NHS BORDERS

2013 Annual Review

Self Assessment

Progress against 2012 Annual Review action points

There were 9 items highlighted in the Annual Review held on the 23rd November 2012. Progress updates against these actions can be found throughout the self assessment.

Action point 1:
Keep the Health and Social Care Directorates informed of progress with the local implementation of the Quality Strategy and Health and Social Care Integration.

Please see section 3, page 12 and 5, page 20

Action point 2:
Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection and ensure sustainable progress is made against requirements and recommendations in Healthcare Environment Inspectorate and OPAC Inspection reports.

Please see section 2, page 8 and page 12

Action point 3:
Sustain performance against all HEAT targets and standards.

Please see sections 1-6, page 5 onwards

Action point 4:
Ensure that there are robust plans in place to see further reductions in SABs in order to achieve the HEAT target in March 2013.

Please see section 2, page 8 onwards

Action point 5:
Maintain focus on delivery of the 12 week Treatment Time Guarantee and other waiting times standards and ensure any emerging problems are highlighted at an early stage.

Please see section 3, page 14

Action point 6:
Ensure that there are robust plans in place to meet the HEAT standard for Dementia Diagnosis in March 2013.

Please see section 5, page 21

Action point 7:
Continue to work to improve performance on the advance booking of GP appointments.

Please see section 3, page 14

Action point 8:
Ensure that improvement in performance against the HEAT standard for staff sickness absence is maintained and improved upon.

Please see section 4, page 19

Action point 9:
Maintain focus on the continued achievement of in-year and recurring financial balance; and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.

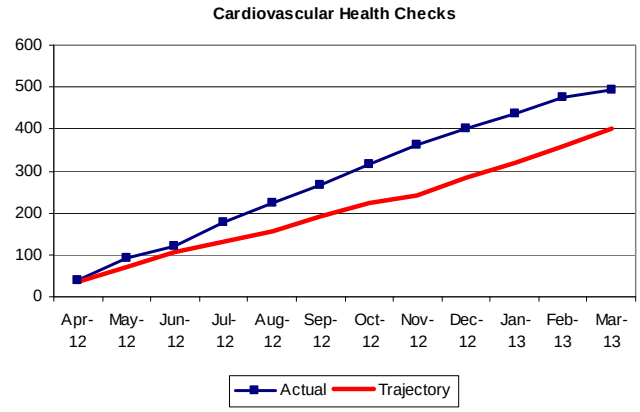
Please see section 6, page 23

Contents

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

Standard: Number of Inequalities targeted cardiovascular health checks (Cumulative)

Target: 400 | **Performance:** 493



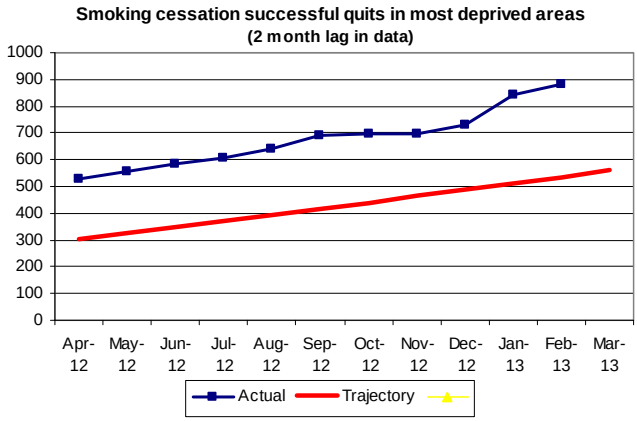
493 health checks were carried out against a target of 400 (123% of target), with 90% delivered in 2012/13 in Primary Care.

Amongst the 9 GP practices signed up to deliver Keep Well, 83% of checks were delivered to households situated in a postcodes classified as the 40% most disadvantaged in Borders and 42% of checks were delivered to households situated in a postcode classified as the 20% most disadvantaged in Borders.

Amongst the 9 GP practices signed up to deliver Keep Well, 9.5% of checks identified people with an ASSIGN CV Disease 10 year risk score of 20% or more.

Health Improvement: Smoking cessation successful quits in 40% most deprived areas (Cumulative)

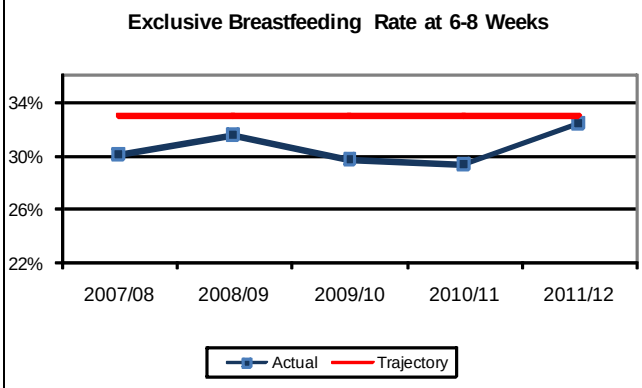
Trajectory: 560 | **Performance:** 882 (February data as there is a lag time)



The Quit4Good Service has worked hard over the past year to improve the effective delivery of Services. The Service went through a LEAN redesign process to ensure that all systems and procedures were as streamlined as possible, enabling NHS Borders Advisors to maximise the time they have available to treat patients. In addition through demand and capacity work NHS Borders have identified those areas of greatest need in the Borders and have reoriented services as a result of this. This ensures that resources are maximised in the areas of greatest deprivation, thus further supporting meeting the HEAT target.

Standard: Exclusive Breastfeeding Rate at 6-8 Week Check

Target: 33% | **Performance:** 32.4% (2011/2012)

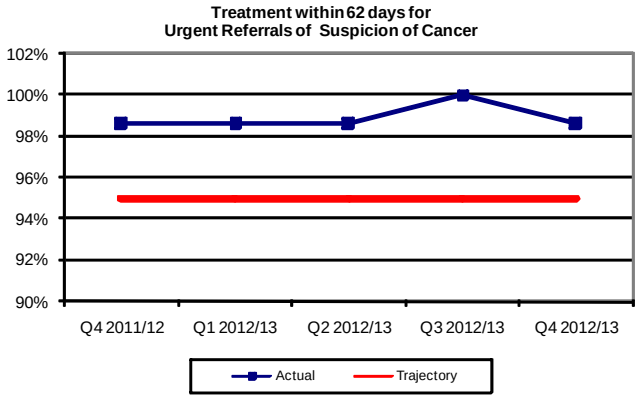


Implementation of the Baby Friendly Initiative standards in the Maternity Unit and in the Community Health Partnership continued throughout 2012 working towards 'Stage 2' of the programme (subsequently achieved in April 2013). The focus has been on staff training, at the end of December 2012, 75% of eligible staff had completed training. Locality wide peer supporters and breast feeding support groups have been introduced to ensure adequate facilities exist in the community for women to access, maximising the potential to sustain breast feeding in the long term. Breast feeding rates are on an upward trajectory but there will always be quarterly fluctuations.

