



END OF YEAR REPORT 2011/12



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INTRODUCTION

This report celebrates just some of the many achievements of NHS Borders staff over the last 12 months. It is not about what happens in the boardroom at headquarters. It is about the work conducted on behalf of patients and the public by those who make things happen on the ground.

Our performance as a board of directors and as a whole organisation is only as good as those who work for the NHS in this part of Scotland.

We know our staff work hard and are innovative. This report reflects that.

We share, with all health boards in Scotland, the ambition that our healthcare services should be safe and effective for patients and that we should work in ways described as 'patient centred'.

This means care that is delivered in a compassionate and respectful way and that recognises the needs of individuals. There are plenty of examples here to show that this is what happens in the Borders.

And there are examples also to illustrate how NHS Borders staff are embracing change.

Innovation and change are key to the future as we work to meet increasing needs for health and social care services whilst at the same time living within constrained budgets.

John Raine, Chair

CONTEXT: THE HEALTHCARE QUALITY STRATEGY FOR SCOTLAND & NHS BORDERS CORPORATE OBJECTIVES

The *Healthcare Quality Strategy for Scotland* was launched by the Cabinet Secretary for Health & Wellbeing in May 2010 and provides the framework for the people who deliver healthcare services in Scotland to work with partners and the public towards a shared vision of world-leading safe, effective and person-centred healthcare.

The Quality Ambitions are the basis for the development of healthcare services and provide an approach to addressing future challenges faced by the Health service across Scotland.

The Quality Strategy has informed local priority setting and provides a template for the improvement of delivery of healthcare services, outlined in our Corporate Objectives.

THE QUALITY AMBITIONS

Person-centred – Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

Safe – There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate clean and safe environment will be provided for the delivery of healthcare services at all times.

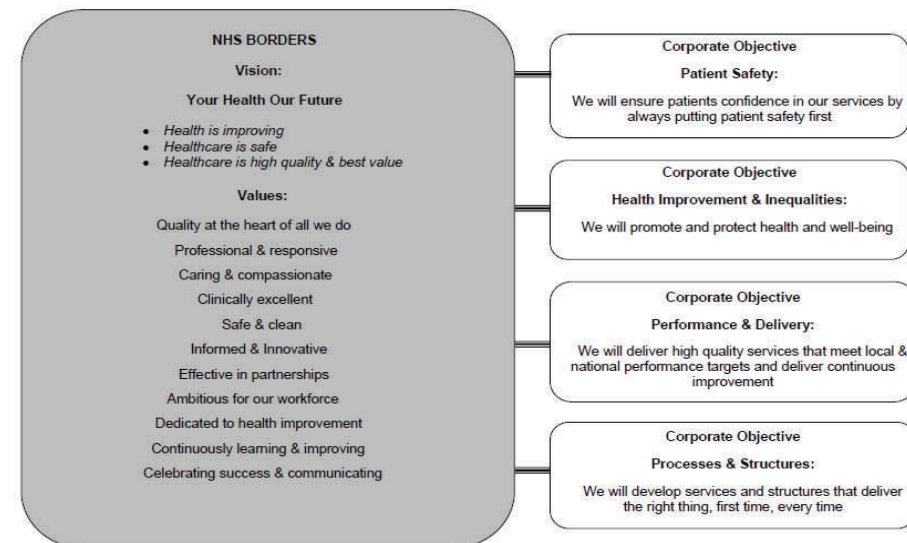
Effective – The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit and wasteful or harmful variation will be eradicated.

NHS Borders sets its own Corporate Objectives which encompass national targets and local commitments and priorities. The Corporate Objectives have been designed to support NHS Borders' vision that quality should be at the heart of everything we do and that the number one priority for the organisation is patient safety.

This is within the context of an ambitious change agenda that aims to deliver a more modern network of fit-for-purpose facilities with skilled multi-disciplinary teams providing responsive and high quality care, growing possibilities and meeting additional demands whilst facing a far tighter financial position. Over-arching this is the concerted drive to eliminate inequalities in health and to improve outcomes for patients.

The vision for the future for NHS Borders is to provide greater market management & development to bring the following benefits:

- Adoption of a systematic and strategic approach to meeting local healthcare needs;
- Increased capacity and productivity, whenever possible, leading to improved health outcomes and better value for money;
- Support system management to ensure local health systems are effective and sustainable to ensure security of the right services for patients.



To successfully meet these challenges means we have to change our culture by doing some things differently and implementing new ideas. This will provide us with opportunities for innovation, partnership working and more effective and efficient delivery of services.

KEY ACHIEVEMENTS 2011/12

Work undertaken will often sit under more than one Corporate Objective. For the purposes of this report, however, achievements have been presented under the most relevant Corporate Objective.

PATIENT SAFETY

Corporate Objective: We will ensure patients' confidence in our services by always putting patient safety first

- **New Planned Surgical Admissions Unit (PSAU)**

The new Planned Surgical Admissions Unit (formerly Ward 8) opened its doors to patients in March 2011. The Unit has been completely redesigned to create a dedicated planned surgical admissions area for patients coming into hospital on the day of their surgery. Patients are admitted directly to PSAU having been screened or assessed in the pre-assessment clinic prior to their admission date.

The Unit has been designed to increase the number of adult day case and day admission patients and better meet their needs by creating a more suitable clinical environment. In the first nine months of operation (March - Nov 2011) the Unit had 1,093 admissions.

Catering for all three stages of a patient's journey, the new unit offers an admissions lounge for patients prior to surgery, a post-operation recovery area, and a further recovery area of recliner chairs for patients prior to their discharge or transfer. It also has two examination rooms, a clinical preparation area, a multi-disciplinary work area for staff, increased storage areas, as well as additional washbasins, toilets and assisted showers and changing rooms.

By creating a dedicated PSAU and admitting patients on the day of their surgery, the length of stay of each patient is reduced, thereby reducing pressure on bed availability. The Unit can deliver high quality, appropriate and timely care in an

area specifically designed for this purpose.

The ward staff have been delighted to receive positive feedback from patients who have been admitted to PSAU:

“I just want to take this opportunity to thank you for the excellent care I received”

“As an ex nurse I particularly noted the cleanliness of the ward and the strict attention to hygiene, it was most impressive”

“Thank you for the friendly and professional care that I received whilst having a procedure recently. It was much appreciated”



Geoff Anderson, Senior Charge Nurse, Rachel Bacon, General Manager, Caroline Wood, Staff Nurse, and Trish Wintrup, Senior Nurse and Operational Manager Planned Care, at the opening of the unit

- **Critical Care Outreach Programme**

NHS Borders' Nurse Led Critical Care Outreach Team (CCOT) successfully links wards with critical care services and ensures acutely ill ward-based patients receive appropriate care. The team's work has built on the 'patient at risk' philosophy and it has developed local guidelines for use to identify the 'patient at risk', facilitating timely referrals to critical care. They also support the continuing recovery of discharged ITU patients on the ward areas.

