

Borders NHS Board



MANAGING OUR PERFORMANCE YEAR END REPORT 2013/14

Aim

The aim of the 2013/14 Managing Our Performance (MOP) Year End Report is to report progress during 2013/14 on the full range of HEAT targets and other key priority areas for the organisation.

Background

For a number of years, the organisation has produced a MOP report as a summary of progress across the range of targets and indicators at the mid way point and also at the end of each financial year. In 2011/12 the organisational reporting framework was refreshed with the introduction of the Clinical Board Performance Scorecards, Clinical Executive Scorecard, HEAT Scorecard and KPI Scorecard. It was agreed that a mid year and end of year MOP would continue to be produced to capture and report on performance against key national targets and priorities.

This 2013/14 MOP Report has been updated to show performance in relation to the HEAT targets, Single Outcome Agreement and Corporate Objectives.

Summary

The 2013/14 Year End MOP is an important part of the organisational performance management framework as it provides a mechanism to report progress across the full range of HEAT targets and summarise performance during 2013/14, along with a selection of priority areas and Corporate Objectives.

Recommendation

The Board is asked to **note** the 2013/14 Year End Managing Our Performance Report.

Policy/Strategy Implications	Regular and timely performance reporting is an expectation of the Scottish Government
Consultation	Performance against key indicators within this report have been reviewed by each Clinical Board and members of the Clinical Executive
Consultation with Professional Committees	See above

Risk Assessment	Good progress is being made against key targets and pressure areas are identified in this report. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders
Compliance with Board Policy requirements on Equality and Diversity	The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements
Resource/Staffing Implications	The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements

Approved by

Name	Designation	Name	Designation
Edwina Cameron	Director of Workforce & Planning		

Author(s)

Name	Designation	Name	Designation
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**MANAGING
OUR
PERFORMANCE
YEAR END
REPORT
2013/14**

June 2014

Planning & Performance

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1. EXECUTIVE SUMMARY

Background

For a number of years, NHS Borders Board has reviewed the performance of the organisation at each Board meeting and this has been facilitated through the production of performance reports showing progress towards achievement of the range of national targets set through the local delivery plan process. In addition to the reports, the Managing Our Performance (MOP) report has been reviewed by the Board to assess performance across the full range of targets and indicators at the mid way point and also at the end of each financial year.

In 2010/11 the organisational reporting framework was refreshed with the introduction of the Clinical Board Performance Scorecards, Clinical Executive Scorecard, HEAT Scorecard and KPI Scorecard. As part of the revision of the reporting framework, it was agreed that a mid year and end of year MOP would continue to be produced as a method of reviewing performance across the full range of HEAT priorities identified through the local delivery plan.

2013/14 year end MOP

This 2013/14 year end MOP Report includes an assessment of performance in relation to the HEAT targets, contributions to the Single Outcome Agreement and Corporate Objectives. This report shows trends for each target which can be reported on monthly along with narrative describing progress made this year. As in previous versions, an update is included on the full range of HEAT targets, including those which cannot be reported on a monthly basis and are therefore not included in the HEAT Scorecard.

Summary

This report allows Board members to assess where action is required in the financial year 2014/15 to ensure delivery of the full range of HEAT targets and standards in March 2015.

2. INTRODUCTION

The Local Delivery Plan

Every year the Scottish Government Health Department (SGHD) asks each Health Board to report to them on their performance and delivery plans for the next financial year. This report is called the Local Delivery Plan (LDP) and forms an agreement on what Health Boards will achieve in the next year with SGHD. Boards are asked to work towards a number of key targets for the year which fit with the Government's health objectives. These targets are called HEAT targets because they are separated under 4 different headings:

- H** Health Improvement
- E** Efficiency and Governance
- A** Access to Services
- T** Treatment for the individual

HEAT standards are retained HEAT targets

Monitoring of Performance

For each Clinical Board, BGH, Primary and Community Services, Mental Health and Learning Disability a monthly Performance Scorecard is produced which includes an assessment of performance towards achievement of the HEAT targets, HEAT standards along with a range of locally set key performance indicators (KPIs). These 4 Scorecards are compiled into the Clinical Executive Scorecard and this is presented to the Clinical Executive Operational Group on a monthly basis.

At the Clinical Executive Operational Group discussions take place around the areas where performance is significantly off track and information is also provided with the Scorecard on action being taken to improve performance.

In addition to this monthly reporting, each Clinical Board attends a quarterly performance review where performance is monitored by the Board Executive Team and a quarterly Clinical Board Scorecard is reviewed.

Information is taken from the monthly Clinical Board Performance Scorecards to compile the HEAT Scorecard which is reviewed by NHS Borders Board at each Board meeting (bi-monthly). The HEAT Scorecard provides information on all targets and standards which can be reported on monthly and indicates whether performance is in line with agreed trajectories for each month of the year. The locally set KPIs are reviewed by the Strategy & Performance Committee in a similar fashion through the KPI Scorecard when they meet on a bi-monthly basis.

2013/14 HEAT Targets and Standards

This 2013/14 year end MOP Report summarises performance for all HEAT targets and standards from April 2013 to March 2014 which can be reported monthly, and a trend graph and narrative is included for these. For targets which are not reported on a monthly basis Lead Managers have provided narrative to indicate whether targets are on track for delivery.

Single Outcome Agreement & Corporate Objectives

In section 4 and 5, information is included on planned work on the Single Outcome Agreement with local partners such as Scottish Borders Council and there is a summary of progress towards embedding the new Corporate Objectives.

Please note:

- Some anomalies may occur in data due to time lags in data availability and national reporting schedules.

3. 2013/14 HEAT TARGETS

Summary of Performance

Strong Performance

The following targets have met or exceeded their trajectories or targets during 2013/14:

- Number of inequalities target cardiovascular health checks (p.8)
- Smoking cessation (p.9)
- Exclusive breastfeeding rate at 6-8 weeks check (p.9)
- Increase the proportion of new-born children breastfed at 6-8 weeks (p.9)
- Pre Operative stay (p.11)
- Online triage of referrals (p.11)
- eKSF annual reviews completed (p.12)
- Treatment within 31 days of decision to treat for all patients diagnosed with cancer (p.14)
- 18 weeks referral to treatment: non-admitted pathway performance (p.16)
- No CAMHS waits over 18 weeks (p.17)
- No delayed discharges over 2 weeks (p.18)
- 90% of alcohol/drug referrals into treatment within 3 weeks (p.18)
- Emergency admission aged 75 and over (per 1,000) (p.20)
- Further reduce rate of C.Diff (CDAD) cases in over 65s (cumulative) (p.21)
- Admitted to stroke unit within 1 day of admission (p.22)

Performance at Risk/Underperforming

Performance against the following targets was outwith the trajectory at the end of March 2014:

- New patient DNA rate (p.10)
- Same day surgery (p.10)
- PDPs complete on eKSF (p.12)
- Sickness absence reduced (p.13)
- Treatment within 62 days for urgent referrals of suspicion of cancer (p.13)
- 12 weeks for outpatients (p.14)
- 12 weeks for inpatients (p.15)
- 18 weeks referral to treatment: admitted pathways performance (p.15)
- 18 weeks referral to treatment: combined performance linked pathways (p.16)
- No psychological therapy waits over 18 weeks (p.17)
- 4 weeks waiting target for diagnostics (p.19)
- Diagnosis of dementia (p.20)
- 4 hour waiting target for A&E (p.19)
- Reduction in rate (per 100K) of A&E attendees (p.21)
- Further reduce rate of staph aureus bacteraemia (cumulative) (p.21)

Performance was significantly outwith target for the following HEAT targets:

- 18 weeks RTT: admitted pathway performance
- No psychological therapy waits over 18 weeks
- Diagnosis of dementia

Further information on all the HEAT targets and standards are detailed within the report and have been given a RAG (Red, Amber, Green) status based on the following key:

Current Performance Key			
R	Under Performing	Current performance is significantly outwith the trajectory set.	Exceeds the target by 11% or greater
A	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Exceeds the target by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory set	Matches or exceeds the target.

Monthly Performance and Narrative of HEAT Targets

(Please note time lag in data availability for some areas)

