

A meeting of the **Borders NHS Board** will be held on **Thursday, 2 February 2023** at 9.00am in the **Lecture Theatre and via MS Teams**.

**AGENDA**

<b>Time</b>	<b>No</b>		<b>Lead</b>	<b>Paper</b>
<b>9.00</b>	<b>1</b>	<b>ANNOUNCEMENTS &amp; APOLOGIES</b>	Chair	<i>Verbal</i>
<b>9.01</b>	<b>2</b>	<b>DECLARATIONS OF INTERESTS</b>	Chair	<i>Verbal</i>
<b>9.02</b>	<b>3</b>	<b>MINUTES OF PREVIOUS MEETING</b> 01.12.22	Chair	<i>Attached</i>
<b>9.04</b>	<b>4</b>	<b>MATTERS ARISING</b> Action Tracker	Chair	<i>Attached</i>
<b>9.10</b>	<b>5</b>	<b>STRATEGY</b>		
9.10	5.1	Annual Delivery Plan 2022/23 – Quarter 3 Update	Director of Planning & Performance	Appendix-2023-1
9.20	5.2	Child Poverty Annual Report	Director of Public Health	Appendix-2023-2
9.35	5.3	Health Improvement Annual Report	Director of Public Health	Appendix-2023-3
<b>9.50</b>	<b>6</b>	<b>FINANCE AND RISK ASSURANCE</b>		
9.50	6.1	Resources & Performance Committee minutes: 03.11.22	Board Secretary	Appendix-2023-4
9.51	6.2	Audit Committee minutes: 10.10.22	Board Secretary	Appendix-2023-5
9.52	6.3	Finance Report	Director of Finance	Appendix-2023-6
<b>10.00</b>	<b>7</b>	<b>QUALITY AND SAFETY ASSURANCE</b>		
10.00	7.1	Quality & Clinical Governance Report	Director of Quality & Improvement	Appendix-2023-7
10.15	7.2	Healthcare Associated Infection – Prevention & Control Report	Director of Nursing, Midwifery & AHPs	Appendix-2023-8
<b>10.30</b>		<b>BREAK</b>		
<b>10.40</b>	<b>8</b>	<b>ENGAGEMENT</b>		
10.40	8.1	Area Clinical Forum Minutes: 04.10.22	Board Secretary	Appendix-2023-9

<b>10.41</b>	<b>9</b>	<b>PERFORMANCE ASSURANCE</b>		
10.41	9.1	NHS Borders Performance Scorecard	Director of Planning & Performance	Appendix-2023-10
<b>10.55</b>	<b>10</b>	<b>GOVERNANCE</b>		
10.55	10.1	Strategic Risk Register	Director of Quality & Improvement	Appendix-2023-11
11.15	10.2	Climate Emergency & Sustainability Annual Report 2021/22	Director of Finance	Appendix-2023-12
11.30	10.3	Chirnside Branch Surgery	Chief Executive	Appendix-2023-13
11.50	10.4	NCS Response	Chief Executive	Appendix-2023-14
11.53	10.5	Scottish Borders Health & Social Care Integration Joint Board minutes: 16.11.22, EO 31.11.22	Board Secretary	Appendix-2023-15
<b>11.55</b>	<b>11</b>	<b>ANY OTHER BUSINESS</b>		
<b>11.59</b>	<b>12</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
		Thursday 30 March 2023 at 9am venue to be confirmed.	Chair	<i>Verbal</i>

Minutes of a meeting of the **Borders NHS Board** held on Thursday 1 December 2022 at 9.00am via MS Teams.

**Present:**

- Mrs K Hamilton, Chair
- Mrs F Sandford, Non Executive
- Mr T Taylor, Non Executive
- Ms S Lam, Non Executive
- Mrs L O'Leary, Non Executive
- Mrs H Campbell, Non Executive
- Mr J Ayling, Non Executive
- Cllr D Parker, Non Executive
- Mr J McLaren, Non Executive
- Mr R Roberts, Chief Executive
- Mr A Bone, Director of Finance
- Dr S Bhatti, Director of Public Health

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mrs J Smyth, Director of Planning & Performance
- Mr G Clinkscale, Director of Acute Services
- Mr C Myers, Chief Officer Health & Social Care
- Mr S Whiting, Infection Control Manager
- Mrs C Oliver, Head of Communications & Engagement
- Mrs J Stephen, Head of IM&T
- Dr K Allan, Associate Director of Public Health
- Mrs L Jones, Director of Quality & Improvement
- Dr A Cotton, Associate Medical Director MH&LD
- Ms R Pulman, Nurse Consultant Public Protection
- Mrs A Wilson, Director of Pharmacy
- Mrs F Doig, Head of Health Improvement & Strategic Lead ADP
- Mr D Knox, BBC Scotland

## **1. Apologies and Announcements**

- 1.1 Apologies had been received from Dr Tim Young GP, Associate Medical Director P&CS, Dr Janet Bennison, Associate Medical Director BGH, Mrs Sarah Horan, Director of Nursing, Midwifery & AHPs, Dr Lynn McCallum, Medical Director, Dr Kevin Buchan, Non Executive and Mr Andy Carter, Director of HR, OD & OH&S.
- 1.2 The Chair welcomed a range of attendees to the meeting including members of the public and media.
- 1.3 The Chair confirmed the meeting was quorate.

- 1.4 The Chair reminded the Board that a series of questions and answers on the Board papers had been provided in terms of fact and clarification. The Q&A would not be revisited during the discussion.

## **2. Declarations of Interests**

- 2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **BOARD** noted there were none.

## **3. Minutes of the Previous Meeting**

- 3.1 The minutes of the previous meeting of Borders NHS Board held on 6 October 2022 were approved.

## **4. Matters Arising**

- 4.1 **Action 5:** The Chair advised that the action would be covered in the development session later that afternoon and proposed the action be closed on the action tracker.
- 4.2 **Action 6:** The Chair advised that the action would be covered in the development session later that afternoon and proposed the action be closed on the action tracker.
- 4.3 **Action 2022-1:** Mr Ralph Roberts confirmed the action remained in progress.
- 4.4 **Action 2022-2:** The Patient Experience Team report was due for consideration at the Public Governance Committee meeting scheduled for February 2022.

The **BOARD** noted the Action Tracker and agreed to close actions 5 and 6.

## **5. Digital Programme Update**

- 5.1 Mrs Jackie Stephen provided a presentation to the Board on the digital plan and highlighted: the overall portfolio of work; programmes of work that had been achieved; programmes of work that remained in progress; programmes of work awaiting prioritisation; the 3 year plan; alignment of processes to the Annual Delivery Plan process; current review of projects; resourcing and funding; and risks.
- 5.2 The Chair suggested Mrs Stephen might attend a Non Executive Group briefing session to take them through the finer detail of the programme.
- 5.3 The Chair enquired if there was a baseline fund against which the large estimated figure of £9.5m was split. Mr Andrew Bone commented that the detail was being worked through, however in terms of projects they were funded from specific Scottish Government funding and NHS Borders capital funds. In total he anticipated it to be about £1m on an annual basis. Most of what had been outlined in the presentation would require to be brought forward for consideration through the financial plan with a timeline for delivery projection.



- 5.4 Mr Tris Taylor commented that unplanned activity had derailed 53% of projects and he enquired if the risk process could be better managed in order to get less unplanned projects.
- 5.5 Mrs Stephen commented that 50% of projects were put on hold and highlighted that some of the issues that had derailed projects had included events such as the cyber attack. She suggested an area for improvement was contract management where some systems were coming to their end of life and work was currently being progressed on that. In terms of risk Mrs Stephen commented that improvements were being made on risk assessments and anticipating when and where things were likely to happen in the service. It was a complex environment and her team were moving towards managing it better.
- 5.6 Mr James Ayling enquired if commonality between national systems and Health Boards was taken into account for new projects and systems. Mrs Stephen confirmed that it was and explained that there was a standardisation direction of travel for NHS Scotland which was being progressed through strong collective leadership across the Health Boards linking into the Scottish Government Digital Directorate. The national digital platform would apply standardisation and enable the sharing of data across Health Board systems. She highlighted that there would be challenges in terms of suppliers and global system standards and work would be progressed on that.

The **BOARD** noted the presentation.

## **6. Health Inequalities Report**

- 6.1 Dr Sohail Bhatti introduced the health inequalities report. Dr Keith Allan provided a presentation which highlighted the key aspects of health inequalities, the wider context and the next steps.
- 6.2 Dr Bhatti commented that an Equalities Mainstreaming Report was not required in England. In terms of NHS Borders it was required to produce a report and the delivery of reducing inequalities was everyone's responsibility.
- 6.3 Discussion focused on: asthma patient hospitalisation over time showing the differences were converging; differences in mortality amenable to health care were moving in the opposite direction; global understanding that COVID-19 had increased inequalities; academic units looking at remote and rural issues and a lack of data on pockets of deprivation; level of prevention activities by deprivation; is the report about workforce or broader than that; the work does not appear to be representative of the disabled population of the Borders; equality outcomes are non specific and should be what progress was measured against; scrutiny through Public Governance Committee; what does good look like in terms of reducing the gap; where does the report fit in with the overarching Borders; and where was the collective anchor institutes contribution happening to deal with inequalities.
- 6.4 Dr Keith Allan commented that the audit recommendations were being progressed. The wider inequalities in the Borders would be addressed through a strategy which would be discussed at the Board Development session later that day. Whilst the mainstreaming report was important it was only one tool within the inequalities toolbox and would need to be set against the context of a wider strategy. There

was a need to review the baseline and understand the local data so that positive and negative differences could be demonstrated. Dr Allan advised that the equality outcomes had originally been created in partnership with other organisations and would be reviewed moving forward.

The **BOARD** charged the organisation with creating a baseline of inequalities within the Scottish Borders requiring a review of data held and how it is linked.

The **BOARD** charged the organisation with exploring the completion of data and how that may be improved (e.g. opportunities at recruitment, patient contact, survey).

The **BOARD** charged the organisation with exploring data around missed appointments.

The **BOARD** charged the organisation with working with colleagues such as SBC, Primary and Secondary Care, CPP etc, to understand the data they held population wide and develop procedures to link that data.

The **BOARD** charged the organisation with developing metrics (in addition to SIMD) to better understand deprivation and inequalities in remote and rural areas.

The **BOARD** charged the organisation with developing analytical resource in that area.

The **BOARD** charged the organisation with promoting inter-sectoral collaboration and enable policy decisions to be seen through a health and equity 'lens'.

The **BOARD** charged the organisation with considering targeting of resources to meet need described and agree how we measure change.

#### **7. Resources & Performance Committee minutes: 01.09.22**

The **BOARD** noted the minutes.

#### **8. Audit Committee minutes: 15.06.22, 23.06.22, 29.08.22**

The **BOARD** noted the minutes.

#### **9. Endowment Fund minutes: 06.06.22**

The **BOARD** noted the minutes.

#### **10. Finance Report**

10.1 Mr Andrew Bone provided an overview of the report and advised that at the end of October the organisation had a £9.81m overspend. He described the pressures and issues that informed that position and advised that the scale of the underlying deficit and the limited progress that had been made towards savings was the biggest single factor. He anticipated a reduced level of overspend month on month from that point forward as the flexibility that had been identified in Quarter 1 progressed.

10.2 The forecast outturn position was £15.7m with the inclusion of the impact of the LIMS contract and that had been described in the recovery plan submitted to the

Scottish Government. The actions from the recovery plan were being tracked and some elements were not yet fully in place. The biggest risk was a shift in the profile of savings delivery where the target was £5m and only £3.5m of plans were identified. To date £700k of savings had been delivered. The recovery plan described the route to get back to the £12m overspend figure in the financial plan that the Scottish Government required to be delivered. In terms of risk, additional action had been taken to hold back expenditure on the transformational fund to offset the slower pace in savings delivery.

- 10.3 Over all Mr Bone advised that he was reasonably confident of delivery of the financial performance that had been committed to, however the level of deficit for the following year would remain hugely challenging.
- 10.4 The Chair enquired of any other actions that could be progressed to expedite savings.
- 10.5 Mr Bone commented that in national discussions all Health Boards were experiencing the same challenges with savings plans not delivering and there was an impetus to try and accelerate the pace of national schemes that Boards would be expected to adopt. In terms of the benchmarking report undertaken by Deloitte's Mr Bone commented that work was underway to translate it into actions to be taken forward to shape plans for future years.
- 10.6 The Chair commented that she was pleased to hear of the national discussions taking place on difficult decisions which was not just limited to NHS Borders but was taking place across the NHS Scotland landscape.
- 10.7 Ms Sonya Lam enquired how the actions identified from the Deloitte report would be translated into ideas at pace and how the transformation fund model would be sustainable and release savings. Mr Bone explained that it was a short term decision to delay the transformation fund. There was a need for tangible plans that would provide savings and if that could be demonstrated then investment would be provided to deliver those plans.
- 10.8 Mrs Harriet Campbell enquired about the reference to expenditure for cleaning and the need to have clean hospitals and facilities. Mr Bone responded that NHS Borders had good benchmarking and monitoring against historical standards to say that it had clean hospitals and facilities. In terms of the new national cleaning standards all Health Boards were challenged in their delivery and NHS Borders continued to address those challenges.
- 10.9 Dr Sohail Bhatti commented that much of the savings would be predicated on changes in clinicians behaviours in terms of expectations and thresholds and suggested if it was framed as improving quality and services there would be more buy in from clinicians. Mr Bone agreed that different stakeholder groups required different language and framing of discussions.
- 10.10 Mr Tris Taylor sought clarification of the LIMs costings. Mr Bone advised that it was anticipated that costs would be £2.8m over the three years, with £2m of that figure expected to be incurred during the implementation phase. With implementation now slipping into 2023/24 this is likely to reduce the actual expenditure incurred prior to 31<sup>st</sup> March 2023.

10.11 Mr James Ayling enquired if the Project Management Office's (PMO) role was to identify savings and ensure they were delivered. Mr Bone confirmed that was the role of the PMO to support Business units and project leads to identify opportunities, develop and implement plans, and monitor delivery.

10.12 Mr Ralph Roberts reminded the Board that as the organisation moved in to the following financial year the underlying deficit position would become worse. He suggested in the new year the Board should spend time collectively understanding what it meant in terms of ambition and scale of achievement over the next 5 to 10 years.

The **BOARD** noted that the Board was reporting an overspend of £9.68m for seven months to end of October 2022.

The **BOARD** noted the position reported in relation to COVID-19 expenditure and how this expenditure has been financed.

The **BOARD** noted the financial performance expectation set out by the Scottish Government following the Board's Quarter One Review is that the board achieve an outturn performance in line with the Financial Plan (£12.2m deficit).

The **BOARD** noted progress against the actions described within the Financial Recovery Plan submitted to Scottish Government in October.

#### **11. Clinical Governance Committee minutes: 14.09.22**

The **BOARD** noted the minutes.

#### **12. Quality & Clinical Governance Report**

12.1 Mrs Laura Jones provided a brief overview of the report and highlighted: partial assurance in terms of risks; the Kaizen work and that it was being expanded out into Ward 4; impact on MAU and length of stay; maintaining the elective programme; risk around staffing recruitment and seeing movement across health, social care and the care sector; NHS Borders continued to be the only Board to deliver against the national cancer standard; and an increasing trend across all Boards in informal and formal complaints.

12.2 The Chair commented that the organisation often set itself stretched targets and she was supportive of giving some slack to targets given the pressure staff and services were under.

The **BOARD** noted the report.

#### **13. Infection Prevention & Control Report**

13.1 Mr Sam Whiting provided a brief overview of the content of the report and highlighted: one active outbreak in a six bedded bay in the Borders General Hospital; and the infection control team undertaking the hand hygiene audits.

The **BOARD** discussed and noted the report.

#### **14. Staff Governance Committee minutes: 22.09.22**

The **BOARD** noted the minutes.

#### **15. Public Governance Committee minutes: 11.08.22**

The **BOARD** noted the minutes.

#### **16. Area Clinical Forum Minutes: 14.06.22**

The **BOARD** noted the minutes.

#### **17. Dying to Work Charter**

- 17.1 Mr Ralph Roberts provided an overview of the content of the report and highlighted that it brought together guidance for line managers in regard to how to support their staff who may have a terminal illness.
- 17.2 Mr John McLaren commented that it was essential to support the workforce to be able to continue to be productive at work even when they were suffering a significant illness.
- 17.3 The Chair enquired if there was similar guidance for people who potentially had suffered trauma or life changing incidents to enable them to do something else if they could not return to their substantive role. Mr McLaren advised that the Disability Policy covered that scenario.

The **BOARD** supported the Dying to Work Charter.

#### **18. NHS Borders Performance Scorecard**

- 18.1 Mrs June Smyth highlighted that the trajectories were being revisited and would be incorporated from the January report onwards. She advised that the trajectories that linked to the Annual Delivery Plan contained brief narratives in the report.
- 18.2 Ms Sonya Lam enquired about the reporting error with waiting times for imaging. Mr Gareth Clinkscale advised that an investigation had been carried out by the analytical team. The error was due to a change in reporting functionality whereby a data filter system had omitted a number of data sets at a reporting level. He assured the Board that it had no impact on waiting times or the way patients were managed.
- 18.3 The Chair commented that the delayed discharges trajectory was unacceptable and enquired what could be done to improve the situation given it would be even more challenging over the winter period.
- 18.4 Mrs Fiona Sandford enquired if there was any learning to be gleaned from other Health Boards and if the community had been approached to help. She further enquired when output from the work on Ward 12 would be achieved.

- 18.5 Mr Chris Myers commented that a powerpoint presentation had been prepared for the Board on the drivers for delays and what actions had been identified and were being progressed. He highlighted that there was a need for a continued focus on managing demand and increasing capacity and some of the initiatives that were being taken forward included seeking the support of local communities and creating a Right Direction post to encourage people to take up self directed support.
- 18.6 Mr Gareth Clinkscale advised that the transitional care unit was on track to open in the middle of the month and would support delivery between acute and primary care.
- 18.7 Cllr David Parker commented that there would always be a level of delayed discharges which would be compounded by challenges in recruiting to the social care sector and a background of a more elderly population who required more care.
- 18.8 Mr Ralph Roberts commented that Cllr Parker was correct to an extent, however pre pandemic there had been health & care systems in Scotland with very few or even no delayed discharges. He reminded the Board that every delay was an individual who was being harmed by the system by being in the wrong place for their care. It was a joint issue that required joint commitment and he aspired to providing a high quality health and social care system where any delays would be minimised as much as possible.
- 18.9 The Chair suggested Mr Myers might attend a Non Executive Group briefing session to take them through the delayed discharge presentation.

The **BOARD** noted the report.

## **19. Board Committee Memberships**

The **BOARD** approved the membership and attendance of Non Executive members on its Board and other Committees as recommended by the Chair with immediate effect.

## **20. Public Protection**

- 20.1 Ms Rachel Pulman provided an overview of the content of the report and highlighted that an inspection of adult support and protection had taken place and an inspection of children at risk of harm services was currently taking place. There was much national work being progressed on looking at developing a framework to use across NHS Scotland for reporting on public protection priorities.
- 20.2 The Chair enquired about access to training and uptake numbers. Ms Pullman commented that greater assurance on the number of people attending training was required. Key staff were attending training and processes needed to be strengthened to target the right staff groups for the right level of training.
- 20.3 Mr Ralph Roberts commented that public protection was one of the most important things for the organisation in terms of protection for the vulnerable and it was important to look at the report and note the good work that was being progressed within the public protection space.

- 20.4 Mr Tris Taylor enquired if there was any aspect of the report that the Public Governance Committee could usefully scrutinise given it had responsibility for scrutinising strategic risk around health inequalities. He suggested having a conversation with Ms Pulman outwith the meeting.
- 20.5 Dr Sohail Bhatti commented that the evidence indicated that public protection duties for older people and younger children was far higher in areas where poverty and inequalities were a factor. He supported Mr Taylor's desire for more engagement around it.

The **BOARD** noted the report, noting that the underpinning message was that Child and Adult Support and Protection was everyone's business irrespective of role or position in NHS Borders.

## **21. Risk Management Annual Report 2021/22**

- 21.1 Mrs Laura Jones highlighted work to be progressed on key performance indicators and that significant progress had been made on risk management which was being placed at the centre of how the organisation should be run. The culture of risk management had been strengthened as a result of the work done by Lettie Pringle and Ruth MacDonald. An internal audit had been carried out in 2019 and all of the actions arising from that audit had now been completed.
- 21.2 Mr James Ayling commented that there would be risk reports provided to the Audit Committee on a quarterly basis and he enquired if the Board would wish sight of those. Miss Iris Bishop commented that the Board received risk reports in June and October each year to ensure it was always sighted on risk.
- 21.3 Mrs Jones commented that the resource within the risk team was currently stretched to be able to deliver everything and she was looking at short term additionality to provide additional support and some options would be taken through the Operational Planning Group for consideration.

The **BOARD** noted the risk management annual report in relation to risk activities in 2021/22.

## **22. Borders Alcohol and Drug Partnership Annual Report 2021-2022**

The **BOARD** noted the report.

## **23. Scottish Borders Health & Social Care Integration Joint Board minutes: 17.08.22, 21.09.22, 31.10.22**

The **BOARD** noted the minutes.

## **24. Any Other Business**

- 24.1 **Staff Conference:** The Chair highlighted the staff conference that had taken place in Kelso with attendance from 250 members of staff. She recorded her thanks to all those involved in the event which was a success for both the staff and the organisation.

**25. Date and Time of next meeting**

- 25.1 The Chair confirmed that the next meeting of Borders NHS Board would take place on Thursday, 2 February 2023 at 9.00am as a hybrid meeting in the Lecture Theatre, Headquarters, Borders General Hospital.

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## BORDERS NHS BOARD: 1 DECEMBER 2022

### QUESTIONS AND ANSWERS – FOR POINTS OF FACT AND CLARIFICATION

No	Item	Question/Observation	Answers
1	Minutes of Previous Meeting	-	
2	Action Tracker	-	
3	Digital Programme Update	<b>Harriet Campbell:</b> Did we have this?	<b>Iris Bishop:</b> It will be a presentation and will be shared with the Board in advance of the meeting, unfortunately it was not available when the papers were distributed.
4	Digital Programme Update	<b>Karen Hamilton:</b> I note we have 10mins for this item. Can we confirm how long the presentation is please? We will need to leave a short time for questions although I see the paper is 'for noting'.	<b>Jackie Stephen:</b> I'll do my best to be complete in 5 mins to leave time for a couple of Qs
5	Health Inequalities Report Appendix-2022- Appendix-2022-79	<b>Harriet Campbell:</b> P26 2.3.6.1 reads 'More accessible services may make carbon patients per person seen.' I'm not sure what this means...?  Practical question – can we have a timeline for the preparation and publication of the next mainstreaming report (due by April next year?)	<b>Sohail Bhatti:</b> Sorry for the mistype. If more services are used, the amount of carbon generated will go up.  Intend to bring the report in February, with HR providing the evidence of current workforce
6	Health Inequalities Report Appendix-2022- Appendix-2022-79	<b>Karen Hamilton:</b> I note we have 10mins for this item. Can we confirm how long the presentation is please? I assume we will go straight to this and take that Members have read the paper. I relation to the recommendations from the paper it would be help to have timescales for these actions and I also wonder how do these resonate with the 'Next Steps' in Keiths presentation?	<b>Sohail Bhatti:</b> 5 mins for covering the issue. Both paper and presentation recommendations should be the same, if couched in different terms. Timescales are driven by the need to have access to baseline data; we don't have anything local on health inequalities. The development workshop in the afternoon will allow us to explore in more depth

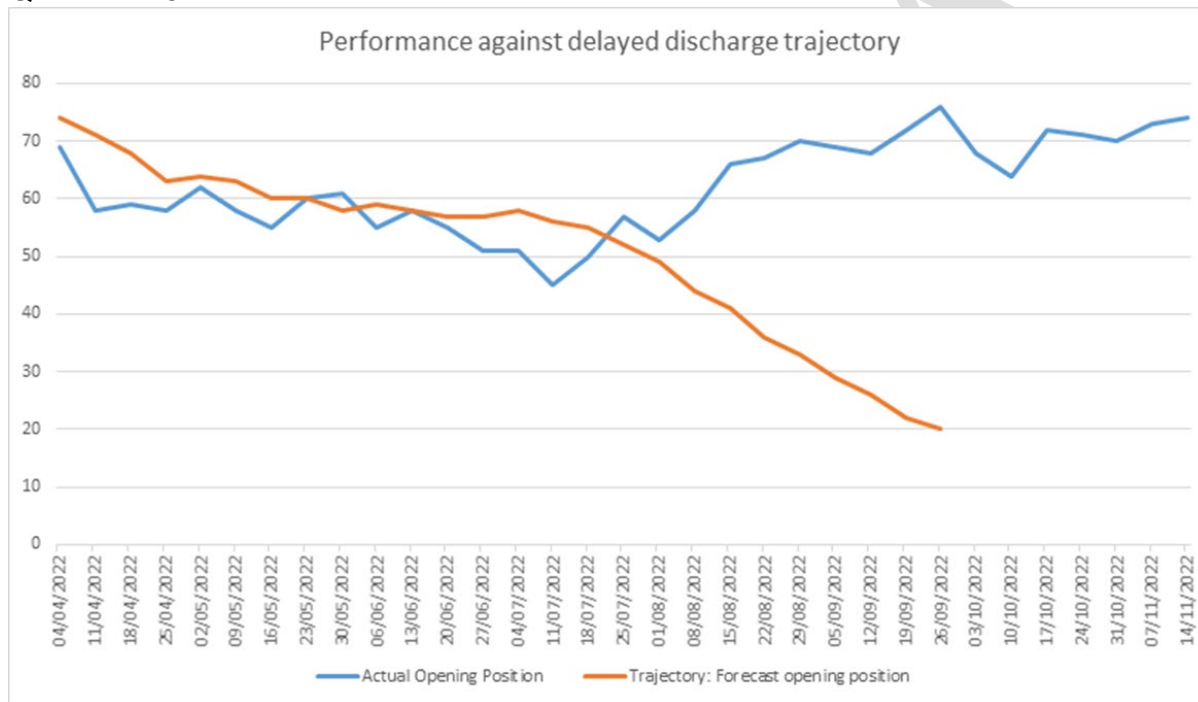
7	Resources & Performance Committee minutes: 01.09.22 Appendix-2022-80	-	
8	Audit Committee minutes: 15.06.22, 23.06.22, 29.08.22 Appendix-2022-81	-	
9	Endowment Fund minutes: 06.06.22 Appendix-2022-82	<b>Harriet Campbell:</b> Not sure what's happened to the paragraphs here!	<b>Andrew Bone:</b> Will review for future minutes.
10	Finance Report Appendix-2022-83	<b>Karen Hamilton:</b> 8.2 Key risks – update on cash releasing savings reported through regular performance reports to R&P Cttee 22/23 – by my reckoning we only have one more meeting this financial year. Is this therefore realistic – not reassured by this mitigating action. Timescale for development of 3 year financial plan?	<b>Andrew Bone:</b> That is fair. This is a standing action and reflects our established governance however I would be happy to consider/develop a proposal for enhancing this approach if helpful.  The 3 year plan will come as draft to RPC in January with expectation that this is then assessed and 'choices' discussed with the board at development session in February. The final plan will need to be signed off by the committee in March and approved by the Board in April.
11	Clinical Governance Committee minutes: 14.09.22 Appendix-2022-84	-	
12	Quality & Clinical Governance Report Appendix-2022-85	<b>Karen Hamilton:</b> 2.3.3 – good to see evidence of Kaizen activity being reported to the Board – well done	<b>Laura Jones:</b> Noted thank you, frontline teams are putting a huge amount of effort into this supported by the acute management team and the Quality Improvement Team.
13	Infection Prevention & Control Report	<b>Harriet Campbell:</b> Is there a typo in the title of this report? It says April	<b>Sam Whiting:</b> Apologies yes this is a typo it should read

	Appendix-2022-86	2022?  The Covid cluster chart (on p152) and the Influenza chart (p153) have redacted data. Why is this please?	October.  The concern is that when the number is small, it could be patient identifiable. ISD Scotland generally redact any data where the case numbers are less than 5 in their statistical publications.  The approach we have taken in NHS Borders is open reporting of all cases to Board members, however, we redact data when case numbers are less than 5 in papers published on-line for public consumption.
14	Staff Governance Committee minutes: 22.09.22 Appendix-2022-87	-	
15	Public Governance Committee minutes: 11.08.22 Appendix-2022-88	-	
16	Area Clinical Forum Minutes: 14.06.22 Appendix-2022-89	-	
17	Dying to Work Charter Appendix-2022-90	<b>Karen Hamilton:</b> A sensitive and difficult topic. Can I ask as a matter of interest do we have a similar policy/charter in relation to supporting staff who have significant or life changing injury necessitating a change in their role?	Raised and discussed in the meeting.
18	NHS Borders Performance Scorecard Appendix-2022-91	<b>Harriet Campbell:</b> p214 What do the numbers across the x axis on the delayed discharge graph mean?	<b>June Smyth:</b> A formatting error displayed numbers instead of dates. Updated chart added below.
19	NHS Borders Performance Scorecard	<b>Karen Hamilton:</b> P5 TTG Performance – is Ward 17 now open?	<b>June Smyth:</b> Ward 17 is now open.

	Appendix-2022-91	P9/10 Delayed Discharge – this will be the focus of questioning from me at the meeting.	Raised and discussed in the meeting.
20	Board Committee Memberships Appendix-2022-92	-	
21	Public Protection Appendix-2022-93	<p><b>Karen Hamilton:</b> A data rich report – are there any actions to be taken up as a result of this?</p>	<p><b>Rachel Pulman:</b> One of the areas being taken forward with DoN is impact of increased IRDs on workforce capacity. This is also being discussed/recognised at a national level. It also allows us to share data with other services who support the delivery of services to vulnerable families; such as midwifery services.</p> <p>Data re types of referral allows us to identify emerging themes and trends which support us to target resource such as training re particular area of harm such as online sexual harm. It also support us to make service improvements based on need. For example multi-agency pre-birth assessments were not progressing within expected timeframes so we responded by introducing measures to allow for oversight/review of referred cases at key stages during pregnancy.</p> <p>The data set for child health assessments will support us to evidence health outcomes within vulnerable groups.</p> <p>Another example is we needed greater oversight of NHSB ASP referral so we Introduced an ASP confirmation of referral form, which was highlighted as good practice within ASP inspection.</p>

22	Risk Management Annual Report 2021/22 Appendix-2022-94	-	
23	Borders Alcohol and Drug Partnership Annual Report 2021-2022 Appendix-2022-95	-	
24	Scottish Borders Health & Social Care Integration Joint Board minutes: 17.08.22, 21.09.22, 31.10.22 Appendix-2022-96	-	

Question 18 refers:



## Borders NHS Board Action Point Tracker

Meeting held on 2 December 2021

Agenda Item: Climate Emergency & Sustainability Development

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
5	8	The <b>BOARD</b> agreed that a development session for board members should be scheduled for early 2022.	<b>Andrew Bone</b>	<b>In Progress:</b> Board Development session on 30 June 2022 identified.  <b>Update:</b> This subject matter has now been deferred to the October Board Development session to allow the Board to focus on risk and strategy at the June session.  <b>Update:</b> This subject matter has now been deferred to the December Board Development session.  <b>Update 01.12.22:</b> The Chair advised that the action would be covered in the development session later that afternoon and proposed the action be closed on the action tracker.

Agenda Item: NHS Borders Equality Mainstreaming Report 2021

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
6	14	The <b>BOARD</b> agreed to undertake a workshop and to add the action to the Action Tracker.	<b>Keith Allan</b> <b>Andy Carter</b>	<b>In Progress:</b> Board Development session on 6 October 2022 identified.  <b>Update:</b> With the appointment of a new Director of Public Health this subject matter

				<p>has now been deferred to the December Board Development session.</p> <p><b>Update 01.12.22:</b> The Chair advised that the action would be covered in the development session later that afternoon and proposed the action be closed on the action tracker.</p>
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## Meeting held on 6 October 2022

### Agenda Item: Primary Care Improvement Plan Update

Action Number	Reference in Minutes	Action	Action to be carried out by:	Progress (Completed, in progress, not progressed)
2022-1	7	<p>Mr John McLaren enquired about workforce risks, the GMS oversight group, the TUPE of staff from GP Practices to NHS Borders, the impact of recruitment of staff on the organisations carbon footprint and any potential cost pressure of the GMS contract.</p> <p>The Chair suggested the questions on workforce raised by Mr McLaren be placed on the action tracker and a direct response be sought.</p> <p>The <b>BOARD</b> agreed to add the questions on workforce on to the action tracker.</p>	<b>Andy Carter</b>	<p><b>In Progress – Update 02.02.23</b></p> <p>Full consultation took place between the staff/their representatives and NHSB Management, facilitated by HR. The Practice-employed staff were formally transferred over to NHSB in the spirit of TUPE (Transfer of Undertakings Protection of Employment Regs) and this meant that they moved over as near to their previous employer pay point as possible, whilst still complying with our commitment to a Living Wage.</p> <p>Financial implications are being built into the Board’s Financial plan – to be discussed at the Board development session and future Board meeting</p>



**Agenda Item:** Quality & Clinical Governance Report

<b>Action Number</b>	<b>Reference in Minutes</b>	<b>Action</b>	<b>Action to be carried out by:</b>	<b>Progress (Completed, in progress, not progressed)</b>
2022-2	12	The <b>BOARD</b> agreed that a report on the PET situation in regard to complaints be submitted to the Public Governance Committee.	<b>Laura Jones</b>	<b>In Progress:</b> Report being prepared for the next meeting of the Public Governance Committee.  <b>Update 01.12.22:</b> The Patient Experience Team report was due for consideration at the Public Governance Committee meeting scheduled for February 2022.



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>2 February 2023</b>
<b>Title:</b>	<b>NHS Borders Annual Delivery Plan 2022/23 – Quarter 3 Update</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth, Director of Planning &amp; Performance</b>
<b>Report Author:</b>	<b>Carly Lyall, Planning &amp; Performance Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Review and Noting

**This report relates to a:**

- Annual Delivery Plan 2022/23 Quarter 3 Update

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper sets out the Quarter 3 progress update of the NHS Borders Annual Delivery Plan for 2022/23 (ADP) alongside the key points from the feedback letter received from Scottish Government following our Quarter 2 update, and our Delivery Planning Template.

### 2.2 Background

In April 2022 Scottish Government (SG) commissioned the development of a 2022/23 ADP with quarterly updates requested in October 2022, January 2023 and April 2023.

## 2.3 Assessment

The SG feedback letter on the NHS Borders ADP Quarter 2 update and Delivery Planning Template highlighted that they appreciate the ongoing work from NHS Borders on the ADP and that the updates have been valuable in their ongoing assessment of our Board performance and overall level of risk.

The feedback letter also requested that our Quarter 3 return should cover the following points:

- Key achievements in Q3 - with particular regard to the national priority areas
- Key challenges/barriers to progress – with particular regard to the national priority areas
- How barriers to progress are being addressed
- Where there are a significant number of deliverables assessed as amber, red or suspended/cancelled, or this applies to a major priority piece of work, then the narrative should include a high level commentary on the reasons for this and the proposed actions to address this.

In addition, SG requested a brief update on work underway against specific Winter Checklist points. This was submitted separately on 29 December 2022 as requested by SG.

Attached as **Appendix 1** is the Quarter 3 update which was submitted to SG on 26 January 2023. This provides an update on the deliverables outlined within the Delivery Planning Template, and a brief narrative to go alongside this which covers the bullet points above.

Where definitive timescales are available they have been included within the ADP Delivery Planning Template Quarter 3 update. For some proposals, further scoping and prioritisation work is required and this will be undertaken whilst developing our 2023/24 ADP.

The Delivery Planning Template (**Appendix 2**) is used by SG to monitor the progress of the deliverables set out within the ADP and is updated quarterly. We are working towards a deadline of 27<sup>th</sup> April for the quarter 4 update.

As was highlighted to the Board in October when approving the plan, in light of the funding available from SG for waiting times being reduced to less than had been anticipated, this has had an impact on ability to deliver the Waiting Times targets that we had previously agreed, and our trajectories have been revised appropriately. Performance against these updated trajectories will continue to be monitored through our monthly Performance Scorecard to NHS Borders Board.

### 2.3.1 Quality/ Patient Care

The ADP Quarter 3 update covers deliverables that promote Safety, increase Effectiveness, and are Person Centred.

### 2.3.2 Workforce

The ADP Quarter 3 update gives a high-level overview of NHS Borders Workforce challenges. A more detailed Three-Year Workforce Plan for NHS Borders has been developed.

### 2.3.3 Financial

The Financial Plan underpins the performance targets for the year and the ADP. The plan references the Financial Improvement Programme and the challenges associated with managing the backlog in a financially restricted environment.

### 2.3.4 Risk Assessment/Management

The narrative within the ADP Quarter 3 update highlights any particular risks to the achievement of the targets, and the plans in place to minimise such risks.

### 2.3.5 Equality and Diversity, including health inequalities

Services will carry out HIIA's as part of delivering 2022/23 ADP key deliverables.

### 2.3.6 Climate Change

None identified.

### 2.3.7 Other impacts

None identified.

### 2.3.8 Communication, involvement, engagement and consultation

The ADP along with the Delivery Planning Template was developed through workshops with Business Units, members of the Operational Planning Group, Board Executive Team & the Chair of NHS Borders. The Quarter 3 update has been developed in conjunction with Business Units.

### 2.3.9 Route to the Meeting

The ADP Plan Quarter 3 update was developed in conjunction with service and clinical leads and was previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Operational Planning Group 9<sup>th</sup>, 16<sup>th</sup> & 23<sup>rd</sup> January 2023
- Board Executive Team, 24<sup>th</sup> January 2023 – virtual review
- Chief Executive 25<sup>th</sup> January 2023

## 2.4 Recommendation

The NHS Borders Board are asked to **note** the NHS Borders Annual Delivery Plan 2022/23 Quarter 3 update as at 31 December 2022.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Borders Annual Delivery Plan 2022/23 Quarter 3 Update
- Appendix 2, NHS Borders Delivery Planning Template



**NHS Borders**  
**Annual Delivery Plan**

**Quarter 3 Update**  
**December 2022**

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## Glossary

Abbreviation	Meaning
ACRT	Active Clinical Referral Triage
ADP	Annual Delivery Plan
AHP	Allied Health Professional
BAS	Borders Addiction Service
BECS	Borders Emergency Care Service
BGH	Borders General Hospital
CMHT	Community Mental Health Team
CT	Computerised Tomography Scan
ED	Emergency Department
GP	General Practitioner
MAT	Medication Assisted Treatment
MAU	Medical Admissions Unit
PCIP	Primary Care Improvement Plan
PDS	Public Dental Service
PIR	Patient Initiated Review
Q	Quarter
SDAI	Scottish Dental Access Initiative
TTG	Treatment Time Guarantee
WTE	Whole Time Equivalent



## **1. Introduction**

- 1.1 NHS Borders Annual Delivery Plan (ADP) for 2022/23 was approved by the Board in October 2022. It set out how NHS Borders planned to respond to Scottish Government's expectations regarding 2022/23 Priorities and Finance Planning for Health including setting out our response to revised waiting times targets within planned care.
- 1.2 This document and subsequent appendices provide a progress update on the key commitments that were made within the plan, as at end of Quarter (Q) 3, December 2022.
- 1.3 The plan is intended to be an agile working document as the Board continues to operate with service pressures, recruitment challenges and financial constraints. A full assessment of the plan has been undertaken to reflect what is achievable over the next 3 months. This update highlights an assessment on commitments made in earlier updates, some of which now have timescales out with this financial year.

## **2. Setting the Scene**

- 2.1 Since submission of our Quarter 2 Annual Delivery Plan Update in October 2022, we have continued to face significant pressures across our system, including one of the most challenging Winters' that the Health Board has ever encountered. This has impacted on our capacity to focus on some of the planned work committed to within our ADP Delivery Planning Template, leading to many of the deliverables still at proposal or scoping stage, alongside an Amber RAG rating of several other deliverables.
- 2.2 We continue to face significant service pressures, capacity constraints and a fatigued workforce. We are concerned about our staff and are very aware of the frustration building within our communities.
- 2.3 We continue to see COVID-19 admissions, an increase in flu and norovirus, and our emergency department continues to be under extreme pressure. Workforce challenges, staff sickness, recruitment challenges and the significant number of delayed discharges continue to impact on our whole health and care system and our ability to provide services to the quality that we expect. It should be recognised that many of the deliverables and milestones outlined in the template attached will continue into 2023/24. Details for each deliverable are outlined in section 4 below.
- 2.4 This update also sets out that, where we can, we are continuing with transformational and improvement work to strengthen the resilience of our services for the future and the challenges we face.
- 2.5 As we continue to develop the deliverables that are included within the ADP Delivery Planning Template Quarter 3 update, we will undertake Health Inequality Impact Assessments to ensure we are addressing inequalities across specific disadvantaged groups.

2.6 NHS Borders was notified in October 2022 that the Waiting Times Funding allocation would be lower than anticipated and as a result of this, some of our trajectories are being revisited. The revised trajectories will start to be reported in the December data through our Performance Scorecard which is presented at every Board meeting.

## **2.7 Workforce**

2.7.1 Workforce continues to be a major pressure across NHS Borders and has been particularly challenging over the festive period.

2.7.2 Tableau shows a gap of 73 Whole Time Equivalent (wte) between funded establishment and wte in post for Band 5+ Registered Nurses. This is across all Clinical Boards and Support Services.

2.7.3 Within District Nursing there is between 21-26% staff unavailability due to sickness and vacancies. The impact of this is that the service is only able to deliver priority care in some localities. Priority care includes emergency catheter care, bowel care, diabetic patients & palliative / end of life care for patients.

2.7.4 In addition to this, within our evening service we have 34% staffing unavailability, again due to vacancy and sickness absence. This means that we are having to work differently across localities. This can then result in a direct impact on the GP out of hours service (BECS - Borders Emergency Care Service).

2.7.5 There may be additional workload for District Nursing if sickness occurs in treatment rooms, and on occasions we have had to close treatment rooms and reschedule patient care.

2.7.6 Across our 4 Community Hospitals, we have between 15-29% absence. The impact of this is that there is a reliance on staff working additional hours and trying to fill bank and agency shifts which is not always possible. Staff are often working under pressure and invariably working under safe staffing levels, with the Senior Charge Nurses working clinically on a full-time basis to support clinical activity. We have seen an increase in complexity of patients, and this combined with the staffing resource challenges us to deliver optimum care at all times. We recognise that there are adverse events occurring which are being managed.

2.7.7 We are faced with local and national GP recruitment challenges therefore Primary & Community Services are currently looking into investing in a GP Career Start Programme. This will support GP Sustainability within Primary Care.

2.7.8 Thanks to raising the profile of training opportunities, NHS Borders has been successful in recruiting additional Dentists within Public Dental Service (PDS), work continues to build on this.

2.7.9 Within Mental Health recruitment initiatives are ongoing, currently we have only two registered nurse vacancies of which we are pleased that we have four applicants for the two posts, short listing and interview processes are currently taking place. The two health care support workers are now in temporary posts for one year as a new initiative to support the registered nurses and are supporting the service really well. Long term sickness absence within nursing continues to present the service with additional challenges. Psychology

recruitment to vacant posts is also ongoing with the new starts due to commence in their roles over the next few months. Administration continues to be recruited at 100%. Within Medical staffing there is currently one consultant vacancy.

2.7.10 Statement on acute staffing to follow.

## **2.8 Finance**

2.8.1 The financial position continues to be challenging given the overall situation within the health service in Scotland. NHS Borders regularly reviews its financial position aligning it to the ADP in order that we can be assured of the achievement of both the ADP objectives and the agreed out-turn position in our submitted financial plan. The Board submitted a Financial Recovery Plan to Scottish Government in November 2022 which described the actions required to mitigate in year financial pressures and recover the position described in the initial 2022/23 Financial Plan. This recovery plan outlined mitigating actions of £5.0m in order to achieve an outturn forecast of £12.2m deficit in line with plan. As at Month 9 (December) the Board is reporting a year to date deficit of £10.8m. There remains a high level of risk around delivery of the forecast however actions identified in the plan continue to be monitored and adjusted on an ongoing basis. A key area of risk in the forecast is the delivery of recurring savings, where £1.9m has been achieved to date against a target of £5m.

## **2.9 Value Based Medicine**

2.9.1 NHS Borders now has a Senior Project Manager in place who has been in post since November 2022 supporting the Value Based Medicine approach within the organisation. This role will support the Medical Director and other clinical colleagues in refreshing the existing Value Based Medicine action plan, taking into account any ADP priorities committed to within 2022/23, and any future commitments within 2023/24 ADP. A series of workshops on Value Based Health & Care are currently being planned across NHS Borders, the first of which is in February 2023 for medics. This approach will ensure that Value Based Medicine is strategically embedded within NHS Borders, the ADP for 2023/24 and later within our Medium Term Plan.

## **3. Key Highlights**

3.1 The section below details the key highlights from October - January within NHS Borders:

### **3.2 Urgent & Unscheduled Care**

3.2.1 **Winter Plan** - Actions that sat under the Winter Plan for 2022/23 are complete, with delivery progress being monitored via highlight reports to the Urgent & Unscheduled Care programme board.

3.2.2 **Kaizen** – benefits from the initial Kaizen approach tested in the Borders General Hospital (BGH) Medical Admissions Unit (MAU) continued with a sustained increase in discharges

from MAU evidenced. The Kaizen then moved to General Medicine ward 4 which has also demonstrated early benefit.

3.2.3 **Discharge without Delay** – phase one of the Discharge without Delay workstream completed with documentation and guidance for staff completed. A focussed piece of work allowed us to understand our capacity and ability to receive more timely admissions in December 2022.

3.2.4 **Review of Borders Addition Service (BAS) and Pathways** - The Medication Assisted Treatment (MAT) standards 1-5 continue to be maintained within the service and the team are now planning and progressing with MAT standards 6-10. We have submitted an action plan to the Mental Welfare Commission covering our commitment to progress this for those with a co-morbidity of substance misuse and the work will be led and progressed by Borders Addiction Service (BAS) and the Adult Community Mental Health Team (CMHT).

### 3.3 **Recovering Planned Care**

3.3.1 **Maternity Service Review (Women & Children Service Review)** - The service review process for Women & Children is continuing and we are now at the stage of wider staff engagement to work through some of the opportunities that may be realised. It is recognised that while delivery and implementation of this work will continue into 2023/24 significant progress has been made.

3.3.2 **Outpatient CfSD Heatmap** – Five of the six specialty 2022/23 Heatmap targets for Active Clinical Referral Triage (ACRT) have been achieved. Three of the six specialty 2022/23 Heatmap targets for Patient Initiated Review (PIR) have been achieved. NHS Borders became the first Health Board to implement a standardised approach on TRAKcare for ACRT, PIR and Opt In.

3.3.3 **Theatre productivity** – The new Theatre productivity programme launched in January using an appreciative enquiry approach to engage broadly with the full theatre team. This will form an important workstream under the Integrated Planned Care Board in '23/24.

3.3.5 **The new protected surgery ward** (Ward 17) opened in November which reduced the number of elective surgery cancellations up until the point this unit was temporarily closed in response to winter pressures late December.

### 3.4 **Social Care**

3.4.1 **Ukraine Response** - Newly arrived Ukrainians in temporary accommodation are able to register immediately with a local GP practice. Short-term Health Screening service has ended and we are currently reviewing the service's outputs with Public Health to assess community benefit and impacts.

## 4. Key Challenges

### 4.1 Urgent & Unscheduled Care

- 4.1.1 **Transitional Care Ward** - due to ongoing system pressures across the BGH and wider NHS Borders, the decision had been taken to pause the Ward 12 Transitional Care project. The steering group has been re-assembled and are working towards a new launch date.
- 4.1.2 **Front Door Model** - The Emergency Department (ED) continues to experience significant pressures due to capacity challenges across the system. A review of the workforce model is being progressed which will include options to address the resilience and sustainability of the ED moving forward. It is anticipated the review will be complete by the end of the financial year.
- 4.1.3 We are continuing work on the **GP Out of Hours (BECS) Option Appraisal**. The final Options Appraisal was moved to the 2nd March 2023 to ensure sufficient time to scope all options fully. It is expected that delivery and implementation of this work will continue into 2023/24.
- 4.1.4 **Palliative Care Service Review** - the Health & Social Care Integration Joint Board approved the direction and the commission of an external review on 21 September 2022. Since then, work has stalled due to pressures across the system and workforce capacity. The process will recommence in February 2023, however delivery will move to 2023/24.
- 4.1.5 **Implementation of PCIP** - as updated last quarter we are at a stage where the lack of additional funding has constrained our ability to fully deliver the Primary Care Improvement Plan (PCIP) in line with the Memorandum of Understanding 2. This has been escalated to the Scottish Government who have indicated that further funding is not available.
- 4.1.6 The constraint on funding has triggered the need to review the strategic plan and re-align deliverables and timescales beyond March 2023. The new Senior Project Manager is now in post and has set the following objectives to be achieved by March 2023.
1. Create and gain approval of a PCIP Programme wide plan document
  2. Implement a consistent Governance structure (consistent meetings structure with reporting lines, risk management and escalation process) across PCIP workstreams
  3. Integrate Buchan Report into PCIP Premises Workstream Plan with reviews to prioritise and support PCIP staff in health centres. Capital investment bids planned for 2023/24
  4. Agree KPIs for performance monitoring and benefits tracking of PCIP workstreams, projects planned and kicked off to build PCIP programme dashboard capturing and reporting these for early 2023/24.
- 4.1.7 **District Nursing Service Review** - capacity is currently limited within the District Nursing leadership team therefore the decision to postpone the full service review was taken. This will be reassessed and included in the prioritisation of service reviews for 2023/24. We continue to progress with the workforce review.

## **4.2 Recovering Planned Care**

- 4.2.1 As outlined earlier in the document, NHS Borders were notified in October 2022 that we would not be receiving the amount of Waiting Times funding from Scottish Government that we had previously been anticipated. This has had an impact on our ability to deliver the Waiting Times targets that we had previously agreed, and our trajectories have been revised appropriately. Performance against these updated trajectories will continue to be monitored through our monthly Performance Scorecard to NHS Borders Board.
- 4.2.2 **Remobilisation of Outpatient Services** - Remobilisation across outpatient services continues to be a challenge, however across all specialities we are on average remobilising to between 60-70% pre-covid levels of new patient activities. We have a number of pieces of work underway to assist with further remobilisation, including the next stages of implementation of a new room booking software that will support the full utilisation of outpatient capacity.
- 4.2.3 **Remobilisation of Surgical Services** - The recovery of elective capacity remains limited due to staffing challenges in our theatres. Although our waiting list has increased marginally, the number of patients waiting over 78 & 104 weeks continues to fall. We also opened Ward 17 on the 21<sup>st</sup> November for elective patients providing additional capacity, alongside having a positive effect on the ability to conduct elective surgery. We also have a Treatment Time Guarantee (TTG) project underway which has been designed to ensure that theatre time is allocated appropriately across all specialities in order to reduce Waiting Times in line with TTG and will aim to support improved productivity within existing capacity.
- 4.2.4 **Remobilisation of Diagnostic Services** - Our diagnostic services continue to face significant pressure, this due to staffing levels, equipment challenges, and an increase in unscheduled and planned work. NHS Borders were given authorisation to bring a mobile Computerised Tomography Scan (CT) scanner on site from 1<sup>st</sup> – 18<sup>th</sup> December and this has had an extremely positive impact on our urgent waits lists by removing approximately 378 patients from the waiting list. Radiographer staffing remains a challenge, however successful recruitment has taken place and we will return to full establishment by Spring 2023.
- 4.2.5 **Remobilisation of Primary Care Dentistry** - The recovery of the backlog remains limited due to ongoing recruitment issues; however, we are progressing as we can. The main challenge is recruitment, in particular in the Galashiels area, and we are carefully monitoring the situation. We have approached Scottish Government to widen the area of Scottish Dental Access Initiative (SDAI) Grant allocation to encompass all of NHS Borders to promote and improve NHS GDS access. Progressing with the remobilisation will become business as usual for PDS in 2023/24.
- 4.2.6 **Development of AHP Pathways & Services** - Due to the recent IJB direction regarding integrated reablement, and by supporting a 'Discharge Without Delay' leadership secondment, paired with 2 x Allied Health Professionals (AHP) senior leads moving onto new roles, we are unable to complete all AHP service reviews within this financial year and will therefore reallocate the completion of these service reviews to a future year.

- 4.2.7 **Integrated Reablement Service** - Scottish Borders Council lead on this deliverable, who have recently completed a reablement pilot. A working group will be re-established to work through what a future model may look like, encompassing an integrated approach, and will be confirmed in 2023/24.
- 4.2.8 **Recovery of Psychological Therapies and review of Psychological Therapies Service, Provision & Pathways** - We continue to experience strong demand for all our services and are working hard to ensure we see as many as possible in under 18 weeks, as well as reduce our longest waits. We have some staffing and capacity issues in secondary care adult, older adult and substance misuse services. We are working hard to resolve this but recruiting to maternity leave posts remains challenging as does the general recruitment and financial environment.
- 4.2.9 In terms of review of our services, this has been postponed to May/June 2023 to coincide with the publication of the Psychological Therapies National Specification. In the meantime we have been working on improving our data and operating systems and quality.
- 4.2.10 **Review of Learning Disabilities Service Day Provision** - New contracts were due to be awarded in November 2022, however discussions continue to be had with the provider. This deliverable will be kept under review.

### **4.3 Recruitment and Retention**

- 4.3.1 As highlighted in section 2, we continue to be faced with workforce challenges across our Health & Social Care system. Sickness absence and recruitment remain challenging with daily Safety Brief in place to assess staffing across the site.
- 4.3.2 **Microbiologist Medical Workforce Model** - An interim solution will be put in place locally for one year whilst the workforce model is worked through. Regional workshops have taken place with a further scheduled in March 2023 to build on regional working, including resilience and sustainability across the East Region network. It is anticipated this will be delivered in 2023/24.
- 4.3.3 **Neurology Service Review** - Background work is now complete, and a working group has been convened to formulate future service options for recommendation to the organisation. A full service review will take place and delivery of the recommendations derived from the review will now move into 2023/24.
- 4.3.4 **General Practice (GP) Sustainability** - Work continues to support GP Practices with the ongoing severe pressures, which has been particularly challenging over the festive period. Work is ongoing with regards to GP Sustainability and once we fully understanding the current demand and capacity along with expected changes over the next five years, we will be able to identify the actions which can be taken to address the issues to ensure continued provision of sustainable general medical services in the Borders. This will continue into 2023/24.

## **5. Summary**

- 5.1 Our key priorities continue to be stabilising our system so that we can carry on with our recovery, remobilisation and then develop our medium-term plans. As has been outlined in our Annual Delivery Plan, due to continued operational pressures some of the service changes we aim to implement during 2022/23 are still at scoping stage. Since submitting the ADP in July 2022, some deliverables are now unachievable within this current year and will therefore continue into 2023/24 or reprioritised into future years. They will be considered and prioritised as we develop our 2023/24 ADP and our medium-term plan.



Region	Board	Priority Area <i>select from drop down list</i>	Service Area	Reference	Jun'22 status	Sep'22 Status	Dec'22 status	Key Deliverable - Name and Description	Key milestones	Progress against deliverables end June 22	Progress against deliverables end Sep'22	Progress against deliverables end Dec'22 <i>NOT FOR COMPLETION</i>	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	Major strategies/ programmes the deliverable relates to	Impact of deliverable on health inequalities	
East	NHSB	Recovering planned care	Whole System	2022-BOR9	Amber - at risk, requires action	Amber - at risk, requires action	Amber - at risk, requires action	Continue remobilisation plans across all of our clinical services including backlog recovery	The overall objective to return to pre-pandemic activity levels across specialties.	Remobilisation continues with reviewed timeframes.	Remobilisation continues across our Outpatient, Surgical, Diagnostic and AHP Services. We are working to address the clinical backlog across services.	Remobilisation across clinical services continues and we are working to address the backlog across services.	Health Board HSCP	Capacity, workforce & funding	Access Board & Waiting Times	Improved waiting times and clinical outcomes	NHS Borders Planned Care Programme	Timely access to services	
East	NHSB	Recovering planned care	Whole System	2022-BOR10	Green - on track	Green - on track	Green - on track	Discharge Without Delay	AHP outpatient services - delivering pre-covid access standards and clinical outcomes Implementation of: - Planned Date of Discharge (PDD) across the whole system - Home First Principles - Pathways Based Approach to Discharge Planning	Project lead in place with additional support provided from NSS and unscheduled care QI facilitator and DWD national team	Project Lead and NSS Project Support in Place - DWD steering group meet monthly and Tolt updated. DWD work-stream governance in place via monthly USUC Programme Board and weekly USUC Delivery Group meetings. Roll out of national DWD principles (PDD, Home First, Pathways) is underway in Ward 6 and 9 in acute and The Knox. Kelso Community Hospitals and Home First Teams. Further roll out in acute wards will take place via planned Kaizen events.	Project Lead and NSS Project Support in Place - DWD steering group meet monthly and Tolt updated. DWD work-stream governance in place via monthly USUC Programme Board and weekly USUC Delivery Group meetings. Roll out of national DWD principles (PDD, Home First, Pathways) is underway in Ward 6 and 9 in acute and The Knox. Kelso Community Hospitals and Home First Teams. Further roll out in acute wards will take place via planned Kaizen events.	Roll out of DWD principles complete in 2 Community Hospitals - further roll out to the other 2 planned in February 2023. Continuing roll out of DWD principles in acute will be delivered via Kaizen rapid improvement events. Staff education resources have been developed and delivered to 180 staff via development days - preceptor and practice education team will continue to deliver via Development Days, Plying Start and Staff Induction. Staff & Public Engagement resources have been designed and produced, and microsite page live - comms team planning corporate message via social media and staff share. Ongoing work continues on Information Sharing at the Interface of care and Aligning Capacity and Demand with bed-based and non-bed based intermediate care (e.g. Home First Garden View- etc) and social care via improvements to STRA and embedding operational governance.	HSCP	Capacity of staff - may result in delays to implementation and may impact the overall success of the programme Subsequent to the identified risk above - Project lead backfill then unavailable June/July due to unexpected leave	Mitigating Actions: Dwd Programme Lead in communications with strategic leads regarding forward planning for the DWD Programme. Awareness/Escalation: Escalation	- reduce delayed discharges - reduce length of stay - prevent front door presentations	Borders Unscheduled Care Programme Board Borders Planned Care Programme	Timely access to services
East	NHSB	Recovering planned care	Women's and Children's Services	2022-BOR11	Green - on track	Green - on track	Green - on track	Recommence National Best Start Programme	To develop and submit Best Start implementation plans to implement recommendations for local delivery	Implementation plans currently in development	Best Start recommendations template returned to Scottish Government on 19th September 2022. Has been re-implemented and funding allocated.	We are continuing with the implementation of Best Start within NHS Borders and are working through the recommendations.	Health Board	Capacity & workforce	Assessing priority of recommendations	Continuity of care	NHS Borders Planned Care Programme	Continue roll out of community of carer with particular focus on women and families experiencing social complexity and/or women with poorer maternity outcomes	
East	NHSB	Recovering planned care	Women's and Children's Services	2022-BOR12	Amber - at risk, requires action	Amber - at risk, requires action	Green - on track	Complete Maternity Service Review	To stabilise workforce	Options developed to reduce key workforce risks	Service review to re-commence October 2022 to ensure we are able to provide a stable workforce within neonatal & paediatric nursing, midwifery and obstetric/ paediatric medical staff.	Continues on track with weekly meetings taking place and service review underway. We are engaging with all staff groups within Women & Children Services whilst completing this review. It is likely that this service review will continue into 2023/24.	Health Board	Timescales & workforce availability	Prioritising workforce stabilisation	Medical rota will be compliant	NHS Borders Service Review Programme	Will be assessed as project develops	
East	NHSB	Recovering planned care	AHP Services	2022-BOR13	Green - on track	Complete	Complete	Speech and Language Therapy Education Review	Service delivered within core SLT budget	Engagement with SBC regarding Education provision	Complete	Complete	Health Board	Complete	Realign to core service	Core service will be delivered within the financial envelope	NHS Borders Service Review Programme	Timely access to services Consistent with service specification	
East	NHSB	Recovering planned care	Mental Health & Learning Disability Services	2022-BOR14	Amber - at risk, requires action	Amber - at risk, requires action	Amber - at risk, requires action	Review of Psychological Therapy Service, Provision & Pathways	Achievement of LDP RTT 18 week standard	We are currently working on our PT Heat target trajectories which will be submitted to Access Board and SG. All of our services are working at capacity and we continue to experience strong and increased demand across the piece.	Access Board and SG. Current performance is approx. 84% and target is 90%. There are some concerns around our ability to meet the 90% target by end March 2023, and the trajectory will be reviewed quarterly. We do continue to experience strong and increased demand across the piece and all staff are working at capacity.	Our RTT performance this month is 84.09%. Referrals have increased again this month to our highest level. The number of people on our overall waiting list has also increased, but we have improved throughout this month of those starting treatment who have waited over 18 weeks. We continue to have increased pressure in all of our services, especially those in adult mental health and older adults. We have some staffing and capacity issues in secondary care adult, older adult and substance misuse services. We are working hard to resolve this, but recruiting to maternity leave posts remains challenging as does the general recruitment and financial environment.	Health Board	Not meeting HEAT target	Access Board & Waiting Times	Timely access to psychological therapy & to maintain heat target	NHS Borders Service Review Programme	Improved and timely access to psychological therapies	
East	NHSB	Recovering planned care	Primary & Community Services	2022-BOR15	Amber - at risk, requires action	Red - unlikely to complete on time / meet target	Red - unlikely to complete on time / meet target	Remobilisation of Primary Care Dentistry	Additional GDS facilities will open in Kelso & Duns	NHS GDS progress, 80% of pre-pandemic activity at end of June 2022	Recovery of backlog remains limited due to recruitment issues, however we continue to progress when we can - this will continue into 2023/24.	Recovery of backlog remains limited due to recruitment issues, particularly in Galashiels. We have approached SG to widen the area of SGM Grant allocation to encompass all of NHS Borders to promote and improve NHS GDS access	HSCP	Delay to patient care Undiagnosed disease Progression of chronic conditions Increasing oral health inequalities Recruitment	Access Board & Waiting Times Action plan in relation to recruitment	Timely access and to meet standards	Managing increased primary care demand / delivering increased primary care activity NHS Borders Community Models of Care Programme	Timely access to service Review in relation to developing workstreams	
East	NHSB	Recovering planned care	Primary & Community Services	2022-BOR16	Proposal	Proposal	Proposal	Opportunities for rebalancing PDS and GDS	Kelso Dental Service Option Appraisal	No specific update	Currently still at the proposal stage. Revisit and consider scoping in 2023/24.	Currently still at the proposal stage. Revisit and consider scoping in 2023/24.	Health Board	Not yet known	Not yet known	Not yet known	Managing increased primary care demand / delivering increased primary care activity NHS Borders Community Models of Care Programme	Timely access to service	
East	NHSB	Recovering planned care	Mental Health & Learning Disability Services	2022-BOR17	Amber - at risk, requires action	Amber - at risk, requires action	Amber - at risk, requires action	CMHT (rehabilitation) - Community Rehabilitation Team - supported living proposal project	Expected implementation of new model grade 5 accommodation September 2022	Near to completion some delays relating to lease agreement between Eldon and care provider	In the final stages of completing commissioning contract with Car Gom and lease agreement with Eldon. HR process for releasing resource (staffing) from East Grang to create 2 band 6 roles in grade 5 accommodation. Projected time of implementation would be January 2023.	Our RTT performance this month is 84.09%. Referrals have increased again this month to our highest level. The number of people on our overall waiting list has also increased, but we have improved throughout this month of those starting treatment who have waited over 18 weeks. We continue to have increased pressure in all of our services, especially those in adult mental health and older adults. We have some staffing and capacity issues in secondary care adult, older adult and substance misuse services. We are working hard to resolve this, but recruiting to maternity leave posts remains challenging as does the general recruitment and financial environment.	HSCP	If lease agreement cannot be concluded it may jeopardise progression with no alternative	tentative discussion with SBHA as a back up	Not yet known	Managing increased primary care demand / delivering increased primary care activity NHS Borders Community Models of Care Programme	Improved living accommodation for marginalised group of patients with long term mental health conditions	
East	NHSB	Recovering planned care	Mental Health & Learning Disability Services	2022-BOR18	Proposal	Amber - at risk, requires action	Amber - at risk, requires action	Review of LD Service Day Provision	To scope out the work required	Not yet started	Project progressed and service now out to tender. New contracts to be awarded in November 22	Onward discussions with provider.	HSCP	Not yet known	Not yet known	Improved provision of Day Services	NHS Borders Community Models of Care Programme	Will be assessed as appropriate	
East	NHSB	Recovering planned care	Primary & Community Services	2022-BOR19	Amber - at risk, requires action	Amber - at risk, requires action	Amber - at risk, requires action	CTAC - scoping of delivery models extension.	Expected delivery timeframe early 2023. Being rolled out in a phased approach as per Scottish Government extension.	Funding gap of £1.6m remains preventing further progress to CTAC	Continuing to be progressed as part of PCIP, delivery will move into 2023/24.	In light of the financial constraints, CTAC Phlebotomy service is being planned. GP engagement is currently underway within the proposal. Delivery will move into 2023/24.	HSCP	Capacity, workforce Recurring funding gap of £1.6m	PCIP Executive Committee	Improved patient experience, timely assessment & intervention	Primary Care Improvement Plan Managing increased primary care demand / delivering increased primary care activity GP Sustainability Reshaping Urgent Care	Timely access to service	
East	NHSB	Recovering planned care	Mental Health & Learning Disability Services	2022-BOR20	Amber - at risk, requires action	Amber - at risk, requires action	Amber - at risk, requires action	CMHT/CAMHS - development of pathways within Children & Adults Mental Health Services, including existing pathways	Will be reviewed by Quad and progressed depending on service review outcome	Significant progress has been made within camps regarding their clinical pathways and in particular the NDO pathway. Work progresses to rationalise internal processes and other pathways for other elements of the clinical service. Service review has commenced for adult CMHT and plans to conclude the end of August.	CMHT/Crisis service review has now been completed and is currently with the quad for review and approval. Once approved the recommendation will be progressed as indicated within the service review outcomes. CAMHS focus has been redirected towards the 18 week RTT.	Service review signed off by quad with review of overall service review template progressing as additions required to give full focus of robust review. CAMHS remain focused on 18 week RTT and Adult CMHT focussed on progressing single point of access and clinical pathways.	Health Board	Reduced or poor patient experience	CAMHS Specification, Scottish Government support	Improved clinical pathways, improved patient experience, timely assessment & intervention	NHS Borders Pathways Programme	Timely access to service	
East	NHSB	Recovering planned care	Whole System	2022-BOR21	Amber - at risk, requires action	Green - on track	Green - on track	Establishment of Long Covid Pathway	Establish clear pathways for those living with long covid	Funding bid approved to establish a pathway coordinator	Post in currently out to advert, SG funding secured.	Post appointed to with start date scheduled for early February 2023.	Health Board	Funding	Prioritising within Year 1 plan	Improved clinical pathways	NHS Borders Pathways Programme	Will be assessed as project develops	
East	NHSB	Recovering planned care	AHP Services	2022-BOR22	Green - on track	Amber - at risk, requires action	Amber - at risk, requires action	Development of AHP Pathways & Services. This includes restructuring of community AHP into one AHP programme rehab services, development of primary care roles, reviewing acute rehabilitation needs, developing CYP services.	Ongoing service specification development	Due to reablement priority and discharge without delay secondment, some service reviews will not be completed within this financial year which will have financial and service implications. Capital & Estates limitations currently preventing the reestablishment on CYP therapy and hydrotherapy. Some AHP Service Reviews will move into 2023/24.	Continuing with AHP Service Reviews. Podiatry is almost complete and SLT is in progress. This will continue into 2023/24.	Health Board	Capacity to undertake review	Prioritising within Year 1 plan	Improved pathways Skill Mix	NHS Borders Pathways Programme	Will be assessed as project develops		
East	NHSB	Recovering planned care	Primary & Community Services	2022-BOR23	Proposal	Amber - at risk, requires action	Amber - at risk, requires action	Scoping of Frailty Improvement Plan including Home First	Undertake a review and scope all work into one programme	A number of work streams have all been pulled into one programme of work which is under development	Initially there has been a focus on Frailty Multidisciplinary Team meetings. The Care Home Visiting Service is being developed to further support older people in care homes and reduce the differential burden on GP practices with care home beds. Programme of work will now include: - Home First (moved to a programme in its own right) - RAD (Physio & OT service review) - Falls Prevention - Eat Well, Age Well - Frailty MDT - Care Home Visiting - Social Prescribing	Work continues to develop the new Care Home Visiting Team. Community Geriatrician MDT progressing well in one area. Additional staffing is being provided for "Caring for Smiles". Other elements will continue into 2023/24 and will be reflected in the 2023/24 ADP.	HSCP	Capacity to undertake review	Prioritising within Year 1 plan	Improved clinical pathways, improved patient experience, timely assessment & intervention	NHS Borders Pathways Programme	Will be assessed as project develops	
East	NHSB	Recovering planned care	Acute Services	2022-BOR37	Amber - at risk, requires action	Amber - at risk, requires action	Amber - at risk, requires action	Critical Care Outreach Team	Undertake a service review and OA	Work has commenced to begin looking at what is involved in this urgent service review - new deliverable in September 2022.	We have made the decision to stand down the requirement of an urgent option appraisal and service review at the current time and proceed with the recruitment of Band 6 nurses. It is likely that a service review will be required within 2023/24.	Health Board	Capacity to undertake review	Prioritising within Year 1 plan	Sustainable service	NHS Borders Workforce Programme	Will be assessed as project develops		
East	NHSB	Recruitment and retention	Acute Services	2022-BOR24	Proposal	Green - on track	Green - on track	Review leadership, roles & MDT engagement	Undertake a service review	Not yet started	In progress of undertaking a service review to look at this	Leadership roles within Acute have been under review and new management structures are now in place.	Health Board	Capacity to undertake review	Prioritising within Year 1 plan	Sustainable service	NHS Borders Workforce Programme	Will be assessed as project develops	
East	NHSB	Recruitment and retention	Acute Services	2022-BOR25	Proposal	Amber - at risk, requires action	Green - on track	Complete Diagnostics Workforce Plan	Undertake a service review	Not yet started	In progress of undertaking a service review to look at this	Service review is underway for this.	Health Board	Capacity to undertake review	Prioritising within Year 1 plan	Sustainable service	NHS Borders Workforce Programme	Will be assessed as project develops	
East	NHSB	Recruitment and retention	Acute Services	2022-BOR26	Proposal	Amber - at risk, requires action	Amber - at risk, requires action	Biochemistry Regional Model	Undertake a service review	Not yet started	The service are working through the regional proposal identified and a paper is in development which will set out the requirements proposed and seek organisational support	We are in the process of advertising a consultant grade clinical scientist	Health Board	Capacity to undertake review	Prioritising within Year 1 plan	Sustainable service	NHS Borders Workforce Programme	Will be assessed as project develops	
East	NHSB	Recruitment and retention	Acute Services	2022-BOR27	Proposal	Amber - at risk, requires action	Red - unlikely to meet target	Microbiologist Medical Workforce Model	Undertake a service review	Not yet started	An interim solution will be put in place locally for one year whilst this is worked through.	A regional workshop is scheduled to take place in May 23 to explore options	Health Board	Capacity to undertake review	Prioritising within Year 1 plan	Sustainable service	NHS Borders Workforce Programme	Will be assessed as project develops	
East	NHSB	Recruitment and retention	Primary & Community Services	2022-BOR28	Amber - at risk, requires action	Amber - at risk, requires action	Amber - at risk, requires action	GP Sustainability	To stabilise workforce - undertake a review and scope all work into one programme.	Project launch completed in May. Agreement to look at the following 5 themes: - Data workstreams: understand the growing needs of the population and the growing GP workforce - Redefining the GP role within the Scottish Borders in terms of sustainability - Workforce planning - Equity - Fit of Purpose premises & IT infrastructure - Understanding financial stability for GP practices	A group has been established to take forward the GP Sustainability agenda, with the aim of identifying a plan of action to ensure the future sustainability of General Medical Services (GMS) with the Scottish Borders. Currently understanding the demand and capacity along with expected changes over the next five years we will be in a position to identify the actions. This deliverable is likely to continue into 2023/24.	Work continues to support GP Practices with the ongoing severe pressures. This deliverable is likely to continue into 2023/24 and will be reflected in the 2023/24 ADP.	Health Board GP's	Lack of project support Loss of GP confidence - GP workload pressures and workforce planning Lack of financial budget confirmation leading to inability to enable workforce plan Recurring funding shortfall of £1.6M	Prioritising within Year 1 plan	Sustainable service Recruitment & Retention	NHS Borders Workforce Programme	Will be assessed as project develops	
East	NHSB	Recruitment and retention	Acute Services	2022-BOR29	Proposal	Amber - at risk, requires action	Red - unlikely to meet target	Neurology Service Review	Undertake a service review	Not yet started	An Assistant Service Manager has been recruited and work will commence on this deliverable within Quarter 3. This is likely to continue into 2023/24.	Background work completed and working group convened to formulate future service options for recommendation to organisation	Health Board	Capacity to undertake review	Prioritising within Year 1 plan	Sustainable service	NHS Borders Service Review Programme	Will be assessed as project develops	
East	NHSB	Social care	Primary & Community Services	2022-BOR35	Green - on track	Green - on track	Complete	Ukraine Response	Setting up health screening workstream with clinical staff to undertake screening	2 members of staff identified Health Screening questions set up Info for referrals set up Accelerating Health Screening over summer period prior to children starting school in August	Full health screening assessment (with no additional funding from the Scottish Government) was sustained by Primary Care and Public Health Services. The Health Screening Service has supported new arrivals' induction into the NHS via registration with a GP (and CHI number generation) and referral pathways to services following an initial health questionnaire. The work is ongoing and now requires a public health risk review to validate the need to continue the provision of this service.	We are currently reviewing the service's outputs with Public Health to assess community benefit and impacts. We potentially have unscrutinised Ukraine settlers living in the Scottish Borders therefore increased risk	HSCP	Access to the Government portal but data sharing agreement unsure at the moment	Improved public health	NHS Borders Pathways Programme	Will be assessed as appropriate		
East	NHSB	Social care	Primary & Community Services	2022-BOR36	Green - on track	Green - on track	Green - on track	Locality Hubs	Undertake a review MDT locality hubs	Leadership away day completed in July to reignite locality MDT model in post-covid era and strengthen this established MDT approach and help maximise its full potential	Local work is progressing.	Social Care currently scoping out current locality hub model. Review due to be completed by end of January 2023. Leads across P&CS, Mental Health and Social Care will review the documents and plan how to progress with locality hubs.	HSCP	Capacity to undertake review	Prioritising within Year 1 plan	Sustainable service	NHS Borders Service Review Programme	Will be assessed as project develops	



East	NHSB	Sustainability and value	Whole System	2022-BOR30	Proposal	Amber - at risk, requires action	Amber - at risk, requires action	Robust Savings plan for 2023/24	Identify savings initiatives	Not yet started	Financial Improvement Programme (FIP) has been launched with some savings identified.	Financial Improvement Plan is underway.	Health Board	Capacity, timescales & ability to identify opportunities	Service reviews and wider staff engagement	Savings identified	NHS Borders FIP Programme	Will be assessed depending on initiatives		
East	NHSB	Sustainability and value	Whole System	2022-BOR31	Proposal	Amber - at risk, requires action	Amber - at risk, requires action	Review of our estate	Undertake review of all of our sites	Primary Care Premises in development	Primary Care Premises in development	Longer term piece of work and is ongoing - at proposal stage	Health Board	Timescales & capacity	Prioritisation of workplan	Improved premises	NHS Borders Capital Programme	Will be assessed as appropriate		
East	NHSB	Sustainability and value	Mental Health & Learning Disability Services	2022-BOR32	Proposal	Amber - at risk, requires action	Amber - at risk, requires action	Option Appraisal of PT Data Reporting System	Undertake an option appraisal	Ongoing and in progressing with Business Intelligence/Watkins Times team and Planning & Performance	We have delayed progressing this until the National PT Spec has been published, expected early 2023 as there may be other data requirements related to this. In the meantime we have been working hard to improve Ems functionality and reporting as far as possible.	Position remains unchanged at present.	Health Board	Inaccurate recording	Not yet known	Accurate recording of national waiting times	NHS Borders Service Review Programme	Will be assessed depending on initiatives		
East	NHSB	Sustainability and value	Mental Health & Learning Disability Services	2022-BOR33	Amber - at risk, requires action	Amber - at risk, requires action	Amber - at risk, requires action	Job Planning Opportunities	Will be determined once this work is scoped	All medical staff have progressed to electronic job planning consideration will be given to expand this to other cohorts	Due to limited administrative support this process has had to revert back to the use of paper rather than the electronic system. We will be looking to expand and progress job planning to other professions within the new year.	Position remains unchanged at present.	Medical Staff	None noted at present	Not yet known	Efficient workforce	NHS Borders Workforce Programme	Will be assessed as appropriate		
East	NHSB	Sustainability and value	Primary & Community Services	2022-BOR34	Green - on track	Green - on track	Green - on track	Oral Health Needs Assessment	Approved by IJB	Oral Health Needs Assessment approved by IJB	Strategic Oral Health group has been set up and are assessing what needs to be done to implement the Oral Health Needs Assessment. A strategic plan with timescales will be available by end of March 2023, however this is a long term piece of work and full implementation of the strategy will not be within the financial year.	The Oral Health Strategy Group has had its first meeting - including a patient representative. Individual outcomes/strategy are still pending to be determined. Terms of reference for the group have been set out including agreed membership. There will be multiple time frames for implementation of the different projects. Should have more info for an update following the next meeting.	HSCP Health Board	Not yet known	Not yet known	Not yet known	Updated strategic plan for Oral Health	Will be assessed as appropriate		
East	NHSB	Urgent and unscheduled care	Whole System	2022-BOR1	Amber - in progress	Amber - at risk, requires action	Amber - at risk, requires action	Front Door Model including a range of projects such as redesigning urgent care, ambulatory care, referral processes, minor injury units, BUCC & BEC	Complete options appraisal for BUCC and BECS	Project and steering group meetings in diary for BUCC and BECS options appraisal	Work is continuing to progress on the project included within the Front Door Model deliverable. An option appraisal process for Borders Urgent Care Centre (BUCC) & Borders Emergency Care Service (BECS) is underway which is being supported by the Planning & Performance Team. The Urgent & Unscheduled Care Programme Board also continues to meet on a regular basis. We have started a workforce review of the Emergency Department with the aim of completion by the end of the year.	Work continues with the BECS Option Appraisal exploring a collaborative model options with other boards to help inform options. The Options appraisal is now scheduled for 2nd March 2023.	HSCP	Capacity, including workforce	Early planning and communications	Moving activity out of the Emergency Department and Scheduling activity	NHS Borders Unscheduled Care Delivery Programme	Will be assessed as project develops		
East	NHSB	Urgent and unscheduled care	Acute Services	2022-BOR2	Proposal	Proposal	Amber - at risk, requires action	Develop & Scope Future Bed Model	Will be determined once this work is scoped	N/A	The overall bed model work is yet to commence however there are two pieces of work ongoing Ward 17 phased opening as a protected elective ward and scoping of change of use of Ward 12 into a short term transitional care ward, the outcome of these will determine the scope of the overall piece of work	Ward 17 opened on the 21st November for elective patients 5 days a week, which has provided additional capacity within the Acute hospital. This has been temporarily closed due to acute staffing pressures, we are working on a planned re-opening of the 6th February 2023.	Health Board	Not yet known	Not yet known	To enable service planning and agreed bed capacity across the organisation	This will support multiple planning both locally, regionally and nationally	The outputs of this work will support the services to plan for Health Inequalities		
East	NHSB	Urgent and unscheduled care	Whole System	2022-BOR3	Green - on track	Amber - at risk, requires action	Green - on track	Winter Plan	Over the course of quarter 2 a Winter capacity plan will be established	Winter Planning Board convened	We made the final decision on this year's winter bids on Tuesday 13th September and work has since commenced on those. Project leads have been advised to proceed with recruitment as soon as possible within the financial envelope available. We will monitor progress on implementation of the projects included within the Winter Plan via highlight reports that will be submitted to the Urgent and Unscheduled Care Programme Board.	2022/23 Winter Planning is now complete and we are monitoring delivery of actions identified within the plan via the Urgent & Unscheduled Care Programme Board.	HSCP	Capacity, including workforce & beds	Early planning & Clinical Prioritisation	To cope with demand & capacity over the Winter period	Integrated Unscheduled Care & Planned Care Programmes	The outputs of this work will support the services to plan for Health Inequalities		
East	NHSB	Urgent and unscheduled care	Mental Health & Learning Disability Services	2022-BOR4	Amber - at risk, requires action	Amber - at risk, requires action	Amber - at risk, requires action	Review Borders Addiction Service and Pathways	MAT standards 1-5 achieved, progressing recruitment to ANP to support clinical pathways between adult CMHT and BAS	BAS have achieved Medication assisted standards (MAT) 1-5. All people accessing services have the option to start MAT from the same day of presentation.	BAS have maintained the MAT standards 1-5. The service is now focused on progressing standards 6-10. Successful recruitment to x2 ANP. Particular attention to MAT standard 9 Mental health, ANP will lead implementation of the standard which involves stakeholder involvement with other MH CMHTs to review and embed clinical pathways across MH services. Successful recruitment to ARRD coordinator role to complete previous work and progress action plan via mwc	MAT standards 1-5 continue to be maintained. We have submitted an action plan to the MWC covering our commitment to progress those with a co-morbidity of substance misuse and will be lead and progressed by BAS and the Adult CMHT.	Health Board	Current accommodation does not support the entirety of team or colocation with We Are With You	Allocated funding of approx. £300k	Reduction in drug related deaths, timely access to treatment, improved patient experience and pathway	NHS Borders Community Models of Care Programme	People with an addiction are marginalised within society - same day prescribing of Opioid replacement treatment - quicker access to treatment. E5 Team - rapid response to those at high risk of drug related death		
East	NHSB	Urgent and unscheduled care	AHP Services	2022-BOR5	Green - on track	Complete	Complete	AHP Major Trauma Pathway Development	Established trauma pathways and patient reporting outcome measures	Recruited complete Educational programme in development	Engaged with regional rehab work	Development of vocational rehab pathway	Health Board	None noted at present	Established smooth pathways	Improved patient experience	NHS Borders Pathways Programme	Timely access to service		
East	NHSB	Urgent and unscheduled care	Whole System	2022-BOR6	Amber - at risk, requires action	Amber - at risk, requires action	Red - unlikely to meet target	RAD front door frailty. Development of 7 day service in line with Discharge Without Delay	Ability to meet ongoing clinical demand across 7 days	Current advanced practice pilot within ED	Kaizen project has re-evaluated the need for an increase in AHP establishment however no funding source has been identified.	Work on this deliverable will move into the 2023/24 work plan and we will look to scope and develop a comprehensive business case for a dedicated Frailty Unit.	Health Board HSCP	Funding	Meet ongoing clinical demand across 7 days	NHS Borders Planned Care Programme	7 day service			
East	NHSB	Urgent and unscheduled care	Primary & Community Services	2022-BOR7	Amber - at risk, requires action	Amber - at risk, requires action	Amber - at risk, requires action	Implementation of PCIP	Delivery of Memorandum of Understanding 2 (MOU2), CTAC and Pharmacotherapy	Funding gap of £2.6m remains preventing further progress to CTAC as permanent funding required to pay GP workforce to Health Board	No project support has been available due to gap in recruitment, new project manager starts in December 22.	Project Manager in post and is reviewing the strategic plan, re-aligning the deliverables and timescales beyond March 2023, with clear objectives in place. Reviewing strategic risk register, including financial risks. Delivery will move into 2023/24.	HSCP	Capacity, workforce & funding	PCIP Executive Committee	Delivery on increased Primary Care activity and reduced patient waits/better patient outcomes.	NHS Borders PCIP Programme	Timely access to service		
East	NHSB	Urgent and unscheduled care	Primary & Community Services	2022-BOR8	Proposal	Amber - in progress	Amber - at risk, requires action	District Nursing Review	Undertake a service review	Not yet started	BOSCARD template drafted. PM now in post. Service Review will be commenced but not complete by end of March 2023.	District Nursing workforce review going ahead this year. The full service review is being considered for inclusion in the 2023/24 plan.	Health Board	Capacity to undertake review	Prioritising within Year 1 plan	Efficient workforce	NHS Borders Service Review Programme	Will be assessed as project develops		
East	NHSB	Urgent and unscheduled care	Whole System	2022-BOR38	N/A	Amber - in progress	Amber - at risk, requires action	Transitional Ward	Planning has now commenced to co-locate patients delayed in their discharge in a ward in the BGH to create a Transitional Care Facility	Currently still in scoping stage. Regular project meetings being held.	Due to winter pressures across the BGH and wider NHS Borders, the decision was taken to pause the Ward 12 Transitional Care project, the project steering group has been re-established and are in the process of setting a new target delivery date.		Health Board	Capacity to undertake project	Not yet known	Established smooth pathways	NHS Borders Planned Care Programme	Will be assessed as project develops		
East	NHSB	Urgent and unscheduled care	Whole System	2022-BOR39	N/A	Green - on track	Amber - at risk, requires action	Palliative Care Service Review	Undertake a full external service review	The Health & Social Care Integration Joint Board approved the direction and the commission of an external review on 21/09/22.	The Health & Social Care Integration Joint Board approved the direction and the commission of an external review on 21/09/22.	The tender process for the review will commence in February 2023 however delivery will move to 2023/24	Health Board HSCP	Internal capacity to support review	Not yet known	Established smooth pathways	Managing increased primary care demand / delivering increased primary care activity	Will be assessed as project develops		
																	GP Sustainability	Reshaping Urgent Care	NHS Borders Community Models of Care Programme	



SCOTTISH BORDERS

# LOCAL CHILD POVERTY REPORT 2021/22 AND ACTION PLAN 2022/23



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## Foreword and Introduction

Scottish Borders Council, NHS Borders and Community Planning Partners recognise the importance of tackling child poverty and share a strategic approach in doing so. We are determined to make a difference to children and families in the Scottish Borders, and this Plan sets out our commitment to them with key actions and priority areas of work to help tackle child poverty.

This report covers progress made in the Scottish Borders against activities within the Action Plan for 2021/22 and sets out planned actions in 2022/23.

The Child Poverty (Scotland) Act 2017 sets out the Scottish Government's statement of intent to eradicate child poverty in Scotland by 2030.

The Act requires Local Authorities and Health Boards to jointly prepare a Local Child Poverty Action Plan Report and an Annual Progress Report. The annual progress report should describe activities undertaken and planned locally to contribute towards the child poverty targets set out in the Act.

The Scottish Borders faces significant challenges, for example:

- One in five of our children live in poverty (after housing costs)
- In 2021, the gross weekly full-time workplace based wage in the Scottish Borders was **£96 less** per week than the average level for Scotland, this is the 2<sup>nd</sup> lowest of the 32 Scottish Local Authority areas. (NOMIS)<sup>1</sup>.
- In 2020, **24.6%** of employees (18+) earned less than the living wage in the Scottish Borders.
- The cost of living crisis is now affecting the area with more families struggling to heat their homes or feed their children.

These are serious issues, and, if we are to make a difference to families and children, the actions within this plan must start to address them. We will work with national plans and local plans and strategies as outlined below as we take action throughout 2022/23.

Scottish Government's new tackling child poverty delivery plan 2022 to 2026, [Best Start, Bright Futures](#) sets out how we will work together to deliver on Scotland's national mission to tackle child poverty. It is a plan for all of Scotland and recognises the contribution that all parts of society must make to deliver the change needed for children and families. This Local Child Poverty Report and action plan aligns to that approach.

The Scottish Borders [Council Plan 2022-23](#) 'Empowered, vibrant communities' outcome contributes to our child poverty work by committing to '*reducing the number of children in poverty; and reduce the impact of living in poverty on families*'. This Local Child Poverty Report sets out actions which will help to meet that outcome. We welcome the inclusion of this commitment in the Council Plan.

The Scottish Borders [Anti-Poverty Strategy](#) sets out the way in which the Council and its partners will aim to work together to help reduce poverty across the region.

We recognise that partnerships are key to the achievement of the outcomes we plan for our children, young people and families in the Scottish Borders and thank the Child Poverty Planning Group and the Community Planning Partnership for their contributions to the Plan.

**Councillor Caroline Cochrane – Chair of Community Planning Partnership**

**David Robertson – Acting Chief Executive, Scottish Borders Council**

**Ralph Roberts – Chief Executive, NHS Borders**

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<sup>1</sup> <https://www.nomisweb.co.uk/>

## National Context

### Fairer Scotland Duty

The Fairer Scotland Duty (the Duty) came into force on 1 April 2018 and places a legal responsibility on named public bodies in Scotland to actively consider ('pay **due regard**' to) how they can **reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions**. This is a complex, multidimensional problem, closely related to poverty. Having less access to resources can mean that individuals fare worse on outcomes including health, housing, education or opportunities to work or train, and these negative outcomes can reinforce each other. Adversity in childhood can have life-long impacts, and growing up in poverty is associated with poorer educational attainment, employment prospects and health inequalities. Therefore it is crucial that public bodies consider the impact that their decisions have on socio-economic disadvantage and the inequality of outcome that both adults and children may experience as a result.

### Best Start Bright Futures

Scottish Government's new tackling child poverty delivery plan 2022 to 2026, [Best Start, Bright Futures](#) sets out how we will work together to deliver on Scotland's national mission to tackle child poverty.

*'Successfully tackling child poverty requires our approach to evolve, to focus on outcomes rather than inputs, and to deliver evidence-informed wide ranging action across Scotland, which works together to wraparound and support families. It will require the transformation of our economy, further investment in key infrastructure such as childcare and transport, and provision of the right high-quality support at the right time in order to help families to move out of poverty'.*

*'No one action in isolation can make the change needed. It is the cumulative impact of action across sectors, by all partners, in all parts of Scotland, which will make the difference for children and families'.*

The plan outlines Scotland's offer to families in order to tackle child poverty head on:

Part A: providing the opportunities and integrated support parents need to enter, sustain and progress in work

Part B: maximising the support available for families to live dignified lives and meet their basic needs

Part C: supporting the next generation to thrive

### National Child Poverty Targets

Achieving the targets set out by the Child Poverty (Scotland) Act 2017 is imperative to improving the lives and outcomes of Scotland's children and young people, their families and wider communities.

The interim targets below must be met during the life of the national delivery plan (2023-2026), with final targets to be met by 2030.

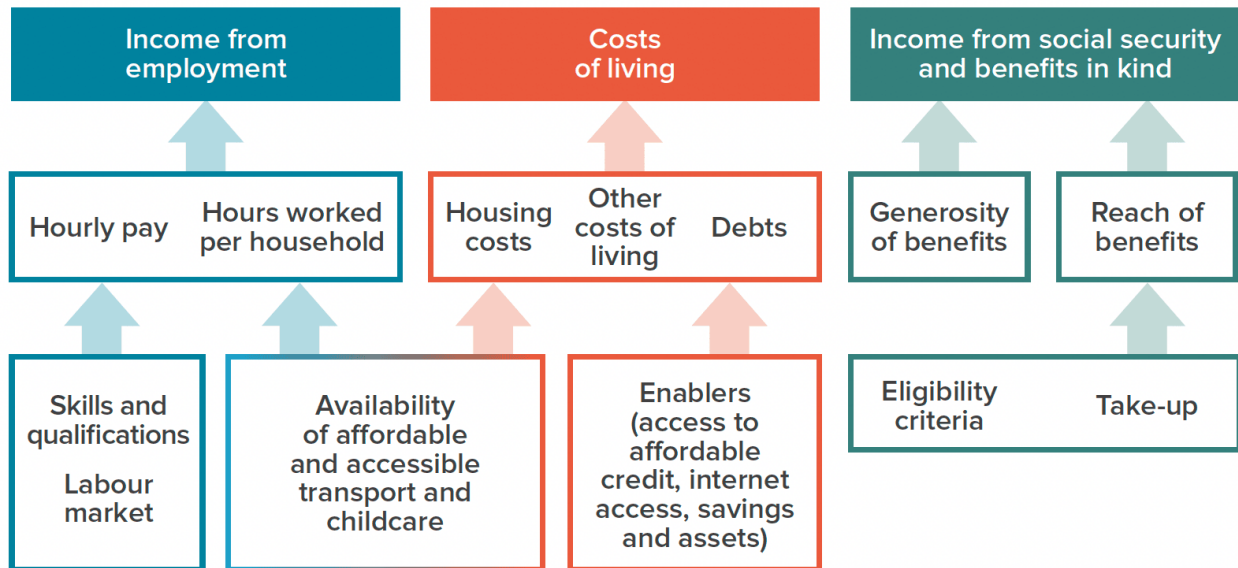
Fewer than 18% of children living in families in relative poverty in 2023-24, reducing to fewer than 10% by 2030.
Fewer than 14% of children living in families in absolute poverty in 2023-24, reducing to fewer than 5% by 2030.
Fewer than 8% of children living in families living in combined low income and material deprivation in 2023-24, reducing to fewer than 5% by 2030.
Fewer than 8% of children living in families in persistent poverty in 2023-24, reducing to fewer than 5% by 2030.



## Drivers of Child Poverty

The direct drivers of poverty fall into three main categories – income from employment, costs of living and income from social security. We remain focused on actions around these themes, as summarised in Figure 1 below.

Figure 1 – Drivers of child poverty

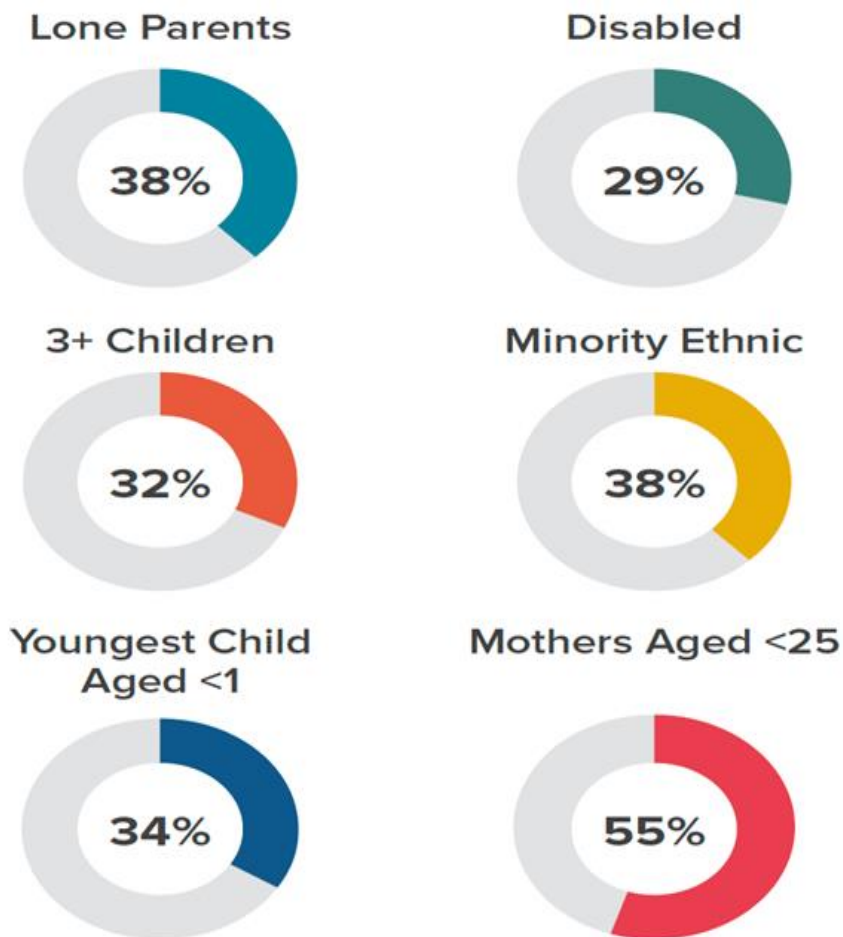


Source: [Best Start, Bright Futures](#)

## Families at greatest risk of poverty

The national Child Poverty Delivery Plan continues to focus on supporting the six priority family types. Almost 90% of all children in poverty in Scotland live within these six priority family types. These groups are set out below (Figure 2), with each more likely to experience poverty than all children in Scotland (24%) and households which do not have any of the priority family characteristics (10%). We remain focused on actions to help these families.

Figure 2 – Priority families with children in relative poverty:



Source: [Best Start, Bright Futures](#)



## Local Context

### Child Poverty Data for the Scottish Borders - what do we know?

The headlines below show that we face significant challenges in the Scottish Borders.

- Our children in low income families (before housing costs) has dropped from 18.2% in 2019/20 to 14.7% in 2020/21, similar to the trend for Scotland.
- 1 in 5 children still live in poverty (after housing costs) in the Scottish Borders
- The percentage of children living in relative low income families ranges from 7.9% in the Tweeddale West Ward to 23.0% in the Hawick and Denholm Ward.
- 29% of adults in the Scottish Borders had no savings as at 2019. This is before the Covid-19 Pandemic and the current cost of living crisis.
- In 2021, 25% of employment in the Scottish Borders was in 'lower paid' occupation

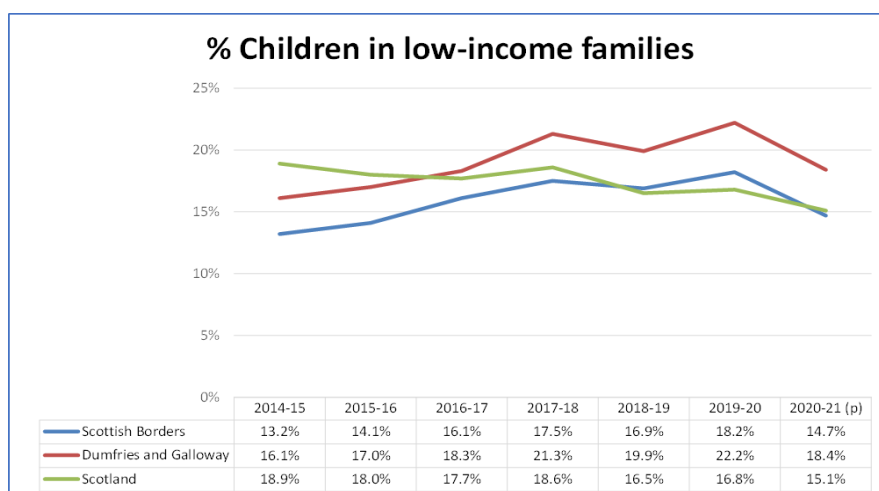
Scottish Government produces a [dashboard](#) that provides a selection of data available at local authority level to help monitor child poverty and its drivers locally. These indicators do not measure child poverty directly in the same way as the indicators used for the national targets, but they can be used to understand the local context and how that might be changing.

The information shows the results for the Scottish Borders with comparison to Dumfries and Galloway and Scotland. The comparison to Dumfries and Galloway allows for a South of Scotland perspective on child poverty.

[Appendix A](#) shows more detail, including data relating to the nationally identified high priority family groups.

### Children in Low-Income Families

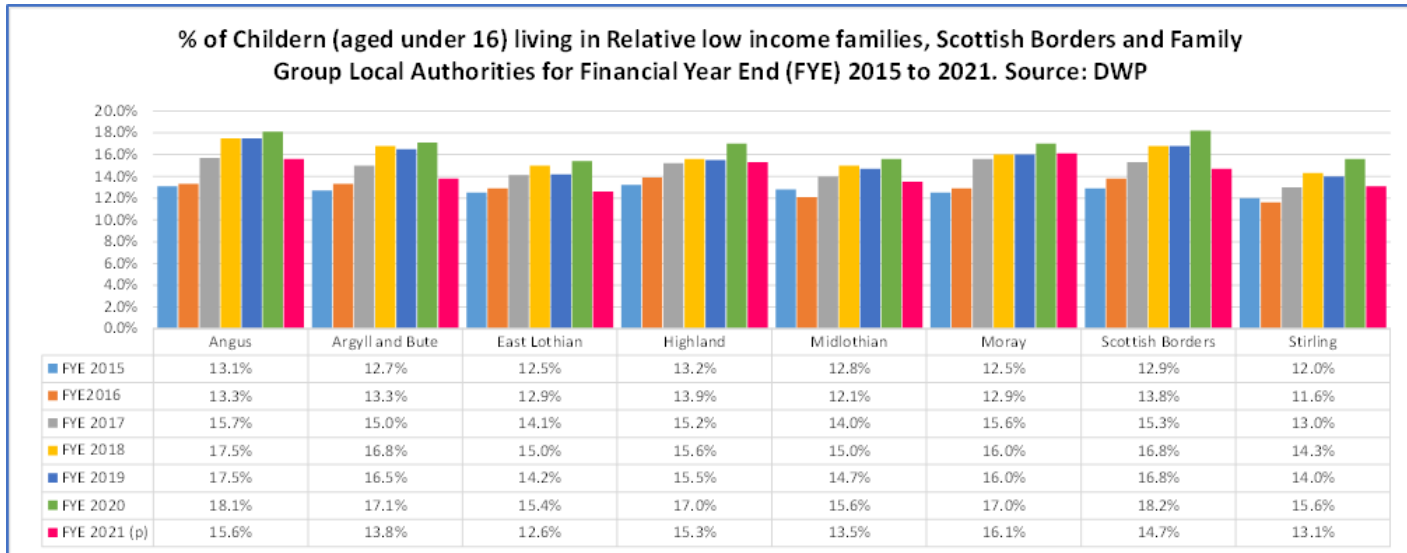
According to DWP/HMRC the proportion of children in low-income families (before housing costs) has increased from 13.2% in 2014-15 to 18.2% in 2019-2020 for the Scottish Borders. For the financial year 2021, **14.7%** of children in Scottish Borders were living in relative low income families, slightly lower than 15.1% for Scotland. This is a significant fall since the previous year (18.2%) and is the lowest since 2016.



Source 1: DWP/HMRC children in low-income families local measure (before housing costs)

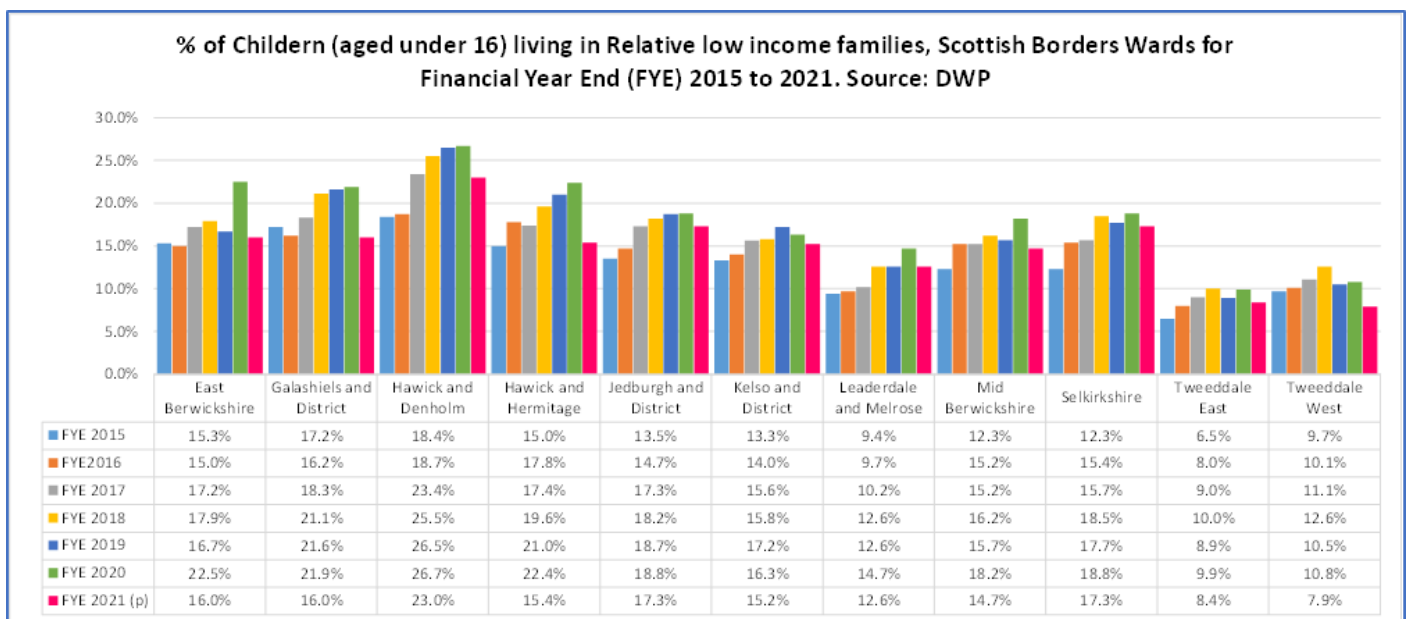
The Department of Work and Pensions (DWP) publication “[Children in low income families: local area statistics 2014 to 2021 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)” provides information at local authority and ward level.

The Scottish Borders is in a benchmarking group with seven other Scottish Local Authorities. The graph with table below show the proportion of children in Relative low income families FYE 2015 to 2021. It should be noted all areas had a lower proportion of children in Relative low income families in 2021 compared to 2020.



