

Annual Report 2004/05



Chairman's foreword

"... the past year has been a successful one for NHS Borders, and I congratulate you and the Board for meeting and addressing the challenges which have presented."

Andy Kerr MSP, Minister for Health and Community Care

I am pleased to report that in 2004/05 NHS Borders has performed well against its key targets.

One of our most significant successes is the achievement of waiting time targets. By 31st March 2005, no patient with a guarantee was waiting over six months for in-patient or day case treatment in the Borders. We also met the challenging target for reducing the number of delayed discharges and we met our financial targets.

The inquiry report into the care of vulnerable adults by the Mental Welfare Commission and the Social Work Services Inspectorate required NHS Borders and Scottish Borders Council to review our care for people with a learning disability. The follow up report found that there was a high level of knowledge and commitment across all agencies, we had better policies and procedures in place and that people with learning disabilities felt safe and supported. Work continues to monitor and further improve these services through the Vulnerable Adults Working Group and the Child Executive. In 2004/05, we have been working to implement new conditions of employment for our staff. The new *Consultants Contract* for hospital medical staff and the *General Medical Services Contract* for GPs which we have implemented have brought about changes to some of our services, such as how we provide out-of-hours care, and they have introduced performance and quality targets to many more of our services. Alongside this, all NHS staff are going through a process of reviewing roles and responsibilities as part of *Agenda for Change*.

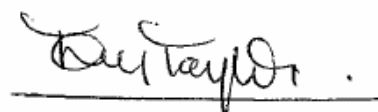
The year has seen developments in our programme to modernise our health services in the Borders. Amongst other things, we have developed the Borders Colon Service, modernised our Audiology Service, developed the Primary Care Collaborative and contributed to the Doing Well by People with Depression project.

We have also commenced a review of services to help us build for the future. This work forms the basis for the *Getting Fit for the Future* project, a major piece of work to review and redesign the way we provide services in unscheduled care, mental health services and inpatient services. We believe that the proposals from this review will deliver a more sustainable range of services for the future.

We know, for example, that we need to provide a more focussed approach to community care, providing a wider range of services in the community through multi-disciplinary teams and modern health care centres. We also need to manage demand for inpatient beds at the Borders General Hospital by changing the way we provide unscheduled or emergency care.

Redesign will inevitably involve change and we recognise that we need to work with local communities and our staff to develop any programme of change. We will ensure that staff, local communities, service users and other stakeholders are fully involved in the process of developing our options for future service delivery.

All of this represents significant achievements and work ahead. I should like to offer my congratulations and thanks to all those who work in our health services for the contribution they have made. These achievements are made all the more significant given the number of major changes we have also implemented during the year.



Tony Taylor OBE, Chairman

Welcome from the Chief Executive

This Annual Report for 2004/05 sets out the key areas of work NHS Borders has undertaken during the year and some of our 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 and www.audit-scotland.gov.uk.

We are also reviewed annually by the Scottish Executive Health Department. The report from this review is published in this Annual Report along with a summary of our financial performance. If you would like a full copy of our Annual Accounts, please write to the Director of Finance at the address shown on the back of this report.

Joint working has been an important element of our work in this year. This is particularly significant in our response to the inquiry into the care of vulnerable adults by the Mental Welfare Commission and the Social Work Services Inspectorate. A follow up report was published in October, which demonstrated the improvements made across all aspects of our service. The Joint Strategy for People with a Learning Disability and the integration of NHS and Social Work Learning Disability Services has been the prime factor in achieving these improvements.

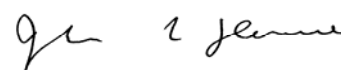
The Annual Report 2004/05 also provides information on some of the most significant areas of work we have been involved in, such as service developments, our work with the public through our Patient Focus, Public Involvement programme and pay modernisation and the introduction of new conditions of employment for our staff.

In 2004, we started a major modernisation project in key areas of our services which we need to develop to ensure they will meet the needs of future generations. There are many national drivers for this work, including the national strategy for health services and legislative requirements, and local drivers, such as shortages of professional staff in some areas, population changes and an ageing workforce. Medical technology, skills and practices move on continually and people's expectations of what health services can provide move with this.

The *Getting Fit for the Future* project encompasses this work, reviewing and redesigning services in the key areas of unscheduled care, mental health services and inpatient services. We have reviewed our current service provision in these areas and will work with stakeholder groups to develop options for future service delivery with the aim of investing in modern care, in more appropriate settings. This work will continue into the coming year within these key areas and will be built upon with the aim of ensuring our services are sustainable and meet the needs of the Borders population in the future.

On a more personal note, I should like to congratulate two of the people who received recognition during 2004/05 for their hard work for and on behalf of our patients. Firstly to Dr Carol Norris who received her MBE on 16 July 2004 at Buckingham Palace. Carol is a Consultant Physician in the Department of Medicine for the Elderly at the Borders General Hospital, whose dedication to her work has earned her the respect of staff and patients alike. Secondly, to Tony Taylor, Chairman, who was awarded an OBE in the New Year Honours 2005 for services to the NHS and to business in Scotland. Tony has a very distinguished career in the business world and we have been extremely fortunate to benefit from his experience.

We are work closely with our staff, patients, carers, partners and the public to develop and deliver our services and we will continue to do so as we move forward into the future. I would like to thank all those who have contributed to our achievements in this year and look forward to work with you in the coming year.



John Glennie, Chief Executive

Improving your health

"Mr Kerr noted that the Board had a mature health improvement process. He heard of ways in which the overall gap between the better off and less well off is to be addressed."

