NHS BORDERS

2018 Annual Review

Self Assessment

Progress against 2017 Annual Review action points

There were 7 items highlighted in the Annual Review held on the 1st November 2017. Progress updates against these actions can be found throughout the self assessment.

Action point 1:
Make sustained progress in achieving smoking cessation targets.

Please see section 3.1, page 17

Action point 2:
Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on SABs.

Please see section 2.1, page 14-15

Action point 3:
Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, in particular for Inpatient and Outpatient appointments and Psychological Therapies.

Please see section 1.1, page 9-12

Action point 4:
Continue to make progress against the staff sickness absence standard.

Please see section 3.2, page 19

Action point 5:
Keep the Scottish Government Integration Partnership, Support and Development Team informed on progress towards reducing levels of delayed discharge.

Please see section 1.1, page 9

Action point 6:
In particular on elective access targets: as a minimum, the Board should achieve the same elective waiting times performance at 31 March 2018 as delivered on 31 March 2017.

Please see section 1.1, page 9-10

Action point 7:
Continue to deliver financial 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 3.3, page 20

Contents

1 PERSON CENTRED

1.1 Everyone has a positive experience of healthcare

NHS Borders has a workforce plan, covering 2016-19, in place which was developed using the NHS Scotland six step methodology and outlines the anticipated changes to the NHS Borders workforce over the coming years. Ensuring we have the right workforce in place is crucial to ensuring we can deliver high quality, person centred, safe and effective care. The plan also seeks to enhance our staff engagement, recognising that a positive staff experience will lead to the delivery of better quality care.

Recruitment across NHS Borders is values based in line with our corporate values – Care and Compassion, Dignity and Respect, Openness, Honesty and Responsibility, Quality and Teamwork.

A Clinical Governance and Quality Strategy has been drafted, which will go out for consultation by the end of 2018, and will be reviewed in light of the Quality of Care Approach (QoCA) publications by Healthcare Improvement Scotland (HIS) to ensure it aligns with all aspects of quality.

NHS Borders closely monitors a number of clinical quality and patient experience indicators to assess the overall quality of care delivered through its services. These include staff reviewing patient stories on Care Opinion and sharing the top 5 themes for complaints at the NHS Borders Board at each meeting.

Public Involvement and Patient Experience 2017-18
Through our public involvement networks and patient experience work streams NHS Borders has a strong person centred programme of work. Areas covered by this work are: the Patient Rights (Scotland) Act (2011), complaints, feedback, person centred care projects, advocacy, carer support, voluntary sector engagement, volunteering, public involvement and patient experience.

We continue to improve and strengthen our public involvement and patient experience work streams by engaging with colleagues, external and third sector organisations to support and strengthen the inclusion of the service user in public involvement and patient groups.

Consistent and high quality public involvement and patient experience work is achieved through the implementation of NHS Borders Process for Coordinating Public/Patient Engagement. Included in the process are monthly meetings with the Scottish Health Council, who support us to ensure that the public/patient engagement work carried out by NHS Borders is of a high quality.

We report regularly to the NHS Borders Board, which includes patient feedback gathered with the support of our patient feedback volunteers and “Two Minutes of Your Time” feedback and suggestion boxes situated throughout our acute hospital, community hospitals and mental health units. Oversight of delivery of the Person Centred Care work programme is provided by NHS Borders Clinical Executive Operational Group and assurance is provided to the Boards Clinical and Public Governance Committees. Leadership of Public Involvement and Patient Experience sits with the Medical Director and Clinical Governance and Quality Department alongside responsibility for the workstreams of safety, clinical effectiveness and patient flow.

Proactive Patient Feedback

NHS Borders collects patient feedback through many different means including care opinion, public involvement, patient stories, complaints and commendations, surveys, Scottish Public Sector Ombudsman reports and through its proactive patient feedback system introduced in 2014/15.

Our patient feedback volunteers continue to speak to patients, carers and relatives and work with us to improve the experience of our patients. The graphs below outline the response from the core questions asked by patient feedback volunteers of patients, carers, relatives and visitors.

Chart 1 below demonstrates the percentage of patients, carers and relatives that were satisfied with the care and treatment provided. Comments received are fed back to the relevant area in a timely manner and mitigating actions are agreed going forward.

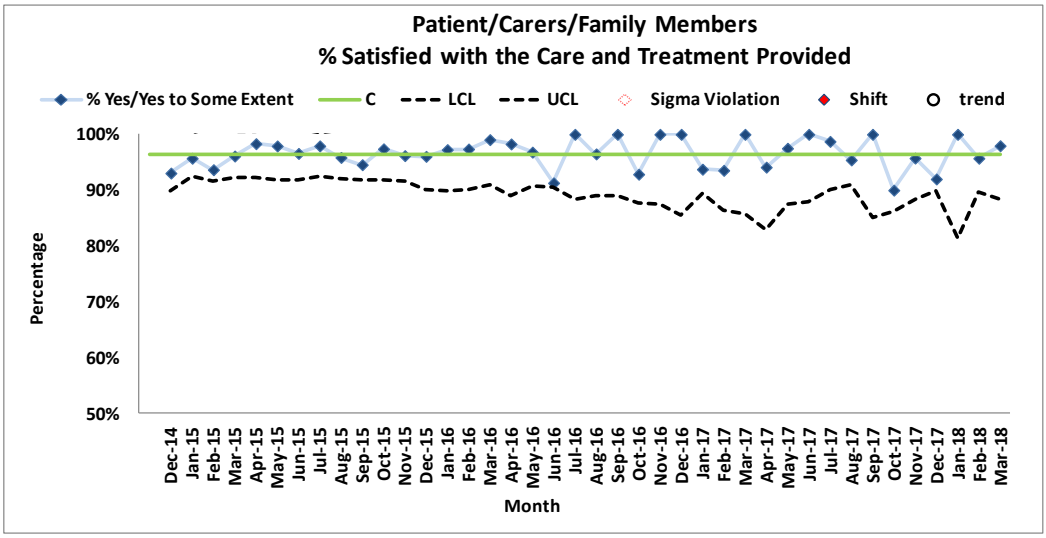


Chart 2 below shows the percentage of patients, carers and relatives who thought the staff that provided the care understood what mattered to the patient.