Source 2: Children in low income families: local area statistics 2014 to 2021 - GOV.UK (www.gov.uk)

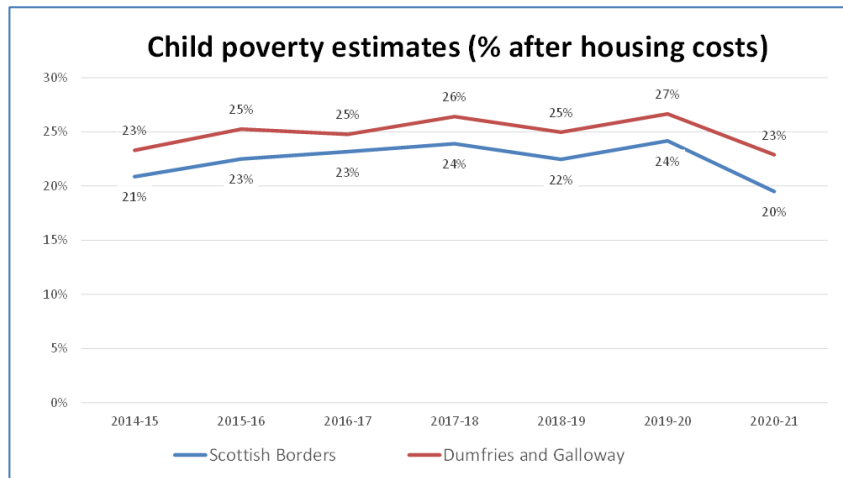
Within the Scottish Borders the percent of children (aged under 16) living in Relative low income families ranges between 7.9% for Tweeddale West compared to 23.0% for Hawick and Denholm for FYE 2021. The graph with table below show the proportion of children (aged under 16) living in Relative low income families for each ward in the Scottish Borders between FYE 2015 and 2021.



Source 3: Children in low income families: local area statistics 2014 to 2021 - GOV.UK (www.gov.uk)

### Child Poverty Estimates after housing costs

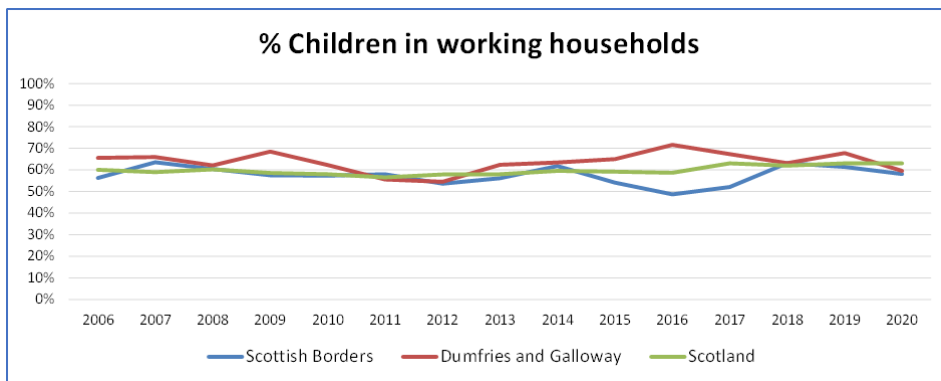
The End Child Poverty Coalition produce child poverty estimates (after housing costs) at local authority level. The trend in the Scottish Borders is similar to Dumfries and Galloway. In 2020-21 the proportion of children living in poverty (after housing costs) was the lowest in seven years, although 1 in 5 children still live in poverty.



Source 4: End Child Poverty Coalition child poverty estimates (after housing costs)

### Children in Working Households

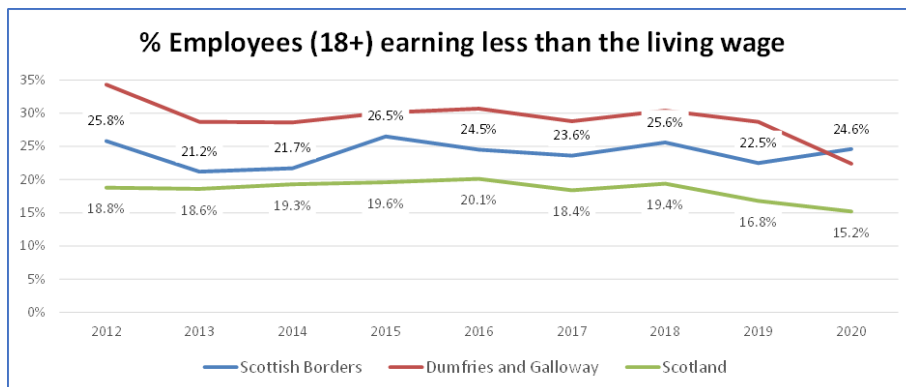
The proportion of children in working households in the Scottish Borders is consistently similar to the level for Scotland and Dumfries and Galloway.



Source 5: ONS Annual Population Survey, household economic activity status

### Employees (18+) earning less than living wage

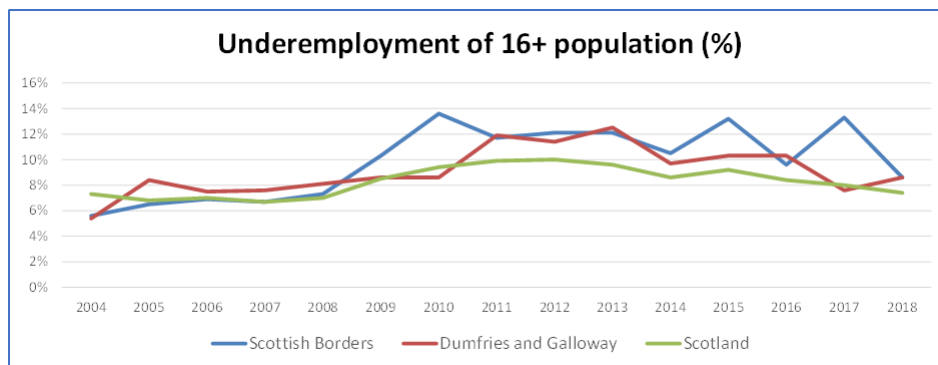
In the Scottish Borders the proportion of employees (18+) earning less than the living wage has been higher than the level for Scotland. In 2020, 24.6% of employees (18+) in the Scottish Borders earned less than the living wage, compared to 15.2% in Scotland (a difference of 9.4%).



Source 6: ONS Annual Survey of Hours and Earnings

## Underemployment of 16+ population

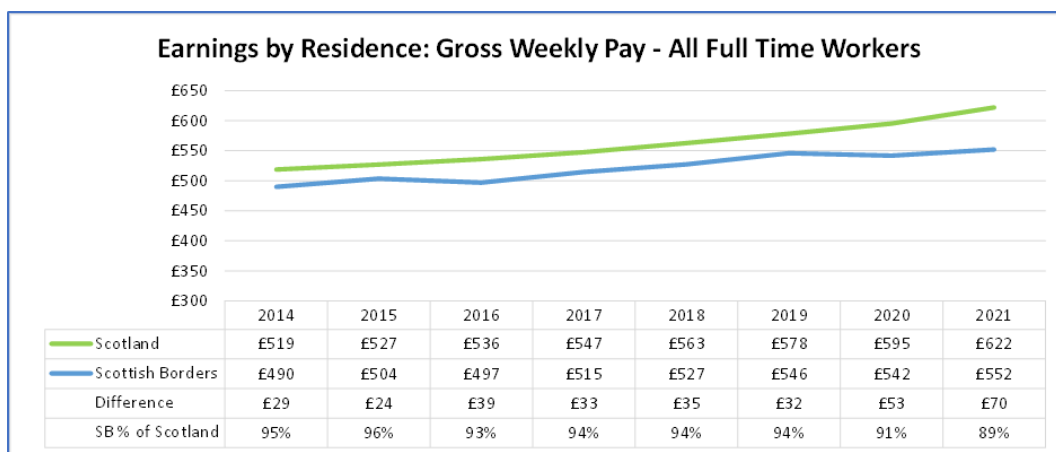
The proportion of 16+ population that is underemployed in the Scottish Borders has been above the level for Scotland since 2009 and has fluctuated.



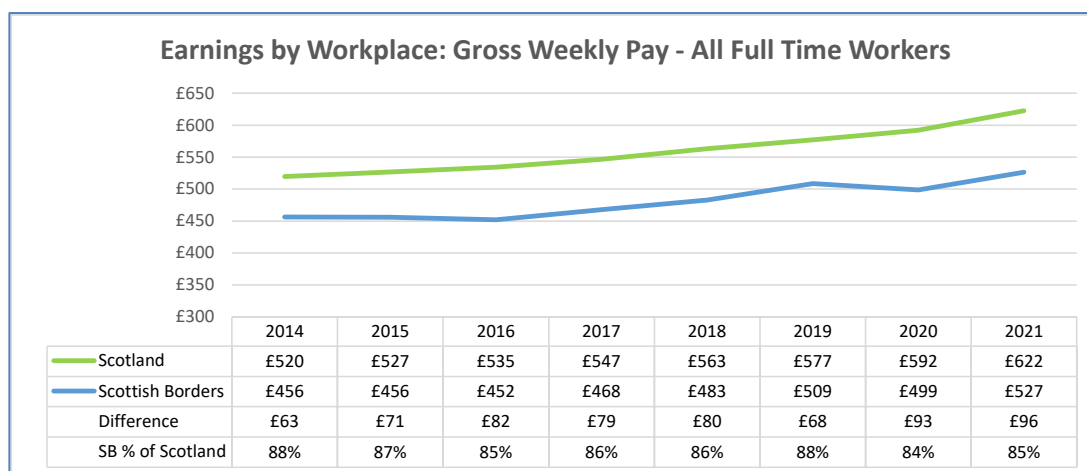
Source 7: ONS Annual Population Survey

## Earnings

The earnings by residence and workplace in the Scottish Borders have consistently been below the level of Scotland. In 2021, the earnings of a full time worker was £70 less per week for residence based (where people live) and £96 less per week for workplace based (where people work). The gross weekly full-time workplace based wage in the Scottish Borders is the 2<sup>nd</sup> lowest of the 32 Scottish Local Authority areas. (NOMIS)<sup>2</sup>



Source 4: ONS Annual Survey of Hours and Earnings



Source 5: ONS Annual Survey of Hours and Earning

<sup>2</sup> <https://www.nomisweb.co.uk/>

## The Scottish Borders Child Poverty Index

The Scottish Borders Child Poverty Index (SB CPI) provides additional insight into Child Poverty in the Scottish Borders. The SB CPI was created to work alongside the Scottish Index of Multiple Deprivation (SIMD). SIMD provides a way of looking at deprivation in an area, covering the whole population and does not specifically reflect child poverty. The SB CPI is a tool to help inform the Local Child Poverty Action Plan. The SB CPI is a summary of four components:

- Children in Low Income Families (**CiLIF**) – Source is [DWP/HMRC](#).<sup>3</sup> Relative low-income is defined as a family whose equivalised income is below 60 per cent of contemporary median income. The SB CPI uses the most recent available year's data, currently there is a one year lag e.g. the SB CPI 2021 uses the CiLIF data for 2020-21.
- Free School Meals (**FSM**) – Source is SBC. The proportion of pupils recorded for Free School Meals of all pupils in the area for the school year.
- Clothing Grant (**CLG**) - Source is SBC. The proportion of pupils recorded for Clothing Grant of all pupils in the area for the school year.
- Educational Maintenance Allowance (**EMA16+**) – Source is SBC. The proportion of pupils who are aged 16 or older (before 01 March of school year) who receive Educational Maintenance Allowance.

The table below shows the results for the Scottish Borders for 2017 to 2021

Child Poverty Index Component / Year	SB CPI 2017	SB CPI 2018	SB CPI 2019	SB CPI 2020	SB CPI 2021
Children in Low Income Families - CiLIF (DWP) – specifically calculated for SBC CPI with one year lag	19.0%	20.7%	20.5%	22.0%	<b>18.0%</b>
Free School Meals - FSM (SBC)	10.0%	10.4%	11.6%	15.7%	<b>15.4%</b>
Clothing Grant - CLG (SBC)	14.6%	15.1%	15.2%	18.1%	<b>18.0%</b>
Educational Maintenance Allowance 16+ - EMA16+ (SBC)	8.2%	6.2%	3.8%	16.0%	<b>10.0%</b>

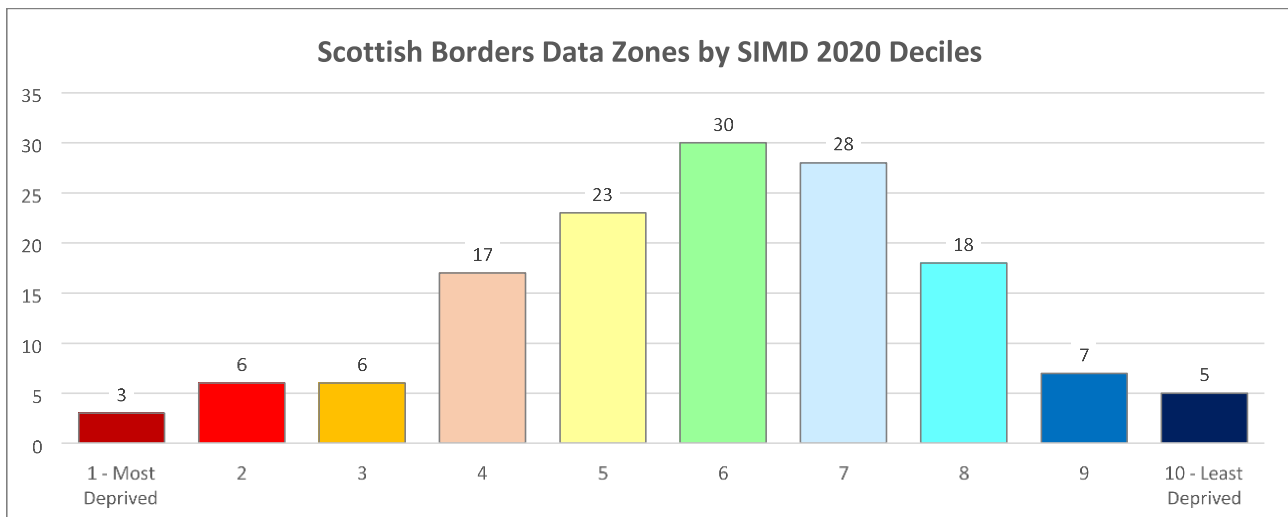
The impact of the Covid-19 pandemic can be seen in both the 2020 and 2021 results. Although the proportion of children living in low-income families for the 2021 index is lower compared to the 2020 index, the proportion receiving free school meals and clothing grant are similar.

## Comparing Scottish Borders Child Poverty Index 2021 to SIMD 2020

The Scottish Index of Multiple Deprivation (SIMD) is a good tool for identifying overall deprivation, however, it is not poverty specific, or child focused. The SB CPI is a tactile index created to enable better insight into child poverty within the Scottish Borders. This is a basic comparison between SIMD2020 Decile and SB CPI Score.

The graph below shows the count of the 143 data zones in the Scottish Borders by the SIMD 2020 Decile.

<sup>3</sup> The calculation of proportion of Children in Low Income Families for the purpose of the Scottish Borders Child Poverty Index differs to 'official statistics' due to the availability of the data from Stat-Xplore. The children in Stat-Xplore are defined as dependent individuals aged under 16; or aged 16 to 19 in full-time non-advanced education or in unwaged government training. (Not just those aged under 16 – unable to group into age bands). The figure for all children is then expressed as proportion of those aged 0 to 15 as published by NRS. It is recognised that this calculation is imperfect, but practical for the purpose of the SB CPI.



## What are we doing about Child Poverty in the Scottish Borders?

Tackling child poverty in the Scottish Borders is governed through the Community Planning Partnership. A Child Poverty Planning Group consisting of Scottish Borders Council, NHS Borders and other key partners, meets periodically to discuss the local approach as well as any national developments such as the new national delivery plan.

The Community Planning Partnership has oversight and approval duties associated with the Local Child Poverty Report and Action Plan but delegates the delivery of it to the Child Poverty Planning Group.

Local Plans outlined below all make a contribution to tackling child poverty too.

### Council Plan

The Scottish Borders [Council Plan 2022-23](#) '*Working together – improving lives*', was approved in February 2022. It sets out their strategic framework for action until March 2023. 'Empowered, vibrant communities' outcome contributes to our child poverty work by committing to '*reducing the number of children in poverty; and reduce the impact of living in poverty on families*'.

### Anti-Poverty Strategy

The Scottish Borders [Anti-Poverty Strategy](#) sets out the way in which the Council and its partners will aim to work together to help reduce poverty across the region and recognises that Child Poverty is included in this aim.

### Integrated Children and Young People's Plan 2021-23

The [Integrated Children and Young People's Plan](#) sets out the strategic approach to supporting children and young people within the framework of the Scottish Borders Community Planning Partnership. A priority of this plan is 'keeping children and young people safe', and a theme associated with that is addressing child poverty. The following extract from the theme shows what is planned. '*Partners will understand the impact of child poverty of life chances, in particular on educational attainment, health, and child protection outcomes of children and young people. Echoing national research, there is an association within the Scottish Borders between poverty and child abuse health outcomes and neglect. Poverty is only one factor, but perhaps the most pervasive. The Partnership will plan and deliver services in ways which promote equity and where possible challenge the root causes of poverty and deprivation. Actions and activities associated with this Plan will seek to maximise family income and their available resources and deliver services in a way which is free from stigma or discrimination*'.

## Scottish Borders Community Planning Partnership – Priority themes

The Scottish Borders Community Planning Partnership have agreed four priority themes to support communities over the next year. The four areas of action agreed are:

- Enough money to live on
- Access to work, learning and training
- Enjoying good health and wellbeing
- A good place to grow up, live in and enjoy a full life

These areas of action will be developed into a work plan and will support our child poverty agenda.

## Children's Rights

Our [Children's Rights Report 2021-2023](#) reports on the steps we have taken to fulfil the requirements of the United Nations Convention on the Rights of the Child (UNCRC). Consultation with children and young people was undertaken in preparation of the report to ensure they have a say about matters that are important to them. As well as feedback about their rights, other responses included: digital connectivity, free public transport, activities for young people and mental health assistance. All of these issues are reflected in the actions set out in the Child Poverty Action Plan.

## The 2021/22 Action Plan Progress Report

Good overall progress has been made against the actions set out in the 2021/22 Action Plan. This is shown in detail in [Appendix B](#), and demonstrates the wide range of activities undertaken to help alleviate child poverty in the Scottish Borders. Highlights include:

Employability	<ul style="list-style-type: none"><li>• 20 families have engaged with the Intensive Family Support Service over the year. As a result, 5 adults have entered employment.</li><li>• Live Borders recruited 20 members of staff to assist with the 'Get into Summer' programme.</li><li>• Scottish Borders Social Enterprise Chamber (SBSEC), working with Community Jobs Scotland, supported 9 young people into employment</li></ul>
Education	<ul style="list-style-type: none"><li>• Cost of the school day work continues in schools with examples of uniform recycling, swap shops for dance/prom clothing, and free access to stationery</li><li>• A pilot project in Hawick, Selkirk and Galashiels has taken place, focusing on data literacy to close the poverty related attainment gap</li></ul>
Information and advice	<ul style="list-style-type: none"><li>• The total number of clients assisted in the year by Citizens Advice Bureau in the Scottish Borders was 4,327. The total financial gain relating to these clients was approximately £3.5m.</li><li>• TD1 have delivered their 'Early Steps' Programme which supported 20 young parents throughout the year. The programme used a youth work approach to re-engage the young parents, develop their skills and support them into employment and volunteering.</li></ul>
Housing and energy	<ul style="list-style-type: none"><li>• Home Energy Scotland processed approximately 6,600 interactions from households across the Scottish Borders in 2021/22.</li><li>• The Borders Housing Network dispersed funds to Housing Associations in the Scottish Borders to support tenants in fuel debt. The average energy debt for SBHA tenants is £787. Berwickshire Housing utilised £32k for immediate payment to energy suppliers on behalf of their tenants.</li></ul>



	<ul style="list-style-type: none"> <li>• SBHA completed a successful pilot in Hawick (Wellbeing Framework) to assess tenants against a series of risk factors to determine what supports/interventions were required to ensure tenancy sustainment. The framework was rolled out to all new SBHA tenants from January 2022.</li> </ul>
Health and wellbeing	<ul style="list-style-type: none"> <li>• Over 10,500 visits were made by children and young people to Live Borders 'Get into Summer' activities. Activity camps averaged 80% occupancy with 62% of places free of charge for targeted children and young people.</li> <li>• 5,021 young people participated in third sector youth work as at May 2022 and 18 third sector youth organisations were involved in the distribution of winter hardship funds reaching 549 young people in 274 households.</li> </ul>
Digital exclusion	<ul style="list-style-type: none"> <li>• 730 laptop loans were issued to students at Borders College to support and enable their learning during the academic year 2021/22</li> </ul>
Food	<ul style="list-style-type: none"> <li>• £85k from the Council's Financial Hardship Fund was dispersed to local foodbanks/Fare Share, food growing projects, community cafes and Low &amp; Slow Pilot Project.</li> <li>• Over 50 families are being supported by the SBSEC on a weekly basis with food and clothing</li> <li>• Work in schools continues to support families impacted by poverty, including food parcel deliveries to ensure children will have at least 2 nutritional meals per day.</li> </ul>
Financial inclusion	<ul style="list-style-type: none"> <li>• The Borders Additional Needs Group (BANG) provided 75 Additional Support Needs (ASN) families with free summer respite camps</li> <li>• Scottish Borders Council issued £45k of supermarket gift cards directly to individuals and services in crisis from the Financial Hardship Fund.</li> <li>• There were 510 referrals for financial inclusion of mothers and pregnant women from the Health Visitor and Family Nurse Partnership, resulting in £1.25m in gains.</li> </ul>
Money worries	<ul style="list-style-type: none"> <li>• There were 408 new debt cases presented to the CABx in 2021/22.</li> </ul>

As well as the progress shown in [Appendix B](#), case studies are shown in [Appendix C](#). These case studies provide valuable insight into the work of various Partners across the Scottish Borders.



## Budgets and Funding

Significant budgets and funding are attributed to tackling child poverty in the Scottish Borders. Table 1 below sets these out for 2022/23.

Budget/Funding	2022/23
Crisis grants	£125,000
School clothing grants	£367,800
Free sanitary products in schools and workplaces	£94,000
Educational Maintenance Allowance	£335,814
Pupil Equity Funding	£1,923,695
Strategic Equity Fund	£225,440
Summer 2022	£208,377
Child Bridging Payment	£706,000
Care experienced Children and Young People Fund	£153,600
Whole Family Wellbeing Fund	£668,000
Support for the Cost of Living	£1,200,000
<b>TOTAL</b>	<b>£6,007,726</b>

Table 1 – Budgets and Funding in 2022/23

## The Cost of living

The cost of living crisis is now gripping the country as a result of the impact of the Covid-19 Pandemic, economic uncertainty and war, as well as rising energy prices, inflation and the cost of goods and services. Many residents of the Scottish Borders are likely to be struggling to make ends meet for the first time, whilst those already in poverty are likely to be experiencing deepening issues.

Funding support from Scottish Government for the cost of living crisis is ongoing and is dispersed through a multi-agency Financial Hardship Group who make decisions based on evidence of need, demand and lived experience.

Funds provided to date include:

- a) A Financial Insecurity Fund, to support those in financial hardship of which an initial £330k was available for food and financial insecurity. A further £330k was made available in November 2021, with extended criteria to allow different approaches to be undertaken.
- b) Local Authority Covid Economic Recovery Fund (LACER) - £1.724m allocated to SBC to help support local economic recovery and further support to low-income households

**The Financial Insecurity Fund** has paid for the following:

Existing third sector food networks & supermarket gift cards - £82k	FareShare Food Outlets – depot, staffing and transport - £38k
Hardship payment to families - £100k	Connecting Borders Digital Project - £75k (matched by SoSE to £150k)
Warm & Well Scheme - £100k	Child Payment Bridging Payments - £26k
Clothing Grant Scheme - £117k	Inclusion Fund - £121k

Examples of support provided by this Fund:

1. Collaborative working with CABx, Changeworks & Home Energy Scotland to identify fuel poverty, co-ordinating referrals, advice and support
2. Partnership Co-ordinators recruited – 315 vulnerable people assisted, achieving £564k in

- financial savings so far including £350k for those in fuel poverty
3. Energy credit vouchers via Changeworks to tackle energy debt being issued & becoming a Fuel Bank partner
  4. Assisting and supporting individuals to access benefits and funding enabling them to manage better in future
  5. Officers working together to provide individual holistic support, mitigate hardship and relieve exceptional pressure
  6. Digital devices including digital champions to support & assist

**Local Authority Covid Economic Recovery Fund (LACER)** has paid for the following:

One off payment of £150 to our lowest income families (7,700 households) - £1.155m	Payment of £100 to each child entitled to free school meals - £0.222m
Scotland Loves Local Scheme - £0.030m	Further support to businesses (currently being discussed, with report due back to Council after summer) - £0.317

Further detailed profiling work is being undertaken to consider known data gaps, but all of the above will enable SBC to continue to respond to future funding allocation in an efficient and timely way.

### **Cost of Living Support**

Scottish Borders Council approved a report at their Council Meeting on 25 August 2022 on support for the Cost of Living crisis. A financial support package of £1.2m has been established along with strategic and operational multi-agency groups to respond to the needs of communities. An immediate allocation of a warm clothing payment of £100 will be made to each child entitled to either free school meals or clothing grants. This will benefit around 2350 children in the Scottish Borders.

### **Financial Inclusion**

Financial inclusion actions help families to maximise their income and benefits.

Scottish Borders Council offer a range of different Financial Inclusion services and are involved in several different work streams with a variety of partners. A Partner Financial Inclusion Practitioners Group meets on a quarterly basis to discuss and agree actions to help families and referral processes are in place if required.

Financial inclusion support is provided in a number of ways:

- Direct support for families in crisis e.g. Provision of supermarket gift cards, grant payments, summer programmes, Christmas parcels
- Benefits check service to ensure that families are claiming all they are entitled to
- Referral pathways e.g. Health visitors and family nurse partnerships
- Discretionary funding awards e.g. Borders College helping students in financial hardship
- Awareness campaigns to encourage take up of specific benefits e.g. Scottish Welfare Fund
- Signposting to other benefits e.g. Best Start Grant, Scottish Child Payment

A case study set out in [Appendix C](#) shows the work of the Welfare Benefits Team in Early Years. There were in excess of 500 referrals to this service in 2021/22 which represented a 35% increase from the previous year. As a result, client total gains were £1.25m.

## **Scottish Borders Local Employability Partnership**

The goal of the Scottish Borders Local Employability Partnership (LEP) is to support people into fair, sustainable jobs. Employment and Employability services are crucial to supporting families to fight poverty by enhancing their earning position. The LEP is committed to providing an effective and relevant range of provision based on need and demand and ensuring that the right support is in place for those who rely on these services.

The LEP oversees the allocation of funding from the Scottish Government and the delivery of No One Left Behind and monitors these projects to ensure they meet their required outputs and outcomes. It is acknowledged by the LEP that the best and most effective way out of poverty for people is through employment. This is done through an evidence based approach by utilising all available <https://resources.mygov.scot/service-design/SAtSD.pdf> evidence to co-produce an all age employability support service that is person centred, more joined up, flexible and responsive to individual needs.

## **Scottish Borders Council - Real Living Wage Employer**

The Living Wage helps to tackle poverty, by putting more money into the pockets of our lowest paid workers. The real Living Wage is an independently calculated rate based on the cost of living and is paid voluntarily by employers. This enables workers to earn a wage that reflects living costs, helping lift families out of in-work poverty.

As an accredited real Living Wage employer, Scottish Borders Council is committed to encouraging the wider adoption of the real Living Wage by partners, local employers and suppliers. The Council has adopted the *Scottish Government Best Practice Guidance on Addressing Fair Work Practices*, including the Real Living Wage in Procurement for relevant contracts.

## **Food Conversations**

Significant engagement work has been undertaken during the pandemic to support and grow existing food networks across the Scottish Borders, with funding being provided to assist with both short and longer term solutions. As a result of this work and the sharing of information across the network, new partnerships have been developed and different operating models have been adopted – cook clubs, slow cooker projects, food and financial inclusion assistance leaflets and other community connections have been and continue to be made with a range of partners.

## **Scottish Attainment Challenge**

The Scottish Attainment Challenge (SAC) was established to promote equity in education by ensuring every child has the same opportunity to succeed, with a focus on closing the poverty-related attainment gap. It is underpinned by the National Improvement Framework, Curriculum for Excellence and Getting it Right for Every Child. It focuses on improvement activity in literacy, numeracy and health and wellbeing. Reducing educational inequity and closing the poverty-related attainment gap is a long term strategy which aims to impact on societal culture and thinking. In November 2021 the Cabinet Secretary announced the expanded mission statement, included below, of the refreshed SAC.

*‘To use education to improve outcomes for children and young people impacted by poverty with a focus on tackling the poverty-related attainment gap’.*

Scottish Borders Council has been part of the SAC since 2015 and receives funding through the Care Experienced Children and Young People (CECYP) Fund, Pupil Equity Funding (PEF), the Schools’ Programme Fund (up until 2021/22) and the Strategic Equity Fund from 2022/23.

In the Year 2021-22, Scottish Borders Council received £2,484,555 across all funding streams.

Two schools featured as part of the Scottish Attainment Challenge Schools’ Programme – Burnfoot Community School and Hawick High School, receiving funding totaling £173,525.

Education Scotland's Recovery and Progress Report on 2021-22 for Scottish Borders Council identified the following key strengths:

- Partnership working with Community Learning and Development (CLD) and third-sector partners has helped schools deliver successful programmes for the most disadvantaged children and young people, and their families.
- Improvements in outcomes for care experienced children and young people, for example:
  - Increase in attendance and reduction in exclusion rates
  - Increasing attainment in literacy for school leavers
  - A higher proportion of Looked After young people living in Scottish Borders achieving qualifications in the Senior Phase than the national average
  - Improving trend in the percentage of school leavers entering a sustainable positive destination.
- Improvements in attainment for children and young people living within SIMD quintile 1 (Q1), for example:
  - In literacy, attainment is higher than the national average at third and fourth level
  - In numeracy, attainment has increased at early level
  - In the Senior Phase, overall attainment has increased at SCQF levels 5 and 6.
- Progress in closing the poverty-related attainment gap, for example:
  - In literacy, at first level the attainment gap has been reduced and at first, third and fourth level, the gap is below the national average.

The Council's Equity and Inclusion Lead will support schools and local authority colleagues in:

- Maximising the impact of the CECYP Fund on improved educational experiences and outcomes for Looked After children and young people through the Virtual School
- Maximising the impact of PEF and Schools' Programme funding in closing the poverty related attainment gap, with a focus on improving the use of data at all levels to inform planning, investing in evidence-based inclusive practices and building on improved outcomes from partnership working.

**Attendance rates of children and young people living within SIMD Q1, particularly at secondary level** – a joint test of change initiative between the South East Improvement Collaborative and Hawick High School was introduced to improve the attendance of some of the most disengaged young people. This project resulted in a number of change ideas being adopted to support attendance at school ensuring a range of appropriate strategies were in place for targeted young people. These included daily check-ins to support young people to plan for the day ahead and identifying designated places for break and lunch times where young people felt safe and supported. Senior leaders reported improvements to both attendance and how young people felt about coming to school.

**The increased attainment gaps in literacy and numeracy in the BGE and Senior Phase** - early literacy and numeracy frameworks have been successfully piloted. High quality professional learning opportunities have supported pedagogical approaches to literacy and numeracy and the implementation of the strategies. This has supported consistency in approach and improved outcomes for children. The strategies and resources have been made available to all practitioners through the school house teams' channel. Initial feedback from settings has been very positive and practitioners report improved knowledge and understanding of pedagogy and practice. In addition to creating a shared standard through more robust moderation, the frameworks and supporting strategies are intended to enable stronger transitions between settings and develop stronger partnership between early learning and childcare settings and schools.

**The increased gap in the Positive Destination measure between young people who live within SIMD (Q1) and SIMD quintile 5 (Q5)** - Partnership work with Scottish Borders Council, Skills Development Scotland (SDS) and Developing the Young Workforce is planned for targeted work in communities of Galashiels and Hawick to support narrowing the poverty related attainment gap for 2022-23.

**Newcastleton Primary School** worked in collaboration with Stirches Primary School, as partner schools until Easter 2021. Together they employed a support for learning teacher for an extra day through PEF Funding. The school also worked with Community Learning and Development (CLD) focusing on family learning. Focus of the work targeted individual families to encourage engagement with their child's learning.

**Jedburgh Grammar Campus** suspended the PEF literacy intervention as a result of Covid-19 and the PEF lead introduced another intervention in response to newly identified needs to support young people with one to one approaches with home learning and technology. I pads were issued two days before the first lockdown. The establishment was directly supporting young people and their families who were experiencing issues with the technology as well as home learning/ disengagement. This support was maintained until November 2021.

### **Get into Summer 2021**

The Get into Summer 2021 campaign was specifically designed to allow children and young people from all backgrounds to access activities during the summer period and ensure that cost and access were not barriers to taking part and getting involved. The campaign was a Scottish Government-funded initiative to help children, young people and families reconnect and re-engage with their peers, local communities and the environment following a challenging period for everyone due to Covid-19. The Scottish Government allocated resource to national and regional partners, including Scottish Borders Council.

Funding for this programme also came from the Rural Youth Work Collaborative and the Borders Get into Summer Micro and Small Grants Scheme.

Borders Get into Summer has been a significant opportunity to demonstrate the power of grass-root community organisations: highlighting their connections to local people and places and ability to 'make things happen'. As a result, more than 1800 children, young people and their families have valued the opportunity to reconnect, develop friendships, feel included, take the lead, and improve their confidence and self-belief through new experiences, activities, and learning.

The supported activity had a particular focus on children and young people who:

- have had a lack of participation in normal activities during the pandemic
- would benefit from socialising and reconnecting with friends, peers, trusted adults, the wider community, and the outdoors
- live in remote / rural areas, where the range of existing provision could be more limited and geographic barriers to access services may be considerable.

Activities were made available to children, young people, and their families at no cost.

Further information is included in our Case Studies shown in [Appendix C](#).

### **Scottish Borders Council Children and Families Social Work Service**

Evidence suggests that direct and indirect impacts of poverty can both operate separately and also interact with other factors to increase or reduce the chances of abuse and neglect. It is within this sphere that children and families social work focus their day to day interactions and interventions. Children and Families social work (C&FSW) fulfils specific statutory duties to children and young people in the Scottish Borders, primarily contained in the following pieces of legislation:

- Children (Scotland) Act 1995
- Adoption and Children (Scotland) Act 2007
- Children's Hearings (Scotland) Act 2011
- Children and Young People (Scotland) Act 2014

C&FSW provides a range of functions and interventions linked to the impact of poverty including:

- an initial response to referrals, investigating concerns that children may be at significant risk of abuse and neglect;
- a comprehensive service for all looked after children, children on the child protection register and those who are at high risk of becoming so;
- work with children affected by disabilities and their families;
- recruitment of and support to foster carers and prospective adopters and assessment of kinship carers;
- residential provision for young people and a satellite unit for young people in transition to independent living;
- support to young people who were previously looked after and;
- specialist assessment and support to young people who have offended and their families.

The statutory role of C&FSW necessitates focusing on those children, young people and families assessed as most in need, supporting them to navigate complex systems which frequently place them in positions of disadvantage, and supporting children and their families who experience poverty to access services or resources that they may not have been able to. Examples include charity applications; sourcing essentials items such as food, household goods, and clothing; the provision of practical support; the provision of funding for utilities such as gas and electricity. Advice is provided by staff within the service to support budgeting on a long term basis, and support is provided to ensure income maximisation and access to correct benefit payments. Where a child is placed with kinship carers, the set up costs to purchase bed, bedding, clothes and other equipment is offered to assist the successful commencement of the placement.

C&FSW also fund childminding where it is assessed to be in the child/family's best interest. Self-directed support, where families have increased choice about the support they receive, is currently primarily focused on children with disabilities, however this is a developing area of practice and Scottish Borders C&FSW will continue to engage with Scottish Government to explore options to extend self-directed support to other families.

Scottish Borders C&FSW also commission or purchase a number of services including:

- Aberlour Child Care Trust are commissioned to provide residential respite and day respite play scheme during school holiday periods for children affected by disabilities, and the Sustain Service for children and young people at risk of becoming looked after.
- Who Cares? Scotland are commissioned to provide an independent advocacy services for children and young people who are within external placements.
- Children 1st are jointly commissioned by C&FSW and the Children & Young People's Leadership Group to provide an Abuse and Trauma Recovery Service for children and young people who have been the victims of abuse.
- C&FSW also make a contribution to Children Hospice Association Scotland (CHAS) for hospice care services.
- Purchased services include a number of foster placements from independent providers and placements for children and young people who require intensive support in a residential setting.

Impact of Covid-19

- Additional support has been needed during this time for people who have been on reduced incomes, those who have lost jobs, the increase in food parcels and access to food banks etc. The impact on employment, the impact on mental health which can impact the ability of an individual to access employment but also their ability to access support possibly pushing them further into poverty. Children and families social work services are working to support people experiencing these difficulties.
- Additional funding was made available by Scottish Government to address the disproportionate impact of the pandemic on the most disadvantaged children and young

people; a one-off payment of £200 was provided for each child and young person who is/or was looked after at home, subject to kinship care, foster care, aftercare, or continuing care between 1 April 2020 and 30 June 2021; additional payments were made on an assessment-based model, where any child, young person, carer or family was provided with additional funding where their well-being has been impacted as a result of the pandemic.

## **Delivering The Promise - #KeepThePromise**

Just over two years ago the Independent Care Review published [The Promise](#) and in February 2020 the Scottish Government signed up to the actions set out within it. Keeping the Promise requires Scottish Government to work with partners to bring transformational change. The Implementation Plan shares its ambition and works in harmony with the national child poverty plan - [Best Start, Bright Futures](#). Poverty is one of the 5 fundamentals of The Promise and steps must be taken at both a national and local level to alleviate the impact of poverty on families.

*“Children growing up in poverty are over-represented on the child protection register and are more likely to be removed from their families...” (the promise)*

*“There must be significant, ongoing and persistent commitment to ending poverty and mitigating its impacts for Scotland’s children, families and communities...” (the promise)*

Scottish Borders Council and Partners recognise the huge potential for transformational change and agree that a shift from crisis intervention to early intervention and prevention is needed. A Plan is being developed to create a Whole Family Support Service with funding received from the Whole Family Wellbeing Fund of £668k.

An Intensive Family Support Service, and a one-year ‘test of change’ pilot Family Group Decision Making Service are already in existence and contribute to the delivery of The Promise, and a Scottish Borders Whole Family Support mapping exercise is underway in order to understand the complex landscape further. Other projects which link to this are: the Children and Young People’s Emotional Health and Wellbeing Project and Primary Care Mental Health and Wellbeing Project.

In order for our workforce to understand the implications of The Promise, awareness raising sessions have been delivered as well as new multi-agency Corporate Parenting training-live sessions and e-learning. Links are also now made between SBC and NHS Borders on Trauma-informed Practice.

## **Student Poverty: Borders College**

Poverty amongst the student body is an ongoing concern and continues to be impacted by the ongoing recovery from the global pandemic and now further exacerbated by the increasing costs of living and fuel.

Over the last academic year Borders College has mobilised resources to help support students, and as far as possible, help mitigate some of the additional financial pressures brought about by adjusting to learning remotely, alongside the very real challenge of managing lower incomes in a climate of increasing daily living costs.

Borders College has further rolled out its laptop loan initiative to ensure students who require IT equipment have access to this. In addition, data dongles or funding to boost mobile data packages is in place to ensure access to appropriate Broadband connectivity.

Significant levels of Discretionary and Hardship funding (circa £1.2M) have been awarded from student support funds, to help mitigate the increased living and fuel costs and to help alleviate some of the hardship difficulties being experienced.



Food poverty remains an ongoing issue. This has been addressed in part, by the issue of supermarket vouchers and grab and go lunch bags to those in need. The student association will play an important role going forward working in partnership with local organisations and supporting access to Fare Share initiatives.

### Challenge Poverty Week – October 2021

Scottish Borders Council, NHS Borders and other partners supported Challenge Poverty Week in October 2021 by highlighting the wide range of information, advice and support that is available to support people experiencing financial hardship. The campaign was publicised through social media channels. The social media plan is shown in [Appendix D](#).

### 2022/23 Actions

Our 2022/23 Actions, from across a range of Partners, are set out in [Appendix E](#). They have been aligned to Scotland’s offer to families, as set out in Scottish Government’s new tackling child poverty delivery plan 2022 to 2026, [Best Start, Bright Futures](#). The plan outlines a commitment to working together to deliver differently in order to tackle child poverty head on, and our actions will contribute to that. Table 2 below provides a sample of the work being undertaken in the Scottish Borders.

<b>Part A: providing the opportunities and integrated support parents need to enter, sustain and progress in work</b>	
A strengthened employment offer to parents	Support and enhance the delivery of the Parental Employability Project using funding from Best Start, Bright Futures.  The Employability Support service will continue to work in partnership with employers to ensure clients have the best possible chances of securing and sustaining paid jobs.
Connectivity and childcare to enable access to employment	Run summer camps and volunteering for young people, allowing parents to be able to work a full day. Deliver ‘Get into Summer 2022’ as part of Scottish Government’s commitment to childcare and activities for children and young people through school holiday periods.  Ensure funded Early Learning Childcare (ELC) is free at the point of delivery for parents.
Transforming our economy	Continue to seek solutions to the workforce challenges for employers and employees in the third sector, where a low wage economy contributes to in-work poverty  Work with, and support Additional Special Needs (ASN) young people to better understand their World of Work to overcome the barriers they may encounter.
<b>Part B: maximising the support available for families to live dignified lives and meet their basic needs</b>	
A transformational approach to people and place	Develop a plan to transform whole family support services using funding from the Whole Family Wellbeing Fund  Deliver Scottish Borders Housing Association’s (SBHA) Wellbeing Framework to ensure Tenants can access the



	<p>support and intervention they need to sustain their tenancy by identifying barriers and the correct pathway for support.</p>
Enhanced support through social security	<p>Berwickshire Housing Association (BHA) will continue to provide in-house financial inclusion support and signposting to relevant services including child specific welfare support, access to food resources and clothing grants</p> <p>Health visitors will continue to ask about money worries at every contact and refer clients to the Financial Inclusion Team where required</p>
Income maximisation	<p>Extend the eligibility for school clothing grants to encourage take up and link to other benefits such as Scottish Child Payment and Best Start Grants</p> <p>CABx continue to offer a benefit check to clients which highlights any eligibility to benefits</p>
Access to warm and affordable homes	<p>Provide fuel poverty support including Borders Housing Network (BHN) distribution of Scottish Government Fuel Support Funding and Fuel Bank vouchers</p> <p>Review and update the Scottish Borders Rapid Rehousing Transition Plan in order to prevent families from becoming homeless</p> <p>SBHA will build 300 homes over the next 7 years</p>
<b>Part C: supporting the next generation to thrive</b>	
Best start to life	<p>Our Early Years Centres continue to lead on a programme of activities with children and families. They focus on family meals, physical activity, practical and emotional support and community connections.</p>
Supporting children to learn and grow	<p>Promote the value of youth work and maximise the number of youth work opportunities available to young people</p> <p>Continue to implement the Equity Strategy to address inequalities in attainment and achievement</p>
Post school transitions	<p>Continue to offer modern apprenticeship opportunities across a range of services</p> <p>Delivery of the Young Person's Guarantee by supporting appropriately aged young people and creating opportunities for them</p>

Table 2 – Sample of 2022/23 Actions

## Conclusion

In accordance with The Child Poverty (Scotland) Act 2017, the Scottish Borders Local Child Poverty Annual Report for 2021/22 describes the activities undertaken and planned locally to contribute towards Child Poverty targets set out in the Act.

It is clear from the Annual Progress Report for 2021/22 that Child Poverty in the Scottish Borders is an important issue which Partners take seriously, as shown by their actions, and we are grateful for their contributions to this report as well as their actions on the ground to make a difference to children and their families.

As well as the progress made in 2021/22, we are pleased to set out actions for 2022/23. The new Scottish Government national delivery plan for 2022-26 demonstrates a clear commitment to tackling child poverty both nationally and locally. This Local Child Poverty Report and Action Plan recognises that national commitment and provides an insight into the work that Scottish Borders Council, NHS Borders and Partners all do to play their part.

Working with the Community Planning Partnership, and recognising their contribution through the actions within their four priority themes, we will continue to raise the profile of, and tackle child poverty in the Scottish Borders through 2022/23 and beyond.

## Appendices

### Appendix A - Local Child Poverty Context and Statistics

#### Child Poverty and its Drivers

Scottish Government produces a [dashboard](#) that provides a selection of data available at local authority level to help monitor child poverty and its drivers locally.<sup>4</sup>

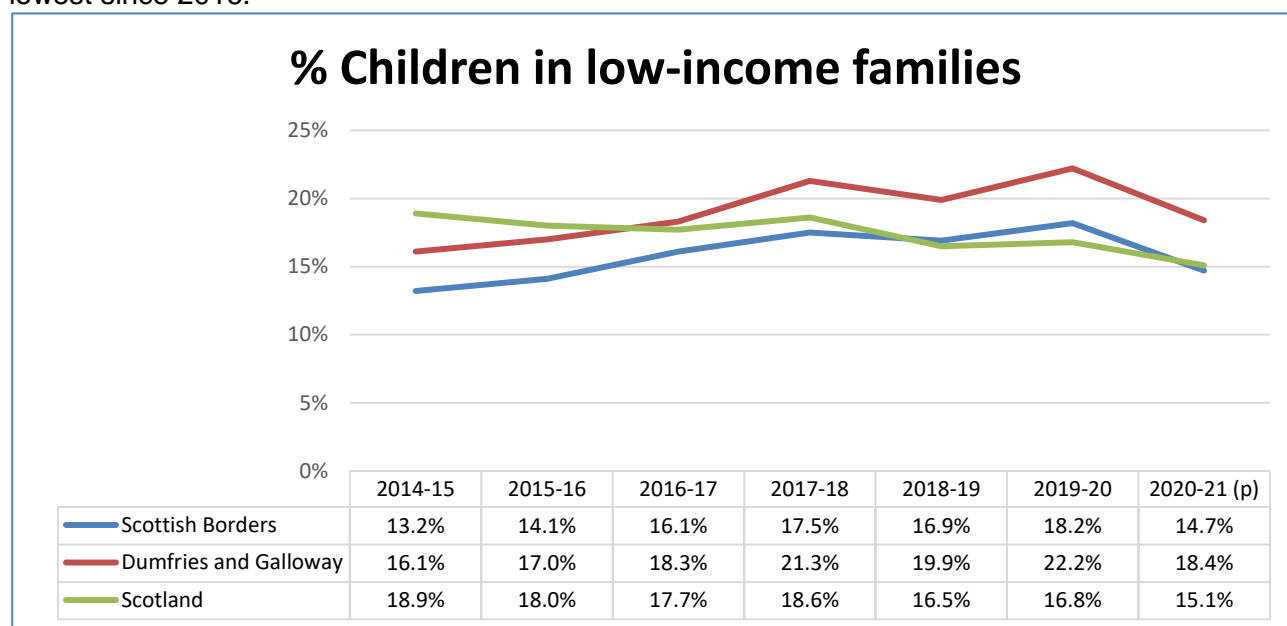
These indicators do not measure child poverty directly in the same way as the indicators used for the national targets, but they can be used to understand the local context and how that might be changing. The indicators chosen also provide some evidence on drivers of child poverty, along with information on the groups of people that are more at risk of experiencing child poverty. The information shows the results for the Scottish Borders with comparison to Dumfries and Galloway and Scotland. The comparison to Dumfries and Galloway allows for a South of Scotland perspective on child poverty.

#### Child Poverty Headlines

The information in the Headlines section contains indicators that can be used as 'proxy' measures of child poverty locally.

#### Children in Low-Income Families

According to DWP/HMRC the proportion of children in low-income families (before housing costs) has increased from 13.2% in 2014-15 to 18.2% in 2019-20 for the Scottish Borders. This is in contrast to Scotland where the proportion of children in low-income families has decreased over the same time period. It is interesting to note that for the financial year 2021, **14.7%** of children in Scottish Borders were living in relative low income families for the financial year end 2021, slightly lower than 15.1% for Scotland. This is a significant fall since the previous year (18.2%) and is the lowest since 2016.



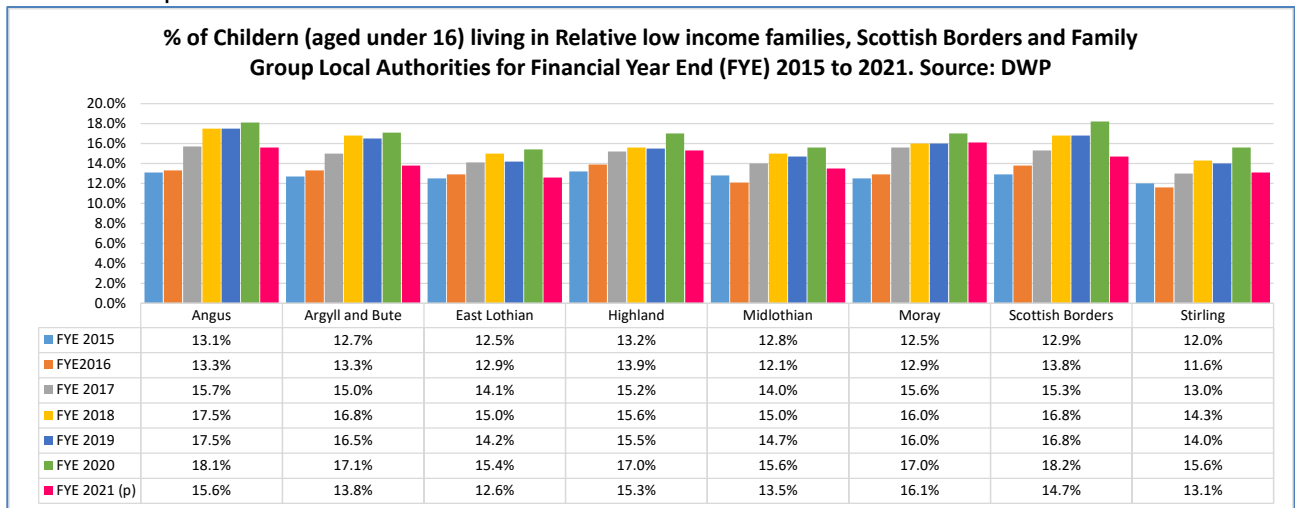
Source 6: DWP/HMRC children in low-income families local measure (before housing costs)

The Department of Work and Pensions (DWP) publication "[Children in low income families: local area statistics 2014 to 2021 - GOV.UK \(www.gov.uk\)](#)" provides information at local authority and ward level.

The Scottish Borders is in a benchmarking group with seven other Scottish Local Authorities. The graph with table below show the proportion of children in Relative low income families FYE 2015 to 2021 It should be noted all areas had a lower proportion of children in Relative low income families

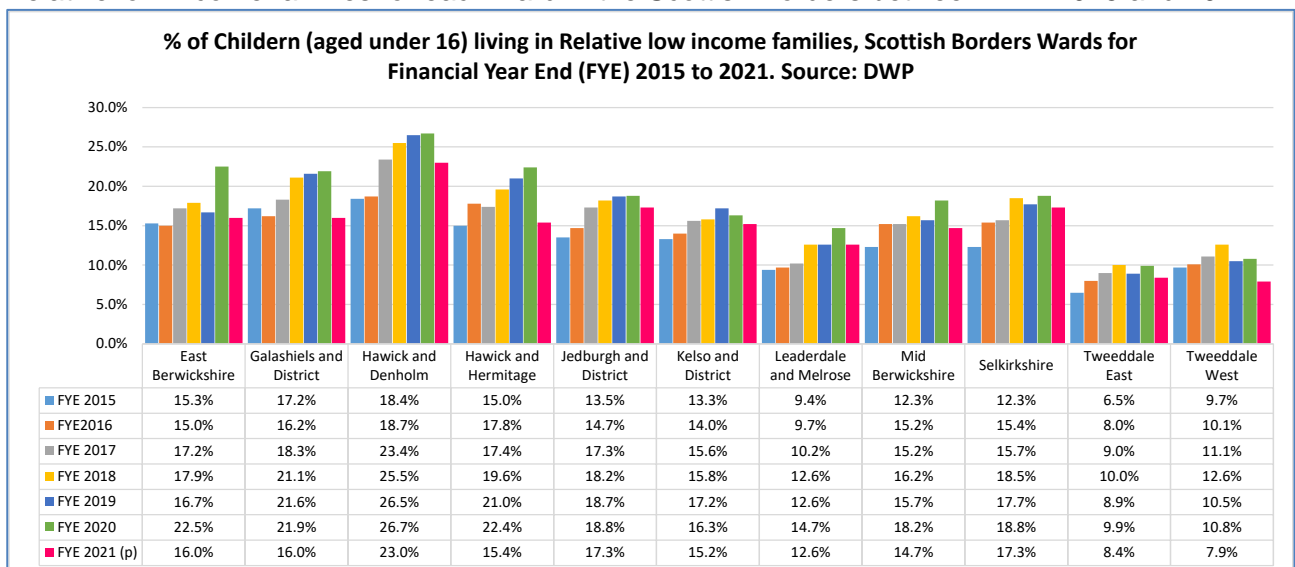
<sup>4</sup> Link: <https://www.gov.scot/publications/local-child-poverty-statistics-january-2022/>

in 2021 compared to 2020.



Source 7: Children in low income families: local area statistics 2014 to 2021 - GOV.UK ([www.gov.uk](http://www.gov.uk))

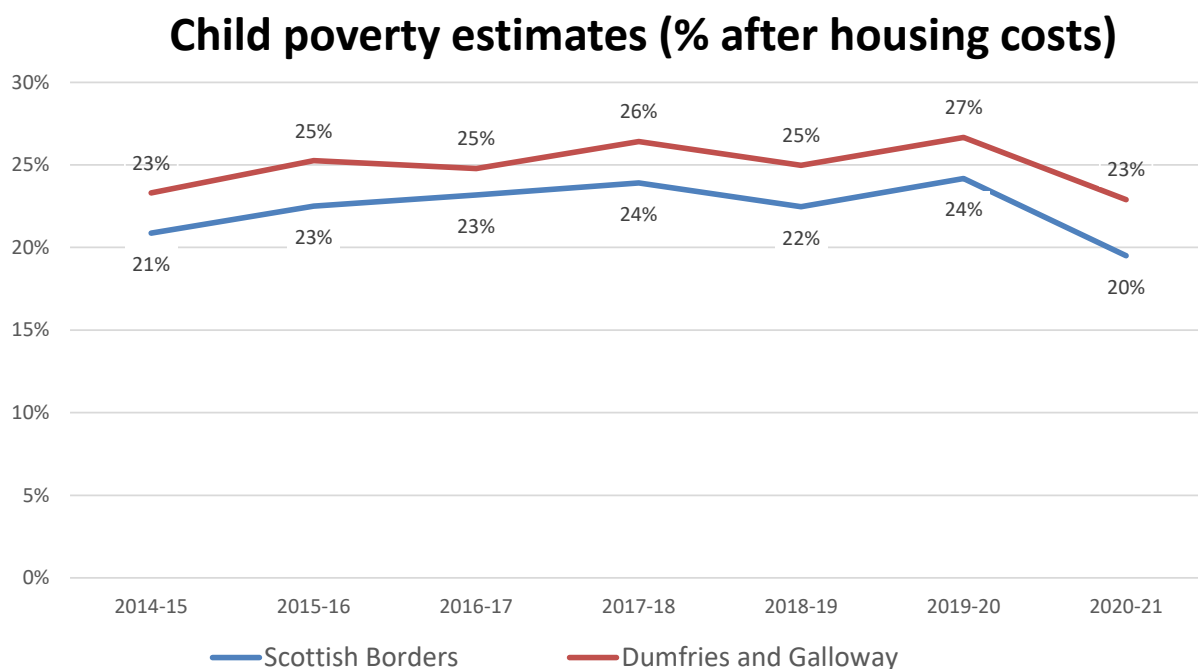
Within the Scottish Borders the percent of children (aged under 16) living in Relative low income families ranges between 7.9% for Tweeddale West compared to 23.0% for Hawick and Denholm for FYE 2021. The graph with table below show the proportion of children (aged under 16) living in Relative low income families for each ward in the Scottish Borders between FYE 2015 and 2021.



Source 8: Children in low income families: local area statistics 2014 to 2021 - GOV.UK ([www.gov.uk](http://www.gov.uk))

## Child Poverty Estimates

The End Child Poverty Coalition produce child poverty estimates (after housing costs) at local authority level. The trend in the Scottish Borders is similar to Dumfries and Galloway. In 2020-21 the proportion of children living in poverty (after housing costs) was the lowest in seven years, although 1 in 5 children still live in poverty.



Source 9: End Child Poverty Coalition child poverty estimates (after housing costs)

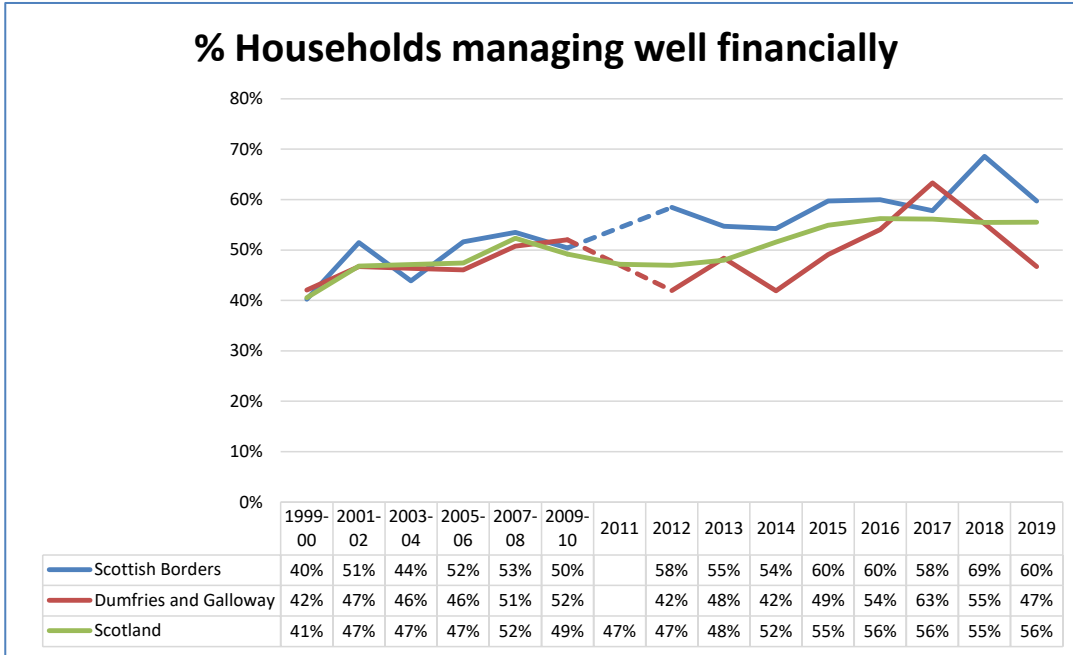
## Children in families with Limited Resources<sup>5</sup>

- **12.9%** of children in the Scottish Borders were living with limited resources **before** housing costs in 2017-19, compared to 13.9% for Scotland. This is below the Scottish average and has improved since the previous dataset.
- **16.2%** of children were living with limited resources **after** housing costs, compared to 16.6% for Scotland. This has again improved since the previous measure but the long time lag means that it will be several years before the impact of the Covid-19 pandemic can be assessed.

<sup>5</sup> <https://www.gov.scot/publications/children-in-families-with-limited-resources/>

### Households Managing Well Financially

The Scottish Household Survey ask respondents how the household is managing financially. The graph below shows the proportion of households who report that they are managing well financially. From 2012 the proportion of households reporting managing well financially has been higher compared to Scotland.



Source 10: Scottish Government, Scottish Household Survey - Adults dataset

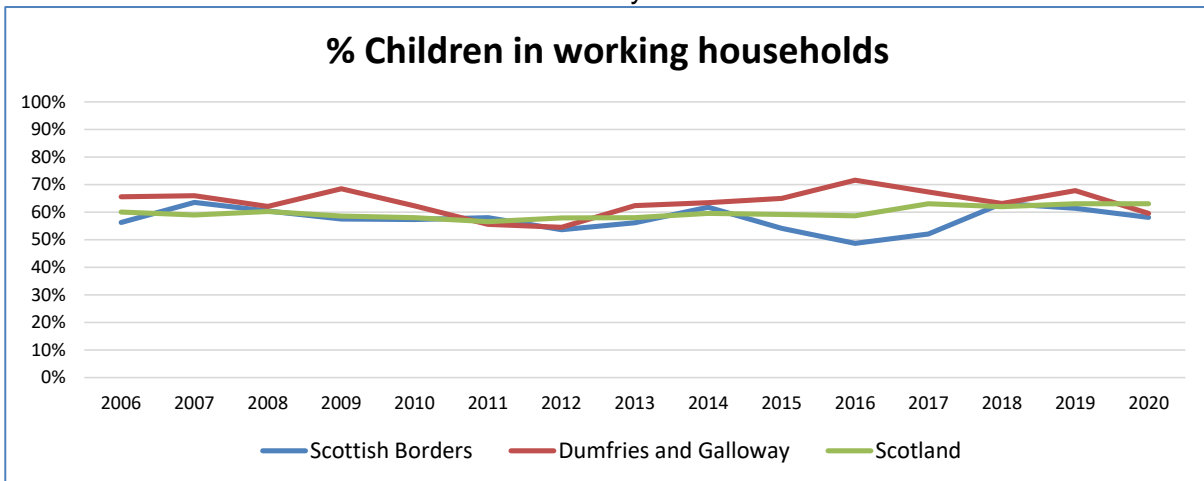
## Child Poverty Drivers

This section contains a selection of indicators of child poverty drivers. These do not provide a comprehensive list of factors that drive child poverty, but may help with an overall understanding of the context.

### Work & Earnings

#### Children in Working Households

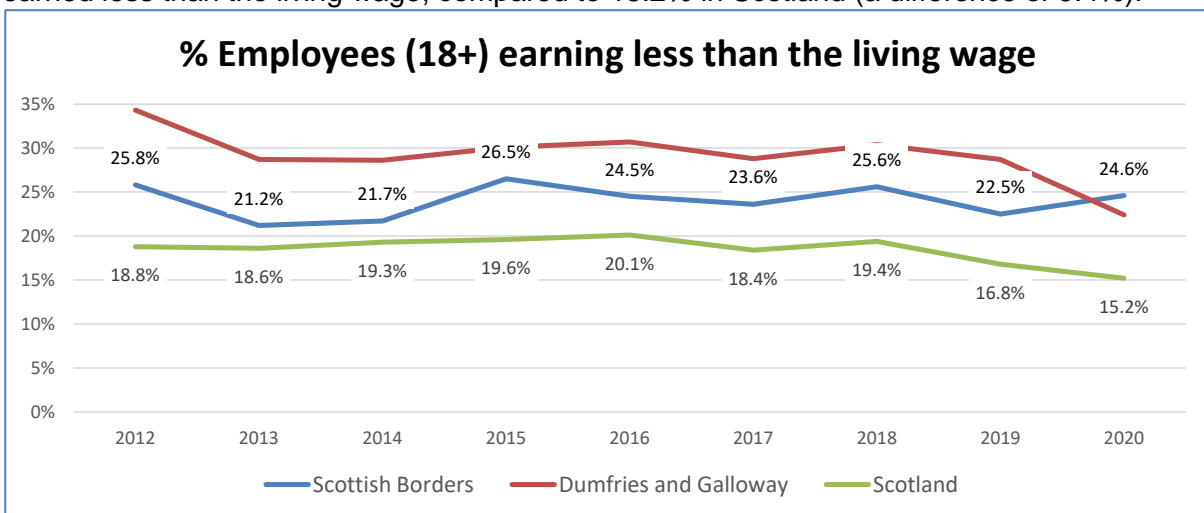
The proportion of children in working households in the Scottish Borders is consistently similar to the level for Scotland and Dumfries and Galloway.



Source 11: ONS Annual Population Survey, household economic activity status

#### Employees (18+) earning less than living wage

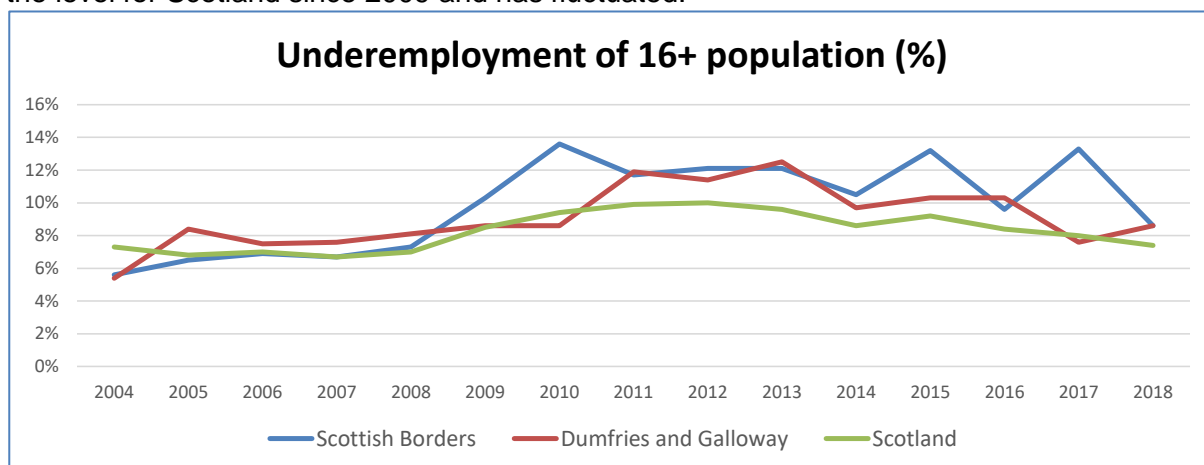
In the Scottish Borders the proportion of employees (18+) earning less than the living wage has been higher than the level for Scotland. In 2020, 24.6% of employees (18+) in the Scottish Borders earned less than the living wage, compared to 15.2% in Scotland (a difference of 9.4%).



Source 12: ONS Annual Survey of Hours and Earnings

## Underemployment of 16+ population

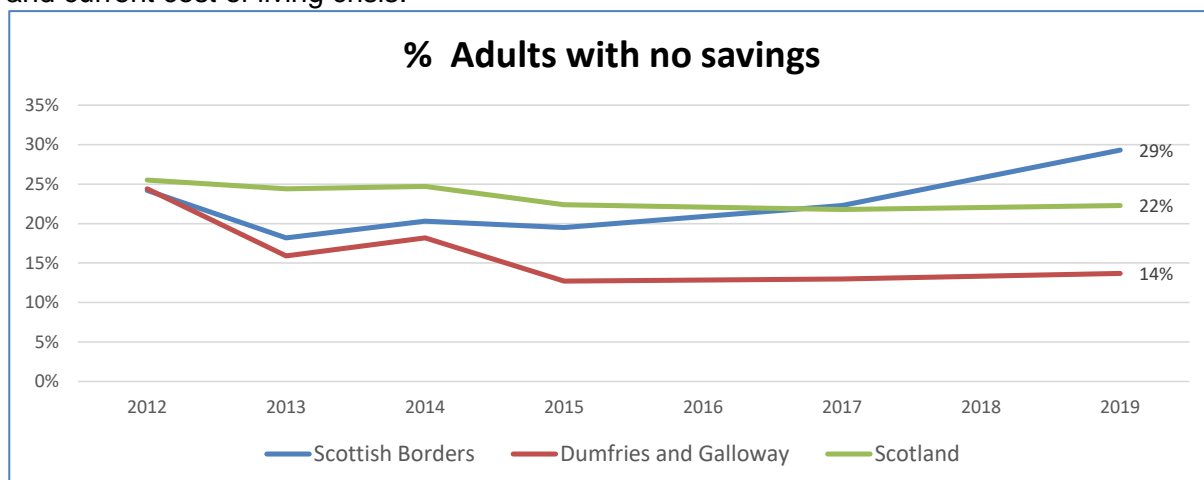
The proportion of 16+ population that is underemployed in the Scottish Borders has been above the level for Scotland since 2009 and has fluctuated.



Source 13: ONS Annual Population Survey

## Cost of Living

In the Scottish Borders, the proportion of adults with no savings has increased since 2013 and is above the level for Scotland. In 2019, 29% of adults had no savings in the Scottish Borders, compared to 22% in Scotland (a difference of 7%). Note that this is before the Covid-19 Pandemic and current cost of living crisis.



Source 14: Scottish Government, Scottish Household Survey - Adults dataset

## Food insecurity and food costs

The January 2020 Independent Food Aid Network<sup>6</sup> (IFAN) reported six participating independent food banks in the Scottish Borders between April 2018 and September 2019. They gave out **3,915** food parcels, an **8%** increase on the previous year.

Research by Scottish Borders Council listed a total of **39 food redistribution outlets** in the Scottish Borders, as of July 2020. This includes **9 food banks and 30 community organisations** such as Fareshare, Community Fridges and Café Recharge, which coordinate and divert surplus fresh food from supermarkets into communities, to reduce food poverty and food waste. These included:

- **13 in Berwickshire**, including 3 food banks
- **4 in Cheviot**, including 2 food banks
- **12 in Eildon**, including 3 food banks

<sup>6</sup> <https://www.foodaidnetwork.org.uk/scotland-food-bank-data>



- **6 in Teviot & Liddesdale**
- **4 in Tweeddale**, including 1 food bank

This shows not only that the food poverty crisis is getting worse in the Scottish Borders, but that the phenomenal community response is also having secondary benefits in terms of reducing, and changing attitudes towards food waste.

The latest report from IFAN in May 2022 reported the following findings in Scotland:

- **93% of organisations** reported an increase or significant increase in the need for their services since the start of 2022
- **More than 80% of organisations** reported that they have struggled with food supply issues over the last four months
- **78% of these organisations** saw a drop in food and/or financial donations and half of these organisations have needed to dip into their financial reserves to pay for food or vouchers
- **95% of organisations** reporting increases say that the cost-of-living crisis is the reason behind this

### Internet access

- The Scottish Household Survey estimates that **90%** of households in Scottish Borders had home internet access in 2019, an increase of 2% since 2018. This has been steadily increasing year after year and is now higher than the Scottish average of **88%**.<sup>7</sup>

### Fuel Poverty

- An average of **29%** of all households per year in the Scottish Borders were fuel poor in 2017-19 (latest figures), equivalent to approximately 16,000 households. There is an insignificantly higher level of fuel poverty in the Scottish Borders compared to Scotland (25%).<sup>8</sup>
- **20% of Scottish Borders households with families** were living in fuel poverty in 2017-19. This is higher than the Scottish average of 16.7%.
- Family households are amongst the less-affected household types with regard to fuel poverty, compared with other household types. Households with higher levels of fuel poverty in the Scottish Borders are those that are in Social Rented sector (51%) and Older Households (38%).
- Around **15%** of all households in the Scottish Borders were in extreme fuel poverty, which is not significantly different to the 12% for Scotland.

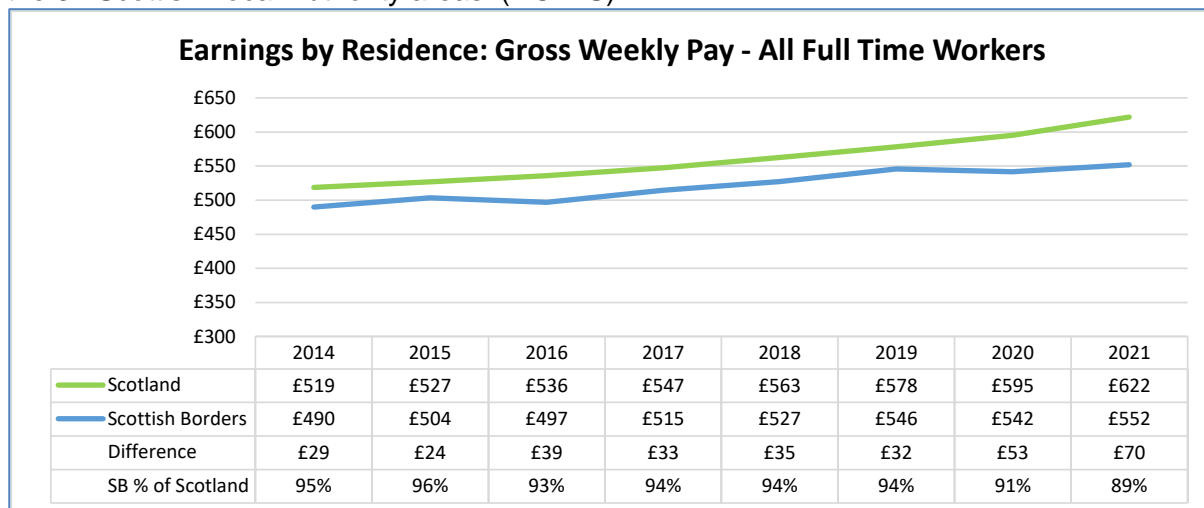
<sup>7</sup> <https://scotland.shinyapps.io/sg-scottish-household-survey-data-explorer/>

<sup>8</sup> [Scottish House Condition Survey: Local Authority Analyses to 2016-2018 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-house-condition-survey-2016-2018/analyses-to-2016-2018/pages/10.aspx)

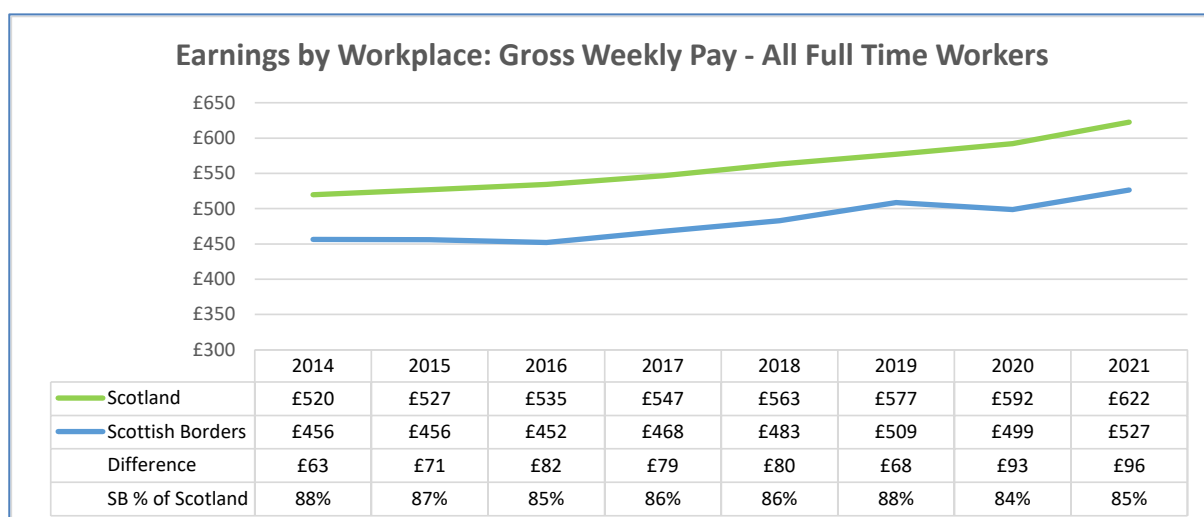
## Economic Context

### Earnings

The earnings by residence and workplace in the Scottish Borders have consistently been below the level of Scotland. In 2021, the earnings of a full time worker was £70 less per week for residence based (where people live) and £96 less per week for workplace based (where people work). The gross weekly full-time workplace based wage in the Scottish Borders is the 2<sup>nd</sup> lowest of the 32 Scottish Local Authority areas. (NOMIS)<sup>9</sup>



Source 15: ONS Annual Survey of Hours and Earnings



Source 16: ONS Annual Survey of Hours and Earning

- In 2021, **25%** of employment in the Scottish Borders was in 'lower paid' occupation, just below the 27% for Scotland. (ONS-APS)
- The job density in the Scottish Borders is 0.8 just below the 0.82 for Scotland. Jobs density represents the number of jobs in an area divided by the resident population aged 16-64 in that area. For example, a job density of 1.0 would mean that there is one job for every resident aged 16-64.

<sup>9</sup> <https://www.nomisweb.co.uk/>

## Skills and Qualifications

- An estimated **6.0%** of working-age people in the Annual Population survey had no qualifications in 2020. This is better than the Scottish average of **8.1%**. (Nomis)
- **93.8%** of Scottish Borders 16-19 year olds were participating in employment, education or training in figures published in August 2021, according to Skills Development Scotland (SDS) data. This is slightly lower than the previously published figures in 2020 but still higher than the Scottish average of **92.2%**.<sup>10</sup>
- **74.1%** of these Scottish Borders young adults aged 16-19 participated in Education in 2021, more than in 2020 and still similar to the Scottish average of **74.8%**. (SDS)
- **19.7%** of these Scottish Borders young adults aged 16-19 entered employment, training or another positive destination other than education in 2020. This is slightly higher than the Scottish average of **17.3%** (SDS)

## Accessible transport

- **48%** of children in the Scottish Borders live in small rural settlements of under 3,000 people in 2020, according to the Scottish Urban-rural Classification system.<sup>11</sup> Settlements with under 3,000 people make up 48% of all neighbourhoods in the Scottish Borders.
- **7%** of all Scottish Borders children live in small “remote rural” settlements of under 3,000 people, more than 30 minutes’ drive away from the nearest town.
- **41%** of children in small settlements of under 3,000 people are classified as “accessible rural”, i.e. they live within 30 minutes’ drive from their nearest town.

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<sup>10</sup> <https://www.skillsdevelopmentscotland.co.uk/media/47100/rsa-infographic-scottish-borders.pdf>

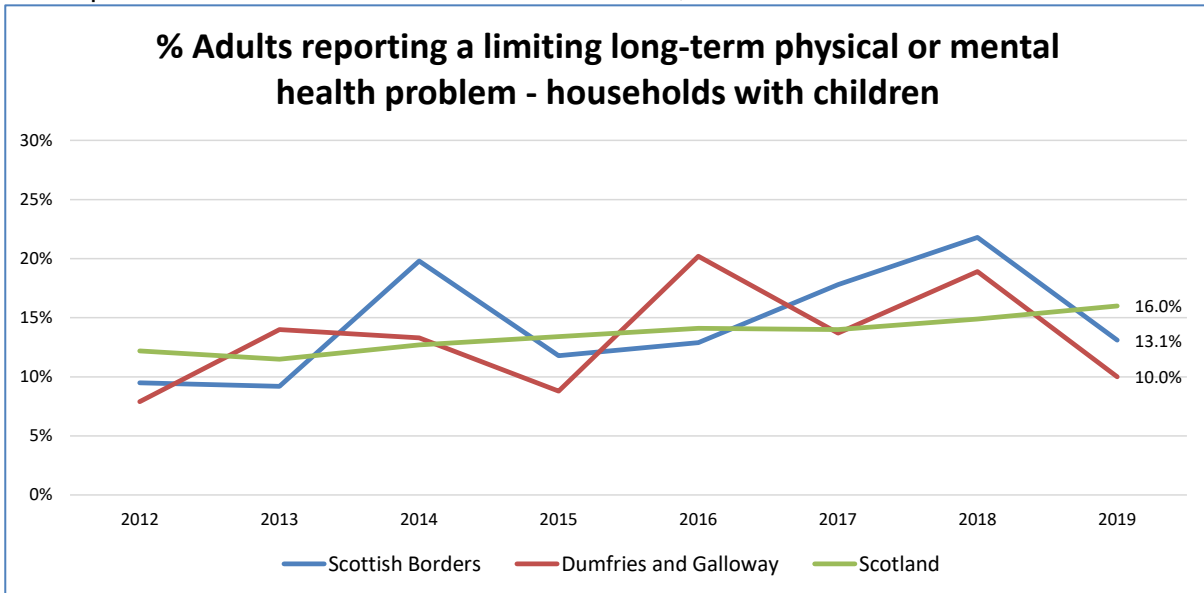
<sup>11</sup> <https://statistics.gov.scot/home>

## People

This section provides context on the priority groups identified in ['Best Start, Bright Futures'](#) and profile information on child population. These indicators do not cover all the priority groups, as there is limited availability of local statistics for all the groups.

### Adults reporting a limiting long-term physical or mental health problem - households with children

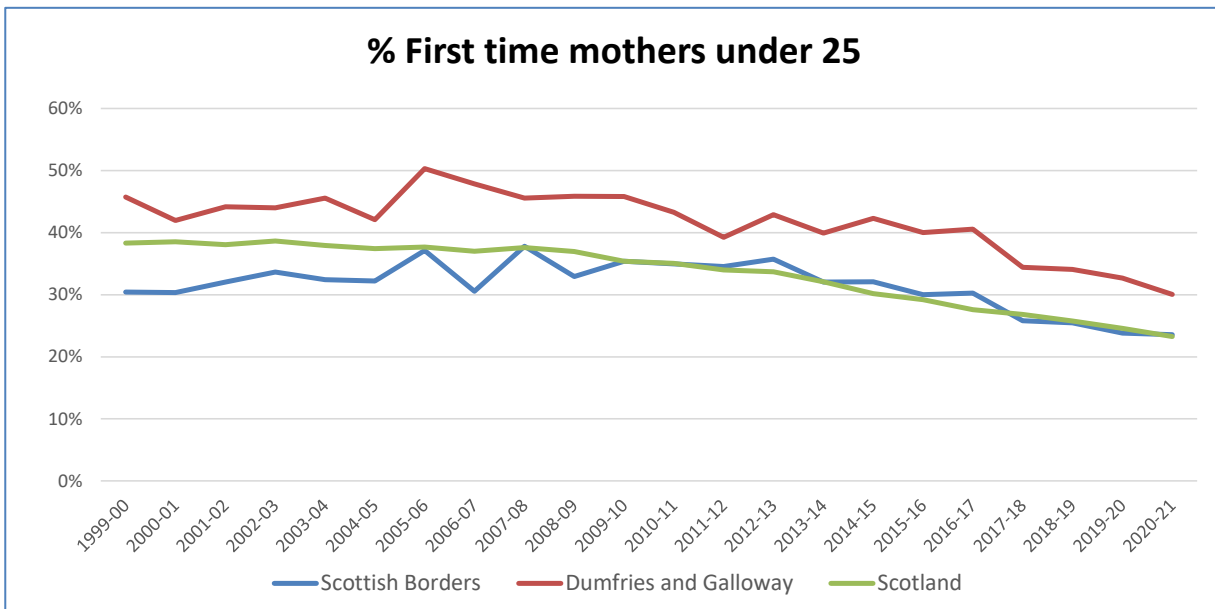
In the Scottish Borders, the proportion of adults reporting a limiting long-term physical or mental health problem in households with children is 13.1%, lower than the 16.0% for Scotland.



Source 17: Scottish Government, Scottish Surveys Core Questions

### First time mothers under 25

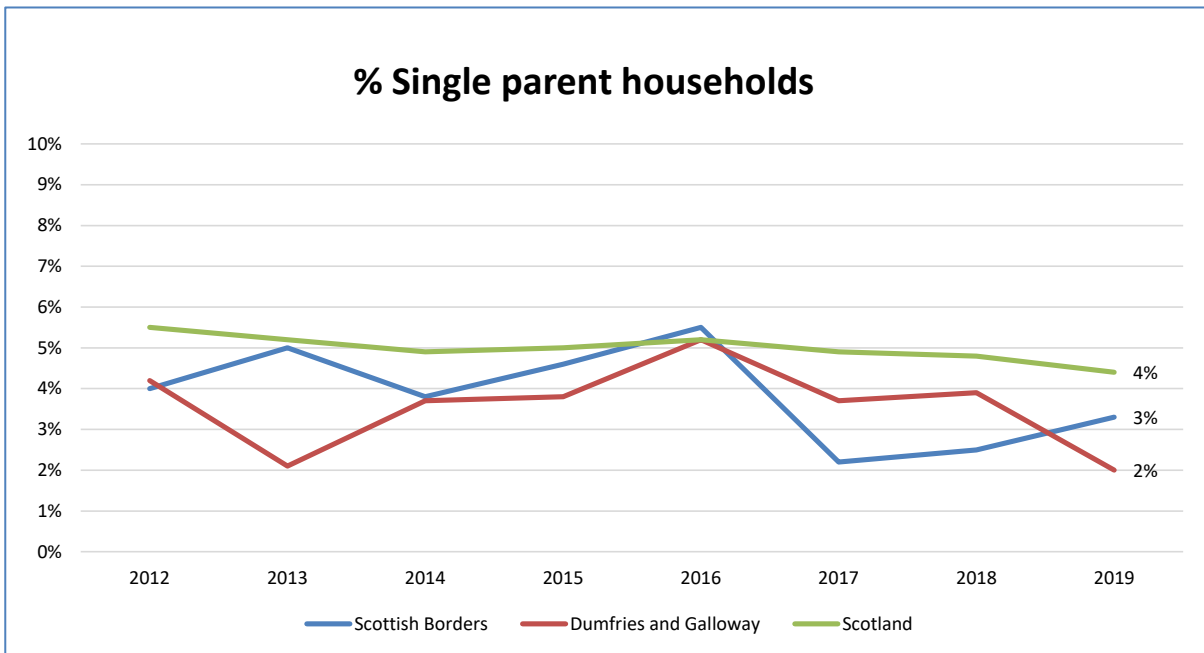
The proportion of first time mothers that are under aged 25 in the Scottish Borders is similar to Scotland.



Source 18: Public Health Scotland, Scottish Morbidity Record 02

### Single parent households

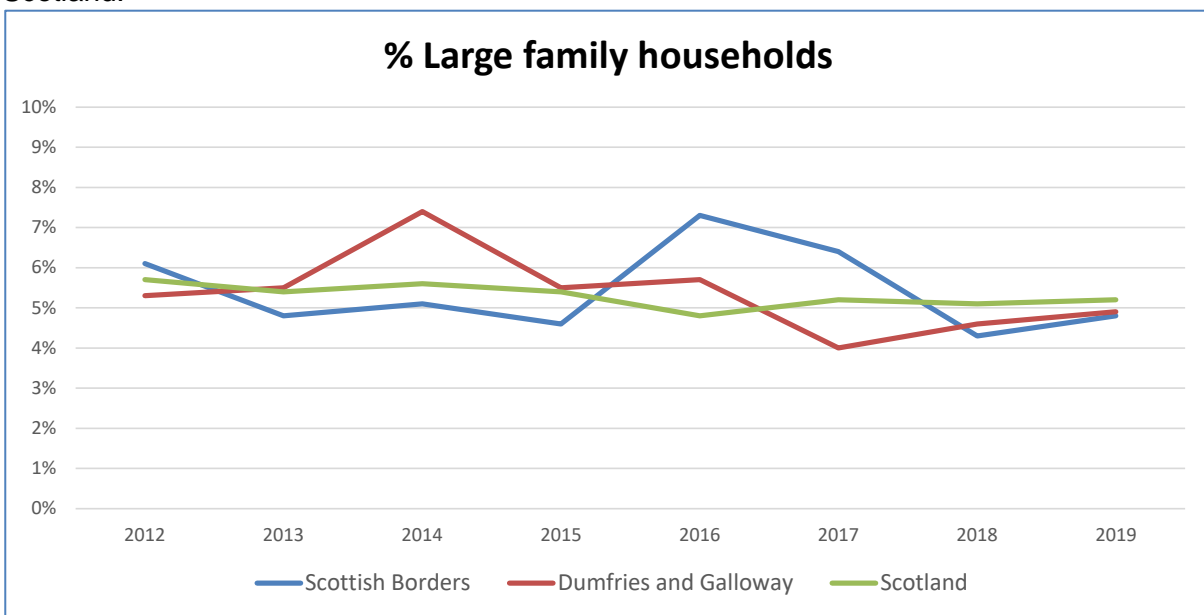
3% of the households in the Scottish Borders are single parent households, slightly lower than the 4% for Scotland.



Source 19: Scottish Government, Scottish Household Survey

### Large family households

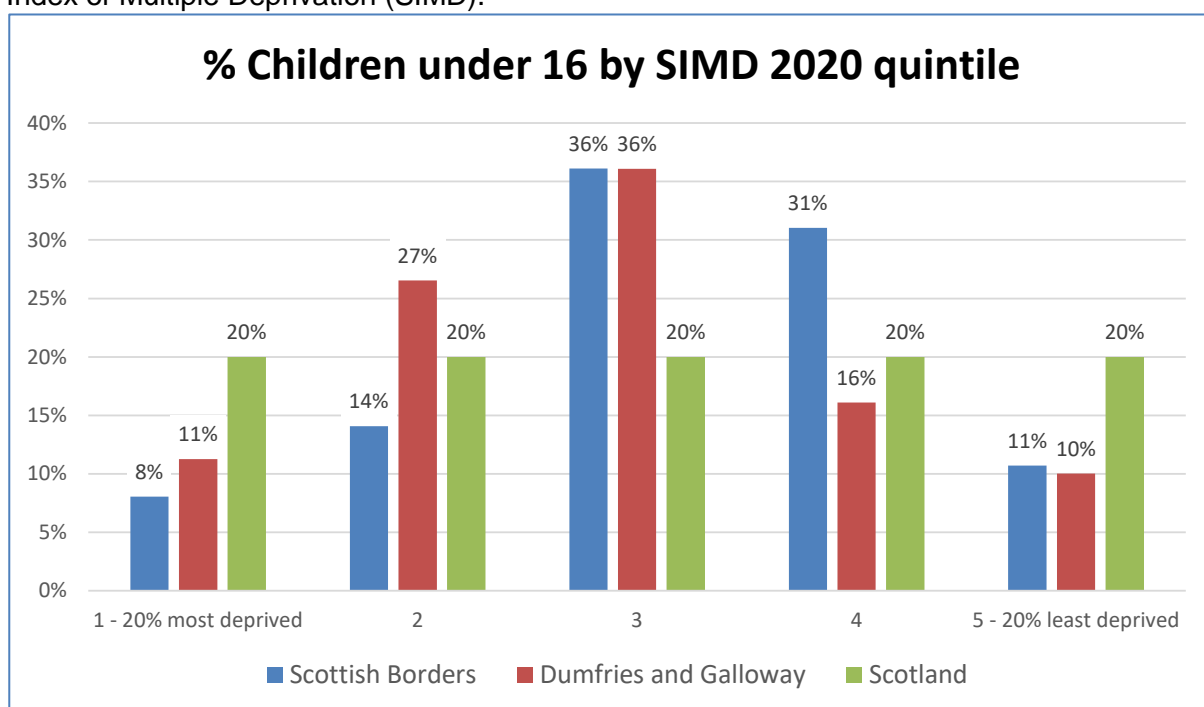
The proportion of large family households (3+ children) in the Scottish Borders is similar to Scotland.



Source 20: Scottish Government, Scottish Household Survey

## Scottish Index of Multiple Deprivation

Compared to Scotland proportionally more children live in areas of the 3<sup>rd</sup> or 4<sup>th</sup> quintile of Scottish Index of Multiple Deprivation (SIMD).



Source 21: National Records of Scotland, 2020 small area population estimates and Scottish Index of Multiple Deprivation

## Childcare

- 4,340 children were registered by the Care Inspectorate for Early Learning and Childcare in 2020 in the Scottish Borders. This is **23.1%** of all children, slightly lower than the Scottish average of **23.3%**. Both the Scottish Borders and the Scottish rates were slightly down on the previous year (2019)<sup>12</sup>

## Population

National Records of Scotland estimated that in 2020 there were 18,824 children (under 16) in the Scottish Borders or 16.3%, similar to the 16.8% for Scotland.

The Scottish Survey Core Questions 2019 estimates that in Scotland, 5% of the population are of non-white minority ethnicity. Unfortunately, the sample size for the Scottish Borders means that there is not an estimate for the Scottish Borders.

According to Scottish Borders Council's internal Education Management Information System SEEMIS, 95.4% of pupils have English as their "First-Language".

## Looked After Children

According to Scottish Government statistics<sup>13</sup>, there were **187 children** in the Scottish Borders in 2020 who were Looked After by the Local Authority in a variety of settings, or **0.7% of the population aged 0 to 17**. This compares to **1.4%** for Scotland. **18%** of these Looked-after Children in Scottish Borders are aged under 5, similar to the 19% for Scotland.

## Young Carers

In Scotland, Young Carers are more common in lone parent families and these Young Carers also contribute the most hours, particularly in the most deprived areas.

The Scottish Borders has a smaller share of lone parent households and deprived areas than average for Scotland, but there were 103 Young Carers recorded by Scottish Borders Council (Seemis MIS) in the 2021-22 academic year.

<sup>12</sup> <https://www.careinspectorate.com/index.php/statistics-and-analysis>

<sup>13</sup> <https://www.gov.scot/publications/childrens-social-work-statistics-2019-20/>

### Households receiving Universal Credit

Households receiving Universal Credit (UC) provides an insight into priority families in relative poverty. The table below shows the number and proportion of households in the Scottish Borders receiving Universal Credit compared to Scotland. Overall the Scottish Borders has a lower proportion of households receiving UC (12.27%) compared to 15.49% for Scotland. In the Scottish Borders there were 2,641 households claiming the 'Child Entitlement' or 4.81% compared to 5.86% for Scotland.

Universal Credit Households (November 2021)	Scottish Borders (Households)	% of All Households	
		Scottish Borders	Scotland
All Occupied Households	54,933	100.0%	100.0%
All Universal Credit Households (UCH)	6,739	12.27%	15.49%
UCH with Children	2,746	5.00%	6.09%
UCH claiming Child Entitlement	2,641	4.81%	5.86%
UCH Lone Parent	1,801	3.28%	4.42%
UCH with 3+ Children	530	0.96%	1.07%
UCH with Child Under Age 1	251	0.46%	0.51%
UCH with Children - Child Disability Entitlement	215	0.39%	0.52%
UCH with Children - Adult Disability Entitlement	322	0.59%	0.73%

Source: DWP/NRS

## Scottish Borders Child Poverty Index 2021

The Scottish Borders Child Poverty Index (SB CPI) provides additional insight into Child Poverty in the Scottish Borders. The SB CPI was created to work alongside the Scottish Index of Multiple Deprivation (SIMD). SIMD provides a way of looking at deprivation in an area, covering the whole population and does not specifically reflect child poverty. The SB CPI is a tool to help inform the Local Child Poverty Action Plan.

The SB CPI is a summary of four components:

- Children in Low Income Families (**CiLIF**) – Source is [DWP/HMRC](#).<sup>14</sup> Relative low-income is defined as a family whose equivalised income is below 60 per cent of contemporary median income. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions. The SB CPI uses the most recent available year's data, currently there is a one year lag e.g. the SB CPI 2021 uses the CiLIF data for 2020-21.
- Free School Meals (**FSM**) – Source is SBC. The proportion of pupils recorded for Free School Meals of all pupils in the area for the school year.
- Clothing Grant (**CLG**) - Source is SBC. The proportion of pupils recorded for Clothing Grant of all pupils in the area for the school year.
- Educational Maintenance Allowance (**EMA16+**) – Source is SBC. The proportion of pupils who are aged 16 or older (before 01 March of school year) who receive Educational Maintenance Allowance of those pupils in SBC School of all pupils aged 16 or older (before 01 March of school year).

The table below shows the results for Scottish Border for 2017 to 2021

<b>Child Poverty Index Component / Year</b>	<b>SB CPI 2017</b>	<b>SB CPI 2018</b>	<b>SB CPI 2019</b>	<b>SB CPI 2020</b>	<b>SB CPI 2021</b>
Children in Low Income Families - CiLIF (DWP) – specifically calculated for SBC CPI with one year lag	19.0%	20.7%	20.5%	22.0%	<b>18.0%</b>
Free School Meals - FSM (SBC)	10.0%	10.4%	11.6%	15.7%	<b>15.4%</b>
Clothing Grant - CLG (SBC)	14.6%	15.1%	15.2%	18.1%	<b>18.0%</b>
Educational Maintenance Allowance 16+ - EMA16+ (SBC)	8.2%	6.2%	3.8%	16.0%	<b>10.0%</b>

The impact of the Covid-19 pandemic can be seen in both the 2020 and 2021 results. Although the proportion of children living in low-income families for the 2021 index is lower compared to the 2020 index, the proportion receiving free school meals and clothing grant are similar.

The table below shows the score that an area will receive based on the result for each component. The SB CPI allows an area to have a score ranging from 0 to 20, where 0 indicates no element of child poverty and 20 indicates the highest levels of child poverty.

<sup>14</sup> The calculation of proportion of Children in Low Income Families for the purpose of the Scottish Borders Child Poverty Index differs to 'official statistics' due to the availability of the data from Stat-Xplore. The children in Stat-Xplore are defined as dependent individuals aged under 16; or aged 16 to 19 in full-time non-advanced education or in unwaged government training. (Not just those aged under 16 – unable to group into age bands). The figure for all children is then expressed as proportion of those aged 0 to 15 as published by NRS. It is recognised that this calculation is imperfect, but practical for the purpose of the SB CPI.



Children in Low Income Families (DWP)	Free School Meals (SBC)	Clothing Grant (SBC)	Educational Maintenance Allowance 16+ (SBC)
0 / 0: None	0 : None	0 : None	0: None
1: Under 10%	1 : Under 5%	1 : Under 5%	0.5: Under 5%
2 : 10% to Under 20%	2 : 5% to Under 10%	2 : 5% to Under 10%	1.0: 5% to Under 10%
3 : 20% to Under 30%	3 : 10% to Under 15%	3 : 10% to Under 15%	1.5: 10% to Under 15%
4 : 30% to Under 40%	4 : 15% to Under 20%	4 : 15% to Under 20%	2.0: 15% to Under 20%
5 : 40% or More	5 : 20% to Under 30%	5 : 20% to Under 30%	2.5: 20% to Under 30%
	<b>6 30% or More</b>	<b>6 30% or More</b>	<b>3.0: 30% or More</b>

Note that the EMA scores are half the other components reflecting the population size.

A summary position for each primary school may be seen in: **Annex 1: Scottish Borders Child Poverty Index (SB CPI) 2021: Primary School Ranking.**

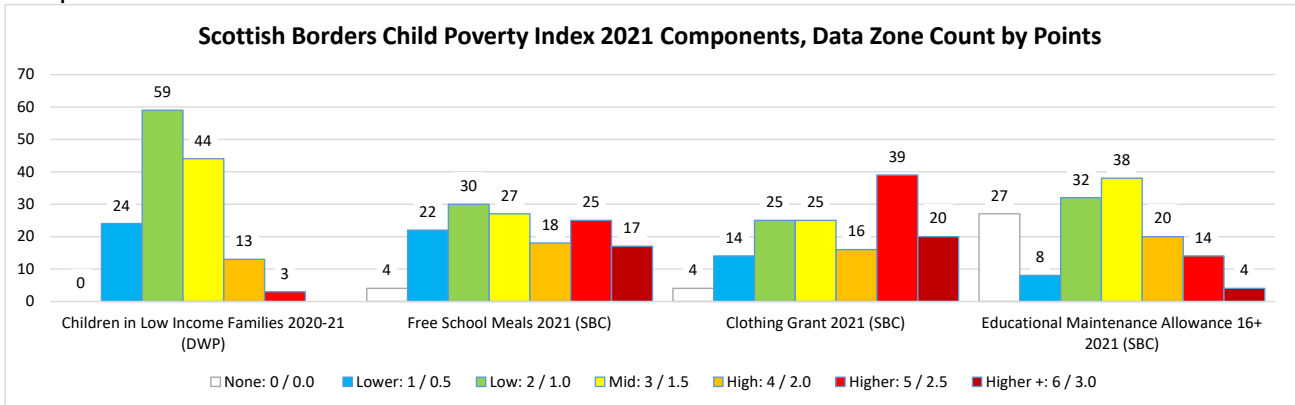
### Scottish Borders Child Poverty Index 2021 Components

The tables below shows the allocation of data zones in the Scottish Borders for each of the components. It is interesting to note that for each component there are at least 1 data zones that does not have that specific component. However, every data zone in the Scottish Borders has some evidence of child poverty.

SB CPI Score for 2021 by Scottish Borders Data Zones - Count	Children in Low Income Families 2020-21 (DWP)	Free School Meals 2021 (SBC)	Clothing Grant 2021 (SBC)	Educational Maintenance Allowance 16+ 2021 (SBC)
None: 0 / 0.0	0	4	4	27
Lower: 1 / 0.5	24	22	14	8
Low: 2 / 1.0	59	30	25	32
Mid: 3 / 1.5	44	27	25	38
High: 4 / 2.0	13	18	16	20
Higher: 5 / 2.5	3	25	39	14
<b>Higher +: 6 / 3.0</b>		<b>17</b>	<b>20</b>	<b>4</b>
SBC Data Zones	143	143	143	143

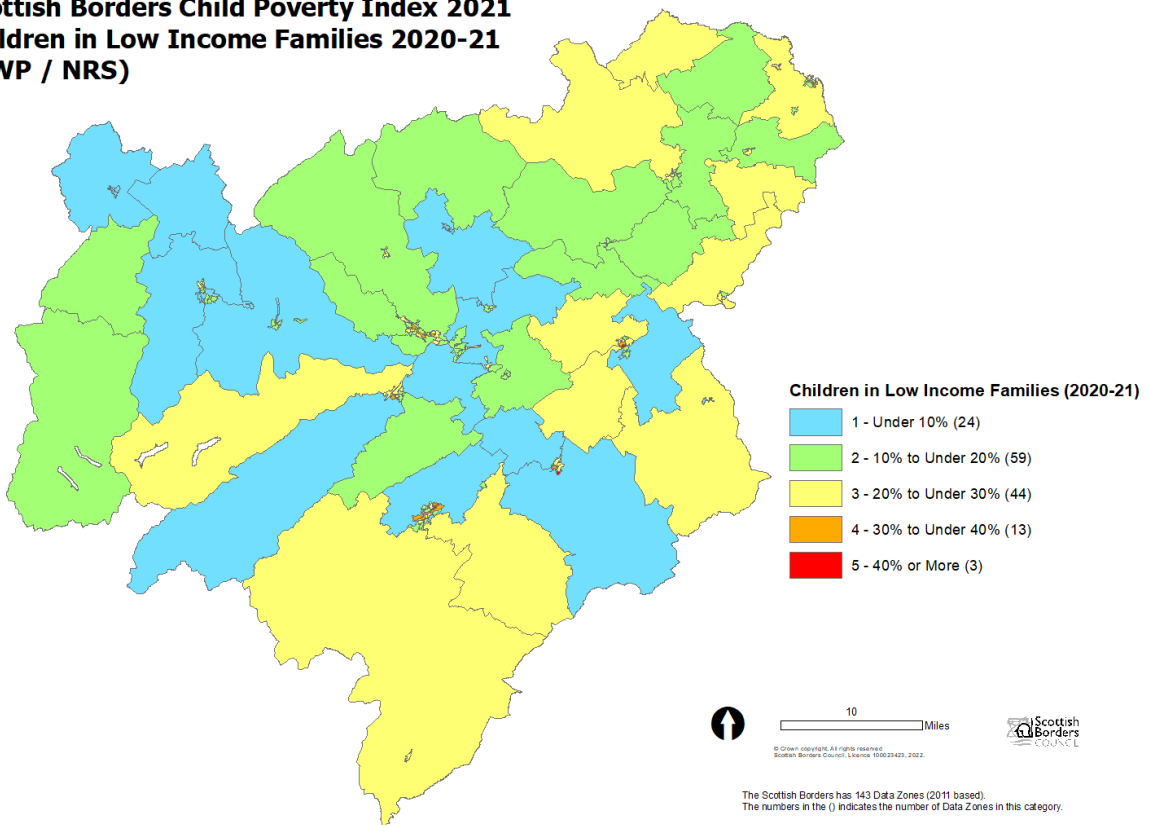
SB CPI Score for 2021 by Scottish Borders Data Zones - Percent	Children in Low Income Families 20120-21 (DWP)	Free School Meals 2021 (SBC)	Clothing Grant 2021 (SBC)	Educational Maintenance Allowance 16+ 2021 (SBC)
None: 0 / 0.0	0.0%	2.8%	2.8%	18.9%
Lower: 1 / 0.5	16.8%	15.4%	9.8%	5.6%
Low: 2 / 1.0	41.3%	21.0%	17.5%	22.4%
Mid: 3 / 1.5	30.8%	18.9%	17.5%	26.6%
High: 4 / 2.0	9.1%	12.6%	11.2%	14.0%
Higher: 5 / 2.5	2.1%	17.5%	27.3%	9.8%
<b>Higher +: 6 / 3.0</b>		<b>11.9%</b>	<b>14.0%</b>	<b>2.8%</b>
SBC Data Zones	100.0%	100.0%	100.0%	100.0%

The graph below shows the distribution of 143 data zones in the Scottish Borders for each component.