NHS Borders' Annual Review letter, Scottish Executive, 5 December 2005

Our strategy to help improve the health of everyone living in the Scottish Borders

Health care is not just about treating people when they become ill, but also about helping people to stay healthy. Our smoking cessation programmes support helps people to give up smoking in a range of ways. The Drug and Alcohol Team supports people trying to beat their dependency. We also work with local communities to provide information and education and promote activities that help people to live a healthier lifestyle through our Healthy Living Network.

We work with our partners in Scottish Borders Council and with a number of voluntary organisations to promote health across the Borders. This year we have developed a Joint Health Improvement Plan 2006-2010 (JHIP) with these partner organisation to take forward the key national and local health improvement priorities. The JHIP aims to improve health across the population rather than just for the individual, support our health improvement staff, and strengthen their work with people in their local communities.

Local people were also involved in developing the JHIP at an event held in December 2004. This was the first of its kind to be held in the Borders and over 100 local people of all ages attended and voted on a range of health issues to tell us what was most important to them.

The key elements of the plan are:

- An increase in health improvement activity to reach and influence more people and so improve their health.
- A broad range of actions and better co-ordination across community, health and service plans.
- Encouraging local communities to be involved in their own local health improvement programmes.
- Working together to support change where there are multiple barriers to health improvement.
- More effective targeting of disadvantaged communities to reduce health inequalities.
- A five-year joint investment plan to improve health and manage demands on public services.
- More effective monitoring to assess activity and outcomes and refine programmes over time.

NHS Borders and Scottish Borders Council have put together the Borders Social Atlas to give us an accurate picture of the health, social and economic characteristics of local communities. This helps us to identify where we need to focus the range of health improvement activities we provide.

Tackling health inequalities and social inclusion:

'Paths for Health Walk It'

Is a project created in Borders by the British Heart Foundation, with the aim of helping to support the development of 'walking for health groups'. These walking for health groups can be found in some of our most deprived communities throughout the Borders.

Migrant Workers' Needs Assessment

In 2004, around 1,000 migrant workers came into the Borders. NHS Borders, Scottish Borders Council and other partners, such as Lothian and Borders Police, commissioned an assessment to better understand how we need to develop our services to support these people and the communities they live and work in.

Men's Health Pilot

Recognising that men are more reluctant to seek advice and support for their health problems, NHS Borders was successful in a bid to the Scottish Executive to fund a pilot lifestyle and health assessment clinic. The pilot, runs from August 2004 to 31 March 2006, was established in Galashiels. It runs a Men's Health Clinic which is looking at ways to encourage men to take an interest in the health issues that face them and take better control of their health.

Improving your health

Oral and Dental Health

Dental services in the Borders, like many areas across the UK, have been working hard to overcome the difficulties caused by the low numbers of people training to become dentists and changes in the way dental practices choose to operate. To ease the situation, NHS Borders has recruited two salaried dentists to bring our total complement to three, with plans to appoint a further four in 2005/06. We also set up a dental help line to help those patients not registered with a dentist to get help in an emergency.

During 2004/05 we developed an Oral Health Strategy for the Borders. This strategy has helped us to maintain our good progress on the national dental health targets.

The Oral Health Strategy Action Plan aims to improve oral health, especially in children and young people; provide better access for patients; and train more dentists and dental therapists to increase the entire dental workforce.



Dolores the Dinosaur helps one little boy learn to clean his teeth at pre-school nursery

The oral health of children in the Scottish Borders is still the best in Scotland, and we have the highest percentage of nursery schools doing daily tooth-brushing.

NHS Borders is the only Health Board in Scotland to have already achieved the 2010 target of 60% of five-year-olds free from tooth decay.

Clearing the Air for a Healthier Scotland

Health Minister meets ex-smokers

Minister for Health and Community Care, Andy Kerr, visited Brydon's Café in Hawick on the day of NHS Borders' 2004/05 Annual Review visit to meet members of a locally based group who had successfully given up smoking with the help of NHS Borders' Smoking Cessation Service. Some of the members of the group who were in their 60s and 70s had been supported to give up after being life-long smokers. All were very enthusiastic about their success and the benefits that not smoking had brought to their quality of life.

NHS Borders continued its commitment to establishing clean air environments throughout its premises and extending its smoking cessation services for members of the public and for staff. The Smoking Cessation Service - available through GPs, Practice Nurses and group classes located in communities throughout the Borders - was further extended and is now available directly from community pharmacists who can also prescribe nicotine replacement therapy. Although good progress has been achieved, there has been an increase in the number of women smoking during pregnancy and amongst adults generally. The Borders Tobacco Strategy Group recognises the need to remain vigilant and monitor these trends to ensure that activity is targeted where most needed.

The NHS Borders' Tobacco Policy supports 'Clearing the Air for a Healthier Scotland' by working to promote smoke-free environments throughout NHS Borders.

We are also working with staff, colleagues and local businesses to prepare for the implementation of the new Smoking, Health and Social Care (Scotland) Act on 26 March 2006.

