

NHS Borders

Chair & Chief Executive's Office

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Convener
Health & Sport Committee
T3.60
The Scottish Parliament
Edinburgh
EH99 1SP

Date 18 April 2019
Your Ref
Our Ref KH/IB/

Enquiries to Iris Bishop, Board Secretary
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Dear Lewis

Thank you for your letter dated 2nd April 2019 following NHS Borders appearance before the Committee on 12th March 2019, and we welcome this opportunity to provide you with further information in regards to the areas you have highlighted.

We have answered each question in turn below and ask the committee to note that we will continue to develop our strategic response to the issues we face with our new chief executive Ralph Roberts, who joins NHS Borders on 22nd April 2019.

We have now finalised our 2019/20 financial plan which was approved by NHS Borders Board on 4th April 2019. As agreed with the Scottish Government, a longer term strategy to return us to financial balance will be formulated for the Board's consideration in August 2019; this will draw on our clinical strategy, the Integrated Joint Board's strategic plan and Scottish Government policy and strategic direction and will be developed with input from NHS Scotland and the tailored support which has been put in place.

The best in Scotland in terms of delivering service

In terms of our waiting times performance, we remain committed to achieving and maintaining our waiting time targets as far as possible within the confines of our finances, performance and service standards. Our most up to date performance and comparison with the Scottish average (as of December 2018 which is the latest available national data) is set out in the table over the page. I trust that this will reassure the committee of our positive comparable performance.



Target	Latest NHS Borders Performance (Month)	Latest National Comparison	
		Borders (Month)	NHS Scotland (Month)
31 Day Treatment Of Cancer	100% (Feb19)	100% (Oct-Dec 18)	94.9% (Oct-Dec18)
62 Day Referral for Suspicion of Cancer	91.9% (Feb19)	94.7% (Oct-Dec 18)	82.7% (Oct-Dec 18)
Outpatients Waiting Within 12 Weeks	100% (Mar19)	87.6% (Dec18)	70.1% (Dec18)
Treatment Time Guarantee - Inpatients Waiting Within 12 Weeks	94.6% ¹ (Mar19)	79.9% (Dec18)	72.7% (Dec18)
Diagnostic Waits Within 6 Weeks	93.6% ² (Mar19)	61.0% (Dec18)	78.1% (Dec18)
Accident & Emergency 4 Hour Target	96.5% (Mar19)	92.1% (Feb19)	89.3% (Feb19)

¹ 7 patients in total of which 6 are community dentistry patients inappropriately coded. This will be amended from 1st May 2019

² Provisional figure

In regard to your question in relation to the extent to which additional resources have been directed to waiting times, in addition to the use of NHS Borders core resources a further £1.623m of funding from the national access collaborative board was utilised to deliver the above performance. This funding allowed us to run additional clinics during the week and weekends. There has been no detrimental impact on shifting the balance of care as a result of the financial resources which have been directed to deliver this performance.

In answer to your question regarding budget management, NHS Borders has submitted its Annual Operational Plan for 2019/20 which included a requirement for further funding from the national access collaborative. If this funding is agreed we will put in place a plan to sustain and improve current performance. However, due to the need to balance financial sustainability and waiting times performance, if this further funding is not provided we will be unable to maintain this level of performance in relation to waiting times for our patients.

Financial Balance

The Board's commitment to return to recurrent financial balance (parity) is not predicated on additional financial settlements. However the scale of future uplifts to the Health Service/ NHS Boards will, obviously, influence the speed of recovery and the nature of the decisions the Board will need to make. This will also, of course, be influenced by any new cost pressures the Board may need to respond to, either as a result of local issues or national policy commitments. For 2019/20 we already have plans in place to deliver savings of £12.4m.

With the support of the turnaround team we are working to identify further opportunities for savings / efficiencies and to return us to financial sustainability.