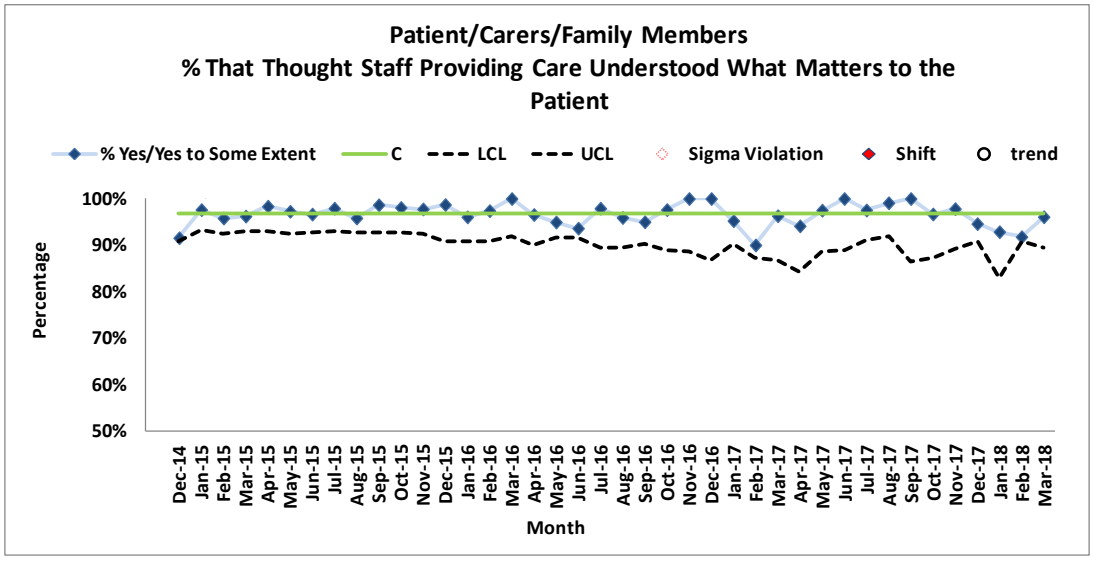
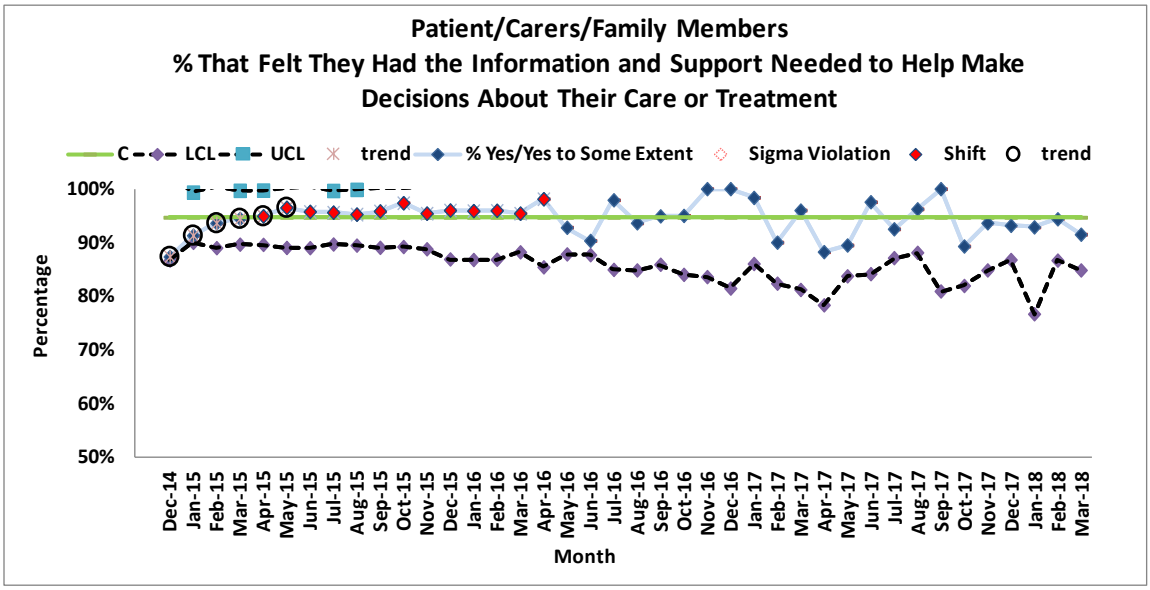


Chart 3 below demonstrates the percentage of patients, carers and relatives who thought the patient always had the information and support needed to make decisions about their care or treatment.



Volunteering

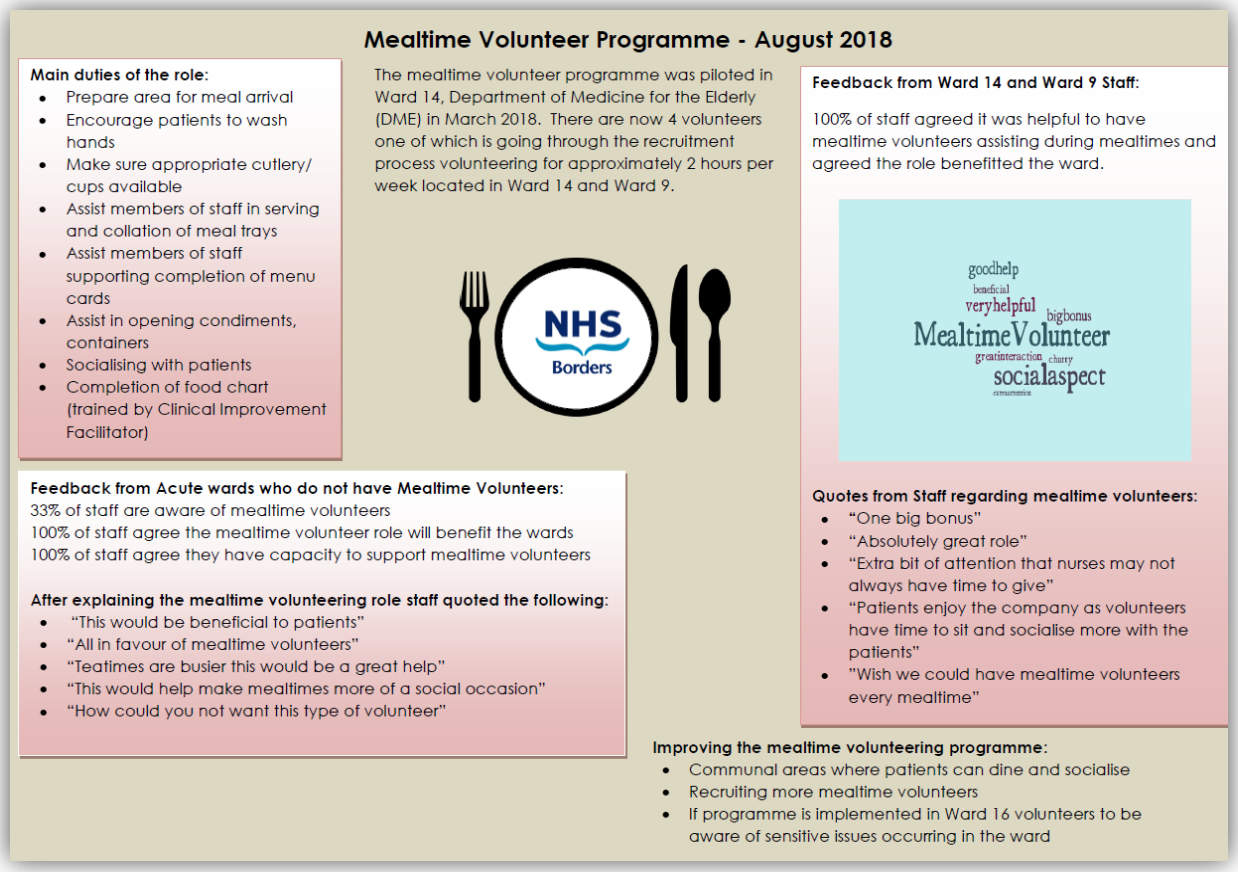
NHS Borders has 268 volunteers volunteering in 39 different volunteering roles. In January 2018 the title Volunteer Coordinator was changed to Voluntary Services Manager in accordance with other NHS Boards.

