Annual Operational Plan 2019/20

Contents

1 Introduction

While this Annual Operational Plan (AOP) is for the year 2019/20, it is important to set this single year within the context of our longer term strategy to drive forward change across health and social care within the Scottish Borders within the context of an emerging Financial Turnaround Programme.

Background

Scottish Borders has seen a steady growth in overall population between 2009 and 2017 rather than some of the more significant increases in other Board areas. Although the overall population growth has been lower than some areas, Scottish Borders' over 65 age group is growing at a significantly higher rate than the national average.

Based on National Records of Scotland (NRS) Mid-year Population Estimates there has been a 7.7% increase in the numbers of people aged 65+ in the Scottish Borders compared to 6.9% for Scotland between 2013 and 2017. The population cohort of older adults in Borders is projected to rise most significantly in the over 75 and over 85 year bands as average life expectancy is increasing. This group places a particularly high demand on the healthcare system due to the burden of disease in later life. By the age of 65, nearly two-thirds of people will have developed a long term condition: 75% of people aged 75-84 have two or more such conditions.

Alongside all of this and in conjunction with the rest of Scotland, NHS Borders is facing significant pressures, with costs likely to outstrip funding increases and ever increasing demand. This was reflected in the 2018 Audit Scotland Report.

In order to meet these challenges, NHS Borders developed a Clinical Strategy in 2017. The Strategy sets out the need to shift the balance of care through effective health and social care integration, the development of new models of care and different ways of working through marked transformational change. This must be delivered in parallel with the need to make savings to ensure financial sustainability. Our overarching aim is to provide safe, quality clinical services that we can afford.

Financial Turnaround Programme

NHS Borders is currently establishing and implementing a Financial Turnaround Programme in order to return to financial balance following escalation to level 4 as part of the Scottish Government's Escalation Framework.

The seriousness of the need to achieve financial balance and work within the resources we are given is not to be underestimated and this provides an opportunity to embrace the challenge, make the changes and the savings we need and still deliver good services and care.

The overall scope of the Programme is currently being developed with support from the Scottish Government's Recovery Team alongside additional external expertise.

A robust staff engagement programme is being developed in partnership with trade unions to ensure ongoing two way channels of communication. There is full clinical engagement throughout the Turnaround programme to ensure that safe patient care remains at the heart of all organisational improvement.

We are in the process of developing a multi strand communications and engagement plan which will enable our communities to feed directly into this programme and give their views on what matters to them about the services they use.

Any changes introduced as a result of our Financial Turnaround Programme will be cross referenced ultimately against the Clinical Strategy to ensure changes are in line with this and will ensure we deliver safe, quality clinical services that we can afford.

The performance commitments contained within this plan have been developed during the emerging phase of NHS Borders Financial Turnaround Programme. The plan may therefore be subject to amendment as that programme develops.

2 Performance Measures

The performance commitments contained within this plan have been developed during the emerging phase of NHS Borders Financial Turnaround Programme. The plan may therefore be subject to amendment as that programme develops.

Waiting times measures are an integral part of providing high quality services to make sure patients are seen and treated timeously. In order to continue to achieve the required performance standards NHS Borders must build robust sustainable services. This will require funding from the Scottish Government Access Collaborative for both short and longer term investment in services.

The performance commitment and funding requirement set out in this plan includes both funding streams to achieve the activity levels to meet waiting times as well as financial support to begin quality initiatives such as active clinical referral pathways work. While NHS Borders requires £3.8m in order to fully achieve all waiting times targets at 31 March 2020, following discussion with the Scottish Government Access team the Board have anticipated full year funding in the region of £2.3m excluding a cancer waiting times and diagnostics allocation.

This level of funding will not allow the Board to fully achieve its TTG target and it is anticipated that 190 Orthopaedic Inpatient/Day Cases and 100 Orthopaedic Outpatients that are available will be waiting over 12 weeks at 31st March 2020. If the Board received additional funding it is possible that the number of breaches could be reduced, predominantly by utilising the independent sector. The Board does not underestimate the issues involved in this level of breach. The Board will require additional funding in 2020/21 to clear the backlog predominantly utilising the independent sector and it should be noted that it would take a significant number of years to clear this backlog using internal resources.

Currently the waiting times plan is based on achieving progress against these targets at 31 March 2020. However due to funding only being available non-recurrently the proposed solutions will not always be the most cost effective use of resources to deliver access improvements and should funding become available recurrently NHS Borders would be able to implement more sustainable and cost effective plans.

While NHS Borders is committed to achieving the outlined performance the impact of lost bed days due to delayed discharge and increased unscheduled demand over winter will remain a significant risk to the achievement of targets.

In assessing waiting times performance for the year and associated funding requirements the following issues have been taken into account:

- The need to balance between new outpatient appointments and the requirement to ensure sufficient clinical time is used to conduct review outpatient appointments.

- Additional capacity will be required in order to ensure there is no new outpatient wait over 12 weeks. It is unlikely that our existing workforce will be able to flex to accommodate all of this activity. Where there remains a gap then provision is intended to be sourced via the private sector. The longer term plan is to invest in the recruitment of people and posts to accommodate the demand and increase capacity. Where we are currently unable to recruit we will meet the demand by engaging NHS Locums where possible but in certain circumstances agency locums will be necessary. We will only engage premium rate private agency locums to ensure both patient safety and performance target requirements are met.

- Similarly, additional diagnostic capacity will be required in order to achieve waiting times targets. It is assumed that this capacity will require to be sourced externally.

- In order to achieve Treatment Time Guarantee targets additional capacity will be required in order to cover known gaps in service. It is assumed that this capacity will be provided through a combination of locum appointments and additional sessions provided by our existing medical workforce.

- NHS Borders will ensure that the Effective Cancer Management Framework is implemented, and a visit from the Scottish Government Consultant has taken place in May 2019 to review progress. This has identified a number of areas for improvement and an action plan will be developed following receipt of a report on the findings from this visit.

- The need to maintain delivery of our elective programme during the 2019/20 winter period.

- Underpinning all of this is the assumption that any currently unknown gaps / risks to service delivery can be covered through existing resources.

- In order to fully engage with the national Access Quality Improvement collaborative NHS Borders will require additional capacity and expertise. This support will take the form of introduction of active clinical referral pathway and will involve additional consultant capacity and project support to maximise the benefit.

Scottish Government has confirmed the 2019/20 financial allocation to NHS Borders for elective activity at £2.3m to support activities to meet the quarterly performance trajectories set out in appendix 2 and as summarised below:

Table 1 below shows the actual performance as at the end of March 2019 and the projected position by the end of March 2020 with this level of funding.

Table 1 Performance Projections to March 2020

Measure	March 2019 Performance	Forecast March 2020 Performance
62 day Cancer	80.8% within 62 days	100% within 62 days
31 day Cancer	100% within 31 days	100% within 31 days
12 weeks Outpatient	0 > 12 weeks	100 > 12 weeks
6 weeks Diagnostics	71 > 6 weeks	0 > 6 weeks
18 weeks CAMHS	45.8%	90%
12 weeks TTG	7 >12 weeks	190> 12 weeks
4 hour A&E	96.5% within 4 hours	Consistently 95% within 4 hours

Additional detail on each of these measures is outlined on pages 7 to 14 of this plan.

62 Day Cancer - 95% of all cases with a Suspicion of Cancer to be seen within 62 days

Measure	March 2019 Performance	Forecast March 2020 Performance
62 day Cancer	80.8% within 62 days	100% within 62 days

Following the introduction of QFIT for symptomatic patients in 2017, Consultants are able to triage Colonoscopy activity more effectively. This has made an impressive improvement in access to Colonoscopy for screening patients. However, the introduction of QFIT tests for screening patients from November 2017 has resulted in an increase of almost 100% in the number of positive test results requiring further investigations. This has had a significant impact on capacity within the service and has resulted in additional weekend lists being operated with support from Synaptik. In order to continue at the current level of performance additional list will be required and funding has been included in the diagnostic activity plan.

There are some challenges around MRI scanning and CT/MRI reporting capacity within NHS Borders, and booking systems have been developed to ensure that cancer patients are prioritised where possible. This has been supported by running additional scanning sessions with non-recurrent Waiting Times funding and

outsourcing a significant volume of reporting activity. Longer term actions to make the Radiology service sustainable are included in the Diagnostics section of this plan.

There remains a risk around the treatment of patients for some conditions in NHS Lothian, particularly around specialised Urological surgery. NHS Borders is committed to working with colleagues in NHS Lothian to ensure that these patients are treated as quickly as possible, and actively participates in regional groups focussed on Cancer services.

31 Day Cancer - 95% of all patients requiring Treatment for Cancer to be seen within 31 days

Measure	March 2019 Performance	Forecast March 2020 Performance
31 day Cancer	100% within 31 days	100% within 31 days

NHS Borders is reviewing local cancer pathways to ensure consistency with other Boards and ensure that patients are treated within the appropriate timescales.

NHS Borders continues to work with SCAN regional partners to find solutions to capacity challenges within specialties such as Lung, Urology and Prostate where treatment is provided by the regional Cancer Centre.

