

IN MONTH TRAJECTORY



BOARD SELF-ASSESSMENT

- Detailed work is underway on our 2026/27 financial recovery programme and our 2026-29 financial strategy
- Progress is being made to eliminate 52 weeks waits for both Outpatients and Inpatients, with a recovery trajectory and detailed action in place for TTG
- Our Clinical Strategy has moved to the delivery phase with lots of communications being shared across the organisation on our Enabling Strategies

OUR STRATEGY

Population Health and Prevention

The Population Health Programme continues to mature, with a strengthened focus on prevention, reducing inequalities and embedding population health approaches across transformation programmes. The Programme Board is meeting regularly and has begun prioritising 2026/27 deliverables linked to the Clinical Strategy and wider organisational ambitions.



Enabling Strategies

Each of our Enabling Strategies are being communicated out to our staff on a weekly basis to give an overview of the objectives and aim of each strategy. We have been using a variety of visual methods to share this information and ensure it is as engaging as possible for all staff across the organisation. We have also began to reset each Quality Management System Pillar to ensure that each pillar accurately reflects the workplans of each Enabling Strategy to support delivery.

OPERATIONAL PERFORMANCE



	RECOVERY TRAJECTORY	NATIONAL STANDARD
ED 4-hour Wait	72%	95%
65.5%		
OP: 52-week Waits	113	0
13		
TTG: 52-week Waits	55	0
64		
Diagnostics	95%	95%
84%		
62 Day Cancer	69.7%	85%
72.2%		
1 month data lag		
31 Day Cancer	95%	95%
100%		
1 month data lag		
CAMHS 18-weeks RTT	90%	90%
100%		
Psychological Therapy 18-weeks RTT	80%	90%
80.2%		
1 month data lag		

UPDATES

NHS Borders welcomes our new Director of Nursing, Midwifery & AHPs, **Lynn Barker**. She commenced post on 05 October. We also welcomed **Allister Short**, our new Non-Executive Director, who started on 01 October.

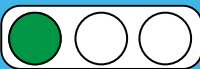
PATIENT & STAFF EXPERIENCE



Recent discussions have focused on supporting staff through ongoing organisational uncertainty and maintaining workforce resilience ahead of winter. Operational pressures remain in areas such as vaccination and radiology, alongside wider recruitment and capacity challenges.

Going forward we're excited to announce that we will have lived experience stories featuring at the Board on a regular basis, putting our community stories at the centre of what we do.

QUALITY & SAFETY



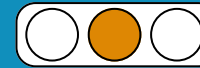
Early Warning Scores (Calculated Accurately)	91.49%	Maternity Early Warning Scores (Calculated Accurately)	94.46%	Pressure Area Care (Waterlow within 6hrs)	92.92%
Early Warning Scores (Correct Frequency)	91.06%	Maternity Early Warning Scores (Correct Frequency)	93.73%	Staff Trained in Quality Improvement (Against Trajectory)	126.40%
Paediatric Early Warning Scores (Calculated Accurately)	94.12%	Food, Fluid & Nutrition (MUST completed within 24hrs of admission)	90.04%	Scan for Safety (% of high risk implants recorded digitally)	100.00%
Paediatric Early Warning Scores (Correct Frequency)	100.0%	Falls (Fall safety assessment within 24hrs of admission)	94.17%		

FINANCE



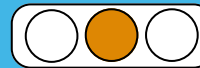
Indicator	£
YTD Variance	£4,358m
Forecast Outturn Variance	£10m
Recurring Savings - Planned	£6,212m
Recurring Savings - Delivered	£2m

WORKFORCE



Indicator	Plan	Actual	Additional Information
Sickness Absence	6.48% (national average)	5.7%	Measured against the national average for NHS Scotland, 2nd lowest rate in Scotland. 4% is a historical standard that has been unachievable for all Boards
Appraisal Rate (Turas)	80% (national standard)	42%	Working with managers to increase the appraisal rate. Standard is the national recommendation which takes into account absence/other types of leave/mat leave/new starts etc.
Stat & Man Training	90% (standard)	85.4%	The standard takes into account absence/other types of leave/maternity leave etc.
eRostering Implementation	63% (month trajectory)	57%	Above the national average.
ERRS Time to Hire	116 days (national standard)	103 days	

PUBLIC HEALTH



Tier 2 & Youth Borders Award	£200K secured to pilot youth distress response service across Borders
Prevention Mapping	Survey closes 30 th September
Breast Screening	7 clinics available
Cervical Screening	New initiative for staff smear clinics at BGH - 40 appointment slots
Bowel Screening Uptake	July 2026 - 71% National uptake - 66%
Child Immunisation	National issue with booking appointments
JSNA	Scoping to start soon
Alcohol & Drugs Partnership	Aligning services to Scotland's Alcohol & Drugs Strategic Plan 2026 - 2035
Population Health	The Framework and Maturity Matrix have been shared with the CPP
Meningitis B Vaccination	Young people engagement through social media, press and stakeholder comms

NATIONAL

Programme for Government

The Programme for Government continues to generate significant interest and understandable uncertainty amongst staff. NHS Borders has undertaken staff engagement through all-staff briefings (over 500 attendees) and local discussions to provide updates and answer questions as information emerges. An FAQ page has been set up on NHS Borders intranet where responses to staff questions regarding PfG can be found. The Chief Executive and Executive Team have reaffirmed their commitment to supporting staff through any future change process and have emphasised that organisational priorities remain unchanged at this stage.



National focus remains on delivery of the Programme for Government, operational performance improvement, digital transformation and health service reform. There remains a clear need to strengthen collaboration across NHS Boards to ensure services are sustainable, resilient and able to provide equitable access for our population, particularly where care is delivered beyond our geographical boundaries.

Digital Transformation and Business Systems

NHS Borders continues to engage with national programmes including Business Systems and MyCare.scot (Scotland's Digital Front Door) and the regional regional discussions continue regarding implementation, interoperability, governance and future service arrangements.

Locally, digital portfolio activity continues to be prioritised against strategic objectives, available capacity and patient safety requirements.

PARTNERSHIP WORKING

Working with Scottish Borders Council

Gill Main has commenced in post as the Scottish Borders Integration Joint Board (IJB) Chief Officer. This role is central to strengthening collaboration between NHS Borders, Scottish Borders Council, and our wider partners as we continue to further integrated health and care locally. Reducing delays across the health and social care system remains a key priority to create capacity ahead of winter. NHS Borders is working closely with Scottish Borders Council to identify and implement measures that support timely patient flow and improve system resilience.

Health & Care Services Vision

A joint development session was held in the Tapestry to further shape the vision for future of integrated Health and Care Services. This session is part of an ongoing programme to strengthen the Integration Joint Board's (IJB's) Strategic Commissioning role and set the shared priorities of the transformation journey ahead.

Kings Fund - Peer Review Community Redesign

Public Health Scotland and The King's Fund propose a pilot Peer Review Community for eight NHS Board Chief Executives to support implementation of Scotland's Population Health Framework through structured peer challenge and shared learning. The pilot would run from September 2026 to May 2027.

REGIONAL

Scotland East partners continue to plan collaboratively across key priority workstreams including planned care improvement, emergency healthcare services, Business Systems, Digital Front Door developments and productivity improvement. NHS Borders continues to actively contribute to these programmes and to wider collaboration across the East Region.

More generally, Partnership working remains central to delivery of NHS Borders priorities. Collaboration continues with Scottish Borders Council, the Integration Joint Board and neighbouring NHS Boards.