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Dear Mary

1. I am writing to summarise the main points and actions arising from our discussions at the Annual Review and associated meetings held in the Borders on 15 September.
2. I am very grateful to you, Mr Glennie and others in the NHS Borders team for arranging a very informative and useful series of meetings and visits. As you know, I think it is important that we discuss, openly and in public, how effectively NHS Borders has delivered local services in the past year and to explore plans and challenges for the future. I realise that a lot of time and energy goes into setting up these programmes and I would be grateful if you could pass on my thanks to all who helped to make the day a success.

Meeting with the Area Partnership Forum

3. I had an extremely positive meeting with the Area Partnership Forum (APF) and heard about the excellent partnership working and principles between the Board and the Forum to address key workforce, partnership and staff governance issues. I am delighted that implementation of the new **Agenda for Change** system is considered to be complete in NHS Borders. I am pleased that all relevant NHSScotland staff are now being paid under this system, that Reviews of assimilation outcomes are complete and that payment of any arrears are up to date. I am also pleased that NHS Borders has achieved the **Knowledge and Skills Framework** (KSF) target and that staff have a Personal Development Plan in place. Although the **sickness absence** target was not achieved, I was reassured that NHS Borders have worked well in partnership and are continuing to work towards the 4% standard. I understand that NHS Borders has invested significant resources in achieving compliance with the **48 hour working week** for doctors in training. I was delighted to hear about the solutions being identified in various specialty areas and was reassured that the Board are on track to achieve 100% compliance this year, although some challenges remain and work continues to address issues within certain rotas. I heard that NHS Borders is continuing to work towards achieving skilled and sustainable **Community Nursing Teams** to meet the needs of the local population. I understand that there has been significant progress and was assured that NHS Borders are keen to continue to participate in the pilot.

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Meeting with Area Clinical Forum

4. I had a very constructive session with the Area Clinical Forum (ACF) and I was grateful to the members for taking time out of their busy schedules to meet with me. We had a very positive discussion around clinical change and partnership working and I heard real evidence that the Forum is well engaged, well supported and makes an important contribution on a range of policies. We discussed the Board's Strategic Change Programme and the work NHS Borders has been doing to consider the future configuration of health services in Borders. I was encouraged by the strong clinical support for the direction the Board is taking. The Forum clearly has an important role to play here and I was reassured to learn that the Forum is fully involved in the work to explore future service delivery. I am confident that the evident level of engagement and co-operation makes it well placed to contribute to the Board's planning and decision making processes.

Meeting with Patients and Patients' Representatives

5. I greatly value the opportunity to meet with people to discuss their experiences of their local NHS. I am grateful to those patients and carers who gave up their time to meet me and welcomed their views and suggestions for improvement. We covered a wide range of topics that are clearly very important to patients and carers – and therefore need to be important to us. I was pleased to hear about some very positive experiences, however, there were some patient-specific concerns. I cannot of course comment on an individual's treatment, as this is a matter which is confidential to them and the clinicians involved in their care but I assured those present that I would highlight their concerns to the Board Chair and Chief Executive.

Visit to the Dental Centre at Coldstream

6. Thank you very much for inviting me to formally open the Dental Centre at Coldstream. As you know, this Scottish Government is totally committed to improving Scotland's dental service and improving oral health. A big part of this is ensuring dental premises and facilities are available and properly equipped to meet the highest standards. I was aware of the positive steps NHS Borders is taking to improve the quality and access to dental services. The Dental Centre at Coldstream is a fantastic example of what can be achieved by local NHS systems in meeting this Government's commitment. I was particularly impressed with the state of the art facilities for the cleaning and decontamination of instruments and would encourage you to offer any spare capacity to other dental practices. I was delighted to formally open a facility which will provide local people with improved access to dental facilities. The new Dental Centre will help increase the number of people registered with the NHS.

