

# NHS BORDERS END OF YEAR REPORT 2012/13



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# INTRODUCTION FROM THE CHAIRMAN



NHS Borders has a reputation in Scotland`s health service for being an overall excellent performer.

That is to say, our staff deliver well on the performance measures and targets that are set by Scottish Government and by the Borders Health Board.

But of course serving the health needs of our population is not just about targets; it is also about staff being able to use their training and skill to push the boundaries; and to innovate and pioneer individual initiatives that set new standards of care.

There are many examples in this report to illustrate such achievements through the creativity and commitment of staff.

A culture that allows excellence to flourish in this way is one to be cherished and developed across the whole NHS Borders organisation.

John Raine  
Chairman

# 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 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.

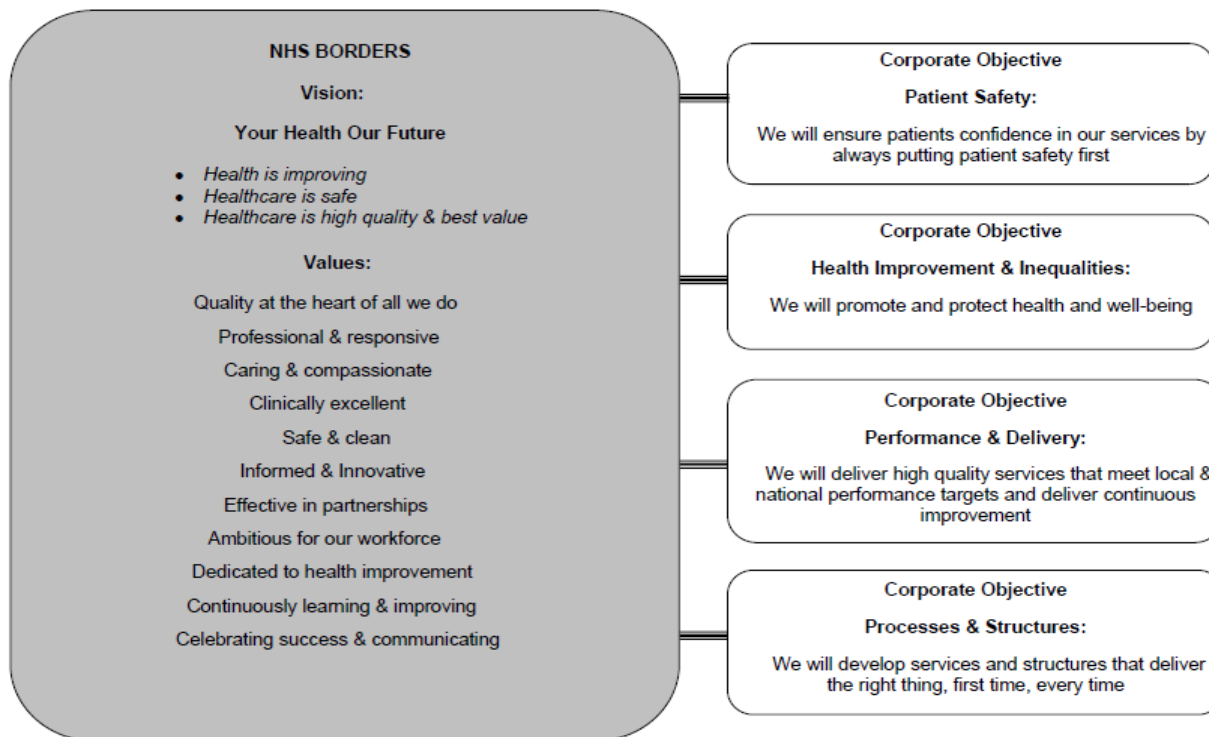
***Safe*** – There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate clean and safe environment will be provided for the delivery of healthcare services at all times.

***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.

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.

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.



To successfully meet these challenges, 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. This document highlights some key achievements, in practical terms, that show the innovation and commitment of staff as they ensure our services are safe, effective, patient-centred and efficient at all times.



# OUR ACHIEVEMENTS DURING 2012/13



# PATIENT SAFETY AND QUALITY OF CARE

- *We will ensure patients' confidence in our service by always putting patient safety first*

## Healthcare Environment Inspectorate (HEI)

HEI paid an unannounced visit to the Borders General Hospital in December 2012.

Following the visit, a follow-up report from HEI was welcomed by the Board.

Overall, the Inspection Team found evidence that NHS Borders had worked hard to improve our compliance with NHS national standards to protect patients, staff and visitors.

Calum Campbell, Chief Executive said: "Since the previous HEI report issued in 2011, it is clear that further progress has been made within the BGH and we are continuing to improve our policies and practices. This latest report is a testament to the continued effort staff put in to making important improvements to the healthcare environment of our patients.

"Patient Safety is our number one priority and we have shown we are committed to providing high standards of care, cleanliness and hygiene to minimise the risk of healthcare associated infection."

## Good management of norovirus by all staff

The Board would like to thank all staff for their support and co-operation during the norovirus outbreak within NHS Borders during the 2012/13 season. NHS Borders staff, supported by the Infection Prevention and Control team, rose to the challenges this created and managed the outbreak well.

## Borders is runner-up in national midwifery awards

NHS Borders was named runner-up for the Pampers Award for Excellence in Postnatal and Neonatal Care at the prestigious Royal College of Midwives (RCM) Awards which took place in London early in 2013.

The Midwifery and Child Health Team achieved this against a record number of entries this year. NHS Borders was also the only health board in Scotland to have been short listed for an RCM award this year.

This achievement recognises the significant work NHS Borders has undertaken to improve the service it offers to newborns and their parents.

A national examination of the Newborn Course for Midwives was launched in 2004 and NHS Borders took the opportunity to fully engage with this to ensure midwives and neonatal nurses could perform newborn examinations and provide a holistic service to families. Historically, this examination was carried out by paediatricians, but women often had to wait until the evening before this could be done and they could be sent home. Now parents in Borders no longer have to wait for the 'on-call' paediatrician to examine their baby prior to discharge.

Elaine Cockburn, then Head of Midwifery and Child Health said: "We have developed our service in line with the Best Practice Statement and have a warm, well-lit room facilitating an environment which enables a thorough examination of babies. Mums are encouraged to be present during this examination, as are dads. This gives parents a great opportunity to have some time alone with the midwife or neonatal nurse and ask any questions they may have. Taking the examination away from the bedside avoids other noise and distraction and allows the parents some privacy.

"Nearly all newborn examinations are now carried out by midwives and neonatal nurses. This has enabled us to provide a more seamless, holistic, family focused service. The feedback from parents is very positive and reduces any delays in parents taking their baby home. It has also enabled us to make better use of our resources in relation to staff and the facilities."

## **Urinary Catheter 'Information Pack' to help improve patient care and safety launched**

An innovative 'information pack' will help NHS Borders improve the care and safety of all patients with urinary catheters.

This 'pack' of information and guidance has been developed by NHS Borders staff for patients and also health board colleagues. We aim to reduce the number of urinary catheters by removing them at an earlier stage and improve care by reducing infection levels.

Urinary catheters, which need to be used by some patients, can introduce a risk of infection and debilitation unless precautions are taken to manage these issues.

The 'information pack' includes:

- A catheter passport - all patients who have a catheter will carry this booklet with them. It provides advice and information for the patient, carers and staff
- A new training programme for medical and nursing staff
- Suggestions for patients on how to help prevent pain and reduce the risk of infection
- New patient information leaflets
- Information on a NHS on-line website which has been developed for NHS staff and care home staff
- A copy of the newly launched NHS Borders catheterisation policy

Mark Clark, Community Infection Control Nurse said: "This is an exciting and innovative development for NHS Borders. Catheter infection rates are no higher in NHS Borders than elsewhere however catheter infections pose a significant risk to patients and this initiative will ensure we are doing all we can to increase patient safety.

"We are keen to see a reduction in the use of catheters, improvement in care, and an increase in patient awareness and ownership of their catheter."



