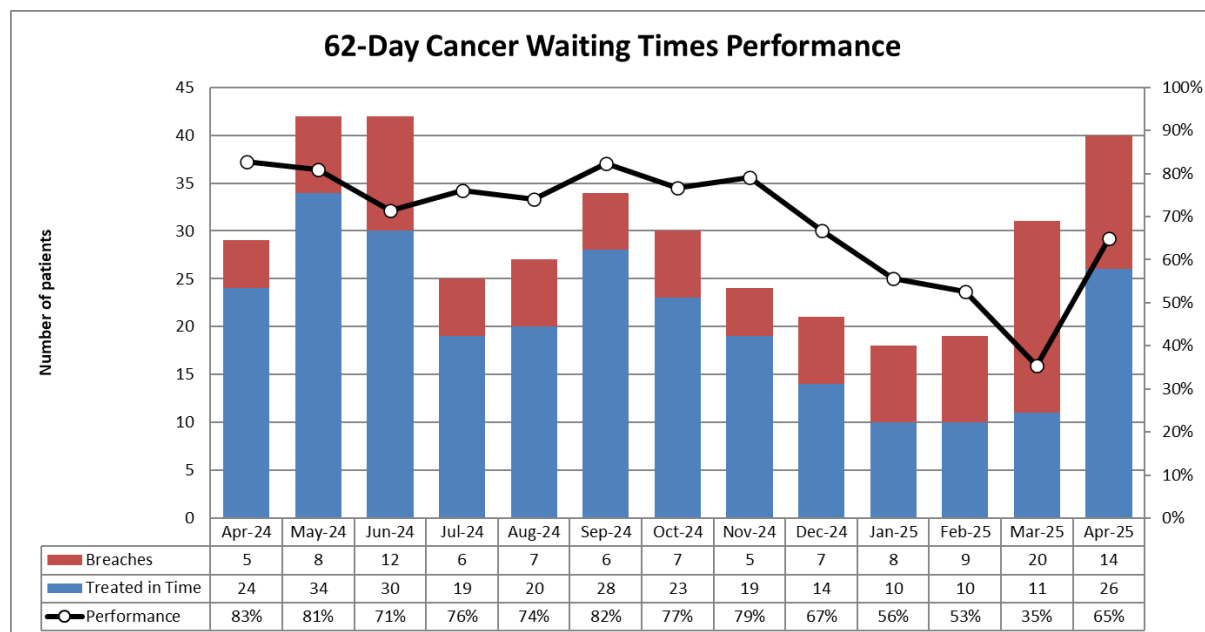
Symbols

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	31 March 2025	35.70	30 April 2025	64.10	↑
2	Cancer waiting Times - 31 Day target	95% of patients treated within 31 days of diagnosis	31 March 2025	100.00	30 April 2025	94.30	↓
3	New Outpatients - Number waiting > 12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	31 March 2025	7,397.00	30 April 2025	7,090.00	↑
4	New Inpatients - Number waiting > 12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	31 March 2025	1,562.00	30 April 2025	1,529.00	↑
5	Treatment Time Guarantee - Number not treated within 84 days from decision to treat	Zero patients having waiting longer than 84 days.	31 March 2025	158.00	30 April 2025	156.00	↑
7	Diagnostics (8 key tests) - Number waiting > 6 weeks	Zero patients waiting longer than 6 weeks for 8 key diagnostic tests	28 February 2025	730.00	31 March 2025	694.00	↑
8	CAMHS - % treated within 18 weeks of referral	90% patients seen and treated within 18 weeks of referral	28 February 2025	100.00	31 March 2025	100.00	→
9	A&E 4 Hour Standard - % patients discharged or transferred within 4 hours	95% of patients seen, discharged or transferred within 4 hours	31 March 2025	65.00	30 April 2025	59.00	↓
10	Delayed Discharges - Patients delayed over 72 hours	Zero patients delayed in hospital for more than 72 hours	31 March 2025	54.00	30 April 2025	57.00	↓
11	Psychological Therapies - % treated within 18 weeks of referral	90% patient treated within 18 weeks of referral	28 February 2025	80.70	31 March 2025	89.60	↑
12	Drug & Alcohol - % treated within 3 weeks of referral	90% patient treated within 3 weeks of referral	31 December 2024	96.00	31 March 2025	99.00	↑
13	Sickness Absence Rates (%)	Maintain overall sickness absence rates below 4%	31 March 2025	4.96	30 April 2025	5.56	↓

Cancer Waiting Times



During the month of April 2025, performance against the 62-day standard was 65% and against the 31-day standard was 100%.

Overall 62-day performance has deteriorated over the past year, and particularly during the last quarter. This is largely as a result of challenges in the Prostate pathway, and in Q1, NHS Borders reported the lowest performance amongst mainland health boards.

Tumour.Site	62 Day Standard			31 Day Standard		
	Treated	Breaches	Performance	Treated	Breaches	Performance
Breast	9	0	100%	9	0	100%
Colorectal	2	0	100%	3	0	100%
GI - HPB	1	0	100%	1	0	100%
GI - Upper	2	0	100%	1	0	100%
Gynaecology - Cervical	0	0	-	0	0	-
Gynaecology - Ovarian	2	0	100%	0	0	-
Head & Neck	1	0	100%	0	0	-
Lung	5	1	80%	5	0	100%
Lymphoma	1	0	100%	2	0	100%
Melanoma	1	1	0%	1	0	100%
Urology - Bladder	0	0	-	0	0	-
Urology - Other	0	0	-	0	0	-
Urology - Prostate	16	12	25%	14	0	100%
Total	40	14	65%	36	0	100%

14 patients breached the 62-day target during April:

- 12 Prostate patients breached due to delays in the local diagnostic pathway related to waits for Prostate Biopsy, MRI scans and clinical decision making
- One Lung patient breached due to delays in the local diagnostic pathway
- One Melanoma patient breached due to waiting five weeks for urgent review following initial tele-dermatology consultation

Other Issues:

- The Prostate pathway remains the most significant risk, with considerable delays around biopsy and other diagnostic steps. These waits have been exacerbated by a significantly increased number of referrals and a number of patients will continue to be reported as breaches over the coming months due to the continuing delays.
- Bowel Screening Colonoscopy and Colonoscopy waits are increasing following the return to previous arrangements for weekend activity. A new Nurse Colonoscopist has taken up post and is expected to be able to work independently by the end of 2025, however currently the waiting times for bowel screening colonoscopy are around 4 weeks. This has been escalated with service management.
- The Lung cancer pathway is currently an issue due to delays in diagnostics locally.
- Waiting times for initial outpatient appointments are an ongoing issue, and we are beginning to see breaches as a direct result of these. This issue has been escalated, and clinic templates will be reviewed to ensure that there is sufficient capacity for these patients to be seen timeously.

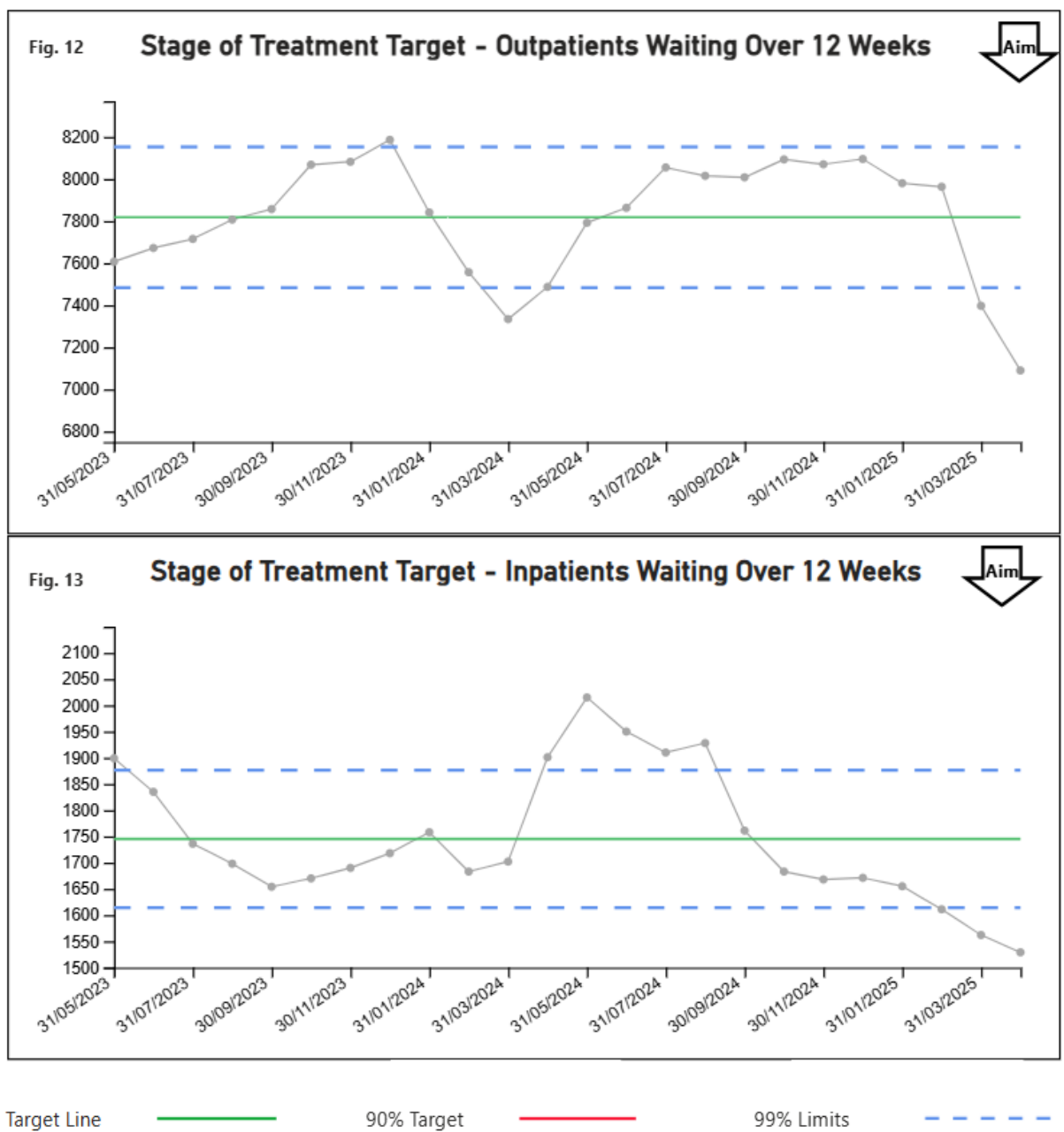
Actions:

- The refreshed Framework for Effective Cancer Management has been issued by Scottish Government; this is being reviewed for local compliance and improvement opportunities following participation in national Dynamic Tracking and Escalation workshops.
- Improvement work around the Prostate pathway is ongoing and a new Task and Finish Group led by Interim Director of Acute Services has been initiated.
- A mapping event is being held in May to review the Lung cancer pathway and identify opportunities where this can be improved.

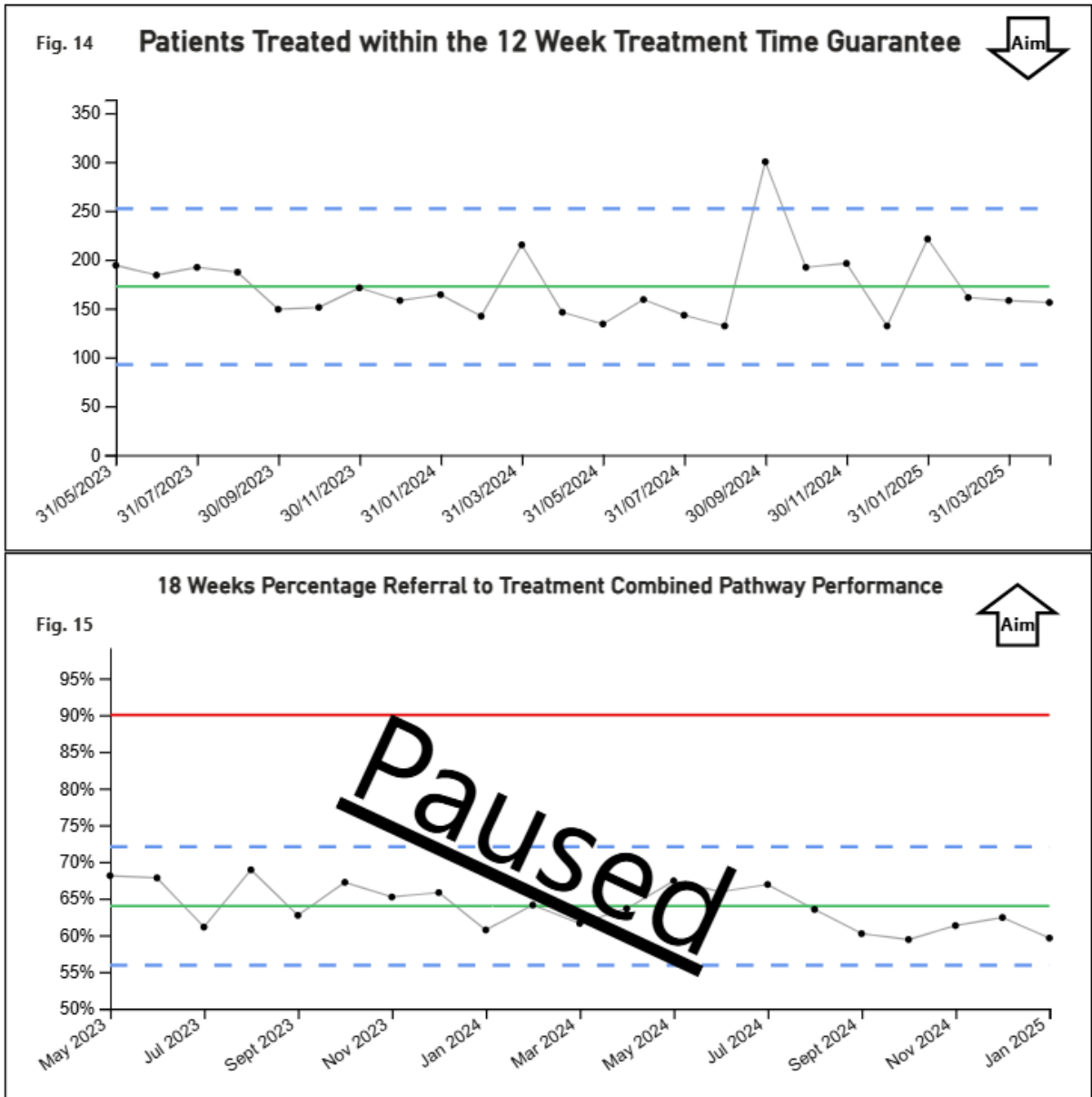
- Weekend Colonoscopy lists and additional mobile Radiology capacity have been extended to March 2026.
- Breast clinic capacity is being reviewed by the local service to reduce dependency on the Forth Valley team to deliver clinics in Borders.
- Demand and capacity analysis is being undertaken around outpatient referrals and clinics to ensure that there is sufficient capacity available for patients to have first appointments timeously

Updated 16.06.25

Stage of Treatment- Outpatients/Inpatients waiting over 12 weeks

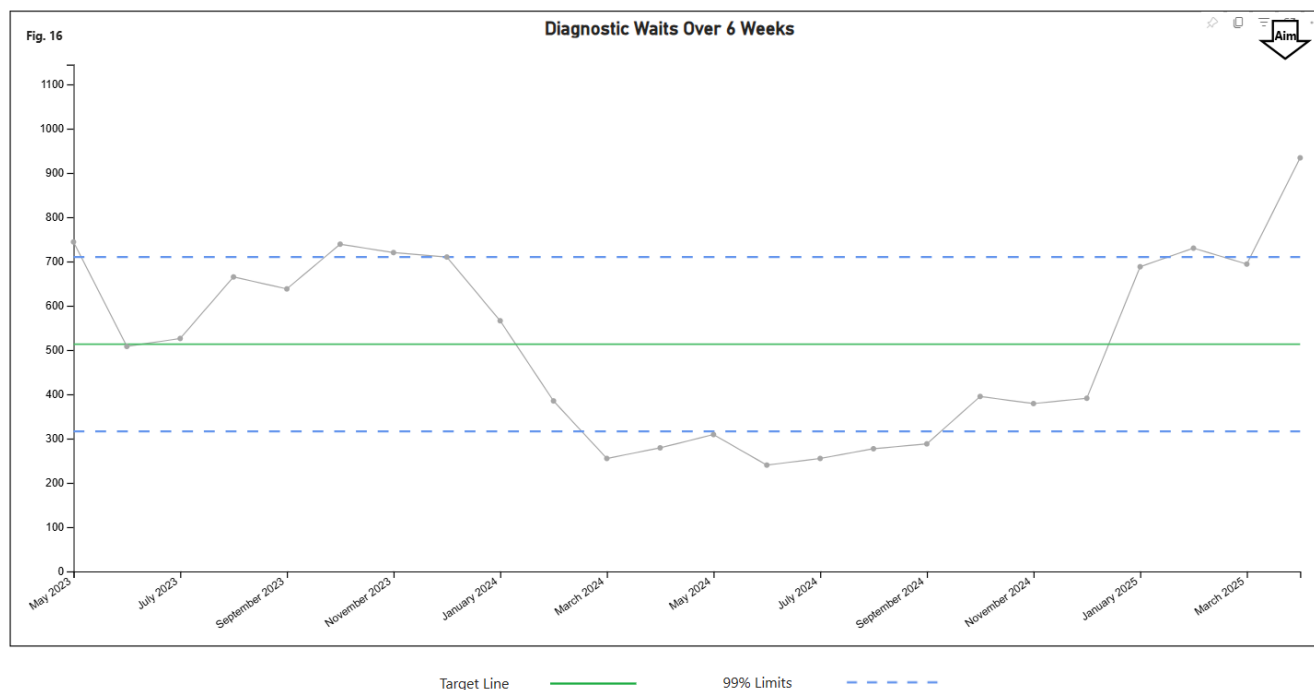


Treatment times



Target Line 90% Target 99% Limits

Diagnostic Waits



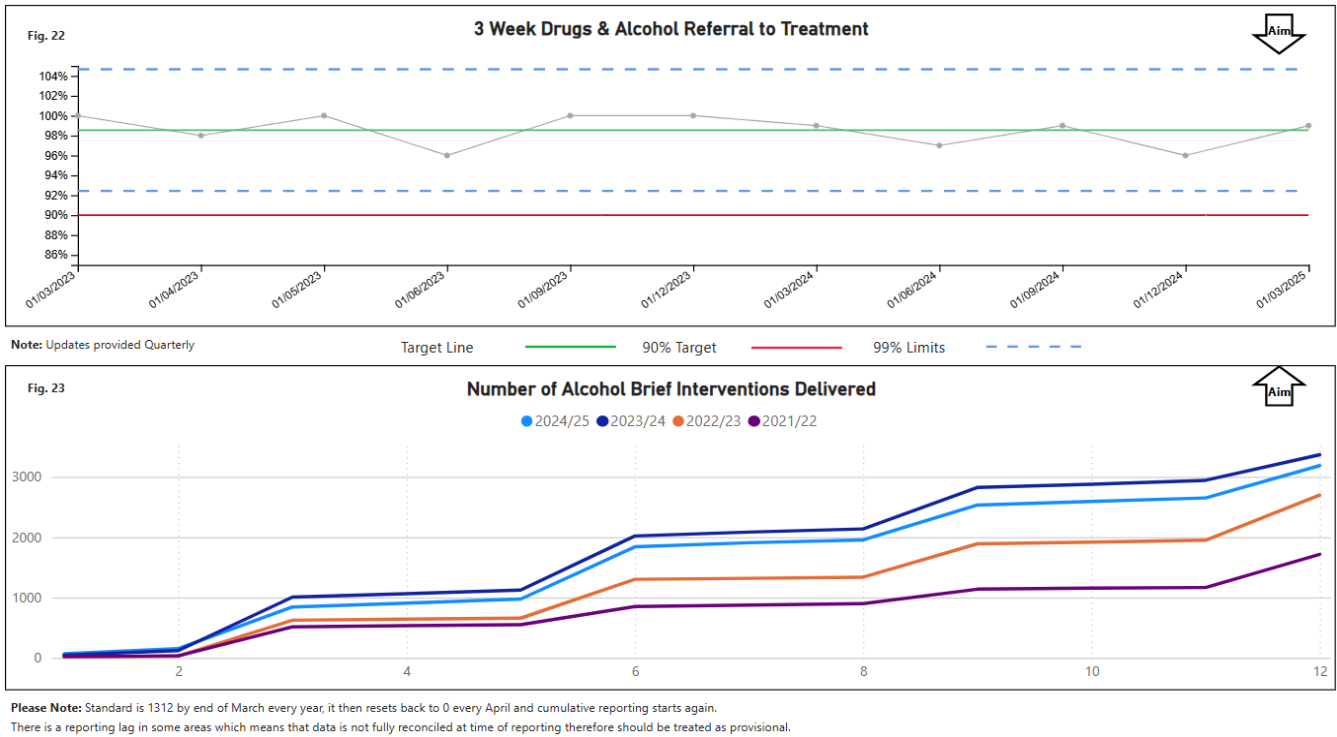
The increase in Diagnostic waiting times has largely been driven by routine Ultrasound waits and a reduction in capacity when non-recurring funding provided during 2024/25 was withdrawn and sessions reduced.