Standard: Treatment within 62 days for Urgent Referrals of Suspicion of Cancer

Target: 95%

Performance: 98.6%



NHS Borders has consistently exceeded the 95% target for patients urgently referred to receive treatment within 62 days since 2009 and throughout 2012/13. This has been achieved through the hard work, commitment and high quality care provided by clinicians in the patient pathway, and through a robust and effective prospective tracking of patients. During 2012/13, the Hepatobiliary cancer pathway was redesigned to ensure patients are supported throughout their journey by a locally based nurse and help avoid delays in their pathway.

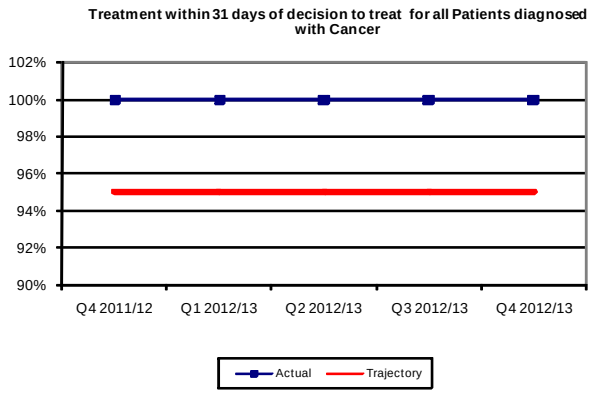
A revised tracking database is being introduced in 2013/14, which will allow tracking systems to be streamlined. This will make it much easier to see where a patient is on their pathway and whether they are on target to achieve the milestones in their journey. This will allow a more proactive approach in picking up and addressing potential delays and will release staff time to track patients through to the end of their treatment. It is anticipated this will reduce the number of patients who do not achieve 62 days and move us closer to ensuring that consistently 100% of patients are treated within 62 days.

For 2013/14, colonoscopy capacity has been increased as part of a drive to reduce colonoscopy waiting times to 2-3 weeks. This will provide an even more responsive service for patients and will reduce the likelihood of patients with bowel cancer exceeding the 62-day target. Work is being done with NHS Lothian to develop improved support for patients referred for treatment. As well as improving the patient experience, this will also reduce the risk of delays in patients being treated.

Standard: Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer

Target: 95%

Performance: 100%



NHS Borders has maintained 100% achievement against the 31-day cancer waiting times target throughout the year. This is due to the commitment and high quality care delivered by NHS Borders range of cancer clinicians, supported by robust tracking process that prospectively follow every patient diagnosed with cancer to first treatment.

The tracking database is being revised and improved to allow the organisation to maintain this achievement and to track patient care to end of treatment, which will ensure no delays following first treatment.

Update on contributions to the Single Outcome Agreement (SOA)

Health inequalities and early years

NHS Borders continues to work closely with Scottish Borders Council and other partners to take forward the joint Early Years Strategy for Scottish Borders. The local Early Years Change Fund in NHS supports agreed priorities within this joint strategy in relation to oral health, child healthy weight and maternal and infant nutrition.

With partners and through the Strategic Early Years Group, progress continues in establishing Early Years Networks in each locality across Borders. The Networks are chaired and co-ordinated by community nurse managers. Considerable work has been undertaking on workforce development in the NHS, particularly in relation to 'getting it right for every child' (GIRFEC) and to maternal and infant nutrition through the UNICEF Baby Friendly Initiative programme. Stage 2 accreditation for both community services and the maternity unit was confirmed in April 2013. NHS Borders, through the Joint Health Improvement Team, has also been able to pilot and establish a volunteer breastfeeding peer support project to support new mothers.

Work continues to ensure that services are working to revised guidelines for Children Affected by Parental Substance Misuse (CAPSM) guidelines, under the oversight of the Borders Alcohol and Drugs Partnership and Child Protection Committee. The recommendations arising from the recent Alcohol and Drugs Partnership investment review include recommendations relating to early years, specifically to improve the linkages between adult services and early years services. Early stages of local engagement with the national Early Years Collaborative indicate that this will be an important focus for improvement work.

Tackling domestic violence continues as part of the wider Violence against Women Partnership and specifically through Chief Executive Letter (CEL) 41 and the NHS is a partner in the Pathways project that is now operational, providing an integrated service to support women and families who experience domestic violence.

NHS Borders is a member of the Strategic Anti Poverty Partnership and in the work of the Community Planning Partnership to manage the impacts of the welfare benefit reforms. An action plan has been developed for NHS Borders, with an initial focus on awareness raising and on the identification of staff training needs. At community level, the work of the Early Years Assessment Team, which includes NHS staff, and the Healthy Living Network, offer support to families affected by health inequalities. Work has recently begun to extend and adapt formal antenatal parenting education classes to ensure that community services, who are in contact with pregnant women, are able to support and signpost effectively. A need has been identified to focus in particular on mental health and well being and on access to money advice for expectant and new parents.

Research

Local research governance centres on research studies that include NHS Borders patients across secondary and primary care and all Clinical Boards. Between July 2012-June 2013, the Research Governance Committee approved 23 new studies and 31 amendments to existing

studies. Overall there are currently 79 active studies within NHS Borders. NHS Borders hosts multi site non-commercial research; however there has been an increase in enquiries for the Board to sponsor research. There is also a willingness to move towards hosting commercial research. This will meet the objectives set by the Chief Scientist Office to increase income and activity from commercial studies.

2 Healthcare is safe for every person, every time

Healthcare Acquired Infection (HAI)