Berwickshire High School

7. It was a pleasure to meet with Rob Kelly, Rector and some of the sixth year pupils who represented the School. Berwickshire High School is an excellent facility and I was very impressed with the young people who were a credit to the school. I was delighted to present them with a donation from NHS Borders in appreciation of the school allowing the Annual Review to be held in its hall. I am sure that your donation will be appreciated. Please pass on my thanks to Alastair Christie, Depute Rector for his support with the planning arrangements for the day, all the school staff and the young people who welcomed us to their school. In particular, I was delighted that the young people took time out of their busy timetable to attend part of the Annual Review meeting following lunch.

Annual Review Meeting

8. After I reported back on the key points from my earlier meetings and visits I took the opportunity to thank John Glennie, Chief Executive, and Robert Kemp, Director of Finance, for the tremendous contribution they have made to the NHS and for the people in the Scottish Borders over the years. Both are due to retire but had agreed to delay their retirement until the end of this year while arrangements are made to replace them on the Board. NHS Borders will face a number of challenges in the future – for example, future plans for enhanced local services flowing from your service change and redesign programme. I was aware of a number of staff changes which had the potential to impact the effective governance of the Board. You told us about the strong field of applications and hope to have a full team in place early in 2010. You also explained what the Board is doing internally on Board development and governance issues and assured me that it will continue to be an efficient and effective body.

9. You presented a useful summary of the progress NHS Borders has made in a number of areas over the last year. I noted the progress made on the Action points from 2008 and congratulated the Board for the progress it has made in addressing them. Many of these points were discussed later in the review meeting, however, I was particularly pleased to note the progress NHS Borders has made for tackling Healthcare Associated Infection.

Improving health and reducing inequalities

10. Reducing inequalities in health is critical to achieving our aim of making Scotland a better, healthier place for everyone, no matter where they live. I was delighted to hear of the positive progress as a result of the joint appointment of Director of Public Health with NHS Borders and the Scottish Borders Council. You gave us good examples of how the Board was working in partnership to develop the **Single Outcomes Agreement** to include the issues of health inequalities and told us about the collaborative approaches and clear measures to address the issues. You gave us examples around housing and poverty, alcohol and work with the Poverty Commission.

11. I understand that **Keep Well** checks are due to commence in NHS Borders early in 2010. I was reassured that you are building on the Keep Well model to strengthen local primary care services. I heard about the strong, positive relationships with GPs to identify those at particular risk of preventable, serious ill health and offering health checks, screening and advice. We talked about the importance of developing **anticipatory care** with a population that is expected to both grow and age in the Borders. You gave us good examples of the initiatives underway to prevent future ill-health and help reduce health inequalities.

12. We discussed the challenge for NHS Borders to achieve the target to deliver **Alcohol Brief Interventions** following the Board's request to change the trajectory. You confirmed that NHS Borders is fully committed to delivery of the target and continues to monitor performance against the agreed trajectory. You explained that challenges in extracting the appropriate data have now been resolved and that a clear process for reporting information is now in place. You also told us about the progress on training to educate and support GPs and healthcare professionals in their work with patients. I asked you to keep us apprised of your progress to ensure delivery of the target. I was concerned that the percentage of **women who smoked during pregnancy** was worse than the national average. I was reassured to hear about the progress being made to identify this in the antenatal setting and the plans to address smoking cessation and alcohol screening. The Board has identified specific geographical pockets of deprivation and are better informed of where the Board should target their efforts. NHS Borders has shared other Boards' difficulties in encouraging

children to participate in the **healthy weight intervention programmes** alongside the **Counterweight** programme. This is a challenging target but you told us of the Board's plans to intensify information and awareness, working with local media, schools and local sports organisations.

13. We heard about the good work NHS Borders is doing to shift the emphasis from hospital-based care to preventative, anticipatory care rather than reactive management. You told us that work around your Strategic Change Programme has shown that NHS Borders provides a higher proportion of care in hospital beds than other NHS Boards and that these patients tend to stay longer. You explained that NHS Borders are working to ensure that people are admitted to hospital only when necessary and that their stay is as short as medically appropriate.

