

NHS BORDERS ANNUAL REPORT 2009/10



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WELCOME FROM THE CHAIR

Welcome to the NHS Borders Annual Report for 2009/2010.

I am delighted to report that NHS Borders continues to improve services in meeting the needs of the people of the Borders.

During this year, there were a number of changes to the Board membership. There were retirements and promotions to other organisations as well as newcomers. I continue to lead a group of highly professional, dedicated people and I am satisfied that the Non Executive Directors, through a rich mix of experience and knowledge, bring considerable skill and scrutiny to their responsibilities.

Patient safety is a key objective for NHS Borders and we are already being recognised nationally for our achievements as we advance the Scottish Patient Safety Programme across our services.

As Chair of the Board, my priority will always be the health and wellbeing of people in Borders communities and improving the quality of care and services offered. Key to this is working with staff, patients, the wider public and partner organisations such as Scottish Borders Council, carers and voluntary organisations. Many of the successes have been reported at the Board's Annual Review with Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing, in the local press over the last year and on the website at www.nhsborders.org.uk.

Through working together with these community partners, NHS Borders is committed to keeping our population healthy and ensuring people get the help they need to improve their lives. NHS Borders aims to help people remain independent as long as possible and to provide treatment in their own homes or local community facilities whenever we can.

In addition, this is supported through collaboration with local communities to develop our services. Some people have joined the Public Involvement Network to help develop policy, strategy and services. I encourage others to consider this way of contributing to our work by contacting our Public Involvement and Communications Team on 0800 731 4052. Members of Borders communities are also represented on the Public Partnership Forum and Public Governance Committee. I would like to thank them for all their time and commitment.

Finally I would like to extend my sincere gratitude to all NHS Borders staff for their commitment and enthusiasm in achieving the successes and high quality of care that they do and to all organisations and individuals that support this endeavour. The energy and expertise they bring to their work each and every day is the foundation of the fine reputation that NHS Borders has established and wishes to continue to build.

Mary Wilson
Chair, 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 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.

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 who we serve central to the delivery of care. By combining our resources, we can improve our services and make these more efficient. As part of the work to develop potential plans we have engaged with a range of stakeholders, including early discussions with staff, to explore different options.

I, too, would 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 2009/10



PERFORMANCE AND DELIVERY

Inpatient treatment

Borders met the 12 week waiting time target for inpatients by March 2009 – a year early.

By the end of March 2010, all patients were waiting less than 9 weeks for inpatient treatment.

Outpatient appointments

Borders met the 12 week waiting time target for outpatients by March 2009 – a year early.

By the end of March 2010, all patients were waiting less than 9 weeks waiting for an outpatient appointment.

Patients waiting for key diagnostic tests

All patients waiting for one of eight key diagnostic tests, such as CT scans, MRIs and colonoscopies, were waiting less than four weeks by March 2010.

Hospital discharges

By mid April 2010, no patients were waiting more than six weeks to be discharged from hospital.

Cancer treatment

98.5% of patients urgently referred for cancer treatment were seen within 62 days of referral.

A&E

A&E attendances were five per cent below target in March 2010 – with Borders having the third lowest self referral rate to A&E of all units in Scotland with 61%.

The target of 95% of patients being seen within four hours of arrival at A&E was also met.

48-Hour access to primary care team

96.8% of Borders practices are offering appointments within 48 hours.

HEALTH IMPROVEMENT AND INEQUALITIES

MMR Vaccinations

97.3% of five year olds were vaccinated for MMR during 2009/10.

Smoking cessation

The number of smokers successfully quitting for a month was 1,209 at March 2010, which was above the target of 997.

Dental service provision

Two new dental centres opened in Hawick and in Coldstream in April 2009.

These state-of-the-art facilities provide local people with improved access to dental facilities and will help tackle, at a local level, the national shortage of NHS dentists in rural areas.

Primary 1 decay free

The Primary 1 decay free percentage was the highest in Scotland at 70.8% in 2008.

Dental registrations among 3-5s

The number of three to five year olds registered with an NHS Dentist increased from 66.3% in December 2008 to 72.2% in December 2009.

Uptake for childhood vaccinations

NHS Borders update rates at 24 months of age for primary courses of diphtheria, tetanus, pertussis, Polio, Hib and MenC was at 95% in March 2010.

At five years of age, the uptake for MMR1 is 97%.

Tackling health inequalities

NHS Borders has identified geographical pockets of deprivation and is better informed of where to target services.

All GP practices in the Borders were benchmarked against each other and also compared directly with other practices with similar demographic features.

PATIENT SAFETY AND QUALITY OF CARE

Health Associated Infections

Rates of C.difficile infection identified in NHS Borders in March 2010 were within planned levels and below the national average. NHS Borders is on track to meet the target in March 2011 of 0.5 infections per 1,000 total occupied bed days.

Reduction in Psychiatric Re-admittances

The number of psychiatric patients readmitted to a ward was within the plan at 80 cases – which is better than the target of 199.

