

NHS WESTERN ISLES ANNUAL REPORT AND ACCOUNTS 2011/12



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Introduction

Mission Statement 'the best at what we do'

NHS Western Isles will work actively with patients, the public and our partners to improve our community's health and wellbeing, to tackle inequalities, and to deliver high quality, reliable, sustainable and affordable clinical services based on evidence and clearly defined need.

Welcome to the NHS Western Isles Annual Report for 2011/12. The Annual Report provides an overview of how NHS Western Isles, the organisation responsible for providing healthcare services to the population of the Western Isles, delivered services over the financial year 2011/12.

Over the past year, NHS Western Isles staff from across the Western Isles have continued to work with partners and the public towards a shared goal of improving patient care and continually driving forward quality.

This report provides some key examples of the developments and achievements of NHS Western Isles during 2011/12.

We hope that you enjoy the report, and would welcome any feedback (see contact details below).

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Foreword by the Chair Neil Galbraith

The Annual Review 2011/12

The NHS Annual Review is always an interesting occasion. Interesting on the one hand as it is a significant event at which NHS Western Isles is held to public account for its performance by Government. Interesting on the other hand as it is a public opportunity for the Chief Executive and Executive Directors of the Health Board to demonstrate to the resident population the achievements of the local Health Service in the islands.

Last year we carried out the Annual Review by ourselves with just a government observer present. This year we had the new Cabinet Secretary for Health Alex Neil carrying out his first Annual Review meeting in the Western Isles, accompanied by Derek Feeley, the Director General for Health and Social Care, and John Matheson, Director of Finance for the NHS in Scotland.

The Cabinet Secretary spent part of his day meeting patients and various representative groups of the profession. Feedback was extremely positive, underlining the strong morale within the Service and the warm appreciation of the public for the high quality of the local Health Service.

A very important part of the Cabinet Secretary's programme in the Western Isles was the demonstration of digital pen technology by a number of staff at Western Isles Hospital. The Cabinet Secretary immediately saw for himself the value of this technology, in avoiding duplication of paperwork and allowing the nursing staff more time to spend with patients.

Mr Neil was particularly struck by the importance of this technology in contributing substantially to patient safety, especially at transition points in clinical care. Perhaps the greatest tribute to the staff who gave the digital pen demonstration is that their successful modelling of the digital pen procedure and practice was followed, three days after our review, by the Government announcing the availability, on a bid system, of £1million to NHS Boards in Scotland to encourage the purchase and usage of digital pens more widely in the Health Service.

In the Annual Review we had a very good story to tell for the

year 2011/12 and this Annual Report refers to many of our successes. I would simply underline two facts. Not only did the Service achieve its major objectives across the spectrum of health provision, but also we were so successful in controlling financial expenditure that we were able to meet all our financial targets as well as pay back a large instalment on our £3million government loan a year earlier than planned.

We work to targets in many areas, including financial matters. The statistics that we are able to quote in our Annual Report show, in many cases, quite extraordinary achievements by staff within the service of the Western Isles. Most of the figures indicate performance well above the average for the Health Service in Scotland. The statistics are of course necessary evidence and proof of performance, but they are metrics that can divert attention from the underlying fact that, in seeking to ensure that patients are safe, well cared for, and in control of their own treatment, patients in the Western Isles collectively experience a high quality service. That personal experience for the individual patient cannot be conveyed by figures alone, just as the full measure of the commitment, dedication and positive attitude of all staff within NHS Western Isles cannot be measured by just statistics.

The Board is conscious that the quality of the Health Service is wholly dependent on the staff. The Board takes seriously its responsibility to ensure that staff are well supported in their work through training, the provision of equipment and other resources, and through experiencing a work environment that is conducive to their own wellbeing.

It gives me great pleasure to record the Board's appreciation of the staff within the Health Service and to congratulate them on the quite exceptional performance recorded in this Annual Report. The challenge as ever is to maintain and improve our performance as we seek to meet our own desire to 'be the best at what we do'. I am confident that we will all rise to that challenge in the years ahead.



Chief Executive's Overview by Gordon Jamieson

Looking to the future after a year of notable improvement and success

2011/12 was another year of notable improvement and success for all our staff in providing care, treatment and services to the people of the Western Isles. The organisation has changed beyond recognition. I want to pay tribute to everyone who has helped to bring about that transformation and created the momentum of progress.

Whilst the achievements of the present are something we should be proud of, it is equally important that we look to the future and to sustaining and safeguarding our progress.

We are now all very familiar with the population trends that will face us over the next 10 to 15 years. The Western Isles will experience the second highest increase in the over 75-year-old population coupled with the largest reduction in the working age population of any Health Board area in Scotland.

What might this mean? Both the benefit of a society rich in life experience and wisdom, and the challenge of providing care and services in response to an inevitable and unprecedented demand.

Our health service and the care we provide has, in the main, been delivered by the skilled and caring hands of our staff here in the Western Isles. That personalised, sensitive and caring touch we must never lose in caring for patients.

Neither can we ignore or turn our back on the stark reality of the challenge before us. If our caring services are to be sustainable and safe, we must continue to pursue the maximum and optimal use of technology alongside our competent and caring staff. Why? Simply because the numbers speak for themselves, and there are simply not going to be enough pairs of hands to respond

adequately and safely to meet demand into the future.

We have, and will continue to rise to this challenge; searching, testing and applying new and useful technologies that improve the patient experience and release time to care. This pursuit challenges us in many ways: our ability, our confidence, our comfort zones and our traditional ways of working.

Most of us have experienced the rapid and expanding use of technology in the everyday lives of our children, who are our healthcare workers of the future, and who will expect and embrace an environment in which technology assists in most aspects of everyday life and in helping us to be 'the best at what we do'.

In 2011/12 we ventured into many new technology-driven areas to help develop our services and face the challenge head-on. Digital pens, broadband expansion, mobile near-patient testing, desktop videoconferencing communication technology, Digital Dictation, the Yorkhill neonatal telelink, the Learn Pro training system for staff and the Cortex Patient Management System are to name but a few.

I applaud and pay tribute to our staff who are recognising and facing up to this challenge. Staff across the organisation are exploring and embracing the rising tide of technological innovation, harnessing the best it can offer to complement and safeguard our personal caring and compassionate skills that our patients need and hold dear.

Who knows what the tomorrow's technology for 2012/13 will bring. What I do know is that we will make the best of it.

The Best Start in Life

Healthy Start Vitamin Drops

Healthy Start Vitamin Drops continue to be free of charge by NHS Western Isles to help ensure that children aged between six months and four years are taking sufficient vitamins.



Children need a variety of vitamins to help them grow up strong and healthy. Vitamin A is important for growth, good eyesight, healthy skin and immunity, Vitamin C is important for general health and the immune system, and Vitamin D is needed for strong bones and teeth.

The Vitamin Drops are provided in a small bottle with enough to last each child two months. When the drops begin to run out, parents can simply collect replacements from their Family Health Visitor, GP Practice, or local Health Centre/Clinic.



Baby friendly for NHS Western Isles

During 2011/12, NHS Western Isles was awarded a Certificate of Commitment as a first step towards gaining international recognition from the UNICEF (United Nation's Children's Fund) Baby Friendly initiative (see picture above).

The Baby Friendly Initiative, set up by UNICEF and the World Health Organisation, is a global programme which provides a practical and effective

way for Health Services to improve the care provided for all mothers and babies. The Certificate of Commitment recognises that a healthcare facility is dedicated to implementing best practice standards.

NHS Western Isles joined forces with the Baby Friendly Initiative to increase breastfeeding rates and to improve care for mothers.

Promoting a healthy lifestyle in childhood

The importance a healthy lifestyle in childhood was promoted to local families during 2011/12, with a new programme offered to families with children aged between two and seven.

A dietitian from NHS Western Isles delivers the child healthy weight programme to local families. The programme, SCOTTLite, runs over six weeks and promotes the importance of making changes as a family to develop a healthy lifestyle. It is not a group programme; one family sees the dietitian at a time which means that families benefit from individual support. There is also a small reward for the children who complete the entire programme.

NHS Western Isles Nutrition and Dietetic Manager Karen France said: "Eating habits learnt in childhood tend to stick with us for the rest of our lives. Most people have a good idea of what a healthy diet is, but it can be difficult to make sure young children get the right balance of foods to help them to grow up to be a healthy weight; this is where the new programme is so important."

She added: "If parents are concerned about their child's weight, or if the results from health checks show that their child is outwith the healthy range, they can self refer to the dietetic service to receive advice and support (although SCOTTLite focuses on children over the healthy

weight range we will also see children who are under this weight range). It is really difficult to see if a child is an unhealthy weight by just looking so if you have any doubt and would like to have a weight/height check then please contact the Dietetic Department to arrange this."

Routine school health checks are also taking place for all primary 1 pupils in the Western Isles. All children involved will have the opportunity to be weighed and measured, as well as having their hearing and in some cases, vision tested. Results with accompanying literature, including referral information, will be sent out to all parents.

The Best Start in Life



Catherine MacDonald,
NHS Western Isles Senior
Midwifery Manager, links
in to specialists in Glasgow
(mock baby in incubator).



Providing specialist support for critically ill babies through telelink

Staff in Western Isles Hospital now have instant access to specialist neonatal advice and support 24/7, as a result of new technology which could ultimately help save the lives of critically ill babies.

A live videolink in the neonatal area of the Maternity Unit of Western Isles Hospital was set up during 2011/12 to provide direct access to consultant neonatologists at Yorkhill Royal Hospital for Sick Children, Glasgow. The link will be invaluable to staff in the Western Isles; providing access to expert support to stabilise premature or ill babies before they are transferred to Glasgow by air ambulance.

