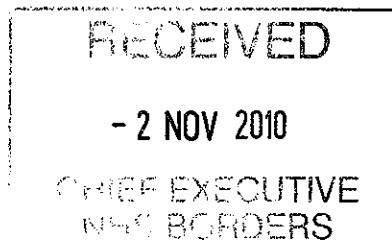


Deputy First Minister & Cabinet Secretary for
Health and Wellbeing
Nicola Sturgeon MSP

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



Mrs Mary Wilson
Chair
NHS Borders
Newstead
MELROSE
Roxburghshire
TD6 9DA



20 October 2010

NHS BORDERS ANNUAL REVIEW: 11 OCTOBER 2010

1. I am writing to summarise the main points arising from the Annual Review and associated meetings and visit in Melrose on 11 October. I am grateful to you and your team for your constructive contributions to the day. Please also pass on my thanks to all who were involved in preparing for the Review and for ensuring that the arrangements went so smoothly. I know how much work this entails and I greatly appreciate the time and effort that so many people have put in.

Meeting with Area Clinical Forum

2. The Forum is clearly well connected to the Board's wider agenda. We discussed members' contribution to implementation of the Quality Strategy and how they engage with the Board on key decisions about the efficiency savings programme. It will be important that this engagement continues in the testing times that lie ahead - and everything I heard makes me confident that the Forum is well-placed to make an effective contribution.

Meeting with Area Partnership Forum

3. Similarly, I got the impression the Partnership Forum is playing a significant part in the decision-making process around major tasks such as workforce planning and service redesign and in ensuring consistency between these areas and quality improvement.

We also spoke about the Forum's role in helping to deliver the sickness absence and e-KSF targets. Its input in all of this will continue to be crucial and NHS Borders' strong foundation in staff governance should help here.

Visit to Renal Service in Borders General Hospital

4. It was extremely useful to hear staff and patients' thoughts about the planned new renal unit. This is an area in which a local service can make a huge difference to people's lives by eliminating the need for them to travel for their regular treatment. A bonus on the day was the handing over of a cheque for £200,000 raised through public subscription to provide a range of enhancements to the new unit. I want to record my thanks to the organisers of this important fundraising effort – and I would also be grateful if you could make sure that the staff and patients that I met know how much I appreciate their having taken the time to speak to me.

Meeting with Patients Group

5. Ultimately, what patients think of the services they receive is paramount. That is why my meetings with patient groups are such a central part of the Annual Reviews. I had a useful and informative discussion with the Borders group. I heard about the importance of patient choice – reinforcing how important the new renal unit will be in improving local access. We talked about the need to support carers, particularly through provision of adequate respite care. And it was immensely encouraging to see and hear the enthusiasm of those who represented young people's interests. Their input was a reminder of how important it is that we don't neglect the often very specific health needs of young people as they make the transition from childhood to adulthood. I would be grateful if you would pass on my thanks to all who attended the meeting and contributed to a stimulating discussion.

Annual Review Meeting

6. You opened the main public meeting with a presentation covering the Board's progress against actions emerging from the 2009 Review and the challenges it faces in the future. This provided a very helpful basis on which to move forward the discussion. It is worth highlighting here what you said about progress in taking forward some key actions relating to the HEAT targets, in particular the Board's successes in improving access to services, including cancer services, and in encouraging smoking cessation – where NHS Borders' record is something to be proud of. Looking forward, it was good to hear about the Board's development of a local Quality Framework to support implementation of the Quality Strategy. You also told us that patient safety is a top priority and that reducing variation and increasing efficiency will be an important part of this. Finally, I want to echo the thanks you gave to all the NHS Borders staff who "went the extra mile" during a very difficult year in terms of severe winter weather and the impact of the H1N1 virus.

Improving the Quality of Care and Treatment

7. Effective implementation of the Quality Strategy at local level means embedding its principles throughout the organisation. You told us how the Board is engaging with staff and the wider Borders public and about the roles the Area Clinical and Partnership Forums and the Public Governance Committee are playing in this. Good performance management is essential in letting frontline staff see how what they do contributes to the quality agenda and in ensuring that the Board has the necessary information on which to measure progress. The scorecard you are introducing to monitor quality outcome measures should help here.

8. You also told us how the Board is developing a quality ethos in its standard procedures. Patient safety is currently the first item on the agendas for all Board and committee meetings and the Quality Strategy will now also feature as a standing item. You believe that all of this is having an impact. For example, clinicians are enthusiastic about the drive for quality and this is having a practical effect through initiatives such as surgical pause and briefing and further improvements to the existing record of good outcomes in ITU services.

9. Good governance at Board level is also central to quality improvement. We discussed this with reference to the mid-Staffordshire and Vale of Leven reports. The Board prepared an action plan, cross-referenced to the report findings, and receives regular progress reports to Board meetings through the Clinical Governance Committee. You also confirmed that Scottish Public Services Ombudsman reports inform action to deliver positive change and that a key aim in considering complaints is to establish whether any common themes might contribute to organisational learning and shared ownership of the improvement agenda.