NHS Borders is committed to implementing the recommendations from the 'Safety and Protection of Patients, Staff and Volunteers in NHSScotland' letter from the Scottish Government recommending that all NHS volunteers regardless of how long they have been volunteering should be required to undergo formal training / refresher training in safeguarding at least every three years. The core volunteer training day commenced in November 2015, all volunteers recruited prior to this date have completed Public Protection training either by attending training provided in a classroom setting or completing the eLearning module.

The Clear Pathway document was released to NHS Boards as guidance on supporting a safe, secure and person-centred involvement of volunteers from the third sector in NHS setting. Volunteers recruited by NHS Borders are subject to clear policies and procedures. The Voluntary Services Manager is compiling a database of all third sector organisations that have volunteers within NHS Borders ensuring the same principle of 'duty of care' applies and that Service Agreements are in place.

We are piloting a volunteer driver programme within our Dialysis Unit. We have worked closely with the Health & Safety and Training department devising risk assessments and safe systems at work processes to ensure the safety of the volunteers and patients.

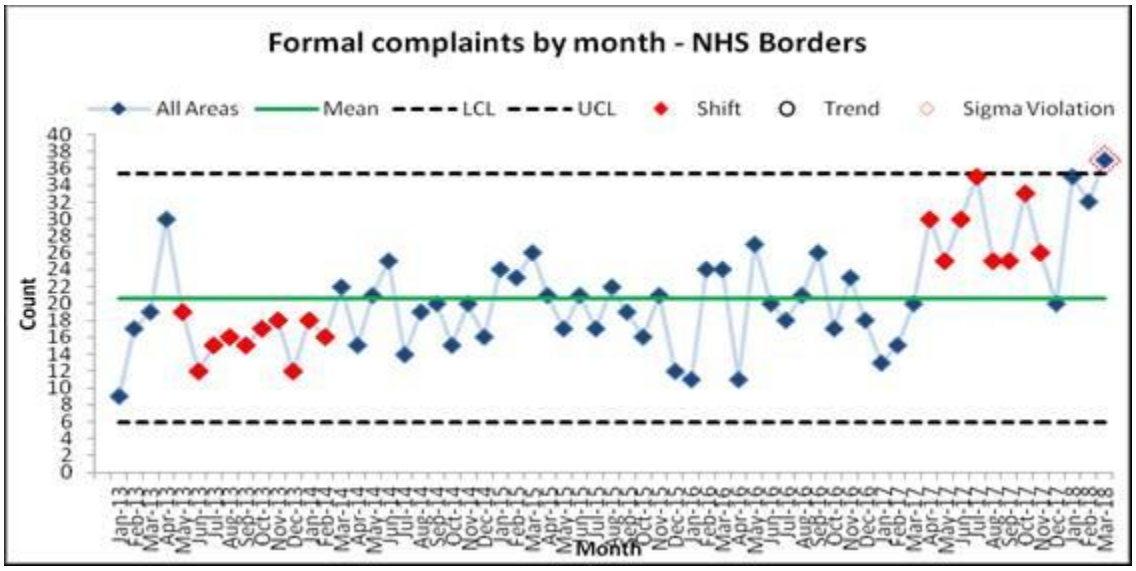
The role of mealtime volunteer was created in March 2018, a case study was produced to evaluate feedback from the wards that support mealtime volunteers and inform other acute wards of this programme.



Feedback & Complaints

A total of 353 complaints were received between April 2017 and March 2018. In comparison with 2016/17, there was a significant increase (126) in the number of complaints received during the year, as can be shown by Chart 4 below.

Chart 4 Formal complaints received by month from January 2013 to March 2018



For the period April 2017 – March 2018 for complaints closed at Stage 1: 58.7% were upheld, 19.9% were not upheld and 13.2% were partly upheld. For Stage 2 complaints: 22.1% were

upheld, 40.6% were not upheld and 29.8% were partly upheld. For complaints closed at Stage 2 after escalation: 40% were upheld, 13.3% were not upheld and 46.7% were partly upheld.

Our average time to respond to complaints at Stage 1 was 2.8 working days. Our average time to respond to complaints at Stage 2 was 15.6 working days, and Stage 2 complaints after escalation was 14.3 working days. This is the first year of reporting using the new national complaints process so there is no previous comparative data.

Person Centred Care Projects

The 'What matters to you?' Day took place on the 6th June 2018. Public Participation Network members gathered feedback throughout the BGH encouraging patients, relatives and carers to tell us what matters to them. We held a celebratory event in the Committee Room, BGH and invited staff along for refreshments and to meet our Therapets. Staff were asked 'what gets in the way of a good day at work – what is the stone in your shoe?' Feedback was gathered and caring cairns were created from their stones.

The school programme was developed in 2016 placing sixth year pupils from Earlston High School in Melburn Lodge and this has now been extended to other High Schools offering placements within Cauldshiels, Melburn Lodge, The Knoll, Kelso, Hawick and Hay Lodge Community Hospitals. We have had extremely positive feedback back from pupils, teachers and ward staff. Volunteers on the ward work under the direction of the Nurse in Charge and alongside the Activity Coordinator, to provide support and meaningful activities to the patients. Support and activities provided by volunteers vary for each patient, depending on their individual needs and interests.

An On Ward volunteer programme has been developed and tested in the Department of Medicine for the Elderly (DME). The main role of these volunteers is to provide social support to patients who may not receive regular visitors. Excellent feedback has been collated from patients and volunteers. A quote from a patient: 'informative, nice to talk to someone, wonderful experience, she was lovely'. This programme has now been rolled out to other acute wards.

A Christmas supper was organised for patients in our acute hospital. 27 patients and their families attended a 3 course Christmas themed supper, staff volunteered to serve patients with a staff member playing the harp to entertain the guests. The patients and their families thoroughly enjoyed the event with one lady quoting 'the meal was better than hotels at this time of the year'. Another patient who hadn't eaten properly since coming into hospital ate her 3 course meal along with shortbread and her daughter was thrilled that her spirits had been lifted, making the supper a great success.

In July we celebrated the BGH turning 30 and we asked patients, staff and visitors to share with us their most memorable experience of the BGH. We also celebrated 70 years of the NHS and we asked patients, staff and visitors 'what would you like to see the NHS provide in your community?' the results and feedback was shared with staff, patients and visitors throughout the hospital.

During the summer months we invite the Border Festival Principals to visit our wards for a meet and greet with patients who may be unable to attend their local festival. Principals share stories and sing-along's linked to their local community. We have received excellent feedback from patients, carers and staff.

Standard: No Delayed Discharges over 3 days (72 hours)	
Standard: No delays over 3 days	**2017/18 Performance:** 28 delays over 3 days (at 29/03/18) 10,235 occupied bed days

In 2016/17 patients were delayed for a total of 7,697 standard delay occupied bed days within NHS Borders. In 2017/18 this had risen to 10,235, an increase of 33%.

The General Manager for Patient Pathways is working in partnership with colleagues across all areas and in all locations to improve patient pathways and reduce **Delayed Discharges**.

The first phase of the plan is to address expectations of patients, their families and carers, as well as professionals, regarding the purpose of being an inpatient and how discharge will be expedited as soon as they are medically fit. A communications strategy in place to ensure this message is consistently presented and is in the process of implementation across all Borders hospitals.