The Outreach team also provides help, support and education to junior medical and ward staff to help prevent ITU admissions or facilitate timely referrals to the critical care team when admission is required.

The CCOT has introduced:

- SIRS/Shock charts as an early warning system to identify at-risk patients on wards;
- A hospital-wide training delivery program for student and ward nurses, medical students and foundation year doctors.

Initial data suggests that 22 more patients will survive for every 100 presenting with severe sepsis. There has also been a saving of £450K in potential drug costs. The Team's achievements have been recognised nationally by the Scottish Patient Safety Programme. Ronnie Dornan, Clinical Nurse Specialist, has also been asked to present at national meetings on more than one occasion.

Pictured are Lisa Hume, Senior Sister and Ronnie Dornan, Clinical Nurse Specialist, from the Critical Care Outreach Team



- **Scottish Intensive Care Society Audit of Critical Care in Scotland**

Patients in Intensive Care at the BGH continue to have some of the best outcomes and lowest length of stay in Scotland. Additionally, the Critical Care Team has recently had a very good report from the latest faculty visit of the Scottish Patient Safety Programme, for which they are justly proud, and they were invited to speak at the National Scottish Intensive Care Society Conference on why their outcomes are so good.

Dr Chris Richard, Consultant in Anaesthetics and Intensive Care, says he feels the main pillar of their success is due to the early recognition of the critically ill patient, coupled with effective early aggressive intervention by the Critical Care Team. This includes a very effective recognition and rescue system using the Critical Care Outreach Team. It also is due in part to the dedicated and enthusiastic care the patients receive from the nursing and medical staff once in Critical Care.

Once again this is a very positive report and shows critical care in the Borders General Hospital in the most favourable light. Dr Richard would like to take this opportunity to thank the nursing and medical staff for their dedication and hard work, without which these results would not be possible.

- **Patient Safety Programme**

The Patient Safety Programme consists of a series of change processes which have been rolled out across all medical and surgical wards in the BGH.

The key challenge has been in achieving all measures monitored, and for all the process measures to routinely be at a 95% compliance rate across all of the BGH.

The majority of areas in the BGH are now engaged in Patient Safety Programme activities which fall under Critical Care; General Ward; Peri-operative Care; Medicines Management, and Leadership workstreams. Mental Health has also been working on the Medication Reconciliation process and preparatory work is ongoing for the Safety in Primary Care programme.

The benefits for patients are demonstrated by the reduction in infection rates, fewer deteriorating patients in the General Wards and improved peri-operative outcomes.

There is a higher standard of communication amongst staff, an improved patient safety culture and awareness of measuring for improvement in clinical practice and quality of care.

Scottish Patient Safety Programme (SPSP) Site Visit Report 2011

A report by the SPSP Faculty, following a site visit last June, stated that we are achieving good results and have committed staff within NHS Borders, with a clear sense of vision and purpose. This, it says, is linked with a true sense of the really important safety issues and there is excellent multidisciplinary enthusiasm for patient safety and quality in NHS Borders.

The Scottish Government Health Directorate Chief Executive, Derek Feeley, also highlighted in his annual report our success in our results for number of days without central line infections.

- **Tissue Viability Pilot**

Jamie Thomson, Senior Charge Nurse (SCN) in Ward 11, (15 Beds Acute Stroke & 15 Beds Palliative Care) volunteered his team to pilot the implementation of the NHS Scotland Tissue Viability - Preventing Avoidable Pressure Ulcers care bundle. The bundle is applied to patients judged at risk of developing a pressure ulcer or who have a pressure ulcer, and brings best practices together in a reliable way.

Not all patients are incontinent, have poor nutrition or limited mobility. However, by giving care and attention to all these elements reliably, it ensures that the occurrence of a pressure ulcer is minimized. Plan Do Study Act (PDSA) methodology was utilised to initiate changes in hosting SSKIN paperwork on admission to the Ward and application of visual cues at the Bedside and on the SPSP Board. As a result of implementation it was 325 days before a preventable pressure ulcer developed on the ward - a great achievement by the team.

Ward 11 Tissue Viability Journey was recorded onto a short moviemaker video which is now hosted on the national Healthcare Improvement Scotland website.



*Ward 11 staff who piloted the Tissue Viability work:
Staff Nurse Hilary Douglas, Staff Nurse Viv White,
Senior Charge Nurse Jamie Thomson, Health Care
Assistant Margaret McDougall , and Charge Nurse Joyce
Edwards*

- **Mental Health Older Adults Service Redesign - Lindean**

A redesigned unit for Older Adults with Functional Mental Health Needs was officially opened on 9 June 2011 by John Raine, Chair of NHS Borders and became operational on 20 June. The unit, which has been named Lindean, is adjacent to Cauldshiels Ward at the Borders General Hospital.

This new unit provides care for up to six adults, predominantly over the age of 70, with functional mental health needs. This is an interim solution to enable treatment and care within a safe and therapeutic environment, for the functional ill older adults who require in-patient care. There will be ongoing evaluation of the service as part of the overall adult service redesign process.

Lindean has a very structured ward programme which all patients are encouraged to attend. All other ward meetings are arranged around this and the lounge area is actively closed while these are taking place to ensure dedicated staff time is given as well as ensuring confidentiality. Dependant on the type of group, staff may be supported by other disciplines, such as

Tai chi with physiotherapists. Twice weekly staff and patients plan, shop and prepare communal meals together, which to date has been a very positive activity as all levels of ability can be involved in the process.

Since opening, the unit has cared for a number of patients who have previously had admissions to Huntlyburn House. To date, verbal feedback from this group has been entirely positive and it seems to be the case that all are enjoying the smaller homelier surroundings and the high level of input from staff.

Gill Yellowlees, Consultant in Mental Health said: “We aim to provide a service which is person-centred, and will work in partnership with patients and carers to develop care plans which are personal and meet the specific mental health needs of older people.”

Pictured l-r are: Trudy Gane, Service Manager for Older Adults; John Raine, NHS Borders Chair; Ian Torrance, Charge Nurse, and Gill Yellowlees, Consultant in Mental Health



- **OPAC & HEI at BGH**

The Healthcare Environment Inspectorate (HEI) now has responsibility for inspecting acute hospitals for Hospital Acquired Infection (HAI) and a new inspection process - Older People in Acute Care (OPAC).