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

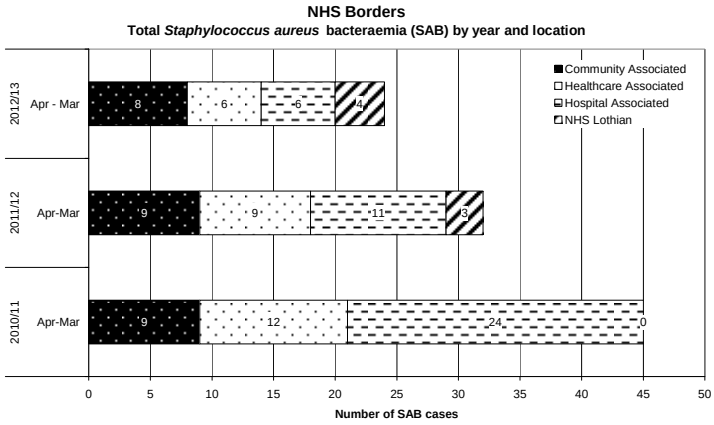
- NHS Borders has reduced the total number of *Staphylococcus aureus* Bacteraemia (SAB) by 25% during 2012/2013 (32 SABs 2011-12: 24 SABs 2012-13). We are unable to confirm our position against the 2012/13 HEAT target for *Staphylococcus aureus* Bacteraemia and *Clostridium difficile* Infection (CDI) until official data is made available from Health Protection Scotland.
- NHS Borders continues to participate in the National Surgical Site Infection Surveillance for the mandatory procedures of hip arthroplasty and caesarean section. During 2012/13 NHS Borders also conducted SSI surveillance on knee arthroplasty and colorectal surgery. During 2012/13, the infection rates for caesarean section and colorectal procedures remained better than the Scottish average.
- NHS Borders continues to conduct National Hand Hygiene Audits on a bi-monthly basis. NHS Borders compliance stands at 98% following publication of the 25th Audit Report.
- NHS Borders achieved 96.6% compliance in cleaning audits against the NHSScotland National Cleaning Services Specification following publication of the most recent report in May 2013.
- NHS Borders has embedded public involvement in infection control activities.
- 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 Antimicrobial Management Team meets every two months and continues to review antimicrobial prescribing data, audit data and antimicrobial resistance data.
- Review of antimicrobial guidelines is ongoing in response to clinical and microbiological drivers, including minimising use of antibiotics associated with C. difficile.
- 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.
- Application for Outpatient Antibiotic Therapy project successful.
- The programme of inspections by Senior Nurses continues. This was established within Borders General Hospital using a standardised tool based on the Healthcare Environment Inspectorate (HEI) Healthcare Associated Infections (HAI) and Older People in Acute Hospitals (OPAH) tools.
- The programme of inspections by Executive Directors with Senior Managers also continues. These inspections now incorporate Community Hospitals throughout NHS Borders.

In order to strengthen our routine infection control activity the following work has been implemented:

- Investment and upgrade to the infection control IT system (ICNet) to improve data provision and enhance infection surveillance
- Implementation of an improved infection control audit programme developed by the Infection Prevention Society

Treatment: Further Reduce Rate of Staph aureus bacteraemia (cumulative)

Number of cases in 2012/13 = 24

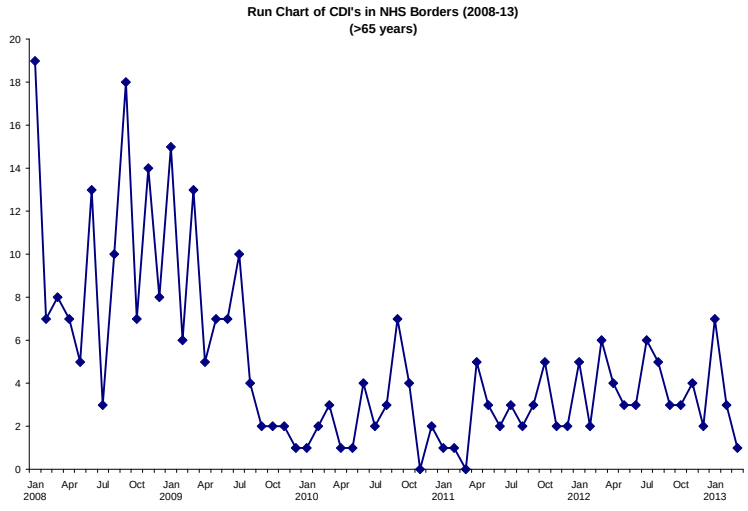


NHS Borders has a Scottish Government HEAT target to achieve a rate of 0.26 *Staphylococcus aureus* Bacteraemia (SAB) cases or less per 1000 acute occupied bed days by March 2013. Initial indications suggest NHS Borders is border line to achieving this target. This position is unable to be confirmed against the HEAT target until official data is made available from Health Protection Scotland. As at December 2012, 0.31 had been achieved.

Significant improvements have been made with NHS Borders reducing the number of SABs by 25% this year (32 SABs 2011/12 : 24 SABs 2012/13) as displayed.

Treatment: Further Reduce Rate of C. Diff (CDAD) cases in over 65s (cumulative)

Number of cases in 2012/13 = 44

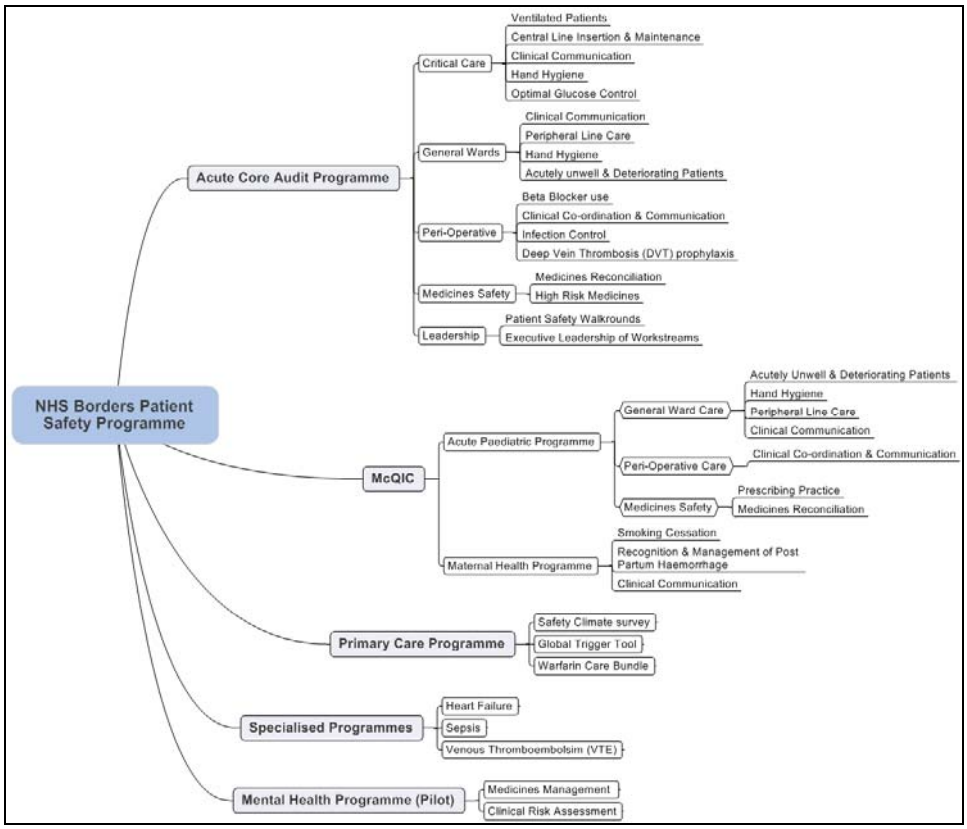


NHS Borders has a HEAT target to achieve a rate of 0.39 or less cases of *Clostridium difficile* infections (CDI) per 1000 total occupied bed days in patients aged 65 and over by the year ending March 2013. Initial indications suggest NHS Borders CDI rate is higher than the HEAT target. This position is unable to be confirmed until official data is made available from Health Protection Scotland. As at December 2012, 0.44 had been achieved.

NHS Borders, however, has made an excellent overall improvement since the 2008/9 period, as displayed in the accompanying chart. Recent surveillance indicates a levelling of the previous downward trend across NHS Scotland. A new Prevention of CDI Group has been established to address the issues related to CDI rates.

