



**Annual Report 2005/06**



## Welcome from our Chief Executive

Welcome to the NHS Borders Annual Report for 2005/06. In this report we have set out the key areas of work NHS Borders has undertaken during the year and some of our most significant achievements.

The NHS works to standards and targets set by the Scottish Executive Health Department. These are monitored in a number of ways. Many of our services are reviewed by the *NHS Quality Improvement Scotland* and *Audit Scotland* by gathering evidence, visiting sites and talking to staff and service users. These reports provide us with valuable feedback on our performance. Copies can be viewed at [www.nhshealthquality.org.uk](http://www.nhshealthquality.org.uk) and [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk).

We are also reviewed by the *Scottish Executive Health Department* at our Annual Review. The report from this Review is published in this Annual Report along with a summary of our financial performance.

NHS Borders met all of its financial targets and made substantial savings of £2M across both clinical and non-clinical services and this has been boosted by £1M in savings on drug costs.

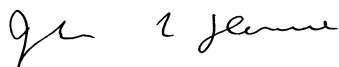
One of our most significant achievements has been meeting national waiting time targets for inpatient and daycases at March 2006, having achieved the target for outpatients in advance of the target date. We also achieved a reduction of 10% in psychological therapy waiting times and have achieved compliance against most cancer waiting times.

Working with our partners in Scottish Borders Council, we also met our targets for delayed discharge. This ensures we are able to discharge people from hospital to their own home or a more appropriate care facility rather than keeping them in hospital inappropriately.

The abolition of smoking in public places has given impetus to reducing the number of people who smoke. In the Borders we have a very successful Smoking Cessation Service, which has a network of support workers throughout the communities. They have seen a significant rise in people accessing the service since the ban was introduced. Our Drug & Alcohol Team has also worked with staff in local bars, restaurants and other businesses to help them prepare for the ban.

A focus for our work in 2005/06 has been developing services to meet the challenges set out in the Scottish Executives strategy *Delivering for Health*. For NHS Borders, this means addressing issues such as developing community hospitals and health centres to provide a wider range of services, ensuring the standard of services is consistent across all our community hospitals, including out of hours support, and formalising the links with the general hospital. Our programme *Getting Fit for the Future* is fundamental to delivering this.

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.



John Glennie, Chief Executive

## Foreword from our Chairman

The year 2005/06 posed some significant challenges for NHS Borders. We have worked hard to meet performance and financial targets across our services, and once again we have achieved good results. Our performance in reducing waiting times has been exceptional, and demonstrates a real benefit for our patients. We will continue to work to maintain these improvements.

The developments we have seen across our services this year have been achieved against a backdrop of change for our staff. Medical staff have taken on the new *Consultants Contract* and the challenge of changes in training for junior medical staff. GPs are also working within a new framework for *General Medical Services* to develop improved access to services and monitor performance. *Agenda for Change*, which will bring more equality to grades of job across the whole of the UK, is being implemented for all other NHS staff, and involves a considerable amount of work for our staff locally.

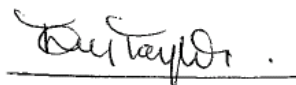
*Getting Fit for the Future*, our modernisation programme, has also continued during this year. In March 2006, the Board approved the recommendation for the closure of Jedburgh and Coldstream Community Hospitals with reinvestment in community based services. This decision followed a considerable amount of work, as well as a very broad public consultation exercise. I would like to thank everyone who committed so much time to developing the proposals, and to thank those members of the public who gave their time to take part in working groups and to contribute to the consultation process.

There is still a long way to go with this programme, which encompasses mental health and learning disability services, and elective and emergency care, but I am confident that we will achieve our aim of a modern, sustainable health service, which meets the needs of the Borders people for the future.

A major, but less visible part of the modernisation process is partnership working. NHS Borders has strong partnership working arrangements, both internally with our staff, and externally with our partner agencies. The Community Health & Care Partnership formalises the strategic and operational working arrangements between NHS Borders and Scottish Borders Council. Out of this we continue to develop fully integrated services like the Learning Disability Service.

Our Local and Area Partnership Forum meetings provide an opportunity for staff and managers to address the issues which impact on our working lives. In this way, our staff have a significant role in the development of the organisation.

This has been a very demanding year for everyone, but we have been rewarded by significant successes. It is the commitment of our staff, in every area of our organisation, which has enabled us to meet the challenges and accomplish what we have. I should like to thank everyone who works for NHS Borders for all their hard work.



Tony Taylor, OBE, Chairman

# Reducing the inequalities gap

Compared to much of Scotland, the population of the Scottish Borders enjoys relatively good health. Our Coronary Heart Disease rates are below the Scottish average and the difference in rate of incidence between deprived and less deprived areas is small. There are pockets of high incidence. Heart disease, stroke and cancer are still the major causes of death while back pain, depression, stress and arthritis significantly reduce peoples quality of life.

NHS Borders and Scottish Borders Council have developed a **Joint Health Improvement Plan** focussing on health promotion and disease prevention. Central to this plan is the importance of finding ways to involve people, as individuals and communities, in improving health and reducing inequalities. The key to the Joint Health Improvement Plan is a five year joint investment plan, which will ensure better co-ordination of projects and more effective monitoring of their impact.

