

NHS Borders Organisational Strategy



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Introduction

This document outlines the strategic direction for NHS Borders from 2025-2030. This overarching strategy is the product of thousands of responses and conversations during our engagement exercise. In it we set a clear direction for the future in which people are at the centre of everything we do, we commit to delivering consistent care to a set of high standards, and developing an organisation that is continually improving through the continuous development of our most valuable asset, our staff.



I appreciate the opportunity to make a real difference in the lives of our patients. Knowing my work has a positive impact on the community is very rewarding. (Staff)



The staff at my local clinic are always so friendly and helpful.
They make me feel comfortable and well cared for every time I visit. (Public)





Chair's Reflections

I am delighted to introduce our 2025-2030 Organisational Strategy. It is the product of an amazing amount of work by our staff and our public and sets clear direction for the future: a future in which we are committed to improving performance and delivering more timely care for patients, developing sustainable services that are future-proofed, and creating an environment where people in our communities are empowered to take control of their own health and wellbeing; with a focus on prevention to enable people to live their best lives. A heartfelt thanks to all those who took the time to talk to us and give us their views.

As I joined the Board in 2019 the first part of my tenure was overwhelmed by the Covid-19 pandemic. We are still living with some of the consequences from this difficult time - the impact of which is not to be underestimated - but we must now look forward and ensure that we use the many valuable lessons we learned. It is well documented that many health services have not recovered to 'pre-pandemic' levels of service delivery, and that is having an impact on the time that people are waiting for treatment. As we draw a line under the past five years and look to the next, waits for treatment are something we are determined to address, and you will see more information on how we intend to approach that in this strategy.

Despite those difficulties I am so proud to celebrate our staff who continue to provide the most amazing care and achieve fantastic recognition, some of which are highlighted here.

My tenure as Chair of NHS Borders is due to finish in 2027 and over the next couple of years I want to see this Strategy and the priorities within it come to life. I look forward greatly to this and continuing conversations with our people, patients, partners and the public over the coming months and years.







Golden Hip Award



Chief Executive Introduction

I want to start by describing what I saw in my first three months in the role as NHS Borders Chief Executive. I purposely spent very little time in my office, and much of my time visiting and listening to teams in the community and social care services, acute and community hospitals, mental health services, and meeting our partners in the voluntary sector and Scottish Borders Council. I also visited the towns and villages we provide care for; seeing how people live locally, listening to them and learning about how they use our services. I reached three conclusions from this:

Firstly, we have a truly exceptional workforce; I haven't worked for an organisation which receives as much really positive feedback from patients and their families. It is genuinely humbling to read about the level of care and compassion that is provided, even more so in the words of patients or family members who have taken the time to write to us. What is also evident is how well our staff work together in teams and how they treat each other with respect and kindness.

Secondly, our staff and our communities have a really unique bond. I know the vast majority of the workforce live in the communities we serve, and this really shines through in the commitment to meet our patients' needs and do the very best with the resources we have.

Thirdly, every team I met expressed a real need for direction; an inspiring description of what services could look like in the future, of how our systems could talk to each other more effectively, how our teams could be better joined up, and how we could fix some of the underlying issues which make it more difficult to do what is most important to us; meeting the needs of our communities and supporting each other to keep improving how we do this.

These conclusions led to the development of this strategy; this started with a conversation with our staff and our communities to define where we are now and where we can be in 2030, to understand how we need to change to make this possible and finally to put those who know our communities best in the driving seat for this journey.





