Cabinet Secretary for Health and Wellbeing
Alex Neil MSP

T: 0845 774 1741
E: scottish.ministers@scotland.gsi.gov.uk

LEGACY 2014
XX COMMONWEALTH GAMES
GLASGOW

Mr John Raine
Chair
NHS Borders
Newstead
Melrose
Roxburghshire
TD6 9DA

29 October 2013

Dear John

NHS BORDERS ANNUAL REVIEW: THURSDAY 22 AUGUST 2013

1. This letter summarises the main points and actions in relation to NHS Borders Annual Review, held in Galashiels on 22 August.

2. As you know, I want 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 every two years, generally on an alternating basis. As one of the Boards that did not have a Review chaired by a Minister this year, you conducted the Review meeting in public on 22 August. You clearly outlined progress and challenges in key areas and gave local people the opportunity to question yourself and the Chief Executive. I asked a Government official to attend the Annual Review in an observing role. This letter summarises the main points and actions in terms of NHS Borders performance in 2012/13, as organised under the six Health Quality Outcomes.

Introduction and opening comments

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 is available to members of the public via the NHS Board's website, alongside this letter.

4. I understand that, in advance of the formal session of the Review, there was a successful 'café style' poster display on various initiatives and innovations taking place in NHS Borders. I was also interested to learn that you and your Chief Executive also held a meeting with a number of parents whose children had recently been patients or who are regular users of healthcare services, to discuss future developments and challenges for Paediatric Services in the Borders.

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Topics covered included an expanded role for outpatient services, optimising the use of technology, better integration for Child Mental Health Services and the need to reduce child dental DNA rates.

5. I understand you opened the public session of the Review on 22 August by presenting a helpful summary of the progress the NHS Borders has made in a number of areas over the last year. You reiterated the Board's clear focus on patient safety, effective governance and performance management; and on the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services.

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

6. NHS Borders is to be commended for its excellent performance against both the 31-day and 62-day cancer access standards. I also want to put on record my appreciation of the Board's very successful performance against the smoking cessation targets to date. For the period April 2011-December 2012 the Board delivered 1387 successful one-month quits against the target of 889 and achieved 159% of its target for quits in the 40% most deprived data zones. I recognise that this latter target can be particularly challenging for Boards like the Borders where a higher percentage of the population live in scattered rural communities and deprived individuals are dispersed throughout the community, so the Board's performance in this area is especially encouraging.

Health care is safe for every person, every time

7. 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. Considerable work has been undertaken at all levels in recent years to ensure that Boards respond effectively to the findings and lessons to emerge from numerous high profile reviews such as the Francis Inquiry and previous reports in relation to events at Mid-Staffordshire NHS Trust. I am aware that significant improvements have been made in relation to infection control in the Borders and it is therefore disappointing to see that the Board narrowly missed its targets in relation to Clostridium Difficile and the incidence of MRSA/MSSA. I expect the Board to remain fully committed to the delivery of the new targets set for 2015.

8. The Healthcare Environment Inspectorate was set up by the former Cabinet Secretary for Health and Wellbeing with a remit to undertake a rigorous programme of inspections in acute hospitals. During the period covered by the Review there was an unannounced inspection of Borders General Hospital (BGH) in December 2012. I was pleased to note that the report found that improvements have been made since the previous inspection and that the Board is complying with most standards to protect patients, staff and visitors from acquiring an infection. An inspection of Care for Older People in Acute Hospitals (OPAH) was also carried out in July 2012 and you have assured me that the recommendations arising from that report have now been implemented. I would also like to record my thanks to staff in the BGH who have been assisting with the development of the next phase of the Scottish Patient Safety Programme, including the work on the Scottish Patient Safety Indicator and with the piloting of the SPSP Mental Health.

Everyone has a positive experience of health care

9. The Board has performed well against the suite of waiting time targets and standards during the year. However, following the introduction of the **Treatment Time Guarantee (TTG)** from 1st October 2012, a total of 28 patients breached the 12 week target in the quarter to 31 March 2013.

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I understand that much of the challenge encountered in this period arose as a result of difficulties in the Area Sterilisation and Disinfection Unit. Subsequently, there has been a strong management focus on backlog removal and on embedding improved systems and processes. With these assurances in place, the Board should now be broadly in balance.

