



## NHS Borders Annual Report 2007/08

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# Welcome from our Chair

Welcome to the Annual Report for NHS Borders for the year 2007/2008. As you will see, this has been another year of increased activity and major developments for NHS Borders. More importantly, we have continued to provide excellent care throughout these changes.

A major focus for us is developing our services in the community. We aim to help people to remain independent, for as long as possible, and to provide any treatment in their own homes or local community facilities wherever we can.

It can be difficult for people to recognise that this approach will yield many benefits in the long term. However, we believe that this is the way health care

should be delivered, particularly in rural areas such as ours.

As well as providing for those who become unwell, we also work hard to keep people healthy. While, quite rightly, many would consider the Borders a healthy place to live, we need to recognise that Borderers have high rates of heart disease and stroke like the rest of Scotland. There are also areas of deprivation within our communities where people need help to improve their lifestyles and to understand the benefits this will bring to their health.

We have a very wide range of health improvement initiatives. For many of these we work with partners in Scottish Borders Council Social Work, Leisure

and Education, as well as voluntary groups across the Borders.

We also work in partnership with our local communities in developing our services. Many people have become involved by joining our Involving People Network - individuals who take part in working groups to develop policy, strategy and services. Alongside this, members of the Borders communities are strongly represented on the Public Partnership Forum and Public Governance Committee. We are very grateful to these people for giving their time and commitment.

Of course, without NHS Borders staff, we would not be able to achieve anything. In recent years there have been changes to rates of pay and terms

and conditions as well as organisational change which have affected many people. Despite the uncertainty that this brings, the people who make our services work have continued to deliver the commitment and enthusiasm which makes a major contribution to the success that is a hallmark of this year. I would like to extend my sincere gratitude to them all.

Mary Wilson  
Chair, NHS Borders

# Chief Executive's Overview

This Annual Report sets out the key areas of activity of NHS Borders during 2007/2008.

NHS Borders performed well against the key targets set nationally by the Scottish Government. We performed particularly well in achieving our waiting times targets, and we have established a range of developments which will enhance our services. Some of these developments are through new ways of working within services, and others will be less obvious to the public, but will improve the efficiency of the

organisation and the care given to service users, such as through information technology.

NHS Borders has maintained the 18 week maximum waiting time for an inpatient or outpatient appointment and is now working to achieve a maximum of 12 weeks.

Working with our partners in the Scottish Borders Partnership we successfully reduced the number of delayed discharges to our target of zero. These are people who have to

remain in hospital because they are either awaiting support to return to their own home or a place in a care home.

In the last year, we have also established a new Joint Lothian & Borders Urology Service. This specialist service will provide diagnosis, treatment and support for a range of conditions from cancer to incontinence.

Many people live with conditions, such as asthma and diabetes, heart conditions and stroke, and as people live longer, they may suffer with a number of health complaints. It is

important that we help these people to manage their health to maintain their independence as far as possible. Our Long Term Conditions Strategy will bring in new ways of working and service developments which will support this care.

NHS Borders continues to work to improve health care in the Borders. We are committed to improving the health of our population and providing speedy, appropriate, locally based services of a high quality which are accessible to all.

John Glennie

Chief Executive, NHS Borders

# Improving Health

### Key Achievements

- Tobacco Strategy
- Physical Activity, Sport & PE Strategy
- Health Improvement Strategy for People with Learning Disability
- 44% reported they were still not smoking 4 weeks after their quit date
- Reduction alcohol consumption for men
- Achieved the national 2010 target of 60% of P1 pupils being free of dental decay

This is the fourth year of the *Scottish Borders Joint Health Improvement Plan* (JHIP). The JHIP outlines a broad approach to improving health, reducing the prevalence of long term conditions and reducing inequalities in health. Through this, strategies have been developed to address individual areas, such as physical activity, and sections of the population who may be at higher risk or not be able to access services and information so readily, such as people with a learning disability.

### Reducing smoking

*Smoking Cessation Services* are available throughout Borders. Between January and December 2007 a total of 1009 individuals had set a quit date. Of these 44% reported they were not smoking 4 weeks after their quit date.

We have completed research with women who smoked in pregnancy to help us understand how best to help this particular group. We are also working with mothers and their partners to develop a healthy lifestyles course, which will incorporate smoking cessation.

### Reducing alcohol consumption

Reducing alcohol consumption includes identifying people at risk as well as those who are already

consuming too much alcohol, and providing advice and support to help people reduce their consumption.

The *Alcohol Liaison Nursing Service* works to help people being admitted to hospital and contact cards are given to patients who come to A&E with alcohol-related injuries or illness. Two hundred cards were disseminated over 2007-8.