## Scottish Patient Safety Programme (SPSP) - Sepsis work praised nationally



The Sepsis workstream within NHS Borders has been commended nationally for its innovation and clinical engagement. The 'Sepsis 6' bundle developed as part of this work is being piloted in ward 7, and further testing is occurring in wards 4, 5, Labour and the Emergency Department. Clinicians and nurses are all responding well to the bundle.

Sepsis is a condition in which the body is fighting a severe infection that has spread via the bloodstream. If a patient becomes "septic," they will likely have low blood pressure leading to poor circulation and lack of fluid into the blood vessels to reach the vital tissues and organs. This condition is termed "shock" and is sometimes referred to as septic shock, when an infection is the cause of shock. This condition can develop either as a result of the body's own defense system or from toxic substances made by the infecting agent (such as a bacteria, virus, or fungus).

*From left: Julia Scott - Clinical Governance and Quality Facilitator, Mary Bishop - Patient Safety Assistant, Julieanne Brennan - Screening Manager / Clinical Audit Facilitator, Ed James - Consultant Microbiologist*

Sepsis 6 is a series of six actions which should be performed within one hour of a patient developing sepsis. The 6 actions are:

- administer high flow oxygen
- administer intravenous fluids
- take a sample for blood culture
- administer appropriate intravenous anti-biotics
- take a sample for blood lactate
- commence urine output measurement.

In NHS Borders, ensuring these actions are completed within the hour is facilitated through the Critical Care Outreach Team.

## Creating capacity and capability in Improvement Methodology

NHS Borders is aiming to provide capability in the workforce around improvement methodology and to ensure we increase and sustain capacity.

Ronnie Dornan (Clinical Nurse Specialist and Lead - Critical Care Outreach Team) and Dr Jonathan Kirk (GP and Associate Medical Director of Primary and Community Services) are the first representatives of NHS Borders to be successful in securing a place on the Scottish Patient Safety Programme (SPSP) Fellowship Programme.

The Programme was introduced to develop and strengthen clinical leadership and improve capability in NHSScotland in order to support the implementation of SPSP. The Fellowship Programme is led by Healthcare Improvement Scotland, in partnership with NHS Education for Scotland (NES) and NHSScotland territorial NHS boards.

The aims and objectives of the Fellowship are:

- to develop and strengthen clinical leadership capability to support the SPSP
- to contribute to the development of a long term quality improvement and patient safety culture
- to establish a learning support network for transformational leadership
- to strengthen existing collaborations within NHSScotland
- to ensure the improvement journey is a structured approach that supports individuals and teams to test, implement and spread sustainable improvement across a system

In May 2013 NHS Borders took part in the Premier-IHI (Institute for Healthcare Improvement) International Study Tour. This enabled us to showcase our work and achievements to national and international visitors who came to Borders General Hospital as part of the tour.



*Ronnie Dornan (pictured centre) as part of Sepsis work*



*Dr Jonathan Kirk pictured left) at the opening of Jedburgh Health Centre*

## **NHS Borders tackles pressure injuries**

A programme of work targeted at preventing pressure injuries developing in hospital patients in the Borders has seen some dramatic results.

The Scottish Government-funded Tissue Viability programme to tackle pressure injuries, also known as bedsores, was implemented in NHS Borders in 2011. Since then, the incidence of pressure injuries developing on in-patients has decreased by 70% in the Borders General Hospital and by 75% in the Community Hospitals. Pressure injuries are caused by a variety of factors, they cause distress to patients and can delay discharge from hospital.

A number of measures have since been introduced to help prevent pressure injuries developing during a patient's stay in hospital, including guidelines for staff on how to assess the risk of a patient developing an ulcer and the nursing care required to prevent this happening.

NHS Borders is using the new national risk assessment tool and documentation at the bedside to identify patients at risk and to ensure a plan of care is in place to prevent pressure injuries occurring. Part of this care plan is to ensure staff have access to Pressure Relieving Mattresses (PRMs), which contribute to a reduced incidence of pressure injuries. A new process has been established which has reduced the time taken for patients to receive a PRM.

The implementation of the national Tissue Viability programme will also enhance both patient care and the patient experience within NHS Borders.

Elaine Peace, Associate Director of Nursing for Primary & Community Services, and Tissue Viability Operational Lead (*pictured right with Tissue Viability Coordinator Carol Jeffery*) said: "NHS Borders was one of the first health boards in Scotland to implement the Tissue Viability programme, and we are delighted with our excellent results. The commitment and hard work of staff in clinical areas to improve patient outcomes and reduce the risk of pressure ulcers developing has been vital to us being able to achieve these results."



## Soft casting

A member of staff at Borders General Hospital has co-authored an article in a prestigious professional publication.



Adam Smith, Diabetic Specialist Podiatrist, (*pictured left*) pioneered the use of Soft-heel Casting for prevention and treatment of diabetic foot ulcers in Scotland. Now his research paper on the issue has been published in the *Journal of Wound Care*. It highlights the benefits for patients and for the service in terms of financial savings. Further research is required, including the effects of the intervention in outpatient and community settings.

Soft Casting, a new technique not used anywhere else in Scotland, 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, easy to apply and can be done anytime, anywhere.

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 dressing spend due to more rapid healing.

## STACCATO pilot goes live

A pilot has been carried out in the Teviotdale, Stow and Lauder areas to see just how effective the STACCATO tool can be in helping to prevent older people needing to be admitted to hospital or residential care.

STACCATO stands for **STow Anticipatory Care Community Assessment Tool**. It is a computer based tool originally developed by a GP, District Nurse and Occupational Therapist in Stow and is now being piloted to demonstrate the benefits of a holistic, multiagency approach to carry out assessments and develop care plans for older people.

Project Manager Lynn Medley explained: "From March until September, social care and health professionals in the target area will be working to identify older people who would benefit from anticipatory care planning and the STACCATO assessment. The assessments are designed to identify areas of current unmet need for both clients and their carers so that these can be addressed. This is done to prevent a crisis occurring and also to enable comprehensive anticipatory care planning. Overall, the aim is to avoid admission to hospital or residential care where possible.

"One of the main benefits of this assessment is that both clients and carers benefit from having been involved with the development of an individualised plan that takes their wishes and choices into account."

*Pictured from left: Paul Cormie - GP, Gill Highet-Researcher, Trish Bilslan- District Nurse, Lynn Medle- Project Manager and Dorothy Small - Social Work Consultant.*



## Extension of NHSScotland's Patient Safety Programme into Mental Health

The continuing emphasis on Patient Safety has seen the extension of NHSScotland's Patient Safety Programme into Mental Health.

We are piloting improved and safer medicines management processes for patients admitted to our Acute Inpatient Unit, and better risk assessment and management processes for patients in the Rehabilitation Unit.

Further work over the next year will see the improvements embedded into regular practice and extended to all mental health inpatient facilities as the programme gathers pace.

The continued work of the Dialectical Behaviour Therapy service for people with Borderline Personality Disorder has also helped improve their abilities to cope with distress and keep themselves safe and embark upon more rewarding lives.



# HEALTH IMPROVEMENT AND INEQUALITIES

- *We will promote and protect health and wellbeing*

## National recognition for the Early Years Team

Members of the Early Years Assessment Team, a joint service between Integrated Children's Services and NHS Borders, travelled to London in May 2012 to take part in the national BJM Midwifery Practice Awards where they had been shortlisted for Team of the Year.

Although they missed out on the top spot, the Scottish Borders team (*pictured right*) were awarded joint third along with the Knowsley Community Midwifery Team (St Helens and Knowsley Teaching Hospitals NHS Trust) and the Team of Community Midwives at Green Ark Children's Centre (Derriford Hospital, Plymouth). The overall winners were a team of Substance Misuse Specialist Midwives from Blackpool Victoria Hospital.

The awards attracted a very high standard of entries in six major categories from enthusiastic individuals and teams, highlighting excellent practice for the challenging work that midwives perform.