Sexual Health Services

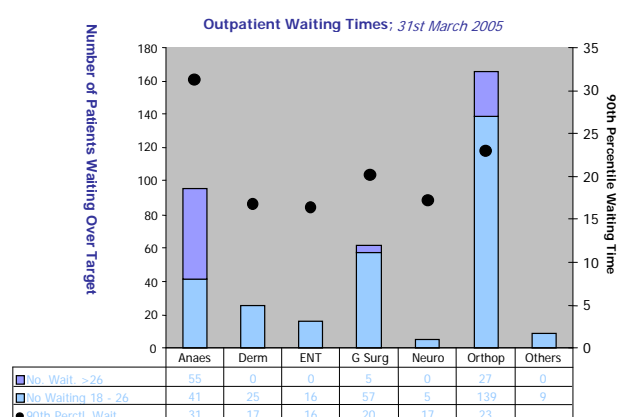
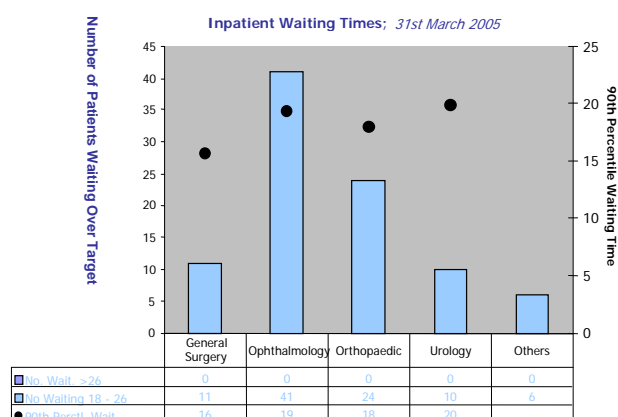
The Borders Sexual Health Service continues to develop with more people contacting the service. Developments include training of a nurse and a health adviser as Nurse Specialists in Sexually Transmitted Infections (STI) and more HIV care has been provided locally, with some patients transferring their care from elsewhere in Scotland. Following the publication of the National Sexual Health Strategy: 'Respect and Responsibility' on 28 January 2005, we have developed the Borders Sexual Health Action Plan 2005-2008, which includes for example:

- Offering better access to chlamydia testing.
- Offering 48-hour access to STI care.
- Increasing the availability of youth-oriented one-stop services in health centres and other settings.
- Increasing support for health promotion.
- Reducing the risk of unwanted pregnancies.

Improving the patient's experience

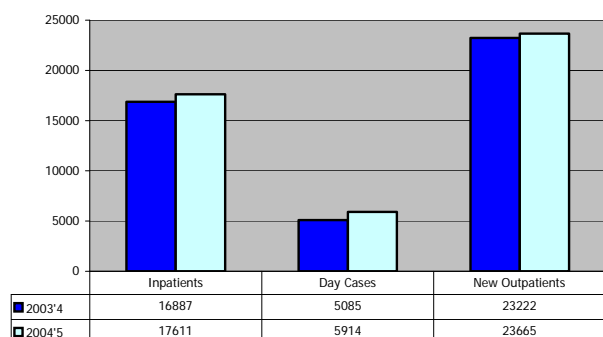
Waiting Times

NHS Borders continues to perform well against national waiting times targets. Even though there have been increases in in-patient and day cases activity of 4% and 16% respectively, we have continued to make progress to reduce waiting times. By the end of March 2005 there were no in-patient or day case patients waiting over six months. At the end of March 2005 there were 87 out-patients who had waited over six months, which compares with 1,146 out-patients who waited over six months as at 31 March 2004.

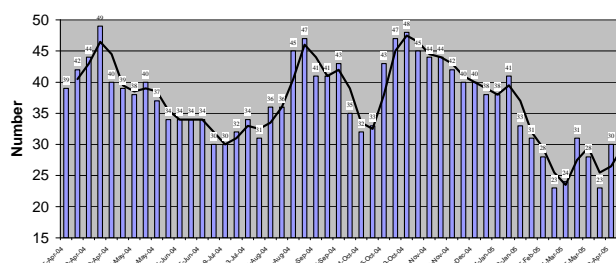


Acute Activity

April - March 2003/4 vs 2004/5

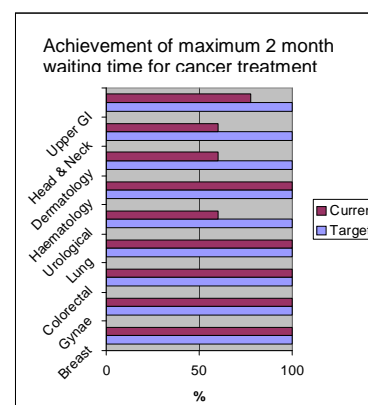


Borders Delayed Discharges April 2004 to April 2005



NHS Borders is performing well against the national target of two months' maximum waiting time from urgent GP referral to first treatment for all cancer cases by the end of 2005.

As part of our performance management, we are also looking at reducing waiting times in other areas such as Community Allied Health Professionals and Psychological Services and during 2005/06 targets will be developed in these areas as part of the local waiting time investment.



Improving the patient's experience

With increasing Accident & Emergency attendances (18,459 in 2004/05 compared with 16,204 in 2003/04) the Borders General Hospital has done well to either improve upon or stabilise waiting times in A&E – 73% treated in less than 120 minutes (the national average = 51%). While we are currently performing well against other Health Boards, we recognise that more effort is required to reduce these waiting times.