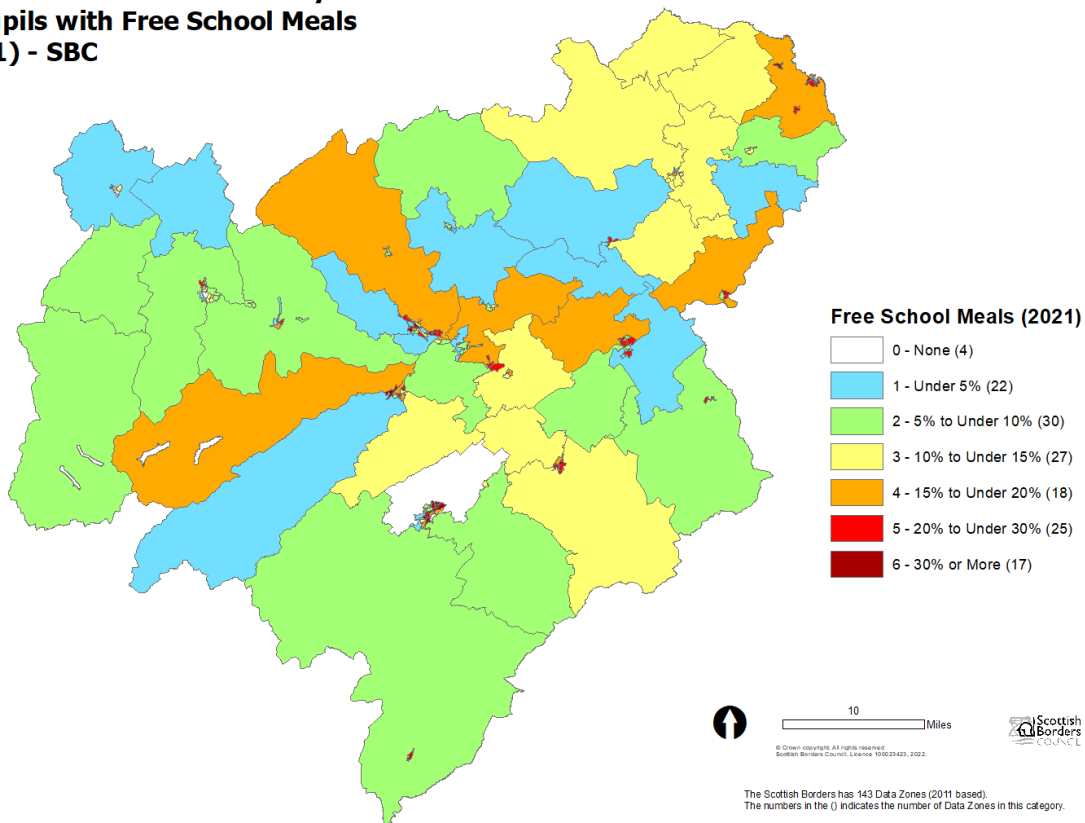


Below are the maps for each component, showing the results for each of the 143 data zones in the Scottish Borders.

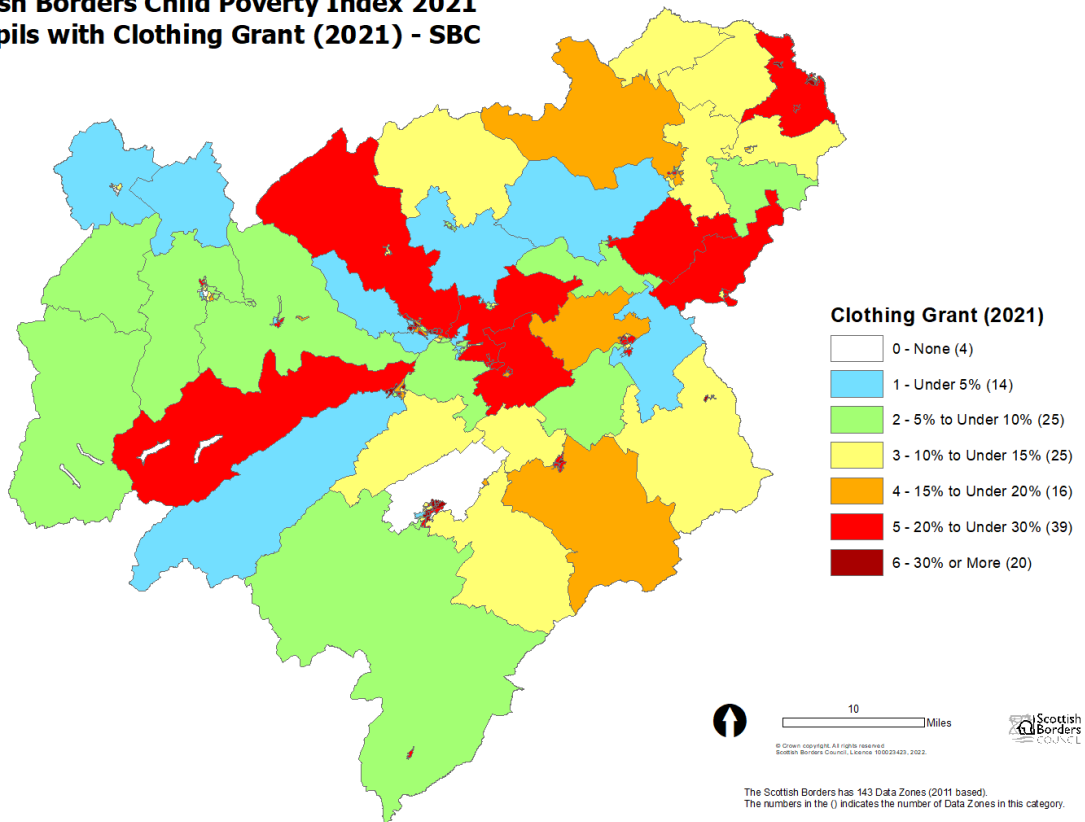
### Scottish Borders Child Poverty Index 2021 Children in Low Income Families 2020-21 (DWP / NRS)



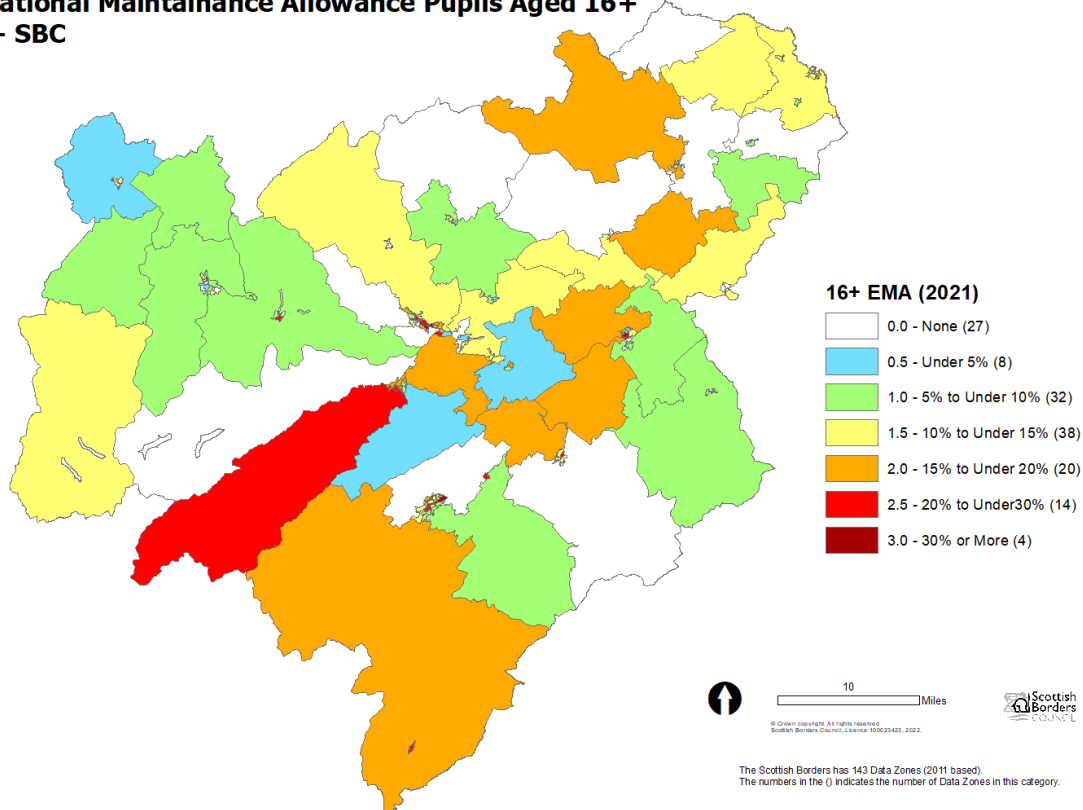
**Scottish Borders Child Poverty Index 2021**  
**% Pupils with Free School Meals**  
**(2021) - SBC**



**Scottish Borders Child Poverty Index 2021**  
**% Pupils with Clothing Grant**  
**(2021) - SBC**

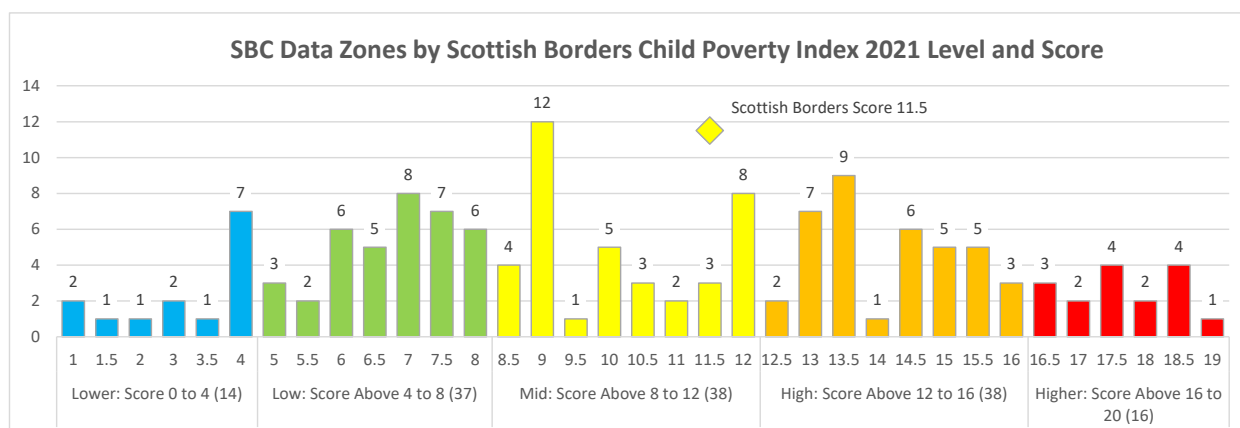


**Scottish Borders Child Poverty Index 2021**  
**% Educational Maintenance Allowance Pupils Aged 16+**  
**(2021) - SBC**



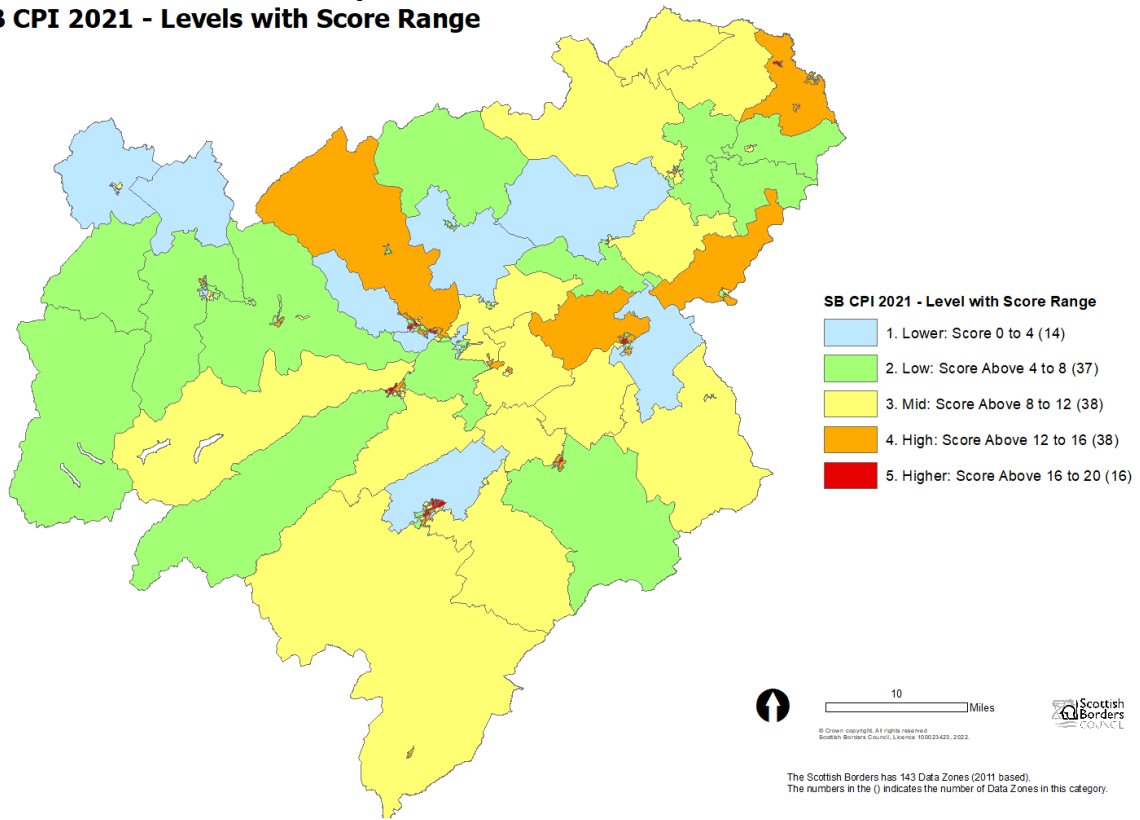
**Scottish Borders Child Poverty Index 2021 Scores**

The graph and map below shows the Scottish Borders data zones based on the SB CPI score, grouped into levels of Child Poverty. Higher level (16 data zones) have a score of above 16 to 20; High level (38 data zones) have a score of above 12 to 16; Mid level (38 data zones) have a score of above 8 to 12; Low level (37 data zones) have a score of above 4 to 8; and Lower level (14 data zones) have a score of 0 to 4. Every data zone in the Scottish Borders has some element of child poverty. The Scottish Borders SB CPI score for 2021 was 11.5 in the Mid level.



**Annex 2: Level of Child Poverty 2017 – 2021, SBC, Ward and Data Zone** lists the data zones within each ward along with its SIMD2020 decile and the SB CPI level for 2017, 2018, 2019, 2020 and 2021.

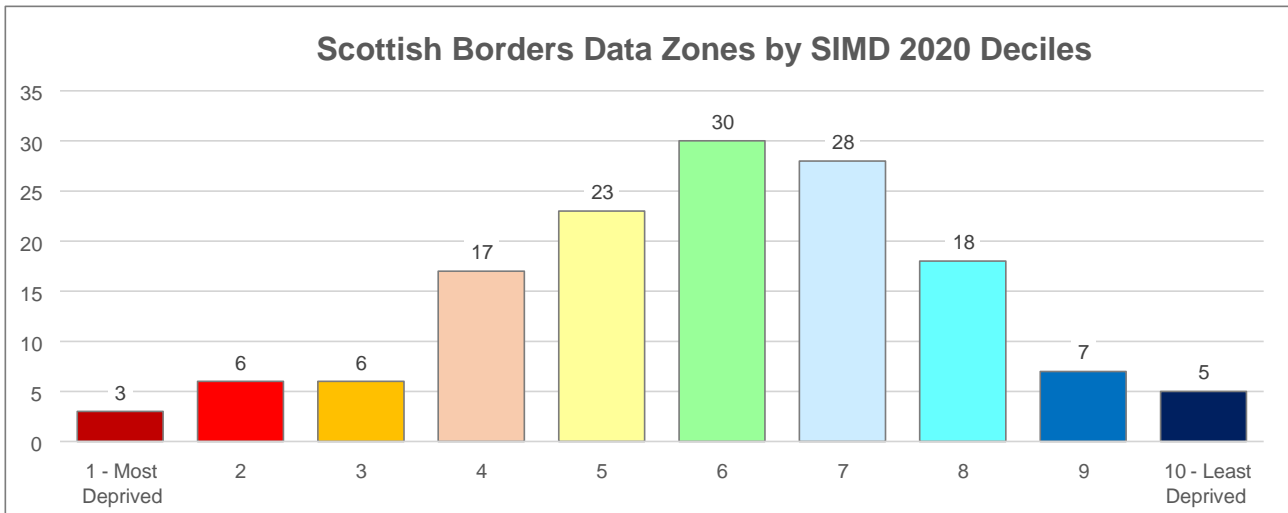
**Scottish Borders Child Poverty Index 2021  
SB CPI 2021 - Levels with Score Range**



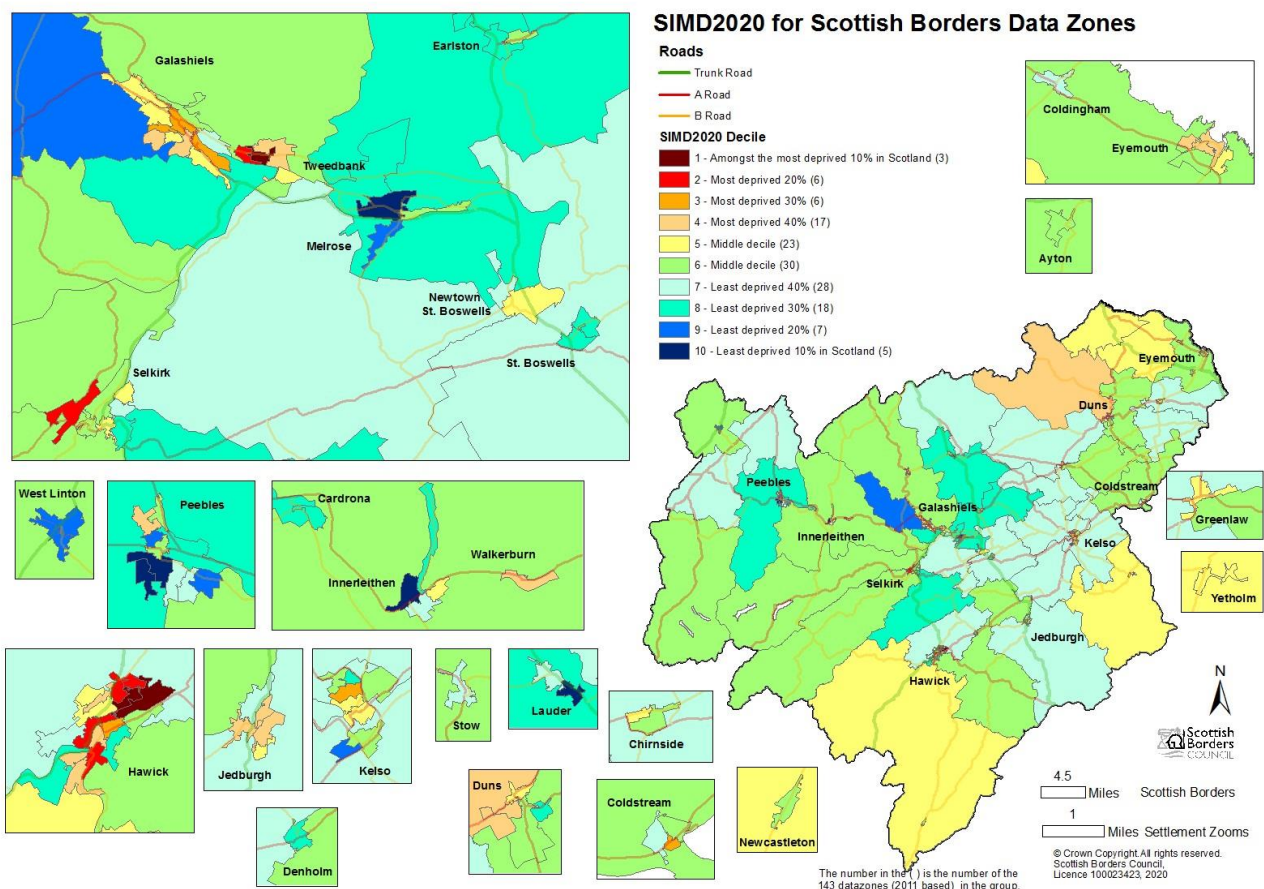
## Comparing Scottish Borders Child Poverty Index 2021 to SIMD 2020

The Scottish Index of Multiple Deprivation (SIMD) is a good tool for identifying overall deprivation, however, it is not poverty specific, or child focused. The SB CPI is a tactile index created to enable better insight into child poverty within the Scottish Borders. This is a basic comparison between SIMD2020 Decile and SB CPI Score.

The graph below shows the count of the 143 data zones in the Scottish Borders by the SIMD 2020 Decile.

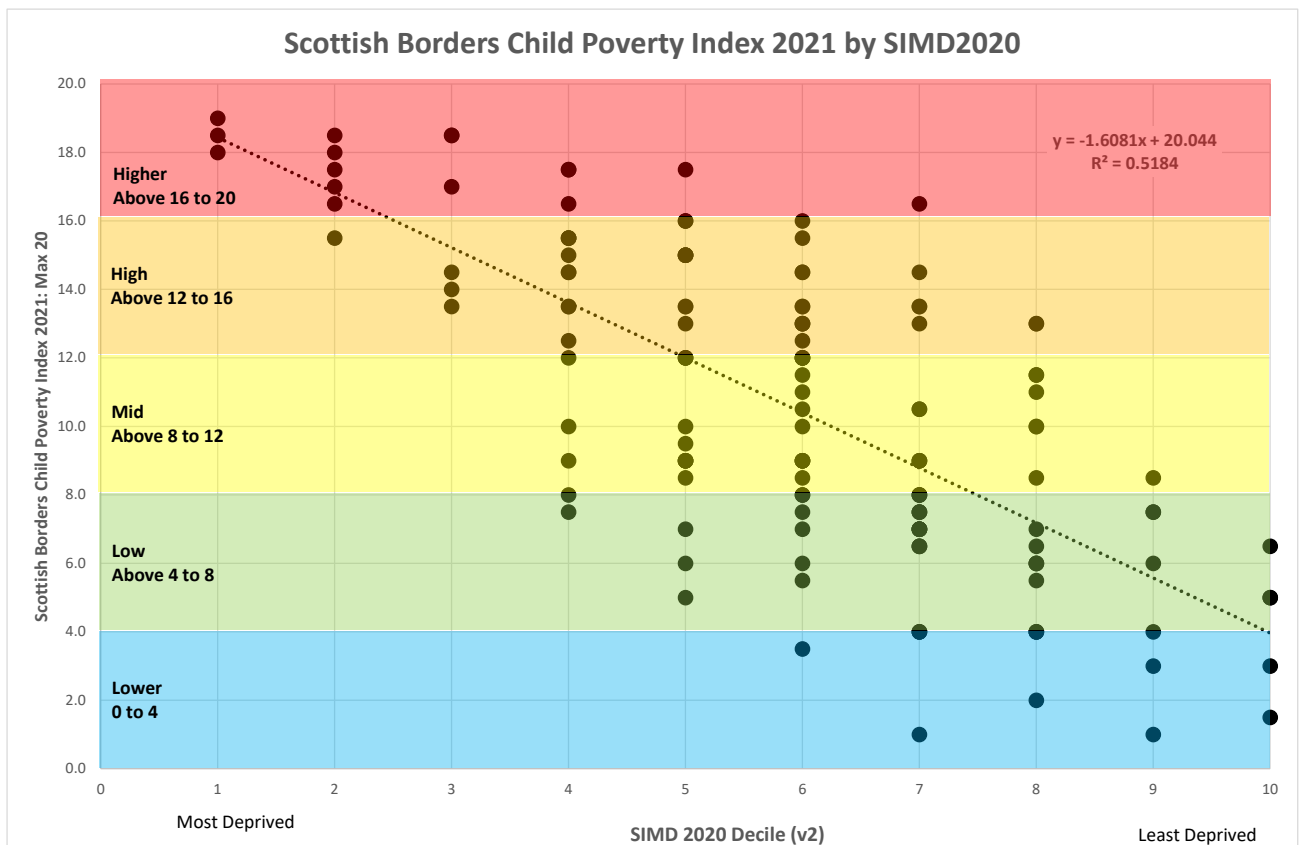


The map below shows the Scottish Borders data zones and the SIMD2020 decile.



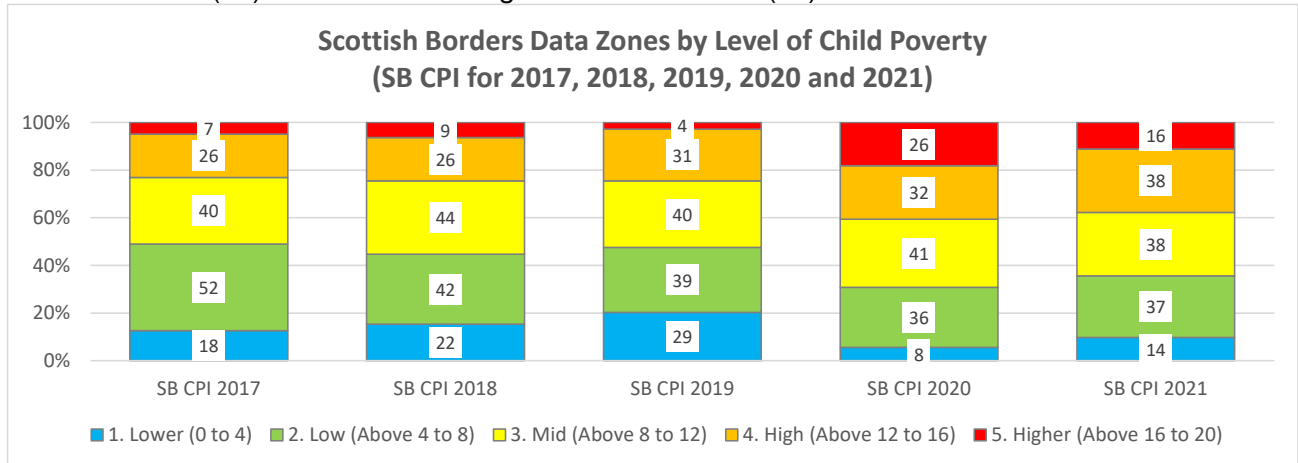
The graph below shows the 143 data zones in the Scottish Borders by SB CPI 2021 score and SIMD2020 decile. Although there is a clear relationship between deprivation and child poverty as represented by the data zones in the most deprived decile 1 and decile 2 also having a higher level of child poverty. However, there are several areas in the Scottish Borders where the level of child poverty is higher than expected when looking at SIMD decile. Again, it is important to remember that SIMD looks at the whole population and deprivation (not poverty only) and the SB CPI specifically focuses on children and poverty.

The graph below show that the data zones with the higher level of child poverty can have an SIMD2020 decile of 7.

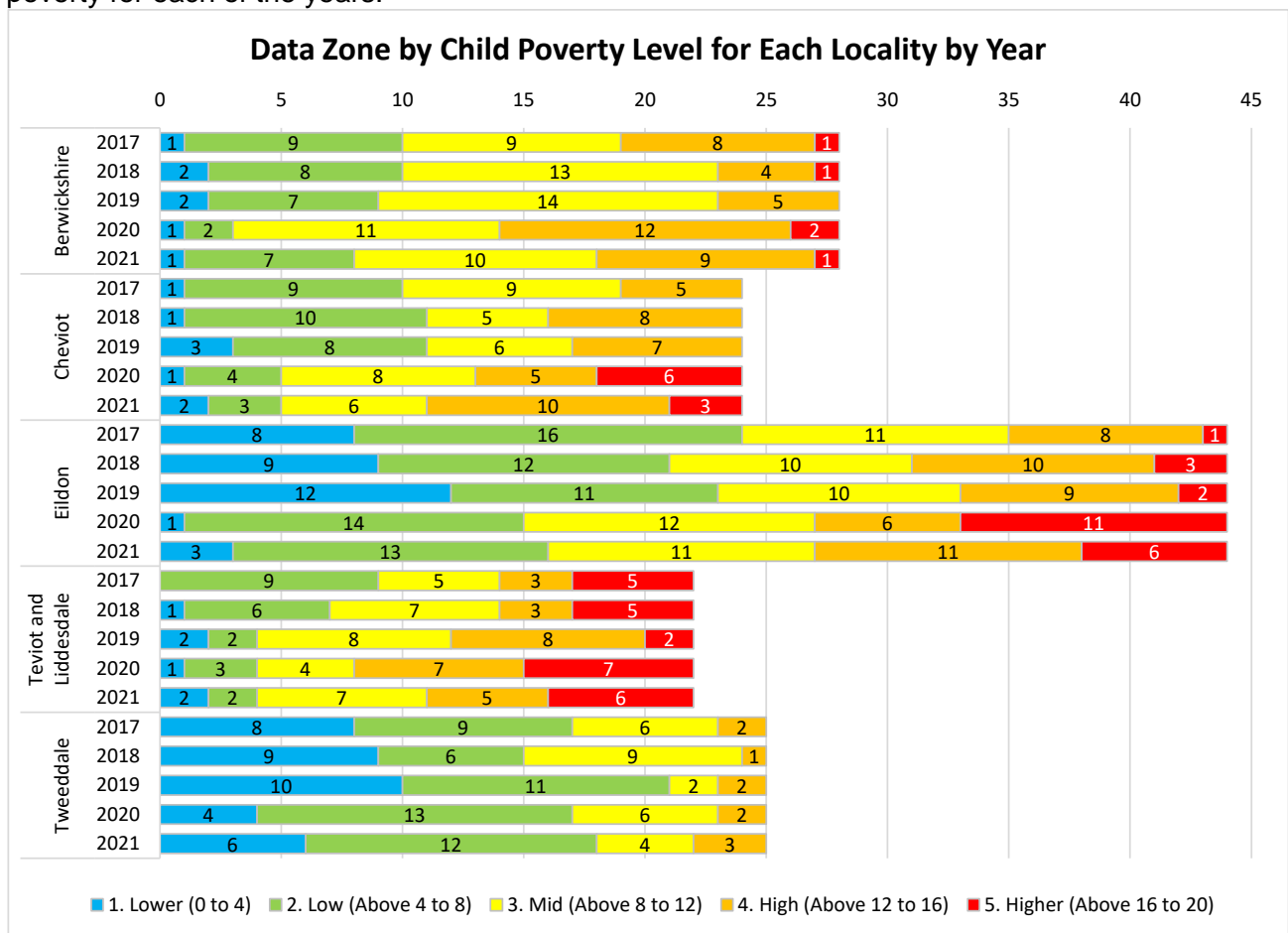


### Scottish Borders Child Poverty Level Change Over Time - by Locality and Ward

The graph below shows the distribution of data zones by level of child poverty for 2017, 2018, 2019, 2020, and 2021. Between 2017 and 2019, the number of data zones in the 'high' and 'higher' level decreased. The impact of Covid19 is evident with proportion of data zones in the 'high' or 'higher' grouping for 2018 and 2019 as 24% (35) compared to 41% (58) for 2020 and 38% (54) for 2021. The proportion of data zones in the 'low' or 'lower' level has reduced from 49% (70) in 2017 to 31% (44) for 2020 with a slight increase to 36% (51) for 2021.



The graph below shows the distribution of data zones in each of the localities by level of child poverty for each of the years.



The table below shows the SB CPI level for the Scottish Borders and the 11 wards between 2017 and 2021. The results for SB CPI 2020 shows the impact of Covid-19 pandemic on child poverty levels; there has been some recovery in the SB CPI 2021.



<b>Area</b>	<b>SB CPI 2017 Level</b>	<b>SB CPI 2018 Level</b>	<b>SB CPI 2019 Level</b>	<b>SB CPI 2020 Level</b>	<b>SB CPI 2021 Level</b>
<b>Scottish Borders</b>	<b>3. Mid</b>	<b>3. Mid</b>	<b>3. Mid</b>	<b>4. High</b>	<b>3. Mid</b>
East Berwickshire	3. Mid	3. Mid	3. Mid	4. High	4. High
Mid Berwickshire	2. Low	2. Low	2. Low	3. Mid	2. Low
Jedburgh and District	3. Mid	3. Mid	3. Mid	4. High	4. High
Kelso and District	3. Mid	4. High	3. Mid	4. High	3. Mid
Galashiels and District	3. Mid	3. Mid	4. High	4. High	4. High
Leaderdale and Melrose	2. Low	2. Low	2. Low	2. Low	2. Low
Selkirkshire	3. Mid	3. Mid	3. Mid	4. High	3. Mid
Hawick and Denholm	4. High	4. High	4. High	5. Higher	4. High
Hawick and Hermitage	3. Mid	3. Mid	3. Mid	4. High	3. Mid
Tweeddale East	2. Low	2. Low	2. Low	2. Low	2. Low
Tweeddale West	2. Low	2. Low	2. Low	2. Low	2. Low

## Annex 1: Scottish Borders Child Poverty Index 2021: Primary School Ranking

The table below ranks the non-denominational primary schools in the Scottish Borders by the 'Average of SB CPI Score' for the primary school based best fit data zones. The components of the SB CPI 2021 are:

- Percent of Children in Low Income Families (CiLIF) 2020-21 from DWP / NRS
- Percent of Pupils in Receipt of Free School Meals (FSM) 2021 from SBC's SEEMIS
- SEEMIS Percent of Pupils in Receipt of Clothing Grant (CG) 2021 from SBC's SEEMIS
- Percent of Pupils Aged 16+ in Receipt of Education Maintenance Allowance (EMA) 2021 from SBC's SEEMIS

Each primary school is allocated into a SB CPI level based on the school's score.

Scottish Borders	18.0%	15.4%	18.0%	10.0%	11.5	Mid	14	37	38	38	16	143
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SB CPI 2021 Primary School Rank	Secondary School	Primary School	Average of % CiLIF 2020-21 (DWP)	Average of % FSM 2021 (SBC)	Average of % CLG 2021 (SBC)	Average of % EMA16+ 2021 (SBC)	School SB CPI 2021 Score (Max 20)	School SB CPI 2021 Level	SB CPI 2021 Level					Count of Data Zones
									Lower	Low	Mid	High	Higher	
1	Hawick High School	Burnfoot Primary	33.9%	43.8%	49.4%	22.0%	18.5	Higher					4	4
2	Eyemouth High School	Coldingham Primary	25.0%	30.0%	30.0%	11.1%	16.5	Higher					1	1
2	Galashiels Academy	Langlee Primary	23.0%	26.3%	31.4%	21.3%	16.5	Higher		1		1	2	4
4	Selkirk High School	Philiphaugh Primary	29.3%	28.7%	30.6%	17.9%	16.0	High			1		1	2
5	Hawick High School	Newcastleton Primary	28.1%	24.3%	24.3%	28.6%	15.5	High				1		1
6	Galashiels Academy	Balmoral Primary	26.1%	24.9%	26.8%	11.5%	14.5	High		1	1		2	4
6	Galashiels Academy	Burgh Primary	25.1%	20.6%	26.9%	12.2%	14.5	High		1		1	1	3
6	Eyemouth High School	Eyemouth Primary	22.5%	20.3%	25.0%	14.2%	14.5	High		1		4		5
6	Jedburgh Grammar	Jedburgh Primary	27.1%	22.1%	24.6%	10.5%	14.5	High		1		4	1	6
10	Kelso High School	Broomlands Primary	22.3%	20.1%	23.7%	7.6%	14.0	High		1		3		4
11	Selkirk High School	Knowepark Primary	22.8%	18.4%	21.5%	13.2%	13.5	High			2	3		5
12	Eyemouth High School	Ayton Primary	18.9%	20.2%	22.2%	8.9%	13.0	High				2		2
12	Berwickshire High School	Coldstream Primary	22.0%	18.8%	23.0%	5.3%	13.0	High		1	1	1	2	4
12	Kelso High School	Edenside Primary	23.1%	15.9%	17.6%	15.1%	13.0	High	1	1		1	2	5
12	Kelso High School	Ednam Primary	22.1%	17.3%	19.7%	16.7%	13.0	High				1		1
12	Hawick High School	Trinity Primary	22.8%	17.4%	21.8%	9.7%	13.0	High			1	1		2
17	Hawick High School	Drumlanrig St Cuthberts Primary	22.0%	16.0%	18.1%	14.4%	12.5	High	1	2	2	2	2	9
17	Galashiels Academy	Fountainhall Primary and Heriot Primary	14.1%	19.5%	22.5%	10.7%	12.5	High				1		1

Scottish Borders

18.0%	15.4%	18.0%	10.0%	11.5	Mid	14	37	38	38	16	143
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SB CPI 2021 Primary School Rank	Secondary School	Primary School	Average of % CiLIF 2020-21 (DWP)	Average of % FSM 2021 (SBC)	Average of % CLG 2021 (SBC)	Average of % EMA16+ 2021 (SBC)	School SB CPI 2021 Score (Max 20)	School SB CPI 2021 Level	SB CPI 2021 Level					Count of Data Zones
									Lower	Low	Mid	High	Higher	
19	Berwickshire High School	Greenlaw Primary	15.3%	26.2%	26.2%	0.0%	12.0	Mid			1			1
19	Galashiels Academy	St Peters Primary	21.3%	11.6%	15.0%	18.1%	12.0	Mid	1			2		3
19	Selkirk High School	Yarrow Primary	22.4%	18.5%	20.4%	0.0%	12.0	Mid			1			1
19	Kelso High School	Yetholm Primary	9.2%	24.6%	33.3%	0.0%	12.0	Mid			1			1
23	Earlston High School	Newtown Primary	15.8%	17.8%	18.3%	14.9%	11.5	Mid		1		2		3
24	Earlston High School	St Boswells Primary	13.5%	15.9%	18.8%	9.7%	11.0	Mid			2	1		3
24	Galashiels Academy	Tweedbank Primary	20.4%	10.8%	13.1%	15.5%	11.0	Mid		1	1	1		3
24	Hawick High School	Wilton Primary	19.4%	11.3%	15.6%	17.8%	11.0	Mid			1	1		2
27	Berwickshire High School	Duns Primary	18.1%	13.0%	15.2%	11.1%	10.5	Mid		2	3	1		6
28	Hawick High School	Denholm Primary	19.9%	10.7%	14.1%	15.6%	10.0	Mid			2			2
29	Eyemouth High School	Reston Primary	11.6%	11.9%	11.9%	12.5%	9.5	Mid			1			1
29	Peebles High School	St Ronans Primary	11.3%	10.2%	12.9%	12.2%	9.5	Mid		3		2		5
31	Berwickshire High School	Chirnside Primary	17.8%	10.3%	14.0%	5.3%	9.0	Mid		1	2			3
31	Eyemouth High School	Cockburnspath Primary	21.1%	12.0%	14.0%	0.0%	9.0	Mid			1			1
31	Earlston High School	Earlston Primary	11.9%	11.8%	13.9%	8.1%	9.0	Mid		1	2			3
31	Galashiels Academy	Glendinning Primary	11.0%	14.4%	16.9%	0.0%	9.0	Mid			1			1
31	Peebles High School	Kingsland Primary	13.7%	10.0%	12.3%	7.9%	9.0	Mid		5		1		6
31	Kelso High School	Morebattle Primary	20.4%	8.9%	13.9%	6.3%	9.0	Mid			1			1
31	Peebles High School	Walkerburn Primary	12.1%	9.2%	15.8%	7.1%	9.0	Mid			1			1
38	Selkirk High School	Lilliesleaf Primary	16.5%	13.4%	13.4%	3.8%	8.5	Mid			1			1
38	Berwickshire High School	Swinton Primary	18.3%	7.1%	13.1%	13.0%	8.5	Mid		1	1			2

Scottish Borders

18.0% 15.4% 18.0% 10.0% 11.5 Mid 14 37 38 38 16 143

SB CPI 2021 Primary School Rank	Secondary School	Primary School	Average of % CiLIF 2020-21 (DWP)	Average of % FSM 2021 (SBC)	Average of % CLG 2021 (SBC)	Average of % EMA16+ 2021 (SBC)	School SB CPI 2021 Score (Max 20)	School SB CPI 2021 Level	SB CPI 2021 Level					Count of Data Zones
									Lower	Low	Mid	High	Higher	
40	Jedburgh Grammar	Ancrum Primary	14.8%	7.9%	8.4%	16.0%	8.0	Low			2			2
40	Galashiels Academy	Stow Primary	21.0%	8.3%	11.5%	0.0%	8.0	Low		1				1
42	Peebles High School	Broughton Primary	11.6%	8.2%	8.2%	11.8%	7.5	Low		1				1
43	Earlston High School	Channelkirk Primary	11.7%	9.2%	13.2%	0.0%	7.0	Low		1				1
43	Peebles High School	Newlands Primary	11.2%	6.9%	8.3%	7.1%	7.0	Low		1				1
45	Earlston High School	Gordon Primary	17.9%	4.4%	6.3%	13.9%	6.5	Low		1				1
45	Earlston High School	Melrose Primary	15.9%	6.0%	6.5%	4.3%	6.5	Low	1	2	1			4
47	Peebles High School	Priorsford Primary	9.6%	6.6%	8.1%	5.3%	6.0	Low	2	2	2			6
47	Hawick High School	Stirches Primary	13.2%	4.3%	7.1%	8.3%	6.0	Low	1		1			2
49	Selkirk High School	Kirkhope Primary	6.9%	2.9%	2.9%	20.0%	5.5	Low		1				1
50	Earlston High School	Lauder Primary	7.9%	4.2%	5.4%	8.8%	5.0	Low	1	2				3
51	Peebles High School	West Linton Primary	4.5%	4.0%	5.7%	4.8%	4.5	Low	2		1			3
52	Galashiels Academy	Clovenfords Primary	10.6%	3.0%	3.7%	0.0%	4.0	Lower	1					1
52	Peebles High School	Eddleston Primary	6.4%	3.4%	3.4%	7.1%	4.0	Lower	1					1
52	Kelso High School	Sprouston Primary	6.2%	3.8%	3.8%	8.3%	4.0	Lower	1					1
52	Earlston High School	Westruther Primary	10.7%	0.7%	1.4%	0.0%	4.0	Lower	1					1

## Annex 2: Level of Child Poverty 2017 – 2021, SBC, Ward and Data Zone

	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
Scottish Borders	3. Mid	3. Mid	3. Mid	4. High	3. Mid
East Berwickshire	3. Mid	3. Mid	3. Mid	4. High	4. High
Mid Berwickshire	2. Low	2. Low	2. Low	3. Mid	2. Low
Jedburgh and District	3. Mid	3. Mid	3. Mid	4. High	4. High
Kelso and District	3. Mid	4. High	3. Mid	4. High	3. Mid
Galashiels and District	3. Mid	3. Mid	4. High	4. High	4. High
Leaderdale and Melrose	2. Low	2. Low	2. Low	2. Low	2. Low
Selkirkshire	3. Mid	3. Mid	3. Mid	4. High	3. Mid
Hawick and Denholm	4. High	4. High	4. High	5. Higher	4. High
Hawick and Hermitage	3. Mid	3. Mid	3. Mid	4. High	3. Mid
Tweeddale East	2. Low	2. Low	2. Low	2. Low	2. Low
Tweeddale West	2. Low	2. Low	2. Low	2. Low	2. Low

### Berwickshire

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
East Berwickshire		3. Mid	3. Mid	3. Mid	4. High	4. High
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012309: Ayton	6	2. Low	3. Mid	2. Low	4. High	4. High
S01012310: St Abbs and Eyemouth Landward	6	2. Low	2. Low	3. Mid	4. High	4. High
S01012311: Coldingham	7	5. Higher	5. Higher	3. Mid	5. Higher	5. Higher
S01012312: Reston and Coldingham Moor Area	5	4. High	3. Mid	3. Mid	3. Mid	3. Mid
S01012313: Cockburnspath and Area	5	2. Low	3. Mid	2. Low	4. High	3. Mid
S01012314: Eyemouth - Gunsreen	5	4. High	3. Mid	4. High	5. Higher	4. High
S01012315: Eyemouth - Seafront Harbour	4	2. Low	1. Lower	2. Low	3. Mid	2. Low
S01012316: Eyemouth - Central	4	3. Mid	3. Mid	4. High	4. High	4. High
S01012317: Eyemouth - South	6	3. Mid	2. Low	3. Mid	4. High	4. High
S01012318: Eyemouth - North	4	4. High	4. High	4. High	4. High	4. High
S01012320: Chirnside - West	5	4. High	4. High	4. High	4. High	3. Mid
S01012321: Chirnside - East	6	3. Mid	3. Mid	3. Mid	3. Mid	3. Mid
S01012322: Whitsome Allanton and Hutton Area	7	2. Low	2. Low	1. Lower	3. Mid	2. Low
S01012323: Foulden and Area	7	3. Mid	3. Mid	3. Mid	3. Mid	2. Low

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Mid Berwickshire		2. Low	2. Low	2. Low	3. Mid	2. Low
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012300: Greenlaw	5	4. High	4. High	4. High	4. High	3. Mid
S01012301: Swinton Leithholm and Fogo Area	6	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012302: Cranshaws - Abbey St Bathans Area	4	3. Mid	2. Low	2. Low	3. Mid	3. Mid
S01012303: Westruther and Polwarth Area	7	1. Lower	1. Lower	1. Lower	1. Lower	1. Lower
S01012304: Gordon and Hume Area	7	2. Low	2. Low	2. Low	2. Low	2. Low
S01012305: Duns - South	6	2. Low	2. Low	3. Mid	4. High	3. Mid
S01012306: Duns - West	4	4. High	3. Mid	3. Mid	4. High	4. High
S01012307: Duns - North	5	3. Mid	3. Mid	3. Mid	3. Mid	2. Low
S01012308: Duns - East	8	3. Mid	3. Mid	2. Low	3. Mid	3. Mid
S01012319: Preston and Manderston Area	6	3. Mid	3. Mid	3. Mid	2. Low	2. Low
S01012324: Birgham and Ladykirk Area	6	3. Mid	3. Mid	3. Mid	3. Mid	4. High
S01012325: Coldstream - West	7	2. Low	2. Low	3. Mid	3. Mid	2. Low
S01012326: Coldstream - South	3	4. High	4. High	3. Mid	4. High	4. High
S01012327: Coldstream - East	6	4. High	3. Mid	3. Mid	4. High	3. Mid

## Cheviot

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Jedburgh and District		3. Mid	3. Mid	3. Mid	4. High	4. High
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012341: Oxnam and Camptown Area	7	2. Low	2. Low	1. Lower	3. Mid	2. Low
S01012342: Ancrum and Lanton Area	6	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012343: Roxburgh Heiton Eckford Area	7	2. Low	2. Low	2. Low	2. Low	3. Mid
S01012346: Dryburgh Charlesfield Maxton Area	7	3. Mid	2. Low	2. Low	3. Mid	3. Mid
S01012347: St Boswells - East	8	2. Low	2. Low	3. Mid	4. High	4. High
S01012348: St Boswells - West	8	2. Low	2. Low	2. Low	2. Low	3. Mid
S01012349: Jedburgh - Howden	5	4. High	4. High	4. High	4. High	4. High
S01012350: Jedburgh - Doom Hill	4	4. High	4. High	4. High	5. Higher	4. High
S01012351: Jedburgh - East Central	4	3. Mid	3. Mid	4. High	5. Higher	5. Higher
S01012352: Jedburgh - West Central	7	2. Low	3. Mid	3. Mid	5. Higher	4. High
S01012353: Jedburgh - Abbey	4	3. Mid	4. High	3. Mid	4. High	4. High

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Kelso and District		3. Mid	4. High	3. Mid	4. High	3. Mid
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012328: Town Yetholm	5	4. High	4. High	3. Mid	4. High	3. Mid
S01012329: Morebattle Hownam and Area	5	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012330: Kelso S - Pinnaclehill	6	3. Mid	4. High	4. High	3. Mid	4. High
S01012331: Kelso S - Maxwellheugh	9	1. Lower	1. Lower	1. Lower	1. Lower	1. Lower
S01012332: Smailholm Stitchill and Ednam Area	7	3. Mid	3. Mid	2. Low	3. Mid	4. High
S01012333: Sprouston and Area	7	2. Low	2. Low	1. Lower	2. Low	1. Lower
S01012334: Kelso N - High Croft Orchard Park	6	4. High	4. High	4. High	5. Higher	4. High
S01012335: Kelso N - Hendersyde Oakfield	7	3. Mid	2. Low	3. Mid	2. Low	2. Low
S01012336: Kelso N - Abbotseat	8	3. Mid	3. Mid	2. Low	3. Mid	4. High
S01012337: Kelso N - Poynder Park	3	3. Mid	4. High	4. High	5. Higher	5. Higher
S01012338: Kelso S - Bowmont and Edenside	5	3. Mid	3. Mid	3. Mid	4. High	5. Higher
S01012339: Kelso S - Abbey	5	2. Low	2. Low	2. Low	3. Mid	2. Low
S01012340: Kelso S - Broomlands	6	4. High	4. High	4. High	5. Higher	4. High

## Eildon

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Galashiels and District		3. Mid	3. Mid	4. High	4. High	4. High
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012271: Heriot - Fountainhall - Stow Landward	6	2. Low	3. Mid	3. Mid	4. High	4. High
S01012272: Stow	7	1. Lower	1. Lower	1. Lower	2. Low	2. Low
S01012274: Galashiels - N - Halliburton	6	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012275: Galashiels - N - Town Centre	3	3. Mid	4. High	4. High	5. Higher	5. Higher
S01012276: Galashiels - N - Windyknowe	5	1. Lower	2. Low	1. Lower	2. Low	2. Low
S01012277: Galashiels - N - Wood St	5	4. High	4. High	4. High	5. Higher	4. High
S01012278: Galashiels - W - Old Town	4	4. High	4. High	3. Mid	3. Mid	2. Low
S01012279: Galashiels - W - Thistle St	3	4. High	4. High	4. High	5. Higher	5. Higher
S01012280: Galashiels - W - Balmoral Rd	4	3. Mid	4. High	4. High	5. Higher	5. Higher
S01012281: Galashiels - W - Balmoral Pl	5	3. Mid	4. High	3. Mid	3. Mid	3. Mid
S01012282: Galashiels - S - Netherdale	8	1. Lower	1. Lower	2. Low	2. Low	1. Lower
S01012283: Galashiels - S - St Peters Sch	5	4. High	4. High	3. Mid	4. High	4. High
S01012284: Galashiels - S - Huddersfield	3	4. High	4. High	4. High	4. High	4. High
S01012285: Galashiels - S - Glenfield	7	2. Low	1. Lower	2. Low	2. Low	2. Low
S01012286: Gala - Langlee - East	4	3. Mid	3. Mid	3. Mid	5. Higher	4. High
S01012287: Gala - Langlee - Central	1	4. High	5. Higher	5. Higher	5. Higher	5. Higher
S01012288: Gala - Langlee - West	2	4. High	5. Higher	5. Higher	5. Higher	5. Higher

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Leaderdale and Melrose		2. Low	2. Low	2. Low	2. Low	2. Low
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012268: Earlston and Melrose Landward	8	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012269: Earlston - West	8	2. Low	2. Low	2. Low	2. Low	2. Low
S01012270: Earlston - East	6	2. Low	3. Mid	2. Low	3. Mid	3. Mid
S01012289: Gattonside - Darnick - Chiefswood	8	2. Low	1. Lower	1. Lower	1. Lower	1. Lower
S01012290: Melrose - Newstead	6	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012291: Melrose - Dingleton Hill	9	2. Low	2. Low	1. Lower	2. Low	2. Low
S01012292: Melrose - High Street	10	1. Lower	1. Lower	1. Lower	2. Low	2. Low
S01012293: Tweedbank - West	6	2. Low	2. Low	2. Low	4. High	3. Mid
S01012294: Tweedbank - North	5	4. High	3. Mid	3. Mid	3. Mid	4. High
S01012295: Tweedbank - East	7	3. Mid	2. Low	1. Lower	2. Low	2. Low
S01012296: Lauder - South	10	2. Low	1. Lower	1. Lower	2. Low	2. Low
S01012297: Blainslie and Legerwood	8	1. Lower	1. Lower	1. Lower	2. Low	1. Lower
S01012298: Lauder - North	7	3. Mid	3. Mid	1. Lower	3. Mid	2. Low
S01012299: Oxton and Area	7	1. Lower	1. Lower	1. Lower	2. Low	2. Low

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Selkirkshire		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012344: Newtown St Boswells - South	5	3. Mid	3. Mid	3. Mid	5. Higher	4. High
S01012345: Newtown St Boswells - North	7	2. Low	3. Mid	3. Mid	5. Higher	4. High
S01012376: Ashkirk Lilliesleaf and Midlem Area	8	2. Low	2. Low	2. Low	2. Low	3. Mid
S01012377: Bowden and Lindean Area	7	1. Lower	1. Lower	1. Lower	2. Low	2. Low
S01012378: Ettrick Water and Bowhill Area	6	2. Low	2. Low	2. Low	3. Mid	2. Low
S01012379: Yarrow Water and Sunderland Area	6	1. Lower	3. Mid	1. Lower	3. Mid	3. Mid
S01012380: Selkirk - Shawburn	5	3. Mid	4. High	4. High	4. High	4. High
S01012381: Selkirk - Town Centre	5	2. Low	3. Mid	4. High	5. Higher	4. High
S01012382: Selkirk - Hillside Terrace	8	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012383: Selkirk - Shawpark	7	3. Mid	4. High	3. Mid	3. Mid	3. Mid
S01012384: Selkirk - Dunsdale	6	3. Mid	2. Low	4. High	4. High	4. High
S01012385: Selkirk - Heatherlie	6	3. Mid	3. Mid	3. Mid	2. Low	3. Mid
S01012386: Selkirk - Bannerfield	2	5. Higher	5. Higher	4. High	5. Higher	5. Higher

## Teviot and Liddesdale

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Hawick and Denholm		4. High	4. High	4. High	5. Higher	4. High
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012356: Denholm	8	2. Low	2. Low	2. Low	3. Mid	3. Mid
S01012357: Minto Cauldmill and Boonraw Area	7	2. Low	3. Mid	1. Lower	1. Lower	1. Lower
S01012358: Bonchester Bridge and Chesters Area	6	2. Low	2. Low	3. Mid	3. Mid	3. Mid
S01012359: Hawick - Burnfoot - South East	1	5. Higher	5. Higher	4. High	5. Higher	5. Higher
S01012360: Hawick - Burnfoot - Central	1	5. Higher	4. High	4. High	5. Higher	5. Higher
S01012361: Hawick - Burnfoot - West	2	5. Higher	5. Higher	4. High	5. Higher	5. Higher
S01012362: Hawick - Burnfoot - North	2	5. Higher	5. Higher	5. Higher	5. Higher	5. Higher
S01012368: Hawick West End - Wilton Dean	7	2. Low	2. Low	3. Mid	2. Low	2. Low
S01012372: Hawick North - Commercial Road	2	4. High	5. Higher	4. High	5. Higher	5. Higher
S01012373: Hawick North - Wilton Hill	5	3. Mid	3. Mid	3. Mid	3. Mid	3. Mid
S01012374: Hawick North - Stirtches	5	2. Low	2. Low	3. Mid	4. High	3. Mid
S01012375: Hawick North - Silverbuthall	4	4. High	3. Mid	3. Mid	3. Mid	4. High

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Hawick and Hermitage		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012354: Newcastleton	6	2. Low	4. High	3. Mid	4. High	4. High
S01012355: Teviothead and Hermitage Area	5	3. Mid	3. Mid	3. Mid	4. High	3. Mid
S01012363: Hawick Central - Wellogate	2	3. Mid	3. Mid	4. High	4. High	4. High
S01012364: Hawick Central - Trinity	3	3. Mid	3. Mid	4. High	5. Higher	4. High
S01012365: Hawick Central - Millers Knowes	8	2. Low	1. Lower	1. Lower	2. Low	1. Lower
S01012366: Hawick Central - Town Centre	4	5. Higher	5. Higher	5. Higher	5. Higher	5. Higher
S01012367: Hawick Central - Weensland	6	4. High	4. High	4. High	4. High	3. Mid
S01012369: Hawick West End - Crumhaughill and Parkdail	8	2. Low	2. Low	2. Low	2. Low	2. Low
S01012370: Hawick Central - Drumlanrig	4	2. Low	2. Low	3. Mid	4. High	4. High
S01012371: Hawick West End - Crumhaugh	4	3. Mid	3. Mid	4. High	4. High	3. Mid

## Tweeddale

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Tweeddale East		2. Low	2. Low	2. Low	2. Low	2. Low
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012256: Peebles - S - Calvalry Park	9	2. Low	1. Lower	2. Low	2. Low	2. Low
S01012257: Peebles - S - Gallow Hill	7	3. Mid	3. Mid	2. Low	3. Mid	3. Mid
S01012258: Peebles - S - Edderston Rd	10	1. Lower	1. Lower	1. Lower	1. Lower	1. Lower
S01012259: Peebles - S - Caledonian-Springhill	10	1. Lower	1. Lower	1. Lower	1. Lower	1. Lower
S01012260: Peebles - S - Victoria Park	7	3. Mid	2. Low	2. Low	2. Low	3. Mid
S01012261: Cardrona	8	1. Lower	2. Low	2. Low	2. Low	2. Low
S01012262: Tweeddale East Landward	6	2. Low	2. Low	2. Low	2. Low	2. Low
S01012263: Walkerburn	4	4. High	3. Mid	3. Mid	3. Mid	3. Mid
S01012264: Innerleithen - North	8	1. Lower	1. Lower	1. Lower	2. Low	2. Low
S01012265: Innerleithen - East	5	3. Mid	3. Mid	4. High	4. High	4. High
S01012266: Innerleithen - South	7	3. Mid	3. Mid	2. Low	3. Mid	4. High
S01012267: Innerleithen - West	10	1. Lower	1. Lower	1. Lower	2. Low	2. Low
S01012273: Clovenfords and Area	9	2. Low	2. Low	1. Lower	1. Lower	1. Lower

Scottish Borders		3. Mid	3. Mid	3. Mid	4. High	3. Mid
Tweeddale West		2. Low	2. Low	2. Low	2. Low	2. Low
Data Zone 2011 Code and Name	SIMD2020 Decile v2	SB CPI 2017 Level	SB CPI 2018 Level	SB CPI 2019 Level	SB CPI 2020 Level	SB CPI 2021 Level
S01012244: Carlops Romannobridge	6	1. Lower	1. Lower	1. Lower	1. Lower	1. Lower
S01012245: West Linton - Lower	9	1. Lower	1. Lower	1. Lower	2. Low	1. Lower
S01012246: West Linton - Upper	9	1. Lower	2. Low	2. Low	2. Low	3. Mid
S01012247: Eddleston and Area	7	2. Low	1. Lower	1. Lower	2. Low	1. Lower
S01012248: Stobo - Blyth Bridge - Skirling	7	3. Mid	3. Mid	2. Low	3. Mid	2. Low
S01012249: Broughton and Upper Tweed	6	3. Mid	3. Mid	3. Mid	3. Mid	2. Low
S01012250: Glentress and Manor Valley	8	2. Low	1. Lower	1. Lower	2. Low	2. Low
S01012251: Peebles - N - Connor St	4	4. High	4. High	4. High	4. High	4. High
S01012252: Peebles North - Dalatho	6	2. Low	3. Mid	2. Low	3. Mid	2. Low
S01012253: Peebles - N - Cuddyside	6	2. Low	3. Mid	2. Low	2. Low	2. Low
S01012254: Peebles - N - March St	9	2. Low	3. Mid	2. Low	2. Low	2. Low
S01012255: Peebles - N - Eastgate	8	2. Low	2. Low	1. Lower	2. Low	2. Low



## Appendix B - Scottish Borders Child Poverty Annual Progress Report 2021/22

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
<b>Employability</b> <b>Through these actions we will increase support available to parents, and uptake and awareness of that support, as well as giving parents access to skills, training and opportunities. This will strengthen the employment offer to parents and create new fair work opportunities, plus tackling inequalities which stop parents from entering and participating in the labour market.</b>					
Implementation of Intensive Family Support Service (IFSS)	1	City Region Deal SBC	Number of participants  Number of employment opportunities	Young parent families  Families where parents are aged 30-39	During the period from 01/06/21 to 31/03/22, 20 families have engaged with the IFSS service, within this number 27 adults and 40 children have been supported. Of those, 8 adults have entered Further or Higher Education, 5 adults have entered employment, 5 young people within the families are achieving an education, training, or employment outcomes, 4 adults have improved money management skills, 8 children are more engaged in learning through Early Years Centres, and 6 care experienced families are engaging in the service.
Engage with the Job Centre to support and advise individuals affected by COVID-19 or facing redundancy	1	Volunteer Centre Borders (VCB)	Number of participants	Young People and families	VCB have engaged with all three job centres - Galashiels, Hawick and Eyemouth since summer 2021 to deliver workshop sessions and monthly drop ins. Intervention in this area had to be put on hold, due to emergency support needed for those suffering from redundancy or reduced income due to the pandemic. In March 2022 training was delivered to 21 job coaches on volunteering and work capability assessments.
Commitment to offering only contracts and not casual hours – provides certainty for people to have work for a contracted time period	1	Live Borders	Number of opportunities	All	Live Borders has posted approximately 112 vacancies, some of which have been multi vacancies. The 'Get Into Summer' Programme in 2021 recruited to an additional 20 vacancies. Those recruited included PE students, primary teaching students, experienced coaches, and sports leaders.
Support services such as Skills Development Scotland and Activity agreements	1	VCB	Number of participants	Children and Young People	VCB continue to encourage referrals from supportive organisations such as No One Left Behind (SBC), Developing Young Workforce, Skills Development Scotland, Learning Disability Service (SBC), Community Learning and Development Service (SBC)

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					and the Pastoral staff team in each of the 9 high schools. There has been a rise in referrals since August 2021 and this is continuing into 2022 with more young people receiving support to get involved in volunteering to boost confidence and gain soft skills that will support them to engage more in the community. VCB have kept in touch with those who were matched to an opportunity. Most of the young people who required extra support in attending initial meetings and first volunteering session at the volunteer organisation, with either their key worker or VCBs youth development officer, are now thriving and some have asked VCB if they can ask the volunteer organisation if they can extend the amount of hours they volunteer for, or find additional volunteering opportunities. We have had positive responses from volunteering organisations such as Chest, Heart and Stroke Scotland, The Trimontium Trust, The Bird Garden Scotland and At Birkhill House.
Participate in the Borders College Youth Pathway Project	1	VCB	Number of participants	Children and Young People	Due to the pandemic and lack of resources, this project has been put on hold until further notice. Work with Borders College continues, finding placements and supporting young people in placements.
Promote the Saltire awards Scheme	1	VCB	Number of Opportunities	Children and Young People	Over the last year the Saltire Awards have been promoted in schools through the Youth Ambassadors Project. They have also been promoted when a young person registers as a volunteer with Volunteer Centre Borders, or when an organisation gets in touch enquiring about youth volunteering opportunities. VCB regularly approves Saltire Awards for those who have registered independently of VCB.
Deliver a 'removing youth volunteer barriers' project	1	VCB	Number of Opportunities	Children and Young People	Using the Ambassador Project, VCB has engaged with youth ambassadors and other youth representatives to concentrate on positive mental health wellbeing, as well as volunteering and the challenges of being a volunteer, over the last 12 months when lockdown and restrictions were imposed. There are a lot of barriers for young people who want to volunteer and we are working with partners to eliminate obstacles and make volunteering as accessible as possible.
Match young people remotely in	1	VCB	Number of	Children and Young	There are age 14+ (previously 16+) support meetings

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each of the 9 high schools (plus anyone else under age 25) to opportunities that will support career aspirations			Opportunities	People	in each High School to support young people who may not be in a position of heading towards a positive destination after school. These meetings bring partners together from Developing Young Workforce, Pastoral Staff Team, Council Employment Support, Skills Development Scotland, Volunteer Centre Borders, local youth groups, No One Left Behind Service, Community Learning and Development Staff and a College representative to talk through how we could help young people achieve a more positive destination. VCB are actively involved in 4 out of the 9 High Schools 14+ meetings and regular communications with the pastoral teams takes place to highlight opportunities. The Enhanced Provision departments in Hawick High and Berwickshire High School are supported to find group placements and to educate around volunteering. VCB also work with Developing Young Workforce to source and offer opportunities that match the needs of the young people who may struggle physically or verbally in some environments. We have been looking at in class volunteering, where we would invite a speaker from an organisation into the school to get involved in activity-based promotion of the charity – we are linking up with the Golden Eagles project in the first instance.
Engagement with Community Job Scotland and other supported employment opportunities for young people	1	Third Sector (SBSEC)	Number of opportunities	Young People	Excluding Kickstart through Community Jobs Scotland and other supported employment opportunities for young people, including Sector Based Work Academy Placements, No-one Left Behind / YPG etc. and additional 9 young people supported into employment.
Encouraging Job Creation - Through its funding and development support for businesses and other organisations, SOSE will help organisations to expand and innovate, resulting in growth and the safeguarding and/or creation of jobs	1	SOSE	Number of jobs safeguarded or created through its funding	ALL	Over the last year SOSE have provided advice and assistance to businesses and community organisations affected by Covid 19. This support has assisted their survival, stemmed job losses, as well as aided their recovery and long-term survival. SOSE have introduced targeted Business Coaches to address structural barriers to enterprise development. Business Coaches are specifically supporting Women in Business and Young People, with the aim of increasing self-employment and social enterprise opportunities.

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					<p>SOSE provided grant funding of £48k supporting the creation of the South of Scotland Additional Support Needs Network. This network will enable more collective advocacy, peer learning and champion employment opportunities for those with Additional Support Needs.</p> <p>SOSE are supporting community organisations with enterprise development ideas which looks to reduce barriers to employment i.e. Community Transport, Child Care, Training and Development, enabling the development of structural facilities and services aligned with community needs. Additionally SOSE has supported a wide range of businesses, communities and social enterprises to explore new opportunities and grow their enterprises, creating more job opportunities for the Scottish Borders.</p>
Meeting Skills Needs - SOSE will support the work of the SoS Regional Economic Partnership's Education and Skills Strategic Group and the implementation of South of Scotland Regional Skills Investment Plan (RSIP)	1	SOSE	To be confirmed	Targeted Group	<p>In 2021-22 SOSE created six Modern Apprentice positions offering employment pathways for young people across the region. This was further supported by the creation of 9 internship positions providing the opportunity to develop experience and skills in the workplace. To further support the development of skills and qualifications across the Scottish Borders, our Enterprising Communities Team have provided development support to four third sector organisations which focus on offering employability, training or skills development. This support has focussed on enterprise development, assisting organisations to develop robust plans which support their long-term sustainability and ensuring inclusive personal development opportunities are available across the Scottish Borders. SOSE have been a key contributor to developing the Shared Apprenticeship Scheme which was launched in early 2022.</p> <p>Our Enterprising Communities Team have supported four third sector organisation providing development support to organisations whose primary purpose is providing employability, training or skills development</p>

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					for those who need it most. This support aims to enable enterprise development to aid in the organisation's sustainability. SOSE have directly delivered capacity building programmes, providing professional development opportunities for community organisations through the following programmes: Communities Leading in Tourism Governance Development Social Impact IGNITE Young Enterprise Development Programme
Championing Fair Work - Scottish Ministers have sent guidance to all public bodies to focus on delivering the Government's vision for Scotland to be a leading Fair Work Nation by 2025, where high quality and fair work is the norm in workplaces across Scotland. SOSE will attach Fair Work First criteria to all its grants, procurements and other funding	1	SOSE	Number of funded organisations that engage in new Fair Work practices	ALL	It is a mandatory requirement for all businesses and organisations supported by SOSE to baseline their contribution to Fair Work, and to put in place an action plan for future improvement. A key element of Fair Work is for employers to offer the real living wage and ending the use of enforced zero-hour contracts. These steps serve to maximise the income for all employees and help contribute to reducing levels of in-work poverty.
Continue to create modern apprentice opportunities in the Early Years Team	1	SBC Early Years Team	Number of opportunities	Young people furthest from the job market	The MA programme is continuing - a further 21 MAs are expected to be recruited in the current recruitment activity.
Deliver Parental Employability Project	1	SBC	Increased parental income and employment	Parents	For the period 1st April 21 - 31st March 22, 61 parents have engaged with the Parental Employability Service and progressed along the employability pipeline. 25 entered FE /HE or Training, 15 parents have gained a qualification, 34 parents were referred to the Financial Inclusion Team, 5 increased their income and 4 entered employment. 5 parents were issued with a digital device.  Supported further by SBSEC Community Interest Companies as we have connected with SBC and have received referrals. There is an option for parents to receive support in setting up their own company i.e. Community Interest Company and we will support funding at incorporation stage and at stages of growth and development - our services provided free of

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
					charge.
<b>Education</b> <b>Through these actions we will continue to tackle the poverty related attainment gap, and support the health and well-being of children and young people. This will in turn help children and young people to achieve better life long outcomes, thus helping to break the cycle of poverty.</b>					
Run family learning programmes targeted at 18 of our primary schools where there are the highest levels of poverty	1,3	SBC CLD	Maximised income for families, enhanced financial capabilities and increasing their income levels through improved employment	Families, children and young people	For the period 1 April 21 to 31 March 22 - 67 family learning programmes were delivered in targeted primary schools, and Early Years Centres where there are the highest levels of poverty. Of those families who took part and have completed programmes up to 31st March 22, 38 Adults evidenced that they are: Better able to support Children's Learning (34) Improved confidence in parenting role (28) Improved family relationships (30) Making a positive lifestyle choice (30) Reduced isolation (31) Increased life skills (14)
Undertake College's 'Care Aware' initiative to provide support and a named person for care experienced young people and student carers. The initiative works to address barriers and provide information to maximise funding, access learning support and nurture	3	Borders College	Uptake, successful completion of study and progression thereafter	Students	Borders College success rates are amongst the top quartile for Scotland's College's with an overall success rate of 79.3%. Students from the most deprived 10% have a success rate of 71.4%, those from the most deprived 20%, a success rate of 76.8% and as expected, given the very many external challenges faced, our Care Experienced students a lower success rate of 65.7%. We recognise that these fall below the overall success rate of our student body as a whole, however each of these focus groups are above the National sector average. It highlights the importance of continuing with our targeted support interventions in order to close the attainment gap for those most at risk of experiencing poverty.
Undertake a mentoring initiative to support those most at risk of disengagement to successfully transition through senior phase of school to college and for those at greatest risk of disengagement	1	Borders College	Uptake, successful completion of study and progression thereafter	All School Leavers	Borders College have been successful in securing a further 2 years funding from the Robertson Trust to continue our Mentoring programme providing those furthest from engaging and sustaining their learning journey to overcome the barriers and experience a positive outcome through mentoring, coaching and

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
during their first year at College					advocacy.
Review the cost of the school day	2	SBC NHS Borders	Reduced cost to families	Children and families	Cost of the school day work continues in schools with examples of uniform recycling, swap shops for secondary dances/proms, free access to stationery, swap and share places. Early Years Centres have been supporting the operation of Clothes Banks as one of their key areas of work.
Complete roll out of poverty related training to all staff in Education Service	2	SBC Education	Indicators on attainment	School children	Although complete roll out has not been possible due to challenges with Covid regulations, a pilot project with Hawick, Selkirk and Galashiels clusters has been taking place, focussing on data literacy to close the poverty related attainment gap. Work on this will continue.
Implement a pilot of debt management/savings scheme with children in Burnfoot Primary School	2	SBC	Uptake of Scheme	Children	Paused due to Covid-19
Proactively promote free school meals (FSM) and clothing grant provision	2,3	SBC Education	Increased Uptake	School Children	Universal provision of free school meals for primary 1-3 was introduced nationally in August 2021 and extended to P4 and P5 in January 2022. This will be further increased for P6 and P7 from August 2022. Since 2019-20 primary claimed FSM has risen by 4.1% and Clothing Grant has dropped by 1.81% (possibly due to children not needing to wear school uniform during pandemic and school closures). In Secondary, since 2019-20 FSM has risen by 1.69% and CG dropped by 1.22%. Work on this will continue.
Work in partnership with third sector and Live Borders on accessible Summer programmes which also help with food insecurity	2	SBC Education	Uptake	Targeted children and families	The Get into Summer Programme was available for primary aged children in the summer of 2021. Schools targeted families who accessed FSM to encourage sign up. Planning is currently taking place with partners for similar events this summer.
The Community Learning and Development Service (CLDS) and third sector partners provide targeted programmes to support disadvantaged young people to succeed and achieve.	1	SBC Third Sector Youth Organisations YouthBorders	Evaluation against Scotland's Youth Work Outcomes, Completion of Youth Awards.	Targeted young people	This is happening across Youth Learning and indeed is being used in some cases as a planning tool. A session for new staff will be planned in the near future. Stepping Stones Project (Scottish Borders Youth Work Partnership).
Participate in Scottish Government's Youth Guarantee	1	Borders College	Uptake, successful	All school leavers	Borders College success rates are amongst the top quartile for Scotland's College's with an overall



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by the offer of an appropriate study programme for all school leavers who apply			completion of study and progression thereafter		success rate of 79.3%. Students from the most deprived 10% have a success rate of 71.4%, those from the most deprived 20%, a success rate of 76.8% and as expected, given the very many external challenges faced, our Care Experienced students a lower success rate of 65.7%. We recognise that these fall below the overall success rate of our student body as a whole, however each of these focus groups are above the National sector average. It highlights the importance of continuing with our targeted support interventions in order to close the attainment gap for those most at risk of experiencing poverty.

### Information & Advice

**Through these actions we will help to ensure families receive the support they are entitled to. We will provide support to help overcome barriers to accessing these supports, as well as improving the quality and availability of advice services.**

Ensure duties under the Fairer Scotland Duty are taken into account in Child Poverty work in the Scottish Borders	3	SBC NHS Borders Partner Organisations	Compliance with Legislation	All	No specific items although incorporated as a principle in action plan. Future programmes/new developments will be informed by the Duties and HIIA.
Continued use of the Neglect Toolkit by the Child Protection Delivery Group in relation to income maximisation support for families	3	SBC Child Protection Delivery Group	Audit activity, Child Protection Indicators	Children and young people most at risk of needing the child protection system	<p>Income maximisation mapping was undertaken within the poverty strategy group. Back to Basics Audit (2021) highlighted a continued underuse of the Neglect Toolkit.(NTK) When used the NTK has been seen to meaningfully support assessment, decision making and planning for the child. The Child Protection Delivery Group continue to advocate the use of the NTK with the decision that it must be considered at the earliest opportunity when there are concerns about neglect. To address the absence of NTK training due to Covid restrictions, NKT training has been developed for Teams with 2 training sessions already delivered. The Training and Development Delivery Group will now consider future NTK training provision.</p> <p>The quarterly Child Protection Minimum Dataset continues to report on the relationship between children on the Child Protection Register and deprivation. This data suite, with accompanying analysis, is considered and scrutinised by the Child Protection Delivery Group (CPDG), Public Protection</p>



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					Committee and then the Critical Services Oversight Group (CSOG). CPDG will consider a future NTK audit to revisit it uses and impact.
Commitment to free access to family days out in museums service and outdoor play area (Harestanes Park) and active promotion of low/no-cost access to family days out	2	Live Borders	Number of Participants	Families	Live Borders sites had 43,000 visits 2021/22 which was a significant reduction in visitor footfall. 440 Free access workshops over Summer - craft, arts and heritage activity 70 Free access family passes to Jim Clark Museum and workshop
Awareness Raising through social media, e-mail, telephone	2,3	CAB	No. of clients, Demographic information (if given), Client financial gain	All	Total number of clients assisted by Citizens Advice Bureau (CAB) in the SBC area – 4327. Total client financial gain in SBC Area is approximately £3.5m. SBSEC increased engagement and contact from those with a disability or long-term health condition requiring general advice and support includes signposting for funding / grants for essential items or loaning of disability equipment. Support and signposting to transitional funding is available through Independent Living Fund Scotland.
Map all Financial Inclusion services and promote awareness	2,3	SBC Financial Inclusion NHS Borders	Monetary gains, support given	All	Work is still ongoing and being linked to other services. The Financial Help in Early Years Leaflet was updated in September 2021, circulated widely across partners within Scottish Borders, and published on the Council's website.
Delivery of TD1 Early Steps Programme for young parents and their children using a youth work approach	2,3	TD1 Youth Hub	Participation and Engagement data. Programme impact evaluation report	Young Parents in Eildon	20 young parents with 26 children, mostly under 5s. 5 have been referred by NHS, 5 former young people with TD1 Youth Hub and the rest from word of mouth. 3 young parents are at college, 3 volunteering, 2 working, 2 are pregnant with remainder not in employment / education / training. The Group runs on Tuesday and Thursdays, with Wednesdays being for new members or parents who are nervous about the larger group situation. Group have planned and programmed out their own activities, one parent has started part time employment with TD1 Youth Hub, and another has started volunteering. TD1 Youth Hub uses a youth work approach to re-engaging these young parents into activity and developing their skills.
Registered as the gateway for	1,2,3	SBSEC	Work with CEF,	All	SBSEC are supporting young people through Social

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kickstart for young people			the ALLIANCE, SCVO and Inclusion Scotland to utilise tools		Enterprise and Third Sector organisations, and our Employability Pipeline (Ensuring kickstart would be a viable option for all) Kickstart now closed to referrals and young people with significant barriers and furthest from the Job market supported into work. As the Kickstart contracts finish we have ensured all engaged move into sustainable employment or otherwise identified positive destination - breaking the cycle of returning to full dependence upon social security and benefits.
Ensure UNCRC and Children's Rights are taken into account in Child Poverty work in the Scottish Borders	3	SBC NHS Borders Partner Organisations	Compliance with legislation	All	<p>New PEF Guidance (issued April 2021), as part of the Scottish Attainment Challenge refresh requires schools to consult with pupils and parents on how their PEF allocation is spent on resources. Schools are being encouraged to use participatory budgeting as part of this work. The Equity Lead Officers have launched this with head teachers and are engaged with work to maximise impact.</p> <p>Article 24 - 'I have the right to good quality health care, to clean water and good food', Article 26 'My family should get the money they need to help bring me up' Article 27 - 'I have the right to have a proper house, food and clothing' are relevant to our Child Poverty work and an action to ensure that UNCRC and Children's Rights are taken into account and are included within our Action Plan</p>
<p><b>Housing &amp; Energy</b>  <b>Through these actions we will help to keep housing costs low, provide support with rising energy bills and tackle homelessness for families.</b></p>					
Work with Home Energy Scotland to refer families that are struggling to eat or heat	2,3	SBSEC Work with CEF, the ALLIANCE, SCVO and Inclusion Scotland to utilise tools	Number of referrals	Scottish Borders Tenants	<p>Home Energy Scotland (HES) processed approx. 6600 interactions from households across the Scottish Borders in 2021/22. HES made 1742 referrals to trusted schemes for households across the region. These included Energy Efficient Scotland: Area Based Scheme referrals. 512 referrals were made to Warmer Home Scotland.</p> <p>SBSEC provides Information sharing and referrals around improvements, support and energy efficient measures includes linking with energy providers to ensure that tenants understand what they are entitled</p>

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
					to and opportunities available. In cases of emergency, guidance and support has been offered for tenants to access emergency support, grants, payments for gas and electricity.
Scottish Borders Housing Association (SBHA) will introduce emergency community monitoring tool software which will risk assess tenants' support needs and determine the levels of contact and intervention required	2	SBHA	Number of tenants managing to sustain tenancies	SBHA Tenants at risk	In 2021-22, SBHA piloted a Wellbeing Framework in Hawick to assess tenants against a series of risk factors to determine what support/intervention is required to ensure tenancy sustainment. The pilot produced some very positive outcomes for those tenants who participated and following an evaluation, the Framework was rolled out to all new SBHA tenants from January 2022. The Framework will be further evaluated in 2022-23 to inform future roll out across all SBHA neighbourhoods.
Borders Housing Network - Fuel Poverty Funding	2,3	Berwickshire Housing Association	ESSH compliance meet standards and aim to achieve 100% compliance with Scottish Government standards within 2021/22.	BHA Tenants	£32k of this was allocated to Berwickshire Housing Association (BHA) for immediate payment to energy suppliers on behalf of our customers for large scale fuel arrears, which was utilised between April and December 2021. A further £48k of funding was secured and received in February 2022 which will be used for the same purpose.
Supporting Communities Funding	2,3	Berwickshire Housing Association	Tracked and evaluated using the Scottish Federation of Housing Associations (SFHA) social value toolkit	BHA Tenants	<a href="https://www.sfha.co.uk/news/news-category/sector-news/news-article/bha-calculates-social-value-of-community-programmes-during-pandemic">https://www.sfha.co.uk/news/news-category/sector-news/news-article/bha-calculates-social-value-of-community-programmes-during-pandemic</a>
Covid Recovery Funding	2,3	Berwickshire Housing Association	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	BHA Tenants	<a href="https://www.sfha.co.uk/news/news-category/sector-news/news-article/bha-calculates-social-value-of-community-programmes-during-pandemic">https://www.sfha.co.uk/news/news-category/sector-news/news-article/bha-calculates-social-value-of-community-programmes-during-pandemic</a>
Energy Efficiency Standard for Social Housing	2	Berwickshire Housing	Tracked and evaluated using	BHA Tenants	For Berwickshire Housing Association 81.70% of homes are meeting ESSH as at 31st March 2022.

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compliance (ESSH)		Association	the Scottish Federation Housing Associations (SFHA) social value toolkit		We completed 31 homes in Ayton in 2021/22 and a further 28 homes are planned to be completed in Duns in 2022/23.
Community Partnership Working across Berwickshire Housing Association: Berwickshire Swap, Allanbank Creative Hub, Horse Time, Splash, Eat Sleep Ride, BAVS (neighbourhood bus /digital workshops for village halls)	1,2,3	Berwickshire Housing Association	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	BHA Tenants	<a href="https://www.sfha.co.uk/news/news-category/sector-news/news-article/bha-calculates-social-value-of-community-programmes-during-pandemic">https://www.sfha.co.uk/news/news-category/sector-news/news-article/bha-calculates-social-value-of-community-programmes-during-pandemic</a>
Work with SBC Community Assistance Hubs to provide support and advice to tenants	1,2,3	Berwickshire Housing Association	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	BHA Tenants	The Borders Employment Advice and Mentoring (BEAM) project started in January and runs until end of June 2022. The project aim is to help out-of-work tenants or members of their household identify and overcome barriers to employment and training.
Provide a Warm Affordable Home and advice to keep warm: Increasing the supply of affordable homes, Meeting Housing Need for families, SBHA HELP (Home Expenses - Lessening the Pinch) Project, Warm & Well Project	2,3	SBHA	Number of tenants supported	SBHA Tenants	SBHA's Warm and Well project has supported 1,188 Tenants since April 2020, generating £221,000 in household savings through the provision of energy saving advice (an average of £186 per household savings in the year). Following positive outcomes, SBHA has been awarded a grant by the Scot Government Investing in Communities Fund to continue the project up to March 2023.
The Borders Housing Network (BHN) recently secured £450,000 from the Scottish Government's Social Housing Fuel Support Fund. Disperse funds to support those in fuel debt	2,3	Borders Housing Network	No of tenants supported	Housing Tenants	A total of 127 SBHA Tenants have received a payment towards their energy debt (average energy debt per Tenant £787), utilising the £100,000 Fuel Debt Fund grant award from the Scot Govt. In addition, 305 fuel vouchers have been issued to Tenants on pre-paid meters totalling £14,000. SBHA has been awarded £150,000 from the Scot Government Fuel Debt Fund for 2022-23. £32K of this was allocated to BHA for immediate payment to energy suppliers on behalf of our customers for large scale fuel arrears, which was utilised between April and December 2021.

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					A further £48k of funding was secured and received in February 2022 which will be used for the same purpose. In addition, there is ring-fenced funding held by the Fuel bank Foundation who can issue vouchers to our tenants on an on-going basis (363 vouchers issued to customers, impacting 805 adults and children within those households).
Reduce the risk of eviction by using Triage Tool	2,3	SBHA	Less tenants evicted	SBHA Tenants	Eviction is an absolute last resort for SBHA with early intervention, prevention and partnership working in place to promote tenancy sustainment and reduce the number of Tenants who lose their home due to rent arrears. In 2021-22, the number of Tenants who sustained their tenancy for more than one year increased to 85.97% (demonstrating a steady increase when compared to the previous 3 years).
Review the delivery of services, develop housing and support pathways for the following groups, with the aim of preventing or alleviating homelessness for: (a) Individuals with Drug and Alcohol , (d) Individuals up to the age of 26 who were previously looked after by the Local Authority, (e) individuals with an offending History , (f) Victims of domestic abuse	2	SBC Homelessness	The Scottish Housing Network monitor RRTP performance by local authority annually, providing a national benchmarking framework	All	The Alcohol & Drugs Partnership are now represented at Borders Homeless and Health Strategic Partnership to strengthen strategic links. A SHORE working group has been established to review the implementation of the SHORE Standards within Scottish Borders. An information Sharing Agreement with the local RSLs has been developed which, once implemented aims to improve housing outcomes for tenants who enter prison. Homelessness and Justice Service are working together to pilot Bail Supervision and Home Leave accommodation. A working group has been established with the aim of improving housing outcomes for women and children experiencing domestic abuse in Scottish Borders.
Review and improve the advice and support to people who are subject to a Section 11 notice	3	SBC Homelessness	The Scottish Housing Network monitor RRTP performance by local authority annually, providing a national benchmarking framework	All	Priority was given over to administering the £175,000 Scottish Government Tenants Grant Fund which supported households in the Scottish Borders to address rent arrears incurred during the pandemic. Ongoing actions regarding the wider Section 11 work will continue in 2022/2023.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
Implement a pilot, Housing First model that meets the needs of people with multiple needs in the Scottish Borders and which, as far as is possible in a rural context, conforms with the 7 principles of Housing First'	3	SBC Homelessness	The Scottish Housing Network monitor RRTP performance by local authority annually, providing a national benchmarking framework	All	A two year Housing First pilot launched on 1st October 2021.
Review the existing processes for the provision of furniture and goods to homeless households	2,3	SBC Homelessness	The Scottish Housing Network monitor RRTP performance by local authority annually, providing a national benchmarking framework	All	The COVID-19 and Ukrainian emergencies have restricted the full application of resources and delayed some of the RRTP actions, therefore limited progress was made in regards to this action and it will be carried forward into 2022/2023.
Review existing processes to ensure applications for DHP are maximised to prevent homelessness and/or to achieve positive outcomes for people who are Homeless or threatened with homelessness	2,3	SBC Homelessness	The Scottish Housing Network monitor RRTP performance by local authority annually, providing a national benchmarking framework	All	The COVID-19 and Ukrainian emergencies have restricted the full application of resources and delayed some of the RRTP actions, therefore limited progress was made in regards to this action and it will be carried forward into 2022/2023.
SBHA's Development Programme will deliver 22 new build affordable homes early 2021-22	2	SBHA	Number of affordable homes completed	All families and young people in housing need	SBHA finished 4 new 3-bed homes in 2021-22 and 18 new family's homes will be handed over in the summer of 2022, in Peebles and Kelso.
SBHA will seek to maximise financial capacity to increase their contribution to new homes in the coming years and will confirm further in 2021-22	2	SBHA	Number of affordable homes completed	All families and young people in housing need	SBHA will build 300 homes over the next 7 years.
Continue with the Transitions Project to support young people	2,3	SBHA	No of young people supported	SBHA Tenants	A total of 74 young people were supported by the 16+ Transitions Team in 2021-22.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
Continue to engage with the Scottish Borders Home Energy Forum.	2	NHS Borders Home Energy Scotland			<p>The Forum continues to ensure that a strategic, multi-agency approach is taken to help reduce fuel poverty, improve energy efficiency and improve health and well-being in the Scottish Borders, particularly for the most vulnerable households within the region. The Partnership comprises organisations representing housing associations, statutory bodies, advisory groups, bodies associated with energy, affordable warmth, health and income maximisation. Across the pandemic the forum continued to convene remotely and was able to share updates, best practice and support between members which was valuable during these challenging, unprecedented times.</p> <p>The Forum has acted as a catalyst for building collective support for ongoing strategies including;</p> <ol style="list-style-type: none"> <li>1. Energy Efficient Scotland :Area Based Scheme and the Energy Efficiency Standard for Social Housing (EESH)</li> <li>2. Raising awareness of new Scottish Government policies relating to energy efficiency and decarbonisation of heat</li> <li>3. Funding opportunities</li> <li>4. Joint proposals have been planned and submitted</li> <li>5. Upcoming funding opportunities are discussed</li> <li>6. Has facilitated the establishment of a new Construction Sector and Supply Chain Forum</li> <li>7. Served as a platform to promote and facilitate measures and schemes that target alleviating fuel poverty and increasing energy efficiency in households; as well as improving health and wellbeing</li> </ol>
Deliver the Home Energy Efficiency Programme	2	SBC	Households living in fuel poverty, Number of private sector energy efficiency measures installed, Number of households	Tenants	<p>There were continued significant challenges to delivery due to Covid-19 pandemic restrictions. There were still opportunities to support households and applications of interest were carried forward into the next scheme delivery year to ensure no-one who is eligible for support misses out. Installations had to be done in line with Covid restrictions and safe working practices. There were also challenges in promoting the scheme</p>



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
			provided with energy advice/information		<p>due to Covid.</p> <p>Changeworks were the Managing Agent for the scheme helping to deliver the Energy Efficient Scotland: Area Based Scheme funding through successful delivery of the measures. Referrals to the EES: ABS scheme are routed through Home Energy Scotland initially to assess eligibility or suitability for other energy efficiency grants or schemes.</p> <p>For the year 2021/22 Energy Efficient Scotland: Area Based Scheme (EES: ABS), SBC were allocated over £1.78m for the Borders. Renewable technologies such as Air Source Heat Pumps and PV and Battery storage will continue to be part of the package of measures delivered, alongside fabric first insulation measures. Through data analysis and in line with the Scot Government prescribed eligibility criteria, the scheme will be focussed on those households considered to be in fuel poverty.</p> <p>The 2021/2022 scheme year is still being delivered and set to run to June 2022, then the 2022/23 EES:ABS scheme commences. For the 2022/23 programme SBC have been assigned over £1.8m for the Borders.</p>

### Health & Wellbeing

Through these actions we will provide financial, practical and emotional support, helping to tackle and mitigate the impact of poverty as well as preventing it.

Provide free or low cost access to activities, experiences and trips during evenings, weekends delivered by community-based youth work organisations	2	Third Sector Youth Organisations (Youth Borders)	Uptake	Children and Young People	Community based youth work services remain available across the Scottish Borders: Youth Borders annual membership census - 5021 young people are participating in third sector youth work (at May 2022) Winter Hardship Support: 18 Third Sector youth organisations involved in distribution of hardship payment vouchers reaching 549 young people in 274 household. Of which the following three factors were most prevalent: living in low income, fuel poverty, eligibility for free school meals. 32 Third Sector youth
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Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
					organisations provided enhanced youth work activity during winter months to boost wellbeing. 1170 young people benefited from these opportunities. Of which the following three factors were most prevalent: low income, most deprived communities; lone parent families. Get into Summer - Community Orgs: Borders Get into Summer has been an opportunity to demonstrate the power of grass-roots community organisations and as a result of their support more than 1800 children and young people have re-connected, played, and felt included. 36 Third Sector orgs involved. 1895 CYP benefiting; at least 1 in 4 were living in poverty or low income families; 1 in 10 had additional support need; 68 Care Experienced YP.
Continue to provide free sanitary products to students in need through a sustainable partnership whereby products are delivered to students rather than them collecting them	2	Borders College	Uptake, successful completion of study and progression thereafter	Students	We continue to make free sanitary products available across our campus sites as well as offering an online order and direct to door delivery service for all our students.
Co-ordination and development of Holiday Programmes for children and young people which include provision of positive and engaging activities and food (subject to access to schools estate and COVID-19 restrictions)	2	Live Borders SBC NHS Borders	Uptake of programme	Targeted Communities	Over 10,500 visits made by children and young people to Live Borders Get Into Summer (GITS) activities. Activity camps (all) averaged 80% occupancy with 62% of places free of charge for targeted children and young people. Free swimming offer over the summer had 90% occupancy with 6393 visits. 63% of children reported an increase in their resilience when having to deal with day to day problems through GITS. 55% reported an improvement in their self-confidence through participation in GITS. 81% reported that they had greater confidence to attend further sport and physical activity opportunities in their schools and wider communities
Delivery of Youth Work Education Recovery Fund – Youth Work holiday programmes in April, Summer, October 2021 to young people most impacted by Covid-19	2	Youth Borders CLD	Evaluation of programme against Scotland's Youth Work Outcomes	Targeted young people most impacted by Covid-19.	The Youth Borders eligibility criteria: <ul style="list-style-type: none"> <li>• In receipt of Free School Meals</li> <li>• Lives in a household with insecure income (limited resources, as defined by the Scottish Borders Child Poverty Index)</li> </ul>

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
					<ul style="list-style-type: none"> <li>• Where the young person has been directly impacted by Covid-19 through bereavement of a family member or loss of employment of their parent/carer during the pandemic.</li> </ul> <p>However, it also became apparent that local partners, insight and intelligence identified a broader eligibility need which included young people and families whose circumstances had changed by Covid-19 and where inequalities had or were at risk of widening. In addition to the eligibility criteria, the programme had a particular focus on young people who:</p> <ul style="list-style-type: none"> <li>• Will be transitioning from Primary 7 to S1</li> <li>• Are at risk of leaving school without a positive destination</li> <li>• Those where a youth work intervention may increase engagement in learning or continuation of learning in secondary school.</li> <li>• 85% of young people increased their confidence</li> <li>• 82% learned new coping skills and felt happy again</li> <li>• 70% increased self-esteem</li> <li>• 70% became better at communicating ideas and opinions</li> <li>• 68% became better at working and supporting other people.</li> </ul> <p>For Community Learning and Development formal actions related to the report have been severely disrupted due to Covid regulations and staff/pupil absences.</p> <p>Schools have worked hard during this time to target support to the families who are impacted by poverty. This has included link work between school and home to maintain and increase school engagement during the lockdowns. Many schools have also supported with food parcel deliveries and access to digital equipment</p>

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
					to access school work (e.g purchase of Wi-Fi dongles and top ups). Many of the pupils who were impacted by poverty were prioritised for access to the childcare hubs during lockdown. In December 2021, we arranged for the delivery of 2000 free books as Christmas gifts for our pupils N3 – S3 in SIMD Q1 and free school meal claimants.
Scoping targeted Project in Burnfoot to encourage greater participation in sport/physical activity for the whole family group	2	Live Borders SBC	Evaluation framework of participants		Not yet delivered but still planned. In partnership with Community Learning & Development and Burnfoot Community School.
Develop the promotion and development of Young Scot membership and rewards which support wellbeing, provision of trusted information, and provide opportunities and experiences to young people	2	CLD Youth Learning Youth Borders JHIT	Uptake		Staff are working really hard to promote Young Scot, as it can now be used for free bus travel. More young people are uploading content to the Borders website and all young people with an iPad have the tile on there to enable them to link to Young Scot at any time.
BeWell Tenancy Sustainability Pathfinder	1,2,3	Berwickshire Housing Association	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	BHA Tenants	The initial 18-month pilot period for our tenancy support service, BeWell, finished in March 2022, but has been extended for a further 12 months. The project is aimed at supporting BHA tenants who have additional mental health and wellbeing support needs that impact on their ability to positively manage their tenancy. This service is funded by BHA with additional funding from the Lintel Trust. The service is being operated by Penumbra, a national mental health support organisation. A total of 33 BHA customers were supported with 85% engagement levels. Social Value Net Benefit 425k

## Communities & Partnerships

**From these actions we will work with partnership, third sector and community organisations to provide holistic and whole family support.**

Three Locality Co-ordinators working within the Community Assistance Hubs will continue provide support and assistance to those in need, including those that have been	2,3	SBC Communities & Partnership Team	No performance indicators – demand led response during pandemic and beyond	All	After over 2 years supporting communities in the Scottish Borders, our 5 Community Assistance Hubs were formally stood down on 30 April 2022 in accordance with Scottish Government regulations.
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Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
shielding. This includes food provision, assistance with fuel costs & clothing, referrals into financial inclusion support. Give financial support to Foodbanks & FareShare outlets to assist with practical issues – white goods etc.					
Support to Community-led Projects – South of Scotland Enterprise (SOSE) provides funding to community groups, community organisations and social enterprises to initiate new ideas or develop existing activity that will create measurable social, community, local economic and/or environmental impact and seeks to be enterprising and sustainable in the long term	2,3	SOSE	Number of organisations funded whose activities indirectly or directly address child poverty	All	SOSE supports businesses, community organisations and Social Enterprises to become more financially sustainable by exploring and where appropriate supporting them to take advantage of opportunities for growth. This approach allows Social Enterprises to generate increased revenue to enable them to widen their social impact. This year our Advisors have been supporting five social enterprises which offer services which address food insecurity. SOSE are directly supporting the third sector to strengthen their position to ensure vital services can be sustainable.
<b>Tackling Digital Exclusion</b>					
<b>Through these actions we will expand the Connecting Scotland Programme, and help to provide devices for families in poverty to enable access to appropriate services and support.</b>					
Provide laptop loans and broadband provision to all students in need to enable them to engage in their studies	2,3	Borders College	Uptake, successful completion of study and progression thereafter	Students	730 laptop loans and 20 dongles have been issued to students to support and enable their learning during academic year 2021-22.
Device lending library of iPad/Chromebook devices for excluded families. Community Renewal Fund application to progress this with children/families in poverty and integrated referral pathway to include other aspects of health and wellbeing offer	2,3	Live Borders	Uptake	Families with no access to electronic devices	Connecting Borders 84 Referrals via 15 different referral partners. Devices/Wi-Fi and digital champions assigned to individuals for support. Project ongoing.
Digital Inclusion – South of Scotland Enterprise (SOSE) has provided £75,000 funding to	2,3	SOSE	Align with measures adopted by SBC	Targeted Groups	£75,000 funding for expansion of the Connecting Scottish Borders Programme to enable an additional 100-130 recipients who are vulnerable, digitally

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
Scottish Borders Council to allow it to extend its Connecting Scottish Borders Programme (Digital Inclusion) activity in 2021/22					excluded and face barriers to digital inclusion to become digitally connected and digitally confident through the allocation of digital devices (200 devices, 80 iPads / 120 Chromebooks), MiFi connectivity and provision of digital support. Digital connectivity included families with multiple learners, ASN needs etc. and worked towards a range of positive outcomes including increased social inclusion, improved access to services or improved access to skills and employment opportunities.
Support Digital Inclusion for Scottish Borders Housing Association (SBHA) Tenants	2,3	SBHA	Uptake of scheme	SBHA Tenants	SBHA Digital Champions continue to support the 224 households who received a device via Connecting Scotland to ensure they access all benefits of being online and improve their digital skills. SBHA is also piloting the use of Near Me to engage with vulnerable Tenants and those in rural areas.
Support homeless and potentially households to access digital equipment and data	2,3	SBC Homelessness	The Scottish Housing Network monitor RRTP performance by local authority annually, providing a national benchmarking framework	All	The homelessness assessment process has been reviewed to include digital inclusion. We continue to work with Connecting Scotland and Connecting Borders regarding provision of devices and internet access.
<b>Food Poverty</b> <b>Through these actions we will tackle food poverty and provide support to those who need it.</b>					
Establish and promote closer working with local foodbanks	2,3	CAB	No. of clients, Demographic information (if given), Client financial gain	All	There has been an increase in clients using foodbanks. There were restrictions due to Covid and limited direct contact at that time. Closer working being undertaken with Peebles foodbank and Selkirk foodbank. Due to energy cost increases and overall cost of living rises the number of people needing assistance is expected to increase substantially.
Continue to supply food to various towns and food schemes across the Scottish Borders as well as	2,3	SBSEC	Work with CEF, the ALLIANCE, SCVO and	Children and Families	Over 50 families being supported on a weekly basis across the Scottish Borders - clothes when available include uniforms and wider general/casual clothing

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
clothes for children and books			Inclusion Scotland to utilise tools		also for parents
Address food insecurity through the provision of food to individuals and families via Fare Share and other food distribution schemes including food growing and community cafes	2	SBC Third Sector	Uptake	All	£85k from the Financial Hardship Fund dispersed to local foodbanks/Fare Share, food growing projects, community cafes and Low & Slow Pilot.
Deliver a breakfast programme for S1-S4 young people entitled to free school meals	2	CLD Youth Workers	Uptake of programme	S1-S4 young people entitled to free school meals	A number of schools run their own breakfast programme with their own staff and volunteers, however this is not widespread across all schools due to funding.
Continue to establish breakfast clubs in schools. Breakfast clubs are established in a number of schools in areas of greatest need but the aim is to have one in every school	2	SBC Schools	Children from poorer households will have had at least two nutritional meals per day whilst at school	All children and young people	This action has been severely disrupted due to covid-19 regulations and staff/pupil absences. Schools have worked hard during this time to target support to the families who are impacted by poverty. Many schools have also supported with food parcel deliveries.

### Financial Inclusion

**Through these actions we will help maximise income of low income households, lifting children out of poverty and combatting the cost of living crisis.**

Help children and families with travel costs	2	SBSEC	Work with CEF, the ALLIANCE, SCVO and Inclusion Scotland to utilise tools	All Children	Young people have been provided with transport costs and bus passes where appropriate. Linked to and supported the pre-work, consultations and roll-out of transport/travel schemes i.e. free travel for children/young adults and continue to feed into strategic transport initiatives and wider work
Support Employability Team to maximise income from benefits	3	SBC	Record gains made, monitor national child poverty levels, Monitor Scottish Government benefit statistics (benefit take up, SWF and DHP	All	The No-one Left behind /YPG team focus on this. Adult learning, Parental Employability Services and Intensive Family Support Service workers also encourage the uptake of all available benefits.

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
			spending, etc.)		
Introduce e-form for referrals to Financial Inclusion	3	SBC Financial Inclusion	Uptake of use of e-form	Families	Under development.
Distribute funding to Additional Support Needs (ASN) Families	2	Borders Additional Needs Group (BANG)	Amount of funds distributed	ASN Families	<ol style="list-style-type: none"> <li>1. <b>£10,000</b> national Lottery funding for ASN families for Laptops, sensory equipment</li> <li>2. <b>£1,703</b> Social isolation Grant</li> <li>3. Response, recovery and resilience grant <b>£1,500</b></li> <li>4. Delivered <b>12</b> mission Christmas parcels to ASN families</li> <li>5. Provided <b>75</b> ASN families with Free Summer respite camp</li> <li>6. Supplied <b>37</b> Tablets and mobile devices to ASN parent carers and ASN youths/ home-schooled</li> </ol>
Support parents with Disability Living Allowance (DLA) Applications	2,3	Borders Additional Needs Group (BANG)	Amount of DLA applications	ASN Families	<ol style="list-style-type: none"> <li>1. supported <b>7</b> ASN families complete DLA/PIP application</li> <li>2. <b>5</b> ASN youths access Independent Living Fund Transition Funding</li> <li>3. Supported <b>1</b> ASN families access appropriate housing</li> <li>4. <b>3</b> ASN families access funding and caravan holiday</li> <li>5. Supported <b>2</b> ASN families with Discretionary Housing Payments</li> </ol>
Increase take up of free school meals and clothing grants as well as awareness of other benefits (such as Best Start Grant and Scottish Child Payment)	3	SBC	Record gains made, monitor national child poverty levels, Monitor Scottish Government benefit statistics (benefit take up, SWF and DHP spending, etc.)	All	While other benefit caseloads have fallen, take up has increased for free school meals and clothing grants. In 20/21 1866 parents received free school meals and/or a clothing grant. This increased to 1902 in 21/22 Everyone who received award was signposted to apply for Best Start Grant, Council Tax Reduction and Scottish Child Payment.
Continue supporting local community responses during the pandemic through our distribution of micro-grants, support to community development and empowering local organisations offering input to children and families with governance, funding	2,3	BAVS (Berwickshire Association for Voluntary Service)	Ongoing monitoring for outcomes report for Scottish Government	All	BAVS developed the Berwickshire Alliance, a partnership of Third Sector organisations responding to need. Fund obtained through the Communities Recovery fund provided: <ul style="list-style-type: none"> <li>• Parent Space: research and consultation with families around support and gaps in provision</li> <li>• Horse Time: mental health intervention to 14 people</li> <li>• Abundant Borders: community lunch provision across</li> </ul>



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
and promoting network and collaboration					Berwickshire to 290 people <ul style="list-style-type: none"> <li>• Connect Berwickshire Youth Group: offered a full range of after school fun: Outdoor activities, crafts and cooking, team games, play and learn, social/chat relationship building to 48 children and young people</li> <li>• Eat, Sleep &amp; Ride: delivered a range of activities that targeted health and wellbeing, reducing social isolation, communication and leadership skills whilst develop confidence and self-esteem 15 young people</li> </ul>
Contact every school in the Scottish Borders to promote The Scottish Government MTT Project to offer Financial Health checks to every family – income maximisation and ensuring families are receiving everything they are entitled to	2,3	CAB	No. of clients, Demographic information, Client financial gain	Parents and families	Initial partnership working explored between CABx, Social Security Scotland & SBC FIT. Put on hold due to Covid restrictions. To be picked up 2022/23.
Support with 'Seedcorn Fund' to help projects that can help deliver support	2	SBSEC	Work with CEF, the ALLIANCE, SCVO and Inclusion Scotland to utilise tools	All	Supported social enterprises, third sector organisations across the Scottish Borders with seedcorn funding to deliver projects and mitigate impacts of Covid-19 and poverty most with a focus around supporting young people, families and children or through offering affordable services and experiences.
Access emergency funds for families in crisis via routes such as Borders Children's Charity, Cash for Kids, or organisation specific crisis funds	2	SBC NHS Borders Third Sector	Uptake of funds/schemes	Families	£45k of Supermarket Gift Cards issued directly to individuals and services from Financial Hardship Fund. £120k from Financial Hardship Fund invested in CAB across the Borders to assist those seeking support and financial assistance.
Mapping signposting of all assistance available and link with partners	3	SBC	Record gains made, monitor national child poverty levels, Monitor Scottish Government benefit statistics (benefit take up, SWF and DHP spending, etc.)	All	On-going promotion through communication with professional working with and supporting families such as nursery and early years centre staff and health visitors.
Increase awareness of Scottish Welfare Fund	3	SBC	Record gains made, monitor national child	All	Spending has increased in 2021/2022 and demand currently exceeds existing budget



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
			poverty levels, Monitor Scottish Government benefit statistics (benefit take up, SWF and DHP spending, etc.)		
Increase referral pathways from Health Visitors and Family Nurse Partnership for financial inclusion	2,3	SBC Financial Inclusion	Financial gains, uptake	Mothers and pregnant women	Process for referral has been simplified and the number of referrals have increased. In 2021/22, 510 referrals with £1.25m in gains. Referrals increased but not the gains reflecting more enquires from existing claimants about general money worries.
Extend Galashiels pilot with community midwifery services to increase referrals	2,3	SBC Financial Inclusion NHS Borders	Financial gains, uptake	Mothers and pregnant women	Still planned but not progressed due to covid-19 restrictions
Continue support for Early Years from the Welfare Benefits Assistant	2,3	SBC Early Years	Monetary gains, Food parcels given out, Uptake of schemes	Early years families	Total gains for families referred to the Early Years WBA in 2021-22 were £1.2m. Referrals for the year exceeded 500, a 35% increase on the previous year's figures
Financial Inclusion resources for Early Years to maximise take up of benefits	3	SBC	Record gains made, monitor national child poverty levels, Monitor Scottish Government benefit statistics (benefit take up, SWF and DHP spending, etc.)	Early Years Families	On-going promotion through communication with professional working with and supporting families such as nursery and early years centre staff and health visitors.
Award discretionary funding to students in financial hardship as a result of family circumstances for housing and food costs	2	Borders College	Uptake, successful completion of study and progression thereafter	Students	During the 2021/2022 academic session, additional funds were allocated to Colleges to help students in financial hardship due to the increasing costs of utilities, other household bills and the ongoing effects of the pandemic. Payments were made in 4 categories: <ul style="list-style-type: none"> <li>• Winter Payment</li> <li>• Fuel Payment</li> <li>• Accommodation Costs</li> <li>• Emergency Payments</li> </ul>

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
					586 students have benefited from discretionary payments in excess of £1.2m to date. Transition payments will also be offered at the end of term to support students until they receive their first source of income e.g. wages or benefits. This allowance will give students claiming Universal Credit the option to avoid advanced payments.
Financial Inclusion Team	2,3	Berwickshire Housing Association	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	BHA Tenants	Total benefit gains generated for our customers across the year totalled £666,044 and 548 customers were assisted by the Financial Inclusion team. At the year-end 872 (46%) tenancies were in receipt of Housing Benefit or Universal Credit, an increase from 820 in March 2021.