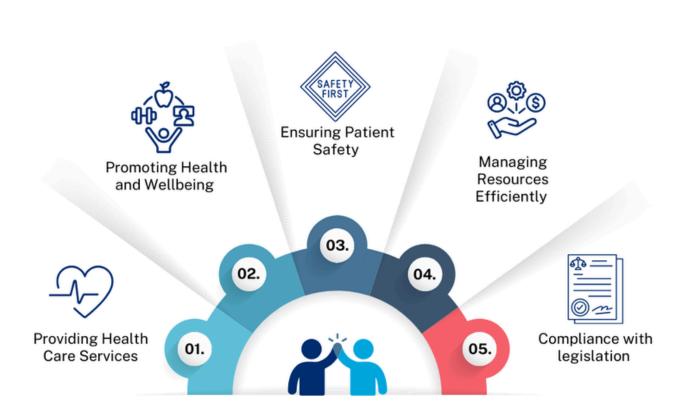
Peter Moore
Chief Executive

NHS Scotland: National Context

NHS Borders is responsible for protecting and improving the health of our population and delivering frontline health care services in line with Scottish Government's policies and priorities. This includes our responsibilities as a partner in the Integration Joint Board within the Health and Social Care Partnership. Responsibilities include formulating strategy, delivering value for money and managing risks effectively. This will enable increased collaboration to help improve the health and wellbeing of our citizens and communities.

During 2024 NHS Scotland launched a reform agenda to transform health and social care services, involving workforce, service leaders and public engagement. Key elements of this agenda include improving population health, ensuring quality services, maximising access and fostering collaboration.

NHS Borders aligns with this national direction, supports broader objectives and remains committed to delivering exceptional care while adapting to updates and directives from the national reform agenda.



OUR STATUTORY DUTIES



About Us



NHS Borders serves 116,000 people with a dedicated workforce of over 3,400 staff, focused on improving patient lives and community health.

Whilst the Scottish Borders is a beautiful place with multiple small villages and towns, this presents challenges when delivering healthcare. Our population have increasing healthcare needs and we must adapt our system to meet these in the future. This will include looking at new roles within our workforce and maximising self-care and community support to avoid hospital admissions. Despite financial constraints, we focus on providing safe, effective, sustainable and affordable care to the people within our communities. Improving population health and wellbeing can reduce healthcare demand. Additionally, our ageing digital infrastructure means there is a need for technological upgrades such as digital health tools and electronic health records to improve efficiency. We know that people often face long waiting times for treatments and appointments, which is frustrating and delays their return to full health. We are committed to addressing these challenges and improving processes to ensure timely access to care, aiming to reduce waiting times and enhance service efficiency.

We acknowledge and celebrate the growing diversity of our workforce, recognising it as a vital strength that enriches our organisation and enhances our collective ability to serve our communities.

Who We Are



With an increasingly diverse workforce NHS Borders is committed to championing the creation of an inclusive culture that reaps the benefits from this diversity. This commitment means we will build a deeper understanding of the issues that affect individuals who reflect our diverse workforce. It is well known that those staff who experience bullying, harassment and abuse, they are less included to admit to mistakes or raise concerns. It is also well known that people from Black and Ethnic Minority Backgrounds are more likely to experience bullying, harassment and abuse. In creating an inclusive environment, we aim to work towards addressing the root causes of these issues. Our outcome needs to be that NHS Borders operates psychologically safe working environments. This also underpins our commitment to Compassionate Leadership.

The detail of this will be within our People Enabling Strategy, but for example we will prioritise iMatter data as this reflects the lived experience of staff and we will act on the findings with an annual plan, changing each year reflecting the renewed outcomes of the iMatter Survey. Wellbeing and Inclusion neds to be part of our Appraisal discussions ensuring that our staff feel that they have places. Refresh of our Whistle Blowing policy and supporting structure.

For 2025/26, each Executive will take the lead on one of the 9 Characteristics protected by law and commits to:

Firstly, supporting a colleague through reverse mentoring programme,

Secondly, acting as a champion for this protected characteristic, and importantly

Thirdly, feeding back their learning through the organisation to ensure we embed these experiences to improve the way we work in the future.

Development of our People Strategy will be in partnership with our Equality Staff Networks; Minority Ethnic Staff Network, Disability Staff Network and LGBTQIA+ Staff Network. This will be supported by our Area Partnership Forum.

Part of what is special about NHS Borders is its sense of belonging, we need to make sure that this extends to all staff which supports us all to work at our best.



Our Role

NHS Borders is dedicated to promoting good health and supporting those who need our care. We are committed to delivering high-quality care and supporting the wellbeing of our staff and communities. Our role extends beyond healthcare provision; focusing on continuous improvement, learning and innovation to provide effective, sustainable services. We aim to set the standard for healthcare excellence by reducing health inequalities, enhancing community wellbeing and preventing illness whenever possible.