Our approved 1 year plan will be extended into a 3 year plan which NHS Borders Board is due to receive in August. This will also include the 2019/20 financial turnaround work which is already underway and further financial recovery activities, which are currently in development with support from our turnaround team. These will reduce our cost base and deliver savings sustainably whilst maintaining the quality and safety of our services.

NHS Borders has highlighted to Scottish Government the requirement for £9.3m of brokerage for 2019/20. This has been submitted as part of our draft Annual Operational Plan. We await feedback from Scottish Government and have a planned session in early May to discuss this in more detail. We are anticipating that our request for brokerage for 2019/20 will be approved. Within this plan the Board has highlighted that we expect it will take a number of years to return to financial balance during which time there will be an ongoing requirement for brokerage.

There is no requirement to repay the brokerage which the Board received in 2018/19. It is anticipated that any future brokerage will be subject to repayment once the Board has returned to financial balance.

Prescribing Costs

In regards to your question surrounding prescribing costs and how we monitor this, the NHS Borders medicine resource group receives monthly reports on the prescribing costs in general practice, primary and secondary care. This includes an update on delivery against the agreed efficiency programme within our medicines and prescribing costs. Cost and quality information is also shared with GPs and clinical teams across the Board on a regular basis to support their decision making. NHS Borders prescribing support team also routinely work with clinicians and GP practices to review prescribing. This includes consideration of condition specific drugs, medicines compliance, and polypharmacy reviews. For many years there has been a strong drive towards prescribing of generic (non-branded) drugs as the most cost-effective approach to the prescribing of commonly-used medicines, and NHS Borders delivers around 85% of it's prescriptions in this way. Through the work outlined above we delivered £1.6m savings in 2018/19 and are expecting savings of at least £1.4m in 2019/20.

In terms of projecting future demand the pharmacy team supported by clinicians undertake an annual horizon scanning exercise with a view to identifying prescribing volumes, changes to pricing costs, new protocols and new drugs. These assumptions and the impact of this exercise on overall prescribing costs are built into NHS Borders financial plan. The financial impact of these assumptions are compared and shared with other territorial boards and the Scottish Government as part of the development of the Annual Operational Plan.

Effects of Scottish Government support and advice

We indicated we had made changes in relation to the way we work in line with the advice and support of Scottish Government representatives. Since December 2018, Scottish Government has supported the Board to plan and implement the programme infrastructure and resources necessary to return the organisation to financial balance. We are now rapidly building a framework for change to effect sustainable improvement to the financial position.

This approach is delivering:

- Greater focus on financial management and planning
- Increased pace of planning and delivery of change projects and programmes
- Strengthened clinical engagement and ownership of the change process
- Standardised processes so that overall measurement and tracking of financial improvement is consolidated through, for example:
 - systematic and effective validation of benefits
 - a clear process flow for decision making
 - improved reporting
- Ideas generation pipeline and follow up process.

Engaging with Staff

We have a long history of involving and engaging with our staff in NHS Borders through a variety of measures including annual staff conferences, local partnership forums, listening clinics, leadership walk rounds and executive team attendance at every staff induction session.

In working on our financial turnaround programme, we continue to recognise that successful communications and engagement is a key factor to securing staff support to return to financial balance. A key component of our programme is a process to capture staff's suggestions for savings, with a direct feedback loop to staff. Ideas are assessed and assigned to one of the financial turnaround programme workstreams to be developed and progressed. To date we have had 238 ideas into the pipeline from frontline staff, of which 213 have been assessed as viable and are currently being progressed as part of the turnaround programme. On average we are receiving 11 ideas per week, which cover a number of key themes such as grip and control, transformation, demand, estates and facilities, productivity, prescribing and income.

In line with Level 4 of the Scottish Government Ladder of Escalation a tailored package of support has been agreed between NHS Borders and Scottish Government. This includes turnaround support from the company Bold Revolutions Ltd who have been engaged for a period of six months. They will provide NHS Borders with additional support, expertise and experience as well as a level of external scrutiny. The company is directly accountable to the Chief Executive of NHS Borders and NHS National Services Scotland has supported the procurement process and has agreed a contract with this company.

