

# NHS BORDERS ANNUAL REPORT 2008/09



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# WELCOME FROM THE CHAIR

Welcome to the NHS Borders Annual Report for 2008/2009. Once again NHS Borders has made significant progress in performance and continues to develop and deliver services to meet the needs of the people of the Borders.

NHS Borders staff work hard to keep the communities healthy, ensuring people get the help they need to improve their lifestyle. They aim to help people remain independent as long as possible and to provide treatment in their own homes or local community facilities whenever we can.

The Board is aware that NHS Borders will face a number of challenges in the coming years, such as an ageing population, advances in healthcare and a tightening financial position. There may also be changes to the workforce with a reduced pool of younger workers from which to recruit

Yet NHS Borders continues to look for even more opportunities to offer care that is better tailored to the needs of individuals. The recently published NHS Quality Strategy sets out a renewed commitment to put patients at the heart of a safe, compassionate service. We are already planning how to meet these challenges and we are pressing on with our Strategic Change Programme.

The priority is always the health and well being of people in Borders communities and improving the care and services offered. Key to this is working with staff, patients, the wider public and partner organisations such as Scottish Borders Council and voluntary organisations.

We continue to collaborate with local communities to develop our services. Many people have joined the Public Involvement Network to help develop policy, strategy and services. Members of Borders communities are also represented on the Public Partnership Forum and Public Governance Committee and I thank them for their time and commitment.

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 partner organisations for supporting that endeavour.

I would like to take this opportunity to thank our Chief Executive, John Glennie who is retiring, for the significant contribution he has made to NHS Borders. He has provided inspiring leadership during some challenging times and has led the organisation to achieve its successful performance record.

Also, I would like to thank Robert Kemp, Director of Finance who is retiring. He has also played a key role in ensuring NHS Borders has continued to develop and deliver high quality services to meet the needs of the people of the Borders.

I wish John and Robert all the best for the future and extend a sincere welcome to the first class team that will take NHS Borders forward.

**Mary Wilson**  
**Chair, NHS Borders**

# MESSAGE FROM THE CHIEF EXECUTIVE

This has been another impressive year. We have made excellent progress against a wide range of targets, such as in reducing waiting times and achieving financial balance. With a zero tolerance approach we have also reduced the level of healthcare associated infections (HAI).

Our work in the Integrated Health Strategy, is posing questions about how we provide health care over next decade. We know that we can offer a safe, very different, model of care that is tailored more to supporting patients to remain for longer at home. That does require us to think differently about how and where we provide hospital services. Whilst further work is required, I am very encouraged by the positive engagement in this dialogue by the service and patients.

The opening of the new state of the art dental facilities in Coldstream and Hawick, provide centres of excellence.

By improving the range of facilities we are attracting and retaining a range of high quality individuals to work in our services.

We do not operate in isolation. We have worked 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.

I am conscious that this is the last Annual Report I will contribute to. I have enjoyed my time leading NHS Borders and been extremely fortunate to have been supported by such an outstanding team committed to providing the very best health care.

My best wishes for the future.

**John Glennie**  
**Chief Executive, NHS Borders**

## OUR ACHIEVEMENTS DURING 2008/09



# HEALTH IMPROVEMENT

## Dental service provision

Two new dental centres were planned for Hawick and Coldstream. Opening in April 2009, these state-of-the-art facilities will 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.

## Dental registrations among three to five year olds

The number of three to five year olds registered with an NHS Dentist increased from 64.28% in Apr 08 to 66.3% in December 2008.

## Staff educated and training in suicide assessment/prevention

The national target for ensuring 50% of key frontline staff have been trained in using suicide assessment tools and suicide prevention training has been met.

## Smoking cessation

548 people successfully quit smoking one month after receiving support from Borders Smoking Cessation Services. Work is also being done to address the issue of women smoking during pregnancy in the antenatal setting.

## New-born children exclusively breastfed at 6-8 weeks

By March 2009, 31% of babies were being exclusively breastfed at 6-8 weeks old – the fifth highest rate in Scotland.

## Cervical screening target

Population coverage of cervical screening in the Borders is at 83%, which exceeds the national target of 80%.

