Template for Reviewing NHS Board Delivery Plans 2024/25

NHS Board	**NHS Borders**
Policy Area	**Mental Health**
Lead Reviewer(s)	**[redacted]/ [redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**Yes**
Further discussion required	

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?

The plan indicates significant savings targets must be met in mental health. The scale of savings will likely have some impact on capacity of services, design and delivery.

The plan does not go into details on what this will actually look like for mental health services as further work is required around how each area of MH will go about planning for 10% reduction against their base budget. It seems there is still work to be done on the consideration of options, choices and associated risk mitigation and dependencies.

Six areas of focus will be

- **Review MH bed bases and optimise inpatient process**
- **Co-location of services and possible shift in regional and local service provision**
- **NHS boarder sites to deliver 20% reductions & mitigate estates risk profile**
- **Long term w/f plan on target reduction on headcount**
- **Digital opportunities**
- **Divert and prevent by 10% and enhanced partnership working**

NHS Borders highlight that core services in MH (including CAMHS and PT) will be impacted in terms of provision and waiting times as they review budgets.

There is no timeframe provided as to when this process will take place or when detail will be available.

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context

NHS Borders is still to carry out planning in relation to making savings, but they do indicate future planned activities in relation to improving access to CAMHS and PT, which include improving patient flow and journey, SOP, digital support, using co-production and training, which seems to be achievable within context.

NHS Borders say they have significantly reduced longest waits for CAMHS RTT as well as patients on the waiting list, are now report on CAMHS in line with guidance and will achieve 90% RTT in CAMHS by Feb 24. (check date should that be 2025 or have they?) with plan to continue.

Until we see trajectories and plan it is too early to say if this is achievable, but given the issues they highlighted earlier regarding impact on provisions, waiting times due to cost saving budgets and not filling posts (new or gaps) in the workforce, it seems a challenge to be able to maintain.

In adult MH the Renew service will go under review to ensure it meets the primary care standards, but there will be no expansion due to funding constraints. Review of demand and capacity is to take place in PT against a target average of 80% (67-87%) next financial year.

Other areas of concern noted in NHS Border plan:
Due to withdrawal of a SLA there is no in-house access to specialist forensic Psychiatrist for adult services, when needed it is

commissioned externally or by generic LD consultant if appropriate; high cost associated with Learning Disability patients located out of area due to delay in LD placement (Circa £2.3 million per year). Work was commissioned to provide support closer to home. NHS Borders note that this will take a long time (what will?) and although cost will reduce in the long term, it may cost more in the short term; Senior leadership teams developed across all MH services, but there is a heavy deficit of fully trained consultant psychiatrists and have to rely on agency locums particularly in PT apparently the discontinuation of medical leadership has had an affect. They do note that the plan to be creative with wider use of MDT; Challenges associated with MH estates with regards to additional clinical space and accommodation for CAMHS, but due to financial constraints NHS Borders will be scoping how to rationalise MH estate.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
The plan notes that a number of reviews are to take place looking at pathways, patient flow, timely access to services, use of wider sector support and partnership working in addition to reducing estates all in line with strategies and forthcoming secondary MH standards and cost saving. **Boards were recently asked for detailed mental health trajectories for CAMHS and PT waiting times standards up to the end of March 2025, which will help inform more specific engagement around mental health delivery and performance**

Template for Reviewing NHS Board Delivery Plans 2024/25

NHS Board	**Borders**
Policy Area	**NHS Facilities and Environmental Sustainability**
Lead Reviewer(s)	**NHSScotland Assure**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	
Further discussion required	

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?

AL/JW Greenspace and Biodiversity – Unable to comment as lack of specific detail but positive stated intention made to planning a strategic approach to to deliver greenspace and biodiversity action, with reference made to umbrella document bringing progress together but this has not been submitted. Aware that the board have changed the lengths of their grass cuttings to pursue more sustainable grassland management practices, though this has not been mentioned.
AGS, EMS – Unable to comment as the implementation of EMS was not included. There has been a missed opportunity to showcase the work that NHS Borders are doing on their EMS. Although there has been no resources identified, some EMS work has been progressed, the Rio platform is being used and progress is being made on the compliance register.

EBR, JW - Adaptation: Yes. The board have developed an Adaptation Plan and have mentioned that it will be implemented in the next years. They also recognise the importance of collaborating with local partners and main stakeholders.

NK – Energy Transition: NHS Borders have clearly stated decarbonisation measures to address building energy they will put into place in 2024/25 given the current financial situation. They will progress with 'no regret' measures such as upgrades to lighting, inefficient boilers, fans, BMS, and insulation. They are currently in line with ministerial priorities, however, will need longer term capital funding to address larger heating system upgrades.

MS – Transport & Active Travel:
Intended actions around a dedicated travel plan, increased collaboration, and consideration of bus timetable routes are welcome. However, the financial implications of continued fleet decarbonisation are noted and this will limit what is able to be achieved.

Waste – RI – Yes, the Board have intimated that they will follow the waste route map recommendations, however, note that there seems to be confusion around the delivery of that piece of work. The Board have advised that they will continue to progress on targets going forward but also note that they are going to review the current waste contractor locally, this should be done via the national framework to take benefit from the work done via the route map. Encouraging to see the reduction in clinical waste and the ongoing work in this area.