The *Drug & Alcohol Action Team* (DAAT) has delivered awareness sessions to local college students on the risks associated with binge drinking and risky sexual behaviour. They have also delivered sessions to parents of teenagers, community councils, foster carers, rugby clubs, and bar staff.

### Leading a healthier life

There are a number of schemes to help people improve their lifestyle. *Early Years* and the *Play@home* scheme aim to increase physical activity in nurseries, at childminders and young people will be supported through *Active Schools*. Adults benefit from community projects and support through the workplace schemes, whilst staff in residential homes receive training to help them encourage the people in their care to take suitable exercise.

Perhaps the most significant of the challenges is the trend in obesity. Encouragement to improve our diets is made through *Eating for Health* and *Healthy Eating, Active Living*. Intensive support for those who are already obese and wish to change is important. The local Lifestyle Advisor & Support Service (LASS) has been supporting such people since 2004/5 and has been shown to be successful.

A pathway for children with obesity has been agreed and includes a service to provide intensive support to children and their families who want to change. The

*Mind, Exercise, Nutrition, Do it* (MEND) programme has begun in Hawick and further programmes will run in two other towns later this year.

The LASS also focuses upon mental health issues coordinating its work with the *Self Help Coaching Service*, available in Hawick and Selkirk.

### Sexual health

The Borders Sexual Health Service provides a contraceptive and sexually transmitted infection service. We also provided direct education to over 900 students and young people over the year through visits to schools, colleges and youth groups. The improvement in acceptability to young people of using these services is reflected in a 62% rise in attendances in under 25 year olds and a 57% rise in under 16 year olds in 2007/8.

The total number of chlamydia tests in at-risk groups in the Borders continues to rise. As a result, the number of Chlamydia diagnoses increased by 19% in 2007-8. The partner notification success rate in the Borders remains very high at 1.1 (national target for rural areas 0.64 contacts/case).

Shona Robison, Minister for Public Health met with staff from the Sexual Health Service in January 2008.






The Borders Sexual Health website was launched in September 2007 and has proved a success. There have been 1393 visits to 6497 pages by 1083 visitors



# Health for All

## Key Achievements

-  **Expansion of the Lifestyle Advisor Support Service**
-  **Homelessness Nurse**
-  **Information Booklet for homeless people and their support teams**

There is a strong link between early life adversity and poor health to outcomes in later life. Targets for improving health are set out in the Scottish Borders Single Outcome Agreement for 2008. The Agreement outlines a range of actions to try to ensure “*Our children have the best start in life and are ready to succeed.*” These include actions to increase breast feeding rates, improve dental registrations amongst 3 - 5 year olds and looked after and accommodated children, maintain high levels of immunisation, and provide intensive support to children who are obese. Action is also being taken to reduce smoking in pregnancy, to develop local actions to address poverty, and much of the local work focused on inequalities in health supports parents with young children in these and many other areas.

## Healthy Living Centres

Five Healthy Living Centres were created originally with Big Lottery funding and have continued with local funding support. They work within some of the most deprived areas of the Borders. The Healthy Living Centres take a community development approach with dedicated Healthy Living Network Project Workers and a number of active volunteers in each Centre and hundreds of participants in a wide range of activities, from benefits advice to cooking classes.

## Lifestyle Advisor Support Service

The Lifestyle Advisor Support Service is now available across 80% of the Borders. However, as is common in rural areas, many of our deprived household are widely dispersed, and the referral of people through GPs and Practice Nurses is helping to address this. The service particularly focuses upon individuals at high risk of developing diabetes, hypertension and other long term conditions and supports them to change their diet, physical activity levels, alcohol consumption or smoking, whilst taking account of any mental health problems that may be present.

In addition to the above there is considerable targeting of deprived communities and individuals within other health improvement initiatives, for example in the *Guid Fettle* project, the *Paths to Health/Walk It* project and the *Community Food Grants* scheme. We are also supporting work on fuel poverty with Scottish Borders Council and local Housing Associations, and we will be working with Scottish Borders Council Planning Department to improve the environment to encourage more physical activity.

Scottish Borders Council convened a *Poverty Commission* to review the experience of people in poverty in Scottish Borders and recommend local actions across the community planning partnership to address its causes and effects. The Commission is expected to report towards the end of 2008. This work will be very valuable to us in developing our health improvement programmes.

## Health and Homelessness

People who are homeless often have difficulty accessing the services they need. In Borders we have a Homelessness Nurse who supports people who are homeless to access mainstream health services, drug and alcohol services, mental health services and child

health services, and also to provide continued support to people once they have been re-housed.

An information booklet has been produced for homeless people and for the Homelessness Team. The booklet provides information about how the healthcare systems work with the aim of promoting registration with a GP practice.