## Tackling health inequalities

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

## Staff educated and training in suicide assessment/prevention

The national target for ensuring 50% of key frontline staff have been trained in using suicide assessment tools and suicide prevention training was met.

## New appointment

Dr Eric Baijal was appointed as Joint Director of Public Health between NHS Borders and Scottish Borders Council.



# EFFICIENCY AND GOVERNANCE

## **Community Health Index (CHI) usage**

The target of 95% of laboratory requests to include a community health index has been met.

## **Sickness absence**

Sickness absence rates have reduced from 4.65% to 4.15% and are continuing to improve.

## **Staff with a Knowledge and Skills Framework Personal development plan**

NHS Borders has achieved the Knowledge and Skills framework (KSF) target and all staff have a personal development plan in place.

## **Financial performance**

In 2008/09 NHS Borders achieved its financial targets including sustained recurring balance.

## **Cash efficiency**

NHS delivered on its cash efficiency and savings targets in 2008/09, over exceeding the target set, and future savings plans are being developed.

## **Ensuring continued value for money**

NHS managers and frontline staff are working together to examine the efficiency of local services to ensure the best value for money is achieved. This is based on using information which compares the performance of services both within NHS Borders and against similar services in other parts of Scotland.

Analysing such information can help to show if there are unexplained differences in activities such as the use of beds, GP referrals, lengths of stay and treatment costs.

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.

## **NHS Scotland Staff Opinion Survey 2008**

62% of NHS Borders staff said they would recommend the NHS Borders as a good place to work, compared to 55% for NHS Scotland overall. 85% of NHS Borders staff said they would go the 'extra mile' at work when required, the same as the national average.



# ACCESS TO SERVICE AND WAITING TIMES

## **48-hour access to primary care team**

100% of Borders' practices are offering appointments within 48 hours.

## **All-cancer waiting times**

More than 95% of patients with an urgent cancer referral were treated within two months, meaning Borders is one of the top performing Boards in Scotland for treatment times for cancer.

## **Out-patients waiting over 15 weeks from GP referral**

No patient waited longer than 12 weeks from GP referral for an out-patient appointment– this exceeds the national target of 15 weeks.

## **In-patients/day cases waiting over 15 weeks**

No patient waited longer than 12 weeks from GP referral for day care or in-patient treatment –exceeding the 15 weeks national target.

## **Patients waiting over 6 weeks for key diagnostic tests**

Fewer people waited more than four weeks for a range of tests including CT scans, MRIs and colonoscopies.

## **A&E**

The target to reduce the numbers of people attending A&E in 08/09 has been achieved with 98% of patients being seen within four hours of arrival at A&E.

## **Service waiting times**

The number of patients waiting more than 18 weeks for physiotherapy has been reduced.

BGH occupational therapy and podiatry ensure no patient waits more than 18 weeks.





# TREATMENT AND QUALITY OF SERVICE

## Health Associated Infections

Rates of healthcare associated infection have decreased from nine cases in September 2008 to seven by March 2009.

Hand washing compliance rates have improved from 93% in November 2008 to 95% by March 2009.

The Patient Safety Programme, which focuses on prevention of harm and improvements in healthcare outcomes, has been running for 16 months and is on track with improvements to the quality of healthcare experience.

## Dementia

More people with dementia are being diagnosed, with their details added to a dementia register to ensure better management of their condition. By March 2009, all 592 patients on the register had reviews at 15 months.

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

By March 2009, there was an increase to 28.83% in the number of people receiving 10 or more hours of intensive home care, care home and geriatric long stay care – this is on track to meet the target of 30% set for March 2010.

## Delayed Discharge

There were no delayed discharges over six weeks. NHS Borders continues to work in partnership with Scottish Borders Council to manage discharges for people with complex care needs.

## Patient feedback

NHS Borders received 2,774 items of patient feedback. Of this, 95% were compliments or commendations.

Complaints reduced by 21% from 171 to 136.