12 Weeks Outpatients - 12 weeks for first outpatient appointment

Measure	March 2019 Performance	Forecast March 2020 Performance
12 weeks Outpatient	0 > 12 weeks	100> 12 weeks

The number of patients reported as waiting longer than 12 weeks improved in January 2019 with extra activity being run across the majority of specialties including Ophthalmology, Oral Surgery, Orthopaedics and Respiratory Medicine services. NHS Borders has achieved no patients waiting longer than 12 week as of the 31st March 2019.

NHS Borders worked towards a trajectory to reduce new outpatient waits to having no available patients waiting over 12 weeks by the end of March 2019, supported by a significant volume of additional activity with support from Scottish Government Access funding. A detailed deep dive was provided for NHS Borders Board in October 2018 with regards to the waiting times position. The trajectories towards the planned March 2020 performance, by specialty, are detailed in Appendix 2 of this Plan. These have been modelled as to the impact on performance of receiving the

full funding requested (as set out in Appendix 3) and also without any additional funding. It is assessed that in order to achieve the required performance levels NHS Borders will require ongoing financial support from the Scottish Government Access funding.

Longer term actions to address capacity gaps are underway within Cardiology, Dermatology, Diabetic/Endocrine and GI. All these services are undergoing robust Service Reviews to plan appropriate capacity going forward. The reviews will embrace the outputs of the Scottish Access Collaborative and national recommendations to improve access to specialist services as well as consider different models of care and succession planning.

As indicated earlier, external QI advice and expertise would be valued to ensure services fully embrace improvement and efficiency opportunities across all speciality areas.

Ophthalmology Service

There are ongoing challenges around clinical capacity of the Ophthalmology service, which is due to Consultant vacancies. A regional collaboration between NHS Borders and NHS Lothian is being explored to provide sustainable Ophthalmology services across the region.

In advance of a full regional service, the on call service has been regionalised. New models of care are being developed including the recruitment of a Hospital Optometrist, and in the short term additional clinics and theatre sessions have been planned, some with the support of Synaptik, between February and March 2019. This support will be required in 2019/20 to maintain the achievement of the current activity position.

Oral Surgery

Referrals into the Oral Surgery service have increased by around 50% year on year, which is causing capacity issues. Additional clinics have been organised in the short term and a sustainable solution will require some additional investment in Consultant capacity.

Orthopaedics

A service review has been undertaken within Orthopaedics, and implementation of the outcome of this will begin during 2019. The new model of working will involve changes to consultant job plans and different working practices and will therefore take time to implement. Additional financial resources will be required in the short term to maintain capacity.

Additionally during 2018/19 a significant amount of work has taken place to reduce demand for clinics, including recruitment of additional APP Physiotherapists to

reduce outpatient demand, plus implementation of an 'open' review system and 'needs only' arthroplasty reviews.

Nationally it is predicted that demand for Orthopaedic procedures will increase. NHS Borders will look to manage this additional capacity through a number of measures including the introduction of Advanced Nurse Practitioner (ANP) roles. However this is currently not included in the waiting times plan for 2019/20 but is a longer term aim.

6 Weeks Diagnostics - zero patients to wait over 6 weeks

Measure	March 2019 Performance	Forecast March 2020 Performance
6 weeks Diagnostics	71 > 6 weeks	0 > 6 weeks

The national standard is that no patient waits more than 6 weeks for one of a number of identified key diagnostic tests.

After a period of improved performance there has been a significant increase in the number of 4 week breaches. Demand continues to grow for radiological tests with the most predominant problem being in MRI scanning. NHS Borders are engaging in national work to review demand management approaches and are addressing through Realistic Medicine, but do not have the workforce or financial resources to meet demand increases. We are about to take delivery of a new MRI scanner and this is expected to assist in meeting rising demand.

The performance of diagnostic areas is detailed below:

Colonoscopy and Endoscopy Service

As with other services in Scotland, the introduction of QFIT testing for bowel screening patients resulted in an increase in demand for colonoscopy. Additional GI nursing hours to manage the increase in pre-assessment and additional weekend scoping sessions have allowed us to come into balance.

For 2019/20 we are putting in place a different medical model to provide a more flexible response to service need across Colonoscopy and GI, to ensure appropriate access for patients. The service is also looking to develop succession plans. However, if the demand continues to rise, core capacity will struggle to meet demand and without additional recurring funding NHS Borders will be unable to maintain waiting times for endoscopy and colonoscopy.

Magnetic Resonance Imaging (MRI) & Computerised Tomography (CT) Service
The MRI service continues to be under pressure. The length of scans is increasing due to changing guidelines which has led to a reduction in throughput in terms of patient numbers. To combat this additional weekend and evening sessions continue to be run however, waiting times are increasing despite this. A review of MRI demand is underway.

Reporting of CT and MRI scans has been a challenge and this has been addressed over the recent period through outsourcing reporting. This has resulted in the reporting waiting times being reduced from around 10 weeks to 2 weeks. This improvement is reliant on the utilisation of Waiting Times funding, and due to challenges with recruitment is likely to become a long-term solution and will require ongoing funding.

Funding has been provided from Scottish Government for the replacement of the current MRI scanner. Replacement of the existing scanner will not enable current demand to be met and an assessment is being undertaken as to whether this could be installed as a second scanner.

Ultrasound Service
The ultrasound service has staffing challenges at present due to multiple maternity leaves. Temporary hours have been recruited to and a locum is in place to offset the impact of this as far as possible.

18 weeks CAMHS - 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)

Measure	March 2019 Performance	Forecast March 2020 Performance
18 weeks CAMHS [1]	45.8%	90-100%

The Child and Adolescent Mental Health Services (CAMHS) service has failed to meet the national (90%) standard for CAMHS referral to treatment waiting times since August 2017. Performance dropped to just fewer than 60% in October 2017, improved to 84% in December 2017 and has failed to perform above 60% thereafter.

The decrease in performance is due to vacant posts, staff retirement, sickness absence and recruitment challenges. Recruitment has taken place and the service has successfully appointed two Band 5/6 nursing development posts; increased medical sessions and is currently recruiting to an additional ADHD nurse specialist post. The consultant clinical psychologist post has been vacant since December 2018 however the new appointment took up post on the 5th March 2019. The current staffing model is not resilient as achievement of the target is reliant on full staffing

levels, with no vacancies or staffing gaps under the existing funding envelope. Therefore the Mental Health service has invested in an additional band 6 nurse post, an ADHD nurse specialist post, additional funding for the increase in medical sessions in an effort to achieve the LDP Standard.

The implementation of EMIS Web also posed significant challenges to the service; however these are becoming less of an issue. The service has progressed to an "opt in" process for appointments and have identified assessment clinics across the 5 localities in order for a more planned approach to waiting times management.

12 weeks TTG - 12 Weeks Treatment Time Guarantee (TTG 100%)

Measure	March 2019 Performance	Forecast March 2020 Performance
12 weeks TTG	7 > 12 weeks	190 > 12 weeks

NHS Borders has experienced challenges in meeting the 12 week Treatment Time Guarantee over the past year. During the winter of 2018/19 hospital cancellations have been significantly lower than in previous years, however this has been achieved by reducing planned surgical activity.

The trajectories towards the planned March 2020 performance, by specialty, are detailed in Appendix 2 of this Plan. Please also see page 6 regarding required funding levels.

Work is underway to redevelop the elective theatre schedule, and to ensure that this is used as productively as possible.

NHS Borders will be required to reduce elective operations over the winter period to accommodate the increased admissions in unscheduled care over this period.

4 hour A&E - 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)

Measure	March 2019 Performance	Forecast March 2020 Performance	Forecast March 2021 Performance
4 hour A&E	96.5% within 4 hours	Consistently achieve 95% within 4 hours	98% within 4 hours

The Emergency Access Standard remains variable, performing at between 93-96% in the last 6 months. Our aim to consistently achieve 95% in 2019/20 is based on changing the Unscheduled Care Model to ensure that more health service needs can

be met outside hospitals through providing treatment alternatives to hospital admission and ensuring that patients who do require admission for specialist treatment can be safely discharged from hospital as soon as possible. Working with our Integrated Joint Board, will support the transition to this model of care, further enhancing resources to support people in their communities, rather than relying solely on acute hospitals. With the change in service model during 2019/20, as a Board we are aiming to set a realistic aim to achieve 98% for 2020/21.

As mentioned earlier in our Operational Plan, we will also be conducting thorough Specialty Service Reviews to ensure we have the right capacity to meet demand for community out-patients. This is particularly relevant with review management. We are predicting that this will help prevent patients being admitted as an emergency. External QI advice and support would assist us locally with these activities and reviews.

Within our acute hospital we will continue to focus on the 6 Essential Actions to ensure that there are no delays for patients by early discharge planning, co-ordinating this with our Community, Social Services, Third sector and Independent sector.

Essential Action 1 – Clinically Focussed and Empowered Management

Safety Huddles are in place and a revised Escalation Process has now been implemented. During 2019/20 we will be sustaining these measures with close management of Standard Operating Procedures and strong visible leadership.

Essential Action 2 – Capacity and Patient Flow Realignment

We continuously use our demand data to understand if capacity is effectively aligned. We have a process in place to learn from instances when demand and capacity are mismatched and during 2019/20 we will be reviewing if we have the right workforce appropriately placed. In addition, we will be exploring solutions to our environment challenges and infection control measures with appropriate use of cubicles.