There is also some variation driven by the scheduled mobile van visits during 2024/25.

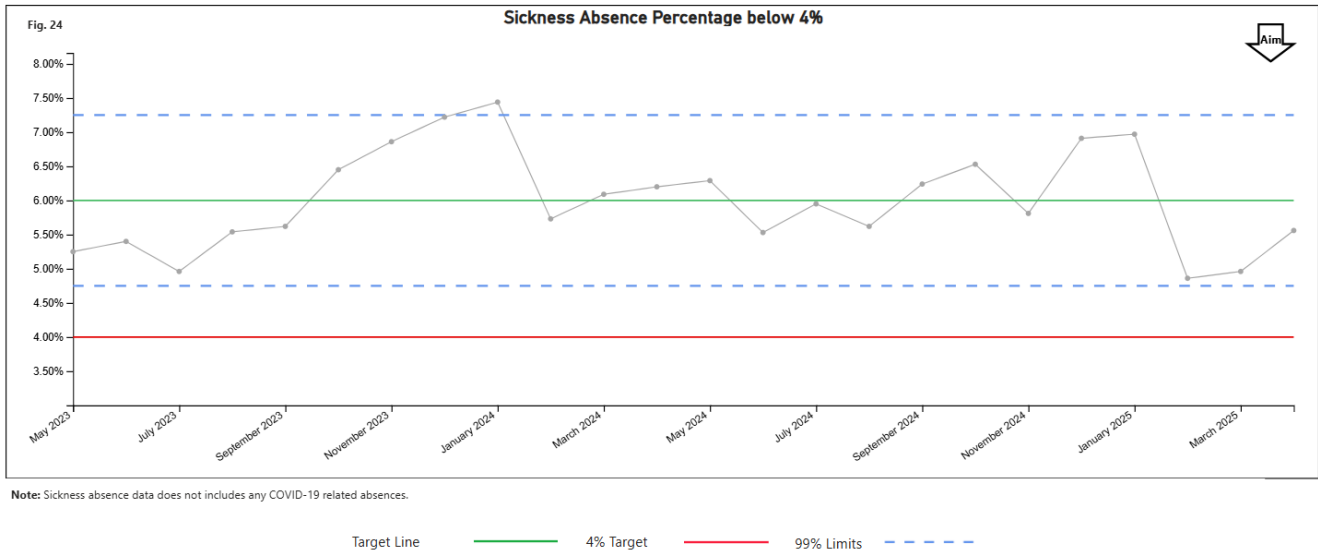
Actions being taken to improve Diagnostic waits:

- Agreed CT and MR capacity will commence in late April and run during 2025/26
- Additional MR capacity at the weekend has been confirmed and is being scheduled. This will support the increase in Prostate referrals noted since November 2024.

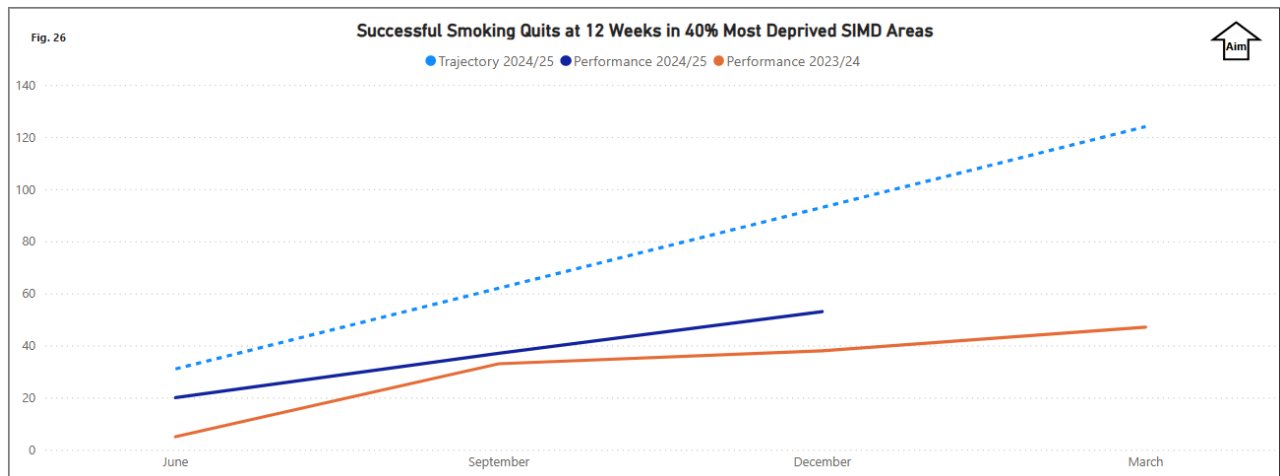
Drugs & Alcohol



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



Meeting:	Borders NHS Board
Meeting date:	26 June 2025
Title:	Code of Corporate Governance Sectional Refresh
Responsible Executive/Non-Executive:	Andrew Bone, Director of Finance
Report Author:	Iris Bishop, Board Secretary

1 Purpose

This is presented to the Committee for:

- Decision

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

To provide the Board with a sectional refresh of the Code of Corporate Governance.

2.2 Background

The Code of Corporate Governance details how the Board organises and governs its business.

The Code of Corporate Governance is required to be updated every 3 years.

The Board on 4 April 2024 reviewed and approved a full refresh of the CoCG.

2.3 Assessment

Section A – How business is organised. This section has now been refreshed to include an updated Terms of Reference for the Audit and Risk Committee.

The Area Drugs and Therapeutics Committee (ADTC) report into the Clinical Governance Committee and its updated Terms of Reference have now also been included in Section A of the Code of Corporate Governance.

The ADTC submit an annual report to the Clinical Governance Committee (as part of the pharmacy annual report). The chair of the ADTC can be a consultant, lead pharmacist or general practitioner or non- executive member of the Board. The Chair of the ADTC is required to be ratified by the Board.

2.3.1 Quality/ Patient Care

Not applicable.

2.3.2 Workforce

Not applicable.

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 is not required.

2.3.6 Climate Change

Not applicable.

2.3.7 Other impacts

Not applicable.

2.3.8 Communication, involvement, engagement and consultation

Once approved the Code of Corporate Governance will be available through the NHS Borders website under the Corporate Information section, as well as the Finance microsite on the intranet.

2.3.9 Route to the Meeting

This paper has been prepared directly for the Board.

2.4 Recommendation

The Board is asked to **approve** the refreshed section of the Code of Corporate Governance.

The Board is asked to **ratify** the appointment of Malcolm Clubb, Director of Pharmacy as Chair of the ADTC.

The Board is asked to take **significant/moderate assurance** that the refreshed Code of Corporate Governance is in line with appropriate legislative requirements and directions as issued by the Scottish Government.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Section A Code of Corporate Governance

SECTION A

How business is organised

1. THE BOARD AND ITS COMMITTEES (DIAGRAM)

2. HOW BOARD AND COMMITTEE MEETINGS MUST BE ORGANISED

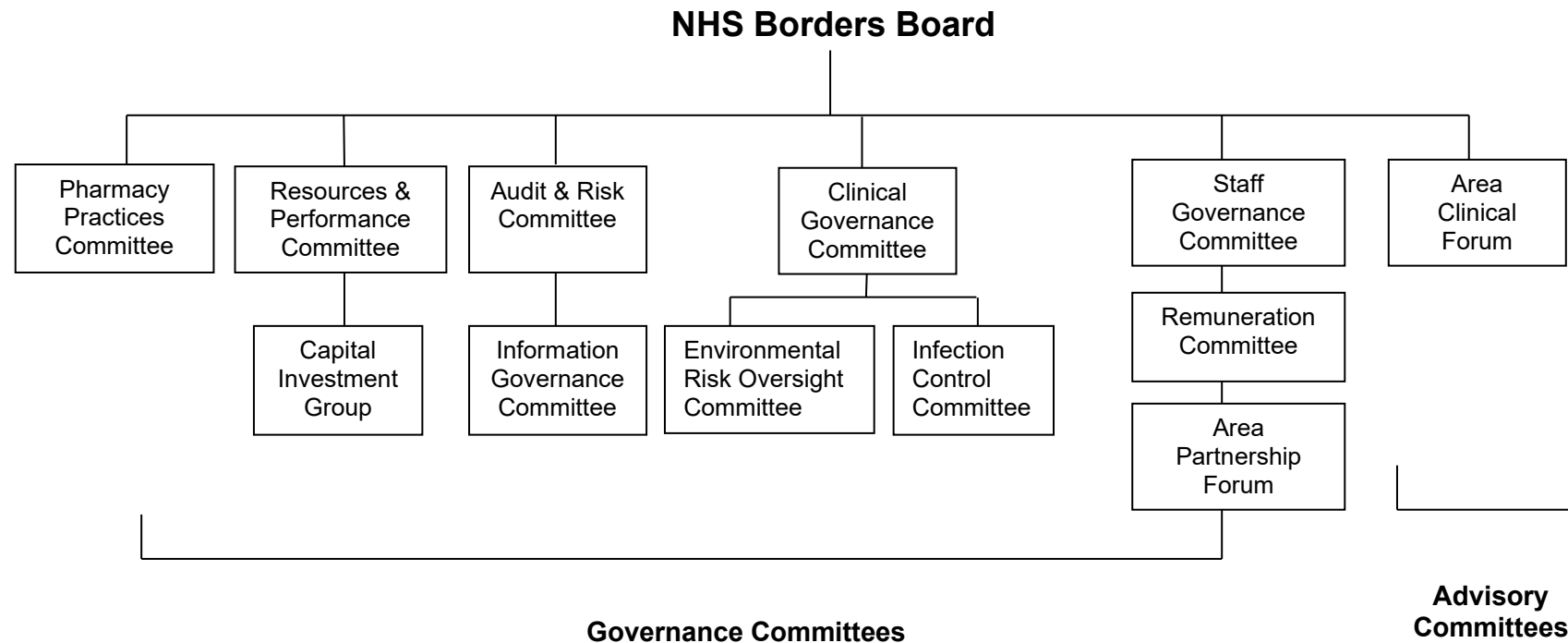
1. General
Board Members – Ethical Conduct
2. Chair
3. Vice-Chair
4. Calling and Notice of Board Meetings
 - Deputations and Petitions
5. Conduct of Meetings
 - Authority of the Person Presiding at a Board Meeting
 - Quorum
 - Adjournment
 - Business of the Meeting
 - Board Meeting in Private Session
 - Minutes
6. Matters Reserved for the Board
7. Delegation of Authority by the Board
8. Execution of Documents
9. Committees
10. Guidance to exemptions under the Freedom of Information (Scotland) Act 2002
11. Records management

3. STANDING COMMITTEES

1. Establishing Committees
2. Membership
3. Functioning
4. Minutes
5. Frequency
6. Delegation
7. Committees
8. Purpose and Remits
 - A. Resources and Performance Committee
 - B. Capital Investment Group (sub-committee of Resources & Performance Committee)
 - C. Audit & Risk Committee
 - D. Information Governance Committee (sub-committee of Audit & Risk Committee)
 - E. Clinical Governance Committee
 - F. Infection Control Committee (sub-committee of Clinical Governance Committee)
 - G. Environmental Risk Oversight Committee (sub-committee of Clinical Governance Committee)
 - H. Area Drugs and Therapeutics Committee
 - I. Staff Governance Committee
 - J. Remuneration Committee (sub-committee of Staff Governance Committee)
 - K. Area Clinical Forum
 - L. Area Partnership Forum
 - M. Pharmacy Practices Committee

Section A - Appendix 1: The Heath Boards (Membership and Procedure) (Scotland) Regulations 2001

1. THE BOARD AND ITS COMMITTEES



* The Pharmacy Practices Committee has delegated authority from the Board to meet when there are applications to consider in line with Statutory Instrument 1995 NO 414 (S28)
The National Health (Pharmaceutical Services) Service (Scotland) - Regulations 1995

2. HOW BOARD AND COMMITTEE MEETINGS MUST BE ORGANISED

This section regulates how the meetings and proceedings of the Board and its Committees will be conducted and are referred to as 'Standing Orders'. The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 confirms the matters to be included in the Standing Orders. This is attached for reference at Appendix 1 of this section. The following is NHS Borders' practical application of these Regulations.

STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF BORDERS NHS BOARD

1 General

- 1.1 These Standing Orders for regulation of the conduct and proceedings of Borders NHS Board, the common name for Borders Health Board, and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

Healthcare Improvement Scotland and NHS National Services Scotland are constituted under a different legal basis and are not subject to the above regulations. Consequently those bodies will have different Standing Orders.

The NHS Scotland Blueprint for Good Governance (issued through [DL 2019\) 02](#)) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the NHS Scotland Board Development website (<https://learn.nes.nhs.scot/17367/board-development>)

- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations and any request to co-opt member(s) to the Board. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified from taking part in any business of the Board in specified circumstances.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting

of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.

- 1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

- 1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of the Borders NHS Board. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.
- 1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.
- 1.11 The Board Secretary shall provide a copy of these Standing Orders to all members

of the Board on appointment. A copy shall also be held on the Board's website.

2 Chair

- 2.1 The Scottish Ministers shall appoint the Chair of the Board.

3 Vice-Chair

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. The non-executive member of the Board with the whistleblowing portfolio is excluded from being Vice-Chair. A member who is an employee of the Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.
- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Chief Executive or Board Secretary should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason) the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4 Calling and Notice of Board Meetings

- 4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least five times in the year and will annually approve a forward schedule of meeting dates.
- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be

considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member at which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.

- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.
- 4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.
- Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding Thursday. The three clear days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.
- 4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

Deputations and petitions

- 4.10 Any individual or group or organisation which wishes to make a deputation to the Board must make an application to the Chair's Office at least 21 working days before the date of the meeting at which the deputation wish to be received. The application will state the subject and the proposed action to be taken.
- 4.11 Any member may put any relevant question to the deputation, but will not express any opinion on the subject matter until the deputation has concluded their presentation. If the subject matter relates to an item of business on the agenda, no debate or discussion will take place until the item is considered in the order of business.
- 4.12 Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Chair's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting.

5 Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of the Board to preside.
- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.
- 5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees

will be set out in their terms of reference, however it can never be less than two Board members.

- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of their's, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.
- 5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

- 5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be

adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

- 5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.
- 5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

Decision-Making

- 5.15 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.
- 5.16 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.
- 5.17 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.
- 5.18 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.
- 5.19 Where the Chair concludes that there is not a consensus on the Board's position on the item and/or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.
- 5.20 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.
- 5.21 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

Board Meeting in Private Session

- 5.22 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
- The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.
 - The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
 - The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.
 - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.
- 5.23 The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

- 5.24 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 5.25 The Board Secretary (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute which will be held electronically.

6 Matters Reserved for the Board

Introduction

- 6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.
- 6.2 This section summarises the matters reserved to the Board:
- a) Standing Orders
 - b) The establishment and terms of reference of all its committees, and appointment of committee members
 - c) Organisational Values
 - d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
 - e) The Annual Delivery Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Delivery Plan, the Board should receive it at a public Board meeting.)

- f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
- g) Risk Management Policy.
- h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
- i) Standing Financial Instructions and a Scheme of Delegation.
- j) Annual accounts and report. (Note: This must be considered in private by the Board. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)
- k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the [Scottish Capital Investment Manual](#).
- l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
- m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The Audit and Risk committee should advise the Board on the appointment, and the Board may delegate to the Audit and Risk committee oversight of the process which leads to a recommendation for appointment.)

Within the above the Board may delegate some decision making to one or more executive Board members.

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.

6.4 The Board itself may resolve that other items of business be presented to it for approval.

7 Delegation of Authority by the Board

7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions (Section G) and the Scheme of Delegation (Section F).

7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

7.3 The Board and its officers must comply with the [NHS Scotland Property Transactions Handbook](#), and this is cross-referenced in the Scheme of Delegation.

7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

8 Execution of Documents

- 8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9 Committees

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development website will identify the committees which the Board must establish. (<https://learn.nes.nhs.scot/17367/board-development>)
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required and shall review the terms within 2 years of their approval if there has not been a review.
- 9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed.
- 9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a Committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.
- 9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members include some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally, Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However, if the committee elects to consider certain items as restricted

business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.

9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time and shall call a meeting when requested to do so by the Board.