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context

AL/JW Greenspace and Biodiversity – There are not specific actions to comment on in greater detail, but the intention to produce a strategic document for Biodiversity and Greenspace is very achievable.
EBR, JW - Adaptation: When it comes to implementing its adaptation plan, a significant concern arises regarding financing. The board may consider prioritising critical risks identified in the Climate Change Risk Assessment (CCRA) and exploring opportunities to integrate adaptation actions into other strategic initiatives.
AGS, EMS – unable to comment as no actions have been included for EMS.
NK – Energy Transition: Yes. The 'no regrets' measures laid out are realistic and achievable for the Board.
MS – Transport & Active Travel: Continued fleet decarbonisation progress is unclear. However, there is a good level of ambition with sustainable and active travel.
RI – Yes, this should be business as usual and continued progress should result in savings in this area.

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3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
AL/ JW Greenspace and Biodiversity – There are not sufficient details to comment for this workstream. **EBR, JW - Adaptation:** Yes. The board is committed in adapting to the impacts of climate change. **AGS, EMS –** As EMS was not reported on, there is not enough detail to comment on this workstream. **NK – Energy Transition:** Yes. The ADP provides sufficient high-level assurance that they are in line with SG priorities for 2024/25 given current financial plans. However, achieving the longer term net zero target will for this Board through measures like introducing renewables on site or through heating system upgrades will require significant capital investment. **MS – Transport & Active Travel: As per above comment.** **RI – Waste –** Yes, as per above, although note concern with comments on route map and confusion on that document and also suggestion that procurement will be locally, Board needs to engage with the national platform and process in this area.

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NHS Board	**NHS Borders**
Policy Area	**Cancer**
Lead Reviewer(s)	**[redacted]/ [redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**yes**
Further discussion required	

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?

A Rapid Cancer Diagnostic Service pilot has been operational since April 2023 but is only funded until September 2024. The service has been running successfully, but NHS Borders will require additional funding to allow this service to continue after September 2024. There is a commitment in the Programme for Government (2021-22) to ensure equitable access to a RCDS for everyone across Scotland who needs it. A commitment to expand these services is also referenced in the NHS Recovery Plan (published August 2021) and, more recently, Scotland's 10 year Cancer Strategy (published June 2023), pledges to evaluate and expand RCDSs to ensure population-based coverage by Spring 2026.

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context

The plan clearly sets out the plans to improve Cancer Waiting Times for each challenged tumour group.
More could be said about the Optimal Cancer Diagnostic Pathways for Lung and Head & Neck – the plan references these will be implemented 'when realistic and achievable' but there is no mention of when this will be or how the Board is working towards this.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents

Yes, from a Cancer Performance and Earlier Diagnosis Perspective, the ADP references plans to improve waiting times and highlights the success of the RCDS pilot in NHS Borders, whilst highlighting financial constraints.

There is acknowledgment of the single point of contact initiative and prehabilitation, including the psychological therapies and support framework. It is reassuring to see that consideration is being given to how SPoC and ICJ will augment each other to ensure best use of resources and maximise impact on both patients and the wider system. We would welcome reference to clinical ma

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There is positive reference to the Oncology Transformation Programme with involvement in national programme and a review of local service design and delivery. However, staffing challenges and the resource required to deliver against targets etc., are noted. The transformation programme should help to address workforce issues and we welcome NHS Borders support in delivering this. The SACT pressures are recognised for 2024.

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NHS Board	**NHS Borders**
Policy Area	**Unscheduled Care**
Lead Reviewer(s)	**[redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**Yes**
Further discussion required	**No**

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?
The plan sets out cuts to unscheduled care services in the region of £3.1 million followed by a further £7 million of the next two years. Unclear what the impact will be on service delivery / performance.

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context
There is clear understanding of the financial and workforce/resource context. There is also alignment to the Urgent and Unscheduled Care improvement portfolios. However, the plan fails to provide performance trajectories, we will engage with the Board on the development of these through our regular performance and improvement calls. They have not set out the options which will create the efficiencies required.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
Yes

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NHS Board	**Borders**
Policy Area	**Digital Health and Care**
Lead Reviewer(s)	**[redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**Yes**
Further discussion required	**No**

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?
No, NHS Borders ADP is very detailed in what programmes of work are being continued to the 2024/25 Plan and what are new programmes of work for 2024/25. **"We aim to have our new Digital Strategy in place for early in 2024/25, however the current capital and resource constraints facing the Board will have an impact upon both the scale and pace of implementation for any newly developed strategy, which will require phasing of strategic delivery in some areas."** **The ADP highlights NHS Broders has developed a Digital Strategy which they are hoping to implement although funding and resourcing are an issue. The ADP also highlights a general financial position and how this could impact on delivery of all programmes.**

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context
Yes, Clear and concise overview of NHS Borders approach to their digital agenda and what the barriers could be in regards to the finical position and what options are available or being considered going forward. **The plan could have identified how digital could assist with the funding pressures however this can be picked up later.**

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
Yes. **NHS Borders ADP has clearly set out their plans regarding delivery of the National Digital Programmes, *National digital programmes: CHI, Child Health, GP IT, eRostering, LIMS, HEPMA, M365, endoscopy reporting system, Diagnostics (PACs), Near Me, Connect Me, Scottish Vaccination Immunisation Programme (SVIP)** **NHS Borders have a prioritisation plan for digital transformation cross and have highlighted "When services are re-designing, they include Digital colleagues in the projects and consider the Digital options that might assist. A collaborative approach to review all aspects of the Digital impact as solutions are developed, including consideration of the impact on patients and staff."**