Patient Safety

The scope of the Scottish Patient Safety Programme (SPSP) within NHS Borders can be seen in the diagram below:



Spread of all the key changes within SPSP (including testing, training, communication) is in progress beyond the pilot populations throughout the BGH within the five original work streams: General Ward, Peri-operative Care, Medicines Management, Critical Care and Leadership. The aim is to ensure reliability with the process measures in each of these workstreams.

The second phase of the Scottish Patient Safety Programme was announced in June 2012 by the Cabinet Secretary and NHS Borders (ward 10) have been a test site for the forthcoming Scottish Patient Safety Indicator (SPSI). Full details of the SPSI are expected to be released at Learning Session 10 in August 2013 and expected to contain measurements in falls, tissue viability, hospital acquired infections and rescue of the deteriorating patient.

Mortality Reviews

In January 2013, a case note review of all inpatient deaths within the Borders General Hospital (BGH) from October 2012 using the 3x2 matrix tool was undertaken to identify common factors that impact on the quality of care. This tool is currently being tested for purpose and outcome, and monthly reviews (on all inpatient deaths, three months prior) have taken place since then. These reviews have uncovered different health and care system issues and have also opened a dialogue around death certification and the incident review policy. Findings from the reviews have been shared through internal governance structures; at the 'Grand Round', the BGH Clinical Governance Group and the Healthcare Steering Group to identify areas for improvement and learning from findings.

Maternity Workstream - Maternity Care Quality Improvement Collaborative
Healthcare Improvement Scotland (HIS) launched the Maternity Care Quality Improvement Collaborative as a further workstream of SPSP, which includes Maternal Care, Neonates and Paediatrics.

The overall aim of the Maternity Care Quality Improvement Collaborative is to improve outcomes and reduce inequalities in outcomes by providing a safe, high quality care experience for all women, babies and families across maternity care settings in Scotland.

Within ward 15, there has been successful implementation of a Paediatric Early Warning Score (PEWS) Chart to aid in the recognition and early rescue of the deteriorating patient, with measurement of reliability of compliance with completion and appropriate intervention. The communication tool SBAR and the use of safety briefings to enhance communication of key safety issues have also been implemented. In addition, ward 15 and neonates are testing Peripheral Vascular Cannula (PVC) insertion and maintenance bundles, and continue to carry out and monitor hand hygiene compliance to contribute to the reduction of healthcare associated infections.

Health Improvement Scotland (HIS) visited both the maternity and paediatric teams in June, and whilst a formal report is awaited, verbal feedback was very positive.

Mental Health Workstream
NHS Borders are a pilot site for the national pilot of SPSP Mental Health. The Risk Assessment workstream is being tested in The Brigs, and the Medicines Management workstream in Huntlyburn, whereby teams create their own areas for improvement and Plan, Do, Study, Act (PDSA) testing. One area showing improvement is medicines reconciliation where a change in practice was introduced in October 2012 increasing performance to close to the target of 95% by November 2012.

Primary Care Workstream
The Patient Safety Programme in Primary Care launched in March 2013, which forms a key part of Scotland's Quality Agenda.

The plan is for the Programme to be developed over the next five years, and this year has seen the launch of:

- Collaborative Learning (national and local learning sessions)
- Safety Climate Survey
- Trigger Tool
- Warfarin Care Bundle

Reducing Avoidable Harm – Scottish Patient Safety Indicator
With regards to reducing avoidable harm ongoing discussion is being held in the Scottish Government as to what exactly this will encompass. SPSP programme managers have been advised to continue with the initial phase of SPSP until all process measures are reliable. It is anticipated that falls, tissue viability, catheter acquired urinary tract infections (CAUTI) and/ or healthcare acquired infections and cardiac arrests will form the basis of Scottish Patient Safety Indicator but the measurement process is yet undefined. Learning session 10 has been postponed until August 2013, and the final decision from the Scottish Government and HIS will be launched at this event.

Alignment of National Workstreams

NHS Borders is leading specific work on patient safety at a local level aiming to reduce the incidence of slips/trips/falls and pressure ulcers and improve nutritional care for patients. This work is focused in wards within the BGH, community hospitals and mental health sites and is supported by Practice Development Facilitators and the Falls Coordinator. A model of improvement panels, supported by the Clinical Governance and Quality team, Practice Development and the Associate Directors of Nursing, is being tested initially within community hospitals sites in May 2013 to support Senior Charge Nurses to apply improvement methodology to address patient safety issues. Data from the developing quality dashboards will be used to target local improvements.

Older People in Acute Care Inspections

NHS Borders has implemented the recommendations from the OPAH inspection of July 2012. We have continued our programme of Executive Team inspections through the year and have completed a revised self-assessment and are working with Healthcare Improvement Scotland to be a pilot site for the revised process, although a date has yet to be set.

3 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 '20:20 Vision' and Corporate Objectives on quality ambitions and healthcare outcomes. The Workforce Plan for 2013/14 also promotes working towards quality throughout the Health Board. Through the contribution to the Participation Standard and the development of the new National Person Centred Health & Care Programme and the results of the Better Together Patient Experience Survey NHS Borders can monitor positive experience. National reporting on progress towards the Scottish Patient Safety Programme, Clinical Quality Indicators and Healthcare Acquired Infection measures show the implementation of quality.

Public Involvement and Patient Experience, 2012-13

During 2012/13 NHS Borders was formally assessed against the NHS Scotland Participation Standard, with a focus on how effective the Boards Corporate Governance is in relation to public involvement. As part of the assessment NHS Borders submitted two case studies selected by the Scottish Health Council these were (1) Breastfeeding Volunteers and (2) Better Together Inpatient Survey: working with the public, patients and carers to improve services in the Borders General Hospital. To help verify the submission the Scottish Health Council interviewed NHS Borders public involvement members who were involved in the assessment.

The Participation Standard has four levels; Level 1 Development, Level 2 Implementation, Level 3 Evaluation, and Level 4 Improvement. For 2012/13 submission, NHS Borders achieved the following levels:

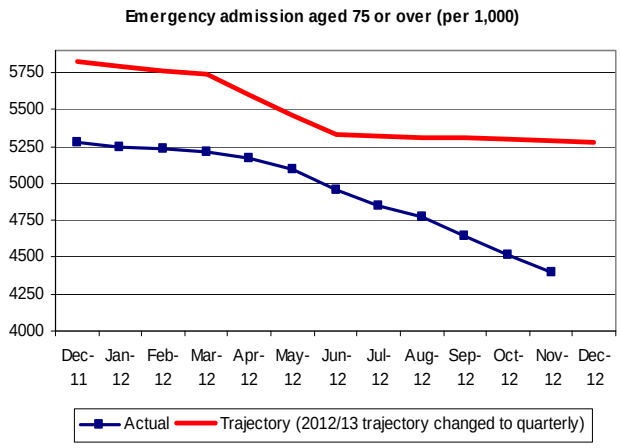
Level	Participation Standard 2012/13	NHS Borders assessed level
Section 3.1	Assuring the Board that the participation agenda is being developed	Level 2 Implementation
Section 3.2	Effective public participation in governance	Level 4 Improvement
Section 3.3	Ensuring participation is a core part of staff activity	Level 4 Improvement

The Scottish Health Council reviewed the assessment and supporting evidence and the assessed results are detailed in the table above. To achieve the highest improvement level for Section 3.1 the Board will need to develop a public involvement strategy in 2013/14. NHS Borders has shown significant improvement in the corporate governance of public involvement which is evident by achieving the highest levels for section 3.2 and 3.3.