## Dental Health

A national HEAT target states that 80% of 3 to 5 year olds should be registered with an NHS dentist – we are presently at about 70%. As children are a priority area we meet the target through dental care provided by nursery and school visits as part of the *Childsmile* programme and *National Dental Inspection* programme. We also send *First Birthday Card* reminders to parents. Parents are also invited to attend with their child when the mobile dental surgeries visit schools so that the treatment options can be explained and preventative advice given.

## Advice and support for service users





A new Independent Advice and Support Service is available from local Citizens Advice Bureaux (CABs) to help support users of NHS Borders' services.

Trained CAB workers can provide general advice about health services, guidance about how to make a complaint and advice where ill-health is having an impact on other areas of an individual's life.



# Healthcare for the Future

## Key Achievements

-  **Strategy for Falls, Osteoporosis and Fracture Prevention in NHS Borders**
-  **Self help coach for mental health**
-  **Befriending scheme**
-  **Children and Young People's Mental Health strategy**

The population of the Borders is changing and NHS Borders needs to make sure that the services we provide reflect the needs of the population. People within the Borders are living longer and as a result are suffering from more complex health conditions. This can be seen in the increase in the number of people who need support to manage long term conditions such as diabetes, heart conditions, respiratory problems and stroke.

Traditionally, health care developments have focused on the services based in acute hospitals when the reality is that 90% of patients are seen in the community. We recognise that a change in the balance of care towards treating people in or as close to their homes as possible is necessary, and a holistic and integrated approach to health care service delivery is more appropriate for the organisation as well as the patient. We aim to provide a range of high quality generalist services, along with some specialist ones, which will promote the health and wellbeing of the people of the Borders and integrate the work of both Health and Social Care.

Working in partnership with staff, the voluntary sector and the wider public we aim to deliver services at home or close to home for individuals as long as possible guided by the following principles - *patient*

*choice, listening to peoples wishes, safe and secure environments, and emotional well-being.*

## Services for Older People

We recognise that the transition between being in hospital and going home can be difficult, particularly for older people and for their carers. Through our primary care teams, we are working to ensure that older people get the right support, including rehabilitation, when they go home and are not admitted inappropriately to a care home or hospital.

*The Strategy for Falls, Osteoporosis and Fracture Prevention in NHS Borders*, written in conjunction with Scottish Borders Council, for the first time, draws together the health and social care systems to improve the pathway of care for people who fall and are at risk of falling.

It is also known that older people have a higher incidence of dementia. In the Scottish Borders there has been a 3% increase each and every year in the number of people with dementia. The needs of these people include early diagnosis and information in primary care, support to remain at home and when admitted to hospital. We are working jointly with Scottish Borders Council and other agencies to improve care for people with dementia.

## Mental Health Services

Work is progressing on establishing an integrated mental health service in the Borders. This will bring together health and social care staff in one service, improving across the range of elements of care and support.

Local services are required to reduce antidepressant prescribing and develop Integrated Care Pathways (ICPs) and a range of psychological therapies. NHS Borders has developed a successful self-help coach

service and the NHS 24 telephone cognitive behaviour therapy initiative is to be piloted here. The development of an ICP is also underway, and two GP practices have agreed to pilot the ICP for depression which will help determine the impact of the ICP on the prescribing of antidepressants. A number of staff in psychological therapies have been trained in a range of specialist therapies which has increased availability of Cognitive Behaviour Therapy, Eye Movement Desensitisation and Reprocessing and Behavioural Family Therapy.

Within the *Rehabilitation Service*, a joint needs assessment for patients with severe and enduring mental health problems has been completed. Models for supported accommodation in the community are being developed and this will hopefully reduce the likelihood of people being readmitted to hospital. Work to explore the reasons for readmissions to acute and older people units has also begun.

Health and Social Work are working in partnership with Borders Voluntary Community Care Forum to pilot a *Befriending Scheme*. The majority of volunteers are people who have mental health needs or issues themselves, so the project will be delivering peer support.

A framework has been developed for training frontline NHS workers in suicide prevention programmes and a number of staff from different professional backgrounds have completed the training.

The *Children and Young People's Mental Health strategy* has been developed along with a clear action plan and a process for review. The local Child and Adolescent Mental Health Service has supported the work by providing basic mental health training to those working with children in care, and two Primary Care Mental Health Workers have also been appointed to link with schools in the Borders.

## Key Achievements

- Living Well with Long Term Conditions: a Long Term Conditions Strategy
- Primary care teams for people with long-term conditions
- Expansion of the Heart Failure Nursing service
- Nurse led Inpatient Chest Pain Service established
- Dedicated palliative care out of hours service

## Long Term Conditions

Enabling people, who have long-term conditions to take greater control of their treatment, with access to support from health and social care professionals, improves their quality and length of life and reduces emergency admissions to hospital. *Living Well with Long Term Conditions*, a Long Term Conditions Strategy has been led and developed by NHS Borders with Scottish Borders Council, voluntary sector organisations and service users and carers. The strategy is based around an ideal journey through health and social care for someone living with long term conditions.