Template for Reviewing NHS Board Delivery Plans 2024/25

NHS Board	**Borders**
Policy Area	**SAS/NHS 24 Sponsorship**
Lead Reviewer(s)	**[redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**Yes**
Further discussion required	**No**

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?
N/A

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context
Yes - We welcome the continued collaborative working between NHS Borders and the Scottish Ambulance Service (SAS) in key areas including, re-designing the Out of Hours Service and Unscheduled Care. This work will support improved clinical decision making and collaboration working is key in transforming the way in which people access the right care.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
SAS - As per the handover principles agreed with all Boards last year it would be helpful if the plan could include more detail on collaboration with the Scottish Ambulance Service and specific actions being taken to address issues with extended handover times for patients arriving at Hospital sites by ambulance. NHS 24 - In line with the focus on improving flow across they system and reducing unnecessary A&E attendance it would be helpful if the plan could outline in more detail what engagement the Board has planned with NHS 24 regarding utilisation of flow navigation centres and in the development of alternative pathways of care for patients.

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NHS Board	**NHS Borders**
Policy Area	**Improving Health and Wellbeing, DCAF**
Lead Reviewer(s)	**[redacted] and [redacted]**

Overall Assessment	
Content to approve **(subject to caveats to be included in approval letter)**	Yes – content to approve in respect of continuation of work to delivery Child Health Reviews.
Further discussion required	

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context
Yes - NHS Borders' plans to deliver Child Health Reviews in the context of changing resource are reasonable and deliverable.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
Yes – high level assurance is provided in respect of the ask to continue to off Child Health Reviews to all eligible children.

Template for Reviewing NHS Board Delivery Plans 2024/25

NHS Board	**Borders**
Policy Area	**Workforce**
Lead Reviewer(s)	**[redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**Content to approve**
Further discussion required	**n/a**

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?
No, NHS Borders delivery plan does not set out any substantive changes to services or performance to policy area of interest.

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context
Yes, the workforce related actions/workstreams within NHS Borders delivery plan appear realistic and achievable. Particularly in relation to reduction in use of supplementary staffing NHS Borders have set out clear process to monitor the use and spend on supplementary staffing, and in the reduction in admin services spend.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
Yes, NHS Borders delivery plan offers sufficient high-level assurance of activity for policy area of interest.

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NHS Board	**Borders**
Policy Area	**Community Eyecare**
Lead Reviewer(s)	**[redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**No – changes required**
Further discussion required	**Yes**

Scottish Government Planning Priorities (Primary and Community Care):
"Board Delivery Plans should set out how they will progress delivery in the following priority areas:
• Delivery of core primary care services.
• Increasing delivery of hospital-based eyecare into a primary care setting where appropriate."

Community Eyecare content in draft ADP:
(pages 16-17) "**Delivery of hospital-based eyecare**: During 2023, we have been in discussions with the Dentistry & Optometry Division at the Scottish Government regarding the roll out of the Community Glaucoma Service (CGS) across Scotland. For Community Optometrists to provide CGS they are required to be Independent Prescribers and must have completed NES Glaucoma Award Training (NESGAT). In addition, practice owners must agree with their employed Optometrists providing this service.

We were unable to deliver this during 2023/24 as there were no Community Optometrists able to progress with the required NESGAT course. During 2024/25 as we are alerted to Optometrists completing their prescribing course, we will make direct contact with them to gauge interest in them undertaking the NESGAT course. Only once we have willing and qualified Optometrists will Primary Care be able to pick up the delivery of CGS in the community."

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?
There is reference to the Community Glaucoma Service and the Board's current challenges in having sufficient numbers of interested Independent Prescribing optometrists willing to undertake the NESGAT qualification. We welcome the Board's plan to have discussions with newly qualified IP optometrists about CGS, but would ask that the Board amend their Plan to note the importance of maintaining an active ongoing dialogue with their existing IP optometrist population and optometry practices to hopefully persuade some to change their minds about CGS.

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context
Yes, but as above we would like the Plan to be amended.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
See above – in its current form no, however we will further review the Plan if and once amended.

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NHS Board	**NHS Borders**
Policy Area	**Dentistry**
Lead Reviewer(s)	**[redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**No, changes required**
Further discussion required	**Yes**

DENTAL SECTION OF ADP:

GP access (NHS Delivery Framework intelligence) and overall understanding of our delivery models of primary care (dental, optometry and pharmacy) will be part of our performance monitoring. Impact of new dental service contract needs understood

March 2025

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?

The Plan sets out a successful bid to increase the availability of SDAI to encompass the whole of Borders region. The aim being to encourage the expansion of existing NHS practices, or the setting up of new NHS practices to register new NHS patients. There is a caveat that this on it's own may be insufficient in delivering Ministerial priorities.

There is therefore a risk that current Ministerial priorities will not be delivered in line with current expectations. NHS Dentistry is a priority area in the ADP guidance which was issued to NHS Boards – this states: "NHS Board plans for 2024/25 should set out how they will progress delivery in the following priority areas: Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to". This Plan does not sufficiently cover these points.

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context

In its current form yes, however the Plan is inadequate and will require further review once amended.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents

No, as the Delivery Plan does not provide sufficient assurances on how the Board intends to deliver the priority areas relating to NHS dental services as set out in the ADP guidance and the First Minister's Policy Prospectus document.