NHS Borders has a work stream to ensure effective delivery of the National Person Centred Health and Care Programme. NHS Borders approach has integrated existing work streams into an overall programme. These work streams include the Patient Rights (Scotland) Act (2011), complaints, feedback, advocacy, carer support, voluntary sector engagement, volunteering and public involvement work. Regular reports are provided to NHS Borders Board including feedback received through social media platforms and patient stories. Governance of the Person Centred Programme is provided by NHS Borders Healthcare Governance Steering Group and Public Governance Committee.

Treatment: Reduce Emergency Occupied Bed Days for those aged 75 and over (per 1,000)

Trajectory: 5290 (November 2012) **Performance:** 4401 (November 2012)



Note: There is a time lag with data therefore the most recent information is shown

This target is being managed in conjunction with the target for A&E attendance reductions and measures Emergency Occupied Bed Days Rates per 100,000 of the population in respect of patients aged 75+. Performance in respect of this target has exceeded trajectory such that more challenging trajectory has been agreed for 2013/14.

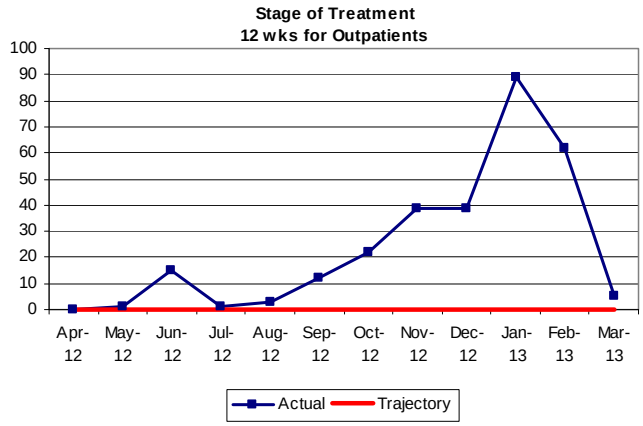
Increasingly Primary and Community Care Services have been focusing on reducing avoidable admissions and supporting early discharge from hospital. Specific areas of activity include:

- Quality and Productivity indicators in the Quality and Outcomes Framework (QOF) - Practices analysing attendance data and producing local improvement plans. End of year reports will also be produced to share best practice and highlight possible areas for improvement elsewhere within the health and social care system
- Polypharmacy – Local Enhanced Service supporting face to face medication reviews for patients >65 years on 11 or more repeat items
- Anticipatory Care Plans – Enhanced Service in place for care home residents to reduce Out of Hours Admissions, STACCATO Project and Palliative Care Direct Enhanced service and Palliative Care QOF indicators
- Primary Care input in Care homes enhanced to support admission prevention
- Development of Intermediate Care services within Scottish Borders Council (SBC) Care Homes.

HEAT Standard: Continue to provide 48 hour access or advance booking to an appropriate member of the GP Practice team

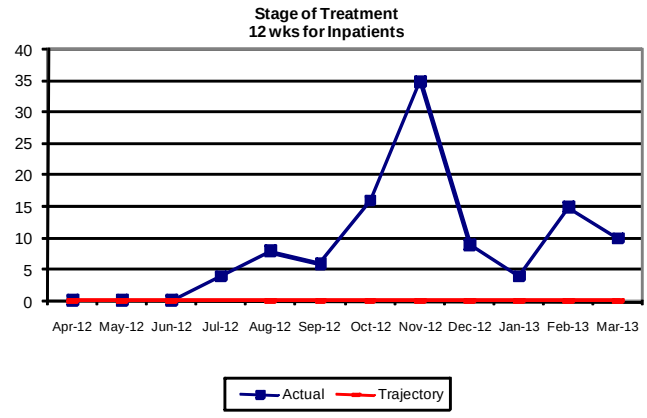
During 2011/12 Borders GP Practices achieved 94% for the Patient Experience, PE7 QOF indicator, which measures patients access to a consultation with a health professional within 2 working days. NHS Borders has continued to work with Practices and more have joined the Extended Hours Directed Enhanced Service (DES) in order to offer improved access to their patients. 70% of the Borders Practices are now taking part in the Extended Hours DES.

Access: wait no longer than 12 weeks between GP referral and first Outpatient appointment	
Target: 0	**Performance:** 7



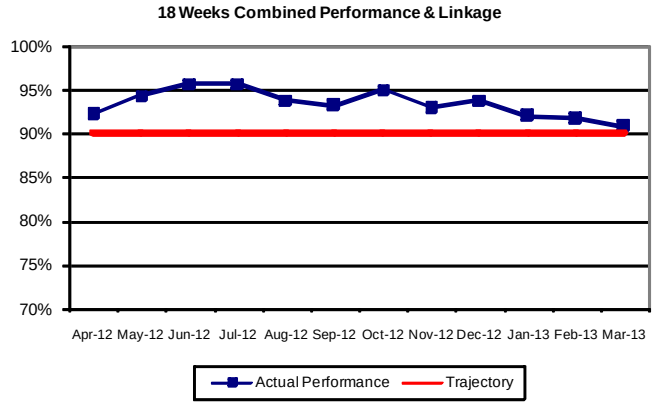
Outpatient targets were broadly delivered during 2012/13. Recurring deficits in capacity have been identified in a number of specialties, including Dermatology, Ear Nose and Throat (ENT) and Urology. Additional short term capacity has been organised in these specialties, either through locums or by local clinicians undertaking additional sessions, whilst the service is working through the Productivity and Benchmarking workforce review process.

Access: wait no longer than 12 weeks for Inpatient or Day Case Treatment	
Target: 0	**Performance:** 10



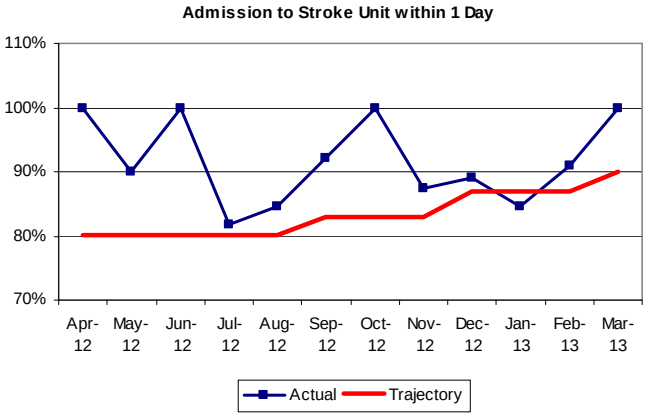
Inpatient targets have broadly been delivered, although there continues to be a significant risk around Orthopaedics. During 2012/13 the Treatment Time Guarantee was introduced, and again this has been broadly delivered although there have been some challenges, particularly during February following problems in Area Sterilisation and Disinfection Unit (ASDU) which limited elective operating.