Essential Action 3 - Patient rather than Bed Management

We re-launched Daily Dynamic Discharge in 2018/19 and will continue to enhance this framework in the coming year by understanding and improving the ward round process. Criteria-Led Discharge has been tested in one of our high volume medical wards and we will be spreading this approach across the hospital.

Essential Action 4 - Medical and Surgical Processes arranged for Optimal Care

During 2018/19 we have been testing a Gynae and Surgical Assessment Unit which has demonstrated great benefit to Flow 4 in our ED department. We will formalise this arrangement during 2019/20. Our ED Department will be executing an action plan for process improvement which includes specialty referrals pathways. In

addition, we will be further looking to optimise ambulatory care from all areas across our acute hospital.

Essential Action 5 - Seven Day Services
Based on plans and learning we had in place for Winter 2018/19, we will be refining our ways of working at weekends, aiming to deliver 7 day services.

Essential Action 6 - Ensuring Patients are cared for in their own homes
There has been a focus on the Daily Dynamic Discharge process and other process improvement work, which resulted in a reduction in boarding patients and reduced length of stay. During 2019/20 we will implement an Integrated Discharge Hub to ensure patients are being appropriately assessed and discharged to the next stage without delay. We have also implemented a Borders wide Hospital to Home project to allow for patients to be discharged when they are clinically fit and to be cared for in their own home.

Our robust whole system patient flow measurement and monitoring process will continue to provide us with the intelligence to focus improvement.

Delayed Discharges – reduce the number of patients delayed in an inpatient bed over 3 days; and reduce delayed discharge bed days

Measure	2018/19 Performance	Forecast 2019/2020 Performance
Delayed Discharge Bed Days	12,644 days	9,972 days

The following actions during 2019/20 will help to deliver the April 2019 – March 2020 delayed discharge bed days forecasted reduction of 30% from the baseline year of 2017/18:

- Continued use of the Borders of Hospital to Home (H2H)
- Continued use of Discharge to Assess (DTA) facilities
- Continued use of Transitional Care facilities (TCF) 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 STRATA, to improve patient flow
- Development of the Community Outreach Team to provide support for early discharge and prevention of admission to hospital

3 Regional Planning

The performance commitments contained within this plan have been developed during the emerging phase of NHS Borders Financial Turnaround Programme. The plan may therefore be subject to amendment as that programme develops.

Across the South East region, we are collaborating in a way that adds value over and above the work of individual Boards.

In the south east of Scotland there has been a successful history of collaborative regional working, resulting in a wide range of services that are planned and delivered regionally, drawing on the benefits and opportunities in the interests of delivery for patient benefit.

In 2017, following the publication of the National Health and Social Care Delivery Plan, the region augmented its programme of work to include a wider range of services, assessing potential opportunities in supporting delivery of the national Delivery Plan and in pursuit of delivering against 5 agreed regional objectives:

- Shift the balance of care and investment from hospital care to primary and community care settings;
- Shift the emphasis of our system upstream from treatment of illness to prevention of ill health;
- Improve access to care and treatment in both unscheduled and elective care;
- Improve the quality of care and patient experience;
- Deliver recurring cash savings each year of 5 to 7% required to deliver financial balance and to respond to demographic change.

A number of key priorities for 2019/20 are highlighted below:

Laboratory Medicine - deliver an integrated laboratory medicine service for the region which delivers high quality, equitable, affordable, sustainable and accessible services for patients creating a 'One Laboratory Medicine Team' approach across the region through:

Review of workforce and seek solutions through regional working.

Look at options for reorganising services to ensure all appropriate testing maximises current estate and technological capability (automation, robotics, digital and artificial intelligence) and reduces duplication and variation in support of laboratory quality.

Use a single information platform to deliver benefit through integration of procurement process and consideration of single managed service contracts where applicable.

Ophthalmology - Through the newly established East Region Ophthalmology Network Board the focus in 2019/20 will be on outpatient service optimisation, theatre productivity and developing a regional model which will support sustainability and mitigate workforce risks, utilising community based services to shift the balance of care from acute to community.

Regional Trauma Network - implementation of the Scottish Government commitment to deliver a trauma network for Scotland which will direct patients to the most appropriate level of care for their injury, save more lives and improve patient outcomes from point of injury to rehabilitation. The region is working towards establishment of a Major Trauma Centre at the Royal Infirmary of Edinburgh in 2021/22 with supporting Trauma Units and integrated rehabilitation and repatriation systems which will support improved outcomes, recovery and care as local as possible where appropriate.

East Region Partnership for the Prevention and Reversal of Type 2 Diabetes – as part of our commitment to prevention and upstream intervention at the regional population level, the 3 East Region Health Boards, 6 IJBs and 6 Councils have committed to developing a multi-agency approach to tackling Type 2 diabetes in the region – a largely preventable disease which incurs significant personal, financial and social consequences. Equitable and consistent weight management services are being implemented across the region, with the focus in 2019/20 on developing an approach to reversing and preventing Type 2 Diabetes through evidence based, community delivered programmes

Radiology - Radiology services in the East Region, like other parts of the UK remain fragile with insufficient radiologists or radiology trainees to meet current and expected future demand. During 2019/20 we will look at developing our regional approach in light of recent developments with national connectivity, emerging collaboration on interventional radiology services and future national radiology programme deliverables.

Regional Approach to Innovation and Digital Developments - The East Region is building a coordinated, regional approach to Innovation drawing on the experience, relationships and networks developed through NHS Lothian's experience as an Innovation Test Bed pilot site. Opportunities to exploit the commissioning and adoption of new technologies will be maximised with a focus on addressing the challenges of managing demand and patient expectation along with availability of workforce.

Cancer Services – Opportunities present during 2019/20 and beyond to develop a more regional approach to addressing access and workforce challenges using the existing well established regional cancer network arrangements and collaboration on the development of the new regional cancer centre.

4 Integration of Health and Social Care

The performance commitments contained within this plan have been developed during the emerging phase of NHS Borders Financial Turnaround Programme. The plan may therefore be subject to amendment as that programme develops.

The Health and Social Care Strategic Plan (2018-21) was updated in August 2018 to further promote a vision of a future where our health and social care services work in partnership with our communities and residents. The Plan is built around three strategic objectives and the key challenges in delivering these. The strategic objectives are:

- We will improve the health of the population and reduce the number of hospital admissions
- We will improve the flow of patients into, through and out of hospital
- We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.

The February 2019 Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care report noted that the pace and effectiveness of integration needs to increase and sets out 25 proposals for this. The Scottish Borders H&SC Partnership is developing an action plan to take forward these proposals as well as continuing its focus on the delivery of priority areas beneath the three strategic objectives.

Desired Outcome	Actions and Measures
People will be informed and have access to the right support at the right time.	**Action:** • Continued development of local area coordination (LAC) for adults and older people to ensure that LAC coordinators community link workers are in place, and linked to mental Health LACs, across the Borders. **Measure:** • Reduced demand on statutory services through increased provision and awareness of local alternatives. • Reduced revenue costs from reduced demand. • Reduced waiting lists. • Increased access to information and community support.
Health and social care services reduce admission to hospital, improve health	**Action:** • Redesign of day services with a focus on early intervention and

and wellbeing and reduce demand for statutory services.	prevention. • Pharmacy teams continuing to support long term conditions (particularly respiratory disease and diabetes). • Continued clinical technician support for medicines management at point of discharge. **Measure:** • Reduced admissions to hospital. • Improved health and wellbeing. • Reduction in demand for statutory services. • Reduced medication-related admissions • Reduced demands on GPs. • Improved access to advice on minor health complaints. • Reduced revenue costs from reduced demand.
Resources are used effectively and efficiently in the provision of health and social care services.	**Action:** • Continued delivery of the Integrated Transformation Programme. • Continued shift of resources from acute health and social care to community settings. • Demonstration of best value in the commissioning and delivery of health and social care. • Investment in and realign of resources to deliver our strategic priorities and disinvest in services not required. **Measure:** • Reduced costs through management of demand, reduced unit costs and elimination of duplication and waste. • Scarce resources will be directed to those most in need and secure best value. • Health and social care will continue to be affordable within a context of constrained funding, increased cost and greater demand. • Improved outcomes for patients, clients and carers.