The Borders Team is comprised of midwives, social workers, family support workers and infant mental health workers. It was recognised for being an excellent example of multi-agency working as all families in the Scottish Borders with an identified need have support and a plan in place during pregnancy to give them and their child the best start in life.

The Team takes an early intervention approach and much of the one-to-one support provided involves teaching and preparation for parenthood. This includes group-work, breast-feeding support and the preparation of individual workbooks for each mother. Pre-Birth Planning meetings are held with families when support is required and these meetings include the mother and family as equal partners in identifying the support required in pregnancy, in preparation for the baby and the post birth period. Inappropriate hospital admissions have been reduced and the most vulnerable women are supported to access the antenatal appointments.

## UNICEF UK Baby Friendly Initiative

NHS Borders has made considerable progress with the Baby Friendly Initiative (BFI) since the implementation visit by Unicef UK in November 2011.

Following an intensive period of work by the Maternity Unit and the Community Health Partnership, both were successful in being awarded 'Certificates of Commitment' in February 2012 and went on to pass 'Stage One' of Baby Friendly in April 2012. They then went on to work towards 'Stage Two' which concentrates almost entirely on staff training. A robust training curriculum is underway with staff sessions taking place every month until March 2013





when all staff will either be fully trained or updated depending on their requirements. Following March, update sessions will run quarterly and a full training course for new staff will take place every 6 months.

The rate of exclusive breastfeeding at the 6-8 week review in NHS Borders is 32.4%. This is a significant improvement from the previous year (29.3%).

The national figure for the same time span is 26.2%. NHS Borders is second behind Lothian (33.9%) compared to the other mainland Boards.

Assessment for 'Stage Two' took place in April 2013, with the view of applying for 'Stage Three' in December 2013. This will involve the completion of all the outstanding and ongoing projects detailed on the 'BFI Joint Action Plan' which aim to improve services for women and raising the standards. This work includes the peer support programme, the breastfeeding workshops, the introduction of the new national ante natal parent education programme, and training of all staff who work in children's centres. Will also continue to invest in the breastfeeding support groups, the SureStart midwives and work on the provision of specialist support for breastfeeding mothers.



Following the publication of the policy document '*Preventing disease and saving resources*' by Unicef in November 2012, it remains now, more than ever, a priority that we increase the number of new born babies that are breastfed.

*Pictured attending the Annual Unicef UK BFI annual conference, above from left: Theresa McElhone, Scottish BFI Lead; Gaye Douglas, Community Midwife; Joan Rutherford, Health Visitor/Practice Teacher; Rachael Marples, Regional BFI Lead, NHS Borders; Barbara Jessop, Health Improvement Specialist; Jayne Turner, Health Visitor; Roslyn Brydon, Community Midwife.*

## Breastfeeding Peer Volunteers

Last July we highlighted the national breastfeeding campaign, The Feed Good Factor, being run by NHS Health Scotland on behalf of the Scottish Government. NHS Borders has taken the innovative step of recruiting seven women Volunteer Peer Supporters for breastfeeding. These volunteers will be offering support to other women who are breastfeeding their new babies and will add to the professional advice and support that all women are offered by their midwives and health visitors.

As part of National Breastfeeding awareness week these sensational seven women received their certificates from Dr. Eric Baijal, Joint Director of Public Health (SBC & NHS Borders) at a celebration ceremony at the Heart of Hawick.

Dr. Baijal thanked the women, adding: "I have been very impressed by the commitment, enthusiasm and hard work all the volunteers have brought to this project so far. I am hopeful that together we can make an impact in encouraging more mothers to breastfeed their babies and to do so for longer, so that this becomes the norm."

During the week the volunteers (*pictured left*) were also out and about across the Borders - visible in their BiBS polo shirts (Breastfeeding in Borders Support), raising awareness for Breastfeeding.



NHS Borders Healthy Living Network supported the volunteers' training.

The volunteers are very clear about what's needed and what they can offer. They have said:

*"Although breastfeeding your baby is a beautiful natural thing it can sometimes be hard. That's when you need the support of someone who has been there. That's why we wanted to become peer supporters."*

*"There are so many good reasons to breastfeed your baby, why would you choose not to? We want to help women identify their options...not to tell them what they should be doing. We want to help women to help themselves, not take control or responsibility for them."*

## Scottish Borders Learning Disability Service - ISS

The Intensive Support Service (ISS) was established during 2012, providing supported living and community outreach services to people with learning disabilities who may be in contact with, or at risk of coming into contact with, the criminal justice system. Two supported living services have now been opened in partnership with the Richmond Fellowship, which have allowed several clients to return to their home area from other services. In order to support ISS, a community forensic team has been established within the Scottish Borders Learning Disability Service. This team has input from community nursing, social work, clinical psychology, forensic psychiatry and allied health professionals.

## Scottish Borders Learning Disability Service - training for carers

Over recent years the Speech and Language Therapists within the Scottish Borders Learning Disability Service have been providing a rolling programme of training for carers. The course, 'Food for Thought', aims to provide basic knowledge of issues relating to eating, drinking and swallowing skills and difficulties experienced by people with a learning disability. The course has been run in four different towns across the Borders over the year to enable support agencies to release staff as efficiently as possible and with least impact on resources.

Through 2012, 65 carers have been trained from nine different support agencies. The following are examples of typical comments received on completed delegate evaluation sheets:

- *It has made me aware of things I hadn't considered or thought about before*
- *Really informative training*

- *Helped me to be clear on support and guidance to provide to staff*
- *Has a better understanding/knowledge of eating, drinking and swallowing issues.*
- *Really has given me “food for thought”*
- *I will be more aware of respecting someone’s dignity when supporting them to eat*

The aim is to build on the success of this course to enable carers to support people in the best possible way, ensuring that care is person-centred, safe and of a high quality to people with a learning disability in the Borders.

In 2013 we plan to:

- Increase the number of sessions to five to take in all the major towns in the Borders
- Co-facilitate the course with other members of the LD Dysphagia Multi-Disciplinary Team
- Canvas opinion from managers about their perceptions of the impact of their staff attending
- Encourage family carers to attend

## Scottish Borders staff awarded for services to speech therapy

Speech and language therapists in the Scottish Borders have won national recognition for their contribution to the profession.

The speech and language therapy team at NHS Borders won runner-up in the UK-Wide Team category at the Royal College of Speech and Language Therapists’ Giving Voice awards ceremony in London.

Giving Voice, launched in 2010, demonstrates the life changing value of speech and language therapy services. The annual Giving Voice awards celebrate the creativity and commitment of speech and language therapists.

The Giving Voice Awards’ judging panel felt the team at NHS Borders showed excellent political focus. The team’s campaigning has resulted in several visits to speech and language therapy services by politicians, including Chic Brodie MSP and Paul Wheelhouse MSP. Chic Brodie MSP subsequently asked a question about the Giving Voice campaign in Parliament.



Jane Pearn, speech and language therapist at NHS Borders said: “We are delighted to have our efforts recognised by our fellow professionals and look forward to continuing to promote the importance of communication and the value of speech and language therapy.”

Kamini Gadhok, Chief Executive of the Royal College of Speech and Language Therapists’ said: “Since the campaign launched, we’ve been astounded by the level of commitment from our members who have excelled at planning and delivering local Giving Voice activity.

“NHS Borders’ engagement with local politicians has ensured that speech and language therapy, and the needs of those with communication difficulties, remain firmly on the political agenda.”

## Deprivation and Dental Services - research in the Borders

David Clouting, former NHS Borders Clinical Director for Dental Services recently completed a piece of research entitled *Socio-economic status of patients registered with NHS dental services in Scotland: an inverse 'dental' care law?*

The study, which has been published in the British Dental Journal, was initiated by David (pictured right) and undertaken with colleagues from NHS Health Scotland - Colwyn Jones and Gerry McCartney. The aim was to see whether there was a statistically significant difference in the patient characteristics of the salaried dental service and NHS patients using independent dental services.

