NHS Borders

Building On Our Achievements

Annual Report 2003/04

Welcome to NHS Borders Annual Report 2003 – 2004

In this Annual Report for 2003-2004, we have set out the performance of NHS Borders. Our performance is assessed each year by the Scottish Executive Health Department in our annual Accountability Review. The result of this review is reported to us through the Accountability Review letter which is reproduced in full in this Annual Report on pages 14 - 18.

To measure our performance, a wide range of performance indicators are published each year in the Performance Assessment Framework (PAF). The PAF contains targets for areas such as waiting times, cancer screening rates and how quickly we deal with complaints as well as assessment of how successfully we are implementing national reforms such as the New Deal for Junior Doctors.

The PAF groups the targets under 7 headings and we have set out this Annual Report to reflect those headings.

During the year some of our services are also independently reviewed against the NHS Quality Improvement Standards. This takes the form of a visit to a specific service by a group of specialist assessors who compare our practice against national standards. The results of these visits also form part of the PAF. The reports of the assessments are published on the NHS Quality Improvement Standards website at www.nhshealthquality.org

The Annual Report provides a summary of our operating costs and balance sheet. The full Annual Accounts for NHS Borders are available, if you would like a copy, please apply in writing to

R Kemp,
Director of Finance,
NHS Borders,
Newstead,
Melrose,
TD6 9DB

Foreword

"NHS Borders has demonstrated impressive progress…"
Scottish Executive Health Department Accountability Review Letter

The past year has been an important and challenging one for NHS Borders. On 1st April 2003, we integrated Borders Primary Care NHS Trust and Borders General Hospital NHS Trust with Borders Health Board to form one unified organisation. The new organisation, Borders NHS Board, operates as NHS Borders, bringing together all the NHS services in the Borders.

During the year the process of integrating our services has continued and we are now in a position where all of our support services are fully integrated.

Many of the strengths of NHS Borders as an organisation have been reinforced by the integration of our services and in this first year we are already seeing the benefits that integration was intended to bring. We have a more focussed approach to service delivery and planning and it has helped improve joint working with our partner agencies and with local communities.

Although we have achieved a lot in this year, this period of change is far from over. With record extra investment in NHS Scotland, we need to match this funding with modernisation and reform. We also recognise the need to address issues of sustainability, pressures in workforce planning and the delivery of the reforms set out in the White Paper: Partnership For Care.

We have embarked on a programme to modernise our services to meet the needs of people in the 21st Century. This means we have to challenge our traditional practices and models of care so that we can secure a sustainable future for our health services. We believe that the new organisation, NHS Borders, has the focus and commitment to achieve this with the help and support of our partner agencies and the people of the Borders.

I hope you enjoy reading this report

Tony Taylor

Chairman, Borders NHS Board

Health Improvement and Reducing Inequalities

We have made steady progress this year in terms of Health Improvement. A Joint Health Improvement Team has been established with our partners in Scottish Borders Council and the Team has produced a Joint Health Improvement Plan.

The Joint Health Improvement Plan ensures the co-ordination of a number of lifestyle projects to enable the sharing of project management, resources and best practice between similar projects.

As part of New Ways, the Community Planning Structure in the Borders, three sub-groups have been established to support health improvement. The In Fine Fettle Programme focuses on targets for coronary heart disease, stroke and cancer by raising awareness of risk factors and improving the identification and management of high risk groups.

Our Healthy Living Network is targeting five regeneration areas in the Borders by developing skills and confidence in activities such as cooking, stress management and physical activity.

The Health Capacity Building Group is developing and supporting people to improve their self-confidence and their ability to make changes in their lifestyle. The Group will also work with local organisations and communities to develop healthy and supportive environments in schools and workplaces. The work of this group will provide a mechanism to directly involve communities in the preparation of the next Joint Health Improvement plan.

The new General Medical Services (GMS) contract for GPs includes formal commitments to address health improvement issues. This should help us to move towards better care within high risk groups of patients and better recording of improvements. The new GMS contract will allow us to build on our local record of successfully reducing smoking, blood pressure and cholesterol levels in the general population and more specifically in patients with coronary heart disease, stroke and diabetes.

The Drug & Alcohol Team (DAAT) has developed a range of initiatives to tackle alcohol and drug related problems. Raising the awareness of the risks and social problems associated with alcohol abuse has been targeted at young people, parents, schools and licensees. There is a range of services to address more problematic issues, these include the Borders Community Addiction Team, the Big River Project, Borders Counselling on Alcohol, Penumbra Youth Project and the Reiver Project. DAAT works closely with agencies, such as Child Protection, the Police, schools and Scottish Borders Council to provide education and support for all those affected by substance abuse.

Achievements

Mortality rates – we achieved the target for reducing stroke and coronary heart disease mortality

Percentage of low birth weight babies – Borders has the third lowest rate in Scotland

Percentage of breast fed babies – Borders maintains it's position as the only Board meeting the target of 50% of babies being breast fed at 6 weeks after birth

Dental health – the Board has met the 2010 target for the percentage of 5 years olds with no dental cavities for the last three years

Immunisation programmes – we have met the target for vaccination in the 7 childhood immunisation programmes (excluding MMR) and for the percentage of over 65 year olds vaccinated against influenza

Sexual health – the Board is on target to meet the 2010 teenage pregnancy target and also has a very low incidence of sexually transmitted diseases

Drugs misuse – the proportion of drug users who inject and those who share needles is decreasing

Our healthy lifestyle projects

Guid Fettle exercise and health classes for people over 50

Fresh Fruit in Schools helping children to develop positive attitudes to healthy eating

GP Exercise Referral scheme giving people a personalised activity programme

Smoking cessation programmes

Health Living Centres teaching people to cook and prepare healthy meals on a limited budget

Fair Access to Health Care Services

Achievements

Elective Surgery Rates – the Board has a higher than average hip replacement and cataract surgery rate. The rate of knee replacements is now close to the average for Scotland

Cardiac Interventions – the rate of cardiac interventions now meets the target having been below average in previous years

Early Detection of Cancer – the breast and cervical screening rates are well above the target and the national average

Access to GPs – we have a consistently high number of GPs

Access to Primary Care Services – the Board has a higher than average rate of community pharmacies and dispensing practices

NHS Borders performs well against many of the indicators under this heading.

