

NHS BORDERS

**2017 Annual
Review**

**Self
Assessment**

Progress against 2016 Annual Review action points

There were 4 items highlighted in the Annual Review held on the 6th September 2016. Progress updates against these actions can be found throughout the self assessment.

Action point 1:

Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on SABs.

Please see section 2.1, page 12-13

Action point 2:

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.

Please see section 1.1, page 7-10

Action point 3:

Continue to make progress against the staff sickness absence standard.

Please see section 3.2, page 18

Action point 4:

Continue to deliver 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.

Please see section 3.3, page 18

Contents

Acronyms

1: **Person-Centred**

1.1: Everyone has a positive experience of healthcare

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

2: **Safe**

2.1: Healthcare is safe for every person, every time

3: **Effective**

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

3.2: Staff feel supported and engaged

3.3: Best use is made of available resources

1 PERSON CENTRED

1.1 Everyone has a positive experience of healthcare

The Quality Strategy is crucial in making sure everyone has a positive experience of their interface with the healthcare system. NHS Borders has focused the organisation's '2020 Vision', and Corporate Objectives, on quality ambitions and healthcare outcomes. The Workforce Plan for 2016/17 also promoted working towards quality throughout the Health Board. NHS Borders closely monitors a number of clinical quality and patient experience indicators to assess the overall quality of care delivered through its services.

Public Involvement and Patient Experience 2016-17

NHS Borders has integrated existing public involvement and patient experience work streams into an overall person centred programme of work. These work streams include the Patient Rights (Scotland) Act (2011), complaints, feedback, person centred care projects, advocacy, carer support, voluntary sector engagement, volunteering, public involvement and patient experience. Regular patient feedback reports are provided to NHS Borders Board including feedback received through social media platforms and patient stories. Oversight of delivery of the Person Centred Care work programme is provided by NHS Borders Clinical Executive Operational Group and assurance is provided to the Boards Clinical and Public Governance Committees. Leadership of Public Involvement and Patient Experience sits with the Clinical Governance and Quality Department alongside responsibility for the workstreams of safety, clinical effectiveness and patient flow reflecting the ambitions of the Healthcare Quality Strategy and enabling alignment across quality improvement initiatives.

Consistent and high quality public involvement and patient experience work is achieved through the implementation of NHS Borders Process for Coordinating Public/Patient Engagement. Part of the process involves monthly meetings with the Scottish Health Council, which helps to provide external assurance that our public/patient engagement is of a high quality.

During 2016/17 NHS Borders continued to improve its public involvement and patient experience work streams by, for example, increasing the number of public involvement members, volunteers and strengthening the roles of local patient and public involvement groups.

Proactive Patient Feedback

NHS Borders collects patient feedback through many different means including care opinion, public involvement, patient stories, complaints and commendations, surveys, Scottish Public Sector Ombudsman reports and through its proactive patient feedback system introduced in 2014/15.

Our patient feedback volunteers have expanded the areas of their work to include our community hospitals as well as our acute hospital. The graphs below outline the response from the core questions asked by patient feedback volunteers of patients, carers, relatives and visitors.

Volunteering

NHS Borders has a total of 248 people volunteering with us or going through the process to become a volunteer.

There are 36 different volunteering roles. New roles created between 2016/17

- Volunteer Musician
- Pain Clinic Volunteer
- Veterans Befriender
- Child Bereavement Volunteer
- Crafter
- Artist (Margaret Kerr Unit)
- Dialysis Volunteer

NHS Borders annual 'saying thanks to our volunteers' Christmas lunch event on the 12 December 2016 held in the Chaplaincy Centre with an attendance of 57 guests. John Raine, Chairman thanked our volunteers for their hard work and commitment to NHS Borders. Evaluation forms were distributed with the invite for the event.

In January 2017 NHS Borders undertook a further reassessment to ensure the organisation still met the conditions required to hold the Investing in Volunteers accreditation. A sub-steering group was formed from a combination of different skill sets of members of staff and volunteers to complete the self assessment. Florence Cruickshanks, assessor from Investing in Volunteers conducted interviews with volunteers and staff members as part of the assessment.

In September 2016 NHS Borders held their first volunteer peer support session. This was recommended by the Volunteer Steering Group to allow an opportunity for volunteers to come together as a group and discuss their experience.

A first edition newsletter was produced in October 2016 which will continue with three publications per year. This is a great communication tool for the volunteers informing them of other volunteering opportunities and updates. This will also be available on the intranet for staff which will enable us to raise the profile of volunteering within the organisation.

