

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

This paper provides members with feedback and confirmation of the action points contained within the letter from the Cabinet Secretary for Health, Wellbeing and Sport following the Board's Annual Review on the 17th September 2015.

Background

The NHS Borders Annual Review for 2014/15 was held on the 17th September with John Raine, Chair of Borders Health Board.

The Annual Review process is intended to ensure the rigorous scrutiny of NHS Boards' performance whilst encouraging as much dialogue and accountability between local communities and their Health Boards as possible.

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 is extremely positive and highlights many areas of good work and performance.

The Annex attached to the Feedback Letter details action points that the Board must further develop during the year. An update on performance against these actions will be presented to the Board mid way through 2016/17. Progress against these actions will also be reviewed at the next Annual Review in the Summer/Autumn of 2016.

Summary

A Feedback Letter has been received from the Cabinet Secretary for Health, Wellbeing and Sport on the performance highlighted at the NHS Borders Annual Review held on the 17th September 2015.

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 2014/15 and the key action points.

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| Policy/Strategy Implications | Actions resulting from the Annual Review may impact on a number of strategies / plans. |
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| 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 the 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 2015 complies with the Board's requirements on Equality and Diversity. |
| Resource/Staffing Implications | None identified |

Approved by

| Name | Designation | Name | Designation |
|-------------|------------------------------------|-------------|--------------------|
| June Smyth | Director of Workforce and Planning | | |

Author(s)

| Name | Designation | Name | Designation |
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Received 4/12/15

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Mr John Raine
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2 December 2015

Dear John,

NHS BORDERS: 2014/15 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions from the Annual Review and associated meetings held at the Borders General Hospital on 17 September 2015.
2. The Annual Review process is intended to ensure the rigorous scrutiny of NHS Boards' performance whilst encouraging as much direct dialogue and accountability between local communities and their Health Boards as possible. That is why Ministerial attendance at Board Annual Reviews happens at least once every Parliamentary cycle. As one of the Boards that did not have a Review chaired by a Scottish Minister this year, you conducted the Review meeting in public on 17 September. I asked a Government official to attend the Annual Review in an observing role. Throughout the day, you and your Executive Team clearly outlined progress and challenges in key areas and gave both NHS staff and local people the opportunity to question yourself and your Team. This letter summarises the main points and actions in terms of NHS Borders performance in 2014/15.
3. As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the previous year, together with 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 should be made available to members of the public via the NHS Board's website, alongside this letter.

Ask The Board Live Session

4. The day began with an all-staff meeting jointly chaired by you and the NHS Borders Chief Executive, Jane Davidson, with Non-Executive Board Members also in attendance. The aim of the session was for staff to pose questions and views and to take the opportunity to talk directly with you and Jane. A number of issues were raised around staffing including the recruitment and retention of staff in specialised areas, especially with the onset of winter, and the filling of fixed term posts by the Board.

5. Communication was highlighted as an issue. This included upward communication and the need for access to senior members of staff in a position to make decisions at short notice and also potential improvements to the staff intranet site. Amongst the other matters discussed was access to funding for work-related training outwith normal working hours and the need to do follow up reviews for staff that have been relocated to new, smaller workplace locations.
6. As part of the session, you mentioned the Board was looking to implement a number of initiatives. Part of this process would be offering more 'ask the board' sessions to staff, senior management undertaking an increased number of ward 'walk-about' and the increased involvement of senior staff in the induction of new starts.
7. It is clear from the wide ranging discussions that took place that staff felt confident and comfortable with the session and were able to identify not only current challenges facing the Board but also those that lie ahead.

Public Focus Group Session

8. I would like to extend my sincere thanks to those who took the time to attend the meeting of the Group as listening and responding to their feedback is a vital part of improving health services. Their openness and willingness to share their experiences and is greatly appreciated. I note the specific issues discussed fell into two distinct areas, GP services and carers. Amongst the topics of conversation was the challenge around the recruitment of newly qualified doctors, having in place a sustainable out of hours GP service, the potential skill mix of staff within medical practices and the work of the Lifestyle Adviser Support Service within NHS Borders which offers support and advice to people wishing to make a lifestyle change to improve their health.
9. You then moved on to discuss matters concerning carers. This included how best to involve them in decision making, their potential role within integrated services, sign-posting to information and offering the best support possible to a position that is not only rewarding but can also be highly challenging. I am glad to note that you gave an undertaking to organise further meetings with carers to discuss in more detail some of the issues raised during the session.