The aim of OPAC is continual improvement of services for, and care of, older people in Scottish hospitals. A pilot inspection conducted by a team from HEI in the BGH (Wards 4 and 10) took place on 17 October 2011. By taking part in this pilot NHS Borders is helping HEI to develop the methodology to allow these inspections to be rolled out across Scotland.

- **HAI**

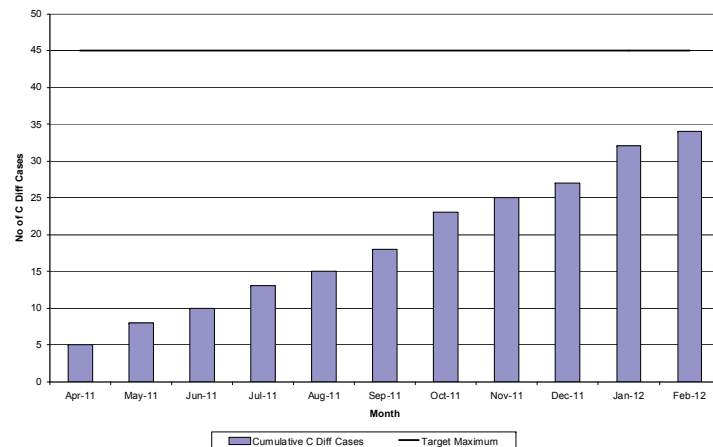
Patient safety, including reducing Healthcare Associated Infection (HAI), is a primary objective for NHS Borders. Focused work on *Staphylococcus aureus* bacteraemia (MRSA & MSSA) has led to a 45% reduction in cases this financial year compared with 2010/11.

The rollout of MRSA screening to reduce the risk of colonised patients infecting themselves or colonising others will have contributed towards this achievement.

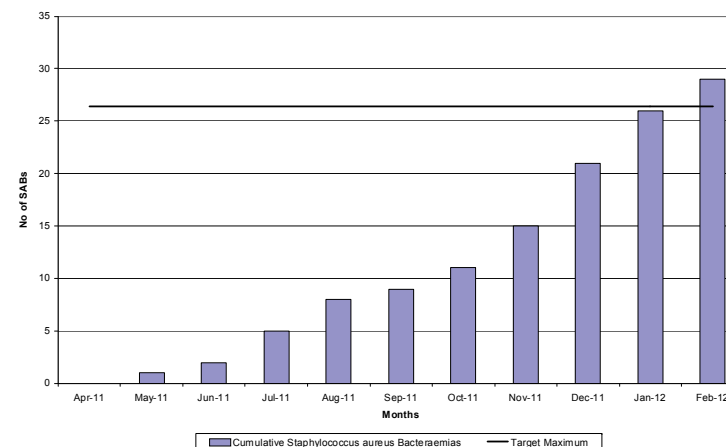
NHS Borders has also continued to maintain low incidence of *Clostridium difficile* infection (CDI) with levels below the Scottish Government target.

NHS Borders continues to monitor surgical site infections for specific procedures as part of a nationally coordinated programme through Health Protection Scotland and continue to record very low incidence.

Cumulative rates for C diff cases in NHS Borders



Cumulative rates for SAB infections in NHS Borders



- **Soft Casting**

NHS Borders Action 100 internal Leadership Development Programme aims to develop knowledge and understanding through focused actions in relation the organisation's corporate objectives.

One of these actions resulted in the 'Soft Casting for Heel Ulcers' project to improve patient experience, length of stay and efficacy of treatment.

The Action Team identified the following issues:

- Increasing incidence of diabetes related foot ulcers which can take years to heal (if ever);
- High risk of infection;
- The devastating effect this has on patients' quality of life - even leading to amputation and rehabilitation;
- Increases in length of stay within hospital and intensive District Nurse intervention for patients at home;
- Current treatment relies on pressure relief and dressings;
- Traditional pressure relieving devices currently cost between £90-£100.

The solution: Soft Casting - a new technique, not used anywhere else in Scotland. It is a lightweight cast that allows 'off-loading' to take pressure off an ulcerated area on either the heel or foot to promote healing. It is inexpensive, quick and easy to apply and can be done anytime, anywhere.

Adam Smith, Diabetic Podiatrist and member of the Action 100 team which implemented soft casting



Soft Casting has been piloted and monitored since early 2011: 14 Patients have had Soft Casting applied; four healed in eight weeks and five are improving.

Benefits to this process include improved patient experience and acceptability, rapid supply and reduction in appointments, reduction in length of stay and home visits and reduction in dressings spend due to more rapid healing.

- **Enhanced Recovery / Orthopaedics**

Following a Lean redesign of Orthopaedic Theatres in NHS Borders we identified that although we could improve Theatre utilisation, this presented us with an issue of inpatient bed availability in the Orthopaedic ward. To address this, we accepted an offer of support from the Golden Jubilee National Hospital to adopt the Enhanced Recovery Programme (ERP) as a means to improve patient experience and aid delivery of the 18week RTT target, by reducing length of stay for these patients therefore increasing inpatient bed capacity.

Outcomes:

- Reduced the average LOS for arthroplasty in the Borders from 7.7 days (amongst the longest LoS in mainland Scotland) days to 3 days (lowest length of stay in Scotland);
- The establishment of a hip/knee class;
- The establishment of a departmental protocol for pre-assessment and peri-operative care;
- Cancellation rates down from 21% to 2%;
- 75% of patients were admitted on the day of surgery as against none prior to implementing the project;
- Post-operatively 92% of patients have been mobilised on the day of surgery and the catheterisation rate has dropped from 100% to 5%. Transfusion rates have also been reduced to less than 5% from 40%.

Orthopaedics have an on-going patient satisfaction questionnaire. 88 patients out of 292 responded to 8 questions rated 0-10 (where 10 is highly satisfied). The following percentages are based on the number of people who answered either '8', '9' or '10' to each question:

- 99% said they had a good rapport with staff
- 99% said their needs were attended to, and they got help when they needed it
- 98% said they were given adequate information about their operation
- 98% said they were satisfied overall with their stay in hospital
- 95% said they had adequate access to painkillers when they needed them
- 95% said their pain was well controlled
- 88% said they were discharged when they were ready to go home
- 86% said they progressed quicker than they thought they would after their operation

HEALTH IMPROVEMENT & INEQUALITIES

Corporate Objective: We will promote and protect health and wellbeing

- **Opening of new Renal Unit**

The newly expanded Borders Dialysis Unit opened its doors to patients on 26 June 2011.

