



T: 0131-244 2480

E: John.connaghan2@gov.scot

To:
Ralph Roberts
Chief Executive
NHS Borders
By email

2 April 2021

Dear Ralph,

NHS BORDERS: REMOBILISATION PLAN 2021/22

Thank you for submitting the third iteration of your Board's Remobilisation Plan (RMP) covering the period April 2021 to March 2022.

As detailed in the commissioning letter issued on 14 December, this RMP is intended to provide an update and further iteration of your plans for remobilisation, summarising your work in a number of key areas of activity to the end of March 2022 and building on the process which started with your initial remobilisation plan in May last year.

Covid-19 Resilience

While at present we are seeing a steady decline in Covid-19 hospitalisations and patients in ICU, we are moving into a period of uncertainty as relaxation of restrictions starts to occur. In terms of risk, we can expect some behavioural changes in the population in advance of the time when all eligible people are fully vaccinated. There is also the risk of new variants emerging which may exhibit a level of resistance to the available vaccines.

Whilst the pandemic is ongoing, our key priority is to suppress infection to as low a level as possible which is the best way to ensure the NHS is not overwhelmed, long COVID is minimised and new variants are made less likely. However, alongside this in a clinical setting, Boards should:-

- Have the capability to stand up appropriate bed resources, scaled in proportion to any further waves/outbreaks, including the ability to double their share of the national adult ICU capacity to 360 beds within one week and to treble to 585 beds in two weeks.
- Be prepared to respond to any further guidance issued in this area as more evidence is available.
- Ensure that such preparedness does not impact upon plans for staff leave.
- Maintain an enhanced public health response consistent with extant national guidance, including Test & Protect and the vaccines programme throughout the planning period.
- Be prepared to adapt these programmes to suit changed circumstances including any requirement for boosters and any necessary change to other vaccine programmes.
- Prioritise Infection Prevention & Control, including the ability to rapidly respond to any changes in the national guidance.
- Continue to delivering essential non-Covid services, with a continuing focus on trauma, maternity, cancer, population screening and clinically prioritised elective care.
- Expand the role of primary/community based care, embedding a whole system approach to Mental Health & Wellbeing.



Person-centred approach

Designing patient pathways with the citizen experience at the centre is key to the successful remobilisation and recovery of services. *Re-mobilise, Recover, Re-design: the framework for NHS Scotland* commits Boards to ensuring that the patient experience is included in the design and delivery of high quality care and support. In addressing this as part of your remobilisation planning and delivery, I would encourage you to take account of the ALLIANCE's 'People at the Centre' programme (and report) and Healthcare Improvement Scotland - Citizens' Panel for health and social care on experiences during the COVID-19 pandemic. It will also be important to ensure that hospital visiting is safely resumed, in line with the Strategic Framework, recognising the significant benefits that family presence has for patients and staff.

Staff Wellbeing & Sustainability

The recovery of our services will not be possible without the recovery of our workforce. The ongoing support of staff wellbeing, and embedding sustainability into the workforce, were identified as key priorities in the commissioning of these plans: the process of remobilising services has to be effectively managed alongside ensuring that staff have the opportunity to decompress and heal. That is why Boards were tasked with ensuring that forecasted activity levels are fully informed by this approach. Colleagues in the Scottish Government Health Workforce Directorate will continue to offer appropriate support as you move to the implementation phase of your RMP.

Partnership Working and Staff Engagement

It is clear that your RMP has been developed in collaboration with key strategic partners: the availability of robust and effective mutual aid and partnership working emerged as key themes when reviewing plans from all Boards. I encourage you to continue this approach while implementing your RMP and when developing any further iterations, as well as ensuring that all stakeholders are meaningfully involved. I similarly encourage you to continue to ensure strong and active engagement with your workforce and clinical colleagues, not least via your Area Clinical Forum and Area Partnership Forum, and with third sector interfaces.