People are able to access the information they require within their own community	**Action:** • Continued expansion of the scope/remit of the Matching Unit • Increased focus on delivery of health and social care services by locality area • Increased use of Technology Enabled Care • Provision of additional Extra Care Housing units **Measure:** • Quicker and more efficient planning of care and support • Greater percentage of people accommodated at home or in a home-like setting. • Reduced demand for care at home and other health and social care services • Reduced revenue costs from reduced demand and increased efficiency
Health and social care services will reduce health inequalities.	**Action:** • Continued review of the standard of our health centres as part of the Primary Care Modernisation Programme. • Continued delivery of Post Diagnostic Support to a higher proportion of people with dementia. • Continued appropriate GP referrals for people with dementia. **Measure:** • All diagnosed dementia patients offered at least one year post-diagnostic support. • Improved standard of health centre premises. • Increased community support work via improved health centres. • Improved GP services. • Greater focus on prevention will result in reduced revenue costs from reduced demand and increased efficiency.
People will be able to access a range of community-based health and social care services	**Action:** • Expand the remit of the Community Led Support (What Matters Hubs) that are now in operation across all 5 Scottish Borders localities. **Measure:** • Reduced demand on statutory services • Reduced waiting lists • Increased access to information and support • Reduced revenue costs from reduced demand

Provide people with alternatives to hospital care	**Action:** • Continued support to Transitional Care as a model of service delivery for people aged>50 who no longer require in-patient care but who do require up to 6-weeks of rehabilitation outside a hospital environment to regain and retain independence • Discharge Programme of work supported, including Discharge to Assess – for adults who are medically fit for discharge but who have not yet capable of living independently at home • Continued development of 'step-up' facilities to prevent hospital admissions and increase opportunities for short-term placements • Modernisation programme for the delivery of primary and community health care models • Re-design of how care at home services are delivered to ensure a re-ablement approach **Measure:** • Reduced emergency admissions and associated bed days • Reduced re-admissions to hospital • Reduced revenue costs from reduced demand
The delivery of health and social care services is improved through more integration at a local level	**Action:** • Continued development of integrated locality management **Measure:** • Reduced duplication and improved delivery of health and social care services at local level • Reduced demand on statutory services • Increased access to information and community support • Reduced revenue costs from reduced demand and increased efficiency
People who use health and social care services have their dignity and right to choice respected	**Action:** • Continued use of Self-Directed Support options **Measure:** • Improved care pathways for all care groups • Increased opportunities for choice and control in care planning

People who provide unpaid care are supported to look after their own health and wellbeing in order to fulfil their caring role	**Action:** • Continued commissioning of the Borders Carers Centre to undertake carers assessments • Continued delivery of identified carer needs, assessed as critical **Measure:** • Improved and more consistent support for carers • Improved data on and understanding of the volume of people providing informal care

5 Primary Care

The performance commitments contained within this plan have been developed during the emerging phase of NHS Borders Financial Turnaround Programme. The plan may therefore be subject to amendment as that programme develops.

The Health & Social Care Partnership, have been working in partnership with the GP Sub-committee and NHS Borders to form a solid base from which the key priorities of the new General Medical Services (GMS) contract requirements will be delivered via the Primary Care Improvement Plan (PCIP). This is the main piece of work within Primary Care & Community Services (P&CS) that will both transform services for patients and aim to shift the balance of care.

The new contract aims to refocus the role of GPs as Expert Medical Generalists (EMGs) working within a Multi-disciplinary Team (MDT) in which the GP will focus on:

- Undifferentiated presentations;
- Complex care;
- Local and whole system quality improvement;
- Local clinical leadership for the delivery of General Medical Services (GMS).

Within the contract documents, the role of the Expert Medical Generalist is described as the following:

"Expert Medical Generalists will strive to ensure robust interface arrangements, connection to and coherence with other parts of the wider primary care team (e.g. nurses, physiotherapists), health and social care community based services and with acute services where required. The EMG will be supported by a multi-disciplinary team (MDT); maximising the contribution of both clinical and non-clinical staff in medicine, nursing, allied health professions, links workers, practice management, administration and others."

To enable the development of this EMG role, there will be a shift over time of GP workload and responsibilities - this will require a wide range of tasks currently undertaken by GPs to be completed by members of a wider primary care multi-disciplinary team where it is safe and appropriate to do so, while also demonstrating an improvement for patient care.

In support of the implementation of the new contract in the context of Primary Care Service redesign, a Memorandum of Understanding (MoU) was agreed in November 2017 between Scottish Government, Integration Authorities, the Scottish General Practitioners Committee (SGPC) and NHS Boards. This is a key document that summarises the entire process.

It is a requirement of the MoU that Integrated Authorities develop and review a local Primary Care Improvement Plan (PCIP). The aim of the plan is to identify and integrate key areas to be transformed in order to achieve the GP contract goals with the expectation that reconfigured services will continue to be provided in or near GP practices.

The MoU states six nationally agreed priorities, which are evidence-based, for transformative service redesign in Primary Care in Scotland over a three year planned transition period between 2018 and 2022. These are:

- Vaccination Services;
- Pharmacotherapy Services;
- Community Treatment & Care Services (CT&CS);
- Urgent Care (Advanced Practitioners);
- Additional professional roles:
    - MSK Physiotherapy;
    - Community Clinical Mental Health Professionals;
- Community Link Worker's (CLW's).

In Scottish Borders, the Primary Care Strategy Group oversees the implementation of the PCIP and its priorities. Individuals from the H&SCP, the GP Sub-committee and the Health Board are included to ensure requirements for the tripartite agreement are in place.

Work is on-going to deliver each of the individual priorities. Each of these is discussed in turn:

The Vaccine Transformation Programme (VTP) is reviewing and transforming how vaccines are delivered in Scotland. The result will be NHS Borders vaccine delivery will move away from GP practices to being the main provider of vaccines on the basis of national agreements. The VTP has different work streams including:

- Pre-school Programme;
- School based Programme;
- Travel vaccinations and travel health advice – the MoU has prioritised this for the first year of the Programme, however, a national group has been established that will drive change;
- Influenza Programme;
- At risk and specific age group Programmes (shingles, pneumococcal, hepatitis B).

The 3 year plan is briefly shown below:

Previously Completed		Year 1		Year 2		Year 3
• School programme (including flu vaccines)		• Pertussis/ whooping cough vaccine • 0-5 years programme		• Shingles (start) • Flu & Pneumococcal vaccines 65+ • Flu Vaccines (for those at risk)		• Travel • Shingles (completion)

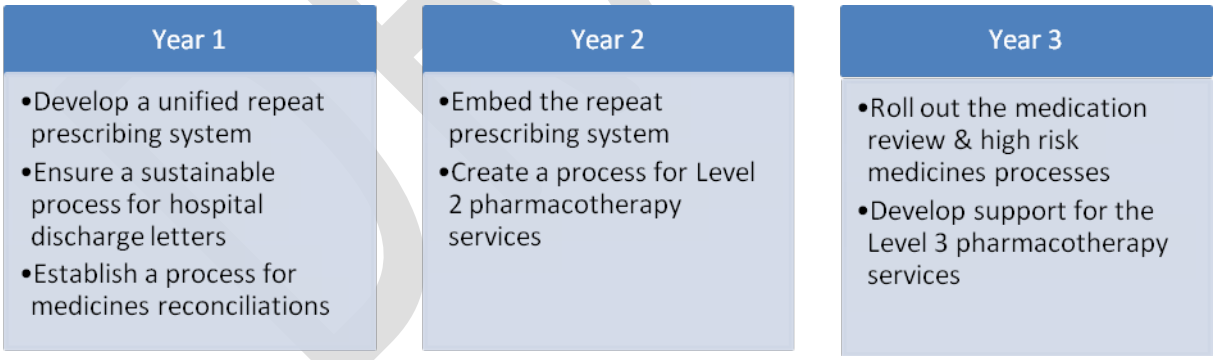
To date the delivery of pertussis has transferred to NHS Borders maternity services and is being provided by midwives. A scoping exercise is underway in terms of the 0-5 year's element of the programme.

Pharmacotherapy services will aim to benefit all practices (by April 2021) by delivering key core services with them. These core services are:

- Authorising and action all acute and repeat prescription requests;
- Authorising and action hospital immediate discharge letters (IDL's);
- Medicines reconciliation;
- Medicine safety reviews/recalls;
- Monitoring high risk medicines;
- Non-clinical medication reviews.

A team of pharmacists and pharmacy technicians are currently being employed and/or trained in order to deliver these requirements.

A general summary of the aims the team are shown below:



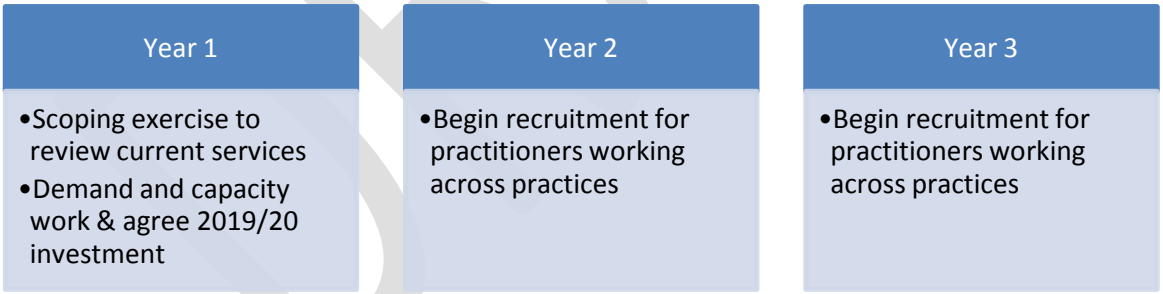
Community Treatment & Care Services (CT&CS) will include but is not limited to the following:

- Phlebotomy;
- Basic disease data collection and biometrics (e.g. blood pressure etc.);
- Chronic disease monitoring;
- Management of minor injuries and dressings;
- Ear syringing;
- Suture removal;
- Some elements of minor surgery.

The aim for the first year is to review potential capacity, carry out analysis and plan for new service provision.

