Borders NHS Board

A meeting of the **Borders NHS Board** will be held on **Thursday, 6 August 2026** at 10.00am in the Council Chamber, Scottish Borders Council and via MS Teams

AGENDA

Time	No		Lead	Paper
10.00	**1**	**ANNOUNCEMENTS & APOLOGIES**	Chair	*Verbal*
10.02	**2**	**DECLARATIONS OF INTEREST**	Chair	*Verbal*
10.03	**3**	**MINUTES OF PREVIOUS MEETING** 25.06.26	Chair	*Attached*
10.05	**4**	**MATTERS ARISING** Action Tracker	Chair	*Attached*
10.10	**5**	**CHIEF EXECUTIVE'S REPORT**	Chief Executive	*Appendix-2026-62 To Follow*
10.20	**6**	**STRATEGY**		
	6.1	CAMHS Neurodevelopmental Difference (NDD) Whole System Project	Director of Urgent Care, Community Services and Mental Health	*Appendix-2026-63*
10.35	**7**	**FINANCE AND RISK ASSURANCE**		
	7.1	Audit & Risk Committee minutes: 25.05.26	Chair A&RC	*Appendix-2026-64*
	7.2	TrakCare T2026 Upgrade Business Case	Director of Planning & Performance	*Appendix-2026-65*
	7.3	Finance Report	Director of Finance	*Appendix-2026-66*
11.10	**8**	**QUALITY AND SAFETY ASSURANCE**		
	8.1	Clinical Governance Committee minutes: 25.03.26; 13.05.26	Chair CGC	*Appendix-2026-67*
11.11	**9**	**ENGAGEMENT**		
	9.1	Staff Governance Committee minutes: 30.04.26	Chair SGC	*Appendix-2026-68*

	9.2	Staff Governance Committee by-exception Report	Chair SGC	*Appendix-2026-69 To Follow*
	9.3	Area Clinical Forum Minutes: 11.05.26	Chair ACF	*Appendix-2026-70*
	9.4	Whistleblowing Quarter 1 Report	Director of People & Culture	*Appendix-2026-71*
	9.5	Quarterly People Metrics Report	Director of People & Culture	*Appendix-2026-72*
	9.6	Nursing Workforce Sustainability	Director of Nursing, Midwifery & AHPs	*Appendix-2026-73*
	9.7	Strategic Partnership between NHS Borders and Queen Margaret University	Director of Nursing, Midwifery & AHPs	*Appendix-2026-74*
12.05	**10**	**PERFORMANCE ASSURANCE**		
	10.1	NHS Borders Performance Scorecard • Performance Improvement & Oversight Report	Director of Planning & Performance, Director of Acute Services, Director of Urgent Care, Community Services & Mental Health	*Appendix-2026-75*
12.25	**11**	**GOVERNANCE**		
	11.1	Consultant Appointments	Director of People & Culture	*Appendix-2026-76*
12.28	**12**	**ANY OTHER BUSINESS**		
12.30	**13**	**DATE AND TIME OF NEXT MEETING**		
		Thursday, 1 October 2026 at 10.00am in the Council Chamber, Scottish Borders Council and via MS Teams	Chair	*Verbal*

Borders NHS Board

Minutes of the **Borders NHS Board** meeting held on Thursday 25 June 2026, at 9.30am, via MS Teams.

Present:
F Sandford, Chair
J Ayling, Non-Executive
L O'Leary, Non-Executive
J Pepper, Non-Executive
L Livesey, Non-Executive
P Williams, Non-Executive
P Moore, Chief Executive
A Bone, Director of Finance
S Horan, Director of Nursing, Midwifery and AHPs
S Bhatti, Director of Public Health

In Attendance: I Bishop, Board Secretary
O Bennett, Director of Acute Services
G Clinkscale, Director of Urgent Care, Community Services & Mental Health
J Smyth, Director of Planning and Performance
A Keen, Director of People and Culture.
L Jones, Director of Quality and Improvement
B Brewis, Director of Strategic Projects (Financial Improvement)
K Rodgers, Deputy Director of Finance
S Whiting, Infection Control Manager
I Hayward, Consultant Anaesthetist
C Proudfoot, Dementia Nurse
L Boeing, Consultant Psychiatrist
A Johnstone, Clinical Nurse Manager
R Devine, Consultant in Public Health Medicine
R Gardiner, Learning Disabilities Staff Nurse
K Kiln, Consultant in Public Health
S Harkness, Senior Finance Manager
K Carter, Accountant
A Rajapakse, Financial Accountant
S Errington, Head of Performance & Planning
C Oliver, Head of Communications & Engagement
S Laurie, Senior Communications Officer
L Henderson, Communications Officer
K George, Planning & Performance Officer
T Martin, Radio News Scotland
S Sherry, Member of the public
C Oram, Member of the public
T Greene, Member of the public

1. Apologies and Announcements

1.1 Apologies had been received by D Parker, Non Executive, J McLaren Non Executive and L McCallum, Medical Director.

1.2 The Chair welcomed B Brewis to his first Board meeting as Director of Strategic Projects, noting that his role would focus on financial improvement and supporting the organisation to return to financial balance.

1.3 The Chair welcomed a range of attendees to the meeting including members of the public and press.

1.4 The Chair highlighted three significant areas of business for the meeting: the Annual Report and Accounts, the Clinical Strategy implementation plan, and the Director of Public Health Annual Report.

1.5 The Chair also drew attention to the publication of the Health Improvement Scotland report on NHS Borders maternity services, noting the positive references to a calm and person-centred environment, compassionate response, respectful patient care and positive working culture. The Chair recognised that recommendations had been made and that an action plan was in place, but emphasised that the report was one of the most positive maternity reports in Scotland and that congratulations should be passed to S Horan, K Guthrie and the wider maternity team.

1.6 The Chair also noted the organisation's improvement in elective waiting times, observing that NHS Borders had been, at one point, the most improved mainland Board in Scotland. The Chair balanced this with recognition that the Emergency Department was under significant pressure on the day of the meeting, including the impact of the current heatwave, and thanked colleagues for their continued work across services.

1.7 The Chair confirmed the meeting was quorate.

2. Declarations of Interests

2.1 The Chair introduced the declaration of interests for B Brewis.

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

The **BOARD** noted the declaration of interests from B Brewis, Director of Strategic Projects, for inclusion in the NHS Borders Register of Interests.

3. Minutes of the Previous Meeting

3.1 The minutes of the previous meeting of Borders NHS Board held on 2 April 2026 were approved.

4. Matters Arising

The **BOARD** noted the Action Tracker.

5. External Annual Audit Report

5.1 A Bone presented the External Annual Audit Report, noting that the report was not available to the public until laid before the Scottish Parliament. He advised that the version included in the Board pack might differ slightly from the final version, as the report remained proposed until the accounts were approved by the Board. He confirmed that the audit was substantively complete and that the Board had received an unqualified audit opinion, with the accounts reported as free from material misstatement.

5.2 A Bone reported that one significant issue related to an error in an early draft of the accounts concerning income and expenditure presentation linked to the IJB. The adjustments were equal and opposite and therefore did not affect the bottom line. He also advised that a number of smaller misstatements fell below the materiality threshold and had not been adjusted, although improvement points had been noted. The wider scope commentary recognised that financial management arrangements were mainly appropriate but that further work was required to achieve recurring savings targets, strengthen some controls and address recommendations. The report also identified the need to improve understanding of the cost base and recognised the unprecedented scale of savings required.

5.3 The report identified recommendations relating to financial processes and trial balances, annual impairment of the fixed asset register, and assurance from third-party providers, particularly the national PCOS procurement system where audit assurance was not yet fully available. L Livesey confirmed that the Audit and Risk Committee had considered the proposed report in detail and supported it progressing, with significant assurance.

The **BOARD** noted the External Annual Audit Report.

6. Audit and Risk Committee Assurance Report

6.1 A Bone advised that the Audit and Risk Committee Assurance Report had been inadvertently passed over during the accounts discussion and invited comment from the Committee Chairs. L Livesey advised that an updated version of the report had been circulated earlier that morning. She highlighted an additional paragraph to make clear the Board's awareness of areas requiring further work. Of the six internal audits performed during the year, none had received a no-assurance rating; however, attention was drawn to medicines governance and prescribing, and workforce management in nursing, where limited assurance had been given in relation to design and/or operational effectiveness of controls.

6.2 L Livesey advised that the additional wording was intended to ensure clarity that improvements were required where weaknesses had been identified, in order to enhance risk management, control and governance arrangements. J Ayling confirmed that the additional wording had been included following receipt of the internal audit report for the full year and supported the proposed amendment.

6.3 The Board accepted the Audit and Risk Committee Assurance Report. It was confirmed in discussion that a separate assurance rating was not required for the item.

The **BOARD** accepted the Audit and Risk Committee Assurance Report.

7. NHS Borders Annual Report and Accounts

7.1 K Rodgers presented the Annual Report and Accounts for 2025/26 for approval. She advised that one change had been made to the accounts circulated on the previous Friday, relating to a reclassification of expenditure. This was a relatively minor adjustment with no impact on the outturn position. The accounts had been considered by the Audit and Risk Committee, which had endorsed them for signing subject to the change described.

7.2 P Moore placed on record his thanks to the finance team and the wider organisation for the diligence, energy and focus required to deliver the accounts and support the organisation to live within its financial constraints. The Chair endorsed those thanks on behalf of the Board, while noting that significant work remained in relation to delivery of savings and financial improvement.

7.3 L Livesey proposed approval of the Annual Report and Accounts and L O'Leary seconded.

The **BOARD** approved the NHS Borders Annual Report and Accounts for 2025/26 for signing.

8. NHS Borders Endowment Annual Accounts

8.1 A Bone advised that the NHS Borders Endowment Annual Accounts were included within the consolidation of the NHS Board accounts but had been approved separately by the trustees of the health charity. The accounts had been audited independently by the charity auditors and had received a clean opinion.

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

9. NHS Borders Private Patients Funds Annual Accounts

9.1 K Rodgers advised that the Private Patients Funds Annual Accounts had been audited independently by Thomson Cooper. The accounts were included within the Board's consolidated accounts but required separate approval for signing alongside the Annual Report and Accounts. She confirmed that the accounts had received a clean audit opinion and were relatively small in scale.

9.2 L Livesey proposed approval and P Moore seconded.

The **BOARD** approved the NHS Borders Private Patients Funds Annual Accounts.

10. Finance Report

10.1 A Bone presented the Finance Report for the two months to the end of May. He cautioned that it was early in the financial year and that a number of transactions remained pending following finalisation of the audit and annual accounts. The main area affected related to IJB reserves, where transactions could not be processed until completion of the accounts. The reported position was an overspend of just under £1.5m at the end of May, which if extrapolated would indicate a deficit within the Scottish Government deficit support limit of £10m.

10.2 A Bone advised that certain growth assumptions within the financial plan had not yet materialised in the first two months, including prescribing cost pressures. However, savings delivery was not yet where the organisation would want it to be, with the reported deficit being broadly driven by unmet savings. He advised that there were £2m of unmet savings year-to-date, although excluding savings the overall operational position was an underspend of approximately £0.5m.

10.3 In relation to the savings pipeline, A Bone drew attention to the position against gateways. Of the £6.7m identified in savings plans, £5m remained at Gateway One, the earliest stage of planning, and the key risk was moving schemes through Gateway Two and into Gateway Three, where delivery commenced. He also highlighted ongoing expenditure on agency costs, with medical agency remaining broadly in line with trend and nursing agency reducing after winter pressures.

10.4 J Ayling challenged whether delivery of the current financial sustainability actions and the Medium Term Financial Plan would be sufficient to support a future case for de-escalation, or whether any additional criteria should be considered at this stage. A Bone explained that the criteria effectively boiled down to remaining on track with the plan, delivering the full savings target, delivering 3% recurring savings, and securing a credible medium-term plan from 2027/28 onwards. He advised that the specific timeline was for a 2027/28 savings plan to be in place by quarter three of the current financial year, interpreted as between October and December, and confirmed that an update would be expected to come to the Resources and Performance Committee in September.

10.5 P Moore emphasised that de-escalation needed to be considered in the context of delivery of the financial improvement plan, Clinical Strategy and operational improvements as a single integrated plan. He noted that planning could no longer be limited to successive 12-month cycles and that the five-year service strategy should provide the direction of travel for services. He advised that B Brewis would support the work to quantify the impact of shifting activity into community settings, investing in prevention and reducing failure demand in the acute sector.

10.6 The Chair observed that financial de-escalation would be a significant achievement but that major challenges remained, particularly where savings were either not yet identified or remained at Gateway One. The Chair emphasised that delivery was the responsibility of the whole organisation and not solely the finance team, A Bone or B Brewis. P Moore reinforced that the opportunity now available reflected substantial hard work across the organisation and particularly by the finance team.

The **BOARD** noted the Finance Report including:

- The financial position after two months is £1.478m overspent.
- Forecast outturn remains £10.0m deficit in line with financial plan.
- Recurring savings delivery after two months is £0.45m against £10.0m target.

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

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

11. Chief Executive's Report

11.1 The Chief Executive's Report was taken later in the meeting following the initial finance items. P Moore advised that he would take the report as read and highlighted the significant national and organisational change over the preceding six weeks, including the Scottish election and the expected policy developments following the formation of the new administration. He noted that, notwithstanding this context, NHS Borders had continued to focus on the performance improvement trajectory agreed during the previous year. He highlighted strong progress in relation to 52-week waits, elective and non-elective pathways, and the work being undertaken to create capacity within the hospital while managing non-elective care effectively.

11.2 P Moore advised that the main substantive business of the meeting related to the Clinical Strategy implementation plan and expressed pride in the work undertaken across the organisation since the strategy work had commenced. He introduced S Horan to provide a focused update on the maternity inspection report, which had been published that morning.

11.3 S Horan advised that the inspection had commenced rapidly and before maternity standards had been formally agreed, although governance standards had been included. The report identified ten areas of good practice, one immediate action relating to education on trauma-informed practice, and ten requirements relating to areas including ethnicity data, interpretation, environmental issues, medicine storage, fire signage and use of the common staffing method. She explained that most requirements had already been completed, including some completed on the day of inspection, and emphasised that the report also balanced findings with what inspectors observed in practice.

11.4 In relation to serious adverse event reviews, S Horan explained that NHS Borders commissions reviews through the HIS framework and, because it is a small unit, generally seeks external review to avoid marking its own work. She advised that immediate internal review takes place the next working day, or on Monday where an event occurs at the weekend, to identify immediate actions, support for families and staff, and the formal response. She noted that media reporting arising from Freedom of Information requests had referenced the time taken to conclude reviews, but explained that the organisation's priority was to ensure that reviews were robust, externally supported and capable of providing the right answers for families.

11.5 S Horan highlighted the distinctive strengths identified in the report, including education, wellbeing, the experience of women and families, staff support, leadership relationships, and the visibility of leaders within the obstetric unit. She described the framework for supporting early-career midwives, the mentoring and buddying of new consultants by an experienced retired obstetrician, and high appraisal completion rates, including 100% for obstetricians and 92% for midwifery and healthcare support workers, with exceptions only for staff on maternity leave or prolonged absence. She also noted the separation of professional leadership and general management arrangements, which had been introduced following consideration of safety and sustainability.

11.6 The Board welcomed the report and the Chair asked that congratulations and thanks be passed to the maternity team. L Jones noted the report's strong emphasis on culture, proactive safety and quality of care, and highlighted that the service received positive patient feedback. P Williams, speaking from the perspective of the Area

Clinical Forum and as a clinician, reinforced that positive staff experience within the maternity unit had also been reflected through the Nursing and Midwifery Leadership Council and that concerns about the service were rarely escalated. L Livesey welcomed the high appraisal rates, strong leadership and positive team culture, particularly in the national context.

11.7 The Chair noted that the maternity service should be used as an organisational exemplar, particularly as NHS Borders moved through necessary change and financial management, and emphasised the need not to lose the culture of compassion, kindness and high-quality care.

The **BOARD** noted the Chief Executive's Report and the update on the maternity inspection report.

12. Medium Term Financial Plan

12.1 A Bone presented the Medium Term Financial Plan, advising that the draft plan had been considered by the Resources and Performance Committee on 19 March. Following discussion and Scottish Government feedback, a final version had been submitted to and approved by Scottish Government at the end of March, and a version had subsequently been provided to the Resources and Performance Committee in May. Due to the election-period publication restrictions, the plan was being presented to the Board for formal approval.

12.2 The plan set out expected financial performance over 2026/27, 2027/28 and 2028/29, based on available resources and projected costs. The Scottish Government had provided deficit control limits of £10m in 2026/27, £7.5m in 2027/28 and £4m in 2028/29, with additional funding expected to close the gap each year. Delivery depended on 3% recurring savings, approximately £10m each year, alongside non-recurring savings.

12.3 A Bone advised that the organisation had reasonable confidence in the plans for the current year but that savings were not yet fully identified and further work was required for future years. The plan did not provide significant investment resource for new services unless linked to redesign and release of resources from existing services. It therefore needed to align closely with the Clinical Strategy and individual service plans.

12.4 Key risks identified included development and delivery of savings plans, uncertainty around Scottish Government funding for specific investment programmes, the relationship with the IJB and reserves required to underpin change, and wider uncertainty around inflation, cost growth and price pressures.

12.5 S Bhatti asked about the potential implications of sub-national working for the plan. A Bone advised that individual Health Boards remained accountable for statutory responsibilities and that there had been no change to the legal frameworks. Collaborative work was taking place through Scotland East financial discussions and a summary East of Scotland financial plan had been produced, but this did not include additional actions beyond individual Board plans. Any decisions affecting individual Boards beyond joint working would require a statutory framework that had not yet been developed.

12.6 J Ayling challenged how the proposed support and intervention framework would operate, how quickly variation from plan would be addressed, and whether reporting lines and delegated authority were sufficiently clear. A Bone advised that the framework had been approved through the Financial Improvement Programme Board and that he and B Brewis were discussing how to use it effectively. Primary reporting would be to the Resources and Performance Committee, with the Strategic Budget Review Group playing a role in setting strategic financial direction rather than managing in-year performance. J Ayling stressed that speed of decision-making was essential and that clear lines of authority were required to avoid delays through multiple governance routes.

The **BOARD** approved the Financial Plan for 2026/27 to 2028/29.

The **BOARD** noted that the plan delivered the required £10m deficit control limit in 2026/27, in line with Scottish Government approval.

The **BOARD** acknowledged the significant risks associated with delivery of the plan.

The **BOARD** endorsed the strengthened governance and financial recovery arrangements required to support delivery.

The **BOARD** confirmed it had received moderate assurance for systems and processes and limited assurance for outcomes.

13.1 Delivering Our Strategies: 2026/27 Implementation Plan

13.1 Following a short comfort break, the Chair welcomed a range of colleagues to support presentation of the Clinical Strategy implementation plan, including R Devine, A Johnstone, L Boeing, I Hayward, C Proudfoot and R Gardiner. J Smyth introduced the item, explaining that the organisation had moved from approval of the Clinical Strategy in December to development of key deliverables for the current year. The presentation was intended to bring the work to life and demonstrate activity already underway.

13.2 P Moore described the item as a major turning point for the organisation, moving from strategy development into delivery. He reflected that the strategy built on the organisation's culture and on extensive engagement with staff, clinicians, primary care, secondary care, AHPs and the public. He summarised progress since the organisational strategy was agreed, including delivery of year-one commitments, development of enabling strategies, completion of the Nursing, Midwifery and AHP Strategy, and development of the behavioural framework.

13.3 The Board heard that the Clinical Strategy vision was framed around life stages: starting well, growing well, living well, ageing well and dying well. Delivery would be guided by four questions: how to support the population to keep well; how primary and community services could support people back to good health; how secondary care could become faster, more effective and efficient; and how tertiary care could be made equitable for the population. P Moore emphasised the need to invest more resources, including clinical time and management effort, into prevention and reducing the avoidable impact of the NHS on people's lives.

13.4 G Clinkscale outlined the work undertaken to translate the strategy into a meaningful implementation plan. He described a team approach involving operational directors,

clinical leads, operational teams, planning colleagues and the quality improvement function. He advised that 17 key priorities had been identified for the current financial year and described these as ambitious but deliverable.

13.5 R Devine presented the population health deliverables, explaining that they had been shaped through engagement across workshops, drop-in sessions and frontline discussions. She highlighted priorities including supported self-management, annual health checks for those who may find it difficult to engage, women's health hubs and work on healthy weight. She advised that the Waiting Well pilot, supported by the Planned Care Board and informed by anaesthetists, surgeons and managers, was ready to commence in August. She also highlighted ScotCure, which would introduce systematic tobacco dependency treatment for inpatients, with NHS Borders acting as the Scottish pilot supported by the University of Stirling and Public Health Scotland.

13.6 G Clinkscale described work to strengthen primary and community services, including development of a first community hub by the end of March 2027, early supported discharge pathways for stroke, frailty and orthopaedics, better coordination of children and young people's services with single points of contact, and a partnership trial with Marie Curie to enable enhanced end-of-life care at home.

13.7 A Johnstone provided an update on the frailty model, integrated discharge team, Home First expansion and Hospital at Home. She advised that the frailty unit had opened in December and expanded to 12 beds in January, with flexibility to 14 beds. Around 65% of frailty admissions were being discharged directly home. In response to the Chair's question, A Johnstone clarified that further comparative data could be obtained, and G Clinkscale advised that NHS Borders had the highest percentage of discharges home from the frailty unit among Boards participating in the national Discharge Without Delay collaborative.

13.8 A Johnstone advised that the Integrated Discharge Team had reduced acute-based social work assessments by 43% and that each ward now had a designated IDT contact for complex discharge planning. She highlighted strengthened collaboration with Scottish Borders Council, palliative care specialist nurses, Marie Curie, District Nursing, Home First and Hospital at Home. The Board also heard that Home First had achieved 17.8% of all discharges from Borders General Hospital for patients over 65 from January onwards, against a target of 16%, with a future ambition to reach 22%. Hospital at Home had increased to 30 beds and exploration was underway on how to increase to 50 beds, subject to establishment and support.

13.9 S Horan thanked A Johnstone and her team, noting that this was transformational work which required staff to think differently and that it was delivering real success for frail older people.

13.10 L Boeing presented the CAMHS school neurodevelopmental trial, describing a 600% increase in demand for neurodevelopmental assessments and the resulting growth in waiting lists. She explained that NHS Borders was working with Scottish Borders Council, education and third-sector partners to move towards a needs-led model, with diagnosis forming one part of a wider pathway rather than being the gateway to support. A Selkirk pilot would test a request-for-assistance model led by education, building on GIRFEC. She advised that internal CAMHS improvement work had already reviewed and seen 200 young people through a waiting-list initiative and that regional work was progressing on hub-and-spoke support for children and young people with learning disabilities.

13.11 O Bennett presented the secondary care element, highlighting significant progress in reducing waiting times, particularly for long-waiting patients. I Hayward described theatre improvement work, including the opening of ward 17 as a ring-fenced surgical short stay unit, the delivery of around 400 additional operations, length-of-stay improvements for hip and knee replacements and total laparoscopic hysterectomy, improved utilisation through pre-operative calls by Public Health colleagues, reduction in on-the-day cancellations from around 8% to 5%, expanded day-case capacity, increased cataract activity, bilateral cataracts and proof-of-concept high-volume lists.

13.12 O Bennett advised that NHS Borders had reduced treatment waits over 52 weeks by 83%, which was the second-best performance in Scotland and the best among mainland Boards. He then outlined outpatient transformation work, including the need to standardise thousands of clinical templates, develop an outpatient review prioritisation framework, improve understanding of demand, capacity, activity and waiting-time profiles, and use digital and other technologies to improve outpatient care. The Chair challenged whether performance on some lists was more efficient than the Golden Jubilee. I Hayward clarified that this was true for a particular list, but not always, and that four joint lists should be an aspiration for business-as-usual delivery.

13.13 P Moore described the tertiary care element, emphasising that NHS Borders must act as an active commissioner of services delivered on behalf of Borders patients by other Boards. The organisation needed to ensure equitable access, clarity of responsibility, and accountability for quality standards and timeliness. He noted that this work was pioneering, linked closely to sub-national discussions, and would require development of infrastructure, contracting and commissioning approaches, business intelligence and clinical networks.

13.14 L O'Leary challenged whether an additional deliverable could be included to capture the cultural change work undertaken across the organisation. She argued that this would support NHS Borders to sustain learning, improve organisational profile and contribute to wider understanding of cultural transformation in large complex organisations under financial pressure. P Moore supported the point and agreed that evaluation and external support had already been discussed. J Smyth advised that this could be built into enabling strategy deliverables rather than the Clinical Strategy deliverables, and A Keen confirmed that the People Enabling Strategy would encompass culture and associated actions. The Chair supported the proposal, noting that the QI Academy and associated work were transformational and worthy of academic consideration, including potential engagement with academic partners.

13.15 J Smyth sought approval of the 17 key deliverables, noting that some would continue to develop as work was scoped and phased. The Chair proposed approval and P Williams seconded. J Smyth then outlined that progress would be reported through the Delivery Group and Resources and Performance Committee, with biannual reports to the Board, and advised that the deliverables would form core content of the Annual Delivery Plan.

13.16 L Jones introduced the suite of enabling strategies, noting that eight enabling strategies had previously been presented in draft and had since been refined to align with the Clinical Strategy and year-two deliverables. A Bone presented the Property Strategy, highlighting the need to support the shift to community services, digital

enablement, estate resilience, efficient use of assets, operational and strategic risk assessment, business continuity, mental health estate work, minor works, whole-system infrastructure planning, climate adaptation, decarbonisation and capital governance. He emphasised that unlocking resources remained the biggest challenge and that opportunities existed through joint use of public-sector space and better utilisation of current facilities.

13.17 A Keen presented the Social Compact, advising that it had been developed over time, approved through the Area Partnership Forum and aligned with the People Enabling Strategy. It was described as a psychological contract between the organisation and employees, grounded in values, behaviours, continuous improvement, staff benefits and how staff and the organisation work together. S Horan introduced the Nursing, Midwifery and AHP Strategy, explaining that it had been developed because no such strategy had existed when she came into post. C Proudfoot advised that the strategy had been shaped through engagement with over 200 staff and supported by a comprehensive equality and human rights impact assessment. Its objectives were belonging, leadership at all levels, workforce development through the four pillars of practice, and change and improvement through QI methodology, autonomy and sharing good practice. A formal launch was planned for 8 September.

13.18 J Smyth advised that the majority of enabling strategies had not substantially changed since their draft presentation, but that the Nursing, Midwifery and AHP Strategy, Property Strategy and Social Compact were the freshest elements of the pack. The Board approved the enabling strategies, Social Compact and Nursing, Midwifery and AHP Strategy unanimously. J Smyth also outlined the communication and engagement plan, noting that engagement and involvement would continue as delivery progressed and that characters used in the Clinical Strategy engagement would be made more visible to staff and the public over the next 6 to 12 weeks.

13.19 P Moore concluded that the Board had seen a clear 2030 vision, the route to delivery, enabling strategies and the Social Compact as a fundamental support for the workforce. He emphasised that most improvement would come from individual ideas and innovation at service level rather than top-down activity alone, and that Board development activity would support members to adopt the necessary mindset. The Chair invited members to feed any further questions directly to P Moore, J Smyth, G Clinkscale, O Bennett or A Keen. The Board agreed significant assurance for systems and processes and moderate assurance for outcomes.

The **BOARD** approved the Year 2 Delivery Plan for the Clinical Strategy for 2026/27.

The **BOARD** approved the enabling strategies, Social Compact and Nursing, Midwifery and AHP Strategy.

The **BOARD** noted the communication and engagement approach.

The **BOARD** confirmed it had received significant assurance for systems and processes and moderate assurance for outcomes.

14. Director of Public Health Annual Report 2025

14.1 S Bhatti introduced the Director of Public Health Annual Report, noting that the report had been delayed from the previous Board meeting and had been available to members for several weeks. He invited K Kiln to describe the development process,

to demonstrate that the report had been prepared through an editorial process rather than by the Director of Public Health alone.

14.2 K Kiln advised that the report had been developed over approximately six months by a group including herself, project support and Public Health colleagues. It drew on national policy, Scottish Government and Public Health Scotland reports, academic literature where relevant, and data from the Borders Strategy 2024. Discussions had taken place with health services, CAMHS, dietetics, health visitors, school nurses, education colleagues, engagement leads, health and wellbeing leads, and quality improvement officers. She acknowledged that more engagement could always have been done, but explained that the report was advisory and influential rather than automatically implementable; therefore the recommendations generally invited exploration or consideration rather than instruction to implement.

14.3 S Horan asked for clarity on engagement with wider children and young people's services. K Kiln acknowledged that, on reflection, the report could have been taken to the Children and Young People's Planning Partnership, although many members had been consulted informally. She explained that the report had not formally gone to any Board because of its independent nature. J Pepper confirmed that this had also been her question, having raised at the previous meeting the importance of the report being considered by other strategic boards or partnerships relating to children's services. The Chair noted this and confirmed that it would be actioned.

14.4 J Ayling advised that, as a member of the Children and Young People's Planning Partnership, he understood the report had in fact been taken to the Partnership's last meeting and had been well discussed, although he had not personally attended. He also commented that the report was highly informative but read as a snapshot in time, and asked for future information on what differences had been made over the last four or five years and how outcomes were improving. S Bhatti advised that his planned practice was for the following year's report to look back at what had or had not happened, recognising that change took time. He also explained that the CYPPP discussion had reflected some difficulty in distinguishing between an independent report presented to partners and a report co-authored by them, but stated that he stood by the recommendations as evidence-based and policy-aligned.

14.5 The Chair reflected on the importance of maintaining the independence of the Director of Public Health Annual Report while also ensuring visible and meaningful consultation, particularly as the organisation increasingly relies on community partnerships. After discussion, P Moore questioned whether it was appropriate to assign an assurance rating to an independent report, given that this might be counter to the nature of the report.

The **BOARD** noted the Director of Public Health Annual Report 2025.

15. Infection Prevention and Control Report

15.1 S Whiting presented the Infection Prevention and Control Report and highlighted that a further round of hand hygiene audits would be undertaken within the next few weeks. He advised that, in the meantime, there was a continued focus on quality improvement, education and planning for education for new junior doctors at the end of July.

15.2 S Whiting advised that new national guidance was expected imminently and would replace existing airborne and droplet precautions with an air-transmission model for respiratory infections. Implementation was mandated by 3 August. He noted that the detail of the guidance had not yet been received, which created a potential challenge in preparing and implementing the required changes within the timescale.

15.3 S Whiting also advised that the Infection Prevention and Control Team was returning to stronger capacity following successful recruitment, including the recruitment of trained and experienced infection control nurses. The Board welcomed this positive development.

The **BOARD** noted the Infection Prevention and Control Report.

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

16. Whistleblowing Annual Report 2025/26

16.1 A Keen presented the Whistleblowing Annual Report and reminded the Board that the Independent National Whistleblowing Officer framework had been introduced in 2021. She explained that whistleblowing arrangements apply to concerns that cannot be progressed through NHS workforce policies, including patient safety and care issues, poor professional practice, unsafe working conditions, fraud, falsification of performance information, breaches of legal obligations, abuse of authority and deliberate cover-up.

16.2 The Board heard that this was the fifth year of the framework and that, during 2025/26, there had been a period in which the Executive Lead role changed following the retirement of A Carter. A Keen had taken up responsibility from February 2026. An internal audit on fraud risk management and whistleblowing had been undertaken, risks had been identified, and improvements had been developed for roll-out during 2026/27.

16.3 A Keen advised that an annual communications plan was being developed to distribute quarterly updates across the organisation and support a Speak Up culture. Two whistleblowing concerns had been raised during 2025/26. One was complex because it overlapped with HR procedures before moving into whistleblowing processes and was now being considered under the whistleblowing framework. Members noted that confidentiality can be challenging in a small Board but must be upheld. Guidance improvements had been undertaken, Speak Up Week was being planned, and staff training remained ongoing. A Keen also noted that the iMatter questionnaire and 2020 Vision exercise had recently been completed and would provide further insight into staff willingness to speak up.

16.4 The Chair emphasised that a Speak Up culture was critical to a safe organisation and that efforts to promote it should continue. Due to the pressure of business, members were invited to direct any detailed questions to A Keen outside the meeting.

The **BOARD** noted the Whistleblowing Annual Report 2025/26.

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

17. NHS Borders Performance Scorecard – Performance Improvement and Oversight Report

17.1 J Smyth presented the new-style performance report using April data. She advised that the revised performance management framework had been under development for several months and used the same key indicators as the previous year, with refreshed targets, standards and trajectories. She cautioned that some trajectories were based on assumptions regarding external funding that had not yet been confirmed and might therefore require review.

17.2 J Smyth advised that further indicators would be added over time as they emerged from programmes linked to Clinical Strategy delivery. To retain focus, the Board would continue to receive the full report, but discussion would focus on areas off trajectory, including amber and red indicators. Four areas were amber at the end of April: two in urgent and unscheduled care and two in planned care.

17.3 G Clinkscale advised that the urgent and unscheduled care amber indicators related to Emergency Access Standard performance and ambulance turnaround times. Although the ambulance turnaround trajectory had not been met, NHS Borders' performance remained the best in the country. Improvement activity would continue through the Urgent and Unscheduled Care Programme, building on work outlined earlier in the meeting, and the programme's projects were expected to support sustained improvement over the remainder of the financial year.

17.4 O Bennett advised that the planned care amber indicators related to the 61-day cancer standard and diagnostics. The cancer position reflected a specific issue involving two patients, which had been addressed, and provisional May performance was above trajectory. He advised that volatility remained in some cancer pathways. Diagnostics performance was affected by endoscopy, particularly colonoscopy, where capacity shortfall was impacting delivery. A comprehensive recovery and improvement plan was being developed and would be taken through the Acute Business Unit governance process.

17.5 The Chair welcomed the depth of reporting and the promising trajectories, while recognising that the discussion had been compressed due to the heavy agenda. Members were invited to raise detailed questions with the relevant Executive Leads outside the meeting.

The **BOARD** noted the NHS Borders Performance Scorecard and Performance Improvement and Oversight Report.

The **BOARD** confirmed it had received moderate assurance from the report for systems and processes and limited assurance for outcomes.

18. Board Committee Appointments

The **BOARD** noted the Board Committee Appointments report.

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

19. Implementation of Sub-National Planning: Cooperation and Planning Directions 2025

19.1 P Moore provided an update on the implementation of sub-national planning. He advised that the post-election direction of travel continued and that four workstreams had been submitted at the end of March in line with the Director's letter issued in November. Specific detail on the workstreams had not yet been received, but temporary structures for sub-national planning were beginning to crystallise. A series of events over the coming months would lead towards the Scottish Government's Programme for Government in September.

19.2 P Moore advised that, at a practical performance level, discussions were taking place on additional funding required by Boards to complete the 52-week wait challenge in elective care. NHS Borders expected funding to support two specialties, with positive responses from the relevant teams on how delivery could be taken forward. He noted that sub-national planning was beginning to influence how Boards consider individual performance areas through a regional lens, although the environment remained emergent.

19.3 P Moore emphasised that NHS Borders would need to ensure that the voice of its patients and population was heard in sub-national discussions. The Chair strongly supported this, noting that NHS Borders had good representation in sub-national work but needed to continue making clear the excellence demonstrated through the maternity review, Clinical Strategy and primary and community care developments. The Board agreed moderate assurance, recognising that the framework remained emergent.

The **BOARD** noted progress on the implementation of sub-national planning.

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

20. Consultant Appointments

20.1 S Bhatti advised that a Consultant in Public Health had been appointed and would commence in post in August.

The **BOARD** noted the Consultant Appointments Report.

21. Resources and Performance Committee By-Exception Report

21.1 J Ayling presented the Resources and Performance Committee by-exception report. He highlighted that the LIMS programme remained an area clearly in focus and appropriately covered within the exception report.

The **BOARD** noted the Resources and Performance Committee by-exception report.

22. Clinical Governance Committee By-Exception Report

22.1 L O'Leary presented the Clinical Governance Committee by-exception report. She commended the quality of the report prepared by S Horan, noting that it had distilled a complex position into a readable format and had usefully separated governance activity from wider contextual factors impacting assurance. The Chair endorsed this and described the report as an exemplar in report writing.

The **BOARD** noted the Clinical Governance Committee by-exception report.

23. Staff Governance Committee By-Exception Report

The **BOARD** noted the Staff Governance Committee by-exception report.

24. Audit and Risk Committee Minutes: 23 March 2026

The **BOARD** noted the Audit and Risk Committee minutes.

25. Staff Governance Committee Minutes: 30 January 2026

The **BOARD** noted the Staff Governance Committee minutes.

26. Area Clinical Forum Minutes: 12 March 2026

The **BOARD** noted the Area Clinical Forum minutes.

27. Scottish Borders Health and Social Care Integration Joint Board Minutes: 18 March 2026

The **BOARD** noted the Scottish Borders Health and Social Care Integration Joint Board minutes.

28. Health Charity Board of Trustees Minutes: 6 October 2025, 2 February 2026 and 11 May 2026

The **BOARD** noted the Health Charity Board of Trustees minutes.

29. Any Other Business

The **BOARD** noted there was no further business identified.

30. Date and Time of next meeting

30.1 The Chair confirmed that the next scheduled meeting of Borders NHS Board would take place on 6 August 2026 at 10.00am via MS Teams.

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SUMMARY OF DECISIONS AND AGREEMENTS MADE DURING THE MEETING

Decision	The BOARD approved the minutes of the previous meeting held on 2 April 2026.
Decision	The BOARD approved the NHS Borders Annual Report and Accounts for 2025/26 for signing.
Decision	The BOARD approved the NHS Borders Private Patients Funds Annual Accounts.
Decision	The BOARD approved the Medium Term Financial Plan.
Decision	The BOARD approved the 17 Clinical Strategy year-two deliverables.
Decision	The BOARD approved the enabling strategies, the Social Compact and the Nursing, Midwifery and AHP Strategy.
Agreement	The BOARD agreed that the Director of Public Health Annual Report should be noted rather than assigned a formal assurance rating, given its independent nature.
Agreement	The BOARD agreed that NHS Borders must ensure its population needs, organisational strengths and service achievements are represented strongly within sub-national planning discussions.

STRATEGIC AND ASSURANCE POINTS MADE DURING THE MEETING

1	The BOARD recognised that financial de-escalation remained a major strategic opportunity but depended on delivery of recurring savings, progression of savings proposals through implementation gateways, integration of the financial plan with Clinical Strategy delivery and operational improvement, and clear governance escalation where delivery varied from plan.
2	The BOARD recognised that the Clinical Strategy implementation plan represented a significant shift from strategy development to delivery and that success would depend on enabling strategies, workforce engagement, quality improvement, culture change, community-based service models, digital and estate support, and strengthened performance oversight.
3	The BOARD recognised that the maternity inspection report provided strong assurance regarding culture, leadership, staff support and patient experience, while also noting that recommendations and requirements were being addressed through an action plan.
4	The BOARD recognised that the Director of Public Health Annual Report raised important issues regarding children and young people, health inequalities, independence of public health reporting and the need for visible engagement with strategic partnerships.
5	The BOARD recognised that performance reporting was moving to a more focused framework, with attention on amber and red indicators, and that endoscopy capacity, cancer pathway volatility, urgent care performance and external funding assumptions would require continued oversight.
6	The BOARD recognised that sub-national planning remained emergent and that NHS Borders must continue to influence regional discussions while ensuring Board accountability and patient interests remain clear.

Borders NHS Board Action Point Tracker

Meeting held on 5 February 2026

Agenda Item: Chief Executive's Report

Action No	Minute Ref	Action	Lead	Timescale	Status	RAG Status
2026-1	5	The **BOARD** agreed to receive a paper on Nursing Workforce and future delivery of services at the June Board meeting.	**S Horan** **A Keen**	~~**June 2026**~~ **August 2026**	**In Progress:** This item has been rescheduled to the 6 August Board meeting due to the large amount of business already scheduled on the June Board meeting agenda.	A

Meeting held on 2 April 2026

Agenda Item: Director of Public Health Annual Report

Action No	Minute Ref	Action	Lead	Timescale	Status	RAG Status
2026-3	21	The **BOARD** agreed to defer the item to the next meeting.	**S Bhatti**	**June 2026**	**In Progress:** Item rescheduled to 25 June 2026 Board meeting. **Complete**	G

KEY:	
Grayscale = complete:	
R	Overdue / timescale TBA
A	Over 2 weeks to timescale
G	Within 2 weeks to timescale

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**CAMHS Neurodevelopmental Difference (NDD) Whole System Project**
Responsible Executive/Non-Executive:	**G Clinkscale, Interim Director of Urgent Care, Community Services & Mental Health**
Report Author:	**S Burt, General Manager Mental Health & Learning Disabilities** **G Ward, Operational Manager, Mental Health**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Delivery Plan
- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

To provide assurance to the Board regarding the intent, progress and current position of the CAMHS Neurodevelopmental Difference (NDD) Whole System Project. The project aims to bring together CAMHS clinical expertise with school teams to provide timely access to NDD advice and support.

2.2 Background

Neurodevelopmental difference is not a mental illness. However, in the absence of sufficiently developed alternative pathways, Child and Adolescent Mental Health Services (CAMHS) has historically become the default access route for children and young people (CYP) seeking neurodevelopmental assessment and support.

This has resulted in:

- Increased demand on specialist mental health services
- Extended waiting times
- CAMHS capacity being diverted away from CYP with significant or complex mental health need

National policy and service specifications now clearly emphasise a whole system, needs-led approach, reducing reliance on diagnosis-driven pathways and strengthening universal and targeted supports across Education, Health, Social Work and Third Sector partners.

The NDD Whole System Project was set up to improve local processes so that children and young people get timely, suitable support, with CAMHS involved only for cases of clear mental health complexity.

2.3 Assessment

2.3.1 Quality/ Patient Care

Aim: To deliver a whole system, GIRFEC-aligned approach to neurodevelopmental support that:

- Strengthens multi agency working across Education, Health, Social Work, Primary Care and the Third Sector
- Shifts from diagnosis led access to needs led intervention
- Ensures CAMHS capacity is protected for CYP with high-risk or complex mental health presentations

Delivery Approach: The project has adopted a structured whole system redesign methodology, including:

- **Whole System Design**
  Multi-agency pathway mapping and quality improvement activity to identify gaps, duplication and improvement opportunities.
- **Needs Led Model**
  A move away from diagnosis-dependent thresholds towards functional need, early intervention and shared responsibility.
- **Integrated Pathways**
  Development of stepped care pathways spanning universal, targeted and specialist provision.
- **Protection of Specialist Capacity**
  Clear criteria to ensure CAMHS remains focused on CYP with significant mental health risk or complexity.

Progress to Date:

- A whole system Quality Improvement workshop (June 2025) established a shared understanding of pressures and informed a set of agreed redesign options.
- Formal approval was secured in August 2025 to pilot a Request for Assistance (RfA) model within the Selkirk school cluster. This model will test direct access from school teams to CAMHS clinical expertise, providing advice at point of need for the first time in the Scottish Borders.
- The pilot pathway has been developed in line with:
  - Scottish Government NDD Specification
  - GIRFEC principles
- Testing commenced in March 2026 using an explicitly evidence led approach to performance measurement. No formal trajectories have yet been set to avoid premature or non-evidenced targets.
- Between 13/05/2025 and 14/04/2026, a review of around 250 patient files has been conducted, resulting in:
  - 153 young people were identified as suitable for assessment via a Waiting List Initiative (WLI) clinic. Among the 153 patients seen, 23 are currently awaiting follow-up appointments.
  - For the 130 young people who have already attended follow-up appointments: 61 have been discharged (46%), 57 have been placed on the ADHD waiting list for a medication trial (43%), 6 are on the PT list, and 1 has been transferred to the core side of the team.

Governance: The project operates within established Mental Health Transformation and CAMHS operational governance structures, with:

- Senior clinical oversight
- Executive sponsorship
- Regular reporting through formal assurance routes

This ensures risks, unintended consequences and system impacts are actively monitored and managed.

Early Indications and Intended Benefits: While the pilot remains in its early phase, the intended benefits are clearly defined and aligned to national expectations:

Next Steps:

- Continue testing in advance of formal pilot launch through structured data collection and stakeholder feedback
- Develop indicative performance trajectories once sufficient evidence is available (anticipated after three months of pilot data)
- Review outcomes at six months to inform any decision on scaling to additional school clusters
- Continue the internal CAMHS NDD waiting list initiative throughout 2026

2.3.2 Workforce

The pilot seeks to improve communication between different workforce partners and responds to staff concerns on unmet need in this patient group.

2.3.3 Financial

The pilot is being delivered within existing resources.

2.3.4 Risk Assessment/Management

Relevant risk assessments are in place.

2.3.5 Equality and Diversity, including health inequalities

Equality and Human Rights Impact Assessment (EHRIA) consultation is ongoing.

2.3.6 Climate Change

Nil impact.

2.3.7 Other impacts

Nil impact.

2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how his has been carried out and note any meetings that have taken place.

- Broad engagement with a diverse group of stakeholders has been undertaken through Scottish Borders Council and NHS Borders forums.

2.3.9 Route to the Meeting

- Paper was requested to be tabled directly onto the Board agenda.

2.4 Recommendation

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

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

- **Significant Assurance**

The NDD Whole System Project represents a significant system redesign, not a service reduction. It is aligned with national policy direction, supported by appropriate governance and clinical oversight, and is being implemented cautiously to ensure changes are evidence based, equitable and sustainable.

The Board can be assured that CAMHS capacity is being actively protected for CYP with the highest mental health need, while system wide arrangements are strengthened to deliver earlier, proportionate support for neurodevelopmental difference.

3 List of appendices

Nil.

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 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 24 June 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, Audit & Risk Committee minutes 25.05.26

Minutes of a Meeting of **Borders NHS Board Audit & Risk Committee** held on Monday, 25th May 2026 @ 10 a.m. via MS Teams.

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

In Attendance: A Bone, Director of Finance
J Boyd, Director, Audit Scotland
G Clinkscale, Director of Urgent Care, Community Services and Mental Health (Joined meeting at 10.25 a.m.)
B Everitt, Personal Assistant to Director of Finance (Minutes)
S Harold, Senior Audit Manager, Audit Scotland
L Jones, Director of Quality Improvement
G MacLeod, Risk Advisory Services Manager, BDO
A McCloy, Senior Finance Manager (Item 8.1)
E Montgomery, Senior Auditor, Audit Scotland
L Pringle, Risk & Effectiveness Manager (Items 5.1 and 5.2)
K Rodgers, Deputy Director of Finance
J Smyth, Director of Planning & Performance (Item 11.1)

1. **Introduction, Apologies and Welcome**

Lynne Livesey welcomed those present to the meeting and advised that she had taken over the role of Chair. Lynne also welcomed Eilidh Montgomery from Audit Scotland to her first meeting of the Committee.

Apologies were received from D Parker, Non Executive Director.

Lynne confirmed that today's meeting was quorate.

2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 23rd March 2026**

The minutes were approved as an accurate record.

4. **Matters Arising**

Action Tracker
Andrew Bone referred to the action on the Committee's annual self assessment and advised that he had discussed this with the Chair and all actions have been agreed and an update would be provided at the September meeting.

The Committee noted the action tracker.

5. **Risk Management**

5.1 *Operational Risk Management Bi-Annual Report*
Lettie Pringle spoke to this report to provide the Committee with assurance on the effectiveness of NHS Borders' risk management arrangements as of April 2026.

Lettie went over the key points within the report noting that the Risk Management Enabling Strategy was now in place with year 2 deliverables agreed and current policy objectives met. It was noted that risk management is embedded within organisational culture, governance and business processes. Lettie advised that governance arrangements had been strengthened throughout the period and progress made integrating risk management with quality improvement, performance reporting, intelligence sharing and adverse events learning. It was also noted that national collaboration had also increased during the period.

Lettie advised that the operational risk profile showed an increase in total risks, particularly those rated high and very high, which indicated active use of the risk management process.

James Ayling commented on the good reputation NHS Borders has for being a leader in risk management and welcomed this. James noted that the various groups referenced in the report had a role to play but enquired if there were any issues whereby the same people could be members of numerous groups. James also referred to the capital paper discussed at the recent Resources & Performance Committee highlighting the risks due to a lack of capital funding.

Lucy O'Leary also appreciated the national recognition NHS Borders had around risk management. Lucy queried how, when taking into account some of the other reports on the agenda at today's meeting, risk management was rolled out across the wider organisation and particularly amongst frontline staff.

Lynne Livesey also sought assurance on how training uptake is monitored to ensure that it is being embedded in practice.

In relation to the comment made about the same people being members of numerous groups Laura explained how these flowed from oversight of the Operational Planning Group and complemented each other whilst giving assurance that there was no duplication of membership.

Laura also referred to the remark made around the lack of capital funding and felt that there was a requirement for stronger focus on environmental risk as the changing risk profile reflects the ageing healthcare environment. Laura explained

that capital is a constraint in managing these risks fully and alternative mitigations are therefore required to extend the life of the estate and digital systems.

Lettie advised that in relation to training this had proved to have been successful and was evident from the improvement in risk management reporting across the organisation. Lettie appreciated that it would take time to fully embed but felt that it was moving forward in the right direction.

James enquired from a risk perspective if Scottish Government were aware of the risk profile NHS Borders were operating under.

Andrew Bone advised that the National Infrastructure Board, which is chaired by the Chief Operating Officer for NHS Scotland, receives regular updates from the national asset management system which is held for NHS Scotland as a whole and includes information on the condition and risk profile of NHS Borders' estate based on local surveys. Andrew added that he also attends regular meetings with Scottish Government and NHS Assure colleagues which focusses specifically on estate risks and capital requirements. Andrew advised that at the most recent meeting, held earlier in May, he had raised ongoing concerns regarding the level of capital available to address life cycle and back log maintenance in relation to the BGH. Andrew also outlined the process for developing a strategic assessment for submission to Scottish Government which had a timeline of March 2027. It was noted that this would be informed by the findings from the BGH campus review undertaken the previous year.

The Committee confirmed it had received a significant level of assurance for systems and processes and moderate assurance for the outcome.

The Committee noted the report.

5.2 *Strategic Risks Horizon Scanning*
Lettie Pringle spoke to this item which was a report jointly written by the Risk and Resilience Teams and spanned risk, business continuity and emergency planning.

Six priority risk domains were identified, namely supply chain disruption, cyber threats, climate and severe weather, workforce instability, pandemics and major accidents and system failures.

Lettie advised that the key implications for NHS Borders included the risk of concurrent disruption affecting patient care, staffing, operations and finances, particularly given rural geography and infrastructure dependencies. The report recommended strengthening resilience through proactive risk assessment, business continuity planning, cross-training and multi-agency preparedness. It was noted that this would also be covered within the Board Assurance Framework (BAF) as well as ensuring that there are multi-domain risks recorded on the operational risk register.

James Ayling appreciated that a number of risks on the horizon were outwith the control of NHS Borders. James noted reference was made to the East of Scotland Community Risk Register and asked how much interaction the Board

had with this. James also queried whether resilience-related themes required to be strengthened within the BAF.

Lettie advised that the East of Scotland Community Risk Register is part of the Resilience Team's remit but it was her understanding that this included first responders such as police, fire etc and that NHS Borders actively interacts with partners and contributes to this.

In relation to strengthening resilience within the BAF Lettie explained that this was primarily about the organisation having continuity plans in place at a local level. It was also noted that the Resilience Team are looking to improve the processes to make it easier for services around emergency planning requirements.

Lynne Livesey enquired how assured the Committee could be that this was reflected across the organisation. Lettie advised that arrangements are currently being strengthened and that a further piece of work will be undertaken over the coming months which will strengthen the connection between operational and strategic risks. It was hoped that this would be implemented within the current financial year.

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

The Committee noted the report.

6. **Internal Audit**

6.1 *Internal Audit Plan Update Report*
Gemma MacLeod spoke to this report which provided a summary on the delivery of the Internal Audit plan which was transitioning from 2025/26 to 2026/27. The one remaining audit, namely Management Structures and Procedures, was currently being finalised and it was hoped to bring this to the June meeting.

Gemma provided an update on the contract management audit where it was noted that training for responsible owners / local contract managers was due to take place early June. A business requirements document for a Contract Management Reporting System had also been created and was pending sign off.

In regard to the 2026/27 plan it was noted that scoping meetings had been arranged and once the Terms of Reference were finalised the fieldwork would commence. It was noted that an additional audit on Payroll had been commissioned following an overpayment as per discussion at the last meeting and this work has now commenced.

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

The Committee noted the report.

6.2 *Internal Audit Report – Fraud, Risk Management & Whistleblowing*
Gemma MacLeod introduced this report which had an overall rating of moderate assurance for design and moderate assurance for effectiveness. The finding ratings were noted as 3 medium and 2 low. Gemma highlighted an error in the

report which stated one of the findings was of high significance and advised this would be updated and the report re-issued. Gemma advised that the audit had identified a number of areas of good practice and some areas for improvement.

Gemma took the Committee through the medium rated recommendations, namely that full fraud risk assessments and initial fraud impact assessments had not been undertaken in line with Counter Fraud Services' guidance and that the 4 fraud related risks on the corporate risk register were not consistently completed and there were some gaps in what had been recorded on the system.

Another medium recommendation noted that the Counter Fraud Policy is overly embedded within the Code of Corporate Governance and would be better captured as a high level policy with separate standalone procedures. It was noted that the policy does not include detail on how NHS Borders measures and mitigates fraud risk and there was an opportunity to expand on this.

The last medium recommendation was in relation to the Whistleblowing Policy and Procedures which were noted as being brief within the Code of Corporate Governance and should be supported by more detailed accompanying procedures.

Gemma went on to take the Committee through the low rated recommendations.

It was noted that all findings had been accepted by management and completion date would be by the end of the year.

James Ayling felt that it was disappointing to see fraud related recommendations but was pleased to see an early implementation date to resolve these. On a general point James noted concern on the level of administrative duties which the workforce are being inundated with and finding the time to undertake these. James suggested that staff resources etc are made as helpful and user friendly as possible to assist staff in completing these tasks.

Lucy O'Leary noted the time and effort involved in chasing action updates and felt there was a need to develop a culture where there is more pace in implementing recommendations, whilst appreciating staff still have their day to day duties to carry out.

Andrew Bone reminded the Committee about the fraud update brought to the previous meeting which gave assurance that the actions required to address issues highlighted in the audit are already established and progressing. Andrew was confident that NHS Borders would be in a much better position in 12 months' time if not sooner. Further to this, he advised that although there were improvements required there was no indication that NHS Borders had experienced actual fraud at an elevated level. Andrew was also aware that the Director of People & Culture was moving forward in regard to the whistleblowing recommendations.

Lynne Livesey commented that in regard to recording completion of training having multiple systems is not ideal so if these could be streamlined as much as possible this would be very beneficial to staff.

Lynne also highlighted that the Director of Finance was noted against the whistleblowing actions and queried if these should be for the Director of People & Culture. Andrew confirmed that they should and that this had already been picked up and rectified.

The Committee confirmed it had received a moderate level of assurance for systems and processes and moderate assurance for outcomes.

The Committee noted the report which would also have oversight by the Staff Governance Committee.