We are committed to working collaboratively and being a supportive partner, fostering trust through constructive and transparent actions. Our goal is to align with our partners' aims and objectives to collectively deliver the highest quality of care. By supporting people to stay well, we aim to reduce the need for hospital care, shifting services to better meet community needs and keeping the population healthy.

As an Anchor Institution here in the Borders, we own our responsibility to set the standards as a responsible employer being considerate to the needs of both our workforce and the communities we serve.

We strive to provide convenient services, minimising the time it takes for patients to receive treatment and ensuring they can return home quickly. As a trusted organisation, we recognise our vital role in supporting the public, staff and partners to achieve the best health outcomes. As one of the largest employers in the Scottish Borders, we are committed to promoting inclusion, raising aspirations, being a good employer and significantly contributing to the local economy.

ANCHOR INSTITUTION

We provide stability and support through employment, economic contributions, and community engagement.

HEALTH PROMOTER

We design and deliver programs aimed at improving overall health, such as preventive care initiatives and health education.

COMMUNITY

We address broader social determinants of health, such as housing, education, and employment, contributing to community well-being.



EMPLOYER AND SUPPORTER

We employ a vast workforce and support our staff through training, development, and well-being programs.

INNOVATOR

We drive and support healthcare innovation through research, development, and the adoption of new technologies.

COLLABORATIVE PARTNER

We work with other health and care organizations to deliver integrated services, improving population health and tackling health inequalities.



Purpose of Strategy

NHS Borders and the services we deliver belong to the communities we serve. While we as a Board, run these services, they belong to and need to meet the needs of our communities. Therefore, to make sure we are continually delivering the right care through the right services, we need to be in conversation with those who know our services best.

We have engaged with people throughout the Borders about what is important to them. Feedback from our communities highlighted key areas that are important for us to address. This conversation will continue as we progress through this journey to make sure our changes are making improvements to our communities.

It is clear staff do their best consistently and services are delivered with care, compassion and to a high standard. However, we take too much of people's time to diagnose and treat them, patients have to repeat their story too many times, delays between services are too long, and services aren't joined up. Our communities also expressed a clear desire for more support to keep themselves fit and well.

This strategy is a response to the above issues.



Our Strategic Approach

Developing our Clinical Strategy

The purpose of NHS
Borders is to meet the
needs of our
communities by
empowering those best
placed to do so; our
frontline clinicians and
service professionals.

We will harness the understanding and experience of our clinical and professional teams to drive improvements through innovation to deliver holistic care by joined up services.

Rewiring our Internal Operating Model

To benefit from our strategy, we need to reconfigure our organisation and build on our exceptional workforce. This involves changing our operating framework to enable broader and more representative decisionmaking to support the effective delivery of our clinical priorities.

This approach allows our enabling services to better prioritise improvements and changes based on the needs of our clinical services and the communities we serve.

Instilling Improvement in our Workforce

To ensure optimal patient care with available resources, continuous improvement is essential. Every staff member should understand their role, receive feedback, and know how to address any gaps. While this often occurs naturally, the goal is to embed a 'Continuous Improvement' approach across the organization, applying the same improvement process in all areas.

The NHS Borders Improvement Journey has been developed to support this, outlining how to consistently achieve quality improvement.

Agreeing our Social Compact

The Social Compact details the level of improvement needed, our investment in workforce development, the space created for this and how we will maximise employment benefits for our staff.



Developing our Clinical Strategy

A commitment to 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. We are truly excited to work with our clinical services, teams and communities to collaborate on this vision. Together, we will build a healthcare system that is responsive, inclusive and forward-thinking.

We will focus on prevention, primary and community services, and secondary care, creating a seamless continuum of care that meets the needs of our population. This collaborative effort will set out our social contract, defining what you can expect from us and what we expect from you.



Initial Thinking and Demonstration

To demonstrate how our Clinical Strategy could look we have included examples of initial thinking across three of our services. These examples are just the beginning. As we move forward we will continue to refine and expand our strategy in partnership with our clinical services, teams, and communities. Together, we will create a healthcare system that is effective, compassionate and equitable.