Accident & Emergency Waiting Times	2004/05	2003/04
% seen in less than 30 minutes	48	47
% seen in less than 60 minutes	72	72
% treated in less than 60 minutes	38	36
% treated in less than 120 minutes	73	73
% admitted within 3 hours	71	80

New CT/MRI Scanner Suite

The project for a new purpose-built CT and MRI Suite in the Radiology Department at Borders General Hospital was a successful collaboration between NHS Borders, Macmillan Cancer Relief and the Big Lottery. A significant amount of money was raised through donations, from the public, the Women's Royal Voluntary Service (WRVS) and the Friends of Borders General Hospital. This is the second successful collaboration with Macmillan Cancer Relief (Macmillan Cancer Centre in 2003). The success of these two major projects illustrates the seemingly tireless generosity of the people of the Borders, which is greatly appreciated by NHS Borders, its staff and patients.

The arrival of these two new scanners improves access to modern diagnostic radiology services for patients within central Borders so that they do not have to travel as far nor await visiting mobile services.



The new MRI Scanner being installed

Out of Hours Services and Unscheduled Care

NHS Borders assumed responsibility for the provision of Out of Hours (OOH) services on 1 November 2004 as part of the new General Medical Services Contract for GPs. The Borders Emergency Care Service does not just replace the traditional role of GPs in OOH services, but involves a full team of GPs, nurses, receptionists and drivers.

We are also integrating the Accident & Emergency unit at the Borders General Hospital with the OOH service and plan to expand this to include an acute medical receiving unit. The receiving unit will provide full assessment for patients who come to the A&E department prior to admission, helping to keep people from being admitted to the hospital unnecessarily.

The Palliative Care Team has developed its out-of-hours service alongside the Borders Emergency Care Service and has received national recognition for the quality of the service.

NHS 24 Telephone: 08454 24 24 24

The Borders Emergency Care Service works closely with NHS 24, which went 'live' in the Scottish Borders area on 20 April 2004. NHS 24 is the first point of contact for anyone needing treatment or advice in the out-of-hours period. Highly qualified staff provide advice over the phone or arrange for the appropriate contact within the out of hours service, including calling an ambulance when necessary. Anyone can still contact the ambulance service directly if they think an ambulance is needed.

The Scottish Ambulance Service launched a **Pre-Hospital Thrombolysis** service in the Borders in September 2004. The roll-out of Pre Hospital Thrombolysis to the Borders means that people who suffer a heart attack will receive this life-saving treatment earlier, reducing the amount of heart muscle damage and improving their outcome.

Improving the patient's experience

Mental Health Crisis Service

In 2004/05 NHS Borders, Scottish Borders Council, the Scottish Association for Mental Health and the Scottish Executive jointly embarked on an exciting new two-year pilot project to provide an alternative to admission for those people with mental health problems in crisis. The aim of the new service is to provide short-term home-based intervention and telephone support for people experiencing or at risk of mental health crisis and will also offer short-term crisis sleep-over accommodation for up to two people at a time. The service places a high value on team working and partnership and the need to be more active in engaging service users quickly with the services they need, not only to respond to the presenting crisis but also to improve mental health and well-being, physical health status, meaningful daytime activity, positive relationships and interactions, and sustainable accommodation.

Audiology

Modernisation of the Audiology service has been based on the range and appropriateness of services provided, particularly screening, the equipment and facilities available, staffing levels and skill mix and the availability of digital hearing aids. This year we have:

- Purchased a new system with standards required for digital aid fitting.
- Trained staff in the use of the new equipment.
- Purchased digital aids and started the fitting service.
- Increased staff hours.

Borders Colon Service

The Borders Colon Service has a single referral point for all referrals for patients requiring colonic investigation. The Service has had a significant impact on waiting times. Urgent barium enemas can now be performed in less than 9 working days when previously the waiting time would have been 3 to 4 weeks. The most dramatic reduction in waiting is for the urgent colonoscopy. This waiting time has reduced from 8-10 weeks to approximately 2 weeks.

Complaints and Compliments

A total of 167 complaints were received during 2004/5, shown below broken down by Clinical Board/service area:

Borders General Hospital	141
* Mental Health & Learning Disability Network	10
LHCC – including Community Dental, Allied Health Professionals and Psychology Services	14
Community Hospitals	2

**None of the Mental Health & Learning Disability Network complaints related to detention under the Mental Health (Scotland) Act 1984.*

Of the 167 complaints received, 60% had a full response issued within the 20-day complaint handling timescale.

Analysis of these complaints indicates that the top five complaint categories are:

- Staff attitude/behaviour
- Clinical treatment (all aspects)
- Communication
- Shortage/availability of staff
- Waiting times

During this year a total of 3,208 compliments and commendations were notified to the Clinical Governance Department. This represents only a small proportion of the thanks received by staff. The total patient feedback was therefore 3,375, 5% of which were complaints and 95% compliments/commendations.

Complaints are not just logged and replied to; they are used to inform learning processes within the organisation. This is helped by the fact that the Complaints Officer is part of the Clinical Governance team that works to improve the quality of services we provide to patients.

Modernising services for you

Modern services

NHS Borders is responsible for delivering health care across the region and for meeting the health care needs of the population. To do this we must continue to provide and develop a modern, effective and high quality service that properly caters for the needs of patients and staff. This accountability for the service locally within the Borders has to be seen within the context of the National Health Service in Scotland and circumstances local to us in the Borders. For example, we have a population with more than the average number of people over 65 and shortages of staff in particular care professions. The 21st Century will see even faster change and improvement in health care and NHS Borders needs to be fit to respond to that. This will mean adopting very different ways of providing care now and in the future.