9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Borders NHS Board and is not to be counted when determining the committee's quorum.

10. Freedom of Information (Scotland) Act 2002

10.1 The Freedom of Information (Scotland) Act 2002 (FOI(S)A) was introduced by the Scottish Parliament to ensure that people have the right to access information held by Scottish public authorities. The Act states that any person can receive information that they request from a public authority, subject to certain exemptions such as protection of personal data and commercial interests, or national security. It came into force on 1 January 2005 and is retrospective, so that it includes all records held by the Board prior to 2005 as well as since that date.

10.2 Under FOI(S)A NHS Borders is required to:

- Provide applicants with help and assistance in finding the information they require within a given timescale;
- Maintain a publication scheme of information to be routinely published;
- Put in processes for responding to enquiries and undertaking appeals against decisions to withhold information.

10.3 Information as defined under FOI(S)A includes copies or extracts, including drafts, of any documents such as:

- reports and planning documents;
- committee minutes and notes;
- correspondence including e-mails;
- statistical information.

10.4 The FOI(S)A provides a range of exemptions which may be applied allowing the public authority to withhold information. Exemptions must be considered on a case by case basis and may be applied to all or only part of the information requested.

10.5 All documents will be scrutinised for information which may be withheld under an exemption to the Act prior to release.

10.6 Full details of the FOI(S)A exemptions and how to apply them can be found in the Freedom of Information (Scotland) Act 2002 which is available on the NHS Borders intranet Information Governance site at

http://intranet/new_intranet/microsites/index.asp?siteid=41&uid=2

- 10.7 Briefings on how to apply exemptions can be found on the Scottish Information Commissioners website at <http://www.itspublicknowledge.info/ScottishPublicAuthorities/ScottishPublicAuthorities.asp>.
- 10.8 For further advice on the Freedom of Information (Scotland) Act 2002, processes and application contact the Freedom of Information Officer or Communications Team.

11. Records management

- 11.1 Under the Freedom of Information (Scotland) Act 2002, NHS Borders must have comprehensive records management systems and process in place which must give clear guidance on time limits for the retention of records and documents.
- 11.2 Separate guidance has been produced for records management. The NHS Borders Records Management Policy can be found on the NHS Borders Intranet Information Governance site at http://intranet/new_intranet/microsites/index.asp?siteid=41&uid=2

3. STANDING COMMITTEES

1. Establishing Committees

- 1.1 The Board on the recommendation of the Chair shall create such Committees, as are required by statute, guidance, regulation and Ministerial direction and as are necessary for the economical efficient and effective governance of the Boards' business.
- 1.2 The Board shall delegate to such Committees those matters they consider appropriate. The matters delegated shall be set out in the Purpose and Remits of those Committees detailed in Paragraph 8, Purpose and Remits
- 1.3 The Chair may vary the number, constitution and functions of Committees at any meeting by specifying the proposed variation.

2. Membership

- 2.1 The Board on the recommendation of the Chair shall appoint the membership of Committees on an annual basis. By virtue of their appointment the Chair of the Board is an ex officio member of all Committees except the Audit & Risk Committee.
- 2.2 The Board on the recommendation of the Chair shall appoint the Chairs of the Governance Committees of NHS Borders Board.
- 2.3 Any Committee, shall include at least one Non-Executive Member of the Board, and may include persons, who are co-opted, and may consist wholly or partly of Members of the Board.
- 2.4 In recommending to the Board the membership of Committees, the Chair shall have due regard to the Committee purpose, role and remit, and accountability requirements as well as the skills and experience of individual Non Executives and any requirements associated with their recruitment. Certain members may not be appointed to serve on a particular Committee as a consequence of their positions. Specific exclusions are:
 - Audit & Risk Committee - Chair of the Board together with any Executive Member or Officer.
 - Remuneration Committee - any Executive Member or Officer.
- 2.5 The Board on the recommendation of the Chair has the power to vary the membership of Committees at any time, provided that this is not contrary to statute, regulation or direction by Scottish Ministers and is in accordance with the paragraph 2.4 above.
- 2.6 The Board on the recommendation of the Chair shall appoint Vice-Chairs of Committees. In the case of Members of the Board, this shall be dependent upon their continuing membership of the Board.

2.7 The persons appointed as Chairs of Committees shall usually be Non-Executive Members of the Board and only in exceptional circumstances shall the Chair recommend to the Board the appointment of a Chair of a Committee who is not a Non-Executive Member, such circumstances are to be recorded in the Minutes of the Board meeting approving the appointment.

2.8 Casual vacancies occurring in any Committee shall be filled as soon as may be practical by the Chair after the vacancy takes place.

3. Functioning

3.1 An Executive member or another specified Lead Officer shall be appointed to support the functioning of each Committee.

3.2 Committees may seek the approval of the Chair to appoint Sub-Committees for such purposes as may be necessary.

3.3 Committees may from time to time establish working groups for such purposes as may be necessary.

3.4 Where the functions of the Board are being carried out by Committees, the membership, including those co-opted members who are not members of the Board, are deemed to be acting on behalf of the Board.

3.5 During intervals between meetings of the Board or its Committees, the Chair of the Board or the Chair of a Committee or in their absence, the Vice Chair shall, in conjunction with the Chief Executive and the Lead Officer concerned, have powers to deal with matters of urgency which fall within the terms of reference of the Committee and require a decision which would normally be taken by the Committee. All decisions so taken should be reported to the next full meeting of the relevant Committee. It shall be for the Chair of the Committee, in consultation with the Chief Executive and Lead Officer concerned, to determine whether a matter is urgent in terms of this Standing Order.

4. Minutes

4.1 The approved Minute of each Committee of the Board shall be submitted as soon as is practicable to an ordinary meeting of the Board for information, and for the consideration of any recommendations having been made by the Committee concerned.

4.2 The Minute of each Committee meeting shall also be submitted to the next meeting of the Committee for approval as a correct record.

4.3 Minutes of the proceedings at a meeting of a Special Committee shall be made but these proceedings may be reported to the Board or to any Committee of the Board either by the Minutes or in a report from the Special Committee as may be considered appropriate.

5. Frequency

- 5.1 The Committees of the Board shall meet no fewer than four times a year.

6. Delegation

- 6.1 Each Committee shall have delegated authority to determine any matter within its purpose and remit, with the exception of any specific restrictions contained in Section F, Section 1 (Reservation of powers and delegation of authority – Matters reserved for Board agreement only).
- 6.2 Committees shall conduct their business within their purpose and remit, and in exercising their authority, shall do so in accordance with the following provisions. However, in relation to any matter either not specifically referred to in the purpose and remit, or in these Standing Orders, it shall be competent for the Committee, whose remit the matter most closely resembles, to consider such matter and to make any appropriate recommendations to the Board.
- 6.3 Committees must conduct all business in accordance with NHS Borders policies and the Code of Corporate Governance.
- 6.4 The Chair may deal with any matter falling within the purpose and remit of any Committee without the requirement of receiving a report of or Minute of that Committee referring to that matter.
- 6.5 The Chair may at any time, vary, add to, restrict or recall any reference or delegation to any Committee. Specific direction by the Chair in relation to the remit of a Committee shall take precedence over the terms of any provision in the purpose and remit.
- 6.6 If a matter is of common or joint interest to a number of Committees, and is a delegated matter, no action shall be taken until all Committees have considered the matter.
- 6.7 In the event of a disagreement between Committees in respect of any such proposal or recommendation, which falls within the delegated authority of one Committee, the decision of that Committee shall prevail. If the matter is referred but not delegated to any Committee, a report summarising the views of the various Committees shall be prepared by the appropriate officer and shall appear as an item of business on the agenda of the next convenient meeting of the Board.

7. Committees

- Resources and Performance Committee
 - Capital Investment Group (sub-committee of Resources & Performance Committee)
- Audit & Risk Committee
 - Information Governance Committee (sub-committee of Audit & Risk Committee)
- Clinical Governance Committee

- Infection Control Committee (sub-committee of Clinical Governance Committee)
- Environmental Risk Oversight Committee (sub-committee of Clinical Governance Committee)
- Staff Governance Committee
 - Remuneration Committee (sub-committee of Staff Governance Committee)
- Area Clinical Forum
- Area Partnership Forum
- Pharmacy Practices Committee

8. Purpose and Remits

A) RESOURCES AND PERFORMANCE COMMITTEE

1.1 Purpose

The Resources and Performance Committee (R&PC) is established in accordance with NHS Borders Board Standing Orders and Scheme of Delegation.

The Resources and Performance Committee is a Standing Committee of the NHS Board.

The overall purpose of the Resources and Performance Committee is to provide assurance across the healthcare system regarding resources and performance, ensure alignment across whole system planning and commissioning, and to discharge the delegated responsibility from the NHS Board in respect of asset management.

The Committee will receive reports, and draft plans for review and response in respect of; Finance, Performance, Capital, Asset Management, national and regional planning groups and the Health and Social Care Partnership strategic plan.

The Committee will oversee the development of a Financial Strategy for approval by the Board that is consistent with the principle of Patient Safety as our number one priority, but with reference to all other national and local priorities.

The Committee will act as the Performance Management Committee of the Board, the Service Redesign Committee of the Board and influence the early development of the strategic direction of the Board.

The scope of resource will include finance, workforce, property and technology.

1.2 Composition

Membership of the Committee shall be:

- Chair of the Board (Chair)
- All Non Executive Directors
- Chief Executive
- Director of Public Health
- Medical Director
- Director of Nursing, Midwifery & AHPs
- Director of Acute Services
- Director of Quality & Improvement
- Director of Finance
- Director of Workforce
- Director of Planning & Performance
- Chief Officer Health & Social Care Integration (accountable for the performance of the partnership and the delivery of the delegated services).
- Partnership Representative

Attendees shall be:

- Board Secretary (Secretariat)

Attendees may be invited to the Committee at the discretion of the Chair and it is anticipated, depending on the issues to be discussed, that other key individuals from the wider organisation will be asked to attend.

The Lead Officer for the Resources and Performance Committee shall be the Chief Executive.

1.3 Meetings

Meetings of the Resources and Performance Committee will be quorate when one third of the whole number of members, of which at least two are Non Executive Members are present.

The Committee will be chaired by the Chair of the Board.

The Committee will meet no less than 4 times per year and conduct its proceedings in compliance with the Standing Orders of the Board.

The Chair of the Committee, in conjunction with the Chief Executive shall set the agenda for the meetings. Committee members who wish to raise items for consideration on future agendas can do so under Any Other Business or through the Committee Chair.

The agenda and supporting papers will be sent out by the Board Secretary, at least seven days in advance of the meetings to allow time for members' due consideration of issues.

Formal minutes and an action tracker arising from Committee business shall be kept to record, identify and ensure actions are carried out. The Committee will be supported by the Board Secretary who will submit the minutes for approval at the next Resources and Performance Committee meeting, prior to submission to the Board.

To avoid the Committee's agenda becoming over-burdened and unmanageable specific pieces of work may be delegated to the appropriate Director, sub group or short-life task and finish groups reporting to the Committee with very specific remits, objectives, timescales and membership.

1.4 Remit

The remit of the Resources and Performance Committee is to scrutinise the following key areas and provide assurance to the Board regarding:

- Whole system strategic planning including oversight of the healthcare services delegated to the IJB;
- Whole system financial planning, including an overview of budgets delegated;
- Compliance with statutory financial requirements and achievement of financial targets;
- Such financial monitoring and reporting arrangements as may be specified from time-to-time by Scottish Government Health & Social Care Directorates and/or the Board;
- The impact of planned future policies and known or foreseeable future developments on the underlying financial position of the Board;

- To review the development of the Board's Financial Strategy over a three year period and the Board's Annual Financial Plan making recommendations to the Board;
- The Property and Asset Management Strategy and Capital Plans of NHS Borders.
- The Board's performance against relevant targets and key performance indicators linked to the Scottish Outcomes framework.
- Whole system technology planning.
- Whole system workforce planning.

Appropriate governance in respect of risks, as allocated to the Committee by the NHS Board and/or Audit & Risk Committee relating to finance, planning, performance and property, reviewing risk identification, assessment and mitigation in line with the NHS Board's risk appetite and agreeing appropriate escalation.

1.5 Property and Asset Management

To ensure that the Property & Asset Management Strategy is in line with the Board's strategic direction and;

- that the Board's property and assets are developed, and maintained to meet the needs of 21st Century service models;
- that developments are supported by affordable and deliverable Business Cases with detailed project implementation plans with key milestones for timely delivery, on budget and to agreed standard;
- that the property portfolio of NHS Borders and key activities relating to property are appropriately progressed and managed within the relevant guidance and legislative framework, including assessment of backlog maintenance;
- that there is a robust approach to all major property and land issues and all acquisitions and disposals are in line with the Property Transaction Handbook (PTHB);
- to review the Capital Plan and submit to the NHS Board for approval and oversee the overall development of major schemes, including approval of capital investment business cases. The Committee will also monitor the implications of time slippage and / or cost overrun and will instruct and review the outcome of the post project evaluation;
- to review all Initial Agreements, Outline Business Cases and Full Business Cases and recommend to the NHS Board in line with the Scheme of Delegation.

To receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual (SCIM), CEIs, audit reports and other Scottish Government Guidance.

1.6 Arrangements for Securing Best Value

The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for:

- The planning, appraisal, control, accountability and evaluation of the use of current and future resources.

- Reporting and reviewing performance and managing performance issues as they arise in a timely and effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with its statutory requirements.
- The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Borders has systems and processes in place to secure best value for these delegated areas.

1.7 Allocation and Use of Resources

The Committee has key responsibility for:

- Reviewing the development of the Board's Financial Strategy in support of the Integration Joint Board Strategic Plan, Annual Delivery Plan and Regional Delivery Plans, and recommending approval to the Board.
- Reviewing and agreeing the level of budget to be provided to the IJB for the functions delegated and make recommendations to the Board.
- Reviewing the H&SCI Strategic Plan to ensure the outcomes can be delivered within the Board's revenue and capital plans.
- Reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board.
- Monitoring the use of resources available to the Board.
- Reviewing the Property Strategy (including the acquisition and disposal of property) and make recommendations to the Board.

Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment); the review of the Property Strategy (including the acquisition and disposal of property); the review of all business cases coming forward for recommendation to the Board; and for making recommendations to the Board as appropriate on any issue within its terms of reference.

1.8 Strategy Development

The Committee will review the development of the NHS Board's Strategic Plan, ensuring that strategic planning objectives are aligned with the NHS Board's overall strategic vision, aims and objectives.

The Committee will scrutinise the development of all strategies which require approval by the Board, including the Annual Delivery Plan.

The Committee will ensure that strategies are compliant with the duties of the Board in respect of meeting legislative and good practice requirements.

The Committee will also ensure that there is an integrated approach to planning ensuring that workforce, finance and service planning are linked.

The Committee will ensure appropriate inclusion of National and Regional Planning requirements and monitor overall progress with the East of Scotland planning agenda.

The Committee will ensure NHS Borders input, at an appropriate level, to the draft IJB Strategic Plan, and promote consistency and coherence across the system highlighting issues which may impact the delivery of NHS Board aims and objectives.

1.9 Service Redesign/Transformation

The Committee will provide appropriate oversight to significant service redesign including security for cases for change and to ensure this is progressed in a collaborative way working across health, social care and other organisations, with explicit links between service redesign, service improvement, workforce planning and the strategic priorities for NHS Scotland.

The Committee will review and scrutinise all business cases coming forward and recommend for approval by the Board as appropriate.

1.10 Performance Management

The Committee will review the NHS Board Performance Management Framework ensuring it is in line with the National Performance Framework and make recommendations to the NHS Board.

The Committee will review the NHS Board's overall performance and planning objectives, and ensure mechanisms are in place to promote best value, improved efficiency and effectiveness and decision making across the healthcare system

The Committee may, from time to time, review individual services in relation to performance management, ensuring that health care is delivered to an efficient and cost-effective level.

The Committee will seek assurance on a rigorous and systematic approach to performance monitoring and reporting across the whole healthcare system to enable more strategic and better informed discussions to take place at the NHS Board.

The Committee will seek assurance as to the adoption of a risk based approach to performance management through routine review. This will focus on areas of corporate concern identified as requiring an additional strategic and collective approach to ensure delivery against whole system performance targets.

The Committee will maintain oversight of progress with the implementation of the financial improvement programme, receive reports, receive assurance on effective engagement, and provide support and advice.

1.11 Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference, and is authorised to seek any information it requires from any employee. All Members, employees and agents of the Board are directed to co-operate with any request made by the Committee.

In order to fulfil its remit the Resources and Performance Committee may obtain whatever professional advice it requires, and require other individuals to attend meetings as required.

1.12 Reporting Arrangements

The Resources and Performance Committee reports to the Board.

The minutes of the Resources and Performance Committee meetings will be submitted to the next meeting of the Resources and Performance Committee for approval.

The minutes will then be presented to the following Ordinary Meetings of the Board for noting.

1.13 Review

The Terms of Reference of the Resources and Performance Committee will be reviewed on an annual basis.

The Resources & Performance Committee shall undertake an annual self assessment of the Committee's work.

B) CAPITAL INVESTMENT GROUP

1.1 Purpose

The group is established in order to provide a vehicle for management to address the requirements of the Board and its Committees with respect to the development of infrastructure strategy and related capital investment.

The NHS Borders Capital Investment Group (BCIG) will be responsible for the development and management of the Board's Property and Asset Management Strategy (PAMS) and associated capital plan, including prioritisation of resources available to the plan, and the monitoring of progress against same. The group will also undertake review and approval of capital business cases in line with the revised governance framework (to be developed).

The group will be responsible for ensuring that there are appropriate governance arrangements in place in relation to property and asset management, including compliance with the mandatory requirements of 'A policy for property and asset management in NHS Scotland', the Scottish Capital Investment Manual (SCIM), Scottish Public Finance Manual (SPFM) and the NHS Scotland Property Transactions Handbook (PTH).

1.2 Key Principles

In undertaking its business, the group will seek to meet the following functions:

- To provide **assurance** to the Board via the Resources & Performance Committee, on the strategic fit, appropriateness and value for money of capital investment, property and asset management proposals presented to it.

- To provide **accountability** by fulfilling its role as a decision-making body of the Board in respect of matters delegated to BCIG under the Board's scheme of delegation, and in making recommendations to the Board in relation to capital investment, property and asset management.
- To provide an **advisory** role to the Board in relation to capital investment or disinvestment issues.

1.3 Membership

- Director of Finance (Chair)
- Director of Planning and Performance (Vice-Chair)
- Head of Estates
- Head of Estates Projects
- Head of IM&T, or deputy
- Head of Planning & Performance
- Deputy Director of Finance
- Head of Procurement
- Acute Services Representative
- Primary & Community Services Representative
- Mental Health & Learning Disabilities Representative
- Corporate Services Representative
- Partnership Representative
- Medical Director (or Representative)
- Finance Business Partners

It is the responsibility of members to nominate a deputy if they are unable to attend any meeting.