Template for Reviewing NHS Board Delivery Plans 2024/25

NHS Board	**NHS Borders**
Policy Area	**GP Policy Division / Primary Care Directorate**
Lead Reviewer(s)	**[redacted] (Mental Health and Health Inequalities**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	
Further discussion required	

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
There is no reference to Community Link Workers within the plan. NHS Borders have previously advised us that the CLW workstream would no longer be prioritised for funding from the PCIP Executive. However they advised the IJB and LA would continue to fund and provide the service. They had also said they had agreed a planned review of their HSCP local area coordination and CLW service and that this had started when corresponding in October 2023 and they had placed a recruitment freeze on the service. I can not see mention of the outcome of the review in the ADP. It would helpful to understand the number of CLW posts, if any, and from a health inequalities lens what services are available to patients requiring support for social and economic issues (debt, social isolation, housing), which impact on health and wellbeing as I do not feel this is addressed within the plan.

Template for Reviewing NHS Board Delivery Plans 2024/25

Template for Reviewing NHS Board Delivery Plans 2024/25

NHS Board	**Borders**
Policy Area	**Out of Hours**
Lead Reviewer(s)	**[redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**Yes**
Further discussion required	**No**

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?

Changes to the service model are being proposed, on the face of it this should have minimal impact of the provision of services and may even improve service provision, the extent of which will be funding dependent.

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context

The board has plans to review Out of Hours services to ensure sustainable through utilising multidisciplinary teams.

NHS Borders has been reviewing the Out of Hours service and clinical workforce model to ensure we provide a safe, resilient, and effective service within the funding allocation available. Following an option appraisal process, a preferred model has been agreed. The preferred option is to maintain a central Service with an Advanced Practitioner Led Service Model and Collaborative GP On-Call. The implementation of this model is likely to be phased. The first milestone for 2024/25 will be to develop this phasing plan before beginning implementation.

This appears to be realistic and achievable.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
The out of hours workforce model has been agreed and progression of the implementation plan has commenced. This will provide a multi professional workforce delivering advanced practice supported by onsite and remote GP. This is a significant part of the redesign and transformation work planned for 2024/25. Outcomes from implementing this new workforce model include providing a more sustainable GP workforce alongside providing a platform for staff development across all disciplines. This is in line with policy expectations.

Template for Reviewing NHS Board Delivery Plans 2024/25

NHS Board	**Borders**
Policy Area	**Primary Care Strategy**
Lead Reviewer(s)	**[redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	
Further discussion required	**x**

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?
Due to financial pressures and increasing demands on the services, the Board acknowledges that options for consideration may impact on capacity of services. No further articulation of these options as still being developed.

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context
Plans are realistic but achievable only if WF can be recruited to support them – for example - selected as a PCIP Demonstrator Site which will enable development of MDT, pharmacotherapy and CTAC services to enhance local access to a wider range of services; revised model of OOH utilizing MDT to be phased in during 24/25; appropriately qualified optometrists to support CGS. No contingency is offered.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
Yes

Template for Reviewing NHS Board Delivery Plans 2024/25

NHS Board	**Borders**
Policy Area	**Clinical Priorities Unit, Healthcare Planning and Quality Division, DCOO**
Lead Reviewer(s)	**[redacted], [redacted], [redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**Yes, with caveats.**
Further discussion required	-

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?
Yes, the delivery plan notes concerns around long waits for cardiology appointments which may impact delivery of timely and equitable access to diagnosis treatment and care for people with heart disease as set out in the Heart Disease Action Plan (2021).

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context
Yes, with caveats: **1. We have notified NHS Borders of their planned 2024-25 Long COVID Support Fund allocation, however this does not appear to be reflected within the list of expected allocations outlined in Sheet 4 of the Excel sheet titled Revenue Allocations. We will follow up directly with their established point of contact in NHS Borders to seek clarification.** **2. Actions relate to improving the heart failure pathway specifically. It may be useful to further explore the wider issues and actions to improve waits for routine and urgent cardiology outpatient appointments.**

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents
Yes. With the caveat that more detail could be provided with regard to actions to improve cardiology waiting times.

Template for Reviewing NHS Board Delivery Plans 2024/25

NHS Board	**NHS Borders**
Policy Area	**Realistic Medicine**
Lead Reviewer(s)	**[redacted]**

Overall Assessment	
Content to approve (subject to caveats to be included in approval letter)	**Not yet**
Further discussion required	**See suggested remedy in box 3 below**

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?

While the Delivery Plan mentions value based health and care and contains a few actions and commitments, there is no mention of how the Board intends to support delivery of the VBH&C action plan. Practising Realistic Medicine to deliver value based health and care should be viewed by Boards as a key enabler of the ten drivers of recovery and fundamental to achieving a more sustainable healthcare system. The Auditor General's recent report "NHS in Scotland 2023" states that Realistic Medicine and Value Based Health & Care are important components in the reform and redesign of the NHS. The Auditor General recommends that The Scottish Government and NHS boards should:

> *work together to progress the 13 actions set out in the Value Based Health and Care Action Plan, empowering staff to take advantage of innovative opportunities for service reform and transformation and measuring the difference Realistic Medicine is making to outcomes and service sustainability.*

The following excerpt from the Delivery Plan guidance (page 10) makes clear what Boards are expected to cover in their three-year delivery plans:

> *Boards are asked that for 24/25 that they develop their Medium-Term Plans into Three Year Delivery Plans with detailed actions for 24/25. Whilst Boards may apply this guidance flexibly to ensure that their plans meet their own needs, the following table sets out the expectations of what plans should incorporate as a minimum .....*
>
> *.....The Value Based Health & Care Action Plan was published in November 2023. The plan sets out 13 high level actions which aim to support all health and care professionals across Scotland to practise Realistic Medicine and deliver better value care. Delivery of the core actions will be reported through the NHS Scotland Planning and Delivery Board. To note, these national areas are not exclusive and Boards are expected to continue to recover and deliver all core services.*

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context

Not yet. NHS Boards' local Realistic Medicine teams will wish to engage with their delivery planning colleagues to agree how Realistic Medicine and Value Based Health and Care (VBH&C) will support delivery of their three-year delivery plans.

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents

Not yet. Scottish Government provides funding for Realistic Medicine leads and programme managers in NHS Boards. Our conditional funding offer expects boards to produce a local annual RM Action Plan that will directly support delivery of the VBH&C Action Plan. The most straight forward way for Boards to address this action is to state in their Delivery Plan that they **"have a local Realistic Medicine Action Plan that sets out how the Board will support delivery of the 13 actions within the VBH&C action plan, how citizens and health and care colleagues will be supported to practise Realistic Medicine, and that six monthly updates will be provided to the SG Realistic Medicine team"**. As a minimum, we expect to see something along these lines clearly stated in Board's Delivery Plans.

Template for Reviewing NHS Board Delivery Plans 2024/25

Template for Reviewing NHS Board Delivery Plans 2024/25

NHS Board	
Policy Area	
Lead Reviewer(s)	

Overall Assessment	
Content to approve **(subject to caveats to be included in approval letter)**	
Further discussion required	

1. For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?

2. Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context

3. For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents

Date/ Time:	Email Body	Attachments
03/05/2024 11:24	Document 1: Subject: 2024/25 Delivery Plans Sent on behalf of Paula Speirs Dear Colleagues, As we finalise our review of your submitted Delivery Plan, I wanted to clarify the process for approval of the Plans. It is critical that we review Plans within the wider context of the process underway in relation to Financial Plans and therefore approval of your 24/25 Delivery Plans is contingent on assurance that they are based on a robust set of financial assumptions, whilst also ensuring that the Board seeks to drive improvements in the quality and safety of care to achieve better, fairer outcomes for the people of Scotland. In order to provide this assurance to Scottish Government this may mean that changes will be required to your submitted Delivery Plans to reflect the impact of any changes in the underlying financial assumptions and in associated levels of risk. As we issue feedback on your Plans by the middle of next week, we would ask that you consider current assumptions within Plans to determine whether revisions are required and to ensure alignment between Board Delivery and Financial Plans. I trust that this is helpful and please don’t hesitate to get in touch if you have any queries. Thanks Paula Paula Speirs NHS Scotland Deputy Chief Operating Officer M: [redacted]	No

18/04/2024 10:12	Document 2: Subject: RE: For return by close Friday 22 March – Review of NHS Board Delivery Plans – Group 1 Hi both, Just to let you know that Borders' ADP is also in line with the FP. Thanks, [redacted] From: [redacted] Sent: 11 April 2024 13:02 To: [redacted]@gov.scot>; [redacted]@gov.scot> Cc: [redacted]@gov.scot> Subject: RE: For return by close Friday 22 March – Review of NHS Board Delivery Plans – Group 1 Hi both, Again sorry for the delay. Groups 2 & 3 attached. No big surprises apart from OUT OF SCOPE which we will look at. Borders narrative is outstanding so have left that for now but will get back to you once that is done. Thanks, [redacted] From: [redacted] Sent: 27 March 2024 17:17 To: [redacted]@gov.scot>; [redacted]@gov.scot> Cc: [redacted]@gov.scot> Subject: RE: For return by close Friday 22 March – Review of NHS Board Delivery Plans – Group 1 Hi both, Apologies for the delay in sending. The team have – as you would expect – been very busy. The template provided was not particularly relevant to what the team were looking for within the ADPs (specifically focusing on whether any financial information included was in line with FP) so I have attached a table detailing short comments whether the two align and highlighting where they	No

	do not. Happy to adjust futures submissions as you see fit – so let me know of any thoughts you have. We will endeavour to send this weeks group closer to your deadline. Thanks, [redacted]	
17/04/2024 15:32	Document 3: Subject: Templates - Annual Delivery Plans - Mental Health Hi [redacted] As discussed, sorry for the delay in sending these over. Thanks [redacted]	MH 2024-25 Delivery Plan Policy Feedback Template – Borders.docx
17/04/2024 10:40	Document 4: Subject: FW: Group 2 - Group 2 ADP Returns I'm worried now that I might not have sent you any of group 2! All of these including Borders are OK, though none brilliant.	Climate 2024-25 Borders Delivery Plan Policy Feedback - Copy - Copy – Copy.docx

	[redacted]	
05/04/2024 15:52	Document 5: Subject: NHS Health Board Submission Dates Hi [redacted], As requested, here's a list of Health Boards that have indicated when their internal governance forums are next convening: OUT OF SCOPE Borders – June 24 OUT OF SCOPE For the other sixteen boards, no indication was given as to when they would be aiming to take a signed-off plan to their governance meetings. Thanks, [redacted]	No