Initial Thinking - Child and Adolescent Mental Health Clinical Strategy

Prevention

Work with partner agencies and commissioners on Mental Health in Children & Young People:

- Understanding underlying factors contributing to mental health issues.
- Promoting early recognition of mental health challenges.
- Identifying and addressing gaps in service provision.
- Clarifying the role of specialist Child and Adolescent Mental Health Services (CAMHS) within the multiagency framework.
- Promoting the development of community-based expertise and services.
- Signposting available community resources.
- Smoking cessation and exercise strategies.

Primary & Community Services

We are implementing a Multiagency Whole System Change approach to meet the needs of neurodivergent Children and Young People (C&YP) in a pilot area. This approach includes:

- Level 1: Multiagency discussions to recognise needs and create care plans using the Getting it Right for Every Child (GIRFEC) model (excluding CAMHS).
- Level 2: Multiagency consultations, including CAMHS, to support collaborative working.
- Level 3: Formulation and assessment through a multiagency "abbreviated pathway," with or without a neurodivergent (ND) diagnosis.
- Level 4: Complex CAMHS assessments for ND and potential comorbid mental health conditions.

Additionally, we are incorporating a Trauma Response to Social Work Services (TRSW) to address traumarelated needs. Secondary Care

We are committed to patient-centered, integrated care pathways that enhance transitions and outcomes. Key initiatives include:

- Continuous improvement of referral and discharge pathways.
- School referrals to reduce the burden on primary care and enhance interagency collaboration.
- Meeting the Scottish Government HEAT Target for Category 2 referral to treatment.
- Delivering targeted, evidence-based assessments and interventions to promote recovery and resilience.
- Continuous service improvement through training, quality improvement, and governance to enhance outcomes.
- Prioritising clinical care by improving administrative processes and IT systems.

Equity of Access

We are committed to transparent referral criteria and triaging limited specialist resources for the most complex, unwell, and high-risk referrals. Key initiatives include:

- Establishing community-based clinics and utilising remote access technology.
- Providing Assertive Outreach and Intensive Home Treatment for high-risk patients.
- Ensuring specialist CAMHS input for local inpatient admissions.
- Collaborating regionally and nationally to improve standards in areas such as adolescent inpatient units, eating disorders, and regional pathways.
- Implementing a five-year NHS-B strategy to create an ageless learning disability service integrating health and social care
- Accessing expertise through national networks.

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Initial Thinking - Trauma and Orthopaedics Clinical Strategy

Prevention

We would like to:

- Develop a holistic and values-based approach to patient management.
- Employ behavioural change models.
- Increase prevention and early intervention through improved access to Community Lifestyle Advisory Support Services, active lifestyle and wellness support, weight management, falls prevention and smoking cessation services. Ensure appropriate resources to allow this.
- Develop consistent access to exercise programmes.
- Increase effective referral pathways.
- Achieve closer working with Health and Social Care, and the third sector, to improve pathways for patients.

Primary & Community Services

We would like to:

- Offer patients with BMI > 40
 weight loss programmes in the
 community prior to referral for
 arthroplasty.
- Increase community-based health care to support day case arthroplasty and hospital discharges. Explore community hip and knee school model.
- Develop better guidance for GPs on referral criteria so patients are having realistic conversations on pathways at point of referral. Current Ref Help guidance and effective engagement between Primary and Secondary Care.
- Improve the quality of information available to the public on service provision and what the patient can do. Current and effective digital communication.

Secondary Care

We would like to:

- Maximise theatre utilisation including provision of an Elective Ward, introducing electronic scheduling and employing strategies to minimise cancellations.
- Maximise clinic access and utilisation by restoring Orthopaedic Outpatients.
- Build on the 'silver trauma' pathway so that it meets the needs of more patients.
- Consistently promote independence within ward settings, promoting the patient to take accountability for their own progression which will deliver more effective rehabilitation.
- Ensure greater clarity on patient pathways that deliver the right care at the right point of the patient journey. Stronger pathway for complex rehabilitation. Ensure every stage is effectively resourced.