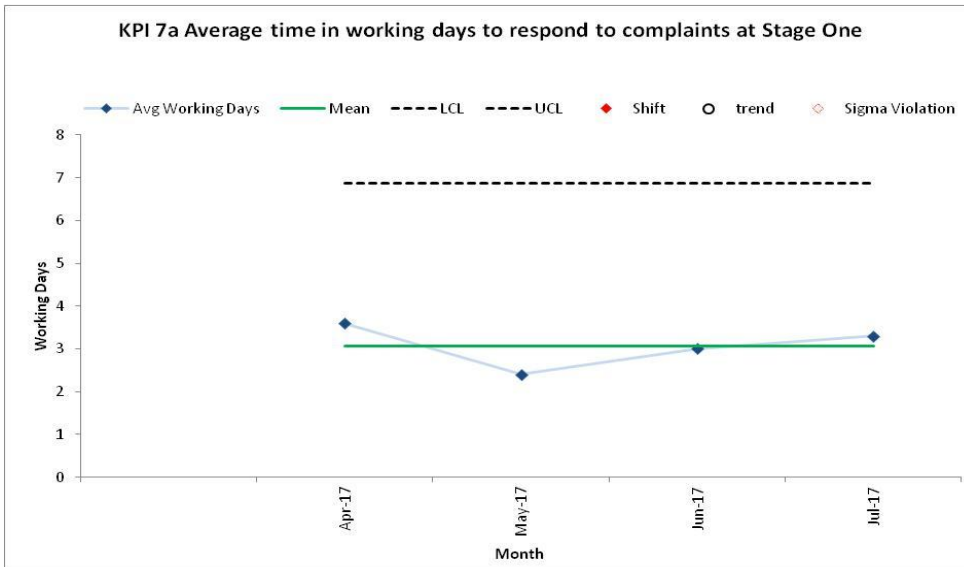
Two Healthy Living Network volunteers have successfully completed a volunteering award through the Scottish Qualification Authority (SQA). For future purposes this SQA award may be available to all volunteers wishing to participate dependant on funding.

Feedback & Complaints

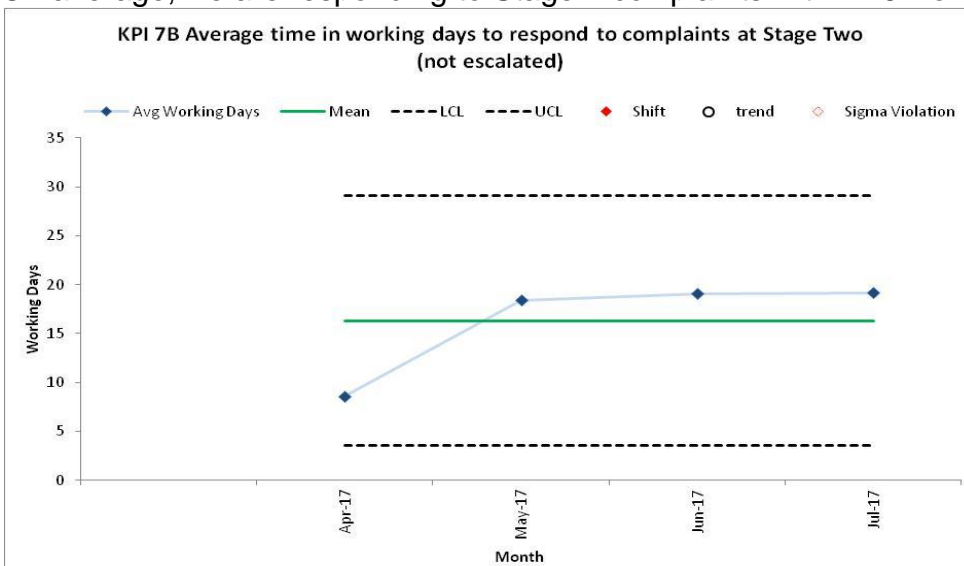
From 1 April 2017, a new NHS Model Complaints Handling Procedure was implemented across Scotland. This revised procedure is intended to support a more consistently person-centred approach to complaints handling across NHS Scotland and bring the NHS into line with other public service sectors and also applies to primary care service providers.

The process from 1 April 2017 means that there are two stages to making a complaint. Stage 1 of the process focuses on early resolution which can be dealt with by any member of staff and does not necessarily require a formal written response, but expects a resolution to the issue within 5 working days. Stage 2 of the process focuses on the investigation of complex, serious or high risk cases and will follow the existing process. This stage is managed by the Feedback and Complaints Team in collaboration with the service. Stage 2 complaints are responded to within the timescale of 20 working days.

The feedback and complaints team monitors and reports on performance against key indicators and two of those indicators are highlighted below.



On average, we are responding to Stage 2 complaints within 16 working days:



Person Centred Care Projects

Quality and safety information boards are displayed in the main corridor of inpatient areas containing information on staffing, patient feedback and quality of care were introduced in 2016/17. These information boards are intended to be used by staff to share information across the multidisciplinary team to drive improvement by making quality, safety and staffing information more visible. This also allows us to promote a culture of openness and transparency about quality of care. Challenges remain with keeping these boards up to date and used as a key communication tool for staff, patients and families and testing continues in how to improve this position.

As a result of feedback from patients, relatives and staff, staff name badges will be re-introduced to NHS Borders in 2017 in addition to the NHS Borders identity card. NHS Borders has considered how to embrace Dr Kate Grangers 'hello my name is.....' campaign and has looked for ways to support and implement this philosophy within NHS Borders. This campaign is centred on encouraging and reminding healthcare staff about the importance on introductions during the delivery of care and these new name badges will feature the 'hello my name is.....' logo.

In April 2015 a person centred care plan which incorporates 'what matters to me' was rolled out across all wards in the BGH and in Community Hospitals.

Many of the wards in the BGH now operate person centred visiting which means there is a greater degree of flexibility from ward staff on when carers and relatives can visit.

In 2015/16 dementia champions were introduced to wards in the BGH and the Community Hospitals to develop effective relationships with patients with dementia and their families. Through coaching and mentoring by the Alzheimer's Dementia Nurse Consultant the dementia champions will cascade this learning to their colleagues.