7. **Governance & Assurance**

7.1 *Audit Follow Up Report*

Gemma MacLeod spoke to this item and advised 55 recommendations were due for follow up in the period. Of these, 13% were assessed as fully implemented, 75% were in the process of being implemented, 1% was superseded and 11% were not yet implemented. The recommendation recorded as superseded was in relation to the Theatre Management audit around collection of feedback. Gemma advised that for the two medium recommendations arising from the Medicines Governance and Prescribing audit they had been unable to obtain supporting evidence but had discussed this with the Director of Finance who will be picking up with the audit sponsor.

Gemma advised that she had met with the Director of Finance and that they had agreed further action to ensure that actions were actively being progressed between reporting cycles.

Lucy O'Leary enquired if NHS Borders was an outlier in regard to the number of outstanding recommendations. Gemma felt that the Board had more outstanding recommendations than other organisations that they work with as they usually see from 50% upwards in terms of implementation so there was definitely room for improvement. Gemma also highlighted that a number of actions relating to the contract management audit and the payroll audit were being taken forward so this should see a large number being closed off in due course.

James Ayling enquired about the role and remit for Internal Audit in chasing for updates and the part the Director of Finance played in the process that was to be put in place.

Andrew Bone clarified that it is the responsibility of management to complete audit recommendations. Andrew did not feel that it was Internal Audit's responsibility to chase for updates but rather to monitor and provide the Committee with the follow up report. Andrew confirmed that as Executive Lead for the Committee he would ensure that the relevant Executive Directors/Managers were aware of outstanding recommendations and ask if there were any reasons stopping these from being completed. Andrew confirmed that he would be focussing on outstanding recommendations rated as high or medium and hoped to see these being brought to conclusion to get in a position where the majority of open actions should be those which arise from audits conducted within the previous 12 months and which have not yet fallen due.

Gemma provided an update on the approach undertaken by BDO when requesting updates on recommendations and confirmed that the action owners are contacted directly providing clarity that they have responsibility for these.

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 *Aged Debt Write Off Report*
Karlin Rodgers spoke to this item which was a routine report received by the Committee. Karlin advised that the report provided an update on the Board's aged debt position and the related provision for doubtful debts as at 31st March 2026.

Karlin went on to provide an update which reflected the position discussed at the March meeting, including the impact of the write off request approved at that time and was pleased to confirm that payment had now been received from NHS England. In addition, some debt previously deemed irrecoverable had also been recovered.

It was noted that a review was underway with the Accounts Receivable Team to embed a refreshed approach to debt recovery intended to address aged debt through earlier intervention and thereby mitigate the risk that significant debt write-off be required in future.

James Ayling commented that he was pleased to see the write off recovered from NHS England and thanked for the perseverance around this.

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

The Committee noted the report

8. **Corporate Governance Framework**

8.1 *Draft Corporate Governance Framework Review 2025/26*
Anita McCloy spoke to this item and took the opportunity to thank all those involved which ensures this is a collective piece of work supported by evidence from across the whole organisation.

It was noted that the third party audit reports and a final Internal Audit report were awaited and once received the relevant sections would be finalised.

Anita referred to the overview process on page 2 which detailed how everything is joined up across the organisation and how assurance informs the final governance statement. Anita stressed that absolute assurance can never be provided, only reasonable assurance can be given.

Anita went on to explain how the approach for Directors' assurance certificates had been strengthened whereby Directors were now also asked to confirm their

view on controls and seek assurance from their teams and not just provide a single sign-off as per previous years. Anita highlighted that not all matters reported are disclosed in the final governance statement, which focusses on issues within scope of statutory reporting requirements. Other matters raised by individual directors reflect their assessment of issues material to their own portfolios but may not be of sufficient significance to warrant disclosure in the context of the review of the governance framework. Full detail of all matters raised is however included within the pack.

James Ayling recorded his thanks for this piece of work as he appreciated the enormity of the task. James highlighted the Audit & Risk Committee Chair's assurance statement and advised that once the final audit opinion from Internal Audit is received this would be updated. Gemma MacLeod confirmed that the opinion from Internal Audit had not yet been shared but would be confirmed within the annual report which would be presented at the next meeting. In regard to fraud assurance, James enquired whether this would need to be revisited given the findings from the recent audit. Anita advised that this had been prepared at a point in time and she was not aware of the findings from that audit but would review this outwith the meeting and update if required.

Anita asked for clarity around who would be signing the Chair's assurance statement and following discussion it was agreed that this should be signed by both James Ayling as outgoing Chair and Lynne Livesey as incoming Chair.

Laura Jones asked if there was any reason why the Resources & Performance Committee (R&PC) appeared to have been excluded. Anita advised that R&PC had not been excluded but rather they had not advised of any significant issues throughout the year. Anita added that disclosures are included within the governance statement which relate to financial and workforce sustainability.

Andrew Bone explained that the assurance statement for R&PC only covers the business considered by the Committee throughout the year. Andrew suggested adding a line to clarify that no issues of any significance had been raised. This was agreed.

Andrew highlighted that the governance statement covered a summation of the totality of evidence provided and that this should address any gaps arising through individual assurance statements to give assurance that nothing had been missed rather than including every individual assurance statement. Andrew suggested that exception reporting from Committees could be reflected as part of the process in future.

Andrew also advised of an exception report which is now required to be provided to the Board from the Governance Committees following each Committee meeting and noted that this will help inform end of year assurance reporting.

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

The Committee discussed and noted the report.

9. **External Audit**

9.1 *Audit Scotland Reports*
It was noted that the report provided a list of where relevant Audit Scotland reports are distributed across the organisation.

James Ayling noted the report on climate change and was mindful that this was appropriately circulated to get on top of this agenda.

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

The Committee noted the report.

10. **Fraud & Payment Verification**

10.1 *Counter Fraud Update*
Karlin Rodgers spoke to this report which provided an update on counter fraud activity and went on to highlight key areas which were of interest to the Committee. Karlin referred to the Fraud Annual Action Plan and confirmed that the 2025/26 plan was now concluded and the 2026/27 plan was yet to be issued by CFS and would come forward to the Committee when available.

In regard to the Fraud Standards Statement (FSS) Karlin highlighted that 7 components of this had been fully met and 5 partially met. It was noted that work would continue throughout 2026/27 to meet all components of the FSS. The Committee would be made aware of progress through the regular update report.

Lynne Livesey referred to the FSS areas partially met and enquired how assurance is given that the correct processes are embedded across the organisation. Karlin explained that there had been a considerable increase in training and noted that there was lot of good work being taken forward across the organisation in relation to fraud. It was noted that the Countering Fraud Operational Group would also play a part in moving forward those partially met to fully met as well as the findings from the recent audit which would also support this work.

James Ayling referred to the fraud awareness eLearning module which had an initial poor response reported and asked how easy it was for staff to access information on fraud. Karlin confirmed that this is now mandatory training as part of Once for Scotland and that there had been a positive increase in the uptake since the last report received by the Committee. Karlin advised that as the Fraud Liaison Officer she is responsible for ensuring that all relevant information is distributed across the organisation via the Comms Team. It was noted that there is also a comprehensive Fraud page on the Finance Microsite on the Intranet and a communication was due to be issued across the organisation later in the week to bring this to staff's attention. Signposting via the weekly digest would also be used going forward.

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

The Committee approved submission of the Fraud Standards Statement Self Assessment.

11. **Integration Joint Board**

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

11.1 *IJB Directions Tracker*
June Smyth spoke to this report which was a standing item and provided updates on existing and any new directions. It was noted that there had been no new directions issued to date from the IJB this financial year. June highlighted the appendices which provided updates on those issued the previous financial year and the most recent H&SCP Performance and Delivery report for information.

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

The Committee noted the IJB Directions Tracker.

12. **For Noting**

12.1 *Information Governance Committee Minutes: 11th March 2026 (Draft)*
The Committee reviewed the draft minutes from the Information Governance Committee meeting held on 11th March 2026.

James Ayling was pleased to note that the Committee had been quorate on this occasion and also advised that as part of the Non Executive Director visits to departments across the organisation he had undertaken a visit to the Records Management Department and would report back anything of significance to the Committee as required.

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

The Committee noted the draft minutes of the Information Governance Committee.

13. **Any Other Competent Business**

Andrew Bone referred to the exception report for the Board which he had touched on earlier in the meeting and asked members if they felt there had been any exceptional matters arising from the meeting which required to be brought to the Board's attention. Following discussion it was agreed that there were no matters of exception requiring to be brought to the Board's attention.

Lucy O'Leary advised of the introduction of an attachment to the minutes at the Staff Governance Committee providing the levels of assurance taken against each item. Lynne Livesey asked that this also be adopted by the Audit & Risk Committee.

James Ayling asked for an update on the annual audit which was currently underway. John Boyd advised that the audit was progressing well and was in the early sample testing stage and had no issues at this point to bring to the Committee's attention. John envisaged that the end of June deadline would still be met for approving the annual accounts.

14. **Date of Next Meeting**

Wednesday, 24th June 2026 @ 10 a.m. via MS Teams.

BE
28.05.26

Audit & Risk Committee – 25th May 2026
Assurance Summary Table

Agenda Item No	Item Name	Level of Assurance
5.1	Operational Risk Management Bi-Annual Report	Significant (Systems & Processes) Moderate (Outcomes)
5.2	Strategic Risks Horizon Scanning	Moderate
6.1	Internal Audit Plan Update Report	Moderate
6.2	Fraud, Risk Management & Whistleblowing Internal Audit Report	Moderate (Systems & Processes) Moderate (Outcomes)
7.1	Audit Follow Up Report	Moderate (Systems & Processes) Limited (Outcomes)
7.2	Aged Debt Write Off Report	Moderate
8.1	Corporate Governance Framework Review	Moderate
9.1	Audit Scotland Reports	Significant
10.1	Counter Fraud Update	Moderate
11.1	IJB Directions Tracker	Moderate
12.1	Information Governance Committee Minutes	Moderate

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**TrakCare T2026/MEUI Upgrade**
Responsible Executive/Non-Executive:	**June Smyth, Director of Planning & Performance**
Report Author:	**Judith Dickson, Digital Programmes Manager**

1 Purpose

This is presented to the Board for:

- Awareness
- Decision (Homologation)

This report relates to a:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The TrakCare T2026 Upgrade Business Case is being presented to the NHS Borders Board for homologation following earlier approval through the appropriate governance route. The upgrade is a strategic and time-critical requirement to maintain a safe, reliable and supportable core clinical system, ensure continued alignment with the InterSystems product roadmap and national TrakCare direction, and enable access to essential fixes, improved usability and future digital transformation capability. Prior agreement was sought to progress the business case in advance of the formal Board meeting due to the critical delivery timetable, supplier mobilisation requirements and the need to maintain momentum towards planned implementation. The Board is therefore asked to homologate the decision to approve the TrakCare T2026 Upgrade Business Case and note that this supports clinical safety, operational resilience,

national alignment and delivery of NHS Borders' wider digital and clinical strategy priorities.

2.2 Background

TrakCare is NHS Borders' core patient management and clinical administration system, supporting key operational and clinical workflows including patient administration, electronic patient record activity, order communications, waiting times management, discharge planning and wider clinical documentation. The current TrakCare environment is increasingly constrained, with minor fixes, usability improvements and service enhancements largely unable to progress unless a significant clinical risk can be demonstrated. This has resulted in a growing backlog of unresolved issues, operational workarounds and dependencies that are delaying wider digital transformation. The T2026 upgrade, including adoption of the Mobile Enabled User Interface, is required to restore alignment with the InterSystems product roadmap and the TrakCare Scottish Edition, maintain vendor support and security compliance, improve usability and resilience, and provide the platform needed to support NHS Borders' clinical, operational and digital strategy priorities.

2.3 Assessment

The business case sets out a non-discretionary investment to upgrade TrakCare to T2026 and adopt the Mobile Enabled User Interface. The recommended option is to proceed with the full upgrade and move to MEUI, as this provides the strongest alignment with the InterSystems roadmap, the TrakCare Scottish Edition and NHS Scotland digital direction. The case has been developed in response to increasing operational, clinical and technical constraints within the current environment, including unresolved defects, limited ability to progress enhancements, reliance on workarounds and growing dependency risks across the wider digital portfolio. The upgrade will restore access to supported functionality, improve usability and resilience, and provide a platform for future transformation. Delivery risks are recognised, including resource availability, change management, testing, training and supplier mobilisation; however, these are considered manageable through programme governance, phased implementation, clinical engagement, structured testing, benefits tracking and active risk management.

2.3.1 Quality/ Patient Care

The upgrade will have a positive impact on quality and patient care by maintaining a safe, supportable and resilient core clinical system. It will enable access to essential fixes, improved functionality and a more modern user interface, supporting safer clinical workflows, clearer navigation, improved documentation and better availability of information at the point of care. It will also reduce reliance on local workarounds and legacy processes that may increase the risk of error or delay. The main quality risk relates to the transition period, including user adoption, training requirements and safe management of change. These risks will be mitigated through phased delivery, clinical input, user testing, training, communications and go-live support.

2.3.2 Workforce

The upgrade will require dedicated input from Digital Services, Health Records, clinical and operational teams, Information Governance, Finance, Procurement and

InterSystems. Additional clinical and project support is included within the business case to ensure safe delivery, testing, user engagement and training. The change will create short-term pressure on staff due to testing, training and transition activity; however, the longer-term benefit is expected to be improved usability, reduced duplication, clearer workflows and reduced frustration associated with the current constrained environment. Workforce impacts will be managed through prioritised workstreams, clear governance, communications, training materials, staff support and phased implementation.

2.3.3 Financial

The business case requires total investment of approximately £636k to support the TrakCare T2026 upgrade and associated implementation activity. This includes supplier costs and additional project resource to support clinical engagement, testing, training and mobilisation. The financial plan includes provision for digital portfolio priorities, and the TrakCare upgrade has been identified as one of the priority investments to be progressed through this route. The proposal is not primarily driven by cash-releasing savings; the key financial rationale is avoidance of escalating risk, technical debt, future unsupported configuration, increased cost of delayed upgrade and reduced ability to deliver wider digital transformation. Recurring savings of approximately £35k per annum have been identified and will be monitored through normal financial and benefits realisation arrangements.

2.3.4 Risk Assessment/Management

The principal risk of not proceeding is that NHS Borders continues to operate a core clinical system that is increasingly constrained, less aligned with supplier and national direction, and less able to support routine fixes, enhancements and future transformation. This presents increasing clinical, operational, cyber, compliance and sustainability risks. Delivery risks include resource availability, change fatigue, testing capacity, training uptake, supplier mobilisation and dependency management across other digital projects. These will be managed through established programme governance, risk and issue logs, weekly highlight reporting, stage-gate reviews, clinical and operational engagement, structured testing, cutover planning, post-go-live support and escalation through Digital SLT, Digital Portfolio Board and appropriate organisational governance routes.

2.3.5 Equality and Diversity, including health inequalities

The upgrade supports equitable access to safe, reliable and consistent digital clinical systems by maintaining a modern platform used across services and care settings. Improved usability, clearer workflows and better access to information should support staff in delivering more consistent care and may help reduce variation caused by local workarounds or inconsistent system use. The project will consider equality and accessibility requirements as part of training, communications, user support and implementation planning. No adverse equality impacts have been identified at this stage; however, any emerging impacts will be considered through project governance and engagement with relevant stakeholders.

An impact assessment will be completed or confirmed as part of the project mobilisation and governance process, alongside Information Governance and implementation planning. The project does not change the fundamental purpose of

TrakCare as the Board's patient management and clinical administration system, but any changes to workflows, data presentation, accessibility or user experience will be reviewed as part of safe implementation.

2.3.6 Climate Change

No significant adverse climate change impact has been identified. The upgrade is primarily a digital systems change and will be delivered mainly through remote supplier engagement, virtual meetings, digital training materials and phased implementation activity. Potential positive impacts include reduced reliance on paper-based workarounds over time, improved digital workflows and reduced need for avoidable travel where mobile-enabled functionality and remote access support more flexible ways of working. Any hardware, infrastructure or deployment requirements will be managed in line with existing organisational procurement and sustainability arrangements.

2.3.7 Other impacts

The upgrade has wider organisational impacts because TrakCare underpins a broad range of clinical, operational and administrative processes. It is a key dependency for digital transformation, clinical documentation improvement, patient flow, reporting, interoperability and future alignment with national programmes. The work will therefore require careful coordination with business-as-usual activity, other digital projects, technical environments and service readiness. These dependencies will be managed through programme planning, prioritisation and escalation routes.

2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

Communication and engagement has taken place through the TrakCare project meetings, Digital Portfolio Board, Delivery Group, senior finance and planning discussions, and regular engagement with InterSystems. Wider stakeholder engagement will continue through the project governance structure and will include clinical, operational, Health Records, Digital Services, Information Governance, Finance, Procurement and communications input. Staff readiness will be supported through demonstrations, training materials, user communications, testing activity and go-live support.

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.

- Digital Portfolio Board, 11 June 2026
- Delivery Group, June 2026
- Virtual Board approval route, July 2026
- Borders NHS Board, for homologation

2.4 Recommendation

The Board is asked to homologate the decision to approve the TrakCare T2026 Upgrade Business Case, including adoption of the Mobile Enabled User Interface, and to note the strategic, clinical, operational and financial rationale for progressing the upgrade within the required delivery timescale.

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

- **Moderate Assurance** is suggested, recognising that the business case, governance route, funding provision and delivery controls provide assurance, while implementation risks relating to resourcing, testing, training, supplier mobilisation and change management will continue to require active oversight.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, TrakCare T2026 Upgrade Business Case
- Appendix 2, TrakCare T2026 Upgrade A3 Plan

Return on Investment - Business Case

TrakCare Upgrade T2026/MEUI

Judith Dickson

June 2026

Contents

1. Support for business case

Table 1. Stakeholders who support this proposal

Name	Role	Date agreed
June Smyth	Director of Planning & Performance	24 June 2026
Dr Catherine Kelly	Chief Clinical Information Officer	24 June 2026

Table 2. Finance team who support this proposal

Name	Role	Date agreed
Andew Bone	Director of Finance	11 June 2026

Table 3. Governance groups who support this proposal

Chair Name	Programme Board	Discussion points	Date agreed
June Smyth	Digital Portfolio Board		11 June 2026

2. Executive Summary

Executive Summary

This business case seeks approval for a **non-discretionary investment** to upgrade NHS Borders' existing TrakCare Patient Management System to **TrakCare T2026** and to adopt the **Mobile Enabled User Interface (MEUI)**. The proposal is not primarily driven by cash-releasing savings or financial return. Rather, it is a necessary investment to maintain a **safe, supported and sustainable clinical system**, reduce growing operational and clinical risk, and ensure NHS Borders remains aligned with national NHS Scotland direction for TrakCare.

The current TrakCare environment is increasingly constrained and no longer supports the level of maintenance, improvement and change required to meet organisational needs. Minor fixes, usability improvements and service enhancements are now largely deferred unless a significant clinical risk can be demonstrated. This has resulted in a growing backlog of unresolved issues, increased operational workarounds, and reduced ability to progress wider digital change. In practical terms, NHS Borders is now operating with a system that is falling behind supplier direction, constraining service improvement and increasing exposure to future risk.

The proposed upgrade to **T2026 with MEUI** addresses these issues by restoring alignment with the supported TrakCare roadmap and enabling NHS Borders to move to the **TrakCare Scottish Edition**, consistent with the wider national direction across Scotland. This is important not only for supplier support and system resilience, but also for national consistency, improved interoperability, and participation in future shared digital developments. Remaining on the current configuration would increase divergence from national standards, limit access to future functionality, and increase the likelihood of higher-cost emergency or reactive interventions later.

Three options have been considered. **Option 1**, to do nothing and remain on the current version and user interface, is not viable. While it avoids immediate expenditure, it would leave NHS Borders exposed to increasing clinical, operational and technical risk and would do nothing to address the current backlog, supplier dependency issues or declining user experience. **Option 2**, to upgrade to T2026 but retain the current user interface, is also not considered viable as a long-term solution. Although it would offer some technical benefit, it would not fully align with supplier direction, would fail to deliver the usability and workflow improvements associated with MEUI, and may not be supported by the supplier. **Option 3**, upgrading to **T2026 and adopting MEUI**, is therefore the preferred option. It provides the greatest strategic benefit, the lowest overall risk posture, and the most sustainable route forward.

The total investment required is **£635,612**, comprising **£399,035** in supplier costs and **£236,577** in additional non-recurring resource costs. This excludes the value of existing in-post IM&T staff time already supporting delivery. The proposal is therefore best understood as an essential enabling investment to maintain clinical system safety, supportability, and modernisation. Although limited recurring savings of approximately **£35,000 per annum** have been identified, these are not the principal justification for the business case. Traditional ROI measures do not fully reflect the value of the proposal because the principal benefits relate to risk reduction, operational resilience, vendor support compliance, and the enablement of future digital capability.

The expected benefits of the upgrade are significant. At a clinical and operational level, the move to MEUI will improve usability, support more mobile and flexible working, and reduce the reliance on outdated workflows. It will provide a more modern interface for clinical and administrative users, improve access to information at the point of care, and create the conditions for better patient flow, improved data quality

and more efficient working practices. The proposal will also unlock long-standing defects, enhancements and dependencies that are currently blocked, thereby reducing technical debt and supporting a more sustainable delivery model for the wider digital portfolio. Importantly, it will also strengthen the organisation's position for future digital transformation and closer alignment with national platforms and programmes.

The risks associated with delivery are recognised but are considered manageable and materially lower than the risks of not proceeding. Key delivery risks include resource availability, change fatigue, adoption challenges and dependencies on national TrakCare direction. These risks can be mitigated through robust programme governance, phased deployment, targeted training, early adopter testing, and structured change management. By contrast, the risks of failing to proceed are considered high, particularly in relation to patient safety, unsupported technology, supplier dependency, and the organisation's ability to sustain a modern clinical system.

The project will be delivered through a phased approach designed to minimise disruption and support safe adoption. This includes technical readiness and testing, early adopter deployment, rollout to remaining services in manageable waves, and a formal period of closure and benefits realisation. A clear governance structure, supported by clinical leadership, operational oversight and assurance mechanisms, will be essential to successful delivery. Training and change management will be integral to the programme to ensure that staff are supported to transition effectively to the new interface and ways of working.

In summary, this business case presents a necessary and strategically important investment for NHS Borders. The proposal is not optional if the organisation is to maintain a safe, supportable and nationally aligned Patient Management System. Approval of **Option 3** is therefore recommended in order to reduce current and future risk, enable system modernisation, and support NHS Borders' wider digital and clinical ambitions.

3. Proposal Overview

This business case presents a mandatory strategic and risk mitigation investment required to maintain a safe, supported and nationally aligned clinical system within NHS Borders.

The upgrade to TrakCare T2026 and adoption of the Mobile Enabled User Interface (MEUI) is not driven by financial return, but by the need to:

- Maintain patient safety and clinical system reliability
- Ensure continued vendor support and regulatory compliance
- Align with national NHS Scotland TrakCare standards
- Sustain the organisation's operational capability as a digital healthcare provider
- Support the organisation to achieve Year 2 deliverables from Organisation and Clinical Strategies

The case for investment is structured around four core pillars:

1. Patient Safety and Clinical Risk
2. Regulatory and Vendor Support Compliance
3. National Alignment and Strategic Mandate
4. Operational Sustainability and Service Continuity

NHS Borders proposes to upgrade the existing TrakCare Patient Management System (PMS) to **version T2026** and transition to the **Mobile Enabled User Interface (MEUI)** as part of a strategic modernisation of

our digital clinical systems. This upgrade is essential to ensure continued vendor support, maintain system stability, and align with the national direction for TrakCare across Scotland.

Further details of MEUI benefits are shown in appendix 3.

Strategic Alignment and National Consistency
The move to **TrakCare Scottish Edition** through the **T2026** upgrade will bring NHS Borders into alignment with other NHS Boards across Scotland and support a more consistent national approach to digital clinical systems. This alignment will strengthen regional and national collaboration, improve interoperability, support consistent data standards, and enable a more streamlined approach to future upgrades and supplier support.

Importantly, the upgrade will also provide an essential platform to support delivery of NHS Borders' **Year 2 organisational and clinical strategy deliverables**, by enabling safer and more sustainable digital workflows, supporting service improvement, and creating the technical foundation required for wider transformation priorities.

This will ensure that NHS Borders is fully connected to the wider Scottish digital health ecosystem and is better placed to participate in shared developments and national programmes.

InterSystems continues to progress the TrakCare product roadmap, including significant developments in system architecture, user interface and functionality. In this context, NHS Borders must remain aligned with the supplier roadmap in order to maintain system support, meet security requirements, access future enhancements, reduce technical debt, and benefit from continued product development such as mobile-enabled workflows, improved usability and enhanced reporting capability.

Failure to proceed with the upgrade would risk NHS Borders falling further behind the supported product lifecycle, increasing operational, clinical and cyber security risks, and limiting the organisation's ability to deliver its wider strategic objectives.

Benefits of Upgrading to T2026 and the Mobile Enabled User Interface
Upgrading to T2026 and adopting the MEUI will deliver a range of organisational, clinical, and operational benefits:

1. Enhanced Clinical Usability and Mobility
- MEUI enables clinicians to access key TrakCare functions on mobile devices, supporting **care at the bedside**, community visits, and more flexible working
- Improved user interface design reduces cognitive load and supports faster task completion
- Better alignment with modern digital expectations improves staff satisfaction and adoption

2. Improved Patient Flow and Operational Efficiency
- Updated workflows and system enhancements in T2026 support more efficient patient management, scheduling, and discharge processes
- Enhanced real-time data visibility supports operational decision-making and reduces delays

3. Strengthened Data Quality and Reporting
- Standardised Scottish Edition configuration improves data consistency across Boards
- Enhanced reporting tools and improved data structures support more accurate analytics and performance monitoring

4. Futureproofing and Reduced Risk

- Staying current with InterSystems' roadmap ensures NHS Borders remains within supported versions, reducing cybersecurity and operational risks
- Avoids the increasing cost and complexity of upgrading from significantly outdated versions in the future

5. Foundation for Further Digital Transformation

- The upgrade provides a platform for future enhancements, including integration with national systems such as Digital Front Door, improved patient engagement tools, and advanced clinical decision support
- Supports NHS Scotland's wider digital strategy and the move toward a more connected, interoperable health system

Conclusion

Upgrading to TrakCare T2026 and adopting the Mobile Enabled User Interface is a necessary and strategically important step for NHS Borders. It ensures alignment with national standards, maintains vendor support, enhances clinical usability, and positions the organisation for future digital transformation. This investment will strengthen operational resilience, improve patient care, and ensure NHS Borders remains an active and aligned participant in Scotland's evolving digital health landscape.

4. Current situation and problem statement

Current Situation
NHS Borders' current TrakCare Patient Management System (PMS) has reached a point where essential maintenance, incremental improvements, and minor bug fixes are no longer feasible within the existing version. The system is now effectively in a **frozen state**, with changes only being considered where a demonstrable and significant clinical risk can be evidenced. While this conservative approach aims to minimise disruption, it is increasingly creating operational strain, limiting service improvement, and constraining the organisation's ability to innovate.

The current version of TrakCare is now several releases behind InterSystems' roadmap, and many issues raised by clinical and operational teams cannot be resolved without moving to a more modern, supported version. Several known defects and usability concerns are either unresolvable under the current architecture or would require disproportionate workarounds that introduce inefficiencies and additional risk. This situation is also impacting adjacent digital programmes, as dependencies on the PMS are now blocked or delayed until an upgrade path is confirmed.

Current Impact

- **Frozen Development**
  Minor fixes, quality-of-life improvements, and usability enhancements are being indefinitely deferred unless they meet a high severity clinical risk threshold. This is preventing the organisation from addressing known issues that would otherwise improve day-to-day operations

- **Project Blockers**
  A growing backlog of JIRAs and project dependencies are now directly tied to upgrade readiness. This is making planning, sequencing, and delivery of digital initiatives increasingly difficult, with several programmes unable to progress until the PMS is upgraded. A list of JIRAs included in this upgrade are detailed in the Appendix 1

- **User Experience Decline**
  Clinical and administrative users report repeated issues, unresolved functionality gaps, and a general decline in system responsiveness. This is undermining confidence in the PMS and slowing adoption of digital workflows

- **Delayed Innovation**
  New features, interface improvements, and integrations with third-party systems cannot be implemented due to version constraints. This is preventing NHS Borders from benefiting from modern capabilities already available to other Boards

- **Cumulative Risk Exposure**
  The accumulation of "noncritical" bugs and unresolved issues is creating broader operational risks. While individually low-severity, together they increase the likelihood of workflow disruption, data quality issues, and potential downstream clinical implications

- **Impact on Delivery Team Morale**
  Repeated deferrals of planned work, combined with an inability to respond to known user issues, is contributing to frustration and disengagement within the digital delivery team. Skilled staff are

losing momentum and confidence in the delivery process, which poses longer-term risks to retention and organisational capability

Problem Statement

NHS Borders is operating a version of TrakCare that is no longer fit for purpose in supporting modern clinical workflows, organisational efficiency, or future digital transformation. The current PMS environment is constraining operational performance, delaying essential improvements, and creating a growing backlog of unresolved issues. Without upgrading to TrakCare T2026 and adopting the Mobile Enabled User Interface, NHS Borders will continue to face increasing risk, reduced system usability, and significant barriers to innovation.

The current position presents increasing risk across four key areas:

Patient Safety and Clinical Risk – Accumulation of unresolved defects, workarounds, and usability issues is impacting clinical workflows and increasing the risk of error.

Regulatory and Vendor Support Compliance – The current platform is moving outside supported configuration, limiting access to fixes and exposing the organisation to security and compliance risks.

National Alignment – NHS Borders remains out of alignment with the TrakCare Scottish Edition, limiting participation in national digital initiatives and increasing divergence.

Operational Sustainability – The system is now in a constrained state, preventing routine improvement and placing pressure on service delivery and staff.

Furthermore, remaining on an outdated version isolates NHS Borders from the **TrakCare Scottish Edition**, limiting our ability to align with other NHS Boards and participate effectively in regional and national digital initiatives. InterSystems' roadmap is moving forward, and without alignment, NHS Borders will fall further behind the supported product lifecycle, increasing technical debt and operational risk.

Upgrading is therefore not optional—it is a necessary step to restore system stability, improve user experience, unlock innovation, and ensure NHS Borders remains aligned with national digital strategy and vendor support.

Appraisal of Options

NHS Borders has considered three viable options for the future of the Patient Management System (PMS). These options range from maintaining the status quo to undertaking a full upgrade and transition to the Mobile Enabled User Interface (MEUI). Each option has been assessed in terms of strategic alignment, operational impact, risk, cost implications, and ability to support future digital transformation.

Table 5. Options considered.

Options	Details	Advantages and Disadvantages
Option 1:	Do Nothing (Maintain Current Version of TrakCare (T2024) and User interface (TCUI) NHS Borders would continue operating the current version of TrakCare with no upgrade and no adoption of MEUI. Only critical fixes would be applied, and the system would remain out of alignment with InterSystems' roadmap and the TrakCare Scottish Edition. This option is **not viable**. It exposes NHS Borders to escalating risk, operational inefficiencies, and strategic isolation. It fails to address any of the current problems and will worsen system instability over time.	**Advantages** • No immediate financial outlay • No short-term disruption to services • No change management or training required **Disadvantages** • Continued freeze on enhancements, bug fixes, and usability improvements • Increasing backlog of unresolved issues and project blockers • Growing technical debt and rising future upgrade costs • Declining user experience and reduced staff confidence • Inability to adopt new features or integrations • Increasing operational and clinical risk due to unsupported components • Misalignment with other NHS Boards and national digital strategy • Risk of eventual loss of vendor support
Option 2:	Upgrade to TrakCare T2026 but Retain the Current User Interface (TCUI) NHS Borders would upgrade the underlying TrakCare platform to T2026 but continue using the legacy TCUI interface. This would restore vendor support and enable some enhancements but would not deliver the full usability or mobility benefits of MEUI. This option is **partially viable**. It addresses system stability and supportability but does not deliver the full benefits of modernisation. It risks duplicating effort and cost if NHS Borders later transitions to MEUI, and it	**Advantages** • Restores access to vendor support and security updates • Unblocks many project dependencies and JIRAs • Allows delivery of bug fixes and incremental improvements • Reduces technical debt and operational risk • Lower change impact compared to adopting MEUI • Provides partial alignment with the TrakCare Scottish **Disadvantages** • Retains an outdated user interface with known usability limitations • Does not deliver mobile-enabled workflows or modern UI improvements

	does not fully align with national expectations for the Scottish Edition. It is unlikely that Intersystems would support this option.	• Only partial alignment with national direction; MEUI is the strategic UI for Scotland • Reduced long-term value compared to full upgrade • Requires a second transition later if MEUI becomes mandatory • Missed opportunity to modernise clinical workflows and improve user experience
Option 3:	Upgrade to TrakCare T2026 and Adopt the Mobile Enabled User Interface (MEUI) NHS Borders would upgrade to T2026 and transition to the MEUI, the modern, mobile-enabled interface designed to support improved usability, mobility, and workflow efficiency. This option fully aligns with InterSystems' roadmap and the TrakCare Scottish Edition. This option is **the most viable and strategically aligned**. It resolves current system constraints, delivers the greatest organisational benefit, and positions NHS Borders for future digital transformation. It aligns with national direction, reduces long-term cost and risk, and provides a modern, mobile-enabled platform for clinical care.	**Advantages** • Full alignment with the TrakCare Scottish Edition and other NHS Boards • Restores vendor support, security updates, and access to new features • Enables mobile workflows and improved usability for clinical and administrative staff • Unlocks innovation and integration opportunities currently blocked • Improves user experience, adoption, and staff satisfaction • Reduces operational and clinical risk by resolving long-standing issues • Future-proofs the PMS and avoids repeated upgrade cycles • Strengthens morale and productivity within the digital delivery team **Disadvantages** • Higher initial change impact and training requirement • Requires careful planning and engagement to support transition • Slightly higher upfront cost compared to Option 2

Based on the above, Options 1 and 2 do not provide a safe, supportable or strategically aligned position for NHS Borders.

Only Option 3 ensures:
- Continued clinical safety and system reliability
- Compliance with vendor support requirements
- Alignment with national direction for TrakCare
- A sustainable operating model for digital service delivery

This is therefore not a discretionary choice between options, but a required step to maintain a safe and viable clinical system.

Figure 1: Benefit & Risk Scores

Benefit Score	Risk Score

<table>
<tr><th colspan="2">Option 1 – Do Nothing</th></tr>
<tr><td>1 (Very Low)

• No new functionality delivered
• Does not address user experience issues
• Does not support Digital Enabling Strategy or EPR ambition
• Does not unlock stalled projects or dependencies</td><td>5 (Very High Risk)

• Continued operation on an increasingly unsupported platform
• Growing clinical, operational, and delivery risk
• Accumulation of unresolved defects and workarounds
• Increased likelihood of unplanned cost or service disruption</td></tr>
<tr><td colspan="2">Conclusion - This option delivers negligible benefit and exposes NHS Borders to escalating risk. It is not viable.</td></tr>
<tr><td colspan="2">Option 2 – Upgrade to T2026 but remain on current user interface (TCUI)</td></tr>
<tr><td>2 (Low)

• Some technical improvements from core upgrade
• Limited bug fixes unlocked
• Minimal improvement to clinical or administrative user experience</td><td>5 (Very High)

• InterSystems no longer support TCUI
• Supplier would not provide support for issues encountered
• Creates an unsupported configuration immediately post-upgrade
• Fails to support organisational and clinical strategy objectives</td></tr>
<tr><td colspan="2">Conclusion - Although superficially attractive, this option represents high residual risk with limited benefit and is not supported by the supplier.</td></tr>
<tr><td colspan="2">Option 3 – Upgrade to T2026 with move to new user interface (MEUI)</td></tr>
<tr><td>5 (Very High)

• Unlocks significant enhancements and long-awaited bug fixes
• Improves usability and workflow for clinical and administrative staff
• Enables mobile data capture and supports EPR progression
• Aligns NHS Borders with the TrakCare Scottish Edition
• Removes critical blockers across the wider digital portfolio</td><td>2 (Low Moderate)

• Change management and adoption risk, mitigated through phased rollout and training
• Delivery and resourcing pressures, mitigated through portfolio prioritisation and governance
• Risks are known, manageable, and significantly lower than remaining on the current platform</td></tr>
<tr><td colspan="2">Option 3 - This option delivers the highest benefit, addresses strategic and operational risks, and represents the lowest overall risk posture for NHS Borders.</td></tr>
</table>

Overall Conclusion

The options appraisal demonstrates that Option 3 provides the greatest strategic, clinical, and operational benefit while presenting a manageable and acceptable level of risk. Options 1 and 2 deliver insufficient benefit and expose NHS Borders to unacceptable and increasing levels of risk. Option 3 is therefore the clearly preferred and recommended option.

5. Preferred Option

Project Overview

The TrakCare T2026 Upgrade Project will provide a modern, secure, and fully supported TrakCare platform across the organisation. It will be delivered in phases to minimise disruption, test the solution early, and build confidence among clinical and administrative teams.

The programme will be supported by clear governance, effective change management, and targeted training to enable safe adoption and deliver measurable benefits.

Delivery approach

Phase 1 – Readiness

- Complete technical readiness assessments (infrastructure, integrations, data flows)
- Establish the T2026 baseline build in a controlled environment
- Conduct regression testing of core workflows
- Confirm early adopter services and secure clinical leadership sponsorship
- Develop training materials, communications, and change impact assessments

Phase 2 – Early adopter deployment

Early adopter services will be selected for operational stability, strong clinical engagement, manageable workflow complexity, and their ability to provide rapid feedback.

- Operational stability
- Strong clinical engagement
- Manageable workflow complexity.
- Ability to provide rapid feedback.

Objectives

- Validate the T2026 build in a live clinical environment.
- Test end-to-end workflows, including cross-service dependencies.
- Identify configuration refinements and training gaps.
- Build organisational confidence and generate real-world lessons learned.

Key activities

- Deliver targeted training to early adopter teams.
- Deploy the upgrade during a controlled change window.
- Provide enhanced onsite support (“floorwalking”) for 1–2 weeks.
- Capture issues, risks, and improvement opportunities in real time.

Phase 3 – Roll-out to remaining services

Following successful evaluation of the early adopter phase, the remaining services will be prioritised by clinical risk, workflow complexity, and operational readiness, then deployed in manageable waves.

- Prioritise remaining services based on clinical risk, workflow complexity, and operational readiness.
- Deploy in manageable waves (e.g., by specialty, site, or functional area).
- Apply lessons learned to streamline each subsequent deployment.
- Maintain a consistent support model for each wave.

Phase 4 – Closure and benefits realisation

- Confirm system stability and performance.
- Transition to business-as-usual support.
- Deliver a post-implementation review.
- Track benefits such as improved usability, reduced downtime risk, and compliance with vendor support requirements.

Training approach

3.1 Training Principles

- Role-based, workflow-focused training.
- Blend of digital learning, classroom sessions, and hands-on practice.
- Just-in-time delivery aligned to each deployment wave.

3.2 Training Components

- **E-learning modules** covering new features and UI changes.
- **Scenario-based classroom sessions** for clinical and administrative staff.
- **Super-user programme** to build local champions within each service.
- **Quick reference guides** and short video walkthroughs.
- **Drop-in clinics** before and after go-live.

3.3 Training Evaluation

- Pre-deployment knowledge checks
- Post-training surveys to identify gaps
- Continuous improvement of materials based on early adopter feedback

Change management approach

4.1 Change Principles

- Early engagement with clinical and operational leaders.
- Clear, consistent communication about what is changing and why.
- Proactive management of workflow impacts and user concerns.

4.2 Key Change Activities

- Stakeholder mapping and engagement planning.
- Change impact assessments for each service area.
- Regular communications through newsletters, intranet updates, and briefings.
- Clinical safety assessments and sign-off (aligned to DCB0129/0160 standards).
- Readiness assessments before each deployment wave.

4.3 Embedding Change

- Local change champions in each service.
- Feedback loops during early adopter and subsequent waves.
- Post-go-live support to reinforce new ways of working.

Governance

5.1 Programme Governance

A clear governance model will ensure accountability, clinical safety, and timely decision-making.

Key groups:

- **Digital Programme Board** – strategic oversight, risk management, approval of major decisions.
- **Clinical Safety Group** – ensures compliance with clinical safety standards and reviews clinical risks.
- **Technical Design Authority** – validates architecture, integrations, and technical readiness.
- **Operational Working Group** – coordinates service readiness, training, and deployment planning.
- **Early Adopter Steering Group** – monitors early adopter progress and approves refinements.

5.2 Reporting & Assurance

- Weekly highlight reports covering progress, risks, issues, and dependencies.
- Stage gate reviews at the end of each phase.
- Independent assurance (e.g., Digital Assurance Office or internal audit) at key milestones.
- Risk and issue logs maintained with clear ownership and escalation routes.

6. Key Success Factors

- Strong clinical leadership and early engagement.
- Realistic deployment waves aligned to operational pressures.
- High-quality training delivered close to go-live.
- Robust testing and early adopter validation.
- Clear governance with rapid decision-making.
- Dedicated go-live and post go-live support.

6. Funding requirements

This is not a cost-saving initiative. Financial benefits are limited and not the primary driver for investment.

The financial case is based on:

- Avoidance of risks associated with unsupported systems
- Avoidance of unplanned or emergency upgrade costs
- Sustaining operational capability and service delivery

As such, this investment should be considered as a necessary cost to maintain a safe, compliant and functional clinical system.

Table 2: Summary of total investment (inc. VAT)

Item	Cost	Recurring / Non-recurring
1 – Supplier Costs (inc VAT)	£399,035	Non-recurring
2 – Additional Resource* – Digital/Clinical	£236,577	Non-recurring
Total	£635,612	

* Excludes staffing costs for current IM&T team

Full breakdown of resource shown in Appendix 2.

7. Expected Savings

While limited cash-releasing savings are identified below, these do not represent the primary value of the investment. The principal benefits relate to risk reduction, system sustainability and enablement of future capability.

Summarise expected savings, details to be put in appendix.

Table 3: Summary of savings opportunity

Item	Value	Recurring / Non-recurring
1 – TrakCare Journey Boards functionality will replace the WardView system	£5,000	Recurring
2 – New version of TrakCare could support the moving of AHP users from EMIS Web to TrakCare	£30,000	Recurring
Total	£35,000	Recurring

8. Return on investment

Traditional return on investment metrics do not fully capture the value of this proposal.

This investment is required to maintain a safe and supported clinical system and should therefore be considered primarily as a risk mitigation and compliance initiative rather than a revenue-generating investment.

9. Timescales for delivery

A provisional go-live for End September 2026 has been agreed with InterSystems, if this date is not feasible then the go-live would move to End November 2026.

Below are key milestones for project delivery.

Milestone	Key Tasks	End Date
Business Case Approval		30 June 2026
Project Definition	• Develop and agree Project Brief & Objectives • Governance Setup • Planning Documentation • Requirements & Processes • Risk & Compliance • Success Measures	30 June 2026
Development	• Initiation & Planning • Initial upgrade & sanity testing • Build preparation • Knowledge Sharing • Testing preparation • Build Execution • Testing • User Acceptance Testing • Integration Readiness	04 September 2026
Final Build, Implement and Migrate	• Implementation Planning • End-user Training • Communications • Implementation Support • Operational Readiness • Adoption	18 September 2026
Handover & Closure	• Post Go-live • Technical Handover • Handover to BAU • Benefits Realisation • Lessons Learned • Closure Documentation • Governance Sign-off	13 November 2026

10. Benefits and measuring

Benefits realisation will be measured across four areas:

1. Patient Safety and Clinical Risk Reduction
2. System Supportability and Compliance
3. Alignment with National Digital Platforms
4. Operational Efficiency and Sustainability

A formal benefits realisation framework will be established for the TrakCare T2026 / MEUI upgrade, with a clear baseline captured before implementation. The baseline should reflect current performance in the existing TrakCare environment and related dependent systems, using a minimum of three to six months of pre-implementation data where available. Measures should include the current volume of unresolved defects and workarounds, service desk calls linked to usability or system performance, time taken to complete key clinical and administrative workflows, system response and availability, training effort, and the current costs of systems or processes that the upgrade is expected to replace or reduce. This will provide a robust “before” position against which change can be assessed.

Achievement of benefits and savings will be evidenced through post-implementation monitoring at agreed intervals, rather than assumed at go-live. Financial benefits, such as removal of duplicate systems, avoided support costs, or reductions in manual administration, will be validated with Finance and recorded through normal budget monitoring arrangements. Non-cash releasing benefits will also be tracked, including improved usability, reduced duplication of data entry, better availability of information at the point of care, and faster completion of priority workflows. Benefits will only be reported as realised where there is clear evidence of sustained improvement against the agreed baseline and where the change can reasonably be attributed to the T2026 / MEUI deployment.

A set of Key Performance Indicators (KPIs) will be put in place as part of the project’s benefits realisation plan and reviewed through programme governance. These KPIs should include a balanced mix of technical, operational, financial, and adoption measures. Indicative KPIs may include system availability and performance, number of high-priority incidents, reduction in open JIRAs or known workarounds, completion rates for training, user satisfaction scores, time to complete selected tasks, and delivery of identified recurring savings. Each KPI should have a named owner, a defined data source, a reporting frequency, and a target or tolerance so that performance can be actively managed rather than described retrospectively.

Benefits should be reviewed at key points following implementation, for example at 3 months, 6 months, and 12 months post go-live, with findings reported to the Programme Board. This will allow NHS Borders to distinguish short-term transition impacts from longer-term improvement and to take corrective action where expected benefits are not yet being achieved. The overall approach should therefore be that the baseline is defined before implementation, KPIs are agreed before deployment, and benefits realisation is monitored as a formal part of project closure and transition into business as usual.

11. Risks

The key risks associated with the TrakCare T2026 / MEUI upgrade have been identified, assessed, and mitigations defined. Importantly, the risks associated with not proceeding with the upgrade are considered materially higher than the risks associated with delivery.

It is important to note that the risks of not proceeding are significantly greater than the delivery risks outlined above, particularly in relation to patient safety, system supportability, and national alignment.

Risk Category	Risk Description	Likelihood	Impact
Clinical Safety Risk	Continued operation on a constrained and increasingly unsupported TrakCare platform risks unresolved defects, workarounds, and usability issues impacting clinical workflows and patient safety.	High	High
Supplier Dependency Risk	The current user interface (TCUI) is no longer supported by the supplier, limiting access to fixes and increasing operational risk.	High	High
Resource Availability Risk	Delivery requires specialist digital, clinical, and administrative capacity during a period of high portfolio demand and constrained resources.	Medium	High
Change Fatigue and Adoption Risk	Cumulative system change may impact user engagement, adoption, and benefits realisation.	Medium	Medium
National Dependency Risk	National TrakCare direction and interface dependencies may impact sequencing or available functionality.	Medium	Medium

12. Recommendations & Next Steps

Approval is requested to proceed with Option 3.

This represents a non-discretionary investment required to:

- Maintain a safe and reliable clinical system
- Ensure compliance with vendor support requirements
- Align NHS Borders with national TrakCare direction
- Sustain operational delivery capability

Delaying or not proceeding would expose the organisation to increasing clinical, operational and strategic risk.

Appendix 1 – List of main JIRAs included in the T2026 Upgrade

JIRA ID	Title	Type	Module / Area
TC-426294	Change to Scottish TTG Rules - Clocks to Reset after TTG Date. Core TrakCare development to enable the Waiting Times clocks to be reset or adjusted after the TTG Date for DNAs, patient-initiated Cancellations, Declined Reasonable Offers and Unavailability.	System Change	Waiting Times
TC-472666	TTG and New Ways Date incorrect when Unavailable Period is After the TTG and New Ways Dates	System Change	Waiting Times
TC-468479	Implied Acceptance Issue - The issue with the legacy overnight routine that prevented Implied Acceptance from taking effect properly has now been fixed	Bug Fix	Waiting Times
TC-469311	Edition Customisation on Waiting List Details Screen Disrupted by Site Level Code	Bug Fix	Waiting Times
TC-472262	Referral Source not respecting the CrossBoundaryReferrals Feature Parameter when processing gateway referrals	Bug Fix	Waiting Times
TC-474384	Edition Customisation on Waiting List Details Screen Affected by Site Level Code	Bug Fix	Waiting Times
TC-476223	Cross Boundary Referrals received via SCI Gateway with no Referring Hospital Location Code are not being processed with the correct referral dates contained within the referral	Bug Fix	Waiting Times
TC-410457	Addition of fields to Wait List screens to support Endoscopy Surveillance - TCUI only	System Change	Waiting Times
TC-117287	CAG088 -Feature 'WaitingListDateAdded'	Feature	Waiting List
TC-426875 & **TC - 424608**	Some orders placed in GPOC are not creating order numbers	Bug Fix	GP Order Comms
TC-417357	"Last Patient List" to be made available for GP Phlebotomist Security Group (already available for GP Requests)	Enhancement Request	GP Order Comms
TC-413847	Specimen Collection Workbench to me made available to the GP Requests Security Group	Enhancement Request	GP Order Comms

TC-450098	Request to increase the number of tests per page on the GPOC EPR. This change is to make it easier for users re-printing labels for multiple tests.	Enhancement Request	GP Order Comms
TC-424608	Removal of "Update" button at bottom of screen when viewing EPR from within Order Requests Screen	Enhancement Request	GP Order Comms
TC-362737	Increase size of Clinical Details box in GPOC Order Requests screen	Enhancement Request	GP Order Comms
TC-454747	The "Contact Details" question for Radiology items should be restricted to 35) characters as more than that can cause an issue with Soliton. Although the field has been restricted by the HIS Team, user can type as many characters as they like.	Bug Fix	GP Order Comms
TC-429428 & TC-429425	Enable On-line help in GPOC to allow links to Radiology Leaflets and Refhelp to be added.	Enhancement Request	GP Order Comms
TC-450124	Test Number to be added to EPR in GPOC	Enhancement Request	GP Order Comms
TC-441942	Password format advice to be added to GP Order Comms logon screen - Change to password change screen in GPOC so it replicates the same screen in TCUI	Enhancement Request	GP Order Comms
TC-450122	Remove Clinical Name from Episode List in GPOC & add message at top of Episode List Screen to remind users not to create a new episode if one already exists	Enhancement Request	GP Order Comms
TC-472555 and TC-472247	Ordering Non-Labs Items for CTAC	Enhancement Request	Order Comms
TC-273701	Transferring Results to other Clinicians	New Functionality	OCS
TC-399958	Principal Reason for Delayed Discharge is cleared	Bug Fix	Discharge Planning
TC-462703	Add 'Time Updated' and 'User Updated' to the Planned Discharge History audit under the Other Details accordion on the Scottish Edition Discharge Planning screen	Enhancement Request	Discharge Planning
TC-450334	When user moves a patient from one ED ward to another ED ward the Inpatient Unit cannot be selected. Known issues: Triaged ED Patient Visible on Floorplan After Multiple Moves	Bug Fix	Triage
TC-463429, TC-453948	Request to record Heights and Weights and have growth charts available	New Functionality	EPR - Medical Paediatrics

JIRA TBC	Business Continuity Report	New Functionality	EPR – Business Continuity
TC-403055	Allow ward list to auto-page	New Functionality	Journey Boards
TC-448996	Journey Board functionality setup	New Functionality	Journey Boards
TC-403079	Journey Board functionality setup	New Functionality	Journey Boards
TC-447273	Journey Board layout	New Functionality	Journey Boards
TC-450173	Request to get the OPCL letter updated as the address is overlapping the salutation as shown in the attached document - we need this increased to 6 lines.	Enhancement Request	Clinical Summaries
TC-205591, TC-398118, TC-445904	Request for setup documentation for sending multiple letters for one appointment i.e. one letter to Mother and one letter to father at 2 different addresses	Enhancement Request	Clinical Summaries
TC-495407	Request for discharged to and whether the patient has been admitted to a ward following ED attendance added to Outstanding DS ED	Enhancement Request	Clinical Summaries
TC-472747	Clinicians have expressed that they would like to be able to view and scan the barcode that is on the patient labels, on the TrakCare screen. N.B. The Patients Name and DOB should also show on screen	Enhancement Request	Patient Registration (MPI)
TC-329667	Viewing attachments from electronic referrals as images instead of hyperlinks.	Feature	Vetting
TC-425389	This JIRA removes a blocker that would prevent users from rebooking the first appointment on a waiting list that previously had an appointment cancelled.	Bug Fix	OP Appointment Booking
TC-452647	Follow Up Appt Workflow returns to Home Page	Bug Fix	OP Appointment Booking

TC-283233	Appointment Outcome does not trigger Visual Rule Background: Appointments can have an outcome set. Appointment Data and Outcome of Appointment can be used in a visual rule. Issue: Visual rule does not trigger based on value of appointment outcome. Expected Behaviour: Visual rule triggers based on value of appointment outcome.	Bug Fix	Visual Rules
TC-450240	View Outstanding Requests: Search Preferences Returning Unexpected Entries	Bug Fix	Medical Records

Appendix 2 - Resource Costs (12 Months)

Role	Band	WTE	In-post/Recruit	Cost
Programme Manager	8A	0.4	In-post	£35,994
Project Manager	6	1.0	In-post	£62,167
Project Officer	5	1.0	In-Post	£50,386
Applications Trainer	6	1.0	In-Post	£62,167
System Administrator	5	2.0	In-Post	£100,772
Chief Clinical Information Officer		0.2	In-post	£39,242
Total staff already in post				**£350,727**
Facilitator	5	1.0	Recruit	£50,386
Applications Tester	5	1.0	Recruit	£50,386
Nurse	6	1.0	Recruit	£62,167
Consultant		2 Sessions per week	Recruit	£23,904
*Laboratory SME	6	0.2	Recruit	£12,433
*Radiology SME	6	0.2	Recruit	£12,433
*Pharmacy SME	6	0.2	Recruit	£12,433
*PMD SME	6	0.2	Recruit	£12,433
Total staff to recruit/backfill				**£236,577**
TOTAL RESOURCE COSTS				£587,304

* Required for testing along with a pool of both Clinical and Administrative staff for support with UAT (costing has been based on Band 6 but may need to be readjusted)

Appendix 3 – Benefits of MEUI

Encounter Record – Key Benefits Summary
The Encounter Record provides a more structured, integrated, and clinically safer way of capturing and reviewing patient information. It is also not episode specific, i.e. users don't have to select an episode to add notes.

Improved Clinical Overview and Usability
The Encounter Record provides a **consolidated, longitudinal view** of patient information, including history, allergies, results, diagnoses, discharge, and bed requesting, all visible in one place. This reduces the need to navigate across multiple tabs and enables clinicians to quickly understand the patient's status at a glance. Different encounter types (e.g. emergency, inpatient, outpatient) are clearly identifiable.

Enhanced Workflow Efficiency
Key actions such as **ordering communications, requesting beds, and completing discharge** are embedded directly within the Encounter Record, reducing the need to navigate between screens. Users can also switch seamlessly between different encounters or episodes without leaving the main view.

Improved Search and Navigation
Search functionality is significantly enhanced, allowing users to filter across all encounters using multiple criteria (e.g. date, care provider, specialty, keywords). Frequently used searches can be saved at user level, improving efficiency for repeat tasks.