Two new multidisciplinary teams deliver care to a group of patients with long-term conditions and complex needs. As well as direct care the teams provide patients and families with education and support and help patients to live more independently.

We are developing a standardised pack of general information, which will outline what services are available in Borders across health, social care and voluntary organisations, as well as offering links to other national groups. Work is also underway to develop a website which will explain what each service

offers, how to access it, what to expect, what the roles and responsibilities of the individual and carers will be, as well as posting clinical protocols and information about specific conditions.

## Palliative Care

Approximately 350 people in the Borders die from cancer each year but about twice that number die from other chronic incurable illnesses. The specialist palliative care service was initially set up to provide care for patients dying from cancer but is increasingly involved in providing care and advice for patients dying from illnesses other than cancer. The Borders Palliative Care Managed Clinical Network recognises the importance of equitable provision of care and is actively working towards ensuring high quality care is available for all patients in the Borders with palliative care needs, whatever the diagnosis.

NHS Borders promotes holistic patient centred care in the patients own home where that is the patient's wish. Care is generally co-ordinated by a member of the primary healthcare team and regular multidisciplinary meetings and the use of out of hours handover sheets aid good communication. Specialist support is readily available from the specialist palliative care team, both in the hospital and in the community and a dedicated palliative care out of hours service has also been set up.

## Pharmacy

NHS Borders has worked closely with community pharmacies to implement the new national pharmacy contract. You can now get many new services in your high street pharmacy, such as treatment for minor ailments, emergency supplies of repeat prescriptions, blood pressure measurement and a range of tests including cholesterol. Community pharmacists can also refer patients for hospital tests, such as bone scans for people at risk of osteoporosis.

## Hand Held Records

A new hand held health record for people with learning disabilities has been launched across the Borders. The health record is in the form of a book and will be kept by the person themselves. The record will be completed with the help of carers and professionals involved in supporting each person.



## New Dental Information Website





NHS Borders' has developed a new website offering information on dental services. The website - [www.nhsbordersdentists.scot.nhs.uk](http://www.nhsbordersdentists.scot.nhs.uk) - contains useful information for the public on:

- How to register with a NHS Borders' dentist.
- How to access emergency dental treatment.
- Who our staff are, and where to find their clinics.
- Information for schools, health professionals and the public on oral health promotion activities within the Scottish Borders.



# Access to Our Services

## Key Achievements

-  Maintained the waiting time target for inpatient and outpatient appointments
-  Recruited dentists to all vacancies
-  Established Borders Emergency Dental Service
-  Achieved delayed discharge targets

## Reducing waiting times

Once again, NHS Borders has maintained a maximum wait of 18 weeks for both inpatient and outpatient appointments and we are working hard towards a maximum wait of 12 weeks by March 2009. While waiting times for diagnostic services vary depending on the type of test, NHS Borders is working to ensure that by March 2009 no patient will wait longer than 4 weeks for a key diagnostic test.

NHS Borders is committed to ensuring people who are waiting for urgent referrals because they may have cancer will not wait longer than the 62-day target, and we are continuing to redesign services both locally and regionally to achieve this. A robust tracking system is in place for all patients who are referred urgently with a suspicion of cancer. The system monitors every patient along the entire cancer pathway and ensures that patients move quickly between different stages of their care, or between different specialists.

There were a total of 22,417 attendances at Accident & Emergency during 2007/8, which represents a 3.9% increase on the previous year. Significant progress has been made in maintaining waiting time performance and we can generally ensure 99% of patients are seen within 4 hours.

## Access to NHS dental services

The national shortage of dentists, together with the move by many dentists into the private sector has meant that we have had to significantly expand our own dental workforce. We also have to develop new facilities and change the way dental staff work to cope with the emergency demand and also to provide more accessible NHS dental care to Borders residents.

We have appointed six more salaried general dental practitioners and a part-time community dentist since August 2007. Success in recruitment has been helped by the reputation of the service as one, where skills are valued and professional development is strongly encouraged. Modern premises development has also been a factor in attracting excellent candidates. Our service has now filled all vacancies with a total of 18 dentists employed. In Hawick and Coldstream we are developing new purpose built facilities. These new facilities are intended to be centres of excellence for service provision and training.

The Borders Emergency Dental Service is now operating successfully with call triage via the NHS 24 Dental Nurse. The service provides local access to dentists in the evenings and at weekends. Priority for emergency treatment is based on clinical need and priority will also be given to children.

