NHS Borders

Care Through Partnership

NHS Borders Annual Report 2006 – 2007

Contents

Foreword From Our Chair	4
Welcome From Our Chief Executive	5
Keeping The Borders Healthy	6 –8
Improving The Patient Experience	9 –11
Improving Access To Our Services	11 – 14
Modernising Our Services	14 - 15
Involving People	15 – 17
Managing Our Resources	17 – 18
Financial Report	18 – 20
Listening and Learning	21 – 22
Annual Review Letter	23 – 29
Board Members	30

Foreword From Our Chair

This annual report is entitled ‘Care Through Partnership’, the benefits of partnership working are demonstrated by the many successes we have achieved in 2006/07.

NHS Borders, once again, has shown significant progress in performance, and continues to develop and modernise services to meet the needs of the people of the Borders. The Board met all the financial and efficiency targets, but these achievements have not been without challenges.

We have continued our programme to modernise our facilities as well as our services. Work was completed on the extension and refurbishment to Galashiels Health Centre ahead of schedule and within budget. This has allowed a wider range of services to be provided from the health centre, such as the Sexual Health Service and dentistry, as well as improving the environment for GPs and their patients. The project was part of a wider capital programme that will see more investment in modernising premises over the next 3 years.

Moving from providing care in hospitals, to more appropriate care in the community is a major focus for NHS Borders. It means that hospitals will have a greater capacity to provide those services which need the facilities a hospital offers, while primary and community services help people to remain independent and receive treatment in their own homes or local community facilities wherever appropriate. While this represents a change in the culture of health care for both staff and service users alike, I am confident that the benefits will soon be realised.

As well as providing for those who become unwell, we also work hard to keep people healthy. While many would consider the Borders a healthy place to live, we need to recognise that we share high rates of heart disease and stroke with 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 which we work with partners in Scottish Borders Council Social Work, Leisure and Education, as well voluntary groups, such as Chest Heart & Stroke Scotland and Borders Counselling on Alcohol.

There have been major changes for staff in the last year. Agenda for Change brought uncertainty for staff whose posts were reviewed to implement a more equitable grading system across the UK. The Modernising Medical Careers initiative required considerable effort to implement and will lead to further development of staff to take on a wider range of tasks. There are also a number of reviews ongoing which will effect the way we work, such as the Review of Nursing in the Community. However, despite these changes, staff have worked hard to maintain the quality of their services, and our thanks must go to them for their commitment.

Thanks must also be extended to the many members of the public who have become involved with us through a range of projects and in user groups. They provide a valuable contribution to service development and in monitoring the quality of our services. Our Involving People Network is well established and we are now setting up a Public Partnership Forum with representatives from the public and voluntary organisations. A Public Governance Committee has been set up which will have a role in scrutinising our public consultation processes to ensure we engage effectively with the public on our redesign projects. Through the Committee, we have access to around 3-4,000 individuals who are actively contributing to NHS Borders.

I would also like to thank our outgoing Chair, Tony Taylor, OBE, for the significant contribution he has made to NHS Borders. Tony took the post of Chair during the time when we faced the enormous challenge of integrating the 3 health care organisations in 2003. He provided inspiring leadership during some very challenging times. Tony’s commitment to the Borders and his determination to see us grow as an organisation has been a driving force behind our successful performance for which we are grateful. We all wish him well in his new endeavours.

Mary Wilson
Chair

Welcome From Our Chief Executive

Welcome to the NHS Borders Annual Report for 2006/07. In this report we have set out the key areas of work NHS Borders has undertaken during the year, some of our most significant achievements and some of our continuing challenges.

We continued to meet the waiting time target for inpatients and day cases throughout 2006/07 and have reduced the average time people are on the waiting list for treatment. We also met the outpatient waiting times target 15 months ahead of schedule. In addition substantial progress was made over the year to improve performance against the 4-hour Emergency Access Target. The interim target of 95% in December 2006 was achieved and we have continued to improve our performance in this area. Working with our partners in Scottish Borders Council, we also met our targets for delayed discharge.

Ensuring access to a dentist and waiting times for audiology are two areas which have caused concern. Although we recognise we still have a long way to go, we have made considerable improvements. Community dental services have been strengthened to counteract the reduction in NHS places available at high street dental practices. Our emergency dental services helps to ensure people who need emergency treatment, but are not registered with a dentist get the urgent treatment they need. Through redesign and working with private providers, we have managed to reduce the waiting time for an audiology appointment substantially in the last year and we continue to work to reduce it further.

In order to sustain our local health services and ensure that they meet the needs changing demands and expectations, we need to review what we are doing and the way we do it. Addressing the balance between local and specialist care is not a new concept to NHS Borders. We already have strong working relationships with our partners in health and social care and many of our services are networked with NHS Lothian. This allows us to provide a wide range of specialist services locally which would not otherwise be available at a district general hospital. Cardiology and gynaecology are good examples of existing networked services between NHS Lothian and ourselves and we are currently building an integrated service for urology. We intend to develop this work further through our Secondary Care Review.

Redesign in primary and community care is a fundamental part of our modernisation strategy. Resources released from our change programme have been re-invested in a range of community services, such as in palliative care, to support more people to be cared for at home. This contributes to the aim of providing a wider range of services which meet the needs of people living in our communities today and in the future. We will continue to invest in our facilities to ensure they meet the needs of providing healthcare in the 21st century. We have a range of developments in our Capital Programme with significant improvements planned in dental care, health centres and the creation of an Emergency Care Centre at the Borders General Hospital.

I hope that this Annual Report will show that NHS Borders has a strong commitment to continuous improvement and modernisation. To achieve this, we rely on the hard work and support of all our staff and I would like to thank all those who have contributed to our achievements in this year and look forward to working with you in the coming year.

Finally, I would like to welcome Mary Wilson to her new post as Chair of NHS Borders. Mary already has a broad knowledge of NHS Borders having previously acted as Vice Chair, and she brings a wealth of experience of the private and public sectors to the post. I know that she will continue to lead the organisation to meet the challenges of providing local health care in the 21st Century.

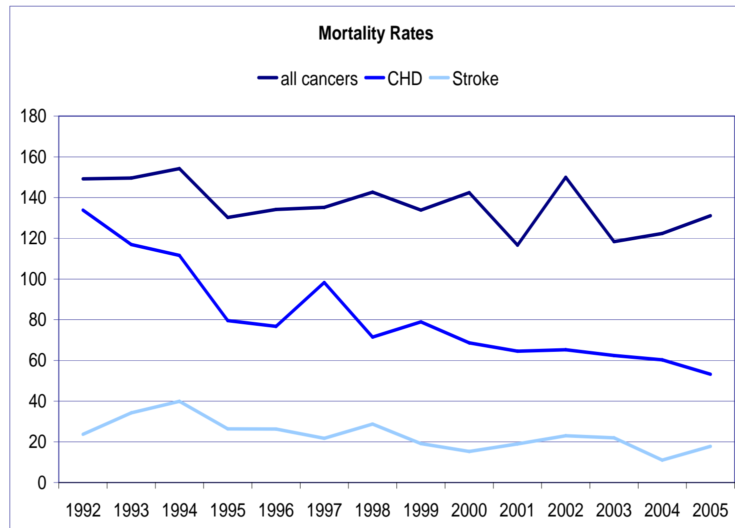
John Glennie
Chief Executive

Keeping The Borders Healthy

We are placing greater emphasis on tackling the cause of ill-health, reducing inequalities in health, shifting towards preventative medicine and improving support for those with long term conditions. These are fundamental to us in providing healthcare and improving the health of the people of the Borders.

Our **Joint Health Improvement Plan** has been developed with Scottish Borders Council and the voluntary sector to address particular sections of the population, lifestyle topics, or disease areas, and a number of strategies and programmes have come out of it.

The targets used as indicators of the health of the local population are **coronary heart disease (CHD), stroke and cancer rates**, the number of people smoking and levels of physical activity. There is good progress towards the targets of a 60% reduction in coronary heart disease and a 50% reduction in stroke by 2010. Progress towards 20% fewer cancer deaths by 2010 is a more challenging target.