The unit has doubled in size, from six to 12 dialysis machines. The new dialysis machines have increased local dialysis capacity from 36 patients to 54 patients. The expansion in renal services has been to address future demand and improve local access to renal dialysis.

As part of a repatriation programme, 18 Borders patients who previously received their treatment in hospitals across NHS Lothian are now dialysing within BGH.

A significant fundraising effort led by '*the difference*' has also contributed to the Unit, with funds being spent on enhancements to the specification of the new unit, including televisions, additional equipment and a much higher building specification, including a raised ceiling for increased natural light - all to make the lengthy time that patients spend in the unit more comfortable.

This unit represents an important step forward in the providing local and quality health care that meets the needs of the people of the Borders. The unit will make a huge difference in the lives of Borders patients who require haemodialysis treatment, and also to their families.

Pictured l-r: Charge Nurse Anne Renton, Senior Nurse/ Operational Manager Diane Devenney, Clare Oliver, Fundraising Manager, Senior Charge Nurse Liz Coutts, John Ramsay, Technician, Elaine Marjoribanks and James Marjoribanks, 'the difference' Fundraising Appeal Chair



- **Baby Friendly Initiative**

NHS Borders is showing its commitment to improving the care provided to women and babies living in the Borders. The organisation has signed up to the global UNICEF programme Baby Friendly Initiative, to raise standards of maternity care and encourage breastfeeding. Breast feeding is well known to have health benefits both for babies who are breast fed and for their mothers. The programme is driven forward by Chief Executive, Calum Campbell, with support from the Baby Friendly Initiative Lead Rachael Marples.

Rachael said: “Research has shown that breastfed babies are less likely to get a variety of illnesses and infections including diabetes, childhood leukaemia and gastro-intestinal infection. Breastfed babies are less likely to die of sudden infant death syndrome and may have added protection against many other diseases.

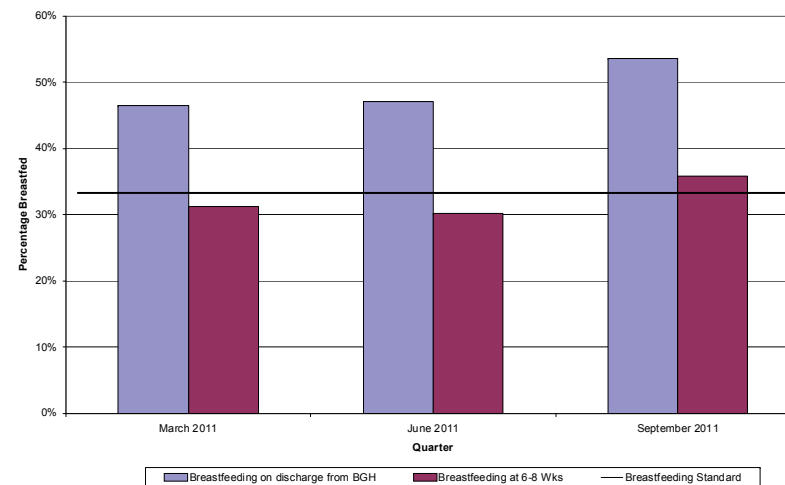
“However breastfeeding is not only good for babies but for their mothers too, as women who breastfeed are at lower risk of rheumatoid arthritis, breast cancer, ovarian cancer and hip fractures.”

The Baby Friendly Initiative works with the health-care system to ensure a high standard of care in relation to infant feeding for pregnant women and mothers and babies. Support is provided by UNICEF, with Scottish government backing, for health-care facilities that are seeking to implement best practice and an assessment and accreditation process recognises those that

have achieved the required standard. Around 60% of Health Boards in Scotland have achieved accreditation and now NHS Borders is taking the first steps towards the same goal.

Breastfeeding figures for the Borders are higher than the national average and in September 2011 we achieved the standard set by the Government for the number of babies breastfeeding at 6-8 weeks. With the introduction of the Baby Friendly Initiative Lead, it is hoped that through improved information, advice and support, women will be better able to make an informed choice about breast feeding their baby.

Breastfeeding rates in NHS Borders 2011-12, Q1-3



- **Scottish Health Care Award Entries**

A number of NHS Borders teams and individual members of staff were nominated for the Scottish Health Awards in November 2011, which recognise and reward Scotland's most dedicated and caring NHS workers.

The nominees were:

- Quality Improvement Award - Critical Care Outreach Team and Ward 11 Team
- Volunteers Award - Ann Purvis
- Care for Children Award - Paediatric and Neonatal medical and nursing team
- Care for Mental Health Award - Peter Lerpiniere, Alzheimer's Scotland Dementia Nurse Specialist and Scott Murray, Older Adults Liaison Nurse Specialist (Liaison Psychiatry Team)
- Nurse Award - Angela Bathgate, Community Addictions Nurse
- Healthy Living Award - Walkerburn Lunch Club
- Therapists' Award - Adam Smith, Diabetes Podiatrist
- Top Team Award - Critical Care Outreach Team, Ward 11 Team and Prescribing and Support Team

Walkerburn Community Health Volunteer Team/Lunch Club and Angela Bathgate, Community Addictions Nurse reached the finals of the Award. Although they did not win their awards, they were absolutely delighted to have been selected as finalists.

Angela works for NHS Borders Addiction Service. Angela and her team have transformed the quality of service and speed of access to care for people with long-term drug dependency and those requiring detoxification from alcohol or drugs living in the Scottish Borders.

The Walkerburn Community Health Volunteer Team is committed to improving the health and well-being of a community that is isolated, due to its rural nature and poor transport links. It also has a high proportion of people of pensionable age.

Members of the Walkerburn Community Health Volunteer Team with Nichola Sewell, Health Improvement Specialist who nominated them.



We also submitted three entries for the Institute of Healthcare Management (IHM) “Our Health, Our Choice” Poster Award category and were invited to display poster on each of these entries at the IHM Annual Conference and Exhibition in early October 2011. These were:

- CCOS - Critical Care Outreach Service
- Enhanced Recovery Project- The Experience in Orthopaedics
- Soft Casting for Heel Ulcers

- **DPH Annual Report**

Dr Eric Baijal published his second Annual Report since his appointment as Joint Director of Public Health for NHS Borders and Scottish Borders Council.

This new report *Borderline Health*, includes a review of the implementation of the recommendations made in the previous year's report, particularly those relating to the health of children and young people and the more disadvantaged areas of the Borders.