This is closely linked to Urgent Care (Advanced Practitioners). This aims at providing advanced practitioner resource (nurse or paramedic) to act as the first response to home visits or urgent call outs from patients. It is probable that these individuals will work across Clusters rather than individual practices in order to meet patient needs.

Testing of this approach has already taken place within the Scottish Borders (Hawick and Kelso) as noted on the GP contract document. During 2018/19 another pilot is in place within the South Cluster. The aim is to measure the benefits of the role and share learning from practices working collaboratively. The pilot ends shortly (the end of March 2019) and a review will take place following this. In the meantime focus is on the recruitment and training of Advanced Nurse Practitioners (ANP's).



Physiotherapy services are changing the patient pathway via GP practices by implementing First Contact Physiotherapy (FCP). This means patients with a musculoskeletal (MSK) problem who contact their local GP surgery are offered an appointment with a physiotherapist instead of a GP. An appropriately trained and experienced physiotherapist based within the practice is able to autonomously assess, diagnose and address the immediate needs of a large proportion of these patients, initiating further investigations and referrals where clinically appropriate.

This approach puts physiotherapy expertise right at the beginning of the MSK pathway where patients can get the most benefit and in the place where they are most likely to first seek help.

NHS Borders now have in place 3.5 WTE FCP posts and will recruit further. Initially, these are to be imbedded within East Cluster prior to wider distribution and recruitment. This is phase 1 of the MSK physiotherapy priority.

Community Link Workers (CLWs) have also been identified as a priority in terms of reducing GP workload. The goal for the Scottish Borders over the next 3 years is to recruit to 5 such roles. This is the proportionate share of the Scottish Government manifesto commitment to provide 250 CLW's over the life of the Parliament.

Scottish Borders Council (SBC) have in place Local Area Co-ordinators (LACs) that carry out a very similar role to that of the CLWs. Therefore, we will invest funding from the PCIP for a further 4 posts in year 1 within this service to achieve this priority.

The updated PCIP is currently under review and will follow the appropriate governance structure early in the 2019/20 financial year prior to submission to the Scottish Government.

6 Mental Health

The performance commitments contained within this plan have been developed during the emerging phase of NHS Borders Financial Turnaround Programme. The plan may therefore be subject to amendment as that programme develops.

The Health and Social Care Partnership developed a Local Mental Health Strategy in 2017. The Mental Health Strategy provides a framework for delivery of mental health activities in Scottish Borders for all age groups, bringing together the range of work including promotion of population mental health, prevention of mental health problems, delivery of care and treatment of Mental illness and support for recovery. The strategy provides the means for ensuring delivery of commitments from the national strategies on mental health and suicide prevention and enables Implementation of the local Mental Health Needs Assessment recommendations and Scottish Borders Health & Social Care Partnership Strategic Plan objectives as they relate to Mental Health. More recently our Mental Health Services have engaged with our community of stakeholders to embark upon a Transformation Programme. The key areas of focus set out by Scottish Government are covered within our local Mental Health Strategy and Transformation programme as set out below:

Improving support during pregnancy and after birth

Our Perinatal Mental Health Steering group is a multi professional alliance which meets regularly to consider guidelines and recommendations for perinatal mental healthcare provision across NHS Borders and how they may be implemented. Current areas of work include development of referral pathways, local education and implementation of Mental Welfare Commission recommendations. Further expansion of local expertise, networks and care provision will require additional resource allocation in line with the recent Scottish Government funding announcement and Perinatal and Infant Mental Health MCN report.

Reforming children and young people's mental health services

The Children and Young People's Mental Health Taskforce produced a Delivery Plan in Dec 18, which provides a framework for change to achieve redesign and rapid expansion of support for young people. The recommended changes seek to ensure that young people and families get the right help at right time from the right person who has the appropriate skills. Anyone seeking help should only have to ask once to get what they need. The key here is a clear pathway through the various supports and services, which operate as cohesive network.

Four core elements are identified:

- Generic services providing prevention, early intervention and appropriate support.
- Additional services for CYP who are at heightened risk of poor mental health e.g. care experienced young people, children who are subject to adverse childhood experiences
- Specialist CAMHs services
- Neurodevelopmental Disorders – mainly ADHD and ASD

We have collaborated with key stakeholders locally and propose to develop a local Children and Young People's Taskforce Steering group to link in and transform services as recommendations are forthcoming. Redesign of support for children and young people's emotional health has taken place at Tier 2. Our priority now has turned to the Tier 2 – Tier 3 service interface, for children and young people with higher levels of need or more complex needs. Key to our success will be the development of more integrated pathways and collaborative working across agencies.

Locally CAMHS has not consistently met the LDP standard since August 2017 following difficulties in recruiting to key posts. Prior to this the service had been meeting the standard for a sustained period of time. An examination of existing internal processes has taken place that has identified areas for improvement to support the service to meet the standard including the development of Assessment Clinics across the localities. Data analysis and reporting has been a challenge since our switch to EMIS, a new electronic patient record. We will be moving from manual reporting to direct EMIS reporting over the next 1 – 2 months including activity and performance data. Investment of additional Scottish Government and local funding has allowed us to increase staffing in key areas such as Neurodevelopment where we now have 2 specialist ADHD Nurses; and Psychology where we have increased clinical input by 0.5 whole time equivalent. In order to overcome recruitment challenges we have developed innovative Nurse developmental posts with an associated training programme allowing newly qualified nursing recruits to progress to senior roles as and when they meet the required competencies. With these developments in place we are now working on a trajectory to achieve the national CAMHS LDP Standard by August 2019.

Taking a 21st century approach to adult Mental Health

As highlighted above, we are working to a well-established local Mental Health Strategy and in the midst of implementing a Transformation Programme. Key elements will be to continue to focus developments on early intervention and prevention working closely with Stakeholders and Primary Care colleagues - in particular our local GPs. We have established a Mental Health Primary Care

Steering Group through which we will continue to develop services in tandem and compatible with our Primary Care plans. To date examples of such service development include our Distress Brief Intervention Pilot (shortly to be extended to 16 – 18 year olds); the investment in Local Area Coordinators (to incorporate Community Link Workers); the redesign of our Doing Well Service, Well Being Advisors and Smoking Cessation staff into a single integrated Wellbeing Service with additional staffing allowing equity of provision across our 4 GP Clusters; commissioning of our first Recovery College in 2018; and the long term funding of our Veterans Service, Veterans First Point.

Psychological Therapies

We have been working towards establishing a sustainable achievement of the 18 week referral to treatment LDP Standard for adult psychological therapies. Following steady improvements during the first 2 quarters of 18/19 we reported a 90% performance in quarter 3. Future developments will include:

- Developing screening and referral pathways that enable patients to be directed to the most appropriate intervention in a timelier manner.
- Establishing primary care focussed psychological therapy services including a Group therapy service. Action 15 funding will be used to ensure CAAP's are available to contribute to this service.
- Collaborating with the Wellbeing Service to identify and support low level psychological interventions for Wellbeing Advisors. Action 15 funding has been utilized to increase the Wellbeing Service by 4 posts and to ensure that the appropriate support and supervision is provided.
- Reviewing current longest waits to see if their needs could be met through other psychological therapy options, such as telephone CBT or using online interactive resources.
- Reviewing the process of referral screening.
- Ensuring better collation of data around the delivery of psychological therapies.
- Reviewing the current delivery of psychological therapies by non psychologists and developing a training and supervision plan to maximize the delivery of evidence based psychological therapies. This will be part of the mental health transformation agenda.

We envisage implementing the above developments by August 2019

Scottish Borders Suicide Prevention: Everybody's business

Locally, co-ordination of suicide prevention activity has been supported by a health improvement specialist, within the Joint Health Improvement Team and a multi

agency steering group, linking to wider population work to improve mental health and wellbeing. This is underpinned by the priority, set by the local community planning partnership, to reduce inequalities.

An extensive population-based training program and targeted awareness-raising program has led to the development of skills and knowledge in suicide prevention in Scottish Borders:

- ASIST training is offered regularly over the year to any agency, or professional group with spaces also available for members of the public.
- A new harm reduction training programme for professionals working with those at risk of self harm is being rolled out, supported by multi agency guidelines and materials for parents and for young people
- Scottish Mental Health First Aid training is being delivered by partners for a cohort of S6 mental health ambassadors in each of the nine high schools
- Regular safeTALK half-day training sessions are delivered through the Borders Care Learning Network. safeTALK is open to all partner agencies and to the third sector.

Every year during Suicide Prevention Awareness week we use both Scottish Border Council and NHS Borders social media feeds to promote key messages and relevant local events. In 2019 for the first time Scottish Borders is an active participant in the Scottish Mental Health and Arts Festival, using local events to raise awareness and promote access to information and help for mental health issues.

Respecting, protecting and fulfilling rights

We seek to include patient rights in our practice at all points of contact with our services.

From the point of entry into the organisation, the staff induction programme includes:

- Adult Protection training which, as an online resource becomes core mandatory training for all staff.
- The Adults with Incapacity Act is included in staff induction and online training, and Equality & Diversity training which are core for all staff.

Our training department bases all clinical skills training on a person-centred approach which embodies the rights of the individual and all Clinical Updates for Registered Nurses and Health Care Support Workers promote our professional role in patient advocacy.