Over the last year the number of patients waiting to register for dental care has fallen from 7000 to 3500. We are registering around 300 patients per month from the waiting list but there has been a recent increase in those joining the list. It is thought that this includes patients who are receiving dental care elsewhere, either privately or in other NHS areas, but who wish to return to NHS care in the Borders. This was anticipated and we aim to increase new registrations by 10% per month.

Calls to the Dental Enquiry line has reduced from a typical 70 callers per day to 35. This reflects fewer calls about emergency treatment and registration problems. We can now offer over 1800 appointments per month compared to less than 1200 in summer 2007. All patients on the list are prioritised. People with specific medical conditions, children and those with special needs are seen as the highest priority and, since the beginning of the year, no one in this category has had to wait for an appointment.

## Delayed discharges

A delayed discharge is when a person has to remain in hospital when they no longer need to be there because there is no suitable accommodation available for them, for example, they need social services support to return home or a place in a care home. NHS Borders and Scottish Borders Council work closely together to actively monitor and manage delayed discharges within our local hospitals. During 2007/08 the Partnership has been working to reduce the levels of delayed discharges, in particular those who are delayed for more than 6 weeks. As at April 2008 Scottish Borders Partnership successfully reduced the number of patients experiencing a delay in discharge of 6 weeks or more to zero. Overall we have made a significant achievement to date in the management of delayed discharges. This target remains a priority over 2008/09 and is included in both NHS Borders Local Delivery Plan and Scottish Borders Council Single Outcome Agreement.

## New Urology Service

NHS Borders and NHS Lothian established a new joint Lothian and Borders Urology Service.






The service will deal with the referral and management of patients with a wide range of conditions including



prostate problems, bladder and kidney disorders, urological cancers, and incontinence problems.

## Involving People & Communities

### Key Achievements

-  31 community consultation/engagements exercises
-  Community engagement event held
-  Public Partnership Forum established
-  NHS Borders Strategic Framework for Volunteering
-  Carers Information Pack

### Involving communities in local service change

Changing populations, national initiatives, new technology and developments in health care practice mean that we need to regularly evaluate how effective our services are and whether they are being provided by the right people in the right place.

Whenever we introduce significant changes to the way services are provided, NHS Borders will consult with the public. We do this through consultation events, meeting with groups who have a special interest in the changes, including staff, and working with our partners in Scottish Borders Council and the voluntary sector. We aim to ensure the public are provided with enough information and opportunities to enable them contribute to the consultation.

During 2007/08, key programmes or service change activity on which we consulted included the NHS Borders Draft Food, Nutrition and Health Strategy for Healthcare Settings, The Future of Adult Mental Health Day Services in the Borders Joint Consultation, Kelso Medical Group Practice – proposal to close

Branch Surgeries at Yetholm and Morebattle and the NHS Borders Draft Dental Services Strategy

We have also taken the opportunity to consult with a number of key stakeholders, communities of interest, voluntary groups and individual members of the public on more general issues. As part of this work, people living within Borders have identified a number of core points, issues, concerns and actions which they feel we should review, including access to primary care services, improved communication and support with patients and cleanliness of hospitals

NHS Borders has commissioned events through focus groups across Borders and with communities of interest to look at issues affecting young people, older people and the voluntary sector. The findings from these groups were brought together at a community engagement event in May 2008.

### Patient Focus Public Involvement

The NHS Borders Involving People Network now has 19 members. They receive training to help them understand how the NHS works and enable them to contribute fully to discussions. Recent group activities have included membership of the Endoscopy Project Board, Roxburgh and Lauder Health Centre Projects and Long Term Conditions Group.

In August 2007, NHS Borders launched its Public Partnership Forum, where members of the public, Scottish Borders Council and representatives from groups and organisations were invited to become involved in coordinating the planning, development and provision of services.

Individual members of the Involving People Network and Public Partnership Forum provide a public voice

and have demonstrated a vital interface across Clinical Boards and in service change and redesign.

NHS Borders continues to sustain and develop partnerships across the Voluntary Sector. A draft *NHS Borders Strategic Framework for Volunteering* has been completed and we are a pilot site for the Volunteering Impact Assessment Toolkit Training.

### Supporting Carers

The people who provide care for their loved ones, often require help and support for themselves, which may be difficult to access. These carers often suffer physical and mental health problems, reduced income and social isolation. The *NHS Borders Carers Information Strategy 2007 - 2010* was developed jointly by NHS Borders, Scottish Borders Council and the Princess Royal Trust for Carers to help support these people. The strategy and action plan sets out a range of developments to help support carers.



SBC and NHS Borders have launched a carer's assessment form to identify individual carers' needs in to help them as carers. An Information Pack for carers also has been developed which includes information the assessment process, financial help, respite care, advocacy and many more issues.

Training and information events have taken place across the region to help carers develop the relevant skills and knowledge to carry out their role.