Despite national shortages of doctors in almost every specialty, we have successfully filled consultant vacancies in orthopaedics, radiology, haematology, gastroenterology, medicine for the elderly and anaesthetics.

The national shortages of doctors caused problems in recruiting a consultant to our cardiology service. However, the service was maintained by our specialist, medical physician's team, with support from a visiting consultant from Edinburgh. We have recently successfully recruited to a consultant cardiologist post at Borders General Hospital.

Mental Health services also had difficulties recruiting a consultant in the rehabilitation service. While this post is now filled, a vacancy has occurred in general psychiatry. Recruitment issues in this specialty also reflect national shortages in qualified medical staff.

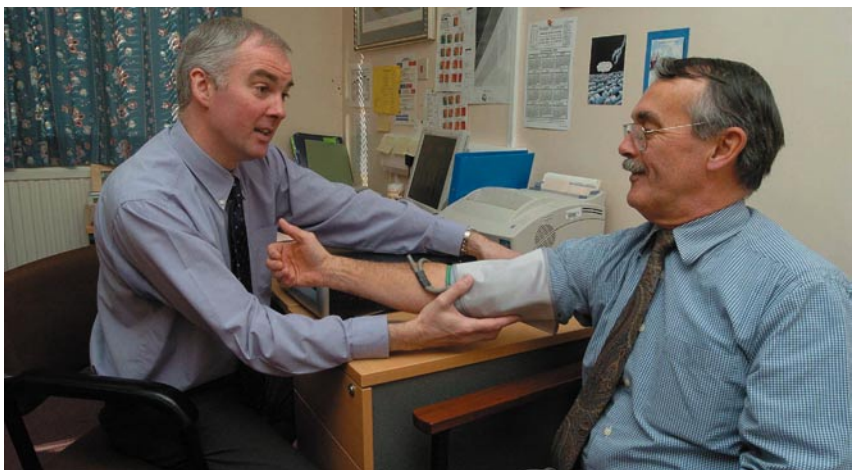
Breast and cervical cancer screening rates remain well above the Scottish average and we received positive reports from reviews of cervical and breast screening services by NHS Quality Improvement Scotland.

The application by Teviot Medical Practice in Hawick for Personal Medical Services (PMS) status was agreed. This acknowledges the practice's work to modernise their services and allows them to pilot a new model of care and deliver service improvements for their patients.

Access to NHS dental care has become increasingly difficult in the Borders as it has elsewhere in Scotland. To address this, we have employed two new salaried dentists and are working to recruit more dentists to the Borders.

The delayed discharge rate is a measure of how many people have to stay in a hospital when they are well enough to go home or to specialist accommodation, such as a care home, if support could be provided. We exceeded our target of 40 delayed discharges with 38 people waiting to be discharged from hospital by the end of the year. However, this welcome success is tempered by the need to reduce this number further.

We have a Delayed Discharge Plan which provides a range of measures including increased residential places and rapid response services to speed up the provision of home care support.



Clinical Governance, Quality and Effectiveness of Health Care

We are making strides in improving cancer services. We are supporting a programme to increase radiotherapy capacity at the Lothian Cancer Centre. We are also working to increase capacity for CT and MRI in a new facility, these machines are used to help diagnose cancer. It is expected that the CT scanner will be operational by December 2004 and the MRI scanner operational by April 2005.

The Macmillan Cancer Centre was opened in January 2003 to provide a unit dedicated to the care and treatment of people with cancer. Many more patients now receive their treatment here without having to travel to Edinburgh. NHS Borders has also agreed a plan to increase the number of patients who can receive their chemotherapy at the Macmillan Cancer Centre by recruiting additional clinical oncology staff.

Stroke Care is being improved by developing Managed Clinical Networks which are expected to be operational from the start of 2004/05. This will increase the range of services available to local patients by linking with services in Lothian.

In January 2004, we opened a 7-bedded acute stroke unit at Borders General Hospital. This will focus the development of expertise in the immediate management of stroke patients. It will also improve the co-ordination of care for stroke patients throughout their hospital stay and beyond.

Further planned developments include expansion to a comprehensive stroke and rehabilitation unit and further development of our community rehabilitation services to provide ongoing support for stroke patients.

Funding for a Stroke Co-ordinator has been received from the New Opportunities Fund and an additional consultant post in medicine for the elderly has been successfully filled to support the existing lead stroke clinician.

Two nurse run clinics have been established. The Heart Failure Clinic is being led by the Cardiac Specialist Nurse. The appointment of a Gastrointestinal Support Nurse has allowed us to establish a nurse-run Inflammatory Bowel Disease Clinic.

