

Borders NHS Board**NHS BORDERS ANNUAL REVIEW LETTER****Aim**

This paper is to provide members with feedback and action points from the Minister for Public Health's letter following the Board's Annual Review Meeting on 23 November 2012 held at Eildon Mill, Tweedbank.

Background

Last year Scottish Government agreed a rolling cycle which means that a Ministerial Annual Accountability Review is held every second year. The NHS Borders Annual Review for 2011/12 was held on 23 November 2012 with Michael Matheson, Minister for Public Health chairing. This followed last year's NHS Borders led Review.

This year's Annual Review focused on the impact NHS Borders is making in delivering the Scottish Government's outcomes through the HEAT Targets and other commitments they are making to support their Single Outcome Agreements (SOAs). The Quality Strategy and how this is being aligned within NHS Borders was also a key topic of discussion. The Review involved a rigorous examination of the Board's past performance and future plans and examined how these link to strategic objectives and the national outcomes framework. Discussions covered both past performance and forward planning.

The Review was rounded off with a lively Public Question and Answer Session.

Every year, following the Annual Review of NHS Borders the Cabinet Secretary or Minister for Public Health sums up the performance of the Health Board by letter (See Appendix 1). The Feedback Letter this year itemises progress against the HEAT targets and other achievements for financial year 2011/12. NHS Borders has had a chance to agree on the content of this Letter before it was formally received as a draft copy was distributed for comment in advance.

The Annex attached to the Feedback Letter details action points that the Board must further develop during the current financial year. These points will be reviewed at the next Annual Review in the Summer/Autumn of 2013.

Summary

A Feedback Letter has been received from the Minister for Public Health on the performance highlighted at the NHS Borders Annual Review held on 23 November 2012. The review focused on the impact NHS Borders is making in delivering the Scottish Government's outcomes through the HEAT Targets and other commitments they are making to support their Single Outcome Agreements (SOAs) and implementation of the Quality Strategy.

The feedback received is largely positive and acknowledges that NHS Borders is working hard to achieve targets set and is well placed to deal with the challenges ahead.

Recommendation

The Board is asked to **note** the Annual Review Feedback Letter for 2011/12 and the key action points.

Policy/Strategy Implications	Actions resulting from the Annual Review may impact on a number of strategies / plans.
Consultation	The self assessment document was subject to consultation with key managers, the Clinical Executive, Board Executive Team, Scottish Health Council local representatives and members of the Public Partnership Forum.
Consultation with Professional Committees	See above
Risk Assessment	Each narrative within the LDP HEAT targets highlights any particular risks to achievement of the targets and plans in place to minimise any such risks, these have also been identified through the self assessment.
Compliance with Board Policy requirements on Equality and Diversity	NHS Borders Annual Review 2012 complies with the Board's requirements on Equality and Diversity.
Resource/Staffing Implications	None identified

Approved by

Name	Designation	Name	Designation
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LEGACY 2014
XX COMMONWEALTH GAMES
GLASGOW

Mr John Raine
Chair
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15 January 2013

Dear John,

NHS BORDERS ANNUAL REVIEW: FRIDAY 23 NOVEMBER 2012

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings I attended in venues in Melrose and Galashiels on 23 November.
2. I would like to record my thanks to you and everyone who was involved in the preparations for the Annual Review programme and also those who attended the various meetings. It is important that the delivery of healthcare services in Borders and across all of Scotland is discussed in a public forum. I had a very enjoyable and informative day and I hope everyone who participated found it worthwhile.

Meeting with ACF

3. NHS Borders has continued to support the Area Clinical Forum (ACF) over the past year and the forum has been centrally involved in the local implementation of the national Quality Strategy, as well as the Board's own Clinical Strategy and wider planning activities. The meeting allowed an opportunity to discuss the work of the ACF, and the key successes and challenges relating to the ACF. The members explained that the key challenges have been ensuring that the advisory committees have strong membership and attendance; a clear purpose and that members see the benefits and value of their committee. I was very impressed to hear about the close working between General Dental Practitioners and the community, and the effect this has had in reducing dental waiting lists. It was agreed that the Board generally has good engagement with the ACF, however it could do more to proactively engage with them around proposals at an earlier stage.