The key findings were:

1. More than two thirds of the Scottish population benefitted from registration with an NHS dentist in 2010.
2. The Salaried General Dental Service in Scotland has registered a more deprived population of adults and children than the Independent General Dental Service.
3. The Independent General Dental Service in Scotland displayed an inverse dental care relationship for child registrations but not for adults.



The inverse care law was proposed by a general medical practitioner, Julian Tudor Hart in 1971, who noted that: "*the availability of good medical care tends to vary inversely with the need for it in the population served*".

The results of the study suggest that overall the two services are complementary in Scotland. The Salaried General Dental Service has higher registration rates for more deprived populations and acts to reduce inequalities in access to dental care.

David suggests for future studies it would be useful to examine the influence of private dental provision as well as NHS provision. Also to examine why people register with each service, or for private dental care, and to examine psychosocial impacts of the influences that may inform choices of dentist amongst different groups of the population.



## Legal Highs Programme 2011/13

### Background

As part of partnership working with the Safer Communities Partnership, the Alcohol and Drugs Partnership (ADP) has rolled out a programme of work to increase awareness of the risks of legal highs, provide safety information and details on how to access the support services available. From 2011 to date there have been 26 recorded admissions to Borders General Hospital where a patient has said they have taken a 'legal high'.

### What are legal highs?

Legal highs are substances which give similar effects to illegal drugs such as cocaine and ecstasy but are not controlled under the Misuse of Drugs Act.

Although they are marketed as legal this does not mean they are safe and they can carry serious health risks. The chemicals contained in legal highs have in many cases never been used in drugs for human consumption so they have not been tested to show that they are safe. Users can never be certain what they are taking and what the effects might be.

### Work Programme

A range of activities were undertaken within the work programme:

- A poster campaign was delivered over the festive period within pubs and clubs in the Scottish Borders highlighting risks of using legal highs and where to access support.
  - As a result of the poster campaign there were 56 hits to a website for safer information through the use of a scan code for smart phones.
- Training was delivered for specialist drug and alcohol services, primary care teams and police on emerging trends and how to effectively respond, treat and engage with people using these substances.
  - Prior to training, 94% of participants rated their knowledge poor/fair
  - After training 97% of participants rated their knowledge good/excellent
- 4 individuals completed 'training for trainers' in legal highs to allow them to be able to cascade training to a wider audience. Since April 2012, 29 sessions have been delivered across various settings including:
  - Scottish Ambulance Service
  - Fire Service
  - Registered Social Landlords
  - Residential Children's Unit



From left: SBC Leader David Parker; Superintendent Andrew Allan (L&B Police); Dr Eric Bajjal, Joint Director of Public Health, NHS Borders/SBC



- Emergency Department
  - Red Cross
  - Mental Health
  - Teachers
  - Fresher's Fayre
- 
- Outreach work was done at a local nightclub to provide information on risks of legal highs and sexual health.
  - Further funding provided by Police Prevention Fund allowed a seminar with 102 participants from more generic services including Education, Licensees, Police, Ambulance Service, Mental Health.
  - A New Drug Trend Monitoring Forum has been established to monitor any new information on drugs and trends. Membership includes representatives from Scottish Drug Enforcement Agency and Crew.

*Future plans*

During 2013 community engagement events will be delivered across Scottish Borders to raise awareness of Legal Highs

# PERFORMANCE AND DELIVERY

- *We will deliver high quality services that meet local and national performance targets and deliver continuous improvement*

## Benefits of the BGH's Enhanced Recovery Programme

Patients undergoing orthopaedic surgery at the BGH are experiencing the benefits of an Enhanced Recovery Programme - the first of its type for a general hospital in Scotland.

A project team at NHS Borders involving nurses, allied health professionals, healthcare workers, doctors and managers introduced a programme for 'Enhanced Recovery' (ERAS) with support from the Golden Jubilee National Hospital in Clydebank, as a means to improve the experience for patients having hip and knee replacements. *Some of the team are pictured from left: Dr Ali Mehdi-Consultant Orthopaedic Surgeon; Ian Crawford -Patient Rep; Damon Sommerville, Senior charge nurse; and Dr Nigel Leary Clinical Lead for Planned Care.)*

This new process enabled better recovery after surgery by reducing pain and the need for procedures such as blood transfusions and urinary catheterisations, allowing for walking on the same day as operation. As a result, patients could go home as early as 1-3 days after their operation.

This teamwork brought about a reduction in recovery time for most patients from six days - which was amongst the longest in Scotland to three days - amongst the shortest. The ERAS programme allowed standardisation of care enhancing patient safety. Cancellations of surgery were reduced to a minimum by a standardised anaesthetic assessment two weeks before the operation in a special nurse led clinic. This special clinic also prepared patients through a 'hip and knee school' delivered by physiotherapists and occupational therapists. This school prepared patients to be moved by the orthopaedic ward nurses on the day of surgery. Unique to the Borders, 80% of patients walked with the aid of nursing staff for the first time.

The project team was coordinated by a facilitator who implemented the ERAS programme through an approach called 'LEAN' - a tried-and-tested service redesign tool used by many large organisations. LEAN is now being applied in several services across NHS Borders.

The team applied principles of continuous improvement to sustain any changes made through the redesign - the success of which is dependent on the commitment and engagement of all staff involved, as well as the changes identified and implemented by those who are actually doing the job.

All these measures provided patients with greater empowerment for informed decision making resulting in high satisfaction.



The success of the programme is being confirmed in feedback from an ongoing patient satisfaction questionnaire in Orthopaedics. Patients appreciate the rapport they have with ward staff and their overall experience of the ERAS programme continues to be extremely positive.

More than 95% of patients reported that they were highly satisfied overall with their stay in hospital. Over 85% of patients said they progressed quicker than they thought they would after their operation, and many had a more positive experience than previous surgical procedures.

Dr Ali Mehdi, Consultant Orthopaedic Surgeon, who began this process with his patients, said: "The enhanced recovery process demonstrates that a focussed team approach, involving NHS Borders in embracing shared objectives, improved patient experience. Apart from benefitting individual patients, the enhanced recovery project has benefitted patients as a group in the local area by creating the ability to deliver quicker local care in a safe environment. It has made the delivery sustainable in the long term for the local community. At a national level, this has enabled the organisation to offer this service to patients from adjoining health boards."

Dr Jonathan Antrobus, Consultant Anaesthetist said: "Implementing this project was a challenge as it required nurses, doctors and allied health professionals to embrace a new way of working. However, this has helped patients benefit from better pain relief, better rehabilitation and a shorter recovery."

Damon Sommerville, Senior charge nurse on the orthopaedic ward added: "The whole process demonstrated and continues to demonstrate that all staff working together to a common goal has real benefits for patients."

Following the success of ERAS in orthopaedic surgery, the principles of the programme have now been applied to other types of problems such as hip fractures, which are an issue for the elderly population. This programme is also the first of its kind in Scotland.

## **NHS Borders leads the way in the prevention of fractures**

NHS Borders is taking a lead in some areas of advanced fracture identification.

Dr Andrew Pearson, Consultant Radiologist with NHS Borders said: "It has been recognized throughout the UK that NHS Borders is taking a leading role in this area, improving the effectiveness of fracture prevention by running the Fracture Liaison Service from within Radiology. In other areas these services are usually run separately and Radiology has a smaller role in this important work."

Dr Pearson added that national audits on the Service also place NHS Borders ahead of many other Health Boards with the percentage of at-risk patients identified and treated in order to reduce the risk of further fractures.

"There are many excellent and effective treatments available and our aim is to identify patients with osteoporosis and begin treatment in the hope of preventing fractures occurring," he said.

Osteoporosis indicators are now included in the Quality and Outcomes Framework (QOF) which is part of GP contractual arrangements and rewards practices for how well they care for patients based on their performance against such indicators. Boards are also encouraged to adopt a Fracture Liaison Service model for systematic secondary fracture prevention.



