

**Borders NHS Board****NHS BORDERS ANNUAL REPORT****Aim**

This paper is to provide members with a copy of the Annual Report for 2011/12.

**Background**

The Annual Report has been drafted following receipt of feedback and action points from the Minister for Public Health's letter following the Board's Annual Review Meeting on 23 November 2012, held at Eildon Mill, Tweedbank

It pulls together just some key achievements by the organisation in relation to performance across all clinical boards during 2011-12 and aligns these with the organisation's four Corporate Objectives to show some of the ways we are delivering on Patient Safety; Health Improvements and Inequalities; Performance and Delivery and Processes and Structures.

**Summary**

The Report focuses on the impact NHS Borders is making in delivering the Scottish Government's outcomes through the HEAT Targets and other commitments we are making to support their Single Outcome Agreements (SOAs) and implementation of the Quality Strategy as well as achieving financial balance.

The Report highlights just some of the key areas of performance to show that NHS Borders is working hard to achieve targets set and is well placed to deal with the challenges ahead.

**Recommendation**

The Board is asked to **note** the Report for publication.

<b>Policy/Strategy Implications</b>	This document reports on performance and financial target achievements over the year 2011-12.
<b>Consultation</b>	Contents has been sourced from the Annual Review, HEAT scorecards and Annual Accounts
<b>Consultation with Professional Committees</b>	The approved report will be publicised internally to staff and externally to the public as appropriate.
<b>Risk Assessment</b>	No implications as yet

<b>Compliance with Board Policy requirements on Equality and Diversity</b>	No implications as yet
<b>Resource/Staffing Implications</b>	No implications as yet

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
John Raine	Chair		

**Author(s)**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Shona Cameron	Communications Manager		

**NHS BORDERS ANNUAL REPORT 2011/12**



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## INTRODUCTION FROM THE CHAIRMAN

The year under review in this Annual Report has been one of challenge and success.

Maintaining and improving health services at a time of financial constraint has tested the ingenuity and dedication of those who work for NHS Borders on behalf of patients and the public.



Their success and achievements are recognised in this report.

Efficiency savings have enabled the delivery of a break-even budget alongside improvements to many services.

Scottish Government conducts an annual public review of the performance of health boards. Our review, and associated meetings with clinical, patient and partnership representatives, was held on November 23<sup>rd</sup> and was conducted by Michael Matheson MSP, Minister for Public Health.

In his follow up report to the NHS Borders Board, Mr Matheson highlighted, among other things;

- His appreciation to all the patients and carers who came to meet him and their willingness to share their personal experiences
- The enthusiasm of the Board and Scottish Borders Council towards the further integration of health and social services
- Strong performance by the Board against inequalities targeted cardiovascular health checks, the delivery of alcohol and drug treatment and smoking cessation targets
- High level performance against cancer treatment time targets and good progress in reducing hospital mortality ratios
- Sustained performance against the 18 week referral-to-treatment target and excellent performance against the 4-hour accident and emergency waiting times standard
- An acknowledgement of the Board's commitment to robust clinical and financial governance, clinical effectiveness, patient safety and learning from adverse events.

The Minister did express concerns that we had fallen short in meeting the target number of patients diagnosed with dementia and we have a challenge ahead in improving our performance in this respect. The full report of the Minister is available on request.

Overall, the outcome of the Ministerial review was as encouraging to the Board and our staff as it should be to the people of the Borders. It services to endorse our claim that the year 2011/12 was an overall successful one.

**John Raine**  
Chairman, NHS Borders

## MESSAGE FROM THE CHIEF EXECUTIVE

This has been another successful year for NHS Borders and we have made excellent progress against a wide range of targets, such as reducing hospital associated infections, bringing down waiting times and achieving financial balance.

Like all Boards, NHS Borders faces the challenge of making the best use of limited resources while improving the quality of all the services we provide and we continue to explore how we provide health care over next decade.



We know that we can offer a safe and alternative model of care that is tailored more to supporting patients to remain for longer at home. This requires us to think differently about how and where we provide hospital services. By improving and expanding the range of facilities and services we offer, we can attract and retain high quality staff to deliver these services.

