

Borders NHS Board



MANAGING OUR PERFORMANCE MID YEAR REPORT 2014/15

Aim

The aim of the 2014/15 Managing Our Performance (MOP) Mid Year Report is to report progress during the first 6 months of 2014/15 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 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. 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 2014/15 Mid Year MOP Report has been updated to show performance in relation to the HEAT targets, Single Outcome Agreement and Corporate Objectives.

Summary

The 2014/15 Mid Year 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 summarises performance during the first 6 months of 2014/15 along with a selection of priority areas, an update on contributions to single outcome agreement and Corporate Objectives.

Recommendation

The Board is asked to **note** the 2014/15 Mid Year 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

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Author(s)

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**MANAGING
OUR
PERFORMANCE
MID YEAR
REPORT
2014/15**

December 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.

2014/15 Mid Year MOP

This 2014/15 midyear 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. A RAG status has been applied to those targets not reported on a monthly basis and is based on performance up until the end of September 2014.

Summary

This report allows Board members to assess where action is required before the end of 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, Primary, Acute 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 3 Scorecards are compiled into the Integrated Performance Report which 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 Integrated Performance Report when they meet on a bi-monthly basis.

2014/15 HEAT Targets and Standards

This 2014/15 midyear MOP Report summarises performance for all HEAT targets and standards from April 2014 to September 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. 2014/15 HEAT TARGETS

Summary of Performance

Strong Performance

The following targets are meeting or have exceeded their trajectories or targets during the first six months of 2014/15:

- Pre Operative stay (page 9)
- Online triage of referrals (page 10)
- Exclusive breastfeeding rate at 6-8 weeks check, local data (page 10)
- Number of inequalities target cardiovascular health checks (page 12)
- Treatment within 62 days for urgent referrals of suspicion of cancer (page 13)
- Treatment within 31 days of decision to treat for all patients diagnosed with cancer (page 13)
- 18 weeks referral to treatment: non-admitted pathway performance (page 15)
- 18 weeks referral to treatment: combined performance (page 16)
- No CAMHS waits over 18 weeks (page 17)
- 90% of alcohol/drug referrals into treatment within 3 weeks (page 18)
- No delayed discharges over 2 weeks (page 18)
- Reduce Emergency Occupied Bed Days for the over 75's
- Admitted to stroke unit within 1 day of admission (page 20)

Performance at Risk/Underperforming

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

- Smoking cessation (page 8)
- New patient DNA rate (page 8)
- Same day surgery (Day Case Rates) (page 9)
- eKSF annual reviews completed (page 11)
- PDPs complete on eKSF (page 11)
- Sickness absence reduced (page 12)
- 12 weeks for outpatients (page 14)
- 12 weeks for inpatients (page 14)
- 18 weeks referral to treatment: admitted pathways performance (page 15)
- 4 weeks waiting target for diagnostics (page 16)
- No psychological therapy waits over 18 weeks (page 17)
- 4 hour waiting target for A&E (page 19)
- Diagnosis of dementia (page 20)

Performance was significantly outwith target for the following HEAT targets:

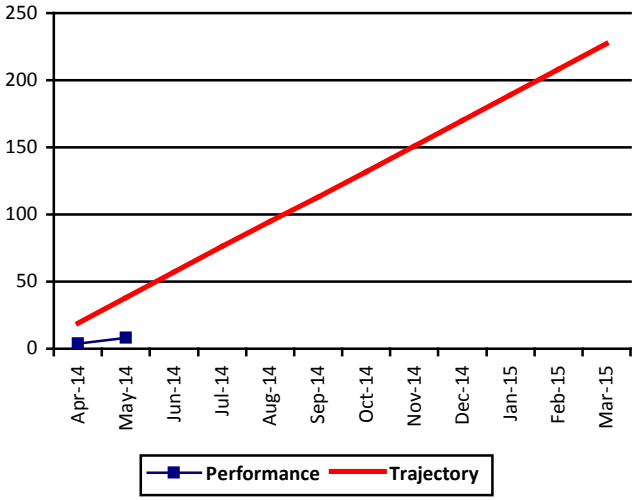
- Smoking cessation (page 8)
- 12 weeks for outpatients (page 14)
- 18 weeks RTT: admitted pathway performance (page 15)
- No psychological therapy waits over 18 weeks (page 17)

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:

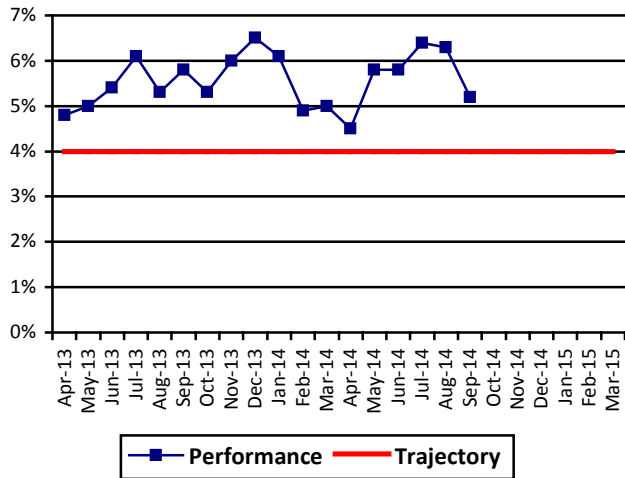
Current Performance Key			
R	Under Performing	Current performance is significantly outwith the trajectory set.	Exceeds the target by 11% or greater
A	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Exceeds the target by up to 10%
G	Meeting Trajectory	Current performance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

Target: Smoking cessation successful quits in most deprived areas (cumulative)	2014/15 Target	Current Target	Status
	 <p>Please Note: Data will be reported with a 4 month lag time to allow monitoring of the 12 week quit period.</p>	227	38 (May 2014)
<p>The new HEAT target requires NHS Borders to deliver 227 successful quits at 12 weeks in the 40% most deprived within-board SIMD areas. The new target is a one year target whereas the previous Smoking Cessation HEAT target ran for a period of three years. The target requires a 17% increase compared to previous performance. Referral rates to smoking cessation services locally and nationally have been declining which has been exacerbated by increasing use of e-cigarettes. In addition, a new pharmacy contract specification was implemented on the 1st July and there are indications this has given rise to issues with the monitoring process, through which we report on 12 week quit rates. Pharmacies became responsible for entering their own smoking cessation records and follow ups through the Pharmacy Care Records (PCR) system at 4 weeks and 12 weeks post quit. In addition, only the pharmacist and not support staff, can access the PCR. At present NHS Borders Smoking Cessation Service do not have access to the PCR system to be able to support pharmacies to enter data.</p> <p>Specialist smoking cessation services target the most deprived communities and we are currently recruiting to an additional 20 hour Specialist Smoking Cessation advisor post to increase support available in these areas. We are introducing an option for clients to be re-referred back in to the service when followed up at 1 month and 12 weeks should they have failed in their quit attempt and are also raising awareness of the smoking cessation service through increased promotion and advertising in local communities.</p>			