Safer and More Transparent Clinical Documentation
The system ensures that **only the most up-to-date version of a note is displayed**, reducing the risks associated with viewing outdated information. Edits are clearly indicated (e.g. highlighted with a visual marker - blue banner on the left-hand side), and previous versions remain accessible if needed (by clicking o 'Original text'). Entries marked as "entered in error" are clearly shown (appearing strikethrough), supporting safer clinical practice and auditability. This also means that notes and questionnaires are updated on **both views** (encounter record and EPR) regardless of where the note was entered and updated

Improved Handling of Concurrent Working
Enhancements to how updates are displayed improve safety in scenarios where multiple users are working on the same patient record. Changes are clearly highlighted, and the most current information is consistently shown across both the Encounter Record and EPR (contrary to what happens in TCUI).

Integrated and Consistent Record Across Systems
The Encounter Record aligns closely with the EPR, with updates reflected in both views regardless of where changes are made. This reduces duplication and ensures a **single, consistent source of truth**. This eliminates risk posed by multiple points of entry.

Support for Future Functionality and Workflow Improvements
The structure supports additional capabilities such as **user-specific task lists (To-Do items)** useful for in-flight orders/referrals and side-by-side comparison of assessments (for all questionnaires rebuilt in MEUI, users will be able to see current and previous assessment within single screen), enabling more effective workflow management and use of screen space.

TrakCare T2026 Upgrade and move to MEUI
Date Plan Agreed: June 2026

NHS Borders

Senior Responsible Officer: TBC
Project Lead: Judith Dickson/Julie Carr

Date Last Updated: 14 June 2026

Status Overall

Background & Problem (What / Where / When / Why / Who?)

NHS Borders uses TrakCare as a core clinical and operational system to support patient administration, electronic patient record activity, order communications, waiting times management, discharge planning and wider clinical workflows. The proposed T2026 upgrade, including the move towards the Mobile Enabled User Interface, is required to maintain a safe, reliable and supportable platform, while enabling national TrakCare developments, essential defect resolution and functional improvements across key services. The upgrade also provides the foundation for improved usability, more consistent clinical documentation, enhanced navigation and future workflow benefits for staff and patients.

If NHS Borders does not progress the T2026/MEUI upgrade in a planned and adequately resourced way, the organisation will face increasing clinical, operational, technical and strategic risk. The current position limits the Board's ability to remain aligned with vendor support requirements and national TrakCare direction, and constrains access to important fixes, enhancements and new functionality. This creates a risk of continued reliance on legacy workflows, reduced system resilience, inefficient navigation for staff, avoidable duplication, inconsistent clinical record views and delayed realisation of benefits. A coordinated upgrade approach is therefore required to protect patient safety, sustain operational delivery, support staff adoption and ensure NHS Borders has a modern, supportable platform for future digital transformation.

Assessment (Current and Future State)

Current state: TrakCare remains a core clinical and operational system for NHS Borders, supporting patient administration, EPR activity, order communications, waiting times, discharge planning and clinical workflows. The current position is increasingly dependent on legacy workflows and must be upgraded to maintain vendor support, national alignment, resilience and access to essential fixes.

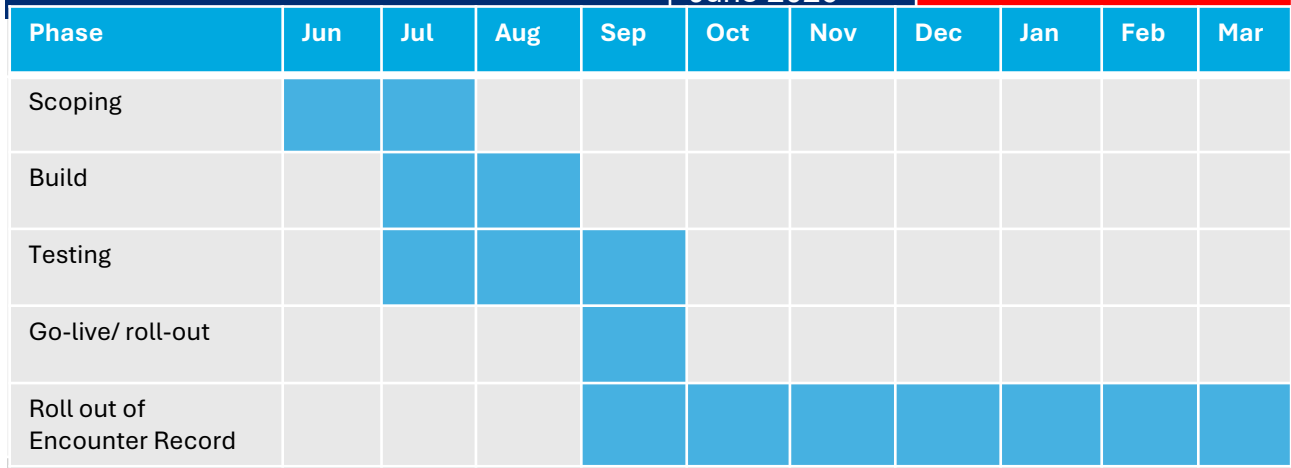
Future state: A planned T2026 upgrade and move to MEUI will provide a safer, supportable and more usable platform. It will improve navigation, consistency of clinical documentation and staff experience, while enabling national TrakCare developments and future workflow benefits for patients, services and digital transformation.

Aim Statement (Goal)

To safely deliver the TrakCare T2026 upgrade, including MEUI, ensuring NHS Borders maintains a reliable, supportable clinical system that improves usability, enables key fixes and enhancements, and supports future local, regional and national digital transformation.

Recommendations (Delivery Approach inc. Performance Measures)

1. Approve the T2026 Business Case, including MEUI, as a Board priority.
2. Confirm governance, resources and clinical leadership for safe delivery.
3. Deliver a phased rollout with staff support, risk management and benefits tracking.



Specific Actions Next 8 Weeks:

Action	When	Whom
Seek final approval for Business Case	24 June 2026	Kevin Bryce / Judith Dickson
Local review and sign off of DPIA (no change to how data is being process from current T2024 version)	30 June 2026	Ian Merritt
Place Purchase Order with InterSystems	30 June 2026	Judith Dickson
Complete NHSB Security Group mapping to Scottish Edition Security Groups	30 June 2026	Project Team
Completion of user presentation to demonstrate User Interface differences	30 June 2026	Lesley Stoddart
Test script revision for full validation	24 July 2026	Project Team
Initial Testing of MEUI workflows in UPGRADE environment	31 July 2026	Project Team

Escalations for support or decision:

- Approval for Business Case

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**Finance Report – June 2026**
Responsible Executive/Non-Executive:	**Andrew Bone, Director of Finance**
Report Author:	**Samantha Harkness, Senior Finance Manager** **Andrew Bone, Director of Finance**

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to a:

- Annual Delivery 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

The M03 financial position was discussed at the meeting of the Borders Delivery Group held on 22nd July 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 June 2026

FINANCE REPORT FOR THE PERIOD TO THE END OF JUNE 2026

1 Purpose of Report

1.1 The purpose of the report is to provide Board members with an update in respect of the board's financial performance (revenue) for the period to end of June 2026.

2 Recommendations

2.1 Board Members are asked to:

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

- The financial position after two months is £2.5m overspent.
- Forecast outturn remains £10.0m deficit in line with financial plan however this position remains at risk due to level of unachieved savings.
- Recurring savings delivery after three months is £0.6m (CYE). This remains significantly below the level required to meet 3% target (£10.0m).
- Additional actions are now being developed to address shortfall in savings delivery and contain costs within forecast.

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

3 Summary Financial Performance

3.1 The board's financial performance as at 30th June 2026 is an overspend of £2.5m. This position is summarised in Table 1, below.

Table 1 [1]– Financial Performance for three months to end June 2026

Revenue Resource Summary (RRL)	Year to Date			2026-27 Forecast Year End Position		
	Actual £000s	Resource Budget £000s	Variance £000s	Forecast Outturn £000s	Annual Resource Budget £000s	Variance £000s
NHS Board Services	36,374	35,191	(1,183)	203,297	198,382	(4,915)
Scottish Borders Health & Social Care Partnership	49,231	47,887	(1,344)	181,896	176,811	(5,085)
RRL Expenditure	**85,605**	**83,078**	**(2,527)**	**385,193**	**375,193**	**(10,000)**
Total Non-core RRL Expenditure (Tab 5)	1,467	1,467	0	6,965	6,965	0
FHS non discretionary net expenditure	4,910	4,910	0	19,640	19,640	0
Total RRL Outturn	**91,982**	**89,455**	**(2,527)**	**411,798**	**401,798**	**(10,000)**

3.2 Variance is inclusive of unmet savings. Within the year to date position there is £2.9m slippage on savings targets. The net operating variance excluding savings is £0.4m underspent.

[1] Table 1 is presented in line with refreshed Scottish Government Financial Reporting Template. This requires separate analysis of non-delegated and delegated budgets. Non-core RRL reflects depreciation on fixed assets; FHS non-discretionary expenditure is aligned with income recovered through independent contractors (i.e. dental payments, etc.).

3.3 The underspend against core expenditure before savings is improved against financial plan, however this improvement is largely attributable to the (lack of) impact of growth on year to date position. This benefit provides offset to a worse than anticipated position on savings delivery.

3.4 The reported position at M03 includes £0.26m of anticipated funds not yet enacted within operational budgets. This is in relation to anticipated allocations not yet received at June 2026.

3.5 A Q1 detailed forecast has been prepared and is being reviewed, however at this time the forecast outturn remains in line with financial plan.

3.6 HSCP variances exclude Set Aside for large hospital functions, which is reported within NHS Board Services.

4 Core Operational Performance

4.1 Table 2 summarises business unit performance after three months.

Table 2[2] – YTD Performance by Business Unit

	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	Variance exc. Savings £m	Unmet Savings £m	YTD Variance £m
Acute Services	126.2	31.8	34.2	- 1.5	- 0.9	- 2.4
Mental Health &Learning Disabilities	25.9	6.6	7.3	- 0.5	- 0.2	- 0.7
Primary &Community Services	126.3	39.4	39.6	0.2	- 0.4	- 0.3
Clinical Support Services	7.7	2.0	1.7	0.3	- 0.1	0.3
Corporate Services	28.6	7.0	7.0	0.5	- 0.4	0.1
Estates &Facilities	25.1	6.3	6.7	0.0	- 0.4	- 0.3
Commissioned Healthcare	44.8	11.2	12.8	- 0.9	- 0.6	- 1.5
Board Non Core Expenditure	5.9	1.5	1.5	0.0	-	0.0
Board Administered	12.0	- 14.1	- 16.4	2.4	- 0.0	2.4
Other Operating Income	- 12.4	- 2.5	- 2.5	- 0.0	-	- 0.0
	390.1	89.2	91.7	0.4	- 2.9	- 2.5

4.2 Acute services is reporting a £1.5m overspend on core budget excluding savings. At month 3 the main drivers of adverse variance are Medical staffing (£0.7m, including agency locums), Nursing costs associated with surge capacity (£0.4m, estimated) and non-pays (£0.6m). These costs are offset by vacancies across other staffing (£0.1m) and slippage on prescribing budgets (£0.2m).

4.3 Mental Health & Learning Disabilities is reporting a £0.5m overspend before savings. This is mainly attributable to ongoing use of medical agency locums.

4.4 Primary & Community Services are reporting an underspend of £0.2m before savings, largely in relation to vacancies on core establishment. This includes ongoing impact of reduced community hospital capacity due to closure of Knoll Hospital.

[2] Difference in annual budget against table 1 is due to treatment of non-core RRL funding. This has no impact on overall variance. Non-core expenditure is reported within Board Administered funds in table 2.

4.5 Clinical support services (Pharmacy) and Corporate services are reporting slight underspends (excluding savings) due to ongoing vacancies. Estates & Facilities are breakeven, excluding slippage on savings targets.

4.6 There is a £0.9m core overspend against Commissioned Healthcare budgets. This is driven by two main areas: tertiary outflow activity to other Health Boards (predominantly NHS Lothian) and continuation of high cost out of area placements for a small number of individuals with complex mental health or learning disabilities requirements.

4.7 Board Administered funds includes funds held in reserve not yet distributed to operational budgets. As noted in para 3.3, £0.26m of funds are anticipated within business unit position pending release. At M03 a benefit of £2.4m is recognised against Board administered funds in line with flexibility identified within the financial plan. This includes phased impact of £3.3m additional Scottish Government support ('sustainability funds'). This benefit is non-recurrent.

5 Financial Improvement (Savings)

5.1 Planned Savings

5.1.1 As noted in Table 2, the overall financial performance at Month is £2.5m overspent, within which there are £2.9m unmet savings.

5.1.2 Table 3, below, summarises current plans as reported within the Board's Financial Improvement Programme.

Table 3 – FIP dashboard 2026/27: Schemes identified

Business Unit	26/27 Target	Savings Delivery FYE	Savings Delivery PYE	Savings Delivery FYE (% of target)	Savings Delivery PYE (% of target)
Acute	£4,235K	£1,116K	£922K	26%	22%
Commissioning	£2,386K	£313K	£313K	13%	13%
Corporate	£1,887K	£1,050K	£1,034K	56%	55%
Estates	£414K	£0K	£0K	0%	0%
Facilities	£1,018K	£232K	£230K	23%	23%
IJB - MH/LD	£632K	£666K	£655K	105%	104%
IJB - PACS	£1,665K	£1,824K	£1,824K	110%	110%
Organisation Wide	£0K	£150K	£150K		
Primary Care Prescribing	£766K	£693K	£647K	91%	84%
Total	**£13,003K**	**£6,045K**	**£5,774K**	**46%**	**44%**

5.1.3 Plans identified above demonstrate £5.7m FYE, approximately 46% of the overall target and £4.3m below the level required to meet the financial plan, which is a £1.0m deterioration from the reported position at M02. This reflects updated phasing plans submitted in June.

5.1.4 It should be noted that the target reported in table above represent residual balance of three year target set at April 2024. The expected savings delivery in 2026/27 as set in the Board's financial plan is £10m recurring (c.80% of target).

5.1.5 There is a significant risk of further slippage on PYE delivery where the majority of plans remain at Gateways 1 or 2. Table 4 below describes the status of overall plans by Gateway.

Table 4 – FIP Schemes by Gateway

	FYE £000's	PYE £000's
Gateway 1	4,375	4,373
Gateway 2	858	638
Gateway 3	185	185
Gateway 3 Blue	628	578
	6,046	5,774

5.1.6 Following appointment of the Director of Strategic Projects, work is underway to establish additional workstreams under executive leadership with intention that this will supplement business unit plans. Further dialogue is underway to refresh financial grip through enhanced governance and decision-making process. An update on this work will be provided verbally at the meeting.

5.2 Actual Savings Delivery

5.2.1 Table 5 summarises delivery of savings reported within Business Unit performance as at June 2026 (M03).

Table 5 – Current year savings achieved as at May 2026

	Savings Target £m	**Recurring Savings Achieved £m**	**Non Recurring Savings Achieved £m**	**Total Achieved £m**	**Unmet Savings (current year) £m**
Acute Services	4.2	0.5	-	0.5	3.8
Mental Health & Learning Disabilities	0.6	0.0	-	0.0	0.6
Primary & Community Services	1.7	0.0	-	0.0	1.7
Corporate Services	1.8	0.1	-	0.1	1.8
Estates & Facilities	1.4	0.0	-	0.0	1.4
Commissioned Healthcare	2.4	0.0	-	0.0	2.4
Other	0.1	0.0	-	0.0	0.1
Total	**12.2**	**0.6**	**-**	**0.6**	**11.7**

5.2.2 Savings reported above represent the full impact of in year savings (i.e. to March 2027). The year to date element of these savings is £0.14m.

5.2.3 As noted separately, the financial plan assumes £10.0m savings delivery in 2026/27, in line with SG direction that all Health Boards meet a 3.0% recurring target. On a 'straight-line' basis, this would mean that £2.5m savings should have been achieved at end of first quarter. The level of actual savings is well below this and there is therefore a requirement for significant over-delivery through the remainder of 2026/27 in order to meet this requirement.

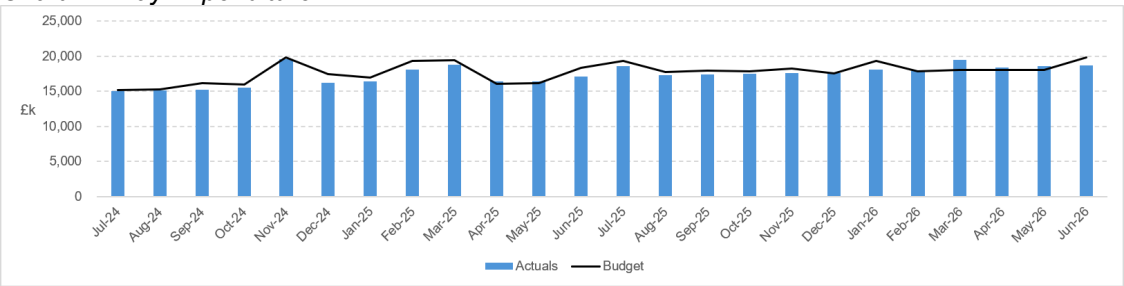
5.2.4 There are a number of areas of cost avoidance identified within service savings plans which are not reflected within the above table. Work is underway to ensure this element of savings is reported within the overall position. This will include areas where cost pressures highlighted within the financial plan are able to be mitigated and therefore contribution to the net outturn position.

6 Expenditure Trends

6.1 The following section is intended to provide context to broader trends in expenditure. This will be developed further in future reports.

6.2 Chart 1 illustrates the overall position on pay expenditure over the past 24 months. This position includes substantive, bank and agency staffing and will reflect changes in recruitment as well as pay awards and other changes to cost base.

Chart 1 – Pay Expenditure



6.3 Within this position, agency expenditure remains high. At end June 2026, total agency spend is £1.3m of which the majority relates to Medical locum cover. Trend usage across Medical and Nursing is described below.

Chart 2 – Medical Agency Costs

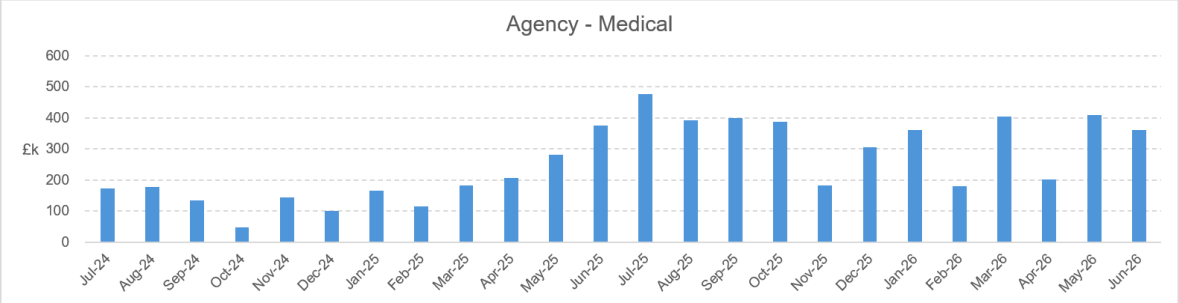
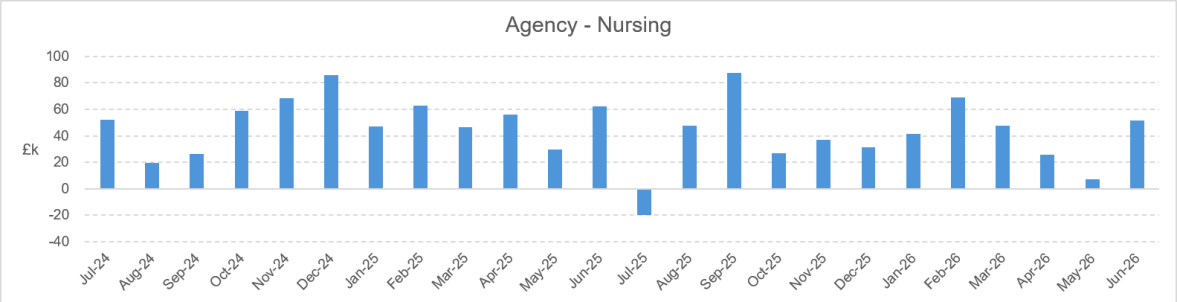


Chart 3 – Nurse Agency Costs



6.4 Variation between individual months is in part attributable to timing of invoices, however it is clear that agency use remains significant. Medical agency is driven largely by vacancies and service risk within specialist roles; Nursing agency continues to be mainly driven by surge capacity within Borders General Hospital.

6.5 It should be noted that expenditure is partly offset by vacancies on core establishment.

6.6 As at June 2026 there is no significant pressure reported against medicines expenditure however growth forecasts within the financial plan suggest that this position is likely to deteriorate during 2026/27. The following charts illustrate current trend across Hospital and Community (HCH) and Primary Care Prescribing.

Chart 4 – Hospital & Community Prescribing Costs

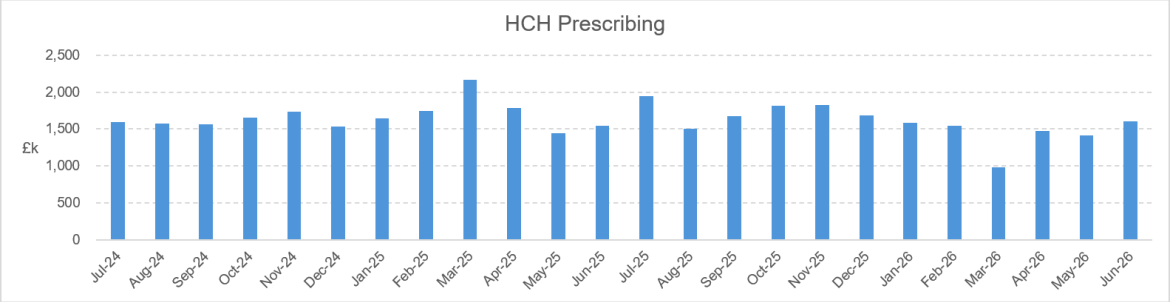
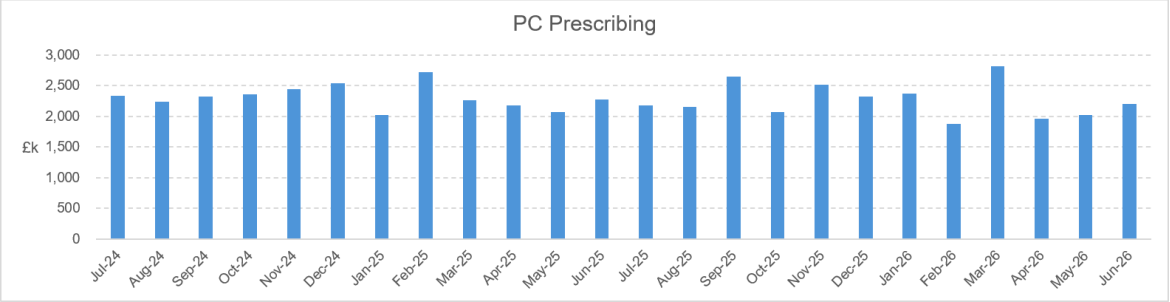


Chart 5 – Primary Care Prescribing Costs



6.7 Further information on trends against key costs will be included in future reports.

7 Scottish Government Oversight

7.1 The Board's medium term financial plan has been approved by Scottish Government with expectation that outturn deficit is within the control limit set for current financial year (£10m).

7.2 The Health Board remains at Stage 3 of the Scottish Government's Support and Intervention Framework.

7.3 Although the brokerage mechanism for financial support has been discontinued it is important to note that NHS Borders continues to hold £48.33m brokerage liability under the arrangements in place to March 2025. Timelines for repayment remain subject to future discussion with SG at point when NHS Borders is able to demonstrate return to financial balance.

7.4 Recent dialogue with SG colleagues has included detail on specific criteria required to achieve de-escalation to Stage 2 of the Government's Support & Intervention Framework. The main criteria are set out below:

NHS Borders – Stage 3 – de-escalation criteria

- Report a breakeven position at March 2027 inclusive of £10m deficit support funding.
- Identify and deliver 3% recurring savings in line with the national target in 2026-27.
- Present a credible three-year financial plan from 2027-28 to 2029-30 that delivers outturn within available funding.
- Develop a credible savings plan for 2027-28 with sufficient detail by Q3 of 2026-27.
- Remain on track with financial plan throughout 2026-27 and 2027-28 without adverse variance against forecast outturn.

8 Key Risks

8.1 Financial sustainability remains a *very high* risk on the board's strategic risk register (Risk 547). This position is actively reviewed on an ongoing basis.

Appendices

- There are no appendices to the report

Author(s)

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NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**Clinical Governance Committee Minutes**
Responsible Executive/Non-Executive:	**S Horan, Director of Nursing, Midwifery & AHPs**
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 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 22 July 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 25.03.26
- Appendix No 2, Clinical Governance Committee minutes 13.05.26

Borders NHS Board
Clinical Governance Committee
Approved Minute

Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Wednesday 25 March 2026** at 10am via Microsoft Teams

Present
Lucy O'Leary, Non-Executive Director (Chair)
Lynne Livesey, Non-Executive Director
Paul Williams, Non-Executive Director

In Attendance
Heather Stirling, PA to Director of Nursing, Midwifery and Allied Health Professionals (Minute)
Rose Roberts, PA to Director of Quality & Improvement
Laura Jones, Director of Quality & Improvement
Oliver Bennett, Interim Director of Acute Services
Malcolm Clubb, Director of Pharmacy
Olive Herlihy, AMD/Director of Medical Education
Amanda Cotton, Associate Medical Director, Mental Health Services
Rebecca Green, Associate Medical Director, Primary & Community Services
Philip Grieve, Interim Associate Director of Nursing, Acute Services
Paul Williams, Associate Director of Nursing, Allied Health Professionals
Kathy Steward, Interim Associate Director of Nursing, Primary & Community Services
Julie Campbell, Lead Nurse for Patient Safety and Care Assurance
Sam Whiting, Infection Control Manager
Lettie Pringle, Risk Manager

1 Apologies and Announcements

Apologies
Fiona Sandford, Non-Executive Director
Sarah Horan, Director of Nursing Midwifery and Allied Health Professionals
Lynn McCallum, Medical Director
Caroline Cochrane, Director Psychological Services
Jonathan Manning, Associate Medical Director, Planned Care
Imogen Hayward, Associate Medical Director, Unscheduled Care
Peter Lerpiniere, Associate Director of Nursing, Mental Health, & Learning Disabilities
Kirsteen Guthrie, Associate Director of Midwifery & GM for Women & Children's Services

Absent
Peter Moore, Chief Executive
Gareth Clinkscale, Director of Urgent Care, Community Services and Mental Health
Sohail Bhatti, Director of Public Health

The Chair confirmed the meeting was quorate.

The Chair Welcomed
Claire McElroy, Public Health: Wellbeing Service Lead (5.7) Children's Services Network Annual Update – R Devine advised C McElroy will not be attending

Harriet Campbell, Chair of Organ Donation Committee (5.8) Organ Donation Annual Update

Michelle O'Reilly, Chief Nurse Clinical and Professional Development (deputy Sarah Horan)
Rebecca Devine, Consultant Public Health item (corporate) (deputy Sohail Bhatti)
Christina Downham, Consultant Public Health item (children's network) (deputy Sohail Bhatti)
Amanda Cotton, Associate Medical Director, Mental Health Services (deputy Peter Lerpiniere)
Rachel Gardiner, Staff Nurse Learning Disability (deputy Peter Lerpiniere)

L O'Leary announced this was her first meeting as chair
L Jones announced H Stirling was joining the meeting today and will be the new administrator for the Clinical Governance Committee and S Horan will be Lead Exec

2 Declarations of Interest

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

2.1.2 The Clinical Governance Committee noted there were no new declarations noted.

3 Minute of Previous Meeting

3.1.1 The minute of the previous meeting of the Clinical Governance Committee held on Wednesday 14 January 2026 were 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 – Mental Health Services

5.1.1 A Cotton presented the Mental Health paper providing an overview of service performance, quality and safety indicators, workforce sustainability, and governance arrangements across CAMHS, adult community mental health services, inpatient wards, and crisis services. Members noted sustained strong performance against national standards within CAMHS, with Referral to Treatment compliance consistently maintained at approximately 95%, alongside strong performance in Borders Addiction Services, including same-day initiation of Medication Assisted Treatment. Members were advised that a program of Quality Assurance Visits to inpatient wards commenced in January 2026, with a phased plan to extend these visits into community services later in the year to strengthen oversight, learning and consistency of care. Workforce pressures remain a significant risk, particularly within inpatient services, reflecting national recruitment challenges and increasing clinical complexity.

5.1.2 The Chair asked whether the reported increase in suicides locally reflected a wider national trend. It was confirmed that analysis using a five-year rolling average demonstrates that suicide rates in NHS Borders remain within expected local and national parameters. Members were assured that all deaths by suicide are subject to Significant Adverse Event Review, although challenges remain in securing external chairs for some reviews. It was further noted that Huntlyburn Ward continues to benchmark its practice against National Safer Wards Guidance and Confidential Inquiry.

5.1.3 L Livesey raised concerns regarding staff working with under 18s without appropriate PVG clearance. P Grieve confirmed that this related to supplementary bank staff

working within adult wards during rare admissions of young people and advised that corrective action could be undertaken through liaison with NHS Lothian Bank to ensure dual PVG clearance. L Livesey sought further assurance regarding support arrangements for newly appointed and less experienced staff. M O'Reilly confirmed that robust supervision arrangements, competency frameworks and oversight governance are in place, including weekly supervision for junior medical staff. The Committee acknowledged sustained workforce pressures and national inpatient capacity constraints.

5.1.4 **ACTION:** Actions were agreed to provide confirmation of the regional CAMHS inpatient bed position, bring Delivery Group Paper within next MH paper for Children's beds and PVG arrangements at the next meeting.

5.1.5 The Clinical Governance Committee noted contents of the report and confirmed **Limited Assurance.**

5.1.6 Psychological Services

5.1.7 The Committee considered the Psychological Services Clinical Governance Report, presented by L Jones on behalf of the Director of Psychology. The report outlined current performance, governance developments, workforce pressures and improvement actions across psychological therapies and specialist services. Members noted a reduction in performance against the 18-week psychological therapies waiting-time standard during December 2025. This was attributed to seasonal increases in referrals, staff sickness absence and a reduction in group-based treatment starts during the festive period. It was confirmed that fixed-term staff are now in post and that locum capacity has been secured to address backlog pressures and restore performance.

5.1.8 L Livesey asked whether the service review referenced within the report included a clear implementation plan with milestones and whether progress would return to the Committee for assurance. L Jones confirmed that revised governance arrangements are being implemented through the Delivery Group, including strengthened clinical governance structures, clearer escalation routes, and improved professional oversight. Assurance regarding full implementation and effectiveness will be brought back to a future meeting.

5.1.9 P Williams asked whether the revised governance arrangements would strengthen professional challenge and escalation. It was confirmed that this is the explicit intent, with psychological representation embedded across relevant Clinical Boards and the establishment of topic-specific governance groups.

5.1.10 Members welcomed the continued expansion of digital therapy options, including Near Me and Silver Cloud, while noting the importance of aligning digital growth with workforce capacity and governance oversight. On balance, the Committee recognised strengthening governance arrangements alongside ongoing demand pressures.

5.1.11 **ACTION:** At next meeting confirm changes in 3.1.1 have taken place and agree confirmation of implementation of revised governance arrangements to return to the Committee.

5.1.12 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance.**

5.2 Clinical Board Update – Learning Disability Services

5.2.1 The Committee received the Learning Disability Clinical Care and Governance Report, which provided an update on progress against the Coming Home programme, Annual Health Checks and governance arrangements within Learning Disability Services. Members noted continued reliance on out-of-area placements due to the absence of local inpatient provision, alongside increasing clinical complexity and workforce pressures across health and social care. Improvements were noted in social work waiting lists, caseload oversight, and the introduction of a Power BI Dashboard to strengthen performance monitoring and governance.

5.2.2 L Livesey asked whether recruitment challenges experienced elsewhere in the organisation might limit the service's ability to utilise available funding. It was confirmed that recruitment interest remains strong, particularly among staff with previous links to the service, although some Allied Health Professional posts require flexible approaches due to part-time structures.

5.2.3 M O'Reilly asked how the Committee could be assured that services remain clinically safe given the rising complexity. It was confirmed that the Learning Disability team itself remains stable and well supported, with the most significant risks relating to wider system capacity rather than internal clinical governance.

5.2.4 J Campbell asked whether Excellence in Care measures could be incorporated into the Power BI Dashboard. It was agreed that this would be explored further by J Campbell and R Gardiner out with the meeting.

5.2.5 The chair sought assurance that complex funding arrangements underpinning the Coming Home programme were being actively addressed. It was confirmed that work is ongoing, including learning from other UK systems, although no definitive resolution has yet been achieved. Committee noted the ongoing system-level risks.

5.2.6 ACTION: R Gardiner and J Campbell to meet and discuss options relating to EiC and Power BI Dashboard.

5.2.7 The Clinical Governance Committee noted contents of the report and confirmed **Limited Assurance.**

5.3 Clinical Board Update – Acute Services

5.3.1 The Committee considered the Acute Services Clinical Governance Report, which provided a detailed overview of quality, safety, workforce and operational pressures across the Borders General Hospital. P Grieve gave a brief update on the success in discharges from frailty unit, 100 day focus to look at 3 core fundamentals of care requiring improvement. CNMs are now aligned to P Grieve with reinforcement of appraisal commitment to reduce low nursing morale. Acute nursing in borders looking for people to complete a survey to try and shine a light on everyday interactions and there is a new acute risk group is in place which is improving risk profile, improvement work is in place, but sustained impact will take some time.

5.3.2 L Livesey questioned whether the Committee could be sufficiently assured about patient safety in the context of workforce shortages, rising adverse event reporting and variability in care assurance audits. Senior leaders confirmed that services remain safe overall and that increased reporting is likely to reflect improved psychological safety and a strengthening of reporting culture. However, it was acknowledged that variability in audit completion limits the strength of assurance. K Steward highlighted rising rates in reported incidents not necessarily a bad thing but may reflect increasing psychological safety for people to report incidents.

5.3.3 M O'Reilly asked how supervision and appraisal commitments could realistically be delivered given vacancy and sickness levels. It was confirmed that while challenging, supervision and appraisals remain priorities due to their importance for patient safety, staff wellbeing, and retention.

5.3.4 J Campbell highlighted a discrepancy within the SAER summary table and asked whether timescale compliance had been misstated. It was confirmed that this was a typographical error and that SAER review timescales remain within expectations.

5.3.5 L Jones requested that future Acute Services reports more clearly set out the key risks and the mitigations/actions in place to support Committee assurance, including within the care assurance section. This was agreed and O Bennett advised that a new acute risk management group has been established to strengthen oversight and controls, with actions underway.

5.3.6 P Williams noted that there had been extensive efforts to improve governance within the nursing workforce. It was evident that a clear, proactive strategy was used to gain staff support and provide assurance, and it was discovered that positive feedback from staff has become a valuable asset for the workforce.

5.3.7 The chair brought attention to the ongoing workforce risks, underscoring the necessity for assurance regarding the impacts these risks may have on current staff. K Steward stressed the importance of maintaining Committee oversight of upcoming workforce challenges, advocating for proactive measures to address concerns at an early stage and prevent escalation. In response to persistent registered nurse attrition, which is currently estimated at approximately two departures per month, P Grieve reported that approval has been granted to over-recruit, specifically targeting the addition of 20 international staff and 20 newly qualified practitioners. He noted that ongoing staffing deficits pose risks to both safety and morale, highlighting that the issues extend beyond recruitment alone and require broader consideration of workforce well-being.

The Committee acknowledged proactive mitigation actions, including over-recruitment, focused quality improvement activity and strengthened risk oversight and ongoing pressures.

5.3.8 ACTION: It was agreed to ensure future reports clearly link risks and mitigations and maintain visibility of workforce risks.

5.3.9 The Clinical Governance Committee noted contents of the report and confirmed **Limited Assurance.**

5.4 Clinical Board Update – Primary and Community Services

5.4.1 The Committee received the Primary & Community Services Clinical Governance Report, including a detailed deep dive into School Nursing provided by K Steward. Members noted sustained workforce vulnerability across several small and specialist teams, particularly School Nursing, Health Visiting and District Nursing. Significant waiting times for routine School Nursing support were highlighted, alongside increasing safeguarding and child protection workload.

5.4.2 The chair, asked whether local service-specific metrics should be developed in the absence of national waiting-time standards. K Steward confirmed that local dashboards are being developed and that expectations should align with a single school term.

5.4.3 Members welcomed mitigating actions including the ChatHealth digital platform, DCAQ modelling, caseload reviews, and exploration of a Request for Assistance model to support triage and prioritisation. The Committee recognised the professionalism and resilience of staff working under sustained pressure and noted that governance arrangements remain robust.

5.4.4 ACTION: N/A

5.4.5 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance**.

5.5 Corporate Clinical Support Services Update – Public Health

5.5.1 The Committee considered the East Region Health Protection Annual Report, jointly presented by colleagues from Public Health. The report provided assurance on preparedness, prevention and system-wide resilience in relation to environmental and climate-related health risks, including extreme weather events, air quality, infectious disease surveillance and wider population health impacts. Members noted the increasing prominence of environmental determinants of health and the importance of ERHP in providing system leadership across NHS Borders, local authority and wider partnerships. The report highlighted progress in surveillance capability, cross-sector collaboration and embedding environmental risk planning within governance structures, while acknowledging capacity pressures within Public Health teams.

5.5.2 The chair, sought assurance that environmental health risks are sufficiently escalated within corporate risk arrangements and not treated as peripheral issues. Public Health colleagues confirmed that ERHP risks are explicitly linked to strategic risk registers and that escalation routes through Corporate Governance Committee and Board Delivery Group are established.

5.5.3 P Williams asked how learning from national climate and resilience planning is being translated into local operational practice. It was confirmed that national guidance is being used to inform scenario planning, with local adaptation reflecting Borders geography and population needs.

5.5.4 Members discussed the sustainability of capacity within Public Health services. The Committee was advised that workforce constraints remain a challenge, particularly given the expanding scope of environmental health responsibilities, and that prioritisation is required to focus on areas of greatest population risk. The Committee recognised the complexity of environmental risk planning and the importance of sustained cross-system collaboration. The Committee acknowledged capacity risks based on the maturity of governance arrangements.

5.5.5 ACTION: R Devine advised the report was not circulated in paper but was looking for reassurance that nothing needed to be flagged through the board Clinical Governance Committee and no outstanding actions or any significant harm that needed to be escalated up to Clinical Governance Committee. L Jones to meet with R Devine to discuss SBAR relating to screening incidents. Public Health colleagues to provide a future update on workforce sustainability and prioritisation of ERHP activity.

5.5.6 ACTION: M Clubb advised that there are no numbers for cluster death reports and no access to medicines/prescribing in this East Region paper and asked ERHP if this is something they can pick up**.**

5.5.7 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance.**

5.6 Allied Health Professionals (AHP) Annual Assurance Report

5.6.1 The Committee received the Allied Health Professionals (AHP) Annual Assurance Report, presented by P Williams as Director of AHPs. J P de Battista, AHP Service Lead SLT and Dietetics and W M Pottage, Clinical Lead FCP attended as observers for the AHP paper presentation. The report identified key risks being children and young people SLT waiting times, unscheduled care workforce, impact in the BGH and on-call physiotherapy provision. P Williams can share additional details out with this meeting if needed. The report provided an overview of governance arrangements, workforce pressures, service transformation and quality improvement activity across AHP services. Members noted strengthening clinical governance and increased clinician-led leadership across AHP services. The report highlighted improvement work focused on pathway redesign, particularly supporting discharge and reducing unnecessary inpatient stays, while acknowledging persistent workforce challenges in specific services.

5.6.2 L Livesey asked for clarity regarding Speech and Language Therapy waiting times for children and whether outcomes from discussions at the BDG meeting later that day to reflect key operational risks would be reported back to the Committee. P Williams confirmed that the outcome of the relevant programme board discussion would be circulated and reflected in a future CGC update.

5.6.3 L Jones asked whether the data presented reflected average demand or masked peaks in overnight and unscheduled demand. P Williams confirmed that overnight AHP demand remains low overall, though variability exists by service.

5.6.4 J Campbell asked whether an Occupational Therapy-led targeted rehabilitation programme had demonstrated reductions in falls. P Williams confirmed that falls were not a defined KPI for the project, which focused on pathway efficiency and discharge outcomes; however, 46% of patients were discharged directly home. P Williams advised he undertook to explore whether CHI-linked data could support future falls analysis.

5.6.5 The Committee recognised progress in governance and pathway redesign but noted ongoing workforce risks.

5.6.6 ACTION: Outcome of SLT workforce and waiting-time discussion to be reported to Clinical Governance Committee.

5.6.7 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for Governance Framework and **Limited Assurance** for Workforce Sustainability.

5.8 Organ Donation Annual Assurance Report - taken out of order

5.8.1 The Committee received the Organ Donation Annual Assurance Report, presented by H Campbell, Chair of the Organ Donation Committee. The report outlined governance arrangements, compliance with national standards and local performance. The chair invited the Committee to approve the revised Terms of Reference issued by NHS Blood and Transplant Scotland. The Terms of Reference were approved.

5.8.2 L Jones confirmed that Executive Lead arrangements would be clarified through direct follow-up with NHS Blood and Transplant.

5.8.3 Members formally recognised and thanked H Campbell and clinical colleagues for their sustained commitment to organ donation services within NHS Borders, reflecting strong governance arrangements and compliance.

5.8.4 ACTION: L Jones will follow up with H Campbell and confirm out with this meeting details on the Executive Lead arrangements for Organ Donation Committee.

5.8.5 The Clinical Governance Committee noted contents of the report and confirmed **Significant Assurance.**

5.7 Children's Services Network Annual Assurance Report - taken out of order

5.7.1 The Clinical Governance Committee considered the Children's Services Network Annual Assurance Report, jointly produced by partners across the Children's Services Network and presented to the Committee as an integrated system-wide update. The report brings together clinical services, public health, strategic planning and partner organisations, providing a collective overview of progress, challenges and risks across children and young people's services. The Committee welcomed this approach, noting that it supports a whole-system understanding of outcomes and dependencies rather than siloed reporting. Members noted a number of significant achievements during the reporting period. These included the expansion of child-friendly, rights-based feedback mechanisms, supporting meaningful engagement with children and young people, and a reduction in CAMHS waiting lists through pathway redesign and service improvement activity. Increased preventative work was highlighted, particularly in relation to nutrition and early intervention, alongside progress in embedding consistent pathways of care across services.

5.7.2 The Committee also noted ongoing and emerging challenges. These include workforce capacity and recruitment difficulties, increasing complexity of need among children and families, and continuing financial constraints across the system. The report acknowledged that these pressures require sustained cross-agency collaboration and careful prioritisation. Plans for the coming year include implementation of refreshed Children and Young People's Plans, strengthened transition arrangements from children to adult services, particularly within mental health, continued support for breastfeeding initiatives, ongoing recruitment to psychology services, and further development of urgent-care-at-home models for children.

5.7.3 L Jones emphasised the importance of the collective perspective offered by the report and indicated a desire to increase its profile at Board level. P Williams welcomed the report, noting that it addresses longstanding fragmentation by presenting a coherent system-wide picture. The chair highlighted that the report clearly demonstrates that responsibility for children's outcomes is shared across the system and not solely within NHS Borders. The Committee recognised strong collaboration and progress alongside sustained system-level risks.

5.7.4 ACTION: N/A

5.7.5 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance.**

5.9 Chief Pharmacist Briefing Report – taken out of order

5.9.1 The Clinical Governance Committee considered the Chief Pharmacist Briefing Report, presented by M Clubb which provided an overview of medicines governance,

compliance against new national standards, current risks, and mitigating actions. The report was welcomed for its clarity and transparency, particularly in articulating areas where assurance can and cannot currently be provided. Members noted that the introduction of new standards has generated a significant number of actions for NHS Borders, and that work is underway to address these. The report highlighted pressures on pharmacy capacity, with increasing demands on a limited number of senior staff and recognised the ongoing efforts to recruit additional pharmacists to strengthen sustainability and resilience. M Clubb stated that the report will transition to an annual format as meeting the standards requires considerable effort.

5.9.2 L Jones commented positively on the report, noting that it provided the Committee with a clear and structured view of compliance requirements and priority areas for improvement. The Committee recognised the importance of maintaining visibility of medicines governance risks, particularly where system-wide dependencies exist.

5.9.3 P Williams asked whether the Committee could be assured about compliance with Controlled Drugs legislation in the absence of full implementation of the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system. The Director of Pharmacy confirmed that full assurance cannot be provided without HEPMA, as reliance on paper-based prescribing introduces inherent limitations and risk. However, members were advised that interim controls and mitigation measures are in place to manage risk in the meantime.

5.9.4 L Livesey noted that a paper on HEPMA was being considered by the Board Delivery Group and emphasised that this issue would require continued Board-level oversight. The Committee acknowledged that while progress is being made within current constraints, long-term assurance is dependent on system implementation beyond local control. The Committee reflected on the strength of interim governance arrangements alongside acknowledged structural limitations without HEPMA.

5.9.5 ACTION: HEPMA progress to continue through Board Delivery Group Governance.

5.9.6 The Clinical Governance Committee noted contents of the report and confirmed **Limited Assurance.**

6 Patient Safety

6.1 Infection Control Report

6.1.1 The Committee received the Infection Prevention and Control Report, presented by S Whiting. The report provided an update on organisational IPC performance, audit activity, and emerging risks.

6.1.2 Overall hand-hygiene compliance remains static at organisational level, masking significant ward-level variation. Work is underway with Acute Services leadership to improve data presentation and better target improvement activity.

6.1.3 S Whiting informed the committee of three updates since writing and submitting the paper. Firstly, hand hygiene compliance remains steady, and a meeting with P Grieve is required to discuss the next steps, emphasising leadership, culture, and accountability. Posters and educational initiatives have been implemented, and P Grieve's 100-day improvement programme (phase two) is set to commence in July 2026, aiming to enhance performance monitoring. Secondly, the SBAR has been revised to ensure greater reporting accuracy. Thirdly, internal audit control management actions, as outlined on page 7 (section 3.3), have been completed. Additionally, SMAR screening in

ward 5 experienced a dip in compliance but has since improved, as noted on page 8 (section 3.5).

6.1.4 The chair, asked about the impact of reduced IPC audit capacity following redeployment of staff to support estates redevelopment. S Whiting confirmed that a prioritisation framework remains in place to ensure high-risk areas continue to receive appropriate oversight.

6.1.5 Members noted work to empower patients and families to challenge staff on hand hygiene, recognizing this as a critical component of safety culture. Ongoing Task and Finish Group activity relating to CAUTI and review of Surgical Site Infection data were also noted. The Committee acknowledged resource pressures.

6.1.6 ACTION: N/A

6.1.7 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance.**

6.2 Patient Safety Programme Report

6.2.1 The Committee received the Patient Safety Programme Report, presented by J Campbell. The report outlined progress across Excellence in Care, Care Assurance and Scottish Patient Safety Programme workstreams. J Campbell advised that clinical areas are completing gap analyses and improvement plans against agreed priorities, supported by strengthened Power BI reporting.

6.2.2 The chair asked whether deteriorating patient work linked to deconditioning and length of stay. J Campbell clarified that the current focus is on recognition and escalation of deterioration within inpatient settings.

6.2.3 K Steward asked whether emerging strategic developments are tested against patient safety priorities. J Campbell confirmed that this alignment is being strengthened through governance structures.

6.2.4 ACTION: N/A

6.2.5 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance.**

6.3 Mortality Review Annual Report

6.3.1 The Clinical Governance Committee considered the Mortality Review Annual Report, which was presented by O Herlihy and provided oversight and assurance on mortality trends, governance arrangements and learning identified through structured mortality reviews during the reporting period. The report covered deaths occurring in 2024/25 and considered patterns across inpatient services, length of stay, demographics and care pathways. Members noted that overall mortality numbers within NHS Borders remain broadly stable, albeit higher than pre-2022 levels, reflecting increased clinical acuity, an ageing population and wider system pressures rather than sudden deterioration in care quality. Inpatient mortality rates were reported as stable, with no evidence of sustained upward trends beyond expected variation. The report highlighted an increase in deaths among patients with a length of stay greater than 30 days, which was attributed primarily to increased complexity, frailty and prolonged admissions rather than failures in care delivery.

6.3.2 The Committee noted that the highest number of deaths continued to occur within Medical and Assessment Units, consistent with case-mix and demand. Mortality within the Emergency Department was reviewed separately and confirmed to be proportionate to attendance levels, with no concerning trend identified. Demographic analysis demonstrated higher mortality among older adults, with distribution across deprivation quintiles broadly reflective of the local population profile. Causes of death were reviewed and described as expected, with no emerging system-wide themes of avoidable harm.

6.3.3 The chair asked if a question was raised regarding overlap between reporting periods and whether alignment across financial years could be improved to support clearer longitudinal analysis. It was confirmed that a July review cycle for the subsequent year would represent best practice, although this is not a statutory requirement. Members welcomed the transparency of reporting and the emphasis on learning and system improvement rather than attribution of blame. The Committee recognised robust governance and learning systems alongside ongoing challenges related to complexity of care and length of stay.

6.3.4 ACTION: N/A

6.3.5 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance.**

7 Items for Noting

The CLINICAL GOVERNANCE COMMITTEE noted the items listed below:

7.1 Clinical Governance Committee Draft Annual Report 2025-2026

7.2 Clinical Governance & Quality ToR

7.3 ACTION: L Livesey asked that F Sandford's signature be removed from the draft minutes until the final document has completed and reviewed.

8 Any other Business

8.1 L Jones delivered an update on behalf of K Guthrie regarding the Healthcare Improvement Scotland (HIS) Unannounced Maternity Inspection, which took place on 16 March 2026. The initial feedback received was highly positive, with both the inspectors present on site and the staff noting a strong and encouraging safety culture within the maternity unit. Inspection meetings were attended by K Guthrie and C Grieve, ensuring comprehensive engagement and representation. It was confirmed that a final report detailing the findings and recommendations from the inspection will be presented at the Clinical Governance Committee meeting scheduled for 13 May 2026.

9 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 13 May 2026** at **10am** via Teams Call.

The meeting concluded at 12:26

Agreed Level of Assurance

Item Number	Agenda Item	Agreed Level of Assurance
2	Declarations of Interest	None
3	Minutes of Previous Meeting (14 January 2026)	Approved
4	Matters Arising (including Action Tracker)	Approved
5	**Effectiveness/Annual Assurance**	
5.1	Clinical Board Update – Mental Health Services	Limited
5.1.6	Psychological Services	Moderate
5.2	Clinical Board Update – Learning Disability Services	Limited
5.3	Clinical Board Update – Acute Services	Limited
5.4	Clinical Board Update – Primary and Community Services	Moderate
5.5	Corporate Clinical Support Services Update – Public Health	Moderate
5.6	Allied Health Professionals (AHP) Annual Assurance Report	Moderate (for Governance Framework) and Limited (for Workforce Sustainability)
5.8	Organ Donation Annual Assurance Report - taken out of order	Significant
5.7	Children's Services Network Annual Assurance Report - taken out of order	Moderate
5.9	Chief Pharmacist Briefing Report – taken out of order	Limited
6	**Patient Safety**	
6.1	Infection Control Report	Moderate
6.2	Patient Safety Programme Report	Moderate
6.3	Mortality Review Annual Report	Moderate
7	**For Noting**	
7.1	Clinical Governance Committee Draft Annual Report 2025-2026	Action Update Noted
7.2	Clinical Governance & Quality ToR	Noted

Borders NHS Board
Clinical Governance Committee
Approved Minute

Minute of meeting of the **Borders NHS Board's Clinical Governance Committee** held on **Wednesday 13 May 2026** at 10am via Microsoft Teams

Present
Lucy O'Leary, Non-Executive Director (Chair)
Lynne Livesey, Non-Executive Director
Paul Williams, Non-Executive Director

In Attendance
Sarah Horan, Director of Nursing Midwifery and Allied Health Professionals
Heather Stirling, PA to Director of Nursing, Midwifery and Allied Health Professionals (Minute)
Laura Jones, Director of Quality & Improvement
Lynn McCallum, Medical Director
Oliver Bennett, Interim Director of Acute Services
Gareth Clinkscale, Director of Urgent Care, Community Services and Mental Health
Sohail Bhatti, Director of Public Health
Malcolm Clubb, Director of Pharmacy
Caroline Cochrane, Director of Psychological Services
Rebecca Green, Associate Medical Director, Primary & Community Services
Philip Grieve, Interim Associate Director of Nursing, Acute Services
Paul Williams, Associate Director of Nursing, Allied Health Professionals
Peter Lerpiniere, Associate Director of Nursing, Mental Health, & Learning Disabilities
Kathy Steward, Interim Associate Director of Nursing, Primary & Community Services
Julie Campbell, Lead Nurse for Patient Safety and Care Assurance
Sam Whiting, Infection Control Manager
Cathryn Park, Deputy Director of Pharmacy

1 Apologies and Announcements

1.1 Chair announced this was Sarah Horan's first meeting as Executive Lead and thanked Laura Jones for all her work in this role in the past.

Apologies have been received from:
Amanda Cotton, virtual attendee – Amanda did not attend due to clinical commitments.
Olive Herlihy on Annual Leave – Laura Jones to speak to her paper
Imogen Hayward
Kirsteen Guthrie – no deputy identified; any questions to be held until the next meeting.

Absent
Peter Moore, Chief Executive
Lettie Pringle, Risk Manager
Jonathan Manning, Associate Medical Director, Planned Care
Rose Roberts, PA to Director of Quality & Improvement

The Chair Welcomed:
Cathryn Park will speak to the Pharmacy paper: Item 5.5 – Corporate Services Update, Pharmacy Primary Care, Appendix 2026/27-07.

Rebecca Green will speak to General Practice Sustainability: Item 5.6, Appendix 2026/27-08.

For noting: Kirstie Tinkler is no longer attending. The Stroke Services paper is deferred to 22 July 2026, Item 5.7, Appendix 2026/27-09.

Laura Jones (on behalf of Olive Herlihy) will speak to the Value Based Health & Care Annual Assurance Report, Item 5.8, Appendix 2026/27-10. Update: L. McCallum will present this paper.

The Chair confirmed the meeting was quorate.

2 Declarations of Interest

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

2.2 The Clinical Governance Committee noted that there were no new declarations of interest.

3 Minute of Previous Meeting

3.1 The Chair advised there was a clash of acronyms in the previous CGC minutes which referred to the Public Health section (5.5) 'Environmental and Health Risk Planning' paper. The Chair noted this was incorrect and should be amended to reflect the 'East Region Health Protection Annual Report'.

In addition, the action tracker should be amended to reflect the following changes:

Corporate Clinical Support Services Update – Public Health, 5.5.5:
R. Devine advised that the report was not circulated in the papers but sought reassurance that nothing required to be flagged to the Board Clinical Governance Committee, and that there were no outstanding actions or significant harm requiring escalation to the Clinical Governance Committee. L. Jones to meet with R. Devine to discuss the SBAR relating to screening incidents. Public Health colleagues to provide a future update on workforce sustainability and prioritisation of ERHP activity.
Action: Public Health and L. Jones/R. Devine.

Corporate Clinical Support Services Update – Public Health, 5.5.6:
M. Clubb advised that there are no numbers for cluster death reports and no access to medicines/prescribing in the East Region Health Protection Annual Report and asked whether this is something the ERHP team can address.
Action: East Region Health Protection Team.