The Inpatient Redesign Project which began in April 2004 included staff, patients and representatives from the public and partner organisations. This was the first stage in the Board's consideration of how we could modernise and deliver services in different ways. The main aim is to deliver improved care that is quicker and more personal, delivered close to people's homes in modern, well-equipped facilities. Where people need hospital treatment, our goal is to deliver shorter waiting times and a more 'joined-up' service that gets patients diagnosed, treated and home again as quickly as possible.

The work on this project is still ongoing, with recommendations for changes to our services being consulted on with local communities during 2005/06 under the heading 'Getting Fit for the Future'. The changes proposed form the start of a longer-term change programme over the next five to ten years and include our community hospital network, the Borders General Hospital and mental health and learning disability facilities.

'Doctor - Vision 2000 Awards'

During the year, NHS Borders won the 'Doctor - Vision 2000 Awards' for quality of Coronary Heart Disease care as a result of the 'Hearts in the Borders' programme and the work done on preventing second and subsequent heart attacks in individuals (called 'secondary prevention'). An important part of this work concentrated on lifestyle modification and 111 staff in Primary Care have received training on this.

The national **Modernising Medical Careers** (MMC) programme introduces a two-year foundation programme for all medical graduates to provide the generic training which all doctors require irrespective of what specialty they subsequently study. The aim is to provide a much stronger and more focused education for doctors in training so that they can come into the service with a greater experience. MMC will also offer better career guidance at every stage of a doctor's development and will provide new opportunities for non-consultant career grade doctors. Following preparation, training in the first two foundation years began in August 2005.

Pay Modernisation

Along with the modernisation of our services, NHS Borders is implementing a range of measures to modernise the pay and conditions of our staff.

The General Medical Services Contract (GMS) for GPs sets out the way your GP services will be provided. It includes a set of quality standards that each practice has to meet. NHS Borders achieved a score of 988.5 on these Quality Outcome framework standards that represented a 94% achievement of the target. This impressive performance reflects a programme of investment and staff commitment to raising standards in primary care and focused action on health screening and chronic disease management. The principle of rewarding those practices that have achieved highly will contribute to improving GP recruitment and retention in the Borders.

NHS Borders successfully introduced the new Consultants' Contract across the Borders. The contract includes 'job plans' for each consultant, including commitments to quality and activity targets.

Agenda for Change is a programme to review the roles, responsibility, pay and conditions, and knowledge and skills of all non-medical staff within the NHS. We have started by reviewing everyone's job description. These will be matched with nationally agreed job descriptions to assess individual pay levels. The benefit will be that pay will be more closely linked to skills and allow for greater career progression. This should help us to recruit and retain staff in the future.

Working together

Working in partnership with our staff

The Area Partnership Forum is well established in NHS Borders and is supported by the Partnership Office. Members of the Area Partnership Forum sit on clinical boards, management teams and a wide range of working groups and committees and make sure that the interests of our staff are taken into account at all levels of the organisation.

Our staff face a challenge in balancing the increasing requirements and regulations of training with the delivery of day-to-day health and support services. The Training and Professional Development Team (pictured below) supports, develops and helps staff to meet this challenge, forming key partnerships with external providers to grow the knowledge, skills and expertise of NHS Borders' staff.

The new Training and Professional Development Team also launched a consultation on the new NHS Borders' Learning Plan and Training Directory that will help all 3,700 staff to find out what training they need and how they can access it. Depending on the type of learning needed, staff can access courses either in-house or provided externally, or learn on-line at their own speed.

Some examples of the training and professional development which has been provided are listed below:

- Post-graduate and SVQ Level 4 Management Qualifications
- Prevention & Management of Aggression & Violence
- RCN Clinical Leaders Programme
- Inspired to Lead
- First Line Managers Training
- Resuscitation Training



Bronze SHAW Award Success

Primary Care Services were successful in achieving the Scotland's Health at Work (SHAW) Bronze Award following assessment in June 2004. This national award is given to organisations demonstrating commitment to improving the health of their staff. The strong commitment by staff and managers to Health at Work initiatives will continue as the whole Board works towards achieving a Silver SHAW Award.



Scottish Healthy Choices Award

BGH Dining Room – Highly Commended

The dining room at Borders General Hospital, which serves staff and visiting members of the public, was awarded Highly Commended in the Scottish Healthy Choices Award for providing and promoting healthy options in a healthy environment.



A selection of Borders businesses collecting their awards at the Borders Union Show. Non Executive Director, Geraldine Strickland, can be seen second from left, and Fraser Rankine, Health Promotion Specialist, second from right.

Working together

Working in partnership with Scottish Borders Council

The Scottish Borders Well-Being Partnership brings together Scottish Borders Council and NHS Borders to organise health and social care services across the Borders. The Partnership aims to deliver health, care and learning opportunities that improve the health and well-being of all the people of the Borders.

The Well-Being Partnership Board includes user, carer and staff representatives as well as senior members of the two partner organisations. The Well-Being Partnership Board considers and approves all joint planning proposals and funding arrangements across the two organisations and has implemented the Single Shared Assessment for older people and people with a physical disability, Joint Information Sharing Policy, Rapid Response, Delayed Discharge, Borders Ability Equipment Service and the User & Carer Involvement Strategy.

Work is ongoing to maximise an integrated approach to Occupational Therapy Services, to implement the Joint Learning Disability Strategy, integrate Children's Services, and implement the new Mental Health Act.

Within the Borders we have established a single Scottish Borders Community Health & Care Partnership (CHCP). All NHS Services, Acute, Primary Care, Mental Health and Learning Disabilities will come within the Scottish Borders' CHCP, which includes representatives from Scottish Borders Council and the voluntary sector. A formal CHCP Committee will govern all these services. The CHCP Committee will be responsible to Borders NHS Board and will also be accountable to the Borders Well-being Partnership for areas of joint working with Scottish Borders Council and the Voluntary Sector.