10. I am also pleased to record NHS Borders' strong performance over 2012/13 in terms of the 4 hour A&E HEAT Standard and the target to admit 90% of affected patients to the new Borders Stroke Unit within one day of admission to the hospital. There is no doubt that the Board continues to focus on patient centred care at all times. I understand you provided an assurance at the Review that the Board is well in place to maintain this strong level of performance, for the benefit of local people.

Staff feels supported and engaged

11. Effective attendance management is critical – not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. In that context, I was pleased to note that the programme of work that the Board implemented throughout the year, to concentrate efforts on reducing sickness and absence, resulted in a reduction in the absence rate from 4.7% to 4.25% in the year to March 2013.

12. The Board has also been involved in a number of initiatives to improve the recording of staff experience and make best use of that feedback including piloting the new self assessment and monitoring framework for the staff governance standard and local workshops on the 20:20 workforce vision. I was also pleased to hear that preparations are progressing for the implementation of the new electronic Employee Support System (eESS).

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

13. I was encouraged to hear that NHS Borders had not only achieved the delayed discharge target with no patient delayed for longer than 4 weeks at the April census point but that, in fact at that point, no patient had been delayed beyond two weeks. This clearly puts the Board in a strong position to achieve the new target due for delivery by April 2015.

14. NHS Borders also performed above the Scottish average in relation to the target to reduce emergency bed days for people over 75. The total occupied bed days reduced from 2,343 in the quarter to June 2012 to 1,750 between January and March 2013.

Best use is made of available resources

15. 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 please to note that NHS Borders met its financial targets for 2012/13 alongside the Efficient Government target for the year and, based on the current in-year position, remains in line with the Board's financial plan for 2013/14. All efficiencies made through this programme are reinvested in healthcare.

16. In terms of local capital projects, the major investments during 2012/13 included £1M funding for the development of Lauder Health Centre and work to further improve outpatient services at the Borders General Hospital (£1.1M). NHS Borders has also given consideration to the overall capacity at the BGH and invested £0.457 in a surge capacity project. Clearly, overall economic conditions mean that public sector budgets will continue to be tight while demand for health services will continue to grow.

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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 2013/14 and beyond.

Question and Answer Session

17. You and your team concluded the Review by inviting questions from members of the public and holding a wide-ranging, interactive discussion with the audience which encompassed support for carers; the most cost effective approaches to smoking cessation; the importance of the voluntary sector in the provision of end of life care; combatting childhood obesity; the role of non-Executive Directors and the value of public engagement in healthcare.

Conclusion

18. I would like to thank you and your team for hosting the Review and for responding so positively to the issues raised. I understand the meeting was well received by attendees, and hope the approach helps in encouraging as much direct dialogue and accountability as is practicable.

19. I want to put on record my gratitude to the Board and its staff for an impressive performance in 2013/13; it is clear that NHS Borders is making significant progress in taking forward a challenging agenda on a number of fronts, including improving access, maintaining tight financial control and developing services in line with the Quality agenda and 2020 vision. The Board has good relationships with its planning partners - effectively building on such relationships will be crucial in continuing to progress the local health and social care integration agenda.

20. Whilst I am happy to acknowledge the many positive aspects of performance in NHS Borders, I know you are not complacent and recognise that there remains much to do. I am confident that the Board understands the need to maintain the quality of frontline services whilst demonstrating best value for taxpayers' investment. We will continue to keep progress under close review and I have included a list of the main performance action points in the attached annex.

ALEX NEIL

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ANNEX

NHS BORDERS ANNUAL REVIEW 2013

MAIN ACTION POINTS

The Board must:

- **Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection;**
- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety;**
- **Continue to respond promptly and effectively to the HEI and Older People in Acute Hospitals inspection reports;**
- **Maintain focus on the sustainable delivery of the 12 week Treatment Time Guarantee.**
- **Sustain performance against all other HEAT targets and standards;**
- **Continue to work with planning partners on the integration agenda, and to ensure that local staff are fully engaged and involved in this process;**
- **Continue to deliver in-year and recurring financial balance, and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.**

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