1.



Meeting with APF

4. The Area Partnership Forum identified that there has been strong partnership working and engagement between the Board and its staff, and that Board members and management were approachable; especially through the innovative 'Ask the Board' initiative. They also talked about a willingness to recognise when mistakes were made and joint partnership working to then find solutions. It was encouraging to hear that the Knowledge Skills Framework (KSF) process is valued and that it has been kept as a local target, however, they believe work needs to be undertaken to improve the process. The APF were of the view they had a local solution to improve the process and I would appreciate an update on any improvements that are made in NHS Borders, with a view to sharing good practice with other Boards. The importance of recognising the commitment of staff was identified, and you indicated that you have a revised Dignity at Work policy and that the Respect campaign was re-launched across the Board in June 2012.

5. I was grateful to local staff of both the ACF and APF for taking the time out of their busy schedules to share their views with me. I fully support their ambitions for their service.

Patients' Meeting

6. I value the opportunity to meet with people using local health services and I firmly believe that listening and responding to their feedback is a vital part of the process of improving services. I would like to extend my sincere thanks to all of the patients and carers who took the time to come and meet with me. I greatly appreciated the openness and willingness of the people to share their personal experiences. I was pleased to hear that the Public Partnership Forum feel that community engagement has much improved in recent years and there is an honest and open relationship where people feel comfortable to feed back issues to the Board. The discussion we had touched on the importance of preventative care and early intervention to improve outcomes; the integration of Health and Social Care; the Early Years work; Self Directed Support; the success of the Patient Safety Programme; and the support available for carers. I am very grateful to those involved for giving up their time to meet with me.

Meeting with Council officials

7. It was a very useful part of the NHS Borders Annual Review to have a joint NHS/Local Authority meeting with the Chief Executive and the Leader of Scottish Borders Council. We had a constructive discussion about the critical Health and Social Care Integration agenda and the considerable progress that is already being made in the Borders area. I am pleased to learn that both organisations are very enthusiastic about the potential for further integration and are committed to working in effective partnership with the Third Sector. I reiterated to both organisations that whilst the Scottish Government will provide the legislative framework for the integration of health and social care, we are not being prescriptive about how each Board area should progress with implementation nor the pace at which Boards might take it forward.

Visit

8. I was pleased to have taken part in the highly informative Service Discussion session which introduced me to three services covering the theme of 'Children, Working Adults and Older People'. I welcomed the opportunity to meet frontline staff and patients from the Child

and Adolescent Mental Health Service (CAMHS), the Integrated Anticipatory Care Service and the Orthopaedics Service and to hear about the good work that is being undertaken in each of these areas. I heard about innovative programmes that are being undertaken in NHS Borders including the Counterweight Programme, the Lifestyle Advisor Support Service (LASS) and the Keep Well Check. I was impressed by the dedication and commitment of the staff and it was interesting to hear individual patient's experiences of the services. I would be grateful if you would pass on my thanks to the staff and patients who organised and participated in the event.

Introduction and opening comments

9. As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the previous year and plans for the forthcoming year. This self assessment paper gives a detailed account of the specific progress the Board has made in a number of areas and was made available to members of the public to inform the discussion at the Annual Review. Within your self-assessment you provided a helpful summary of progress made against last year's Annual Review action points and this set the context for the main review meeting.

Everyone has the best start in life and is able to live longer healthier lives

10. NHS Borders has performed well in 2011/12 against the HEAT target for inequalities targeted cardiovascular health checks (delivering 402, exceeding a target of 390). NHS Borders also exceeded the target for Alcohol Brief Interventions (ABIs) delivering 2,727, against a target of 1,247. NHS Borders is making strong progress in embedding ABIs as a key activity in challenging alcohol related harm and the Board should be congratulated for this. It is encouraging to note that NHS Borders is already exceeding the 2012/13 target for Alcohol and Drug Treatment with 93.2% of clients waiting three weeks or less for treatment following their referral, and I look forward to this performance being maintained to the target end date.