The Cardiovascular Disease (CVD) Risk Assessment initiative is a service that enables Borderers to have a basic cardiovascular check in their workplace. In its first year, contact was made with 14 workplaces and 683 people were assessed. A sample survey showed that 64% reported making lifestyle changes.

The **Borders Lifestyle Advisor Support Service** supports patients to make changes in their lifestyles focusing on healthier eating, physical activity, smoking, safer alcohol use and mental-well-being. In 2006/7 the service was rolled out to five GP Practices, and now reaches approximately 40% of the Borders population. A twelve-month evaluation report showed that 44% of clients who responded said they had decreased their alcohol intake, 49% had increased their physical activity levels and 78% had a reduction in their blood pressure.

Health Behaviour Change (HBC) training is provided through our Health Promotion Department to build the capacity of NHS, Scottish Borders Council and voluntary sector staff to develop their health improvement role with individual clients or patients. 141 participants have taken part in HBC training programmes during 2006/7, including specific courses on smoking cessation, healthy eating, safer drinking and promoting mental health.

In 2006/7 a number of small projects have been developed to improve access and availability to **healthy food**. A directory of farming and retailing businesses has been produced to increase understanding of food grown and retailed in the region. Local retailers and farmers have been encouraged to participate in the new National Food Welfare scheme so that people can exchange their vouchers for healthy local food. Finally, a new Scottish Borders Healthy Choices Award scheme has been established with key partners from Borders College, SBC Environmental Health Department and Visit Scotland Borders, and is complementary to the National Healthy Living Award Scheme.

Smoking in men continues to fall and it seems likely that our 2005 target (31% for males) will be met. We cannot be so certain of achieving the 2005 target for women (27% for females) after the increase in smoking prevalence in women in 2003. The Smoking Cessation Service is provided across the Borders area and follows national guidelines. The rates of access to the service appear to compare very favourably with other areas of Scotland; in the year April 2006-March 2007 1969 people made a first appointment for smoking cessation. Of those who actually set a quit date, 46% were still smoke free after 4 weeks and 21% were recorded as still stopped at 3 months, these outcomes are similar to those across Scotland.

Levels of **physical activity** have improved dramatically, particularly in men, with the 2010 local target already achieved. Recommended levels of activity were achieved by 38% of women by 2003. If this trend continues the local target of 45% should be reached by 2010 and also the national target of 50% by 2022.

There are a range of initiatives to encourage all age ranges to take more exercise, such as the **Guid Fettle** courses. These were originally developed to provide exercise and health related topic courses for the over 50's throughout the Borders. More recently the model has been widened to also provide sessions for young mums and for school staff. There are now 21 communities who are continuing to exercise independently of Guid Fettle funding. A Falls Prevention pilot course run in association with the physiotherapy service in Kelso. The project is increasing physical activity levels in older people, which impacts on physical, mental and social health.

Borders Sport and Leisure Trust continues to develop services which aim to provide people in Borders with health improvement programmes based around an active lifestyle. Swim Borders is the swimming development programme, which encompasses swimming and aquatic activity for all. Active Borders offers the opportunity to access fitness centres and classes. Play Borders will ensure children are encouraged to be more active through fun and exercise, whilst Sport Borders will see an increase in access to sport and physical activity for people of all ages and abilities. Key to developing these initiatives is the work with partners to take the services out of the centres and into local communities.

Over the last year a range of services have been developed in the Borders to reduce **alcohol** consumption, including targeting health education and early identification and support in primary care. Early evaluation shows there has been an increase in the number of people being identified earlier and a reduction in consumption levels. The Borders Drug & Alcohol Action Team has contributed funding and training to the Well-being and Men's Health Project staff in Galashiels, and trained the Lifestyle Advisor in Kelso. These services now include alcohol questions in their routine assessments to help identify those with alcohol problems.

During 2006 we have surpassed the national targets for routine **immunisation** apart from MMR. Across Scotland and the UK, uptake for MMR has reduced in recent years due to public concern about the safety of the vaccine. As a result, the Borders Vaccination and Immunisation Co-ordinating Group made substantial efforts to increase uptake and this has now increased to around 91%.

The population coverage of cervical screening in the Borders is 89%, which is above the national target of 80%.

Over the past 10 years **teenage pregnancies** in the Scottish Borders has been within the four lowest NHS Boards in Scotland and has been consistently below the Scottish average. We have developed a Sexual Health Strategy to promote sexual health, which includes reducing the number of teenage pregnancies. Most sexual health advice and contraceptive prescriptions are delivered in primary care, either by general practitioners or by practice nurses. Practice nurses can issue oral contraception, and those with family planning training are now able to initiate contraceptive prescriptions under Patient Group Directives.

The **Borders Sexual Health Service** (BSHS), formed in January 2002, offers Family Planning services on five sites across the Borders. There are drop-in clinics in Hawick and Eyemouth to improve access. Monthly drop-ins for looked after and accommodated teenagers in residential accommodation and for those with emotional and behavioural problems are provided at two centres.

All high schools now have drop-in clinics which are run by a School Health Service doctor and nurse. School doctors and nurses have a role in health promotion, they also work with Scottish Borders Council Education staff to provide a more uniform approach to delivering sex education in Borders schools. Training packages for all secondary schools have also been purchased. The local Learning Disability Strategy has a number of actions to improve the sexual health of young people with a learning disability to help reduce the risk of teenage pregnancy in this vulnerable group.

The **Children & Young People's Health Improvement** Tactical Group has been looking at developing an action plan and conducting an audit of current activity in the area of health promotion and improvement. The key focus has been the establishment of a nationally endorsed Scottish Borders health promoting schools accreditation scheme which has been introduced to all schools. The **Adult Health Improvement** Tactical Group oversees a range of Joint Health Improvement Targets and partner funded projects relating to adults.

Taking Part in a Tai Chi Class

Borders Healthy Living Network has 1500 participants registered within Eyemouth, Langlee, Selkirk, Walkerburn and Burnfoot who attend one or more activities, for example exercise like tai chi, healthy eating or stress management. Participants report improved physical and emotional wellbeing and a high level of social support through the project. Coordination of the work with other services and initiatives is also firmly established, for example with Scottish Borders Council Community Learning & Development and Social Work, GP practice teams, primary and secondary schools, and voluntary organisation in the localities.

Some of the challenges we face are:

- Reducing existing inequalities in health – both within deprived areas and for those 'hard to reach' groups e.g. people with learning disabilities.
- Improving diet – to address the obesity, blood pressure, alcohol, and cholesterol trends and limit the growth of chronic diseases – particularly diabetes and cardiovascular disease.

Improving The Patient Experience

We want to deliver care that is quicker, more personal and closer to home and ultimately improve the experience for patients and their families. The people of the Scottish Borders deserve and expect health care services that are of the highest possible quality and offer the greatest possible choice. Improving our patients' experience of their care is a primary objective. In order to provide this type of care we need to change the way services are provided, placing greater choice and control in the hands of the people who use our services.

A **delayed discharge** occurs when a patient no longer requires medical support from a hospital, but cannot be discharged from the hospital. There are many reasons why a delay may occur, such as, the necessary home support cannot be put in place, or a place in a residential care home is not available. Working in partnership with Scottish Borders Council, NHS Borders achieved the July census target of 7 patients with a delay of 6 weeks or more.

Throughout 2006/07, we have continued work to address issues in prevention and control of **healthcare associated infection** (HAI), with infection control being core to best practice and patient safety.

The MRSA blood stream infection rate in the acute sector has reduced from 0.21 to 0.12 per 1,000 bed days in the last year and has remained within control limits for the past 2.5 years. The national figure for Scotland was 0.17 per 1,000 bed days. The number of new patients across the Borders found to be colonised with MRSA was 165 compared with 158 in 2005/06.

Key activities in our programme have been emphasising the importance of hand hygiene, cleanliness in the healthcare environment, safe decontamination practices for medical devices, maintaining appropriate antibiotic prescribing practices, environmental surveillance and improving the wider understanding of HAI across NHS Borders through education.

A successful promotion event was held in early 2007 in the Borders General Hospital - *Germs, wash your hands of them!* when members of the public and staff where invited to check how clean their hands were using a *GloGerm* machine.

