Borders NHS Board

A meeting of the **Borders NHS Board** will be held on **Thursday, 7 August 2025** at 10.00am in the Council Chamber, Scottish Borders Council and via MS Teams (HYBRID).

AGENDA

Time	No		Lead	Paper
10.00	**1**	**ANNOUNCEMENTS & APOLOGIES**	Chair	*Verbal*
10.01	**2**	**DECLARATIONS OF INTEREST**	Chair	*Verbal*
10.02	**3**	**MINUTES OF PREVIOUS MEETING** 26.06.25	Chair	*Attached*
10.03	**4**	**MATTERS ARISING** Action Tracker	Chair	*Attached*
10.05	**5**	**CHIEF EXECUTIVE'S REPORT**	Chief Executive	*Appendix-2025-55*
10.10	**6**	**STRATEGY**		
10.10	6.1	Clinical Strategy Update	Medical Director	*Appendix-2025-56*
10.25	6.2	Scottish Health & Social Care Integration Joint Board Update	Chief Executive	*Appendix-2025-57*
10.35	6.3	Q4 Risk Report 24/25 - Annually	Director of Quality & Improvement	*Appendix-2025-58*
10.50	**7**	**FINANCE AND RISK ASSURANCE**		
10.50	7.1	Finance Report	Director of Finance	*Appendix-2025-59*
11.00	**8**	**QUALITY AND SAFETY ASSURANCE**		
11.00	8.1	Clinical Governance Committee minutes: 14.05.25	Board Secretary	*Appendix-2025-60*
11.01	8.2	Quality & Clinical Governance Report	Director of Quality & Improvement	*Appendix-2025-61*
11.15	8.3	Infection Prevention & Control Report	Director of Nursing, Midwifery & AHPs	*Appendix-2025-62*

11.25	8.4	GLP-1	Medical Director	*Appendix-2025-63*
11.39	**9**	**ENGAGEMENT**		
11.39	9.1	Staff Governance Committee minutes: 17.04.25	Board Secretary	*Appendix-2025-64*
11.40	**10**	**PERFORMANCE ASSURANCE**		
11.40	10.1	NHS Borders Performance Scorecard	Director of Planning & Performance	*Appendix-2025-65*
11.55	**11**	**GOVERNANCE**		
11.55	11.1	Scottish Borders Health & Social Care Integration Joint Board minutes: 19.03.25	Board Secretary	*Appendix-2025-66*
11.56	11.2	Consultant Appointments	Director of HR, OD & OH&S	*Appendix-2025-67*
11.59	**12**	**ANY OTHER BUSINESS**		
12.00	**13**	**DATE AND TIME OF NEXT MEETING**		
		Thursday, 2 October 2025 at 10.00am in the Council Chamber, Scottish Borders Council and via MS Teams (HYBRID)	Chair	*Verbal*

Borders NHS Board

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

Present:
K Hamilton, Chair
L O'Leary, Non Executive
L Livesey, Non Executive
J Ayling, Non Executive
J McLaren, Non Executive
A Bone, Director of Finance
L McCallum, Medical Director

In Attendance:
I Bishop, Board Secretary
J Smyth, Director of Planning & Performance
A Carter, Director of HR, OD & OH&S
O Bennett, Interim Director of Acute Services
L Jones, Director of Quality & Improvement
R Devine, Consultant in Public Health
C Oliver, Head of Communications & Engagement
T Kunkel, RCN
P Seeley, R Hamilton MSP Office

1. Apologies and Announcements

1.1 Apologies had been received from F Sandford, Vice Chair, D Parker, Non Executive, P Moore, Chief Executive, S Horan, Director of Nursing, Midwifery & AHPs, S Bhatti, Director of Public Health, and G Clinkscale, Director of Acute Services.

1.2 The Chair welcomed R Devine, Public Health Consultant who deputised for S Bhatti.

1.3 The Chair welcomed a range of attendees to the meeting including S Whiting, Infection Control Manager, P Seeley, R Hamilton MSP Office, and T Kunkel, RCN.

1.4 The Chair formally recognised on behalf of the Board the sad passing of G Dall, Consultant.

1.5 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 Extraordinary meeting of Borders NHS Board held on 24 April 2025 were approved.

4. Matters Arising

4.1 **Action 2024-5:** The election of a new ACF chair remained in progress.

The **BOARD** noted the Action Tracker.

5. Chief Executive's Report

5.1 A Bone provided an overview of the content of the report and highlighted: reflections on the passing of Mr Graham Dall and staff well-being; Progress on the organisational strategy, including operational governance; the Duke of Buccleuch's event for NHS staff at Bowhill House; participation in the Scotland Redress Scheme; inclusion of equality objectives aligned with the Equality Act 2010; updates on national policy publications - Service Renewal Framework - Population Health Strategy - Public Sector Reform Strategy; and the successful implementation of the Laboratory Information Management System (LIMS.

5.2 In terms of protected characteristics L Livesey requested that intersectionality of the characteristics be taken into account.

The **BOARD** noted the report.

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

6. Annual Delivery Plan 2025/26

6.1 J Smyth provided an update on the ADP for 2025/26 and advised that formal feedback and approval from the Scottish Government had been received and progress would be reported to the Board via the performance reports.

The **BOARD** noted the report.

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

7. Scottish Borders Local Child Poverty Annual Report 2024/25 and Action Plan 2025/26

7.1 R Devine provided an overview of the content of the annual report and action plan and highlighted that: it had been approved by the CYPPP and published on the Scottish Borders Council website; 16% of children in the Scottish Borders were living in poverty; participation measures; £1.3m in financial gains for families via support services; 94.4% of 16–19-year-olds in positive destinations; and strategic alignment with "Best Start, Bright Futures."

7.2 The Chair commented that there had been considerable discussion at a recent NHS Scotland Board Chairs and Chief Executives meeting on service reform and she

reflected the need to listen to the voices of the future and capture the health needs of young people.

7.3 L O'Leary commented that the shift in demographic would have an impact on the levels of child poverty and it would be helpful to have that projection detailed.

The **BOARD** noted the report.

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

8. Resources & Performance Committee minutes: 06.03.25

The **BOARD** noted the minutes.

9. Audit & Risk Committee minutes: 24.03.25, 26.05.25

The **BOARD** noted the minutes.

10. Endowment Fund Board of Trustees minutes: 03.02.25, 05.05.25

The **BOARD** noted the minutes.

11. External Annual Audit Report (Board members only)

11.1 A Bone presented the Audit Scotland Annual Audit report, NHS Borders Annual Report and Accounts, the Endowment Accounts and the Private Patients Funds Accounts and summarised the points raised at the Audit and Risk Committee held immediately before the Board meeting. Audit Scotland's report confirmed that the accounts were free from material miss-statement and they had provided an unmodified opinion. Where significant, errors identified in the draft accounts had been adjusted in the final accounts; this included presentation of CNORIS provisions and amendment to notional expenditure in the IJB. A Bone highlighted key messages within the report including: wider scope and best value; the path to financial balance and financial sustainability remained uncertain; systemic change was required; and performance delivery remained challenging.

The **BOARD** noted the Annual Audit Report for 2024/25 from Audit Scotland.

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

12. Audit & Risk Committee Assurance Report (Board members only)

12.1 J Ayling thanked A Bone for his presentation of the suite of documentation. He commented that within a short period of time the organisation had produced a new strategy and the Scottish Government had released 3 key documents, Service Renewal Framework - Population Health Strategy - Public Sector Reform Strategy, and he added that it would be challenging to weave the recommendations from the external audit report through those key documents to produce a cohesive way forward.

12.2 J Ayling further explained the rationale for and content of the Audit and Risk Committee assurance report.

The **BOARD** noted the Audit & Risk Committee Assurance Report for 2024/25.

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

13. NHS Borders Annual Report and Accounts (Board members only)

The **BOARD** adopted and approved the NHS Borders 2024/25 Annual Report and Accounts for the financial year ended 31st March 2025 and approved submission of the approved Annual Report and Accounts to the Scottish Government.

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

14. NHS Borders Endowment Annual Accounts (Board members only)

The **BOARD** noted the Endowment Annual Accounts.

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

15. NHS Borders Private Patients Funds Annual Accounts (Board members only)

The **BOARD** approved the Annual Accounts for Patients' Private Funds.

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

16. Finance Report

16.1 A Bone presented the Finance Report and highlighted several elements which included: an overspend of £1.5m at the end of April; Scottish Government allocations were expected and would improve the position but they were not yet confirmed; and additional information contained in the appendices to show trends in terms of key areas of expenditure.

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

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)

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

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

17. Clinical Governance Committee minutes: 12.03.25

The **BOARD** noted the minutes.

18. Quality & Clinical Governance Report

18.1 L Jones provided an overview of the content of the report and highlighted several key elements including: mental health service pressures, especially in the Child Adolescent Mental Health Service (CAMHS); national recognition of the Addictions services around the MAT standards; acute services and stroke services; stroke pathway delays due to community hospital patient flow; the adverse event position and the increases seen across the last 2 years which were a reflection of the pressures across the system especially within the Emergency Department, Medical Assessment Unit, and Ward 9 which were all linked to the provision of surge capacity.

18.2 L McCallum reiterated to the Board the ongoing and significant impact of delays within the system and the harm associated with prolonged waits for patients. It was critical to work with partners in relation to social care provision within the Borders. She further highlighted the impact on staff and the need to continue to support them across the partnership.

18.3 L O'Leary enquired about the Buchan Associates work and when it would be available to the Board members. She further enquired if the research activity was spread across all the functions of the Board.

18.4 In terms of research, L Jones commented that it was a 70:30 split of acute activity with pockets of activity in mental health and AHPs and less in primary care.

18.5 In terms of the Buchan Associates work, J Smyth commented that it was a strategic modelling tool based on assumptions. The Executive Team had reviewed it and Scottish Borders Council senior team were also reviewing it as the intention was that both senior teams across the system would come together on it.

18.6 The Chair commented that it would be good to get traction on the Buchan Associates initiative especially if it would impact on the delayed discharge process.

18.7 O Bennett broadened the conversation to assure the Board that action was being taken in regard to the recent increase in delayed discharge levels. He also spoke of a new system wide urgent and unscheduled care improvement plan designed and developed by a deep look at the data and a strengthening of delivery leadership system wide. The Scottish Government had offered funding in the region of £4.3m but it was caveated that it would only be released on delivery. A process would be undertaken to look at the risk and mitigations with the non release of the funding.

The **BOARD** noted the report.

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

19. Infection Prevention & Control Report

19.1 S Whiting provided an overview of the content of the report and highlighted a key update in relation to a statistically significant increase in C.difficile cases (3). He assured the Board that there was a review of every case of C.diff for learning as well as the patient journey being followed for any potential cross transmission.

The **BOARD** noted the report.

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

20. Staff Governance Committee minutes: 21.11.24, 16.01.25

The **BOARD** noted the minutes.

21. Health & Care (Staffing) (Scotland) Act 2019 - Annual Report

21.1 A Carter commented that the Annual Report would be shared with the Staff Governance Committee in July. He commented that the initiative overlapped within his sphere in terms of e-rostering and workforce planning and spoke of the immense work that his teams had undertaken in that regard.

21.2 L McCallum suggested it would be helpful if the Board could understand the impact of compliance with the Act in terms of resources and impact on workload, especially in regard to medical staffing, as well as which components added value.

The **BOARD** noted the report and demitted it to the Staff Governance Committee to review and represent to the Board with assurance that it was evidencing compliance with the Act.

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

22. Whistleblowing Annual Report 2024/25

22.1 A Carter provided an overview of the content of the report and highlighted the key elements of: 4 approaches under the banner of whistleblowing, 2 of which were valid; improvements made to the NHS Borders external website pages and internal awareness; challenges with investigation timelines and training uptake; and plans to increase awareness through safety briefs and internal communications.

22.2 L Livesey echoed the concern in regard to the uptake of training especially for managers.

22.3 The Chair commented that the low number of cases could be taken as an indication that staff felt well supported in raising concerns and having resolution at an early stage and she was keen to see the outcome of the recent iMatter survey to see if that analogy was supported.

22.4 A Carter commented that there were often conversations held between staff and managers that both raised and resolved perceived issues at that line manager level and he commented that the HR system, Occupational Health service and trade unions were all part of the wider support mechanism for staff and the checks and balances to ensure the organisation ran as a fair system.

22.5 The Chair recognised that the whistleblowing process would always be the end process if resolution had not been reached via normal channels such as HR processes or significant adverse events.

22.6 The Chair thanked all those involved in producing the report and reminded the Board that it was not the easiest thing to pull together given the balance of publishing learning whilst maintaining confidentiality across the whole process.

The **BOARD** noted the report and approved it for publication on NHS Borders external webpages.

The **BOARD** confirmed it had received Moderate Assurance and acknowledged the importance of a continued focus on whistleblowing awareness and training.

23. NHS Borders Performance Scorecard

23.1 J Smyth provided an overview of the content of the report and advised that a fuller format would be available in the Autumn as it would cover the broader range of indicators and targets from the Annual Delivery Plan.

23.2 O Bennett provided an update on waiting times and highlighted: 36% reduction in 52-week outpatient waits; 27% reduction in 52-week treatment waits; 100% compliance with 31-day cancer standard; 62-day cancer performance impacted by prostate pathway delays; and Emergency department 4-hour standard remained off target.

23.3 Discussion focused on: capturing any harm that was happening both physically and psychologically to those with long waiting times; capacity prioritised on clinical need and all patients were treated on that basis; backlog of long waiting times were being reduced and eliminated; expectation that the 52 week wait is eliminated by March 2026; and elective recovery plans support by Scottish Government to the value of £4m however funds will only be released on delivery.

The **BOARD** noted the report for performance as at the end of April 2025.

The **BOARD** confirmed it had received Moderate Assurance and commended the progress made in elective care recovery.

24 Code of Corporate Governance sectional refresh

24.1 I Bishop confirmed that Section A had been updated with the revised Audit and Risk Committee Terms of Reference and Area Drugs and Therapeutics Committee Terms of Reference.

The **BOARD** approved the refreshed section of the Code of Corporate Governance.

The **BOARD** ratified the appointment of Malcolm Clubb, Director of Pharmacy as Chair of the ADTC.

The **BOARD** agreed that the Area Partnership Forum Terms of Reference to be reviewed and resubmitted.

The **BOARD** confirmed it had received Moderate Assurance given the requirement to review the APF terms of reference.

25. Any Other Business

25.1 **Wellbeing Week:** J McLaren reminded the Board of the success of the recent Staff Wellbeing week and commended F Laidlaw to the Board for her leadership across the initiative.

25.2 **Fatal Accident Inquiry:** L McCallum acknowledged the significant impact the determination of the Fatal Accident Inquiry would have on both the family and the staff involved.

The **BOARD** noted the updates.

26. Date and Time of next meeting

26.1 The Chair confirmed that the next scheduled meeting of Borders NHS Board would take place on Thursday, 7 August at 10.00am in the Council Chamber, Scottish Borders Council and via MS Teams (hybrid).

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. **Update 26.06.25:** An election was held and an appointment was not made. A further election would take place over the following 2

				weeks.

Meeting held on 26 June 2025

Agenda Item: Health & Care (Staffing) (Scotland) Act 2019 - Annual Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2025-4	21	The **BOARD** noted the report and demitted it to the Staff Governance Committee to review and represent to the Board with assurance that it was evidencing compliance with the Act.	**Andy Carter / Sarah Horan**	**In Progress:** The report had been scheduled for the Staff Governance Committee meeting to be held on 16 October 2025.

Agenda Item: Code of Corporate Governance sectional refresh

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2025-5	24	The **BOARD** agreed that the Area Partnership Forum Terms of Reference be reviewed and resubmitted.	**Iris Bishop / John McLaren**	**In Progress:** John McLaren to represent the APF ToR to the next APF meeting for review and onward submission to the Board for formal approval.

Agenda Item:

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2025-6				

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7 August 2025**
Title:	**Chief Executive 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 would like to include an update on staffing issues, the organisational strategy, and the Non Ministerial Annual Review

2.2 Background

Staff:

Retirement – Chair, NHS B

Retirement announcement – Director of Workforce

Organisational Strategy - Update

Non Ministerial Annual Review

2.3 Assessment

Staff Awards

I wanted to take this opportunity to update the Board regarding a number of NHS Borders staff and teams who have recently received national recognition for their outstanding contributions:

- The Special Care Baby Unit (SCBU) has been awarded Team of the Year by the Scottish Neonatal Nurses Group, in recognition of their excellence in neonatal care, strong leadership and commitment to family-centred practice. The team were commended for their dedication to delivering high-quality, compassionate care.
- Rhona Morrison, Quality Improvement Facilitator, was announced as the winner of the People's Choice Award at the RCN Scotland Nurse of the Year Awards. This award reflects both her significant work in patient safety within NHS Borders and her longstanding voluntary service with the Tweed Valley Mountain Rescue Team.
- Lisa Blackwood was awarded the Innovative Practice Award by the Scottish Learning Disability Nursing Network, for her work in developing learning disability-specific mortality reviews over the past five years. The contribution of Jasmine Woolley, Social Worker, was also acknowledged by the team as instrumental to this work.
- Trudi Logan, Orthoptist in the Borders Eye Centre, received the Rising Star Award at the British and Irish Orthoptic Society Conference, in recognition of her early-career excellence and clinical potential.

These achievements reflect the high standards, professionalism and dedication of our workforce across a wide range of disciplines.
We are also pleased to note that Scotland's Health Awards 2025 are now open for nominations. Staff are encouraged to consider nominating colleagues so that we may continue to highlight and celebrate the excellent work being carried out across NHS Borders. We have had great success in these awards in recent years and would like to build upon that again this year.

Retirement:

As you will all be aware our Chair, Karen Hamilton has announced that she will be retiring at the end of December 2025. There will be plenty of time for the organisation to recognise Karens fantastic contribution over the next few months but as Karen herself has said in typical fashion, there is still a lot to get done before then!

I would also like to take this opportunity to announce the retirement of our Director of Workforce – Andy Carter in December 2025 too. I would like to note my personal thanks and that of the Board's to Andy for his contribution to NHS Borders, and again we will celebrate Andy's long NHS career over the next few months.

Organisational Strategy Update:

Engagement with staff and the public across the Scottish Borders began on 7th January 2025, using a survey with five key questions to gather feedback. To ensure broad participation, NHS Borders offered multiple ways for people to share their views, including online and in-person staff meetings, outreach to rotary clubs and local businesses, face-to-face conversations in public spaces like supermarkets and libraries,

targeted communication through diversity networks, and both postal and electronic survey options. This inclusive approach resulted in 1,347 responses, which were carefully reviewed and themed to inform the development of the NHS Borders Organisational Strategy for 2025–2030.

Using the insights gathered during the January engagement, NHS Borders drafted its Organisational Strategy to guide the organisation over the next five years. The strategy reflects the voices of both staff and the public, ensuring it is grounded in shared priorities and expectations.

Year 1 Deliverables:
The organisation is also progressing the delivery of the Year 1 Deliverables which were a key part of the Organisational Strategy. The appropriate Directors have oversight of these deliverables and have support from Planning, Communications & Quality Improvement to assist with the implementation of these.

Enabling Strategies:
Work is currently underway on nine enabling strategies that will support the delivery of NHS Borders' Organisational Strategy, with completion targeted for 14th November 2025. These strategies are progressing at different stages, with ongoing meetings and collaborative efforts to develop each one fully. The nine enabling strategies include: Digital, Environmental & Sustainability, Finance, Partnerships, People, Property, Quality, Research & Innovation, and Risk. Each strategy plays a vital role in shaping the organisation's future direction and ensuring a robust foundation for achieving its strategic goals.

Non Ministerial Annual Review:

The Cabinet Secretary has agreed proposals for the next round of territorial Board Reviews. It has been agreed that NHS Borders has **not** been selected as one of the territorial Boards receiving a Ministerial Review this season. We shall therefore be required to conduct our own Review – date to be arranged.

Look Ahead

September will see the first anniversary of my appointment as Chief Executive. I started my tenure with an extensive period of visits to as many of our services as possible and will repeat this in September / October. I will also share an update in the next Board meeting on progress over these 12 months.

Executives Objectives

We have adopted a new process this year for objectives for myself and the Executive Team. Firstly, we are still adhering to the NHS Scotland approach of using Turas to manage our process, however, we have developed our objectives in a different way. I have shared my draft with the workforce, through my weekly staff share and had a fantastic response steering not just my priorities but also those of the organisation. Together with the guidance from Scottish Government and our Annual Delivery Plan (ADP) we have also considered the objectives required to deliver year 1 of our Organisational Strategy.

We now have a pack of Executive Team objectives which will be monitored through an open and transparent process, each having a really clear A3 template, which is the tool used in our Quality Improvement Approach. This approach will help us hold each other to account in an open and transparent way which will really benefit the organisation and help increase the pace of our improvements.

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 as 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

This report has been produced specifically for the Board

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

None

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7 August 2025**
Title:	**Development of NHS Borders Clinical Strategy**
Responsible Executive/Non-Executive:	**Lynn McCallum, Medical Director Sarah Horan, Director of Nursing Midwifery and AHPs / Interim Director of Community Services**
Report Author:	**Katy George, Planning and Performance Officer**

1 Purpose

This is presented to the Board for:

- Noting

This report relates to a:

- NHS Borders Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Borders have been developing their Clinical Strategy since April 2025 and have been working collaboratively with a multi-disciplinary approach across our clinical services and teams to determine how we can transform the way we deliver clinical care within the Scottish Borders.

This paper provides an update on the approach, engagement that has taken place to date and the next steps.

2.2 Background

It was identified that NHS Borders required a new Organisational Strategy for 2025 – 2030. The development of this strategy provided us with the following opportunities:

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

Alongside this, there was recognition that we also needed to develop our Clinical Strategy for 2025-2030. The engagement outputs and themes collected were crucial in informing this work.

It is key that the Clinical Strategy enables us to transform the way we deliver clinical care within the Borders to move as much as possible into the community.

2.3 Assessment

NHS Borders Organisational Strategy set out our commitment that excellence and innovation in healthcare will drive our clinical strategy. Our vision for 2030 is ambitious, encompassing a comprehensive approach from prevention to specialist services, and everything in between. Our strategy will be developed in partnership and collaboration, ensuring that every voice is heard, and every perspective is valued. In order to develop this, we are following the approach outlined below:

Phase 1 Clinical Strategy Engagement Approach – July 2025

The initial phase of the Clinical Strategy development has been underpinned by a series of informal, drop-in engagement sessions designed using a World Café-style format. This approach has facilitated open, inclusive, and clinically led conversations, enabling staff to contribute their insights in a relaxed and collaborative environment. The sessions took place during July 2025, with flexibility built in to accommodate clinical workloads—including organisational support for the cancellation of planned clinical duties where necessary to prioritise participation. Clinical staff were encouraged to review a preparatory data pack in advance to support informed discussion. For those unable to attend in person, an online form was available to ensure broad accessibility and capture a wide range of perspectives. The success of this engagement model was supported by voluntary hosts from the clinical community.

To shape a clinically informed and inclusive strategy, we adopted a population health approach grounded in the life course framework—focusing on the stages of starting well, growing well, living well, ageing well, and dying well. Engagement was structured to ensure that clinical and staff voices were embedded at every stage. This

approach enabled the identification of key priorities and challenges unique to each life stage, ensuring that the strategy reflects the diverse needs of the population. By aligning clinical insight with population health intelligence, the strategy supports equitable, preventative, and person-centred care across the lifespan.

Appendix 1 captures some of the materials used during this engagement phase.

Developing NHS Borders Clinical Strategy – Phase 2 Approach August 2025

Building on the foundations established during Phase 1, Phase 2 of the Clinical Strategy development adopts a more targeted and analytical approach. This phase draws together key themes identified through the World Café-style clinical engagement sessions, alongside insights from earlier engagement activities conducted with staff and communities in January 2025. These themes will be integrated with relevant data and evidence to inform a series of focused clinical pathway workshops. Each workshop is structured to guide participants through a sequence of reflective and action-oriented discussions: beginning with a shared understanding of the purpose, followed by a review of the existing data and evidence base. Participants then explore the outputs from the engagement, identifying areas of consensus and opposing ideas or views, areas of agreement will be used to shape actionable recommendations—considering what should be continued, discontinued, or scaled across prevention, primary, secondary care, and to ensure equity. The workshops will also examine the feasibility of local delivery and explore enabling factors such as digital infrastructure, workforce capacity, and estate requirements. In addition to these pathway-level sessions, a small number of specialty-specific workshops will be convened where demand, data, and evidence indicate priority areas. These sessions will focus on identifying opportunities to shift the balance of care into the community and reduce failure demand, ensuring that services are both sustainable and responsive to population needs.

The workshop schedule has been attached within **appendix 2.**

All engagement and workshop outputs will then be used to develop the final NHS Borders Clinical Strategy. This strategy will take a life-stage approach, highlighting the specialties that have the greatest impact at each stage and detailing how these services will be delivered within NHS Borders. This will provide the organisation with a clear direction to allow Strategy Deployment across all of our services, collectively delivering our aims and objectives.

2.3.1 Quality/ Patient Care

The development of our Clinical Strategy will contribute to a more supportive and collaborative environment and will enhance the quality, safety and consistency of patient care. This approach aims to improve health outcomes, increase patient satisfaction, and ensure services are responsive to the needs of our patients.

2.3.2 Workforce

Staff engagement throughout the development of this strategy has been overwhelmingly positive. Feedback gathered during the engagement phase has been carefully analysed and themed, highlighting valuable insights, areas of strength, and opportunities for improvement.

These contributions have sparked important conversations that will continue to shape both our Clinical Strategy and our emerging People Strategy. Ongoing engagement will ensure that staff remain central to shaping the future direction of NHS Borders, helping us build a dedicated, skilled, and sustainable workforce capable of delivering high-quality care now and into the future.

2.3.3 Financial

A financial strategy will be prepared setting out the resources available to the Health Board, the method by which these will be directed in support of the strategy, and the actions required to ensure that expenditure is aligned to the priorities outlined in the strategy and with due regard to efficiency, effectiveness and the principles of best value and value-based health and care.

A Financial Enabling Strategy will also be developed to support the Clinical Strategy.

2.3.4 Risk Assessment/Management

A full risk assessment will need to be considered for the delivery and implementation of the Organisational Strategy and Clinical Strategy.

2.3.5 Equality and Diversity, including health inequalities

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

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

2.3.6 Climate Change

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

A Sustainability Enabling Strategy will also be developed to support the Clinical Strategy.

2.3.7 Other impacts

These will be assessed as the Strategy is developed.

2.3.8 Communication, involvement, engagement and consultation

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

- Staff Engagement QMS Pillar
- BET
- NHS Borders Delivery Group
- Communication and Engagement Team
- Strategy Taskforce
- Clinical Strategy Oversight Group

2.3.9 Route to the Meeting

The development of NHS Borders Strategy and approach has been discussed across a range of groups and committees:

- Clinical Strategy Oversight Group
- Board Executive Team

2.4 Recommendation

- **Note** – For Board Members to note the work underway towards the development of NHS Borders Clinical Strategy

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

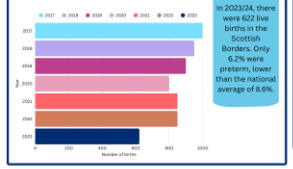
- **Significant Assurance**
- **Moderate Assurance**
- **Limited Assurance**
- **No Assurance**

3 List of appendices

The following appendices are included with this report:

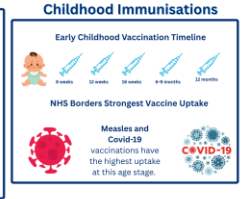
Appendix 1 – Engagement Materials
Appendix 2 - Clinical Pathway Workshop Schedule

Births & Prematurity



In 2023/24, there were 622 live births in the Scottish Borders. Only 6.2% were preterm, lower than the national average of 8.6%.

Childhood Immunisations



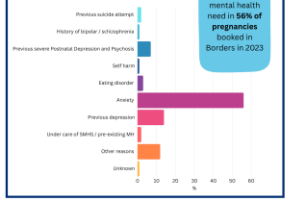
Adverse Childhood Events

Impacts of Adverse Childhood Events (ACE's) can include:

In Scotland, **75%** of people have experienced at least 1 ACE and **15%** have experienced at least 4

Starting Well

Maternal Mental Health



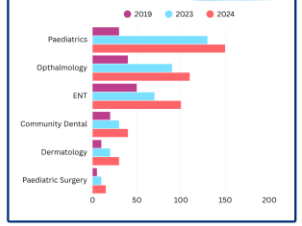
Anxiety was recorded as a mental health need in **56% of pregnancies** booked in Borders in 2023

Preconception Maternal Health

Overall, the percentage of women recorded as 'current smokers' at their booking appointment has been **declining** over the last two decades.

The levels of maternal obesity are **rising** across Scotland, and this trend can also be seen within the Scottish Borders.

Outpatient Referrals



Urgent Outpatient referrals to **Paediatrics** and **Ophthalmology** in 2023 and 2024 have been much greater than other specialties

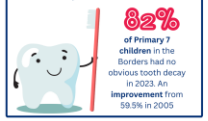
Burden of Disease in Under 15s

Rank	Males	Females
1	Asthma	Skin & subcutaneous diseases
2	Skin & subcutaneous diseases	Headache disorders
3	Headache disorders	Asthma
4	Congenital Birth Defects	Congenital Birth Defects
5	Other mental health disorders	Low back pain & neck pain

The leading causes of ill health in children under 15 in the Borders include **asthma, skin conditions,** and **headache disorders.**

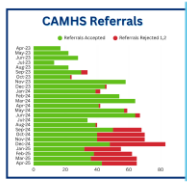
Dental Health

Proportion of P7 children with no obvious decay experience 2005-2023



82% of Primary 7 **children** in the Borders had no obvious tooth decay in 2023. An **improvement** from 59.5% in 2005

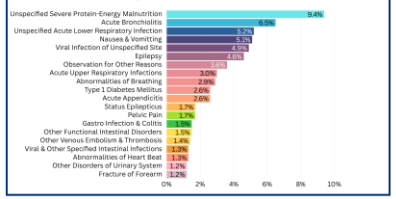
CAMHS Referrals



Referrals to Child and Adolescent Mental Health Services (CAMHS) have increased, with **longer wait times for neuro-developmental assessments / treatment**

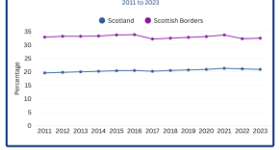
Growing Well

Top 20 Hospital Diagnosis



Access Deprivation for Young People

Young people living in the most access deprived quintile, aged 0-25 years
2011 to 2023



For young people in the Borders, income deprivation is lower, but access deprivation is higher compared to Scotland.

Cancer Screening Success

HIGHEST UPTAKE OF BOWEL AND CERVICAL SCREENING among mainland Scottish boards in 2023/24

NATIONAL STANDARDS MET FOR AAA, BOWEL, AND BREAST SCREENING

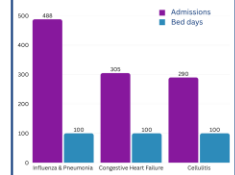
Uptake is lower in more deprived areas

Prescribing Patterns

The most commonly dispensed medications for 18–65 year olds were **omeprazole** (reflux medication) and **sertraline** (anti-depressant). Over **6,800** people aged 0–64 were prescribed 5–9 medications in Q4 2024.

Potentially Preventable Admissions

(Top 3, most common)



Living Well

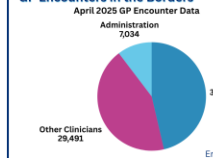
Burden of Disease - Top 5 causes of ill health in Borders, 2019

Rank	25 - 44 yr olds Males	25 - 44 yr olds Females	45 - 64 yr olds Males	45 - 64 yr olds Females
1	Depression	Headache Disorders	Depression	Low back & neck pain
2	Low back & neck pain	Low back & neck pain	Low back & neck pain	Headache Disorders
3	Headache Disorders	Depression	Anxiety Disorders	Depression
4	Drug Use	Anxiety Disorders	Headache Disorders	Anxiety Disorders
5	Anxiety Disorders	Gynaecological conditions	Alcohol Use	Osteoarthritis

In adults aged 25–64, the leading causes of ill health include **depression, back** and **neck pain,** and **anxiety disorders,** with **gynaecological conditions** also prominent in women.

GP Encounters in the Borders

April 2025 GP Encounter Data



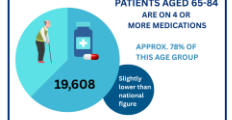
Encounters involving GPs has declined

Encounters with other clinicians has increased

Polypharmacy

PATIENTS AGED 65-84 ARE ON 4 OR MORE MEDICATIONS

APPROX. 78% OF THIS AGE GROUP



Those over age 75 are prescribed on average **5 to 9** medications!

Falls

In Q1 2025 - **1,500** of inpatient bed days in the Borders were due to falls admissions in **the over 65s**

Rising Multi-Morbidity

No. of long-term conditions	Over 65 years	Under 65 years
1	26.9%	9.1%
2	13.1%	1.6%
3	6.6%	0.4%
4 or more	5.2%	0.2%

In 2023/24, **24.9% of people over 65** in the Borders had **two or more long-term conditions**

Ageing Well

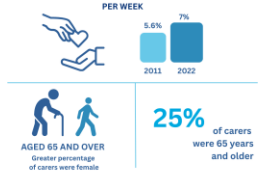
Burden of Disease in 65 - 84 year olds, 2019

Rank	Males	Females
1	Low back & neck pain	Low back & neck pain
2	Diabetes	Osteoarthritis
3	Depression	Depression
4	Cerebrovascular Disease	Anxiety Disorders
5	Ischaemic Heart Disease	Alzheimer's & Dementias

The top causes in those **over 85 years old** are **cerebro-vascular disease, low back and neck pain** and **dementias**

Unpaid Carers in the Scottish Borders (2022)

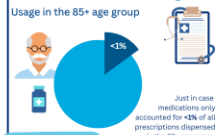
PEOPLE PROVIDING 1 - 19 HOURS OF CARE PER WEEK



25% of carers were 65 years and older

Just in Case (JIC) Prescribing *

Usage in the 85+ age group



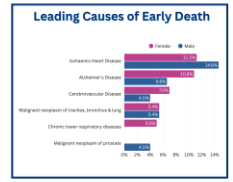
Just in case medications only accounted for **<1%** of all prescriptions dispensed in the 85+ age group in the past year.

*Just in case prescribing is a small supply of medications prescribed in advance for people who may need urgent symptom relief in the last stages of life.

Value Based Health & Care

Anticipatory Care Plans are crucial for people nearing the end of life, ensuring that their preferences are known and respected, and that **unnecessary hospital admissions** are avoided.

Leading Causes of Early Death



Dying Well

Place of Death

Location of Death	2019 No.	2019 %	2024 No.	2024 %
Home including care homes	428	34.9%	560	40.1%
Clinical setting	768	62.7%	794	56.9%
Other	29	2.4%	42	3.0%

The proportion of people dying in the community, rather than in a clinical setting, has **increased between 2019 to 2024.** However, the majority of deaths still occur in a clinical setting despite people telling us they would rather die at home.

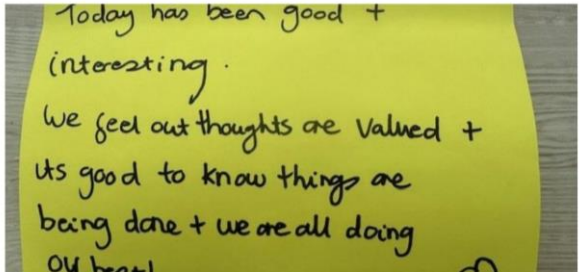
Time spent in the Community in the last 6 months of life

The proportion of people who spend the last six months of their life either at home or in a community setting is **lower for Borders than for Scotland** overall.


NHS
Borders
REALISTIC MEDICINE
Growing Well
Living Well
Ageing Well


NHS
Borders
Growing Well


CLINICAL ENGAGEMENT


Today has been good +
interesting.
We feel our thoughts are valued +
its good to know things are
being done + we are all doing


NHS
Growing Well
Living Well

Clinical Strategy Engagement Schedule

All workshops will take place at **Borders College, Galashiels**.

Week 1:

Date	Specialty
04/08/2025 9-12:30pm	Cerebrovascular & Cardiovascular
04/08/2025 1-4:30pm	Respiratory
05/08/2025 9-12:30pm	Orthopaedics
06/08/2025 9-12:30pm	Ophthalmology
07/08/2025 9-12:30pm	CAMHS

Week 2:

Date	Specialty
11/08/2025 9-12:30pm	Frailty
12/08/2025 9-12:30pm	Palliative Care
13/08/2025 1-4:30pm	Paediatrics

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7 August 2025**
Title:	**Scottish Health & Social Care Integration Joint Board Update**
Responsible Executive/Non-Executive:	**Chief Executive**
Report Author:	**Chief Executive**

1 Purpose

The purpose of this paper is to update the board regarding the Integrated Joint Board Accountable Officer vacancy.

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive
- 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

Following the departure of the previously postholder, there is currently no Integrated Joint Board Chief Officer in post within the Integrated Joint Board. Despite this, the Integrated Joint Board is continuing progressing its priorities through this year with support from the new Chair Councillor David Parker, and through Director support from NHS Borders and Scottish Borders Council teams. Continuity is provided here through Lucy O'Leary as Vice Chair; Lucy was Chair of the IJB from 1st April 2022 until 31st March 2025.

Recruitment of a new Integrated Joint Board Chief Officer is currently underway, and Chief Executives of both NHS Borders and Scottish Borders Council are overseeing this process with Human Resources Directors from the respective organisations leading it.

2.2 Background

Health and Social Care Partnerships (HSCP) in Scotland are led by a Chief Officer, who is responsible for the overall strategic planning and delivery of integrated health and social care services in their area. This role is a key part of the Scottish Government's initiative to integrate health and social care services, as established by the Public Bodies (Joint Working) (Scotland) Act 2014. The Chief Officer is accountable to both the Integration Joint Board (IJB) and the Chief Executives of the relevant Local Authority and Health Board for the successful delivery of integrated services.

Chris Myers, the former Integrated Joint Board Chief Officer for Scottish Borders recently moved to a new role in Scottish Borders Council, leading to the post being vacant. Discussions between the Chief Executives of NHS Borders and Scottish Borders Councils on replacement arrangements were paused due to a number of factors but have recently reconvened again recently. A refreshed Job Description has recently been agreed and a recruitment exercise will now commence.

The recruitment process will take several months therefore we are currently considering stepping up / cover arrangements to continue the important work of the partnership.

2.3 Assessment

There is currently a review of the workload over the next 7-8 months to confirm we have capacity to continue our progress and based on the conclusions from this we will make a proposal to the IJB.

In terms of assurance to the NHS Borders Board, joint working does continue and both David Roberston and I have agreed to co chair a development workshop with senior clinical and professional leaders in August to confirm our service priorities heading into our winter period. Delivery of the outcomes from this work will be taken forward through a co-chaired Urgent Care Transformation Board which will have whole system representation.

For the remainder of 2025/26 we have our Strategic priorities to continue to work towards, and looking ahead to 2026 the IJB will require a refresh of its Strategic Plan and work will commence on this on the appointment of a new Chief Officer.

A further update will be provided in October.

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

Integrated Joint Boards are required to appoint a Chief Officer to their Board, and the role is critical in supporting the strategic planning and operational delivery of integrated services. As highlighted earlier in the paper, mitigating actions are being taken on an interim basis and a recruitment exercise will commence shortly to address the risk in the longer term.

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 awareness purposes only.

2.3.9 Route to the Meeting

The information contained in this report has been shared in advance of the Board discussion with members of the Board Executive team.

2.4 Recommendation

This report is provided for:

- **Awareness** – for members' information only

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

3 List of appendices

None

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7 August 2025**
Title:	**Bi-Annual Operational Risk Management Report**
Responsible Executive/Non-Executive:	**Laura Jones, Director of Quality and Improvement**
Report Author:	**Lettie Pringle, Risk Manager**

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

The Bi-Annual Operational Risk Management report is presented to the Health Board following approval at the Audit and Risk Committee (ARC). This report has received moderate assurance from ARC that risk management processes and systems are in place and effective. Audit and Risk Committee have asked for further work to be undertaken to address gaps in compliance within support services.

2.2 Background

To be fully effective, risk management should be part of the organisational culture. It should be embedded into the organisation's philosophy, practices and business processes, rather than be viewed or practiced as a separate activity. When this is achieved, everyone in the organisation is involved in the management of risk. Risk management is a responsibility of NHS Borders and all staff working in partnership to

achieve best practice. The Risk Management Strategy, Policy and processes establish a core framework which supports the achievement of objectives for NHS Borders.

2.3 Assessment

Strategy objectives and policy objectives have declined slightly this period. This can be attributed to implementing a new risk management system and resources being diverted towards this piece of work during this period. This has highlighted the ongoing reliance on the small risk team and the continued work that needs to be done to embed risk management as an integral part of business as usual across the organisation.

There are three strategy objectives that are on trajectory to be achieved by the strategy review date of December 2025. There are four policy objectives that have yet to be obtained relating to stakeholder involvement in the risk management process, embedding risk appetite in the strategic risk process, monitoring of risk management culture and training.