Catherine MacDonald, NHS Western Isles Senior Midwifery Manager, said: "With this technology, we can access highly specialist services locally. A consultant neonatologist is always available to provide our local

midwives and paediatrician with expert support and advice as we're waiting for the transport team to arrive to transfer a baby to the mainland. The neonatologist in Glasgow is able to use the technology to zoom the camera in so closely that they can check the baby's colour and condition, and can even help guide a tiny cannula into a vein. The baby would be connected to a monitor in the cot, so the specialist in Glasgow would also have access to that vital information."

Mrs MacDonald continued: "We can also use the technology in situations where we are unsure if a baby needs to be transferred. That assessment can be made by specialists in Yorkhill, and they can make immediate arrangements to come and pick the baby up if that is required, or can provide advice in situations where the baby can be cared for on island."

The videolink to specialist neonatologists in Yorkhill can also be used to provide reassurance directly to parents in situations when a baby is born with a certain condition (such as cleft lip and palate). The link could also eliminate the need, in some situations, to travel to the mainland for assessments before a procedure or operation, as this could be done remotely.

Hugh Lovell, a Charge Nurse in the Neonatal West Transport Team (the team responsible for transporting ill babies to the

mainland), explained: "This videolink technology means that it's almost like having an experienced consultant in the room, and the consultant can see exactly what's happening and monitor the situation in real time, while the air ambulance team are on their way."

The new equipment was provided by the Scottish Centre for Telehealth and Telecare (SCTT), which allocated funding to set up mobile videoconferencing facilities in six hospitals.



Living Longer, Healthier Lives

Taking healthcare screening out into local communities

An innovative and highly effective means of taking healthcare screening and treatment services out into local communities in the Western Isles was launched in November 2011 by Minister for Commonwealth Games and Sport Shona Robison.

The NHS Western Isles 'Well North Bus' was officially launched at Tolsta Community Hall. The event also provided

an opportunity for pupils of Tolsta School to demonstrate some of the skills they had learned from emergency Heart Start life support training.

Shona Robison said: "The Well North Bus is an excellent initiative, widening the reach of healthcare screening and treatment services to communities in the Western Isles. It will improve access to services, particularly for hard

to reach groups, providing people with health checks close to their homes, as well as services such as smoking cessation and advice on healthy eating. I am confident that the bus will greatly assist the health board in its efforts to improve the health and wellbeing of the population of the Western Isles."

The Well North Service works in partnership with general practices to identify individuals who require a screen.

The Well North staff (pictured left with Shona Robison) provide a full CVD and diabetes screen to clients aged between 40 and 69 on the mobile unit. NHS Western Isles was also the first Board in Scotland to introduce 'point of care' testing and instantaneous access to CVD and diabetes screening test results, all of which are provided on the bus.

New developments

The Well North Bus is now also being used to deliver AAA (Abdominal Aortic Aneurysm) screening for men aged 65 years. AAAs arise when the wall of the aorta – the main artery in our abdomen that supplies blood to our bodies – becomes weak and balloons out to form an aneurysm (a swelling and weakening of the aorta wall). Most men will be unaware that they have an aneurysm as these rarely cause pain; however a burst aneurysm leads to life threatening bleeding.

The AAA Screening Programme aims to find aneurysms before they burst, so that people can be offered treatment to prevent this. Delivering the screening programme on the Well North Bus will make screening more accessible.



Tackling alcohol issues head on

Since 2008, there has been a national target in place to deliver Alcohol Brief Interventions (ABIs) to help prevent alcohol issues before they become a problem.

The Well North Bus (see article above) has provided an ideal platform to deliver ABIs, and they are also

delivered in GP Practices, Emergency Departments and at antenatal appointments.

ABIs typically take the form of short motivational interviews, in which the costs of drinking and the benefits of cutting down are discussed, along with information about health

risks.

NHS Western Isles has delivered 2,200 ABIs; more than doubling the delivery of its target of 1,110 ABIs.

NHS Western Isles Chief Executive Gordon Jamieson commented: "Most of the people that our staff carry

out an intervention with are able to consider reducing their consumption or patterns of drinking with help, but because of the approach used by Western Isles healthcare staff, we occasionally are also able to identify and support people with existing alcohol problems."

Living Longer, Healthier Lives

Launch of Innovative Rehab Service



Pictured are Respiratory Liaison Nurse Pauline Morrison, one of the clients, Cameron MacLeay, and Rehabilitation Physiotherapist, Allison Martin.

Improving people's quality of life and reducing hospital admission rates are just two of the benefits of a rehabilitation service launched during 2011/12.

The Chronic Obstructive Pulmonary Disease (COPD) Rehabilitation Service was developed to pro actively target COPD, which is one of the major causes of morbidity

and mortality within Scotland and currently accounts for more than 10 per cent of all acute hospital admissions and 30,000 deaths annually in Scotland and the UK.

In the Western Isles there are over 400 people with COPD and 200 people who could potentially benefit from COPD Rehabilitation. The first phase of the new service development was the establishment of a COPD Rehabilitation 'Hub' at Western Isles Hospital in Stornoway, with telehealth links to NHS Tayside's Rehabilitation Team for additional support.

Evidence Based

Pulmonary Rehabilitation is essentially class based programmes which enable those with respiratory conditions to learn to manage their own health/ill health, day to day in their home environment, where possible. Classes are comprehensive programmes of exercise and education. The demographic profile in the Western Isles, coupled with the rising number of Long Term Conditions (one of which is COPD), indicates that the demand for Pulmonary Rehabilitation will continue to increase.

Respiratory Liaison Nurse Pauline Morrison stated: "All the evidence strongly suggests that pulmonary rehabilitation is very beneficial for appropriately referred patients. The benefits include clinical benefits, reduced admission to hospital rates and improved quality of life. It also empowers patients to manage their own conditions."

Allison Martin, Rehabilitation Physiotherapist, explained: "The programme takes place over eight weeks, and consists of two one-hour sessions a week, together with an hour of education/informal group chats over a cup of tea. The exercise programme is tailored to each client's individual needs to improve symptoms and quality of life and help individuals to self manage their disease as effectively as possible."

Exercise classes start with stretches and a 'warm up', followed by light exercises in a 'circuit' format to help develop functional exercise capacity, improve health status, and reduce breathlessness. The educational element is provided by a variety of professionals who are specialists in their area. Feedback from clients continues to be very positive.

"THE EARLIER WE FIND CANCER, THE EASIER IT IS TO TREAT."

A Detect Cancer Early Roadshow in March 2012, aimed at raising the importance of detecting cancer in the earliest stages of the disease,

successfully raised the message amongst the local population, with around 1,250 people engaging with local healthcare staff and roadshow representatives.

Since then, a number of awareness raising activities have been held throughout the Western Isles, including a series of events attended by singer and presenter,

Michelle McManus. Visit www.wihb.scot.nhs.uk and click on the 'Cancer, don't get scared, get checked' icon for further information.

Living Longer, Healthier Lives



New equipment improves children's quality of life

The introduction of new equipment for children with specific challenging developmental and learning disabilities, has not only helped to reduce stress and anxiety amongst the children, but has also reduced their need for medication in some cases.

NHS Western Isles recently invested in 'Safespace' technology to benefit children in the Western Isles who are on the autism spectrum, or who have extremely challenging behaviours.

A Safespace is described as a 'room within a room' that can be used for people who may be at risk of harm in an ordinary setting. Each Safespace is custom designed, with both the door and windows aligned with those in the environment. It reduces the risk of someone harming themselves on walls, floors and furniture outside the Safespace.

To date, three children in the Western Isles have benefited from this innovative equipment installed in their

homes in the last year and feedback has been excellent.

One family commented: "We cannot believe the difference the Safespace has made to our son and our family. It has helped us hugely to cope with our son, and it has also helped him to cope with his difficulties.

"Some of the improvements we have seen are a vastly improved sleeping pattern as soon as it was installed, with no change to his medication (bearing in mind that previously he needed medication to help sleep), and it has also helped hugely in terms of hygiene around the home."

They added: "For the second time since the Safespace was installed our son is now in the process of having his medication reduced. We would not have thought this reduction possible without the Safespace. As a family we have a happier, more contented boy since the Safespace was fitted, and it

has helped massively with the management of his needs and difficulties, way beyond our expectations and hopes."

Other benefits included reports that the Safespace was a 'huge help' during periods of anxiety and stress, whilst also helping to limit violent outbursts to a minimum. The client's brother meanwhile reported that the Safespace is 'very comfy, safe, and has a calming effect when you're inside and the door is zipped up'.

Head of the NHS Western Isles Occupational Therapy Department Sonja, Smit said: "The use of Safespace has helped us to ensure we can continue to provide care for these children on the island, rather than them having to go to the mainland for care."

NHS Western Isles Chief Executive Gordon Jamieson said: "This is an excellent example of a patient focused development, which has exceeded all expectations."

Weight Management Class

The popular weight management class, Healthy Weighs, re-launched during 2011 in Ionad Spòrs Leòdhais.

The sessions are held by a dietitian and a fitness instructor from the sports centre so you can be sure that you receive expert advice to help you achieve your goals.

It follows a six week cycle which looks at different topics every week, however, it is also flexible to meet the needs of the people in the group. After the six weeks are over, you can continue to attend the full session and take part in the discussions again or choose to attend the weigh-in sessions only.

The discussion offers the opportunity to ask questions, get specific advice, receive written information and learn about key topics such as healthy eating, food and mood, and exercise.

Sustainable lifestyle changes are encouraged so that you can achieve your weight goal and maintain it long term. The weigh-in only drop-in sessions are useful for those who feel that they need someone to monitor their weight on a regular basis.

We have had some inspiring success stories and people of all ages attend.

For further information, contact the Dietetic Department on 01851 704704.

