

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

This paper is to provide members with feedback and confirmation of the action points from the Cabinet Secretary for Health and Sport's letter following the Board's Annual Review Meeting on 6 September 2016 held at the Tryst, Chaplaincy Centre, Borders General Hospital.

Background

The NHS Borders Annual Review for 2015/16 was held on the 6th 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 2017/18 in the Managing Our Performance Report. Progress against these actions will also be reviewed at the next Annual Review in the Summer/Autumn of 2017.

Summary

A Feedback Letter has been received from the Cabinet Secretary for Health and Sport on the performance highlighted at the NHS Borders Annual Review held on the 6th September 2016.

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 2015/16 and the key action points.

Policy/Strategy Implications	Actions resulting from the Annual Review may impact on a number of strategies /
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	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 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 2016 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
Meriel Smith	Planning and Performance Officer		



T: 0300 244 4000
E: scottish.ministers@gov.scot

Mr John Raine
Chairperson
NHS Borders
Borders General Hospital Campus
Melrose
ROXBURGHSHIRE
TD6 9BS

2 November 2016

Dear John,

NHS BORDERS: 2015/16 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 6 September 2016
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 6 September 2016. 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 2015/16.
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.



Interactive Staff Session

4. The day began with an all-staff meeting jointly chaired by you and the Chief Executive of NHS Borders, 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, including improving patient experience on Wards by gathering regular information on any issues they may be experiencing. How best to improve the flow of information between Acute Services and District Nurses for the benefit of patients was also discussed in detail.
5. Culture and leadership was highlighted as a potential barrier to staff taking proactive action. It was agreed that they needed to increase levels of empowerment to look for workplace issues on their own initiative, then feel confident enough to raise the issue, and potential remedial actions, for consideration and implementation.
6. As part of the session a video, developed by the Cleveland Clinic, based in the United States of America, was shown. The message of the video was empathy: the human connection to hospital care and was warmly received by all staff present. It was agreed to not only to continue to show this video as part of staff induction, wider access to all staff would be made available.
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.

Annual Review Public Session

8. I understand you opened the public session by explaining that the day's activities were as rigorous as those of a Ministerial Review and the theme of the day was how the Board turns its values into actions. 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 development of the concept underpinning of the 'hello my name is' campaign. This programme is designed to encourage increased interaction between patients and staff in a more informal fashion leading to an improvement in 2-way communication.
9. I was pleased to learn that you made mention of the recent engagement with the people of the Borders on what matters to them in regards to the services they receive. Over 700 members of the public replied and I am sure this information will be used to design services to meet the needs of the local population. You then moved on to say that the Board was clearly focused on the challenges it faced and was therefore introducing a number of initiatives for waiting times, mental health and the cancer pathways. Finally you mentioned that looking to the future; the Board was to consider how the facilities and estate on offer at the Borders General Hospital could serve patients best going forward.

10. A number of staff made presentations. Evelyn Rogers, the Director of Nursing, Midwifery and Acute Services discussed matters around the quality of care provided by NHS Borders, which at all times has to be caring and compassionate. Dr Tim Patterson, the Joint Director of Public Health, then led an interesting session on reducing health inequalities across the Borders and Dr Andrew Murray, your Medical Director, outlined the potential opportunities on offer from Realistic Medicine, particularly in relation to the potential '4-question poster campaign' for surgeries and outpatient clinics encouraging patients to consider asking GPs or consultants whether the test is needed, what are the benefits of the test, are there simpler or safer treatments or what would happen if I did nothing?

11. You then led a Q&A session with the public. Amongst the topics discussed were the need to encourage patients to ask staff questions on the treatment they are receiving so as to fully understand its consequences and training requirements for staff to allow better interaction with patients and family members. I am grateful to you 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

12. NHS Borders is to be commended for exceeding its target for the delivery of Alcohol Brief Interventions (ABIs) during 2015/16, delivering 138% of the agreed target. The Board's target for smoking cessation was to support 118 smokers from the 40% most deprived areas to quit for at least 12 weeks. I am delighted that NHS Borders exceeded its planned trajectory for the first 3 quarters of 2015/16 and all indications are that it will achieve its annual target when final performance data is published in October of this year.

Clinical Governance, Patient Safety and Infection Control

13. 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 2016 - with a year-end rolling rate of 0.18 in patients aged 15 and over. However, the Board missed the *staphylococcus aureus bacteraemia* (SAB) infections target for delivery in the same period with a year ending March 2016 rate of 0.35 against the target of 0.24 cases or less per 1,000 acute occupied bed days by March 2016, though this was down from 0.52 in March 2015.

14. As I would expect, the Board has put in place a number of actions to ensure improvements are made for infection control. Included amongst them is the introduction of spot checks to confirm that systems and processes are operating as intended and a planned programme of audits by the NHS Borders Infection Prevention and Control Team. I look forward to seeing the positive impact these initiatives have going forward.

15. The Healthcare Environment Inspectorate (HEI) carried out an unannounced inspection of the Borders General Hospital operating theatres in May 2015, resulting in seven requirements, which have all been met by the Board. A further unannounced follow-up inspection of the operating theatres undertaken by HEI in September 2015 confirmed this, with zero requirements and one recommendation identified. Healthcare Improvement Scotland also carried out an Older People in Acute Hospitals (OPAH) inspection on 7 May 2015. The visit provided an opportunity to outline 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.

Improving Access, including Waiting Times Performance

16. Firstly, can I take the opportunity to congratulate you, your Board colleagues and your staff on regularly achieving performance at or above 95% for the 4-hour emergency care target.

17. During 2015/16 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 number of challenges for outpatient appointments in the specialities of ENT, chronic pain services and Gastroenterology. Please keep the Scottish Government Access Team informed of the actions you are undertaking to address the pressures within these specialities.

18. 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 2015/16. Similarly, delivery of the 62-day cancer access standard has been above 95% for all of the last four reported quarters. I recognise the hard work and dedication that has required to produce such an excellent performance.

19. In 2015/16, NHS Borders did not meet the standard for Child and Adolescent Mental Health Services (CAMHS). This has been in part due to difficulties in filling current vacancies. 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 79.7% at the quarter ending March this year. The Scottish Government has recently allocated funding to Health Boards in Scotland, over a period of 4 years, to improve access to both CAMHS and Psychological Therapies. I am aware that NHS Borders is currently drawing up a project plan detailing how its mental health service will use this funding to improve waiting times for patients.

The Integration of Health and Social Care

20. I welcome the commitment of the Board and its Local Authority partner to the effective implementation of integrated health and social care arrangements. The Borders Partnership became fully functional on 1 April 2016.

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

21. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. At 4.36% for the year to March 2016, 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.

22. I expect NHS Boards to 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 all three of its financial targets for 2015/16, delivering a small surplus of £0.090 million, as well as delivering its efficiency savings target for the year, £6.911 million. In terms of infrastructure investment, key elements of the Board's programme during 2015/16 were the completion of an upgrade, reconfiguration and provision of additional accommodation at Selkirk Health Centre, relocation of your Community Mental Health Teams and Mental Health Crisis Team onto the Huntlyburn site in Melrose and upgrading of your Mental Health Inpatient Ward at Melburn Lodge.

23. 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 2016/17 and beyond.

Conclusion

24. 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 of 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

SHONA ROBISON

NHS BORDERS ANNUAL REVIEW 2015/16

MAIN ACTION POINTS

The Board must:

- 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, Child and Adolescent Mental Health Services and 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.

SHONA ROBISON