We have a range of programmes such as **Hungry for Health** to improve nutrition in schools, a **Health Promoting Schools** programme and the **Choose Life** project aimed at reducing the suicide rate. We also continue to focus on our **Healthy Living Network** to involve those in our most deprived communities. Activities include, smoking cessation, physical activity, food and health, parenting skills and emotional health and well-being. There are over 300 programmes and more than 3,000 people have attended them in the last 3 years.

## Presentation of the Koran

Representatives of the local Muslim community, led by Shoukat Aziz, presented copies of the Koran to NHS Borders. These will be available for use by Muslim patients and staff.

This represented the proactive approach NHS Borders has taken to the promotion of Equality and Diversity. By working with our partners and talking to local communities we are keen to develop some of the ideas of different cultures and religions that have been discussed to highlight awareness in bringing together the local communities, cultures and people.

Future developments by NHS Borders include:

- Hosting exhibitions and presentations in the Chaplaincy on different religions and we would welcome any suggestions or ideas from interested people about this; and
- The launch of an 'Own Local Language Chart', which will help to meet the needs of all foreign people working, traveling in or visiting the Scottish Borders.

The **Lifestyle Advice & Support Service** uses dedicated staff to teach health behaviour change techniques to health care staff in GP practices so that they are able to provide advice to their patients. We also ran a pilot **Well Men Service** during 2005/06.

The success of the **Sexual Health Service** is being built upon by expanding into wider range of community locations. This should improve access for all sectors of the population. Educational activities are an important part of ensuring that we reach those who are most at risk of sexually transmitted diseases and unwanted pregnancy. We have provided training to over 140 professionals and 500 members of the community to help achieve this.

Our **Smoking Cessation Service** has been very successful. The service offers individual and group support through GPs, community groups and 1:1 support. We have also piloted a smoking cessation service for patients who have been admitted to hospital, which has been very successful. In 2005/06, 2014 people attended the service, in the first quarter of 2006, 1629 have attended.

The national ban on smoking in public places contributed to the success of our Smoking Cessation Services and also provided an opportunity to involve local businesses. Shops, pubs, cafes and restaurants have been keen to help their staff give up smoking and supported them through our programmes.

**Quit in Your Community** is an initiative which aimed to recruit local people to deliver smoking cessation groups within their own communities. The project was funded through the **Big Lottery Fund** and in March 2006 it received a Big Lottery Blue Plaque Award for the success it has had in helping people to stop smoking.

Members of the Borders Muslim community presenting copies of the Koran to NHS Borders



# Shifting the balance of care

NHS Borders is committed to delivering the Scottish Executive Department of Health recommendations published in **Delivering for Health**. We recognise the need to develop our services in a way which will meet the needs of the Borders people in the 21<sup>st</sup> Century.

The Scottish Borders has an established and outstanding network of community hospitals, health centres and GP practices supported by a general hospital. We have a population which includes a higher than average number of older people scattered in rural and sometimes remote communities.



A ward in the new Hawick Community Hospital

In 2004, we began a review of services and in 2005/06 we undertook a significant amount of work with our partners in Scottish Borders Council and the voluntary sector and with the public to put forward a set of recommendations. These recommendations were published as **Getting Fit for the Future** and included the modernisation of our community premises, the closure of two community hospitals with investment in community care, an emergency care centre, learning disability service reconfiguration and service changes in mental health care.

A major public consultation exercise was undertaken and the final recommendations were submitted to Borders NHS Board in March 2006.

This programme represents a significant change in the way we deliver services which will improve access and efficiency. By **investing in our community services**, we will be able to provide a wider range of services closer to or in people's homes.

Our aim is for community hospitals and health centres to link together to provide rehabilitation, day care, outpatient services and inpatient beds with access to specialist services at the Borders General Hospital.

People will also be able to visit health centres and GP practices for many of the services they used to

have to travel to a hospital for. This is being brought forward by the new **General Medical Services** contract with a wider range of services being offered. Increased staff development means that staff such as nurses, are also taking on new roles within GP practices to help broaden the range of services.

In 2005/06, our investment included the refurbishment of Ward 2 at Kelso Hospital and the extension and redevelopment of Kelso and Galashiels Health Centres. Future developments are planned for new health facilities in Galashiels, Lauder, Newtown St Boswells, Melrose, Jedburgh, Hawick and Selkirk.



One of the new consulting rooms at Kelso Health Centre

Investment in community services also means investing in people to provide services to help people remain in their own homes rather than admitting them to hospital whenever this is possible, and to help them get home faster after a hospital admission. These services will be an expansion of those already provided by our multidisciplinary teams in partnership with Scottish Borders Council Social Work Department, including Rapid Response Teams, home care and night support services.

The success of **Palliative Care Services** in the Borders provides a model for community health care. It is entirely patient/carer driven and we have had an extensive programme of training for all individual local health professionals in palliative care, including doctors, district nurses and community pharmacists. This means that people are cared for by professionals based in the community, backed by a specialist service through a Managed Clinical Network. We currently support 95% of those patients and carers who choose to be supported at home rather than in a hospital. This ensures that friends, relatives and carers are very much involved in patients care and have constant access to them but are supported by the specialist team and the local multi disciplinary team.



