

A meeting of the **Borders NHS Board** will be held on **Thursday, 5 February 2026** at 10.00am via MS Teams

**AGENDA**

Time	No		Lead	Paper
10.00	1	<b>ANNOUNCEMENTS &amp; APOLOGIES</b>	Chair	<i>Verbal</i>
10.01	2	<b>DECLARATIONS OF INTEREST</b>	Chair	<i>Verbal</i>
10.02	3	<b>MINUTES OF PREVIOUS MEETING</b> 04.12.25	Chair	<i>Attached</i>
10.03	4	<b>MATTERS ARISING</b> Action Tracker	Chair	<i>Attached</i>
10.05	5	<b>CHIEF EXECUTIVE'S REPORT</b>	Chief Executive	<i>Appendix-2026-1</i>
10.15	6	<b>STRATEGY</b>		
	6.1	NHS Borders Cancer Strategy 2026 - 2033	Director of People & Culture	<i>Appendix-2026-2</i>
10.30	7	<b>FINANCE AND RISK ASSURANCE</b>		
	7.1	Resources & Performance Committee minutes: 06.11.25	Chair R&PC	<i>Appendix-2026-3</i>
	7.2	Audit & Risk Committee minutes: 22.09.25	Chair A&RC	<i>Appendix-2026-4</i>
	7.3	Finance Report	Director of Finance	<i>Appendix-2026-5</i>
11.00	8	<b>QUALITY AND SAFETY ASSURANCE</b>		
	8.1	Clinical Governance Committee minutes: 12.11.25	Chair CGC	<i>Appendix-2026-6</i>
	8.2	Quality & Clinical Governance Report	Director of Quality & Improvement	<i>Appendix-2026-7</i>
	8.3	Infection Prevention & Control Report	Director of Nursing, Midwifery & AHPs	<i>Appendix-2026-8</i>

<b>11.40</b>	<b>9</b>	<b>ENGAGEMENT</b>		
	9.1	Whistleblowing Quarter 3 Report	Board Secretary	<i>Appendix-2026-9</i>
<b>11.50</b>	<b>10</b>	<b>PERFORMANCE ASSURANCE</b>		
	10.1	NHS Borders Performance Scorecard	Director of Planning & Performance	<i>Appendix-2026-10</i>
<b>12.20</b>	<b>11</b>	<b>GOVERNANCE</b>		
	11.1	Scottish Borders Health & Social Care Integration Joint Board minutes: 24.09.25	Chair IJB	<i>Appendix-2026-11</i>
	11.2	Board Committee Appointments	Chair	<i>Appendix-2026-12</i>
	11.3	Sub National Planning and Delivery Committee (East) Update	Chief Executive	<i>Appendix-2026-13</i>
<b>12.28</b>	<b>12</b>	<b>ANY OTHER BUSINESS</b>		
<b>12.30</b>	<b>13</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
		Thursday, 2 April 2026 at 10.00am at Scottish Borders Council and via MS Teams	Chair	<i>Verbal</i>

Minutes of the Borders NHS Board meeting held on Thursday, 4 December 2025 at 9.30am in Room 1.005, Borders College, Main Campus, Unit 1 Nether Rd, Galashiels TD1 3HE and via MS Teams (Hybrid).

**Present:**

K Hamilton, Chair  
F Sandford, Vice Chair  
L Livesey, Non Executive  
J Ayling, Non Executive  
L O'Leary, Non Executive  
P Williams, Non Executive  
J McLaren, Non Executive  
P Moore, Chief Executive  
A Bone, Director of Finance  
S Horan, Director of Nursing, Midwifery & AHPs  
S Bhatti, Director of Public Health

**In Attendance:**

I Bishop, Board Secretary  
J Smyth, Director of Planning & Performance  
O Bennett, Interim Director of Acute Services  
G Clinkscale, Director of Acute Services  
L Jones, Director of Quality & Improvement  
S Whiting, Infection Control Manager  
S Errington, Head of Planning & Performance  
M O'Reilly, Chief Nurse for C&PD  
R Devine, Consultant in Public Health  
K George, Planning & Performance Officer  
D McGarry, Senior Project Manager  
S Laurie, Senior Communications Officer  
C Oliver, Head of Communications & Engagement

## **1. Apologies and Announcements**

- 1.1 Apologies had been received from D Parker, Non Executive and L McCallum, Medical Director.
- 1.2 The Chair welcomed a range of attendees to the meeting including members of the public and press.
- 1.3 The Chair confirmed the meeting was quorate.
- 1.4 The Chair recorded her thanks to the Board for their support during her 12 years as a member of the Board and especially during her tenure at the Chair. She advised that the Vice Chair, Fiona Sandford would take on the Interim Chair position whilst a recruitment process was run for a substantive replacement.

## **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 declarations made.

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

3.1 The minutes of the previous meeting of Borders NHS Board held on 2 October 2025 were approved.

## **4. Matters Arising**

4.1 **Action 2025-4:** The report would be presented to the Staff Governance Committee at its next meeting on 29 January 2026.

4.2 **Action 2025-5:** J McLaren confirmed the updated APF ToR would be available for formal board sign off as part of the next Code of Corporate Governance Sectional Refresh.

The **BOARD** noted the Action Tracker.

## **5. Chief Executive's Report**

5.1 P Moore provided his reflections from the past couple of months noting: it had been a challenging time for the board; much progress had been made as shown in the annual review process; good connections had been established with local communities; performance overall had increased; there were lots of indicators that demonstrated sustained improvement; and the alignment of strategic and operational work.

5.2 He paid homage to the Chair and thanked her for her personal support and the way she had lead the Board over the past 6 years which had been impressive.

The **BOARD** noted the report.

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

## **6. NHS Borders Strategy 2025 – 2030**

6.1 P Moore provided an overview of the journey taken to produce the strategy and during the presentation several elements were highlighted: the role of the Delivery Board; the Quality Improvement process; the enabling strategies specifically the social compact and connecting with the workforce; the role to meet the needs of patients and communities; behaviours and values; engagement; and a refresh of the organisational strategy.

6.2 P Moore provided an update on the status of sub national planning and the workstreams and anticipated deliverables associated with it.

6.3 Initial discussion focused on: teamwork; life stages characters; bolstering primary and community care; commissioning services and managing our patients through those external services; linkages to sub national planning; digital front door; linkages to national Boards and what they can provide as enablers to health boards; the positive engagement feedback received by the Area Clinical Forum; enabling strategies; collaborative working and governance routes; population health and community planning partnership.

6.4 L Jones introduced the quality strategy and explained that it was about how the organisation was run with an emphasis on systems and processes as well as staff. She further spoke of risk management and research and innovation which was about the way the organisation was managed with a focus on compassion and shared decision making. In terms of research and innovation there was a focus on quality and improvement in regard to innovation and the research portfolio did well in regard to per head of population locally, but less well on commercial research.

6.5 A discussion ensued about the terminology of being classed as “remote and island2 instead of “remote and rural” and the challenges that remote and island boards had in regard to recruitment. It was noted that NHS Borders was a blueprint to what the rest of Scotland would look like in terms of population demographic in the future. It was suggested that in the present risk trumped innovation and there was a need to innovate and balance innovation with financial risk or quality risk.

6.6 J Smyth introduced the digital strategy and explained the challenges in being able to continued to deliver as well as improve and innovate. The strategy also had a set of next steps detailed for its trajectory.

6.7 Discussion focused on: infrastructure requirements being both digital and hard estate; use of AI by national boards and the impact on heath boards; the need for once for Scotland digital tools and investment; the use of digital apps for patients; with the right digital infrastructure and systems in place clinicians could work more efficiently and effectively.

6.8 A Bone introduced the financial strategy and explained that there was a requirement to achieve financial balance across the East sub national planning model across 3 years and the Board had a 5 year plan as well as a significant deficit. He emphasised that financial sustainability remained unviable and the old mindset of savings plans based around risk and affordability required to change to focus on value for the money that was available. In order to change that mindset an prioritisation and commissioning framework approach would be implemented to construct the annual plan and align the workforce to shift the most value for the money available.

6.9 Discussion focused on: value for money that has achievements that won't be seen for 20 years such as preventative health measures; cost utility analysis; how to achieve best value; and the quality of business cases.

6.10 P Moore provided an outline of the people strategy that would be formulated for the April Board meeting. During November and December a swot analysis had been undertaken, spending time with staff and services and he recognised that the staff were the greatest asset of the organisation and that the staff and local communities had a unique bond and a virtuous tie to the care and compassion the was delivered

to patients and their families. In terms of the people strategy it would be a social compact to be embedded in the organisational structure.

The **BOARD** approved the Organisational Strategy and the Clinical Strategy 2025–2030.

The **BOARD** noted the current suite of Enabling Strategies and noted that the finalised suite would be brought forward to the Board during April 2026 for approval

The **BOARD** endorsed the strategic direction to ensure alignment with governance, operational planning, and performance oversight.

The **BOARD** confirmed that it had received Significant Assurance from the report for systems and processes and Moderate Assurance from the report for outcomes.

## **7. Nursing Midwifery Allied Health Professions (NMAHP) Education**

- 7.1 S Horan introduced the annual report to the Board. M O'Reilly drew the attention of the Board to several key elements within the report which included: innovation to health care and cohort 2; cohort 1 were nearing the end of their placements and some had secured bank hours and were looking for work within NHS Borders; investment in staff development through various secured funding streams to support 542 staff; and risk in relation to role mandatory training for NMAHP, which remained of concern but was seeing some improvement through the introduction of a new reporting mechanism.
- 7.2 L Livesey sought understanding and assurance in relation to the AHP posts qualification and training and overall compliance with training rates. M O'Reilly confirmed that training compliances rates were in regard to role mandatory training, which was required of clinicians in order for them to care for their patients. Staff were often pulled off of training when there were pressures in the system and it could take 6 months before another training placement was available.
- 7.3 In terms of AHPs post qualification training was provided and several people had been funded to undertake their masters degrees in line with the directive that was issued. A piece of work was also being taken forward across the AHPs to see what educational needs they had.
- 7.4 P Moore welcomed the report and suggested a visual management approach to progress through noticeboards.
- 7.5 J Ayling recalled an internal audit on training and suggested a cross to check against that audit to see if training rates had sustainably improved.
- 7.6 The Chair suggested regular reporting through the Staff Governance Committee.

The **BOARD** noted the report.

The **BOARD** confirmed that it had received Significant Assurance from the report for systems and processes and Limited Assurance from the report on compliance with role mandatory training.

## **8. Health Inequality Progress Report**

8.1 S Bhatti provided an overview of the content of the report and specifically highlighted: table 1 which focused on the differences of the most and least deprived population in the Scottish Borders; Community planning partnership and challenging the data presented; social prescribing for loneliness and isolation; physical activity; discourse of how complex it is and how difficult it is and the actions being taken.

8.2 Discussion focused on: barriers to social prescribing; movement of resource from acute; how would it be measured if it was done well; benchmarking data across Scotland for social prescribing; potential funding through reductions in standard drug prescribing; ensure taken forward in partnership with fellow anchor institutions through the Integration Joint Board; central approach to commissioning other bodies; and the formation of a health intelligence function to focus more on health inequalities and social prescribing.

8.3 L Livesey asked for an overview of what was currently done in regard to Health Inequalities and Social Prescribing. The Chair suggested it be added to the Action Tracker.

The **BOARD** noted the report.

The **BOARD** agreed to add an overview of what was currently done in regard to Health Inequalities and Social Prescribing to the Action Tracker.

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

## **9. Resources & Performance Committee minutes: 11.09.25**

The **BOARD** noted the minutes.

## **10. Endowment Board of Trustees minutes: 12.06.25**

The **BOARD** noted the minutes.

## **11. Finance Report**

11.1 A Bone provided an overview of the content of the report.

11.2 J Ayling enquired if there was a way to record savings due to cost avoidance given cost avoidance would be a feature of the financial strategy. A Bone confirmed that work was on going to put something in place for the next financial year through a phased implementation approach.

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

YTD Performance	£6.46m overspend
Outturn Forecast at current run rate	£11.07m overspend
Projected Variance against Financial Plan (current run rate)	£1.73m improvement
Actual Savings Delivery (current year effect)	£6.95m (actioned)
Projected gap to Forecast	Best Case £10.00m (Forecast Q2) Worst Case £11.07m (trend)

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

The **BOARD** agreed to include progress in regard to “cost avoidance” for the following financial year on the action tracker.

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

## **12. Clinical Governance Committee minutes: 10.09.25**

The **BOARD** noted the minutes.

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

- 13.1 L Jones provided an overview of the content of the report. She drew the attention of the Board to the maternity services item as an item of significant national interest.
- 13.2 S Horan commented that there were national concerns in regard to maternity services across the whole of the UK. In regard to Scotland maternity services were aware of the concerns and were ready to work through the inspection process. NHS Borders had not yet been subject to an inspection, but were ready to be inspected and had anticipated the areas that would likely be recommended for improvement.
- 13.3 F Sandford commented that the overarching concern from the Clinical Governance Committee was the fragility of the workforce especially in certain specialties and it was suggested that population based planning and sub national planning may assist in the future.

The **BOARD** noted the report.

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

## **14. Infection Prevention & Control Report**

- 14.1 S Whiting provided an overview of the content of the report. He referred to Section 2 of the report which covered infection surveillance and ecoli. He explained that the statistics referred to NHS Borders as an outlier for ecoli and sabs and for those cases no prior healthcare interventions were undertaken and health protection colleagues were reviewing the cases. In Section 3.7 it referred to workload associated with estates projects such as Radiology, Macmillan, Aseptics and Pharmacy and the impact was that staff were removed from clinical duties to support those projects. He further advised that flu activity was being seen earlier than anticipated and there was 1 outbreak in a Community Hospital. A range of actions were being taken by the Occupational Health service, Vaccination team, communications about lowering the threshold to increase the use of ppe, cleaning regimes and the implementation of essential visiting only.
- 14.2 Discussion focused on: the west coast of Scotland being 10 days ahead of the east of Scotland in regard to significant rises in flu cases; introduction of restricted visiting; face mask wearing; ensuring protocols and criteria are adhered to; respiratory infections were increasing in the youngest age ranges according to the latest Public

Health Scotland data; ensuring residual stocks of masks, ppe and cleaning materials were being held by procurement; and good vaccination rates.

The **BOARD** noted the report.

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

## **15. NHS Borders Performance Scorecard**

- 15.1 J Smyth provided an overview of the content of the report and advised that the format would continue to develop.
- 15.2 G Clinkscale spoke of CAMHS performance and the continued achievement of the 18 week target. He commented that the neuro development assessment waiting list had deteriorated but was beginning to improve and expected to be back to around 52 weeks. On 15 December the new Frailty Unit and Integrated Discharge Team across inpatient areas was due to go live which would be a significant change. He also commented that flu vaccination rates were 10% above the health board average.
- 15.3 O Bennett provided headline messages and in terms of elective care the organisation was performing well and the total waiting list size was down by 6.5%. In terms of ambition to eliminate all over 52 week waits the organisation was on track to achieve that and almost half of that backlog had been addressed since the start of the year. For cancer more patients were treated in October and performance was at 80% overall with the backlog down by 70%. In terms of diagnostics improvements were being seen with a 10% shift in year. Unscheduled care remained challenging and the 4 hour performance target in ED had improved on the same period the previous year but still had further improvements to make.
- 15.4 Discussion focused on: challenging winter period; clinical teams were prepared; evidence based changes; and more resources and capacity in the system than had been previously.

The **BOARD** noted the report.

The **BOARD** confirmed that it had received Moderate Assurance from the report for systems and processes and Limited Assurance from the report for outcomes, although it acknowledged that improvement plans were in place to move performance forward.

## **16. Blueprint for Good Governance Update**

- 16.1 I Bishop provided a brief overview of the content of the report.

The **BOARD** noted the report.

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

## **17. Consultant Appointments**

The **BOARD** noted the report.

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

## **18. Any Other Business**

18.1 **Chief Officer Integration Joint Board:** P Moore advised that a recruitment process had been agreed with Scottish Borders Council and was being progressed. He further advised that recruitment was underway for a Director of People and Culture for NHS Borders and interviews were taking place to source an Interim appointment.

The **BOARD** noted the update.

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

19.1 The Chair confirmed that the next scheduled meeting of Borders NHS Board would take place on Thursday, 5 February 2026 at 10.00am.

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## Borders NHS Board Action Point Tracker

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 <b>BOARD</b> 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.	<b>Andy Carter / Sarah Horan</b>	<p><b>In Progress:</b> The report had been scheduled for the Staff Governance Committee meeting to be held on 16 October 2025.</p> <p><b>Update 02.10.25:</b> The report would be presented to the Staff Governance Committee at its next meeting on 6 November 2025.</p> <p><b>Update 04.12.25:</b> The report would be presented to the Staff Governance Committee at its next meeting on 29 January 2026.</p>

**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 <b>BOARD</b> agreed that the Area Partnership Forum Terms of Reference be reviewed and resubmitted.	<b>Iris Bishop / John McLaren</b>	<p><b>In Progress:</b> John McLaren to represent the APF ToR to the next APF meeting for review and onward submission to the Board for formal approval.</p> <p><b>Update 02.10.25:</b> J McLaren to confirm the updated APF ToR would be available for formal board sign off as part of the next Code of Corporate Governance Sectional Refresh.</p> <p><b>Update 04.12.25:</b> J McLaren confirmed the updated APF ToR would be available for formal board sign off as part of the next Code of Corporate Governance Sectional Refresh.</p>

Meeting held on 4 December 2025

**Agenda Item:** Health Inequality Progress Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2025-6	8	The <b>BOARD</b> agreed to add an overview of what was currently done in regard to Health Inequalities and Social Prescribing to the Action Tracker.	Sohail Bhatti	

**Agenda Item:** Finance Report

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2025-7	11	The <b>BOARD</b> agreed to include progress in regard to "cost avoidance" for the following financial year on the action tracker.	Andrew Bone	In Progress: This will be implemented within the Finance Report from Month 1.

**Agenda Item:**

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2025-8				

# NHS Borders



**Meeting:** Borders NHS Board

**Meeting date:** 5 February 2026

**Title:** Chief Executive's Report

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

**Report Author:** Lesley Shillinglaw, EA to Chief Executive

## 1 Purpose

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

- Awareness

**This report relates to a:**

- Annual Operational Plan/Remobilisation Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- 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 officially welcome Fiona Sandford as Interim Chair to NHS Borders as well as provide some updates for National and local events which took place during December 2025. An update on the Covid Enquiry is attached as an Appendix for information.

## 2.2 Background

**Official Welcome to Fiona Sandford Interim Chair, NHS Borders:** Fiona Sandford took up post officially as Interim Chair 1<sup>st</sup> January 2026.

**Board Chief Executives:** Board Chief Executives held a Development Day on 9<sup>th</sup> December 2025 and held their formal Business meeting on 10<sup>th</sup> December 2025.

**MP/MSP Engagement Session:** Our quarterly NHS engagement session with MPs/MSPs was held on 15 December 2025.

**Director-General for Health and Social Care Visit:** A visit from Caroline Lamb took place on 19 December 2025 with a particular focus on Theatres.

**Proposed Industrial Action 13-17 January 2026:** The proposed industrial action was withdrawn

**Chair/Chief Exec Walkround:** On 23 December 2025, the Chair and Chief Executive undertook a walk round of Borders General Hospital, visiting clinical and non-clinical areas and engaging directly with staff to hear feedback and discuss current priorities.

### Freedom of Information Reform (Scotland) Bill – For Information

[Stage 1 report on the Freedom of Information Reform \(Scotland\) Bill | Scottish Parliament](#)

## 2.3 Assessment

### Official Welcome

Fiona Sandford joins NHS Borders as Interim Chair, bringing extensive experience in governance and leadership. Her appointment will strengthen our strategic direction and support continued delivery of high-quality, person-centred care.

### Board Chief Executives

The Board Chief Executives held a Development Session on 9<sup>th</sup> December 2025. The overarching aim of the development programme was to sustain and strengthen connection and collaborative leadership to support improved individual and collective performance. Key Objectives from the December Session were:

- Embed the Action Learning Set culture across Chief Executives.
- Reinforce agreed leadership behaviours.
- Explore implications of sub-national planning on BCE dynamics and relationships.

The session reinforced the importance of collaborative leadership and adaptability in the evolving health landscape. Action points include continuing the Action Learning Set approach and monitoring developments in sub-national planning to ensure alignment and resilience across Boards.

The Board Chief Executives Business meeting was held on 10<sup>th</sup> December and focused on key operational priorities and strategic developments across NHS Scotland. Chief Executives reviewed progress on critical areas, including the resilience of Central Decontamination Units, which remain under significant pressure due to ageing infrastructure and increased surgical demand. National coordination efforts are underway to improve contingency planning and capacity management.

The meeting also considered the revised Memorandum of Understanding between NHS Boards, Integration Joint Boards, and the Scottish Prison Service, aimed at strengthening collaboration for prison healthcare delivery. Updates were provided on mental health service challenges and the continued rollout of the Right Decision Service to support clinical decision-making.

**Discussion on the BCE Delivery Plan** highlighted workforce issues linked to the Reduced Working Week implementation, with Boards asked to prioritise services and explore innovative solutions to mitigate capacity risks. Progress on the Business Services Programme was noted, although procurement delays and legal resourcing challenges may impact timelines. Engagement and communications plans have been launched to maintain momentum.

**Strategic Reform** featured prominently, with a deep dive into elective recovery and operational improvement plans. While progress is being made, risks remain around waiting times, frailty capacity, and social care constraints. Hospital at Home expansion and discharge improvement were identified as priorities to ease pressure on acute services.

National strategic papers included an update on Phase Two of the Women's Health Plan, which will be published in January 2026. This phase builds on previous work and introduces new priorities such as gynaecology service transformation, cervical cancer elimination, and women's brain health. Updates were also provided on screening programmes and specialist service reviews.

Overall, the meeting reinforced the need for collaborative leadership, robust contingency planning, and continued focus on reform to deliver sustainable improvements in patient care and system resilience

### **MP/MSP Meeting**

The quarterly Local Health Service Briefing took place on Friday 12 December 2025. This meeting is an opportunity for local MPs and MSPs to drop into an online teams call with the Chair and Chief Executive to hear key messages and ask any general questions they may have. This meeting was attended by both Karen Hamilton as outgoing Chair, and Fiona Sandford as incoming Interim Chair.

### **Director-General for Health and Social Care Visit**

The Director-General for Health and Social Care, Caroline Lamb visited NHS Borders on 19<sup>th</sup> December. This was an opportunity to showcase and demonstrate the great improvement work being delivered in Theatres outlining our ambition for the future which will centre around collaboration and working across boundaries, following the direction of travel nationally. The National Plan is specifically focussing on orthopaedic elective work and therefore what bigger role we can play in that space. The visit was a great success and I would like to thank Imogen Hayward, AMD Surgery, Oliver Bennett,

Director of Acute Services and Andrew Bone, Director of Finance and all other colleagues involved in this visit.

### **Proposed Industrial Action 13-17 January 2026**

Following the withdrawal of the proposed industrial action scheduled for 13–17 January, I would like to formally record my thanks to Oliver Bennett, Director of Acute Services, Bob Salmond and Clare Smith (HR) and **all** other colleagues who contributed to this work. Their efforts ensured that contingency planning was robust and that the potential impact on patients and hospital services was successfully avoided. This outcome reflects the commitment and collaborative approach of our teams in managing complex workforce challenges.

### **Chair/Chief Exec walkround**

The Chair and Chief Executive undertook a walk round of Borders General Hospital, which provided an opportunity to meet with staff across a range of services and to personally thank them for their continued hard work, professionalism and commitment to patient care. The walk round enabled the Chair to express her appreciation directly to staff for their dedication and contribution to NHS Borders, ahead of her retirement as Chair, and to acknowledge the vital role they play in delivering high-quality services for patients and communities.

### **Freedom of Information Reform (Scotland) Bill (For Information/Noting)**

[Stage 1 report on the Freedom of Information Reform \(Scotland\) Bill | Scottish Parliament](#)

#### **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 is not required.

#### **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 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

Appendix No 1: Covid Inquiry Update

**Borders NHS Board**  
**5 February 2026**  
**CE Report – Appendix 1 – The UK Covid-19 Inquiry**

**The UK Covid-19 Inquiry** has announced its plans for 2026. The Inquiry will also publish a further five reports covering Healthcare Systems, Vaccines and Therapeutics, Procurement, the Care Sector and Test, Trace and Isolate. These reports will be published following thorough analysis of the evidence submitted to the Inquiry for each investigation. The Chair of the Inquiry, Baroness Hallett, will set out her findings and recommendations in the reports, with the expectation that all accepted recommendations be implemented without delay.

On 19 March 2026, the Inquiry will publish its Module 3 report on Healthcare Systems, followed by the publication of the Module 4 report on Vaccines and Therapeutics on 16 April. These reports follow public hearings held in September – November 2024 and January 2025.

Summer 2026 will see the publication of the Module 5 report, examining Procurement. Towards the end of the year, reports will be published for Module 6, investigating the Care Sector and Module 7, investigating Test, Trace and Isolate. The remaining three reports will be published in the first half of 2027.

The first quarter of 2026 also sees the Inquiry's hearings for its tenth and last investigation, Impact on Society. This module will examine the impact of the pandemic on the population of the UK, with particular focus on mental health and wellbeing, key workers, the most vulnerable and the bereaved.

The UK Covid-19 Inquiry is split into 10 different investigations – or ‘Modules’ – which examine different parts of the UK’s preparedness for and response to the pandemic and its impact.

**Completed modules**

1. Resilience and preparedness
2. Core UK Decision-making and political governance
  - Scotland
  - Wales
  - Northern Ireland

**Active modules**

3. Impact of Covid-19 pandemic on healthcare systems in the 4 nations of the UK
4. Vaccines and Therapeutics
5. Procurement
6. Care Sector
7. Test, Trace and Isolate
8. Children and Young People
9. Economic response
10. Impact on society

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>5 February 2026</b>
<b>Title:</b>	<b>NHS Borders Cancer Strategy 2026 - 2033</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Oliver Bennett, Interim Director of Acute Services</b>
<b>Report Author:</b>	<b>Steven Litster, Cancer Transformation Manager</b>

## 1 Purpose

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

- Decision

**This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

NHS Borders' Cancer Strategy requires a refresh in order to continue to respond to the evolving cancer landscape, including continued growth in demand, more people living with and beyond cancer, and increasing pressure to prevent disease and diagnose earlier. It is also important that we have a clear direction of travel and set of plans to exceed the expectations of patients and their experience of cancer care.

The Strategy articulates our future ambition and provides a framework to ensure services remain high quality, equitable, sustainable, and person-centred across the cancer pathway.

The strategy is being brought to the Board's attention because approval of the strategic direction is essential to provide clarity and alignment across the organisation. The

strategy will guide decision-making, resource allocation, and performance monitoring over the next seven years.

## **2.2 Background**

The current Cancer Strategy was developed in 2021 and approved in December of that year, during the COVID19 pandemic. Whilst significant progress has been made, particularly within secondary care, the pandemic context influenced the scope and focus of the strategy. National policy, population needs, and service pressures have since evolved. The refreshed Cancer Strategy reflects national direction, including the Scottish Government Cancer Strategy 2023-2033, and aligns with the NHS Borders Clinical Strategy.

## **2.3 Assessment**

Setting an ambition strategy and framework on how we intend to exceed patients' expectations of cancer care in NHS Borders is vital. Good progress in the delivery of high quality, safe and effective cancer care has been made over the last few years. However, it is time to develop and launch a refresh of the strategy for reasons outlined above and the latest refreshed strategy broadens focus beyond diagnosis and treatment, which is important, to include:

- Cancer prevention and early detection
- Living with and beyond cancer
- Patient experience and holistic support
- Reducing health inequalities
- Workforce, capacity, and facilities

It is underpinned by clear strategic commitments, informed by extensive public and staff engagement, data analysis, and regional collaboration. Governance will be provided through the Cancer Strategy Board and the new Cancer Delivery Board as part of a new 'operating model', with delivery supported by an agreed implementation plan and performance oversight framework.

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

Delivery of the Strategy will significantly enhance the quality of patient care and lead to better health outcomes and higher patient satisfaction.

### **2.3.2 Workforce**

Directors are asked to support the implementation and monitoring of measures within their service areas where applicable.

### **2.3.3 Financial**

The Board is not being asked to support any upfront financial investment in the strategy. Delivery of the underpinning implementation plans may have a financial impact, but this will be considered in due course and through the proper governance channels.

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

As the Strategy is implemented, a full risk assessment will need to be considered against the delivery and operational implementation plan.

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

The proposed Strategy for 2026-2033 has been developed to support the Public Sector Equality Duty, the Fairer Scotland Duty, and the Board's Equalities Outcomes by:

- Advancing equality of opportunity through inclusive service design and workforce planning
- Eliminating discrimination by embedding equality principles in organisational and clinical priorities
- Reducing health inequalities by targeting interventions to address the needs of vulnerable and marginalised groups
- Promoting fairness in resource allocation and access to care across all communities

The Strategy recognises the importance of tackling health inequalities as a core component of improving population health and ensuring equitable outcomes.

An Equality Impact Assessment will be completed as part of the implementation plan to ensure that actions taken under the Strategy fully comply with equality and fairness duties.

### **2.3.6 Climate Change**

No anticipated impact.

### **2.3.7 Other impacts**

None.

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

The development of the Strategy has been underpinned by extensive engagement with staff and the wider community.

Draft strategies were shared widely with NHS Borders staff for feedback, and communication channels were maintained throughout the process to encourage participation and collaboration.

This inclusive approach has strengthened the Strategy's framework and will continue during implementation to ensure ongoing involvement and co-production.

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

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

- NHS Borders Delivery Group
- Cancer Strategy Board

- Acute Hospital Management Board

## 2.4 **Recommendation**

NHS Borders Board are asked to:

**Approve** the Cancer Strategy 2026 – 2033.

**Endorse** the strategic direction to ensure alignment with governance, operational planning, and performance oversight.

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**

Suggested Assurance Levels:

- **Systems and Processes – Significant**
- **Outcomes – Moderate**

## 3 **List of appendices**

The following appendices are included with this report:

- Appendix 1 – NHS Borders Cancer Strategy 2026 – 2033



# NHS Borders Cancer Strategy 2026 - 2033



# Introduction

Cancer touches the lives of so many people across our communities; patients, families, carers, and the dedicated professionals who support them. As we look ahead to the next seven years, this strategy sets out NHS Borders' renewed commitment to delivering high-quality, compassionate, and equitable cancer care.

This strategy aligns with the [NHS Borders Clinical Strategy](#) and the national [Recovery & Design: An Action Plan for Cancer Services](#), and is further supported by broader public health initiatives.

We recognise that the cancer landscape is evolving. More people are living with and beyond cancer, and our services must adapt to meet their changing needs. This means placing greater emphasis not only on treatment, but also on prevention, early detection, holistic support, and care delivered as close to home as possible.

Our vision is:

***To provide high quality, safe, seamless and sustainable cancer services for NHS Borders' population from screening and diagnosis through treatment and beyond, recognising that prevention and early detection are as important as treatment and cure and that cancer, for many, is now a long term condition.***

***Services will be person centred, based on evidence and ensure best possible health outcomes. Underpinning this will be integrated multi-disciplinary working and communication across interagency and regional boundaries to ensure people affected by cancer are supported to have the best quality of life, including at end of life.***

Shaped by the voices of our community and staff, this strategy reflects what matters most to them: timely diagnosis, clear communication, coordinated care, and support that treats the whole person, not just the disease.

While we are proud of the progress made, we acknowledge there is more to do. Through this strategy, we will continue to work in partnership with patients, families, staff, and regional colleagues to build a cancer service that is:

- **Resilient** to future challenges
- **Responsive** to individual and population needs
- **Guided by** our values of dignity, compassion, and respect

This strategy embodies our shared ambition to improve cancer care for everyone across the Borders.

# National Context

The [Scottish Government Cancer Strategy 2023-2033](#) was published in June 2023, with the following vision:

Scottish Government  
Rioghaitas na h-Alba

***“More cancers are prevented, and our compassionate and consistent cancer service provides excellent treatment and support throughout the cancer journey and improves outcomes and survival for people with cancer.”***



The Strategy is underpinned by a [three year action plan](#), due for refresh during 2026.

Our own refreshed strategy supports relevant actions within this plan, including prevention, diagnosis, treatment, person centred care and workforce.

## Regional Context

NHS Borders is part of the [South East Scotland Cancer Network \(SCAN\)](#), alongside NHS Dumfries & Galloway, NHS Fife, and NHS Lothian. Wherever possible, cancer services are delivered locally to ensure they remain accessible to patients.

Some specialist interventions, however, are provided regionally through the SCAN network. These include advanced diagnostics and treatments such as PET scanning, radiotherapy, and complex surgery. Other regional services include inpatient systemic anti-cancer therapy (SACT), specialist oncology surgery (e.g. upper gastrointestinal, hepatobiliary, and thoracic), access to clinical trials, and highly specialised procedures like molecular diagnostics.



Working regionally to improve cancer services

# Local Context

In the Borders there are approximately 75 people newly diagnosed with cancer each month, and an estimated 5,900 people living with cancer. By 2030, one in two people will face a cancer diagnosis in their lifetime.

Cancer services for the NHS Borders population are delivered through a combination of locally provided care and regionally coordinated services. At present, the majority of regional services require patients to travel to the Edinburgh Cancer Centre, located at the Western General Hospital.

We also work closely with charitable and Third Sector partners to deliver effective care for patients.

It is preferable for patients to receive care as close to home as possible and efforts have been made in recent years to expand local service provision and repatriate more activity. However, certain limitations remain, such as the need for specialised equipment or training, or low patient volumes that make it difficult to maintain clinical competencies locally.

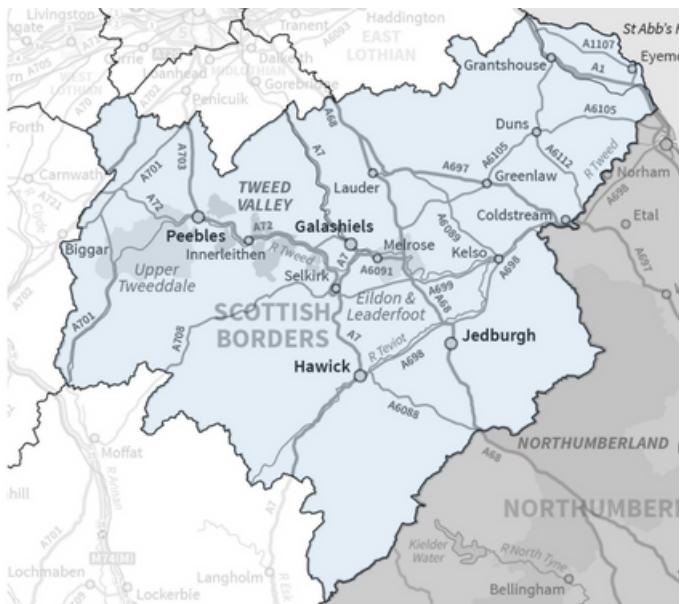
In addition to diagnosis and treatment, a wide range of support is offered to people during their investigations and treatment for cancer. Within hospital services, most people will meet a Cancer Nurse Specialist (CNS) shortly after diagnosis. The CNS provides holistic support throughout treatment and often continues to offer follow-up care beyond completion of treatment.

The [Cancer Information & Support Service \(CISS\)](#) is also available to provide specialist support, including for patients undergoing treatment at the tertiary centre who may not have access to a local CNS.



A Single Point of Contact (SPoC) is available to patients following initial referral into hospital with a suspicion of cancer and prior to diagnosis. For those with a confirmed diagnosis, SPoC also offers a prehabilitation assessment before treatment begins and pathway support.

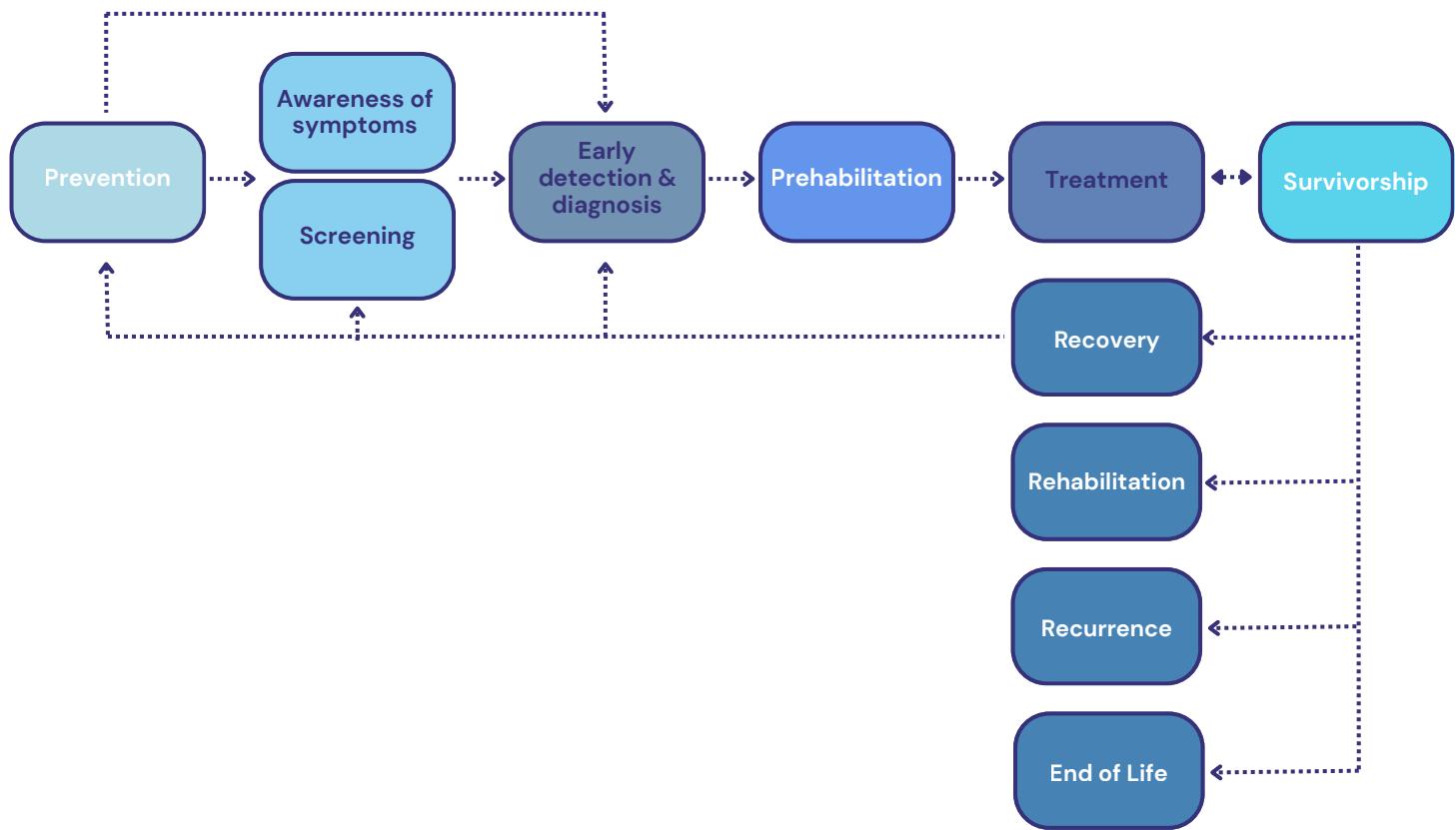
Outside secondary care, [Improving the Cancer Journey \(ICJ\)](#) is a Macmillan funded service in the Scottish Borders that supports people newly diagnosed with cancer with any non-clinical concerns they may have. Through a personalised conversation and holistic needs assessment, the ICJ team provides tailored information, advice, and referrals to local and national services that can offer further support.



Scottish Borders Council Area: GovScot.com

# The Patient Journey

The below diagram shows the patient journey through cancer services. The arrows between stages show that this journey isn't always straightforward and can vary depending on each person's experience.



## Data

### Where We've Been in the Last 10 Years

Over the past decade, cancer services in NHS Borders have evolved significantly. Despite the challenges posed by the COVID-19 pandemic, the region has seen improvements in diagnostic pathways, treatment capacity, and patient experience. However, rising incidence rates and persistent inequalities continue to shape the demand for services.

### Demographic Breakdown of Cancer in the Scottish Borders

Cancer incidence and outcomes in the Scottish Borders reflect national trends, with notable variation across age, gender, and socioeconomic groups. Understanding these differences is vital for equitable care and targeted interventions.

# Demographic breakdown of Cancer in the Borders



**116,020**

Population (mid 2021)



**51.3%**

Female population



**30.2%**

45-64 population age group  
(above national average)

## Cancer Incidence



- Around **75** new cancer cases are diagnosed monthly in the Borders.
- The number of people diagnosed with cancer in the Borders is projected to rise by approximately **1.5%** each year.
- By 2030, **1 in 2** people are expected to receive a cancer diagnosis in their lifetime.
- The most common cancers in Scotland are **lung, breast, colorectal and prostate**.

## Age and Gender Patterns



- Over **50%** of new diagnoses occur in those aged **70+**.
- Among **25 – 59** year olds, incidence is higher in **women**.
- Among those **65+**, rates are **50%** higher in men than women.
- Overall, men have higher incidence rates, especially for lung and colorectal cancers.
- **Breast** cancer is most common in women, **prostate** cancer in men.

# Cancer statistics in Scotland

## Socioeconomic Inequality

- Cancer mortality is **80%** higher in Scotland's most deprived areas.
- **12** additional deaths per day - or **4,300** annually - are linked to deprivation.
- **Lung** cancer accounts for nearly half of these excess deaths, driven by smoking rates four times higher in deprived areas.
- Cancer incidence is **24%** higher in the most deprived communities.



## Children and Young People



Cancer is rare in those aged **0 - 24**, but when it occurs, blood, brain, and soft tissue sarcomas dominate, accounting for **70 - 77%** of cases.

## Survival and Outcomes

Survival rates are improving due to earlier detection and better treatments. However, people in deprived areas face longer waits, poorer access, and lower survival rates across all major cancer types.

# Cancer Treatments

Treatment types delivered across Scotland (including NHS Borders) include:

- **Systemic Anti-Cancer Therapy (SACT):** Chemotherapy, immunotherapy, and biological therapies.
- **Surgical Resection:** Tumour removal procedures, often as part of curative treatment.
- **Radiotherapy (delivered regionally):** Including external beam, brachytherapy, and radioisotope therapy.
- **Palliative Care:** Holistic care focused on improving quality of life for patients with advanced or incurable cancer.

Treatment volumes vary by cancer type, stage at diagnosis, and patient comorbidities. Most first-line treatments occur within 6-12 months of diagnosis.

## Waiting Times

NHS Scotland monitors two key standards:

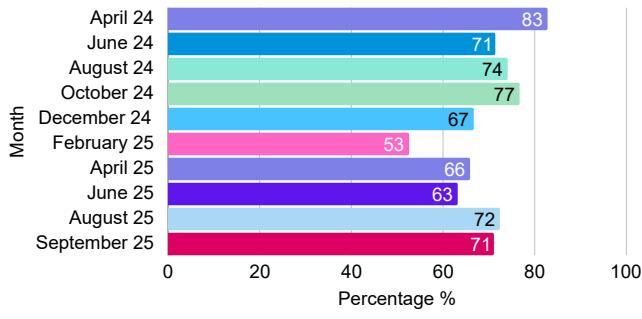
**62-Day Standard:** From urgent referral to first treatment.

NHS Borders performance: **Below target**, with only 68.9% of patients treated within 62 days (target: 95%)

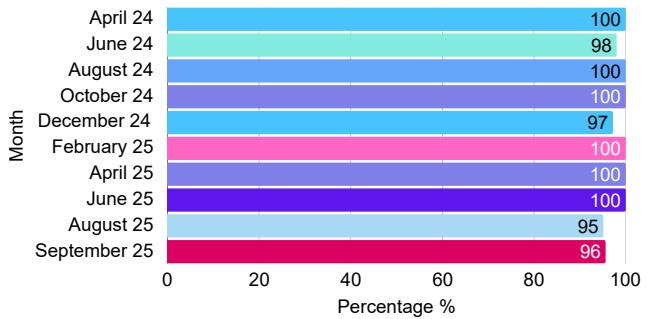
**31-Day Standard:** From decision to treat to first treatment.

NHS Borders performance: **Met target**, with 94.1% of patients treated within 31 days

Despite meeting the 31-day standard, delays in the 62-day pathway highlight the need for improved coordination and diagnostic capacity to ensure achievement of the 95% standard.



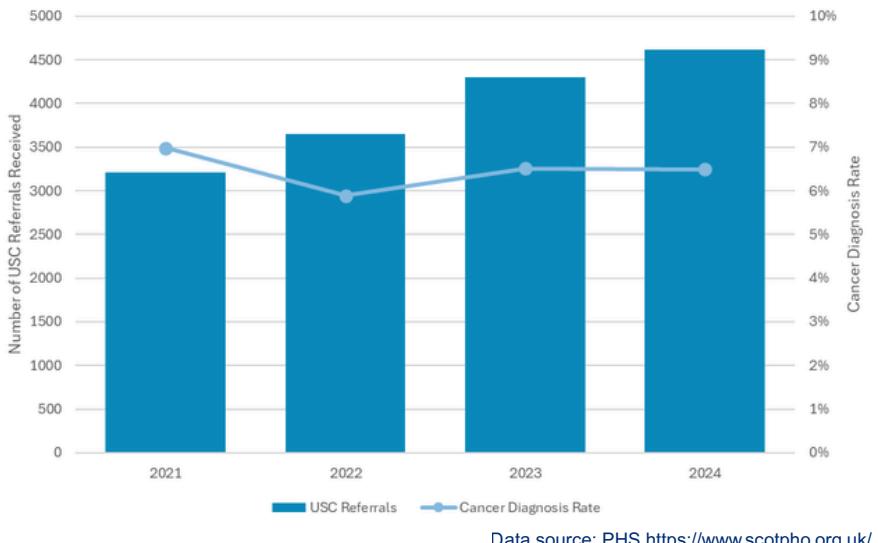
Performance has been strong across most tumour sites, however, challenges within the Prostate and Lung cancer diagnostic pathways have affected our overall position. Addressing these two pathways is a key priority to enable us to consistently meet the 95% standard.



NHS Borders has maintained strong performance against the 31-day standard, consistently achieving 95% compliance between September 2024 and September 2025.

### Urgent Suspicion of Cancer Referrals & Cancer Diagnoses

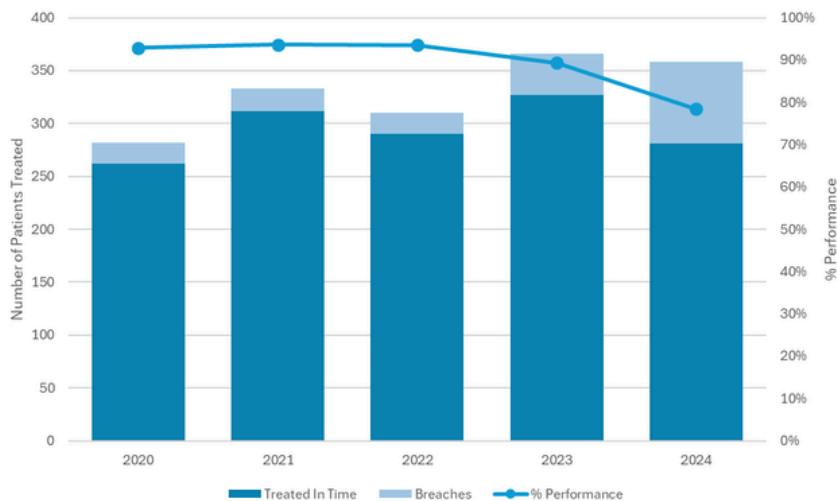
Over the last three years there has been an increase of 44% in the number of referrals from Primary Care requesting patients be investigated for cancer. The conversion rate to cancer diagnosis has been static at around 7%, indicating that this increase has largely been appropriate.



Data source: PHS <https://www.scotpho.org.uk/>

Being referred in this way ensures early access to diagnostics and other investigations, and that patients have access to support from receipt of their referral.

### 62-Day Waiting Times Performance

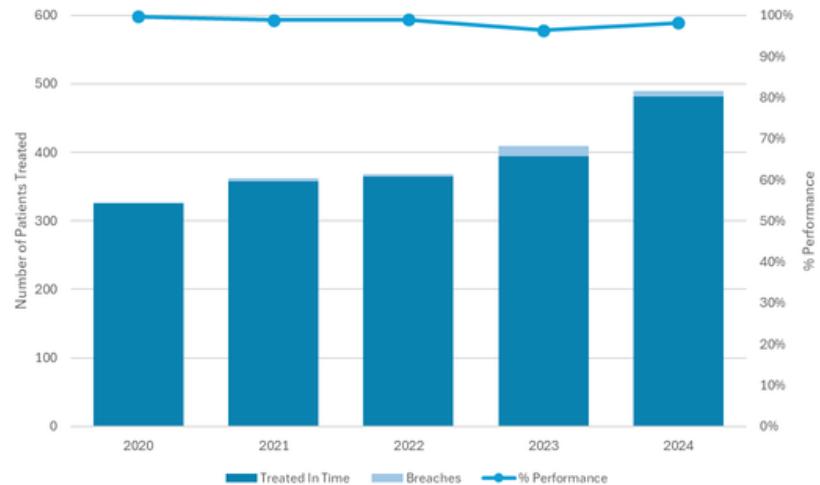


Data source: PHS <https://www.scotpho.org.uk/>

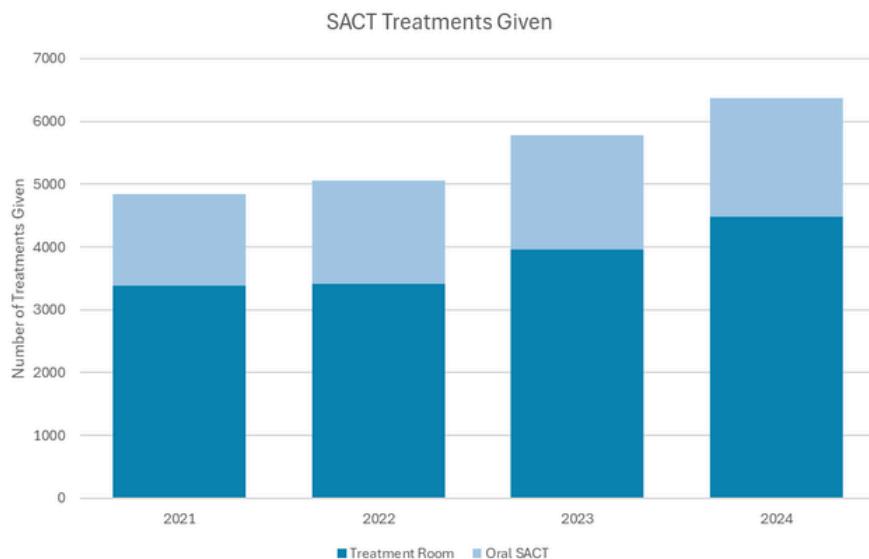
This increase in the number of referrals is reflected in the increasing number of completed pathways, however, there has been a noticeable deterioration in performance against the 62-day standard, from 93% in 2020 to 73% in 2024.

Performance against the 31-day standard for treatment remains strong however, with the standard being met for 98% of patients during 2024.

### 31-Day Waiting Times Performance



Data source: PHS <https://www.scotpho.org.uk/>



Data source: PHS <https://www.scotpho.org.uk/>

Over the past three years there has been an increase of 32% in the number of SACT treatments given in Borders; due to the availability of new treatments and improving treatment outcomes, it is predicted that the annual growth rate will continue at 8-10%.