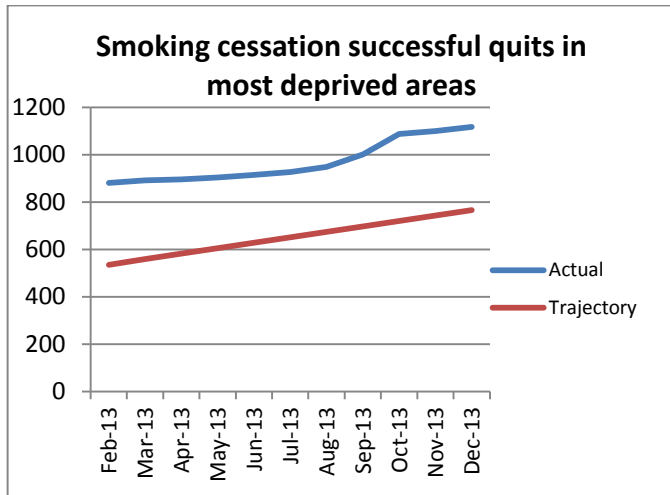
Standard: Number of Inequalities targeted cardiovascular health checks (cumulative)		G																																							
Trajectory: 465	Performance: 552																																								
<table border="1"> <caption>Number of inequalities targeted cardiovascular health checks</caption> <thead> <tr> <th>Month</th> <th>Trajectory</th> <th>Actual</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>40</td><td>40</td></tr> <tr><td>May-13</td><td>80</td><td>80</td></tr> <tr><td>Jun-13</td><td>120</td><td>120</td></tr> <tr><td>Jul-13</td><td>160</td><td>160</td></tr> <tr><td>Aug-13</td><td>200</td><td>200</td></tr> <tr><td>Sep-13</td><td>240</td><td>240</td></tr> <tr><td>Oct-13</td><td>280</td><td>300</td></tr> <tr><td>Nov-13</td><td>320</td><td>360</td></tr> <tr><td>Dec-13</td><td>360</td><td>420</td></tr> <tr><td>Jan-14</td><td>400</td><td>480</td></tr> <tr><td>Feb-14</td><td>440</td><td>520</td></tr> <tr><td>Mar-14</td><td>465</td><td>552</td></tr> </tbody> </table>	Month	Trajectory	Actual	Apr-13	40	40	May-13	80	80	Jun-13	120	120	Jul-13	160	160	Aug-13	200	200	Sep-13	240	240	Oct-13	280	300	Nov-13	320	360	Dec-13	360	420	Jan-14	400	480	Feb-14	440	520	Mar-14	465	552	<p>For the year 2013/14 NHS Borders achieved 552 checks against a target of 465, delivering an additional 87 checks (19% above target). The programme seeks to tackle inequalities in health by reaching the most disadvantaged households and individuals in the Borders. Performance against this outcome is positive:</p> <ul style="list-style-type: none"> • 82% of checks in 2013/14 were delivered to households situated in a postcodes classified as the 40% most disadvantaged in Borders. • Since July 2012 NHS Borders have delivered a growing proportion of checks amongst vulnerable groups. During 2013/14, 10.5% of all checks were delivered to specific vulnerable groups including people affected by substance misuse, ex offenders /offenders, and Black and African Caribbean and South East Asian ethnic minority groups. <p>NHS Borders are also identifying an increasing number of people at high risk of cardiovascular disease. 13% of checks conducted in primary care identified people with an ASSIGN CVD 10 year risk score of 20% or more. This has risen from 3% when the programme started and our pick up rates are higher amongst vulnerable groups checked in the community. Engagement and DNA rates are also improving following efficiency based PDSAs (Plan/Do/Study/Act)</p>	
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Health Improvement: Smoking cessation successful quits in most deprived areas (cumulative)

G

Trajectory: 767

Performance: 1118



NHS Borders has performed strongly in successful quits in the most deprived areas and is on track to exceed the HEAT target. At the end of December 2013 figures showed that 1118 people from the most deprived areas quit smoking for at least one month, against a target of 767. With a further three months activity still to report on, NHS Borders is well placed to out perform the three year cumulative target.

In April 2014 a challenging new one year HEAT target commenced, requiring 227 people in the lowest two SIMD quintiles to have stopped smoking 12 weeks post quit. The Smoking Cessation Service will continue to target the most deprived communities in the Borders and is seeking innovative ways to engage with people in these areas.

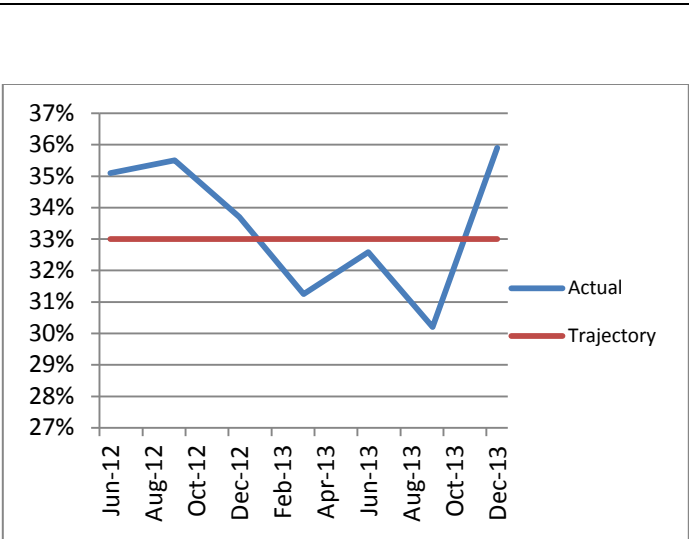
In addition to the targeting of the most deprived areas there has been significant work taking place to increase the number of successful quits of pregnant women in the Borders, this has included the development of more effective referral pathways and additional training for midwives, in partnership with midwifery colleagues.

Standard: Exclusive Breastfeeding Rate at 6-8 Week Check

G

Target: 33%

Performance: 36%

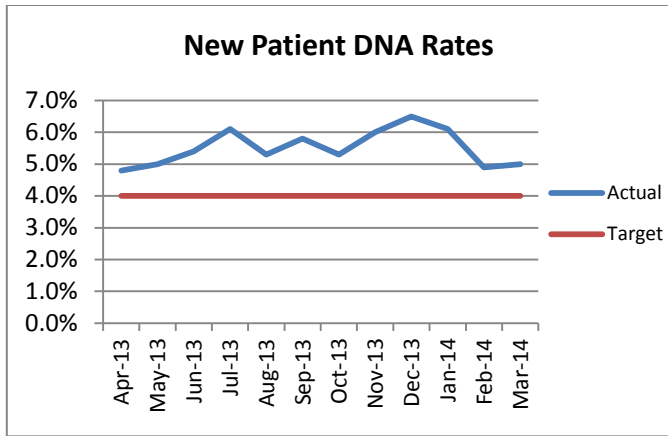


NHS Borders achieved full accreditation with the Baby Friendly Initiative in January 2014. The Baby Friendly Initiative (BFI) Lead continues to work with both the midwifery teams to ensure that the standards achieved are maintained and that the new UNICEF standards are implemented. Parent education classes have been revised, they incorporate the national syllabus including a comprehensive class on breastfeeding. All mothers are automatically opted into the peer support programme unless they request otherwise. A peer support volunteer visits one day a week on the post natal ward assisting mothers with feeding and expression of breast milk. The BFI Lead is working closely with colleagues establishing the new Early Years Centres, where it is hoped that services will be successfully delivered to those most in need. It is anticipated that the new centres will successfully address inequalities in health, particularly in relation to breastfeeding rate:
 At birth 60.6%
 Hospital discharge 49.3%

Standard: New Patient DNA Rate R

Target: 4%

Performance: 5.0%



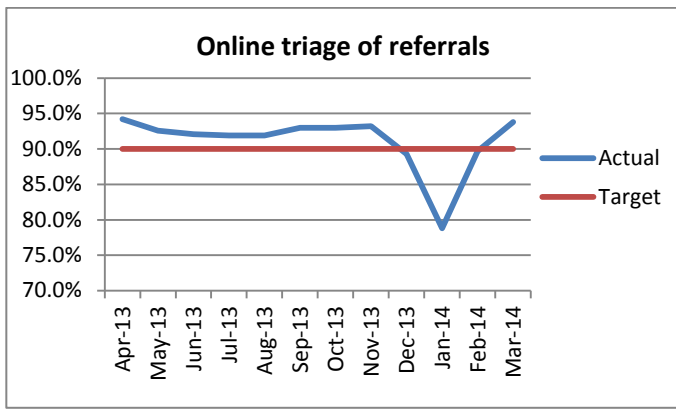
Updated DNA Standard Operating Procedure were issued in August 2013 to bring the administration of new patient DNAs under Health Records, with clinicians notifying the required action using the RTT Outcome codes. Clinicians and Appointment Co-ordinators have been reminded of importance of compliance with the DNA standard operating procedure.

The Patient Reminder Service has now been operational since end 2012 and has contributed to an overall improvement in the DNA rate. Since February "Cost of DNA" leaflets are being issued with appointment letters. Reporting an average of 5.0% for New Patient DNA the service is exploring to see what else can be introduced to deliver further improvement.

Standard: Same Day Surgery A

Target: 86%	Performance: 83.9%																																							
<p style="text-align: center;">Same Day Surgery</p> <table border="1"> <caption>Same Day Surgery Performance Data</caption> <thead> <tr> <th>Month</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>81.0</td><td>86.0</td></tr> <tr><td>May-13</td><td>84.8</td><td>86.0</td></tr> <tr><td>Jun-13</td><td>84.5</td><td>86.0</td></tr> <tr><td>Jul-13</td><td>83.5</td><td>86.0</td></tr> <tr><td>Aug-13</td><td>86.5</td><td>86.0</td></tr> <tr><td>Sep-13</td><td>82.8</td><td>86.0</td></tr> <tr><td>Oct-13</td><td>85.0</td><td>86.0</td></tr> <tr><td>Nov-13</td><td>82.5</td><td>86.0</td></tr> <tr><td>Dec-13</td><td>82.5</td><td>86.0</td></tr> <tr><td>Jan-14</td><td>81.5</td><td>86.0</td></tr> <tr><td>Feb-14</td><td>79.0</td><td>86.0</td></tr> <tr><td>Mar-14</td><td>84.0</td><td>86.0</td></tr> </tbody> </table>	Month	Actual (%)	Target (%)	Apr-13	81.0	86.0	May-13	84.8	86.0	Jun-13	84.5	86.0	Jul-13	83.5	86.0	Aug-13	86.5	86.0	Sep-13	82.8	86.0	Oct-13	85.0	86.0	Nov-13	82.5	86.0	Dec-13	82.5	86.0	Jan-14	81.5	86.0	Feb-14	79.0	86.0	Mar-14	84.0	86.0	<p>Whilst same day surgery performance has not met the overall 86% HEAT target since August 2013, it has been over 80% since April 2013.</p> <p>In addition, our performance has exceeded the overall BADS* performance target of 78%, which is based on an assessment of actual case mix in the Borders.</p> <p>* <i>British Assoc of Day Case Surgery</i></p>
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Standard: Online Triage of Referrals		G
Target: 90%	Performance: 93.8%	



Overall the level of online eTriage of referrals has been above the set Trajectory for most of the financial year.