# FINANCIAL PERFORMANCE

## BORDERS HEALTH BOARD OPERATING COST STATEMENT

FOR THE YEAR ENDED 31 MARCH 2009

2008 £'000		Note	£'000	£'000
	<b>Clinical Services Costs</b>			
150,270	Hospital and Community	4	157,382	
<u>11,455</u>	Less: Hospital and Community Income	8	<u>13,986</u>	
<u>138,815</u>				143,396
41,845	Family Health	5	43,724	
<u>2,023</u>	Less: Family Health Income	8	<u>1,781</u>	
<u>39,822</u>				<u>41,943</u>
178,637	<b>Total Clinical Services Costs</b>			185,339
1,896	Administration Costs	6		1,967
2,980	Other Non Clinical Services	7	3,723	
<u>808</u>	Less: Other Operating Income	8	<u>711</u>	
<u>2,172</u>				<u>3,012</u>
<b><u>182,705</u></b>	<b>Net Operating Costs</b>			<b><u>190,318</u></b>

### SUMMARY OF REVENUE RESOURCE OUTTURN

2008 £'000		£'000
<b>182,705</b>	<b>Net Operating Costs (per above)</b>	<b>190,318</b>
0	Capital Grants to Other Bodies	(171)
22	Profit on disposal of fixed assets	0
0	Annually Managed Expenditure (Write Downs)	(677)
(8,319)	Less: FHS Non Discretionary Allocation	(9,983)
<b>174,408</b>	<b>Net Resource Outturn</b>	<b>179,487</b>
<u>175,058</u>	Revenue Resource Limit	<u>175,058</u>
<b><u>650</u></b>	<b>Saving against Revenue Resource Limit</b>	<b><u>82</u></b>

**BORDERS HEALTH BOARD BALANCE SHEET  
FOR THE YEAR ENDED 31 MARCH 2009**

2008 £'000		Note	£'000	£'000
	<b>Fixed Assets</b>			
<u>103,796</u>	Tangible fixed assets	10	<u>103,585</u>	
<b>103,796</b>	<b>Total Fixed Assets</b>			<b>103,585</b>
<b>6,537</b>	<b>Debtors falling due after more than one year</b>	12		<b>6,612</b>
	<b>Current Assets</b>			
847	Stocks	11	810	
4,281	Debtors	12	4,955	
<u>333</u>	Cash at bank and in hand	13	<u>447</u>	
<b>5,461</b>			<b>6,212</b>	
	<b>Current Liabilities</b>			
<u>(18,880)</u>	Creditors due within one year	14	<u>(26,089)</u>	
<b>(13,419)</b>	<b>Net current (liabilities)</b>			<b>(19,877)</b>
<b>96,914</b>	Total assets less current liabilities			<b>90,320</b>
(67)	<b>Creditors due after more than one year</b>	14	(64)	
<u>(11,144)</u>	<b>Provisions for Liabilities and Charges</b>	15	<u>(9,412)</u>	
<u>(11,211)</u>				<u>(9,476)</u>
<b><u>85,703</u></b>				<b><u>80,844</u></b>
	<b>FINANCED BY:</b>			
49,621	General Fund	17		45,479
33,757	Revaluation Reserve	18		32,785
<u>2,325</u>	Donated Asset Reserve	18		<u>2,580</u>
<b><u>85,703</u></b>				<b><u>80,844</u></b>
	<b>SUMMARY OF CAPITAL RESOURCE OUTTURN</b>			
5,294	Net capital expenditure as above			6,495
<u>5,338</u>	Capital Resource Limit			<u>6,499</u>
<b><u>44</u></b>	<b>Saving against Capital Resource Limit</b>			<b><u>4</u></b>

# INDEPENDENT AUDITOR'S STATEMENT

## Independent auditors' statement to the Members of NHS Borders on the summary financial statement

We have examined the summary financial statement which comprises the Operating Cost Statement for the year ended 31 March 2009 and the Balance Sheet as at 31 March 2009.

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 the 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 and the Directors' Report.

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' 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 and on the Directors' Report.

### Opinion

In our opinion the summary financial statement is consistent with the full audited annual financial statements and the Directors' Report of NHS Borders for the year ended 31 March 2009.

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*

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141 Bothwell Street  
Glasgow  
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January 2010

# 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 2008/09 Annual Review, which was held on 15 September 2009, the Cabinet Secretary Shona Robison MSP met with the Area Partnership Forum to discuss workforce, partnership and staff governance issues. She was pleased to see the Board had achieved the Knowledge and Skills Framework and that all staff have a Personal Development Plan in place. She also noted significant progress had been made towards achieving skilled and sustainable Community Nursing Teams to meet the needs of the local population.