The minute of the previous meeting of the Clinical Governance Committee held on Wednesday 25 March 2026 will be amended to record the above and approved at the next meeting on 22 July 2026.

4 Matters Arising/Action Tracker

4.1 Matters Arising from the previous meeting were noted and Action Tracker was updated accordingly.

5 Effectiveness/Annual Assurance

5.1 Clinical Board Update Primary and Community Services

5.1.1 The Committee received the Clinical Governance Report presented by K. Steward, outlining sustained system pressure across services, with workforce vulnerability identified as the principal constraint impacting capacity, timeliness of care, and patient outcomes. Workforce challenges were particularly evident in small teams where sickness absence and vacancies had a disproportionate effect.

5.1.2 S. Bhatti queried the implications of high-volume activity, noting increased risk of errors at scale, and sought improved visibility of general practice data and equality impact assessments. In response, S. Horan advised that these issues would be progressed outside the Committee through the appropriate governance forum, an approach endorsed by Chair, to maintain strategic focus. K. Steward confirmed the following actions would be taken forward out with this meeting and not recorded on the CGC action tracker: PACS team to engage with Public Health to review GP data visibility and equality impact assessments.

5.1.3 The Committee further considered risks associated with the cessation of PCIP demonstrator funding. G. Clinkscale confirmed that a formal options appraisal process is underway, noting that all options carry inherent risk.

5.1.4 The Committee acknowledged strong governance arrangements, including active risk management and daily prioritisation. However, Members agreed that workforce constraints significantly limited the level of assurance that could be provided.

5.1.5 **FUTURE DEVELOPMENT:**
PCIP sustainability and options appraisal to be progressed via governance routes and workforce risks to continue to be escalated through Staff Governance and Board structures.

5.1.6 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for delivery of PAC services and governance and **Limited Assurance** for workforce sustainability.

5.2 Clinical Board Update Acute Services

5.2.1 The Committee received the Acute Services Clinical Governance Report presented by P. Grieve, which outlined a position of sustained operational pressure across Borders General Hospital, with continued constraints relating to system flow, workforce fragility, and high bed occupancy.

5.2.2 In presenting the report, P. Grieve highlighted incremental improvement in Emergency Department performance and early pathway measures; however, overall performance remained constrained by downstream capacity and delayed discharges. Quality indicators, including adverse events and falls, were reported as demonstrating normal variation, although emerging concern was noted in relation to Grade 2 pressure damage. Workforce challenges, including sickness absence and medical and specialist nursing vacancies, were identified as key risks impacting service sustainability.

5.2.3 P. Williams queried the recent improvement in falls data and whether this could be attributed to specific interventions. In response, P. Grieve advised that while improvement had been observed, it was too early to attribute this to any single factor and further analysis would be required.

5.2.4 L. Jones sought assurance on previously highlighted risks, including laboratory accreditation and waiting list pressures in endoscopy and cardiology, requesting greater

visibility of these risks in future reporting to support Board-level decision-making. She also highlighted the increasing volume of complaints within acute services and the impact on capacity, alongside the need to monitor improvement trends through clearer data presentation.

5.2.5 J. Campbell noted ongoing delays in completion of Significant Adverse Event Reviews despite overall compliance within reporting time limits, highlighting this as a continued area of focus for assurance.

5.2.6 S. Horan emphasised the importance of consistent interpretation of falls data and the need for standardised quality metrics across Board reports to support clarity of assurance. S. Bhatti reflected that the report contained a significant volume of information, limiting the Committee's ability to focus on key risks, while P. Williams recommended that detailed operational assurance remains within Clinical Board structures, with escalation-focused reporting to Committee.

5.2.7 The Committee also noted escalation by L. McCallum regarding cultural and psychological safety concerns within General Surgery, acknowledging the potential clinical governance implications and the need for ongoing oversight.

5.2.8 The Committee recognised strong governance arrangements, active improvement work, and evidence of leadership grip. However, Members agreed that sustained system pressure and workforce constraints continued to limit overall assurance.

5.2.9 **FUTURE DEVELOPMENT:**
Ongoing monitoring of General Surgery concerns, with Clinical Governance implications reported to Committee.
Committee to develop clearer guidance on reporting format and escalation focus for future papers.

5.2.10 **ACTION:** Acute Services to provide further detail on high-risk areas (including endoscopy, cardiology, and laboratory risks) in future reports and consider inclusion of consistent rate-based metrics (e.g. falls, pressure damage) to support trend analysis.

5.2.11 **ACTION:** Develop approach for Committee assurance on SAER outcome 3 and 4 action plans.

5.2.12 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for delivery of Acute services and governance and **Limited Assurance** for workforce sustainability and system flow constraints.

5.3 Clinical Board Update Mental Health & Psychological Services

5.3.1 The Committee received the Clinical Governance Report for Mental Health and Psychological Services presented by P. Lerpiniere, highlighting ongoing quality assurance activity, workforce risks, and service performance. In presenting the report, P. Lerpiniere drew attention to the implementation of a quality assurance programme across inpatient mental health services, noting that this work was particularly timely in light of recent deaths by suicide and was intended to strengthen oversight of clinical risk, safety, and evolving models of care. The Committee noted that this programme would extend into community services later in the year.

5.3.2 Workforce pressures were identified as a significant and ongoing concern.

Lerpiniere highlighted risks associated with both nursing and medical staffing, including an ageing workforce and recruitment challenges, noting the potential clinical risks this poses to service sustainability.

5.3.3 S. Horan noted that the Clinical Board was awaiting a new appointment and asked that the minutes reflect that Caroline Cochrane had led a successful review service, with a further appointment now awaited. S. Horan queried how medical workforce risks are governed, seeking clarity on whether these issues are appropriately reported through Staff Governance structures. In response, L. McCallum confirmed that medical workforce risks should be reported through Staff Governance arrangements, with further discussion to be progressed out with the meeting.

5.3.4 S. Bhatti raised questions regarding health inequalities and access to mental health services, noting that some patient groups may not receive equitable care. P. Lerpiniere acknowledged that inequalities remain a key issue, particularly given limited resources, and confirmed ongoing engagement with local and national partners.

5.3.5 The Chair summarised key areas for follow-up, including inequalities reporting and clarity regarding medical workforce governance, recognising these as important issues for assurance.

5.3.6 The Committee acknowledged evidence of improvement activity, including reductions in waiting lists within CAMHS through targeted initiatives. However, Members agreed that workforce constraints and inequalities limited the level of assurance that could be provided.

5.3.7 **FUTURE DEVELOPMENT:**
Clarify governance and reporting routes for medical workforce risks through Staff Governance structures.
Further work to strengthen reporting and assurance on health inequalities within Mental Health services and ongoing monitoring of workforce sustainability risks and impact on service delivery.

5.3.8 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for clinical services and quality governance and **Limited Assurance** for workforce sustainability.

5.4 Clinical Board Update Learning Disabilities

5.4.1 The Committee received the Learning Disabilities Clinical Governance Report presented by P. Lerpiniere, which outlined current performance, governance arrangements, workforce risks, and system-level challenges, including the ongoing “Coming Home” programme. In presenting the report, P. Lerpiniere confirmed that there were no waiting times exceeding 35 weeks and that governance arrangements, including action tracking, remain in place. However, workforce risks continue to present a challenge, particularly in relation to recruitment and sustainability of specialist roles.

5.4.2 S. Horan sought clarity on the assurance level, indicating that while the service delivers good outcomes, workforce constraints warrant a more cautious assessment. L. Jones supported this position, noting there was no evidence of poor clinical outcomes but recognising the ongoing system pressures impacting delivery.

5.4.3 P. Williams queried whether appropriate governance arrangements were in place regarding physical interventions, emphasising the need for continued oversight to

ensure safe practice. The Committee agreed this should remain visible within governance reporting.

5.4.4 Significant discussion focused on the “Coming Home” programme. P. Lerpiniere highlighted ongoing challenges in repatriating patients from out-of-area placements, noting both financial and operational complexities, including coordination with local authority partners. G. Clinkscale further outlined the complexity of funding arrangements and the resource implications, including senior management time.

5.4.5 The Chair emphasised the need to clearly articulate system barriers, particularly where cross-organisational arrangements impact delivery. S. Horan requested a more detailed paper on individual patients within the programme to support assurance, which P. Lerpiniere agreed to provide.

5.4.6 The Committee recognised that core service delivery remains stable with no evidence of harm; however, Members agreed that system-level challenges, particularly within the “Coming Home” programme and workforce sustainability, limit the level of assurance that can be provided.

5.4.7 **FUTURE DEVELOPMENT:**
Maintain oversight of governance arrangements relating to physical interventions and ongoing monitoring and escalation of workforce risks through governance structures.

5.4.8 **ACTION:** P. Lerpiniere to provide a detailed paper on “Coming Home” patients and associated risks at the next meeting on 22 July 2026.

5.4.9 **ACTION:** Continue to progress resolution of funding and cross-organisational barriers within the “Coming Home” programme.

5.4.10 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for LD service delivery and clinical outcomes and **Limited Assurance** for workforce sustainability and “Coming Home” programme.

5.5 Corporate Services Update Pharmacy – Primary Care

5.5.1 The Committee received the Clinical Governance Report presented by C. Park on behalf of Pharmacy Primary Care services, outlining current performance, workforce pressures, and rising demand across services. In presenting the report, C. Park highlighted that pharmacy services continue to experience sustained growth in demand over the past 12 months, with activity levels increasing across both primary and secondary care interfaces. While recruitment of remote-working pharmacists was noted as a positive development, the service is operating at full workforce capacity, with demand outstripping available resource and placing pressure on central service functions.

5.5.2 S. Horan sought assurance regarding patient safety in the context of increased workload, specifically querying the impact on medication errors, workforce capacity, and the financial envelope. In response, M. Clubb confirmed that workforce capacity within primary care pharmacy is effectively at maximum, with no vacancies, but emphasised significant financial and workload pressures, noting there is limited ability to control or reduce demand.

5.5.3 L. McCallum emphasised the importance of recognising positive achievements within the service, highlighting the significant contribution of pharmacy teams in reducing harm

and supporting patient safety. She noted that, despite current pressures, the service continues to deliver high-quality care and maintain safe practice.

5.5.4 C. Park also highlighted emerging pressures linked to increased prescribing demand, including private prescribing activity, and the ongoing expansion of services such as the move towards a five-day service model, which further increases workload and requires careful risk management.

5.5.5 The Committee acknowledged that, while strong governance arrangements are in place and there is clear evidence of proactive management of risk, the sustainability of the service is challenged by sustained demand and constrained workforce and financial capacity.

5.5.6 **FUTURE DEVELOPMENT:**
Continue to monitor demand and capacity within Pharmacy Primary Care services. Maintain oversight of workforce and financial pressures through appropriate governance routes and ensure ongoing visibility of medication safety risks in future reporting.

5.5.7 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for delivery of pharmacy services and governance.

BREAK

5.6 General Practice Sustainability

5.6.1 The Committee received the report presented by R. Green, which provided an overview of sustainability risks across General Practice, including workforce, demand, estate pressures, and financial constraints. In presenting the report, R. Green highlighted that General Practice continues to face pressures associated with an ageing workforce, increasing patient demand and complexity, and constraints relating to estates and capital investment. While activity levels were reported as broadly stable, the Committee noted an increasing burden of care within primary care settings.

5.6.2 S. Bhatti emphasised the importance of developing local workforce capacity, including training, and retaining staff within the Borders, highlighting this as critical to long-term sustainability. In response, R. Green acknowledged challenges in recruitment and retention locally, while L. McCallum noted ongoing work to support training pathways, including initiatives to strengthen undergraduate and trainee engagement in primary care.

5.6.3 S. Horan raised concern regarding the limited data within the report relating to quality of care and clinical impact, noting that the Committee did not have sufficient information to fully assess clinical assurance. R. Green acknowledged this limitation, advising that further detail could be provided once agreement on proposals had progressed, given the sensitivity of ongoing discussions.

5.6.4 L. Jones reflected that the report had been requested to address a specific strategic issue relating to General Practice Sustainability, noting that risks associated with General Practice have wider system implications and require continued oversight. The Chair acknowledged this position and emphasised the importance of ensuring that the Committee focuses on relevant clinical governance implications while recognising that some aspects sit within other governance forums.

5.6.5 The Committee acknowledged that mitigation plans are in place, including national funding support and local workforce initiatives. However, Members agreed that limited

visibility of clinical quality data constrained the level of assurance that could be provided.

5.6.6 **FUTURE DEVELOPMENT:**
Further development of reporting to include clearer clinical quality and patient impact measures.
Continued monitoring of workforce sustainability and recruitment challenges and ensure appropriate alignment of General Practice risks across governance structures and Board oversight.

5.6.7 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for sustainability planning and governance and **Limited Assurance** for visibility of clinical impact and data.

5.7 Stroke Services Paper - Appendix 2026/27-09, deferred to meeting on 22 July 2026

5.8 Value Based Health & Care Annual Assurance Report

5.8.1 The Committee received the Value Based Health & Care Annual Assurance Report presented by L. McCallum, which outlined progress, challenges and emerging risks associated with embedding value-based approaches across NHS Borders. In presenting the report, L. McCallum highlighted challenges in relation to programme management capacity, noting that delays in recruitment to key roles had impacted the ability to fully progress reporting and delivery. Despite this, the Committee noted positive developments, including the continued implementation of Treatment Escalation Plans, supporting patient-centred decision-making and alignment with individual patient wishes.

5.8.2 The Chair queried variation in risk tolerance across clinical areas, seeking clarity on whether differences reflected organisational patterns or individual clinical practice. L. McCallum responded that variation in clinical decision-making is influenced by a range of professional and service factors, although efforts are ongoing to support greater consistency through value-based frameworks.

5.8.3 S. Horan recognised the significant work undertaken across the programme and emphasised the importance of strengthening programme management support to ensure delivery, particularly in relation to workforce sustainability considerations.

5.8.4 S. Bhatti highlighted the importance of enabling clinicians to engage in difficult conversations with patients regarding treatment decisions, noting that this is a critical component of value-based care. P. Williams further reflected on cultural variation across professional groups, identifying this as a potential barrier to consistent implementation of value-based approaches.

5.8.5 The Chair concluded that creating a supportive organisational environment is key to sustaining progress, with an expectation that future reporting would demonstrate continued development and trajectory. The Committee acknowledged that, while progress has been made and there is clear evidence of positive practice, delivery is constrained by programme capacity and variation in implementation across services.

5.8.6 **ACTION:** Strengthen programme management capacity to support delivery, reporting and continue to embed Treatment Escalation Plans and support consistent clinical application.

5.8.7 **ACTION:** Monitor variation in clinical practice and culture as part of ongoing implementation and provide updates on programme progress and trajectory at future meetings.

5.8.8 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for Value Based Care Delivery and Governance.

6 Patient Safety

6.1 Infection Control Report

6.1.1 The Committee received the Infection Prevention and Control Report presented by S. Whiting, which outlined current performance, audit findings, and emerging risks. In presenting the report, S. Whiting highlighted reductions in audit capacity due to workforce constraints, noting that this has impacted the ability to undertake routine spot checks and maintain oversight in all areas. Short-term mitigation arrangements are in place to prioritise high-risk areas.

6.1.2 S. Whiting also advised that previously reported reductions in mandatory training compliance were partly attributable to changes in data recording following the transition to Once for Scotland training systems, rather than solely reflecting deterioration in performance. Hand hygiene reporting has also been updated to include a revised RAG-based presentation, with further improvements planned to strengthen reporting clarity.

6.1.3 P. Williams expressed concern regarding low compliance levels within AHP services, noting performance at approximately 50%, and confirmed that further investigation and improvement work has been commissioned to address this. The Chair acknowledged improvements in reporting clarity and thanked the team for the progress made in developing clearer data presentation. The Committee recognised that, despite resource pressures, governance arrangements remain in place and prioritisation of high-risk areas provides a degree of assurance. However, reduced audit capacity presents an ongoing risk to sustained oversight and compliance.

6.1.4 **FUTURE DEVELOPMENT:**
Continue to prioritise high-risk areas for audit and assurance activity.
Progress improvement work relating to AHP hand hygiene compliance and further develop reporting to support clarity and consistency of data presentation across services.

6.1.5 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for Infection Control Governance and Oversight.

6.2 Strategic Risk – Mental Health & Learning Disabilities

6.2.1 The Committee received the Strategic Risk Report presented by G. Clinkscale, which outlined key workforce and service sustainability risks across Mental Health and Learning Disabilities services. In presenting the report, G. Clinkscale highlighted ongoing recruitment challenges within both medical and nursing workforces, noting particular difficulty in recruiting consultant psychiatrists and the anticipated retirement of a significant proportion of the nursing workforce over the next five years. These pressures were identified as key risks to service sustainability and continuity of care.

6.2.2 Mitigating actions were noted, including development of “grow your own” workforce approaches, engagement with training bodies to improve trainees remaining within NHS Borders, and the establishment of new roles, including a nurse consultant post. L.

McCallum recognised the progress of these initiatives, noting the positive impact of engagement with the Deanery to support workforce retention.

6.2.3 S. Horan raised concerns regarding sustainability of newly appointed roles, highlighting prior challenges in retaining staff within key posts. S. Bhatti queried pathways for patients within mild to moderate mental health services, emphasising the need for clearer integration with primary care and community support.

6.2.4 The Committee noted that, despite mitigation, workforce challenges remained significant and continue to require system-level solutions. The Chair highlighted the need to understand the underlying causes of limited assurance and to ensure clarity of risk escalation and governance oversight. The Committee acknowledged that, while clinical work and service delivery demonstrate elements of stability and improvement, overall assurance is constrained by workforce risk and system fragility.

6.2.5 **FUTURE DEVELOPMENT:**
Continue development of workforce strategies, including “grow your own” approaches and engagement with training bodies.
Ensure ongoing oversight of workforce risks and escalation through appropriate governance structures and provide further clarity on integration of mental health pathways across primary and community care.
Report progress on Mental Health workforce plan to future meetings.

6.2.8 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for Clinical Work and Service Delivery and **No Overall Assurance** for Workforce Sustainability and System Risk.

6.3 HSMR Report

6.3.1 The Committee received the HSMR Report presented by L. Jones, outlining the impact of recent changes to national methodology and current mortality trends. In presenting the report, L. Jones advised that changes to the Scottish Government methodology have affected NHS Borders’ position, with HSMR currently sitting on the early warning threshold. It was confirmed that there has been no significant change in underlying mortality patterns and that further work is underway to understand the impact of the revised methodology over time.

6.3.2 The Chair queried whether population factors, including an ageing demographic, may be influencing observed data. In response, L. Jones confirmed that HSMR calculations take account of multiple variables, including demographic factors, and committed to provide further analysis to support understanding of trends.

6.3.3 L. McCallum highlighted the importance of interpreting mortality data within the context of clinical practice and patient-centred care, noting that outcomes such as end-of-life decision-making may influence mortality indicators. She emphasised that current approaches align with value-based care principles and provide a level of assurance when considered alongside wider organisational data. The Committee acknowledged that mortality data should be considered as part of a broader set of indicators and that further analysis is required to fully understand trends following the methodology change. Members were assured that there is no current evidence of deterioration in care quality.

6.3.4 **ACTION:** L. Jones to provide further analysis on HSMR trends and contributing factors.

6.3.5 **ACTION:** Continue to monitor impact of methodology changes on reporting and assurance and ensure mortality data is triangulated with wider quality and patient safety indicators.

6.3.6 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for Mortality Governance and Oversight.

7 Person Centred

7.1 Patient Experience and Complaints Analysis

7.1.2 The Committee received the Patient Experience Report presented by J. Campbell, outlining trends in Care Opinion feedback, complaints, and wider patient experience metrics. In presenting the report, J. Campbell highlighted improvements in Care Opinion feedback within specific areas, alongside an overall increase in complaints, particularly at Stage 2. It was noted that this increase reflects rising demand across services and the expansion of service provision, rather than deterioration in care quality.

7.1.3 L. McCallum reinforced the importance of recognising and sharing positive Care Opinion feedback to support staff morale and balance reporting.

7.1.4 The Chair raised observations regarding the source of Care Opinion feedback, noting that a proportion is provided by relatives or carers rather than patients directly, and highlighting this as an area for further consideration in understanding patient voice. The Committee recognised the sustained effort of the Patient Experience Team, acknowledging the challenges of operating in a predominantly reactive and high-demand environment. Members agreed that, while complaint volumes have increased, there remains strong evidence of positive patient experience and learning.

7.1.5 The Committee received the Complaints Analysis Report presented by J. Campbell, providing detailed thematic and trend analysis of complaints across services. In presenting the report, J. Campbell highlighted that complaint themes remain consistent, with communication, delays in care and clinical treatment continuing to be the most frequently reported issues. An increase in complaint volumes was noted, reflecting sustained service pressure and increased activity levels.

7.1.6 S. Horan emphasised the importance of timely responses, noting that delays are predominantly within clinical services rather than the Patient Experience Team, and reinforced the responsibility of the Clinical Boards role in improving responsiveness and ownership of complaints.

7.1.7 K. Steward highlighted that increased complaint volumes should be considered in the context of increased service delivery, noting that as more services are delivered, a proportional rise in feedback is expected.

7.1.8 L. McCallum highlighted the need to strengthen learning from complaints, ensuring that themes are systematically identified and translated into service improvement actions. She also emphasised the importance of balancing negative feedback with recognition of positive patient experience.

7.1.9 P. Williams queried how effectively learning is tracked and embedded across services, noting the need for clearer evidence of improvement arising from complaints analysis. In response, J. Campbell confirmed that work is ongoing to strengthen the link between complaints, learning, and quality improvement activity.

7.1.10 The Chair emphasised the importance of triangulating complaints data with other quality indicators to support a comprehensive understanding of patient experience and clinical risk. The Committee acknowledged that complaints data provides valuable insight into patient experience and areas for improvement. However, Members agreed that stronger linkage to demonstrable learning and improvement is required to enhance assurance.

7.1.11 **FUTURE DEVELOPMENT:**
Continue to monitor complaint trends and ensure timely responses through Clinical Boards.
Strengthen linkage between complaints themes and quality improvement actions.
Increase visibility and dissemination of positive Care Opinion feedback and maintain oversight of patient experience data to support learning and improvement.
Enhance reporting to demonstrate learning and impact from complaints analysis and ensure triangulation of complaints data with wider patient safety and quality indicators.

7.1.12 The Clinical Governance Committee noted contents of the report and confirmed **Moderate Assurance** for Patient Experience Governance and Oversight.

8 For Noting

The Clinical Governance Committee noted the items listed below:

8.1 Minutes from other meetings:
LD Clinical & Care Governance meeting 25.02.26

8.2 Director of Public Health Annual Report

9 Any Other Business

9.1 The Chair and S. Horan raised the issue of the need for the Clinical Governance Committee agendas and paper process could be streamlined. It was noted throughout the meeting that there is a need to improve and streamline the process for agendas, papers and minutes in the future. Feedback was requested from report leads who compile the papers and reports. The Chair and S. Horan will meet to discuss this and report back to the Committee with suggestions at the next meeting on 22 July 2026.

9.1.2 **ACTION:** Chair and S. Horan to meet to discuss streamlining the process. Report leads to provide feedback to Chair and S. Horan, and an update will be provided at the next meeting.

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 22 July 2026** at **10am** via Microsoft Teams.

The meeting concluded at 12:35

Clinical Governance Committee - Agreed Level of Assurance

Item #	Agenda Item	Level of Assurance
5	**Effectiveness/Annual Assurance**	
5.1	Clinical Board Update – Primary and Community Services	Moderate (delivery of PAC services and governance) Limited (workforce sustainability)
5.2	Clinical Board Update – Acute Services	Moderate (delivery of Acute services and governance) Limited (workforce sustainability and system flow constraints)
5.3	Clinical Board Update – MH & Psychological Services	Moderate (clinical services and governance) Limited (workforce sustainability)
5.4	Clinical Board Update – Learning Disability Services	Moderate (service delivery and clinical outcomes) Limited (workforce sustainability and “Coming Home” programme)
5.5	Corporate Services Update – Pharmacy Primary Care	Moderate
5.6	General Practice Sustainability	Moderate (sustainability planning and governance) Limited (visibility of clinical impact and data)
5.7	Stroke Services – Paper Deferred to 22 July 2026	
5.8	Value Based Health & Care Annual Assurance Report	Moderate
6	**Patient Safety**	
6.1	Infection Control Report	Moderate
6.2	Strategic Risk – Mental Health & Learning Disabilities	Moderate (clinical processes)

Item #	Agenda Item	Level of Assurance
		No Assurance (workforce sustainability and system risk)
6.3	HSMR Report	Moderate
7	**Person Centred**	
7.1	Patient Experience and Complaints Analysis	Moderate
8	**For Noting**	
8.1 8.2	Minutes from other meetings: LD Clinical & Care Governance meeting 25.02.26 8.2 Director of Public Health Annual Report	

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**Staff Governance Committee Minutes**
Responsible Executive/Non-Executive:	**D Parker, Chair Staff Governance Committee**
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 Staff Governance Committee with the Board.

2.2 Background

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

2.3 Assessment

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

2.3.1 Quality/ Patient Care

As detailed within the minutes.

2.3.2 Workforce

As detailed within the minutes.

2.3.3 Financial

As detailed within the minutes.

2.3.4 Risk Assessment/Management

As detailed within the minutes.

2.3.5 Equality and Diversity, including health inequalities

An HIIA is not required for this report.

2.3.6 Climate Change

Not applicable.

2.3.7 Other impacts

Not applicable.

2.3.8 Communication, involvement, engagement and consultation

Not applicable.

2.3.9 Route to the Meeting

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

- Staff Governance Committee 30 July 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, Staff Governance Committee minutes 30.04.26

STAFF GOVERNANCE COMMITTEE

Date: 30 April 2026
Time: 11.00am
Location: MS Teams
Chair: D Parker
Minute: T Chapman, PA to the Director of People & Culture

1. Attendance and Apologies

Attendance: D Parker (Chair); E Cameron; L O'Leary; L Livesey; S Errington; A Keen; P Moore; C Smith; J Boyle; M O'Reilly; E Dickson; S Horan; V Mann; K McLachlan; and T Chapman.

Apologies: J McLaren; K Lawrie; J Ayling; and A Bone. C Wilson joined later in the meeting due to a prior commitment. It was noted that Harriet was no longer a current Committee member.

The Chair confirmed that the meeting was not formally quorate due to the absence of the Employee Director. Members agreed to proceed on the basis that no decisions requiring formal quorum would be taken.

The Chair welcomed members and formally opened the meeting. Particular recognition was given to E Cameron, who was attending her final Staff Governance Committee meeting before retirement. The Committee acknowledged her significant contribution to organisational development, staff governance and workforce improvement across NHS Borders. Members expressed their appreciation and recorded their thanks.

The implications of recent and forthcoming leadership changes were discussed, with members emphasising the importance of continuity of governance oversight, particularly in relation to workforce planning, organisational development and staff governance assurance.

Outcome: The Committee noted the announcements and apologies and recorded its appreciation of E Cameron's contribution to NHS Borders.

2. Declarations of Interest

Members were invited to declare any interests relating to agenda items. No declarations were made and standing declarations remained unchanged. The Committee reaffirmed the importance of transparency in decision-making and noted that no conflicts of interest existed which would influence participation or assurance.

Outcome: The Committee noted that no declarations of interest were made. Reasonable assurance was provided that appropriate governance procedures were followed.

3. Minutes of Previous Meeting held on 30 January 2026

The Committee reviewed the minute of the previous meeting and confirmed that it accurately reflected discussions, challenge, assurance and actions arising from that meeting. Members reiterated the importance of ensuring minutes provide a clear record of challenge, risk, assurance and decision-making given their role in supporting Board assurance.

Outcome: The Committee approved the minutes of 30 January 2026 as an accurate record and noted reasonable assurance regarding completeness and accuracy of the record.

4. Matters Arising and Action Tracker

The Committee reviewed the Action Tracker as a formal governance control. Members challenged the continued application of Amber RAG ratings to long-overdue actions, expressing concern that this created an inaccurate impression of progress and weakened governance oversight. It was agreed that Red ratings should be applied where delivery had significantly slipped beyond agreed timescales.

A specific discussion took place regarding ownership of the whistleblowing confidential contacts and training action. Members agreed that the action had been assigned incorrectly and required transfer to I Bishop. The Committee agreed that ownership should be reviewed to ensure accountability sat with the most appropriate lead. The Committee emphasised the importance of maintaining the Action Tracker as a live management and assurance tool with clear ownership, realistic timescales and meaningful updates.

ACTION: Governance Officer to update the Action Tracker to transfer ownership of the whistleblowing and training action to I Bishop, confirm accountability arrangements and report progress to the next meeting by the next meeting.

Outcome: The Committee supported strengthening Action Tracker governance and challenged the accuracy of current RAG reporting. Limited assurance was provided due to ongoing action slippage and concerns regarding ownership and reporting accuracy.

5. Corporate Support Services Annual Staff Governance Report

S Errington presented the annual staff governance report for Corporate and Support Services. The report demonstrated positive compliance against Staff Governance Standards, strong staff engagement, effective partnership working and evidence of well-established iMatter arrangements.

Members welcomed the report but challenged the complexity of the reporting format. Concerns were raised regarding the extent to which local iMatter outcomes were clearly linked to service improvements and whether the report sufficiently demonstrated the impact of interventions. Workforce challenges remained evident in relation to appraisal completion, capacity pressures and operational resilience in some areas. Members emphasised the need for greater consistency across services.

ACTION: S Errington and the Corporate Services Group to review and streamline the annual reporting template, incorporating feedback from Committee members and testing revised arrangements in the next reporting cycle by the next reporting cycle.

ACTION: E Cameron to review opportunities for strengthening the reporting of iMatter outcomes within future staff governance reports and bring forward proposed amendments to the reporting template by the next reporting cycle.

Outcome: The Committee received and noted the report. Significant assurance was provided regarding corporate staff governance arrangements, whilst recognising areas requiring continued improvement.

6. Anti-Racism Item Deferred

This item was deferred to allow attendance from relevant colleagues and was considered later under Item 16.

Outcome: The Committee agreed to defer the item until later in the meeting.

7. Remuneration Committee Annual Report

A Keen presented the Remuneration Committee Annual Report. The report confirmed that the Committee had fulfilled its delegated responsibilities and maintained oversight of executive remuneration, appointments and remuneration governance arrangements throughout the year.

Members identified a factual inaccuracy within attendance records where an individual had been recorded after leaving post. The Committee requested correction to ensure formal records remained accurate.

ACTION: A Keen to amend attendance records within the Remuneration Committee Annual Report to accurately reflect membership and supporting HR arrangements during the reporting period by immediate completion.

Outcome: Subject to the agreed amendment, the Committee accepted the report. Significant assurance was provided regarding remuneration governance arrangements.

8. Staff Governance Committee Annual Report

The Committee reviewed its Annual Report for 2025/26 and considered the assurance provided to the Board throughout the year. Members identified factual amendments relating to meeting references and Committee membership records, including clarification that Harriet had not been an active Committee member during the reporting period. The Committee emphasised the importance of ensuring Board assurance reports are factually accurate.

ACTION: A Keen to update the Staff Governance Committee Annual Report to reflect agreed factual amendments prior to Board submission by before Board submission.

Outcome: The Committee accepted the report subject to amendment. Significant assurance was provided regarding the accuracy and completeness of the Committee's governance activity.

9. Health and Care (Staffing) (Scotland) Act 2019 – Quarter 4 Update

E Dickson presented the Quarter 4 update, noting that the report had already been considered by the NHS Borders Board in line with statutory reporting requirements. Nine of the ten required duties were assessed as providing reasonable assurance. Members discussed an area of limited assurance relating to protected time for clinical leaders and acknowledged the impact of workforce pressures on full compliance.

The Committee recognised improvements in awareness, documentation and governance arrangements while acknowledging ongoing operational constraints.

Outcome: The Committee noted the update. Formal assurance was not required through the Committee's governance route, although reasonable assurance was reported across most statutory duties.

10. Workforce Dashboard

C Smith provided an update on the Workforce Dashboard, confirming that it was now fully embedded and available as a core workforce management tool. Members welcomed improvements in access, usability and trend reporting.

The Committee highlighted risks relating to reliance on manual data processes and person dependency. Members stressed that access to workforce data alone would not provide assurance unless routinely used to inform management action and improvement activity. It was agreed that Committee members should review dashboard information outside meetings to support more focused discussion.

ACTION: All Committee members to review dashboard content and provide feedback to C Smith on reporting format, frequency and usefulness by before the next meeting.

ACTION: C Smith to circulate monthly dashboard reminders and access information to support member engagement and ongoing review by monthly.

Outcome: The Committee noted the update and supported further development of reporting arrangements. Process assurance was reasonable; outcome assurance remained limited.

11. Statutory and Mandatory Training Update

M O'Reilly presented the training update. Members recognised improvements in completion rates for core statutory training but expressed concern regarding persistent gaps in role-specific training, particularly Manual Handling and PMAV.

The Committee challenged whether low compliance reflected workforce capacity issues alone, noting concerns regarding cancellation of training sessions, access to learning opportunities and workforce demand exceeding available training resource. Members

highlighted the strategic significance of protected learning time and noted forthcoming national expectations which would require strengthened organisational arrangements.

ACTION: M O'Reilly and the Learning and Development Team to provide a detailed analysis of training cancellations, training capacity and demand pressures for consideration at the next meeting by the next meeting.

ACTION: J Boyle to establish a Short Life Working Group to review implementation of protected learning time requirements, develop an organisational approach and report recommendations to the Committee by TBC.

Outcome: The Committee requested additional analysis and further assurance. Moderate assurance was provided, with continuing risk relating to role-specific training compliance and protected learning time.

12. Strategic Workforce Risk Discussion

A Keen proposed a revised approach to strategic workforce risk reporting which would move beyond presentation of risk registers and provide greater opportunity for challenge and scrutiny. Members supported more focused discussion on high-scoring and red-rated risks, changes to risk profiles and the effectiveness of mitigation actions. Members also requested greater awareness of risk appetite and scoring methodology.

ACTION: A Keen to introduce enhanced workforce risk reporting arrangements, including presentation of the strategic workforce risk register and explanations of changes in risk scoring by the next meeting.

ACTION: A Keen to invite colleagues from the Board Risk Team to attend a future meeting and provide an overview of risk assessment methodology and organisational risk appetite by a future meeting.

Outcome: The Committee supported implementation of the revised approach.

13. Policy and Procedures Update

J Boyle provided an update on national and local policy activity, including implementation of the final phase of the Once for Scotland policy programme. Members discussed work underway on local policies, including expenses and uniform policies. Questions were raised regarding consultation arrangements and governance processes for the uniform policy. Assurance was provided that a multi-professional engagement approach would be undertaken.

The Committee also noted progress in improving access to HR policies through SharePoint and intranet developments.

Outcome: The Committee noted progress and supported continued consultation activity. Significant assurance was provided regarding policy governance arrangements.

14. Items for Noting

The Committee noted minutes from the Training, Education and Development Board and Area Partnership Forum. Members were advised that Occupational Health and Safety Forum minutes had not been available at the time papers were issued and would be circulated separately.

ACTION: K McLachlan to circulate Occupational Health and Safety Forum minutes to Committee members once available by when available.

Outcome: The Committee noted all items presented for information.

15. Any Other Business

15.1Anti-Racism Committee and Governance Arrangements

In the absence of C Wilson, A Keen presented an update on governance arrangements supporting delivery of the Anti-Racism Plan. Members were advised that the Board had approved establishment of an Anti-Racism Committee which would sit within a wider Diversity, Equality and Inclusion governance framework.

Discussion focused on reporting lines, accountability and the overall governance arrangements required to support delivery. The Committee sought further information regarding resource implications and requested a formal governance structure for consideration.

ACTION: C Wilson, supported by A Keen to develop draft governance arrangements and Terms of Reference for the Anti-Racism Committee and undertake wider consultation before returning proposals to the Committee by the next reporting cycle.

ACTION: C Wilson to quantify resource requirements required to support delivery of the Anti-Racism Committee and report these alongside the draft Terms of Reference by alongside the Terms of Reference.

Outcome: The Committee supported the proposed governance direction. Significant assurance was provided regarding the strategic direction and governance approach.

15.2 Covid Inquiry

A brief discussion took place regarding the COVID Inquiry. Members agreed that further consideration should be deferred until additional national information becomes available.

Outcome: The Committee agreed to revisit the matter at a future date if required.

16. Date of Next Meeting

The next meeting was confirmed as Thursday 30 July 2026 at 11.00am via MS Teams.

Outcome: The Committee noted the date and time of the next meeting.

Summary of Decisions and Agreements made during the meeting

Decision: The minutes of the previous meeting held on 30 January 2026 were approved as an accurate record.

Agreement: The Remuneration Committee Annual Report was accepted subject to factual amendment.

Agreement: The Staff Governance Committee Annual Report was accepted subject to factual amendment.

Agreement: The Committee supported a revised approach to strategic workforce risk reporting.

Agreement: The Committee supported the proposed direction of Anti-Racism governance arrangements, subject to further detail on Terms of Reference and resources.

Strategic and Assurance Points made during the meeting

The Committee recognised that workforce governance assurance remained dependent on clear ownership of actions, accurate RAG ratings and timely follow-through of agreed actions.

The Committee recognised continuing risks in relation to appraisal completion, role-specific training compliance, protected learning time, manual data processes, workforce capacity and policy implementation.

The Committee noted areas of significant assurance in corporate support services governance, remuneration governance, staff governance annual reporting, policy governance and the strategic direction of Anti-Racism governance, while recognising specific improvement actions attached to each area.

The Committee noted limited or partial assurance where outcome evidence, compliance levels, resource capacity or risk mitigation required further development.

Any Other Business

The COVID Inquiry was briefly referenced. The Committee agreed that this should be revisited only when further national information becomes available.

Date of next meeting

Thursday 30 July 2026 at 11.00am via MS Teams.

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**Area Clinical Forum Minutes**
Responsible Executive/Non-Executive:	**P Williams, Non 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 Area Clinical Forum with the Board.

2.2 Background

The minutes are presented to the Board as per the Area Clinical Forum 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 Area Clinical Forum 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.

- Area Clinical Forum 9 July 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, Area Clinical Forum minutes 11.05.26

Area Clinical Forum
11th May 2026

Microsoft Teams

No	Item
	Welcome and Apologies **Chair**: P Williams **Present**: M Clubb, R Duncan, M O'dwyer, T Sporle, R Devine, P Grieve, G Laker **Apologies**: Maggie Cunningham, Caroline Thompson, Christine Proudfoot, I Hayward, B Thomson (admin) ***Please note that co-pilot was used to assist in transcribing these minutes as a trial to improve meeting efficiency.***
1	**Previous Meeting Minutes** Previous minutes were approved without further amendment.
2	**Action Tracker** Action tracker amended and updated as appropriate.
3	**Feedback from Board** • **Financial Update and Risks:** Paul reported that Andrew Bone, Director of Finance, warned of the risk of the financial plan not being approved by the Scottish Government unless significant savings are achieved, with a new interim director post created to support delivery of savings and clinical strategy. • Paul informed the group a Director of Strategic Projects has been introduced on an interim basis to support the delivery of financial savings and efficiencies and the delivery of the clinical strategy. • **Nursing Workforce Recruitment:** Philip described successful recruitment efforts for newly qualified practitioners and international nurses, but highlighted ongoing deficits and attrition rates, emphasising the need for investment to offset vacancies and maintain service levels. • **Primary Care Funding Instability:** Robert explained that primary care funding is separate from the board and subject to instability, with uncertainty about resource shifts and the impact on services such as pharmacotherapy and CTAC, echoing Malcolm's concerns about resource allocation.
4	**Clinical Strategy Discussion** • **Operational-Led Implementation:** Paul noted that operational directors Gareth Clinkscale and Oliver Bennett are leading the implementation phase, with a focus on cost-neutral objectives for the current year, raising concerns about the lack of clinical engagement and future-oriented planning.

	• **Feedback and Frustrations:** Rebecca noted that her comments on embedding prevention were not incorporated, advocating for opt-out referrals and social prescribing, and questioned whether the forum could influence the strategy before finalisation. • **Pharmacy and Digital Strategy:** Malcolm discussed the inclusion of Hitman in the strategy and the need for pharmacy to support broader clinical objectives, while Rebecca and Martin emphasised the importance of prioritising digital transformation, noting delays due to national frameworks. • **Resource Shift and Invest-to-Save Approach:** Paul described a single-page template for advisory committees to highlight, escalate, or celebrate actions, aiming to formalise feedback and ensure transparency, with Robert endorsing its simplicity and clarity. • **Risks to Primary Care Services:** Robert highlighted the risk to PCIP and CTAC services due to funding losses, urging the need to communicate these risks to executives and ensure strategy deliverables are grounded in operational realities.
5	**NMAHP Strategy** **Strategy Scope and Objectives:** Paul explained that the strategy focuses on workforce development, skill set enhancement, advanced practice roles, wellbeing, and leadership development for nurses, midwives, and allied health professionals, aiming to support delivery of clinical strategy outcomes.
6	**Key Issues Report – Template for discussion/approval** Paul described a single-page template for advisory committees to highlight, escalate, or celebrate actions, aiming to formalise feedback and ensure transparency, with Robert endorsing its simplicity and clarity.
7	**AOB** NHS Board Papers were attached for noting.
Date and Time of Next Meeting: 11th June 2026, 12:30-13:30	

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**Whistleblowing Quarter 1 Report**
Responsible Executive/Non-Executive:	**A Keen, Director of People & Culture**
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 1 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 1 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

3 List of appendices

The following appendices are included with this report:

- Appendix No1: Whistleblowing Quarter 1 Report

Whistleblowing Performance Report

Quarter 1

1 April 2026 to 30 June 2026

Author: Iris Bishop, Board Secretary/INWO Liaison Officer

Contents Whistleblowing Concerns – Quarter 1

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 and formulate a systematised approach to sharing learning.
- In conjunction with our HR Department establish an investigators network, which will not only cover those who undertake whistleblowing investigations but anyone who could undertake an investigation.
- Continuous improvement of our processes based on learning and experience.
- Formulate meaningful training plans through our confidential contacts network.
- Provide performance reports to our Staff Governance Committee.
- For each complaint that is upheld or partially upheld formulate an action plan template to be put in place to address any shortcomings or apply any identified learning.

4. QUARTER 1 PERFORMANCE INFORMATION APRIL 2026 – JUNE 2026

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 1 period we have received 2 concerns at stage 2.

Case 1 commenced on 13.04.26.

Case 2 commenced on 13.11.24.

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

For the Quarter 1 period we have zero concerns closed at Stage 1 and zero 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 1 period there are zero concerns upheld, partially upheld or not upheld.

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

For the Quarter 1 period we have two ongoing concerns at Stage 2.

Case 1 commenced on 13.04.26 (75 working days to date). We now expect the report to be finalised by 5 August.

Case 2 commenced on 13.11.24 (424 days to date) and had been held in abeyance following INWO advice to allow HR processes to conclude, so there have been significant delays. Meetings have taken place between the whistleblower and their trade union representative and a way forward was agreed on 30.06.26. Answers are now awaited from the Trade Union so that the externally commissioned investigation team can commence their investigation.

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

For the Quarter 1 period we have two ongoing concerns at Stage 2.

5. CONCERNS WHERE AN EXTENSION WAS AUTHORISED

For the Quarter 1 period we have two ongoing concerns at Stage 2 and an extension to the timeline has been advised to the whistleblowers whilst the investigations are taking place.

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 1 period for Stage 1 or Stage 2 concerns from:-

22 GP Practices
19 Dental Practices
15 Optometry Practices
29 Community Pharmacies

7. HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)

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.

In total 0 returns were received for the Quarter 1 period for Stage 1 or Stage 2 concerns from the Health and Social Care Partnership (HSCP).

8. 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 zero anonymous concerns received during the Quarter 1 period.

9. 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. For each case that is upheld or partially upheld a documented action plan will be formulated to address any shortcomings or apply any identified learning.

10. 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.

11. STAFF TRAINING

To help staff, NHS Borders has developed a NHSB Raising Whistleblowing Concerns - Guide for Staff (2024), as well as a Whistleblowing Flowchart and “Whistleblowing - What do I need to know and do” presentation.

NHS Borders operates an approach where employees act as Confidential Contacts. The purpose of the Confidential Contact is to help people to judge whether their issue is just personal to them (and might constitute a grievance) or of interest to the wider general public. They support people and help them to navigate the recommended whistleblowing approach.

We also signpost our staff to the training available on Turas - National Whistleblowing Standards training on Turas as well as the Training available via INWO:-
Training
Guidance on the National Whistleblowing Standards
Guidance for people receiving concerns
Training materials for Confidential Contacts
Communications materials for NHS use
FAQs
Case study directory
Webinars
Annual reporting

We have updated our procedures and produced an updated SOP/Guidance for Investigators (internal and external) on the back of lessons learnt from a previous whistleblowing case.

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

Whistleblowing Training Compliance as at 31.03.2026

Staff Head Count	3142	3.92%
Staff Completed Training	123	
Line Manager Head Count	396	
Line Manager Completed Training	71	17.93%

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6th August 2026**
Title:	**Quarterly People Metrics Report**
Responsible Executive/Non-Executive:	**Avril Keen, Director of People and Culture**
Report Author:	**Claire Smith, Head of Workforce Planning, Systems and Analytics**

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Over the past year, the Monthly People Dashboards were developed to provide user friendly point in time People Analytics for service leads broken down by Organisational Hierarchy and Job Family. The dashboards include key HR metrics including WTE, Headcount, Absence, Unavailability and Recruitment Time to Hire. Progress towards the Appraisal target, eRostering Implementation, and no of open Employee Relations cases are also included at Business Unit level. This report provides a high-level overview by Business Unit.

2.2 Background

The monthly Power BI dashboard is now fully embedded across NHS Borders and accessed by service leads monthly. This has modernised the collation and presentation of our data, to enable a monthly snapshot of key metrics, improving efficiency and accessibility for service leads, with the ability to drill down to sub-department level. A summary report by business unit is attached for discussion.

2.3 Assessment

Over the last year the Staff Governance Committee reviewed the dashboard throughout its development and provided feedback on the content, layout, and usability and the dashboard has been updated to account for these changes, including adding absence hotspots by business unit.

People Monthly Dashboard

A separate People Trends dashboard was more recently made available to Board members capturing the same information at Division/Job Family levels, over a two-year period using Statistical Process Control (SPC) charts and is shown via the link below. This links to the wider organisational Integrated Performance Reports encompassing operational, financial, quality & safety and public health performance.

People Trends Dashboard

As these have now been embedded a report summarising data at business unit level is presented for discussion.

2.3.1 Quality/ Patient Care

Access to consistent key people metrics can support service leads to monitor and address potential challenges. The ability to monitor sickness absence, employee relations disputes, appraisals and vacancy lead in times are likely to positively impact on quality/patient care.

2.3.2 Workforce

Consistent monitoring, and positive progress related to People KPI's could have a positive impact on staff wellbeing. This may include higher levels of engagement, and enhanced patient safety with improved rostering practices, leading to better work life balance for staff with the ability to plan and book annual leave electronically.

2.3.3 Financial

The People Monthly dashboard, and People Trends dashboards will improve efficiency, reduce duplication, and support standardisation of reporting.

2.3.4 Risk Assessment/Management

Person dependency continues to be a risk, due to the current Power BI dashboard being developed and maintained by a mainly self-taught, part-time member of staff, alongside other workforce information responsibilities. Preparation of the data is still

largely manual due to an inability to secure direct connections to key databases, e.g. eESS, SSTS, Jobtrain before they are replaced as part of the business service programme to deliver a new integrated digital system to support HR, finance, payroll, and procurement.

Networking opportunities are developing with BI and Clinical Governance Teams, and capacity/person dependency will be explored as part of any future HR/OD Service Redesign.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because the trends dashboard is still in development. This is planned to be progressed within the next quarter.

2.3.6 Climate Change

Improved accessibility to interactive dashboards is likely to lead to a reduction in use of paper reports.

2.3.7 Other impacts

N/A

2.3.8 Communication, involvement, engagement and consultation

The dashboard is being promoted/demonstrated at relevant meetings to raise the profile and understanding of the new method of reporting.

2.3.9 Route to the Meeting

- Staff Governance Committee 30th July 2026

2.4 Recommendation

Board members are asked to discuss the report.

An assurance level of moderate assurance is suggested reflecting the improvements to systems and process related to workforce reporting, whilst recognising future developments still in progress.

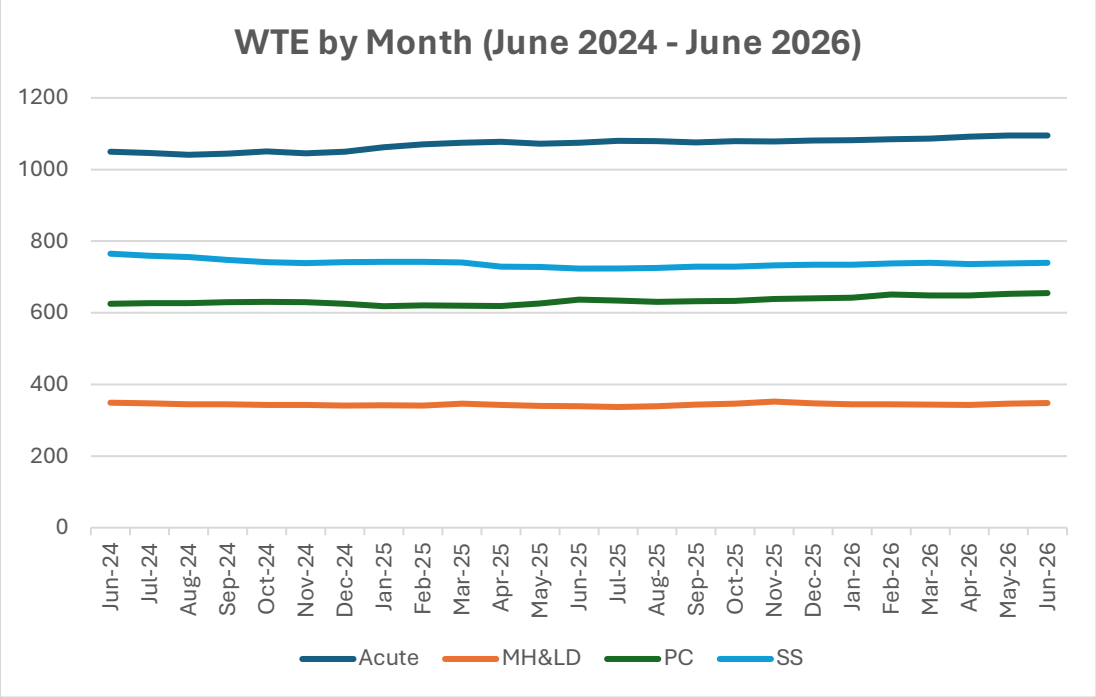
3 List of appendices

The following appendices are included with this report:

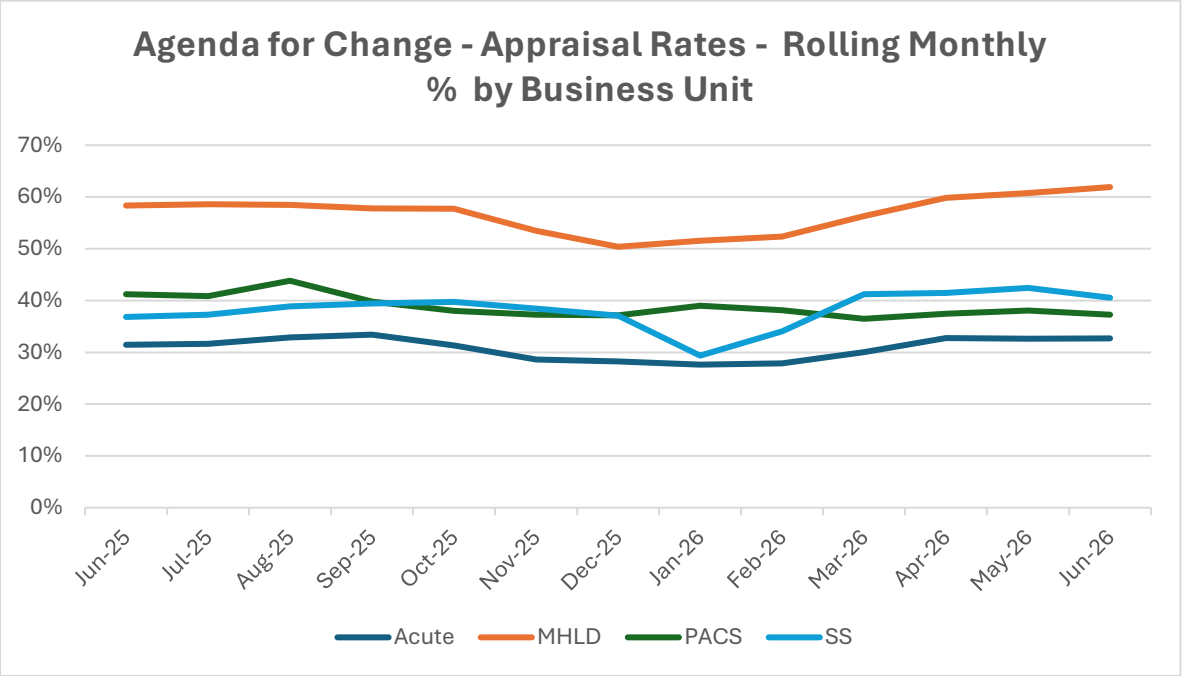
- Appendix No 1: Annual People Metrics report – July 2026

Quarterly People Metrics Report – June 2026

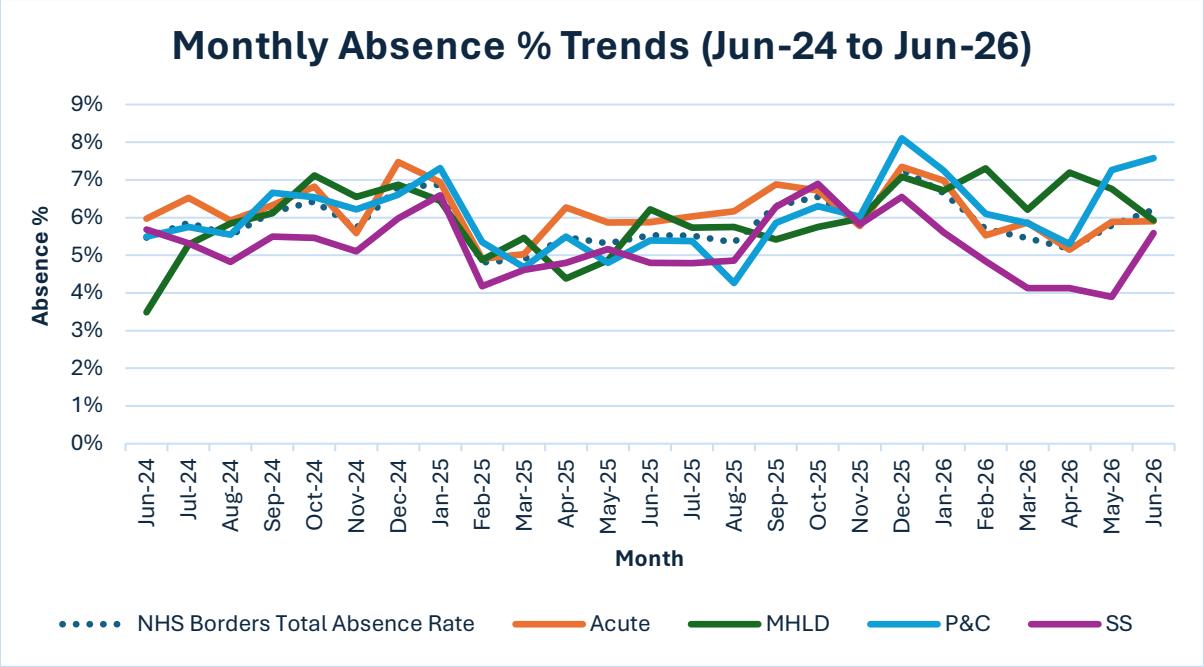
The following information has been primarily sourced from the People Dashboard and People Trends Dashboard, which have been developed over the past year to modernise and offer an accessible platform for Workforce Reporting within NHS Borders. The dashboards allow data to be analysed by Job Family, Directorate and Department level. This report presents key trends by Business Unit.