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

By March 2010, there was an increase to 31% in the number of older patients with complex needs being cared for at home.

Delayed Discharges

There were no delayed discharges over six weeks.

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.

Healthcare Quality Strategy

Launched early in 2010, the Healthcare Quality Strategy aims to ensure healthcare is patient-centred, clinically efficient, safe, equitable and timely.

NHS Borders has been proactive in its response to the publication of the Strategy and has been working to align corporate activity with the aims of the Strategy.

Patient Safety

Patient safety is a key corporate objective for NHS Borders.

The Scottish Patient Safety Programme which supports this consists of a series of change processes which have been spread across all of the medical and surgical wards in the BGH.

The benefits for patients have included a reduction in infection rates and improved outcomes immediately before and after surgery. For staff there is a higher standard of communication, and an improved understanding and awareness of patient safety culture.

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

In the Inpatient Patient Experience Survey 2009/10, NHS Borders rated highly for informing patients of what would happen during their stay beforehand; explaining how and when to take medicines and what they were for; providing privacy to patients; and for the length of time waiting from referral to treatment.

Complaints

We received 144 complaints during 2009/10 compared with 136 in 2008/09. The top four issues raised in complaints during 2009/10 were clinical treatment/care, the attitude or behaviour of staff, poor communication and waiting times.

Compliments and Commendations

In total 2,792 compliments and commendations were recorded. This represents only a small proportion of the thanks received by staff.

The total recorded patient feedback was therefore 2,936 of which 5% were complaints and 95% compliments or commendations.

Patient Focus Public Involvement

NHS Borders has developed a wider Public Involvement Network so that members of the community can be informed and involved in the work of NHS Borders in a way that is as accessible as possible.

The network includes a number of groups, individuals and organisations. It also encompasses the Public Partnership Forum. Involvement is reported to the Public Governance Committee of NHS Borders Board.

PROCESSES AND DELIVERY - EFFICIENCY AND GOVERNANCE

Sickness absence

Sickness absence rates were at 4.3% at the end of March 2010 and are continuing to improve.

Financial performance

In 2009/10 NHS Borders achieved its financial targets and remained in recurring financial balance.

Cash efficiency

The overall savings target was met in 2009/10. Plans are being developed for delivery in 2010/11 and in future years, which are being co-ordinated by the NHS Borders Efficiency Board. We aim to have plans in place that are twice what is needed to deliver our financial responsibilities. In so doing, we will create contingency and the momentum necessary to ease the passage of future year's financial challenges.

***Your Health Our Future* - Strategic Change Programme**

Your Health Our Future was launched in August 2009 to inform and engage with public, partners and our staff in the key challenges facing NHS Borders and provision of local health services. Our particular challenges related to the changing demographics of older people, long term conditions and changing models of care.

We talked with over 40 groups and the main themes and feedback of those conversations were encouraging us to address the challenges and to ensure we worked closely with partner agencies, the voluntary sector and patients/families and communities.

Energy emissions

NHS Borders has significantly reduced its energy emissions during 2009/10, with 9.7% of a reduction achieved.

Ensuring continued value for money

NHS managers and frontline staff, along with partner agencies are working together to examine the efficiency of local services to ensure the best value for money is achieved and services are sustainable. The process involves constructively challenging the current way services are provided and redesigning them where necessary. For NHS Borders this is essential to providing services for the future that are sustainable, offer value for money, are based on the latest evidence and lead to improvements in patient care.

Feedback on the key themes from this engagement work has been presented to NHS Borders Board and shared with staff, the Public Reference Group, Public Partnership Forum, Public Governance Committee and our Public Involvement Network.

The Strategic Change Programme reflected and reinforced a 'Case for Change' which outlined the challenges facing NHS Borders and the reasons for redesigning health services for the long term future of safe, sustainable local services. A number of phases of work have been completed and successfully incorporated into the organisation with the change programme therefore moving into implementation a year ahead of schedule.

FINANCIAL PERFORMANCE

Independent auditors' 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 2010 which comprises the Balance Sheet and Operating Cost Statement.

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.

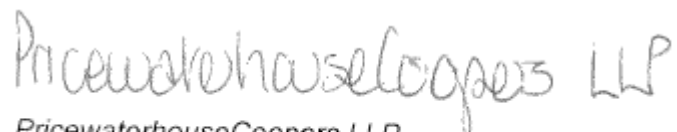
Basis of opinion

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 2010.