10. Reducing **Healthcare Associated Infection** remains one of the highest priorities for NHSScotland. Although NHS Borders has fallen a little behind its trajectory towards the HEAT target for reducing SABs, this should be seen in the context of an overall reduction in infections. Your drive towards achieving the March 2011 target includes strengthening the Infection Control Team (e.g. appointment of a Consultant Microbiologist and an Infection Control Manager) and defining responsibilities within the team more clearly. More sophisticated data gathering is also contributing, with results showing a greatly improved rate of identified causes of infection. NHS Borders is also one of two test sites (along with NHS Lanarkshire) for developing infection control policy work.

11. You told us that it is too early for a definitive assessment of the impact of MRSA screening - but coverage in Borders is high, having reached 90% by January this year. The Board has enjoyed considerable success in reducing C.difficile infections. More clarity about cleaning responsibilities, robust training, inspection and audit arrangements and strong clinical "buy-in" are among the factors to which you attribute this. Finally, despite disappointment at some of the Healthcare Environment Inspectorate's findings on its first visit to Borders General Hospital in March, you are pleased that the progress against agreed actions was reflected in a much improved report following the Inspectorate's unannounced follow-up visit in July. Measures such as regular ward audits have helped here. All of this is positive and I would encourage you to maintain progress.

12. We covered several aspects of **Mental Health** services. The Board is making progress in reducing psychiatric readmissions to hospital, but remains behind most other NHS Boards in terms of overall reductions. You confirmed that work to address this includes a LEAN review of rehabilitation services and implementation of a Mental Health Rehabilitation Strategy; enhancement of supported discharge and crisis intervention arrangements; and further shifts in the balance of care towards community-based services. You advised that work is also ongoing to improve access to Child and Adolescent Mental Health Services. The focus here will be more outreach services with the appropriate staffing. We also touched on progress with the HEAT target for registration of dementia. The Board is slightly behind trajectory here, but you expect to meet the 2011 target.

13. The Board has done exceptionally well in meeting – and in many cases exceeding – the key **access targets**. Last winter's severe weather made achievement of the maximum 4-hour A&E wait especially challenging, but the resilience of staff in recovering the position is commendable. I am happy to record your thanks - and to add my own - to everyone who has worked so hard to deliver results across the targets. All this provides an excellent base from which to move towards the 18-week referral to treatment target. You see the main tasks here as streamlining individual patient pathways (particularly in specialties such as orthopaedics); strengthening patient management systems; and engaging closely with primary care to ensure a co-ordinated approach.

Improving Health and Tackling Health Inequalities.

14. Our discussion focussed on HEAT targets for some of the main health improvement measures. You told us that, after a relatively slow start, the Board had reached 72% of its 2011 target for delivering **inequalities health checks**. Work with primary care practitioners and pharmacy has aided progress and the Board is developing a stronger evidence base, supported by social marketing, to help to identify and target areas of need. Despite the challenges that most NHS Boards face, NHS Borders has done well in recruiting to the **Child Healthy Weight programme** – it has now exceeded its 2011 target in this respect. Among factors influencing this success have been a strong role for community nurses in working with children and families and close joint working with Scottish Borders Council's Education Department in developing the schools-based element of the programme.

15. In your opening presentation, you had highlighted rapid progress in delivering **Alcohol Brief Interventions**. In seeking to sustain this, the Board will be tackling issues around delivery in A&E, where other pressures on the service make interventions more difficult. Otherwise, interventions are now firmly embedded in the wider acute sector and in primary care. You confirmed that the Board has robust measures in place to encourage **breastfeeding**, with a second Sure Start midwife playing an important co-ordinating role, new breastfeeding groups in areas where breastfeeding is lowest and a focus on identifying and tackling inequalities.

16. We looked further into the Board's excellent performance on **smoking cessation**. You highlighted the team effort that has helped to produce a genuine culture change in attitudes to smoking.

GPs and others in primary care, hospital staff (for example in Obstetrics and Gynaecology and in pre-op and post-discharge planning), and not least former smokers who have helped in mentoring and supporting potential quitters, are among those who have played a part here. I would encourage you to keep up the momentum and share your experiences with other Boards.

17. There have been significant recent increases in the number of registrations for **dental services** and the number of practitioners providing these under the NHS. We looked at plans to strengthen this further, especially in the number of children registering - the expanding community dental service is central to this. Borders has an excellent record in improving children's dental health and the number of P1 children without caries is currently the highest in Scotland. It will be important to sustain that and, although the Board cannot justify a dedicated dental public health service (you intend to spot-purchase services from elsewhere), it appears well placed to do so.

18. We looked at the **partnership** approach to tackling health inequalities. Historically strong links between NHS Borders and Scottish Borders Council have been an advantage here and have helped with the development of a strong range of joint actions in the Single Outcome Agreement.