A new children's ambulatory care unit, called Only for the Day, opened at the Borders General Hospital in May 2003. The unit provides day care for children who require blood tests, medical assessments and allergy testing in a relaxed and friendly atmosphere.

Achievements

Appropriate Prescribing – performance on antibiotic, hypnotics and generic prescribing is above expected.

Survival after Hospital Admission – we are performing well on survival after admission for Acute Myocardial Infarction

NHS QIS *Visits*

Diabetes Services Local services were commended on good care programmes for children, adults and pregnant women, good communication and access to the specialist secondary care. The 6-bedded assessment area was also given as an example of a good local clinical management initiative.

Cervical Screening Service The consistently high local uptake for screening was highlighted.

Schizophrenia Standards - Phase 2 The review team was impressed with the systematic approach to assessment and care planning, and with the level of continuity of care provided for people with Schizophrenia.

Community Hospitals Pilot review. NHS Borders hosted a pilot review of the Draft Standards for Community Hospitals at Haylodge Hospital. Of particular note were, links with the local community and responsiveness to local needs, patient assessment processes, liaison with Borders General Hospital and specialist services, the refurbishment programme, availability of equipment and patient discharge information.

Patients Experience Including Service Quality

Achievements

DNA rates – the rate for the number of patients who did not attend their first outpatient appointments is half the national average and has improved slightly on last year

Complaints – the Board responded to 69.0% of complaints in 20 working days in 2002/03 compared to a national average of 60.8%

Waiting times – we met inpatient waiting time targets for the year and made progress in meeting outpatient targets.

A&E waiting times – waiting times for trolley cases is the third lowest in Scotland and has improved on last year.

Breast Cancer Waiting Times – the Board saw 83.3% of urgent breast cancer cases within 31 days against a national average of 75.6%

MRSA – the rate of MRSA bacteraemia is below the national average

In 2003/2004, NHS Borders met the waiting time target of ensuring no patient waited over 9 months. We are continuing to work on improving our outpatient waiting times. In 2004, we commenced on a programme to modernise services in NHS Borders. As part of that programme we have undertaken a review of inpatient beds across the Borders. This review along with work to examine utilisation of our theatre facilities, will help develop our longer term plans to ensure we continue to reach our waiting time targets.

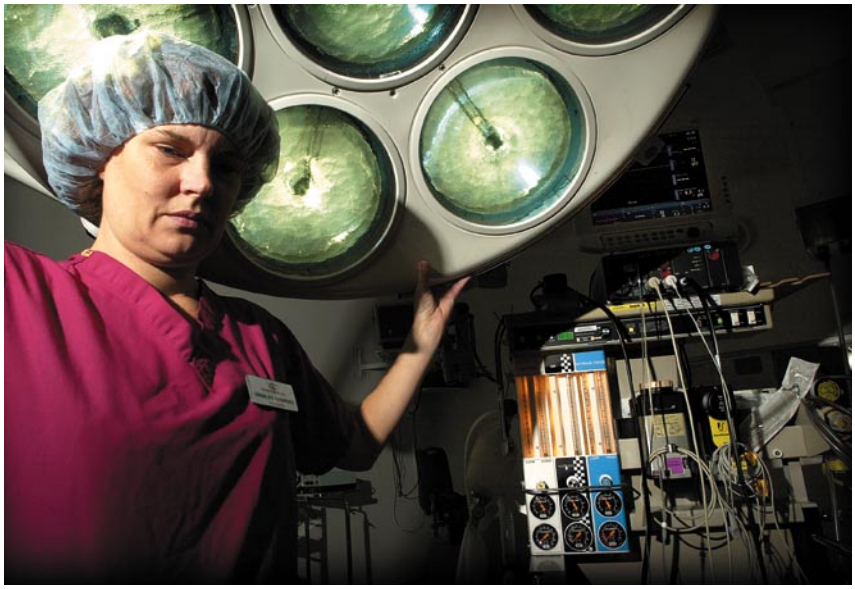
A new High Dependency Unit was opened in 2003 to provide more beds for those patients who require close monitoring and increased nursing care. This facility has relieved some of the pressure on our Intensive Therapy Unit and ensures improved care for older or more frail patients who need to undergo surgery.

Psychology Services have carried out a survey amongst their stakeholders to identify the most pressing demands on their services. The results of the survey showed that, depression and anxiety were rated as the most frequent psychological problems presenting to services. A report, *Improving Access to Psychological Therapies in the Borders* has now been produced which will be used to promote discussion amongst a wide range of statutory and voluntary stakeholders to develop a plan for an organised network of services.

A review of A&E was undertaken in 2003. Among other issues, the review highlighted issues such as a higher than average proportion of A&E attendances who need to be admitted to hospital. This means that many of the patients attending A&E are very poorly and often require assessment by specialists as well as the A&E medical staff. These facts support the need for an assessment unit to support our A&E service.

NHS Borders was one of the first areas to employ a Nurse Consultant in Child Health. The role includes improving the standard and quality of integrated nursing services for children and their families with an emphasis on developing a more community focused service.

Two other key appointments in child health are the Looked After Children's Nurse working with children and Scottish Borders Council carers and the Sure Start Midwife, working closely with families to promote the growth and development in pre-school children.



Involving the Public and Communities

A considerable amount of work has been done in this area as part of our Patient Focus Public Involvement (PFPI) strategy. A PFPI framework and action plan has been put in place and we have developed an Information Pack for Carers with the Princess Royal Trust for Carers and Scottish Borders Council. The PFPI principles are being integrated into the organisation through training and 17 individuals, staff and members of the public have been supported through NVQ training in Investing in Public Involvement training. These individuals take an active part in working groups throughout the organisation on a wide range of projects.