02/04/2024 13:06	Document 6: Subject: FW: For return by close Friday 29 March – Review of NHS Board Delivery Plans – Group 2 Hi [redacted], Please see cancer reviews of ADPs for Group 2. All the best, [redacted] (She/Her) (why) Team Lead – Cancer & Rehabilitation St Andrews House | Edinburgh | EH1 3DG	Cancer & Rehabilitation NHS Borders 2024-25 Delivery Plan Policy Feedback Template.docx
02/04/2024 12:04	Document 7: Subject: FW: Urgent ADPS [redacted], retrospectively, info on medical gases for groups 1 & 2 [redacted] From: [redacted]@nhs.scot> Sent: Tuesday, April 2, 2024 11:07 AM To: [redacted]@gov.scot>; [redacted]@gov.scot> Cc: [redacted]@gov.scot>; [redacted]@gov.scot> Subject: RE: Urgent ADPS Hi was not able to gain access to the Scot Gov sharepoint folders despite requesting access several times this my ADP feed back is late if you can use this feedback do if you can't, well so be it. Niamh connected me to NHS Assures sharepoint this worked. Group 1 OUT OF SCOPE Group 2 NHS Borders AC - Nitrous Oxide, the focus now needs to be placed on	No

	developing an ENTONOX mitigation strategy. The project requires a named project lead, with a program that monitors N2O occupational exposure, improved planned preventative maintenance and better stock management. OUT OF SCOPE I am on holiday but knew this needed doing. BW [redacted]	

02/04/2024 10:59	Document 8: Subject: FW: For return by close Friday 29 March – Review of NHS Board Delivery Plans – Group 2 Hi [redacted], Health Planning are collating all the responses this time (see commission in email train). I've copied them in to yours. Thanks, [redacted] [redacted] | Public Health Scotland Sponsorship Team/Burial and Cremations t: [redacted] | e: [redacted]@gov.scot HEALTH AND SOCIAL CARE DEPARTMENT: SCOTTISH GOVERNMENT _____ From: [redacted]@gov.scot> Sent: 28 March 2024 18:00 To: [redacted]@gov.scot> Cc: [redacted]@gov.scot>; [redacted]@gov.scot> Subject: RE: For return by close Friday 29 March – Review of NHS Board Delivery Plans – Group 2 Hi [redacted], please see phase 2 returns. We still need to review NHS OUT OF SCOPE and NHS OUT OF SCOPE. We will try and get these back to you on Tuesday. [redacted] [redacted] | Unscheduled Care Team Leader | [redacted] | Performance and Delivery Division | Directorate for Chief Operating Officer, NHS Scotland	Unscheduled Care 2024-25 Delivery Plan Policy Feedback NHS Borders.docx

02/04/2024 08:20	Document 9: Subject: ADP Review Returns (Group 2) - Digital Health & Care Hi [redacted], Please see attached Seven Boards for Group 2. Please note that NHS OUT OF SCOPE and OUT OF SCOPE are both particularly sparse on Digital and therefore we are unable to properly assess. I am just finalising OUT OF SCOPE that will have that across to you later this morning. [redacted] [redacted] Policy Manager for Digital Health & Social Care Workforce Directorate for Health & Social Care Finance, Digital and Governance Working days: Mon, Tue, Thu, Fri	Digital NHS Borders 2024-25 Delivery Plan Policy Feedback Template.docx
28/03/2024 16:53	Document 10: Subject: RE: For return by close Friday 29 March – Review of NHS Board Delivery Plans – Group 2 Hi [redacted] As requested, please see attached feedback from a OUT OF SCOPE Sponsorship perspective. Regards [redacted] [redacted] | Primary Care Capability Division | Primary Care Directorate | Scottish Government 1ER | St Andrew's House | Regent Road | Edinburgh | EH1 3DG	Strategy - 2024-25 Delivery Plan Policy Feedback Borders.docx

28/03/2024 16:53	Document 11: Subject: RE: For return by close Friday 29 March – Review of NHS Board Delivery Plans – Group 2 Hi [redacted], Please find links to Group 2 ADP feedback forms from the Improving Health and Wellbeing Division in the Directorate for Children and Families. All feedback relates to aspects of the women and children's health sections of the plans. Thanks [redacted]	Improving Health and Wellbeing Division 2024-25 Delivery Plan Policy Feedback Template - NHS Borders.docx
28/03/2024 16:53	Document 12: Subject: Review of NHS Board Delivery Plans – Group 2 Hi [redacted] Please see attached the workforce return on the second group of delivery plans. Cheers [redacted] [redacted] (He/Him) | St Andrew's House | Regent Road | Edinburgh | EH1 3DG | Tel: [redacted] | Email: [redacted] @gov.scot WFH : [redacted]	2024-25 Delivery Plan Policy Feedback Template - Workforce Borders.docx

28/03/2024 15:30	Document 13: Subject: RE: For return by close Friday 29 March – Review of NHS Board Delivery Plans – Group 2 Hi [redacted], Please find attached Primary Care returns. To note, our Sponsorship Team is going to send their returns separately. Many thanks, [redacted] [redacted] (she/her) Personal Assistant to [redacted] Admin Support Primary Care Directorate Team Email: [redacted]@gov.scot	Dentistry - NHS Borders - 2024-25 Delivery Plan Policy Feedback Template (Group 2).docx General Practice Policy - Boarders - 2024-25 Delivery Plan Policy Feedback Template (Group 2).docx Community Eyecare - Borders - 2024-25 Delivery Plan Policy Feedback Template (Group 2).docx Out of Hours - Borders - 2024-25 Delivery Plan Policy Feedback Template (Group 2).docx Strategy Unit - Borders - 2024-25 Delivery Plan Policy Feedback Template (Group