Target: New patients DNA rate will be less than 4% over the year	2014/15 Target	Current Target	Status
		4%	4%



Various actions are planned to reduce the number of patients who fail to attend new outpatient appointments without notification, these include:

- Personal telephone call to new appointment patients who have DNA'd in the past, and who have an imminent appointment, seeking confirmation of their intention to attend the appointment. Report created and Standard Operating Procedure prepared.
- Staffing resource is being identified to follow up, by telephone, patients who DNA'd the previous week to establish the reason, and to see if there is anything NHS Borders could have done different that would have prevented the DNA.
- Introduce "opting in" for Orthopaedic Fracture Clinic new appointments as a relatively large number of these currently fail to attend appointments - and so reduce DNA level.
- Funding is being sought to run a Media Campaign on the Impact of DNA Patients

Target: 86% of patients for day procedures to be treated as Day Cases	2014/15 Target	Current Target	Status
	86%	86%	A

Performance (blue line with squares) and **Trajectory** (red horizontal line) are plotted against months from Apr-13 to Mar-15. The y-axis ranges from 70% to 100%. The trajectory is constant at 86%. Performance starts at ~81% in Apr-13, peaks at ~87% in Aug-13, and ends at ~84% in Mar-15.

The Planned Surgical Assessment Unit continues to provide an environment to support day case surgery. Compared to peers NHS Borders performs well in relation to the proportion of surgery that is undertaken as day case.

Please Note: There is a two month time lag in data being published for this target.

Target: Reduce the days for pre-operative stay	2014/15 Target	Current Target	Status
	0.47	0.47	G

Performance (blue line with squares) and **Trajectory** (red horizontal line) are plotted against months from Apr-13 to Mar-15. The y-axis ranges from 0.00 to 0.50. The trajectory is constant at 0.47. Performance fluctuates between 0.15 and 0.45, generally staying below the trajectory.

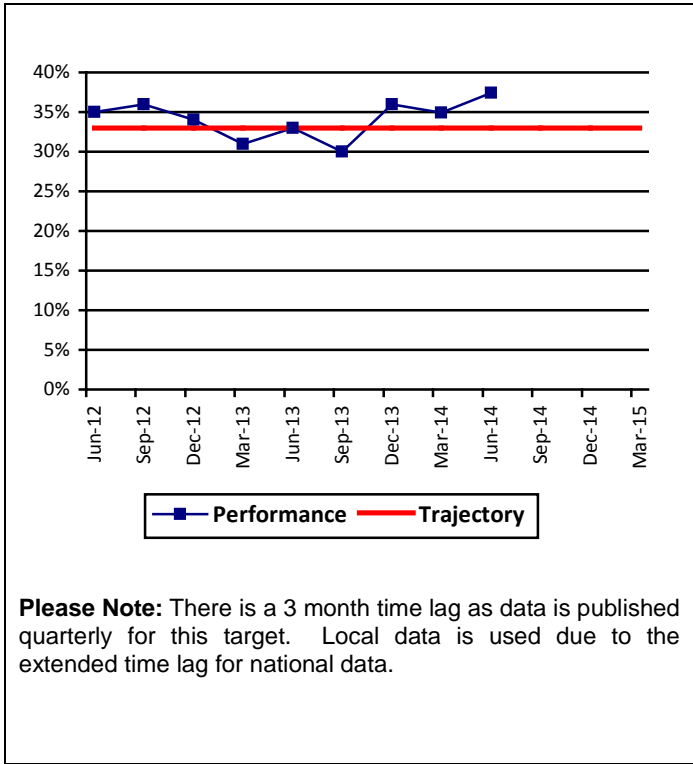
Pre-operative inpatient stays in hospital continue to be low, supported by a rigorous pre-assessment process and a dedicated Planned Surgical Admission Unit which patients can attend at 7.30am to be prepared for surgery on the day.

Please Note: There is a two month time lag in data being published for this target.

Target: 90% of all referrals to be triaged online	2014/15 Target	Current Target	Status
		90%	90%

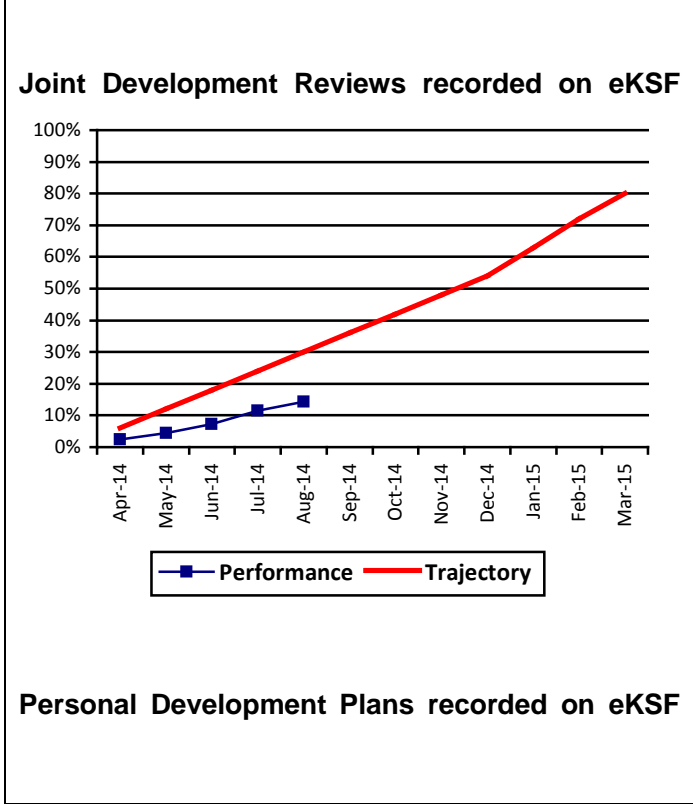
<p>Since April 2014 it has been possible for optometrists to speed up these referrals by electronically submitting these to the Borders Eye Centre. This will have been a contributory factor in maintaining the performance above 90%.</p>	
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Target: Increase the proportion of new-born children breastfed at 6-8 weeks	2014/15 Target	Current Target	Status
		33%	33%



The Baby Friendly Initiative lead continues to work across the Board with Health Visiting and Midwifery teams on the implementation of the new standards. Quarterly update training sessions are held for all indigenous clinical staff and full Breast Feeding Management training is held every 6 months for staff new to NHS Borders and for those who fall under the criteria for training but for whom it is not mandatory ie children’s nurses. A detailed audit was conducted in June to monitor progress with the new standards and identify areas where development of practice is weak, audits will continue every six months. Extensive collaborative work is underway with clinical governance creating and studying run charts for localities and individual practices looking for trends and patterns within the fluctuating breastfeeding and mixed feeding rates. A peer support co-ordinator has been appointed to manage and progress the peer support programme.. The Infant Feeding Policy and supporting documents have been revised to comply with the new standards.