## Measuring our performance

Nationally, the key targets for cancer services are the 62-day and 31-day waiting times standards. The feedback from our community confirms that timely access to diagnosis and treatment is a priority for patients and families. Meeting these standards will be a key measure of success for NHS Borders.

In addition, we will continue to monitor wider treatment outcomes through the Quality Performance Indicator (QPI) audits, which are carried out regionally. These audits help ensure that patients receive appropriate investigations and treatments in line with best practice.

Cancer incidence data is published annually, and we will use this to track trends, identify emerging issues, and monitor progress against national goals - particularly those aimed at reducing late-stage diagnoses and tackling health inequalities.

Locally, we will also review SACT treatment volumes and capacity to support future service planning, in line with our workforce strategy.

## What we said / what we did

The previous Cancer Strategy was written during 2021 and approved by the Quality & Sustainability Board in December of that year. It was developed in the context of the ongoing COVID-19 pandemic, which influenced several of the priorities and actions identified at that time.

Following its approval, three annual workplans were implemented to deliver the strategy's objectives, with oversight from the Cancer Strategy Board.

The programme of work has led to significant improvements in cancer services, particularly within the acute service. Key achievements include:



## WORKFORCE & CAPACITY

COMPLETION OF THE ONCOLOGY WORKFORCE PLAN, INCLUDING DEVELOPMENT OF A NEW MEDICAL MODEL, INCREASES IN CAPACITY TO MANAGE RISING DEMAND AND REVIEW OF WORKFORCE TO ENSURE ARRANGEMENTS FOR SUCCESSION PLANNING.

REFURBISHMENT OF BORDERS MACMILLAN CENTRE FACILITY, INCLUDING AN INCREASE IN TREATMENT CHAIR CAPACITY TO MEET GROWING DEMAND.

## OPERATIONAL EFFICIENCY

INTRODUCTION OF THE RAPID CANCER DIAGNOSTIC SERVICE (RCDS) TO PROVIDE A PATHWAY FOR NON-SPECIFIC SYMPTOMS WHICH MIGHT INDICATE CANCER.

COMPREHENSIVE REVIEW OF DIAGNOSTIC PATHWAYS FOR ALL TUMOUR SITES, WITH A PROCESS NOW IN PLACE TO ENSURE ANNUAL REVIEW.

STREAMLINING OF PHLEBOTOMY AND PHARMACY ASEPTIC PREPARATION PROCESSES FOR SYSTEMIC ANTI-CANCER THERAPY (SACT) TREATMENTS.

REVIEW AND OPTIMISATION OF CANCER TRACKING SYSTEMS AND PROCESSES TO ENSURE THAT THEY ARE ROBUST AND FIT FOR PURPOSE.

## PATIENT EXPERIENCE & COMMUNICATION

INTRODUCTION OF THE SINGLE POINT OF CONTACT SERVICE (SPoC) TO IMPROVE COMMUNICATION WITH PATIENTS.

INTRODUCTION OF A UNIVERSAL PREHABILITATION PATHWAY FOR ALL PATIENTS NEWLY DIAGNOSED WITH CANCER.

IMPLEMENTATION OF PATHWAY FOR INCLUDING IMAGES WITH DERMATOLOGY REFERRALS FROM PRIMARY CARE, IMPROVING VETTING ACCURACY AND EFFICIENCY.

## ACUTE SERVICE

ESTABLISHMENT OF A DEDICATED ACUTE ONCOLOGY SERVICE TO ENHANCE URGENT CARE AND REDUCE IMPACT ON THE SACT TREATMENT ROOM NURSING STAFF.

While the previous strategy focused primarily on acute cancer care, understandably shaped by the challenges of the pandemic, it has nonetheless delivered substantial improvements for patients undergoing investigation or treatment for cancer.

The next iteration of the Cancer Strategy will aim to deliver more comprehensive, system-wide change. This will include a stronger emphasis on prevention, early detection, community-based care, survivorship, and end-of-life support. This will ensure that improvements are felt across the entire cancer care pathway.

# Engagement

To develop the Strategy, we adopted a whole-system approach to engagement, involving several services within NHS Borders and a wide range of stakeholders. This ensured the Framework is meaningful and aligns with the priorities of those delivering cancer services. Sincere thanks to all staff and members of the community who contributed, your input made this possible.

## What the community told us

In April 2025, NHS Borders invited people living in the Borders to share their thoughts on cancer services. We asked what matters most to them, their families, and their friends. Below, we've highlighted the key messages and feedback we received.

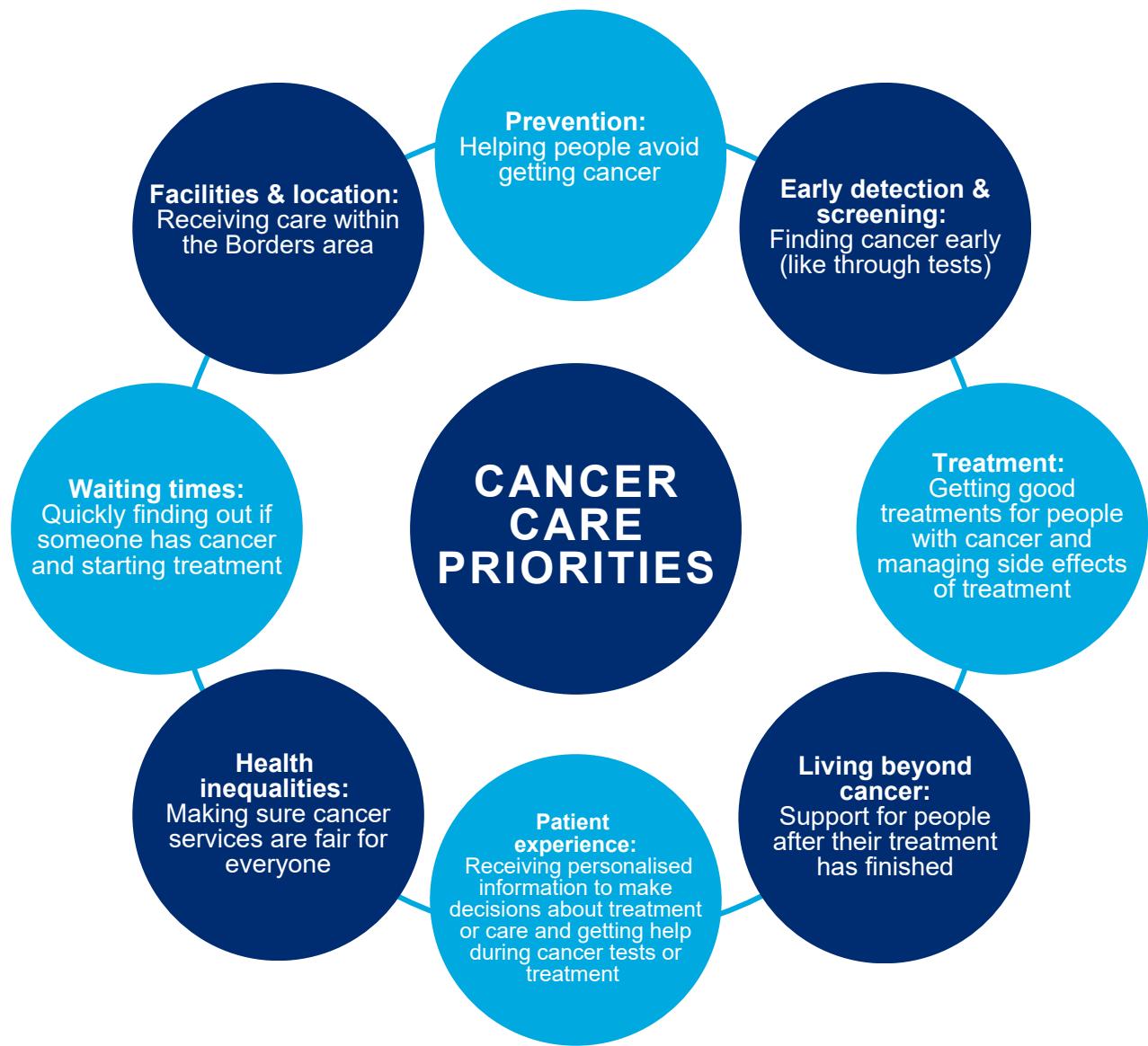
From the **172** responses we received:

**37%** of respondents have or have had cancer

**47%** of respondents were a family member or close friend of a current/former cancer patient

**16%** of respondents answered as other

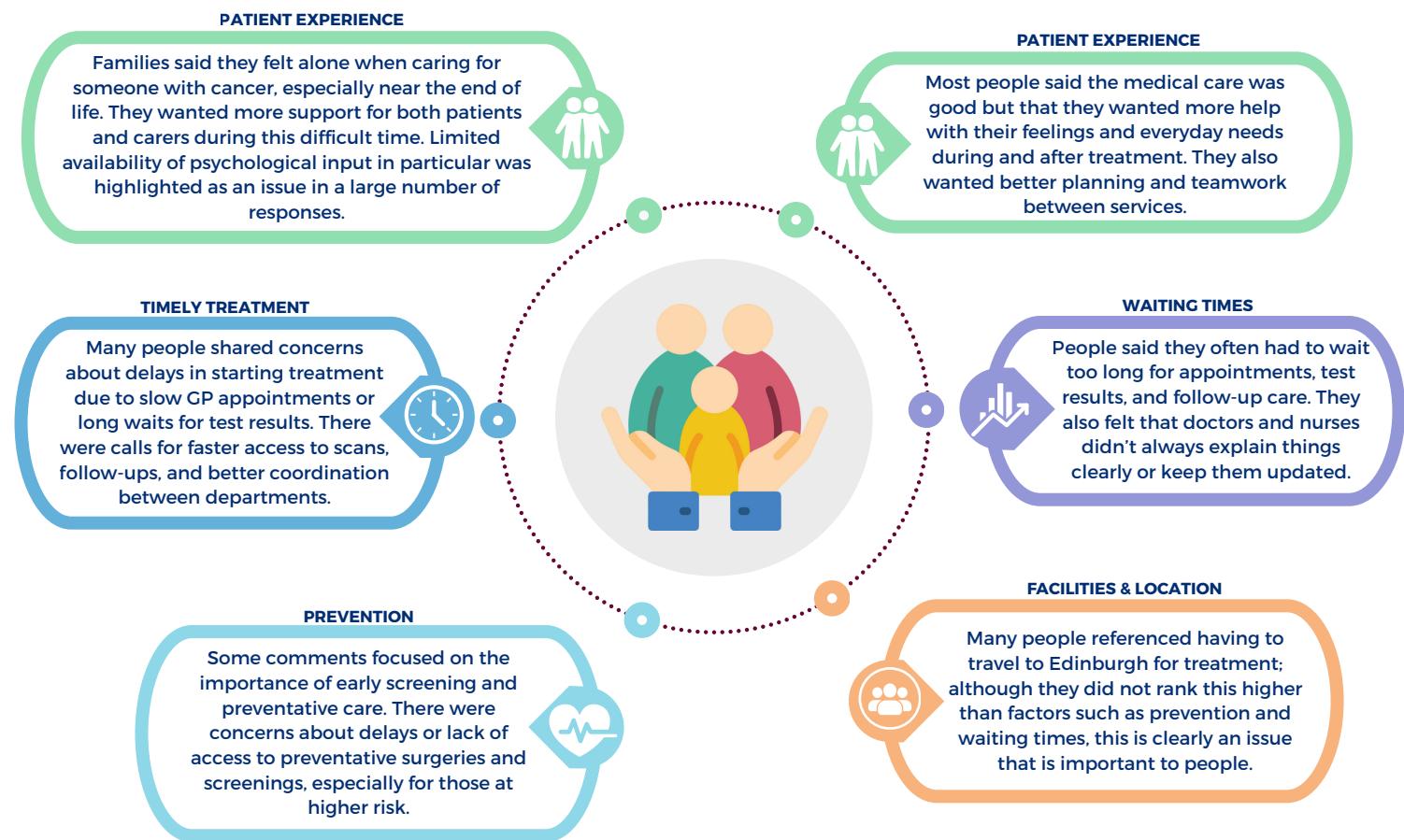
Respondents were asked to rank the following areas by importance to them:



Overall, early detection and screening was ranked as the most important consideration in developing the new Strategy. Waiting times, treatment and prevention all ranked closely followed by patient experience. Facilities & location, health inequalities and living beyond cancer were ranked lowest but it was noted in detailed responses that location was referenced frequently.

	1st Choice	2nd Choice	3rd Choice	% Total
<b>Early detection &amp; screening</b>	44%	39%	9%	<b>92%</b>
<b>Waiting times</b>	10%	28%	30%	<b>68%</b>
<b>Treatment</b>	2%	15%	34%	<b>51%</b>
<b>Prevention</b>	39%	5%	6%	<b>50%</b>
<b>Patient experience</b>	2%	6%	12%	<b>20%</b>
<b>Facilities &amp; location</b>	2%	3%	6%	<b>11%</b>
<b>Health inequalities</b>	1%	3%	3%	<b>7%</b>
<b>Living beyond cancer</b>	0%	2%	1%	<b>3%</b>

Respondents were asked to think about their experiences with cancer services in the Borders. Common themes which emerged were:



Respondents were given the opportunity to feedback any comments or ideas relating to their experiences of the cancer services within the Borders. Some of those responses were:

“ Borders is a wide area, public transport routes take a long time, and can involve multiple changes and waiting. Not everyone has their own transportation. ”

“ Borders MacMillan centre and nurses are excellent and very supportive. ”

“ Once treatment is over and you process what you have been through is a distressing time. The anxiety never leaves you. ”



“ I would like MRI and CT scans to be available quickly when checking for cancer. ”

“ Earlier detection might have enabled my dad to have treatment sooner, but once diagnosed his treatment was first class. ”

“ I never had anything but excellent treatment from all at the BGH. ”

“ Sufficient appointment times scheduled to allow the patient time to ask questions and to considering options for treatment. ”

## What our staff told us

As part of the engagement for our revised cancer strategy, NHS Borders staff were asked to complete a Strength, Weaknesses, Opportunity and Threat (SWOT) analysis. We received 23 responses in total from staff across the organisation, including AHPs, District Nursing, Cancer Services, HCSWs and Acute nursing. The key themes identified have been detailed below.



## Strengths

**Timely and compassionate care:** Staff are praised for their empathy, responsiveness, and dedication.

**Local access to treatment:** Services like chemotherapy and diagnostics are available locally, reducing travel burden. BMC was highlighted as a good environment for patients to be treated.

**Rapid Cancer Diagnostic Service (RCDS):** Highlighted as a successful and efficient model.

**Collaborative working:** Strong partnerships with NHS Lothian, charitable organisations, including Macmillan, and Third Sector partners.

**Person-centred approach:** Emphasis on holistic care and patient involvement in decision-making.

## Weaknesses

**Waiting times:** Lack of co-ordination during patients' diagnostic pathways resulting in unnecessary delays, and long waits to diagnosis in some tumour sites.

**Communication gaps:** Between departments, across health boards, and with patients.

**Lack of psychological support:** Noted absence of embedded psychologists and emotional support services.

**Staffing gaps:** Lack of CNS support for some tumour sites, access to nutritional support for patients undergoing treatment.

**Geographic and transport issues:** Travel to Edinburgh for treatment is burdensome, especially for elderly patients.

## Opportunities

**Waiting times:** Ensure patients being investigated for cancer are prioritised, improve co-ordination of pathways and increased access to CT / MRI scans.

**Improve communication:** Ensure that patients are kept up to date at each step of their pathway and are involved in decisions relating to their care.

**Psychological support:** Embed psychological and emotional support for patients and relatives within cancer pathways.

**Patient transport:** Ensure that there are appropriate arrangements to support people having treatment and appointments at the regional centre.

**Acute Oncology:** Enhance service to provide seamless advice and support.

## Threats/Risks

**Rising cancer incidence:** Due to aging population and lifestyle factors we will see an increasing number of people requiring to be investigated and treated.

**Funding constraints:** The costs of providing cancer treatments are increasing, and at the same time there are pressures to reduce spending.

**Increased treatment complexity:** New therapies require more specialised knowledge and increasingly complex assessments.

**Workforce sustainability:** Experience staff are retiring, and we need to ensure that succession plans are in place.



# Strategy Commitments in Cancer Services

Seven strategic commitments have been established underpinned by a number of key priorities. To keep the framework up to date, an annual delivery plan will be agreed to ensure our priorities remain relevant, while continuing to engage with the public, patients, and staff.

## Waiting Times



**Commitment:** Patients will receive timely, appropriate care from the right professionals in the most suitable setting. This will be achieved through the development of integrated, optimised pathways that support the delivery of high-quality cancer care.

## Early Detection



**Commitment:** To diagnose cancers at an earlier stage, an increased uptake of screening programmes, reduce mortality, and address health inequalities across our population through targeted prevention, screening, and early detection efforts.

## Prevention



**Commitment:** To reduce the risk of cancer across our population by promoting healthy lifestyles, supporting smoking cessation and reducing alcohol harm.

## Holistic Support



**Commitment:** Services will be designed around the needs of the patient, with a strong focus on delivering an excellent patient experience.

## Location



**Commitment:** Continue to expand local service provision where safe and sustainable, reducing the need for patients to travel and improving access to care closer to home.

## Workforce



**Commitment:** Invest in our workforce, ensuring staff are supported, trained, and empowered to deliver high-quality cancer care. Succession planning and recruitment will be key to maintaining service resilience.

## Capacity



**Commitment:** Ensure our facilities and systems are equipped to meet growing demand, with a focus on efficiency, innovation, and patient-centred design.

# How Our Cancer Strategy Fits Within NHS Borders' Clinical Vision



## NHS Borders Clinical Strategy 2025 - 2030



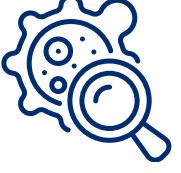
NHS Borders Clinical Strategy sets out how we will adapt services through innovation, integration, and community-based care, supporting self-management and new workforce roles. Our priority is safe, effective, sustainable care. By strengthening local systems, investing in digital tools, and tackling key health challenges, we aim to improve outcomes and ensure timely access for everyone in the Borders



This Cancer Strategy is fully aligned with the Clinical Strategy and its four guiding questions:

- **Supporting people to keep themselves well:** We prioritise prevention and early detection through targeted education, lifestyle interventions, smoking cessation, and alcohol harm reduction programmes, alongside promoting uptake of national screening initiatives.
- **Enabling Primary & Community Services to restore health:** The strategy embeds holistic support and prehabilitation pathways, strengthens the Improving the Cancer Journey (ICJ) service, and enhances coordination between primary care and specialist teams to manage care closer to home.
- **Making Secondary Care fast, efficient, and effective:** Commitments include achieving national waiting time standards, streamlining diagnostic pathways, expanding local treatment capacity, and optimising operational processes for systemic anti-cancer therapy (SACT) to ensure timely, high-quality care.
- **Ensuring equity of access to Tertiary Services:** We maintain strong collaboration with the Edinburgh Cancer Centre and SCAN network for specialist interventions, while supporting patients through transport partnerships and expanding local provision wherever safe and sustainable, reducing travel burden and addressing health inequalities.

# Key Commitment Priorities

<b>Waiting Times</b> 	1 Achieve and sustain the national target of 95% compliance with the 62-day and 31-day cancer treatment standards. 2 Enhance coordination of diagnostic services across pathways. 3 Streamline cancer tracking systems and processes to improve efficiency and impact. 4 Conduct annual reviews of diagnostic pathways to ensure these are effective and current.
<b>Early Detection</b> 	5 Increase uptake of national screening programmes through targeted promotion. 6 Focus efforts in areas of deprivation to address health inequalities. 7 Improve referral and vetting processes across primary and secondary care to ensure timely and appropriate access. 8 Ensure a clinically safe and efficient pathway for patients with vague symptoms suggestive of cancer.
<b>Prevention</b> 	9 Promote healthy lifestyle choices, including balanced diet and regular physical activity. 10 Support smoking cessation initiatives and alcohol harm reduction programmes. 11 Engage communities through education and outreach to raise awareness of cancer prevention.
<b>Holistic Support</b> 	12 Provide person-centred holistic support such as prehabilitation and wellbeing services to all patients diagnosed with cancer, encompassing nutritional, lifestyle, and emotional support. 13 Provide timely and appropriate support to patients, carers, and families from referral through treatment and beyond, including psychological services and rehabilitation. 14 Enhance communication and coordination across services to ensure seamless care. 15 Fully embed the Improving the Cancer Journey (ICJ) service across all cancer pathways.

# Key Commitment Priorities

<b>Location</b> 	16	Deliver diagnostics and treatments locally where appropriate, while collaborating with the Edinburgh Cancer Centre for tertiary care when not.
	17	Ensure local facilities are accessible, fully equipped, and capable of delivering safe, high-quality cancer care that meets current as well as future service needs.
	18	Work in partnership with the Transport Hub to support patients and families who are required to travel to Edinburgh Cancer Centre.
	19	Provide Acute and emergency Oncology service for patients undergoing treatment.
<b>Workforce</b> 	20	Implement the Oncology Workforce Plan to expand capacity and meet increasing demand and complexity.
	21	Ensure local facilities are accessible, fully equipped, and capable of delivering safe, high-quality cancer care that meets current as well as future service needs.
	22	Work in partnership with the Transport Hub to support patients and families who are required to travel to Edinburgh Cancer Centre.
	23	Develop the Borders Macmillan Centre facility to meet evolving service demands, including increased treatment chair capacity. Enhance service provision to support delivery of new and emerging treatments.
<b>Capacity</b> 	24	Optimise operational processes for Systemic Anti-Cancer Therapy (SACT), including Phlebotomy and Pharmacy services and fully engage with national redesign projects.
	25	Expand diagnostic, treatment and surveillance capacity within clinical services to meet the needs of people living with cancer.
	26	Review data on treatment outcomes, including survival rates, to inform service improvement and future planning

# Governance

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The strategy will be delivered through a series of implementation plans. Delivery of these plans will be overseen by the Cancer Strategy Board with individual streams of work being progressed by specified groups, departments or individuals. Collaboration with stakeholders including service users, colleagues in Health and Social Services and local voluntary agencies will be to ensure the implementation plan remains relevant and appropriately prioritised in response to emerging issues throughout the lifetime of the strategy. A measurement framework will be identified to capture qualitative and quantitative outcomes and improvements, e.g., reduction in waiting times and timely access to services.

The implementation plans of the above commitments and priorities will be developed and will be reviewed regularly by the Cancer Strategy Board to reflect any changes in context and learning from local and national developments. Implementation plans will include specific actions, timescales and progress on delivery.

The governance and progress of plans will be reported to the Hospital Management Board and Borders Delivery Group throughout the strategy's lifespan.

## Conclusion

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This strategy marks a pivotal step forward in how NHS Borders approaches cancer care, placing patients, families, and communities at the heart of everything we do. It reflects the voices of those with lived experience, the expertise of our staff, and the shared ambition to deliver compassionate, timely, and equitable care across the entire cancer pathway.

We recognise the challenges ahead: rising demand, workforce pressures, and the need to deliver care closer to home. But we also see opportunity; through innovation, collaboration, and a renewed focus on prevention and early detection, we can make a meaningful difference.

Our commitments are clear. We will continue to listen, adapt, and improve. We will work together across services and sectors to ensure that every person affected by cancer receives the support they need - not just during treatment, but throughout their journey.

Thank you to everyone who contributed to this strategy. Your insight and dedication have shaped a plan that is both ambitious and achievable. Together, we will build a future where cancer care in the Borders is not only excellent, but truly person centred.

# NHS Borders



**Meeting:** Borders NHS Board

**Meeting date:** 5 February 2026

**Title:** Resources & Performance Committee Minutes

**Responsible Executive/Non-Executive:** F Sandford, Interim Chair

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

## 1 Purpose

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

- Awareness

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

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

### 2.3 Assessment

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

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

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

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

As detailed within the minutes.

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

An HIIA is not required for this report.

### **2.3.6 Climate Change**

Not applicable.

### **2.3.7 Other impacts**

Not applicable.

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

Not applicable.

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

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

- Resources & Performance Committee 15 January 2026.

## **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, Resources & Performance Committee minutes 06.11.25

Minutes of a meeting of the **Resources and Performance Committee** held on Thursday 6 November 2025 at 9.00am via MS Teams.

**Present:** K Hamilton, Chair  
F Sandford, Non Executive  
J Ayling, Non Executive  
L O'Leary, Non Executive  
L Livesey, Non Executive  
P Williams, Non Executive  
P Moore, Chief Executive  
A Bone, Director of Finance  
S Bhatti, Director of Public Health  
J Smyth, Director of Planning & Performance  
L Jones, Director of Quality & Improvement  
O Bennett, Interim Director of Acute Services  
G Clinkscale, Director of Acute Services  
K Lawrie, Partnership Chair

**In Attendance:** I Bishop, Board Secretary

**1. Apologies and Announcements**

- 1.1 Apologies had been received from S Horan, Director of Nursing, Midwifery & AHPs, D Parker, Non Executive, J McLaren, Non Executive and L McCallum, Medical Director.
- 1.2 The Chair confirmed the meeting was quorate.

**2. Declarations of Interest**

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

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

**3. Minutes of Previous Meeting**

- 3.1 The minutes of the previous meeting of the Resources and Performance Committee held on 11 September 2025 were approved.

**4. Matters Arising**

- 4.1 **Action: 2025-4:** The Chair suggested the action remain on the action tracker until the Board had received the Regional Health Protection report.

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

## 5. Integrated Performance Report

5.1 J Smyth introduced the third iteration of the new Integrated Performance Report (IPR) and advised that the report aimed to follow an AQI (Assurance, Quality, Improvement) approach and included feedback from previous meetings. The IPR focused on areas off-track that required active intervention, whilst also providing narrative on national standards and local key indicators.

5.2 O Bennett provided a comprehensive overview of performance across urgent and emergency care, elective care, diagnostics, and cancer services. In terms of Urgent & Emergency Care: performance remained static and below trajectory for the four hour standard. Although NHS Borders was one of three boards to show improvement in September, overall performance was mid-tier nationally; for 12-hour breaches, approximately 9–10% of ED attendances exceeded 12 hours, which was clinically unacceptable and improvement work was underway; Delayed discharges showed a positive trend, with numbers at their lowest in two and half years. Sustainability was being monitored and NHS Borders had been invited to present its approach nationally. In terms of Elective Care: 52-week waits were expected to be eliminated in most specialties by January, except orthopaedics and dermatology (due to consultant delay); and for Diagnostics NHS Borders ranked third nationally with MRI and CT performance in the 90th percentile, although non-obstetric ultrasound remained a challenge but was improving; there was significant improvement in cancer pathways from 43% to 73.5% in 62-day pathway compliance, the lung pathway and endoscopy remained of concern.

5.3 G Clinkscale addressed mental health and community services and advised that core CAMHS performance exceeded targets and neurodevelopmental assessments (Category 1) had long waits, but growth had been stabilised. A pilot with Scottish Borders Council schools would begin in early 2026 to improve early access. In terms of psychological therapies performance had dipped below the 80% target due to increased referrals and backlog clearance. A service review was underway to improve workforce utilisation.

5.4 During discussion several key points were raised which included: a request for more narrative on interdependencies (eg ambulance handover times, theatre utilisation); sustainability of joint theatre lists; clarity on delayed discharge causes and length of stay improvements; concern about shifting delays to other parts of the system; assurance around obstetric ultrasound given national workforce challenges; an emphasis on the importance of maintaining delayed discharge performance and concern about 12-hour breaches; improvements had occurred despite removing 57 surge beds; the need to monitor delays in transformed services like Hospital at Home; clarification on AAU admissions and their impact on ED performance.

The **RESOURCES & PERFORMANCE COMMITTEE** agreed to receive an update on length of stay data and its impact on system flow in the next report.

The **RESOURCES & PERFORMANCE COMMITTEE** agreed to receive confirmation of the assurance levels for obstetric ultrasound services in the next report.

The **RESOURCES & PERFORMANCE COMMITTEE** agreed to receive data on delays in Hospital at Home and Home First pathways in future reports.

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

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received moderate assurance on systems and processes and limited assurance on outcomes.

## **6. Transforming Urgent and Unscheduled Care – 2025/26 Priorities**

6.1 G Clinkscale introduced the multi-year Urgent and Unscheduled Care Transformation Programme, which was designed to address longstanding systemic challenges in NHS Borders which included: capacity and demand mismatches; delayed discharges; inconsistent discharge processes; limited seven-day working; and resource constraints. The programme was underpinned by £3.4m funding from Scottish Government, conditional on achieving specific performance targets.

6.2 He outlined five priority projects that were being fast-tracked for delivery by mid-December 2025, each aimed at improving frailty flow and reducing hospital stays for older patients. The first priority project was the Frailty Unit (Ward 12, BGH) to transition frail elderly patients from the Medical Admissions Unit; targeting a 4-day length of stay; supported by seven-day senior Allied Health Professional (AHP) cover and geriatrician input; recruitment was underway; and delivery was expected mid-December. The second priority project was the Integrated Discharge Team (IDT) to merge hospital social work and nurse coordinators with aims to reduce length of stay and expedite supported discharges; recruitment was complete; and a launch was expected mid-December. The third priority project was Home First Reablement Expansion to increase capacity from 20 to 30 patients; enable rapid discharge from the frailty unit within 24 hours of need identification; recruitment completed; and was expected to be operational by mid-December. The fourth priority project was Hospital at Home Expansion to double capacity from 10 to 20 patients; it would be a key enabler for reducing acute admissions and supporting early discharge; and would be integrated with the frailty and IDT pathways. The fifth priority project was Pathway Variation Reduction which would be focused on acute hospital wards and included the redevelopment of safety huddles and standardisation of ward processes with the aim of reducing unnecessary variation and improving flow.

6.3 G Clinkscale commented that in terms of performance the aim was to achieve an 85% compliance for emergency access standard by March 2026; eliminate 12 hour ED waits; sustain delayed discharges at below 30 levels; and increase Home First capacity by 33%. He presented data that showed a sustained reduction in delayed discharges since the early autumn; an increased Hospital at Home caseload; and a decrease in patients with over 20 day hospital stays, indicating early signs of system improvement. However, he cautioned that those improvements had not yet translated into ED performance gains, particularly regarding 4 hour and 12 hour targets.

6.4 During discussion several key points were made which included: barriers to change and capturing learning for future transformations; the impact of modest resource increases and the importance of targeted investment; querying the security of the £3.4m funding and whether performance improvements could lead to recurring or increased funding; concerns about the “easy option” of bedded care and the need to ensure patients were supported to return home; monitoring of increased activity and

whether it was meeting unmet demand or simply shifting pressure; and the need for comprehensive dashboards; improved cross team collaboration and engagement had removed cultural and structural barriers; monitoring frameworks were being developed to ensure any new capacity was used appropriately; and adding a risk of non recurrence of Scottish Government funding to the strategic risk register.

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

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received moderate assurance on systems and processes and moderate assurance on outcomes.

## 7. Winter Plan

7.1 O Bennett presented the Winter Plan 2025–26, which outlined NHS Borders' strategic and operational preparedness for the upcoming winter period. The plan was described as system-wide, developed collaboratively with partners across health and social care, and signed off by the Delivery Board chaired by the Chief Executive. O Bennett emphasised that winter pressures were historically challenging, and this year was expected to be no different. The plan aimed to: maintain safe and effective care across unscheduled and elective pathways; protect staff wellbeing and resilience; avoid opening additional beds, which were not feasible due to staffing constraints; and maximise existing capacity through improved flow and targeted interventions.

7.2 The key themes of the plan were: system-wide collaboration; elective programme protection; no additional bed openings; flow improvement measures; vaccination programme; funding allocation - £459k allocated for winter initiatives - £180k directed to community-based capacity (eg care at home, residential support); and data insights.

7.3 Discussion focused on: concerns about bed numbers; inconsistencies in the documentation (eg need for 9 vs 15 beds, and plan to reduce 37 surge beds by April 2026); the £10k public information campaign was sufficient; suggestion that more investment could reduce admissions and save costs; monitoring whether increased activity was meeting unmet demand or simply shifting pressure; no beds would be opened as flow improvements would offset demand; and additional spending would not necessarily yield better outcomes due to staffing limitations, not financial ones.

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

The **RESOURCES & PERFORMANCE COMMITTEE** agreed to receive the resolved inconsistencies in documentation regarding bed requirements and closures via an email update.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received moderate assurance on systems and processes and moderate assurance on outcomes.

## 8. Finance Report (September 2025) and Outturn Forecast (Quarter Two)

8.1 A Bone provided an update on NHS Borders' financial position at the end of Quarter 2 (Q2) of the 2025–26 financial year. The report confirmed that the organisation was forecasting a £10m deficit, which aligned with the Scottish Government's conditional support threshold. He noted that while the forecast represented an improvement, it

was not based on recurring savings. Instead, it relied heavily on non-recurring measures, which presented a significant risk for future years.

- 8.2 He highlighted the key points from the report which included: forecast deficit of £10m (down from earlier projections); the Board was required to meet the £10m target to receive financial support; reasonable level of confidence in achieving the target for this year; recurring savings were below target; non-recurring measures were bridging the gap; the main risk was deferred to 2026–27, when non-recurring options may be exhausted. He also referenced the medium-term financial planning paper which outlines the broader strategic challenges and the need for a five-year path to financial balance. He indicated that the Q2 forecast would feed into that longer-term planning.
- 8.3 The Chair acknowledged the improvement and supported the moderate assurance rating, noting that while the position was better, it was not yet sustainable.

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

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received moderate assurance on systems and processes and moderate assurance on outcomes.

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

- 9.1 A Bone presented the Medium-Term Financial Plan (MTFP), which outlined the strategic financial challenges facing NHS Borders and the steps required to achieve financial sustainability over the next five years. The presentation followed on from the Q2 forecast and was framed by the Scottish Government's requirement for all boards to prepare medium term financial plans by March 2026 and for NHS Borders to submit a five-year path to financial balance alongside its financial plan.
- 9.2 The key themes from the presentation included: the Board forecasting a £10m deficit for 2025–26; heavy reliance on non-recurring savings; NHS Borders to submit a five-year financial recovery plan; NHS Borders is expected to provide an initial update in December 2025, with a full plan by March 2026; planning assumptions include a 2% baseline uplift assumed for future years (down from previous 3%); national budget pressures and uncertainty around UK fiscal policy may impact funding; additional funding may come with conditions, not flexibility; service renewal framework and East Region collaboration would influence future planning; the Boards clinical strategy must be aligned with financial planning; activity-based commissioning was being developed to link finance, workforce, and service activity; historically income had grown by £100m over five years, but costs had grown by £109m; pay costs were the largest driver of expenditure growth; recurring savings delivery had declined in current year; current plans were insufficient to meet future needs; to reach financial balance, the Board must deliver 3%+ recurring savings annually; transformation and service redesign were essential such as unscheduled care redesign, digitisation of health records and outpatient modernisation; and next steps.
- 9.3 Discussion focused on: the approach of modelling assumptions early and adjusting post-budget; acknowledging the challenge of compressing planning timelines; concerns about the elasticity of funding and the risk of not securing recurring support; potential cost pressures from international drug tariffs; the importance of infrastructure to track spending and outcomes; brokerage was no longer a viable

long-term solution; recognition of the scale of the challenge and the need for robust governance, performance monitoring, and transformation capacity.

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

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received moderate assurance on systems and processes and limited assurance on outcomes.

## **10. Strategic Risk: COVID Inquiry**

10.1 L Jones presented the annual strategic risk update related to the UK and Scottish COVID-19 Public Inquiries. NHS Borders had added a strategic risk to its register to reflect the potential reputational, operational, and staff-related impacts of the inquiries. She highlighted several elements which included: the UK Inquiry was progressing through modules 9 and 10, with some publications already released; the Scottish Inquiry had completed public hearings and would now focus on decision-making, with a final report expected by mid-2026; NHS Borders had fully complied with all requests to date; the process has been resource-intensive, particularly for the Executive Team, Infection Control, Public Health and corporate governance; significant effort had gone into retrieving historical data due to staff turnover and loss of organisational memory; NHS Borders had provided written evidence and participated in witness sessions; no in-person appearances had been required and there was a possibility that former staff or board members may be called to give evidence, even if retired; and emphasis was placed on retaining inboxes and correspondence of former staff to ensure traceability and compliance.

10.2 The Chair enquired whether former board members could be called to give evidence. L Jones confirmed that was possible and reinforced the importance of retaining historical records.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the report and mitigating actions in place to ensure an effective response to the UK and Scotland COVID 19 Inquiries.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received significant assurance on systems and processes and moderate assurance on outcomes.

## **11. Business Plan 2026**

11.1 I Bishop presented the Committee Business Plan for the coming year. The plan outlined the anticipated agenda items and governance responsibilities for the Resources & Performance Committee across 2026. Document was a live document, designed to flex and adapt to emerging priorities, it included statutory items, such as financial reporting, performance assurance, strategic risk reviews, and annual governance processes. She further confirmed that the plan would be updated regularly to ensure the committee maintained oversight of all relevant business.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the Business Plan for 2026.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received significant assurance.

## **12. Review of R&PC Terms of Reference**

12.1 I Bishop presented the annual review of the Committee's Terms of Reference (ToR), in line with good governance practice. She confirmed that there were no changes proposed to the current ToR as they remained fit for purpose and continued to reflect the Committee's remit and responsibilities. The annual review of the ToR ensured the Committee continued to operate within its defined scope and maintained alignment with NHS Borders' governance framework.

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

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received significant assurance.

### **13. Self Assessment**

13.1 I Bishop introduced the annual self-assessment process for the Resources & Performance Committee which was a standard governance practice designed to evaluate the committee's effectiveness; identify areas for improvement; and inform the committee's Annual Report, which contributed to the organisation's Governance Statement in the annual accounts.

The **RESOURCES & PERFORMANCE COMMITTEE** agreed to undertake a self assessment for the period January to December 2025 and submit returns to the Board Secretary by 31 January 2026.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received significant assurance.

### **14. Any Other Business**

14.1 **UCAS:** G Clinkscale reported that, three weeks prior, the Board had achieved partial reinstatement under the UCAS 2012 accreditation. That was subsequently superseded by the 2022 accreditation effective from December, representing a significant advancement over the 2012 standards. Earlier in the week, a contact assessor from UCAS visited, at which point it was acknowledged that NHS Borders would not proceed with the 2022 assessment.

14.2 The Board had the option to voluntarily withdraw from accreditation rather than be resigned in December. A voluntary withdrawal would be reflected on the UCAS website as a withdrawal, rather than resignation. The distinction would be considered by other relevant bodies, including the MHRA and the labs team.

14.3 The Chair suggested the matter be logged on the action tracker for an update at the next meeting.

The **RESOURCES & PERFORMANCE COMMITTEE** agreed to add UCAS to the Action Tracker.

The **RESOURCES & PERFORMANCE COMMITTEE** confirmed that it had received moderate assurance from the verbal update.

**15. Date and Time of Next Meeting**

15.1 The Chair confirmed the next meeting of the Resources & Performance Committee would be held on Thursday, 15 January 2026 at 9.00am via MS Teams

# NHS Borders



**Meeting:** Borders NHS Board

**Meeting date:** 5 February 2026

**Title:** Audit & Risk Committee Minutes

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

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

## 1 Purpose

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

- Awareness

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

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

### 2.3 Assessment

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

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

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

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

As detailed within the minutes.

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

An HIIA is not required for this report.

### **2.3.6 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.

- Audit & Risk Committee 15 December 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, Audit & Risk Committee minutes 22.09.25

Minutes of a Meeting of **Borders NHS Board Audit & Risk Committee** held on Monday, 22<sup>nd</sup> September 2025 @ 10 a.m. via MS Teams.

**Present:** J Ayling, Non Executive Director (Chair)  
L Livesey, Non Executive Director  
L O'Leary, Non Executive Director  
D Parker, Non Executive Director

**In Attendance:** A Bone, Director of Finance  
G Clinkscale, Director of Acute Services (Attended 11 a.m. – 12 p.m.)  
B Everitt, Personal Assistant to Director of Finance (Minutes)  
S Harkness, Senior Finance Manager  
S Horan, Director of Nursing, Midwifery and Allied Health Professionals/  
Interim Director Community Services (Item 6.2)  
L Jones, Director of Quality Improvement  
G MacLeod, Risk Advisory Services Manager, BDO  
L Pringle, Risk Manager (Items 5.1, 5.2 and 5.3)  
J Smyth, Director of Planning & Performance (Items 7.2 and 10.1)  
S Swan, Deputy Director of Finance/Head of Finance

## 1. Introduction, Apologies and Welcome

James Ayling welcomed those present to the meeting.

Apologies were received from J Boyd, Director, Audit Scotland, S Harold, Senior Audit Manager, Audit Scotland and P Moore, Chief Executive.

James confirmed that today's meeting was quorate.

## 2. Declaration of Interest

There were no declarations of interest.

## 3. Minutes of Previous Meetings – 19<sup>th</sup> June 2025 and 26<sup>th</sup> June 2025 (Extraordinary)

**The minutes were approved as an accurate record.**

## 4. Matters Arising

*Action Tracker*

**The Committee noted the action tracker.**

## 5. Risk Management

### 5.1 *Board Assurance Framework – Mid Year Update*

Lettie Pringle spoke to this item and advised that this was the second iteration of the Board Assurance Framework (BAF) which saw a shift from a list of strategic risks to a focus on the outcomes. Lettie highlighted that throughout the report there were opportunities for further improvement which the team were supporting the organisation in addressing.

Lynne Livesey referred to action 4, namely to pause the development of mapping performance data for inclusion within the BAF until new governance structures were embedded, as she felt this information was critical in putting the correct process in place. Laura Jones advised that it was the intention to use a Board Development Session towards the end of the year to discuss the format of the BAF moving forward, using the Organisational Strategy, Clinical Strategy and supporting strategies for this exercise, i.e. to agree the objectives set out in the strategies, how these map to strategic risks which the performance data will feed into.

James Ayling noted that there were 7 risks outwith the Board's risk appetite and queried why the resources put into reducing risk were not having the desired effect. James also asked for an indication around timescales for when the mapping exercise for internal scrutiny of governance would be carried out.

In response to the mapping exercise Laura Jones provided an update where it was noted that this is ongoing following formation of the NHS Borders Delivery Group, where very high risks are monitored as well as being scrutinised by Board Sub Committees. Laura assured that all risk processes will be appropriately mapped into the relevant groups so nothing is missed.

Laura went on to explain that the 7 risks outwith the Board's risk appetite still presented a significant risk and did not feel they were being inactively managed but perhaps did not have the required resources in place to reduce the level of risk.

James highlighted the point regarding the role of Governance Committees revisiting items which have limited assurance and enquired how this would be monitored. Laura Jones suggested that this could be built into the next iteration to provide tracking of risks which have limited assurance, or at least for the very high risks as a minimum.

Lynne Livesy also enquired about the impact should a Governance Committee meeting not take place or is not quorate. Laura reminded that these Committees have to complete an annual business plan by way of tracking that nothing is omitted. Andrew Bone felt that this could be incorporated as part of the annual assurance statements, whereby each Committee are asked to confirm that all necessary business has been conducted throughout the year, and they could also be asked to provide a statement for any work which had not been completed. This was agreed.

The Committee confirmed it had received a moderate level of assurance for systems and processes in place and limited assurance around the outcomes achieved.

**The Committee noted the report.**

**5.2 *Update on Annual Assurance Report from Operational Planning Group (OPG)***

Lettie Pringle spoke to this item which provided an update on progress with the improvement in compliance on the operational risks and the processes/KPIs associated to these. It was noted that the majority of areas had provided moderate assurance, with 3 providing limited assurance. Lettie advised that since the report had been written the Medical and Clinical Executive Directorate had achieved 100% compliance making a total of 4 areas to achieve this.

In regard to the areas providing limited assurance Lettie explained that this was primarily due to the significant number of risks held within these areas so the resources required to support them was increased. Lettie went on to detail the processes put in place by the Acute Business Unit which had increased the visibility and importance of risk.

James Ayling referred to InPhase, the new system for recording risks, and asked how this was progressing across the organisation and also asked for clarification around the role of the Hospital Management Board in the process put in place within Acute.

Lettie advised that following the embedding period of the new system it was being used appropriately and staff were now getting used to it. In regard to the role of the Hospital Management Board within Acute, Lettie explained how they now link their business to the risks they have on the risk register incorporating risk into business as usual.

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

**The Committee noted the report.**

**5.3 *Risk Management Enabling Strategy***

Lettie Pringle spoke to this item which was being presented as part of the consultation process prior to approval due to the Committee being a key stakeholder. Laura Jones added that this may still require further adjustment on the back of the enabling strategies which link into the Organisational and Clinical Strategies and was being brought today to give members early sight and an opportunity to comment.

James Ayling referred to the statement within the first objective which noted that "The Audit and Risk Committee will provide scrutiny of the risk management strategy, policy and framework to ensure it is as effective and efficient as possible and meets the needs of NHS Borders" as he felt that it was the responsibility of executives to attain efficiency and effectiveness and for the Audit & Risk Committee to then review. Laura agreed to amend the wording around this.

Lynne Livesy noted concern around the pace in which this would move forward and felt that the introduction of digital innovations to support efficient risk

management processes would be beneficial in helping achieve the overall outcomes.

Andrew Bone felt that pace and lack of resources would be common themes amongst all the strategies and agreed that he and Laura would feed this back to Executive Director colleagues as part of their ongoing discussions.

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

**The Committee noted the report.**

## 6. Internal Audit 2024/25

### 6.1 *Internal Audit Plan Update Report*

Gemma MacLeod spoke to this report which provided a summary on the delivery of the 2025/26 Internal Audit plan. Gemma went on to provide an update on work which had taken place since the report had been issued.

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

**The Committee noted the report.**

### 6.2 *Internal Audit Report – Workforce Management - Nursing*

Gemma MacLeod introduced this report which had an overall rating of limited assurance for design and moderate assurance for effectiveness. The finding ratings were noted as 1 high, 5 medium and 1 low. Gemma advised that overall there was good work being undertaken but highlighted the need for consistency across the clinical areas. Gemma also added that a survey had been conducted as part of the review, however this had received a very low response rate and the feedback received was included within the report with the caveat that the low response rate could impact on how representative it was of the workforce. Gemma went on to take the Committee through the findings identified.

Sarah Horan noted that it had been a positive audit which has helped address issues which they were already aware of, particularly around recruitment, retention and succession planning. Sarah advised that a senior nurse had recently moved within Corporate Services with a very clear focus on workforce and was working alongside HR, Occupational Health etc, to undertake robust planning which she had already taken forward within Acute. Sarah felt that the biggest risk was around the lack of automated data available and advised that although eRostering was in place the organisation still did not have systems which linked together to manage the staff and escalation system robustly.

Andrew Bone referred to finding number 5 in terms of staffing uplift challenges and the implications of budgeting for the workload staffing tools. Andrew advised that these were decisions which would have to be considered as part of the annual planning process and noted caution around expectations with what would be budgeted for moving forward recognising the organisation's financial challenge.

Lynne Livesy referred to the cross cutting themes in relation to data and asked how these will be picked up by the Executive Team at a reasonable pace. Sarah advised that InPhase is currently used as a central repository.

Lucy O'Leary noted concern, not just in relation to nursing, but about the organisation's capacity and ability to investigate anomalies and discrepancies picked up on as part of routine reporting. Laura Jones advised that in relation to nursing there were quality dashboards in place at ward / team based level which include workforce, finance and quality information. Laura explained that the data is owned by frontline teams and the Senior Charge Nurse should be having the appropriate conversations with staff at 1:1s, however recognised that there were some gaps and advised that work is ongoing through the Excellence in Care Programme to put in place quality dashboards for all relevant teams.

Sarah went on to advise that a paper was due to come forward to the NHS Borders Delivery Group on the nursing workforce which would include a 5 year plan and take into account many of the recommendations identified within the report.

The Committee confirmed it had received a limited level of assurance for systems and processes in place and moderate assurance around the outcomes achieved.

**The Committee noted the report.**

**7. Governance & Assurance**

**7.1 *Audit Follow Up Report***

Gemma MacLeod spoke to this item and provided background to the approach taken in producing the report. It was noted that of the 41 recommendations followed up, 3 had been fully implemented, 26 remained in the process of being implemented, 1 was superseded and 11 had not yet been implemented. The report also provided detail of all the recommendations not fully implemented with the updates received against each of these.

Lynne Livesy noted her concern around the pace of action, noting only 7% had been fully implemented, and asked if there needed to be a bigger drive to move these forward timeously. Gemma felt that based on the updates received there did appear to be resource issues but would have a better view on this in due course.

James Ayling felt that it was a very comprehensive report and reminded of the process put in place for managers to attend the Committee if timescales were felt to be slipping and asked for this to continue should there be a requirement going forward.

Lucy O'Leary noted that a number of the recommendations were outwith NHS Borders' control and suggested these be kept together under a separate category.

Laura Jones felt that there was a need to revisit the tracking of relevant recommendations via the Governance Committees and suggested that this be discussed by the Board Executive Team to ensure appropriate measures are in place. This was agreed.

The Committee confirmed it had received a moderate level of assurance for systems and processes in place and limited assurance around the outcomes achieved.

**The Committee noted the report.**

#### 7.2 Audit Follow-Up Process

- *Digital & Information Services Aged Actions Update*

June Smyth spoke to this item which provided an update on the three outstanding actions from previous audits.

In regard to the outstanding action from the GDPR and Information Governance Arrangements audit June advised that they had been able to extend the contract with OneTrust, the system where assets are currently recorded, until 31<sup>st</sup> March 2026. This would allow continued use until the new system is implemented and everything phased over. June therefore proposed that the action could now be closed.

The outstanding actions arising from the IT Recovery and Resilience audit were noted as in progress with the Emergency Planning & Resilience Team working with services to refine Business Continuity Plans to ensure these are realistic in terms of the service continuing to function for the duration of a system outage until all systems and data can be restored from backups.

June advised that for the remaining outstanding action back-up testing had been undertaken and restore times identified for all systems and that there would be a final check with application owners within services that the restore times were acceptable. Once feedback was received this action would be complete and it would then be for services to ensure robust Business Continuity Plans were in place.

June anticipated it would be March 2026 for completion of both these actions.

James Ayling referred to the first outstanding action and asked for confirmation that all assets had been registered on the system. June advised that managers had been asked to confirm that assets had been registered to provide this assurance. The Committee agreed that this action would now be closed.

The Committee confirmed it had received a moderate level of assurance for systems and processes in place and limited assurance around the outcomes achieved.

**The Committee noted the report.**

- *Contract Management Arrangements Update*

Andrew Bone spoke to this item and advised that this had not moved forward as anticipated due to a lack of resource for the steps highlighted within the recommendations. It was noted that resources in this area have since reduced and Andrew therefore felt that this now required an expert resource to be sourced with the necessary skill set.

Andrew highlighted that many pieces of work had commenced and were in progress, they had just not been completed and it would not be possible to see these through to completion without any additional input. Andrew noted concern around timescales for recruitment, anticipated to be in the region of 6 months, and advised that he was looking at alternative solutions but stressed that he could not prioritise existing resource to this.

Andrew advised that he planned to bring an update to the December meeting on all of the contracts being managed across the organisation to provide a position statement giving a greater context and understanding of where the risks are. This was agreed.

James Ayling referred to the exercise undertaken earlier this year to try and cleanse the list of outstanding recommendations, i.e. those which could be closed as having been completed or no longer relevant and the view taken at that time was that the recommendations relating to the Contract Management audit could be closed. At the meeting on 26<sup>th</sup> May 2025 the Committee did not approve closure of these recommendations pending further review. On further inspection of the Intranet etc by members of the Committee it was found that the audit recommendations were still in the main outstanding. James, on behalf of the Committee, noted concern at this situation and questioned the position regarding other recommendations which had been recommended for closure.

