

## NHS BORDERS ANNUAL REPORT 2010/11



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# INTRODUCTION FROM THE CHAIR

This annual report provides an overview of the performance of NHS Borders in the financial year from 1<sup>st</sup> April 2010.

It records a high level of success across a range of functions and this success was endorsed by the Scottish Government following our Annual Review in public held in Jedburgh in September 2011.

Mary Wilson was the Chair of NHS Borders in the year under review and, having been appointed by the Cabinet Secretary to take on the role from April 2011, I acknowledge the progress made under Mary's stewardship over four years.

It has been encouraging to me to reflect on the achievements of past years whilst recognising the challenges ahead.

The achievements, documented in this report, include improved patient waiting times especially for cancer patients; good progress in combating healthcare acquired infections; progress in improving the health of the population and in reducing health inequalities; and managing budgets at a time of financial constraint but increasing demand and cost.

Whilst hitting the performance targets that Scottish Government set for us, along with the even tougher targets we set for ourselves, is of real importance, so too is the verdict of patients and the public.

Some 129 complaints were received during the year and we endeavour to learn lessons from these, just as our staff take heart from the 2,899 compliments and commendations recorded in the same period.

Looking ahead, the Board of NHS Borders, is enthusiastically signed up to NHS Scotland's vision for improved health services in the coming years.

Known as the `20:20` vision, its aim is for everyone to be able to live longer healthier lives at home, or in a homely setting. This requires a healthcare system with integrated health and social care and a focus on prevention and anticipation. It envisages a system where, when hospital treatment is required and cannot be provided in a community setting, that day case treatment will be the norm; and it envisages a system where quality and safety for patients is paramount.

**John Raine**  
**Chair, NHS Borders**



# MESSAGE FROM THE CHIEF EXECUTIVE

NHS Borders continues to make excellent progress against a wide range of targets.

However like all Boards, we face the challenge of making the best use of limited resources while improving the quality of all the services we provide. I am very much aware of the huge amount of work that is being done to ensure we achieve financial balance and our efficiency target.

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

However we do not operate in isolation and many partner organisations, voluntary and community groups and carers support our work. 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 those we serve central to the delivery of care.

I would like to thank staff for their efforts over the past year and say how grateful and proud I am of their dedication to the organization and to the Borders community.



**Calum Campbell**  
**Chief Executive, NHS Borders**

## OUR ACHIEVEMENTS DURING 2010/11



# PERFORMANCE AND DELIVERY

## **Inpatient treatment**

By the end of March 2011, all patients were waiting less than 9 weeks for inpatient treatment.

## **Outpatient appointments**

By the end of March 2011, all patients were waiting less than 9 weeks waiting for an outpatient appointment.

## **Hospital discharges**

At 15th April 2011 no patients were waiting over 6 weeks to be discharged from hospital.

## **A&E**

97% of patients waiting in A&E did so for less than 4 hours, this performance has increased in recent months.

## **Cancer treatment**

94.1% of patients urgently referred for cancer treatment were seen within 62 days of referral in January – March 2011.

The maximum wait from urgent referral to treatment for all cancers is two months (target 95%) The target of 95% was achieved in 9 out of 12 months during 2010/11.

95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat

95% or over of all patients in 2010/11 diagnosed with cancer began treatment within 31 days of the decision to treat. 100% of patients were within 31 days in 9 months of the year.



# HEALTH IMPROVEMENT AND INEQUALITIES

## **Smoking cessation**

The number of smokers successfully quitting for a month was 2,100 at March 2011, which was 147% of the target of 1,465.

## **Substance misuse**

The Alcohol and Drugs Partnership, in collaboration with the Child Protection Committee, is developing guidelines and training to strengthen multiagency working practices with families where children are living with substance misuse. Work continues to promote the use of routine screening tool in addictions services to increase the early identification of families where children are affected.

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

NHS Borders is an active partner in the current redesign of VAW services which aims to achieve a more integrated set of approaches locally that facilitate prevention and early intervention, promote recovery and community integration of those affected including families with children.

## **Child healthy weight interventions**

The number of child healthy weight interventions completed was 363 for 2010/11; 73% above the target of 194.

## **Dental registrations among 3-5s**

The number of three to five year olds registered with an NHS Dentist at March 2011, were 80.1% - the target is 80%.

## **New born children exclusively breastfed**

NHS Borders' performance remains higher every quarter than the Scottish average. The Maternal and Infant Nutrition programme has been delivering a range of programmes including the continuing development of peer support breastfeeding groups, the production and dissemination of resources on weaning and extensive training and capacity building with professional staff and community members. Progress is now being made with establishing the Baby Friendly Initiative. Health Improvement money has enabled the continuation of the enhanced Surestart Midwife service. This service works directly with 12% of families of newborn babies in Borders, using a holistic approach to support the most vulnerable young mothers including encouraging breastfeeding.