Shifting the Balance of Care towards Primary and Community Care

14. A common theme throughout the day was around what NHS Borders is doing and plans to do to move more services out of secondary care hospitals and into primary and community settings whenever that is appropriate. I sensed positive engagement with partners and was reassured about a range of work underway to consider the baseline position. You were confident of implementing improvements to support delivery of specific HEAT targets and outcomes in SOAs, as well as other strategic priorities such as Long Term Conditions or Palliative and End of Life Care Action Plans.

15. The **Community Care Outcomes Framework** allows partnerships (local authorities and their NHS partners) to understand their performance locally, at a strategic level, in improving outcomes for people who use community care services or support, and their carers. I was pleased that NHS Borders is committed to the Community Care Benchmarking Network and happy with the reflection of community care in your Community Planning Partnerships Single Outcome Agreements. NHS Borders is undertaking a range of good work to improve the service configurations for **care for older people** to optimise their independence and wellbeing. It is important that the right kind of support is provided at the right time in the right way. You were confident that you had agreed appropriate actions to ensure that the balance of care for older people at home would achieve the 30% figure in the Board's Local Delivery Plan.

16. NHS Borders has made excellent progress in meeting the targets around **mental health** services – reducing the rate of anti-depressant prescribing, reducing the rate of psychiatric re-admissions and management of patients with dementia. I congratulate the Board for this and encourage you to sustain the good progress made. We discussed the new target to deliver faster access to specialist **Child and Adolescent Mental Health Strategy** services. In particular, I was reassured to hear of the progress to put an end to treating young people in adult wards. You confirmed that the Board is working closely with NHS Lothian and the South East and Tayside Regional Planning Group (SEAT) and have developed a clear action plan and a process for review. It is important that you keep officials informed of progress.

Access to services including waiting times

17. NHS Borders has had an impressive performance in achieving the main access targets. Indeed, I was delighted to note that NHS Borders had further reduced waits by setting and achieving local targets. For example, NHS Borders achieved a local target of 12 weeks maximum wait for **Inpatient and day case** waits and for **new outpatients**. This performance exceeds the NHSScotland national waiting times standards of a maximum 15 weeks wait for both outpatients and inpatients and day case treatment. The 12 week target does not come into force until March 2010, however, the fact that this continues to be

delivered ahead of schedule shows that sustainable change in service delivery has been achieved. You rightly paid tribute to the staff for their efforts in continuing to deliver against these ambitious targets. I was reassured to hear of your plans to further enhance and sustain targets. Ultimately, you are confident that by 2011 patients should expect a 'whole-journey' **maximum waiting time of 18 weeks** from their initial GP referral to receiving treatment and NHS Borders is working hard to deliver this. This is an ambitious target but one that will transform NHS services for patients.

18. The Board has also sustained an excellent performance against the two month urgent waiting times target for **cancer** services. Looking to the future, I acknowledged the challenges Boards face in delivering the new cancer targets to refer and deliver first treatment to those with a suspicion of cancer (including for the first time screened positive patients) within two months and to treat all cancers within a month of decision to treat to first treatment. Both of these targets are due by 2011. You told us about the considerable work underway locally to deliver these targets and also highlighted the work underway regionally, in particular, the excellent cross working with NHS Lothian.

19. I am very pleased that NHS Borders achieved the **delayed discharge** target in April. However, I noted that there had been a small number of delays at other times of the year. I am delighted that NHS Borders and its partners in Scottish Borders Council have developed several innovative solutions which have kept delays to a minimum.

Service Change and Redesign, including Patient Focus and Public Involvement

20. As I said earlier, I am aware of the great deal of work underway in NHS Borders to ensure it can continue to provide efficient, value-for-money health care that meets the needs of the people on the Scottish Borders. I sensed positive engagement with partners and the support from Clinical Directors came across strongly during my meeting with the Area Clinical Forum. However, it is important that the Board ensure robust processes are in place to engage widely with patients, carers and the public when it considers the future configuration of health services. I was pleased to hear your strong commitment to Public Involvement. You explained that lessons learned from previous service change had highlighted the importance of Clinical engagement and that local people must be fully involved and up to date on developments as your Strategic Change Programme progresses. I understand a *Case for Change* was submitted to the public Board on 6 August and that you have now launched *Your Health, Our Future* to engage the public and stakeholders. You should keep us informed of the progress with your Strategic Change Programme.