Patient Participation Groups have been established in five local health care practices in Innerleithen, Coldstream, Jedburgh, Selkirk and Leader. The development of these groups is being supported by the LHCCs.

Since the December 2001 NHS QIS Generic Standards Review visit, regular quarterly meetings have been held with the users and carer representatives who originally met with the review team. Through these regular meetings, a clearer mutual understanding has evolved and the group has worked to develop a comments leaflet and to improve the availability of information to the public in health centres.

The Independent Advocacy Plan developed in July 2001 has been updated to reflect developments in the Borders, and NHS Borders leads the Advocacy Planning Group and works with the Advocacy Forum.

Funding has been agreed to set up an independent advocacy service for people with mental health issues. This service will be put in place by April 2005 as part of the implementation of the new Mental Health Act.

To support social inclusion, work has been ongoing to implement the recommendations of the 'Fair for All' guidance. A "One Borders, Many Cultures" group organised an event to put people from ethnic minority groups in touch with service providers in December 2003 and a follow-up event is planned for November 2004. We are also working on a comprehensive consultation to explore how we can improve the health of people from ethnic minority groups, an interpretation and translation service and a Staff Cultural Awareness pack.

An action plan has been prepared to address the principles set out in 'Rooting out Racism', the joint declaration of intent and action against racism agreed between the City of Edinburgh, the Lothians and the Scottish Borders.

Achievements

NVQ training in Investing in Public Involvement – 17 members of NHS Borders staff and members of the public achieved this award

Race equality – NHS Borders Race Equality Scheme has been approved by the Scottish Executive

Access for disabled people – in liaison with the Disability Forum, we have developed a Disability Health Reference Group to assist NHS Borders in complying with the Disability Discrimination Act.

Health & homelessness – a Health & Homeless Steering Group has implemented a homelessness action plan

Volunteering – the Volunteers Compact is being finalised between NHS Borders, Scottish Borders Council, Scottish Borders Enterprise and local voluntary groups

Volunteers are involved in:

- The *Healthy Living* Network,
- A '*Well-being*' project at a GP practice in Galashiels
- I*sh'uze*, a young people's project in Tweeddale.
- The WRVS is involved in a range of initiatives with NHS Borders

Public involvement – the public have been involved in a number of projects, including:

- Out of hours/emergency care/ General Medical Services arrangements
- Paediatrics service changes
- A range of service redesign projects
- GP appraisal scheme
- Patient information strategy and training in plain English for staff and the public
- Staff training in disability awareness, vulnerable adults
- Carer training programmes
- Cancer Service Users Group

Staff Governance

NHS Borders recognises the fundamental importance of our staff. A Staff Governance Committee has been established to ensure the organisation actively works to treat staff fairly, keep them well informed and involved, and ensures a safe and appropriate working environment. As part of this work, the Committee is working to promote partnership working, improve two-way communications and monitor compliance with the EU Working Time Directive.

The Staff Governance Working Group has drawn up the Staff Governance Action Plan to develop actions from the Staff Survey. It is using the Audit Scotland Staff Governance Self Assessment Audit Tool to monitor progress against the NHS Scotland Staff Governance Standard, which was launched in January 2002.

A comprehensive training needs assessment has been ongoing throughout the organisation. From this work, a Local Learning Plan has been put in place which will implement the findings of the needs assessment.

Workforce planning and development is an issue locally and nationally. We have three linked working groups which are looking at recruitment and retention, medical workforce and general workforce development. Each member of staff will have a personal development plan and a Workforce Development Action Plan is under development, which will support the processing of these personal development plans.

The NHS Pay Modernisation programme represents a large area of work for NHS Borders. The programme includes the New Deal for Junior Doctors, the new Consultants Contract and General Medical Services (GMS) Contract and Agenda for Change. The programme means changes to the pay and conditions of every staff group within the NHS.

Some of the work includes changing the way shift patterns and rotas are organised which impacts on how services are run. One example is the out-of-hours service which will be reorganised so that GPs will not have to be part of an on-call system. We have established a Pay Modernisation Board to ensure there is a clear link between pay reforms and service improvement, and to support it, a specification for a computerised Staff Governance system has been developed.

Work continues on our Occupational Health & Safety Service Action Plan to implement 'Towards a Safer Healthier Workplace' to ensure that staff are provided with a safe and healthy work environment.

Achievements

Staff Governance Committee – the Staff Governance Committee has been established and the Staff Governance Working Group is working to take forward the Staff Governance Action Plan

Staff Survey Results – The top five good perceptions identified by respondents to the Staff Survey are:

1. Staff feel their jobs offer them the opportunity to use their initiative
2. Staff enjoy working within their organisation
3. Staff feel the information they generally receive is in a format they can access
4. Staff feel the organisation deals effectively with accidents at work
5. Staff know how to report accidents and incidents

Local Learning Plan – has been developed from an extensive needs assessment

Organisational and Financial Performance and Efficiency

In 2003–04, sound financial management ensured that we achieved all our financial targets. Yet we continue to operate from a challenging financial position. The achievement of targets in 2003–04 relied on savings of £1 million, mostly by reducing management costs, and on a range of non-recurring funding. The reliance on non-recurring funding is not sustainable as we move forward. In addition, over the last twelve months the impact of pay modernisation and increasing drug costs, which are common across the NHS, have increased the financial pressures facing us, resulting in the requirement for NHS Borders to increase the extent and pace of our efficiency improvement and service re-design programme.