1.4 Decision Making

For matters of prioritisation or approval, the meeting must be quorate.

To be quorate each meeting will have a minimum of 1 Director and no less than a total of six members, which must include:

- A member, or nominated deputy, from each Clinical Board (Acute services, PACS, Mental Health/LD) and from Corporate Services
- Head of Estates or Head of Estates Projects
- A Finance representative (if Director of Finance not present)
- A Planning & Performance representative (if Director of Planning & Performance not present)
- Head of IM&T (if Director of Planning & Performance not present)

Decisions will be made by consensus. A veto may be exercised by agreement of both Chair and Vice-Chair.

The Group may invite others to attend a meeting for discussion of specific items. That person may take part in the discussion but will not have a vote.

It is the responsibility of the member to read all papers prior to the meeting to ensure the agenda is followed in a timely manner.

1.5 Frequency of Meetings

A full meeting will be undertaken quarterly in line with the preparation of the Board's annual plan and its quarterly review cycle. Meetings will be scheduled to align with the business cycle of the Resources & Performance Committee.

Additional meetings will be scheduled according to need during those months where there is no full meeting scheduled. Where no decisions are required attendance at these meetings will be determined on the basis of business need.

The agenda and papers will be issued at least seven working days in advance of the meeting.

1.6 Remit

The remit of the group is:

- To ensure that the Board's Property & Asset Management Strategy (PAMS) is prepared in line with the requirements of CEL 35 (2010), is aligned to the Board's clinical and other relevant strategies, and is subject to review on a regular basis.
- To ensure there are arrangements in place for the monitoring of property transactions and compliance with the NHS Scotland Property Transactions Handbook, including acquisition and disposal of assets by purchase, sale or lease.
- To provide challenge and scrutiny to the development of business cases in relation to the suitability, feasibility and acceptability of the plans described.
- To ensure that business cases are prepared in line with the requirements of the Scottish Capital Investment Manual (SCIM).
- To review and/or approve business cases for capital investment within the limits of delegated authority.
- To review proposed applications for funding, including external and charitable funding, in order to assess and make recommendations as appropriate.
- To make recommendation to the Board (and its Committees) in relation to the prioritisation of capital resources through the development of a five year capital plan.
- To make recommendation and/or approve the utilisation of in year slippage arising from the Board's capital plan.
- To ensure that arrangements are in place for the post-project evaluation of capital investments.

1.7 Reporting Arrangements

The NHS Borders Capital Investment Group will report to the Board's Resources & Performance Committee.

A Capital monitoring report will be prepared quarterly for review by the group prior to submission to the Resources & Performance Committee.

Specific pieces of work will be delegated to an appropriate officer or to short-life working groups, where appropriate.

1.8 Sub Groups

The group may constitute such sub-groups as required to meet the requirements of its workplan.

1.9 Review

Membership and frequency of the Group will be reviewed annually.

The NHS Borders Capital Investment Group shall undertake an annual self-assessment of the Committee's work.

C) AUDIT & RISK COMMITTEE

1.1 Purpose

To assist the Board in the delivery of its responsibilities for issues of risk, control and governance and associated assurance including the conduct of public business and the stewardship of funds under its control.

To provide assurance to the Board that:

- An appropriate system of internal control is in place;
- Business is conducted in accordance with the law and proper standards;
- Public money is safeguarded and properly accounted for;
- Governance arrangements are in place to cover the NHS functions which are delegated and the resources which are provided to the IJB are satisfactory, fully utilised, regularly reviewed and updated;
- Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question;
- Affairs are managed to secure economic, efficient and effective use of resources;
- Reasonable steps are taken to prevent and detect fraud and other irregularities;
- Effective processes and systems of Risk Management are in place;
- Assurance from risk owners that review and mitigation is undertaken for very high risks;
- Effective systems of Information Governance are in place.

1.2 Membership

Non-Executive Members

4 core members from the non-executive members, excluding the following:

- Chair of the Board

Chair of the Committee

A core non-executive member of the Audit & Risk Committee shall be appointed as the Chair of the Committee by the Chair of the Board.

Ordinarily the Audit & Risk Committee Chair cannot be the Chair of any other Governance Committee of the Board. The Governance Committees are the Staff Governance Committee, Clinical Governance Committee, Information Governance and Public Governance Committee.

In Attendance

Executive Directors

- Chief Executive (as Accountable Officer)
- Director of Finance, Procurement, Estates and Facilities (as Chief Finance Officer)
- Director of Quality and Improvement (as Lead for Risk Management)
- Director of Acute Services

Other Attendees

- Chief Internal Auditor
- External Auditor
- Deputy Director of Finance – Head of Finance

Other officers of the board may be invited to the Committee at the discretion of the Chair.

The Lead Officer for the Audit & Risk Committee shall be the Director of Finance, Procurement and Estates and Facilities.

The Committee will be supported by a nominated PA.

1.3 Meetings

The Committee will meet at least four times a year. The Chair of the Committee may convene additional meetings as he/she deems necessary.

The Board or Accountable Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

The Audit & Risk Committee Chair will have the power to exclude all others except members from a meeting.

The quorum for the Audit & Risk Committee shall be two non-executive members.

The Chair of the Committee, in conjunction with the Director of Finance as Lead Officer for the Committee, will set the agenda for the meetings. Committee members who wish to

raise items for consideration on future agendas can do so under AOB ('Any Other Business') or through the Committee chair.

A workplan approved on an annual basis by the Committee will identify the key items of business to be discussed at each meeting.

The agenda and supporting papers will be sent out at least seven days in advance of the meetings to allow time for members' due consideration of issues.

Formal minutes and an action tracker arising from Committee business shall be kept to record, identify and ensure actions are carried out. The minutes will be submitted for approval at the next Audit & Risk Committee meeting, prior to submission to the Board.

The Chief Internal Auditor and the representative of the appointed external auditors shall have free and confidential access to the Chair of the Audit & Risk Committee.

1.4 Remit

The main objectives of the Audit & Risk Committee are to ensure compliance with NHS Borders's Code of Corporate Governance and to seek assurance on the effectiveness of the Board's systems of governance, internal control and risk management.

The duties of the Audit & Risk Committee are in accordance with the Scottish Government Audit Committee Handbook and are as detailed below.

Internal Control and Corporate Governance

To evaluate the framework of internal control and corporate governance comprising the following components:

- Control environment (including financial and non-financial controls);
- Information Governance and communication;
- Risk Management;
- Control procedures;
- Decision making processes;
- Monitoring and corrective action;
- Annual review of the Governance Framework and the Governance Statement (as included within the Board's Annual Report and Accounts), including review of assurance statements from Executive directors and Board Committees.

To review the system of internal financial control, including:

- Safeguarding of assets against unauthorised use and disposition;
- Maintaining proper accounting records and the reliability of financial information used within the organisation or for publication;
- Ensuring that the Board's activities are within the law, regulations, Ministerial Direction and the Board's Code of Corporate Governance;
- Presenting an annual Statement of Assurance on the above to the Board, in support of the Governance Statement by the Chief Executive.

Risk Management

To evaluate the effectiveness of risk management arrangements on an annual basis (except where otherwise noted) and to agree the level of assurance taken in relation to:

- Risk Management Strategy*
- Risk Management and Adverse Event Management Policies*
- Risk Appetite of the Board
- Board Assurance Framework
- Strategic risk horizon scanning
- Systems and processes in place for the management of strategic and operational risk, including Key Performance Indicators

**reviewed on a three year basis*

Internal Audit

- Make recommendation to the Board for the appointment of its Chief Internal Auditor and Internal Audit service following appropriate procurement;
- Review and approve the arrangements for delivery of Internal Audit;
- Review and approve the Internal Audit Strategic and Annual Plan;
- Review all Internal Audit reports and disseminate to the relevant Board Committees in line with the Internal Audit Protocol;
- Ensure that executive leads are held accountable for the delivery of actions arising from audit recommendations within agreed timescales; review any actions where completion date falls due outwith the financial year within which the report has been prepared;
- Consideration of the Chief Internal Auditor's Annual Report and Assurance Statement;
- Review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures;
- Ensure that there is direct contact between the Audit Committee and Internal Audit and to meet with the Chief Internal Auditor at least once per year and as required, without the presence of Executive Directors;
- Collaboratively work with the other partner bodies in support of the functions delegated to the IJB.

External Audit

- Note the appointment and remuneration of the External Auditors and to examine any reason for the resignation or dismissal of the Auditors;
- Review the annual Audit Plan including the Performance Audit programme;
- Consideration of all statutory audit material for the Board, in particular:
 - Audit reports (including Performance Audit studies)
 - Annual Report
 - Chief Executive Letters
- Monitor management action taken in response to all External Audit recommendations, including VFM studies;
- Review of matters relating to the Certification of the Board's Annual Report and Accounts (Exchequer Funds), Annual Patients' Private Funds Accounts, Annual Endowment Funds Accounts and the Annual IJB Accounts;

- Meet with the External Auditors at least once per year and as required, without the presence of the Executive Directors;
- Review the extent of co-operation between External and Internal Audit;
- Annually appraise the performance of the External Auditors;
- Review the terms of reference, appointment and remuneration of external auditors for the Board Endowment Funds and Patient Funds Accounts.

Code of Corporate Governance

- Review the Code of Corporate Governance which includes Standing Orders, Schemes of Reservation and Delegation, Standing Financial Instructions and recommend amendments to the Board;
- Examine the circumstances associated with each occasion when Standing Orders have been waived or suspended;
- Review and assess the operation of any Schemes of Delegation;
- Monitor compliance with the Members' Code of Conduct.

Annual Report and Accounts

- Undertake scrutiny of the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
- Review and recommend for approval the Health Board Consolidated Annual Report & Accounts;
- Review the Annual Accounts for the NHS Borders Endowment Funds;
- Review and recommend for approval the Annual Accounts for Patients' Funds;
- Review schedules of losses and compensation payments.

Other Matters

The Committee shall:

- Review the arrangements that the Board has in place for the prevention and detection of fraud, and will receive regular reports on the business activities progressed by the Board's local Countering Fraud Operational Group;
- Monitor how the Board addresses risk in relation to potential litigation;
- Review the effectiveness of arrangements in place for the development, implementation and monitoring of directions issued by the Scottish Borders Integration Joint Board;
- Promote the use of audit reports as improvement tools by ensuring that they are directed for the attention of appropriate individuals or groups;
- Review and report on any other matter referred to the Committee by the Board;
- Review its own performance and effectiveness, including its running costs and terms of reference on an annual basis;
- Keep up to date by having a mechanism to ensure topical legal and regulatory requirements are brought to Members' attention;
- Review any arrangements in place for special investigations, where these arise.

1.5 Best value

The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Borders has systems and processes in place to secure best value for these delegated areas.

1.6 Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference, and in so doing, may seek any information it requires from any employee. All Members, employees and agents of the Board are directed to co-operate with any request made by the Committee. The Committee is required to review its Terms of Reference on an annual basis.

The Committee is authorised by the Board to obtain independent professional advice and to secure attendance of others with relevant experience and expertise if it considers it necessary.

1.7 Reporting Arrangements

- The Audit & Risk Committee reports to the Board.
- Following a meeting of the Audit & Risk Committee, the minutes of that meeting should be approved at the next Committee meeting and then presented at the following Board meeting.
- The Audit & Risk Committee should annually, and within three months of the start of the financial year, approve a work plan detailing the work to be taken forward by the Audit & Risk Committee.
- The Audit & Risk Committee will produce an Annual Assurance Statement which describes the outcomes of work undertaken by the Committee during the year in order to provide assurance to the Board that the Committee has met its remit. This statement must be presented to the Board meeting considering the Annual Accounts.

1.8 Review

The Terms of Reference of the Audit & Risk Committee will be reviewed on an annual basis.

D) INFORMATION GOVERNANCE COMMITTEE

1.1 Introduction

NHS Borders hereby resolves to establish a committee to be known as the Information Governance Committee (the Committee).

1.2 Role

To provide assurance to NHS Borders Audit & Risk Committee that the Board is compliant with legislation relating to information governance, and that robust delivery systems and processes are in place to support this.

1.3 Membership

Committee membership

- Medical Director, Chair
- Caldicott Guardian, Vice chair
- Senior Information Risk Officer [SIRO]
- Chief Clinical Information Officer (CCIO)
- Acute Services representative
- Primary & Community Services representative
- Mental Health & Learning Disability representative
- General Practitioner
- Area Partnership Forum representative
- Finance representative
- Head of IM&T
- Director of Quality and Improvement
- Information Governance & Cyber Assurance Manager

In attendance

- Information Governance Lead
- Data Protection Facilitator
- Freedom of Information Officer
- Cyber Security Manager
- Committee Administrator

Meetings will not be quorate and no business will be transacted if less than 50% of the members or their representatives are present. Members are to nominate a deputy if they are unable to attend.

Others will also be invited to attend as the Committee sees fit.

1.4 Frequency

Meetings shall be held not less than 4 times per annum.

In the event of a planned meeting not being quorate, the recommendations of those who attended will be circulated within 7 days of the meeting for agreement by the majority of the Committee.

The Chair may convene a meeting of the Committee at any time, or when requested by the Audit Committee, and has the authority to exclude all others except members from a meeting.

If an event of significance to the Committee arises between meetings, the Director of Planning & Performance (as executive lead for Information Governance), or their nominated deputy, will bring this to the attention of the chair of the Committee.

The agenda and supporting papers will be sent to members at least 5 working days before the date of the meeting.

Any additional papers can be circulated via email.

1.5 Authority

The Committee is authorised by the Audit Committee to investigate any activity within its Terms of Reference. It is also authorised to seek any information it requires from any member, employee or agent of NHS Borders. All members, employees and agents of NHS Borders are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Audit Committee to obtain outside legal or other independent professional advice and to secure the attendance of others with relevant experience and expertise if it considers this necessary.

1.6 Scope

The Information Governance Committee to provide assurance to NHS Borders Audit Committee that the Board is compliant with legislation relating to information governance, and that robust delivery systems and processes are in place to support this.

The duties of the committee are to:

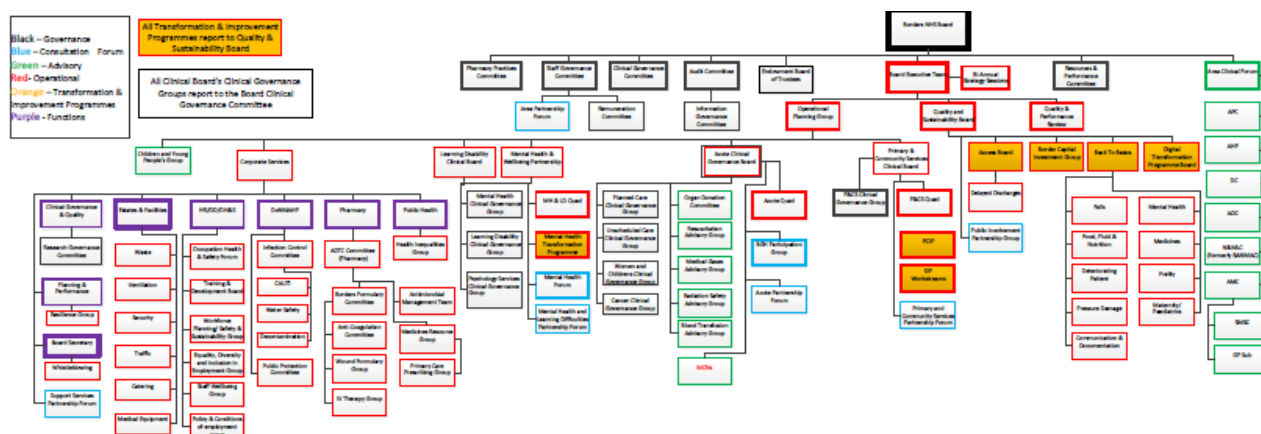
- Ensure that appropriate structures and systems are in place to support and deliver Information governance.
- Assure NHS Borders Audit Committee that these structures are operating effectively
- Ensure NHS Borders complies with UK and Scottish legislation in respect to Information Governance.
- Assist in the development and review of Information Governance policies
- Approve Policies and supporting guidelines as required
- Provide a vehicle for dissemination of Information Governance information with the aim of applying continuity and consistency across NHS Borders.
- Highlight to the Clinical Executive-Operational Group identified trends and developments in Information Governance that may affect the workforce, patients and others.
- Ensure NHS Borders complies with NHS Scotland Information Governance and policies and procedures
- Promote best practice throughout NHS Borders in all Information Governance matters.
- Provide regular reports to NHS Borders Audit Committee by submission of the approved minutes, and report any specific significant problems as they emerge.

These duties will be discharged through a standing agenda, which will include reporting on the following key activities:

- Caldicott / Confidentiality
- Data Protection
- Education, training and staff awareness on Information Governance
- Freedom of Information
- Incident review and monitoring
- IT Security and Cyber Security
- Records Management

These key activities will be amended as required and formally reviewed annually.

Reporting Arrangements



The committee is operationally accountable to the Clinical Executive with scrutiny and assurance resting with the Board's Audit Committee.

Minutes will be kept of the proceedings of the Committee. The draft minutes are to be circulated, within ten working days to the Chair of the Committee, and within five working days thereafter to members.

The Chair of Committee shall provide assurance on the work of the Committee and the approved minutes will be submitted to the Operational Planning Group meeting for information.

The Committee will conduct an annual review of its role and function

Appendix 1

Definitions

Information Governance means handling information in a confidential and secure manner to appropriate ethical and quality standards. Information Governance is a key issue for all NHS organisations and is fundamental to the effective delivery of health services, particularly as we move towards an electronic health record.

IT Security protects the information and also the physical infrastructure that supports the information from theft or damage to the hardware, software or electronic data, as well as from disruption or misdirection of the services they provide. IT Security also covers the creation of policies and standards to ensure all information is protected.

Cyber Security is solely concerned with preventing electronic attacks against electronic data.

Key Business Areas / Legislative

- Data Protection Act 2018
- Networks and Information Systems Regulations 2018

- UK General Data Protection Regulation
- EU General Data Protection Regulation
- Freedom of Information (Scotland) Act 2002
- Confidentiality: NHS Scotland Code of Practice
- Public Records (Scotland) Act 2011 – Records Management
- Information Security Standards
- Caldicott Guardianship

E) CLINICAL GOVERNANCE COMMITTEE

1.1 Purpose

To provide the Board with the assurance that clinical governance controls are in place and effective across NHS Borders.