### Money Worries

Through these actions we will put money directly in the pockets of low income households, lifting children out of poverty and combatting the cost of living crisis.

Increase money worries conversations across all staff working in early years and promote the benefits available to families widely	2,3	NHS Borders CAB	Monetary gains, support given	All	NHS Money Worries App data shows: Year 1: Q1 to Q4, January 2021 – December 2021 Total Users/Downloads 258 Screen Views 1731 Sessions 730  Year 2: Q1, January 2022 to March 2022 Total Users/Downloads 79 Screen Views 457 Sessions 239
Encourage people to get advice if worried about debt and meeting their financial commitments	2,3	CAB	No. of clients, Demographic information (if given), Client financial gain	All	408 new debt cases in 2021/22. Total debt client financial gain £650k.
Promote the Citizens Advice Money Map Tool through Social media	2,3	CAB SBSEC	No. of clients, Demographic information (if given), Client	All	CAB continues to promote this for self-help budgeting support and income maximisation. SBSEC linked with NHS through the development and roll out of the money worries app. We continue to

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Update
			financial gain		promote and signpost individuals to these apps and useful tools. Wider financial inclusion support is offered through general advice support or benefit assistance, additional tools include turn2us etc.

**\*Poverty Drivers**

- 1 – Income from Employment
- 2 – Costs of living
- 3 – Income from Social Security and benefits in kind

## **Appendix C - Child Poverty Case Studies 2021/22**

### **a) Financial Help in Early Years**

Referrals for the year exceeded 500 which represented a 35% increase over last year's figure. The total gains at £1.25m stayed approximately the same however and this was due to more people who were already receiving benefits making contact regarding general money worry issues. Many of the parents involved were able to claim additional Scottish Government benefits or were referred for Crisis or Inclusion fund grants or fuel poverty advice and help.

During the last 6 months of 2021 the Welfare Benefits Assistant spent time working with Primary School Head Teachers and parents to assist them to access available information on benefits which is contained within the [Financial Help in the Early Years leaflet](#). Scottish Borders CAB managers were involved in this joint initiative and the information was placed on the recently developed NHS Money Worries App. All the FHITEY benefit information is now available on the App with a "one click" link access. Primary School parents will be informed of this positive development via their Schools Xpressions App.

The Welfare Benefits Assistant has been exploring options for short term / immediate funding for families who are unable to meet even the smallest of costs such as a buggy for a baby or an unexpected bill. Crisis and Community Care Grants cover many of these but there are some occasions where the immediate need falls short of the necessary criteria for these grants. One such case was a 16 year old within a very low income family who was unable to join the Army as he could not raise the £300 needed to get him to and from the training course. Funding was eventually provided to meet short term crisis issues not covered by existing sources.

Immediate and urgent needs have been met from the new Inclusion Fund within a couple of days of submission and this rapid response to a crisis situation is exactly what will be needed over the difficult months ahead.

One notable success recently was in a coercive abuse case where the mother was unable to leave her partner as he controlled all the finances including benefits. When the relationship completely broke down he gave her no money even for her own and the children's food and other family members had to provide this from their own limited funds. The Welfare Benefits Assistant presented evidence to the local Job Centre and a full benefit package was put in place. The homeless team were contacted who arranged alternative accommodation and the mother and her children were finally able to leave her abusive partner with a level of income that supported them.

Referrals for the period up to May 2022 were 88 resulting in a benefit uplift of £212,570. This rate of referrals and uplift has been consistent but it is envisaged that the cost of living crisis will affect more people and referrals are likely to increase.

### **b) Youth Borders Winter Fund**

In February 2022, YouthBorders administered the Winter Fund from the Scottish Borders Council Financial Inclusion Fund. YouthBorders comprises 45 voluntary and community-based youth organisations from all over the Scottish Borders. The organisations work together to promote good quality youth work. Youth Work facilitates young people to understand themselves, their community and the world they live in better, and supports them to achieve positive change. The Winter Fund allocation of £71,150 was split into two elements: a financial hardship fund, and funding for additional youth work activities.

The hardship funding was allocated to 18 YouthBorders membership organisations, who were able to purchase a total of 274 vouchers to allocate to Borders families. They were used for food, homeware, fuel, clothing, heating, data and transport and reached 549 children and young people in the Scottish Borders.

The funding for additional youth work activities was allocated to 32 membership organisations, who were able to fund youth work activity in February and March 2022. This allowed 1170 young people experiencing hardship to participate in youth activities without any barriers, and also reduced holiday hunger by providing food.

The youth work activities covered indoor and outdoor activities, health and wellbeing, education activities, volunteering and day trips. Day trips were much appreciated by families struggling with financial hardship, as otherwise children would not have had these new experiences. One young child was able to visit the city for the first time, and have fast food for the first time.

### **c) Kingsland Shed**

The Pupil Council at Kingsland Primary School in Peebles had identified some challenges around the cost of living, so in April 2022 they launched their swap and share shed, the first to be set up by a Primary School in the Scottish Borders, to help support equity and sustainability in their community.

The Pupil Council were awarded funding from the SBC Welfare Trust Fund to enable them to purchase the shed. The swap and share shed is available for those in the community in need, while also striving to reduce waste, by re-using and sharing. Items available in the shed include school uniforms, food, educational supplies, toiletries and children's books. The shed users can take what is needed for free, but also ask that the community donates items to the shed to be re-used.

Not only have Kingsland established the swap and share shed, but they also held a showcase event in May 2022. The pupils had realised that we are now all facing harder financial times, and that for some families this can be really overwhelming and at times unmanageable.

The event showcased the extensive support available in the Peebles area to help children meet their potential, and covered topics such as finances, parenting, wellbeing, housing, digital, health, disability, learning, childcare and access to opportunities. The showcase gave attendees the chance to meet the people behind the organisations. There was representation from the following groups at the event;

- Scottish Borders Council
- Volunteer Centre Borders
- Social Security Scotland
- Citizens Advice Bureau
- Peebles Foodbank
- Peebles Community Trust
- Welfare Aware Borders
- Parent Space
- Scottish Borders Housing Association
- Eildon Housing
- Outside the Box
- Tweed Togs
- Change Works
- Live Borders
- Dementia Friendly Tweeddale

Another Showcase is planned for September and will look to welcome families of new children starting at the school, and will encourage these families to access support for the school year. This event will be combined with a whole school open day to encourage attendance, and will be open to members of the public as well as parents / carers from other Borders schools.

#### **d) Get into Summer 2021**

Get into Summer 2021 was delivered by multiple organisations within the Scottish Borders. These organisations include Scottish Borders Council, NHS Borders, Youth Borders, Live Borders and Quarriers. .

Funding was provided to the Local Authority by the Scottish Government in order for holiday activities and experience to be coordinated and delivered. These activities and experiences would be targeted at low income families, children and young people adversely affected by the impacts of covid19 and those in the following categories;

- Children from low income households
- Children from those priority family groups identified in the Tackling Child Poverty Delivery Plan: larger families; families with a disabled child or adult; young mothers; families with children under one; and minority ethnic families
- Children from families who have been shielding during the pandemic and whose ability to engage in activities and socialise will have been very limited
- Children with a disability or additional support need
- Care experienced children and young people
- Young carers
- Children in need of protection
- Children supported by a child's plan
- Children who have undergone significant transitions during lockdown or will experience them this year, including starting in ELC, starting primary school, moving to secondary school and leaving school.

Sessions were run in various different areas including;

- Multi Activity Camps
- Church Run holiday club
- Den building
- Video games
- Natural Art
- Activities for children with additional support needs
- Sports Camp
- Touch Rugby
- Football Camp
- Rugby Camp
- Outdoor Activities
- Family Time (Early Years Centre)
- Early Years Play Camp
- Pony Care sessions, riding, obstacle course
- Family Cinema Screenings
- Mountain Biking
- Kayaking
- Canoeing
- Woodland Play Sessions

- Attending venues such as Textile Towerhouse, Old Gala House, Mary Queen of Scots House etc. for outdoor painting and other creative activities
- Animal handling sessions
- Finding the escaping prisoners at Jedburgh Jail
- Activity Trails
- Helping in the community Garden
- Building Bird Boxes
- Access to Jim Clark Museum
- Toddle Waddle at Harestanes
- Access to 3G/2G pitches
- Gym access for teenagers
- Access to swimming pools for family pods or fun/flume sessions

Healthy snacks and water were provided through YouthBorders Partners, who also signposted families who faced additional financial barriers to the Community Assistance Hubs for support through the Scottish Borders Financial Hardship Fund. Transport was also provided where required and additional staffing was provided to include young people with Additional Support Needs.

Lunches, snacks and water were provided by SBC and there was a Quarriers presence at camps for emotional wellbeing support.

### SBC Quotes

<b>Children's Quotes</b>	<i>"I had lots of fun and made lots of new friends"</i>
	<i>"I enjoyed the sports camp and I want to come back. Usually I am stuck in the house and this made me come outside"</i>
<b>Parent's Quotes</b>	<i>"My son was apprehensive to attend the holiday camp and I initially only booked 3 days. He loved the staff and activities so much we booked the whole week. He came home keen to show me new skills he had learned and creative things he had made. The staff took the time with him and this was clear when discussing his days activities. The staff showed genuine interest and enthusiasm for the camp and children. I felt safe leaving my son with them and my son felt safe for me to leave"</i>
	<i>"This had a massive impact on my children they all thoroughly enjoyed it and made lots of new friends. The staff were brilliant also"</i>
<b>Activity Leader Quotes</b>	<i>"Being employed as part of the team had such a positive impact as it allowed me to build great partnerships with colleagues and relationships with the children, along with becoming a more confident leader and being a person for children to look up to and approach if they had questions"</i>
	<i>"I felt it has increased my social skills not only with how to speak to the children but also to the other leaders, I felt it was very easy to talk to everyone throughout all the camps"</i>

### Live Borders Quotes

<b>Children's Quotes</b>	<i>"I have loved meeting lots of new people and it has been amazing".</i>
	<i>"Holiday camp is great it gets a 1,000,000,000,034/10".</i>
<b>Parent's Quotes</b>	<i>"My son had an amazing week at the activity camp at Gala Academy. So glad I managed to get him in....had a ball and met lots of new friends. I can't thank Ewan and all his lovely staff enough....thank you...."</i>

	<i>"As a parent of a child who attended 2 days at Earlston activity camp, my child had a much needed break from being stuck at home during the summer holidays. Def will send her again as she it gave her some much needed respite from her disabled brother"</i>
<b>Activity Leader Quotes</b>	<i>"I have been able to put my coaching qualifications into practice as well as gaining knowledge in different sports. This has led to me being more confident in my ability"</i>
	<i>"I have gained a sense of achievement out of my summer"</i>

### Youth Borders Quotes




<b>Family Feedback</b>	<i>"My son has dug out his old nature books and bug pots, he's totally inspired by the nature connection sessions, thanks"</i>
	<i>"Thank you so so much for the woodland afternoons. My son had the best time! He said you guys have the best tools, loved the saw and the tools that removed bark from sticks. He said the s'mores were amazing too! Massive thanks"</i>
<b>Session Leader Feedback</b>	<i>"Several children made new friendships as a result of the sessions and parents swapped phone numbers to arrange future play dates"</i>
	<i>"Working outdoors and exploring nature was uplifting and inspiring for the children. Some were just so happy collecting some leaves and flowers"</i>

### Quarriers Quotes

<b>Young Person Feedback</b>	<i>"Thanks for all you have done and for meeting during the summer it made such a difference to me"</i>
	<i>"This has been the best summer I wish we could do these things all the time"</i>
<b>Parent Feedback</b>	<i>"Thank you so much for taking them out and being so kind to them both- what a lovely idea. We really appreciate it."</i>
	<i>"You have provided her with great opportunities this summer, she is always smiling when she leaves the house to meet you"</i>



## Appendix D - Challenge Poverty Week 4-10 October 2021

DATE	Messaging
Mon 4	<p>As part of <a href="#">#ChallengePoverty</a> Week we're launching the Scottish Borders Anti-Poverty Strategy which sets out how the Council and our partners will aim to work together to help reduce poverty across the region.</p>    <p><b>Highlight on SBC benefits advice</b> It's #ChallengePoverty week (4-10 October) and a reminder that our website provides detailed information about what grants, benefits and support you may be entitled to. For more information, visit: <a href="http://www.scotborders.gov.uk/benefits">www.scotborders.gov.uk/benefits</a> or call Customer Advice and Support Services on 0300 100 1800.</p> <p><b>Highlight on Money Worries App</b> The NHS Borders Money Worries App provides a wide range of information about support services available nationally and locally in the Scottish Borders. Find out how you can improve your financial health by downloading it from either the Apple App store or Google Playstore. #ChallengePoverty</p>
Tues 5	<p><b>Highlight on Energy</b> If you're worried about your energy bills or struggling to stay warm at home, contact Home Energy Scotland. They offer a free and impartial service and are committed to keeping you warm. Call them for free on 0808 808 2282 or visit: <a href="http://www.homeenergyscotland.org">www.homeenergyscotland.org</a> #ChallengePoverty</p> <p><b>Highlight on Digital</b> Connecting Borders is an initiative which has been created to provide digitally excluded households with devices, internet connectivity, training and support to help them get online. Find out more at: <a href="https://www.scotborders.gov.uk/news/article/4161/connecting_borders_initiative_to_support_vulnerable_families_to_get_online">https://www.scotborders.gov.uk/news/article/4161/connecting_borders_initiative_to_support_vulnerable_families_to_get_online</a> #ChallengePoverty</p>
Wed 6	<p><b>Highlight on Financial Support</b> The Scottish Welfare Fund helps families and people who are on low incomes through Crisis Grants and Community Care Grants. Find out</p>

	<p>more at: <a href="https://www.scotborders.gov.uk/info/20000/benefits_and_grants/471/community_care_grant_and_crisis_grant">https://www.scotborders.gov.uk/info/20000/benefits_and_grants/471/community_care_grant_and_crisis_grant</a> #ChallengePoverty</p> <p>Scotland's Child Disability Payment will open for new applications across the country from 22 November 2021. The payment provides financial assistance to help meet the additional costs associated with having a disability. Find out more at: <a href="#">Social Security Scotland - Child Disability Payment opens nationally from November</a> #ChallengePoverty</p>
Thu 7	<p><b>Highlight on Food</b> FareShare is the UK's national network of charitable redistributors. The food they redistribute goes to school breakfast clubs, older people's lunch clubs, homeless shelters, community cafes and many more. Find out more about how they could help at: <a href="https://fareshare.org.uk/fareshare-centres/central-and-south-east-scotland/">https://fareshare.org.uk/fareshare-centres/central-and-south-east-scotland/</a> #ChallengePoverty</p> <p>Childcare providers are invited to register for a new scheme that provides all preschool children who spend two or more hours a day in nursery or eligible childcare with free milk and a snack. To find out more, visit: <a href="https://www.scotborders.gov.uk/info/20054/children_and_families/526/support_and_grants_for_childcare_providers">https://www.scotborders.gov.uk/info/20054/children_and_families/526/support_and_grants_for_childcare_providers</a> #ChallengePoverty</p>
Fri 8	<p><b>Highlight on Food/financial support</b> If you're on a low income or receive certain benefits, you may be eligible for free school meals, plus some other benefits such as clothing and footwear grants. Find out more at: <a href="https://www.scotborders.gov.uk/info/20040/clothing_meals_and_transport/480/free_school_meals_and_help_with_schoolwear">https://www.scotborders.gov.uk/info/20040/clothing_meals_and_transport/480/free_school_meals_and_help_with_schoolwear</a> #ChallengePoverty</p> <p><b>Promote Citizens Advice Bureau</b> Did you know Citizens Advice Bureau could help with income maximisation and advice on bills? Visit their website to find your nearest CAB office: <a href="http://www.cas.org.uk">www.cas.org.uk</a> #ChallengePoverty</p>
Sat 9	<p><b>Highlight on Pension Credit</b> Did you know over £330m of Pension Credit support is left unclaimed in Scotland? Don't miss out on money you or a family member are entitled to. Call the @agescotland helpline on 0800 12 44 222 or visit: <a href="http://www.age.scot/CheckInCashOut">www.age.scot/CheckInCashOut</a> #ChallengePoverty #CheckInCashOut</p> <p><b>Highlight on home items</b> Home Basics is a furniture household reuse organisation which aims to prevent waste and offer quality items for sale. They also support those in need of furnishing a comfortable home. Find out more at: <a href="http://www.homebasics.org.uk">www.homebasics.org.uk</a> #ChallengePoverty</p>
Sun 10	<p><b>Highlight on Mental Health</b> Scheduled promotion linking in with promotion of Kooth/Togetherall mental health services.</p>

## Appendix E - Scottish Borders Child Poverty Actions 2022/23

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
<b>Employability</b> Through these actions we will increase support available to parents, and uptake and awareness of that support, as well as giving parents access to skills, training and opportunities. This will strengthen the employment offer to parents and create new fair work opportunities, plus tackling inequalities which stop parents from entering and participating in the labour market.					
Continued support for the Parental Employability Project through collaborative development and implementation of Introduction to Childcare Course with Borders College	1	SBC, Borders College	Increased parental income and employment	Parents	A – A strengthened employment offer to parents
Commence work with education partners and employers to develop employability pathways to enable young people to move successfully from education to employment	1	SBC Education	Increase employment from education	Children & Young People	A – Transforming Our Economy
Regular 14+ transition meetings with schools and partners	1	SBC Education	Increased 14+ meetings	Children & Young People	A – Employment Offer Actions
Develop new tracking and monitoring procedures with Skills Development Scotland and Borders College to ensure sustained positive destinations for care experienced children and young people	1	SBC CLD, SDS, Borders College	Increase of sustained positive destinations	Children & Young People	A – Employment Offer Actions
Work in partnership with Borders College to identify support for those students who are winter school leavers, have started college but not aged 16 and ineligible for Borders Young Talent.	1	SBC CLD, Borders College	Increased support for winter school leavers	Children & Young People	A – Employment Offer Actions
Work with partners to deliver a Careers event aimed at care experienced children and young people in secondary schools	1	SBC CLD	Delivery of Careers event	Children & Young People	A – Employment Offer Actions
Provide targeted learning programmes to support disadvantaged young people to succeed and achieve.	1	SBC CLD Third sector	Increased learning programmes for disadvantaged young people	Children & Young People	A – Employment Offer Actions
Promote the Saltire Awards volunteering scheme.	1	SBC CLD	Increased awareness of the Saltire Awards volunteering scheme	Children & Young People	A – Employment Offer Actions
Promote volunteering roles within the CAB Service and an extensive training programme to develop skills and build confidence to return to the workplace particularly after a period of being at home looking after children.	1	CAB	Increase of parents returning to work	Parents	A – A strengthened employment offer to parents
Deliver cross service volunteer policy and expansion of younger people into volunteering roles in Live Borders	1	Live Borders	Increased volunteering in Live Borders by younger people	Parents & Young People	C – Post School Transitions

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
Provide volunteering opportunities and employment through the job creation fund	1	Eat Sleep Ride CIC	Increased volunteering opportunities	Parents	A – A Strengthened Employment Offer to Parents
Continue to increase accreditation of achievement for secondary school pupils to enhance their qualifications.	1	SBC Education	Higher qualifications gained by secondary school pupils	Children & Young People	A – Employment Offer Actions
Signpost resource and support for those eligible students to help secure a positive and sustained destination.	1	SBC CLD	Increased positive and sustained destinations	Children & Young People	A – Employment Offer Actions
Encourage families to have a benefit check to ensure they are getting all the support they are entitled to and how their earned income may be supplemented.	1,2	CAB	Increased benefits checks	Families	A – A strengthened employment offer to parents
Give information to clients about local opportunities and organisations which may be of interest and support to develop their goals.	1	CAB		Families	A – A strengthened employment offer to parents
Through our Borders wide employment project liaise with employers to ensure they know their responsibilities to employees and are paying at least minimum wage.	1,2	CAB	Improved employee care Increased minimum wage recipients	Parents	A – Transforming our Economy
Support employees with enquiries regarding their employment and make them aware of their rights and responsibilities and how to challenge any inequality.	1	CAB	Better employee awareness of rights	Parents	A – Transforming our Economy
From pregnancy we inform clients of their employment rights and eligibility around maternity allowance or pay, time off and employer's responsibilities. Offer benefit checks due to change of circumstances and information and support on how to claim.	1	CAB	Better understanding of employment and maternity rights	Parents	C – Best Start to Life
Provide school leavers or their parents contacting our service with further education options and the financial implications to and for them .i.e. loss of child related benefits and financial support through bursaries and grants for further/higher education	1	CAB	Better understanding of further education options and any financial implications	Families	C – Post School Transitions
Continue to encourage partners, local employers and suppliers to adopt the real living wage which will increase the level of income coming into a household	1	SBC Partners	Increased adoption of the real living wage Increased income	Families	A – Transforming Our Economy
Continue to raise awareness and seek solutions with statutory and public sector partners to the workforce challenges for employers and employees in the third sector - many of which are structural and systemic but work against our commitment to a Fair Work Nation; and where a low wage economy within the third sector	1,3	Youth Borders	Increased awareness of workforce challenges	Families	A – Transforming Our Economy

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
contributes to in-work poverty.					
Support our member groups, some of whom who are employers, to understand the principles of fair work; and the actions they can take to advance the vision of a Fair Work Nation	1,3	Youth Borders	Better understanding of a Fair Work Nation	Parents	A – Transforming Our Economy
Support our network to improve the lives of young people through their participation in quality voluntary and community-based youth work.	1	Youth Borders	Increased numbers of volunteers in community-based youth work	Children & Young People	C – Supporting Children to Learn and Grow
Promote the value of youth work and seek investment in to third sector youth work to maximize the number of youth work opportunities which are available to young people in the Scottish Borders; and to advance Scotland's youth work outcomes.	1	Youth Borders	Increased awareness and participation of youth work	Children & Young People	C – Supporting Children to Learn and Grow
Continue support of the library service with signposting and information for parents.	2	Live Borders	Increased parental use of library service	Parents	A – A Strengthened Employment Offer to Parents
Continue growth of the BookBug Programme for young parents and develop signposting along wide collaborative work with "return to work" schemes.	2	Live Borders	Increased parental participation of BookBug programme	Children	A – A Strengthened Employment Offer to Parents
Get into Summer Entry level job creation for young people to work in culture and leisure services.	1	Live Borders	Increased employment within culture and leisure services for young people	Parents & Young People	C – Post School Transitions
Run summer camps and volunteering for juniors, allowing parents to be able to work a full day	1	Eat Sleep Ride CIC	Attendance level of summer camps	Children & Young People	A – Connectivity and Childcare
Continue Youth Leadership programme in Sport	1	Live Borders	Maintain Youth Leadership programme in sport	Parents & Young People	C – Post School Transitions
Continue with modern apprentice programme in all services.	1	Live Borders	Maintain Modern Apprentice programme	Parents & Young People	C – Post School Transitions
Introduction of Borders Employment And Mentoring project (BEAM) by the Borders Housing Network (BHN) to engage and social housing tenants and families towards employment.	1	SBC, BHN, BHA	Increased employment amongst BHN tenants	Parents	A – A Strengthened Employment Offer to Parents
Offer a range of apprenticeship opportunities dependent upon funding. Work with contractors to ensure they offer work experience and apprenticeship opportunities through local schools.	1	BHA	Increased apprenticeships available	Parents	A – A Strengthened Employment Offer to Parents
Widely promote employability and other projects across social media channels and via referrals from frontline staff	1	BHA	Increased employability promotion	Parents	A – A Strengthened Employment Offer to Parents

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
Access to modern apprentices when possible	1	BHA	Increased levels of Modern Apprentices	Young People	C – Post School Transitions
Work in partnership with employers – e.g. SBC on No One Left Behind (NOLB).	1	Eat Sleep Ride CIC	Number of employment opportunities	Parents	A – Transforming Our Economy
Tackle structural inequality in employment by adapting roles to support people in employment as well as funding accreditations and providing regular training	1,3	Eat Sleep Ride CIC	Maintain employment opportunities	Parents	A – Transforming Our Economy
Offer volunteering opportunities for people to learn new skills, expand connections and increase self-confidence.	1	VCB	Increased volunteering opportunities	Parents	A – A Strengthened Employment Offer to Parents
Continue to offer SBHA Tenants access to BEAM (Borders Employment Advice and Mentoring) to help them access training, educational and volunteering opportunities to enhance their opportunities to find employment.	1	SBHA, BHN	Increased employment	Parents	A – A Strengthened Employment Offer to Parents
Maximise parental/guardians income, by signposting to appropriate services. Support all learners in travelling to and from venues for their learning and in some cases provide child care. Support our 16+ learners who are furthest from the job market with digital devices to help them seek opportunities in learning, volunteering or employment.	1	SBC-CLD	Increase parental/guardian income	Parents & Young People	A – Connectivity and Childcare
NOLB and Young Person's Guarantee (YPG) offer bespoke pathways to young people to help those 16+ who are furthest from the job market and to overcome barriers to employment, volunteering and further education. PES and IFS offer this to parents and families.	1	SBC-CLD	Increase of young people entering employment	Parents & Young People	A – Transforming Our Economy
Continue to create modern apprentice opportunities in the Early Years Team. Continue with the Transitions Project to support young people. Deliver a removing youth volunteer barriers' project. Participate in Scottish Government's Youth Guarantee by securing an appropriate study programme for all school leavers who apply. Promote the Saltire awards Scheme. Promote the Youth Volunteering Ambassadors Project (registered as the gateway for kickstart for young people). Undertake College's 'Care Aware' initiative to provide support and a named person for care experienced young people and student carers.	1	SBC-CLD	Increased Modern Apprentice opportunities within Early Years Team  Implementation of a study programme for school leavers	Parents & Young People	C – Post School Transitions
Work with parents on No One Left Behind (NOLB)	1	SBC-CLD	Increase of parents entering	Parents & Young People	A – A Strengthened



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
scheme to help them into employment.			employment		Employment Offer to Parents
Provide parent employability support through the Financial Inclusion in Early Years Group.	1	NHS Borders, SBC	Increased support to parents.	Parents	A – A Strengthened Employment Offer to Parents
Work with Hawick Employability Pilot Partners to provide employability wraparound support in Burnfoot. Remove barriers to employment by supporting individuals to have a better understanding of their own mental health needs and develop coping strategies.	1	NHS Borders, SDS, JHIT	Increased employment within Burnfoot	Parents	A – A Strengthened Employment Offer to Parents
Teach hospitality and catering skills to support young people entering the food industry through the Food Punks Project. Work in partnership with local hotels and restaurants. Support young people referred from the Criminal Justice Service into sustained employment. Support Kickstart placements and NOLB.	1	Tweeddale Youth	Increased employment and work experience opportunities within catering industry	Parents	A – Transforming Our Economy
Provide a Skills learning programme through Food and Bike Punks. Provide supported employment opportunities within TYA and signposting to organisations such as Works+. Connection with local employers also supports post 16 employment opportunities.	1	Tweeddale Youth	Increased supported employment opportunities	Parents	C – Post School Transitions
Support and enhance the Delivery of the Parental Employability Project through new Child Poverty monies and current NOLB funding.	1	SBC	Increase of parental employability	Parents	A – A Strengthened Employment Offer to Parents
Continue to engage with the Job Centre and the PACE team to support and advise individuals facing redundancy.	1	SBC, Job Centre, PACE	Maintain support to those facing redundancy	Parents	A – A Strengthened Employment Offer to Parents
Support the Ukraine Refugee crisis group to ensure that effective and efficient employment support is available. This is in conjunction with partners in JC+.	1	SBC, Job Centre	Ensure there is efficient employment available for Ukrainian Refugees	Parents	A – A Strengthened Employment Offer to Parents
Support a new initiative within the Burnfoot community centre to deliver a bespoke employability hub for the residents of Burnfoot in Hawick.	1	SBC	Deliver an employability hub for the residents of Burnfoot	Parents	A – A Strengthened Employment Offer to Parents
Continue to deliver Employability Support, based on the Supported Employment model, to all disadvantaged Borders residents.	1	SBC	Maintain employability support levels for disadvantaged Borders residents	Parents	A – A Strengthened Employment Offer to Parents
Support the effective planning and delivery of new SG child poverty monies and targets which will include	1,3	SBC	Improved access to childcare	Families	A – Connectivity and Childcare

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
Improving access and availability of childcare					
The Employability Support Service will continue to work in partnership with employers and employer's representatives to ensure our clients have the best possible chances of securing and sustaining paid jobs. We will support employers to ensure they have any assistance they need to engage with some of the Borders most disadvantaged citizens.	1,3	SBC	Increased employment	Parents	A – Transforming Our Economy
Continue to offer support to disabled clients (both learning and physical) to find and sustain paid work.	1	SBC	Increased employment	Parents	B – Enhanced Support through Social Security
Continue to support all clients to maximise their income through improved jobs and /or increased hours.	1	SBC	Increased income	Parents	B – Income Maximisation
We will support the maximum number of parents into employment which will help their children to have a better start in life.	1	SBC	Increased parental employment	Families	C – Best Start to Life
Continue to support the creation of modern apprentice opportunities at Scottish Borders Council.	1	SBC	Increased Modern Apprentice opportunities	Young People	C – Post School Transitions
Delivery of the Young Persons Guarantee by supporting appropriately aged individuals and creating opportunities for them both within and outwith Scottish Borders Council.	1	SBC	Increased opportunities	Young People	C – Post School Transitions
Continue to deliver Scottish Borders Council's 'Family Firm' which supports Care experienced young people to transition into work.)	1	SBC	Increased employment	Families	C – Post School Transitions
Continue delivery of the Project 'Search', which supports young people with a learning disability or autism to transition into work. This is delivered in partnership with NHS Borders and Borders College.	1	SBC	Increased employment	Young People	C – Post School Transitions
Work with Tenants to provide support with writing a CV, cover letters or application forms, improving job search skills, building confidence, work experience, access to digital skills and inclusion or as complex as mental health and/or addiction issues and/or financial problems or accessing childcare.	1	SBHA	Increased employment	Parents	A – A Strengthened Employment Offer to Parents
Continue to recruit 4 modern apprentices each year in both technical and office based positions	1	SBHA	Increased Modern Apprentices employment	Parents & Young People	A – Transforming Our Economy
Establish a Foundation Apprenticeship Programme with Borders College and work with Borders Housing Network and Scottish Borders Council on the Borders	1	SBHA, Borders College, BHN,	Increased Apprenticeship employment	Parents & Young People	A – Transforming Our Economy



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
Guarantee. Our long term support continues throughout transition, and the personal development resulting from our activities improves member and volunteer employability.	1	SBC Interestlink Borders	Number of members supported, volunteers involved and sessions provided. Annual outcomes survey of members, carers and volunteer	Young People	C – Post School Transitions
<b>Education</b> Through these actions we will continue to tackle the poverty related attainment gap, and support the health and well-being of children and young people. This will in turn help children and young people to achieve better life long outcomes, thus helping to break the cycle of poverty.					
Develop an implementation plan following publication of Scottish Government's strategic plan for their childcare commitments	1,2	SBC	Implementation plan will be completed?	Families	A – Connectivity and Childcare
Ensure funded Early Learning Childcare (ELC) is free at the point of delivery for parents	1,2	SBC Early Years Team	Increased parental incomes and opportunities to take up employment	Families	A – Connectivity and Childcare
Equity and Excellence Leads to be placed in large SBC Early Learning Childcare (ELC) settings in areas of high deprivation	1,2	SBC Early Years Team	By end of Primary 1 current attainment data for achieving early level will be above 80%	Families	C – Supporting Children to Learn and Grow
Continue to deliver Psychology of Parenting Project (PoPP) parenting groups targeted at those in highest areas of deprivation	1,2	SBC Early Years Team	Number of participants	Families	C – Supporting Children to Learn and Grow
Deliver evidence based investment in high quality learning environments to support eligible families with 2 year olds, and future roll out of provision across all early years children	1,2	SBC CLD		Children	C – Best Start to Life
Pilot a schools Resource Pack for children and young people that promotes sustainability, linked to the Curriculum for Excellence	2	SBC CLD	Uptake of Scheme	Children & Young People	B – Transformational Approach
Engage with parents and carers to gather information leading to improved service delivery and a phased plan for extended childcare	1,2	SBC Early Years	Number of participants	Families	C – Best Start to Life
Undertake a mentoring initiative to support those most at risk of disengagement to successfully transition through senior phase of school to college and for those at greatest risk of disengagement during their first year at College	1	SBC CLD	Number of participants	Young People	C – Supporting Children to Learn and Grow

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
Offer taster sessions for young people to try out volunteering. Encourage young people aged between 12 and 25 to sign up and receive Saltire Awards, which are national recognised awards to celebrate, recognise and reward the commitment, contribution and achievements of young volunteers in Scotland.	1	VCB	Increased number of volunteers  Increased number of young people part of the Saltire Awards	Young People	A – Transforming Our Economy
Work with partners including DYW, SDS and employers to start the barrier removal process for those 14+ that are on track to a negative destination. Work with the Employability Support Service (ESS) to develop pathways for young people into Project Search, MA's and Kickstart programmes.	1	SBC-CLD, ESS	Increased positive pathways for Young People	Young People	A – Transforming Our Economy
Ensure UNCRC and Children's Rights are taken into account in Child Poverty work in the Scottish Borders Future Actions.	1	SBC Partners	Child Poverty work to incorporate UNCRC and Children's Rights	Families	C – Best Start to Life
Work with and support ASN young people to better understand their World of Work and barriers they may encounter. This is supported through the ASN Learning Network funded by SOSE and facilitated by Inspiring Scotland.	1	BANG, Inspiring Scotland, SOSE	Removal of barriers to work for ASN Young People	Young People	A – Transforming Our Economy
Set up an ASN sub group of the YPG to explore ASN employment and economy, working with SOSE, SDS, DYW, DWP etc. to create a logic model and report on how to collaborate and work to improve the knowledge and understanding of ASN youths.	1	BANG, SOSE, SDS, DYP, DWP	Creation of an ASN sub-group	Young People	A – Transforming Our Economy
Support ASN youths with ILF transition funding applications, accessing qualification both national and local and launching Youth Enterprise Scotland YES teams programme in August 2022 to provide qualification SVQ 3 to ASN youths and access to social innovation, enterprise.	1,3	BANG	Increased successful funding applications	Young People	A – Transforming Our Economy
<b>Information &amp; Advice</b>					
<b>Through these actions we will help to ensure families receive the support they are entitled to. We will provide support to help overcome barriers to accessing these support, as well as improving the quality and availability of advice services.</b>					
Develop a service directory which outlines available support for children and young people, families and professionals	1,2	SBC CLD	Increased available support	Families	B – Transformational Approach
Proactively promote free school meals (FSM) and clothing grant provision	2	SBC CLD	Increased uptake	Children & Young People	B – Income Maximisation

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
Respond to the opportunities of the Scottish Attainment Challenge, targeting resources where the poverty related attainment gap is greatest to deliver improved attainment in literacy and numeracy	1,2	SBC Education	Increased attainment	Children & Families	C – Supporting Children to Learn and Grow
Continue to implement outcomes in the Equity Strategy to target action and resource to address inequalities in attainment and achievement	1,2	SBC Education	Increased attainment	Children & Young People	C – Supporting Children to Learn and Grow
Work with clients to make them aware of their rights and responsibilities, what is available locally and how to access these services.	1,3	CAB	Number of families supported	Families	A – Connectivity & Childcare
Through schools, early years centres, social media, local forums and in bureau ensure that parents are aware of any support available financially and other local information relevant to individual and family needs and requirements.	1,3	CAB	Number of parents supported	Parents	C – Supporting Children to Learn and Grow
Establish and deliver enhanced inclusive economic growth for the South of Scotland through the Regional Economic Partnership.	1,3	SOSE	Number of organisations funded whose activities indirectly or directly address child poverty	Families	A – Connectivity and Childcare
Promote ASN supports via social media and referral	1,2	SBC	Number of families supported and referred	Families	B – Enhanced Support through Social Security
Promote the Young Person's free Bus travel through the National Entitlement Card (NEC) or Young Scot National Entitlement Card (Young Scot NEC).	1,2	NHS Borders	Number of children and young people accessing free bus travel	Children & Young People	A – Connectivity and Childcare
Raise awareness of Autism with organisations, create a video on Autism by Young people, and an Autism Reflection toolkit to support organisations with Person centred approach. Work with Borders College to launch Quiet induction for ASN/Autism Students.	1	BANG	Number of young people supported	Young People	A – Transforming Our Economy
Collaborate with a wide range of community and statutory services and organisations. Signpost mental health support and other services to young people.	1,2,3	Tweeddale Youth	Number of families supported	Young People	B – A Transformational Approach to People and Place
<b>Housing &amp; Energy</b>					
<b>Through these actions we will help to keep housing costs low, provide support with rising energy bills and tackle homelessness for families.</b>					
Continue to assist clients with rent and mortgage arrear issues and at risk of eviction or repossession to look at	2	CAB	Number of families supported	Families	B – Access to warm affordable homes

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
their income and expenditure, any possible eligibility to additional financial support (e.g. DHP) and negotiate a repayment schedule on their behalf.					
Continue to work in partnership with Shelter Scotland for representation to clients at the court stage of the eviction process.	2	CAB, Shelter Scotland	Number of families supported	Families	B – Access to warm affordable homes
Continue to refer clients to the Homelessness team at SBC and explain process and procedures to client.	2	CAB, SBC	Number of referrals made	Families	B – Access to warm affordable homes
Create new social housing though warm, affordable housing and infrastructure	2	BHA	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	B – Access to warm affordable homes
Provision of tenancy sustainment services including financial inclusion advice and BeWell mental health project directly funded by BHA	2	BHA	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	A – A Transformational Approach to People and Place
Provide direct and intensive support to prevent tenancy failure and homelessness	2	BHA	Lower number of tenants evicted	Families	B – Access to Warm Affordable Homes
Provide fuel poverty support including Borders Housing Network distribution of Scottish Government Fuel Support funding and Fuel Bank vouchers	2	BHA, BHN	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	B – Access to Warm Affordable Homes
Provide Energy efficiency advice including EESSH compliance	2	BHA	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	B – Access to Warm Affordable Homes
Provide support for young people leaving care through early intervention by tenancy sustainment services at the start of their tenancy	2	BHA	Number of young people supported, number of young people able to sustain their tenancy	Young People	C – Post School Transitions
Provide fuel vouchers to clients where possible	2	Eat Sleep Rice CIC	Number of fuel vouchers issued	Families	B – Access to Warm Affordable Homes
Support partner agencies in helping to reduce household costs through advice, signposting and	2	SBC CLD	Uptake of services	Families	B – Access to Warm Affordable

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
specific learning programmes.					Homes
Support young people and families to access heating payments to support rising fuel costs (through the Peeblesshire Food Bank). Signpost young people and advocate for them with SBC's Homelessness team.	2	Tweeddale Youth	Number of families supported	Families	B – Access to Warm Affordable Homes
Support Tenants with their heating costs and reduce their fuel debt using £150,000 from the Scot Government Fuel Debt Fund for 2022-23	2,3	SBHA	Number of tenants supported, monetary gains	Families	B – Access to Warm Affordable Homes
Issue fuel vouchers to SBHA Tenants on pre-paid meters	2,3	SBHA	Number of vouchers issued	Families	B – Enhanced Support through Social Security
SBHA's Financial Inclusion Team to continue to work with Tenants to support them to generate additional household income via money management and budgeting skills. In Q1, 2022-22, 200 Tenants have already benefited from the services, generating a total of additional household income of £91,000 (£455 per household YTD).	2	SBHA	Number of tenants supported, monetary gains	Families	B – Income Maximisation
Continue with SBHA's affordable warmth service 'Warm and Well', providing energy saving advice (an average of £188 per household savings in the year	2	SBHA	Number of tenants supported, monetary gains	Families	B – Income Maximisation
Continue to deliver SBHA's Wellbeing Framework which is designed to ensure Tenants can access the support and or intervention needed to sustain their tenancy, identifying potential barriers early on and identifying the correct pathway for support	2	SBHA	Number of tenants supported, number of tenants sustaining tenancies	Families	A – A Transformational Approach to People and Place
SBHA will build 300 homes over the next 7 years.	2	SBHA	Number of homes completed	Families	B – Access to Warm Affordable Homes
Work with SBHA Tenants to promote tenancy sustainment and reduce the number of Tenants who lose their home.	2	SBHA	Less tenants evicted, and increase in those able to sustain tenancy for more than one year	Families	B – Access to Warm Affordable Homes
Review and update Scottish Borders Rapid Rehousing Transition Plan in order to prevent families from becoming homeless and, where homelessness cannot be prevented, to support families to secure settled, mainstream housing as quickly as possible.	2	SBC	Reduced number of families homeless, increased support provided	Families	B – Access to Warm Affordable Homes
Continue implementation of pilot Housing First Model	2	SBC	Principles of Housing First	Families	B – Access to

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
that meets the needs of people with multiple needs in the Scottish Borders and which, as far as is possible in a rural context, conforms to the 7 principles of Housing First.			model adhered to		Warm Affordable Homes
<b>Health &amp; Wellbeing</b> Through these actions we will provide financial, practical and emotional support, helping to tackle and mitigate the impact of poverty as well as preventing it.					
Develop a plan to transform holistic whole family support services through early intervention and prevention activities, to ensure families can access support before they reach crisis point. An allocation of £668k has been awarded to SBC from the Whole Family Wellbeing Fund for 2022/23, as part of the Best Start, Bright Futures delivery plan commitment.	1,2,3	SBC	Uptake of service and families supported	Children & Families	B – A Transformational Approach to People and Place
Completion of new pathway to ensure appropriate Mental Health Services and supports are in place	1,2,3	SBC CLD	Compliance with legislation	Children & Families	B – Transformational Approach
Identify 'Nurture Bases' in each locality to support primary school aged children with social and emotional difficulties	1,2,3	SBC CLD	Number of nurture bases identified, and children supported	Children & Young People	B – Transformational Approach
Develop an action plan based upon agreed Health and Wellbeing census outcomes	1,2,3	SBC CLD	Compliance with legislation	Children & Families	B – Transformational Approach
Continue to establish breakfast clubs in schools. Breakfast clubs are established in a number of schools in areas of greatest need but the aim is to have one in every school	2	SBC	Number of breakfast clubs established	Children & Young People	B – Enhanced Support through Social Security
YouthBorders will play a role as a strategic partner to local statutory services in the coordination of the provision of activities for young people aged 8-18 to reflect the Scottish Government's commitment to childcare and activities for children and young people through school holiday periods	2	Youth Borders	Uptake of services, and evaluation of services implemented	Children & Young People	A – Connectivity and Childcare
YouthBorders will work as a strategic partner to the shaping and implementation of the Community Mental Health and Wellbeing Supports and Services Framework.	1,2,3	Youth Borders	Evaluation of services implemented	Children & Young People	B – A Transformational Approach to People and Place
YouthBorders will employ a Network Officer to connect and facilitate third sector organisations who provides	2	Youth Borders	Number of young people supported	Young People	C – Post School Transitions



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
services for young people / young adults aged 16-25 - this project aims to lead to improved transitions in all aspects of young people's lives. e.g. housing, employment, education, mental health and wellbeing - and will be informed by the lived experience of service users.					
Continue to support free access to Community Centres for nursery provision and also support the developmental of these groups	2	Live Borders	Number of families supported and accessing services	Families	A – Connectivity and Childcare
Deliver 'Get into Summer 2022' for children and families of low income households which provides coordinated access to food, childcare, sports, leisure and cultural activities during the holidays	2	SBC CLD Live Borders	Uptake of service and families supported	Children & Families	A – Connectivity & Childcare B – Enhanced Support through Social Security
Promote summer programmes as relevant to the Berwickshire locality	2	BHA	Number of families accessing service	Families	A – Connectivity and Childcare
Support Early Years Centres to continue to lead on a summer programme of activity with children and families across Eyemouth, Galashiels, Hawick and Selkirk.	1,2	NHS Borders, SBC, JHIT	Uptake of service and number of children supported	Children	C – Best Start to Life
Provide training to ASN parents on subjects to support them to manage their emotional health and well-being. In addition we have ASN parent carer volunteers whom we support and we employ ASN parents within our funded projects/ summer camps .The supportive approach supports ASN parents.	1,2	BANG	Uptake of service, and families supported	Parents	A – A Strengthened Employment Offer to Parents
Continue to provide free social activities and Summer respite camps in Summer, and school holidays	2	BANG	Uptake of service, and families supported	Families	A – Connectivity and Childcare
Full facility family pass trial for those families in most need to support access to a wider range of activity.	2	Live Borders	Number of families accessing services	Families	A – Connectivity and Childcare
Continue with expansion of programme and access to free places for museums and galleries- including workshop provision for families to attend	2	Live Borders	Number of participants	Families	B – A Transformational Approach to People and Place
Continue awareness and capacity building with Community Centre Management Committees to develop levels of engagement with children and families and support expansion of provision	2	Live Borders	Number of families supported and accessing services	Families	B – A Transformational Approach to People and Place
Liaise with school and small grants / donations to support youth clubs, nurseries, school projects and community activities for children and young people	2	BHA	Number of families supported	Families	C- Supporting Children to Learn and Grow

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
Provide support to children under 12, through the employment of a trauma councillor.	1,2,3	Eat Sleep Ride CIC	Number of children supported	Children	A – A Strengthened Employment Offer to Parents
Provide life coaching programmes for BHA tenants and work closely with the Bewise group to support parents into employment through husbandry accreditations, support to manage their wellbeing, help filling out benefit forms, accessing support groups, transport costs and support to access public transport	1,2,3	Eat Sleep Ride CIC, BHA, Bewise Group	Number of parents supported, and employment gained following participation	Parents	A – A Strengthened Employment Offer to Parents
Support parents to manage their wellbeing and address other needs as they come up through: animal assisted therapies, access to workshops such as pottery, bush craft, yoga, meditation, climate change	2	Eat Sleep Ride CIC	Number of parents supported, and their evaluation of therapies	Parents	A – A Strengthened Employment Offer to Parents
Work with schools and encourage children and young people to sign up to Saltire Awards	1, 2	Volunteer Centre Borders	Number of children and young people supported	Children & Young People	B - A transformational Approach to People and Place
Work with partners to make sure that everyone should have equal access to volunteering opportunities.	1,2	Volunteer Centre Borders	Number of individuals supported	Families	B – Income Maximisation
Develop and test a whole systems approach to diet and healthy weight with a focus on children and families and reducing health inequalities. Funding of £60,000 has come from East Region Diabetes Prevention Funding: Phase 1: Facilitate three digital workshops with local stakeholders to develop a shared understanding of the Whole Systems Approach and identify community priorities Phase 2: Enable the Eyemouth community to lead on activities to meet phase 1 priorities Local priorities include: 1) Communication 2) Family participation and learning 3) Outdoor activities Establish Locality working groups to help meet these priorities	2	NHS Borders	Evaluation of stakeholders understanding and facilitation of the whole systems approach from them	Families	B - A Transformational Approach to People and Place
Continue to deliver LINKS Eyemouth community led food project that aims to support children and families to try new recipes that focus on healthy, lower budget eating. The project also supports wider wellbeing by promoting social connections and peer support opportunities for families, and the provision of meal bags with healthy recipes and ingredients mainly sourced	2	NHS Borders, LINKS Eyemouth, JHIT	Evaluation of project, and families supported	Families	C – Supporting Children to Learn and Grow



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
from surplus foods to reduce food waste.					
Tweeddale Youth Action has a role in maintaining young people's mental health and emotional well-being, offering a safe space for young people to socialise, access information and advice, take part in activities and feel a sense of belonging and connection that they don't always have in other areas of their life. Act as a bridge between activities, opportunities and services that our young people will benefit from.	2	Tweeddale Youth	Uptake of service, and number of young people supported	Young People	B – A Transformational Approach to People and Place
Continue to offer free food at our youth club drop-in sessions and support young people living independently with food and essentials such as data when required. We also link families and young people in with our local food bank and distribute supermarket vouchers to families in need.	2,3	Tweeddale Youth	Number of young people supported	Young People	B – Income Maximisation
Continue with dedicated ASN parent carer health walks in the Scottish Borders	1,2,3	BANG	Uptake of service	Parents	B – Enhanced Support through Social Security
Provide parents with support to accessing benefits, services and supports parents to advocate. Provide advocacy training for ASN Parents and work 1-1 with ASN parents through advocacy to access other support.	3	BANG	Uptake and successful completion of training	Parents	B – Income Maximisation
Ensure that clients have timely access to mental health support through the 'No one Left Behind' programme to enable them to move towards	1,2,3	SBC	Number of participants and employment opportunities	Families	B – A Transformational Approach to People and Place
Continue to provide 15 fortnightly peer-age befriending groups for children and young people with learning disabilities & autism aged 8-25 across the Scottish Borders.	1,2,3	Interestlink Borders	Number of members and families supported, volunteers involved and sessions provided. Annual outcomes survey of members, carers and volunteers.	Children & Young People	B – A Transformational Approach to People and Place
Continue to develop a wide range of activities chosen by participants, provide new opportunities & experiences and develop friendship networks, confidence & communication skills. Transport often provided. This assists members to cope with the transition to adult life and can improve their employability.	1,2,3	Interestlink Borders	Number of members and families supported, volunteers involved and sessions provided. Annual outcomes survey of members, carers and volunteers.	Children & Young People	B – A Transformational Approach to People and Place
Continue to support children and young people with	1,2,3	Interestlink	Number of members	Children & Young People	C – Supporting

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
learning disabilities and autism and peer-age volunteers to develop personally.		Borders	supported, volunteers involved, and sessions provided. Annual outcomes survey of members, carers and volunteers.		Children to Learn and Grow
Following public consultation, a proposal is being considered for further discussion in relation to period poverty	2	SBC	Number of people supported	Families	B – Enhanced Support
<b>Tackling Digital Exclusion</b>					
<b>Through these actions we will expand the Connecting Scotland Programme, and help to provide devices for families in poverty to enable access to appropriate services and support.</b>					
Support development of digital skills and learning in our schools and our communities (including the Inspire Academy)	1,2	SBC CLD	Uptake and successful completion of study	Children & Families	A – Connectivity & Childcare
Introduce a Parent Portal to improve digital customer access to services and information	2	SBC CLD	Uptake of service	Children & Families	A – Connectivity & Childcare
Continue roll out of Connecting the Borders (Devices, data and mentoring support) with the 12 members of community partnership	2,3	Live Borders	Evaluation of project, number of families supported	Children & Families	A – Connectivity & Childcare
BHA promotes and refers to Connecting Scotland to enable digital access for our customers	2	BHA	Number of families supported	Families	A – Connectivity and Childcare
BHA has provided hands on digital support for individuals and contributes to Berwickshire networks developments to enable digital access for all	2	BHA	Number of families supported	Families	A – Connectivity and Childcare
Continue to support ASN youths with access to safe digital social and peer platforms and are launching a new digital online support service for ASN youths in Sept 2022.	2,3	BANG	Number of families supported	Families	A – Connectivity and Childcare
Identify children and young people with learning disabilities and autism who would benefit from devices and connections, and source them from Connecting Scotland, Connecting Borders and other fundraising.	2,3	Interest Link Borders	Number of children and young people supported	Children & Young People	C – Supporting Children to Learn and Grow
SBHA Digital Champions continue to support the 224 households who received a device via Connecting Scotland to ensure they access all benefits of being online and improve their digital skills. In addition, the Borders Employment Advice and Mentoring (BEAM) project purchased 20 laptop computers and software for Tenants to enhance their job search and job	1,2,3	SBHA	Evaluation of service, number of families supported	Families	A – Connectivity and Childcare

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
applications.					
<b>Communities &amp; Partnerships</b>					
<b>From these actions we will work with partnership, third sector and community organisations to provide holistic and whole family support.</b>					
Work with partners to support Foodbanks, Fare Share, Community Larders and other food organisations to pilot and implement sustainable food options - Low & Slow. The project also provides holistic benefit and fuel/energy & debt advice to individuals and families.	2,3	SBC, Food Banks	Participation and Engagement data. Programme impact evaluation report	Families	A - A Strengthened Employment Offer to Parents
Develop a Food Network through quarterly Food Conversations with Partners. The Food Network will include a holistic approach to support and information.	2	SBC	Support given	Families	A - A Strengthened Employment Offer to Parents B – Income Maximisation
Support Place Planning across the Scottish Borders to develop 5 Locality Plans	2	SBC	Number of organisations funded whose activities indirectly or directly address child poverty	Families	B – Transformational Approach to People and Place
YouthBorders will work as a strategic partner to the delivery of The Promise	2	Youth Borders	Evaluation of families supported	Families	B – Transformational Approach to People and Place
YouthBorders will develop, grow and strengthen opportunities for collaboration and partnership within and between third sector and community organisations; and with the public sector. YouthBorders current membership size is 49 organisations and reach 5400 young people in youth work opportunities	2	Youth Borders	Number of opportunities for young people	Children & Young People	B – Transformational Approach to People and Place
Continue to invest in estates and community facilities including community food gardens	2	BHA	Number of people supported	Families	B – Transformational Approach to People and Place
Active role in place making and capacity building	2	BHA	Number of people supported	Families	B – Transformational Approach to People and Place
Wider support and linkage to reduction in child poverty action and policy networks	2	BHA	Number of organisations funded whose activities indirectly or directly address	Families	C – Best Start to Life

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
			child poverty		
BHA regularly utilises Berwickshire Wheels to transport older people to lunch clubs and other social community events.	2,3	BHA, Berwickshire Wheels	Number of families supported	Families	A – Connectivity and Childcare
BHA will continue to promote 'Ride Pingo' for its customers across Berwickshire	2	BHA	Number of families supported	Families	A – Connectivity and Childcare
Provide transport to families and encourage car sharing among parents	2,3	Eat Sleep Ride CIC	Number of families supported	Families	A – Connectivity and Childcare
Provide holistic and whole family support – e.g. equine therapy and access to mental health services.	2,3	Eat Sleep Ride CIC	Evaluation of support given	Families	B – A Transformational Approach to People and Place
Support our partners to make sure that affordable childcare and accessible transport are available for everyone.	2	Volunteer Centre Borders	Support given to access appropriate services	Families	A – Connectivity and Childcare
Promote an employee volunteering scheme with companies/organisations to encourage more people to give up their time to support the local community.	1,2,3	Volunteer Centre Borders, SOSE	Evaluation of participants taking part in scheme	Families	A – Transforming Our Economy
Work in partnership with voluntary and community groups to promote and encourage volunteering. Meet up with volunteers to discuss and explore potential volunteering opportunities for them to sign up. Post volunteering opportunities on behalf of charities to attract volunteers.	2,3	Volunteer Centre Borders	Evaluation of participants	Families	B – A Transformational Approach to People and Place
Work with charities/grassroots who support disadvantaged or marginalised groups to encourage volunteering. Support them to find volunteers through advertising and campaigning.	1,2,3	Volunteer Centre Borders	Support given to families in need		B – Warm Affordable Homes
Work in partnership with SBC's Community Justice Team to grow a wide range of seasonal produce at a greenhouse site in Galashiels. Produce is distributed back into the community through service settings and activities that support children and families. Links have been established with the Community Food Growing Network as part of the Scottish Borders Food Growing Strategy.	2,3	NHS Borders, SBC,	Evaluation of project	Families	B – A Transformational Approach to People and Place
<b>Fuel related activity</b> Through these actions we will tackle fuel poverty and provide support with rising energy bills.					

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
Continue to check for energy savings measures and any concessionary funds and grants available to pass on to clients.	2,3	CAB	Monetary gains and support given	Families	B – Income Maximisation
Continue to develop strong partnerships with JHIT, CAB and ChangeWorks etc. to support the 9 Low & Slow Projects which aim to reduce energy costs and provide nourishing food.	2	SBC, JHIT, CAB, ChangeWorks	Uptake of Services	Families	B – Access to Warm Affordable Homes
Provide fuel poverty support including BHN distribution of SG Fuel Support funding and Fuel Bank vouchers to over 2,400 households	2,3	BHA	No. of clients, Demographic information (if given), Client financial gain	Families	B – Access to Warm Affordable Homes
<b>Financial Inclusion</b>					
<b>Through these actions we will help maximise income of low income households, lifting children out of poverty and combatting the cost of living crisis.</b>					
Continue to work on the cost of the school day, using pupil equity funding to support this.	2,3	SBC CLD	Monetary gains	Families	B – Enhanced Support through Social Security
Continue to use the Neglect Toolkit by the Child Protection Delivery Group in relation to income maximisation support for families	1,2,3	SBC CLD	Support given at appropriate time to families in need	Families	B – Income Maximisation
Make direct winter payments to eligible families with low income (£100 per child) as agreed at Scottish Borders Council meeting on 25.08.22	2,3	SBC	Monetary gains, support given	Children and families	B – Income Maximisation
Provide financial inclusion support through partnership Community meetings and distributing supermarket gift cards to individuals in crisis (Financial Hardship Fund)	2,3	SBC	Monetary gains, support given	Families	B – Enhanced Support through Social Security
Raise the profile of financial inclusion through the Financial Inclusion Practitioners Group	1,2,3	SBC	Number of organisations funded whose activities indirectly or directly address child poverty	Families	B – Enhanced Support through Social Security
Disperse funds from the Financial Inclusion Fund to those most in need.	3	SBC	Monetary gains, support given	Families	B – Enhanced Support through Social Security
Disperse funds from the Local Authority Covid Economic Recovery Fund (LACER) to those most in need.	3	SBC	No performance indicators – demand led response during pandemic and beyond	Families	B – Enhanced Support through Social Security
Continue to support the Financial Inclusion Practitioners Group to raise awareness of financial support (68 current members)	1,2,3	SBC	Number of organisations funded whose activities indirectly or directly address	Families	B – Income Maximisation

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
			child poverty		
Continue to provide tenancy sustainment services including financial inclusion and the BeWell mental health project.	2,3	BHA	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	B – Access to Warm Affordable Homes
Provide direct support to maximise family income, including help to access Scottish Child payments and all other welfare benefits	3	BHA	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	B – Access to Warm Affordable Homes
Provide in-house Financial Inclusion support and signposting to relevant services including child specific welfare support, access to food resources and clothing grants	2,3	BHA	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	B – Enhanced Support through Social Security
Provide comprehensive advice and signposting to BHA tenants for financial inclusion, fuel debt, mental wellbeing and other areas that supports family households, including children	2,3	BHA	Tracked and evaluated using the Scottish Federation Housing Associations (SFHA) social value toolkit	Families	B - Income Maximisation
Continue with Health Visitors asking about money worries at every contact and refer on to the SBC Financial Support and Inclusion Team where required.	2,3	NHS Borders, SBC, JHIT	Record gains made, monitor national child poverty levels, Monitor Scottish Government benefit statistics (benefit take up, SWF and DHP spending, etc.)	Families	B – Enhanced Support through Social Security
A dedicated ASN family Liaison worker offers 1-1 targeted intervention to ASN families for a maximum of 12 weeks to support them access benefits, support, advise and advocacy.	1,2,3	BANG	Monetary gains, support given	Families	A – A Transformational Approach to people and Place
Increase take up of school clothing grants - Extend eligibility for school Clothing Grants to include receipt of Council Tax Reduction in eligibility (and link to take up campaign for Council Tax Reduction) and link to other benefits (e.g. Scottish Child Payment and Best Start Grants)	3	SBC	Increased take up, monetary gains	Families	B – Income maximisation



Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
Increase take up of free school meals - Identify people who are potentially eligible but not claiming (particularly those with children who already receive universally free school meals in P1-P5) and link to other benefits (e.g. Scottish Child Payment and Best Start Grants)	3	SBC	Increased take up, monetary gains	Families	B – Income maximisation
Increase take up of educational maintenance allowance (EMA) – identify those who are potentially eligible	3	SC	Increased take up, monetary gains	Families	B – Income maximisation
Increase take up of Council Tax Reduction – a campaign to include advertising and direct contact with those who are potentially eligible which will link to Clothing Grant take up	3	SBC	Increased take up, monetary gains	Families	B - Income maximisation
Introduce software to increase benefit take up. Software to be acquired which will use information already held to identify people whose information is held within SBC databases and encourage to apply for benefits where there is potential entitlement, which are not being claimed	3	SBC	Increased take up, monetary gains	Families	B – Income maximisation
<b>Money Worries</b>					
<b>Through these actions we will put money directly in the pockets of low income households, lifting children out of poverty and combatting the cost of living crisis.</b>					
Increase awareness of benefits among parents of primary and secondary pupils	3	SBC CLD	Monetary gains, support given	Families	B- Income Maximisation
Assist with any debt issues and managing budgets.	2,3	CAB	No. of clients, Demographic information (if given), Client financial gain	Families	B- Income Maximisation
Offer a benefit check to clients, this highlights any eligibility to benefits both means tested and also disability benefits.	3	CAB	No. of clients, Demographic information (if given), Client financial gain	Families	B- Income Maximisation
Using money/debt procedures, review payments being made for other services and highlight money saving ideas and options.	2,3	CAB	No. of clients, Demographic information (if given), Client financial gain	Families	B- Income Maximisation
Using volunteer recruitment and training, increase capacity and number of Advisers available to meet demand. Offer self-help through the CAB website/information system.	1	CAB	No. of clients, Demographic information (if given), Client financial gain	Families	B- Income Maximisation
Administer the SBC Community Welfare and Enhancement Trusts (for those in crisis) <a href="https://www.scotborders.gov.uk/info/20076/community_grants_and_funding">https://www.scotborders.gov.uk/info/20076/community_grants_and_funding</a>	3	SBC	Monetary gains, support given	Families	A - A strengthened employment offer to parents

Action	Poverty Driver*	Partners Involved	How will impact be assessed?	Intended beneficiaries/target group	Best Start, Bright Futures Indicator
Circulate flyers (1 for each area of the Borders) which provide essential contact details for those in crisis	2,3	SBC	Monetary gains, support given	Families	B- Income Maximisation
YouthBorders will share information with our network of youth organisations to increase awareness of young people and their families of how to maximize income and access social security support which they may be entitled to.	2,3	Youth Borders	No. of clients, Demographic information (if given), Client financial gain	Children and Young People	B – Enhanced Support Through Social Security
Provide financial support for early years through maximising take up of child related benefits and resources	3	BHA	No. of clients, Demographic information (if given), Client financial gain	Children and Young People	B – Enhanced Support Through Social Security
Continue to promote the Money Worries App to aid people by providing access to information and support to prevent escalating money worries. Deliver Bitesize Information Sessions to: 1) Raise Awareness of the NHS Borders Money Worries App, 2) Encourage ‘real-time’ download of the App, 3) Enable participants to promote and signpost people to the App.	2	NHS Borders	Monetary gains, support given	Parents	A – Connectivity and Childcare
Progress work with Health Visiting Staff to streamline administration processes in relation to applications, voucher scheme and distribution of Radio Borders Cash for kids and Borders Children Charity awards.	3	NHS Borders	Support Given	Families	B – Income Maximisation

**\*Poverty Drivers**

- 1 – Income from Employment
- 2 – Costs of living
- 3 – Income from Social Security and benefits in kind



# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>2 February 2023</b>
<b>Title:</b>	<b>Joint Health Improvement Team Annual Report 2021-22</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Dr Sohail Bhatti, Director of Public Health</b>
<b>Report Author:</b>	<b>Fiona Doig, Head of Health Improvement/Strategic Lead Alcohol and Drugs Partnership</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Annual Operational Plan

**This aligns to the following NHSScotland quality ambition(s):**

- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper presents the Joint Health Improvement Team (JHIT) Annual Report 2021-22 which provides an overview of highlighted work undertaken by the Team. This includes:

An overview of participation in interventions and training/capacity building activities  
Highlighted activities linked to each of the Public Health priorities for Scotland.

### 2.2 Background

JHIT is part of NHS Borders Public Health Department and the staff team includes members from both NHS Borders and Scottish Borders Council (SBC) and aims to reduce inequalities in health by promoting good health throughout the life stages; building capacity within our communities and workforce and creating a healthier future.

Work in JHIT is organised across four key areas:

- Children and young people
- Communities
- Mental health improvement and suicide prevention
- Wellbeing Service

Work is aligned to the national Public Health Priorities for Scotland. NHS Borders has adopted these priorities.

## 2.3 Assessment

The report identifies work across the six Public Health Priorities for Scotland and highlights are outlined below. It should be noted that items highlighted often impact across more than one priority area:

- Priority 1: A Scotland where we live in vibrant, health and safe places and communities

Work highlighted in this section is the Whole Systems Approach in Eyemouth (WSA) to develop and test a whole systems approach to diet and healthy weight. During 2021-22 community engagement took place to develop three themes with eight related activities. In November 2021 funding of £50,000 was awarded to progress these activities.

A report on evaluation of the approach is being led by Public Health Scotland, a local evaluation of impact is planned for development over winter 2022.

- Priority 2: A Scotland where we flourish in our early years

Work highlighted in this section provides information of the work undertaken to support breastfeeding and weaning. The Breastfeeding in Borders (BiBs) service recruits and trains volunteers to support women to continue breastfeeding. The majority of referrals are from postnatal ward.

- Priority 3: A Scotland where we have good mental well being

Work highlighted in this section includes the JHIT led Mental Health Improvement and Suicide Prevention Steering group and highlights the innovative work alongside Scottish Rugby and Breathing Space and also highlights significant developments for children and young people.

- Priority 4: A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs

This section includes process and outcomes data for the Wellbeing Service and reports on an improvement in smoking cessation performance. National data was published in October 2022 and shows that we achieved 80% of target (compared to 60% in previous year. Three Boards in Scotland achieved the target.

- Priority 5: A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all

Work highlighted in this section includes raising the profile of the digital Money Worries app which provides ready access to quality assured information in relation to money, health, housing and work and also deliver of the the Low and Slow programme which is now being rolled out by partners in various localities in Borders.

- Priority 6: A Scotland where we eat well, have a healthy weight and are physically active

Work highlighted in this section includes the Child Healthy Weight service which is led by JHIT and dietetics and also describes the partnership work with the school holiday programme and Walk It.

### **2.3.1 Quality/ Patient Care**

The overall work of the JHIT contributes to the wellbeing of people in Borders.

### **2.3.2 Workforce**

Covid deployment of JHIT team members ended March 2022.

Much of JHIT's work is done in partnership and therefore impact on colleagues of service pressures or capacity can delay progress.

### **2.3.3 Financial**

JHIT operates within its existing budget.

Diabetes prevention funding supports Whole System Approach and Child Healthy Weight. The funding for Whole System Approach was provided to September 2022. Funding is confirmed for Child Healthy Weight for 2022-23.

Scottish Government Programme for Government (BiBs) funding is in place June 2023

### **2.3.4 Risk Assessment/Management**

The impact of the Covid-19 pandemic has impacted negatively on population wellbeing and increased health inequalities across the us. At the same time demand for health and social care services is increasing.

For both these reasons there is likely an increased need for to scale up prevention and early intervention activities and interventions. The ability to do this is limited by existing resources and also the appetite and capacity of colleagues to participate at this challenging time.

### **2.3.5 Equality and Diversity, including health inequalities**

A Health Inequalities Impact Assessment was completed for the Whole System Approach

A Health Inequalities Impact Assessment is in progress for Child Healthy Weight.

### **2.3.6 Climate Change**

n/a

### **2.3.7 Other impacts**

n/a

### **2.3.8 Communication, involvement, engagement and consultation**

Individual members of JHIT provided contributions to the report which was then shared with the team at a Team Meeting prior to onward dissemination.

State how this has been carried out and note any meetings that have taken place.

- JHIT Business Meeting, 31 August 2022

### **2.3.9 Route to the Meeting**

This has been previously considered by the following group for approval.

- Public Health Governance Group, 27 October 2022

## **2.4 Recommendation**

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Joint Health Improvement Team Annual Report

# Joint Health Improvement Team

Annual Report 2021 - 2022



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Page 23	Looking Forward - Next Steps

# Introduction

As in previous years this year we have aligned our Joint Health Improvement Team (JHIT) Annual Report for 2021-22 to Scotland's six Public Health Priorities while recognising that, given the range of factors that impact on our health and wellbeing, much of our work will influence more than one of these priorities.

While the Public Health Priorities have not changed, Public Health Scotland's Strategic Plan adopted a focus on COVID-19 recovery, mental wellbeing, community and place and poverty and children. The work presented throughout the report also links across these areas of work.

The overall aim of JHIT is to reduce inequalities in health by promoting good health throughout the life stages; building capacity and capability within our communities and workforce and creating a healthier future for all. We know that the impact of COVID-19 will increase inequalities and that our communities will be impacted by the emerging cost of living crisis.

During 2021-22 JHIT continued to work from home for the majority of the time. Whilst we had more of our team based back in their usual jobs we continued to have staff deployed to the Test and Protect Service throughout the year until March 2022. In Winter 2021-22 staff also worked on wards as Health Care Assistants and volunteered to support mealtimes at the BGH and throughout the pandemic our administration team have continued to support the Health Protection Team in particular with their roles. This staff deployment was required to support the wider organisation, however, we recognise the challenge for staff in halting programmes of work and having to rebuild relationships on their return.

Throughout this year we have also tried to support each other as we continue to work from home and overcome the challenges that brings and team members have supported development and implementation of our Staff Charter and improved ways of working. It is not possible to report on all of the work undertaken by the team so I would like to thank the members of the team who have led the work described within the report and all of us who have contributed to make a difference to our communities in Borders.

**Fiona Doig**  
**Head of Health Improvement, Strategic Lead Alcohol and Drugs Partnership**

# Joint Health Improvement Team (JHIT)

JHIT is part of NHS Borders Public Health Department and the staff team includes members from both NHS Borders and Scottish Borders Council.

Our team is led by the Head of Health Improvement/Strategic Lead Alcohol and Drugs Partnership.

We have three lead roles who support their dedicated teams in the following areas:

Public Health Lead for Children and Young People/Child Health Commissioner	Public Health Lead for Mental Health/Wellbeing Service Lead	Health Improvement Lead for Communities
<ul style="list-style-type: none"><li>• Maternal &amp; Infant Nutrition</li><li>• Child Healthy Weight</li><li>• Emotional Health and Wellbeing</li><li>• Children's Rights</li><li>• Substance Use Education</li><li>• The Promise</li><li>• Child Poverty &amp; Financial Inclusion</li><li>• Young People's Engagement</li></ul>	<ul style="list-style-type: none"><li>• Wellbeing Service</li><li>• Adult Mental Health and Wellbeing</li><li>• Health Promoting Health Service (on hold)</li></ul>	<ul style="list-style-type: none"><li>• Health Inequalities and Anti-Poverty Work</li><li>• Food Security, Physical Activity and Diabetes Prevention</li><li>• Communities</li><li>• Older People</li></ul>

This work is delivered with the support of our Administration Team and Data and Performance Officer.





# Public Health Priorities for Scotland

## Public Health Priorities

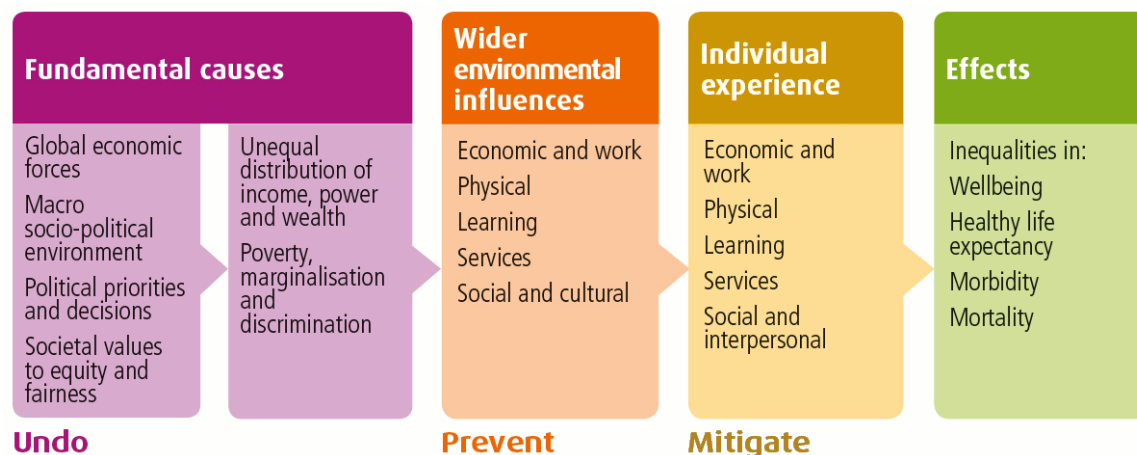
The Scottish Government has agreed a clear set of related and inter-dependent priorities for Scotland which are:

- 1 A Scotland where we live in vibrant, healthy and safe places and communities
- 2 A Scotland where we flourish in our early years
- 3 A Scotland where we have good mental wellbeing
- 4 A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- 5 A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
- 6 A Scotland where we eat well, have a healthy weight and are physically active

The agreed priorities reflect public health challenges to focus on over the next decade to improve the public's health.



Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. The gaps between those with the best and worst health and wellbeing still persist, and some are expected to increase due to the impact of COVID-19 pandemic. For example, in the most recent data at the moment the difference in life expectancy in Borders for women in the most deprived communities compared to least deprived is 13.9 years (76.4 compared to 90.3) while for men it is 10.6 years (83.6 compared to 73).



As the diagram shows, significant influences on health inequalities are due to what is referred to as the 'fundamental causes', or 'structures causes' of inequality such as geopolitical, environmental; and income distribution and unlikely to be impacted at a local level. However, at a local level, including within JHIT, we can seek to prevent wider environmental influences (e.g. through employment practices, planning services) or mitigate the experience for individuals (e.g. access to services, skills building.)

# Activities Overview

## Mental Health Improvement / Suicide Prevention

- **202** people took part in digital mental health improvement and suicide prevention training
- **6** rugby clubs in Borders supported mental health improvement and suicide prevention approach. Three videos were produced in partnership with Kelso RFC which have had hundreds of views across the rugby community
- **£1.1 million** from Scottish Government's Communities Mental Health and Wellbeing Fund allocated to 41 community organisations

## Quit Your Way (Apr - Dec 21)

- Quit attempts **525** (491 in 2020-21)
- Successful quits at three months post quit date **150\*** (144 in 2020-21)

### Data for 40% most deprived areas in Borders

- Quit attempts **315** (278 in 2020-21)
- Successful quits at three months post quit data **97\*** (79 in 2020-21)
- Three month quit rate: **31%** (28% in 2020-21)

(\*Number of successful 3 month quits subject to change due to reporting lag for quit dates set February-March 2022)

## Breastfeeding in the Borders (BiBs)

- Volunteers **22**
- BiBs requests at discharge **321**

## JHIT Training

- Participants **463**
- Courses **42**

## Healthy Start Vitamins

- Women's **1846**

## New Vitamin D

- Women's **958**
- Children's **2082**

## Wellbeing Service

- New referrals **1491**
- Average **124** per month
- Consultations **10,176**

## Walk It

- Walks **772**
- Walk Leaders trained **84**
- Participants **7552**
- Dementia Friendly Walks **26**

# Training and Capacity Building

Building community capacity is a core health improvement function. Our 'Learning and Skills for Health' training programme is for everyone; staff, partners and the wider community. Learning and Skills for Health has a specific focus on wellness and what we can all do to help build a culture of health.

Health improvement training equips participants with the knowledge and skills to raise and discuss a health and wellbeing issue with confidence, so that they can support people to make small changes which cumulatively can make a big difference.

Participants come from a variety of organisations including local authority, NHS, third sector, volunteers, private individuals.

**2021 - 22 Data**  
**463**  
**individual attendances**  
**compared to 515 in 2020-21**

The table below presents the range of programmes and number of people who attended across the Public Health priorities recognising that much of the training will cover more than one priority area.

Public Health priority area	Courses delivered & participants
<b>1 - A Scottish Borders where we live in vibrant, healthy safe places and communities</b>	<b>Participants - 2</b>
<b>2 - A Scottish Borders where we flourish in our early years</b>	<b>Participants - 193</b> <ul style="list-style-type: none"> <li>• Child healthy weight toolkit</li> <li>• Breastfeeding and relationship building</li> <li>• MAP health behaviour change training</li> </ul>
<b>3 - A Scottish Borders where we have good mental wellbeing</b>	<b>Participants - 202</b> <ul style="list-style-type: none"> <li>• Exploring experiences of people of colour in Scottish Borders</li> <li>• Men's mental health - hearing the voices of the men in the Scottish Borders</li> <li>• United to prevent suicide – bitesize</li> <li>• Mental health improvement and suicide prevention – skilled level</li> <li>• Mental health improvement and suicide prevention – informed level</li> <li>• Be suicide alert</li> <li>• Supporting people at risk of suicide</li> <li>• Support people at risk of harm</li> <li>• Living Works START</li> </ul>
<b>6 - A Scottish Borders where we eat well, have a healthy weight &amp; are physically active</b>	<b>Participants - 66</b> <ul style="list-style-type: none"> <li>• Microwave cookery</li> <li>• Nutrition and wellbeing</li> </ul>

# Training and Capacity Building

## Skilled Level - Best Practice Learning Network

In the continued absence of being able to deliver the Scottish Mental Health First Aid (SMHFA) and Applied Suicide Intervention Skills Training (ASIST), the demand for alternative suicide prevention training was sustained into 2021-22. We continued to build our capacity in line with the national NHS Knowledge and Skills Framework for Mental Health Improvement and Suicide Prevention.

We piloted a new 'Best Practice Learning Network' for the Skilled Level of the Knowledge and Skills framework, to supplement the five new online self-directed learning modules released by NHS Education Scotland. The aim of the network was to engage 20 'non-specialist' frontline staff in a blended model of learning over a period of five months. Five sessions were scheduled between August and December 2021 – four sessions went ahead. Between 22 and 25 people signed up to each session from a range of statutory and third sector services.

Between 9 and 17 people attended each session – non-attendance was high for final two sessions. When apologies were sent for non-attendance, reasons given were often that they had got caught up with a patient/client, which is perceived to be a barrier in engaging frontline workers. Of the people who attended the network sessions and provided feedback, it was clear from their comments that they felt that the network sessions had added value to their learning and that they valued the opportunity to take part in discussion about the topic in order to reinforce their learning.

**"The network helped to refresh and consolidate my learning"**

**"A good opportunity to learn from peers"**

**"It was good to be able to reinforce the learning by having discussion with others and looking at examples"**

## Child Healthy Weight (CHW)

### Healthy Beginnings

We are now in year 2 of the Healthy Beginnings: MAP of Behaviour Change Learning Programme. The training programme developed by NHS Education for Scotland (NES), with support from teams at NHS Borders, and Scottish Borders Council. This training provides practitioners working in Early Years services with the opportunity to enhance existing skills and learn new behaviour change skills and techniques around child healthy weight, physical activity and good oral health.

### Trauma Informed Practice

**55 participants**

**School Nurses, JHIT Staff, CHW Dietitian's and Health Visitors**

### CHW Toolkit Training - Mop up Sessions

**14 practitioners**

**School Nurses, Nursery Nurses and Health Visitors**

# Priority 1

## A SCOTLAND WHERE WE LIVE IN VIBRANT, HEALTHY AND SAFE PLACES AND COMMUNITIES

### Justice Service: Wellbeing Officer

People in the community justice system are likely to have poorer health outcomes than the general population with higher rates of premature death. They are more likely to experience the impact of poor mental health and engage in substance use. People often face issues of continuity of care between custody and community. Reducing inequalities by improving physical and mental health outcomes for people in the community justice system is a key priority, as well as helping to reduce re-offending.

A partnership between JHIT and the local Community Justice Board has led to the recruitment of a fixed-term post within the Justice Social Work Team to improve health outcomes for people in the community justice system, in particular those who are at risk of offending or who have a community payback order of 12 months or less.

#### Engagement Data for the period 7.09.21 to 31.12.21 demonstrates:

101

Productive engagements between Wellbeing Officer and Justice Service users

- Telephone calls were the most common method of engagement due to Covid-19 restrictions

The Wellbeing Officer has supported the Reconnect Women's Service to facilitate presentations including:

- Healthy eating
- Sexual health & screening
- Mindfulness and self-care
- Oral health

#### Referral & Signposting Data for the period September 2021 to March 2022 demonstrates:

- 62 referrals were made to other support services/organisations
- 25 referrals to Oral Health
- 11 referrals to Wellbeing Service and Renew
- Referrals were also made to:
  - Borders Addiction Service
  - We Are With You
  - Penumbra
  - Thistle Foundation
  - Wellbeing Scotland & other Voluntary organisations

#### Contact with service users between January and March 2022 has focussed on:

- Providing emotional and wellbeing support
- Recognising people are struggling with long waiting lists for referrals to services
- Developing an offer of 4 counselling sessions with a good level of uptake



# Priority 1

## A SCOTLAND WHERE WE LIVE IN VIBRANT, HEALTHY AND SAFE PLACES AND COMMUNITIES

### Whole Systems Approach (WSA) Eyemouth



Scottish Borders is one of three Early Adopter Areas who have been identified to develop and test a whole systems approach to diet and healthy weight. The WSA methodology has been used successfully in England and Scottish Government has provided funding to access training from Leeds Beckett University for early adopter sites.

A WSA is one method of delivering on these ambitions and can be defined as applying systems thinking and tools that enable an ongoing, flexible approach by a broad-range of stakeholders to identify and understand current and emerging public health issues where, by working together, we can deliver sustainable change and better lives for the people of Scotland<sup>1</sup>.

This work is intended to promote healthy weight and make a contribution to reducing childhood obesity, mitigating health inequalities and improving community health and wellbeing. Phase 1 funding focussed on community engagement to develop a shared understanding of the WSA agenda and identify community priorities.

Phase 2 funding is in place to enable the Eyemouth community to lead on activities that meet these priorities.

Following delivery of three (digital) workshops with local stakeholders and development of a prioritised action plan a further £50,000 grant for Phase 2 was approved in December 2021 to deliver on the following themes:

- Communication
- Family participation and learning
- Outdoor activities

The work has been driven by a local multi-agency Working Group and is supported by a partnership Governance Group. The Working Group met weekly until Spring 2022 when it reduced to fortnightly meetings following the development of themed locality working groups that are now leading on specific actions linked to the priority themes outlined below.

#### The Locality Working Groups include:

##### Communication

- Eyemouth Living magazine

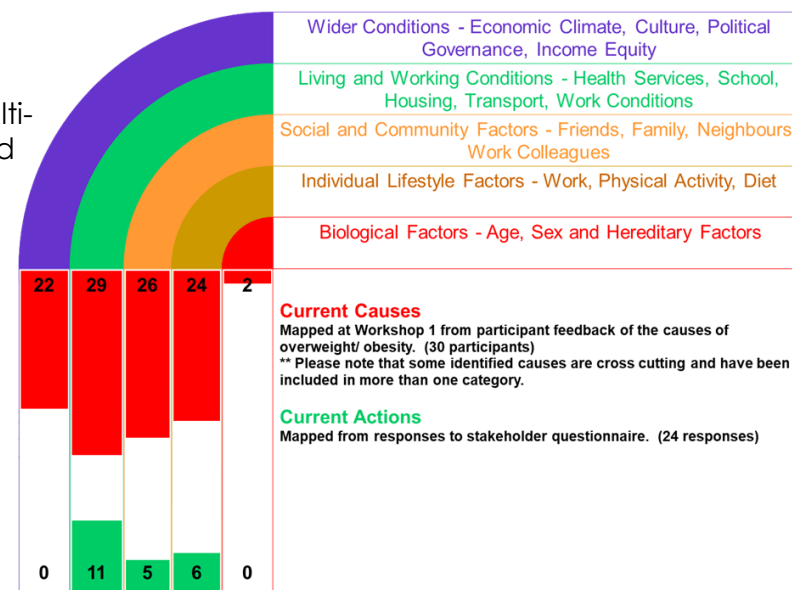
##### Family participation and learning

- Book boxes
- Play spaces
- Community lunch/café
- Visual map (featuring walks, access to drinking water etc.)

##### Outdoor activities

- Junior parkrun
- Cycling
- Outdoor activities including cooking

#### Current Causes of Obesity and Current Actions



<sup>1</sup>Public Health Reform. 2019. *Enable a Whole System Approach to Public Health*. Available from: <https://publichealthreform.scot/media/1520/phob-enabling-the-whole-system-to-deliver-the-public-health-priorities-paper-22.pdf> [Accessed 12 October 2019]

# Priority 2 A SCOTLAND WHERE WE FLOURISH IN OUR EARLY YEARS

## Maternal and Infant Nutrition Breastfeeding in Borders (BiBs)

In 2021, after consultation with current BiBs volunteers, we re-branded 'Breastfeeding in the Borders Support' to 'Breastfeeding in the Borders' (BiBs) and created a new logo to fit the service. The consultation identified that the word 'support' could hold negative connotations for mothers so we removed this from the title. We asked the volunteers if they could make any changes to the logo what would they like to see. Responses came back highlighting that having more than one 'person' would give the impression that mother and baby are not alone, from this the new logo was developed.

22  
Local BiBs



864 births  
Of which 514 were breastfeeding  
321 saying yes to receiving  
BiBs support  
182 women received support

Follow up communication was sent out to all mothers who used the service 26% responded. From that:

- 50% said they found the service useful
- 27% said it was great to know the service was there if needed
- 17% said it helped them feed for longer
- 4% said it gave them reassurance

Moving forward into 2022/23 the BiBs service will aim to reinstate face-to-face breastfeeding groups across the Scottish Borders and reintroducing volunteers onto the postnatal ward.

Quotes from service users:



## Breastfeeding Friendly Scotland



Breastfeeding Friendly Scotland provides businesses with information and resources to support women to feed their babies in their premises.

28  
Local businesses signed up as breastfeeding friendly



# Priority 2 A SCOTLAND WHERE WE FLOURISH IN OUR EARLY YEARS

## Community Food Work

We have continued to work digitally to support wellbeing in the early years. Following the changes in COVID-19 restrictions we were able to restart our in person Breastfeeding Groups. Feedback from breastfeeding mums is that this is the preferred option, however, we will continue to offer virtual weaning groups as these are helpful for people who live further from town or who have other circumstances which make it difficult to attend in person.

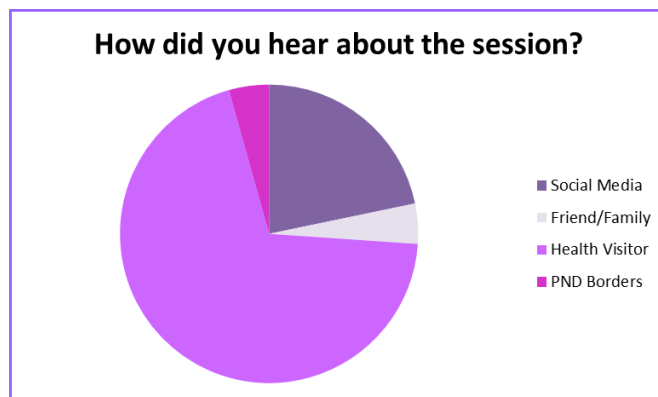
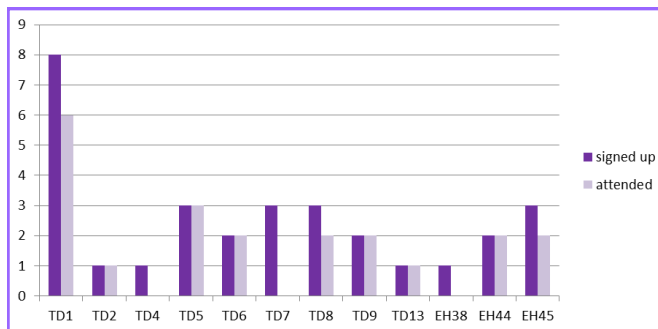
We are also continuing to offer health and wellbeing messages through our Bumps, Babies and Beyond Facebook page and we are growing our audience over time.

## Virtual Weaning

100% of families who completed an on-line or verbal evaluation said 'yes' when asked if they found the session helpful.

Signed up - 31  
 Attended - 23 families +  
 9 student nurses

Attendance from postcode area can be seen in the graph below.



Quote from service user:

"I was glad to have the opportunity to ask questions about my baby's weaning issues and receive strategies to support"

## NHS Borders Bumps Babies and Beyond Facebook Page



Posts  
119

Engagement  
64,745

Likes & Reactions  
669

Shares  
298





# Priority 3 A SCOTLAND WHERE WE HAVE GOOD MENTAL WELLBEING

## Partnerships Adults Mental Health Improvement and Suicide Prevention Steering Group

This multi-agency group is chaired by the Public Health Lead for Mental Health / Wellbeing Service Lead.

### The outcomes worked on by the group were:

1. Promote (increase) good mental health and wellbeing, in partnership
2. Reduce inequalities in wellbeing
3. Reduce the number of completed suicides in the Borders

### Some key actions in support of those outcomes were:

- Through our partnership with Breathing Space we strengthened the link to NHS24 help and support for people experiencing low mood, depression or anxiety, supporting the launch of a further two 'Breathing Space benches' across the Borders, at Borders College Galashiels campus, and Newcastleton
- Working alongside Breathing Space and Scottish Rugby, we built up an effective

partnership to support the mental health improvement and suicide prevention approach at six rugby clubs across the Borders

- We worked with Alchemy Film and Arts and the After A Suicide Working Group to co-produce a film about being bereaved by suicide, which premiered at the Scottish Mental Health Arts Festival in May 2021
- Supported LGBT Equality to re-establish and develop 'Café Polari', regular meetings for LGBT people to connect, in recognition of this group being more at risk of poor mental health and suicide
- Conducted a literature review and stakeholder workshop to explore the mental health experiences of communities of colour in rural areas
- Connected with a number of other partners to bring Andy's Man Club to the Rugby Club in Galashiels to provide a monthly peer to peer support meeting for men in the Borders, following the Men's Mental Health Survey
- We are participating in a national pilot to develop a multi-agency suicide review process with partners aimed at considering opportunities for disseminating of learning around

suicide prevention and developing a local evidence base for targeted interventions

### New Partnerships Covid-19 Response

We were a key partner in the allocation of the Adult Communities Mental Health and Wellbeing Funding that was part of the Scottish Government's response to the mental health impacts of Covid-19. Alongside Third Sector Dumfries and Galloway who were administering the fund, we contributed to both the Steering Group and Scoring Panel that distributed over £1.1 million to grassroots organisations in the Borders, targeting all areas and key groups of vulnerable people. Over forty groups and organisations received funding which ranged from £500 for Duns Senior Citizens Club to £99,725 for the Cyrenians OPAL (Older People, Active Lives) project.

# Priority 3 A SCOTLAND WHERE WE HAVE GOOD MENTAL WELLBEING

## Partnerships (cont.) Mental Health and Wellbeing for Children and Young People

### Community Mental Health and Wellbeing Supports and Services Framework

#### Objectives:

- Every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing
- Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them

This will be available in the form of easily accessible support close to their home, education, employment or community.

Within The Scottish Borders the work is led by multi-agency partners within the Project Board and Operational Team; JHIT sit on both groups. The governance and decision making sits within Scottish Borders

Children and Young People's Leadership Group.

The areas of work being progressed and implemented are as follows:

- Create a Service Directory that ensures clear pathways to mental health support in the Scottish Borders
- Conducted a training needs analysis
- Development of training calendar
- Commissioning additional services for Young Carers/LGBT/BAME
- Independent Social Research Survey
- Implementation of Kooth & Togetherall digital platforms covering 11-18 year old age group & 16+ age group, respectively



### Early Intervention & Prevention Emotional Health & Wellbeing

The Children and Young People's Early Intervention and Prevention Emotional Health and Wellbeing Group is a partnership group chaired by JHIT. Our overall aim to embed the Taskforce

and Scotland's Youth Commission on mental health recommendations with a focus on early intervention and prevention for children & young people aged 3 - 18yrs.

Our outcomes are two fold:

- To have good mental health & well-being in our children and young people
- Build capacity and capability within our communities and workforce, creating healthier future and life chances

The governance of the group sits with the Children and Young People's Leadership Group

Scottish Borders are the first local authority in Scotland which has committed to taking a whole authority approach and are working with partners across Scottish Borders to deliver a number of projects. These include work on See Me, Mental Health Awareness, Self-Harm Awareness and Growing Confidence.

# Priority 3 A SCOTLAND WHERE WE HAVE GOOD MENTAL WELLBEING

## Work in Schools The See Me Schools Mental Health Initiative

See Me Toolkit: Tackling Mental Health Stigma and Discrimination in Schools. The ambassador in schools model enabled young people to become Mental Health Ambassadors/Peer Supporters across all of our 9 high schools.



2021—2022

41 staff

78 young people  
participated in the programme

90

Mental Health  
Ambassadors / Peer  
Supporters across 9 high  
schools

## Mental Health Awareness Sessions

An introduction to Mental Health Awareness Session delivered to all S6 pupils between June - September 2021, supported by our local ambassadors.

## Self-Harm Awareness

All of us in Scottish Borders who work with children and young people are committed to keeping them safe and promoting their wellbeing. The revised 2022 multi-agency self-harm guidelines are intended to assist professionals through the process of supporting a child or young person who may be at risk of self-harm or suicide.

## Growing Confidence

Growing Confidence offers complementary training courses across all of the Scottish Borders to promote positive mental health and emotional wellbeing. Our aim is to enable individuals to promote emotional health and wellbeing (EHWB) in themselves and the children and young people they are responsible for:

- **Parents**

- Raising Children with Confidence: Parents with Primary aged school children
- Raising Teens with Confidence: Parents with Secondary aged school children

- **Staff**

- Confident Staff, Confident Children: Staff working with Primary aged Children: Supporting Young People: Staff working with Secondary aged children

- **Children and Young people**

- Building Resilience Year 4 (2021/22): Primary children P1 - P7
- Cool Calm and Connected: resource for S2 young people



# Priority 4

## A SCOTLAND WHERE WE REDUCE THE USE OF AND HARM FROM ALCOHOL, TOBACCO AND OTHER DRUGS

### Wellbeing Service

The service provides evidence based, early interventions to support lifestyle change to increase physical activity, reduce weight and eat healthily, quit smoking and improve emotional wellbeing. The service is currently delivered via telephone, video call and face to face in GP surgeries. During COVID-19 all consultations have been offered by telephone or video call.

#### Referrals

The Wellbeing Service is embedded into primary care and operates across the Borders. We received 1754 new referrals from 1 April 2020 to 31 March 2021 and 1491 from 1 April 2021 to 31 March 2022. Both years were impacted by COVID and in 2021-22 the Renew Service was introduced into Primary Care which removed a proportion of our mental health referrals. This change can be seen in table 1 across which shows the distribution of referral by topic.



### Wellbeing Service

Live Well Feel Better

**Table 1: Referrals by Topic 2020-2022**  
(based on data where a referral reason is known)

Discharge date	Mental Health	Smoking	Lifestyle
2020/21	66%	22%	12%
2021/22	55%	29%	16%

April 2021 - March 2022  
**10,176 consultations**

#### Patient Experience

Care Opinion is an online platform which allows people to share their experiences of using our service in a safe and simple way. We use these stories to help inform service improvements. Care Opinion builds on our existing patient feedback methods.

*“My problem is communicating with my daughter. Trying to reassure her and help her seemed impossible. It had been going on for years. I asked her to get help, but I wasn’t sure if she would, so I decided I also needed help in order to help her through this. I did this in November last year, which I must say was the best thing I have ever done. Talking to someone who listened and understood what I was going through was quite an eye opener. I found her guidance helpful. She suggested things to help me deal with the situation and I finally found a way to cope, clear my head of the muddle, function on a daily basis without breaking into tears and sleeping through the night. I was better able to see my way forward with hope that things could get resolved, It may take a long time but at least I’m in a better place, mentally and physically, to deal with this and get back on track with my daughter. I would like to thank those at wellbeing service for all the support I have had”*



# Priority 4

## A SCOTLAND WHERE WE REDUCE THE USE OF AND HARM FROM ALCOHOL, TOBACCO AND OTHER DRUGS

### Wellbeing Service (cont.) Improved Health Outcomes



**Wellbeing Service**  
Live Well Feel Better

### Improved Health Outcomes

**April 2021 — March 2022**

<p><b>Improved mood</b> — moderate low mood to mild low mood <b>PHQ9</b> (- 3.5)</p>	<p><b>Reduced Anxiety</b> - moderate to mild <b>GAD7</b> (-2.1)</p>
<p><b>92 Smoking Quits</b> (57 in 40% most disadvantaged areas) (6 months data)</p>	<p><b>Psychological Therapies delivered</b> <b>680</b></p>
<p><b>Alcohol Brief Interventions</b> <b>121</b></p>	<p><b>Physical Activity</b> More people meeting CMO guidance</p>
<p><b>BMI &amp; Weight</b> Decrease in mean weight by 3kg</p>	<p><b>37%</b> people reported having a good diet following support vs. 6% at start</p>

**Need to contact us**

@	wellbeing@borders.scot.nhs.uk
www	www.nhsborders.scot.nhs.uk/wellbeing
☎	01896 824502

NHS

Borders

### Smoking Cessation

We identified 3 small projects to achieve improvements in our quit rates across the Borders

- Smoking in pregnancy - a small working developed a range of support on offer to pregnant smokers. This included improved liaison with midwifery teams, an improved referral procedure and training for wellbeing advisers. Data coming through for the year ahead shows more than twice as many quits are being achieved than in 2020/21
- Improving data collection – through training, regular CPD and the creation of standard operating procedures we have sustained improvements in both data collection locally and the recording of within the national database
- Supporting Community Pharmacies - Following up on 12 week quits 'lost to follow up' contributed 8 additional quits in the LDP target in 2020/2021. We increased contact

with pharmacies, put in place joint social media promotions and provided promotional materials to help increase referrals into Pharmacy smoking cessation services. In addition, we offered training to pharmacies to upskill staff in smoking cessation

This work has helped us increase the number of successful quits overall but has shown a marked increase in the number of successful quits at three months in our 40% most deprived communities from 79 in 2020-21 to 97 in 2021-22. The number of successful 3 month quits subject to change due to reporting lag for quit dates set February-March 2022.



# Priority 5

## A SCOTLAND WHERE WE HAVE SUSTAINABLE, INCLUSIVE ECONOMY WITH EQUALITY OF OUTCOMES FOR ALL



### NHS Borders Money Worries App

NHS Borders have continued to work in partnership to build on the successful launch of the Money Worries App. The App is a digital directory with links to help with:

**Money - Health - Housing - Work**

#### Data for 2021-2022

We had a total of 444 downloads between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022. People using the App are engaging in more than one session, this suggests they are accessing support in more than one area.

April 2021 - March 2022	
Activity	Amount
<b>Total Users / Downloads</b>	<b>444</b>
<b>Screen Views</b>	<b>1494</b>
<b>Sessions</b>	<b>736</b>

We have invested time in the development of a 20 minute information session to:

- Raise Awareness of the App

- Encourage 'real-time' download
- Enable staff to signpost people to the App

#### Information sessions have been facilitated with:

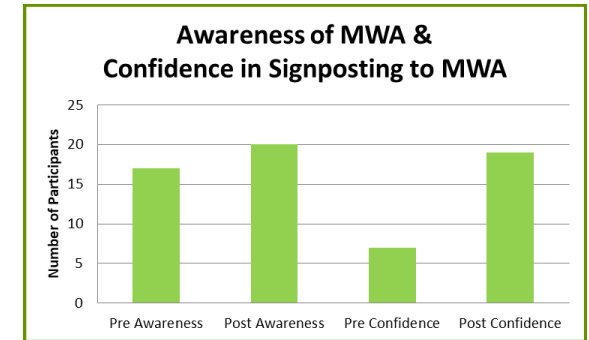
- Scottish Borders Council Community Hubs
- NHS Borders Contact Tracing Team
- NHS Borders Community Testing Team
- Live Borders Library Services
- Scottish Borders Council CLD Youth and Adult learning services
- Home Energy Scotland
- Elected Members

#### Real time evaluation has confirmed staff:

- Are confident to talk about money
- Sessions have raised awareness of income maximisation support

#### The chart across demonstrates pre and post session impact:

- Staff are more aware of the App post session
- Staff have increased confidence to signpost people to the App post session



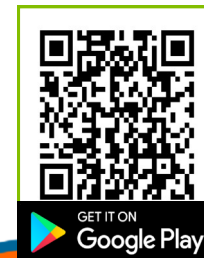
#### Feedback from partners about the App

"If a family express concern about money, I will signpost them to the App"

"Really useful tool"

"It takes little storage space and offers a wealth of information at your fingertips"

#### Download the Money Worries App here



# Priority 5

## A SCOTLAND WHERE WE HAVE SUSTAINABLE, INCLUSIVE ECONOMY WITH EQUALITY OF OUTCOMES FOR ALL



### Low and Slow A holistic approach to address food and fuel poverty

NHS Borders JHIT worked in partnership with Changeworks, Morrisons Supermarket and Burnfoot Community Futures to launch a successful Low and Slow project across Hawick and Newcastleton. This eight week project aimed to reduce fuel and food bills by providing a home energy assessment, advice & support and slow cooking recipes.

#### Outcomes

*Feedback from participants suggests Low & Slow demonstrates a collective impact:*

- The project led to food and fuel savings
- Increased confidence to cook using a slow cooker
- Having more time to spend with family

*Low & Slow also impacted on individuals*

- 1 participant has been awarded £1200 towards energy debt
- 1 participant has been signposted to Citizen's Advice Bureau

#### Example in action

A Low & Slow participant was signposted to Changeworks following an unexpected rise in their energy bills. Changeworks contacted their energy supplier and shared feedback with the participant about small changes they could make. As a result of these changes their energy bills dropped by 50%!

#### Key Facts

- Slow cookers cost as little as 5p/hour compared to an electric oven at 44p/hour
- There are lots of small ways to save on your energy and food bills here:

#### Top Ten Energy Saving Tips

### Community Benefits Gateway



#### Is now live in the Scottish Borders!

The Gateway aims to connect Third Sector organisations and NHS Scotland suppliers who may be able to support local project needs with an 'in kind' offer.

An 'in kind' offer could include: volunteering, work placement opportunities, professional advice, capacity building training, assistance to build community facilities and much more!

A partnership group has been established to review applications on the basis of three priorities:

- Reducing Health Inequalities
- Contributing to Anti-Poverty Work
- Improving health & wellbeing

The Gateway is part of NHS Scotland's ambition to ensure that through all of our areas of work we bring maximum benefits to the people of Scotland.

#### Access the portal

[https://nhsns.service-now.com/community\\_benefit](https://nhsns.service-now.com/community_benefit)

#### See the short animation

[https://www.youtube.com/watch?v=RyeU\\_4-Ztg0](https://www.youtube.com/watch?v=RyeU_4-Ztg0)



# Priority 5

## A SCOTLAND WHERE WE HAVE SUSTAINABLE, INCLUSIVE ECONOMY WITH EQUALITY OF OUTCOMES FOR ALL

### Financial Inclusion in Early Years

Financial Inclusion work is supported by the Money Worries Leaflet (2019) which is used by Health Visitors and Midwives. Referrals to Financial Support Team and total gains are noted below.