David Parker referred to the post being for a limited time and was keen to understand the background in coming to this conclusion. Andrew advised that there may be a requirement for this to become a permanent role but this would be for consideration following completion of the initial work to complete the recommendations.

Andrew went on to explain that not all recommendations had been recommended for closure, however a number had been and this had been on the judgement that the work had commenced and was progressing and did not have a high level risk rating. Andrew accepted that there was more work to be done and was content to keep these actions open. In regard to the point around being a wider issue Andrew offered to bring a report back to the Committee if that is what they felt was required to give them the necessary assurance. This was agreed.

Lucy O'Leary felt that to be assured that the request to close the actions had not been disingenuous some evidence/audit trail on the discussion which had taken place to do this was required. Andrew envisaged there being some difficulty in obtaining this as the auditors no longer provided the Internal Audit service to the Board and he did not expect it to have

taken the form of a meeting with minutes as that was not how this was usually conducted, however he would speak with the officers involved to check if there was any record of discussions.

Gemma MacLeod advised that BDO could assist with recruitment of a topic specialist and agreed to discuss further outwith the meeting.

James stressed that in his view contract management was not simply a matter of employing a manager as contracts may well required regular monitoring and management by subject experts using the services etc provided under the contract and those people needed training on contract management as a first step.

The appointment of a Contract Manager as set out in the paper was not confirmed by the Committee at this stage.

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

**The Committee noted the update and that an update would come to the next meeting.**

#### **7.3 *Debtors Write Off Report***

Susan Swan spoke to this item and advised that the report had been updated to reflect the year end balances as per the annual accounts. It was noted that the recommended write offs were currently being reviewed and would require the Director of Finance's approval to formally write these off. This would be reported back to the Committee within the regular report that it receives.

James Ayling enquired around the trend for debtors write offs. Susan advised that a significant amount of work had been undertaken throughout the year to reduce debt and was pleased to report that the trend was going down.

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

**The Committee noted the report.**

### **8. External Audit**

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

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

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

**The Committee noted the report.**

## 9. Fraud & Payment Verification

### 9.1 *Countering Fraud Operational Group Update*

Susan Swan provided an update where it was noted that the meeting earlier in the month had been cancelled, however a tracker system had been implemented detailing the information shared for dissemination within respective teams.

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

**The Committee noted the update.**

### 9.2 *NFI Update*

Susan spoke to this item where it was noted 7 matches had not been closed and related to separate payrolls. Susan hoped that these would be closed in the near future.

James Ayling referred to the duplicate payments and enquired if they were due to a systemic issue. Susan confirmed that they were not and reminded that there had been significant testing in this area as part of the year end audit to provide further assurance.

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

**The Committee noted the report.**

### 9.3 *Fraud Allegations*

Susan Swan provided an update on fraud allegations where it was noted there were 2 within NHS Borders, 1 within another NHS Board which NHS Borders were assisting with and 1 was with the Procurator Fiscal.

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

**The Committee noted the update.**

## 10. Integration Joint Board

James Ayling referred to the last minutes of the IJB Audit Committee where it was noted that Audit Scotland, the External Auditor, expected to provide an unmodified opinion on the IJB Annual Accounts.

Lucy O'Leary, Chair of the IJB Audit Committee, advised that she had recently written to the Chief Executives of both organisations highlighting concerns on the ongoing vacant Chief Officer's post.

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

10.1 *IJB Directions Tracker*

June Smyth spoke to this item which was a standing item and provided updates on existing and new directions. It was noted that there had been no new directions added and those on the tracker continued to be monitored.

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

**The Committee noted the IJB Directions Tracker.**

11. Items for Noting

11.1 *Information Governance Committee Minutes: 9<sup>th</sup> June 2025 (Draft)*

James Ayling noted that the meeting had not been quorate and the Committee had been unable to take some actions due to this.

James was pleased to see that awareness around cyber security was being taken forward.

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

**The Committee noted the IJB Directions Tracker.**

12. Any Other Competent Business

None.

13. Date of Next Meeting

Monday, 15<sup>th</sup> December 2025 @ 10 a.m. via MS Teams.

BE  
06.10.25

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>5 February 2026</b>
<b>Title:</b>	<b>Finance Report – December 2025</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Samantha Harkness, Senior Finance Manager Paul McMenamin, Finance Business Partner Maryam Khan, Finance Business Partner</b>

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

- Effective

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

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

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

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

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

## **2.3 Assessment**

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

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

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

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

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

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

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

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

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

### **2.3.6 Climate Change**

There are no impacts in relation to Climate Change within this paper.

### **2.3.7 Other impacts**

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

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

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

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

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Senior Finance Team, 20th January 2026
- BET, 2<sup>nd</sup> February 2026

### **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 December 2025

# FINANCE REPORT FOR THE PERIOD TO THE END OF DECEMBER 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 December 2025 and the impact on year-end forecast.

## 2 Recommendations

2.1 Committee Members are asked to:

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

YTD Performance	£7.85m overspend
Outturn Forecast at current run rate	£10.47m overspend
Projected Variance against Financial Plan (current run rate)	£2.33m improvement
Actual Savings Delivery (current year effect)	£7.53m (actioned)
Projected gap to Forecast	Best Case £10.00m (Forecast Q2) Worst Case £10.47m (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 December 2025.

*Table 1 – Key Financial Indicators*

	Financial Plan £m	Month 9 £m
<b>Summary</b>		
Year to Date (forecast/actual)	(9.60)	(7.85)
Core Operational	(6.71)	(3.36)
Board Reserves & Flexibility	8.51	6.38
Savings	(14.60)	(10.87)
Average Monthly Run Rate	(1.07)	(0.87)
Outturn Forecast (pro-rata)	(12.80)	(10.47)
Outturn Target (Scottish Government)	(10.00)	(10.00)
Updated Forecast Q2	-	(10.00)
<b>Savings</b>		
Full Target	(19.66)	(19.66)
In year target	(12.15)	(12.15)
Forecast Delivery	12.15	12.15
<b>Recurring Schemes</b>		
Implemented		4.47
Planned/Mandated Schemes	6.44	2.32
In Development / At Risk	2.68	2.32
<b>Non Recurring Schemes</b>		
Implemented	-	3.05

	Financial Plan	Month 9
Planned/Mandated Schemes	2.19	0.05
In Development / At Risk	-	-
<b>Cost Avoidance Measures</b>		
YTD Achieved		0.20
Forecast at Current Run Rate	0.85	0.27
Slippage at Risk	-	0.58
<b>Brokerage Memo</b>		
Accumulated Brokerage Mar-25	48.83	48.83

## 4 Summary Financial Performance

4.1 The board's financial performance as at 31<sup>st</sup> December 2025 is an overspend of £7.85m. This position is summarised in Table 2, below.

*Table 2 – Financial Performance for nine months to end December 2025*

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m	Forecast Outturn as at Q2 £m
Revenue Income	350.15	392.84	293.26	293.60	0.35	0.25
Revenue Expenditure	350.15	392.84	278.53	286.73	(8.20)	(10.25)
<b>Surplus/(Deficit)</b>	-	-	(14.73)	(6.88)	(7.85)	(10.00)

## 4.2 Operational Performance (year to date)

4.2.1 Overall financial performance at Month 9 is £7.85m overspent. This position is driven by expenditure variance against budget, with a slight over-recovery of income netted against this position.

4.2.2 Excluding savings, the year to date operational overspend is £5.79m. This is driven by operational pressures as described in section 5.2. Offsets to this position (anticipated funds not yet allocated) reduce the net overspend to £4.51m.

4.2.3 Within expenditure budgets there is £10.37m unmet savings year to date, as reported against Business Unit targets.

4.2.4 This includes £7.95m non-delivery (year to date) as projected within the 2025/26 financial plan, representing the level of savings target deferred to year 3 of the plan as set at April 2024. This element is included within the financial plan forecast deficit.

4.2.5 The unplanned element of savings non-delivery is therefore £2.42m<sup>1</sup> (year to date) with a full year effect of £3.28m. This represents savings not yet delivered (£3.05m) against plan, and a further £0.23m of savings not identified against target. This is discussed further in section 6.8 of this report.

<sup>1</sup> £10.37m year to date undelivered, less £7.95m 'planned' non-delivery (year 3 target), equals £2.42m year to date unachieved against in year target.

4.2.6 Offsetting the above pressures is £6.38m (£8.51m full year) in respect of additional non-recurrent measures, comprising Scottish Government support (£5.5m) and release of corporate flexibility to savings (£3m).

4.2.7 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.

4.2.8 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 17 months.

#### 4.3 **Savings Delivery**

4.3.1 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.

4.3.2 If savings were delivered on a pro-rata basis (i.e. equally over the twelve months) then this would be expected to result in a shortfall of £6.38m after nine months. The year-to-date position of £9.19m unmet savings highlights the extent to which savings are either not identified or are phased to deliver in later periods.

4.4 As previously advised, there are mitigations in place to offset non-delivery of savings in 2025/26. As at M09 additional non-recurrent savings have been transacted and are included in the amended year end forecast. Nonetheless the continued slippage against plan presents a significant risk to the underlying deficit and opening financial position at March 2026.

4.5 As at M09, the recurring savings delivered to date have a current year effect of £3.90m. 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. This situation is discussed further in Section 6.

### 5 **Financial Performance – Budget Heading Analysis**

#### 5.1 **Income**

5.1.1 Table 3 presents analysis of the board's income position at end December 2025.

*Table 3 – Income by Category, year to date December 2025/26*

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m	Forecast Outturn as at Q2 £m
<b>Income Analysis</b>						
Revenue Resource Limit	329.25	361.07	270.80	270.80	(0.00)	-
Family Health Services	10.24	18.91	14.15	14.15	0.00	-
External Healthcare Purchasers	4.55	4.65	3.45	3.56	0.11	0.06
Other Income	6.11	8.22	4.85	5.09	0.23	0.19
<b>Total Income</b>	<b>350.15</b>	<b>392.84</b>	<b>293.26</b>	<b>293.60</b>	<b>0.35</b>	<b>0.25</b>

5.1.2 There is an over recovery on other income which is linked to income received in relation to Resident Doctors and is linked to timing of income.

5.1.3 There is a slight over recovery on External Healthcare Purchasers. This over recovery is likely to continue to year end and is largely driven by revised estimates for Scottish SLA activity, which have been adjusted using a rolling average approach. Emergency care income from Scottish UNPACs and OATS has also increased due to higher-than-expected costs per patient, although activity volumes remain stable. These areas are inherently variable and may fluctuate with seasonal trends.

## 5.2 Operational performance by business unit

5.2.1 Table 4 describes the financial performance by business unit in December 2025.

*Table 4 – Operational performance by business unit, December 2025*

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m	Forecast Outturn as at Q2 £m
<b>Operational Budgets - Business Units</b>						
Acute Services	84.73	98.95	73.32	74.78	(1.46)	(1.58)
Acute Services - Savings Target	(4.08)	(3.54)	(2.66)	-	(2.66)	(3.54)
<b>TOTAL Acute Services</b>	<b>80.65</b>	<b>95.41</b>	<b>70.65</b>	<b>74.78</b>	<b>(4.12)</b>	<b>(5.12)</b>
Set Aside Budgets	34.52	36.42	27.29	31.33	(4.04)	(5.31)
Set Aside Savings	(3.83)	(2.04)	(1.53)	-	(1.53)	(2.49)
<b>TOTAL Set Aside budgets</b>	<b>30.69</b>	<b>34.38</b>	<b>25.76</b>	<b>31.33</b>	<b>(5.57)</b>	<b>(7.80)</b>
IJB Delegated Functions	121.69	167.13	120.35	119.59	0.76	0.26
IJB – Savings	(5.00)	(3.80)	(2.87)	-	(2.87)	(4.06)
<b>TOTAL IJB Delegated</b>	<b>116.69</b>	<b>163.33</b>	<b>117.48</b>	<b>119.59</b>	<b>(2.11)</b>	<b>(3.81)</b>
Corporate Directorates	23.41	26.00	19.35	19.18	0.17	1.70
Corporate Directorates Savings	(1.73)	(0.97)	(0.73)	-	(0.73)	(1.65)
<b>TOTAL Corporate Services</b>	<b>21.68</b>	<b>25.03</b>	<b>18.62</b>	<b>19.18</b>	<b>(0.56)</b>	<b>0.05</b>
Estates & Facilities	24.75	26.00	19.33	19.05	0.27	0.37
Estates & Facilities Savings	(2.10)	(1.71)	(1.29)	-	(1.29)	(1.97)
<b>TOTAL Estates &amp; Facilities</b>	<b>22.65</b>	<b>24.28</b>	<b>18.04</b>	<b>19.05</b>	<b>(1.01)</b>	<b>(1.60)</b>
External Healthcare Providers	36.61	38.38	28.78	30.27	(1.49)	(1.06)
External Healthcare Savings	(2.75)	(2.39)	(1.79)	-	(1.79)	(2.33)
<b>TOTAL External Healthcare</b>	<b>33.86</b>	<b>35.99</b>	<b>26.99</b>	<b>30.27</b>	<b>(3.28)</b>	<b>(3.39)</b>
<b>Board Wide</b>						
Depreciation	5.87	5.87	4.40	4.40	0.00	-
Year-end Adjustments	1.28	(11.55)	(11.87)	(11.87)	(0.00)	(0.15)
Planned expenditure yet to be allocated	32.00	12.33	6.24	-	6.24	14.67
Central Unallocated Savings Target	-	(0.05)	(0.04)	-	(0.04)	(0.05)
Central Unallocated NR Savings Achieved	3.00	3.00	1.75	-	1.75	3.00
Board Flexibility	1.78	4.83	0.50	-	0.50	(6.05)
<b>Total Expenditure</b>	<b>350.15</b>	<b>392.85</b>	<b>278.53</b>	<b>286.73</b>	<b>(8.20)</b>	<b>(10.25)</b>

### 5.2.2 **Acute<sup>2</sup> Overall.**

The position is £9.70m overspent with £5.50m relating to operational overspend and £4.20m relates to non-delivery of the remaining element of the three-year saving targets of £10.3m.

**Savings Summary:** The £10.3m recurring three-year target set in 24/25 has been reduced to £7.5m due to the savings achievement made by the Acute Board in 2024/25. The Acute Board has a savings plan for £1m and are currently working on the feasibility of all savings commitments. The proportion of saving anticipated in 25/26 is a minimum of 3% or £3.1m recurring cash releasing savings. At month 8 there has been retraction of full year recurring saving of £2.32m with approx. £0.8-£1m to be retracted for Q4.

**Operations Summary:** Operational pressures across Acute continue, with exceptional reliance on medical locum to cover non-recruitment and vulnerable service issues which continue to grow. Nursing bank/agency to cover core activity as well as high cost out of hours services are still prevalent. There are substantial unfunded surge beds within both urgent and planned care (totally 22 fixed surge beds and variable front door escalation beds) which contribute to material overspend. However, it should be noted there are operational workstreams focusing on front-door patient flow to mitigate delayed discharge pressures and consequential reliance on long-term surge beds using an integrated approach which are due to be implemented over winter. Additionally, overspend within drugs, supplies and instruments which can be driven by non-op factors add substantial cost pressures. Recurring and non-recurring uplifts to offset some Drugs and Non-pay cost pressures are being actioned in Q4 to align budgets more closely with activity and cost.

### 5.2.3 **Acute Services (excluding Set Aside)** is reporting a YTD overspend of £4.12m, of which £1.46m relates to operations and £2.66m related to savings.

**Operational Summary:** Operational pressures continue within Acute Services, specifically vulnerable services in Paediatrics, Obstetrics and Gynaecology and General Medicine which continue to see growing medical staffing issues including non-recruitment, retirement and absence. Cardiology and Neurology have been identified as two priority vulnerable services. Reliance on medical locum and nursing agency/bank to cover core activity as well as out of hours services are still prevalent across many services. There is notable sickness/absence in some ward areas which are being reviewed. Cost pressures with supplies and instruments have been noted in 5.2.2, compounded with inflationary overspend experienced in previous years which remain unfunded. There is increased expenditure on 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. Contributing factors also include ongoing clinical demand, staffing constraints, and the use of external reporting support in radiology.

### 5.2.4 **Set Aside.** The set aside budget is overall, £5.57m overspent, at the end of October 25. This overspend is broken down into £4.04m operational overspend and £1.53m related to savings. The unmet savings reported in the position relate to seven

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<sup>2</sup> Budget reporting is categorised as 'Acute Services' covering health board retained functions including planned care and women & children's services, and 'Set Aside' representing unscheduled care functions under strategic direction of the Scottish Borders IJB.

twelfths of the saving required to be achieved during 25/26 and 26/27. The Acute Board has plans in place to achieve the minimum requirement for 25/26 of 3% recurring and this overspend will begin to decrease as plans are completed.

- 5.2.5 Overspend continues across unscheduled care, primarily driven by the sustained operation of additional surge beds and pressures in medical staffing, including the use of agency cover for sickness absence. While the drugs budget has been funded to match prior year expenditure, specific areas—such as dermatology—remain under review due to emerging cost pressures. These factors are contributing to the overall financial position. As noted in 5.2.2, there are workstreams going live focusing on patient flow, delayed discharged and an integrated approach to quality assessment of patients which will take time for benefits to be realised.
- 5.2.6 **IJB Delegated.** Excluding non-delivery of savings, the HSCP functions delegated to the IJB are reporting a net underspend on core budgets of £0.760m. Within Mental Health (net **£0.110m underspend** excluding savings), medical agency use (locums) continues to be an increasing pressure (£0.760m at M09), together with an unfunded Physician Associate (£0.054m) and savings of £0.177m in the MH Drugs budget. Nursing and Psychology pay budgets are reporting net underspend of £0.362m and £0.007m respectively), including and partly offset by additional bank / agency costs. Psychology is also reporting a shortfall in Income of (£0.036m), primarily attributable to NES funding. Admin is also reporting pay underspends due to ongoing vacancies of £0.140m whilst there are other miscellaneous underspends across the Business Unit of £0.275m, primarily due to slippage in the use of MH Outcomes Framework funding that has now been redirected to Supplies.
- 5.2.7 The largest area of financial pressure across Delegated Functions again relates to Learning Disability (**£0.960m**) attributable to out-of-area placements (£1.000m) at the end of the M09 offset by pay vacancies of £0.040m.
- 5.2.8 Primary Care Prescribing is reporting an underspend position of (**£0.370**) at M09. A higher than average trend in the volume of items dispensed (7.5% c/f 2023/24) continues, although the average cost per item has been again lower during the second quarter of the financial year, and volumes, whilst variable, remain lower than previously forecast, resulting in the current underspend position following £1.480m of investment earlier in the financial year.
- 5.2.9 Within Primary and Community Services (excluding Allied Health Professionals) there is a net underspend at M09 of **£1.240m**. Dental Pay savings from vacancies amount to £0.467m supplemented by associated underspends in the Supplies budget of £0.181m. Income however remains lower than budgeted (£0.102m).
- 5.2.10 Community Hospitals are reporting vacancy underspends of £0.586m again supplemented by associated savings in Supplies of £0.034m.
- 5.2.11 Community Nursing Pay budgets are again reporting significant underspends resulting from vacancies of £0.540m. These however are significantly offset by Supplies overspends (£0.248m), primarily attributable to Dressings.
- 5.2.12 Vaccination and Immunisation continues also to report an overspend (£0.m) mainly driven by Shingles and Flu vaccine costs. A mid-year allocation was received for vaccination costs to Sept 25 mid-Nov and is included in M9 position

5.2.13 There are also ongoing pressures as a result of the closure of the Knoll (£0.108m) and other unfunded posts within P&CS Other (£0.308m).

5.2.14 Allied Health Professional Services vacancies amounting to £0.371m continue to be reported offset by an ongoing pressure in Home First of (£0.079m).

5.2.15 **Corporate Directorates** are reporting a net under spend of £0.56m on core budgets. The underspend observed in previous months continues, primarily across departments such as Workforce, Pharmacy, Planning and Performance, and Finance. These areas are either undergoing workforce reviews or have completed them but are still experiencing underspends due to challenges in recruiting to the agreed staffing models. As a result, the savings being realised are non-recurring in nature.

5.2.16 **Estates & Facilities** are reporting an operational underspend of £0.27m. The underspend in Estates & Facilities is primarily due to staffing vacancies. Within Estates, workload pressures remain, and recruitment to key posts is necessary to address these. As vacancies are filled, the underspend is expected to reduce and should therefore be considered non-recurring. In Facilities, staffing levels are aligned to nationally agreed cleaning standards, and any sustained underspend would only be recurring if the Board were to revise its commitment to those standards.

This underspend is offset by overspends in supplies within facilities, specifically Patient Transport which continues to face cost pressures due to an increasing number of patients requiring travel to Edinburgh for cancer treatment. This issue was highlighted during 2024/25 and remains ongoing. A piece of work will be commissioning looking at transport as a whole which will seek long term solutions.

5.2.17 **External Healthcare Providers** Excluding savings there is an over-spend of £1.49m. Factors driving this overspend position are linked to updated data received from NHS Lothian, which reflects higher costs than initially estimated. Additionally, there has been a notable increase in emergency care costs, particularly neonatal cases, which are low in volume but high in cost.

## 6 Savings Delivery

- 6.1 The savings targets set within the Financial Plan for 2024/25 are £9.12m recurring (3%) and £3.04m non-recurring (1%).
- 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.
- 6.3 This issue is addressed by creation of an unallocated 'organisation wide' target which is expected to be managed 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.

6.4 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.

6.5 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 in line with the three year local target (10%) set in 2024/25 and is required in order to achieve the trajectory set out over the medium term financial plan.

## 6.6 **Actual Savings Delivery**

6.6.1 Table 5 below shows actual level of savings achieved to date, including amounts expected to be delivered to March 2026 in respect of schemes implemented in December 2025.

*Table 5 – Current year savings achieved as at December 2025*

	Savings Target (inc. NR) £m	Recurring Savings Achieved £m	Non Recurring Savings Achieved £m	Total Achieved £m	Unmet Savings (current year) £m
Acute Services	(2.50)	0.08	0.00	0.08	(2.43)
Set Aside	(1.67)	2.24	0.00	2.24	0.57
IJB Directed Services	(2.26)	0.98	0.00	0.98	(1.28)
Prescribing	(1.02)	0.36	0.00	0.36	(0.66)
Corporate Directorates	(1.07)	0.08	0.03	0.10	(0.97)
Estates & Facilities	(0.90)	0.38	0.00	0.38	(0.52)
External Healthcare Providers	(1.68)	0.37	0.03	0.39	(1.29)
Central Unallocated Target	(1.05)		3.00	3.00	1.95
<b>Total</b>	<b>(12.16)</b>	<b>4.47</b>	<b>3.05</b>	<b>7.53</b>	<b>(4.63)</b>

6.6.2 Against the 2025/26 target, £7.53m 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.

6.6.3 The balance of savings to be delivered in 2025/26 is £4.63m, with a minimum of £6.8m required to be delivered in order to meet the financial plan target (ref. para 6.4, above).

6.6.4 Section 6.8 sets out the value of schemes identified not yet enacted within the financial position. This indicates a forecast savings delivery of £7.53m (recurring) in 2025/26. Achievement of the forecast recurring savings would meet the minimum requirements as set out in the financial plan, and focus should be given to ensure progress of those related schemes.

6.6.5 The level of unmet savings remaining against the three year target (10%) is £15.28m. This position will continue to be reported as a measure of progress towards delivery of the medium term plan. Continued slippage on recurring savings delivery presents a significant risk to the path to financial balance over the medium and long term.

## 6.7 **Agency Use**

6.7.1 Agency use is monitored against the projected £0.85m improvement within the Financial Plan as cost avoidance. This target will not be met in 2025/26 with the key driver for this being the continuation of gaps against specialty medical posts.

6.7.2 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-Dec			Ave Monthly (FYD)		
	2024/25	2025/26	Movement (increase/-decrease) £k	2024/25	2025/26	Movement (increase/-decrease) £k
£k	£k	£k	£k	£k	£k	£k
Medical	1345	3008	1664	151	334	184
Nursing	322	358	37	40	40	
Other	359	287	-72	130	32	-98
	<b>2026</b>	<b>3654</b>	<b>1628</b>	<b>321</b>	<b>406</b>	<b>85</b>

6.7.3 Comparison with average month values for the prior (full) year give a clearer indication of trend at this stage; this indicates an increase in agency usage in both Medical and Nursing workforce between April and December of this year compared to 2024/25.

6.7.4 This increase in agency within Medical and Nursing over the first three quarters of this year is attributed to a requirement to sustain vulnerable services within key specialist posts (predominantly medical) and general workforce pressures arising from sickness absence and other factors.

6.7.5 Appendix 2 provides further information on trends in key costs, including agency staffing within context of overall pay expenditure.

## 6.8 Progress towards Implementation

6.8.1 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.

6.8.2 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.

6.8.3 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.

6.8.4 Table 8 summarises the recurrent plans identified by business units for 2025/26, as at end September. 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	33	(3.13)	3.70	3.14
Commissioning	4	(1.26)	.56	.46
Corporate	13	(0.79)	.33	.26
Estates	7	(0.30)	.25	.25
Facilities	18	(0.38)	.25	.24
IJB - MH/LD	13	(0.61)	.99	.87
IJB - PACS	13	(1.08)	.35	.31
Primary Care Prescribing	35	(0.80)	1.54	.99
	<b>136</b>	<b>(9.12)</b>	<b>7.97</b>	<b>6.52</b>

6.8.5 At M09 the forecast delivery has been further amended, and this now represents a delivery of £6.53m in year (£7.97m FYE).

6.8.6 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	2.10	1.31	56
Gateway 2	.77	0.52	15
Gateway 3	.24	0.22	5
Gateway 3 - Blue	4.86	4.47	60
<b>Total Schemes</b>	<b>7.97</b>	<b>6.52</b>	<b>136</b>

6.8.7 Approximately 41% of schemes remain at Gateway 1 and this falls below the level of progress expected by this point in the year as set out in milestone targets. This position is actively being discussed by the Financial Improvement Programme Board and recovery actions are being considered to improve progress in 2025/26 and beyond.

## 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 The amended forecast presented within this report indicates that delivery of £10m deficit in year is now achievable and this has been reported to Scottish Government.

7.3 The continued risk to delivery of 3% recurring savings remains a concern and contingency measures to identify non-recurrent savings as offset in 2025/26 are in place. Despite this it is critical that a higher level of recurring savings is achieved during the remainder of 2025/26.

- 7.4 A draft financial recovery plan has been developed and will be presented to the Board following discussion with executive and operational teams. At this stage it does not present a five-year path to balance, and it is expected that this work will continue to be undertaken in parallel with the development of the Board's financial plan for 2026/27.
- 7.5 Brokerage accumulated to date is £48.83m<sup>3</sup>. 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.
- 7.6 The Health Board remains at Stage 3 of the Scottish Government's Support and Intervention Framework.

## 8 Key Risks

- 8.1 In line with the issues noted above, 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 In line with the enhanced monitoring arrangements in place with Scottish Government, a separate operational risk is being developed against the in year financial performance risk. Key risks identified which require in year management are as follows:
  - Medical workforce / locums
  - Prescribing growth
  - SG anticipated allocations where funding is conditional on performance outcomes (e.g. planned care, unscheduled care)
  - IJB commitments in relation to Social Care, where there are contingent benefits or impacts upon NHS performance
  - Non-delivery of savings targets
  - Impact of pay negotiations
- 8.3 These risks are expected to be managed within the tolerances of the year-end forecast and any deviation out-with this position will be highlighted in future reports.

## Appendices

- Appendix 1 – Income and Expenditure Analysis as reported to Scottish Government via FPR
- Appendix 2 – Key Expenditure Trends

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<sup>3</sup> Amended from £49.33m previously reported following clarification of prior year support by Scottish Government.

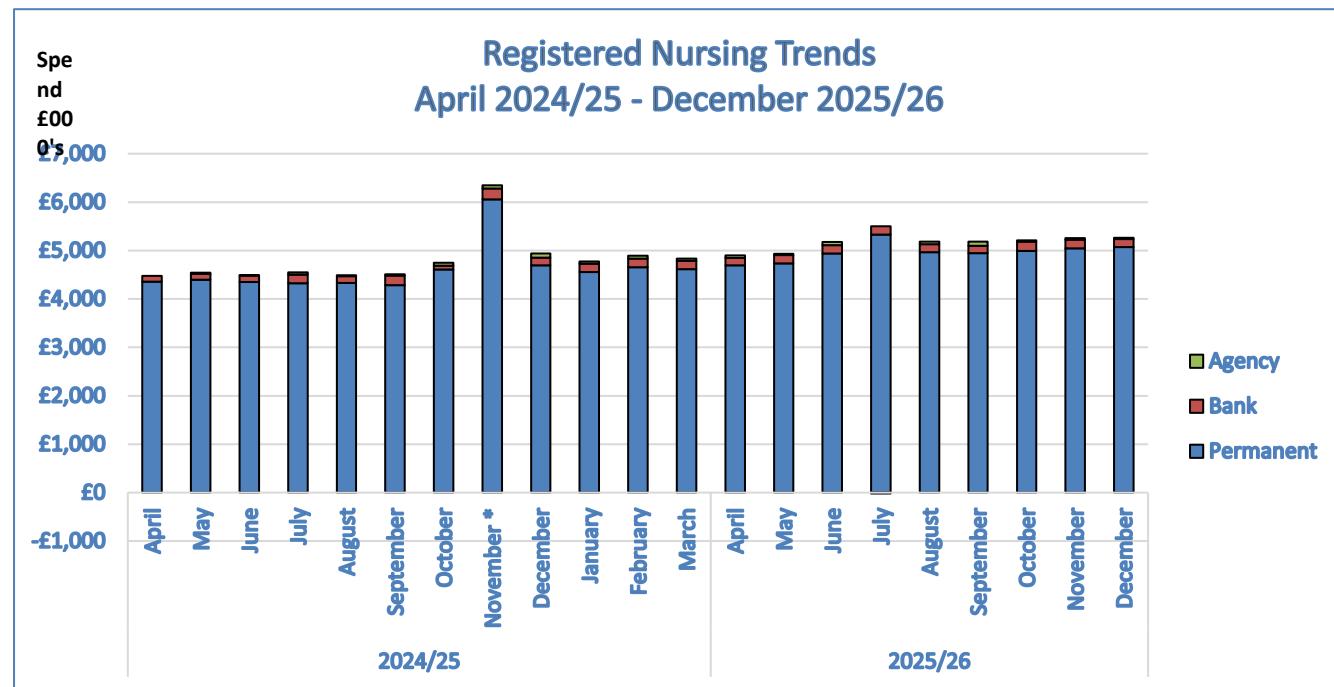
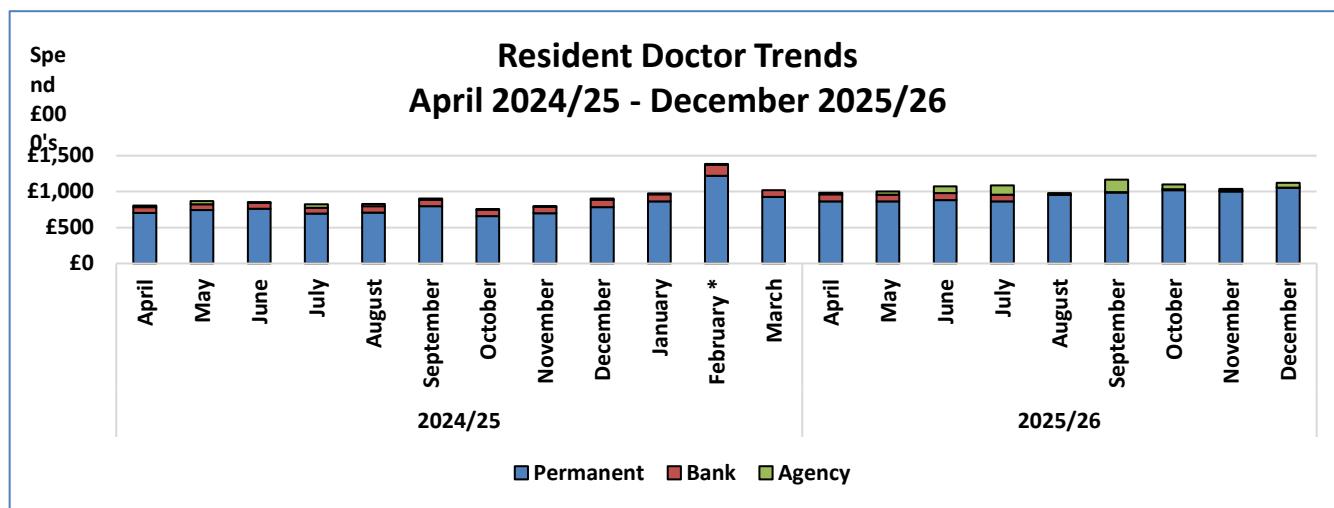
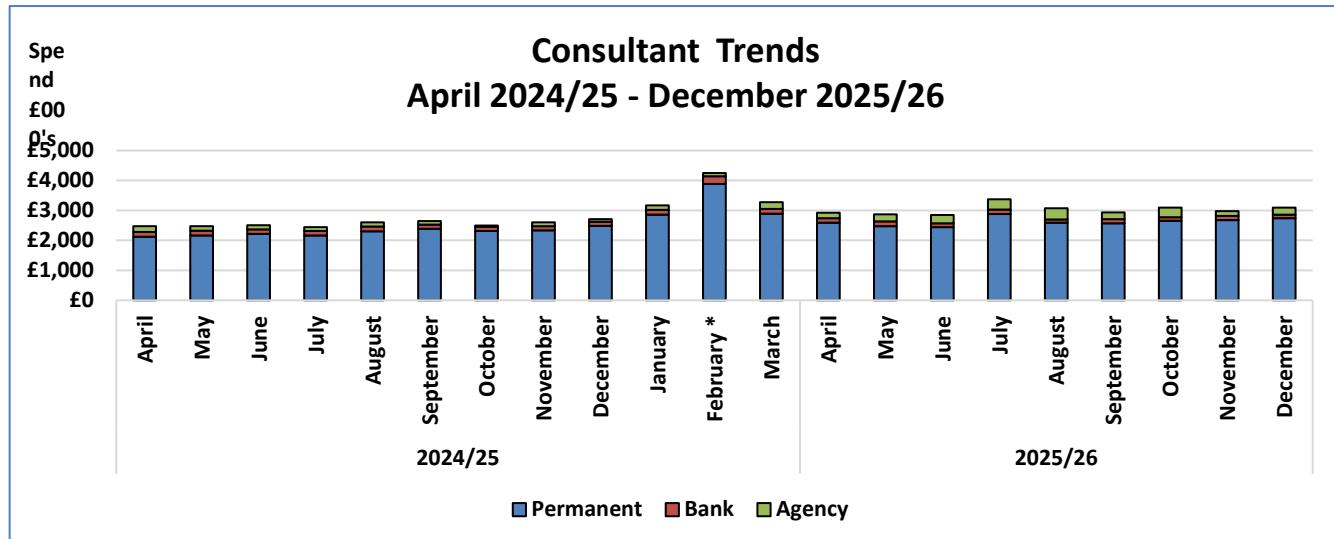
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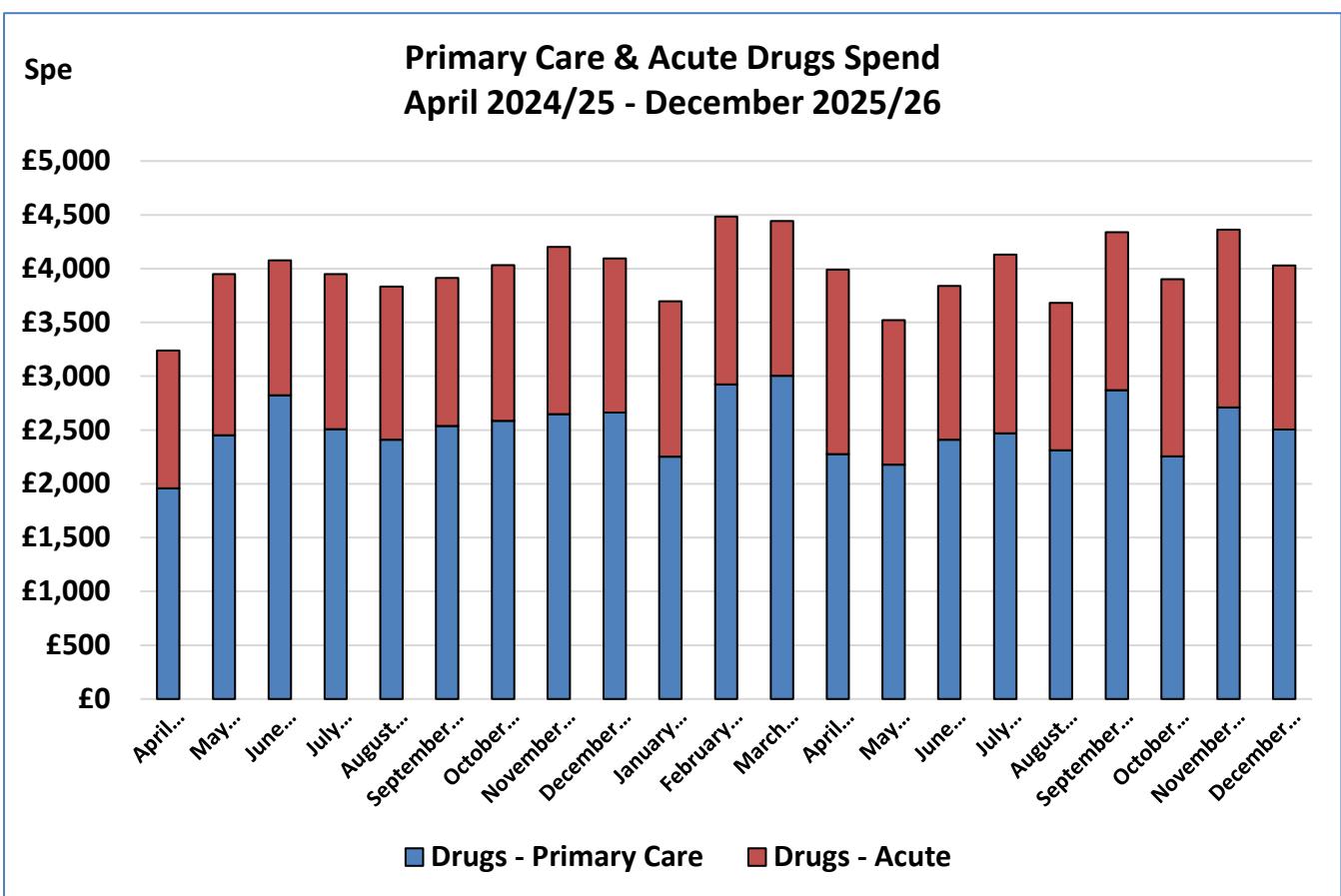
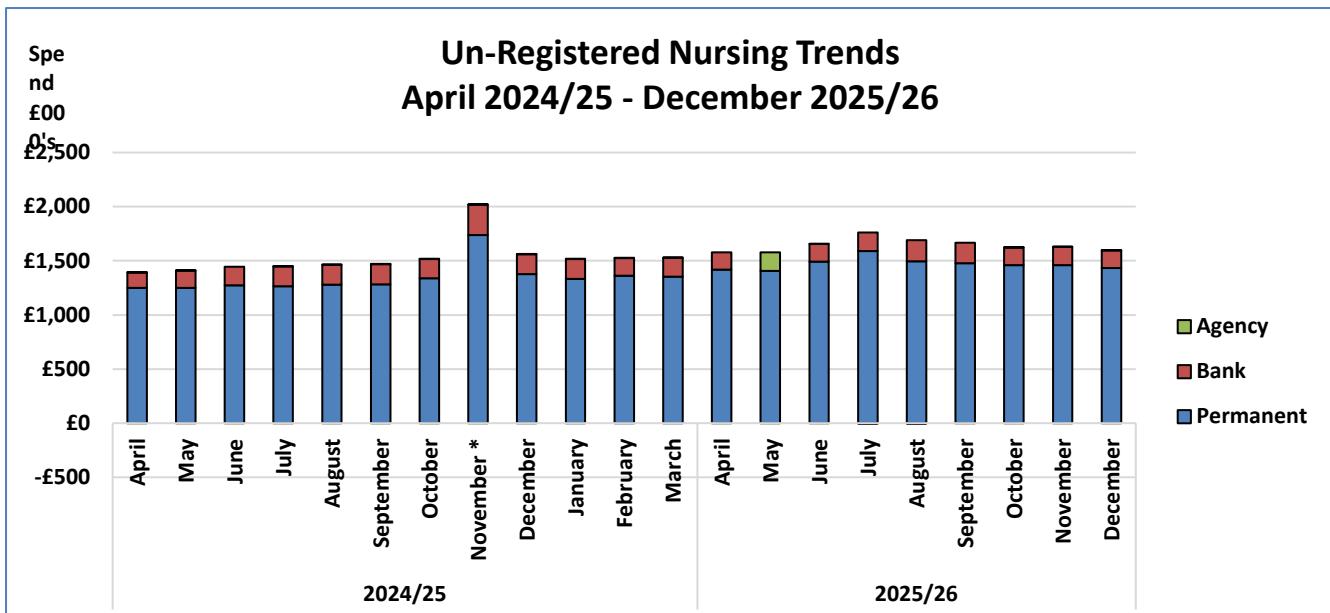
Samantha Harkness Senior Finance Manager <a href="mailto:Sam.harkness@nhs.scot">Sam.harkness@nhs.scot</a>	Paul McMenamin Finance Business Partner (IJB Services) <a href="mailto:Paul.mcmenamin2@nhs.scot">Paul.mcmenamin2@nhs.scot</a>	Maryam Khan Finance Business Partner (Acute Services) <a href="mailto:Maryam.khan2@nhs.scot">Maryam.khan2@nhs.scot</a>
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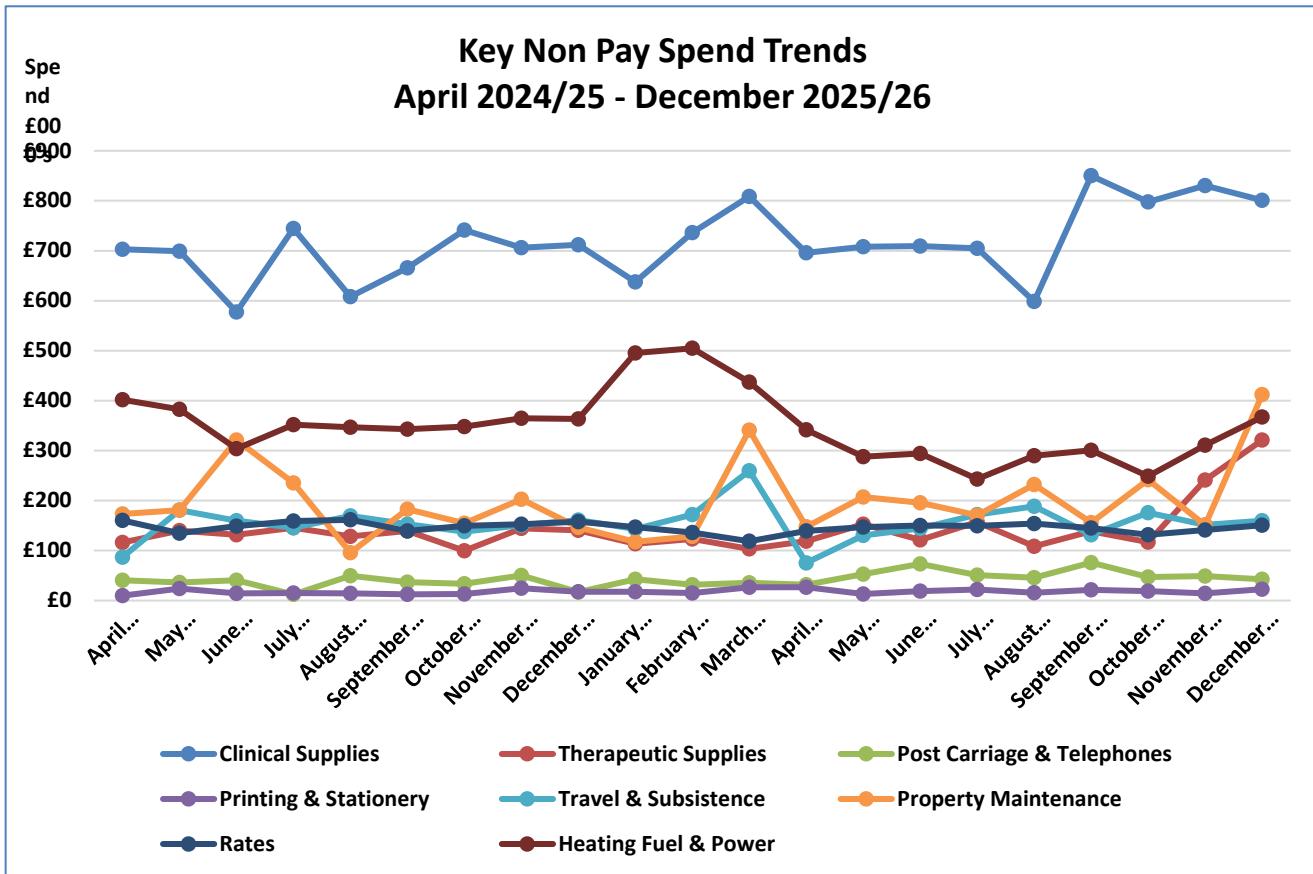
## Appendix 1 – Income and Expenditure Analysis as reported to Scottish Government via FPR

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
<b>Pay</b>					
Medical & Dental	42.78	46.94	35.05	36.11	(1.06)
Nursing & Midwifery	72.78	81.71	61.31	61.33	(0.02)
Other	69.66	83.16	62.32	57.91	4.41
<b>Sub-total</b>	<b>185.22</b>	<b>211.81</b>	<b>158.69</b>	<b>155.36</b>	<b>3.32</b>
<b>Non Pay</b>					
<b>Independent Primary Care Services</b>					
General Medical Services	22.94	26.10	19.56	19.53	0.03
Pharmaceutical Services	4.02	7.07	5.30	5.30	(0.00)
General Dental Services	5.75	9.50	7.08	7.08	0.00
General Ophthalmic Services	1.63	2.34	1.78	1.78	(0.00)
<b>Sub-total</b>	<b>34.35</b>	<b>45.01</b>	<b>33.71</b>	<b>33.68</b>	<b>0.03</b>
<b>Drugs and medical supplies</b>					
Prescribed drugs Primary Care	25.72	27.12	21.16	21.36	(0.20)
Prescribed drugs Secondary Care	14.10	16.46	12.37	13.81	(1.44)
Medical Supplies	7.31	8.07	6.04	8.18	(2.14)
<b>Sub-total</b>	<b>47.13</b>	<b>51.65</b>	<b>39.57</b>	<b>43.34</b>	<b>(3.78)</b>
<b>Other health care expenditure</b>					
Goods and services from other NHS Scotland bodies	34.27	36.32	27.30	28.22	(0.92)
Goods and services from other providers	5.45	6.01	4.50	6.05	(1.55)
Goods and services from voluntary organisations	0.17	0.17	0.13	0.13	(0.00)
Resource Transfer	2.81	2.77	2.08	2.08	0.00
Loss on disposal of assets	0.00	0.00	0.00	0.00	0.00
Other operating expenses	44.60	40.63	14.20	19.27	(5.07)
External Auditor - statutory audit fee & other services	0.00	0.00	0.00	0.22	(0.22)
<b>Sub-total</b>	<b>87.30</b>	<b>85.90</b>	<b>48.21</b>	<b>55.97</b>	<b>(7.75)</b>
<b>Income Analysis</b>					
Income from other NHS Scotland bodies	(6.39)	(8.53)	(6.03)	(6.25)	0.22
Income from NHS non-Scottish bodies	(2.73)	(2.79)	(2.05)	(2.11)	0.06
Income from private patients	(0.06)	(0.06)	(0.05)	0.00	(0.05)
Patient charges for primary care	(11.41)	(18.91)	(14.15)	(14.15)	0.00
<b>Non NHS</b>					
Overseas patients (non-reciprocal)	0.00	0.00	0.00	0.00	0.00
Other	(4.17)	(8.88)	(6.19)	(6.30)	0.11
<b>Total Income</b>	<b>(24.76)</b>	<b>(39.17)</b>	<b>(28.48)</b>	<b>(28.81)</b>	<b>0.34</b>
<b>Net Total Expenditure</b>	<b>329.25</b>	<b>355.20</b>	<b>251.69</b>	<b>259.54</b>	<b>(7.84)</b>

## Appendix 2 - Key Cost Charts







# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>5 February 2026</b>
<b>Title:</b>	<b>Clinical Governance Committee Minutes</b>
<b>Responsible Executive/Non-Executive:</b>	<b>L Jones, Director of Quality &amp; Improvement</b>
<b>Report Author:</b>	<b>I Bishop, Board Secretary</b>

## 1 Purpose

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

- Awareness

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

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

### 2.3 Assessment

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

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

As detailed within the minutes.

### **2.3.2 Workforce**

As detailed within the minutes.

### **2.3.3 Financial**

As detailed within the minutes.

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

As detailed within the minutes.

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

An 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 14 January 2026

## **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 12.11.25

Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Wednesday 12 November 2025** at 10am via Microsoft Teams

### **Present**

Fiona Sandford, Non-Executive Director (Chair)  
Lynne Livesey, Non-Executive Director

### **In Attendance**

Diane Laing, Clinical Governance & Quality (Minute)  
Laura Jones, Director of Quality & Improvement  
Lynn McCallum, Medical Director  
Sohail Bhatti, Director of Public Health  
Oliver Bennett, Interim Director of Acute Services  
Malcolm Clubb, Director of Pharmacy  
Caroline Cochrane, Director Psychological Services  
Philip Grieve, Interim Associate Director of Nursing, Acute Services  
Kathy Steward, Interim Associate Director of Nursing, Primary & Community Services  
Paul Williams, Associate Director of Nursing, Allied Health Professionals  
Kirsteen Guthrie, Associate Director of Midwifery & GM for Women & Children's Services  
Julie Campbell, Lead Nurse for Patient Safety and Care Assurance  
Sam Whiting, Infection Control Manager  
Rose Roberts, PA to Director of Quality & Improvement

### **1 Apologies and Announcements**

#### **Apologies were received from:**

Amanda Cotton, Associate Medical Director, Mental Health Services (virtual attendee)  
Sarah Horan, Director of Nursing Midwifery and Allied Health Professionals  
Peter Lerpiniere, Associate Director of Nursing, Mental Health, & Learning Disabilities

### **Absent**

Peter Moore, Chief Executive  
Gareth Clinkscale, Director of Urgent Care, Community Services and Mental Health  
Jonathan Manning, Associate Medical Director, Planned Care  
Imogen Hayward, Associate Medical Director, Unscheduled Care  
Lettie Pringle, Risk Manager  
Olive Herlihy, AMD/Director of Medical Education

The Chair confirmed the meeting was quorate.

### **The Chair welcomed:**

#### **Deputising for Peter Lerpiniere:**

Lisa Clark, Service/Commissioning Manager - MH Clinical Care Governance (item 5.2)  
Rachel Gardiner, Team Manager Disabilities – LD Clinical Care Governance (item 5.3)

## **Announcements**

The Chair informed Committee that Diane Laing, Clinical Governance Committee will be retiring at the end of the year, today is her last meeting. The Chair and Committee members thanked Diane for her significant contribution to organisation and smooth running of the Committee over the last several years, particularly her support to the Chair, the Committee wished her well in her retirement.

## **2 Declarations of Interest**

- 2.1.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda. Paul Williams declared he has now been appointed Chair of Area Clinical Forum and will now be a sitting non-executive member of the Committee. Diane Laing will enquire if this is a conflict of interest with the Board Secretary.
- 2.1.2 The **CLINICAL GOVERNANCE COMMITTEE** noted there were no further declarations made.