Across all services we have worked in partnership to develop workforce plans that will help us streamline services and work more efficiently. These steps are intended to sustain services and we will continue working in partnership to ensure high quality, sustainable and safe patient care.

We do not operate in isolation. Many partner organisations, voluntary and community groups and carers support our work and I would like to thank them for their efforts.

In particular we work closely with Scottish Borders Council and are making headway in developing more joint services, all designed with keeping the needs of who we serve central to the delivery of care. By combining our resources, we can improve our services and make these more efficient.

I would also like to thank staff for their efforts over the last year. I am extremely grateful and proud of their dedication to NHS Borders, to their colleagues and to their communities

**Calum Campbell**  
Chief Executive, NHS Borders

## OUR ACHIEVEMENTS DURING 2011/12



## **PERFORMANCE AND DELIVER**

### **Referral to treatment**

Patient journeys from referral to treatment were within 18 weeks for 92% of all cases in December 2011.

### **Outpatient appointments**

As at 31 March 2012 NHS Borders had 2 patients waiting longer than 12 weeks for an outpatient appointment.

### **Hospital discharges**

At 15th April 2012 no patients were waiting over 6 weeks to be discharged from hospital.

### **A&E**

96% of patients waiting in A&E did so for less than 4 hours at December 2011.

### **Access to GP Practice Team**

During 2011/12 94% of patients had access within 48 hours to a member of their GP Practice Team.

### **Cancer treatment**

95% or over of all patients in 2011/12 diagnosed with cancer began treatment within 31 days of the decision to treat. 100% of patients were seen within the 31 day target throughout the year.



## HEALTH IMPROVEMENT AND INEQUALITIES

### Smoking cessation

The number of smokers successfully quitting for a month was 370 - exceeding our target which was 280.

### Substance misuse

In relation to substance misuse, Children Affected by Parental Substance Misuse (CAPSM) guidelines have been developed by our local Alcohol and Drugs Partnership and Child Protection Committee and implementation is being refined further to embed the named person as the next stage.

### Violence against women (VAW) and domestic abuse

Tackling domestic violence continues as part of the wider Violence against Women Partnership and specifically through CEL 41. The extensive training programme continues to have good uptake including participation from midwifery and community nursing staff. NHS Borders has active involvement in the pioneering new Pathways project integrated service delivery model to support women and families who experience domestic violence.

### Child healthy weight interventions

The number of child healthy weight interventions completed was 121 for 2011/12; 21% above the target of 100.

### Fluoride varnishing for 3 and 4 year olds

There is an improvement in the best performing category which are the 4 year olds in the most deprived areas from 24.7% to 33.2% by March 2012. The lowest performing category was 3 year olds in the most affluent areas of the Borders with only 2.25% being achieved, which was below the current trajectory of 4% by March 2012. However, the figures do show an improvement in all categories for both 4 and 5 year olds which will be due to the recent changes to the SDR and a reflection of the work being done within the Childsmile school, nursery and Practice programmes.

### New born children exclusively breastfed

NHS Borders' performance remains higher than the Scottish average, which in 2010/11 was 26.5%. In December 2011, NHS Borders confirmed its commitment to seeking accreditation with the UNICEF Baby Friendly Initiative and passed Stage 1 of this process in April 2012. Key developments by September 2012 include:

- A combined maternity and community breastfeeding policy agreed and in place. This includes a written policy and communication strategy on breast milk substitutes
- 50% of community and maternity staff will have been trained in breastfeeding management as required by UNICEF
- A practice audit to ensure compliance with policy has been undertaken and the action plan generated is being implemented

- A successful pilot volunteer peer support project has been developed in a local high deprivation area and this will be rolled out more widely in due course
- Developments are in progress with the local authority partner to promote breastfeeding in public buildings and premises

#### **Drugs or alcohol treatment**

Between January and March 2012 94% of patients waiting for drugs or alcohol treatment were seen within 3 weeks.