NHS Borders Access Policy was approved in October 2012 and reinforces the expectation that referrals should be submitted electronically removing paper referrals from the system.

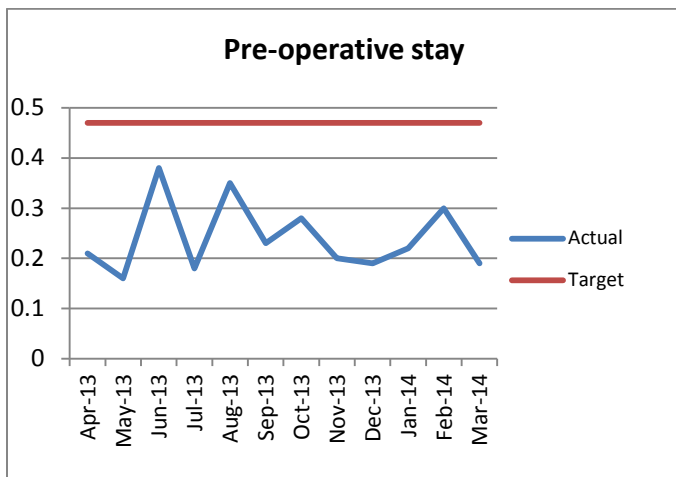
Work is ongoing to increase the amount of referrals that can be generated and made available electronically.

Standard: Pre-operative Stay

G

Target: 0.47

Performance: 0.19



Performance has improved with the introduction of pre-assessment for all elective surgical patients and pre-op length of stay continues to remain under half a day since April 2013.

Standard: eKSF Annual Reviews Complete and PDP's Complete on eKSF

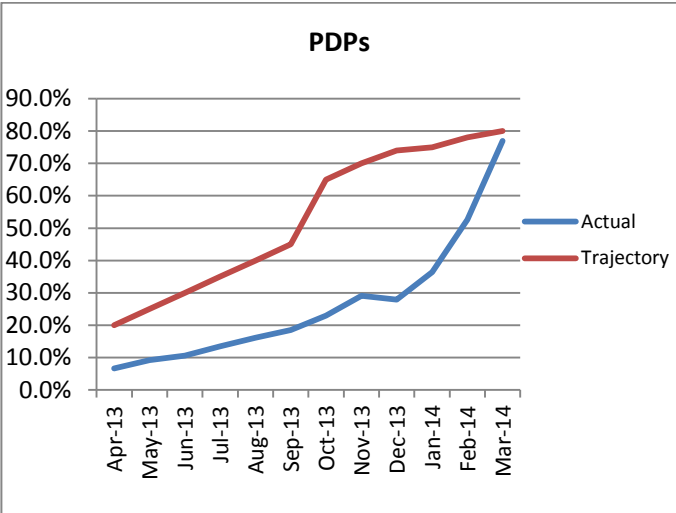
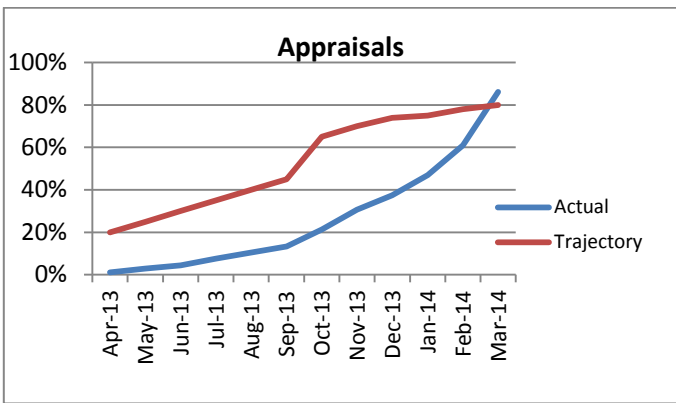
Trajectory: 80%

Appraisals: 86.2%

G

PDPs: 77%

A



Line Managers are responsible for ensuring reviews and PDP's are undertaken. Performance against local trajectories are monitored through by the Clinical Boards in their performance scorecards to ensure each services continues to work towards the standard.

KSF Champions identified from within the service are carrying out training on e-KSF and supporting Managers and Staff in meeting their requirements.

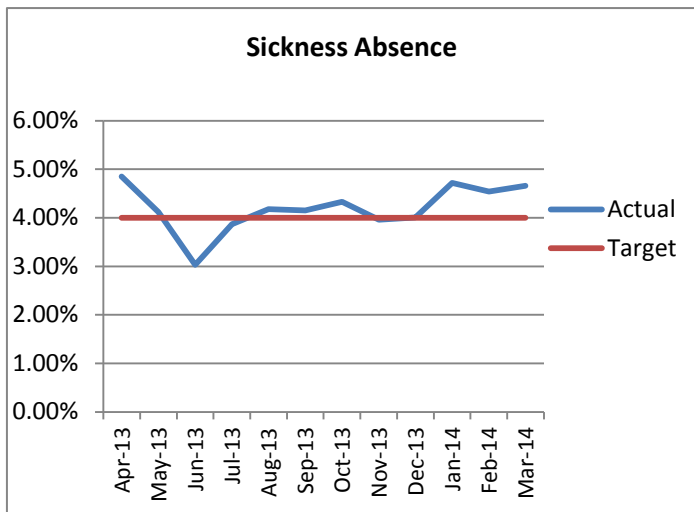
The Employee Director is the Executive lead, supporting the KSF Champions and reporting back to the Board Executive Team on a regular basis.

e-KSF will be replaced in April 2015 with eESS and training will be rolled out to Managers and Staff.

KSF Champions will be setting up working groups with Staff Groups to develop new Outlines to make them more streamlined and focusing around the 6 Core Dimensions.

Target: 4%

Performance: 4.66%



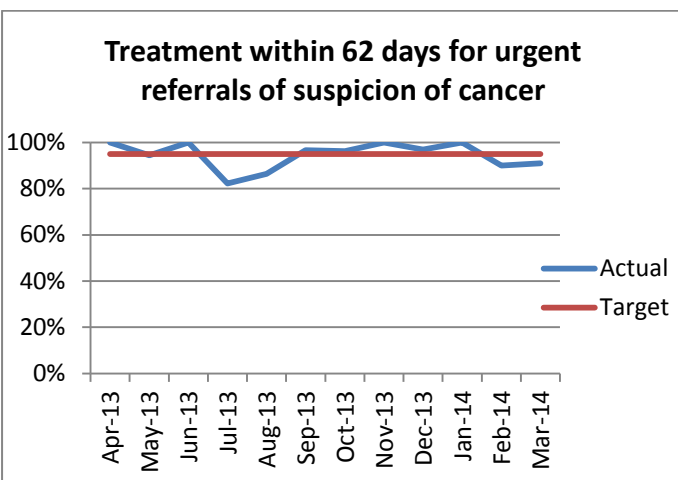
Each service now receives a monthly report to assist them in robustly managing sickness absence. This target also continues to be monitored through performance scorecards.

Standard: Treatment within 62 days for Urgent Referrals of Suspicion of Cancer

A

Target: 95%

Performance: 91%



For Q1 and Q2 Borders did not achieve the 62 day standard, this was the first time that the standard had not been achieved in 2 years. The main cause for delays was due to waiting times in colonoscopy. A total of 5 patients breached in Q1 and 5 in Q2. Of these, 7 were as a result of colonoscopy delays. Improvements in 'book-in-turn' arrangements along with additional capacity resulted in reductions in waiting times, which have been sustained for the remainder of 2013/14.

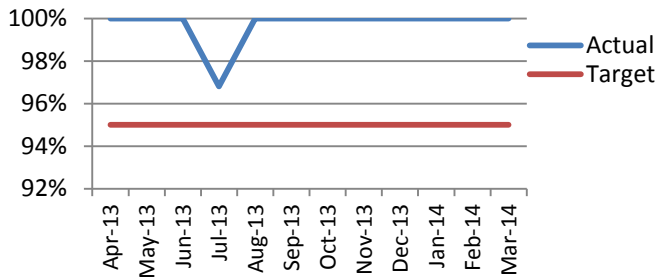
Standard: Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer

G

Target: 95%

Performance: 100%

Treatment within 31 days of decision to treat for all patients diagnosed with cancer



Throughout 2013/14 NHS Borders continued to meet its target of treating 95% of patients with cancer within 31 days of decision to treat.

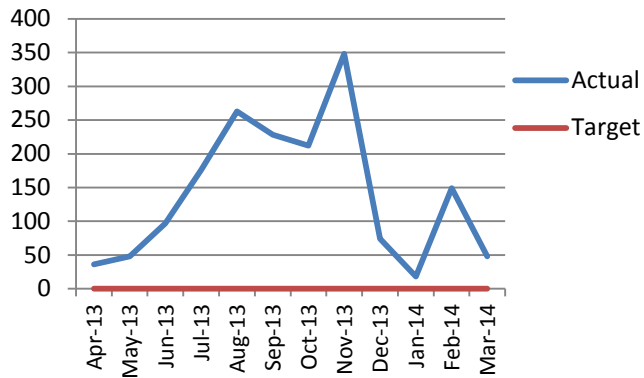
Access: 12 weeks for Outpatients

R

Target: 0

Performance: 48

12 Weeks Wait for Outpatients



There are currently significant challenges around the continued delivery of outpatient targets however it should be noted that the overall position appears to be improving. Additional ad hoc capacity has been organised whilst longer term solutions are identified through the Productivity and Benchmarking process for specialities with capacity issues including ENT and Orthopaedics. There are also particular risks around continued delivery of targets in Dermatology (due to being unable to recruit to vacant post).