In relation to your specific question around the pulmonary rehab programme, this project will commence in spring 2019 following approval of a business case by the IJB in 2018. We have now successfully recruited additional physiotherapy staff to take this project forward.

In regards to the 'ReSPECT' programme, this is also at an early stage. This programme focuses on improved patient care and experience. It creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment. ReSPECT is complementary to a wider process of advance/anticipatory care planning.

IJB Overspend

The IJB ended financial year 2018/19 in a break even position (subject to review by external audit). This was achieved through an additional payment from NHS Borders. This payment is in line with the Health and Social Care Integration Scheme for Scottish Borders which states that:

“Where there is a forecast outturn overspend against an element of the operational budget the Chief Officer and the Chief Financial Officer of the Integration Joint Board must agree a recovery plan to balance the overspending budget with the relevant finance officer of the constituent authority. The recovery plan will need to be approved by the Integration Joint Board. Should the recovery plan be unsuccessful the Integration Joint Board may request that the payment from Borders Health Board and Scottish Borders Council be adjusted, to take of the revised assumptions. It will be the responsibility of the authority who originally delegated the budget to make the payment to cover the shortfall”

In terms of the investment to shift the balance of care, the Integrated Care Fund of £2.13m has been utilised to support and enable this. This investment will continue annually and we expect the impact to materialise over the next 2 to 3 years.

Based on the current methodology used within the NHS Scotland financial performance returns, an estimated 41% of NHS Borders resources are spent in the acute setting and 59% in the community. Any comparison of this between Health Boards should be heavily caveated as there may be different assumptions applied within Boards on the way that costs are apportioned across services.

In line with the IJB strategic commissioning plan, during the last 2 years, a number of initiatives have been jointly progressed with partners to address delayed discharges and also to support the planned shift in the balance of care. The following table outlines the key projects and the agreed expenditure to support these initiatives:

IJB Approved Projects	Description	Project End Date	Project Allocation (£)
Hospital to Home	Provision of reablement and care at home to reduce delayed discharges and packages of care.	30/09/2019	1,145,028
Chronic Obstructive Pulmonary Disease (COPD)	Development of a pulmonary rehabilitation intervention model.	30/09/2019	99,000
Community Capacity Building	Use a capacity building approach to increase activities for older people in communities, to support health and wellbeing.	31/07/2019	562,660
Matching Service system (Council Services)	Cloud based product that enables improved, automated processes for matching patient needs to available resources.	Jan/Feb 2019	75,000
Pharmacy	Pharmacy input and support to health and social care services to reduce medication errors; reduce the need for carer visits and reduce inappropriate use of compliance aids.	31/03/2019	94,470
Transport Hub (Council Services)	Transport facilities to support people primarily to attend hospital and local health appointments.	31/03/2019	204,900
Community Led Support (What Matters Hubs)	Provide advice and support to local communities with a focus on effective conversations.	31/03/2019	133,648
Transitional Care Facility (Council Services)	Utilisation of 16 units at Waverley care home to focus on up to 6 weeks rehabilitation / reablement to allow individuals to return home and be as independent as possible subsequent to a hospital stay.	30/09/19	1,025,600
Garden View (Craw Wood) Specialist Dementia Facility	Provision of 15 bedded capacity outwith Borders General Hospital to assess patients prior to them moving home or to supported accommodation; with a target length of stay of 2 weeks.	30/09/19	1,768,402
Matching Unit (Council Services)	Established to source and secure required home care hours for clients, then expanded to cover end of life and is also linked to Strata with regard to care home placement.	30/09/19	371,077
Community Outreach Team	Provision of a team specialising in meeting the needs of older adults with mental health illness and dementia, working within care homes and community hospitals across the Scottish Borders and giving advice and guidance to carers	31/03/21	245,553
		Total	5,725,338

A number of mechanisms exist where the NHS Borders Board and IJB work strategically to ensure the provision of safe, effective patients and client care. There are many joint boards and committees now in operation between NHS Borders, Scottish Borders Council and the IJB. This includes among others, integration performance group, older peoples pathway, joint health and social care IT strategy group and joint financial planning group.