As part of this first phase, 15 Discharge to Assess beds were on-stream from December 4th 2017, which created improved patient flow over the winter months. There has been a reduction in numbers of people delayed from discharge with less complex discharge needs. From January 1st 2019 the number of beds for discharge to assess will be increased to 23. In agreement with partners who provide the support services the criteria for admission have been broadened and this should help to reduce the numbers of people waiting in hospital for things like equipment, adaptations, housing moves and packages of care as well as those adults who require an assessment for their critical needs to return to their own home.

Providing appropriate pathways for adults with complex discharge plans continues to challenge services. In November 2018 a newly built specialist dementia facility will begin to admit adults with complex presentations of dementia. Seven of the bedrooms will be reserved for people who are delayed from hospital discharge because they cannot be placed in existing care homes due to the complexity of the person's dementia. These seven bedrooms are being funded by the partnership and the criteria for admission being determined by the General Manager for Mental Health in partnership with the care provider. It is hoped that the provision of this specialist facility will see a significant reduction in delaying the placement of adults within older adults' mental health wards. Other adults who are now more difficult to place are those who require nursing home care as there is a shortage of nursing care beds within Scottish Borders as more care homes move towards providing residential or enhanced residential care. The General Manager, Patient Pathways is leading phase one of the implementation of STRATA, a cloud based platform that will enable care homes with nursing care facilities to have a direct link to match their offer of care with the needs of patients assessed by social work as requiring nursing care. The STRATA platform is being made available to care home providers around the periphery of the Borders and the first signs are that, when rolled out in December 2018, this will improve the speed of access to community based resources and thus reduce waiting times in hospital as providers outside the Borders are keen to reduce the time it takes from time of referral to time of admission. This development should give Scottish Borders the edge in securing scarce nursing home resources.

Hospital to Home in Berwickshire is now well established and funding for this model of discharge is being significantly extended by funding from the Integrated Joint Board (IJB). From December 1st 2018, the equivalent of 25 FTE Health Care Support Workers will cover all five localities in Scottish Borders, supported by three full time Grade 5 nurses and a Grade 7 Nurse Co-ordinator. It is envisaged that at any one time this team will be able to provide a service for up to 60 people, all of whom will be discharged from hospital or prevented from admission by receiving support for up to 6 weeks by the team. The team are using a reablement approach to reduce dependence and thus reduce the demand for on-going care at home. The Hospital to Home team will be able to take home patients who would otherwise need to wait for a package of care for discharge. In Central Borders, a new pathway is being trialled with input from AHPs who are able to take a patient home and establish a physiotherapy and/or occupational therapy prescription in the patient's own home with a view to the person then achieving full or near to full independence in up to 6 weeks. These people can also receive support from the HCSWs if required until they reach independence with activities of daily living. As the service will be aiming to achieve discharge within 6 weeks there should be an on-going flow to the service from all hospitals within Scottish Borders. The risk to achieving flow is where the demand

for packages of care on exit from Hospital to Home services outstrips supply: we are aware that this risk is highest in Berwickshire and rural Tweeddale. The IJB continues to encourage new and existing care at home providers to increase their capacity in these areas but recruitment of carers remains a challenge.

From April to August 2018 there has been a decrease of 10% in standard delayed bed days compared to the same period in 2017.

Standard: Wait no longer than 12 weeks between GP referral and first Outpatient appointment	
Standard:100%	**2017/18 Performance:** 78% (of those seen)

There was a significant decrease in the number of outpatients waiting longer than 12 weeks during the latter six months of 2017/18 (from 1220 in September 2017 to 357 in March 2018). This was as a result of additional activity in a number of specialty clinics made possible by extra funding from the Scottish Government.

Following the implementation of action plans mentioned in the previous review, Cardiology have recruited an additional Consultant which increased capacity within the service; Gastroenterology recruited a Locum Consultant; and Dermatology have recruited 2 GPs with special interest which reduced the number of patients waiting for outpatient appointments over 12 weeks.

In quarter April – June 2018, 89% of all patients were seen within 12 weeks.

Standard: Wait no longer than 12 weeks for Inpatient or Day Case Treatment	
Standard: 100%	**2017/18 Performance:** 90% (of those seen)

The number of patients waiting over 12 weeks increased during the latter half of the year. Prolonged winter pressures upon the acute services and access to inpatient beds which were utilised by non elective admissions resulted in an increased number of cancellations for planned procedures. This had a significant impact for orthopaedic inpatient surgery between January and March 2018.

Vasectomies were stopped for a period of time due to long term cessation of andrology testing preventing procedures from occurring.

In quarter April – June 2018, 79% of all patients were seen within 12 weeks. Orthopaedic waits have been the main area to solve. The Advanced Physiotherapy Practitioner Hub has been introduced to triage orthopaedic patients to less invasive treatment options, where applicable, which is having a positive impact on orthopaedic waits for surgery.

Standard: 18 Weeks Referral to Treatment: Combined Performance	
Standard: 90%	**2017/18 Performance:** 85%

NHS Borders had reported a performance of less than 90% at the end of 2017/18 due to the volume of patients waiting over 18 weeks who were able to be treated as NHS Borders received additional funding from the Scottish Government to see more patients

This was mainly due to capacity issues within Dermatology, Cardiology, Ophthalmology and Orthopaedic Surgery which caused a backlog of patients waiting over 18 weeks from referral to treatment. Following government funding during January to March 2018 a number of patients were then seen. This led to a below standard performance while the backlog of patients was worked through.

In quarter April – June 2018, 90% of all patients were treated within 18 weeks.

Standard: Admitted to the Stroke Unit within 1 day of admission	
Standard: 90%	**2017/18 Performance:** 79%

Admission to the Stroke Unit within 1 day has been challenging due to difficulties in accessing beds within the Stroke Unit. A renewed direction to bed managers to ensure that stroke transfers are prioritised and a more robust review of patients who can be transferred out of the Stroke Unit have assisted in improving performance,.

The stroke unit has been challenged due to a large number of very prolonged delayed discharge patients with complex needs, reducing availability of beds.

Regular Stroke Managed Clinical Network meetings are now taking place and this forum will provide a regular opportunity to analyse performance and address issues of concern.

In April – June 2018 the rate had increased to 81%. The Percentage of stroke patients receiving an 'appropriate' Stroke Care Bundle (i.e. Stroke Unit admission, swallow screen, brain scan and aspirin) for January to December 2017 (the latest aggregated data based on *initial* diagnosis) was 75%.

Standard: 4 Hour Waiting Target for A&E	
Standard: 95%	**2017/18 Performance:** 92.9%

NHS Borders has experienced a difficult winter period with an associated deterioration in 4-hour performance.

Monthly 4-hour performance for the period December 2017 to March 2018 was between 3.7% (March) and 8.3% (December) worse than 2016/17. The recovery from this sustained period of decreased performance has been slow. A review of key patient flow system markers suggests that the healthcare system continues to be under strain. The average length of stay for the hospital was higher in the last quarter of 2017/18 than prior to December 2017; boarding numbers were double in March 2018 compared to March 2017 and the number of delayed discharges continues to be higher than last year.