Some examples of this joint working follow:

Delayed discharges is the term given to patients who are ready to be discharged from hospital, but their discharge is being delayed for one of a number of reasons, such as waiting for a place in a care home, or for their house to be adapted to allow them to return home. Throughout 2004/05 we worked with Scottish Borders Council to reduce the number of delayed discharges across the Scottish Borders and make sure the number remains low. At the end of March 2005, we had achieved our target for reducing delayed discharges.

The implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003 is an agreed priority for both NHS Borders and Scottish Borders Council. The new Act offers opportunities to develop mental health services jointly and improve the experience of people using these services in the Borders. Improvements include governing principles for people with formal powers under the Act setting out how they should go about their duties; creation of a Mental Health Tribunal replacing the role of the Sherriff Court; a greater focus on the needs of children and young people affected by mental disorder; more attention to the rights of people with a mental disorder; and introduction of 'advance statements' which allow people to register the care and treatment they wish to receive should they become unwell.

In May 2004, the report of the Social Work Services Inspectorate Investigation and the Joint Statement from the Mental Welfare Commission (MWC) and the Social Work Services Inspection Agency was published. In response to these reports, our Learning Disability Service has worked with Scottish Borders Council Social Work Department to achieve the following:

- A Vulnerable Adults Protection Committee has been established, with work underway to create a Vulnerable Adults Protection Unit.
- A dispute resolution procedure is now in place.
- The 'Disclosure Scotland' procedures used when employing new staff have been reviewed.
- A Joint Learning Disability Strategy has been agreed.
- A Joint Manager has been appointed for the new integrated Learning Disability Service, together with a Learning Disability Liaison Nurse, Dietician and Occupational Therapist to work specifically with people with a learning disability.
- Planned investment in services for children with a learning disability.
- Re-alignment of the Social Work team to work specifically with people with a learning disability in preparation for the Joint Service.

Staff in both organisations have worked tremendously hard to address the report through a joint action plan. Good progress has been made, as has a commitment to ensure that this progress is maintained for the future care of the vulnerable members in our communities.

Working together

Working in partnership for children and young people

NHS Borders is committed to working in partnership with Scottish Borders Council, Lothian and Borders Police, the Children's Reporter and the Voluntary Sector to plan, provide and modernise Services for Children and Young People. During 2004/05 we have held joint training, particularly around child protection, and worked with service users, children and young people, parents and carers to review our services. The first Borders Integrated Children and Young People's Services Plan, called Bright New Futures, has been drawn up by the multi-agency Children's Change Group in April 2005.

We have also worked with agencies and staff from the Scottish Development Centre for Mental Health to develop the Borders Integrated Children and Young People's Mental Health Strategy which complements the NHS Borders' Child Health Strategy 2005 – 2008 and will set out how we will deliver services to meet the recommendations of the Children and Young People's Mental Health and Child & Adolescent Mental Health Special Needs Assessment Profile report.

Working with our regional partners

NHS Boards across Scotland are working together to develop a service planning framework for specialist (tertiary) services to ensure they are of the highest quality and that patients have access to these services as appropriate to their individual needs. NHS Borders belongs to the South East Scotland and Tayside (SEAT) regional planning group, which has been undertaking reviews in Urology services, access to radiology, child and adolescent mental health services and in-patient services for people with learning disabilities.

Managed Clinical Networks (MCNs) bring together patients, carers, and health and social care professionals from all disciplines to identify local needs and drive forward local priorities so that we adopt a patient-centred approach to service development for specific diseases and conditions. By working in partnership MCNs aim to bridge traditional boundaries between services by examining the patient's complete journey around the service so that we can design a care pathway for patients that delivers the care they need.

Local MCNs have been developed in coronary heart disease, stroke and diabetes and they are supported by an generic MCN office. The disease specific MCNs are linked together both locally and with their counterparts in other Boards and national, specialist services where appropriate. Other specialities expressing an interest in developing MCNs are respiratory medicine, neurology and unscheduled/emergency care.

Working with local people

Work has been ongoing within NHS Borders to expand Patient Focus Public Involvement (PFPI), and the Board identified the need to work towards the establishment of a Public Governance Committee. In September 2004, staff and members of the public took part in training and have formed the Involving People Network. Representatives of the Involving People Network are included in the membership of our Clinical Boards and have taken part in a number of service redesign projects including managed clinical networks, working groups and consultation events.

A range of stakeholder engagement activities have taken place with NHS Borders staff, Scottish Borders Council staff, the voluntary sector, service users and carers, patients and the public to ensure NHS Borders and its communities work together to promote joint working on health improvement, health care design and delivery. The Involving People Network, local community representatives and voluntary sector organisations have been integral to the Inpatient Redesign Stakeholder Group and working groups.

Within the Borders Healthy Living Network, a team of volunteers has been established with a specific remit to provide support to people within five of the more deprived or excluded communities within the Scottish Borders. The Network supports access to activities to promote health and well-being.

NHS Borders has worked with other key public services to establish the Social Justice, Equalities and Diversity Group. This group aims to ensure the work of the public sector takes into account the specific needs of all of the people living in the Borders.

NHS Borders is a key partner in the evolving Voluntary Sector Compact with Scottish Borders Council. The Compact sets out shared principles, values and commitments, and outlines an agreement that public and voluntary bodies will use to work together.