# Integrated health care and partnership working

In the Scottish Borders we have a single **Community Health and Care Partnership (CHCP)**, with a membership of representatives from Scottish Borders Council and NHS Borders. The CHCP has responsibility for the strategic planning and performance for all NHS services. The services are managed at an operational level through the Clinical Executive, which has improved the integration of primary and secondary care.

**Children & Young Peoples Services** were one of the first to benefit from this integrated working. A team, which includes health, education, social work and voluntary sector staff, with input from Lothian & Borders Police, are located together at the **Children's Change Unit** and executives and senior managers work together to address service pressures, priorities and strategic planning. The Team are committed to meeting the needs of children and young people, and perhaps more importantly, giving children the best start possible in life. This is the first step towards an integrated children's service.

Some people find themselves having to stay in hospital even though they no longer need medical care because they need support when they return home or they are waiting for a place in a care home. We are working with our partners in the Social Work Department to reduce the number of people who suffer this **delayed discharge** from hospital and we have achieved considerable improvement in our targets. This could not have been achieved without partnership working.

Our target for April 2006 was a total of 23 delayed discharges with no more than 16 of these delays for longer than 6 weeks. In April 2006, we had a total of 17 delayed discharges of which 13 patients were delayed for over 6 weeks

During 2005/06 Scottish Borders Council and NHS Borders have developed a joint **Learning Disability Service** for adults with learning disabilities. The new service comprises a co-located Community Learning Disability Team, Day Services and Assessment and Treatment Services. This new service also includes a forum for service providers and a citizen's panel of service users to ensure their views are represented in the new structure.

NHS Borders also works with partners in other health boards. We play an active role in the **South East Scotland Cancer Network (SCAN)** and the **Regional Cancer Advisory Group (RCAG)**. This helps us to link with specialist service providers and take part in planning services both within our region

and across Scotland. As part of these reviews, we are seeking to maintain a locally based service wherever possible.

In **Mental Health** we have continued working with other NHS services across the south east of Scotland to develop the new regional Mother and Baby inpatient facility for Summer 2006. We are also working to expand the number of regional mental health child and adolescent inpatient beds provided in Edinburgh.

Partnership working also means working with the people who use our services. NHS Borders **Patient Focus and Public Involvement Strategy** is helping us move towards involving the public in all service planning and delivery.

Key to this has been our **Involving People Network (IPN)** which represents service users, carers, staff members, public representatives, voluntary sector representatives and members of the private and independent sector. The IPN have become a team of skilled, experienced people taking a fresh and objective look at a range of service issues and service changes, and the input from this group to our modernisation projects and Managed Clinical Networks has been very valuable.

At present there are over 600,000 unpaid carers in Scotland. Without them, the cost of looking after their family, partner or friend would fall to the taxpayer at around £5 billion a year – roughly the total cost of providing a National Health Service in Scotland. NHS Borders is committed to working in partnership with carers in the planning, delivery and monitoring of services that support them in the caring role. Our Director of Organisational Change and Development is now acting as a **Carers Champion** to promote the carers interests and we are contributing to the review of the **Borders Joint Carers Strategy** and the development of the **Borders Carer Information Strategy**.

There is also increased public involvement in the development of services in GP practices. Patient Focus Groups and surveys are being used to monitor and improve services and action plans being used to tackle patients concerns.

Each of our clinical boards hosts a **Partnership Forum** where staff representatives have the opportunity to influence strategic and operational issues. The **Area Partnership Forum** brings these representatives together and has an organisation wide overview of issues which affect staff, such as changes in working practices brought about by policy development and organisational changes. The Forum has developed an action plan, which includes issues raised through the Staff Survey.

# Managing hospital admissions & efficiency

NHS Borders has made significant investment in terms of funding, planning and operational resources to achieve inpatient and outpatient **waiting times targets**.

The 6-month **inpatient/day case waiting times** target was delivered in March 2005. At 31<sup>st</sup> March 2006 there were no patients waiting more than 18 weeks without an ASC applied. The average time on the waiting list at 31<sup>st</sup> March 2006 was 39.8 days, compared with 55.7 days at the 31<sup>st</sup> March 2005.

The current 26-week **outpatient waiting times** target was delivered by December 2005 and we are currently working towards having no patient waiting longer than 18 weeks by December 2006. The average time waited for a new outpatient appointment following referral from a GP or GDP was 56.3 days during March 2006, compared to 89.8 days during March 2005.

Waiting times for **diagnostic tests** have been significantly reduced during 2005/06. The installation of new scanners has helped increase capacity for **CT** and **MRI** scans.



New MRI scanner at Borders General Hospital

The waiting time for **endoscopy** waiting times remain extremely short and the **colonoscopy** waiting time is the 9-week target.

NHS Borders is committed to achieving the 62-day target for all urgent **cancer referrals**, and for the four most common cancer diagnoses we continue to out-perform the rest of Scotland.

In the treatment of ovarian and breast cancers, we consistently achieve in excess of 95% of patients being treated within 62 days and lung cancer achievement continues to be around 85%.

To make sure we can maintain and improve on this performance, we have developed a tracking system for all patients who are referred urgently with a suspicion of cancer. The system will allow individual patients to be tracked through the different stages of diagnosis and treatment and will

prompt action when necessary to ensure a smooth and speedy journey for the patient.