April 2021 - March 2022

**500 referrals**

A 35% increase in last years figures

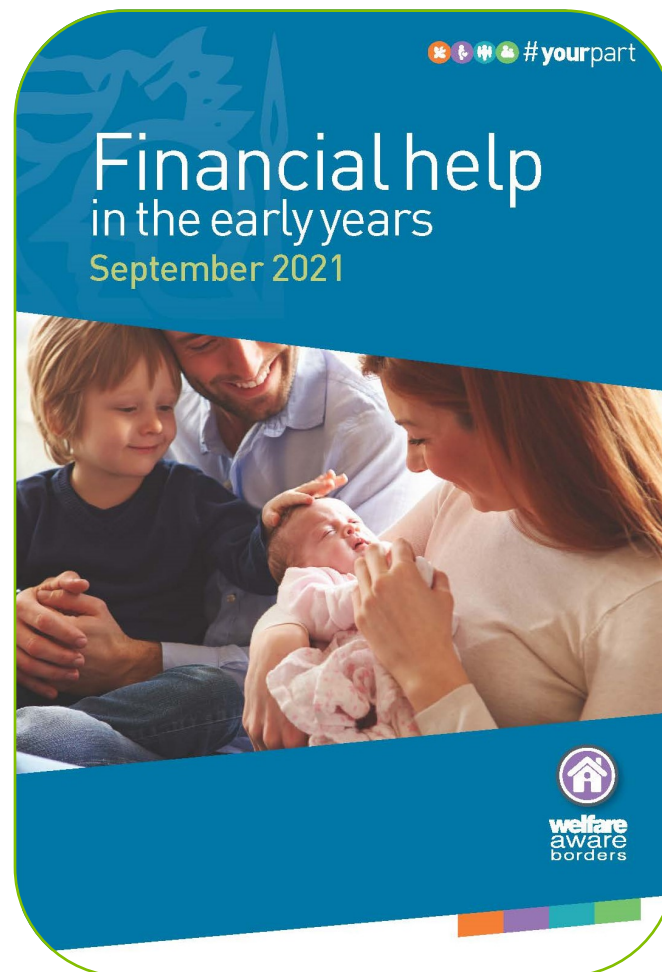
April 2021 - March 2022

total gains for pregnant women and families with young children

**£1.25 million**

Financial Help in Early Years leaflet was updated in September 2021

<https://www.scotborders.gov.uk/downloads/download/879/financial-help-in-the-early-years>



### Best Start Grant



We continue to support the Best Start grant scheme.

March 2021 - March 2022

**1385**

Best Start and Best Food Grant applications made

72% of these applications were authorised in Scottish Borders, this is above the average for Scotland.

March 2021 - March 2022

Total gains for Scottish Borders families

**£379,070.00**

Best Start and Best Food Grant applications made





# Priority 6

## A SCOTLAND WHERE WE EAT WELL, HAVE A HEALTHY WEIGHT AND ARE PHYSICALLY ACTIVE

### Borders Child Healthy Weight Service

#### Fit4Fun Families



A new healthy lifestyle programme has been launched in the Scottish Borders; NHS Borders Child Healthy Weight Service: Fit4Fun Families.

This is a free family focused healthy lifestyle programme which offers practical tips to help support children, young people and their families aged 0 -18 years eat well and be active.

We work with individuals and families to identify specific goals that they would like to achieve, to give them the best support.

Children, young people and families can either be referred into the service by their GP, Health Visitor, School Nurse or another health professional or they can self-refer directly. Once referral received the Child Healthy Weight Management Team will triage into the most appropriate programme and level of support.

Fit4Fun Families is delivered by an experienced team in either a group or 1:1 setting depending on requirements and is available both face to face and via NearMe.

The feedback received from families who have participated in the programme include:

#### Family Quote

**“We have really enjoyed the Fit4Fun Families programme. It was arranged at a time that was convenient so we could both participate. Sessions have been fun and informative and at a level that suits the age of any child. The pack we received is full of useful information and recipes. We also received bats, balls, bean bags and skipping ropes which my daughter is thoroughly enjoying playing with.”**

Communications regarding the service and how to refer has gone out to health professionals and training for health professions on the Borders Child healthy weight toolkit, pathway, referral process and programme is on-going.

All parents/guardians of primary and secondary school aged children will receive information about the service in May 2022.

**We have received 72 referrals into the service.**

By Age			
Under 5	6 to 11	12 to 17	18
18	29	25	0

By Source		
AHP	CAHMS	Consultant
8	3	18
Education	GP Practice	Health Visitor
1	15	12
Other Health Professional	School	Self
2	5	8

By Participation		
Active	Complete	Declined
18	29	25

# Priority 6

## A SCOTLAND WHERE WE EAT WELL, HAVE A HEALTHY WEIGHT AND ARE PHYSICALLY ACTIVE

### School Holiday Programmes

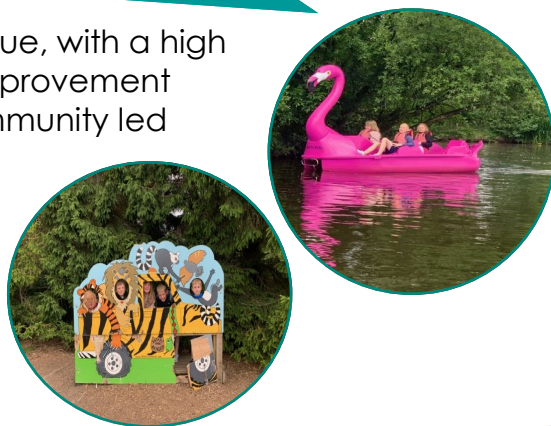
#### Langlee Youth Club

School holiday programmes are available for children, families and young people across the Scottish Borders. Building on the success of previous years, programmes have been led by our Local Authority and Third Sector partners in a range of settings. Health Improvement have added value to the work of partners in localities where possible. One example is Langlee Youth Club who supported young people to engage in new outdoor activity experiences. JHIT have supported this approach providing healthier snacks for the 31 participating young people.

#### Direct feedback from partners demonstrates the impact

*Thank you so much for your support for our youth club this year. The donation of the fruit and water was very much needed after a busy day at Blair Drummond Safari Park. We took 31 young people on a bus trip, which was a first for some of them.*

This example demonstrates value, with a high impact and low cost health improvement contribution to an existing community led summer programme. This has enabled young people to eat well, have a healthy weight and be physically active, while having fun at the same time.



### Paths to Health - Walk It

Walk It - The aim of the Paths to Health Walk it Project is to support and develop walks in all locations in the Scottish Borders. Walk-It forms part of the national initiative to improve Scotland's health. The project is co-funded by NHS Borders and Scottish Borders Council. Walk-It aims to:

- Encourage exercise as part of a healthy lifestyle
- Promote walking as a way of getting fit & managing stress
- Create a safe, social and inclusive walk
- Build links with partners and networks
- Recruit, train & support volunteers
- Have fun!

In 2021-2022 Walk It was delighted to gain additional; funding from Paths for All to deliver two brand new projects: -

#### Walk It – 1-1 Buddy Walking

1-1 with a client and a Walk Leader.

#### Walk It Easy

Small groups set up for those for whom half an hour would be a long enough walk, those with reduced fitness, confidence or a decline in Mental Health, anxiety, wellbeing (post covid) or those with a mobility issue (wheelchair, scooter, walking sticks) or those with a learning disability or dementia diagnosis. We are half way through this project and are delighted to have opened in Kelso, Lauder, Duns and Ayton so far with Galashiels next in plan.

# Looking Forward / Next Steps

**Key pieces of work for 2022-23 build on our existing work to include:**

## **Mental Health Improvement and Suicide Prevention**

### • **Children & Young People**

Implement a programme of information and training related for everyone who works with children and young people and develop a training for trainers model to support implementing and use of self harm guidelines and co produce a community asset map

### • **Adults**

- Embed a Public Mental Health approach in our new Mental Health Improvement and Suicide Prevention action plan. Themes for this have been co-produced with stakeholders including partners and people with lived experience and are:

- \* Promoting mental health and wellbeing
- \* Preventing suicide and self-harm
- \* Reducing mental health inequalities
- \* Improving the lives of people experiencing and recovering from mental ill health

- We are building better links and increasing engagement with the locality structures in the Borders

## **Children's Rights**

The Maternal & Child Health Committee (MCHC) has agreed as part of their workplan to implement the UNCRC (Article 12: All children have the right to have their view heard and for it to be taken seriously), and fundamental of The Promise 2021-24 Plan (Listening). This will include identifying routes for children's voices to be heard within NHS Borders and building awareness throughout the organisation.

## **Substance Use Education**

In partnership with Education implement a tobacco related programme for all Primary 1 pupils using the Jenny and the Bear resource which raises awareness of the health and wellbeing challenges of second-hand smoke through the story of a little girl (Jenny) and her Bear.

## **Whole Systems Approach (WSA)**

Support implementation, evaluation and sustainability planning for WSA in Eyemouth.

## **Need to contact us**

@ health.improvement@borders.scot.nhs.uk

✉ Joint Health Improvement Team, The Old School Building,  
Scottish Borders Council HQ, Newtown St Boswells, TD6 0SA

☎ 01835 825970

Minutes of a meeting of the **Resources and Performance Committee** held on Thursday 3 November 2022 at 9.00am via MS Teams.

**Present:**

- Mrs K Hamilton, Chair
- Mrs F Sandford, Non Executive
- Mr J Ayling, Non Executive
- Mrs H Campbell, Non Executive
- Mrs L O'Leary, Non Executive
- Dr K Buchan, Non Executive
- Mr J McLaren, Non Executive
- Mr R Roberts, Chief Executive
- Mr A Bone, Director of Finance
- Dr L McCallum, Medical Director
- Mrs S Horan, Director of Nursing, Midwifery & AHPs
- Dr S Bhatti, Director of Public Health
- Mr A Carter, Director of HR
- Mrs J Smyth, Director of Planning & Performance
- Mr G Clinkscale, Director of Acute Services
- Mr C Myers, Chief Officer, Health & Social Care
- Mrs L Jones, Director of Quality & Improvement
- Ms G Russell, Partnership Rep

**In Attendance:**

- Miss I Bishop, Board Secretary
- Mrs C Oliver, Head of Communications
- Dr A Cotton, Associate Medical Director, MH&LD
- Mrs A Wilson, Director of Pharmacy
- Mrs L McRae, Pharmacy Analyst
- Mr B Joshi, General Manager Unscheduled Care
- Mrs L Morgan-Hastie, Professional Lead for Physiotherapy
- Mr K Lakie, General Manager Planned Care

## **1. Apologies and Announcements**

- 1.1 Apologies had been received from Ms Sonya Lam, Non Executive, Mr Tris Taylor, Non Executive, Cllr David Parker, Non Executive, Dr Janet Bennison, Associate Medical Director Acute and Dr Tim Young, Associate Medical Director P&CS.
- 1.2 The Chair welcomed Dr Sohail Bhatti, Director of Public Health to his first meeting of the Resources & Performance Committee.
- 1.3 The Chair welcomed Bhav Joshi, General Manager Unscheduled Care and Lynne Morgan-Hastie, Professional Lead for Physiotherapy to the meeting who attended for item 7 on the agenda.

- 1.4 The Chair welcomed Kirk Lakie, General Manager to the meeting who attended for item 8 on the agenda.
- 1.5 The Chair to welcome Alison Wilson, Director of Pharmacy and Linda McRae, Pharmacy Analyst to the meeting who attended for item 5 on the agenda.
- 1.6 The Chair confirmed the meeting was quorate.
- 1.7 The Chair reminded the Committee that a series of questions and answers on the papers had been provided in regard to areas of fact or clarification.

## **2. Declarations of Interest**

- 2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted there were none declared.

## **3. Minutes of Previous Meeting**

- 3.1 The minutes of the previous meeting of the Resources and Performance Committee held on 1 September 2022 were approved.

## **4. Matters Arising**

- 4.1 **Action 10:** It was noted the revised Terms of Reference were a substantive item on the agenda.
- 4.2 **Action 11:** The process had been discussed at the Board Development session held on 6 October 2022 and it was agreed to retain the Q&A for the purposes of fact or clarification only.
- 4.3 **Action 12:** Mrs June Smyth asked that the action remain open until Dr Sohail Bhatti had attended his first meeting of the Public Governance Committee. It was agreed that the action would remain as open.
- 4.4 **Action 13:** Mrs June Smyth advised that the Remobilisation Plan had been superseded by the 22/23 Annual Delivery Plan (ADP). She proposed that the quarterly updates of the ADP would be submitted to the Committee. It was agreed that the action would remain as open.

The **RESOURCES AND PERFORMANCE COMMITTEE** noted the action tracker.

## **5. HEPMA Programme – Draft Business Case**

- 5.1 Mrs Alison Wilson and Mrs Linda McRae provided an overview of the content of the report.
- 5.2 Mrs Fiona Sandford enquired about the north region provider and consortium. Mrs Wilson advised that there was a single provided in Scotland and the north region were proceeding as a consortium of 6 Boards and would have a cloud solution hosted by NHS Grampian.
- 5.3 Mrs Sandford enquired why NHS Borders was not proceeding on the same lines as the north region. Mrs Wilson advised that the intention had been to be part of the north consortium, until NHS Fife had advised that they were also looking at a cloud solution hosted by CNM.

As NHS Fife were closer neighbours and taking into account their pursuance of a cloud solution and using a regional formulary, it made more sense to align to NHS Fife.

- 5.4 The Chair enquired about the cost implications. Mr Andrew Bone advised that a detailed analysis had not been carried out locally to determine if the cost implications were the same regardless of which consortium NHS Borders joined. He commented that he broadly agreed with the idea of working with NHS Fife but reiterated that the cost differentials should be explored.
- 5.5 Discussion focused on: capacity of IT to roll out such a large programme of work and the benefits of being part of a wider consortium approach; patient safety components of the programme; technical input required; current financial situation; costings for contractors to undertake some of the work involved; use of pharmacy technicians and pharmacists input; risk would not increase by not having HEPMA it would improve the management of risk; and important to see HEPMA in the context of all the choices the Board will need to make in terms of the financial situation.
- 5.6 Mr Ralph Roberts reiterated that NHS Borders was not the only Board not to have a plan to implement the HEPMA programme, there were two Boards of which NHS Borders was one.

The **RESOURCES & PERFORMANCE COMMITTEE** endorsed the NHS Scotland prioritisation of HEPMA and agreed that NHS Borders should develop a plan for local implementation.

The **RESOURCES & PERFORMANCE COMMITTEE** agreed that NHS Borders establish a project board to provide oversight to the HEPMA programme.

The **RESOURCES & PERFORMANCE COMMITTEE** approved the development of a phase 1 project in relation to Pharmacy Stock Control, with final approval of that element of the programme to be progressed in line with the Board's Code of Corporate governance.

The **RESOURCES & PERFORMANCE COMMITTEE** recognised the risks associated with the overall funding mechanisms associated with HEPMA and agreed that costs and funding opportunities be further refined and current estimates included within the draft medium term financial plan for consideration.

## **6. Annual Delivery Plan Quarter 2 Return**

- 6.1 Mrs June Smyth provided an overview of the content of the report and highlighted that work was on going in regard to health and inequalities and the statement would be strengthened in the plan the following year.
- 6.2 Mrs Sarah Horan commented that the report contained a lot of reviews and she sought confirmation that the reviews were conducted through the right financial lens. Mrs Smyth confirmed that reviews were carried out against the current financial and resourcing landscape and guidance on that for business units would be agreed at the Quality and Sustainability Board.
- 6.3 Mrs Harriet Campbell asked that public awareness and public engagement be taken into account in managing peoples expectations.

- 6.4 Mrs Fiona Sandford asked that a quantification of the shortage of qualified nurses be included in the paper as that appeared to be the most critical element for NHS Borders to meet its key targets. Mrs Smyth advised that she would ensure quantification was included in the Quarter 3 submission.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the NHS Borders Annual Delivery Plan 2022/23 Quarter 2 update as of September 2022.

## **7. Urgent and Unscheduled Care Programme Update**

- 7.1 Mr Gareth Clinkscale spoke to the new urgent and unscheduled care programme and Mr Bhav Joshi advised of the detail of the workstreams and Mr Chris Myers provided an update on the work to date and the next steps.
- 7.2 Mrs Fiona Sandford enquired about the definition of a “surgical hot clinical”. Mr Joshi explained that if a patient attended the Emergency Department with a surgical issue in the middle of the night they would be triaged and assessed and if they could be easily discharged home to attend an appointment at a clinic, that appointment would be scheduled for them.
- 7.3 The Chair suggested there would be a learning exercise for the public to understand the change in the system.
- 7.4 Dr Sohail Bhatti enquired about the numbers of patients likely to require the new service. Mr Joshi advised that it was normally 2-4 per day and the patient would be more effectively managed in a more planned way.
- 7.5 Mrs Lucy O’Leary mentioned the role of the Integration Joint Board (IJB) in the background as assisting the infrastructure with input from partners in the third sector in terms of carers and patients.
- 7.6 Mr James Ayling welcomed sight of the mapping which showed why those outside the system found it hard to access the system and he suggested that was part of the reason that in the Annual Delivery Plan there was reference to frustration in the local communities. He enquired how closely work was undertaken with the Scottish Ambulance Service on trying to stop the number of people brought in to the Emergency Department.
- 7.7 Dr Bhatti commented that wherever there was a service health inequalities would be introduced in terms of access and outcomes.
- 7.8 Mr Clinkscale advised that in terms of the Scottish Ambulance Service, currently professional to professional conversations were being trialled between the flow navigation team and the Ambulance crew to see if any patients could be diverted. An advanced paramedic had also been appointed to the Emergency Department to aid the development of a sustainable workforce model and a better collaborative approach and use of skills.
- 7.9 In terms of the 2030 vision, Mr Clinkscale commented that the active workstreams were focused on delivery through the following 18 months and there was a need to plan beyond that. The focus on 2030 would help staff to think differently and outwith planning silos. The system had been very reactive around urgent and unscheduled care and it had attempted to manage unprecedented pressure. A clear shared vision for the future was required and the



18 month planning programme would merge into what was needed in terms of key workstreams to take the organisation forward.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the new UUPB and endorsed the programme approach.

## **8. Revised Planned Care performance trajectories and Integrated Planned Care Programme update**

*Dr Kevin Buchan left the meeting.*

- 8.1 Mr Kirk Lakie provided an overview of the content of the report and the revised trajectories. He advised that it was the third iteration of the information provided to the Scottish Government in terms of NHS Borders waiting times improvement perspective. He advised that there were 2 significant determining factors: recovery programme and the improvement that will support in terms of outpatients and the Treatment Time Guarantee (TTG) position; and waiting times funding support received.
- 8.2 Mr Gareth Clinkscale explained the significant difficulty in recovering the backlog and advised that NHS Borders remained aligned to a number of other Health Boards in that regard. For the TTG the Board was in the middle of the pack in terms of performance and for outpatients it was on the edge of the lower quartile.
- 8.3 The Chair commented that discussion had taken place at the Board Chairs meeting the previous week where the Cabinet Secretary and the Scottish Government had been asked to provide better public awareness of the position so that people could understand the reality of what they might expect in terms of waiting times.
- 8.4 Dr Lynn McCallum commented that medical behaviours were a key component in terms of reducing harm to patients by stopping investigations that would not add value to patients.
- 8.5 Mrs Fiona Sandford suggested communicating to the public on the de-medicalisation of some of the issues that faced people every day. She further enquired when Ward 17 would be operational 7 days a week. Mr Lakie advised Ward 17 would be fully opened on 21 November 2022.
- 8.6 Mrs Harriet Campbell enquired about the involvement of GPs and how protected Ward 17 was from winter pressures. Dr McCallum advised that the programme of work was across both primary and secondary care and that the GPs were the frontline coming up against everything and there was a need to stand behind medical behaviours and be clear that it was not GPs saying to patients you can't have then, it was NHS Borders saying to patients this can no longer be done. She suggested the easier path for clinicians was to admit the patient and have the test as that was the route of less obstruction when really the best option for both patient and clinician would be to have the indepth valuable conversation, but the greatest challenge there was time.
- 8.7 Dr Sohail Bhatti advised that he was at the early stage of exploring the possibility of supporting GPs with an early intervention and diversion service to off load some of the pressure on GP colleagues. He welcomed the inclusion of public health in the prioritisation of waiting lists as he was keen to prioritise the poor and the deprived. He spoke of the doctors benchmark to restore functionality to people and the value in conversations to be

realistic on where deterioration was occurring and could be mitigated and where there was no change and unlikely to be a requirement for further investigation or an operation.

- 8.8 Mrs Laura Jones commented on the theme of public expectation, that there had been a 3 fold increase in complaints in the last 5-6months. That was not unexpected but did link closely to the pressures detailed in the previous 2 papers on unscheduled and planned care. From a performance perspective it meant that the 20 working day target for around 70/80% of complaints was not met due to the additional workload pressure on the Patient Experience Team and frontline clinical staff who contributed to investigations and responses. Some short term additional capacity had been added however the volume was significantly beyond what the core resource could manage and would be a continued risk for a period of time until there was a return to normal levels of demand. She advised that she would work through it with the Board Executive Team and the Operational Planning Group over the following weeks and it would also be considered by the Clinical Governance Committee in November 2022 and the Public Governance Committee in January 2023.

The **RESOURCES & PERFORMANCE COMMITTEE** supported the new IPCB and endorsed the programme approach.

## **9. Draft Financial Recovery Plan 2022/23**

- 9.1 Mr Andrew Bone spoke to all 3 financial items as a collective.
- 9.2 He advised of the key points in the financial recovery plan which had been developed in response to the Quarter 1 review and the request from the Scottish Government to have a recovery plan to bring the Board back to its financial plan position. He advised that the Boards ability to influence spend in the current year was relatively limited and whilst the plan suggested the financial plan position could be achieved there were risks attached to that including the non delivery of savings. The Scottish Government had asked that the Board describe the difficult choices it would need to make in the report and the Board had not yet had that conversation so that element had not been included.
- 9.3 Mr Bone advised that the Draft 3 Year Financial Plan would be presented to the next Committee on 19 January 2023 to enable the Board to have challenging conversations on difficult choices at its development session in February 2023. The Scottish Government would expect the 3 Year Financial Plan to balance at the end of that cycle and Mr Bone advised that he was currently not confident that a balanced plan would be achieved by the end of the cycle. He was however undertaking further work and due diligence in that regard.
- 9.4 In terms of the Financial Report he reported that the Board were £10m overspent and there were actions identified to be taken forward as part of the recovery plan that would improve that position.
- 9.5 Mr James Ayling requested sight of a copy of the Deloitte Report and sought the broad conclusions from that report. Mr Bone commented that it was a complex report that raised a number of points. It looked across all domains differently and for each it drew conclusions and themes and the team were still assimilating it in order to understand the actions the Board would want to take. He advised that his intention was to bring the report and action plan to a Non Executive briefing session to orientate them with the report and the context of the findings.

- 9.6 The Chair asked that the Board be given any reading or preparation materials well in advance of the Board Development session scheduled for 2 February 2023 to enable a well informed debate.
- 9.7 Mrs June Smyth commented that the Deloitte report was being worked through in detail in order to understand where elements of it could be delegated to existing workstreams to work through and whether any elements of it would curtail current and future planning and service assumptions.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the contents of the paper and the status of the Board's Financial Recovery Plan to March 2023.

## **10. Medium Term Financial Plan Update**

The **RESOURCES & PERFORMANCE COMMITTEE** noted the issues described in the paper and the proposed approach to financial planning for 2023/24 and beyond.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the timetable for development of the Financial Plan.

## **11. Finance Report**

The **RESOURCES & PERFORMANCE COMMITTEE** noted that the Board was reporting an overspend of £10.15m for six months to the end of September 2022.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the position reported in relation to COVID-19 expenditure and how that expenditure had been financed.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the financial performance expectation set out by the Scottish Government following the Board's Quarter One Review was that the board achieve an outturn performance in line with the Financial Plan (£12.2m deficit).

The **RESOURCES & PERFORMANCE COMMITTEE** noted that the Board's Quarter One Review highlighted a projected deficit of £13.7m and that actions to recover that position were described within the draft Financial Recovery Plan for 2022/23.

## **12. Capital Plan Update**

12.1 Mr Andrew Bone commented that one of the themes in the recovery plan was looking at the flexibility that might emerge from ring-fenced allocations that were not yet confirmed. He advised he had an anticipated level of allocation that was great than £30m and not yet confirmed.

12.2 In terms of the Emergency Budget published by the Scottish Government the previous day he advised that it contained £400m of additional costs arising from the pay deal that was not part of the original budget and in order to address that there would be £400m of reductions to existing health and policy commitments, significantly in primary care and mental health. He was still working through the detail but surmised that almost all of the measures would be non recurring and would leave the Board with challenges in how to finance them in future years.

- 12.3 In terms of the Capital Plan Mr Bone advised that there were challenges in delivering the capital aspirations and he did not have the level of resource or the necessary infrastructure to deliver the plans previously identified. The formula capital money received was not enough to address the challenges the Board had. He had sought additional resources in year to try and address some of the key priorities such as the life cycle replacement of equipment.
- 12.4 Mr Bone commented that he anticipated slippage on capital given the delivery of the identified plans would not be achieved and some of the mitigations that were to be put in place were not yet fully resolved. The key issue was Estates and Capital Planning capacity and he had a proposal to be worked through the internal decision making groups to increase the level of resource.
- 12.5 In terms of further specifics, Mr Bone highlighted discussions on: mammography; CT scanner works; decontamination equipment; and other smaller projects being managed through the Capital Investment Group.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the update provided in the paper and recognised the risk in relation to slippage on the programme and the actions in place to mitigate the risk, including further dialogue with Scottish Government.

### **13. Performance Report**

- 13.1 Mrs June Smyth provided an overview of the content of the report. She advised that there was a reporting issue with diagnostics which was still being investigated and she was aiming to provide that to the next meeting in terms of clarifying what the issues were and what the impact was.
- 13.2 Dr Sohail Bhatti commented that he welcomed the use of control charts and asked what the timeframe was that was being picked up to give a more realistic sense of how well the Board was doing. He noted that it appeared to compared data both pre and post COVID-19 and suggested a single timeframe might be used. Mrs Smyth confirmed that she would discuss that suggestion with the team.

The **RESOURCES & PERFORMANCE COMMITTEE** noted performance as at the end of September 2022.

### **14. Business Plan 2023**

- 14.1 Miss Iris Bishop confirmed that it was a live document and would evolve over the course of the year.
- 14.2 The Chair enquired about the reference to the Hydrotherapy Pool. Miss Bishop advised that it was a matter within the remit of Mr Paul Williams, Associate Director of AHPs.

The **RESOURCES & PERFORMANCE COMMITTEE** noted the Business Plan for 2023.

### **15. R&PC Terms of Reference Review**

The **RESOURCES & PERFORMANCE COMMITTEE** reviewed the Terms of Reference and agreed to recommend them to the Board for formal approval as part of the next refresh of the Code of Corporate Governance.

**16. Any Other Business**

16.1 There had been no further notification of items to be discussed.

**17. Date and Time of Next Meeting**

17.1 The Chair confirmed the next meeting of the Resources & Performance Committee would be held on Thursday, 19 January 2023 at 9.00am via MS Teams

**RESOURCES & PERFORMANCE COMMITTEE: 3 NOVEMBER 2022**

**QUESTIONS AND ANSWERS – FOR POINTS OF FACT AND CLARIFICATION**

No	Item	Question/Observation	Answer										
1	Declarations of Interest		-										
2	Minutes of Previous Meetings	<p><b>Harriet Campbell:</b> Actions 10 and 11 are in the minutes as ‘to be completed by September. Action 11 has been discussed and agreed at the full board last month (although the action tracker doesn’t seem to note this – is this because that relates to the full board and not R&amp;PC?). Not sure about action 10?</p> <p>In relation to action 11 I have kept my questions on here to the factual and easily answerable. I’m happy that they should be answered in the meeting if that’s preferred.</p>	<p><b>Iris Bishop:</b> Thank you Harriet, Action 10 refers to the revised ToR for R&amp;PC which are on the agenda for today’s meeting. They will then go to the Board for approval. At that point this action will be removed from this action tracker.</p> <p><b>Iris Bishop:</b> We discussed the future of the Q&amp;A at our Board Development session on 6 October 2022 and agreed to use the Q&amp;A for points of factual accuracy and clarification only. The Chair will ask the R&amp;PC to formally close this action at the meeting.</p>										
3	Matters Arising	<b>Karen Hamilton:</b> P7 – NCS Pilot position?	<b>Ralph Roberts:</b>										
4	HEPMA Programme – Draft Business Case Appendix-2022-19	<p><b>Karen Hamilton:</b> P5 of 8 One off Costs table – can you elaborate on the Implementation Resource - Borders line?</p> <p>What sort of things are we talking about here?</p>	<p><b>Alison Wilson:</b> The Borders implementation costs are made up of:</p> <p>£30k in 23/24, and £100k for next 3 years for extra pharmacy staff (1xpharmacist, 1xtech)            £300k for 3 x ftc IT (senior infrastructure, network, desktop) (assume £100k pa each)            £118 for 2 x Project/programme staff (assume band7 £59k pa)            (£10k in 23/24 for some IT work to tie in to Fife timescales)</p> <table border="1" data-bbox="1424 1342 2092 1426"> <tr> <td data-bbox="1424 1342 1637 1385">Breakdown of</td> <td data-bbox="1637 1342 1711 1385">22/23</td> <td data-bbox="1711 1342 1807 1385">23/24</td> <td data-bbox="1807 1342 1904 1385">24/25</td> <td data-bbox="1904 1342 2092 1385">25/26</td> </tr> <tr> <td data-bbox="1424 1385 1637 1426">Implementation</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Breakdown of	22/23	23/24	24/25	25/26	Implementation				
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5	<p>HEPMA Programme – Draft Business Case Appendix-2022-19</p>	<p><b>James Ayling:</b> I am not entirely sure from the paper exactly what is being sought here. The paper clearly refers to us having a regional solution with NHS Fife on a hub and spoke basis but the approvals sought from R &amp; P Committee appear to be non specific in regard to the NHS Fife project . My assumption on first reading the paper was that a specific approval at R &amp; P Comm stage to Fife proposal would be sought as the paper itself states that NHS Fife require a decision from us at this time to enable them to commit to a regional solution.</p> <p>Do we have to run our design and build in parallel with NHS Fife? They must be about 3 times our size and it will therefore take longer for us. Have we explored doing it on our own timescale whilst remaining however in the NHS Fife spoke and hub arrangement?</p> <p>Implementation Resource cost over project is high £1.6m. Could this be reduced if we did not run in parallel as mentioned above yet still within NHS Fife arrangement ?</p> <p>I would like more info on the financial side and how this fits in. Happy for this to be answered by Andrew at meeting.</p> <p>I am mindful that we have a major task about to commence</p>	<p><b>Alison Wilson:</b></p> <p>HEPMA can be phased over a number of years</p>																																										



		<p>with introduction of our new LIMS set up....that in itself being a two step process with two different systems . We are now proposing to bring on board another very significant systems based project. Do we have the strength, depth and capacity to do that against what will no doubt continue to be a very challenging overall background?</p> <p>Does the implementation of HEPMA in any way have a knock on effect on the LIMS procurement eg a Change Notice for areas where the systems might interact ?</p> <p>I presume we will review the contract in place between provider and NHS Fife prior to committing to ensure that its deliverables meet our requirements and that we can comply with obligations which will be imposed on us.</p>	<p>as outlined on p46 on the business case. The more urgent phase is the pharmacy stock control and we have been waiting for an upgrade to our EMIS (Ascribe) system for 15 months. The funding includes additional costs for external contractors/locums to be employed.</p> <p>The systems will be independently linked to Trakcare and not to each other.</p> <p>As part of the discussions we will ascertain what the contractual arrangement will be. We will be aiming for an arrangement similar to the northern Health boards whereby we only pay for the elements we need.</p>
6	Annual Delivery Plan Quarter 2 Return Appendix-2022-20	<b>Harriet Campbell:</b> Probably a really stupid question – but why is the section about opening Ward 17 as a protected elective ward (p127) (4.1.7) under unscheduled care and not under recovering planned care. What am I missing?	<b>June Smyth:</b> The detailed bed model work is yet to commence which is under the Urgent and Unscheduled Care Scottish Government priority area, however we were able to update on Ward 17 which is the narrative provided. To keep in line with SG template we have kept all narrative under the correct heading within the delivery planning template.
7	Annual Delivery Plan Quarter 2 Return Appendix-2022-20	<b>Karen Hamilton:</b> A good report which makes for challenging reading however, I am pleased to see some positives reported. I think in the next update we should articulate difficulties with Primary Care alongside the comments in Section 2 – Setting the Scene	<b>June Smyth:</b> We will have more detailed information in our Quarter 3 update once further details are available, specifically around Merse and Duns.
8	Urgent and Unscheduled Care Programme Update Appendix-2022-21	<b>Harriet Campbell:</b> P138. Now October is (nearly) done. Where is NHSB actually against 4 hours standard trajectory? If not at 80% (which the weekly update would imply is the case) can reasons/plans for dealing be	<b>Gareth Clinkscale:</b> The national trajectory set by the Scottish Government for the 4-hour emergency access standard for the month of October was set at

		<p>covered in the meeting?</p> <p>Practically it would be good to try and be as up to date as possible in papers for meetings too.</p>	<p>80%. Actual NHS Borders performance 59.3% - this meant missing the trajectory by 18.7%. The reasons behind this poor performance are complex and interrelated. Overall, poor flow across the hospital combined with challenges around bed occupancy – most notably due to a sustained number of delayed discharges have impacted on the ability to move patients though the system consistently and efficiently. Bed occupancy must be considered within the context of availability and throughout the month of October a number of beds across community hospitals and acute settings have been closed at different times due to covid activity. This fluctuating position can impact on the availability of beds to move patients to in a timely fashion which ultimately bottle necks the emergency department. A number of actions continue to be prioritised to understand the factors associated with performance and address safety concerns associated with an inability to meet the 4 hour emergency access standard:</p> <ol style="list-style-type: none"> <li>1. A post SB Brief Huddle with senior leadership is also now well established to ensure that there are moves underway to accommodate the queue and barriers are clearly defined with actions agreed to remove these blockages, or identify moves which will support improved discharge lounge usage/profile.</li> <li>2. A review and change of duty management process (now called site lead) has been undertaken which is a bespoke role that takes an operational manager out of role</li> </ol>
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			<p>every day to fully focus on flow, early movement, pressure points across the hospital (incl. ED), and early enactment of the full capacity protocol. This is a visible role which improves control, awareness and early warning.</p> <ol style="list-style-type: none"> <li>3. A Full Capacity Protocol has been developed for the Emergency Department which details to process and acute response required to decongest the ED where capacity is becoming challenged, or there are potential ambulance waits that will impact safe flow of patients through the ED department.</li> <li>4. Improvement programmes which sit under the Urgent and Unscheduled Care Programme Board continue to develop to address congestion in the ED. One such initiative concerns the delivery of surgical hot clinics to siphon off surgical patients from the ED – this is due to be in place prior to Jan 2023.</li> <li>5. A new daily dashboard has been developed which detail cumulative and daily performance which is used to during daily debriefs with the Emergency Department (following the safety brief, daily). This dashboard is used to monitor performance and instigate immediate actions to manage areas of challenging performance. Most crucially this is used to cross reference breach performance.</li> </ol> <p>These actions above are designed to reduce congestion, enable flow and ultimately ensure timely movement from patients in ED. Huddles</p>
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			and safety briefs provide the opportunity to review performance and identify actions to ensure patient safety remains the focus for the adherence to the 4 hour emergency access standard.
9	Urgent and Unscheduled Care Programme Update Appendix-2022-21	<b>James Ayling:</b> I note a project to develop a Frailty Unit for the BGH that discharges older patients earlier in their pathway. Given all the initiatives to date re delayed discharges what differentiates this proposal?	<b>Gareth Clinkscale:</b> One of our workstreams through the Acute Recovery Programme was looking at our Frailty Pathway. This begun by creating a Frailty icon on our TrakCare system to clearly identify our Frailty patients. This then moved on to co-horting these patients within our Medical Assessment Unit – this was also supported by the MAU Kaizen project. Our next steps are to develop a business case for a separate frailty unit within the BGH. This would give us the ability to manage and assess patients correctly and cater to frail patients and their specific need recognising the increase of frail patients attending our ED and look to prevent their deterioration/deconditioning. By having this separate frailty unit it would also support the flow within MAU as the frailty patients would not be delayed within this ward longer than necessary. We recognise that the current delayed discharge position does impact on our elderly and frail patients and we would hope that the current initiatives in place within the Health and Social Care Partnership will allow for more efficient flow out of the acute site and into patients own homes and other community sites such as Community Hospital and Social Care Services.
10	<b>Revised Planned</b>	<b>Harriet Campbell:</b> P149. I thought there were no patients	<b>Gareth Clinkscale:</b>

	<p><b>Care performance trajectories and Integrated Planned Care Programme update</b> Appendix-2022-22</p>	<p>waiting more than 104 weeks for an outpatient appointment (other than 3 dermatology patients who didn't like the appointment times). What happened?</p> <p><i>Note this question is answered in the scorecard (p219) but it would have been helpful to have this information in this report. So no need to answer now, but leaving it on here just to note the discrepancy for future report writing purposes.</i></p>	<p>Noted, this is a result of timing. Reports were developed from information at different points in the reporting cycle. We will ensure consistency in future for's paper provided to Committee's.</p>
11	<p><b>Draft Financial Recovery Plan 2022/23</b> Appendix-2022-23</p>	<p><b>James Ayling:</b> Whilst its obviously "good" that we can hopefully save £.5m on reviewing purchase orders ..is that not an indication that those initially completing POs need help at the outset ?- We should presumably only be reviewing POs on a sample basis.</p> <p>The paper refers to the QSB which was established in 2021 reporting to the Resources &amp; Performance Committee . Has it?</p> <p>How much money is currently "ringfenced" and not currently committed and might therefore( with SG approval) be channelled elsewhere?</p> <p>Overall good to see progress with PMO. Essential to keep momentum there.</p>	<p><b>Andrew Bone:</b></p> <p><b>Purchase Orders:</b> The issue with purchase orders is two-fold. Firstly, we migrated to a new version of our procurement system earlier this year and there is some outstanding data cleansing required to close down legacy orders on the old system. This tends to be very small value individual orders. Secondly, there is a regular housekeeping required to ensure that where goods have been received and invoices paid, that this is reflected via 'matching' into the procurement system. We have a reasonable handle on this but we know that there are orders in Estates and possibly IT which need to be matched. The issue with Estates is that we rolled out the system to estates staff from April and there have been some teething issues – training is an issue and additional support is in place.</p> <p><b>Quality &amp; Sustainability Board:</b> the board formally reports to Resources &amp; Performance committee. In practice this is achieved by the</p>

			<p>clearing of papers which then arrive at the committee (e.g. HEPMA).</p> <p><b>Ring-fencing:</b> It is hard to quantify where there may be uncommitted resources, largely due to the time-lag in release of Scottish Government allocations. As at end October we were anticipating more than £30m of funding which had not yet been confirmed. This issue should improve following publication of the SG emergency budget.</p> <p>As an example, there are spend plans for Mental Health which are based on combination of IJB reserve and new allocations however SG emergency budget advises of a reduction in 2022/23 allocations of £38m nationally related to Mental Health. We require clarity on the local impact of this before we can identify any residual 'slack' within the budget. I am reviewing spend commitments with Hazel Robertson, Chief Finance Officer for the IJB, at the end of this week (4<sup>th</sup> November).</p> <p><b>PMO:</b> Noted.</p>
12	<p>Medium Term Financial Plan Update Appendix-2022-24</p>	<p><b>Karen Hamilton:</b> Appendix 1- IJB budget setting – are any of these controversial ?</p> <p>I seem to recall some difficulties with this in the past?</p>	<p><b>Andrew Bone:</b></p> <p>The 'equity' approach outlined in the paper was intended to ensure that issues that caused problems, e.g. level of uplift to social care budgets, was resolved. However there is still a fundamental issue in relation to how investment (and savings targets) are set and the balance</p>

			<p>between HB directed investment /disinvestment and IJB influence on the same.</p> <p>This will be best resolved through dialogue and we intend to review these principles with current IJB leadership and bring forward any update to the R&amp;PC in January.</p> <p>I am aware that the strategic commissioning plan being developed by the IJB is likely to set expectations in relation to how resources are shifted to meet IJB priorities and we expect that this will need to be mapped against the NHS Borders financial plan to ensure consistency of approach. Current discussions suggest that the IJB plans are likely to evolve during 2023/24 and therefore the impact may be more relevant to future iterations of the plan (i.e. for 2024/25 and beyond).</p>
13	<p>Medium Term Financial Plan Update Appendix-2022-24</p>	<p><b>James Ayling:</b> A comprehensive update. Thank you.</p> <p>Should we now prioritise the £2.5m of savings in development for 22/23 and really focus on achieving them so far as possible and perhaps put on hold the remaining £1.5m not in development until 23/24. This may be what you are doing .This might help our Y/E position re financial escalation issues ?</p> <p>I would like to see the Deloitte benchmarking report.</p> <p>Couple of rogue 22s in the table 5.1</p>	<p><b>Andrew Bone:</b></p> <p>Where there is a capacity constraint this certainly makes sense and is the approach we are taking. We will build credibility with SG by being able to demonstrate ongoing progress towards delivery, but there will also be a need to demonstrate there are further plans in the ‘pipeline’.</p> <p>I am keen however that we maintain parallel workstreams to continue to work up ‘ideas’ into plans in advance of the 2023/24 savings programme – we should be starting this work now and so anything that is not likely to deliver</p>

			<p>this year will become part of next year's programme.</p> <p><b>Deloitte report</b> – We intend to provide a briefing session for non-executive members in near future.</p> <p><b>5.1 – thanks/apologies</b></p>
14	Finance Report Appendix-2022-25		-
15	Capital Plan Update Appendix-2022-26	<p><b>Karen Hamilton:</b> Table 2 as an aside can you give me a short update on Mammography Unit progress please. I was in there last week and got into conversation with staff.</p>	<p><b>Andrew Bone:</b> Yes. We are urgently considering options to try to progress this year but may require to waive the requirement to tender in order to achieve the timescales required by service (and to improve our delivery against the plan).</p> <p>As background, the existing mammography unit was decommissioned due to equipment failure a number of months ago and since that time we have been using a mobile unit. A new device has been purchased but the works necessary to install have not progressed, partly due to Estates capacity and in part due to discussions (now resolved) regarding placement, recognising the previous location was sub-optimal.</p>
16	Performance Report Appendix-2022-27	<p><b>Harriet Campbell:</b> I always found it quite helpful to have the chart that showed delays etc by specialty. Has this gone for good?</p>	<p><b>June Smyth:</b> Yes, we have streamlined the reporting to have just one chart.</p>
17	Performance Report Appendix-2022-27	<p><b>Karen Hamilton:</b> P8 USC – when might we begin to see results of Kaizen approach in ED and Ward 4</p>	<p><b>June Smyth:</b> We have already started to see the positive effects from the Kaizen within ED, such as a 37 % reduction in the number of Flow 3 (Medical Admissions) patients waiting over 12</p>



			hours in the ED.
18	Business Plan 2023 Appendix-2022-28		-
19	R&PC Terms of Reference Review Appendix-2022-29	<b>Harriet Campbell:</b> Very helpful to have the changes highlighted. Thank you.	<b>Iris Bishop:</b> Thank you.

Minutes of a Meeting of **Borders NHS Board Audit Committee** held on Monday, 10<sup>th</sup> October 2022 @ 10 a.m. via MS Teams.

**Present:** Mr J Ayling, Non Executive Director (Chair)  
Mrs F Sandford, Non Executive Director  
Ms S Lam, Non Executive Director  
Mr T Taylor, Non Executive Director

**In Attendance:** Mr A Bone, Director of Finance  
Mrs S Brook, Audit Manager, Grant Thornton  
Mrs B Everitt, Personal Assistant to Director of Finance (Minutes)  
Mr J Fraser, Public Sector Audit Assistant Manager, Grant Thornton  
Mrs K Hamilton, Chair, NHS Borders  
Mr B Joshi, General Manager (Unscheduled Care)  
Mrs S Kean, Health & Safety Lead Advisor (Item 6.2)  
Mr K Messer, IT Delivery Manager (Item 6.2)  
Mr R Roberts, Chief Executive (Arrived at 10.30 a.m.)  
Mrs S Swan, Deputy Director of Finance (Head of Finance)

## 1. **Introduction, Apologies and Welcome**

James Ayling welcomed those present to the meeting. Apologies were received from Mr G Clinkscale, Director of Acute Services, Mrs L Jones, Director of Quality & Improvement, Mr P Clark, Director, Public Sector Internal Audit, Grant Thornton and Mr J Boyd, Audit Director, Audit Scotland.

James reported that the term of the existing external audit appointment was now concluded and that following confirmation that Audit Scotland will remain external auditors to the Health Board we have now been advised of the appointment of John Boyd, who will be the new External Audit lead. It was noted that Audit Scotland teams are currently finalising audits for 2021/22 and that Mr Boyd would be making contact prior to the December Audit Committee meeting to arrange an introductory meeting with himself as Chair of the Audit Committee and the Director of Finance.

Andrew Bone confirmed that he had written to Gillian Woolman thanking her for her leadership and participation over the last six years. Andrew agreed to share this and the response with individuals.

## 2. **Declaration of Interest**

There were no declarations of interest.

3. **Minutes of Previous Meetings – 15<sup>th</sup> June 2022, 23<sup>rd</sup> June 2002 (Extraordinary) & 29<sup>th</sup> August 2022 (Extraordinary)**

Tris Taylor referred to the minutes of the 15<sup>th</sup> June 2022 and item 10.1 which required clarification that there was good attendance from three voting members at the Public Governance Committee meetings.

**The minutes were thereafter approved as an accurate record of the respective meetings with the proviso that the amendment discussed on the minutes of the 15<sup>th</sup> June 2022 be made.**

4. **Matters Arising**

*Action Trackers*

James Ayling referred to the action tracker from the extraordinary meeting held on the 29<sup>th</sup> August 2022. James made reference to the first action and confirmed that the Board Secretary has reviewed the Code of Corporate Governance and could find no reason why a member of the Public Governance Committee could not attend the IJB Audit Committee. James also highlighted the other outstanding action in regard to public governance being considered as part of the IJB Governance audit scheduled by Grant Thornton. Sue Brook advised that this was not specifically included but would ensure that it be added to the audit scope.

**The Committee noted the action tracker.**

*Process for Oversight of Internal and External Audit Recommendations*

Andrew Bone spoke to this item and highlighted that there had not been a formal process in place for tracking Internal and External Audit recommendations outwith the reporting cycle to the Audit Committee. Following discussion with the Board Executive Team (BET) it was agreed that a list of outstanding actions, including timescales for delivery, would be circulated to BET on a monthly basis to provide management oversight between the cycle of reports received by the Audit Committee. James Ayling referred to the proposed process and in particular to the sentence stating “BET to agree any remedial actions required .....” and asked for clarification that the scope of these remedial actions were in relation to delivery timescales only and that this was not intended to indicate that BET would revise the actions agreed within internal audit reports which had previously been approved by the Committee. Andrew confirmed that this was correct.

**The Committee welcomed the terms of this report.**

5. **Risk Management**

James Ayling advised that Andrew Bone was presenting the items within this section of the agenda on behalf of Laura Jones and Lettie Pringle and suggested that in addition to considering points made by Andrew that any questions be consolidated into a list for Laura and Lettie to deal further with as required via email. This was agreed and the list of questions is attached as an appendix together with the responses prepared following the meeting.

## 5.1 Update on Very High Risks

Andrew Bone presented this item and gave the following briefing which had been provided by Lettie Pringle.

This is the second bi-annual report to the Audit Committee of very high operational risks currently facing NHS Borders as at 27 July 2022.

Key points from this report are:

- At this point in time the majority of operational risks were graded as medium and low risk. Further work is currently ongoing to rationalize and update risks within the operational risk registers across the Clinical Boards and as such it is expected for this to change over time to reflect the higher risks we are facing as we head into the winter.
- One new very high risk has been added to the risk register between May and July relating to the Laboratory Information System. This has been scrutinised at the Operational Planning Group (OPG) through the risk appetite process as this risk fell outwith organisational risk appetite due to its grading and the impact this risk could have on service delivery. In August a memorandum of understanding was signed with Clinisys and thus reduced this risk to a medium risk.
- 88% of operational risks have action plans in place. Further work on increasing compliance with this is ongoing through the Risk Champion Network, this includes presenting risk management improvement plans to clinical boards, corporate huddle and OPG on a quarterly basis to monitor and improve on risk management KPI compliance.
- The percentage of clinical risks recorded on the risk register remains relatively low at 22% of all risks recorded. Given the increasing clinical pressures and the nature of the work we undertake this is expected to be higher. Currently Corporate risk and Health and Safety risk remain the highest portion of operational risks on the risk register at 39% and 31%.
- The Risk Management Board has been amalgamated into the Operational Planning Group. As part of feedback during COVID, the number of meetings managers had to attend was cited. To reduce the number of meetings to be attended by the same people it was decided to amalgamate the two groups. This has proved beneficial in expanding risk understanding, putting in more robust processes around risk appetite scrutiny and building risk into the planning cycle. Risk is a standing item on the OPG agenda which is held weekly and gives more real time information and solutions to risks being faced.
- Risk appetite tolerance levels have been increased to apply to very high risks, with high risks being scrutinised through clinical boards. The risk appetite paper further on in the agenda will go into this change in more detail.

Sonya Lam made reference to conversations with clinicians about Datix where they had intimated that they don't receive any feedback and find it time consuming due to it being extremely "clunky". Ralph Roberts felt that this linked to the way clinicians view risk as they manage risk on a day to day basis. It was noted that the role of risk champions within Clinical Boards was intended to improve understanding of how the Datix system should be used to best effect.

**The Committee noted the report subject to receiving responses to the questions raised in the aforementioned appendix.**

5.2 *Risk Appetite Review*

Andrew Bone presented this item and provided the following briefing on behalf of Lettie Pringle.

The approach to risk management has had to adapt during the pandemic. As such the organisation has become more risk aware, and in doing so has increased its organisational maturity towards risk management by understanding the value of embedding risk into organisational decision making and processes.

This has allowed the organisation to take more risk than it would have done previously, and as such the Risk Management Board was tasked with reviewing our risk appetite.

It was recommended by the Risk Management Board to the OPG and BET that NHS Borders increases the tolerance level of risk outwith risk appetite to very high risks. The expectation is that this will allow managers to carry out their responsibilities and have more autonomy in managing their own risks without the level of scrutiny it would require under the risk appetite process. On the other side this also allows the organisation a more focussed approach as to where to allocate their limited resources.

High risks will now be scrutinised at clinical board level and assurance reports are to be fed into the Operational Planning Group on a bi-annual basis. Any high risk that a clinical board feels needs the extra level of scrutiny can be exception reported into OPG at any time.

Currently no changes have been made to the risk approaches previously agreed by the Health Board in 2019, although it may be reflective to remove the caveat under financial risk relating to £300,000 limit as this does not reflect a very high risk as per the NHS Scotland risk matrix. If Audit Committee are content to approve the change that approach can be tweaked to reflect this.

James Ayling queried whether BET were able to make changes to the Board's risk appetite without approval of the Health Board, since Risk Management Policy is a matter reserved for the Board within the Code of Corporate Governance. Andrew agreed to pick this matter up with Lettie Pringle and to bring forward any required changes to the Board. Any amendments would be treated as provisional pending this discussion.

**The Committee noted the report and the indicated change to the organisation's risk appetite subject to receiving satisfactory responses to the questions raised in the aforementioned appendix.**

**The Committee agreed that Board approval should be sought for any changes to the Risk Management policy.**

### 5.3 *Risk Management Annual Report*

Andrew Bone presented this item and provided the following briefing on behalf of Lettie Pringle.

This is the Risk Management Annual Report for 21/22. A significant amount of progress has been made since this report, and as such going forward the annual report will be replaced with quarterly reports to Audit Committee to ensure the most up to date information can be presented to you, without losing any of the key information you get through the annual report.

Key points within this report are highlighted on the cover paper. Some points to note that are still progressing:

- Strategic objectives are on trajectory to be achieved by 2025, and significant work is being undertaken to reach these ambitious targets.
- Policy objectives have not been attained in 2021/22. Many of these objectives rely on managers undertaking their risk responsibilities which have been impacted by the strain on the workforce during the pandemic.
- National work continues to standardise adverse events across Scotland. Health Improvement Scotland is leading on this work and there is NHS Scotland and Scottish Government buy in to this way forward.
- NHS Borders continues with the tendering process for an electronic risk management system. The timescales have been updated by NHS Greater Glasgow and Clyde since this report, with expected completion of tender set as December 2022. This upgrade is now included in the planning cycle for 2023/24 for NHS Borders.

Tris Taylor stated how impressed he was on how far the organisation has come over the last few years and wished to note his thanks for this as he felt much more confident and had a handle on what the organisation is facing. Andrew agreed to feed these comments back to Laura Jones and Lettie Pringle.

James Ayling was aware of the expanding resources within the Project Management Office (PMO) and enquired how the PMO links with the Risk Management team. He further requested an explanation of how risks stemming from proposals from the PMO are considered within the risk management system. Andrew agreed to discuss this with June Smyth and Laura Jones and would circulate an update in due course.

**The Committee noted the Risk Management Annual Report and that they would receive quarterly reports going forward in place of the annual report.**

### 5.4 *Strategic Risk Register*

Andrew Bone presented this item and provided the following briefing which had been provided by Lettie Pringle.

The report was scheduled to come to this meeting but has been moved to December's meeting following a strategic risk register exercise by BET to review risk gradings in line with the 1-3 year strategic plans. This exercise is just concluding and the strategic risk register is now reflective of risks and areas of priorities the organisation needs to focus on during this time. A full update of this will be given at December's meeting.

**The Committee noted the update.**

## 6. **Governance & Assurance**

### 6.1 *Audit Follow Up Report*

Sue Brook spoke to this item. Sue highlighted that the update had been prepared for the meeting on the 19<sup>th</sup> September 2022, which had subsequently been rescheduled, so was a reflection at that point in time. Sue highlighted that 15 actions had been brought forward from the last report, with a further 10 being added to date. It was noted that one action was now closed and out of the remaining 24 actions, 17 were not yet due for implementation and seven were overdue. Of the seven overdue actions two were rated as high and arose from the Mandatory and Statutory Training audits which had revised timescales of 31<sup>st</sup> December 2022. James Ayling enquired if Internal Audit were content with the revised timescales put forward. Sue confirmed that she was.

James noted that there were no revised timescales/updates against some of the actions arising from the Health and Safety Reporting and Primary Care Improvement Plan (PCIP) audits. Sue confirmed that no contact had been made by management. James asked the Director of Finance to ensure that management provide responses in future. Ralph Roberts referred to PCIP and advised that work is ongoing at a national level. Sonya Lam also referred to discussions about PCIP at the recent Board meeting as she questioned if there would need to be a change in the risk status for this.

**The Committee noted the audit follow up report.**

### 6.2 *Audit Follow Up Process*

James Ayling reminded the Committee of the system which had been reintroduced to ask managers to provide a verbal update on recommendations where timescales had slipped.

#### *IT Resilience Update*

Kevin Messer advised that there had been limited progress with the actions arising from the audit due to other priorities arising which were outwith their control. Kevin went on to provide an update on the recent cyber-attack which had impacted Out of Hours and Emergency Services at a national level. It was noted that NHS Borders had responded well. Business continuity plans had been implemented immediately and alternative arrangements using TrakCare were established within 1.5 weeks. Kevin advised that this was currently in its final testing stage.

In regard to creating a plan for business continuity/disaster recovery, Kevin explained that the department does not have the technical skills to do this in house and discussions with a third party were ongoing to undertake this piece of work. It was noted that there would be a cost associated with this and it would be discussed with the Director of Finance in the first instance. Kevin added that the business continuity plans would also require to be reassessed to ensure that they were still fit for purpose.

Tris Taylor enquired if it would be possible to quantify slippage time. Kevin advised that if they get approval around the extra cost this will move quickly thereafter, however noted that they may struggle to meet the 31<sup>st</sup> March 2023 deadline but it would be given as much focus as possible. Tris asked for clarification that if the extra resources were not secured then it would not be possible to complete this action. Kevin confirmed that was correct. James Ayling noted his concern and asked for assurance that they were doing as much as possible to obtain co-operation. Kevin suggested that he produce a monthly update report for the Audit Committee to keep them updated on progress. This was agreed.

**The Audit Committee noted the update and that they would receive a monthly update report.**

#### *Mandatory and Statutory Training Update*

Sue Kean provided an update where she advised that the main reason for requesting a further delay in the timescale to 31<sup>st</sup> December 2022 was due to the development of the Training & Education Board.

Sue confirmed that core mandatory and statutory training compliance will be a regular item on the Area Partnership Forum, Occupational Health & Safety Forum and the Staff Governance Committee agendas. Sue also advised that a regular compliance report is produced and circulated widely across the organisation. This will also be discussed at the Policy & Conditions of Employment Group in December. Sue confirmed that work was on track for meeting the December deadline.

**The Audit Committee noted the update.**

#### *Estates & Facilities Update*

Andrew Bone reminded the Committee that he had provided a comprehensive update at the meeting on 15<sup>th</sup> June. Andrew went on to report that there had been some changes within the Estates function and that realistically they would be looking at a longer timescale to complete the recommendations, namely to ensure that regular property condition surveys are undertaken and the risks recorded within the Statutory Compliant Audit and Risk Tool and ensure that actions are put in place to mitigate risks associated with backlog maintenance. Andrew explained that this was not solely related to resource issues, however it was noted that a paper was due to be presented to the Board Executive Team on Estates resources the following week. Andrew advised that it would not be possible to close off these actions nor could an estimated timescale be given at the present time.



In regard to the Property & Asset Management Strategy (PAMS) it was noted that Scottish Government have advised that this will no longer be a requirement and that a different process is being put in place. Andrew advised that he would be picking this up with Grant Thornton as it changes the recommendation previously given.

James Ayling asked for an update on the recent recruitment process. Andrew advised that the previous Head of Estates & Facilities post had been separated and there is now a Head of Estates and a Head of Facilities in post, giving a slight increase in management capacity. It was noted that there was still resource issues within each of the teams.

Andrew agreed to provide an update paper for the December Audit Committee meeting.

**The Audit Committee noted the update.**

## 7. Internal Audit

### 7.1 *Internal Audit Plan Update Report*

Sue Brook spoke to this item and highlighted that the report provided an update on progress with the 2022/23 Internal Audit Plan as at 29<sup>th</sup> August 2022. Since the report had been written it was noted that fieldwork for the IJB Governance and Property Transaction Monitoring audits would commence in the near future. Sue went on to provide an update following a discussion with the Chair of the Audit Committee the previous week in regard to the audit plan. It was noted that management have requested to combine the Risk Management and Health and Safety audits to make best use of time. This would also free up three days within the plan. Sue also advised of a request to potentially undertake an audit in regard to the Laboratory Information Management System (LIMS) replacement and asked for clarification if this would be in addition to the work in the plan or instead of another planned audit.

Following discussion the Audit Committee agreed with the suggestion to combine the Risk Management and Health and Safety audits. James Ayling explained that the LIMS audit had not been formally asked for by the Board but had been proposed following discussion between the Non Executive Directors and the Chair of the Board. Karen Hamilton confirmed that this had been discussed and there had been agreement to look at this in a staged process, with the first stage being looking to get assurance that the process undertaken was robust and there are no other similar situations elsewhere across the organisation. Karen appreciated that the LIMS replacement would have to run its course until it is resolved in April. Karen added that the role and remit of the Clinical Governance Committee had also been discussed as part of this process. James asked for agreement that an outline scope be prepared for circulation to the Audit Committee prior to the next meeting. Ralph Roberts agreed that it was the right of the Audit Committee to ask for this and highlighted that once the scope is worked up there would be a requirement to look at the impact/capacity on the existing audit plan.

Fiona Sandford agreed that there was a timing issue in doing this but felt it would be beneficial to prepare a scope in anticipation of what happens in April.

Fiona added that she would be happy to pick up whatever role the Clinical Governance Committee played in the process.

Tris Taylor commented on whether there were other similar situations across the organisation and whether it would be appropriate to look at contract management arrangements as a whole. Following discussion Andrew Bone suggested that management look at the contractual landscape across the organisation and an update paper be provided at the December meeting identifying any issues/risks. This was agreed.

**The Committee noted the report.**

## 8. **External Audit**

### 8.1 *Audit Scotland Reports*

No issues were raised on the report detailing where Audit Scotland reports had been distributed across the organisation.

**The Committee noted the report.**

### 8.2 *Audit Scotland Report – NHS in Scotland 2021*

Andrew Bone spoke to this item and drew the Committee's attention to the key messages and recommendations at the beginning of the report, noting that these themes were very relevant to Borders NHS Board. Andrew referred to the recommendations which listed the actions the Scottish Government and Boards should be looking to undertake and took the Committee through these as it was a helpful summary around remobilising services. Following discussion it was agreed that it would be helpful to compare these against current practice within the organisation and an update be brought back in due course with the timing to be determined by the Director of Finance.

**The Committee noted the report.**

### 8.3 *Audit Scotland Report – Scotland's Financial Response to Covid19*

Andrew Bone spoke to this item which provided an update on spend in response to the Covid19 pandemic. Andrew advised that the majority of recommendations were for Scottish Government but highlighted some recommendations for Boards in relation to improving the transparency of public finances to support scrutiny of Covid19 funding and spending measures, continuing to monitor and report on fraud and error arising from Covid19 business support payments and to work together to learn lessons from each other. Andrew reminded the Committee of the audit undertaken by Grant Thornton on Covid19 financial controls during the pandemic and asked the Committee if they would wish to receive an update on this. James Ayling did not feel that this would be necessary and noted that spending would be reported through the Board's and the IJB's annual audited accounts. This was agreed.

**The Committee noted the report.**

## 9. **Fraud & Payment Verification**

### 9.1 *Countering Fraud Operational Group Update*

Susan Swan spoke to this item. Susan reminded that the Audit Committee delegates the majority of fraud related work to the Countering Fraud Operational Group (CFOG) to cascade across the organisation. Susan advised that the report detailed what she, as Fraud Liaison Officer, had shared with CFOG with a request that any items of relevance be picked up by departments.

James Ayling made reference to the "Fraud Annual Action Plan" and enquired if this would be presented to the Audit Committee for approval. Susan advised that there is not a formal document at present as discussions are ongoing. Noted that this would come forward in due course.

**The Committee noted the report.**

### 9.2 *NFI Update*

Susan Swan spoke to this item. Susan advised that this was a bi-annual exercise with one planned during 2022/23 which would commence this month. Susan referred to the report from Audit Scotland which was attached as an appendix for information and provided details on the previous NFI exercise. Susan also referred to the self-assessment checklist which had been completed and was attached for information so the Audit Committee were sighted on this. It was noted that any matches would be issued in January 2023 for checking and updates would be provided at future meetings.

**The Committee noted the report.**

## 10. **Integration Joint Board**

**The Committee noted the link to the IJB Audit Committee agenda and minutes.**

**The Committee noted that an internal audit covering inter alia the Board's interaction with the IJB had been approved for 2022/23.**

## 11. **Items for Noting**

### 12.1 *Information Governance Committee Minutes – 1<sup>st</sup> June 2022*

**The Committee noted the Information Governance minutes from the meeting held on the 1<sup>st</sup> June 2022.**

## 13. **Any Other Competent Business**

Andrew Bone advised of discussions the previous week about a potential tender waiver on a project. It was noted that further details were required before agreeing if a tender waiver was required and proposed that a short paper be circulated around the Committee for approval if this was the case. This was agreed.

## 14. **Date of Next Meeting**

Monday, 12<sup>th</sup> December 2022 @ 1 p.m. via MS Teams.

Risk Questions – Audit Committee – 10<sup>th</sup> October 2022

	Question	Answer
James Ayling	Can you confirm that this decision to review the organisational tolerance level of risk and then change it was within the remit of BET's authority and that no Board approval was required? Risk management policy is a reserved matter for Board agreement. There is ref in the second paper saying that risk approach was consulted and agreed by the Health Board in 2019. The merger of RMB and OPG is however possibly more operational than policy based?	It is outlined in the Risk Management policy that the Health Boards remit is to determine the risk appetite for the organisation. The level at which this process is implemented is within the authority of the Board Executive Team as an operational decision.  The merger of RMB and OPG is an operational decision.
	The paper says that this will allow NHS Borders to take a more focussed approach as to where to allocate their quote "limited resources and finite resources." AS an audit comm. We are concerned with systems being effective so the question is...has this change been driven by a view that what has been done i.e. reviewing tolerance risk and amalgamating the risk management board with OPG gives us a more effective process of risk management or has this change been put in place principally due to a lack of what your paper refers to as limited and finite resources.	Whilst it is recognised that there are capacity challenges, this change is driven by a view of improving organisational risk maturity.  The merging of RMB and OPG has come from lessons learned during COVID and supports the conversations around decision making as part of the NHS Borders Quality Management System. This has been a useful integration as it has allowed the correct people to be in attendance for risk to be discussed on a weekly basis and to be more integrated into strategic planning, financial planning and the ADP. This therefore allows a more effective process of risk management.
	The new very high risk re LIMS risk 4431. This risk was only opened in July 22. We had been given 5 year notice of termination of the licence in 2018? There must have been a risk brewing up here for at least the latter part of that 5years but the risk according to the register was only opened in July 22. Should this risk not have been identified and put through the process earlier and if not	This risk should have been identified and entered onto the risk register earlier by the responsible area. There is no alternative general risk assessment that has historically covered the need to replace labs systems. This is a good example in support of the Risk Management Strategy objective relating to

	<b>Question</b>	<b>Answer</b>
	reference to LIMS specifically then a risk relating to the need to replace the system for instance looking forward. Is there a more general risk relating to this elsewhere?	culture change where we want to move from recording risks reactively to proactively identifying risks.
	The paper states, as did previous papers, that there is an expectation that clinical risks would dominate the risk register given the work NHS Borders undertakes. This must mean presumably that we are not identifying some clinical risks? Why please?	We do not have any examples of any clinical risks that are not captured on the risk register. However the LIMS example above indicates this may be the case since this risk was not recorded until later in the process. Clinical risks are often fed into governance committees through agenda items where the risk is significant and therefore actions are identified against these risks. We are working to improve proactively recording these within the risk register system. Rationalisation of risks is currently underway which may rebalance the ratio between clinical and non clinical risks.
	The overall NHS Borders Risk Management Key Performance Indicators show a significant <b>decrease</b> in compliance for very high risks being reviewed within timescales. Can you elaborate on that? It's a key point for the audit committee who are tasked with providing assurance to the Board that risk owners review and mitigation is undertaken for very high risks	The number of operational very high risks outwith review date within the Very High risk report indicate a drop from 83% in Q4 21/22 to 62% compliance in Q1 22/23. As part of the risk owner's responsibilities, they are required to review the risks within timescales they have specified. This change in compliance indicates that there may have been slippage by risk owners in doing so. Risk Management Improvement plans continue to monitor trends. There has been an improvement since this report. (Q2 22/23 shows 90% compliance).
Sonya Lam	Re compliance and how we use the organisation's performance framework to improve this. There was a discussion about how this could be brought through Quad/Business Unit discussions but I am wondering about individual	Currently Risk Champions are tasked with presenting their Risk Management Improvement plans to their business units/ Quads before them being submitted to OPG on a quarterly basis. Managerial objectives are set by

	<b>Question</b>	<b>Answer</b>
	manager objectives.	individual line managers and therefore there is no standard inclusion of risk management objectives. In response to this question this issue has been highlighted to BET for further discussion.
Tris Taylor	What is the associated broader risk that needs monitored now the LIMS risk is managed?	This would have to be answered by risk owner who should be looking to record residual risks from LIMS risk assessment. In relation to wider organisational risks of a similar nature (i.e. contract renewals and/or critical clinical systems), an exercise is being commissioned to identify a process by which this can be reviewed.
	P4/37: split of risks v corporate objective - good detail but not sure what this is telling us - would be wrong to deduce significance from this table without an understanding of the relative weighting of the objectives. Inequalities appears to be a minor segment here but we understand it from Phil Lunts' work to be a more significant health and mortality risk than COVID. Lettie suggests clinical risk ought to be higher - this also could be an issue of weighting. Lack of visibility on clinical risk could be further evidence that clinical colleagues - recognising the pressure on their time - are being managed to avoid documentation and reflection - perhaps this is becoming an influential factor on strategic risk and we should consider what the link is - especially in light of Sonya's comment about compliance.	<p>This chart depicts which corporate objective has the most risks recorded against it on the operational risk register. These comments have been passed to planning colleagues for consideration in the development of board objectives moving forward. The current objectives do not have weighting therefore it is not possible to fully analyse the impact of risks against these.</p> <p>The balance between assessing risk in clinical areas and undertaking clinical activities is recognised as being a factor in the gap towards delivering a proactive risk management approach.</p> <p>Work has started to link very high operational risks to the current strategic risks. This in turn will help identify any gaps in the strategic risk register. Future development to include high risks is being considered.</p>
	What risks are on the register related to poor decision making and legislative risk associated with the absence of high quality data? Is this	There is not a specific risk relating to this. It is intended that through the development of updated clinical strategy the

	<b>Question</b>	<b>Answer</b>
	more of a strategic risk?	requirement for data to support key decisions will be identified at that stage, any gaps in information will inform the risk attached to this strategy.
	Risk 4065, 4064: should be accurately described not in avoidant language. Controls which currently include 'organisational communications to the public' perhaps ought to be flagged to Public Governance Committee for a judgement on whether scrutiny of operational performance relating to public involvement is required [have emailed June to have a discussion about it - not sure PGC is the place but probably need to know what is]	Separate conversation between Tris and June relating to this.
	I'm interested in the distinction made in Andrew's comments between project risk that may be recorded away from Datix, and business-as-usual risk, and the interaction between the two. If project risk is a subset of operational risk, what is the point at which project risk crosses some sort of threshold at which it transfers to the operational risk register? I would have assumed that our risk register aggregates project, programme and portfolio risk alongside business-as-usual operational risk. If project risk is being handled in isolation we don't even have aggregate programme and portfolio risk driven by actual project risk registers which is a blind spot. Especially in the situation where projects are transformative and thus potentially existentially and strategically important.	Currently the corporate risk register captures any residual risks from projects. The risk systems have the functionality to record project risk using the same framework as operational risks but this has never been driven forward by the organisation and would require capacity from both PMO and Risk Team to implement. The current approach is that individual projects are expected to maintain their own risk register. Risks that are significant and escalated to Programme Boards up to Quality & Sustainability Board would be considered for inclusion on Datix.

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>2<sup>nd</sup> February 2023</b>
<b>Title:</b>	<b>Finance Report – December 2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Samantha Harkness, Senior Finance Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Annual Operational Plan/Remobilisation Plan

**This aligns to the following NHSScotland quality ambition(s):**

- Effective

## 2 Report summary

### 2.1 Situation

The report describes the financial performance of NHS Borders and any issues arising.

### 2.2 Background

NHS Health Boards operate within the Scottish Government (SG) Financial Performance Framework. This framework lays out the requirements for submission of Financial Performance Reports (FPR) to SG which include comparison of year to date performance against plan with full review of outturn forecast undertaken on a quarterly basis.

NHS Borders has determined that regular finance reports should be prepared in line with the SG framework (i.e. monthly).



The board has remitted the Resources & Performance committee to “review action (proposed or underway) to ensure that the Board achieves financial balance in line with its statutory requirements”.

The board continues to receive regular finance reports for reporting periods where there is no scheduled committee meeting.

## **2.3 Assessment**

### **2.3.1 Quality/ Patient Care**

Any issues related to this topic are provided as background to the financial performance report and it is expected that, where relevant, these issues will be raised through the relevant reporting line.

### **2.3.2 Workforce**

Any issues related to this topic are provided as background to the financial performance report and it is expected that, where relevant, these issues will be raised through the relevant reporting line.

### **2.3.3 Financial**

The report is intended to provide briefing on year to date and anticipated financial performance within the current financial year. No decisions are required in relation to the report and any implications for the use of resources will be covered through separate paper.

### **2.3.4 Risk Assessment/Management**

The paper includes discussion on financial risks where these relate to *in year* financial performance against plan. Long term financial risk is considered through the board’s Financial Planning framework and is not relevant to this report.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because the report is presented for awareness and does not include recommendation for future actions.

### **2.3.6 Other impacts**

There are no other relevant impacts identified in relation to the matters discussed in this paper.

### **2.3.7 Communication, involvement, engagement and consultation**

Not Relevant. This report is presented for monitoring purposes only.

### **2.3.8 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Senior Finance Team, 17<sup>th</sup> January 2023
- Board Executive Team, 31<sup>st</sup> January 2023

## **2.4 Recommendation**

- **Awareness** – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 - Finance Report for the period to end December 2022

# FINANCE REPORT FOR THE PERIOD TO THE END OF DECEMBER 2022

## 1 Purpose of Report

- 1.1 The purpose of the report is to provide board members with an update in respect of the board's financial performance (revenue) for the period to end of December 2022.

## 2 Recommendations

- 2.1 Board Members are asked to:

2.1.1 **Note** that the Board is reporting an overspend of £10.80m for nine months to end of December 2022.

2.1.2 **Note** the position reported in relation to COVID-19 expenditure and how this expenditure has been financed.

2.1.3 **Note** the financial performance expectation set out by the Scottish Government following the Board's Quarter One Review is that the board achieve an outturn performance in line with the Financial Plan (£12.2m deficit).

2.1.4 **Note** progress against the actions described within the Financial Recovery Plan submitted to Scottish Government in November.

## 3 Summary Financial Performance

- 3.1 The board's financial performance as at 31<sup>st</sup> December 2022 is an overspend of £10.80m. This position is summarised in Table 1, below.

Table 1 – Financial Performance for nine months to end December 2022

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
Revenue Income	273.94	287.70	208.22	208.45	0.23
Revenue Expenditure	273.94	287.70	195.76	206.79	(11.03)
<b>Surplus/(Deficit)</b>	<b>0.00</b>	<b>0.00</b>	<b>(12.46)</b>	<b>(1.66)</b>	<b>(10.80)</b>

- 3.2 Core operational performance excluding savings is reporting a £0.69m overspend position to the end of December. As previously reported, the position includes expenditure related to actions implemented during the pandemic which remain in place due to operational pressures in unscheduled care.

- 3.3 The position includes a continuation of trend in relation to emerging pressures reported in the Month 8 (November) report, notably increases to expenditure in relation to GP Prescribing and a single high cost LD out of area placement. Were this trend to continue to end March there would be a potential impact of £1.5m on the outturn forecast (£1.1m prescribing).
- 3.4 This risk to forecast is reported to Scottish Government in the M09 FPR submission. The forecast has not been adjusted pending completion of the Q3 review and identification of any further recovery actions which may mitigate this risk.
- 3.5 The financial plan identified a projected £5m delivery against savings targets in 2022/23. Savings delivery of £1.94m has been retracted against current year budgets, of which £1.45m is related to the nine months to end December. Further update on savings plans is provided in section 6 below.
- 3.6 As at end December, a total of £2.84m of expenditure has been released in relation to COVID funds, matched to expenditure reported in the COVID LMP tracker. This remains in line with previous forecast.
- 3.7 A risk is identified in relation to the funding of COVID expenditure in Social Care following confirmation of adjustment to IJB reserves by Scottish Government. This is described further in Section 5, below.

### 3.8 **Comparison to Forecast**

- 3.8.1 The amended forecast before additional recovery actions was presented in the Board's Financial Recovery Plan (FRP). This described a potential outturn position of £15.7m (deficit). Following submission of the FRP in November this forecast was amended to £12.2m, reflecting the impact of actions identified in the plan and the amended outturn position in line with SG direction. The risks attendant on this forecast were advised in the revised forecast submission (to SG).
- 3.8.2 The year to date position (after nine months) is reported as £10.80m overspent. At current run rate<sup>1</sup> this would result in an outturn position of £14.4m. It is clear therefore that there will need to be a continuation of improvement in performance to deliver the position identified in the recovery plan and updated forecast.
- 3.8.3 Section 7 of this report describes the actions in place within the recovery plan and how these are expected to impact in future periods.
- 3.8.4 There remains a further risk to the forecast in relation to the current level of operational pressures impacting on services in January. These issues were described in the winter pressures update presented to the Board at the Resources & Performance Committee on 19<sup>th</sup> January 2023. At this stage no direct financial impact (other than those already described) has been identified as a result of these pressures.

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<sup>1</sup> Run rate is calculated as a simple pro-rata against number of months – i.e. £10.8m divided by 9 months multiplied by 12 months to estimate the potential impact if expenditure continues at current rate. This is a crude estimate that does not reflect actual budgetary commitments and phasing of additional actions and is intended to be indicative of general 'direction' only.

## 4 Financial Performance – Budget Heading Analysis

### 4.1 Income

4.1.1 Table 2 presents analysis of the board’s income position at end December 2022.

Table 2 – Income by Category, year to date December 2022/2023

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
<b>Income Analysis</b>					
SGHSCD Allocation	254.21	538.73	190.66	190.66	-
SGHSCD Anticipated Allocations	(0.17)	(274.90)	-	-	-
Family Health Services	10.24	13.59	11.03	11.03	-
External Healthcare Purchasers	4.39	4.39	3.35	3.23	(0.12)
Other Income	5.27	5.89	3.18	3.53	0.35
<b>Total Income</b>	<b>273.94</b>	<b>287.70</b>	<b>208.22</b>	<b>208.45</b>	<b>0.23</b>

4.1.2 As reported in previous months, there continues to be a shortfall on income from External Healthcare Purchasers. This relates mainly to cross boundary flow of Acute patient activity from North of England, where activity continues to fall below pre-pandemic levels. The impact of this has been mitigated in year by agreement of SLA values at historic levels, reducing the risk of material reduction in funding; however there is a high risk that future SLA values will be amended to reflect reduced activity levels.

4.1.3 The over recovery within *Other Income* is in respect of *Scottish Post Graduate Medical Education* (SPGME) and provides an element of offset to additional medical staffing pressures highlighted previously with regard to Medical training grade rotational posts, for which expenditure is reported within clinical boards.

### 4.2 Operational performance by business unit

4.2.1 Table 3 describes the financial performance by business unit at December 2022.

Table 3 – Operational performance by business unit, December 2022

	Opening Annual Budget £m	Revised Annual Budget £m	YTD Budget £m	YTD Actual £m	YTD Variance £m
<b>Operational Budgets - Business Units</b>					
Acute Services	65.23	78.15	57.05	56.30	0.75
Acute Services - Savings Target	(2.11)	(1.67)	(1.26)	-	(1.26)
<b>TOTAL Acute Services</b>	<b>63.12</b>	<b>76.48</b>	<b>55.79</b>	<b>56.30</b>	<b>(0.51)</b>
Set Aside Budgets	27.04	29.06	21.69	23.12	(1.43)
Set Aside Savings	(1.05)	(0.94)	(0.71)	-	(0.71)
<b>TOTAL Set Aside budgets</b>	<b>25.99</b>	<b>28.12</b>	<b>20.98</b>	<b>23.12</b>	<b>(2.14)</b>
IJB Delegated Functions	120.93	137.76	100.74	101.24	(0.50)
IJB – Savings	(4.74)	(4.51)	(3.39)	-	(3.39)
<b>TOTAL IJB Delegated</b>	<b>116.19</b>	<b>133.25</b>	<b>97.35</b>	<b>101.24</b>	<b>(3.89)</b>
Corporate Directorates	34.28	10.19	(1.38)	(1.20)	(0.18)
Corporate Directorates Savings	(0.34)	(0.15)	(0.11)	-	(0.11)
<b>TOTAL Corporate Services</b>	<b>33.94</b>	<b>10.04</b>	<b>(1.49)</b>	<b>(1.20)</b>	<b>(0.29)</b>

	Opening Annual Budget	Revised Annual Budget	YTD Budget	YTD Actual	YTD Variance
External Healthcare Providers	29.38	31.68	24.21	23.54	0.67
External Healthcare Savings	(0.39)	(0.11)	(0.08)	-	(0.08)
<b>TOTAL External Healthcare</b>	<b>28.99</b>	<b>31.57</b>	<b>24.13</b>	<b>23.54</b>	<b>0.59</b>
<b>Board Wide</b>					
Depreciation	5.06	5.06	3.79	3.79	-
Planned expenditure yet to be allocated	13.00	14.02	3.34	-	3.34
Financial Recurring Deficit (Balance)	(12.35)	(8.67)	(6.50)	-	(6.50)
Financial Non-Recurring Deficit (Balance)	-	(2.17)	(1.63)	-	(1.63)
<b>Total Expenditure</b>	<b>273.94</b>	<b>287.70</b>	<b>195.76</b>	<b>206.79</b>	<b>(11.02)</b>

4.2.2 **Acute services** are reporting a net overspend of £0.51m. This includes a £0.75m under spend on core operational budgets. The main drivers for this under spend continues to be in relation to staffing vacancies within Labs, General Surgery, Orthopaedics and Ophthalmology as well as a continuation of reduced spend on supplies, which is linked to the reduced levels of activity. As reported last month the level of underspend is continuing on a lower trajectory than the earlier part of the year as a result of increased bed pressures managed across the BGH site. This position also includes retracted recurring savings of £0.37m (£0.49m full year).

4.2.3 **Set Aside.** The set aside budget is overall £2.14m overspent, of which £0.71m relates to non-delivery of savings. This position includes retracted savings of £0.03m YTD (£0.04m full year). Unscheduled care services are the main cost driver, exhibiting significant variance from agreed staffing budgets due to enhanced staffing arrangements in place to support A&E and additional agency and supplementary staffing deployed to augment inpatient areas. Drugs expenditure continues to demonstrate an increasing trend in relation to prescribing for patients with long term conditions managed by hospital based prescribers.

4.2.4 **IJB Delegated.** Excluding non-delivery of savings the HSCP functions delegated to the IJB are reporting an overspend of £0.50m on core budgets. The main driver of the overspend continues to be GP Prescribing, where pressures reflect the combined impact of price and volume growth. This position is being closely monitored and initial forecasts are projecting overspend of c £1.2m for the full year.

Alongside the overspend on prescribing, there are also continued overspends relating to locum cover within Mental Health and an increase in the cost of LD placements. The increased costs within the LD placements was identified last month as an emerging pressure, and as such, mitigating flexibility is being looked at to offset these costs.

4.2.5 This reported position includes retracted recurring savings of £0.17m YTD (£0.22m full year).

4.2.6 **Corporate Directorates** are reporting a net overspend of £0.29m. This includes a £0.18m overspend on core budgets. There are retracted savings of £0.15m included in this reported position (£0.20m full year). Pressures in Estates & Facilities continue to be driven by increased maintenance expenditure and energy costs as well as costs due to existing cleaning rotas not meeting national standards and a number of actions implemented to enhance infection control measures implemented during COVID pandemic both of which remain in place without identified funding. This issue will be considered further via financial planning.

There continues to be offsetting underspends linked to vacancies within Director of Nursing as well as on-going pressures related to implementation of regional HR arrangements.

4.2.7 **External Healthcare Providers.** Within the reported position there are £0.21m of recurring savings retracted (£0.29m full year). Excluding savings there is underspend of £0.67m reported at the end of November. This position is predicated on estimated costs for East Coast Costing Model (ECCM) and Unplanned Activity budgets (UNPACs), where final activity and price baselines have not yet been confirmed. The underspend is largely driven by reduced levels of out of area activity due to capacity challenges in (predominantly) NHS Lothian, with corresponding impact on number of patients waiting for treatment.

## 5 COVID19 Expenditure

5.1 COVID19 expenditure continues to be reported within the board’s business unit core performance. Table 4 provides summary of this expenditure as at end December.

*Table 4 – summary COVID19 expenditure for nine months to end December 2022*

	Allocated YTD Budget £m	YTD Actual £m	YTD Variance £m
Acute Services	0.06	0.07	(0.01)
Set Aside	0.01	0.01	-
IJB Directed Services	1.73	1.73	-
Corporate Directorates	1.05	1.04	0.01
Total NHS Costs	2.84	2.85	-

5.2 Expenditure plans have been reviewed to reduce expenditure where possible in line with the NHS Scotland COVID Financial Improvement Programme.

5.3 It is estimated that there is a further impact of £0.7m in relation to ongoing expenditure which was initiated as part of the Board’s COVID response but for which there is no longer any direct funding source. This expenditure is reported as variance to core budgets however it continues to be highlighted to Scottish government through the monthly COVID monitoring reports. Costs within this category include on-going arrangements for additional workforce in the Emergency department introduced during the pandemic, as well as the additional cost of 7 additional assessment beds in MAU. Other bed pressures are not reported against COVID and are attributed to unscheduled care pressures (i.e. delayed discharges).

5.4 It was confirmed early in 2022/23 that the financing of all COVID expenditure in 2022/23 would be enacted on a ‘cost pooling’ basis, with the Scottish Government signalling their intention to retract funding issued in February 2022 from IJB reserves in order to finance the plan for 2022/23. This position has now been confirmed and adjustment to IJB reserves made through the Board’s RRL.

5.5 The updated COVID LMP monitoring report at M09 highlights potential risk in relation to IJB expenditure incurred within Social Care. This risk arises due to increase to previous forecast, which formed the basis for the financial adjustment to RRL.

5.6 This issue is highlighted to SG in the Board’s FPR monitoring return at M09 and will be flagged through the IJB Chief Finance Officer. The financial risk arises in the Social Care budget within HSCP and is not expected to impact on the NHS Borders financial position.

## 6 Savings

6.1 As part of the financial plan for 2022/23 it was identified that the Board would seek to deliver £5.0m in recurring savings. Each Business Unit have been asked to deliver 1% savings on core expenditure budgets, with further savings to be achieved through Board wide programmes including Prescribing savings.

6.2 Table 5 below shows the recurring savings targets allocated to each area and the full year achievement of those targets.

*Table 5 – summary recurring savings achieved as at December 2022*

	<b>Recurring Savings Target</b>	<b>Recurring Savings Achieved</b>	<b>Balance of Savings not yet delivered</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Acute Services	(0.66)	0.49	0.17
Set Aside	(0.28)	0.04	(0.23)
IJB Directed Services	(0.49)	0.22	(0.26)
Corporate Directorates	(0.38)	0.20	(0.18)
External Healthcare Providers	(0.32)	0.29	(0.03)
Board Wide	(2.87)	0.70	(1.05)
<b>Total NHS Costs</b>	<b>(5.00)</b>	<b>1.94</b>	<b>(3.06)</b>

6.3 Against the target of £5m, initial scoping indicated recurring savings of c.£3.5m were identified. To date, £1.94m of recurring savings has been retracted covering the period to end March 2023.

6.4 There has been movement of £0.70m from the position reported in November. This reflects a net reduction in expenditure arising from changes to staff travel aligned to remote working, as well as a number of smaller schemes impacting on a whole system basis.

6.5 The current year forecast and FPR assumed that savings of £3.5m would be delivered in the current year, an element of which would be non-recurring. The FPR also identified a requirement for up to £1.5m of mitigating actions to address any shortfall on this position. As at M09 it is likely that the full value of these mitigating actions will be required with expectation that there is likely to be minimal additional in-year impact from any further savings delivery in 2022/23.

6.6 The financial plan for 2023/24 and beyond is being prepared on the basis that there will be no significant increase in the delivery of recurring savings achieved by 31<sup>st</sup> March 2023.



## 7 Scottish Government Requirements & Brokerage

- 7.1 As previously advised, Scottish Government have confirmed that the Board is expected to deliver *as a minimum* a financial outturn position in line with its financial plan (£12.2m deficit).
- 7.2 The Financial Recovery Plan submitted to Scottish Government in November identified a requirement for additional actions totalling £5m in order to deliver an outturn financial position in line with financial plan.
- 7.3 The delivery of the amended forecast position remains at risk despite identification of the actions within the recovery plan. Risks reflect ongoing variation in business unit operational performance and the delivery risk that is described in relation to the actions in the FRP.
- 7.4 As highlighted in Section 3 there are 2 key issues that have emerged since the Q2 forecast and FRP were prepared: emerging pressure in relation to GP prescribing which has a potential impact of £1.1m on the forecast; a change in costs related to a single Learning Disabilities out of area placement with complex needs where there is no alternative provision available.
- 7.5 Progress to date against the recovery actions identified in this plan is summarised below.

NHSB Financial Recovery Plan 2022/23	Financial Recovery Plan £m	Updated FRP Actions £m	Risk	Expected Start Date
<b>Implemented</b>				
National Insurance Rise (1.25%)	0.5	0.5	L	Nov-22
PMO Resource Plan	0.3	0.3	L	Nov-22
Review of Purchase Orders	0.5	0.5	L	Nov-22
Transformation Programme	0.5	0.5	L	Nov-22
Review of IJB Commitments	0.5	0.5	L	Dec-22
Transformation Programme (balance)	0.0	1.5	L	Dec-22
Risk Provision Balance (Additional Action Identified)	0.0	0.8	L	Dec-22
	<b>2.3</b>	<b>4.1</b>		
<b>On Track</b>				
Enhanced Vacancy Controls	0.2	0.2	M	Dec-22
Target Reduction in Agency Use	0.1	0.1	M	Jan-22
Reduce Stock Levels	0.3	0.3	M	Mar-22
	<b>0.6</b>	<b>0.6</b>		
<b>Under Review</b>				
Balance Sheet Provisions - additional releases	0.6	0.6	H	Mar-22
Digital Programme rephasing / LIMS	0.7	0.7	H	TBC
	<b>1.3</b>	<b>1.3</b>		
<b>No Longer Viable</b>				
Additional Capital/DEL financing (LIMS)	0.9	0.0	H	N/A
	<b>0.9</b>	<b>0.0</b>		
<b>TOTAL</b>	<b>5.0</b>	<b>6.0</b>		

- 7.6 To date £4.1m of recovery actions have been implemented. An element of this figure is related to benefits expected in Q4 (January to March).
- 7.7 Amendment is made to the Recovery Plan actions in relation to LIMS where the adjusted expenditure profile arising from slippage to delivery timescales is under review. At this stage it is anticipated that the overall expenditure will remain in line with previous forecast but that an element of this expenditure (up to £1.0m) is likely to be incurred in 2023/24, reducing the impact on current year. This reduction in current year spend is set against a corresponding reduction in the recovery plan, where additional financing options have been fully explored and are no longer considered viable.
- 7.8 Although the recovery plan does identify an increase to available options (to £6.0m) this is not expected to improve the outturn position beyond the £12.2m forecast due to the ongoing uncertainty in relation to future expenditure (including risks highlighted) and the risk attached to delivery of the actions not yet enacted within the plan.
- 7.9 The position reported to Scottish Government at end December is that the Board remains on track to deliver a forecast outturn of £12.2m however the increased risk to this position is highlighted in the return.

## 8 Key Risks

- 8.1 Financial sustainability remains a *very high* risk on the board's strategic risk register (Risk 3588). This position will only be addressed once the board have identified and implemented actions to deliver cash-releasing savings at a scale and over a timeline acceptable to Scottish Government. The actions required will be described as part of the board's medium term financial plan and associated financial recovery plan. A first draft of this plan will be presented to the committee in January 2023.
- 8.2 Specific issues likely to impact on the delivery of the financial performance required by Scottish government are reported within the body of the report.

### Author(s)

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# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>2 February 2023</b>
<b>Title:</b>	<b>Quality and Clinical Governance Report – October 2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Jones, Director of Quality and Improvement</b>
<b>Report Authors:</b>	<b>Susan Cowe, Quality Improvement Facilitator - Person Centred Care, Justin Wilson, Quality Improvement Facilitator - Clinical Effectiveness</b>

## 1 Purpose

This is presented to the Board for:

- Awareness

**This report relates to:**

- Clinical governance

**This report relates to a:**

- Government policy/directive
- Legal requirement
- Local policy

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

2.1.1 This exception report covers key aspects of clinical effectiveness, patient safety and person centred care in the context of the current recovery from the COVID 19 pandemic within NHS Borders, including:

1. Clinical effectiveness
2. Quality improvement
3. Patient safety
4. Patient experience
5. COVID Inquiry

2.1.2 The Board is asked to:

- note the report and detailed oversight on each area delivered through the Board Clinical Governance Committee

## 2.2 Background

2.2.1 NHS Borders, along with other Boards in Scotland, are currently facing more extreme pressures on services than have been experienced in most people's working careers. Demand for services is intense and is exacerbated by significant staffing challenges, across the health and social care system.

## 2.3 Assessment

### 2.3.1 CLINICAL EFFECTIVENESS

2.3.2 The Board Clinical Governance Committee (CGC) met on the 16 January 2023 and discussed papers from all four clinical boards. Each clinical board continued to raise risks which are placing pressure on the delivery of local services.

2.3.3 Some reductions in delayed discharges were observed over Christmas and new year weeks but these remain at high levels. Delays coupled with increased demand resulting from winter viruses placed significant strain on services towards the end of December 2022 and early January 2023 resulting in long waits within the Emergency Department. Elective surgeries, with the exception of urgent cancer cases were stepped down during this period of exceptional unscheduled demand.

2.3.4 Infection Prevention and Control have continued to advise on infection management across the acute, community and care home sites with several ward areas closing due to infection.

2.3.5 A sharp rise was also observed in staff sickness absence resulting from winter viruses causing extreme staffing challenges across all parts of the system and in particular within the acute hospital site due to the large number of additional beds open to meet unscheduled demand. Services across the wider system stood down to deploy staff to frontline clinical roles to provide some mitigation to the risks presented by these significant pressures. Staff across all services were also asked to consider additional shifts and roles to support frontline services. The response from staff was again outstanding during this period with many going above and beyond to keep patients safe.

2.3.6 Teams across Primary and Community services and Mental Health and Learning Disability services experienced similar pressures over this period resulting from heightened absence and worked to prioritise caseloads to ensure the safe delivery of

care and treatment whilst also providing in reach support to acute services where possible.

- 2.3.7 The CGC received an annual report on Allied Health Professions (AHPs). Several new services have developed led by AHPs but services continue to experience waiting times pressures as mirrored across the wider system. Pockets of workforce pressure were highlighted and work is underway to plan for the future. Early work suggests that the AHP workforce has not grown in the same way as some other areas in Scotland. The CGC were keen to understand this work in more detail as it is progressed given the critical role AHPs play in the delivery of many NHS Borders services.
- 2.3.8 The Committee also received reports from the Primary and Community Services team in relation to pressures in General Practice (GP). Recruitment and retention is a critical issue for this staff group across the country with several local practices handling back contracts due to retirement, which will be challenging for local service provision. Other pressure areas were discussed in relation to information technology in general practice and premises which will need to be upgraded in the years ahead. There is a working group now established to review data from practices, which will allow NHS Borders to look closely at solutions, and ways to attract GP's to the Scottish Borders.
- 2.3.9 Due to unprecedented pressures of services and concerns relating to staffing levels and recruitment and retention, the CGC felt they remain only partially assured in relation to the position in Acute Services and Primary and Community Services. The CGC felt assured that management actions were in place to mitigate risks and that work was underway to focus on the long term development and sustainability of services. However, the CGC were not assured on the outcomes for staff and patients recognising the significant pressures on staff and services and the resulting negative impact on patient and staff experience. A position of partial assurance was agreed.
- 2.3.10 The CGC considered the 2021/22 Duty of Candour (DoC) report. For the period 1 April 2021 to 31 March 2022 there were 31 adverse events which activated the organisational DoC. These are unintended or unexpected events that resulted in death or one of the harms as defined in the Act, and do not relate directly to the natural course of someone's illness or underlying condition.
- 2.3.11 The annual mortality review report was presented to the CGC. The CGC noted the significant work that goes in the review of mortality led by the Associate Medical Director for Clinical Governance and Quality. This is not a requirement on Boards but is a local priority as part of the proactive patient safety programme with the aim of identifying good practice and learning from harm which informs continual improvement of clinical care delivery. Any spikes in deaths are reviewed as part of the methodology and in 2021/22 all COVID 19 deaths continued to be reviewed. The report highlighted the trends in deaths in the Scottish Borders noting that the overall death rate has remained fairly stable over the last five years with expected shifts during the early spikes of COVID 19. A trend that has been observed in the last year is an upward shift in the number of deaths in a hospital setting and a reducing shift in those dying in the wider community. This correlates with the increasing length of stay profile and delays being observed in acute and community hospitals. This trend concerned the CGC in relation to end of life experience of patients. These findings are being used to inform local transformation workstreams and the values based medicine programme. The CGC were assured by the work to review mortality and use the learning to target local initiatives.

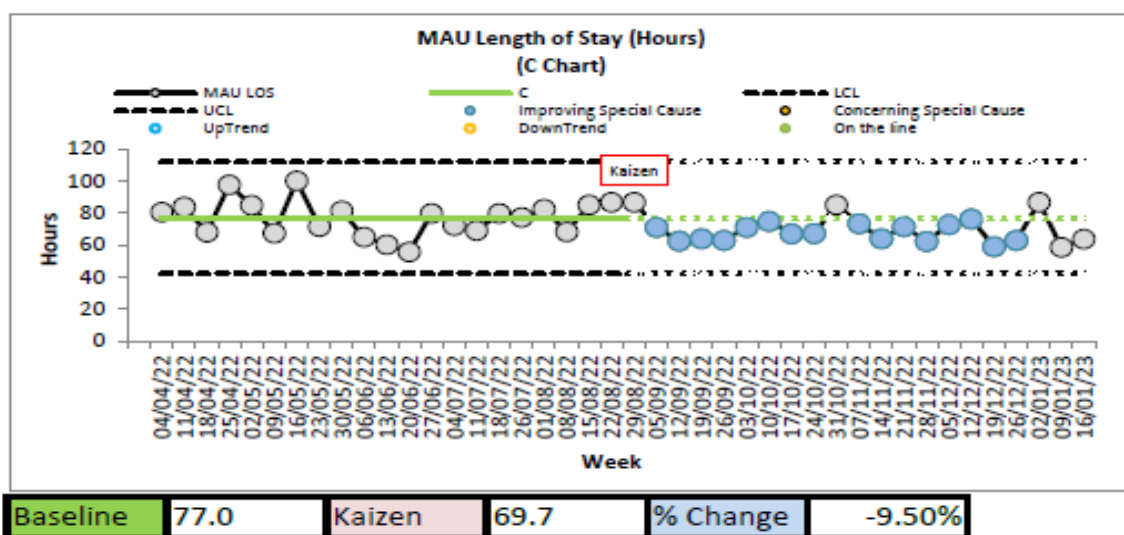
2.3.12 The CGC received the Suicide Annual Report which confirmed that face to face training has re-started following the pandemic restrictions. Colleagues are working closely with Border Care Voice to provide suicide prevention training alongside the Domestic Abuse Advocacy service, they are also working closely with Scottish Rugby and LIVE Borders to raise awareness. Following publication of National Suicide Prevention Action Plan and Strategy a local action plan is being developed. The Committee were assured on this item.

2.3.13 The Committee received the Drug Related Death Report which detailed a wide range of work underway to target drug related deaths. An improvement in response times for those who have overdosed has been noted and the availability of Naloxone has also increased. The Borders Addiction Service continue to make positive progress in medication assisted treatment standards, with NHS Borders being the only Board in Scotland to achieve the implementation of the first five. The Committee were assured on this item.