The BGH senior management team is taking forward a programme of improvements to strengthen patient flow through the hospital. This work focuses on four key areas: developing a 7-day Site & Capacity model, improving patient flow management practices, developing system-learning, and engaging more clinicians in unscheduled care improvement.

Performance for August 2018 shows an improving position at 94.1%, although not yet stabilised.

Mental Health

Standard: Diagnosis of Dementia	
Standard: 1116	**2017/18 Year End Performance:** 1045

Performance against this standard continued to fluctuate slightly throughout 2017/18. Over the last year primary care colleagues have been alerted to the importance of referrals of people with a suspected **diagnosis of dementia** through a variety of means. Including at the November Medical Education session and a data cleansing process matching diagnoses known in mental health with the primary care dementia register.

Standard: No CAMHS waits over 18 weeks	
Standard: 90%	**2017/18 Performance:** 80.5%

The service has not met the target since August 2017 for **Child Adult Mental Health Service (CAMHS) referral to treatment**. However, this is expected to improve once vacancies are filled. Before this point the target had been met since May 2016.

Referral criteria has been reviewed and amended to increase efficiency at point of receipt of referral. A referral form is now available on SCI Gateway for GP referrals in an attempt to reduce declined referrals.

More detailed focus is being given nationally to rates of referrals and declined referrals, examining reasons for decline. CAMHS is part of national pilot project analysing this.

The service has been delivered with one nurse on unplanned leave, since August 2017 and another nurse advertised but unfilled. It is envisaged that both this posts will be filled towards the end of 2018. Until then, the service is working with limited capacity in the nursing team.

Standard: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks	
Standard: 90%	**2017/18 Performance:** 77.1%

A recent improvement has been reported for **Alcohol and Drug Referrals into Treatment within 3 weeks.** In February and March 2018 the overall standard was 91% which includes data from Borders Addiction Service (BAS), Addaction and Castle Craig. Over the last 3 months in 2017/18 the Borders Addiction Service (individually) had achieved the standard at 100%.

BAS has seen a lot of changes over the last 12 months, there has been a reduction in budget and a pressure to retain clients in treatment due to the increase nationally in drug related deaths. This has been challenging to the service but we have made some changes to the way we work including streaming our workload and looking at our referral pathways in order to achieve this. At this time a reduction in budget resulted in loss of staff which inevitably impacted on service and waiting times. Triage and referral was very much left to individual clinicians rather than the team manager having governance and oversight. With the newly appointed Team manager this has been improved and is now streamlined. There was a period of time that there was no team manager and the operational manager amongst other responsibilities had to step in. Due to national approaches and a different way of working the service is adapting to a cultural change of keeping clients within service rather than having a typical throughput of referred-treated-discharged. Allocated funding has been identified from Scottish government which both Addaction and BAS are proposing a joint assertive outreach team to tackle the harder to reach clients and in the hope of managing the increasing drug related deaths.

Looking to the future we are looking to work in a more integrated and joint way with our addictions colleagues, Addaction, to hopefully maintain the waiting times standards and quality of care. An external secondment has been successfully supported for a Band 6 nurse within BAS to move to the manager's position within Addaction. This has strengthened the links and working relationship between the two organizations. Ongoing consultation and joint working continues with the joint proposal of an assertive outreach team and the high possibility of both services co-locating.

The overall percentage of patients treated within 18 weeks had increased to 90.6% by June 2018.

Standard: No Psychological Therapy waits over 18 weeks	
Standard: 90%	**2017/18 Performance:** 62%

Performance for **Psychological Therapies Referral to Treatment** falls below 90%. We currently do not have enough psychology capacity to meet demand. Capacity is also compromised by difficulties maintaining a full complement of staff in psychology posts, due to leave commitments, staff turnover and recruitment difficulties. A significant impact on capacity is observed when only one or two posts are vacant.

Almost all Psychological Therapy in NHS Borders is delivered in secondary care following GP referral to Community Mental Health Teams; this means referrals are generally more complex resulting in a longer new to follow-up ratio which reduces the flow of cases seen than would be observed in other settings (e.g. primary care).

Locum psychologists have been employed for time limited periods to increase capacity.

A system of triaging all new referrals has been implemented to ensure only appropriate referrals are accepted onto the Psychological Therapies waiting list.

A programme of Psychological Therapy group treatments is currently being developed which is anticipated to increase our capacity to see more patients than one-to-one therapy alone and offer more patient choice.

The overall percentage of patients treated within 18 weeks had increased to 79.5% by June 2018.

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

Activity continues 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. Work is underway to meet the requirements of health and social care integration delivered through locality planning of services designed to meet health and social care needs, delivered in a homely environment where possible.

A snapshot audit of every patient in the Borders General Hospital and Community Hospitals was undertaken in July 2018, in order to assess which patients in hospital beds at that date would be able to receive care in a non hospital setting and what services would be required to achieve this. This is information is being utilised to develop alternative models of community health care services including an expansion of the Hospital to Home model. Two pilot areas have made a significant impact in reducing hospital bed days: saving a minimum of 1,890 occupied bed days over 10 months in total. There has also been a 40% reduction of care packages needed, for those who have been in the pilot, on discharge.

Development of the Hospital to Home model has been progressed to cover the entire NHS Borders area. The model involves the recruitment of Health Care Support Workers, who will work alongside social carers to support the care of patients at home. It will also include support from physiotherapy and Occupational Therapy to provide re-enablement support.

In Primary Care, work continues to progress the implementation of the Primary Care Improvement Plan. Initial focus of this work has been in supporting the development increased Pharmacy support for Practices, along with the introduction of a First Point of Contact

Physiotherapy service and recruitment of Advance Nurse Practitioners. All of these developments will support practices, with the aim of supporting patients more effectively within their communities.

Primary care clusters, with support from Cluster Quality Leads continue to develop and supported the development of the Primary Care Improvement plan. The South Cluster has continued to collaborate with the Scottish Ambulance Service (SAS) in the development of paramedic practitioners, supporting GPs with daytime and out of hours unscheduled care. Paramedics continue to identify patients that can be safely left at home, in certain areas there has been great collaborative working with day time GPs and SAS to make more informed decisions about leaving patients at home safely. Work with continue to engage more GPs in this beneficial process.

Following the successful development of the National Early Warning Score (NEWS) to help with the early recognition and rescue of the deteriorating patient in the community, additional funding has been secured to support introduction of modified NEWS within care homes and private nursing homes.

NHS Borders has been successful in recruiting a General Practitioner through the General Practitioner Rural Fellowship programme. The post holder will initially work in the Jedburgh Practice before moving to the GP Out of Hours Service for a period. The programme supports the training and development of GPs, encouraging them to work in Remote and Rural areas.

2 SAFE CARE

2.1 Healthcare is safe for every person, every time

2.1.1 Healthcare Acquired Infection (HAI)

NHS Borders maintains robust arrangements for controlling Healthcare Associated Infection. The Board has maintained a programme of senior leadership inspections and safety walkrounds across NHS Borders using standardised processes. The leadership walkrounds allow senior leaders to have structured conversation about patient safety and person centred care with frontline staff. The leadership inspection programme is to ensure that patient/staff safety and the organisations policies are implemented. Also, a programme of Infection Control spot checks is maintained to confirm that systems and processes are operating as intended. Detailed monthly reports of compliance by location are circulated to all Senior Charge Nurses, operational managers and senior managers as well as non-executive Directors. The Infection Prevention and Control Team also undertake a programme of audits to monitor compliance with infection control policy.

