

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 1 November held at the Tryst, Chaplaincy Centre, Borders General Hospital.

Background

The NHS Borders Annual Review for 2016/17 was held on the 1st November 2017 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).

This year's letter from the Cabinet Secretary for Health and Sport, Shona Robison is extremely positive and highlights many areas of good work and performance, paying tribute to the work of staff for achievements in many areas of service and praises NHS Borders for making "significant progress" in the face of many challenges.

Achievements highlighted include:

- Sustaining performance at or above 95% for the four hour emergency care target
- Performing well in delivering the suite of elective access targets and standards including the 12 week treatment time guarantee and key diagnostic tests
- Delivering cancer waiting times above national standards
- Waiting times for Child and Adolescent Mental Health Services well in excess of target
- Meeting all financial targets

Areas for improvement commented on by the Cabinet Secretary from the Annual Review of performance in the year 2016/17 included:

- Improving access times for psychological therapies
- Reducing the number of patients delayed in Borders hospitals when they are clinically ready to move on
- Sickness absence rates which are below average for NHS Scotland yet remain above the 4% standard.

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 2018/19 in the Managing Our Performance Report. Progress against these actions will also be reviewed at the next Annual Review in the Summer/Autumn of 2018.

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 1st November 2017.

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 2016/17 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 standards 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 2017 complies with the Board's requirements on Equality and Diversity.
Resource/Staffing Implications	None identified

Approved by

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Mr John Raine
Chairperson
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6 December 2017

Dear John,

NHS BORDERS: 2016/17 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions from your recent Annual Review and associated meetings held at the Borders General Hospital on 1 November 2017.
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 1 November 2017. 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 2016/17.
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 Board's website, alongside this letter.

Area Clinical Forum and Area Partnership Forum

4. While you did not hold meetings with your Area Clinical Forum (ACF) or Area Partnership Forum (APF) as part of the Annual Review, you did receive Annual Reports from each of the groups. The ACF report highlighted the activities of the Group during the year including, supporting children and young people with healthcare needs in schools, input into the Clinical Productivity Programmes being undertaken and the implementation of the ACF micro site on the NHS Borders intranet, which has proven to be an invaluable tool for improving access to information, whilst raising the profile and effectiveness of the Group locally.
5. Your APF report notes that it has also successfully developed and rolled out a micro site on the intranet, has supported the NHS Borders engagement processes around efficiency savings through the Clinical Productivity Programme, worked in partnership with the Board to assess the uptake of iMatter, whilst developing appropriate reports and initiatives to improve future uptake by staff.

Interactive Staff Session

6. 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 primary session was led by Claire Pearce, NHS Borders Director of Nursing, Midwifery and Acute Services regarding 'Back to Basics', an improvement programme whose aim is to take a back to basics approach to nursing care. The Programme has been introduced to improve patient and staff experience and to equip staff with the necessary skills and knowledge to deliver excellence in care. The main elements of the Programme are to reduce risk of harm from falls, zero tolerance for pressure damage and improvements in relation to food, fluid and nutrition standards, better communication with patients and families and improvements for recognising deteriorating patients.
7. The session offered an excellent opportunity for staff to pose questions and views on the Programme. Amongst the topics discussed was the need for the Programme not to be a bureaucratic burden to ensure buy-in from staff, how to successfully engage with staff, the potential positive impact of the programme upon both staff morale and patient experience.

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. 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 improvement for performance against the 31-day cancer waiting standard, a reduction in healthcare acquired *C Difficile* infections, the successful roll out of the whole stroke care bundle for admissions and improved

performance for the Child and Adolescent Mental Health Services waiting times. You also touched upon a number of challenges the Board had faced during 2016/17, including reducing cases of delayed discharge, reducing instances of staff sickness and improving access performance for Psychological Therapies.