Using the GloGerm machine

Progress has continued in addressing nationally set standards for HAI & Infection Control. In 2006/07, we increased compliance from 80% to 94% in the NHS QIS *Standards for Healthcare Associated Infection and Infection Control*. NHS Borders compliance with the *NHS Scotland Code of Practise for HAI* has risen to 70% and an action plan is in place to raise this further. The monitoring framework for the *NHS Scotland National Cleaning Services Specification* was implemented during the year, with environmental audits undertaken as part of the programme and results have been consistently 'green'.

We appointed a Long Term Conditions Manager in April 2007 with a remit to develop a strategy for the management of **long term conditions** in Borders. The post includes management support to existing Managed Clinical Networks (MCNs) for Diabetes, Stroke, Palliative Care, CHD, and the development of a Respiratory MCN, all of which will be integral to taking forward the Long Term Conditions agenda. Work is underway to confirm the patient journey which will underpin the overall strategic direction in relation to the management of Long Term Conditions. Work has begun to look at developing appropriate approaches to self-managed care. This is in the early stages and is a priority area over the coming months. The work on the patient pathway will help to inform this and the involvement of patients, carers and voluntary agencies is key.

Links have been established across primary care, secondary care, local authority, voluntary sector, patients and carers, with named officers identified across the services, such as, Pharmacy, Health Promotion, Social Work and Housing as well as from support services such as IM&T, Performance & Planning, Finance and Clinical Governance. Essential links with specific projects are also in place for Community & Day Hospital development, enhanced community services, Review Of Nursing In the Community, Rehabilitation Framework, Care Management, and Scottish Borders Council Intermediate Care project.

In many discussions with patients and carers, the need for appropriate and timely information and engagement has been raised. The individual MCNs have already worked on elements of this related to their specific disease areas, and this will be built upon in relation to the wider Long Term Conditions agenda. The work on the patient pathway will draw out some of the potential issues and solutions that will then require to be developed.

Work with the **regional planning** group South East Scotland and Tayside (SEAT), which represents NHS Borders, Fife, Forth Valley, Lothian and Tayside, is underway to develop and trial training and development programmes. The education will be designed to support the management of people with long term conditions who have complex needs, may be vulnerable and most at risk of multiple admissions. It will also focus on supporting both patients and carers in self-management to prevent decline and reduce admissions.

The **Stroke** Co-ordinators have led an initiative which has produced a comprehensive Patient Handbook. The handbook explains clinical terms, what to expect on the patient journey, services available and has sections in which to record medication, appointment times, test results, and so on. A Patient Narratives project is underway in which service users describe their experiences of using the services. The information they have shared will be used to reshape and improve stroke services. Patient, carer and public involvement remains an area of high priority for our stroke services.

Launch of the Joint Learning Disability Service

In November 2006, together with Scottish Borders Council, we established a **Joint Learning Disability Service**. For the first time, all learning disability service staff have been brought together under a single manager, who runs the overall service on behalf of Scottish Borders Council Social Work Department and NHS Borders. Among other innovations, required to set it up were joint IT and data sharing systems.

The joint leading disablity service provides a one-stop shop for assessment and administration providing all-inclusive support to people with learning disabilities, their carers and families. It is the product of increasingly close working between the public, voluntary and independent sectors, users and carers.

The joint service offices are also the base for the Assertive Outreach team, a new service to support users with learning disabilities who may have severely challenging behaviour. Based at the new office, but working all over the Borders, this team visit users at home, helping to tide them over difficult times and manage more effectively in the community.

Following the establishment of the service, a joint Learning Disability Strategy has been published. It includes the development of patient pathways through the service to ensure there is continuity of care and that service users benefit from the most appropriate care promptly and it is provided by the most appropriate carer.

The launch took place in November 2006 to promote the strategy and was attended by staff, and service users.

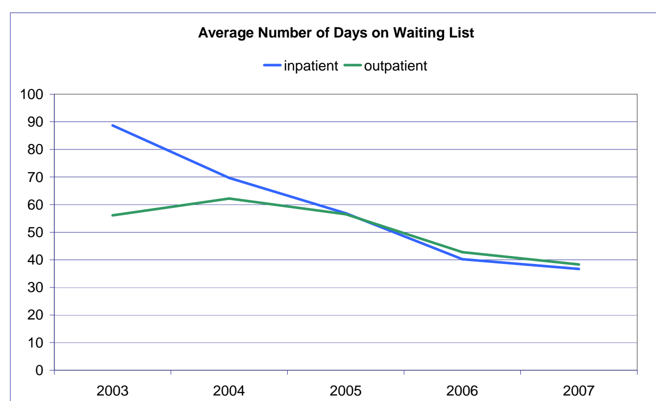
We are currently working towards a joint **Mental Health Service**. As with the Learning Disability Service, this will bring mental health staff from health and from social work together under one management structure. Bringing together the services in this way reduces duplication and delays and generally improves efficiency. There is less confusion for service users and better communication between the different staff groups.

Improving Access To Our Services

In delivering improved care, we are making substantial progress in reducing waiting times and have invested in building in extra capacity to reduce waiting times and moved away from one-off waiting list initiatives. NHS Borders is working hard to streamline each part of the patient's journey – from GP through to investigation, diagnosis, treatment and rehabilitation.

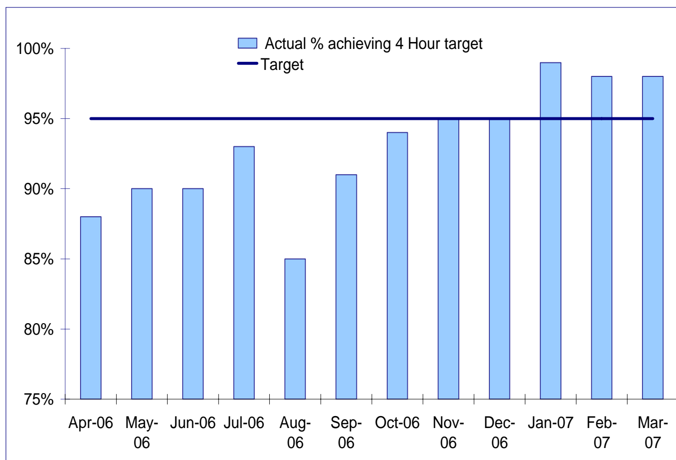
We are also investing in the **Borders Emergency Care Service**. Since the service was set up in 2004, it has developed from providing care in the Out of Hours period, to an integrated, whole systems service working in partnership across primary and secondary care and social work services. The service employs salaried GPs, nurses, drivers and reception staff as well as a team of evening nurses. The Team provide urgent care to patients whose healthcare needs cannot wait until their GP surgery opens. A wide range of duties are covered including palliative care, mental health, children, elderly and long term conditions.

The 18 week inpatient and day case **waiting times** target was delivered throughout 2006/07. The average time on the waiting list at 31 March 2007 was 31 days, compared with 39.8 days at the 31 March 2006.



The 18 week outpatient waiting times target was delivered during September 2006 and sustained from then on. This was 15 months in advance of the national waiting time targets.

There has been a reduction of 77% in the number of patients waiting for more than 26 weeks for a first outpatient appointment in Psychological Services/Adult Mental Health compared with January 2006.



There were a total of 21,532 attendances at **Accident & Emergency** during 2006/7 compared with 20,115 during 2005/06. Despite this increase in activity, significant progress has been made in improving performance against the 4-hour Emergency Access Target. The interim target of 95% in December was achieved and since then we have continued to improve and are now consistently delivering above 98% performance. NHS Borders has gained national recognition for delivering the 4 hour target ahead of the majority of Scotland.

Training and development of staff in **Psychological Therapies** has continued over the last year. This will increase the availability of psychological therapies to people with moderate and severe mental health problems in the Borders.

In May 2006 the new **Dexa scanner** was formally opened by HRH The Duchess of Rothesay.

HRH The Duchess of Rothesay at the opening of the Dexa Scanner

The scanner is used to measure bone density, and is primarily used in the diagnosis of osteoporosis. With early detection, the risk of potentially serious fractures can be reduced by using effective bone strengthening drugs so this is an important addition to services available at the Borders General Hospital.