## **3 Minute of Previous Meeting**

- 3.1.1 The minute of the previous meeting of the **Clinical Governance Committee** held on **Wednesday 10 September 2025** was approved.

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

- 4.1.1 Matters Arising from the previous meeting were noted and action Tracker was updated accordingly.

## **5 Effectiveness/Annual Assurance**

### **5.1 Clinical Board update – Acute Services**

- 5.1.1 Philip Grieve noted an adverse event recorded due to skin prick allergen test kits having expired. Patients tested using these kits will be recalled and re-tested to ensure correct results are recorded. The adverse event is being followed up and Duty of Candour applied. A new Standard Operating Procedure following this event, will be developed and put in place.
- 5.1.2 Concern had been raised relating to infection control in ITU and Stroke Services, these are being addressed and Philip will keep the Committee informed of any progress in subsequent papers.
- 5.1.3 Mention that Cardiology services are under sustained pressure largely due to Consultant recruitment failures, rapid quality improvement initiatives are being considered to assist with this situation.
- 5.1.4 Philip commented he would welcome feedback on the new layout of Acute Services Paper to ensure the Committee are getting the detail they require for assurance purposes.

5.1.5 **ACTION: Committee requested an update on the position of endoscopy and laboratory accreditation as these had been areas previously escalated to Committee**

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

**5.2 Clinical Board update - Mental Health & Psychological Services**

5.2.1 Lisa Clark gave a brief overview of the paper and a verbal update on CAMHS, she noted applications had been received but only recruited to one nursing post, staffing issue remains within the community teams further solutions are being sought. A full update will be included in January meeting paper.

5.2.2 Laura Jones requested detail relating to Huntlyburn and any issues highlighted following FAI. Lisa noted there was one recommendation regarding locked doors on the ward, and an options appraisal would be completed by end of year. Update will be included in January's report to Committee.

5.2.3 Laura commented on the requirements around SAERs in relation to national framework expectations, a gap analysis is underway to address gaps in identifying and completing SAERs within recommended timelines. Gaps following outcome of analysis should be highlighted to Board.

5.2.4 Lynn McCallum noted her continued concerns regarding medical staffing shortfall, in adult teams. Locum support continues at a significant outlay, this should again be highlighted to the Board at their next meeting in December.

5.2.5 Lynne Livesey noted mandatory training had gone down, largely due to course cancellation, Lisa commented the training was being addressed and staff are being supported to complete their training. The Chair asked that these improvements be included in reporting.

5.2.6 Sohail Bhatti asked there be some reflection on health inequalities and equality & diversity within Mental Health cohort. Discussion will take place out with meeting and any outcomes reported back through Mental Health report.

5.2.7 Caroline Cochrane suggested a formal multidisciplinary working group could be considered to review workforce shortages and to link into national work ongoing to assist with ideas and solutions.

5.2.8 The Committee forwarded their Congratulations to Neil Jackson who won the *Care for Mental Health Award* and to Alex Mundel, Pharmacist and Vikki Gray, Healthcare Support Worker finalists for awards.

5.2.9 **ACTION: Highlight CAHMS, Adverse events and training in subsequent reporting. Highlight medical staffing to board. Health Inequalities discussion with Public Health and Mental Health to take place out with meeting**

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

**5.2.11 Psychological Services**

Caroline Cochrane attended to update the Committee in relation to Psychological Services. She noted that service review had been completed and submitted to delivery group.

- 5.2.12 Changes in clinical governance structures are proposed to better align with other services. Psychological therapy representation on each board governance group along with a multidisciplinary topic specialist group allow direct escalation from Board Clinical Governance groups. Mention of a psychological trauma group be established was noted. Discussions continue and the Committee noted their support for this approach.
- 5.2.13 As part of the service review gaps were identified, capacity in existing services and areas where services were required. Delivery group will keep gaps under review with an update due to the group in December.
- 5.2.14 Recruitment in progress for Huntlyburn and rehabilitation team following establishing funding. Post holder should be in place following all HR checks.
- 5.2.15 Feedback and improvement plan following self-assessment has been received from Scottish Government, the Committee will be kept updated on progress. Waiting list initiative had been delayed due to recruitment issues but now extended and due to start. Current challenges are around meeting 18 week target, largely due to high demand for services, the team are working closely with Gareth Clinkscale and monitoring issue closely.
- 5.2.16 Suggestions relating to endowment funding for psychology was mentioned, Caroline will explore this separately as endowments are not the remit of the Committee.

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

### **5.3 Clinical Board update – Learning Disability Services**

- 5.3.1 Rachel Gardiner attended to note the paper for the Learning Disabilities services. Staffing increase has been agreed in principle and vacancy control forms have been submitted. The aim for increase is to keep individual in crisis within the area and reduce out of area placement and delayed discharges. It is also hoped this will ease pressure on the core LD team. Recruitment is underway to assist new nurse in rolling out annual health checks.
- 5.3.2 Discussion underway with Scottish Government on national rollout of mortality reviews in Scotland this is expected to be rolled out in Spring 2026.
- 5.3.3 There was discussion around the coming home project, the report notes delays and challenges in recruitment, funding model discussions are advanced; resolution expected to unlock progress. However, recruitment remains difficult despite innovative approaches, incentivisation is being explored. There are further concerns raised regarding lack of mechanisms and staffing for lifelong support for people with learning disabilities. This is a joint responsibility across council and health board, it is important to address this jointly and issue should be raised with IJB.
- 5.3.4 ACTION: Raise concerns at IJB and Board regarding recruitment to facilitate coming home project and lifelong support for those living with a learning disability.
- 5.3.5 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

## **5.4 Clinical Board update – Primary & Community Services**

- 5.4.1 Kathy Steward attended to present the Primary & Community Services report, she introduced herself to the Committee following her appointment as Associate Director of Nursing for Primary & Community Services. She also noted that the AMD for the services had also been appointed and would be in place at the start of next year.
- 5.4.2 Kathy noted that there had been some improvements in care assurance reporting and the Physiotherapy team had developed a dashboard for staffing, demand and safety with plans to roll out across other teams
- 5.4.3 Key risks highlighted within the School Nursing teams with an increase in children under child protection and are experience categories. This had an impact on ability to delivery core services with mitigations being sought by using alternative delivery models including providing clinics out of term time. There may be a need for staffing review should this trend continue.
- 5.4.4 Community Treatment & Care (CTAC) service had noted capacity issues leading to delays in blood testing. Fixed term funding is nearing end and service is under high scrutiny from the Scottish Government, these issues may have an adverse effect on funding going forward.
- 5.4.5 Additional Concerns were noted in long waits for Speech & Language therapy, high sickness absence. There is a clear need for consistent reporting across services for better assurance and comparability.
- 5.4.6 Invitation was extended to non-executives to attend the Primary & Community Services Clinical Governance meetings to give them an overview of the issues raised.

### **5.4.7 ACTION: School Nursing and speech and language issues to be raised at December's Board.**

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

## **5.5 Corporate Clinical Support Services update – Public Health, Health Inequalities**

- 5.5.1 Kirsty Kiln attended to put forward the Public Health, Health Inequalities report. She noted data showed stark health inequalities in Scottish Borders. Report highlighted progress since April 2024 Health Inequality Strategy and outlines next steps.
- 5.5.2 Key priorities were to develop governance structure via Community Planning Partnership (CPP) and establish working group focused on promoting health and well-being this strengthening the role of NHS Borders and partners as anchor institutions. They will also expand on social prescribing (including exercise rehab and “waiting well” initiatives) in collaboration with Live Borders.
- 5.5.3 Kirsty noted challenges highlighted in the report to the committee and the need for creative solutions aligned with clinical strategy. She will report back progress within the Clinical Governance Committee reporting workplan structure.
- 5.5.4 The Committee noted their support for tackling poverty and its impact on health, especially for children and young people. There was a transparency on delivery against

April 2024 strategy and mapping of current resource allocation. The Committee will escalate challenges to Board

**5.5.6 ACTION: Escalate challenges relating to Health Inequalities paper to the Board.**

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

**5.6 Cancer Services Annual Assurance Report**

- 5.6.1 Steve Litster presented cancer services report noting the continued rise of cancer incidence and treatment volumes, citing improved screening and new therapies as a possible cause. He emphasised the need for robust planning to manage increasing pressures.
- 5.6.2 Workforce plan had been approved and finding in place, recruitment is underway for additional clinical staff and nurse specialists. There had been a high interest in specialty doctor roles to manage complex treatments.
- 5.6.3 National initiatives, single point of contact had been fully embedded and prehabilitation pathway introduced. There is also a rapid cancer diagnostic service pilot ongoing however funding beyond March 2026 was uncertain
- 5.6.4 New aseptic unit delivery scheduled for mid-February with a target to be operational by May 2026. The move back to BMC treatment facility had been delayed due to water quality issues.
- 5.6.5 Steve informed the Committee there had been improvement in waiting times however the lung pathway remains challenging with issues largely linked to tertiary capacity. The development of updated draft cancer strategy ,with a broader focus on prevention, early diagnosis and survivorship is expected by end of year.
- 5.6.6 Discussion followed on the above point where the Committee recognised progress and workforce resilience but noted their concerns around National oncology service re-design and potential impact this will have on NHS Borders. Also noting gaps in post-treatment support (rehabilitation, psychological care) and equity in quality of outcomes for disadvantaged groups. The Committee invited a verbal update in March in relation to national developments.

**5.6.7 ACTION: Update on national picture to be verbally reported back to the committee by end of March.**

5.6. The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Significant Assurance** in relation to progress and processes however they noted **Moderate Assurance** due to ongoing challenges.

**5.7 Maternity/Neonatal/MBRRACE Annual Assurance Report**

- 5.7.1 Kirsteen Guthrie attended remotely with support from Kate Darlow to talk to the report. She noted that vacant Consultant post had been successfully recruited to, they commence in April/May next year. Executive team have approved a fixed term post to provide resilience until then. In the interim post will also be covered by locums.
- 5.7.2 Still birth rates remain below national average, each stillbirth undergoes an MDT review to ascertain if a SAE is required, these are then reviewed externally with family involvement. Action plans are being processed.

- 5.7.3 Work progressing since previous report on improving documentation and NEWS paperwork relating to deteriorating patients. Consultation on national maternity standards framework is complete, once published work will commence on benchmarking against standards. There will be new reporting requirements for all boards. Work is also underway with Public Health on antenatal screening dashboard.
- 5.7.4 The Committee noted their recognition of exceptional service despite external scrutiny and workforce pressures. Commenting on the emphasis on staff well-being and psychological safety, there was a suggestion to share learning across the organisation.
- 5.7.5 The Committee shared their concerns around falling birth rates and maintaining competencies. Kirsteen noted this was mitigated through simulation training and joint work with Lothian, there had also been formalising of cross area service provision. They also noted there was ongoing vulnerabilities despite recruitment success.
- 5.7.6 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Significant Assurance** in relation to improvement work but note **moderate assurance** due to inherent service vulnerabilities.

## **6 Patient Safety**

### **6.1 Infection Control Report**

- 6.1.1 Sam Whiting noted key issues to the Committee. NHS Borders have been identified as a statistical outlier for community *E. coli* and *Staphylococcus aureus* bacteraemia rates in Q2. These cases have no prior healthcare intervention and East Region Health Protection team are reviewing for learning.
- 6.1.2 Sam highlighted significant infection control input into building refurbishment projects with an infection control nurse redeployed from clinical duties which has an impact on audits and care home visits. Competing demands continue to affect Quality Improvement work but prioritisation is ongoing.
- 6.1.3 Urinary Catheter Task & Finish Group have met and actions including reviewing catheter policy noted. The group will initially meet fortnightly to accelerate progress.
- 6.1.4 Early and high flu activity had been seen in Borders in line with what was happening nationally. The vaccination team are visiting wards and prescribing prophylaxis where indicated.
- 6.1.5 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Moderate Assurance**

### **6.2 HSMR**

- 6.2.1 Laura Jones provided an update on the latest HSMR figures noting NHS Borders figures remain within normal limits. There are no issues which require escalation or concern at present.
- 6.2.2 Mortality review programme continues, with plans to evolve Morbidity & Mortality (M&M) processes in the new year for enhanced learning.
- 6.2.3 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Significant Assurance**

## **7 Person Centred**

### **7.1 Patient Experience Annual Report**

- 7.1.1 Julie Campbell presented the annual Patient Experience report, noting the increased complaint volume linked to waiting times, rising patient expectations, and general dissatisfaction. Responding with national target continues to present a challenge with workforce constraints contributing to delay in response from clinical teams.
- 7.1.2 There is significant stage 1 (early resolution) activity, ombudsman inquiries and claims adding pressure on a small team of patient experience staff.
- 7.1.3 Action to explore business case for additional capacity and looking at AI solutions for complaint handling had been suggested. NHS Borders have signed up to be a co-pilot test area. It is expected that the move to digital records could improve future processes.
- 7.1.4 The **CLINICAL GOVERNANCE COMMITTEE** noted contents of the report and confirmed **Limited Assurance** due to current performance against national standards.

## **8 Items for Noting**

The **CLINICAL GOVERNANCE COMMITTEE** noted the items listed below:

- Clinical Governance Committee Meeting dates for 2026/27
- PCS Governance Minutes from meeting dated 27.08.2025

## **9 Any other Business**

There was no other competent business recorded.

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

The chair confirmed that the next meeting of the Borders NHS Board's Clinical Governance Committee is on **Wednesday 14 January 2026 at 10am** via Teams Call.

*The meeting concluded at 12:14*

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>5 February 2026</b>
<b>Title:</b>	<b>Quality &amp; Clinical Governance Report – January 2026</b>
<b>Responsible Executive/Non Executive</b>	<b>Laura Jones - Director of Quality and Improvement</b>
<b>Report Author (s):</b>	<p><b>Julie Campbell - Lead Nurse for Patient Safety and Care Assurance</b></p> <p><b>Susan Hogg - Patient Experience Coordinator</b></p> <p><b>Justin Wilson - Quality Improvement Facilitator Effectiveness</b></p> <p><b>Susan Cowe - Senior Project Officer - Covid 19 Inquiries</b></p>

## 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 14 January 2026 and discussed papers from all four clinical boards and corporate clinical support services.

2.3.2 The Committee received an update from Primary & Community Services (P&CS). The service continues to experience workforce pressures particularly in School Nursing and District Nursing. School Nursing was operating at Black RAG status, with waiting times for emotional health referrals extending to up to 40 weeks, creating risks for unmet need among vulnerable young people. The committee asked for more detail on the plan to address this recognising the increase in demand for this service. The Committee welcomed innovations such as the introduction of the Chat Health digital access route and ongoing Demand Capacity Activity Queue (DCAQ) analysis to address capacity. Hospital at Home continues to progress toward stabilisation and expansion with positive feedback from patients and staff. Expansion will provide access to all parts of the Scottish Borders. The expansion of the home first reablement and rehabilitation service was also welcomed. The committee would like to understand how much capacity this service can now offer alongside the reablement and discharge to assess provision the council offer. Improvements in mandatory training compliance and risk register quality were noted, although TURAS role-specific compliance varied and remains under close monitoring. The Committee discussed fragility in areas such as community nursing, child protection workload, and the need for more consistent reporting across teams about how risks are being managed. The Committee took **Moderate Assurance** noting workforce vulnerabilities and actions requested for further assurance on these areas.

2.3.3 The committee received an update from the Mental Health Services. The Mental Health update highlighted sustained 95% referral to treatment time compliance for Child and Adolescent Mental Health Services (CAMHS) core mental health presentations and strong performance against Medication Assisted Treatment (MAT) standards within the Borders Addiction Service. The Committee welcomed progress on the accelerated neurodiversity diagnostic pathway, which has exceeded expected throughput and maintained stability in the internal waiting list despite rising referrals. The committee were briefed on the work the mental health team are leading in response to an increased number of suicides in patients under the care of inpatient services, with four cases occurring between December 2024 and November 2025. The committee were assured the mental health team were actively reviewing each case and have also commissioned a thematic review with external support to look for any opportunities to learn and improve. A Short Life Working Group has been commissioned to review practice using the Safe Wards model while external reviewers are sought. The committee were keen to understand how work is progressing on access to regional

young peoples beds and our influence on this work seeking an update at the next meeting. Risks were also noted around ongoing dependence on locum medical cover, and the likely impact of upcoming Reduced Working Week changes. Workforce challenges continue, though the Committee welcomed the appointment of a Consultant Nurse in General Adult Psychiatry. The Committee confirmed **Limited Assurance** given the number of interdependent risks.

2.3.4 The CGC received a paper on Psychological Services. Psychological Services reported improvement against the 18-week local delivery plan standard, rising to 80% in November, supported by the deployment of fixed-term staff and locum resource. Waiting lists remain high, but early indicators suggest a downward trend. The Committee noted progress following the completion and approval of the service review, with work now entering the implementation phase to strengthen governance, improve triage, and prioritise service gaps (including inpatient mental health, cancer and stroke psychology). Workforce fragility persists due to sickness absence and recruitment challenges, but robust supervision structures are in place and there is a positive development of a digital lead recognising the important role digital now plays in the delivery of psychology services. The Committee took **Moderate Assurance**, acknowledging substantial progress while noting continuing workforce and demand pressures.

2.3.5 The CGC received a paper from Learning Disability Services. The Learning Disability Service continues working toward the Scottish Government's Coming Home policy, but unresolved funding for enhanced staffing and community support packages is significantly delaying progress. Capacity pressures, increased case complexity and fragility within social care provision risk further out-of-area placements. Two such placements have recently broken down, requiring alternative arrangements likely to be out-of-area. The Committee wished to highlight this again to the Integrated Joint Board to understand how these issues can be resolved. The Committee welcomed progress on annual health checks, including the recruitment of administrative support to improve clinical capacity. Work on the Dynamic Decision-Making Support Tool is underway and aims to resolve longstanding funding model issues. The Committee assigned **Moderate Assurance**, recognising continued vulnerability in delivering national policy expectations around the Coming Home project.

2.3.6 The CGC received a report on Acute Services. Acute Services reported experiencing extreme operational pressures over recent weeks, with significant impacts on emergency flow and staffing capacity due to the number of surge areas open. Concerns were raised around the lengths of waits for patients to move to the most appropriate place of care. The Committee welcomed the opening of the Acute Frailty Unit and additional community capacity but recognised the demand pressure over the winter period has been significant so the benefit of the new model and expansion of out of hospital capacity has not yet relieved pressure in the acute setting. Delays to concluding complaints investigations and identifying lead reviewers for adverse events were recognised by the acute team who are actively working to improve this area. Verbal updates were provided on the stroke pathway, where improvements were seen in key bundle elements, but sustained challenges remain in access to the stroke unit due to outflow constraints. A verbal update was also provided on the prostate cancer pathway performance noting this has significantly improved following targeted support and pathway navigation, though vulnerabilities remain. The committee requested detail for the March report in relation to both areas, as well as endoscopy surveillance. The Committee took **Limited Assurance**, noting the level of operational strain and associated risks to staffing and safe patient flow.

2.3.7 The CGC considered the report on Medicines Governance and Prescribing Internal Audit. The Committee was updated on findings from the recent audit on medicines governance and prescribing. Key risks included the continued reliance on paper-based prescribing systems, cultural and training gaps in medication error reporting, and outdated osteoporosis pathways. Challenges around polypharmacy capacity were noted, especially without digital prescribing systems such as HEPMA. The committee recognised that the lack of digital prescribing system is now posing a significant risk to safe and effective medicines management, noting most other areas have now moved to this type of system. The Committee welcomed work underway to address the gaps identified in the audit but recognised the need for a Board decision to electronic prescribing in the context of the financial plan. The committee agreed to raise this with the Board during the financial planning discussions. The Committee agreed **Limited Assurance**, reflecting both progress and the scale of the system-wide improvements required.

2.3.8 The CGC received the Blood Transfusion Annual Assurance Report. The annual update on Blood Transfusion highlighted progress in workforce education, mandatory transfusion training compliance and the implementation of new band 6 posts across Scotland to support operational delivery. This additional capacity is aimed at strengthening governance, incident review processes and operational readiness linked to learning from the national infected blood inquiry. Blood supply stability remains good. The Committee confirmed **Moderate Assurance**, acknowledging ongoing improvements and welcomed the additional capacity identified for local Boards through the review led by the Scottish Blood Transfusion Service.

2.3.9 The CGC considered a paper relating to the Scottish Borders Annual Suicide Prevention and Deaths by Suicide Report. The committee noted steady progress in early intervention, partnership working and real-time data improvements. While overall suicide numbers in 2024 remained consistent with the five-year average, there has been a number of deaths by suicide in 2025. The team are being proactive to review these cases to see if there are any themes or trends which need to be acted upon. The Creating Hope Action Plan is being implemented effectively, with strong relationships between public health, mental health and third-sector partners supporting delivery. The Committee agreed **Moderate Assurance**.

2.3.10 The CGC took a report surrounding Drug Related Deaths. The Committee noted a continued downward trend in drug-related deaths through 2024 but recognised the sharp increase in suspected deaths in early 2025 linked to cocaine, nitazines and polydrug use. Strong performance against MAT standards was highlighted, including 81% same-day MAT and robust follow-up for near-fatal overdoses. The Committee took **Significant Assurance** noting strong processes around review of learning to target action, while acknowledging emerging risks due to drug market volatility.

2.3.11 The CGC considered an update on the Strategic Risk – Whole System Flow. This area continues to represent a significant challenge across acute, community and social care interfaces. Despite extensive improvement work undertaken in 2025, including the establishment of the Frailty Unit, expansion of Hospital at Home, implementation of the Integrated Discharge Team and expansion of the Home First service, the system experienced severe operational pressures over the winter period. High demand at the front door combined with constrained outflow from inpatient wards led to extended waits in the Emergency Department, increased use of surge capacity, and delays to appropriate place of care. The Committee acknowledged that the current pressures

have limited the ability of new mitigations to demonstrate their full intended impact. However, members noted the strong governance now underpinning whole-system flow, including closer alignment of urgent care, community flow services and hospital leadership. Work to stabilise medical staffing, strengthen community capacity and refine escalation frameworks is ongoing. The risk to the council's financial position was noted and the potential impact on reductions in social care provision. Given the continuing strain on flow, the risks posed to patient safety and experience, and the early stage of impact measurement for recent system investments, the Committee confirmed **Limited Assurance** for the outcomes but highlighted **Significant Assurance** with regards to the Systems and Processes in place. The committee again felt this was an area to raise through the Integrated Joint Board (IJB) given the pressure on resourcing.

2.3.12 The CGC took a report on the Strategic Risk – P&CS and Independent Contractors. The committee noted the change in landscape since this risk was written, and the improvements made within the sector that have improved the sustainability of these services. The Committee noted ongoing concerns around national contractual and funding uncertainties which continue to affect the stability of General Practice, community pharmacy, dental services and optometry. The Committee discussed that workforce fragility in independent contracting services remains a key risk factor, with many practices experiencing recruitment challenges and difficulty sustaining service levels against rising demand and complex caseloads. The Committee recognised that several areas of contractor-delivered care underpin system flow and community access, and any reduction in capacity would have direct implications for urgent and unscheduled care. The Committee was assured that the Associate Medical Director for Primary Care, once fully established in post, will provide strengthened clinical leadership and oversight of risks within contractor services. The Committee emphasised the importance of continued monitoring of contractual and financial developments at national level, and the need for clear escalation routes to the Board where changes may affect service resilience. Given the degree of uncertainty around national policy direction for initiatives such as the Primary Care Improvement Programme, recruitment challenges and the dependency of the wider system on contractor capacity, the Committee agreed **Moderate Assurance**, recognising that while mitigations are in place, the risk environment for independent contractors remains volatile. The committee also welcomed the risk being rewritten to more accurately match the current landscape and spectrum of independent contractor services.

2.3.13 The CGC received the Adverse Event Annual Overview Report. A total of 3,325 events were recorded from May to October 2025, with major and extreme events remaining within normal limits. Falls and pressure area care remain a key priority area for the local patient safety and excellence in care programme. The committee were appraised of the new national framework requirements and some of the resource constraints which will make it difficult to deliver on the performance aspirations set out in the report without additional board investment in this area. There will be a need for more involvement from frontline clinicians. Work continues to align processes with the revised national framework and strengthen governance around recommendation. The Committee took **Moderate Assurance**.

#### 2.3.14 Patient Safety and Care Assurance

#### 2.3.15 Deteriorating Patient

Figure 1 demonstrates normal variation in Cardiac Arrests (CA) at BGH. There were seven confirmed cardiac arrests in 2025. Each cardiac arrest is reviewed to assess any

learning and the deteriorating patient group and resuscitation committee review this learning to enable any learning to be applied within local systems and processes for the recognition and response to the deteriorating patient:

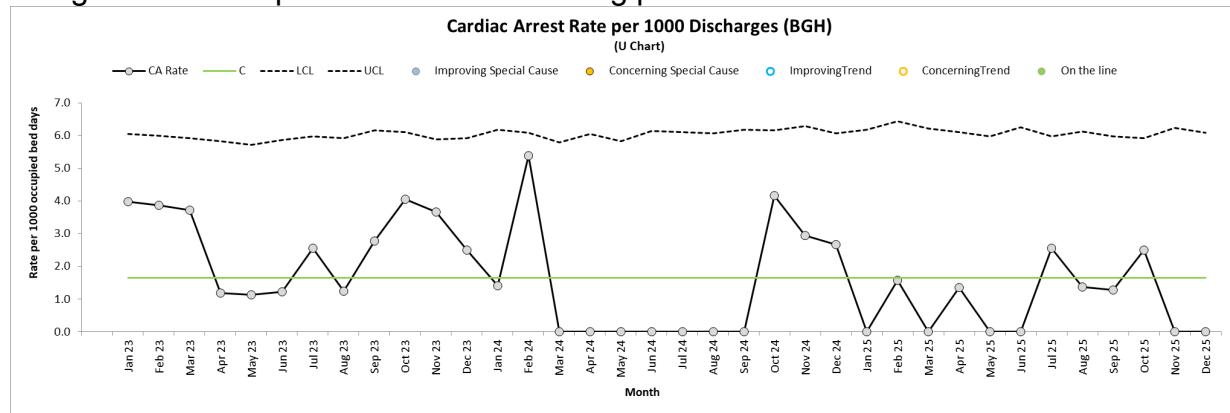


Figure 1

### 2.3.16 Falls

Figures 2 and 3 detail falls and falls with harm across NHS Borders showing normal variation:

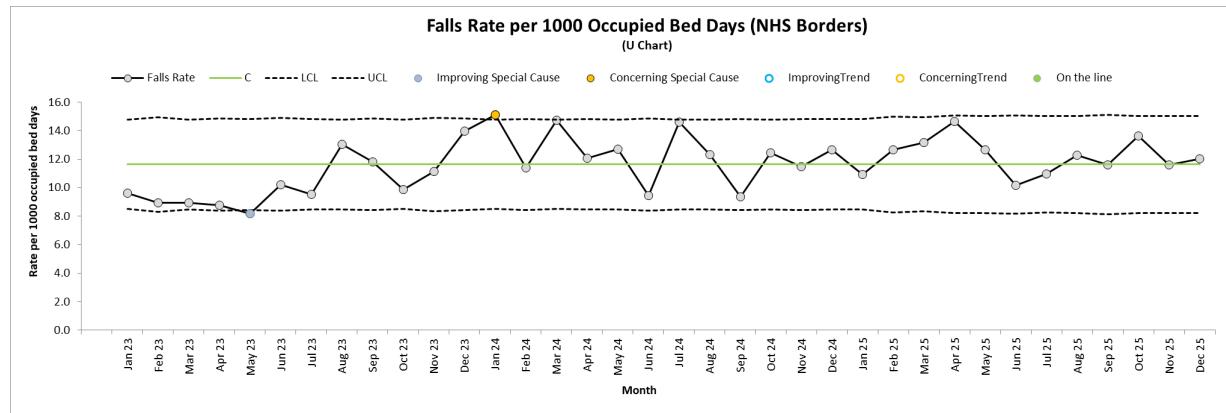


Figure 2

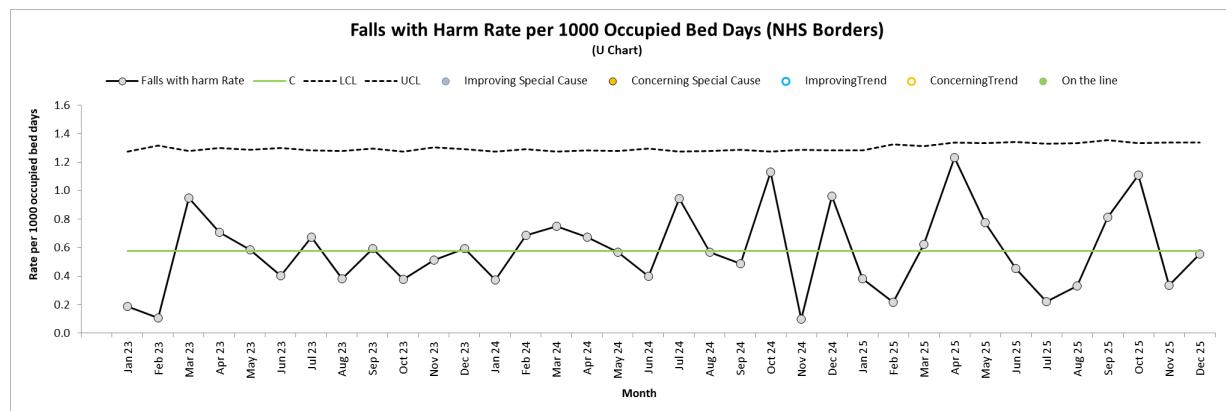


Figure 3

2.3.17 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. NHS Borders Fall Review Tool has been revised in November 2025. The updated tool aims to support more consistent and thorough post-fall reviews, enhancing opportunities for learning and improvement.

### 2.3.18 Pressure Damage

Figure 4 indicates normal variation in developed pressure damage across NHS Borders:

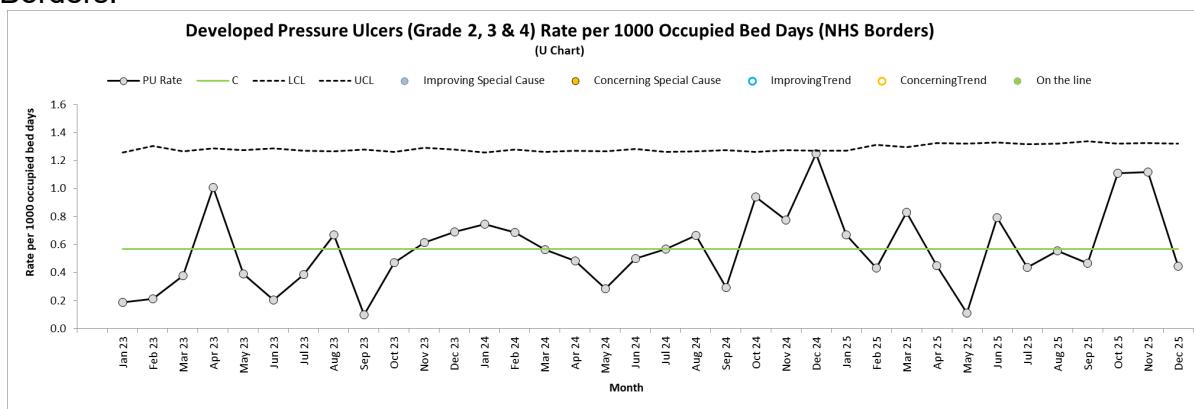


Figure 4

2.3.19 All reported developed pressure damage have had a Category 1 Level 2 Pressure Ulcer Investigation Tool (PUIT) completed. The Patient Safety Team is working with the Tissue Viability Steering Group to amend the Pressure Ulcer Investigation Tool for both acute and primary care settings. The proposed change will align the tool with other review templates by incorporating the Review Outcome Grading system, replacing the current binary classification of “Avoidable” or “Unavoidable.” This alignment will improve consistency in reporting. The amendment has been agreed for the acute setting, and we are awaiting final feedback from District Nursing Teams to support implementation within primary care.

### 2.3.20 Care Assurance

To support the sustainability and spread of the NHS Borders Care Assurance Delivery Programme across all services, a dedicated subgroup has been established, comprising NMAHP Senior Leadership members. This group will develop a process to provide assurance that routine Care Assurance Visits (CAVs) are being conducted and will oversee the next phase of programme implementation.

2.3.21 The fourth Quality of Care (QoC) review was undertaken in Ward 4 on 20 November 2025. The final report is available and has been shared with key stakeholders. A learning and improvement action plan has been developed which will be monitored through the acute clinical governance board.

2.3.22 The second Acute Care Assurance Quarterly Forum is scheduled for 14 January 2026 providing an opportunity to share learning between departments.

### 2.3.23 Patient Experience

### 2.3.24 Care Opinion

For the period 1 April 2025 to 31 December 2025 144 new stories were posted about NHS Borders on Care Opinion. Figures 5 and 6 below show the number of stories told in that period and their criticality. As of 7 January 2026, these stories had been viewed 17,847 times:

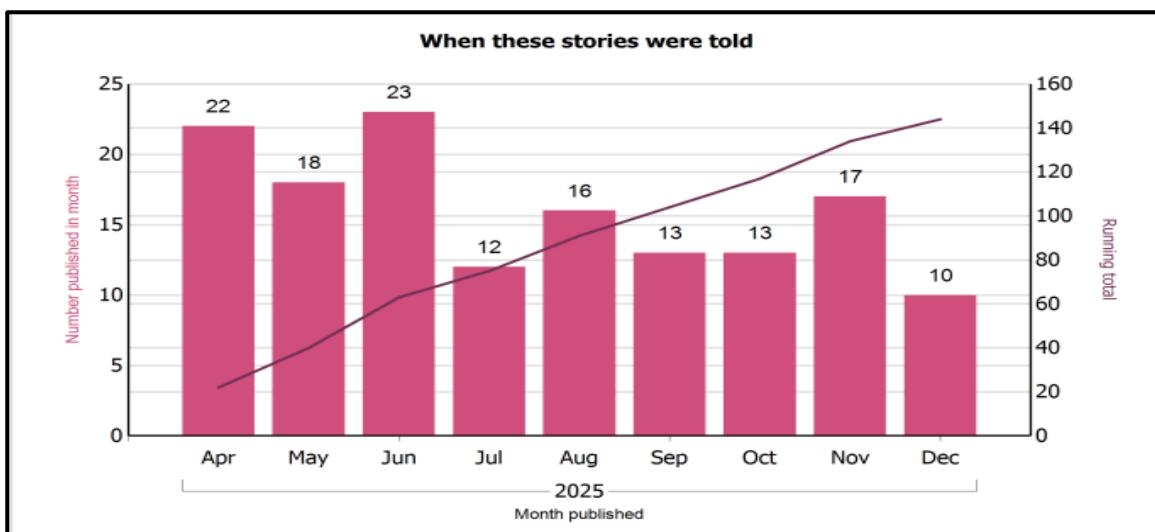


Figure 5

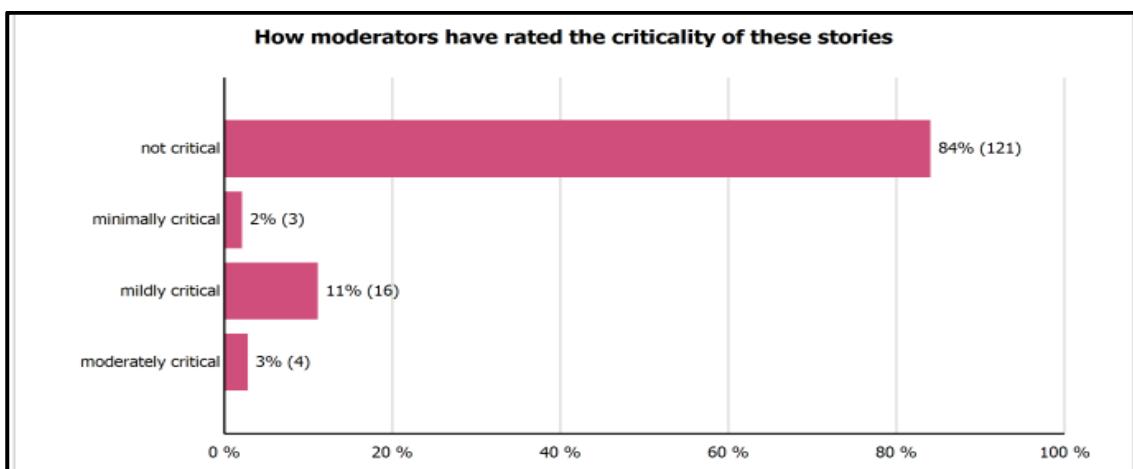


Figure 6

2.3.25 The word cloud displayed in Figure 7 summarises 'What Was Good' as detailed in Care Opinion posts for this period:



Figure 7

2.3.26 The words shown in the largest font within the word visualisation represent the feedback most frequently used by service users to describe positive experiences in their care. The top ten most frequently used words are listed below:

**Staff, Care, Friendly, Midwives, Professional, Kindness, Reassuring, Communication, Doctors, Nurses**

2.3.27 The word cloud displayed in Figure 8 summarises 'What Could Be Improved' as detailed in Care Opinion posts for this period:



Figure 8

2.3.28 The words shown in the largest font within the word visualisation represent the feedback most frequently used by service users to convey negative experiences in their care. The top ten most frequently used words are listed below:

## Communication, Information, Not Being Listened To, More Staff, Staff Attitude, Breastfeeding Support, Waiting Time, Facilities, Bedside Manner, Compassion

2.3.29 Figure 9 shows the number of formal complaints received by month from December 2020 to December 2025:

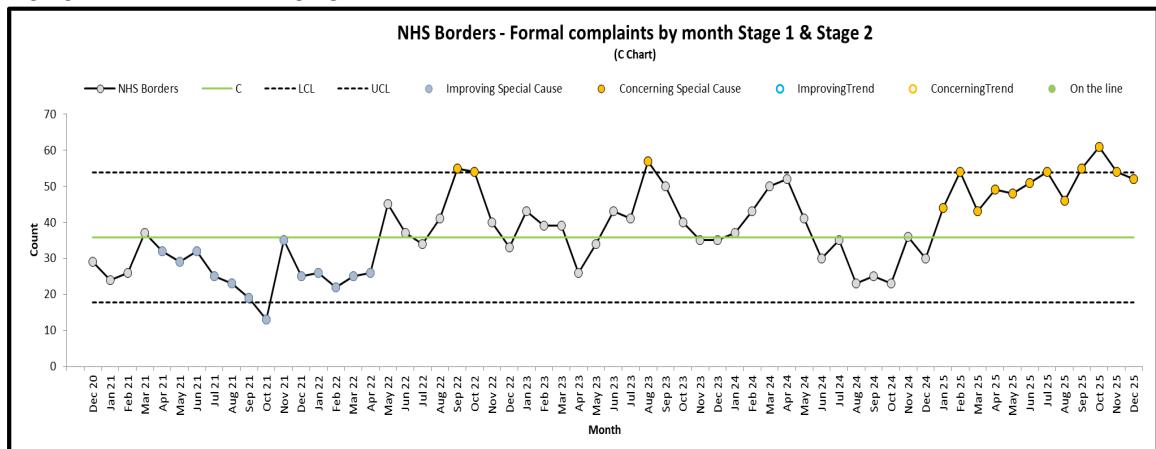


Figure 9

2.3.30 NHS Borders continue to see a rise in patient feedback activity with demand continuing to outstrip the capacity of the Patient Experience Team (PET) to enable the delivery of responses within 20 working days. The current average response time is around 40 days.

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 10 shows complaint referrals to the SPSO from December 2020 to December 2025:

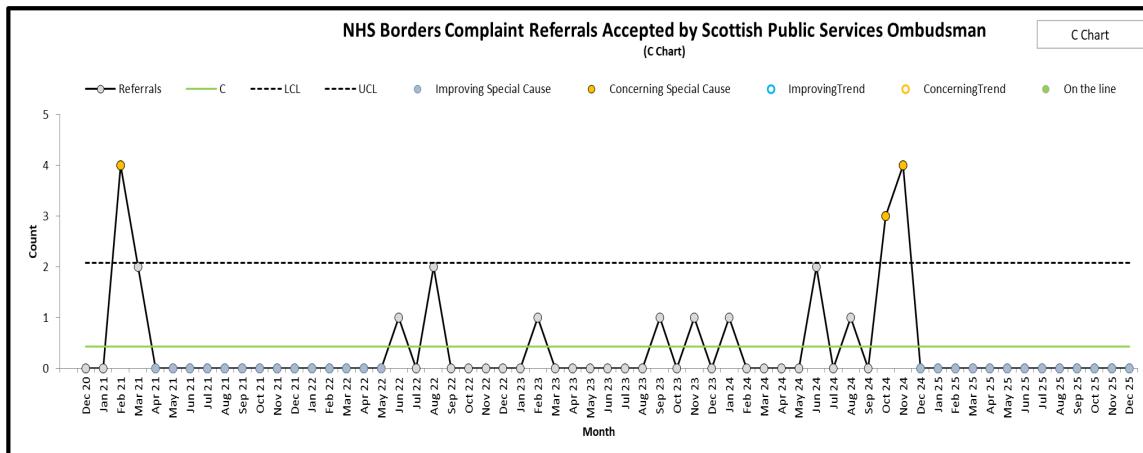


Figure 10

2.3.32 The following decisions and recommendations were received by the SPSO between 1 April 2025 and 31 December 2025 for cases investigated by them in relation to complaints made to NHS Borders:

SPSO Case Reference	Status
202506887	The Boards response to the complaint was considered reasonable, so no further action - Closed
202501506	The Boards response to the complaint was considered reasonable, so no further action - Closed
202502538	The Boards response to the complaint was considered reasonable, so no further action - Closed
202311156	Review by SPSO ongoing
202504939	
202409713	
202504305	
202410721	

### 2.3.33 COVID Inquiries

NHS Borders continues to participate in the Scottish Covid-19 Inquiry along with all other Boards in NHS Scotland. The Inquiry's preliminary hearing will now take place on 10 March 2026. The preliminary hearing will provide further information about the Inquiry's investigations into implementation and decision-making during the pandemic in Scotland.

2.3.34 Hearings are available on the Scottish Covid-19 Inquiry's YouTube channel: <https://www.youtube.com/@covidinquiryesco>.

2.3.35 NHS Borders also participates in the UK Covid-19 Inquiry along with all other Boards in NHS Scotland. The hearings for the Inquiry's Module 9 investigation into the economic

response to the pandemic concluded in December 2025. Public hearings for the Inquiry's final investigation, Module 10 (impact on society), will commence on 16 February 2025.

2.3.36 Hearings are live streamed on the UK Inquiry's website ([UK Covid-19 Inquiry](#)) and also through the UK Inquiry's You Tube channel using the following link [our YouTube channel \(opens in new tab\)](#). All live streams are available to watch later.

#### **2.3.37 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.

#### **2.3.38 Workforce**

Service and activities are being provided within agreed resources and staffing parameters, with additional resources being deployed to support the recovery of waiting times and urgent and unscheduled flow across health and social care. Key workforce pressures have required the use of bank, agency and locum staff groups and further exploration of extended roles for the multi-disciplinary team. Mutual aid has also been explored for a few critical specialties where workforce constraints are beyond those manageable locally. There has been some progress locally in reducing gaps in the registered nursing workforce and positive levels of international recruitment but this will continue to be a risk that requires active management over the next 5 years due to availability of nurses to meet demand across the UK. There continues to be an outstanding response from staff in their effort to sustain and continually improve local services. Whilst many services have recovered there are still a number of services which continue to feel the strain of workforce challenges and this needs to remain an area of constant focus for the Board.

#### **2.3.39 Financial**

Service and activities are being provided within agreed resources and staffing parameters, with additional resources being deployed to support the recovery of waiting times and urgent and unscheduled flow across health and social care. As outlined in the report the requirement to step down services to prioritise urgent and emergency care has introduced waiting times within a range of services which will require a prolonged recovery plan. This pressure is likely to be compounding by the growing financial pressure across NHS Scotland.

#### **2.3.40 Risk Assessment/Management**

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

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

An equality impact assessment has not been undertaken for the purposes of this awareness report.

#### **2.3.42 Climate Change**

No additional points to note.

#### 2.3.43 Other impacts

No additional points to note.

#### 2.3.44 Communication, involvement, engagement and consultation

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

#### 2.3.45 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 and consider an overall level of **moderate assurance** based on the mixed assurance levels agreed by the Board Clinical Governance Committee.

### 3 Glossary

BGH	Borders General Hospital
CA	Cardiac Arrest
CAMHS	Child and Adolescent Mental Health Services
CAV	Care Assurance Visits
CGC	Clinical Governance Committee
DCAQ	Demand Capacity Activity Queue
IJB	Integrated Joint Board
MAT	Medication Assisted Treatment
PCS	Primary and Community Services
PET	Patient Experience Team
PUIT	Pressure Ulcer Investigation Tool
QoC	Quality of Care
SPSO	Scottish Public Services Ombudsman

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>5 February 2026</b>
<b>Title:</b>	<b>Infection Prevention and Control</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Director of Nursing, Midwifery &amp; AHPs</b>
<b>Report Author:</b>	<b>Infection Control Manager</b>

## 1 Purpose

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

- Discussion

**This report relates to a:**

- Government policy/directive

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

- Safe

## 2 Report summary

### 2.1 Situation

This report provides an overview for NHS Borders Board of infection prevention and control with particular reference to the incidence of Healthcare Associated Infections (HAI) against Scottish Government targets.

### 2.2 Background

The 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 Executive Summary

### 2.0 Outcome Measures. Infection Surveillance

- 2.1 *Clostridioides difficile* infection (CDI)
- 2.2 *Escherichia coli* bacteraemia (ECB)
- 2.3 *Staphylococcus aureus* Bacteraemia (SAB)
- 2.4 Surgical Site Infection surveillance
- 2.5 National Death data

### 3.0 Process Measures

- 3.1 Hand hygiene
- 3.2 Cleaning standards
- 3.3 Audit
- 3.4 Care Home Visits
- 3.5 HAI risk – admission screening
- 3.6 Mandatory training
- 3.7 Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI-SCRIBE)

### 4.0 Outbreaks and Incidents

- 4.1 Adverse Events
- 4.2 Outbreaks

### 5.0 Quality improvement

- 5.1 Prevention of Catheter Associated Urinary Tract Infection (CAUTI)
- 5.2 Hand hygiene

### 6.0 Horizon scanning

### 7.0 National Guidance/Learning

- 7.1 Policy/Guidance updates
- 7.2 HIS reports

## 1.0 Executive Summary

- 1.1 Infection prevention and control performance for November 2025 remains broadly stable across NHS Borders. *Clostridioides difficile* (CDI) incidence shows no significant change and remains on track to meet the 2025/26 national standard. In contrast, *Escherichia coli* bacteraemia (ECB) and *Staphylococcus aureus* bacteraemia (SAB) rates show no statistical improvement and are not currently projected to meet national targets, with urinary catheters continuing to be the primary contributing factor.
- 1.2 Hand hygiene compliance for October was 72%, with targeted improvement support in place for identified wards. Cleaning standards remain above national thresholds in most areas, and internal audits report generally strong PPE and waste management practice, alongside recurring issues relating to equipment cleanliness and use of temporary closures on sharps bins.
- 1.3 Three outbreaks (Covid-19 and Flu) occurred during the reporting period. Adverse events remain low in severity.
- 1.4 Key Quality Improvement priorities include Catheter Associated Urinary Tracy Infection (CAUTI) prevention, improved hand hygiene performance, and assurance of infection risk management across estates projects.
- 1.5 Overall, the report recommends **moderate assurance** that systems and processes for infection prevention and control remain effective, with targeted actions in place to address areas of underperformance.
- 1.6 To reduce the administrative resource associated with compiling these regular update reports, all graphs and tables referenced in the report are provided in **Appendix A**. This saves significant time associated with resizing and positioning graphs and tables around text. This also enables the number of graphs per page to be optimised whilst ensuring each is easy to read.

## 2.0 Outcome Measures - Infection Surveillance

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

- There has not been any statistically significant change in healthcare associated (HAI) CDI cases since the last report (**Figure 1**)
- NHS Borders is on trajectory to meet the new Scottish Government HAI CDI standard for 2025/26 (**Figure 2**)
- 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**)

Graphs, tables, background information and explanation is provided in **Appendix A, B and C**

### 2.2 *Escherichia coli* bacteraemia (ECB) - Key Messages

- There has not been any statistically significant change in the number of HAI ECB cases since the last report (**Figure 3**)
- NHS Borders is not on trajectory to meet the new HAI ECB standard for 2025/26 (**Figure 4**)
- Urinary catheters are the primary cause of ECB infections (**Figure 5**)
- 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**)

Graphs, tables, background information and explanation is provided in **Appendix A, B and C**

## 2.3 *Staphylococcus aureus* Bacteraemia (SAB) - Key Messages

- There has not been any statistically significant change in the number of HAI SAB cases since the last report (**Figure 6**)
- NHS Borders is not on target to achieve the new HAI SAB standard in 2025/26 (**Figure 7**)
- The main known recent causes of healthcare associated SAB cases were skin / soft tissue and urinary catheters (**Figure 8**)
- 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 3.5**)

Graphs, tables, background information and explanation is provided in **Appendix A, B and C**

## 2.4 Surgical Site Infection (SSI) Surveillance

- The Scottish Government paused the requirement for mandatory surgical site infection (SSI) surveillance on the 25th of March 2020. There has been no indication of a potential date for re-starting national SSI surveillance.
- Up to date SSI surveillance is not currently available whilst reviews of historic cases are progressing. The table below summarises the outcome of a recent deep-dive into the 2024 knee and hip arthroplasty SSI cases. A meeting is scheduled in January 2026 to commence a deep-dive review of suspected SSI cases in 2025.
- A recurring risk factor identified in 4 of the SSI cases was poor patient compliance with post-surgical wound advice. The reviews also identified learning with a recurring theme being a delay in community services seeking specialist orthopaedic advice post-surgery. This will be discussed at the next meeting of the Infection Control Committee.

Summary of Surgical Site Infection (SSI) cases - using ARHAI definitions				
January - December 2024				
Procedure		Total ops	Total SSIs	SSI Rate
Hip arthroplasty	Elective	96	3	3.13%
	Emergency	80	4	5.00%
Knee arthroplasty	Elective	147	2	1.36%
	Emergency	0	0	0.00%

## 2.5 National Records of Scotland Death Data

- National Records of Scotland (NRS) produce weekly death data reports which are reviewed and collated monthly
- The Scottish Government requires regular reporting of NRS death data for *C. difficile* and MRSA to the Infection Control Manager ([SGHD/CMO 2011/13](#))
- **Figure 9** shows the number of deaths per month where *C. difficile*, *E. coli* or *S. aureus* (including MRSA) was noted on the death certificate and the person's primary place of residence at time of death was within the Scottish Borders. This data is based on specific codes in the data to indicate these infections. The graph should be interpreted with caution due to variation in the recording of infection on death certificates by doctors and the potential for human error in subsequent coding attributed to the narrative on the certificate.