Staphylococcus aureus Bacteraemia (SAB) cases are reviewed and reported by cause to highlight themes and support targeted interventions. 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 achieved 95% overall compliance with the National MRSA Screening Key Performance Indicator in 2017/18.

NHS Borders continues to participate in the National Surgical Site Infection Surveillance (SSI) for the mandatory procedures of hip arthroplasty and caesarean section and colorectal surgery.

NHS Borders also conducts SSI surveillance on knee arthroplasty surgery. NHS Borders SSI rates are not, and have never been, a statistical outlier from the rest of Scotland.

NHS Borders continues to conduct monthly Hand Hygiene Audits. Average compliance during 2017/18 was 99%.

Domestic monitoring results confirm that high levels of cleanliness are maintained.

The NHS Borders Antimicrobial Management Team meets every two months and continues to review antimicrobial prescribing data, audit data and antimicrobial resistance data. Antimicrobial guidelines are also regularly reviewed. 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. NHS Borders supported the European Antibiotic Awareness Day in 2017 by promoting the UK Antibiotic Guardian campaign.

Treatment: Further Reduce Rate of Staph aureus bacteraemia (cumulative)
NHS Borders did not achieve the *Staphylococcus aureus* Bacteraemia (SAB) March 2018 LDP Standard rate of 24.0 cases or less per 100,000 acute occupied bed days. The Health Protection Scotland report on surveillance of *Staphylococcus aureus* Bacteraemia (SAB) in Scotland shows that in the year ending March 2018, NHS Borders had a rate of 51.8 SAB cases per 100,000 acute occupied bed days. Every SAB case and CDI case is subject to a 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. SABs are reported by cause to highlight themes and support targeted interventions. Improvement activity is focussed on invasive devices. NHS Borders has replaced a locally developed Urinary Catheter patient held record with the national Catheter Passport. Compliance with best practice is regularly monitored and supportive intervention is targeted accordingly.

Treatment: Further Reduce Rate of C. Diff (CDAD) cases in over 65s (cumulative)
NHS Borders did achieve the *Clostridium difficile* infection (CDI) March 2018 LDP Standard rate of 32.0 cases or less per 100,000 total occupied bed days in patients aged 15 and over. The Health Protection Scotland report on surveillance of *Clostridium difficile* infection (CDI) in Scotland shows that in the year ending March 2018, NHS Borders had a rate of 22.0 CDI cases per 100,000 total occupied bed days. Every CDI case is subject to a review to identify any learning for improvement. The work of the Antimicrobial Management Team continues to be important in monitoring and supporting improvement in antimicrobial stewardship.

2.1.2 Patient Safety

The Scottish Patient Safety Programme (SPSP) has been in place now for ten years and is one of a family of national improvement programmes developed over recent years in relation to the national Healthcare Quality Strategy. These programmes draw on improvement methodology advocated by the Institute for Healthcare Improvement. SPSP current identified workstreams are as follows:

- Acute Adult
- Mental Health
- Medicines Reconciliations
- MCQIC (Paediatrics, Maternity Care & Neonates)
- Primary Care

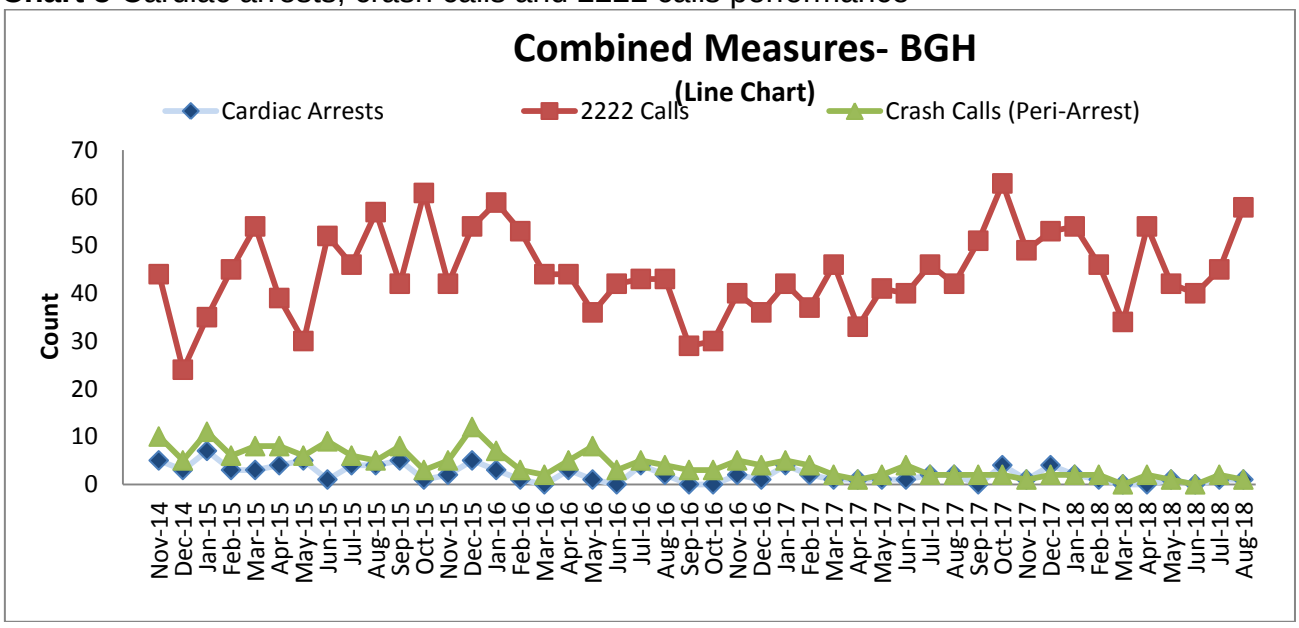
The SPSP programme is now hosted within the Improvement Hub (ihub), part of Healthcare Improvement Scotland (HIS) to improve the quality of health and social care services with alignment of existing programmes.

We continue to work with HIS around our SPSP work locally as we try to align our other improvement work and reduce duplication of data collection. Our Back to Basics Programme and the national Excellence in Care Programme both focus on quality improvement and avoiding harm therefore streamlining our data collection and reporting are key to releasing time to have relentless focus and make the necessary improvements.

Work continues to recognise, rescue and escalate deteriorating patients and a new dashboard has been developed which will contain the key measures in one place.

The use of National Early Warning Scoring (NEWS), particularly across the BGH led to a significant reduction in cardiac arrests earlier this year. We are now looking at the implementation of NEWS 2 which is being rolled out nationally. NEWS has also been rolled out across Community Hospitals, Care Homes and Nursing Homes.