A nurse led **rapid access chest pain** service was established to support the achievement of the new waiting time target of 16-weeks from GP referral to cardiac intervention. We were also successful in appointing a second cardiologist in February 2007.

We have carried out an audit in primary care to provide an overview of the management of **coronary heart disease** patients in the community. A nurse-led rehabilitation clinic has been established as part of this and a patient satisfaction survey has provided very positive feedback. An electronic clinical management system for patients with **diabetes** has now been installed in all practices across the Borders and in the Borders General Hospital. This is the first comprehensive electronic patient record linking patient information from primary and secondary care. The system allows the ongoing monitoring of diabetes services and enables us to participate in the Scottish Diabetes Survey on an annual basis.

The diabetes service has also introduced a system for reducing the number of people who do not attend for their appointment and to follow these people up so that they don't miss out on valuable medical attention. The diabetes specialist nurses are available throughout the working week and provide a telephone and drop in service and a diabetes retinal screening service was set up to help to identify and treat ophthalmic problems at an early stage.

Between April and December 2006, 98.8% of patients with a **hip fracture** who were medically fit were operated on within the 24 safe operating hours, compared to a national average of 86% in Scottish Hip Fracture Audit[1] participating hospitals. Between January and March 2007, all admissions who were medically fit, were operated on within 24 hours of admission. Work is ongoing in order to ensure that existing theatre capacity is maximised within current resources, including a review of staffing levels, shift changeover times and weekend working practices.

NHS Borders is committed to delivering the 62-day target for urgent **cancer** referrals, and we continue to redesign services both locally and regionally to achieve this. We have made good progress against this target and now consistently achieve in excess of 95% of our cancer patients being treated within 62 days.

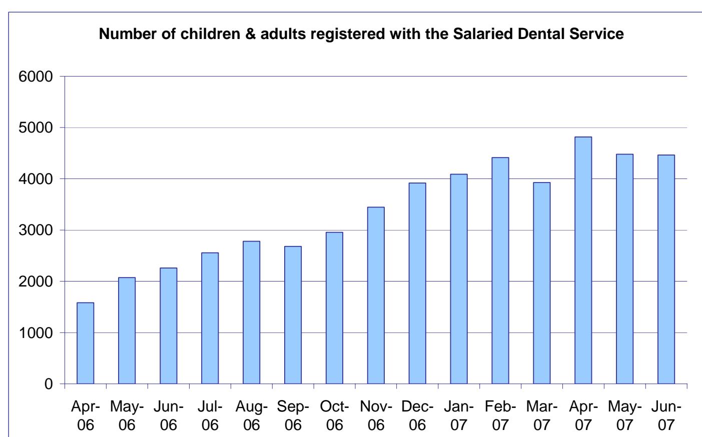
Type of Cancer	Apr-Jun 2006	Jul-Sep 2006	Oct- Dec 2006	Jan-Mar 2007
Breast	100%	100%	100%	100%
Lung	100%	80%	100%	100%
Ovarian	100%	100%	N/A	N/A
Colorectal	83%	94%	85%	100%
Head & Neck	100%	100%	100%	100%

A robust tracking system has been developed for all patients who are referred urgently with a suspicion of cancer. Where there are delays beyond pre-defined time limits, the Cancer Trackers initiate action in order to ensure that patients are not "lost" between different stages of their care, or between different specialists.

A nurse led biopsy service in urology is being provided once a week by our urology nurse specialist supported during annual leave by NHS Lothian, funded through the South East Scotland Cancer Network (SCAN)[2]. We have also established a pre-assessment clinic to reduce cancellations and improve theatre utilisation to help reduce waiting times.

Waiting time from assessment to fitting of **hearing aids** is now 6 weeks. In April 2006 this waiting time was nearer 27 weeks. The target we are aiming to achieve is 18 weeks from referral to fitting, and we anticipate that this will be achieved by the end of 2008.

We have recognised the pressure in providing **dental care** and have put in place a number of initiatives to help address this, including appointing a number of salaried dental practitioners and secured capital funding from the Scottish Executive to develop dental centres in Hawick and at the Borders General Hospital. Dental nurse recruitment and in house training continues and there are now around 40 dental nurses or trainees employed. In March 2004, there were 4 salaried dentists, by October 2007 this number will be 17.



[1] The Scottish Hip Fracture Audit aims to improve hip fracture care by providing robust nationally comparable data on the care of hip fracture patients.

[2] The South East Scotland Cancer Network (SCAN) consists of linked groups of health professionals, patients and voluntary sector representatives, working together to improve cancer services in the four NHS Board areas served by the Edinburgh Cancer Centre - Borders, Dumfries and Galloway, Fife and Lothian..

NHS Borders Emergency Dental Services (BEDS) operates a daytime telephone triage service for patients who are not registered with a dentist. Appointments are provided through both the salaried dental service and contracted to General Dental Practitioners resulting in improved integration and links across the whole Dental Service. The daytime service links to the Out of Hours Service providing telephone advice from a trained dental nurse and, if necessary, a dentist can be called out. At the weekend and on Public Holidays the service operates from Borders General Hospital. BEDS is jointly staffed by Independent General Dental Practitioners and the Community and Salaried Dental Team. We have also developed a Dental Services Strategy which identifies the need to address improving access and expanding capacity to increase registration in Borders.

Modernising Our Services

NHS Borders is committed to modernising our health services to meet the needs of the local population in the 21st century. We are looking at the range of services we provide and how and where we provide them.

Our **inpatient redesign programme** '*Getting Fit for the Future'* involves a whole systems review of the BGH, community hospitals and primary care team. There are several key strands to this complex area of work, different patient groups, such as those requiring emergency care and short stays and those requiring specialist input, and developing a more distinct separation between elective and emergency care; improved management of the 'at risk' population, such as a older people, adjusting the balance between beds and community services, and a greater focus on partnership working with social services, with the voluntary and private sectors.

We have set up a **Secondary Care Review** to look at what we need to do to maintain the range and configuration of services that are provided at the Borders General Hospital. The review will take into account issues such as workforce, the rising emergency workload combined with challenging targets for Unscheduled Care, meeting targets for waiting times, regional planning issues, maintaining the workload in some specialties, the need to maximise care at home, and the rising and ageing local population likely to bring about future increases in activity. This Review takes place alongside ongoing work on the management of long term conditions, and in preventing admissions and readmissions, work on the future development of Community Hospitals, Borders Emergency Care Centre, the Capital Planning Programme and other redesign initiatives being progressed locally within Primary and Community Services, Mental Health and Learning Disabilities.

Redevelopment at Galashiels Health Centre

The **premises modernisation programme** sets out the priorities for modernising health centres in support of our investment in community services. In total £16M has been invested in the last five years in premises and equipment. During 2006/07 major refurbishment works at Galashiels Health Centre were completed. The new health centre has over twice the floor area of the old building and offers an improved environment for our patients and staff with better clinical facilities. We have also been able to expand the services provided, including dental surgeries, podiatry rooms plus better facilities for nursing staff, public health nurses, midwives, dietetics, speech and language therapy, sexual health, visiting clinicians and other professionals.

The closure of Jedburgh and Coldstream Community Hospitals and investment in community services was implemented in October 2006. The proposals for closure were reviewed and amended taking account of issues raised during the public consultation. Patient services and clinical activity has been absorbed in other hospitals and through enhanced community care.

NHS Borders is an active member of **South East & Tayside Regional Planning Group** (SEAT), which represents NHS Borders, Fife, Forth Valley, Lothian and Tayside. Areas of work have included the regional Mental Health Mother and Baby Unit at St John's Hospital, Livingston, a regional Learning Disabilities Managed Care Network, the development of Eating Disorders Services across the region, working to achieve cardiac waiting time targets, balancing the highly specialist services and the delivery of more local components.

Involving People

NHS Borders has a strong commitment to involving people in the planning, developing and in monitoring the quality of our services. This includes involving and consulting with local special interest groups, including service users and carers on our planning and steering groups and setting up patient forums for specific services, such as the Palliative Care Service User Group.