Equity of Access

We would like to:

- Increase the number of operations delivered and reduce waiting times significantly. Introduction of innovative approaches to clear the waiting list backlog including 23-hour arthroplasty.
- Building on 'Waiting Well' guidance and support
- Ensure that every operation performed in NHS Borders delivers the best outcomes for patients. This may include rationalisation of procedures when outcomes will be improved. Ensure the right level of specialism to maximise outcomes.

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Initial Thinking - Trauma and Orthopaedics Clinical Strategy

Primary & Secondary Equity of Prevention Community Access Care Services We would like to: We would like to: We would like to: We would like to: · Closer working with · See greater resources to · Apply Value Based Medicine community services (such as · Consistently deliver the right level support self-management, when referring patients. This will Hospital to Home) and social of rehabilitation for every patient including digital solutions include utilisation of Procedures care to support discharge. that requires it. Ensure Allied of Low Clinical Value (PLCV) to Health Professionals (AHP) · Patient Initiated Review ensure standardisation of access · Increased rehabilitation in the resource meets demand both in (PIR) as the standard follow to arthroplasty. community. and out of hospital. up pathway. Strengthen 'silver trauma' · Encourage early mobilisation post · See health promotion pathways to get more patients op/trauma to reduce impact of included in everyday home sooner. deconditioning in hospital. Wholeconversations with patients team and consistent approach across the system. · Make better use of third sector and to rehabilitation, early capacity to support prevention, mobilisation and early discharge. · Smoking cessation and pre- and post-operative care. exercise strategies.

Initial Thinking - Respiratory Clinical Strategy

Primary &
Community
Services

 Consistently see Primary and Secondary Care clinicians working together to increase specialist knowledge in GP practices. This will include awareness of symptoms and signs of lung cancer to improve the number of patients presenting with early-stage disease.

Prevention

We would like to:

- Enhance resource in the community to support people to help themselves. Increase access to support/education, self-management strategies/medication management, referral to pulmonary rehabilitation/smoking cessation.
- Increased use of digital solutions to support self-management.

We would like to:

- Set up a responsive Community Respiratory Team (CRT) that includes access to consultant expertise, specialist nursing, AHPs and administration staff. This service will work closely with GPs to support patients to remain at home.
- Maintain a current Ref Help to support appropriate referrals.
- Develop more integrated working with social care and the third sector. Increased support and guidance for care homes.
 Achieve seamless pathways between services.

Secondary Care

We would like to:

- thromboembolism clinic so that patients currently managed by different groups of clinicians can receive evidence based, standardised care and those with significant pulmonary hypertension can be referred appropriately for specialist tertiary care
- Establish a non-cancer MDT meeting to discuss management of complex patients with interstitial lung disease

Equity of Access

We would like to:

- Where outcomes for patients can be improved and change represents value for the public purse, explore repatriation of specialist services.
- Closer working with other Health Board teams so more patients access specialist expertise.
 Development of integrated data sharing to support this.
- Ensure services have the right capacity to reduce waiting times and meet demand.

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Initial Thinking - Respiratory Clinical Strategy

Primary & Secondary Equity of Prevention Community Care Access Services We would like to: We would like to: We would like to: Ensure all patients with chronic · Reinstate a respiratory virtual · Have access to appropriate Chronic Obstructive Pulmonary ward service, in partnership with systems that support working Disease (COPD) have equitable, Hospital @ Home, so that efficiently such as Electronic timely access to community patients with acute respiratory Patient Record. based pulmonary rehabilitation conditions can be digitally support. monitored at home as an Develop a sustainable alternative to hospital admission Respiratory workforce model, Create population registries of and to reduce length of hospital with succession planning and the patients living in the Borders with stay. right skills, experience and asthma, COPD and interstitial knowledge. lung disease (ILD) to offer · Digitally monitor patients with disease-specific targeted advice, chronic respiratory disease to Streamlined and consistent and to plan services across the identify early signs of processes for outpatient room system. deterioration and offer prebooking. emptive intervention as part of a Smoking cessation and exercise holistic care package with strategies. primary care and community based staff.