Meaningful activities play a vital role in the care of patients with Dementia. Playlist for Life continues to be used as part of the meaningful activity programme in Melburn Lodge. There has been interest from colleagues in the community mental health teams to explore how playlists can be captured from patients earlier in their diagnosis. Ward 9 in the BGH tested the use of knitted toggle mitts to reduce agitation in dementia patients.

Standard: No Delayed Discharges over 3 days

Standard: No delays over 3 days

2016/17 Performance: 18 delays over 3 days (at 30/03/17)
7,697 occupied bed days

In 2015/16 patients were delayed for a total of 4,439 standard delay occupied bed days within NHS Borders. In 2016/17 this had risen to 7,697, an increase of 73%.

Winter Period 2016/17

There was a 73% increase in delayed discharge cases over the festive period in 2016 (27) compared to 2015 (16). The number of cases over 2 weeks as at 6th January 2017 was 23, compared to 12 in 2016. 14 of these delays were in Community Hospitals, but there were increases in the numbers delayed in the BGH and Mental Health. The numbers over 72 hours as at 6th January 2017 was 28, compared to 17 in 2016.

The top reasons for delay were:

Wait for care package (average 6.75 patients per week - unchanged since last year)

Completion of social work assessment (11 compared to 4.25 last year)

Wait for care home placements (5 compared to 0.25 last year). This latter issue may be due to the cessation in use of flex beds this winter. Additional Social Work resource has been employed to reduce wait times for assessment.

There are a range of actions currently being undertaken to reduce delayed discharges in response to the issues identified, including:

Professor John Bolton has been commissioned to work with NHS Borders to help to improve Delayed Discharges and Patient Flow across the system. This will inform subsequent work to improve community hospital Length Of Stay, effective use of community capacity across home care and care homes, pathway development, thresholds and risk management and improve patient safety. An action plan is being developed to implement his recommendations.

A transitional care facility was opened in Waverly Care Home in November 2016 prioritising 11 intermediate care beds.

A Care Home in Kelso can provide 7 beds on an intermediate care basis (to mirror the Waverly approach). GP cover is already in place for Grove residents and discussions are underway across health and social work to confirm the wider AHP provision and start date for admissions / patient transfers.

Discussions are also underway across health and social work to confirm the wider AHP provision and start date for admissions / patient transfers and intermediate care beds.

Access: Wait no longer than 12 weeks between GP referral and first Outpatient appointment	
Standard: 100%	2016/17 Performance: 86.2% (of those seen)
<p>There has been a significant increase in the number of outpatients waiting longer than 12 weeks during the latter six months of 2016/17.</p> <p>This was largely due to increases in Cardiology, Dermatology, Ophthalmology and Orthopaedics.</p> <p>Dermatology was adversely impacted by Consultant illness and Ophthalmology due to a vacant post following Consultant retiral. There is a long term locum within the Dermatology service with a consultant post out to advert at present. Ophthalmology is also being supported by locums and the service is undergoing a review. There are difficulties in sourcing medical staff in both these specialties.</p> <p>An action plan has been developed to resolve issues within the Cardiology service, and in Orthopaedics a plan is being developed to reduce referrals and demand on the clinics. This work will involve further development to MSK physiotherapy pathways.</p>	

Access: Wait no longer than 12 weeks for Inpatient or Day Case Treatment	
Standard: 100%	2016/17 Performance: 98.0% (of those seen)
<p>The number of patients waiting over 12 weeks has increased during the latter half of the year. Until August 2016 additional weekend operating sessions were carried out with support from Synaptik to bridge the gap in capacity. Since this point the number of breaches has increased, which has been consistently highlighted in the monthly scorecard, and is mainly made up of orthopaedic patients.</p> <p>Work is underway through the IHO project to look at the theatre schedule to provide additional operating sessions for Orthopaedics. Additional funding has been provided by the Scottish Government to support this area due to the current financial pressures.</p>	

Access: 18 Weeks Referral to Treatment: Combined Performance	
Standard: 90%	2016/17 Performance: 90.1%
<p>NHS Borders has continued to deliver the national target of 90% achievement during the past year.</p>	

Treatment: Admitted to the Stroke Unit within 1 day of admission	
Standard: 90%	2016/17 Performance: 85% (Jan-Dec 2016)
<p>The standard was met in 5 months during 2016/17. We continue to monitor and act on this on a daily basis to maintain and improve performance. The stroke team review this daily and work with the wider hospital team to ensure these patients are prioritised for the stroke unit.</p> <p>These reports are drawn from eSSCA. A data snapshot is taken and used to compile the monthly reports. Routine data collection and amendment takes place on a daily basis therefore data presented has been amended to reflect the most up to date accurate information.</p> <p>In November, January and March, poor performance was as a result of delays accessing beds in the Stroke Unit and also issues with delays to swallow screen assessment which have now been resolved.</p>	

By June 2017 the rate had increased to 92.3%. The Percentage of stroke patients receiving an 'appropriate' Stroke Care Bundle (i.e. Stroke Unit admission, swallow screen, brain scan and aspirin) for April to December 2016 (the latest data based on *initial* diagnosis) was 79%, the best in Scotland.