1.2 Composition

a) Membership

The Clinical Governance Committee is appointed by the Board and shall be composed of four Non-Executive Board members, one of whom shall be the Chair of the Area Clinical Forum. One of these members shall be appointed as Chair. Membership will be reviewed annually.

b) Appointment of Chair

The Chair and Vice Chair of the Committee shall be appointed by NHS Borders Board Chair.

c) Attendance

Executive Directors of the Board are not eligible for membership of the Committee. The following NHS Board officers or their representatives will normally attend meetings.

- Director of Quality & Improvement
- Chief Executive
- Director of Acute Services
- Medical Director
- Director of Public Health
- Director of Nursing, Midwifery & Allied Health Professionals
- Director of Psychological Services
- Director of Pharmacy
- Associate Medical Directors
- Lead Nurse for Patient Safety and Care Assurance *Associate*
- Directors of Nursing
- Associate Director of Allied Health Professions
- Associate Director for Midwifery and General Manager for Women & Children Services
- Infection Control Manager
- Risk Manager

Others will also be invited to attend as the Committee sees fit.

All Board Members have the right to attend meetings and have access to all papers, except where the committee resolves otherwise.

1.3 Meetings

a) Frequency

The Clinical Governance Committee will meet six times a year to fulfil its remit.

b) Agenda and Papers

The Chair of the Committee, in conjunction with the nominated lead Executive and the Director of Quality & Improvement will set the agenda for the meetings. Committee members who wish to raise items for consideration on future agendas can do so under Any Other Business (AOB) or through the Committee Chair.

The agenda and supporting papers will be sent out by the Committee Administrator, seven days in advance of the meetings to allow time for members' due consideration of issues.

c) Quorum

Two members of the Committee, including the Chair, will constitute a quorum. If the Chair is not available, the Vice-Chair will chair the meeting. If neither the Chair nor Vice-Chair is available, the other members will decide who will chair the meeting.

d) Minutes

Formal minutes will be kept of the proceedings by the Committee Administrator and submitted for approval at the next Clinical Governance Committee meeting, prior to submission to the Board.

Recognising the issue of relative timing and scheduling of meetings, minutes of the Clinical Governance Committee may be presented in draft form to the next available Board meeting.

The draft minutes will be cleared by the Chair of the Committee and the nominated lead Executive prior to submission to the Board.

e) Other

In order to fulfill its remit, the Clinical Governance Committee may, within current financial constraints, obtain whatever professional advice it requires and invite, if necessary, external experts and relevant members of board staff to attend meetings.

If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee.

1.4 Remit

The main duties of the Clinical Governance Committee are to receive assurances that clinical governance controls are in place and effective across NHS Borders, on behalf of NHS Borders Board; and that the principles of clinical governance are applied to the health improvement activities of the Board.

a) General

- assure the Board that appropriate structures are in place to undertake activities which underpin clinical governance;
- review the systems of clinical governance, monitoring that they operate effectively and that action is being taken to address any areas of concern;
- review the mechanisms which exist to engage effectively with healthcare partners and the public;
- encourage a continuous improvement in service quality;
- ensure that an appropriate approach is in place to deal with clinical risk management, including patient safety, across the NHS Borders system;
- review performance in management of clinical risk.
- monitor complaints response performance on behalf of the Board;
- promote positive complaints handling, advocacy and feedback including learning from adverse events;
- monitor the processes whereby infections are monitored and controlled;
- monitor mortality in and out of hospital with specific reference to unexpected or unusual deaths;
- receive reports on child and adult protection activities;
- produce an Annual Clinical Governance Report;
- ensure that appropriate action plans are developed, implemented and monitored as a result of published national reports and inquiries; and
- assure the Board that appropriate structures are in place to ensure robust links to the Healthcare Quality Strategy

b) Internal Monitoring

- review the Internal Clinical Governance annual audit priorities;
- make recommendations to the NHS Borders Audit Committee on the requirements for internal audit to support clinical activities;
- receive and consider Clinical Audit Reports along with regular Progress Reports;
- review the actions taken by the Chief Executive, Medical Director and Director of Nursing, Midwifery and Allied Health Professionals on any recommendations or issues arising from Audit Reports; and
- review the effectiveness of the Clinical Audit Programme.

c) External Monitoring

- review Audit Reports from external monitoring bodies in relation to clinical governance; and
- monitor and report to the Board that appropriate actions in relation to external review and monitoring of clinical governance are being taken.

1.5 Risk Reporting

The Committee shall receive reports from relevant service leads within the areas of its remit. As a result of these reports, and considering areas of interest to the Committee, any areas of risk shall be highlighted and reported.

An action tracker arising from Committee business shall be kept to record, identify and ensure actions are carried out.

1.6 Best Value

The Committee shall review its own performance, effectiveness, including its running costs, and terms of reference on an annual basis. The outcome of this review shall be included in the Annual Report.

1.7 Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

1.8 Reporting Arrangements

The Clinical Governance Committee is a standing committee of the Board and is accountable to the Board and shall formally report to the Board through the Annual Report. Otherwise reporting shall be by exception reporting.

The Chair of the Committee shall submit an Annual Assurance Statement on the work of the Committee to the Board. The timing of this will align to the Board's consideration of the Chief Executive's Statement of Internal Control for the associated financial year.

The Clinical Governance Committee shall undertake an annual self assessment of the Committee's Work.

F) INFECTION CONTROL COMMITTEE

1.1 Purpose

This committee fulfils the requirements of the Scottish Government Health Directorates (SGHD), outlined in HDL (2001) 53 and HDL (2005) 8, for all NHS Boards to establish an Infection Control Committee.

The Infection Control Committee (ICC) exists to maintain an overview of infection control priorities across NHS Borders, and to link into the healthcare governance processes. It will ensure that infection control issues are managed and escalated appropriately.

1.2 Composition

The Committee includes appropriate representation from across NHS Borders as detailed below:-

Committee Member	Named Deputy	Quorum - Committee Requirements
Director of Nursing & Midwifery and AHPs (HAI Executive Lead) (Chair)	Associate Directors of Nursing (ADON) as nominated	Minimum of 1 Committee Member or Deputy
Medical Director	Associate Medical Directors or Clinical Director as nominated	Minimum of 1 Committee Member or Deputy
Consultant Microbiologist (ICD)	Not applicable	Minimum of 2 or more of the ICD, ICM or IPCN
Infection Control Manager (ICM)	Senior Infection Control Nurse	
Infection Prevention & Control Nurse (IPCN)	Not applicable	
Consultant in Public Health Medicine (CPHM)	Health Protection Nurse (HPN)	
BGH Representative (Associate Director of Nursing) (Deputy Chair)	General Manager, Clinical Service Manager or Clinical Nurse Manager	Minimum of 1 Committee Member or Deputy
Primary and Community Services Representative (Clinical Nurse Manager)	Primary and Community Services Representative (Clinical Nurse Manager)	Minimum of 1 Committee Member or Deputy
Mental Health and Learning Difficulties Representative (Operational Manager)	Mental Health Representative and Learning Difficulties (Operational Manager)	Minimum of 1 Committee Member or Deputy
Head of Estates	Estates Manager	
Head of Soft FM (Facilities)	Facilities Team Lead	
Head of Quality and Clinical Governance	Clinical Governance and Quality Facilitator	
Antimicrobial Pharmacist	Pharmacist as nominated	
Head of Occupational Health	Occupational Health Nurse Manager	
Head of Health and Safety	Safety Advisor	
Member of public	Not applicable	
Staff Side Representative	Staff Side Representative as nominated	

1.3 Meetings

Frequency of Meetings

The ICC meets every 6 weeks. Patient specific details will not be discussed. If there is a high level of interest from members of the public in joining the Committee, selection will be through an interview process.

Secretarial Support and Minutes

The Infection Control Administrator will provide admin support to the ICC.

At least seven days notice will be given of the agenda. Minutes will be ratified at each meeting and agreed and noted as a correct record by the Committee.

Members who are unable to attend will send a deputy as indicated under section 1.2. Membership will be reviewed at least annually.

Other staff representatives may be co-opted as necessary to attend either the full Committee meeting or support working sub-groups.

Quorum and Voting

Quorum of the Committee is as indicated under section 1.2.

Circulation of Minutes

Minutes of the meetings will be circulated to all members and will be submitted to the Clinical Governance Committee.

1.4 Remit

- Approves the national and local objectives and priorities for targeted surveillance of infection.
- Approves the annual Infection Control Workplan.
- Monitors the progress of the annual Infection Control Workplan
- Responsible for assessment of levels of compliance with National HAI Standards.
- Receives reports and monitors action plans following HEI inspections.
- Critically review infection control surveillance data and evidence of actions implemented to reduce the incidence of HAI
- Provide guidance and support in the development of actions specific to Infection Prevention & Control.
- Consider risks to be added to the risk register and monitor
- Monitors infection related incidents and oversees related actions
- Provide assurance to NHS Boards Board in relation to Infection Prevention & Control.
- Provides advice and support on the implementation of policies/ procedures /guidelines.
- Delegated authority to approve all infection control policies.
- Approves the annual infection control audit programme and monitors progress, actions and learning from audits.

- Co-operates and participates in the periodic audits undertaken by the Board's Internal Audit when relevant to provide assurance that an effective system of infection control is in place.
- Tasks the Infection Prevention & Control Team and Health Protection Team to investigate and manage outbreaks of infection. Reports will be presented to ICC following an outbreak incident.

Duties of membership:

Chair

- Nominate a deputy in their absence.
- Ensures all members have access to up-to-date legislation and guidance relevant to infection control.
- Escalate to the Clinical Governance Committee appropriate risks that have been identified together with actions being taken to minimise the level of risk.
- Formally write to Committee members and their line manager if they fail to attend 3 consecutive meetings.

Committee Members:

- Nominate deputy if unable to attend
- Provide advice and support to the Infection Control Team (ICT) and the Health Protection Team (HPT).
- Consider the impact on the organisation of legislation, HDL, Scottish Government directives, and other relevant standards and reports

1.5 Risk Reporting

The Committee will routinely review infection control risks and escalate as appropriate.

1.6 Best Value

Membership and frequency of the Committee meetings will be regularly reviewed. Clear description of agenda items, and opportunity provided to public representatives to a pre-meeting briefing.

1.7 Authority

As detailed in the remit, the Committee monitors progress against the Infection Control Work Plan, provides assurance and escalates risks and issues, and approves Infection Control Policies.

1.8 Reporting Arrangements

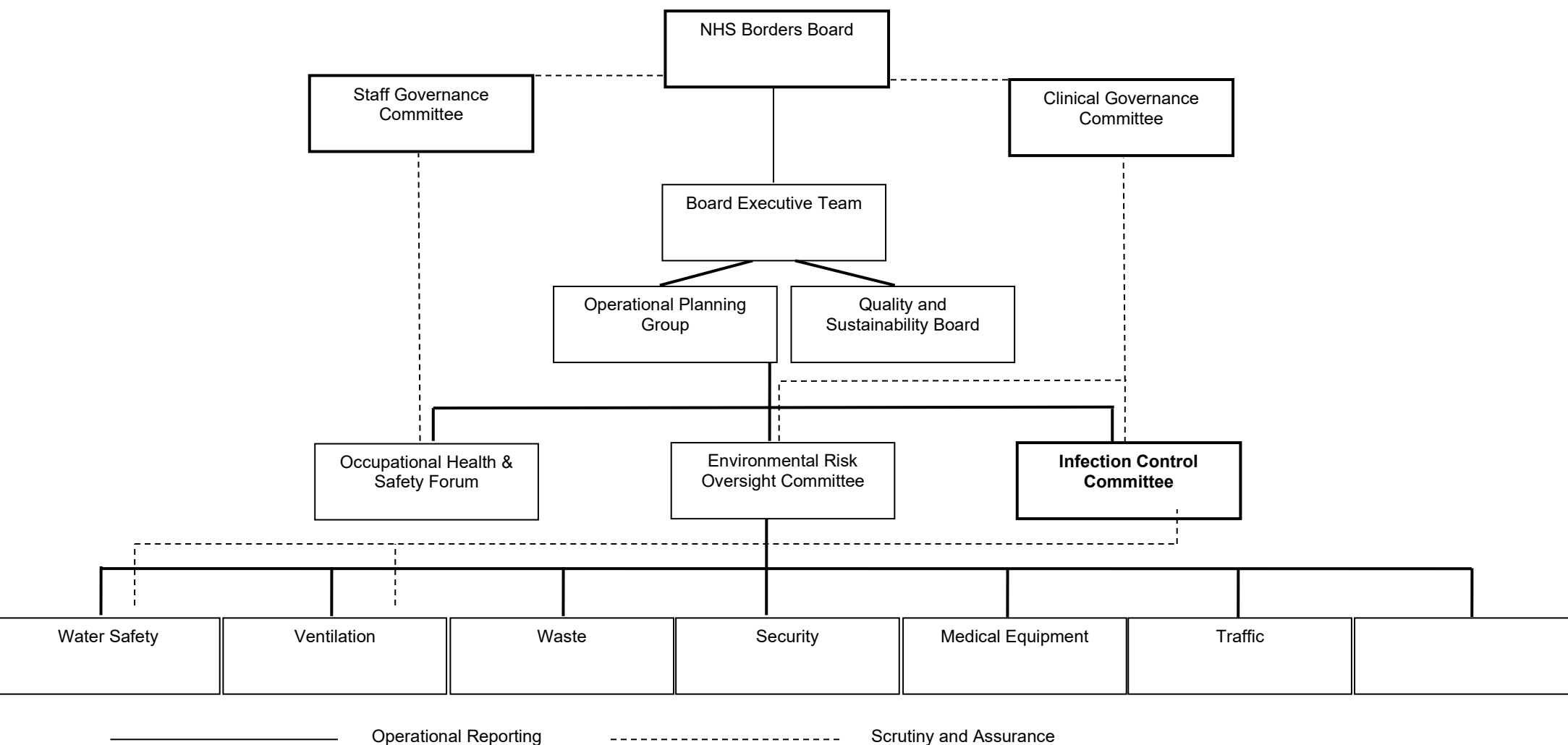
The ICC formally reports to the Operational Planning Group with a dotted line to the Clinical Governance Committee for scrutiny and assurance.

1.9 Accountability Arrangements

Refer to Appendix 1

Infection Control Committee – Reporting Structure

Appendix 1



G) ENVIRONMENTAL RISK OVERSIGHT COMMITTEE

1.5 Purpose

This Group fulfils the requirements of CEL35 (2010), the Scottish Health Technical Memorandums and Notes and Health and Safety Legislation. Statutory compliance relating to inspection, operations and management of assets.

The Environmental Risk Oversight Group (EROG) exists to maintain an overview of environmental risk priorities across NHS Borders, and to link into the healthcare governance processes. It will ensure that environmental risk issues are managed and escalated appropriately.

This group is constituted to provide specialist technical oversight to areas of risk relating to the built environment. It does not replace the existing risk management functions performed by other groups including: Infection Control Committee, Occupational Health & Safety Forum, Operational Planning Group (OPG).

1.6 Composition

The Group includes appropriate representation from across NHS Borders as detailed below:

Group Member	Named Deputy	Quorum - Group Requirements
Director of Finance	Director of Quality and Improvement	Minimum of 1 Group Member or Deputy
Director of Quality and Improvement	Director of Finance	
Consultant Microbiologist (ICD)	Not applicable	Minimum of 1 Group Member or Deputy
Infection Control Manager (ICM)	Senior Infection Control Nurse	
Head of Hard FM (Estates)	Estates Programme Manager	Minimum of 1 Group Member or Deputy
Estates Programme Manager	Head of Hard FM (Estates)	
Head of Soft FM (Facilities)	Not applicable	
Risk Manager	Not applicable	
Head of Health and Safety	Health and Safety Lead Advisor	Minimum of 1 Group Member or Deputy
Partnership Representative*	Not required	N/A

*Partnership attendance is optional. All risks under review will be considered through separate forums in line with risk management policy.

a) Frequency of Meetings

The EROC meets every 6 weeks.

b) Secretarial Support and Minutes

The BET administrative team will provide admin support to the EROC.

At least seven day's notice will be given of the agenda.

Members who are unable to attend will send a deputy as indicated under section 1.2. Membership will be reviewed at least annually.

Other staff representatives may be co-opted as necessary to attend either the full Group meeting or support working sub-groups.

c) Quorum and Voting

Quorum of the Group is as indicated under section 1.2.

d) Circulation of Minutes

Minutes of the meetings will be circulated to all members and will be submitted to the Clinical Governance Committee.

1.7 Remit

- Provide oversight of environmental risks outwith risk appetite to assess further actions needed and make recommendations to the organisation where further resources are required
- Monitor levels of compliance with statutory and other guidance and for maintaining a record of non-compliance and the mitigating actions
- Monitor risk around the built environment including considering, recording and recommending derogations to any standards
- Develop and maintain the Board policy for derogations
- Receives and considers escalation from sub-groups
- Receives reports and monitors action plans following inspections or internal/external audit
- Provide assurance to NHS Boards Board and sub-committees in relation to Environmental Risk.
- Monitor compliance with the annual statutory audit and compliance risk tool programme and monitors progress
- Co-operates and participates in the periodic audits undertaken by the Board's Internal Audit when relevant to provide assurance that an effective system of control is in place.

1.4 Duties of membership:

Chair

- Nominate a deputy in their absence.
- Ensures all members have access to up-to-date legislation and guidance relevant to Estates and Environmental Risk
- Escalate very high risks, as considered from the Board risk appetite approach to the Operational Planning Group
- Escalate to the Clinical Governance Committee appropriate risks that have been identified together with actions being taken to minimise the level of risk.

- Formally write to Group members and their line manager if they fail to attend 3 consecutive meetings.

Group Members:

- Nominate deputy if unable to attend
- Provide advice and support to the Estates and Facilities Teams
- Consider the impact on the organisation of legislation, HDL, Scottish Government directives, and other relevant standards and reports

1.10 Risk Reporting

The Group will routinely review environmental risks and escalate as appropriate.

1.11 Best Value

Membership and frequency of the Group meetings will be regularly reviewed.

1.12 Authority

As detailed in the remit, the Group monitors progress against the Estates Work Plan, provides assurance and escalates risks and issues.

1.13 Reporting Arrangements

The EROC formally reports to the Operational Planning Group on matters relating to operational performance, risk and financial control. The EROC will provide assurance through the Operational Planning Group.