We have a **Patient Focus and Public Involvement Strategy** to help us work towards making public involvement an integral practice within all service planning and delivery.

The **Involving People Network** is a group of individuals both members of the public and staff who have completed public involvement training. The network members are directly involved in a range of services and redesign projects bringing a range of public experiences and the public 'voice' to this work.

The **Public Governance Committee** (PGC) has been established and continues to implement, monitor and evaluate public engagement and/or public consultation in terms of specific service changes and service modernisation programmes within NHS Borders. A programme of work is ongoing with progress reported to and monitored through the PGC and the Scottish Health Council.

The PGC champions the implementation of the Equality & Diversity work and through the monitoring and evaluating progress on the six diversity strands. Specific work on the implementation of Age, Disability and Gender schemes is under way. This work is closely aligned to the Scottish Health Council's performance monitoring role.

We have appointed a Lead Officer for **Equality and Diversity** whose role is to ensure that Equality and Diversity is embedded throughout the organisation and we published our Disability Equality Scheme and our Gender Equality Scheme to help us work towards equality of access to and provision of services across these diversity strands.

Working with key partners in both the public and voluntary sectors, NHS Borders has established the Equality & Diversity Health Reference Group. This group aims to ensure continued compliance with new and emerging legislation in respect of equality and diversity for all staff and users of our services.

NHS Borders is an active member of Scottish Borders Social Justice, Equality and Diversity Group. This is a strategic alliance across the public and voluntary sector and supports a number of specific working groups including the Migrant Workers Group.

We work with and support a range of voluntary sector organisations and have a key partnership with the Borders Voluntary Community Care Forum. The Forum brings together a wide range of groups and individuals representing service users and carers giving them a stronger voice in how health services are designed locally.

We work with the Volunteer Centre Borders to directly recruit and train individual volunteers to work with our staff and services and there are strengthened links through the Volunteer Compact[3] action plan.

The **voluntary sector** makes an important contribution to supporting our services. The WRVS provides help within our hospitals, running cafes, shops and trolley services for patients. Their support is invaluable and they contribute considerable amounts to our fundraising each year. This year, the WRVS presented Chairman Tony Taylor with a cheque for £60,000 at a tea party held for the WRVS volunteers and Friends of Borders General Hospital. The Friends had raised over £220,000 over the last two years for the MRI and Dexa scanners.

Chairman, Tony Taylor and members of the WRVS & Friends of the BGH at the Tea Party

To strengthen public involvement, the Community Health & Care Partnership has agreed to establish a **Public Partnership Forum** bringing together public and voluntary sectors including Scottish Borders Community Council, Borders Voluntary Community Care Forum, NHS Borders Involving People Network and other patient and public groups. The Forum will also offer open membership to individuals living in Borders and we are working in partnership with the Volunteer Centre Borders to attract people to this work. The Public Partnership Forum will present a planned programme of events for Forum members which will include information sharing and training and development.

A local Youth Health Forum has been set up and the local older person's forum, The Elder Voice, is now represented on the Equality and Diversity Health Reference Group. We also have an agreement with Volunteer Centre Borders to offer potential applicants the opportunity to volunteer to work with NHS Borders in public involvement initiatives, including membership of the Involving People Network and Public Partnership Forum.

NHS Borders continues to be committed to working in **Partnership** with staff and their representatives. The partnership approach offers the opportunity for staff and their trade unions to be fully involved, from an early stage, in the formulation and implementation of change. The Employee Director and Chief Executive, as joint chairs of the Area Partnership Forum (APF), have worked to rejuvenate the forum. The role, remit and membership have all been refreshed to ensure the APF is meaningful and fit for purpose. The process of partnership is ongoing and enables stakeholders to understand, access and influence the management of change.

Staff Governance is key to the effective and efficient delivery of services. Greater staff involvement in decisions that affect their work allows for better quality decision-making. The Staff Governance Standard requires that all NHS Boards must demonstrate that staff are:

- well informed;
- appropriately trained;
- nvolved in decisions, which affect them;
- treated fairly and consistently; and
- provided with an improved and safe working environment.

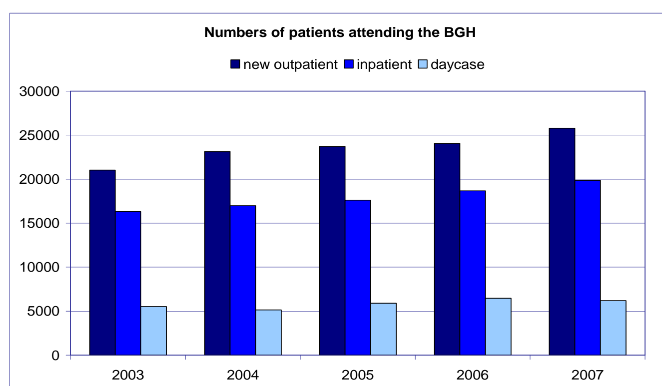
Research indicates that a culture of openness and involvement, with staff having a real say, has a direct impact on an employer's ability to recruit and retain staff. We also recognize that a workforce that understands the local population in its demographic make-up is better able to develop responsive, inclusive services, and is directly related to delivery of high quality care and patient satisfaction.

[3] The Compact is intended to be instrumental in building on and improving the relationships between public and voluntary bodies in the Scottish Borders.

The Staff Governance Action Plan exists to address the issues staff highlighted within the Staff Survey. Feedback from the Scottish Government Workforce Employment & Retention Division, Staff Governance Unit indicated “this was a well constructed, thorough and detailed action plan, with clear links to the statements arising from the staff survey”.

Managing Our Resources

Delivering a more modern, responsive service requires us to take a strategic view of how best to distribute limited resources to best effect and it is the responsibility of NHS Borders to improve health and also improve the quality of health care. We also have a responsibility to improve efficiency and increase productivity, because by doing that we can offer more care with the resources available.



There were 19,729 **inpatient** episodes during 2006/2007, which is an increase of 7% on last year’s figure (18,460). ENT (22%), orthopaedics (22%) and urology (34%) saw the greatest increase in activity. There was a decrease in **day cases** in the year with 6,174 (3%) patients treated compared to 6,353 in 2005/06. The greatest increases in activity were in urology (31%), obstetrics (25%) and general medicine (10%).

New **outpatient** attendances increased by 6% from 23,978 in 2005/06 to 25,514 in 2006/07. There were significant increases in neurology, nephrology and dermatology. These increases were a result of outpatient services being expanded through links with NHS Lothian providing visiting consultant services. Other services demonstrating an increase in activity were orthodontics (14%), urology (13%), ophthalmology (11%), and ENT (11%).

Within **Mental Health Services** there were 825 inpatient admissions an increase of 29% on the number in 2005/06 (642). New referrals increased by 17% from 1,973 in 2005/06 to 2,310 in 2006/07. The number of Contacts (new referrals and follow up appointments) rose from 13,205 in 2005/06 to 15,911 in 2006/07 a 20% increase.

Admissions to our **Community Hospital GP Acute beds** were 1097 in 2006/07 an increase of 8% from the number in 2005/06 (1020).

Information management and technology (IM&T) has a key role in improving efficiency and helping to deliver a more responsive service. The national **eHealth** strategy includes implementing the Community Health Index (CHI), which will ensure each individual patient has personal number used across all NHS services in the UK. In the Borders, we have achieved 96% compliance with the implementation of this index, 1% above our expected target. We also established a new **Sapphire Theatre System** which allows patients to be booked on to theatre lists and their journey through theatres to be tracked.

We were the first Board in Scotland to implement the new A&E coding standards when the **Emergency Dept Information System** (EDIS) went live in NHS Borders in May 2006. The system helps staff to track patients through their emergency treatment and alerts us to patients who are likely to breach the 4 hour wait target ensuring they are attended to promptly.

Along with modernising our services come the challenges of supporting and **developing our workforce**, including the need for better work-life balance, skills shortages and the implementation of new legislation and strategies such as, pay modernisation and service redesign. We actively support three levels of leadership development each of which is open to both clinical and non-clinical staff and we are taking forward a number of initiatives.