This report has been restructured to reflect the Risk Management Framework to provide ease in navigating the work ongoing across the organisation in each framework category.

Governance and Leadership summary
This report outlines the work undertaken by the OPG from October 2024 – February 2025, including allocation of risk fund monies to support risk reduction and mitigation where possible.

Integration Summary
Work is ongoing to embed risk management through processes and services within NHS Borders and the vision for this is outlined in chart 2.

The establishment of the Integrated Risk Forum has been proving a beneficial development in maturing the risk management processes across the health and social care partnership and supports the Joint Risk Management Strategy and Policy for the Integrated Joint Board.

National work to update the risk matrix across NHS in Scotland has been completed and is expected to be issued by Health Improvement Scotland in March as part of the Adverse Event Framework.

Updates from specific groups have been included within the report and span several different risks.

Collaboration Summary
Updates have been included from groups that require a representative from risk and how this is supporting the integration of risk management into day-to-day business as usual.

Implementation Summary
This section outlines the progress on ways in which risk management is implemented across the organisation through the Risk Champion Network, training, processes and internal audit.

Areas to note in this section:

- 10 operational risks have been through the risk appetite process and reviewed by OPG in this timeframe.
- Training continues to be undertaken with specific Risk Management digital stories continuing to see high numbers of views.

Evaluation Summary

Within this section of the report, it is noted that corporate objectives affected by risks have remained consistent with the objective most affected being improving our effectiveness and efficiency, followed by focusing on prevention and early intervention.

To support data quality of risks, quality assessments are undertaken periodically for all risks. Due to the numbers of risks and the small capacity of the risk team this programme of work will span a significant period. There has been no change since the last report as resources were diverted to implementation of the risk management system during this time period.

Key Performance Indicators are included within this section with the compliance levels having a significant drop in most areas. This may be due to winter pressures and the reduction in risk support during this period.

Continual Improvement Summary

Risk Management Improvement Plans and High-Risk Assurance Reports continue to be presented to Clinical Boards and OPG. However, the frequency of these reports are bi-annual therefore the majority of these reports are expected to be presented to OPG in March 2025.

Establishment of a national Risk Managers Network is now in place; the first meeting is tool place in February 2025. This will expand on national work to look at consistency and benchmarking of processes to learn and improve the risk management function across NHS in Scotland.

Risk Management Process Summary

This section of the report highlights risk movement from Q1 24/25 to Q4 24/25 which indicates that the risk management process is being utilised. There has been a reduction in the total number of risks that can be attributed to removal of outdated risks. There has been a 36% increase in the number of very high risks now reported on the risk register.

Risk Management System

An update on the progress on the InPhase Project is included within this section.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

To ensure that NHS Borders' corporate liabilities are managed to an effective standard reflecting good practice and robust governance, the current risk management framework follows the nationally recognised standard: BS ISO 31000 Risk Management and the Government issued Orange Book supported by the Blueprint for Good Governance.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Climate Change

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

2.3.7 Other impacts

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

2.3.8 Communication, involvement, engagement and consultation

The Committee has carried out its duties to involve and engage external stakeholders where appropriate.

2.3.7 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.

- Audit and Risk Committee, 24 March 2025
- Operational Planning Group, 3 March 2025

2.4 Recommendation

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

Health Board to note actions from the Audit and Risk Committee:

- Further internal work to be undertaken to improve compliance with risk management process particularly within support services.
- To investigate whether it is possible to include percentages within the training statistics and include in next report.
- Risk Management Strategy will be reviewed this year to come in line with the Organisational Strategy.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Bi-Annual Operational Risk Management Report

NHS Borders

Operational Risk Report

Bi-Annual Report – March 2024

Lettie Pringle (NHS Borders)

Contents

1. Reason for the Report

i. Risk management is the process by which individuals and organisations assess the potential risks, uncertainties and opportunities they face and consider what should be done, if anything, to manage those risks. Hence risk management is not just about looking at the threats but also the opportunities that may present if a risk is taken; it is about being risk aware, not risk averse. Operational risks are those short-term risks that are encountered in the course of the day-to-day delivery of services and functions. Individual operational managers will have responsibility for their own operational risks. The Management Team for each clinical board/ support service will be responsible for monitoring the operational risk register.

ii. As part of the governance structure the Audit and Risk Committee is responsible for ensuring that risk management strategy, policy, framework, processes and systems are functioning and/or progressing as expected.

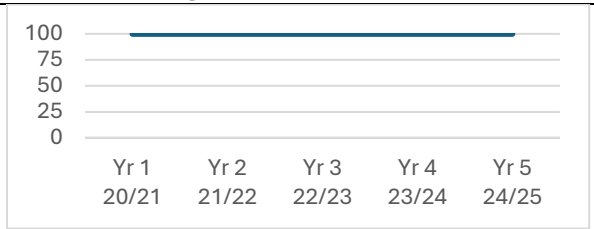
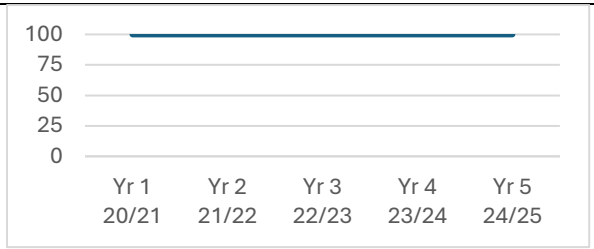
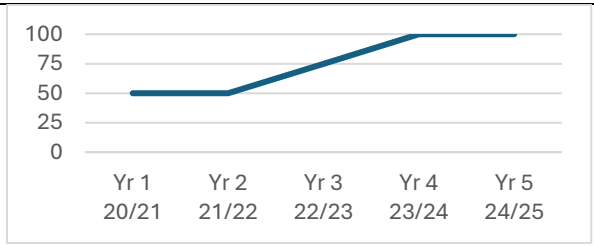
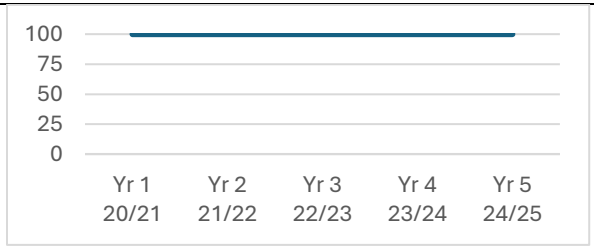
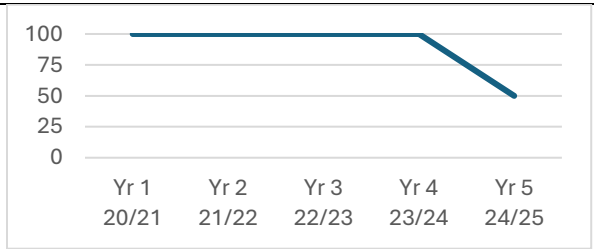
iii. This report will be produced on a bi-annual basis.

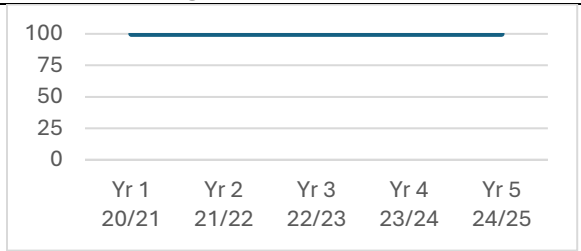
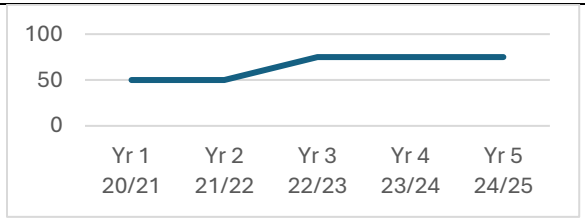
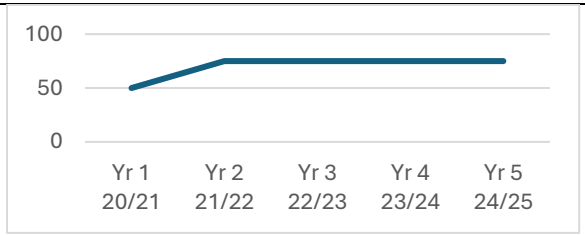
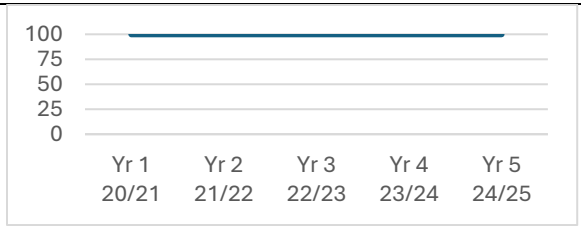
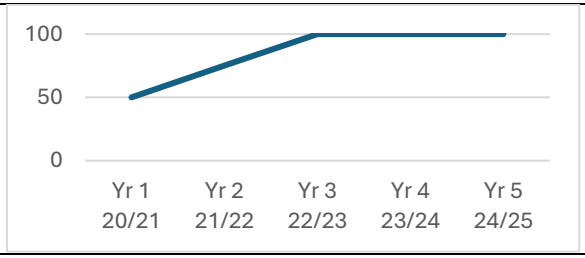
2. Risk Management Strategy

i. The Risk Management Strategy lays out the principal organisational strategies towards implementing effective risk management. This is due to be reviewed by December 2025. Further work requires to be undertaken to establish the direction of travel NHS Borders wishes to take during 2025-2028 in regard to risk management activities and there is an opportunity to link this in with the development of the organisational and clinical strategies currently being created.

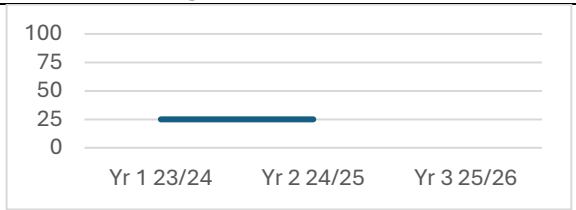
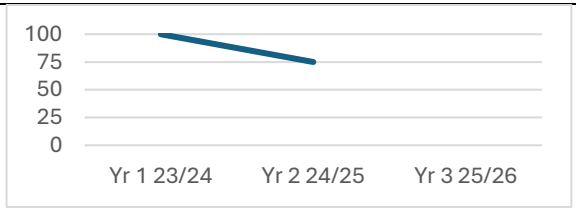
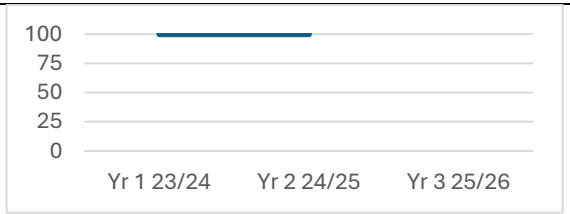
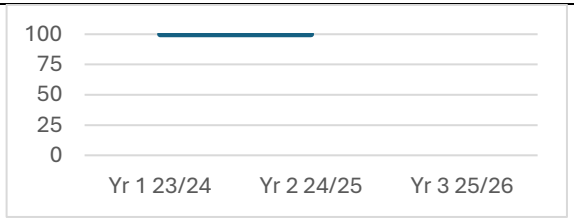
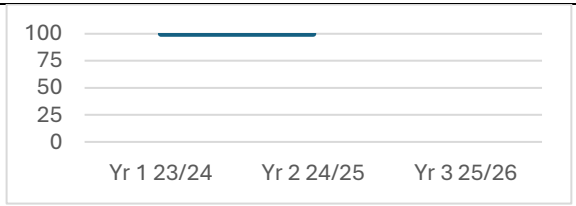
ii. The current Risk Management Strategy has ten objectives reflecting the risk management targets set by the Health Board for period 2020-2025.

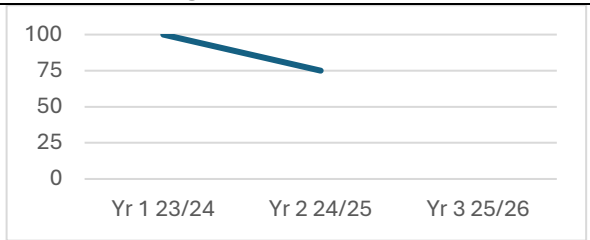
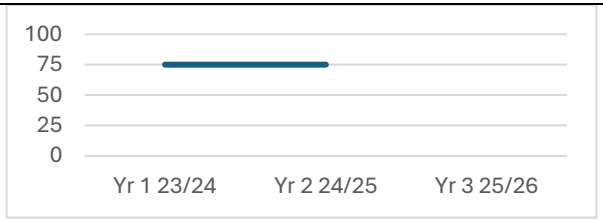
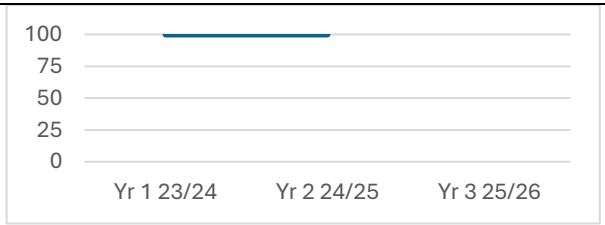
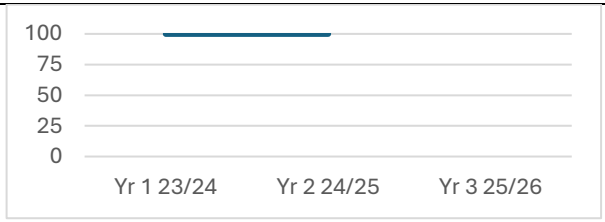
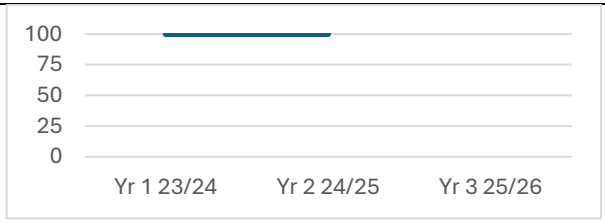
iii. The strategy objectives have been largely obtained. Changes to guidelines followed has allowed us to expand on objectives to integrate newly published standards, national work and new systems.

Strategy Objective	Progress to Achievement	Comments
NHS Borders risk management will follow international standard BSI 31000		Risk management process follows BSI31000, ensuring that the organisation is aware of any updates to this standard and associated guidance documents. Following the implementation of the Blueprint for Good Governance, the Orange Book is integrated into the process.
A single system approach for all types of risk		There is a single risk management process in place for all risks in NHS Borders.
Move from a reactive to proactive risk management stance		Risks articulated on the risk management system are increasingly reflective of risks being faced. A piece of work has been undertaken to ensure risks in development are approved onto the risk register where appropriate, and those that are out of date are re-assessed. This has proved effective in increasing performance around these areas. All risks previously held on the Datix system have been transferred across onto the InPhase system.
All risk management processes are electronic; adverse events, risk register, risk assessment, claims and complaints		All risk management processes are held within the InPhase system.
An education program is in place to support staff to implement risk management		A training programme was implemented in 2021/22 and is refreshed yearly to identify gaps and provide adequate and equal support to all staff. Supporting digital stories and how to videos have been created to enhance training and knowledge of risk management. Continual development of Risk Management Awareness Sessions has strengthened this programme. Due to the InPhase implementation project there has been a pause in trainer led sessions. There is also a gap in system eLearning due to capacity of both the Risk Team and Clinical and Professional Development Team.

Strategy Objective	Progress to Achievement	Comments
Support achievement of the Clinical Strategy, local health plans and health and social care partnership		Work has been undertaken to ensure closer working with the health and social care partnership, including the establishment of a risk integration group (Integrated Risk Forum). Meetings are embedded to ensure closer communication between the Risk Management functions of NHS Borders and SBC, led by the Chief Officer. Work has been carried out to ensure a risk-based approach is built into the NHS Borders Annual Delivery Plan and Financial Plan.
A risk appetite is in place that will reflect the organisation's position		The risk appetite process was reviewed and approved by the Health Board in February 2024. This is fully embedded into OPG scrutiny. Further work is required to embed this into strategic risk management processes.
Support a positive risk management culture		Visibility of the risk management subject has increased and embedded within organisational processes. An increase in uptake of the risk management training program has increased understanding by management. There are still small pockets where improvement could be gained but a shift in understanding has increased a positive risk culture. There is currently no monitoring mechanism in place to quantitatively assess risk culture.
Leadership and commitment to risk management throughout the organisation will be reflected through board leadership		Commitment to risk management through board leadership continues to improve in Quarter 4; increased scrutiny of risks has allowed better understanding of the processes, procedures and systems in place. This approach has given more value to the strategic and operational risk registers. An annual cycle of development sessions with the Health Board further increases knowledge and understanding.
Risk management assurance will be gained through governance structures		Governance structures are becoming more robust, and this work has continued throughout 2024/25. An internal audit of risk management governance in 23/24 received reasonable assurance with some minor improvements required. A further internal audit in 24/25 looking at the Board Assurance Framework is due at Audit and Risk Committee in March 2025.

3. Risk Management Policy

Policy Objective	Progress to Achievement	Comments
Inclusion of appropriate stakeholders in the risk management process		36% of finally approved risks had no documented stakeholder involvement.
Risk management training is available to the organisation to support a positive risk management culture		Development and implementation of the new Risk Management Training plan was undertaken in Q1 of 2023/24; this has been further developed with the creation of additional digital stories, eLearning and bespoke training throughout the year and will continue throughout 24/25. Promotion of risk management training videos continues with positive feedback received highlighting these as helpful tools. There is currently a gap in system training which is being addressed.
Key risks must be identified		The risk profile of the organisation has remained the same in 2024/25, with the majority of risks being identified as medium and high risks; this reflects the increasing risks being faced by NHS Borders as the number of very high and high risks steadily rise, whilst medium risks remain relatively consistent. This suggests both mitigation and escalation of risk. Risk movement within the profile shows the risks which are no longer relevant are actively being removed from the system to give a more proportionate view to the risks currently faced. The increase in very high risks is consistent with the increased risk exposure currently being experienced by the Health Board.
Proactive risk assessment must be used to minimise occurrences of adverse events		This agreed risk management Key Performance Indicator (KPI) for all risks to have action plans to minimise liabilities had a compliance level of 96% as at July 2024. The introduction of reports into the new system is still being developed and as such we are awaiting the supplier training system administrators on how to pull this information.
Risk management performance of very high risks will be monitored through organisational performance review arrangements		Performance scorecards include risk compliance section. The use of quality assessments on risks within the risk register have been noted as good practice by internal audit report.

Policy Objective	Progress to Achievement	Comments
Establish the development of a learning culture		Mental Health (including Learning Disabilities) and Primary & Community Services (including Allied Health Professionals) each publish a newsletter incorporating risk management and adverse event management to keep staff within these areas informed. Whilst Acute Services are keen to implement this in their Clinical Board, demand on services has outweighed the capacity to produce a newsletter on a regular basis at this time. Due to leave within the Risk Team support services newsletter has been postponed until the team has returned to full complement, expected in August 2025. Training videos have also been developed by the Risk Team covering both risk management and adverse events. An annual training programme is in place for staff across the organisation, supported by eLearning courses.
The risk management framework and supporting processes are consistently used by risk owners.		Implementation of training videos and eLearning on various aspects of the risk management process have improved understanding and completion of risk management responsibilities, as well as allowing bespoke sessions and additional support to be offered by the Risk Team. The implementation of the Risk Champion Network has also enhanced organisational awareness and understanding of risk management. Whilst the framework and supporting processes are in place, there is still some inconsistency with documenting risks on organisational risk management systems.
Risks are escalated in accordance with the policy arrangements within the Risk Management Policy.		Escalation of risks to the Clinical Board meetings/Operational Planning Group continues as appropriate.
The effective use of information management and technology to support the management of risk.		A new system has now been implemented for adverse events, risk register, complaints and claims. This went live on 13th January 2025 and is currently being embedded into the organisation.
NHS Borders complies with national standards and guidance relating to risk management published by Healthcare Improvement Scotland.		System and policy in compliance with HIS standards, BSI 31000 Risk Management Standards, the Orange Book and the Blueprint for Good Governance.

*Professional judgement, and where available, performance measures are used to assess progress against strategy and policy objectives with supporting commentary provided to support assessed level.

4. Risk Management Framework

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

ii. The below sections outline how NHS Borders integrates the risk management framework into its activities:

- **Governance and Leadership** outlines how management demonstrates leadership and commitment.
- **Integration** outlines how risk is integrated into the organisational structures and context.
- **Collaboration** highlights how the organisation articulates its risk management commitment, roles and responsibilities, resources and communication.
- **Implementation** outlines how the framework is being implemented within NHS Borders.
- **Evaluation** is how NHS Borders measure the effectiveness of the risk management framework.
- **Continual Improvement** highlights how NHS Borders adapts and strives towards continual improvement.

4.1 Governance and Leadership

4.1.1 Operational Planning Group

i. The Operational Planning Group (OPG) acts, in part, as NHS Borders Risk Management Board. As such the OPG is part of the escalation and governance process for risk management within NHS Borders.

ii. The OPG processed a number of risks within the year 24/25 through the risk appetite process. More information on this can be found in the Risk Appetite section of the report.

iii. The OPG is responsible for providing a level of assurance that risk owners are compliant with key performance indicators and high risks are managed proportionally and appropriately. An update on each of these can be found under Risk Management Improvement Plans and High Risk Assurance Reports sections.

iv. A number of requests have been made against the Risk Fund as outlined in following section of report.

4.1.2 Risk Fund Framework

i. Within the 2024/25 Financial Plan, provision has been made on a currently non-recurring basis for a Board Risk Fund. For this financial year, this has been set at £1m. Given its non-recurring nature, the immediate purpose of the Risk Fund is to enable the immediate

and / or short-term mitigation (not necessarily elimination) of clearly identified risks above an agreed threshold for toleration by the Board and therefore deemed unacceptable.

ii. A review of the Risk Fund Framework was undertaken and approved by OPG in January 2025. This put more emphasis on ensuring the most significant risks are addressed and more scrutiny is given to requests being submitted.

iii. The Operational Planning Group has the authority to approve any use of the risk fund of £50,000 or less. Any that exceed this must be escalated to BET.

iv. BET has the authority to approve any use of the risk fund of £250,000 or less. Any that exceed this must be escalated to the Health Board.

v. This financial year £468,022 has been agreed from this fund to support reduction of six very high risks and two high risks.

Risk	Risk Level	Risk Fund Cost
Face fit testing	Very High	£60,000.00
Patient Experience Team staffing	Very High	£127,350.00 (cost deferred to 25/26)
Mammography van	High	£46,200.00
Radiologist staffing	Very High	£38,000.00
Courier Staffing	High	£16,222.00
Trainee Recruitment & CDF & LAS Appointment	Very High	£72,000.00
ED Agency Locum Consultant	Very High	£100,000.00
MRI and CT Capacity	Very High	£8,250.00
	TOTAL	**£468,022.00**

Chart 1: Risk Fund

vi. There were two significant asks from the risk fund which were pending consideration at the time of production of this report for the Audit and Risk Committee which are likely to be incurred into 2025/26:

Risk	Risk Level	Risk Fund Cost
Aseptics	Very High	£113,298.00
Xray and CT OOH service provision	Very High	£276,492.00

4.1.3 Board Executive Team

i. All risks discussed at the Operational Planning Group are fed up into the Board Executive Team for information and noting.

ii. Twelve risks were escalated to BET for action within 24/25. Three of these risks did not fall within the risk fund remit and are being managed through other internal processes. From the twelve risks escalated, BET approved use of the risk fund for three risks. Two requests remain outstanding relating to the risks identified within the risk fund requests above.

4.1.4 Risk Culture

i. Risk Culture is an important factor in risk management within an organisation. To be able to monitor this more robustly, further work is required to establish the most efficient way to do this.

4.2 Integration

4.2.1 Predictive, proactive and reactive model

i. To support the strategy and policy objectives, work will continue throughout 24/25 to break down silos across the predictive, proactive and reactive workstreams as outlined below:

Chart 2: Predictive, proactive, reactive model

ii. Progress across NHS Borders has been made to work towards this model in 24/25 and will continue in 25/26:

- Risk management has been built into planning functions (ADP, financial plans, emergency planning etc).
- A process for project risks which are captured through research and innovation is now in place where very high risks identified within a project that could

impact on the organisation are entered into our operational risk register as well as any residual risk following the completion of a project.

- Risk identification is undertaken through intelligence sharing meetings with Clinical Effectiveness highlighting quantitative information to inform any gaps or areas of uncertainty.
- A monthly meeting with the Resilience Team and Risk Team to highlight any emerging risks, risks identified through national, regional and local exercises and debriefings.
- Business Continuity information has been amalgamated into the risk management system to link the two subjects more succinctly in process.
- The link between risk management and adverse events has always been there but this is now being strengthened further through the review of the national Adverse Event Framework which is due for publication in March 2025.
- Working with all Healthboards to revise the risk matrix used across NHS in Scotland. This is to be published in March 2025, to be implemented from 1st April 2025. This will impact across these interlinking areas.

4.2.2 Integrated Joint Board (IJB)

i. Collaborative work has been established with the creation of an Integrated Risk Forum consisting of Scottish Borders Council and NHS Borders risk professionals. This group ensures the IJB strategic risk register is capturing healthcare issues.

ii. Development of this group is still ongoing but due to resources from the NHS Borders Risk Team being diverted into the InPhase project work, this has been slower than expected.

4.2.3 Project Risk

i. Work is ongoing with the project teams to ensure any risks entered onto project risk registers as very high risks are also captured within the organisational risk register.

4.2.4 New legislation

i. No new legislation has been identified since the last report.

4.2.5 Regulations

i. As part of the pay negotiations the reduced working week has been introduced, and hours will continue to reduce by 30 mins over a 3-year period. Agenda for Change have confirmed that there will be no change to hours within 25/26, instead there will be a larger reduction in 26/27. This will have operational and financial impacts on services that should be planned for in advance to allow a proactive approach to this across the Health Board.

ii. Acute Clinical Board have already identified this through an operational risk assessment. Other clinical boards and support services should identify any risks this poses to delivering their services and enter these onto the operational risk register. Due to the Risk Team being diverted to the implementation of InPhase follow up on this piece of work has not been undertaken since the last report.

4.3 Collaboration

4.3.1 Policy updates

i. The Adverse Event Management policy was approved in April 2024 and supports the reactive risk management systems. Due to Health Improvement Scotland reviewing the Adverse Event Framework it may be necessary to review this policy prior to the stated review date of 2026.

4.3.2 Topic Specialists

i. Topic specialists have now been trained to support advising risk owners on risks relating to their speciality. Whilst training has been given this is not fully embedded as a role within some specialist teams yet. The Risk Team continued to support this task being embedded throughout 24-25 as well as updating training to reflect use of the new risk management system.

4.3.3 Environmental Risk Oversight Group

i. This group exists to maintain an overview of environmental risk priorities across NHS Borders, and link into healthcare governance processes. This group is constituted to provide specialist technical oversight to areas of risk relating to the built environment.

ii. A risk assessment on Reinforced Autoclaved Aerated Concrete (RAAC) specifically for the Knoll estate has been undertaken by topic specialists following a report indicating the requirement for remedial action. This has resulted in all patients who were being treated in the Knoll Community Hospital being moved to an alternative place to continue their care.

4.3.5 Occupational Health & Safety Forum

i. The Occupational Health & Safety Forum will operate as the Health and Safety Committee meeting all necessary legal requirements including the requirements of the Risk Management Policy, Occupational Health and Safety Policy and related policies.

ii. This report supports the remit of the Occupational Health & Safety Forum and evidences the poor compliance with Health and Safety policy and procedures which could result in legal prosecutions and fines.

4.3.6 Clinical Boards

i. As part of the internal audit for Risk Management Governance, Risk Management is now a standing agenda item at all Clinical Board Governance Meetings.

4.4 Implementation

4.4.1 Risk Champion Network

i. Risk Champions have been actively involved in the risk management processes within their respective areas, including local dashboards to support prioritisation of risk management responsibilities to be undertaken and reduce gaps in processes.

ii. The number of reports required at the Operational Planning Group has reduced from quarterly reports to bi-annual reports to support with meeting scheduling conflicts.

ii. Risk Champions have been supported in learning the new risk management system. This will require continuous additional support from the Risk Team to ensure these staff are competent to navigate the system and pull the required information for reports.

4.4.2 Internal Audit

i. An internal audit was undertaken in February 2025 relating to the Board Assurance Framework report to allow NHS Borders to identify areas that could be improved and note good practice in the report.

ii. This audit identified areas of good practice and made some recommendations for the ongoing development of the BAF for NHS Borders.

4.4.3 Training

i. The Risk Team continue to support staff that are required to use the electronic risk management system and carry out their risk management roles and responsibilities, offering training in the form of face-to-face sessions, eLearning, digital stories, "How to" videos and sessions via Microsoft Teams. Sessions can also be arranged outwith the Risk Team's normal working hours, provided adequate notice is given and appropriate circumstances are arranged. Chart 3 shows the number of staff who have undertaken the listed training in that quarter.

ii. There is a dip in training statistics as training for the new risk management system comes online.

iii. There is a gap in reporting due to resources being diverted to the InPhase project, this is identified by use of N/A in the chart below.

	eLearning Courses							Bespoke Training											Digital Stories																
	Adverse Event Reporting *(Replaced Dec 2024)*	Adverse Event Reporting - InPhase	Adverse Event Approver	Final Approver for Adverse Events	Risk Register	Reports & Dashboards for Adverse Events	Reports & Dashboards for the Risk Register	Adverse Event Awareness Session	Adverse Event Approver	Adverse Event Topic Specialist	Practical Reports Session - Adverse Events	Practical Reports Session - Risk Register	Risk Register 1:1	Risk Register Topic Specialist	Risk Management Awareness Session (Risk Owners & Approvers)	Risk Management Awareness Session (All staff)	Bespoke Risk Workshop	Strategic Risk Register Overview (Deputies)	Strategic Risk Register 1:1	Introduction to Risk Management	Mini Risk Management Awareness Session	How to Facilitate Risk Conversations	Risk v Issue	Risk Matrix	Key Risks Checklist	Types of Risk	Developing SMART Action Plans	Risk Management Key Performance Indicators	Risk Appetite	The Role of the Risk Champion	Risk Management Improvement Plans	High Risk Assurance	Risk Governance
Q1	*256*		16	3	16	5	7		0	2	1	2	4		0	30	0	1	0	62	18	91		68		*32*	16	23	*90*	14	25	14	*47*
Q2	*309*		9	3	10	0	4		0	0	2	3	10	5	0	13	2	3	0	47	30	22		24		*20*	11	13	*19*	14	21	17	*12*
Q3	*294*		9	2	15	3	2		0	0	1	0	5	20	0	0	0	0	2	28	22	15	13	12	9	4	1	11	*19*	21	14	8	10
Q4	*345*		8	2	9	5	5	30	3	4	1	0	2	8	0	32	9	1	1	51	29	23	34	25	17	19	19	12	162	47	26	20	16
Q1	*354*		8	1	4	3	4	8	0	0	0	0	2	0	0	17	1	0	0	30	15	7	21	20	10	6	47	9	35	12	6	11	14
Q2	*391*		8	1	7	1	1	0	0	0	0	0	1	0	0	0	6	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Q3	*111*	1693	1	1	7	1	2	0	0	0	0	0	0	0	0	0	0	0	0	97	27	19	48	18	13	10	6	3	27	4	19	9	9

Chart 3: Training Statistics

4.4.4. Risk Appetite

i. There is a total of 32 risks outwith organisational risk appetite on the risk register as at February 2025.

ii. Of these, 8 are currently being tolerated, 12 have been escalated to the Board Executive Team, 7 have been funded from the Risk Fund to reduce the risk to within organisational risk appetite. One risk has been funded from another budget. Two risks are still to be taken through the risk appetite process.

ii. A total of 10 risks have been taken through the risk appetite process and reviewed by OPG between Sept 2024 and Feb 2025. The largest proportion of risks outwith risk appetite are in the Acute Clinical Board, followed by Support Services.

	Outwith	Within	Total
Acute	15	286	**301**
Allied Health Professionals	3	62	**65**
Learning Disabilities	1	9	**10**
Mental Health	2	98	**100**
Primary & Community Services	3	183	**186**
Support Services	8	198	**206**
	33	**835**	**868**

Chart 4: Risk Appetite by Clinical Board

4.5 Evaluation

4.5.1 Corporate objectives

i. Risks are uncertainties that affect NHS Borders attainment of objectives. Below are the corporate objectives that are being affected by operational risks, with the largest impact being risks affecting our effectiveness and efficiency, followed by focusing on prevention and early intervention.

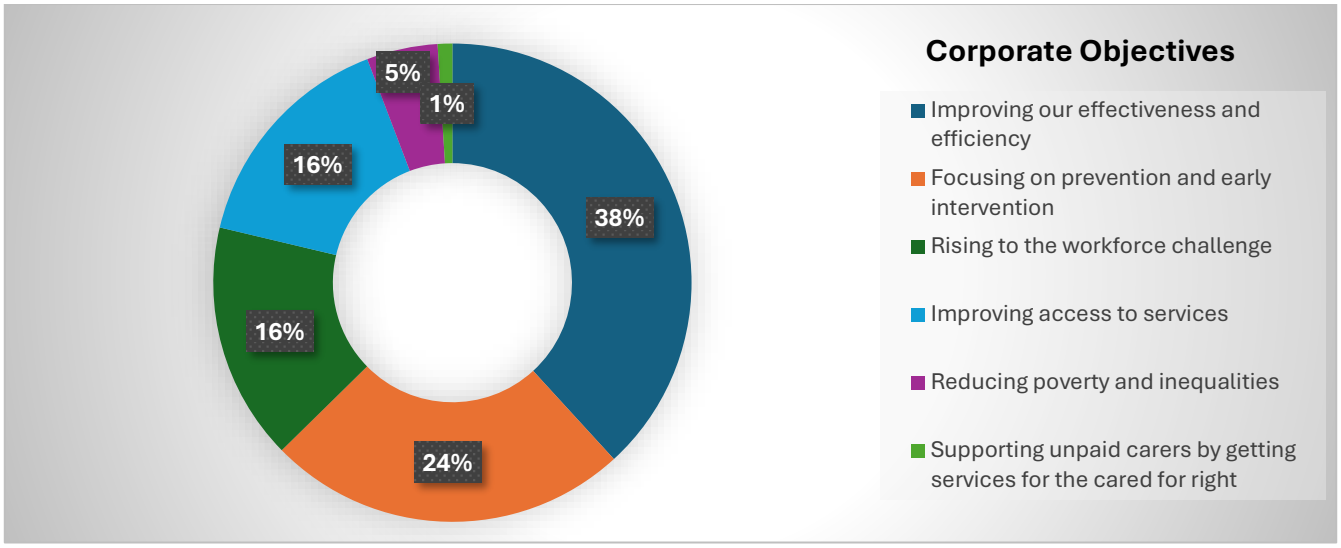


Chart 5: Corporate objectives affected

4.5.2 Quality Assessments

i. The Risk Quality Assessment Tool, usually completed by a member of the Risk Team, provides feedback on how well a risk follows NHS Borders Risk Management Policy and processes.

ii. There have been no changes since the last report as resources has been directed for a time limited period towards developing the new risk management system.

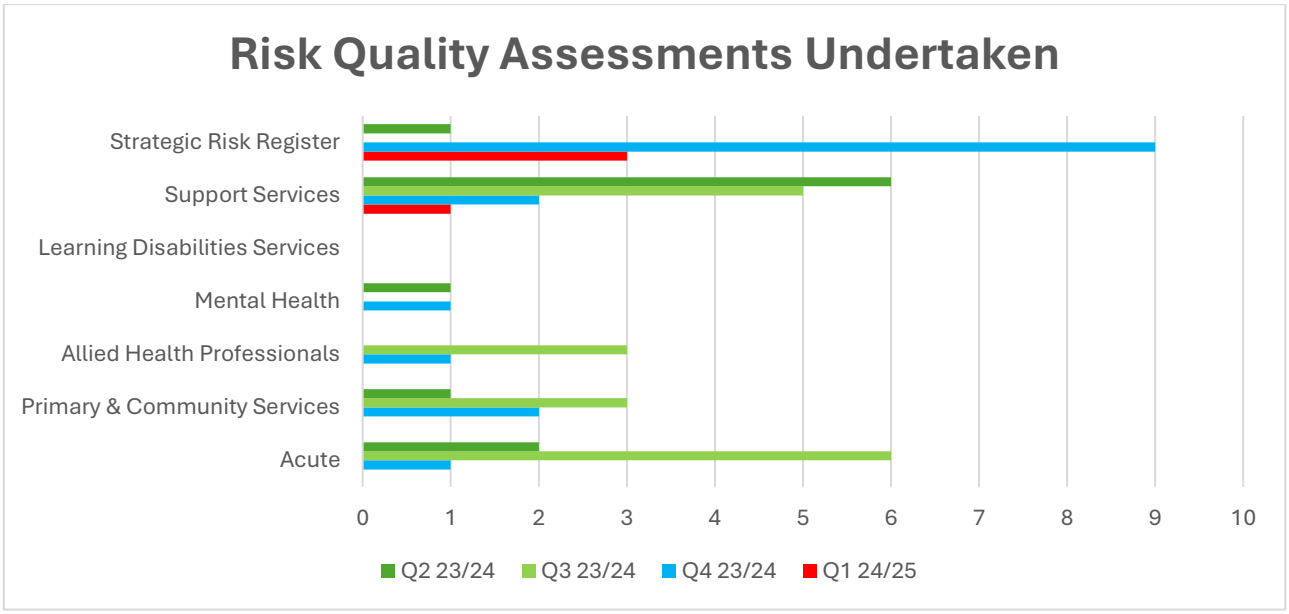


Chart 6: Quality Assessments undertaken

4.5.3 Key Performance Indicators

i. Much like other areas of work in this time period there is a gap in reporting as resources were diverted to the InPhase project.

ii. It is evident from the dip in compliance that the reduction in support from the Risk Team has impacted on areas undertaking their risk responsibilities.

Target Descriptor			Compliance Level: Target	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Status	Comments	
Within review date by risk level	**Current Risk Level**	**Review timescales (no more than)**									
	Very High	Every 6 months		74%	**71%**			**45%**		**Number of Risks Outwith Review Date = 17 of 38**	
	High	Every year	**90%**	72%	**75%**			**58%**		**Number of Risks Outwith Review Date = 107 of 185**	
	Medium	Every 2 years		81%	**81%**			**63%**		**Number of Risks Outwith Review Date = 348 of 549**	
	Low	Every 2 years		78%	**83%**			**66%**		**Number of Risks Outwith Review Date = 64 of 97**	
Timescales for risk approval	Risks in development	104 days	**80%**	64%	**66%**			**23%**		**Number of Risks in Development unapproved & within 104 day timescale = 21 of 91**	
Risks taken through appropriate risk appetite process			**100%**	71%	**79%**			**91%**		**30 of 32 risks outwith risk appetite have been taken through or are under review as per the risk appetite process**	
Action plans in place			**100%**	96%	**96%**			**N/A**		**Currently awaiting supplier creating this report to pull data from system**	
Number of staff completing risk management eLearning			**80%**	79%	**78%**			**53%**		**eLearning**	**No of staff undertaken Q3/Q4**
										Adverse Event Reporting eLearning	**1693**

Chart 7: Risk Key Performance Indicators

4.6 Continual Improvement

4.6.1 Newsletters

i. Mental Health (including Learning Disabilities) and Primary & Community Services (including Allied Health Professionals) each publish a newsletter incorporating risk management and adverse event management to keep staff within these areas informed. Whilst Acute Services are keen to implement this in their Clinical Board, demand on services has outweighed the capacity to produce a newsletter on a regular basis at this time. Due to leave within the Risk Team support services newsletter has been postponed until the team has returned to full complement, expected in August 2025.

4.6.2 Risk Management Improvement Plans

i. Risk Champions are asked to produce a Risk Management Improvement Plan for their area which is to be presented at quarterly meetings of the Clinical Board/Corporate Services and presented bi-annually at the Operational Planning Group. The Operational Planning Group offers a level of assurance for each plan, as outlined below. The next reports are due in March 2025.

Area	Date	OPG Level of Assurance Gained
Acute Admin, Management and Planned Care	03/06/2024	Moderate Assurance
Allied Health Professionals	03/06/2024	Moderate Assurance
Corporate Services/ Support Services	03/06/2024	Limited Assurance
Learning Disability Service	05/08/2024	Significant Assurance
Mental Health	03/06/2024	Significant Assurance
Primary and Community Services	03/06/2024	Significant Assurance
Unscheduled Care	03/06/2024	Moderate Assurance
Women's and Children's Services	01/07/2024	Moderate Assurance

Chart 8: RMIPs

4.6.3 High Risk Assurance Reports

i. Clinical Boards/ Corporate Services present a High Risk Assurance Report twice a year at Operational Planning Group. This piece of work is overseen by the nominated Risk Champions.

ii. The Operational Planning Group offers a level of assurance for each plan, as outlined below.