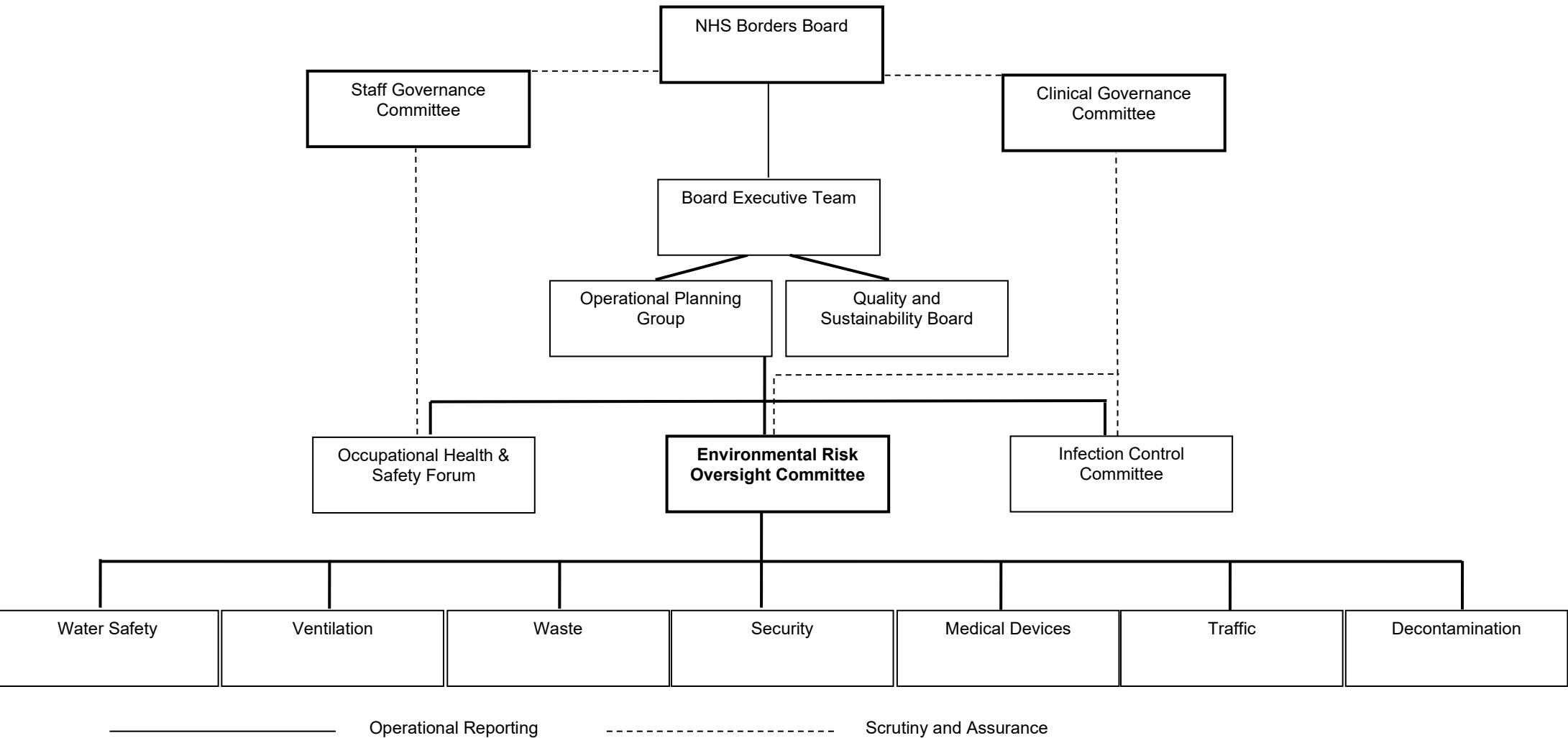
1.14 Accountability Arrangements

Refer to Appendix 1

Environmental Risk Oversight Group

Reporting Structure

Appendix 1



H) AREA DRUGS AND THERAPEUTICS COMMITTEE

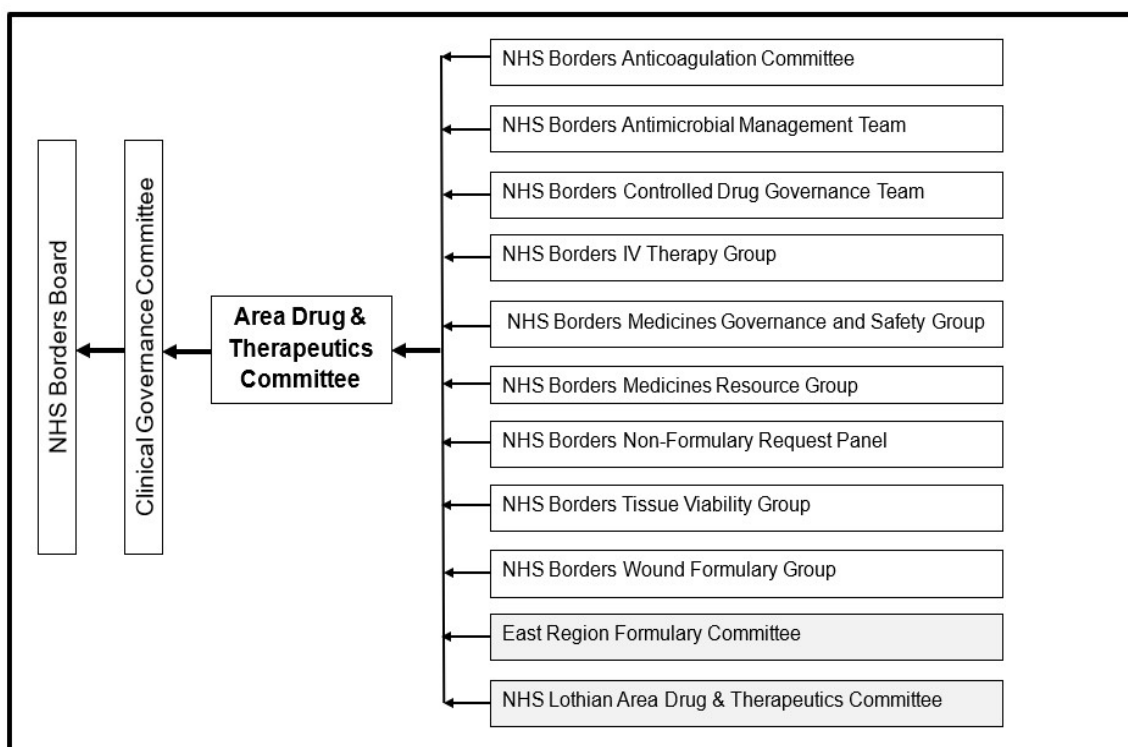
1.1 Purpose

The ADTC provides professional advice and clinical leadership to NHS Borders supporting safe, evidence based, cost effective and patient centred treatment for patients. It provides the governance structure for the use of all types of therapeutic agents (drugs, gases, diet, fluid etc) in NHS Borders, across all care settings. The ADTC is responsible for responding and implementing local and national therapeutic related priorities.

The ADTC is responsible for the implementation of decisions made by the East Region Formulary Committee (ERFC), approval of treatment guidelines in NHS Borders, approval of Patient Group Directions (PGDs), approval of Patient Specific Directions (PSDs), overseeing the medicines safety aspects of the Scottish Patient Safety Programme (SPSP), the Antimicrobial Management Team and all other issues relating to the safe and effective use of medicines.

The ADTC is empowered to form sub-committees and working groups to achieve the above responsibilities.

Where subgroups are convened they should have delegated authority to act on behalf of the ADTC, reporting and referring back to the ADTC where required.



The ADTC submit an annual report to the Clinical Governance Committee (as part of the pharmacy annual report). The chair of the ADTC can be a consultant, lead pharmacist or general practitioner or non- executive member of the Board. The chair of the ADTC should be ratified by the Board.

The ADTC receives and has the opportunity to comment on reports from the Scottish Medicines Consortium and has responsibility for seeking nomination to this group. Once nomination agreed by ADTC it will be sent to the Chief Executive and Medical Director for approval.

1.2 Remit

- To advise and support the strategic direction of all aspects of medicines and therapeutic agents governance and usage in NHS Borders, across all care settings. Governance and usage of therapeutic agents in NHS Borders must be included in the wider strategic planning carried out by the board.
- To ensure multi-stakeholder engagement and joint working on all medicine/therapeutic agent related issues, within all care settings.
- To approve and monitor NHS Borders prescribing policies and treatment guidelines to optimise safe and cost-effective use of medicines.
- To implement the East Region Medicines Collaborative guidelines
- To ensure that ERFC formulary decisions are implemented in practice and reflected in local and regional guidelines.
- Liaise with Clinical Networks and other specialist clinical interest groups to influence and seek advice on aspects of prescribing practice
- To advise, monitor and coordinate the development and approval of policies and procedures which support NHS Borders to meet governance relating to:
 - Prescribing medicines/therapeutic agents (for all prescribers)
 - Administration of medicines/therapeutic agents (by all appropriately trained staff)
 - Safe and secure handling of medicines/therapeutic agents
- To support NHS Borders Board in the delivery of a comprehensive approach to national policy regarding medicines, linking with Regional and National groups.
- To oversee the systems for safer medicines use including SPSP safer medicines group
- To respond to national directives and initiatives related to the use of medicines, in particular those issued by the Scottish Medicines Consortium, Scottish Intercollegiate Guidelines Network (SIGN), National Institute for Healthcare and Clinical Excellence (NICE), Medicines and Healthcare Regulatory Authority (MHRA), National Patient Safety (NPSA) briefings and Major Supply Alert Notices (MSANs)
- To ensure systems are in place for the dissemination of information and advice to professional staff, patients and public promoting safe, efficient and cost-effective use of medicines taking into account current evidence and best practice.
- promote, support and monitor the development of non medical prescribers, including co-ordination of a systematic process to improve access to medicines through Patient Group Directions;
- Work with the Clinical Interface Group to manage prescribing across the primary care-secondary care interface
- encourage participation in the 'Yellow Card' scheme for reporting of adverse drug reactions;
- encourage research and audit on cost effective use of medicines;
develop a system for managing risks identified with the work of the Committee

1.3 Membership

The membership of the committee shall consist of:

Chaired by a consultant, lead pharmacist or general practitioner or non- executive member of the Board. The chair of the ADTC should be ratified by the Board.

The Vice Chair and professional secretary will be chosen from the membership. These individuals will serve a 2-year post and then the positions will rotate to other members. The professional secretary may allocate papers to other members to discuss on behalf of the committee.

Leadership Representation	Medical Representation	Pharmacy Representation	Senior clinical representation	Groups to be represented
<ul style="list-style-type: none">•Director of Pharmacy•Clinical Director	<ul style="list-style-type: none">•Hospital Physician•General practitioner (x2)•Microbiologist•Surgeon•Anaesthetist	<ul style="list-style-type: none">•Lead Pharmacist - Acute•Lead Pharmacist - Medicines Utilisation•Lead Pharmacist Primary care	<ul style="list-style-type: none">•Paediatrics•Mental Health•Public Health•Cancer•Lead nurse non medical prescribing	<ul style="list-style-type: none">•Primary Care Prescribing Group•East Region Formulary•Area Clinical Forum•Clinical Interface Group

1.4 Frequency of meetings

The ADTC will meet bi-monthly on the fourth Wednesday of the month either via Microsoft teams or face to face as permissible and appropriate.

1.5 Agenda and Papers

The Lead Pharmacist Medicines Utilisation, professional secretary and nominated Committee Administrator will set the agenda for the meetings. The agenda and papers will be circulated at least 5 working days in advance of the meeting. Un-tabled papers will be avoided except in exceptional circumstances.

1.6 Quorum

A quorum will consist of:

- A chair or vice chair
- One pharmacist
- One hospital medical practitioner
- One general practitioner
- One other member of the committee

A roll of attendance will be kept and if members do not attend at least half of the meetings per year they will be asked to attend more regularly or resign. Deputies are to be encouraged. Where quorum is not achieved, the minute should be sent by email to the committee for comment and approval where appropriate if any decisions are made. The chair can then elect to rescind decisions based on the feedback and elect to return the discussion to the next meeting.

1.7 Minutes

Formal minutes will be kept of the proceedings by the committee administrator and reviewed by the professional secretary. These will be submitted for approval at the next ADTC meeting. The draft minutes will be reviewed by the chair and/or vice chair prior to circulation. Once approved, these minutes will be published on the NHS Borders intranet and internet websites.

1.8 Declaration of interest

Declarations of interest will be provided by members of the ADTC on an annual basis and held in confidence for the chair of the committee by the Health Board secretariat. It is the responsibility of the members to declare any possible interests at the beginning of each meeting, or whenever they arise during discussion.

1.9 Operating and reporting arrangements

1. The ADTC is the key professional advisory group for medicines governance and reports into NHS Borders Board via the Boards' clinical governance structures. The committee will communicate reports to the clinical governance at least annual from a scrutiny and assurance perspective. The annual report will be published online.
2. Key decisions will be made, where possible by consensus agreement. Where this is not possible, the committee will decide whether the decision will be taken based on a majority vote or deferred for further discussion.
3. The committee will communicate reports directly to prescribers, other relevant colleagues and committees to avoid unnecessary delay.
4. The committee will communicate reports to the Operation Planning Group in relation to risks to delivery, performance and policy.
5. In order to fill its remit, the ADTC may, within current financial constraints, obtain other professional advice it requires and invite, if necessary, external experts and relevant members of Board staff to attend meetings,
6. Groups reporting to ADTC:
 - a. Anticoagulation Committee
 - b. Controlled Drug Governance Team
 - c. Nutrition Group
 - d. Medicines Homecare Group
 - e. Non-Formulary Request Panel
 - f. Tissue Viability/ Wound Formulary Group
 - g. East Region Formulary Committee
 - h. Antimicrobial Management Team
 - i. IV Therapy Group
 - j. Non-Medical Prescribing Group

I) STAFF GOVERNANCE COMMITTEE

1.1 Purpose

To advise the Board on its responsibility, accountability and performance against the NHS Scotland Staff Governance Standard and Whistleblowing Standards; addressing the issues of policy, targets and organisational effectiveness. The NHS Reform (Scotland) Act requires Boards to put and keep in place arrangements for the purpose of improving the management of the officers employed, monitoring such management, and workforce

planning. This will be demonstrated through achievement and progress towards the Staff Governance Standard through:

- Scrutiny of performance against individual elements of the Staff Governance Standards.
- Data collected during the self-assessment audit conducted under the auspices of the Area Partnership Forum.
- The action plans submitted to, and approved by, the Staff Governance Committee.
- iMatter / Everyone Matters / Collecting Your Voices results.
- Whistleblowing activity data.
- Data and information provided in statistical returns reports to the Committee.

1.2 Membership

Membership of the Staff Governance Committee will be:

- A minimum of four Non-Executive Members, one of whom must be the Employee Director and one the Whistleblowing Champion.

In addition there will be in attendance:

- Partnership Leads - Staff-side, from Local Partnership Forums
- Director of HR, OD & OH&S and Deputy Director(s) of HR
- Other Directors (as appropriate)
- Head of Work & Wellbeing
- OD Lead
- Health & Safety Advisor
- Practice Development Lead

The Chief Executive and Chair will attend at least one Staff Governance Committee meeting per year.

The Committee may invite additional attendees as required by the agenda.

1.3 Meetings

Meetings of the Committee will be quorate when two Non-Executive Members are present.

A Non-Executive Member will act as Chair to the meeting.

1.4 Remit

- To monitor performance of the Health Board against the Staff Governance Standard.
- To fulfil a monitoring, promotion and assurance role with Whistleblowing activity within NHS Borders and ensure compliance with the Once for Scotland/Independent National Whistleblowing Officer Standards.
- To monitor and evaluate Workforce strategies and implementation plans.
- To monitor pay modernisation processes.
- To monitor compliance with Statute and encourage best practice around equality, diversity & inclusion in employment.

- As appropriate, to work collegiately with the Area Partnership Forum (APF) which has the responsibility for ensuring effective partnership working between management and staff at all levels in NHS Borders.
- To receive and note annual reports from the Remuneration Committee.
- To ensure implementation of Once For Scotland Workforce Policies.
- To provide timely Staff Governance information required for national monitoring arrangements.
- To provide Staff Governance information for the Statement of Internal Control.
- To approve and monitor any NHS Borders Workforce Plan.
- To monitor and challenge against the Staff Governance Committee Dashboard data.
- To receive and note National reports on whistleblowing and give assurance to Board on this or escalate concerns to same.
- To receive and note annual report/updates from the OH&S Forum.

1.5 Best value

The Committee is responsible for reviewing those aspects of the Best Value work plan which are delegated to it from Borders NHS Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Borders has systems and processes in place to secure best value for these delegated areas.

1.6 Authority

The Committee is authorised by the Board to investigate any activity within its terms of reference, and in so doing, is authorised to seek any information it requires from any employee. The Committee is required to review its Terms of Reference on an annual basis.

The Committee is authorised by the Board to obtain independent professional advice and to secure attendance of others with relevant experience and expertise if it considers it necessary.

1.7 Reporting Arrangements

- The Staff Governance Committee reports to Borders NHS Board.
- Following a meeting of the Staff Governance Committee, the Minutes of that meeting should be presented at the next Borders NHS Board meeting.
- The Staff Governance Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Staff Governance Committee.
- The Staff Governance Committee will produce an Annual Report for presentation to Borders NHS Board. The Annual Report will describe the outcomes from the Committee during the year and provide an assurance to the Board that the Committee has met its remit during the year. The Annual Report must be presented to a Board meeting prior to the Audit & Risk Committee considering the Annual Accounts.

J) REMUNERATION COMMITTEE

1.1 Purpose

The fourth edition of the Staff Governance Standard made clear that each NHSScotland Board is required to establish a Remuneration Committee, whose main function is to ensure application and implementation of fair and equitable pay systems on behalf of the Board as determined by Ministers and the Scottish Government and applies to Executives and Senior Managers only.

1.2 Composition

- The Chair of the Board (who will be the Chair);
- The Vice Chair of the Board
- The Employee Director
- Two other Non-Executive Members

In addition there will be in attendance:

- Board Secretary
- Chief Executive
- Director of HR, OD & OH&S
- Associate Director of Workforce

At the request of the Committee, other Senior Officers may also be invited to attend.

All members of the Remuneration Committee will require to be appropriately trained to carry out their role on the Committee.

No employee of the Board shall be present when any issue relating to their employment is being discussed.

1.3 Meetings

The Committee will meet no less than 3 times per annum.

Remuneration issues may arise between meetings and will be brought to the attention of the Chair of the Remuneration Committee by the Chief Executive or the Director of HR, OD & OH&S. The Chair may call a special meeting of the Remuneration Committee to address the issue.

Meetings of the Committee will be quorate when three Non-Executive Members are present.

1.4 Remit

The Remuneration Committee will oversee the remuneration arrangements for Executive Directors and others under the Executive Cohort and Senior Manager Pay Systems and also to discharge specific responsibilities on behalf of the Board as an employing organisation.

Ensure that arrangements are in place to comply with NHS Borders Performance Assessment Agreement and Scottish Government direction and guidance for determining the employment, remuneration, terms and conditions of employment for Executive Directors, in particular:-

- Approving the personal objectives of all Executive Directors in the context of NHS Borders's Annual Delivery Plan, Corporate Objectives and other local, regional and national policy
- receiving formal reports on the operation of remuneration arrangements and the outcomes of the annual assessment of performance and remuneration for each of the Executive Directors.