Access: 18 Weeks Referral to Treatment: Percentage of Patient Journeys within 18 Weeks	
Target: 90%	**Performance:** 90.8%



During 2012/13 NHS Borders continued to successfully deliver the national standard of 90% of patients treated within 18 weeks of referral. Particular risks to continued delivery are around Audiology and Orthopaedics. Work is underway to address these issues.

Treatment: Admitted to the Stroke Unit within 1 day of admission	
Trajectory: 90%	**Performance:** 100%



NHS Borders has achieved the HEAT 90% target for Admission to the Stroke Unit. The core Stroke team work with the Emergency Department and Medical Admissions staff to admit to the new 12 bedded Borders Stroke Unit.

Daily data from the Scottish Stroke Care Audit is available in real time. Patients who are not admitted to the Stoke Unit within 1 day of admission are exception reported.

Formal teaching and regular pathway feedback is essential to all stakeholders. The goal for 2013/14 is to improve consistency over seven days and resilience during periods of patient flow pressures to improve patient safety, care, outcome and experience.

4 Staff feel supported and engaged

Staff Governance

NHS Borders sees a crucial role in promoting staff governance for Local Partnership Forum (LPF) Chairs and "staff governance champions" within each Clinical Board. There has been increasing staff awareness of the Staff Governance Action Plan (SGAP). Clinical Boards are now reporting their progress with staff governance actions during their performance reviews. The Health Board feels the service is fully involved in delivering Staff Governance objectives through the ownership of the staff governance champions working in partnership with the LPF Chairs in each Clinical Board. We have continued progress this year with all 5 standards. However, there is still much work to do to increase knowledge and understanding of the action plan and the revised Staff Governance Standard. The Board was pleased this year to be asked to participate

in the pilot for the new self assessment and monitoring framework for the staff governance standard.

The national staff survey was undertaken between 27th May 2013 and 5th July 2013. The implementation team included line managers, staff side representatives, and the staff governance champions. The Board is pleased therefore that the staff survey return rate was over 50% for the second consecutive staff survey exercise. It is felt the high participation rate demonstrates an engaged workforce who wish their voice to be heard.

This year NHS Borders will be looking forward to **improving staff experience** – it is recognised that there are benefits of a staff group who are engaged, involved and valued, providing a strong workforce essential to achieve continuous improvement in delivering healthcare.

Workforce Planning

The Board is committed to workforce planning as a partnership activity. The workforce planning cycle, for the past seven years has commenced with a partnership workforce conference. This year's workforce conference was held on 27 March 2013. The conference was sponsored by the Area Partnership Forum who are fully involved in the preparation of the Local Workforce Plan and receive a presentation on the annual workforce projections.

In terms of projections NHS Borders (NHSB) workforce numbers remained almost static between 1 April 2012 and 31 March 2013. This was unexpected as a modest reduction in staff numbers had been anticipated, on examination this has been attributed to a lesser turnover of staff and the continuation of fixed term contracts. This year NHSB have changed the methodology to base workforce projections on the impact of approved service redesign, including skill mix initiatives, rather than a reliance on the calculation of turnover. The Board anticipate an increase in staff numbers this year, and following a review of nursing establishment "headroom" and a review of supplementary staffing, a growth in the workforce numbers for registered nurses is anticipated. Later this year NHSB have planned a nursing recruitment open day for interested nurses from all specialties to visit to find out more working for NHS Borders by speaking directly to senior charge nurses and nursing colleagues. As well as applying for substantive nursing posts attendees can opt to attend for immediate interview and receive a pre employment health check if they are interested in working on the nurse bank.

Other activities in workforce planning this year:

- The use of six step workforce planning methodology for line managers and staff involved in service redesign so a consistent framework applies for the development of the future workforce.

- All service redesign has been subject to a workforce assessment, including risk assessment, as part of the project initiation process. Findings have been tabulated in a workforce planning inventory which is standing agenda item at Staff Governance Committee and Area Partnership Forum to ensure transparency on the workforce challenges of redesign.

- An annual refresh of the Nursing and Midwifery Workload and Workforce tools to review establishment and ensure staffing level are calculated on the basis of evidence of workload and optimum skill mix.

- NHSB have participated in a medical workforce risk assessment tool devised in partnership with all Health Board in the South East and Tayside (SEAT) region. The tool will ensure a consistent and systematic approach to assessing medical workforce risks across the NHS Boards and sites in the South East Region. Phase 1 will involved risk assessment with details for the six priority specialties including those subject to a pause in the reduction in training numbers– the results of Phase 1 are to be reported to the SEAT Board in early February. Phase 2 of the work will involve identifying and agreeing the strategies required to minimise/mitigate the medical workforce risks. This could include a range of strategies i.e. workforce redesign, service redesign, both regionally and locally.

Workforce 20:20 Vision

During January and February 2013 the Board undertook stakeholder events on the 20:20 Workforce Vision with a range of staff randomly selected. The sessions were jointly run by line management and partnership colleagues. Discussions covered a number of issues including the changes needed to equip the workforce to respond to changing healthcare needs

At the workforce conference the Chief Executive reported back on the local messages from the engagement of Workforce 20:20 vision. His main points were that:

- There was a good level of engagement at Local Workshops – over 90 people attended the workshops.
- All Staff Groups at a variety of Bands/Grades were represented

Key Local Themes which emerged:

- shared values and aims between local agencies e.g. NHS and local authority – Scottish Borders Council and NHS Borders
- importance of cross boundary and geographical working
- the generic worker and increased access to more cross training and development - succession planning being key to sustainability
- access to technology e.g. handheld devices, streamlined referral systems and mobile and WIFI access
- good communication with genuine listening and engagement by line management accompanied by vision and decisive leadership

electronic Employee Support System (eESS)

NHS Borders are currently preparing for the implementation of the new national electronic Employee Support System (eESS) which will go live in the Autumn 2013. Online recruitment will be introduced as a core element of the new system, which will also give existing employees access to their own personal details and enable them to update changes of address, next of kin etc electronically, reducing paperwork and bureaucracy. All managers have attended an initial training course.