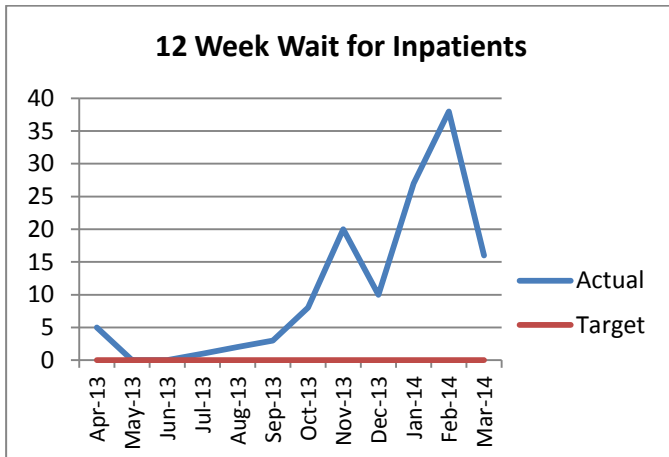
There continue to be a high number of waits for the physiotherapy service over 9 weeks. An action plan has been put in place to improve performance in this area. Nutrition and dietetics waits are divided between different parts of the service. Within Occupational Therapy there has been an increase in Learning Disability waiting times due to the demand for AMPS (Assessment of Motor and Process Skills) assessments. To resolve this a locum is taking other assessments to increase capacity.

Access: 12 weeks for Inpatients

R

Target: 0

Performance: 16



For inpatients there continues to be some challenges in Orthopaedics. These are being addressed in the short term by increasing operating sessions, including the reallocation of lists between specialties.

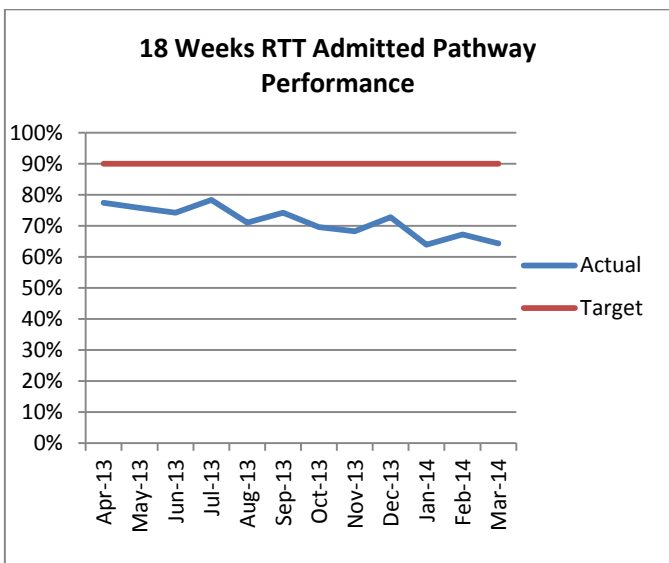
Additional operating lists have been organised in the Day Procedure Unit to relieve pressure.

Access: 18 Weeks Referral to Treatment: Admitted Pathway Performance

R

Target: 90%

Performance: 64.4%



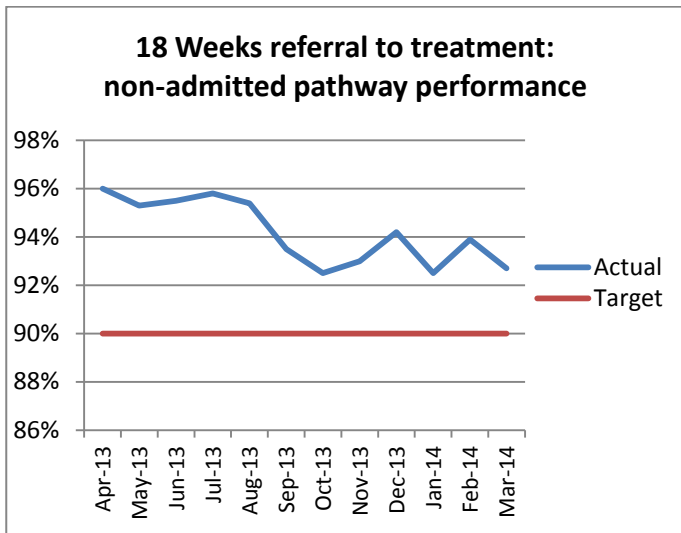
Although overall performance is above the national target of 90%, some further work is required around admitted pathways, particularly in Orthopaedics and ENT.

Access: 18 Weeks Referral to Treatment: Non-Admitted Pathway Performance

G

Target: 90%

Performance: 92.7%



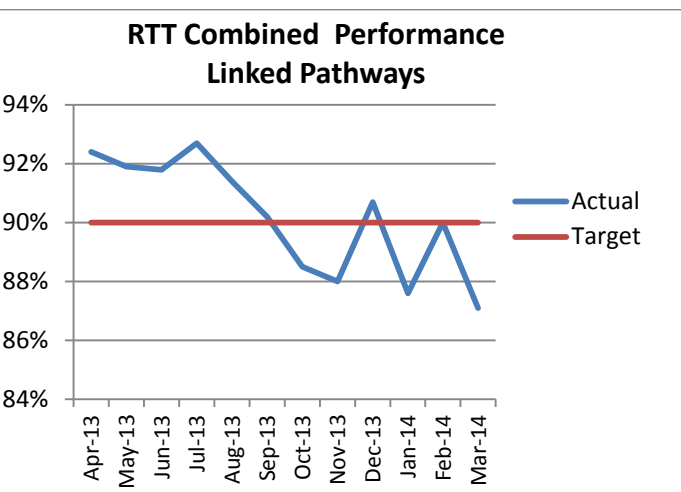
Performance for non-admitted pathways is consistently above 90%, although there are some risks around Dermatology and Oral Surgery, as highlighted above.

Access: 18 Weeks Referral to Treatment: Combined Performance Linked Pathways

A

Target: 90%

Performance: 87.1%



Currently NHS Borders performs reasonably well against the national target of 90% 18 Weeks Referral to Treatment, with performance ranging between 87% - 93%.

The most significant risk to continued delivery is within Orthopaedics, until issues around operating capacity can be resolved.

There are also risks around Dermatology and Oral Surgery.

Access: No CAMHS waits over 18 weeks		G																																							
Target: 0	Performance: 0																																								
<table border="1"> <caption>No CAMHS waits over 18 weeks</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>0</td><td>0</td></tr> <tr><td>May-13</td><td>0</td><td>0</td></tr> <tr><td>Jun-13</td><td>1</td><td>0</td></tr> <tr><td>Jul-13</td><td>0</td><td>0</td></tr> <tr><td>Aug-13</td><td>3</td><td>0</td></tr> <tr><td>Sep-13</td><td>1</td><td>0</td></tr> <tr><td>Oct-13</td><td>0</td><td>0</td></tr> <tr><td>Nov-13</td><td>0</td><td>0</td></tr> <tr><td>Dec-13</td><td>0</td><td>0</td></tr> <tr><td>Jan-14</td><td>0</td><td>0</td></tr> <tr><td>Feb-14</td><td>0</td><td>0</td></tr> <tr><td>Mar-14</td><td>0</td><td>0</td></tr> </tbody> </table>		Month	Actual	Target	Apr-13	0	0	May-13	0	0	Jun-13	1	0	Jul-13	0	0	Aug-13	3	0	Sep-13	1	0	Oct-13	0	0	Nov-13	0	0	Dec-13	0	0	Jan-14	0	0	Feb-14	0	0	Mar-14	0	0	<p>The CAMHS service in NHS Borders is well within the current national 26 week waiting times target .</p> <p>Robust caseload management is in place to ensure that there is capacity within the team to continue to meet both this and the locally set target of 18 weeks.</p> <p>As of May 2014, the Scottish Government have confirmed that a tolerance of 10% will be applied to the national target.</p>
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Feb-14	0	0																																							
Mar-14	0	0																																							