**Psychological Services** recently introduced a partial booking system for first appointments. This has reduced the number of people who fail to attend their first appointment by almost a half since January 2005. This, in turn, helps to reduce waiting times.

To monitor our performance across the range of both national and locally developed targets, we have a **Performance Management Process**. This allows us to plot our progress against our Corporate Objectives, Local Health Plan and Local Delivery Plan setting out improvements in quality and efficiency across our services.

An Annual Performance Review for each Clinical Board provides a focus for reviewing performance during the year and assessing the challenges of the coming year.

There has been decrease in the number of elective surgical operations cancelled by the hospital in 2005/06 to 1.8% (2.5% in 2004/05). We have also improved recording processes to reduce the number of cancellations where the reason is unknown.

In an effort to reduce the impact of unscheduled admissions on elective surgery, the Winter Pressures group set up a number of initiatives, including extra funding for critical care and additional beds.

## Borders General Hospital activity

There were 18,460 **inpatient episodes** as at 31<sup>st</sup> March 2006, which is an increase of 5% on last year's figure (17,615). **Day cases** increased by 8%, with 6353 patients treated compared to 5889 in 2004/05.

**Bed occupancy** is slightly higher at 80% compared to 78% last year. During 2005/06 there were a total of 66,956 **outpatient attendances**, 6% higher than 2004/05 (63,075).

There were a total of 20,115 attendances at **Accident & Emergency** during 2005/06, compared with 17,017 during 2004/05, an increase of 18%. Of these attendances, 65% were seen by a doctor within 60 minutes, and 67% had their treatment completed within 120 minutes.

## Long term conditions

NHS Borders has a range of initiatives and programmes to support people with long-term conditions such as diabetes, depression and coronary heart disease. We are committed to maintaining the approach of support through education and planned and coordinated services and links strongly with our Joint Health Improvement Plan for the Scottish Borders.

We will ensure an increase in the number of health staff participating in the care management model, which includes a **single shared assessment** approach to minimise duplication for patients and provide faster access to packages of home care and to rapid response services.

This will be linked with a single **integrated record of patient information** and details of care provision which we are developing through the national **eCare** programme. This will help to ensure all health and social care staff have access to the most up to date information on each patient.

The Managed Clinical Networks (MCNs) for Coronary Heart Disease, Stroke, Diabetes and Palliative Care are progressing a number of projects across primary and secondary care. One such study is underway in some of our GP practices to evaluate the use of B-type Natriuretic Peptide (BNP) testing in the **early diagnosis of heart failure patients**.

Following the opening of a dedicated stroke unit at the Borders General Hospital in January 2004, the stroke MCN has concentrated on further development of the overall service. This work has involved the preparation of protocols & guidelines, discharge information, and an **educational package for health professionals** involved in the care of stroke patients.

Work continues on the development of an **outline stroke strategy** for NHS Borders, which will be linked to the larger redesign agenda around our community hospitals. The strategy will aim to raise standards and remove inequities in care provision by advocating stronger links between primary and secondary care.

### ADHD Open Day

NHS Borders organized a special Open Day to raise public awareness of Attention Deficit Hyperactivity Disorder (ADHD) and highlight the work being done locally to help those with the condition and their families.

NHS Borders is keen that parents and carers, those involved in health, education, social work, voluntary organisations, police and politicians have an increased awareness of ADHD and the service that is available in the Borders through the ADHD Project Team.

## Mental Health Services

October 2005 saw the implementation of the **Mental Health (Care and Treatment) (Scotland) 2003 Act**. Borders experienced a smooth implementation of this new legislation, which has brought with it some fundamental changes to the legal framework.

Work continues to develop some of the elements which we have introduced under the Act including new out of hours mental health crisis services and mental health advocacy provision.

**Psychological therapies** are increasingly requested by people as their treatment of choice. In early 2005/06, specialist mental health services developed a plan to train up existing mental health staff to deliver a range of psychological therapies. Implementation started from October 2005 and service users are already benefiting with individuals now receiving **behavioural family therapy** for the first time in the Borders. We are also increasing the number of staff trained in **cognitive behavioural therapy** and are reviewing further developments such as **dialectical behavioural therapy**.

In 2005/06 we developed a joint plan for **mental health rehabilitation services** with Scottish Borders Council. The plan will enable us to redress the balance between the number of inpatient rehabilitation beds we have and the need for more housing.

Work has also been started on developing an integrated health and social care management structure for **specialist mental health services**. This will provide a joint response from health and social care that should improve their overall experience of the service received for service users and their families and friends.

2005/06 saw the development of an inter-agency **Child and Young Persons Mental Health Strategy**. This sets out a clear vision for how the national *'Framework for Children's and Young People's Mental Health'* will be delivered in the Borders. In 2006/07 we will conclude consultation on this strategy and then move on to joint implementation through our integrated children's structures.

The increase in the elderly population is projected to lead to an increase in demand for NHS and social care for people with **dementia**. NHS Borders and Scottish Borders Council are in the process of carrying out a review of all dementia services provision with the aim of producing an overarching strategy for later in 2006.



## Dental Services

NHS Borders has already achieved the 2010 target of 60% of 5-year-old children free of tooth decay experience. We have had over 60% disease free since the year 2000.