Dr Baijal has used a range of statistics to compare the five most disadvantaged communities in the Borders with one of the more affluent towns. The indicators include the number of pregnant women who smoke, teenage pregnancy rates and vaccination rates as well as educational attainment, employment and housing quality.

The report describes how the Healthy Living Network, with a health improvement specialist in each community, has worked with Community Learning & Development, Social Work and the Voluntary Sector to engage with the local people and develop initiatives which have improved the health and wellbeing of individuals and communities.

Initiatives have included lunch clubs for older people to help reduce their isolation, allotment projects and even a community orchard, food and health sessions for parents, walking groups and numeracy and literacy projects. Schools have been involved in supporting healthy eating through breakfast clubs and cookery classes as well as physical activity programmes.

Dr Baijal said, "The comparisons show similar issues across the disadvantaged communities which demonstrate a similar, poor, life experience for their populations. However, there are also some marked differences which show how important it is to tailor initiatives to the needs of the people."

"One of the most important factors in the success of our Healthy Living Network initiatives has been the enthusiasm of the individuals within these communities to take part. This has resulted in constructive changes in lifestyle choices and behaviours which have made such a positive impact for the individuals and groups taking part."

“Overall, I am delighted with the impact the Healthy Living Network has had on the lives of people in these communities, however, we must not be complacent. As well as reviewing our work in the last year, my report, *Borderline Health*, also sets out where we should focus our attention in the next twelve months. We need to maintain our efforts in these disadvantaged areas, particularly in relation to the health of older people. The prevention of alcohol and drug misuse is a priority along with targeting antenatal women for smoking cessation support and tackling obesity.”



Dr Eric Baijal, Director of Public Health

- **Health Improvement**

The development of a Joint Health Improvement Team has strengthened capacity to work with partners to improve the health of people in the Borders and address health inequalities.

Achievements include:

- Development of resources and training for staff who work in a range of settings with young families on healthy weaning;
- Distribution of free Healthy Start Vitamins to eligible women and provision to enable those not entitled to purchase vitamins;

- Enhanced access to information, support and resources for health in disadvantaged local communities including engagement with over 200 individuals in community based adult learning opportunities for health improvement;
- Smoking cessation support to facilitate over 660 people to stop smoking at 4 weeks in 2011-2012 through the Quit4Good and community pharmacy Stop Smoking Services;
- 56 sign-up's for Smoke Free Homes scheme since January 2011;
- Increased access to and participation in physical activity as illustrated by the implementation of the Play@home programme to increase physical activity levels of young children. 60 Childcare workers from across Borders have been trained in using the Play@home programme;
- Close to 300 people trained in mental health improvement, mental health first aid and suicide intervention from NHS, SBC, voluntary organisations and community groups.

Allyson McCollam, Joint Head of Health Improvement



- **Lifestyle Advisor Support Service**

The Lifestyle Advisor Support Service (LASS) was originally established within NHS Borders in 2004 and began offering targeted support to members of the public interested in making beneficial changes to their lifestyle.

The service is based within GP practices across the Borders, and is delivered on a one-to-one basis across a number of appointments, by lifestyle advisors who are trained in the provision of evidence-based health behaviour change techniques. The service has worked with a large number of patients across the Borders to support people to make healthier lifestyle choices in areas including diet and physical exercise.

In 2010 the service evolved further, taking an innovative approach to mainstreaming the delivery of two additional national streams of work aimed at improving the health of the population and preventing the onset of future long term conditions such as diabetes and cardiovascular disease. Keep Well, which delivers cardiovascular health checks to 'at risk' groups aged 40-64 years in the population and Counterweight, an evidence-based weight management programme, are now both delivered by the LASS service within GP practices.

This approach is unique within Scotland and is currently being actively explored as a model which a number of other Health Boards are considering taking forward.

The combined service has delivered significant recent outputs under each of the three streams of work and some examples are included below:

Counterweight - NHS Borders weight loss outcomes (average weight loss of 4.2kg at a 6 month follow up) have exceeded the national average performance (3.3kg at 6 months) and are in-line with research figure outcomes. This has led to NHS Borders being recognised as the second highest performing Health Board in Scotland.

Keep Well - over 650 cardiovascular checks have been delivered in primary care, supporting NHS Borders to either meet or exceed the agreed HEAT target. Of these, over 70 individuals have been identified as being at risk of cardiovascular disease and referred for further medical assessment or early treatment.

LASS - in addition to the above, the generic service has supported an average reduction in blood pressure (from 134/80 to 130/77) and substantial increases in levels of physical activity with a 140% increase in those reporting moderate and high levels.

Each of these outputs contributes towards preventing the number of people who will subsequently go on to develop severe health problems which reduce life expectancy and require significant specialist intervention and treatment in future years. As such, the innovative approach delivered by the service forms an integral foundation in NHS Borders' strategy to maintain and promote the health of the local population, both now and for future generations.



LASS Team

Back l-r: Brian Falconer, Alison Colvin, Marie Barton, Lorna Farquharson.

Seated: Pauline Cuthbert and Jane Forsyth.

Not in picture: Tania Cairns, Mandy Roue-Robson and Paula Downey.

- **Health Centres Update**

NHS Borders has given a major boost to health care in the region by agreeing to spend more than over £7m on three new health centres in Galashiels, Jedburgh and Lauder.

Jedburgh



*Architect's impression of the refurbished
Jedburgh Health Centre*

Work to refurbish and extend Jedburgh Community Health Centre began in February 2011 and is due to be complete in Spring 2012.

The existing Health Centre will be substantially re-developed on its current site. As well as housing the existing practice in improved surroundings, it will also accommodate a comprehensive Primary Healthcare Team, including the existing orthodontic service and expanded dental facilities.

Dr Graham Cook, GP at Jedburgh Community Health Centre said: “We are delighted that the redevelopment is taking place. We hope that the expanded facilities will allow us to offer an increased range of services to the people of Jedburgh.”

Roxburgh Street

The redevelopment of the GP Surgery in Roxburgh Street, Galashiels will occur on the current site of the Scottish Ambulance Service (SAS) base in Galashiels.

The SAS base will move to a site on the Borders General Hospital campus which will greatly help with response times. This new base will be built in 2012/13.

With a capital cost of £1.778m, work to redevelop the health centre on the SAS Galashiels site would then be undertaken in

2013/14. The redeveloped health centre will offer improved clinical areas, patient facilities and administrative space for practice staff and the attached Primary Healthcare Team as well as some visiting services.