Healthcare is safe for every person, every time



NHS Western Isles Infection Control staff delivered training to youngsters on the importance of hand hygiene during 2011/12, to help children get into good habits at an early age.

Pictured above are children aged three and four, who attend Stornoway Playgroup, after a hand hygiene

session with Infection Control Nurse, Janice MacKay.

Janice explains: "During training sessions, the importance of washing your hands correctly is explained in an excellent cartoon film aimed at young children. The film also shows the children how to wash their hands

properly and I practice this with the children until they get the hang of it."

The 'Germ Busters' then get the opportunity to clean their hands, using the technique learned, before using a special teddy bear 'wash and 'glow' ultraviolet system, so they can see for themselves how well they've done.



Demonstrating good hand hygiene techniques at one of our new hand hygiene stations.

A continued focus on Hand Hygiene in hospital

Luminous yellow hand hygiene stations have been wall mounted at the entrance to all wards in our hospitals across the Western Isles, to make the hand rub more visible to both staff and visitors.

The hand hygiene compliance rate was at 98% at March 2012, and staff are encouraged on an ongoing basis to achieve 100%.

NHS Western Isles Nurse Director/ Chief Operating Officer Nigel Hobson stated: "Good hand hygiene is widely recognised as the single most important factor in reducing the spread of healthcare associated infection. By ensuring that our staff, patients and visitors are aware of what they can do to help will hopefully get across the message that infection control is everyone's business."

Healthcare is safe for every person, every time

Preventing Healthcare Associated Infection (HAI)



NHS Western Isles continues to take action to tackle Healthcare Associated Infection (HAI), and reports very low

levels of infection on an ongoing basis.

Key headlines for 2011/12 include the fact that there were only three cases of Staphylococcus aureus bacteraemia (SAB) over the 12-month period, none of which were MRSA. This is a significant reduction from the previous year, when there were 11 cases (four of which were MRSA). A SAB is a bacterial infection of the blood associated with devices which penetrate the skin.

With regard to Clostridium difficile infection (known as C. diff), during the year there were a total of nine cases in patients aged 65 and over. This was an increase of two cases from the 2010/11 results. Infection with Clostridium difficile most commonly occurs in people who have recently had a course of antibiotics and are in hospital.

Chief Executive Gordon Jamieson said: "Preventing infection is an extremely

important area for the health service across Scotland. In the Western Isles, we have very low infection rates, and to demonstrate a decreasing trend in infections such as MRSA is extremely encouraging, and down to the vigilance, motivation and very hard work of our staff."

Hospital Cleanliness

With regard to hospital cleanliness, cleaning compliance remains at a very high level (96.7% at March 2012, against a national compliance level of 90%).

Feedback from patients also demonstrates that those who use our services rate the standard of cleanliness as high. Hospital cleanliness continues to be one of the top scoring areas in the Better Together Inpatient Patient Experience Survey, with almost all respondents (98% in the latest survey) reporting that the main ward or room they stayed in was clean.

Healthcare Environment Inspectorate visit

The Healthcare Environment Inspectorate (HEI) made an unannounced visit to Western Isles Hospital in July 2011.

The Healthcare Environment Inspectorate (HEI) was established in 2009 to undertake at least one announced and one unannounced inspection to all acute hospitals across NHSScotland every three years. The focus of the work of the HEI is to reduce the Healthcare Associated Infection (HAI) risk to patients through a rigorous inspection framework. Overall the findings in Western Isles Hospital were positive:

- the overall standard of cleaning in Western Isles Hospital continues to be good.
- a comprehensive root cause analysis system continues to be used when patients are suspected of having or

confirmed to have an infection.

- a programme of regular staff training in infection prevention and control is maintained.

Areas for improvement were as follows:

- improve the cleaning schedules as it continues to be used inconsistently.
- the planned new fault reporting system requires a definite timescale for completion.
- a definite timescale is required for replacing the flooring in the outpatient department.
- drug fridge temperature recording must be improved.

All seven requirements/recommendations have been implemented and work continues to develop, improve and enhance the service provided. Recent actions include:

- Implemented and improved the fault repair and maintenance system. This will ensure reported faults and repairs are managed in a timely manner.
- Drug fridge temperature records are consistently completed and thermometers are in place to enable accurate recording.
- Completed the refurbishment of the flooring in the outpatient department.
- Implemented the standardised cleaning schedule which is consistently completed. This is to ensure consistent cleaning throughout the hospital.
- Established a collaboration between the PFPI lead at Board level and local public engagement structures in relation to HAI.

Everyone has a positive experience of healthcare

Feedback from patients through Better Together

Patients feel 'treated with care and respect'

NHS Western Isles achieved some exceptionally positive feedback from patients in the latest Better Together Inpatient Patient Experience Survey.

Not only has the Health Board achieved further improvements since the 2011 survey, it continues to exceed the national average in the vast majority (91%) of responses to questions in the survey; in many areas quite significantly.

A random selection of 347 patients who had stayed in an NHS Western Isles hospital between October 2010 and September 2011 responded to the survey; all rating their experiences of services to help target improvements.

NHS Western Isles was delighted that the vast majority of patients who responded (97%) felt that they were 'treated with care', which was 4% higher than the national average. A total of 95% also felt that they were treated with respect, and the same proportion said they were as physically comfortable as they could expect to be.

In line with the Board's excellent track



record in hospital cleanliness, the Board also welcomed the fact that 98% of respondents said that the main ward they stayed in was clean. This is 5% higher than the national average.

Significant improvements had been made since the previous survey in the admission process through the Emergency Department, with some positive responses up to 18% higher than

the national average. NHS Western Isles staff were rated positively by 93% of respondents (6% higher than the national average).

The results of the survey will be used by NHS Western Isles to inform the Board and further improve service delivery. A number of key areas have already been identified to drive improvement.

Working together to improve services

NHS Western Isles is committed to continually improving services for local patients, and a number of significant developments were progressed over the year to ensure services are safe, effective and sustainable into the future.

As part of the NHS Western Isles Clinical Strategy, work took place to modernise a number of key services; specifically Mental Health Services, Orthopaedic Services and Paediatric (Children's) Services.

A formal Option Appraisal for Mental Health Services took place in January 2012, and a preferred model of service, the 'Enhanced Community Model',

emerged from that process.

The Enhanced Community Model would create an increase in community capacity by reducing inpatient facilities. The preferred model will be taken to public consultation in 2013, and consultation meetings will take place across the Western Isles. Members of the public and service users will be encouraged to participate in the public consultation process.

There was also significant progress with regard to Orthopaedic Services during 2011/12. A new Orthopaedic Service model (a two-consultant model) was piloted for a period of six months, and

was deemed to be extremely effective. Following the pilot, the Board agreed to adopt this model on a permanent basis. A single-handed consultant model had been in place in previous years. The first step in implementing the new service will be to advertise for two permanent Orthopaedic Consultants, and this was progressed during November 2012.

With regard to Paediatric Services, a permanent Paediatrician was appointed during 2012. The service had previously been provided by Locum Consultants. The new Paediatrician will cover both hospital and community services.

Everyone has a positive experience of healthcare

Launch of Digital Pens

NHS Western Isles has become the first health board in Scotland to launch innovative new technology which is resulting in increased time for community nurses to spend with patients, and less time on administration and data entry.

‘Digital pens’ are now being used by nurses in the Eastside Team (which covers Tolsta, Back, Stornoway and Point), and community nurses throughout the islands started using the new technology during 2012.

The digital pens look similar to regular pens, but they include intricate technology to transfer handwritten notes into a digital format, which can then be recorded and shared. This means that patients’ notes can be saved to a secure system at the point of care (e.g. a patient’s own home), without the nurse having to travel back to their base to access the system and input notes into a computer.

How do the digital pens work?

New forms are being used by nurses, which are created and printed with a unique dot pattern. As the nurse writes on the form with the digital pen, a built-in camera reads the position of the dots and converts the information into coordinated data, which is used to create the handwriting digitally.

Included in the pen is a Bluetooth transmitter, which allows the community nurse to transfer any written data collected by the pen

to a paired device to be transferred to the NHS Western Isles server. The transmission of data from the pen to the main server is achieved either through a mobile phone via Bluetooth or by docking the pen with a PC. The transmission of data is completely secure which means that patient information remains safe.

NHS Western Isles Nurse Director/Chief Operating Officer Nigel Hobson said: “The community nursing teams are very positive about using this new technology, as it’s straightforward, ensures patient information is secure, and will give them time back with patients, rather than time spent inputting data.”

Your Health in Your Hands

The Digital Pen project links with the development of a Patient Held Record. The project, known as ‘Your Health in Your Hands’ means that patients will hold a copy of their own health record in their own home. This will help patients feel fully informed and involved in discussions and decisions about their care and treatment. They will have the ‘live’ record to refer to at any time.



Everyone has a positive experience of healthcare

A 'first rate' Physio service



The Western Isles Physiotherapy Department undertook client satisfaction surveys during 2011/12, to get feedback from service users about how they rate the care and treatment they receive.

Services evaluated were the pre-operative service for elective hip and knee patients, the 'Drop-in' Clinic, the 'Back to Fitness' class, and the knee class.

Patients described the Physio Drop-in service as 'excellent'

Of the 31 patients surveyed prior to an elective hip or knee replacement operation, 26 returned the questionnaire – and 96% of respondents felt that the pre-op visit really helped them to prepare for the operation and helped them recover more quickly.

The knee class and 'Back to Fitness' class demonstrated even higher levels of satisfaction, with 100%

of respondents for both classes saying that they found them beneficial. Patients said that they felt 'empowered' and that they would be able to deal effectively with future episodes of back and knee pain. Classes were described as professional and friendly, and flexible with achievable goals tailored to meet patients' needs.