Standard: 4 Hour Waiting Target for A&E

Standard: 95%

2016/17 Performance: 94.8%

Our focus and aim continues to be to achieve 98% stretch performance. Between January and March 2017, performance has deteriorated and the following actions have been taken:

- Development of revised 6 Essential Actions, along with national colleagues, the action plan is based on areas of greatest impact and ensured alignment of operational delivery.
- We have re-introduced the role of the daily Duty Manager, as senior manager with overall responsibility for safety and flow on a daily basis.
- We have remodelled medical in-patient flows to increase consistency and frequency of senior decision makers on the wards.
- We have a strong focus on discharges from the wards and will be working to improve weekend discharges to maintain flow.
- We are remodelling how we address patients experiencing delays in our Older People wards along with our partners.

We have introduced two safety questions to the hospital huddle and provide a daily message on reducing delays and improving patient experience by ensuring that patients are in the right place for their care.

Performance for June 2017 shows an improving position at 97.2%.

Mental Health

Treatment: Diagnosis of Dementia

Standard: 1116

2016/17 Year End Performance: 1056

Performance against this standard continued to fluctuate throughout 2016/17. An exercise to review patients' dementia diagnosis recording on ePEX, and subsequently the Dementia Register, is ongoing.

The result of a pilot gap analysis of diagnoses on ePEX against the Dementia register was carried out with Selkirk practice and increased the number of diagnoses recorded for Selkirk area patients by approximately 20%.

The above process is going to be carried out with all GP practices willing to participate - a letter has been drafted for Consultants from each area to send to the relevant practice, and is in the process of being issued. It is anticipated that if they participate, on completion, the standard will be achieved. The target completion date is 31st July 2017. There has been discussion around an alternative option which is being explored.

Access: No CAMHS waits over 18 weeks

Standard: 90%

2016/17 Performance: 95.7%

In the quarter to March 2016, as reported by ISD, CAMHS achieved 83.5% performance (target 90%), which is an increase from 76.7% in December 2015 and 78% in September 2015, but a decrease from 86.9% in June 2015.

The service has been holding specific allocations meetings to retain focus on referrals and the waiting list since

January 2016.

From July 2016, the service is now identifying any child waiting 15 weeks or over and ensuring they are allocated an appointment within the following 3 weeks wherever possible.

The service has reviewed the waiting list and identified improvements in relation to the information available to the team.

There has been additional temporary CAAP (Clinical and Applied Psychologist) and permanent Community Mental Health Team Nurse resource recruited to CAMHS in 2016/17.

All of the above measures have had a positive and sustained impact on waiting times performance.

Access: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks

Standard:90%

2016/17 Performance: 96.7%

This standard reflects performance within Borders Addiction Service (BAS) and Addaction.

Performance has fluctuated throughout 2016/17, falling short of the target for most of this time.

Recruitment and retention continues to be challenging, having a negative impact on performance throughout 2016/17.

Actions being considered to improve performance in 2017/18 include:

- Complete a review of referral to treatment process
- Review current data collection and consider use of data to ensure effective management and governance of waiting times
- Await review of opt in/DNA policy within Mental Health and apply learning across to BAS

Access: No Psychological Therapy waits over 18 weeks

Standard:90%

2016/17 Performance: 76.2%

Performance for Psychological Therapies referral to treatment continues to fall below 90%, fluctuating on a monthly basis.

The data is reported as an average performance across all service areas (LD, adult, older adult, CAMHS, Rehab, Chronic Pain and Addictions).

Additional CAAP and Clinical Psychology resource has been recruited across the service, admin processes have been reviewed and group work is now being coordinated and administered centrally.

The Scottish Government has allocated funding to Health Boards in Scotland, over a period of four years, to improve access to both CAMHS and Psychological Therapies. A project plan is underway to address underlying demand and capacity issues, with an initial focus on job planning and DNAs. The Project Team are meeting weekly to implement these actions.

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

Activity continues across the whole health and social care system within the Scottish Borders to further enhance the ability of people to live well at home and in their community. Work is underway to meet the requirements of health and social care integration delivered through locality planning of services designed to meet health and social care needs, delivered in a homely environment where possible.

The Connected Care Programme has been completed and looked at the patient journey across the whole system seeking to maximise the Partnership's ability to provide the right care in the right place by looking at processes, provision of alternatives to admission and blocks to effective flow. This involved weekly Day Care Audits within the Borders General Hospital (BGH) and monthly in the 4 Community Hospitals to help identify patient's that would be better cared for at home. On identification patients, have been provided with packages to support them at home.

In line with the Carers (Scotland act) 2016, work has been progressing to identify carers of patients at the point of admission to hospital. A Hospital Liaison Worker helps carers to develop a 'carers support plans'. In addition work is being progressed to look at how carers can be involved in discharge planning.

In Primary Care work continues to progress the requirements described in the new General Medical Services Transitional Quality Arrangement (GMS TQA) guidance and will be subject to the relevant approval processes.

Progress is also being made in the establishment of the primary care clusters, with support from Cluster Quality Leads. A number of areas are current being progressed as part of the Primary Care Transformation process, including development of a Rapid Assessment Service, Community Hospital hub, mental health and urgent care.

Following the successful development of the National Early Warning Score (NEWS) to help with the early recognition and rescue of the deteriorating patient in the community, additional funding has been secured to support introduction of modified NEWS within care homes and private nursing homes. This project will run for another year with the ultimate aim of establishing a NHS Borders wide system of early recognition.