Dr Pearson (*pictured left*) said: "Although this is a new initiative for many boards, NHS Borders has had such a system in place for around 10 years, and a national audit demonstrated that Borders was well ahead of most of the rest of the country in picking up and treating these fractures.

"Osteoporosis is diagnosed by DEXA scanning, and it is important to identify patients likely to be at risk, in order to offer them scans. Some patients can be identified through risk factors such as poor diet, lack of exercise, hormone problems, family history, background medical conditions and taking many prescribed medications which are in common use. We are also looking at ways in which we can work closer with GPs in the management of osteoporosis patients."

Recently NHS Borders has further increased its service to include:

- Bone Health assessments on all patients admitted to BGH with hip and other fractures
- Appointment of an Osteoporosis Specialist Nurse to run specialist clinics, administer treatments and work with other healthcare professionals in the prevention and treatment of Osteoporosis
- Osteoporosis assessment and treatment clinics in Peebles, Hawick, Eyemouth, Duns and Kelso
- Close integration with Radiology has opened up opportunities for many at risk patients to be identified and treated, who would otherwise go undiagnosed. NHS Borders' model has generated considerable interest in other parts of the country, where attempts are being made to develop similar systems
- Development of injectable therapy clinics for patients unable to take oral treatments
- Installation of an advanced Borders wide database for holding records and following-up on our osteoporosis patients

### **Delivering an appropriate Hospital at Night Service for paediatrics to support sustainability of service provision**

Locally, we continue to invest in our children's and maternity services to ensure we can provide safe, effective and high quality care. We have developed an innovative model to support the continuation of overnight paediatric services. This involves developing the skills of paediatric and neonatal nurse practitioners to create a service that will be sustainable.

## **Improving the pre-admission process and increasing day case rates**

Within our Pre Assessment Clinic (PAC), our system is acknowledged as one of the best in Scotland with other Health Boards looking to implement in a similar way.

Developments in the PAC have contributed to a reduction of cancellations on the day of surgery from 11% to 2% and have also contributed to Borders General Hospital having the shortest length of stay for joint replacement in Scotland.

The developments that have taken place to allow this include the introduction of screening clinics to PAC, and standardisation of the documentation across all specialities within planned care. All adult patients requiring surgery following their Out Patient appointment with a Consultant surgeon will be screened by a nurse to determine which pathway they will go on. These are:

- Fit to proceed to surgery
- Diagnostics required before decisions are made
- Requires a formal clinical assessment in PAC.

The PAC Sisters Angela Lowe and Karen Haughey have facilitated the changes required to accommodate the extra throughput of patients to the PAC, and extra staff have been required. The number of patients attending the PAC has gone up from 1,054 patients in 2011 to 1,716 in 2012. This is an increase of 62.8%

Other areas are looking to introduce screening in their PACs as it is an effective way of utilising resources as not all patients will require a full clinical assessment.

More developments are planned for the future. A workforce review has taken place and benchmarking with two other health boards has also been completed.

## **Planned Surgical Admission Unit at BGH proves a success**

For more than 18 months patients admitted to the BGH on the day of their surgery have been benefitting from a dedicated admission area specifically designed for their needs.

Following a six month programme of work to completely redesign the ward area, the Planned Surgical Admissions Unit (formerly Ward 8) in Borders General Hospital opened its doors to patients in March 2011. It 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. Patient safety and quality of care are the core factors in the operation of the Unit.

Catering for 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.



The Unit 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.

An average of 18 patients per day are treated by the specialist Unit, and the aim is to cater for 2000 day case patients per year. In the first year of operation the Unit has already contributed to a 135% increase in orthopaedic day cases. This also means that the number of elective inpatients staying overnight has reduced, as patients are treated as day cases where medically appropriate.

Achievements include a reduction in the length of stay for patients so they are able to go home sooner; time released for ward staff to provide patient care; a reduction in cancelled procedures; reduced pressure on surgical and orthopaedic beds, and an overall improvement in patient and carer experience.

Brian Rintoul, Charge Nurse, said: "The ward staff have been delighted to receive positive feedback from patients who have been admitted to the Unit, and have felt the benefits of the improved environment themselves too."

The redesign work to create the Unit has also been recognised nationally, with the team invited to present a poster outlining the background and achievements at an event for NHSScotland staff in Glasgow in June 2012.

*Pictured from left; Consultant Surgeon Martin Berlansky, Staff Nurse Lindsey Moffat, Auxiliary Nurse Bridget Stephenson, Staff Nurse Caroline Wood.*



## Eade Endoscopy Unit goes from strength to strength

The Eade Endoscopy Unit, which officially opened in June 2010 at the BGH, is going from strength to strength.

The £2.4m unit replaced a previous unit opened in June 1997 and more than doubled the capacity of the existing space. It also offered many improvements over the old unit, including two scoping rooms, larger waiting and recovery areas, patient changing areas, increased office and reception space and improved staff facilities. It also provides two preparation and admissions rooms, a clinical room and a quiet room which were not previously provided.

With activity in the unit rising over the last past decade and more than 2,600 procedures are carried out each year, the need for a new unit was obvious. There has also been the introduction of Bowel Cancer Screening Programme as well as new decontamination requirements and patient and staff facilities that meant the existing unit was not fit-for-purpose or able to accommodate any increased activity.



The Unit was named after and opened by Dr Oliver Eade. Dr Eade worked at the old Peel Hospital from 1980-1988 and then at the BGH from 1980-2003 as a consultant physician with a specialist interest in Gastroenterology. He introduced the specialty of gastroenterology to the Borders. He oversaw the development of endoscopy facilities from a cramped side room in Ward 4 to the current single room facility. Latterly, he was also head of the Department of Medicine.

With an improved software package (Unisoft), the Endoscopy Service is now able to generate good audit data which clearly demonstrates the effective, safe and person-centred care it is delivering. The service has a rolling programme of six monthly and yearly audits covering many aspects of the service from comfort of the procedure, decontamination standards to how well the unit cares for its staff.

National standards for the audits, set by the Joint Advisory Group for Endoscopy or 'JAG' and the British Society of Gastroenterologists, are measured by audit against a specific standard, or through the collection and completion every six months, of a scoring system called Global Rating scale, which grades performance from D (basic provision) to A (the best possible) in Clinical Quality, Quality of Patient experience, Workforce and Training

Clinical Quality covers aspects such as consent for procedures; safety, comfort and quality of the procedures as well as the use of appropriate guidelines and the ability to get our reports out to the referrers in a timely manner.

NHS Borders scores well in this area with almost straight A's. Individual audits we have done have looked at our comfort scores and completion rates and demonstrate we are providing high quality, safe and comfortable procedures.

An audit of drugs used to reverse oversedation (Flumazenil) reveal that we are carrying out these procedures without having to use more sedation and risk oversedating patients while the recent introduction of Entonox as analgesia for colonoscopy has been well received by patients.

Quality of Patient Experience looks at how easy it is to access our services; the layout and environment of the unit and the time waiting for procedures. It also measures our patient's views of the service. Our scores reveal we need to improve in some of these aspects, so work is ongoing to look at the layout of the unit so that separation of the sexes can be improved. A regular patient questionnaire, also generally gives high praise of the service and the staff.

Waiting times for some of our procedures are very good, such as an upper GI Endoscopy referral with symptoms suggestive of cancer will have an appointment within two weeks or less. Colonoscopy waits are longer, although excellent work has been done in the last year to bring our surveillance colon waiting times back to within an acceptable timeframe.

The Eade Endoscopy unit has a very skilled and settled workforce who feel valued and cared for. Staff turn over is very low. They are trained using a competence framework and all new staff will have a designated mentor responsible for assessing and signing off training. Staff are encouraged to

participate in service development, training needs and audit and some will present their data at an annual team review day and at regular meeting forums.

Staff are encouraged to complete a staff Q&A each year which covers such things as training provision, work/life balance, support and accessibility of line manager and the findings are discussed within the team to help identify training needs and to maintain staff morale.