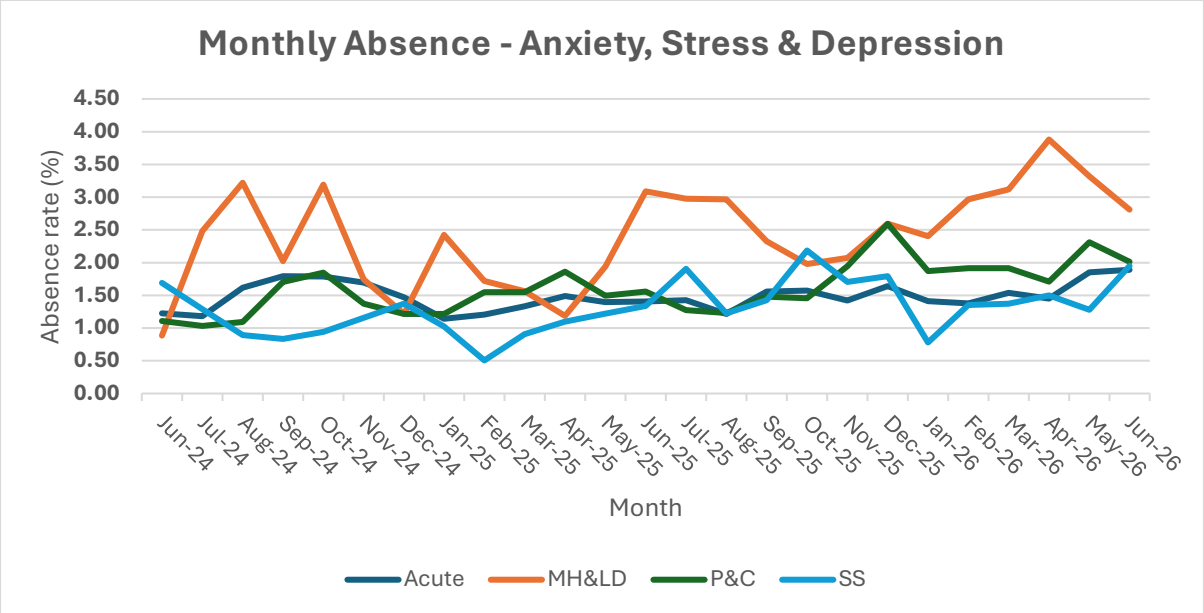
Acute WTE continues to show a gradual upward trend, which includes investment in services including Radiology, Margaret Kerr Unit, Emergency Department and Frailty Unit. Primary and Community services show some growth, including recruitment to the newly opened GP walk in clinic, whilst Mental Health & Learning Disabilities remains broadly stable. Support Services, which includes Corporate Services, and Estates and Facilities trends slightly downward.



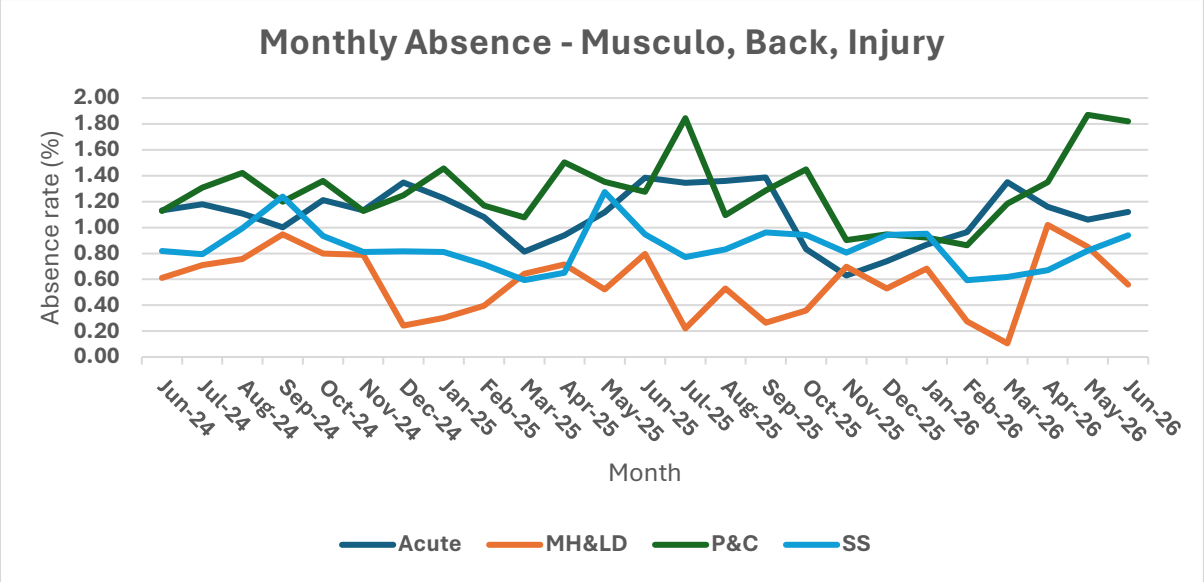
The Mental Health & Learning Disability Service regularly achieves higher rates of completed appraisals than other business units in NHS Borders, whereas Acute records the lowest overall performance. The Staff Governance Committee monitors appraisal rates and have highlighted a requirement for significant improvement in the coming year. All Business Units except for PACS show an improvement on the same point last year, however significant improvement in the coming months is required to reach the target goal of 80-100% (taking account for absence/maternity leave etc) across NHS Borders. Work is currently underway to incorporate Medical and Dental appraisal rates, where compliance rates are much closer to the target.



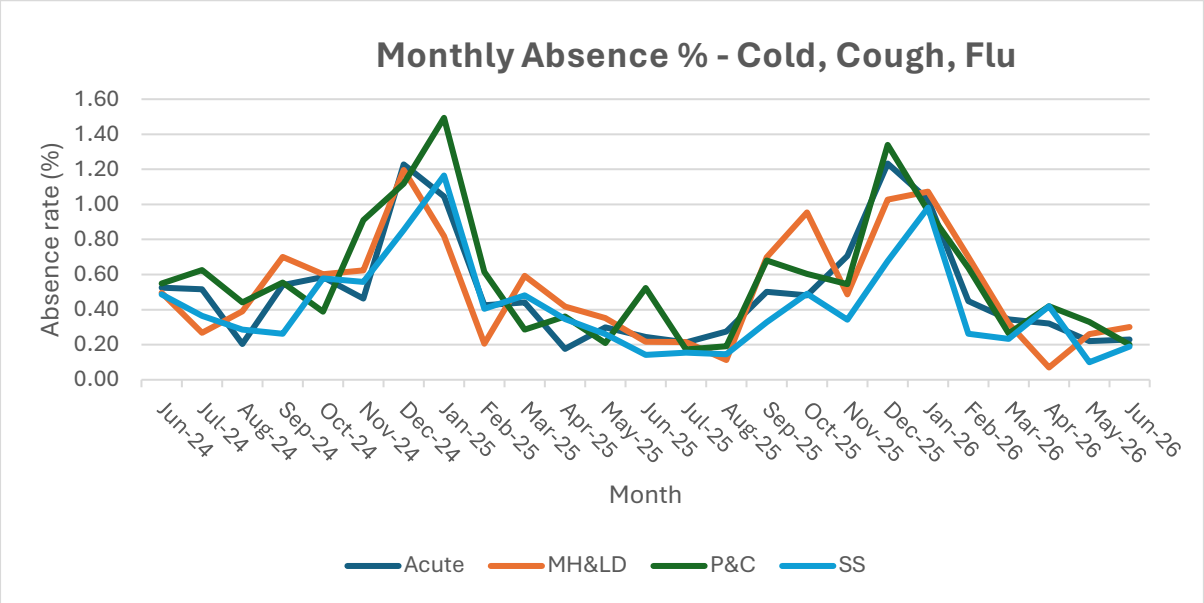
The total % Absence rate shows a clear seasonal pattern, with highest levels in autumn and winter and relative improvement in spring and early summer. Sickness absence rates have increased in May and June across all Business Units except Mental Health which has increased pressure on staffing coming into the summer holiday period. The average rate of Sickness Absence for the financial year 25-26 was 5.7%, comparing favourably against the NHS Scotland average of 6.39%.



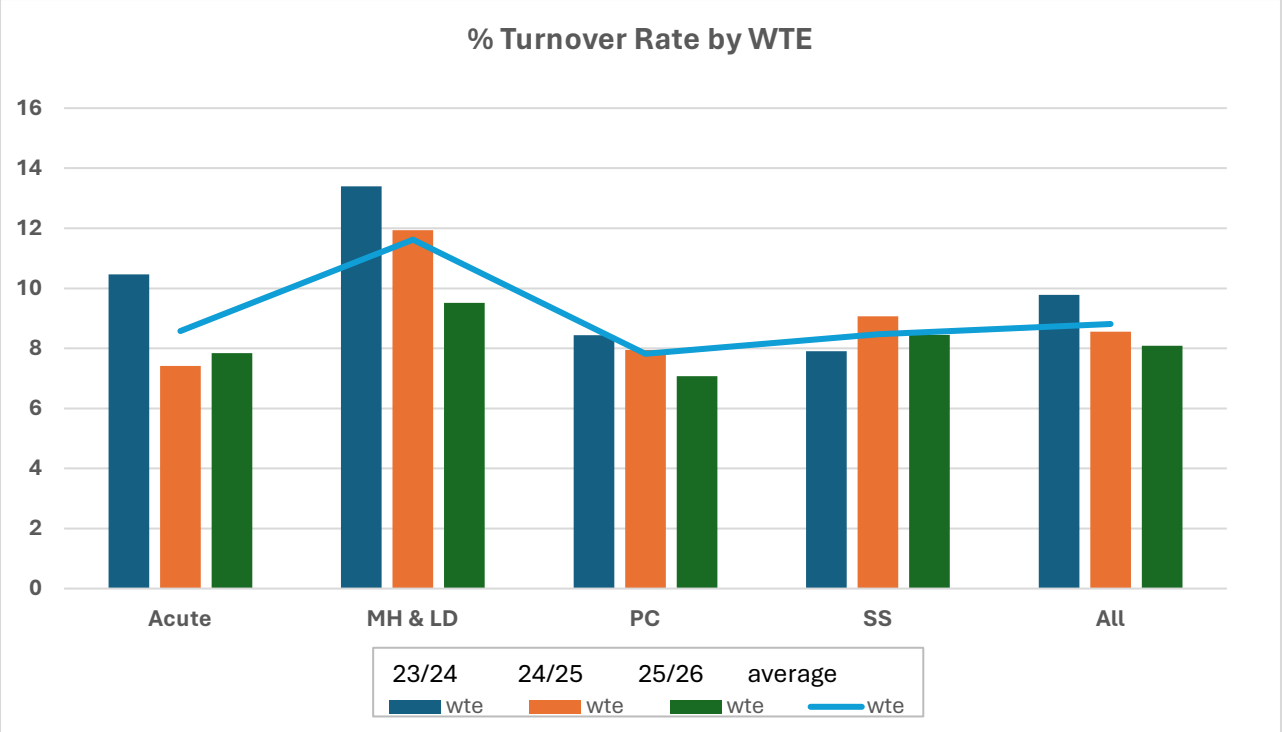
Anxiety, stress, and depression related illness has been the leading causes of sickness absence across all business units over the last two years, with employees in Mental Health & Learning Disabilities consistently experiencing the highest impact. This trend is likely to be linked to ongoing pressures, and recent events involved in caring for this patient group. Across May and June there has been a reduction, as staff have been supported back to work across MH&LD and PACS, however increases in Acute and Support Services are evident over the same period.



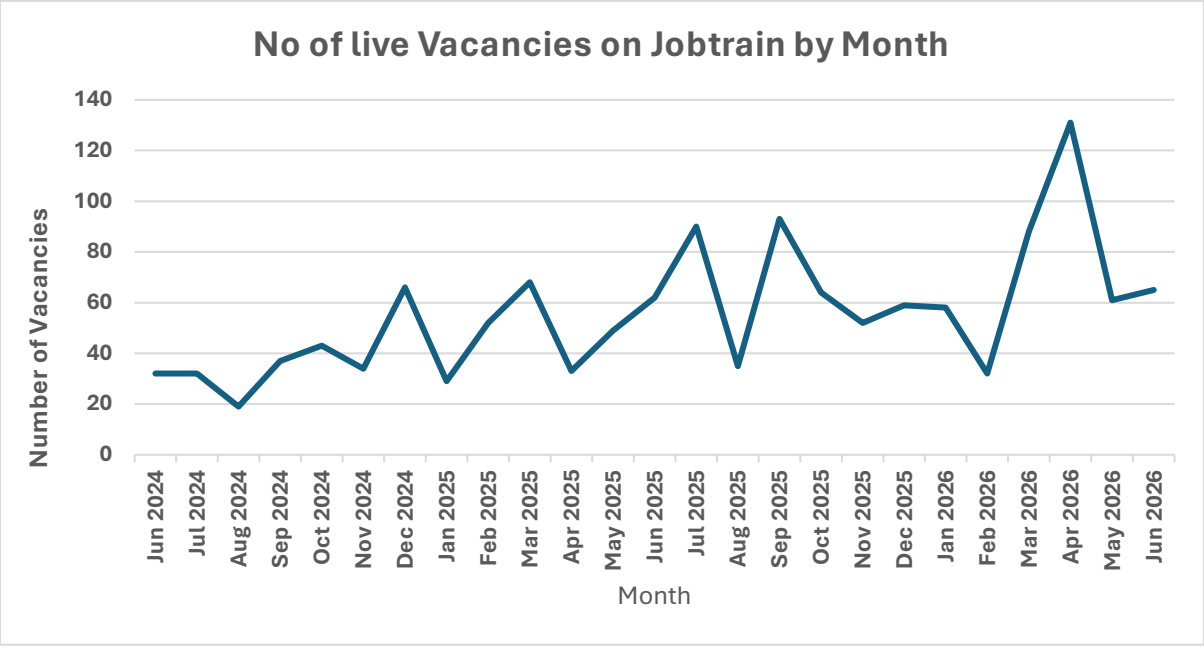
Primary and Community and Acute services exhibit the highest rates of musculoskeletal-related absences, suggesting increased risk exposure for staff working within these business units. A marked increase is evident across Primary and Community Services since April 2026.



Colds, coughs, and flu have been the third most common reason for employees taking sick leave recently, showing the usual rise during winter across all Business Units. This creates short-term challenges in the winter, especially as patient needs and admissions reach their peak.

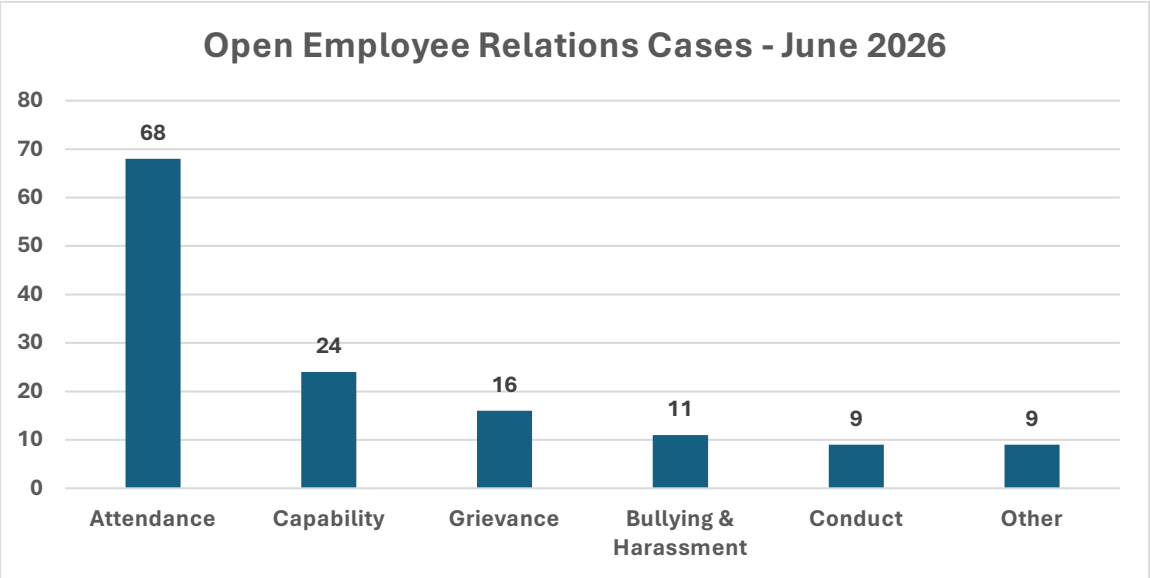


Turnover rates in clinical services have decreased over time, although Acute saw a small rise last year. The Mental Health and Learning Disability business unit has consistently experienced the highest turnover, partly because staff with mental health officer status often retire earlier than those in other groups.

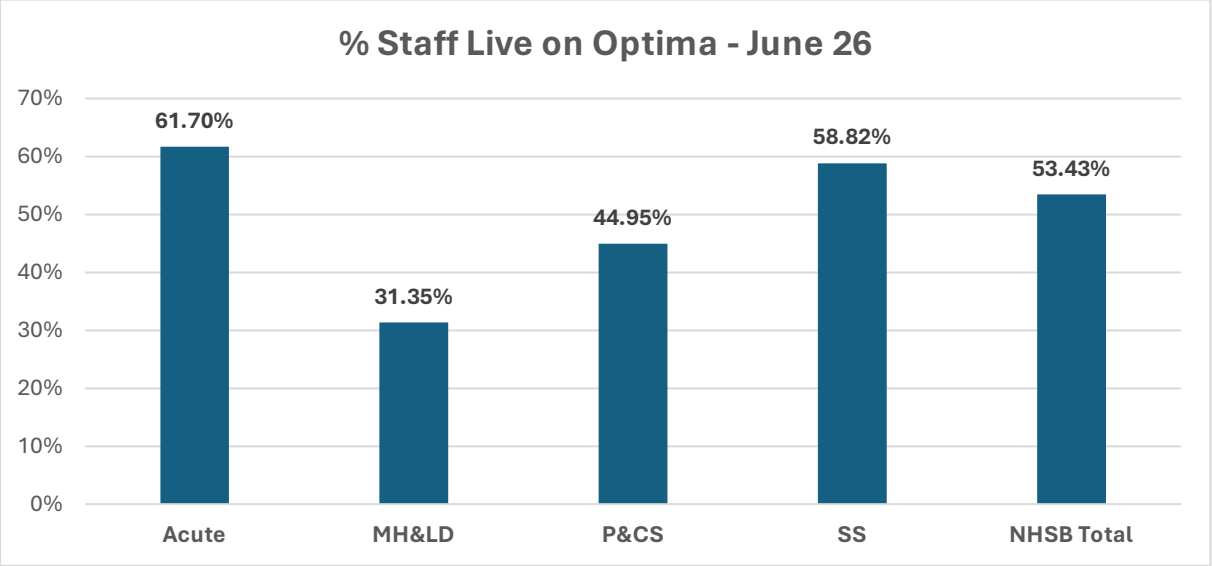


Vacancies recruited through Jobtrain have shown a consistent upward trend, with a significant peak in April 26. During this period, the East Region Recruitment Service (ERRS) experienced staffing challenges, leading to considerable recruitment delays, with posts taking longer than usual to be advertised. As staffing pressures were resolved across March and April, posts that had been delayed in previous months were released, contributing to the peak of vacancies in April.

Other factors include the recent International Recruitment campaign with 20 vacancies, and clinical and non-clinical posts associated with the GP walk in clinic in Hawick.



Attendance cases are consistently the most common Open ER cases in NHS Borders. Capability and grievance cases have increased in recent months, whilst other types have remained static. This indicates that risks related to employee relations tend to cluster around certain case types instead of being spread out evenly. The other category includes formal disputes related to the Job Planning process for Medical Staff.



Acute services are currently furthest ahead with adoption of Optima for online rostering, primarily because Nursing and Midwifery and Medical units have been prioritised for implementation. A project plan is in place, with a required 5% increase each month to guarantee full implementation by the national deadline in March 2028.

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**Nursing Workforce Sustainability**
Responsible Executive/Non-Executive:	**S Horan, Executive Director of Nursing, Midwifery and Allied Health Professions**
Report Author:	**M O'Reilly, Chief Nurse Clinical and Professional Development**

1 Purpose

This is presented to the Board for:

- Awareness
- Decision
- Discussion

This report relates to a:

- Emerging issue
- Legal requirement
- NHS Board/Integration Joint Board Strategy or Direction
- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Borders is facing a material nursing workforce sustainability risk that is already affecting service delivery. The September 2025 bed-based nursing review identified the combined impact of an ageing local population, rising care demand, reliance on surge beds, an ageing workforce and insufficient domestic student nurse supply. A further review in December 2025 broadened the analysis to include the whole-system

registered nurse and Band 4 workforce, confirming that the current workforce gap is significant and extends beyond bed-based services.

As of December 2025, the organisation recorded a current deficit of 39.70 whole time equivalent (WTE) registered nurses and Band 4 staff once new services are included. When acute surge beds and Blue Emergency Department demand are added, the gap increases to 58.1 WTE. This gap is being managed now through bank, agency and additional hours, which is not a sustainable operating model.

In January 2026, a paper was presented to the Delivery Group highlighting the significant workforce sustainability risk and seeking approval for immediate mitigation, including international recruitment, alongside ongoing monitoring through a refreshed workforce sustainability review in Quarter 4 of 2026/27.

Alongside international recruitment, NHS Borders has also progressed a wider programme of domestic workforce supply and employability activity. This includes close partnership working with local Higher Education Institution partners, Borders College, Edinburgh Napier University, Scottish Borders Council and local employability partners to strengthen widening access, grow the local registrant pipeline and support routes into healthcare employment.

2.2 Background

- The Scottish Borders population is ageing rapidly, with a projected increase of almost 30% in people aged over 75 by 2028, while the working-age population is reducing.
- NHS Borders operates 358 funded beds across Acute, Mental Health and Community Ward services. Acute care accounts for 61% of funded bed capacity and routinely relies on surge capacity, indicating demand above planned capacity.
- The September 2025 bed-based review projected more than 150 WTE nursing staff retirements across inpatient settings between 2026 and 2030, with the highest risks in Unscheduled Care, Planned Care and Mental Health.
- National domestic nursing supplies are constrained. Scotland has missed over 3,000 student nurse places since 2021, and the 2024 intake was 800 below target and increases to 1,063 in 2025. NHS Borders is particularly exposed because it relies heavily on local graduates and has limited external inflow.
- The December 2025 whole-system review extended the bed-based modelling across all health services, confirming that the workforce challenge extends beyond inpatient areas and is already affecting acute, primary, community and mental health services.
- In response, NHS Borders has implemented four additional widening access routes into undergraduate nursing over the last two years, in partnership with Borders College and Edinburgh Napier University. While these routes are not an immediate solution to the current deficit, they are expected to increase the local registrant pool over time and strengthen the sustainability of domestic nursing supply.
- A key element of this work is the planned regional delivery of the Edinburgh Napier University adult nursing programme from September 2027. Delivering the programme locally will reduce the need for students to travel to Lothian for the duration of their undergraduate programme, reducing financial and practical

barriers and making nursing study more accessible and attractive to local applicants.

2.3 Assessment

The September and December papers are consistent in their overall conclusion: current and projected workforce supply is insufficient to meet demand without decisive intervention. The December modelling strengthens the case by quantifying the current whole-system gap and testing future scenarios with and without mitigation.

Theme	September 2025 bed-based review	January 2026 whole-system update
Scope	Bed-based nursing services excluding midwifery and children's services.	Registered nurse and Band 4 workforce across NHS Borders, including new services, surge beds and Blue ED demand.
Current risk	Ageing workforce, surge bed reliance, projected retirements and fragile student pipeline.	Current deficit of 34.80 WTE, rising to 52.5 WTE when surge beds and Blue ED are included.
Forward projection	Over 150 WTE retirements projected between 2026 and 2030 in inpatient areas.	Do-nothing scenario projects deficit increasing from 52.5 WTE in 2025/26 to 227.4. WTE by 2030/31.
Mitigation	Recruitment, retention, education pathways, succession planning, workforce analytics and wellbeing.	Immediate international recruitment of 20 WTE, agency discussions and formal review in Q4 2026/27.

The current workforce figures reflect the inclusion of the reduced working week and therefore present the deficit position on that basis.

Key workforce metrics

Measure	Position
Current RN and Band 4 deficit, including new services	34.09 WTE
Deficit when surge beds and additional capacity ED demand are included	52.5 WTE
Average weekly bank contribution	28.4 WTE
Average weekly agency contribution	6.58 WTE
Non-contracted additional hours	Approximately 9 WTE
Staff aged 55 and over within RN and Band 4 workforce	142.88 WTE, 16.5% of staff in post
Projected do-nothing deficit by 2030/31	227.4.0 WTE
Projected deficit by 2030/31 with 20 WTE international recruitment	127.4 WTE
Projected position by 2030/31 with 50% retirement scenario and international recruitment	6.1 WTE surplus

The current modelling does not include CTAC (26.65 WTE) and PCIP (14.73 WTE) staff; inclusion of this workforce group would increase the identified deficit by a further 41.38 based on the current model.

2.3.1 Quality/ Patient Care

There is a direct link between workforce sustainability and safe, effective, and person-centred care. The current gap increases the risk of missed care, delayed care, reduced continuity, fatigue, reliance on temporary staffing, and use of staff outside their usual clinical area. Surge beds and boarding arrangements can fragment decision-making and affect the patient experience, particularly where patients are cared for in areas not designed or staffed for their specialty needs.

The proposed mitigations will support safer staffing, stabilise services, reduce avoidable reliance on temporary staffing, and improve clinical support for new recruits. However, the mitigations will not eliminate the risk without sustained action on domestic supply, retention, education pathways, and demand management.

The wider workforce plan also includes sustained action to grow local supply. NHS Borders has worked with Higher Education Institution partners to create additional widening access routes into undergraduate nursing and is progressing regional delivery of the adult nursing programme with Edinburgh Napier University from September 2027. This will support local access to nurse education, reduce travel-related barriers for students and improve the likelihood that future graduates remain within the Borders workforce.

2.3.2 Workforce

The workforce impact is significant. Existing gaps are being carried by substantive staff through additional hours, redeployment, and temporary staffing. This creates a risk of burnout, sickness absence, reduced morale, and further attrition. The age profile shows a material retirement risk, with the September review identifying more than 150 WTE projected retirements between 2026 and 2030 in bed-based settings and the January update demonstrating a widening whole-system deficit.

Domestic pipeline development is therefore central to the mitigation plan. Over the last two years, NHS Borders has implemented four additional widening access routes into undergraduate nursing in collaboration with Borders College and Edinburgh Napier University. While this will not resolve the immediate workforce gap, it is an important medium- to long-term intervention to increase the local registrant pool and reduce reliance on external recruitment over time.

It is also important to recognise that creating additional routes into undergraduate nursing may reduce the available non-registered workforce pool if existing healthcare support workers and other staff progress into registered nurse education. Programmes such as Bridge to Healthcare and wider employability pathways are therefore essential to mitigate this risk by supporting new entrants into NHS Borders and strengthening supply into both registered and non-registered roles.

2.3.3 Financial

In January 2026, approval was sought and granted to recruit 20 WTE international nurses during 2026/27 at an estimated non-recurring cost of £250,000. This investment is required to address the current workforce gap and reduce reliance on bank, agency and non-contracted additional hours to sustain services.

Although the recruitment will require upfront investment, it is expected to deliver financial benefit over time by reducing premium temporary staffing costs, improving workforce stability and continuity, and lowering the risk of service disruption. Financial impact and return on investment should be monitored through workforce governance and operational delivery routes.

2.3.4 Risk Assessment/Management

The key organisational risk is that NHS Borders is unable to maintain safe, sustainable staffing across core and surge services. This risk is heightened by demographic change, rural recruitment challenges, limited domestic graduate supply, current vacancies and projected retirement losses.

Risk	Mitigation
Current and projected workforce deficit	Approve targeted international recruitment; prioritise high-risk areas; strengthen workforce forecasting. Five internationally recruited nurses are currently confirmed to commence in September.
Reliance on temporary staffing and additional hours	Monitor bank, agency, redeployment and overtime; reduce reliance through substantive recruitment and retention.
Retirement-driven loss of expertise	Embed succession planning; accelerate development pathways; expand mentorship and preceptorship.
Fragile domestic pipeline	Strengthen partnerships with education providers, schools and colleges; grow HCSW-to-RN and earn-as-you-learn pathways. Several vacancies are expected to be offset by the projected newly qualified staff commencing in September, currently estimated at 30.84 WTE.
New recruits not retained	Provide educator support, structured induction, pastoral support, career development and wellbeing interventions.

2.3.5 Equality and Diversity, including health inequalities

A full impact assessment has not yet been completed because the immediate decision relates to workforce mitigation and stabilisation. An Equality Impact Assessment should be completed as implementation progresses, particularly for international recruitment, employability pathways and any changes to deployment or models of care.

The proposals may have a positive equality and health inequalities impact by supporting service continuity for rural communities, improving access to care and strengthening local career pathways. Workforce plans should consider fair access to development opportunities for existing staff, support for internationally recruited staff

and the potential impact of rural transport and housing barriers on recruitment and retention.

NHS Borders is also working with Scottish Borders Council and local employability partners through No One Left Behind to support access to employment for people who may otherwise face barriers to entering the workforce. Between late 2025 and 2026, two Bridge to Healthcare cohorts were delivered. The programme aims to reduce child poverty, widen access to employment and support participants into healthcare and non-healthcare roles within NHS Borders.

In May 2026, further No One Left Behind funding was secured to support a third Bridge to Healthcare cohort commencing in August 2026, with increased cohort numbers. NHS Borders has also applied to the Scottish Government employability fund to further support the programme and enable candidates to undertake an extended placement from eight weeks to six months, increasing their opportunity to secure sustained employment within the Borders.

2.3.6 Climate Change

No material direct climate impact has been identified at this stage.

2.3.7 Other impacts

Other impacts include housing, transport, digital workforce analytics, education capacity and partnership working with schools, colleges, universities, local authority colleagues and national workforce planning bodies. These interdependencies are particularly important in a remote and rural board where workforce supply is shaped by local infrastructure and community factors.

The partnership activity with Borders College, Edinburgh Napier University, Scottish Borders Council and employability partners is a significant component of the overall workforce sustainability response. It demonstrates that mitigation is not limited to international recruitment, but also includes targeted local action to widen access, reduce poverty-related barriers, support employability and build a more sustainable local workforce pipeline.

2.3.8 Communication, involvement, engagement and consultation

The workforce analysis has been developed through operational and professional workforce review routes and reflects engagement with nursing, workforce planning, finance, education and operational leadership colleagues. Further engagement will be required with staff-side representatives, service leadership teams, education partners and recruitment agencies as implementation plans are developed.

The paper also reflects active engagement with external partners to strengthen the local workforce pipeline, including Borders College, Edinburgh Napier University, Scottish Borders Council, local employability partners and Scottish Government employability funding routes.

- Operational and professional nursing workforce review, September 2025 to January 2026.

- NHS Borders Delivery Group consideration of workforce sustainability recommendations, January 2026.
- Further engagement required with staff-side, Human Resources, Finance, Clinical and Professional Development, operational services, Higher Education Institutions and Borders College.
- Partnership development with Borders College and Edinburgh Napier University to support widening access and planned regional delivery of the adult nursing programme from September 2027.
- Ongoing collaboration with Scottish Borders Council and local employability partners through No One Left Behind and Bridge to Healthcare to support employability, reduce barriers to work and increase local recruitment into NHS Borders.

2.3.9 Route to the Meeting

This paper has been informed by the September 2025 Nursing Workforce Sustainability Review and the January 2026 Delivery Group workforce paper. It should proceed through the relevant executive governance route prior to presentation to the Borders NHS Board.

- NHS Borders Board Executive Team Meeting October 2025.
- NHS Borders Delivery Group workforce sustainability paper, November 2025 January 2026.
- Executive Team and/or relevant governance committee route to be confirmed before Board submission.

2.4 Recommendation

The Board is asked to note the current and projected nursing workforce sustainability risk, recognise the breadth of mitigation already underway, and discuss the ongoing assurance required to monitor delivery, impact and residual risk.

The **BOARD** is asked to:

- **Note** that approval was sought and granted in January 2026 to recruit 20 WTE international nurses during 2026/27 at an estimated non-recurring cost of £250,000, as an immediate mitigation to the current workforce gap.
- **Recognise** that international recruitment is only one part of the workforce sustainability response and that sustained action is also required across domestic supply, widening access, employability, retention and workforce planning.
- **Note** the wider domestic pipeline and employability work underway, including four additional widening access routes into undergraduate nursing, planned regional delivery of the Edinburgh Napier University adult nursing programme from September 2027, and continued development of Bridge to Healthcare through No One Left Behind, The King's Trust and Scottish Government employability funding routes.
- **Note** the wider domestic pipeline and employability work underway, including four additional widening access routes into undergraduate nursing, planned regional delivery of the Edinburgh Napier University adult nursing programme from September 2027, and continued development of Bridge to Healthcare

through No One Left Behind and Scottish Government employability funding routes.

- **Recognise** that widening access routes into undergraduate nursing may reduce the non-registered workforce pool in the short to medium term, and that Bridge to Healthcare and wider employability programmes are critical mitigations to support continued supply into non-registered roles.
- **Request** a further updated workforce sustainability paper in Quarter 4 of 2026/27 to review delivery progress, test whether projections remain valid, assess the impact of current mitigations and identify any further action required.
- **Require** ongoing assurance on workforce risk, including establishment versus staff in post, bank and agency reliance, redeployment, additional hours, sickness absence, turnover, international recruitment progress, retention, student-to-employment conversion and the impact on the non-registered workforce.

Suggested assurance level

Limited Assurance. The Board can take assurance that the workforce sustainability risk has been clearly identified, is supported by workforce modelling, and that a range of mitigation actions are already underway. These include international recruitment, widening access to undergraduate nursing, regional education delivery, employability pathways and ongoing workforce monitoring. However, assurance remains limited because the current workforce gap is significant, several mitigations will take time to deliver measurable impact, and residual risk remains in relation to recruitment, retention, domestic supply, temporary staffing reliance and the non-registered workforce pipeline.

Assurance split:

- **Systems and processes: Moderate Assurance.** Workforce modelling, governance routes, professional oversight and mitigation plans are in place or progressing, providing a structured approach to identifying and managing the risk.
- **Outcomes: Limited Assurance.** Current staffing outcomes remain fragile, with a material workforce gap when surge and Blue Emergency Department demand are included. The impact of agreed mitigations has not yet been fully realised, and further assurance will be required through ongoing monitoring and future Board reporting.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1: NHSB Bed-Based Nursing Workforce Sustainability Review, September 2025.
- Appendix No 2: Delivery Group Paper: Workforce Sustainability Recommendations, January 2026

NHSB Bed-Based Nursing Workforce Sustainability Review

Prepared by:

Michelle O'Reilly
Chief Nurse Clinical & Professional Development

Report Completed:
September 2025

Contents

Executive Summary

NHS Borders Nursing Workforce Sustainability Review (2025) presents a critical analysis of current and projected nursing workforce challenges across bed-based services. It highlights the urgent need for strategic planning to address demographic shifts, rising care demands, and projected workforce attrition.

Key Findings

Demographic Pressures

- The Scottish Borders is ageing rapidly, with a projected 30% increase in the over-75 population by 2028.
- The working-age population is shrinking, particularly among those aged 25–44, due to outmigration and low retention.
- Rurality compounds challenges, with limited transport, rising housing costs, and recruitment barriers.

Bed-Based Model Strain

- NHS Borders operates 358 funded beds, with acute care consuming 61% of capacity.
- Surge beds are routinely activated, indicating chronic overcapacity and operational strain.
- Discharge delays, legal processes, and staffing shortages compromise care quality and sustainability.

Workforce Ageing and Retirement Risk

- NHS Borders staff aged 55+ will increase by 43.8% by 2030, with over 150 Whole Time Equivalent (WTE) retirements projected between 2026–2030.
- Mental Health and Unscheduled Care are most vulnerable, with high proportions of staff nearing retirement.
- Planned Care faces the potential highest single-year Registered Nurse (RN) retirement in 2026 (9.78 WTE).

Recruitment and Student Pipeline Challenges

- Scotland has missed over 2,400 student nurse places since 2021; 2024 intake was 800 below target.
- NHS Borders relies heavily on local graduates, with limited success attracting external candidates.
- Predicted graduate numbers fall short of offsetting retirements and attrition, creating a widening deficit.

Service-Specific Risks

- Mental Health: Dual loss of Registered Mental Nurses (RMN) and Healthcare Support Workers (HCSWs) threatens service continuity.
- Community Wards: Steady attrition requires sustained recruitment to maintain care standards.
- Planned Care: Faces acute retirement risk, demanding aggressive succession planning.
- Unscheduled Care: Largest workforce losses, with high RN retirement rates and oldest staff profile.

Recommendations

Recommendations have been proposed relating to immediate priorities, long-term priorities and the wider context of education, development and staff support.

Introduction

Purpose

The purpose of this Nursing Workforce Sustainability Review is to assess the current and future state of nursing staffing across all bed-based areas across NHS Borders. Given the declining number of nursing students, the ageing workforce, our local population demographic and impending retirements over the next three years, the outcome from this review will inform our next steps. This review aims to establish the extent of potential staffing shortages and their impact on service delivery. By identifying the most vulnerable areas, the organisation can develop proactive strategies to mitigate workforce risks and ensure the continued delivery of high-quality, safe patient care.

Scope

This review will encompass all bed-based nursing services across the organisation excluding midwifery and children's services, evaluating both current and projected workforce trends. Key considerations include:

- The geographical distribution of workforce challenges and potential staffing disparities.
- Current staffing levels and skills mix across all bed-based areas.
- Projected workforce attrition due to retirements and other factors over the next three years.
- Recruitment and retention trends, including student pipeline analysis and new hire rates.
- The impact of staffing shortages on patient care quality, safety, and operational efficiency.
- The effectiveness of current workforce planning and strategies for sustainability.

Objectives

1. Assess Workforce Sustainability Risks: Identify and quantify potential nursing workforce shortages due to demographic trends, recruitment shortfalls, and attrition.
2. Identify High-Pressure Areas: Determine which bed-based services will experience the most significant staffing pressures and require urgent intervention.
3. Evaluate Recruitment and Retention Challenges: analyse student intake rates, career progression, and attrition data to understand barriers to workforce growth.
4. Develop Forecasting Models: Use workforce data to predict future staffing needs and identify the critical timeframes for action.
5. Inform Strategic Workforce Planning: Provide evidence-based recommendations to support sustainable staffing strategies, including training, recruitment initiatives, and retention programs.
6. Ensure Service Continuity: Develop contingency plans to maintain safe and effective patient care despite workforce fluctuations.

1. Population Context

In 2021, the population of the Scottish Borders reached 116,020, a modest increase of 0.7% from 115,240 in 2020. While this may seem incremental, it surpasses the national growth rate for Scotland, which was just 0.3% over the same period. What makes this growth particularly significant is the context. The Scottish Borders is one of 32 local authority areas in Scotland with a comparable population size, yet it spans a vast geographical area of 1,827 square miles (4,732 km²) - making it the 6th largest council area by landmass. This has direct implications for service delivery, infrastructure planning, and accessibility.

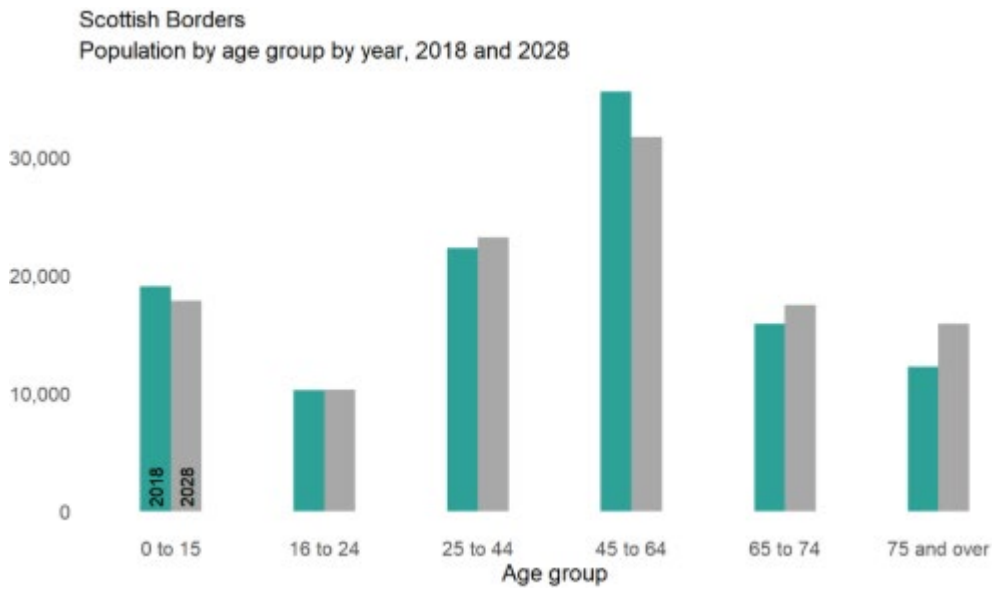
1.1 Population Size: An Increasing Population

Over the longer term, from 2001 to 2021, the region's population increased by 8.5%, outpacing the national growth of 8.2%. This faster-than-average growth highlights a steady demographic shift in a largely rural setting.

1.2 Population Change: A Region Growing Older, Not Younger

The age profile of the population is also changing in ways that will have lasting impacts, see Figure 1.

Figure 1: Bar chart - Population by age group by year 2018 and 2028

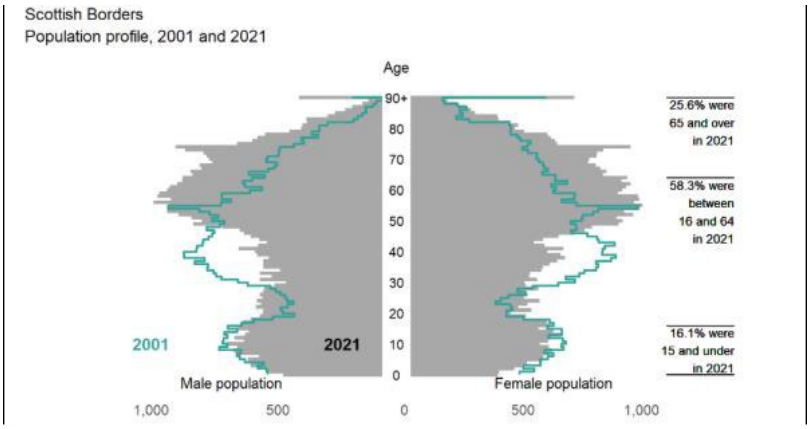


Projections indicate:

- A decline in the number of children,
- A modest increase in younger working-age adults,
- A slight drop in older working-age groups, and
- A notable rise in the number of pensioners, especially those aged 75 and over.

The Scottish Borders is facing a stark demographic transformation that poses significant challenges to future workforce supply and public service delivery. As shown in Figure 2 below, the age- gender profile of the population in 2021 (grey shaded area) reveals an older and ageing region compared with 10 years ago (green outline). While the overall population increased slightly from 115,240 in 2020 to 116,020 in 2021 (+0.7%), this growth masks a deeply unbalanced age distribution.

Figure 2: Spine Chart – Age-gender profile of population 2001 - 2021



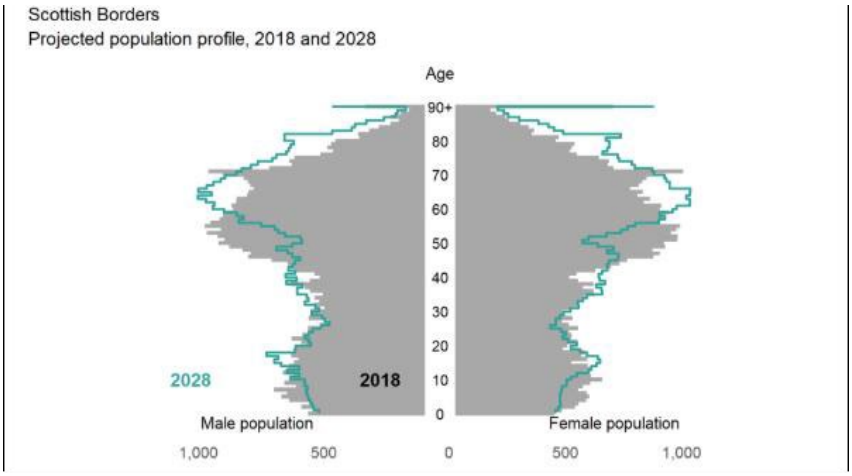
Critically, the 16–24 age group is now the smallest, with only 10,077 individuals in 2021. The 25–44 age group has declined by 22.9% between 2001 and 2021. This dramatic loss of younger working-age adults is largely due to outmigration for education and employment, with many not returning. In contrast, the 45–64 age group is now the largest, likely due to individuals relocating for lifestyle reasons later in their careers.

While the number of older adults naturally tapers off, the data shows a reduced rate of decline, indicating increased longevity. The 65–74 age group increased by 52.8% over two decades, a remarkable increase. Most notably, the over-75 population is rising rapidly, a trend reflected across Scotland but more acute in rural areas like the Borders. This ageing trend will place considerable pressure on health and social care systems for the next 15–20 years.

1.3 Population Change: Workforce Gap Set to Widen

Looking forward, the Scottish Borders is projected to see only 1.0% population growth between 2018 and 2028. The spine chart below shows the age-sex population distribution in 2018 (shaded area) and the projected population estimates for ten years into the future (blue line).

Figure 3: Spine Chart - Projected Population Profile 2018 and 2028

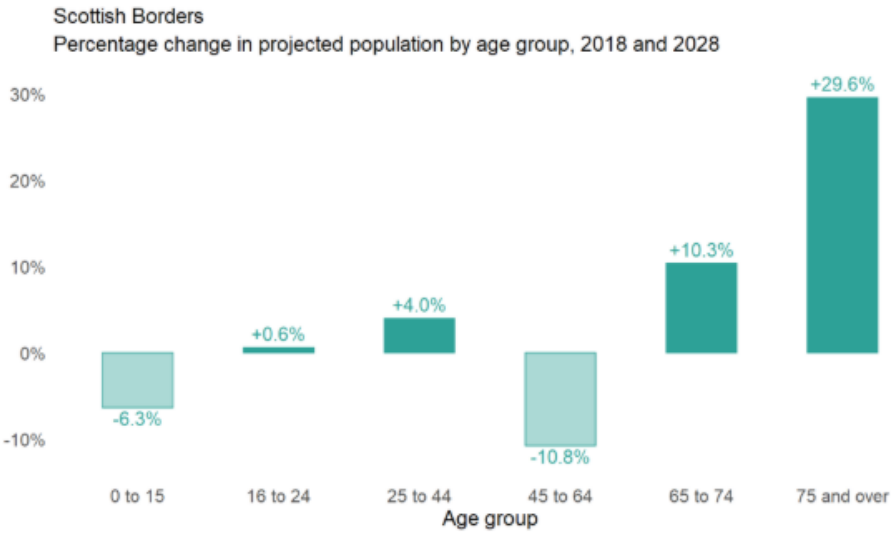


As seen in Figure 3 (2018 shaded area vs. 2028 blue line), the population will skew even older in the next decade:

- Significant increases in over-60s, particularly those aged 85 and above.
- Decline in the number of births as more people pass childbearing age.
- A temporary "mini boom" in school leavers due to a spike in births around 2008, presenting a key opportunity to retain more young people locally through targeted economic and educational incentives.

The overall trend is clear: the working-age population is contracting, particularly among those aged 45–64, a demographic that is expected to decline most significantly. This is highlighted in Figure 4, where pale bars indicate shrinking age groups and darker bars reflect growth, with the over-75 population increasing by nearly 30% between 2018 and 2028.

Figure 4. Bar Chart - Percentage change in Projected Population between 2018 and 2028.



1.4 Consequences: Ageing Population Meets Shrinking Workforce

The Scottish Borders faces a growing mismatch between rising care demand and declining workforce supply. With 25.2% of the population over 65, well above the national average, health and social care services are under increasing pressure, especially for chronic and out-of-hours care.

At the same time, a shrinking pool of working-age residents and rising clinical staff retirements threaten workforce sustainability. Rural challenges, like geographic isolation and limited training pipelines, further complicate recruitment and retention. Service models such as 7-day care and expanded advanced roles (e.g., ANPs, specialist nurses) require significant staffing increases. National modelling suggests a 15–20% uplift for consistent 7-day coverage, plus a 2.7% rise from the Reduced Working Week in areas with fixed shift patterns particularly in 24/7 services where adjustments to shift times are constrained.

1.5 Rurality and Infrastructure: Compounding the Workforce Challenge

The rural nature of the Scottish Borders further complicates workforce planning. Covering 1,827

square miles, the region has limited public transport, with bus routes and schedules not always aligning with shift times, especially for those living outside central towns.

There are growing housing pressures, with average house prices increasing by 26% between 2019/20 and 2022/23, from £176,841 to £222,875. Private rents increased by 33% between 2020/21 and 2023/24, with 3-bedroom homes rising from £674 to £863 per month. This poses challenges for new recruits, particularly international staff or younger professionals seeking affordable accommodation.

1.6 Implications for Strategy: Urgent Action Required

These population shifts suggest mounting pressure on health and social care services, a potential workforce imbalance, and the need to support an ageing population across a large, sparsely populated region.

The Scottish Borders is at a demographic crossroads. The region is ageing faster than the rest of the country, and the decline in working-age residents is accelerating. This is not just a workforce issue, it is a system-wide challenge that affects healthcare, education, housing, transport, and the local economy.

1.7 Implications for Nursing

According to recent reports, over 75% of care providers in Scotland struggle to fill nursing vacancies, and nearly 70% of nurses exit within their first five years.

As we examine the broader demographic trends and their impact on service delivery, it becomes clear that the challenges posed by an ageing population and shrinking workforce directly affect NHS Borders' capacity to meet increasing demand. The region's ageing population is driving up demand for complex care, while the supply of qualified nurses is shrinking due to retirement, recruitment challenges, and limited training pipelines.

The recruitment of 67 international nurses helped reduce NHS Borders' vacancies, but retention can be difficult, particularly for:

- Newly qualified staff without ties to the region,
- Spouses of international recruits who may struggle to find employment,
- Staff who are seeking broader clinical experience or career progression opportunities, often available only in larger, urban hospitals, may face challenges in the region.

1.8 Conclusion

The Scottish Borders faces the risk of being unable to sustain essential services. There is a risk the gap between population needs and available care will become unmanageable. To mitigate the risk, urgent action is needed to stabilise and grow the nursing workforce, grow your own initiative, career development, and international recruitment. There is a need for targeted investment, strategic workforce planning and efforts to attract and retain working-age individuals.

2. Bed-Based Model

The changing population raises the question of how our bed-based model is structured to address growing pressures and ensure sustainable care delivery across all sectors.

2.1 Bed numbers and pressure points

NHS Borders currently operates a total of 358 funded beds across Acute, Mental Health (MH), and Community Ward (CW) areas. The acute sector holds the largest proportion of total bed capacity at 61%, followed by community wards at 26%, and mental health services at 13%. In addition to standard capacity, the acute sector is reliant on 22 surge beds (Medical Assessment Unit (MAU) – 7, Ward 7 – 7, Ward 14 – 6, Borders Stroke Unit (BSU)/Margaret Kerr Unit (MKU) – 2), with further surge beds open in CW. Additional pressure points include Blue Emergency Department (ED), which can accommodate up to 12 extra beds, and annex spaces across Ward 7/9 and Ward 8, which operate on a variable activation basis, contributing up to 10 beds when operational. This reliance on surge capacity highlights that routine demand frequently exceeds baseline provision, creating persistent operational challenges across the system.

Compounding these pressures are delays in patient discharge, driven primarily but not exclusively by constraints in social care capacity. A significant proportion of patients remain in hospital settings while awaiting appropriate community placements or care packages. These delays are further exacerbated by legal processes, such as Adults with Incapacity (AWI), guardianship applications, which are increasingly common in an ageing population and often subject to lengthy procedural timelines.

There are capacity pressures and operational strain, which creates the risk of compromises in the quality of care due to suboptimal locations, staffing shortages, and equipment limitations.

2.2 Implications of Surge Bed Usage

The implications of using unfunded surge beds are:

- Capacity Pressure: Use of regular surge beds suggests routine demand exceeds planned capacity.
- Operational Strain: Surge beds often require quick activation, possibly leading to staffing and equipment shortfalls.
- System bottlenecks, such as delays in patient transfers and discharges, are at risk due to bed blocking.
- Quality of Care: Care delivery in surge areas can be compromised due to:
    - Suboptimal locations (e.g. repurposed areas).
    - Boarding patients—placing them in wards outside their specialty—further fragments clinical decision-making. Staff unfamiliar with the patient's condition or care pathway may struggle to coordinate timely interventions, leading to delays, duplication, or omissions in care.
- Sustainability: Prolonged use is not sustainable without system-wide impact operational, financial, and staffing challenges.

2.3 Staffing and Resource Impact:

Surge beds operate without recurrent funding, creating a fragile and unsustainable model that exposes services to financial uncertainty and disrupts strategic planning for staffing, resource allocation, and long-term capacity. Their ad hoc activation, often lacking dedicated funding or permanent staff, leads to operational instability and increased financial strain due to the reliance on

temporary staff and urgent resource procurement. These beds are frequently staffed by redeployed or bank staff who may lack the specialised skills needed for high-acuity patients, heightening clinical risk, missed care, and reduced patient safety. This unpredictability undermines workforce planning, increases dependence on agency staff, and contributes to fatigue, burnout, low morale, and absenteeism. Over time, these pressures erode team cohesion and continuity of care, compromising both service quality and staff wellbeing.

2.4 Demand

Acute care demand is expected to continue exceeding normal capacity, especially during winter pressures, public health emergencies, or delays in elective care. CW may experience rising demand due to overflow from acute care and increasing complexity in community-based care.

Planned improvements in non–bed-based models of care, such as virtual wards, hospital-at-home services, and enhanced community pathways, are essential. However, these models require dedicated staffing and clinical oversight, which introduces additional pressure on an already stretched workforce.