Rewiring our Internal Operating Model

In order to both operate more effectively and deliver the level of change required through the lifetime of this Strategy we will need to effectively engage the combined effort of the whole organisation. The current internal governance architecture is complex, and teams often comment that it is difficult to understand where and how decisions get made. We need to streamline this so that our decision-making processes are clearer, and to ensure that all formal groups / meetings focus on delivering our commitments within our Strategy.

Along with streamlining the architecture and the decision-making structures we will look to enhance clinical leadership and engagement in that decision making process, set clear direction for Business Units and empower teams through the strategy and clear communication of our priorities. Increasing the breadth of those engaged and enhancing clinical involvement in the decisions that are required to enable NHS Borders to deliver its potential is fundamental to resetting our culture.

This will help encourage agency in our teams which will in turn enable effective and transparent planning for improvement, capture innovation and ideas at team level, driving up standards across the organisation and delivering our agreed priorities for the year.

We need to create an environment where different groups of clinicians and managers are openly able to have their competing priorities recognised, discussed, and then we jointly and openly agree ways forward which balances these interests.





Our Improvement Approach

To deliver this strategy our Board is committed to equipping all of our teams with the skills they need to resolve the issues they encounter, understand how they are doing and what they can do to improve as part of a continuous cycle of improvement. The underpinning improvement approach will enable us to deliver the best possible outcomes for patients, families and our colleagues and achieve the most from the resources we have available to us.

This approach will grow our improvement capability and confidence throughout our workforce. We will create an environment which gives our teams autonomy to act and be accountable for their actions; empowering everyone to improve the way they work supported and enabled by managers and leaders. The method will be adopted at Board level; leading by example in the use of our improvement approach to deliver our true north goals.

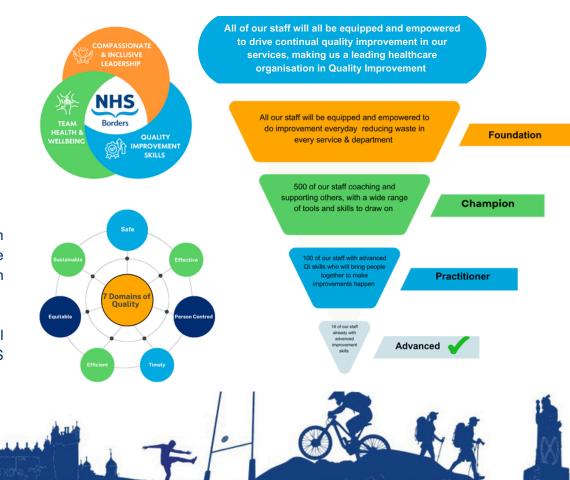
Our governance and delivery structures will be set up to scrutinise the approach, bringing consistency. To achieve this a range of quality improvement training will be available to our staff.

Our approach will be underpinned by an understanding of human behaviour and will focus on reducing waste and variation to build reliable systems and processes to support the delivery of care across the seven domains of quality.

This approach will not only focus on the technical skills to improve but will also form the ethos of the way we work and the way we do things in NHS Borders.

We will place emphasis on developing our teams to understand themselves and how they as individuals and teams contribute to the delivery of the organisational strategy. We want all staff to have a sense of belonging and recognition for the value they bring.

Our compassionate leadership programme will continue to build leadership capabilities at all levels in the organisation. Creating the conditions for continual learning and improvement individually and in teams.



Agreeing our Social Compact

We recognise our staff as our greatest asset and prioritise creating an environment where they can excel, enhancing our standards. We call on all staff to commit to continuous improvement, which is fundamental to our ethos and the agency we promote. By fostering a culture of excellence, we aim to achieve better outcomes for patients and a more fulfilling work environment. This Social Compact is being developed through conversations with our Area Partnership Forum.

There are four elements to the Social Compact;

Firstly; a recognition of the need to improve, reducing the time it takes to meet our communities needs and working more effectively and efficiently.

Secondly, to support this performance improvement we are investing in the improvement capability of our workforce. The people who see the issues and opportunities on a day to day basis are those best placed to make improvements, so we will train our workforce in improvement methodology.