Collaborative working between GPs and Scottish Ambulance Service (SAS) continues. Following the success of paramedic practitioners, supporting GPs with daytime and out of hours unscheduled care, a further two paramedics will be trained within the coming year.

Paramedics continue to identify patients that can be safely left at home, in certain areas there has been great collaborative working with day time GP's and SAS to make more informed decisions about leaving patient's at home safely. Work with continue to engage more GPs in this beneficial process.

Our Out of Hours service has been successful in recruiting 2 GP. As part of their posts they are working on projects to improve the quality of care we deliver one area being Anticipatory Care Planning. Work is also ongoing looking at how to reduce admissions for patients with COPD.

Research has begun in collaborate with Edinburgh University, looking at the barriers to recruiting GPs to the Scottish Borders.

Collaborative Work has begun with the Scottish patient Safety programme looking into Acute Kidney Injury (AKI). The aim is to introduce AKI alerts to clinicians so that there is early recognition and rescue of patients helping patients to be managed safely at home

A pilot is currently underway, which involves the recruitment of Health Care Support Workers, who will work alongside social carers to support the care of patients at home. The pilot has been developed due to difficulties in recruiting carers within the Borders area.

2 SAFE CARE

2.1 Healthcare is safe for every person, every time

2.1.1 Healthcare Acquired Infection (HAI)

The prevention and control of infection is a high priority for NHS Borders.

- Staphylococcus aureus Bacteraemia (SAB) cases are reviewed and reported by cause to highlight themes and support targeted interventions.
- NHS Borders continues to participate in the National Surgical Site Infection Surveillance (SSI) for the mandatory procedures of hip arthroplasty and caesarean section and colorectal surgery. NHS Borders also conducts SSI surveillance on knee arthroplasty and breast surgery. NHS Borders SSI rates are not, and have never been, a statistical outlier from the rest of Scotland.
- NHS Borders continues to conduct monthly Hand Hygiene Audits. Average compliance during 2016/17 was 99%.
- Domestic monitoring results confirm that high levels of cleanliness are maintained.
- NHS Borders has maintained an MRSA screening programme that exceeds the Scottish Government Health Department (SGHD) minimum requirements and includes use of the national Clinical Risk Assessment (CRA) tool.
- NHS Borders achieved 99% overall compliance with the National MRSA Screening Key Performance Indicator in 2016/17.
- NHS Borders Antimicrobial Management Team meets every two months and continues to review antimicrobial prescribing data, audit data and antimicrobial resistance data.
- Antimicrobial guidelines are regularly reviewed.
- Twice-weekly antimicrobial ward rounds by the Antimicrobial Pharmacist and the Consultant Microbiologist continue, reviewing the use of restricted antibiotics and patients with complicated antimicrobial prescribing issues.
- NHS Borders has maintained a programme of senior leadership inspections and safety walkrounds across NHS Borders using standardised processes. The leadership walkrounds allow senior leaders to have structured conversation about patient safety and person centred care with frontline staff. The leadership inspection programme is to ensure that patient/staff safety and the organisations policies are implemented.
- A programme of Infection Control spot checks is maintained to confirm that systems and processes are operating as intended. Detailed monthly reports of compliance by location are circulated to all Senior Charge Nurses, operational managers and senior managers as well as non-executive Directors. The Infection Prevention and Control Team also undertake a programme of audits to monitor compliance with infection control policy.

- NHS Borders supported the European Antibiotic Awareness Day in 2016 by promoting the UK Antibiotic Guardian campaign.
- In February 2017, the Healthcare Environment Inspectorate (HEI) published their report on the unannounced follow-up inspection of Borders General Hospital of the 16th and 17th November 2016.

The report contained zero Requirements and one Recommendation.

Treatment: Further Reduce Rate of Staph aureus bacteraemia (cumulative)
<p>NHS Borders did not achieve the <i>Staphylococcus aureus</i> Bacteraemia (SAB) March 2017 LDP Standard rate of 24.0 cases or less per 100,000 acute occupied bed days.</p> <p>The Health Protection Scotland report on surveillance of <i>Staphylococcus aureus</i> Bacteraemia (SAB) in Scotland shows that in the year ending March 2017, NHS Borders had a rate of 35.1 SAB cases per 100,000 acute occupied bed days compared with a rate for NHS Scotland of 32.4.</p> <p>Every SAB case and CDI case is subject to a rigorous review which includes a feedback process to the clinicians caring for the patient as well as the wider organisation through monthly Infection Control Reports. Any learning is translated into specific actions which are added to the Infection Control Work Plan with progress critically reviewed by the Infection Control Committee.</p> <p>SABs are reported by cause to highlight themes and support targeted interventions.</p>

Treatment: Further Reduce Rate of C. Diff (CDAD) cases in over 65s (cumulative)
<p>NHS Borders did achieve the <i>Clostridium difficile</i> infection (CDI) March 2017 LDP Standard rate of 32.0 cases or less per 100,000 total occupied bed days in patients aged 15 and over.</p> <p>The Health Protection Scotland report on surveillance of <i>Clostridium difficile</i> infection (CDI) in Scotland shows that in the year ending March 2017, NHS Borders had a rate of 21.3 CDI cases per 100,000 total occupied bed days compared with a rate for NHS Scotland of 27.9.</p> <p>Every CDI case is subject to a review to identify any learning for improvement. The work of the Antimicrobial Management Team continues to be important in monitoring and supporting improvement in antimicrobial stewardship.</p>