2.5 Conclusion

Bed capacity pressures and reliance on surge beds, create a risk of significant service disruption, especially during peak demand periods. To mitigate the risks, there is a need for coordinated action, urgent operational changes and a long-term workforce strategy.

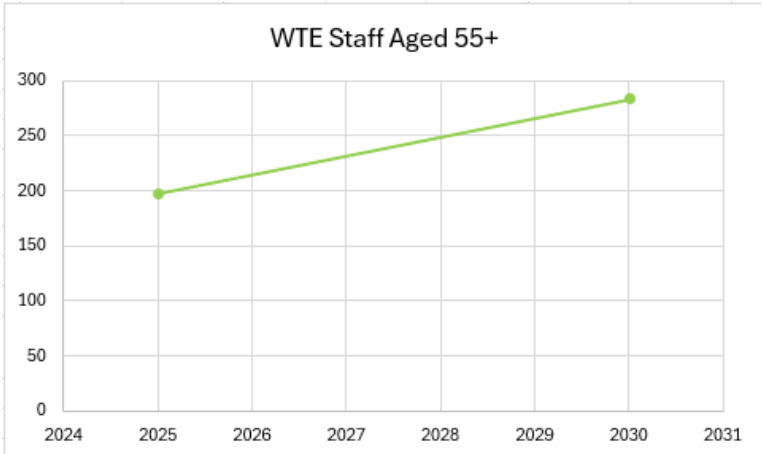
3. Workforce Age and Retirement Projections

In order to identify the potential staff pressures, an understanding of our current workforce is required. There is a need to review the workforce age profile, retirement risk and areas most affected.

3.1 Workforce Age Profile

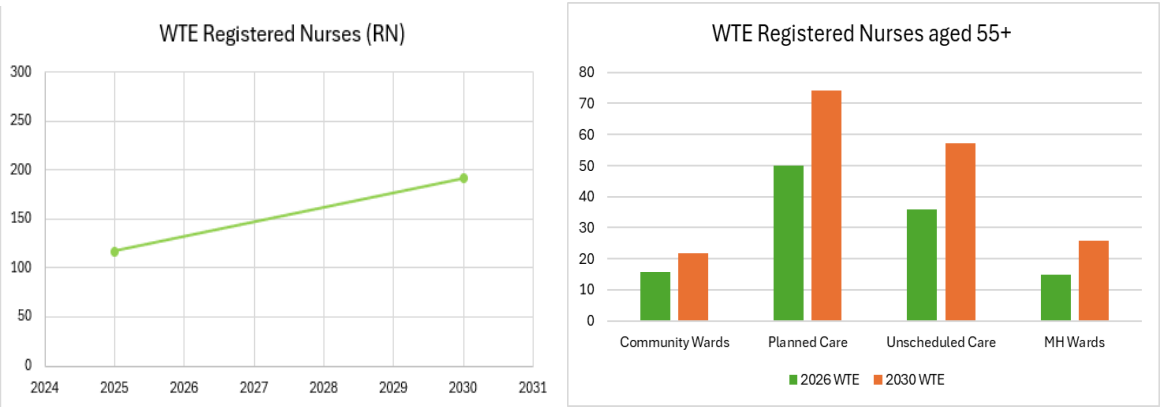
Between 2025 and 2030, there is a projected 43.8% increase in nursing staff aged 55+ (See Figure 5) from 197.61 to 284.28 WTE by 2030 (See Appendix 1 for detail).

Figure 5. Aged 55+ Nursing Age Profile across Bed based Model



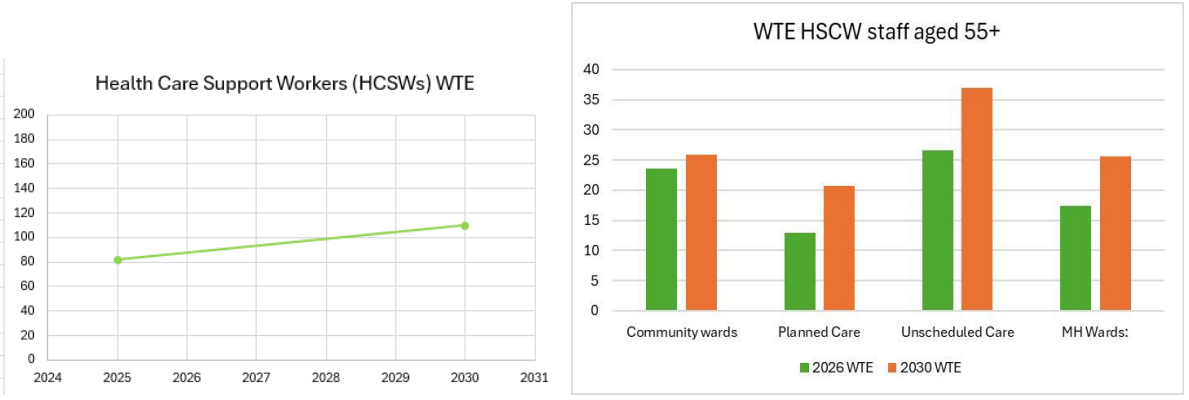
The registered nursing population aged 55+ is projected to rise from 115.75 WTE to 191.63 WTE in 2030, see Figure 6. Between 2026 and 2030, the ageing RN workforce is set to rise sharply across all care settings, most notably in MH Wards (↑72.9%) and Unscheduled Care (↑58.5%).

Figure 6: Registered Nurses Aged 55+ with Area-specific growth



HCSW's population aged 55+ is projected to increase from 81.86 WTE to 109.04 WTE in 2030, see Figure 7. The most significant increases in Planned Care (↑60.4%), MH Wards (↑47.4%), and Unscheduled Care (↑38.9%).

Figure 7: Health Care Support Workers (HCSWs) aged 55+ with Area-specific growth



Key findings:

- All service areas show rising age profiles, with Planned and Unscheduled Care most at risk: In Unscheduled Care, by 2030, 58.5% of RNs and 38.9% of HCSWs will be aged 55+.
- MH wards face the greatest vulnerability, with 72.9% of Register Mental Health Nurses (RMN) and 47.4% of HCSWs nearing retirement age.
- CW shows a slower ageing trend, but risks remain, particularly for HCSWs, where succession pipelines may be weak.

3.2 Retirement Projections

Retirement projections, based on observed leaver trends, are expecting over 150 WTE staff retirements between 2026 and 2030. See Table 1 and Appendix 2 for more details.

Table 1: Projected Retirements per area

Year	Total Projected Retirements 2026-2030
Community Hospitals	20.78 WTE
MH Wards	28.34 WTE
Planned Care	49.73 WTE
Unscheduled Care	61.31 WTE
Grand Total	157.05 WTE

Key findings:

- Staff aged 55+ are retiring at a steady rate of 30–32 WTE annually between 2026 and 2030.
- Staff aged 65+ are retiring at an accelerating rate with a predicted surge in retirements by 2030, this reflects delayed retirements converging, most notably in MH wards, where HCSW retirements triple.
- Over 150 WTE staff are projected to retire across inpatient settings between 2026 and 2030, averaging 30–32 WTE annually.
- The peak number of retirements occurs in 2028–2029 spanning most service areas.
- RN's carry the highest retirement burden (compared to non-registered nurses and HCSWs) across all areas.
- Unscheduled Care has the oldest workforce profile and is the most vulnerable service for nursing retirements: it will experience the largest workforce losses, especially among RNs.
- Planned Care has the largest single-year projected RN retirement, 9.7 WTE in 2026.

3.3 Conclusion

The projected age profile poses a risk to service continuity and succession planning. The ageing nursing workforce—particularly among registered nurses—creates a sustainability challenge, as rising attrition risks undermine operational capacity. There is a risk these trends could lead to significant service disruption and compromised care delivery.

4. Workforce Implications for Each Area

The impact of retirement trends and the recruitment required to offset retirement and maintain core staffing establishment is laid out for each area.

4.1 Mental Health Areas

Overview

The core establishment of staff required across MH is 48.93 WTE, see Table 2.

Table 2. Core Establishment of staff required in MH Areas

Role	BDSU	East Brig	Huntlyburn	Lindean	Total

RMN	14.29	11.35	15.29	8.14	48.93
HCSW	18.32	12.05	13.60	6.21	50.18

MH inpatient wards face a sustained and growing retirement risk. Both RMN and HCSWs are projected to retire at rates that could significantly impact service delivery and workforce stability.

Key Retirement Trends

For projected retirements in MH areas, see Appendix 2.

Key findings:

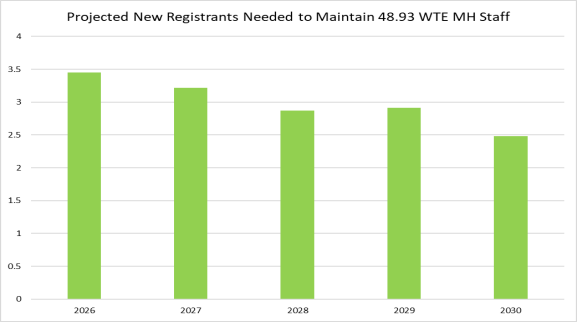
- RMN retirements will peak at 7.05% in 2026, staying above 5% annually, posing a sustained risk to clinical expertise and service resilience.
- HCSW retirements climb steadily, hitting 6.2% in 2030, driven by a sharp rise in staff aged 65+, more than doubling previous years.

Implications and requirements

This dual loss of experienced registered and non-registered staff poses a serious risk to service continuity.

Based on projected retirements, the projected RN annual recruitment required to maintain core requirements will range from 3.45 WTE to 2.38 WTE per year, see Figure 8.

Figure 8. Annual Recruitment required to maintain core RN establishment in MH



4.2 Community Wards

Overview

The core establishment of registered nursing staff required in Community Wards is 46.28 WTE (See Table 3).

Table 3. Core Establishment of staff required in Community Wards

Role	Hawick	Hay Lodge	Kelso	Knoll	Total
RN	12.56	11.65	10.44	11.63	46.28
HCSW	15.43 Band 3 0.80 Band 2 =16.23	15.48 Band 3 0.80 Band 2= 16.28	14.46 Band 3 0.80 Band 2=15.26	15.54 Band 3 0.67 Band 2= 16.21	60.91- Band 3 3.07 Band 2= 63.98

CW are projected to experience a steady outflow of both RNs and HCSWs due to retirements over the next five years. While the annual retirement rates are moderate, the cumulative effect poses a significant challenge to maintaining service continuity.

Key Retirement Trends

For projected retirements in Community Wards, see Appendix 2.

Key findings:

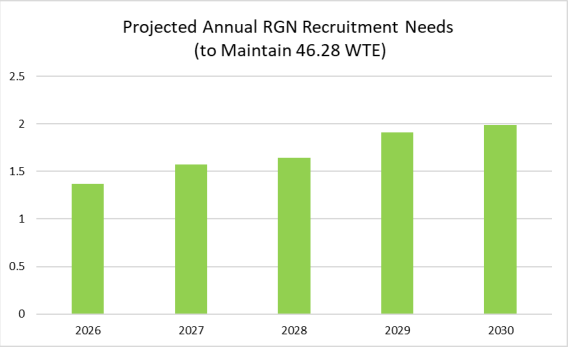
- RN retirements range from 2.96% to 4.30% annually, peaking in 2030, signalling steady loss of clinical expertise.
- HCSW retirements hold between 3.66% and 4.14%, creating ongoing backfill pressure. Consistent attrition across roles demands sustained recruitment to protect service delivery.

Implications and requirements

Ongoing retirements among staff will steadily reduce workforce capacity in CW. Without timely recruitment, services risk increased staff pressure, reduced care capacity, and greater reliance on temporary staffing.

The projected RN annual recruitment required to maintain core requirements will range from 1.37 WTE to 1.99 WTE per year, see Figure 9.

Figure 9. Annual Recruitment required to maintain core RN establishment in Community Wards



4.3 Planned Care

Overview

The core establishment of registered nursing staff required in Planned Care is 49.4 WTE (See Table 4), this reflects establishment only - excluding surge beds and future Ward 12 needs.

Table 4. Core Establishment of staff required in Planned Care (establishment only, excluding surge beds and future Ward 12 needs)

Role	Planned	Total
RN	49.4	49.4
HCSW	30.72+ 1.5 Band 4 (Associate Practitioner) =32.22	32.22

Planned Care services are facing a significant and sustained retirement challenge, particularly among RNs.

Key Retirement Trends

For projected retirements in Planned Care, see Appendix 2.

Key findings:

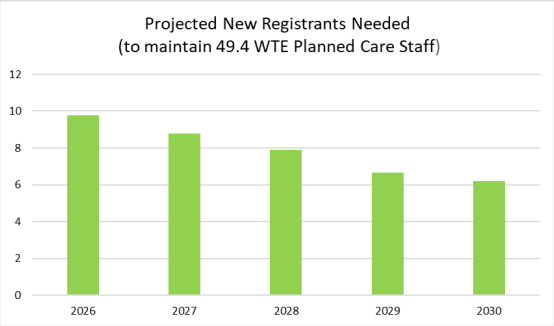
- Planned Care has the largest single-year projected RN retirement, 9.7 WTE in 2026. RN retirements peak at nearly 20% in 2026, with over 40% projected to retire by 2030, posing a major risk to service continuity.
- HCSW retirements are steadier at 3.4%–4% annually but still require consistent backfill to maintain support.

Implications and requirements

Planned Care is at risk of losing a large portion of its experienced clinical workforce in a short timeframe.

The projected RN annual recruitment required to maintain core requirements will range from 6.21 WTE to 9.78 WTE per year, see Figure 10.

Figure 10. Bar Chart - Projected RN required to maintain core requirements



4.4 Unscheduled Care

Overview

The core establishment of registered nursing staff required in Unscheduled Care is 118.3 WTE (See Table 5).

Table 5. Core Establishment of staff required in Unscheduled Care

Role	Unscheduled	Total
RN	118.3	118.3
HCSW	77.18 + 12(AP)=89.18	89.18

Unscheduled Care, including Emergency Department services, is projected to experience consistently high retirement rates among RN over the next five years. This trend represents a significant risk to the resilience and capacity of front-line services.

Key Retirement Trends

For projected retirements in Unscheduled Care, see Appendix 2.

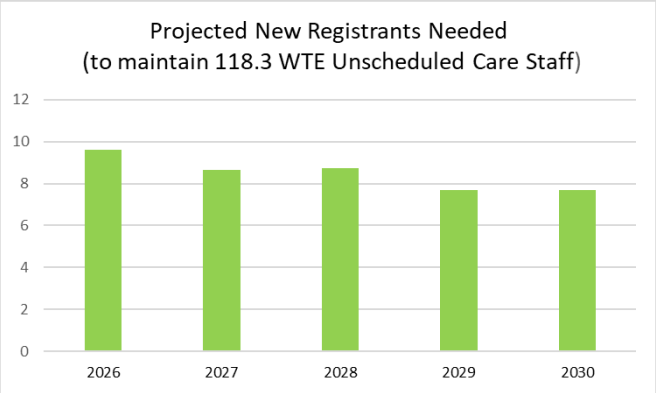
Key findings:

- Unscheduled Care has the oldest workforce profile and is the most vulnerable service for nursing retirements: it will experience the largest workforce losses, especially among RNs.
- RN retirements in Unscheduled Care are consistently high—8.1% in 2026, staying above 6.5% through 2030. Over five years, this equates to 43+ WTE, over a third of the current RN workforce.
- HCSW retirements are more stable at 3.2%–3.6% annually, but still total 15+ WTE, requiring proactive backfill to maintain support services. Together, these trends signal a sustained workforce drain.

Implications and requirements

The projected RN annual recruitment required to maintain core requirements will range from 7.67 and 9.59 WTE per year, see Figure 10.

Figure 10. Bar Chart - Projected RN required to maintain core requirements



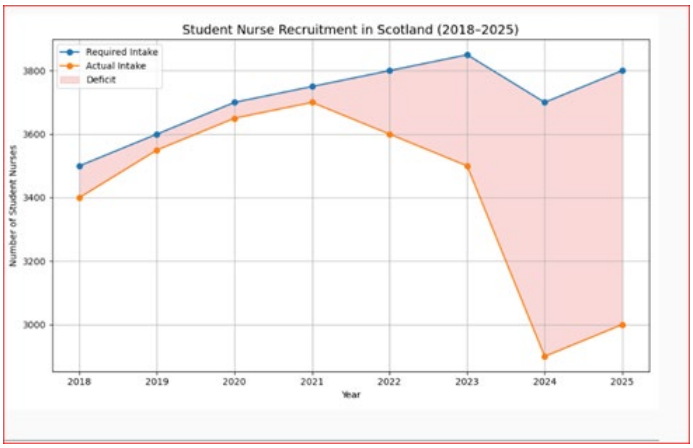
5. National Student Nurse Recruitment Trends - Risks to Workforce

Local strategies, such as targeted recruitment, succession planning, and development are vital, but their success depends on a steady flow of newly qualified staff. By analysing student recruitment trends, NHS Borders can anticipate staffing gaps and refine retention strategies.

6.1 Sustainability National Context

As of 2024, Scotland is facing a significant shortfall in student nurse recruitment, with only 3,530 accepted, 800 below target. This marks the third consecutive year of under-recruitment, totaling over 2,400 missed places since 2021. Applicant numbers are at a six-year low, intensifying concerns about workforce sustainability amid rising retirements and service pressures. Figure 11 shows student nurse recruitment trends in Scotland from 2018 to 2025, including both actual and required intake figures.

Figure 11. Line Graph - Student Recruitment Numbers Scotland (2018-2025)

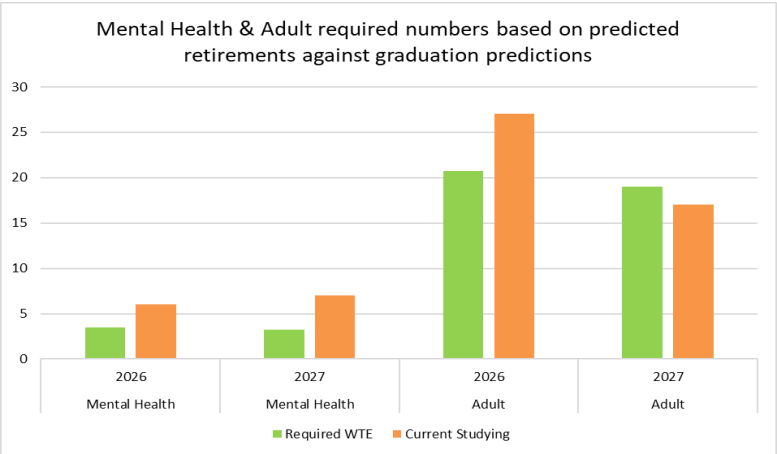


6.2 Newly Qualified Nurses

Over the past decade, NHS Borders has relied almost entirely on newly qualified nurses from local students with Scottish Borders postcodes, with limited success attracting candidates from neighbouring areas.

Figure 12 compares projected requirements with expected graduate numbers, showing 27 adult and 6 mental health nurses studying in 2026, dropping to 17 and 7 studying in 2027.

Figure 12. Bar Graph - Mental health and adult nurses required in NHS Borders due to retirements, compared to newly qualified nurses graduation predictions



While projected graduations for 2026–2027 may appear to offset retirements, this data must be considered in the light of workforce attrition, including academic dropouts, career changes, and migration. Full student retention is uncommon. career progression, internal transfers, long-term absence, and an ageing workforce all complicate the picture.

The region's reliance on local students, with minimal external inflow, creates a fragile pipeline vulnerable to national shortfalls and demographic pressures.

6.3 Staff Attrition Additional to Retirement

There are consistent annual losses of nurses, additional to retirement. Reasons for attrition may include promotions, internal transfers, and long-term leave. This has been quantified based on trends over the past five years, see Table 6.

Table 6. Average WTE staff attrition per year per area

Row Labels	**Ave WTE loss last 5 yr**
Comm Hosp	3.50
MH wards	3.37
Planned Care	6.81
Unscheduled Care	11.98
Grand Total	25.66

6.4 Staffing Needs Versus Graduate Availability

A review of recruitment needs, attrition and projected graduates describes whether there is sufficient newly qualified staff to meet needs or whether there is a deficit, see Table 6 which consolidates available data.

The significant projected deficit in adult nursing, as shown in Table 7, is based on bed-based modelling alone and is further compounded when non–bed-based retirement projections are included—particularly given that over 37% of Acute Specialist Nurses and 33% of District Nurses are aged 55 or above, indicating a high likelihood of imminent retirements.

In contrast, Table 7 shows a relatively minor deficit in mental health nursing. With student nurse numbers expected to decline from 2025 onward, these pressures are set to intensify.

Table 6. Adult nursing: Projected No's req to offset retirements, projected Attrition, Versus Projected NQP's-Adult

Year	Recruitment to offset Retirement - Unscheduled Care	Recruitment to offset Retirement -Planned Care	Recruitment to offset Retirement - Community Ward	**Recruitment to offset Retirement - Total**	Attrition Predicted	NQP Projected	**Deficit**
2026	9.59	9.78	1.37	**20.74**	22.29	27	**-16.03**
2027	8.65	8.78	1.57	**19**	22.29	17	**-24.29**
2028	8.74	7.91	1.64	**18.29**	22.29	Unknown	**?**
2029	7.67	6.54	1.91	**16.12**	22.29	Unknown	**?**
2030	7.70	6.21	1.99	**15.9**	22.29	Unknown	**?**

Table 7. Mental Health Nursing: Projected Attrition, projected retirements and NQP projections across MH bed based

Year	Recruitment to offset Retirement - Mental Health	Attrition Predicted	NQP Projected	Deficit
2026	3.45	3.37	6	-0.82
2027	3.22	3.37	7	nil
2028	2.87	3.37	Unknown	?
2029	2.91	3.37	Unknown	?
2030	2.48	3.37	Unknown	?

6.5 Conclusion

National and local student nurse recruitment trends create a high risk to workforce sustainability and a significant shortfall in staffing capacity. Staffing gaps could persist, threatening safe and effective service delivery. To mitigate the risks, proactive measures are required to expand and retain the local nursing workforce, and to address the wider drivers of attrition.

6. Role of Education, Development, and Support in Workforce Sustainability

The sustainability challenges described in this report require a strategic response, integrating recruitment, education, development, and staff support.

Education is central to this effort, not only for maintaining staffing and clinical competency, but for future-proofing services against demographic shifts. Education Partnerships are effective to:

- Strengthen collaboration with HEIs to expand student intake, clinical placements, and retention.
- Offer scholarships, bursaries, and clinical academic posts to attract and retain students locally.
- Enhance mentorship and preceptorship for newly qualified staff to accelerate readiness and integration.

Workforce Development occurs through Internal Career Pathways, which are effective to:

- Establish structured routes for HCSWs to progress into RN roles, supporting continuity and retention.
- Develop leadership programmes to prepare junior staff for specialist and managerial roles.
- Promote multidisciplinary learning to enable flexible deployment across care areas.

Supporting staff links directly to retention. A motivated, supported workforce preserves organisational knowledge and protects care quality. Activities for supporting staff include:

- Reward and Recognition: Celebrate achievements and offer career advancement opportunities.
- Wellbeing Investment: Embed mental health and wellbeing programmes into workforce strategy to sustain engagement and reduce attrition.

Education, development, and staff support are strategic levers that underpin workforce resilience. These elements should be embedded into recruitment, retention, and succession planning.

7. Conclusion

This review highlights the urgent and multifaceted challenges facing NHS Borders in sustaining its bed-based nursing workforce. An ageing population, rising retirements, limited student nurse intake, and reliance on surge beds are converging to create significant pressure across acute, mental health, and community services.

The data reveals a fragile workforce pipeline, with projected retirements outpacing recruitment in key areas, particularly Unscheduled Care and Mental Health. Local reliance on a narrow pool of nursing graduates, combined with national under-recruitment trends, further compounds the risk.

These pressures combined present a serious threat to service continuity, staff wellbeing, and care quality.

To address this, NHS Borders must adopt a coordinated, long-term approach that integrates recruitment, education, development, and workforce planning.

By aligning local recruitment with targeted development and retention strategies, NHS Borders can strengthen its workforce, meet evolving care demands, and reduce reliance on temporary staffing.

By investing in local talent, strengthening partnerships with education providers, supporting career progression, and embedding predictive planning, NHS Borders can secure a sustainable, skilled, and adaptable nursing workforce capable of meeting the region's evolving healthcare needs

8. Recommendations

Immediate Priorities

1. Stabilise surge bed usage with recurrent funding and staffing. Adopt a strategic approach to bed capacity, addressing the unsustainable reliance on surge beds, which lack recurrent staffing and funding.

2. Prioritise recruitment in high-risk areas (Unscheduled, MH, Planned Care). Target investment in areas experiencing the greatest staffing strain to stabilise service delivery.

3. Enhance monitoring of staff redeployment and burnout. Implement monitoring systems to

track staff redeployment during short-staffed periods, ensuring oversight and safety.

4. Ensure succession planning is systematically embedded into all Board-level strategic frameworks.

5. Adopt a dedicated workforce planning and demographic forecasting systems such as Tableau or a comparable analytics platform.

Long-Term Priorities

6. Address surge bed vulnerabilities by integrating them into long-term workforce and funding plans.

7. Expand non–bed-based models (e.g., Hospital at Home) with dedicated workforce support. Continue to invest in non–bed-based models (e.g. Hospital at Home, Home First) to reduce bed dependency, with dedicated staffing and strategic workforce planning to support implementation.

8. Invest in flexible staffing, career development, and retention pathways. Introduce flexible staffing models and enhanced training to mitigate burnout and improve adaptability.

9. Strengthen local training pipelines and broaden recruitment catchment areas.

Wider Context

10. Integrate Education with Workforce Planning
    - Use predictive modelling to identify future skills gaps.
    - Align training and development with succession planning, particularly in high-risk areas.
    - Support staff to work flexibly across clinical areas, enhancing resilience and reducing dependency on temporary staffing.

11. Take a Strategic Approach to Workforce Planning
    - Embed career progression pathways across all staff groups.
    - Use predictive analytics to align development with future needs.
    - Monitor student-to-employment transitions and redeployment risks.
    - Support flexible, multi-area clinical roles.
    - Integrate education and development with succession and deployment strategies.
    - Deploy rapid planning tools to match staffing with routine and surge demand.

12. Strengthening Education and Career Development
    - Accelerate HCSW-to-RN pathways and expand “earn as you learn” models.
    - Develop clinical academic roles and impact-based progression.
    - Appoint a Nurse Educator to lead workforce growth and employability initiatives.

13. Use Partnerships to Improve Recruitment
    - Formalise partnerships with Borders College to expand educational pathways.
    - Maintain active engagement with Higher Education Institutions (HEIs), schools, staff representatives, and regional partners.
    - Strengthen HEI collaboration to boost intake and retention.
    - Intensify and expand promotion of nursing careers through schools, colleges, and community outreach to deepen engagement and grow the future workforce pipeline.
    - Run career taster events and invest in employability leadership.
    - Align local efforts with national workforce strategies and advocate for policy support.

14. Use Staff Support to Improve Retention
    - Expand mentorship, preceptorship, and early-career support.
    - Create Clinical-to-Leadership Fast Tracks.
    - Offer specialist rotations and secondments into education and research.
    - Provide incentives and flexible roles to support career progression.
    - Invest in wellbeing to reduce burnout and improve morale.
    - Develop staff for flexible, multi-area clinical work.

Appendix 1: Workforce Age Profile 2025-2030

STAFF IN POST

Sum of WTE		2025		revised staff end 2026			revised staff end 2027			revised staff end 2028			revised staff end 2029			revised staff end 2030		
Row Labels	**55 - 59 now**	**60 - 64 now**	**65 + now**	**55 - 59**	**60 - 64**	**65 +**	**55 - 59**	**60 - 64**	**65**	**55 - 59**	**60 - 64**	**65**	**55 - 59**	**60 - 64**	**65 +**	**55 - 59**	**60 - 64**	**65 +**
Community Hospitals	**25.67**	**10.54**	**2.98**	**21.18**	**14.14**	**4.16**	**21.90**	**15.48**	**5.78**	**17.63**	**17.95**	**8.34**	**14.55**	**21.22**	**9.86**	**12.35**	**23.26**	**11.92**
HCSW	15.32	7.36	1.62	9.87	10.64	3.11	8.71	11.26	3.86	5.09	12.66	5.91	3.47	13.51	6.83	3.80	14.03	7.99
Registered	10.35	3.18	1.36	11.26	3.51	1.08	13.11	4.23	1.93	12.45	5.29	2.47	11.00	7.69	3.05	21.65	9.20	3.95
MH Wards	**19.29**	**14.56**	**1.84**	**16.76**	**13.94**	**1.74**	**16.44**	**16.42**	**4.37**	**16.74**	**18.88**	**6.84**	**19.28**	**21.69**	**7.99**	**19.64**	**18.02**	**12.39**
HCSW	8.16	8.39	1.84	7.67	8.24	1.42	5.96	10.14	3.24	8.04	10.61	4.23	9.78	11.51	4.72	9.94	7.81	7.80
Registered	11.13	6.17	0.00	8.81	5.30	0.74	10.14	6.09	1.85	8.82	8.00	3.62	9.72	9.88	3.65	9.97	9.97	5.74
Planned Care	**34.82**	**21.90**	**4.41**	**36.07**	**21.85**	**4.86**	**36.18**	**25.48**	**9.74**	**39.12**	**27.47**	**11.65**	**36.91**	**29.64**	**19.16**	**38.10**	**31.56**	**23.61**
HCSW	7.40	5.79	0.00	7.06	5.34	0.50	5.60	6.72	2.70	7.54	6.02	3.57	8.26	6.98	3.59	8.45	6.83	5.39
Registered	27.43	16.11	4.41	28.83	16.45	4.76	30.36	18.82	7.71	31.63	21.41	8.74	28.92	22.72	16.71	29.92	24.74	19.43
Unscheduled Care	**36.83**	**23.78**	**0.99**	**43.03**	**17.38**	**0.75**	**45.40**	**20.41**	**6.42**	**47.83**	**22.96**	**10.88**	**46.03**	**29.03**	**15.89**	**40.55**	**32.83**	**18.91**
HCSW	17.02	8.44	0.53	18.20	6.92	1.52	17.35	8.05	3.31	14.40	12.36	4.95	13.62	13.70	6.57	13.52	15.69	7.79
Registered	19.81	15.34	0.46	24.12	10.51	1.37	27.41	12.49	3.99	32.56	11.25	6.93	31.93	15.71	8.53	27.20	17.55	12.31
Grand Total	**116.61**	**70.78**	**10.22**	**117.60**	**66.94**	**14.65**	**120.17**	**77.39**	**27.04**	**121.76**	**86.77**	**38.66**	**117.14**	**101.07**	**50.18**	**111.00**	**105.61**	**67.67**

Appendix 2: Estimated Annual Retirement (2026–2030)

Sum of WTE	leavers 2026			leavers 2027			leavers 2028			leavers 2029			leavers 2030		
Row Labels	55 - 59	60 - 64	65 +	55 - 59	60 - 64	65 +	55 - 59	60 - 64	65 +	55 - 59	60 - 64	65 +	55 - 59	60 - 64	65 +
Community Hospitals	**0.56**	**2.50**	**0.96**	**0.56**	**2.30**	**1.11**	**0.43**	**2.33**	**1.44**	**0.34**	**2.50**	**1.46**	**0.28**	**2.41**	**1.60**
HCSW	0.19	1.82	0.64	0.16	1.61	0.67	0.09	1.58	0.95	0.06	1.45	0.95	0.06	1.29	0.99
Registered	0.42	0.67	0.28	0.47	0.67	0.43	0.43	0.75	0.46	0.36	1.06	0.49	0.25	1.15	0.59
MH Wards	**1.93**	**1.61**	**1.51**	**1.67**	**1.71**	**2.49**	**1.52**	**1.80**	**2.47**	**1.63**	**1.91**	**1.32**	**1.49**	**1.27**	**4.01**
HCSW	0.29	0.53	1.04	0.21	0.62	1.61	0.28	0.61	1.16	0.34	0.63	0.67	0.33	0.35	2.43
Registered	1.92	1.47	0.06	1.79	1.28	0.15	1.11	1.46	0.30	1.07	1.57	0.27	0.89	1.16	0.43
Planned Care	**5.11**	**5.17**	**0.75**	**4.40**	**4.81**	**1.38**	**4.20**	**4.14**	**1.46**	**3.29**	**3.67**	**2.39**	**2.99**	**3.26**	**2.71**
HCSW	0.28	0.78	0.04	0.21	0.86	0.23	0.28	0.64	0.29	0.30	0.68	0.26	0.29	0.56	0.40
Registered	5.01	4.46	0.31	4.41	3.89	0.48	3.86	3.54	0.51	2.72	2.93	0.99	2.42	2.69	1.10
Unscheduled Care	**4.27**	**3.94**	**5.86**	**4.09**	**3.73**	**4.32**	**3.92**	**3.47**	**5.37**	**3.35**	**4.06**	**2.60**	**2.48**	**4.00**	**5.85**
HCSW	0.54	0.79	1.67	0.50	0.83	1.80	0.40	1.23	1.62	0.36	1.24	1.62	0.35	1.33	1.18
Registered	4.44	3.10	2.05	4.23	2.77	1.65	4.40	1.59	2.75	3.47	2.43	1.77	1.96	2.26	3.48
Grand Total	**11.32**	**13.59**	**5.94**	**10.47**	**12.95**	**8.56**	**9.62**	**12.23**	**9.79**	**8.25**	**12.65**	**10.49**	**6.86**	**11.00**	**13.33**

NHS BORDERS DELIVERY GROUP

Title of Paper: Workforce Sustainability Recommendations

Business Unit:	Corporate Services
Lead:	Michelle O'Reilly & Elaine Dickson

Consideration	
Is this an identified priority in the ADP and if so, which priority area?	Yes, workforce sustainability is a critical priority, directly linked to safe patient care, service continuity, and strategic planning for NHS Borders. The review highlights urgent risks due to demographic shifts, rising retirements, and recruitment shortfalls
If this is not an existing agreed priority, what is the risk to the organisation of not progressing this? (Please confirm if this has been recorded on the risk register)	Not progressing would risk significant service disruption, inability to meet care demands, and compromised patient safety. These risks are recognised and should be recorded on the organisational risk register
If this is not an agreed priority, what would you suggest stops in order to take this forward if there is a significant risk?	If resources are limited, consider pausing non-essential projects to prioritise workforce planning, recruitment, and retention initiatives.
What is the impact on other Business Units including Corporate Services e.g., IM&T, Estates etc?	Workforce shortages impact all business units, increasing pressure on IM&T (for workforce analytics), Estates (for accommodation and infrastructure), and HR (for recruitment and retention)
What are the interdependencies?	Interdependencies include education providers (HEIs, Borders College), local authorities (housing, transport), and national workforce planning bodies. Effective collaboration is needed to address recruitment, training, and retention challenge
Will this deliver towards financial savings? Does it require investment and if so, can this be absorbed within own budget? If not, what is the predicted return on investment?	Investment is required for recruitment, training, and retention. While some costs may be absorbed, strategic investment is needed to avoid higher costs from agency staffing, service disruption, and poor outcomes. Return on investment includes improved service continuity, reduced reliance on temporary staff, and better patient outcomes.
What is the proposed timeline? Pre-work and implementation.	Immediate priorities: Stabilise surge bed usage, embed succession planning, and enhance recruitment monitoring (within 6–12 months). Long-term priorities: Integrate surge beds into workforce plans, expand non-bed-based models, and strengthen local training pipelines (1–3 years).

Situation

NHS Borders faces urgent workforce sustainability challenges due to an ageing population, rising retirements, and recruitment shortfalls. Bed-based services are under strain, with surge beds routinely activated and staff redeployment increasing risk of burnout.

Background

- The Scottish Borders is experiencing rapid demographic change, with a projected 30% increase in the over-75 population by 2028.
- The working-age population is shrinking, and rurality compounds recruitment and retention challenges.
- NHS Borders operates 358 funded beds, with acute care consuming 61% of capacity. Surge beds are routinely activated, indicating chronic overcapacity.
- Scotland has missed over 2,400 student nurse places since 2021; 2024 intake was 800 below target.

Assessment

- Staff aged 55+ will increase by 43.8% by 2030, with over 150 WTE retirements projected between 2026–2030.
- Mental Health and Unscheduled Care are most vulnerable, with high proportions of staff nearing retirement.
- NHS Borders relies heavily on local graduates, with limited success attracting external candidates.
- Predicted graduate numbers fall short of offsetting retirements and attrition, creating a widening deficit see below

Recruitment vs Attrition & Deficit Forecast across adult bed based **(2026–2030)**

Year	Unscheduled Care	Planned Care	Community Ward	**Total**	Attrition Predicted	NQP Projected	**Deficit**
2026	9.59	9.78	1.37	**20.74**	22.29	27	-16.03
2027	8.65	8.78	1.57	**19**	22.29	17	-24.29
2028	8.74	7.91	1.64	**18.29**	22.29	Unknown	?
2029	7.67	6.54	1.91	**16.12**	22.29	Unknown	?
2030	7.70	6.21	1.99	**15.9**	22.29	Unknown	**?**

Recruitment vs Attrition & Deficit Forecast projections across MH bed based **(2026–2030)**

Year	Recruitment to offset Retirement - Mental Health	Attrition Predicted	NQP Projected	Deficit
2026	3.45	3.37	6	-0.82
2027	3.22	3.37	7	nil

2028	2.87	3.37	Unknown	?
2029	2.91	3.37	Unknown	?
2030	2.48	3.37	Unknown	?

The significant projected deficit in adult nursing, as shown above, is based on bed-based modelling alone and is further compounded when non–bed-based retirement projections are included—particularly given that over 37% of Acute Specialist Nurses and 33% of District Nurses are aged 55 or above, indicating a high likelihood of imminent retirements.

The projected staffing deficits mean NHS Borders risks falling short of safe staffing legislation. A coordinated, long-term approach to recruitment, development, and workforce planning is essential to build a sustainable nursing workforce and maintain safe, high-quality care.

Recommendations

To mitigate the risks, proactive measures are required to expand and retain the local nursing workforce, and to address the wider drivers of attrition.

Immediate Priorities:

- Stabilise surge bed usage with recurrent funding and staffing.
- Proactively expand international recruitment and prioritise recruitment in high-risk areas (Unscheduled, MH, Planned Care).
- Increase uplift for Protected Learning Time: Without this investment, there is a risk of skills erosion, reduced succession planning, and further exacerbation of workforce gaps, ultimately impacting patient safety and service quality.
- Recruit a dedicated clinical educator for employability, and leadership goals to support Executive Objectives. This role will:

✓ Lead employability and leadership initiatives
✓ Accelerate at pace HCSW-to-RN progression and expand “earn as you learn” models
✓ Strengthen leadership, preceptorship, and early-career support

Long-Term Priorities:

- Support staff to work flexibly across clinical areas.
- Integrate education with workforce planning.
- Use predictive modelling to identify future skills gaps.
- Enhance monitoring of staff redeployment and burnout.
- Embed succession planning into strategic frameworks.
- Adopt a dedicated workforce planning and demographic forecasting systems such as Tableau or a comparable analytics platform.
- Invest in wellbeing to reduce burnout and improve morale

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**Strategic Partnership between NHS Borders and Queen Margaret University**
Responsible Executive/Non Executive:	**Peter Moore, Chief Executive**
Report Author:	**Michelle O'Reilly, Chief Nurse Clinical and Professional Development**

1 Purpose

The purpose of this paper is to seek Board endorsement of the strategic partnership between NHS Borders and Queen Margaret University, Edinburgh, as set out in the signed Memorandum of Understanding, and to note that the signed MoU provides the agreed basis for formal recognition of NHS Borders as a University Hospital.

This is presented to the Board for:

Decision – endorsement of the strategic partnership

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction
- Local policy
- Emerging issue

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

- Effective
- Person Centred
- Safe

2 Report summary

2.1 Situation

NHS Borders and Queen Margaret University, Edinburgh have signed a Memorandum of Understanding to formalise and strengthen their academic-clinical partnership. Board endorsement is now sought to confirm support for the strategic direction of the partnership and enable implementation of the next phase, including agreed recognition of NHS Borders

as a University Hospital and jointly agreed communications. The October QMU Academic Board and University Court steps are governance reporting and communications milestones rather than further approval gateways for conferral of the status.

2.2 Background

The partnership builds on an established relationship between NHS Borders and QMU and creates mutual benefit for both organisations. For NHS Borders, it provides an opportunity to strengthen workforce pipelines, expand practice-based learning, develop clinical-academic roles, and increase research and improvement capacity within a remote and rural health board. For QMU, it provides a distinctive applied health sciences partner and rural test-bed environment for education, evaluation, innovation and new models of care.

2.3 Assessment

The MoU provides a formal framework for the partnership over an initial five-year period, subject to annual review. The assessment of value is based on the extent to which the partnership can translate shared priorities into practical activity that supports education, recruitment, retention, research, innovation and service improvement in line with NHS Borders' Clinical Strategy 2025–2030 and QMU's strengths in applied health sciences, practice-focused teaching and health systems research.

The initial programme of work provides a route from strategic alignment to practical delivery. It includes clinical academic development, student and staff research and service improvement activity, accreditation of the NHS Quality Improvement Champions Programme, potential educational pathways to diversify paramedic employment opportunities, and continued development of the Academic in Residence proposal.

2.3.1 Quality/ Patient Care

For patients and communities, the partnership is intended to support evidence-informed, person-centred and innovative care. It will strengthen opportunities to embed research, improvement, and evaluation activities within NHS Borders services, particularly in priority areas such as MSK, frailty, public health, rehabilitation, and community-led models of care. By connecting academic expertise with local service priorities, the partnership will support NHS Borders in testing, evaluating, and scaling approaches that respond to the needs of a remote and rural population.

2.3.2 Workforce

For the workforce, the partnership offers significant potential benefits through expanded student learning, strengthened placement models, clinical-academic homes, joint roles where appropriate, accredited improvement learning, and clearer career development pathways. This supports recruitment, retention and progression across nursing, midwifery, allied health professions, paramedic science, mental health and public health. It also supports NHS Borders' ambition to be recognised as a learning organisation, enabling staff to contribute to research, innovation and service transformation while remaining within the local system.

2.3.3 Financial

The MoU does not create a binding financial commitment for either organisation. The partnership model is based on the use of existing infrastructure, staff experience and shared

priorities. Any activity with financial, workforce, governance or service implications will be subject to separate approval and, where appropriate, a separate written agreement.

2.3.4 Risk Assessment/Management

The main risks relate to governance, clarity of expectations, information governance, research governance, capacity and communications. These are mitigated through the MoU's provisions for annual review, separate written agreements for specific activities, organisational governance approvals, confidentiality and data protection requirements, and oversight through the Training, Education and Development Board, with assurance and reporting through the Staff Governance Committee.

2.3.5 Equality and Diversity, including health inequalities

The partnership supports equality and the reduction of health inequalities by strengthening workforce development, learning in practice, applied research and service improvement in a remote and rural context. It has the potential to improve access to learning, innovation and evidence-informed practice within NHS Borders and to support community-based care aligned to local needs.

An impact assessment has not been completed at this stage because the MoU establishes an enabling partnership framework rather than a specific service change. Equality, workforce, financial, data protection and service impacts will be assessed as part of any subsequent project-specific agreement or implementation proposal.

2.3.6 Climate Change

No direct climate change impact arises from the signing of the MoU. Future activity will consider climate and sustainability implications as part of normal project planning, including the use of digital collaboration where appropriate and minimising unnecessary travel.

2.3.7 Other impacts

Endorsement would strengthen NHS Borders' profile as an academic-clinical partner and support future recruitment, workforce development and retention, research maturity and service innovation. For QMU, the partnership provides a distinctive rural and community-facing environment in which applied health sciences, education, research and innovation can be developed with demonstrable service impact. It also provides a clear basis for joint communications, agreed recognition of NHS Borders as a University Hospital and future public-facing recognition of the partnership, subject to agreement between both organisations.

2.3.8 Communication, involvement, engagement and consultation

The partnership has been developed through sustained engagement between NHS Borders and QMU, including executive-level discussion, campus engagement, development of partnership proposals, preparation of the MoU and discussion with NHS Borders Communications and Engagement. Public and formal communications will follow QMU governance reporting and will be jointly agreed by both organisations to ensure appropriate timing, aligned messaging and a clear articulation of the strategic benefits.

2.3.9 Route to the Meeting

Following Board endorsement, NHS Borders will continue to progress the partnership through its agreed governance and assurance routes. QMU will report the signed MoU and University Hospital status development through the School of Health Sciences Academic Board on 6 October 2026 and University Court on 14 October 2026; public and formal communications will follow thereafter and be jointly agreed.

- NHS Borders: oversight through the Training, Education and Development Board, with assurance and reporting through the Staff Governance Committee.
- Queen Margaret University: School of Health Sciences Academic Board, 6 October 2026.
- Queen Margaret University: University Court, 14 October 2026.

2.4 Recommendation

The **BOARD** is asked to **endorse** the strategic partnership between NHS Borders and Queen Margaret University, Edinburgh, as set out in the signed Memorandum of Understanding. Endorsement confirms Board support for the strategic direction of the partnership, notes the agreed recognition of NHS Borders as a University Hospital through the signed MoU, and supports progression to the next phase of implementation. It does not approve specific financial, workforce, operational, contractual or service commitments; these will be brought through the appropriate governance and assurance arrangements as required.

- **Decision** – The Board is asked to endorse the strategic partnership and support progression to the next phase of development.

The Board is asked to confirm the following level of assurance:

- **Moderate Assurance**

Moderate Assurance is proposed. The MoU has been signed, the strategic intent is clear, and governance arrangements have been identified. Assurance will be strengthened as implementation plans, annual measures of success, communications activity and project-specific agreements are developed. The remaining October QMU steps relate to internal governance reporting and public communications sequencing.

Systems and processes are in place through the MoU, annual review and identified governance arrangements. Outcomes will be monitored through measures of success to be developed and agreed annually through the joint steering arrangements.

Next steps following Board endorsement

Subject to Board endorsement, NHS Borders will work with QMU to progress implementation through agreed governance and assurance arrangements. The immediate focus will be on completing QMU governance reporting, agreeing joint communications, confirming first-year strategic priorities and ensuring that any future commitments are considered through the appropriate NHS Borders approval routes.

- Complete QMU governance reporting through the School of Health Sciences Academic Board and University Court.

- Agree joint communications with QMU, including timing and messaging for public recognition of the partnership.
- Confirm first-year strategic priorities through the agreed joint steering arrangements, aligned to NHS Borders' workforce, research and service improvement priorities.
- Develop proportionate measures of success to support annual review, assurance and reporting through existing governance routes.
- Ensure any project-specific activity with resource, workforce, information governance, research governance or service implications is subject to separate approval and written agreement.

3 List of appendices

The following appendix is included with this report:

- Appendix 1: Memorandum of Understanding between Queen Margaret University and NHS Borders, signed by Queen Margaret University on 21 July 2026 and NHS Borders on 11 June 2026, which provides the agreed basis for recognition of NHS Borders as a University Hospital.

Queen Margaret University
EDINBURGH

NHS
Borders

Memorandum of Understanding between Queen Margaret University and NHS Borders

Date: August 2026

1. Purpose

This Memorandum of Understanding (MoU) documents the collaboration between NHS Borders and Queen Margaret University, Edinburgh (each a 'Party' and together the 'Parties) to develop a mutually beneficial partnership.

The MoU builds on our shared commitment to high-quality person-centred care, workforce education, and clinical academic development, research, innovation and service improvement

This MoU defines the relationship between the parties and sets out roles and responsibilities; it also establishes governance arrangements, the duration of the agreement, principles of working together, and agreed terms and conditions.

The MoU is not a contractual document and does not impose any legal obligation on any party. The overall relationship described by the MoU is a voluntary arrangement. The MoU is independent of any other agreements signed by or between the organisations concerned.

1. Background

This Memorandum of Understanding builds on the existing relationship between NHS Borders and Queen Margaret University (QMU), Edinburgh. The parties agree and acknowledge that the existing relationship can be strengthened further with a variety of strategic and operational benefits for both organisations.

2. Participating Organisations

Both partners will commit to the MoU by signing this agreement.

3. Recognition of the Partnership

The partnership will be formally recognised through the award of University Hospital status.

Conferment of University Hospital status is intended to formally recognise the well-established operational NMAHP partnership between NHS Borders and QMU, and in particular the significant contribution to Undergraduate and Postgraduate education, practice-based learning and the development and leadership of Nursing, Midwifery and Allied Health Professions (NMAHPs). It also recognises the ongoing strategic commitment to further strengthen academic–service collaboration, expand learning in practice, and accelerate NMAHP-led research and service innovation, improving outcomes and experiences for the population served.

The formalisation of the existing relationship aims to provide greater clarity, visibility, and strategic alignment for both organisations. The partnership is based on a model that involves no direct financial investment; instead, it leverages existing infrastructure, staff experience and shared priorities while creating opportunities to extend current activities.

4. Shared Values and Key Objectives of the Partnership

4.1 Shared Values and strategic alignment

NHS Borders and QMU share a deep commitment to improving health outcomes, strengthening the health and social care workforce, and generating research and innovation that directly benefits patients and communities.

This proposed partnership seeks to bring together QMU's exceptional strengths in applied health sciences, workforce development, and innovation with NHS Borders' ambition to transform care, expand research capability, and enhance service quality across a remote and rural population context.

Both organisations aspire to:

- Deliver high-quality, person-centred care.
- Support the future health and care workforce.
- Drive research, innovation and improvement.
- Reduce health inequalities and strengthen community-based care.
- Create a culture where learning, evidence and innovation influence every stage of care delivery.

Queen Margaret University brings:

- Scotland's most comprehensive portfolio of healthcare professional programmes.
- Strong reputation in practice-focused teaching, person-centred care, applied research and innovation.
- Leadership in digital health, rehabilitation, public health and health systems research.
- Robust partnerships across NHS Scotland, social care, and global health organisations.

NHS Borders brings:

- A clear Clinical Strategy (2025–2030) focused on life-stage models of care, prevention, community-led services and workforce empowerment

- A unique rural test-bed environment for innovation, evaluation and new models of care.
- A strong organisational commitment to developing research and improvement capacity.
- Opportunities to expand placements, student learning, and clinical academic roles

4.2 Key objectives :

- Workforce, education and transforming roles development
- Clinical academic development
- Research, innovation & service improvement

2026/27 priorities:

- Collaborative development of clinical academic homes to support the transformation of AHP MSK and Frailty roles, services and education.
- Development of collaborative student and staff research, innovation and service improvement projects aligned to MSK and frailty.
- Accreditation of NHS Quality Improvement Champions Programme
- Collaborative development of a QMU educational pathway intended to diversify employment opportunities for paramedics

4.3 Measures of success

The measures of success for this partnership shall be developed and agreed annually by a joint steering group comprising representatives of NHS Borders and QMU.
Such measures may include, but shall not be limited to, indicators relating to placement capacity and student experience, workforce development outcomes, joint research and innovation activity, clinical academic development, and demonstrable service impact or improvement outcomes.

4.4 Agreements

Where the Parties agree to proceed with any activities to achieve the proposed objectives, the Parties agree to enter into a separate written agreement specific to that activity, which will include all material, legal and financial terms to be undertaken by each Party. Any subsequent written agreements must be mutually agreed upon and signed by both Parties before the commencement of the activity.

5. Duration

The MoU will be operational for 5 years in the first instance, subject to annual review.

6. Roles and Responsibilities

Both parties commit to the responsibilities embedded in this agreement and to a key role in the partnership.

In Addition:

NHS Borders will be responsible for:

- Actively contributing to achieving the intended objectives.
- Working in collaboration with QMU and other collaborators to identify funding opportunities that enable achieving the aims of this partnership.
- Working with QMU to identify opportunities for the development of mutually beneficial education, research and practice development projects.
- Committing to the publication of co-produced outputs in partnership QMU, Edinburgh.

Queen Margaret University will be responsible for

- Actively contributing to achieving the intended objectives.
- Working in collaboration with NHS Borders and other collaborators to identify funding opportunities that enable achieving the key objectives of this partnership.
- Working with NHS Borders to identify opportunities for the development of mutually beneficial education, research and practice development projects.
- Commit to the publication of co-produced outputs in partnership with NHS Borders

7. Accountability - Partner Organisations

Each Party shall be responsible for ensuring that the collaborative activity undertaken pursuant to this MoU is subject to its own internal governance, approval, and assurance arrangements. In relation to NHS Borders, oversight of this partnership shall be exercised through the Training, Education and Development Board, with assurance and reporting provided through the Staff Governance Committee. Each Party shall promptly identify and raise any matter in which its internal governance arrangements conflict with, or may affect, the delivery of this partnership, in order that such matters may be considered and addressed in a timely manner.

8. Managing the Partnership

The partnership shall be overseen jointly by the Dean of the School of Health Sciences at Queen Margaret University and Michelle O'Reilly, Chief Nurse Clinical and Professional Development, NHS Borders. They shall be responsible for progressing the objectives of this

partnership and for reporting on progress through their respective organisational governance arrangements.

9. Communications

Both parties commit to communicating openly and constructively and to sharing good practice. The parties will collaborate to agree on a shared communications plan for the partnership.

10. Confidentiality and Data Protection

Both parties to the Collaboration agree to share information regarding the objectives of this partnership. The parties to the Collaboration agree to keep any information shared confidential at all times, except where information is in the public domain or is required to be disclosed by law (including under the Freedom of Information (Scotland) Act 2002). Any personal data obtained or used by both parties in the course of the project shall be processed in accordance with data protection legislation.

Any sharing of personal data under this MoU shall be lawful and compliant with applicable data protection legislation. Where identifiable data is involved, the Parties shall consider whether a separate data sharing agreement is required. Activity involving patient or staff data shall remain subject to the relevant information governance and approval arrangements of each Party.

All research activity undertaken pursuant to this MoU shall be subject to all relevant ethics, research governance, sponsorship and approval arrangements applicable to each Party.

Each Party shall remain responsible for its own acts and omissions and nothing in this MoU shall transfer clinical liability or create responsibility for the staff, students, agents or contractors of the other Party. Any regulated activity shall be subject to separate written agreement and the relevant governance and approval arrangements.

11. Funding and Business Arrangements

Both partners agree to progress the agreed model for the duration of the MoU. Both parties agree that all expenditures related to the development of the partnership will be at their own expense, unless otherwise agreed in writing.

Nothing in this MoU shall create any binding commitment on either Party to provide funding, staffing, backfill, supervision, placement capacity, academic input, service delivery resource or any other operational support, except where expressly agreed in writing by the Parties. Any project-specific activity that gives rise to financial, workforce, or other resource

implications shall be subject to separate approval and, where appropriate, a separate written agreement.

12. Amendments

12.1 Process of Amendment

- Once agreed, the MoU may only be amended by mutual agreement, signed by the authorised signatories of both parties to the collaboration. Once approved, amendments should be attached as annexes to the original MoU.
- The MoU is not intended to be legally binding, nor to give rise to any liability of any kind whatsoever. Both parties will therefore be individually liable for any costs arising from amendments to the MoU.

13. Exclusivity

As Partners may be building on the professional networks, content and the knowledge base of each other, the collaborative group agrees on a level of exclusivity. The group would need to be consulted, and agreement sought, on the engagement of or involvement with other parties who may operate in similar networks or industry, where that may compromise this agreement.