Drop-in Clinic patients were also surveyed: 100 patients were sent a questionnaire, of which 51 were completed and returned to the department. Fifty patients said the service at the clinic met their expectations, and 49 of the 51 were happy with the consultation and advice received. Patients described the service as 'excellent' and said they felt fortunate to have access to a the clinic.

The Drop-in Clinic welcomed its 3,000th patient, Mary Sutherland/Kettings, during September 2011. Mary is pictured above with Physiotherapy staff. The Drop-in Clinic first opened its doors in September 2008.

Physiotherapy Manager, Sheila Nicolson, said: "I am absolutely delighted that our patients are happy with what we do. We are always striving to provide the best services possible to our patients – to be the best at what we do - and the physiotherapy staff are always very proactive and happy to try out new ideas. I really can't praise my staff highly enough."

'Recovery focused' mental health service launched

The launch of a partnership between the Western Isles Community Psychiatric Nurses (CPNs) and Catch 23 mental health drop-in service is already helping to develop a more 'recovery-focused' model of care by supporting patients to manage their own conditions more effectively in a community setting.

Catch 23 is a mental health drop-in centre in Stornoway, operated by the Western Isles Association for Mental Health (WIAMH). Catch 23 aims to provide an informal, relaxed and safe place for people to meet without the fear of being

judged by the stigma of mental health and the issues that surround it.

As part of a new service being offered to patients, a CPN is now based within the Catch 23 centre every Wednesday from 12noon until 2pm, and is available to anyone on a one-to-one basis to talk to and discuss any mental health issues or problems.

CPN Team Leader Debbie Macrae explained: "When clients are ready to discharge from the CPN register, we are able to help establish them in the

community by providing this less formal support service, which they can attend if they choose to do so. This is a recovery-focused model and clients can also attend the drop-in at Catch 23 during the same visit. People who have never been on the CPN register are also welcome to come and speak to the CPN at Catch 23 if they would like help or support in an informal setting."

Feedback from clients to date has been very positive, with the majority reporting that the service has been extremely beneficial.

Everyone has a positive experience of healthcare

NHS Western Isles adopts electronic patient management system

During 2011/12, NHS Western Isles became one of the first Health Boards in Scotland to have adopted 'Cortex' as a handheld electronic patient management system to help improve patient care and patient safety. Cortex links information from a range of systems via secure wireless links to hand held devices, such as iPods and iPads.

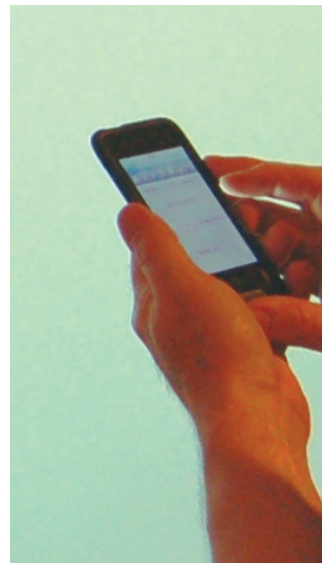
Linked into the existing NHS patient administration system, Cortex enables healthcare staff to access patients' locations within the hospital instantly, as well as providing a hospital-wide up-to-date view of bed states and availability.

As data is stored centrally on the hospital server, any data

transferred through the system is secure. No patient data is stored on the device.

The introduction of Cortex is a crucial component of our efforts to develop a culture of patient safety. It also allows teams to share information more effectively and safely, reducing clinical communication risks that are posed by frequent handovers.

Users of the system can add one or more brief notes to the electronic patient record, allowing a comprehensive review of a patient's progress and management. Updates entered by any user are instantly accessible, allowing multi-user access to a real-time record of the patient's



changing condition which allows users to highlight and concentrate on those patients who require most care.

Dedicated dementia expert appointed to improve standards of care

NHS Western Isles appointed an Alzheimer's Scotland Dementia Nurse Consultant during 2012, who will take the lead on raising care standards within hospitals, and improving the quality of life for people with the condition, as well as their carers and families.

Anne Hutchison has taken on the role in the Western Isles and she is joined by local dementia 'champions'. Staff Nurses, Ann Mackenzie and Wendy MacMillan, who work in Western Isles Hospital, were amongst the first dementia champions to graduate in Scotland.

Health Secretary Alex Neil said: "Having had a personal experience of a family member with dementia, I know how important it is that they get the dignified care they deserve.

"That's why I'm delighted that Alzheimer's Scotland dementia nurse consultants have been appointed in every health board area. This will help to ensure that our NHS is delivering the type of care that we all expect."

Mr Neil added: "In addition, we have made the guarantee that from next April all people newly diagnosed with dementia will be entitled to at least a year of post-diagnostic support, coordinated by a link worker."

Valuable feedback from local learning disability group

The 'Stand up for Yourself' Self Advocacy Learning Disability Group visited Western Isles Hospital in June 2011 to deliver a presentation on their experiences of accessing local health care services.

The Self Advocacy Group, which is made up of around 15-18 people with learning disabilities, meets once a month to discuss how they can engage with changes that matter to them within the local community.

One of the areas they discussed was healthcare services and issues that mattered to them including communication, visiting the hospital, doctors, confidentiality, accident and emergency and medicine information. The group gathered feedback to present to NHS Western Isles staff and other local representatives.

The direct feedback from the group was both extremely useful and interesting to NHS staff, who have taken on board the points raised.

A number of improvements have already been implemented as a result of the feedback from the group, including staff training on communications, easy read information leaflets for radiology, and the production of a communications toolkit for use in clinical areas.

Work is also being undertaken to implement recommendations from the group on hospital signage.

Staff feel supported and engaged

Staff Survey Working Group drives improvement in staff experience

NHS Western Isles welcomed the publication of the latest Staff Survey results early in 2011. The Staff Survey is an important indication of how effective we are in a number of areas.

There has been a substantial increase since 2008 in the number of people who would recommend NHS Western Isles as a good place to work (+17 to 62%), the number who feel well informed about what's happening in NHS Western Isles (+22 to 61%), the number who have agreed a Personal Development Plan (+46 to 76%), the number who have had a performance review in the past 12 months (+45 to 60%), and the number of people who believe that their line manager communicates effectively with them (+42 to 63%).

Following the publication of the latest Staff Survey results, NHS Western Isles formed a Staff Survey Working Group

to progress any areas identified for improvement.

Staff Survey Working Group

The Staff Survey Working Group was formed and chaired by the NHS Western Isles Chief Executive Gordon Jamieson. Membership of the group included the Communications Manager (Staff Survey Lead), the Occupational Health Nurse, the Health and Safety Advisor, Staffside representatives (including the Employee Director) and a representative from the Human Resources Department.

The group worked over a number of months to identify areas for improvement and to agree an action plan. During the life span of the group, all agreed actions were completed, and key improvements included the following:

- Formation of a Security Group to improve internal and external

security.

- Installation of a security system in the Health Board Offices, with plans to roll out the system to other areas.
- Completion of a Recruitment and Selection Audit to ensure approved procedures are adhered to.
- 'Standards of Behaviour' document developed and circulated.
- 'How to have Your Views Heard' document developed and circulated.
- 'Dignity at Work' document developed and approved.
- Development and approval of a Whistleblowing Policy.
- Completion of a comprehensive Staff Survey Outcomes Report, which will be circulated to all staff to provide information about progress made.

Developing the future workforce

NHS Western Isles continues to work with partner agencies to provide a fully supported Work Experience and Placement Scheme for young people throughout the Western Isles.

As an organisation, we currently provide the following work experience placements:

- Work experience for pupils in fourth year of secondary school
- Work Shadowing for pupils in sixth year of secondary school
- College Placements for students undertaking pre-nursing programmes with the University of the Highlands and Islands
- Allied Health Professional Practice Placements

- Job centre Plus Work Placements for young people aged 18-24
- Comhairle nan Eilean Siar Get Ready for Work Training programme for young people aged from 16-19, who have left full-time education.

Around 70 placements are provided every year, and feedback from the young people taking part in work placements has been extremely positive.

One of the most recent work placement students stated:

"I have now decided that I definitely want to become a nurse. It has been great getting to know the patients and staff and it's such a rewarding job!"

Promoting attendance

The national target for staff sickness absence is 4%, and NHS Western Isles continues to work towards reducing absence rates to meet this challenging target.

At the end of March 2012, the sickness absence rate for NHS Western Isles was 4.81%. The rate reduced to 3.92% in April 2012.

The Board continues to work to minimise sickness absence through the work of a Promoting Attendance Group. A revised Promoting Attendance Policy is also being developed.

Sickness absence is also reviewed monthly at organisational performance review meetings, chaired by the Chief Executive.

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

Providing a strategy for the future



The Scottish Government established the Reshaping Care for Older People Change Fund to enable health, social care, housing, independent and third sector partners to develop plans for making better use of their combined resources to improve care for older people.

NHS Western Isles was allocated £531,000 in 2011/12 and £607,000 in 2012/13 (plus a £125,000 partnership resource from the Comhairle).

(One of the key achievements of the Change Fund to date, the Digital Pen project, is detailed on page 15).

The Change Fund

The Change Fund is designed to support a shift in the balance of care from a hospital or care home to a community setting, meaning that more people will be cared for in their own homes or in a community setting, rather than being admitted to hospital or a care home, when it is not the best place for them. The Change Fund will enable health and social care partners to implement local plans for making better use of their combined resources for older people's services.

Key priorities within the Western Isles include:

- Reduction in hospital admissions and improved patient discharge processes
- Development of 're-ablement' and self care model
- Effective shared planning and use of resources
- Maximising telehealth care developments
- Supporting carers

Change Fund events to plan for the future were held throughout 2011/12, attended by a wide range of representatives, including health, social care and third sector partners (*the photograph above shows an event held during August 2011*).

Engagement with the third and independent sector is crucial for the implementation of the Change Fund programme.