A Borders Advocacy Plan for 2004-07 has been finalised by NHS Borders, Scottish Borders Council and Borders Advocacy Forum. The plan is monitored by an inter-agency group: the Borders Advocacy Planning & Implementation Group

Financial performance and efficiency

Financial Performance

NHS Borders has a good track record of achieving its financial targets and for sound financial management, and this has continued in 2004/05 ensuring that all our financial targets were achieved. In addition, NHS Borders carried forward £3.38 million in respect of funding for earmarked projects received in 2004/05 that will not be spent until 2005/06 e.g. Galashiels Health Centre refurbishment.

The achievement of targets in 2004-05 has relied on achieving recurring savings of £1 million and NHS Borders will need to continue to seek out further efficiency improvements over the next few years. We have also relied on a range of non-recurring funding and the Local Health Plan, for the last two years, has identified that the reliance on non-recurring funding is not sustainable as we move forward.

Over the last twelve months, the impact of pay modernisation, new out-of-hours arrangements and increasing drug costs, which are common across the NHS, have reinforced the need for NHS Borders to increase the pace of our service re-design programme in order to release the resources to deliver further improvements in health and health care.

NHS Borders is committed through integrated and focused working to achieve financial balance each year and, more importantly, return to recurring balance at the earliest opportunity. Our current plans show that by the end of 2007/08, through further reviewing the efficiency and effectiveness of our services, we will be able to break even on a recurring basis.

Improving efficiency

We are always working to improve the efficiency of the service and to meet the targets set by the Scottish Executive Health Department.

In 2004/05, we have increased the number of procedures undertaken as a day case by 16%, and our day case rate of 66.4% is slightly above the Scottish average of 64.4%.

The rate of cancelled admissions was 2.5% of planned admissions at the end of March 2005. We have worked to reduce cancellations across the specialties, achieving particular success in general medicine and gynaecology.

The DNA rate, the number of people who do not turn up for their appointments without letting us know, is below the Scottish average, currently standing at 7%. We have recently launched a campaign to encourage people to cancel appointments in an effort to reduce the rate. This also allows us to reallocate appointments to other people.

NHS Borders is achieving the maximum target in 48 hour access to a member of the primary care team. Within the Borders Primary and Community Services Board (PACS), there are 5 practices taking part in the Primary Care Collaborative. This collaborative has produced an action plan for a phased rollout across GP practices of the access work and also the diabetes work which has been undertaken.

Financial performance

OPERATING COST STATEMENT FOR THE YEAR ENDED 31 MARCH 2005

2003-2004 £'000		£'000	£'000
Restated			
107,896	Clinical Services Costs	120,637	
9,025	Hospital and Community	9,489	
<u>98,871</u>	Less: Hospital and Community Income		111,148
33,358	Family Health	35,742	
2,252	Less: Family Health Income	1,964	
<u>31,106</u>			<u>33,778</u>
129,977	Total Clinical Services Costs		144,926
1,427	Administration Costs		1,592
2,752	Other Non Clinical Services	6,367	
418	Less: Other Operating Income	<u>3,662</u>	
<u>2,334</u>			2,705
95	Local Health Council		108
<u>133,833</u>	Net Operating Costs		<u>149,331</u>

SUMMARY OF REVENUE RESOURCE OUTTURN

2003-2004 £'000		£'000
Restated		
133,833	Net Operating Costs (per above)	149,331
0	Plus: Capital Grants from public bodies	41
(12,548)	Less: FHS Non Discretionary Allocation	(5,785)
<u>(89)</u>	Less: Local Health Council Allocation	<u>(94)</u>
121,196	Net Resource Outturn	143,493
121,495	Revenue Resource Limit	146,873
<u>299</u>	Saving against Revenue Resource Limit	<u>3,380</u>

MEMORANDUM FOR IN YEAR OUTTURN

(326)	Brought forward surplus from previous financial year	(299)
<u>(27)</u>	(Deficit)/Excess against in year Revenue Resource Limit	<u>3,081</u>

Financial performance

BALANCE SHEET AS AT 31 MARCH 2005

2004 £'000 Restated		£'000	£'000
	FIXED ASSETS		
86,543	Tangible fixed assets	<u>85,459</u>	85,459
86,543	Total Fixed Assets		
2,798	Debtors falling due after more than one year		6,057
	CURRENT ASSETS		
731	Stocks	786	
3,301	Debtors	3,946	
<u>360</u>	Cash at bank and in hand	<u>258</u>	
4,392		4,990	
	CURRENT LIABILITIES		
<u>(14,345)</u>	Creditors due within one year	<u>(17,211)</u>	
<u>(9,953)</u>	Net current (liabilities)		<u>(12,221)</u>
79,388	Total assets less current liabilities		79,295
(79)	CREDITORS DUE AFTER MORE THAN 1 YEAR	(76)	
<u>(5,451)</u>	PROVISIONS FOR LIABILITIES AND CHARGES	<u>(8,681)</u>	
<u>(5,530)</u>			<u>(8,757)</u>
<u>73,858</u>			<u>70,538</u>
	FINANCED BY:		
46,194	General Fund		46,266
26,799	Revaluation Reserve		23,300
<u>865</u>	Donated Asset Reserve		<u>972</u>
<u>73,858</u>			<u>70,538</u>