The inclusion of an additional third party, or subcontractor, will require agreement of both parties.

14. Intellectual Property

Unless otherwise agreed in writing, each Party shall retain ownership of its pre-existing intellectual property. Intellectual property arising from any specific project under this MoU shall be addressed in a separate written agreement.

15. Termination

The Parties agree that three months' notice will be required to terminate this MoU.

16. Key Organisation Contacts

The key contacts for the Partnership are as follows:

Queen Margaret University, Edinburgh: Professor Sara Smith

NHS Borders: Michelle O'Reilly

17. Acceptance

We, the undersigned, as authorised signatories of the Parties to the collaboration, have read and accepted the terms of the Memorandum of Understanding.

Partners		
Organisation	**Contact Name and Role**	**Signature/Date**
Queen Margaret University, Edinburgh	Sir Paul Grice Principal	 21 July 2026
NHS Borders	Peter Moore Chief Executive	 11 June 2026

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**NHS Borders Integrated Performance Report (IPR) – June 2026**
Responsible Executive/Non-Executive:	**June Smyth, Director of Planning & Performance**
Report Authors:	**Hayley Jacks, P&P Officer** **Matthew Mallin, BI Developer**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Annual Operational Plan / Delivery Plan

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

- Safe
- Effective

2 Report summary

2.1 Situation

As highlighted previously to the Board we are introducing a refreshed Integration Performance Report (IPR) and Performance Framework for 2026/27. This means that in addition to the IPR, where performance falls below agreed levels, a detailed exception report setting out the underlying causes of variance, the actions being taken to address gaps, and how and when improvement or recovery will be achieved.

2.2 Background

As in previous years, routine performance reports will continue to be presented to provide an overview of delivery against agreed standards. However, for 2026/27 a

revised performance framework is being introduced to strengthen focus and support more effective discussion.

The framework will focus on areas where performance is below agreed levels. No additional narrative will be provided for indicators that meet or exceed agreed performance levels (Green). For indicators within 10% of the agreed level (Amber) or more than 10% below it (Red), a detailed exception report will be included. This will set out the reasons for current performance, the actions being taken to address the gap, and the expected impact of those actions.

This approach will enable more targeted scrutiny and informed decision-making on areas requiring improvement, while also recognising and maintaining oversight of areas where performance remains on track.

As the new reporting framework is developed and embedded, a phased approach will be taken. This will begin with a core set of priority measures to establish a consistent baseline, with additional measures and refinements introduced throughout the year. This approach will enable the framework to evolve in line with data availability, organisational priorities and learning from early implementation, while ensuring it remains practical, meaningful and aligned with our wider performance and improvement ambitions.

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

2.3 Assessment

This report is presented in the revised style outlining the June 2026 position, with the following documents provided:

Integrated Performance Report (IPR) (Appendix 1): The IPR provides a structured overview of organisational performance against local and national priorities. It includes a summary dashboard across key service areas, supported by trend data and assurance measures to aid interpretation of performance direction and variation. The current report covers the core domains of Urgent & Unscheduled Care, Planned Care and Mental Health. As the reporting framework is developed and embedded, additional measures and refinements will be introduced through a phased approach during the year.

The Waiting Times trajectories are based on the planning assumption that the Scottish Government will allocate funding to support this level of performance. If funding is not allocated, or if a reduced allocation is received, the trajectories will need to be reviewed.

Quality & Performance Improvement Oversight Report (Appendix 2): This exception report provides further detail on areas where performance is below agreed levels (Amber and Red). It sets out the drivers of performance, the actions being taken to address the gap, and the anticipated impact of those actions. The June 2026 position identifies five areas where performance has fallen short of agreed levels, as shown in the table below.

Aim Statement	June 2026 Performance/RAG Status	Lead Exec
Urgent & Unscheduled Care		
Average number of Acute occupied beds 85%.	95%	Director of Mental Health, Primary & Community Services & Urgent Care
Reduce average ambulance handover times to <30 minutes, with zero tolerance for waits exceeding 60 minutes.	33 min	Director of Mental Health, Primary & Community Services & Urgent Care
Planned Care		
Maximise elective theatre productivity by achieving at least 85% utilisation by July 2026.	72%	Director of Acute Services
Sustain 95% of patients having a diagnostic within 6-weeks of referrals for all reportable modalities from April 2026.	90%	Director of Acute Services
Achieve and sustain 95% performance on the 31-day cancer pathway by March 2027.	94.7%	Director of Acute Services

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.

2.3.1 Quality/ Patient Care

The milestones and priorities set out within the Operational Improvement Plan and our local delivery plans are key monitoring tools 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

For measures falling short of agreed performance levels 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 agreed performance levels.

2.3.6 Climate Change

None Highlighted

2.3.7 Other impacts

None Highlighted

2.3.8 Communication, involvement, engagement and consultation

This is an internal performance report and as such no consultation with external stakeholders has been undertaken.

2.3.8 Route to the Meeting

The IPR is developed with the Clinical Boards and services.

2.4 Recommendation

The Board is asked to note the report:

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

The BDG will be asked to confirm the level of assurance it has received from this report. Suggested assurance levels for consideration are outlined below:

- **Systems and Processes** – Moderate Assurance
- **Outcomes** – Limited Assurance

3 List of appendices

The following appendices are included with this report:

- **Appendix 1:** NHS Borders Integrated Performance Report June 2026
- **Appendix 2:** NHSB Quality & Performance Improvement Oversight Report June 2026

Integrated Performance Dashboard

June 2026

Last Refresh Date: 24/07/2026

Integrated Performance Dashboard - Information

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		
	H L	H L	?	P	F
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

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

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

Trend

This is where there are 6 or more points heading upwards or downwards:

Imp. Trend - Improving Trend

Det. Trend - Deteriorating Trend

Measure Name	Aim Statements	Previous Position	Latest Position	RAG	Assurance Status	Variation Status
Emergency Access Standard	Improve urgent and emergency care performance by achieving >75% of patients seen within 4 hours by March 2027.	68.5%	69.7%			H
12 Hour Breaches	Reduce 12-hour waits to <9% by July 2026 and <7% by March 2027.	9.2%	6.5%			L
Length of Stay	Reduce average non-elective length of stay by 1 day by March 2027, Excludes paeds/obstetrics & ITU.	11.1	9.0			
Bed Occupancy	Average number of Acute occupied beds 85%.	82.67%	95.05%			
Delayed Discharges	Sustain delayed discharges at <40.	37	45			L
Ambulance Handover Time	Reduce average ambulance handover times to <30 minutes, with zero tolerance for waits exceeding 60 minutes.	33.12	31.67		F	
AAU Admissions	Increase the number of patients admitted to AAU by 10%.	446	489			H
Outpatient Waiting List	Deliver sustained compliance with outpatient waiting times by achieving zero 52-week waits from April 2027 maintaining zero tolerance for 78+ week waits.	177	123			L
Inpatient Waiting List	Deliver sustained compliance with inpatient waiting time standards by achieving zero 52-week waits from April 2026 and maintaining zero tolerance for 78+ week waits across all specialties, including TTG.	80	83			L
Theatre Utilisation	Maximise elective theatre productivity by achieving at least 85% utilisation by July 2026.	69.6%	71.0%			
Diagnostics Over 6 Weeks	Sustain 95% of patients having a diagnostic within 6-weeks of referrals for all reportable modalities from April 2026.	91%	90%			H

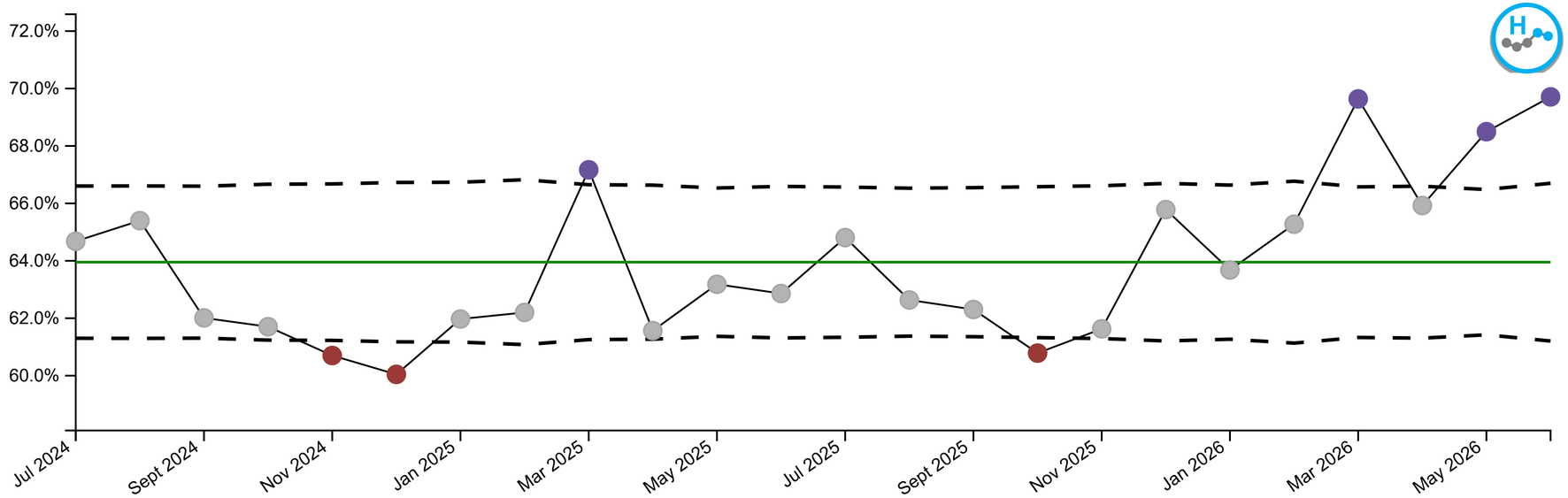
Measure Name	Aim Statement	Previous Position	Latest Position	RAG	Assurance Status	Variation Status
Cancer 62 Days	Improve timely access to cancer treatment by achieving 85% of patients treated within 62 days of urgent referral by March 2027.	83.3%	77.8%		F	
Cancer 31 Days	Achieve and sustain 95% performance on the 31-day cancer pathway by March 2027, ensuring at least 95% of eligible patients start treatment within 31 days of decision to treat.	100.0%	94.7%		?	
CAMHS RTT	90% of patients received CAMHS treatment within 18 weeks of referral.	100.0%	100.0%		?	H
Psychological Therapy	90% of patients received PT treatments within 18 weeks of referral.	84.2%	86.9%		?	
BAS 3 Week Target	90% of patients received BAS treatments within 3 weeks of referral.	100.0%	99.0%		P	

Integrated Performance Dashboard - Urgent & Unscheduled Care

Lead Director: Gareth Clinkscale

Emergency Access Standard

p-Chart: Improve urgent and emergency care performance by achieving >75% of patients seen within 4 hours by March 2027.

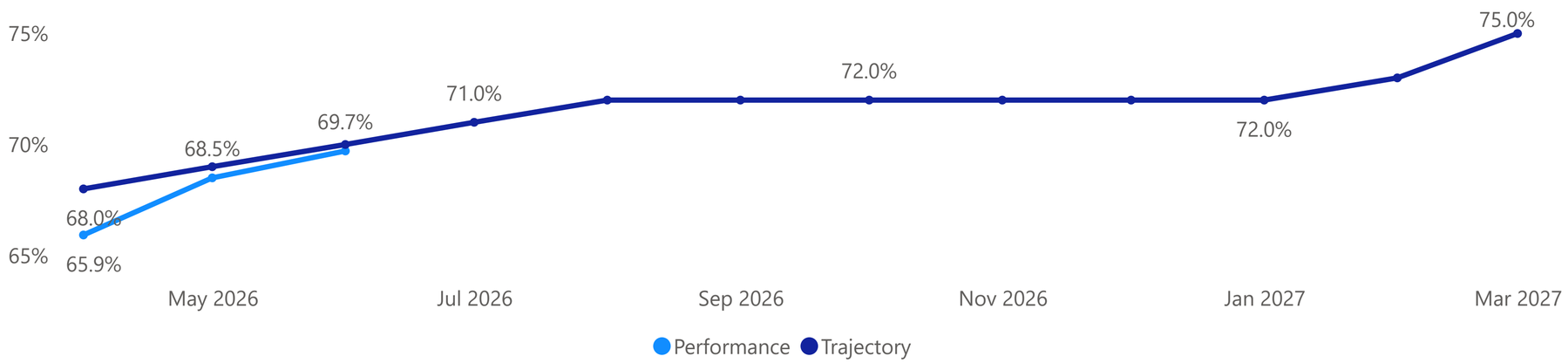


Mean Line — 99% Limits - - - - - - Imp. Trend Det. Trend Imp. Ast. Point Det. Ast. Point Imp. Shift Det. Shift

Current performance is within 10% of tolerance levels, for further detail please see the performance improvement and oversight report.

MonthEndDate	Attendances	Breaches	EAS
30/06/2026	2750	1917	69.7%
31/05/2026	3241	2220	68.5%
30/04/2026	2964	1954	65.9%
31/03/2026	3017	2101	69.6%
28/02/2026	2609	1703	65.3%
31/01/2026	2880	1834	63.7%
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%
30/04/2025	2883	1775	61.6%
31/03/2025	2851	1915	67.2%
28/02/2025	2516	1565	62.2%
31/01/2025	2677	1659	62.0%
31/12/2024	2693	1617	60.0%
30/11/2024	2794	1696	60.7%
31/10/2024	2815	1737	61.7%

Performance against Trajectory

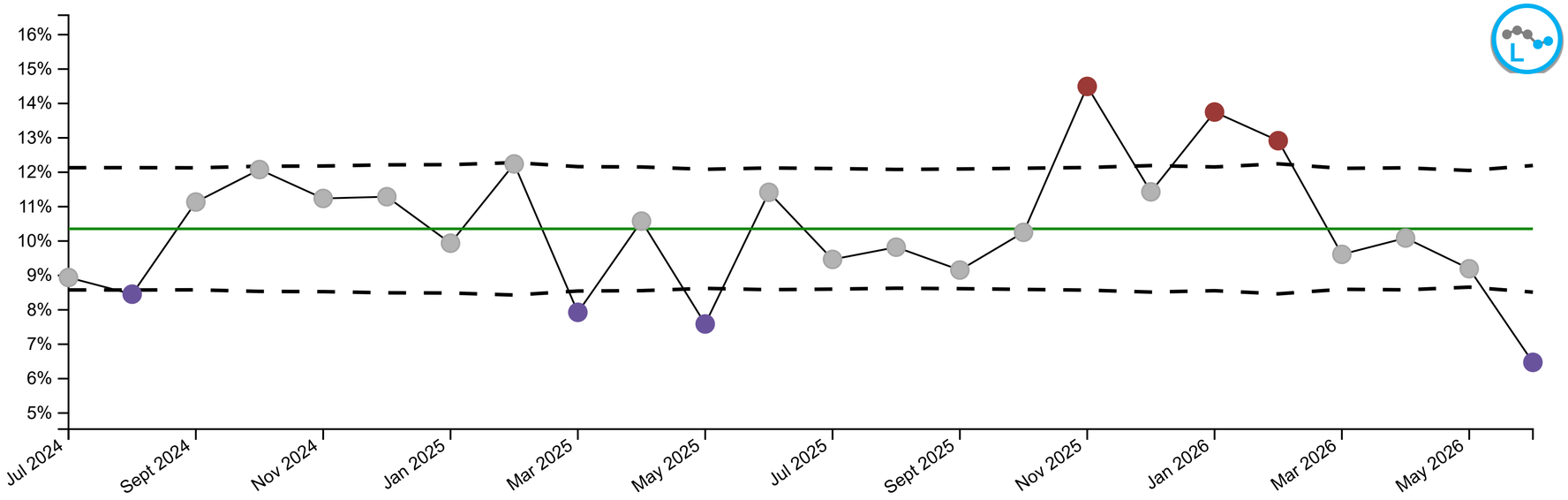


Integrated Performance Dashboard - Urgent & Unscheduled Care

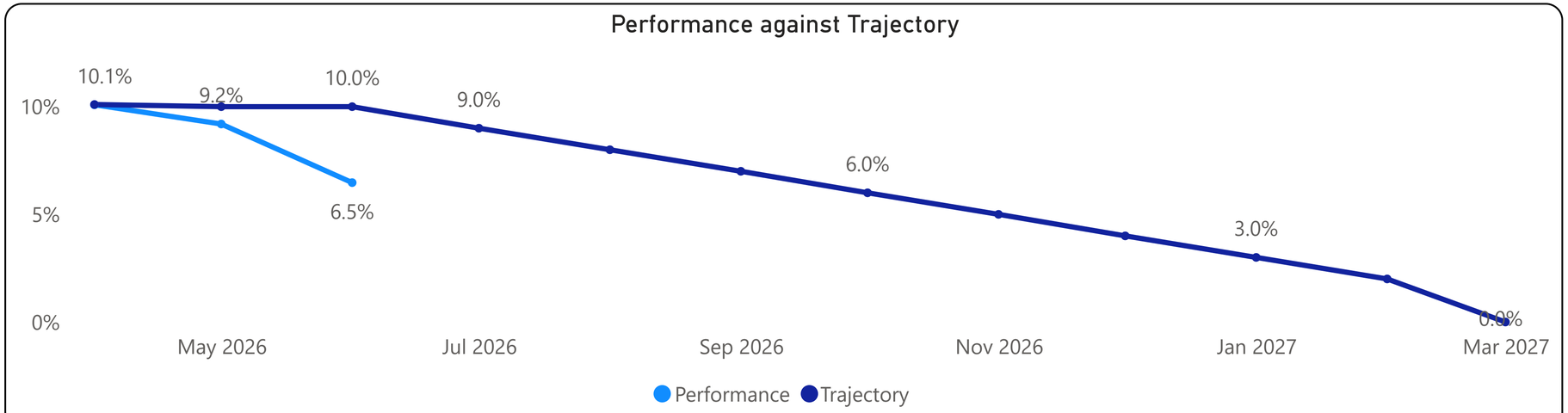
Lead Director: Gareth Clinkscale

12 Hour Delays

u-Chart: Reduce 12-hour waits to <9% by July 2026 and <7% by March 2027.



Mean Line — 99% Limits - - - - - - Imp. Trend Det. Trend Imp. Ast. Point Det. Ast. Point Imp. Shift Det. Shift



Current performance is within normal tolerance levels.

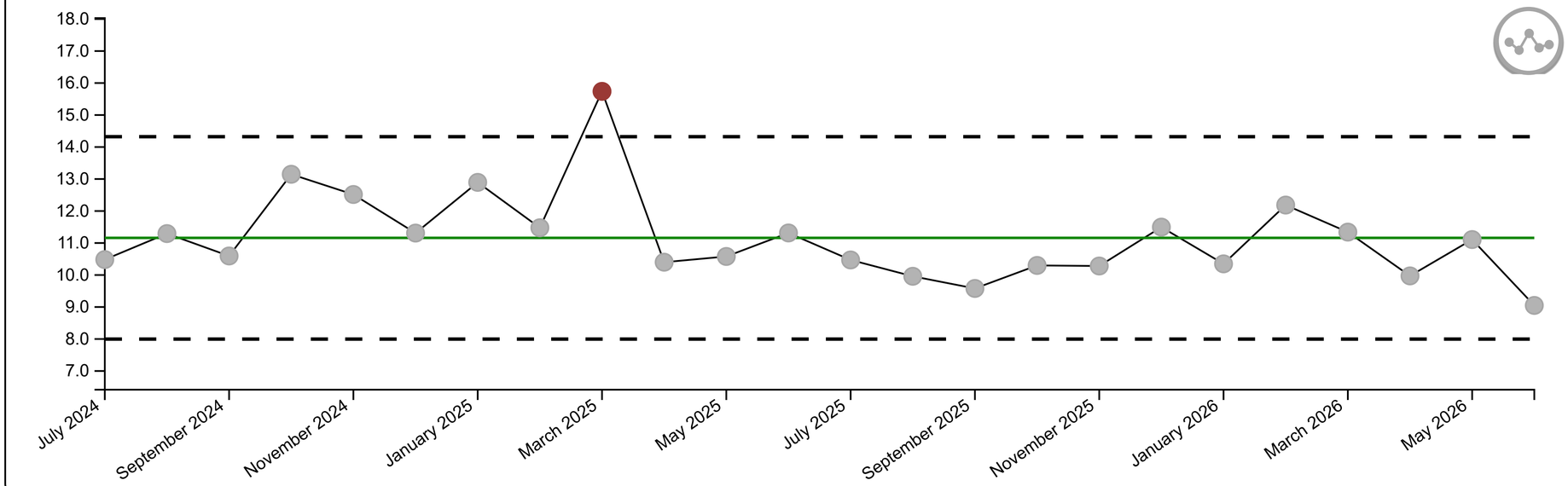
MonthEndDate	Attendances	12 Hour Delays
30/06/2026	2750	178
31/05/2026	3241	298
30/04/2026	2964	299
31/03/2026	3017	290
28/02/2026	2609	337
31/01/2026	2880	396
31/12/2025	2756	315
30/11/2025	2932	425
31/10/2025	3004	308
30/09/2025	3080	282
31/08/2025	3126	307
31/07/2025	3032	287
30/06/2025	2978	340
31/05/2025	3110	236
30/04/2025	2883	305
31/03/2025	2851	226
28/02/2025	2516	308
31/01/2025	2677	266
31/12/2024	2693	304
30/11/2024	2794	314
31/10/2024	2815	340

Integrated Performance Dashboard - Urgent & Unscheduled Care

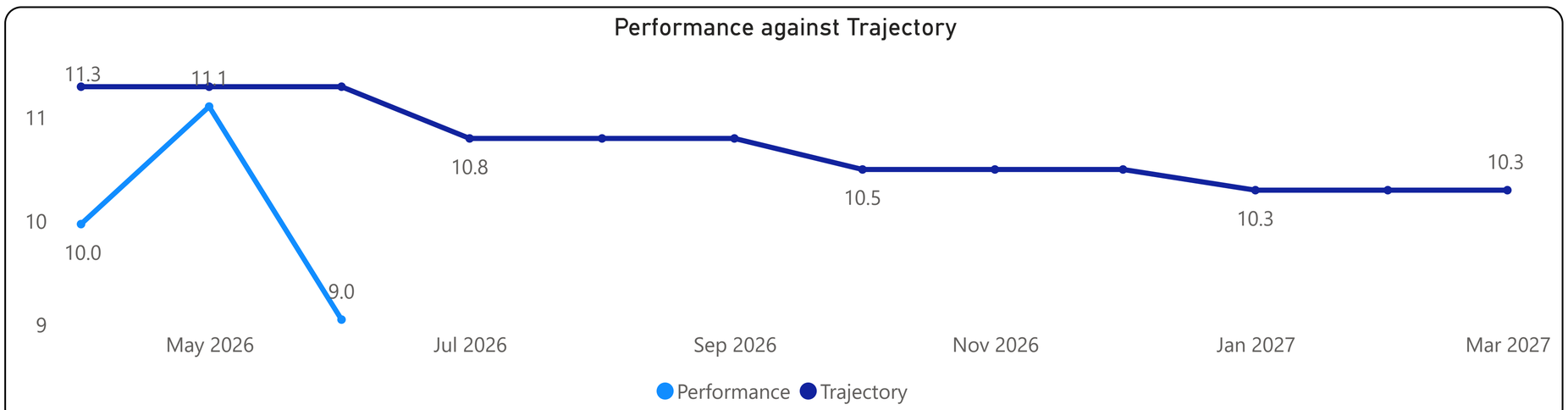
Lead Director: Gareth Clinkscale

Length of Stay

i-Chart: Reduce average non-elective length of stay by 1 day by March 2027, Excludes paeds/obstetrics & ITU.



Mean Line | 99% Limits | Imp. Trend | Det. Trend | Imp. Ast. Point | Det. Ast. Point | Imp. Shift | Det. Shift



Current performance is within normal tolerance levels.

MonthEndDate	Average Length of Stay
June 2026	9.0
May 2026	11.1
April 2026	10.0
March 2026	11.3
February 2026	12.2
January 2026	10.3
December 2025	11.5
November 2025	10.3
October 2025	10.3
September 2025	9.6
August 2025	10.0
July 2025	10.5
June 2025	11.3
May 2025	10.6
April 2025	10.4
March 2025	15.7
February 2025	11.5
January 2025	12.9
December 2024	11.3
November 2024	12.5
October 2024	13.1

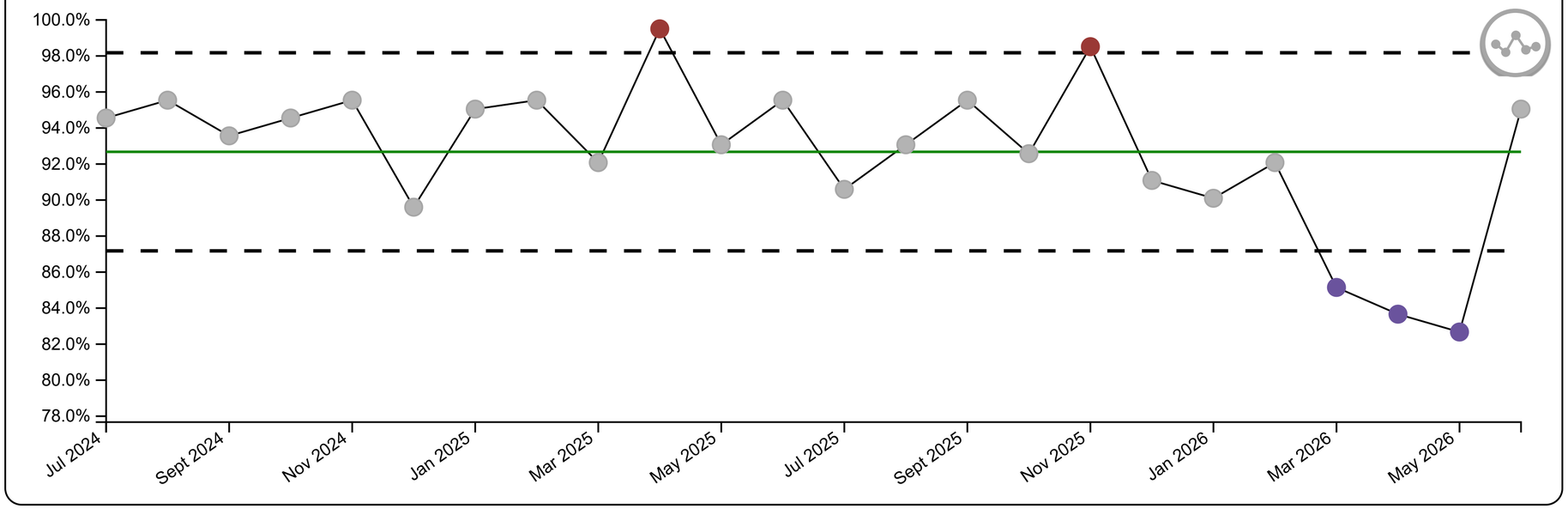
Integrated Performance Dashboard - Urgent & Unscheduled Care

NHS Borders

Lead Director: Gareth Clinkscale

Average Acute Occupancy

p-Chart: Average number of Acute occupied beds 85%.

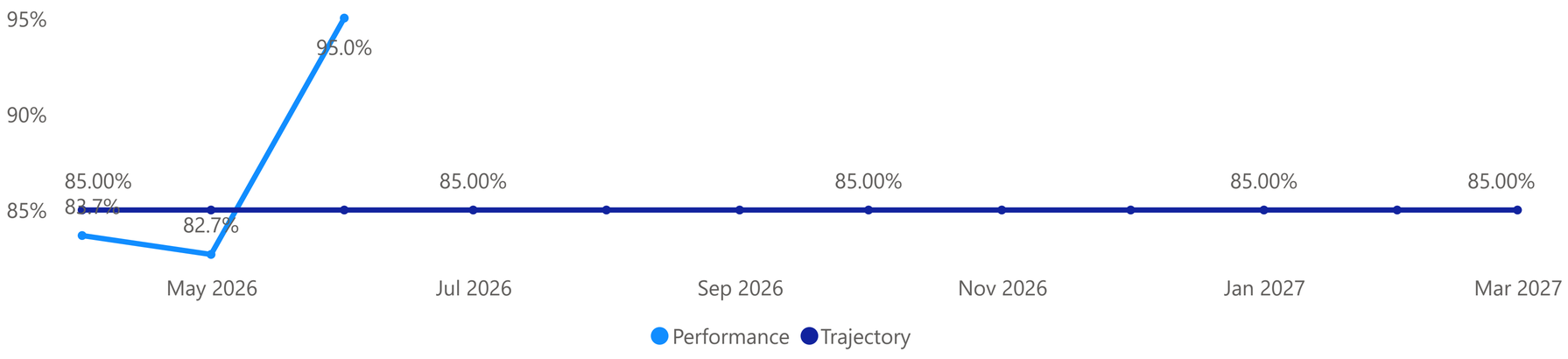


Mean Line — 99% Limits - - - - - - Imp. Trend Det. Trend Imp. Ast. Point Det. Ast. Point Imp. Shift Det. Shift

Current performance is outwith normal tolerance levels, please see the performance improvement and oversight report.

EndOfMonth	Occupied Beds	%
30/06/2026	192	95.0%
31/05/2026	167	82.7%
30/04/2026	169	83.7%
31/03/2026	172	85.1%
28/02/2026	186	92.1%
31/01/2026	182	90.1%
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%
30/04/2025	201	99.5%
31/03/2025	186	92.1%
28/02/2025	193	95.5%
31/01/2025	192	95.0%
31/12/2024	181	89.6%
30/11/2024	193	95.5%
31/10/2024	191	94.6%

Performance against Trajectory

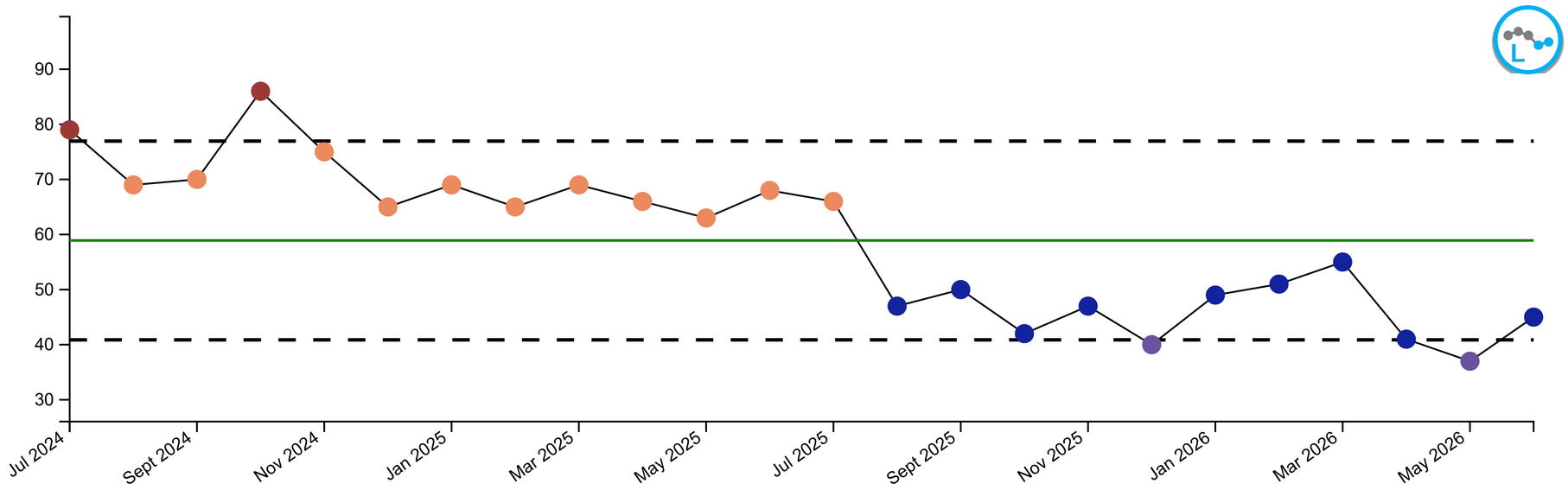


Integrated Performance Dashboard - Urgent & Unscheduled Care

Lead Director: Gareth Clinkscale

Delayed Discharges

i-Chart: Sustain delayed discharges at <40.

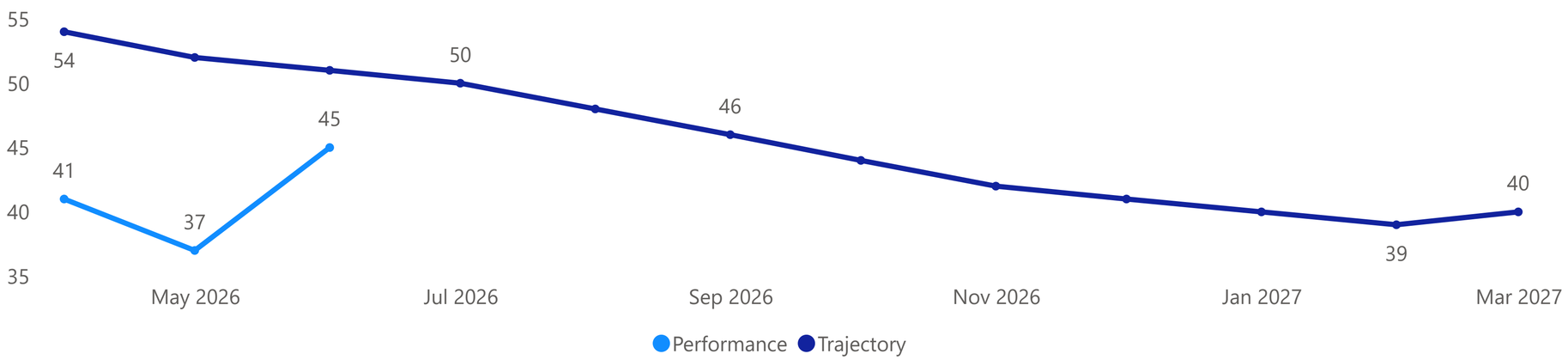


Mean Line | 99% Limits | Imp. Trend | Det. Trend | Imp. Ast. Point | Det. Ast. Point | Imp. Shift | Det. Shift

Current performance is within normal tolerance levels.

EndOfMonth	Delayed Discharges
30/06/2026	45
31/05/2026	37
30/04/2026	41
31/03/2026	55
28/02/2026	51
31/01/2026	49
31/12/2025	40
30/11/2025	47
31/10/2025	42
30/09/2025	50
31/08/2025	47
31/07/2025	66
30/06/2025	68
31/05/2025	63
30/04/2025	66
31/03/2025	69
28/02/2025	65
31/01/2025	69
31/12/2024	65
30/11/2024	75
31/10/2024	86

Performance against Trajectory



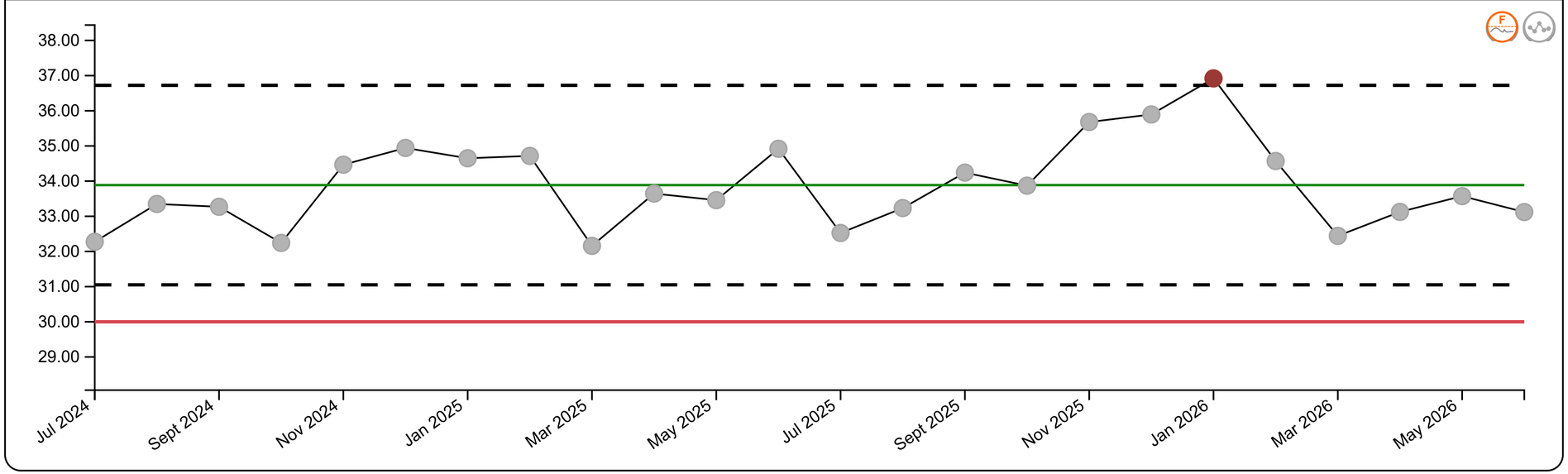
Integrated Performance Dashboard - Urgent & Unscheduled Care

NHS Borders

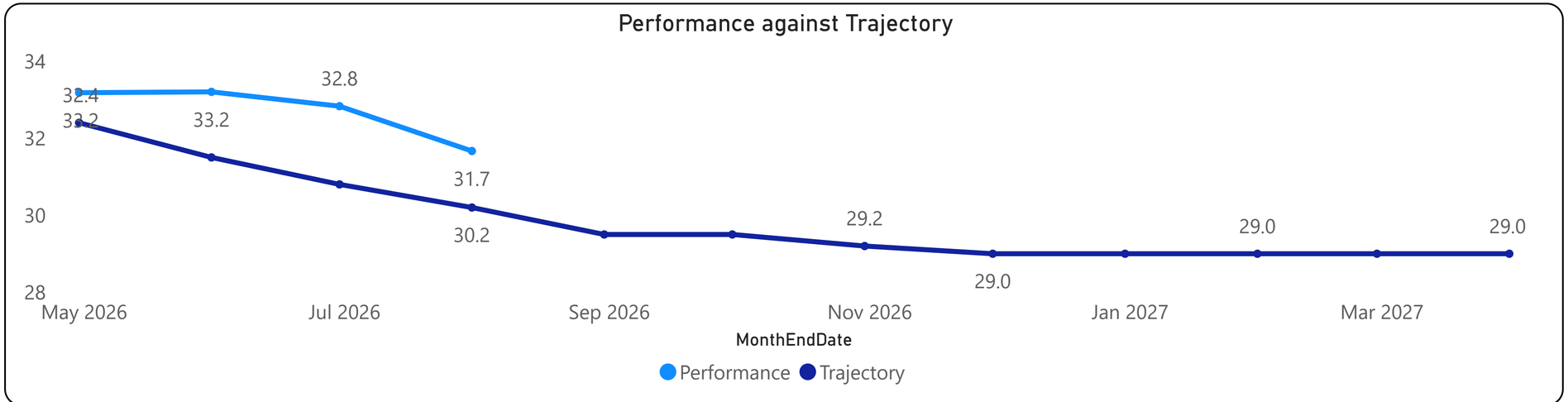
Lead Director: Gareth Clinkscale

Ambulance Handover Time

i-Chart: Reduce average ambulance handover times to <30 minutes, with zero tolerance for waits exceeding 60 minutes.



Mean Line | 99% Limits | Imp. Trend | Det. Trend | Imp. Ast. Point | Det. Ast. Point | Imp. Shift | Det. Shift



Current performance is within 10% of tolerance levels, for further detail please see the performance improvement and oversight report.

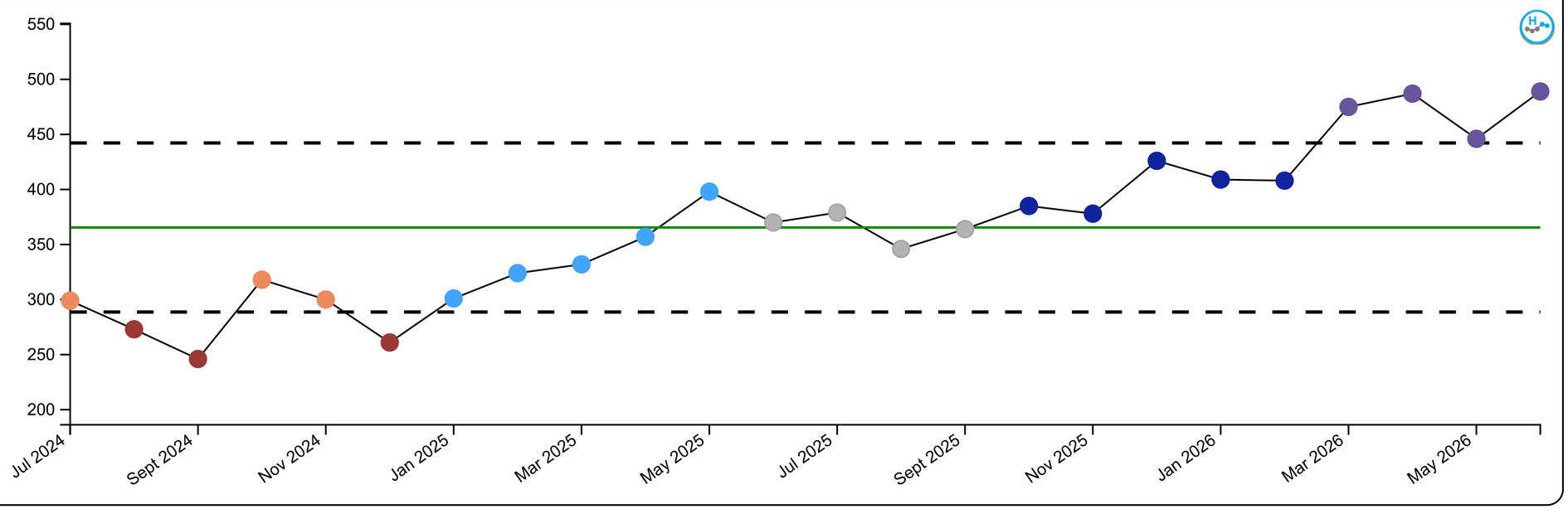
EndOfMonth	Handover Times (Minutes)
30/06/2026	33.1
31/05/2026	33.6
30/04/2026	33.1
31/03/2026	32.4
28/02/2026	34.6
31/01/2026	36.9
31/12/2025	35.9
30/11/2025	35.7
31/10/2025	33.9
30/09/2025	34.2
31/08/2025	33.2
31/07/2025	32.5
30/06/2025	34.9
31/05/2025	33.5
30/04/2025	33.6
31/03/2025	32.2
28/02/2025	34.7
31/01/2025	34.7
31/12/2024	34.9
30/11/2024	34.5

Integrated Performance Dashboard - Urgent & Unscheduled Care

Lead Director: Gareth Clinkscale

AAU Admissions

i-Chart: Increase the number of patients admitted to AAU by 10%.

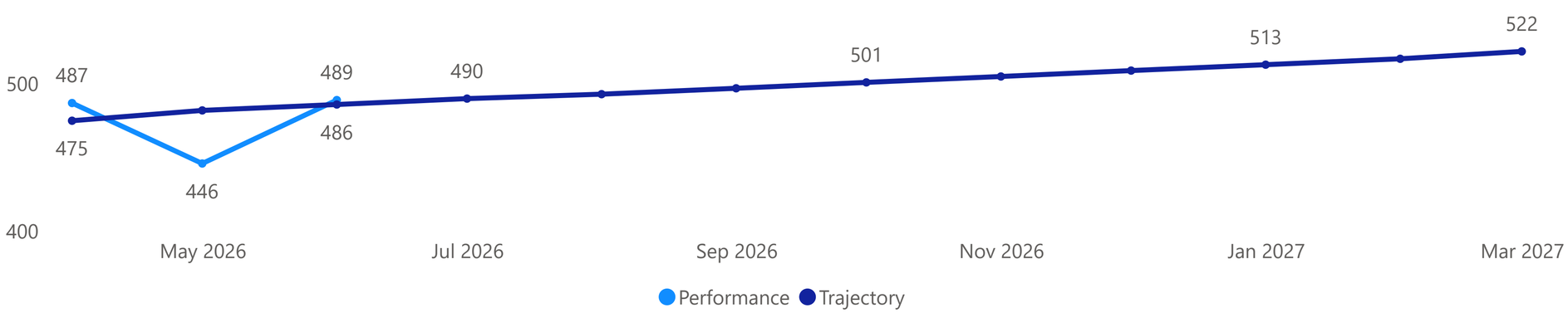


Mean Line — 99% Limits - - - - - - Imp. Trend Det. Trend Imp. Ast. Point Det. Ast. Point Imp. Shift Det. Shift

Current performance is within normal tolerance levels.

MonthEndDate	Admissions
30/06/2026	489
31/05/2026	446
30/04/2026	487
31/03/2026	475
28/02/2026	408
31/01/2026	409
31/12/2025	426
30/11/2025	378
31/10/2025	385
30/09/2025	364
31/08/2025	346
31/07/2025	379
30/06/2025	370
31/05/2025	398
30/04/2025	357
31/03/2025	332
28/02/2025	324
31/01/2025	301
31/12/2024	261
30/11/2024	300

Performance against Trajectory

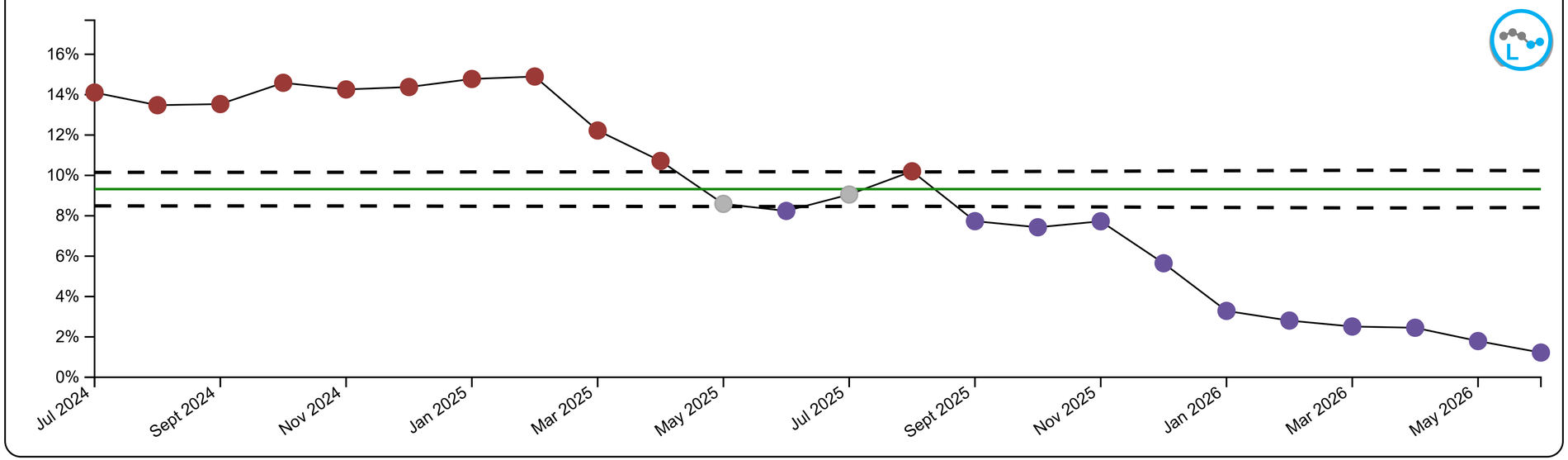


Integrated Performance Dashboard - Planned Care

Lead Director: Oliver Bennett

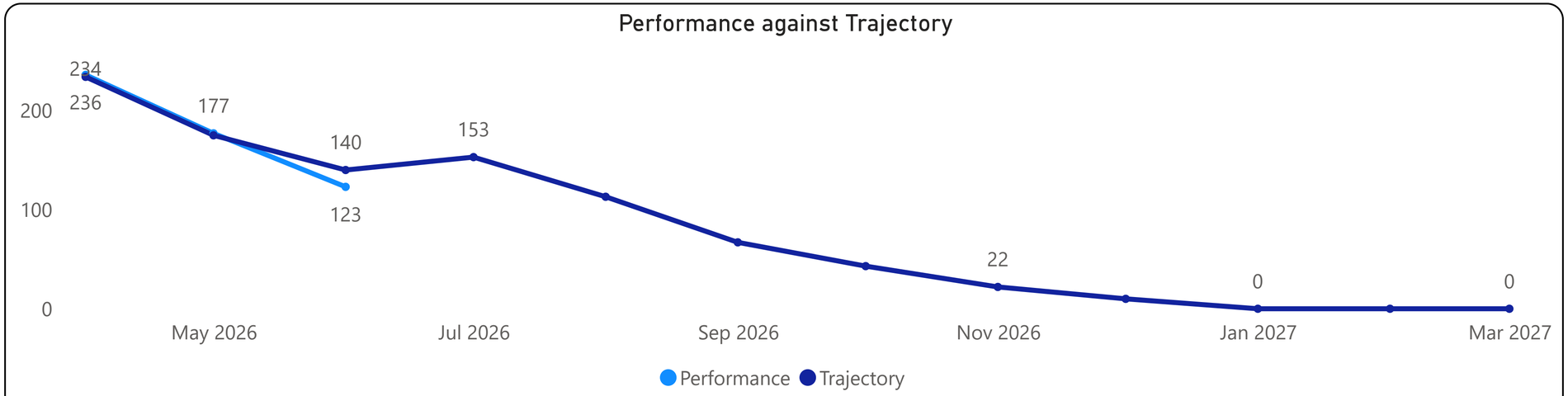
NOP - Over 52 Weeks

u-Chart: Deliver sustained compliance with outpatient waiting times by achieving zero 52-week waits from April 2027 maintaining zero tolerance for 78+ week waits.



Mean Line | 99% Limits | Imp. Trend | Det. Trend | Imp. Ast. Point | Det. Ast. Point | Imp. Shift | Det. Shift

Performance against Trajectory



Current performance is within normal tolerance levels.

The Waiting Times trajectories are based on the planning assumption that the Scottish Government will allocate funding to support this level of performance. If funding is not allocated, or if a reduced allocation is received, the trajectories will need to be reviewed.

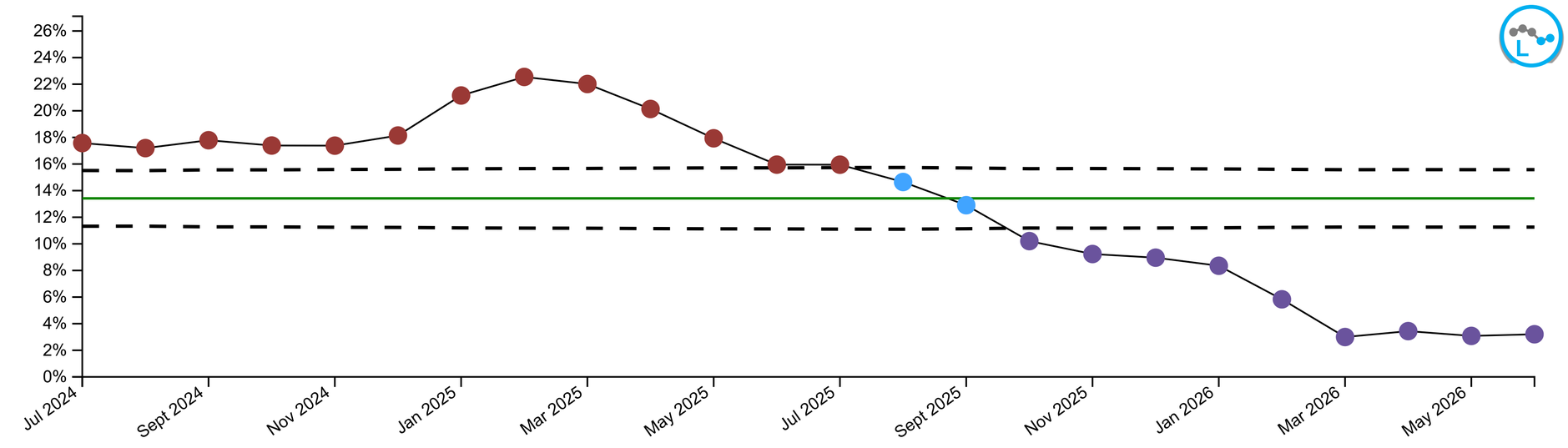
EndOfMonth	Waiting Over 52 Weeks
30/06/2026	123
31/05/2026	177
30/04/2026	236
31/03/2026	243
28/02/2026	278
31/01/2026	334
31/12/2025	585
30/11/2025	832
31/10/2025	808
30/09/2025	877
31/08/2025	1185
31/07/2025	1034
30/06/2025	930
31/05/2025	972

Integrated Performance Dashboard - Planned Care

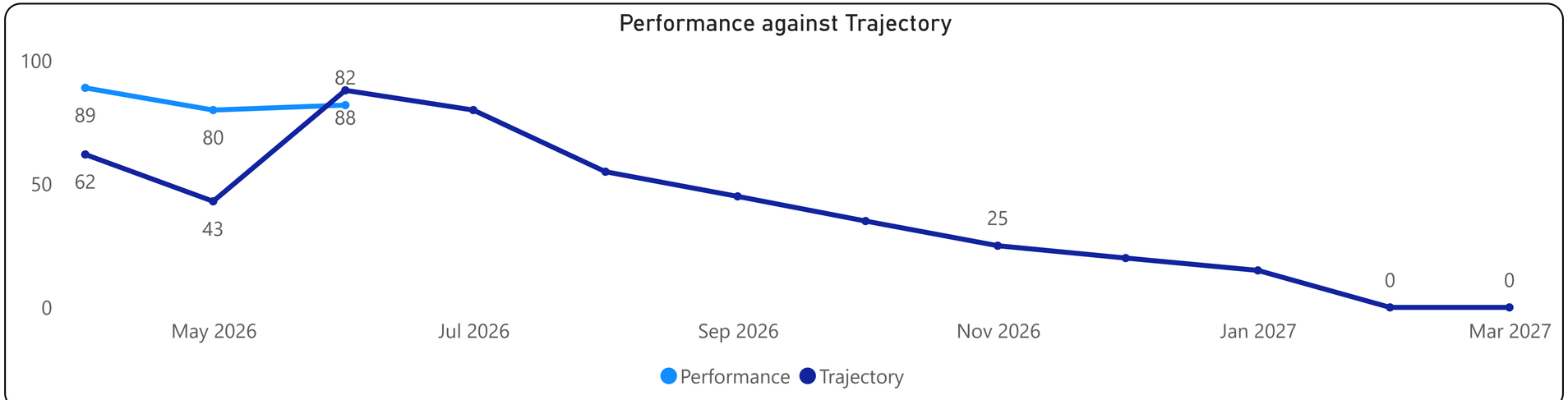
Lead Director: Oliver Bennett

TTG - Over 52 Weeks

u-Chart: Deliver sustained compliance with inpatient waiting time standards by achieving zero 52-week waits from April 2026 and maintaining zero tolerance for 78+ week waits across all specialties, including TTG.



Mean Line — 99% Limits - - - - - - Imp. Trend Det. Trend Imp. Ast. Point Det. Ast. Point Imp. Shift Det. Shift



Current performance is within normal tolerance levels.