Very positive feedback has been received from representatives of third and independent sector organisations who said they gained from meeting others at Change Fund events, participating together in workshops and gaining awareness of what is going on in their own sector.

Chrissie Macleod from Crossroads Lewis, said: "There are many challenges

in this process for statutory, voluntary and independent sectors, but a positive attitude seemed to emerge – an acceptance that change is inevitable but that we all have the opportunity to contribute to ensure the best outcomes for all communities in the Western Isles."

Morag Munro, Harris Voluntary Service, commented: "There is general recognition of the challenging times ahead with our ageing population and the continuing increase in the volume and the level of need. We are looking forward to the Change Plan providing a strategy for the future, which will ensure that the care available to our elderly can be sustained."

John Maclean from the Western Isles Community Care Forum also commented: "The Change Fund events have been useful for the purpose of raising awareness of the demands which lie ahead.

"From the voluntary care sector point of view, it was an opportunity to inform the other representatives of the range of services which can be provided. Confirmation that the sector is to be regarded as an equal partner in developing, planning and delivering change is to be welcomed, but it is clear that the overall challenge is enormous."

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

Hydrotherapy - working together in the community!

With an ageing population in the Western Isles, conditions such as osteoarthritis and other arthritic conditions are far more prevalent. Exercise has been shown to be integral to the management of these conditions, however many individuals struggle with regular exercise, such as attending the gym or even walking.

Hydrotherapy is the use of water in the treatment of a range of conditions. It allows individuals with arthritic conditions, joint pain or poor mobility to exercise with minimal weight through

their joints.

The Physiotherapy Department has access to Grianan pool in Lewis to provide a musculoskeletal service. Individuals are assessed for their suitability and are then provided with a block of six sessions. These sessions are designed to provide individuals with the confidence and motivation to manage their conditions independently.

The Physiotherapy Department works closely with the staff at the Grianan Centre to support these individuals to

continue with exercise once they are discharged. Where possible, individuals are given details of suitable groups to join in order to continue independently. They may also, if spaces are available, hire the pool in order to start up their own group. A number of past patients have gone on to set up their own groups and are often willing to support newly discharged patients from the Physiotherapy Service. These groups enable individuals to take responsibility for maintaining an active lifestyle and also get continued support.

Improving the lives of people with long term conditions

In the Western Isles there are more than 2,000 people living with at least one long term medical condition.

A study has been launched by the University of Dundee, in partnership with NHS Western Isles, to explore how the use of technology may be used in the provision of supportive care to people with long term conditions.

A system called ASyMS has been successfully developed by the team at

the University of Dundee for use in people with cancer, and this study is now exploring its use in people with long term conditions. ASyMS has the ability to enhance the care provided to people with long term conditions by remotely monitoring their supportive care needs while they are at home, and providing real time communication of this information to health professionals involved in their care.

The first phase of the study is exploring what the supportive care needs of people in the Western Isles are, via a large-scale questionnaire survey. People with Diabetes, Coronary Heart Disease and COPD (Chronic Obstructive Pulmonary Disease) are being invited to take part in the survey. GP practices across the Western Isles are taking part in the study.

The information gathered via the questionnaires will then be used to develop ASyMS so it is specifically tailored to meet the supportive care needs of people with long-term conditions.

Martin Malcolm, Head of Health Intelligence for NHS Western Isles, said: "This new study is the first time such technology will be applied to persons with chronic long term conditions. NHS Western Isles are pleased to be working in collaboration with Dundee University in this important research project that has seen benefits to patients in previous studies."

Joint working with the Comhairle

NHS Western Isles and Comhairle nan Eilean Siar currently work in partnership together in more than 60 areas, and providing responsive, effective person-centred care is at the core of our integration agenda.

Both NHS Western Isles and the local authority responded to the recent consultation on proposals to further integrate adult health and social care in Scotland.

NHS Western Isles welcomes the drive to integrate health and social care and the focus on improving outcomes for local people. The Board recognises that demographic trends within the Western Isles - namely an increasing older population and decreasing working population - will pose significant and unique challenges, and engagement with the third sector will also be essential.

Best use is made of available resources



All financial targets achieved

NHS Western Isles achieved all three of its financial targets for 2011/12:

- to operate within its Revenue Resource Limit (RRL)
- to operate within its Capital Resource Limit
- to meet its Cash Requirement

NHS Western Isles delivered a surplus of £480,000 in 2011/12, and this money was carried forward into 2012/13.

In addition to this, savings of £2.967million were achieved; this included a combination of Efficient Government and other local savings.

Following unplanned improvements to the financial forecast during the year, NHS Western Isles was also able to make an early brokerage repayment of £631,000 to the Scottish Government, towards the outstanding brokerage of £3.097million. The Board was due to start making repayments in 2012/13, over six years.

Board Chair Neil Galbraith said: "This is a tremendous accomplishment, which has been achieved through robust financial control and good management by budget holders."

Chief Executive Gordon Jamieson added: "This is a morale booster for us all as it demonstrates significant progress and should give us all confidence in the fact that our service delivery, monitoring and control systems are working effectively. Staff have worked extremely hard to reach this position."

Local finance team praised for contribution to national initiative

NHS Western Isles was involved in a national initiative to integrate financial systems across all 22 Scottish Boards during 2011/12.

This initiative was known as the National Shared Instance of eFinancials (NSI). The project started with the Tayside financial consortium, of which NHS Western Isles is a member, and involved setting up a single financial system covering Highland, Fife, Forth Valley, Tayside, Borders, the Scottish Ambulance Service and NHS Western Isles. This was a huge piece of work, which required NHS

Western Isles to migrate all financial data to the new system.

This involved a lot of testing to ensure that the data was accurate. There was a very tight national timescale for this work, which was timed to coincide with the start of the financial year, which is already a busy time for Finance Departments.

The local staff have been praised by National Services Scotland for their contribution. Marie Bryson, the NSI Project Manager, commented: "It was a pleasure to work with such a well prepared Board."

Carbon Management

During 2011/12, both NHS Western Isles and Comhairle nan Eilean Siar conducted a joint review of the Carbon Trust's Carbon Management Plan, which included a review of the energy consumption and CO2 emissions from their properties and assets over the three previous years.

A team has now been set up to manage and drive forward the programme contained within the plan, and projects will continue to be identified to deliver the target of 3% year on year savings in both carbon and financial terms. Financial savings achieved from the early initiatives will contribute to the National Efficiency Targets and the Board's Financial Efficiency Plan.

In addition to the progress described above, NHS Western Isles has reviewed and refreshed its carbon reduction projects list. This included boiler replacement, lighting replacements and upgrades, metering and control, insulation and a building energy monitoring system upgrade.

A Carbon Awareness programme has now been developed for the Board and this forms part of the Carbon Trust's Carbon Management Plan.

Updates on carbon management are included in the NHS Western Isles staff magazine, *Slainte*, on a monthly basis.

Benefits of NSI

One of the key benefits of NSI is that it is more efficient for Boards to share a single platform. This is already generating savings which are being used to fund frontline services. NSI will also permit Boards to share work among themselves, and provide cover in the event of staff shortages or sickness in particular areas.

Deputy Director of Finance Martin Jones said: "It's testament to the dedication and commitment of our team that staff rose to the occasion and were ready to go live before some of the bigger Boards."

Working with the public to improve services

Improving services through complaints

NHS Western Isles welcomes constructive feedback, comments and complaints, as they provide us with the opportunity to reflect on the care and services we provide, to learn any lessons, and to make changes to drive the standards of care and reliability upwards.

Most patients have a positive experience and are happy with the care and treatment they receive from NHS Western Isles.

However, we recognise that there are instances where care and treatment results in a negative experience and it is important that patients and those affected can easily provide feedback and comments, and raise concerns and complaints.

During 2011/12, NHS Western Isles received and dealt with 53 formal complaints.

Improvements as a result of complaints

Below are some examples of how we have improved services as a result of complaints:

Radioiodine Service Re-established

A patient complained that s/he was unable to receive treatment for a thyroid condition.

Following the complaint, NHS Western Isles re-established a Radioiodine Therapy Service in partnership with NHS Grampian.

Patients now stay overnight after treatment in the Aberdeen Royal Infirmary Hospital Hotel and then travel back home the next day.

Preventing Falls

A comprehensive Falls Prevention Policy was developed by NHS Western Isles following a complaint from a patient who had fallen in hospital, and a risk assessment had not been carried out.

Following the complaint, NHS Western Isles developed and launched a revised Falls Prevention Policy with improved falls assessment procedures. The new assessment procedure is available on the ward. The importance of falls assessment has been raised with all staff and the revised procedures are in use. Staff undertake periodic refresher training in falls prevention, and assessment is carried out routinely on admission and throughout a patient's stay in hospital.

Improved Referral Management

A referral management system for all referrals to the Mental Health Service has been introduced as a result of a complaint.

The complaint was lodged after a patient experienced a delay in receiving an outpatient appointment.

In order to prevent this occurring again, NHS Western Isles introduced a referral management system whereby all referrals to the Mental Health Service are electronically channelled through the Community Psychiatric Nursing Service.

Patient Information

A patient's surgery had to be rescheduled on an occasion last year, as the patient had not been advised to stop medication prior to their planned procedure.

Following a complaint from the patient concerned, further instruction has been added to in-patient appointment letters, informing patients to seek advice from their GP on any newly prescribed medication when scheduled for surgery.

Adding this instruction will reduce the risk of patients attending for a procedure on medication that had not been prescribed at the time of being scheduled, and that could have an impact on the delivery of their surgery.



Patient Advice & Support Service

Use your rights
Know your responsibilities
Share your experience
Make a difference

The Patient Rights (Scotland) Act was passed in February 2011. The Act created the Patient Advice and Support Service (PASS) to promote awareness of patients' rights and responsibilities, and provide advice and support to those wishing to give feedback or comments, or raise concerns or complaints about NHS care received.