Dignity at Work Toolkit / Roadshow

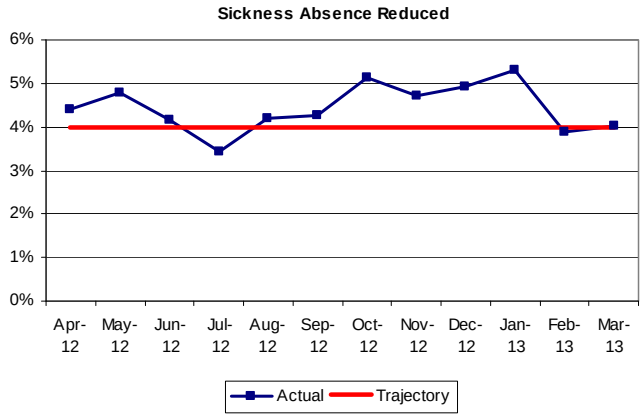
The Board has undertaken a programme of education and awareness raising with staff on bullying and harassment. NHS Borders has made extensive use of the 'dignity at work' toolkit that was launched by the Scottish Government in 2010. Road-shows with presentations and a stall staffed by Occupational Health Clinicians, HR and partnership representatives visited each location within NHS Borders during 2012. This was to allow staff to read promotional materials and speak to the occupational health experts and others about the topic. As a result of these efforts, a group of NHS Borders staff were asked to present to a national workshop on our successful implementation of the toolkit.

NHS Borders continues to support and invest in a network of Confidential Contact Officers who are a supportive point of contact for those staff who feel they have been subjected to bullying or harassing behaviour. At present, following discussion with partnership representatives, Occupational Health and HR (Human Resources) an internal mediation service is being introduced, with training of accredited mediators being undertaken by the Advisory, Conciliation and Arbitration Service (ACAS).

Standard: Sickness Absence Reduced from 31st March 2009

Target: 4%

Performance: 4.04%



Sickness Absence rates reduced significantly between January 2013 and end of March 2013, which has reversed the trend of steady growth in Sickness Absence rate since the Autumn months (the impact of norovirus was particularly significant). NHS Borders as a whole narrowly missed achieving the HEAT target of less than 4.00% absence rate at the end of March. The cumulative Sickness Absence rate for the year 2012/13 was 4.27%, which is a significant improvement on last year's rate of 4.71%. Sickness Absence remains a key performance indicator in clinical board and support services scorecards. NHS Borders have plans in place to reduce current levels of staff sickness absence. This is led by the partnership "Managing Sickness Absence" Working Group (with membership drawn from across the organisation including Occupational Health, management, staff side, partnership and HR) which will give whole system ownership to champion effective absence management.

1. Reactive interventions are in place e.g. improved reporting, tighter application of the policy and procedures and consistent management and occupational health processes for managing attendance including rehabilitation programmes to support staff back to work. Policy guides and Frequently Asked Questions (FAQs) for managers and staff have been available as an intranet resource pack.

2. Proactive interventions e.g. exploring key underlying reasons for sickness absence and planning proactively to address these, including occupational health support e.g. physiotherapy and counselling.

3. All managers have taken part in an e-learning module for the new absence policy and attended a classroom based joint teaching session by 31 December 2012.

The working group are currently agreeing a workplan for 2013/14 so that momentum is not lost and the improved performance is sustained.

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

There is active work 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. The Scottish Border's Community Health and Care Partnership has established a Reshaping Care for Older People Board which brings together the four partners within the integration agenda (NHS, Local Authority, Third Sector and Independent Sector). The Board oversees the Older People's Change Fund as well as a range of work being carried out to integrate and develop services to shift the balance of care which includes co-location and integration projects in the Cheviot and Tweeddale localities, the Council's Transforming Older People's Services programme and the Older People's Joint Commissioning Strategy. In total, the Change Fund has supported 46 projects over the past 2 years.

The Change Fund programme has enabled the development and testing of whole system performance measures and return on investment work to calculate effectiveness of changes to care services. Feedback received from the Scottish Government has recognised that local plans are well-developed and build on previous work carried out. The Partnership has also advanced the Integrated Resource Framework and work is being carried out to making it person-specific.

The Partnership has undertaken a series of locality workshops with communities to identify key themes to consider within our 10-year Joint Commissioning Strategy. These themes along with a local Joint Needs Assessment for Older People and some service user stories helped develop a forward-thinking and ambitious person-centred Older People's Joint Commissioning Strategy. At the heart of the Strategy is an ambition to ensure that all services are developed on the basis that they support older people to stay well and independent in their own homes. An engagement exercise on the Strategy has recently ended which gave all those with an interest in older people's services (public, staff and volunteers across all sectors, carers etc.) a chance to comment on and ask questions about the document and results are currently being collated and analysed.

In Primary Care the Quality and Productivity indicators for QOF (QPQOF) 2012/13 focussed on three key areas: Referrals, Admissions and A&E Attendances. Each had the aim of supporting patients to be managed in a primary care setting wherever possible, supporting clinicians to maintain and develop clinical skills and knowledge and improving the patient experience and pathway. Clinical pathways were reviewed and protocols and guidance were put in place. Rheumatology was a new clinical area this year, where the focus was on the quality and effectiveness of referrals.

There was more work done that started in 2011/12 for Extra Contractual Referrals to NHS Lothian. There has been further development on the electronic resource for GPs "RefHelp" and have continued to encourage its use by all Borders General Practitioners. "RefHelp" holds clinical guidelines, protocols and pathways as well as links to relevant reference points and websites. Readmissions within 28 days of discharge were also reviewed to identify any that could have been potentially avoided.

Accident and Emergency Attendances data was provided to Practices and it was one of the main topics of discussion in the External Peer review. The reasons and patterns of attendances were discussed and Practices submitted plans with suggestions for improvements that could be made at the interface of Primary Care and A&E in order to help reduce avoidable attendances.

In addition Enhanced Services were also established for, for example:

Anticipatory Care: this provided additional resources to GPs to assist with the creation of Anticipatory Care Plans of people both in Care Homes and living in their own homes. The aim of the plans is to improve the quality of life for patients and carers at home, prevent crises arising and if required, to improve discharge planning.

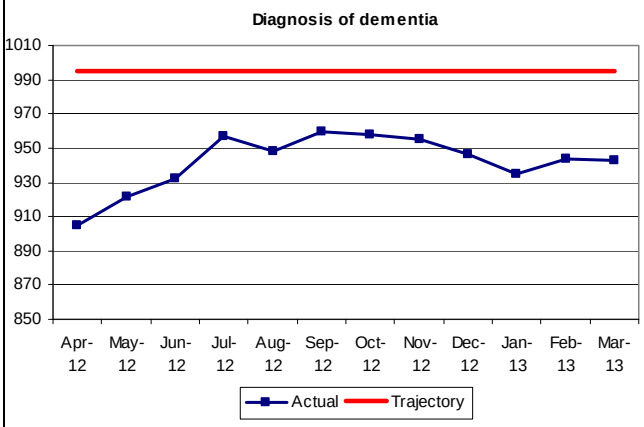
Polypharmacy: to review people of 65 years who are on 11 or more medications with the aim of improving compliance, reducing waste and preventing avoidable hospital admission.