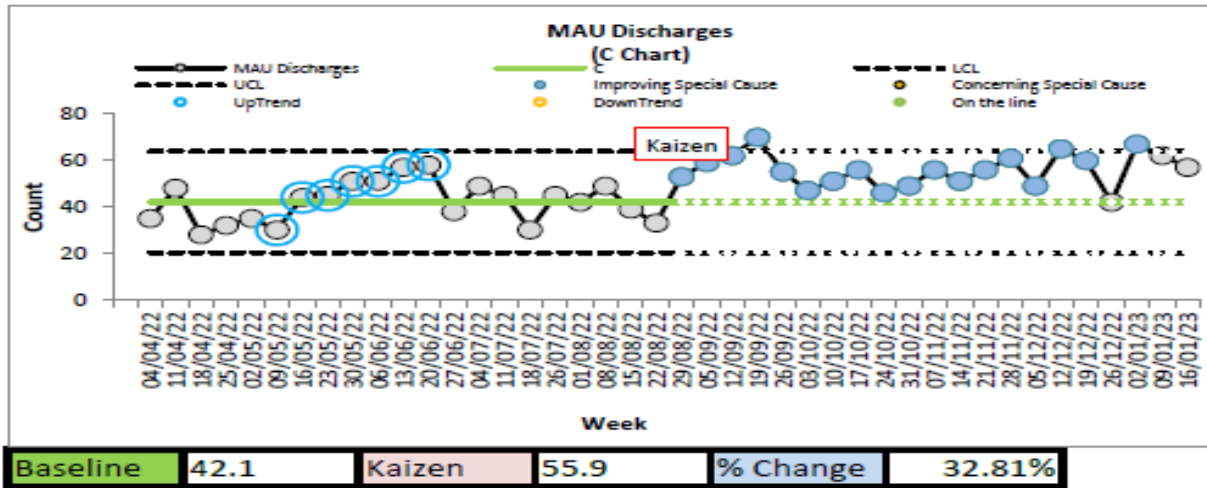
**2.3.14 QUALITY IMPROVEMENT**

2.3.15 Acute Services continue to take an active approach to quality improvement. Following the Medical Assessment Unit (MAU) Kaizen, improvements have been sustained across a range of measures detailed in graphs 1-6. The health and social care system experienced significant pressures over Christmas and new year weeks relating to rising cases of COVID 19, flu and norovirus having an impact on the sustained improvement for some measures which have since seen some recovery to levels being sustained prior to this period of pressure. No improvement in transfers to downstream wards was achieved during the kaizen detailed in graph 7:

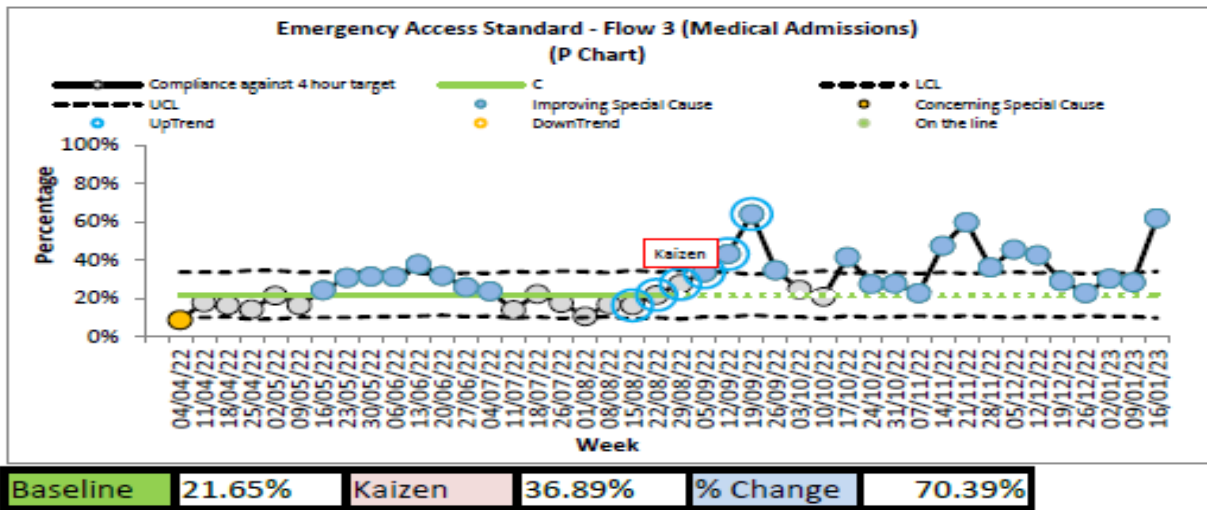
Graph 1:



Graph 2:

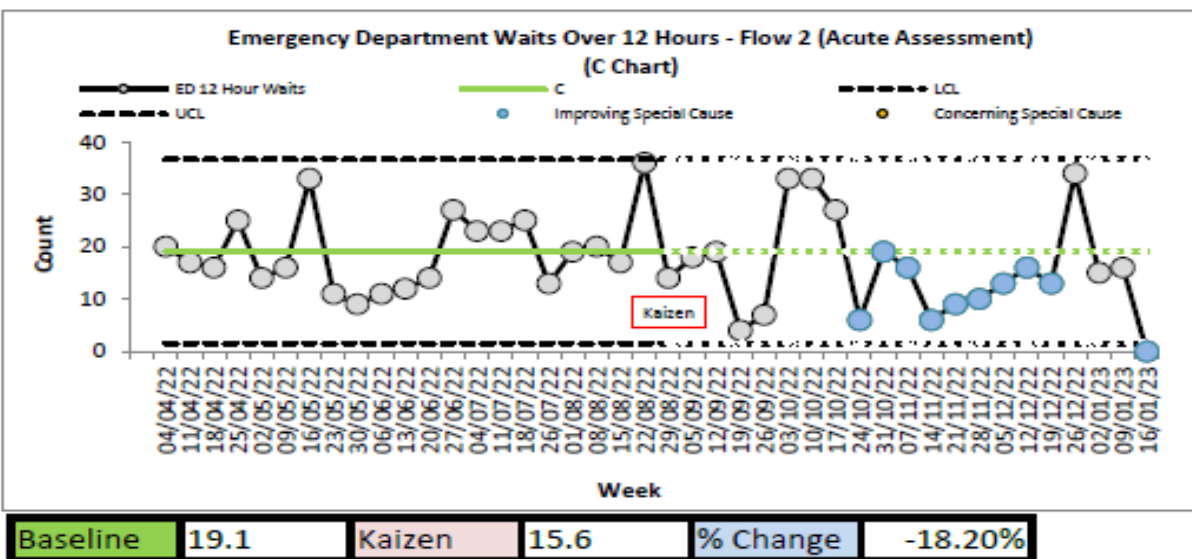


Graph 3:



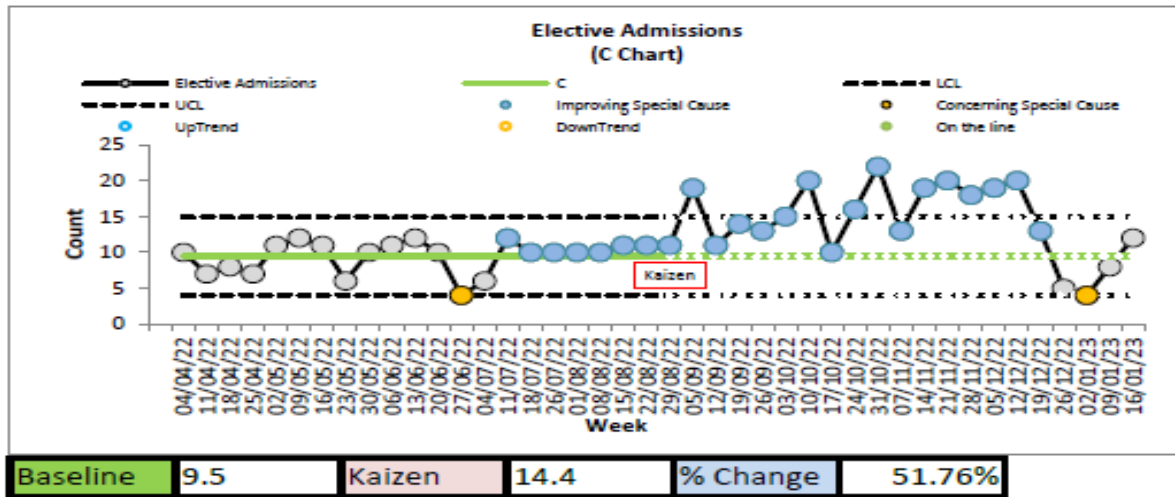
\* Data subject to change as coded episodes are validated

Graph 4:

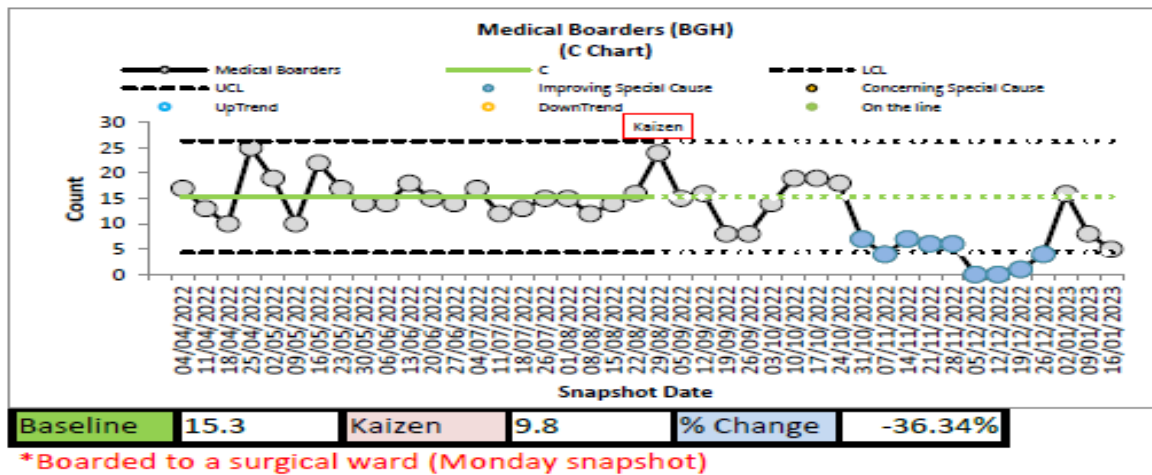




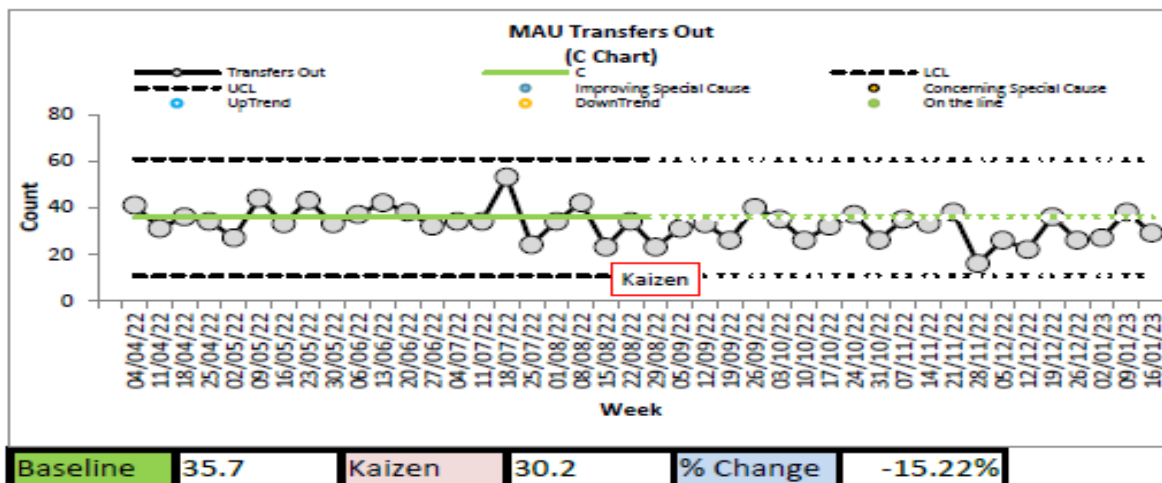
Graph 5:



Graph 6:



Graph 7:

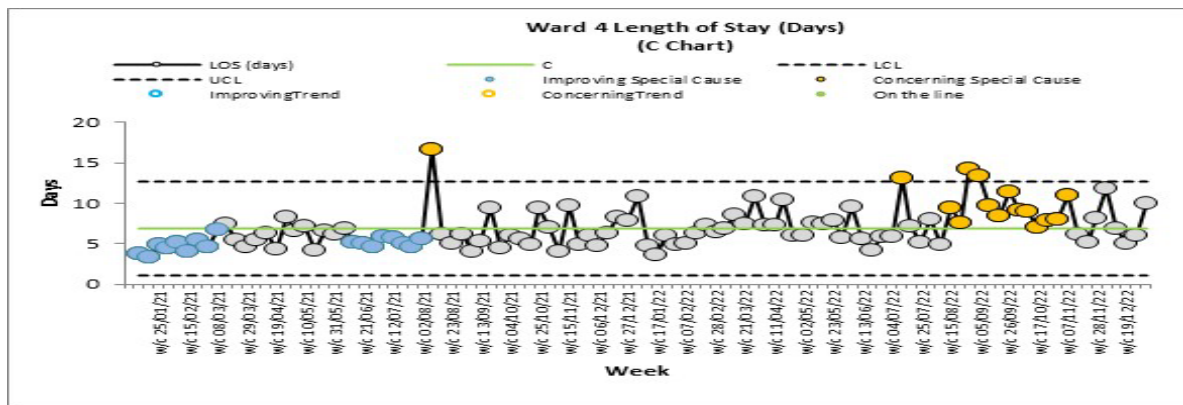


2.3.16 The Kaizen approach was then taken to Ward 4 supported by the Quality Improvement Facilitator for Urgent and Unscheduled Care. This was applied for 5 weeks from 7 November 2022, with an aim to improve the flow of patients throughout their medical admission. Several improvements were made to multidisciplinary ward processes with some improvements in flow detected against what had been an upward shift in length of stay before the Kaizen began. A day of care audit (DOCA+)



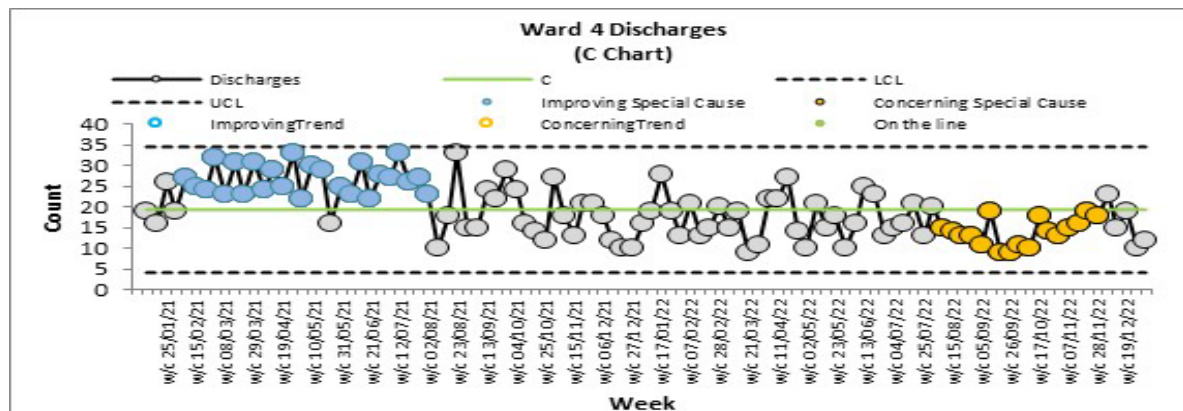
was completed during 5 weeks of the Ward 4 Kaizen which showed a positive trend line, including a shift from 50% to 65% of patients care needs being met.

Graph 8 details the ward 4 length of stay:

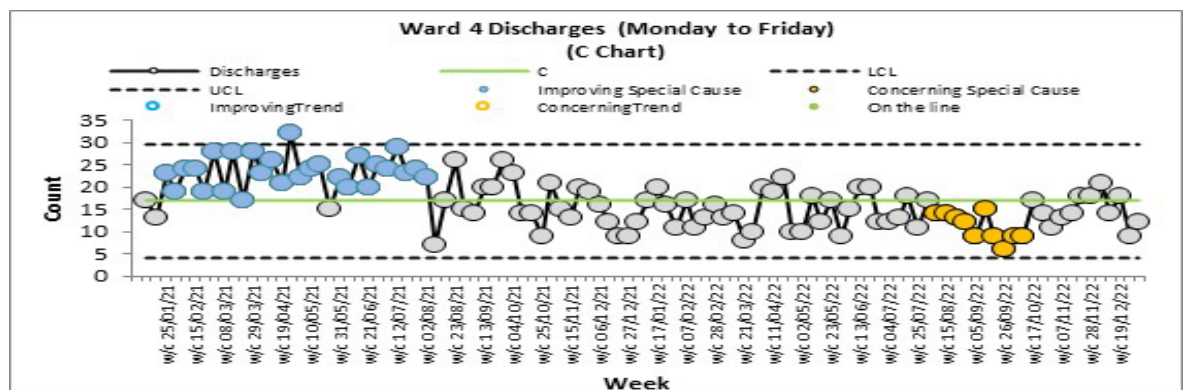


2.3.17 Patients who are currently transferred to Ward 4 are showing increased complexity, with social care packages proving complicated to restart. Delays for patients who are transferring to 'downstream' wards, community hospitals and discharged home with home first involvement were identified as significant constraints during the period of the Kaizen. Graph 9 shows Ward 4's number of discharges per week. Graphs 10 and 11 show the differences between week day and weekend discharges. There is a drop in medical weekend discharges which likely to be multi-factorial; including loss of wider multi-disciplinary team approach.

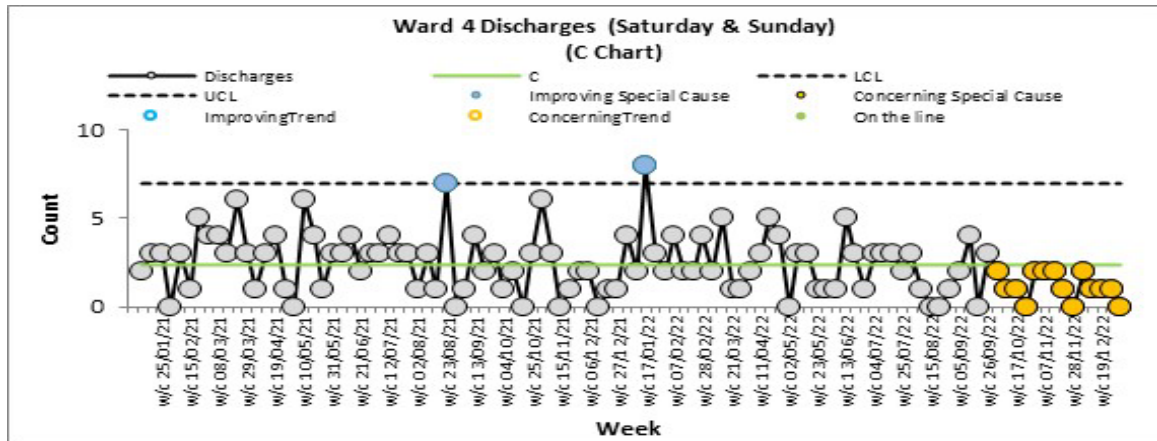
Graph 9 displays Ward 4 discharges per week:



Graph 10 displays Ward 4 discharges Monday to Friday:



Graph 11 displays Ward 4 discharged over the weekend:



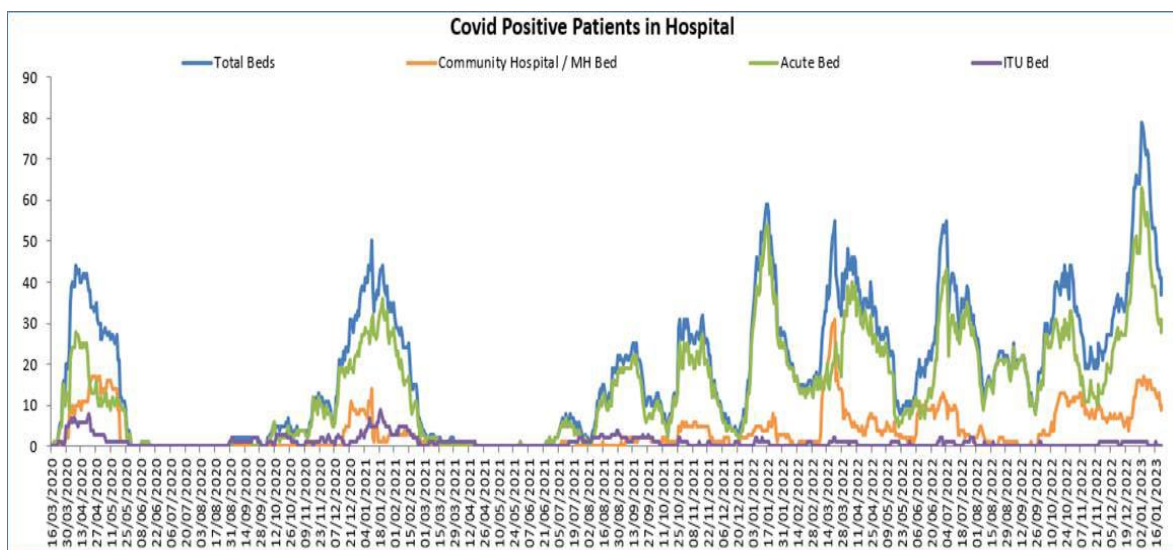
2.3.18 In this Kaizen, Ward 4 was the destination for many patients who were admitted via the MAU, this was to ensure constant bed availability in MAU, and to prevent long waits in Emergency Department (ED). Further analysis would also be beneficial in the review of the patient pathway selection for ward 4, as many of the patients admitted are frail and may have been more appropriately aligned to be admitted to DME.

2.3.19 Discussion is now underway about the potential to run a Kaizen approach to review discharge planning and its coordination across different professional groups. This will be critical to ease the ongoing pressures.

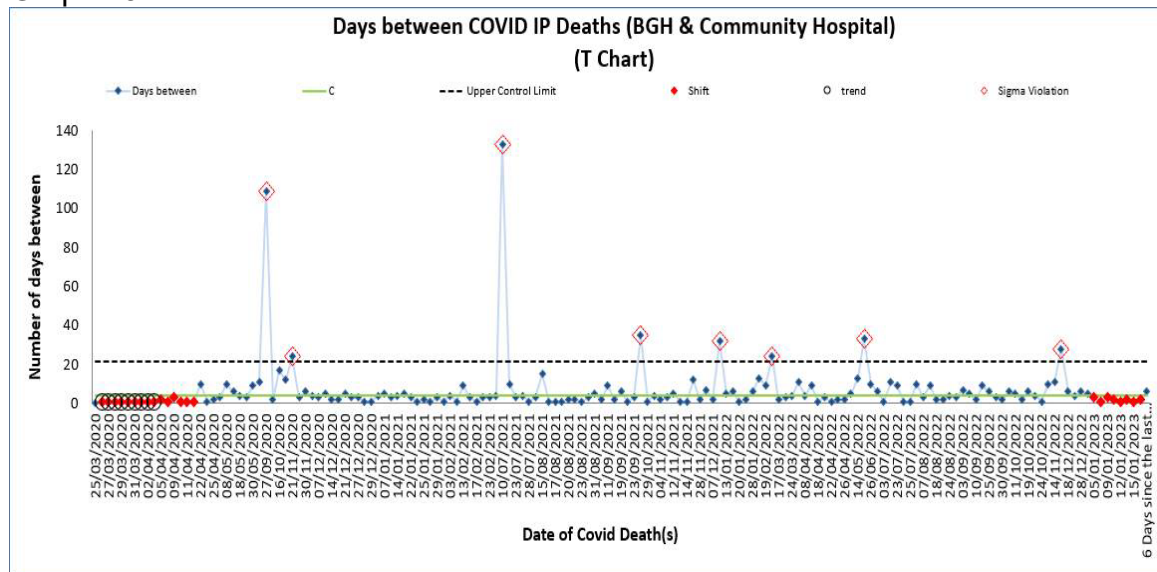
### 2.3.20 PATIENT SAFETY

2.3.21 Towards the end of December 2022 and beginning of January 2023 NHS Borders observed the highest levels of COVID 19 patients in hospital since the start of the pandemic. Graph 12 details the number of COVID 19 patients in hospital and graph 13 details the days between COVID 19 deaths indicating a shift in the days between deaths akin to the pattern observed in wave 1 of the COVID 19 pandemic.

Graph 12:



Graph 13:

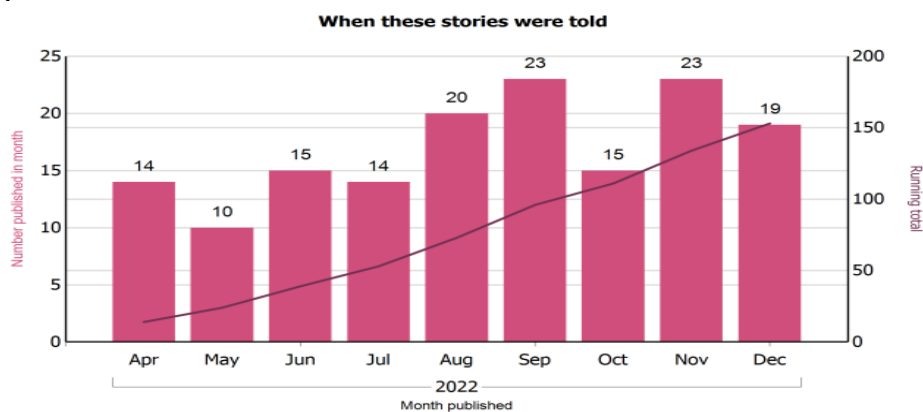


2.3.22 PATIENT EXPERIENCE

2.3.23 Care Opinion

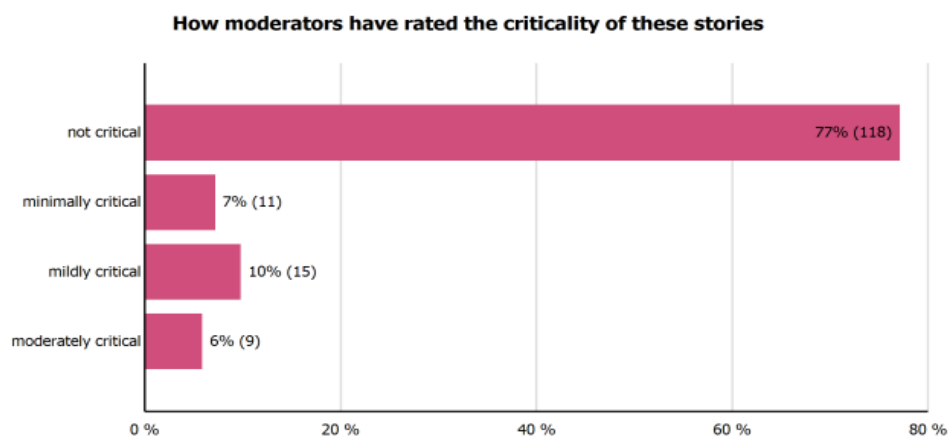
For the period 1 April 2022 to 31 December 2022, 153 new stories were posted about NHS Borders on Care Opinion. The graph below shows the number of stories told in that period. As at 10 January 2021 these 153 stories were viewed 20,467 times:

Graph 14:



2.3.24 Graph 15 provides a description of the criticality of the 153 stories:

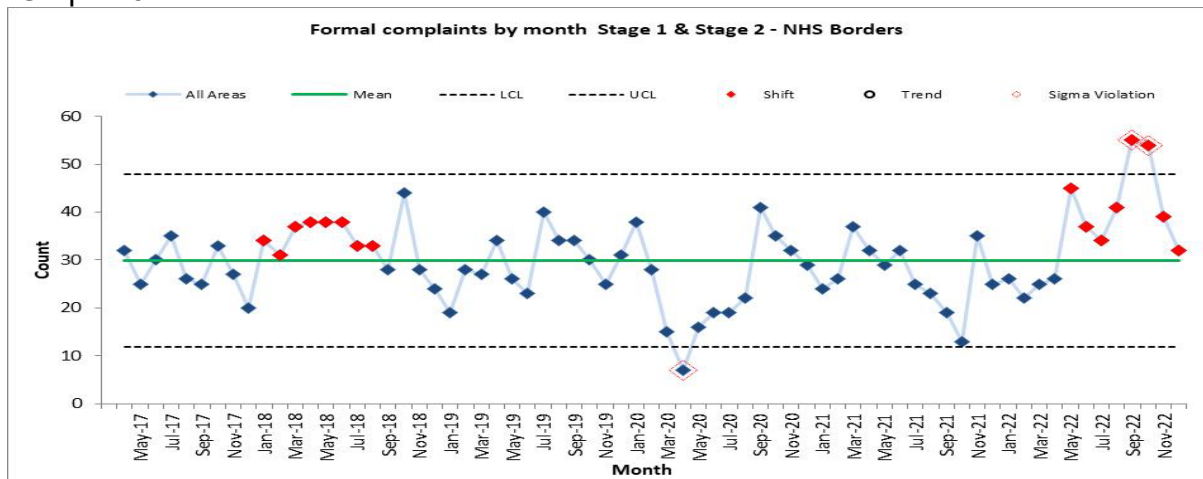
Graph 15:



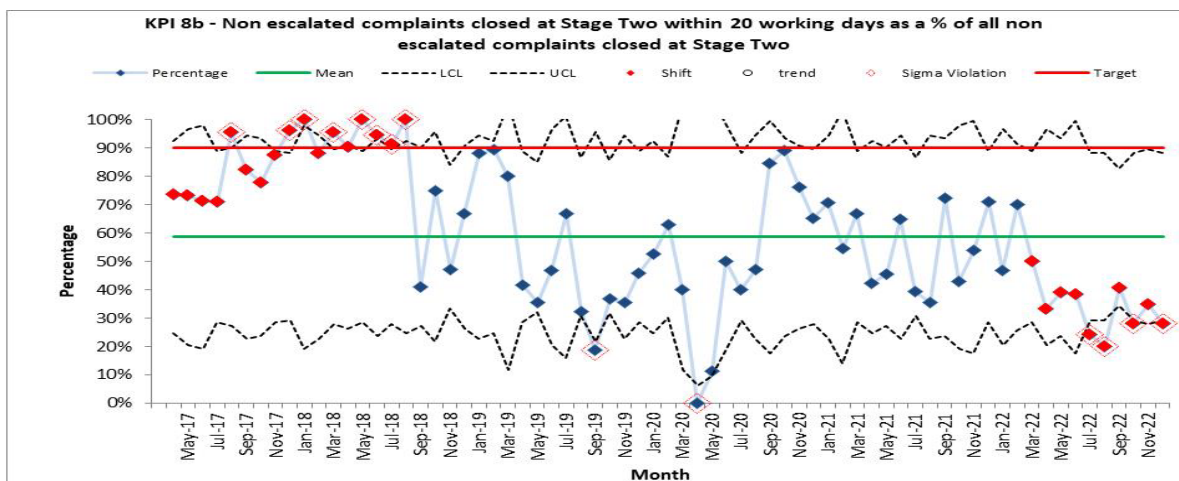




Graph 16:

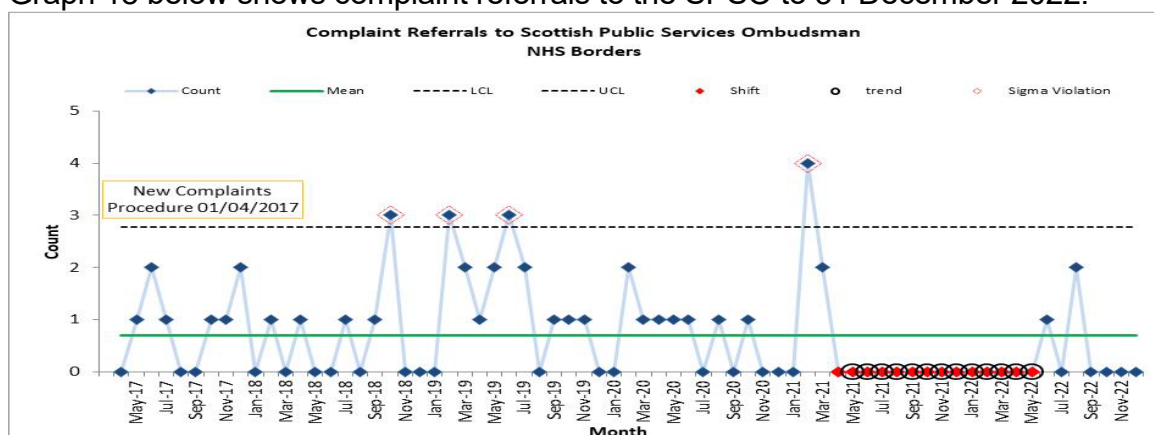


2.3.27 Graph 17 below shows the percentage of complaints responded to within 20 working days reflecting a downward shift in performance against the target resulting from the significant increase in demand:



2.3.28 The Scottish Public Services Ombudsman (SPSO) are the final stage for complaints about most devolved public services in Scotland including the health service, councils, prisons, water and sewage providers, Scottish Government, universities and colleges. The additional scrutiny provided by the involvement of the SPSO is welcomed by NHS Borders as this gives a further opportunity to improve both patient care and our complaint handling.

2.3.29 Graph 18 below shows complaint referrals to the SPSO to 31 December 2022:



### **2.3.30 COVID INQUIRY**

2.3.31 Both the UK and Scottish COVID Inquiries are continuing. The Scottish COVID-19 Inquiry is investigating the COVID-19 pandemic in Scotland. The Inquiry will examine what was done to face the challenge of the pandemic and report on what worked well, areas where things could have been done better, and make recommendations. The Central Legal Office (CLO) has set up a team to deal with preparations for the Inquiry and to provide advice to all of the territorial and special Boards in Scotland. CLO continue to provide training sessions and hold monthly meetings with all Health Boards which NHS Borders are part of. All organisations, including Health Boards have been asked by the Scottish inquiry to take steps to ensure they are prepared to fulfil their obligations when they receive calls for evidence. Therefore, on 21 December 2022 Record Retention Guidance was issued to all line managers within NHS Borders.

### **2.3.32 Quality / Patient Care**

Following the impact of the COVID 19 pandemic, services continue to recover and respond to significant demand with heightened workforce pressure across health and social care. This has required adjustment to core services and non-urgent and routine care. This prioritisation has necessitated the step down of services resulting in increased patient waits and a backlog of demand. The ongoing unscheduled demand and delays in flow across the system remain an area of concern with concerted efforts underway to reduce risk in this area.

### **2.3.33 Workforce**

Service and activities are being provided within agreed resources and staffing parameters, with additional resources being deployed to support the recovery from the pandemic response and resulting pressures across health and social care. Staff have been required to support the ongoing extreme service demand many moving to support services out with their own team or clinical board. There has been an outstanding response from staff in this respect but many staff are exhausted and wellbeing remains an area of constant focus and concern whilst we continue to operate at this level of response.

### **2.3.34 Financial**

Service and activities are being provided within agreed resources and staffing parameters, with additional resources being deployed to support the recovery from the pandemic response and resulting pressures across health and social care. As outlined in the report the requirement to step down services to prioritise urgent and emergency care has introduced waiting times within a range of services which will require a prolonged recovery plan.

### **2.3.35 Risk Assessment/Management**

Each clinical board is monitoring clinical risk associated with the need to adjust and remobilise services following the pandemic response. There are heightened risk levels resulting from the backlog of demand and capacity constraints across the health and social care system.

### **2.3.36 Equality and Diversity, including health inequalities**

An equality impact assessment has not been undertaken for the purposes of this awareness report. A wide range of patient groups will be affected by the delays in service provision outlined in the paper which will require individual consideration within each service during this period and remobilisation.

### **2.3.37 Climate Change**

No additional points to note.

### **2.3.38 Other impacts**

No additional points to note.

### **2.3.39 Communication, involvement, engagement and consultation**

This paper is for awareness and assurance purposes and has not followed any consultation or engagement process.

### **2.3.40 Route to the Meeting**

The content of this paper is reported to Clinical Board Clinical Governance Groups and Board CGC.

## **2.4 Recommendation**

The Board is asked to:

- note the report

### **Glossary**

Clinical Governance Committee - CGC

Allied Health Professionals - AHPs

General Practice - GP

Duty of Candour - DoC

Medical Assessment Unit - MAU

Emergency Department - ED

Patient Experience Team - PET

Scottish Public Services Ombudsman - SPSO

Central Legal Office - CLO

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>2 February 2023</b>
<b>Title:</b>	<b>Infection Prevention and Control Report – December 2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Sarah Horan, Executive Director of Nursing, Midwifery and Allied Health Professionals</b>
<b>Report Author:</b>	<b>Natalie Mallin, HAI Surveillance Lead Sam Whiting, Infection Control Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe

## 2 Report summary

### 2.1 Situation

This report provides an overview for Borders NHS Board of infection prevention and control with particular reference to the incidence of Healthcare Associated Infections (HAI) against Scottish Government.

### 2.2 Background

The format of this report is in accordance with Scottish Government requirements for reporting HAI to NHS Boards.



## 2.3 Assessment

### Healthcare Associated Infection Reporting Template (HAIRT)

#### Section 1– Board Wide Issues

##### 1.0 Key Healthcare Associated Infection Headlines

- 1.1 NHS Borders had a total of 22 *Staphylococcus aureus* Bacteraemia (SAB) cases between April 2022 and November 2022, 16 of which were healthcare associated infections.
- 1.1a The Scottish Government has set a target for each Board to achieve a 10% reduction in the healthcare associated SAB rate per 100,000 total occupied bed days (TOBDs) by the end of 2022/23 (using 2018/19 as the baseline). Based on TOBDs for the period April 2021 – March 2022, our new target rate equates to no more than 19 healthcare associated SAB cases per financial year.
- 1.2 NHS Borders had a total of 14 *C. difficile* Infection (CDI) cases between April and November 2022; 11 of these cases were healthcare associated infections.
- 1.2a The Scottish Government has set a target for each Board to achieve a 10% reduction in the healthcare associated CDI rate per 100,000 total occupied bed days (TOBDs) by 2022/23 (using 2018/19 as the baseline). Based on TOBDs for the period April 2021 – March 2022, our new target rate equates to no more than 11 healthcare associated CDI cases per financial year.
- 1.3 NHS Borders had a total of 60 *E. coli* Bacteraemia (ECB) cases between April and November 2022, 28 of which were healthcare associated.
- 1.3a The Scottish Government set a target for each Board to achieve a 25% reduction in the healthcare associated ECB rate per 100,000 total occupied bed days (TOBDs) by the end of 2022/23 (using 2018/19 as the baseline) and with a total reduction of 50% by the end of 2024/25. Based on TOBDs for the period April 2021 – March 2022, our new target rate equates to no more than 30 healthcare associated ECB cases this financial year.

##### 2.0 *Staphylococcus aureus* Bacteraemia (SAB)

See Appendix A for definition.

- 2.1 Between April and November 2022, there have been 21 cases of Meticillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia and 1 case of Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia.
- 2.2 Figure 1 shows a Statistical Process Control (SPC) chart showing the number of days between each SAB case. The reason for displaying the data in this type of chart is due to SAB cases being rare events with low numbers each month.
- 2.3 Traditional charts which show the number of cases per month can make it more difficult to spot either improvement or deterioration. These charts highlight any statistically significant events which are not part of the natural variation within our

health system. The graph shows that there have been no statistically significant events since the last Board update.

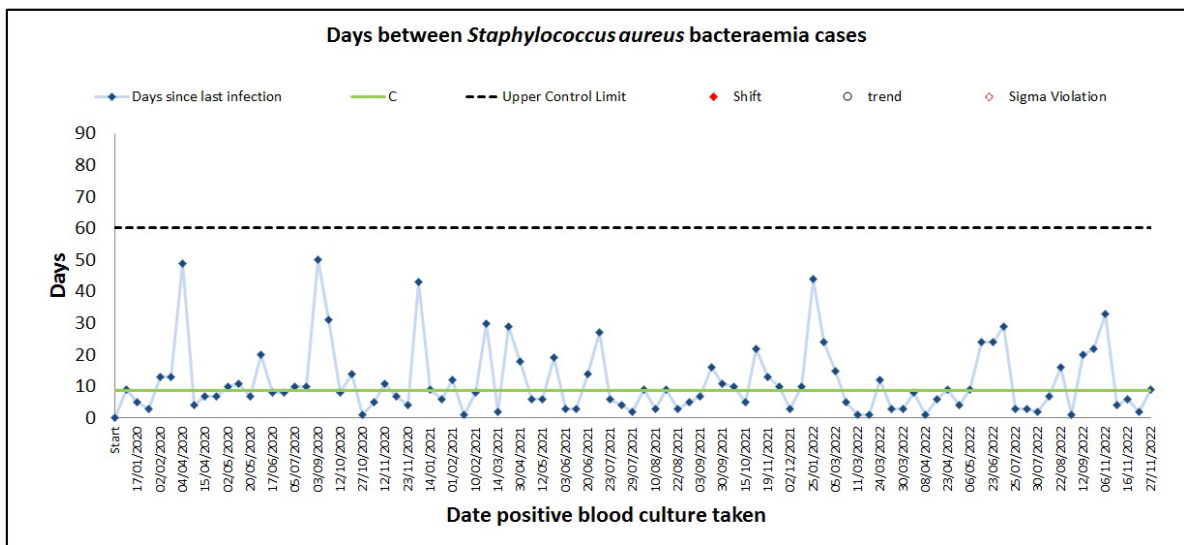


Figure 1: NHS Borders 'days between' SAB cases (January 2019– November 2022)

2.4 In interpreting Figure 1, it is important to remember that as this graph plots the number of days between infections, we are trying to achieve performance above the green average line.

### 3.0 Clostridioides difficile infections (CDI)

See Appendix A for definition.

3.1 Figure 2 below shows a Statistical Process Control (SPC) chart showing the number of days between each CDI case. As with SAB cases, the reason for displaying the data in this type of chart is due to CDI cases being rare events with low numbers each month. The graph shows that there have been no statistically significant events since the last Board update.

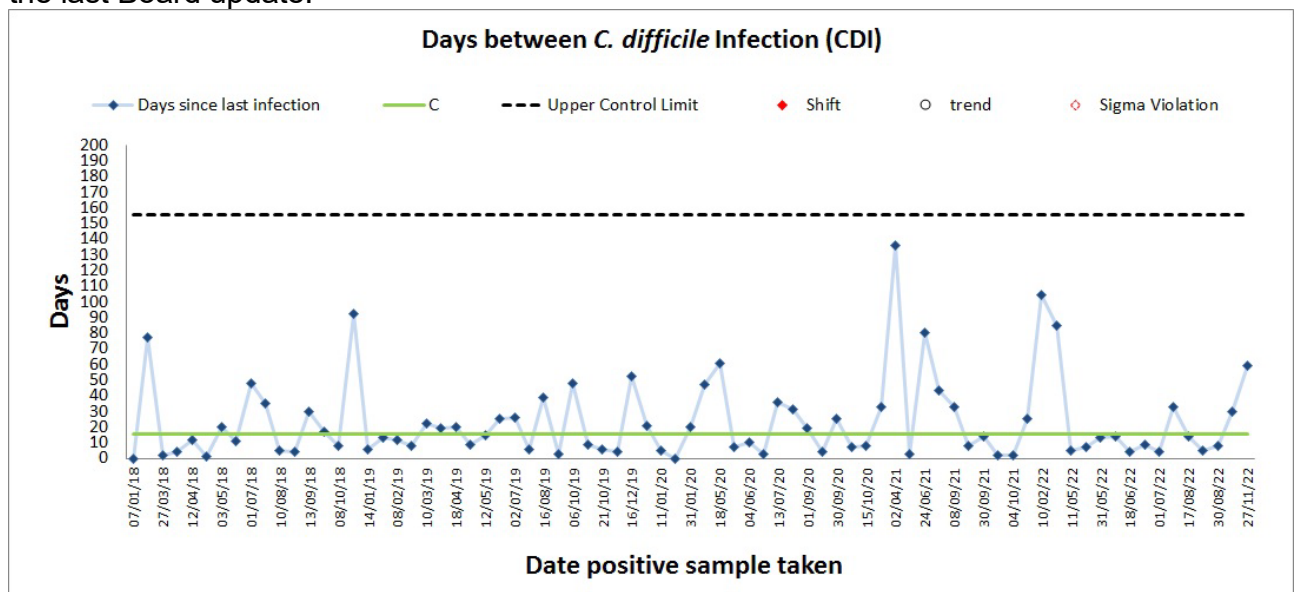


Figure 2: NHS Borders days between CDI cases (January 2018 – November 2022)

#### **4.0 Escherichia coli (E. coli) Bacteraemia (ECB)**

4.1 The primary cause of preventable healthcare associated ECB cases is Catheter Associated Urinary Tract Infection (CAUTI) as shown in Figure 3 below. An update on quality improvement work relating to CAUTI is provided under *item 12* of this paper.

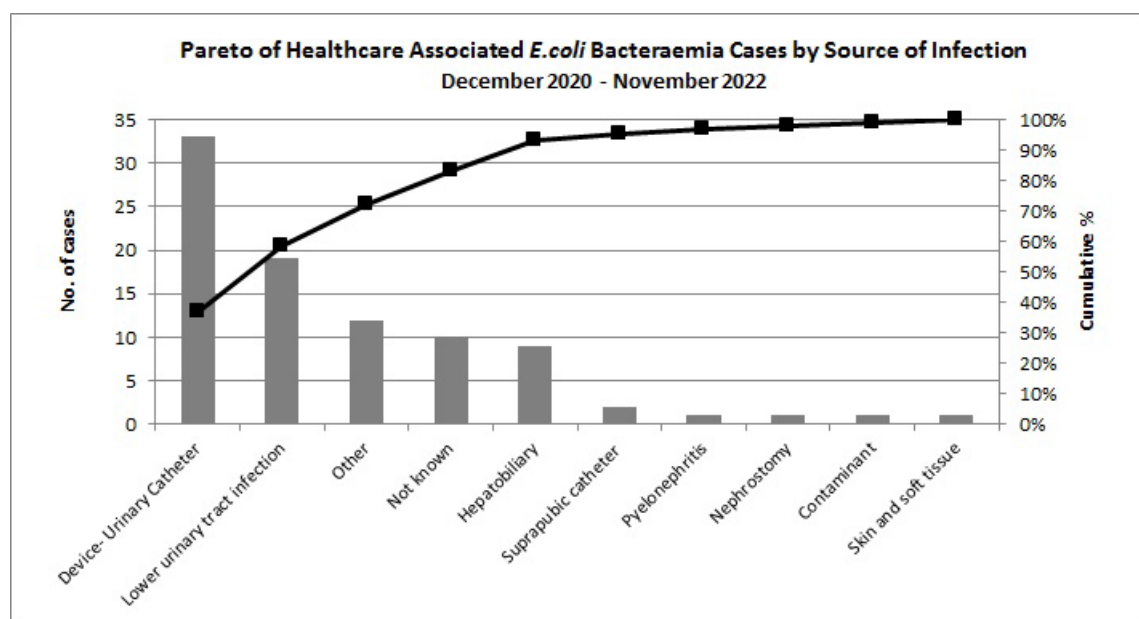


Figure 3: Pareto chart of healthcare associated ECB cases by source of infection

#### **5.0 NHS Borders Surgical Site Infection (SSI) Surveillance**

5.1 The Scottish Government updated the requirements for HAI surveillance on the 25<sup>th</sup> of March 2020. In light of the prioritisation of COVID-19 surveillance, all mandatory and voluntary surgical site infection surveillance was paused from this date.

#### **6.0 Hand Hygiene**

6.1 Hand hygiene compliance monitoring is now gathered during infection control spot checks and audits as well as external audits such as those conducted by our hand gel supplier, GoJo.

6.2 The most recent hand hygiene audit was conducted in October 2022 and is detailed in the table below.

	October 2022
Nursing	74%
Medical	74%
AHP	69%
Ancillary / Other	63%
<b>All Staff Groups</b>	<b>71%</b>

Figure 4: October 2022 - hand hygiene compliance by staff group

6.3 As Figure 4 shows, compliance was poor across all staff groups. However, the worst performing staff group was Ancillary/ Other. The dominant staff group within this category is General Services.

- 6.4 Infection Control approached General Service Management to explore options to promote good practice. General Service supervisors hold "2 minute talks" with staff at the start of each shift and these were used to focus on hand hygiene. Taking account of their role these talks were targeted on hand hygiene moment 5 "after contact with patient surroundings" and the importance of performing hand hygiene before putting on PPE and after talking it off.
- 6.5 The Infection Prevention and Control Team have also provided focused improvement support to the worst performing areas. Follow-up audits have been completed in those areas which achieved improved performance.
- 6.6 Plans are in place for January 2023 to re-audit compliance in the same 10 areas audited in October 2022. An additional separate audit with a specific focus on over use of gloves is also planned for January 2023 to provide baseline data for assessing the impact of planned improvement activity.

## **7.0 Infection Prevention and Control Compliance Monitoring Programme**

- 7.1 From October to December 2022, management of COVID-19 incidents continued to be prioritised. Spot checks were undertaken in a total of 11 clinical areas across NHS Borders with an average compliance of 89%.

## **8.0 Cleaning and the Healthcare Environment**

For supplementary information see Appendix A.

- 8.1 Health Facilities Scotland (HFS) publishes quarterly reports on cleanliness standards and estates fabric across NHS Scotland. The most recently published report covers the period July – September 2022. Figure 5 below shows NHS Borders cleaning compliance against the NHS Scotland average by quarter.
- 8.2 In the context of the report, 'Estates' reporting refers to issues with the fabric of the building which impede effective cleaning activity. In the period July to September 2022, Borders General Hospital achieved an estates score of 97%.
- 8.3 The Infection Control Manager and Head of Facilities recently met to review the detail behind the high level scores in relation to a couple of ward areas with known environmental issues. The review confirmed that the correct process is being followed and known issues are being correctly captured as part of this monitoring process.
- 8.4 It was reassuring that this review found NHS Borders reporting processes to be in accordance with national guidance and methodology. However, it also highlights the importance of the separate local processes being progressed jointly by the Estates Department and clinical services to identify and assess environmental issues and plan rectification.

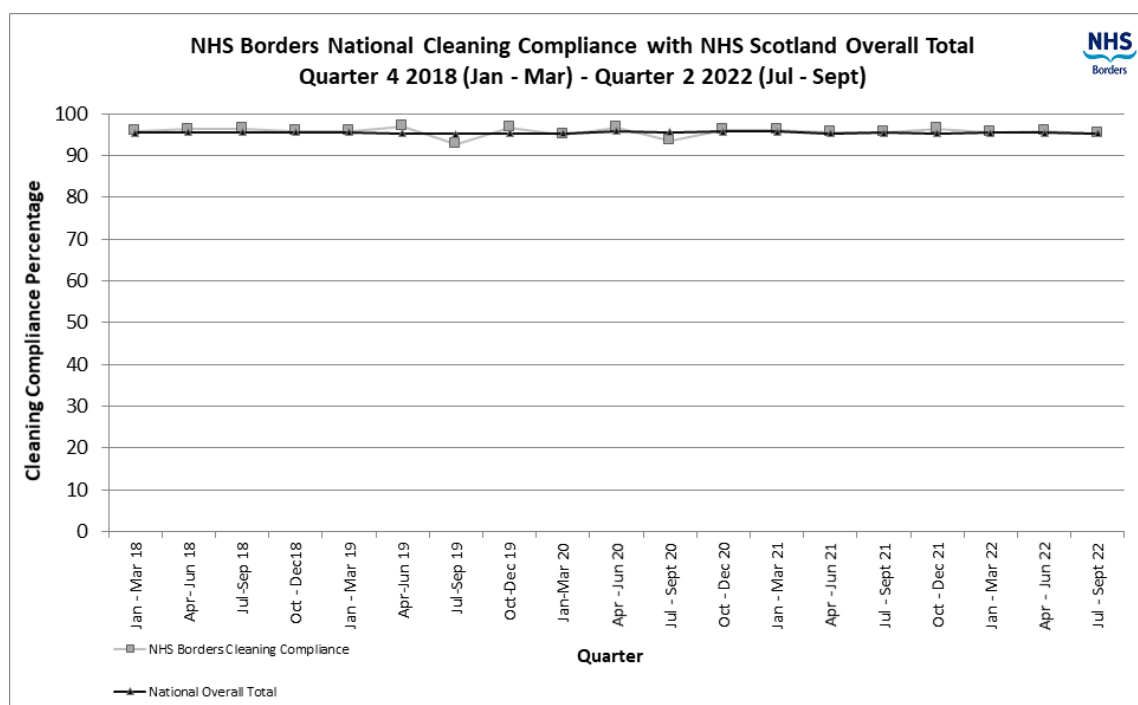


Figure 5: NHS Borders cleaning compliance against the NHS Scotland average by quarter

## 9.0 2022/23 Infection Control Work Plan

- 9.1 The Infection Prevention and Control Team provide both a reactive and proactive service. Responding to significant unexpected events or peaks of clinical activity such as outbreak management requires flexing resources away from proactive to reactive activities which subsequently has an impact on Work Plan progress.
- 9.2 At the time of writing this report (December 2022), there were no overdue actions in the 2022/23 Infection Control Work Plan. However, a number of actions will become overdue in January 2023 due to the current increase in activity focused on outbreak response and supporting patient flow. Progress and associated risks will be considered at the next meeting of the Infection Control Committee.

## 10.0 Outbreaks/ Incidents

### • COVID-19

- 10.1 Since the last Board meeting, there have been 10 COVID-19 clusters for which a Problem Assessment Group (PAG) and/or Incident Management Team (IMT) has been held. A summary for each closed cluster as at 30<sup>th</sup> November 2022 is detailed in Figure 6 below. Any learning from each incident is captured and acted upon in real time where appropriate.

Area affected	Total positive patients	Total positive staff	Total deaths
Ward 4	26	X	X
Hawick Community Hospital	X	X	0

Kelso Community Hospital	12	X	0
Ward 9	X	X	0
Ward 5	X	0	0
DME14	X	X	0
Ward 5	X	0	0
MAU	7	0	0
Ward 4	X	0	0
Haylodge Community Hospital	12	7	0

Figure 6: Summary of COVID-19 clusters

10.2 ARHAI Scotland produces data on COVID-19 cases by hospital onset status using national definitions (Appendix B). NHS Borders data for week ending 18<sup>th</sup> September 2022 to week ending 27<sup>th</sup> November 2022 is displayed in Figure 7 below.

#### Hospital Onset COVID-19 Cases by Hospital Onset Status Summary

For NHS Borders, the total number of hospital onset COVID-19 cases reported to ARHAI Scotland, with specimen dates from week-ending 18 Sep 2022 to week-ending 27 Nov 2022, was 110.

	% of total	n =
Non-Hospital onset	7.3%	8
Indeterminate Hospital onset	18.2%	20
Probable Hospital onset	17.3%	19
Definite Hospital onset	57.3%	63
Grand Total	100.0%	110

Figure 7: ARHAI Scotland: NHS Borders COVID-19 cases by hospital onset status

- **Influenza**

10.3 Since the last Board update there have been no Influenza related clusters (as at 30<sup>th</sup> November 2022).

- ***Streptococcus pneumoniae***

10.4 A Problem Assessment Group (PAG) was held on the 2<sup>nd</sup> of December 2022 to discuss transmission of *S. pneumoniae* between two patients who had shared a 6-bedded bay. This organism is a member of the Streptococcus family and is the bacterium responsible for causing pneumococcal infections. It is a normal part of the upper respiratory tract flora, however can become pathogenic and cause disease (Appendix C). As with COVID-19 incidents, learning is captured and acted upon in real time where appropriate.

## **11.0 Infection Prevention and Control Team Capacity**

11.1 A number of applications have been received for the position of trainee Infection Prevention and Control Nurse. Shortlisting will progress in January 2023.

11.2 The Infection Prevention and Control Team have concluded a service review which was presented to the Board Executive Team on the 20th September 2022. The proposed recurring funding will be considered alongside other service investment proposals in February 2023.

## **12.0 Quality Improvement Update**

12.1 The following quality improvement projects have been identified as a priority for progression. An update on each project is provided below:

Invasive device – urinary catheters	<p>The Prevention of CAUTI Group continues to meet every 6 weeks to drive the action plan forward.</p> <p>Representatives from acute, community hospitals, district nursing and care homes held a urinary catheter launch week at the end of 2022 and held sessions with staff groups from Community and Care Homes to promote safe catheter management.</p> <p>The group now plan to consider:</p> <ul style="list-style-type: none"> <li>• Improving communication amongst professionals and patients on transfer/discharge when a catheter is in-situ</li> <li>• Access/availability of bladder scanners &amp; how these are utilised</li> <li>• How to reach care agency staff and improve their understanding of safe catheter management</li> <li>• Provision of education amongst care home staff</li> <li>• Develop and test a standard process for management of urine samples within GP Practices</li> </ul>
Invasive device – PVC documentation	<p>A test of change is planned for PVC documentation using separate records for insertion (sticker) and maintenance (single sheet). Testing will commence initially with the maintenance sheet utilising ward safety briefs, subject boards, and handovers to promote the documentation and seek feedback for improvement.</p> <p>Discussions are under way with the education team to ensure a joint approach to improvement regarding cannulation and management of PVCs by updating the eLearning module as well as using the Newly Qualified Induction Programmes.</p> <p>A national PVC maintenance and insertion bundle was published at the end of 2022 which is currently being reviewed in line with the current test of change.</p>
Hand hygiene	Please refer to update under item 6.

Infection Control screening documentation	<p>MRSA admission screening compliance is monitored on a monthly basis by IPCT for each of the four main admitting wards. Screening is mandatory and our target is 100% compliance. Within recent months, variable compliance from these areas has been highlighted.</p> <p>A test of change continues to progress in MAU in relation to obtaining MRSA screening within 24 hours of admission where an auto generated daily report is sent to a core distribution highlighting patients who require screening. The daily report continues to benefit staff and increased distribution allows for this process to be less person dependent.</p> <p>Ward 9 have been approached to test this progress following the positive feedback from MAU.</p>
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## Healthcare Associated Infection Reporting Template (HAIRT)

### Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

#### Understanding the Report Cards – Infection Case Numbers

*Clostridium difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA).

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

#### Targets

There are national targets associated with reductions in *E.coli* bacteraemia, *C.diff* and SABs. More information on these can be found on the UKHSA website:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1081256/mandatory-healthcare-associated-infection-surveillance-data-quality-statement-FY2019-to-FY2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1081256/mandatory-healthcare-associated-infection-surveillance-data-quality-statement-FY2019-to-FY2020.pdf)

#### Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

#### Understanding the Report Cards – 'Out of Hospital Infections'

*Clostridium difficile* infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes. The final Report Card report in this section covers 'Out of Hospital Infections' and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.

## NHS BORDERS BOARD REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022
MRSA	0	0	0	0	0	0	0	0	0	0	1
MSSA	1	1	7	5	2	1	4	3	1	1	4
Total SABS	1	1	7	5	2	1	4	3	1	1	5

### *Clostridioides difficile* infection monthly case numbers

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022
Ages 15-64	0	0	0	0	0	0	0	1	0	0	0
Ages 65 plus	0	1	0	0	4	3	1	3	1	0	1
Ages 15 plus	0	1	0	0	4	3	1	4	1	0	1

### Cleaning Compliance (%)

	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022
Board Total	93.4	93.8	96.4	94.2	96.2	95.5	93.5	95.06	95.58	95.59	95.81

### Estates Monitoring Compliance (%)

	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022
Board Total	99.0	98.0	98.4	98.6	98.6	97.4	97.3	97.6	97.27	97.05	96.85

## BORDERS GENERAL HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	1
<b>MSSA</b>	0	1	2	1	0	1	1	0	0	0	2
<b>Total SABS</b>	0	1	2	1	0	1	1	0	0	0	3

### *Clostridioides difficile* infection monthly case numbers

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022
<b>Ages 15-64</b>	0	0	0	0	0	0	0	0	0	0	0
<b>Ages 65 plus</b>	0	1	0	0	2	2	0	1	1	0	0
<b>Ages 15 plus</b>	0	1	0	0	2	2	0	1	1	0	0

### Cleaning Compliance (%)

	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022
<b>Board Total</b>	96.0	95.8	96.4	96.0	95.6	95.5	95.6	95.1	95.58	95.59	95.81

### Estates Monitoring Compliance (%)

	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022	Dec 2022
<b>Board Total</b>	98.6	98.4	98.4	97.4	96.7	97.5	97.3	96.8	97.27	97.09	96.31

## NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- Haylodge Community Hospital
- Hawick Community Hospital
- Kelso Community Hospital
- Knoll Community Hospital

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022
MRSA	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0
Total SABS	0	0	0	0	0	0	0	0	0	0	0

### *Clostridioides difficile* infection monthly case numbers

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	0	0	0	0	0	0	0
Ages 15 plus	0	0	0	0	0	0	0	0	0	0	0

## NHS OUT OF HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022
MRSA	0	0	0	0	0	0	0	0	0	0	0
MSSA	1	0	5	4	2	0	3	3	1	1	2
Total SABS	1	0	5	4	2	0	3	3	1	1	2

### *Clostridioides difficile* infection monthly case numbers

	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022	Oct 2022	Nov 2022
Ages 15-64	0	0	0	0	0	0	0	1	0	0	0
Ages 65 plus	0	0	0	0	1	1	1	2	0	0	1
Ages 15 plus	0	0	0	0	1	1	1	3	0	0	1

### **2.3.1 Quality/ Patient Care**

Infection prevention and control is central to patient safety

### **2.3.2 Workforce**

Infection Control staffing issues are detailed in this report.

### **2.3.3 Financial**

This assessment has not identified any resource implications.

### **2.3.4 Risk Assessment/Management**

All risks are highlighted within the paper.

### **2.3.5 Equality and Diversity, including health inequalities**

This is an update paper so a full impact assessment is not required.

### **2.3.6 Other impacts**

None identified

### **2.3.7 Communication, involvement, engagement and consultation**

This is a regular bi-monthly update as required by SGHD. As with all Board papers, this update will be shared with the Area Clinical Forum for information.

### **2.3.8 Route to the Meeting**

This report has not been submitted to any prior groups or committees but much of the content will be presented to the Clinical Governance Committee.

## **2.4 Recommendation**

Board members are asked to:-

**Discussion** – Examine and consider the implications of the content of this paper.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix A, Definitions and Supplementary Information
- Appendix B, ARHAI Scotland COVID-19 Hospital Onset Definitions

## APPENDIX A

**Definitions and Supplementary Information****Staphylococcus aureus Bacteraemia (SAB)**

*Staphylococcus aureus* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well-known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

*Staphylococcus aureus* : <https://www.nhs.uk/conditions/staphylococcal-infections/>

MRSA: <https://www.nhs.uk/conditions/mrsa/>

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemia. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemia for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemia can be found at:

<https://www.hps.scot.nhs.uk/publications/?topic=HAI%20Quarterly%20Epidemiological%20Data>

**Clostridioides difficile infection (CDI)**

*Clostridioides difficile* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridioides difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridioides difficile* infections can be found at:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/#data>

**Escherichia coli bacteraemia (ECB)**

*Escherichia coli* (*E. coli*) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of *E. coli* live harmlessly in your gut, some types can make you unwell. When it gets into your blood stream, *E. coli* can cause a bacteraemia. Further information is available here:

<https://www.gov.uk/government/collections/escherichia-coli-e-coli-guidance-data-and-analysis>

NHS Borders participate in the HPS mandatory surveillance programme for ECB. This surveillance supports local and national improvement strategies to reduce these infections and improve the outcomes for those affected. Further information on the surveillance programme can be found here:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/escherichia-coli-bacteraemia-surveillance/>

**Hand Hygiene**

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.

**Cleaning and the Healthcare Environment**

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by Healthcare Improvement Scotland. More details can be found at:

[https://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/nhs\\_hospitals\\_and\\_services.aspx](https://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/nhs_hospitals_and_services.aspx)

## APPENDIX B

**ARHAI Scotland COVID-19 Hospital Onset Definitions**

<b>Day of sampling post admission</b>	<b>Nosocomial categorisation</b>
Before admission	Community onset COVID-19
Day 1 of admission/on <b>admission to NHS board</b>	Non-hospital onset COVID-19
Day 2 of admission	Non-hospital onset COVID-19
Day 3 of admission	Indeterminate hospital onset COVID-19
Day 4 of admission	Indeterminate hospital onset COVID-19
Day 5 of admission	Indeterminate hospital onset COVID-19
Day 6 of admission	Indeterminate hospital onset COVID-19
Day 7 of admission	Indeterminate hospital onset COVID-19
Day 8 of admission	Probable hospital onset COVID-19
Day 9 of admission	Probable hospital onset COVID-19
Day 10 of admission	Probable hospital onset COVID-19
Day 11 of admission	Probable hospital onset COVID-19
Day 12 of admission	Probable hospital onset COVID-19
Day 13 of admission	Probable hospital onset COVID-19
Day 14 of admission	Probable hospital onset COVID-19
Day 15 of admission and onwards to discharge	Definite hospital onset COVID-19
Post discharge	Community onset COVID-19



## APPENDIX C

National Infection Prevention and Control Manual, A-Z of pathogens: *Streptococcus pneumoniae* <https://www.nipcm.hps.scot.nhs.uk/a-z-pathogens/#s> (Accessed 13/01/2023)

## MINUTE of meeting held on

Tuesday 4 October 13:00 – 14:00

Via Microsoft Teams

**Present:** Dr Kevin Buchan, Chair  
Karen Hamilton  
Alison Wilson  
Paul Williams  
Alison Wilson  
Suzie Flower

Lesley Shillinglaw – Minutes/Action Tracker

**In attendance:** Clare Oliver

### 1. **APOLOGIES and ANNOUNCEMENTS**

Nicky Hall, Iris Bishop

### 2. **Draft Minute of ACF 14.06.22**

Agreed as a correct record

### 3. **Matters Arising, Action Tracker and work plan**

Action Tracker – updated.

### 4 **Election of Vice-Chair of ACF**

Agreed move to Next meeting – Ask Iris Bishop, Board Secretary to be in attendance for process

### 5. **Clinical Governance Committee: Feedback**

- Main issue around staffing.
- Discussion around SBC position with carers – 105 WTE down, approx. 2,500 hours per week of care packages.
- Emergency access
- Discussion re replacing band 5 nurses. Work on improving amount of HCSW/ using staff differently i.e. pharmacy technicians, Band 4s etc.
- Discussion around staffing/workload
- Pharmacies closing
- Practices – sustainability – significant risk in handing back contract

### 6. **Non Executive Input to ACF**

- Karen Hamilton outlined the desire for a member of the non-executive cohort. Keen to understand workings of organisation.

- KH was keen to ascertain a sense if ACF would be content to have a nominated non-executive attending on occasion. Need to work up the role and expectation of that nominee – add into Terms of Reference
- KH intimated that the Board were aware of the concerns – need to look at the organisation functioning in a different way – additional staff/hours not available
- National Chairs meeting – very difficult conversations/mixed messages.

#### **Agreed/To Note:**

- **KH** will liaise with non-executives to confirm a member to be present at ACF and arrange for TOR to be updated appropriately with the agreed process.
- To note: New Pharmacist chair will attend in future
- Need to re-visit Corporate structure around various Committees
- Part of each TOR – have a diagram of where the Committee sits

National ACF Chair Meeting – No update

#### **7. NHS Borders Board Papers**

Due to late distribution of papers – any comments please field directly to Chair.

#### **8. Professional Advisory Committees:**

##### **(a) Area Dental Advisory Committee (ADC)**

###### **Action:**

LS to find out who Chair of ADC is and invite to next meeting

##### **(b) Area Medical Committee (AMC) & GP Sub Group**

To note **New chair will commence next month.**

##### **(c) Area Ophthalmic Committee (AOC)**

Update received via email as follows:

- short update meeting 6/9/22 before a lecture on ‘sudden vision loss’ which was well attended.
- Our biggest difficulties are getting referrals to BGH and waiting time for cataracts.
- Our chair Stuart has had a meeting with Chief Executive and Primary & Community Services.
- Chair hopes to meet with Acute Services soon.
- Stroke pathway – Keen to ascertain if ACF members have any further information on this

##### **(d) Area Pharmaceutical Committee (APC)**

###### **To Note:**

- New Chair – Martin O’Dwyer, Community Pharmacist from West Linton – starts in October.
- Public Holidays proving difficult for cover
- To Note: Many new pharmacy applications received.
- Need to appoint a Chair of Pharmacy **Practices** Committee when time comes – Trish Taylor

(e) **Allied Health Professionals Advisory Committee (AHP)**

- Similar route to Nursing/Medicine – HEIs to fill
- Physios: Glasgow Caledonian didn't fill all spaces.
- Paramedics – over subscribed
- Recruitment challenges/Finance challenges – looking at skill mix
- Looking at Pathways e.g. link between first practitioner in orthopaedics, children & young people's services under significant pressure

(f) **BANMAC**

- Updated TOR included with great attendance with good engagement.
- Agenda now aligned with NMC code. Discussion at last meeting – palliative care/end of life study – discussion around how staff were coping with deteriorating patients/death. Also taking updates via Banmac e.g. papers through IJB around Hospital at home, reablement project etc. Continue to invite different people to come along.

(g) **Medical Scientists**

Kevin will email Jackie re update

(h) **Psychology**

Kevin will email Caroline

9. **NHS Borders Board: *Feedback to Board***

Nothing formal to note.

12. **Any Other Competent Business**

None

13. **Date of Next Meetings: 29 November 2022, via TEAMS**

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>2 February 2023</b>
<b>Title:</b>	<b>NHS Borders Performance Scorecard December 2022</b>
<b>Responsible Executive/Non-Executive:</b>	<b>June Smyth Director of Planning &amp; Performance</b>
<b>Report Authors:</b>	<b>Hayley Jacks, Planning &amp; Performance Officers</b>

## 1 Purpose

The purpose of this report is to update the Board on NHS Borders latest performance against the suite of performance measures linked to our Annual Delivery Plan for 2022/23. The scorecard also reports key targets and standards that were included in previous Annual Operational Plans (AOPs) and Local Delivery Plans (LDP).

As reported in previous papers, NHS Borders will be receiving less Waiting Times funding from Scottish Government than had been originally anticipated, therefore, associated trajectories are in the process of being updated and will be reported within the scorecard circulated in February to the Board.

The trajectory for Delayed Discharges has been updated and the data from this can be found within Appendix 1.

### **This is presented to the Committee for:**

- Awareness

### **This report relates to a:**

- Annual Delivery Plan / Annual Operational Plan / Remobilisation Plan

### **This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective

## **2 Report summary**

### **2.1 Situation**

The scorecard sets out performance as at December 2022. Performance against the targets associated with the Annual Delivery Plan form the main body of the document, and previous AOP/LDP measures being moved into appendices for information purposes.

Performance is noted against the updated waiting times trajectories in place as at 31 December 2022. These have been updated to reflect the reduction in funding from Scottish Government. A revised Delayed Discharge trajectory has been updated and is included within this report.

### **2.2 Background**

In 2022/23 Scottish Government moved away from commissioning any further remobilisation plans and instead commissioned a one-year Annual Delivery Plan aimed at stabilising the system. Measures relating to that plan along with some targets / standards from plans in place pre-covid.

### **2.3 Assessment**

There is no update to CAMHS data from the last board report as work is still ongoing on the CAMHS National Returns for November and December. There will be an update for February Access Board and subsequent Performance Scorecard.

We are still unable to meet trajectory targets for Outpatients, TTG and Emergency Care, however summaries for each of these can be found within the scorecard.

Where services have been able to provide it, narrative is contained within the body of the scorecard, focusing on 2022/23 waiting times trajectories and the 'hot topics' of emergency access standard and delayed discharges.

#### **2.3.1 Quality/ Patient Care**

The 2022/23 waiting times trajectories, Annual Operational Plan measures and Local Delivery Plan standards are key monitoring tools of Scottish Government in ensuring Patient Safety, Quality and Effectiveness.

#### **2.3.2 Workforce**

Directors are asked to support the implementation and monitoring of measures within their service areas.

#### **2.3.3 Financial**

Directors are asked to support financial management and monitoring of finance and resources within their service areas.

### **2.3.4 Risk Assessment/Management**

There are several measures that are not being achieved and have not been achieved recently. For these measures service leads continue to take corrective action or outline risks and issues to get them back on trajectory. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders.

### **2.3.5 Equality and Diversity, including health inequalities**

A Health Inequalities Impact Assessment (HIIA) has been completed as part of RMP3/4 and services will carry out HIAs as part of delivering 2022/23 ADP key deliverables.

### **2.3.6 Climate Change**

None Highlighted

### **2.3.7 Climate Change Other Impacts**

None Highlighted

### **2.3.8 Communication, involvement, engagement and consultation**

This is an internal performance report and as such no consultation with external stakeholders has been undertaken.

### **2.3.9 Route to the Meeting**

The Performance Scorecard has been developed by the Business Intelligence Team with any associated narrative being collated by the Planning & Performance Team in conjunction with the relevant service area.

## **2.4 Recommendation**

- **Note** – performance as at the end of December 2022.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, NHS Borders Performance Scorecard



# **PERFORMANCE SCORECARD**

**As at 31 December 2022**

**Month 9**



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<b>Delayed Discharge</b>	<b>9</b>
<b>Previous Performance Measures Appendix</b>	<b>11</b>

## Introduction

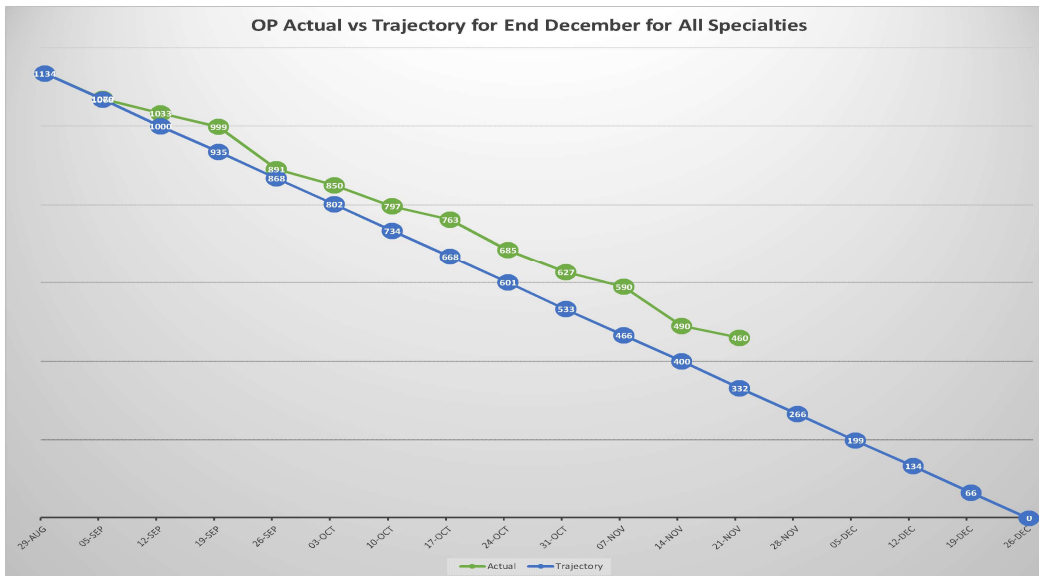
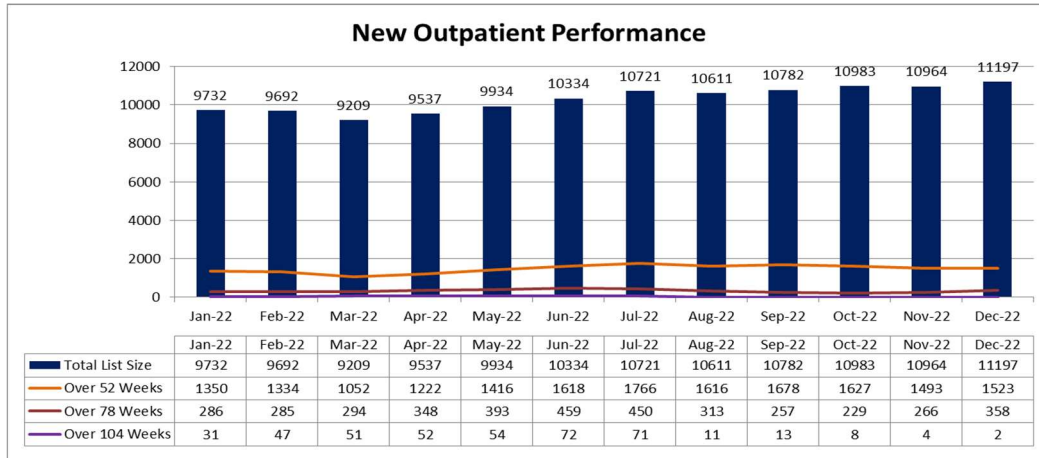
As a result of the COVID-19 Pandemic the 2021/22 Annual Operational Plan (AOP) was replaced for all Health Boards by their Remobilisation Plan and associated trajectories agreed with Scottish Government, the latest iteration being RMP4. In 2022/23 Scottish Government moved away from further remobilisation plans and instead commissioned a one-year Annual Delivery Plan aimed at stabilising the system. To supplement this all Boards were required to submit waiting times trajectories but no other formal performance measures were agreed.

This report contains the 2022/23 waiting times performance and hot topic measures and an appendix which demonstrates AOP and Local Delivery Plan (LDP) measures (LDPs were in place as performance agreements between Boards and Scottish Government prior to AOPs and we retain some of the performance standards from those plans). In the current report performance is noted against waiting times trajectories in place as at November 2022. NHS Borders was notified in late 2022 that the amount of waiting times funding allocated to the Board is lower than anticipated; as a result some trajectories have been revised, with performance against these reported in the Board's monthly performance scorecard. A revised Delayed Discharge trajectory has also been developed and similarly, performance against this is reported in the monthly scorecard report to the Board.

Performance is measured against a set trajectory or standard. To enable current performance to be judged, colour coding is being used to show whether the trajectory is being achieved. A tolerance of 10% is applied to the standards to enable them to be given a RAG status. For standards where the trajectory is 0, the tolerance level is 1, anything higher the RAG status is red (for example waiting times and delayed discharges).

## Waiting Time Performance

### Outpatient Performance Total List Size by Weeks Waiting



#### What is the data telling us?

The outpatient waiting list size currently sits at 11,197 which is more than double to that pre-covid. The national target was to have no patients over 104 weeks for the majority of specialties and we currently have 4 patients waiting over 104 weeks. The overall OPD list size reduced marginally during November. 4 patients breached > 104 week target and this was due to lack of local capacity within the Dermatology Department. These patients have now been booked.

Maintaining the >104 week standard and working towards 78 weeks is a focus. However, 78 weeks at the end of December will not be achieved, we are predicting a total of 320 patients breaching:

Dermatology = 62 patients

Ophthalmology = 243 (198 cataract patients)

Orthodontics = 4 patients

Paediatric Surgery = 11 patients

#### Why is this the case?

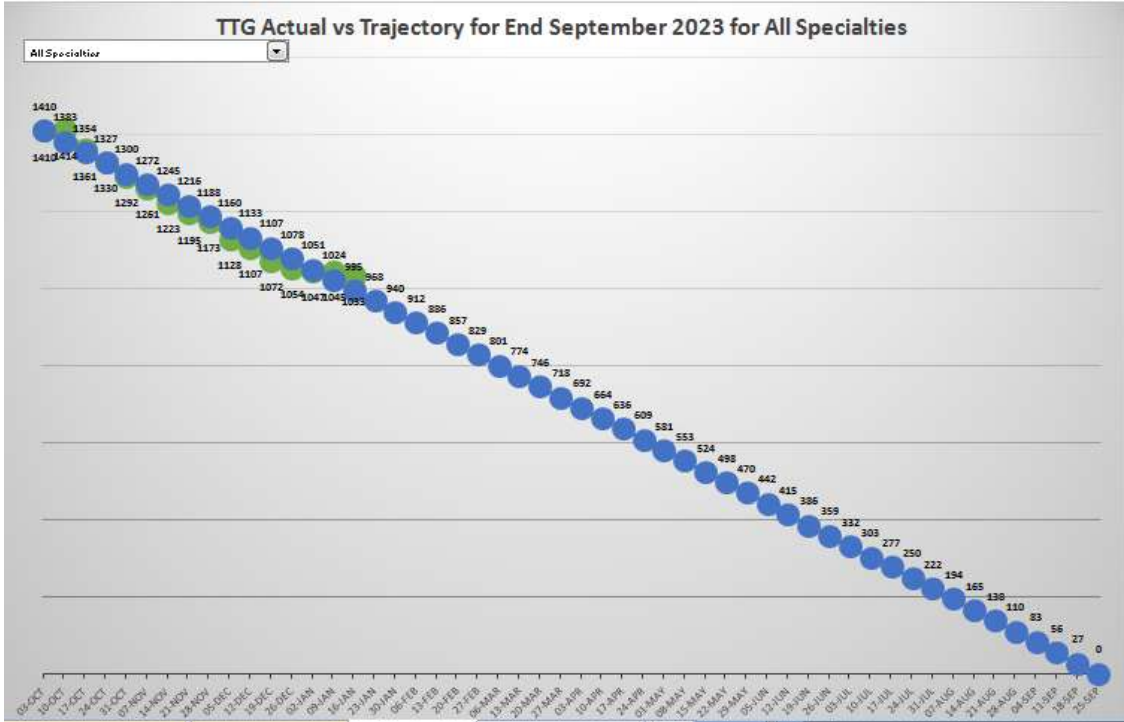
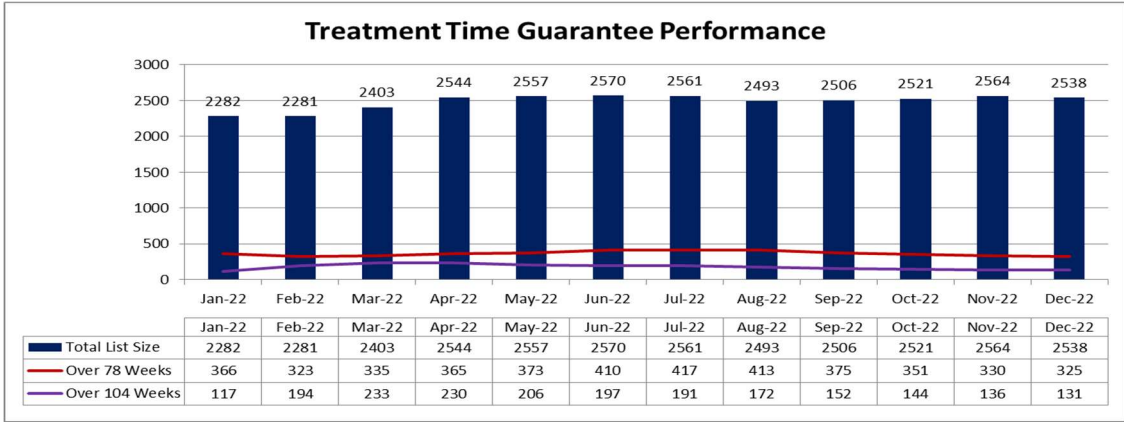
Services have had to respond to other clinical priorities and divert resources to urgent reviews and surgeries. Locum sessions will also be reduced going forward, however an advert for additional locum has been placed.

#### What is being done?

The following actions were the focus for December:

- **ACRT and Opt-IN** – Finalise Trak Process
- **PIR** – configuration of Trak referral source code implementation.
- **Booking Process** - further meeting with Supplier and obtain contract for consideration. Advertise Room Booking Administrator.
- **Room Capacity** - Confirm specialty face to face room capacity
- **Activity Analysis** - Finalise the analysis of pre and post covid activity for all specialties
- **Dermatology** - source additional locum capacity for Dermatology
- **Ophthalmology** – induction of new staff into clinic and plan new process for cataract referrals to one waiting list
- **Relaunch of Outpatient Delivery** – a relaunch of the Outpatient Delivery Workstream is planned for 27<sup>th</sup> January with all key stakeholders to refresh and agree priorities to support delivery against the Scottish Government waiting times

## TTG Performance Against Trajectory- All Specialties



### What is the data telling us?

The waiting list size remains roughly the same as last month with 2531 patients on the waiting list, with a decreasing number of patients waiting over 104 weeks being treated.

It should be noted that the new Scottish Government inpatient/day case surgery TTG targets are:

- No patient waiting more than 2 years by end September 2022
- No patient waiting more than 18 months by September 2023
- No patient waiting more than 1 year by September 2024

### Why is this the case?

TTG continued to be challenging from the perspective of theatre staffing and ward IP beds.

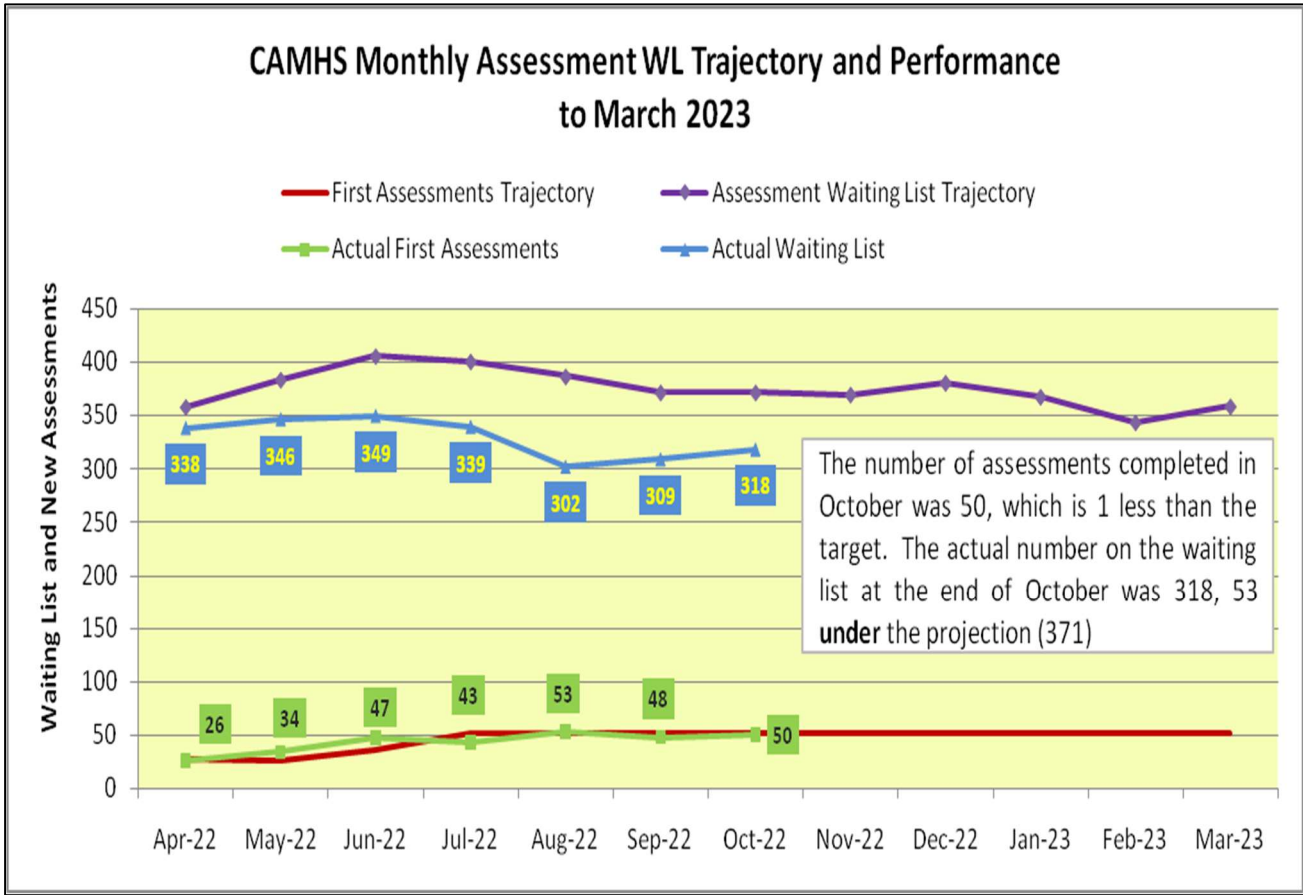
### What is being done?

**Waiting Lists (WL).** In December, the WL has continued to reduce; the total size of the WL continued to reduce for the fourth month in a row and is now sitting at 2538 patients, the number of patients waiting over 78 weeks reduced for the 5<sup>th</sup> month in a row and the number of patients waiting over 104 weeks reduced for the 9<sup>th</sup> month in a row. However, it should be noted that the 'TTG Actual vs Trajectory for End September for All Specialties' chart is now showing an adverse position for the first time since early October 2022. It is likely that this is due to a reduction in operating during December as a result of 4 days of Public Holidays and 3 days of reduced operating due to a reduction in the number of theatre staff available.

**Ward 17.** Additional capacity continued to be realised during December due to the opening of Ward 17 for elective patients for 5 days a week from 21 November. This has had a very favourable effect on the ability to conduct elective surgery, giving additional capacity and assurance that the capacity will be available.

**TTG Project.** The Treatment Time Guarantee Project continued in December but remains in a period of seeking to understand both the issues and theatre workforce concerns before any improvements will be realised.

**Mental Health Waiting Times CAMHS**



**NOTE:** There is no update to CAMHS data from last board report as still working on the CAMHS National Returns for November and December, there will be an update for February Access Board.

**What is the data telling us?**

The number of new assessments to be achieved in October was agreed at 51 but actual achievement was 50. The waiting list increased in October and was sitting at 318 cases to be assessed but this is still below the WL projection for October of 371.

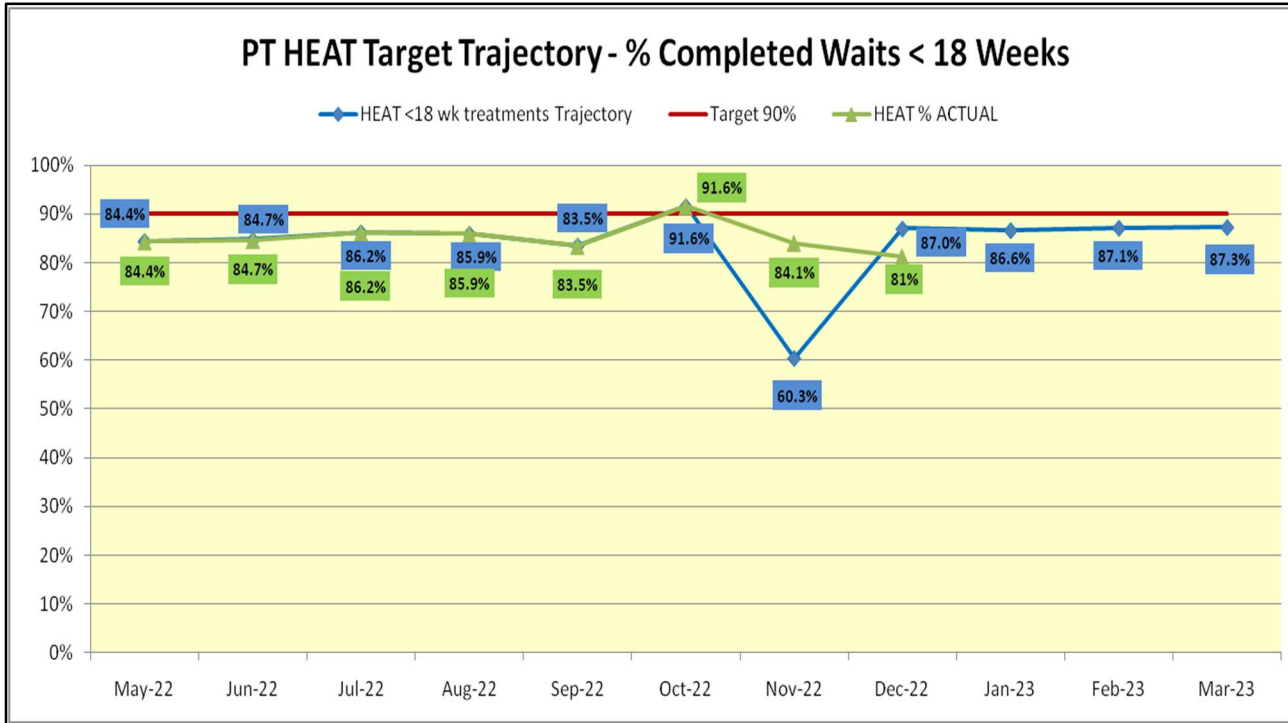
**Why is this the case?**

Recruitment initiatives are ongoing, currently we have only two registered nurse vacancies of which we are pleased that we have four applicants for the two posts, short listing and interview processes are currently taking place. The two health care support workers are now in temporary posts for one year as a new initiative to support the registered nurses and are supporting the service really well. Long term sickness absence within nursing continues to present the service with additional challenges. Psychology recruitment to vacant posts is also ongoing with the new starts due to commence in their roles over the next few months. Administration continues to be recruited at 100%. Within Medical staffing there is currently one consultant vacancy. We continue to see high level of accepted referrals into service which impacts on trajectories.

**What is being done?**

The New Patient Appointments (NPA's) plan which commenced on 13th June continues, and the service targets have been seeing 12 new patients per week (included in the 12 appointments, 2 are urgent/unscheduled care appointments) this plan will be in place in order to see a minimum of 12 new patients per week 52 weeks of the year, this will be across all disciplines. A review of the NPA has taken place and an agreement to re-evaluate in 3 months' time has been established with view to increase the number of NPA's (numbers will be determined at that time). The tagging process continues to allow the team to review patients waiting to access the service, with a view to determining appropriate sign-posting or establishing any possible interventions prior to a first appointment. The tagging process supports the reduction of the number of patients actually requiring access to the CAMHS service and potentially reducing the numbers of those waiting on the list. A new referral template is being currently piloted, again to support if any interventions can be established prior to the first appointment. Access to specialist young person beds continues to be challenging placing demands on the adult acute inpatient service.

## Mental Health Waiting Times- Psychological Therapies



### What is the data telling us?

This illustrates the HEAT target performance from May – December 2022 against the trajectory, which was 81.3% for December 2022 (November 2022 84.1%) based on actual performance.

### Why is this the case?

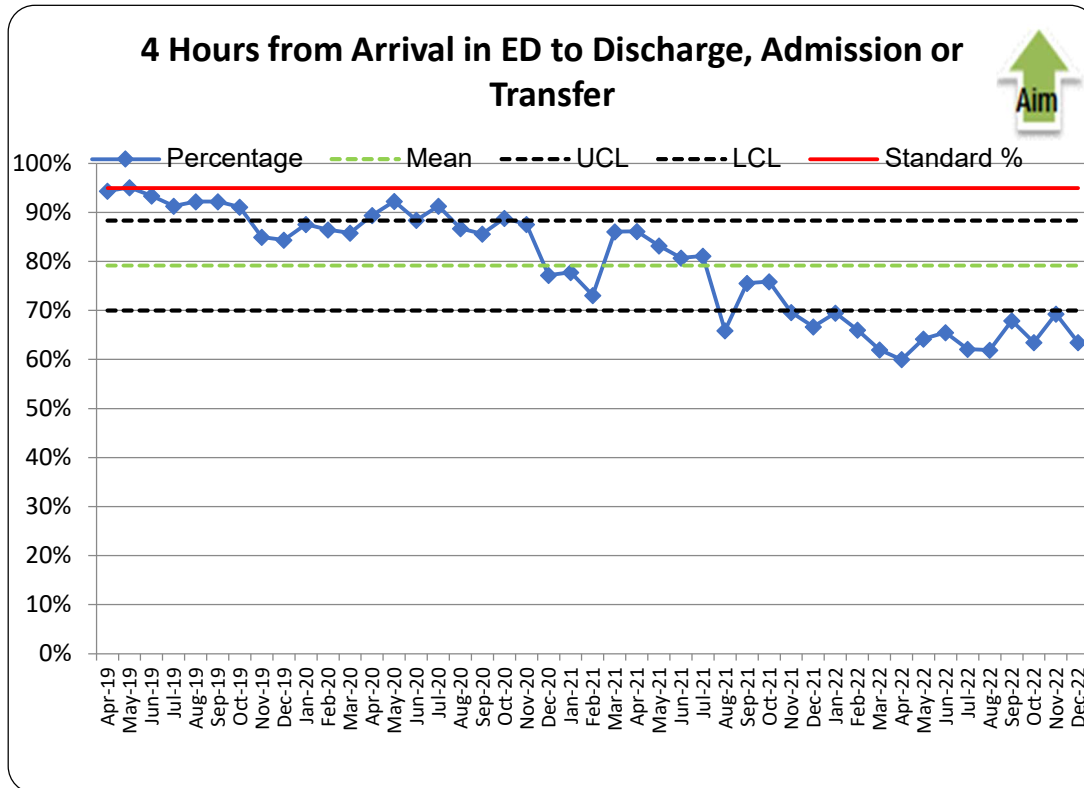
Changes we have made to courses and the festive period have impacted on our performance and trajectory in December. We are currently reviewing our trajectory and will be reporting on this at the February Access Board.

### What is being done?

Trajectories will be reviewed on a quarterly basis which is especially important as we have made a series of assumptions for the trajectory, given the previous 2 years data was affected by Covid and hence not necessarily representative of normal service DCAQ.

As a result of this when we estimated proposed activity, capacity and non-attendances; we put in estimated averages this out to show a regular pattern. It is therefore expected that there will be variation around these averages on a month-by-month basis. We will carry out our first review of this trajectory in November 2022 and recalculate if need be our proposed activity and estimated demand.

## Unscheduled Care Performance - 4 Hour Emergency Access Standard Performance



### What is the data telling us?

Performance in the Emergency Department for December 2022 was 63.5% vs 70% in November 2022.

We had 2236 attendances with 889 breaches of our emergency access standard in December 2022. Out of the total breaches, 346 patients breached due to a wait for a medical inpatient bed.

### Why is this the case?

The 4-hour emergency access standard ("the standard") is a whole system measure; to either admit or provide definitive treatment and discharge for 95% of unscheduled care patients within 4-hours requires a collaborative approach from all parts of the health and social care system to provide patient flow.

ED patients who require admission experience long waits for a bed greater than 4 hours, 8 hours and 12 hours with 335 patients waiting over 12 hours. This increase has resulted in Blue ED regularly being opened and red status being declared.

The 4EAS is influenced by a range of factors including, but not limited to:

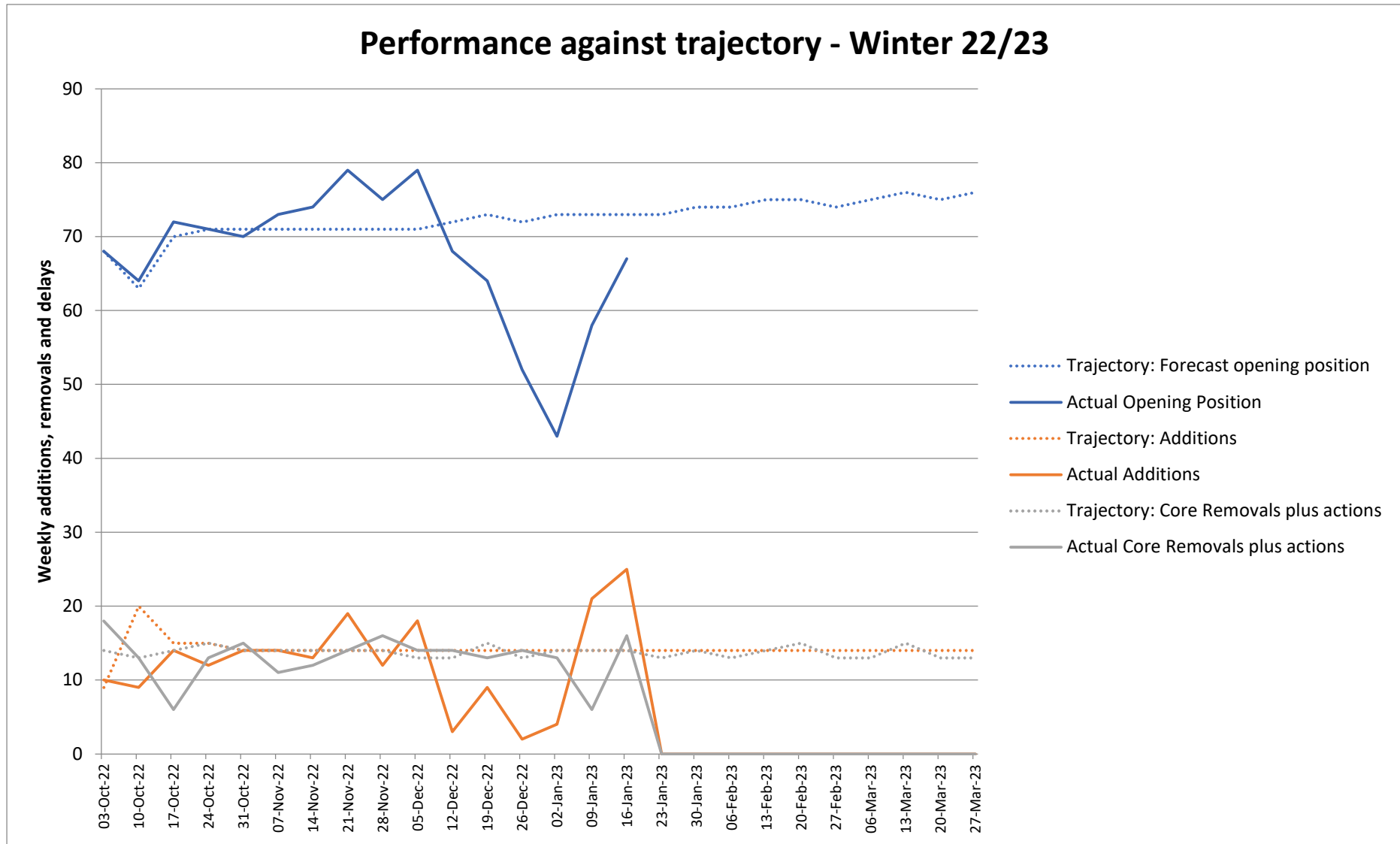
- the volume of Emergency Department (ED) attendances
- the pattern of arrival of ED attendances i.e. high volumes within a short period causing crowding
- patient acuity
- bed pressures

### What is being done?

The Scottish Borders Urgent and Unscheduled Care Programme Board has been established and has commenced a weekly reporting cycle. Other key improvement activities underway include:

- The Ward 4 Kaizen programme has concluded and the service is now working to sustain the learning. Pressures within Social Care is impacting our ability to downstream medical patients which continues to impact flow.
- A review and change of duty management process (now called site lead) has been established which is a bespoke role to fully focus on flow, early movement, pressure points across the hospital (incl. ED), and early enactment of the full capacity protocol. This is a visible role which improves control, awareness and early warning.
- A Full Capacity Protocol has been developed for the Emergency Department which details to process and acute response required to decongest the ED where capacity is becoming challenged, or there are potential ambulance waits that will impact safe flow of patients through the ED department.
- A management review of on call processes (led by General Manager of Unscheduled Care) has resulted in the establishment an SOP for the out of hours periods.

Delayed Discharge – updated trajectory. Narrative remains unchanged from November 2022 scorecard.





**What is the data telling us?**

Current performance is below trajectory.

**Why is this the case?**

The trajectory set was a pessimistic forecast based on ongoing increasing demand for care from the hospital system, and the potential for a reduction in removals now that interim care capacity is well occupied. Over the past 6 month period:

- Additions (referrals) were 13 a week but have been set to 14 a week for this trajectory
- Removals were 13 a week but have been set to 12 a week for this trajectory

The number of referrals / additions to the list from the start of the trajectory was an average of 13.5 a week. However, since the week of the 11<sup>th</sup> December this has reduced to an average of 4.5 a week over the 4 weeks to 1<sup>st</sup> January.

There has been a consistent rate of removals from the delayed discharge waiting list over the trajectory period, representing 13.3 a week over the trajectory period, both for those who are being transferred to care (around 60% a week), and those who are removed due to ill health (around 40% a week).

This has resulted in a reduction in the number of delayed discharges.

As there are a number of medically unfit patients in the hospital system with covid and flu, it is expected that the number of referrals / additions will increase and so unfortunately the number of people delayed waiting for care will move closer towards the trajectory forecast.

**What is being done?**

The operational and professional leads HSCP Joint Executive have met and agreed that there is further work to do to improve demand management and discharge process. We will work to co-locate our complex discharge function in order to support improvements in communication and an enhancement of efficiency and the capacity to support discharge planning. This will be followed by a Kaizen. It is recognised that there is a need for training, and this will be developed for medical, nursing and AHP staff. Operational support will be provided.

A review process into patients with a higher length of stay in hospital who haven't been referred to care is being developed to improve grip and control.

In addition, meetings will be held with the front door team to explore what further can be done from HSCP teams to support discharge from the front door.

There will be a further review of MHO assessments for people with AWI and a new team member joining in January. In addition, social work assessment duty cover is being explored for community hospitals to ensure better continuity of assessment cover from locality social work teams. A significant amount of work is being undertaken by the HSCP Chief Nurse in partnership with Hospital and Community Social Work teams, Social Care Commissioning, the Associate Director of Nursing Mental Health, SB Cares and Discharge without Delay Lead to regularly review plans and work to expedite transfers.



Appendix to Main  
Performance Scorecard –  
Performance Against Previous  
Agreed Standards

## Contents Page

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<b>AOP Performance Key Metrics</b>	<b>13</b>
<b>AOP Performance Measures</b>	<b>14</b>

## Key Metrics Report – AOP Performance

### Current Performance Key

<b>R</b>	Under performing	Current performance is significantly outwith the trajectory/ standard set	Outwith the standard/ trajectory by 11% or greater
<b>A</b>	Slightly Below Trajectory/ Standard	Current performance is moderately outwith the trajectory/standard set	Outwith the standard/ trajectory by up to 10%
<b>G</b>	Meeting Trajectory	Current performance matches or exceeds the trajectory/standard set	Overachieves, meets or exceeds the standard/trajectory, or rounds up to standard/trajectory

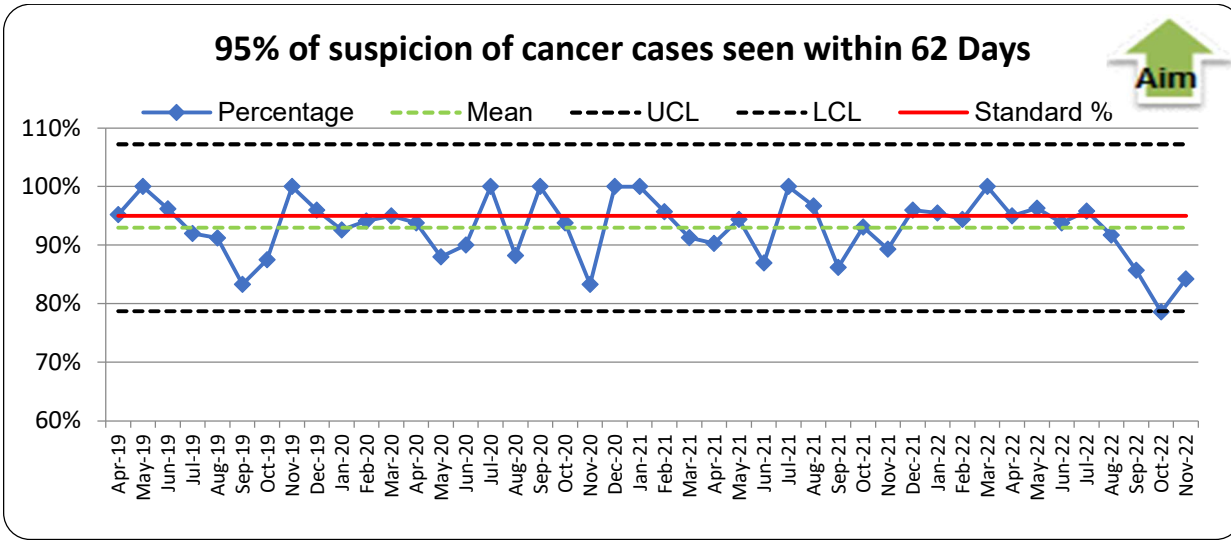
### Symbols

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-

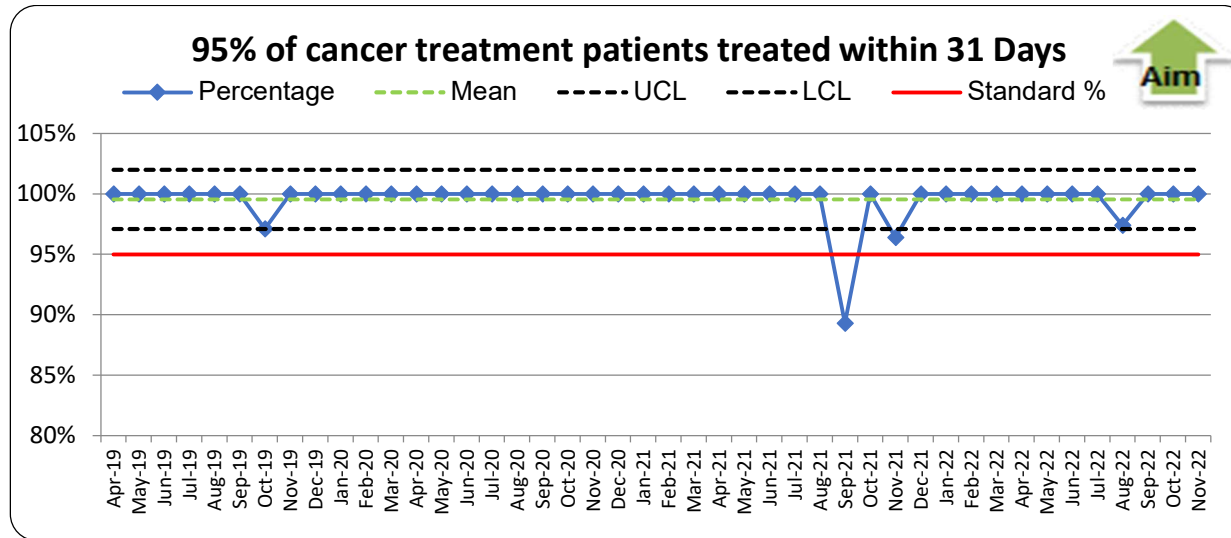
### Key Metrics Report Annual Operational Standards – RTT & CAMHS data unavailable for Dec 22.