The Patient Advice and Support Service is a new independent service which provides free, accessible and confidential advice and support to patients, their carers and families about NHS healthcare.

This service can be accessed from any Citizens Advice Bureau across the Western Isles. Because PASS is based within the Citizens Advice Bureau, clients will benefit from a holistic service.

This means that the trained advisors can provide advice and support to deal with issues which can have an impact on general health and wellbeing. This may include support with accessing benefits or advice about debt, employment and housing.

The PASS service provides the following:

- Helps clients understand their rights and responsibilities as patients.
- Explains the NHS complaints procedure and provides information, advice and practical help to make a complaint.
- Provides information on how to access health, social care and related services.
- Provides advice on how to access treatment, care or support.
- Provides support to assist clients to access medical records.

Financial Report

BALANCE SHEET (as at 31st March 2012)			
2010	2011		£'000
£'000	£'000		£'000
		NON CURRENT ASSETS	
50,620	52,109	Property, plant and equipment	50,925
45	10	Intangible assets	40
-	-	Financial assets:	-
-	-	Available for sale financial assets	-
-	-	Trade and other receivables	-
50,665	52,119	Total non-current assets	50,965
		CURRENT ASSETS	
546	649	Inventories	532
		Financial assets	-
1,009	1,774	Trade and other receivables	1,708
46	140	Cash and cash equivalents	187
-	-	Available for sale financial assets	-
-	-	Derivatives financial assets	-
-	728	Assets classified as held for sale	438
1,601	3,291	Total current assets	2,865
52,266	55,410	Total assets	53,830
		CURRENT LIABILITIES	
(114)	(40)	Provisions	(133)
		Financial liabilities:	
(6,905)	(6,355)	Trade and other payables	(7,944)
-	-	Derivatives financial liabilities	-
(7,019)	(6,395)	Total current liabilities	(8,077)
45,247	49,015	Non current assets plus/less net current assets/liabilities	45,753
		NON CURRENT LIABILITIES	
(700)	(845)	Provisions	(929)
		Financial liabilities:	
-	-	Trade and other payables	-
(700)	(845)	Total non-current liabilities	(929)
44,547	48,170	Total assets less liabilities	44,824
		Taxpayers' Equity	
30,694	34,371	General fund	31,025
13,853	13,799	Revaluation reserve	13,799
-	-	Other reserves	-
44,547	48,170	Total Taxpayers' Equity	44,824

Financial Report

SUMMARY OF CAPITAL
RESOURCE OUTTURN

2011 £'000		£'000
4,611	Total capital expenditure	986
4,656	Total capital resource limit	986
45	Saving against capital resource limit	-

SUMMARY RESOURCE OUTTURN

	Resource £'000	Expenditure £'000	Savings (excess) £'000
Core	69,032	68,552	480
Non Core	2,237	2,237	-
Total	71,269	70,789	480

STATEMENT OF COMPREHENSIVE
NET EXPENDITURE & SUMMARY OF
RESOURCE OUTTURN for the year ended
31st March 2012

2011 £'000		£'000
Clinical services costs		
54,143	Hospital and community	55,825
	Less: hospital and community income	2,524
3,017		
51,126		53,301
16,660	Family health	16,370
1,052	Less: family health income	693
15,608		15,677
66,734	Total clinical services costs	68,978
1,570	Administration costs	1,490
27	Less: administration income	38
1,543		1,452
4,815	Other non clinical services	5,141
	Less: other operating income	477
88		
4,727		4,664
73,004	Net operating costs	75,094
-	Other comprehensive net expenditure	-
73,004	Total comprehensive expenditure	75,094

SUMMARY OF CORE REVENUE
RESOURCE OUTTURN

	£'000
Net operating costs	75,094
Total non-core expenditure	(2,237)
Family health services non discretionary allocation	(4,305)
Total core expenditure	68,552
Core revenue resource limit	69,032
Savings (excess) against core revenue resource limit	480
Summary of non core revenue resource outturn	
Capital grants to/(from) other bodies	10
Depreciation/amortisation	2,226
Annually managed expenditure - depreciation of donated assets	1
Total non core expenditure	2,237
Non core revenue resource limit	2,237
Savings (excess) against non core revenue resource limit	-

NHS Western Isles Board Members 2011/12



NON EXECUTIVE DIRECTORS:

- Mr Neil R. Galbraith OBE (Chair)
- Mr Malcolm Smith (Vice Chair)
- Cllr Angus McCormack
- Ms Mairi Murray (Employee Director)
- Mr Neil Campbell
- Dr Lorna Eller
- Ms Annie MacDonald
- Mr Gerard Macleod
- Dr Francis Tierney

EXECUTIVE DIRECTORS:

- Mr Gordon Jamieson, Chief Executive
- Mr Nigel Hobson, Nurse Director/Chief Operating Officer (substantive from 1/10/11)
- Dr James Ward, Medical Director
- Mrs Marion Fordham, Director of Finance
- Ms Jennifer Porteous, Director of Human Resources and Workforce Development
- Dr Sheila Scott, Director of Public Health (until 31/12/11)

Board Members' Remuneration

EXECUTIVE DIRECTORS		
	REMUNERATION (BANDS OF £5K)*	BENEFITS IN KIND
Chief Executive Gordon Jamieson	£115,000-£120,000	-
Nurse Director/Chief Operating Officer Nigel Hobson	£100,000-£105,000	-
Medical Director James Ward	£140,000-£145,000	-
Director of Finance Marion Fordham	£90,000-£95,000	-
Director of Human Resources and Workforce Development Jennifer Porteous	£85,000-£90,000	-
Director of Public Health Sheila Scott (until 31/12/11)	£125,000-£130,000	**
NON EXECUTIVE DIRECTORS		
	REMUNERATION (BANDS OF £5K)*	BENEFITS IN KIND
Chair Neil Galbraith	£25,000-£30,000	-
Vice Chair Malcolm Smith	£5,000-£10,000	-
Angus McCormack	£5,000-£10,000	-
Employee Director Mairi Murray ***	£50,000-£55,000	-
Neil Campbell	£5,000-£10,000	-
Lorna Eller	£5,000-£10,000	-
Annie MacDonald	£5,000-£10,000	-
Gerard Macleod	£5,000-£10,000	-
Francis Tierney	£5,000-£10,000	-

* The remuneration banding includes gross pay plus employer's superannuation at 13.5%.

** Although consent to disclose this information was not withheld, it was not available for publication.

*** The Employee Director's salary includes £20-£25k in respect of non-Board duties.

Independent Auditor's Report

Independent Auditor's statement to the members of Western Isles Health Board on the summary financial statement

We have examined the summary financial statement of Western Isles Health Board for the year ended 31 March 2012 which comprises: Statement of Capital Resource Outturn; Summary Resource Outturn; Statement of Comprehensive Net Expenditure and Summary of Resource Outturn; Summary of Core Revenue Resource Outturn; Board Members Remuneration; and Balance Sheet.

This report is made solely to the parties to whom it is addressed in accordance with the Public Finance and Accountability (Scotland) Act 2000 and for no other purpose. In accordance with paragraph 125 of the Code of Audit Practice approved by the Auditor General for Scotland, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Respective responsibilities of the Board and auditor

The Board is responsible for preparing the summary financial statement within the Annual Report in accordance with guidance issued by the Scottish Government Health and Social Care Directorates.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement with the full financial statements.

In addition, we read the other financial and non-financial information in the Annual Report to identify material inconsistencies with the summary financial statement. If we become aware of any apparent misstatements or material inconsistencies, we consider the implications for our report.

We conducted our work in accordance with Bulletin 2008/3 The Auditor's Statement on the Summary Financial Statement in the United Kingdom issued by the Auditing Practices Board. Our report on the board's full annual financial statements describes the basis of our opinion on those financial statements, Remuneration Report and Directors' Report.

Opinion

In our opinion the summary financial statement is consistent with the full financial statements, Remuneration Report and Directors' Report of the body for the year ended 31 March 2012.

We have not considered the effects of any events between the date on which we signed our report on the full financial statements 27 June 2012 and the date of this statement.

PricewaterhouseCoopers LLP
Appointed Auditors
141 Bothwell Street
Glasgow
G2 7EQ

28 November 2012

NHS Western Isles Annual Review 2011/12



NHS
Western
Isles
commended
for a very
successful
year at
Annual
Review

NHS Western Isles staff demonstrate the benefits of Digital Pens to Mr Alex Neil.

The 2011/12 Annual Review of Western Isles Health Board on October 8, 2012, went exceptionally well, with Cabinet Secretary for Health and Wellbeing Alex Neil commending the Health Board and local Health Service staff at all levels for such a positive and successful year.

Mr Neil commented: “This is the first Board review I have done in my new job as Cabinet Secretary for Health and Wellbeing and it’s been a pleasure. The message I am taking away is that the Health Board in the Western Isles is a very well run organisation...and is planning ahead in a very positive and dynamic way.”

Mr Neil acknowledged the demographic challenges in the Western Isles, in particular an ageing population and the fact that we are facing the biggest percentage reduction in the working age population in Scotland. These factors,

he said, presented a host of challenges in terms of the recruitment and retention of staff. Despite these challenges, Mr Neil described the organisation as ‘innovative and well managed’.

“During the day, the message has been the same throughout, and that is that the Health Board in the Western Isles is doing a fine job,” said Mr Neil. “I would like to thank you and congratulate you on what has been a major step forward in the performance of the Health Board in the Western Isles. I would like to publicly pay tribute to all those who work for the Health Service in the Western Isles for the very good service you are providing to the local people. I think the feedback from the patients is particularly important and the patient surveys tell it all; the very, very high levels of satisfaction around the services provided by the Western Isles Health Board. I think the staff in

the Health Board and all those who work for and with the Health Board need to be congratulated at every level for the quality of the service provision for the people of the Western Isles.”