The Waiting Times trajectories are based on the planning assumption that the Scottish Government will allocate funding to support this level of performance. If funding is not allocated, or if a reduced allocation is received, the trajectories will need to be reviewed.

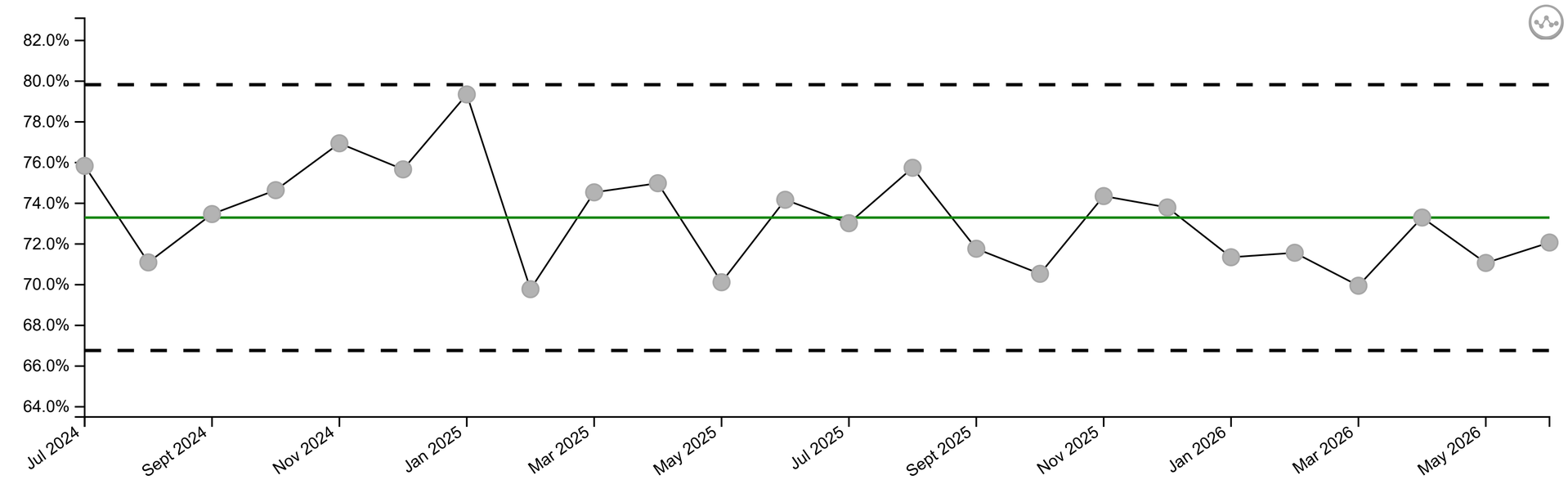
EndOfMonth	Waiting Over 52 Weeks
30/06/2026	83
31/05/2026	80
30/04/2026	89
31/03/2026	78
28/02/2026	148
31/01/2026	206
31/12/2025	218
30/11/2025	222
31/10/2025	248
30/09/2025	299
31/08/2025	329
31/07/2025	360
30/06/2025	366

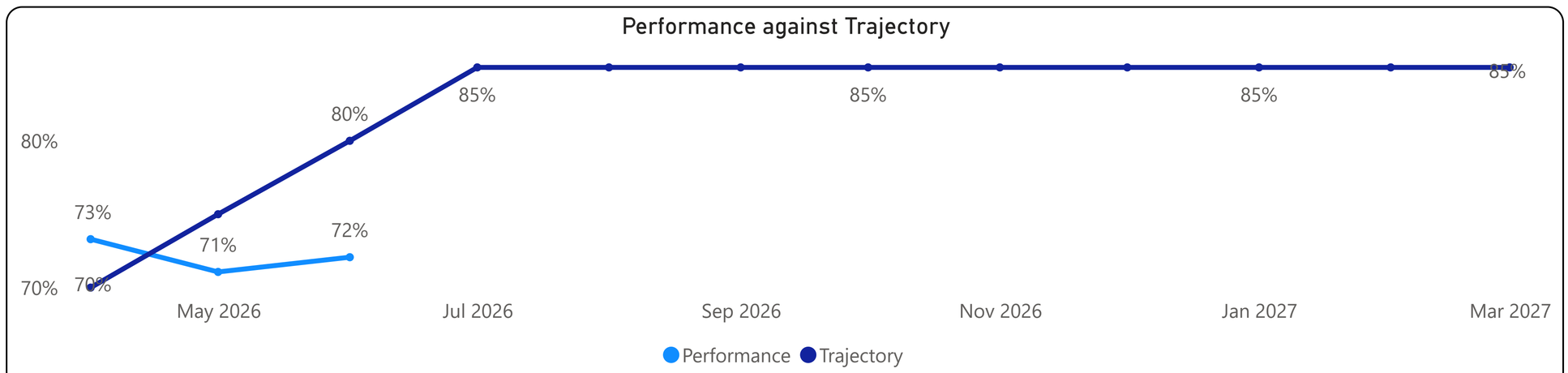
Integrated Performance Dashboard - Planned Care

Lead Director: Oliver Bennett

Theatre Utilisation

i-Chart: Maximise elective theatre productivity by achieving at least 85% utilisation by July 2026.





Current performance is within 10% of tolerance levels, for further detail please see the performance improvement and oversight report.

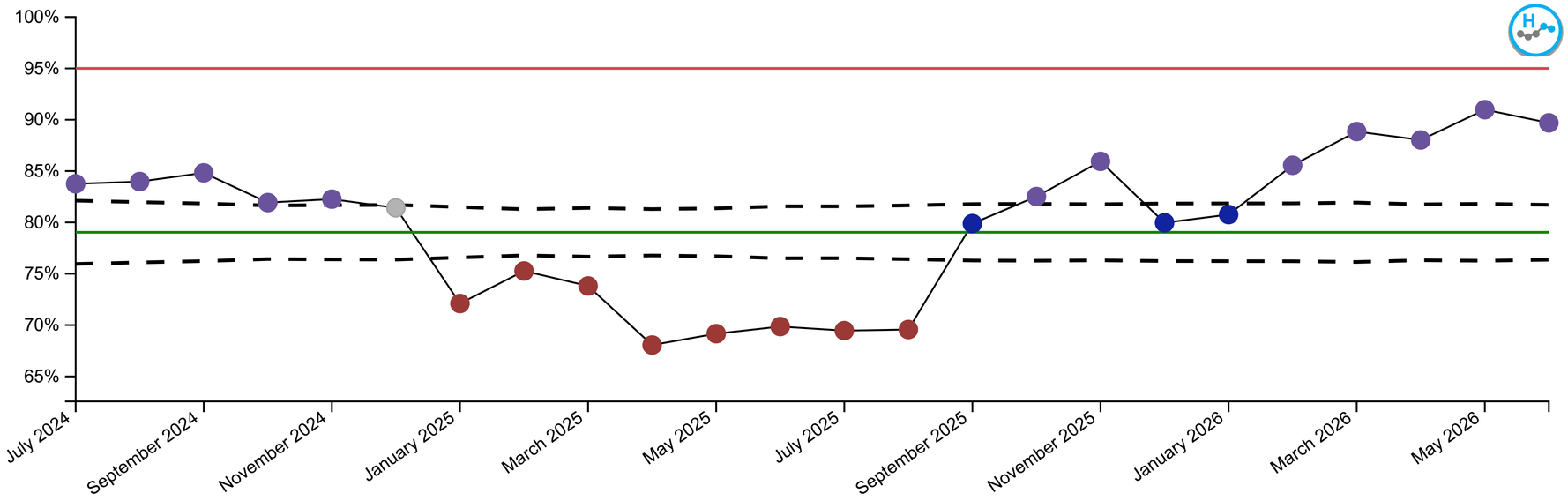
MonthEnding	Utilisation %
30/06/2026	72.1%
31/05/2026	71.1%
30/04/2026	73.3%
31/03/2026	69.9%
28/02/2026	71.6%
31/01/2026	71.3%
31/12/2025	73.8%
30/11/2025	74.4%
31/10/2025	70.5%
30/09/2025	71.8%
31/08/2025	75.7%
31/07/2025	73.0%
30/06/2025	74.2%
31/05/2025	70.1%
30/04/2025	75.0%
31/03/2025	74.5%
28/02/2025	69.8%
31/01/2025	79.3%
31/12/2024	75.7%
30/11/2024	76.9%
31/10/2024	74.6%

Integrated Performance Dashboard - Planned Care

Lead Director: Oliver Bennett

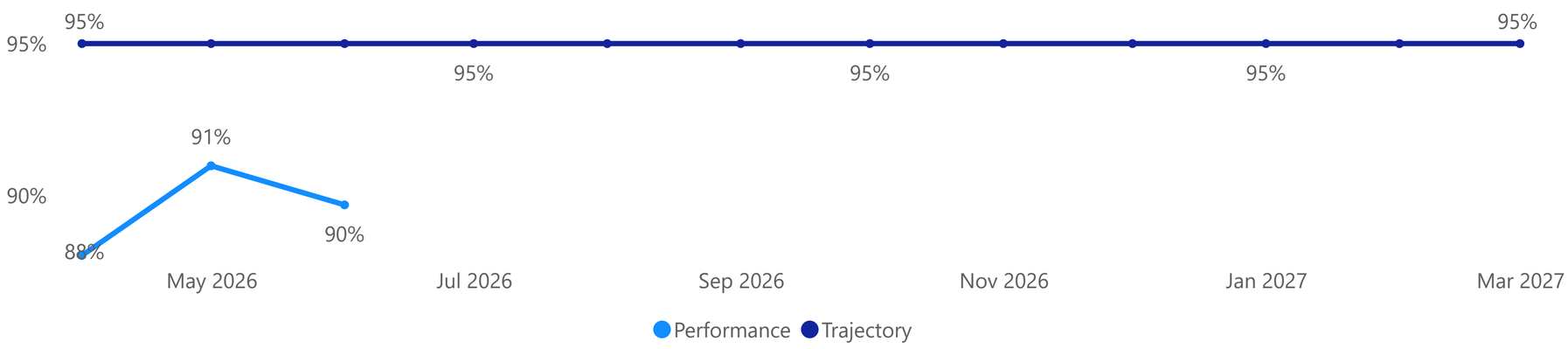
Diagnostic Patients Seen within 6 Weeks

i-Chart: Sustain 95% of patients having a diagnostic within 6-weeks of referrals for all reportable modalities from April 2026.



Mean Line | 99% Limits | Imp. Trend | Det. Trend | Imp. Ast. Point | Det. Ast. Point | Imp. Shift | Det. Shift

Performance against Trajectory



Current performance is within 10% of tolerance levels, for further detail please see the performance improvement and oversight report.

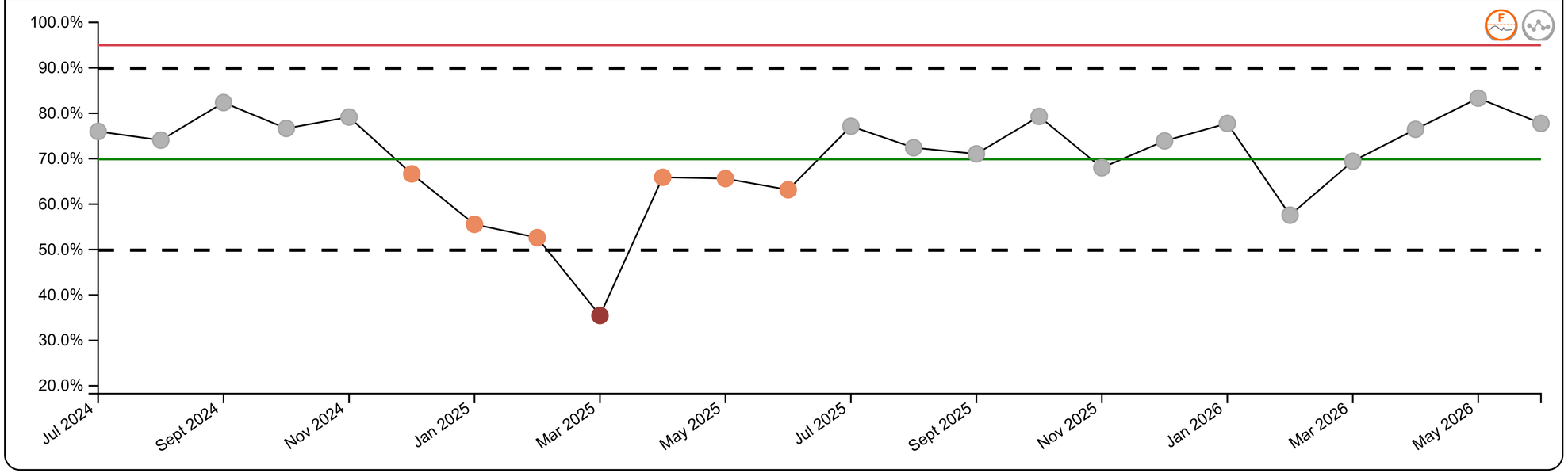
Month/Year	Seen within 6 Weeks	%
June 2026	1871	90%
May 2026	1765	91%
April 2026	1772	88%
March 2026	1585	89%
February 2026	1606	86%
January 2026	1524	81%
December 2025	1521	80%
November 2025	1718	86%
October 2025	1605	83%
September 2025	1577	80%
August 2025	1511	70%
July 2025	1624	69%
June 2025	1627	70%
May 2025	1902	69%
April 2025	1990	68%
March 2025	1956	74%
February 2025	2222	75%
January 2025	1778	72%
December 2024	1713	81%
November 2024	1758	82%

Integrated Performance Dashboard - Cancer Care

Lead Director: Oliver Bennett

Cancer - Treated within 62 Days

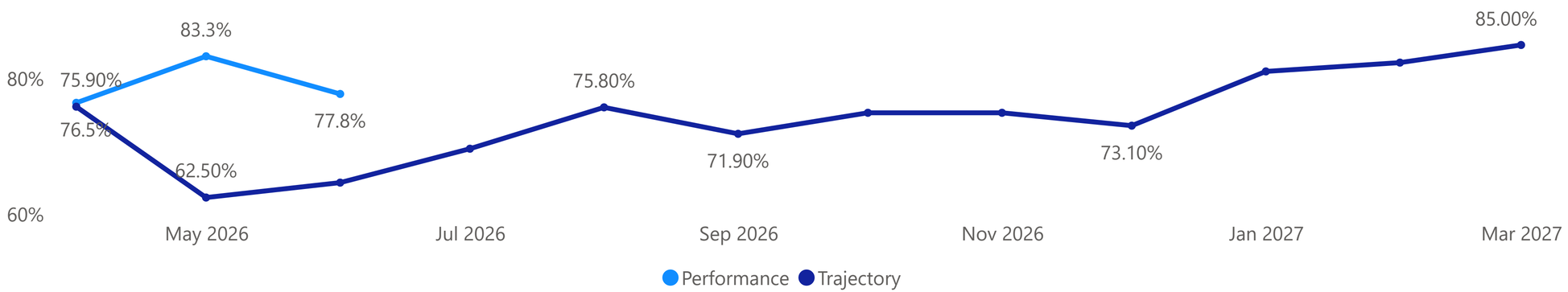
i-Chart: Improve timely access to cancer treatment by achieving 85% of patients treated within 62 days of urgent referral by March 2027.



Current performance is within normal tolerance levels.

Treat Month	62Day%
June 2026	77.8%
May 2026	83.3%
April 2026	76.5%
March 2026	69.4%
February 2026	57.6%
January 2026	77.8%
December 2025	73.9%
November 2025	68.0%
October 2025	79.3%
September 2025	71.1%
August 2025	72.4%
July 2025	77.1%
June 2025	63.2%
May 2025	65.6%
April 2025	65.9%
March 2025	35.5%
February 2025	52.6%
January 2025	55.6%
December 2024	66.7%

Performance against Trajectory



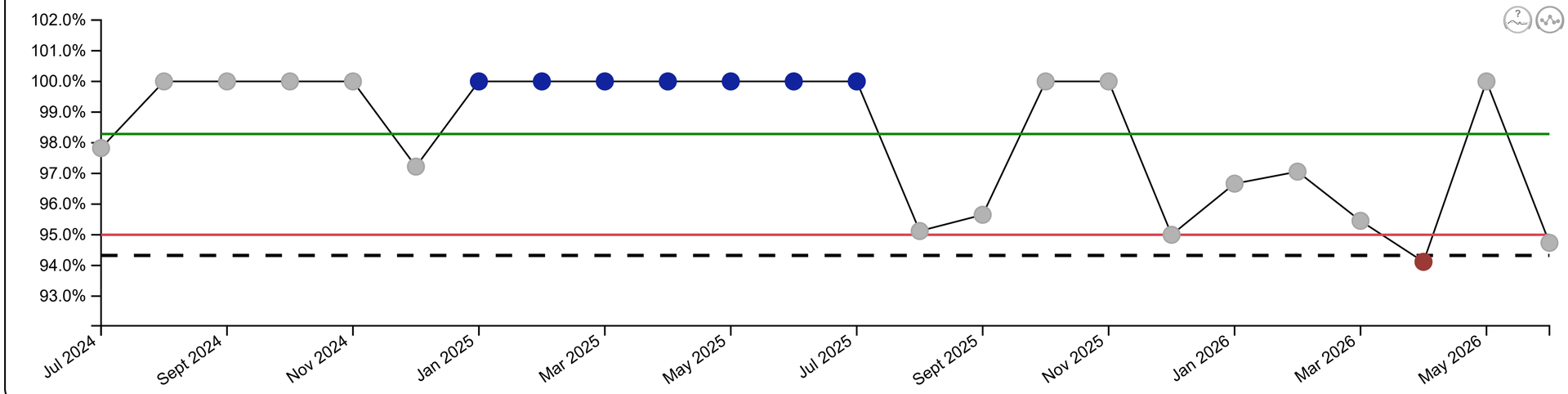
95% Target | Mean Line | 99% Limits | Imp. Trend | Det. Trend | Imp. Ast. Point | Det. Ast. Point | Imp. Shift | Det. Shift

Integrated Performance Dashboard - Cancer Care

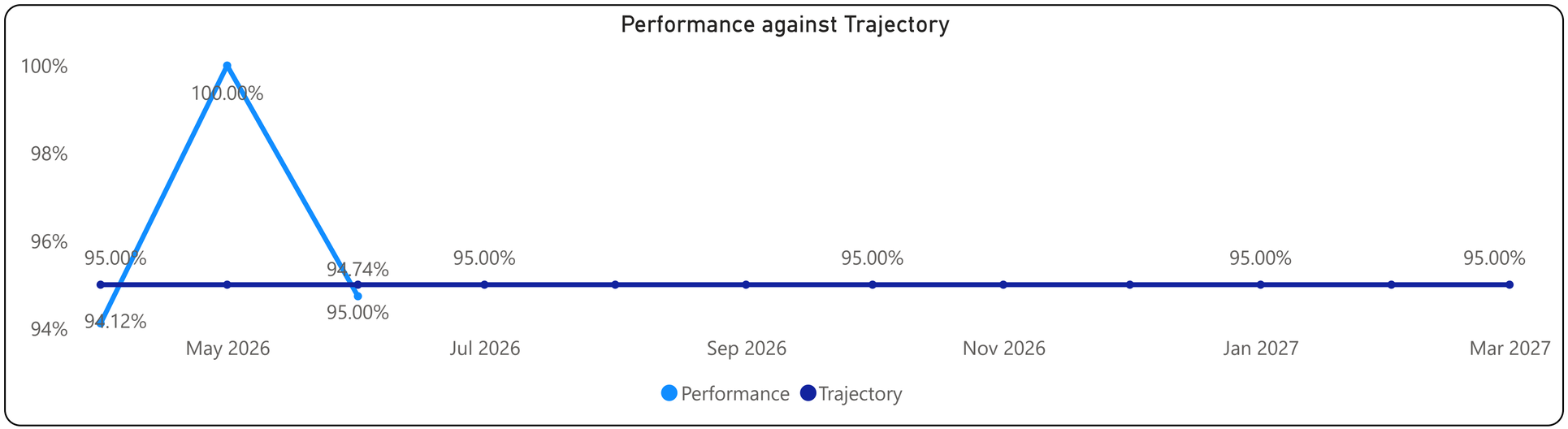
Lead Director: Oliver Bennett

Cancer - Treated within 31 Days

i-Chart: Achieve and sustain 95% performance on the 31-day cancer pathway by March 2027, ensuring at least 95% of eligible patients start treatment within 31 days of decision to treat.



Mean Line | 99% Limits | Imp. Trend | Det. Trend | Imp. Ast. Point | Det. Ast. Point | Imp. Shift | Det. Shift



Current performance is within 10% of tolerance levels, for further detail please see the performance improvement and oversight report.

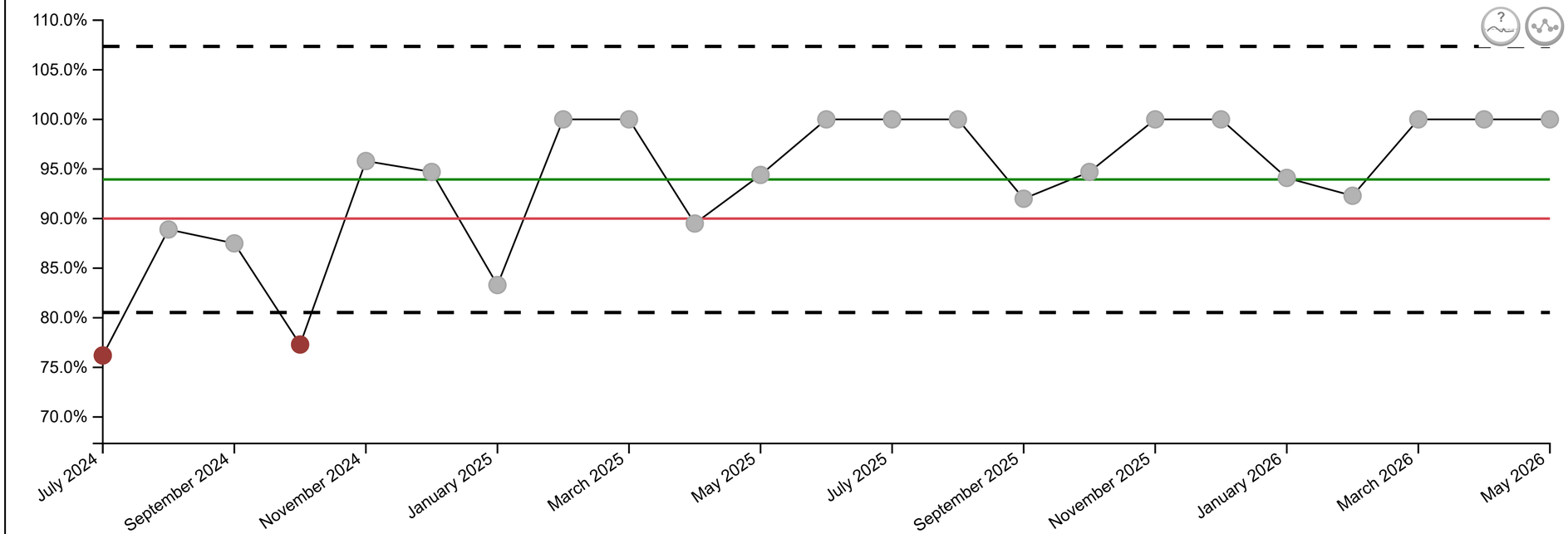
Treat Month	31Day%
June 2026	94.7%
May 2026	100.0%
April 2026	94.1%
March 2026	95.5%
February 2026	97.1%
January 2026	96.7%
December 2025	95.0%
November 2025	100.0%
October 2025	100.0%
September 2025	95.7%
August 2025	95.1%
July 2025	100.0%
June 2025	100.0%
May 2025	100.0%
April 2025	100.0%
March 2025	100.0%
February 2025	100.0%
January 2025	100.0%
December 2024	97.2%
November 2024	100.0%

Integrated Performance Dashboard - Mental Health

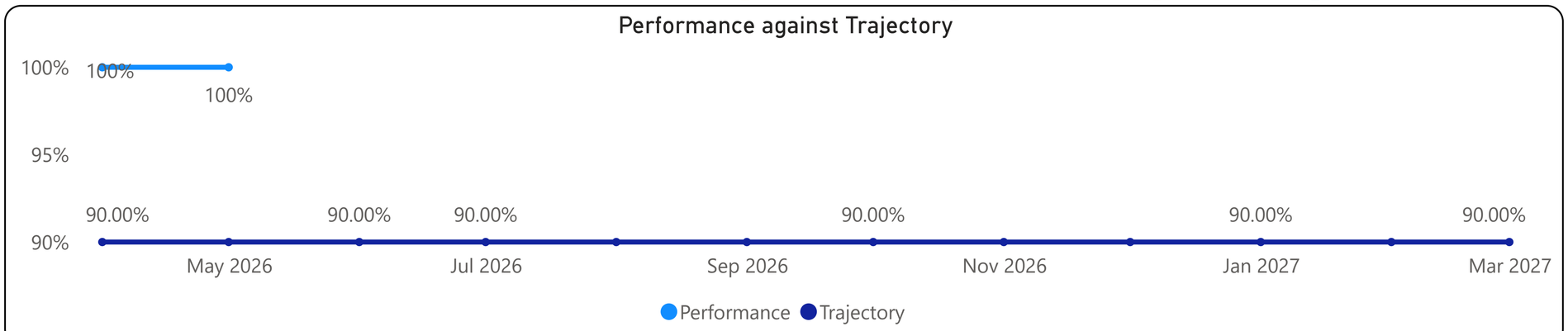
Lead Director: Gareth Clinkscale

CAMHS RTT

i-Chart: 90% of patients received CAMHS treatment within 18 weeks of referral.



Mean Line — 99% Limits - - - - - - Imp. Trend Det. Trend Imp. Ast. Point Det. Ast. Point Imp. Shift Det. Shift



Current performance is within normal tolerance levels.

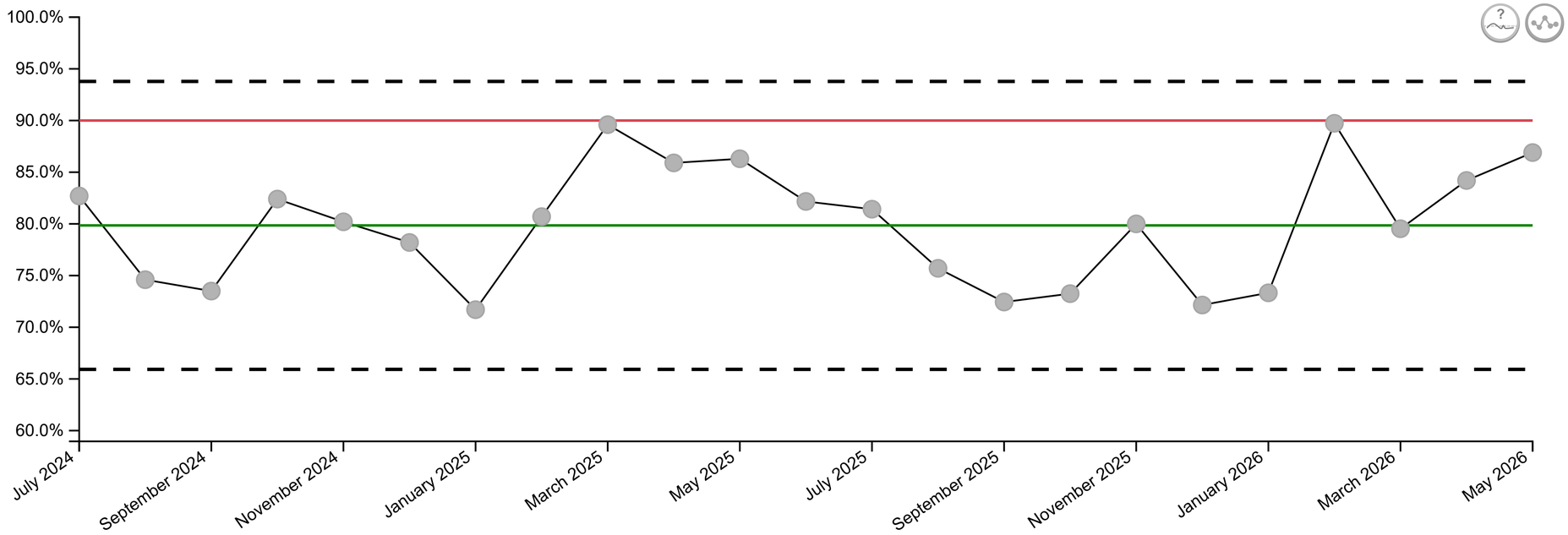
Month	Treatment %
May 2026	100.00%
April 2026	100.00%
March 2026	100.00%
February 2026	92.30%
January 2026	94.10%
December 2025	100.00%
November 2025	100.00%
October 2025	94.70%
September 2025	92.00%
August 2025	100.00%
July 2025	100.00%
June 2025	100.00%
May 2025	94.40%
April 2025	89.50%
March 2025	100.00%
February 2025	100.00%
January 2025	83.30%
December 2024	94.70%
November 2024	95.80%
October 2024	77.30%
September 2024	87.50%

Integrated Performance Dashboard - Mental Health

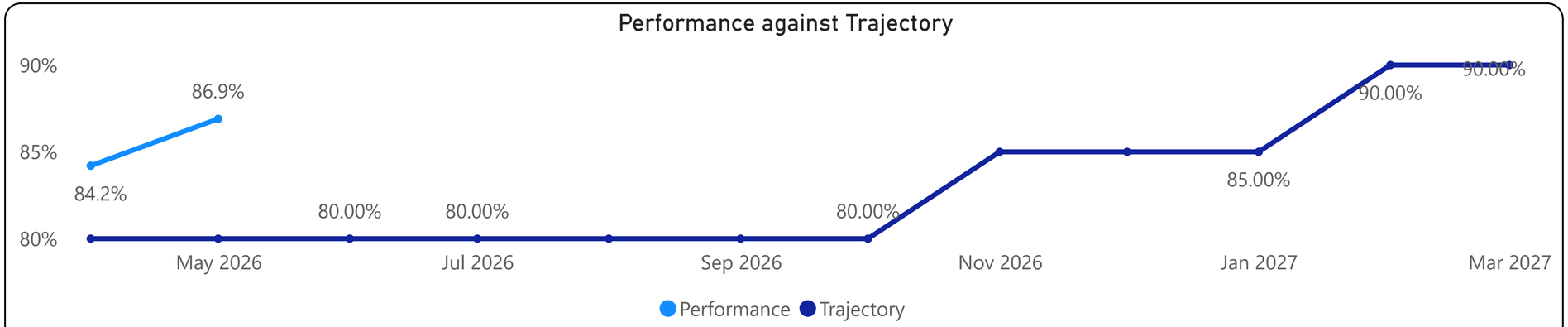
Lead Director: Gareth Clinkscale

Psychological Therapy

i-Chart: 90% of patients received PT treatments within 18 weeks of referral.



Mean Line | 99% Limits | Imp. Trend | Det. Trend | Imp. Ast. Point | Det. Ast. Point | Imp. Shift | Det. Shift



Current performance is within normal tolerance levels.

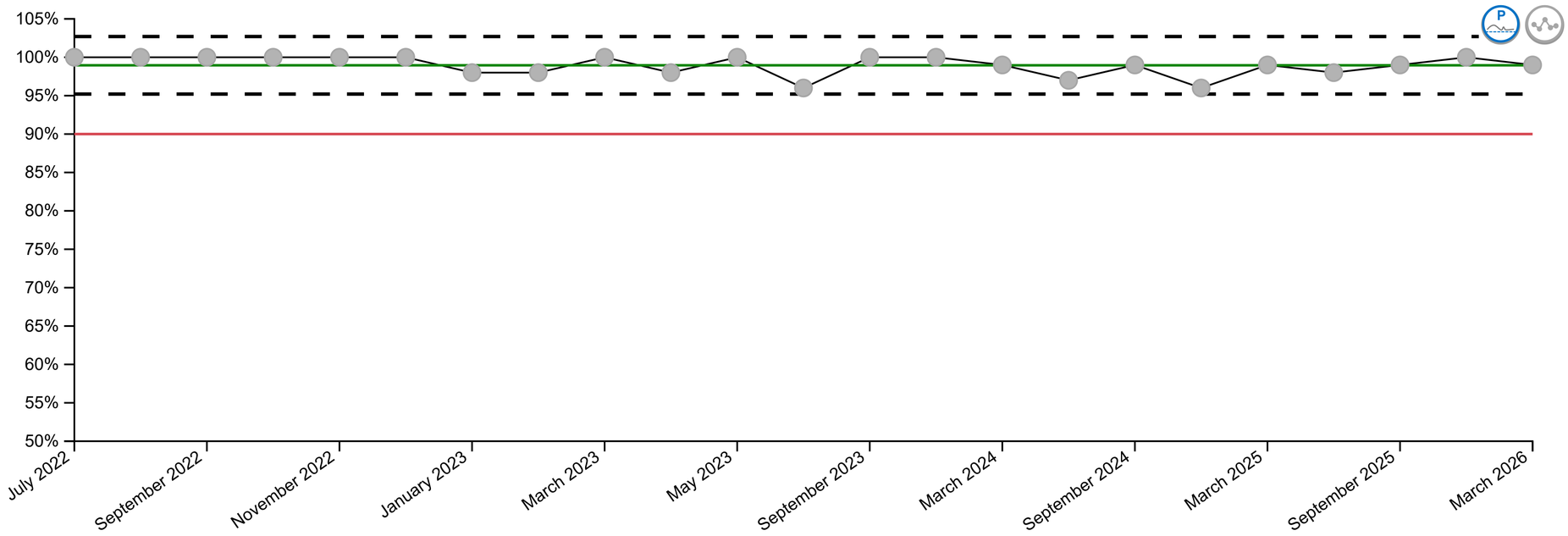
Month	Treatment %
May 2026	86.9%
April 2026	84.2%
March 2026	79.5%
February 2026	89.7%
January 2026	73.3%
December 2025	72.2%
November 2025	80.0%
October 2025	73.3%
September 2025	72.4%
August 2025	75.7%
July 2025	81.4%
June 2025	82.2%
May 2025	86.3%
April 2025	85.9%
March 2025	89.6%
February 2025	80.7%
January 2025	71.7%
December 2024	78.2%
November 2024	80.2%
October 2024	82.4%
September 2024	73.5%

Integrated Performance Dashboard - Mental Health

Lead Director: Gareth Clinkscale

BAS 3 Week Target

i-Chart: 90% of patients received BAS treatments within 3 weeks of referral.

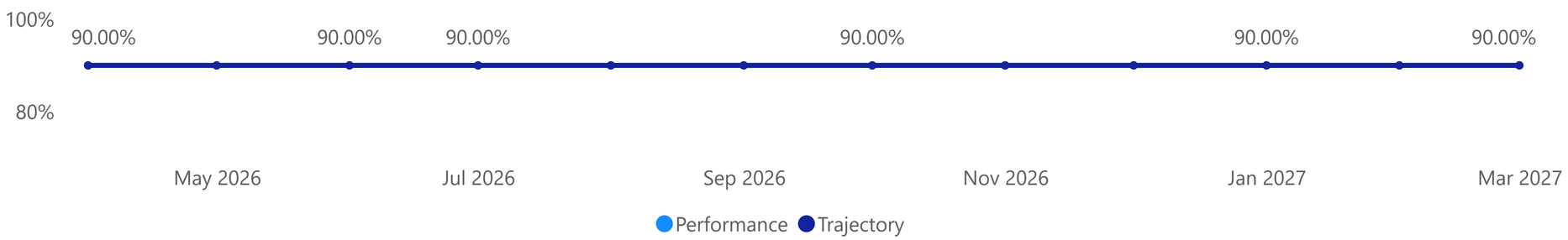


Mean Line | 99% Limits | Imp. Trend | Det. Trend | Imp. Ast. Point | Det. Ast. Point | Imp. Shift | Det. Shift

Current performance is within normal tolerance levels.

Date	Treatment %
March 2026	99%
December 2025	100%
September 2025	99%
June 2025	98%
March 2025	99%
December 2024	96%
September 2024	99%
June 2024	97%
March 2024	99%
December 2023	100%
September 2023	100%
June 2023	96%
May 2023	100%
April 2023	98%
March 2023	100%
February 2023	98%
January 2023	98%
December 2022	100%
November 2022	100%
October 2022	100%
September 2022	100%

Performance against Trajectory



Integrated Performance Dashboard - Methods & Sources

NHS Borders

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. Exlcudes peadiatric 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	Cancer WT Database (Excel)	Data subject to	Weekly

Integrated Performance Dashboard - Methods & Sources

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 - Treaments	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

Quality & Performance Improvement Oversight Report

July 2026

(June Performance)

Performance Gap Recovery Template

When an agreed performance measure falls outside the tolerated range of the agreed performance trajectory, this template will be completed by Service Leads and approved by the Executive Lead, detailing the cause of the performance gap, the key recovery actions required to return to the agreed performance level, how each action will support recovery, the owner responsible for delivery, and the expected delivery timeline.

	Performance is within trajectory – no action required
	Performance gap is within 10% of the agreed trajectory – ½ page per indicator
	Performance gap is outwith 10% of the agreed trajectory – 1 page per indicator

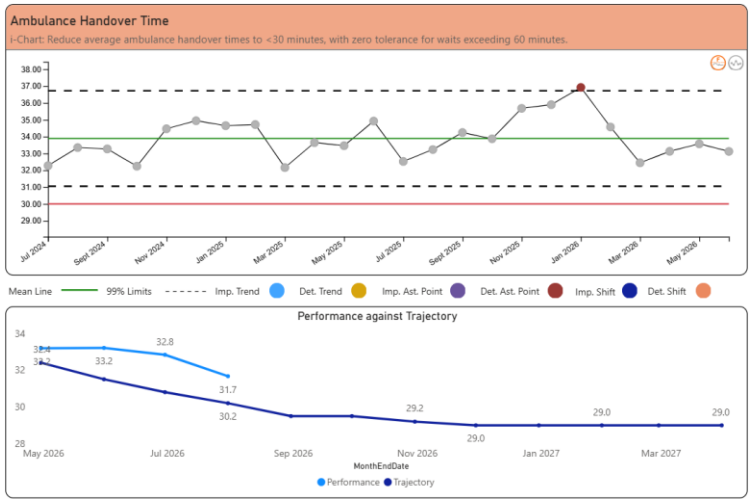
Quality & Performance Indicators: UUC

Strategy Alignment	Aim Statement	Monitoring and Assurance Route	June Performance/RAG
Ensure that Primary & community services can support as many people back to good health as possible/Making secondary care fast, efficient and effective	Improve urgent and emergency care performance by achieving >75% of patients seen within 4 hours by March 2027.	UUC Programme Board -Acute Clinical Board - BDG - RPC	**70.2%**
Ensure that Primary & community services can support as many people back to good health as possible	Reduce 12-hour waits to <9% by July 2026 and <7% by March 2027.	UUC Programme Board -Acute Clinical Board - BDG - RPC	**6.6%**
Making secondary care fast, efficient and effective	Reduce average non-elective length of stay by 1 day by March 2027, Excludes paeds/obstetrics & ITU.	UUC Programme Board -Acute Clinical Board - BDG - RPC	**9 days**
Making secondary care fast, efficient and effective	Average number of Acute occupied beds 85%.	UUC Programme Board -Acute Clinical Board - BDG - RPC	**95%**
Ensure that Primary & community services can support as many people back to good health as possible	Sustain delayed discharges at <40.	UUC Programme Board - PCS Clinical Board - BDG - RPC	**46**
Making secondary care fast, efficient and effective	Reduce average ambulance handover times to <30 minutes, with zero tolerance for waits exceeding 60 minutes.	UUC Programme Board -Acute Clinical Board - BDG - RPC	**33 minutes**
Ensure that Primary & community services can support as many people back to good health as possible	Increase the number of patients admitted to AAU by 10%.	UUC Programme Board -Acute Clinical Board - BDG - RPC	**489**

Amber = Off trajectory (Performance Gap within 10% tolerance) – Urgent & Unscheduled Care

Aim Statement: Reduce average ambulance handover times to <30 minutes, with zero tolerance for waits exceeding 60 minutes.

June Performance: 33.12 minutes



What is driving this performance gap: June performance was 33 minutes against trajectory of <30 mins, which continues to be one of the best in Scotland. An overcrowded ED with exit block results in ambulance delays. The pattern of ambulance conveyances has impacted on handover and this continues to be monitored.

What key actions are we taking to close the performance gap: continued focus through escalation. Unscheduled Care Workstream improving patient flow and pathways out of ED reduce overcrowding and support decrease in SAS wait time.

Actions to be undertaken in the next 4 weeks	Impact
Establish Urgent and Unscheduled Care programme phase 2 projects performance framework by July 2026	Enabler
Submit Integrated Discharge Invest to Save bid to Scottish Government by July 2026	Enabler
Establish Inpatient flow and discharge optimisation project, and Acute Pathway project	Enabler
Recruit additional Clinical Service Manager for front door BGH	Enabler
Robust application of the SOP for escalating ambulance handover delays up to executive director level.	Reduced delays

Strategic Objective: Making secondary care fast, efficient and effective

Risk No:

Risk Grading:

Risk Appetite:

Risk Approach:

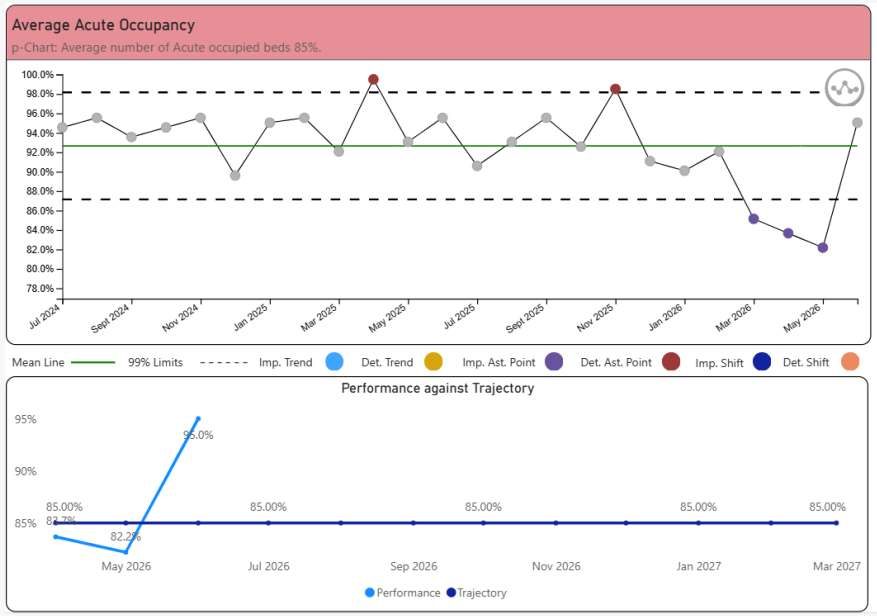
Target Risk Level:

Exec Lead: Gareth Clinkscale

Red = Off trajectory (Performance Gap outwith 10% tolerance) – Urgent & Unscheduled Care

Aim Statement: Average number of Acute occupied beds 85%.

May Performance: 95% against a trajectory of 85%



Current performance is outwith normal tolerance levels, please see the performance improvement and oversight report.

EndOfMonth	Occupied Beds	%
30/06/2026	192	95.0%
31/05/2026	166	82.2%
30/04/2026	169	83.7%
31/03/2026	172	85.1%
28/02/2026	186	92.1%
31/01/2026	182	90.1%
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%
30/04/2025	201	99.5%
31/03/2025	186	92.1%
28/02/2025	193	95.5%
31/01/2025	192	95.0%
31/12/2024	181	89.6%
30/11/2024	193	95.5%
31/10/2024	191	94.6%
30/09/2024	189	93.6%

Risks to delivery:
System capacity and delays in flow, clinical and management capacity to engage in change, and funding to support Early Supported Discharge/H@H/reablement model.

Governance route taken:
Urgent and Unscheudled Care Programme Board June and July 2026
NHS Borders Delivery Group July 2026

Decisions/steps taken at groups:
Support for 8 key improvement projects under programme and associated actions.

Escalations for decision/support:
Support for strategic direction to create new Eary Supported Discharge pathways, increase Hospital at Home capacity from 30 to 50, and test third sector reablement model.

What is driving this performance gap:
The key drivers of the performance gap are consistent across recent NHS Borders reporting and include delayed discharges, high medical bed occupancy, sustained pressure within MAU, limited downstream community capacity, and challenges in inpatient flow processes.

Detailed actions for next 8 weeks to close the gap in performance against trajectory:

No	Actions to be undertaken in the next 4 weeks	Anticipated Performance	Lead	When
1.	Robust focus on outputs from 3 weekly Ready for Discharge (RfD) meeting with key stakeholders. Testing new RfD operational model through August.	Return delays to 45	RfD leads/Acute Services	Next reporting period
2	Increase focus on PDD compliance to >95% across all adult inpatient wards. Focussed work to stregthen leadership and processes to achieve pre noon discharge. .	95% PDD compliance	Ward teams /CNM/Medical Director	As above
3	Establish group to reduce clinical variation in discharge practice.	Enabler	Medical Director	July 2026
4	Development and submission of paper seeking IJB funding to create new Eary Supported Discharge pathways, increase Hospital at Home capacity from 30 to 50, and test third sector reablement model.	Enabler to achieve 85% occupancy target	G Clinkscale	30th Sept 2026

Risk No: *Risk in draft*

Risk Grading:

Risk Appetite:

Risk Approach:

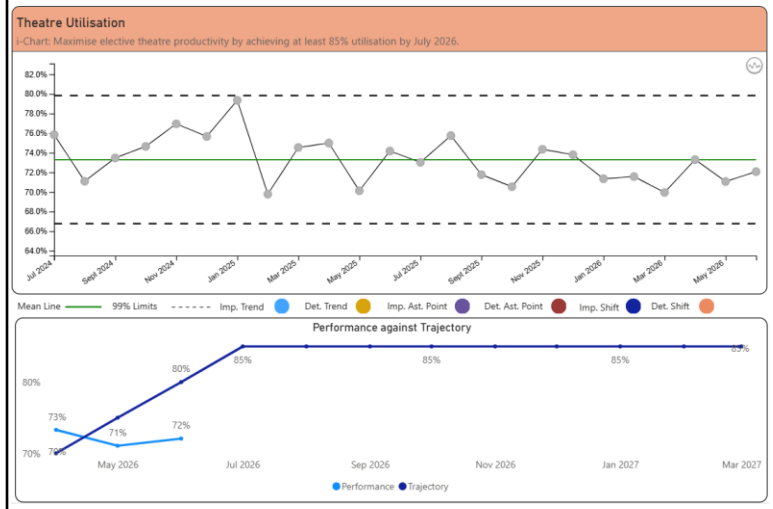
Target Risk Level:

Quality & Performance Indicators: Planned Care

Strategy Alignment	Aim Statement	Monitoring and Assurance Route	May Performance/RAG
Making Secondary Care fast, efficient and effective	Deliver sustained compliance with outpatient waiting times by achieving zero 52-week waits from April 2027 maintaining zero tolerance for 78+ week waits.	Planned Care Programme Board -Acute Clinical Board - BDG - RPC	**124**
Making Secondary Care fast, efficient and effective	Deliver sustained compliance with inpatient waiting time standards by achieving zero 52-week waits from April 2026 and maintaining zero tolerance for 78+ week waits across all specialties, including TTG.	Planned Care Programme Board -Acute Clinical Board - BDG - RPC	**82**
Making Secondary Care fast, efficient and effective	Maximise elective theatre productivity by achieving at least 85% utilisation by July 2026.	Planned Care Programme Board -Acute Clinical Board - BDG - RPC	**72%**
Making Secondary Care fast, efficient and effective	Sustain 95% of patients having a diagnostic within 6-weeks of referrals for all reportable modalities from April 2026.	Planned Care Programme Board -Acute Clinical Board - BDG - RPC	**90%**
Making Secondary Care fast, efficient and effective	Achieve and sustain 95% performance on the 31-day cancer pathway by March 2027.	Planned Care Programme Board -Acute Clinical Board - BDG - RPC	**94.7%**
Making Secondary Care fast, efficient and effective	Improve timely access to cancer treatment by achieving 85% of patients treated within 62 days of urgent referral by March 2027.	Planned Care Programme Board -Acute Clinical Board - BDG - RPC	**77.8%**

Amber = Off trajectory (Performance Gap within 10% tolerance) – Planned Care

Aim Statement: Maximise elective theatre productivity by achieving at least 85% utilisation by July 2026.
June Performance: 72.1%



What is driving this performance gap:

The performance deficit is being driven by two primary factors :

- Same day cancelation because of complications and overruns.
- Variable expected against actual procedure times leading to earlier than anticipated list finish times
- There may be some data quality issues that are being actively explored to remedy.

Actions to be undertaken in the next 4 weeks	Impact
Data on expected procedure times is being captured via scheduling systems and will inform scheduling practice as systems learning is developed.	Better scheduling
Data on early finishes to be reviewed weekly and data presented at weekly scheduling meetings to inform future list composition.	Better utilisation
Continue to deliver improvement plan that is reducing the volume of cancelled operations.	Better utilisation
Continue with the pre-assessment improvement work	Better utilisation

Strategic Objective: Making Secondary Care fast, efficient and effective

Risk No: n/a

Risk Grading:

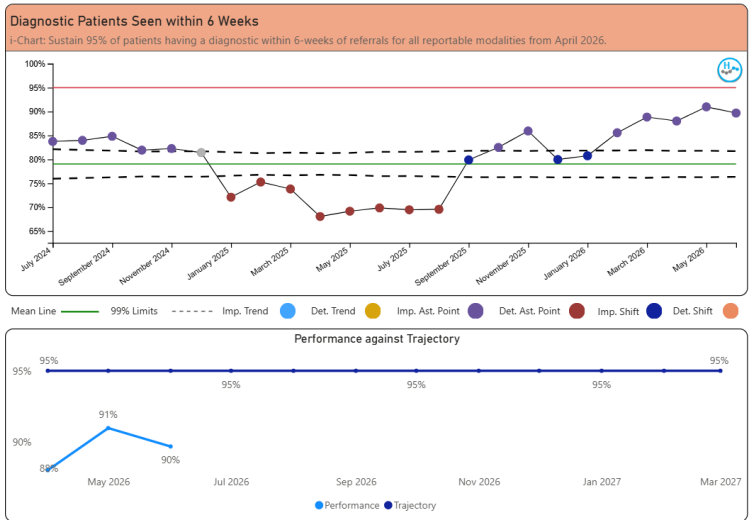
Risk Appetite:

Risk Approach:

Target Risk Level: Low

Exec Lead: Oliver Bennett

Aim Statement: Sustain 95% of patients having a diagnostic within 6-weeks of referrals for all reportable modalities from April 2026.
June Performance: 90%



What is driving this performance gap:

- Colonoscopy capacity does not meet demand. A deep dive has been undertaken and there is a significant gap in the number of colonoscopy lists delivered per week to meet demand. A plan has been developed to increase lists by approximately 4 per week with confirmed support from the Scottish Government to facilitate an additional capacity growth plan.

Actions to be undertaken in the next 4 weeks	Impact
Finalise the colonoscopy improvement plan with a trajectory to increase capacity in Q2-3 sufficient to meet demand	Minimum of an extra 4 lists per week

Strategic Objective: Making Secondary Care fast, efficient and effective

Risk No:

Risk Grading:

Risk Appetite:

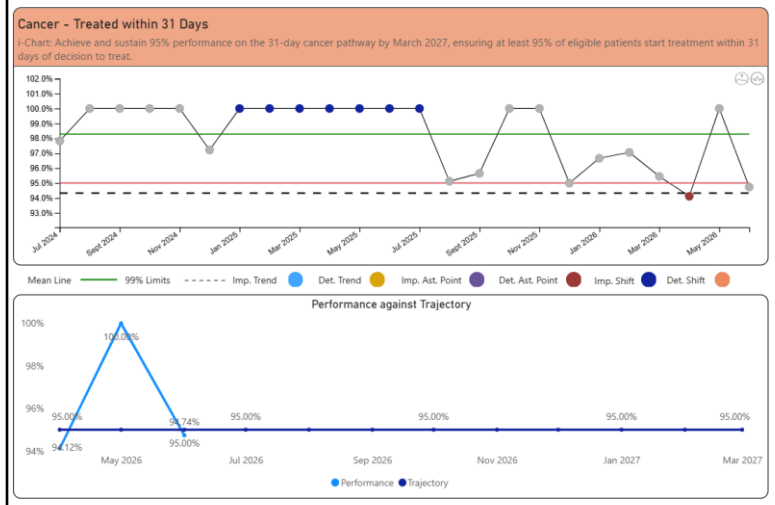
Risk Approach:

Target Risk Level:

Exec Lead: Oliver Bennett

Amber = Off trajectory (Performance Gap within 10% tolerance) – Planned Care

Aim Statement: Achieve and sustain 95% performance on the 31-day cancer pathway by March 2027.
June Performance: 94.7%



What is driving this performance gap: Two Colorectal patients were reported as breaches of the 31-day standard in June; one of these was due to a long wait for surgery, the other was initially due to have surgery within the required timescale, but this was rescheduled due to ITU bed availability (significant operational pressures on the day, which were escalated to executive director level).

What key actions are we taking to close the performance gap:

Actions to be undertaken in the next 4 weeks	Impact
Continue to track patients awaiting surgery on cancer pathways using revised processes to ensure appropriate escalation where this standard may not be met	Ensure full escalation where there is a risk standard will be missed

Strategic Objective: Making Secondary Care fast, efficient and effective

Risk No: N/a

Risk Grading: Low

Risk Appetite: Low

Risk Approach:

Target Risk Level: Low

Exec Lead: Oliver Bennett

Quality & Performance Indicators: P&CS, MH/LD

Strategy Alignment	Aim Statement	Monitoring and Assurance Route	May Performance/RAG
Ensure that Primary & Community Services can support as many people back to good health as possible	90% of patients received CAMHS treatment within 18 weeks of referral.	MH Clinical Board - BDG - RPC	**100%**
Ensure that Primary & Community Services can support as many people back to good health as possible	90% of patients received PT treatments within 18 weeks of referral.	MH Clinical Board - BDG - RPC	**86.9%**
Supporting People to Keep Themselves Well	% of patients received treatments within 3 weeks of referral.	MH Clinical Board - BDG - RPC	**99%**

NHS Borders

Meeting:	**Borders NHS Board**
Meeting date:	**6 August 2026**
Title:	**Consultant Appointments**
Responsible Executive/Non-Executive:	**A Keen, Director of People & Culture**
Report Author:	**B Salmond, Associate Director of Workforce**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to notify the Board of recent consultant appointments.

2.2 Background

Board members were briefed in December 2017 on revisions to the guidance on medical consultant appointments.

2.3 Assessment

Since the last report to the Board, 2 new consultants have been interviewed, offered and accepted a consultant post.

New Consultant	Post	Start Date

Dr Ivan Gunjaca	Consultant Gastroenterologist	December 2026
Mr Rashad Misirovs	Consultant ENT Surgeon	August 2026

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Not applicable.

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Climate Change

Not applicable.

2.3.7 Other impacts

Not applicable.

2.3.8 Communication, involvement, engagement and consultation

Not applicable.

2.3.9 Route to the Meeting

Not applicable.

2.4 Recommendation

The **BOARD** is asked to **note** the report.

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