We have been running a programme to encourage nursery tooth brushing with fluoride toothpaste in pre-schools across the Borders which has certainly contributed to this achievement and demonstrates the excellent links between health and education.

The second target from the Scottish Dental Action Plan is that 60% of 11-year-old children (Primary 7) are free of decay experience in their permanent teeth by 2010. At present, 59.5% of 11-year-olds in the Borders are free from decay.

NHS Borders has done a significant amount to address the problem of dental practitioners no longer providing NHS treatment. We have increased the number of dentists in our salaried and **Community Dental Service** to 14, double the number we had in 2004. The total includes a specialist orthodontist, a senior dentist with an interest in oral surgery, a senior practitioner in general practice and a senior community dental officer serving special needs patients. We also provide clinics, domiciliary visits and a mobile service.

We have agreement from the Scottish Executive for an increase of 9 dental chairs across the Borders and we are also examining the feasibility of redeveloping the Coldstream Hospital site to establish the Berwickshire Dental Centre.

In 2005, we developed the **Borders Emergency Dental Service**. This is an important part of the service now that so many people are no longer registered with a dentist, and will help to ensure access to care for local patients.



Children practice tooth brushing

## Workforce modernisation

Changes in the way we deliver healthcare through *Getting Fit for the Future* and *Delivering for Health* mean we need to plan for our future workforce. We have established a **Workforce Planning & Development Group** which works closely with all aspects of service planning and delivery, to take this work forward.

The new **General Medical Services** contracts for GPs and **Consultants Contracts** have allowed development of services, such as diabetology which benefited from the creation of a GP post with a special interest in diabetes. A joint post in neurology with NHS Lothian has resulted in the first consultant neurology post for the Borders. Consultants in other specialties have also been provided with the opportunity to undertake clinics within NHS Lothian hospitals to maintain their clinical skills.

This should also help NHS Borders to recruit and retain medical staff.

Other staff groups are undergoing a major national programme to re-evaluate job descriptions under **Agenda for Change**. Each job description has been reviewed and we are now in the process of matching them to nationally agreed job descriptions and placing our staff on the relevant grade for that post. Each post will have appropriate levels of knowledge and skills and post holders will be able to develop their skills and progress up the pay scale as part of a **Knowledge and Skills Framework**.

The number of our staff who completed the most recent **staff survey** was very encouraging. The results of the staff survey reflected the existing staff governance action plan and work is underway to ensure greater ownership of the results across the organisation.

Clinical Boards and Support Services have been encouraged to develop action plans specifically relating to the results for their areas. These action plans will then feed into the wider corporate staff governance action plan. We will also be talking to other Health Boards so that we can share and develop best practice.

# Financial position

## OPERATING COST STATEMENT

FOR THE YEAR ENDED 31 MARCH 2006

2004-2005 £'000 Restated		£'000	£'000
	<b>Clinical Services Costs</b>		
120,332	Hospital and Community	129,382	
<u>10,119</u>	Less: Hospital and Community Income	<u>10,752</u>	
110,213			118,630
36,677	Family Health	39,143	
<u>1,964</u>	Less: Family Health Income	<u>2,113</u>	
34,713			<u>37,030</u>
144,926	<b>Total Clinical Services Costs</b>		155,660
1,592	Administration Costs		1,697
6,367	Other Non Clinical Services	3,061	
<u>3,662</u>	Less: Other Operating Income	<u>556</u>	
2,705			2,505
108	Local Health Council		0
<u><b>149,331</b></u>	<b>Net Operating Costs</b>		<u><b>159,862</b></u>

## SUMMARY OF REVENUE RESOURCE OUTTURN

2004-2005 £'000		£'000
<b>149,331</b>	<b>Net Operating Costs (per above)</b>	<b>159,862</b>
41	Plus: Capital Grants from public bodies	0
(5,785)	Less: FHS Non Discretionary Allocation	(6,041)
<u>(94)</u>	Less: Local Health Council Allocation	<u>0</u>
<b>143,493</b>	<b>Net Resource Outturn</b>	<b>153,821</b>
146,873	Revenue Resource Limit	<u>157,135</u>
<u><b>3,380</b></u>	<b>Saving against Revenue Resource Limit</b>	<u><b>3,314</b></u>

## MEMORANDUM FOR IN YEAR OUTTURN

<u>(299)</u>	Brought forward surplus from previous financial year	<u>(3,380)</u>
<u>3,081</u>	Excess / (Deficit) against in year Revenue Resource Limit	<u>(66)</u>

# Financial position

## BALANCE SHEET

AS AT 31 MARCH 2006

2005 £'000		£'000	£'000
<b>FIXED ASSETS</b>			
85,459	Tangible fixed assets	91,451	
<b>85,459</b>	<b>Total Fixed Assets</b>		<b>91,451</b>
<b>6,057</b>	<b>Debtors falling due after more than one year</b>		<b>6,048</b>
<b>CURRENT ASSETS</b>			
786	Stocks	827	
3,946	Debtors	6,341	
258	Cash at bank and in hand	207	
<b>4,990</b>		<b>7,375</b>	
<b>CURRENT LIABILITIES</b>			
(17,211)	Creditors due within one year	(20,155)	
<b>(12,221)</b>	<b>Net current (liabilities)</b>		<b>(12,780)</b>
<b>79,295</b>	<b>Total assets less current liabilities</b>		<b>84,719</b>
(76)	<b>CREDITORS DUE AFTER MORE THAN 1 YEAR</b>	(73)	
(8,681)	<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	(8,518)	
(8,757)			(8,591)
<b>70,538</b>			<b>76,128</b>
<b>FINANCED BY:</b>			
46,266	General Fund		47,631
23,300	Revaluation Reserve		25,836
972	Donated Asset Reserve		2,661
<b>70,538</b>			<b>76,128</b>