Ensure that arrangements are in place to determine the remuneration, terms and conditions and performance assessment for other staff employed under the 'Executive Cohort' and 'Senior Manager' pay systems. The Committee will receive formal reports annually providing evidence of the effective operation of these arrangements.

Promote the adoption of an NHS Borders approach to issues of remuneration and performance assessment to ensure consistency.

Undertake reviews of aspects of remuneration/employment policy for Executive Directors (e.g. Relocation Policy) and other Senior staff (e.g. special remuneration), when requested by NHS Borders Board.

The Remuneration Committee shall approve, reject or seek amendment to proposed severance packages ie financial packages to incentivise an employee leaving the employment of NHS Borders by mutual consent. These are usually progressed through use of a Settlement Agreement which is a legal document which requires ultimate sign off by Scottish Government. Where matters are time critical, the proposal may be circulated around the Remuneration Committee by email, if there is no upcoming formal meeting.

Consider and keep under regular review the arrangements for those NHS Borders staff on external secondments.

To be assured as to the proper processes of the Discretionary Points Committee in the award of discretionary points to eligible specialist, medical and dental staff based on competent recommendations from the appropriate advisory bodies, and to receive reports from the Committee for approval.

To have oversight of the consultant recruitment process on behalf of the Board, who are responsible for the recruitment, and authorisation of appointments of, consultants as required under the National Health Service (Appointment of Consultants) (Scotland) Regulation 2009.

1.4.1 Confidentiality and Committee Decisions

Decisions reached by the Committee will be by agreement and with all Members agreeing to abide by such decisions (to the extent that they are in accordance with the constitution of the Committee). All Members will treat the business of the Committee as confidential. The Committee may in certain circumstances decide a voting approach is required with the Chair having a second and casting vote.

1.4.2 Minutes and Reports

Reports issued to Members will contain full details of the issues to be considered with clear recommendations to the Committee. The minutes will record the decisions reached by the Committee with due regard to confidentiality in relation to individuals.

1.5 Best value

The Committee is responsible for reviewing those aspects of the Best Value work plan which are delegated to it from the Board. The Committee will put in place arrangements which will provide assurance to the Chief Executive as Accountable Officer, that NHS Borders has systems and processes in place to secure best value for these delegated areas.

1.6 Authority

The Remuneration Committee is authorised by the Board to investigate any activity within its terms of reference, and in doing so, is authorised to seek any information it requires about any employee.

In order to fulfil its remit, the Remuneration Committee may obtain whatever professional advice it requires, and it may require Directors or other officers of NHS Borders to attend meetings.

1.7 Reporting Arrangements

The Remuneration Committee reports through the Staff Governance Committee to the Board;

Following a meeting of the Remuneration Committee the minutes of that meeting shall be marked as “confidential” and made available to the Non Executive Directors.

The Remuneration Committee should annually and within three months of the start of the financial year provide a work plan detailing the work to be taken forward by the Remuneration Committee.

The Remuneration Committee will produce a high level Annual Report for presentation to the Staff Governance Committee to provide assurance that the Remuneration Committee is addressing appropriate business in line with due process.

The Remuneration Committee will through the Staff Governance Committee provide an annual assurance that systems and procedures are in place to manage the pay arrangements for all Executive Directors and others under the Executive Cohort and Senior Manager pay systems so that overarching Staff Governance responsibilities can be discharged. The Staff Governance Committee will not be given the detail of confidential employment issues that are considered by the Remuneration Committee; these can only be considered by the Non-Executive Members of the Board.

The Annual Report will be prepared as close as possible to the end of the financial year but in enough time to allow it to be considered by the Staff Governance Committee. This is to ensure that the Staff Governance Committee is in a position in its annual report to provide the annual assurance that systems and procedures are in place to manage the pay arrangements for all staff employed in NHS Borders.

1.8 Review

The Terms of Reference of the Remuneration Committee will be reviewed on an annual basis. The Remuneration Committee will undertake an annual self assessment.

K) AREA CLINICAL FORUM (ACF)

The Area Clinical Forum is constituted under "Rebuilding our National Health Service" - A Change Programme for Implementing "Our National Health, Plan for Action, A Plan for Change", which emphasised that NHS Boards should both:-

- Draw on the full range of professional skills and expertise in their area for advice on clinical matters both locally and on national policy issues;
- Promote efficient and effective systems - encouraging the active involvement of all clinicians from across their local NHS system in the decision-making process to support the NHS Board in the conduct of its business.

1.1 Purpose

To formulate comprehensive clinical advice to the Board on matters of policy and implementation. The Committee will consult widely with its constituency and the Board. It will be pro-active in:

- reviewing the business of professional advisory committees to ensure co-ordination of clinical matters across each of the professional groups;
- the provision of a clinical perspective on the development of the Local Delivery Plan and the strategic objectives of the NHS Board;
- sharing best practice and encouraging multi-professional working in healthcare and health improvement;
- ensuring effective and efficient engagement of clinicians in service design, development and improvement;
- providing a local clinical and professional perspective on national policy issues;
- Ensuring that local strategic and corporate developments fully reflect clinical service delivery;
- Taking an integrated clinical and professional perspective on the impact of national policies at local level;
- Through the ACF Chair, being fully engaged in NHS Board business; and
- supporting the NHS Board in the conduct of its business through the provision of multi-professional clinical advice.

At the request of Borders NHS Board, the Area Clinical Forum may also be called upon to perform one or more of the following functions:-

- Investigate and take forward particular issues on which clinical input is required on behalf of the Board where there is particular need for multi- disciplinary advice.
- Advise Borders NHS Board of the impact of national policies on the integration of services, both within the local NHS systems and across health and social care.

Authority: The Area Clinical Forum is an Advisory Committee of the Borders NHS Board.

Reporting Arrangements: The Area Clinical Forum will report to Borders NHS Board and submit an Annual Report on its activities to the NHS Board.

The approved minutes of the ACF will be presented in to the next NHS Board meeting to ensure NHS Board members are aware of issues considered and decisions taken.

Membership: The Area Clinical Forum will consist of the chair, vice chair and another identified representative of each of the statutory Area Professional Committees as follows:-

- Area Allied Health Professionals Committee
- Area Medical Committee
- Area Dental Committee
- Area Optical Committee
- Area Nursing and Midwifery Committee
- Area Pharmaceutical Committee
- Healthcare Scientists Advisory Committee
- Psychologists Team

Others in Attendance: The Committee may invite others to attend a meeting for discussion of specific items. That person may take part in the discussion but will not have a vote.

Sub Committees: The Committee may appoint ad hoc Short Life Working Sub-Committees as appropriate to consider and provide advice on specific issues.

Tenure: Individual members tenure will be determined by the constitution of their parent Committee. If a member resigns or retires, the appropriate Advisory Committee will choose a replacement. Individuals shall cease to be members of the Area Clinical Forum on ceasing to be the Chair, Vice Chair or identified representative of their professional committee.

Officers

Chair: The Committee shall elect a Chair. This shall be on the basis of one vote for each of the Committee members. The Chair shall be elected for 4 years in line with the appointment tenure of Non Executives to the Board. He/she will be eligible for a maximum of 2 consecutive terms of office.

Selection of the Chair will be an open process, and all members may put themselves forward as candidates for the position. If more than one person puts themselves forward an election will be held by secret ballot (Annex A).

The Chair of the Area Clinical Forum will, subject to formal appointment by the Cabinet Secretary for Health and Wellbeing, serve as a Non-Executive member of Borders NHS Board.

Membership of Borders NHS Board is specific to the office rather than to the person. The normal term of appointment for Board members is for a period up to four years. Appointments may be renewed, subject to Ministerial approval.

Where the members of the Area Clinical Forum choose to replace the Chair before the expiry of their term of appointment as a Non-Executive member of Borders NHS Board, the new Chair will have to be formally nominated to the Cabinet Secretary as a Non-Executive member of Borders NHS Board for approval.

In the same way, if Board Membership expires and is not renewed, the individual must resign as Chair of the Area Clinical Forum, but may continue as a member of the Area Clinical Forum.

Vice-Chair: The Committee shall then elect a Vice-Chair. The tenure shall be the same as for the Chair.

A Vice Chair of the Area Clinical Forum will be chosen by the Members of the Forum from among their number. Selection of the Vice Chair of the Forum will be an open process and all members may put themselves forward as candidates for the position. If more than one person puts themselves forward an election will be held by secret ballot.

The Vice Chair will deputise, as appropriate, for the Chair, but where this involves participation in the business of Borders NHS Board, they will not be functioning as a Non-Executive member.

Secretary: The Secretary shall be provided by the NHS Board.

Conditions

Interests: Members must declare any pecuniary or other interest which could be construed as influencing the advice given to the NHS Board, and must not participate in discussion leading to that advice.

Removal: An Office Bearer may be removed from office at a meeting of the Committee only if the removal has been included as an agenda item. Such removal would require the agreement of two thirds of the members of the Committee.

Executive Powers: The Chair (or in his/her absence the Vice Chair) will have discretionary powers to act on behalf of the Committee but in doing so is answerable to the Committee.

Membership of the NHS Board: The Chair will be appointed by the Cabinet Secretary as a full member of Borders NHS Board.

Conduct: All members will have due regard to and operate within NHS Borders Code of Corporate Governance.

Standing Orders

Notice of Meetings: The Secretary will ensure that the agenda and relevant papers are issued at least seven days before the meeting whenever possible.

Minutes: The Secretary will ensure that the minutes of the meetings of the Committee are sent to the each member with the agenda and papers of the next meeting.

Meetings: Meetings will be held bi-monthly although the Committee may vary these arrangements to cover holiday months or other circumstances.

Quorum: A quorum of the Committee will be one third of the members. In the event that the Chair and Vice Chair are both absent, the members present shall elect from those in attendance, a person to act as chair for the meeting.

Voting: Where the Committee is asked to give advice on a matter and a majority vote is reached the Chair or Secretary will record the majority view but will also make known any significant minority opinion and present the supporting arguments for both view points.

Alterations to the Constitution and Standing Orders: Alterations to the Constitution and Standing Orders may be recommended at any meeting of the Committee provided notice of the proposed alteration is circulated with the notice of the meeting and that the proposal is seconded and supported by two-thirds of the members present and voting at the meeting.

Any alterations must be submitted to the NHS Board for approval.

ANNEX A

ACF CHAIR ELECTION PROCESS

- Election to be carried out during ACF meeting.
- The current chair will ask for nominations from the ACF members and check nominees willingness to stand for election.
- If there is more than 1 nominee each will be asked to briefly inform the ACF what will be their approach to the role, how they will involve the members and how they will develop the ACF (no more than 5 minutes each).
- Each ACF member will have 1 vote (they may vote for themselves).
- Each member will write their chosen candidate on a paper slip and pass to the secretary.
- The Board Secretary will check the votes and announce the winner.
- In the event of a draw then the Board Secretary will announce this to the ACF.
- Candidates will be asked if they wish to add anything to their earlier statements.
- The ACF members will then vote again.

- If there is a second draw the Board Secretary will announce this and the Chair will ask the members if they are likely to change their vote.
- If not then the decision will be referred to a panel of 3 Non Executive Directors. Candidates will give a short presentation to the panel on their approach to the role, how they will involve the members and how they will develop the ACF.
- The panel will then make a decision and inform the existing Chair.
- Once a decision is made the Board Secretary will then make the appropriate arrangements.
- The ACF Vice Chair will be appointed via the same process

L) AREA PARTNERSHIP FORUM (APF)

1. Purpose

The Area Partnership Forum is a strategic body which is responsible for facilitating, monitoring and evaluating the effective operation of partnership working across NHS Borders. It further acts to endorse HR policies, procedures & protocols through the partnership process, recognising the Once for Scotland context.

1.1 Remit

The Area Partnership Forum will:

- Take a proactive approach in embedding partnership working at all levels of the organisation to assist the process of devolved decision making and to develop effective working relationships;
- Endorse, implement & monitor adherence to all HR Policies;
- Consider and comment on other corporate policies/strategies, assessing the impact of strategic decisions upon staff and making sure policies are underpinned by appropriate Staff Governance and financial planning disciplines;
- Support the work of the Staff Governance Committee;
- Ensure the best HR practice is shared across the health board;
- Contribute to the development of strategies and action plans;
- Oversee, monitor and evaluate the roll-out of staff surveys;
- Liaise with national industrial relations bodies such as the Scottish Partnership Forum and STAC;
- Contribute to local and regional planning arrangements;
- Ensure adequate and necessary Facilities Arrangements are in place;
- Making sure that the views of all Staff Side with an interest in improving local health and healthcare services, local communities and healthcare staff are appropriately heard and considered;
- Ensure the Area Partnership Forum has knowledge and understanding of national issues;
- Ensure that in its close working with the Training, Education & Development (TED) Board, that all staff are effectively trained, properly supported and performance is formally reviewed on an annual basis.

1.2 Authority

The Forum is authorised by NHS Borders to investigate any activity within its terms of reference. In order to fulfil its remit, the Area Partnership Forum may obtain whatever professional advice it requires (including that from professional/trade union/national or local representatives) and require Directors or other officers of the Board to attend meetings.

The external Auditor and Chief Internal Auditor shall have the right of direct access to the Joint Chairs of the Area Partnership Forum.

The Forum is authorised by the Board to endorse & adopt Once for Scotland HR policies and any other more localised protocols through the partnership process.

1.3 Reporting Arrangements

- The Area Partnership Forum acts as a sub-group of, and reports to, the Staff Governance Committee which in turn is a sub-committee of the Board;
- Following a meeting of the Area Partnership Forum, the approved minutes of that meeting will be presented for information at the next meeting of the Staff Governance Committee;
- The Area Partnership Forum shall annually and within three months of the start of each financial year provide, approve and agree a workplan detailing the work to be taken forward by the Forum that year;
- The Area Partnership Forum shall produce an annual report for presentation to the APF and Staff Governance Committee that will describe outcomes from the Forum during the year.

2. MEMBERSHIP

Membership of the Area Partnership Forum shall comprise representatives of management and all recognised staff organisations (Staff Side). [Appendix 1]. For any voting purposed each recognised Trades Union will have one seat/one vote. However all Staff Side representatives are encouraged to attend.

Management and Staff Side should have named members with nominated deputies. Management and Staff Side representatives, including deputies, may attend as observers with the agreement of the Joint Chairs. Full Time Officers for recognised Staff Side organisations may attend as an ex-officio member.

Membership (and Deputy Membership) is conferred without limit of time subject to acceptable record of attendance. Membership will be formally updated annually when the Terms of Reference are reviewed.

The Employee Director's Offices shall ensure that an accurate record of attendance is maintained and absence from three consecutive meetings of the Forum shall result in membership being withdrawn and alternative representation being sought.

Should there then be continued non-attendance of a nominated representative to the APF, the Joint Chairs shall contact the nominated representative and/or (in the case of a Staff Side representative) their relevant staff organisation and clarify if the nominated

representative wishes to continue as a member of the APF, or if another nominated representative from that organisation will be replacing them on the APF.

2.1 Formal Sub Groups

Local Partnership Forums x 4
Pay And Conditions of Employment (PACE) Group
Joint Staff Forum, with IJB

The Area Partnership Forum will also act as a resource for other groups seeking Staff Side views / opinions relating to NHS Borders matters.

The Occupational Health and Safety Forum, as a statutory committee for Health and Safety, will communicate directly to the Area Partnership Forum and Staff Governance Committee on matters agreed in partnership with managers and health and safety representatives. The OH&S Forum is not a sub-committee of APF.

3. FORUM MEETINGS

3.1 Cycle of Meetings

The Forum will meet on an agreed basis, but routinely every 8 weeks, unless otherwise agreed by the Joint Chairs.

3.2 Chairing of Meetings

There will be Joint Chairs appointed from Management and Staff Side who will chair meetings of the Forum on an alternating basis. It is the responsibility of the Joint Chairs to agree in advance any agenda items. Tenure of the Chair of the Staffside for APF is de facto that the Employee Director is to be included at 2 successive terms as Chair as a maximum; noting non-executive directors have exception to the limit of successive terms in post. The Employee Director's Offices shall distribute an agenda and supporting papers for each Forum meeting no later than one week before the date of the meeting to all Forum members.

3.3 Quorum

The Forum will be quorate when:

- a minimum of five members of the Management and;
- a minimum of five members of the Staff Side are present.

4. VALUES

To underpin the working of the Area Partnership Forum, the following values will be adopted and govern the approach taken to consideration of issues, in line with the requirements of MEL (1999) 59:

- mutual trust, honesty and respect;
- openness and transparency in communications;
- recognising and valuing the contribution of all partners;
- access and sharing of information;
- consensus, collaboration and inclusion;

- maximising employment security;
- full commitment to the framework and good employment practice;
- the right of stakeholders to be involved, informed and consulted;
- early involvement of all staff and their trade unions in all discussions regarding change;
- a team approach to underpin partnership working.

The Forum will also promote and act in accordance with the Partnership Standards for NHS Borders.

5. DECISION OF THE FORUM

5.1 Consultation

Any party may request that a matter brought before the Forum be subject to appropriate consultation with management and Staff Side colleagues prior to any final agreement being reached.

Decisions reached by the Forum which impact on the operation of policy and practice will take effect from a date agreed by the parties and will apply to all relevant staff employed within NHS Borders.

5.2 Referral

Any matter considered by the Area Partnership Forum which is deemed to fall outwith its terms of reference, or which is subject to Board or Staff Governance Committee approval, will be referred to the Board or Staff Governance Committee on the basis of Area Partnership Forum support. Reference to the Scottish Partnership Forum may also take place as appropriate.

5.3 Failure to Agree

In the event of any failure to agree matters under consideration, the matter will be referred via the Joint Chairs to the Staff Governance Committee, who will endeavour to find a way forward.

6. Review

These Terms of Reference will be reviewed on an annual basis and before the end of June each year.

APPENDIX 1 Management Representatives

The management representatives will be drawn from the senior officers of NHS Borders and will normally include:

- Chief Executive
- Director of HR and OH&S (plus deputies)
- Director of Acute
- Chief Officer, HSCP
- Director of Planning & Performance
- Director of Finance (or deputy)

- Director of Nursing, Midwifery & AHPs (or deputy)
- Associate Director of AHPs
- Head of Soft Facilities Management
- Head of Estates General Managers
- Representative of the Communications Department

Other management representatives may attend in response to specific issues under consideration at the Forum

Staff Side Organisations

- British Association of Occupational Therapy – BAOT
- British Dental Association – BDA
- British Dietetic Association – BDA
- British Medical Association – BMA
- British and Orthoptic Society - BIOS
- Community and District Nursing Association
- Community Practitioners and Health Visitors Association
- Chartered Society of Physiotherapy – CSP
- General Municipal Boilermakers Union – GMB
- Royal College of Nursing – RCN
- Royal College of Midwives – RCM
- Society of Chiropractors & Podiatrists – SCP
- Society of Radiographers – SOR
- UNISON
- UNITE

The Chairs of the Local Partnership Forums attend using either their Trade Union seat or in an ex-officio capacity.

