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Ms Hamilton

NHS BORDERS: 2017/18 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions points arising from the Annual Review and associated meetings held with the previous Chair and Chief Executive of NHS Borders on 16 November 2018 and the public session held separately on 19 March 2019.
2. I would like to record my thanks to everyone who was involved in the preparations for the Review and those who attended the various meetings. In particular I would like to express my thanks and appreciation to John Raine and Jane Davidson who, as the previous Chair and Chief Executive of the Board, made such an important contribution to healthcare in the Borders.

Meeting with the Area Clinical Forum

3. I had a constructive discussion with the Area Clinical Forum (ACF). We spent some time discussing the challenges of establishing and maintaining appropriate structures and forums for clinical engagement, particularly in a small Board. While recognising the practical constraints, it is vital that clinicians are supported to play a key role in strategy and policy development and implementation across all service areas and I would encourage the Board to continue its efforts to formalise the ACF sub-committees. Continued meaningful engagement of local clinicians will also be essential in taking forward both the critical health and social care integration agenda and other local service redesign programmes.
4. We discussed the range of activities the Board is undertaking to respond to the challenges of filling some clinical and non-clinical vacancies in rural and remote

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settings including consideration of more flexible, 'rotational' posts; working with local schools and improving the approach to induction for new staff.

5. We spent some time discussing the Board's approach to promoting and responding to whistleblowing. There has been a recent review of the Board policy and the ACF members in attendance were confident that the Board is seen as somewhere concerns can be safely raised. However, it will be important to ensure that all employees are aware of the structures and processes available to support anyone wishing to raise such concerns.

Meeting with the Area Partnership Forum

6. It was helpful to have wide representation from the Area Partnership Forum (APF) at the following meeting. We discussed the recent external review of Partnership arrangements in NHS Borders and the agreed response which has gone back to fundamentals to establish a shared view on the purpose of partnership working. Progress is being made with the reinstatement of local partnership structures.
7. The attending members of the APF sought to reassure me that, in the main, local relationships remain sound and that the Forum continues to engage effectively with the Board, not least on the development of a whole system approach to workforce planning and the identification of options to address the Board's challenging financial position. The APF attendees emphasised the deep-seated cultural change that this will require and highlighted the importance of ensuring staff felt confident about the impact of change on their own position before they could focus on organisational reform.

The Hive – Patients' and Staff Meetings

8. During the Review day, I visited The Hive, a local hub for mental health support services based in Galashiels, where I had the opportunity to hear from a number of staff providing the range of services based there, including Quarriers; the Wellbeing College; Veterans 1st Point (V1P) and Distress Brief Interventions (DBI). It was fascinating to hear about the variety of support each service provides to local communities and I was enormously impressed with the enthusiasm and commitment displayed by all of the service providers I met.
9. I also met with a number of people who had experience of the services provided in the Hive. I would like to extend my sincere thanks to those who took the time to attend the meeting. Meeting service users is always an illuminating experience but it was particularly so in this case as I heard about the real impact that community based, 'early intervention' services can have on both an individual's lived experience and in reducing the call on acute healthcare services further down the line. The openness and willingness of these individuals to share their experiences is greatly appreciated.
10. Some of the important issues I heard about during the discussions included the challenges for carers of co-ordinating the input from a wide range of different services; the need for a rapid response when carers need help to cope or hit a crisis; greater involvement of carers in decision-making about treatment or

services for the person they care for; the experiences of people with learning difficulties in accessing health and care services which leave them feeling that things are being done to them rather than with them; and the importance of peer support for those providing services, for example to survivors of abuse.