		2).docx
28/03/2024 10:35	Document 14: Subject: ADPs Tranches 1 and 2 - returns from Clinical Priorities Unit Hi [redacted] Here are returns from Clinical Priorities on ADPs Tranches 1 and 2. Thanks again for being flexible in allowing us a later response on Tranche 1. Boards for whom we have substantive issues to flag are Borders, OUT OF SCOPE and OUT OF SCOPE. I've assumed you don't need a template for boards where we have nothing to say, but if that's not the case, let me know. [redacted] [redacted] Unit Head, Clinical Priorities Healthcare Quality & Improvement Directorate of the Chief Operating Officer, NHS Scotland Scottish Government [redacted] / [redacted] St Andrew's House, Edinburgh	ADP feedback from Clinical Priorities – Borders.docx

22/03/2024 15:42	Document 15: Subject: RE: For return by close Friday 29 March – Review of NHS Board Delivery Plans – Group 2 Hi [redacted] Templates for Realistic Medicine/ Value based Health and Care for the second tranche are attached. Thanks [redacted] [redacted] Head of Realistic Medicine Policy Team DG Health & Social Care The Scottish Government T: [redacted] E: [redacted]@gov.scot	Realistic Medicine-VBH&C - 2024-25 Delivery Plan Policy Feedback Template - NHS Borders.docx

18/03/2024 16:46	Document 16: Subject: For return by close Friday 29 March – Review of NHS Board Delivery Plans – Group 2 Policy Colleagues; National Board Sponsor Teams; NHS Board Delivery Plans – Group 2 for Review by close Friday 29 March NHS Boards are now in the process of submitting their annually updated Delivery Plans for 2024/25 and, in line with previous years, we would ask policy colleagues and National Board Sponsor teams to review these and provide feedback for their interests. In order to more easily manage the process, we will be sending these plans out in groups over three weeks. For the second group of plans, we would request teams to provide feedback in the attached template to myself, copying in the Health Planning Mailbox ([redacted]@gov.scot) by close Friday 29 March. Please complete a separate template for each Board. The second group of plans for review are as follows: Borders [redacted] Given the challenging financial climate, Board plans may not fully cover previous service delivery or performance expectations due to the need for financial balance and management of workforce constraints. As such, the focus of the 2024/25 review process is to rapidly identify elements within plans which represent significant change to service delivery or performance, or materially impact on Ministerial commitments. This is intended to expedite resolution of these elements, allowing confirmation of Scottish Government approval and issuance of letters as early as possible into the 2024/25 Financial Year. As set out in the template, the focus of reviewing plans at this stage is to ask: • For your interests, does the Delivery Plan set out any substantive changes to services or performance, or where current Ministerial priorities may not be delivered in line with current expectations?	For return by close Friday 29 March – Review of NHS Board Delivery Plans – Group 2.docx

	• Based on your understanding, do the actions set out in the plan appear to be realistic and achievable by the Board, particularly within their financial and workforce context? • For your interests, does the plan provide sufficient high-level assurance that the activity set out is in line with the Scottish Government's priorities as set out in the Guidance or other key policy documents? This review should focus on significant issues in order to highlight potential major concerns, rather than being a detailed review against all policy and deliverables. Policy colleagues are also asked to confirm that they are either content to approve for their interests (with appropriate caveats highlighted in approval letters as necessary) or that they have substantive concerns which they would wish to discuss with the Health Planning Team. Once feedback is received, our team will discuss with Boards as necessary, and then, unless significant issues are identified which cannot easily be resolved, use the material to draft approval letters to issue to Boards. We will be back in touch in early April to ask you to review these letters before they issue. As noted, we intend to issue these plans in three groups, allowing approximately two weeks for review for each. The proposed timescales are as follows: • Group 1 issued on Tuesday 12 March, for return by close Friday 22 March • Group 2 issued as per this email for return by close Friday 29 March • Group 3 issued for review on Monday 25 March for return by close Friday 5 April We will keep the above under consideration, and flex as required to ensure an appropriate review process is possible, particularly acknowledging the challenges of the Easter leave period. We recognise that this is a substantial ask on teams during an already busy period and appreciate your assistance. These plans are a critical element in providing the Scottish Government assurance around Boards' plans for delivering service at a particularly challenging and sensitive time. Kind Regards [redacted] (He/Him) - Why I Put Pronouns on my Email Signature Health Planning Adviser	