Work is ongoing to ensure links with Child Protection Protocols to identify carers in family situations which may put them at risk, such as families with substances abuse or mental health issues. We have also worked with partner agencies to provide different types of short breaks.

# Improving the Quality of Care

## Key Achievements

-  National Patient Safety Programme being implemented
-  MRSA bacteraemia rate has remained within control limits and a low rate of Clostridium Difficile maintained

## Quality Improvement

Every year, NHS Quality Improvement Scotland (NHS QIS) and Audit Scotland undertake reviews of aspects of our health services. During 2007/08, the following reports were issued.

- NHS QIS National Implementation review of SIGN 52 – Attention Deficit and Hyperkinetic Disorders in Children and Young People Stage 2
- NHS QIS Blood Transfusion Standards
- NHS QIS Asthma Services for Children & Young People
- Audit Scotland – Review of Palliative Care Services in NHS Borders

The outcomes of these reviews are presented in a report which is made public on the NHS QIS ([www.nhshealthquality.org](http://www.nhshealthquality.org)) and Audit Scotland websites ([www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)). NHS Borders then draw up action plans to address any issues raised. These reviews play an invaluable part in improving the quality of our services.

## Feedback from service users

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

We received 170 complaints during 2007/08 compared with 158 in 2006/07. The top four issues raised in complaints during 2007/08 were clinical treatment/care, the attitude or behaviour of staff, poor communication and waiting times.

We always endeavour to address all the issues raised in any complaint by investigating the problems and seeking solutions, such as putting in place systems, or providing training. However, in some cases the complainant is still unhappy with the outcome, and in these cases may take their complaint to the Scottish Public Services Ombudsman.

During 2007/08, the Ombudsman investigated one complaint and a report was subsequently published. NHS Borders accepted all the recommendations within the report and appropriate action was taken to improve or alter working practices where necessary. The report was made available to all staff and to the public via the NHS Borders website.

In total 2,015 compliments and commendations were recorded. This represents only a small proportion of the thanks received by staff. The total recorded patient feedback was therefore 2,185 of which 8% were complaints and 92% compliments or commendations.

## Patient Safety

The National Patient Safety Programme was launched in January 2008. This is an improvement programme to reduce infection rates, improve clinical outcomes and reduce adverse events. The programme is still in the early stages of implementation, mainly focussing on providing learning sessions to develop the programmes aims across all staff. Patients and the public will be involved in supporting the programme, helping to monitor conditions, such as cleanliness in

hospitals, as well as providing feedback on their experience of hospital services.

## Infection control

NHS Borders is working hard to control the incidence of Healthcare Associated Infections. We have action plans in place to improve compliance with national standards and all the mandatory surveillance systems are in place. As a result, the MRSA bacteraemia rate has remained within control limits for the last three years.

We have higher level of screening activity with the new rapid testing facilities for MRSA and 153 trained champions in place to maintain standards across the organisation. We have also supported the national campaigns to encourage hand hygiene, not only amongst staff, but also patients and the public as many MRSA infections originate in the community.



School children were invited to design a poster to promote hand hygiene as part of our campaign to raise awareness in the community.

This winning poster was designed by Oran MacKechnie, who was in P7 at Broomlands Primary.

# Financial Performance

## Key Achievements

 Achieved financial balance  Met the annual savings target

## Operating Costs Statement for the Year Ending 31<sup>st</sup> March 2008

2006-2007		£'000	£'000	£'000
<b>Clinical Services Costs</b>				
141,287	Hospital and Community		150,270	
10,961	Less: Hospital and Community Income		11,455	
<u>130,326</u>				138,815
40,289	Family Health		41,845	
2,015	Less: Family Health Income		2,023	
<u>38,274</u>				39,822
<b>168,600</b>	<b>Total Clinical Services Costs</b>			<b>178,637</b>
1,707	Administration Costs			1,896
2,217	Other Non Clinical Services		2,980	
1,644	Less: Other Operating Income		808	
<u>573</u>				2,172
<b>170,880</b>	<b>Net Operating Costs</b>			<b>182,705</b>

## Summary Of Revenue Resource Outturn for the Year Ending 31<sup>st</sup> March 2008

2006-2007		£'000	£'000
<b>170,880</b>	<b>Net Operating Costs (per above)</b>		<b>182,705</b>
0	Profit on Disposal of Fixed Assets		22
<u>(7,860)</u>	Less: FHS Non Discretionary Allocation		<u>(8,319)</u>
<b>163,020</b>	<b>Net Resource Outturn</b>		<b>174,408</b>
166,008	Revenue Resource Limit		175,058
<b>2,988</b>	<b>Saving against Revenue Resource Limit</b>		<b>650</b>