All policies are subject to an Equality Impact Assessment to ensure they are non-discriminatory.

Within the Mental Health in-patient units practice is now to offer access to Independent Advocacy to all patients whether detained under the Mental Health Act or admitted informally. Patients have access to the Mental Welfare Commission for Scotland (MWC) published booklet, Rights in Mind which sets out patient rights under different circumstances and Huntlyburn Ward participated in an evaluation of this by the MWC – published July 2018.

The Mental Health Directorate Annual Operational Plan Template for LDP Standards has been appended to this document as Appendix 1.

7 Reducing Hospital Associated Infections

The performance commitments contained within this plan have been developed during the emerging phase of NHS Borders Financial Turnaround Programme. The plan may therefore be subject to amendment as that programme develops.

Infection Control is a key priority for NHS Borders with the Healthcare Associated Infection Reporting Template (HAIRT) presented at every public Board meeting and an Infection Control report presented to every Clinical Governance Committee meeting.

NHS Borders maintains robust arrangements for controlling Healthcare Associated Infection.

To provide assurance of compliance with Infection Control policies and procedures, the Infection Prevention Control Team (IPCT) conducts various audits and checks every month. These checks include ward cleanliness and adherence to standard infection control precautions and practices. The outcome of these checks is fed back at all levels from Senior Charge Nurse to Executive and non-executive directors. Infection Control Nurses routinely visit wards every day, providing clinical advice, taking opportunities to observe practice and provide feedback and education.

NHS Borders maintains robust infection surveillance systems including full participation in the national extended SAB, CDiff, and *E.coli* surveillance and Surgical Site Infection Surveillance (SSI) for the mandatory procedures of hip arthroplasty, caesarean section and colorectal surgery. NHS Borders also conducts SSI surveillance on knee arthroplasty surgery.

Priority Area	
Learning from HAI cases	**Action:** Every SAB case and CDI case is subject to a rigorous review. Feedback is provided to the clinicians caring for the patient when specific lessons are identified. Learning and themes from these cases are also reported to the wider organisation through monthly Infection Control Reports. **Measure:** Identification and communication of causal themes and specific learning from SAB and CDI cases.
Learning from national reviews	**Action:** Benchmark compliance with the requirements and recommendations in the NHS GGC January 2019 HEI

	report. **Measure:** Self assessment of compliance with the learning from the report will be reported through NHS Borders governance structure.
Peripheral Venous Catheter	**Action:** Reduce infection risks associated with PVC devices through improved compliance with best practice bundles through the established Person Centred Coaching Tool (PCCT). **Measure:** PVC bundle compliance is monitored through the Person Centred Coaching Tool weekly reports.
Catheter Associated Urinary Tract Infections (CAUTI)	**Action:** Reduce infection risks associated with urinary catheters through improved compliance with best practice bundles through the established Person Centred Coaching Tool (PCCT). **Measure:** CAUTI bundle compliance is monitored through the Person Centred Coaching Tool weekly reports
Antimicrobial Stewardship	**Action:** Maintain antimicrobial stewardship surveillance in line with national SAPG guidance. **Measure:** Antimicrobial surveillance reported through NHS Borders Antimicrobial Prescribing Team.

8 Reducing Health Inequalities and Prevention

The performance commitments contained within this plan have been developed during the emerging phase of NHS Borders Financial Turnaround Programme. The plan may therefore be subject to amendment as that programme develops.

Reducing health inequalities and promoting prevention of ill-health and early intervention is another key objective of the Borders Health and Social Care Partnership. NHS Borders is an active partner in the Scottish Borders Reducing Inequalities Strategy. Actions towards this goal and measures to monitor progress of the actions are detailed below:

Improvement aim	Actions and Measures
Health inequalities planning	
NHS Borders as a partner in the Community Planning Partnership	**Action:** NHS Borders plays an active role in implementation of the Scottish Borders LOIP in relation to the three priorities for health, care and wellbeing to achieve better health and reduce inequalities. **Measure:** Participation in relevant groups by NHS Board and staff across Community Planning and at locality level. Health Inequalities Impact Assessment of plans and key decisions within Community Planning Partnership
	Action: Pursue health inequalities for NHS Borders as set out in action plan. **Measure:** Implementation of key actions in corporate action plan on health inequalities. Alignment with other action plans e.g. Child Poverty, and programmes e.g. HPHS.
Health inequalities key priorities are embedded in Health & Social Care locality plans	**Action:** Engagement with locality planning processes, including community engagement via Area Partnerships and Locality Working Groups in targeted areas. Alignment of designated Public Health member for each CPP locality. **Measure:** Locality planning reflects health inequalities priorities
Health inequalities priorities are embedded in Integrated Children and Young People's (CYP) plan	**Action:** Prevention and early intervention to improve the lives of children and young people are prioritised through Support for Parents strategy; redesign of emotional and mental health supports for children and young people across tiers; and measures to address child poverty **Measure:** Successful delivery of actions in Support for Parents Strategy including review of support for families with older children. Financial inclusion pathways in place from Maternity, Health Visiting and other Child Health services.

Improvement aim	Actions and Measures
	Action: Public Health supports children and families services and with maternal and child health services to deliver effective interventions to improve outcomes and reduce health inequalities for vulnerable groups **Measure:** Performance framework for Integrated CYP Plan, including jointly commissioned services. Jointly commissioned services complete self-evaluation process. **Action:** Public Health leads collaborative approach with partners to promote healthy weight and active lifestyles for children, young people and families across ages and stages including: healthy eating work; Weaning, microwave cookery and budget cookery programmes via community food and health groups in areas of relative deprivation; Breastfeeding in Borders Peer Support volunteering. **Measure:** Successful completion of fit4fun in targeted primary schools; participants completing Community Food and Health sessions, healthy weight pathways in place from birth
Child Health services planning	**Action:** NHS Borders Clinical Strategy drives improvement in child health services to assure compliance with CYP (Scotland) Act. **Measure:** Evidence that participation and rights of children & young people are embedded in service planning and delivery.
Reducing preventable ill health	
Locality plans have identified improvement actions relating to prevention and reducing inequalities	**Action:** embedding of redesigned Wellbeing Service including contribution to development of clear pathways for access to psychology in primary care settings. **Measure:** Successfully induction of new staff from April 2019. . Key performance indicators reviewed compared to previous baseline. **Action:** Develop Diabetes Prevention Partnership (DPP) work streams across: community engagement to raise awareness of risk factors, signs and symptoms and mitigating actions; population access to healthy and active lifestyles; intensive prevention intervention for those at risk **Measure**: a suite of KPIs exist for the DPP including: engagement levels with social marketing campaigns; changes to physical activity and healthy eating behaviours in participants; number of people attending interventions. **Action:** Education and awareness raising with wider community on risk factors for preventable ill health, signs and symptoms and getting checked early **Action:** Inequalities focused screening initiative implemented, in collaboration with other NHS partners

Improvement aim	Actions and Measures
	Measure: improved uptake of screening among equalities groups
Community based health improvement activities	**Actions:** HLN leads community health and wellbeing programmes delivered in targeted communities, with partners **Measure:** Number of participants in activities facilitated and delivered held in targeted communities; number of HLN volunteers
Improve pathways for child healthy weight	**Action:** work with partners to improve pathway in line with new national minimum standards for CHW and develop an evidence based Tier 2 programme. **Measure:** Pathway in place. No. of referrals, attendance and completion rates. Self reported change in family lifestyle.
Improve responses to adult healthy weight	**Action:** Work with partners to implement an evidence based Tier 2 weight management programme. Use HPHS as a vehicle to improve take up of healthier options in staff canteen, **Measures:** number of participants, BMI outcomes; uptake of healthier options
Mental health	
Promote community wellbeing	**Action:** Delivery of Six Ways to Be Well programme of awareness raising and training to develop mental health literacy. 'Healthy Hawick' whole town approach in Hawick. **Action:** Expansion of the Local Area Coordination (LAC) service to adults in all 4 GP Cluster areas (from 1 WTE to 4 WTEs) – promoting recovery and engagement with our communities. **Measure:** Self-evaluation of Healthy Hawick initiative. Number of individuals supported via LAC service
Inclusion and vulnerable groups	
Adverse Childhood Experiences	**Action:** raise awareness among NHS staff and partners of impact on health and social outcomes of ACEs. Collaborate on a coordinated approach to support trauma informed practice across partnerships. **Measure:** No of participants at awareness raising sessions, Local plan in place to coordinate training.
Learning Disability	**Action:** 'A Healthier Me' Programme continues to run in conjunction with partners in the third sector, with a renewed focus on outcomes for people with learning disabilities with partners being supported to identify what activities can support delivery of the programme. **Measure:** Case studies and examples of people with learning

Improvement aim	Actions and Measures
	disabilities shared with 'A Healthier Me' group; local citizens' panel members delivering 'A Healthier Me' slots 5 times a year at their meetings. **Action:** Improve Transitions pathway experience for young people with learning disability and family carers. **Measure:** Information booklet and pathway shared with young people and family carers. Increased knowledge and awareness within staff teams through health, social care and education partners. All young people at point of Transition to adult services will be offered a health check. **Action:** Test a standard operating procedure for recording monitoring and reviewing deaths of people with learning disabilities. **Measure:** All deaths will be reviewed. Any trends identified. **Action:** Employ a practitioner for 2 years to increase awareness, understanding and uptake from people with a learning disability in 3 cancer screening programmes (using Scottish Government health Inequalities funding). **Measure:** Baseline of current uptake has been recorded. Individual 'history of screening' uptake recorded. All screenings offered as part of national programmes collated to identify individuals who may need support. Uptake of screenings recorded. **Action:** Local Area co-ordination (LAC) team continues to support people within their local communities in a range of opportunities to build skills, confidence, improve health and wellbeing. **Measure:** LAC team record stories and outcomes.
Carers	**Action:** Contribute to consultation on Carers Strategy and respond to any relevant actions arising. Complete families' needs assessment for adult family members impacted by another's alcohol and/or drug use. **Measure:** Needs assessment completed and action plan developed from June 2019.
Capacity building	
Workforce are equipped to recognize and mitigate health inequalities	**Action:** Deliver training in generic health behaviour change; health literacy programme; and topic based and bespoke training.