Area	Date	OPG Level of Assurance Gained
Acute Admin, Management and Planned Care	01/07/2024	Moderate Assurance
Allied Health Professionals	03/06/2024	Moderate Assurance
Corporate Services/ Support Services	03/06/2024	Limited Assurance
Learning Disability Service	05/08/2024	Significant Assurance
Mental Health	03/02/2025	Limited Assurance
Primary and Community Services	02/09/2024	Significant Assurance
Unscheduled Care	01/07/2024	Moderate Assurance
Women's and Children's Services	01/07/2024	Moderate Assurance

Chart 9: High Risk Assurance Reports

i. One high risk was escalated to OPG for additional support and advice. This relates to:

- Xray and CT out of hours service provision – Request against risk fund. OPG escalated to BET for their support before being escalated to the Health Board for approval as per risk fund framework.

4.6.5 National work

i. A national piece of work to update the risk matrix used across NHS in Scotland is currently being undertaken and will support consistency across all areas in measuring risk within today's landscape. This piece of work is being carried out by Risk Managers across NHS in Scotland and the final copy will be available in March 2025.

ii. Establishment of a national Risk Managers Network is now in place; the first meeting is due at the end of February 2025. This will expand on national work to look at consistency and benchmarking of processes to learn and improve the risk management function across NHS in Scotland.

5. Risk Management Processes

5.1 Risk profile

i. Below is the operational risk profile for NHS Borders as at 18th February 2025.

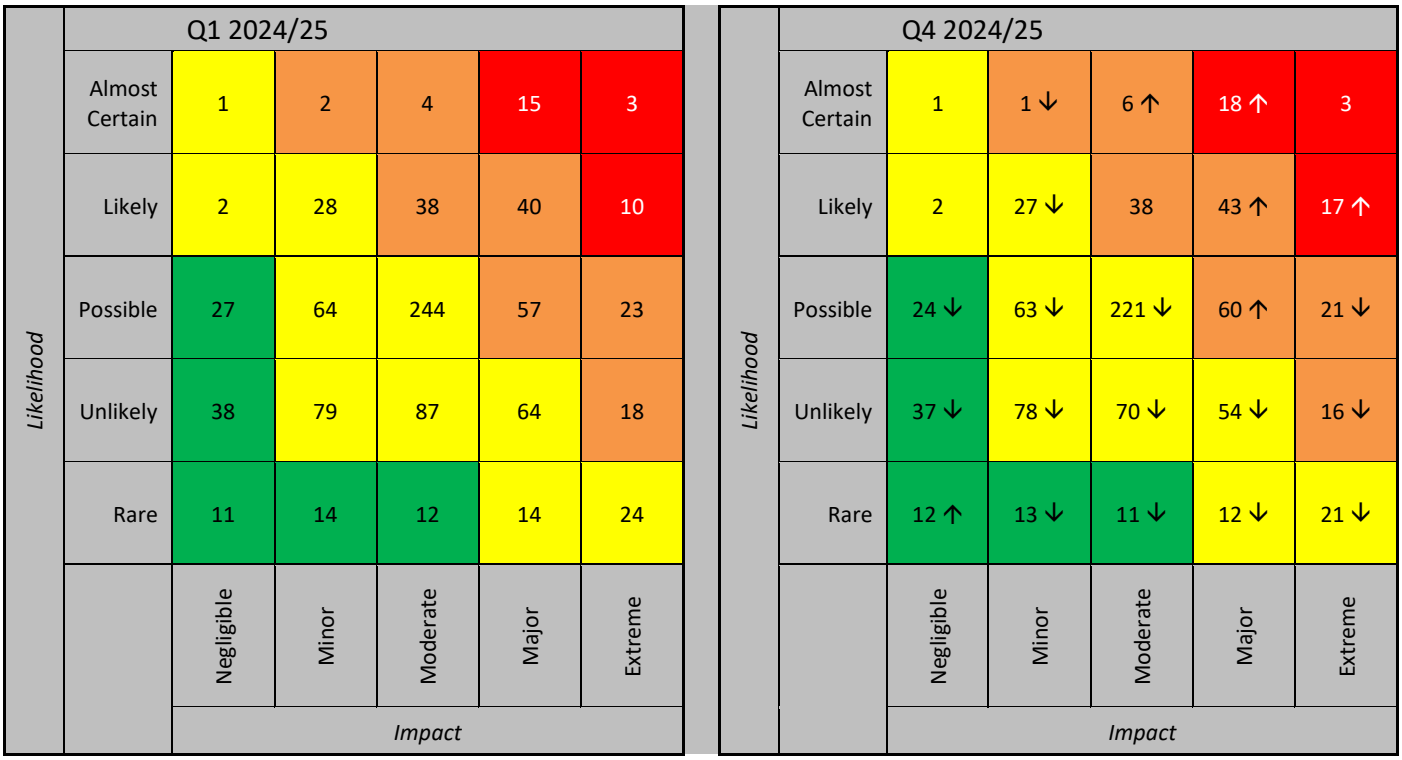


Chart 10: Risk heatmap

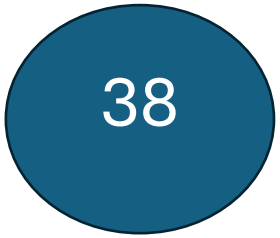
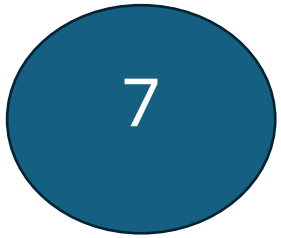
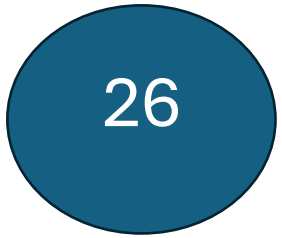
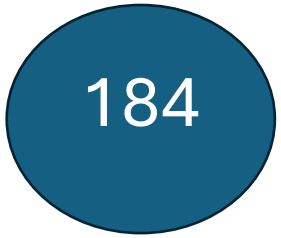
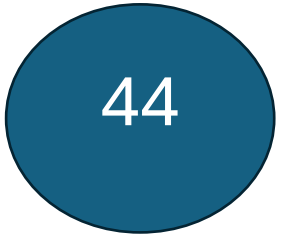
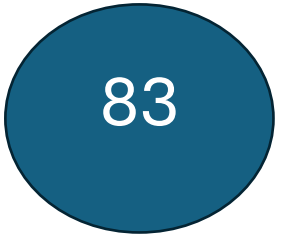
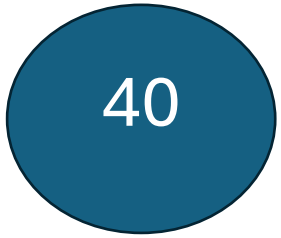
iii. There has been a reduction of 50 risks in total, however the number of very high risks has increased by 10 risks.

iv. This reduction can be partly attributed to removal of outdated COVID risks and an update and cleanse to risk registers during the transition from the Datix system to the InPhase system.

v. The majority of risks identified are graded as Medium risk (63%), which is reflective of last year's figures.

vi. There has been a 36% increase in the number of very high risks between July 2024 and February 2025 showing increased risk exposure to NHS Borders.

5.2 Operational Risk Overview

Number of Operational Risks on Risk Register 	Number of Operational Risks in Development 	Total Number of Risks on Register Requiring Review 
Number of Very High Operational Risks 	Number of Risks in Development indicating Very High risks 	Number of Very High Risks Requiring Review 
Number of High Operational Risks 	Number of Risks in Development indicating High risks 	Number of High Risks Requiring Review 
Number of Medium and Low Operational Risks 	Number of Risks in Development indicating Medium or Low risks 	Number of Medium and Low Risks Requiring Review 

5.3 Emerging risks

i. A report on emerging risks is was produced for the Audit and Risk Committees consideration with recommendations adopted to integrate emerging risks into existing strategic risks relating to these areas in 25/26.

5.4 Strategic Risks

i. The strategic risks are now captured through the Board Assurance Framework Report.

6. Risk Management System

6.1 Standardisation of datasets

i. Health Improvement Scotland initiated a piece of work to standardise datasets within the Adverse Event Management System in 2021 to provide core types of events recorded across Scotland following a request from the then Cabinet Secretary Jean Freeman.

ii. In May 2024, Health Improvement Scotland put on hold this piece of work. Following feedback and discussions with the Adverse Event Network, sub-group members and other stakeholders, Health Improvement Scotland have decided to review and remodel/revise the standardisation process.

iii. This is expected to be revisited in 25/26.

6.2 Datix to InPhase Project

i. The InPhase Project officially began in April 2024.

ii. Phase One has now been completed, with all information that was previously held within the Datix system now on the InPhase system; adverse events, risk register, complaints and claims.

iii. Within the Framework agreement there is several apps in addition to what we already had within the Datix system including Safety Alerts, Freedom of Information, Mortality & Morbidity, Excellence and Freedom to Speak Up. These will be scoped as part of Phase Two of the project to consider local implementation and required resources. Phase Two commenced in June 2025.

iv. The resources required to get the system to a place where it currently is has been substantially more than anticipated in the original scope. The lessons learned during Phase One of the project will be captured and shared through the Operational Planning Group and Programme Board locally.

v. At a national level there are benefits to having been one of the first boards to implement this system with a good chance of standardisation being adopted from NHS Borders form designs. As a board we are seen as a leader in implementing this system and sharing lessons across NHS Scotland thus also improving our reputation.

7. Recommendation

The Board is asked to consider the level of assurance they have that the risk management strategy, policy, framework, processes and systems are functioning and/or progressing as expected. The Board is asked to consider a level of moderate assurance agreed through the Audit and Risk Committee review of this report.

8. Assurance Thresholds

1. SIGNIFICANT ASSURANCE

Examples of when significant assurance can be taken are:

- The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured.
- There is little evidence of system failure and the system appears to be robust and sustainable.
- The committee is provided with evidence from several different sources to support its conclusion.

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board can take reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	If no issues at all, may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change. In the event of there being any residual actions to address, may ask for assurance that they have been completed at a later date agreed with the relevant director, or it may not require that assurance.

2. MODERATE ASSURANCE

Examples of when moderate assurance can be taken are:

- In most respects the "purpose" is being achieved.
- There are some areas where further action is required, and the residual risk is greater than "insignificant".
- Where the report includes a proposed remedial action plan, the committee considers it to be credible and acceptable.

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	The Board or committee will ask the director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk.

3. LIMITED ASSURANCE

Examples of when limited assurance can be taken are:

- There are known material weaknesses in key areas.
- It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for.

- The report has provided incomplete information, and not covered the whole purpose of the report.
- The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.	The Board or committee will ask the director to provide a further paper at its next meeting and will monitor the situation until it is satisfied that the level of assurance has been improved.

4. NO ASSURANCE

DEFINITION	MOST LIKELY COURSE OF ACTION
The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.	The director to provide a further paper at its next meeting, and the committee will monitor the situation until it is satisfied that the level of assurance has been improved. Additionally, the chair of the meeting will notify the Chief Executive of the issue.

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7th August 2025**
Title:	**Finance Report – May 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, 24th June 2025
- BET, 28th 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 May 2025

FINANCE REPORT FOR THE PERIOD TO THE END OF MAY 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 May 2025.

2 Recommendations

2.1 Committee Members are asked to:

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

YTD Performance	£3.13m overspend
Outturn Forecast at current run rate	£18.77m overspend
Projected Variance against Plan (at current run rate)	£5.97m adverse
Actual Savings Delivery (current year effect)	£0.84m (actioned)
Projected gap to FP Forecast	Best Case £12.80m (FP) Worst Case £18.77m (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 May 2025.

Table 1 – Key Financial Indicators

	Financial Plan £m	Month 2 £m
Summary		
Year to Date (forecast/actual)	(2.13)	(3.13)
Core Operational	(3.71)	(0.94)
Board Reserves & Flexibility[1]	5.51	0.92
Savings	(14.60)	(3.11)
Average Monthly Run Rate	(1.07)	(1.56)
Outturn Forecast (pro-rata)	(12.80)	*(18.77)*
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	-	0.82
Planned/Mandated	6.44	5.92
In Development / At Risk	2.68	2.37
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	1.20
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 31st May 2025 is an overspend of £3.13m. This position is summarised in Table 2, below.

Table 2 – Financial Performance for two months to end May 2025

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Revenue Income	(350.15)	(351.87)	(59.31)	(59.25)	(0.06)
Revenue Expenditure	350.15	351.87	60.59	63.65	(3.07)
Surplus/(Deficit)	**0.00**	**0.00**	**(1.28)**	**(4.41)**	**(3.13)**

4.2 Core Operational Performance

4.2.1 The core operational performance excluding savings is £3.01m overspent. This position has been adjusted to £0.02m (overspent) in anticipation of additional resources not yet implemented within operational budgets.

4.2.2 The overall impact of these adjustments is a £2.99m 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 £2.99m.

4.2.4 As at end May 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 14 months.

4.3 Savings Delivery

4.3.1 As noted in Table 1 (key financial indicators), the overall financial performance at Month is £3.13m overspent, of which £3.11m 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 2 this would project a shortfall of £1.77m.

4.3.3 The year to date position of £3.11m 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 £0.82m. 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 May 2025.

Table 3 – Income by Category, year to date May 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	54.87	54.87	-
Family Health Services	10.24	11.67	3.14	3.14	-
External Healthcare Purchasers	4.55	4.65	0.78	0.73	(0.05)
Other Income	6.11	6.31	0.52	0.50	(0.02)
Total Income	**350.15**	**351.87**	**59.31**	**59.25**	**(0.06)**

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 May 2025.

Table 4 – Operational performance by business unit, May 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	87.89	14.83	15.50	(0.67)
Acute Services - Savings Target	(4.08)	(3.54)	(0.61)	-	(0.61)
TOTAL Acute Services	**80.65**	**84.35**	**14.22**	**15.50**	**(1.28)**
Set Aside Budgets	34.43	33.79	5.68	6.52	(0.84)
Set Aside Savings	(3.83)	(3.75)	(0.63)	-	(0.63)
TOTAL Set Aside budgets	**30.60**	**30.04**	**5.05**	**6.52**	**(1.47)**
IJB Delegated Functions	121.78	123.42	25.29	26.62	(1.34)
IJB – Savings	(5.00)	(4.70)	(0.78)	-	(0.78)
TOTAL IJB Delegated	**116.78**	**118.72**	**24.50**	**26.62**	**(2.12)**
Corporate Directorates	23.41	24.63	4.03	3.97	0.06
Corporate Directorates Savings	(1.73)	(1.73)	(0.29)	-	(0.29)
TOTAL Corporate Services	**21.68**	**22.90**	**3.74**	**3.97**	**(0.23)**
Estates & Facilities	24.75	25.44	4.18	4.09	0.09
Estates & Facilities Savings	(2.10)	(2.02)	(0.34)	-	(0.34)
TOTAL Estates & Facilities	**22.65**	**23.43**	**3.85**	**4.09**	**(0.25)**
External Healthcare Providers	36.61	37.38	6.23	6.49	(0.26)
External Healthcare Savings	(2.75)	(2.75)	(0.46)	-	(0.46)
TOTAL External Healthcare	**33.86**	**34.63**	**5.77**	**6.49**	**(0.72)**
Board Wide					
Depreciation	5.87	5.87	0.98	0.98	-
Year-end Adjustments	1.28	0.55	(0.51)	(0.51)	0.00
Planned expenditure yet to be allocated	32.00	26.97	3.00	-	3.00
Central Unallocated Savings Target	4.78	4.41	(0.01)	-	(0.01)
Board Flexibility	-	-	-	-	-
Total Expenditure	**350.15**	**351.87**	**60.59**	**63.65**	**(3.07)**

5.2.2 **Acute[2] Overall**.

The position is £2.75m overspent. £1.51m relates to operational overspend and £1.24m relates to non-delivery of the remaining element of the outstanding 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 £0.7m reducing the impact and the month two impact of this unmet target is contributing to the overall overspend by £1.24.

The operational overspend in Acute after the first two months of 25/26 is £1.51m. This overspend is mainly related to nursing, drugs and instruments and medical staffing. The overspend in nursing relates to the continued running of the 22 unfunded beds. The overspend on instruments is a continuation of overspends experienced in 2024/25 which are due to the inflationary pressure experienced in previous years which have not been funded and the increased expenditure on

[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.

diabetic supplies previously funding via Scottish Government. 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. Medical staffing is becoming as pressure due to the long term absence experienced within general medicine, obstetrics and gynaecology and paediatrics

Acute services (excluding Set Aside) are reporting a total overspend of £1.28m at the end of May 25. This overspend is broken down into £0.67m operational overspend and £0.61m 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.

5.2.3 The operational element of the overspend is £0.67m. The overspend is £0.33m on drugs which is mainly within cancer and ophthalmology we are currently reviewing the cancer drugs spend for month two with Pharmacy and clinicians. Ward 7/9 continue to overspend in relation to the additional surge beds, which were open consistently during 24/25 and remain open in the first two months of 25/26 at a cost of £0.19k. There is also a small overspend in relation to diagnostics where radiology has continued used of TMC for reporting due to vacancies in medical staffing and additional workload related to waiting times. The Board has now received confirmation of funding in relation to waiting times and this will be allocated into budgets in the coming months.

5.2.4 **Set Aside.** The set aside budget is overall, £1.47m overspent, at the end of May 25. This overspend is broken down into £0.84m operational overspend and £0.63m 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.

5.2.5 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 & May 25. The cost of staffing these beds up to the end of May 25 is £0.3m. 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 been 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.

5.2.6 **IJB Delegated.** Excluding non-delivery of savings, the HSCP functions delegated to the IJB are reporting a net over spend on core budgets of (£1.34m). Within Mental Health (£0.350m overspend excluding savings), medical agency use (locums) continues to be a pressure (£0.169m at M02), offset by £0.71m in the MH Drugs budget. Nursing budgets are reporting a slight overspend (£0.032m) whilst Psychology is currently overspent by £0.073m, 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 (£0.320m at M02).

5.2.7 Primary Care Prescribing is reporting a M02 adverse position of (£0.680m) due to the latest information available (March 2024/25) highlighting a higher-than-average trend in the volume of items dispensed. This will be closely monitored as the year progresses, and furthermore recent information becomes available. Financial Plan Cost Pressure investment has yet to be released into the Primary Care Prescribing Budget. This will happen in M03 and should have the effect of enabling a position nearer breakeven to be reported.

5.2.8 In summary therefore, IJB delegated functions are reporting at M02:

£0.350m Overspend - Mental Health
£0.320m Overspend – Learning Disability Service Placements
£0.680m Overspend – Primary Care Prescribing

5.2.9 **Corporate Directorates** are reporting a net under spend of £0.06m 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, Pharmacy, Planning and Performance and Finance. These department continue to the underspend on staffing budgets experienced in 24/25 but are either going through a workforce review or have completed one but continue to underspend due to the inability to recruit to the agreed workforce model. Therefore, savings are only being achieved on a non-recurring basis

5.2.10 **Estates & Facilities** are reporting an operational net underspend of £0.09m. The underspend in both Estates & Facilities relates to staffing vacancies and is £0.2m at the end of month 2. There are a number of workload pressure areas within Estates and in order to address some of these issue posts will require to be filled as this happens in underspend will reduce and therefore this should only be considered non-recurrent. Facilities have an agreed workload specification, and this is based on national cleaning standards therefore the underspend on staffing can only be viewed as non-recurring unless the Board decide to move away from national cleaning standards

5.2.11 This underspend on staffing is offset by overspends on supplies within facilities, where patient travel continues to be an issue and is driving the overspend. The pressures on transport services were highlighted in 24/25 and a review of how transport is being provided is currently underway. In Estates maintenance supplies and contract are reducing the underspend on staffing.

5.2.12 **External Healthcare Providers.** Excluding savings there is an over-spend of £0.26m. 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

	2025-26		
	Recurring 3% £m	**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 May 2025.

Table 6 – Current year savings achieved as at May 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	(2.50)
Set Aside	(1.67)	0.44	0.00	0.44	(1.23)
IJB Directed Services	(2.26)	0.26	0.00	0.26	(2.00)
Prescribing	(1.03)	0.04	0.00	0.04	(0.98)
Corporate Directorates	(1.07)	0.00	0.03	0.03	(1.05)
Estates & Facilities	(0.91)	0.08	0.00	0.08	(0.83)
External Healthcare Providers	(1.68)	0.00	0.00	0.00	(1.68)
Central Unallocated Target	(1.03)	0.00	0.00	0.00	(1.05)
Total	**(12.15)**	**0.82**	**0.03**	**0.85**	**(11.32)**

6.8.2 Against the 2025/26 target, £0.85m 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 £11.32m.

6.8.4 The level of unmet savings remaining against the three year target (10%) is £18.83m. 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-May			Ave Monthly (FYE)		
	2024/25 £k	2025/26 £k	Movement (increase/ -decrease) £k	2024/25 £k	2025/26 £k	Movement (increase/ -decrease) £k
Medical	414	488	74	151	244	94
Nursing	7	86	78	40	43	3
Other	100	54	-47	130	27	-103
	522	**627**	**106**	**321**	**314**	**-7**

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	28	(3.13)	3.53	1.99
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)	0.16	0.15
IJB - MH/LD	15	(0.61)	1.00	1.00
IJB - PACS	19	(1.08)	0.89	0.85
Organisation Wide	1	(0.80)	0.15	0.08
Primary Care Prescribing	44	(0.77)	1.39	1.10
	133	**(9.12)**	**8.09**	**6.90**

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	5.69	4.72	84
Gateway 2	0.80	0.63	16
Gateway 3	0.60	0.57	15
Gateway 3 - Blue	1.00	0.99	18
Total Schemes	**8.09**	**6.90**	**133**

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

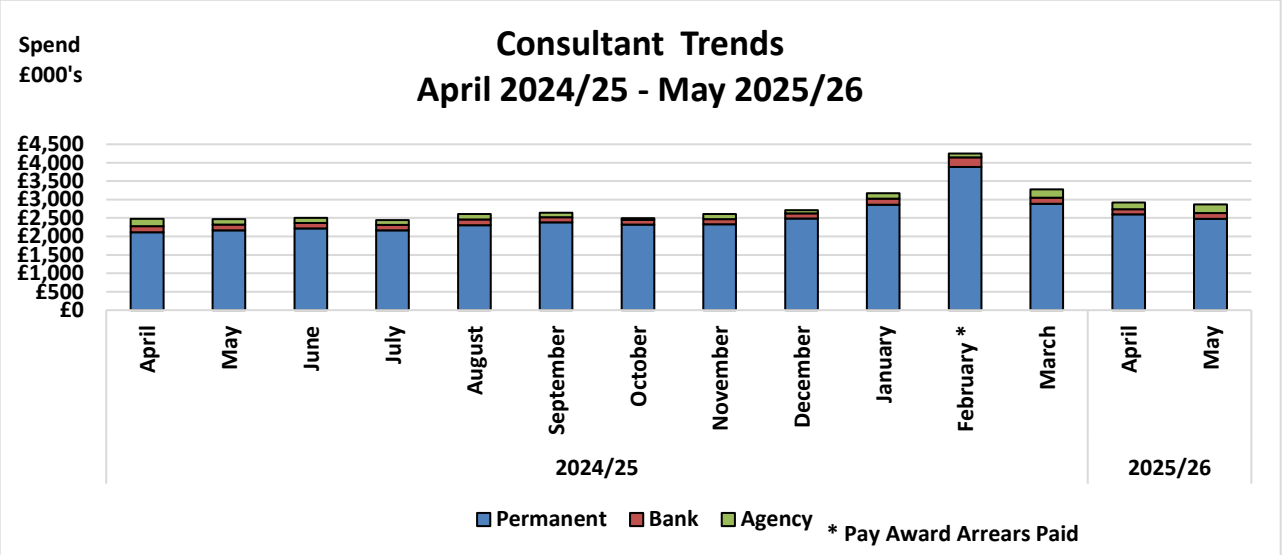
Author(s)

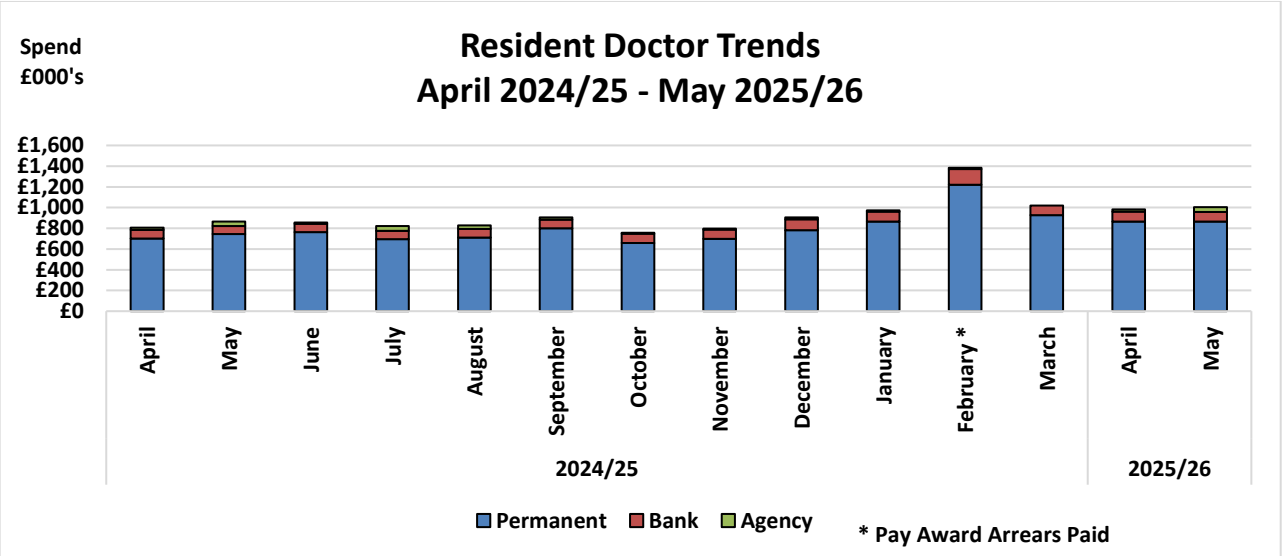
Samantha Harkness Senior Finance Manager Sam.harkness@nhs.scot	Paul McMenamin Deputy Director of Finance Business Partner (IJB Services) Paul.mcmenamin@nhs.scot	Janice Cockburn Deputy Director of Finance Business Partner (Acute & Corporate Services) Janice.cockburn@nhs.scot

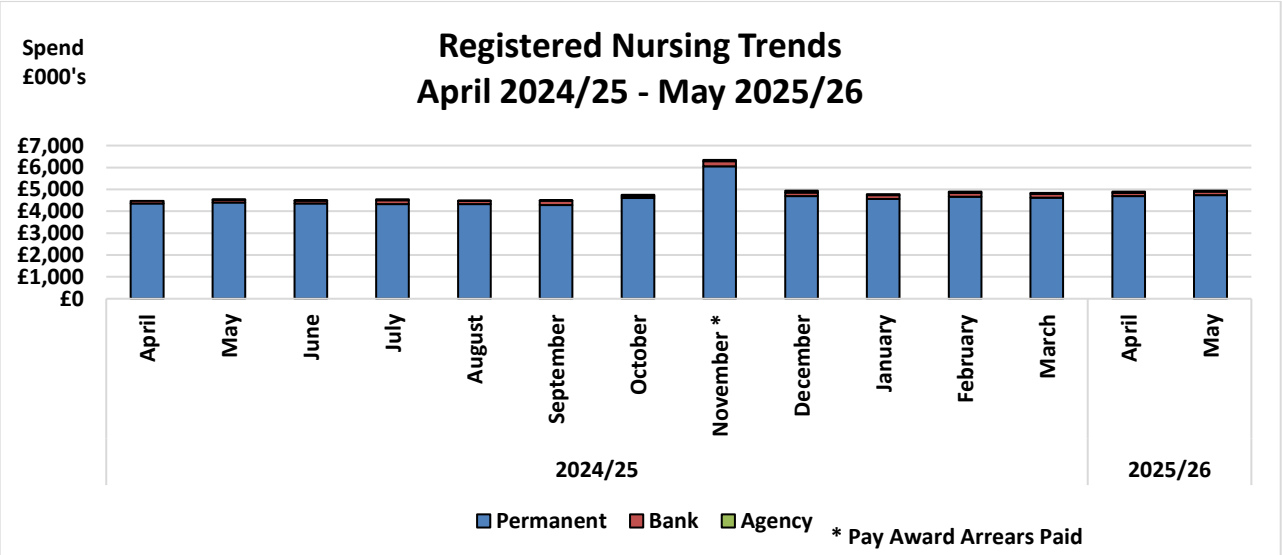
Appendix 1 – Income and Expenditure Analysis as reported to Scottish Government via FPR

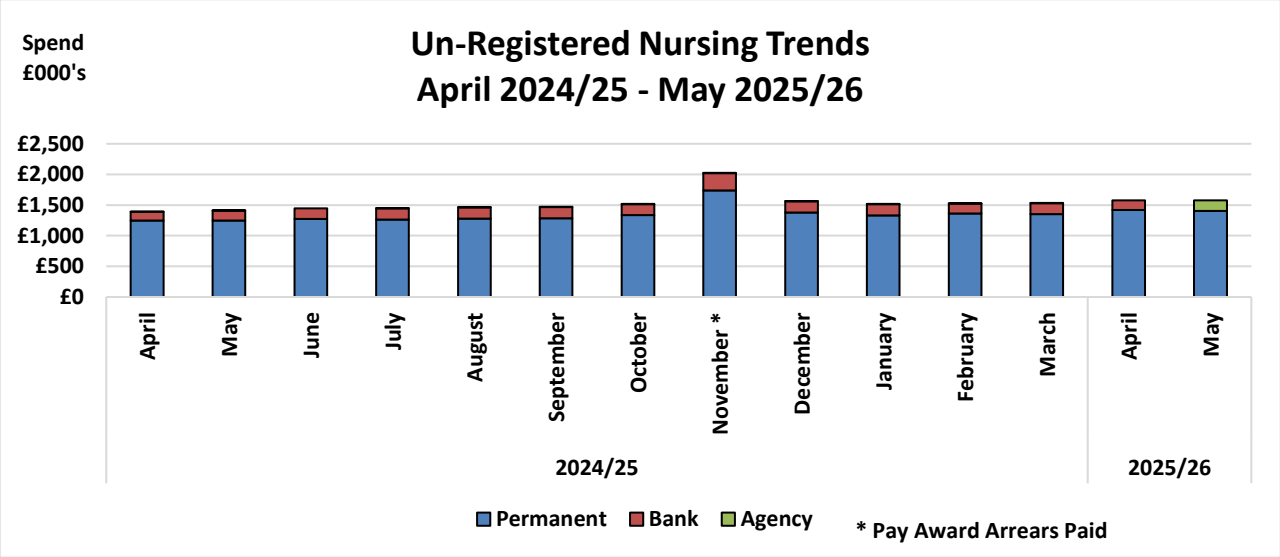
	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Pay					
Medical & Dental	42.78	42.98	6.88	7.13	(0.25)
Nursing & Midwifery	72.78	73.90	12.31	12.95	(0.64)
Other	69.66	73.52	12.42	12.14	0.28
Sub-total	**185.22**	**190.40**	**31.61**	**32.22**	**(0.61)**
Non Pay					
Independent Primary Care Services					
General Medical Services	22.94	22.84	3.81	3.77	0.04
Pharmaceutical Services	4.02	4.49	1.14	1.14	0.00
General Dental Services	5.75	6.59	1.80	1.97	(0.17)
General Ophthalmic Services	1.63	1.76	0.40	0.40	(0.00)
Sub-total	**34.35**	**35.68**	**7.14**	**7.28**	**(0.14)**
Drugs and medical supplies					
Prescribed drugs Primary Care	25.72	25.72	3.67	4.46	(0.78)
Prescribed drugs Secondary Care	14.10	16.38	2.76	3.06	(0.30)
Medical Supplies	7.31	7.30	1.22	1.68	(0.46)
Sub-total	**47.13**	**49.40**	**7.65**	**9.19**	**(1.54)**
Other health care expenditure					
Goods and services from other NHSScotland bodies	34.27	35.08	5.92	6.26	(0.35)
Goods and services from other providers	5.45	5.57	0.93	1.14	(0.21)
Goods and services from voluntary organisations	0.17	0.18	0.03	0.03	0.00
Resource Transfer	2.81	2.87	0.47	0.46	0.01
Loss on disposal of assets	0.00	0.00	0.00	0.00	0.00
Other operating expenses	44.60	39.34	8.00	8.30	(0.31)
External Auditor - statutory audit fee & other services	0.00	0.00	0.00	0.04	(0.04)
Sub-total	**87.30**	**83.04**	**15.34**	**16.23**	**(0.89)**
Income Analysis					
Income from other NHS Scotland bodies	(6.39)	(6.62)	(0.80)	(0.78)	(0.02)
Income from NHS non-Scottish bodies	(2.73)	(2.79)	(0.47)	(0.43)	(0.04)
Income from private patients	(0.06)	(0.06)	(0.01)	0.00	(0.01)
Patient charges for primary care	(11.41)	(12.84)	(3.33)	(3.51)	0.17
Non NHS					
Overseas patients (non-reciprocal)	0.00	0.00	0.00	0.00	0.00
Other	(4.17)	(6.96)	(0.97)	(0.92)	(0.05)
Total Income	**(24.76)**	**(29.27)**	**(5.58)**	**(5.64)**	**0.06**
Net Total Expenditure	**329.25**	**329.25**	**56.16**	**59.28**	**(3.13)**

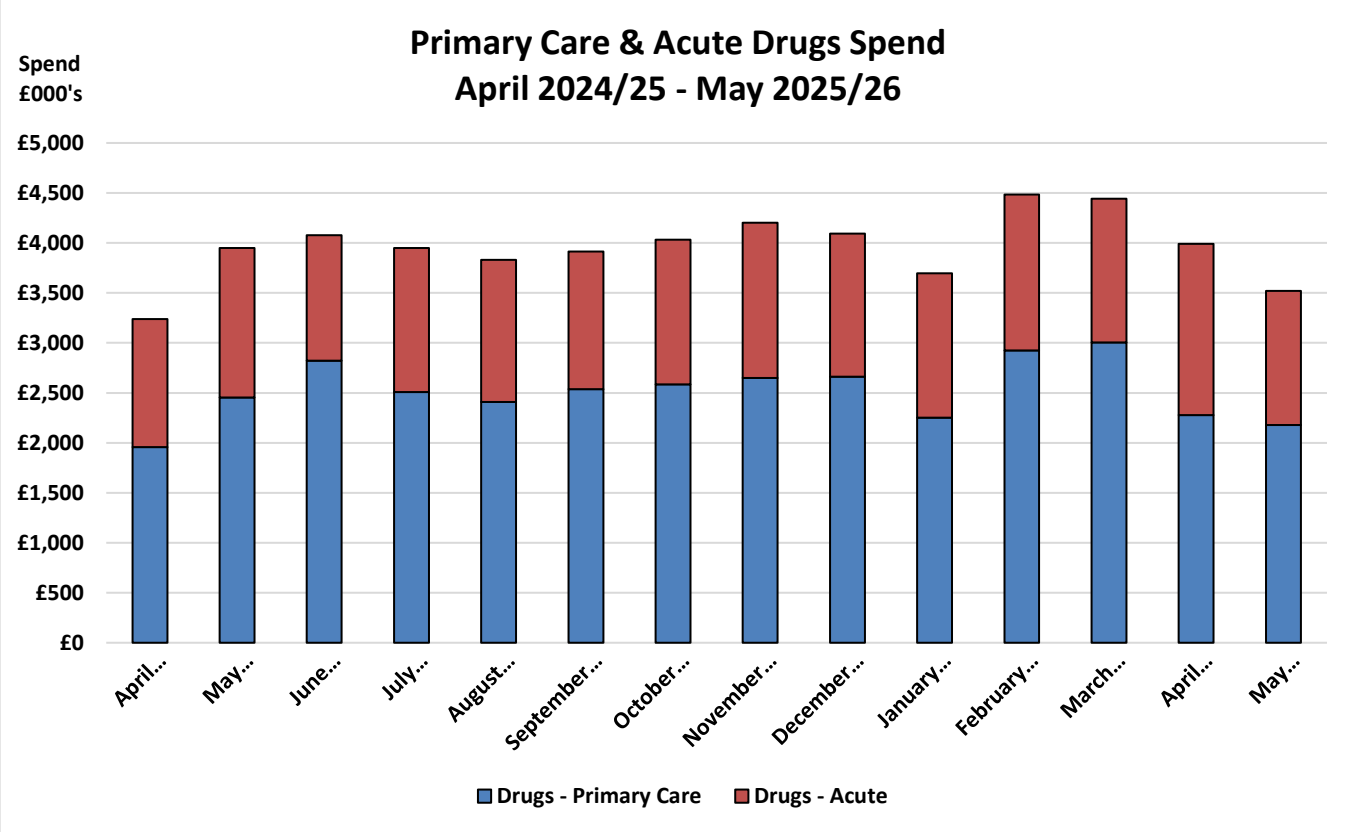
Appendix 2 - Key Cost Charts

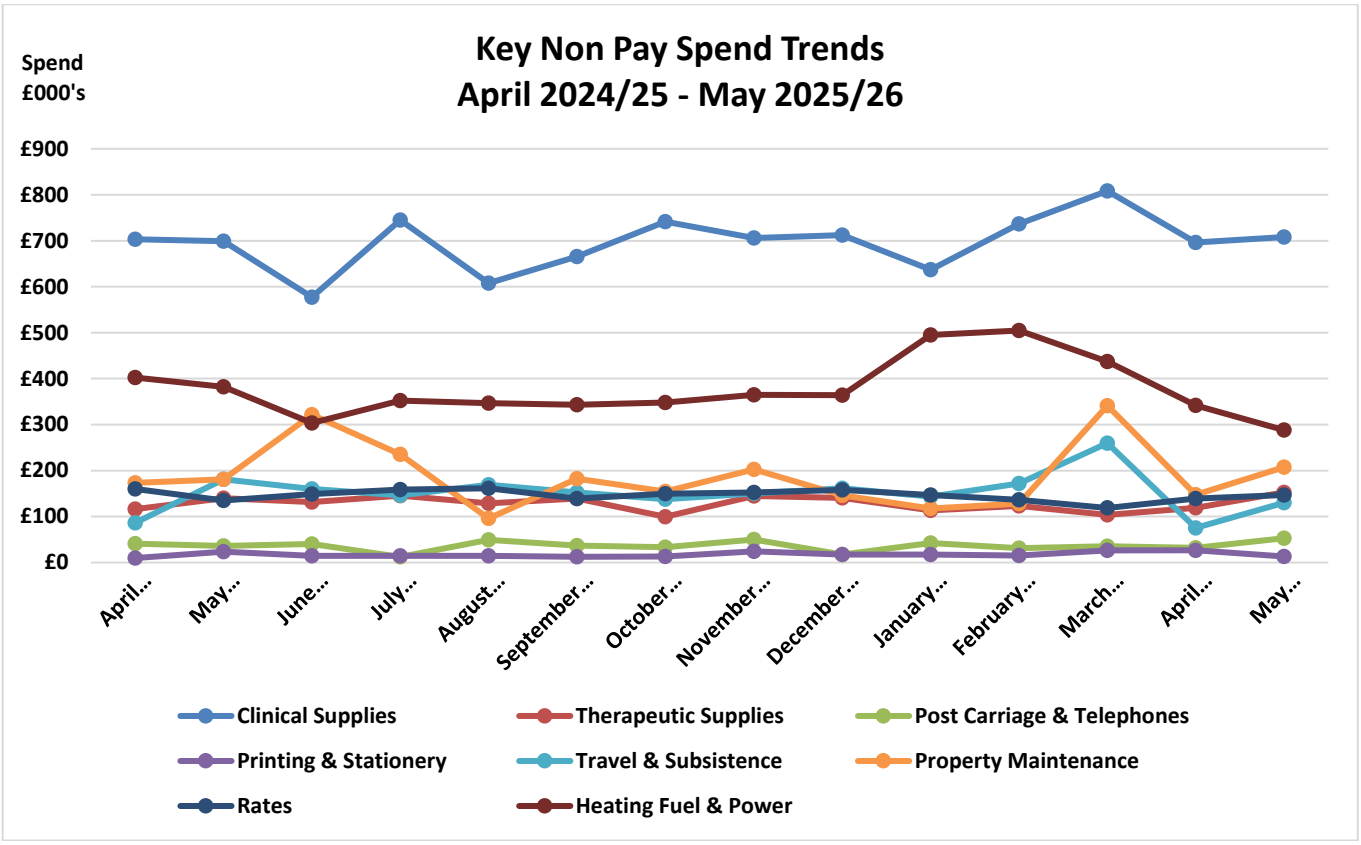







Un-Registered Nursing Trends
April 2024/25 - May 2025/26
Spend £000's
£2,500
£2,000
£1,500
£1,000
£500
£0
April
May
June
July
August
September
October
November *
December
January
February
March
April
May
2024/25
2025/26
Permanent
Bank
Agency
* Pay Award Arrears Paid


Primary Care & Acute Drugs Spend
April 2024/25 - May 2025/26
Spend £000's
£5,000
£4,500
£4,000
£3,500
£3,000
£2,500
£2,000
£1,500
£1,000
£500
£0
April...
May...
June...
July...
August...
September...
October...
November...
December...
January...
February...
March...
April...
May...
Drugs - Primary Care
Drugs - Acute


Key Non Pay Spend Trends
April 2024/25 - May 2025/26
Spend
£000's
£900
£800
£700
£600
£500
£400
£300
£200
£100
£0
April...
May...
June...
July...
August...
September...
October...
November...
December...
January...
February...
March...
April...
May...
Clinical Supplies
Therapeutic Supplies
Post Carriage & Telephones
Printing & Stationery
Travel & Subsistence
Property Maintenance
Rates
Heating Fuel & Power

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7 August 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 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.