One of the highlights of the day was a presentation of the new digital pens to the Health Minister by local community nurses and IT staff. Mr Neil described the introduction of digital pens to improve services for patients in the Western Isles as ‘absolutely brilliant’. “The pens tick every single box you could think of,” he added. “They are better for the patients in terms of patient care and patient safety, they improve enormously the amount of quality time the community nurses can spend with the patients, and they could also lead to many other applications in the future. I think this is the start of something big, which will go national very quickly.”

Annual Review Letter

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November 2012

NHS WESTERN ISLES ANNUAL REVIEW - MONDAY 8 OCTOBER 2012

I am writing to summarise the key points and actions agreed during our discussion at The Annual Review and associated meetings in Stornoway on 8 October.

I would like to record my thanks to you and everyone who was involved in the preparations for the day, and also those who attended the various meetings. I think it is important that we discuss the delivery of health care services in Western Isles, and across all of Scotland, in a public forum. As you know, this was the first Annual Review I have carried out in my new role as Cabinet Secretary for Health and Wellbeing and I had a very enjoyable and informative day. I hope everyone who participated also found it worthwhile.

Meeting with Area Clinical Forum (ACF)

I had a positive discussion with the Area Clinical Forum. It was clear that the single most pressing concern the Forum has is around the recruitment and retention of staff; this is across medical and nursing staff as well as other professional groups. The Forum and the Board recognise there is a lot of work to do in this area and you are working together to come up with innovative solutions. I was pleased to hear the ACF feel there is a good relationship and strong partnership working with the Board, and I was pleased to hear the Forum feels it is playing a full role in informing the Board's approach to the critical Health and Social Care Integration agenda. I was encouraged to hear that the Forum is fully committed to maximising benefits for patients and that it clearly recognises the contribution the Third Sector has to make. It was also encouraging to learn that staff recognise the significant potential of eHealth and telehealth developments to address the specific issues in delivering health care in remote and rural settings. A specific issue raised by the Forum was the impact of regulatory standards and we asked that you send us a paper setting out the detail. I was grateful to the Forum members for taking time out of their busy schedules to share their views with me.

Meeting with Area Partnership Forum (APF)

I had an equally positive discussion with the Area Partnership

Forum. It was encouraging to hear that the Forum feel there is a good working relationship with the Board. As in the ACF, it was clear from our discussion that the APF also see the recruitment and retention of staff as the single biggest challenge, and there was an interesting discussion looking at the reasons behind this and what the possible solutions might be. I was encouraged by the Forum's commitment to ensuring that any work around the integration of health and social care results in the delivery of better care and treatment for local patients; there was also a recognition of the importance of the Third Sector's contribution in achieving this. There was concern raised around the facility time available to members to attend meetings and it was suggested that the Board speak to other Island Boards to see how this is covered, particularly NHS Orkney who have been looking into this issue.

Patients' Group Meeting

I very much valued the opportunity to meet with patients. I firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. I greatly appreciated the openness and willingness of the patients present in sharing their experiences. I heard a very positive example of care from a patient who was seen by a consultant at the weekend and the good arrangements for follow up appointments, with the patient being kept well informed throughout treatment. We also heard from a representative from a cancer support group and the good work they do. We heard that group members feel they receive excellent treatment from the NHS, but the group would like to have access to a resource centre, something along the lines of a Maggie's Centre. In discussion we concluded that the Board might consider the feasibility of this in discussion with other partners. We also heard a positive example of patients being involved in the recruitment process for a new local GP. We heard a less positive experience about the impact on local patients of the co-location of certain GP practices and some poor communications with patients. It was agreed that the Scottish Health Council will liaise with the individual patient and the GP practice manager to take this forward to resolve any outstanding concerns. I was very grateful to all the patients who took the time to meet with me.

Meeting with Council officials

It was a very useful part of the Western Isles Review to meet with the Chief Executive and Vice Chair of Health & Social Care Committee from Comhairle nan Eilean Siar. We had a constructive discussion about the critical Health and Social Care Integration agenda and the considerable progress that is already being made in the Western Isles. I am pleased to learn that both organisations are very enthusiastic about the potential for further integration and are committed to working in effective partnership with the Third Sector. I reiterated to both organisations that whilst the Scottish Government will provide the legislative framework for the integration of health and social care, we are not being prescriptive about how each Board area should progress with implementation nor the pace

at which Boards might take it forward. I also heard about plans to develop proposals for St Brendan's Hospital and Care Home within the integration agenda.

Visit – Demonstration of eHealth Development

I was pleased to have been invited to see a demonstration of the digital pens being piloted by nurses in the East Community Nursing Team. Digital pen technology has provided nurses with the means to document activity at the point of care, without having to duplicate records back in the office.

This allows more time to spend on patient care. I met with some of the community nurses using the digital pens and it was encouraging to see they are enthusiastic about the use of this technology and the benefits such developments bring to patients.

Annual Review

After I reported back on the morning meetings, I was pleased to hear you reiterate the Board's clear focus on patient safety, effective governance and performance management; and on the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable health care services. A detailed account of the specific progress the Board has made in a number of areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review.

Quality Strategy

This year's Annual Reviews continue the clear focus on the quality agenda, which is underpinned by the national Quality Strategy. The Quality Strategy sets out NHS Scotland's vision to be a world leader in healthcare quality, described through 3 Quality Ambitions: effective, person-centred and safe. The strategy seeks to improve the quality of care patients receive from the NHS, recognising that the patient's experience of the NHS is about more than swift treatment – it is the quality of care they get that matters most. As such, the agenda for Annual Reviews is now structured around the 6 Quality Outcomes.

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

NHS Western Isles is to be congratulated for exceeding the target for delivering Alcohol Brief Interventions (ABIs) for 2011/12, delivering over 2,200 ABIs to date against a target of 1,100. You explained that the Well North Project meant you got off to a good start, making strong progress in embedding ABIs across the three priority settings. In addition the Board will continue to develop delivery of ABIs in wider settings, such as Primary Care settings. Working in partnership with Outer Hebrides Alcohol and Drug Partnership (ADP), you have clear links with other services throughout the Western Isles who provide support to people dealing with addiction that patients can be signposted to. This partnership working has not only helped ensure the delivery of ABIs in the priority settings but in wider delivery settings, and specifically trying to reach young people.

The Board has performed well on smoking cessation targets. For the period April to December 2011 you delivered 110 successful one-month quits against a target of 98 and achieved 100% against target for the 40% most deprived population areas. The

focus of this target can be challenging for small Island Boards, like Western Isles, where populations are remote and rural, so the Board's performance regarding the inequalities target is encouraging. The Board is pro-actively targeting smokers in the most deprived areas and is offering bespoke interventions on a one to one basis to ensure you are on track to meet the inequalities part of the March 2014 HEAT target. You also told us that you are achieving some positive results with young men by promoting quit smoking alongside the benefits of physical exercise.

NHS Western Isles has sustained its achievement on both the 62 and 31 day cancer access standards, achieving 100% and this strong performance is to be commended. The Board has engaged with the Detect Cancer Early Programme, hosting the Detect Cancer Early national road show in Lewis.

The Board is continuing its drive on raising awareness and, to ensure this important message reaches the widest audience possible, NHS Western Isles launched a local campaign in Barra at the beginning of October and a further event was held in Stornoway. I was pleased to hear the events were a success. The Board will be arranging a series of further promotional events and activities throughout the year. You also continue to work to ensure that accurate data is collected to support the Detect Cancer Early Programme.

Healthcare is safe for every person, every time

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. Considerable work has been undertaken at all levels in recent years to ensure that Boards effectively respond to the findings and lessons to emerge from numerous high profile reviews, such as the Francis Inquiry and previous reports in relation to events at Mid-Staffordshire NHS Trust. You assured me that the Board of NHS Western Isles has robust clinical governance and risk management standards in place, for example, through monthly performance review meetings; executive safety walkarounds; and the use of LanQIP which has been developed to capture quality measures from the Leading Better Care Clinical Quality Indicators and the Patient Safety Programme.

You also assured us that NHS Western Isles has robust arrangements in place for the management of adverse events. It was encouraging to hear that the Board has worked with staff to promote a supportive culture so that staff feel confident in reporting incidents. You explained that the DATIX system is used for recording events from minor events through to major events, with all events being reviewed. You assured us that the Board has a good track record in investigating cases with a clear focus on learning, with improvement plans being put in place in the best interest of patient safety. I was pleased to note the Board's excellent work to date under the Scottish Patient Safety Programme. You told us this is well embedded in Western Isles Hospital and continues to be rolled out in other areas. You assured me of NHS Western Isles continuing commitment in this area, and explained the programme is being fully integrated with other improvement programmes including Better Together and Releasing Time to Care.

In 2011/12 NHS Western Isles had a total of nine cases of *Clostridium difficile* infection in patients aged 65 and over, up from 7 in 2010/11. In the same period, Western Isles had a total of three cases of *Staphylococcus aureus* bacteraemia, none of which were MRSA; a fall of seven cases compared to 2010/11 when there were ten cases (four of which were MRSA). Infection prevention and control remains a top priority in NHS Western Isles and I am aware that there has been a lot of time and effort invested locally in effectively tackling infection control. You were one of four Boards to introduce universal screening and you advised us that this has proved effective, with levels of infection remaining low resulting in more efficient use of staff time and resources. You assured me the Board is on target to meet the 2013 HEAT targets for MRSA/MSSA and *C.diff*.