# Financial position

## CASH FLOW STATEMENT

FOR THE YEAR ENDED 31 MARCH 2006

2004-2005

£'000		£'000	£'000
	<b>NET OPERATING CASHFLOW</b>		
(141,117)	Net cash outflow from operating activities		(153,989)
	<b>CAPITAL EXPENDITURE</b>		
(5,690)	Payment to acquire tangible fixed assets	(4,784)	
<u>(5,690)</u>	Net cash outflow for capital expenditure		<u>(4,784)</u>
(146,807)	Net cash outflow before Financing		(158,773)
	<b>FINANCING</b>		
146,807	Funding	158,773	
<u>137</u>	Movement in general fund working capital	<u>(51)</u>	
146,944	Cash drawn down	158,722	
<u>146,944</u>	Net cash inflow from financing		<u>158,722</u>
<u><b>137</b></u>	<b>Increase/(decrease) in cash in year</b>		<u><b>(51)</b></u>
	<b>NOTES</b>		
	<b>1. Reconciliation of operating cost to operating cash flow</b>		
(149,331)	Net Operating Cost for the year		(159,862)
6,024	Expenditure not involving payment of cash		5,829
<u>2,190</u>	Net movement on working capital		<u>44</u>
<u>(141,117)</u>	Operating cash outflow		<u>(153,989)</u>
	<b>2. Reconciliation of net cash flow to movement in net cash</b>		
137	Increase/(decrease) in cash in year		(51)
<u>121</u>	Net cash at 1 April		<u>258</u>
<u><b>258</b></u>	<b>Net cash at 31 March</b>		<u><b>207</b></u>



# Financial position

## STATEMENT OF RECOGNISED GAINS AND LOSSES

FOR THE YEAR ENDED 31 MARCH 2006

2005 £'000		£'000
(3,338)	Net (loss) / gain on revaluation of tangible fixed assets	2,591
0	Movement in Donated Asset Reserve due to receipts	1,820
<u>(3,338)</u>	<b>Total recognised (losses) / gains for the year</b>	<u><b>4,411</b></u>

A copy of NHS Borders Annual Accounts 2005/06 can be obtained by writing to:

Director of Finance  
NHS Borders  
Newstead  
Melrose  
Roxburghshire  
TD6 9DB

# Independent Auditor's Report

## **Independent Auditor's statement on the summary financial statement of Borders Health Board**

### **To members of Borders Health Board**

We have examined the summary financial statements of Borders Health Board. These comprise the Operating Cost Statement, the Balance Sheet, the Cash Flow Statement and Statement of Total Recognised Gains and Losses.

This report is made solely to the parties to whom it is addressed in accordance with guidance issued by the Scottish Executive Health Department and the Code of Audit Practice approved by the Auditor General for Scotland and for no other purpose, as set out in paragraph 43 of the Statement of Responsibilities of Auditors and of Audited bodies prepared by Audit Scotland, dated July 2001.

### **Respective responsibilities of the Board and Auditor**

Borders Health Board is responsible for preparing the summary financial statement in accordance with guidance issued by the Scottish Executive Health Department. Our responsibility is to report our opinion on whether the summary financial statement is consistent with the audited financial statements of the Board. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

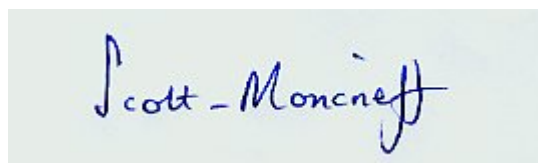
### **Basis of opinion**

We conducted our work having regard to Bulletin 1999/6 'The auditor's statement on the summary financial statement' issued by the Auditing Practices Board for use in the United Kingdom.

### **Opinion**

In our opinion the summary financial statement is consistent with the audited financial statements and annual report of Borders Health Board for the year ended 31 March 2006. 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.

*Signed*

A handwritten signature in blue ink that reads "Scott-Moncrieff". The signature is written in a cursive style with a large initial 'S'.

Scott-Moncrieff  
Chartered Accountants  
Registered Auditors

17 Melville Street  
Edinburgh  
EH3 7PH

1 December 2006

# Annual Review



## SCOTTISH EXECUTIVE

Minister for Health & Community Care  
**Andy Kerr MSP**

St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

Mr Tony Taylor  
Chair  
NHS Borders  
Newstead  
Melrose  
Roxburghshire  
TD6 9DB

Telephone: 0845 774 1741  
[scottish.ministers@scotland.gsi.gov.uk](mailto:scottish.ministers@scotland.gsi.gov.uk)  
<http://www.scotland.gov.uk>

26 September 2006

Dear Tony

### NHS BORDERS ANNUAL REVIEW – 29 AUGUST 2006

1. I am writing to summarise the main points and actions arising from our discussion at the Annual Review and associated meetings on 29 August.
2. I would like to thank you, John Glennie and the rest of your team for all your hard work in organising our visit. The Health Department team and I found the opportunity to have discussions with a range of NHS staff and patients, and the constructive nature of our discussions at the various meetings, both interesting and worthwhile.