#### **Tackling health inequalities**

With reference to poverty and low income NHS Borders is currently scoping the impact of the welfare benefit reforms and implications of the recession for population health needs. This includes ensuring clear pathways are in place for patients and families to access advice services as appropriate. Community based programmes delivered in Borders Healthy Living Network areas actively engage with families - including fathers / male carers - on low income to enhance community capacity, promote healthy living and address barriers to health. Increasingly these community programmes are planned and delivered in partnership with SBC Community Learning and Development.

#### **Cardiovascular health checks**

This target was met with a total of 402 health checks completed by the end of March 2012. Of this total, 83% of the checks were delivered in primary care, 11% in the workplace and the remainder in community pharmacies.

#### **Reduce suicide rates**

To help deliver a reduction in suicide rates frontline staff are still being trained in suicide prevention techniques on a regular basis.

## PATIENT SAFETY AND QUALITY OF CARE

### Health Associated Infections

The prevention and control of infection remains a high priority for NHS Borders.

- NHS Borders continues to participate in the National Surgical Site Infection Surveillance for the mandatory procedures of hip arthroplasty and caesarean section. During 2011/12 NHS Borders also conducted SSI surveillance on knee arthroplasty and breast surgery. During 2011/12, the infection rates for all these procedures remained better than or around the Scottish average.
- National Hand Hygiene Audits continue. Compliance stands at 94.2% for 2011/12.
- In 2011/12, NHS Borders achieved 97% overall compliance in cleaning audits against the NHSScotland National Cleaning Services Specification.
- NHS Borders has embedded public involvement in infection control activities.
- NHS Borders has maintained an MRSA screening programme that exceeds the SGHD minimum requirements and includes use of the national Clinical Risk Assessment (CRA) tool.
- NHS Borders Antimicrobial Management Team meets quarterly and continues to review antimicrobial prescribing data, audit data and antimicrobial resistance data
- Review of antimicrobial guidelines is ongoing in response to clinical and microbiological drivers, including minimising use of antibiotics associated with *C. difficile*.
- An Antimicrobial Nurse continues to support audit and education relating to antimicrobial prescribing.
- Twice-weekly antimicrobial ward rounds by the Antimicrobial Pharmacist and the Consultant Microbiologist continue, reviewing the use of restricted antibiotics and patients with complicated antimicrobial prescribing issues.
- A Standard Infection Control Precautions e-learning unit has been developed for all staff to complete. To date, 85% of all staff have completed this module.
- The programme of inspections by Senior Nurses continues, that was established within Borders General Hospital using a standardised tool based on the HEI Inspectorate HAI and OPAH tools.
- The programme of inspections by Executive Directors with Senior Managers also continues.

In order to strengthen our routine infection control activity the following work has been implemented:

- Investment and upgrade to the infection control IT system (ICNet) to improve data provision and enhance infection surveillance
- Implementation of an improved infection control audit programme developed by the Infection Prevention Society

### To further reduce the rate of all healthcare associated infections by March 2013

Rates of C Diff identified in NHS Borders hospitals at March 2012 were within planned levels. *Staphylococcus aureus* bacteraemia identifications were above plan for 2011/12 but have reduced by 29% from 2010/11.

### **Suicide prevention**

To help deliver a reduction in suicide rates frontline staff are still being trained in suicide prevention techniques on a regular basis. The rolling average for 2009-11 shows that for the first time Borders are below the target of 14.2 per 100,000 population at 14.18. This is likely to fluctuate year on year due to the small numbers involved.

### **Increased level of older people with complex needs receiving care at home**

Nearly 30% of people with complex needs are being cared for at home during 2011.

### **Shifting the Balance of Care**

The Scottish Borders Community Health and Care Partnership has established a Reshaping Care for Older People Board, bringing together the 4 partners within the integration agenda (HNHS, Local Authority, Third Sector, Independent Sector) to oversee the Change Fund for Older People, but also a range of work to integrate and develop services to shift the balance of care, including co-location and integration projects in both the Cheviot and Tweeddale localities; the Council's Transforming Older Peoples Services programme; and the Joint Commissioning Strategy for Older people.