## Balance Sheet for the Year Ending 31<sup>st</sup> March 2008

2007		£'000	£'000	£'000
<b>FIXED ASSETS</b>				
94,789	Tangible fixed assets		103,796	
<b>94,789</b>	<b>Total Fixed Assets</b>			<b>103,796</b>
<b>6,057</b>	<b>Debtors falling due after more than one year</b>			<b>6,537</b>
<b>CURRENT ASSETS</b>				
886	Stocks		847	
5,633	Debtors		4,281	
39	Cash at bank and in hand		333	
<b>6,558</b>			<b>5,461</b>	
<b>CURRENT LIABILITIES</b>				
(27,916)	Creditors due within one year		(18,880)	
<b>(21,358)</b>	<b>Net current (liabilities)</b>			<b>(13,419)</b>
79,488	Total assets less current liabilities			96,914
(70)	Creditors Due After More Than 1 Year		(67)	
(8,795)	Provisions For Liabilities And Charges		(11,144)	
<u>(8,865)</u>				<u>(11,211)</u>
<b>70,623</b>				<b>85,703</b>
<b>FINANCED BY:</b>				
38,689	General Fund			49,621
29,399	Revaluation Reserve			33,757
2,535	Donated Asset Reserve			2,325
<b>70,623</b>				<b>85,703</b>

## Summary of Capital Resource Outturn for the Year Ending 31<sup>st</sup> March 2008

2006-2007		£'000	£'000
3,067	Net Capital Expenditure		5,294
3,069	Capital Resource Limit		5,338
<u>2</u>	<u>Saving against Capital Resource Limit</u>		<u>44</u>

For a copy of NHS Borders Annual Accounts, contact: Director of Finance, NHS Borders, Newstead, Melrose, TD6 9DA, or by e-mail to [bordershb@borders.scot.nhs.uk](mailto:bordershb@borders.scot.nhs.uk)



# Independent Auditor's Statement

**Independent auditor's statement to the members of Borders Health Board on the summary financial statement**

We have examined the summary financial statement which comprises the Operating Cost Statement, Balance Sheet and Memorandum for in year outturn.

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 Borders Health Board 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 Borders Health Board for the year ended 31 March 2008.

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*





*PricewaterhouseCoopers LLP*

*Glasgow*

*11 November 2008*

# Investing in our Staff

## Key Achievements

-  Nursing and midwifery shifts meet Working Time Regulations
-  Reduction in sickness absence rates
-  Counselling, Lifestyle Screening and Stress Awareness for staff
-  developing the Gender Equality Duty

## Staff Governance

Staff Governance ensures the organisation is doing the best it can to support staff to be able to do their jobs to the best of their ability. This includes ensuring there are good communication systems in place, staff have access to the training they need and that they are involved in the decisions which affect them and the way they work.

NHS Borders has an action plan which ensures we are working to meet the national standards for staff governance. A range of initiatives have been developed as a result of that action plan. Good staff governance also helps us to attract and keep high calibre staff to NHS Borders

## Workforce Strategy

The recent formation of a Workforce Directorate will be working to develop a workforce strategy which will develop, sustain and maintain a workforce with the capacity and capability of meeting the needs of the service now and in the future.

The work will include effective training and development for all staff, with all staff having a Personal Development Plan (PDP) by March 2009.

The strategy will help us to plan and redesign services as well as support effective recruitment.

## Working Time Regulations

Nursing and Midwifery shift patterns have been successfully changed within Mental Health and Community Hospitals. We are now working with staff in the Borders General Hospital consulting on and alternatives to the current patterns of work. Work has also been carried out to ensure compliant working patterns for our Allied Health Professionals and work is ongoing within the Laboratory and Radiology services.

## Sickness Absence

Work intensifies towards the attainment of the HEAT target of 4% sickness absence by 2009.

We have increased training, awareness and monitoring of the application of the Promoting Attendance (Managing Sickness Absence) policy, such as the focus on 'Welcome Back to Work' interviews after all staff absences.

The Occupational Health Service provides a Rapid Access to Physiotherapy service for staff experiencing muscular-skeletal difficulties,

Counselling service for staff experiencing emotional difficulties, a Lifestyle Screening health promotion programme and a Stress Awareness programme. They also conduct quarterly analysis of the causes of

absence, and report these to the Board Executive Team and Staff Governance Committee

The Stress at Work Group has developed a project proposal to carry out an organisation wide audit of stress at work, with particular focus on subsequent action plans and barriers/opportunities to their implementation.

## Gender Equality

NHS Borders is implementing a Gender Equality Scheme through its Gender Equality Duty which applies to our staff as well as patients. The Duty will work to address gender inequality and cover policy making, employment issues, access to services, service delivery and provision.

The Duty recognises that men and women, staff and service users, have different needs and make different use of the health service. NHS Borders Equality Scheme describes how we will work with everyone to implement the Gender Equality Duty. As a major employer we will seek to demonstrate our commitment to improving the quality of health services through the resulting improved work practices.