Clinical staff explaining a procedure to a patient

The **Review of Nursing in the Community** aims to change the role of nurses who work in the community. It will bring together the disciplines of District Nursing, Health Visiting and School Nursing into a generalist Community Health Nurse role. NHS Borders is leading the way in this significant change as a development site. In mental health, **Right Recovery and Relationships** builds on the National Review of Mental Health Nursing in Scotland launched in 2006. In our acute inpatient unit, we have adopted new models of care and practices for a recovery based approach, and rehabilitation services are currently undergoing redesign, taking a whole systems approach and working in partnership with colleagues at Scottish Borders Council Social Work Department and the voluntary sector. We are also developing Local Nurse Prescribing and nurse consultant roles in Dementia and Child & Adolescent Mental Health Service.

The **Hospital at Night** (HaN) project has been successfully implemented. This project was a major service and workforce redesign project to address staffing pressures created by workforce changes such as Modernising Medical Careers and the reduction of junior doctors working hours. This includes developing new roles within the multidisciplinary professional team and a structured educational framework for all levels of staff from healthcare assistants to advanced practitioners.

Financial Report

In 2006/07 NHS Borders achieved all financial targets. The Net Resource Outturn was £163m, which was £3m under the agreed Revenue Resource Limit for the year. This surplus included a one-off profit on the sale of properties of over £0.8m and, clinical services requests that a further £2.2m be carried forward on a non-recurring basis. This £2.2m represents funding allocated by Scottish Executive Health Department for specific purposes that were unable to be spent by 31st March 2007.

Sound budget management has underpinned the Board's performance, together with a determined approach to seeking cost reductions. The main element of the cost reduction work saw quicker than expected progress with the delivery of phase one of the Getting Fit for the Future strategy. The resources released from this key service redesign programme, including Jedburgh and Coldstream Community Hospitals and Hume Learning Disability Unit, and allowed for re-investment in a range of new clinical services. In addition, the Board managed to substantially eliminate agency nursing spend from the beginning of August.

As a result, NHS Borders ended 2006/07 in **recurring revenue balance**, which is a significant achievement especially when set against a complex backdrop of managing the impact of pay modernisation, increasing drug and energy costs, increased referrals to specialist services and achieving shorter waiting times.

Net capital expenditure amounted to £3m, which matched the Capital Resource Limit set by the Scottish Executive. The main schemes progressed were Galashiels Health Centre and a range of medical equipment replacements and IM&T projects. Work also started on the Borders General Hospital site as part of a wide-ranging investment programme for the next 10 years that will also include new or significantly redeveloped primary care centres.

A full copy of our Annual Accounts 2006/07 is available on request (see contact details at the end of this report.

Operating Costs Statement for the Year Ending 31st March 2007

2005-2006 *£'000*		*£'000*	*£'000*
	Clinical Services Costs		
129,382	Hospital and Community	138,298	
10,752	Less: Hospital and Community Income	10,961	
118,630			127,337
39,143	Family Health	41,920	
2,113	Less: Family Health Income	2,015	
37,030			39,905
155,660	**Total Clinical Services Costs**		**167,242**
1,697	Administration Costs		1,707
3,061	Other Non Clinical Services	3,575	
556	Less: Other Operating Income	1,644	
2,505			1,931
159,862	**Net Operating Costs**		**170,880**

Summary Of Revenue Resource Outturn for the Year Ending 31st March 2007

2005-2006 *£'000*		*£'000*
159,862	**Net Operating Costs (per above)**	**170,880**
0	Plus: Capital Grants from public bodies	0
(6,041)	Less: FHS Non Discretionary Allocation	(7,860)
0	Less: Other Allocations	0
153,821	**Net Resource Outturn**	**163,020**
157,135	Revenue Resource Limit	166,008
3,314	**Saving against Revenue Resource Limit**	**2,988**
	MEMORANDUM FOR IN YEAR OUTTURN	
(3,380)	Brought forward surplus from previous financial year	(3,314)
(66)	Excess/(Deficit) against in year Revenue Resource Limit	(326)

Balance Sheet for the Year Ending 31st March 2007

2006 *£'000*		*£'000*	*£'000*
	FIXED ASSETS		
91,451	Tangible fixed assets	94,789	
91,451	**Total Fixed Assets**		**94,789**
6,048	**Debtors falling due after more than one year**		**6,057**
	CURRENT ASSETS		
827	Stocks	886	
6,341	Debtors	5,633	
207	Cash at bank and in hand	39	
7,375		**6,558**	
	CURRENT LIABILITIES		
(20,155)	Creditors due within one year	(27,916)	
(12,780)	**Net current (liabilities)**		**(21,358)**
84,719	Total assets less current liabilities		79,488
(73)	**Creditors Due After More Than 1 Year**	(70)	
(8,518)	**Provisions For Liabilities And Charges**	(8,795)	
(8,591)			(8,865)
76,128			**70,623**
	FINANCED BY:		
47,631	General Fund		38,689
25,836	Revaluation Reserve		29,399
2,661	Donated Asset Reserve		2,535
76,128			**70,623**

Summary of Capital Resource Outturn

£000's		**£000's**
5,142	Net Capital Expenditure	3,067
5,142	Capital Resource Limit	3,069
5	Saving/(Excess) against Capital Resource Limit	2

Listening and Learning

We are continually working to improve the quality of our services. NHS Quality Improvement (NHS QIS) carries out regular reviews of our services. These involve completing self-assessments and providing evidence which is then checked during review visits by NHS QIS. These visits include interviews with staff and service users to gain a true picture. During 2006-07, the following reviews were undertaken. Copies of the reports published by NHS QIS are available from www.nhshealthquality.org.uk.

Review	Review date	Publication date
NHS QIS Maternity Services	Apr 06	Jan 2007
NHS QIS Clinical Governance & Risk Management	May 06	Jan 07
NHS QIS Provision of Safe & Effective Medical Services Out of Hours		May 06
Audit Scotland: Hospital Catering Follow Up Study	Jun 06	June 06
Audit Scotland: Planning Ward Nursing: Follow Up Study	Jun 06	June 06
NHS QIS Scottish Breast Screening Programme follow up		Dec 06
NHS QIS National Implementation Review of SIGN 52 – Attention Deficit & Hyperkinetic Disorders in Children & Young People	Oct 06	June 07
NHS QIS Surgical profile		Nov 06
Joint Inspection Child Protection – NHS Borders & Scottish Borders Council	Oct 06	Not yet published
NHS QIS Food, Fluid & Nutritional Care	Nov 05	Aug 06
NHS QIS Cervical Screening	Nov 05	Aug 06
Health Protection Scotland Pandemic Influenza Preparedness	Dec06	Not yet published
NHS QIS Diabetes Performance Assessment Framework follow up review	Jan 07	May 07
Scoping Chronic Pain Services in NHS Scotland	Mar 07	Not yet published

We are applying good practice from the NHS QIS reviews such as:

- Patient information is now more readily accessible to people with disabilities and those for whom English is not their first language
- A proactive system for discharge planning is being introduced which will help reduce delayed discharge, and inform bed management decisions on a daily basis.
- Discharge Lounge has been provided for patients leaving the BGH
- All new policies and services are Equality Impact Assessed
- People with multiple complex needs are enabled to register with a GP

We also use the complaints we receive as part of the learning process. Each complaint is investigated, and we work with staff to address the issues raised. The table below shows examples of actions which resulted from some of these investigations.

A copy of the full NHS Borders Patient Feedback Annual Report 2006/07 can be found on our website or a hard copy can be obtained by contacting the Business Management Department, details provided at the end of this Report.

Action Taken
Review of dental reception cover arrangements.
Activities Co-ordinator appointed to provide stimulation for patients.
New referral system implemented between Orthopaedics/Surgery and Paediatrics.
Procedural and individual staff actions identified and addressed including palliative care training for salaried GPs; improved communication procedures and pathways information posted on palliative care drug cupboards.
Letter to all consultants and middle grade staff regarding procedures performed under local anaesthetic.
Root cause analysis carried out following patient fall to minimise future occurrences
List displayed for each shift so each patient can see who their nurse is for the day.