## 3.0 Process Measures

### 3.1 Hand Hygiene – Key Messages

- In October 2025, overall hand hygiene compliance was 72% (**Figure 10**)
- Nursing compliance was 68% (**Figure 11**), Medical compliance was 72% (**Figure 12**)
- Additional Quality Improvement support has been offered to specific wards following the audit.
- Hand hygiene audits are being repeated in January 2026

### 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%
- **Figure 15** shows all areas except two achieving above 90% in November
- In **Figure 15** 'Domestic' reporting refers to the environmental cleanliness of surfaces cleaned by domestics. 'Estates' reporting refers to issues with the fabric of the building which impede effective cleaning

- 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 16**)

### 3.3 Audit – Key Messages

- With one exception, all management actions in response to the 2024 infection control internal audit report have been completed (**Figure 17**). The outstanding action due for completion 31/12/2025 is to develop and implement standardised cleaning documentation in inpatient areas in BGH. This action has been largely completed with just two areas remaining to implement the documentation. Both of these areas are on target to implement the documentation by 31/01/2026.
- Between October and November 2025, 9 full audits were completed across NHS Borders with 8 areas achieving a ‘Green’ status and 1 area an ‘Amber’ status
- Between October and November, 17 spot checks were completed resulting in 2 areas achieving an ‘Amber’ status 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

- Good PPE practice
- Hand gel dispensers clean and working
- Waste managed correctly

#### Recurring themes of poor practice

- Single patient use items in communal items
- Dirty commodes
- Temporary closures on sharps bins not in use

- 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
- New cleaning documentation has been implemented in most inpatient areas in BGH. Spread to other areas will progress in 2026
- Themes from spot checks and audits are used to inform content of staff education delivered by the Infection Prevention and Control Team
- The timeframe for revisiting an area is determined by the ‘RAG’ (Red, Amber, Green) status.

### 3.4 Care Home visits

- The Infection Prevention and Control Team provide support to care homes in the Scottish Borders. A care home audit tool is used to ensure consistency in approach and to support an objective assessment with a 'Red', 'Amber' or 'Green' (RAG) status to inform further action.
- In October & November, 4 care homes were visited with two scoring 'Amber' and two scoring 'Green'.

### 3.5 HAI Risk – Inpatient Admission Screening

- MRSA screening of adult inpatients (excluding Maternity and Mental Health services) is mandatory in Scotland (DL 2019 23)
- MRSA admission screening compliance is monitored monthly for the four main admitting wards within BGH. Compliance in December 2025 was 91% (**Figure 16**)
- Carbapenemase-producing enterobacteriaceae (CPE) inpatient screening is mandatory in Scotland (DL 2019 23)
- CPE admission screening compliance is monitored monthly for the four main admitting wards within BGH. Compliance in December 2025 was 88% (**Figure 17**)
- Monthly compliance reports are fed back to the Senior Charge Nurse and Clinical Nurse Manager for the relevant wards

Graphs, tables, background information and explanation is provided in **Appendix A, B and C**

### 3.6 Mandatory Training

- On 1<sup>st</sup> December 2025, NHS Borders overall staff training compliance was:
  - Infection Control – Core Mandatory E-Learning Module (all substantive staff) 88.5%
- NES Hand Hygiene – Role Mandatory E-Learning Module (all relevant substantive staff) 36.13%. This is an increase of 2.38% since last report.

### 3.7 Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI-SCRIBE)

- NHS Borders follows national guidance ([SHFN 30](#)) to control the risks associated with building works. The process requires a risk assessment to guide proportionate control measures. The risk assessment considers the type of works being undertaken (**Figure 18**) and the risk to patients (**Figure 19**) to determine the class of precautions to be implemented (**Figure 20**).
- HAI-SCRIBE applies to all relevant stages of each project with detailed steps to consider risks associated with the planned location, design and specification along with the infection risks arising from the building works:
  - Stage 1: Initial brief and proposed site for development
  - Stage 2: Design and planning
  - Stage 3: Construction and refurbishment work
  - Stage 4: Review of completed project
- The Infection Prevention and Control Team are currently supporting the following live Estates projects:

Estates Project	Estates Activity	Patient Risk	Classification of Precautions
BGH Bus stop	Type 3	Highest	Class III / IV
RAAC assessment / mitigation (Kelso)	Type 3	High	Class III / IV
RAAC assessment / mitigation (Duns)	Type 3	High	Class III / IV
Laboratories reconfiguration for replacement equipment (BGH)	Type 3	High	Class III / IV
Aseptic suite, BGH	Type 3	High	Class III / IV
Flooring replacement (Hawick)	Type 3	High	Class III / IV
BMC - water system	Type 4	High	Class III / IV
Flooring replacement (Labour)	Type 2	High	Class II
Flooring replacement (SCBU)	Type 2	Highest	Class III / IV
Lift refurbishment / replacement (BGH)	Type 2	Highest	Class III / IV
Flooring replacement (Radiology)	Type 2	High	Class II

## 4.0 Adverse Events / Outbreaks / Incidents

### 4.1 Adverse Events

- The Infection Prevention and Control Team reviews all infection control incidents reported via InPhase and provide topic specialist advice when appropriate
- **Figure 21** shows Infection Control events during the period July – September 2025. During this period, there were 11 minor incidents and 4 classed as negligible

### 4.2 Outbreaks – Key Messages

- Since the last update, there have been 3 closures in NHS Borders. Detail of each closure is reported under **Figure 22**.

## 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. A Task and Finish Group has been established 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
- The Task and Finish Group has developed a urinary catheter insertion sticker, maintenance bundle and discharge checklist. Testing this new documentation commenced on a ward in BGH 15/12/2025.

## 5.2 Hand Hygiene

3 wards are currently receiving Quality Improvement support with hand hygiene practice and have implemented the following change ideas:

- Awareness & Accessibility - Improve visibility of hand hygiene reminders, access to personal hand rub bottles and wall mounted dispensers
- Feedback & real-time engagement - More frequent audits with real time feedback to nurse in charge
- Reinforcement & Visibility - Frequent audits with education

Next steps:

- Targeted education on application of WHO 5 moments of hand hygiene
- Improve content and visibility of compliance feedback posters for staff
- Continue immediate feedback during hand hygiene compliance observations

## 6.0 Horizon Scanning

- On 10/11/2025 The Scottish Government wrote to all Boards (CMO 2025 20) alerting early and unusually high influenza activity
  - Updated respiratory guidance and a flow diagram to support patient flow was distributed to all wards
  - Since the alert, influenza rates across Scotland including the Scottish Borders have reduced

## 7.0 National Guidance/Learning

### 7.1 Policy/guidance updates

[Notes for Boards Isolation Room Design and Patient Placement](#)

### 7.2 Healthcare Improvement Scotland (HIS) Report Findings for noting

[Royal Edinburgh Hospital Mental Health Services safe delivery of care inspection](#)

### **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 resource implications.

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

All risks are highlighted within the paper.

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

This is an update paper, so a full impact assessment is not required.

### **2.3.6 Climate Change**

None identified

### **2.3.7 Other impacts**

None identified

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

This is a regular update as required by SGHD and has not been subject to any prior consultation or engagement although much of the data is included in the monthly infection control reports which are 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:

- **Moderate Assurance**

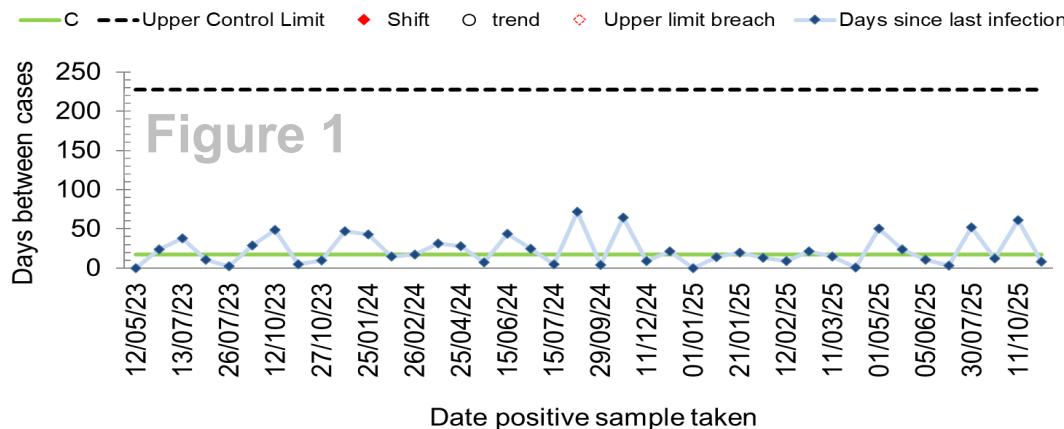
### 3 List of appendices

The following appendices are included with this report:

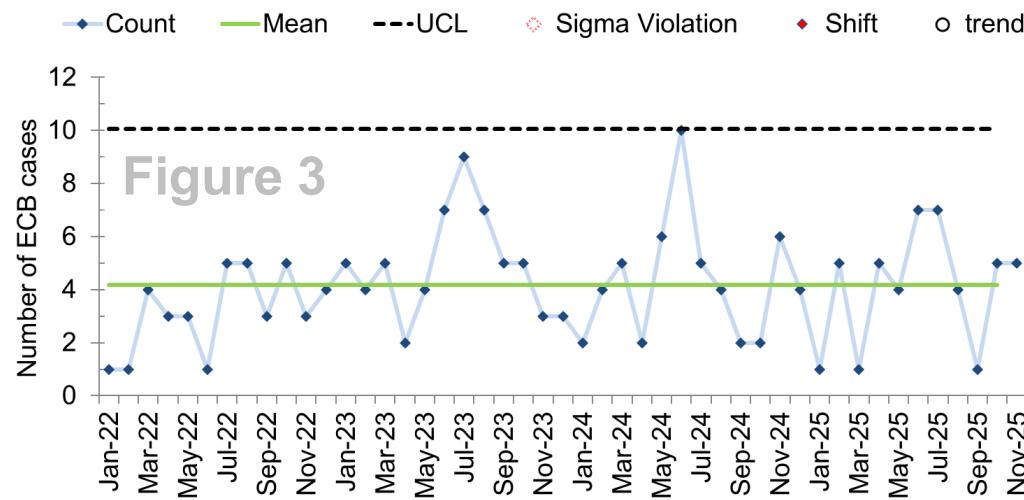
- Appendix A, Graphs and Tables
- Appendix B, Background Explanation
- Appendix C, Graphs and Data Explanation

**Appendix A**

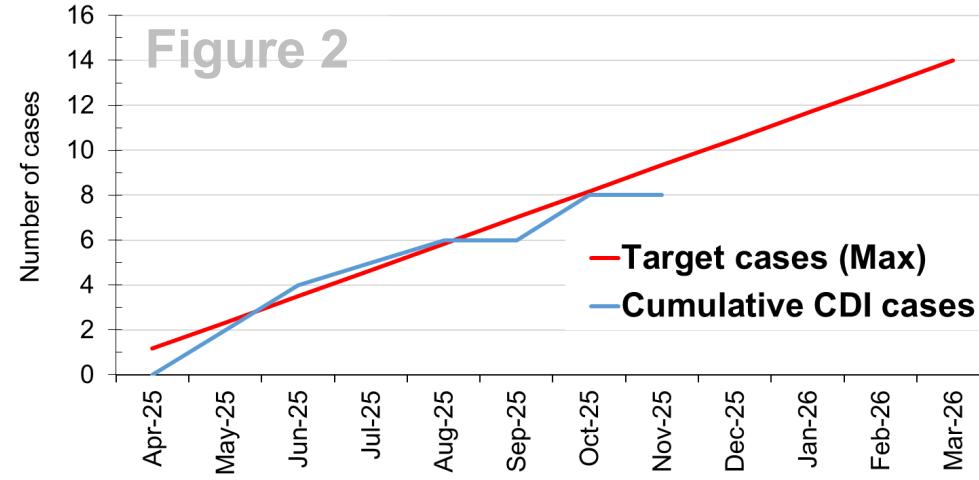
NHS Borders, days between healthcare associated CDI cases (G Chart). May 2023 - November 2025



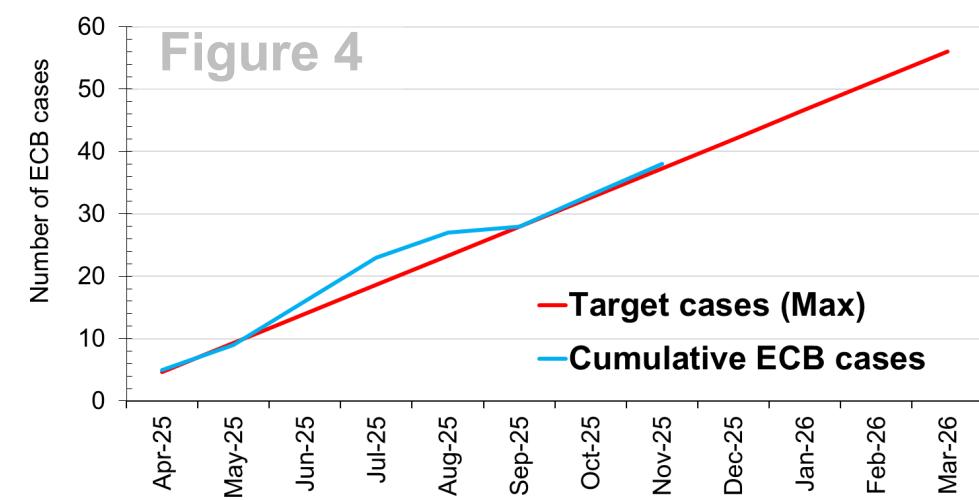
NHS Borders healthcare associated ECB cases per month (C Chart). March 2022 - November 2025



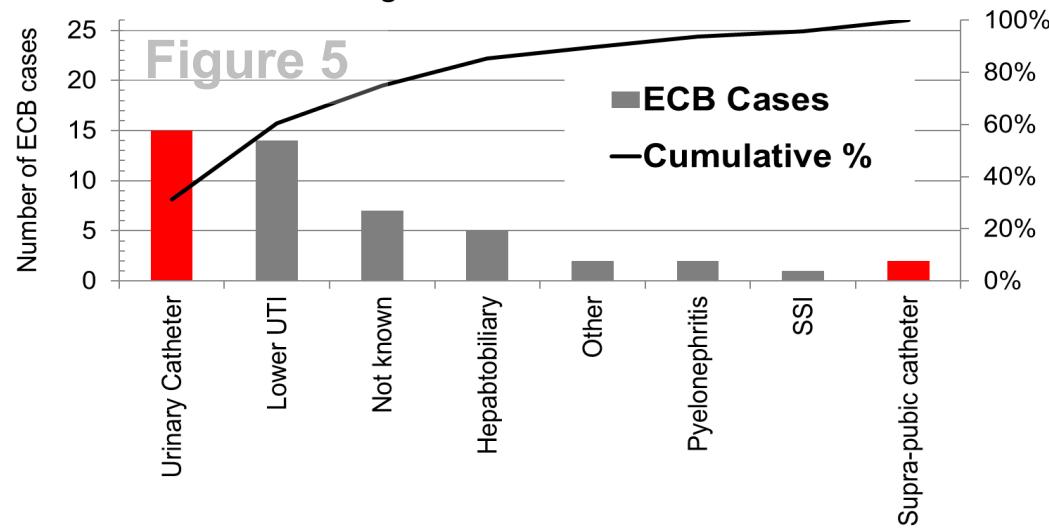
NHS Borders cumulative healthcare associated CDI cases Vs Scottish Government target trajectory (April 2025 - March 2026)



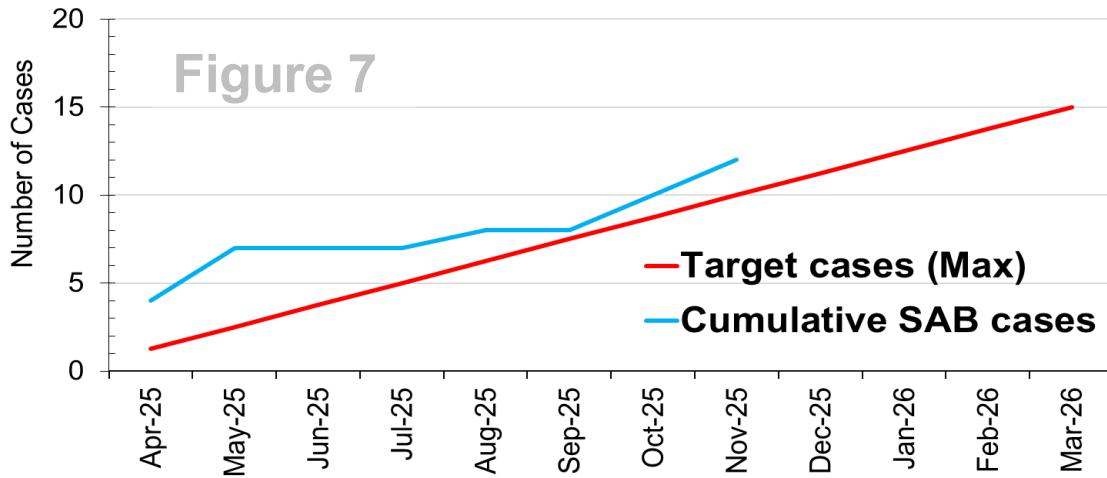
NHS Borders cumulative healthcare associated ECB cases Vs Scottish Government target trajectory (April 2025 - March 2026)



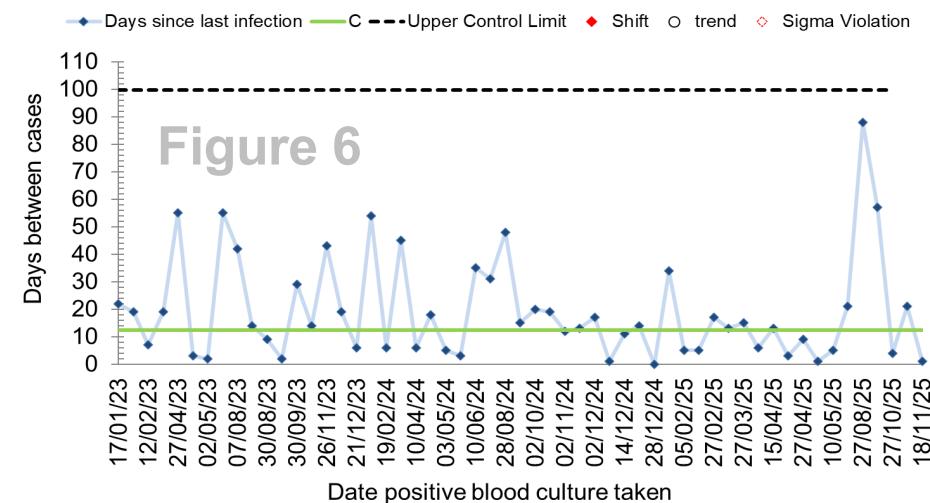
Pareto Chart of healthcare associated ECB cases by source of infection - rolling 12 months Dec 2024 - Nov 2025



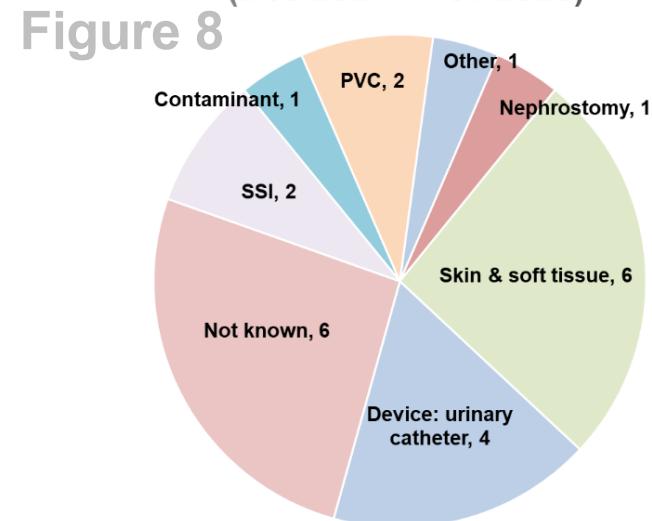
NHS Borders cumulative healthcare associated SAB cases Vs Scottish Government target trajectory (April 2025 - March 2026)



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

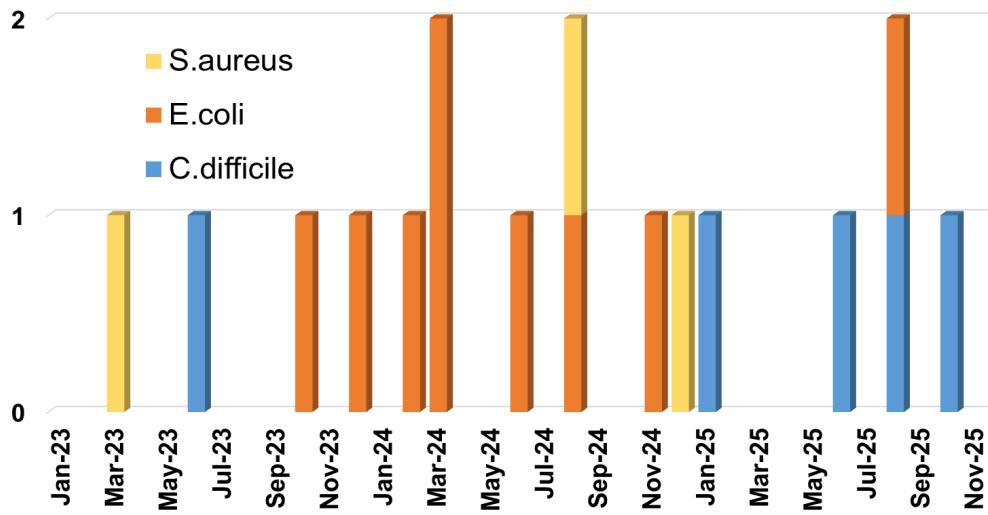


Healthcare Associated SAB cases by source (Dec 2024 - Nov 2025)

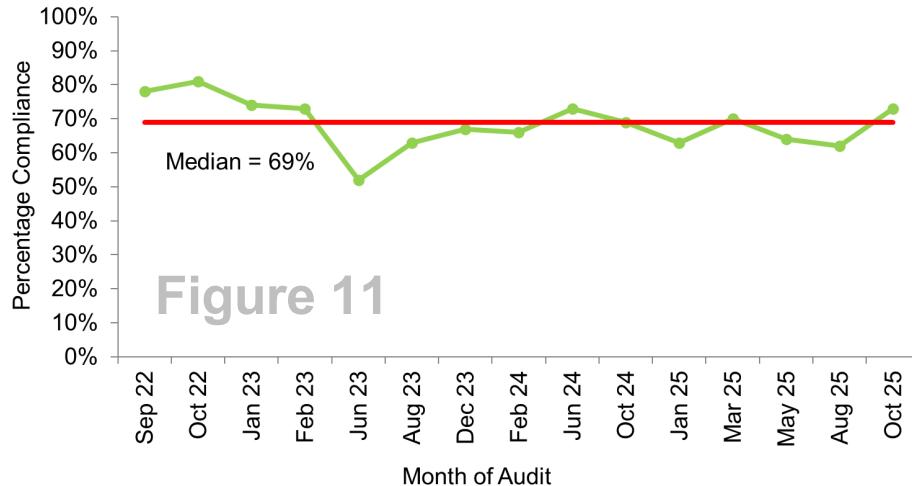


**Figure 9**

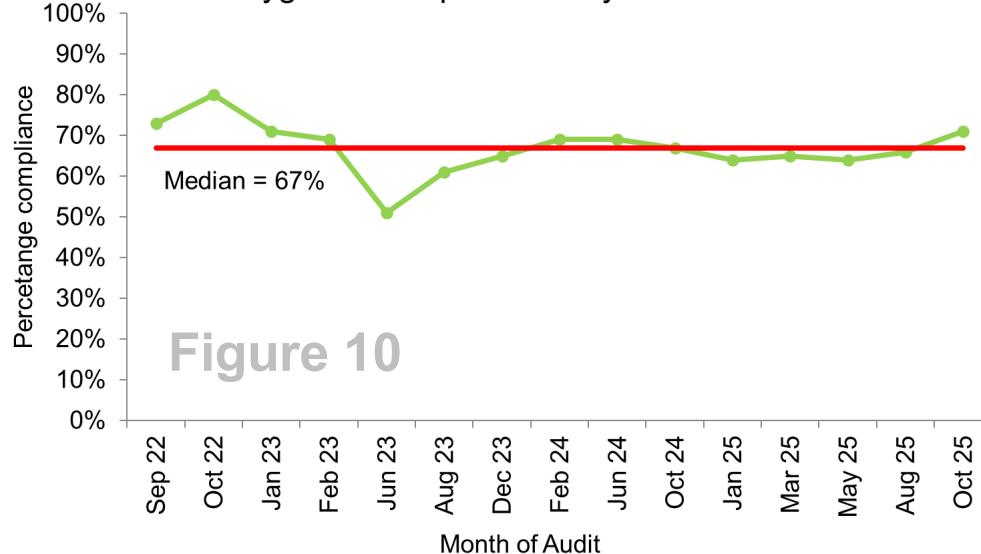
**National Records of Scotland NHS Borders Death Data**  
deaths by organism reported on death certificate  
(January 23 - November 25)



**Nursing Staff**  
Hand Hygiene Compliance May 22 - Oct 25

**Figure 11**

**All staff groups**  
Hand Hygiene Compliance May 2022 - Oct 2025

**Figure 10**

**Medical Staff**  
Hand Hygiene Compliance May 22 - Oct 25

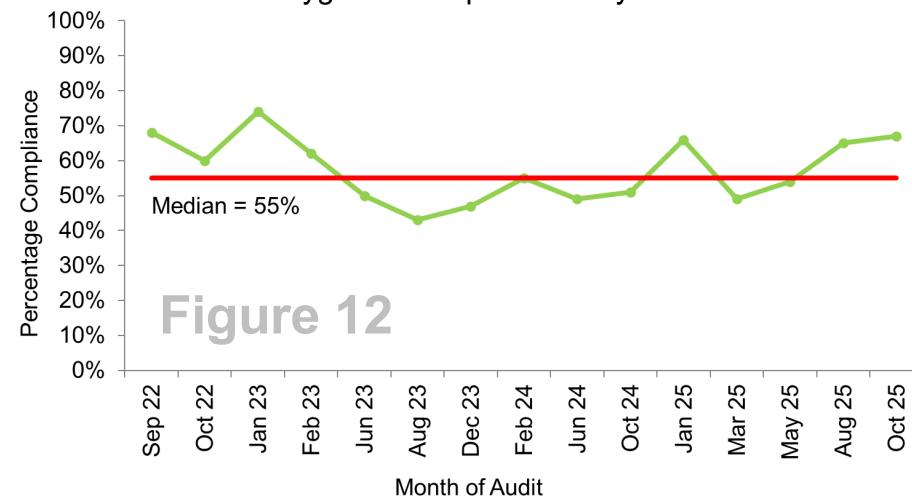
**Figure 12**

Figure 13

Ward	2025					
	Sep		Oct		Nov	
	Domestic	Estates	Domestic	Estates	Domestic	Estates
Ward 4	96.0	96.7	95.4	99.6	93.3	95.0
Ward 5	92.2	93.0	97.2	94.5	93.8	100.0
Medical Assessment Unit	93.0	96.1	94.8	93.8	93.1	98.1
DME14	96.5	99.3	96.4	100.0	94.8	100.0
Emergency Department	93.4	96.6	86.6	90.0	89.6	96.8
MKU	95.7	98.4	96.2	97.6	96.8	93.9
BSU	97.1	97.5	98.2	100.0	95.8	100.0
Renal Dialysis	97.5	100.0	98.0	100.0	96.2	100.0
Ward 7	94.7	94.9	97.1	100.0	83.6	97.4
Ward 9	92.7	100.0	95.5	100.0	94.2	100.0
ITU	96.4	97.1	96.0	95.3	98.8	99.3
DPU	96.7	100.0	96.3	93.2	96.9	95.5
Ward 17	95.4	100.0	93.3	100.0	96.1	100.0
Borders Macmillan Centre	93.6	100.0	97.4	99.5	95.7	94.2
Theatre	95.5	100.0	90.6	97.9	96.1	100.0
Endoscopy	95.0	94.8	96.2	95.6	95.5	94.8
Ward 15	96.9	97.5	96.8	96.9	92.8	92.4
Ward 16	93.0	99.3	95.0	96.8	94.0	96.7
Labour/SCBU	94.9	100.0	93.8	100.0	93.8	90.5
	Estates		Domestic		Estates	
Haylodge Hospital (Ward 1)	99.4					
Hawick Hospital (Ground Floor Ward Area)			96.4		100.0	
Kelso Hospital (Ward 2)			93.7		99.3	
Knoll Hospital (Ward Area)						
East Brig (Galavale)	97.3		98.0		95.9	
Huntlyburn Ground Floor Ward	95.0		97.0		94.6	
Borders Specialist Care Dementia Unit						
Cauldshiel	100.0		96.3		100.0	
	Estates		Domestic		Estates	
New OPD	98.3		91.5		100.0	
BUCC	100.0					
OPD First Floor			87.9		100.0	
Eye Centre	100.0					
Coldstream Dental Unit	100.0					
Hawick Dental Unit	100.0					

NHS Borders Cleaning Compliance Vs NHS Scotland 2021 - 2025 by Quarter

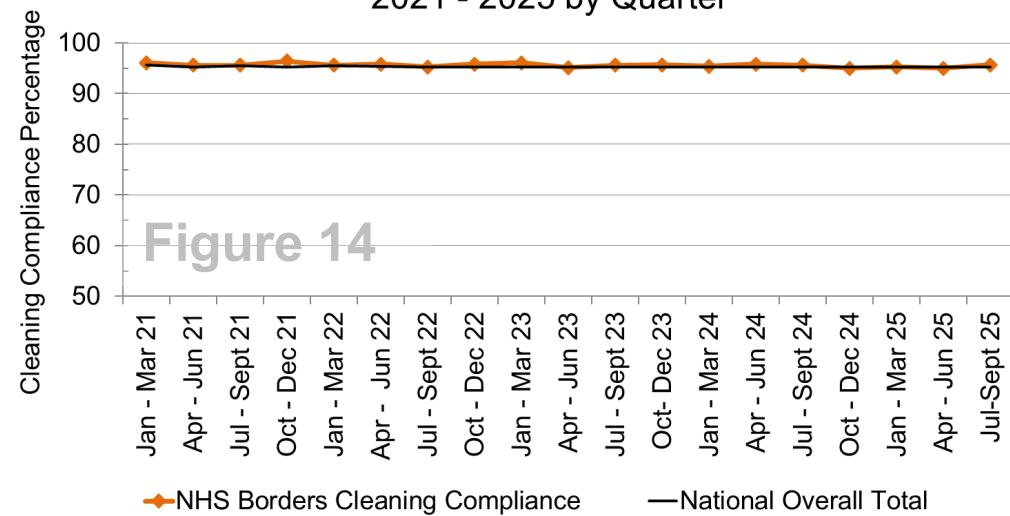


Figure 14

## Figure 15

### 2024 Internal Audit - Infection Prevention & Control Action

Progress as at 30/12/2025

	Status	
<b>Develop and implement standardised cleaning documentation for patient equipment in inpatient areas.</b>		
1 Responsible Officer: Clinical Nurse Managers Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/12/2025	In progress	
<b>Review IPCT audit tool to include assessment of compliance with completion of cleaning records.</b>		
2 Responsible Officer: Infection Control Manager Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/03/2025	Complete	
<b>Include IPC audit programme in annual Infection Control Workplan.</b>		
3 Responsible Officer: Infection Control Manager Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/03/2025	Complete	
<b>Implement daily IPC review across inpatient wards using the Rapid Assessment Tool Review.</b>		
4 Responsible Officer: Clinical Nurse Managers Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/03/2025	Complete	
<b>Clinical Nurse Managers to routinely review completion of Rapid Assessment Tool and improvement activity to address issues.</b>		
5 Responsible Officer: Clinical Nurse Managers Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/05/2025	Complete	
<b>Update Hospital Safety Brief script to include Facilities issues.</b>		
6 Responsible Officer: Quality Improvement Facilitator Executive Lead: Interim Director of Acute Services Due Date: 31/12/2024	Complete	
<b>Senior Charge Nurses to formalise communication with staff about audit outcomes and improvement activity.</b>		
7 Responsible Officer: Clinical Nurse Managers Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/05/2025	Complete	
<b>Infection Control Manager to attend the Senior Charge Nurse Forum to discuss promotion of improvement activity.</b>		
8 Responsible Officer: Infection Control Manager Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/05/2025	Complete	
<b>Promote completion of the NES hand hygiene module with Medical staff.</b>		
9 Responsible Officer: Associate Medical Directors Executive Lead: Medical Director Due Date: 31/03/2025	Complete	
<b>Raise importance of Hand Hygiene at Clinical Director meeting including review of audit results.</b>		
10 Responsible Officer: Associate Medical Directors Executive Lead: Medical Director Due Date: 31/03/2025	Complete	
<b>Infection Control Manager to meet with individual Clinical Directors with areas of poor compliance.</b>		
11 Responsible Officer: Associate Medical Directors Executive Lead: Medical Director Due Date: 31/03/2025	Complete	
<b>Include learning, themes and trends from outbreaks, incidents, spot checks and audits in reports to the Clinical Governance Committee and Board.</b>		
12 Responsible Officer: Infection Control Manager Executive Lead: Director of Nursing, Midwifery and AHPs Due Date: 31/03/2025	Complete	

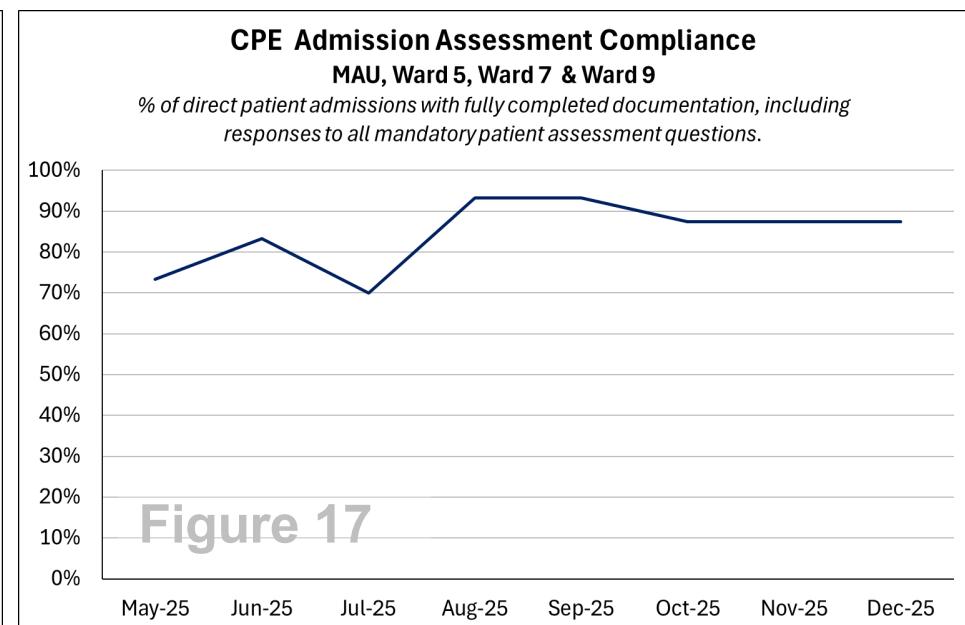
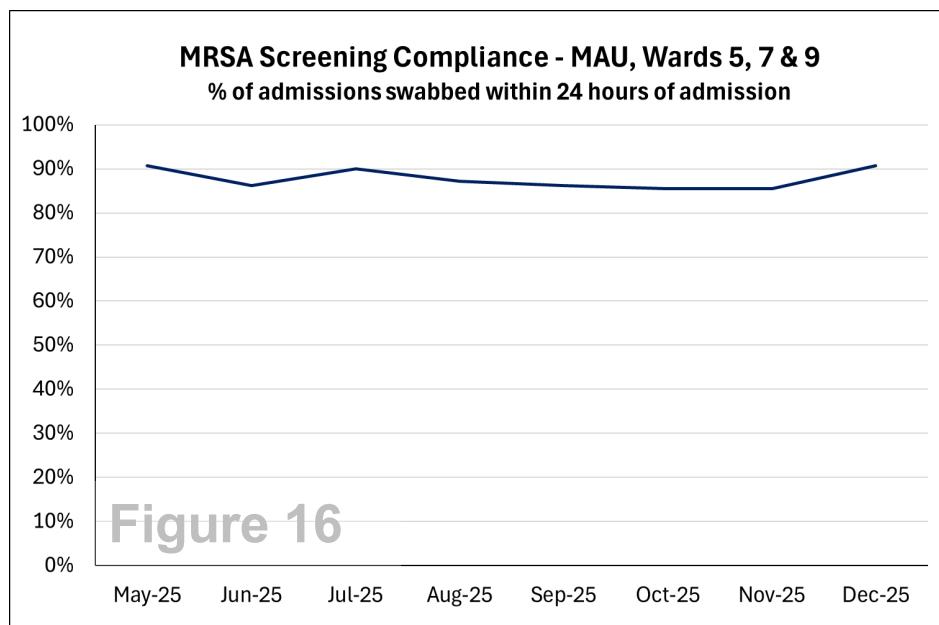


Figure 18



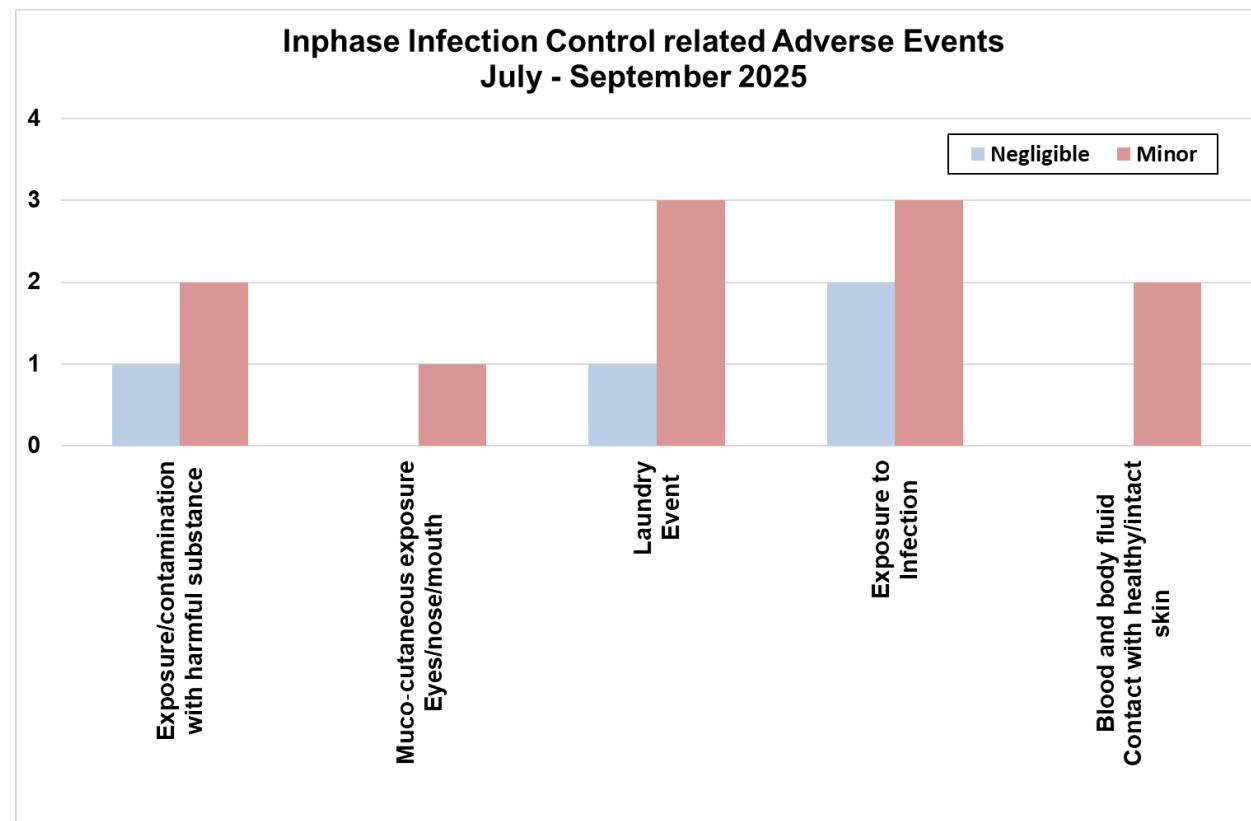
Type	Construction/Refurbishment Activity
Type 1	<b>Inspection and non-invasive activities.</b> Includes, but is not limited to, removal of ceiling tiles or access hatches for visual inspection, painting which does not include sanding, wall covering, electrical trim work, minor plumbing and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
Type 2	<b>Small scale, short duration activities which create minimal dust.</b> Includes, but is not limited to, installation of telephone and computer cabling, access to chase spaces, cutting of walls or ceiling where dust migration can be controlled.
Type 3	<b>Any work which generates a moderate to high level of dust, aerosols and other contaminants or requires demolition or removal of any fixed building components or assemblies.</b> Includes, but is not limited to, sanding of walls for painting or wall covering, removal of floor coverings, ceiling tiles and casework, new wall construction, minor duct work or electrical work above ceilings, major cabling activities, and any activity which cannot be completed within a single work shift.
Type 4	<b>Major demolition and construction projects.</b> Includes, but is not limited to, activities which require consecutive work shifts, requires heavy demolition or removal of a complete cabling system, and new construction.

Figure 19

Risk to patients of infection from construction work in healthcare premises, by clinical areas	
Risk rating	Area
<b>Group 1</b> Lowest risk	<ol style="list-style-type: none"> <li>1. Office areas;</li> <li>2. Unoccupied wards;</li> <li>3. Public areas/Reception;</li> <li>4. Custodial facilities;</li> <li>5. Mental Health facilities.</li> </ol>
<b>Group 2</b> Medium risk	<ol style="list-style-type: none"> <li>1. All other patient care areas (unless included in Group 3 or Group 4);</li> <li>2. Outpatient clinics (unless in Group 3 or Group 4);</li> <li>3. Admission or discharge units;</li> <li>4. Community/GP facilities;</li> <li>5. Social Care or Elderly facilities.</li> </ol>
<b>Group 3</b> High risk	<ol style="list-style-type: none"> <li>1. A &amp; E (Accident and Emergency);</li> <li>2. Medical wards;</li> <li>3. Surgical wards (including Day Surgery) and Surgical outpatients;</li> <li>4. Obstetric wards and neonatal nurseries;</li> <li>5. Paediatrics;</li> <li>6. Acute and long-stay care of the elderly;</li> <li>7. Patient investigation areas, including: <ul style="list-style-type: none"> <li>• Cardiac catheterisation;</li> <li>• Invasive radiology;</li> <li>• Nuclear medicine;</li> <li>• Endoscopy.</li> </ul> </li> </ol> <p>Also (indirect risk)</p> <ol style="list-style-type: none"> <li>8. Pharmacy preparation areas;</li> <li>9. Ultra clean room standard laboratories (risk of pseudo-outbreaks and unnecessary treatment);</li> <li>10. Pharmacy Aseptic suites.</li> </ol>
<b>Group 4</b> Highest Risk	<ol style="list-style-type: none"> <li>1. Any area caring for immuno-compromised patients*, including: <ul style="list-style-type: none"> <li>• Transplant units and outpatient clinics for patients who have received bone marrow or solid organ transplants;</li> <li>• Oncology Units and outpatient clinics for patients with cancer;</li> <li>• Haematology units</li> <li>• Burns Units.</li> </ul> </li> <li>2. All Intensive Care Units;</li> <li>3. All operating theatres;</li> </ol> <p>Also (indirect risk)</p> <ol style="list-style-type: none"> <li>4. CSSUs (Central Sterile Supply Units).</li> </ol>

Figure 20

Patient Risk Group	Construction Project Type			
	TYPE 1	TYPE 2	TYPE 3	TYPE 4
Lowest Risk	Class I	Class II	Class II	Class III/IV
Medium Risk	Class I	Class II	Class III	Class IV
High Risk	Class I	Class II	Class III/IV	Class IV
Highest Risk	Class II	Class III/IV	Class III/IV	Class IV

**Figure 21**

**Figure 22**

NHS Borders Clusters as at 30/11/2025										
Outbreak start date	Outbreak end date	Outbreak location(s)	Ward Closure Status	Organism	Positive patient cases	Patient deaths	Suspected staff cases	Blocked empty bed days	Challenges	Learning
27/10/2025	29/10/2025	Ward 9	1 Bay	Covid-19	3	0	0	1		
03/11/2025	13/11/2025	Kelso	1 Bay	Covid-19	1	0	1	5		
06/11/2025	14/11/2025	DME 14	Whole ward	Flu	6	0	6	0		
					10	0	7	6		

## Appendix B

### Organisms and Infections

In March 2025, the Scottish Government wrote to all Boards with new Healthcare Associated Infection (HAI) standards. The expectation is that there should be no increase in the incidence (number of cases) of *Clostridioides difficile* infection (CDI), *Escherichia coli* bacteraemia (ECB), and *Staphylococcus aureus* bacteraemia (SAB) by March 2026 from the 2023/24 baseline

#### **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 *Pseudomonas aeruginosa***

*Pseudomonas aeruginosa* can cause severe infections in people who are immunocompromised or whose defences have been breached, such as oncology patients, neonates, severe burn patients, those with invasive medical devices, and people with cystic fibrosis.

*Pseudomonas aeruginosa* is commonly found in wet or moist environments and can thrive in water systems. There have been serious outbreaks in adult and neonatal intensive care units, where the cause was thought to have been contamination of the tap water supply.

## Appendix C

### 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:** 5 February 2026

**Title:** Whistleblowing Quarter 3 Report

**Responsible Executive/Non-Executive:** L Livesey, Whistleblowing Champion

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

## 1 Purpose

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

- Awareness

**This report relates to a:**

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

To provide the Board with the Quarter 3 report on Whistleblowing.

### 2.2 Background

The National Whistleblowing Standards (the Standards) set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in those services, whether they are directly employed by the NHS or a contracted organisation. The Standards specify high level principles plus a detailed process for investigating concerns which all NHS organisations in Scotland must follow.

Health Boards have particular responsibilities regarding the implementation of the Standards:

- Ensuring that their own whistleblowing procedures and governance arrangements are fully compliant with the Standards.
- Ensuring there are systems in place for primary care providers in their area to report performance data on handling concerns.
- Working with higher education institutions and voluntary organisations to ensure that anyone working to deliver NHS Scotland services (including students, trainees and volunteers) has access to the Standards and knows how to use them to raise concerns.

## 2.3 Assessment

The Standards require all NHS Boards to report quarterly and annually on a set of key performance indicators (KPIs) and detailed information on three key statements:

- Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.
- The experience of all those involved in the whistleblowing procedure.
- Staff perceptions, awareness, and training.

### 2.3.1 Quality/ Patient Care

Patient Safety/Clinical Impact implications will be addressed in the management of any findings/actions/decisions resulting from any whistleblowing concerns raised.

### 2.3.2 Workforce

Staffing implications will be addressed in the management of any findings/actions/decisions resulting from any whistleblowing concerns raised.

### 2.3.3 Financial

Resource implications will be addressed in the management of any findings/actions/decisions resulting from any whistleblowing concerns raised.

### 2.3.4 Risk Assessment/Management

Risk assessment will be addressed in the management of any findings/actions/decisions resulting from any whistleblowing concerns raised.

### 2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed.

### 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 formulated directly for the Board.

## **2.4 Recommendation**

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

The Board is asked to note the Whistleblowing Quarter 3 report.

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

- Significant Assurance
- **Moderate Assurance (recommended)**
- Limited Assurance
- No Assurance

If a single level of assurance cannot be determined Officers are asked to suggest a level based on the following split of assurance:

- **Systems and Processes**
- **Outcomes**

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No1: Whistleblowing Quarter 3 Report



# **Whistleblowing Performance Report**

## **Quarter 3**

**1 October 2025 to 31 December 2025**

## **Contents Whistleblowing Concerns – Quarter 2**

<b>1</b>	<b>Context</b>
<b>2</b>	<b>Areas covered by the report</b>
<b>3</b>	<b>Implementation and Raising Awareness</b>
<b>4</b>	<b>Quarter 3 Performance Information October 2025 – December 2025</b> <ul style="list-style-type: none"><li>• Indicator 1 - Total number of concerns, and concerns by Stage</li><li>• Indicator 2 - Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed</li><li>• Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage</li><li>• Indicator 4 - The average time in working days for a full response</li><li>• Indicator 5 - Number and percentage of concerns closed in full within set timescales</li></ul>
<b>5</b>	<b>Concerns where an extension was authorised</b>
<b>6</b>	<b>Primary Care Contractors</b>
<b>7</b>	<b>Anonymous Concerns</b>
<b>8</b>	<b>Learning, changes or improvements to services or procedures</b>
<b>9</b>	<b>Experience of individuals raising concerns</b>
<b>10</b>	<b>Staff Training</b>

## 1. CONTEXT

The National Whistleblowing Standards (the Standards) set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in those services, whether they are directly employed by the NHS or a contracted organisation. The Standards specify high level principles plus a detailed process for investigating concerns which all NHS organisations in Scotland must follow.

Health Boards have particular responsibilities regarding the implementation of the Standards:

- Ensuring that their own whistleblowing procedures and governance arrangements are fully compliant with the Standards.
- Ensuring there are systems in place for primary care providers in their area to report performance data on handling concerns.
- Working with higher education institutions and voluntary organisations to ensure that anyone working to deliver NHS Scotland services (including students, trainees and volunteers) has access to the Standards and knows how to use them to raise concerns.

To comply with the whistleblowing principles for the NHS as defined by the Standards, an effective procedure for raising whistleblowing concerns needs to be:

*'open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.'*

A staged process has been developed by the INWO. There are two stages of the process which are for NHS Borders to deliver, and the INWO can act as a final, independent review stage, if required.

- **Stage 1: Early resolution** – for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action – 5 working days.
- **Stage 2: Investigation** – for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response – 20 working days.

The Standards require all NHS Boards to report quarterly and annually on a set of key performance indicators (KPIs) and detailed information on three key statements:

- Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.
- The experience of all those involved in the whistleblowing procedure.
- Staff perceptions, awareness, and training.

## **2. AREAS COVERED BY THE REPORT**

Since the go-live of the Standards in April 2021, processes have been put in place to gather whistleblowing information raised across all NHS services to which the Standards apply. Within NHS Borders in the Health and Social Care Partnership (HSCP) any concerns raised about the delivery of a health service by the HSCP are reported and recorded using the same reporting mechanism which is in place for those staff employed by NHS Borders.

The General Manager for Primary & Community Services has responsibility for concerns raised within and about primary care service provision.

## **3. IMPLEMENTATION AND RAISING AWARENESS**

Work had taken place to raise awareness of the Standards and during this reporting year as part of our improvement plan we are looking to revisit the local processes in place and revise/refresh in light of any learning.

In addition, our plans include the actions outlined below:

- Continue to promote the Standards and how to raise concerns safely within the organisation across the year and specifically utilising Speak Up Week.
- In conjunction with our HR Department train more staff in the process of investigations for both whistleblowing investigations and other investigations.
- Continuous improvement of our processes based on learning and experience.
- Formulate meaningful training plans through our confidential contacts network.
- For each complaint that is upheld or partially upheld formulate an action plan to be put in place to address any shortcomings or apply any identified learning.

## **4. QUARTER 2 PERFORMANCE INFORMATION OCTOBER 2025 – DECEMBER 2025**

Under the terms of the Standards, the quarterly performance report must contain information on the following indicators:

### **Indicator 1 - Total number of concerns, and concerns by Stage**

For the Quarter 3 period we have received 0 concerns at Stage 1 and 0 concerns at Stage 2.

### **Indicator 2 - Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed**

For the Quarter 3 period we have 0 concerns closed at Stage 1 and 0 concerns closed at Stage 2.

### **Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage**

For the Quarter 3 period there were 0 concerns upheld, partially upheld or not upheld.

### **Indicator 4 - The average time in working days for a full response**

For the Quarter 3 period there have been 0 concerns raised and concluded.

For the Quarter 3 period we have 1 concern at Stage 2 that has now been progressed to the next stage of commissioning an external investigation.

#### **Indicator 5 - Number and percentage of concerns closed in full within set timescales**

For the Quarter 3 period there have been 0 concerns raised and concluded.

