NHS Borders

Chair & Chief Executive's Office

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NHS Borders
Headquarters
Borders General Hospital
Melrose
Roxburghshire TD6 9BD

Tel : 01896 826000
www.nhsborders.scot.nhs.uk

John Connaghan
NHS Scotland Chief Operating Officer

By Email :
John.connaghan2@gov.scot

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Your Ref
Our Ref RR/KM

Enquiries to Kim Moffat, PA to Chief Executive
Extension 28220
Direct Line 01896 828220
Email Kim.Moffat@borders.scot.nhs.uk

Dear John

NHS BORDERS REMOBILISATION PLANS – 2021/22

Firstly thank you for your letter on the 17th March following our meeting on 11 March and a note of the meeting with related actions.
I would like to take the opportunity to provide you with an update on the actions covered within your letter and also to note where we will take forward the actions as we implement our remobilisation plans in the coming months.

Table 1 – Progress against actions

Actions noted following meeting on 11th March 2021	**NHS Borders response/progress update**
Waiting Times/Scheduled Care	
Board to provide updated trajectories on the basis of more optimistic assumptions around ability to increase activity, with any material risks or dependencies noted. To incorporate discussion to finalise trajectories and funding.	Updated trajectories, incorporating both assumed benefit from capacity work described in the RMP submission and additional activity funded through confirmed waiting times allocation, will be provided to the Scottish Government Waiting Times lead contact. Updated trajectories will explicitly state risks/dependencies. Ongoing discussions with SG Access team on these trajectories has taken place
In advance of the next review of the plans in September, SG and Board to discuss longer term targets for waiting times reductions.	Initial discussions on long term plans held with Scottish Government Waiting Times lead contact. Broad agreement with approach to focus on patients deemed clinical priority, then those > 52 weeks, then > 26 weeks and finally > 12

	weeks. Shared appetite to explore out of hours working to support TTG backlog through quarters 3 & 4 through second tranche of national funding.
Unscheduled Care/RUC	
Board to provide more detail regarding timescales for initiatives and to give an update to take account of developments in recent weeks which should allow these to be firmed up. More detail to be included on how to achieve 4 hour target – what is the trajectory to this and how do the various actions set out in the plans feed in to achieving this?	Please see table 2 for further detail.
Funding allocation will be finalised and issued by SG on receipt of this additional info.	Noted
The Board may want to update plan to take account of all this on completion of any further dialogue and receipt of further written feedback in w/c 22/3.	Noted
Mental Health	
Board to discuss further with SG MH Division Access & Improvement Team and funding requirements to be reviewed as part of this'	Noted
Primary Care	
Board and SG to discuss further the CTAC/Tweeddale points noted above	Noted
Screening: The board has confirmed work is on-going to restart Cervical Screening non routine recalls. Does this mean routine screening has not restarted? What are the barriers preventing this if so? In general, what is current capacity within the programme?	Cervical screening non-routine recall resumed in July 2020 and routine recall resumed in September 2020. Approximately 3500 screening participants in the Borders have had cervical screening since the restart at the end of June 2020. Capacity varies between GP practices - the vast majority of Borders practices can offer a cervical screening appointment within 2 weeks.

Screening: There is currently no update on Breast Screening. What is current capacity, and if it's less than normal levels, what is being done to address it?	Breast screening is a commissioned service from NSS and delivered by the South East Scotland Breast Screening Service by NHS Lothian. Breast screening in Borders practices is going to plan, with uptake the same or slightly higher since the last screening round in all locations. This round is 3 years and 9 months since the South East Breast Screening Centre last visited the Borders practices, due to the 5 month pause in screening and slippage pre-covid. A new overbooking algorithm, streamlined clinic procedures and covid protection measures in the unit are working well to ensure appointment length is averaging 8 minutes (was previously 7). An additional mobile unit and additional staff have been in the Borders since January and by June this will have increased our screening capacity by 13%. The South East Breast Screening Centre is also offering Saturday and Sunday clinics to meet demand. Image grading/resulting has maintained the two week maximum target.
Screening: The AAA & DES programmes continue to operate at a reduced capacity. It would be helpful to understand if capacity issues will improve over this period and what steps are being taken to allow that to happen?	AAA During the pause in screening in March, AAA was centralised at the BGH with the team proactively holding additional clinics. This held us in good stead when community locations re-opened. AAA screening participants have to be screened by their 66th birthday and Borders screening participants are currently seen by 65yrs +5 months, so the slightly longer clinic appointment length due to Covid PPE/waiting room restrictions etc has not impacted too much on our screening capacity. DES Depending on screening location, Diabetic Eye Screening has seen

