



The Scottish Parliament
Pàrlamaid na h-Alba

Karen Hamilton
Chair
NHS Borders
Headquarters
Borders General Hospital
Melrose
Roxburghshire TD6 9BD

Health and Sport Committee
T3.60
The Scottish Parliament
Edinburgh
EH99 1SP
Tel: 0131 348 5210
Calls via RNID Typetalk: 18001 0131 348 5224

Via email only

Email: healthandsport@parliament.scot

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Dear Chair

Thank you for your Boards appearance before the Committee on 15 December and please accept my apologies for the disruption that occurred throughout the meeting with the technology in place. I recognise this impacted particularly on your own personal contribution as well as the general flow of the session. It will be no consolation to learn this was the first occasion in which our meetings have suffered such severe difficulties.

As I indicated during the meeting we would welcome any additional information you or your team were unable to provide, the [official report of the meeting](#) is now available and discloses the particular areas in which difficulties occurred. I also indicated the Committee would follow up on some areas and our further questions follow, some of which you will note pick up on areas of particular difficulty in oral submissions being provided.

Our exchanges in relation to the Boards financial position were perhaps constrained by the difficulties experienced and the Committee would welcome any further detail you wanted to provide in relation to ongoing financial performance. In particular we are interested in detail around the additional costs incurred as a consequence of Covid including the support provided by the Scottish Government. Details of savings as a consequence of the cessation of services would also be welcome together with some detail as to the tasks carried out by those staff who would normally have been working in the areas closed or substantially reduced.

The Committee are keen to understand the flexibility shown by the workforce and how this was managed throughout the initial lockdown and going forward.

Ralph Roberts (column 37) mentioned the infection of some patients with Covid while on wards and the Committee are interested in how this occurred, and the precautions that were taken to protect individual patients while in hospital. We have all seen pictures and footage of wards across the country and while staff are protected by PPE those in general beds do not appear to have any such provisions in place.

There were exchanges (column 38) around the speed of change that occurred and the greater use of technology now being deployed with mention of virtual technology which you were planning to introduce as part of a transformation programme now accelerated. We note this was to be part of financial restructuring and a general shift of care into the community and wonder what level of savings to the board this is now producing or forecast to produce?

We recognise initial decisions were to cease all non Covid and emergency services within secondary care. At what level of overall capacity were you operating at during the lockdown period and what consideration was given to an earlier restoration of services when the potential level of Covid patients was not being reached, particularly as numbers started to decline?

The Committee are also interested in the command structures that were employed. While recognising you are “a small board” and your “board’s area is not huge”, which might have made communications easier, we wonder how many tiers of command were operating throughout lockdown? We note your approach was “clinically led and driven” and are interested in how the interactions that took place between those clinicians leading the response and general management sat within the structures.

In relation to remobilisation could you provide further detail on the timings you are currently working towards to clear the backlog of cases. We also note Ralph Roberts indicated (column 42) the referral rate from primary care was moving back towards the normal expected rate and we wonder if you have any comment on what has happened to the numbers that were not referred during the period of cessation of services. We would have anticipated the rate now to be higher to include any “backlog” that had arisen? Can you also indicate how these new patients are being prioritised to be seen, is it simply based on date of referral?

There were questions around CAMHS which were affected by our technological difficulties (column 44 in particular) and we would welcome any further detail you can provide including detail about the service being offered at present and how the increasing numbers affected will be addressed. When do you expect to be hitting the standard?

Nicky Berry offered to update us on recruitment issues and we look forward to details on that matter (column 45).

In relation to GP services we recognise financial support was provided to sustain practices and also to provide bank holiday cover. Can you advise what other financial support was provided to practices and specify what additional payments

were made to GPs for running the hubs. Was a corresponding reduction made to other payments to GPs in relation to the services not provided while they were running hubs?

We note you delivered 45,000 flu vaccinations which seems to be around 75% of those eligible (column 50), can you give us a feel for numbers of people to be Covid vaccinated in your area?

It would be helpful if you could respond to the above questions and provide the other information offered by 29 January.

Yours sincerely

Lewis Macdonald
Convener, Health and Sport Committee