Lauder

A key aspect of the Lauder Health Centre development has been the difficulty in the identification and agreement of a viable site.

A site on Crofts Road in Lauder was identified and support by a public ballot in February 2012 of all patients, 18 years and over, registered with the town's GP practice.

A planning application was then approved by Scottish Borders Council (SBC) in March 2012. This approves the development of a two-storey building on the Playground/playing fields site off Crofts Road.

SBC will develop a renewed Children's playground beside the development and a new changing room for the users of the sports facilities. The new Community Health Centre will provide enhanced accommodation for the GP Practice in Lauder, as well as the Community Nursing Team (Treatment Room, District Nursing, Public Health Nursing), Podiatry and other visiting services.

With a capital cost of £1.803m, work on the new health centre will commence during the Summer of 2012 and is expected to be complete in early 2013.

Architect's impression of the new Lauder Health Centre building



PERFORMANCE & DELIVERY

Corporate Objective: We will deliver high quality services that meet local and national performance targets and deliver continuous improvement

- **Scottish Inpatient Experience Survey**

The second national questionnaire on patient's experiences in hospital shows that the hospitals in the Borders continue to meet patient's expectations of high levels of care.

The results of the 2011 Scottish Inpatient Patient Experience Survey were published as part of *Better Together*, Scotland's National Patient Experience Programme.

In the Borders, a questionnaire was sent to more than 1,200 patients who had stayed overnight in one of the community hospitals or at the Borders General Hospital. The questions covered all aspects of inpatient care from admission to post-discharge arrangements, and ranged from whether they felt they got the best treatment for their condition and were treated with care and respect to the cleanliness of the hospital and the quality of the food.

The survey results show that patients were generally very positive about their experience of staying in hospital, particularly about their treatment and the information provided and the care and respect they were given by staff.

Calum Campbell, Chief Executive said: "The survey provides a very valuable insight into how our patients rate our services. Many of this years results show even higher ratings than last year which is a credit to our staff.

We will continue to use the survey to develop the quality of care, particularly in those areas which were not rated so highly, to ensure we offer our patients the highest standards of care possible."

Some of the results for NHS Borders showed:

- 97% of patients were positive about the information given before attending hospital to help them understand what would happen when admitted;
- 90% were positive about the treatment they receiving during their time in A&E;
- 94% were positive about the time they had to wait to get a bed on the ward;
- 89% were positive about their admission to hospital overall;
- 94% were positive about their physical comfort with 93% positive about the level of pain relief;
- 93% positive about the cleanliness of the environment;
- 93% said they were treated with both respect and care while 90% trusted the people looking after them.

- **Healthy Working Lives**

The Healthy Working Lives award programme was launched to encourage employers to promote a healthier lifestyle to their workforce and covers a wide range of topics including health promotion, occupational health and safety, employability, mental health and well-being, community involvement, and health and the environment.

Organisations need to meet certain core criteria to achieve the three levels of award - Bronze, Silver and Gold - however the programme is designed to be flexible so that employers can select the topics most relevant to their own workforce.

HWL Adviser Fraser Rankine said, “Our team works closely with businesses taking part in the programme. We provide help and advice to enable them to work in ways that will create a healthier and more motivated workforce. Their staff benefit from working in a safer, healthier environment with access to information and support to improve their personal health.”

Eleven organisations in the Borders gained awards for their efforts to boost health, safety and wellbeing in the workplace at a ceremony held in November 2011.

HWL Award winners with John Raine, NHS Borders Chair (far right) at the ceremony in November 2011



- **Maternity Unit**

NHS Borders is committed to improving the health of women and children within the Scottish Borders. This commitment has led to developing and improving maternity services delivered within NHS Borders to ensure they are sustainable, fit for purpose, and of high quality and value.

NHS Borders is fortunate to have a professional, committed and experienced midwifery and obstetrics team that provides a high quality service. Staff are dedicated to offering the best possible experience for mothers, babies and their families by providing accessible, person-centred care.

In 2011/12, there were 1155 births at the BGH. As well as catering for the needs of local mothers and babies, the Maternity Unit also provides maternity care, including out-patient appointments, for women from areas other than the Borders. Since 2008, the BGH Maternity Unit has delivered an average of 169 births per year of babies from out with NHS Borders board area.

Prospective mums and dads can now also take a tour of the BGH Maternity Unit and meet the midwifery team at the click of a button following the launch of the Unit's interactive website. The website aims to raise awareness of the services provided and improve accessibility for expectant parents.

The Maternity Unit website provides general information about the Maternity Service offered at the BGH, as well as going into more detailed information, with photographs and contact details, for specific services areas.



Pictured l-r from Ward 17: Grace McGilp, Claire Hancock, Fiona McDonald, Kelly Gardner and Alison Quinn

- **Gynaecology Service Redesign**

Gynaecology services within BGH have gone through a redesign process, looking at the way in which the service should be delivered to provide best value high quality service to patients attending or admitted to Ward 16. As part of this process, planned work normally carried out over the seven day period has been rescheduled within the Monday to Friday period. In-patient gynaecology at weekends is delivered within Ward 7, with dedicated gynaecology nurses working with their general colleagues, sharing knowledge and skills and providing best value quality care for patients.

The redesign of the service has given the medical and nursing staff the opportunity to focus their time and skills of caring for this group of women, largely on an ambulatory basis within Ward 16. Boarding of patients from other specialities has reduced, with the majority of medical boarders having a clear discharge plan within 48 hours of their admission to Ward 16. The resulting job satisfaction for nursing staff inevitably has had positive benefit for patients.

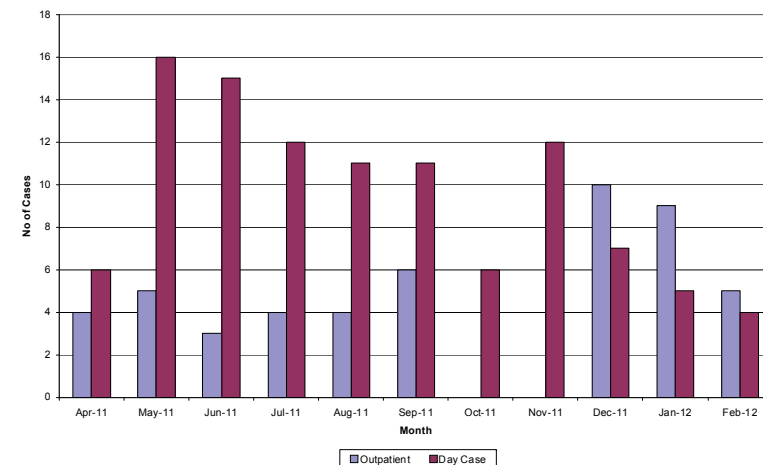
- **Hysteroscopy Clinic Service**

Under the Leading Better Care Programme, a study was carried out to assess the clinical effectiveness of turning an in-patient hysteroscopy clinic into an out-patient clinic.