Thirdly, we recognise that this takes time, and we cannot be successful if we just ask teams to add this into their already busy days. In a structured way, we will create time for teams to spend 1 hour a fortnight on improvement activities.

Finally, we heard about the challenges our workforce face with rising costs and living expenditure. To support this we aim to maximise the benefits available to our staff by enhancing the visibility of existing benefits and exploring new options, staff benefit schemes, such as salary sacrifice schemes for purchasing cars and household goods, which offer savings on tax, National Insurance, and pension contributions.





Our Mission & Strategic Goals

Our Mission



Our True North Statement

Our mission is to enable our communities to keep themselves well, and work towards long-term health equity for our communities. When our communities need us, we are easily accessible, delivering compassionate, efficient, high-quality, person-centred care at the right time and place.

Our Strategic Goals 2025 - 2030

Quality

Promote a positive safety culture, to improve the health and wellbeing of patients, staff and the community. Improve effectiveness and patient experience of care to achieve the best health outcomes

Performance

Deliver timely, efficent, and evidence-based services that exceed national standards

People

Promoting a compassionate, supportive and safe culture which generates the right attitude, behaviours and values and keeps skills up to date

Finance & Infrastructure

Optimise the use of resources (finance, technology, estates) by ensuring robust planning, accountability and innovative approaches to achieve financial balance and statutory compliance while delivering high quality, patient-centred care

Partner Organisations

Strengthen collaboration with local communities, stakeholders and partner organisations to deliver integrated, patient-centred care



Our Values and Behaviours



Compassion

Treating people with compassion and honesty



Showing kindness and respect across the organisation



Integrity

Showing integrity and having effective, respectful and honest conversations



Working as a team within the organisation and wider



Excellence

Providing excellence in care and an excellent place to work

We will revisit these values through a focused engagement exercise with our teams over Summer 2025. These values will be underpinned by a clear set of behaviours, highlighting those we strongly encourage and clearly identifying those that are not acceptable.



Our Employees Vision for 2030

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In 2030 NHS Borders will be delivering sustainable and tailored health services to the population of the Scottish Borders. Services will be person-centred and be available as close to people's homes and communities as possible. NHS Borders will have recognised the importance of enhancing and investing in community based care, promoting value based health and care, supporting people to be partners in their own care to make informed choices and decisions relating to their health

Philip Grieve
Associate Director of Nursing for Primary &
Community Services

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NHS Borders will be a streamlined, efficient, focussed organisation that has a clear, unified goal that everyone working there is aware of and signs up to. This will drive improved performance on a daily basis regardless of role or position. NHS Borders will deliver key services that align to the most relevant needs of the local population and consolidate these by avoiding diversifying too much or providing niche services. Standardising care will mean pathways are clear and familiar to staff, improving efficiency and allowing the organisation to deliver the best possible care for our patients and their families.

Dr Imogen Hayward
Associate Medical Director & Consultant
Anaesthetist

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By 2030, NHS Borders will prioritise sustainability by focusing on primary and community services. Our goal is to ensure that individuals receive care at home whenever possible, reserving acute facilities exclusively for acute care needs. We will implement clear and efficient discharge systems to facilitate this transition. Additionally, we will place a strong emphasis on mental health, ensuring comprehensive support and services are integrated into our community care model.

NHS Borders will lead locally, exemplifying fair and just systems for both staff and patients, setting a standard for equitable healthcare and employment practices.

John McLaren Employee Director

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We know that NHS Borders is a huge employer in the region. That means that when we look after our workforce with policies that embrace and support marginalised groups, support employability initiatives in our work with partner agencies, and take seriously our responsibility to reduce our carbon footprint we will benefit the population of our region. By 2030 we can show how NHS Borders is a force for good, above and beyond the healthcare we deliver.

Rebecca Devine
Public Health Consultant

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NHS Borders in 2030 will be a small but vital part of a greater integrated, capable and inclusive 'whole', acting as one with our statutory partners, third sector and communities. We will be clear about the healthcare outcomes citizens of the Borders wish to prioritise and we will have effective means of measuring success, ensuring our services continually develop in line with those goals.