11. The Board is to be congratulated for its performance against the 2011/12 target on smoking cessation, with the Board delivering 895 one-month quits against a target of 508, achieving 176% against a target of 40% for the most deprived quintiles, which is an encouraging indicator of your progress against the inequalities aspect of the new 2013/14 target. NHS Borders has continued to develop strong commitments to reducing health inequalities in tobacco use, and is continuing to adapt services to the needs of their more rural communities; offering alternative service provision via telephone and home visits.

12. NHS Borders is making good progress towards the target of 331 completed Child Healthy Weight interventions for the period April 2011 to March 2014 and has completed 121 interventions against a target of 100 in the first year. The number of women exclusively breastfeeding at the 6-8 week review in NHS Borders was 29.3% which is above the national average of 26.5%. You should ensure that progress remains on track to meet the inequalities aspect of the Antenatal access HEAT target in 2015. I am aware that NHS Borders has done some significant work in confirming its commitment to seeking accreditation with the UNICEF Baby Friendly Initiative.

13. I am very pleased to note NHS Borders' excellent performance in meeting the commitment to increase access to insulin pumps; with 26% of people under the age of 18 now having access to insulin pump therapy against a target of 25% by March 2013.

14. NHS Borders has seen a 55.9% reduction in premature mortality from stroke between 1995 and 2010 which exceeds your target of 50%, but remains lower than the Scottish average of 59.1%. NHS Borders has also seen a reduction of 44.3% in premature mortality from coronary heart disease between 1995 and 2010. This is well below the target reduction for premature mortality from coronary heart disease of 60% and remains below the Scottish average of 60.7%. You provided assurance during the Annual Review that improving performance in this area is a key priority for the Board.

15. NHS Borders has performed well against the 62-day and 31-day cancer targets with performance consistently above 95%. The Detect Cancer Early Programme is at an early stage but NHS Borders has engaged with the national programme, and submitted a local implementation plan alongside a trajectory and risk narrative. You should continue to work to ensure that robust data is collected to support the Detect Cancer Early Programme.

Healthcare is safe for every person, every time

16. Quality of care and patient safety are of paramount concern across NHS Scotland. The Annual Reviews continue to focus on the Quality agenda, which is underpinned by the national Quality Strategy. The Quality Strategy sets out NHS Scotland's vision to be a world leader in healthcare quality, summarised through three Quality Ambitions: effective, person centred and safe. The Strategy seeks to improve the quality of care patients receive from the NHS, recognising that the patient's experience of the NHS is about more than speedy treatment - it is the quality of care they get that matters most. As such, I was pleased to hear that the Board of NHS Borders is fully committed to robust clinical and financial governance, clinical effectiveness, risk management and, patient safety and learning from adverse events, in line with the national Quality Ambitions and Outcomes.

17. I commended NHS Borders for the good progress you are making in reducing Hospital Standardised Mortality Ratios (HSMR) having demonstrated a 13.9% reduction in HSMR in the Borders General Hospital since January 2008. A key priority of the Scottish Patient Safety Programme (SPSP) is to reduce the incidence of adverse events and ensure that robust systems are in place to record and learn from these events when they do occur. It was reassuring to hear that NHS Borders has implemented and spread many measures throughout the hospital and has a number of improvements in place to reduce adverse events. Work has begun on the recently launched SPSP initiatives tackling sepsis and venous thromboembolism, and preparatory work is underway for initiatives in general ward, peri-operative, medicines management, critical care and leadership.

18. I was pleased to see there had been a fall in the number of *Staphylococcus aureus* bacteraemia (SABs) cases in NHS Borders over the last year. In 2011/12, there were a total of 32 cases of SABs (7 of which were MRSA) – compared to 45 cases in 2010/11 (15 of which were MRSA). The Board will need to maintain momentum and see further reductions in SABs over the course of the next year if it is to achieve its HEAT target.

19. In 2011/12 NHS Borders had a total of 39 cases of *C. difficile* infection in patients aged 65 and over, up from 27 in 2010/11 (44.4%). Despite this increase, the Board is still broadly on track to deliver its *C.difficile* HEAT target.

20. There were no Healthcare Inspectorate Inspections conducted during the period covered by the Annual Review, however you confirmed that all appropriate prevention and control policy and procedures are in place, being followed and updated as appropriate.