Improvement aim	Actions and Measures
	Measures: Participants in training; feedback and evaluation
Targeting resources	
Data on deprivation and vulnerability are used to inform resource allocation to improve outcomes and achieve better value	**Action:** Use data to prioritise and target programmes and services accordingly: Smoking cessation - continue to prioritise delivery in areas of deprivation through adviser hours being weighted in GP practices by deprivation. Sexual Health: service delivery response to variable levels of engagement by different socio-economic groups Nutrition and healthy weight: promotion of healthy eating and active living with community groups through core HLN programme, as part of Food Programme (see above) Mental health: awareness raising and signposting with key groups including: job seekers, college students and adult learners **Measure:** Programme evaluation, engagement levels by different socio-economic groups **Action:** Improve reach of screening programmes **Measure:** Uptake by vulnerable groups

Improvement aim	Actions and Measures
Supporting healthy living	
Improve care and health outcomes for people with Type 2 Diabetes	**Actions:** Work with partners to roll out successful physical activity, behaviour change intervention to three other areas of Borders. Support development of self-help groups and peer mentors via Live Borders and Diabetes Scotland. **Measures:** Engagement and completion rates; biometric testing.
Increase in participation in physical activity	**Action:** Development of signposting/referral pathways from NHS settings to community-based physical activity opportunities. Expansion to target key at risk groups. **Measures:** National prevalence data, uptake and outcomes in health classes. Monitor number of referrals to Live Borders from NHS and outcomes for clients

Improvement aim	Actions and Measures
Reduction in prevalence of smoking and exposure to second hand smoke	**Actions:** Delivery of Tobacco Control Action Plan- Prevention actions. Prevention work targeted at Early Years, Children and youth work settings including vulnerable groups including test of change with new approach in Burnfoot and Hawick. Support to NHS Borders implementation of Smoke-free Hospital Grounds legislation. **Measures:** SALSUS data, local Second-hand smoke exposure data, national prevalence data Tobacco Control Plan indicators.
Improved sexual health of people in Borders	**Actions:** Delivery of Borders Sexual Health Strategy including: expanding reach of CCard; school drop-ins; delivery of CPD and training for education staff to support new curricular framework including SHARE Training. **Measures:** CCard service information; teenage pregnancy and STI rates; training uptake
Reduction in alcohol and drugs related harm	**Actions:** Development of curriculum for substance use education, Alcohol brief interventions (ABI) continue in priority and wider settings, support to school based education, provision of Take Home Naloxone (THN), Workforce training opportunities; development of additional services to work with people experiencing problematic alcohol and drug used **Measure:** Curricular framework delivered by September 2019 Number of ABI's performed and THN kits distributed; numbers participating in workforce training opportunities, services: referrals, DNA rates, outcomes reported.
Prevention of mental ill-health	**Action**: Improve access to information advice and support for mental health **Measure**: social prescribing pathways in place. Number of participants; improvement in wellbeing.
	Action: further stage of implementation of integrated early intervention approach to support the mental health of children young people in schools and community. **Measure:** monitoring information
Suicide prevention	**Action:** Deliver suicide prevention training programme in line with national developments. Tailored training for BGH frontline staff **Measure:** Training uptake **Action:** Implement support for those bereaved by suicide **Measure:** Support initiative in place

Improvement aim	Actions and Measures
Maternal and infant nutrition and child healthy weight	**Actions:** Develop local approach to support preconception health Support to maternity and early years settings to improve early diet choices and development of preconception health improvement, with key partners. Improve support for families with overweight / obese children and identify KPIs **Measures:** Breastfeeding rates; Healthy Start uptake; monitoring pathways for child healthy weight

9 Workforce Planning

The performance commitments contained within this plan have been developed during the emerging phase of NHS Borders Financial Turnaround Programme. The plan may therefore be subject to amendment as that programme develops.

Some of the key current workforce priorities within NHS Borders include:

- An ageing workforce especially some key clinical areas e.g. Nursing & Midwifery
- Recruitment challenges especially Registered Nurses
- Expected impact of Brexit – particularly for Medical and Dental staff
- Unknown impact of safe staffing legislation may lead to some services becoming unsustainable
- Recruitment and Retention strategy for Medical Staff
- Assessing the Workforce Implications of the Financial Turnaround Programme

Our workforce is our most valuable asset, our staff are central to the delivery of person-centred, safe and sustainable healthcare. We will work to a common set of values which guide the work we do, the decisions we take and the way we treat each other. By promoting excellence in organisational behaviour we believe we can improve patient experience and the experience of staff with better workforce planning outcomes.

NHS Borders published a detailed Workforce Plan for 2016-19, with an annual update of statistics and actions in June 2018. A new 3 year Workforce Plan is currently being developed and will be published on 30th June 2019. A Workforce Planning working group supports the development of the plan and monitors the actions generated from it.

It's key that the 2019-22 Workforce Plan provides a framework to oversee the workforce challenges such as role development, opportunities for skill mix, projected supply of staff, and training lead in periods for current and new roles, to ensure workforce implications of all transformation projects are considered and joined up.

Actions from the 2016-19 local workforce plan are as follows:

	Action	Leads	Timescale	Evidenced by	Outcome Measure	Action
1	Establish a Recruitment & Retention Strategy for NHS Borders to ensure continuity of service and reduced long term vacancies. Initially focus on target groups where we are experiencing difficulties recruiting including: • Consultants, Salaried GPs and other medical and dental posts, featuring values based recruitment and with emphasis on trainee (training grade doctor) engagement. • Registered Nursing and Midwifery Staff	Medical Director, Nursing & Midwifery, HR and Finance Leads.	Medium to Long Term	• Lower number of concurrent vacancies • Success in recruitment to high priority specialties • Viable workforce and succession plan for key Medical & Dental and Nursing & Midwifery posts	• Sustainable Workforce – maintained patient safety • Reduction in supplementary spend • NHS Borders follows effective procedures when recruiting staff and carries out appropriate qualifications, skills and training, references and background checks. • NHS Borders is confident that staff delivering care are suitably trained and use their learning to ensure care is safe, effective and person-centred	Wider strategy developed 2017-18
2	To support staff to work longer, utilising Retirement Policy and changing cultural attitudes, to make flexible working part of normal career development. Establish a Returning Process to assist with this	WD&P/ Occupational Health	Medium to Long Term	• Higher proportion of staff who choose to stay at work longer or return after retirement leading to increased numbers of experienced staff	• Stable, happy workforce leading to better patient care	Work commenced with SPPA Autumn 2017 and returning process simplified
	Monitor Turnover rates/trends to inform projections of future	WD&P/Finance Leads	Medium Term	• Up to date trajectory matching projections with actual		Bi-annual turnover rates are generated

3	recruitment requirements and succession planning			leavers/starters	• Reliable data to inform succession planning	and shared with service, particularly focussing on high turnover areas
4	Promote NHS Borders as an organisation that supports Return to Practice across relevant staff groups e.g. Nursing & Midwifery, AHP Services etc.	Nursing & Midwifery	Short Term	• Improved response rates to Recruitment Adverts Reputation as a Board who supports staff to return to practice	• Higher Proportion of Vacancies filled by experienced registered nurses/ AHPs (on successful completion of RTP) leading to high quality of patient care.	NHS Borders & NHS Lothian running a RTP programme for 2018/19 with 4 Nurses returning to NHS Borders.
5	Support the planning, roll out and feedback of Nursing and Midwifery Workload Tools, and communicate outcomes to relevant groups within agreed timescales	Nursing & Midwifery/ WD&P	Medium Term	• Up to date information on outcomes of Workload Tools	• Assurance around workforce numbers ensuring safe patient services • Reduction in supplementary spend due to up to date funded establishments.	Dedicated Nursing and Midwifery Workforce Planning Post supporting preparation for safe staffing legislation/developing robust reporting mechanism with support from CNM & GM.
6	Ensure the wider organisation is aware of the corporate values and monitor the feedback of recruits who have been recruited via a values-based process	Workforce Leads/Line Managers	Long Term	• No of Staff Trained and familiar with Behavioural Framework • iMatter employee engagement scores	• NHS Borders has effective leadership and governance and promotes an organisational culture committed to continuous improvement and shared learning.	OD support available to wider organisation for dedicated Behavioural

						Framework support
7	Monitor uptake and impact of iMatter	BET	Long Term	• iMatter response rates • Employee Engagement scores • Percentage of action plans completed	• Staff experiences and feedback are used to inform and shape improvements in the delivery of care. • Engaged workforce • Reduced turnover	Ongoing
8	Progress Joint Workforce Planning Actions once signed off by IJB and work towards Joint Workforce Planning where appropriate	NHS Borders and SBC WD&P Leads	Medium to Long Term	• Improved understanding of Workforce Issues across organisational boundaries	• Shared Workforce Information and Methodologies	Joint statistical report developed in 2018 and strategy currently in development
9	Ensure workforce issues and risks identified in the Workforce Plan are recorded on the Risk Register and monitored appropriately	WD&P / Identified Leads	Short Term	• Clear understanding and monitoring of key Workforce issues and risks	• Reduction/mitigation of identified workforce risks and potential negative impact on patient care	Updated Risk will be added based on those identified within the 3 year Workforce Plan 2019-2022.