Target	2014/15 Target	Current Target	Status
80% of all Joint Development Reviews to be recorded on eKSF	80%	30% (Aug 2014)	R
80% of all Personal Development Plans to be recorded on eKSF	80%	30% (Aug 2014)	R



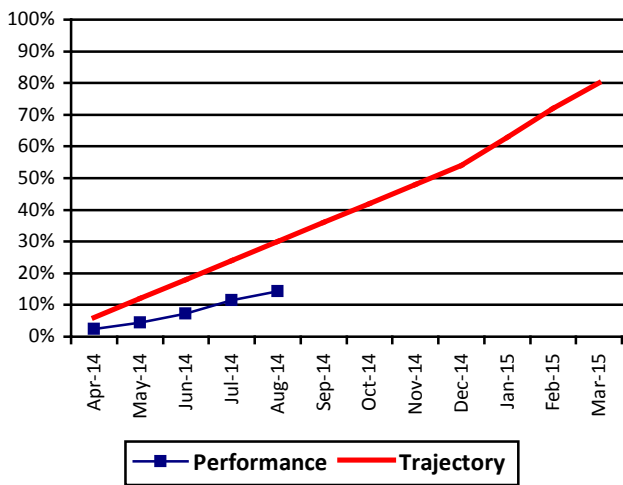
Line Managers are responsible for ensuring Reviews and PDP’s are undertaken. Performance against local trajectories are monitored through by the Clinical Boards in their performance scorecards to ensure we continue to work towards the standard.

KSF Champions identified from within the service are carrying out training on e-KSF and supporting Managers and Staff in meeting their requirements. Monthly reports are also produced by the KSF Champions and sent to all Managers highlighting the areas not on Trajectory and if struggling to meet their Trajectory support is offered, if still under trajectory then the Champions escalate to The Employee Director, who contacts the identified areas.

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 the future with eESS and training will be rolled out to Managers and Staff.

KSF Champions, KSF Lead and The Employee Director are meeting with the KSF National Team to get guidance



Please Note: Reporting tool for e-KSF Reviews and PDP's is not working therefore data is unavailable for September 2014. This problem has been raised at National Level.

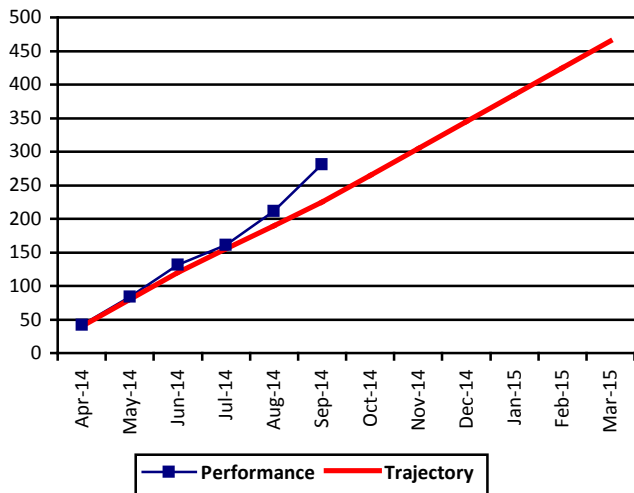
on developing new Outlines to make them more streamlined and focusing around the 6 Core Dimensions and in time working groups will be set up with Managers, Staff and Partnership to get the Outlines signed off.

Target: Maintain Sickness Absence Rates below 4%	2014/15 Target	Current Target	Status
		4%	4%

Month	Performance (%)	Trajectory (%)
Apr-13	4.8	4.0
May-13	4.2	4.0
Jun-13	3.1	4.0
Jul-13	3.8	4.0
Aug-13	4.2	4.0
Sep-13	4.1	4.0
Oct-13	4.3	4.0
Nov-13	3.9	4.0
Dec-13	4.0	4.0
Jan-14	4.7	4.0
Feb-14	4.5	4.0
Mar-14	4.6	4.0
Apr-14	4.1	4.0
May-14	4.5	4.0
Jun-14	4.2	4.0
Jul-14	4.6	4.0
Aug-14	4.3	4.0
Sep-14	4.5	4.0
Oct-14	4.4	4.0
Nov-14	4.4	4.0
Dec-14	4.4	4.0
Jan-15	4.4	4.0
Feb-15	4.4	4.0
Mar-15	4.4	4.0

The Employee Relations Team have started to send out detailed monthly reports that were agreed with the service to assist them in managing sickness absence, which are presented to Clinical Boards within the performance scorecards. The Employee Relations Team are supporting Managers in following the Sickness Absence Policy. Refresher Training has been scheduled for all managers who had undertaken the initial e-Learning and Classroom based training.

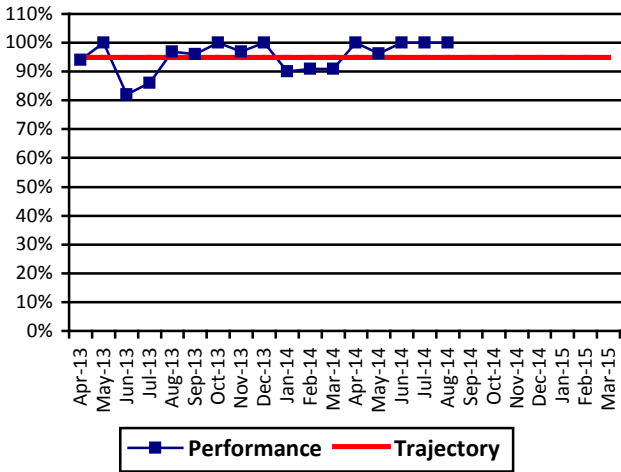
Target: Inequalities targeted Cardiovascular Health Checks (cumulative)	2014/15 Target	Current Target	Status
		465	225



The service is well on track with the 2014/15 target to deliver 465 checks. Currently we are exceeding the cumulative trajectory by 56 checks with a total of 281.