Everyone has a positive experience of healthcare

21. NHS Borders successfully delivered the 18 weeks referral to treatment target at December 2011, with a combined performance of 91.3% and you have continued to sustain this performance month on month. NHS Borders has broadly sustained the standards of maximum wait of 12 weeks for new outpatients and 9 weeks for inpatient/day cases. This is an important priority area with the new 12-week legal treatment time guarantee for each individual patient.

22. I acknowledged NHS Borders' excellent performance against the 4 Hour Accident and Emergency Waiting Times standard over the past year, achieving performance above the national average in each month. It is clear that the Board prioritises the standard as a whole systems indicator of the quality and safety of care.

23. The Inpatient Survey 2012 results were positive overall, with the majority of patients in Borders reporting good or excellent experiences of care and services. The results of the 2011/12 GP and local NHS survey showed that patients in NHS Borders reported better than average experiences of GP and other local NHS services compared to patients elsewhere in Scotland. However, patients in NHS Borders were less positive about the out-of-hours healthcare than the patients from elsewhere in Scotland. You explained that work is being undertaken to explore improvements in this area.

24. Over 2011/12 NHS Borders has continued work to improve the person-centredness of the services it provides. The Board has demonstrated close working with service users and carers in relation to the Cheviot Project, and has established interest-specific public engagement structures, recognising the importance of continually evaluating and improving these.

Staff feel supported and engaged

25. For the year to 31 March 2012, performance against the sickness absence standard was 4.71% - above the 4% standard. The absence rate has risen slightly since 2011 (4.07%). However, in the period June to August 2012, the Board's management information showed that sickness absence was below 4%. You indicated that NHS Borders has achieved the recent improvements through a new absence policy and that all Managers will take part in an e-learning module and classroom teaching session. You provided assurances that you will continue to monitor performance in this area.

26. As at 31 March 2012, 77% of relevant staff within NHS Borders had a KSF review completed and signed off on eKSF. By June 2012, this had increased to 80%, but this is a reduction from your 92% performance at 31 March 2011. Your self assessment report highlights the work you are carrying out to improve staff engagement, including the revised Dignity at Work policy and associated action plan based on the Respect Toolkit, and the re-launch of the Respect Campaign. It is clear that NHS Borders has worked hard to enhance staff governance arrangements and monitoring processes. The 2011/12 staff governance action plan identified a number of initiatives that have been designed to improve the employee experience.

27. The Board will be aware of the national work on the 20:20 Workforce Vision which is currently being developed - with staff engagement a major part of the process. Boards are asked to ensure that staff have an opportunity to engage at local level to inform this.

People are able to live well at home or in the community

28. The Scottish Government's policy goal is to help older people to stay safe and well and as independent as possible in their own homes or another homely setting. The Scottish Government and its partners are committed to putting in place a system of health and social care that is robust, effective and efficient, and which reliably and sustainably ensures the high quality of support and care that is the right of the people of Scotland. NHS Borders submitted a joint response with Scottish Borders Council to the consultation and have generally welcomed the proposals for the integration of health and social care. You emphasised your strong track record of partnership with the local authority, and have identified that this will be vital in delivering Health and Social Care Integration. You also emphasised that engagement with local communities in Borders is key and that you would like to see a greater role of patients/individuals in the development of services.

29. The Change Fund was introduced to enable health and social care partners to implement local plans for making better use of their combined resources for older people's services. You provided a useful update on how these resources are being used in NHS Borders to transform the nature of service delivery, in innovative ways. The Change Fund programme has enabled the development and testing of whole system performance measures to help calculate the effectiveness of changes to care services. The Borders Partnership has also advanced the Integrated Resource Framework to improve the person-centred approach.

30. I noted that NHS Borders continues to perform well against the Delayed Discharges standard. Delays over four-weeks are in small numbers, putting you in a good position to achieve the new four week HEAT target by April 2013.

31. All Boards should be preparing for an inspection by Health Improvement Scotland (HIS) to assess how older people are being treated while they are in an acute hospital. An unannounced Older People in Acute Care (OPAC) inspection took place in Borders General Hospital between the 17th-19th July. The report highlighted that patients and carers expressed a high level of satisfaction with care, however, the inspection identified 13 areas for improvement. You have provided an assurance that work is underway to address the issues raised.