2.1.2 Patient Safety

The Scottish Patient Safety Programme (SPSP) is one of a family of national improvement programmes developed over recent years in relation to the national Healthcare Quality Strategy. These programmes draw on improvement methodology advocated by the Institute for Healthcare Improvement. SPSP current identified workstreams are as follows:

- Acute Adult
- Mental Health
- Medicines Reconciliations
- MCQIC (Paediatrics, Maternal Care & Neonates)

- Primary Care

The SPSP programme is currently part of a restructure within the Improvement Hub (ihub), part of Healthcare Improvement Scotland to improve the quality of health and social care services with alignment of existing programmes.

2016/17 was a transitional year for the ihub as it sought to maintain business continuity whilst also developing new models and methods of improvement support whilst engaging with a broad range of new stakeholders. The SPSP 90 day report and OPAC review were used to identify priorities for future improvement. In light of the above restructure currently the Scottish Patient Safety Programme (SPSP), remains to improve the safety of healthcare and reduce the level of harm experienced by people using healthcare services. SPSP aims support outcome 7 of the National health and Wellbeing Outcomes “*People using health and social care services are free from harm*”.

Hospital Standardised Mortality Ratio (HSMR)

The initial aim of the Scottish Patient Safety Programme was to reduce HSMR by 15% by December 2012 which was then extended to 20% by December 2016.

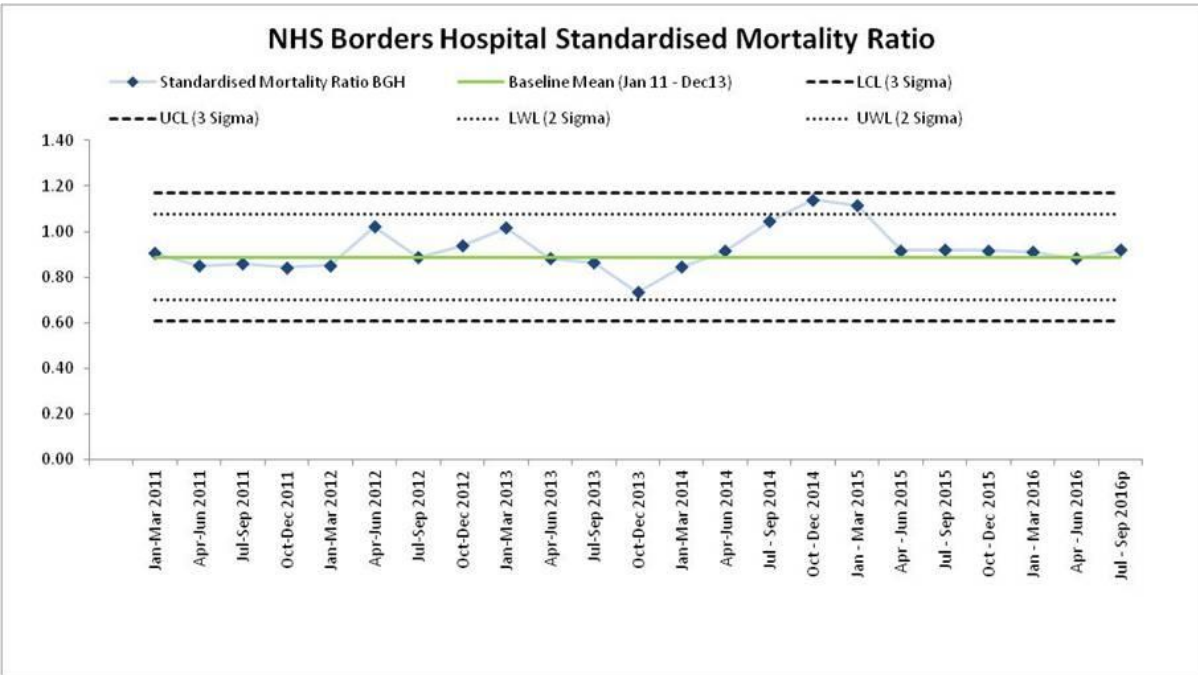
HSMR cannot be used as a standalone measure to make reliable judgements about the quality of care provided by a hospital. It can, however, be used alongside other clinical indicators within the NHS Borders quality dashboard to stimulate reflection on the way services are configured/delivered and to prompt quality improvement activity.

Reviewing these other indicators such as the mortality review process and other safety measurement indicators areas of potential concern have not been revealed which would explain a rising HSMR. NHS Borders has therefore taken national advice to ensure that all possible reasons for rising mortality have been explored and addressed.

Following the meeting with HIS in December to discuss our HSMR, we agreed that we would explore two areas in particular:-

- **Accuracy of coding**, as recorded co-morbidities now have a significantly greater impact on calculated HSMR than previously. The Senior Health Information Manager has been working with Heads of Service to communicate the importance of this and there has been some discussion around the format/content of the electronic discharge letter, with reference to another site in Scotland (RAH) and newly published Australian Guidelines.
- **Palliative care deaths** -These patients are not removed from the HSMR calculation and it is possible that as the number of palliative care patients managed within BGH, including MKU, increases, this will “artificially” increase our HSMR. There is also a growing number of patients managed in non-MKU areas under the palliative care outreach service who will not be coded as being under palliative care (up to 14 at any one time). Although not all of these patients will die within 30 days (HSMR window) a number of them will and this will impact on the mortality number.