This success is due to substantial groundwork to secure primary care sign up to check individuals aged 40-64 years in our most disadvantaged areas, to build the capacity of the LASS team to deliver Keep Wells and by focusing on work to reach and engage with vulnerable groups.

Target: 95% of all cases with a Suspicion of Cancer to be seen within 62 days	2014/15 Target	Current Target	Status
	95%	95%	G

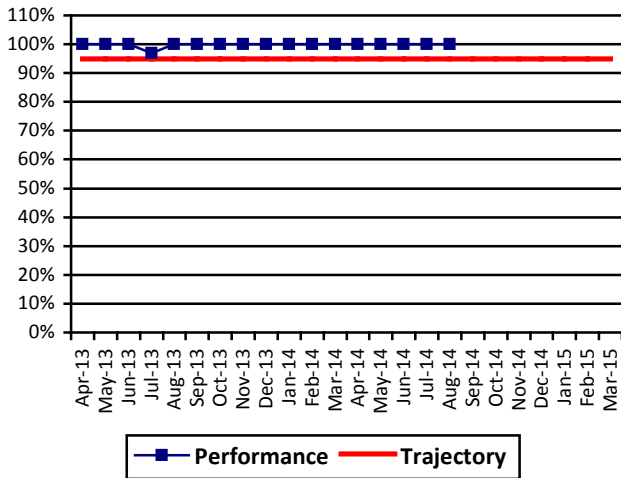


The 62-day cancer waiting times standard is measured quarterly. The standard has been met in both April-June and July-Sept quarters of 2014.

Maintenance of the standard continues to rely on close tracking of patients referred urgently with suspicion of cancer and the prioritisation of cancer treatments within services.

Please Note: There is a time lag of one month for this data

Target: 95% of all patients requiring Treatment for Cancer to be seen within 31 days	2014/15 Target	Current Target	Status
	95%	95%	G



Please Note: There is a time lag of one month for this data

The 31-day cancer waiting times standard is measured quarterly. The standard has been met in both April-June and July-Sept quarters of 2014.

Maintenance of the standard continues to rely on close tracking of patients referred urgently with suspicion of cancer and the prioritisation of cancer treatments within services.

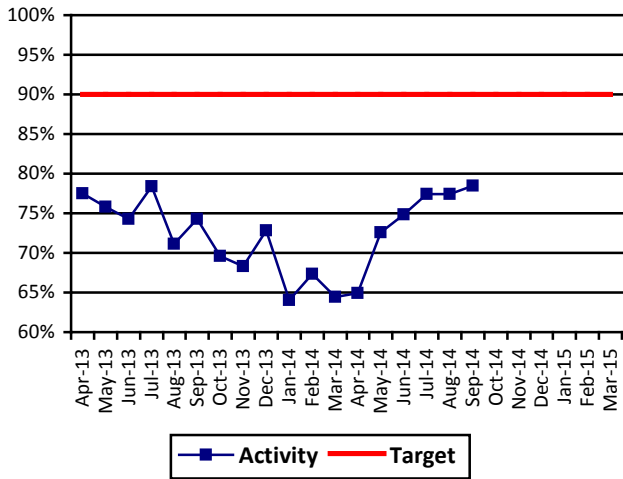
Target: 12 wks for Outpatients	2014/15 Target	Current Target	Status
		0	0