32. I was disappointed that NHS Borders did not meet the HEAT Standard for Dementia Diagnosis. In order to meet the HEAT standard, NHS Borders will have to find an additional 71 cases by March 2013. I expect NHS Borders to further explore ways in which to improve performance in this area. A key priority for the inspection programme by HIS is to inspect against the *Standards of Care for Dementia*. NHS Borders has appointed an Alzheimer Scotland Dementia Nurse Consultant and six Dementia Champions, who have worked with the Board to improve the care of people with dementia.

33. NHS Borders should be commended for consistently meeting the 26 weeks referral to treatment target for Child and Adolescent Mental Health Services. It will be important to sustain this performance to ensure target delivery.

34. NHS Borders is submitting data on a monthly basis to Information Services Division to track performance against the 2014 Psychological Therapies target. The Board is awaiting a new Patient Management System which should deliver the required functionality and enable timely and consistent reporting. NHS Borders is also currently liaising on a national pilot with the Quality and Efficiency Support Team (QuEST) on reviewing patient waiting times.

Best use is made of available resources

35. Clearly it is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am pleased that the Board achieved all three financial targets for 2011/12, and significantly exceeded the Scottish Government efficiency savings target of 3%. Last year you achieved savings of £7.098m. You provided an update on the Board's progress against the financial plan for the current financial year, including your efficiency savings target. You advised that you were actively monitoring the achievement of all local efficiency programmes for the coming year, that the Board is currently on course to achieve the planned end-year financial position for 2012/13, and that financial planning has started for 2013/14. It was also reassuring to hear that NHS Borders's quality, efficiency and productivity programmes are fully informed by the Quality Strategy and that the Board is ensuring that, together with other NHS Boards, you are sharing and learning from examples of best practice in this area.


36. NHS Borders is in regular dialogue with officials over the delivery of its capital plan and the Board had identified two projects for delivery through capital via the hub initiative, the Galashiels and Lauder health centres. The Full Business Case for the delivery of these projects was approved by the Scottish Government's Capital Investment Group in May 2012.

Public Question and Answer Session

37. I took questions from members of the public at the end of the Annual Review. The topics discussed included: the planned alterations to BGH and associated relocation of the hydrotherapy pool, the engagement of local community during this process, the role of service users in the integration agenda and the need for a local smoking cessation target. I was pleased with the interest shown and was grateful to the audience members for their patience, enthusiasm and considered questions. I am grateful to you and your team for putting the arrangements in place for this session, and for answering the majority of the questions which were understandably focused on local service provision.

Conclusion

38. I would again pass on my thanks to you and your team for a constructive and informative Annual Review. It is clear that the Board is making significant progress in taking forward a challenging agenda on a number of fronts including improving access, maintaining tight financial control and driving forward the Quality agenda. However, I have been assured that you are not complacent and you recognise that there remains much to do. The Board must maintain a clear focus on its financial position and ensure that progress on your health improvement and healthcare provision commitments is maintained. I have included a list of the main action points from the Review in the attached annex.

Best wishes


MICHAEL MATHESON

ANNEX

NHS BORDERS ANNUAL REVIEW: FRIDAY 23 NOVEMBER 2012

ACTION POINTS

The Board must:

- Keep the Health and Social Care Directorates informed of progress with the local implementation of the Quality Strategy and Health and Social Care Integration.
- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection and ensure sustainable progress is made against requirements and recommendations in Healthcare Environment Inspectorate and OPAC inspection reports.
- Sustain performance against all HEAT targets and standards.
- Ensure that there are robust plans in place to see further reductions in SABs in order to achieve the HEAT target in March 2013.
- Maintain focus on delivery of the 12 week Treatment Time Guarantee and other waiting times standards and ensure any emerging problems are highlighted at an early stage.
- Ensure there are robust plans in place to meet the HEAT standard for Dementia Diagnosis in March 2013.
- Continue to work to improve performance on the advance booking of GP appointments.
- Ensure that improvement in performance against the HEAT standard for staff sickness absence is maintained and improved upon.
- Maintain focus on the continued achievement of in-year and recurring financial balance; and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.