Each year the Scottish Government Health Department meets with Borders NHS Board for our Annual Review. In September 2007, the Minister for Public Health visited the Borders and met with staff and service users to review our performance. Following this Review, the Minister provides feedback on our performance in the Annual Review letter. This letter is reproduced on the following pages.

Minister for Public Health
Shona Robison MSP

T: 0845 774 1741
E: scottish.ministers@scotland.gsi.gov.uk

Ms Mary Wilson
Chair
NHS Borders
Newstead
MELROSE
Roxburghshire
TD6 9DB

12 October 2007

Dear Mary

NHS BORDERS ANNUAL REVIEW: 24 SEPTEMBER 2007

1. I am writing to summarise the main points and actions arising from our discussions at the Annual Review and associated meetings held in the Borders on 24 September.

2. I am very grateful to you, John Glennie and others in the NHS Borders team for arranging a very informative and useful series of meetings and visits. I wish to thank those patients and carers who gave up their time to meet me and discuss their experiences of using health and care services in the Borders. Thank you also to those who met me in Galashiels and over lunch at Tweed Horizons. I realise that a lot of time and energy goes into setting up these programmes and I would be grateful if you could pass on my thanks to all who helped to make the day a success.

Meeting with Area Clinical Forum

3. I had a very helpful meeting with the Area Clinical Forum (ACF). Forum members told me that they were working closely with the Board and the Area Partnership Forum, particularly on Board workforce development issues where they felt they were able to make a significant contribution. They identified joint working with Scottish Borders Council (SBC) as an area where continued effort was needed to ensure a range of quality services for the public. Key joint objectives included maintaining social care capacity over the year-end holiday period and keeping the number of patients experiencing delayed discharge to a minimum. Forum members would continue to work with the Community Health Care Partnership and with Board and Council colleagues to ensure appropriate priority was given to these issues.

4. In a helpful discussion about the further potential of non-medical prescribing, we agreed that prescribing arrangements could be developed further to support new and more flexible overall models of care that are emerging in the Borders. ACF colleagues said that they would find it helpful to know more about how non-medical prescribing was being

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developed in other parts of Scotland. We discussed significant examples where Allied Health Professional staff are extending their skills and activities to see and treat more patients, with potential for significant reductions in waiting times and an increase in patient satisfaction. Kevin Woods agreed to think further about what might be done at a Scottish level to help share experience of the potential of more flexible prescribing arrangements.

5. Forum members said that they were keen to look at how the effectiveness of the professional advisory committee network across NHS Borders could be increased. In discussion we identified the regulation of professions and workforce development as 2 issues where further input by the advisory committees would be particularly helpful. The Forum was also keen to discuss roles and activities further at a Scottish level, and we encouraged them to do so.

6. Over the next year, I hope there will be further development in the role of the ACF so that the Board and patients can continue to benefit from a strong professional input to relevant issues. It was clear to me that the Forum is committed to working closely with the Board and its partners to achieve common goals. I would be grateful if you would pass on my thanks to Vince Summers and his colleagues who attended the meeting.

Meeting With Area Partnership Forum

7. I was impressed by the commitment and enthusiasm of a wide range of Area Partnership Forum (APF) members who attended the meeting. There was effective collaboration between the Forum and the Board on a range of staff governance and related issues, and the APF was closely involved in workforce development. The Chair of the APF, Edwina Cameron, said that among the challenges she and her colleagues faced was that of communicating effectively with staff over a very wide geographical area; and responding to the scale and pace of change taking place across the Service.

8. Turning to Modernising Medical Careers (MMC), APF colleagues noted that it would be helpful to have a clear timetable for the resolution of the FTSTA issue and also to know whether funding set aside for fixed term trainees would be made available to Boards to continue role development work. There were also implications from the changes in GP training arrangements. Kevin Woods said that the Chief Medical Officer (CMO) is leading a group to review past experience of operating MMC and consider future arrangements that best respond to Scottish needs, and he would pass on APF colleagues' comments to the CMO.

9. APF members told us about Borders' early experience as a Nursing in the Community Development Board. There are some concerns about training arrangements, the role of school and community health nurses and a need for more consistent information. I encouraged APF colleagues to work through these issues and said that I would be happy to meet in future to discuss progress with the new arrangements if that would be helpful. The meeting went on to discuss monitoring compliance with European Working Time Directive requirements, noting that this did not always attract universal support from staff. Kevin Woods emphasised the importance that the Health Directorates attach to monitoring and to maintaining compliance.

10. We discussed progress on joint working with SBC and I was encouraged to hear about the positive examples of successful collaboration, including IT developments, data sharing, progress on single shared assessment, a joint SVQ assessment centre and joint pre-employment training arrangements. Further work on joint recruitment is planned. Additional work is required to ensure that these examples of good practice are built upon so

that a genuine culture of joint working is established. We accepted that cultural issues, including terms and conditions of staff, took time to resolve and embed.

11. APF colleagues reported steady progress with embedding the principles of Agenda for Change in the Board's ways of working, including development of the Knowledge and Skills Framework (KSF). Overall, we agreed that it is important for the Forum and the Board to have a shared view of priorities for staff governance and development work, and to ensure that the different strands of activity fitted together effectively to achieve maximum impact. There is a real willingness to take an overview and a joined-up approach, although capacity is an issue given the scale of new developments and the limited resources available to the Forum and the Board. I would be interested to hear how the Forum and the Board make progress on this over the next year. Once again, please make sure that all who attended the APF meeting know how much I appreciate their taking the time to meet me.

Meeting with Patients and Patients' Representatives

12. I was very pleased indeed to hear direct from a number of patients and carers with experience of health and care services in the Borders. Several patients said that they had experienced first class care, for example at the Macmillan Centre attached to Borders General Hospital (BGH). Catering services at the hospital also were commended. Some patients felt that cleaning standards could be higher, although we noted that Borders General Hospital had done well in recent reviews against the national cleaning standards. Concern was also expressed by some patients about treatment, catering and infection control issues in Scottish NHS hospitals that they had visited outside Borders. We will take these issues up with the relevant Board.

13. I heard that carers frequently feel that their needs, which are distinct from those of the patients they care for, are not always being considered adequately. Carers often do not receive adequate information and young carers, in particular, felt disadvantaged. This is particularly important around discharge planning where timely, accurate information is vital. Some patient confidentiality issues need to be resolved, and we noted that sharing information with carers of mental health service users was particularly sensitive. I noted these points and agreed to take them up with the Board Chair and Chief Executive. Other issues discussed were an apparently long delay in the provision of home adaptations to meet the needs of a disabled patient – which I subsequently took up with the Director of Social Work – and waiting times and publicity for addiction services, where quality is high but capacity and access are issues for users.

14. It was extremely useful for me to hear at first hand from a group of Borders patients and carers and I am very grateful to them for being willing to use their experiences to make a difference for the wider community.

Visit to Galashiels Health Centre

15. I was delighted to formally open the extended and refurbished Community Health Centre in Galashiels. As I indicated, I was very impressed with the modern facilities and the extra space dedicated to providing more local services for local people. You explained how this has allowed a wider range of services to be provided, such as the Sexual Health service and dentistry. I was delighted to have the opportunity to meet the GPs and some of the staff. I was struck by the commitment and dedication they showed in both the facility and the quality of service they provide.

Annual Review Meeting

16. After I reported back on the key points from my earlier meetings and visits, you presented a summary of your Board's progress during 2006-07. I was glad that you paid tribute to Tony Taylor's outstanding contribution as Board Chair until the beginning of this year. You spoke about the increased input of the ACF to the Board's business over the last year and also about the work that had been done to involve service users and carers further. A public governance committee has been established and members are able to question and scrutinise the work of the Board. You described how a patient satisfaction survey of podiatry service users had paved the way for service improvements in Borders. The Board is taking further action to engage with and respond to "hard to reach" groups including travellers, migrant and overseas workers, and had developed appropriate strategies for assessing the needs of and delivering care to these groups.

17. You highlighted how the Board has worked hard to meet its key performance targets, including waiting times and delayed discharge objectives. We were interested to learn that the Board operates a performance management system that requires monthly reports to the Board's Strategy and Performance Committee. You confirmed that NHS Borders would continue to lower waiting times and are confident that you will abolish ASC codes by the end of this year.