Dr Amanda Cotton
Associate Director & Consultant Psychiatrist

Delivering Our Strategy

Horizon 1
Stabilisation
and Continuous
Improvement
Years 1-2

Horizon 1

Focus on re-establishing performance standards and building a culture of quality improvement.

Horizon 2
Innovation and
Systems
Redesign
Years 3-4

Horizon 2

Once stable performance is achieved, shift focus to fostering innovation to enhance efficiency and outcomes.

Horizon 3
Sustainable and integrated care
Year 5 and beyond

Horizon 3

Drive long term changes
that reshape the
organisation for sustainable
and integrated care.



What we will deliver	Why this is important	When will we do this by
Develop and agree our Clinical Strategy	This will engage our clinical and professionals who know our patients best, in co- designing the pathways which shift care into the community, and maximise our utilisation of resources to ensure effective and efficient delivery of patient care	September 2025
Develop and agree a set of Enabling Strategies, including Digital, Quality, People, Property, Research & Development, Partnership and Finance	The prioritisation of our enabling strategies will be driven by the Clinical Strategy and provide the necessary support structure for our organisational, ensuring that all components of the organisation are working collaboratively towards the common goal of delivering high-quality patient care	November 2025
Implement a revised internal Operating Model	This will allow us to operate more effectively and deliver the level of change required through the lifetime of our Strategy. This will ensure clinical leaders are central to our decision-making processes	June 2025
Develop and agree our Social Compact	This will establish a clear mutual understanding with our staff regarding expectations, responsibilities, and values. This will create a foundation for a collaborative, equitable, and sustainable healthcare system that benefits everyone involved	November 2025
Further engagement with our Staff regarding our Organisational Values & Behaviours	Co-designing our behaviour framework with our teams is central to respecting our values and ensuring this encourages our best performance at work. This will ensure that staff are part of creating the organisation's values and behaviours promoting a consistent approach to patient care and internal operations. This alignment helps in creating a unified culture where everyone works towards common goals	September 2025



What we will deliver	Why this is important	When will we do this by
Develop a set of local performance trajectories that are more ambitious than those set out within our Annual Delivery Plan	This is our recognition that our communities want improved access to services and treatment. This will help us drive excellence, foster continuous improvement and most importantly improve patient outcomes	June 2025
Deliver our annual 3% Financial Efficiency savings	This is crucial for maintaining financial stability, enabling reinvestment in care, improving operational efficiency, and enhancing the organisation's adaptability to future challenges	2025/26
Ensure 100% staff receive an annual appraisal and complete appropriate Statutory & Mandatory training	This is essential for maintaining quality and safety, ensuring compliance, supporting professional development, enhancing engagement and morale, and promoting consistency in healthcare delivery	2025/26
Consistency celebrating staff and team learning and achievements throughout the year	A fundamental part of any improvement journey is ensuring confidence in our teams; to develop this confidence we will co-design consistent learning and celebration events throughout the year to ensure we are constantly learn from each other's improvements	2025/26
Continued 2-way conversations with our Staff, Communities and Partners	To ensure continued open dialogue to ensure we provide services that meet our communities needs	November 2025



We want to start a two way conversation

An essential part of our strategy and continuous improvement approach is to ensure that the changes we implement make a positive difference. This requires regular conversations with the communities we serve. Firstly to understand their needs, and secondly to ensure that the changes are improving our services and the support we offer in order to meet those needs.

We are committed to maintaining regular dialogue with our communities to adapt and respond to evolving needs. This engagement ensures our efforts align with their expectations and priorities. By fostering a collaborative environment, we aim to create an effective healthcare system that reflects the voices and experiences of those we serve.

This document outlines our commitments and priorities. We may not achieve everything but we will strive to do our absolute best. Our strategy sets clear expectations for what you can expect from us and what we need from people and communities in return. Partnerships are crucial to our success, and we value active collaboration and support. Our strategy provides us with clear direction and will remain fluid and adaptable as circumstances change and develop. Whilst we transition to a different way of working, we must ensure that we do not loose momentum or the good progress made around our efficiency savings.

We hope you enjoy reading our strategy and if you would like to support with the development of our Clinical Strategy please contact bor.strategy@borders.scot.nhs.uk