Supporting Adult Social Care

Your RMP demonstrated that the Board is aware of its responsibilities in this area and has clear plans in place to fulfil these responsibilities. The Independent Review of Adult Social Care in Scotland, published shortly before Boards submitted their plans, will be a valuable tool and reference point during the implementation phase of your RMP, and as you continue to develop your longer term response in this area. It will be for the new Parliament to decide how to take the review's recommendations forward and we will be in touch further in this regard.

Redesign of Urgent Care

The implementation of a whole system approach under this programme remains a necessary and vital part of the way in which urgent care will be delivered during the period covered by your RMP and beyond. As the delivery models and interfaces are developed and implemented, it is essential that this work is not undertaken in isolation and that whole system pathways are at the core of how systems operate. As Phase 2 of the Redesign of Urgent Care Programme continues across 2021/22 we will work closely with all Boards and delivery partners on all aspects including communications and marketing. The process will be driven forward by an Integrated Unscheduled Care Steering Group, working with key partners to support effective implementation of the whole system unscheduled care programmes of work across primary, secondary, and social care.

Planned Care

Funding for Planned Care activity will be for the new administration to determine, and will be confirmed to you as soon as possible after the election. In the meantime and to ensure that activity can continue at planned levels, please commence implementation of your plans in this area in line with the discussions you have had with our Access Support Team.

Mental Health

It is clear from your RMP, and commendable, that mental health services have continued to be provided throughout the pandemic, prioritised on the basis of need and using remote methods of delivery where possible. We also recognise and appreciate the continued development and embedding of innovations introduced during the pandemic, in particular, digital provision and where appropriate, Mental Health Assessment Services.

Going forward, to meet anticipated increasing demand for mental health services, it will be crucial to continue to develop a whole system approach to care provision, working with partners to support population well-being through to delivering specialist services for people living with mental illness.

To achieve this, it is important that you continue to work closely with colleagues in the Scottish Government Mental Health Directorate on the implementation of the Mental Health Transition and Recovery Plan and associated funding, which should be spent in line with the priorities set out in Ms Haughey's letter of 24 March 2021. In particular, this work should focus in the first instance on: CAMHS improvement; clearing CAMHS and psychological therapies backlogs and improving waiting times; developing primary care and community mental health services; and expanding the workforce.

Supporting the spread of Best Practice and Innovation

The Scottish Government has commissioned the establishment of the Centre for Sustainable Delivery (CfSD), which sits within the Golden Jubilee. As you know, this is a national unit that will build on existing improvement programmes and develop new innovative programmes to support local Boards to deliver national priorities, incorporating new tools and techniques and bespoke assistance to help tackle areas of challenge.

This is very much a collaborative approach with the CfSD working alongside boards and key strategic partners to support remobilisation, recovery and redesign, and the progress and developments that are required in 2021/22. This includes the rapid rollout of new techniques, technology and clinically safe, faster and more efficient pathways for patients. Local boards are asked to work with the CfSD during the development of AOPs to identify how it can support the wide range of programmes and consider what bespoke support may be required to deliver the priorities over the next twelve months.

Research, development and innovation are core to NHS Scotland's role as a person-centred, evidence-based healthcare system, and have played a crucial role in the response to the COVID-19 pandemic. It is critical that NHS Scotland continues to recruit patients into Urgent Public Health (UPH) studies, as designated through the UK-wide prioritisation framework. This research activity is essential to develop approaches that will reduce transmission, reduce the number of patients that require hospitalisation and guide the treatment and care of patients, now and in the future

I should also say that the level to which innovation has already been embedded, particularly in relation to Near Me and other digital solutions is to be maintained. The continued roll-out and consolidation of these innovations will be vital going forward.

Addressing Inequalities

Another key cross-cutting theme is the need to address inequalities which have arisen or been exacerbated by Covid-19. This has been recognised in your plan and emerged as a key theme nationally. It is vital that implementation of plans, and your longer term strategic thinking retains this aspiration and delivers on your commitments to reduce inequalities across the Health & Care System - including but not limited to those which relate to minority ethnic groups and people living in greatest deprivation.

