

Karen Hamilton, Chair, NHS Borders

Via email

Dear Karen,

## **NHS BORDERS: 2019/20 ANNUAL REVIEW**

1. Thank you for attending NHS Borders Annual Review with your Chief Executive on 7 October via video conference. I am writing to summarise the key discussion points.

2. As you will be aware, the intention was for Ministers to conduct a full round of Annual Reviews during the summer. Whilst that has not proved possible due to the COVID-19 pandemic, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by Christine McLaughlin, Director of Planning.

3. The agenda for this year's round of Reviews has been split into three sections to cover: pre-Covid performance during 2019/20; the initial response to the pandemic from February/March to July 2020; and a forward look, in line with the current Board mobilisation plans (August to end of March 2021) and beyond.

### **Pre-Covid performance during 2019/20**

4. NHS Borders was escalated to level 4 on the national performance escalation framework in November 2018 due to the scale of the remaining challenge to return to financial balance and the need for greater pace in delivering longer term financial sustainability. The impending retirement at the time of the Chair and Chief Executive in March (2019) further heightened the risk. We recognise that much work was focussed on improving the financial position and noted the Board had performed well against the recovery plan and that NHS Borders reduced the level of brokerage required.

5. In relation to Board leadership, we noted your point that you are making significant improvements and the request that this will be taken into consideration as and when de-escalation for NHS Borders is reviewed.

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6. While performance in 2019/20 has been affected by Covid-19 we raised some key performance areas. On Elective Waiting Times, the Board experienced some capacity issues and although this stabilised in Quarter 3, it was challenging for the Board to recover. Support was provided by Scottish Government and NHS Fife which enabled the Board to regain control over the management of their waiting lists. We note that you are confident that you would have met the targets outlined in the Waiting Times Improvement Plan had it not been for the obvious impact of the Covid-19 pandemic.

7. In terms of cancer waiting times NHS Borders met the 62-day standard twice over the last five quarters with performance ranging between 88.2% to high of 97.5%. The 31-day standard has been met over the last five quarters with performance at 100% for four quarters. On mental health waiting times, the Board did not meet the standards for either Child and Adolescent Mental Health Services (CAMHS) or Psychological Therapies.

### **Initial response to the pandemic from February/March to July 2020**

8. You provided a helpful overview of the Board's initial response to the pandemic from late February. As has been noted, this required an unparalleled, immediate and radical restructure of both services and ways of working in the NHS in Scotland, including in NHS Borders. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated this year underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and I would like to take this opportunity to, once again, formally record our sincere thanks to local staff for the incredible effort and unstinting commitment they have consistently shown, in the most testing of conditions. We were pleased to note the Board's ongoing focus on staff well-being: this must be maintained as an already fatigued workforce is faced with a very challenging winter.

### **Forward Look**

9. NHS Borders re-mobilisation of elective services is an area of challenge and the Board should ensure it continues to prioritise urgent/cancer activity. One of the issues impacting on delivery is the availability of staff. NHS Borders are in discussion with Scottish Government officials in relation to elective care and cancer pathways to seek assistance. In terms of looking at reducing the longest waits in the system, you advised that you are looking to identify additional capacity out with NHS Borders to reduce the list. We understand that further progress may be limited by the operational impact of the recent resurgence in COVID-19 admissions; and the overall risks associated with pressures this winter. Our overriding priority remains, as in the first phase of the pandemic, that the NHS is not overwhelmed. We agreed that Boards must have flexibility of approach, based on local disease prevalence and other pressures; whilst operating in way which is fully consistent with the clinical prioritisation framework.

10. On the public health response, you assured us that there is a focus on building up the test and protect team, and on supporting the vaccination programme.

11. Local performance against the 4 hour A&E standard in 2019/20, pre Covid, was consistently below the national average and 12 hour delays were a significant concern. All Health Boards have seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. However, as restrictions were scaled down following the initial lockdown, attendances have risen; and Boards face new pressures in A&E Departments and receiving wards due to the appropriate infection

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control measures and streaming of patients. That is why we are currently piloting the redesign of unscheduled care in NHS Ayrshire & Arran.

12. We heard the Home First service has progressed, is working well and is a significant factor in ensuring patients ready for discharge from hospital who don't need long term care can be discharged quickly. The Board expect to build on this success going forward. You also advised that you are continuing to work in partnership with the Integrate Joint Board to reduce the level of delayed discharges.

13. In terms of the Board's response to demand for mental health services going forward you advised that there has been a re-design of wider mental health services over the last year and that work continues. In terms of Psychological Therapies, we heard that Action 15 funding has helped support a new approach within Primary Care and a new service will be rolled out and running a 100% capacity by January 2021. On CAMHS you set out that there have been a number of staffing challenges and the service is being reviewed. Scottish Government colleagues are working with the Board to support the review and have visited the CAMHS team. An action plan has been developed and the Board will update Scottish Government colleagues on progress in December. I welcomed your assurance that this is an area of on-going focus and that there is a commitment to improve performance.

## **Finance**

14. The Board required additional financial support in 2019/20 of £8.3 million to deliver break even against your revenue resource limit. This was a £1 million reduction in the amount originally set out in the Board's 2019/20 financial plan (£9.3 million). This improvement was driven by emerging underspends across a number of service budgets. Based on the funding to support additional costs as a result of COVID-19, your indication is that NHS Borders anticipated financial support for 2020/21 will remain at the originally agreed £7.9 million. We agreed that you should keep in close contact with Scottish Government colleagues.

## **Conclusion**

15. We want to reiterate our thanks to the Board and local staff for their ongoing, incredible efforts, professionalism and commitment, in the facing of unprecedented and unremitting pressures during 2020/21.

16. We know you understand that there is no room for complacency, given the myriad of risks the NHS faces this winter. We will continue to keep local activity under close review and to provide as much support as possible. We are nonetheless confident that NHS Borders and its staff are well placed to continue to deliver for the benefit of local people.

Clare Haughey

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