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
Glasgow

6th January 2011

BORDERS HEALTH BOARD

OPERATING COST STATEMENT

FOR THE YEAR ENDED 31 MARCH 2010

2008/09 £'000		Note	£'000	2009/10 £'000
	Clinical Services Costs			
157,421	Hospital and Community	4	163,078	
13,986	Less: Hospital and Community Income	8	14,517	
<u>143,435</u>				148,561
43,724	Family Health	5	48,161	
1,781	Less: Family Health Income	8	2,703	
<u>41,943</u>				<u>45,458</u>
185,378	Total Clinical Services Costs			194,019
1,967	Administration Costs	6		2,283
3,723	Other Non Clinical Services	7	2,811	
711	Less: Other Operating Income	8	1,679	
<u>3,012</u>				1,132
<u>190,357</u>	Net Operating Costs	SOCTE		<u>197,434</u>

SUMMARY OF REVENUE RESOURCE OUTTURN

2008/09 £'000			£'000
	Net Operating Costs (per above)		197,434
	Capital Grants to Other Bodies	9	(507)
	Profit/(Loss) on disposal of property, plant and equipment and intangible assets	9	2
	Annually Managed Expenditure (Write Downs)		0
	Less: FHS Non Discretionary Allocation		(11,309)
	Net Resource Outturn		<u>185,620</u>
	Revenue Resource Limit		<u>186,659</u>
	Saving against Revenue Resource Limit		<u>1,039</u>

BORDERS HEALTH BOARD

BALANCE SHEET

FOR THE YEAR ENDED 31 MARCH 2010

01-Apr-2008 £'000	31-Mar-2009 £'000		Note	£'000	31-Mar-2010 £'000
		Non-current assets			
104,953	104,670	Property, plant and equipment	11	105,289	
153	123	Intangible assets	10	232	
6537	6,497	Trade and other receivables	13	6,515	
111,643	111,290	Total non-current assets			112,036
		Current Assets			
847	810	Inventories	12	911	
4281	4,955	Trade and other receivables	13	6,179	
333	447	Cash and cash equivalents	15	1,583	
296	284	Assets classified as held for sale	11c	224	
5,757	6,496	Total current assets			8,897
117,400	117,786	Total Assets			120,933
		Current Liabilities			
(2,546)	(1,198)	Provisions	16	(471)	
(20,743)	(27,976)	Trade and other payables	15	(31,595)	
(23,289)	(29,174)	Total current liabilities			(32,066)
94,111	88,612	Non-current assets plus/less net current assets/liabilities			88,867
		Non-current liabilities			
(8,598)	(8,099)	Provisions	16	(8,550)	
(1,780)	(1,694)	Trade and other payables	15	(1,616)	
(10,378)	(9,793)	Total non-current liabilities			(10,166)
83,733	78,819	Assets less liabilities			78,701
		Taxpayers' Equity			
46,336	42,151	General Fund	SOCTE		42,161
35,072	34,088	Revaluation Reserve	SOCTE		34,029
2,325	2,580	Donated Asset Reserve	SOCTE		2,511
83,733	78,819	Total Taxpayers' Equity			78,701

SUMMARY OF CAPITAL RESOURCE OUTTURN

Net capital expenditure as above	5679
Capital Resource Limit	5690
Saving against Capital Resource Limit	11

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.

In the course of the Board's 2009/10 Annual Review, which was held on 11 October 2010, the Cabinet Secretary Nicola Sturgeon MSP met with the Area Partnership Forum to discuss workforce, partnership and staff governance issues. She was pleased to see the Forum was playing a significant part in the decision-making processes of NHS Borders around workforce planning and service redesign. .

She also met with the Area Clinical Forum to discuss the Forum's contribution to implementation of the Quality Strategy and its engagement with the Board on key decisions about the efficiency savings programme. The Cabinet Secretary was encouraged to hear that the Forum was well placed to make an effective contribution.

As part of her visit the Cabinet Secretary met with patients and patients' representatives and visited the temporary Renal Dialysis Unit at Borders General Hospital to hear from staff and patients about the planned new renal unit, which she said would make a huge difference in people's lives by eliminating the need for them to travel for their regular treatment.

The Annual Review meeting covered a range of agenda topics. The Cabinet Secretary acknowledged the progress made by the Board in relation to a number of HEAT targets, in particular the Board's successes in improving access to services, including cancer services, and in encouraging smoking cessation.

She also recognised that there had been significant recent increases in the number of registrations for dental services and in the number of practitioners providing these under the NHS within the Borders.

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 2009/10 and is forecasting financial balance in 2010-11.

The Cabinet Secretary concluded that she was "confident that the Board is well equipped to tackle the difficult challenges that lie ahead and a large part of that is down to the contribution that people working in frontline patient services make on a daily basis."

The action points arising from the Annual Review are:

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

A copy of the full Annual Review Letter is available on line at www.nhsborders.co.uk or in hard copy from Public Involvement and Communications on 0800 731 4052 or publicinvolvement@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 Vince Summers

Executive Directors



Mr Calum Campbell
Chief Executive



Dr Ross Cameron
Medical Director



Ms Jane Davidson
Director of Finance



Dr Eric Baijal
Director of Public
Health



Mrs Sheena Wright,
Director of Nursing &
Midwifery



Mr Ralph Roberts
Chief Operating
Officer

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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NHS Borders
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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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