### **Mental Health**

NHS Borders has further developed its delivery plan to support the diagnosis of dementia in Primary Care or specialist Mental Health Services. There has been an increase in the number of people added to dementia registers over the past year. In March 2012 there were 912 people on the dementia register.

Throughout 2011/12 the Borders voluntary and statutory drugs and alcohol services, including the NHS Borders Addictions Service, have been seeing 90% of all clients within three weeks from referral to treatment and has continued into 2012/13. At the end of March 2012, 93% of all clients received treatment to support their recovery within three weeks. This target has been achieved and maintained two years before the target date of March 2013. Success in this target has been facilitated in part by the start up of the Prescribing and Support Service (PASS) to provide a dedicated service for stable clients working on recovery. This frees up staff to work more quickly with new clients.

Work is ongoing regarding the referral to treatment for Psychological Therapies. Overall, Borders are on track to meet the target by December 2014. An important step in this process will be the implementation of a new Patient Management System for Mental Health. Borders are also currently liaising on a national pilot with the Quality and Efficiency Support Team (QuEST) on reviewing clock stops for patient waiting times in Mental Health.

### **Delayed Discharges**

The Scottish Borders Partnership between NHS Borders and Scottish Borders Council has met the target of zero delays over 6 weeks as at the April 2012 census, and the 2 quarterly census points previously. Performance has improved dramatically over the last year with less

patients being delayed, for shorter timescales than in 2010/11. The standard remains a key priority across both NHS Borders and Scottish Borders Council.

### **Patient Safety**

2012 has seen the commencement of several new work streams - the Paediatric programme, the venous thromboembolism (VTE) and Sepsis collaborative which commenced in April 2012, the start of the Mental Health pilot in August 2012 and the end of the Primary Care pilot project in June 2012.

Spread of all the key changes (including testing, training, communication) is underway beyond the pilot populations throughout the Borders General Hospital.

Infection control data for ITU continues to show sustained improvement with safe processes now implemented. The team have had sustained improvement in the process measures (above 95% for 9 months or more). Regarding medicines management, improvements have been made with medicines reconciliation in the two pilot areas, and plans are afoot to spread to paediatrics. General ward teams are also continuing to show improvements, in the care of the deteriorating patient and in their infection control data. The peri-operative workstream continues to be committed to patient safety and on going testing is showing improvements in processes across all the theatres. Executive walkrounds continue to take place within NHS Borders providing staff and executives alike with opportunities for discussion and action planning around patient safety issues.

NHS Borders has had one site visit from HIS this year, in May 2012 to discuss the sepsis and VTE collaboratives, and the mental health 'travelling team' are prepared for the first learning session at the end of August.

## **PATIENT FEEDBACK**

Feedback from the people who use our services provides us with important information which helps us to continually improve our services.

The main source of this feedback is through complaints and commendations and many services use patient questionnaires to find out how people feel about their treatment or the services they use.

### **Patient Experience**

NHS Borders has developed and evaluated a local process for 'Co-coordinating Public/Patient Engagement'. The process includes a planning tool for services, based on the National Standards for Community Engagement that helps services plan for high quality and proportionate levels of public/patient engagement.

### **Feedback**

The total recorded patient feedback was therefore 3,354 of which approximately 4% were complaints and 96% were compliments or commendations.

### **Complaints**

We received 150 complaints during 2011/12 compared with 129 in 2010/11.

### **Compliments and Commendations**

In total 3,204 compliments and commendations were recorded compared with 3,067 in 2010/11. This represents only a small proportion of the thanks received by staff.

## **PROCESSES AND DELIVERY - EFFICIENCY AND GOVERNANCE**

### **Sickness absence**

During the year, the cumulative percentage for sickness absence rate for the rolling period April 2011 until March 2012 was 4.71%. This is an increase on the same period last year when the sickness absence rate was 4.07%. An Absence Management Action Plan is in place and work is ongoing to assist services in diagnosing and addressing areas of concern.

### **Personal Development Plan review**

92% of all NHS Borders staff had completed a Knowledge and Skills Framework Personal Development Plan review at March 2011.