### Meeting with the Area Clinical Forum (ACF)

3. I had a useful conversation with the Group on a number of subjects, particularly around pharmacy, ehealth, dentistry, anticipatory care and Modernising Medical Careers. We also discussed the importance of effective partnership working with local authority colleagues on the provision of community services. We recognised the strong Clinical Executive Board (CEB) and agreed that it would be important to ensure that the CEB and ACF had the right balance of interests. You agreed to provide a copy of the ACF's forward-looking strategy.



## Meeting with the Area Partnership Forum

4. I appreciated the excellent presentation by the Chair, and thought there was a great degree of confidence displayed as a partnership team. We had a conversation around shared services and agency working, and we recognised that implementing Agenda for Change involves significant challenges for those staff closely involved with the process. That said, it was recognised that successful implementation of Agenda for Change, and of the linked Knowledge and Skills Framework, would engender significant benefits for both patients and staff. I indicated that the Department would continue to work closely with the Board to help support successful implementation.

## Meeting with Patient Group

5. I wanted to hear direct from people about their experience of the NHS in Borders, so I was grateful for the opportunity to meet with the patient group identified by the Scottish Health Council. We had a very high quality discussion about national issues, in particular prescription charges, new drugs and services for wheelchair users. We also discussed local issues, for example access to local services, and long term conditions, such as podiatry, physiotherapy and psychology. It was acknowledged that it is not only people of the Borders who have to address the requirements of those with special needs, and agreed that the more services provided locally the better. You agreed to investigate specific issues raised by users and carers, and you promised to inform me of the outcome of your work.

## Visit

6. I thought the upgraded Health Centre had been very well project-managed, and this was evident in the extension of the range of services provided for the benefit of the local community. I was impressed at the enthusiasm and dedication of the staff and I am sure this is reflected in the provision of high quality services for local people. I saw a very positive approach to delivering local services for patients that epitomises the *Delivering for Health* approach of providing the maximum amount of high quality, safe and sustainable services locally.

## Annual Review Meeting

7. After I reported back on the meetings held during the morning, you presented a very helpful overview of key achievements over the last year, and some of the challenges for the year ahead. You described how the Board had experienced a very testing but productive year with its work on *Getting Fit for the Future* and of the related extensive public consultation. We heard of excellent progress in addressing smoking cessation, and how the teenage pregnancy rate is the second lowest in Scotland. You told us that you are developing comprehensive workforce plans, and how primary care services have been enhanced to provide help for people with long term conditions.

8. We heard of the full part which the Board plays in the South East and Tayside (SEAT) Group, and of good working relationships with Scottish Borders Council and the voluntary partnerships. That said, there is no room for complacency; whilst acknowledging the challenges which have to be faced, you were confident that there are robust plans in place to address these.



# Annual Review

## Healthcare Associated Infection

9. You told us that this is a key area for NHS Borders, and I learned that there had been a decline in numbers affected by MRSA over the past few years. You confirmed that in the recent Health Facilities Scotland hospital cleanliness report, all relevant local facilities were graded at the highest level. I commended the Board on having addressed this crucial agenda as an action point from last year's Review, and noted that there are now some 90 Cleanliness Champions in place.

## Health Improvement and Tackling Inequalities

10. I was impressed to hear that you have addressed the issue of smoking cessation so vigorously, with efforts made to ensure that all local people have access to cessation services. You are confident that you will reach the target by 2010. On sexual health, you have robust plans in place to roll out services to the community. I was pleased to learn of an increase in the uptake in childhood immunisation, particularly MMR. This uptake had been helped by the work undertaken by Health Protection Scotland.

11. I was told a multi-agency planning group has been set up, and that local vaccine plans are in place in the event of an outbreak of Pandemic Flu. I was interested to learn of the appointment of an Education Officer to address problem drinking through early interventions, and I look forward to seeing how this service develops. On the subject of Health Inequalities, and the delivery of services to hard to reach groups, it was agreed that the Board would need to enter into dialogue with GPs and other primary care providers to ensure a consistent and meaningful approach across the area.

## Shifting the Balance of Care to the Community

12. You explained how the last six months had seen considerable progress in developing the Community Health Care Partnership (CHCP). The CHCP had been the focus of the work on developing community-based services for the elderly; for those local people with learning disabilities; and those with mental health issues. You are developing Managed Clinical Networks and a support team particularly for patients with long term conditions such as coronary heart disease, diabetes and stroke; including the provision of local diagnostic services and support for self-care.

13. I recognised you are delivering well through the CHCP but underlined the need for measurable outcomes and the setting of reasonable and responsible local targets. It was encouraging to hear of the developments in the local NHS dentistry service; it is commendable that 60% of 5 year olds in the Borders have no tooth decay. I was also pleased to learn of the positive progress on recruitment of dentists to the Borders. You have taken advantage of the recruitment programme from Eastern Europe; and have plans in place to recruit more dentists, increase opening hours and operate split shifts in an effort to significantly increase access to dental services.