NHS Borders will take account of the different needs of men and women, develop services to meet these needs, work with other agencies towards an end to domestic abuse, support the equal distribution of power between men and women within the workforce and work towards achieving economic equality.

# Annual Review

Each 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 Borders NHS Board to highlight the year's achievements and discuss issues with the Cabinet Secretary for Health & Wellbeing and members of the Scottish Government Health Department.

Following the Annual Review, the Cabinet Secretary provides a summary of the highlights and issues raised and identifies areas of work for the Board to address in the coming year. This report is in the form of an Annual Review Letter.

In the course of the review, the Cabinet Secretary met with the Area Clinical Forum and discussed progress with the Review of Nursing in the Community for which Borders is a pilot site, and dentistry and the challenges we face as rural area. The Modernising Medical Careers programme was also discussed along with the Forums role in the Strategic Change Programme.

At the meeting with the Area Partnership Forum, a range of staff governance and workforce issues were discussed. The Cabinet Secretary was pleased to hear that NHS Borders is ahead in assimilation to Agenda for Change although performance had slipped on implementing the Knowledge and Skills framework.

The patients and patients' representatives who met with the Cabinet Secretary expressed their support and appreciation of the standard of services available.

The Annual Review meeting covered a range of agenda items. The Cabinet Secretary acknowledged the work being done to improve health and inequalities, in particular our innovative Sexual Health Service and Lifestyle Advisor Support Service programme.

The importance of shifting the balance of care towards primary and community care was noted as a key area of work to which we are committed. The Cabinet Secretary was reassured by our progress and plans for developing services through Managed Clinical Networks and enhanced services with Primary Care. She was also pleased with the development of the new dental centres in Hawick and Coldstream.

NHS Borders was congratulated on achieving the key waiting times targets along with success in meeting the delayed discharge target. It is recognised that this improvement in access to services increases the effectiveness of clinical care.

The challenges of sustaining acute services in the Borders was discussed. We acknowledged the importance of fully engaging the public and our staff in the Strategic Change Programme.

The Cabinet Secretary was reassured by the work being done to address Healthcare Acquired Infections, including our rapid MRSA screening system. She was also pleased with progress in implementing the Patient Safety programme and the support being given by clinical staff. We acknowledged the findings of the Scottish Public Service Ombudsman's report following a complaint about hospital cleanliness and confirmed we accepted the recommendations in the report.

It was noted that NHS Borders achieved the 3 financial targets and that the Strategic Change Programme aims to deliver on efficiency without reducing services. While there are challenges in achieving Working Times Regulations targets, there is an integrated workforce planning process to address the implications.

The action points arising from the Annual Review held in August 2008 are as follows:

- Ensure you have robust arrangements for tackling HAI and continue to monitor steps taken to improve cleanliness and infection control.
- Keep the Scottish Government Health Department up to date on our Primary Care Strategy.
- Keep the Scottish Government Health Department informed of the progress with our Strategic Change Programme.
- Keep the Scottish Government Health Department informed about progress with the Review of Nursing in the Community model being piloted in the Borders.
- Keep in close contact with the Scottish Government Health Department to find solutions for any problems which may arise when working towards the 2009 Working Times Regulations.
- Continue ongoing engagement with the Health Finance Directorate regarding progress on finance related issues.

**If you would like to see a copy of the full Annual Review Letter it is available on our website at [www.nhsborders.co.uk](http://www.nhsborders.co.uk) or in hard copy from the Corporate Services Manager, NHS Borders, Newstead, Melrose, TD6 9DA, telephone 01896 825520 or email from [bordershb@borders.scot.nhs.uk](mailto:bordershb@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  
(from 01.02.08)



Mr Adrian Lucas  
(from 01.12.07)



Cllr Sandy Scott



Mrs Geraldine  
Strickland



Mr Vince Summers

Mr Tom Donaldson (until 31.01.08)

## Executive Directors



Mr John Glennie  
Chief Executive



Dr Ross Cameron  
Medical Director



Mr Robert Kemp  
Director of Finance



Dr Andrew Riley  
Director of Public  
Health



Mrs Heather Maughan,  
Director of Nursing &  
Midwifery  
(from 03.09.07)



Mr Ralph Roberts  
Director of Integrated  
Health Services  
(from 15.10.07)



Mr Robbie Pearson  
Director of Planning &  
Performance  
(from 15.10.07)

Mrs Eileen Moir, Director of Nursing & Midwifery, (until 01.06.07)







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  
Melrose  
TD6 9DA  
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:

Corporate Services Manager  
Public Involvement & Communications  
NHS Borders  
Newstead  
Melrose  
TD6 9DA  
Telephone: 01896 825520  
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