Older people's pathway is a joint programme across all services involved in delivering older peoples care, to look at how effective care can be provided in the right location at the right time, across the entire pathway from acute, to community and primary care settings. An

example of this is the development of the advanced nurse practitioner model in community hospitals, supported by consultant geriatricians. Early evidence indicates a reduction in occupied bed days and increased access to community support services, ensuring people are provided with care in their own community setting / in the most appropriate community setting.

A further example of one of these initiatives is the “Hospital to Home” service which has provided additional care at home support and capacity outside the hospital setting, to progress patient assessments and rehabilitation. This initiative is currently being funded through the Integrated Care Fund whilst a business case is developed to secure mainstream funding. We are currently working with statisticians in NHS National Services Scotland to fully understand the impact of this service, but current evidence suggests a reduction in occupied bed days for the over 65s, reduction in readmissions and emergency department attendances. The activity of the project is closely monitored through weekly data collection and analysis through each of the locality Hospital to Home teams.

Efficiency Programme

For financial year 2019/20 £12.4m of savings opportunities have now been identified and are being progressed. This equates to 6% of the Board’s baseline revenue budget. This is a further year of significant level of savings delivery and reflects the Boards commitment to financial turnaround. £8.8m of these savings are considered medium or low risk. We are actively working to reduce the areas where savings have been identified as high risk. With the support of the turnaround team we are working to identify further opportunities for savings / efficiencies in year and to meet the financial challenge we face.

Efficiency Programme - Workforce

In terms of the workforce questions you have posed, over the last 2 years we have, at any one time, had between 12 and 20 registered nurse (RN) vacancies. This is despite active and innovative recruitment strategies. In 2017/18, we have spent £1.2m on agency nursing staff to cover registered nursing gaps. The agency spend has reduced to £0.9m in 2018/19.

With regards to the training of Band 2 health care support workers to become assistant practitioners (Band 4), 9 staff were successful at recent interviews. To support the move of these staff into training posts we have also now recruited replacement Band 2 staff. The training of these staff will help in stabilising the nursing workforce and decrease the number of registered nurse gaps. This in turn will reduce the requirement for agency staff.

In terms of the workforce tools, these are used to ensure that the staffing levels for each area take account of patient dependency and acuity. We use nursing and midwifery workload tools as part of a triangulated process.

This includes:

- The acuity/dependency based tool which gives a recommended whole time equivalents (WTE) based on the dependency of the patients;
- The professional judgment tool which gives a recommended WTE based on the clinical judgment of the staff on shift; and
- The local context including clinical quality indicators, absence, bank/agency usage, patient feedback.

This year we have run the workload tool in adult inpatient wards, district nursing, health visiting, mental health, midwifery, community children's nursing, paediatrics, and we intend to roll out the specialist nurse tool in the coming months. The results of the tools are used to determine safe staffing levels and rotas.

In regards to your question about agency staff approval, when the director of nursing and acute services is on leave the associate director of nursing and head of midwifery is responsible for approving requests for nursing agency staff applying the same principles as the director. We take this intensive approach to demonstrate that both cost and patient care are important.

In relation to our medical agency spend; we have delivered significant improvements in the last two years in reducing our agency medical locum costs (£3.27m in 2016/17, reducing to £0.967m in 2017/18 (a reduction of 70%). Agency medical locum costs were £1.2m in 2018/19 with the increase reflecting the pressure of maternity leave cover.

With our partners in NHS Lothian and NHS Fife we are progressing an east region medical locum staff bank as an alternative to agency locum engagement. An option appraisal process is underway.