While these areas are fully explored the team continues to undertake the clinical work to ensure that there are no clinical issues likely to impact negatively on mortality.



3 EFFECTIVE

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

Health Improvement: Smoking cessation successful quits in most deprived areas (cumulative)	
Trajectory: 130 (Dec 2016)	Year End 2016/17 Performance: 90 (Dec 2016)
<p>The standard for 2016/17 represents a 47% increase on the previous year. While data is not yet published for quarter 4 of 2016/17 (due to reporting lag) recent extracts confirm that performance remains significantly lower than target (90 of 130 expected). However, the steps taken in October-November through an advertising campaign on Radio Borders and associated press releases increased our performance from 52% in quarter 2 to 81% in quarter 3.</p> <p>We have continued our efforts to increase quit rates through further marketing, through a new radio campaign in February-April and an ongoing targeted Facebook campaign. A new Health Behaviour Change Toolkit is being implemented by Advisors, to increase the level of support offered to patients. A NES training evening is being delivered to community pharmacists to support their delivery of service and we have changed formulary to offer a more effective pharmacotherapy as 1st line treatment, to increase quit rates.</p> <p>Brief advice training for BGH staff has now reached over 243 colleagues. In addition, staff will shortly be able to refer patients to the service through TrakCare, which we expect to increase referrals through ease of access.</p>	

Standard: Increase the proportion of new-born children breastfed at 6-8 weeks	
Standard: 33%	2016/17 Performance: 41.2% (Apr – Dec 2016)
<p>For the period April – December 2016 performance exceeded the 33% standard.</p> <p>The services continue to work collaboratively with health improvement. All Maternity Staff and BFI key workers are actively working on ensuring babies get the best start in life, we have developed the following in 2016/17:</p> <ul style="list-style-type: none"> • Continuing to deliver training and updates to all staff. • To maintain/continuing to improve performance we have increased the provision of peer supporters. • Peer supporters working within Early Years Assessment team. • Focus on improving breast feeding rates within Special Care Baby Unit. • Skin to Skin initiated for all deliveries. 	

Standard: Treatment within 62 days for Urgent Referrals of Suspicion of Cancer	
Standard: 95%	2016/17 Performance: 96.3%
<p>NHS Borders achieved performance above 95% for 9 of the 12 months during 2016/17 for the 62-day standard.</p>	

Standard: Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer	
Standard: 95%	2016/17 Performance: 99.3%
<p>NHS Borders achieved performance above 95% for the 31-day standard during 2016/17.</p>	

3.2 Staff feel supported and engaged

The development of a health and social care partnership in the Scottish Borders gives partners the opportunity to better plan and commission service changes and improvements in outcomes for the population. It will also mean much closer working and joined up services for individuals and communities.

Through 2016-17, the first year of the Integrated Authority, in line with the NHS Borders Local Delivery Plan and the Scottish Borders Council Corporate Plan, two target areas have been identified for us to focus our activities in meeting the local objectives - supporting people at home and the wellbeing of our staff.

Workforce Matters

NHS Borders held a successful Local Workforce Conference on 11th March 2016. The key theme was “Living our Values – working in partnership with staff to support positive values in NHS Borders.” The conference was aimed at frontline staff and included powerful presentations around living our values from our Chief Executive, and staff engagement from our Employee

Director. Interactive Workshops further explored these values and included specific sessions on Implementing Values, Care and Compassion (Dementia Interaction) and Dignity and Respect (Social Media). Positive evaluation has led to agreement to re-run the Workforce Conference on 1st November 2016 to enable more frontline staff to hear the core messages and engage in the workshops. Outcomes/Actions from the Local Workforce Conference will feed into our 3 year Local Workforce Plan for 2016-19. During 2016/17 we also held successful events: the Celebrating Excellence Staff Awards, and the Staff Retirement event which were well attended.

Recognising that a positive staff experience will lead to better patient care the staff experience employee engagement tool, iMatter, will complete its roll-out across all of NHS Borders by the end of 2016. With a focus on improving staff engagement through listening to staff and action planning in teams, iMatter has the potential to improve efficiency and effectiveness as engaged staff feel more valued at work and are more productive. Agreed organisational actions from the overall NHS Borders iMatter report are being taken forward through the Staff Governance action planning process.

We see the big message of 2020 Workforce Vision compared to previous workforce plans is to emphasise and embed our shared values in NHS Borders, these are:

- care and compassion
- dignity and respect
- openness, honesty and responsibility
- quality and teamwork.

NHS Borders also take a Values Based Approach to recruitment to our vacant posts. Candidates are sent our Behavioural Framework, and Interviews/Assessment Centres include exercises to ensure candidates demonstrate behaviours and competencies which underpin our core values.

The local Workforce Plans will support the Board's Clinical Strategy and outline how NHS Borders can work differently because of these changes. The Clinical Strategy recognises that NHS Borders benefits from a dedicated workforce which is committed to providing the highest quality services for patients. However the workforce itself is becoming older and NHS Borders needs to plan how this demographic challenge will be addressed by the year 2020. The overall Workforce plan is a 3 year plan which will continually be updated and is currently being updated in Partnership.