A measure of the high regard with which the team in Endoscopy is held by our patients is evident from the positive comments received in comment boxes and patient feedback.

The unit has a stand alone decontamination unit managed by the Senior Charge Nurse who this year received a City and Guilds Qualification in Decontamination management. There is a small team of HCA's who carry out decontamination applying nationally recognized standards. These standards are audited each year and demonstrate safe systems of work with suitably competent and well supervised staff.

Bowel screening forms a large part of the work in the unit and as this is a national screening programme it is closely scrutinized and measured against predefined standards. The findings from the audit of 2012 figures show:

- The number of positive tests continues to be higher than expected from pilot data. This is due to the increased positivity in the 70-75 age group which was not considered when the extrapolation from pilot data was made.
- Pre-Assessment stage continues to work well seeing patients without delay.
- High quality colonoscopy has been demonstrated.
- Achieving the target waiting time for colonoscopy remains challenging. Borders Health Board is performing well compared to other boards
- The bowel screening programme is delivering the expected benefits to the Borders population.

Gastroenterology Specialist Nurses are based in Endoscopy where they have a treatment room. The Gastroenterology Nursing Service provides a wide ranging service to Borders patients with Gastrointestinal disease. It provides a flexible, nurse led service that puts patient's needs and safety first, working within national and local protocols/guidelines.

Whilst mainly an outpatient driven service, it provides support and information to inpatients within the service who may be suffering from Gastrointestinal Disease, and patients with nutritional needs that may require enteral nutrition support.

## Simulations Putting Patient Safety First

A major drive for improved patient safety has seen NHS Borders build on simulation based education techniques.

The simulation sessions provide opportunities to refine skills, behaviours and understanding required for effective team work and improved patient care in a safe, non-threatening environment. Advanced human patient simulators (HAL) have the ability to speak and mimic medical conditions exposing health care professionals to some of the challenges of patient care. The simulation sessions are filmed and recorded, allowing staff to analyse their performance. To cover all ages of patient care we have advanced patient simulators from neonate to adult and also obstetrics.

We are now taking the simulations out of the clinical skills laboratory and into the clinical areas such as Dentistry, Endoscopy and CT Scan, allowing staff a very realistic experience to enhance patient care.



## Dementia nurse champions

Two NHS Borders nurses, Scott Murray and Diane Keddie (*pictured left*), took part in the first Dementia Champion training programme, which was commissioned by NHS Education for Scotland and the Scottish Social Services Council.



Diane, Operational Manager DME, and Scott, Psychiatric Liaison Nurse who were amongst the 93 participants who graduated from Scotland's first ever Dementia Champions Programme

In partnership with the University of West Scotland, Alzheimer Scotland designed and delivered the programme to prepare these nurses from acute services as dementia champions and leaders of change. They now work with families and colleagues towards ensuring people with dementia have a much improved experience in our local hospitals and, wherever possible, return home in a planned and supported manner.

A number of other NHS Borders nursing staff from the BGH and Community Hospitals will be taking part in the second round of Dementia Champion training during 2013.

## Developments in Child and Adolescent Mental Health Services

The Child and Adolescent Mental Health Service welcomed the arrival of a new consultant and further investment in team staffing with additional psychology and nursing time. This has meant that the team has been able to deliver a more age-appropriate service to patients aged 16 and 17, bringing NHS Borders into line with most of Scotland. At the same time it has been possible to deliver a remarkable reduction in waiting times to less than 18 weeks - well ahead of most other services around the country. The Assertive Outreach Team has also been developed and is able to deliver intensive support to youngsters with serious mental health issues so that unnecessary admissions to hospital are avoided.

## New Supported Accommodation opens in Galashiels

After several years of planning, the Rehabilitation Psychiatry service, in conjunction with partners in SBC and the voluntary sector, celebrated the opening of new Supported Accommodation in central Galashiels in March 2013. The development of "Core and Cluster" intensively-supported tenancies will allow people with long-term mental health problems to leave hospital and provides opportunities to develop better lives and leisure activities in a safe and familiar setting.

## Changes in Addiction Services

Addiction services have seen considerable change in the last year, with the appointment of a new Consultant Psychiatrist, Team Manager and several nursing staff. More community work is being undertaken, with waiting times for a first appointment dropping below three weeks for almost all referrals and Brief Alcohol Interventions exceeding all expectations. Options for substitute prescribing have broadened considerably for people attempting to change their lifestyles and address their substance misuse. The Borders has also been recognized as the national leader in the provision of Naloxone kits, saving lives by ensuring that the antidote for opiate poisoning is close at hand for those who struggle with dependence.

In brief...

## Planned Care key achievements

- Eye Centre - NHS Borders is the only board in Scotland which has consistently met its waiting times for Cataract's since the commencement of 'waiting times'.
- Senior Charge Nurse Betty Williamson from the Eye Centre was honoured in this year's 'New Years Honours' list for services to Ophthalmology, Betty was awarded the 'Empire Medal'. Congratulations to Betty for this achievement.
- In the latter part of 2012, under the clinical leadership of Senior Charge Nurse Helen Pearce, we have added to the department with the opening of a dedicated Orthopaedic Outpatient Site on the Ground floor adjacent to the Endoscopy Suite.

## Mental Health key achievements



- The commencement of a multiagency Scottish Borders Autism Strategy Group (following the publication of the National Scottish Strategy for Autism in November 2011).
- Launch of the MHOAS Liaison Nurses working within Community Hospitals and Care homes as part of the redesign of Older Adults in Mental Health services

### BGH key achievements:

- Review of out of hours service in theatres
- Taking on additional work from Lothian for Orthopaedics and gynaecology.
- Service redesign of orthopaedics
- An agreement with Lothian to undertake colonoscopy work for Lothian patients.
- Introduction of an ambulatory care service linked to Emergency Department
- Impressive length of stays for most specialties that are amongst the best in Scotland
- Delivery of the Treatment Time Guarantee target
- Opening of two paediatric HDU beds
- Repatriating Borders Patients to BGH for local treatment and care.
- Success of the professional to professional line, between Scottish Ambulance Service to BECS out-of-hours, to reduce unnecessary patient journeys to BGH out of hours

### Keeping to a capital plan

The main focus of capital work at the start of 2012/13 was the completion of Jedburgh Health Centre, enabling and construction works on Lauder Health Centre, and our ongoing rolling programmes as well as backlog maintenance.

However, as a result of accessing additional capital resources, in the latter part of the financial year we have been able to take forward a number of priority schemes.

### Keeping the finances in order

In revenue terms during 2012/13 there have been a number of financial pressures, particularly linked to referrals outwith Borders and operational issues within the acute sector, principally in the Borders General Hospital, which the organisation worked hard to address.

One of the key elements of achieving financial balance is the delivery of efficiency savings. This is an area where we have made good progress, and by the end of



December NHS Borders had fully achieved the efficiency target of £5.9m. Within this total, the recurring element of £3.9m has also been fully achieved.

NHS Borders has worked hard to reduce its reliance on non recurring funding over the past few years and plans have been actioned to address the recurring deficit. This means that, in recurring terms, at the 31<sup>st</sup> March 2013 NHS Borders returned to a balanced position. Subject to audit, we will achieve our financial targets for 2012/13 due to the hard work and commitment by all staff across the organisation.

# PROCESSES AND STRUCTURES - EFFICIENCY AND GOVERNANCE

*- We will develop services and structures that deliver the right thing, first time, every time.*

## The Margaret Kerr Unit

The Margaret Kerr Unit Appeal was the fundraising campaign set up to raise the £4.113 million required to build an in patient specialist palliative care unit at the Borders General Hospital. Until this purpose built unit opened to patients on 7<sup>th</sup> January 2013 Borders was the only mainland health board area in Scotland without a facility of this nature for patients with incurable disease. Instead, patients requiring specialist treatment for distressing pain and symptoms, and those receiving end of life care were treated in an acute ward of the BGH, co-located with stroke patients. It had long been recognised that this situation was far from ideal.