	screening capacity reduce by 50-66% due to the additional cleaning, PPE measures and Covid restrictions in community locations (no access to waiting rooms). The national programme has provided capacity targets to work towards seeking innovative ideas to increase capacity. Meanwhile demand increases by approx. 6% annually, as the number of the Borders population diagnosed with diabetes continues to increase. Borders has held Saturday DES clinics for many years, but have increased this to every Saturday to increase capacity, so we screen six days per week. We have requested and been allocated Scot Govt funding via NSD, at very short notice, for an additional retinal imaging camera and ancillary clinic equipment – this however may prove challenging to implement before the end of this financial year. The additional equipment will only be fully utilised if we can secure additional community clinic locations and additional screeners to run these additional clinics and therefore, there will be a need to recruit to additional screeners x2 to meet the ongoing demand and reduce backlog. This request is currently being developed. In addition, nationally, to tackle the capacity issue Revised Screening Intervals (RSI) is underway in the national programme. If a screening participant has had two previous satisfactory eye screens they can be moved from a 12 month to a 24 month screening interval. To smooth out invitation peaks and troughs in demand in the future, an algorithm has been applied to randomly select 50% of eligible participants screened each day to move them to a 2 year screening interval. However, the additional capacity this provides will be short lived due to the

	long waits participants have already had before moving to 24 month RSI and therefore may impact on next year.
Finance	
SG Health Finance team will provide specific feedback on financial plans to Board on 15/3.	Noted
Escalation Status	
Board to submit further detail of specific improvements brought about by changes in Leadership.	NHS Borders submitted further information as request and awaits feedback.

Table 2 - Unscheduled Care/RUC detail

The following table summarises the four key changes that are planned to strengthen Emergency Access Standard performance through 2021/22.

Activity	Timeline	Risks/dependencies
Re-open Gynae & Surgical Assessment Unit outside of Emergency Department footprint	17th May 2021	Assumes no further significant reductions to Surgery nurse establishment
Determine and deliver Borders Urgent Care Centre(BUCC) phase 2 plan	BUCC phase 2 workshop planned for May 2021 Identified changes implementation through quarters 2 & 3 2022	Requires ongoing funding of BUCC model Requires positive assessment of BUCC phase 1 and agreement to continue this model
Redesign front door model moving Acute Assessment Unit (AAU) out with Emergency Department	Clinical model workshop planned for May 2021 Phase 1 changes through quarters 3 & 4 2022	Requires low level of COVID-19 activity to deliver Requires ongoing funding of BUCC Likely requirement for capital funding
Older Person's Pathway (OPP) programme delivery	Delivery structure in place Discharge to Assess in delivery phase Remaining sub groups determining objectives for 2021/22	Require stable level of delayed discharges Requires low level of COVID-19 activity without need to stand down services to support response

I trust this information is helpful and we look forward to receiving further collated written feedback on the NHS Borders Remobilisation Plan from Scottish Government Health & Social Care policy teams. Once this is received we will use this to progress any internal updates to our RMP3 and refine the more detailed actions that we are currently building into the plan.
I also look forward to receiving a letter formally setting out the response of the Scottish Government to our plan, and the position regarding NHS Borders position on the scale of escalation.

Please do not hesitate to contact me should you require any further information.

With best wishes

Yours sincerely

Ralph Roberts
Chief Executive