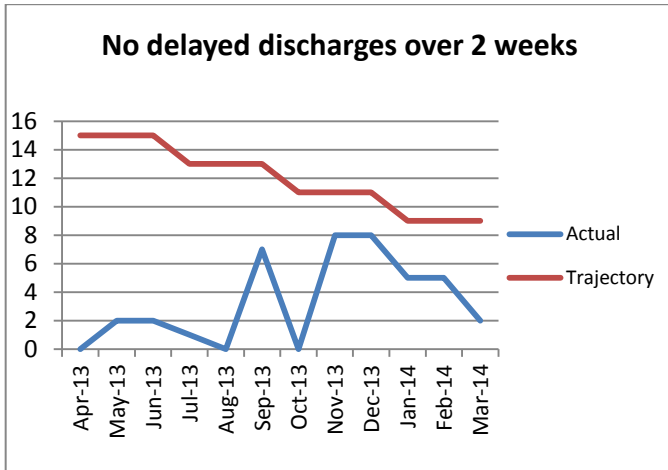
Access: No Psychological Therapy waits over 18 weeks		R																																							
Target: 0	Performance: 93																																								
<table border="1"> <caption>No Psychology Waits over 18 weeks</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>25</td><td>0</td></tr> <tr><td>May-13</td><td>30</td><td>0</td></tr> <tr><td>Jun-13</td><td>10</td><td>0</td></tr> <tr><td>Jul-13</td><td>10</td><td>0</td></tr> <tr><td>Aug-13</td><td>5</td><td>0</td></tr> <tr><td>Sep-13</td><td>18</td><td>0</td></tr> <tr><td>Oct-13</td><td>15</td><td>0</td></tr> <tr><td>Nov-13</td><td>25</td><td>0</td></tr> <tr><td>Dec-13</td><td>45</td><td>0</td></tr> <tr><td>Jan-14</td><td>48</td><td>0</td></tr> <tr><td>Feb-14</td><td>95</td><td>0</td></tr> <tr><td>Mar-14</td><td>105</td><td>0</td></tr> </tbody> </table>		Month	Actual	Target	Apr-13	25	0	May-13	30	0	Jun-13	10	0	Jul-13	10	0	Aug-13	5	0	Sep-13	18	0	Oct-13	15	0	Nov-13	25	0	Dec-13	45	0	Jan-14	48	0	Feb-14	95	0	Mar-14	105	0	<p>There have been challenges within this service in 2013/14:</p> <p>Clinical psychology staff deliver the majority of the activity and this has been challenged by vacancies. Responses to this have been to continue efforts to increase the amount of psychological therapy delivered by non psychology staff, seeking improvements in the supporting IT system to allow for better review and remedial action by managers and therapists, and active recruitment to all vacant posts. Overall, work has taken place each month through an oversight group to actively review any longer waits, and improvements in data collection have assisted this.</p> <p>The service aim to improve against this target by July as vacancies are filled and staff return from maternity leave. It is projected that the range of actions during the year will allow for achievement of target by the due date of December 2014.</p>
Month	Actual	Target																																							
Apr-13	25	0																																							
May-13	30	0																																							
Jun-13	10	0																																							
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Dec-13	45	0																																							
Jan-14	48	0																																							
Feb-14	95	0																																							
Mar-14	105	0																																							

Access: No Delayed Discharges over 2 weeks

G

Trajectory: 11

Performance: 9



By April 2015, no patient should wait more than 2 weeks for their discharge to take place; the current target is 4 weeks.

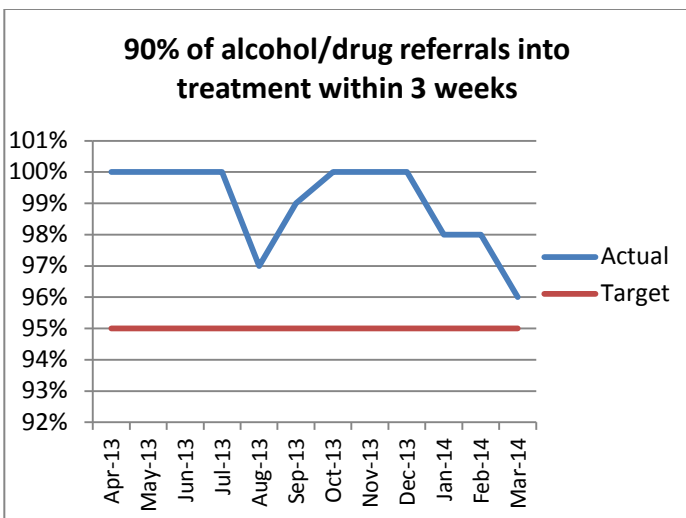
Whilst successfully reducing the number of delayed discharge cases and associated occupied bed days to achieve the new 2 week target further improvement is required in the year ahead in order to achieve and sustain this level of performance.

Access: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks

G

Trajectory: 95%

Performance: 96%



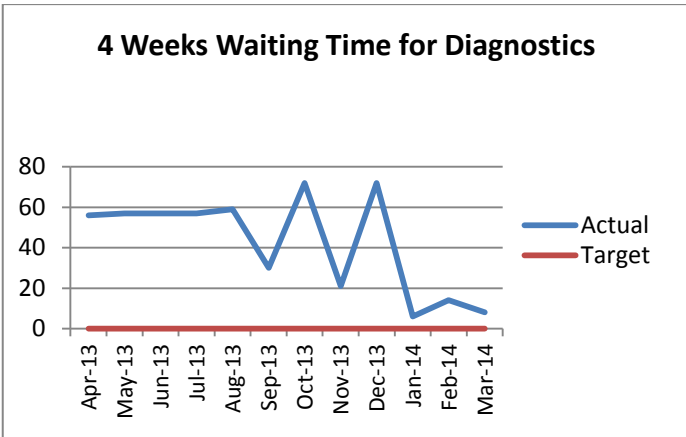
NHS Borders are meeting the HEAT target with the service consistently over-performing month to month.

Standard: 4 Weeks Waiting Target for Diagnostics

R

Target: 0

Performance: 8



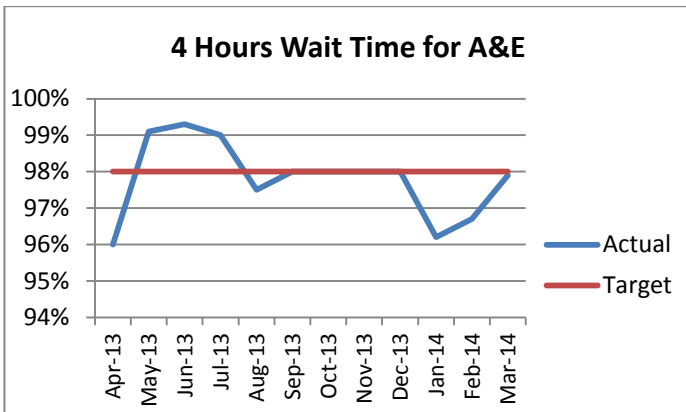
The breaches of this target were within cystoscopy. Both diagnostic and surveillance tests are carried out within the same weekly clinic. Increased demand in either area can mean that breaches occur. Increasing the number of clinics is being investigated.

Standard: 4 Hour Waiting Target for A&E

A

Target: 98%

Performance: 97.9%



NHS Borders achieved compliance with the 4 hour standard for 9 months of the 2013/14 financial year. This position was achieved through whole systems working with sustained improvement measures ongoing. NHS Borders is one of only four Boards in Scotland to achieve consistent compliance over this time.

Bed capacity challenges over the winter months around norovirus resulted in a dip in performance in January and February 2014 but the Board remain committed to the ongoing improvement measures aimed at ensuring patients are assessed, diagnosed, treated and discharged/admitted/transferred within 4 hours of registering at the Emergency Department.

Standard: Emergency Occupied Bed Days aged 75 and over (per 1,000)		G																																							
Trajectory: 4748	Performance: 3460																																								
<p>Emergency OBD 75+ per 1,000</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Nov-12</td><td>4300</td><td>5200</td></tr> <tr><td>Dec-12</td><td>4100</td><td>5200</td></tr> <tr><td>Jan-13</td><td>3900</td><td>5200</td></tr> <tr><td>Feb-13</td><td>3700</td><td>5200</td></tr> <tr><td>Mar-13</td><td>3600</td><td>5000</td></tr> <tr><td>Apr-13</td><td>3500</td><td>4800</td></tr> <tr><td>May-13</td><td>3400</td><td>4800</td></tr> <tr><td>Jun-13</td><td>3400</td><td>4800</td></tr> <tr><td>Jul-13</td><td>3400</td><td>4800</td></tr> <tr><td>Aug-13</td><td>3400</td><td>4800</td></tr> <tr><td>Sep-13</td><td>3400</td><td>4800</td></tr> <tr><td>Oct-13</td><td>3400</td><td>4800</td></tr> </tbody> </table>	Month	Actual	Target	Nov-12	4300	5200	Dec-12	4100	5200	Jan-13	3900	5200	Feb-13	3700	5200	Mar-13	3600	5000	Apr-13	3500	4800	May-13	3400	4800	Jun-13	3400	4800	Jul-13	3400	4800	Aug-13	3400	4800	Sep-13	3400	4800	Oct-13	3400	4800	<p>NHS Borders has significantly performed beyond its trajectory and the national target so much so that a more ambitious trajectory was agreed for 2014/15. This performance has been boosted by continued reductions in occupied bed days due to delayed discharges, maximising the opportunities to revise the GP contract and enhance funding and the ongoing Long Term Conditions Training and Education Programme.</p>	
Month	Actual	Target																																							
Nov-12	4300	5200																																							
Dec-12	4100	5200																																							
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Aug-13	3400	4800																																							
Sep-13	3400	4800																																							
Oct-13	3400	4800																																							

Treatment: Diagnosis of Dementia		R																																							
Target: 1116	Performance: 1027																																								
<p>Diagnosis of Dementia</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>930</td><td>1116</td></tr> <tr><td>May-13</td><td>960</td><td>1116</td></tr> <tr><td>Jun-13</td><td>980</td><td>1116</td></tr> <tr><td>Jul-13</td><td>990</td><td>1116</td></tr> <tr><td>Aug-13</td><td>990</td><td>1116</td></tr> <tr><td>Sep-13</td><td>990</td><td>1116</td></tr> <tr><td>Oct-13</td><td>980</td><td>1116</td></tr> <tr><td>Nov-13</td><td>990</td><td>1116</td></tr> <tr><td>Dec-13</td><td>1000</td><td>1116</td></tr> <tr><td>Jan-14</td><td>1010</td><td>1116</td></tr> <tr><td>Feb-14</td><td>1020</td><td>1116</td></tr> <tr><td>Mar-14</td><td>1020</td><td>1116</td></tr> </tbody> </table>	Month	Actual	Target	Apr-13	930	1116	May-13	960	1116	Jun-13	980	1116	Jul-13	990	1116	Aug-13	990	1116	Sep-13	990	1116	Oct-13	980	1116	Nov-13	990	1116	Dec-13	1000	1116	Jan-14	1010	1116	Feb-14	1020	1116	Mar-14	1020	1116	<p>There continues to be a steady increase in overall numbers being added to the dementia register after the significant attrition rate is accounted for.</p> <p>At 1st June, performance stood at 1055 people with dementia registered on Primary Care held registers. This is against a target number of 1116, which represents 50% of expected prevalence.</p>	
Month	Actual	Target																																							
Apr-13	930	1116																																							
May-13	960	1116																																							
Jun-13	980	1116																																							
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Dec-13	1000	1116																																							
Jan-14	1010	1116																																							
Feb-14	1020	1116																																							
Mar-14	1020	1116																																							