During 2003 considerable work has been undertaken to establish a programme of redesign and modernisation of our services. From this, a change programme has been developed for each clinical service. The integration of planning and performance management across the organisation has allowed us to develop more inclusive and participative processes which will help the modernisation programme.

The Scottish Borders Health and Care Partnership Board has had overall responsibility for managing the strategic agenda between the NHS and Scottish Borders Council. Its remit has now been widened and it is to be renamed the Scottish Borders Well Being Partnership Board, working within the overall community planning framework of New Ways.

A Joint Management Team for Scottish Borders Council and NHS Borders has been established, leading the way in joint working across Scotland. The Joint Management Team ensures there are effective joint planning and performance management arrangements and will agree future strategies and plans, especially those which involve the use of joint funds. This is being supported by a Business Management Group, which aims to improve the co-ordination of joint planning processes between the NHS and Scottish Borders Council.

The Children's Change Group is responsible for joint planning of children's services. The focus of that work has been on developing opportunities to apply for support from the national Changing Children's Services Fund.

In terms of planning services for older people, much of the work is reflected in the Local Partnership Agreement between NHS Borders and Scottish Borders Council which will be integrated into a Strategy for Older People.

Joint planning arrangements for Learning Disability Services resulted in a Joint Outline Learning Disability Strategy. This Strategy includes an agreement for joined up management and delivery of specialist health and social work services by April 2005.

A Joint Local Implementation Plan has been developed for the new Mental Health Act which comes into force in April 2005. The plan was drawn up by representatives from health and social work, voluntary organisations and service users.

Achievements

Financial Targets – we achieved all our financial targets

Data Submission – NHS organisations are required to provide data to the Information & Statistics Division of the Scottish Executive Health Department. This information is used to measure performance, monitor public health and inform policy making. We provided 100% of the required data submission returns in 2003

Projects in Primary Care

Centre for Change & Innovation funding to support Primary Care Collaboratives to improve diabetes care and access to primary care teams

The Three Hospitals project, in its second phase, has provided funding for improvements to Haylodge and the Knoll hospitals. There has also been a range of smaller projects to improve reception and clinical areas at some of the health centres.

Services for people with mild to moderate mental health problems have been developed by Borders LHCC, working in partnership with the Mental Health Network. Funding from the national initiative, 'Doing well by People with Depression' supported some of this work.

LHCC West have established a number of local initiatives, such as in house clinics with the Citizen's Advice Bureau, young peoples projects, Up 2 U and Ish'uze. They have also put in place regular meetings with Social Work and with school staff.

Allied Health Professionals involvement in strategic planning, service redesign and high level decision making has continued to be supported. The post of AHP member at the Clinical Executive has been formalised and the post of Lead for AHPs within Borders LHCC has been established.

Achievements

Borders General Hospital and Scottish Ambulance Service are working on a pilot scheme to **reduce wasted ambulance journeys.**

The **Lavender Touch**, a local charity which raises funds to help people who have cancer, is working with NHS Borders to provide aromatherapy for people with cancer, either within their own homes or whilst they are receiving treatment at the BGH.

NHS Borders launched a **Tobacco Policy** as the start of an action plan which will work towards providing a smoke free environment in all its premises. The policy, drawn up in partnership with staff and their representatives is designed to improve the health of NHS Borders workforce while offering support to those who would like to stop smoking.

NHS Borders and Eildon Housing Association have made a joint investment of £360,000 to improve **accommodation for junior doctors** to meet the requirements of the New Deal for Junior Doctors.

A new **foetal monitoring facility** has been installed at the Borders General Hospital maternity unit to continuously chart foetal heart rate and contractions. This is the first unit of this type in Scotland

The **Patient's Own Drugs** scheme for patients admitted to the Borders General Hospital has been successful in reducing wastage by not duplicating prescriptions when the patient leaves hospital. The hospital will be able to get a more accurate record of what medicines people were taking before they came into hospital and patients will continue to use brands they are familiar with.

Other Achievements

Macmillan Cancer Relief and NHS Borders continue to build on their successful partnership in providing care for Palliative Care patients in the Scottish Borders with the appointment of a **Macmillan Palliative Care Pharmacist.** The post is unique in Scotland, working across both acute and primary care services to support patients in the use and understanding of their medication, and helping the specialist palliative care team to develop new ways of delivering patient-centred services through a Managed Clinical Network for Palliative Care.

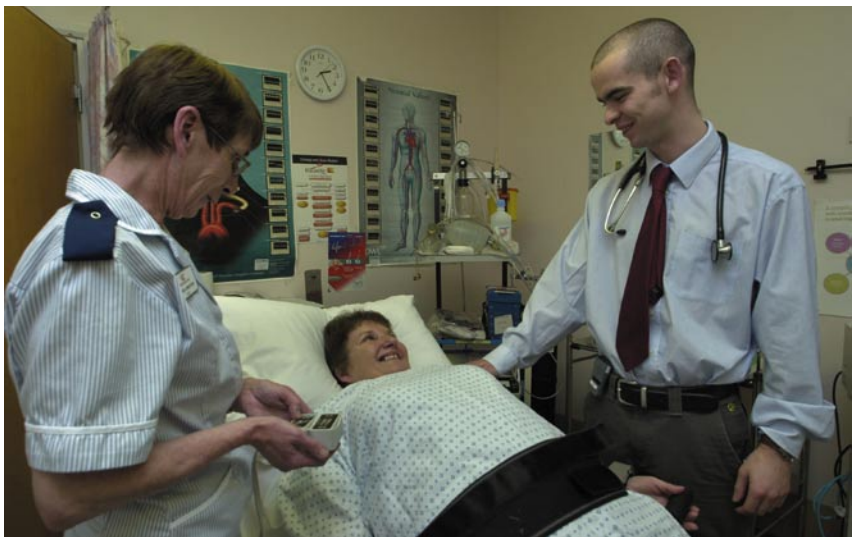
Five secretaries scored a notable achievement that is helping to further improve the service offered to patients by successfully completing the first **Modern Apprenticeships in Business Administration** to be offered by NHS Borders. They have also been nominated for the Scottish Modern Apprenticeship Awards 2003 and for City and Guilds Medals of Excellence. The Apprenticeships were offered in partnership with Scottish Enterprise Borders, the National Training Partnership, Holistic Training and NHS Borders' own Training and Development Department.