For the Quarter 3 period we have 1 concern at Stage 2 that has now been progressed to the next stage of commissioning an external investigation.

#### **5. CONCERNS WHERE AN EXTENSION WAS AUTHORISED**

For the Quarter 3 period we have 1 concern at Stage 2 that has now been progressed to the next stage of commissioning an external investigation.

#### **6. PRIMARY CARE CONTRACTORS**

Primary care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

In total 0 returns were received for the Quarter 3 period for Stage 1 or Stage 2 concerns from:-

22 GP Practices

19 Dental Practices

15 Optometry Practices

29 Community Pharmacies

#### **7. ANONYMOUS CONCERNs**

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable.

The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that nobody knows who provided the information'.

There were 0 anonymous concerns received during the Quarter 3 period.

#### **8. LEARNING, CHANGES OR IMPROVEMENTS TO SERVICES OR PROCEDURES**

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers. The future aim is that for each complaint that is upheld or partially upheld a documented action plan will be formulated to address any shortcomings or apply any identified learning.

#### **9. EXPERIENCE OF INDIVIDUALS RAISING CONCERNs**

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate.

## **10. STAFF TRAINING**

A staff guide had been produced and an updated flow chart has also been produced.

Investigation training is run by the HR Department for those who may be involved in taking or investigating any matter including whistleblowing concerns.

We continue to monitor the uptake of training and promote the TURAS learning modules.

During this reporting period the Director of HR, OD & OH&S retired. This has impacted on further progress being made and executive level oversight of the process. The announcement of an Interim Director of HR is anticipated shortly and a recruitment process is underway for a substantive appointment.

The Whistleblowing Governance Group has discussed the formation of a training plan for confidential contacts with more formal CPD training being made available; the formulation of a communications plan for quarterly comms out to the organisation to promote “speak up” as a standard practice; and ways to improve knowledge, awareness, and processes regarding whistleblowing among third-party partners such as GP practices and IJBs, which would be a key matter for the new Executive Lead to take forward.

The internet whistleblowing pages have also been updated during this period.

# NHS Borders



<b>Meeting:</b>	<b>Resource &amp; Performance Committee</b>
<b>Meeting date:</b>	<b>5 February 2026</b>
<b>Title:</b>	<b>NHS Borders Integrated Performance Report (IPR) - December 2025</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth, Director of Planning &amp; Performance</b>
<b>Report Authors:</b>	<b>Hayley Jacks, P&amp;P Officer Matthew Mallin, BI Developer</b>

## 1 Purpose

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

- Awareness

**This report relates to a:**

- Annual Operational Plan / Remobilisation Plan

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

An Integrated Performance Report (IPR) has been developed using Power BI, with measures and performance monitoring focussed on a Quality Improvement approach. The IPR reflects our Organisational Strategy commitments, the Annual Delivery Plan (ADP) targets and other local Key Performance Indicators (KPIs). Whilst this version of the IPR does not yet include all measures which we have identified for inclusion, it is an evolving iteration and will be continually developed over the coming months.

### 2.2 Background

A performance report is presented bimonthly to alternating Board and R&PC meetings so that performance against the key standards (national targets and locally agreed

standards) can be scrutinised, and corrective action can be reviewed. **Appendix 2** outlines the additional measures that will be developed over the coming months and added to the IPR.

The IPR aims to:

- Unify reporting across clinical, operational, and financial domains using a Quality Improvement approach
- Improve transparency and trust through accessible reporting, with one single source
- Enhance decision-making through timely, accurate, and actionable data
- Support continuous improvement by identifying trends and benchmarking performance
- Focus on the measures that require actions to improve

The tables below give an overview of the key symbols displayed in the IPR, clearly illustrating what the data is telling us. Assurances are only for measures that have a target, e.g., Ambulance Handover. This does not include trajectories.

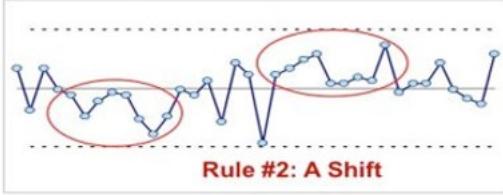
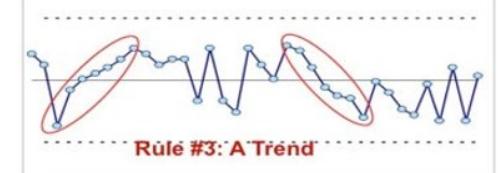
**Figure 1: Variation and Assurance Key**

Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Please note that we cannot provide assurance statuses for all measures without an alternative target line. These may be developed in the future if targets are set.

**Figure 2: Astronomical Points – Sigma Violation**

Astronomical Points – Sigma Violation								
These are points outside the Control Limits, either improving or deteriorating performance depending on colour:								
Imp. Ast. Point  Improving Astronomical Point  Det. Ast. Point  Deteriorating Astronomical Point			A single point outside the control limits  <b>Rule #1: A 3 Sigma violation</b>					
Shifts								
This where there are 6 or more data points in a row above or below the average:								

Imp. Shift  Improving Shift  Det. Shift  Deteriorating Shift	Eight or more consecutive points above or below the centerline  <b>Rule #2: A Shift</b>
<b>Trend</b>	
Imp. Trend  Improving Trend  Det. Trend  Deteriorating Trend	Six consecutive points increasing (trend up) or decreasing (trend down)  <b>Rule #3: A Trend</b>

## 2.3 Assessment

The IPR was presented as a first iteration on 11 September 2025 and will continue to be reported on a monthly basis to both the Resource & Performance Committee (R&PC) and NHS Borders Board, for discussion and assurance. The IPR will be continually developed over the coming months as part of our new performance framework to ensure all required measures are included, enabling the Board to have a robust reporting system in 2026/27 against agreed key performance measures and Board priorities.

There are no new measures added to this month's report; however, the Business Intelligence team are currently working on incorporating the following data sets into the IPR for the March 2026 report:

- Quality & Safety
- Flu Vaccinations

Lead Directors are accountable for reviewing and formally approving the measures and supporting narrative within their portfolios prior to submission, and they will present this information during the meeting. As there is limited space within the report for narrative, Lead Directors will have the opportunity to elaborate verbally during the meeting if required.

The introduction of the IPR will provide a more cohesive and transparent view of performance across a range of services, over and above those that were referenced specifically in the SG commissioned ADP. Aligned with national policy and local strategic priorities, this approach strengthens governance by enabling Board members to more effectively interpret and connect key performance indicators, identify trends, and assess service impact. It also facilitates more informed scrutiny and challenge, empowering the Board to hold members of the Board Executive Team (BET) to account for operational delivery and continuous improvement.

### **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 Equality & Human Rights Impact Assessment's (EHRIA) 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.

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

The IPR 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**

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**

If a single level of assurance cannot be determined Officers are asked to suggest a level based on the following split of assurance:

- **Systems and Processes** – Are these in place?
- **Outcomes** – Are the right outcomes being achieved?

## 2 List of appendices

The following appendices are included with this report:

- **Appendix 1:** NHS Borders Integrated Performance Report December 2025
- **Appendix 2:** Development of Additional Measures



# **Integrated Performance Dashboard**

## **December 2025**

Last Refresh Date: 27/01/2026

The Integrated Performance Report contains a page per performance measure where Statistical Process Control charts are used to show whether each measure is under control, or whether there are variations in the data that show performance requires exploring. The charts also show targets for achievement, and this is another consideration when viewing the data (red lines). Is the target being achieved or performance improving towards target or deteriorating. Table 1 below shows the rules that are highlighted in the charts to highlight whether further investigation is required or not.

### Confidence Levels – Upper Control Limit (UCL) & Lower Confidence Limit (LCL)

The Confidence Limits are shown in the charts with a dotted line either side of the green mean line. The wider the Upper Confidence Limit and Lower Confidence Limit the more varied the data is, the closer the Limits are together the more stable it is.

Variation		Assurance			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)alling short of the target

Table 1 - Special Cause Variations	
<b>Astronomical Points – Sigma Violation</b>	
These are points outside the Control Limits, either improving or deteriorating performance depending on colour:	
Imp. Ast. Point  - Improving Astronomical Point Det. Ast. Point  - Deteriorating Astronomical Point	A single point outside the control limits  <b>Rule #1: A 3 Sigma violation</b>
<b>Shifts</b>	
This where there are 6 or more data points in a row above or below the average:	
Imp. Shift  - Improving Shift Det. Shift  - Deteriorating Shift	Eight or more consecutive points above or below the centerline  <b>Rule #2: A Shift</b>
<b>Trend</b>	
This is where there are 6 or more points heading upwards or downwards:	
Imp. Trend  - Improving Trend Det. Trend  - Deteriorating Trend	Six consecutive points increasing (trend up) or decreasing (trend down)  <b>Rule #3: A Trend</b>

Measure Name	Measure Description	Previous Position	Latest Position	Assurance Status	Variation Status
Emergency Access Standard	Percentage of patients seen within 4 hours of attendance	61.6%	65.8%		
8 Hour Breaches	Percentage of patients who waited greater than 8 hours	18.8%	16.7%		
12 Hour Breaches	Percentage of patients who waited greater than 12 hours	14.5%	11.4%		
Length of Stay	Average Length of stay. Non-elective only. Excludes paediatric and obstetric specialties and ITU wards	10.2	11.6		
Bed Occupancy	Number of acute occupied beds at end of month	98.51%	91.09%		
Delayed Discharges	Number of delayed discharges at end of month	48	41		
Ambulance Handover Time	Average ambulance handover time in minutes per month	35.68	35.90		
AAU Admissions	Number of patients admitted to AAU	380	428		
Outpatient Waiting List	Number of outpatients waiting over 52 weeks	829	578		
Inpatient Waiting List	Number of inpatients waiting over 52 weeks	216	211		

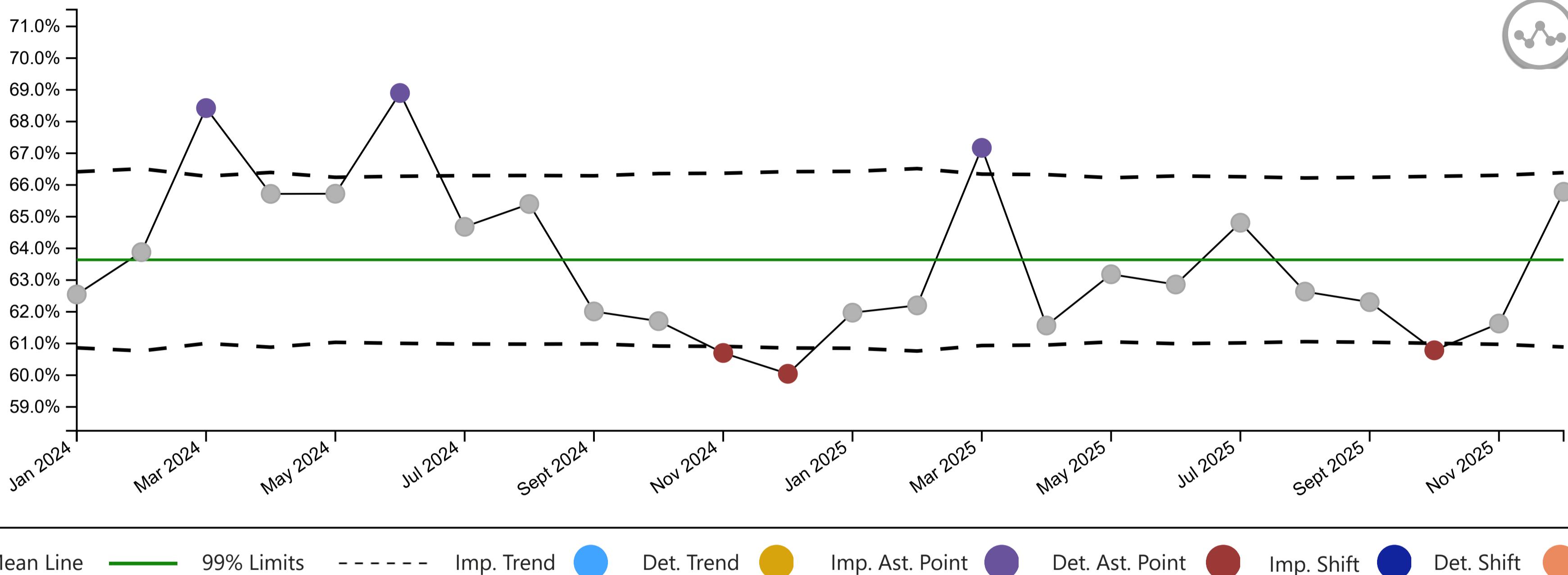
Measure Name	Measure Description	Previous Position	Latest Position	Assurance Status	Variation Status
Theatre Utilisation	Theatre utilisation per month. Elective only, excludes theatre 5	67.9%	67.8%		
Theatres - Cataracts	Average number of cataract cases per session	7.4	6.3		
Diagnostics Over 6 Weeks	Number of patients waiting over 6 weeks	281	381		
Cancer 62 Days	Percentage of patients treated within 62 days of referral	68.0%	73.9%		
Cancer 31 Days	Percentage of patients treated within 31 days of referral	100.0%	94.7%		
Cancer Backlog	Number of patients waiting over 62 days for treatment	15	15		—
CAMHS RTT	Percentage of patients received treatment within 18 weeks of referral	94.7%	100.0%		
CAMHS CAT 1	Percentage of Neurodevelopmental Waits seen within 52 weeks	22.86%	16.67%		
Psychological Therapy	Percentage of patients received treatment within 18 weeks of referral	73.3%	89.4%		—
BAS 3 Week Target	Percentage of Patients treated within 3 weeks of referral	98.0%	99.0%		
Workforce Absence	% of hours lost for all departments per month	5.87%	7.28%		



Lead Director: Gareth Clinkscale

## Emergency Access Standard

p-Chart: % of Patients seen within 4 hours of attendance

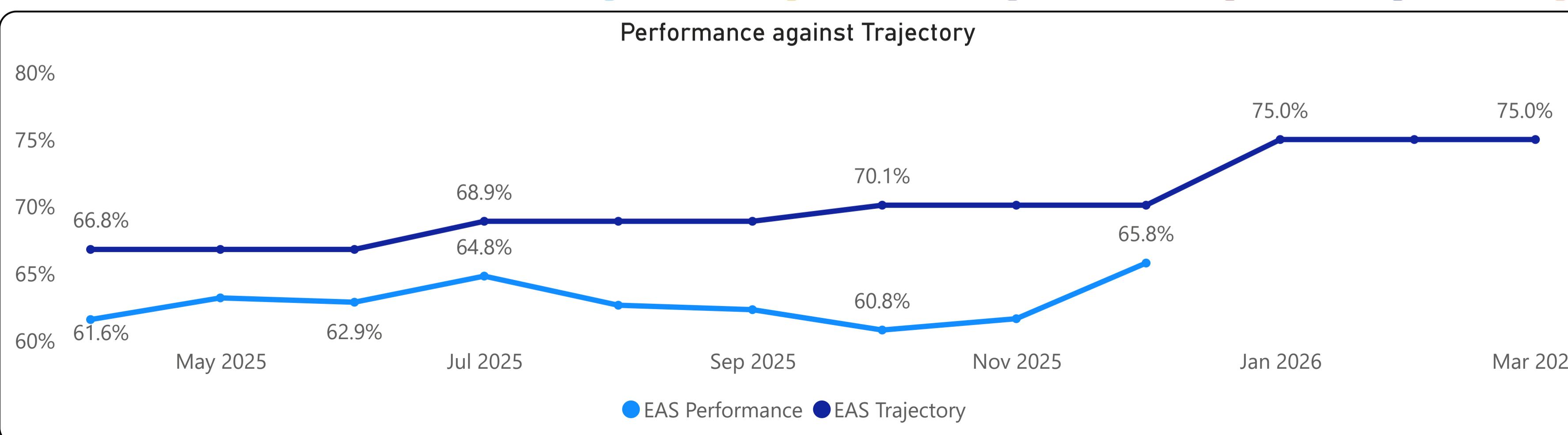


## Month

December 2025

The data shows normal variation however performance remains off trajectory.

December performance was 65.6% against a trajectory of 70.1 representing an improvement on the previous two months. Delivery of the UUC improvement plan progressed, with the frailty unit now operational, expanded Home First capacity and a new Integrated Discharge Team from 15 December. Further improvements continue through Workstream 1, including embedded weekly breach validation, commissioning of the ED workforce business case, and planning to repurpose MAU to improve medical flow.



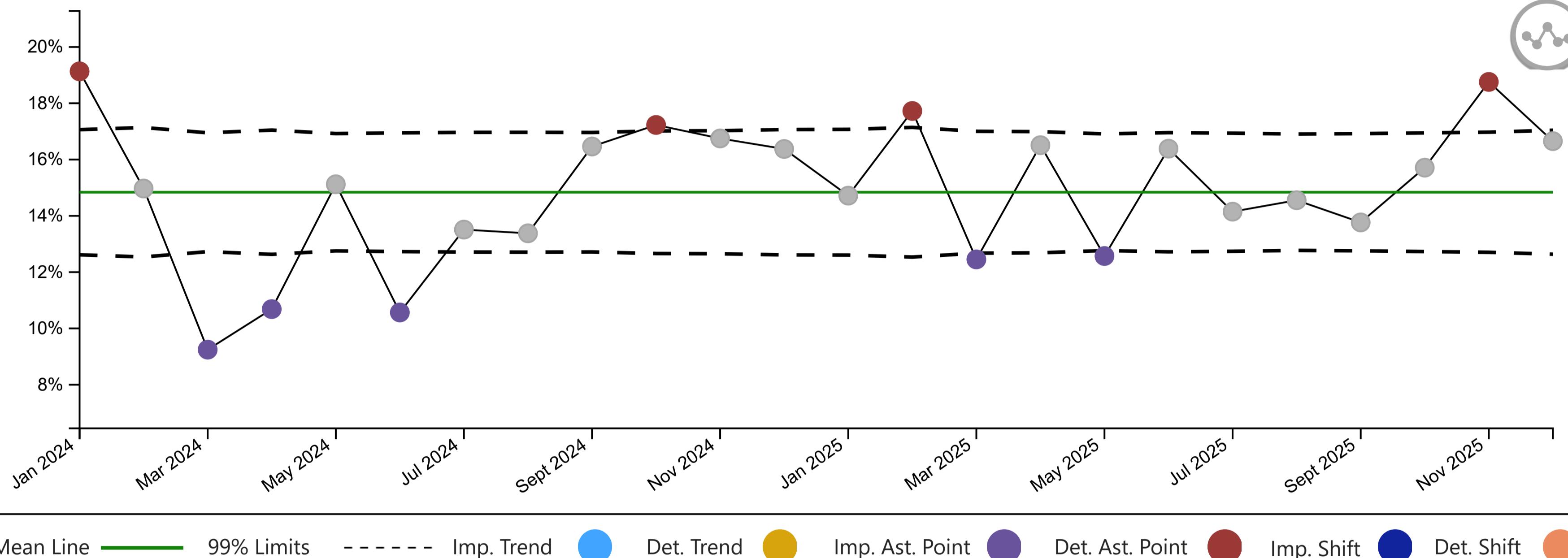
MonthEndDate	Attendances	Breaches	EAS
31/12/2025	2756	1813	65.8%
30/11/2025	2932	1807	61.6%
31/10/2025	3004	1826	60.8%
30/09/2025	3080	1919	62.3%
31/08/2025	3126	1958	62.6%
31/07/2025	3032	1965	64.8%
30/06/2025	2978	1872	62.9%
31/05/2025	3110	1965	63.2%



Lead Director: Gareth Clinkscale

## 8 Hour Delays

u-Chart: Number of patients who waited more than 8 hours

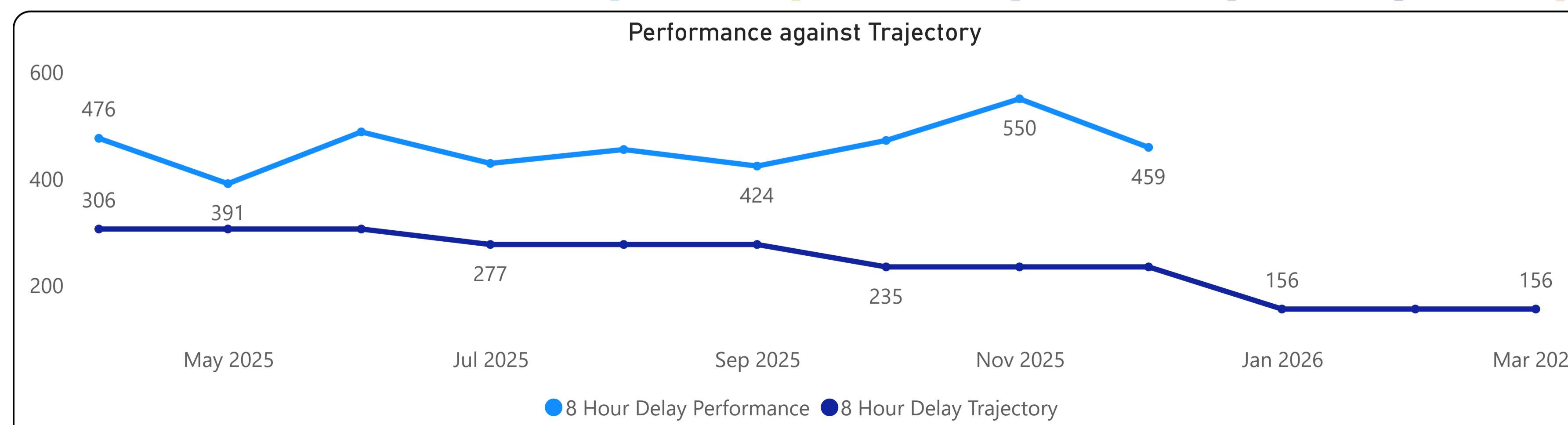


## Month

December 2025

The data shows normal variation however performance is significantly off trajectory.

In December, there was an average of 459 8 hr delays, compared to the trajectory of 235, which represents 16.6% of all attendances. Delivery of the UUC plan will support the reduction of long-waits, frailty assessment unit opened 15/12/25, with deescalation fo MAU beds which supports re-designing of MAU, IDT, and expanded capacity our of hospital and in patients homes.



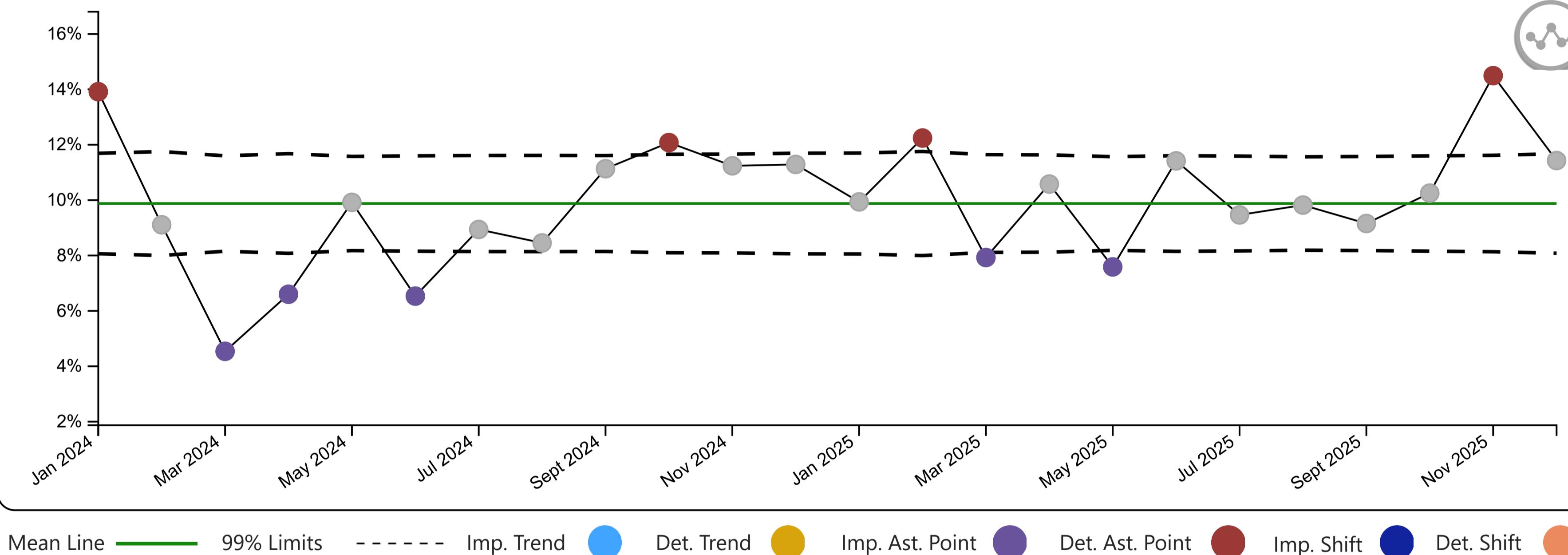
Month	End Date	Attendances	8 Hour Delays
31/12/2025	31/12/2025	2756	459
30/11/2025	30/11/2025	2932	550
31/10/2025	31/10/2025	3004	472
30/09/2025	30/09/2025	3080	424
31/08/2025	31/08/2025	3126	455
31/07/2025	31/07/2025	3032	429
30/06/2025	30/06/2025	2978	488
31/05/2025	31/05/2025	3110	391



Lead Director: Gareth Clinkscale

## 12 Hour Delays

u-Chart: Number of patients waited more than 12 hours

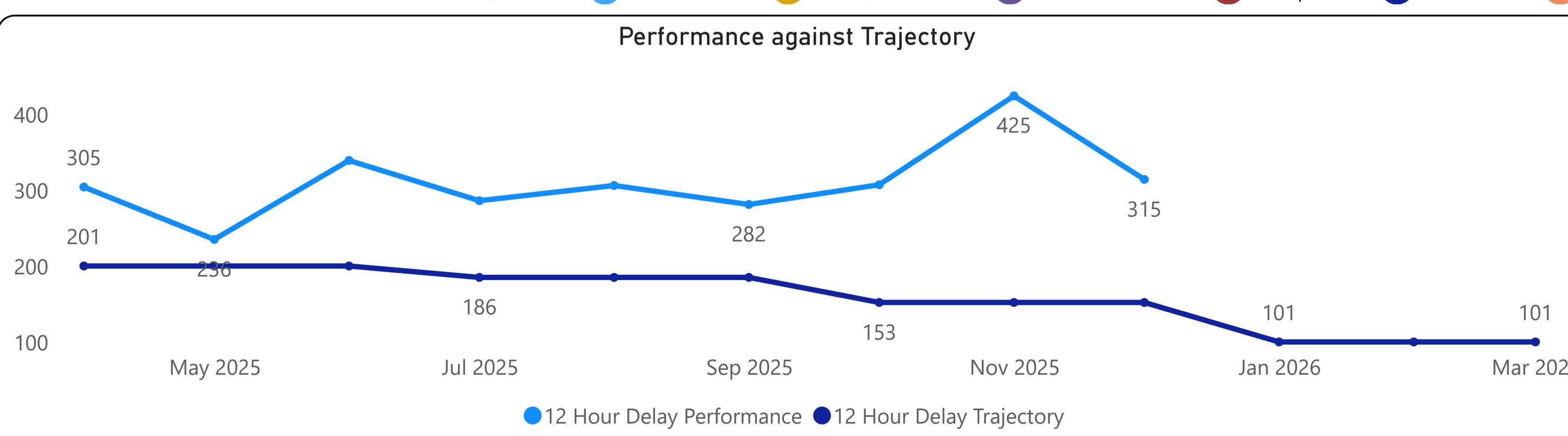


## Month

December 2025

The data shows normal variation however performance is significantly off trajectory.

BGH remain off trajectory despite a reduction to 315 12hr delays in December against a trajectory of 153, representing 11.4% of attendances. Delivery of the priority projects in the new urgent care improvement plan will improve flow and the number of 12-hour waits (frailty assessment unit, Home First, Hospital at Home, IDT, QI processes).



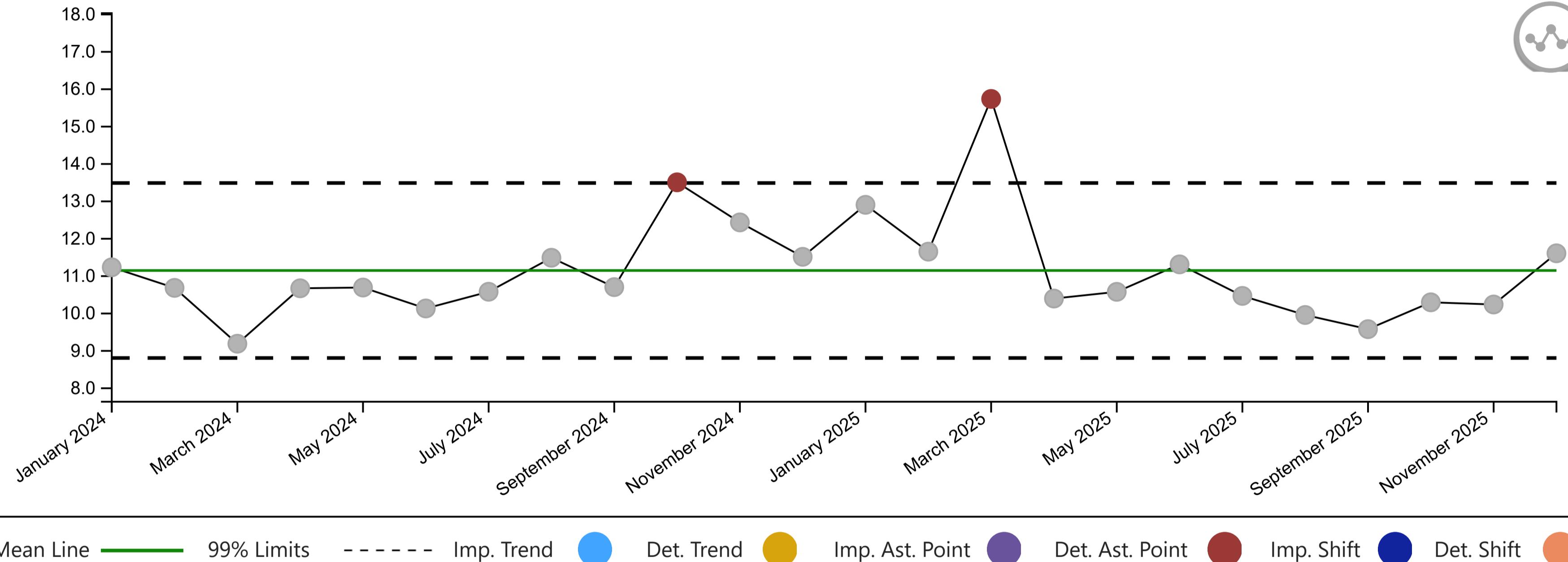
Month	End Date	Attendances	12 Hour Delays
31/12/2025	2756	315	
30/11/2025	2932	425	
31/10/2025	3004	308	
30/09/2025	3080	282	
31/08/2025	3126	307	
31/07/2025	3032	287	
30/06/2025	2978	340	
31/05/2025	3110	236	



Lead Director: Gareth Clinkscale

## Length of Stay

i-Chart: Average Length of Stay. Non-elective only. Excludes paediatric and obstetric specialties and ITU wards.



Mean Line — 99% Limits - - - - - Imp. Trend Det. Trend Imp. Ast. Point Det. Ast. Point Imp. Shift Det. Shift

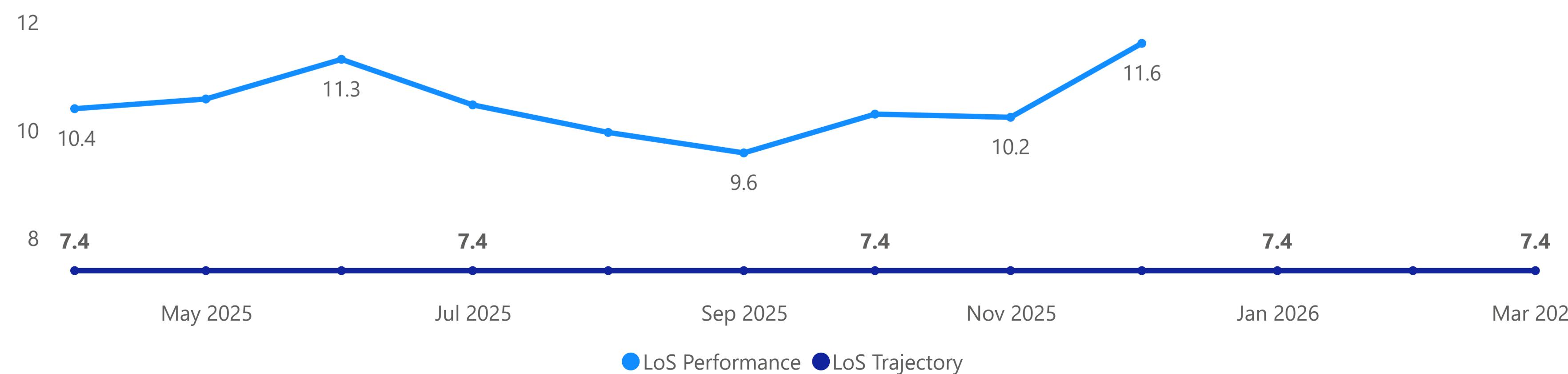
## Month

December 2025

The data shows normal variation however performance is significantly off trajectory.

LoS performance has increased slightly in December to 11.6 days continuing within normal variation against a trajectory of 7.4. Improvement is being supported through the UUC workstreams: Integrated Discharge Team, additional capacity in Home First and Hospital at Home and Frailty Unit.

## Performance against Trajectory



LoS Performance LoS Trajectory

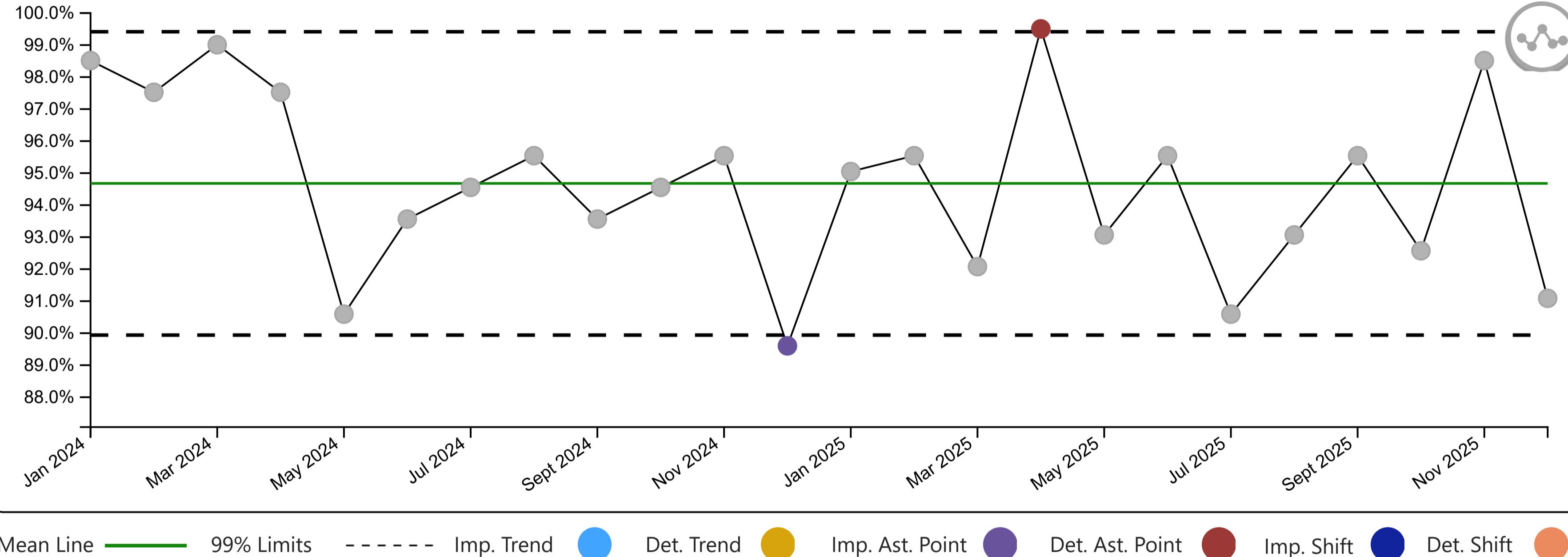
MonthEndDate	Average Length of Stay
December 2025	11.6
November 2025	10.2
October 2025	10.3
September 2025	9.6
August 2025	10.0
July 2025	10.5
June 2025	11.3
May 2025	10.6



Lead Director: Gareth Clinkscale

## Average Acute Occupancy

p-Chart: Average Number of Acute Occupied Beds



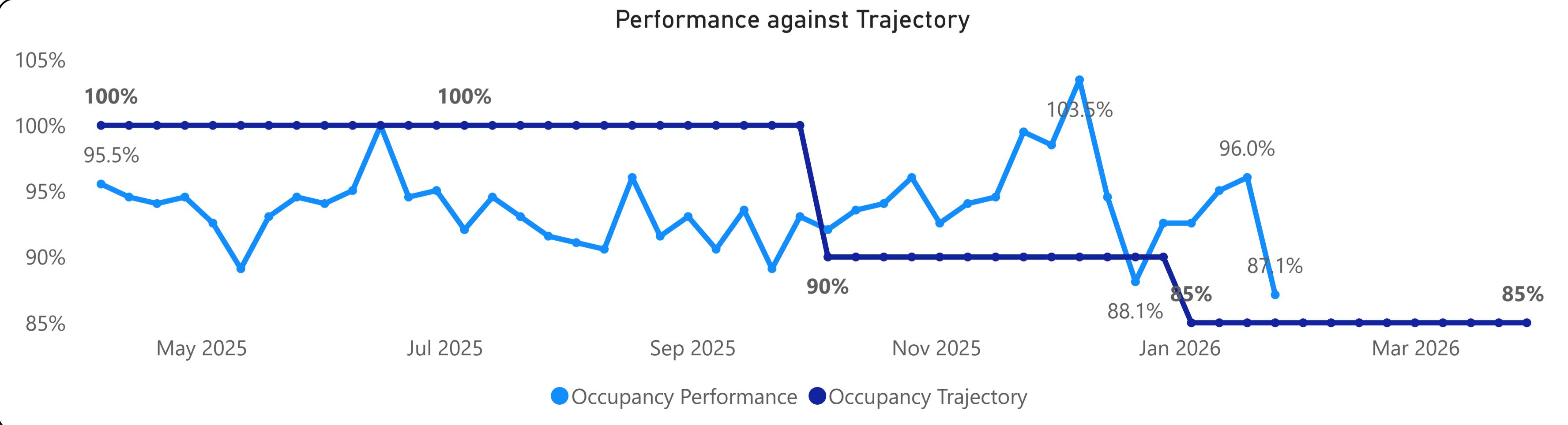
Mean Line — 99% Limits - - - - - Imp. Trend ● Det. Trend ○ Imp. Ast. Point ● Det. Ast. Point ● Imp. Shift ● Det. Shift ●

## Month

December 2025

The data shows normal variation.

## Performance against Trajectory



● Occupancy Performance ● Occupancy Trajectory

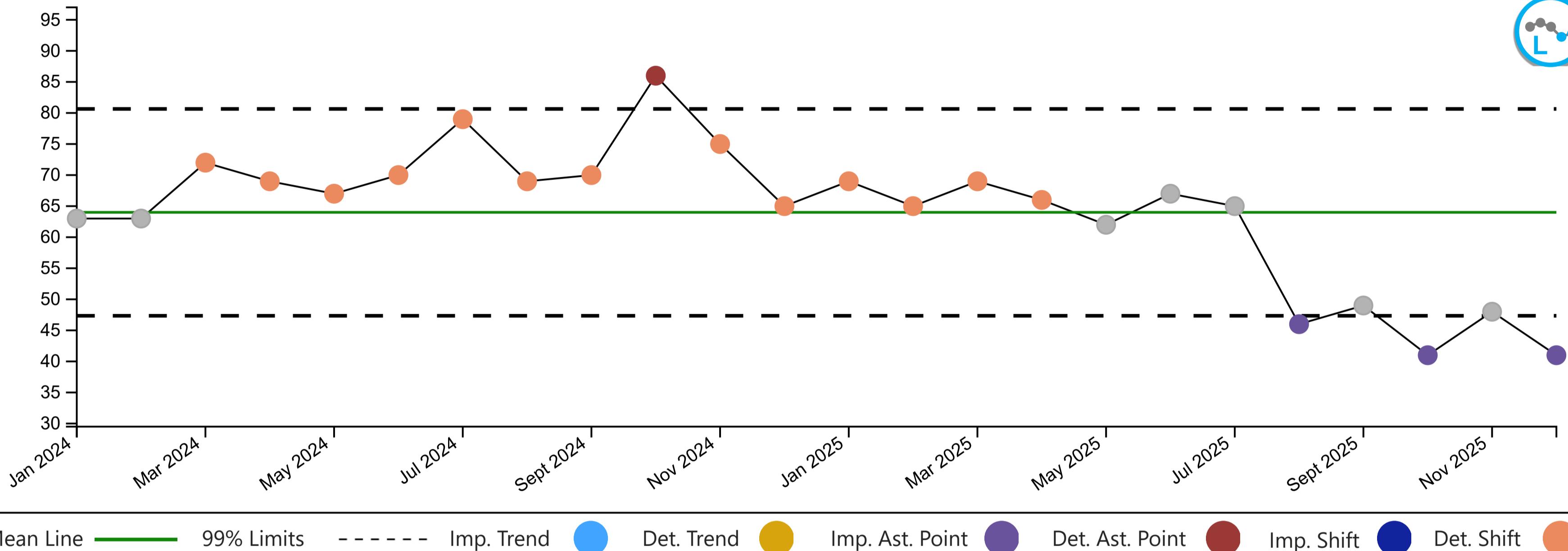
EndOfMonth	Occupied Beds	%
31/12/2025	184	91.1%
30/11/2025	199	98.5%
31/10/2025	187	92.6%
30/09/2025	193	95.5%
31/08/2025	188	93.1%
31/07/2025	183	90.6%
30/06/2025	193	95.5%
31/05/2025	188	93.1%



Lead Director: Gareth Clinkscale

## Delayed Discharges

i-Chart: Number of Delayed Discharges at end of month

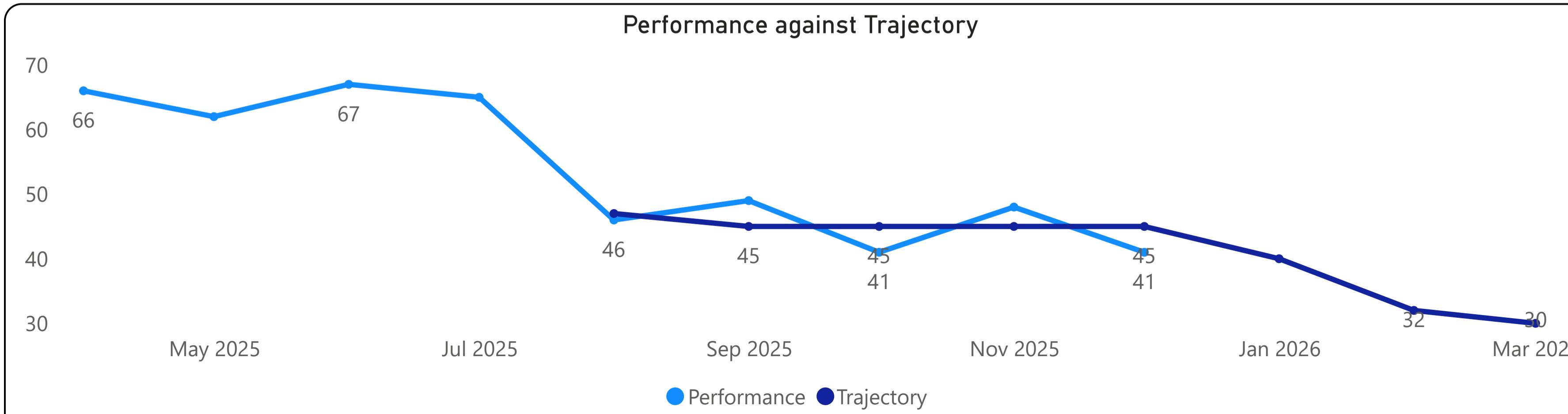


Month

December 2025

The data shows a special cause of improving nature and performance is within trajectory.

Significant reduction sustained. Executive oversight on a weekly basis remains. Main challenges are care at home and enhanced residential care. Ongoing partnership working with SBC to make further improvement.



EndOfMonth

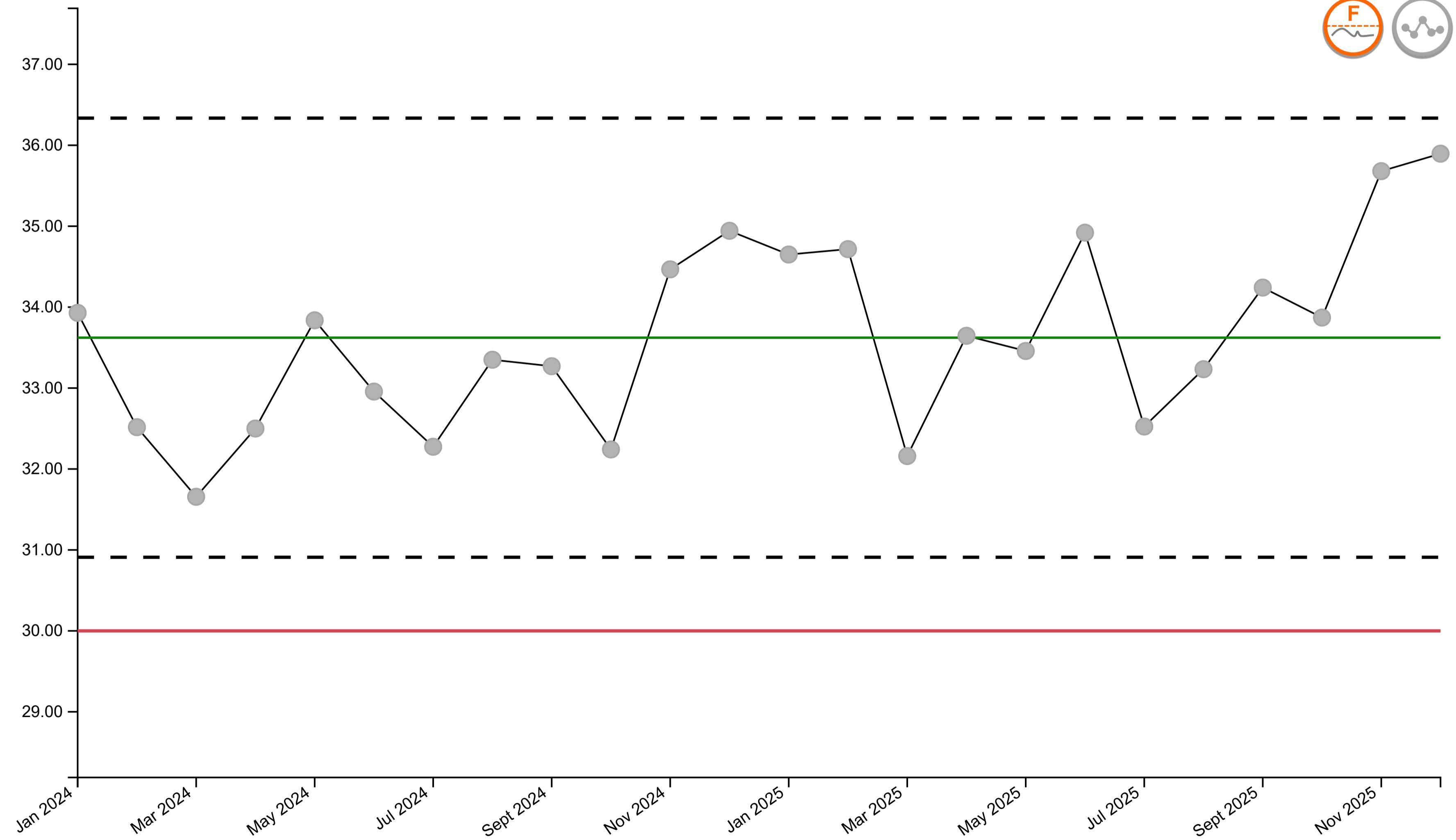
EndOfMonth	Delayed Discharges
31/12/2025	41
30/11/2025	48
31/10/2025	41
30/09/2025	49
31/08/2025	46
31/07/2025	65
30/06/2025	67
31/05/2025	62



Lead Director: Gareth Clinkscale

## Ambulance Handover Time

i-Chart: Average Ambulance Handover Time in minutes per month



## Month

December 2025



The data shows normal variation.

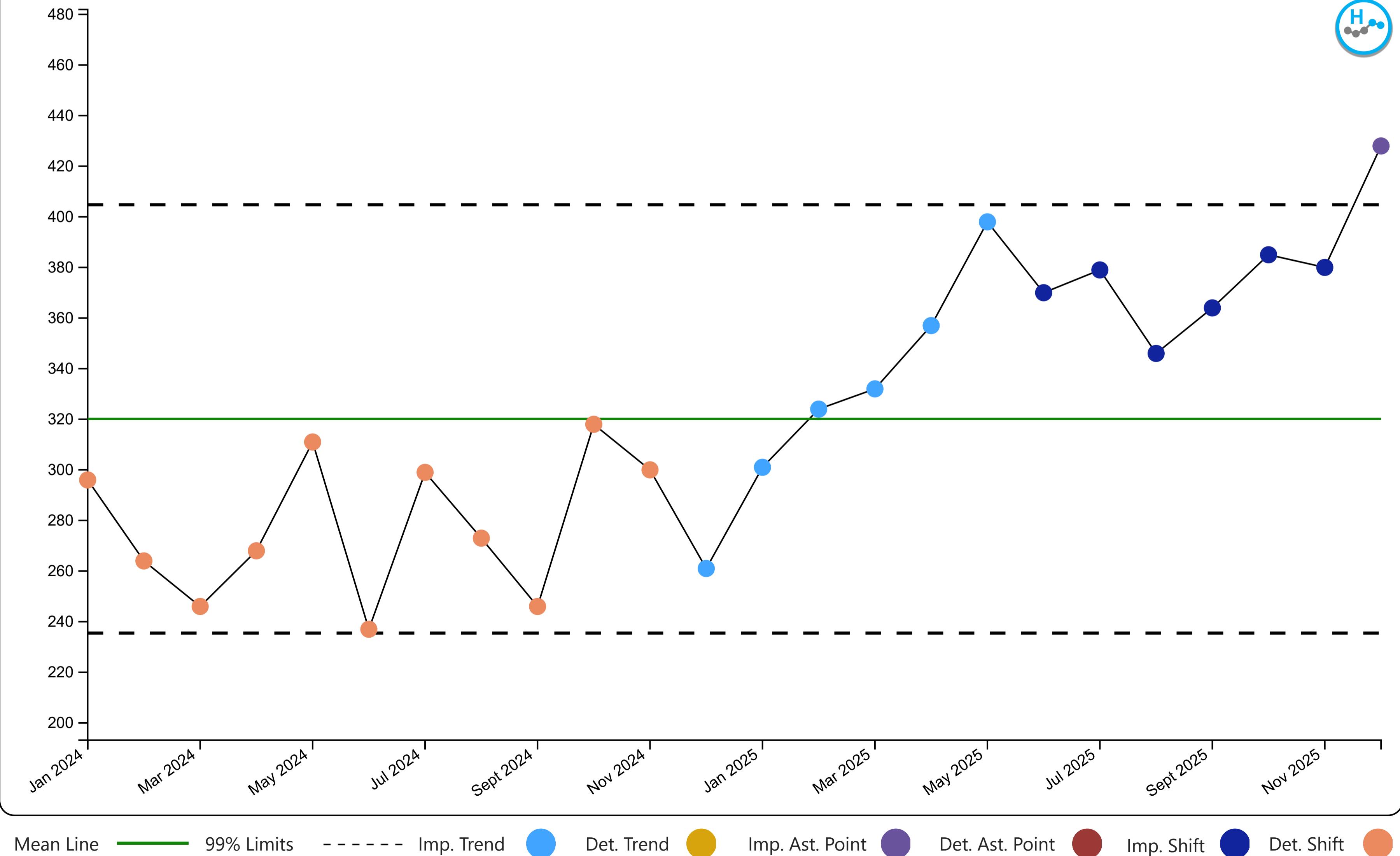
EndOfMonth	Handover Times (Minutes)
31/12/2025	35.90
30/11/2025	35.68
31/10/2025	33.87
30/09/2025	34.24
31/08/2025	33.23
31/07/2025	32.53
30/06/2025	31.02



Lead Director: Gareth Clinkscale

## AAU Admissions

i-Chart: Number of Patients admitted to AAU



## Month

December 2025



The data shows a special cause of improving nature.