Target: 12 wks for Outpatients	2014/15 Target	Current Target	Status																																																																											
<table border="1"> <caption>Number of patients waiting over 12 weeks data</caption> <thead> <tr> <th>Month</th> <th>Performance (Number)</th> <th>Trajectory (Number)</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>30</td><td>0</td></tr> <tr><td>May-13</td><td>40</td><td>0</td></tr> <tr><td>Jun-13</td><td>100</td><td>0</td></tr> <tr><td>Jul-13</td><td>180</td><td>0</td></tr> <tr><td>Aug-13</td><td>260</td><td>0</td></tr> <tr><td>Sep-13</td><td>230</td><td>0</td></tr> <tr><td>Oct-13</td><td>210</td><td>0</td></tr> <tr><td>Nov-13</td><td>350</td><td>0</td></tr> <tr><td>Dec-13</td><td>70</td><td>0</td></tr> <tr><td>Jan-14</td><td>15</td><td>0</td></tr> <tr><td>Feb-14</td><td>150</td><td>0</td></tr> <tr><td>Mar-14</td><td>45</td><td>0</td></tr> <tr><td>Apr-14</td><td>70</td><td>0</td></tr> <tr><td>May-14</td><td>65</td><td>0</td></tr> <tr><td>Jun-14</td><td>125</td><td>0</td></tr> <tr><td>Jul-14</td><td>150</td><td>0</td></tr> <tr><td>Aug-14</td><td>285</td><td>0</td></tr> <tr><td>Sep-14</td><td>370</td><td>0</td></tr> <tr><td>Oct-14</td><td>370</td><td>0</td></tr> <tr><td>Nov-14</td><td>370</td><td>0</td></tr> <tr><td>Dec-14</td><td>370</td><td>0</td></tr> <tr><td>Jan-15</td><td>370</td><td>0</td></tr> <tr><td>Feb-15</td><td>370</td><td>0</td></tr> <tr><td>Mar-15</td><td>370</td><td>0</td></tr> </tbody> </table>	Month	Performance (Number)	Trajectory (Number)	Apr-13	30	0	May-13	40	0	Jun-13	100	0	Jul-13	180	0	Aug-13	260	0	Sep-13	230	0	Oct-13	210	0	Nov-13	350	0	Dec-13	70	0	Jan-14	15	0	Feb-14	150	0	Mar-14	45	0	Apr-14	70	0	May-14	65	0	Jun-14	125	0	Jul-14	150	0	Aug-14	285	0	Sep-14	370	0	Oct-14	370	0	Nov-14	370	0	Dec-14	370	0	Jan-15	370	0	Feb-15	370	0	Mar-15	370	0			<p>Delivery of the outpatient 12-week waiting times standard has been challenging.</p> <p>There has been a sharp rise in numbers waiting over 12 weeks since July 2014. This is related to lack of capacity in ENT and Oral Surgery, where recruitment to additional consultants is underway, and in Dermatology, where demand increases over the summer, along with annual leave, resulted in a large increase. There are also challenges in Gastroenterology, Chronic Pain and Rheumatology.</p> <p>Additional capacity in ENT and Oral Surgery has been put in place, and a new Dermatology consultant commenced in October.</p> <p>It will take some time to reduce numbers of patients waiting over 12 weeks. It is predicted that numbers over 12 weeks should reduce to zero for most specialties by end January 2015 and in ENT by April 2015.</p>
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Target: 12 wks for Inpatients	2014/15 Target	Current Target	Status
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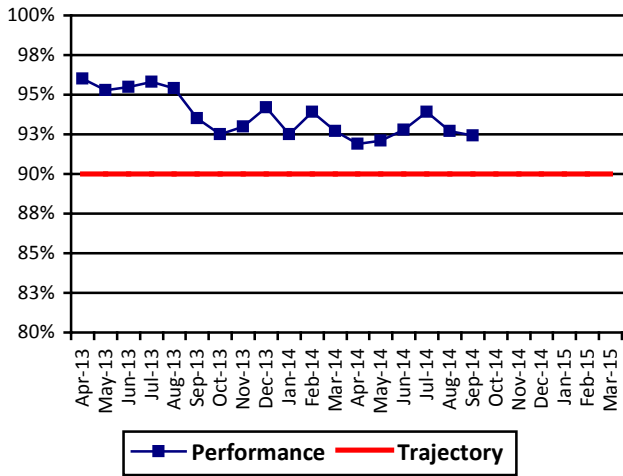
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<p>The chart displays monthly performance data from April 2013 to March 2015. The y-axis represents the number of patients, ranging from 0 to 40 in increments of 5. The x-axis lists months from Apr-13 to Mar-15. A blue line with square markers represents 'Performance', and a red line represents 'Trajectory'. The performance starts at 5 in Apr-13, drops to 0 in May-13, and remains at 0 through July-13. It then rises to 2 in Aug-13, 3 in Sep-13, 8 in Oct-13, 20 in Nov-13, 10 in Dec-13, 27 in Jan-14, 38 in Feb-14, 16 in Mar-14, 5 in Apr-14, 4 in May-14, 2 in Jun-14, 3 in Jul-14, 20 in Aug-14, and 23 in Sep-14. From Oct-14 to Mar-15, the performance is 0. The trajectory line is consistently at 0.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Performance</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>5</td><td>0</td></tr> <tr><td>May-13</td><td>0</td><td>0</td></tr> <tr><td>Jun-13</td><td>0</td><td>0</td></tr> <tr><td>Jul-13</td><td>0</td><td>0</td></tr> <tr><td>Aug-13</td><td>2</td><td>0</td></tr> <tr><td>Sep-13</td><td>3</td><td>0</td></tr> <tr><td>Oct-13</td><td>8</td><td>0</td></tr> <tr><td>Nov-13</td><td>20</td><td>0</td></tr> <tr><td>Dec-13</td><td>10</td><td>0</td></tr> <tr><td>Jan-14</td><td>27</td><td>0</td></tr> <tr><td>Feb-14</td><td>38</td><td>0</td></tr> <tr><td>Mar-14</td><td>16</td><td>0</td></tr> <tr><td>Apr-14</td><td>5</td><td>0</td></tr> <tr><td>May-14</td><td>4</td><td>0</td></tr> <tr><td>Jun-14</td><td>2</td><td>0</td></tr> <tr><td>Jul-14</td><td>3</td><td>0</td></tr> <tr><td>Aug-14</td><td>20</td><td>0</td></tr> <tr><td>Sep-14</td><td>23</td><td>0</td></tr> <tr><td>Oct-14</td><td>0</td><td>0</td></tr> <tr><td>Nov-14</td><td>0</td><td>0</td></tr> <tr><td>Dec-14</td><td>0</td><td>0</td></tr> <tr><td>Jan-15</td><td>0</td><td>0</td></tr> <tr><td>Feb-15</td><td>0</td><td>0</td></tr> <tr><td>Mar-15</td><td>0</td><td>0</td></tr> </tbody> </table>	Month	Performance	Trajectory	Apr-13	5	0	May-13	0	0	Jun-13	0	0	Jul-13	0	0	Aug-13	2	0	Sep-13	3	0	Oct-13	8	0	Nov-13	20	0	Dec-13	10	0	Jan-14	27	0	Feb-14	38	0	Mar-14	16	0	Apr-14	5	0	May-14	4	0	Jun-14	2	0	Jul-14	3	0	Aug-14	20	0	Sep-14	23	0	Oct-14	0	0	Nov-14	0	0	Dec-14	0	0	Jan-15	0	0	Feb-15	0	0	Mar-15	0	0	<p>Measures to ensure patients are booked within 12 weeks have been reinforced over this period. However, inpatient numbers waiting over 12 weeks have increased due to two main challenges:</p> <ul style="list-style-type: none"> - Loss of locum ENT capacity and a requirement to review patients listed for surgery by locum. This has resulted in 24 patients exceeding 12 week waits over a 3-month period - 25% reduction in elective operating capacity during September as a result of theatre nurse staffing difficulties <p>Both these issues have now been resolved. A trajectory to achieve zero patients waiting over 12 weeks by December is in place.</p> <p>In a number of specialties, patients continue to be booked at or close to 12 weeks and there are risks of patients exceeding 12 week waits through short notice cancellation. Work continues to increase capacity and reduce waiting times in these specialties.</p>
Month	Performance	Trajectory																																																																										
Apr-13	5	0																																																																										
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Target: 18 Weeks Referral to Treatment Admitted Pathway Performance	2014/15 Target	Current Target	Status
	90%	90%	R



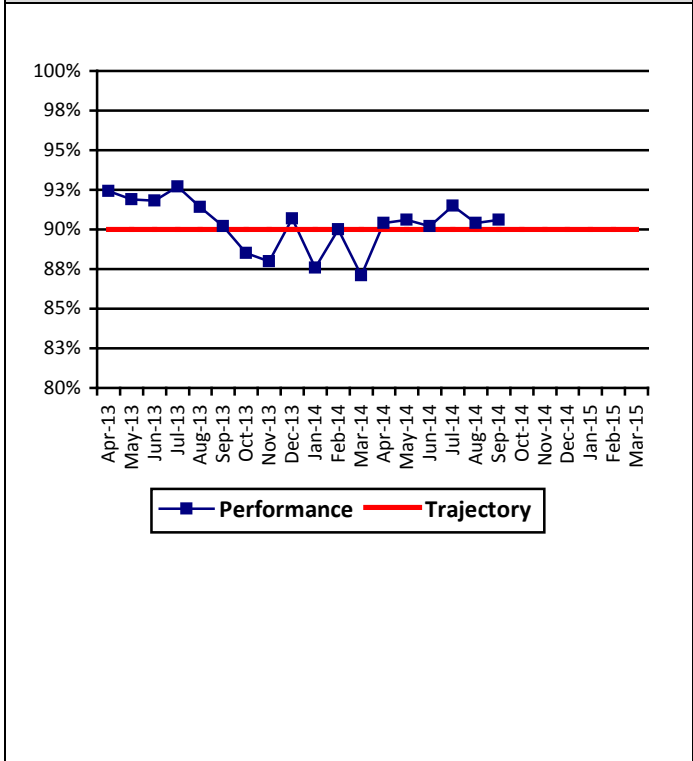
There has been a continuing improvement in percentage of patients admitted for treatment waiting less than 18 weeks from referral to treatment. This reflects significant improvements in waits in some high volume areas such as Ophthalmology and General Surgery