Patients who require a hysteroscopy now attend an out-patient clinic for approximately 20 minutes and have the procedure carried out under local anaesthetic rather than general anaesthetic. The service is fully funded and has increased capacity to 2 clinics per month with space for 6 patients in each.

This clinic is now deemed routine, good practice and is a valued service for patients and staff. Patient experience has been improved, and length of stay has reduced with the consequence of increased capacity to treat patients and release of theatre time for use by other specialties.

*Hysteroscopy rates in NHS Borders
April 2011–Feb 2012*



- **Overnight Paediatric Services**

NHS Borders' innovative model to support overnight paediatric services began implementation in March 2009. It involved developing the skills of paediatric and neonatal nurse practitioners to provide out of hours cover with non-resident medical staff on call.

Advanced Neonatal and Paediatric Nurse Practitioners (ANNP/APNP) have been covering out of hours shifts since January 2010, gradually increasing the number of hours they covered as practitioners completed training and reached a level of competency to be able to do so.

The numbers of practitioners is such that they are now able to cover three nights and two weekend days per week and are becoming increasingly confident in their abilities, largely due to their enthusiasm and dedicated support from their consultant supervisors.

Lesley Horsburgh, Senior Nurse in Child Health for NHS Borders agrees.

“We began this journey in 2005 and our first Advanced Nurse Practitioner was trained by October 2007. Since then another eight nurses have followed and are developing the skills to provide a high standard of care to children and families.

“Advanced nursing staff now have the ability to consider the whole family in a holistic way which has not been often demonstrated in the past. This includes such aspects as co-ordinating appointments to suit the needs of the family. Nursing staff do not rotate from hospital to hospital, meaning they have a high level of knowledge of the service within NHS Borders, which can also be used to meet the needs of the family. Nurse practitioners also have a broader view of out of hours care.



Lesley Horsburgh

“Within the service, the relationship between Consultant Paediatricians and Advanced Nurses is one of trust, with consultants providing supervision and mentorship, which encourages reflection and case discussion. Nursing staff are committed to sustaining the service and all practitioners love this work, which can only translate into a high standard of care for families.”

The model has advantages for nursing staff within both Ward 15 and Special Care baby Unit as they have access to an experienced and knowledgeable decision maker 24 hours a day - no longer do nurses have to consider whether their concerns justify waking a junior doctor during the night, a valid risk if the nurse does not have the confidence or skill to fully articulate their concerns.

Every practitioner within the team remains enthusiastic about their role and all are undertaking some form of academic study which is seen as essential for the role. There are now three non medical prescribers within the team with a further four in training. A number are undertaking modules in advanced care delivered by both Napier University and QMUC. All are involved in taking forward elements of the Paediatric Patient Safety Programme within both Paediatrics and Neonates. This is fabulous progress given that the neonatal programme has yet to be fully developed.

PROCESSES & STRUCTURES

Corporate Objective: We will develop services and structures that deliver the right thing, first time, every time

- **Action 100**

NHS Borders Action 100 internal Leadership Development Programme, which has been run over the last year, aimed to develop knowledge and understanding through focused actions generated by group members themselves in relation the organisation's corporate objectives.

Following the feedback we received from people who took part in the programme and other conversations, we have now expanded the programme to offer a series of workshops focussed on the key leadership themes to the wider organisation.

- **Child Protection Inspection by Care Inspectorate**

An inspection report of services in the Scottish Borders that protect children has highlighted good practices and joint working between local agencies.

The published report follows a visit by the Care Inspectorate to the Scottish Borders in September 2011. The visit was part of a national series of visits to all local authority areas in Scotland to examine the services provided by health, the police, the council and the Children's Reporter, as well as voluntary and independent agencies, to protect children and keep them safe.

In Borders, the inspection team identified steady progress in many areas. Its report highlights a number of examples of good practice which it states are driven by a clear shared vision, values and aims and improved partnership working between NHS Borders, Scottish Borders Council, Lothian and Borders Police and partner agencies.

Among the strengths identified was evidence of children, young people and their families having positive and respectful relationships with staff. There is evidence that staff clearly listen to their views and that children and young people benefit from the support offered to them.

In addition the inspection team identified that staff are alert to the signs that children and/or young people are at risk and respond promptly, contributing to clear, effective and sensitive action plans to keep children safe in the short term.

- **Breast Cancer Pledge**

Borders General Hospital has joined forces with Breakthrough Breast Cancer to deliver the Service Pledge, which enables health professionals and patients to work together towards improving the local service.

Breakthrough Breast Cancer is a charity dedicated to the prevention, treatment and ultimate eradication of breast cancer. It funds research, campaigns for better services and treatments and raises awareness of breast cancer.

The Service Pledge has been designed by Breakthrough Breast Cancer to enable patient led service improvements. Breakthrough works closely with each hospital to establish what is important to patients. The charity then provides the means and support needed to set specific goals and targets to make improvements based on patient feedback. The work results in a local Pledge that outlines the care patients can expect to receive.

John Raine, Chair of NHS Borders said: “NHS Borders is committed to delivering the highest standards in health care and patient safety. This Pledge marks a further commitment to our patients to continue to improve our services to ensure we offer high quality and effective health care, at all times, that meets the need of Borders’ residents.”

June Denham, Breast Care Nurse with NHS Borders said: “We are pleased to be involved with the Service Pledge. It allows us to work closely with patients to identify and deliver the service improvements that are most important to them. Through this we aim to continue to improve the way we deliver care and ensure we give the best possible service to our patients.”

Key aims of NHS Borders' pledge are to ensure continuity of care through NHS Borders' One-Stop Breast Clinic; to improve the amount and timing of relevant information to patients; and to ensure ongoing support for patients following their appointment or diagnosis.



Hazel Allan, Breakthrough Service Pledge Project Manager Scotland (centre) with patients Pat Wight and Elizabeth Watret

- **Cheviot Programme**

The Cheviot locality has a high population of older people when benchmarked against other localities in the Borders with 23% of people over 65 years in comparison with a Scottish National Average of 17%.

The main aim of the Cheviot programme is to consider the most effective model of service delivery that includes looking at the current service provision, joint finances and joint management in one locality.