The **Borders Colon Service** was awarded the NHS Scotland, Allied Health Professionals in Scotland Award for Innovation. The award recognises the achievement of the service in improving the patients journey. The service uses a single referral point for patients requiring colonic investigation to reduce the time taken from initial referral to diagnosis.

The **Day Hospital Team** were invited to the European Scientific Committee meeting to make a presentation about the 4Fs Clinic. The clinic was the first of its kind in Scotland to provide tests for people who experience unexplained dizziness, faints and falls. This helps to prevent many people being admitted to hospital for tests.

The New Opportunities Fund has invested £165,000 in **improving cancer care** in the Borders. The award includes £100,000 to the Borders General Hospital MRI scanner appeal and £65,000 to improved care for patients with suspected prostate cancer.

Work has commenced on a new £4.6M **community hospital** in Hawick expected to be ready for patients by summer 2005. The new hospital will provide a range of services in a modern environment. The design includes a wander route for the dementia day hospital, which the users of the building stressed would be important for the patients.



Operating Cost Statement for the Year ended 31 March 2004

2002-2003 £'000 *Restated*		£'000	£'000
	Clinical Services Costs		
99,615	Hospital and Community	108,355	
5,235	Less: Hospital and Community Income	6,473	
94,380			101,882
31,127	Family Health	33,358	
2,485	Less: Family Health Income	2,252	
28,642			31,106
123,022	**Total Clinical Services Costs**		**132,988**
1,539	Administration Costs		1,427
1,823	Other Non Clinical Services	2,293	
93	Less: Other Operating Income	62	
1,730			2,231
90	Local Health Council		95
126,381	**Net Operating Costs**		**136,741**

Summary Of Revenue Resource Outturn

2002-2003 £'000 *Restated*		£'000
126,381	**Net Operating Costs (per above)**	**136,741**
(12,259)	Less: FHS Non Discretionary Allocation	(12,548)
(89)	Transfer of realised element in respect of fixed asset disposal	0
(84)	Less: Local Health Council Allocation	(89)
113,949	**Net Resource Outturn**	**124,104**
114,309	Revenue Resource Limit	124,403
360	**Saving against Revenue Resource Limit**	**299**

Memorandum For In Year Outturn

(1,116)	Brought forward surplus from previous financial year	(326)
(756)	Excess against in year Revenue Resource Limit	(27)

Balance Sheet for the Year ended 31 March 2004

01-Apr-03 £'000 *Restated*		£'000	£'000
	FIXED ASSETS		
69,049	Tangible Fixed Assets	86,543	
69,049	**Total Fixed Assets**		**86,543**
2,681	**Debtors falling due after more than one year**		**2,798**
	CURRENT ASSETS		
658	Stocks	731	
2,571	Debtors	3,058	
972	Cash at bank and in hand	360	
4,201		**4,149**	
	CURRENT LIABILITIES		
(14,018)	Creditors due within one year	(14,345)	
(9,817)	**Net current (liabilities)**		**(10,196)**
61,913	Total assets less current liabilities		**79,145**
(82)	**CREDITORS DUE AFTER MORE THAN 1 YEAR**	(79)	
(5,200)	**PROVISIONS FOR LIABILITIES AND CHARGES**	(5,451)	
(5,282)			(5,530)
56,631			**73,615**
	FINANCED BY:		
47,275	General Fund		45,951
8,493	Revaluation Reserve		26,799
863	Donated Asset Reserve		865
56,631			**73,615**

Adopted by the Board on 22 July 2004

Independent Auditor's Review Report

Independent auditor's statement on the summary financial statements of NHS Borders

To members of NHS Borders

We have examined the summary financial statements of NHS Borders which are set out on pages 11 to 12

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 Audited bodies prepared by Audit Scotland, dated July 2001.

Respective responsibilities of the board and auditor

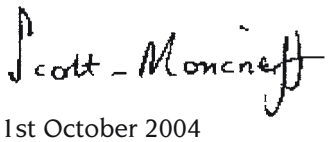
The Board of NHS Borders is responsible for preparing the summary financial statements in accordance with guidance issued by the Scottish Executive Health Department. Our responsibility is to report our opinion on whether the summary financial statements are consistent with the audited financial statements of NHS Borders. 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 statements.

Basis of opinion

We have 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 statements are consistent with the audited financial statements and annual report of NHS Borders for the year ended 31 March 2004. 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.