Also, Direct Enhanced Services were established for: Palliative Care and GP Extended Hours.

Mental Health

HEAT Standard: Early Diagnosis and Management of Dementia

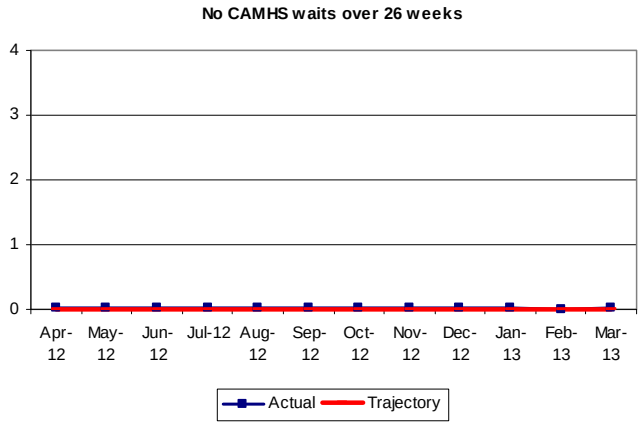
Target: 995 **Performance:** 943



Following positive performance earlier in 2012/13, performance has stalled subsequently with the target not being achieved. Focused work has continued throughout the year in an effort to improve target performance. This has included interrogation of local performance variations, individual discussions with the national clinical lead for dementia and senior Scottish Government colleagues and visiting another NHS Board to benchmark. Latterly, an external review has been commissioned with the Dementia Services Development Centre at Stirling University with work on this starting in May 2013. The focus will be a "deep dive" into local dementia services, systems and structures with a focus on identifying areas of new or increased endeavour towards target achievement.

Access: No Child and Adolescent Mental Health Service waits over 26 weeks

Target: 0 **Performance:** 0

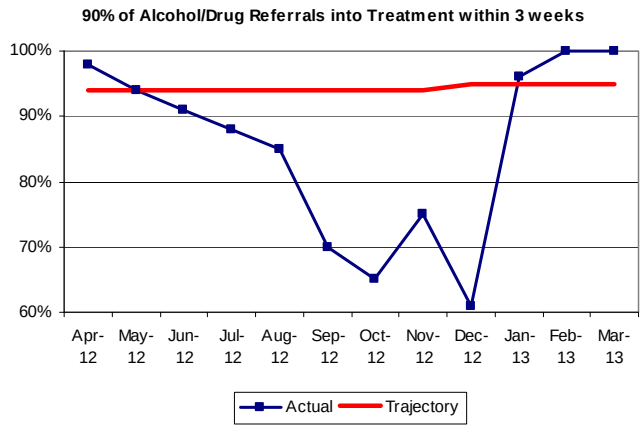


Performance has been consistent with 100% of patients being seen within 26 weeks over 2012/13. The service continues to focus on the target and has embarked on a service improvement process during the latter part of 2012/13 to assist sustainability. This is important as the target will be stretched to 18 weeks ultimately. Performance against the target has been maintained in-year even though the service extended its catchment up to age 18, though this has presented some challenges for target achievement.

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

Trajectory: 95%

Performance: 100%



Having started the year with performance continuing on track, performance dropped significantly though has subsequently improved to ensure that the target was achieved ahead of the due date of March 2013. The shift is directly linked to the service having to respond to a number of staff vacancies during the year. With all posts filled by new starts, colleagues have worked effectively to ensure the backlog built up was cleared and performance sustained. Of specific note is performance hitting 100% against the national target of 90% and the local stretched target of 95%. Discussions have occurred with the Alcohol & Drugs Partnership (ADP), who fund some service staff, to recognise the crucial importance of maintaining a level of funded posts to assist target achievement. This is important going forward as the target will now be retained unchanged as a HEAT Standard.

Access: No Psychological Therapy waits over 18 weeks

Target: 0

Performance: 25

The target was achieved for two months of the year with performance at the year end down overall. Delivery of the target has been challenged by two issues during the year. Firstly, clinical psychology staff deliver the bulk of the recordable target activity and this been challenged by vacancies resulting from maternity leave remaining unfilled. Responses to this have been to continue efforts to increase the amount of psychological therapy delivered by non-Psychology staff, seeking improvements in the supporting IT system to allow for better review and remedial action by managers and therapists and active recruitment to all vacant Psychology posts. The second issue relates to one particular psychological therapy which is group based, has a pre-commitment phase and is suitable for only a low number of people within the Borders. Due to the latter aspect, for example, waiting times can occur resulting from sufficient number of people being identified to run a new group series. Local colleagues are engaged in national discussions on the issue. Overall, work has taken place each month through an oversight group to actively review any longer waits, and improvements in data collection have assisted this. Services for Borderline Personality Disorders are also being redesigned to better meet this group's needs.

It is projected that the range of actions initiated during the year will allow for target achievement by the due date of December 2014.

6 Best use is made of available resources

Continue to achieve financial in-year and recurring financial balance

The financial challenge that the public sector is embracing is clear and well understood. It is essential that our services are provided and developed appropriately within the financial envelope available to us and for which the Board is responsible. In order to continue to deliver quality patient care the organisation must keep a firm grip on its finances as well as drive improved quality and efficiency which is critical to 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.

.

- **Revenue**

NHS Borders achieved all financial targets in 2012/13 with a small underspend of £0.075m recorded 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 2012/13.
The main focus of capital work during 2012/13 was in relation to expenditure across the rolling programmes, Lauder and Jedburgh Health Centres and works at Huntlyburn and outpatients in the BGH.

- **Efficiency**

A key element of the Board's plan to attain a financial breakeven outturn in 2012/13 was the achievement of its cost efficiency target.

The Board approach continues to ensure delivery of the required savings through an efficiency savings programme made up of a number of individual schemes, rather than assigned targets. Each scheme within the programme is run as an individual project, with individual project owners responsible for developing and delivering an efficiency plan. For each project a Project Initiation Document, project plan and savings trajectory are required to be approved by the Strategy Group. As schemes are agreed by the Strategy Group the project plan implementation and savings trajectory are monitored through the Efficiency Board and expected to deliver. The Efficiency Board receives monthly updates on all plans thereby ensuring any need for corrective action is taken promptly and reports routinely to the Clinical Executive Operational Group.

During the financial year 2012/13 £6.0m of savings were delivered, a small overachievement on the target of £5.9m for the year. . A key element of financial sustainability is that the recurring element of the cost efficiency target is achieved. The in year target of £3.9m recurring savings was fully achieved and when taken into account projects which started part way through 2012/13 £4.4m recurring savings were identified, This significant achievement ensures that there is no recurring requirement carried forward into the next financial year which would increase the financial risk for the organisation.

In the 2013/14 Local Delivery Plan NHS Borders has put in place plans which result in NHS Borders achieving a recurring balanced budget.

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.