	Measure	Target/ Standard	Period	Position	Period	Position	RAG
<b>Annual Operational Plan Measures</b>	Cancer waiting Times - 62 Day target	95% patients treated following urgent referral with suspicion of cancer within 62 days	Oct-22	78.6%	Nov-22	84.2%	↑
	Cancer waiting Times - 31 Day target	95% of patients treated within 31 days of diagnosis	Oct-22	100.0%	Nov-22	100.0%	↔
	New Outpatients- Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	Nov-22	6846	Dec-22	7200	↓
	New Inpatients- Number waiting >12 Weeks	Zero patients waiting longer than 12 weeks (maximum)	Nov-22	1820	Dec-22	1850	↓
	Treatment Time Guarantee - Number not treated within 84 days from decision to treat	Zero patients having waiting longer than 84 days.	Nov-22	148	Dec-22	111	↓
	Referral to Treatment (RTT) - % treated within 18 weeks of referral	90% patient to be seen and treated within 18 weeks of referral.	Oct-22	71.4%	Nov-22	66.8%	↓
	Diagnostics (8 key tests) - Number waiting >6 weeks	Zero patients waiting longer than 6 weeks for 8 key diagnostic tests	Nov-22	1162	Dec-22	1202	↓
	CAMHS- % treated within 18 weeks of referral	90% patients seen and treated within 18 weeks of referral	Sep-22	28.3%	Oct-22	26.3%	↓
	A&E 4 Hour Standard - Patients discharged or transferred within 4 hours	95% of patients seen, discharged or transferred within 4 hours	Nov-22	69.3%	Dec-22	63.5%	↓
	Delayed Discharges - Patients delayed over 72 hours	Zero patients delayed in hospital for more than 72 hours	Nov-22	56	Dec-22	33	↑
	Psychological Therapies - % treated within 18 weeks of referral	90% patient treated within 18 weeks of referral	Oct-22	91.6%	Nov-22	84.1%	↓
	Drug & Alcohol - Treated within 3 weeks of referral	90% patient treated within 3 weeks of referral	Nov-22	100%	Dec-22	100%	↔
	Sickness Absence Rates	Maintain overall sickness absence rates below 4%	Nov-22	6.63%	Dec-22	6.41%	↑

**Cancer Waiting Times** (please note there is a 1-month lag time for data)

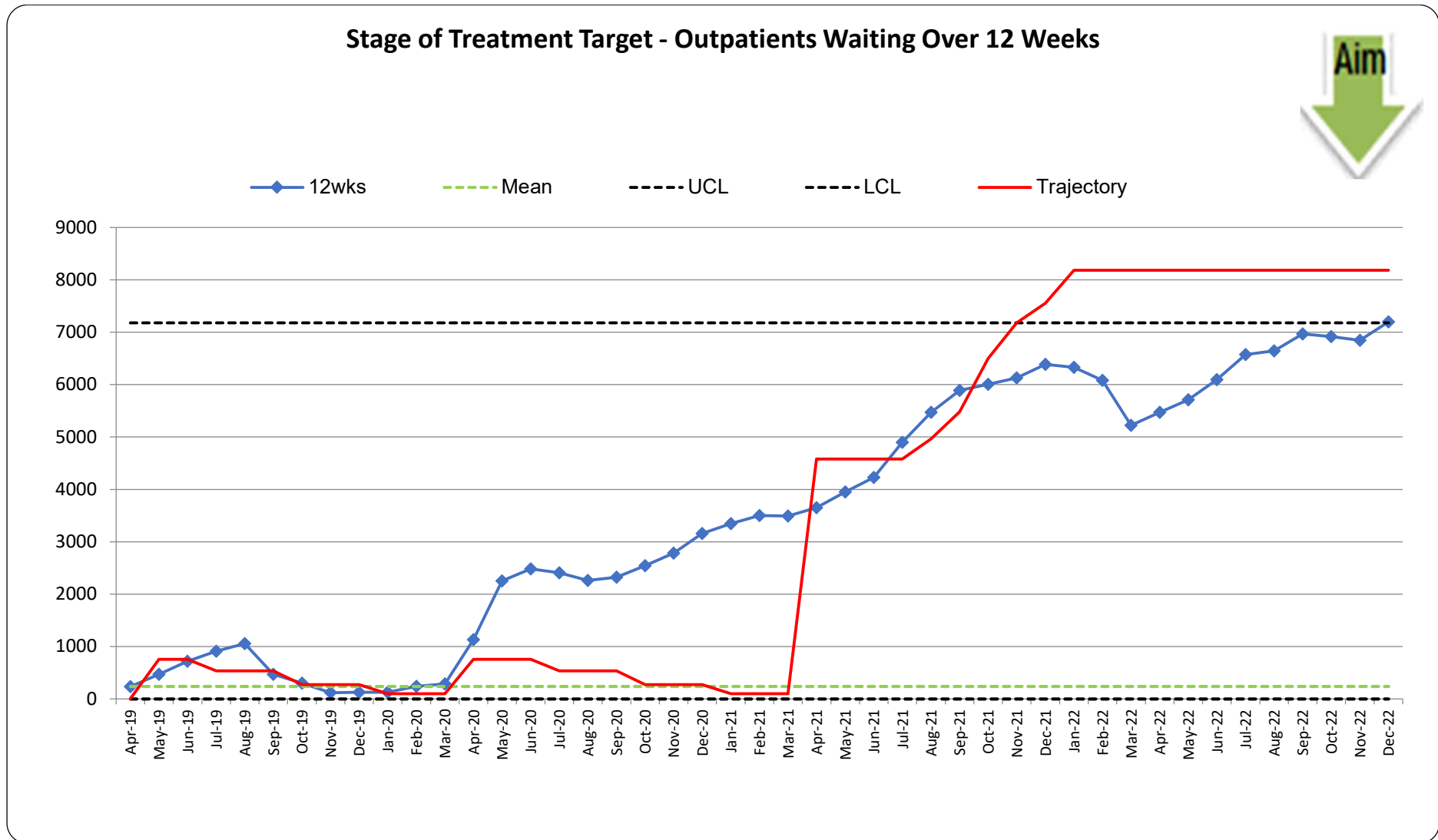


<b>Latest NHS Scotland Performance</b>
83.1% (Jul - Sep 2021)

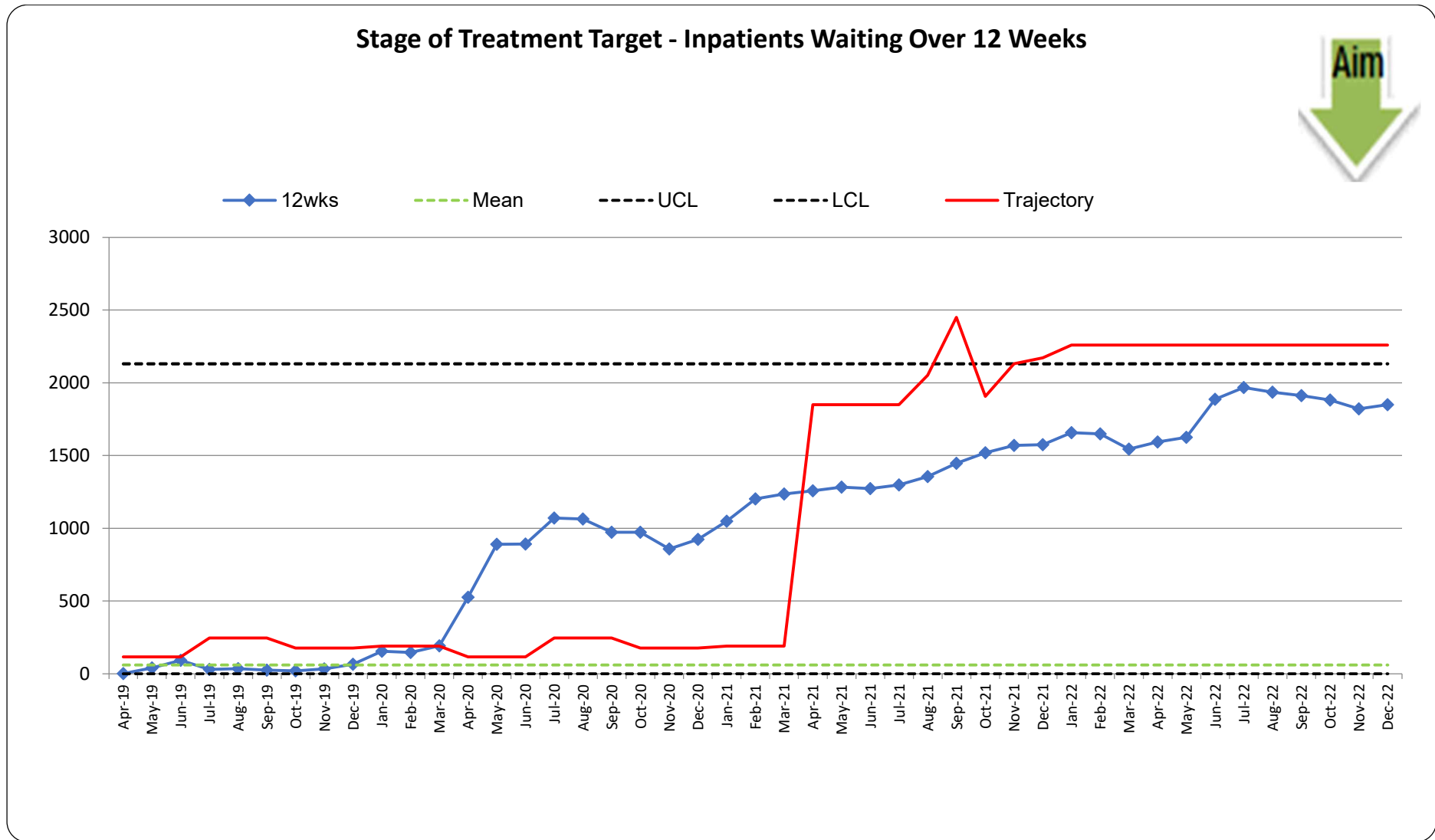


<b>Latest NHS Scotland Performance</b>
96.7% (Jul - Sep 2021)

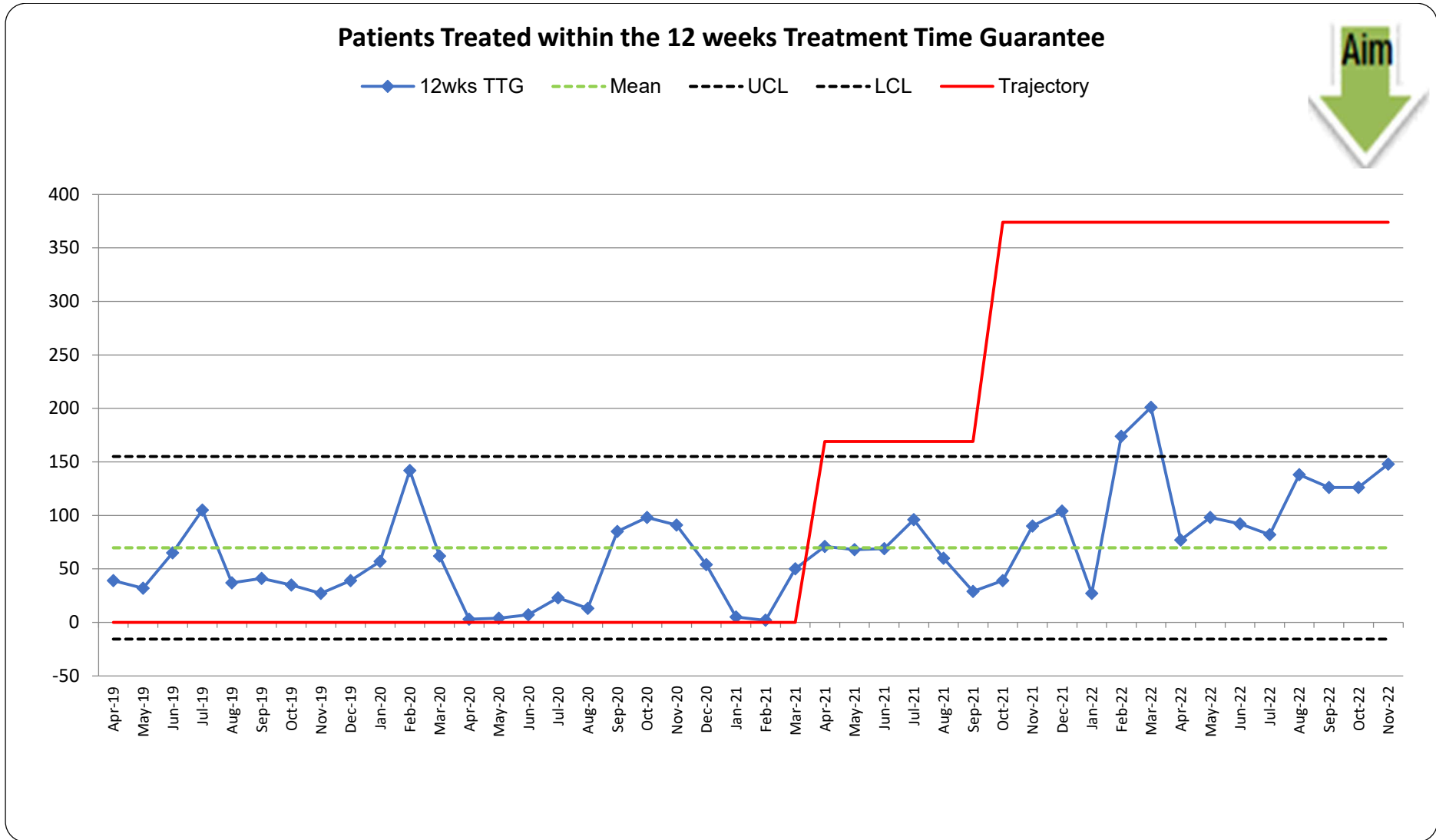
Stage of Treatment- Outpatients Waiting Over 12 Week



Stage of Treatment- Inpatients Waiting Over 12 Weeks

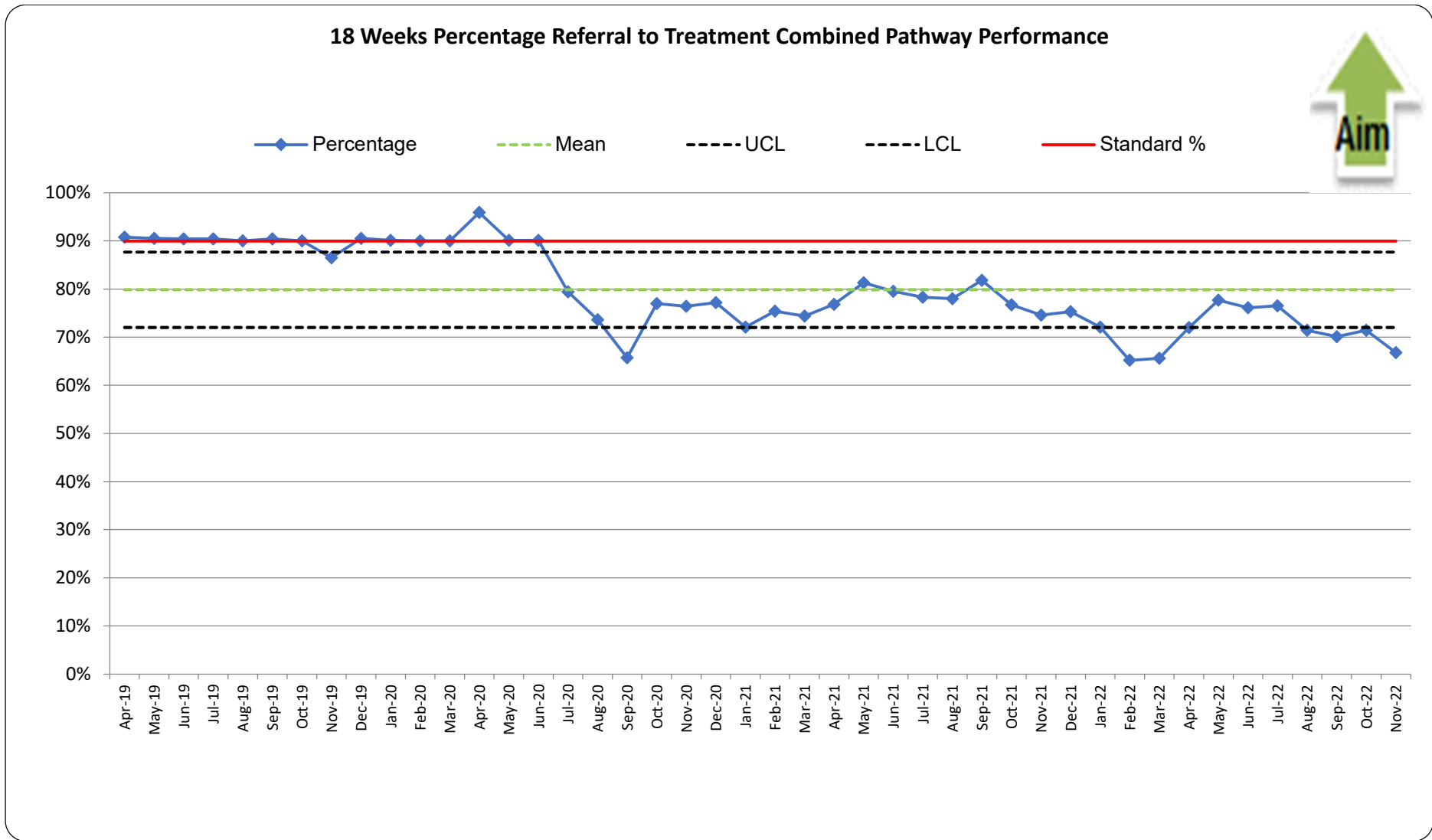


Patients Treated within the 12 weeks Treatment Time Guarantee

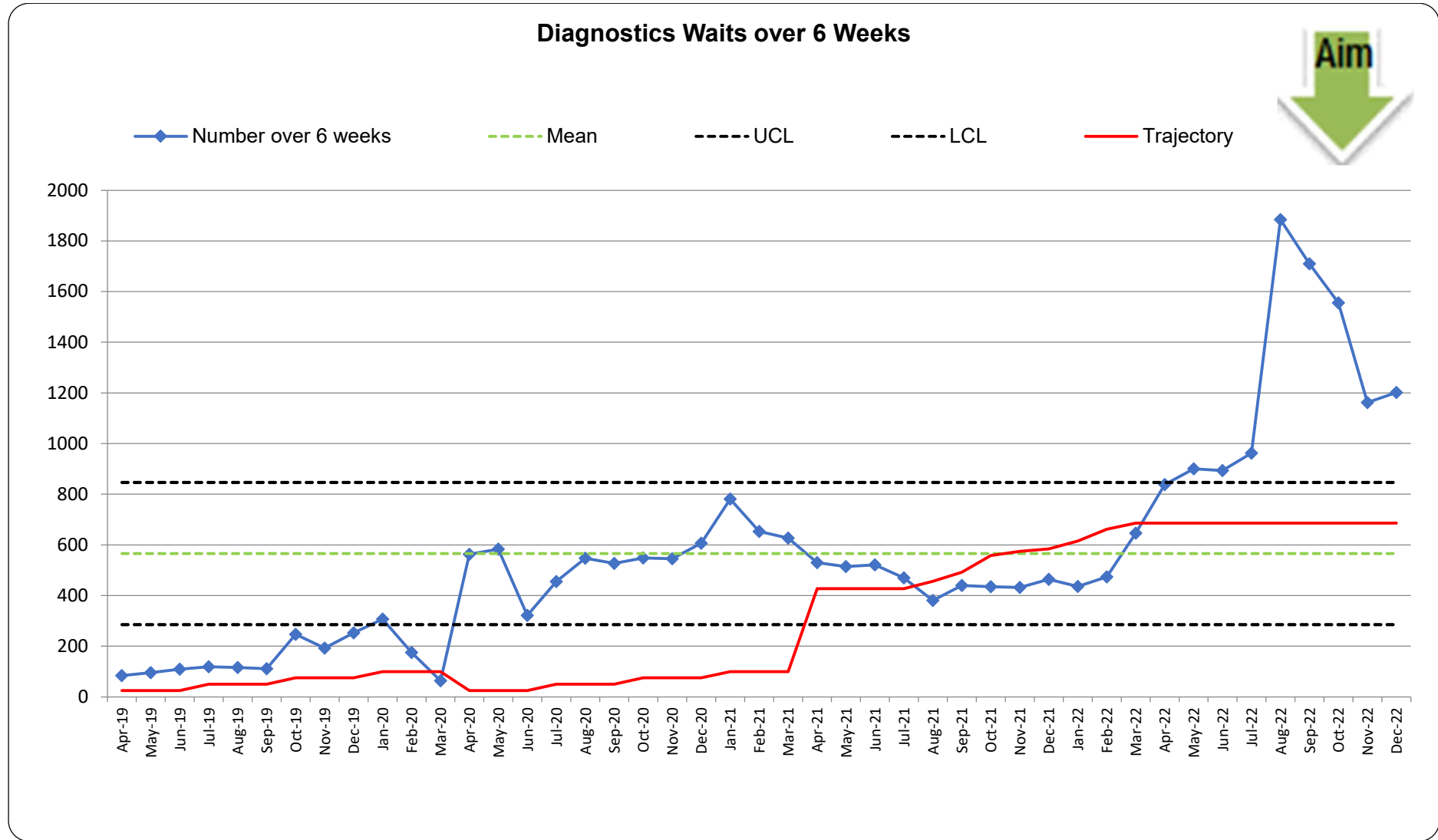




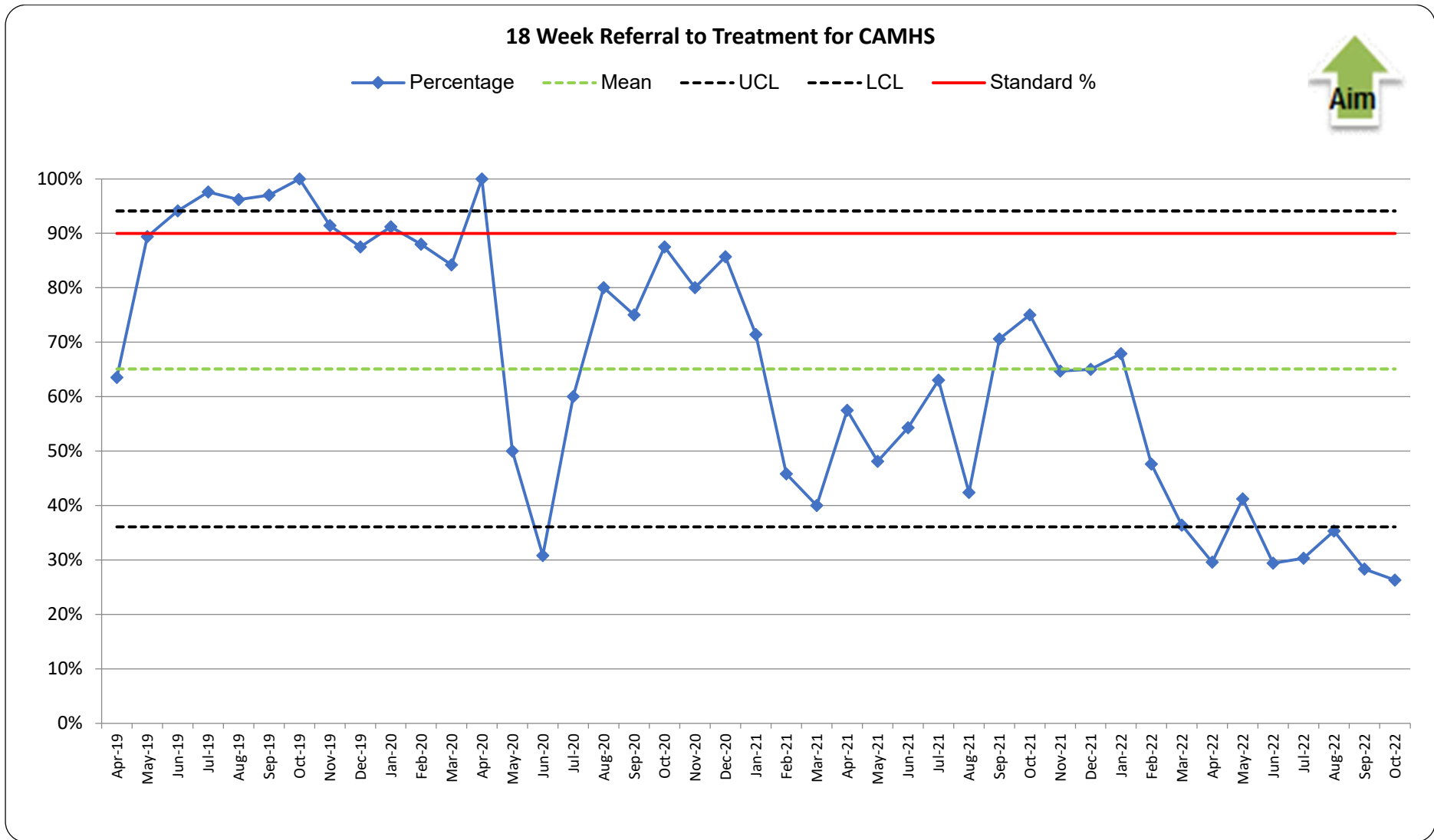
18 Weeks Referral to Treatment Combined Pathway Performance – Oct 22 last available data.



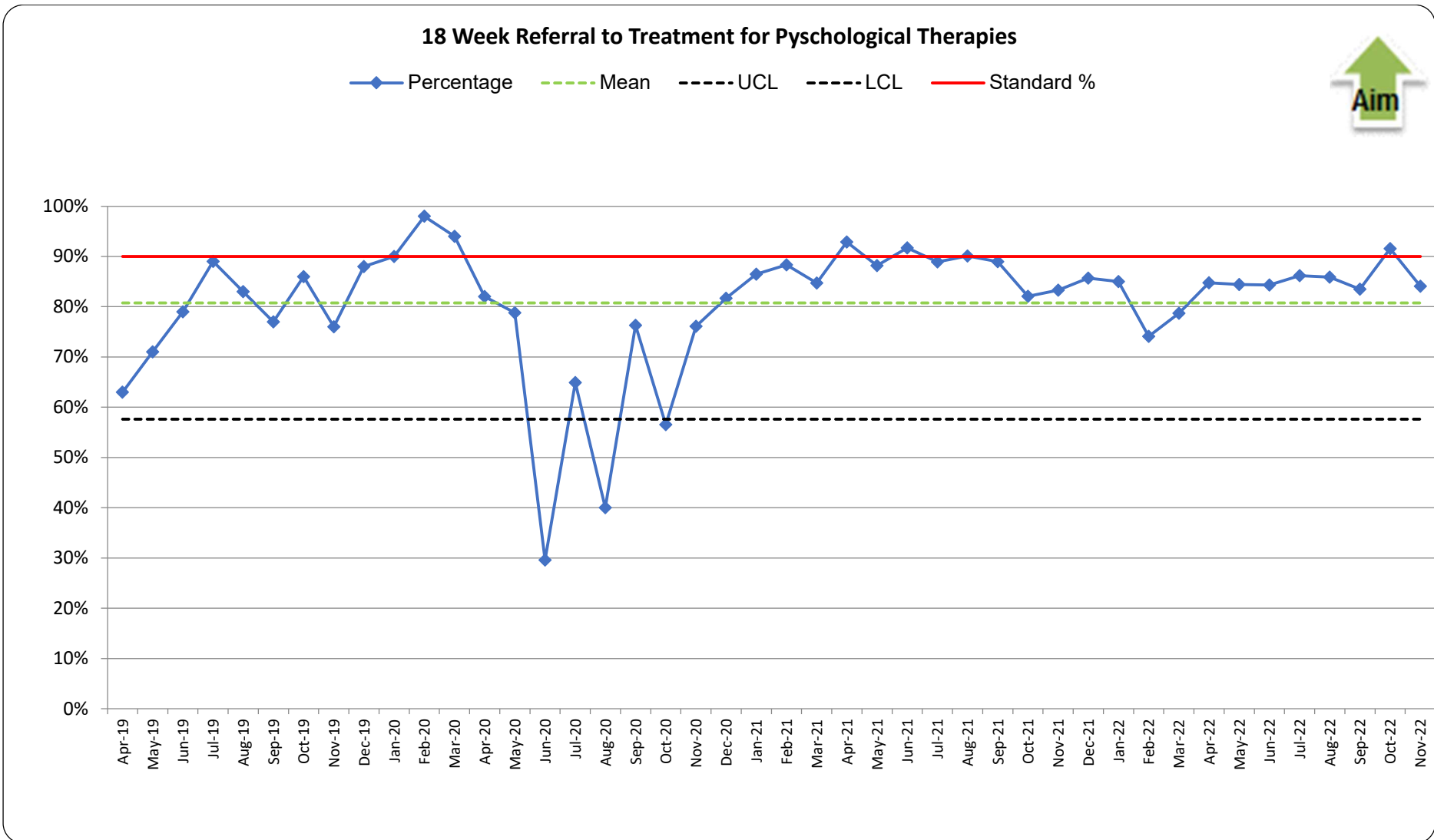
# Diagnostic Waits



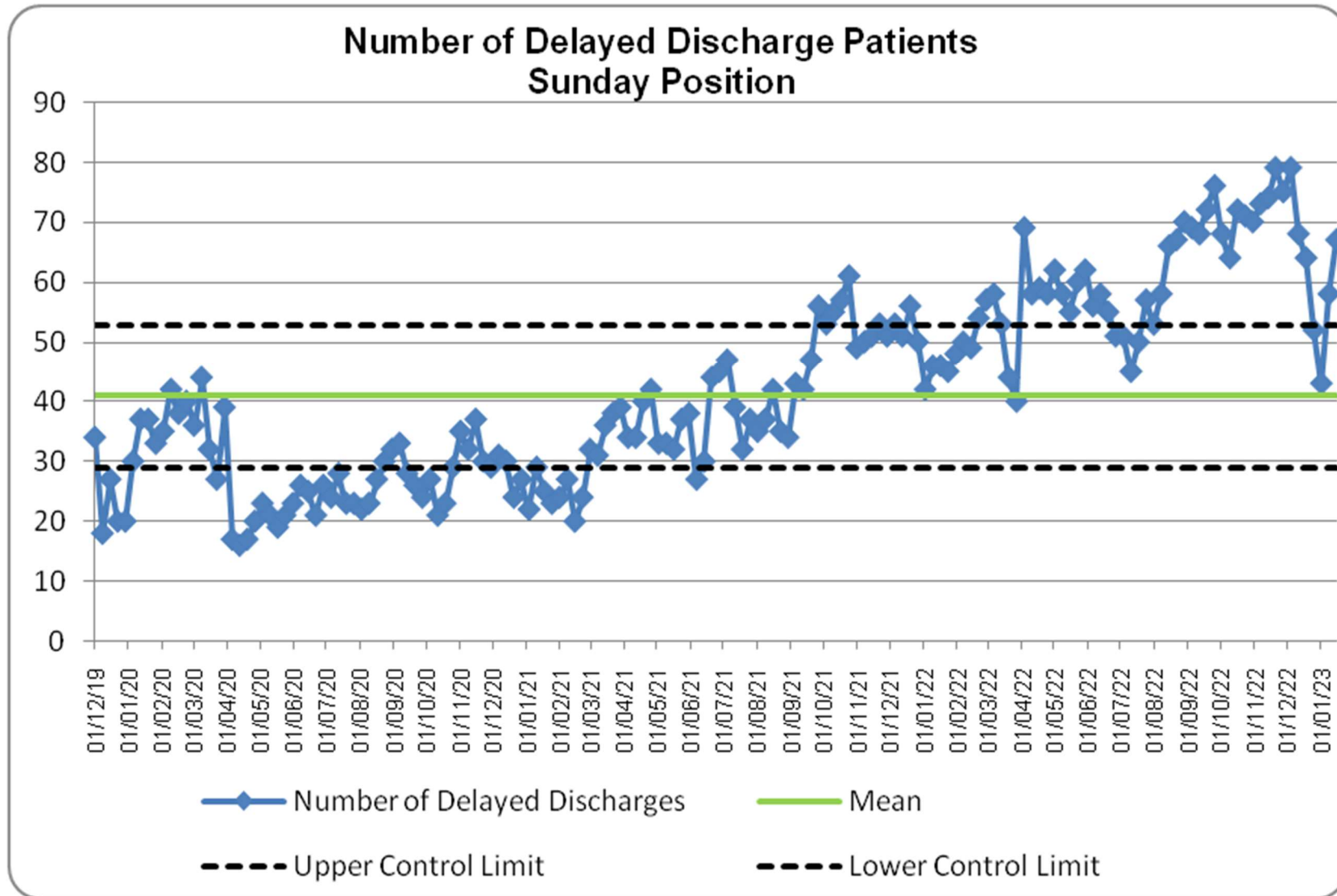
CAMHS Waiting Times- 18 Week Referral to Treatment – Oct 22 last available data.

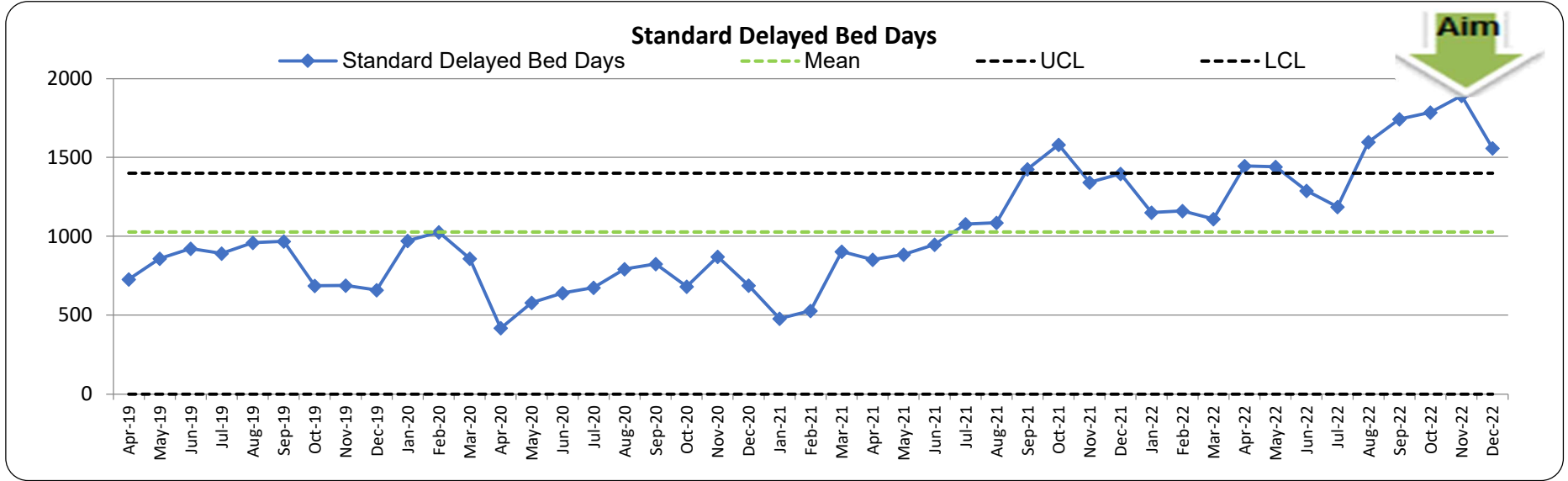
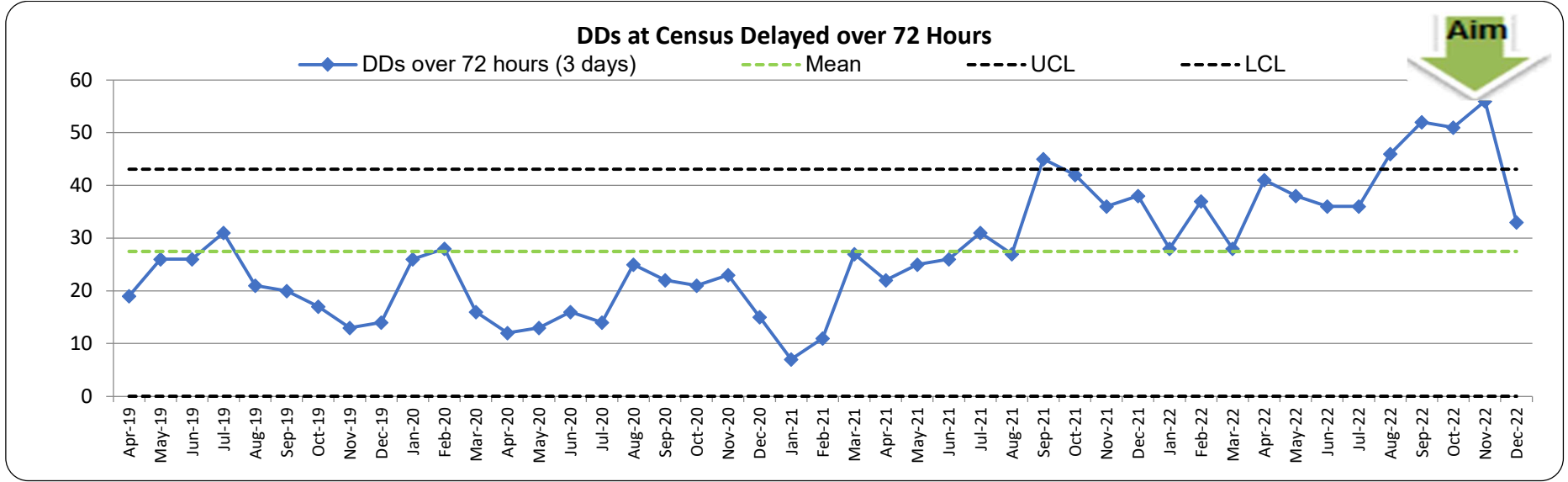


Psychological Therapies Waiting Times- 18 Week Referral to Treatment

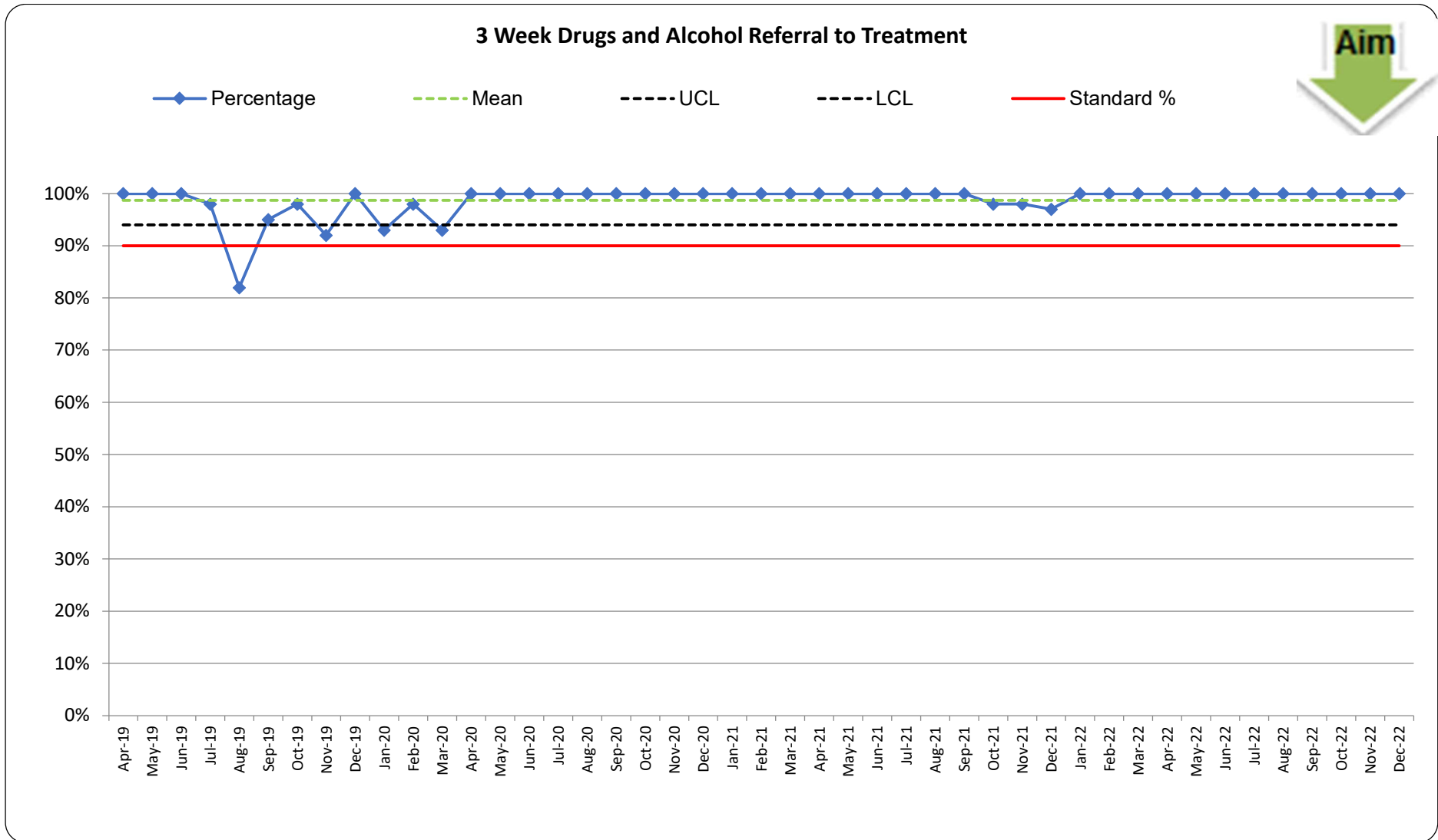


## Delayed Discharges

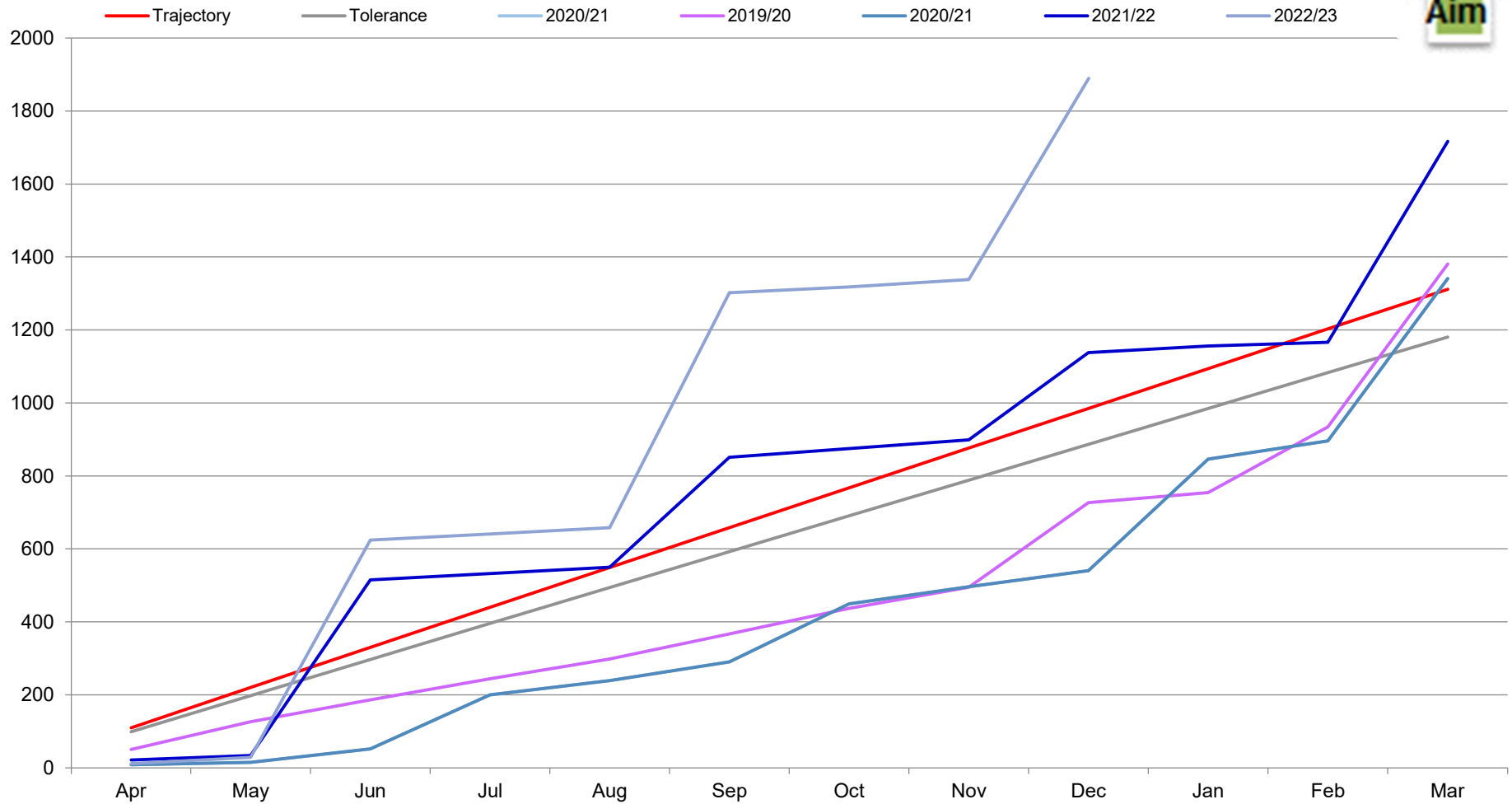




Drugs & Alcohol

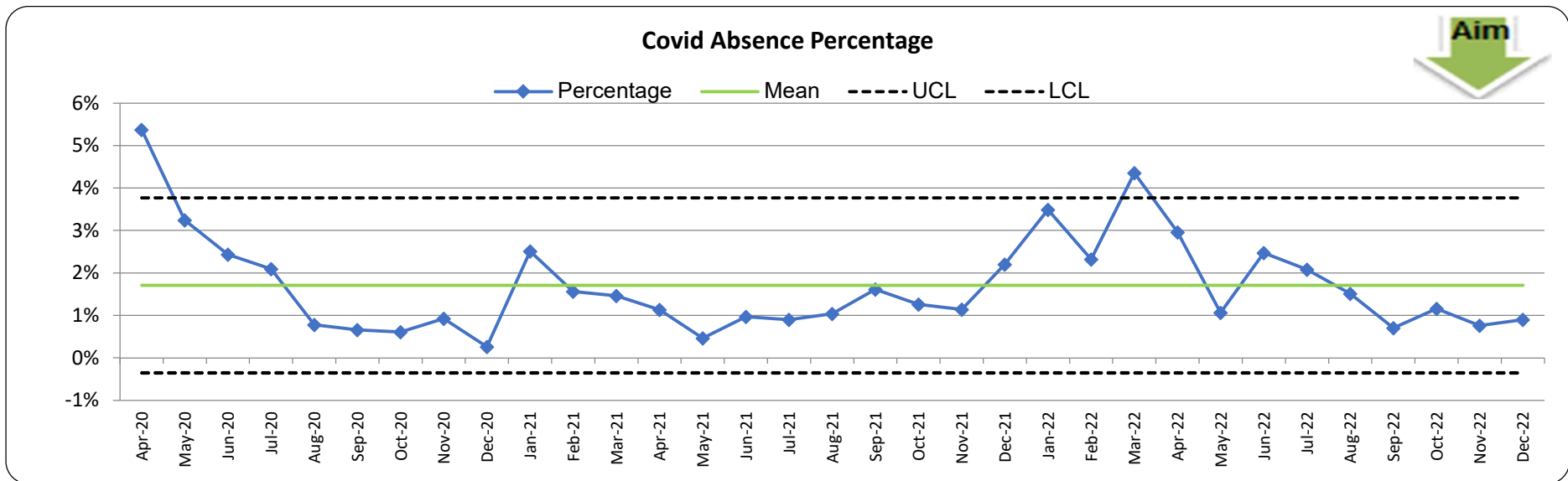
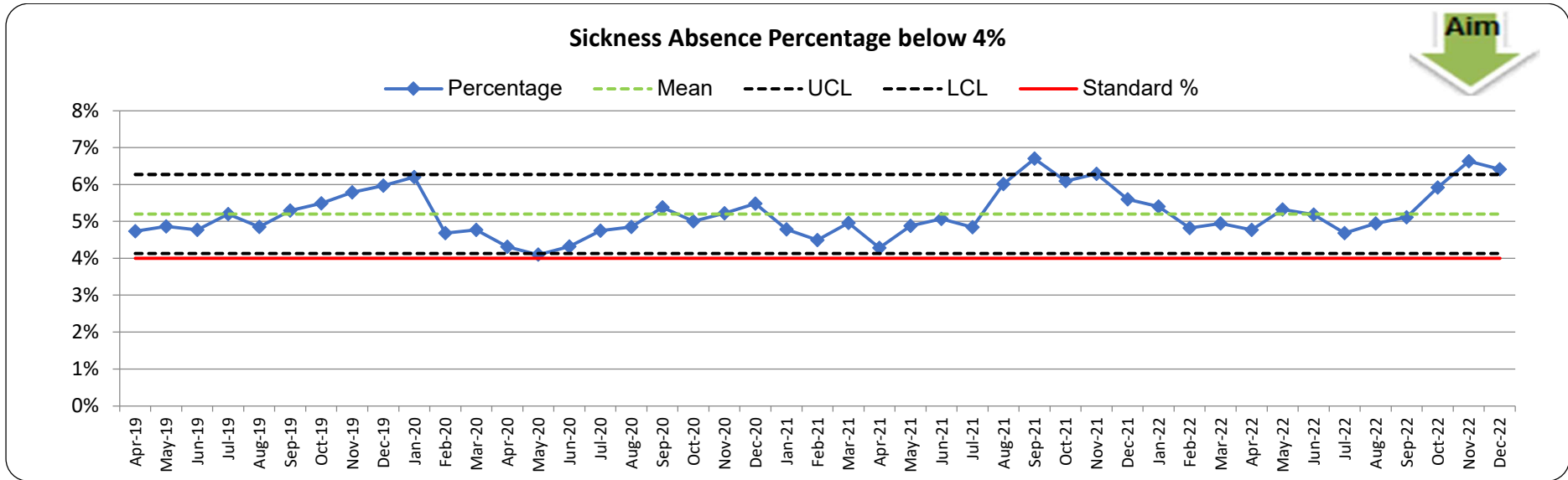


### Number of Alcohol Brief Interventions Delivered



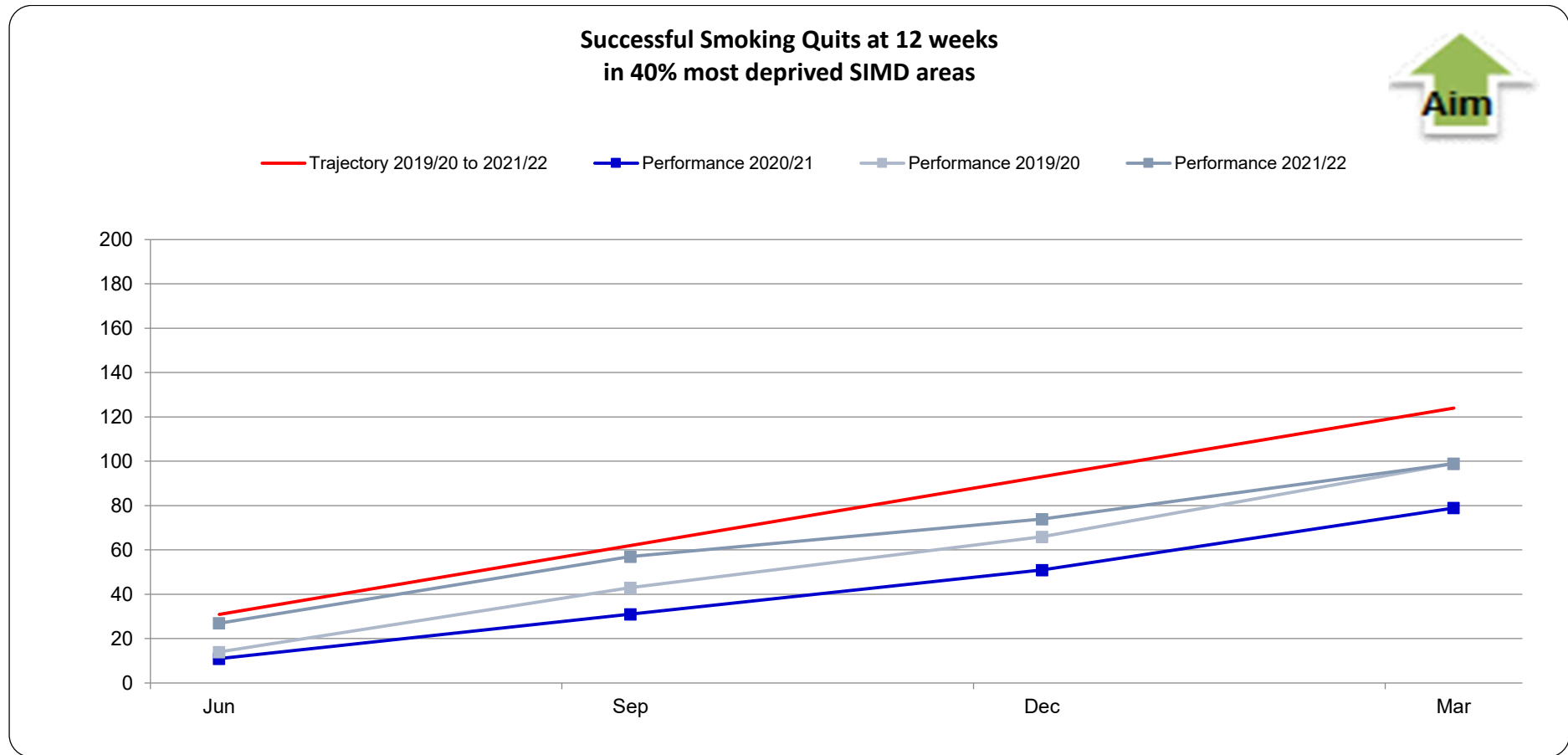


## Sickness Absence



**Smoking Quits** (Please Note: All figures are cumulative. Data is reported quarterly to allow monitoring of the 12-week quit period. There is a 6-month lag time for reporting to allow monitoring of the 12 week quit period.)

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
97.2% (2019/20)	77.4% (2019/20)



# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>2 February 2023</b>
<b>Title:</b>	<b>Strategic Risk Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Laura Jones, Director of Quality and Improvement</b>
<b>Report Author:</b>	<b>Lettie Pringle, Risk Manager</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction

**This aligns to the following NHSScotland quality ambition(s):**

- Effective

## 2 Report summary

### 2.1 Situation

The paper provides the bi-annual update of the strategic risk register for NHS Borders.

The Health Board is asked to note this report.

### 2.2 Background

Understanding strategic risk forms a component part of ensuring that corporate values and objectives are obtained. The strategic risk register is fed into the Health Board on a bi-annual basis to inform members of the current strategic risks NHS Borders is facing.

## **2.3 Assessment**

The strategic risk register has been reviewed and updated by risk owners. Following an exercise with the Board Executive Team to align strategic risks to the 3 year strategic plans, gradings have been updated. At the time of report, the current risks are still in place however, further work is underway to develop as outlined within the report.

83% of strategic risks are graded as very high or high risk to the organisation. Within this report key performance indicators have been included, identifying areas of improvement in compliance required.

Whilst most governance committees were fully assured systems and processes are in place to record these risks, three of four governance committees could only provide partial assurance that these risks were being managed appropriately and proportionately.

### **2.3.1 Quality/ Patient Care**

Strategic risks capture the pressures within health and social care, especially at this time of year. Any implications of individual risks will be addressed by a separate paper as required

### **2.3.2 Workforce**

Strategic risks capture the pressures within health and social care, especially at this time of year. Any implications of individual risks will be addressed by a separate paper as required

### **2.3.3 Financial**

This report covers performance against key indicators. Any implications of individual risks will be addressed by a separate paper as required.

### **2.3.4 Risk Assessment/Management**

The Board Executive Team is managing and monitoring strategic risk. This report covers performance against key indicators. Any implications of individual risks will be addressed by a separate paper as required.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because it is not required for this report.

### **2.3.6 Climate Change**

The identification of a climate change strategic risk supports the organisation's commitment to delivering net zero targets within the given timeframe. Any implications of individual risks will be addressed by a separate paper as required.

### 2.3.7 Other impacts

No other relevant impacts identified.

### 2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how this has been carried out and note any meetings that have taken place.

- Presentation of strategic risk to Governance Committees with external stakeholder membership has allowed for appropriate involvement in the scrutiny and assurance of strategic risks.

### 2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Meetings with risk owners throughout November 2022
- Board Executive Team, 10<sup>th</sup> January 2023
- Audit Committee, 5<sup>th</sup> December 2022

## 2.4 Recommendation

- **Awareness** – For Members' information only.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Strategic Risk Report
- Appendix No 2, Strategic Risk Register

## Strategic Risk Register Update – November 2022

Understanding strategic risk forms a component part of ensuring that corporate values and objectives are attained.

Strategic risk is defined as: **“risk concerned with where the organisation wants to go, how it plans to get there, and how it can ensure survival”**

*(British Standards Institute Risk Management BS 31100:2011).*

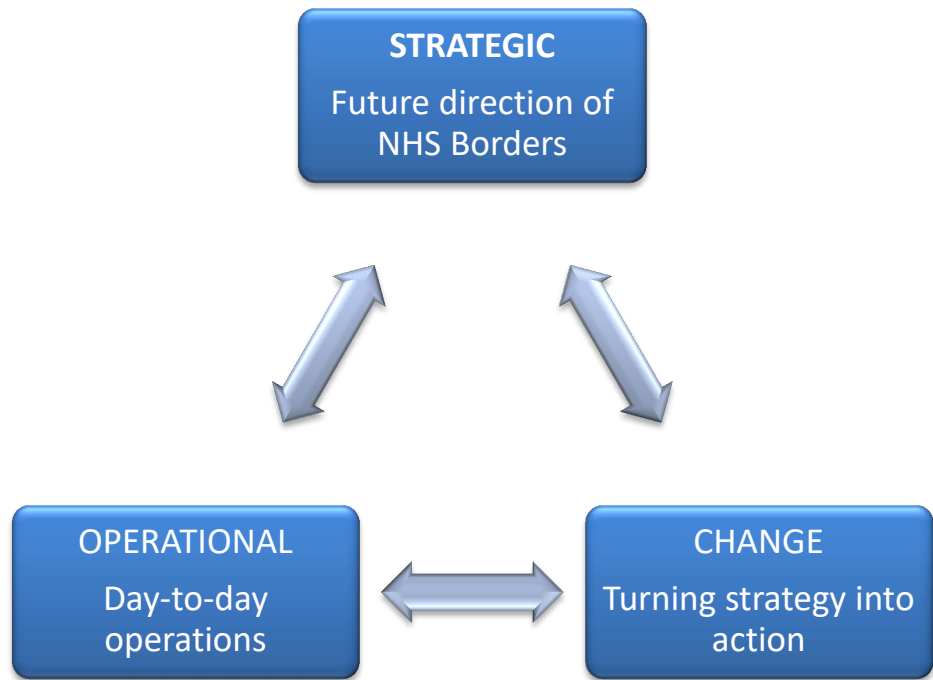


Chart 1: Strategic and operational risk framework

The strategic risk identification closely reflects the corporate direction of the organisation through implementing Board strategies and risks to attaining the Corporate Objectives. BET have a watching brief to identify further risks as strategic issues arise.

The strategic risk register is now held within the electronic risk management system. This allows the risk owners to update risks in real time.

As part of the governance structure for strategic risks, specific risks are fed into a lead governance committee, as identified by each risk owner, with communication lines between each assurance committee as many risks have interlinking aspects that require assurance from multiple committees. The lead governance committee will provide assurance to the Healthboard.

Audit Committee	Full strategic risk register/ risk management process
Clinical Governance Committee	Risks associated with patients/ clinical activity/ clinical aspects
Public Governance Committee	Risks associated with communication/ public engagement
Resource and Performance Committee	Risks associated with finance/ organisational performance
Staff Governance Committee	Risks associated with workforce

## Whole Strategic Risk Register Review

Following a discussion at the Board Executive Team, a review of all the gradings of risks within the strategic risk register is being undertaken to ensure the risks causing most concern are represented correctly on the strategic risk register in line with strategic plans. This exercise has raised additional actions around the strategic risks within the risk register, and has also identified risks that are missing that require to be added. This exercise is currently ongoing with expectations that strategic risks may change somewhat in the coming months.

Actions identified from the strategic risk exercise:

Action	Risk	Owner	Supporting Exec	Progress	RAG
Risks relating to staffing will be amalgamated into one strategic risk covering the whole of NHS Borders workforce (Risk 2, Risk 26 and Risk 31)	Ability to recruit and retain workforce in NHS Borders (inc medical, nursing, support and primary care contractors)	Andy Carter, Director of HR and OH&S	Lynn McCallum, Medical Director Sarah Horan, Director of Nursing, Midwifery and AHPs Chris Myers, Chief Operating Officer	Risk currently being assessed	Yellow
Risks relating to the number of people in hospital receiving care in an inappropriate setting and failure to improve access to emergency and elective care to be amalgamating into a wider risk around system flow in health and care (Risk 16 and 30)	Whole system flow	Gareth Clinkscale, Director of Acute Services	Chris Myers, Chief Operating Officer	Risk currently being assessed	Yellow
Risk relating to remobilisation and clinical strategy (Risk 8 and Risk 22) to be amalgamated into a wider risk around strategic planning and remobilisation	Failure to implement the 3 year organisational strategic plan inc remobilisation and recovery	June Smyth, Director of Planning and Performance			Red
Risk relating to achievement of financial targets (Risk 1) to be expanded into wider risk around unsustainable financial performance	Failure to deliver a balanced financial plan resulting in unsustainable financial performance	Andrew Bone, Director of Finance		Risk included within strategic risk register	Green
New risk to be added	Quality of care and compliance with acceptable standards of care	Laura Jones, Director of Quality and Improvement	Lynn McCallum, Medical Director Sarah Horan, Director of Nursing, Midwifery and AHPs	Risk currently being assessed	Yellow

New risk to be added	Industrial Action	Andy Carter, Director of HR and OH&S		Risk included within strategic risk register	
New risk to be added	National Care Service	Chris Myers, Chief Operating Officer			
New risk to be added	Failure of staff bank to adequately deliver service	Sarah Horan, Director of Nursing, Midwifery and AHPs	Andrew Bone, Director of Finance Andy Carter, Director of HR and OH&S	Discussions carried out and decision made that this is an operational risk. Model for staff bank to continue following CEL from Scottish Government	
Cyber security risk (Risk 29) to be moved to operational risk register with the strategic element captured within digital infrastructure strategic risk	Digital infrastructure and security controls (inc cyber) being inadequate to support local needs	June Smyth, Director of Planning and Performance		Digital infrastructure strategic risk updated and cyber security risk now included in operational risk register	
Risks to be moved to operational directorate risk registers	Board breaches of Code of Corporate Governance (Risk 23)	Iris Bishop, Board Secretary		Risk now included in operational risk register	
Risks to be moved to operational directorate risk registers	Sustainability of organisational leadership (Risk 4)	Ralph Roberts, Chief Executive		Risk now included in operational risk register	
Risks to be moved to operational directorate risk registers	Unacceptable Clinical Performance (Risk 12)	Lynn McCallum, Medical Director		Risk now included in operational risk register	
Risks to be moved to operational directorate risk registers	Failure to have adequate and tested resilience in place for NHS Borders (Risk 5)	June Smyth, Director of Planning and Performance			



This report will highlight the strategic risks as they currently stand on the risk register as at 15.11.2022.

	Risk	Previous Risk Level (Feb 2022)	Current Risk Level (Nov 2022)	Lead Governance Group	Comments
31	Sustaining safe staffing levels and providing clinical specialist services resulting from ability to recruit professional groups (ID3911)	High	Very High	Clinical Governance Committee	<p>The risk level of this has increased to very high which is reflective of the sustained staffing pressures across the whole system, both locally and nationally.</p> <p>A paper relating to nursing within the Acute Clinical Board requesting additional funding to help manage this risk was approved by the Board in September 2022. Recruitment to the support roles outlined in the paper is underway to support the safe delivery of care, release nursing time and provide improved patient outcomes and patient satisfaction.</p> <p>Healthcare Support Workers posts, Housekeeper and Pharmacy Tech posts have been to advert and are at the short listing stage of the recruitment process. Some of Housekeeper hours have been filled through the redeployment process covering MAU and Ward 5.</p> <p>Risk assessments per ward in relation to specific issues are also nearing completion and will be entered onto the operational risk register to help inform the strategic risk.</p>
32 NEW	Failure to deliver a balanced financial plan resulting in unsustainable financial performance (ID3588)		Very High	Performance and Resource Committee	<p>This risk supercedes previous financial risks (Risk 1 and Risk 10).of non achievement of financial targets (RRL and CRL) to better reflect the risk we are facing in NHS Borders should we not deliver a balanced financial plan.</p> <p>There are a number of controls in place to try to attain financial balance however the financial plan continues to identify a recurring deficit in the medium and longer term. An action has been developed which describes actions in place to mitigate the risk facing NHS Borders supported by the financial improvement plan for 2022/23 which outlines the objective of delivering recurring saving of £5m in the current year. This is set in the context of a projected recurring deficit of £20m, before savings, at March 2023. The action plan includes timescales for development of a medium term financial plan with the expectation that this will describe additional actions towards long term financial sustainability.</p>
16	Number of people in Hospital receiving care in an inappropriate setting impacting on clinical outcomes (ID398)	Very High	Very High	Clinical Governance Committee	<p>Work to address the number of patients being cared for in inappropriate settings is continuing; this includes work within Social Care in relation to Home care and Care Home capacity, as well as work more directly related to the Health services in relation to System flow, clinical decision making and our own systems &amp; processes.</p> <p>As previously reported, as part of our work to reset the system, Clinical Boards are progressing a range of further actions to address challenges within our Unscheduled</p>

					<p>Care system, as described in our ADP &amp; ADP updates.</p> <p>The Health &amp; Social Care Partnership (H&amp;SCP) previously developed improvement trajectories for the last few months, linked to a range of actions / mitigations being put in place to address the current issues. It should be recognised, however, that despite implementing the range of actions, other factors / drivers have driven an ongoing rise in delayed discharge numbers. To recognise this, the H&amp;SCP has developed a revised draft trajectory for the next 6 months. This has recently been discussed by the Joint Executive (Executive teams for NHSB, SBC &amp; the H&amp;SCP). Again, despite identified interventions the current draft trajectory suggests no reduction in delayed discharges. The Joint Executive agreed this was not a sustainable position and have asked for further work to be progressed as a priority to assess other actions required to support a reducing trajectory.</p> <p>The current controls for this risk remain applicable. However it is recognised that with the level of pressure in the system and the current inability to reduce delays we have not yet been able to mitigate this risk. This is consistent with experience across the NHS in the rest of Scotland and indeed the UK. The current risk level has escalated from very high (20) to very high risk (25); this reflects the overall service and workforce pressures being experienced and projected over the winter assuming limited progress in reducing delays in the system throughout the Health and Care system.</p> <p>Once all actions described in Action plan and above are implemented then it would be expected that the risk will be reduced. However, the overall impact of this will ultimately be dependent on addressing the workforce challenges in the system, including the Social Care system and we are therefore dependent on Partnership work to address this</p>
27	Organisational compliance with health and safety regulations and legislation (ID3032)	Very High	Very High	Staff Governance Committee	A robust action plan is in place to reduce this risk in the longer term. Controls monitored and maintained.
33 NEW	Potential for industrial action over proposed 2022/2023 pay awards (ID4459)		Very High	Staff Governance Committee	<p>The pay for the NHS Scotland workforce is currently under negotiation between Scottish Government and the recognised NHS Trade Unions. Trade Unions are required to provide 14 days notice of any planned Industrial Action, to date we have received no notifications.</p> <p>The need to maintain and deliver essential and emergency health services is accepted by employers and trade unions and there will be exemptions for some services. Employers and Trade Unions work together to determine what these are.</p> <p>Business Units are identifying their essential and emergency services and are determining minimum staffing levels required to run these services.</p>

18	Reducing the harm from inequalities (ID3129)	Very High	Very High	Public Governance Committee	<p>The economic situation, cost of living and cost of fuel will all impact greatly on our population more harshly on our poorest people. Unfortunately, there is no routine way to identify poor &amp; deprived people suitable for rural area. The Scottish Index of Multiple Deprivation works well in metropolitan areas.</p> <p>Discussions with the DPH of Northumberland and NHS Highland show a shared concern. It is planned to setup a group that would look at ways of identifying the deprived in rural areas using routine data, possibly through collaboration with GP colleagues. We need a mechanism of identifying need at a granular level, by postcode if not at a lower, family level. In the meantime, we are working to develop a proposal to enable small grants/vouchers to be distributed to people in need (patients and/or NHS Staff) using the NHS Border's charity. This will be considered in early December.</p> <p>Service improvements, transformational interventions and financial improvements are being assessed for their impact on health inequalities by Public Health. We are somewhat hindered by tired staff who need to recharge their physical and psychic batteries.</p>
5	Failure to have adequate and tested resilience in place for NHS Borders. (ID1592)	Very High	Very High	Performance and Resource Committee	It is expected the likelihood of this risk will fluctuate, reflecting current operational risks arising relating to day-to-day activities.
24	Staff Wellbeing during and post COVID-19 pandemic (ID3915)	Very High	Very High	Staff Governance Committee	Staffing levels continue to be the biggest concern of our staff wellbeing needs and this is being looked at via recruitment internationally and other approaches including use of bank and agency however this still continues to be a significant pressure on staff and their physical and mental wellbeing.
28	Digital infrastructure and security controls being inadequate to support local needs (ID3405)	High	High	Performance and Resource Committee	<p>This risk was identified as local digital and information infrastructure and security standards are becoming inadequate to support local needs. The pandemic has increased the reliance on the digital infrastructure and highlighted the need for digital transformation to support a new way of working.</p> <p>Gaps were identified and an action plan to address these put in place with the target of reducing this risk to medium within the next 3-5 years.</p>
26	Impact of inability to sustain independent contractors services across all part of the Borders population (ID3910)	Very High	High	Performance and Resource Committee	Significant concerns relating to the sustainability of General Practice in particular within the Scottish Borders - associated to the termination of contract of the former Duns Medical Group, closure of the Coldingham Branch Surgery, merger discussions between Elwyn and Braeside practices, and challenges relating to the provision of out of hours General Practice (BECS).
6	National and regional agenda for training delivery not fully implemented. (ID 1594)	High	High	Staff Governance Committee	Recent Internal Audit output has led to an action plan to advance the statutory & mandatory agenda, with actions including raising the profile of compliance/non-compliance at Area Partnership & Staff Governance Committee level and re-working the local Education Policy.

17	Potential to comply with infection control standards and precautions relating to fabric and layout of buildings (ID583)	Very High	High	Clinical Governance Committee	<p>It is recognised that this risk is written in operational format as it was captured during COVID-19. There are active discussions to improve risk analysis and develop a more robust action plan, aligned to the development of the Property and Asset Management Strategy (PAMS). This risk will be re-assessed and risk analysis undertaken to move this risk from operational to strategic context.</p> <p>Following the appointment of the Head of Estates post in August 2022 a full review of all property risks is currently being undertaken. Initial findings from this review have highlighted that there are very high operational risks relating to fire, water safety and ventilation and action plans are now in place.</p> <p>In addition, a full review of extant building regulations and guidance is being undertaken in order to identify any areas of non-compliance within the estate. This review is expected to conclude early in 2023.</p> <p>The Head of Estates is currently progressing a proposal to address service capacity within Estates including the establishment of a compliance team to provide oversight to statutory compliance and risk management.</p> <p>Following discussions with Scottish Government it has been agreed that the Board will prepare an Initial Agreement (IA) document to outline a proposed long term property strategy for the estate.</p>
2	Destabilisation of clinical services within NHS Borders due to inability to recruit and retain medical workforce. (ID1591)	High	High	Clinical Governance Committee	<p>The medical workforce is a significant risk to the organisation. Continual work is undertaken in recruitment and retention and to implement the compassionate leadership approach to allow clinicians to deliver to expectations.</p> <p>Specifically the services that are at most risk at the current time are:</p> <ul style="list-style-type: none"> <li>• Dermatology</li> <li>• Cardiology</li> <li>• General Practice</li> </ul> <p>Posts have been to advert for a variety of different specialities, but recruitment to these has been unsuccessful. To mitigate the gaps, NHS Borders is exploring ways to diversify the workforce and examine regional links to maintain services as safely as possible.</p>
3	Less effective service delivery as a result of ineffective partnership working with key organisational partners (ID1585)	High	High	Performance and Resource Committee	<p>Whilst controls have been put in place to reduce this risk to an acceptable level, they will take time to be fully effective. It is recognised there is the opportunity for further joint working between NHSB and SBC supported through the IJB. To fully achieve this will require further focus and commitment from all parties to support more communication amongst staff teams and across the population.</p> <p>Joint financial planning has started however requires time to bed in. New CFO in post.</p>

					<p>Joint performance reporting is in place to report to the IJB; appropriate elements of this are also included in the Board's Performance reporting as a delivery partner. There is an opportunity to further improve partnership working by reviewing the effectiveness of this in light of COVID-19 response, building on lessons learned and looking forward to the national care service.</p>
22	Failure to implement remobilisation successfully (ID2958)	Medium	High	Clinical Governance Committee	<p>This risk has decreased in risk level from High (16) to High (12) in line with the grading against the 1-3 year strategic plans.</p> <p>As part of the strategic exercise to rationalise the strategic risk register based on 1-3 year strategic planning it was agreed that this risk will form part of a wider risk covering implementation of the organisational 3 year strategic plan moving forward.</p> <p>All services are remobilised to a maximum level achievable given constraints. Risks highlighted within the strategic risk register, such as workforce, whole system flow and finance, have impacted on NHS Borders achieving pre-COVID remobilisation levels.</p>
30	Failure to achieve appropriate access to emergency and elective services (ID3912)	High	High	Clinical Governance Committee	<p>An Urgent and Unscheduled Care programme has been developed, in partnership across NHS Borders and Scottish Borders Council, that is acting to deliver transformational change and improvement that improves patient flow and thus reduces the likelihood of this risk occurring. The programme aims to strengthen good patient flow processes, develop virtual ward capacity, streamline pathways into the community and extend the Kaizen QI approach recently tested in MAU. A full paper outlining the programme is tabled for the Resources and Performance Committee 3<sup>rd</sup> November and is available on request.</p> <p>Work is underway in partnership with Strathclyde University to map Urgent and Unscheduled Care across the Scottish Borders. Several workshops have been held to map pathways and work is now moving to develop a 'vision for 2030 for urgent and unscheduled care'. This work will guide transformation and strategic change moving forward.</p> <p>An Integrated Planned Care programme has been developed to plan and delivery change that will support recovery of waiting times backlogs. A full paper outlining the programme is tabled for the Resources and Performance Committee 3<sup>rd</sup> November and is available on request. Part of the programme includes activities to protect elective surgery from unscheduled care pressures. Ward 17 has opened as a protected area for Day Case surgery and will move to seven day inpatient operating within the next 6 weeks.</p>
9	Failure to plan effectively for a significant outbreak for communicable disease e.g. epidemic, pandemic (ID1596)	High	High	Clinical Governance Committee	<p>This risk has remained as a High (12) risk level since May 2022. This risk has stabilised but there is an expectation the number of COVID and influenza cases may increase over the winter months. There are a number of controls in place to reduce risks to NHS Borders should there be an increase of COVID-19 cases. This includes the accelerated</p>

					<p>vaccine programme (the latter also covering influenza) and collaboration with Public Health Scotland on the initial investigation of a Variant or Mutation of Concern.</p> <p>Locally, short-term measures are in place to support resilience within the Health Protection Team through mutual aid arrangements with NHS Fife. In the medium to longer term, the Regional Health Protection programme is expected to provide resilience across the four Boards of Borders, Fife, Forth Valley and Lothian.</p> <p>Based on learning from the pandemic, there are established pathways in place for care homes in the Scottish Borders to support testing and early detection of respiratory infections. The community-facing aspect of NHS Borders Infection Prevention and Control has also been strengthened.</p>
29	Cyber Security (ID1178)	High	High	Performance and Resource Committee	This risk is expected to be moved to the operational risk register, with strategic elements of cyber security being captured within the digital infrastructure and security strategic risk.
25	The effect of climate change has a detrimental effect on the delivery of NHS services in Scottish Borders region (ID4156)	Very High	High	Performance and Resource Committee	<p>This risk level has been reduced from very high to high risk in light of parameters put in place around timescales of strategic risks and linking these to the 3 year strategic plans to ensure these risks can be prioritised appropriately.</p> <p>While climate change is still a significant risk for NHS Borders, in the terms of 3 year planning this reduces the risk to a high risk due to only one legislative requirement within this timescale regarding fleet management which NHS Borders is on trajectory to achieve. The risk grading reflects the significance of the potential consequences, whilst recognising that these are less likely to occur within the next 3 years.</p> <p>Longer term this risk is expected to escalate if continued actions are not undertaken to achieve net zero targets within timescales.</p>
34 NEW	Failure of the Board to effectively involve patients, public and third sector partners in decision making (ID3918)		Medium	Public Governance Committee	<p>The Quality Management System action plan based on the public workstream is not on track to be delivered within timescales due to team capacity constraints and other urgent operational engagement work.</p> <p>The action plan and timelines are therefore being revisited – no timescale for this has been agreed. Once the action plan is complete it is anticipated there will be a reduction in risk.</p>
8	Failure to meaningfully implement clinical strategy. (ID1593)	Medium	Medium	Performance and Resource Committee	This risk remains as a medium risk and is supported by the current 3 year strategic plans and remobilisation plan.

19	Risk to COVID-19 vaccination programme delivery (ID3127)	High	Medium	Performance and Resource Committee	It is anticipated that this risk will be de-escalated to the operational risk register following the winter period 22/23.
21	Failure of the organisation to have a culture, systems and processes in which staff feel safe and confident to speak up (ID3766)	Medium	Low	Staff Governance Committee	This risk has been reduced to a low risk which reflects the implementation of robust actions put in place to improve the culture within the organisation. A Governance group has been established to monitor activity relating to whistleblowing in NHS Borders which also monitors the risk to ensure there is no escalation of risk levels.

### **Risks Removed from Strategic Risk Register**

	Risk	Risk Level Achieved	Reason for Removal
1	Non-achievement of financial targets (RRL and CRL), (ID1589)	Very High	This risk has been superceded by Risk 32 (ID3588)
4	Sustainability of organisational leadership. (ID1597)	Medium	
10	Financial decision-making in partner organisations' budgets impacts on NHS Borders. (ID1586)	Medium	This risk has been superceded by Risk 32 (ID3588)
12	Unacceptable Clinical Performance. (ID1588)	Medium	
23	Board breaches of Code of Corporate Governance (ID2686)	Medium	

Risk 1 and Risk 10 have been superceded by Risk 32 which captures elements of both these risks into a single strategic risk assessment relating to sustainability of the financial performance of NHS Borders. As such both these risks have been removed from the strategic risk register.

Risk 4 was initially put on the strategic risk register following leadership changes, vacancies and retirements. As this has now been addressed this risk has been moved onto the Chief Executive's operational risk register to ensure it is monitored and is not escalating. Any changes to leadership are managed as an operational decision.

Risk 12 has been transferred to the Medical Director's operational risk register following implementation of a robust action plan where pragmatic controls have been put in place to minimise this risk should it materialise.

As the Board Secretary oversees the Code of Corporate Governance Risk 23 has been transferred to the Board Secretary's operational risk register to manage and ensure appropriate controls are in place to reduce the chance of this risk escalating. As part of the strategic risk exercise this was deemed to be an operational risk rather than a strategic risk.

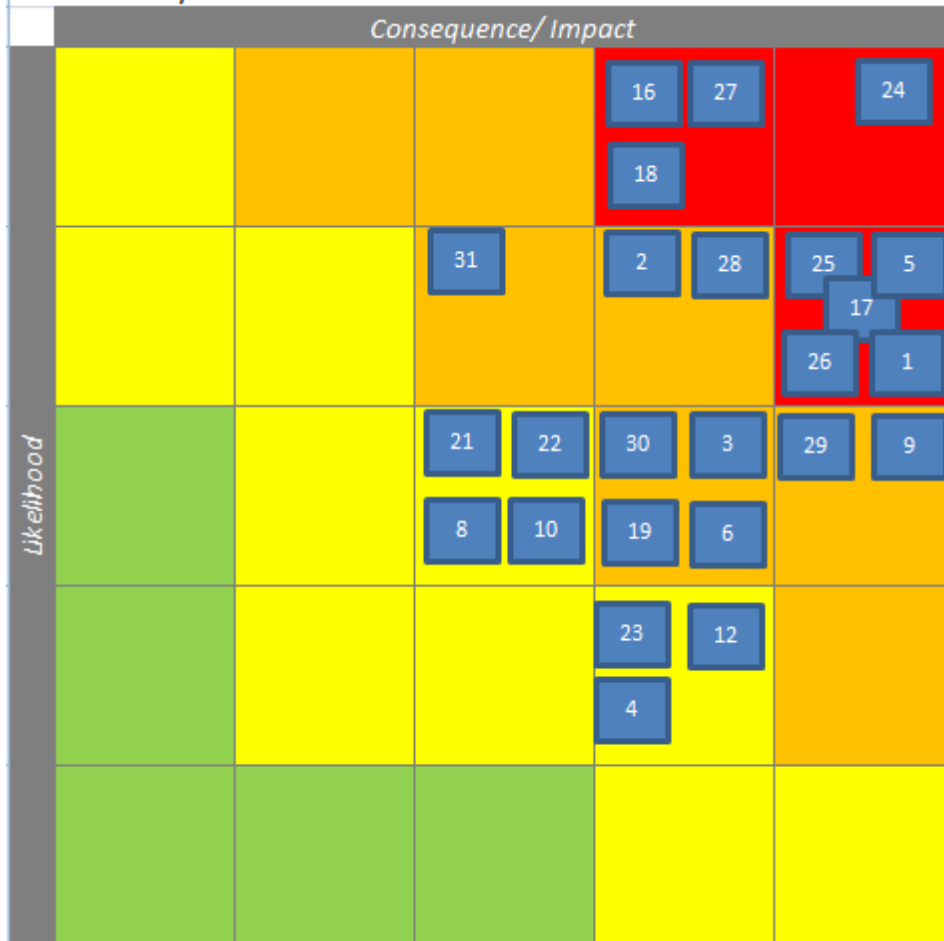
## **Risk Movement**

The below risk profile highlights the decrease in risks on the strategic risk register following the strategic risk exercise. Risks are now reflective in line with the 1-3 year strategic plans for the organisation and the risk profile now illustrates the risks which are of most concern during this time period.

83% of strategic risks are graded as very high or high risks to NHS Borders. The number of risks within the strategic risk register has reduced from 25 to 23, although it is important to note there is an expectation that numbers will fluctuate as risks are amalgamated and new risks entered, as outlined in the actions from the strategic risk exercise.



As at February 2022



As at November 2022

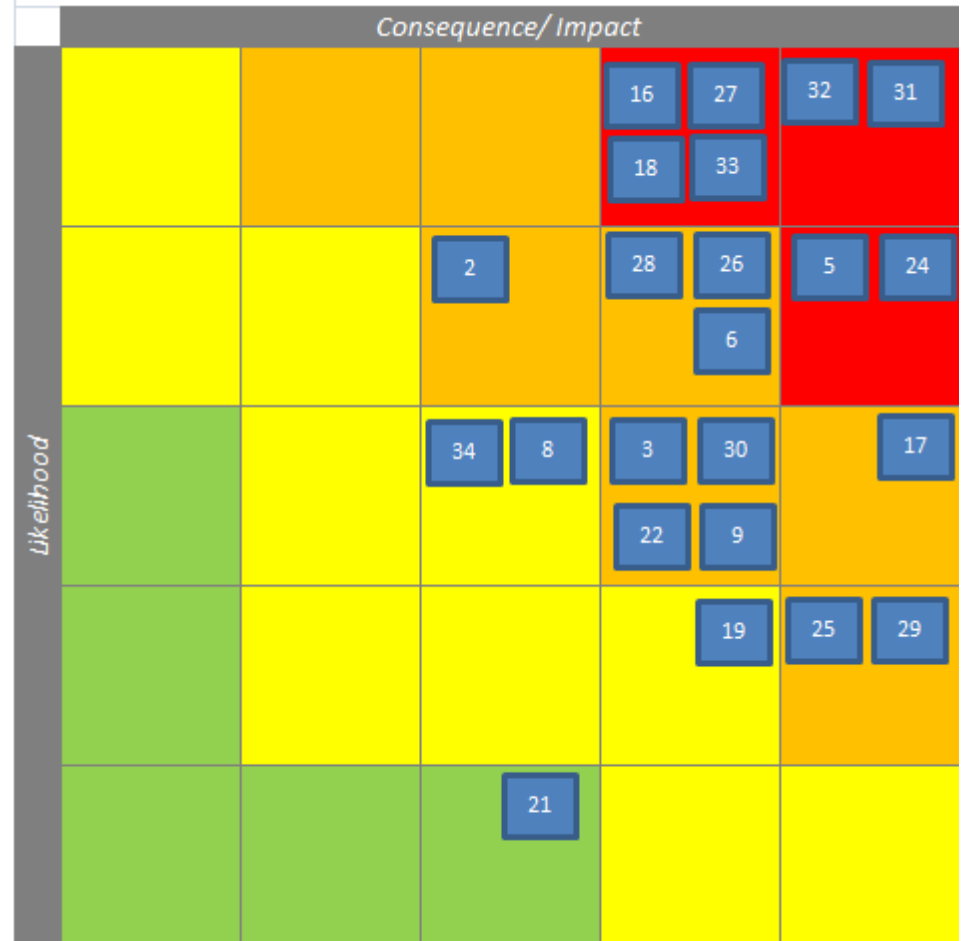


Chart 2: Strategic risk movement

## Key Performance Indicators for Strategic Risks

Red = <50%, Amber = 51%-89%, Green = 90-100%

Target Descriptor			Compliance Level				Performance	Status	Comments		
			Target	As at 25.11.2021	As at 28.01.2022	As at 08.03.2022					As at 23.11.2022
Within review date by risk level	Current Risk Level	Review timescales (no more than)	90%	66%	80%	89%	25%	↓	R	Number of Risks Outwith Review Date 6 of 8	
	Very High	Every 6 months		90%	89%	100%	10%	↓	R	Number of Risks Outwith Review Date 10 of 11	
	High	Every year		71%	100%	100%	66%	↓	A	Number of Risks Outwith Review Date 1 of 3	
	Medium	Every 2 years		100%	100%	100%	0%	↓	R	Number of Risks Outwith Review Date 1 of 1	
	Low	Every 2 years									
Timescales for risk approval	Risks in development not approved within policy timescale	Risks in development should be finally approved within 104 days	80%	0%	0%	0%	100%	↑	G	Of the one risk entered onto the risk register between Feb 2022 and Nov 2022; this has been approved within policy timescale.  <i>Capturing of this information has changed within Nov 2022 report to only include new risks entered onto the strategic risk register within the time since the last report.</i>	
Risk outwith risk appetite taken through appropriate risk appetite process			100%	0%	0%	0%	0%	↔	R	No risks taken through the risk appetite process; there is a gap in training where this process needs to be embedded into Board Executive Team and monitored as a group.	
Action plans in place			100%	92%	93%	100%	100%	↔	G	All risks have an action plans in place for risks on the strategic risk register.	
Number of staff completing risk management eLearning			80%	80%	80%	90%	80%	↓	A	eLearning	No of staff undertaken
										Adverse Event Reporter eLearning	8 of 10

## Scrutiny and Assurance

For each strategic risk a governance committee is identified by the risk owner as the lead committee to provide scrutiny and assurance to the health board. The below chart outlines the lead assurance committee for each risk on the strategic risk register.

Between February 2022 and November 2022, risks were presented to the Clinical Governance Committee, Public Governance Committee and Staff Governance Committee.

	Risks managed appropriately and proportionately			Systems are in place to record these risks			Comments
	Full Assurance	Partial Assurance	Assurance Not Given	Full Assurance	Partial Assurance	Assurance Not Given	
Audit Committee	No strategic risks within Audit Committee remit for assurance						Strategic report was due at Audit Committee in August 2022 but was postponed until December 2022 to capture outcome of strategic risk exercise.
Clinical Governance Committee							November 2022 – Partially assured that risks are managed appropriately and proportionately. However the Committee are assured that as much is being done as we can within the resource we have.  <i>Next report Due May 2023</i>
Public Governance Committee							November 2022 – Partial assurance given that risks are managed appropriately and proportionately. No assurance given on inequalities strategic risk and full assurance given for public engagement strategic risk.  Partial assurance given to systems and processes in place to record these risks, focused around Health Improvement Inequalities Assessments in reports rather than risk management systems  <i>Next report Due May 2023</i>

Performance and Resource Committee	Green	White	White	Green	White	White	<p>February 2022 – Full assurance given for both risks being managed appropriately and proportionately and that there are systems in place to record these risks.</p> <p>Reporting into this governance committee has not been undertaken in 2022 due to a request from this committee to only receive strategic risk report annually. This is next scheduled in to be presented in January 2023.</p> <p><i>Next report Due January 2023</i></p>
Staff Governance Committee	White	Yellow	White	Green	White	White	<p>June 2022 – Partial assurance given around the staff wellbeing risk. Whilst it was acknowledged there are controls in place, these are not reducing the risk to the organisation.</p> <p>Full Assurance was given on the systems and processes being appropriately used and followed.</p> <p><i>Next report Due December 2022</i></p>

Chart 3: Scrutiny and assurance

## **Recommendations**

Development and Improvement work recommendations to be undertaken in 2023 include:

- Completion of strategic risk exercise actions
- Development of a schedule to review strategic risks outwith organisational risk appetite
- Review of risk appetite statements to ensure they are reflective of the current position of NHS Borders
- Continued review of strategic risks by Board Executive Team

ID	Service	Risk Owner	Supporting Executive/Peer Support	Governance Group	Title of risk	Description	Corporate Objective	Opened	Risk level (current)	Risk level (Target)	Risk Status	Controls in place	Adequacy of controls	Gap Analysis	Review date	Risk Action Plan
3588	Strategic Risk Register *Board Executive Team Use Only*	Andrew Bone		Performance and Resource Committee	Failure to deliver a balanced financial plan resulting in unsustainable financial performance	Risk that the board does not meet its statutory financial targets including delivery of a balanced financial position over a	Provide high quality, person centred services that are safe, effective, sustainable and affordable.	10/03/2021	V High (25)	High (10)	Treat	STANDING CONTROLS  NHS BOARD & COMMITTEES: scrutiny of board risk & performance through the board and its committees,	No	MEDIUM/LONG TERM: Financial Plan continues to identify a recurring deficit. Actions to address the deficit are not sufficient to deliver a balanced plan over the agreed planning cycle.	31/08/2022	Financial Governance - Scheme of Delegation - Review of delegation framework Financial Governance - Grip & Control Group - review of effectiveness of controls Financial Strategy - update framework after approval of 3 year plan
3911	Strategic Risk Register *Board Executive Team Use Only*	Sarah Horan	Andy Carter	Clinical Governance Committee	Sustaining safe staffing levels and providing clinical specialist services resulting from ability to recruit professional groups	Sustaining safe staffing levels in accordance with Workload tools and triangulation of safe staffing. Potential to not be able to	Provide high quality, person centred services that are safe, effective, sustainable and affordable., Reduce health inequalities and improve the health of our	07/05/2021	V High (25)	High (12)	Treat	Rigorous control of rostering to ensure staff have adequate time off work. All elective work undertaken on a needs clinical prioritisation basis.	No	Long term strategy to address increasing gaps in nursing staff across NHS Borders, particularly in Acute settings where staffing levels are affecting delivery of core services	25/07/2022	International recruitment of RGNs - professional lead identified to support HR lead post to be advertised 5 nurses currently expected to arrive April 2022 Over recruitment of HCSWs to enable getting ahead of current attrition rates via retirement Using Princes Trust to maximise employability of individuals
1592	Strategic Risk Register *Board Executive Team Use Only*	June Smyth		Performance and Resource Committee	Failure of Resilience	Failure to have adequate and tested resilience in place for NHS Borders	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	21/10/2019	V High (20)	Medium (5)	Treat	1.Training and exercising business continuity plans overseen by Resilience Committee 2.Monitoring that adequate plans exist & are relevant	No	Internal audit on business continuity highlighted a number of gaps including keeping business continuity plans up to date. The implementation of the business continuity electronic system should assist in addressing this issue. Related to this is the release of staff	30/10/2022	Transfer secondary equipment to the resilient facility when available Action plan in progress following internal audit recommendations Draft Resilience Policy
398	Strategic Risk Register *Board Executive Team Use Only*	Ralph Roberts	Chris Myers	Clinical Governance Committee	Number of people in Hospital receiving care in an inappropriate setting impacting on clinical outcomes	Patients receiving care in inappropriate settings because of extended hospital stays and delays in discharge, resulting in lower	Provide high quality, person centred services that are safe, effective, sustainable and affordable., Safe patient care	25/01/2022	V High (20)	Medium (9)	Treat	Admission and discharge processes agreed DD target in place; DD monitoring / reporting DD Audit taken place with relevant action plan	No	Information evidences continued levels of DD, particularly in Community Hospitals, Complex MH patients and in the BGH	30/06/2022	Progress SIP and ensure implementation provides clear plan to address DD on an ongoing basis Ensure IJB 22/23 Budget supports reduction of DD Embed effective implementation of agreed Discharge processes with delegated services embed agreed DD processes effectively within Acute
3032	Strategic Risk Register *Board Executive Team Use Only*	Andy Carter		Staff Governance Committee	Organisational compliance with health and safety regulations and legislation	Health and Safety at Work etc Act 1974 - This Act places a legal duty on employers to ensure, so far as reasonably practicable,	Provide high quality, person centred services that are safe, effective, sustainable and affordable.	17/11/2020	V High (20)	High (12)	Treat	NHS Borders policies and guidance Provide Leadership advice & systems for adverse event management Electronic risk management	No	- Lack of strategies: OH&S, risk management, premises and equipment. - Change management processes does not factor in OH&S implications. - No defined health and Safety structure. - Policy gaps, additional policies required,	01/08/2022	Develop 5/10 year Occupational Health & Safety Strategy Develop premises and equipment strategy to support health and safety Integrate occupational health and safety as a consideration in governance structure for change management Review health and safety structure and service delivery
4459	Strategic Risk Register *Board Executive Team Use Only*	Andy Carter	Sarah Horan	Staff Governance Committee	Potential for industrial action over proposed 2022/2023 pay awards	Should all or some of the health trades unions take strike action this could have a detrimental impact on the delivery of core	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	13/09/2022	V High (20)	High (12)	Treat	Whole Systems Pressures Incident Team can be convened. Mutual Aid/Chief Executive/Scot Gov support? (National Group advising CE's -	No	National Guidance for Line Managers on Strike Action is still in development. Business Continuity Plans to be updated. Line Managers to be aware of SSTS procedures for Strike Action Financial plan to support pay deal	18/11/2022	Whole Systems Pressures Incident Team to be convened as required Share information of any ongoing NHS Scotland interventions coming through the through CE network. Share information of any ongoing NHS Scotland interventions coming through the through HRD network.
3129	Strategic Risk Register *Board Executive Team Use Only*	Sohail Bhatti	Andy Carter	Public Governance Committee	Reducing the harm from inequalities	Risk related to failure to address inequalities resulting in poorer health outcomes for certain groups or parts of the population,	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	02/12/2020	V High (20)	High (12)	Treat	Whilst this is a societal issue, the healthboard can put in actions to mitigate. NHS Borders agreed a health in all policies approach Joint Health Improvement	No	Quality services with allocation of resources proportionate to need Mitigation of inequalities through employment and procurement processes Inequalities within society is outwith NHS Borders full control	30/09/2022	Establishment of health inequalities strategic group for NHS services Whole system approach involving NHS looking at service provision, training and service allocation NHS Borders working towards Living Wage employer status Child Poverty action plans
3915	Strategic Risk Register *Board Executive Team Use Only*	John McLaren	Andy Carter	Staff Governance Committee	Staff Wellbeing during and post COVID-19 pandemic	COVID-19 threatens all operations as a result of its potential impact on duty of care and staff wellbeing.	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	10/05/2021	V High (20)	Medium (9)	Treat	NHS Borders policies and procedures NHS Borders training Occupational Health support to all staff Ensure daily situational	No	Significant concerns from staff and management regarding patient flow Reduced capacity within inpatient units impacting on staff wellbeing Reduced staffing	30/11/2021	Ongoing development of initiatives through the staff wellbeing group communication and posters to be issued informing staff of all support available
3405	Strategic Risk Register *Board Executive Team Use Only*	June Smyth		Performance and Resource Committee	Digital infrastructure and security controls being inadequate to support local needs	Local Digital & Information infrastructure and security standards being inadequate to support local needs	Provide high quality, person centred services that are safe, effective, sustainable and affordable.	12/02/2021	High (16)	Medium (6)	Treat	Capital refresh annual plan Operational routine maintenance and patching & SOPs Digital portfolio investment programme	No	Lack of Digital strategy and forward agreed view for investment inadequate cyber governance process and controls sustainable IT infrastructure support model and regular training for staff	30/06/2022	New Digital Strategy developed & agreed by NHS Board Develop new target Operating Model for digital teams Ensure appropriate governance & plans in place to meet cyber & IG legislation Ensure IT infrastructure refresh plan in place for 3-5 years Secure sustainable funding model for Digital
3910	Strategic Risk Register *Board Executive Team Use Only*	Chris Myers	Lynn McCallum	Performance and Resource Committee	Impact of inability to sustain Primary Care independent contractors services across all part of the Borders population	Impact of inability to sustain Primary Care independent contractors services across all part of the Borders population	Provide high quality, person centred services that are safe, effective, sustainable and affordable.	07/05/2021	High (16)	Medium (9)	Treat	Close liaison with primary carer providers (community pharmacies, GPs, general dental services). Increase in the engagement between Primary and Community Services	No	Significant concerns relating to the sustainability of General Practice in particular within the Scottish Borders - associated to the termination of contract of the former Duns Medical Group, closure of the Coldingham Branch Surgery, merger discussions between	30/09/2022	Development and implementation of HSCP Integrated Workforce Plan
1594	Strategic Risk Register *Board Executive Team Use Only*	Andy Carter	Sarah Horan	Staff Governance Committee	National and regional agenda for training delivery not fully implemented	Incomplete delivery of statutory/ mandatory and professional skills training	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	22/10/2019	High (16)	Medium (8)	Treat	NHS Borders Statutory and Mandatory training policy Identification of Executive Directors as Statutory/Mandatory Risk owners and Project Manager	Yes		01/08/2022	Annual review of Statutory and Mandatory training policy. Accurate identification of statutory and mandatory training requirements Senior managers to ensure staff are released for Statutory and Mandatory training as identified Regular review of SLA's with third parties

ID	Service	Risk Owner	Supporting Executive/Peer Support	Governance Group	Title of risk	Description	Corporate Objective	Opened	Risk level (current)	Risk level (Target)	Risk Status	Controls in place	Adequacy of controls	Gap Analysis	Review date	Risk Action Plan
583	Strategic Risk Register *Board Executive Team Use Only*	Andrew Bone	Sarah Horan	Clinical Governance Committee	Inability to comply with relevant standards and legislation relating to fabric and layout of buildings resulting in harm to pati	Risk to NHS Borders of patients catching a healthcare associated infection associated with limited single room provision and	Provide high quality, person centred services that are safe, effective, sustainable and affordable., Safe patient care	05/10/2020	High (15)	High (10)	Treat	-Infection Control policies (including isolation guidance) -Infection control training for staff -Robust infection surveillance to identify possible increased	No	Borders General Hospital has wards with 6-bedded bays which are very cramped with inadequate storage for equipment. To provide a context - we put 6 patients into an area 56m2. compared with the current national standard of 64m2 for 4 beds. Certain	29/07/2022	Confirm future role and purpose of Ward 5 to inform refurbishment requirements Develop plan for re-developing/new build BGH in accordance with Clinical Strategy "The Borders General Hospital will be a modern fit for purpose facility which will be the key to NHS Borders delivering 21st Century health
1591	Strategic Risk Register *Board Executive Team Use Only*	Lynn McCallum	Andy Carter	Clinical Governance Committee	Destabilisation of clinical services due to ability to recruit and retain medical workforce	NHS Borders destabilisation due to inability to recruit and retain medical workforce	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	21/10/2019	High (12)	Medium (9)	Treat	Developing non medical models including advanced practice roles in other professional groups including physician associates Expansions of clinical	No	No overall medical workforce plan. Agreed approach to demand and capacity planning on an annual cycle. Better control of Out-of-Area referrals would stabilise local capacity provision and workforce.	12/12/2022	Resilience and sustainability plan for general practice Physicians assistants to be recruited to aid medical staffing Ongoing action to review and manage demand Workforce plan to address increasing complexities and volumes of patients being treated Financial plans which returns NHS Borders to financial
1585	Strategic Risk Register *Board Executive Team Use Only*	Ralph Roberts	Chris Myers	Performance and Resource Committee	Effectiveness of partnership working	Less effective service delivery as a result of ineffective partnership working with key organisational partners	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	30/11/2021	High (12)	Medium (6)	Treat	Established IJB Joint Chief Officer accountable to NHS Borders Chief Exec and Scottish Borders Council Chief Exec. Joint team meetings at an	No	Whilst controls have been put in place to reduce this risk to an acceptable level, they will take time to be fully effective Needs greater joint working between NHSB and SBC supported through IJB. The IJB requires further resource to support	31/03/2022	Further communications across staff and population, newsletter, locality working groups, roadshows, IJB governance and joint working arrangements agreed. Review Operational leadership arrangements for HSCP in light of DNAHP post change and IRASC Review effectiveness of Partnership working and develop
2958	Strategic Risk Register *Board Executive Team Use Only*	June Smyth		Clinical Governance Committee	Failure to implement remobilisation successfully	COVID-19 remobilisation plans were put in place in May 2020 to support NHS Borders in moving from reduced services	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	15/07/2021	High (12)	Medium (6)	Treat	Pandemic Committee/Gold Command established Plans for escalation of COVID-19 response to future waves of the pandemic include step down of elective remobilisation	Yes	Regularly reviewed by Hospital Management on the state of ED and whether this is also affecting elective activity. ED working with Ambulance	31/07/2022	Review remit of Recovery Group Monitor controls in place to ensure risk level is not escalating Assess appropriateness of clinical services over time A health promoting health service is a national initiative whose concept is that "every healthcare contact is a health
3912	Strategic Risk Register *Board Executive Team Use Only*	Gareth Clinkscale	Chris Myers	Clinical Governance Committee	Failure to improve appropriate access to emergency and elective services	Failure to improve appropriate access to emergency and elective services	Provide high quality, person centred services that are safe, effective, sustainable and affordable.	28/10/2021	High (12)	Medium (8)	Treat	Operational plans Business continuity plans for health services Vaccination program for staff and vulnerable patient groups, where a vaccine is available	Yes	Lack of staffing and estate to implement plans	01/09/2022	Creation of five clinically led priority task and finish groups aimed at improving access Delivery of 5 priority task and finish groups Start development of 4 year backlog recovery plan Joint working between acute and health and social care to increase access
1596	Strategic Risk Register *Board Executive Team Use Only*	Sohail Bhatti		Clinical Governance Committee	Failure to plan effectively for a significant outbreak for communicable disease e.g. epidemic, pandemic	Communicable disease planning not prioritised due to operational priorities and other strategic priorities.	Provide high quality, person centred services that are safe, effective, sustainable and affordable., Reduce health inequalities and improve the health of our	22/10/2019	High (12)	Medium (9)	Treat	Operational plans Business continuity plans for health services Vaccination program for staff and vulnerable patient groups, where a vaccine is available	No	Lack of staffing and estate to implement plans	01/09/2022	Ensure plans are up-to-date Exercize plans to ensure they are effective Bi-annual review of staffing levels within Health Protection and filling any gaps in service Future participation in new regional Health Protection Network
1178	Strategic Risk Register *Board Executive Team Use Only*	June Smyth		Performance and Resource Committee	Cyber Security	There is a risk that Cyber security measures in place are not adequate to sufficiently protect against future /	Provide high quality, person centred services that are safe, effective, sustainable and affordable., Safe patient care	25/09/2017	High (10)	Medium (8)	Treat	Firewall perimeter security Patching of Microsoft Operating systems within 4 weeks of release Anti-virus client and server updated as new patterns	No	Gap will be fully identified as part of Cyber Maturity review by Internal Audit. In addition to ; No dedicated staff with Cyber security skills Insufficient staff to manage patching No patching of non Microsoft products	31/03/2022	Lead development of an action plan followign maturity review by PWC share teh action plan with resilience committee, strategy group * Board if required. Ensure that patchign regime up to date and reported on to IG Committee
4156	Strategic Risk Register *Board Executive Team Use Only*	Andrew Bone		Performance and Resource Committee	Effect of climate change has a detrimental effect on the delivery of NHS services in Scottish Borders region	Climate Change risks arising from Climate Change Scotland Act 2009 (amended 2019)	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	09/11/2021	High (10)	High (10)	Treat	Self Assessment on climate change (NSAT survey) EoS Risk assessments Sustainability Group to develop NHS Borders Sustainability Strategy	No	Climate Change Adaption Plan to ensure resilience of service under changing climate conditions, awaiting publication of national risk assessment Review fleet NHS Supply chain will be reviewed to	31/07/2022	Development of Sustainability Strategy Development of Climate Change Action Plan Review fleet for climate change adherence NHS Supply chain will be reviewed to determine the extent of associated greenhouse gas emissions and environments impacts
3918	Strategic Risk Register *Board Executive Team Use Only*	June Smyth		Public Governance Committee	Failure of the Board to effectively involve patients, public and third sector partners in decision making.	Failure to effectively involve patients, public and third sector partners in decision making could lead to harmed relationships,	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	10/05/2021	Medium (9)	Medium (8)	Treat	Public Governance Committee in place. Public involvement and participation group. National guidance and statute. Local strategy and process (currently being updated).	No	There is a need to refine and update local strategy and process to reflect latest guidance. There is a need to increase awareness on the requirements to engage and the process to be followed by service leads. Don't have a set of quality standards to guide,	28/04/2023	PI Pillar - Develop updated action plan based on QMS pillar work PI Pillar - clearly define what we mean by 'person centred decision making' PI Pillar - co-produce an interactive approach to 'what matters to you' day
1593	Strategic Risk Register *Board Executive Team Use Only*	June Smyth	Lynn McCallum	Performance and Resource Committee	Failure to meaningfully implement clinical strategy to meet the needs of the population	Ensure the Clinical Strategy is implemented successfully across NHS Borders	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	21/10/2019	Medium (9)	Medium (6)	Treat	Fiscal Financial control Public engagement process. Public Health strategy and monitoring of population health Staff engagement processes	Yes		28/04/2023	Developed robust community services to support people in their own homes Service reviews undertaken in line with set process as per Business Process Pillar Explore future DGH model Proactively engage with SEAT Acute Services programme
3127	Strategic Risk Register *Board Executive Team Use Only*	Ralph Roberts	Chris Myers	Performance and Resource Committee	Risk to Covid-19 Vaccination programme delivery	There is a risk that the Covid-19 Vaccination Programmes is not delivered to fully satisfy national requirements	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	02/12/2020	Medium (8)	Medium (8)	Tolerate	Training updated to take into account changes to green book. Local training pack developed to highlight local processes and procedures for staff and public	No	Jan 2022 - need to develop long term plan for future of vaccination programme once updated strategy on Covid vaccine programme available Awaiting confirmed staffing budget	31/03/2022	Create Business Continuity Plan Develop processes for rural areas if allergic reaction occurs Monitor budget for COVID-19 vaccination programme Continuity in place for freezer in case of break down Confirmation and approval of vaccinators Develop Long term workforce & capacity plan for Vaccine

ID	Service	Risk Owner	Supporting Executive/Peer Support	Governance Group	Title of Risk	Description	Corporate Objective	Opened	Risk level (current)	Risk level (Target)	Risk Status	Controls in place	Adequacy of controls	Gap Analysis	Review date	Risk Action Plan
3766	Strategic Risk Register *Board Executive Team Use Only*	Andy Carter	John McLaren	Staff Governance Committee	Failure of the organisation to have a culture, systems and processes in which staff feel safe and confident to speak up	Failure of the organisation to have a culture, systems and processes in which staff feel safe and confident to speak up and raise	Promote excellence in organisational behaviour and always act with pride, humility and kindness., Provide high quality, person centred services that are	14/04/2021	Low (3)	Low (3)	Treat	Hard copy posters displayed throughout NHS Borders at acute, community, MH and LD sites. Working Group supporting the implementation of	Yes		01/04/2022	Implement updated Decision making framework (as part of Borders Quality approach) Develop Implementation plan for Borders Quality approach Infrastructure planning to be undertaken Whistleblowing development session with the health board Promote whistleblowing legislation, policy and processes to

# NHS Borders



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>2 February 2023</b>
<b>Title:</b>	<b>Climate Emergency &amp; Sustainability Annual Report 2021/22</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Andrew Bone, Director of Finance</b>
<b>Report Author:</b>	<b>Fiona Laidlaw, Head of Soft FM (Facilities) Debbie McGarrity, Senior Project Manager Andrew Bone, Director of Finance</b>

## 1 Purpose

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Government policy/directive

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The NHS Scotland Policy for Climate Emergency & Sustainability was published in October 2021. This policy requires that all NHS Boards publish an annual report on their progress towards the implementation of net carbon zero emissions targets and sustainable development goals.