Target: 18 Weeks Referral to Treatment Non-Admitted Pathway Performance	2014/15 Target	Current Target	Status
	90%	90%	G



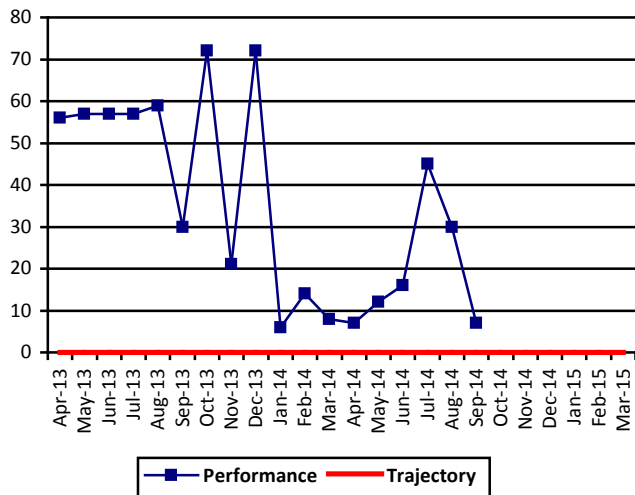
Non-admitted 18-week performance continues to exceed 90%.

Target: 18 Weeks Referral to Treatment Combined Performance	2014/15 Target	Current Target	Status
	90%	90%	G



The combined 18-weeks RTT performance continues to be above 90%. Work to address outpatient waits and to reduce waits in admitted specialties is expected to increase this further.

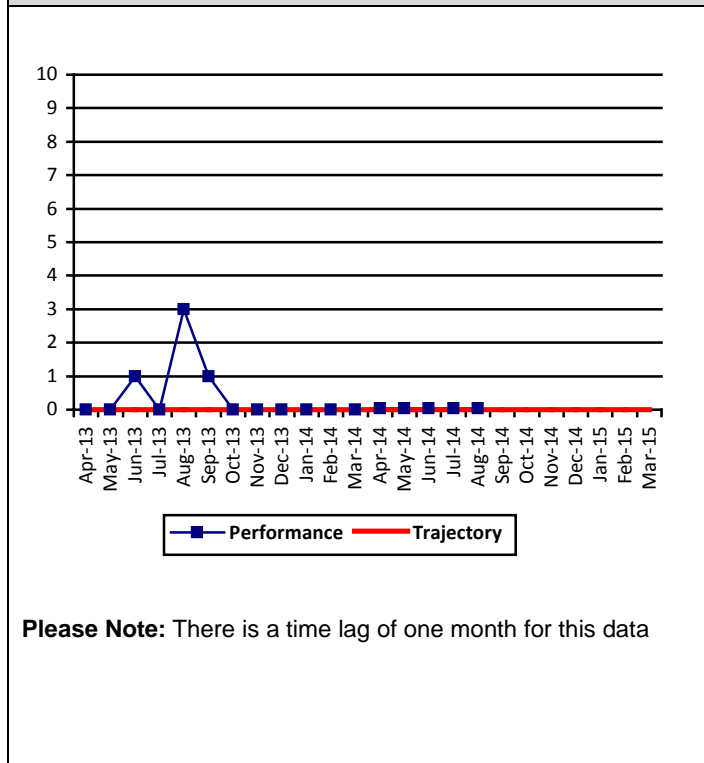
Target: 4 Week Waiting Target for Diagnostics	2014/15 Target	Current Target	Status
	0	0	R



There have been challenges in MRI scanning, and Cystoscopy over the past 6 months. Additional MRI sessions have been established. Cystoscopy demand fluctuates and waiting times are currently being managed.

40 of the breaches relate to colonoscopy. There continue to be challenges in delivering colonoscopy waiting times. Work to resolve this is underway.

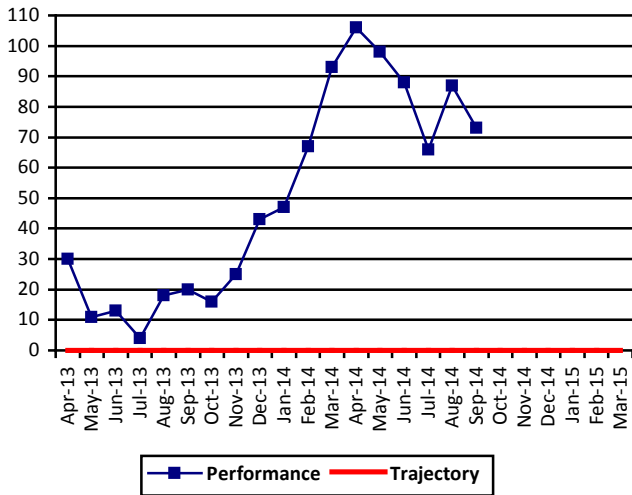
Target: No CAMHS waits over 18 weeks	December 2014 Target	Current Target	Status
	0	0	G



CAMHS continues to meet the target of no waiters over 26 weeks and is currently achieving the stretched target of 18 weeks which is due in December 2014. The recent work on Demand, Capacity and Queue (DCAQ) which the whole service has undertaken will allow the service to consider more efficient and effective ways of working which will facilitate the ongoing achievement of this target beyond December 2014, assuming it is retained as a national performance standard.