The key outcomes include supporting people to stay at home, and promoting independence and choice and involvement in care arrangements.

Achievements to date include:

- Grove House - upgrading works completed;
- Launch of Intermediate Care Service;
- Staff training completed;
- AHP and additional staffing secured;
- Launch of new Social Centres in Jedburgh, Yetholm and Kelso;
- New Day Service arrangements for Older People.

Kelso Hospital now accommodates SBC Day Services from Rutherford Square, and the co-location of local SBC Social Work Assessment Team, Home Care Team, START, Administrative and District Nursing staff. Improvements have also been made to the current Day Hospital facilities.

- **Hay Lodge Hub**

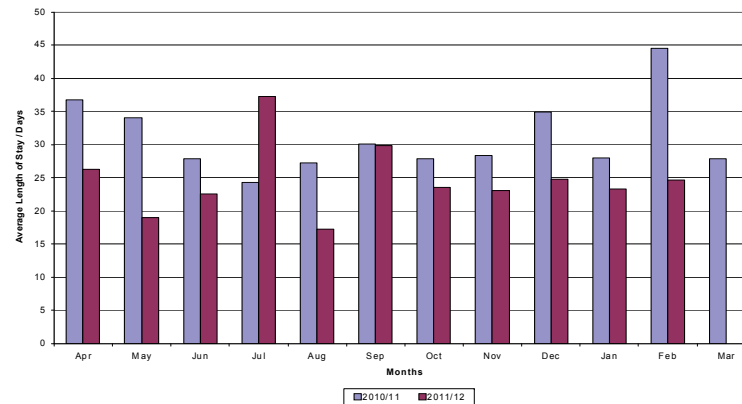
Work has been underway since November 2010 to explore the benefits of developing Hay Lodge in Peebles to create a 'hub' approach, bringing together a number of services within a single accessible location in Tweeddale.

This follows on from previous activity under the heading of 'Your Health, Our Future' where NHS Borders engaged with key stakeholders including the public to consider the most effective ways of meeting future challenges around demographic, workforce and economic challenges.

The focus for development of the 'Hay Lodge Hub' is the drive to improve patient safety and improve the quality of services available within the Tweeddale area. There is a particular focus on improving the quality of care provided to older adults, with opportunities for joint working across NHS Borders and Scottish Borders Council with links to voluntary sector providers.

The Hay Lodge Health Hub development represents a significant investment in local health and social care services for the Tweeddale area. The expansion will provide improved facilities for a range of services including, additional GP consulting rooms, improved rehabilitation facilities and improved access to mental health services and a new, co-located social work day care and day hospital facility.

Average Length of Stay of patients in Hay Lodge



Calum Campbell, Chief Executive, said “Modernising Hay Lodge will allow us to create innovative and sustainable services in Tweeddale. Most importantly, it will provide the kind of health and social care that will help us to support people to remain independent for as long as possible.”

- **Intentional Rounding**

As part of the Leading Better Care (LBC) programme, Kelso Community Hospital took part in a case study to create a team approach for caring for patients while enhancing patient experience.

Following service redesign and amalgamation of two Wards, the Team commenced implementing Releasing Time to Care modules which resulted in reflecting on the effectiveness of Ward processes. It became clear there was a high volume of call-bell usage which was then supported with a call-bell audit. The Senior Charge Nurse (SCN) was keen to explore if implementation of Intentional Rounding would help embed the SSKIN care bundle and enhance patient experience.

PDSA methodology was utilised to test and amend an Intentional Rounding Record Sheet, with timings of Rounding and care elements to be addressed. Intentional Rounding is now a core ward routine. The documentation is part of admission packs to ensure every patient is included. Testing of Intentional Rounding is currently underway in Wards 10 & 12, BGH.

Muriel Douglas, SCN from Kelso Community Hospital presented a short moviemaker video of her experiences of implementing Intentional Rounding at a Leading Better Care (Senior Charge Nurse Review and Clinical Quality Indicator Project) national celebration event held in Glasgow in January. SCNs from across Scotland attended and shared personal stories of the impact of the role. Anecdotal evidence from discussions at breaks with audience members indicated Muriel's experience was well received. Plans are in place to host the movie on the national LBC website.

The ward Nursing team at Kelso Community Hospital



- **Voice Recognition**

Clinical and administrative staff have worked together to implement a new document management system which uses Voice Recognition (VR) software to improve efficiency, accuracy and speed.

Specialties across Borders General Hospital, including Surgical, DME, Obstetrics and Gynaecology have, throughout 2011, been using the VR technology. In addition, staff from within the Mental Health Clinical Board, such as BCAT, have been using the software successfully since 2009.

The new system was needed as our busy services generate a significant amount of paperwork. The time taken to manage this presents a significant challenge for the organisation to overcome if we are to meet the 18 week referral to treatment target.

The new system has altered ways of working by:

- Better management & improving out-dated work processes. For example, dictations from a peripheral clinic can be sent to the secretary remotely and in theory letters could be typed by the time the consultant returns to BGH;
- All documents, as soon as dictated, appear immediately in a central file which administration staff can access. This means the whole workload is visible and can be prioritised by the team leader. Previously, staff would have been unable to see what was most urgent so would simply deal with the first document on the tape;
- GPs, patients and other healthcare providers receive information, including discharge letters, more quickly. Currently 99% of letters are typed, checked & issued within 10 days much improved from the previous 31 days;
- Any member of administration staff can pick up another person's work either to help out during busy periods or to provide cover;
- This new way of working challenges the traditional roles of consultants and their secretaries. Consultants spend more time with patients and less time planning their clinics and scheduling in patients; secretaries take over this role;
- The relationship and good communication between the consultant and his/her secretary is key to success.

BGH VR coordinators Muriel Grzybowski, Mags Baird and Lee Stoddart said: “Whilst there are still improvements to be made, the system is working very well; turnaround time has greatly improved and generally most of the administration staff say they would now prefer to work with the VR system rather than on audio tape.”



Morna Garner of the Borders Macmillan Centre team using the new Voice Recognition software

SUMMARY

I would like to take this opportunity to thank staff for their hard work and continual efforts to improve services, and their enthusiasm for taking forward new and innovative ways of working.

This report is representative of a snapshot of activity and we appreciate that there are other areas of work and projects which have not been included. The achievements highlighted in this report are proof of the high quality healthcare that is already being delivered across NHS Borders and the ongoing work to improve the overall health of the population we serve.

Everyone is aware of the difficult financial climate we are in and the subsequent challenges we face but I believe we are well placed to address these together.

Calum Campbell, Chief Executive

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