Annual Review – Private Session

Health Improvement

11. NHS Borders is to be commended for the Board's overall performance in delivering Alcohol Brief Interventions (ABIs) since 2008. A brief intervention is a short motivational interview, in which the costs of drinking and benefits of cutting down are discussed, along with information about health risks. These have proven to be effective in reducing consumption in harmful and hazardous drinkers. However, the Board faced challenges in meeting the ABI standard for 2017-18 with performance against the standard showing delivery of 898 ABIs against a target of 1,312 – just over 68% of the expected level.
12. In relation to waiting times for Drug and Alcohol treatment, it was explained that staffing issues were a key factor in the Board's inability to deliver the expected level of performance during 2017-18. However, improvement work with the Drug and Alcohol Partnership has been completed and performance during the early part of 2018-19 indicated a positive impact with performance exceeding the 90% target. I would expect to see this improved performance continue.
13. We also discussed the work underway to address the Board's performance in relation to the national waiting times for access to psychological therapies and child and adolescent mental health services. The Board has been a considerable distance from meeting these targets for a number of reasons including staff vacancies, changes in management and a lack of monitoring data.
14. Nonetheless, considerable work has been undertaken locally to address the situation including a review of referral criteria and triaging of new referrals; successful recruitment to key posts such as the head of Psychology and the development of a programme of group treatments. This has been backed by additional Government investment, including £883,602 from 2016-17 to 2019-20 to support workforce capacity and workforce development. The Board's commitment to meeting and maintaining local performance against these priority mental health access targets was confirmed and I am sure you will wish to reiterate that commitment going forward.

Patient Safety and Infection Control

15. 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 know there has been a lot of time and effort invested locally in effectively tackling infection control; this is reflected in the Board's delivery of a rate of 0.21 cases of *clostridium difficile* per 1000 occupied bed days during 2017-18, well below the standard of 0.32 and also below the Scottish average for the year of 0.28. The Board did not meet the standard of 0.24 cases per 1,000 occupied bed days for *Staphylococcus aureas Bacteraemia* in that year but I was

assured that every case is subject to rigorous review which includes a feedback process to the clinicians caring for the patient as well as the wider organisation through monthly Infection Control Reports.

16. In terms of Hospital Standardised Mortality Ratios (HMSR), NHS Borders is one of seven out of 29 hospitals to have shown an increase since the quarter January to March 2014 – however, this reported rate is not significantly higher than the Scottish average.

17. The Healthcare Environment Inspectorate carried out an announced inspection in the Borders General Hospital in November 2016. The report, published in February 2017, resulted in no requirements and one recommendation. The report also identified a number of areas of good practice, including good staff knowledge of the principles of aseptic technique, the standards of cleanliness of both patient equipment and the general environment and the existence of robust techniques to identify and learn lessons from the causes of infections.

Improving Access: Waiting Times Performance

18. NHS Borders has regularly achieved performance between 90% and 95% against the 4 hour Emergency Care standard. A difficult winter period led to a programme of improvements to strengthen patient flow throughout the hospital. The national team continued to work with the local team in NHS Borders during 2017-18 to help implement the six essential actions for unscheduled care, ensuring best practice is installed throughout the hospital system. Performance for August 2018 showed improvement and funding of £126,249 was allocated to the Board to support this work throughout 2018-19.

19. NHS Borders, along with other Boards, continued to experience challenges in delivering the suite of elective access targets and standards during 2017-18. Ongoing pressures in delivering the Treatment Time Guarantee (TTG) are mainly centred on Ophthalmology and Trauma and Orthopaedics and were exacerbated by prolonged winter pressures on acute beds due to the level of non-elective admissions. In response, a number of improvement projects have been undertaken including Enhanced Recovery for orthopaedic patients, a virtual fracture clinic to reduce the need for patients to attend in person and work to improve theatre productivity. In ophthalmology, there are issues in relation to succession planning and discussions are ongoing regarding options for maintaining a sustainable service across the East of Scotland.

20. The Board is to be commended for its sustained performance against the 31-day cancer access standard with the 95% standard being delivered for every one of the last five quarters, including an achievement of 100% in the second quarter of 2018. Against the 62-day standard, the Board has achieved 95% in three of the last five quarters, with a slight dip to 94.9% in the second quarter of 2018. The Board has been allocated additional funding to support additional endoscopy capacity, additional breast clinics, breast imaging and added radiology reporting sessions. We will continue to keep close scrutiny on the impact of this additional investment.