### **Financial performance**

NHS Borders achieved all financial targets in 2011/12 with a small underspend of £0.06m recorded at the end of the financial year. During the year the Board had to deal with a number of financial pressures as well as a challenging savings target. Overall this outcome represented a great deal of hard work by clinical staff and managers.

### **Cash efficiency**

A key element of the Board's plan to attain a financial breakeven outturn in 2011/12 was the achievement of its cost efficiency target.

The Board approach continues to ensure delivery of the required savings through an efficiency savings programme made up of a number of individual schemes, rather than assigned targets. Each scheme within the programme is run as an individual project, with individual project owners responsible for developing and delivering an efficiency plan. For each project a Project Initiation Document, project plan and savings trajectory are required to be approved by the Strategy Group. As schemes are agreed by the Strategy Group the project plan implementation and savings trajectory are monitored through the Efficiency Board and expected to deliver. The Efficiency Board receives monthly updates on all plans thereby ensuring any need for corrective action is taken promptly and reports routinely to the Clinical Executive Operational Group.

During the financial year 2011/12 £7.1m of savings were delivered. A key element of financial sustainability is that the recurring element of the cost efficiency target is achieved. Following conclusion of projects which started part way through 2011/12 £5.6m recurring savings have been identified, over-achieving the target of £5.4m and ensuring that there is no recurring requirement carried forward into the next financial year which would increase the financial risk for the organisation.

In the 2012/13 LDP NHS Borders has put in place plans which result in NHS Borders achieving a recurring balanced budget.

### **Ensuring continued value for money**

In order to continue to deliver quality patient care NHS Borders must keep a firm grip on its finances as well as drive efficiency which is critical to service delivery and public credibility. That means having a clear focus that is firmly and openly set on providing patient care that is safe, effective and affordable.

## **FINANCIAL PERFORMANCE**

### **Independent auditor's statement to the members of NHS Borders on the summary financial statement**

We have examined the summary financial statement for the year ended 31<sup>st</sup> March 2012 which comprises Statement of Comprehensive Net Expenditure and Summary of Resource Outturn 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 123 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 of NHS Borders is responsible for preparing the summary financial statement within the Annual Report in accordance with guidance issued by the Scottish Government Health Directorate.

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

We also read the other information contained in the Annual Report and consider the implications for my report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

### **Basis of opinion**

We conducted our work having regard to 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.

### **Opinion**

In our opinion the summary financial statement is consistent with the full audited annual financial statements of NHS Borders for the year ended 31<sup>st</sup> 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 and the date of this statement.



*Scott-Moncrieff*

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*Scott-Moncrieff  
Chartered Accountants  
Statutory Auditor  
Exchange Place 3  
Sempie Street  
Edinburgh  
EH3 8BL*

*28 February 2013*

**BORDERS HEALTH BOARD**

**STATEMENT OF COMPREHENSIVE NET EXPENDITURE AND SUMMARY OF RESOURCE OUTTURN**

**FOR THE YEAR ENDED 31 MARCH 2012**

<b>2011</b>		<b>£'000</b>	<b>£'000</b>
<b>£'000</b>			
	<b>Clinical Services Costs</b>		
166,830	Hospital and Community	165,181	
<u>14,532</u>	Less: Hospital and Community Income	<u>15,076</u>	
152,298			150,105
48,775	Family Health	49,755	
<u>1,668</u>	Less: Family Health Income	<u>1,220</u>	
<u>47,107</u>			<u>48,535</u>
<b><u>199,405</u></b>	<b>Total Clinical Services Costs</b>		<b><u>198,640</u></b>
1,947	Administration Costs	2,035	
<u>0</u>	Less: Administration Income	<u>0</u>	
1,947			2,035
2,242	Other Non Clinical Services	2,604	
<u>4,158</u>	Less: Other Operating Income	<u>2,111</u>	
<u>(1,916)</u>			493
<b><u>199,436</u></b>	<b>Net Operating Costs</b>		<b><u>201,168</u></b>