In 2010 details emerged of a bequest from the estate of the late Miss Margaret Kerr MBE, a nursing sister who had worked at the City Hospital in Edinburgh for many years. The substantial funds (in excess of £700,000) were to be made available to NHS Borders Endowment Funds, if the Board decided to build a palliative care unit or 'hospice'. Following an option appraisal process a recommendation to build a dedicated 8 ensuite bed in-patient palliative care unit linked to the main hospital was put to the Board, and was accepted on the basis that the full capital cost be raised by charitable funds. For its part, NHS Borders agreed to fund the revenue costs once the unit became operational.

### *Miss Margaret Kerr MBE*

The Margaret Kerr Unit Appeal was a unique project and a first for NHS Borders. Never before had a fundraising appeal of this scale been undertaken for the benefit of the organisation, and never before had an appeal of this nature been run by the in-house Fundraising Manager using 'the difference' brand. The project became the main focus of NHS Borders annual fundraising plans between 2011 and 2013 with the key objectives of:

1. Securing £3.1m of firm pledges before the 30<sup>th</sup> June 2011 Board meeting.
2. Co-ordinating the draw-down of pledged funds, in line with the funding requirements of the project plan.
3. Planning, launching and coordinating the Margaret Kerr Unit Public Fundraising Appeal to raise the final million pounds required for the new unit by April 2013.

Key funding partners; WRVS, Macmillan Cancer Support, Callum's Trust, The Lavender Touch and The Friends of the BGH were approached, and alongside pledges of financial support from major charitable trusts including The Robertson Trust and the Hugh Fraser Foundation, in excess of £3.1 million was secured by June 2011.



The public fundraising appeal to raise the 'final million' pounds required for the unit was launched on 1<sup>st</sup> September 2011. The response to the appeal was overwhelming, with donations received from across the Borders and beyond. In June 2012 the half way mark was reached, and in December 2012, less than 16 months after launch and 3 months ahead of schedule, the final million pound target was reached and exceeded.

The Margaret Kerr Unit started taking patients on 7 January 2013, but it was officially opened by HRH The Duke of Gloucester on 16 May 2013.

## NHS Borders Stroke Unit opens its doors to the public

The refurbished NHS Borders Stroke Unit at Borders General Hospital is now open for business. The refurbishment of the hospital's Stoke Unit, was carried out at the same time as the building of the Margaret Kerr Unit, and aimed to address issues of patient-mix, continuity of care, and clinical risk as well as enabling us to deliver patient-centred care to the level we wanted for stroke patients.

Recognising that the existing model of inpatient specialist care created significant challenges for us, staff worked hard to identify the most suitable solution to improve the environment for Stroke Patients within the BGH.

Sandi Haines, Stroke Nurse Specialist for NHS Borders (*pictured right with former stroke patient Tim Pilcher*) said: "We now have a modern unit, dedicated to meeting the needs of stroke patients, which will greatly improve patient care for Borders patients."

The previous unit contained both stroke and palliative care patients. The new stroke unit has taken over the foot print of the whole previous ward and palliative care patients have moved to the Margaret Kerr Unit.

The ward now consists of six side rooms, each with ensuite, electronic doors to the bath room, electronic hoisting equipment and new small bay windows to increase the light into the room. The unit aims to cater for about 12 patients but can be flexible to accommodate busy periods.

*Pictured from left; Jamie Thompson - Stroke Coordinator; Sandi Haines- Stroke Nurse Specialist; former stroke patient Tim Pilcher; Catherine Duthie, Deputy Chairperson and Non Executive on NHS Borders Board, Consultant Susan Kerr and Consultant Physician Paul Syme.*





## Out Patient and Mental Health redesign and refurbishment

NHS Borders was fortunate in securing additional capital funding of about £2.8million to bring forward schemes that we had in the pipeline.



Part of a programme of planned alterations to the Borders General Hospital has been a long needed upgrade of our outpatient department, which has had only minor changes since the BGH was built. The original is now cramped and unsuitable accommodation for the work of a modern out patient department and it limits procedures that can be offered. It has a confusing layout and creates environmental challenges for both control of infection and older people. There are increasing and ongoing issues around access for those that are frail or physically unwell. This means that the location and layout on the first floor is no longer sensible for the busiest department in the hospital. The available funding means that we can move the department to a central, ground floor location rather than simply carry out a more modest redecoration of the existing department.

The move to the ground floor allows the integration of Audiology (currently split over two floors of the hospital) and Physiological Measurement (which provides diagnostics, an essential part of the patient journey) into the department as well as offering dedicated Dermatology, ENT (Ear, Nose and Throat) and Procedure rooms. We will be integrating the department with a new approach which includes an easier to follow sign posting system, self check-in facilities and rationalising the number of reception points within the BGH. The modern and flexible

accommodation will provide a greatly improved and much more accessible environment with wider corridors and doorways, improved décor and greater efficiency as well as an expanded range of treatment options.

This move requires a re-location of our Physiotherapy and Occupational Therapy facilities to a new integrated Rehabilitation area, also on the ground floor. Whilst this does mean that the gym facilities have moved, services are still being provided with new approaches being developed on an ongoing basis. The further integration of Physiotherapy (with more individual and confidential treatment space) and Occupational Therapy builds on the success model of integration already initiated in other parts of the Borders (e.g Hawick, Kelso and Peebles). As part of our ongoing service improvement we intend to review all Physiotherapy services with a view to making them more community based where appropriate. Included within this is Hydrotherapy (a treatment option for rehabilitation).

The speed of the project had been demanding in terms of consultation with staff and public and identification of alternative accommodation for some services. The Hydrotherapy facilities in the BGH, though used by a relatively small number of patients each year, are greatly valued. Through reviewing Hydrotherapy needs and provision in the Borders we have been developing a number of alternatives for re-provision in partnership with patients, public representatives and staff. These groups have been meeting to discuss and develop the options since November last year and we have valued their engagement and contribution throughout this process.

The outcome of a non-financial option appraisal has now taken place with active participation from staff, public and service users to assess the options based on a standardised criteria, including patient safety and equity of access. The outcome of this appraisal, along with the financial appraisal, was shared and discussed with both the public involvement and staff focus groups before being presented to the Board in April.



Another scheme to benefit was the upgrade and refurbishment of Huntlyburn House, the Acute Psychiatric Unit site in Melrose adjacent to the BGH. Although the major works required inpatient care to be transferred temporarily to Wilton View in Hawick, the improvements will mean the ward will be a much higher quality environment, with 19 fully ensuite single rooms, day spaces and garden facilities when it opens in June 2013. The improved observation and enhanced patient safety features should ensure a much better environment within which to provide quality care in the years ahead.

The temporary use of Wilton View has only been possible because of other developments in inpatient and community services for the elderly with mental health problems. Following the success of the Poynder View pilot scheme in Berwickshire, further expansion of the Mental Health Older Adult Service (MHOAS) community team has meant that long-stay hospital care for people with Dementia can now be provided in a single purpose-built ward in Melburn Lodge, in the grounds of the BGH. The increase in community staffing should, in time, deliver better care for more people in their own homes with improved support for carers and patients in residential care and nursing homes.



## Refurbished Jedburgh Health Centre officially opens its doors



Jedburgh's refurbished health centre officially opened its doors in March 2013. (Pictured are SBC Councillor Sandy Scott (left) who opened the Centre and NHS Borders chairman John Raine)

The opening, following 18-months of work and more than £2.6 million worth of investment, marks the start of a new era for the staff who provide a range of services for 6,500 patients across 140 square miles.

The newly redesigned Health Centre provides a far greater range of services than the original health centre was able to offer. Around 60 people are based on-site, with others visiting to provide specific services. Just a few of the services available are GP and practice nursing services, podiatry, physiotherapy, district nursing, health visiting, school nursing, speech & language therapy, dietetics, lifestyle advice, psychology and mental health services.

Opened in 1970, Jedburgh Health Centre was the first purpose-built Health Centre in the Borders. It then housed three GPs, a District Nurse, a part-time Practice Nurse, a part-time Health Visitor, a part-time Physiotherapist, Dentistry and space for visiting consultants.