Treatment: Reduction in rate (per 100,000) of A&E Attendees		R																																							
Trajectory: 1582	Performance: 1964																																								
<table border="1"> <caption>Reduction in Rate of A&E Attendees</caption> <thead> <tr> <th>Month</th> <th>Actual</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>1800</td><td>1582</td></tr> <tr><td>May-13</td><td>1700</td><td>1582</td></tr> <tr><td>Jun-13</td><td>1800</td><td>1582</td></tr> <tr><td>Jul-13</td><td>1900</td><td>1582</td></tr> <tr><td>Aug-13</td><td>1800</td><td>1582</td></tr> <tr><td>Sep-13</td><td>1900</td><td>1582</td></tr> <tr><td>Oct-13</td><td>1800</td><td>1582</td></tr> <tr><td>Nov-13</td><td>1700</td><td>1582</td></tr> <tr><td>Dec-13</td><td>1800</td><td>1582</td></tr> <tr><td>Jan-14</td><td>1700</td><td>1582</td></tr> <tr><td>Feb-14</td><td>1600</td><td>1582</td></tr> <tr><td>Mar-14</td><td>1900</td><td>1582</td></tr> </tbody> </table>		Month	Actual	Trajectory	Apr-13	1800	1582	May-13	1700	1582	Jun-13	1800	1582	Jul-13	1900	1582	Aug-13	1800	1582	Sep-13	1900	1582	Oct-13	1800	1582	Nov-13	1700	1582	Dec-13	1800	1582	Jan-14	1700	1582	Feb-14	1600	1582	Mar-14	1900	1582	<p>The target agreed by NHS Borders was extremely ambitious given its' positive performance when benchmarked against other Health Boards. There will be continued focus in respect of patients who reattend, patients and "Flow Three*" attendances at Emergency Department.</p> <p><i>*Patients admitted to medical wards through A&E</i></p>
Month	Actual	Trajectory																																							
Apr-13	1800	1582																																							
May-13	1700	1582																																							
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Dec-13	1800	1582																																							
Jan-14	1700	1582																																							
Feb-14	1600	1582																																							
Mar-14	1900	1582																																							

Treatment: Further Reduce Rate of Staph Aureus bacteraemia (cumulative)
<p>NHS Borders is not currently on target to achieve the <i>Staphylococcus aureus</i> Bacteraemia (SAB) March 2015 HEAT target rate of 24.0 cases or less per 100,000 acute occupied bed days.</p> <p>The most recent Health Protection Scotland quarterly report on surveillance of <i>Staphylococcus aureus</i> Bacteraemia (SAB) in Scotland shows that April-December 2013, NHS Borders had a SAB rate of 47.1 SAB cases per 100,000 acute occupied bed days compared with a rate for NHS Scotland of 31.5. For Borders this is an increase of 11 cases compared with the same period the year before.</p> <p>Every SAB case is subject to a review to identify any learning for improvement. Opportunities to prevent the individual SAB cases are limited; however, improvements can be made through compliance of the PVC bundles and optimal urinary catheter care. Improvement methodologies are being used to address these areas for improvement.</p> <p>HPS visited NHS Borders on 6th June 2014 to review systems and processes relating to SAB cases. This meeting did not highlight any new opportunities to improve performance.</p>

Treatment: Further Reduce Rate of C. Diff (CDAD) cases in over 65s (cumulative)
<p>NHS Borders is currently on target to achieve the <i>Clostridium difficile</i> infection (CDI) March 2015 HEAT target rate of 32.0 cases or less per 100,000 total occupied bed days in patients aged 15 and over.</p> <p>The most recent Health Protection Scotland quarterly report on surveillance of <i>Clostridium difficile</i> infection (CDI) in Scotland shows that April-December 2013, NHS Borders had a rate of 30.1 CDI cases per 100,000 total occupied bed days compared with a rate for NHS Scotland of 36.0. For Borders this is a decrease of 16 cases compared with the same period the year before.</p> <p>Every CDI case is subject to a review to identify any learning for improvement. The work of the Antimicrobial Management Team continues to be important in monitoring and supporting improvement in antimicrobial stewardship.</p>

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Treatment: Admitted to the Stroke Unit within 1 day of admission		G																										
Target: 90%	Performance: 90%																											
<p style="text-align: center;">Admitted to Stroke Unit within 1 day of admission</p> <table border="1"> <caption>Actual Performance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Actual Performance (%)</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>100</td></tr> <tr><td>May-13</td><td>100</td></tr> <tr><td>Jun-13</td><td>100</td></tr> <tr><td>Jul-13</td><td>100</td></tr> <tr><td>Aug-13</td><td>100</td></tr> <tr><td>Sep-13</td><td>100</td></tr> <tr><td>Oct-13</td><td>95</td></tr> <tr><td>Nov-13</td><td>100</td></tr> <tr><td>Dec-13</td><td>100</td></tr> <tr><td>Jan-14</td><td>85</td></tr> <tr><td>Feb-14</td><td>100</td></tr> <tr><td>Mar-14</td><td>90</td></tr> </tbody> </table>	Month	Actual Performance (%)	Apr-13	100	May-13	100	Jun-13	100	Jul-13	100	Aug-13	100	Sep-13	100	Oct-13	95	Nov-13	100	Dec-13	100	Jan-14	85	Feb-14	100	Mar-14	90	<p>With regards to stroke care delivery, NHS Borders have been concentrating on the delivery of the stroke care bundle of which there are 4 elements: Swallow screen assessment, CT Scan Aspirin administration Admission to Borders stroke unit</p> <p>Since July 2013 NHS Borders have been producing a daily bundle RAG report and widely disseminating this throughout the hospital, Whereas a government target has not been set as yet. ,NHS Borders have provided trajectories towards achieving a standard of 90% of patients with provisional diagnosis of stroke will receive all elements of the evidence based stroke bundle by December 2014. NHS Borders have also set a stretch aim that 90% of patients achieve this bundle over 6 consecutive months by March 2015.</p>	
Month	Actual Performance (%)																											
Apr-13	100																											
May-13	100																											
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Feb-14	100																											
Mar-14	90																											

Progress on Targets Not Reported on a Monthly Basis

Health Improvement	
<p>Reduce Suicide Rate between 2002 and 2013 by 20%</p>	<p><u>Progress and achievements</u></p> <p>The new national strategy on suicide prevention in Scotland was issued in December 2013. The target for the reduction of suicide has changed to 10% as advocated by World Health Organization.</p> <p>In the Scottish Borders, the rolling average annual suicide rate is 15.9 per 100,000. Annual rates tend to fluctuate between 15-17 annually. 2012 saw an increase to 23 deaths, of which 17 were male.</p> <p>A new multiagency steering group was established in 2013 to prepare for the new national strategy. The main areas of activity on suicide prevention in Scottish Borders in 2013/14 were:</p> <p><i>Awareness raising and community capacity building</i> A programme of events was held during Suicide Prevention Awareness Week (September 2013) across Borders, including a series of short features on Radio Borders giving information about sources of help available. Presentations on suicide prevention priorities has been delivered to 4 of the 5 Area Forums.</p> <p><i>Support to vulnerable groups</i> The Match Fit programme for men with low mood has been delivered with several groups of men, and mental health and criminal justice services are looking at incorporating it into core work.</p> <p><i>Service and workforce development</i> An audit was carried out of the suicide prevention training and development programme. Training delivery continued during 2013/14.</p> <p>Following the development of an education pack for secondary schools and partners working with young people to prevent suicide and to improve mental health and wellbeing, initial work began on a parallel resource for primary schools.</p> <p><u>Challenges and next steps</u> A new action plan for suicide prevention is being developed to address the key themes in the national strategy:</p> <ul style="list-style-type: none"> • Responding to distress • Talking about suicide • Improving the NHS response to suicide • Developing the evidence base • Supporting change and improvement <p>The action plan will take account of the findings of the recent analysis of national suicide rates that identifies key risk factors.</p> <p>Both SBC and NHS will be consolidating policies on mental health in the workplace and are committed to taking a public stance on tackling the stigma and discrimination association with mental health.</p>