Annual Review Session

10. I understand you opened the public session by explaining that the day's activities were as rigorous as those of a Ministerial Review. You then presented a helpful summary of the Board's achievements and the progress NHS Borders had made in a number of areas over the last year whilst also outlining some of the challenges to the delivery of services you had faced. Amongst the successes you raised was the Connected Care Project which has the aim of helping to deliver an overarching outcome of no delay, no unnecessary hospital stay and no delay in care intervention. Levels of delayed discharge have been low as a direct benefit from the Connected Care Project, which is a reflection of the hard work of staff within the Board and the partnership approach it had taken on this matter with the Local Authority.

11. The Board received a Healthy Eating Gold Award from the Healthy Working Lives Group and a second staff award ceremony had taken place which was attended by over 320 people. Finally, the Borders General Hospital retained its status as one of the Comparative Health Knowledge Systems top 40 hospitals in the UK. This is an outstanding achievement and please pass on my thanks to your staff that have made such an award possible.
12. A presentation was then given by Dr Sheena McDonald, the Medical Director for NHS Borders, which told the story of a fictional family. She outlined how people can currently access services and how they could be delivered in a different way in the future to enable the Board to meet the needs of the people of the Borders in the years to come.
13. Dr Annabel Howell then led a Q&A session with the public. Amongst the topics discussed was the negative impact poverty can have on the health of people within the Borders, how this can be quantified and passed on to the Scottish Government. The session also covered the progress of the NHS Borders review of the physiotherapy services it delivers. I am grateful to you, Jane and the other Board members present in responding to the issues raised, and to the audience members for their attendance, enthusiasm and considered questions.

Health Improvement and Reducing Inequalities

14. NHS Borders is to be commended for exceeding its target for the delivery of Alcohol Brief Interventions (ABIs) during the period 2008 to 2015, delivering 167% of the agreed number. However, of more concern was your performance on smoking cessation. During 2014/15 NHS Borders target was to support 227 smokers to quit for at least a 12 week period. The Board achieved 107 successful 12 week quits against a target of 170. I would encourage you to put into place all appropriate actions to enable significant improvement going forward.
15. Over the last 10 years, the number of deaths from stroke in Scotland has reduced by 41%. Building on this success, Boards were asked to include in their Local Delivery Plans for 2014/15 their plans for implementing a 'bundle' of 4 activities to improve stroke care. The Borders trajectory was to deliver appropriate aspects of the bundle to 90% of the people admitted with a stroke – a highly ambitious target which you only narrowly missed.
16. I was glad to note NHS Borders exceeded the Ministerial commitment on insulin pump provision for young people set out in CEL 4 (2012), which was to ensure 25% of under 18s were using a pump. Can you pass on my thanks to all staff whose hard work resulted in this outcome.

Clinical Governance, Patient Safety and Infection Control

17. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Board, whilst the quality of care and patient safety are of paramount concern. I am aware that there has been a lot of time and effort invested in effectively tackling infection control and note that the Board achieved the *C.diff* HEAT target to deliver a rate of 0.32 cases per 1,000 total occupied bed days by March 2015. However, the Board missed the *staphylococcus aureus bacteraemia* (SAB) infections target for delivery in the same period. Incidence increased from 33 cases in 2013/14 to 43 cases in 2014/15 and I would expect the Board to take all appropriate actions to ensure improvements are made in this area over the coming months.

18. I was happy to learn that under the NHSScotland National Cleaning Compliance Report for 2014/15, NHS Borders showed Green compliance in both its domestic and estates services. Please pass on my thanks to staff for the hard work and determination they have shown to ensure that high standards have been maintained across the estate.
19. The Healthcare Environment Inspectorate (HEI) carried out an inspection of the Borders General Hospital in May 2015. This resulted in 7 requirements. An improvement plan was developed by the Board and all of the requirements have been actioned. Healthcare Improvement Scotland (HIS) also carried out an Older People in Acute Hospitals (OPAH) inspection on 7 May 2015. The visit provided an opportunity to showcase the progress that had been and continues to be made in relation to meeting the standards for older people in adult care. I am pleased to note that the Team reported a positive change in attitudes towards challenges and improvement with a noted change from a problem focussed to a solution focussed approach.
20. The Vale of Leven Hospital Inquiry resulted in 65 recommendations for action by health boards and the Implementation Group, set up in February 2015 and chaired by the Chief Nursing Officer, is in the process of producing a national action plan. Your self assessment indicates that most of the recommendations have been substantially or fully met. Work is being undertaken in relation to those that remain, including introducing specific care planning documentation and reviewing the use of risk assessment to inform care planning, mandatory infection control training being updated to include reference to CDI and developing clear guidelines and criteria for non-executive board members to participate in internal investigations.