9. A number of staff made presentations. Cliff Sharp, your Medical Director, discussed the Board's Clinical Strategy and how it was developing your services for the future. June Smyth, the Director of Strategic Change & Performance, highlighted your 'Better Borders' Programme and how it will deliver changes arising from your Clinical Strategy. Finally Claire Pearce NHS Borders Director of Nursing, Midwifery and Acute Services gave a presentation on the 'Back to Basics' Programme and outlined the positive impact it would have for patients.
10. You then led a Q&A session with the public. Amongst the topics discussed were recruitment and retention of staff and how this can impact upon morale, the successful impact of the NHS Borders Staff Awards and the progress on spiritual matters for both staff and patients. 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

11. NHS Borders is to be commended for exceeding its target for the delivery of Alcohol Brief Interventions during 2016/17, delivering 100% of the agreed number. However, of more concern was your performance on smoking cessation. During the year NHS Borders achieved 140 successful 12 week quits against a target of 173. I would encourage you to put into place all appropriate actions to enable significant improvement going forward.

Clinical Governance, Patient Safety and Infection Control

12. 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* LDP standard to deliver a rate of 0.32 cases per 1,000 total occupied bed days by March 2017, delivering an average of 0.21. However, the Board missed the *staphylococcus aureus bacteraemia* (SAB) infections standard for delivery in the same period. Incidence was 0.35 cases in 2016/17, the same figure as the previous year and I would expect the Board to take all appropriate actions to ensure improvements are made in this area over the coming months.
13. The Healthcare Environment Inspectorate (HEI) carried out an inspection of the Borders General Hospital in November 2016. This resulted in one recommendation which has been actioned.

Improving Access, including Waiting Times Performance

14. 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.
15. During 2016/17 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 challenges in elective inpatient/day-case surgery throughout the year mainly in the specialty of Trauma and Orthopaedics due to capacity pressures. Similarly, for outpatient services pressures continued to be experienced by the Board, particularly in the specialties of Dermatology, Ophthalmology, Trauma and Orthopaedics and Cardiology. I note that the Board is currently redesigning its pathway for elective Orthopaedics and would ask that you keep the Scottish Government Access Support Team informed on progress and the impact this initiative is having upon performance.
16. 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 2016/17. Similarly, delivery of the 62-day cancer access standard was above 95% for the reporting period as well. Please pass on my thanks to staff for their hard work and dedication that has resulted in such an excellent result.
17. I am aware of the hard work and dedication of your staff which resulted in an average of 97.7% of patients waiting less than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services, against a target of 90% in 2016/17. However, for the same time period the Board did not meet the 90% standard for access to Psychological Therapies, achieving an average of 76.5%. This was in part due to workforce challenges around recruitment and retention. I am aware that additional clinical psychologist and clinical psychology resources have been recruited and I look forward to confirmation that work to speed up access to this key service has resulted in sustainable delivery of the 18 week standard.

The Integration of Health and Social Care

18. I welcome the commitment of the Board and its Local Authority partner to the effective implementation of integrated health and social care partnership arrangements. A new Chief Officer has recently been appointed for the Borders Health and Social Care Partnership which I am confident will benefit the people of the Borders going forward. I note that whilst the majority of Scotland has seen year-on-year reductions in bed days associated with delayed discharge, this has not been the case in Borders. It is important that this is redressed, along with reductions in the number also delayed in community hospitals and I would ask that you keep my officials within the Scottish Government Integration Partnership, Support and Development Team informed of progress going forward.

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

19. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. At 4.86% for the year to March 2017, 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.
20. 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 2016/17.
21. Clearly, overall economic conditions mean that public sector budgets will continue to be tight whilst demand for health services will continue to grow. Nonetheless, 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 2017/18 and beyond.

Conclusion

22. 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 2016/17

MAIN ACTION POINTS

The Board must:

- Make sustained progress in achieving smoking cessation targets.
- 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 Inpatient and Outpatient appointments and Psychological Therapies.
- Continue to make progress against the staff sickness absence standard.
- Keep the Scottish Government Integration Partnership, Support and Development Team informed on progress towards reducing levels of delayed discharge.
- In particular on elective access targets: as a minimum, the Board should achieve the same elective waiting times performance at 31 March 2018 as delivered on 31 March 2017.
- 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.