- Clinical Governance Committee 23 July 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, Clinical Governance Committee minutes 14.05.25

Borders NHS Board
Clinical Governance Committee
Approved Minute

Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Wednesday 14 May 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
Dr L McCallum, Medical Director
Dr O Herlihy, Associate Medical Director, Acute Services & Clinical Governance
Dr I Hayward, Associate Medical Director, Acute Services
Mr M Clubb, Director of Pharmacy
Mrs S Horan, Director of Nursing Midwifery and Allied Health Professionals
Mr O Bennet, Director of Acute Services
Mr P Grieve, Associate Director of Nursing, Chief Nurse Primary & Community Services
Mr P Williams, Associate Director of Nursing, Allied Health Professionals
Mr P Lerpiniere, Associate Director of Nursing, Mental Health & Learning Disabilities
Mr S Whiting, Infection Control Manager

1 Apologies and Announcements

Apologies were received from

Dr C Cochrane, Head of Psychological Services
Dr A Cotton, Associate Medical Director, Mental Health Services
Mrs E Dickson, Associate Director of Nursing/Head of Midwifery
Mrs J Campbell, Lead Nurse for Patient Safety & Care Assurance
Mrs K Guthrie, Associate Director of Midwifery & GM for Women & Children's Services

The Chair welcomed
Mr B Joshi, General Manager Unscheduled Care (item xx)
Dr N Calvert, Consultant in Public Health (item)

The Chair confirmed the meeting was quorate.

Announcements
Chair noted with great sadness the sudden passing of our very respected, valued and skilled colleague Mr Graham Dall. In his time with NHS Borders he showed enormous kindness to both patient and colleagues alike. The Committee acknowledged his passing and send condolences to his wife, children, family and friends for their incalculable loss.

2 Declarations of Interest

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

2.2 The **CLINICAL GOVERNANCE COMMITTEE** noted there were no notes of interest submitted.

3 Minute of Previous Meeting

3.1 The minute of the previous meeting of the Clinical Governance Committee held on Wednesday 12 March 2025 were approved and adopted as holograph.

4 Matters Arising/Action Tracker

4.1.1 There were no matters arising from previous meeting and action tracker was updated accordingly.

5 Effectiveness & Annual Assurance

5.1 Clinical Board update Mental Health Services

5.1.1 Mr Lerpiniere noted areas for improvement in line with core mental health standards from Scottish Government. Data collection had been raised and service is looking at ways to improve, he noted collecting quality data from EMIS system is challenging.

5.1.2 Person centred, practice and care planning had been highlighted as another area to concentrate on, the Mental Health Welfare Commission are supporting Mental Health teams towards improvement. Work around risk assessments had been taking place in response to National Inquiry, the Scottish Government suicide prevention team are working with us to improve practice which will feed into care planning work.

5.1.3 Borders Addiction Service continued to deliver a very high standard. The team are National leaders in relation to service delivery and improvement in psychological support for people with addictions and trauma.

5.1.4 Challenges and pressures within CMHT remain however waiting lists for assessment had greatly reduced.

5.1.5 Approval to work toward recruitment of Consultant Nurse in Community Mental Health Team had been successful, the team will look at agreeing a job description and objectives for the post prior to recruiting. Challenges remain around recruitment of Consultant medical staff and the fragility of the MDT despite innovative recruitment efforts. It is expected the team will meet financial targets this year through innovation and have plans in place for coming financial year. Dr McCallum noted significant spend and risks associated with reliance on agency Locums, mitigated slightly by the Locums supporting the service being consistently the same people and therefore well embedded within the teams. Work is ongoing

to encourage resident doctors to return as Consultants to the Borders and there is confidence the position is improving.

5.1.6 It was noted the CAMHS service continued to meet heat targets sustaining improvements previously seen. Mrs Horan acknowledged the work on reducing waiting lists however commented there are other aspects of the service which remain vulnerable. She requested the Committee consider a focus on CAMHS and the risks they carry. Discussion followed where it was agreed a focus on quality of delivery would be welcomed. The chair agreed this should be considered for a future meeting.

5.1.7 Mr Lerpiniere informed Committee BSDU had a significant power outage, leaving the unit without power for 9 Hours. Business Continuity protocols were enacted, he noted there were significant learning to be taken from the event to inform improvements in Business Continuity, however he commended BSDU, SCNs. Executive Team and other colleagues for their quick response and support throughout the incident. Dr McCallum commented they had been supported by B&Q who supplied temporary lighting for the unit.

5.1.8 ACTION: Deep dive into CAMHS vulnerabilities to be tabled at a future meeting.

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

5.2.10 Psychological Services Report
Dr Cochrane nor deputy was available to speak to the paper. Mr Lerpiniere offered to take questions back to Dr Cochrane of which there were none.

5.1.11 The **CLINICAL GOVERNANCE COMMITTEE** noted content of the report and confirmed **Moderate Assurance**

5.2 Clinical Board update Learning Disabilities Services

5.2.1 Mr Lerpiniere gave a brief update on the status of repatriation of people cared for out with area noting one person was now resident in new accommodation in Kelso with another due to move soon once conditions are favourable. Plans are in place for remaining people but this will take time to ensure resources are available to support them. Mr Lerpiniere commented coherent, multidisciplinary working within service to produce effective care and support for this cohort including support from psychological services. Some discussion followed relating to funding of inpatient beds in Lothian within a finite budget and the challenges this creates. Discussions are ongoing with Lothian to maintain the access to beds.

5.2.2 Mortality reviews continued, recognising people with learning disabilities tend to die younger so mortality reviews are essential in informing improvements in service. Mr Lerpiniere noted the liaison service was working with acute services to gain opportunities to learn and change practice. NHS Borders standards were being used to inform and adapt reviews and learning in other areas in Scotland.

5.2.3 Annual health checks, continue within the very limited resources from Scottish Government, the service had been creative in delivering these checks.

5.2.4 Mrs Livesey enquired about risk relating to funding for transition support and single point failure, discussion followed on how resources may be moved or utilised differently. Mr Lerpiniere commented that funding is provided across the Health & Social Care Partnership and not wholly the responsibility of Health.

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

5.3 Clinical Board update Acute Services

5.3.1 Dr Hayward attended to talk to the Acute Services report. She noted that Emergency access standard improved to 64.7% but remains below the 75% target. Work which started in April was ongoing to divert GP transfers to AAU further improve EAS in emergency dept.

5.3.2 Stroke care remains a concern due to staffing and rehabilitation access issues. A stroke care improvement plan is in development. Additional funding has been made available for endoscopy and bowel screening, it is hoped this will reduce the long waits for colonoscopy.

5.3.3 Inpatient waiting lists are reducing, with all 104-week waits expected to be cleared by end of July 2025. Elective activity increased by 5.5%, with a 10% productivity target for next year. In terms of diagnostics significant progress had been made with access to CT being good, waiting times for ultrasound are a little bit longer than desired but they remain within target.

5.3.4 Prostate cancer performance is significantly below average, impacting overall cancer metrics. An action plan is being developed to address this urgently. Dr McCallum requested more detail on the prostate pathway work which is ongoing and asked that this be brought to a future meeting within the acute services report.

5.3.5 Workforce challenges persist particularly within medical teams across the organisation, another area causing concern is the recruitment of healthcare support workers. The organisation continue to look at ways of addressing recruitment issues. Statutory and Mandatory training compliance had improved significantly. Discussion followed regarding recruitment, retention and staff vulnerabilities and the need to highlight issues directly to the Board. The Committee requested that details come to Clinical Governance Committee in the first instance.

5.3.6 Mr Bennet noted the organisation had received confirmation in writing from the Scottish Government that they are going to support our elective recovery plans in full. He updated the Committee on some of the metrics involved in the recovery.

5.3.7 Mrs Jones requested that there be a section on improvement work and action plan relating to laboratory recommendations to keep the Committee informed and assured on a regular basis.

5.3.8 Mrs Horan raised her concern that focus appears to be performance based and asked that reporting should include concerns and successes relating to safety and quality. Discussion followed with regard to Mrs Horan’s point, Mr Bennett

suggested that an offline discussion on linking performance with quality and safety outcomes.

5.3.9 ACTION: Further detail on prostate pathway concerns to be included in Acute reporting

Discussion on linking performance with quality and safety outcomes to be taken out with meeting.

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

5.4 Clinical Board update Primary & Community Services

5.4.1 Mr Williams highlighted the AMD vacancy lead to a gap in terms of clinical leadership within primary community services. Dr McCallum and Mrs Steward, Clinical Nurse Manager we providing support while advert preparation was underway. Dr McCallum noted a slight delay due to ongoing uncertainty around future structure of P&Cs and partnership arrangements. Despite that the advert is progressing and there had been several interested parties and assurance was given that recruitment was expected to move forward fairly quickly.

5.4.2 District Nursing service was also experiencing a gap in clinical oversight and risk management, there is a high volume of patients who rely on DN input causing strain on the services, challenges remain however, structures are in place through the clinical management teams to support the situation.

5.4.3 Orthotics service are seeing a disruption in service due to issues with external contractor staffing it is anticipated it will be the case for the next 12 months. This will have an impact on a wide range of services including paediatrics, adult rehabilitation, stroke recovery, post-trauma care, elective orthopaedic and paediatric surgery. Reduced access to essential orthotic devices may delay recovery, increase complications, or reduce mobility and independence. Exploration of alternative delivery models is taking place including upskilling other professions via education sessions. Risk is noted on the risk register.

5.4.4 Mr Williams noted a surge in SLT Referrals for swallowing difficulties. The service had seen an Unprecedented referral volume, in April alone there had been a full year's worth of referrals for severe eating, drinking, and swallowing difficulties. A deeper analysis is underway to understand referral sources and drivers. The surge is having an impact on capacity to manage routine and developmental SLT caseloads, especially in CYP services. Routine waits are currently at up to 18 months, with known long-term developmental impacts. Service redesign is underway and risk is noted on the risk register.

5.4.5 Current rehabilitation services are only meeting 60% of inpatient demand despite being fully staffed, it appears that this is due to volume and intensity of need exceeding service capacity which is leading to reduced access to timely and intensive rehab in stroke, orthopaedic post op, frail and elderly and acute admissions. Daily prioritisation means lower risk patients are receiving less rehabilitation than clinically indicated contributing to longer lengths of stay and

'revolving door' admissions. An internal service review and process redesign to maximise existing resource is required.

5.4.6 The report gave and update on the closure of the Knoll, citing mitigations in place remain effective with patient flow redirected to other community hospitals and community teams in the region.

5.4.7 Work is ongoing to monitor and improve community hospital discharge processes ensuring focus is on efficiency and safety contributing to better patient flow and reducing delay. A new approach to care assurance in primary care is showing success and a joint review has revealed commonalities with gaps in training across professions. There had also been links identified with increase in complaints being related to stretched clinical demand and staffing gaps. These insights will help shape wider service awareness and planning across the primary and community services.

5.4.8 Mrs Horan asked if we are resourced effectively to meet future demand as the complexity and comorbidity of the population increases, particularly in frailty. As the volume of need is rising, as seen in SLT referrals, there is a real need, once current demands have stabilised to look at more strategic workforce planning to ensure AHP services are efficient and sustainable.

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

5.5 Stroke Services Annual Report

5.5.1 Mr Bennett acknowledged that recent performance, including results from the National Stroke Audit, has been disappointing, with limited improvement over the past 6–12 months. He emphasised the impact of system-wide flow issues and workforce challenges on stroke unit access and care delivery.

5.5.2 He proposed that, alongside short-term actions, there is a need to consider strategic options such as resizing the stroke unit or enhancing out-of-hospital stroke rehabilitation. A plan is in place, led by Mr Joshi and team, with further development required.

5.5.3 Mr Joshi presented a detailed update on stroke service performance and improvement efforts. Despite some deterioration in key metrics, the number of red indicators in the national stroke audit has reduced from 7 to 3, and green indicators have increased from 6 to 11. Challenges include part-time stroke outreach nursing, loss of a second stroke consultant, and persistent issues with stroke unit access and timely interventions.

5.5.4 A redesigned stroke model is being implemented in partnership with Chest, Heart & Stroke Scotland, including, expansion of the stroke outreach nurse to full-time, creation of a new stroke team (nurse, HCSW, self-management facilitator), focus on early follow-up, discharge planning, and continuity of care and proposal to protect a stroke unit bed over weekends to improve 24-hour admission rates. A national deep-dive and pathway mapping exercise is planned to address thrombolysis delays.

5.5.5 Mr Williams and Dr McCallum highlighted the need for stronger AHP leadership and improved rehabilitation pathways, particularly community-based rehab and early supported discharge. Concerns were raised about basic care elements (aspirin administration, swallow assessments, out-of-hours scanning), with calls for rapid improvement through education and system coordination.

5.5.6 Mr Bennett acknowledged the committee's concerns and committed to structured, ongoing reporting to provide assurance on progress. The committee agreed that while some improvements require strategic investment, others can and should be addressed more immediately.

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

5.6 Value Based Healthcare Annual Assurance Report

5.6.1 Dr Herlihy informed the Committee that funding from Scottish Government for project manager and lead for the coming year had been secured to provide one day a week nurse lead role and 3 days for project manager. The project manager post is vacant at present. An action plan has been developed in line with SG VBHC criteria and linked to Alcohol and Drug Partnership. A key challenge had been the expectation around e-learning module. Local teams felt this was not a meaningful indicator of VBHC practice, a blended learning approach is being evaluated.

5.6.2 There had been strong examples of implementation across planned and unplanned care leading to positive changes in both medical and nursing cohorts. Focus had shifted to what matters to patients not just what is clinically possible. There were concerns about the loss of dedicated roles particularly a nurse leader who had a significant impact. There is strong support for reinstating full funding for VBHC roles.

5.6.3 There followed discussion relating to the value of e-learning and the shared belief that patient centred care is non-negotiable but e-learning is probably not the best way to embed value based health care. The organisation is on a positive trajectory despite ongoing challenges.

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

6 Patient Safety

6.1 Infection Control update

6.1.1 Mr Whiting provided a brief overview of the report and updated the Committee on infection control team capacity, he reported the new HEI surveillance lead was now in post and their admin support will commence in June.

6.1.2 There was reference made to hand hygiene data and work progressing towards education in surgical wards. Staff have booked and attended back to basics sessions from both surgical and medical wards.

6.1.3 Date for AMDs to accompany IC nurses on next round of hand hygiene audits to be arranged as are dates for delivering CME education to Doctors. It is hoped these will provide confidence in the process and data along with providing robust leadership.

6.1.4 Following significant changes in relation leadership and governance boards the chair of CAUTI group had communicated with other areas to ensure presence on the group. They are awaiting nominations for acute and mental health services. Mr Whiting will keep the Committee informed of progress.

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

6.2 Hospital Standardised Mortality Update

6.2.1 Mrs Jones gave the Committee a brief updated on the report in relation to Hospital Standardised Mortality. She noted NHS Borders remained within normal limits on the NHS Scotland funnel plot. Crude mortality continued to track about a point 1.5 to 2% above the Scotland crude mortality noting we include Deaths in Margaret Kerr Palliative Care unit, which differs from most of the other sites.

6.2.2 It was noted that there was nothing in particular to escalate to the Board. Mrs Jones commented that people continued to die in a hospital setting, more work is required to improve on getting a better balance on place of death.

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

7 Person Centred

7.1 Patient Experience Update

7.1.1 Mrs Jones provided a brief overview of the content of the report. She noted there had been a good level of positive feedback via care opinion. There had been a slight dip in the level of formal complaints at the later part of last year however this had not been sustained with an upward trend from January onward this year. It had been hoped to see a complaints settling back to pre-pandemic levels but this had not been seen as yet.

7.1.2 Mrs Jones commented a large proportion of complaints relate to timeliness and she was sure with the positive work on waiting times this will make a significant change to the numbers of complaints in this area.

7.1.3 Response times were still sitting at around 40 days turn around, work continued towards meeting twenty day National standards. The Chair acknowledged the significant work ongoing around achieving National targets.

7.1.4 Dr McCallum noted the Patient Experience Team walk a fine line between angry complainants and frustrated staff. She asked that the Committee thank the team and recognise they do a fantastic job in face of often a very negative environment.

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

8 Items for Noting

8.1 Public Health Annual Update

8.1.1 The Public Health Paper was again not submitted so 2024/25 Committee Business remains incomplete. The report which was presented at the April's Board meeting will be tabled for noting at July's meeting.

8.2 Community Planning Partnerships

8.2.1 Dr Calvert was in attendance to provide oversight Community Planning Partnership activity. He commented work on a strategy was ongoing and there was a meeting of delivery board later today, updates could be supplied should this be required.

8.2.2 The **CLINICAL GOVERNANCE COMMITTEE** noted the paper and would welcome updates as appropriate.

9 Any Other Business

There were no further items of competent business to record.

10 Date and Time of next meeting

The chair confirmed that the next meeting of the Borders NHS Board's Clinical Governance Committee is on **Wednesday 23 July 2025** at **10am** via Teams Call.

The meeting concluded at 12:07

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**07 August 2025**
Title:	**Quality & Clinical Governance Report - August 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** **Susan Hogg - Patient Experience Coordinator** **Susan Cowe - Senior Project Officer - Covid 19 Inquiries**

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 23 July 2025 and discussed papers from all four clinical boards. Each clinical board continues 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 Learning Disability Services. The committee noted that there had been progress in relocating individuals to local care as part of the coming home project. The committee acknowledged that there are plans to purchase a further property with a contract being prepared by Scottish Borders Council (SBC). The committee did note that challenges are anticipated in making the property suitable and staffing it appropriately. The committee were concerned to hear about funding challenges with ongoing issues surrounding joint funding agreements with SBC but noted that Gareth Clinkscale and Andrew Bone are working with SBC to resolve this. The committee were pleased to note that Lisa Blackwood has received the Scottish Learning Disability Nursing Network Award and extended their commendations. The committee took **moderate assurance** from the report and recommended continued tracking of funding discussions with SBC.

2.3.3 The CGC considered a paper from Mental Health Services. The report covered the services participation in a Fatal Accident Inquiry (FAI) relating to the tragic death of a young man by suicide. The committee recognised the significant impact on family members one of whom was a valued colleague at NHS Borders and also on the staff involved. The committee noted the sheriff found not defects in care or system failures. The committee considered the recommendation made by the sheriff regarding an entry and exit control system for Huntlyburn ward. The committee were advised that a system is already in place at Huntlyburn which was detailed in evidence but that the mental health service had again reached out to the Mental Welfare Commission to ensure their interpretation of their guidance was appropriate and if they would recommend any adjustments to the approach in place. The committee were again appraised of the ongoing issues surrounding access to young people's beds across Scotland an area raised in national and regional planning discussions and wished this to remain a focus for the Board in support of the local service and access for our local population. The mental health report detailed a range of other areas and emphasised the continued risk facing medical staffing and demand for Child and Adolescent Mental Health Services. The committee took **limited assurance** reflecting the ongoing risks relating to demand and capacity.

2.3.4 The CGC received a report on Acute Services. The committee were concerned to hear of ongoing high demand and patient safety risks within the Emergency Department (ED). The acute service continues to operate with additional surge beds and significant patient

delays limiting timely access to specialist beds. The committee recognised some positive improvements in elective waits resulting from the additional investment for 2025/26 but remain concerned around waits in urology relating to regional pathways and diagnostics and surveillance colonoscopy. The committee were assured of the targeted work in these two areas but remained concern about the external aspects of the patient pathways and pace of progress. The committee were pleased to note that the new laboratory patient information system has been successfully implemented with minimal disruption after a prolonged development period and wished to recognise the efforts of the team in delivering this. The learning from this digital implementation will be critical for future local projects. The committee acknowledged the Special Care Baby Unit (SCBU) team who have won the Scottish Neonatal Nurse Group Team of the Year. The committee also noted that the Supervisory Senior Charge Nurse pilot has been extended and were keen to see the outcome measures which are being tracked to assess impact of this. It was noted that stabilised nurse staffing in the acute system has had a positive impact on a range of nursing practice measures. The committee recognise that delayed discharges continue to have a major impact on Acute services and proposed that analysis is undertaken to identify the top causes of delays given the harm which is visible in the data. It was noted that a summit with SBC has been planned to address transformation and capacity issues. It was raised to the committee that refocused Planned Care; and Urgent and Unscheduled Care Boards will oversee the transformation and improvement work. The committee took **limited assurance** from the report.

2.3.5 The CGC received a report on Primary and Community Services. The committee noted that clinical teams are now responsible for providing assurance on safe staffing, supervision and regulatory compliance, with visual tools and dashboards being used to monitor performance and risks. The committee were advised of key risks within the service including delayed discharges and unmet demand for inpatient rehabilitation. The committee were pleased to note the work to review the home first model and the pathways for reablement and rehabilitation being offered. Some positive improvements were noted in one locality and the committee were keen to see the outputs of this work and also understand how a discharge to assess service will operate across health and social care. Positive feedback from patients, families and staff were noted in relation to the Music Therapy Pilot in the Department of Medicine for the Elderly (DME) ward. The committee were concerned by the waiting times for Children and Young People's Speech and Language Therapy (SLT) with barriers from workforce retention and fixed-term contracts. Waiting times remain between 90 – 100 weeks due to workforce constraints. This was an area of significant concern for the committee recognising the impact on long-term development. The committee were keen to see what the recovery plan is for this area and to see the assessment of how risk can be reduced and therefore requested and ongoing focus through CGC in this area and within the Boards review of waiting times performance. The committee again discussed the need to ensure that areas of high clinical risk are appropriately prioritised for recovery along-side the focus on new patient waits for outpatients, key diagnostic tests and inpatient/day case treatment. The committee took **limited assurance** from the report recognising persistent risks especially in children's speech and language therapy services.

2.3.6 The CGC considered the Pharmacy Annual report. The committee recognised progress within the Pharmacotherapy Service, noting the quality improvement work to build and refine the service resulting in significant improvement in pharmacotherapy hub turnaround times. The committee noted risks in the lack of Hospital Electronic Prescribing and Medicines Administration (HEPMA) which limits the ability to provide assurance on safe and appropriate medicine use. The committee acknowledged that past Controlled Drug

Return practices lacked assurance due to poor documentation and storage of returned medicines but that improvements are now in place. It was raised to the committee that NHS Borders shows higher-than-average opioid prescribing, and that there is a need for deeper analysis, especially for non-cancer pain and post-operative prescribing. The committee recognised pharmacy's role in system-wide assurance and patient safety. In addition, the committee acknowledged that the Pharmacy team play a significant role in reducing NHS Borders' carbon footprint was in good financial stewardship of medicines and prescribing. It was proposed to the committee that reporting should be split into three focused updates per year to look at Primary Care, Acute Care and Medicines Governance to improve scrutiny. The committee took **moderate assurance** from the report acknowledging the pharmacy team's proactive work despite system limitations and wished to raise the issue of timings for HEPMA implementation with the Board to ensure its inclusion in the financial plan.

2.3.7 The CGC received the Dental Annual Report. The committee were concerned to note that there is a significant risk due to delays in surgery in Paediatric Dentistry. It was highlighted to the committee that plans were in place through the new monies allocated for planned care to increase surgical capacity via day case operating in the Day Procedure Unit, with optimism that improvements will begin in September 2025 impacting positively on paediatric dentistry waits. It was acknowledged that children most affected by long waits are often the most vulnerable and have the highest treatment needs, and that reducing these waits is a priority for equity and early years health outcomes. The committee were pleased to note that the Borders region showed improved oral health in children and Childsmile is widely recognised and valued by families. The committee praised the Oral Health Improvement Team for their proactive work. The committee took **significant assurance** for Dental Preventative Work and **limited assurance** for Dental Services from the report due to current paediatric dental waiting times.

2.3.8 The CGC considered a paper relating to the Strategic Risk around Sustainability of Acute Services. The committee noted that many acute services face strategic risks due to small staff groups and reliance on regional pathways. These vulnerabilities were highlighted in specialties such as neurology, cardiology, haematology, dermatology, paediatrics, endoscopy and urology. The committee acknowledged that target business cases have been developed for neurology and cardiology to address workforce and demand issues and that recovery plans are in place for urology and endoscopy pathways. It was highlighted to the committee that broader strategic planning is being integrated into the clinical strategy work, assessing the long-term viability of each speciality. There is an expectation from the committee that there a consolidated view across specialities to inform future service models. The committee recognised the importance of escalating these risks to the full board and agreed this should be held pending further strategic development. The committee took **limited assurance** due to lack of a clear, actionable plan at present but noted that assurance may increase once clinical strategy work progresses.

2.3.9 The CGC received the Clinical Risk Oversight Report. This was provided to the committee to give oversight of high and very high risks related to clinical care and patient safety. The committee were pleased to note that most high-level risks are already well-reported through clinical board papers. The committee were keen to understand more about the risks and fragility of paediatric services and how this could impact on local service delivery and other clinical services. It was raised to the committee that a more detailed paper on paediatric and maternity vulnerabilities is expected at a future meeting. The committee took **limited assurance** from the report due to the volume and severity of clinical risks NHS services continue to face.

2.3.10 The CGC considered the Adverse Event Overview. The committee acknowledged a sustained increase in adverse event reporting across four clinical areas, particularly in the Medical Assessment Unit (MAU), Ward 9 and the ED. This correlates with the use of surge beds and increased patient activity, highlighting the impact of system pressures and delays across the health and social care system on patient safety. The committee raised concerns about harm to patients boarded outside standard care areas due to delays in access to appropriate beds and care settings, suggesting this must remain a strong focus of the CGC and Board. The committee noted that Serious Adverse Event Reviews (SAERs) are now graded using the national 1 - 4 outcome scale where grades 3 and 4 indicate that it was possible or likely that a different course of action could have impacted the outcome for the patient. It was proposed to the committee that learning summaries for all outcome grade 3 and 4 events should be brought to the committee within the clinical board reports. The committee took **significant assurance** from the report, noting confidence in the adverse event management process and learning mechanisms but also recognised the workload in this important area and the difficulties in securing both internal and external lead reviewers in a timely manner.

2.3.11 The committee were briefed on feedback from junior doctors and the deanery in relation to general surgery. Several actions have been put in place with immediate effect to address the issues raised and a wider action plan has been developed. The committee noted the input from the Deanery and General Medical Council (GMC) and steps taken by the Medical Director and Director of Medical Education to date. The committee will consider a fuller report on this in September and will provide ongoing oversight of the actions taken to address concerns raised and ensure appropriate actions are taken to maintain an effective training environment and training status within NHS Borders.

2.3.12 Patient Safety and Care Assurance

2.3.13 Falls

Figure 1 shows normal variation in NHS Borders' fall rate per 1000 Occupied Bed Days (OBDs) 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. It is noted that the recent opening of surge beds within NHS Borders has not resulted in a negative impact on the falls rate, which has remained within normal variation despite increased inpatient activity.

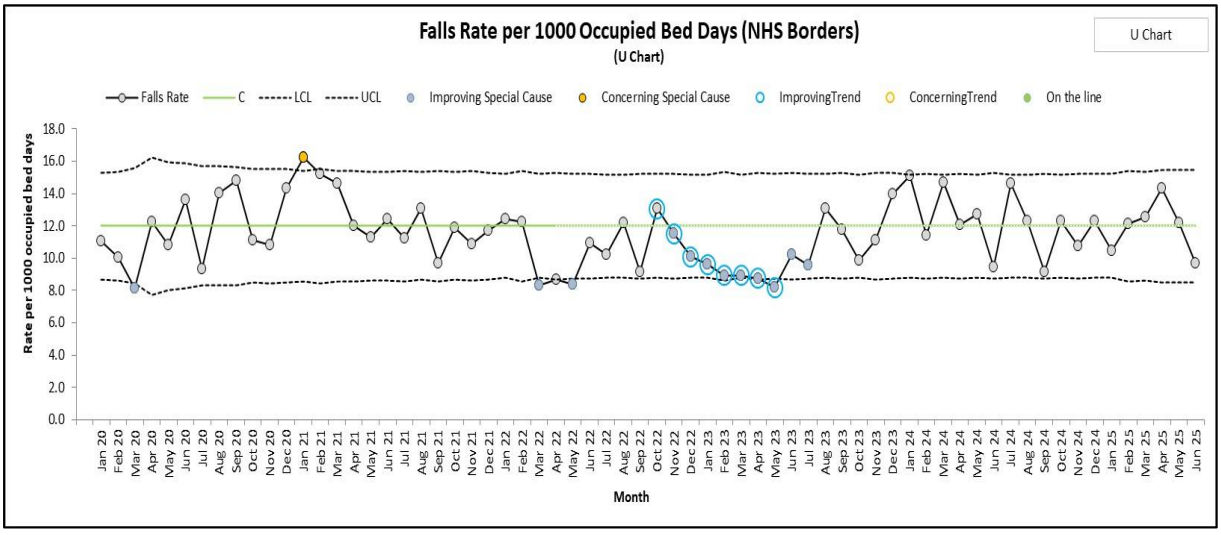


Figure 1: Falls rate per 1000 OBD – NHS Borders

2.3.14 Figure 2 shows normal variation with falls with harm per 1000 OBDs in NHS Borders:

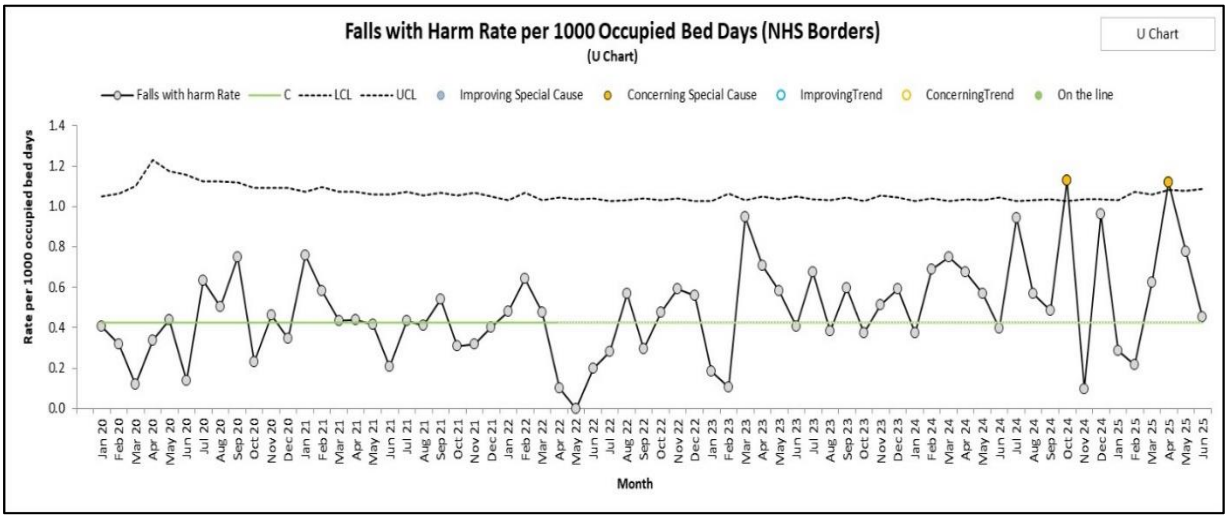


Figure 2: Falls with harm per 1000 OBD – NHS Borders

2.3.15 All reported falls resulting in harm have had a Category 1 Level 2 Fall Review completed to confirm the grading of harm and to identify opportunities for learning and improvement. A revised Fall Review Tool has recently been introduced to address limitations identified in the previous version, including vulnerability to interruption during completion. The updated tool aims to support more consistent and thorough post-fall reviews, enhancing opportunities for learning and improvement.

2.3.16 Pressure Damage

Figure 3 shows the rate per 1000 OBDs of developed pressure ulcers Grade 2 and above rate across NHS Borders showing normal variation:

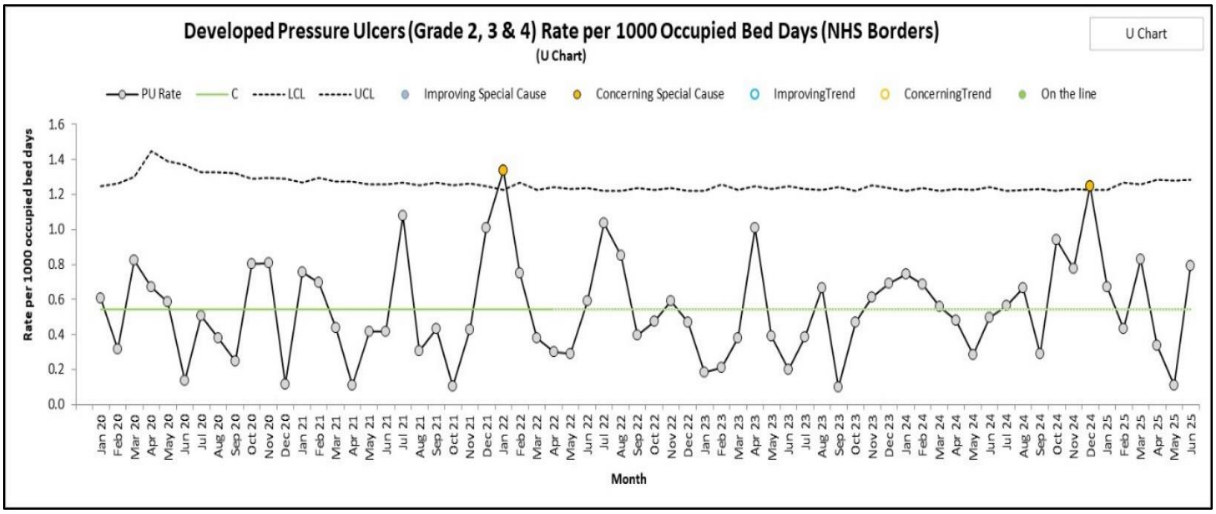


Figure 3: Developed pressure ulcers per 1000OBD – NHS Borders

2.3.17 Reusable heel off-loading equipment has been delivered to the acute wards where a need had been identified. This initiative not only addresses a critical equipment gap but also supports cost savings, reduces reliance on single use items, and contributes to improved waste management and a lower carbon footprint.

2.3.18 Deteriorating Patient

Figure 4 shows the Cardiac Arrest (CA) rate for the Borders General Hospital (BGH) showing normal variation:

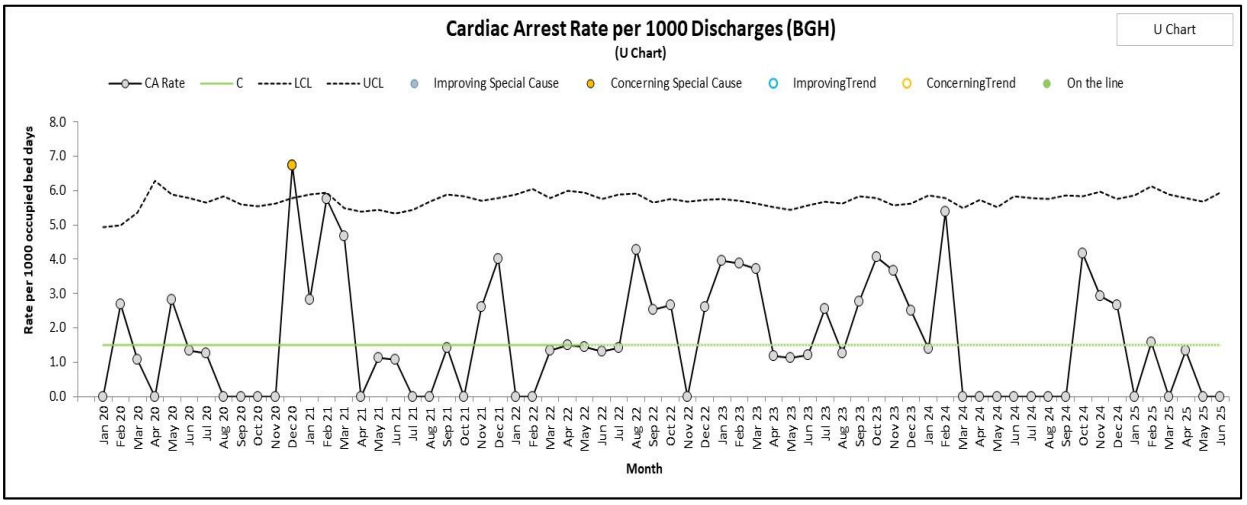


Figure 4: Cardiac Arrest rate per 1000 discharges – BGH

2.3.19 A full review of NHS Borders National Early Waring Scoring System 2 (NEWS2) used in the recognition and response to the deteriorating patients in adult areas has taken place. A wide group of clinicians were involved in the review examining learning and staff feedback to enhance local systems and processes. The revised NEWS2 chart will be rolled out in Quarter 3 of 2025 with a supporting education programme.

2.3.20 Escalation boards for clinical areas aim to support a response pathway to deterioration, allowing staff the ability to escalate any concerns to the appropriate clinical team. The implementation of an escalation board has been tested in Ward 5 and shared with stakeholders, amendments to reflect the feedback have been made. The escalation board is now being rolled out in other wards.

2.3.21 Care Assurance

The Lead Nurse for Patient Safety and Care Assurance, in collaboration with the Associate Director of Nursing for Acute meets monthly with Clinical Nurse Managers (CNM) to discuss how the Excellence in Care (EiC) Quality of Care (QoC) Guidance is being implemented. During the recent discussion, CNM's felt that it was challenging to attend all Care Assurance Visits (CAV), with inconsistencies in the process identified. Ongoing work is required to support staff to ensure compliance with the initiative.

2.3.22 Following the QoC review in Ward 7 on 6 May 2025 the Senior Charge Nurse (SCN) and CNM are working on their learning and improvement action plan. The action plan is being developed to assist in future CAV's to provide assurance that patients in receipt of care receive a high standard of care.

2.3.23 Figures 5 and 6 display improving special cause in the completion of Person Centred Care Planning (PCCP) and What Matters to You (WMTY) discussions within Acute Adult Inpatient areas. This improvement has been commended at the recent Acute Governance Group and shared with SCN's.

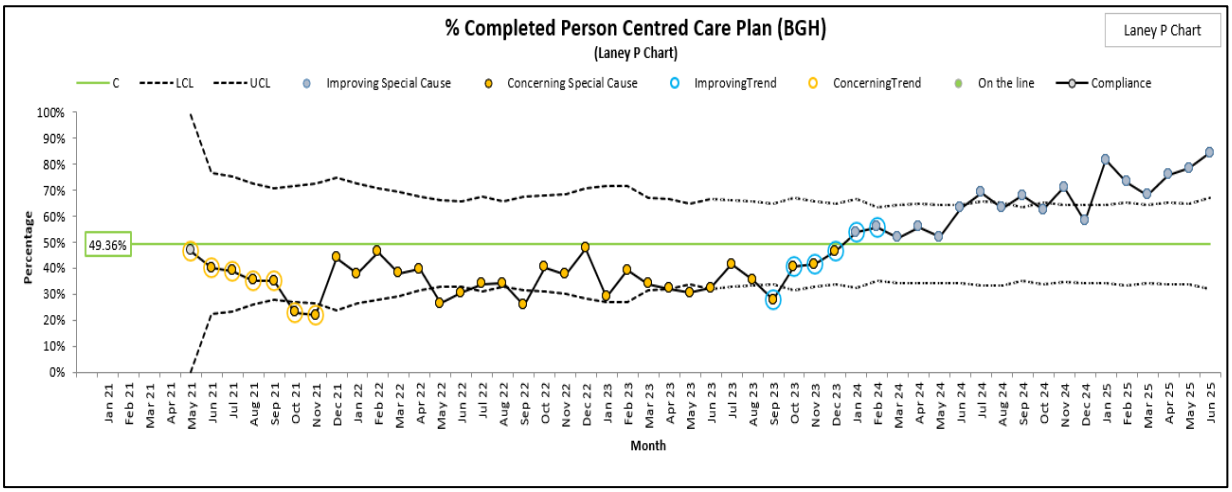


Figure 5: Percentage of Completed Person Centred Care Plan – BGH

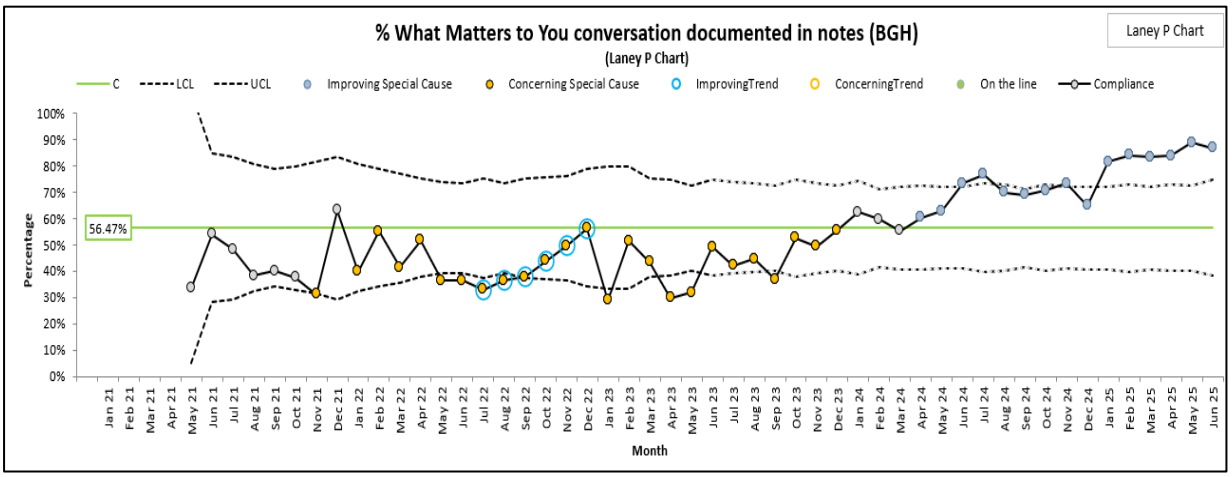


Figure 6: Percentage of Completed What Matters to You Conversations – BGH

2.3.24 Although PCCP and WMTY are no longer national measures NHS Borders have continued to monitor compliance. Measuring data over time in these measures is essential for supporting CAV's and providing assurance of care delivery.