Adopted by the Board on 22 July 2005

 Director of Finance

 Chief Executive

Financial performance

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2005

2003-2004 £'000 Restated		£'000	£'000
	NET OPERATING CASHFLOW		
(129,525)	Net cash outflow from operating activities		(141,117)
	CAPITAL EXPENDITURE		
(1,470)	Payment to acquire tangible fixed assets	(5,690)	
<u>(1,470)</u>	Net cash outflow for capital expenditure		<u>(5,690)</u>
(130,995)	Net cash outflow before Financing		(146,807)
	FINANCING		
130,995	Funding	146,807	
<u>(851)</u>	Movement in general fund working capital	<u>137</u>	
130,144	Cash drawn down	146,944	
<u>130,144</u>	Net cash inflow from financing		<u>146,944</u>
<u><u>(851)</u></u>	(Decrease)/ Increase in cash in year		<u><u>137</u></u>
	NOTES		
	1. Reconciliation of operating cost to operating cash flow		
(133,833)	Net Operating Cost for the year		(149,331)
4,652	Expenditure not involving payment of cash		6,024
<u>(344)</u>	Net movement on working capital		<u>2,190</u>
<u>(129,525)</u>	Operating cash outflow		<u>(141,117)</u>
	2. Reconciliation of net cash flow to movement in net cash		
(851)	(Decrease)/ Increase in cash in year		137
<u>972</u>	Net cash at 1 April		<u>121</u>
<u>121</u>	Net cash at 31 March		<u>258</u>

Financial performance

STATEMENT OF RECOGNISED GAINS AND LOSSES

FOR THE YEAR ENDED 31 MARCH 2005

2004 £'000 Restated		£'000
18,350	Net gain/(loss) on revaluation of tangible fixed assets	(3,338)
20	Movement in Donated Asset Reserve due to receipts	0
<u>18,370</u>	Total recognised gains/(losses) for the year	<u>(3,338)</u>

A copy of NHS Borders Annual Accounts 2004/05 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.

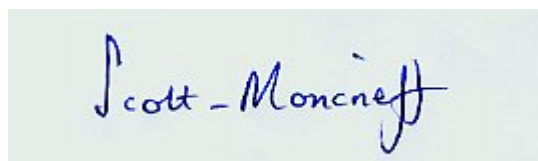
Basis of opinion

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 2005. 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
6 July 2006

17 Melville Street
Edinburgh
EH3 7PH

Annual Review letter



SCOTTISH EXECUTIVE

Minister for Health & Community Care
Andy Kerr MSP

St Andrew's House
 Regent Road
 Edinburgh EH1 3DG

Mrs Mary Wilson
 Vice Chair
 Borders NHS Board
 Newstead
 MELROSE
 Roxburghshire
 TD6 9DB

Telephone: 0845 774 1741
scottish.ministers@scotland.gsi.gov.uk
<http://www.scotland.gov.uk>

Our ref:

S December 2005

Dear Mary

NHS BORDERS ANNUAL REVIEW 2004-05, 10 OCTOBER 2005

I am writing to record the issues raised during the Annual Review meeting when we met to discuss NHS Borders performance during 2004/2005, and your plans for the provision of health care to the local population in 2005/2006. This letter supplements the Department's comments on NHS Borders written self-assessment.

I am very grateful to you and your colleagues for making the arrangements for my visit to Hawick Community Hospital, and for the Board's Annual Review meeting. As you know, I found my tour of the Hospital most interesting, and I was impressed at the level of commitment and enthusiasm among those staff whom I met. I was pleased to perform the Hospital's official opening. I also enjoyed the visit to Bryden's Bakery where I met the owners and the Board's smoking cessation staff, together with a number of people who had successfully given up smoking as a result of the services being offered by the Board.

I identified a list of specific actions which you agreed you would progress over the coming months. These are set out below:

1. Waiting Times: you will improve your diagnostic and psychological services waiting times, and the timeliness of your data on cancer performance.
2. Delayed Discharges: you will address the number of individuals waiting for appropriate placement.
3. Infection Control: you will increase the number of staff in training as Cleanliness Champions, and ensure all G grade staff are trained by February 2006.



2005/06

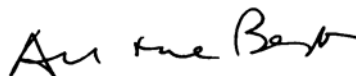
Annual Review letter

4. Efficiency: you will reduce the unit costs for inpatients and day cases.
5. Healthcare Strategy: you will keep me informed of progress on your programme of work.

I attach a written record of the Annual Review meeting.

It was clear from the Review that the past year has been a successful one for NHS Borders, and I congratulate you and the Board for meeting and addressing the challenges which have presented. As I acknowledged at the meeting, I was particularly pleased by your performance on waiting times targets, particularly on cancer. And, with regard to finance, coming in on budget this year is a significant achievement, for which I congratulate all of those involved.

The year ahead will be an equally challenging one, particularly in terms of the redesign programme on the future of services in the area, and the public consultation which will form a significant part of it. I recognise that partnership working will be a crucial element, but I am reassured that NHS Borders will meet the challenge in delivering for the people of the Borders the best possible health service and access to services.



ANDY KERR

Board members

Non Executive Directors

Mr Tony Taylor OBE, Chairman
Mrs Mary Wilson, Vice Chair
Rev Alistair Bennett
Mrs Edwina Cameron
Mrs Jennifer Croall
Mr Tom Donaldson
Mrs Catherine Duthie (from 1 February 2005)
Dr Ian Lowles (to 1 October 2004)
Dr Sheena MacDonald MBE
Cllr Sandy Scott
Mrs Geraldine Strickland
Mr Vince Summers (from 25 October 2004)

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

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