**OTHER COMPREHENSIVE NET EXPENDITURE**

<b>2010</b>		<b>£'000</b>
<b>£'000</b>		
<u>(251)</u>	Net (gain)/loss on revaluation of Property Plant and Equipment	<u>(3,681)</u>
<u>(251)</u>	Other Comprehensive Expenditure	<u>(3,681)</u>
<b><u>199,185</u></b>	<b>Total Comprehensive Expenditure</b>	<b><u>197,487</u></b>

**BORDERS HEALTH BOARD**

**STATEMENT OF COMPREHENSIVE NET EXPENDITURE AND SUMMARY OF RESOURCE OUTTURN (Cont.)**

**FOR THE YEAR ENDED 31 MARCH 2012**

**SUMMARY OF CORE REVENUE RESOURCE OUTTURN**

**£'000**

<b>Net Operating Costs</b>	<b>201,168</b>
Total Non Core Expenditure (see below)	<b>(4,728)</b>
FHS Non Discretionary Allocation	<b>(11,910)</b>
Donated Asset Income	1,137
<b>Total Core Expenditure</b>	<b>185,667</b>
Core Revenue Resource Limit	<u>185,725</u>
<b>Saving/(excess) against Core Revenue Resource Limit</b>	<u><b>58</b></u>

**SUMMARY OF NON CORE REVENUE RESOURCE OUTTURN**

Depreciation/Amortisation	3,878
Annually Managed Expenditure - Impairments	583
Annually Managed Expenditure - Creation of Provisions	120
Annually Managed Expenditure - Depreciation of Donated Assets	147
<b>Total Non Core Expenditure</b>	<b>4,728</b>
Non Core Revenue Resource Limit	<u>4,728</u>
<b>Saving/(excess) against Non Core Revenue Resource Limit</b>	<u><b>0</b></u>

**SUMMARY RESOURCE OUTTURN**

	<b>Resource</b>	<b>Expenditure</b>	<b>Saving/(Excess)</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Core	185,725	185,667	58
Non Core	4,728	4,728	0
<b>Total</b>	<u><b>190,453</b></u>	<u><b>190,395</b></u>	<u><b>58</b></u>

**BORDERS HEALTH BOARD**

**BALANCE SHEET**

**FOR THE YEAR ENDED 31 MARCH 2012**

<b>2010</b>	<b>2011</b>		<b>£'000</b>	<b>£'000</b>
<b>£'000</b>	<b>£'000</b>			
		<b>Non-current assets:</b>		
105,289	106,204	Property, plant and equipment	109,810	
232	363	Intangible assets	278	
6,515	3,661	Trade and other receivables	3,600	
<b>112,036</b>	<b>110,228</b>	<b>Total non-current assets</b>		<b>113,688</b>
		<b>Current Assets:</b>		
911	1,053	Inventories	1,037	
		Financial assets:		
6,179	7,262	Trade and other receivables	6,945	
1,583	1,059	Cash and cash equivalents	215	
224	359	Assets classified as held for sale	732	
<b>8,897</b>	<b>9,733</b>	<b>Total current assets</b>		<b>8,929</b>
<b>120,933</b>	<b>119,961</b>	<b>Total assets</b>		<b>122,617</b>
		<b>Current liabilities</b>		
(471)	(506)	Provisions	(3,341)	
		Financial liabilities:		
(31,595)	(34,769)	Trade and other payables	(25,011)	
<b>(32,066)</b>	<b>(35,275)</b>	<b>Total current liabilities</b>		<b>(28,352)</b>
<b>88,867</b>	<b>84,686</b>	<b>Non-current assets plus/less net current assets/liabilities</b>		<b>94,265</b>

Cont.

(8,550)	(4,663)	<b>Non-current liabilities</b>	
		Provisions	(1,559)
(1,616)	(1,538)	Financial liabilities:	
<u>(10,166)</u>	<u>(6,201)</u>	Trade and other payables	(1,457)
		<b>Total non-current liabilities</b>	<u><b>(3,016)</b></u>
<b>78,701</b>	<b>78,485</b>	<b>Assets less liabilities</b>	<u><b>91,249</b></u>
		<b>Taxpayers' Equity</b>	
44,528	44,008	General fund	54,871
34,173	34,477	Revaluation reserve	36,378
0	0	Donated asset reserve	0
<u>79,701</u>	<u>78,485</u>	<b>Total taxpayers' equity</b>	<u><b>91,249</b></u>

## ANNUAL REVIEW

Every year, the performance of NHS Boards is reviewed by the Scottish Government Health Department at the Annual Review. The Review provides an opportunity for members of NHS Borders Board to highlight the year's achievements and discuss issues with members of the Scottish Government Health Department as well as a Government Minister who attends the meeting every two years.