2.3.25 Work is underway to develop a refreshed approach to measurement and monitoring of safety within the ED including a continual audit programme focusing on measures important to the delivery of care in this area. Once designed in collaboration with the SCN and clinical team training will be arranged by the Patient Safety Team.

2.3.26 Patient Experience

Care Opinion

For the period 1 April 2024 to 30 June 2025 289 new stories were posted about NHS Borders on Care Opinion. Figures 7 and 8 below show the number of stories told in that period and their criticality. As of 10 July 2025, 289 stories had been viewed 40,949 times:

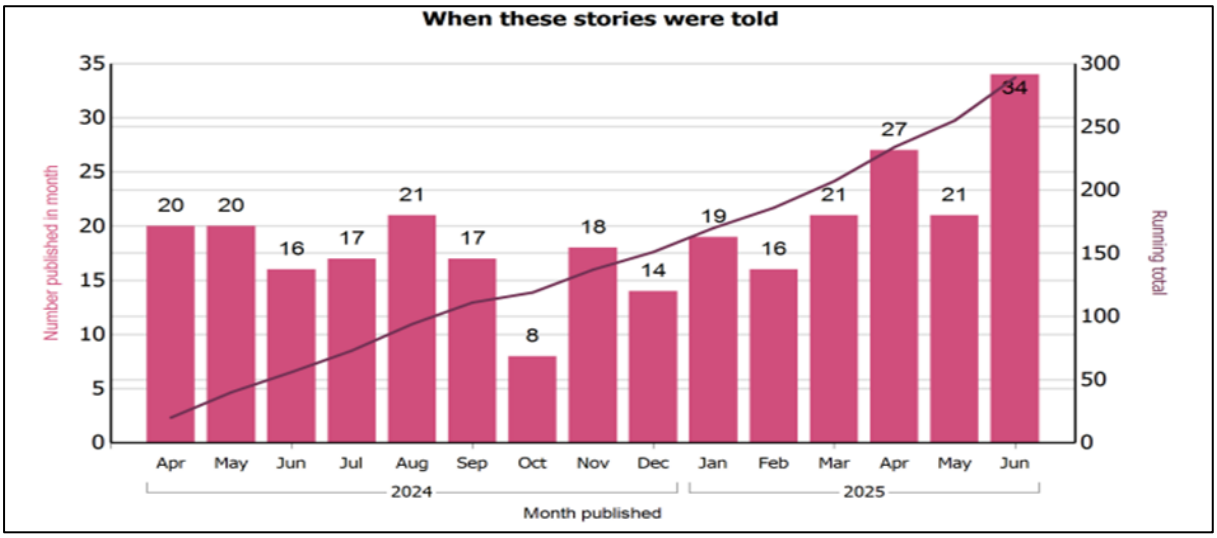


Figure 7: Care Opinion – NHS Borders

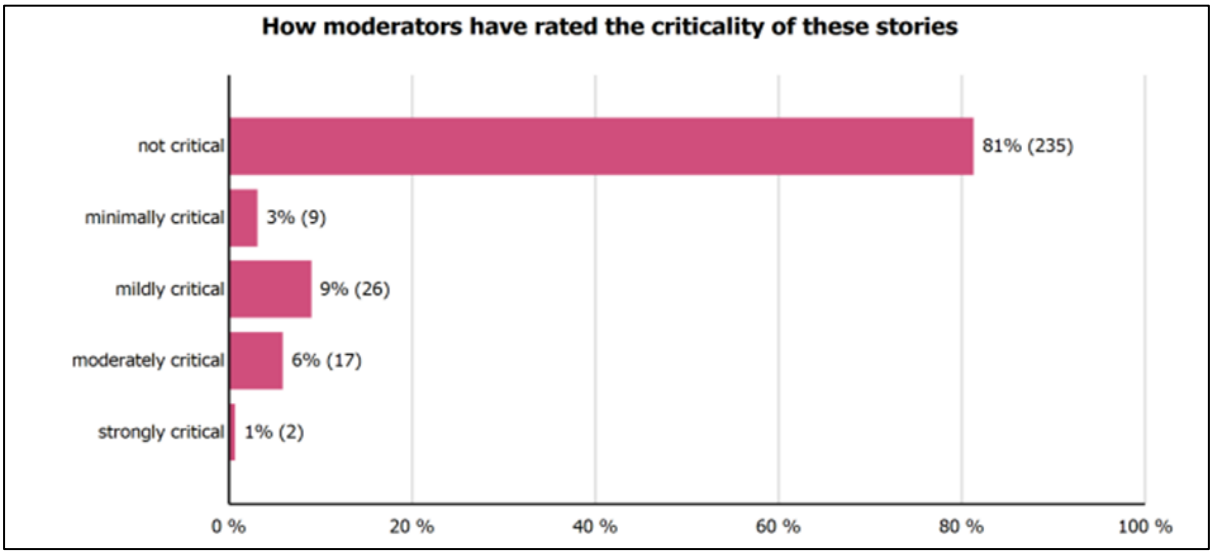


Figure 8: Criticality of Care Opinion stories – NHS Borders

2.3.27 The word cloud displayed in Figure 9 summarises 'What Was Good' as detailed in Care Opinion posts for this period:

Figure 9: What was good – Care Opinion

Feedback which was given most frequently by service users to convey positive experiences in their care is displayed in the largest font in the word visualisation including:

Staff, Care, Friendly, Professional, Amazing, Kindness, Reassuring, Midwives

2.3.28 The word cloud displayed in Figure 10 summarises 'What Could Be Improved' as detailed in Care Opinion posts for this period:

Figure 10: What could be improved – Care Opinion

Feedback which was given most frequently by service users to convey negative experiences in their care is displayed in the largest font in the word visualisation including:

Communication, Information, Staff Attitude, Waiting Time, Not Being Listened To

2.3.29 Complaints

Figure 11 shows the number of formal complaints received by month until May 2025:

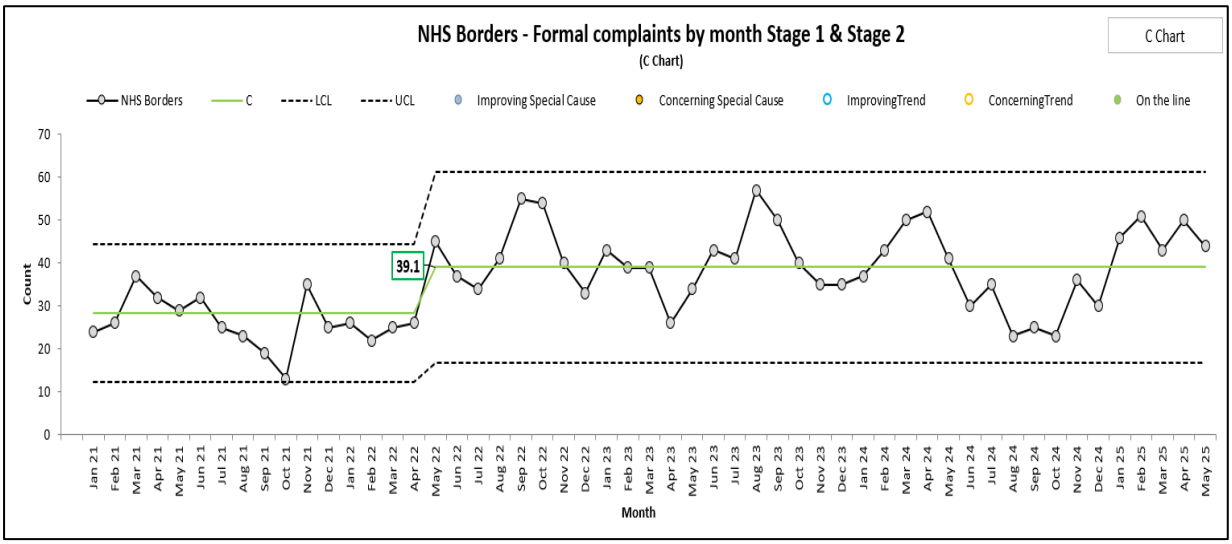


Figure 11: Complaints by month – NHS Borders

2.3.30 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 (PET) receive each month. The Clinical Governance and Quality (CGQ) directorate is currently undertaking the recruitment of an additional Administrator on a two-year fixed-term basis to support the continued heightened demand.

2.3.31 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 12 shows complaint referrals to the SPSO to May 2025:

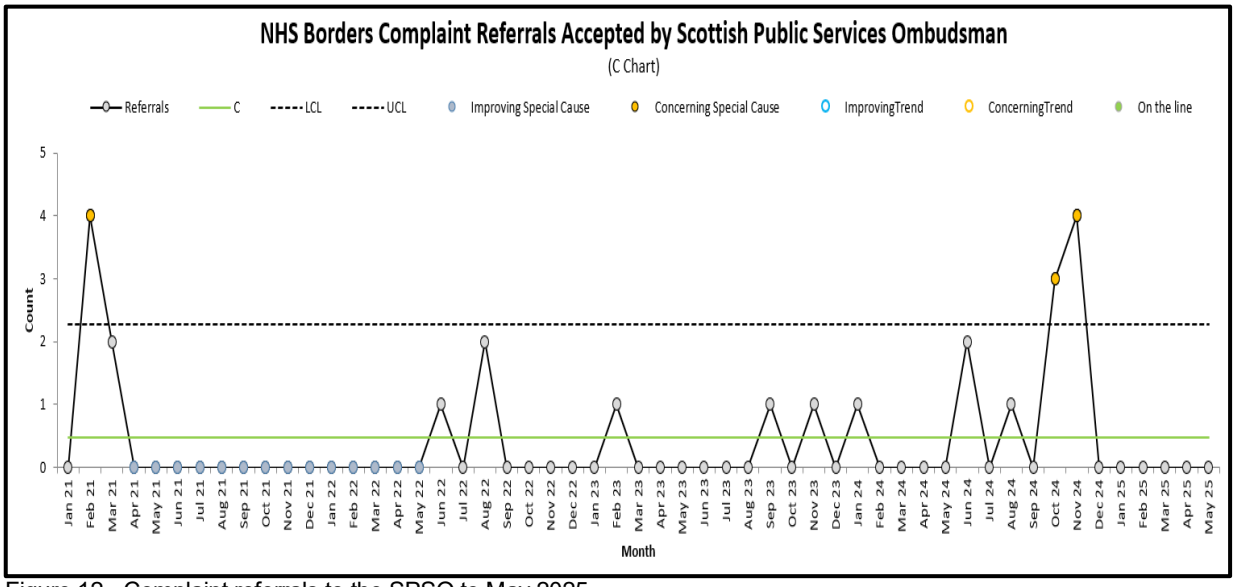


Figure 12 - Complaint referrals to the SPSO to May 2025

2.3.32 COVID Inquiries update

NHS Borders continues to participate in the Scottish Covid-19 Inquiry along with all other Boards in NHS Scotland.

2.3.33 This summer the Scottish Covid-19's listening project, Let's Be Heard, will publish a case study on children and young people's experiences during the pandemic. The Scottish Covid-19 Inquiry will publish narrative records of its public impact hearings later this year.

These narrative records will describe the evidence and experiences shared but will not include findings or recommendations.

The Scottish Covid-19 Inquiry's impact hearings are complete and the Inquiry is now focussing on implementation and decision-making during the pandemic. It is intended that public hearings will conclude in 2026 and thereafter the Inquiry will publish a single final report with lessons and recommendations. All hearings will be broadcast on the Scottish Covid-19 Inquiry's YouTube channel: https://www.youtube.com/@covidinquirysco.

2.3.34 NHS Borders also participates in the UK Covid-19 Inquiry along with all other Boards in NHS Scotland. Public hearings for Module 6 Care Sector are being held between 30 June and 31 July 2025. The UK Inquiry has published its Every Story Matters Adult Social Care Sector record (https://covid19.public-inquiry.uk/every-story-matters/records/).

2.3.35 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.

2.3.36 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 good 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 extending across mental health, primary and community and acute services and this needs to remain an area of constant focus for the Board.

2.3.37 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. Additional resource has been secured in 2025/26 to address waits and support reconfiguration of local services. This funding is welcomed and will contribute to positive progress but still falls short of the resource needed for full recovery reflecting the financial pressure across NHS Scotland.

2.3.38 Risk Assessment/Management

Each clinical board is monitoring clinical risk associated with the recovery of elective waiting times, pressure on urgent and unscheduled care services, primary care and mental health services. The NHS Borders risk profile has increased as a result of the extreme pressures across Health and Social Care services.

2.3.39 Equality and Diversity, including health inequalities
An equality impact assessment has not been undertaken for the purposes of this awareness report.

2.3.40 Climate Change
No additional points to note.

2.3.41 Other impacts
No additional points to note.

2.3.42 Communication, involvement, engagement and consultation
This paper is for awareness and assurance purposes and has not followed any consultation or engagement process.

2.3.43 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, an overall a level of **limited assurance** is proposed to the Board.

3 Glossary

Clinical Governance Committee (CGC)
Integrated Joint Board (IJB)
Scottish Borders Council (SBC)
Fatal Accident Inquiry (FAI)
Emergency Department (ED)
Special Care Baby Unit (SCBU)
Department of Medicine for the Elderly (DME)
Speech and Language Therapy (SLT)
Hospital Electronic Prescribing and Medicines Administration (HEPMA)
Medical Assessment Unit (MAU)
Significant Adverse Event Reviews (SAERs)
General Medical Council (GMC)
Occupied Bed Days (OBDs)
Cardiac Arrest (CA)
Borders General Hospital (BGH)
National Early Warning Score 2 (NEWS2)
Clinical Nurse managers (CNM)
Excellence in Care (EiC)
Quality of Care (QoC)
Care Assurance Visits (CAV)
Senior Charge Nurse (SCN)
Person Centred Care Planning (PCCP)
What Matters to You (WMTY)
Patient Experience Team (PET)

Clinical Governance and Quality (CGQ)
Scottish Public Services Ombudsman (SPSO)

NHS Borders

Meeting: **Borders NHS Board**

Meeting date: **7 August 2025**

Title: Infection Prevention & Control Report – August 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 Scottish Government requires reports on infection surveillance and monitoring of key topic areas impacting on the prevention and control of infection to be discussed as part of bi -monthly Board meetings and published on NHS Board websites.

2.3 Assessment

Contents

1.0 Headlines

- Up to date Surgical Site Infection (SSI) surveillance data is not currently available. The Planned Care division is establishing an Arthroplasty SSI Group in August to review all suspected SSI cases. This will enable prompt review of cases to support accurate reporting
- NHS Borders is not on target to achieve the new HAI *Staphylococcus aureus* bacteraemia (SAB) standard in 2025/26 (**Figure 13**)
- NHS Borders is on trajectory to meet the new HAI *Clostridioides difficile* infection (CDI) standard for 2025/26 (**Figure 4**)
- NHS Borders is on trajectory to meet the new HAI *Escherichia coli* bacteraemia (ECB) standard for 2025/26 (**Figure 8**)
- There was a statistically significant increase in NHS Borders Healthcare Associated (HAI) CDI cases in the Quarter 1 2025 (**Figure 3**). All cases have been reviewed and there is no evidence of cross infection. The increase was not sustained and cases reduced in Quarter 2 2025

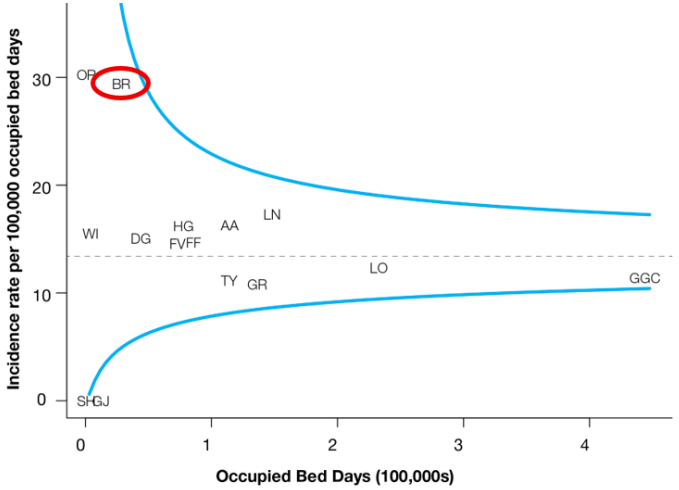
2.0 Outcome Measures - Infection Surveillance

2.1 *Clostridioides difficile* infection (CDI) - Key Messages

- ARHAI Scotland reported a statistically significant increase in CDI cases in Scotland in Quarter 4 2024
- NHS Borders CDI rates are not statistically significant from the rest of NHS Scotland (**Figure 1** and **Figure 2**)
- There was a statistically significant increase in NHS Borders HAI CDI cases in the Quarter 1 2025 (**Figure 3**). All cases have been reviewed and there is no evidence of cross infection. The increase was not sustained and cases reduced in Quarter 2 2025
- NHS Borders is on trajectory to meet the new HAI CDI standard for 2025/26 (**Figure 4**)
- The BGH estate does not support effective management of CDI cases due to lack of clinical hand wash basins (CHWB) in side rooms. Hospital Planning Note 1 (1977) for In-patient accommodation specified that single rooms should have a CHWB. BGH was not built in accordance with this standard.
- 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 is provided in **Appendix A and B**

2.2 CDI National Context (ARHAI Scotland data)

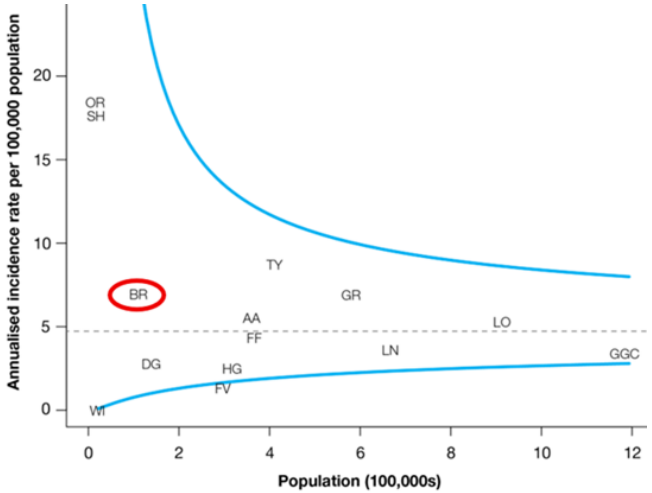
Figure 1 Funnel plot of <u>healthcare associated</u> CDI rates per 100,000 TOBD for all NHS boards in Scotland in Q1 2025



Key to NHS boards

AA = NHS Ayrshire & Arran
BR = NHS Borders
DG = NHS Dumfries & Galloway
FV = NHS Forth Valley
FF = NHS Fife
GJ = NHS Golden Jubilee
GR = NHS Grampian
GGC = NHS Greater Glasgow & Clyde
HG = NHS Highland
LN = NHS Lanarkshire
LO = NHS Lothian
OR = NHS Orkney
SH = NHS Shetland
TY = NHS Tayside
WI = NHS Western Isles

Figure 2 Funnel plot of <u>community associated</u> CDI rates per 100,000 population for all NHS boards in Scotland in Q1 2025



2.3 CDI Local Context

Figure 3

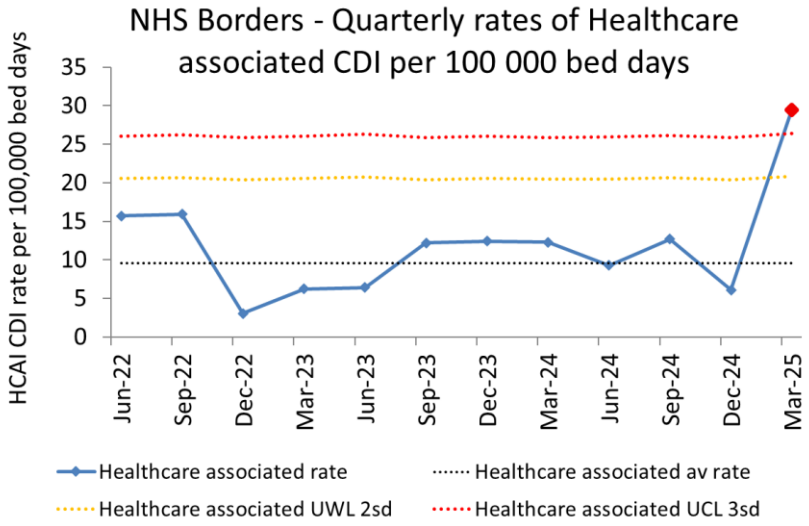
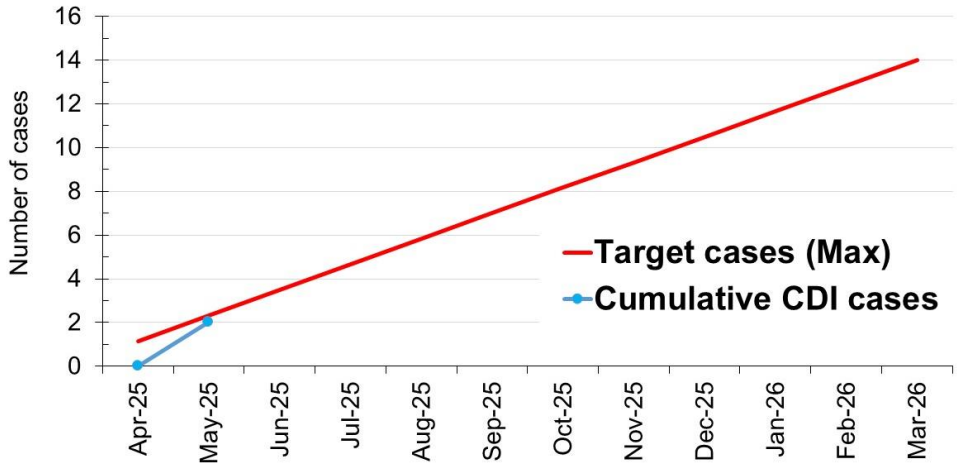


Figure 4 NHS Borders cumulative <u>healthcare associated</u> CDI cases Vs Scottish Government target trajectory (April 2025 - March 2026)



2.4 *Escherichia coli* bacteraemia (ECB) - Key Messages

- NHS Borders ECB rates are not statistically significant from the rest of NHS Scotland (**Figure 5** and **Figure 6**)
- There has not been any statistically significant increase in NHS Borders ECB cases since the last update (**Figure 7**)
- NHS Borders is on trajectory to meet the new HAI ECB standard for 2025/26 (**Figure 8**)
- Urinary catheters are the primary cause of healthcare associated ECB infections (**Figure 9**)
- 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 is provided in **Appendix A and B**

2.5 ECB National Context (ARHAI Scotland data)

Figure 5 Funnel plot of healthcare associated ECB incidence rates per 100,000 TOBD for all NHS boards in Scotland in Q1 2025

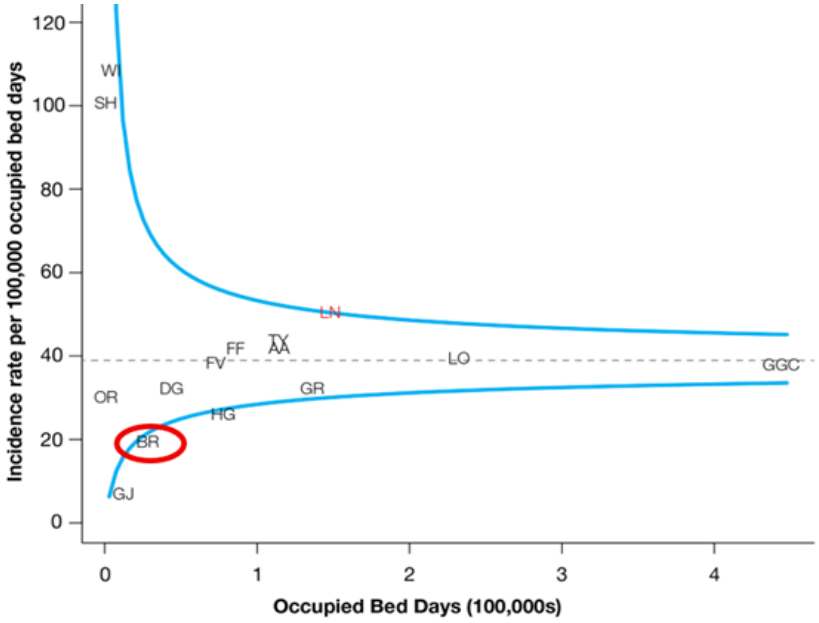
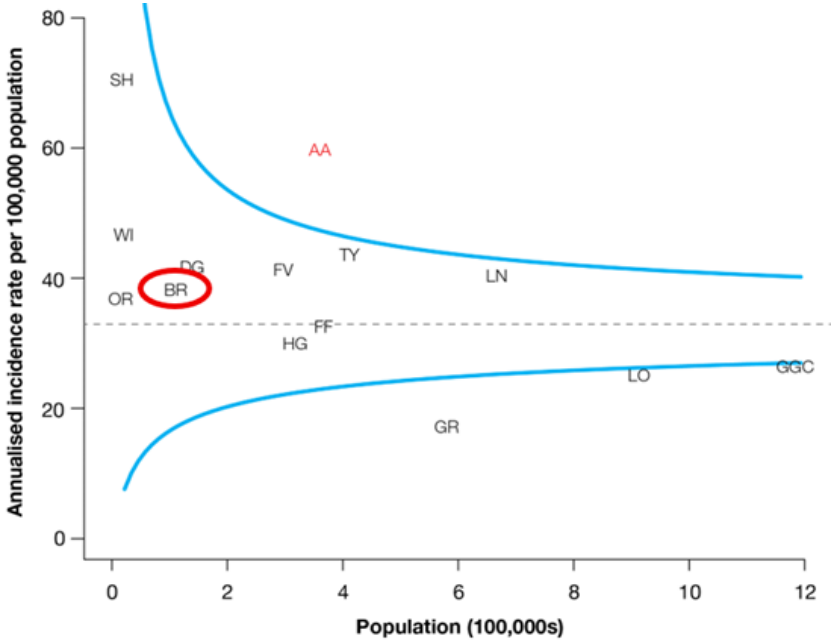


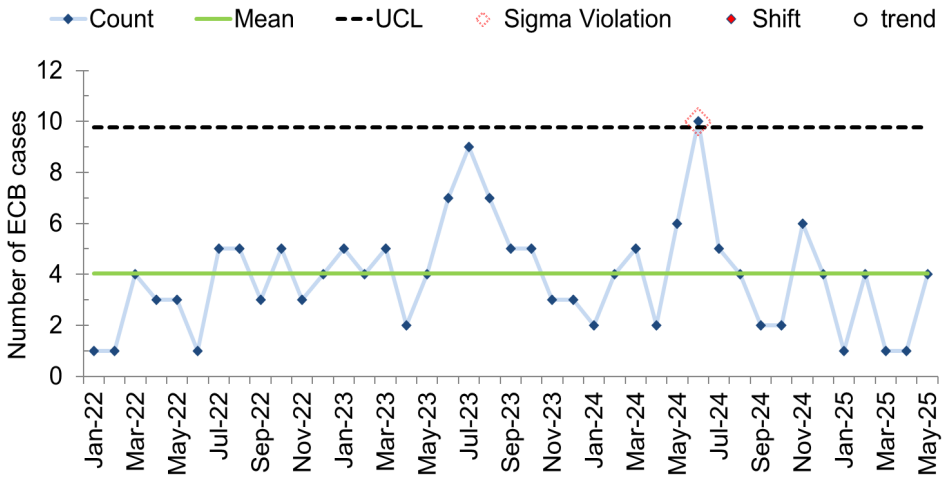
Figure 6 Funnel plot of community associated ECB rates per 100,000 population for all NHS boards in Scotland in Q1 2025



2.6 ECB Local Context

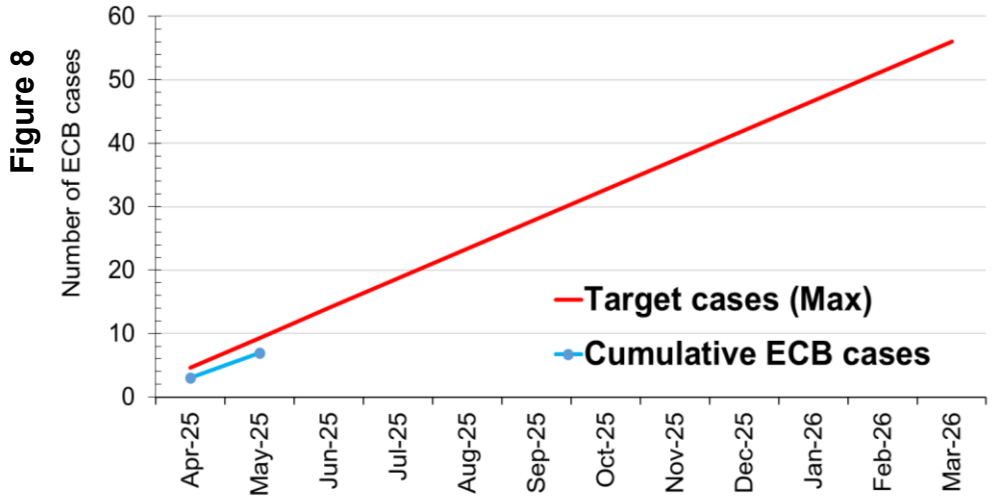
NHS Borders healthcare associated ECB cases per month (C Chart). March 2022 - May 2025

Figure 7



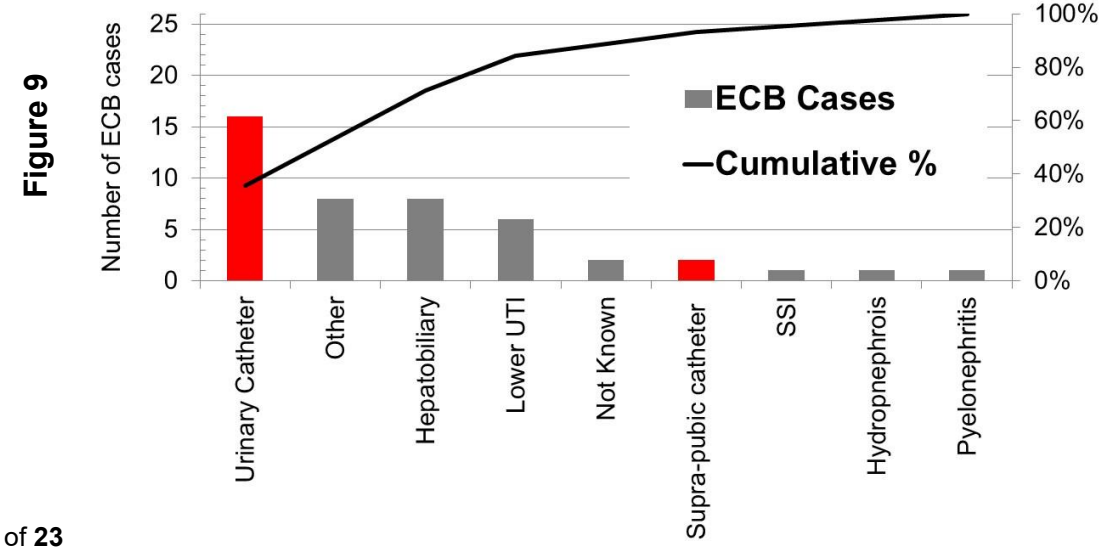
NHS Borders cumulative healthcare associated ECB cases Vs Scottish Government target trajectory (April 2025 - March 2026)

Figure 8



Pareto Chart of healthcare associated ECB cases by source of infection - rolling 12 months June 2024 - May 2025

Figure 9



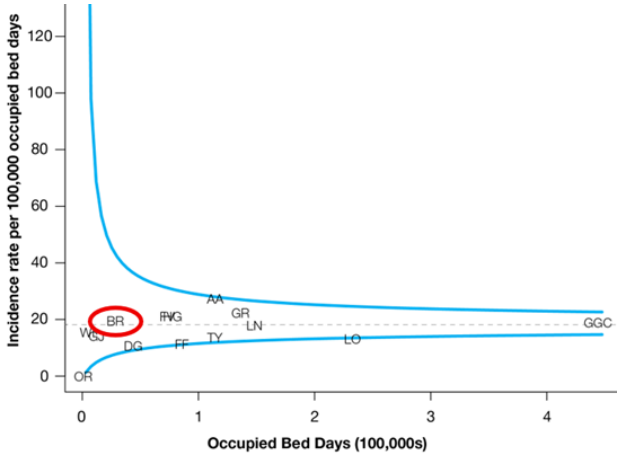
2.7 *Staphylococcus aureus* Bacteraemia (SAB) - Key Messages

- NHS Borders SAB rates are not statistically significant from the rest of NHS Scotland (**Figure 10** and **Figure 11**)
- There has not been any statistically significant increase in NHS Borders SAB cases since the last update (**Figure 12**)
- NHS Borders is not on target to achieve the new HAI SAB standard in 2025/26 (**Figure 13**)
- The main known recent causes of healthcare associated SAB cases were urinary catheters and diabetic foot ulcers (**Figure 14**)
- A clinical review of cases relating to diabetic feet was completed 05/05/2025. There is no evidence of cross infection. No hypothesis emerged to explain the cluster and no interventions in addition to current efforts to optimise diabetes care seemed appropriate. Diabetic foot infection as a cause of SAB will continue to be monitored and literature searched for reports of methods to reduce it
- Measures to reduce the risk of SAB:
  - 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**)
  - Adult inpatients (excluding Mental Health and Maternity) should be screened for Methicillin-resistant *Staphylococcus aureus* (MRSA) (**Section 3.4**)
- Background information and explanation is provided in **Appendix A and B**

2.8 SAB National Context (ARHAI Scotland data)

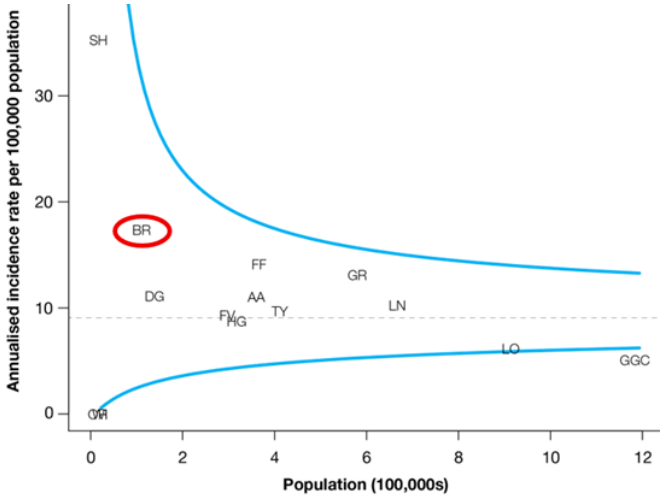
Funnel plot of healthcare associated SAB rates per 100,000 TOBD for all NHS boards in Scotland in Q4 2024

Figure 10



Funnel plot of community associated SAB rates per 100,000 population for all NHS boards in Scotland in Q4 2024

Figure 11



2.9 SAB Local Context

Figure 12

NHS Borders, days between healthcare associated SAB cases (G Chart). January 2023 - May 2025

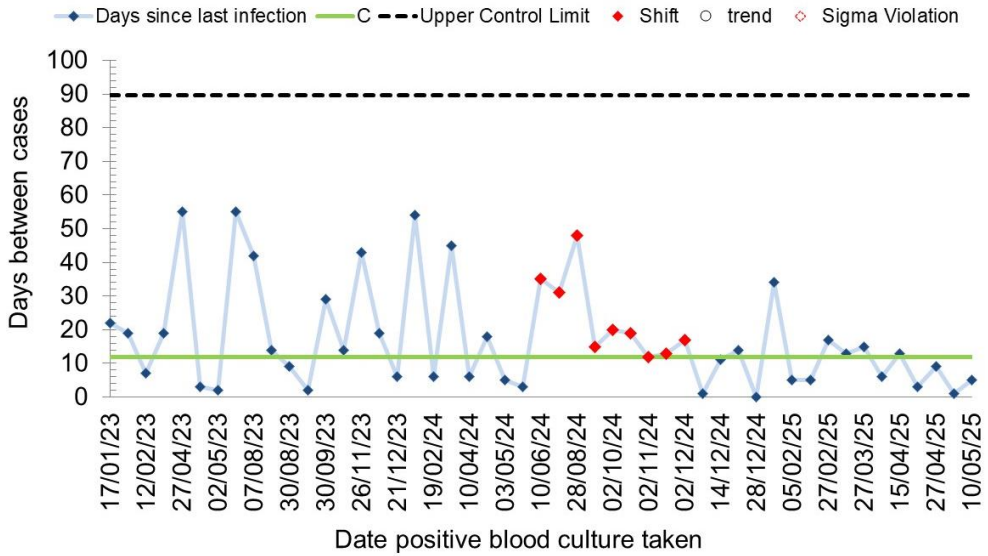


Figure 13

NHS Borders cumulative healthcare associated SAB cases Vs Scottish Government target trajectory (April 2025 - March 2026)

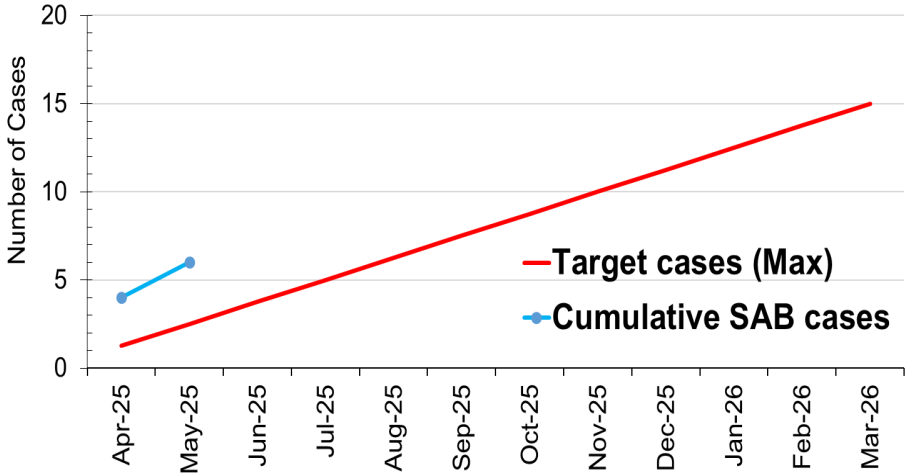
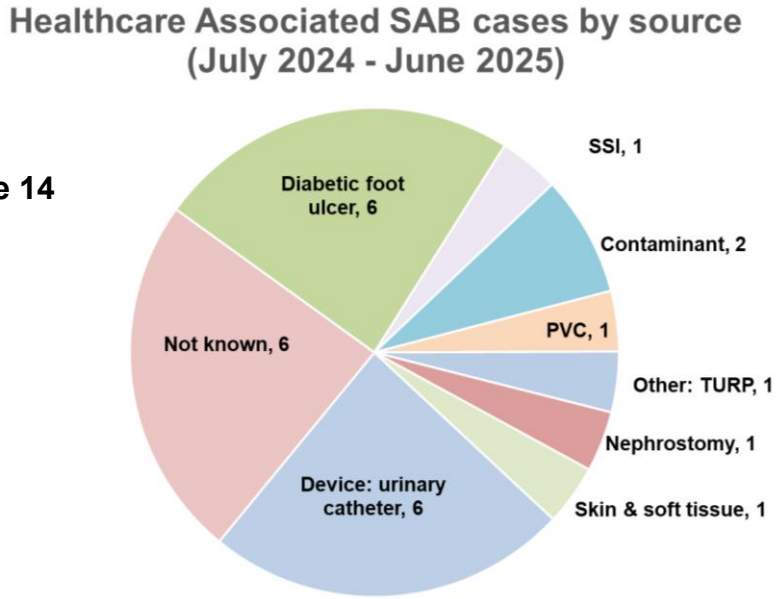


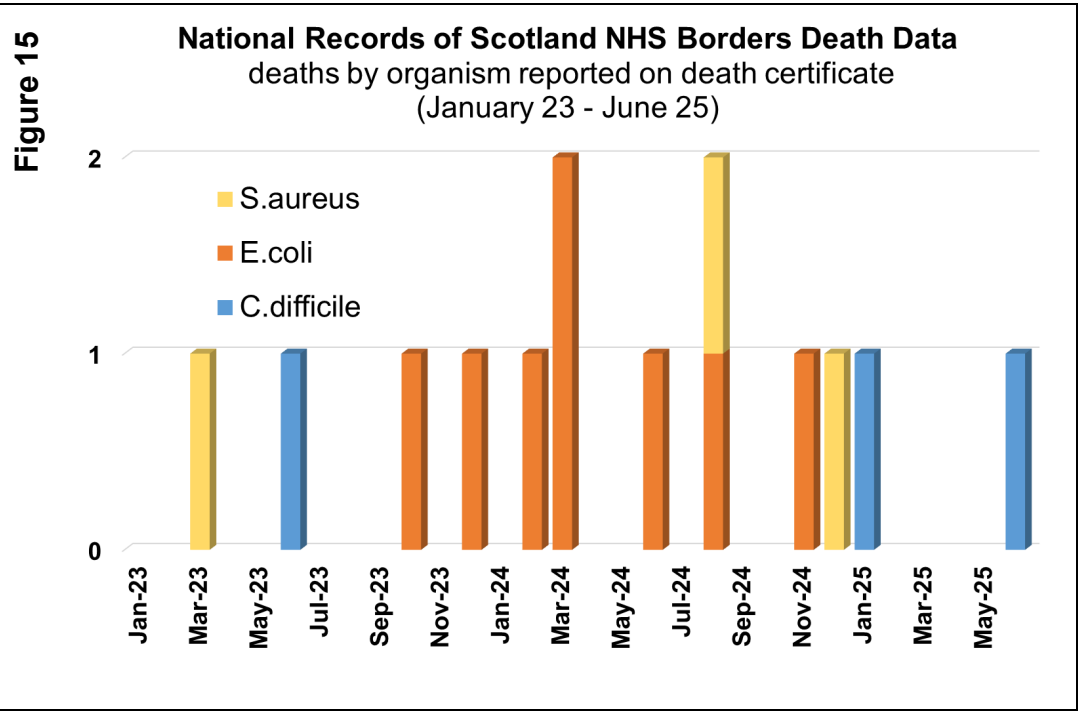
Figure 14



2.10 National Records of Scotland Death Data

- National Records of Scotland produce weekly death data reports which are reviewed and collated monthly (**Figure 15**)
- The graph shows the number of deaths per month where *C.difficile, E.coli* or *S. aureus* was noted on the death certificate and the person's primary place of residence at time of death was within the Scottish Borders.