The Healthcare Environment Inspectorate (HEI) was set up by the former Cabinet Secretary for Health and Wellbeing with a remit to undertake a rigorous programme of inspection in acute hospitals. Western Isles Hospital received an unannounced inspection in July 2011 which resulted in five recommendations and two requirements. I was assured that NHS Western Isles has fully implemented the action plan resulting from the inspection and that you continue to develop and improve the service provided.

Everyone has a positive experience of health care

NHS Western Isles is to be congratulated for the performance against HEAT access targets over the last year. The Board successfully delivered against the 18 week referral to treatment target at December 2011, with a combined performance of 91.8%. This performance has been sustained for January (95.5%); February (95.6%); and March (96.2%). You were able to give me a reassurance that plans are in place to ensure such performance can be sustained over the winter period. NHS Western Isles is also to be commended for its performance on achieving the target of a maximum wait of 12 weeks for new outpatient appointments, as at 31 March. I was pleased to hear that the Board has reviewed its capacity needs to ensure delivery of the 12 week legal treatment time guarantee for each individual patient from October 2012, and whilst recognising there are pressure points in some specialties, you are confident you will deliver on this target. The Board has experienced an impact on endoscopy capacity as a result of the inability to use the scope machine. You advised that the technical problem with the scope machine has been resolved in the Uist & Barra Hospital, however you envisage it could be mid November before endoscopy work can start again in Stornoway. I note you are grateful to the Golden Jubilee National Hospital for providing NHS Western Isles with additional capacity, which has allowed you to prioritise urgent cases, and you are negotiating with the Golden Jubilee to treat further patients. You will continue to offer patients appointments locally where appropriate. Finally, NHS Western Isles is to be commended for its performance against the 98% 4 hour A&E waiting HEAT standard, delivering 97.7% at March 2012, against a national average of 95.1%.

The Government is committed to ensuring that patients, carers and communities are fully involved in the design and delivery of healthcare services and for them to be genuine partners in their own health care. In line with the NHS Quality Strategy

Ambitions and in particular the 'person-centred' ambition, we are pursuing a number of activities including using the information obtained through Scotland's Patient Experience Programme Better Together to measure progress and identify aspects for improvement to help improve the quality of health services. NHS Western Isles has participated in three national patient experience surveys for inpatients and two national patient experience surveys for GP and local NHS services. Looking at the most recently published results I noted that inpatients treated in NHS Western Isles hospitals generally report better than average experiences compared to inpatients in other Scottish Hospitals. They report a more positive experience about care and treatment (particularly in A&E); a much more positive experience of the food and drink; the hospital environment; and the respect for their religious and spiritual needs. I also noted that 93% of patients rate their overall care and treatment as good or excellent (8% higher than Scottish average); 93% of patients rate the staff they came into contact with as good or excellent (6% higher than Scottish average); and that 87% of patients rate the overall arrangements for leaving hospital as good or excellent (12% higher than Scottish average). Some key findings from the GP and local NHS services included 82% of patients rate the overall arrangements for seeing a doctor as good or excellent and 92% of patients rate the overall care provided by their GP practice as good or excellent. However, you highlighted that patients in Western Isles are less positive about out-of-hours healthcare than the overall population of Scotland and you assured me the Board is working to improve in this area. Generally, these are very positive results with an overall indicator above the Scottish average and staff are to be commended for their efforts. You recognise that to improve on such results is challenging but you assured me that there was no room for complacency locally and that improving the patient experience it remains a priority area for the Board.

Staff feel supported and engaged

Effective attendance management is critical – not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. NHS Western Isles is to be commended for achieving the Healthy Working Lives Silver award, however sickness absence for the year to 31 March 2012 is 5.17% against a target of 4%. I was pleased to note that the sickness absence level for April was 3.9% but the ambition now must be to achieve 4% performance on a sustained basis. You assured me that work is ongoing to reduce the levels of sickness absence, for example through the work of the Promoting Attendance Group and the development of the revised Promoting Attendance policy. I was assured that the Board remains fully committed to meeting the National Standard and I note you are also working towards achieving the Healthy Working Lives Gold award.

We discussed the Board's performance around the percentage of local staff who have completed a Knowledge and Skills Framework (KSF) review completed and signed off on the eKSF system. For 2011/12 only 15% of staff had a KSF review completed and signed off on eKSF, which is a significant reduction from the 82% in 2010/11. I note that improvements have been made this year. However, you explained that the eKSF system is presenting various challenges. In particular, you report that staff do not find the system user friendly. I asked

you to send us specific examples of issues you are experiencing with the system for us to consider. Nonetheless, the return rate of 15% is poor and you assured me that you are actively working with staff to improve performance in this area.

Patients are able to live well at home or in the community

It is clear that demographic trends in the Western Isles – an increasing older population against a decreasing working age population – mean that strong partnership working will be vital in taking forward the Health and Social Care Integration agenda. I was pleased to hear that the Change Fund has enabled the Board and its partners to carry out a substantial amount of work to date. You advised us that you have been looking at joint initiatives such as electronic prescribing; improving patient transport and the appointment of a reablement team who are looking at areas such as stopping the need for admission to hospital and supported hospital discharge. I note that in 2011/12 NHS Western Isles spent one third of its Change Fund on preventative care. Going forward you advise that the ratio will change with more of the change fund being invested in the Third and Carers sectors. It is clear that in the Western Isles you have made a very strong start to the integration agenda but it was reassuring to hear that you recognise that there is no room for complacency – the strong foundations already in place must be maintained in moving forward with the planning and provision of health and social care services.

I understand the Board is proposing to modernise Mental Health Services and that considerable work has been done in developing plans. You told us that working with all relevant stakeholders, a formal option appraisal had taken place. The result of this was to support the development of an enhanced community model of mental health provision, delivering services closer to people's own homes. I was pleased to hear the Board's assurance that it will continue to fully engage with all local stakeholders as it takes this important area forward. In relation to Child and Adolescent Mental Health Services (CAMHS), the Board is to be commended for its performance against the HEAT target that by March 2013 no one will wait longer than 26 weeks from referral to treatment. I understand that you have indicated that you face challenges regarding the electronic capture of data. Nonetheless you gave us an assurance that this is being addressed and that you will be able to deliver this target.

I also understand there have been detailed discussions on developing proposals for access to adolescent inpatient services which are provided by three regional units in Scotland. You told us that you were making excellent progress with the West of Scotland unit and you are close to agreeing a Service Level Agreement. You assured me that this will ensure that the young people in the Western Isles will receive the most appropriate inpatient services.

In June 2011, the former Health Secretary made a personal commitment to improving care for all older people. Nicola Sturgeon asked the Chief Nursing Officer to assure her that hospitals are delivering against the standards of care for older people and are implementing the Standards of Care for Dementia (2011). Boards should also be implementing Promoting Excellence (2011), our framework for staff working with people with dementia. A key strand of work is the programme

of inspections by Healthcare Improvement Scotland into older people's care in acute general hospitals, for which cognitive impairment/dementia is a key priority area. Inspections cover areas of strength in older people's care in hospitals as well as areas for improvement, providing reassurance that the process is robust and will help in driving up standards in hospital care for all our older people. I noted that your first inspection was about to take place. I will be interested to see the inspection report in due course.

NHS Western Isles, working with partners, continues to perform well in terms of delayed discharge. You told us that there are well established systems in place and whilst the new four week target in April 2013 will be challenging, you assured me that the partnership is fully committed to achieving this.

Best use is made of available resources

Clearly it is vital that NHS Boards achieve both financial stability and best value for the considerable tax payer investment made in the NHS. I am therefore pleased to note that the Board met both its financial targets for 2011/12 including some early repayment of brokerage, as well as the 3% Efficient Government target for the year. All efficiencies made through this programme are reinvested in health care. You advised that you were actively monitoring the achievement of all local efficiency programmes for the coming year and, whilst the position is challenging, the Board is currently on course to achieve the planned end-year financial position for 2012-13. You told us this could not happen without the support of staff, who have been at the forefront of the initiatives and it was reassuring to hear that the Board is focused on making sure all plans in the efficiency programme are informed by and driven by the Quality Strategy. In terms of the Board's capital programme, you advised me that you have £1.3 million in backlog maintenance with a five year programme in place to carry out the work.

Public Question and Answer Session

We took questions from members of the public both at the end of each agenda item and at the end of the Review and that this worked very well. I am grateful to you and the Board team for your efforts in this respect and to the audience members for their attendance, enthusiasm and considered questions.

Conclusion

I would again like to thank you and your team for a constructive and informative day. It is clear that the Board is making significant progress in taking forward a challenging agenda on a number of fronts including improving access, maintaining tight financial control and driving forward the Quality agenda. However, you are not complacent and you recognise that there remains much to do.

The Board must maintain a clear focus on its financial position and ensure that progress on your health improvement and healthcare provision commitments is maintained. I have included a list of the main action points arising from the Review in the attached annex.

ALEX NEIL

NHS WESTERN ISLES ANNUAL REVIEW

WEDNESDAY 8 OCTOBER 2012

ACTION POINTS

The Board must:

- Keep the Health Directorates informed of progress with the local implementation of the Quality Strategy and Change Fund.
- Keep the Health Directorates informed of progress with the local health improvement targets.
- Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including a prompt and effective response to the findings of HEI and Older People in Acute Care inspections.
- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.
- Keep the Health Directorates informed on progress towards achieving all access targets.
- Continue to ensure that local staff feel supported and engaged, and that there continues to be progress in addressing sickness absence and the number of staff reviews registered on eKSF.
- Keep the Health Directorates informed about the Board's efforts to recruit and retain staff.
- Continue to work with planning partners on the integration agenda, and to deliver against the delayed discharge and Child and Adolescent Mental Health access targets.
- Continue to achieve in-year and recurring financial balance; and keep the Health Directorates informed of progress in implementing the local efficiency savings programme.