18. Looking ahead, you identified several important developments planned for 2007-08. These included improved access to dental services, further progress with the programme for improving primary care facilities, the development of an out of hours care centre on the BGH site, putting in place a single mental health service with SBC, and an integrated approach with the Council to health improvement work. Reducing alcohol consumption was also a priority.

Health

19. You described the importance of tackling alcohol misuse/consumption. There were significant direct costs to NHS Borders as a result of treating alcohol-related illness, as well as significant social and economic costs. On sexual health services, NHS Borders is working closely with SBC to safeguard the sexual health of young people, including those with learning disability, and drop-in clinics are available in secondary schools. It was reassuring to hear that the departure of several sexual health workers is not adversely affecting delivery of services and I was glad to hear that remaining staff have been prepared to extend their current hours to maintain vital services. We discussed briefly the potential underspend on sexual health services, and you pointed out that this was largely due to variations in the uptake of anti-HIV drugs. A rise in demand between now and the end of the year could quickly reverse the current financial projection.

20 You described the success of the Board's action, alongside SBC, to support people who want to quit smoking. Turning to providing services to hard to reach groups, it was encouraging to learn that services for migrant workers are being developed and marketed with SBC, and that GP practices have been asked to identify immigrants for health screening. Men's health services are now showing positive outcomes, with efforts being targeted at deprived communities in order to help reduce inequalities.

21 Kevin Woods encouraged you and Board colleagues to link your efforts on combating inequalities into an overarching strategy, which would also maximise opportunities for your partners to play a full part in improving health for everyone in Borders and to reduce the

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health gaps. You confirmed that you were working in strategic terms, and that a strategy to address long term conditions will be ready next year.

Efficiency

22 I commended the Board on achieving all the financial and efficient Government targets that had been set. You had achieved financial balance despite the pressures of pay modernisation, drug costs, energy cost increases, and a rise in referrals to specialised centres outside Borders, and also while sustaining a reduction in waiting times. Efficiencies have been achieved through using a standard prescribing formulary across the Board area. Progress is also being made with workforce planning. You described how good use is being made of information management and technology (IM&T). I heard that Borders was the first Board to implement the new A&E coding standards

23 On the scope for further efficiency gains, you agreed that there is scope for hospital day case rates to increase, following recent slight dip, and you are currently looking at surgical procedures where there is most scope for improvement. It was good to hear that the Hospital at Night project has so far gone well and that a review will be held in October. I was glad to be able to thank John Glennie for his leadership in chairing the National Benchmarking Group which has been developing guidance and data for use by NHS Boards across Scotland to help all Boards achieve the performance reached by the best.

Access

24 I congratulated the Board on achieving its target for reducing the number of patients experiencing delayed discharge from hospital. You confirmed that the Board had met outpatient and inpatient maximum waiting times targets, and that mean waiting times had reduced to their lowest level. You confirmed that the Board is confident that it will successfully abolish availability status codes, enabling you to move to new ways of defining and measuring waiting before the end of this year. To address the shortage of dentists you said that the Board receives regular update reports and monitors progress. Support is being given to Independent Dental Practitioners and out-of-hours dental facilities are available. The Board is also looking to improve waiting times for patients accessing therapy services.

25 Turning to unscheduled care, the Board had achieved high performance against the target of ensuring that Accident and Emergency patients are treated and discharged, admitted or transferred within 4 hours. You had also met the cancer waiting time target for Borders patients, and are maintaining this through tracking and robust monitoring. You made clear that you and your Board colleagues are committed to sustaining this satisfactory access performance and to achieving further improvements in delivery for the good of all patients in the Borders.

Treatment

26 We discussed progress in the very important patient safety area of infection control. You said that it was still too early to evaluate fully the impact achieved by the appointment of an Infection Control Manager, but that the Board was on target with numbers of trained cleanliness champions and with other initiatives. You observed that the reported increase in the number of patients testing positive for MRSA colonisation may reflect more comprehensive and rapid testing rather than a genuine increase in the infection rate. Andrew Riley drew attention to the fact that latest screening techniques enable hospital staff to identify a patient with MRSA within 24 hours, enabling appropriate nursing and treatment regimes to be put in place sooner and therefore more effectively.

27 You described the importance of securing the collaboration of the public in ensuring hand hygiene is maintained, and you are taking action to draw attention to what the public can do to contribute to infection control. This chimed in with comments made to me earlier in the day when I spoke to patients, who were very aware and supportive of efforts to improve hand hygiene among patients, staff and visitors to hospitals. You described the action plan you have in place to raise NHS Borders' compliance with the NHS Scotland Code of Practice for Healthcare Associated Infection and we look forward to your report on progress next year.

28 We discussed mental health services. You confirmed that the Mental Health Network is jointly looking at how best to reduce unnecessary admissions to hospital, through offering better care in the community with outreach teams providing treatment at home where this is clinically appropriate. Providing high quality mental health services for children and adolescents presented particular challenges, but the Board was proud of its record in having the lowest use of inpatient beds for this service in Scotland. You confirmed that this is due to team work, with good collaboration with SBC's social work department.

Service Change and Redesign

29 You confirmed that the Board wants to continue to give priority to local primary and community services and the investment in the Galashiels Health Centre would be followed by further planned improvements over the next 3 years. Turning to specialist services, many of these have to be provided outside the Board area but you are encouraged by the success of partnership and network arrangements with NHS Lothian which have enabled an integrated service for urology to be established.

30 I was interested to hear about the work you are doing to maintain an active patient and public involvement programme. The Board's new public governance committee, which scrutinises the work of the Board, is an important element. I was glad to hear that the Board has been developing proposals for its Public Partnership Forum and that draft proposals are being taken to Community Councils and the voluntary sector across the Borders; comments will be considered by the Community Health and Care Partnership. You confirmed that the Board remains strongly committed to shifting the balance of care into the primary and community sectors, since it seems this as essential to sustaining services for patients in Borders. We were encouraged to hear about the services you plan to locate in the community in future and I look forward to hearing more about progress at next year's review.

Local Service Issues

31 Dr Sheena MacDonald explained the considerable amount of work that has been carried out on improving unscheduled care pathways, and how this has led to redesign and improvement of care at BGH, in the community hospitals across Borders and in primary care services. It was clear that the Board had looked at unscheduled care issues as a whole and the very clear commitment of both clinicians and managers was impressive and encouraging. I was interested to hear, for example, that a team is in place in BGH to ensure most efficient use is made of acute beds; and that you are currently working closely with residential homes and the out-of-hours primary care service to ensure a joined-up, effective service. I was also interested in your plans for co-locating your GP-led out of hours primary care service and the Board's A&E service at BGH, with plans for developing a Joint Assessment Unit. This work shows clear strategic thinking and a commitment to the patient's interests.

Question and Answer Session

32 I was very pleased with the quality and range of questions submitted by members of the public. We will of course look carefully at how effective the sessions have been once we have completed this year's round of Annual Reviews.

Conclusion

33 I want to thank you and your team again for making the day such a productive one and for your contribution to an informative and stimulating discussion.

34 I have summarised the main action points arising from our discussion in the attached Annex.

Yours sincerely,

Shona.

SHONA ROBISON

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INVESTOR IN PEOPLE

Board Members

Non Executive Directors

Mr Tony Taylor, OBE, Chair to 31 Jan 2006

Mrs Mary Wilson, Vice Chair / Interim Chair from 1 Feb to 31 March 2006

Mrs Edwina Cameron

Mrs Jennifer Croall

Mr Tom Donaldson

Mrs Catherine Duthie

Cllr Sandy Scott

Mrs Geraldine Strickland

Mr Vince Summers

Mrs Julia Edey from 1st June 2006

Executive Directors

Mr John Glennie, Chief Executive

Dr Ross Cameron, Medical Director

Mr Robert Kemp, Director of Finance

Mrs Eileen Moir, Director of Nursing & Midwifery

Dr Andrew Riley, Director of Public Health

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The Equality and Diversity Department,
NHS Borders, Newstead on 01896 828282

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

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