Every year along with all NHS Boards in Scotland, NHS Borders publishes workforce projections. This year we are projecting an increase in Nursing and Midwifery staff. However, like all other Boards we are facing a challenge to recruit qualified nurses. There are plans for more active recruitment measures including using social media, looking at a Borders Brand and trying to incorporate as many different techniques to encourage staff come and work for us. A medical recruitment micro-site with videos of current consultants extolling the virtues of NHS Borders and living in Scottish Borders, and revamped and attractive job descriptions has already been successful and will be considered as we develop our recruitment strategy for the future.

A number of efficiency projects within NHS Borders impact on our workforce including Transforming Outpatients, Review of Day Hospital Services, Surgical flow etc. All services undertaking a Workforce Review will use appropriate Workforce Planning tools (e.g. Six Step

Workforce Planning Methodology) to make sure the optimum affordable workforce required to deliver services is in place.

Standard: Sustain Progress against the Sickness Absence Standard	
Standard: 4%	2016/17 Performance: 4.86%
<p>Cumulative sickness absence for year April 2016 – March 2017 is 4.86% - which is 0.34% lower than the NHS Scotland Average (5.20%) over the same period.</p> <p>HR provide advice and support to managers to help manage sickness absence levels in line with the policy. HR continue to be a support service to the clinical boards by providing HR advice and support in managing sickness absence, HR will recommend actions to be taken in line with the NHS Borders Sickness Absence Policy. Monthly sickness absence reports are provided to each Clinical Board and HR also proactively identify sickness absence “hot spots” and contact managers to enquire if any support is required in managing levels.</p> <p>HR are continuing to work alongside Work and Wellbeing Services to provide advice and support to line managers to manage sickness absence levels. They continue to revise sickness absence processes to ensure we are providing an efficient and supportive service to managers. Correspondence to managers indicating if employees are not meeting the expected level of attendance is being revised to indicate that action is recommended/required as well as reminding managers of actions that could / should be taken.</p>	

3.3 Best use is made of available resources

Continue to achieve financial in-year and recurring financial balance

The financial outlook the public sector is facing and the challenges this brings are clearly understood. In order to continue to deliver the required quality of patient care the organisation must keep a firm grip on its finances, as well as drive improved quality and efficiency which are critical to ongoing service delivery and public credibility. That means having a clear focus that is firmly and openly set on providing patient care that is safe, effective and affordable and includes efficiency plans and goals. The creation of the Integration Joint Board from 1 April 2016 has added a further complexity to financial planning.

Revenue

NHS Borders achieved all financial targets in 2016/17 with a small underspend of £0.064m recorded on its revenue budget at the end of the financial year. During the year the Board had to deal with a number of financial pressures as well as a challenging savings target. Overall this outcome represented a great deal of hard work by clinical staff and managers.

Capital

NHS Borders successfully remained within its Capital Resource Limit for 2016/17 with a small underspend of £7,000 recorded on capital at the year end. The Board approved a capital plan for the year which delivered the following.

- Finalisation of the Stage 2 detailed design work on the Roxburgh Street Replacement Surgery in Galashiels with subsequent award of the construction contract through Hub South East Territory. Work started on site during May 2016 with anticipated completion in May 2017.

- Detailed design and award of tender for extension and reconfiguration works to Eyemouth and Knoll Health Centres as well as detailed design works on Health Centres at Melrose, Earlston and West Linton as the final phase of the Primary Care Premises Programme.
- Took forward a number of energy efficiency projects including LED Lighting and Boiler replacements at several Board properties.
- Purchase of a replacement Gamma Camera CT for the radiology service.
- Completion of the upgrade of the Mental Health Inpatient Ward at Melburn Lodge, for which the Board received a financial contribution from the Royal Voluntary Service (RVS).
- Continuing investment in rolling replacement programmes for NHS Borders Estate (£567k), IM&T (£453k) and Medical Equipment (£333k).

Efficiency

A key element of the Board's plan to attain a financial breakeven outturn in 2016/17 was the achievement of its cost efficiency target.

NHS Borders will continue to place patient safety and quality at the centre of all that it does. The Board will continue to focus on removing quality failures within systems and process as well as revisiting some of the basic fundamentals of service provision in order to target obvious opportunities for improving service efficiency. In addition to address increasing demand, we have and will continue to put in place measures to increase the efficiency and productivity of our clinical and support services.

The approach adopted in preparing the efficiency programme has been mindful that funding is limited and efficiencies are required across the full range of the health board's activities given the significant challenge that is faced.

As part of the 2016/17 financial plan the Board set itself a challenging efficiency target of £11.4m. Although £8.1m of efficiency savings were delivered in year, which was a significant achievement, this fell short of the target. In addition the recurring element of £8.7m was not fully achieved with a recurring shortfall of £4.9m being carried forward into 2017/18. This is an increase from the shortfall of £1.7m which was unmet in 2015/16.

Keep the Health Directorates informed of progress in implementing the local efficiency savings programme

As part of the monthly monitoring returns which are submitted to the Health Directorate, NHS Borders gives an update on the efficiency savings programme. In addition on a quarterly basis the Director of Finance meets with representatives of the Finance Health Directorate where Efficiency is a standing item on the agenda.