Chart 5 Cardiac arrests, crash calls and 2222 calls performance



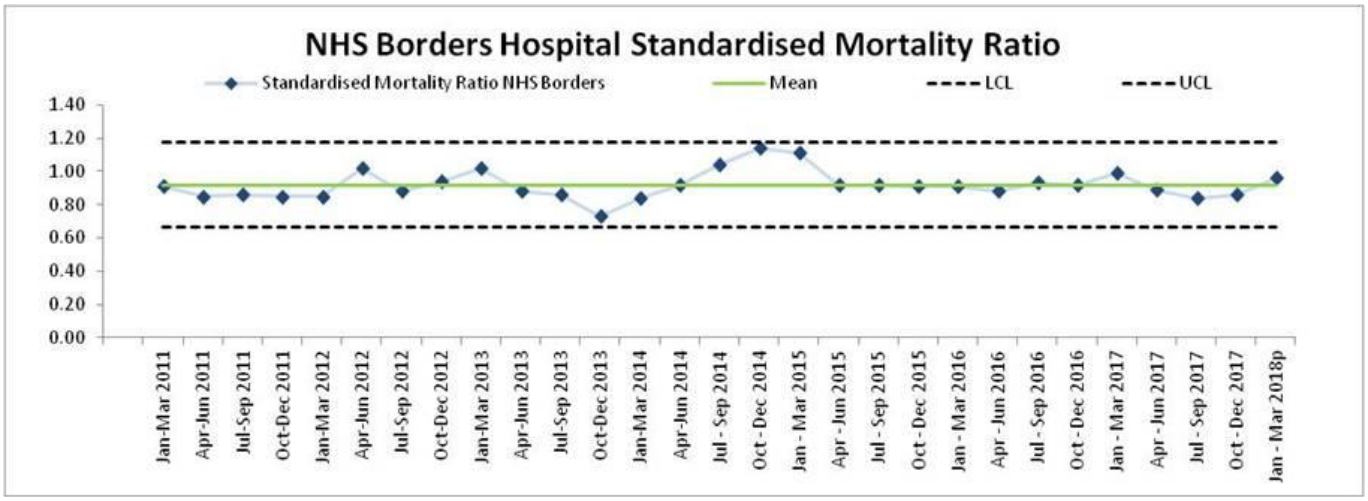
The patient safety programme locally has been without a Band 7 clinical lead for 11 months. We have now successfully recruited to this post and have appointed a Quality Improvement Facilitator to lead the patient safety agenda. The postholder should commence in December 2018 and will ensure oversight of all elements of the SPSP. There has been an Interim Associate Medical Director for Clinical Governance who has provided professional medical leadership to the programme workstreams to drive improvement but this post has now been recruited to for a 3 year period which will ensure ongoing support for the programme.

Hospital Standardised Mortality Ratio (HSMR)

Our local morbidity and mortality review process has been revised to ensure it is in line with the Scottish Morbidity and Mortality Programme (SMMP) and focuses on structured reviews and learning. Historically, we have used the Global Trigger Tool (GTT) in our reviews and have not found anything untoward that would have made a difference. We continue to do ad hoc reviews on deaths but have undertaken 3 separate reviews of spikes in deaths where all case notes were reviewed and again nothing untoward was found. In light of this, the case notes were reviewed again using the Lanarkshire tool and the Structured Judgement Review Tool to ascertain if there was benefit or learning by using different tools in addition to, or instead of GTT. Use of these additional tools highlighted some qualitative information which suggested we were perhaps over treating patients receiving end of life care and this will help inform quality and appropriateness of care and treatment in the future.

HSMR cannot be used as a stand-alone measure of quality of care provided, it can, however, be used alongside other clinical indicators within the NHS Borders quality dashboard to stimulate reflection on the way services are configured/delivered and to prompt quality improvement activity.

Chart 5 Hospital Standardised Mortality Ratios from Jan-Mar 2011 to Jan-Mar 2018 provisional.



3 EFFECTIVE

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

Standard: Smoking cessation successful quits in most deprived areas (cumulative)	
Trajectory:130 (Dec 2017)	**Year End 2017/18 Performance:** 79 (Dec 2017)

Smoking Cessation successful quits performance has been reported up until December 2017 which is broadly similar to last year.

	Q1-3 2016-17	Q1-3 2017-18	Standard (Dec 2017)
Number of 3 month quits	87	79	130

Quit rates for NHS Borders are similar to elsewhere in Scotland. The main challenge for the service is ensuring referral rates are maintained so we continue to market via facebook.

The Stroke MCN has worked to increase referrals via TrakCare, our Patient Management System – which is a new development from 2016/17. 15 minute briefings are organised for BGH staff to increase their knowledge and their likelihood of referring.

Engagement with pregnant women remains low despite a 'opt out' process in place within midwifery. Midwifery training took place in May 2018 to explore how to increase engagement.

Standard: Increase the proportion of new-born children breastfed at 6-8 weeks	
Standard: 33%	**2016/17 Performance:** 39.2% (Apr – Dec 2017)

For the period April - December 2017 performance for **breastfeeding at 6-8 weeks** exceeds the 33% standard by 6.2%.

The services continue to work collaboratively with health improvement. All Maternity Staff and BFI key workers are actively working on ensuring babies get the best start in life. We have developed the following in 2017/18:

- Continue to deliver training and updates to all staff.
- Developing actions to reduce the exclusive breastfeeding drop off rate between birth and 6-8 weeks.
- Focus on improving the quality of skin to skin contact at delivery and beyond.
- Improved staff compliance with BadgerNet documentation.
- Maintain the provision of peer supporters around 30.
- Maintain breastfeeding support groups.
- Evolving BiBS programme to continue to enhance families' infant feeding experiences across NHS Borders.

Standard: Treatment within 62 days for Urgent Referrals of Suspicion of Cancer	
Standard: 95%	**2017/18 Performance:** 96.3%
NHS Borders achieved performance above 95% for 8 of the 12 months during 2017/18 for the 62-day standard.	

Standard: Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer	
Standard: 95%	**2017/18 Performance:** 99.3%
NHS Borders achieved performance above 95% for the 31-day standard during 2017/18.	

3.2 Staff feel supported and engaged

The development of a Health and Social Care Partnership in the Scottish Borders gives partners the opportunity to better plan and commission service changes and improvements in outcomes for the population. It will also mean much closer working and joined up services for individuals and communities.

NHS Borders, Scottish Borders Council and representatives from the Independent and Third Sector are working together to develop a Workforce Plan to support the partnership to achieve its aims. NHS Borders 6 Step Workforce Planning Methodology is being used to support the identification of key themes across the sector e.g. ageing workforce, difficulty attracting and recruiting etc and identifying a strategy which supports us to meet the 3 strategic objectives in the Strategic Plan below:

- We will improve the health of the population and reduce the number of hospital admissions;
- We will improve patient flow within and out with hospital;
- We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.

Workforce Matters

NHS Borders held their latest Local Workforce Conference in April 2018 which focussed on staff engagement and involvement with an aim to address the preliminary results of the iMatter questionnaire. The date coincided with the NHS 70th birthday and there was a celebration theme with cakes and balloons, and the Chair reflected on NHS achievements over the period. The Chief Officer for Health and Social Care and Lead HR Director for the East Region gave delegates an insight into what integration with Scottish Borders Council meant for NHS Borders and the local population, and progress with regional collaboration between NHS Borders, NHS Lothian and NHS Fife.

An external speaker gave a motivational speech, which allowed an external voice to challenge how we see or approach staff issues in NHS Borders and supported staff to believe in

themselves as they face difficult organisational challenges. The speaker was also available for a later session for staff unable to attend the conference.