Fulltime Union Officials attend in an ex-officio capacity.

M) PHARMACY PRACTICES COMMITTEE

Terms of Reference

The Pharmacy Practices Committee is constituted and operates in compliance with the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995. Statutory Instrument 1995 No 414 (S.28).

SCOTTISH STATUTORY INSTRUMENTS

2001 No. 302

NATIONAL HEALTH SERVICE

**The Health Boards (Membership and Procedure) (Scotland)
Regulations 2001**

<i>Made</i>	<i>6th September 2001</i>
<i>Laid before the Scottish Parliament</i>	<i>7th September 2001</i>
<i>Coming into force</i>	<i>28th September 2001</i>

ARRANGEMENT OF REGULATIONS

**PART I
GENERAL**

1. Citation, commencement and interpretation

**PART II
MEMBERSHIP**

2. Appointment and term of office
3. University members
4. Remuneration of members
5. Resignation and removal of members
6. Disqualification
7. Appointment and powers of vice-chairperson

**PART III
PROCEEDINGS**

8. Meetings and minutes
9. Standing orders
10. Appointment and functions of committees
11. Conflict of interest

PART IV
MISCELLANEOUS

12. Revocations

SCHEDULE: Meetings and proceedings of the Board and committees

The Scottish Ministers, in exercise of the powers conferred by sections 2(10), 105(7) and 108(1) of, and by paragraphs 2A, 4, 6 and 11 of Schedule 1 to the National Health Service (Scotland) Act 1978(a), and of all other powers enabling them in that behalf, hereby make the following Regulations:

PART I
GENERAL

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Health Boards (Membership and Procedure) (Scotland) Regulations 2001 and shall come into force on 28th September 2001.

(2) In these Regulations, unless the context otherwise requires—

“the 1997 Act” means the National Health Service Act 1977(b);

“the Act” means the National Health Service (Scotland) Act 1978;

“Board” means a Health Board constituted under section 2(1) of the Act;

“the Charity Commissioners” means the Charity Commissioners constituted in accordance with section 1 of the Charities Act 1993(c);

“Chief Officer” means the person or persons holding the post of Chief Executive;

“committee” means a committee of a Board and includes “sub-committee”

“contract” includes any arrangement including a NHS contract;

“health service body” means a person or body specified in section 17A(2) of the Act(d);

“meeting” means a meeting of the Board or of any committee;

“member” means a member of a Board and includes the chairperson;

“NHS trust” means a National Health Service trust established under section 12A of the Act(e).

(3) A reference in these Regulations to a numbered regulation is to the regulation bearing that number in these Regulations and a reference in a regulation to a numbered paragraph is to the paragraph bearing that number in that regulation and a reference to the Schedule is to the Schedule to these Regulations.

(a) 1978 c.29; section 105(7), which was amended by the Health Services Act 1980 (c.53) (“the 1980 Act”), Schedule 6, paragraph 5(1)(a) and Schedule 7 and by the Health and Social Services and Social Security Adjudications Act 1983 (c.41) (“the 1983 Act”), Schedule 9, paragraph 24, contains provisions relevant to the exercise of the statutory powers under which these Regulations are made; section 108(1) contains definitions of “prescribed” and “regulations” relevant to the exercise of the statutory powers under which these Regulations are made; paragraph 2A of Schedule 1 was inserted by the National Health Service and Community Care Act 1990 (c.19) (“the 1990 Act”), Schedule 5, paragraph 2; paragraph 4 of Schedule 1 was amended by the 1990 Act, Schedule 5, paragraph 3; and paragraph 11 of Schedule 1 was amended by the 1980 Act, Schedule 6, paragraph 7 and Schedule 7 and by the 1990 Act, Schedule 5, paragraph 7. The functions of the Secretary of State were transferred to the Scottish Ministers by virtue of section 53 of the Scotland Act 1998 (c.46).

(b) 1977 c.49.

(c) 1993 c.10.

(d) Section 17A(2) was inserted by the 1990 Act, section 30 and amended by the Health Act 1999 (c.8), Schedule 1.

(e) Section 12A was inserted by the 1990 Act, section 31 and amended by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2, paragraph 46 and by the Health Act 1999 (c.8), sections 46 and 48 and Schedule 4, paragraph 45.

PART II
MEMBERSHIP

Appointment and term of office

- 2.—(1) All members shall be appointed by the Scottish Ministers.
- (2) The term of office of the members shall, subject to regulation 5, be for such period as the Scottish Ministers shall specify on making the appointment.
- (3) After the expiration of a term of office a member shall, subject to regulation 6, be eligible for re-appointment.

University members

3. For the purposes of paragraph 2A of Schedule 1 to the Act(a) the Boards in which at least one of the persons appointed to be chairperson or a member must hold a post in a university with a medical or dental school are the Boards in Grampian, Greater Glasgow, Lothian and Tayside.

Remuneration of members

4. Remuneration may be paid, in accordance with such determination as may be made by the Scottish Ministers, under paragraph 4 of Schedule 1 to the Act(b), to the chairperson, a member appointed under paragraph 2A of Schedule 1 to the Act holding a post in a university and any of the other members, except any members holding the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust.

Resignation and removal of members

- 5.—(1) A member may resign office at any time during the period of appointment by giving notice in writing to the Scottish Ministers to this effect.
- (2) If the Scottish Ministers consider that it is not in the interests of the health service that a member of a Board should continue to hold that office they may forthwith terminate that person's appointment.
- (3) If a member has not attended any meeting of the Board, or of any committee of which they are a member, for a period of six consecutive months, the Scottish Ministers shall forthwith terminate that person's appointment unless the Scottish Ministers are satisfied that—
- (a) the absence was due to illness or other reasonable cause; and
 - (b) the member will be able to attend meetings within such period as the Scottish Ministers consider reasonable.
- (4) Where a member who was appointed for the purposes of paragraph 2A of Schedule 1 to the Act ceases to hold the post in a university with a medical or dental school, which was held at the time of appointment for those purposes, the Scottish Ministers may terminate the appointment of that person as a member.
- (5) Where any member becomes disqualified in terms of regulation 6 that member shall forthwith cease to be a member.

Disqualification

- 6.—(1) Subject to paragraphs (2) and (3), a person shall be disqualified for being a member, if—
- (a) they have, within the period of five years immediately preceding the proposed date of appointment, been convicted in the United Kingdom, the Channel Islands, the Isle of Man or the Irish Republic of any offence in respect of which they have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;
 - (b) their estate has been sequestrated in Scotland or they have otherwise been adjudged bankrupt elsewhere than in Scotland, they have granted a trust deed for the benefit of

(a) Paragraph 2A was inserted by the 1990 Act, Schedule 5, paragraph 2.
(b) Paragraph 4 was amended by the 1990 Act, Schedule 5, paragraph 3.

their creditors or entered into any arrangement with their creditors, or a curator bonis or judicial factor has been appointed over their affairs;

- (c) they have resigned or been removed or been dismissed, otherwise than by reason of redundancy, from any paid employment or office with a health service body;
 - (d) they are a person whose appointment as the chairperson, member or director of a health service body has been terminated other than by the expiration of their term of office;
 - (e) they are a chairperson, member, director or employee of a health service body;
 - (f) they have had their name removed, by a direction under section 29 of the Act^(a), from any list prepared under Part II of the Act and have not subsequently had their name included in such a list;
 - (g) they are a person whose name has been included in any list prepared under Part II of the Act, and whose name has been withdrawn from the list on their own application;
 - (h) they have had their name removed, by a direction under section 46 of the 1977 Act^(b) from any list prepared under Part II of the 1977 Act and have not subsequently had their name included in such a list;
 - (i) they are a person whose name has been included in any list prepared under Part II of the 1977 Act, and whose name has been withdrawn from the list on their own application;
 - (j) they are a person who is subject to a disqualification order under the Company Directors Disqualification Act 1986^(c); or
 - (k) they are a person who has been removed from the position of trustee of a charity, whether by the court or by the Charity Commissioner.
- (2) For the purpose of paragraph (1)–
- (a) the disqualification attaching to a person whose estate has been sequestrated shall cease if and when–
 - (i) the sequestration of their estate is recalled or reduced; or
 - (ii) the sequestration is discharged;
 - (b) the disqualification attaching to a person by reason of their having been adjudged bankrupt shall cease if and when–
 - (i) the bankruptcy is annulled; or
 - (ii) they are discharged;
 - (c) the disqualification attaching to a person in relation to whose estate a judicial factor has been appointed shall cease if and when–
 - (i) that appointment is recalled; or
 - (ii) the judicial factor is discharged;
 - (d) the disqualification attaching to a person who has granted a trust deed or entered into an arrangement with their creditors shall cease if and when that person pays their creditors in full or on the expiry of five years from the date of their granting the deed or entering into the arrangement.
- (3) The Scottish Ministers may direct that in relation to any individual person or Board any disqualification so directed shall not apply in relation thereto.
- (4) For the purposes of paragraph (1)(a) the date of conviction shall be deemed to be the date on which the days of appeal expire without any appeal having been lodged, or if an appeal has been made, the date on which the appeal is finally disposed of or treated as having been abandoned.

Appointment and powers of vice-chairperson

7.—(1) For the purpose of enabling the business of a Board to be conducted in the absence of the chairperson, each Board shall appoint a member who does not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust to be vice-chairperson and any person so appointed shall, so long as they remain a member of the Board, hold office as vice-chairperson for such period as the Board may decide.

- (a) Section 29 was amended by the Health and Social Security Act 1984 (c.48), Schedule 8 and by the National Health Service (Amendment) Act 1995 (c.31), section 7 and the Schedule.
- (b) Section 46 was amended by the Health Authorities Act 1995 (c.17), Schedule 1 and the National Health Service (Amendment) Act 1995 (c.31), sections 1, 2 and 3.
- (c) 1986 c.46.

(2) Any member so appointed may at any time resign from the office of vice-chairperson by giving notice in writing to the chairperson and the members may appoint another member as vice-chairperson in accordance with paragraph (1).

(3) Where the chairperson of a Board has died or has ceased to hold office of where that person has been unable to perform their duties as chairperson owing to illness, absence from Scotland or any other cause, the vice-chairperson shall take the place of the chairperson in the conduct of the business of the Board and references to the chairperson shall, so long as there is no chairperson able to perform their duties, be taken to include references to the vice-chairperson.

PART III PROCEEDINGS

Meetings and minutes

8.—(1) The meetings and proceedings of the Board shall be conducted in accordance with standing orders made pursuant to regulation 9.

(2) At every meeting of a Board, the chairperson, if present, shall preside.

(3) If the chairperson is absent from any meeting, the vice-chairperson, if present, shall preside, and if the chairperson and vice-chairperson are both absent, the members present at the meeting shall elect from among themselves a person, who does not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust, to act as chairperson for that meeting.

(4) All acts of, and all questions coming and arising before, a Board shall be done and decided by a majority of the members of the Board present and voting at a meeting of the Board and, in the case of an equality of votes, the person presiding at the meeting shall have a second or casting vote.

(5) The proceedings of a Board or of any committee shall not be invalidated by any vacancy in its membership or by any defect in the appointment of any member of such committee.

Standing orders

9.—(1) Subject to paragraph (2) and to such directions as may be given by the Scottish Ministers, each Board shall make, and may vary and revoke, standing orders for the regulation of the procedure and business of the Board and of any committee.

(2) Standing Orders under paragraph (1) should include the matters set out in the Schedule.

Appointment and functions of committees

10.—(1) A Board may, and if so directed by the Scottish Ministers shall, appoint committees for such purposes as the Board may determine, subject to such restrictions or conditions as the Board may think fit, or as the Scottish Ministers may direct.

(2) Any committee, but not including any sub-committee, appointed under paragraph (1) shall include at least one member of the Board and may include persons, including trustees of a NHS trust, who are co-opted, and may consist wholly or partly of members of the Board.

(3) Any sub-committee appointed under paragraph (1) may include persons who are co-opted and may consist wholly or partly of members of the Board or wholly of persons who are not members of the Board.

Conflict of interest

11.—(1) Subject to such exceptions and qualifications as may, with the approval of the Scottish Ministers, be specified in standing orders, if a member, or associate of theirs has any pecuniary or other interest, direct or indirect, in any contract or proposed contract (not being a contract for the provision of any of the services mentioned in Part II of the Act) or other matter, and that member is present at a meeting of the Board or of a committee at which the contract or other matter is the subject of consideration, they shall at the meeting, and as soon as practicable after its

commencement, disclose the fact, and shall not take part in the consideration and discussion of, the contract, proposed contract or other matter or vote on any question with respect to it.

(2) The Scottish Ministers may, subject to such conditions as they may think fit to impose, remove any disability imposed by this regulation in any case in which it appears to them in the interests of the health service that the disability should be removed.

(3) Any remuneration, compensation or allowances payable to a chairperson or other member by virtue of paragraphs 4, 5 or 13 of Schedule 1 to the Act shall not be treated as a pecuniary interest for the purpose of this regulation.

(4) A member shall not be treated as having an interest in any contract, proposed contract or other matter by reason only that they, or an associate of theirs, has an interest in any company, body or person which is so remote or insignificant that they cannot reasonably be regarded as likely to effect any influence in the consideration or discussion of or in voting on, any question with respect to that contract or matter.

(5) This regulation applies to a committee as it applies to the Board and applies to any member of any such committee (whether or not they are also a member of the Board) as it applies to a member of the Board.

(6) For the purposes of this regulation, the word "associate" has the meaning given by section 74 of the Bankruptcy (Scotland) Act 1985(a).

PART IV MISCELLANEOUS

Revocations

12. The following Regulations are hereby revoked:-

- (a) the Health Boards (Membership and Procedure) (No. 2) Regulations 1991(b)
- (b) the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1993(c)
- (c) the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1998(d)
- (d) the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1999(e).

SUSAN C. DEACON
A member of the Scottish Executive

St Andrew's House,
Edinburgh
6th September 2001

(a) 1985 c.66. Section 74 was amended by the Bankruptcy (Scotland) Regulations 1985 (S.I. 1985/1925), regulation 11.
(b) S.I. 1991/809.
(c) S.I. 1993/1615.
(d) S.I. 1998/1459.
(e) S.I. 1999/132.

SCHEDULE

MATTERS TO BE INCLUDED IN STANDING ORDERS REGULATING MEETINGS AND PROCEEDINGS OF THE BOARD AND COMMITTEES

Calling meetings

1.—(1) The first meeting of the Board shall be held on such day and at such place as may be fixed by the chairperson and that person shall be responsible for convening the meeting.

(2) The chairperson may call a meeting of the Board at any time and the chairperson of a committee may call a meeting of that committee at any time or and shall call a meeting when required to do so by the Board.

(3) If the chairperson refuses to call a meeting of the Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least one third of the whole number of members, has been presented to the chairperson or if, without so refusing, the chairperson does not call a meeting within 7 days after such requisition has been presented, those members who presented the requisition may forthwith call a meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.

Notice of Meetings

2.—(1) Before each meeting of the Board, a notice of the meeting, specifying the time, place and business proposed to be transacted at it and signed by the chairperson, or by a member authorised by the chairperson to sign on that person's behalf, shall be delivered to every member or sent by post to the usual place of residence of such members so as to be available to them at least three clear days before the meeting.

(2) Lack of service of the notice on any member shall not affect the validity of a meeting.

(3) In the case of a meeting of the Board called by members in default of the chairperson, the notice shall be signed by those members who requisitioned the meeting in accordance with paragraph 1(3).

Conflict of interests

3.—(1) A member shall be excluded from a meeting of the Board or committee in accordance with regulation 11 while any contract, proposed contract, or other matter in which they or an associate of theirs has an interest is under consideration.

(2) The exceptions and qualifications referred to in regulation 11(1) shall be specified.

Quorum

4. No business shall be transacted at a meeting of the Board unless there are present, and entitled to vote, at least one third of the whole number of members including at least two members who do not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust.

Conduct of meetings

5.—(1) At any meeting of a committee the chairperson of that committee, if present, shall preside.

(2) If both the chairperson and vice-chairperson (if any) are absent from a meeting of the Board a member, who does not also hold the position of Chief Officer, Chief Finance Officer or Director of Public Health of a Board, or Chief Officer of a National Health Service trust, chosen at the meeting by the members present shall preside.

(3) If both the chairperson and vice-chairperson (if any) of a committee are absent from a meeting of that committee a member of the committee chosen at the meeting by the other members present shall preside.

(4) If it is necessary or expedient to do so a meeting may be adjourned to another day, time and place.

Voting

6. Every question at a meeting shall be determined by a majority of the votes of the members present and voting on the question and, in the case of any equality of votes, the person presiding shall have a second or casting vote.

Records

7.—(1) The names of the members present at a meeting shall be recorded.

(2) The minutes of the proceedings of a meeting including any decision or resolution made at that meeting shall be drawn up and submitted to the next ensuing meeting for agreement after which they will be signed by the person presiding at that meeting.

Suspension and disqualification

8. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.

EXPLANATORY NOTE

(This note is not part of the Order)

These Regulations supersede and revoke the Health Boards (Membership and Procedure) (No. 2) Regulations 1991 ("the 1991 Regulations") and their amendments, the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1993, the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1998 and the Health Boards (Membership and Procedure) (No. 2) Amendment Regulations 1999.

The Regulations, make provision in relation to Boards established under the National Health Service (Scotland) Act 1978 as to the membership and procedure of these Boards.

Regulation 2 makes provision with regard to the terms of office of members of Boards and regulation 3 makes provision for those Boards which must have at least one member who holds a post in a University with a medical or a dental school.

Regulation 4 deals with the remuneration of the members of Boards and regulation 5 with their resignation and removal from office.

Regulation 6 provides for the circumstances in which a person may be disqualified from membership of a Board. Regulation 7 deals with the appointment of a vice-chairperson of committees and sub-committees of Boards.

In Part III there are various provisions with regard to procedure including provisions as to the meetings of the Boards. Regulation 9 makes provision for standing orders regulating the procedure of meetings of Boards and of committees and sub-committees. Regulation 10 makes provision about the appointment and functions of committees. Regulation 11 makes provision with regard to conflict of interest.

Regulation 12 revokes the 1991 Regulations and all amending instruments as mentioned above which provided for membership and procedure of Boards referred to above.

The Schedule sets out the detail of the matters that must be included in the standing orders made pursuant to regulation 9.

SCOTTISH STATUTORY INSTRUMENTS

2001 No. 302

NATIONAL HEALTH SERVICE

**The Health Boards (Membership and Procedure) (Scotland)
Regulations 2001**

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