14. We heard of significant progress in the area of learning disability and mental health services. Rapid response teams are in place and nurses are on duty overnight to provide support to out-of-hours services. You agreed the need to go further and utilise effective risk management systems to address issues before the need for crisis intervention. A consistent approach across the whole region will be necessary. You told us of challenges in terms of waiting times for general psychological services, though you remain committed to addressing these and agreed to update us on your progress in this respect. You continue to be committed to further reducing delayed discharges. A joint steering group, comprising representatives of the Board and the Council has been set up, recognising that further reductions will be a challenge over the next year. While I was pleased to learn that you had visited Tayside to discuss their system, and that your numbers are reducing, I still want to see further progress.

15. Actions around NHS 24 appeared to be positive; you told me that you work very closely with NHS 24; that you hold regular monthly meetings; and that performance had improved dramatically. You have completed an independent review of the service, including a survey of users, and are discussing with NHS 24 the option of developing a mini-hub as part of their South Queensferry office.

## **Service Redesign**

16. Now that the decision has been made to close Jedburgh and Coldstream hospitals, we heard that the Board continues to meet with the local community groups in developing plans for enhancing services in those areas. On waiting times I recognised the remarkable improvement that has been made; that no-one was waiting over 18 weeks at March this year was a fantastic achievement and to the credit of all the staff involved. We noted and welcomed the significant reduction in length of waits for those patients with Availability Status Codes (ASCs), and were reassured of your determination to sustain this reduction, on trajectory for the nationwide abolition of ASCs at the end of 2007.

17. You are also aware of the need to maintain your good performance in the reduction of cancer waiting times through the sustained use of trackers and effective implementation of weekly monitoring; all now in place and agreed with the Department's Delivery Group. You acknowledged that cancer waiting times for urology had historically presented a problem, largely due to recruitment issues. However, you confirmed that nurse specialists are now in place to deliver local diagnostics. You are also working with NHS Lothian to improve performance.

## **Resources: Finance and Workforce**

18. I was content that NHS Borders were making satisfactory progress around the implementation of Agenda for Change; the development of the workforce plan; and the realisation of tangible patient benefits from the new employment contracts. You also confirmed that robust plans are in place to ensure service continuity in moving to the next phase of Modernising Medical Careers. I was pleased to note that the Board had met its key financial targets in 2005-06 and you confirmed that NHS Borders expects to achieve financial balance at the end of 2006-07. I asked that you provide briefing on your Performance Management System, which I wished to consider as a possible example of best practice.

## Local Service Issues

19. NHS Borders' performance in Medicines Management is to be welcomed. A clinical group has been set up with a dual role of horizon scanning and to encourage the development of innovative pilots. NHS Borders has a well established and effective Palliative Care Managed Clinical Network; it engages particularly well with the out-of-hours services, and has a dedicated telephone number for use by patients during the night.

20. I was interested to have an update on the two public health issues which had been the subject of much media interest in the Borders. The e-coli outbreak had been well and sensitively managed, and had involved no loss of life.

21. The anthrax case, which is the first of its kind in over 30 years, has involved a significant amount of contact tracing and detailed investigations. You told me that the input from Health Protection Scotland had been invaluable, and that your own staff have worked tirelessly in doing what was required. I acknowledged that this had been a difficult and challenging time for local staff and I offered my thanks for the considerable effort, dedication and professionalism that had been evident. It is clear that NHS Scotland as a whole has much to learn from the successful approach of NHS Borders to these significant public health challenges.

## Conclusion

22. I believe that the Board has had another challenging but successful year. This is attributable to the hard work and commitment of a wide range of staff who are dedicated to making a positive difference for patients, some of whom I was pleased to meet during the course of my day with the Board. I had noted good relations with partners, particularly on delayed discharge issues; NHS 24; the Scottish Ambulance Service and NHS Lothian. I commended you on an exceptional performance on waiting times, and was satisfied that you are maintaining sound financial control.

23. All of the staff of NHS Borders can be proud of what they have achieved, and can look forward with confidence to the task of tackling the many challenges which lie ahead.

24. I would like to take this opportunity to thank you personally for your dedication and commitment to providing high quality health services to the people of the Borders.

25. I have set out the main action points arising from the review in the attached annex.



ANDY KERR

## **Board Members**

### **Non Executive Directors**

Mr Tony Taylor, OBE, Chair

Mrs Mary Wilson, Vice Chair

Rev Alistair Bennett

Mrs Edwina Cameron

Mrs Jennifer Croall

Mr Tom Donaldson

Mrs Catherine Duthie

Dr Sheena MacDonald MBE

Cllr Sandy Scott

Mrs Geraldine Strickland

Mr Vince Summers

### **Executive Directors**

Mr John Glennie, Chief Executive

Dr Ross Cameron, Medical Director

Mr Robert Kemp, Director of Finance

Mrs Eileen Moir, Director of Nursing and Midwifery

Dr Andrew Riley, Director of Public Health

**NHS Borders**

**Newstead, Melrose, TD6 9DB**

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