## **Drugs or alcohol treatment**

At December 2010 100% of patients waiting for drugs or alcohol treatment were seen within 4 weeks.

## **Tackling health inequalities**

On the ground, a wide range of community programmes and capacity building activities are delivered in five areas of disadvantage through our Healthy Living Network. This work continues to have good engagement with young families through the provision of home energy workshops; cooking on budget classes; weaning groups; physical activity promotion with mothers and babies; community capacity building; and information, advice and signposting events for expectant and new mothers.

# PATIENT SAFETY AND QUALITY OF CARE

## Health Associated Infections

Rates of C Diff identified in NHS Borders hospitals at March 2011 were within planned levels. Staphylococcus aureus bacteraemia identifications were above the target for 2010/11 but have reduced recently.

### To reduce the rate of all C.diff infection by at least 30% by 2011

NHS Borders achieved this HEAT target in 2010/11 with a cumulative total of 34 infections compared to a target of 43.

## Suicide prevention

Within NHS Borders 52% of all frontline staff have been educated and trained in suicide prevention at December 2010.

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

More older patients with complex care needs are being cared for at home - 33.3% during 2010.

## Shifting the Balance of Care

Primary and Community Services are reviewing the range of enhanced services in place locally, including a review of Community Hospital contracts with local GPs: and Community and Day Hospital service provision in liaison with Social Work and Voluntary Sector colleagues. These are being taken forward to ensure the most effective use of skills, resources and facilities.

## Mental Health

A whole system approach has been developed which will embed a patient pathway that ensures that individuals receive the appropriate care at each point in their journey.

## Delayed Discharges

At 15 April 2011 no patients were waiting over 6 weeks to be discharged from hospital.

This remains a key priority for both NHS Borders and Scottish Borders Council, with both working in partnership to manage discharges of people with complex care needs.

## Patient Safety

Patient safety is a key corporate objective for NHS Borders.

NHS Borders was visited by the Health Improvement Faculty Team on the 9 June 2011. The purpose of this visit was to support the Board in the implementation of the Programme. A very positive draft report has now been received which included the following statement *“the enthusiasm for patient safety and quality improvement in NHS borders was truly palpable and a pleasure to be visiting”*.

NHS Borders continues to participate in the National Surgical Site Infection Surveillance for the procedures of hip arthroplasty and caesarean section. During 2010/11, the infection rate for both these procedures continued to be lower than the Scottish average.



# 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-ordinating 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 3,028 of which 4% were complaints and 96% compliments or commendations.

## **Complaints**

We received 129 complaints during 2010/11 compared with 144 in 2009/10.

## **Compliments and Commendations**

In total 2,899 compliments and commendations were recorded. This represents only a small proportion of the thanks received by staff.

## **Patient Focus Public Involvement**

NHS Borders has embedded public involvement in infection control activities.

NHS Borders has received positive feedback from the Scottish Health Council (SHC), following the submission of our self-assessment for the Participation Standard. Clinical Boards and support services within NHS Borders are adopting a shared approach to improving action plans based on inpatient survey results and areas identified through the self assessment process this year.

# PROCESSES AND DELIVERY - EFFICIENCY AND GOVERNANCE

## **Sickness absence**

During the year, the cumulative percentage for sickness absence was 4.2% with monthly fluctuations - a reduction from 2009/10 of 0.3%. 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 2010/11 with a small under spend of £0.06m recorded at the end of the financial year.

## **Cash efficiency**

In order to ensure the savings were achieved, the NHS Borders Efficiency Board was developed as a sub-group of the Clinical Executive Operational Group, chaired by the Director of Finance.

The Efficiency Board developed and monitored progress of the Board's Efficiency Programme. Regular reporting systems were developed based on the progress of schemes and monthly update reports were submitted to the Efficiency Board and Operational Group.

## **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 March 2011 which comprises the balance sheet, statement of comprehensive net expenditure and summary of resource outturn, and related note on financial performance and position.

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 our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

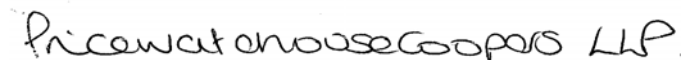
### **Basis of opinion**

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 March 2011.

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.