Health and Social Care Integration

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21. The single Health and Social Care Partnership in the Borders has a particular focus on locality planning, structured around its five localities which are based on long-standing area forums: Berwickshire, Cheviot, Eildon, Teviot and Liddesdale and Tweeddale.
22. In 2017-18 NHS Borders recorded an increase of 33% in standard delay occupied bed days against the total for the previous year. In December 2017, the Partnership opened Craw Wood Discharge to Assess facility, providing short term assessment and rehabilitation with the aim of improving hospital flow. Between its opening and March 2018, 72 patients used the facility with 60% able to return home resulting in a saving of over 1,000 occupied bed days in Borders General Hospital. A Hospital to Home model is also being rolled out which involves the recruitment of Healthcare Support Workers to work alongside social carers to support the care of patients at home.

Finance

23. It is essential that NHS Boards ensure that resources are used economically, efficiently and effectively. This involves securing a balanced and sustainable financial position, while effectively addressing demand on health and care services. NHS Borders managed to deliver all of its financial targets for 2017-18 but has highlighted the need for a number of non-recurring measures to do so.
24. Contributing to the financial challenge were operational pressures including primary care prescribing and an overspend on nursing costs associated with delayed discharges, staffing vacancies, high activity levels and patient acuity.
25. In March 2018, the Board submitted a Financial Plan which forecast a need for financial support from the Scottish Government to enable breakeven. This position and contributing factors have led to the Board being escalated to Stage 3 and then Stage 4 in the NHS Board Performance Escalation Framework over the course of the last year.
26. Since the end of 2017-18, the Board has continued its efforts to maximise the impact of local efficiency programmes and to develop its Recovery Plans. In October 2018 the Scottish Government published the Health and Social Care Medium Term Financial Framework, setting out the financial context for health and social care services over the next few years. To assist Boards with their planning, the Framework was accompanied by a new deal for Boards, providing additional flexibility by allowing them to break even over a three year period. In addition, with respect to outstanding brokerage, it has been confirmed that NHS Borders will be provided with a clean slate from the end of 2018-19, to enable the Board to focus on the delivery of Ministerial priorities and a return to sustainable financial balance.

Public Session

27. The Board held a Public Session at the Galashiels Transport Interchange on 19 March 2019. This included presentations from the previous Chair on performance during 2017-18, from the Board's General Manager for Unscheduled Care on the Winter Healthcare Journey and from the Chief Officer of the Borders Health and Social Care Partnership on Child and Adolescent Mental Health Services. This

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was followed by a Q&A session with the Board leadership. A detailed account of the specific progress the Board has made in a number of other areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review and which is published on the NHS Borders website.

Conclusion

28. I do not want to lose sight of some of the excellent work that has been undertaken locally in 2017-18 and since for the benefit of local patients, not least in the management of unscheduled care, the delivery of urgent cancer care and the co-ordinated improvement activity which has impacted on delayed discharge and elective capacity. I want to record my thanks to the Board, to local staff and particularly to the previous Chair and Chief Executive for their efforts, professionalism and commitment.

Going forward, it will be a key priority for NHS Borders to develop, and then implement, a credible financial recovery plan. I am confident you and your colleagues are not complacent and you recognise that there remains much to do both in delivering the best outcomes for the current financial year and in planning for the future. I have included in the attached annex a list of Action Points arising from my discussions during the day and would appreciate if you could keep my officials apprised of progress



JOE FITZPATRICK

NHS BORDERS ANNUAL REVIEW 2017/18

MAIN ACTION POINTS

The Board must:

- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety.**
- **Ensure that there is provision for appropriate attendance at the Area Clinical Forum and continue efforts to re-establish appropriate professional sub-committees. The Forum's regular and full involvement is essential in delivering the Board's commitment to clinical effectiveness, governance and patient safety.**
- **Keep the Health and Social Care Directorates informed of progress towards achieving all access targets and standards in line with agreed improvement trajectories, including the suite of elective care standards and mental health access standards.**
- **Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.**
- **Continue to work constructively with planning partners on the critical health and social care agenda.**
- **Keep the Health and Social Care Directorates informed of progress with local health improvement activities including improvements in delivery of Alcohol Brief Interventions.**
- **Agree a formal Recovery Plan to achieve financial targets and return the Board to sustainable financial balance.**
- **Provide a written update to the Scottish Government on progress against the above actions by 30 September 2019.**