Figure 15



3.0 Process Measures

3.1 Hand Hygiene – Key Messages

- Overall hand hygiene compliance was 66% in May 2025 (**Figure 16**)
- Nursing compliance was 62% (**Figure 17**), Medical compliance was 65% (**Figure 18**)
- Quality improvement activity is progressing in areas with the poorest compliance
- Hand hygiene audits will be repeated in July 2025

Figure 16

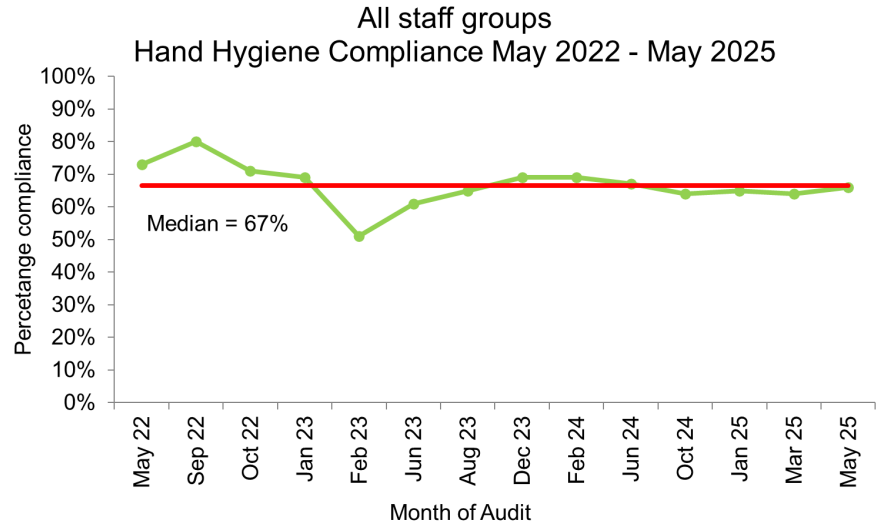


Figure 17

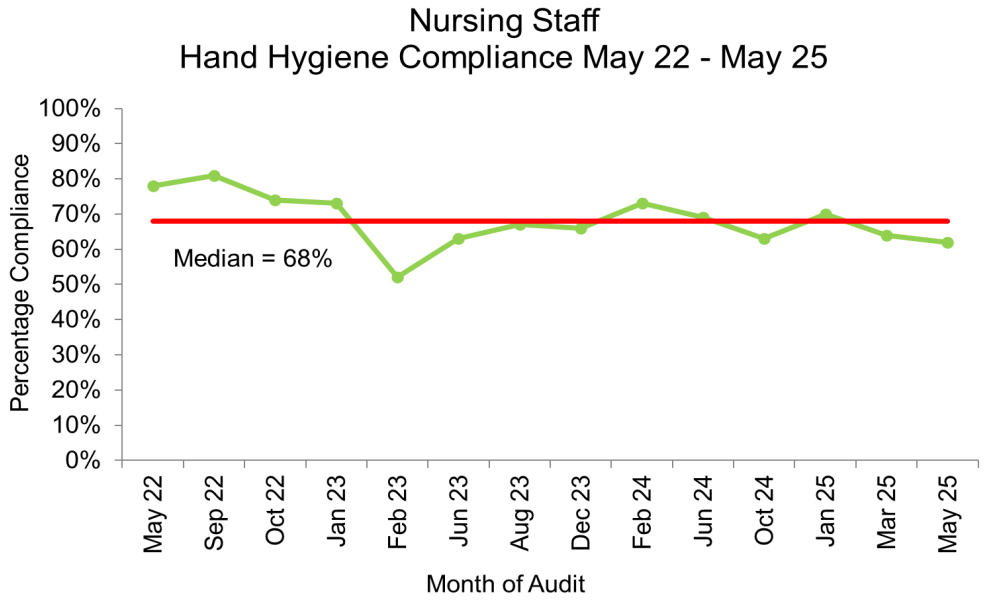
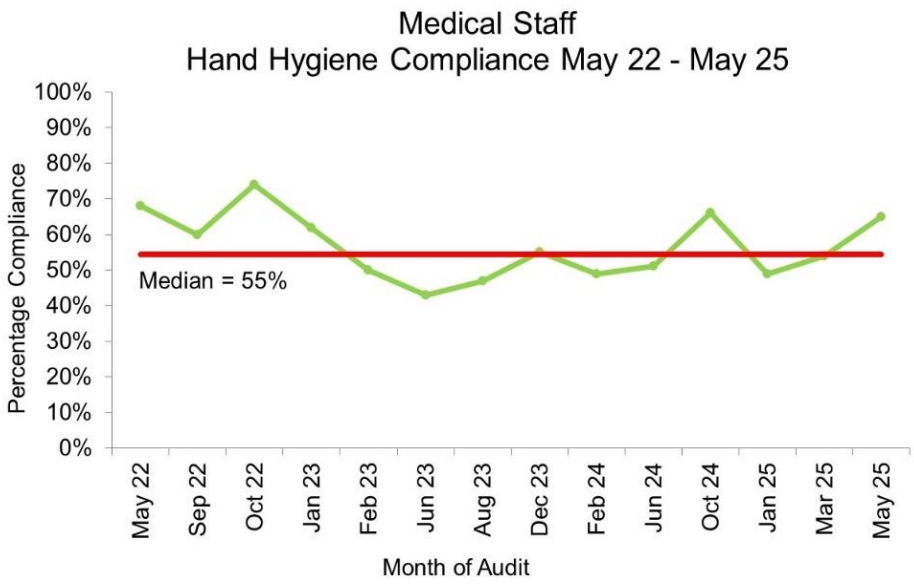


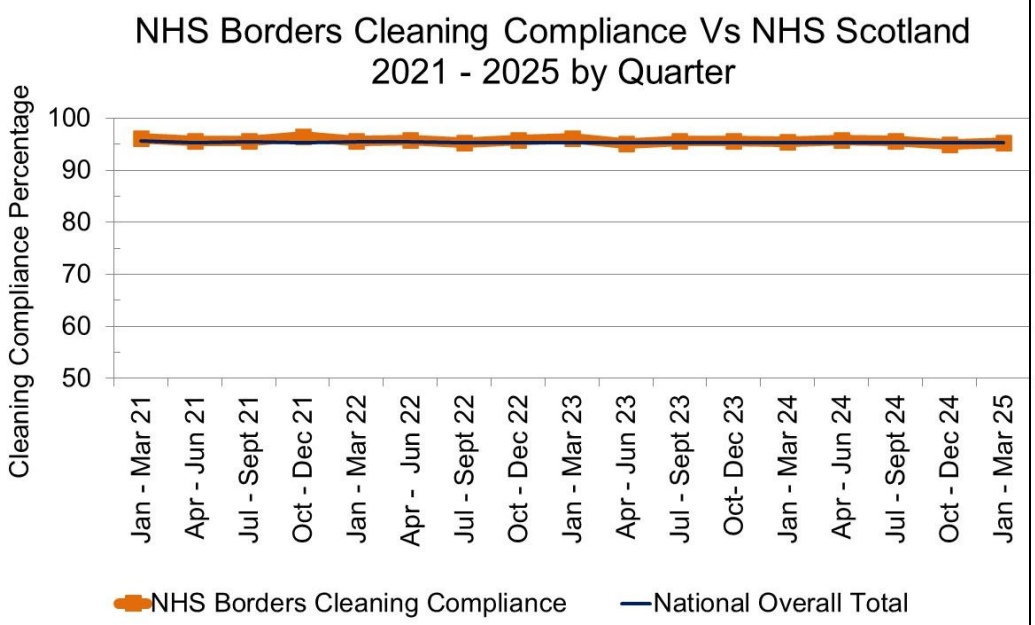
Figure 18



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 19**)

Figure 19



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 20**)
- In April and May 2025, 5 full audits of clinical areas were completed with all areas achieving a 'green' status (90% or higher)
- In April and May 2025, 14 spot checks were completed resulting in 3 areas achieving an 'Amber' status (80% - 89%) with the remaining achieving a 'green' status with a score of 90% or higher
- Recurring themes from the audits and spot checks:

Recurring themes of good practice

- Management of patients with precautions in place
- Linen managed correctly
- Clean environment
- Waste managed correctly
- Items stored appropriately

Recurring themes of poor practice

- Poor compliance with the 5 moments of hand hygiene
- Incorrect use of PPE
- Staff observed wearing wrist watches
- Temporary sharps bin closures not in place
- Use and knowledge of cleaning solution
- 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. The output from this work will be shared across NHS Borders.
- Themes from spot checks and audits are used to inform the content of staff education delivered by the Infection Prevention and Control Team

Figure 20

2024 Internal Audit - Infection Prevention & Control Action

Progress as at 01/07/2025

		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 (01/07/25)**
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 issues.** Responsible Officer: Clinical Nurse Managers Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/05/2025	**Complete**
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**

3.4 HAI Risk – Inpatient Admission Screening

- MRSA screening of adult inpatients (excluding Maternity and Mental Health services) is mandatory in Scotland (DL 2019 23)
- Carbapenemase-producing enterobacteriaceae (CPE) inpatient screening is mandatory in Scotland (DL 2019 23)
- In Quarter 1 2025, NHS Borders had a higher level of compliance with MRSA and CPE screening than NHS Scotland (**Figure 21**)
- MRSA admission screening compliance is monitored on a monthly basis and displayed in run charts for each of the four main admitting wards within BGH (**Figures 22 to 25**).
- Monthly compliance reports are fed back to the Senior Charge Nurse and Clinical Nurse Manager for the relevant wards
- Monthly CPE screening compliance data is now being collected and will be included in future reports
- Background information is provided in **Appendix A**

3.5 HAI Inpatient HAI Risk Screening - National Context (ARHAI Scotland data)

Figure 21

MRSA Uptake	2024 Q2	2024 Q3	2024 Q4	2025 Q1
NHS Borders	80.0%	95.0%	90.0%	95.0%
NHS Scotland	80.5%	80.7%	81.4%	81.3%

CPE Uptake	2024 Q2	2024 Q3	2024 Q4	2025 Q1
NHS Borders	90.0%	95.0%	100.0%	95.0%
NHS Scotland	81.3%	82.0%	83.3%	84.4%

3.6 Inpatient MRSA Screening - Local Context

Figure 22 Ward 5 % of Patients Screened for MRSA

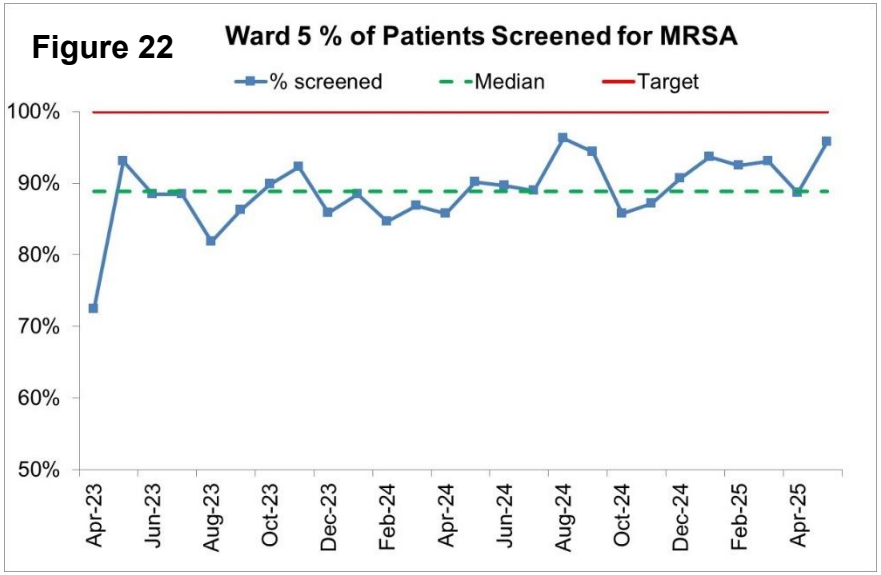


Figure 23 MAU % of Patients Screened for MRSA

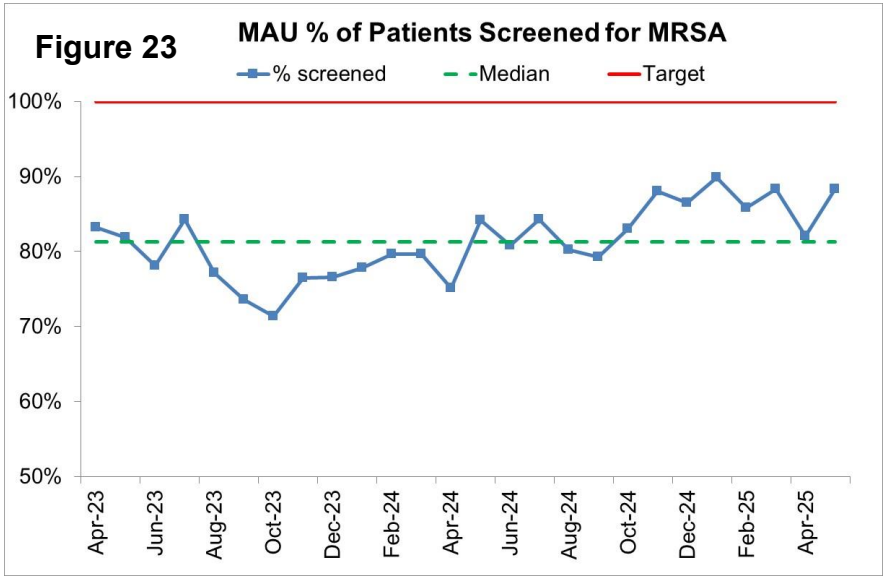


Figure 24 Ward 7 % of Patients Screened for MRSA

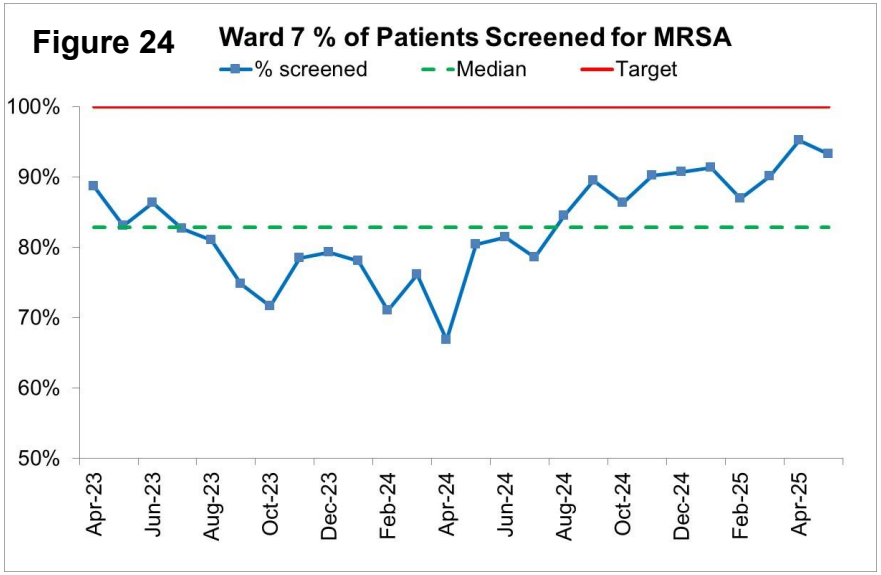
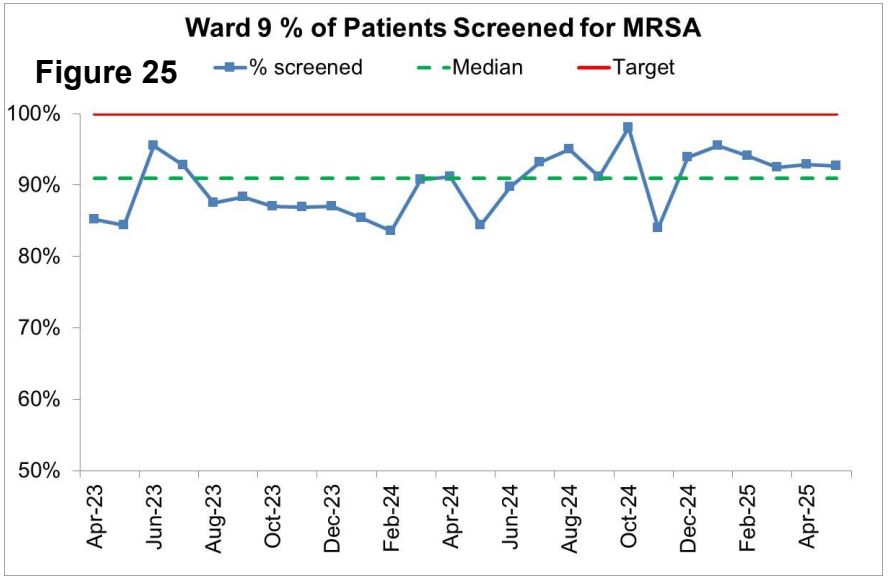


Figure 25 Ward 9 % of Patients Screened for MRSA

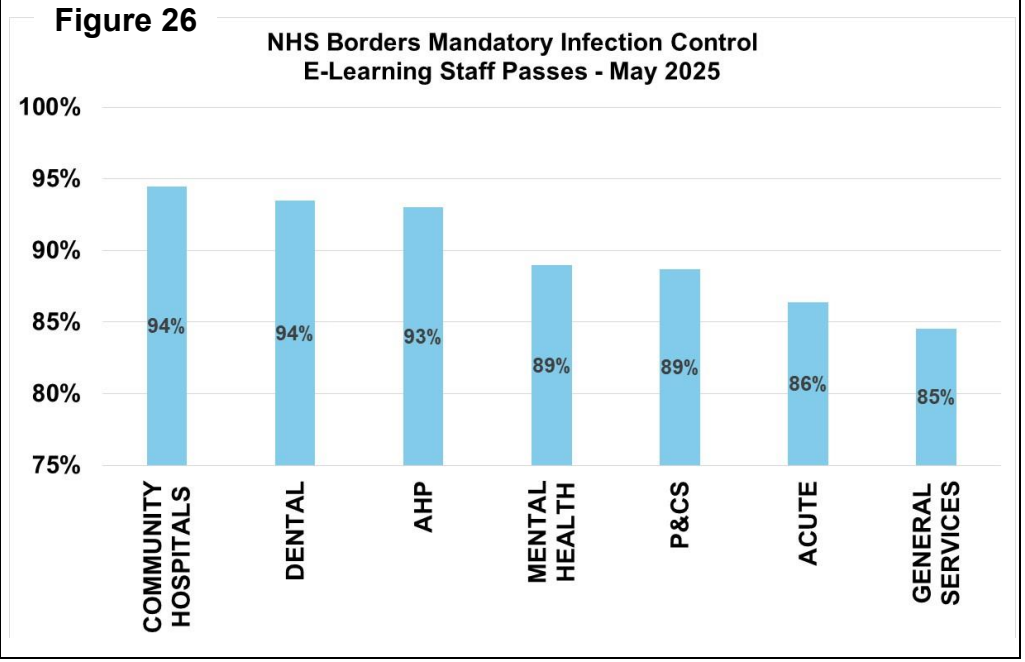


3.7 Mandatory Training

- On 1st May 2025, NHS Borders overall staff compliance with the Infection Control Mandatory E-Learning Module was **88%** for all substantive staff

- **Figure 26** provides a breakdown of completion by service/staff group

Figure 26



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 13 outbreaks in NHS Borders (**Figure 27**) with the following learning identified:
  - When droplet precautions are required, staff should wear a visor as part of Personal Protective Equipment PPE. Action: ward team were reminded

4.2 Incidents – Key Messages

- Two patients have been identified with the same strain of Enterobacter cloacae (background information is provided in **Appendix A**). The patients were on the same ward in BGH for 5 days during which time the sample from the 1st patient was identified (Feb 2025). Subsequently, both patients were in the same community hospital at the same time for 56 days before the positive sample was obtained from the 2nd patient (May 2025). It is possible that both patients acquired the organism from the same environmental source or transmission occurred between patients via an unknown route. A Problem Assessment Group reviewed the cases and based on the timing of the patient samples and duration of exposure; the most likely hypothesis is that transmission happened between patients in the community hospital via an unknown route (such as a contaminated surface or healthcare worker hands). No further cases have been identified.

4.3 Adverse Events

- The Infection Prevention and Control Team reviews all infection control incidents reported via InPhase and provide topic specialist advice when appropriate
- Adverse events will be reported quarterly as part of this report, highlighting recurring themes and outlining any learning and necessary actions

Figure 27

NHS Borders Clusters as at 23/06/2025 (CLOSED INCIDENTS ONLY)					
Outbreak start date	**Outbreak location(s)**	**Organism**	**Positive patient cases**	**Patient deaths**	**Suspected/ confirmed staff cases**
05/04/2025	DME 14	Norovirus	8	0	1
07/04/2025	Ward 5	Norovirus	2	0	1
07/04/2025	Border View	Norovirus	3	0	6
14/04/2025	MAU	Norovirus	8	0	0
18/04/2025	DME 14	Norovirus	9	0	6
21/04/2025	MAU	COVID	5	0	0
21/04/2025	Ward 4	Norovirus	5	0	0
22/04/2025	Ward 5	GI Symptoms	3	0	0
12/05/2025	Ward 7	COVID	3	0	0
23/05/2025	Ward 9	COVID	5	0	0
27/05/2025	Ward 7	COVID	2	0	0
05/06/2025	Kelso	COVID	5	0	5
13/06/2025	Ward 9	COVID	3	0	0

5.0 Quality Improvement

5.1 Prevention of Catheter Associated Urinary Tract Infection (CAUTI)

- The Prevention of CAUTI Group continues to oversee actions to reduce the risk of CAUTI. Recent adverse events identified poor documentation and communication at points of transition of care. To address this, the Prevention of CAUTI Group is establishing a Task and Finish Group with the following specific remit:
  - Develop urinary catheter documentation which will replace use of the Catheter Passport by staff
  - Recommend / develop a patient information leaflet
  - Review the Catheter Policy

6.0 Horizon Scanning

There are no Infection Prevention and Control alerts since the last report

2.3.1 Quality/ Patient Care

Infection prevention and control is central to patient safety.

2.3.2 Workforce

This assessment has not identified any workforce implications.

2.3.3 Financial

This assessment has not identified any specific financial 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

Board members are asked to:

- **Discussion** – Examine and consider the implications of a matter.

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

- **Limited Assurance**

3 List of appendices

- Appendix A, Background and Explanation
- Appendix B, Graphs and Data Explanation

Appendix A

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 Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well-known is MRSA (Meticillin 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 Carbapenemase-producing enterobacteriaceae (CPE)

Enterobacteriaceae are a family of bacteria which are part of the normal range of bacteria found in the gut of all humans and animals. However, these organisms are also some of the most common causes of opportunistic urinary tract infections, intra-abdominal infections and bloodstream infections. They include species such as E. coli, Klebsiella sp., Proteus sp. and Enterobacter sp.

Carbapenems are a valuable family of very broad-spectrum antibiotics which are normally reserved for serious infections caused by drug-resistant bacteria (including Enterobacteriaceae). They include meropenem, ertapenem, imipenem and doripenem.

Carbapenemase-producing Enterobacteriaceae (CPE) are a type of Enterobacteriaceae that are resistant to carbapenem antibiotics. These bacteria carry a gene for a carbapenemase enzyme that breaks down carbapenem antibiotics. There are different types of carbapenemases. Infections caused by CPE are associated with high rates of morbidity and mortality and can have severe clinical consequences.

Treatment of these infections is increasingly difficult as these organisms are often resistant to many and sometimes all available antibiotics.

1.5 Enterobacter cloacae complex

The Enterobacter cloacae complex is a group of closely related bacteria that are commonly found in the environment and can cause infections, particularly in healthcare settings. These bacteria are opportunistic pathogens, meaning they can cause illness when the body's defences are weakened. There are growing concerns about antibiotic resistance with these bacteria making infections harder to treat.

Appendix B

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.

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7 August 2025**
Title:	**Managing Introduction of GLP-1 RA Medication in NHS Borders**
Responsible Executive/Non-Executive:	**Lynn McCallum**
Report Author:	**Malcolm Clubb, Rebecca Devine, Paul Williams**

1 Purpose

This is presented to Board Executive Team for:

- Discussion
- Decision

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

- Person-centred
- Safe
- Effective
- Equitable

Executive Summary

This paper outlines the proposed implementation of GLP-1 RA medications for obesity treatment within NHS Borders. It highlights the clinical evidence, staffing and financial requirements, and associated risks. Key recommendations include phased implementation, prioritisation using EOSS scoring, and the establishment of prescribing capacity through a sessional GP. An Equality Impact Assessment and evaluation framework are also proposed to ensure equitable and effective delivery.

2 Report summary

2.1 Situation

Glucagon-like peptide-1 receptor agonists (GLP-1 RAs) are a class of medications previously used exclusively for the treatment of type 2 diabetes. In recent years, research has expanded to better understand their use in obesity treatment, and this has led to the development of newer medications or increased scope of use for previously approved medicines.

To support boards in the implementation of the Scottish Medicines Consortium recommendations for the use of these medicines for the treatment of obesity, a national short-life working group (SLWG) was established. The "Consensus statement: national criteria for the prioritisation of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) and GLP-1 RA/glucose-dependent insulinotropic polypeptide receptor agonists (GIP RAs) for the treatment of obesity in NHS Scotland" has now been published.

The purpose of the consensus statement and guidance is to help boards respond to SMC advice on the effectiveness of these new medicines, while also acknowledging the delivery challenges of:

(i) different weight management models across boards

(ii) supply issues with GLP-1 RAs; and

(iii) uncertainty about the potential "real world uptake" of these medicines.

They recommend a phased approach to implementation. A FAF1 (formulary application process) for East Region Formulary has been accepted and approved but we have identified that the specialist Weight Management Service within NHS Borders has no designated prescriber to support initiation of the medicine.

2.2 Background

Clinical trials such as LEAD[1] STEP[2], SURPASS[3] and SURMOUNT[4] have demonstrated clinically significant weight loss outcomes and more recently the results of the SELECT[5] trial have shown statistically significant reductions in cardiovascular disease morbidity and mortality. The Scottish Medicines Consortium (SMC) has approved liraglutide (Saxenda®), semaglutide (Wegovy®) and tirzepatide (Mounjaro®) for restricted use in NHS Scotland for weight management.

For a summary of the evidence see appendix 3.

The SLWG Consensus statement outlines 3 phases for implementation of the SMC guidance. Here we focus on Phase 1:

Phase 1

GLP-1 RA and GLP-1/GIP RAs should be used as an adjunct to a reduced-calorie diet and increased physical activity for weight management including weight maintenance, in adults with an initial BMI of:

> ≥38kg/m^2 (≥35kg/m^2 for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population)
>
> AND
>
> one or more obesity-related clinical conditions

OR

Edmonton Score[8] of 3 or 4

Prescribing below this BMI cut-off would only be in clinical scenarios where BMI criteria is a **clinical requirement for access to essential treatment**, for example, life-saving surgery, in-vitro fertilisation.

Obesity-related clinical conditions are defined as:

- Chronic kidney disease (stages 3 or 4)
- Pre-existing cardiovascular disease
- Type 2 diabetes
- Hypertension
- Idiopathic intracranial hypertension
- Metabolic dysfunction-associated steatotic liver disease
- Obstructive sleep apnoea
- Polycystic ovary syndrome
- Prediabetes
- Dyslipidaemia
- Significant psychological distress related to obesity

The agreed first phase will be for patients with a **BMI of ≥38kg/m^2 in the presence of at least one obesity-related clinical condition.**

The National SLWG has recommended that patients can be treated in any healthcare setting where evidence-based and appropriate lifestyle advice can be delivered. However, we know that the combination of medication and health behaviour modification results in more weight loss than either treatment alone.[6] Behaviour modification with respect to prescription of GLP-1 RAs will include both inducing weight loss (through calorie restriction) and also facilitating patients' adoption of dietary and activity patterns that will promote overall health.[7]

For Borders we recommend commencement of these medicines is through the Weight Management Service in Secondary Care, and medicines are supplied via Homecare.

Rather than BMI (a measure of weight), the **Edmonton Obesity Staging System** (EOSS) ranks severity of obesity based on clinical assessment of weight-related health problems, mental health and quality of life. Consideration of this and other tools for clinical prioritisation within the eligible cohort should be undertaken by the Weight Management Service and Sessional GP Clinical Team with ADTC/CIG oversight.

2.3 Assessment

2.3.1 Quality/ Patient Care

The national SLWG has made it clear that the evidence for effectiveness of the medicine is promising. By phasing implementation to groups of patients with highest risk of harm from obesity they are managing entry of this medicine into the system despite SMC guidance approving much lower entry criteria.

2.3.2 Workforce

To ensure access to prescribing of GLP-1 receptor agonists we need prescribing capacity to deliver the SMC decision and the expectations of the Scottish Government SLWG.

Prescribing capacity cannot be offered via the Weight Management Service at present: dietitians can train as independent prescribers (alongside allied health professionals e.g. physiotherapists, podiatrists, nurses) however the scope of their role is as a supplementary prescriber at this time.

We have considered using the Public Health team to provide the independent prescriber cover, however, given the professional mix of Public Health consultants, it is not considered good clinical practice to prescribe, and they are not supported to do so by their regulatory bodies.
After discussions with our GP colleagues they have recommended that to ensure we manage patients appropriately, they be managed and prescribed for via a specialist service rather than recommending individual GPs prescribe. Therefore, **we recommend a sessional GP working with the Weight Management Service** one session per week.

To ensure safe commencement of prescribing, plus follow up and monitoring of patients, and management of any incidental abnormal side effects, additional staff will need funded.

An additional 1.2 WTE dietitian, 1.2 WTE dietetic support worker and 1 session of Sessional General Practitioner will be required for the anticipated additional 100 patients in the first year. Staffing needs will be reviewed after 12 months.

Staff	Whole Time Equivalent	Annual Cost
Dietitian (Band 7)	1.2 (1WTE = £67,184)	£78,576
Dietetic Support Officer (Band 3)	1.2 (1WTE = £35,458)	£42,549
Sessional GP	0.1 (one session)	£15,912 (based on £306 per session)
	total	£137,037

Dietitians can prescribe medications within the framework of patient-specific clinical management plans agreed by a doctor. Once patients eligible for treatment with GLP-1 RAs have clinical management plans in place, they may well be able to have their prescribing needs met by dietitians. We expect an **exit strategy based on having an Independent Prescriber Dietitian in the Weight Management Service may be possible** in the next 2-3 years. This will require training of two dietitians in supplementary prescribing, with the vision that they can convert to recognised independent prescribers when the law allows.

Staff	Qualification Cost	Total Cost
Dietitian (Band 7) x 2	£1660	£3320

2.3.3 Financial

The East Region formulary application has been made for the SLWG recommendation of patients with a BMI ≥38 kg/m^2 with a co-morbidity.

The number of people living with a BMI ≥30 kg/m^2 in the Scottish Borders is estimated at 32,485 (28% of the population). We are not aware how many of these would have a weight-related co-morbidity. We know that in NHS Borders we have 312 patients known to weight management services with a BMI ≥38 kg/m^2 which account for 57% of total referrals for tier 2&3 services.

The Weight Management Service believe demand for the injectable weight management treatment through the route recommended will increase **by a minimum** of 100 patients per annum.

We also need to recognise that this intervention will possible be long-term or lifelong. Following successful treatment some patients may be eligible to switch to alternative weight-maintenance programmes. It is likely the number of patients in treatment will keep escalating as discontinuation may not be based on successful weight loss.

Semaglutide costs per patient from SMC submission

	Annual cost
Year 1	£1,926 (initiation phase reduces cost)
Year 2	£2,285

Semaglutide costs per 100 patients (Year 1) and 100 additional patients per year until Year 5

	Annual Cost
Year 1	£192,600 (100 patients on treatment)
Year 2	£421,100 (200 patients on treatment)
Year 3	£649,600 (300 patients on treatment)
Year 4	£878,100 (400 patients on treatment)
Year 5	£1,106,600 (500 patients on treatment)

2.3.4 Risk Assessment/Management

The Board is risking non-delivery of an SMC approved medicine to its patients if an assessment service and prescribing pathway can't be agreed.

If we can agree a prescribing capacity model this will support managed entry for the medicine.

2.3.5 Equality and Diversity, including health inequalities

No impact assessment has been undertaken at this time but will need to be carried out in due course.

2.3.6 Communication, involvement, engagement, and consultation

Primary and Community Services
Keith Maclure, Medicines Utilisation Lead
Joeleen McKean, Team Lead Dietetics Service
Gillian Archibald, Specialist Dietitian
Paul Williams, AHP Lead

2.3.7 Route to the Meeting

2.4 Recommendations

Board approve the recommendations in this paper to provide these SMC approved medicines through the weight management service with additional staffing as detailed herein.

The service is monitored and evaluated (draft evaluation framework included at **Appendix 1**). Staffing and process is reviewed after 12 months.

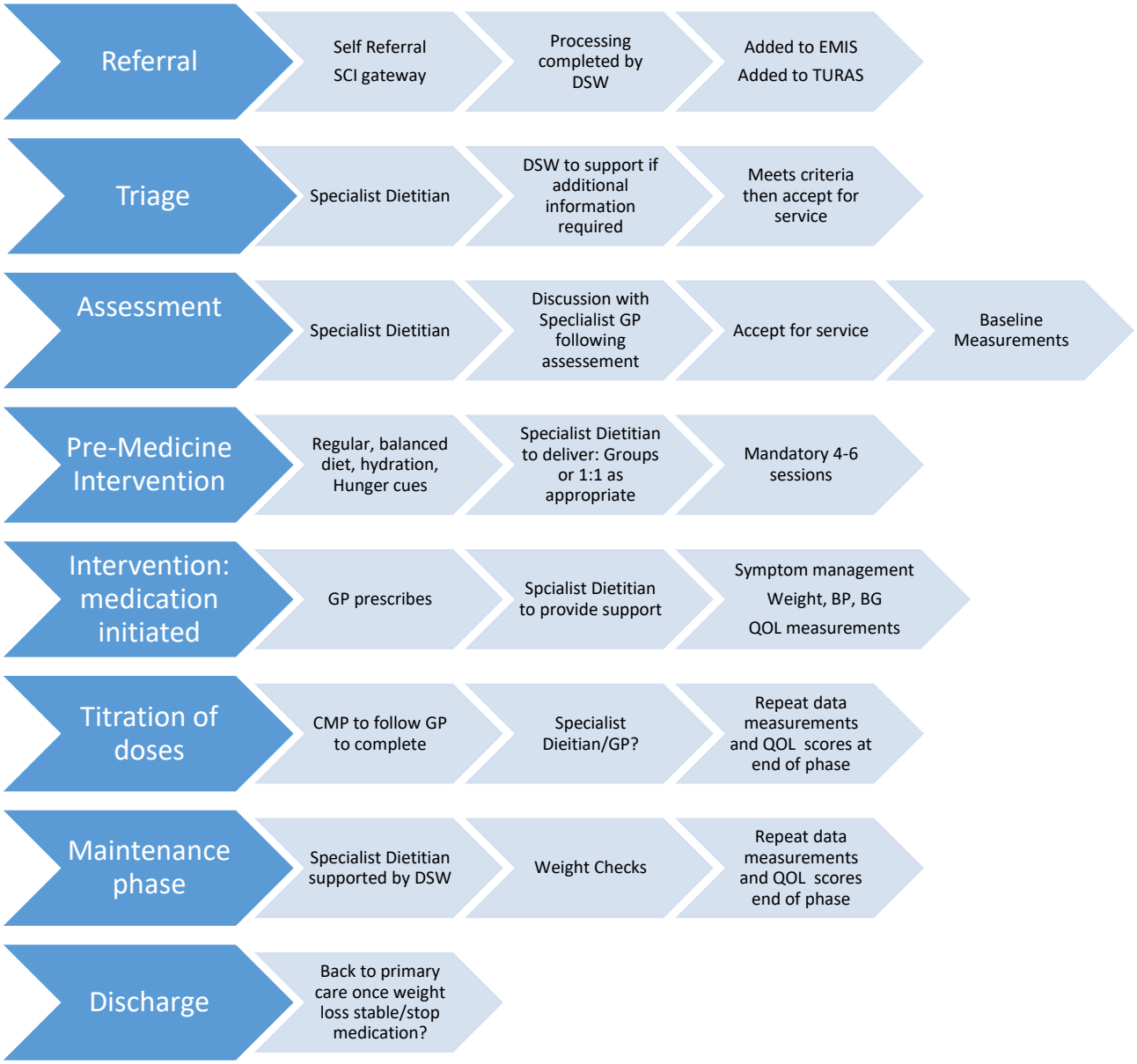
References

1. A Randomized, Controlled Trial of 3.0 mg of Liraglutide in Weight Management | NEJM
2. Once-Weekly Semaglutide in Adults with Overweight or Obesity | NEJM
3. Tirzepatide versus Semaglutide Once Weekly in Patients with Type 2 Diabetes | NEJM
4. Tirzepatide Once Weekly for the Treatment of Obesity | NEJM
5. Semaglutide and Cardiovascular Outcomes in Obesity without Diabetes | NEJM
6. Randomized Trial of Lifestyle Modification and Pharmacotherapy for Obesity | New England Journal of Medicine (nejm.org)
7. The Role of Lifestyle Modification with Second-Generation Anti-obesity Medications: Comparisons, Questions, and Clinical Opportunities | Current Obesity Reports (springer.com)
8. EOSS Scoring

Evaluation Framework for Introduction of GLP-1 RAs			
Process Measure	**Patient Outcome Measure**	**Clinician Outcome Measure**	**Timings of measurements**
• Number of patients – total accessing service • Total number of patients assessed for GLP-1 RAs • Total number deemed eligible • Total number started on GLP-1 RAs • Total number still prescribed GLP-1 RAs at 12 months • Total on tier 3 waiting list • Total on all waiting lists with BMI >38 kg/m^2	• Weight • BMI • Blood Pressure • Physical Activity level – (below, meets or above CMO Guideline) • Alcohol units/week • Smoking Status • Wellbeing (WEMWBS) • Number and type of obesity related conditions • HbA1c (for those with diabetes) • Other medications currently prescribed and indications	• Staff perception of service and recommendations (free text) • Clinical hours per patient required from triage until patient on stable dose • Clinical hours per patient required before discharge to community follow up	1. Initial Assessment 2. At point of stabilisation of dose of GLP-1 RA 3. At point of discharge to community 4. At point of stopping prescription 5. (ideally) 12, 24 months post stopping prescription

Appendix 1: Evaluation and Monitoring draft Protocol

Appendix 2


Referral
Self Referral
SCI gateway
Processing completed by DSW
Added to EMIS
Added to TURAS
Triage
Specialist Dietitian
DSW to support if additional information required
Meets criteria then accept for service
Assessment
Specialist Dietitian
Discussion with Speclialist GP following assessement
Accept for service
Baseline Measurements
Pre-Medicine Intervention
Regular, balanced diet, hydration, Hunger cues
Specialist Dietitian to deliver: Groups or 1:1 as appropriate
Mandatory 4-6 sessions
Intervention: medication initiated
GP prescribes
Spcialist Dietitian to provide support
Symptom management
Weight, BP, BG
QOL measurements
Titration of doses
CMP to follow GP to complete
Specialist Dieitian/GP?
Repeat data measurements and QOL scores at end of phase
Maintenance phase
Specialist Dietitian supported by DSW
Weight Checks
Repeat data measurements and QOL scores end of phase
Discharge
Back to primary care once weight loss stable/stop medication?