AAU Admissions for December were 428, continuing to be at the upper end of normal variation and a continuing trend upwards for AAU. There is ongoing work to scope and progress a higher percentage of the medical take being managed directly in AAU with a new clinical model being designed to support this.

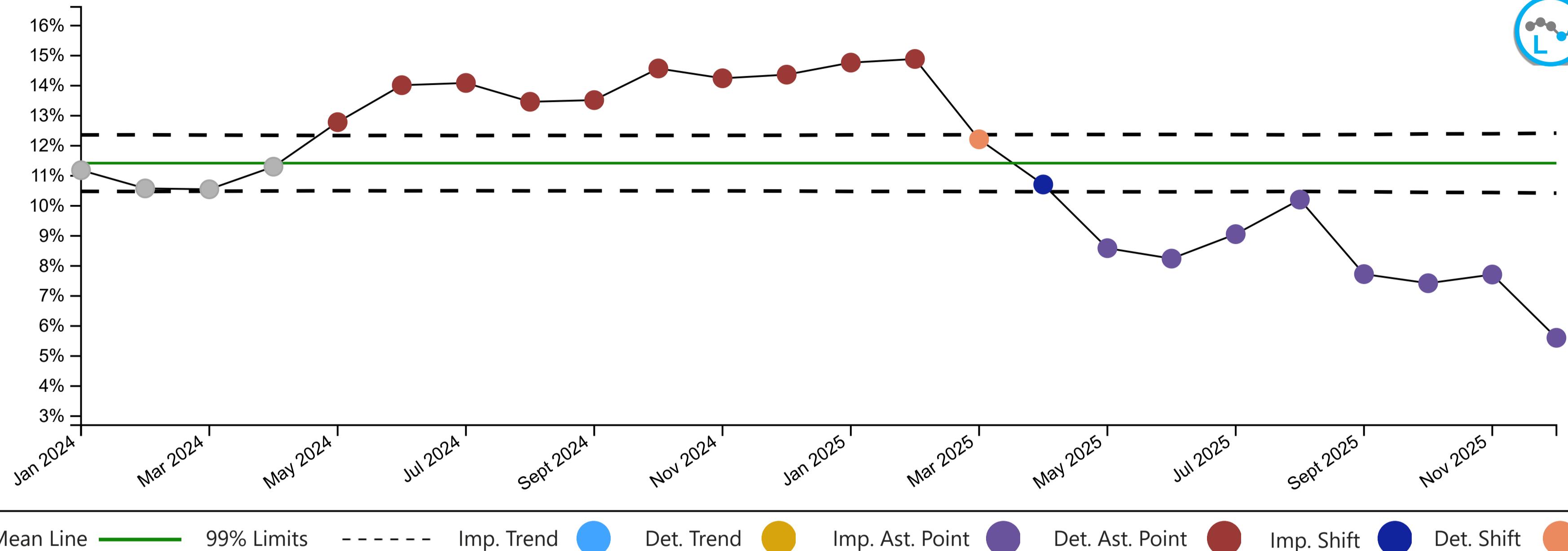
MonthEndDate	Admissions
31/12/2025	428
30/11/2025	380
31/10/2025	385
30/09/2025	364
31/08/2025	346
31/07/2025	379
30/06/2025	370
31/05/2025	398



Lead Director: Oliver Bennett

## NOP - Over 52 Weeks

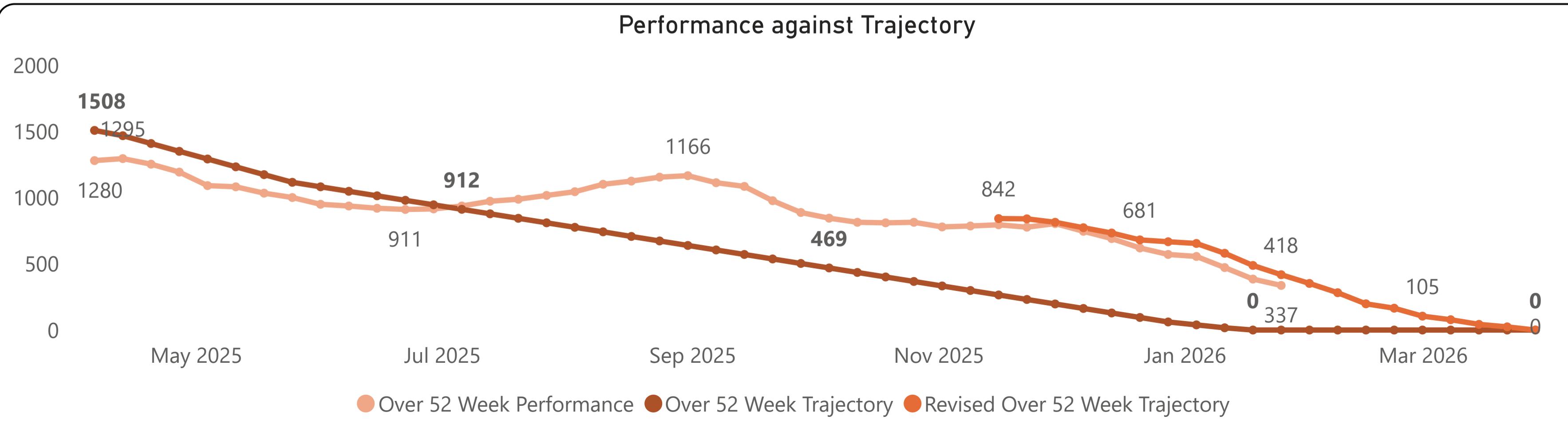
u-Chart: Number of Outpatients waiting over 52 weeks



## Month

December 2025

The data shows a special cause of improving nature and performance is within trajectory. Performance is better than trajectory due to implementation of the elective recovery plan. Significant scrutiny at executive level remains in delivery against plans. Dermatology remains the main risk to delivery and capacity plans are being delivered but reliant on workforce which is a challenge.

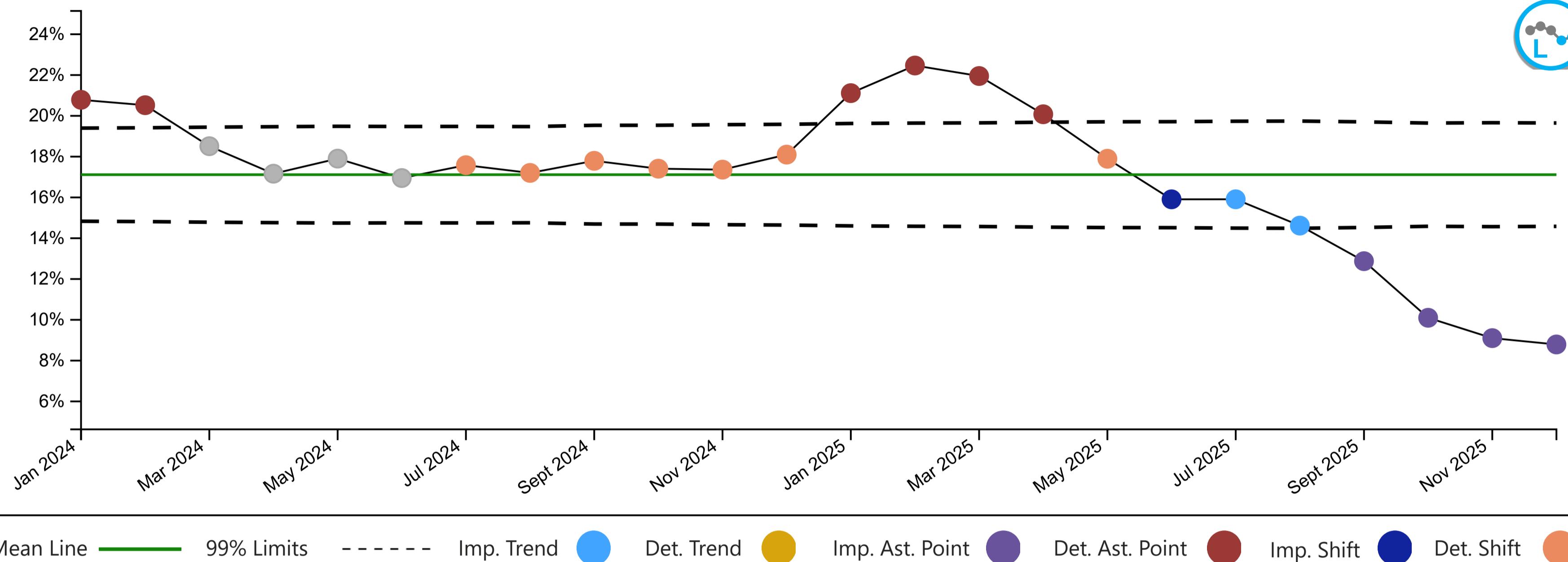


EndOfMonth	Waiting Over 52 Weeks
31/12/2025	578
30/11/2025	829
31/10/2025	806
30/09/2025	875
31/08/2025	1184
31/07/2025	1033
30/06/2025	929
31/05/2025	971

Lead Director: Oliver Bennett

**TTG - Over 52 Weeks**

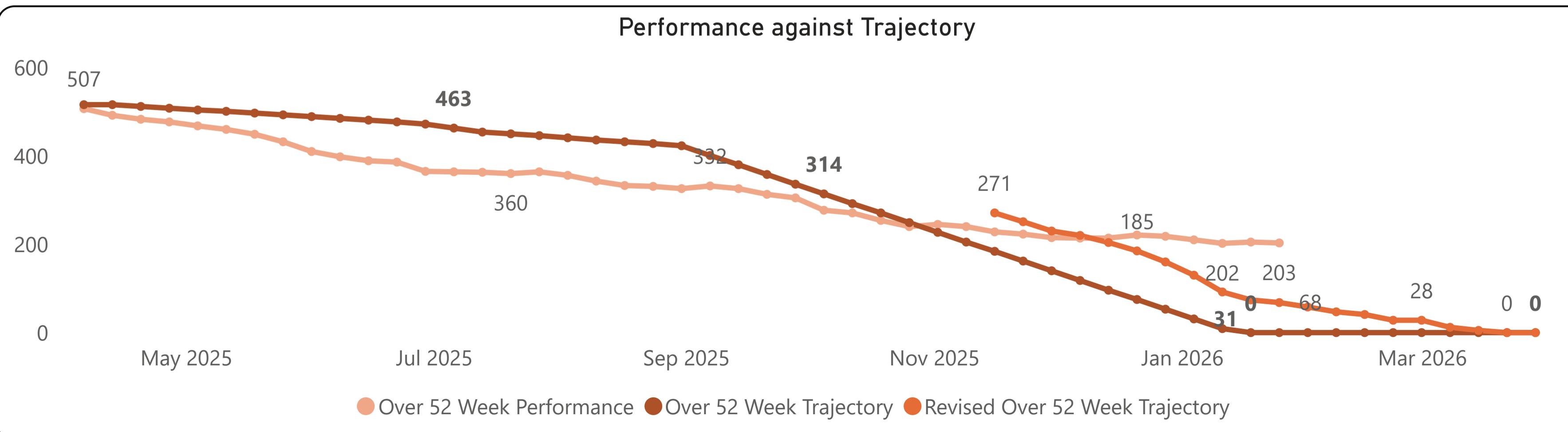
u-Chart: Number of Inpatients waiting over 52 weeks


**Month**

December 2025

The data shows a special cause of improving nature however performance remains off trajectory.

We continue to see sustained reductions in patients waiting under 52 weeks, with improvements in the 78- and 104-week positions. However, we are behind trajectory due to orthopaedic and ENT capacity constraints. List allocations are being reviewed to target capacity more fairly, and ENT pressures are increasing due to consultant absence. We remain on track for the 52-week standard, though risks are highest in ENT and Orthopaedics. Options to close the orthopaedic


**EndOfMonth** Waiting Over 52 Weeks

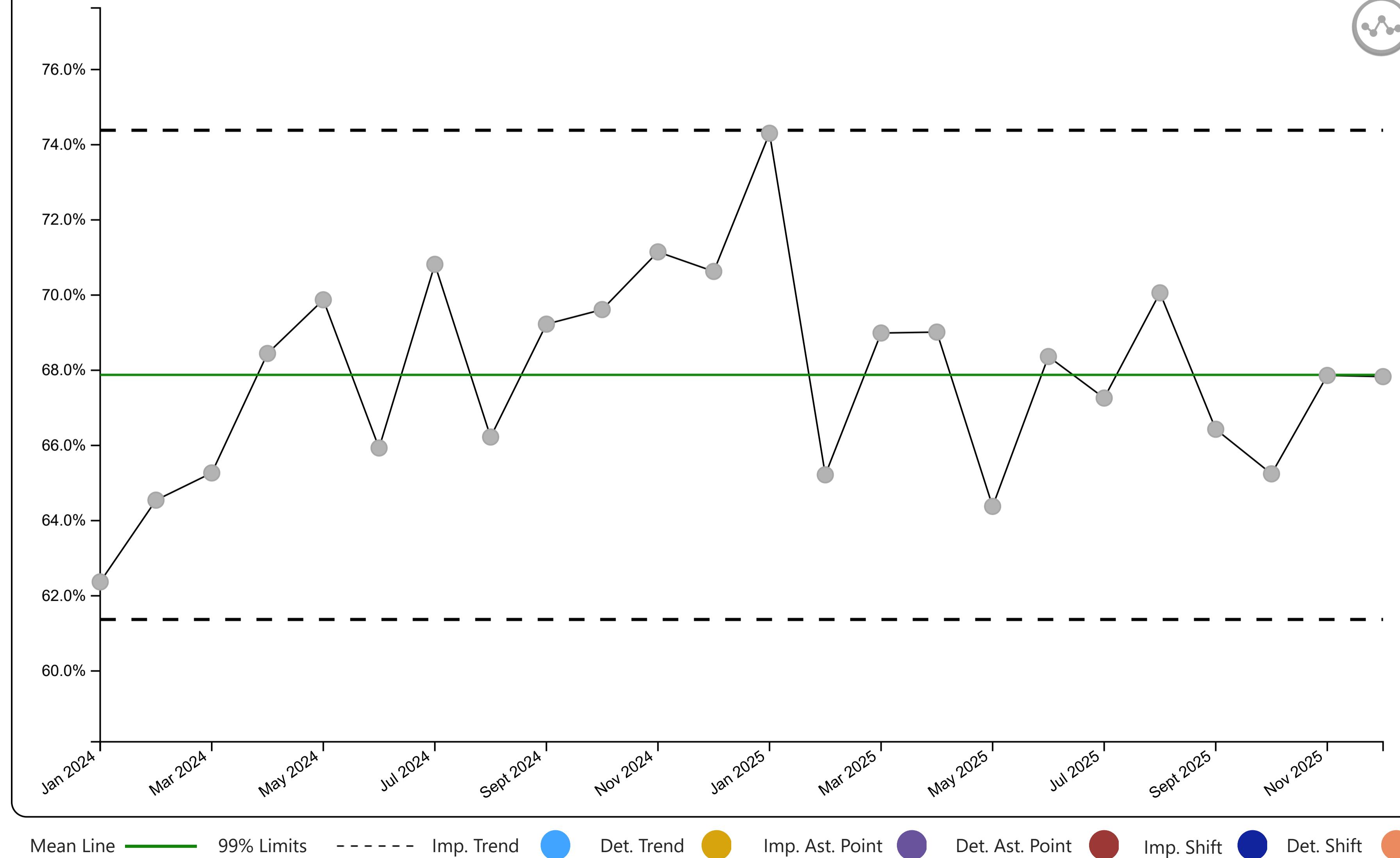
EndOfMonth	Waiting Over 52 Weeks
31/12/2025	211
30/11/2025	216
31/10/2025	243
30/09/2025	296
31/08/2025	326
31/07/2025	357
30/06/2025	363
31/05/2025	410



Lead Director: Oliver Bennett

## Theatre Utilisation

i-Chart: Theatre Utilisation per month. Elective only, excludes theatre 5



## Month

December 2025



The data shows normal variation.

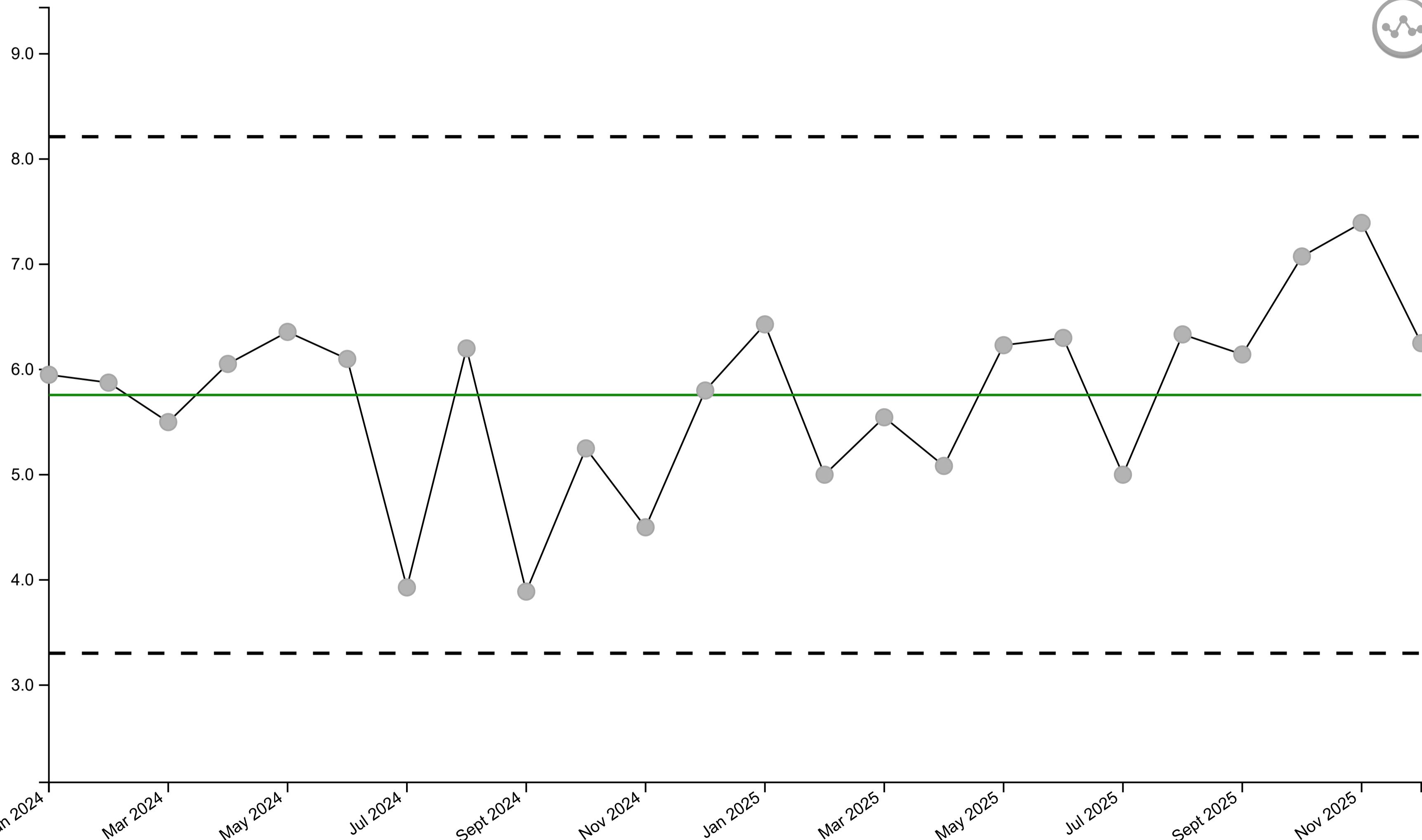
MonthEnding	Utilisation %
31/12/2025	67.8%
30/11/2025	67.9%
31/10/2025	65.2%
30/09/2025	66.4%
31/08/2025	70.1%
31/07/2025	67.3%
30/06/2025	68.4%
31/05/2025	64.4%



Lead Director: Oliver Bennett

## Theatre - Cataract Cases

i-Chart: Average number of cataract cases per session



Mean Line

99% Limits

Imp. Trend

Det. Trend

Imp. Ast. Point

Det. Ast. Point

Imp. Shift

Det. Shift

## Month

December 2025

The data shows normal variation.

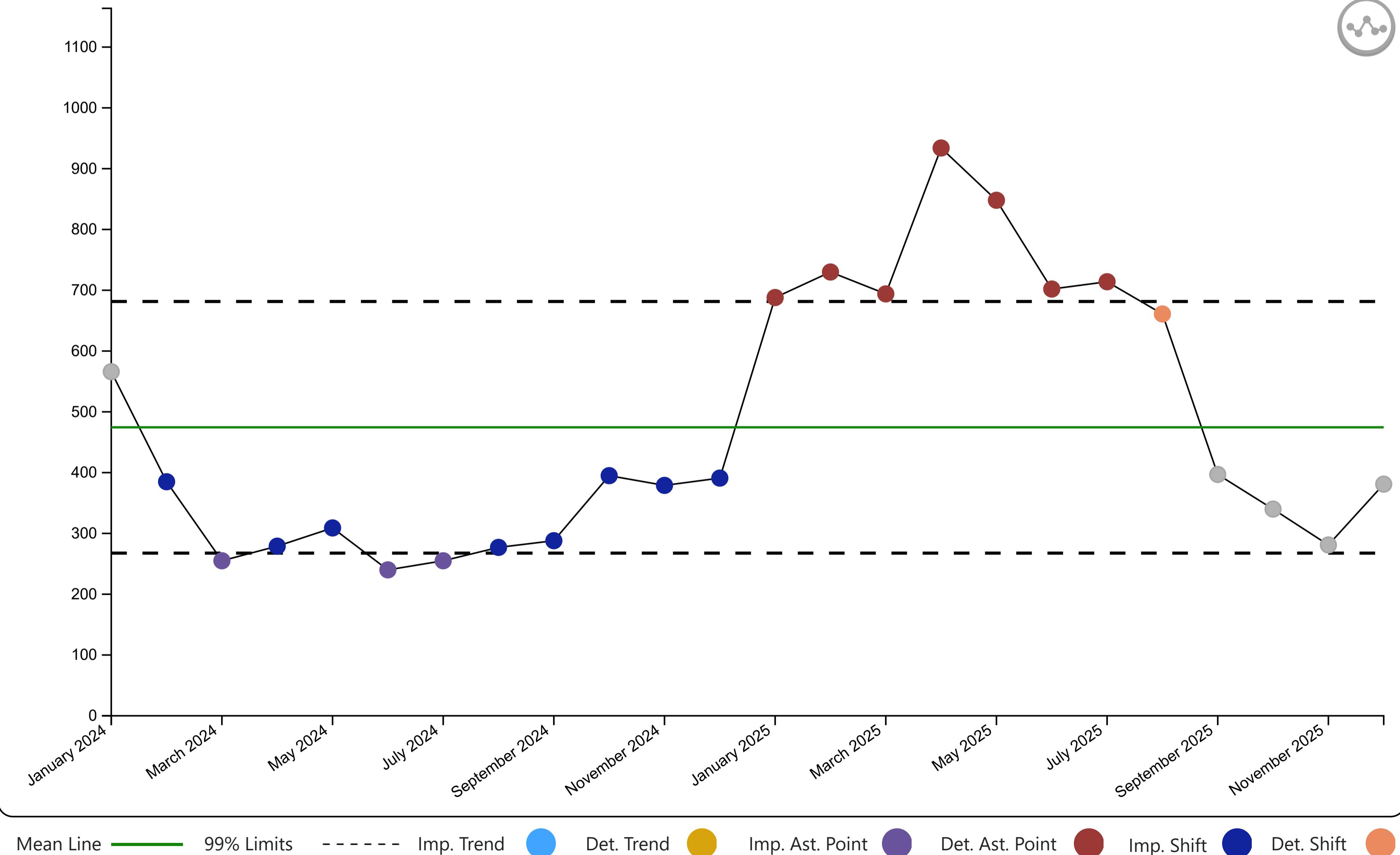
MonthEnding	Sessions	Cataract Cases	Average per Session
▼			
31/12/2025	24	150	6.3
30/11/2025	28	207	7.4
31/10/2025	27	191	7.1
30/09/2025	14	86	6.1
31/08/2025	12	76	6.3
31/07/2025	12	60	5.0
30/06/2025	10	63	6.3
31/05/2025	12	61	6.3



Lead Director: Oliver Bennett

## Diagnostic Waits Over 6 Weeks

i-Chart: Patients waiting over 6 weeks for diagnostic services



## Month

December 2025



The data shows normal variation.

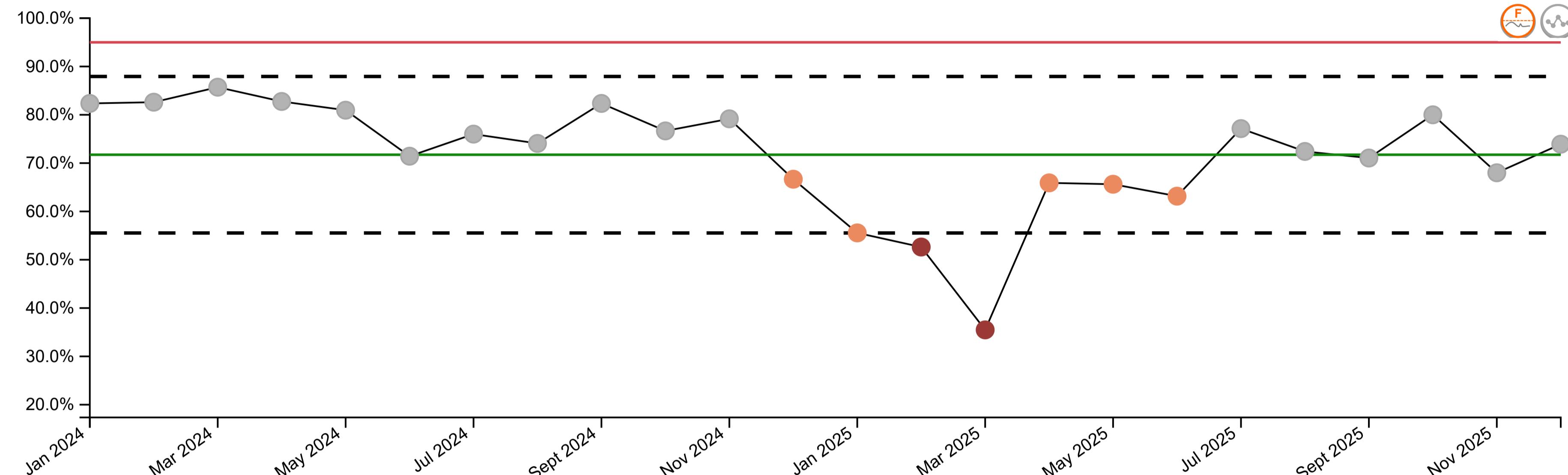
Month/Year	Patients Waiting
December 2025	381
November 2025	281
October 2025	340
September 2025	397
August 2025	661
July 2025	714
June 2025	702
May 2025	848



Lead Director: Oliver Bennett

## Cancer - Treated within 62 Days

i-Chart: Percentage of patients treated within 62 days of referral

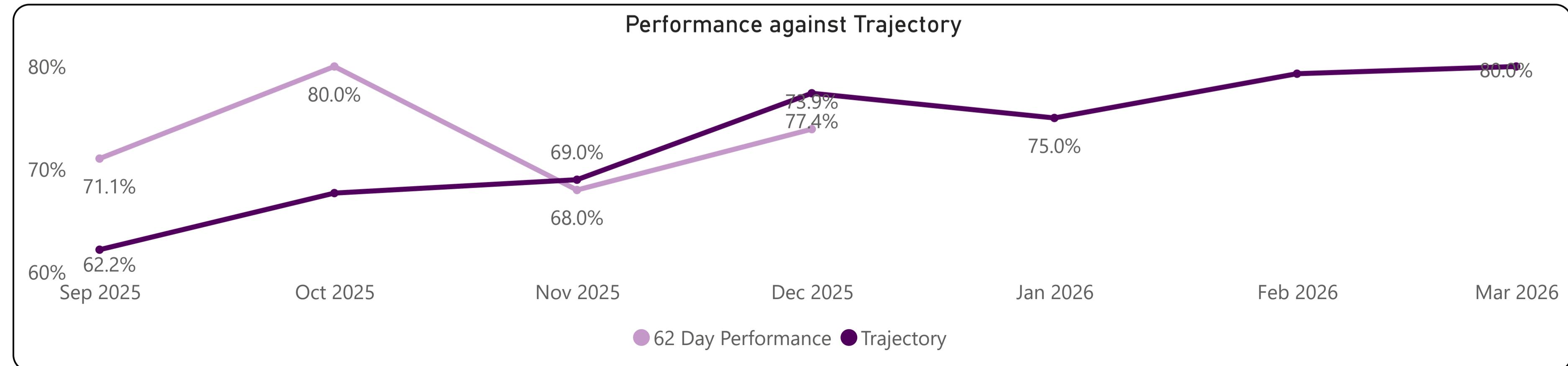


Month

December 2025



The data shows normal variation and meets trajectory.



Treat Month

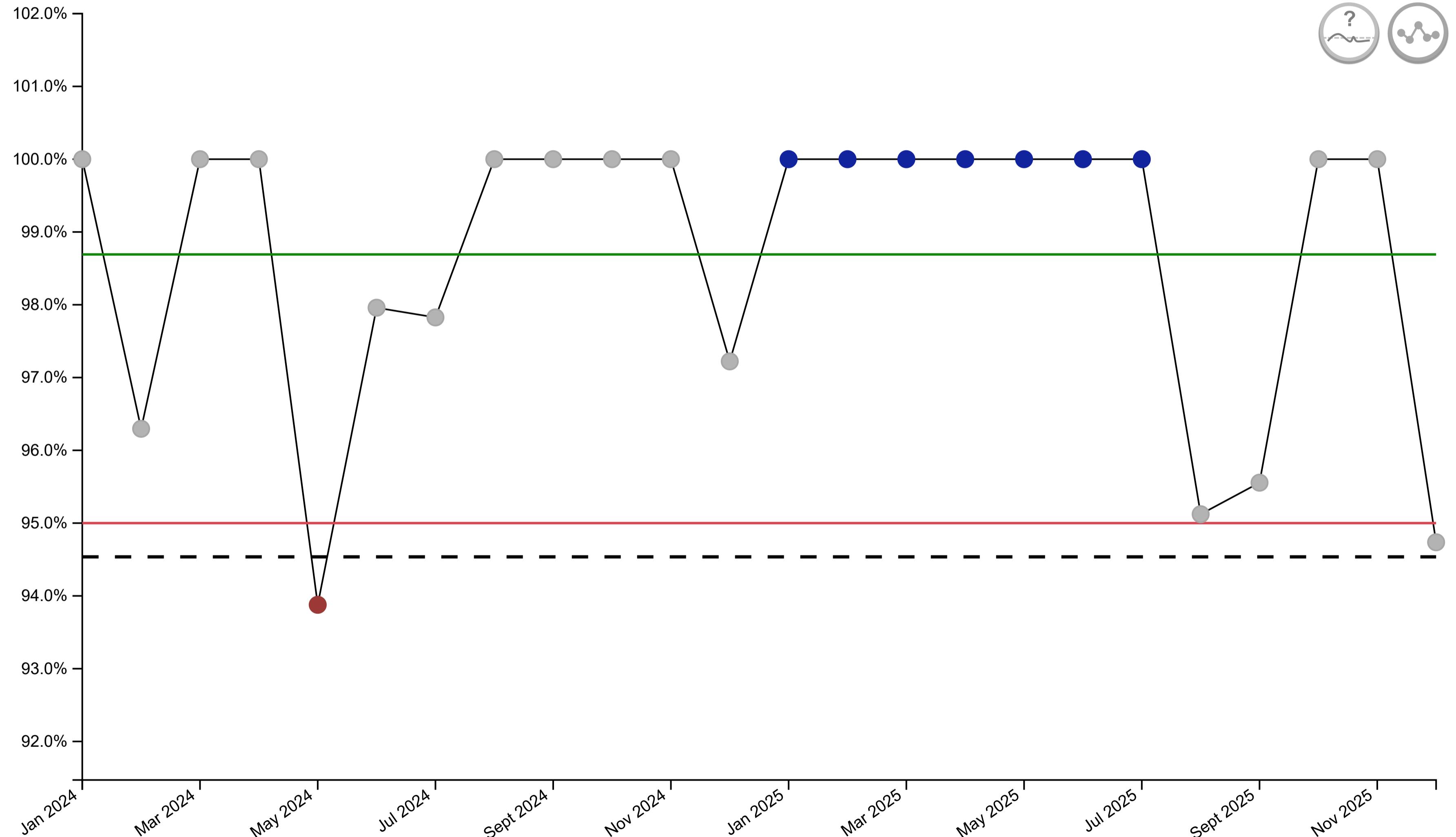
Treat Month	62Day%
December 2025	73.9%
November 2025	68.0%
October 2025	80.0%
September 2025	71.1%
August 2025	72.4%
July 2025	77.1%
June 2025	62.0%



Lead Director: Oliver Bennett

## Cancer - Treated within 31 Day

&lt;div[](i-Chart\_Percentage\_of\_patients\_treated\_within\_31\_day.png)



## Month

December 2025

The data shows normal variation.

## Treat Month

31 Day%

December 2025	94.7%
November 2025	100.0%
October 2025	100.0%
September 2025	95.6%
August 2025	95.1%
July 2025	100.0%
June 2025	100.0%

95% Target

## Mean Line

99% Lim

— — — — — Imp

end  Det.

nd  Imp. As

Point  Det. A

Point  Imp.

ft  Det. Shift

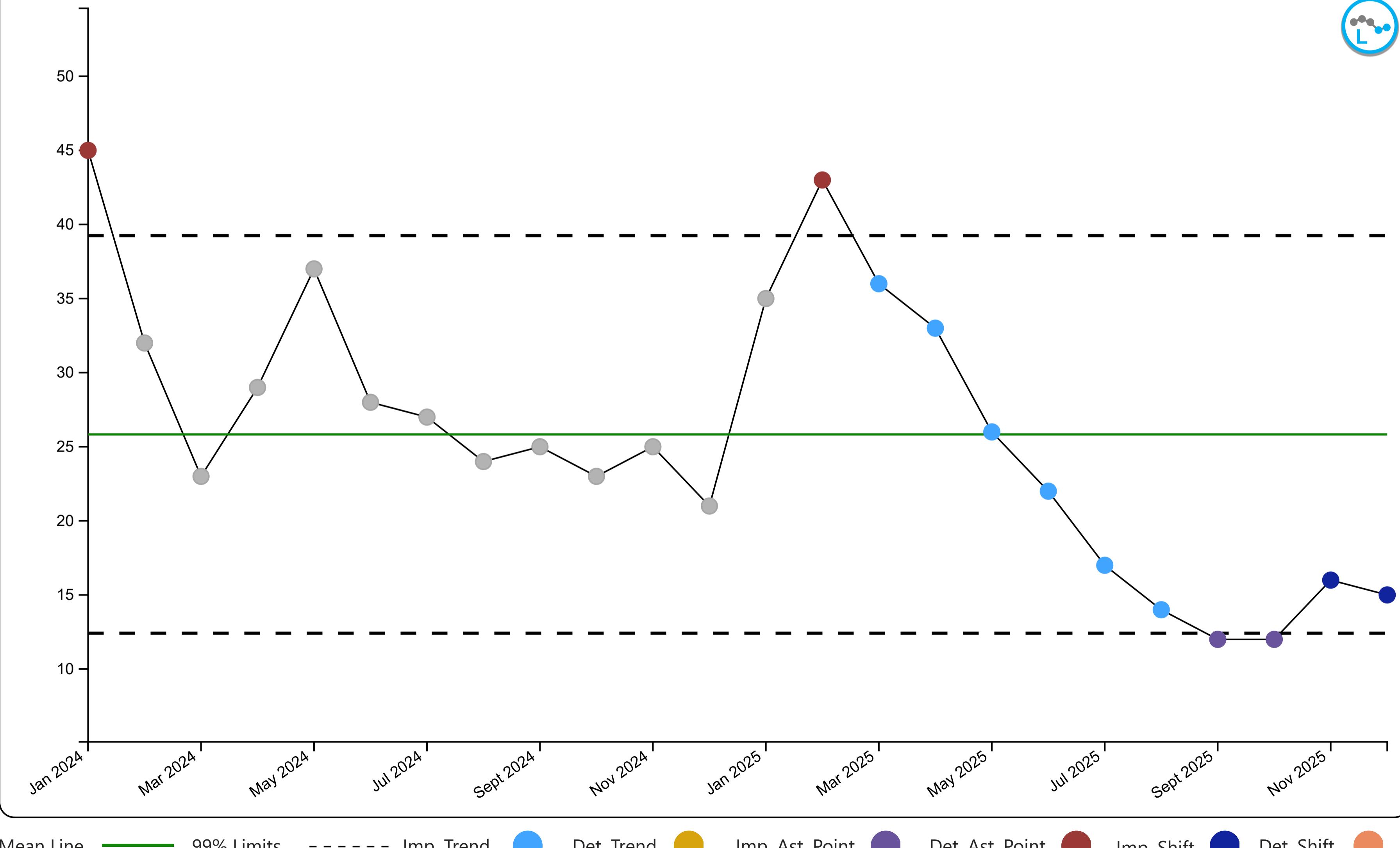
1. **What is the primary purpose of the study?** To evaluate the effectiveness of a new treatment for hypertension in a specific population.



Lead Director: Oliver Bennett

### Cancer - Backlog

i-Chart: Number of patients waiting over 62 days for treatment



### Month

December 2025

The data shows an improving shift in performance.

The backlog of patients waiting to start treatment for Prostate cancer has reduced following improvements in the local diagnostic pathway and treatment waits in Lothian. It should be noted however that there is still a risk to achievement of the 62-day standard for these people, due to long waits for Oncology appointments in Lothian.

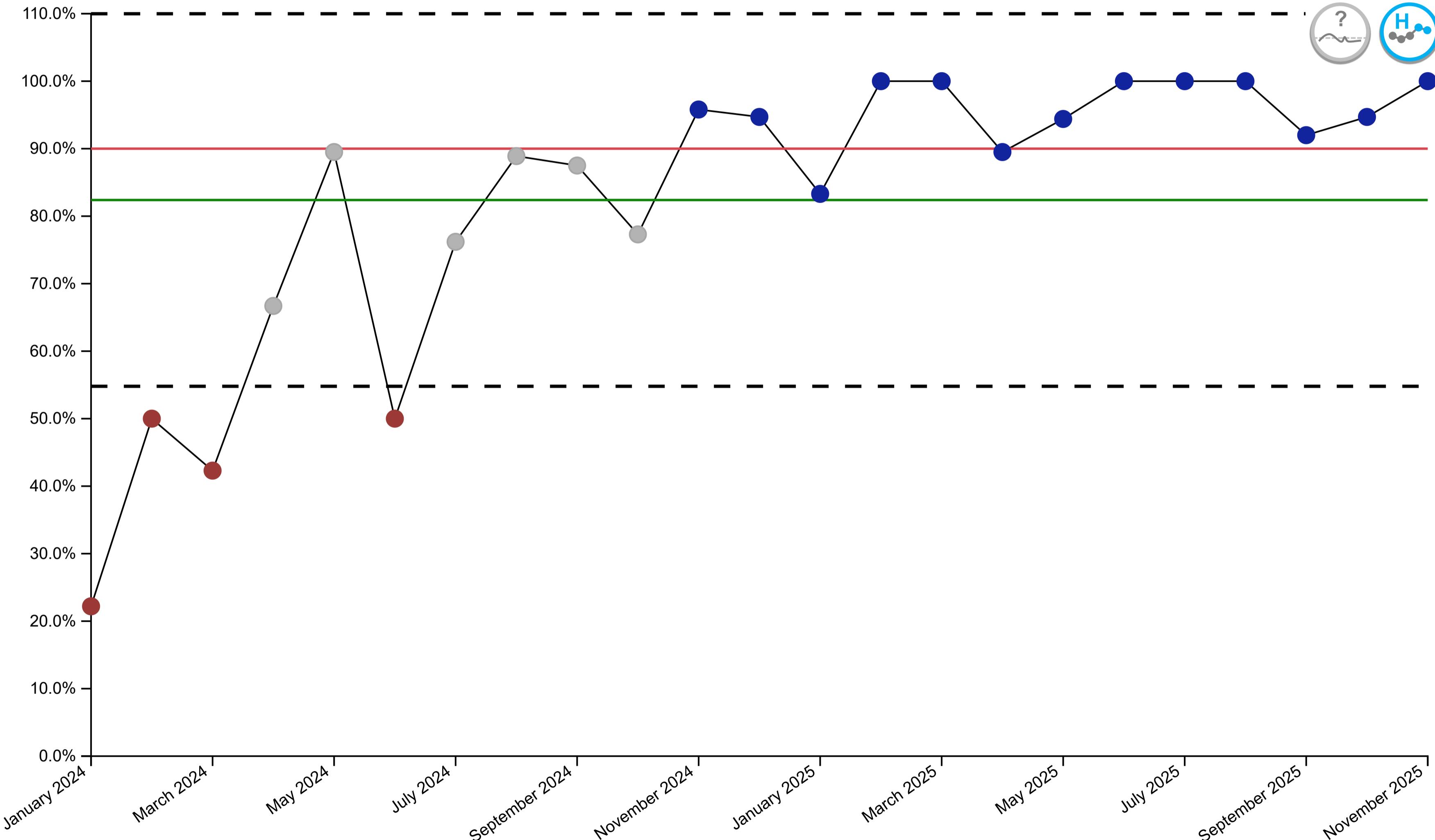
MonthEndDate	Total Backlog
31/12/2025	15
30/11/2025	16
31/10/2025	12
30/09/2025	12
31/08/2025	14
31/07/2025	17
30/06/2025	22
31/05/2025	26



Lead Director: Gareth Clinkscale

## CAMHS RTT

i-Chart: Percentage of Patients Received Treatment within 18 weeks of Referral



## Month

December 2025

The data shows an improving shift in performance.

Please Note: Data has a 1 month lag time.

Category 2 currently has 48 patients waiting, the average wait time is 6 weeks. Over the past 12 months the CAMHS service has consistently met the 90% heat target, with an impressive average achievement of 95.7%. CAMHS are projecting a 100% RTT target for the next reporting period. CAMHS remains steadfast in our commitment to providing ongoing support and ensuring the best possible outcomes for our patients.

## Month

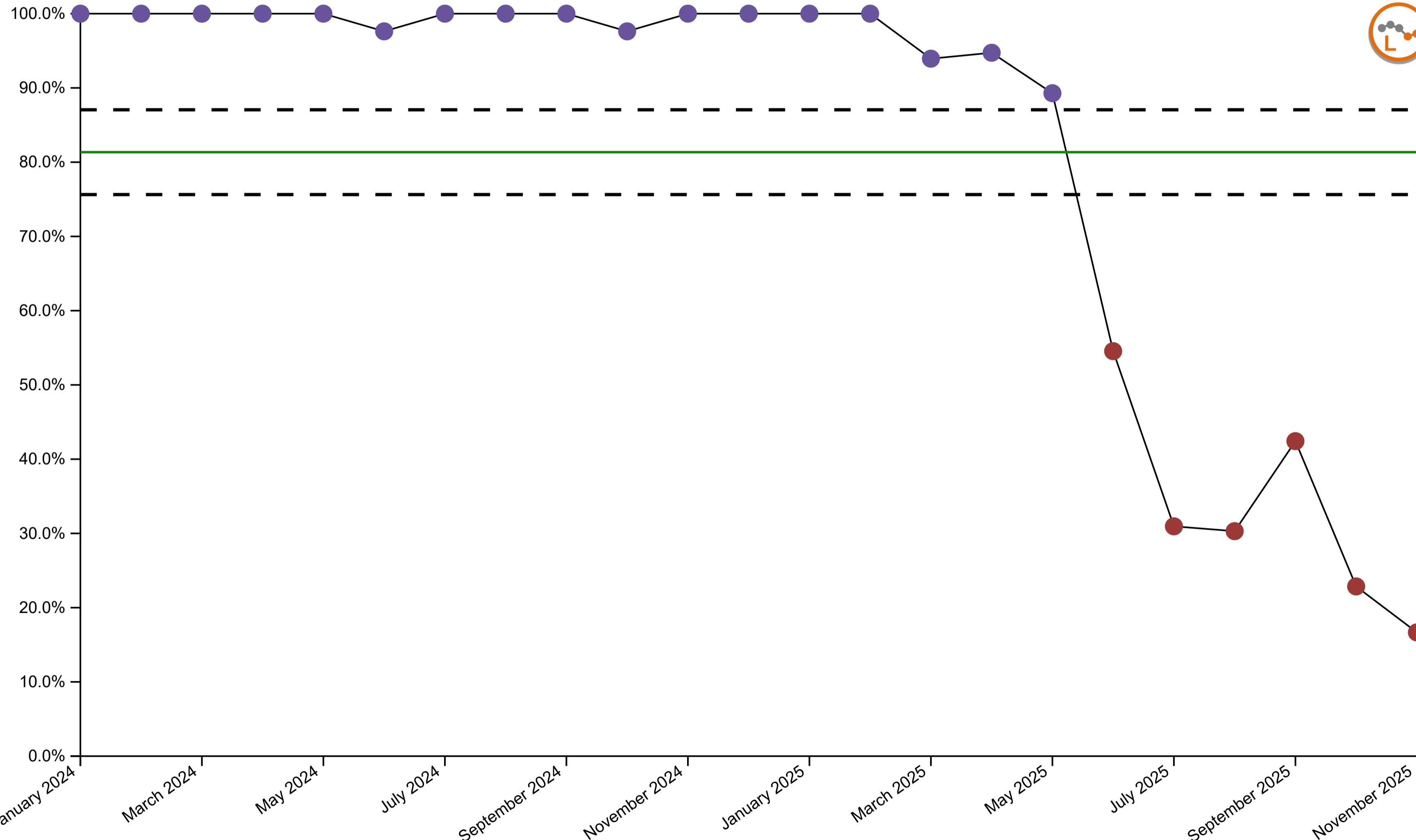
## Treatment %

Month	Treatment %
November 2025	100.00%
October 2025	94.70%
September 2025	92.00%
August 2025	100.00%
July 2025	100.00%
June 2025	100.00%
May 2025	94.70%

Lead Director: Gareth Clinkscale

**CAMHS CAT 1**

i-Chart: Percentage of Neurodevelopmental Waits seen within 52 weeks


**Month**

December 2025

The data shows special cause of a deteriorating nature.

Please Note: Data has a 1 month lag time.

Category 1 currently has 470 patients waiting for 1st assessment and 310 waiting internally. A waiting list initiative is underway to support those waiting internally and so far 139 patient have been removed from the internal list and a further 49 patients have received appointments. This initiative will continue, aiming to further reduce the backlog and improve access for child and young people needing CAMHS assessment and support.

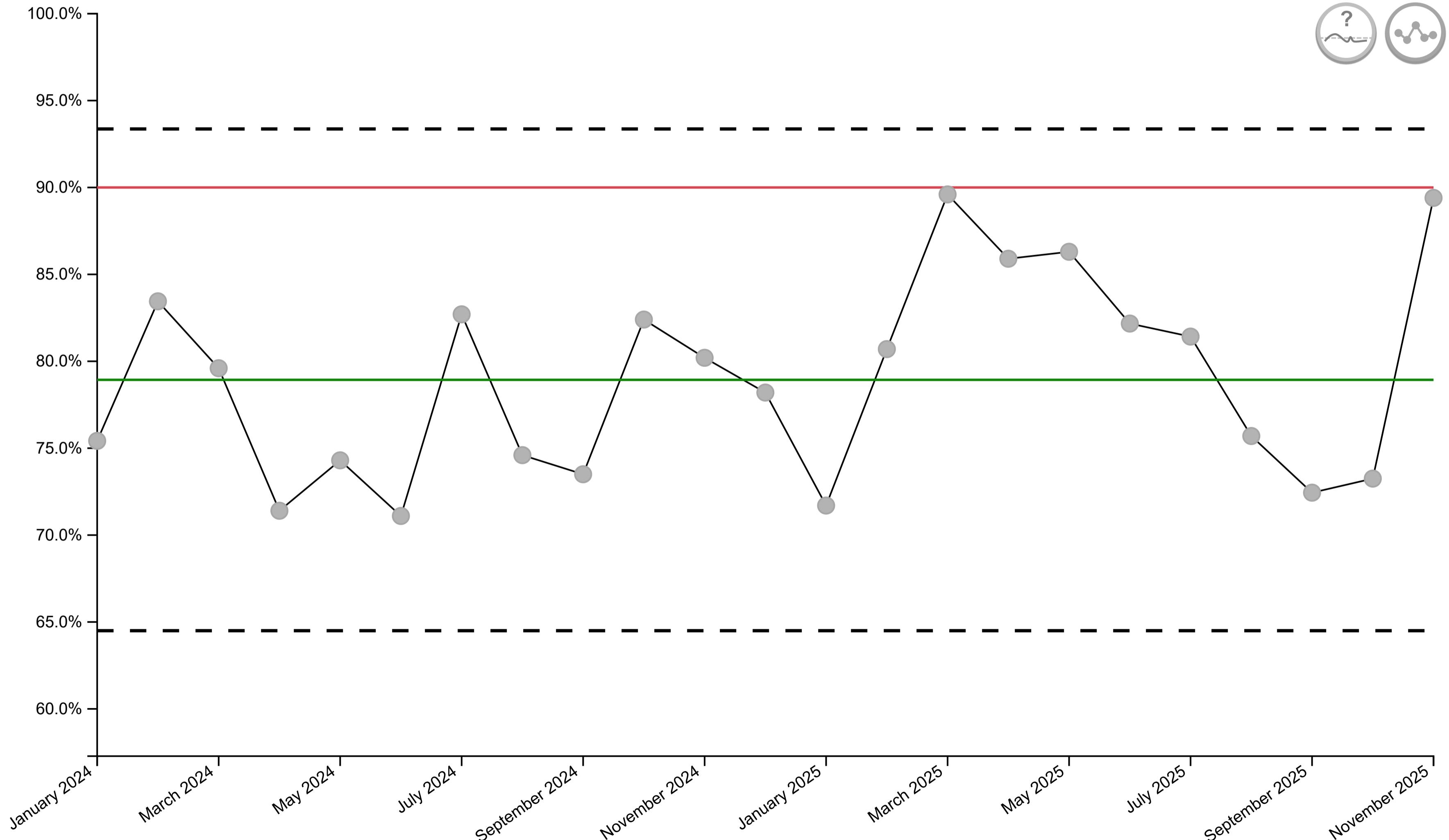
**Month**

Month	Treatment %
November 2025	16.67%
October 2025	22.86%
September 2025	42.42%
August 2025	30.30%
July 2025	30.95%
June 2025	54.55%
May 2025	00.00%

Lead Director: Gareth Clinkscale

**Psychological Therapy**

i-Chart: Percentage of Patients Received Treatment within 18 weeks of Referral


**Month**

December 2025



The data shows normal variation.