	<p>The local suicide prevention training programme is being refocused to support agreed local priorities in the light of reduced capacity to deliver training.</p> <p>Partners are reviewing information sharing processes on completed suicides to ensure learning from recent incidents is used to improve responses where possible.</p>
<p>Completion rates for child healthy weight intervention programme</p>	<p><u>Progress and achievements</u></p> <p>The schools Fit4fun programme continued in 2013/14 and was delivered in a further four primary schools. The whole school approach maintained high levels of engagement throughout. The programme delivered the target number of completions. The programme was extended to provide follow up support to participating schools and to include transition work with the P7 cohort in one learning community board. The programme worked closely with maternal and infant nutrition programme to ensure consistency with early years approaches.</p> <p><u>Challenges and next steps</u></p> <p>Longer term impact and sustainability continues to be a challenge in view of the persisting rates of overweight and obesity among children in Scottish Borders and early data that indicate these rates are already evident by age 27 months.</p> <p>These challenges are being addressed by continuing to offer follow on and supplementary work to participating primary schools, as resources allow. Alignment with early years work is also a priority.</p> <p>With partners in Education, Health Improvement will be reviewing the wider environment of food in schools in the light of updated national guidance for schools and early years establishments.</p> <p>Fit4fun will be delivered in the course of 2014/15 while further direction is awaited from the Scottish Government on child healthy weight programme delivery.</p>
<p>60% of 3 & 4 year olds to have fluoride varnishing twice a year</p>	<p>The figures currently available for end December 2013 shows that the target was achieved within the most deprived quintile with 61.5% of 4 year olds receiving FV application. The figures also showed a minimum application rate across all SIMD quintiles of 20.4% of 3 and 4 year old children receiving 2 or more FV applications, an increase in 6.4 % on the previous quarter. Within SEAT Boards NHS Borders is currently the highest performer in all quintiles for both 3 and 4 year olds.</p> <p>Support to GDPs regarding HEAT, Childsmile practice and Cochrane reviews on effectiveness of fluoride varnish continues from Childsmile Coordinator and Dental practice advisor with the NHSB Oral Health Promotion team continuing to target the most deprived areas with support from the early years forum and partners in education to ensure that every child has the maximum oral health intervention including access to the Childsmile Core toothbrushing programme.</p> <p>Reporting system for this target come from HIC for Childsmile School and Nursery programme and PSD using the latest mid-year population estimates from GRO Scotland for Childsmile Practice.</p>

<p>80% of pregnant women in each SIMD will have booked for antenatal care by 12th week of gestation</p>	<p>This has been achieved. There is now a direct phone number to community midwives in health centres and community midwives are making appointments directly with women.</p> <p>A short life working group has been established with drug and alcohol services to agree actions to support women and a community midwife has been seconded this year to the local Getting It Right For Every Child team to provide training across NHS Borders on the implementation of the GIRFEC model of care. The antenatal education programme has been revised and rolled out.</p> <p>Workforce development is progressing on several fronts:</p> <ul style="list-style-type: none"> • An action plan for NHS Borders to monitor the impact of welfare benefit reform on population health and on health care needs is currently being developed by Public Health & Planning and Performance. This will include actions to ensure front line staff are aware of impacts of reforms on key groups including expectant and new parents and of the advice, information and supports available. Mandy Brotherstone, Child health Commissioner, and Allyson McCollum, Health Improvement, have been meeting with midwives to raise their awareness of the impact of these reforms. • Both the Smoking Cessation Service and the Alcohol and Drugs Partnership are reviewing how best they can work with maternity care to identify health risks and provide relevant supports. Smoking cessation referrals have increased by 100% since 2012. The programme is being rolled out across every area and there has been funding identified for 4 hrs midwifery time per week to dedicate time to this work • The CEL 41 Gender Based Violence Programme will complete training with midwifery staff by Jan 13 Now on target to complete by March 2014 • The Pathways project, a new integrated domestic abuse programme, is to be launched in Borders in December and will enable the early identification of families at risk as part of a whole systems approach to prevention, early intervention and recovery. There has been full engagement with the programme from midwives. <p>Challenges Due to data availability limitations, it is difficult to gain an accurate picture of the characteristics of those who do not access antenatal care within the target time scale. The absence of an electronic maternity information system is a significant problem.</p> <p>No recurring funding has been identified for one of the two midwife posts within the Early Years Assessment Team.</p> <p>How addressing A proposal for the development of a maternity information system has been developed, but funding has yet to be secured. A quote has been obtained for implementing Maternity Trak. Until all options have been considered and funding</p>
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	<p>secured for the preferred option, as an interim measure, a business objects report has been raised which gathers data on antenatal booking, smoking rates and BMI.</p> <p>Non recurring funding for the EYAT midwife post may be available from the annual SG Maternity Care Framework allocation. However this allocation forms part of the NHS Early Years Change Fund and there is therefore a need to consider investment in this post in the wider context of priorities in the local joint Early Years Strategy. A business case is being prepared to secure funding on an ongoing basis</p> <p>Next steps Further development of areas of work as above to:</p> <ul style="list-style-type: none"> • Improve data on access and on vulnerability and risk – see maternity information systems above • Targeted work with key vulnerable groups through the antenatal education programme in community - ongoing. The early Years Assessment team is crucial to this work • Securing capacity within the EYAT to work with vulnerable families - business case as stated above • Workforce development: maternity workload tools being run at present
Efficiency	
<p>Boards to operate within agreed revenue resource limit, capital resource limit and meet cash requirement</p>	<p>NHS Borders remains on course to achieve all its financial targets. Progress is detailed in the regular finance report to the Board.</p>
<p>Reduction in energy based carbon emissions and energy consumption</p>	<p>NHS Borders has been monitoring its utility energy consumption, emissions and costs in excess of 15 years and reports this information on an annual basis to Health Facilities Scotland for inclusion in the NHS Scotland Annual Environmental Report. The information is also used to monitor compliance with HEAT targets which are reported by HFS quarterly. The latest available figures, from Q4 in 2013/14 compared with a 2009/10 base date, indicate that NHS B has exceeded the energy efficiency target by 4.84 % and exceeded the CO2 target by 1.6%. The phased introduction of biomass boilers in 2015 will ensure a reduction in emissions and compliance with the target.</p>
Treatment	
<p>Increase proportion of 1st stage breast, colorectal and lung diagnosis by 25%</p>	<p>For NHS Borders the delivery of the HEAT target equates to an additional 15 patients diagnosed at Stage 1 by end of 2015. The Scottish Government has requested Boards work towards a level that exceeds the minimum target number of patients. The 15 additional patients has been calculated using the assumption that incidence rates will remain consistent with those found in 2010/11</p> <p>The ISD published data for 2011-12 identified 551 patients diagnosed of which 130 were Stage 1 (23.5%). In order to have reached the anticipated trajectory of</p>

	<p>26.9% required 148 stage 1 cancer to be diagnosed during 2011/12. During 2011/2012, fewer cancers were diagnosed (551) overall compared with the baseline year of 2010/11 when 603 cancers were identified. The higher number of stage 1 cancers detected in 2010/11 was partly due to the increase in screen detected cancers seen during the bowel screening programme prevalent round that lasted from Nov 2009- Oct 2011.</p>
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4. UPDATE ON CONTRIBUTIONS TO SINGLE OUTCOME AGREEMENT

Critical issue: Health inequalities and early years

NHS Borders continues to work closely with Scottish Borders Council and other partners to take forward the joint Early Years Strategy for Scottish Borders. The local Early Years Change Fund is supporting agreed priorities within this joint strategy:

- Development of locality based Early Years Networks, led by community nursing
- Redesign of the locality model for Early Years Services to establish a network of Early Years Centres to facilitate access to a wide range of services within the most deprived communities of Scottish Borders
- Workforce development in line with the common core skills framework
- Development of capacity within communities through volunteering and peer mentoring

In relation to substance misuse, Children Affected by Parental Substance Misuse (CAPSM) guidelines have been developed by our local Alcohol and Drugs Partnership and Child Protection Committee and implementation is being refined further to embed the named person as the next stage.

Tackling domestic violence continues as part of the wider Violence against Women Partnership and specifically through CEL 41. The extensive training programme continues to have good uptake including participation from midwifery and community nursing staff. NHS Borders has active involvement in the pioneering new Pathways project integrated service delivery model to support women and families who experience domestic violence.

With reference to poverty and low income NHS Borders has undertaken initial awareness raising and briefing with child health services on the welfare benefit reforms and is developing an early years welfare benefits resource within the first Early Years Centres. This aims to build capacity within other services through training, tools and resources and access routes to welfare benefits and money advice. Community based programmes delivered in Borders Healthy Living Network areas actively engage with families – including fathers / male carers - on low income to enhance community capacity, promote healthy living and address barriers to health. These community programmes are planned and delivered in partnership with SBC Community Learning and Development and with local community groups

The local antenatal education programme has been revised in line with the National Education Scotland (NES) national resource materials. The community component of the programme is being linked into the newly established early years locality networks to maximize reach and engagement and to ensure consistency of messages for expectant parents.

Risks associated with low birth weight and still birth are being addressed with improvements in smoking cessation support in pregnancy, changes to the monitoring of fetal movement and exploratory work on weight management in pregnancy for obese women.

The midwives in the local integrated Early Years Assessment Team continue to work with vulnerable families. Following the successful piloting of breastfeeding peer supporters, the initiative is being scaled up to offer a service to all new mothers who want it, with a particular focus on those communities with lower breastfeeding rates.