Please Note: There is a time lag of one month for this data

Target: No Psychology Therapy waits over 18 weeks	December 2014 Target	Current Target	Status
	0	0	R

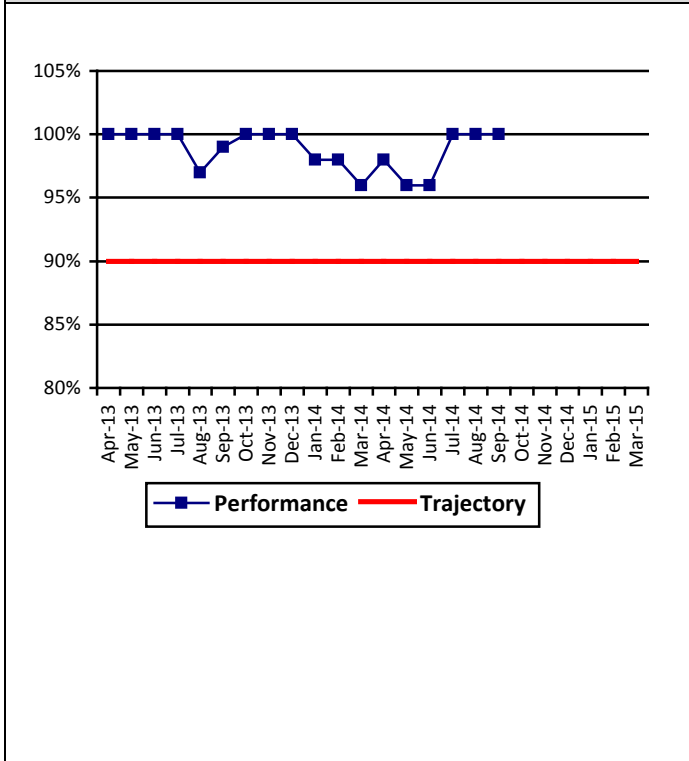


The largest driver on target performance is the availability of sufficient staff trained in evidence based Psychological Therapies. Our small service size does mean that we have greater consequences than larger providers associated with staff vacancies, maternity leave, sickness or other unforeseen absence. We are not always able to completely fill all vacant Clinical Psychology posts resulting from these issues.

Work is then aimed at increasing the number of staff who are delivering Psychological Therapies. As Clinical Psychologists already deliver significant amounts of Psychological Therapy, the approach is focused at escalating this with other Health and Social Care staff groups.

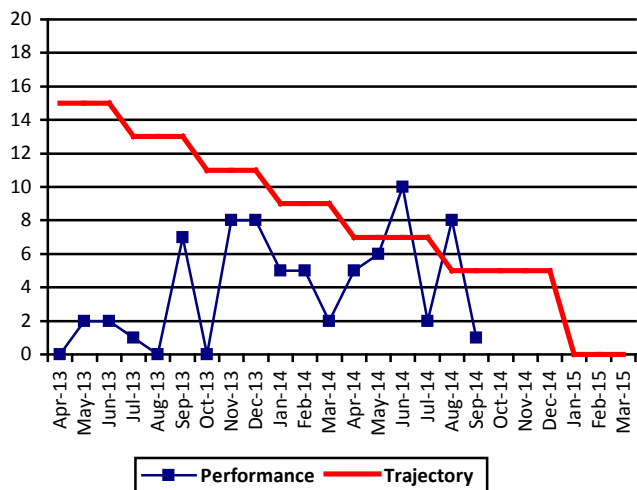
Additionally, we are investigating the prospect of increasing hours delivered by currently employed staff by going over our funded establishment. This would be a temporary measure in place till March 2015 and financed through salary under spends due to vacancies.

Target: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks	2014/15 Target	Current Target	Status
	90%	90%	G



The target continues to be achieved consistently and has also been above the local stretched target of 95% over the reporting period.

Target: No Delayed Discharges over 2 weeks	2014/15 Target	Current Target	Status
	0	5	G



NHS Borders and Scottish Borders Council (SBC) continue to perform well compared to other partnerships in respect of reducing the number of bed days lost due to delayed discharges: currently an average per patient of 16.5 days compared to 21.4 days over the same period last year. Whilst progress in respect of the 2 week target against trajectory has not been without fluctuation the trend remains positive.

To achieve the 2 week target further improvement is required and an improvement plan will be implemented incorporating:

- Connected Care Programme Delivery
- Implementation of CEL 23 (2013) Guidance on choosing a care home on discharge from hospital
- Action from the Joint Improvement Team “Home First – Ten Actions to Transform Discharge”
- Revision of the NHS Borders/SBC Adult Patient Discharge Policy
- A focus on implementation and sustainability of improvement

Target: 4 Hour Waiting Target for A&E	2014/15 Target	Current Target	Status
	95%	95%	A

Month	Performance (%)	Trajectory (%)
Apr-13	96	98
May-13	99	98
Jun-13	99	98
Jul-13	99	98
Aug-13	98	98
Sep-13	98	98
Oct-13	98	98
Nov-13	98	98
Dec-13	98	98
Jan-14	96	98
Feb-14	97	98
Mar-14	98	98
Apr-14	96	98
May-14	96	98
Jun-14	95	98
Jul-14	97	98
Aug-14	95	98
Sep-14	95	98
Oct-14		98
Nov-14		98
Dec-14		98
Jan-15		98
Feb-15		98
Mar-15	95	98

Patients attending A&E are routinely discharged within 4 hours. The current HEAT target is for Boards to achieve 95% of attendances discharged within 4 hours by September 2014. NHS Borders have kept the stretch target of 98%.

Initiatives such as See & Treat and the Emergency Nurse Practitioner (ENP) service ensure that Flow 1 (minor injury) patients do not breach the emergency access standard during the hours these services are operational. Adopting See and Treat during busy periods in the Emergency Department (ED) has proved beneficial in terms of reduction of Flow 1 breaches. The ENP operational hours have been extended to increase service resilience during the late evening in response to periods where activity peaks, Friday to Monday between 10am and 10pm.

Medical rotas across the BGH have recently been amended to ensure there is a junior doctor in ED overnight that has previous ED experience. Arrangements for additional capacity at weekends in ED is also been reviewed for periods when activity peaks, to ensure service resilience.

Target: Reduce Emergency Occupied Bed Days for the over 75s	2014/15 Target	Current Target	Status
	3685	3685	G

Month	Performance	Trajectory
Nov-12	4400	5250
Dec-12	4250	5250
Jan-13	4150	5250
Feb-13	3700	5250
Mar-13	3550	4750
Apr-13	3500	4750
May-13	3450	4750
Jun-13	3450	4750
Jul-13	3400	4750
Aug-13	3400	4750
Sep-13	3400	4750
Oct-13	3450	4750
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Aug-14	3600	3700
Sep-14	3600	3700
Oct-14	3600	3700
Nov-14	3600	3700
Dec-14	3600	3700
Jan-15	3600	3700
Feb-15	3600	3700
Mar-15	3600	3700

NHS Borders continues to focus on reducing avoidable admissions and supporting timely discharges from Hospital.