Primary Care

19. The partnership theme continued in this part of the discussion, particularly in terms of integrating health and social care services and resources. NHS Borders exerts a strong influence here at senior level through its two places on the Council's Strategic Board. The Integrated Resource Framework links closely to ongoing work and the Partnership is piloting the Framework in the Cheviot area, with plans to roll it out more widely after a scoping exercise. The joint planning agenda is particularly relevant to services for older people. Aspects receiving attention include intermediate care, day services, community hospital provision, home support and expanding the use of telecare. The Board is also engaging closely with GPs on shared resourcing issues.

20. We touched briefly on progress against the HEAT targets for **older people with complex needs receiving care at home** and for **reducing emergency bed days for patients over 65**. The Board has done well in both - a legacy of the significant joint effort in recent years in areas such as admission and discharge planning. You will be continuing to work closely with your local authority partners to sustain the good performance against these targets and also against the zero standard for **delayed discharges**.

21. We covered the steps you are taking to ensure quality in primary care **out of hours services**. Ongoing work here has a foundation in the new GP contract agreed in 2004. Around 90% of Borders GPs are salaried and this has provided a stable base from which to move forward and work with practitioners in areas such as developing new community nursing roles. The Board has also engaged closely with NHS 24 and the Scottish Ambulance Service to ensure an integrated approach. All of this has borne fruit in terms of good scores against NHS QIS standards and high levels of patient satisfaction.

Finance, Efficiency and Workforce

22. NHS Borders met all its main **financial and efficiency targets** in 2009-10 and is forecasting financial balance in 2010-11 and throughout the current planning period. Looking forward, securing efficiency savings without compromising quality will be the key challenge. We emphasised the importance of shifting the balance from non-recurring to recurring efficiency savings. The Board's Director of Efficiency is leading work on a range of fronts, including LEAN work on theatre use, better management of clinical rotas, improving skill mix in Allied Health Professions, and examining GP use of hospital beds. Benchmarking is underpinning efforts in these areas to allow close monitoring of efficiency and quality outcomes. And you are encouraging clinicians to play a leading role in driving forward initiatives.

23. An effective **governance structure** is also crucial to success in these areas and you assured us that robust arrangements, together with clear lines of reporting and monitoring, are in place for audit (including clinical audit), peer review and public involvement. The Board Executive Team undertakes quarterly reviews of clinical performance and the Board receives formal organisational reports each meeting. You are also introducing performance reviews to other Directorates within NHS Borders.

24. We had covered progress with workforce targets for reducing sickness absence at the earlier meeting with the Area Partnership Forum. In the wider context, I would also like to emphasise the importance of effective and inclusive workforce planning as a vital element of the drive to secure efficiencies and maintain and improve quality.

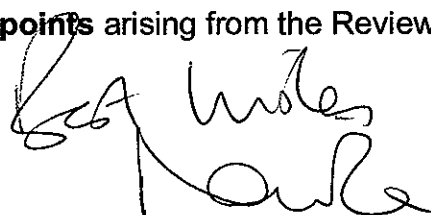
Public Question and Answer Session

25. This was a useful session. Topics raised covered the future of the homeopathic unit in Dalkeith (which some Borders patients use); funding for carer support; neurological and physiotherapy service for MS patients; and implementation of Agenda for Change. I think we answered the questions as best we could on the day, but there are several points that we will need to follow-up between us.

Conclusion

26. Thanks once again to you and your team. Please make sure that all of the staff working in NHS Borders know how much I value all that they do. I am confident that the Board is well equipped to tackle the difficult challenges that lie ahead and a large part of that is down to the contribution that people working in frontline patient services make on a daily basis.

27. The Annex to this letter lists the main **action points** arising from the Review.



NICOLA STURGEON

NHS BORDERS ANNUAL REVIEW 2010: ACTION POINTS

- **Continue to facilitate Area Clinical and Partnership Forums' involvement in implementation of the Quality Strategy and in efficiency and workforce planning.**
- **Achieve targets for reducing Healthcare Associated Infections and maintain robust infection control measures, drawing on lessons learned from Healthcare Environment Inspectorate reports.**
- **Implement Mental Health Rehabilitation Strategy and achieve HEAT targets relating to Mental Health, including increased dementia registrations.**
- **Continue progress towards implementation of 18-week referral to treatment waiting time target.**
- **Address challenging areas in health improvement – for example increasing inequalities health checks and Alcohol Brief Interventions in A&E – with a view to achieving relevant HEAT targets.**
- **Sustain excellent performance on smoking cessation and share good practice with other NHS Boards.**
- **Use strong partnership relationships to develop further opportunities for integrating services and resources.**
- **Meet all financial and efficiency targets on a recurrent basis, while maintaining and improving quality.**
- **Continue progress towards achievement of key workforce targets for reducing sickness absence and implementing e-KSF.**