Improving treatment for patients

21. Tackling **Healthcare Associated Infection (HAI)** is a key priority and good infection control is a vital part of delivering a safer patient care environment and a better quality of care. I heard about good progress against the **National HAI Action Plan** in a number of areas to ensure compliance and that the Board has robust surveillance systems in place. Rates of Clostridium difficile and Staph. Aureus bacteraemias were higher than we would expect. You assured me that **infection control** was a priority and told me of the actions underway to raise awareness of prevention and management with medical/nursing staff and with the public – for example, the pilot of a hand monitor, PFPI engagement, improved communication and training. I am pleased that the Board has consistently outperformed the national average cleaning and **hand hygiene** figures. Prudent **antimicrobial prescribing** is key to reducing infections such as Clostridium difficile and we discussed the prescribing policy in primary care settings. You told us about the close engagement with GPs and you were confident of improved prescribing practice to be in place soon.

22. Reports of the **Scottish Public Services Ombudsman**; NHSScotland complaints procedure; NHS Board arrangements for comments and commendations; and critical incident reviews all provide opportunities for insights regarding the quality of service and learning for positive change. We spoke about the The Healthcare Commission report into the Mid Staffordshire NHS Foundation Trust and the conclusions reached by the Board. You assured me that this has been carefully analysed to highlight issues for the Board and were preparing a full report reinforcing appropriate **clinical governance** and **patient safety** protocols, taking full account of national guidance and best practice.

Finance, Efficiency and Workforce

23. The Board has continued to meet its main **financial** targets and financial balance is expected for the period of the Local Delivery Plan – well done on that. **Efficiency** will remain central to financial planning in the immediate future and I am pleased that NHS Borders has continued to over-achieve the Efficient Government target, however, £1.926m of this is non-recurring. You assured me that you expect your Strategic Change Programme to improve productivity and efficiency and release significant levels of recurring resource. In line with Audit Scotland guidance you should continue to address the characteristics of Best Value through a number of channels. You explained that the Board anticipate a tough year ahead but are developing action plans and expect to maintain financial balance. Financial planning will present challenges in 2010-11, and beyond. You are confident that your Strategic Change Programme will provide a solid base for the future providing sustainability and ensuring the Board is in the best position to meet the challenges ahead. It will be important for the Board to work closely with the Health Finance Directorate over the next year.

24. We covered the main **workforce issues** at the earlier meeting with the Area Partnership Forum. I would reiterate here that the excellent partnership working and principles between the Board and the Forum has allowed significant progress in addressing the key workforce, partnership and staff governance issues.

Question and Answer Session

25. At the conclusion of the main Review discussion, I chaired the public question and answer session. I am very grateful to all those who submitted questions before the meeting and to the audience members for giving up their time to time to come along. I am grateful to you and your team for answering the majority of these questions during the Session and for assuring me that you would provide a written response to those people who could not attend.

Conclusion

26. I would like to thank you and your team for a very positive, productive and informative day. NHS Borders is working hard to deliver against set targets and I am confident that the Board is well prepared to tackle the challenges ahead. I hope I have managed to reflect most of the main points that arose from our discussion and I have set out some action points in the attached Annex.

Best wishes,
Shona

SHONA ROBISON

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ACTION POINTS

- **Keep us informed about the progress to ensure delivery of the Alcohol Brief Interventions (HEAT H4) target.**
- **Continue to develop plans to ensure that the balance of care for older people at home to meet the national average of 32%.**
- **Sustain progress in meeting the targets around mental health services**
- **Continue to work towards a 'whole journey' maximum waiting time of 18 weeks from GP referral to receiving treatment.**
- **Keep us informed of the progress with your Strategic Change Programme.**
- **Engage widely with the public and stakeholders when considering the future configuration of health services.**
- **Ensure you maintain good infection control measures to tackle HAI.**
- **Continue ongoing dialogue with the Health Finance Directorate regarding progress on finance related issues.**