Appendix 3: Evidence Briefing on new Weight Loss Medications

Purpose

To give an overview of current evidence, challenges and considerations regards GLP-1 Receptor Agonist medications at an individual and population level.

Background

In Scotland, 67% of adults live with excess weight; the **highest figure of any UK nation** and one that has grown dramatically over the last 30 years. With that rise in obesity comes an increased risk for heart disease, stroke, type 2 diabetes, and some cancers. Obesity is now the leading cause of death in Scotland and is linked to 23% of all deaths. The number of people living with a BMI ≥30 kg/m^2 in the Scottish Borders is estimated at 28% of the population.

GLP-1s (glucagon-like peptide-1 receptor agonists) are emerging as a promising intervention for weight reduction, with potential to address the obesity epidemic. These medications, originally developed to treat diabetes, stimulate GLP-1 receptors to increase insulin secretion, reduce appetite, slow gastric emptying to promote weight loss.

Published evidence

The randomised control trial evidence for liraglutide, semaglutide and tirzepatide show very promising results in terms of average weight loss in the short term compared to placebo.

Saxenda (liraglutide) Pi-Sunyer et al, 2015

- Average **weight loss of 8%** (8.4kg)
- 63.2% lost at least 5% of their body weight Vs 27.1% on placebo
- most frequently reported adverse events were mild or moderate nausea and diarrhoea
- Serious events occurred in 6.2% of the patients in the liraglutide group and in 5.0% of the patients in the placebo group. (Serious events reported included pancreatitis, gall bladder pathology and tachycardia.)

Wegovy (semaglutide) Wadden et al, 2021

- Average **weight loss of 16%** (16.8kg)
- 86.6% lost at least 5% of their body weight Vs 47.6% on placebo
- 17 months treatment with semaglutide vs placebo, **combined with intensive behavioural therapy (and a low-calorie diet for the initial 8 weeks**), resulted in reductions in body weight of 16.0% vs 5.7%, respectively
- Gastrointestinal adverse events were more frequent with semaglutide (82.8%) vs placebo (63.2%). Treatment was discontinued owing to these events in 3.4% of semaglutide participants vs 0% of placebo participants.

Mounjaro (tirzepatide) Jastreboff et al, 2022

- Average **weight loss of 15%, 19.5% and 20.9%** with 5mg, 10mg and 15mg respectively
- 90.9% lost at least 5% of their body weight Vs 34.5% on placebo
- adverse events with tirzepatide were mostly mild to moderate gastrointestinal symptoms
- Adverse events caused treatment discontinuation in 4.3%, 7.1%, 6.2%, and 2.6% of participants receiving 5-mg, 10-mg, and 15-mg tirzepatide doses and placebo, respectively.

Please note these trials were all **company funded**.

Potential health benefits above and beyond diabetes and weight loss

Most recent evidence indicates that GLP1s have positive impact on other aspects of health in addition to their effect on weight loss:

Reduced Incidence of Death from Cardiovascular causes

SELECT trial Lincoff et al, 2023

- RCT with cohort of patients 45 years+ who had preexisting cardiovascular disease and BMI ≥ 27 with no history of diabetes
- semaglutide was superior to placebo in reducing the incidence of death from cardiovascular causes, nonfatal myocardial infarction, or nonfatal stroke at a mean follow-up of 39.8 months
- Results were irrespective of baseline weight/BMI or how much weight was lost

Reduction in Heart Failure symptoms

STEP-HFpEF trial Kosiborod et al, 2023

- RCT with cohort of patients with heart failure with preserved ejection fraction and a BMI ≥ 30
- treatment with semaglutide led to larger reductions in symptoms and physical limitations, greater improvements in exercise function, and greater weight loss than placebo

Reduction in Pain from Osteoarthritis Felson 2024

- Reduction of 50% in pain scores for people with OA and obesity.
- (Could GLP-1s be considered in the future to avert or delay elective surgery for e.g. knee arthroplasty?)

Reduced risk of developing diabetes

It follows that, by increasing weight loss, these medications may also improve blood glucose regulation and possibly lower the risk of developing type 2 diabetes.

Tirzepatide longer term outcomes - Albert et al 2024

- Presented at Obesity Week November 2024 were the results of longer-term treatment to 3.5 years
- 97% of people in the intervention reverted to normoglycaemia.

Improvement in Quality of Life

Sustained weight loss can lead to improved physical mobility and benefit to mental health, contributing to overall quality of life.

Public Health implications: treating obesity at scale

The weight loss reported in the trials is **clinically meaningful** as even a 5-10% decrease can improve health markers such as blood pressure, cholesterol and glucose levels, and reduce the risk of cardiovascular disease.

Tirzepatide became the subject of national debate recently when the UK government announced plans to offer it to **people experiencing unemployment** to help them back into work. The government is partnering with the manufacturer to run a five-year trial in Greater Manchester.
It has been proposed that GLP-1 agonists could provide an alternative for individuals who struggle with traditional weight-loss methods, like diet and exercise, or for whom bariatric surgery is not suitable. However, while GLP-1s have been shown to be effective, they should be used **in**

combination with behaviour changes to maximise health benefits and encourage sustainable behaviour change.

Many Public Health professionals would argue that upstream prevention may be more effective and sustainable e.g. tackling the environmental and commercial drivers of the 'obesogenic environment'.

Additionally, there are the **ethical considerations** of how we can stop over-medicalising weight and reinforcing stigma of overweight. For GLP-1s to be effective as a public health tool, they should be part of a broader approach to obesity that includes education, nutrition, physical activity, and mental health support.

Innovation versus affordability – Kim et al, 2024
One strategy may be to start individuals on a GLP-1 and when that individual achieves sustained weight loss using an GLP-1/IM therapy at recommended doses, there is an option to switch to an alternative weight-maintenance programme. This could incorporate elements such as lower-cost medications, a behavioural health programme, and psychological and nutritional support which could more efficiently reallocate resources devoted to obesity management.

Drug Safety

Common side effects and adverse events are usually gastrointestinal. Events reported include pancreatitis, gall bladder pathology and cardiac arrythmias. Also, hypoglycaemia in non-diabetic patients.

Thyroid cancer – Lisco et al 2023 There has been a described association between GLP1s and thyroid cancer, with the risk increasing the longer you are on the medicine making them unsuitable for people with a family history of medullary thyroid cancer.

Ophthalmic adverse events - Zhan-Yang 2024 A study using data from the Food and Drug Administration Adverse Event Reporting System found that among >17m reports, semaglutide and lixisenatide were significantly associated with ocular adverse events.

Impact on contraceptives – BNF It is advised that **female patients who are overweight or obese and using an oral contraceptive should add a barrier method of contraception** while taking tirzepatide or switch to a non-oral contraceptive method for the first 4 weeks of treatment, and for 4 weeks after *each* dose increase and discontinue treatment at least one month before planned pregnancy. Women of child-bearing age need advised.

Medicines and Healthcare Products Regulatory Agency - MHRA
As of 28 October 2024, the MHRA has received 7228 reports of the common gastrointestinal reactions of nausea, vomiting and diarrhoea in association with GLP-1RAs indicated for weight management. Of these reports, **68 reported hospitalisation** of the individual.

The risk from **fake medicines** is an emerging concern in Scotland, especially non-NHS supplied drugs being **used in patients in whom they would be contraindicated**, without appropriate clinical assessment and with subsequent harm.

When interpreting this information, it is important to understand that the exact number of individuals using these medicines is unknown. It is difficult to confirm the inappropriate use or misuse of medicines from the Yellow Card data. On 8th **November 2024 BBC reported a death** linked to tirzepatide. MHRA have stated: "*On the basis of the current evidence the benefits of GLP-1 RAs outweigh the potential risks when used for the licensed indications*."

Cost and Access: risks of unregulated prescribing

Cost, supply, and the large number of people who are overweight means that NHS prescriptions cannot be provided to all who may want to explore use of these medications. One consequence of this situation is a rise in unregulated prescribing. We know in Scotland there have been recent **presentations to hospital Emergency Departments** with adverse side effects following online purchase and use of unlicensed GLP-1s.

Long-term Efficacy

While effective in the short term, the long-term safety of GLP-1 agonists for weight management is still under study. Studies show that **weight may return if the medication is discontinued**, suggesting that long-term or possibly lifelong use might be necessary, raising questions about sustainability and affordability.

Potential reduction in cost to health service

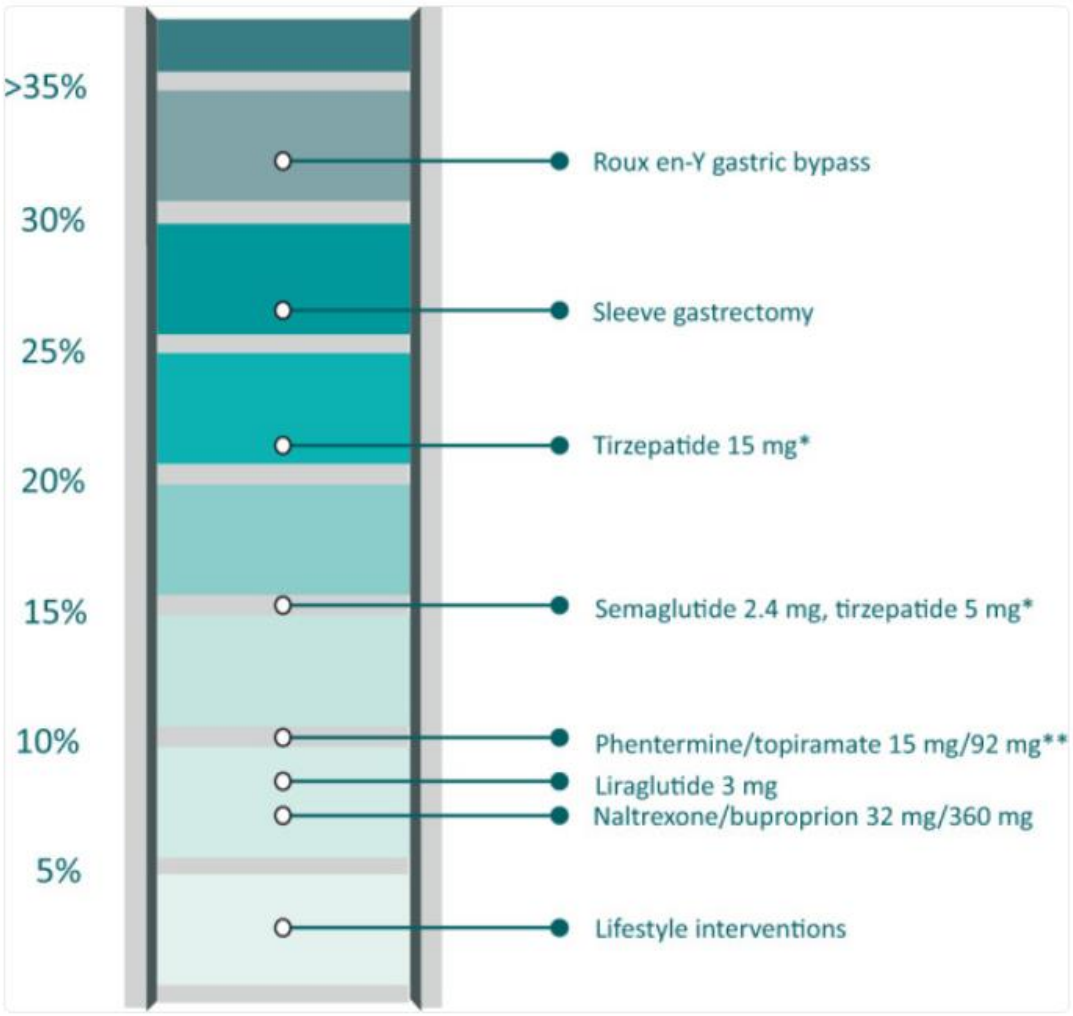
It follows that, given the high cost of managing obesity and related clinical conditions in the NHS, there could be a potential economic benefit when reducing obesity at scale (if that is indeed possible long term).

Economics and Costs of Obesity in Scotland - Bain et al 2022

This analysis reported by Nesta suggests that the annual full costs of obesity in Scotland in 2022 are £5.3 billion. This corresponds to 3% of Scotland's 2022 GDP. This includes £4.1bn costs to individuals due to reduced health-related quality of life (a non-financial cost, borne by individuals as poorer physical and mental health and reduced wellbeing) as well as £772m costs to the NHS for treating obesity-related conditions and £29m costs to the social care sector for supporting care needs which are associated with obesity.

Visual comparison of interventions

The diagram below shows the mean weight loss achieved at approximately 1 year follow-up with moderate-intensity lifestyle interventions (500 kcal/day deficit diet and advice to exercise for 150 min/week), currently available pharmacotherapies (and tirzepatide) and bariatric surgery in people without diabetes. *Not approved yet for obesity management; **approved in the USA, but not in Europe.



Reference: Melson et al 2023 https://pmc.ncbi.nlm.nih.gov/articles/PMC10541050/

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7 August 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 17 July 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 17.04.25

Borders NHS Board

A meeting of the **Staff Governance Committee** was held on **Thursday, 17 April 2025** at 11.00am vis MS Teams

Present: Cllr D Parker (Chair)
Mrs L Livesey, Non Executive

In Attendance: Mr A Carter, Director of HR, OD & OH&S
Mrs E Cameron, Head of OD
Miss I Bishop, Board Secretary
Mr R Brydon, Head of Health & Safety
Dr S Bhatti, Director of Public Health
Mrs K McLachlan, Head of Occupational Health
Mrs A Paterson, Deputy Director of HR
Ms V Mann, Partnership Chair
Mrs C Smith, Head of Workforce
Mrs G Russell, Partnership Chair

1. Apologies and Announcements

1.1 Apologies had been received from Mr J McLaren, 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 meeting of the Staff Governance Committee held on 21 November 2024 were approved.

3.2 The minutes of the previous meeting of the Staff Governance Committee held on 16 January 2025 were amended to include the following paragraph at Matters Arising **"**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." and with amendment the minutes were approved.

4. Matters Arising

4.1 **Action 8:** Mr Andy Carter commented that nationally there was a pause on the

Once for Scotland policies which included an Equal Opportunities policy. An update would be brought to a future meeting when the updated policies had been released nationally.

4.2 **Action 9:** Mr Andy Carter asked that the action be closed as the national report had been circulated and discussed at Board Development session.

4.3 **Action 7:** Mrs Edwina Cameron commented that she had not received any feedback around the content of the proposed development session and asked Committee members to consider it so that she could develop a meaningful session.

4.4 Mr Carter commented that the Chair of the LGBTQ+ Group had reached out to him following the Supreme Court judgement in regard to gender. He had responded and was happy to share his response with the Committee if they wished.

The **STAFF GOVERNANCE COMMITTEE** noted the Action Tracker.

5. People Metrics: Discussion

5.1 Mr Andy Carter provided an overview of the provision of workforce metrics.

5.2 Discussion focused on several areas including: staff in post by whole time equivalent; total workforce across the past 2 years; external contractors; staff turnover; consequences of the 2015 pension remedy action; sickness absence levels; gender balance within the organisation; statutory and mandatory training compliance; fatalities; referrals to occupational health services; appraisals and personal development plans; and supporting professional activities.

The **STAFF GOVERNANCE COMMITTEE** noted the report.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it had received from the report was Significant Assurance.

6. Staff Governance Monitoring Template

6.1 Mrs Edwina Cameron provided an overview of the content of the template to monitor compliance with the staff governance standards within the business units and bring reports to the Committee on an annual basis.

6.2 Discussion focused on: benchmarking against other Boards; service reviews and the conflation of staff governance in processes; identification of any barriers; trial as a template for 12 months; it was a long document; and support for the template.

The **STAFF GOVERNANCE COMMITTEE** agreed the Staff Governance Monitoring Template.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it had received from the report was Significant Assurance.

7. iMatter Update

7.1 Mrs Edwina Cameron provided a brief update on imatter and the next of surveys for

completion. An initial review of hierarchies had been completed along with engagement with Scottish Borders Council. Team confirmations were due the following week and the process was being slightly amended to enable the use of SMS or personal email addresses as it was hoped that might help to push the return rate in some areas that were poor respondents. The survey was due to start towards the end of May and into June to avoid the school holidays.

7.2 Discussion focused on: publication of feedback from the previous survey; for those with no access to IT they appear to have a short window in which to respond; You Said, We Did is publicised; sound bites from managers are planned; support from staff side for those with English as second language or literacy difficulties; and people are still not convinced the system is fully confidential.

The **STAFF GOVERNANCE COMMITTEE** noted the update.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it had received from the report was Significant Assurance.

8. Remuneration Committee Annual Report 2024/25

8.1 Mr Andy Carter provided an overview of the content of the report and explained how it was a part of the governance and assurance requirement of the Health Board Annual Report and Accounts process.

8.2 Dr Sohail Bhatti enquired if the social compact formed part of the remuneration package. Mr Carter explained that the social compact was the totality of national terms and conditions and did not fit within the Remuneration Committee remit of Executive and Senior Manager pay and performance.

8.3 Mrs Lynne Livesey enquired if deputies could attend the meetings. Mr Carter confirmed that the terms of reference were clear that deputies were not permitted.

The **STAFF GOVERNANCE COMMITTEE** noted the report as part of its assurance to the Board that the Remuneration Committee is addressing appropriate business in line with due process.

The **STAFF GOVERNANCE COMMITTEE** confirmed the level of assurance it had received from the report was Significant Assurance.

9. Any Other Business

9.1 **Whistleblowing:** The **STAFF GOVERNANCE COMMITTEE** was asked to note that the Whistleblowing Quarterly reports and Annual Report would be submitted directly to Borders NHS Board. Mr Andy Carter remained as the Executive Lead for Whistleblowing with Miss Iris Bishop as the INWO Liaison Officer.

9.2 **Health & Care (Staffing) (Scotland) Act 2019:** The **STAFF GOVERNANCE COMMITTEE** was asked to note that the Quarter 3 Report for the Health & Care Staffing Scotland Act was now available and would be shared with the Committee for information after the meeting. Moving forward the quarterly reports would be included on the Committees' yearly business plan.

10. Date and Time of next meeting

10.1 The Chair confirmed that the next scheduled meeting of Staff Governance Committee would take place on Thursday, 17 July 2025 at 11.00am via MS Teams.

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7 August 2025**
Title:	**NHS Borders Performance Scorecard June 2025**
Responsible Executive/Non-Executive:	**June Smyth, Director of Planning & Performance**
Report Authors:	**Hayley Jacks, 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 June 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 2025, we are looking to develop a new integrated performance report (IPR), reflecting new ADP targets and other local KPIs. We anticipate this will be ready for

dissemination in September and will remain a work in progress as we develop the report further.

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 June 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

June 2025

Month 3

Contents

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).

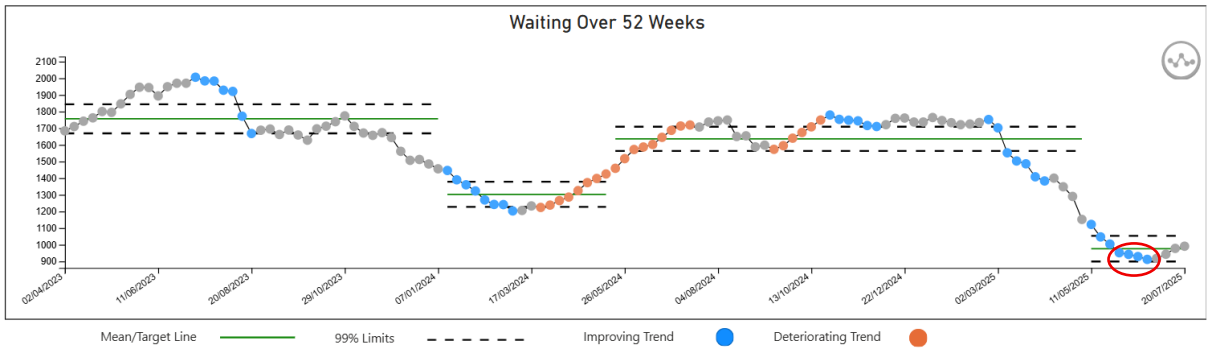
Performance is measured against a set trajectory or standard. To enable current performance to be judged, colour coding is being used to show whether the trajectory is being achieved. A tolerance of 10% is applied to the standards to enable them to be given a RAG status. For standards where the trajectory is 0, the tolerance level is 1, anything higher the RAG status is red (for example waiting times and delayed discharges).

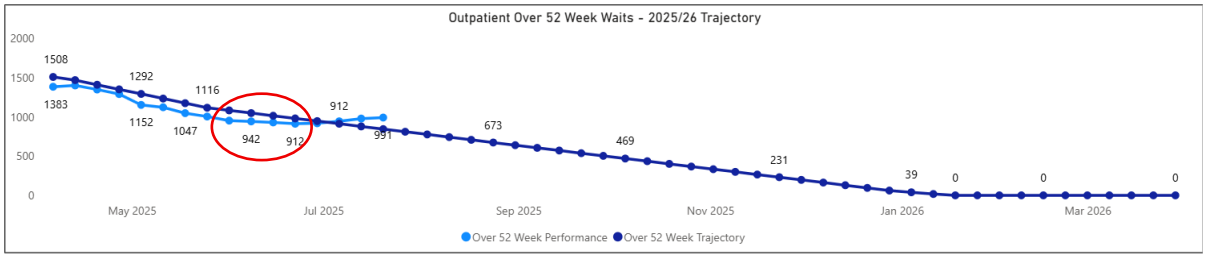
Please note that moving forward we will be producing Statistical Process Control (SPC) charts to display data so we can monitor and improve our performance. An SPC chart is a type of graph used to monitor how a process changes over time. It shows data points in time order and includes a centreline (usually 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.





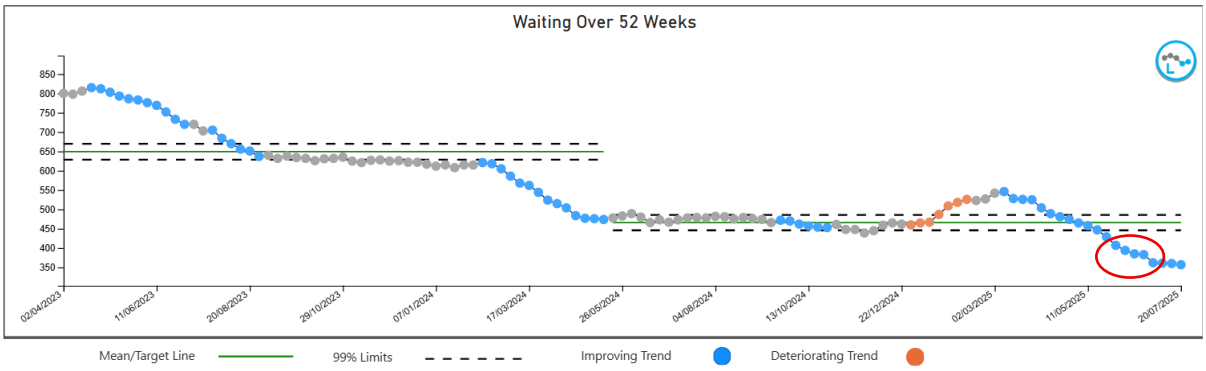
During June 2025 we have continued to show improvement in outpatient waiting time performance. Strengthened performance management and oversight and additional capacity has been targeted at patients waiting over 52 weeks, and this is where reductions are noted.

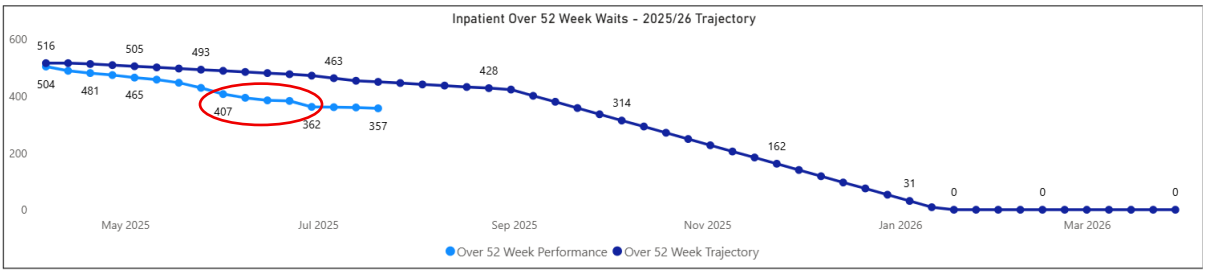
- The total waiting list size has increased in the month by 42 patients
- Number of patients waiting over 104 weeks have increased by 13 patients in the month
- Number of patients waiting over 52 weeks have reduced by 86

Updated 23/07/25

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.

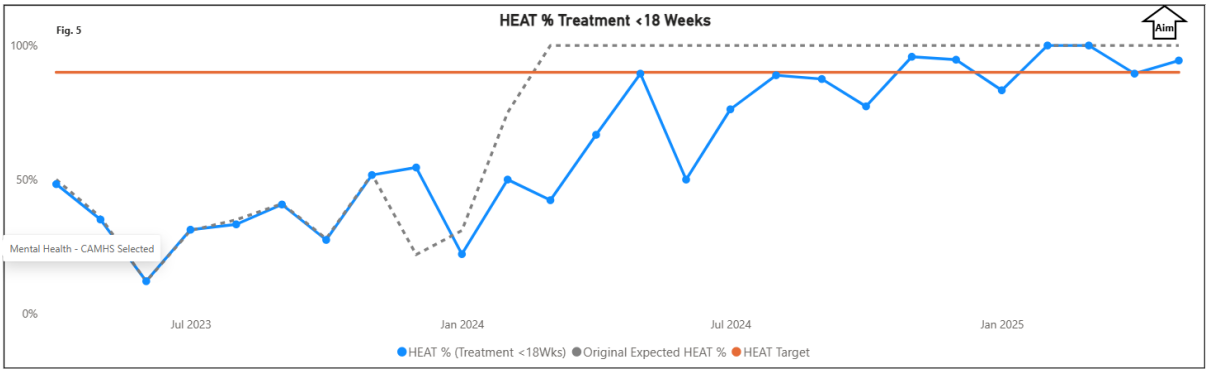




We are continuing to see the overall size of the IPWL reduce and this was at 2,271 patients at the end of June 2025. Patients waiting over 104 weeks was 18 and this has continued to reduce. Patients waiting over 52 week waits decrease and in line with the agreed improvement trajectory.

Updated 23/07/25

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% and May increasing again to 94%. To maintain progress, weekly monitoring of waiting times continues, with a particular focus on Condition 1 category patients (Mental Illness) to ensure equitable access.

One of the main priorities regarding CAMHS is to consistently conduct new patient assessment appointments with a specific emphasis on meeting the 18-week Referral to Treatment (RTT) Annual Delivery Plan (ADP) Target. Performance (0-18 weeks) for Q/E March 2025 has increased to 94.9% compared to data for last quarter (89.2%). CAMHS maintains a weekly monitoring of waiting times to ensure that patients are seen within the 18-week timeframe.

In May 2025, CAMHS launched an internal waiting list initiative to address the backlog of patients awaiting potential diagnoses. The Consultant Psychiatrist, who specialises in Neurodevelopmental Disorders, is systematically reviewing patients on our internal list for ADHD and Autism. As part of this initiative, three patients are assessed each week through a collaborative process involving both the psychiatrist and a nurse. Where appropriate, diagnoses are made during these assessments. Patients are then followed up by the nurse two weeks later, with the aim of discharging those for whom medication is not required. We anticipate that this initiative will reduce the waiting list by approximately 120 patients over the next twelve months.

Challenges / Areas for Development:

- Increasing number of referrals, increased acuity
- Impacts on the number of patients who have received a new patient appointment but are now waiting allocation to a clinic. This internal waiting list has 466 patients on it and the longest wait is 77 weeks.
- Shift in Category of referrals with more Category 1 than Category 2.
- Lack of sufficient suitable accommodation for both staff and for clinical space, this can lead to inefficiencies.
- Lack of availability of timely adolescent inpatient beds.
- Poor referral quality from some referrers.

Planned Activity in Next Reporting Period:

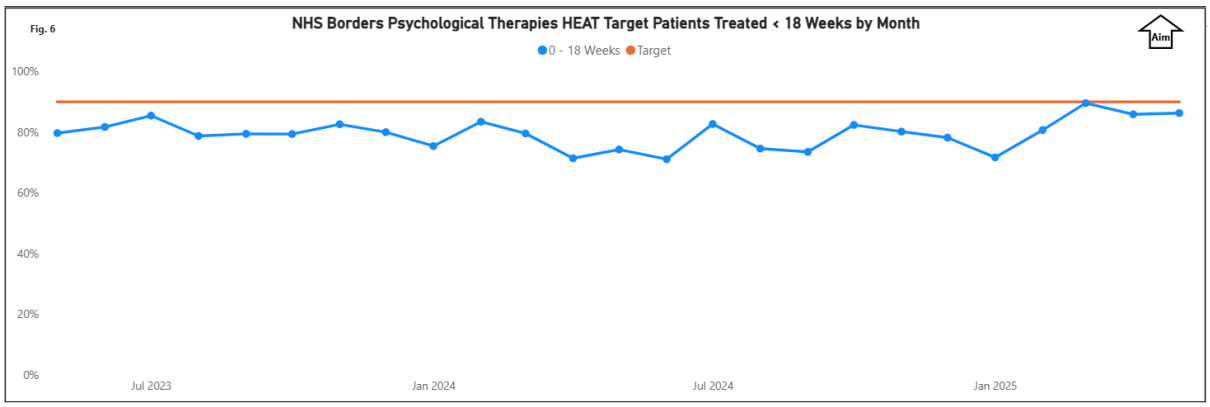
- Creating recorded ASD parent group sessions
- Maintaining HEAT Target for Category 2 patients on the waiting list.
- Progress paper light administration system.

- Whole Systems change SLWG
- Involvement in a project to review inpatient services throughout Scotland, recognising the ongoing challenge of accessing specialist beds for young people. This has put pressure on our adult acute inpatient service. Our Advanced Clinical Nurse Specialist in CAMHS has enhanced the Multidisciplinary Team approach to ensure that assessments and treatments are carried out by the most suitable professionals.

Updated 29.07.25

Waiting Times- Psychological Therapies

Please note the one month lag in data (current available data for May '25)



In May 2025, we started treatment with 117 people, 16 of whom had waited more than 18 weeks. Our performance against the 18-week LDP Heat target improved slightly to 86.32% compared to last month which was 85.93%. Our current waiting list continues to rise and is 564 which is an increase from last month (541). Of those on our current waiting list, 90.4 % have waited less than 18 weeks. We have had a slight decrease in those waiting 19-35 weeks and a slight increase in those waiting 36-52 weeks and have no one waiting over 52 weeks.

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 longer waits due to capacity issues in services, which alerts us to this improvement not being maintained unless we have some extra resource, especially in areas that have capacity gap. We still have strong demand for all our services especially secondary care adult mental health and as described above our waiting list does continue to grow.

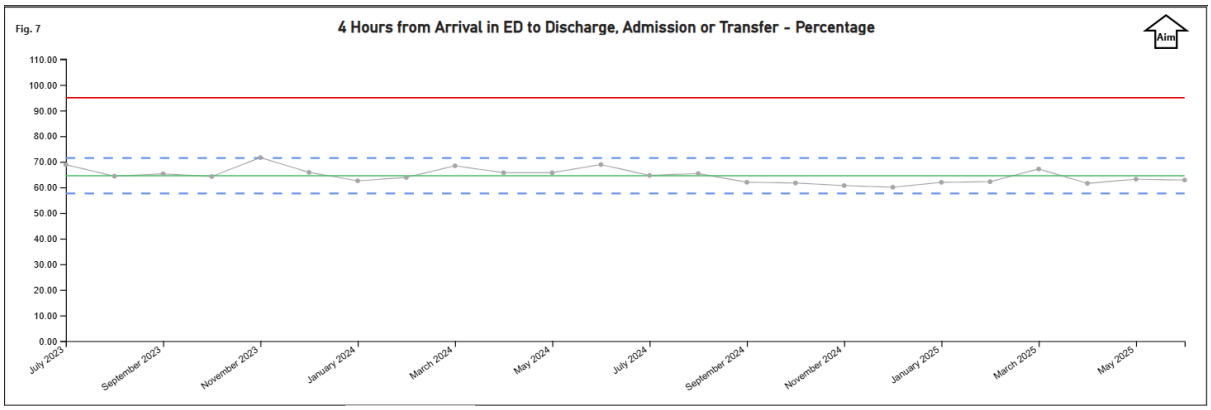
We monitor all of our services to make sure that they are as productive as possible and performing according to nationally agreed job plans. We are implementing a plan utilising prospective underspend to recruit some 1.6wte 8A resource to carry out a waiting list initiative which will start in July. We are working hard on our service review that is considering ways to improve our performance; although this is challenging due to known capacity gaps in services, the way the services are structured and the need to make savings.

Updated 24.07.25

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 June 2025 there were **2750** unplanned attendances to the Emergency Department (ED), with **1092** breaches. Performance against the standard was **60.29%** vs **60.89**% in May 2024.

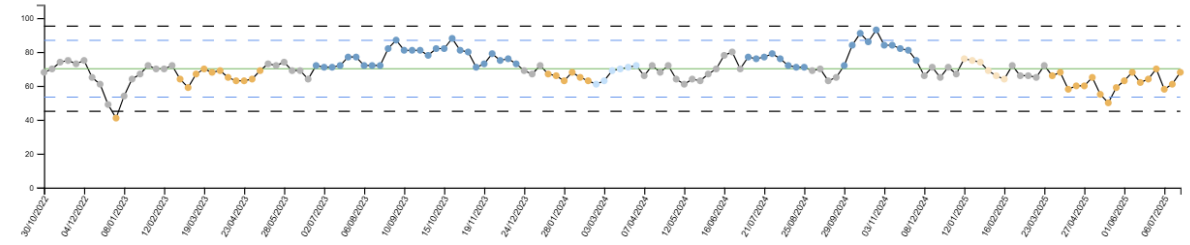
Performance was notably affected by a combination of factors, including increased patient acuity, disruptions due to infection control measures—such as ward and bay closures—and ongoing challenges related to crowding and congestion at the emergency department entrance.



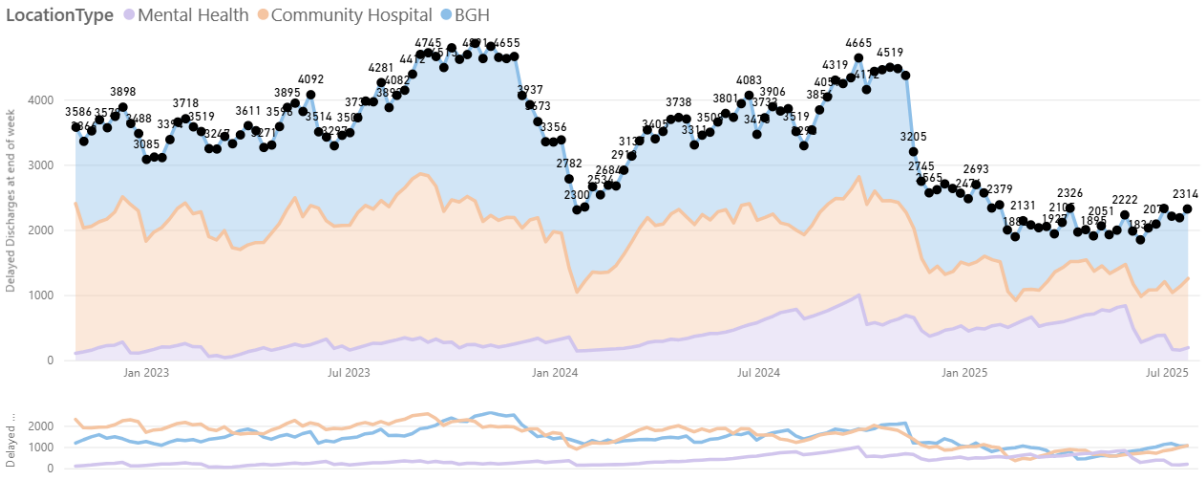
Updated 23/07/25

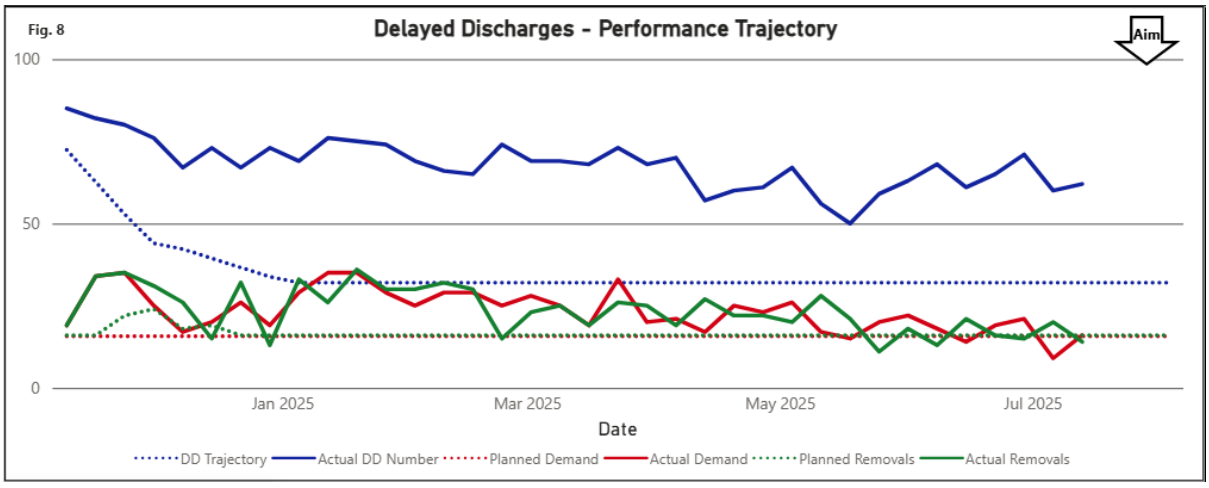
Delayed Discharge

SPC - Delays On Sunday



No. of Delayed Bed Days





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 in line with the forecast trajectory.

As of 29 June, our delayed discharge breakdown was summarised as below:

	Number of people delayed	% of people delayed	Occupied Bed Days	% Occupied Bed Days
Assessment	9	13%	129	5.5%
Waiting to go Home	27	39%	883	38%
Adults with Incapacity	7	10%	237	10%
Residential Home	19	28%	664	28.5%
Nursing Home	5	7%	228	10%
Other	2	3%	181	8%
Total	70	100%	2322	100%

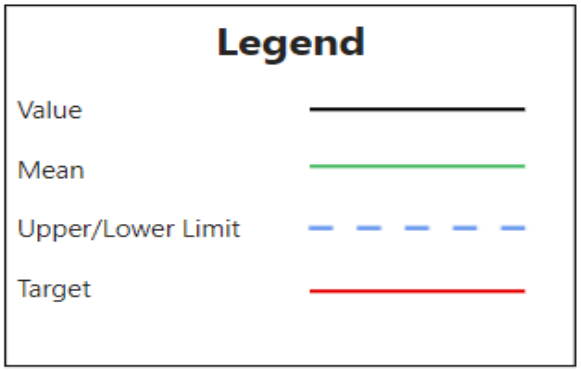
The number of delayed discharges in the hospital and the number of lost bed days as a result is falling. This is the result of executive oversight and targeted actions.

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 whish are a focus for community services this month.