Following the Annual Review, the Government provides a summary of the highlights and issues raised, as well as identifying areas of work for the Board to address in the coming year.

Minister for Public Health Michael Matheson attended NHS Borders Annual Review in November 2012 to review the Board's performance over 2011/12

In his feedback to the Board, the Minister reflected on his meetings during the Review Day with the Area Clinical Forum, The Area Partnership Forum, a patients' meeting and also a meeting with Council officials, saying he'd had a very enjoyable and informative day. He also said he welcomed the opportunity to meet frontline staff and patients in relation to three service areas: Child and Adolescent Mental Health, Integrated Anticipatory Care and Orthopaedics.

He highlighted NHS Borders' strong performance in relation to the HEAT targets in a number of areas including for inequalities targeted cardiovascular health checks, Alcohol Brief Interventions, alcohol and drug treatment and smoking cessation.

He commended the Board for making good progress in reducing Hospital Standardised Mortality rates and the fall in the number of Staphylococcus aureus bacteraemia (SABs) cases over the year.

The Board was praised for its excellent performance against 4 Hour Accident and Emergency Waiting Times as well as for broadly sustaining the standards of maximum wait of 12 weeks for new outpatients and 9 weeks for inpatient/day cases. It was noted that the Board was continuing to perform well against the Delayed Discharges standard.

It was also highlighted that NHS Borders had achieved all financial targets for the year and had significantly exceeded the Scottish Government efficiency savings target of 3%.

The action points arising from the Annual Review are:

- Keep the Health and Social Care Directorates informed of progress with the local implementation of the Quality Strategy and Health and Social Care Integration.
- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection and ensure sustainable progress is made against requirements and recommendations in Healthcare Environment Inspectorate and OPAC inspection reports.

- Sustain performance against all HEAT targets and standards.
- Ensure that there are robust plans in place to see further reductions in SABs in order to achieve the HEAT target in March 2013.
- Maintain focus on delivery of the 12 week Treatment Time Guarantee and other waiting times standards and ensure any emerging problems are highlighted at an early stage.
- Ensure there are robust plans in place to meet the HEAT standard for Dementia Diagnosis in March 2013.
- Continue to work to improve performance on the advance booking of GP appointments.
- Ensure that improvement in performance against the HEAT standard for staff sickness absence is maintained and improved upon.










A copy of the full Annual Review Letter is available on line at [www.nhsborders.org.uk](http://www.nhsborders.org.uk) or in hard copy from Communications on 01896 825520/5589 or [bordershb@borders.scot.nhs.uk](mailto:bordershb@borders.scot.nhs.uk)

# BORDERS NHS BOARD

## Executive Directors

 <p>Calum Campbell, Chief Executive</p>	 <p>Eric Baijal, Joint Director of Public Health</p>	 <p>Jane Davidson, Chief Operating Officer</p>	 <p>Evelyn Fleck, Director Nursing &amp; Midwifery</p>	 <p>Carol Gillie, Director Finance</p>
 <p>Sheena MacDonald, Medical Director</p>	 <p>June Smyth, Director Workforce &amp; Planning</p>	 <p>David McLuckie, Director of Estates &amp; Facilities</p>		

## Chair and Non-Executive Directors

 <p>John Raine, Chair</p>	 <p>Catherine Duthie, Vice Chair</p>	 <p>Edwina Cameron, Employee Director</p>	 <p>Pat Alexander</p>	 <p>Catriona Bhatia</p>
 <p>David Davidson</p>	 <p>John Hammond</p>	 <p>Adrian Lucas</p>	 <p>Doreen Steele</p>	



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