Staff took part in breakout sessions entitled “the Ultimate Staff Story” which examined why we need to continue to develop robust staff engagement and what staff responsibilities are. The evidence around the outcomes of staff engagement is compelling. Good engagement has been shown to reduce sickness absence rates, increase productivity and promote recruitment and retention of high quality staff.

Group participation was encouraged throughout the event and all the speakers actively engaged staff throughout the various sessions. We also witnessed a lots of positive Twitter activity on the day, with enthusiasm about the speakers/topics.
The conference was attended by over 50 staff and evaluation of the event indicated that 82% rated it very good or excellent.

Workforce Development
Every year along with all NHS Boards in Scotland, NHS Borders publishes workforce projections. This year we are projecting an increase in Nursing and Midwifery staff. However, like all other Boards we are facing a challenge to recruit qualified nurses. We have introduced more active recruitment measures including using social media, and are also introducing a new Assistant Practitioner role in Acute, Community and Mental Health which will support our Registered Nursing staff and provide career progression opportunities for our healthcare support workers. We had 72.18 Whole Time Equivalent vacancies as at the end of September 2018 in nursing and midwifery (including 15 new Healthcare Support Worker posts to support the Hospital to Home project.

A medical recruitment micro-site with videos of current consultants extolling the virtues of NHS Borders and living in Scottish Borders, and revamped and attractive job descriptions has already been successful and has informed our recruitment strategy for the future. Similar styles of adverts/job descriptions have been used successfully to attract Modern Apprentices as part of our employability and developing the young workforce initiatives.

A number of Better Borders projects impact on our workforce, and all services undertaking a Workforce Review will use appropriate Workforce Planning tools (e.g. Six Step Workforce Planning Methodology) to make sure the optimum affordable workforce required to deliver services is in place.

iMatter
Earlier this year, all NHS Borders and HSCP staff had the opportunity to take part in the iMatter survey. 58% of our staff responded to the survey – this figure fell just short of the 60% response rate required to generate a Board Report.

We have progressed with the next step in the iMatter journey, teams getting together to develop an action plan that would be meaningful within their own team and improve their day to day working lives. Managers were asked to upload their team action plans to the National iMatter portal by 6 July 2018. Of the 247 teams, 189 teams uploaded their action plan and storyboards and 147 teams completed their Record of Progress. The iMatter team will continue to work with teams who haven’t yet had uploaded their action plans.

The high number of completed actions plans demonstrates that staff are engaging well at a local team level but highlights a need to better engage with staff at an organisational level.

Regional Collaboration

In the East of Scotland NHS Borders alongside NHS Fife and NHS Lothian are working together to develop a plan for the region that will enable us to continue to deliver health care of the very highest quality that is safe, effective and sustainable. Working collaboratively we have developed a detailed profile of the NHS workforce in the East of Scotland. We now have a clear picture of NHS staffing demand and supply issues, the opportunities, risks and challenges. This will help focus our work on training and recruitment and the development of new roles – both now and into the future. Workforce and HR teams from across the region have attended networking events to scope out the priorities for regional working. Regional initiatives include:

- Shared Services Recruitment - to transform recruitment services across the East Region with a modern infrastructure including harnessing the digital market. We recognise the opportunity and challenge of hard to fill posts which affect all services across the East Region; thinking differently for services across Board boundaries and also prioritising better candidate experience.
- Regional Medical Locum, Nurse Bank and e-rostering project
- Single employment status for Doctors in Training (DiT)
- Return to Practice programme for Nursing; in partnership with all three health boards and Robert Gordon University
- Mandatory and Statutory training

Standard: Sustain Progress against the Sickness Absence Standard	
Standard: 4%	**2017/18 Performance:** 5.2%
The cumulative **sickness absence** rate for year 2017/18 was 5.23% - which is slightly better than the NHS Scotland Average (5.39%) over the same period. HR provides advice and support to managers to help manage sickness absence levels in line with the policy. HR continue to be a support service to the clinical boards by providing HR advice and support in managing sickness absence and recommend actions to be taken in line with the NHS Borders Sickness Absence Policy. Monthly sickness absence reports are provided to each Clinical Board and HR also proactively identify sickness absence “hot spots” and contact managers to enquire if any support is required in managing levels. HR are continuing to work alongside Work and Wellbeing Services to provide advice and support to line managers to manage sickness absence levels. They continue to revise sickness absence processes to ensure we are providing an efficient and supportive service to managers. Correspondence to managers indicating if employees are not meeting the expected level of attendance is being revised to indicate that action is recommended/required as well as reminding managers of actions that could / should be taken.	

3.3 Best use is made of available resources

Continue to achieve financial in-year and recurring financial balance

The public sector has been faced with financial pressures for a number of years however over the last few years the size of the challenge has been increasing and is now at a level which is significant and unprecedented. In order to ensure that quality patient care continues to be delivered the organisation must keep a firm grip on its finances, as well as drive improvement and efficiency which are critical to ongoing service delivery and public credibility. The Board needs to have 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.

NHS Borders is an organisation committed to delivering quality efficient services for the local population within the resources available and in doing has always achieved its financial targets and a high standard of performance. The challenges and accomplishments of the Board over the last 5 years are summarised below:

- The level of uplift provided to NHS Borders has been minimal although population levels have increased as NHS Borders has not benefitted from nationally available NRAC funding.
- The pressures the organisation has faced have significantly exceeded the level of resources available.
- NHS Borders has responded to the increasingly challenging financial environment and delivered increased levels of savings, however many of these have been non-recurring.

Revenue
NHS Borders achieved all financial targets in 2017/18 with a small underspend of £0.041m recorded on its revenue budget 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 2017/18 with a small underspend of £7,000 recorded on capital at the year end. The Board approved a capital plan for the year which delivered the following:

- Expenditure of £3m as year one of the Board's multi-year IM&T 'Road to Digital' Programme. The programme will ensure our technical infrastructure, clinical and clinical support service systems and applications are updated, refreshed and fit for purpose.
- Completion of the Roxburgh Street Replacement Surgery in Galashiels with the GPs relocated from the existing surgery in May 2017.
- Completion of schemes at Eyemouth and Knoll Health Centres where an increase to available accommodation and reconfiguration works addressed the requirements as highlighted by the Primary Care Premises review.
- Turnkey works and commissioning of the replacement Gamma Camera CT for the Radiology service.
- Continuing investment in rolling replacement programmes for NHS Borders Estate (£434k), Medical equipment (£692k) and Radiology equipment (£646k).

Efficiency

A key element of the Board's plan to attain a financial breakeven outturn in 2017/18 was the achievement of its cost efficiency target.

NHS Borders will continue to place patient safety and quality at the centre of all that it does. The Board will continue to focus on removing quality failures within systems and process as well as revisiting some of the basic fundamentals of service provision in order to target obvious opportunities for improving service efficiency. In addition to address increasing demand, we have and will continue to put in place measures to increase the efficiency and quality of our clinical and support services.

The approach adopted in preparing the efficiency programme has been mindful that funding is limited and efficiencies are required across the full range of the health board's activities given the significant challenge that is faced.

Although £8.3m of efficiency savings were delivered in year this fell short of the challenging efficiency savings target of £15.7m. In addition the recurring element of £12.9m was not fully achieved with a recurring shortfall of £8.8m which will be carried forward into 2018/19.

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.