	Health Planning Team DG Health and Social Care Phone: +44 (0) 7827 912922	

05/03/2024 08:46	Document 17: Subject: RE: Sign-off process for 24/25 Delivery Plans Hi [redacted], thanks for sharing, and looks fine for our side. Like yourselves, we've agreed extensions to the deadline for many of the Boards (as have Finance) so this seems in line with that. I've copied a table of our currently agreed submissions at then end of the e-mail in case it's helpful To try and keep things joined up, I'd suggest adding the following bullet alongside the ones you've drafted: • We are aware the many Boards have also agreed extensions to the deadline for submission for their Delivery and Financial Plans. Where possible, we would encourage you to align any revised submission dates for Planned Care returns with these. Hopefully that sounds ok, but happy to discuss if there's any issues. Board Agreed submission date OUT OF SCOPE Borders 11/03/2024 OUT OF SCOPE Thanks, [redacted] DG Health and Social Care Scottish Government From: Paula Speirs <Paula.Speirs@gov.scot> On Behalf Of DCOO Health Planning Sent: Tuesday, March 5, 2024 8:34 AM To: [redacted]@gov.scot> Subject: FW: Sign-off process for 24/25 Delivery Plans Hi – just noticed that OUT OF SCOPE / OUT OF SCOPE not copied you in. Welcome input, happy to discuss Paula From: [redacted]@gov.scot> Sent: Tuesday, March 5, 2024 8:26 AM	No

	To: [redacted]@gov.scot>; DCOO Health Planning <dcoohealthplanning@gov.scot> Subject: RE: Sign-off process for 24/25 Delivery Plans [redacted] Be good to know asap of any comms that has been issued to boards in terms of extension on delivery plan deadline? I have already discussed with CFSD the possibility of extension and the subsequent timelines for review and are content with our decision. I have made minor tweak to text below for Boards. Once we have finalised this and have clarity from Paula on delivery plan timescales we will issue from our generic mailbox on the back of the original commission. If we do not hear anything on delivery plans by noon today we will issue as don't want to send any later considering the imminent deadline. Thanks [redacted] From: [redacted]@gov.scot> Sent: Monday, March 4, 2024 10:42 PM To: DCOO Health Planning <dcoohealthplanning@gov.scot>; [redacted]@gov.scot> Subject: RE: Sign-off process for 24/25 Delivery Plans [redacted] Paula – As discussed with John/[redacted]on Fri, we're intending to write to Boards to allow flex on the 7-Mar deadline for Planned Care returns – given that some Boards have already said they're going to submit later (e.g. [redacted] say w/c 18-Mar) due to local governance/clearance combined with substantive difficulties. I'd hoped to issue today but it will need to be tomorrow. Grateful for general thoughts to keep aligned (e.g. happy also to take CfSD view), and review of draft write-out text below. Should we also take the opportunity to say more on subsequent/sign-off steps & timeline, which some Boards have asked about, or could that come later?	

	Thanks, [redacted] Planned Care planning – Board responses • Thank you for the ongoing engagement to support development of your Planned Care plans, which SG had requested by 7 March. • We appreciate the feedback from a number of Boards regarding the challenges of integrating this work with the financial return to SG and working through local governance processes. • We are therefore content to receive the Planned Care returns later than 7 March if the extra time would be helpful, although the plans must be submitted no later than 21 March. If you intend to submit your plan later than 7 March please let us know. • That said, for any Boards who are ready and content to submit by 7 March we would still welcome receipt at that time. [redacted]| NHS Scotland Deputy Chief Operating Officer – Performance & Delivery	The Scottish Government	2E St Andrew's House, Regent Road, Edinburgh, EH1 3DG	0785 496 7018	[redacted]@gov.scot PLEASE NOTE: I am sending this email at a time that suits my working arrangements, and am not seeking a response outwith your own normal working hours. From: [redacted]@gov.scot> On Behalf Of DCOO Health Planning Sent: Monday, March 4, 2024 11:51 AM To: [redacted]@gov.scot>; [redacted]gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted] [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>;	

	[redacted]@gov.scot>; [redacted] [redacted]@gov.scot>; [redacted]@gov.scot> Cc: [redacted]@gov.scot>; Office of the Chief Operating Officer, NHS Scotland <COO@gov.scot>; John Burns <John.Burns@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot>; [redacted]@gov.scot> Subject: Sign-off process for 24/25 Delivery Plans Importance: High Sent on behalf of Paula Speirs Dear colleagues As you will be aware Boards will shortly be submitting their 24/25 Delivery Plans, alongwith revised Financial Plans. Given the significant pressures on all Boards for path to balance and to ensure consistency in review and sign-off of the Delivery Plans, it is critical that sign-off of 24/25 Board Delivery Plans and associated choices contained within the Plans are closely	

	scrutinised and the impact understood on delivery of services. For territorial Boards, we will be building on the process undertaken for sign-off of 23/24 Delivery Plans, where Plans will be shared with policy colleagues for comment. We will issue, in advance, a relatively simple set of criteria to support your review which will include where Plans include service change proposals; will impact on delivery of a ministerial priority; any other areas that raise concern. We will also seek feedback where you identify areas that individual Boards have considered and others should consider. For National Boards, all Delivery Plans need to be revie by Health Planning/COO before any sign-off of Plans. This is to ensure that decisions are not taken in isolation and consider potential impact on delivery by other Boards of any choices. For information, we are working, at pace, with [redacted] to develop supporting guidance on definition of service change, to ensure that decision making on plans is consistent and coherent. [redacted] are also reviewing current guidance with a view to identify efficiencies with their internal process with a view to reducing the timelines for decision making, without losing quality of process in the engagement with people. In the case where Board Delivery Plans do include service change, impact on a priority or other concerns, we will combine these into briefing for DG-HSC and potential advice for Cabinet Secretary. Meetings are taking place this week with policy and Sponsor colleagues where we can follow up with any queries or points of clarification. Paula Paula Speirs NHS Scotland Deputy Chief Operating Officer M: [redacted]	