5. CORPORATE OBJECTIVES

Corporate Objective	Progress to Date	
<p>Deliver safe, effective and high quality services</p>	<p>Deliver the Scottish Patient Safety Programme (SPSP)</p>	<p>The second phase of Scottish Patient Safety Programme (SPSP) was announced in June 2012 by the Cabinet Secretary, with the overarching aim being to reduce HSMR by 20% by December 2015 (a further 5% reduction) and to embed 'harm free care'. The second phase was formally launched at the Adult Acute learning session held on 28/ 29 August 2013 with the aim statement that 95% of all patients receiving acute care should be free from harms as identified by the Scottish Patient Safety Indicator (SPSI). The final driver diagrams, measurement plan and reporting template and letter to all Boards was sent on 5th December 2013 by Healthcare Improvement Scotland (HIS). Since then, the local programme has been focusing on spreading the key measures within each of the adult acute SPSP workstreams throughout the Borders General Hospital (BGH). For the new measures, testing and baseline preparatory work is underway. The local programme is also focusing on embedding the 10 patient safety essentials throughout the BGH through improvement methodology and testing of a local marketing campaign. Locally, NHS Borders continues to focus on the 9 key priority areas and significant improvement work is being undertaken in each of these areas.</p> <p>The Maternity and Children Quality Improvement Collaborative (McQIC) workstreams are progressing as per the original driver diagrams for maternity, paediatrics and neonates.</p> <p>The Mental Health work stream has a separate measurement plan, and excel reporting template which was issued in March 2014. The first submission of outcome data was in April 2014. Teams are focusing their improvement efforts on medicines reconciliation, error free prescribing and risk assessment in Huntlyburn and the Brigs.</p> <p>From February to May 2014, HIS are undertook a national scoping programme</p>

		to identify key areas for future priorities. Part of this scoping programme requires general practitioner (GP) practices to complete safety climate surveys which are being well received within NHS Borders.
	Communicate – listen to patients and ask ‘what matters to you’	<p>The Board is fully engaged with the Person Centred Collaborative and values public engagement, involving the third sector, volunteers and carers in the provision of health care and has enhanced the role of non-Executive Directors and their contribution to listening to patients by including them in the Leadership Safety Walkrounds and Inspections . Each meeting of the strategy and performance committee opens with a ‘patient story’ and each public Board meeting and Board Clinical Governance Committee considers complaints, SPSO reports, commendations and feedback through Patient Opinion.</p> <p>NHS Borders is full committed to the person-centred approaches to care that support the five “Must Do With Me” elements. The role of public member/volunteer is actively encouraged and supported within many areas of the hospital and the community. We have recently been reassessed and achieved the Investing in Volunteers award supporting the benefit volunteering makes to our services.</p> <p>The effectiveness of our public involvement work was assessed against the Participation Standards for the NHS in Scotland. NHS Borders has shown improvement in areas of their corporate governance of public involvement. NHS Borders has a proactive network of public involvement and participation groups including a Public Partnership Forum and Public Governance Committee.</p> <p>Patient feedback is actively sought by the NHS Borders through the complaints and feedback process and via Patient Opinion. The Board is working to enhance opportunities for patient feedback this year by looking at all approaches used in our inpatient areas initially.</p>
	Strive to meet and exceed the performance targets	67% of Scottish Government HEAT targets for 2013/14 67% were either

	set for us by the governments and our own board	being met or within 10% of target. Waiting times, although missing the targets have shown a significant improvement over the past year. Strong performance management remains a key priority across all areas of NHS Borders
	Run an efficient organization by living within our means and concentrating resources on front line services	<p>A key element of the Board's plan to attain a financial breakeven in 2013/14 was the achievement of its cost efficiency target. During the financial year £4.8m of savings were delivered. A key element of financial sustainability is the recurring element of the cost efficiency target. Within the overall target for increased efficiency the in year target of £2.55m recurring savings was also fully achieved. This ensures that there is no recurring requirement carried forward into the next financial year which would increase the financial risk for the organisation.</p> <p>All NHS boards are required to deliver a 3% efficiency and productivity gain per annum. For NHS Borders 2.75% cash releasing savings and 0.25% productivity gains were identified. The non cash releasing savings have been achieved through increased efficiency and productivity taken forward through the Senior Charge Nurse (SCN) Programme.</p> <p>In support of the corporate objectives during 2013/14 NHS Borders undertook the following programmes of work:</p> <ul style="list-style-type: none"> • Opened the relocated outpatients department within the Borders General Hospital – developing modern, flexible accommodation which provides a greatly improved accessible environment, improved décor and increased efficiency as well as an expanded range of treatment options. • Concluded the refurbishment of Huntlyburn House, the Acute Psychiatric Unit site in Melrose - offering improved observation and patient safety features and an enhanced environment within which to provide quality care. • Completed an extension to ward 6 within Borders General Hospital which provides additional single

		<p>room beds available on a flexed basis.</p> <ul style="list-style-type: none"> Completed the Lauder health centre new build – offering a fit for purpose environment for the delivery of general medical services together with community health services from the extended Primary Care Team.
<p>Improve the health of our population</p>	<p>Work with communities and our partner organizations in Scottish Borders Council and the Third Sector</p>	<p>CEL 01 2012 asks NHS Boards to implement specified health promotion actions to support health improvement in hospital settings. The CEL aims to improve health and reduce health inequalities amongst patients, visitors and staff by harnessing improvement capability for the health promoting health service approach in all hospital settings, including community hospital and maternity units. The Health Promoting Health Service programme (HPS) supports the achievement of key corporate objectives around reducing health inequalities, and is key in supporting the implementation of the principles of NHS Borders Clinical Strategy Services by promoting person-centred, seamless care, and by strengthening a health improvement and prevention approach that is embedded in the treatment of illness.</p> <p>Progress over the last year:</p> <ul style="list-style-type: none"> A comprehensive Communications Strategy has been developed gaining considerable support at strategic level. Agreement has just been reached to allocate £30,000 from the Endowment Fund to support implementation and a detailed action plan is now being drafted; Non-Executive Board member Karen Hamilton has joined a new national Ministerial Group to harness strategic focus and local championing of the CELs implementation; Proposals around the achievement of workforce health improvement competencies are being developed to ensure that the organisation has the capability to deliver HPS as a means to underpin the Clinical Strategy. The model being

		<p>advocated will aim to be consistent with renewed workforce development approaches being introduced across the organisation in recognising the practicality and relative effectiveness of different modes of delivery for staff groups depending on role, availability and level of expertise;</p> <ul style="list-style-type: none"> • BGH: Development of a Physical Activity Pathways - screening questions around physical activity to be incorporated into routine assessments in the Pre-Assessment Clinic, Out-Patients Department, as part of development of referral pathway on to Lifestyle Advise Support Service in primary care supporting general health improvement measures; • Community Day Hospital: Staff have reviewed patient assessment documentation to include alcohol-related questions and sign-posting/referral on to services; and • Mental Health / Public Health: Implementation of HPHS is to be included in a recently established working group linking public health and mental health priorities that aim to improve the physical health outcomes of mental health service clients. • Attainment of BFI Stage accreditation for NHS Borders maternity and community services and commitment to embed new BFI standards. Steps are being take to ensure new mothers are able to access to breast feeding support through volunteer peer supporters and to local breastfeeding support groups. This is focusing in particular in reducing inequalities in breastfeeding rates. NHS Borders policy on breastfeeding • NHS Borders two sites with dining facilities have the Healthy Living Award Plus. The BGH RVS facility has the Healthy Living Award
	<p>Harness the assets of our communities to encourage and facilitate self-help</p>	<p>Early years change fund is supporting development of capacity within communities through volunteering and peer mentoring In addition to developing quality</p>

		volunteering roles within our managed services we continue to work in partnership with the Third Sector to engage volunteers. NHS Borders Endowment Committee has funded a Volunteer Coordinator post to help drive forward excellence in involving volunteers
	Target the most deprived areas of the Scottish Borders to reduce inequalities	Redesign of early years services to facilitate access to a wide range of services within the most deprived communities of Scottish Borders Awareness raising with child health services on welfare benefit reforms Development of an early years welfare benefits resources Borders healthy living network provide community based programmes engaging with families on low incomes Early years assessment team working with vulnerable families Breastfeeding service established with particular focus on communities with lower breastfeeding rates
	Promote well-being with a strong focus on the healthy development of children	Development of locality based early years networks, led by community nursing
Promote excellence in organisational behaviour	Be an excellent employer and become employer of choice	NHS Borders has used an open day format for recruiting trained and untrained nursing staff. This proved highly successful and resulted in us being able to recruit to existing posts and have a pool of nurses available for recruitment when required. Within 2014-2015 we will continue to work to improve the recruitment process and experience by carrying out a recruitment project. NHS Borders is also currently reviewing its training and professional development department. This will give us an opportunity to not only improve services to staff but more effectively and efficiently deliver the training and development needs of all staff. NHS Borders continues to perform well within the HEAT Standard for implementation of eKSF, Appraisal and PDP. We were the only mainland Health Board who achieved the target.
	Value and treat our staff well to improve patient care and overall	The link between Training and Professional Development and Clinical Governance has resulted in an increased

	<p>performance</p>	<p>capacity for implementing the improvement methodology. Systems and processes are being used and further developed to ensure that policy is appropriately applied. NHS Borders policy implementation group ensures that PIN policies are appropriately developed and implemented locally. Management and Leadership development continues to offer managers the opportunity to increase their knowledge and skills in managing their staff. The engaging Leadership program, introduced by the Board Executive Team will be rolled out to the rest of the Organization during 2014/15/16</p>
	<p>Promote and engage leadership through:</p> <ul style="list-style-type: none"> • Supporting a developmental culture • Showing genuine concern • Enabling • Inspiring others 	<p>A healthy culture and exemplary behavior starts with the Board itself. To that end, the Board has commissioned the first 360° self appraisal of its kind in NHS Scotland. This involved asking Board members themselves, together with senior managers and clinicians, and external bodies such as SBC and Scottish Government health department, to rate us on a number of behavioural factors. NES funded this as a pilot with a view to rolling out to other Boards in Scotland. Overall the outcomes were very positive but there were many lessons for us around how we might improve, particularly in terms of engaging positively with staff.</p>