1st October 2004

Scott-Moncrieff
Chartered Accountants
Registered Auditors
17 Melville Street
Edinburgh
EH3 7PH

SCOTTISH EXECUTIVE

Health Department
Ian Gordon. Acting Head of Department and
Chief Executive, NHS Scotland

St Andrew's House
Regent Road
Edinburgh EH1 3DG

Telephone: 0131-244 2410
Fax: 0131-244 2162
Ian.gordon@scotland.gsi.gov.uk
http://www.scotland.gov.uk

Mr Tony Taylor
Chair
Borders NHS Board
Newstead
MELROSE
Roxburghshire
TD6 9DB

Your ref:
Our ref: ZUB/5/1 2004

8 October 2004

Dear Tony

NHS BORDERS ACCOUNTABILITY REVIEW – 25 AUGUST 2004

I am writing to record our discussion at the Accountability Review meeting at Borders NHS Board on 25 August.

I would like to convey our thanks to everyone who was involved in the arrangements for the day, and to express our appreciation of the hospitality we were shown. Please pass our thanks to Catherine Young and her team for the interesting presentation on Borders Healthy Living Network. Their enthusiasm and commitment was most encouraging. Please also thank Dr Norris and her colleagues for taking the time to describe the work being carried out in their Unit at Borders General Hospital. It was evident that the Fits, Faints, Falls and Funny Turns clinic very much reflected the practical improvement in services that Ministers wish to see on behalf of patients.

MEETING WITH THE AREA PARTNERSHIP FORUM (APF)

We had a good discussion with the members of the Area Partnership Forum, which is working with commitment and with a sense of partnership across the various specialties, to respond to a heavy agenda. Progress has been made in linkages with clinical boards. There was evidence of communication with the setting up of a communications group, the appointment of a communication "champion", and the issue of bulletins which are reaching a high percentage of staff. The need to work with local authorities was stressed. There was discussion around the Staff Survey and the low response rate, despite the Employee Director's encouragement to participate. Edwina Cameron

highlighted the need for there to be close dialogue and working between the NHS Board and the Scottish Executive, especially as the pay modernisation agenda rolled out.

MEETING WITH AREA CLINICAL FORUM (ACF)

Overall, the Forum is comfortable with the way things are working. We were told that there is confidence locally about clinical input to the Board and that the Forum was attempting to play a proactive role in service redesign. The Board has a well established Clinical Executive which, although it does not match the role of the Area Clinical Forum, does ensure active involvement of clinicians in strategic planning and service redesign. The Forum saw their role as the clinical conscience of the Board. In a discussion about Community Health Partnerships (CHPs), it was felt that further dialogue with local authorities was required in order to ensure that the benefits of *Joint Future* were being translated into perceptible change on the ground. The Forum recognised the need for clinical change across the Board. We encouraged you to keep in touch with the Centre for Change and Innovation (CCI) and the National Framework for service change.

PERFORMANCE IN 2003-04

You gave us a useful synopsis of the successes and challenges during the first year of single system working, including the integration of support services and the new sense of coherence across the local health system. You paid tribute to the Management Team, and the Clinical Executive in making this happen. We reflected on the major successes throughout the year, such as achievement of the 9 month waiting times guarantee, and the achievement of the Board's financial target. Key challenges, such as the vulnerable adults and learning disabilities issues were discussed, and we learned that your strategy document would be finalised by March 2005 for learning disability services.

PERFORMANCE ASSESSMENT FRAMEWORK (PAF)

Issues arising from the Board's performance against PAF indicators, drawing on both the Health Department's analysis and the Board's self-assessment were discussed. Our overall impression was of a Board which has performed extremely well across a wide range of important service areas. In some areas, such as **dentistry**, there remains particular challenges in attracting and retaining dentists to work in the area. We noted the steps that you were taking to address this.

You confirmed that you had achieved the national delayed discharge target set for April 2004. However, we agreed that this remained a pressure area which required even closer co-operation between yourselves and Scottish Borders Council to address the delayed discharges in mental health and community hospitals.
On **waiting,** we heard that you are exerting a downward pressure on outpatient waiting times and that work is underway to reduce waiting times more generally. We noted the major service redesign agenda that was required to ensure further reductions in waiting times such as in **orthopaedics**. We acknowledged that the latest information indicated that performance in **angiography** waiting times had improved.

We recognised the excellent progress that had been made in improving infection control measures. You highlighted the systems that were now in place in this regard. On **drug misuse,** and **needle sharing**, substantial funding from the Scottish Executive has enabled the running of a very successful pilot scheme through Turning Point. You recorded the success of joint agency work.

FUTURE CHALLENGES

John Glennie introduced this item, with an informative presentation. We discussed specific local issues:

Health Improvement

The Board recognised that there is much going on in this area, and we acknowledged the progress that was being made. However, more could be gained by developing a rounded, multiagency strategy with Scottish Borders Council and other partners. Health improvement has to take its place as a priority alongside other health service priorities, with a wider agenda than health promotion. That means greater attention and leadership in tackling health inequalities and life circumstances. We noted that there is commitment from the Board, and the local authority in putting this higher on its agenda. Pam Whittle, Director of Health Improvement in the Scottish Executive, offered to help, particularly in the planning of a conference in the autumn.

Healthcare Strategy

We considered the key drivers for the healthcare strategy that you are currently developing. Your need to ensure sustainable services for the people of the Borders requires you to devise strategies with local communities and with neighbouring NHS boards, especially NHS Lothian. You explained the process that you had embarked upon, which included reviewing the location and future provision of in-patient beds. We discussed the lessons to be learnt from the public consultation on Out-of-Hours services. You said that you were committed to involving staff, local politicians and individual communities in preparing proposals, consistent with the Scottish Executive guidance on consultation. We asked you to keep us informed of developments over the coming months and we would work with you in clarifying the decision making process with the Minister.