She also met with the Area Clinical Forum to discuss clinical change and partnership working. The Board's Strategic Change Programme, which considers the future configuration of health services in the Borders, was also discussed. The Cabinet Secretary was encouraged by the strong clinical support for the direction the Board is taking and was reassured that the Forum was fully involved in the work to explore future service delivery.

As part of her visit the Cabinet Secretary met with patients and patients' representatives and she officially opened Coldstream Dental Centre, which she said was a fantastic example of steps being taken to improve the quality and access to dental services.

The Annual Review meeting covered a range of agenda topics. The Cabinet Secretary acknowledged the work being done to improve health and reduce inequalities, in particular the joint appointment of Director of Public Health with NHS Borders and Scottish Borders Council and the strong, positive relationships developed with GPs to identify those at particular risk of preventable, serious ill health and offer health checks, screening and advice.

It was noted that the Board is committed to shifting the balance of care towards primary and community care. She was encouraged by range of good work already underway, including improving the service configurations for care of older

people to optimise their independence and wellbeing. She also commended the Board for its excellent progress in meeting targets around mental health services, such as reducing the rate of psychiatric re-admissions and management of patients with dementia.

The Board was congratulated on achieving 'impressive performance' in relation to waiting time targets, particularly the target of 12 weeks maximum wait for in-patient and day care waits and for new out-patients.

The importance of fully engaging with staff and the public was highlighted, and the Cabinet Secretary was pleased to hear of the Board's strong commitment to public involvement as it considers its future service delivery options.

The Cabinet Secretary was particularly pleased to note the progress made by NHS Borders in tackling Healthcare Associated Infection and the Board consistently outperforming the national average cleaning and hand hygiene figures.

It was noted that the Board continued to meet its main financial targets and that the Strategic Change Programme would improved productivity and efficiency and release significant levels of recurring resource.

The action points arising from the Annual Review are:

- Keep the Scottish Government Health Department informed about the progress to ensure delivery of the Alcohol Brief Interventions target.
- Continue to develop plans to ensure the balance of care for older people at home meets the national average of 32%.
- Sustain progress in meeting the targets around mental health services.
- Continue to work towards a 'whole journey' maximum waiting time of 18 weeks from GP referral to receiving treatment.
- Keep the Scottish Government Health Department informed with the Strategic Change Programme.
- Engage widely with the public and stakeholders when considering the future configuration of health services.
- Ensure we maintain good infection control measure to tackle HAI.
- Continue ongoing dialogue with the Health Finance Directorate regarding progress on finance related issues.

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 Public Involvement and Communications on 0800 731 4052 or [publicinvolvement@borders.scot.nhs.uk](mailto:publicinvolvement@borders.scot.nhs.uk)

# BORDERS NHS BOARD

## Non Executive Directors



Mrs Mary Wilson  
Chair



Mrs Catherine Duthie  
Vice Chair



Mrs Edwina Cameron  
Employee Director



Mrs Jennifer Croall



Mrs Julia Edey  
Vice Chair



Mrs Alison Ferahi



Mr Adrian Lucas



Cllr Sandy Scott



Mr Vince Summers



Louise Hamilton-  
Welsh  
Director of Workforce

Mrs Doreen Steel

## Executive Directors



Mr John Glennie  
Chief Executive



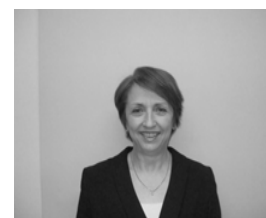
Dr Ross Cameron  
Medical Director



Mr Robert Kemp  
Director of Finance



Dr Alan Mordue  
Interim Director of  
Public Health



Mrs Leonie Smith,  
Interim Director of  
Nursing & Midwifery



Mr Ralph Roberts  
Director of Integrated  
Health Services



Mr Robbie Pearson  
Director of Planning &  
Performance

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

The Equality and Diversity Department,  
NHS Borders  
Newstead  
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TD6 9DA  
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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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