Updated 24/07/25

Appendix to Main Performance Scorecard – Performance Against Previous Agreed Standards

Key Metrics Report – AOP Performance



Current Performance Key

R	Under performing	Current performance is significantly outwith the trajectory/ standard set	Outwith the standard/ trajectory by 11% or greater
A	Slightly Below Trajectory/ Standard	Current performance is moderately outwith the trajectory/standard set	Outwith the standard/ trajectory by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory/standard set	Overachieves, meets or exceeds the standard/trajectory, or rounds up to standard/trajectory

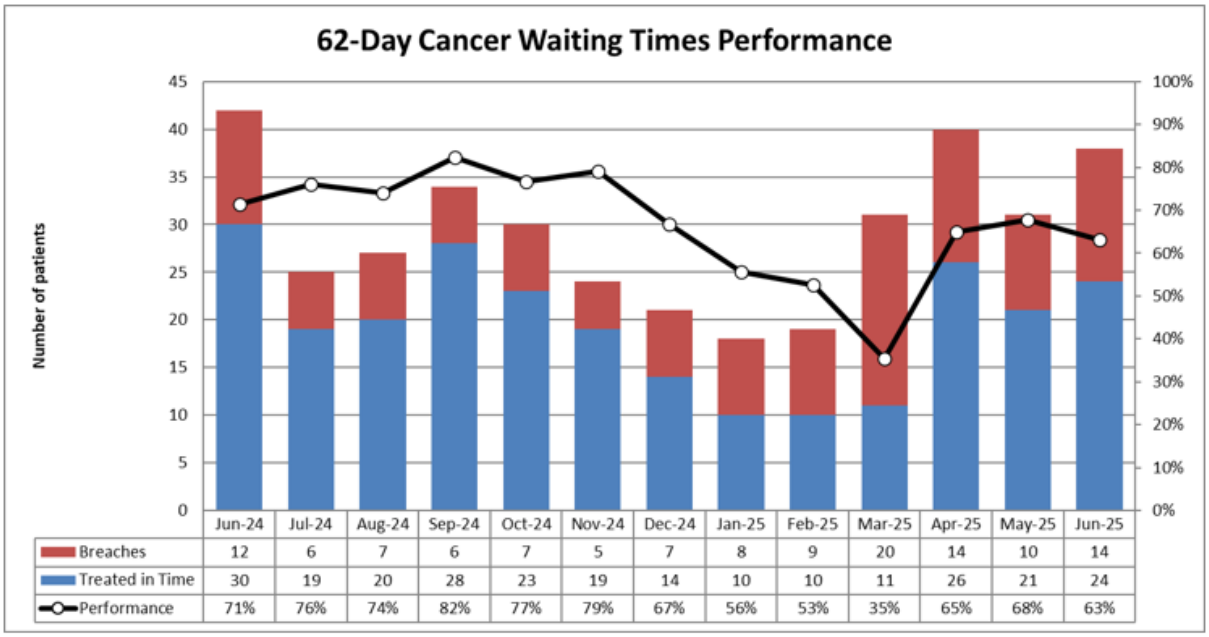
Symbols

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-

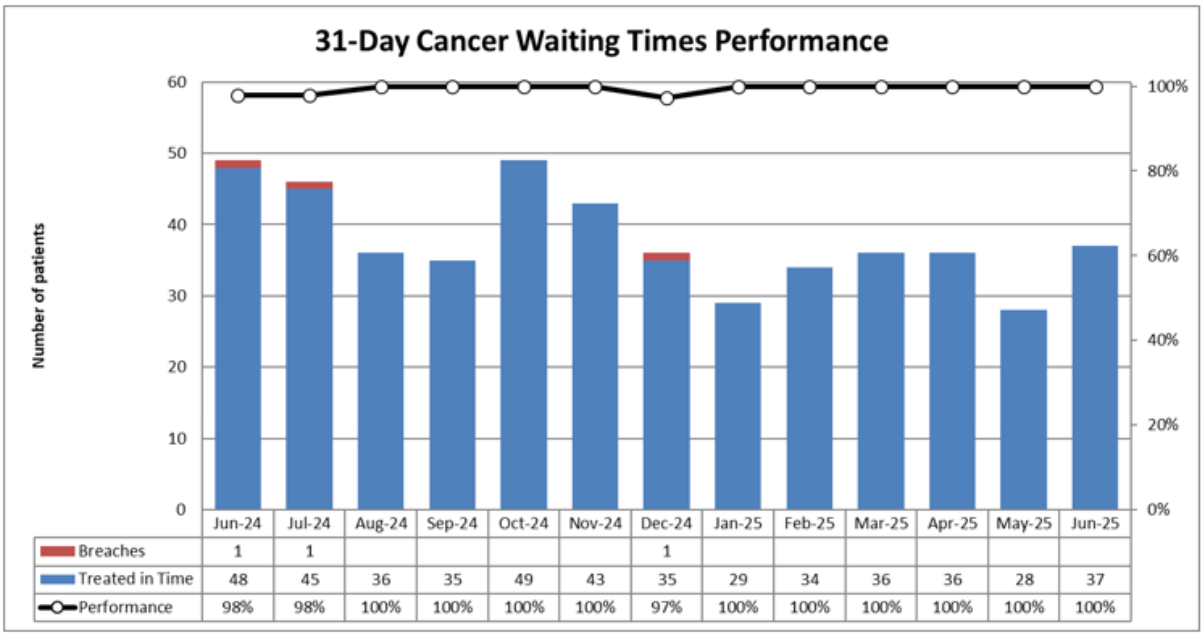
Key Metrics Report Annual Operational Standards

Index	Measure	Target/Standard	Last Period	Last Position	Current Period	Current Position	Performance
1	Cancer Waiting Times - 62 Day Target	95% patients treated following urget referral with suspicion of cancer within 62 days	30 April 2025	64.10	31 May 2025	67.74	↑
2	Cancer waiting Times - 31 Day target	95% of patients treated within 31 days of diagnosis	30 April 2025	94.30	31 May 2025	100.00	↑
3	New Outpatients - Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	31 May 2025	7,051.00	30 June 2025	7,000.00	↑
4	New Inpatients - Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	31 May 2025	1,443.00	30 June 2025	1,392.00	↑
5	Treatment Time Guarantee - Number not treated within 84 days from decision to treat	Zero patients having waiting longer than 84 days.	31 May 2025	172.00	30 June 2025	169.00	↑
7	Diagnostics (8 key tests) - Number waiting >6 weeks	Zero patients waiting longer than 6 weeks for 8 key diagnostic tests	31 May 2025	848.00	30 June 2025	702.00	↑
8	CAMHS - % treated within 18 weeks of referral	90% patients seen and treated within 18 weeks of referral	30 April 2025	89.50	31 May 2025	94.40	↑
9	A&E 4 Hour Standard - % patients discharged or transferred within 4 hours	95% of patients seen, discharged or transferred within 4 hours	31 May 2025	61.00	30 June 2025	60.00	↓
10	Delayed Discharges - Patients delayed over 72 hours	Zero patients delayed in hospital for more than 72 hours	31 May 2025	55.00	30 June 2025	63.00	↓
11	Psychological Therapies - % treated within 18 weeks of referral	90% patient treated within 18 weeks of referral	30 April 2025	85.90	31 May 2025	86.30	↑
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 May 2025	5.39	30 June 2025	5.53	↓

Cancer Waiting Times



	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Breaches	12	6	7	6	7	5	7	8	9	20	14	10	14
Treated in Time	30	19	20	28	23	19	14	10	10	11	26	21	24
Performance	71%	76%	74%	82%	77%	79%	67%	56%	53%	35%	65%	68%	63%



	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Breaches	1	1					1						
Treated in Time	48	45	36	35	49	43	35	29	34	36	36	28	37
Performance	98%	98%	100%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%

During the month of June 2025, performance against the 62-day standard was 63%, and against the 31-day standard was 100%.

Overall, 62-day performance has deteriorated over the past year, largely because of challenges in the Prostate pathway; there has been some improvement in 2025 Q2 however, with performance provisionally reported at 65%, compared to 46% in Q1.

	62 Day Standard			31 Day Standard		
Tumour Site	***Treated***	***Breaches***	***Performance***	***Treated***	***Breaches***	***Performance***
Breast	7	0	100%	7	0	100%
Colorectal	2	0	100%	2	0	100%
GI - HPB	1	0	100%	1	0	100%
GI - Upper	3	1	67%	3	0	100%
Gynaecology - Cervical	0	0	-	0	0	-
Gynaecology - Ovarian	1	0	100%	1	0	100%
Head & Neck	1	0	100%	1	0	100%
Lung	2	1	50%	3	0	100%
Lymphoma	2	1	50%	3	0	100%
Melanoma	0	0	-	1	0	100%
Urology - Bladder	0	0	-	0	0	-
Urology - Other	2	0	100%	0	0	-
Urology - Prostate	17	11	35%	15	0	100%
Total	**38**	**14**	**63%**	**37**	**0**	**100%**

14 patients breached the 62-day target during June:

- 11 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 Lymphoma patient breached due to long wait for first appointment, and subsequent long wait for ultrasound-guided biopsy
- One Upper GI patient breached due to delays in the diagnostic pathway

Other Issues:

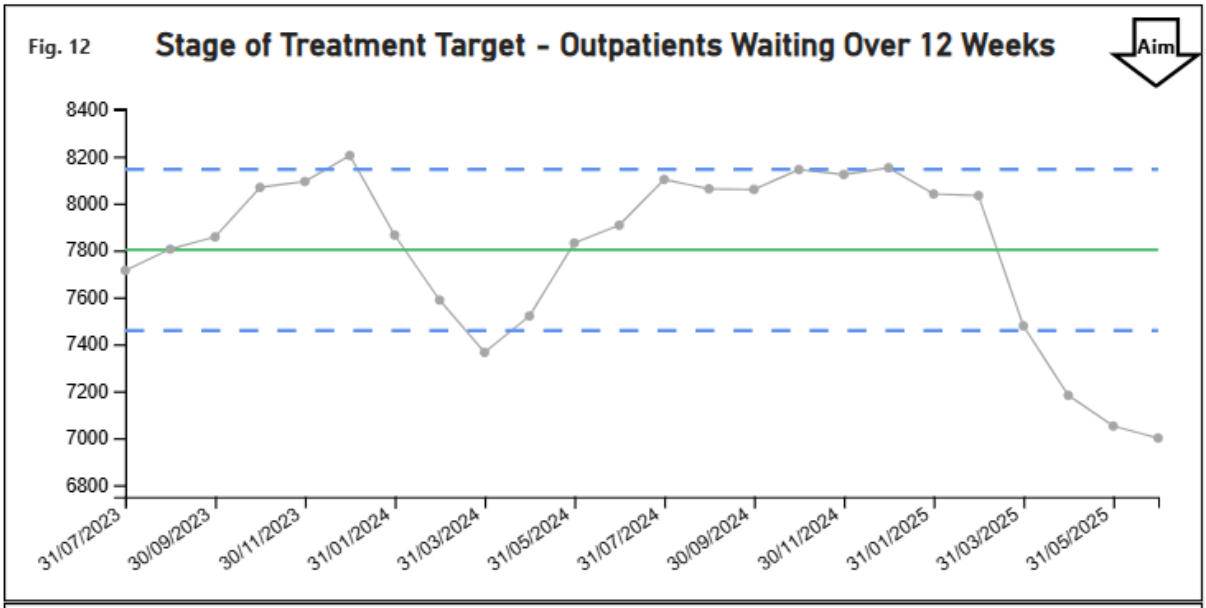
- The Prostate pathway remains the most significant risk, with considerable delays around biopsy and other diagnostic steps locally, and for Oncology / treatment appointment in Lothian. A new diagnostic pathway has been implemented, and improvement from this is reflected in this month's performance. Work to further refine the pathway is ongoing.
- The Lung cancer pathway is currently an issue due to delays in diagnostics locally (CT-guided biopsy) and regionally (PET scanning). This is likely to result in breaches over the next few months. A pathway mapping event has taken place to review this pathway and an improvement plan has been developed.
- 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.
- 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 through the Performance Oversight Group.

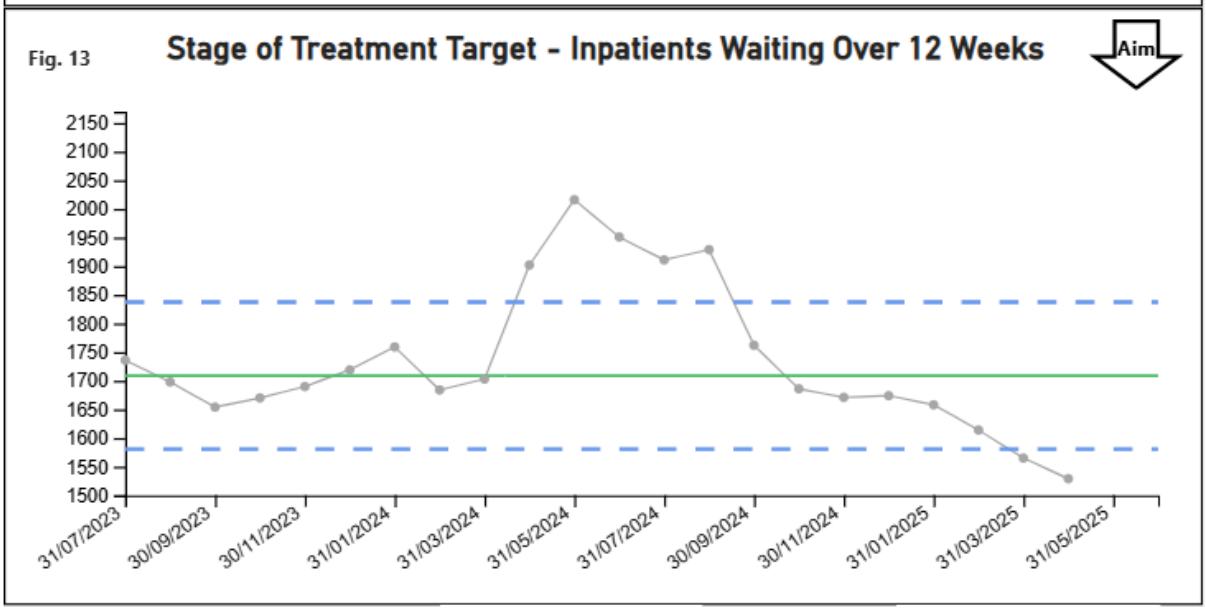
Actions:

- The refreshed Framework for Effective Cancer Management has been issued by Scottish Government; this has been reviewed for local compliance and an implementation plan developed.
- Improvement work around the Prostate pathway is ongoing and a Pathway Navigator role has taken up post. This role provides increased administrative input and supports the introduction of a revised clinic pathway.
- A mapping event was held in May to review the Lung cancer pathway; this identified opportunities for improvement, and a plan for implementation is being developed. There remain issues related to capacity however, particularly related to PET scanning and CT-guided biopsy.
- Weekend Colonoscopy lists and additional mobile Radiology capacity have been extended to March 2026.
- 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 22.07.25

Stage of Treatment- Outpatients/Inpatients waiting over 12 weeks





Target Line — 90% Target — 99% Limits

Treatment times

Fig. 14 **Patients Treated within the 12 Week Treatment Time Guarantee**

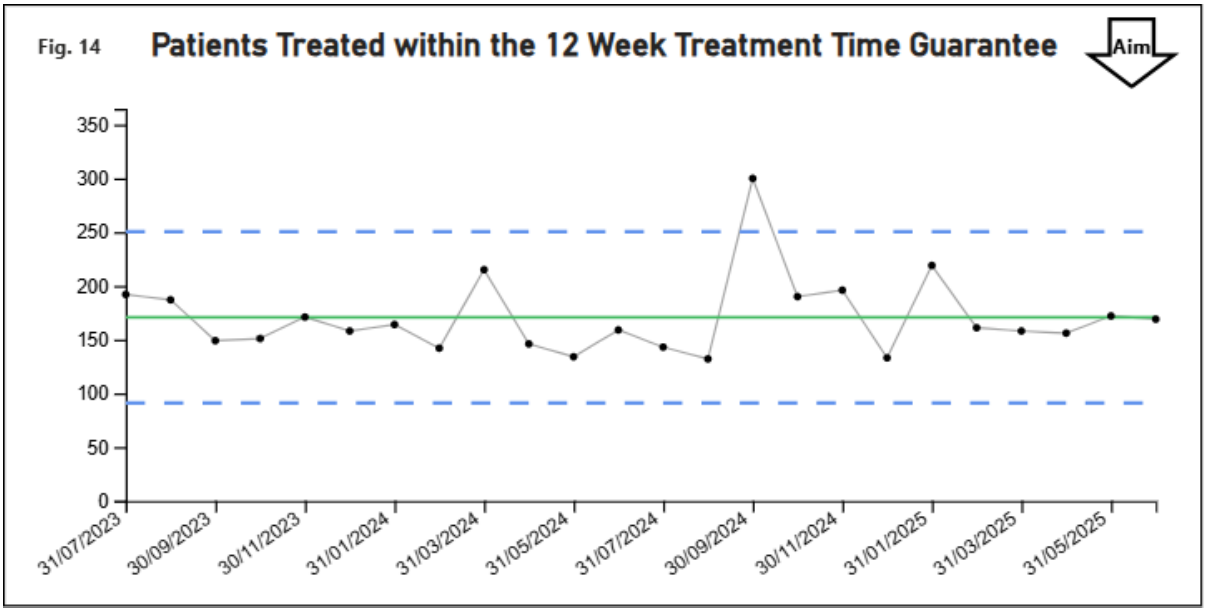
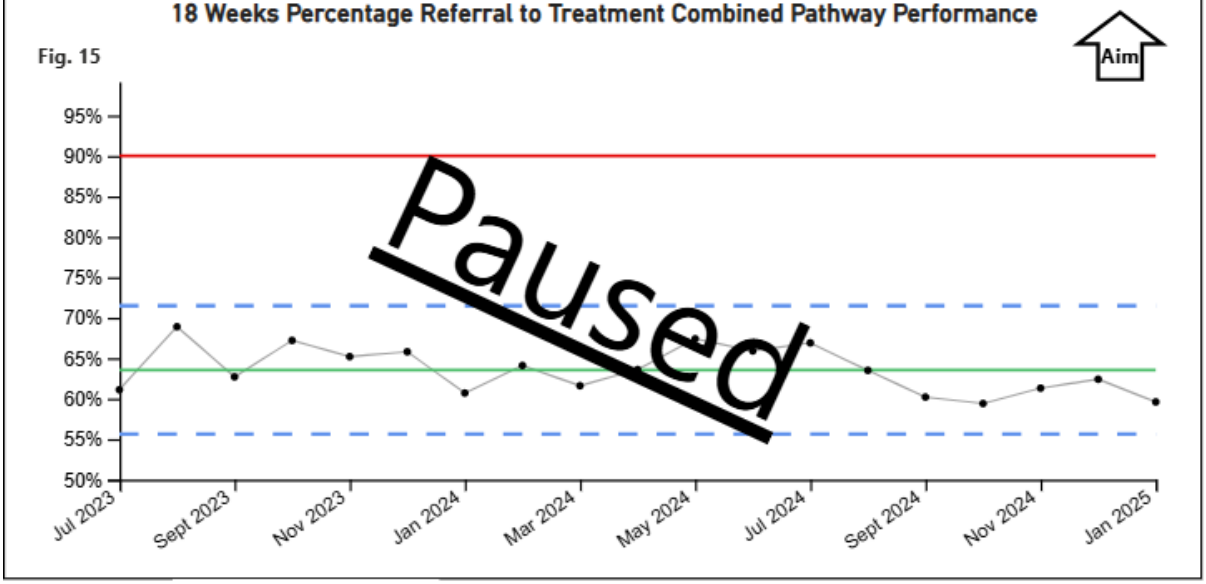
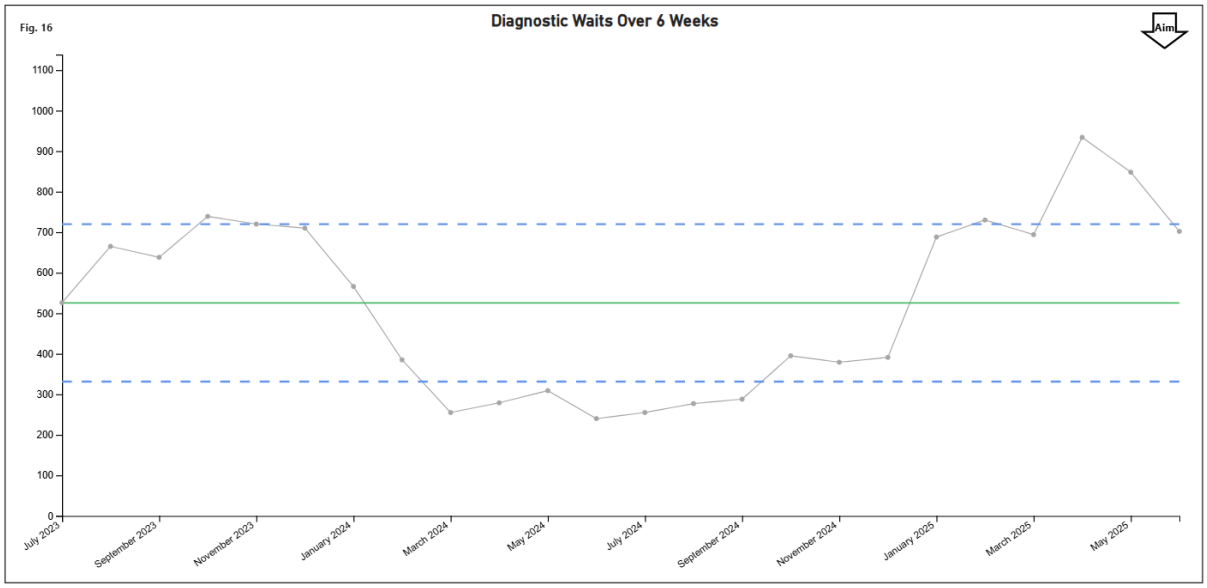


Fig. 15 **18 Weeks Percentage Referral to Treatment Combined Pathway Performance**



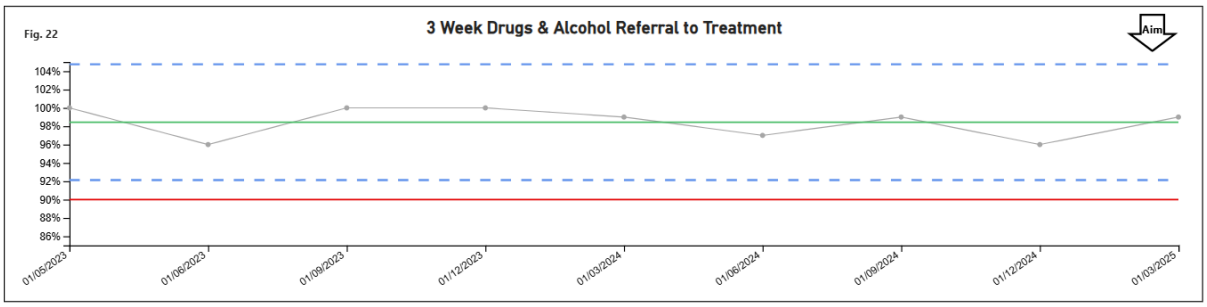
Target Line — 90% Target — 99% Limits

Diagnostic Waits



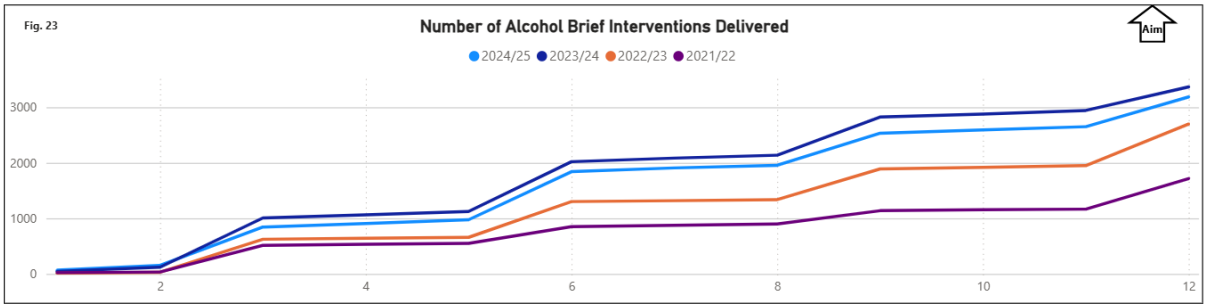
Target Line ——— 99% Limits - - - -

Drugs & Alcohol



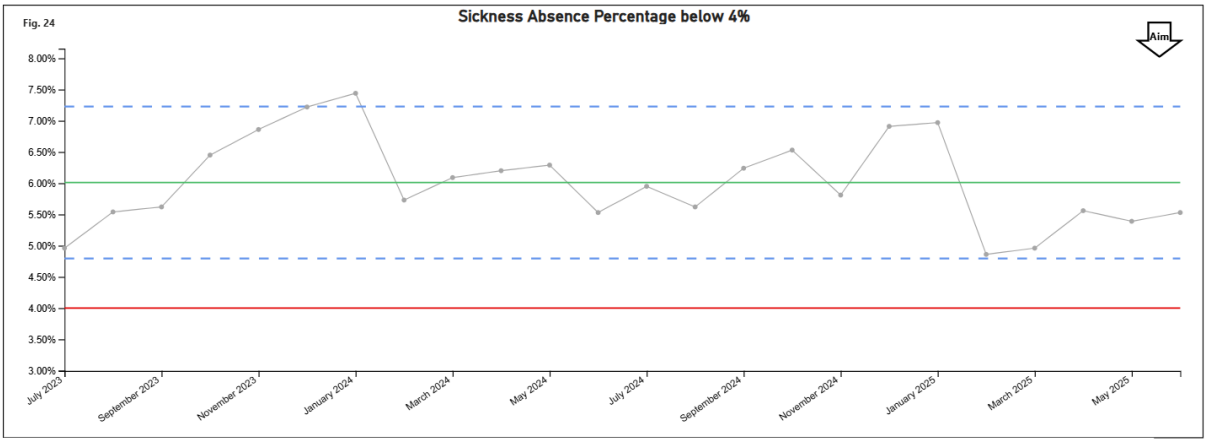
Note: Updates provided Quarterly

Target Line ——— 90% Target ——— 99% Limits - - - -



Please Note: Standard is 1312 by end of March every year, it then resets back to 0 every April and cumulative reporting starts again.
There is a reporting lag in some areas which means that data is not fully reconciled at time of reporting therefore should be treated as provisional.

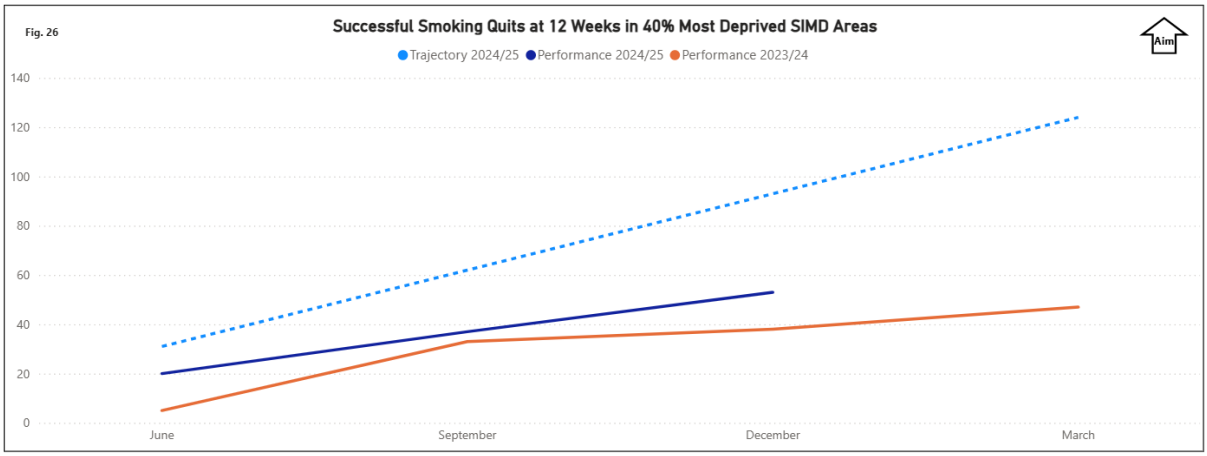
Sickness Absence



Note: Sickness absence data does not includes any COVID-19 related absences.

Target Line — 4% Target — 99% Limits

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 for reporting to allow monitoring of the 12 week quit period.*

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7 August 2025**
Title:	**Integration Joint Board 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 Integration Joint Board with the Board.

2.2 Background

The minutes are presented to the Board in regard to Freedom of Information requirements compliance.

2.3 Assessment

The minutes are presented to the Board 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.

- Integration Joint Board 16 July 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, Integration Joint Board minutes 19.03.25

Scottish Borders
Health and Social Care
PARTNERSHIP

Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 19 March 2025** at **10am** as a hybrid meeting in the Council Chamber, Scottish Borders Council and via Microsoft Teams

Present:

(v) R Tatler
(v) N Richards
(v) T Weatherston
(v) E Thornton-Nicoll
(v) L O'Leary, Non-Executive (Chair)
(v) K Hamilton, Non-Executive
(v) F Sandford, Non-Executive
(v) J McLaren, Non-Executive
C Myers, Chief Officer
L Turner, Chief Financial Officer
S Horan, Director of Nursing, Midwifery & AHPs
L Gallacher, Borders Carers Centre
L Jackson, LGBTQ+
D Bell, Staff Side, SBC
J Amaral, Chief Executive, Borders Community Action
N Istephan, Chief Executive, Eildon Housing Association

In Attendance:

I Bishop, Board Secretary
P Moore, Chief Executive, NHS Borders
D Robertson, Chief Executive, Scottish Borders Council
A Bone, Director of Finance,
J Stacey, Chief Internal Auditor
S Bhatti, Director of Public Health, NHS Borders
L Jones, Director of Quality & Improvement
M Fleming, Finance Manager, SBC
C Oliver, Head of Communications, NHS Borders
D Knox, Reporter BBC Scotland

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from D Parker, Elected Member, J Ayling, Non-Executive, L McCallum, Medical Director, J Smith, Borders Care Voice and A Carter, Director of HR, OD & OH&S, NHS Borders.

1.2 The Chair welcomed attendees and members of the public and press to the meeting, including K Harvey, Pharmacist and P Williams, Associate Director of AHPs.

1.3 The Chair confirmed that 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 **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none declared.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of the previous meetings held on 20 November 2024 and 22 January 2025 were approved.

4. MATTERS ARISING

4.1 S Bhatti suggested that in terms of protected characteristics the minutes should no longer refer to prefix titles for individuals eg Mr, Mrs, Dr, etc. The Chair agreed to take the matter outwith the room for consideration.

4.2 **Action 2024-4:** J Amaral advised that the position remained vacant and there was no timescale for recruitment.

5. HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL DELIVERY PLAN 2025/26

5.1 C Myers provided an overview of the content of the report and highlighted several elements which included it being linked closely to the financial plan for the partnership and that it contained actions to allow the delivery of the health and social care strategic framework.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** did not propose any changes to the draft Annual delivery Plan.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the Annual Delivery Plan, subject to the IJB directed changes being made.

6. 2025/26 BUDGET AND MEDIUM TERM PLAN

6.1 L Turner provided an overview of the budget and medium term plan looking forward to 2025/26. She highlighted: the financial strategy for the coming year and the next 5 years; the 2025/26 payment offer from Scottish Borders Council (final) and NHS Borders (indicative); the draft budget; and medium term plan overview and assumptions.

6.2 Discussion focused on: growth in pay and real living wage; understanding costs incurred and how much improvement in productivity could be achieved; expected growth in activity; setting a budget and knowing the activity being purchased; value for money; horizon scanning to enable more informed decisions to be made for the longer term; the pooled spend approach; learning from other IJBs; query on ADP reserves; any indication of addition resources to Health Boards when the brokerage facility is removed; broader breakdown of adult social care in terms of home care or respite care; independent contractors (GP) payments; increase in national insurance employers costs and potential for independent providers to conclude contracts early; and reminding the Board on the use of language in terms of productivity when talking about improving peoples lives and outcomes.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** accepted the payment offer from Scottish Borders Council and acknowledge the indicative payment offer from NHS Borders.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the indicative 2025/26 budget outlined in paragraphs 8.1 and 8.2.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the Medium Term Financial Plan provided at Appendix 2.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** remitted the IJB Chair to write to the Chair of the Health Board and the Leader of the Council to request that as part of the next review of the Scheme of Integration that the statutory partners consider facilitating more of a pooled budget approach to support best value principles.

7. DIRECTION: PHARMACY SUPPORT FUNDING

7.1 K Harvey provided a presentation and highlighted several elements which included: staffing; polypharmacy reviews; 6 month test of change; and the consequences of not funding.

7.2 F Sandford enquired why polypharmacy savings were not within the PCIP domain.

7.3 K Harvey explained the intricacies of the polypharmacy initiative as part of the pharmacotherapy domain as per the GMS contract and that it was restricted to level 1 by the GPs. Acute prescribing and discharge from the BGH was therefore not provided through that route and alternative arrangements were made and impacted on 3 different budget areas.

7.4 Discussion focused on: educating prescribers; use of the spiro score as that identifies those at most risk of readmission; investments in pharmacy lead to fewer medications for patients and make it easier for carers and those with comorbidities; and cost savings required to fund the team moving forward.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the ongoing work on consultation and equality and impact assessment.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved permanent funding for the establishment of a pharmacy team to support IJB workstreams that operate in primary care.

8. HSCP REABLEMENT UPDATE

8.1 P Williams provided an update on the work being taken forward across partnership reablement and highlighted: the approach to community reablement around keeping people in their own homes; moving people out of hospital and back to their homes; enabling people to be as independent as possible; and a move towards a locality based approach.

8.2 Discussion focused on: demand capacity and perceived increase in demand over time; developing reablement across social care; connecting to GPs and other services; physical environment impacts and support with minor and major adaptations; emphasis on early discharge rehabilitation component; be clear on the criteria for the model moving forward so that it remains fit for purpose for future needs and potential increase in demand; whole system approach to wrap around individuals in communities given loneliness and isolation impacts on health; ensure the pathway is easy to navigate to ensure people are on the right pathway and linked into communities to maximise their independence; and engagement with third sector partners and community groups.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the ongoing work to deliver locality based services, including reablement and Discharge to Assess.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** supported the locality based model to deliver an integrated response across health and social care services.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** supported the ongoing development of Discharge to Assess within Adult Social Care in line with IJB workplan.

9. IJB 2024/25 QUARTER 3 FINANCIAL MONITORING POSITION

9.1 L Turner provided an overview of the content of the report and highlighted several elements which included: full year forecast; year end position expectation; NHS Borders offer which included £8.8m of support and £6.2m set aside for 2024/25; additional support was expected to be £2m less and delegated services remained largely the same; minimal budget movement with an expectation of an increase by £2.5m by the year end; continuing pressures in learning disabilities services, prescribing and adult social care; set aside remained similar to the previous quarter with a pressure of £6m fully funded by the Health Board; in terms of savings £5.2m of a £5.5m target was delivered; and the reserves position of £10.6m.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the financial position of the IJB as at 31st December 2024.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the continued risk to the financial sustainability of the IJB due to current funding levels compared to running costs and anticipated demand.

10. EQUALITY, HUMAN RIGHTS, FAIRER SCOTLAND DUTY UPDATE

10.1 W Henderson provided an overview of the content of the report and highlighted several elements which included: requirement on IJBs to report on activities in relation to mainstreaming equality and publishing progress; partnership quality outcomes and framework; reporting with evidence against the current equality outcomes.

10.2 Discussion focused on: compliance with the legislation; thematic outcomes; socioeconomic impact and need; impact assessment audit; and quality assurance framework to review impact assessments prior to submission to the IJB.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted and comment on the Equality Outcomes and Mainstreaming Framework 2025 to 2029 which is to be presented to the Integration Joint Board in March 2025.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the content of the Integration Joint Board's Mainstreaming Report April 2023 to March 2025 as developed to date.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the number of and continuous improvement in the undertaking of Equality, Human Rights and Fairer Scotland Duty Impact Assessments.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the Strategic Planning Group and Integration Joint Board's responsibility in rejecting or delaying reports with incomplete impact assessments.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the increase in participation of people and organisations representing the relevant protected characteristic groups and communities of lived experience who are most disadvantaged.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the request to set aside £2,000 to support the anticipatory planning which remove the barriers to people who experience inequality participating in the undertaking of Equality, Human Rights and Fairer Scotland Duty Impact Assessments.

11. PERFORMANCE AND DELIVERY REPORT

11.1 C Myers highlighted the significant work that had been taken forward in terms of the immediate and rapid response to a challenging situation with the RAAC issue at the Knoll Hospital and the cooperation of partners, staff and patients in ensuring the premises were vacated and services were operated from alternate venues.

11.2 E Thornton-Nicoll enquired why the delayed discharge figures remained high given several delayed discharges had been decanted from the Knoll to other appropriate permanent places and removed from the delayed discharge list.

11.3 C Myers commented that in relation to delayed discharges there was an increase in referrals and demand in the Borders General Hospital (BGH) and it was important to note those referrals were inappropriately referred and as soon as they were on the social work waiting list they became a delayed discharge even if they didn't require care. Consequently work was underway with adult social work to ensure the correct referrals screening process was in place and that was expected to lead to a reduction in demand from the BGH to social work.

11.4 E Thornton-Nicoll enquired about the low uptake of vaccinations (flu and covid) which increased risks for those who were immune-compromised and if there was an improvement plan to improve vaccine take up.

11.5 S Bhatti commented that the team were pushing ahead with drop in session and opportunities for people to turn up without an appointment as well as going into homes. He highlighted a hesitancy that was being seen across communities which appeared to be fuelled by misinformation on social media. He assured the Board that the vaccination teams continued to work to improve the up take position.

11.6 L Jackson suggested the vaccination teams could go out to the smaller villages and settlements and use the village halls as a way of capturing more people within their own communities. She suggested it might be more helpful for those with caring responsibilities as they would not need to travel and make alternative caring arrangements and it might also impact in a positive way on potential carbon emissions by reducing travel.

11.7 S Bhatti welcomed the suggestion and commented that resourcing was tight and might not allow that approach, however he was also keen to record activity in terms of health visitors and school nurses for vaccination provision.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the Health and Social Care Partnership Delivery Report.

12. IJB AUDIT COMMITTEE MINUTES: 25 JULY 2024, 16 DECEMBER 2024

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

13. STRATEGIC PLANNING GROUP MINUTES: 13 NOVEMBER 2024, 4 DECEMBER 2024

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

14. JOINT STAFF FORUM MINUTES: 15 NOVEMBER 2024

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

15. ANY OTHER BUSINESS

15.1 **Chief Officer:** The Chair advised that C Myers would be moving on from his post as Chief Officer for the IJB and she recorded the thanks of the board to Chris for his focus and leadership over the tenure of his appointment. C Myers reflected on his 3 years in post and thanked the staff and members of the IJB and all those involved across the partnership, third sector and local communities.

15.2 **Housing:** J Amaral offered to share a report on the "Needs of Housing across the South of Scotland" as it focused on key workers housing needs. D Robertson reminded the Board that both the Council and the Health Board had commissioned a pilot for housing through Eildon Housing Association for key workers. As the pilot had been successful they were keen to continue with the initiative to ensure the continuity of a workforce for those wishing to work and live in the Borders.

16. DATE AND TIME OF NEXT MEETING

16.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 21 May 2025, from 10am to 12 noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**7 August 2025**
Title:	**Consultant Appointments**
Responsible Executive/Non-Executive:	**Andy Carter, Director of HR & OH&S**
Report Author:	**Bob Salmond, Associate Director of Workforce**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to notify the Board of recent consultant appointments offered by the Chair or their deputy on behalf of NHS Borders Board.

2.2 Background

Board members were briefed in December 2017 on revisions to the NHS Borders guidance on medical consultant appointments. As a result, the Chair of the Board or his/her deputy have delegated authority to offer consultant appointments on behalf of the Board.

2.3 Assessment

Since the last report to the Board, 1 new consultant has been interviewed, offered and accepted a consultant post.

New Consultant	Post	Start Date
Dr Ibtisam Abokhrais	Consultant Obstetrician & Gynaecologist	June 2025

2.3.1 Quality/ Patient Care

The Senior Medical Staffs Committee receives a quarterly report on forthcoming medical vacancies, new long term Consultant appointments (including locums) and consultant posts filled by long term locums.

2.3.2 Workforce

Successful recruitment to substantive consultant posts supports the sustainability of services.

2.3.3 Financial

Not applicable.

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed in the preparation of this paper. However Equality and Diversity obligations are fully complied with in the recruitment and selection process.

2.3.6 Climate Change

Not applicable.

2.3.7 Other impacts

Not applicable.

2.3.8 Communication, involvement, engagement and consultation

Not applicable.

2.3.9 Route to the Meeting

Not applicable.

2.4 Recommendation

The Board is asked to note the report.

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

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

Not applicable.