Mental Health

We heard about the progress that you were making in the implementation of the new Mental Health Act. We discussed the risks for the organisation of implementation by April 2005. You explained the steps that you were taking to secure out-of-area access to mother and baby in-patient provision, for mothers suffering from post-natal depression and we acknowledged the small numbers of cases did not warrant a local stand-alone unit.

One issue of concern arises when the "detaining" doctor being a GP. This could have a very significant impact on doctors' time, and has been raised with the Executive. You also indicated that the accommodation standards for Tribunals did appear onerous and it was difficult to justify this in the Borders. **We agreed to follow this up within the Department**.

Pay Modernisation

We heard about the very substantial demands that the pay modernisation implementation programme has placed on the system over the past year. You explained the challenges in implementing the new Consultant and GMS contracts in a rural area. In particular, you flagged up the major redesign programme for Out-of-Hours services and the consequent financial implications. You added that *Agenda for Change* would place substantial demands on the organisation over the coming year, as it is implemented and you expressed concern that the full financial impact had not yet been acknowledged at a national level, although the negotiations have not yet been concluded.

We commended you on the work that you had done on this complex change programme as well as the wider issues of workforce modernisation around *New Deal* compliance and the European Working Time Directive. We asked you to consider how the various strands of the pay and workforce modernisation agenda came together into a coherent overall strategy for service improvement.

Single System Working

We briefly discussed the move to a single Community Health Partnership for the Borders. I encouraged you to be ambitious in developing a model which ensured further integration of service delivery. We also heard about your initial ideas about reconfiguring services around patient pathways or patient cohorts and to make further headway in breaking down the barriers between primary and secondary care. We noted how this tied back into your work on the healthcare strategy. You indicated that you were considering establishing a fourth Board governance committee to cover the Patient Focus, Public Involvement agenda.

Waiting Times/Outpatients

We commended the Board on meeting the 9 month waiting times target. We acknowledged that waiting times cannot be delivered in isolation, and require action at all levels. From GP referrals to the planning of services on a regional basis. We undertook to work with you in addressing pressure areas such as orthopaedics.

Delayed Discharges

You consider these arrangements to be working well. Borders had met the April target, and you attributed this to effective joint team work. We noted that blockages are attributed to a need for the local authority to identify resources and places. You indicated that the pressures were being experienced primarily in community hospital and mental health unit beds with virtually no delayed discharges in the Borders General Hospital. Choice of care homes was a particular issue for Borders people, as was highlighted last year.

Finance

The Board's current recurring deficit of around £5m was attributed to the impact of drugs costs and pay modernisation. We discussed the actions that you had in train to address this through the planning groups and the how the outcome of this would be reflected in the draft Local Health Plan to be published in the autumn. You said that it was an extremely tight financial position to manage with no flexibility. We asked that you remained within budget during the remainder of 2004/05.

Regional Planning

Regional planning is important to NHS Borders. We welcomed the proactive way that you are taking matters forward with NHS Lothian. NHS Boards generally will need to work across traditional board boundaries. Managed Clinical Networks are realising patient benefits, particularly in the delivery of cancer services. We are keen to see more of these networks. You pointed to the need for regional planning to fit within a wider strategic framework with a potential role for non-executives. We expect the HDL on regional planning to be issued shortly.

Learning Disability Services

Significant progress has been made. Your action plan has been sent to the Mental Welfare Commission, and actions are being progressed. Regular reports will be submitted to the Clinical Governance Committee. There are a number of actions required, particularly for cohesion with the local authority. An audit has been carried out. We asked that you keep the Department's Community Care Division informed. You agreed to complete a fully costed strategy by the end of this year.

Vulnerable Adults

This had been a traumatic and distressing issue, but it has been used to learn lessons across the system. The local authority was keen to work with the Board in this area, and multi agency groups have been set up.

Racial Equality

NHS Borders has received a clean bill of health from CRE.

CONCLUSION

Over the past year, NHS Borders has demonstrated impressive progress through single system working. I do encourage you to take forward the agenda with a similar sense of ambition and urgency in the coming year.

There is an important challenge to rationalise some local services, and so achieve a better benefit for the Borders population as a whole. There are also important tasks to follow through the pay modernisation and service redesign agenda. We agreed that you will give special focus to the areas listed in the attached Annex.

Finally, my thanks again to you and the team.

Yours sincerely

Ian Gordon

IAN GORDON

Borders NHS Board Members

Non Executive Members

Tony Taylor, Chairman

Mary Wilson, Vice Chair

Rev. Alistair Bennett

Edwina Cameron

Jennifer Croall

Tom Donaldson

Dr Ian Lowles

Dr Sheena MacDonald

Cllr Sandy Scott

Geraldine Strickland

Eileen McDermott

Angus Oliver

Executive Members

John Glennie, Chief Executive

Dr Ross Cameron, Medical Director

Robert Kemp, Director of Finance

Eileen Moir, Director of Nursing

Dr Andrew Riley, Director of Public Health

Photography by Angus Blackburn

Printed by Meigle Colour Printers, Tweedbank Ind Est, Galashiels

NHS Borders, Newstead, Melrose, TD6 9DB

Telephone - 01896 825500 • Fax - 01896 823401 • e-mail – bordershb@borders.scot.nhs.uk

www.nhsborders.org.uk