Improving Access, including Waiting Times Performance

21. Firstly, can I take the opportunity to congratulate the Board and your staff on regularly achieving performance at or above 95% for the 4-hour emergency care target.
22. During 2014/15 NHS Borders performed well in delivering the suite of elective access targets and standards including the 12 week Treatment Time Guarantee and the 8 key diagnostic tests. However, you experienced a significant number of elective cancellations during the winter period of 2014 leading to a number of patients waiting over 84 days for treatment in the quarter ended March 2015. Similarly the Board has experienced an increased number of people waiting over 12 weeks for a first outpatient appointment due to challenges around capacity in a number of specialties including cardiology, dermatology, ENT, gastroenterology and rheumatology. Recovery plans have been developed around the specialities where backlogs have developed. Please keep the Scottish Government Access Team informed of the actions you are undertaking to address these matters.
23. NHS Borders has sustained its performance over the year against the 31-day cancer access standard, delivering above the 95% standard for the whole of 2014/15. Similarly, delivery of the 62-day cancer access standard has been above 95% for five of the last six reported quarters. The dip in quarter one of 2015, you have explained, was due to specific pressures associated with limited ITU beds, and surgical capacity. The Scottish Government Cancer Support Team has received assurances from the Board that measures are in place to mitigate recurrence of these pressures going forward.

24. For the quarter to the end of June 2015, I am aware of the hard work and dedication of your staff which resulted in 86.9% of patients waiting less than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services, narrowly missing the standard of 90%. This has been in part due to an increased demand for the service combined with higher than anticipated sickness absence. It is anticipated that waiting times should improve by the end of the year. The Board has not met the 90% standard for access to Psychological Therapies, achieving 65.9% at the quarter ending June this year. In 2014 capacity was reduced due to vacancies and leave, which was resolved towards the end of the year. This created a backlog of cases and although progress is being made, the standard has not yet been achieved. I look forward to confirmation that work to speed up access to these key services has resulted in sustainable delivery of the 18 week standard.
25. I welcome NHS Borders commitment to involving volunteers to enhance patient experience resulting in the Board achieving the Investing in Volunteers Award in January 2014. You subsequently hosted a volunteers' celebration event after receiving your Investing in Volunteers renewal.
26. The Scottish Patient Safety Indicator (SPSI) has brought a person-centred approach by the Board to reducing harm experienced by patients in acute healthcare which has resulted in improved working across multidisciplinary teams. I welcome this initiative and note that the current definition of SPSI is being amended to a composite measure which collects the percentage of patients discharged free of the 3 currently measured and reported harms (falls, pressure ulcers and cardiac arrests).

The Integration of Health and Social Care

27. I welcome the commitment of the Board and its Local Authority partner to the effective implementation of integrated health and social care partnership arrangements and note that Susan Manion has taken up post as the Chief Officer. The Partnership has submitted its Integration Scheme. Amendments have been required and this is being facilitated through constructive discussion and engagement with the Scottish Government. It is anticipated that a resubmission of the integration scheme will be received shortly.

The Best Use of Resources, including Workforce Planning and Financial Management, as well as Service Redesign

28. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. At 4.71% for the year to March 2015, NHS Borders' sickness absence rate remained above the 4% standard but below the average rate for Scotland for the same time period. I recognise the efforts the Board is making to support its staff and would encourage you to continue its focus on minimising absences.
29. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am, therefore, pleased to note that despite a challenging year NHS Borders met its financial targets for 2014/15, delivering a small surplus of £0.076m. The Board invested £1.573m in its capital programme during the year which was focused upon backlog work and equipment.

30. The Board achieved £5.404m of efficiency savings in 2014-15, as agreed in your financial plan, including £2.066m which had been identified under your financial plan on a recurring basis.
31. Clearly, overall economic conditions mean that public sector budgets will continue to be tight whilst demand for health services will continue to grow. Nonetheless, you confirmed that the Board continues to actively monitor the achievement of all local efficiency programmes and, whilst the position is challenging, NHS Borders remains fully committed to meeting its financial responsibilities in 2015/16 and beyond.

Conclusion

32. I would like to thank you and your team for hosting the Review and for responding so positively to the issues raised. It is clear NHS Borders is making significant progress in taking forward a challenging agenda on a number fronts. I am confident you are not complacent and you recognise that there remains much to do. I have included a list of the main action points from the Review in the attached Annex A.

Best wishes,
Shona

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ANNEX A

NHS BORDERS ANNUAL REVIEW 2014/15

MAIN ACTION POINTS

The Board must:

- Make sustained progress in achieving smoking cessation targets.
- Deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including delivery of all action plans arising from HEI and OPAH inspections.
- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on *SABs*.
- Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular for Outpatient appointments Psychological Therapies.
- Continue to make progress against the staff sickness absence standard.
- Continue to achieve financial in-year and recurring financial balance, and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.