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To:
Ralph Roberts
Chief Executive
NHS Borders
By email

17 March 2021

Dear Ralph,

NHS BOARD REMOBILISATION PLANS – 2021/22

I refer to our meeting on 11 March and enclose a note of the meeting with related actions noted where appropriate.

I would also like to take this opportunity to outline the next steps in relation to your Plan. You will receive two further communications, as follows:

1 In the week commencing 22 March you will receive collated written feedback on your plan from Scottish Government Health & Social Care policy teams. This will be coordinated by Yvonne Summers, Head of Operational Planning; and

2 At the end of this month, or early next, you will receive a further letter from me, formally setting out the response of the Scottish Government to your plan, and the position regarding your Board's escalation status.

If you have any questions, please make initial contact with Yvonne (yvonne.summers@gov.scot) who will be happy to assist.

Yours sincerely

JOHN CONNAGHAN CBE
NHSScotland Chief Operating Officer



Annex – meeting note and actions

HEALTH & SOCIAL CARE DIRECTORATE - REMOBILISATION PLANS 2021/22 MEETING NOTE AND ACTIONS - NHS BORDERS

**Date: Thursday 11 March 2021 Time: 9:00 – 10:30
Via MS Teams**

Waiting Times/Scheduled Care

The Board's activity projections were reviewed and there was some discussion about the assumptions used and whether projected activity could be increased.

ACTION - Board to provide updated trajectories on the basis of more optimistic assumptions around ability to increase activity, with any material risks or dependencies noted. To incorporate discussion to finalise trajectories and funding.

ACTION - In advance of the next review of the plans in September, SG and Board to discuss longer term targets for waiting times reductions.

Unscheduled Care/RUC

The Board's recent performance was discussed and feedback given about the level of detail in the plan around initiatives and link to delivery of improved performance.

ACTION - Board to provide more detail regarding timescales for initiatives and to give an update to take account of developments in recent weeks which should allow these to be firmed up. More detail to be included on how to achieve 4 hour target – what is the trajectory to this and how do the various actions set out in the plans feed in to achieving this?

ACTION - Funding allocation will be finalised and issued by SG on receipt of this additional info.

ACTION – The Board may want to update plan to take account of all this on completion of any further dialogue and receipt of further written feedback in w/c 22/3.

Mental Health

There was discussion around the scale of requirements for Mental Health waiting times and potential availability of additional funding streams for implementation of new CAHMS Standards and reduction of waiting lists.

ACTION - Board to discuss further with SG MH Division Access & Improvement Team and funding requirements to be reviewed as part of this'

Primary Care

PCIP implementation was discussed, as well as the potential for further CTAC funding and the implications for wider roll-out of the Tweeddale Community Services Pilot.

Screening programmes were touched on and it was noted that some questions had arisen during the process of the plan being reviewed by the relevant SG policy team.

ACTION – Board and SG to discuss further the CTAC/Tweeddale points noted above.

ACTION – Board to provide a response to following queries on screening:

1. The board has confirmed work is on-going to restart Cervical Screening non routine recalls. Does this mean routine screening has not restarted? What are the barriers preventing this if so? In general, what is current capacity within the programme?
2. There is currently no update on Breast Screening. What is current capacity, and if its less than normal levels, what is being done to address it?
3. The AAA & DES programmes continue to operate at a reduced capacity. It would be helpful to understand if capacity issues will improve over this period and what steps are being taken to allow that to happen?

Finance

The following key messages were noted:

- NHS Borders assume £5.4 million of financial support in order to achieve a balanced financial position in 21-22, this is also dependent on the achievement of £7.2 million of savings (3.3% of baseline) and based on that assumption that SG provides funding to meet all covid-19 pressures within 21-22.
- The Board has noted its increased recurrent deficit, which is resultant of increasing cost pressures and slippage in delivery of recurring savings, both in 2020/21 and projected ongoing slippage in 2021/22.
- To support this pressure the plan sets out further actions totalling £8 million to reduce in-year pressure, this comprises of: £3 million from forecast underspends between April – September on core operational budgets; and £5 million through corporate actions.

There are a number of high value risks identified including:

- Delayed discharge costs of £1.5 million
- Waiting times costs
- Workforce pressures due the Board's ability to recruit and retain staff
- Prescribing pressures of £1-2 million;
- Deliver of savings plans with a financial risk of circa. £6.6 million

ACTION – SG Health Finance team will provide specific feedback on financial plans to Board on 15/3.

Escalation Status

The submission made by the Board was noted and it was confirmed that the Board's Escalation Status would be considered during March and any decision would be included in the formal feedback letter to be issued to the Board late March/early April.

ACTION – Board to submit further detail of specific improvements brought about by changes in Leadership.

AOB

ACTION - SG (Yvonne Summers) and Board (June Smyth) to discuss feedback process and process around approval and publication of Plans, to allow the Board to make a decision on submission of any updated plan and subsequent internal approval.