Finance

We have reviewed your financial plan for 2021/22 and provided detailed feedback on 15/03/2021. We note your financial plan shows an unmet savings target for 2021/22 of £5.4 million (2.5% of baseline) assuming £7.2 million of savings can be met (3.2% of baseline). However there continues to be significant uncertainty about the financial impact of Covid in both the short and longer-term, and what this will mean both for service delivery and associated financial plans.

As in 2020-21, we will therefore look to assess progress against your plan through the formal Quarter 1 review process, when the in-year Covid funding and costs will be clearer. As part of this review we will look for an update as to the revised financial projections for 2021-22 and the progress the Board has made in taking forward savings plans. Further details around the Quarter 1 review process will be provided to NHS Directors of Finance in the coming weeks.

In the interim we expect that the Board continue to develop sufficient- as far as possible- recurring savings options to meet the financial challenge outlined in your financial plan.

As previously indicated, we aim to return to three year financial planning and the next steps on this will be detailed in due course. The timing of this will however depend on the impact of Covid over the coming year.

Escalation Status

As you are aware, the Escalation status of the Board on the NHS Scotland Performance Escalation Framework was considered alongside the review of your RMP.

I can advise you that NHS Borders will be de-escalated to Stage 3 in relation to Finance and Stage 2 in relation to Governance & Leadership.

What this means in a practical sense can be summarised as follows:

- SG Health Finance will continue to lead support and scrutiny with a tailored package appropriate to your Board's new status and will be in touch in this regard.
- The Board will continue to implement its programme in relation to Governance & Leadership, with routine performance monitoring by the Scottish Government.
- There is no longer any formal Escalation involved in relation to Governance & Leadership, with Board-led implementation of recovery being the focus.

Plan Approval and Feedback

I am content to approve your RMP. Your finalised and signed off RMP will be used as the basis for engagement with the Board over the coming year. Feedback has been and will continue to be provided to you by individual policy teams within the Health & Social Care Directorates, as is normal. It is vital that this feedback should be taken on board as you move into the implementation phase of your RMP. On that basis I do not intend to include any significant feedback in this letter, beyond pointing out the following:

- I was pleased to note the proactive approach shown in relation to Infection Prevention & Control, which will continue to be a vital area as we move forward. It is equally important to ensure that guidance is followed at all times, including in relation to maintaining a robust system of risk assessment around distancing in clinical settings and with beds in multi occupancy rooms.
- I also noted the recognition in your RMP of the importance of integration and it will be vital to ensure this is maintained through implementation, as whole system pathways are designed, and the Redesign of Urgent Care continues to be rolled out.
- The extent of improvements you have made in relation to Governance & Leadership were noted, and as recovery continues to be rolled out in this area it is important that momentum is retained.

Publication of your RMP

I am aware that your Board will need to complete its internal governance processes to approve your draft plan and that your finalised plan, incorporating any developments or amendments made to take account of feedback received in the interim, will be published together with this letter in due course. Given the strict requirements in place at this time, I would ask that while we remain in the pre-election period both your RMP and the content of this letter are kept out of the public domain, with publication to take place immediately after the election.

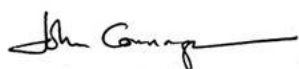
Next Steps

It is our intention to revisit the RMPs for all Boards later in the year once the position on Covid-19 and related matters is clearer, and planning assumptions used in your existing drafts have been validated or amended. As such, we may commission a further iteration of your RMP later in the year, taking account of the foregoing and offering the opportunity for us to update guidance on key areas; this will also be informed by any additional or amended priorities in respect of incoming Ministers.

If you have any questions about this letter, please contact Yvonne Summers, Head of Operational Planning in the first instance (Yvonne.summers@gov.scot).

In the meantime I would like to take this opportunity to thank you, your Board and your entire workforce again for your, and their ongoing extraordinary efforts. Your contribution not just to the nation's response to Covid-19 but to all health & care needs of the population are hugely appreciated by everyone at the Scottish Government.

Yours sincerely



JOHN CONNAGHAN CBE
NHSScotland Chief Operating Officer