10 Financial Outlook

Please refer to NHS Borders Financial Plan 2019/20

Appendix 1 Mental Health Directorate, AOP Template, March 2019

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

1. The LDP Standard for specialist Child and Adolescent Mental Health Services is for at least 90% of young people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	40%	60%	90%	90%	95%	95%	95%	95%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
June 19	Confidence in the reporting of clinical contacts including new patients seen. Actions: 1. Agreement on what constitutes a clinical contact 2. Initial manual daily count of every clinician within service of new and routine patient appointments 3. Use of excel spreadsheet held within the shared drive	Calculating the precise impact of each of the initiatives detailed within this template is not possible to do with any level of confidence at this point in time. However as an	NA	NA	4 weeks to undertake a further manual count of number of contacts 2 weeks analysis of data 2 weeks implementation of data run from EMIS web and embedded within service. Estimated completion date of end of May 2019. Project will take place in Adult Mental Health between April and June 2019.

	for all clinicians to view 4. Data cross matched with EMIS web report to determine accuracy with the goal of the manual count stopping	indication of where the biggest impact is likely to be we estimated as an increase in % against the current performance of approximately 40%. Increase: 5%			
June 19	Understand the current capacity within individual clinician's caseload, to be able to correctly estimate clinical capacity. To develop mechanisms of reporting service capacity and actual capacity. The intended improvement is: The CAMHS and AMH services are clear of the minimum number of new and routine patients seen per week, maximising efficiency within the workforce and ensuring the National RTT LDP Standard is met. 1. Activity tracking for clinicians and analysis. 2. Agreed job plans for clinicians including number of new and return patients based on agreed percentages	Increase: 5%	NA	Sufficient Planning and Performance support required to provide accurate data. Accuracy of EMIS reporting Accommodation supply	Planning and Performance support identified. EMIS Project Group set up to improve accuracy of data inputting and reporting.

	of clinical contacts per week equating to 60%. Agreement of what is recorded as a clinical contact. 3. Secure assessment clinic space across 5 localities within the Scottish Borders 4. Develop and embed allocation of clinicians to assessment clinics identifying number of new patients seen per week/month 5. Develop analytic reports which track actual versus expected contacts and reinstate service performance meetings.				
Sept 19	Analyse demand within the service By analysing demand and breaking this down into categories and variations, we will be able to work out ways of responding faster and more efficiently to referrals. 1. Carry out process mapping exercise in relation to referrals to first appointment. 2. Use data to identify the times between each point on the process map.	Increase: 10%	NA		Availability of expertise to carry our process mapping and performance and planning capacity. Support from MHAIST requested. Internal expertise identified.

	3. Identify areas of improvement and carry out PDSA cycles to test out changes which will make the system more efficient. This will involve considering whether to trial an “opt in" process for appointments and analysis of non attendance.				
April 19	Increase capacity within the CAMHS workforce Due to inability to recruit Band 6 CPN’s in CAMHS developed Band 5/6 developmental posts with associated training programme. Recruit 1 Band 5/6 FTE CPN (filling existing vacancy) - complete Recruit 1 additional FTE Band 5/6 CPN to increase capacity - Complete Recruit 1 additional FTE Band 6 CPN ADHD nurse to increase capacity and provide this function across the East and West sectors - Complete Recruit 1 additional 8a Psychologist to increase capacity – recruited and awaiting start date Additional 2 medical sessions focusing on seeing 2 new patients per week on a temporary basis (extended to July 19)	Increase 20%	Approximately £130k additional investment. £83k funding from NES – remainder NHS Borders cost pressure.	Additional funding provided resulting in cost pressure to NHS Board.	Recruitment challenges including retention of staff. Developed Band 5/6 developmental posts following 3 unsuccessful attempts to recruit Band 6 CAMHS nurses. This was successful. Required training plan and allocating mentors to new post holders.

March 19	Implement weekly assessment clinics across the 5 localities with a target of 2 new patients per clinic totalling approximately 40 per month	Increase: 10%		NA	Availability of staff to run clinics. Additional staff recruited to reduce this risk. Cover arrangements in place.
June 19	Process mapping in order to streamline pathways and working practices.	Increase: 5%	NHS Borders		

PSYCHOLOGICAL THERAPIES

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	90%	90%	90%	95%	95%	95%	95%	95%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
Sept 19	The aim is to: Fully review the pathway of	Maintain current performance	Action 15 funding to increase therapeutic	Support required from MHAIST.	Demand

	psychological therapy including developing a stepped/matched care model. The intended improvement is: All patients referred for Psychological therapy will wait no longer than 18 weeks and the service achieves the HEAT target 1. Offering a telephone triage service to review longest waits in the service. 2. Analyze the longest waits in the service as per area or therapeutic service. This will enable us to focus on improving access to those with highest demand and longest waits. 3. Developing screening and referral pathways that enable patients to be directed to the most appropriate intervention in a timelier manner by setting clear eligibility criteria for interventions, improving referral information for referrers and patients. 4. Develop further therapeutic	against the LDP Standard of 90% Provide resilience in meeting the target Aspire to exceed LDP Standard by December 2019 once group work and primary care pathways and resources embedded.	options and resources in Primary Care Groups will increase the capacity to treat	Close working with Primary care partners and Public Health	Recruitment and retention

	interventions including a group's service. 5. Establishing primary care based psychological assessment service to conduct initial assessments which will help clarify early on what therapeutic intervention may best meet the need of the patient. 6. Collaborating with the Wellbeing Service to identify and support low level psychological interventions for Wellbeing Advisors. 7. Ensuring better collation of data around the delivery of psychological therapies in terms of outcomes.		appropriate patients. Reduces waits and ensures patients receive the appropriate service Reduces waits and ensures patients receive the appropriate service		

Mental Health Waiting Times in Emergency Departments

1. The LDP Standard for Waiting Times for all presentations at ED is 4 Hours. **Please complete the table with your trajectory for meeting the standard, specifically for mental health presentations by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	90%	90%	90%	90%	90%	95%	95%	95%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
March 19 June 19 Nov 19 Dec 19	Establish a project group through local Mental Health Transformation to look at a robust model of Crisis and Liaison service Transformation option appraisal event Establish Project group Develop preferred option model Implementation	Increase the current performance of 90% achievement of LDP Standard for MH attendees to 95%.		Close working relationship and joint funding commitment required with Acute services at BGH	Current performance is meeting the Heat target if extracting MH attendees from ED activity. Significant challenges in recruitment and retention Looking to utilise a broader skills mix for ED MH attendees response
June 19	Establish specific data reporting	Increase the current			

		performance of 90% achievement of LDP Standard for MH attendees to 95%.			
Sept 19	Effectively tackle needs of frequent attendees at ED. Implement effective anticipatory care planning (PACT) Ensure appropriate skills mix in ED including better use of psychology and social care staffing	Increase the current performance of 90% achievement of LDP Standard for MH attendees to 95%.			
March 20	Continue with Distress Brief Intervention Pilot Extend pilot to 16 – 19 year olds		Scottish Government DBI pilot funding		

Appendix 2 Waiting Times Trajectory

Funding allocated by Scottish Government equates to £2.3m (excluding cancer and diagnostics) and will allow the following trajectories to be achieved by 31st March 2020:

Specialty	Position at March 2020
Outpatients (available) – NHS Borders (over 12 wks)	
Breast Surgery	
ENT	
General Surgery	
Gynaecology	
OMFS	
Ophthalmology	
Orthopaedics	100
Surgical Paediatrics	
Urology	
Cardiology	
Dermatology	
Diabetic	
Gastroenterology	
General Medicine	
Neurology	
Paediatric Medicine	
Respiratory Medicine	
Total	**100**

Specialty	Position at March 2020
Inpatients (available) - NHS Borders (over 12 weeks)	
General Surgery	
OMFS	
Ophthalmology - Cataract	
Orthopaedics	190
Surgical Paediatrics	
Urology	
Community Dental	
Total	**190**

Specialty	Position at March 2020
Diagnostics - NHS Borders (over 6 wks)	
Colonoscopy	
CT	
MRI	
Total	**0**
Grand Total	**0**

Please note: all blank columns are zero.