PricewaterhouseCoopers LLP  
Appointed Auditor  
141 Bothwell Street  
Glasgow  
G2 7EQ6 March 2012

# NHS BORDERS

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

FOR THE YEAR ENDED 31 MARCH 2011

2010 £'000		Note	£'000	£'000
	<b>Clinical Services Costs</b>			
160,497	Hospital and Community	<u>4</u>	166,666	
14,517	Less: Hospital and Community Income	<u>8</u>	14,532	
<u>145,980</u>				152,134
48,161	Family Health	<u>5</u>	48,775	
2,703	Less: Family Health Income	<u>8</u>	1,668	
<u>45,458</u>				<u>47,107</u>
<b><u>191,438</u></b>	<b>Total Clinical Services Costs</b>			<b>199,241</b>
2,283	Administration Costs	<u>6</u>	1,947	
0	Less: Administration Income	<u>8</u>	0	
<u>2,283</u>				1,947
2,811	Other Non Clinical Services	<u>7</u>	2,242	
1,679	Less: Other Operating Income	<u>8</u>	4,046	
<u>1,132</u>				<u>(1,804)</u>
<b><u>194,853</u></b>	<b>Net Operating Costs</b>			<b><u>199,384</u></b>

## OTHER COMPREHENSIVE NET EXPENDITURE

2010 £'000		£'000
56	Net (gain)/loss on revaluation of Property Plant and Equipment	(251)
<u>56</u>	Other Comprehensive Expenditure	<u>(251)</u>
<b><u>194,909</u></b>	<b>Total Comprehensive Expenditure</b>	<b><u>199,133</u></b>

# NHS BORDERS

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

FOR THE YEAR ENDED 31 MARCH 2011

### SUMMARY OF CORE REVENUE RESOURCE OUTTURN

£'000

<b>Net Operating Costs</b>	<b>199,384</b>
Total Non Core Expenditure (see below)	(5,206)
FHS Non Discretionary Allocation	(11,384)
<b>Total Core Expenditure</b>	<b>182,794</b>
Core Revenue Resource Limit	182,854
<b>Saving/(excess) against Core Revenue Resource Limit</b>	<b>60</b>

### SUMMARY OF NON CORE REVENUE RESOURCE OUTTURN

Capital Grants to / (from) Other Bodies	483	
Depreciation/Amortisation	4,243	
Annually Managed Expenditure - Impairments	480	
<b>Total Non Core Expenditure</b>		<b>5,206</b>
Non Core Revenue Resource Limit		5,208
<b>Saving/(excess) against Non Core Revenue Resource Limit</b>		<b>2</b>

### SUMMARY RESOURCE OUTTURN

	Resource £'000	Expenditure £'000	Saving/(Excess) £'000
Core	182,854	182,794	60
Non Core	5,208	5,206	2
<b>Total</b>	<b>188,062</b>	<b>188,000</b>	<b>62</b>



# NHS BORDERS

## BALANCE SHEET

FOR THE YEAR ENDED 31 MARCH 2011

2009 £'000	2010 £'000		Note	£'000	£'000
		<b>Non-current assets:</b>			
104,670	105,289	Property, plant and equipment	<u>11a+11b</u>	106,204	
123	232	Intangible assets	<u>10</u>	363	
6,497	6,515	Trade and other receivables	<u>13</u>	3,661	
<b>111,290</b>	<b>112,036</b>	<b>Total non-current assets</b>			<b>110,228</b>
		<b>Current Assets:</b>			
810	911	Inventories	<u>12</u>	1,053	
		Financial assets:			
4,955	6,179	Trade and other receivables	<u>13</u>	7,262	
447	1,583	Cash and cash equivalents	<u>14</u>	1,059	
284	224	Assets classified as held for sale	<u>11c</u>	359	
<b>6,496</b>	<b>8,897</b>	<b>Total current assets</b>			<b>9,733</b>
<b>117,786</b>	<b>120,933</b>	<b>Total assets</b>			<b>119,961</b>
		<b>Current liabilities</b>			
(1,198)	(471)	Provisions	<u>16</u>	(506)	
		Financial liabilities:			
(27,976)	(31,595)	Trade and other payables	<u>15</u>	(34,769)	
<b>(29,174)</b>	<b>(32,066)</b>	<b>Total current liabilities</b>			<b>(35,275)</b>
<b>88,612</b>	<b>88,867</b>	<b>Non-current assets plus/less net current assets/liabilities</b>			<b>84,686</b>
		<b>Non-current liabilities</b>			
(8,099)	(8,550)	Provisions	<u>16</u>	(4,663)	
		Financial liabilities:			
(1,694)	(1,616)	Trade and other payables	<u>15</u>	(1,538)	
<b>(9,793)</b>	<b>(10,166)</b>	<b>Total non-current liabilities</b>			<b>(6,201)</b>
<b>78,819</b>	<b>78,701</b>	<b>Assets less liabilities</b>			<b>78,485</b>
		<b>Taxpayers' Equity</b>			
42,151	42,161	General fund	<u>SOCTE</u>	41,692	
34,088	34,029	Revaluation reserve	<u>SOCTE</u>	34,333	
2,580	2,511	Donated asset reserve	<u>SOCTE</u>	2,460	
<b>78,819</b>	<b>78,701</b>	<b>Total taxpayers' equity</b>			<b>78,485</b>

# 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 the Cabinet Secretary for Health and Wellbeing, as well as members of the Scottish Government Health Department.