Dental Practitioner Tricia Granger, speaking on behalf of staff who work in the building, said: “We are a multi-disciplinary team. We can integrate and share the care of everyone who walks in the door. This means we get care to the people who need it quicker and with more complete information. All patients have access to a range of staff and the centre has a real family feel to it.”

## Redesign in Dementia Services

Scottish Borders Dementia Strategic Partnership Group invited the public to find out more about local dementia services by attending drop-in sessions when it launched its redesign strategy in October 2012.

### *Background*

- In 2007 Scottish Borders Council, NHS Borders, Alzheimer Scotland, Borders Voluntary Community Care Forum, people who use the services and carers developed a Dementia Strategy for the Borders. This Strategy looked at how dementia services are most effectively delivered in the Borders.

The Scottish Government then launched the National Dementia Strategy in June 2010 followed by the launch of the National Dementia Standards in June 2011.

### *What's happening now?*

A project group was established in the Borders to deliver three agreed priority areas in order to support people through their journey with dementia. This work aims to:

- Maintain and improve the health and well-being of people with dementia and their carers.
- Deliver services in line with evidence about what works well to improve care and well-being for people with dementia.
- Minimise unnecessary barriers so that people with dementia can receive the right support at the right time, at the right place by the right person.
- Ensure that all organisations work together to improve outcomes for people with dementia and their carers.

The three priorities in the project are:

1. Develop an Integrated Care Pathway so people with dementia and their carers, wherever they live in the Borders, will have equal access to a consistently high quality service and support to achieve their outcomes.
2. Meet the Scottish Government national target to ensure people who have dementia are able to access early diagnosis and support.

*Pictured from left: Calum Campbell- NHS Borders, Chief Executive; Kate Fearnley of Alzheimer Scotland; Christine Stewart, partner of dementia sufferer Ian Potts; Ian Potts; and Andrew Lowe - Director of Social Work for SBC*



3. Redesign services to:
- reduce the need for people to have to go into hospital when we can support them at home.
  - build strong community and day services.
  - improve people's access to support and achieve their outcomes.

In May 2012 NHS Borders Board approved the Dementia redesign proposal. This means all in-patient complex care for people with dementia will be based at Melburn Lodge on the BGH site. There is also substantial re-investment of resources into community and resource centre services.

The redesign of NHS Borders services is based on the model which was piloted in the Eastern Borders. This approach focuses on supporting people where they live and working together with families and care teams to provide the best possible support package. People who live in all parts of the Borders should be able to access a high quality level of support.

## Improving the way we run our outpatient services

As part of the "Outpatient Redesign Programme" NHS Borders is introducing a number of improvements to the service offered to patients attending outpatient appointments.

### *Text/Voice Reminder Service*

We aim to get better at how we agree appointments with patients, and how to help patients attend appointments. This includes looking into extending the operational day for our booking team to enable appointments to be offered and amended in the evenings as well as during the day. We are exploring the potential of providing information to patients on public transport so they do not have to drive themselves to appointments. We are also looking at how we can minimise the occasions on which agreed appointments have to be rescheduled.



The first of these initiatives was the introduction of an appointment reminder service in October 2012. To help patients keep their appointment, or cancel it, patients now get a call, reminding them of their outpatient appointment. This service alerts patients to their appointment and encourages them to contact us to rearrange, if they are unable to attend. If we reduce the number of people who miss their appointment, we will be able to see more patients and our clinicians will be better placed to spend their time seeing patients.

### *Patient Centred Booking*

We ran a pilot earlier in 2012 for general medicine and gynaecology appointments where, rather than issue the patient an appointment by letter, patients have been contacted by phone to agree a suitable date and time for their appointment.

The pilot has proved to be generally quite successful and appreciated by most patients as they can agree an appointment that best suits them, and there is also seen to be a reduction in DNAs. We are in the process of assessing how and to what extent this should be taken forward and will keep staff informed about this.

### *Self Check-in*

A self check-in pilot is being planned where it will be possible for patients to self-arrive using touch screen kiosks. The kiosks will be sited in the Main Foyer and near the Main Outpatient Department at the BGH. It is expected that this will improve the patient arrival to the hospital and reduce the likelihood of them having to queue, whilst also prompting them for any changes to their address or telephone number.

### **Electronic Diagnostic Requesting & Results**

Phase 1 of our new Patient Management System Trakcare went live in November 2012. This year we built on that by implementing electronic ordering of labs, radiology and physiological measurement tests within Borders General Hospital. The new system allows clinicians to make a request in Trakcare and for the request to be sent electronically to the lab or radiology departments. It allows everyone to see what tests have been ordered for a patient and when they have been completed a message is sent back to Trakcare so they can see what the result is. This helps to ensure that extra unnecessary tests are not ordered and provides a clear record that results have been reviewed by clinicians to decide on appropriate treatment.

We have provided mobile computers to make it easier for clinicians to order tests from the most appropriate place in a ward or in a clinic, which might be at the patient bedside during a ward round. This has been a very significant project where Information Management and Technology teams have worked alongside clinical teams to ensure that the application performs correctly and supports them to deliver clinical care.



# SUMMARY

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



This End of Year report is a snapshot of activity that has happened within the organisation and I appreciate that there are other areas of work and projects which have not been included.

The achievements highlighted here 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.

There are a number of areas we are performing well in and should quite rightly be proud of.

NHS Borders has consistently exceeded the 90% target for 18 Weeks Referral to Treatment, in both the number of pathways linked and the combined performance of those linked pathways, over the last 12 months.

Ongoing initiatives are being launched to bring greater focus on achieving the 4 Hour A&E Target. Although the target has only been achieved in three out of the previous 12 months, NHS Borders has been higher than the Scottish average for nine out of the 12 months.

NHS Borders achieved both of the health care associated infections targets in 2012/13. The Staph aureus bacteraemia target has continually been within trajectory and achieved green status throughout 2012/13. A prevention of CDI group was established to provide focus on actions and interventions to support further improvement and ensure the target was achieved.

The overall eKSF target for NHS Borders of 80% was achieved in March 2013. With the exception of Mental Health, it indicates a condensed timescale for completion of KSF reviews at the end of the year.

A number of capital projects have also been delivered or begun in the last year, which are further evidence of our efforts to improve services and facilities for patients and staff.

NHS Borders was fortunate at the end of last year to secure additional capital funding of about £2.8million to bring forward schemes that we had wanted to deliver for some time.

Part of a programme of planned alterations to the Borders General Hospital has been a long needed upgrade of our outpatient department, which has had only minor changes since the hospital was built. The available funding means we can develop modern and flexible



accommodation which will provide a greatly improved and much more accessible environment with wider corridors and doorways, improved décor and greater efficiency as well as an expanded range of treatment options.

Another scheme to benefit was the upgrade and refurbishment of Huntlyburn House, the Acute Psychiatric Unit site in Melrose adjacent to the BGH. Existing mental health facilities at Huntlyburn House were not fit for purpose and were recognised as the biggest clinical risk that NHS Borders has been carrying in relation to its accommodation for many years. The scheme addresses this risk for a vulnerable client group. The improved observation and enhanced patient safety features should ensure a much better environment within which to provide quality care in the years ahead.

Jedburgh's refurbished health centre officially opened its doors in March 2013. The opening, following 18-months of work and more than £2.6 million worth of investment, marks the start of a new era for the staff who provide a range of services for 6,500 patients across 140 square miles. The Centre now provides a far greater range of services than previously offered, including, podiatry, physiotherapy, speech & language therapy, dietetics and lifestyle advice.

I will finish by acknowledging that you are all aware of the difficult financial climate we are in and the subsequent challenges this creates. I believe we are well placed to address these together. Staff continue to deliver high quality services, efficiently and effectively. This is a credit to them and is resulting in fabulous outcomes for the patients we serve.

**Calum Campbell, Chief Executive**

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