Please Note: Data has a 1 month lag time.

**Month**

Month	Treatment %
November 2025	89.4%
October 2025	73.3%
September 2025	72.4%
August 2025	75.7%
July 2025	81.4%
June 2025	82.2%
May 2025	86.5%

90% Target

Mean Line

99% Limits

- - - - - Imp. Trend

Det. Trend

Imp. Ast. Point

Det. Ast. Point

Imp. Shift

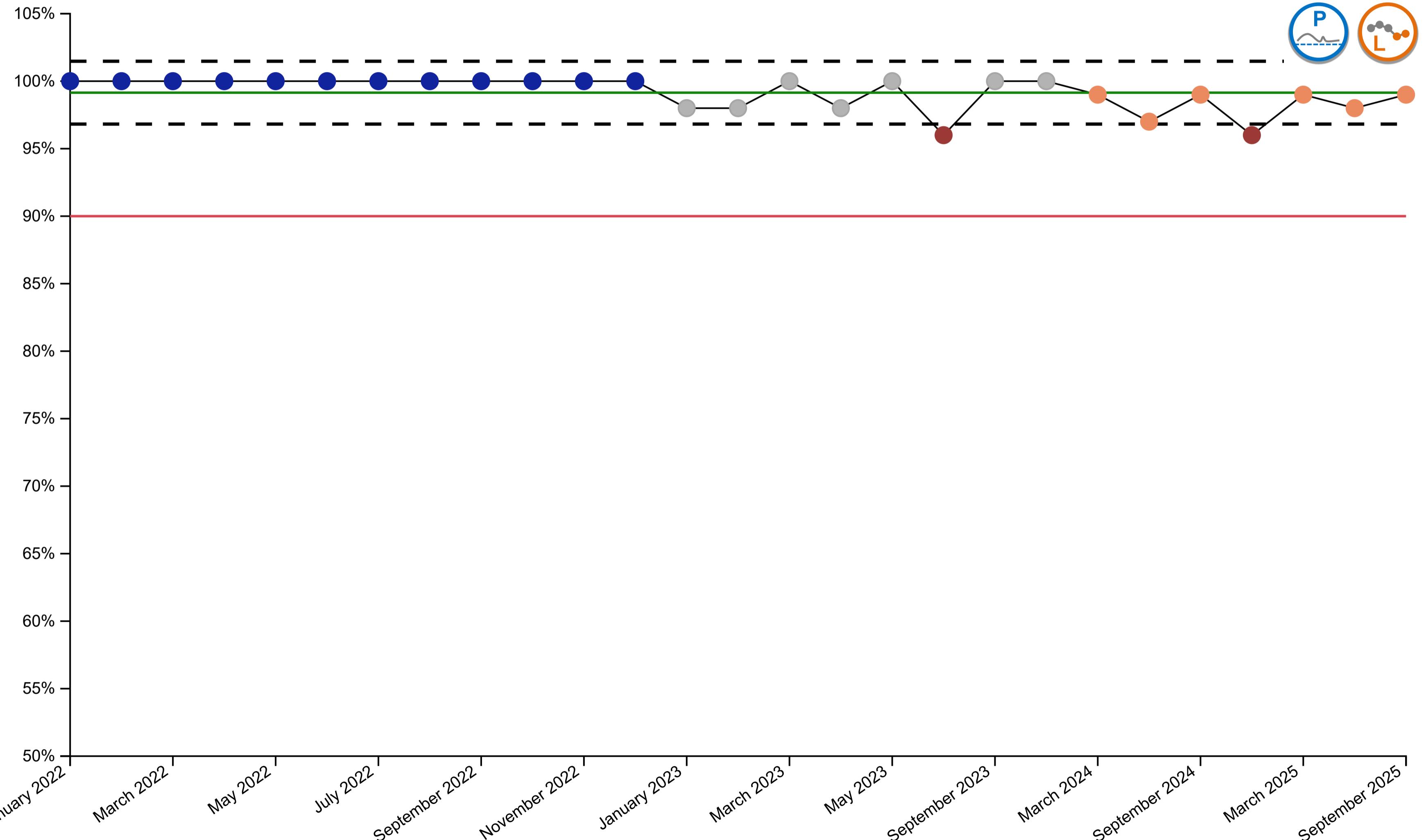
Det. Shift

Det. Shift

Lead Director: Gareth Clinkscale

**BAS 3 Week Target**

i-Chart: Percentage of Patients Received Treatment within 3 weeks of Referral


**Month**

December 2025



The data shows normal variation with performance consistently meeting the 3 week referral to treatment target.

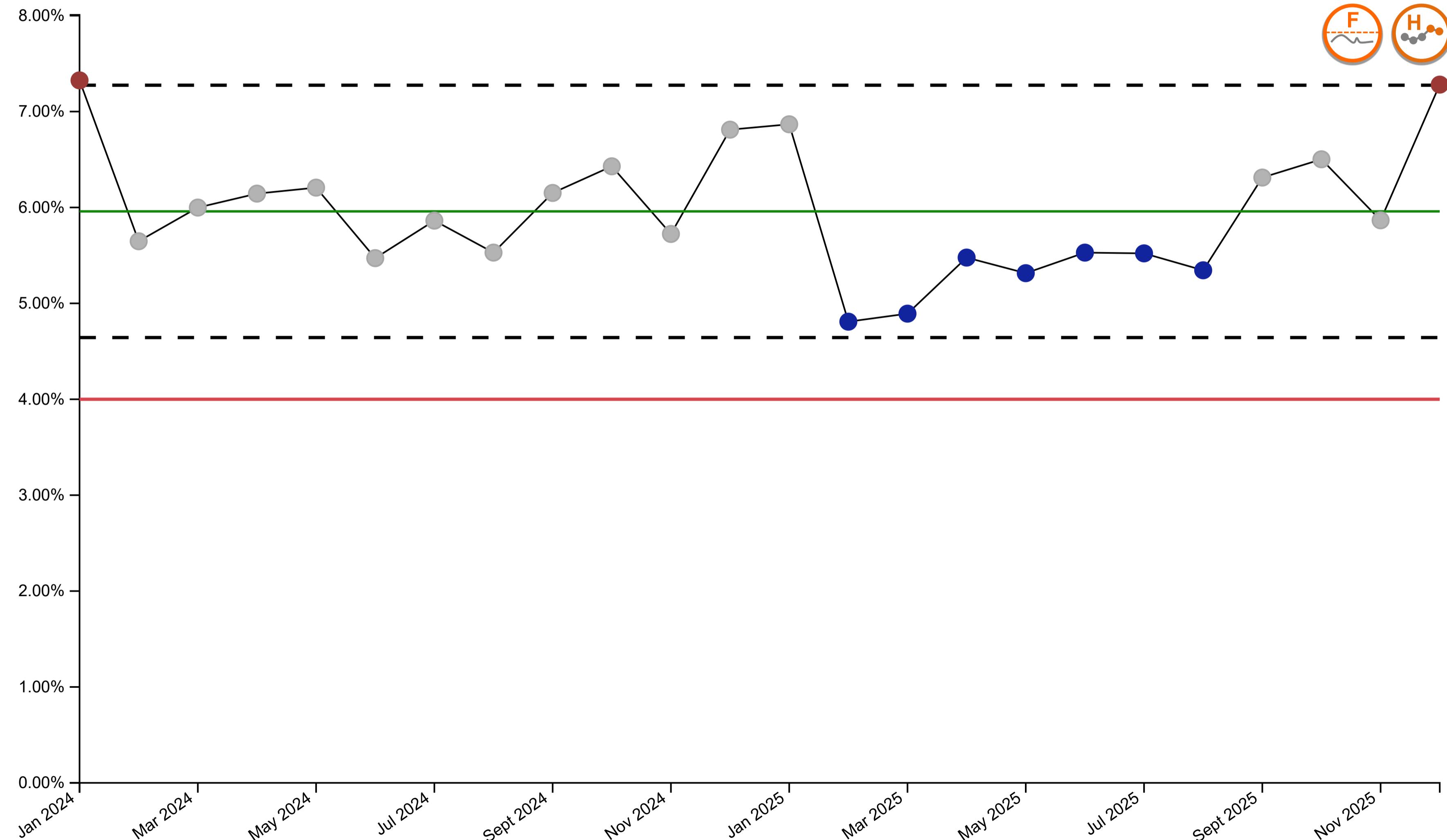
Date	Treatment %
September 2025	99%
June 2025	98%
March 2025	99%
December 2024	96%
September 2024	99%
June 2024	97%
March 2024	99%



Lead Director: Vacant

## Workforce Absence

i-Chart: % of Hours Lost for all Departments per Month



4% Target

Mean Line

99% Limits

- - - - - Imp. Trend

Det. Trend

Imp. Ast. Point

Det. Ast. Point

Imp. Shift

Det. Shift

Det. Shift



Number	Topic or Page	Report Element	Indicator Name	Indicator Description	Data Source or Calculation	Known Issues	Refresh Schedule
	All Pages	Chart	Performance against Trajectory	Tracks measure performance against planned trajectory			
	All Pages	Table	Data table	Displays data table for measure			
	All Pages	Table	Narrative	Displays narrative for selected month and measure	Narrative Input		
1	Dashboard	Integrated Performance Dashboard	General Information	Style Guide Examples Dashboard	Source System: Internal table ; Vcontrol.xlsx	Does not contain examples of all visualisations	Weekly
1	Page: Urgent & Unscheduled Care - EAS	Chart: Emergency Access Standard	Emergency Access Standard	Percentage of patients seen within 4 hours	Tableau_ED		Weekly
2	Page: Urgent & Unscheduled Care - 8hr Breaches	Chart: 8 Hour Delays	8 Hour Delays	Number of patients waited over 8 hours	Tableau_ED		Weekly
3	Page: Urgent & Unscheduled Care - 12 hr Breaches	Chart: 12 Hour Delays	12 Hour Delays	Number of patients waited over 12 hours	Tableau_ED		Weekly
4	Page: Urgent & Unscheduled Care - LoS	Chart: Length of Stay	Length of Stay	Average length of stay. Non-elective only. Excludes paediatric and obstetric specialties and ITU wards	Tableau_ADT		Monthly
5	Page: Urgent & Unscheduled Care - Occupancy	Chart: Acute Occupancy	Average Acute Occupancy	Average number of acute occupied beds per week	Tableau_WardMovements		Weekly
6	Page: Urgent & Unscheduled Care - DD's	Chart: Delayed Discharges	Delayed Discharges	Number of delayed discharges at the end of each week	Tableau_DelayedDischarges		Weekly
7	Page: Urgent & Unscheduled Care - Ambulance Handover	Chart: Ambulance Handover Time	Ambulance Handover Time	Average ambulance handover time in minutes per week	Whole Systems Pressures Dashboard		Monthly
8	Page: Planned Care - OP Waiting List	Chart: OP Waiting List	NOP - Over 52 Weeks	Number of outpatients waiting over 52 weeks	Tableau_WaitingList		Weekly
9	Page: Planned Care - IP Waiting List	Chart: IP Waiting List	TTG - Over 52 Weeks	Number of inpatients waiting over 52 weeks	Tableau_WaitingList		Weekly
10	Page: Planned Care - Theatres	Chart: Theatre Utilisation	Theatre Utilisation	% of theatre time utilised against planned session time. Elective only and excludes theatre 5.	Tableau_Theatres		Weekly
11	Page: Planned Care - Diagnostics	Chart: Diagnostic Waits	Daignostic waits over 6 weeks	Patients waiting over 6 weeks for diagnostic services	Diagnostics Return	Manually calculated figure	Monthly
12	Page: Cancer Care - 31 Days	Chart: Cancer - 31 Days	Cancer 31 Day Target	Percentage of patients treated within 31 days of diagnosis	Cancer WT Database (Excel)	Data subject to change	Weekly



Number	Topic or Page	Report Element	Indicator Name	Indicator Description	Data Source or Calculation	Known Issues	Refresh Schedule
13	Page: Cancer Care - 62 Days	Chart: Cancer - 62 Days	Cancer 62 Day Target	Percentage of patients treated within 62 days of referral	Cancer WT Database (Excel)	Data subject to updates	Weekly
14	Page: Cancer Care - Treatments	Chart: Cancer - Treated within 62 Days	Cancer Treated within 62 Days	Percentage of patients treated within 62 days of referral	Cancer WT Database (Excel)	Data subject to updates	Weekly
15	Page: Mental Health - CAMHS RTT	Chart: CAMHS RTT	CAMHS RTT	Percentage of patients received treatment within 18 weeks of referral	CAMHS Return	Manually calculated figure	Monthly
16	Page: Mental Health - Psychological Therapy	Chart: Psychological Therapy	Psychological Therapy	Percentage of patients received treatment within 18 weeks of referral	PT Return	Manually calculated figure	Monthly
17	Page: Mental Health - BAS	Chart: BAS	BAS 3 Week Target	Percentage of patients received treatment within 3 weeks of referral	BAS Return	Manually calculated figure	Quarterly
18	Page: Workforce - Total Absence	Chart: Workforce Absence	Total Workforce Absence	% of hours lost for all departments per month	HR Dataset		Monthly

## Integrated Performance Report (IPR) – Development of Additional Measures

The IPR is in development and does not yet include all measures, it will be continually developed over the coming months to include the deliverables from the Organisational Strategy, the Annual Delivery Plan and other local Key Performance Indicators.

The table below shows progress on the development and the measures that will be included in the coming months.

Content	Commitment	Update
<b>Quality &amp; Safety</b>		
<ul style="list-style-type: none"> <li>• Adverse events</li> <li>• SAERs</li> <li>• Patient falls</li> <li>• Infection Control</li> <li>• Complaints</li> <li>• Care Opinion</li> <li>• Riddor reportable incidents</li> <li>• HSE investigations</li> <li>• FFP3 Fitting compliance</li> <li>• Risk compliance</li> </ul>		In Progress - All data available and will be included in the IPR by March 2026.
<b>W&amp;CS</b>		
Women & Children's Improvement Measures		To be developed by the service.
<b>MH&amp;LD</b>		
<b>P13:</b> Implementing National Standards for Mental Health services - there are various initiatives around the standards due to be implemented in 25/26	ADP	Measure for improvement to be agreed with the service.
<b>P14:</b> LD Annual Health Checks	ADP	Aim for 26/27 when the service are confident they are accurately recording
<b>Primary &amp; Community Services</b>		
Primary & Community Services Improvement Measures		To be developed by the service.
<b>Public Health</b>		

<p><b>Healthcare Public Health</b></p> <ul style="list-style-type: none"> <li>Total number of Did Not Attend and Cannot Attend out patients split by age/ sex/ SIMD</li> </ul> <p><b>Health Improvement</b></p> <ul style="list-style-type: none"> <li>Child Poverty: % of Children living in low income families</li> <li>Tobacco use: Smoking prevalence persons aged 16+</li> <li>Alcohol dependency and substance use: 'same day' prescribing for OST. The metric for Scotland is no one to breach 3 days, for rural boards it's not to breach 7 days.</li> <li>Total number of individuals being supported by the Wellbeing Service, split by age / sex / SIMD</li> </ul> <p><b>Health Protection</b></p> <ul style="list-style-type: none"> <li>Uptake of childhood immunisations at 24 months of age</li> </ul> <p><b>Screening</b></p> <ul style="list-style-type: none"> <li>Uptake for Breast, Bowel, Cervical, AAA and DES screening</li> </ul>		<p>To be developed by the service. Information available however measures for improvement to be agreed.</p>
<b>Finance</b>		
S7: 3% efficiencies	Organisational Strategy	In Progress
Financial Performance: target (within 1% of budget, excluding savings); variance by value (ytd, forecast)		To be developed
Savings: Overall target / forecast and YTD delivery. In addition, there are detailed milestones set within FIP programme and we should use these. They will change at each quarter.		To be developed
Agency staff expenditure: comparison with same YTD period for previous year (no target) – Medical; Nursing; Other		To be developed Measure for improvement to be agreed.
Cost Pressures: individual cost pressures with forecast value > £250k to be listed; mitigating actions identified.		To be developed
Cost per head of population: (budget/actual – annualised)		To be developed
<b>Workforce</b>		

<b>S8:</b> Ensure 100% of available staff receive an annual appraisal	Organisational Strategy	In Progress
<b>S8:</b> Ensure 100% of available staff complete Statutory & Mandatory training	Organisational Strategy	In Progress
<ul style="list-style-type: none"> <li>• Overtime and Excess Hours</li> <li>• Management &amp; Self-Referrals to Occupational Health</li> <li>• Coaching Interventions</li> <li>• Recruitment Overview</li> <li>• Detail on Hard-to-Fill Vacancies</li> <li>• Staff Turnover</li> <li>• HR Policy Activity</li> <li>• Exit Survey Learning</li> <li>• Staff Health Clearance compliance</li> <li>• OHS attendance/DNA</li> <li>• RTW compliance</li> </ul>		<p>To be developed. Information available however measures for improvement to be agreed.</p>

# NHS Borders



**Meeting:** Borders NHS Board

**Meeting date:** 5 February 2026

**Title:** Integration Joint Board Minutes

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

**Report Author:** I 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 21 January 2026

## **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 24.09.25



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 24 September 2025 at 10am** via Microsoft Teams

**Present:**

(v) D Parker (Chair)	(v) L O'Leary, Non-Executive
(v) R Tatler	(v) K Hamilton, Non-Executive
(v) E Thornton-Nicoll	(v) F Sandford, Non-Executive
(v) T Weatherston	(v) J McLaren, Non-Executive
	(v) J Ayling, Non Executive
L Turner, Chief Financial Officer	
R Duncan GP	
L Jackson, LGBTQ+	
N Hood, Borders Carers Centre	
S Horan, Director of Nursing, Midwifery & AHPs	
L McCallum, Medical Director	
J Smith, Borders Care Voice	
D Bell, Staff Side, SBC	
J Amaral, Chief Executive, Borders Community Action	

**In Attendance:**

I Bishop, Board Secretary
J Stacey, Chief Internal Auditor
A Bone, Director of Finance, NHS Borders
M Fleming, Finance Manager, SBC
J Boyd, Audit Scotland
S Bhatti, Director of Public Health, NHS Borders
G Clinkscale, Interim Director of Urgent Care, Community Services & Mental Health, NHS Borders
L Jones, Director of Quality & Improvement, NHS Borders
C Oliver, Head of Communications, NHS Borders
J Robertson, Social Work, Scottish Borders Council
C Wilson, General Manager, P&CS, NHS Borders
O Simpson, Project Manager, NHS Borders
M Muir, Consultant in Dental Public Health, NHS Borders
S Elliott, Alcohol & Drugs Partnership Strategic Coordinator
C McElroy, Head of Health Improvement, NHS Borders
D Knox, BBC

## 1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from N Richards, Elected Member, P Grieve, Chief Nurse H&SCP, N Istephan, Chief Executive, Eildon Housing Association, P Moore, Chief Executive, NHS Borders, D Robertson, Chief Executive, Scottish Borders Council, C Myers, Director of Adult Social Work & Care, A Carter, Director of HR, OD OH&S, NHS Borders, K Steward, Community Nurse Manager, NHS Borders and J Glen, Scottish Borders Council.
- 1.2 The Chair welcomed attendees and members of the public to the meeting.

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 meeting held on 16 July 2025 were approved.

## **4. MATTERS ARISING**

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the Action Tracker.

## **5. PERFORMANCE AND DELIVERY REPORT**

5.1 The Chair advised that whilst the Chief Officer position remained vacant the Performance & Delivery Report had been formulated as per normal processes in order to ensure the Board maintained an oversight of progress within certain activities.

5.2 Any questions in regard to the content of the report could be emailed to I Bishop who would source answers outwith the meeting.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the Performance and Delivery Report.

## **6. IJB DRAFT ANNUAL ACCOUNTS 2024/25**

6.1 The meeting commenced with a presentation by L Turner on the audited annual accounts for the Integration Joint Board (IJB) for the financial year 2024–2025. The accounts were accompanied by an audit report from Audit Scotland, which concluded that the accounts were free from material misstatement and received an unqualified audit opinion, a significant achievement which reflected sound financial governance.

6.2 L Turner outlined the wider scope and best value elements of the audit, which assessed the IJB's arrangements for: financial management; financial sustainability; vision and leadership; governance; and use of resources to improve outcomes. While most areas were deemed effective, financial sustainability was flagged as a significant risk, particularly due to the absence of a Chief Officer and the need for a longer-term financial plan with scenario planning as detailed in the audit report.

6.3 The accounts showed a net additional payment of £5.1m from NHS Borders to the IJB, which was £600k more than the previous year. It included an additional payment of £6.6m for delegated services (less than anticipated) and a return of £1.4m to Scottish Borders Council (SBC) due to an underspend in older people's services.

6.4 Set-aside services were overspent by £7.1m, which was £1m more than budgeted. The overspend was attributed to: increased beds in the medical assessment unit; higher costs in neurological and respiratory medicines; and diabetic instruments and equipment. The IJB's reserves increased from £6.8m to £9m, largely due to ring-fenced Scottish Government funding not spent during the year. The reserves contributed to the year-end surplus shown in the Comprehensive Income and Expenditure Statement and the Balance Sheet.

6.5 J Ayling raised a question about the definition and demonstration of best value within the IJB, given that both NHS Borders and the Council were individually committed to best value. L Turner responded that a scoping exercise was needed, ideally led by the incoming Chief Officer, to assess how best value could be demonstrated across the partnership.

6.6 L O'Leary added that best value should be considered system-wide, not just between the two statutory partners, especially when shifting resources across the broader health and social care system.

6.7 K Hamilton sought reassurance that the Chief Officer job description would explicitly include responsibilities for best value. The Chair confirmed that progress was being made and that K Hamilton would be involved in forthcoming discussions.

6.8 J Amaral emphasised the strategic importance of the third sector in early intervention and prevention and noted that measuring outcomes in that area was challenging but essential.

6.9 J McLaren questioned the absence of delayed discharges as a strategic priority in the commissioning framework. L Turner acknowledged the comment and confirmed it would be included in the next strategic framework.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** reviewed final audited IJB Annual Accounts for 2024/25 and approved them for signature.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** nominated the Chief Executive of Scottish Borders Council to sign the accounts in place of a Chief Officer.

## **7. IJB 2025/26 QUARTER 1 FINANCIAL MONITORING POSITION**

7.1 L Turner presented the Q1 Financial Monitoring Report for the Integration Joint Board (IJB), covering the period up to 30 June 2025. The report highlighted a challenging financial landscape for both Scottish Borders Council (SBC) and NHS Borders, with both organisations forecasting significant overspends. The key financial concern was a projected funding gap of approximately £14m across all services. Delegated services forecast an overspend of £5.2m and set-aside services forecast an overspend of £8.8m.

7.2 L Turner confirmed that the NHS payment offer remained indicative, pending formal budget confirmation from the Scottish Government. The initial indicative offer already left a £10m shortfall, which had since widened due to increased demand and cost pressures.

7.3 L Turner emphasised that the retrospective partners (SBC and NHS Borders) would need to fund the delegated services overspend, while NHS Borders would bear the full cost of the set-aside overspend. She further highlighted the Carers Act commitments of just under £1.8m; the savings delivery of £1.4m delivered and £5.2m forecast for the remainder of the year. In terms of reserves there was a slight decrease due to the allocation of Scottish Government funding and the on-going review to identify any flexible reserves that could offset the bottom line.

7.4 L Turner noted that while reserves could potentially help reduce the deficit, they would not be sufficient to close the gap entirely. A meeting with NHS Borders was scheduled to clarify the availability and commitments tied to existing reserves.

7.5 J Ayling enquired whether any reserves could be repurposed to address the current financial gap. L Turner confirmed that a detailed review was underway, with a meeting planned to finalise the position. She cautioned against premature estimates but hoped to report back with clarity at the next IJB meeting.

7.6 K Hamilton requested a timeline for reserve analysis outcomes, seeking assurance that the IJB would receive an update in the next cycle. L Turner committed to providing a full update at the next meeting.

7.7 S Bhatti raised concerns about the 15% variance between base and revised budgets for delegated services. He questioned whether it indicated flawed budget setting or unanticipated pressures. L Turner explained that the base budget was set using known allocations, while revised budgets reflected additional in-year allocations from the Scottish Government. Those are often unpredictable and non-recurring, especially in primary care.

7.8 A Bone added that around 10% of NHS Borders' resources are allocated annually by the Scottish Government as strategic priority budgets, which complicated baseline budgeting. He and L Turner committed to improve budget presentation clarity in future cycles.

7.9 T Weatherston enquired whether other IJBs across Scotland were facing similar financial pressures. L Turner confirmed that financial challenges were widespread, with increased demand and complexity affecting all boards. Audit Scotland's recent report had highlighted the national scale of the issue.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the financial position of the IJB as at 30th June 2025.

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

## **8. UPDATE ON STRATEGIC PLAN FOR ORAL HEALTH AND DENTAL SERVICES**

8.1 M Muir, Consultant in Dental Public Health, presented the first annual update on the Strategic Plan for Oral Health and Dental Services in the Scottish Borders. It was a 12-year plan, structured into four 3-year action plans, which allowed flexibility to adapt to changing needs and priorities. The presentation focused on the progress made during Year 1, which primarily involved groundwork and foundational development

across four strategic themes: maximising oral health; improving access to dental services; developing pathways; and strengthening partnership working.

- 8.2 In terms of the priorities for Year 2 the team had identified several strategic priorities for the coming year which included: enhanced communications internally across dental services and externally with partners and the public; recruitment and retention continued support for general dental services and promotion of the Borders as a desirable place to work; prevention and early intervention focus on reducing waiting lists and improving timely access to care, especially for children requiring general anaesthetic; collaborative working deepening partnerships across health and social care; and system alignment ensuring oral health contributed meaningfully to broader strategies like the Clinical Strategy and Population Health Framework.
- 8.3 L McCallum commended the dental team's work, especially in frailty and early years. She emphasised the importance of oral health across the lifespan and praised the team's integration with broader clinical priorities.
- 8.4 F Sandford asked for more detail on improvements in paediatric anaesthesia. M Muir explained that returning procedures to the Day Case Unit (instead of the children's ward) had doubled capacity, significantly reducing waiting times.
- 8.5 J Ayling raised questions in regard to whether oral health included oral cancer detection, how outcomes would be measured over the 12-year strategy and how financial sustainability and best value would be demonstrated. M Muir acknowledged the challenges in data collection, especially for adult services and noted that while children's programmes had robust evaluation mechanisms, adult dental care lacked a national research infrastructure. She committed to exploring outcome tracking and financial impact analysis where feasible.
- 8.6 T Weatherston enquired what options existed for individuals with severe toothache and financial hardship. M Muir clarified that emergency dental care was available to all. Those on low income may qualify for free treatment or support via HC1 forms and the Dental Enquiry Line could assist with access and eligibility.
- 8.7 E Thornton-Nicol shared positive feedback from both ends of the age spectrum and highlighted training for carers in care homes and early years engagement through community events like the "Happy Bellies Brigade," where oral health education was delivered in fun, interactive ways.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the areas of progress during the first year of implementing the Strategic Plan for Oral Health and Dental Services in NHS Borders.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the continuation of work to deliver the Strategic Plan, including the aspects which we have identified as a focus for 2025-26.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** recognised the importance of good oral health within the context of wider system policy and strategic goals, and opportunities for alignment with the NHS Borders Clinical Strategy and national documents such as the Population Health Framework.

## **9. ALCOHOL AND DRUGS PARTNERSHIP ANNUAL SURVEY FOR SCOTTISH GOVERNMENT**

9.1 S Elliot, ADP Coordinator, presented the Annual Survey Report for the Alcohol and Drugs Partnership (ADP) and sought final sign-off of the submission to the Scottish Government. The report formed part of a national data collection exercise, designed to assess local progress against the Medication Assisted Treatment (MAT) Standards, strategic priorities, and service delivery outcomes. She explained that the template provided by the Scottish Government varied year to year and did not capture all ADP activity. However, additional reporting was provided separately, including: quarterly progress reports; financial returns; and MAT Standards implementation updates.

9.2 J McLaren asked about staff engagement with wellbeing resources (e.g., coaching, counselling). S Elliot acknowledged that it was not currently tracked but committed to raising it with the staff wellbeing group.

9.3 K Hamilton queried whether the Scottish Government provided feedback on the survey. S Elliot confirmed that responses were aggregated nationally and individual feedback was not provided, which was a challenge given the effort involved in reporting.

9.4 L Jackson praised the Equality Impact Assessment, especially its focus on LGBTQ+ mental health. She asked whether the previously unsuccessful focus group could be revived. S Elliot welcomed the idea and committed to exploring it with Borders Care Voice and the recovery community.

9.5 L O'Leary asked about local drug-related death statistics. S Elliot reported a significant drop from an average of 15–16 deaths per year to five deaths last year. However, there had been a slight increase in 2025 which had prompted close monitoring.

9.6 S Bhatti added that synthetic opioids like nitazenes required double doses of naloxone. He emphasised the importance of distributing naloxone and preparing for potential outbreaks, especially given the proximity to supply hubs in Lothian.

9.7 E Thornton-Nicol offered heartfelt praise for the ADP team, noting the stigma faced by both service users and staff. She highlighted the hidden nature of alcohol misuse in the Borders, particularly among high-functioning individuals, and stressed the importance of continued support and visibility.

9.8 J Amaral emphasised the role of the third sector and the importance of measuring prevention outcomes, which were often difficult to quantify. She requested access to local data to help shape future funding priorities.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved final sign off of the ADP Annual Survey

## **10. CREATING HOPE: MENTAL HEALTH IMPROVEMENT AND SUICIDE PREVENTION PLAN**

- 10.1 C McElroy, Head of Health Improvement, presented the Creating Hope in the Scottish Borders strategy, a public mental health and suicide prevention plan originally launched in 2022. The current plan was due to conclude in 2025, and she sought approval to extend the strategy to 2030, reflecting its evolving scope and growing impact. The strategy was built around four key programmes: mentally healthier communities; suicide safer communities; transition support for young people; and workforce and system development. She emphasised that the strategy was designed to be cross-sectoral, involving NHS Borders, Scottish Borders Council, third sector organisations, education, and lived experience groups.
- 10.2 She highlighted a number of key achievements which included: the Creating Hope awards scheme; training and capacity building; Community Hubs and information stations; and digital and print resources.
- 10.3 J McLaren asked about NHS staff engagement. C McElroy confirmed that training was open to all staff, not just mental health professionals and uptake had been strong across departments.
- 10.4 L McCallum raised concerns about neurodiversity and suicide risk, noting a potential trend in recent local data. C McElroy acknowledged the concern and confirmed that Programme 3 (Transition Support for Young People) would address that, with work underway alongside CAMHS.
- 10.5 L O'Leary shared a positive anecdote from her role with the Samaritans, noting an increase in volunteers who had first engaged with suicide prevention training through their workplace which she perceived to be evidence of the strategy's wider impact.
- 10.6 J Amaral praised the alignment between Creating Hope and the Wellbeing Fund, noting that future funding decisions could be shaped by local suicide and mental health data. C McElroy agreed to share relevant data.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the extension of the Creating Hope Action Plan to 2030.

## **11. PCIP – PRIMARY CARE IMPROVEMENT PLAN**

- 11.1 C Wilson, supported by O Simpson, presented the 2025 PCIP Annual Report, marking the third year of reporting and the fourth year of active programme delivery. The PCIP was a cornerstone of the Memorandum of Understanding (MoU) between the Scottish Government, NHS Borders, and the Integration Joint Board (IJB), aimed at shifting workload from GPs to multidisciplinary teams and improving access to primary care services. The presentation was structured around: key achievements; service transitions to “business as usual”; demonstrator site status; data collection and evaluation; and risks and issues.
- 11.2 During the presentation several key achievements were highlighted which included: the vaccination programme, where NHS Borders remained one of the top-performing boards nationally; the Mental Health (Renew Service); MSK/First Contact Practitioner Service; the demonstrator site programme and community treatment and care (CTAC); the contribution that NHS Borders was making to national learning through data collection and evaluation; as well as risks and issues.

- 11.3 F Sandford praised the report's depth and data but flagged a possible duplication in pie charts and urged more public communication about the CTAC hub.
- 11.4 S Bhatti requested access to data and raised the need for social prescribing pathways, suggesting that psychology services may not always be the best fit.
- 11.5 L O'Leary emphasised the lack of national capability to cost activity and model impact, and sought better financial analysis.
- 11.6 K Hamilton noted resistance from some GPs and stressed the need for clearer communication in practices.
- 11.7 J Ayling asked about standardisation across practices and how data was being used to support decision-making. R Duncan confirmed that standardisation had progressed well but had also caused friction. He emphasised the importance of consistent service delivery and acknowledged IT challenges and the need for better value-for-money analysis.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the content of the report and considered the issues raised in the report.

## **12. IJB AUDIT COMMITTEE MINUTES: 30 JUNE 2025**

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

## **13. ANY OTHER BUSINESS**

- 13.1 **IJB AUDIT COMMITTEE: The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** formally approved the reappointment of K Harrod as an external member of the IJB Audit Committee.

## **14. DATE AND TIME OF NEXT MEETING**

- 14.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 19 November 2025, from 10am to 12 noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>5 February 2026</b>
<b>Title:</b>	<b>Board Committee Appointments</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Fiona Sandford, Interim Chair</b>
<b>Report Author:</b>	<b>Iris Bishop, Board Secretary</b>

## 1 Purpose

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

- Decision

**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

#### **Chair Appointment**

The Chair of NHS Borders concluded her appointment on 31.12.25 and our Vice Chair, Fiona Sandford became Interim Chair from 01.01.26.

There is currently a joint recruitment campaign with NHS Orkney underway to appoint a substantive Chair to NHS Borders.

A further recruitment campaign is about to be launched to appoint a further Non Executive Director to the Board as a consequence of Fiona's appointment as Interim Chair.

#### **Vice Chair Appointment**

As per the Board's Standing Orders within the Code of Corporate Governance the Cabinet Secretary was asked to appoint a Vice Chair:-

*3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. The non-executive member of the Board with the whistleblowing portfolio is excluded from being Vice-Chair. A member who is an employee of the Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.*

The Cabinet Secretary has nominated Lucy O'Leary be appointed as Vice Chair of the Board.

### **Non Executive Committee Memberships**

It is good practice for Non Executives to be exposed to the full range of Committees that service the Board and as part of the annual Appraisal process for Non Executives, the Chair discusses with them the range of Committees they service.

The Interim Chair came into post on 1 January 2026 and has discussed with the Non Executives some changes to the current committee memberships.

This report provides an update to the changes in Board memberships since those agreed by the Board on 3 April 2025.

- In February 2024 Mr Tris Taylor resigned as a Non Executive Director and the Board has continued to operate with that Non Executive vacancy. Changes were made to quoracy numbers on committees to enable any impact on Non Executives workload to be mitigated where possible. It is proposed that the Board continue to operate with one Non Executive vacancy which will continue to contribute to the savings target of the Board.
- In August 2025 Paul Williams became a Stakeholder Non Executive Director (ACF Chair).
- On 4 April 2025 Mrs Harriet Campbell concluded her appointment as a Non Executive Director and a recruitment process was held jointly with NHS Highland to appoint a replacement.
- On 2 October 2025 Jacquie Pepper was appointed as a Non Executive Director.
- James Ayling will Chair the Resources & Performance Committee from March 2026.
- James Ayling will Chair the Remuneration Committee from March 2026.
- Lynne Livesey will Chair the Audit & Risk Committee from April 2026.
- Lynne Livesey will join the Area Clinical Form as an attendee.
- Lucy O'Leary will Chair the Clinical Governance Committee from April 2026.

- Lucy O'Leary will become a member of the Community Planning Partnership Strategic Board in her capacity as Vice Chair.
- Jacquie Pepper will join the Clinical Governance Committee.
- Jacquie Pepper will join the Expert Advisory Group to the Endowment Committee.
- Jacquie Pepper will Chair the Discretionary Points Committee.
- Jacquie Pepper will join the Integration Joint Board.

Further discussions will take place in due course in regard to the Non Executive memberships of the:-

- IJB Audit Committee (requires 2 Non Executives)
- Audit & Risk Committee (requires 4 Non Executives)
- Staff Governance Committee (requires 4 Non Executives)
- Remuneration Committee (requires 5 Non Executives)

## 2.2 Background

In line with the Code of Corporate Governance the Board must approve the Non Executive membership, including the appointment of Chairs and Vice Chairs as appropriate, of its Committees.

## 2.3 Assessment

This report provides an update to the changes in Board memberships since those agreed by the Board on 3 April 2025.

### 2.3.1 Quality/ Patient Care

Not applicable.

### 2.3.2 Workforce

Not applicable.

### 2.3.3 Financial

Not applicable.

### 2.3.4 Risk Assessment/Management

Committees are created as required by statute, guidance, regulation and Ministerial direction and to ensure efficient and effective governance of the Boards' business.

### 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 report has been prepared directly for the Board.

## **2.4 Recommendation**

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

The **BOARD** is asked to formally appoint Lucy O'Leary as Vice Chair of the Board.

The Board is asked to **note** the changes in Non Executive memberships of its Committees as above and as set out in the NHS Borders Non Executives Committee Chart (Appendix 1).

The Board is asked to **confirm** that it will continue to operate with one Non Executive vacancy for the period 2026/27 which will continue to contribute to the savings target of the Board.

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

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

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Board Committee Memberships

# NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2026 – 29.01.26

Name/Ctee	Vacant (Hold for savings)	John McLaren (APF)	Fiona Sandford (Interim Chair)	Jacquie Pepper	Paul Williams (ACF)	Lucy O'Leary (Digital Champion) (Vice Chair)	Cllr David Parker (LA)	Lynne Livesey (Whistle-blowing Champion)	Vacant (Sustainability Champion)	James Ayling	Exec Lead & Secretariat
Borders NHS Board (All NEDs) (Quoracy 1/3 all members)	X	X	C	X	X	VC	X	X	X	X	CEO BS
<b>GOVERNANCE</b>											
Resources & Performance Committee (All NEDs) (Quoracy 2 NEDs)	x	X	X	X	X	X	X	X	x	C From March	CEO BS
Audit & Risk Committee (4 NEDs) (Quoracy 2 NEDs)											
Clinical Governance Committee (4 NEDs) (Quoracy 2 NEDs)				X	X	C From April		X			DoQI CG&Q PA
Staff Governance Committee (4 NEDs) (Quoracy 2 NEDs)		X					C	X	X		DHR DHR PA
Remuneration Committee (5 NEDs) (Quoracy 3 NEDs)		X	X						X	C From March	DHR BS
Area Clinical Forum (Chair ACF) (Quoracy 1/3 all members)					C			A			ACF Chair ACF PA
<b>PARTNERSHIP</b>											
Area Partnership Forum (Chair APF) Quoracy 5 x Management, 5 x Staff Side)		C									ED ED PA
Community Planning Partnership Strategic Board (Chair & Vice Chair)			X			X					SBC
CYPPP Board (1 NED)										X	SBC
Police, Fire & Rescue & Safer Communities Board (1 NED)										X	SBC

# NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2026 – 29.01.26

Name/Cttee	Vacant (Hold for savings)	John McLaren (APF)	Fiona Sandford (Interim Chair)	Jacquie Pepper	Paul Williams (ACF)	Lucy O'Leary (Digital Champion) (Vice Chair)	Cllr David Parker (LA)	Lynne Livesey (Whistle-blowing Champion)	Vacant (Sustainability Champion)	James Ayling	Exec Lead & Secretariat
<b>OTHERS</b>											
Endowment Fund Board of Trustees (All NEDs)	X	X	C	X	X	X	X	X	X	X	DoF DoF PA
Expert Advisory Group to Endowment Cttee (4 NEDs)	X	C		X	X						DoP&P DoP&P PA
Car Park Appeals Panel (1 NED)		C									GSM GSM
Values Based Healthcare					X					X	MD PA
Health & Care Staffing Board								X			DoNM DoNM PA
Whistleblowing Champion								X			Scot Gov't
Sustainability Champion									X		Scot Gov't
Digital Champion						X					Scot Gov't
<b>OCCASIONAL/AS AND WHEN NECESSARY</b>											
Discretionary Points Committee (Annual)				C							DHR DDHR
Pharmacy Practices Committee	X										MD DoP PA
Dental Appeals Panel (1 NED required at the final escalation stage only)											MD MD PA
ECR Panels (1 NED required at the final escalation stage only)											MD DPH PA
Dismissal Appeal Hearings (1 NED required on all dismissal appeal hearings as per NHSS Formal Hearing Guide)											DHR DDHR
<b>LINKAGES</b>											
Mental Health Partnership Board										A	GM MH&LD PA
Learning Disability						A					GM MH&LD

# NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2026 – 29.01.26

Name/Ctee	Vacant (Hold for savings)	John McLaren (APF)	Fiona Sandford (Interim Chair)	Jacquie Pepper	Paul Williams (ACF)	Lucy O'Leary (Digital Champion) (Vice Chair)	Cllr David Parker (LA)	Lynne Livesey (Whistle- blowing Champion)	Vacant (Sustain- ability Champion)	James Ayling	Exec Lead & Secretariat
Partnership Board											PA
Organ Donation Committee (Chaired by Harriet Campbell, as a member of the public)											Hospital Management
<b>TOTAL</b>	<b>4</b>	<b>8</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>5</b>	<b>10</b>	<b>5</b>	<b>8</b>	

Changes highlighted in pink

## KEY

C	Chair	DDHR	Deputy Director of HR
VC	Vice Chair	GSM	General Services Manager
X	Member	GM	General Manager
A	Attendee	DoME	Director of Medical Education
CEO	Chief Executive	SBC	Scottish Borders Council
DoF	Director of Finance	ED	Employee Director
DoNMA	Director of Nursing, Midwifery & AHPs	PA	Personal Assistant
DPH	Director of Public Health	CO H&SCI	Chief Officer Health & Social Care Integration
MD	Medical Director	DHR	Director of HR, OD & OH&S
DoQI	Director of Quality & Improvement	CG&Q	Clinical Governance & Quality
DoP&P	Director of Planning & Performance	DoP	Director of Pharmacy
BS	Board Secretary		

# NHS BORDERS NON EXECUTIVES COMMITTEE CHART 2026 – 29.01.26

## SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AND ASSOCIATED COMMITTEES

Name/Cttee	Vacant	John McLaren (APF)	Fiona Sandford (Interim Chair)	Jacquie Pepper	Paul Williams (ACF)	Lucy O'Leary (Digital Champion) (IJB Vice Chair April 2025-28)	Cllr David Parker (LA) (IJB Chair April 2025-28)	Lynne Livesey (Whistle-blowing Champion)	Vacant (Sustainability Champion)	James Ayling	Exec Lead & Secretariat
Scottish Borders Health & Social Care Integration Joint Board (H&SC IJB) (5 NEDs Required)		XV	XV	XV		VC-XV	C (Appointed in capacity as a Cllr)			XV	IJB CO BS
H&SC IJB Audit Committee (2 NEDs Required)						XV					IJB CFO BS
H&SC IJB Strategic Planning Group (Vice Chair of IJB, Chairs the SPG)						C					IJB CO PA
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	

Changes highlighted in pink

### KEY

C	Chair
VC	Vice Chair
XV	Member (Voting)
XNV	Member (Non Voting)
BS	Board Secretary
IJB CO	Integration Joint Board Chief Officer
IJB CFO	Integration Joint Board Chief Financial Officer
PA	Personal Assistant

# NHS Borders



**Meeting:** Borders NHS Board

**Meeting date:** 5 February 2026

**Title:** Sub National Planning and Delivery Committee (East) Update

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

**Report Author:** Colin Briggs, Interim Lead Director of Strategic Planning, SPDCE

## 1 Purpose

To advise the Board of progress made by the Subnational Planning and Delivery Committee (East).

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

- Awareness

**This report relates to a:**

- Annual Delivery Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Scottish Government issued DL(2025)25 in November 2025. This mandated Health Boards across Scotland to work more closely on 5 key priorities, and to agree joint plans to deliver these by 31<sup>st</sup> March 2026.

## 2.2 Background

Health Boards naturally collaborate on the planning and delivery of a range of services across the country. The publication of Scottish Government Strategies such as the *Public Sector Reform Strategy*, the *Service Renewal Framework*, and the *Operational Improvement Plan*, all during 2025, has sharpened ministerial focus on how population-level planning can be mainstreamed within NHS Scotland.

DL(2025)25 mandated a focus on this population-level planning on five specific elements;

- Orthopaedic waiting times
- Emergency Healthcare services
- Digital Front Door/MyCare
- Alignment of Business Systems
- Consolidated Financial Planning

To support this work, the DL also established two Subnational Planning and Delivery Committees – East and West (SPDCE and SPDCW, respectively).

SPDCE comprises the Health Boards for;

- Borders
- Fife
- Grampian
- Lothian
- Orkney
- Shetland
- Tayside

The Chairs and Chief Executives of each of these Boards are members of SPDCE, as are their counterparts from national and special Boards. It is intended to appoint Lead Directors, starting with Strategic Planning, Finance, and Chief Operating Officers, to support this work.

John Connaghan, Chair of NHS Lothian, chairs SPDCE, and Caroline Hiscox, CEO of NHS Lothian, is the lead officer for this work.

As noted, the Ministerial Direction is to bring forward plans by 31<sup>st</sup> March against the five key priorities above, but the DL is also clear that there is an expectation that SPDCE and SPDCW will continue to work after that date to ensure delivery against these plans by 31<sup>st</sup> March 2029.

The DL is clear that there is no change to the clinical, workforce, and financial governance accountabilities of any Health Board.

## 2.3 Assessment

At time of writing, SPDCE has met twice, with workstreams established on the five key priorities described above. Leadership for these groups is shown at appendix 1, and

Board members will note the geographic spread of leaders from across constituent Boards.

Activities undertaken include;

- Medical Director, Nurse Director, Director of Public Health, Director of Finance, Chief Operating Officer, and Director of Planning input to each work
- Input from CfSD, PHS, SAS, and NHS24 is being sought and deployed as appropriate
- 3 Acute Chief Officers assigned to each of Emergency Healthcare and Orthopaedics, and a Nurse Director to each
- The establishment of weekly Chief Executive, Director of Strategic Planning, and Director of Finance, calls for the East Coast to ensure effective coordination and deployment of skills and resources
- The commencement of a joint strategic needs assessment process for the East, hand-in-glove with a clear focus on data alignment for Emergency Healthcare and Orthopaedics
- An outline overarching programme plan has been drafted
- PHS have commenced work on how best to support a Fairer Scotland Duty assessment process
- A weekly huddle has been established to bring together the East and West interim leadership teams
- Interim lead officer capacity is being provided by Colin Briggs (interim Lead Director of Strategic Planning), Jim Crombie (interim Lead Chief Operating Officer), and Craig Marriott (interim Lead Director of Finance).
- The finance group has identified that the size of the financial challenge is in the order of £330m for 2026-27, and has commenced work on aligning approaches to this across the East Coast
- Discussions have commenced on transitioning national planning priority arrangements from SGHSCD to SPDCE and SPDCW.

SPDCE has also commissioned work on Rural and Island healthcare.

SPDCE's meeting of 28<sup>th</sup> January agreed the commissions and terms of reference for orthopaedics, emergency healthcare, digital front door, and Rural and Islands work.

The pace of this work means that a comprehensive accounting of all activities and work is challenging to do but the Chief Executive will be able to provide more up-to-date insight.

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

The intent of this work is to improve the quality of care for all patients across Scotland. It is too early to comment beyond that headline.

### **2.3.2 Workforce**

The intent of this work is to improve the sustainability of services across Scotland, which will involve workforce considerations, but at this stage it is too early to comment beyond that headline.

### 2.3.3 Financial

As noted above, the current estimated combined deficit is in the region of £330m.

### 2.3.4 Risk Assessment/Management

At this point the most obvious risk to this project is the very short timescale in which it must be delivered across a highly complex geography and governance. At close of the SPDCE meeting of 28<sup>th</sup> January there were 43 working days to 31<sup>st</sup> March.

Detailed work has gone into clarifying with the Scottish Government their expectations of “what success looks like”.

### 2.3.5 Equality and Diversity, including health inequalities

Public Health Scotland are supporting SPDCE on the development of assessment against the *Fairer Scotland* duty, and from that equality and diversity impact assessment work will flow.

### 2.3.6 Climate change

N/A

### 2.3.7 Other impacts

N/A

### 2.3.8 Communication, involvement, engagement and consultation

Clearly communication across this wide geography and a very significant number of staff and stakeholders is crucial to the success of this project, and efforts such as this paper are a small but representative example of the awareness of the importance of such.

Healthcare Improvement Scotland are part of SPDCE and expertise on public engagement will be sought from their expertise.

### 2.3.9 Route to the Meeting

This report has been produced for the East Region Boards.

## 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**

If a single level of assurance cannot be determined Officers are asked to suggest a level based on the following split of assurance:

- **Systems and Processes** – Are these in place?
- **Outcomes** – Are the right outcomes being achieved?

### **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, East Region Groups

East Scotland groups

Workstream	Chief Executive	Planner	CO	DoF	Medical Director	Nurse Director	DPH
Establishment and mechanisms	Caroline Hiscox	Colin Briggs*	Jim Crombie*	Craig Marriott*	TBC	TBC	TBC
Orthopaedics	Nicky Connor	Ben Hannan	Jim Crombie	Susan Dunsmuir	Tracey Gillies	Simon Dunn	Joy Tomlinson
Unscheduled Care	Laura Scaife-Knight	Colin Briggs	Jim Crombie	Stuart Lyall	Lynn McCallum	Gillian McAulay	Shantini Paranjothy
Digital Front Door	Brian Chittick	June Smyth		Alex Stephen	Anna Lamont	June Brown	Susan Laidlaw
Rural and Islands	James Goodyear	Alan Cooper	tbc	tbc	Hugh Farrow-Bishop	Kathleen Carolan	Louise Wilson
Business systems	Peter Moore	CB discussing with PM			Chris McKenna	Samantha Thomas	Sohail Bhatti

Board	Chief Executive	Planner	CO	DoF	Medical Director	Nurse Director	DPH	HRD	Chair
<b>Borders</b>	Peter Moore	June Smyth	Oliver Bennett #	Andrew Bone	Lynn McCallum	Sarah Horan	Sohail Bhatti	(vacant)	Fiona Sandford
<b>Fife</b>	Carol Potter	Ben Hannan	Claire Dobson	Susan Dunsmuir	Chris McKenna	Gillian Mcauley	Joy Tomlinson	David Miller	Pat Kilpatrick
<b>Grampian</b>	Laura Scaife-Knight	Lorraine Scott	Geraldine Fraser	Alex Stephen	Hugh Bishop	June Brown	Shantini Paranjothy	Philip Shipman	Alison Evison
<b>Lothian</b>	Caroline Hiscox	Colin Briggs*	Jim Crombie*	Craig Marriott*	Tracey Gillies	Alison Macdonald	Susan Webb	Tom Power	John Connaghan
<b>Orkney</b>	James Goodyear	Tammy Sharp	Sam Thomas	Melanie Barnes #	Anna Lamont	Sam Thomas	Louise Wilson	Dave Harris	David Campbell #
<b>Shetland</b>	Brian Chittick	Lucy Flaws	Kathleen Carolan	Colin Marsland	Kirsty Brightwell	Kathleen Carolan	Susan Laidlaw	Lorraine Hall	Gary Robinson
<b>Tayside</b>	Nicky Connor	Sandra MacLeod #	Lynn Smith	Stuart Lyall	James Cotton	Simon Dunn	(vacant?)	Elaine Watson	Carole Wilkinson