Following the Annual Review, the Cabinet Secretary 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.

The Cabinet Secretary, Nicola Sturgeon did not attend the Board's 2010/11 Annual Review, which was held on 29 September 2011 but was represented by Government officials who attended in an observing role and reported back to the Cabinet Secretary. This was due to a change in the Annual Review process. This means Boards will get a Ministerial public review every two years and that the Board Chair will conduct the review in the intervening years.

In her feedback to the Board, the Cabinet Secretary said she was pleased to hear how the Board are continuing to demonstrate leadership on the local implementation of the Quality Strategy. She felt NHS Borders has undertaken considerable local work to strengthen the quality of care and patient safety. Praise was given as the Board's Standardised Mortality Rates for the Borders General Hospital were lower than Scotland's baseline figure.

Congratulations were given to the Board for achieving the Clostridium Difficile Infection (CDI) target for the period ending March 2011.

The Healthcare Environment Inspectorate (HEI) had made two unannounced visits to NHS Borders General Hospital during this annual review period. Overall, the inspection teams found evidence that NHS Borders is complying with the majority of HAI standards to protect patients, staff and visitors from the risk of acquiring an infection.

NHS Borders met the main key waiting time and other access targets in 2010/11 including meeting the 9-week inpatient and day case target as at 31 March 2010 and the Board successfully sustained this standard throughout 2010/11. NHS Borders also successfully achieved the 12-week New Outpatients target as at 31 March 2010 and sustained this standard over the last year. Acknowledgement of this was given, highlighting success during severe weather.

Congratulations were given on exceeding the target for delivering Inequality Targeted Health Checks for 2010/11, delivering 598 checks against a target of 390.

NHS Borders will finish the 3-year Smoking Cessation target having exceeded the required number of quits for 2010/11. The Board achieved the best performance of any Board in Scotland and the Cabinet Secretary congratulated NHS Borders on this. NHS Borders exceeded the HEAT target for Alcohol Brief Interventions (ABIs) between April 2008 and March 2011 and was commended on its performance and progress around alcohol and drug waiting times.

Acknowledgement of the success with Child Healthy Weight Interventions (CHW) targets and progress against the exclusively breastfed target was given.

The strong partnership between NHS Borders and Scottish Borders Council was recognised, in particular relating to progress against heat targets in relation to older people.

It was noted that the Board had met all its main financial and efficiency targets in 2010/11.

The action points arising from the Annual Review are:

- Keep the Health Directorates informed of progress with the local implementation of the Quality Strategy and Change Fund.

- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.
- The Board should continue to build on progress against waiting times targets as it moves towards the 18-week referral to treatment target.
- Keep the Health Directorates up to date with progress on the local efforts to meet the breast feeding HEAT target.
- Ensure there are robust plans in place to ensure delivery of the Dementia Diagnoses HEAT target by March 2012.
- Work in partnership with the local authority to improve performance on delayed discharges, reducing the overall length of delays and bed days lost.
- Continue to achieve financial in-year and recurring financial balance; and keep the Health Directorates informed of progress in implementing the local efficiency savings programme.

A copy of the full Annual Review Letter is available on line at [www.nhsborders.co.uk](http://www.nhsborders.co.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

## Non Executive Directors



Mrs Mary Wilson  
Chair



Mrs Edwina Cameron  
Employee Director



Mrs Catherine Duthie  
Vice Chair



Mr David Davidson



Mrs Julia Edey  
Vice Chair



Mr Adrian Lucas



Mrs Pat Alexander



Cllr Sandy Scott



Mrs Doreen Steel



Mr John Hammond

## Executive Directors



Mr Calum Campbell  
Chief Executive



Dr Ross Cameron  
Medical Director



Mrs Carol Gillie  
Director of Finance



Dr Eric Baijal  
Director of Public  
Health



Mrs Sheena Wright,  
Director of Nursing &  
Midwifery



Ms Jane Davidson  
Chief Operating  
Officer



Mrs June Smyth  
Interim Director of  
Workforce & Planning

This Annual Report is available on request in different languages, audio tape, Braille formats, large print or BSL DVD. Please contact:

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Telephone: 01896 828282

If you would like copies of any of the reports mentioned in this Annual Report, or more information on any of the items, please contact:

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