The report is expected to be submitted to Scottish Government and published on the Health Board's public facing website following Board approval.

### 2.2 Background



The policy requires that NHS Boards publish their report annually in November, reporting on progress during the financial year preceding.

Following discussion at the NHS Scotland Environmental Sustainability Group (NESG) it was agreed by Scottish Government that publication of the report would be deferred to end January 2023, recognising that Boards were awaiting guidance on the format of the report.

The report format was agreed by the NESG at its meeting in November 2022. The report includes wording and content intended to be consistent across all NHS Boards.

## **2.3 Assessment**

A minor extension is available to Health Boards to accommodate timing of individual board meetings. For NHS Borders an extended date has been requested for week ending 10th February to accommodate any revisions following Board discussion and any further delay due to upload.

### **2.3.1 Quality/ Patient Care**

Any issues related to this topic are described within the body of the report.

### **2.3.2 Workforce**

Any issues related to this topic are described within the body of the report.

### **2.3.3 Financial**

There are no immediate financial implications of the report. There are no resources identified to support implementation of the wider strategy and this issue remains subject to ongoing discussion with Scottish Government colleagues.

### **2.3.4 Risk Assessment/Management**

Climate Emergency is reported on the Board's Strategic Risk Register. In addition, local climate change impact assessments have been undertaken on an East region basis in collaboration with other public sector bodies. The development of a Climate change adaptation plan during 2023/24 will support more detailed assessment of implementation risks arising from the strategy.

### **2.3.5 Equality and Diversity, including health inequalities**

No work has yet been undertaken to assess the impact on health inequalities arising from Climate Change within NHS Borders.

An impact assessment has not been completed because the report is intended to monitor progress against an extant strategy and does not include any recommendations for further action directly within its scope.

### **2.3.6 Climate Change**

The content of the report is directly relevant to this domain.

### 2.3.7 Other impacts

There are no other relevant impacts identified.

### 2.3.8 Communication, involvement, engagement and consultation

No stakeholder engagement has been undertaken in the development of this report. In addition to the authors listed, contribution has been made by clinical and managerial colleagues whose areas of expertise are relevant to the sections of the report.

### 2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- BET, 31<sup>st</sup> January 2023

## 2.4 Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

The Board is asked to approve the publication of the report following completion of the data tables highlighted as incomplete within the report.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Borders Climate Emergency & Sustainability Annual Report 2021/22



ANNUAL CLIMATE EMERGENCY  
& SUSTAINABILITY REPORT  
2021/22



**Our NHS** **Our People** **Our Planet**

## NHS BORDERS - ANNUAL CLIMATE EMERGENCY AND SUSTAINABILITY REPORT 2021/22

### Introduction

*The planet is facing a triple crisis of climate change, biodiversity loss and pollution as a result of human activities breaking the planet's environmental limits.*

*The World Health Organisation recognises that climate change is the single biggest health threat facing humanity. Health organisations have a duty to cut their greenhouse gas emissions, the cause of climate change, and influence wider society to take the action needed to both limit climate change and adapt to its impacts.*

This is NHS Borders first annual Climate Emergency and Sustainability Report. It fulfils an NHS Scotland policy commitment made in 2021 following the COP26 Climate Change conference held in Glasgow in October of that year. The purpose of the report is to inform our staff and the communities we serve of the actions we are taking to meet our responsibilities in relation to this agenda.

NHS Borders is responsible for the commissioning and delivery of health care services for the population of the Scottish Borders, a rural area in south east Scotland covering over 1,800 square miles and with an estimated population of 116,000 people. We directly employ over 3,000 people and commission and procure goods and services from across the globe.

We recognise that as a public sector organisation, and as an anchor institution for our local population, we have a role to play in demonstrating our commitment to the delivery of Scotland's response to the Climate Emergency.

In August 2022 NHS Scotland published its Climate Emergency and Sustainability Strategy 2022-2026. This strategy, together with the accompanying policy directions issued to NHS Boards by Scottish Government, sets out a framework for how the NHS in Scotland will address its responsibilities towards the delivery of net zero carbon targets and additional commitments in relation to sustainable development.

The report includes information covering the twelve months to March 2022, together with some historic information provided for comparative purposes. As we develop and implement actions aligned to the strategy we will continue to report on progress through future reports.

*More information on the profound and growing threat of climate change to health can be found here:*

[www.who.int/news-room/fact-sheets/detail/climate-change-and-health](http://www.who.int/news-room/fact-sheets/detail/climate-change-and-health)

## **Leadership and governance**

NHS Borders recognises the importance of Leadership and governance in ensuring that we deliver the progress that will be required.

We also recognise that whilst the strategy was published in August 2022, the NHS has long standing commitments in this area. As a small board we have often found it challenging to ensure that we give sufficient focus to all of the priorities we seek to meet. We know that improving our commitment and ensuring that we deliver against the actions set out in the strategy will be essential if we are to provide responsible stewardship to our land and buildings, and to the communities we serve.

In June 2022 we appointed Harriet Campbell, a non-executive member of our Board, as our Sustainability Champion. Harriet joins Andrew Bone, Director of Finance, and Executive Lead with responsibility for delivery of the strategy.

NHS Borders has dedicated both Board development time and Executive Leadership time to discuss this important agenda. A number of the Executive team will lead key projects within their areas or expertise to support the Boards overall Net Zero ambitions.

A new Climate Change & Sustainability Group was established towards the end of 2022. This group has the responsibility for developing and implementing the Board's action plan for tackling climate change and becoming environmentally sustainable.

## Greenhouse gas emissions

NHS Borders aims to become a net-zero organisation by 2040. The table below set out the amount of greenhouse gas produced annually by NHS Borders. Our future plans will seek to reduce these emissions as far as possible and where this is not possible we will identify mitigating actions which fully offset our impact on greenhouse gas production.

[note – table remains draft – final report will include updated figures/total]

Source	Description	Amount of greenhouse gas (tonnes of CO2 equivalent)			Percentage change since 2019/20
		2019/20	2020/21	2021/22	2021/22
Building energy use	Greenhouse gases produced in providing electricity and energy heat for NHS buildings	34,129,574 KWhrs 7,356.7 tCo2e	33,972,190 KWhrs 7,114.3 tCo2e	34,042,707 KWhrs 7,180.9 tCo2e	2.39% Reduction
Non-medical F-gas use	Greenhouse gases used for things like refrigeration and air conditioning	Data not available	Data not available	Data not available	TBC
Medical gases	Greenhouse gases used in anaesthetics - nitrous oxide (N2O), Entonox (which contains nitrous oxide), desflurane, sevoflurane and isoflurane	729.2 tCo2e	510.4 tCo2e	563.5 tCo2e	22.72% Reduction
Metered dose inhaler propellant	Greenhouse gases used as a propellant in inhalers used to treat asthma and chronic obstructive pulmonary disorder (COPD)	1,840 tCo2e	1,840 tCo2e	1,903 tCo2e	3.31% Increase
NHS fleet use	Greenhouse gases produced by NHS vehicles	219,737 tCO2e	264,753 tCO2e	248,472 tCO2e	13.08% Increase
Waste	The greenhouse gases produced by the disposal and treatment of waste produced by the NHS	No data available (contingency arrangements in place)	27,317 Co2e	36,773 Co2e	34% Increase

Source	Description	Amount of greenhouse gas (tonnes of CO2 equivalent)			Percentage change since 2019/20
		2019/20	2020/21	2021/22	2021/22
Water	The greenhouse gas produced from the use of water and the treatment of waste water	235,139 m <sup>3</sup> 122.6 tCo2e	233,202 m <sup>3</sup> 121.6 tCo2e	171,582 m <sup>3</sup> 35.8 tCo2e <sup>1</sup>	70.79% Reduction <sup>1</sup>
Business travel (Includes Grey Fleet) <sup>2</sup>	Greenhouse gases produced by staff travel for work purposes, not using NHS vehicles.	586.33 tCo2e	358.35 tCO2e	376.05 tCO2e	35% Reduction
<b>Sub-Total</b>					<b>TBC</b>
Carbon sequestration	The amount of carbon dioxide captured per by woodland, trees, grassland and shrubs growing on NHS grounds.	Data not available	Data not available	Data not available	TBC
Greenhouse gas emissions minus carbon sequestration					TBC

Reporting on our emissions data continues to improve and we expect that figures will be adjusted in future reports to reflect the best information available. We have noted where this data is incomplete or subject to review. Our action plans include how we will focus on improving this data for future reports.

<sup>1</sup> Reduction in tCo2e reflects combined impact of both reduction in water usage and shift to lower emission producing electrical source energy.

<sup>2</sup> Business travel data does not record emission vehicle types (diesel, petrol, hybrid, etc). This has been estimated based on expected emissions across all types applied to actual reported mileage.

## **National Sustainability Assessment**

NHS Scotland has developed a National Sustainability Assessment Tool (NSAT) which all Health Boards use on an annual basis to measure their progress across sixteen different areas of sustainability. These areas consider evidence which demonstrates how embedded sustainability is within an organisation's business processes and strategic plans.

In 2021/22, NHS Borders scored 127 out of a possible score of 840 (15% overall). A score of 40% is reported as a bronze achievement (65% silver, 80% gold, 90% platinum).

Our three highest scoring areas were:

- Awareness
- Adaptation
- Welfare

Our three areas with the most room for improvement were:

- Nature & Biodiversity
- Capital Projects
- Procurement

It is clear we have much work to do to improve our approach and we have set a target to demonstrate significant improvement in our 2022/23 report (minimum score of 25%) and to achieve a bronze score by 2023/24 at the latest. In the next year we will aim to drive improvement by developing actions across all areas with greatest focus on those areas where we report our lowest scores.



## **Climate Change Adaptation**

*The climate is changing due to the greenhouse gases already emitted into the atmosphere. While efforts to reduce the rate and scale of climate change continue, we must also adapt to new conditions we are facing.*

*The changing climate is increasing risks for health and health services. More information on these risks in the UK can be found in the UK Climate Change Committee's Health and Social Care Briefing available here: [www.ukclimaterisk.org/independent-assessment-ccra3/briefings/](http://www.ukclimaterisk.org/independent-assessment-ccra3/briefings/)*

### **What have we done to better understand the impact of climate change on NHS Borders and the people and places we serve?**

We have commenced work internally to help our staff understand the importance of this agenda and how they can contribute to our approach through their own actions and in their own duties and responsibilities.

We are working with our teams to help embed the mitigation and adaptation to climate change and delivery of net carbon zero emissions as part of our *business as usual*.

Over the next year we will commence work to engage our communities on how they can help shape our approach.

### **What are we doing to build resilience and prepare for the increasing risks from climate change to NHS Borders and the people and places we serve?**

In 2023 we aim to complete our Climate Adaptation plan and engage with key stakeholders to ensure we build resilience to the risks associated with climate change. In addition we will use this information to help our communication and engagement strategy both internally and externally in the future.

## **Energy Usage in Our Buildings**

NHS Borders has 31 buildings with a mix of uses such as Hospitals, Health Centres and Office space. As we shape our approach moving forward we will design the most appropriate mix of energy use based on the nature and purpose of our buildings.

In 2021/22, NHS Borders used 34,042,707 kWh (kilowatt hours) of energy. This was a decrease of 2.9% since the year before. Within this, we used 1581780 kWh from Biomass energy. We also generated 31,000 kWh from renewable technologies.

In 2021/22, 7,180.9 tonnes of CO2 equivalent were produced by NHS Borders use of energy for buildings. This was a decrease of 2.9% since the year before.

We aim to use renewable heat sources for all of the buildings owned by NHS Borders by 2038.

***What did we do last year to reduce emissions from building energy use?***

In the last 12 months we have continued to implement a programme of lighting replacement (moving to LED wherever possible). We have upgraded our laundry equipment and kitchen equipment to maximise energy efficiency. In addition we have replaced boilers within some of our community hospitals.

***What are we doing this year to reduce emissions from building energy use?***

We will continue to implement Passive Infra-Red lights (PIR) and low energy lights wherever possible. We will be continuing to replace laundry equipment for energy efficient equipment.

We will enhance our energy saving education for all employees to ensure that where equipment can be switched off when not in use this guidance is well understood and followed.

We will continue to evaluate how we can reduce water consumption through improved maintenance and engineering, and by increasing awareness to our staff and service users to help individuals understand the direct role they can play in addressing waste.

## Sustainable Care

The way we provide care influences our environmental impact and greenhouse gas emissions. NHS Scotland has three national priority areas for making care more sustainable – anaesthesia, surgery and respiratory medicine.

### Anaesthesia and surgery

Greenhouse gases are used as anaesthetics and pain killers. These gases are nitrous oxide (laughing gas), Entonox (which contains nitrous oxide) and the “volatile gases” - desflurane, sevoflurane and isoflurane.

NHS Borders emissions from these gases are set out in the table below:

<b>Anaesthetic gas use</b>			
<b>Source</b>	<b>2018/19 (baseline year) tCO<sub>2</sub>e</b>	<b>2021/22 - tCO<sub>2</sub>e</b>	<b>Percentage change since 2018/19</b>
<b><u>Volatile gases</u></b>			
Desflurane	33	6.3	-81%
Isoflurane	0.3	0.2	-33%
Sevoflurane	15.3	9	-41%
<b>Volatile gas total</b>	<b>48.6</b>	<b>15.5</b>	<b>-68%</b>
<b><u>Nitrous oxide and Entonox</u></b>			
Piped Nitrous oxide	241	241	0
Portable Nitrous oxide	12	8	-33%
Piped Entonox	265	217	-18%
Portable Entonox	114	82	-28%
<b>Nitrous oxide and Entonox total</b>	<b>632</b>	<b>548</b>	<b>-13%</b>
<b><u>Anaesthetic gas total</u></b>	<b>680.6</b>	<b>563.5</b>	<b>-17%</b>

### ***What did we do last year to reduce emissions from anaesthetic gases?***

We have moved away from using desflurane for volatile anaesthesia and no longer use this in our operating theatres.

In previous years we moved to GE Aisys anaesthetic machines which have technology that makes giving anaesthetics at lower gas flows more straightforward. This reduces the amount of volatile anaesthetic used as well as piped oxygen and air.

### ***What are we doing this year to reduce emissions from anaesthetic gases?***

We are in the process of decommissioning our piped nitrous oxide manifold which will save around 240tCO<sub>2</sub>e per year.

***What are we doing this year to make surgery greener?***

We have established a 'green theatres' group to deliver on the green theatre project as set out by the *Centre for Sustainable Delivery* (an NHS Scotland organisation). Our current focus is on appropriate waste segregation with many other projects planned.

***Respiratory medicine***

Greenhouse gases are used as a propellant in metered dose inhalers (MDIs) used to treat asthma and COPD. Most of the emissions from inhalers are from the use of reliever inhalers – Short Acting Beta Agonists (SABAs). By helping people to manage their condition more effectively we can improve patient care and reduce emissions. There are also more environmentally friendly inhalers such as dry powder inhalers which can be used where clinically appropriate.

We estimate that emissions from inhalers in NHS Borders were 1,903 tonnes of CO<sub>2</sub>equivalent.

NHS Borders Respiratory clinicians follow best practice guidelines in the use of inhalers and this includes adoption of the advice provided by the Scottish Respiratory Pharmacists group which describes the best inhaler as the one that the patient can use most effectively.

The Scottish Respiratory Pharmacy group (SRP-SIG) continue to explore how to best implement changes to inhaler technology which will deliver the greatest reduction to greenhouse gas emissions whilst remaining clinically effective. At the moment there remain concerns regarding a shift to dry powder inhalers and current focus is on reducing over-use of SABA inhalers while new products are expected to become available in the near future which will improve the impact of existing MDI inhaler technology.

***What are we doing this year to improve patient care and reduce emissions from inhalers?***

Taking part in SRP-SIG discussions, gathering local data and starting preparatory work for individual patient review work required across GP practices to implement planned reductions. It is likely that we will engage a third party review company to support practices to undertake this review.

***Other areas******What else did we do last year to make care more sustainable?***

There has been ongoing work to improve formulary compliance. Compliance with prescribing formulary guidance will increase progress in reducing use of products such as Diclofenac as well as a greater focus on alternatives to medicines prescribing aligned to the practice of *Realistic Medicine*.

***What else are we doing this year to make care more sustainable?***

Realistic Medicine will ensure patients are on the most appropriate medicines for the minimum time. Establishing the National Strategy work around *Polypharmacy* reviews has been a key area of focus for our Pharmacy team.

## ***Travel and Transport***

*Domestic transport (not including international aviation and shipping) produced 24% of Scotland's greenhouse gas emissions in 2020. Car travel is the type of travel which contributes the most to those emissions.*

*NHS Scotland is supporting a shift to a healthier and more sustainable transport system where active travel and public transport are prioritised.*

### ***What did we do last year to reduce the need to travel?***

There were no specific actions targeted at reduction of staff travel during 2021/22 however the continued implementation of remote working practices has seen a reduction in our business travel use from pre-pandemic levels. This is demonstrated in the level of emissions recorded against 'grey fleet' (a 35% reduction in past two years). We are presently reviewing how remote working fits into our long term ways of working and business planning.

### ***What did we do last year to improve active travel?***

We have taken the first steps to developing an Active Travel plan, conducting a staff travel survey to gather findings which will form the baseline of future policy.

### ***What did we do last year to improve public and community transport links to NHS sites and services?***

We have engaged with Scottish Borders Council Workforce Mobility Project and Borders Buses consultation to influence access to public transport links.

### ***What are we going to do this year to reduce the need to travel?***

We will be reviewing the reasons our staff and patients need to travel and using this to inform changes which reduce emissions whilst avoiding any adverse impact on the delivery of patient care.

### ***What are we going to do this year to improve active travel?***

We will utilise the Staff Travel survey to identify ways we can support active travel. We will look at how we engage people to support this along with considering any infrastructure changes required.

### ***What are we going to do this year to improve public and community transport links to NHS sites and services?***

NHS Borders are awaiting the Scottish Borders Council/Borders buses consultation and Workforce Mobility outcomes to support our decision making within this area. We are also going to review how we engage staff and patients to ensure we get maximum benefit from existing Transport links.

## Other Actions

We are working to remove all petrol and diesel fuelled cars from our fleet by 2025. The following table sets out how many renewable powered and fossil fuel vehicles were in NHS Borders fleet at the end of March 2022.

	<b>Renewable powered vehicles</b>	<b>Fossil fuel vehicles</b>	<b>Total vehicles</b>	<b>Percentage renewable powered vehicles</b>
Cars	9	18	18	50%
Light Commercial Vehicles	6	30	36	17%
Heavy vehicles	0	2	2	0%

We do not currently use bicycles and eBikes in our fleet. We are currently in the early stages of consultation to assess where eBikes could be used by our staff.

During 2022/23 we will be actively exploring how we can provide electric vehicle charging for staff and public on our main sites.

## **Greenspace and Biodiversity**

*In addition to health benefits for patients and staff, investment in greenspace around hospitals and healthcare centres helps tackle climate change and biodiversity loss.*

### **What did we do last year to improve our greenspace and increase biodiversity?**

Over the last 12 months we have been looking into our green spaces so that they can be enhanced to improve the biodiversity within our grounds and gardens at NHS Borders. Our sites have a wide and varied estate consisting of woodland and landscaped grounds. These are significant assets to us and provide an opportunity for social, environmental, visual and recreational use.

Below shows the areas in which have been working on over the past year:

- We have reduced the number of cuts on our large areas of grassland per year from approximately 16 to 10 whilst increasing the height of cut of these areas to 75mm.
- We have increased the number of areas within all NHS Borders grounds that are planted with new pollen rich planting and wild flowers.
- Our Grounds & Gardens staff continue to assist in the “Space to Grow” project at Huntlyburn House. The “Space to Grow” area is used for carrying out workshops that assist in the rehabilitation of our mental health patients.
- We have begun to develop new outdoor spaces for staff members at all our NHS Borders Hospitals by providing areas in greenspace which promote improved staff wellbeing. These areas will be planted with pollinator plants and shrubs.
- We are currently assessing how we can minimise the use of pesticides across our estate.
- We are seeking to embed the principles of biodiversity into all of our estate planning and management.
- We recycle green waste whenever possible.

### **What are we doing this year to improve our greenspace and improve biodiversity?**

Over the next 12 months we will be looking to further improve our greenspace and biodiversity by looking at the following options:



- Consideration of the inclusion of wildlife encouragement methods (e.g. bird & bat boxes, more food growing opportunities, wildflower meadow & bank planting, provision of pollen rich species where required).
- Looking to develop a planting guide when planning any new projects which includes species which are nectar/pollen-rich plant species to encourage pollinators.
- Develop signage to inform staff, visitors, patients and volunteers of spaces where wildflower is growing and areas that have been left to no-mow practices to encourage biodiversity.
- Looking into the possibility of having our own bee hives at our Borders General Hospital estate.
- Research and implement new methods of pest and weed control.
- Update our Grounds and Gardens plant and equipment to increase the effectiveness and efficiency of estate operations in order to reduce waste and our fuel consumption.
- Work with new and existing partners to sustain and enhance our biodiversity in all of our NHS Borders estates.
- Carry out a full survey of our greenspace to accurately record Carbon sequestration.

## **Sustainable Procurement, Circular Economy and Waste**

*Earth Overshoot Day marks the date when our demand for resources exceeds what Earth can regenerate in that year. In 2020, the Global Earth Overshoot Day was 22nd August. In 2021, it was 29th July. The current global trend shows a concerning picture of over consumption. For the UK, the picture is more worrying. In 2022, the UK's Earth Overshoot Day was 19th May. The current level of consumption of materials is not sustainable, it is the root cause of the triple planetary crises of climate change, biodiversity loss and pollution.*

*We aim to reduce the impact that our use of resources has on the environment through adopting circular economy principles, fostering a culture of stewardship and working with other UK health services to maximise our contribution to reducing supply chain emissions to net-zero by 2045.*

### **What did we do last year to improve the environmental impact of the goods and services we buy?**

The majority of goods used by our services are supplied through national procurement hosted by NHS Scotland. For all of our deliveries, including those ordered locally, we aim to minimise the frequency of deliveries whilst retaining effective supply chain management. National deliveries are scheduled once daily via a single distribution centre. Orders placed directly with suppliers are consolidated across multiple departments in order to limit the number of journeys to a minimum achievable.

We are conscious of the need to recycle effectively and have agreements in place for return of items such as photocopier cartridges for recycling.

### **What are we doing this year to improve the environmental impact of the goods and services we buy?**

We want to reduce the amount of waste we produce and increase how much of it is recycled. This includes assessing options for minimising the use of single use items wherever possible, as well as focussing on correct segmentation of waste to ensure that the proportion of waste which is recycled is as high as possible. We will continue to work with national procurement colleagues to seek opportunities to promote the reduction in unnecessary packaging wherever possible. We will also consider what more can be done to ensure that we maximise the amount of our goods which are sourced locally in order to reduce emissions from supply chain logistics.

The table below provides information on the type of waste we produce.

Type	2020/21 (tonnes)	2021/22 (tonnes)	Percentage change
Waste to landfill	2	2	0

Type	2020/21 (tonnes)	2021/22 (tonnes)	Percentage change
Waste to incineration	31.5	50.9	+39%
Recycled waste	189	189	0
Food waste	No data available <sup>3</sup>		
Clinical waste	262.8	367.3	+39%

### ***What did we do last year to reduce our waste?***

We started an internal campaign to improve waste segregation and ran 3 successful pilots to demonstrate the benefits of improved segregation.

### ***What are we doing this year to reduce our waste?***

In 2023 we will embed behavioural change in relation to waste segregation. We will review single use items and consider where these can be changed for multiple use items. In addition we will start to educate in the area of Circular Economy and increase our use of the Circular Economy.

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<sup>3</sup> We are currently evaluating catering management systems which will allow us to record data in relation to consumption and waste in relation to food production.

## ***Environmental stewardship***

Environmental stewardship means acting as a steward, or caretaker, of the environment and taking responsibility for the actions which affect our shared environmental quality. This includes any activities which may adversely impact on land, air and water, either through the unsustainable use of resources or the generation of waste and pollution. Having an Environmental Management System (EMS) in place provides a framework that helps to achieve our environmental goals through consistent review, evaluation, and improvement of our environmental performance.

*What did we do last year to improve our environmental performance?*

We do not currently have an Environmental Management System in place within NHS Borders. As such we do not have any data regarding performance. Activities described elsewhere in this report would be expected to impact on this performance.

*What are we doing this year to improve our environmental performance?*

We will evaluate the resources required to implement EMS and consider how this can be achieved.

## **Sustainable Communities**

The climate emergency undermines the foundations of good health and deepens inequalities for our most deprived communities. The NHS touches every community in Scotland. We have a responsibility to use our abilities as a large employer, a major buyer, and one of the most recognised brands in the world – an ‘anchor’ organisation – to protect and support our communities’ health in every way that we can.

As we commence our engagement work we will consider how we can protect and support our Communities. Developing this approach is captured within our action plan and will be progressed during 2022/23.

## **Conclusion**

Whilst we can be proud of some of the progress made, we also recognise that we have much to do.

Our NSAT score highlights just how far from 'good' we currently are. We expect the work we have been putting in place towards the end of 2022 will see us improve this score in our next report, reflecting the increased focus on the necessary steps to meet our responsibilities.

We are still missing some key data and improving the information which will help us track our progress and identify areas for improvement will be a key focus in the next year. It is likely that we will see some increase to our reported emissions as we develop and refine our reporting although we would also expect that there will be areas where we can continue to report positive progress.

We also know that we need to enhance our action plans to develop and continue our work in reducing emissions and responding to the climate emergency. The development of an Active Travel plan for our workforce will complement the continued progress towards the decarbonisation of our fleet.

In addition to improving our action plans and our reporting, we aim to develop our Climate Change Adaptation Plan and our Biodiversity and Greenspace plan during the next year.

We also aim to finalise our Net Carbon reduction strategy. We have been supported by Scottish Government pre-capital grants during the past year and intend to submit a bid for significant capital investment in March 2023. Should this bid be successful we hope to report positive progress in our next report.

We will continue to build on the positive engagement already fostered within our clinical workforce and will seek to support them to make further progress in the reduction of anaesthetic and medical gases emissions, as well as other areas of clinical practice.



<b>Meeting:</b>	<b>Borders NHS Board</b>
<b>Meeting date:</b>	<b>2 February 2023</b>
<b>Title:</b>	<b>Chirnside Branch Surgery</b>
<b>Responsible Executive/Non-Executive:</b>	<b>Chris Myers, Chief Officer, Scottish Borders Health and Social Care Partnership</b>
<b>Report Authors:</b>	<b>Cathy Wilson, General Manager, Primary and Community Services &amp; Holly Hamilton-Glover, Contracts Manager, Primary and Community Services</b>

## 1 Purpose

The purpose of this report is to appraise the NHS Borders Board on the work undertaken relating to Merse Medical Practice's Chirnside Branch Surgery following the Practice indicating to Primary and Community Services that it is no longer sufficiently resilient or sustainable to remain viable.

The paper provides the Board with a recommendation on the future provision of services at the Chirnside Branch Surgery.

### **This is presented to the Board for:**

The NHS Borders Board is asked to note and consider the following points:

- the current situation relating to the sustainability concerns of the Chirnside Branch Surgery;
- that a Short Life Working Group was established to undertake a review, with the aim of ensuring the safe and sustainable delivery of medical service that meets the needs of Scottish Borders Population in the area; and
- that following the conclusions of the review, this paper makes recommendations on the future provision of services in Chirnside Branch Surgery.

The Board is asked to consider and accept these recommendations.

Faced with the reality of local and national GP sustainability challenges and the lack of appropriate mitigating measures required to maintain the safe continuity of care and integrity of the provision of General Medical Services across two sites, the NHS Borders Board is asked to support the recommendation that:

- NHS Borders endorses the closure of the Chirnside Branch Surgery.

**This report relates to an:****Emerging Issue**

- Merse Medical Practice provides services at The Knoll Hospital, Duns and in a Branch Surgery in Chirnside.
- On 23<sup>rd</sup> February 2022, Merse Medical Practice wrote to the General Manager for Primary and Community Services with the request to close Chirnside Branch Surgery. Due to the longstanding recruitment challenges the Partners felt they had exhausted all possible options over the years to maintain the branch surgery's care provision – they felt that the two branch practice model was unsustainable.
- A Short Life Working Group was established to undertake a review, with the aim of ensuring the safe and sustainable delivery of general medical services that meets the needs of the Scottish Borders population in the area.
- Options to maintain a service in Chirnside were considered as part of the review.
- This paper provides a summary of the review and recommendations on the future provision of services in Chirnside Branch Surgery for the NHS Borders Board.
- The Board is asked to consider whether it supports the recommendation made by the Short Life Working Group to:
  - support the closure of branch surgery services in Chirnside.

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

**2 Report summary****2.1 Situation**

Following notification from Merse Medical Practice (MMP) of their concerns regarding the sustainability of services in Chirnside on 23<sup>rd</sup> February 2022, a Short Life Working Group (SLWG) was established to undertake a review of services. Recruitment and retention challenges have led to a situation where the practice could no longer sustain the branch surgery. The letter received from MMP is contained in appendix 1.

There are no provisions in GMS Regulations associated to the closure of a Branch Surgery. However the public involvement provisions outlined in CEL 4 (2010)<sup>1</sup> would apply, and so the Board are also asked to consider the provision of the Branch Surgery in line with the findings of the SLWG.

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<sup>1</sup> Scottish Government. CEL 4 (2010). INFORMING, ENGAGING AND CONSULTING PEOPLE IN DEVELOPING HEALTH AND COMMUNITY CARE SERVICES. Available from: [https://www.sehd.scot.nhs.uk/mels/cel2010\\_04.pdf](https://www.sehd.scot.nhs.uk/mels/cel2010_04.pdf)



The SLWG and planned options appraisal was then paused following receipt of an additional letter from MMP on 30th August 2022. This letter stated they were unable to continue and expressed dissatisfaction with the process due to the view that this would not address the practice's underlying sustainability issues associated to keeping its branch surgery open. Further conversations were held between the Practice and the Health Board to discuss the viability of the options identified in relation to the Chirnside Branch Surgery.

Following these discussions the NHS Borders Board Executive Team (BET) accepted that in order to sustain Merse as a viable Practice, there was no longer any alternative viable option than to close Chirnside Branch Surgery. The Practice was written to with this decision on 7th October 2022, and the SLWG were informed of this decision on 19th October 2022.

## 2.2 Background

Merse Medical Practice provides General Medical Services from The Knoll, Duns and a Branch Surgery in Chirnside. Merse Medical Practice has a list size of approximately 6,700 patients located across Duns, Chirnside and surrounding areas, serving a large geographical area. Chirnside patients account for approximately 26% of the practice list, 58% Duns and the remaining 16% surrounding areas (e.g. Paxton, Ayton, Foulden, Allanton etc.).

There are no patients who are registered at Chirnside surgery as this operates only as a Branch Surgery, registered patients are expected to attend both sites – its is 6.5 miles between the sites.

The Chirnside building is privately leased by the Partners and is not part of the NHS Borders estate. Consultations are currently offered from the site three days per week. There is no longer a separate phone number for Chirnside, all telephone enquiries are rooted through The Knoll, Duns.

One salaried GP left last year and one part is due to retire March 2023. Recruitment to these positions has been unsuccessful.

On 23rd February 2022, Merse Medical Practice wrote to NHS Borders to request support for the closure of Chirnside Branch Surgery, noting that due to significant recruitment difficulties the Partners felt that a two branch practice was unsustainable. This triggered the establishment of the SLWG and the undertaking of a public consultation. The SLWG comprised representation from NHS Borders Primary and Community Services, Communications and Public Engagement, Pharmacy, three public members and Partners and Practice Manager from MMP

A subsequent letter was received from MMP on 30th August 2022 which stated there were unable to continue with the proposed process. The SLWG was paused whilst further conversations were held with the practice to discuss their concerns, the viability of service options and identify a way forward.

On 4th October 2022 BET accepted that in order for MMP to remain a viable practice the Chirnside Branch Surgery would need to close.

## 2.3 Assessment

### Merse Medical Practice Sustainability Concerns

Merse Medical Practice indicated that challenges sustaining their workforce due to recruitment and retention issues had led to a situation where they were no longer able to sustain operating a two site practice and outlined the following concerns to NHS Borders:

- The pressure on the practice and staff to sustain two sites, which has impacted the practices' ability to recruit staff.
- The national shortage of GPs has made it increasingly challenging for the practice to recruit GPs. Whilst MMP have diversified their staffing skill mix, there have been recruitment and retention issues with both GP and other clinical staff.
- Concerns over whether the Branch Surgery is fit for modern General Practice.

A Short Life Working Group was established with the aim of reviewing the concerns raised by Merse Medical Practice and ensuring the safe, sustainable delivery of medical services that meets the needs of the local area population. The SLWG sought to review the areas of concern identified by MMP, below is a summary of the areas considered.

### Regulations associated to the closure of a Branch Surgery

There are no provisions in GMS Regulations associated to the closure of a Branch Surgery. However the public involvement provisions outlined in CEL 4 (2010)<sup>2</sup> would apply:

“The public involvement process should be applied in a realistic, manageable and proportionate way to any service development or change, including those that are time limited (temporary) or trialled through a pilot initiative, which will have an impact on the way in which people access or use NHS services. The process should be applied to any proposed service change.”

### Recruitment and Retention

The practice has four GP Partners providing 28 sessions (2.8 WTE) per week, along with a full time Advance Nurse Practitioner (ANP), full time Practice Nurse and a part time Healthcare Assistant. In summer 2022 the salaried GP left and the practice have been unable to recruit to the position. At the end of March 2023 one partner will be retiring and the practice has thus far been unable to attract another GP Partner. From April 2023 this will leave three GPs, 22 sessions to cover 6,700 patients over a large geographical area. From March 2023, the practice will be unable to safely provide services from two sites.

Due to the challenges with recruitment of GPs, MMP has opted to diversify the clinical workforce employing an advanced nurse practitioner (ANP) to strengthen the clinical team. This is in addition to the Practice Nurse and Health Care Assistant.

<sup>2</sup> Scottish Government. CEL 4 (2010). INFORMING, ENGAGING AND CONSULTING PEOPLE IN DEVELOPING HEALTH AND COMMUNITY CARE SERVICES. Available from: [https://www.sehd.scot.nhs.uk/mels/cel2010\\_04.pdf](https://www.sehd.scot.nhs.uk/mels/cel2010_04.pdf)

Sustaining the Chirnside branch surgery would have significant impacts on the small MMP which would in the short to medium term lead to challenges in the overall sustainability of the provision of primary medical services from MMP, which would impact on the 6,700 registered patients in a rural area who would see further reducing service due to a reduction in capacity, and potentially be required to register with another practice in the event of practice closure due to sustainability concerns. This in turn could have significant impacts on the surrounding practices in Duns, Greenlaw, Coldstream and Eyemouth.

### **Chirnside Branch Surgery Building & Alternative Accommodation**

MMP raised a concern in their letter that the Chirnside site was not fit for purpose or modern General Practice following the Buchan and Associate Report. A site visit to the Chirnside Branch Surgery was undertaken by the P&CS Management Team to understand the physical building restrictions and concerns raised by the Practice.

The branch surgery building is privately leased by MMP and is not owned by NHS Borders. The Practice are currently in discussions with the landlord regarding the future of the lease. NHS Borders will not be acquiring the building.

MMP also operates from The Knoll Hospital, Duns, this is where the majority of the practice activity is undertaken and considered the main site of the practice. A site visit was undertaken by the P&CS Management Team to identify whether the current level of activity undertaken at Chirnside branch surgery could be accommodated at The Knoll. The team were satisfied that current room utilisation of Health Board clinical rooms could be improved and therefore the site had sufficient capacity to absorb the activity undertaken at Chirnside surgery and that additional accommodation could be provided to the practice. Planning to support this move has started in conjunction with the other services based at The Knoll. Due to the limited size and facilities of the Chirnside branch surgery building it would not be possible to accommodate both the practice activity undertaken at the Knoll and Chirnside within the Chirnside building.

### **Public Consultation**

NHS Borders initiated the public consultation process following notification that MMP felt unable to sustain services going forward. All patients registered with the practice were sent a letter outlining the situation w/c 1st August 2022 and inviting them to feedback their comments and suggestions.

A total of 117 responses were received. Healthcare Improvement Scotland considers this to be a good response rate, noting that some responses were also received from community councils on behalf of their local area. The following key themes were identified during the consultation:

- Transport issues, e.g. bus times, cost, ability to use public transport, distance from bus stops, lack of shelter and parking.
- Availability of GP appointments
- Ageing/increasing population
- Limitations of parking at The Knoll Hospital
- Repeat prescriptions
- Concerns over the impact on Chirnside Community Pharmacy

Registered patients were then subsequently written to following a change in the process and the decision by the NHS Borders BET to support the practice in the request to close the Chirnside Branch Surgery. This patient letter is contained in appendix 4.

A public meeting was then held on the 10th November 2022 at Chirnside Community Centre. This was a very well attended meeting where member of the community were invited to ask questions and discuss their concerns. At this meeting whilst there was some understanding of the challenging situation, the members of the community made a strong representation in favour of keeping the branch surgery noting their view that the service was required for the community especially due to the demographics of the Chirnside population, poor transport links and housing developments likely to increase the size of the village.

The responses from the public have been incorporated into the Health Inequality Impact Assessment (HIIA), contained in appendix 2. A meeting to consider potential mitigating measures has been undertaken with the SLWG and MMP.

Acting upon advice from the Healthcare Improvement Scotland Community Engagement team the public feedback and our responses have been compiled into a frequently asked questions (FAQ) document, contained in appendix 3. The FAQ was published on both NHS Borders and Merse Medical Practice's websites in January 2023.

### **Health Inequality Impact Assessment**

A Health Inequality Impact Assessment (HIIA) was undertaken to assess the impact to patients and the local population of the potential outcome of closure of the Chirnside branch surgery. The full HIIA is attached for information in appendix 2, a summary of the outcome is noted below.

### **Potential closure of branch surgery**

A closure of the Chirnside Branch Surgery would mean that all face to face consultations would take place at The Knoll, Duns. This service change would impact on all individuals who would ordinarily attended Chirnside Branch surgery for a face to face appointment. It should be noted that the branch surgery currently opens three days per week for scheduled appointments, the duty doctor always operates from The Knoll, Duns.

Whilst the closure of the Chirnside Branch Surgery will impact on all individuals who previously regularly used this service, this will have a particular impact on those for whom travel out with Chirnside or additional travel to Duns poses additional challenges due to:

- Health condition
- Disability
- Mobility
- Independence
- Limited access to transport options
- Additional cost of travel

There are a number of potential mitigating measures which will support individuals in accessing face to face consultations with their GP:

- Home visits for individuals who are too unwell to attend surgery, this would be based on clinical need
- Offering of remote phone or video consultations
- Implementation of e-consult
- Arrangement of appointment times in line with public transport timetables
- Transport services – work has been undertaken to explore this, however it is acknowledged that options are limited.

In addition, the Knoll Hospital is a larger facility which can offer a wider range of services and multidisciplinary working; this can negate the need for two visits.

Whilst continuation of a branch surgery may be the most desirable outcome for those who use the site, this is unlikely to be feasible due to the sustainability concerns outlined by Merse Medical Practice. Due to insufficient workforce, and significant challenges recruiting new staff, the Branch Surgery simply cannot be sustained and staffed by what is now a small team without major detriment to the services available from the medical practice as a whole (e.g. reduction of appointments, impacts on home visiting). In turn, this would place further significant pressure on the Practice and could lead to the ultimate closure of Merse Medical Practice and a significant loss of General Medical Services to 6,700 people in the area.

### **GP Subcommittee**

A paper was presented to the GP Sub Committee on the 25th July 2022 outlining the concerns raised by MMP. GP Subcommittee were asked to discuss the sustainability concerns impacting General Practice and advise on any additional measures that could be undertaken to mitigate. GP Subcommittee was supportive of the Practice and of the review approach being undertaken, noting the difficulty of covering two sites with limited staff, and the context of broader recruitment issues affecting a number of practices.

### **Options Appraisal**

Note that it was the intention of the SLWG to undertake a formal Options Appraisal to identify the best option for the benefit of the practice and their patients. The following options were identified and due for consideration:

- Continuation with current service provision – full GMS at the Knoll and reduced provision at Chirnside.
- Further reduction of services at Chirnside
- Closure of Chirnside Branch Surgery

However, it became clear during the preparations for this that there was only one viable option for the Practice which would enable the delivery of safe and sustainable services to their patients, and this was the closure of the Chirnside Branch Surgery. It is the inability to recruit to the GP workforce which causes the extreme difficulties in providing safe services on two sites.

The subsequent letter received from MMP on 30th August 2022 regarding the process and future of the Practice as a whole led to the process being paused whilst further conversations could be held with the practice to agree a way forward. The agreement

to support the Practice in the branch surgery closure was made at BET on 4th October 2022 and the SLWG was re-established and informed on the 19th October. The SLWG subsequently supported in the undertaking of the HIIA, development of the Q&A and consideration of potential mitigating actions.

## Conclusions

Following detailed discussions with the Partnership, it has become apparent that despite the significant efforts the Partners have made over a number of years to sustain the Chirnside Branch; there remain significant ongoing concerns in relation to the provision of services from Chirnside Branch Surgery.

While recognising the feedback from members of the public who have provided feedback, the conclusion of the review is that the continued provision of services from the branch surgery would be unsustainable as this would have significant impacts on the broader sustainability of Merse Medical Practice. This in turn would impact both on staff within the practice and the patients registered to the Practice in the medium to long term. This is for the following reasons:

- a significant degree of pressure being placed on the Merse Medical Practice team to maintain the Branch Surgery in the context of a need to cover key areas such as annual leave and multiple sites. This has in turn had a significant impact on the Practice's ability to retain and recruit staff, especially in attracting a replacement Partner. If this is not addressed it will make future recruitment and the ongoing sustainability of Merse Medical Practice increasingly challenging and could potentially lead to closure of the practice in the medium to long-term;
- there is a national shortage of GPs and this has made it increasingly challenging for the Practice to recruit GPs when former GPs have left the Practice and in advance of an upcoming retirement. Merse Medical Practice have diversified their workforce to continue to provide sufficient cover for the Practice's patients, but there have been significant challenges recruiting and retaining staff as there have been poor recruitment prospects for clinical teams; and
- responses from the public consultation and the impacts on patients identified in the HIIA have been considered however, whilst continuation of a branch surgery may be the most desirable outcome, this is not considered to be feasible due to the sustainability concerns for the Practice and impacts on the wider Practice Population.

Following further discussion between the Health Board and the Practice, and a presentation of an SBAR to BET, BET were accepted that in order to sustain MMP as a whole, there is no longer any alternative viable option other than to support the place in the closure of the branch surgery in Chirnside.

It has been agreed with the practice that the closure date of the branch surgery will be 31st March 2023, this was in order to minimise the impact on patients over the winter months.

### 2.3.1 Quality/ Patient Care

The closure of the Chirnside Branch Surgery would withdraw General Medical Services (GMS) provision from Chirnside but improve the sustainability of Merse

Medical Practice.

### **2.3.2 Workforce**

No NHS Borders workforce implications, albeit the situation would have an impact on independently managed general practice staff.

### **2.3.3 Financial**

The closure of the branch surgery may have a financial impact on Merse Medical Practice in relation to contracts affiliated with the Chirnside building.

In terms of resource, NHS Borders Primary Care Team has agreed to support the practice by means of advice and management of statutory planning and engagement activity.

Any financial impacts incurred to NHS Borders as a result of the above would need to be detailed and overseen by NHS Borders Executive Team.

### **2.3.4 Risk Assessment/Management**

Risk of public / political concern, should the Branch Surgery not be deemed as sustainable.

This risk is deemed moderate due to impacts on people who use Chirnside Branch Surgery.

### **2.3.5 Equality and Diversity, including health inequalities**

A Healthcare Inequalities Impact Assessment has been undertaken and is enclosed in near final form in Appendix 2, pending a few minor changes which we do not anticipate will make a significant difference to the recommendations of the review process, however will be considered and acted on as part of any implementation phase.

### **2.3.6 Climate Change**

Although GP staff travel between both practice sites will significantly reduce, patients residing in the Chirnside area will likely be travelling longer distances via emission emitting personal vehicle to the home branch in Duns/The Knoll.

This will likely help support local initiative for stronger public transport networks in the area.

### **2.3.7 Other impacts**

N/A

### **2.3.8 Communication, involvement, engagement and consultation**

Current and future consultation of the following groups:

- Merse Medical Practice

- GP Subcommittee
- Public / patient consultation
- Local community councils
- Local elected members
- Local MP / MSPs
- Healthcare Improvement Scotland Community Engagement team
- Joint Primary Care and Community Services Clinical Board and Governance
- NHS Borders Board Executive Team
- NHS Borders Public Governance Committee

### **2.3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Merse Medical Group Short Life Working Group – 25<sup>th</sup> January 2023

## **2.4 Recommendation**

In the context of local and national GP sustainability challenges and the lack of appropriate mitigating measures required to maintain the safe continuity of care and integrity of the provision of General Medical Services across two sites, it is asked that the NHS Borders Board support the recommendation that:

- NHS Borders endorses the closure of the Chirnside Branch Surgery.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, Merse Medical Practice Letter to NHS Borders
- Appendix 2, Draft Health Inequality Impact Assessment
- Appendix 3, Frequently Asked Questions
- Appendix 4, Letter to patients with update on Chirnside Branch Surgery



## Appendices

### Appendix 1 - Merse Medical Practice letter to NHS Borders



Dr. AF BROWN MB BCh BAO, MRCGP  
 Dr. EJ COLLIN MB ChB(Hons), BSc(Hons), MRCGP, DRCOG, DFSRH.  
 Dr. DJ MacALLISTER BSc(Hons), MB ChB, DRCOG, FRCGP.  
 Dr D SINCLAIR MB ChB, MRCGP, DRCOG, DFSRH, DipPallMed.

23<sup>rd</sup> February 2022.

Dear Mr Roberts

#### **Re: Formal Request for Branch Closure**

As you may know, for some time the practice has been experiencing difficulty in managing and sustaining the branch surgery in Chirnside. All our patients deserve a high quality healthcare service but for a number of reasons we feel unable to deliver the services we would like to from this branch. Therefore we would like to make a formal request to NHS Borders to close the Chirnside Surgery.

For the Partners of Merse Medical Practice the decision to request the closure of the branch surgery has not been taken lightly. Over the past 24 months, we have tried various solutions to keep the branch surgery open. However, the national shortage of GPs has led to difficulty in recruiting permanent doctors. We have had two GP Partner offers declined due to the costs incurred with running Chirnside. In addition, provision of modern primary healthcare is becoming increasingly difficult and delivery on two sites is no longer sustainable. As GPs we are primarily concerned with the well-being of our patients. We believe that centralising services on a single site at Merse Medical Practice, The Knoll, Duns, we will be able to offer a more flexible, efficient GP service with better access for our patients. It will also ensure sustainability for the practice long term.

The pandemic resulted in the Chirnside branch surgery being closed on a Wednesday and is regularly closed on other days. This is due to ongoing staff shortages and being unable to operate the practice safely across two sites. We currently can only offer extended hours surgeries from the site within the Knoll as it is not safe for GPs to be working alone in an unoccupied building. Under the new PCIP there is no longer any vaccination services being offered from the Chirnside site and ultimately there will be no phlebotomy either with the implementation of CTAC.

The Chirnside building has been advised (Property Appraisal Report & Buchan and Associates Report) as being unsuitable for use as a GP Practice and the predicted costs of upgrading this building to recommended standards would be unachievable for the current GP Partners. The current lease expires in 2031 therefore it could continue to be used as an administration base and remain home to the large amounts of paper medical records already in situ.

As a practice we are confident that we can restructure our day to day practice to ensure that patients will not have their healthcare needs negatively impacted by this decision. However, we would welcome any support and assistance that NHS Borders can offer during this time.

We look forward to hearing from you and having the opportunity to discuss further.

Yours sincerely

Dr DJ MacAllister  
 Dr A Brown  
 Dr D Sinclair  
 Dr E Collin

(Sent via email)

South Crofts, Chirnside, TD11 3XP  
Tel 01361 885 030 Fax 01890 818595

The Knoll, Station Road, Duns, TD11 3EL  
Tel 01361 885030, Fax 01361 882 186

[www.mersemedicalpractice.co.uk](http://www.mersemedicalpractice.co.uk)

**Appendix 2 – Draft Health Inequality Impact Assessment (HIIA) – to be finalised, currently out for further consultation/feedback****HIIA Scoping Workshop Report****Relates to NHS Health Scotland HIIA Guidance January 2015****Policy/service/programme title:** Chimside Branch Surgery**Date of workshop:** SLWG meetings, 16<sup>th</sup> November 2022 & 30<sup>th</sup> November 2022**Location:** via MS Teams**Programme lead:****Equality and diversity lead:****Report Author:** Karen Maitland, Holly Hamilton-Glover, Michele Cramer

*This is a report of the findings from a workshop held to identify potential impacts of this policy, including differential impacts on different population groups. The workshop was the first stage of a Health Inequalities Impact Assessment of the policy. Findings are based on the knowledge and experience of those present at the workshop.*

*This report is not a definitive statement or assessment of impacts but presents possible impacts that may require further consideration. The report also identifies some questions to be addressed to understand the impacts further. The purpose of further work following this scoping stage is to inform recommendations to improve impacts on health and enhance actions to reduce health inequalities, avoid discrimination and take action to improve equality and enhance human rights.*

**People present:**

T Young, C Graham, C Oliver, G Hayward, J Amaral, E Collins, L Patterson-Coltman, A Durie, C Wilson, G Bell, M Cramer, D MacAllister, M Clubb.

**Rationale and aims of service change:**

In February 2022, Merse Medical Practice wrote to NHS Borders to request the closure of the Chimside Branch Surgery, noting that the GP Partners no longer feel that they can offer a safe and sustainable General Medical Services (GMS) whilst operating from two sites. This triggered an establishment of a Short Life Working Group (SLWG) to review the Chimside Branch provision and commence public

engagement. The practice noted that the the national shortage of GPs has made it increasingly challenging for the practice to recruit GPs, and the pressure on the practice to staff and sustain two sites has impacted on the practices' ability to recruit and retain staff.

NHS Borders has been working closely with the practice to explore the issues reported and to review the available options to provide the best possible service for patients.

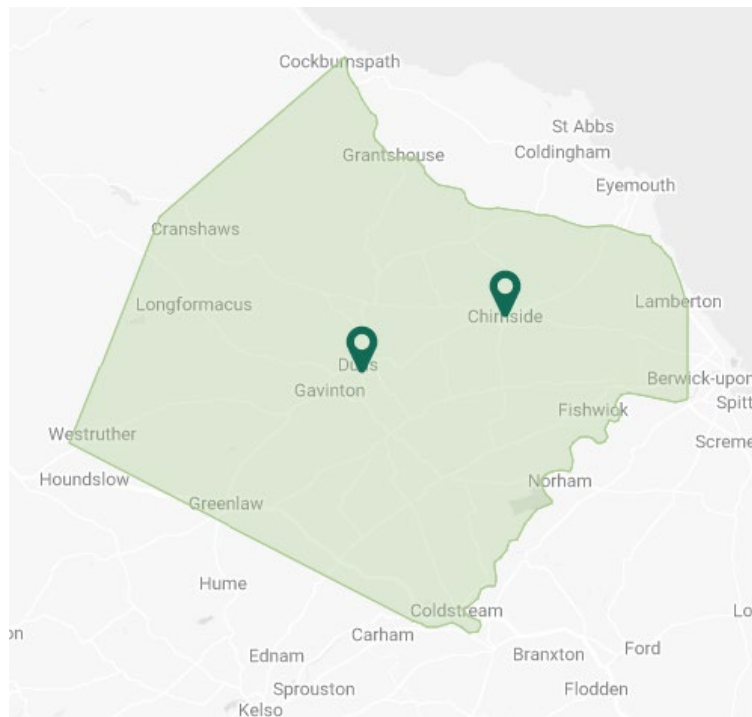
It was the intention of NHS Borders and Merse Medical Practice to undertake an Options Appraisal to identify the best option for the benefit of the practice and their patients, however, it became clear during the preparations for this that there was only one option, this was the closure of the Chirnside Branch Surgery.

Therefore this Health Inequality Impact Assessment (HIIA) aims to assess the impact of to patients following closure of the Chirnside Branch Surgery in its entirety will all services being provided from the main Merse Medical Practice site at The Knoll Community Hospital in Duns. The impact of this would be that all face to face patient appointments would be undertaken at The Knoll.

### **1. Who will be affected by this service change?**

Merse Medical Practice operates from two sites – The Knoll, Duns (main site) and Chirnside Surgery (branch site). The Practice has a list of size of approximately 6,700 patients located across Duns, Chirnside and surrounding areas. Patients are registered with Merse Medical Practice and are expected to attend either site depending on clinical need and available capacity. Patients are not specifically registered to Chirnside Surgery. Currently Chirnside surgery is open three days per week – Monday, Tuesday and Thursday - with a General Practitioner (GP), Advanced Nurse Practitioner (ANP) and Practice Nurse (PN) available on most of these days.

The practice serves a large geographical area. There is some overlap with neighbouring practices – Duns, Eyemouth, Greenlaw, Coldstream, Lauder and Kelso. The practice boundary is outlined in the map below.



Chirnside patients account for approximately 26% of the practice list, 58% Duns and the remaining 16% the surrounding areas (e.g. Paxton, Ayton, Foulden, Allenton etc).

It is 6.5 miles between Chirnside Surgery and The Knoll Community Hospital, the journey is a 12 minute drive. The table below outlines the difference in travel distances for locations which are closer to the Chirnside Surgery.

<b>Miles to Practice</b>	<b>Chirnside</b>	<b>Duns</b>
Ayton	6	11.1
Hutton	5.9	9.5
Foulden	4.5	10
Paxton	7	10.6
Fishwick	6.2	9.7
Mordington	5.7	11.9

Lamberton	9.3	15.5
Allanton	1.6	6.1

There are some public transport options currently available between Chirnside and Duns.

- Border Buses run a bus service (No.60) which travels between Chirnside and Duns. The bus goes from the centre of Chirnside village (stops at Coop, West End, Crosshill, Market Rd.) to Bridgend Garage, Duns, this will then require a walk of approximately 6-10 minutes to The Knoll Hospital - the route is flat, has a clear pavement and crossing points. The bus journey takes 22 minutes.
- There is also the Pingo Bus Service – an on-demand bus by Border Buses. Customers can book a shared journey not served by a bus at that particular time. Best way to book is via the Pingo App, or phone the Pingo Line (01289 385506). Information leaflet available on the Border Buses website.
- BAVS also provide a community transport service, Berwickshire Wheels. This is a pre-bookable service and there is a charge. We have a BAVS representative as part of the SLWG.
- Patients also have the option to use local private Taxi services, this will be at cost to the individual.

This service change has the potential to impact on all patients registered with Merse Medical Practice, particularly those who have previously used the Chirnside Branch surgery site to attend practice appointments. Patients will remain registered with Merse Medical Practice and will not be required to move registration. There will be no change to the phone numbers or ways in which patients contact the practice. All phone calls are already routed via The Knoll.

## 2. How will the programme impact on people?

The group sought to identify potential differential impacts of the policy on different population groups these impacts are noted below

Population groups and factors contributing to poorer health	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
<b>Issues that apply to all the population groups mentioned in the table below</b>	Individuals will no longer be able to attend face to face appointments at the Chirnside Branch Surgery and will have to travel to the Knoll in Duns for a face-to-face appointment.	Patient appointments with GP – many consultations are being undertaken virtually or via telephone.

	<p>The Knoll is a larger site with enhanced facilities, patients may benefit from only having to attend one appointment should they need a procedure rather than an initial appointment at Chirnside and a further appointment at Duns.</p>	<p>Patients have fed back that being able to access clinical care without the need for a journey to the practice is more convenient for many, saving both time and money. Particularly easier for individuals with childcare / carer responsibilities and no transport.</p> <p>Reducing the travel time between sites will increase the GP time available to delivery of patient consultations.</p> <p>Focusing on a single site service, reducing the stress of stretching limited staff to cover two sites may support the recruitment and retention of staff to the practice.</p> <p>Chirnside Pharmacy to continue to one collection per days of prescriptions from Merse Practice, if there are urgent prescriptions outwith the pick up time, these would need to be emailed to the Pharmacy.</p> <p>Monitor impact of service change.</p>
Population groups and factors contributing to poorer health	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
<p><b>Age:</b> older people; middle years; early years; children and young people</p>	<p>Potential for a negative impact on multiple age groups depending on individual circumstances.</p> <p>Some older and younger age groups especially may not be able to easily travel or be willing to</p>	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery, this would be based on clinical need.</p> <p>Consideration can be given to the allocation</p>

	<p>travel outwith Chirnside for medical appointments.</p> <p>Some patients may not have transport and may have to rely on others to support them to take them to appointments or use public / community transport.</p> <p>There is currently no Paediatric, Maternity or Health Visiting services offered at Chirnside, so no change in current service provision. Access to healthcare may be easier for older children who attend High School in Duns.</p>	<p>of appointment times for individuals who require public transport.</p> <p>Community Transport information to be provided to patients registered who attended Chirnside Branch Surgery and would have to attend the Knoll should the service cease.</p> <p>Children and Young Adults benefit from free bus travel.</p>
<p><b>Gender:</b> men; women; people undergoing gender reassignment; pregnancy and maternity; experience of gender-based violence</p>	<p>Some parents may have to travel further to attend appointments, therefore having to take longer away from their child caring responsibilities. This may make attendance at appointments more challenging.</p> <p>The need to travel with prams etc may make accessing public transport with prams and other equipment challenging.</p> <p>There is currently no Paediatric, Maternity or Health Visiting services offered at Chirnside, so no change in current service provision.</p>	<p>Patients have fed back that being able to access clinical care without the need for a journey to the practice is more convenient more many, saving both time and money. Particularly easier for individuals with childcare responsibilities and no transport.</p>
<p><b>Disability:</b> physical impairments; learning disability; sensory impairment; mental health conditions; long term medical conditions</p>	<p>Potential for a negative impact on individuals with a range of different disabilities depending on individual circumstances.</p> <p>Some patients may not have transport and may have to rely on others to support them to take them to appointments or use public transport. However,</p>	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery, based on clinical need.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p>



	<p>due to their disability they may be unable to travel far, walk to bus stops, use public transport or travel alone, especially if they are experiencing exacerbations of their condition.</p> <p>A change in venue/healthcare professional may cause anxiety for the individual and perhaps be less willing to attend a medical appointment at a new/different site.</p>	<p>Community transport options may be available to support individuals.</p> <p>Consideration could be given to the potential for 'Remote' consultations either by telephone or video link are available.</p>
<b>Race and ethnicity:</b> minority ethnic people; non English speakers; gypsies/travellers; migrant workers	No specific impact identified.	N/A
<b>Refugees and asylum seekers</b>	No specific impact identified.	N/A <i>Contact council re Ukrainian refugees</i>
<b>Religion &amp; belief:</b> people with different religions or beliefs, or none	No specific impact identified.	N/A
<b>Sexual orientation:</b> lesbian; gay; bisexual; heterosexual	No specific impact identified.	N/A
<b>Marriage:</b> people who are married, unmarried or in a civil partnership	No specific impact identified.	N/A
<b>Looked after and accommodated children and young people</b>	No specific impact identified.	N/A
<b>Carers:</b> paid / unpaid, family members	Some carers may have to travel further to attend appointments, therefore having to take longer away	Patients may be able to have a home visit should they be too unwell to attend the

	<p>from their carer responsibilities. This may make attendance at appointments or pick up of prescriptions more challenging.</p> <p>Carers may require supporting those whom they care for to attend appointments, this would require them to support the individual to travel further for face to face appointments.</p> <p>Young Carers may not be able to travel outside of their local area, and may not be able to support their relatives to attend appointments at The Knoll.</p>	<p>surgery, this would be based on clinical need.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Community transport options may be available to support individuals.</p>
<p><b>Homelessness:</b> people on the street; staying with friends / family; in hostels, B&amp;Bs</p>	<p>Some patients may not have their own transport and may not be able to access the public transport system or taxi service due to cost. This may make some individuals less likely to seek healthcare when needed.</p>	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery, this would be based on clinical need.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require to use public transport.</p> <p>Community transport options are available to support individuals. There is a cost for this service however this can be discussed at time of booking.</p>
<p><b>Involvement in the criminal justice system:</b> offenders in prison / on probation, ex offenders</p>	<p>No specific impact identified.</p>	<p>N/A</p>
<p><b>Addictions and substance misuse</b></p>	<p>No specific impact identified.</p>	<p>N/A</p>

		<i>Check with ADP</i>
<b>Staff:</b> full/part time; voluntary; delivering / accessing services	<p>There will be a change to the working patterns and locations of staff members who currently work at the Chirnside site.</p> <p>There will be no redundancies as staff normally work between both sites.</p>	Will be managed internally by Merse Medical Practice.
<b>Low income</b>	Some patients may not have their own transport and may not be able to access the public transport system or taxi service due to cost. This may make some individuals less likely to see healthcare when needed.	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery, this would be based on clinical need.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Community transport options are available to support individuals. There is a cost for this service however this can be discussed at time of booking.</p> <p>Patients have fed back that being able to access clinical care without the need for a journey to the practice is more convenient more many, saving both time and money. Particularly easier for individuals with childcare / carer responsibilities and no transport.</p>
<b>Low literacy</b>	For some individuals it may be that the information provided so far on the potential service change and the public consultation may have been difficult to	Consideration to be given as to whether the patient information provided should be in more accessible options.

	understand.	
<b>Living in deprived areas</b>	<p>Some patients may not have their own transport and may not be able to access the public transport system for various reasons. This may make some individuals less likely to seek healthcare when needed.</p>	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery, this would be based on clinical need.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Community transport options are available to support individuals. There is a cost for this service however this can be discussed at time of booking.</p> <p>Consider feasibility of NearMe / E-Consult “Hub” to be set up in a Community Centre/Pharmacy/Community location.</p>
<b>Living in remote, rural and island locations</b>	<p>Chirnside could be considered a remote/rural community as is much of the Borders. Whilst there is generally a need to travel to access services, shopping, education etc, this may be more challenging for smaller remote communities.</p> <p>Transport – cost and accessibility – may mean that some individuals have difficulty travelling further to a GP outwith Chirnside.</p> <p>Public transport services to/from Chirnside are limited, this may make a round trip for an appointment a lengthy journey.</p>	<p>Patients may be able to have a home visit should they be too unwell to attend the surgery, this would be based on clinical need.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Community transport options are available to support individuals.</p> <p>Consider feasibility of NearMe / E-Consult “Hub” to be set up in a Community Centre/Pharmacy/Community location.</p>

		<p>A wider range of services are offered from The Knoll – School Nursing, Immunisations, Oral Health etc.</p> <p>The Chirnside Pharmacy offers a ‘Pharmacy First Plus’ service – this service could be promoted.</p>
<b>Discrimination / stigma</b>	No specific impact identified.	N/A
<b>Any other groups and risk factors relevant to this policy</b>	No further groups identified.	N/A

### 3. How will the programme impact on the causes of health inequalities?

*The group identified the following potential impacts of the policy on the causes of health inequalities*

<b>Will the policy impact on:</b>	<b>Potential impacts and any particular groups affected</b>	<b>Recommendations to reduce or enhance such impacts</b>
<p><b>Income, employment and work</b></p> <p><b>Availability and accessibility of work,</b></p> <ul style="list-style-type: none"> <li>• paid / unpaid employment, wage levels, job security</li> <li>• Tax and benefits structures</li> <li>• Cost / price controls: housing, fuel, energy, food, clothes, alcohol, tobacco</li> </ul> <p>Working conditions</p>	<p>Staff who usually work at the Chirnside Branch Surgery will experience a change to their working conditions. There will be no redundancies as staff normally work between both sites.</p> <p>There will be a change of base but no changes to their role.</p> <p>Access to health services is an important factor in minimising the impact of health inequalities.</p>	<p>This will be managed by Merse Medical Practice.</p> <p>Consideration can be given to the allocation of appointment times for individuals who require public transport.</p> <p>Community transport options are available to support individuals.</p>

<p><b>The physical environment and local opportunities</b></p> <ul style="list-style-type: none"> <li>• Availability and accessibility of housing, transport, healthy food, leisure activities, green spaces</li> <li>• Air quality and housing / living conditions, exposure to pollutants</li> <li>• Safety of neighbourhoods, exposure to crime</li> <li>• Transmission of infection</li> <li>• Tobacco, alcohol and substance use</li> </ul>	<p>The change in service will result in the removal of the provision of primary medical service from Chirnside.</p>	<p>The Merse Medical Practice at The Knoll is a larger primary medical service facility, with a wider range of services, where face to face appointments will be offered when appropriate.</p>
<p><b>Education and learning</b></p> <ul style="list-style-type: none"> <li>• Availability and accessibility to quality education, affordability of further education</li> <li>• Early years development, readiness for school, literacy and numeracy levels, qualifications</li> </ul>	<p>No specific impact to patients identified.</p>	<p>N/A</p>
<p><b>Access to services</b></p> <ul style="list-style-type: none"> <li>• Availability of health and social care services, transport, housing, education, cultural and leisure services</li> <li>• Ability to afford, access and navigate these services</li> <li>• Quality of services provided and received</li> </ul>	<p>The change in service will result in the ceasing of use of the Chirnside Branch Surgery by the GP Practice. This will remove the provision of primary medical services from Chirnside.</p> <p>The Knoll is a larger primary medical service facility where face to face appointments will be offered, however, individuals will have to travel further to access these services.</p> <p>Duty Doctor currently operates from the Knoll so</p>	<p>Promotion of the transport options available to individuals.</p> <p>Some public transport options are able to offer a drop-off point at the door of the Knoll site.</p> <p>The new site offers an improvement in terms of parking and walking gradient.</p> <p>Identify options to allocate appointments in line with public transport timetables.</p>

	<p>there would be no change to emergency provision.</p> <p>The additional travel, whether by public transport or private care, will come at an additional cost to the patient.</p>	<p>The practice will try to accommodate appointments to suit transport needs where possible.</p> <p>Promote the benefits of wider community pharmacy service provision.</p>
<p><b>Social, cultural and interpersonal</b></p> <ul style="list-style-type: none"> <li>• Social status</li> <li>• Social norms and attitudes</li> <li>• Tackling discrimination</li> <li>• Community environment</li> <li>• Fostering good relations</li> <li>• Democratic engagement and representation</li> <li>• Resilience and coping mechanisms</li> </ul>	<p>It may take time for the local population to accept a change in service and loss of local community GP practice.</p>	<p>Public consultation has been undertaken and the views of the community have been listened to.</p> <p>Public responses to the initial letter have been collated and considered.</p> <p>A public meeting was held in Chirnside, 10<sup>th</sup> November 2022.</p> <p>Further engagement and communications will be issued as appropriate.</p>

#### 4. Potential impacts on human rights

*The group identified the following potential human rights impacts:*

No specific impacts were identified against the individual articles of the human rights act outlined below. All staff are covered by professional standards and codes of conduct and are recruited on the basis of corporate values to respect and uphold human rights, this is fundamental to the delivery of care to individuals.

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
<b>The right to life</b> (absolute right)	No specific impact identified.	N/A
<b>The right not to be tortured or treated in an inhuman or degrading</b>	No specific impact identified.	N/A

<b>way</b> (absolute right)		
<b>The right to liberty</b> (limited right)	No specific impact identified.	N/A
<b>The right to a fair trial</b> (limited right)	No specific impact identified.	N/A
<b>The right to respect for private and family life, home and correspondence</b> (qualified right)	No specific impact identified.	N/A
<b>The right to freedom of thought, belief and religion</b> (qualified right)	No specific impact identified.	N/A
<b>The right to freedom of expression</b> (qualified right)	No specific impact identified.	N/A
<b>The right not to be discriminated against</b>	No specific impact identified.	N/A
<b>Any other rights relevant to this policy</b>	No specific impact identified.	N/A

**5. Will there be any cumulative impacts as a result of the relationship between this policy/programme/service change and others?**

None identified currently.

**6. What sources of evidence have informed your impact assessment?**

Evidence type	Evidence available	Gaps in evidence
<b>Population data</b> eg demographic profile,	<ul style="list-style-type: none"> <li>Information has been gathered on the number of registered patients with Merse</li> </ul>	Detailed information on the local population demographics ( <i>further information to be</i>



service uptake	<p>Medical Practice.</p> <ul style="list-style-type: none"> <li>• Identification of travel times to Merse Medical Practice at The Knoll and the accessibility.</li> <li>• Visit to Chirside Branch Surgery to review facilities.</li> <li>• SPARRA data on practice patients collated (<i>analysis pending</i>).</li> <li>• Local knowledge of area.</li> </ul>	<i>gathered on this</i> ).
<p><b>Consultation and involvement findings</b> eg any engagement with service users, local community, particular groups</p>	<ul style="list-style-type: none"> <li>• Letters were sent to all registered patients during the w/c 1<sup>st</sup> August 2022, requesting comments and suggestions.</li> <li>• The letter also requested volunteers to join a short life working group to read on reviewing the potential options and supporting HIA completion.</li> <li>• A media release was shared 3 August 2022, and MSPs, local elected councillors and community councils were informed in advance of this.</li> <li>• A public meeting was held in Chirside, 10<sup>th</sup> November 2022.</li> <li>• A short life working group was established including public / patient membership.</li> <li>• The feedback received from the consultation has been incorporated into this document.</li> </ul>	Further communications will be issued as required.
<p><b>Research</b> eg good practice guidelines, service evaluations, literature reviews</p>	<ul style="list-style-type: none"> <li>• Advice has been sought from Scottish Government on regulatory requirements or best practice examples on closures of branch surgeries.</li> <li>• Advice sought from Healthcare Improvement Scotland (HIS) Community Engagement on the public engagement.</li> </ul>	

<b>Participant knowledge</b> eg experiences of working with different population groups, experiences of different policies	<ul style="list-style-type: none"> <li>• The members of the SLWG have a varied clinical and managerial background in the NHS.</li> <li>• Public members and patient representatives were involved in the SLWG.</li> </ul>	N/A
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## 7. Summary of key impacts, research questions and evidence sources

*The following is a summary of the key areas of impact identified at the workshop, some possible questions to address in order to understand these, and suggested evidence sources to answer these research questions. This is not a definitive or necessarily complete list of research questions and some may turn out on further assessment not to be relevant. The list is put forward as a starter to inform the next stage of the impact assessment, and is likely to be amended by the steering group. The work done to explore these questions should be proportionate to the expected benefits and potential to make changes as a result. Evidence-informed recommendations are central to a robust impact assessment; however, 'evidence' to support the development of recommendations can be thought of more widely than just formal research. Furthermore, a lack of available robust evidence should not lead to the impact assessment process being delayed or stopping altogether. Often there is poor or insufficient evidence about the links between a proposal and health; there may, however, be plausible theoretical grounds to expect an impact.*

### **Closure of the Chirnside Branch Surgery - all face to face consultations would take place at The Knoll, Duns.**

This service change would impact on all individuals who would ordinarily attend Chirnside Branch surgery for a face to face appointment.

Whilst the closure of the Chirnside Branch Surgery will impact on all individuals who previously regularly used this service, this will have a particular impact on those for whom travel outwith Chirnside or additional travel to Duns poses additional challenges due to;

- Health condition
- Disability
- Mobility
- Independence
- Limited access to transport options
- Additional cost of travel

There are a number of potential mitigating measures which will support individuals in accessing face to face consultations with their GP;

- Home visits for individuals who are too unwell to attend surgery, this would be based on clinical need

- Community transport services
- Arrangement of appointment times in line with public transport timetables
- Offering of remote phone or video consultations

In addition, The Knoll is a larger facility which can offer a wider range of services.

Area of Impact	Research Questions	Possible evidence sources
This service change would impact on all individuals who would attend Chirnside Branch surgery for a face-to-face appointment.	<p>Are there public transport options for patients to travel to the Knoll in Duns?</p> <p>Are there community transport services available?</p> <p>Will home visits to those patients situated in Chirnside still be offered?</p> <p>Can appointment times be arranged in conjunction with public transport times?</p> <p>Will virtual or telephone consultations still be offered?</p>	<p>Public transport times</p> <p>Community transport facilities available</p> <p>Merse Medical Practice patient information</p>

### 8. Who else needs to be consulted?

This document has been/will be shared with further groups for further feedback, this will remain under review and the document will be updated as appropriate. It is not anticipated that the feedback received will make a significant difference to the recommendation of the review process, however, it will be considered and acted upon as part of any implementation phase.

### 9. Suggested initial recommendations

Whilst continuation of a branch surgery may be the most desirable outcome for those who use Chirnside Surgery, unfortunately in working with the practice it became clear that this was not a viable option due to the sustainability concerns outlined by Merse Medical Practice. Due to insufficient workforce, and significant challenges recruiting new staff, the Branch Surgery simply cannot be sustained and staffed by what

is now a small team without major detriment to the services available from the medical practice (e.g. reduction of appointments, impacts on home visiting). In turn, this would place further significant pressure on the Practice and could lead to the ultimate closure of Merse Medical Practice and a significant loss of general medical services to 6,700 people in the area.

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## Appendix 3 - FAQ

Merse Medical Practice & NHS Borders

### Merse Medical Practice | Chirnside Branch Surgery – Frequently Asked Questions

#### General

- **Is it possible for the Practice/NHS Borders to change their mind about the closure of Chirnside Branch Surgery?**  
No. This decision is not one which has been taken lightly and is the only remaining viable option to ensure the sustainability of Merse Medical Practice.
- **What do you mean by sustainability?**  
Making the best use of limited resources to provide an appropriate level of safe care to patients.
- **When is the Chirnside Branch Surgery going to close?**  
The Branch Surgery will close on 31 March 2023.
- **Are the staff who work at the Chirnside Branch Surgery leaving the Practice?**  
No. The staff who work currently from the Chirnside Branch Surgery also work from The Knoll, Duns.
- **What are Scottish Government doing about this?**  
Merse Medical Practice is independently run. Scottish Government is aware of the impending closure.
- **Why are you closing Chirnside Branch Surgery and not the surgery at The Knoll?**  
There is not enough space in Chirnside to accommodate all practice staff and be able to see patients. There is more space at The Knoll, Duns.
- **Why can't you just amalgamate practice with Duns Medical Group?**  
Duns Medical Group and Merse Medical Practice are separate business run independently from one another. Merging the Practices was not one of the options considered by the Partners of Merse.
- **Is it the case that you cannot afford to keep Chirnside going so as a cost cutting measure you are cutting off Chirnside and moving to Duns?**  
This is not a cost cutting exercise. The decision is based on the availability of GPs and overall sustainability of the Merse Medical Practice.
- **Who owns the Chirnside Branch Surgery building?**  
The building is leased by the practice from a private landlord.
- **Will the physical site at Chirnside be kept open?**  
The future of the Chirnside building is the responsibility of the landlord.
- **I previously had to travel to Duns anyway for some appointments/services from the practice, will that continue?**

Yes, if you had to travel to Duns previously then this is not changing as all patients will be required to travel to Duns.

### **Prescriptions/Pharmacy**

- **What will happen with my prescriptions?**
- **How will repeat prescriptions be managed?**  
Your prescriptions will be dealt with in the same way as they are just now. Information about any potential changes to the prescription collection process will be distributed to patients prior to the closure of the Chirnside Branch Surgery.
- **What is going to happen to Chirnside Pharmacy?**  
Chirnside Pharmacy is privately owned and run so Merse Medical Practice and NHS Borders cannot answer this question.
- **Is there a way of the Pharmacy contacting a GP if they are concerned about a patient?**  
If a pharmacist is unable to provide a patient with the required care/advice, they will advise them to contact their GP.
- **Do Chirnside Pharmacy have a prescribing Pharmacist?**  
Chirnside Pharmacy has an independent prescriber offering the 'Pharmacy First Plus' service which if used appropriately will mean patients can see a pharmacist for assessment and prescribing for common clinical conditions. A process is being developed to allow the Pharmacy to alert the Practice to the days that the independent prescriber will be available to allow them to signpost patients accordingly.
- **Why don't you incorporate the pharmacy into the practice?**  
There are technical issues regarding pharmacies being in GP practices which mean that this is not practical or possible in this situation.

### **Transport/Access**

- **How are you expecting patients to get to Duns to attend appointments?**
- **Access to transport via Berwickshire Wheels is already an issue, this will make things worse. What are you doing about this?**
- **What about access for disabled and elderly people?**
- **The Pingo bus cannot be guaranteed to arrive at a certain time.**  
We recognise that transport to Duns will be an issue for some patients. Public transport is available between Chirnside and Duns and a representative from Berwickshire Wheels is a member of the short life working group which also includes patient representatives. Conversations are taking place to consider how the impact on transport can be mitigated. Scottish Borders Council are arranging a meeting between public transport and community transport providers to discuss potential solutions to serving remote communities across the Borders and members of our Short Life Working Group will feed into this meeting.
- **Can my appointment be arranged around the bus/local transport times?**  
The Practice have offered, where it is practical, to try and provide patients with appointments around bus times. However, we must stress that this will not always be

possible as appointment availability is dependent on many factors, including the clinical priority of patient's needs.

- **Why were there no conversations with Scottish Borders Council and bus companies before making this decision?**  
The timing of the decision to close the Chirnside Branch Surgery could not have been avoided or postponed.
- **Parking at The Knoll is already an issue, what are you doing about this?**  
This will be raised at the NHS Borders Car Parking Group.

## GPs

- **Can I register with another GP Practice?**  
Primary Care services across Duns, Chirnside and the surrounding areas are under considerable pressure so please do not attempt to move to a different GP Practice whilst we are going through this period of change.
- **Will you continue to do home visits?**
- **If patients cannot get to Duns, will the GPs do home visits?**  
Home visits are based on clinical need.
- **Will this mean delays in getting an appointment with a GP?**  
Appointments are allocated based on clinical need. As there will be less GPs working at Merse from April 2023 there may be some impact on the time patients need to wait for an appointment however we remain hopeful that new GPs will be recruited.
- **Will this mean an increase in the number of telephone appointments?**  
The type of appointment offered to a patient may differ based on patient need and preference, and availability of medical staff. Following the impact of the pandemic, the practice has increased the number of face-to-face appointments available.
- **In Highlands and Islands there are dedicated rooms in villages for patients for video consultations with GPs. Is that a possibility here?**  
There are a large number of IT solutions which can be used across Primary Care i.e. Near Me video consultations. NHS Borders are currently looking into a number of innovations which could be implemented across Primary Care services.
- **Why not keep Chirnside open with a reduced number of GPs?**
- **Why can't we get more doctors? Why can't the international market be looked at? The Care home sector is doing this.**  
There is a national shortage of GPs which means that recruitment is challenging across the whole of the UK. The Partners have been advertising for GPs for a prolonged period of time and there has been no interest expressed by doctors overseas.
- **How does closing Chirnside surgery help?**
- **What difference does it make to have less GPs over one site rather than 2 sites?**

The GPs cannot split themselves between two practices. Closing Chirnside will improve patient care and they can concentrate on working together. It is much easier to be safe and sustainable by delivering services from one site.

- **Can we not get locums to come into the Chirnside practice?**

We cannot rely on locums to sustain the Chirnside Branch Surgery. By definition locum staff are contracted on a short-term basis, and therefore would not provide the continuity of care necessary. In addition, it is increasingly difficult to secure locum cover due to the overall shortage of GPs.

## **Other**

- **Can we have blood testing facility in Chirnside?**

This will be raised at the Community Treatment and Care (CTAC) Leadership Group who are developing the CTAC service, which includes the provision of phlebotomy services.

- **When will we come up with the answers to all these issues?**

The short life working group meets on a fortnightly basis and any updates on discussions around potential solutions to the issues raised will be provided as part of an updated version of this document.

- **I would like to make a complaint, who do I contact?**

Complaints should be addressed to Ashley Durie, Practice Manager. Alternatively, you can ask for an appointment to see her to discuss your complaint. Ashley will explain the complaints procedure to you and will make sure that your concerns are dealt with promptly.

**Updated 23 December 2022**



## **Appendix 4 – Letter to patients with update on Chirnside Branch Surgery**

Dear Patient

### **CHIRNSIDE BRANCH SURGERY**

We are writing to update you about our Chirnside Branch Surgery.

In July you received a letter from Cathy Wilson, General Manager for Primary and Community Services at NHS Borders who told you of our concerns about the sustainability of the Chirnside Branch Surgery.

This is because of ongoing significant challenges in the recruitment and retention of staff within the Practice which make it very difficult for us to provide cover across the two surgeries. One salaried GP recently left the practice, one partner is due to retire next year and despite our best efforts we have been unsuccessful in attracting a new Partner.

We have been working very closely with NHS Borders to consider the options available to us in order to provide the best possible service for our patients.

As part of this work you were invited to give your comments and suggestions, and a total of 117 phone calls, letters and emails were received. Understandably the concerns that were expressed related mainly to the ability of some patients to travel to Duns for treatment if you live in Chirnside. A number of volunteers also came forward to participate in the short life working group that was formed to progress the work.

After much consideration, last month we told NHS Borders that in order to sustain Merse as a viable Practice, we no longer have any alternative option other than to close Chirnside Branch Surgery at the end of March 2023. The Board Executive Team at NHS Borders accepted our position and the Short Life Working Group was informed on Wednesday 19 October.

At that meeting it was agreed that we would write to patients to inform you this position, and to invite you to a meeting and drop in session. This will give you the opportunity to ask any questions that you have, and let you know how we plan to proceed with the Branch Surgery closure, including how we might look for solutions to access and transport issues. We intend to use the Short Life Working Group to have these discussions.

The meeting will be held on **Thursday 10 November 2022 at 2pm in Chirnside Community Centre**. In case you are unable to attend at 2pm there will be people available to speak to at the Community Centre until 7pm.

Further details about what is happening will be published on the Merse Medical Practice website [www.mersemedicalpractice.co.uk](http://www.mersemedicalpractice.co.uk) and on the NHS Borders website [www.nhsborders.scot.nhs.uk](http://www.nhsborders.scot.nhs.uk).

Yours sincerely

On behalf of the GP Partners at Merse Medical Practice



T : 0300 244 4000  
E : scottish.ministers@gov.scot

Euan Jardine, Lucy O'Leary and Karen Hamilton  
Chris.Myers1@borders.scot.nhs.uk

Our Reference: 202200334220  
Your Reference: NCS Pathfinder

19 December 2022

Dear Euan Jardine, Lucy O'Leary and Karen Hamilton,

Thank you for your letter of 5 December concerning the National Care Service and the possibility of the Borders being a pathfinder for delivery in a remote and rural area.

I welcome your interest in engaging with the Scottish Government on approaches to delivering NCS priorities in the Borders. Engagement with our partners and co-design with people with lived experience will be key to the successful delivery of this policy, and I am keen to ensure that localism and local stewardship is embedded into development of the NCS. I would be grateful if you would contact Stephen O'Neill in the NCS Local team at [stephen.o'neill3@gov.scot](mailto:stephen.o'neill3@gov.scot) to discuss how best to approach this process.

Yours sincerely

**KEVIN STEWART**





Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 16 November 2022** at **10am** in **Committee Rooms 2 & 3, Scottish Borders Council**

**Present:** (v) Cllr T Weatherston (v) Mrs L O'Leary, Non Executive (Chair)  
(v) Cllr R Tatler (v) Mrs K Hamilton, Non Executive  
(v) Cllr E Thornton-Nicol (v) Mr T Taylor, Non Executive  
(v) Mr J McLaren, Non Executive  
(v) Mrs F Sandford, Non Executive

Mr C Myers, Chief Officer  
Mrs H Robertson, Chief Financial Officer  
Mr N Istephan, Chief Executive Eildon Housing  
Mrs S Horan, Director of Nursing, Midwifery & AHPs  
Dr R Mollart GP  
Mrs J Smith, Borders Care Voice  
Mr D Bell, Staff Side, SBC  
Mrs J Amaral, BAVs  
Mr S Easingwood, Chief Social Work Officer

**In Attendance:** Miss I Bishop, Board Secretary  
Mrs L Prebble, PA to Chief Officer  
Mrs J Stacey, Internal Auditor  
Mr R Roberts, Chief Executive, NHS Borders  
Dr S Bhatti, Director of Public Health  
Mrs J Holland, Director of Strategic Commissioning & Partnerships  
Mrs J Smyth, Director of Planning & Performance, NHS Borders  
Ms H Jacks, Planning & Performance Officer, NHS Borders  
Mrs C Oliver, Head of Communications & Engagement, NHS Borders  
Ms L Thomson, Communications Officer, NHS Borders  
Mr J Ayling, Non Executive NHS Borders  
Ms E Fabry, Project Manager, Scottish Borders Council (SBC)  
Ms Shirley Brown

## **1. APOLOGIES AND ANNOUNCEMENTS**

1.1 Apologies had been received from Cllr David Parker, Elected Member, Cllr Jane Cox, Elected Member, Dr Lynn McCallum, Medical Director, Mrs Lynn Gallacher, Borders Carers Centre, Ms Linda Jackson, LGBTQ, Mrs Laura Jones, Director of Quality & Improvement, NHS Borders, Mr Andrew Bone, Director of Finance, NHS Borders and Mrs Gail Russell, Partnership Representative, NHS Borders.

1.2 The Chair welcomed a range of attendees to the meeting.

1.3 The Chair confirmed the meeting was quorate.

## **2. DECLARATIONS OF INTEREST**

2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

### **3. MINUTES OF THE PREVIOUS MEETING**

3.1 The minutes of Extraordinary meeting of the Health & Social Care Integration Joint Board held on 31 October 2022 were approved.

### **4. MATTERS ARISING**

4.1 **Action 2021-6:** The Chair noted that the action was a substantive item on the meeting agenda.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

### **5. DIRECTION: BUILDINGS BASED DAY SERVICE PROVISION IN TEVIOT AND LIDDESDALE – NEXT STEPS**

5.1 Mr Chris Myers provided an overview of the content of the report. He commented that the Integration Joint Board (IJB) had a strategic commissioning plan for 2018-2023 and part of that plan was to reimagine day services. The IJB as the commissioner had the responsibility to commission services and directions against the strategic commissioning plan, however it had not enacted that process in the instance of the Teviot and Liddesdale day service provision.

5.2 He reassured the IJB that over the past year the approach to governance of the IJB had been refreshed: a Directions and Procedures Policy had been put in place; the strategic commissioning approach had been updated and enacted; and an enhanced governance process had been put in place for the IJB in relation to its commissioning role. He also advised that a number of actions had been agreed on the general responsibility of the IJB in terms of equalities and human rights and a full refresh of the Equalities Mainstreaming Report was being undertaken. The Terms of Reference for the Strategic Planning Group (SPG) would be amended to ensure the SPG considered the detail of impact assessments (IA) and looked at consultation in more detail.

5.3 Mr Myers suggested that there would be a financial impact related to the direction before the IJB and the costs were not currently clear. Work would be taken forward on the scope with service users and carers to understand the model required and the Chief Financial Officer was working with partners in SBC and NHS Borders to ensure appropriate provisions were available.

5.4 Mr Myers recorded his apologies to those affected and advised that he and the Chair had agreed to get in contact with those affected in regard to the oversight of the IJB.

5.5 A robust discussion ensued which focused on: contact with unpaid carers to apologise; direct engagement with those affected; was the Teviot spike within the “We have listened report” on the back of the closure; when listening to unpaid carers there may potentially be a requirement for a buildings based solution in the

future; the consultation for the new service would include the involvement of those affected by the closure; agreement on the need for meaningful apologies; would the inclusion of IA and consultation in the SPG terms of reference be adequate to mitigate other risks on how we work in partnership with other Borders communities; were the SPG already considering the Community Empowerment Act implications and risks of participation requests; should non-voting members be made voting members to ensure their voice is valued and improve governance; and workforce supply chain issues and a need to expand the overall pool of people across the partners.

- 5.6 Mr Ralph Roberts suggested there needed to be clarity on the Direction to be issued which was asking for a piece of work to be carried out. He commented that when the outcome of that piece of work was before the IJB for decision, the IJB would need to make that decision in the context of what the impact would be in relation to all the other services.
- 5.7 Cllr Robin Tatler enquired if the unpaid carer's survey data was available and if any previous surveys had been undertaken which collected the views of unpaid carers.
- 5.8 Mr Myers commented that the unpaid carer's survey data was available and he would share it with the IJB for information. He was aware that previous surveys had been undertaken but was not aware of the detail of those.
- 5.9 The Chair commented that voting and non-voting members were dictated by legislation however she assured the IJB that she valued the input of all views and voices around the table and would always take them into consideration when discussing matters.
- 5.10 Mr Tris Taylor suggested the direction was not completely clear and enquired if the IJB was being asked to commission a proposal or a service. Mr Roberts commented that the IJB was being asked to commission a piece of work. The outcome of that piece of work would then need to identify any implications on other service provision before the IJB could consider whether or not to commission a service.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the ruling by the Court of Session on the closure of the Teviot and Liddesdale adult day service.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the role and responsibility of the Integration Joint Board in relation to this process.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the response from Scottish Borders Council.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that there was a need for buildings based adult day service provision in the Teviot and Liddesdale locality.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to amend the direction to read "To ask Scottish Borders Council to continue to work to develop a proposal to inform the re-commissioning of the Teviot and Liddesdale day service in line with the need in the locality and to return to the IJB in February 2023 with a plan for what might be delivered."

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the amended Direction to the Scottish Borders Council.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that further work was being undertaken to explore other supports for unpaid carers in line with the results of the unpaid carer's survey.

## **6. CLIMATE CHANGE DUTIES REPORT 2021-22**

- 6.1 Hazel Robertson provided an overview of the content of the report. The report described the arrangements in place given the IJB did not own any buildings, fleet or undertake any direct procurement. Previous reports had placed reliance on Scottish Borders Council and NHS Borders to fulfil their climate change duties. Those partner reports were being agreed and would be included in the IJB submission report. In moving forward Mrs Robertson suggested the IJB might consider aspects of a wider duty through its commissioning role for sustainable development goals on activities that it commissioned.
- 6.2 Mr Tris Taylor commented that as a commissioner the element the IJB would be involved in would be the supply chain.
- 6.3 Dr Rachel Mollart enquired if the cover paper template for the IJB should reference climate change and Miss Iris Bishop confirmed that the new template to be used from January 2023 had been revised and included a section on sustainability.
- 6.4 Cllr Elaine Thornton-Nicol suggested it should include all journeys that were undertaken on IJB business.
- 6.5 Mr John McLaren queried the reference to equalities issues.
- 6.6 Mrs Sarah Horan welcomed the report and suggested from a workforce perspective it was fundamental to what could be done to manage climate change and support staff to feel more greener through the provision of e-bikes or electric cars and a wellbeing of being greener.
- 6.7 Mrs Robertson commented that the paper was signalling a transition to a different way of reporting on climate change from the IJB. In terms of inequalities she advised that a fuller engagement process would be undertaken and more evidence would be provided.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the legal requirement for the IJB as a Public Body to submit an annual climate change duties report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the attached report which reflects that the duties are undertaken by the Scottish Borders Council and the NHS Board as delivery bodies. Those reports also set out the planned dates for achieving net zero status for our partner bodies.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that future consideration could be given to the contribution that the IJB could make regarding the climate emergency through progressing activity relating to the Sustainable Development Goals.

## **7. JOINT STRATEGIC NEEDS ASSESSMENT**

- 7.1 Dr Sohail Bhatti provided a presentation to the Board and highlighted: the strategic issues that had been identified through the joint strategic needs assessment and community engagement; life expectancy and healthy life expectancy; ethnicity; deprivation; specialist housing and adaptations; homelessness; smoking, drugs, alcohol and obesity; loneliness; dementia; sight loss and hearing loss; mental health; palliative care; and anchor institutions.
- 7.2 Cllr Elaine Thornton-Nicol welcomed the presentation and seeing all of the information in one place. She commented that there were many people that might be on medication where it might not be the best solution for them, however she urged caution that judgemental situations were not created for those people that did need medication.
- 7.3 Discussion focused on: the benefits of social prescribing; early intervention and prevention; supporting people to come away from loneliness; future iterations of the report might have more breadth in terms of realistic medicine, health needs and provision, number of care home hours delivered, and hours for delayed discharges; self declared proportion of the workforce that declares a disability; understanding the needs of minority groups in the local population; not always enough places to signpost people to for social prescribing; and the suggestion to add living wage data to future reports.
- 7.4 Mrs Jenny Smith sought a commitment that the report would be kept updated moving forward. Dr Bhatti commented that the document was a live document and would be published and would be revised as and when new data was received. He was keen to expand the report as had been suggested and commented that it should be incorporated in everything that was commissioned.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

## **8. WE HAVE LISTENED REPORT – NDTI**

- 8.1 Mrs Clare Oliver provided an overview of the content of the summary report and highlighted: the engagement process; voices of those with protected characteristics were included; locality focus of the work; effective communication; emerging priorities; and next phase of engagement.
- 8.2 The Chair suggested it was helpful to have both the Joint Strategic Needs Assessment and the We Have Listened Report together on the same agenda as they were twin pillars of work that would inform the future.

*Karen Hamilton left the meeting.*

- 8.3 Cllr Elaine Thornton-Nicol suggested linking into all of the discussion was space planning and what people were missing in their communities, she commented it was the whole holistic approach to humans including the ability to join things up.
- 8.4 Ms Juliana Amaral commented that community engagement and localities linked with the place making approach was a good opportunity for meaningful engagement to take place across both health and social care. She suggested in moving forward

as the plan was reviewed it would be good to integrate it fully into all aspects of living in society and communities across the Borders and would provide opportunities for health, social care and the third sector to all work together.

- 8.5 Mr Tris Taylor commented that taking into account strategic directions and the priorities within the strategic plan, how could those priorities be looked at on a locality by locality basis to determine preferences for local communities and then be feed into the overall priorities of the IJB. The Chair suggested it be discussed at the next point of developing strategic priorities.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

## **9. DEVELOPING STRATEGIC PRIORITIES**

*Karen Hamilton returned to the meeting.*

- 9.1 Mr Chris Myers provided a presentation on the strategic framework to address strategic issues and highlighted: what had been done so far; emerging priorities; draft mission; workforce; waiting times; preventative and anticipatory planning; unpaid carers; older people; focus on activities that have an impact on services and costs; and next steps.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation and the on-going activity.

## **10. FINANCIAL OUTLOOK UPDATE**

- 10.1 Mrs Hazel Robertson commented that in building on a forward outlook there was a need to think about how the IJB prepared its budgets and financial planning. Rather than presenting financial information in a spread sheet she was keen to present the information in a doughnut chart and envisaged using that analogy. She further suggested looking at finance in a different way and she was keen to move to a programme management budgeting approach with a marginal analysis in future. She suggested it would enable the IJB to be able to identify those things that would provide the best value for the lowest costs and would help the IJB to redesign resources and services to best effect.
- 10.2 Mr Tris Taylor enquired if the new doughnut/bagel approach would include participatory budgeting. Mrs Robertson confirmed that she was keen to enable localities to be set up and to work with them on that.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation.

## **11. MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2022/23**

- 11.1 Mrs Hazel Robertson provided an overview of the content of the report and highlighted that she was forecasting a £6.7m overspend out of a budget of £221m. There were fewer allocations in the current financial year compared to previous years and there were more restrictions on allocations. She was working on a



solution for funding for the next financial year to tackle the biggest service issues facing the partnership.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£6.740m) for the H&SCP delegated services for the year to 31 March 2023 based on available information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the forecast position included costs relating to mobilising and remobilising in respect of Covid-19, and assumed that all such costs would be funded via Scottish Government monies held in the earmarked reserve.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a recovery plan was in development and that any expenditure in excess of delegated budgets in 2022/23 would require to be funded by additional contributions from the partners in line with the Scheme of Integration. Previously, additional contributions had not been repayable.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that set aside budgets continued to be under significant pressure as a result of activity levels, flow and delayed discharges.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the importance of ensuring that the strategic commissioning and planning process currently in progress was used to identify options for change which would improve the long term financial sustainability of the partnership whilst at the same time addressing priority needs.

## **12. STRATEGIC PLANNING GROUP MINUTES: 24.08.22**

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

## **13. ANY OTHER BUSINESS**

### **13.1 APPOINTMENT OF EXTERNAL MEMBER OF JB AUDIT COMMITTEE:** Cllr Tom Weatherston provided a brief overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the appointment of Mr Kai Harrod as External Member of the Scottish Borders Health and Social Care Integration Joint Board Audit Committee to 31 October 2025.

## **14. DATE AND TIME OF NEXT MEETING**

14.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 21 December 2022, from 10am to 12noon through MS Teams and in person in Council Chamber, Scottish Borders Council

Meeting concluded at 12.04.



Minutes of an **Extraordinary** meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 30 November 2022** at 4pm via Microsoft Teams

**Present:**

(v) Cllr R Tatler	(v) Mrs L O’Leary, Non Executive (Chair)
(v) Cllr T Weatherston	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor, Non Executive

Mr C Myers, Chief Officer  
Mrs H Robertson, Chief Financial Officer  
Ms L Gallacher, Borders Carers Centre  
Mr S Easingwood, Chief Social Work Officer  
Ms L Jackson, LGBTQ+

**In Attendance:**

Miss I Bishop, Board Secretary  
Mrs J Stacey, Chief Internal Auditor  
Mrs J Holland, Director of Strategic Commissioning & Partnerships  
Dr S Bhatti, Director of Public Health, NHS Borders  
Mr G Samson, Audit Scotland  
Mr B Davies, Strategic Lead for Commissioning, Scottish Borders Council

## **1. APOLOGIES AND ANNOUNCEMENTS**

- 1.1 Apologies had been received from Cllr David Parker, Elected Representative, Cllr Jane Cox, Elected Representative, Mrs Fiona Sandford, Non Executive, Mr John McLaren, Non Executive, Ms Juliana Amaral, BAVs, Dr Lynn McCallum, Medical Director, Mr s Sarah Horan, Director of Nursing, Midwifery & AHPs, Dr Rachel Mollart GP, Mr Stuart Easingwood, Chief Social Work Officer, Mrs Jenny Smith, Borders Care Voice, Mr Ralph Roberts, Chief Executive, NHS Borders, Mr Andrew Bone, Director of Finance, NHS Borders, Mrs June Smyth, Director of Planning & Performance, NHS Borders, Mr David Bell, Staff Side, SBC, Mr Nile Istephan, Chief Executive, Eildon Housing and Mrs Gail Russell, Partnership Representative, NHS Borders.
- 1.2 The Chair welcomed a range of attendees to the meeting.
- 1.3 The Chair confirmed the meeting was quorate.

## **2. DECLARATIONS OF INTEREST**

- 2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were no declarations.

### **3. 2021/22 ANNUAL AUDIT REPORT**

- 3.1 Mr Graeme Samson advised that Mrs Gillian Woolman had presented the Annual Audit Report to the Integration Joint Board (IJB) Audit Committee meeting on Monday. He highlighted the cover letter to the report and confirmed that the outstanding items mentioned in the letter had all been received and matters were resolved. The Chief Financial Officer had provided the updated accounts and there were no changes to the annual report or the proposed independent auditors report.
- 3.2 Mrs Karen Hamilton commented that at the IJB Audit Committee it had been suggested that a narrative be included around the remuneration element. Mrs Hazel Robertson confirmed that a footnote had been added to the bottom of the table on member's expenses to clarify the NHS Borders arrangement of additional expenses being paid to Non Executives in relation to the additional work they undertook as voting members of the IJB.
- 3.3 The Chair recorded the thanks of the IJB to Mr Samson and the team at Audit Scotland for the work that had been undertaken in regard to the annual accounts.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** is noted the report.

### **4. SCOTTISH BORDERS INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2021/22 (AUDITED)**

- 4.1 Mrs Hazel Robertson presented the annual accounts 2021/22 (audited) and advised that some minor changes had been made following on from the IJB Audit Committee held earlier in the week. She confirmed that there was no change to the overall performance outturn position. She highlighted to the IJB: the summary report of the IJB performance report; continued performance during the COVID-19 Pandemic; locality planning and development; the financial position and underlying financial performance; COVID-19 expenditure; and the remuneration element of the report.
- 4.2 The Chair assured the IJB that the Audit Committee had been thorough in its scrutiny of the annual accounts.
- 4.3 Mrs Linda Jackson enquired if a more accessible, easy read version could be produced for public consumption. She also recognised the challenges in producing the final documents and the delay in them being shared with the IJB.
- 4.4 Mrs Lynn Gallacher enquired if the Carer's Act funding of £2.4m, had been included in the IJB annual accounts and reminded the IJB that she had asked previously, prior to Mrs Robertson's appointment, about that funding being included.
- 4.5 Mrs Robertson agreed that it had been a very short turnaround time to get the papers to the Audit Committee and on to the IJB in time to meet the legal requirement to publish the audited annual accounts that day. It had been an incredibly challenging process with much dialogue between herself and the Audit Scotland team on content and presentation and it was fair to say that the audit itself had commenced quite late

and a discussion would take place with the new audit team to ensure any earlier timetable was adhered to moving forward. She further commented that the draft annual accounts were publicised for public scrutiny and that that engagement would be a good opportunity to receive feedback on any specific points, such as the carers act funding and she urged full use of that early engagement process.

- 4.6 In terms of the Carers Act funding Mrs Robertson confirmed that it was part of the IJB accounts but she had not drawn it out as an area of particular focus as she had based the pack of accounts on the format used the previous year. She confirmed that she would draw attention to them in the following year's annual accounts.
- 4.7 The Chair commented that she felt confident that now Mrs Robertson was in place there would be no delay in the production of the annual accounts moving forward. She further enquired if a headline easy read sheet could be produced for public consumption and suggested both Mrs Gallacher and Mrs Jackson might assist with that. Mrs Robertson sought confirmation from Mr Graeme Samson that the easy read sheet would not require to be audited. Mr Samson confirmed that it would not.
- 4.8 Mr Samson commented that from the auditors point of view it had been challenging in terms of timing, resource and capacity and the audit had commenced later than he would have liked. He confirmed that a new team from Audit Scotland would be the auditors from next year and suggested the audit timetable be confirmed early on between Mrs Robertson and that new team.
- 4.9 Mrs Karen Hamilton reminded the IJB that both Scottish Borders Council and NHS Borders had staff that would have expertise in formulating easy read documentation and suggested the IJB give Mrs Robertson the mandate to pursue that.
- 4.10 Cllr Tom Weatherston recorded his thanks as Chair of the IJB Audit Committee to Mrs Robertson and Mr Samson and all of those involved in the audit process.
- 4.11 Mr Chris Myers reiterated his thanks to Mrs Robertson and Audit Scotland and also advised that the Strategic Planning Group which contained a range of individuals would be an ideal group to provide a rounded view on an easy read sheet.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** recorded their thanks to Mrs Hazel Robertson and Audit Scotland for their work in producing the final Annual Accounts.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the accounts had been considered in full by the Audit Committee, with some changes made before approval.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report and the 2021/22 Annual Accounts for signature and publication.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested that the Audit Committee consider an update report on the agreed action plan at each meeting.

**5. ANY OTHER BUSINESS**

5.1 There had been no notification of any further business.

**6. DATE AND TIME OF NEXT MEETING**

6.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 21 December 2022, from 10am to 12noon, at Scottish Borders Council with hybrid facilities.