The measures currently taken to manage and control medical agency locum spend include:

- Weekly review by the medical oversight group, chaired by the medical director, of all agency locum requests.
- "Golden rules" applied to agency locum requests – agency locums only engaged for reasons of patient safety and to prioritise the emergency service rather than automatically put in place whenever there is a vacancy or gap in a speciality/rota.
- Cross cover where possible on the training grade doctor rotas to fill gaps without agency locum support. This is possible where training grade doctors are in generic training schemes.
- More effective deployment with the framework agencies – e.g. pre approval and block booking of locums at discounted rates – this has been a partial success in the emergency department. More recently the need for agency locums in the emergency department has reduced due the clinical development fellow (CDF) role.
- Avoiding agency locum requirements by NHS appointments – CDF in acute and general medicine, and more recently emergency medicine is an example of this measure.
- A consultant recruitment strategy has reduced the number of vacancies over time.

In terms of your query for the results of our EU national workers survey, in common with all Health Boards during November and December 2018 we participated in a staff nationality survey to more accurately identify the EU Nationals within our workforce. We received 57 responses to the survey from various staff groups and locations. We have established a micro-site providing and signposting advice and a designated confidential contact who is available to support EU workers.

A small number of our employees participated in the Home Office settlement scheme for staff in the health and social care sector from 29 November 2018 to 21 December 2018 and all of these successfully obtained unlimited leave to remain and work in the United Kingdom.

In relation to sickness absence rates, the measure referred to in your letter i.e. hydration station is a very small part of our wider health and wellbeing programme. Our multi-disciplinary work and wellbeing group delivers on our work and wellbeing strategic framework 2015-2020. This encompasses the maintenance of our healthy working lives Gold award which we have held since 2014. A recent further initiative trialled over the last 3 months has been “wellbeing Wednesdays” a weekly reminder to staff to be mindful and take care of themselves and colleagues.

We also have an active work and wellbeing service (previously known as occupational health). In addition to access to occupational health, staff can self refer to confidential counselling and physiotherapy. Currently lifestyle checks are being organised and offered to staff which will incorporate blood pressure checks in addition to discussions around issues such as general health concerns, mental health and cancer screening for example. It is intended to start this process with our support services staff i.e. domestics, porters, catering, estates and laundry staff and then based on the learning from this to roll this out across the organisation.

We are not in a position to directly subscribe a reduction in sickness absence rates to any specific measure or proposal, we are aware of the ambition to reduce sickness absence rates by 0.5% each year for the next 3 years. The most recent national reports on annual rolling sickness absence rate (the sickness absence statistics for February 2019 from SWISS) indicated that NHS Borders’ sickness absence rate has fallen below the NHS in Scotland average sickness absence rate, which is a sign of progress but we recognise there is a lot of work still to do to improve our performance. We will continue to work in partnership with staff side to further reduce our absence levels. Absence rates for the last twelve months in NHS Borders are outlined below:

Month	NHS Borders Performance
Apr-18	5.1%
May-18	5.0%
Jun-18	4.7%
Jul-18	5.7%
Aug-18	5.6%
Sep-18	5.7%
Oct-18	6.0%
Nov-18	5.5%
Dec-18	5.5%
Jan-19	6.7%
Feb-19	4.8%
Mar-19	4.7%

In relation to co-location of NHS Borders administrative functions to council headquarters we have only had high level preliminary discussions with Scottish Borders Council colleagues, which are still ongoing. The concept has yet to be costed and would only be predicated on a reduction in spend and / or tangible service or operational benefits. These would need to be compared with the benefits of many of the Board’s administrative functions being based on the main health campus in Melrose which improves their accessibility and the visibility of the Board across the clinical services on this campus.

Set Aside Funds

A set aside working group was established in May 2018 to review set aside funds, with wide representation including the chief officer health and social care, the NHS deputy director of finance, associate director of acute services, general manager for unscheduled care, IJB chief finance officer and general manager for transformation change.

An acute bed modelling project is underway to establish bed utilisation within BGH taking account of demand and capacity across acute, community and social care. A performance framework is also being developed to monitor and track the impact of initiatives.

Delayed Discharges

We are facing challenges with delayed discharges, which continue to impact on patient flow. At this time the main issues are sufficient resources for care at home in three of the four localities and availability of care home placements, especially nursing care and nursing dementia care across Borders.

The Health and Social Care Partnership in Borders has worked hard over the past year to introduce new ways of working to achieve more timely patient discharge from hospital. Among other initiatives, this includes the introduction of the “Hospital to Home” Service (H2H) referred to above. Additional care home beds have also been established; 23 beds were made available in Garden View care home for “step down care” and 16 beds Waverley care home for rehabilitation.

A comparison of key delayed discharge (DD) measures over the last two winter periods is summarised in the table and below:

	December		January		February		March	
	2017/ 18	2018/ 19	2017/ 18	2018/ 19	2017/ 18	2018/ 19	2017/ 18	2018/ 19
DDs over 2 weeks	16	17	16	12	15	13	14	11
Occupied Bed Days (standard delays)	1091	985	939	855	639	740	819	702
DDs over 72 hours (3 days)	32	19	26	21	18	20	26	17

Whilst the occupied bed days associated with delayed discharges have been decreasing, it is difficult to predict when we will have a zero rate due to the complexities involved. However, the ongoing commitment to addressing these delays and to avoid inappropriate admissions is outlined in the draft NHS Borders Annual Operational Plan and we hope to demonstrate continuing improvement for the benefit of all. A number of initiatives / actions are underway to support this and these are listed below:

- Continuation of the Hospital to Home service
- Continued use of Discharge to Assess facilities

- Continued use of Transitional Care facilities for rehabilitation and reablement
- Continued use of Matching Unit to match care provision to assessed need
- Commissioning of specialist dementia provision
- Use of technology, such as a matching service system, to improve patient flow
- Development of the Mental Health Community Outreach Team to provide support for early discharge and prevention of admission to hospital for people with dementia.

In response to your question regarding cost comparisons between NHS Borders and NHS Lothian, it should be noted that the Scottish Borders is not composed of one large central population. This rurality factor means different staffing groups must frequently travel considerable distances to assist relatively small numbers of patients, often for brief interventions. Transport is also an issue in Borders, as the road infrastructure is not as developed as in many urban areas and public transport is limited. We constantly review strategies to manage our rurality such as the use of technology, shared working practices and close links with the transport hub.

Our rurality has also resulted in a lack of attraction for private care at home providers and a shortage of private nursing home placements, compounded by the recruitment challenges in the care sector that have been seen nationally. Our continually increasing population of over 65s and declining rate of the working age population will create additional recruitment challenges in the future. Currently 58% of our care at home and 15% care home services are provided by SBCares, an arms lengths organisation of Scottish Borders Council.

The introduction of the new GP contract and the ongoing development of the primary care improvement plans should support an increased focus on long term conditions and chronic disease management. Additionally our cluster quality leads are also considering local issues for example the east cluster are looking into increased physiotherapy intervention.

Monitoring Primary Care

The new GP contract has replaced the previous quality outcomes framework with a new quality framework based on clusters of GPs identifying local quality initiatives. The GP cluster quality leads are members of the GP Sub Committee and our primary care strategy group, which are forums where primary care planning and monitoring is undertaken.

GPs work closely with analysts from NHS National Services Scotland Local Intelligence Support Team (LIST), who have aided in the performance monitoring of GP practices and developed a primary care dashboard for each GP practice. The monitoring of the primary care improvement plan workstreams is provided through regular reports to the primary care strategy group, and the chief officer has taken update reports to the NHS Borders Board. The IJB and the GP Sub Committee. Prescribing performance is monitored closely across every GP practice with oversight from the medicines resource group. An annual financial assurance process is in place to ensure appropriate claim and payment procedures are followed with regard to GP practices.

In Conclusion

I recognise there is a lot of detail included in this letter, but I trust this is helpful to you and your colleagues and meets your request for further information. Please do not hesitate to contact me if you require anything further.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K. Hamilton', with a long horizontal stroke extending to the right.

Karen Hamilton
Interim Chair