Actions taken have included:

- Telephone access for community teams to a Geriatrician for advice in relation to the management of frailty issues
- Geriatric assessment on admission to support day 1 discharge planning principles for frail elderly patients
- Establishment of an updated Anticipatory Care Local Enhanced Service in 2014/15 for Older People in Care Homes
- Establishment of the Connected Care Programme Board to address issues associated with flow management across the NHS Borders care community and working between Health, Social Care and the Third Sector

Please note: There is a six month time lag in data being published for this target.

Target: Admitted to the Stroke Unit within 1 day of admission	2014/15 Target	Current Target	Status
	90%	90%	G

Month	Performance (%)
Apr-13	100
May-13	100
Jun-13	100
Jul-13	100
Aug-13	100
Sep-13	93
Oct-13	93
Nov-13	100
Dec-13	100
Jan-14	86
Feb-14	100
Mar-14	92
Apr-14	91
May-14	80
Jun-14	100
Jul-14	86
Aug-14	100
Sep-14	100
Oct-14	100
Nov-14	100
Dec-14	100
Jan-15	100
Feb-15	100
Mar-15	100

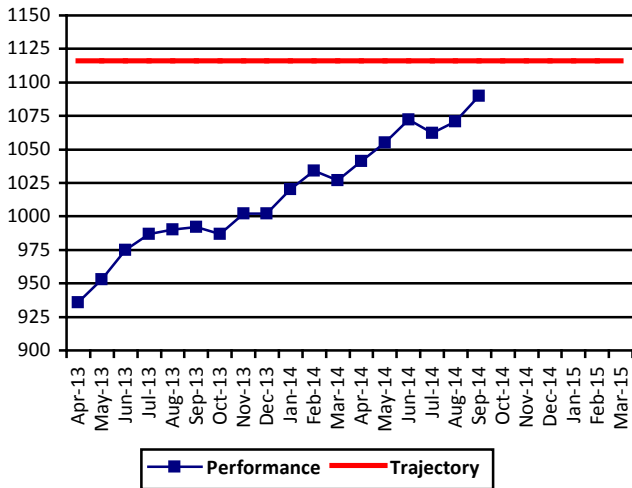
Please Note: These reports are drawn from eSSCA. A data snapshot is taken and used to compile these reports. Routine data collection and amendment usually take place on a daily basis therefore data presented has been changed to reflect the most up to date accurate information.

NHS Borders stroke service has concentrated on the training aspects required to successfully deliver the stroke bundle of care to all patients admitted to the BGH.

One significant achievement is the teaching and enabling of staff within the Emergency Department to assess the water swallow screen test on admission.

A local 4 hour target has been set to enhance the safety aspect of the swallow test and we are in the process of auditing this as early indications of change are evident.

Target: Diagnosis of Dementia	2014/15 Target	Current Target	Status
	1116	1116	A



The 2014/15 QOF Dementia domain requires practices to ensure that all new dementia diagnoses have had appropriate diagnostics to exclude reversible causes e.g. hypothyroidism, as well as carrying out face-to-face reviews to address all physical & mental health needs. The new QOF Quality & Safety domain supports Anticipatory Care planning for individuals most likely to benefit from active interventions to minimise their requirement for unscheduled care or admission. The 2014/15 Enhanced Service programme has been designed to support an increase in community dementia case finding. All practices participating in the Care Homes LES are required to use a ratified dementia assessment tool (e.g. MMSE or 6CIT) annually in those without a current dementia diagnosis. Additionally, a Dementia service agreement in place since April 2014 supports case finding by GPs, including reviewing any existing vague or inappropriate cognitive decline codes. These measures combined have led to a significant increasing performance trend in relation to this target. The performance trajectory suggests that the target number of dementia diagnoses, based on the results of the national predictive tool mapping exercise, will be achieved by the end of this financial year as these activities progress.

Progress on Targets Not Reported on a Monthly Basis

Health Improvement: Reduce Suicide Rate between 2002 and 2013 by 20%	A
<p>During the first six months of the year work has been ongoing towards achieving the reduction in suicide. The following progress has been made;</p> <ul style="list-style-type: none"> • Extensive work with local stakeholders to develop a joint local action plan, reflecting the priorities of the national suicide prevention strategy published at the end of 2013. • An audit and review of the training programme to assess reach and effectiveness of the training delivered locally. A renewed, more targeted approach to training is now being implemented to reflect agreed priorities within the local action plan • Scoping work is being carried out to assess what information is available on completed suicides and associated risk factors in Borders, and to consider improved processes for data sharing. This is currently on hold pending a report from ISD Scotland with a breakdown on local suicides • A public awareness raising campaign has been implemented: materials are available in public spaces across Borders and activities are available during Suicide Prevention Awareness Week • Through the Early Years structures work has been undertaken to map out support for maternal mental health and pathways to specialist support for those who need it • Steps are being taken to improve access to information, advice and support, including community referral, for those with poor mental health • An audit is being undertaken on frequent attendees at A&E • The Mental Health service user groups are gathering information on individual experiences and outcomes for those who seek help from health services when in distress <p>Specific achievements within the first half of the year include:</p> <ul style="list-style-type: none"> • Support for schools – initially secondary however now also extending to primary schools, through resource materials • Development of guidelines for those in contact with young people on management of self harm • Support for Mental Health in the workplace is being actively developed and promoted in both NHS Borders and Scottish Borders Council <p>There have been various issues and challenges which have been faced during the first six months of the year, these include;</p> <ul style="list-style-type: none"> • Coordination and communication is improving through the Steering Group that oversees the suicide prevention action plan • Improved data will be useful – trends are hard to discern locally because of small numbers • A more targeted approach to training is likely to continue, with support for those trained to use skills and knowledge where appropriate • Challenges persist in helping people in distress to connect with the sources of help available. Scope to improve this through awareness raising, more visible signposting, use of various media and specific interventions with those at particular risk 	

Efficiency: Boards to operate within agreed revenue resource limit, capital resource limit and meet cash requirement	A
<p>NHS Borders is experiencing challenging financial issues in 2014/15 but remains on course to achieve all its financial targets. Progress is detailed in the regular finance report to the Board.</p>	

Efficiency: Reduction in energy consumption	G
Efficiency: Reduction in energy based carbon emissions	A
<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 Q2 in 2014/15 compared with a 2009/10 base date, indicate that NHS B has exceeded the energy efficiency target by 3.14 % and under achieved the CO2 target by 1.43%. The phased introduction of biomass boilers, now complete, will ensure a reduction in emissions and compliance with the target.</p>	

Access: 80% of pregnant women in each SIMD will have booked for antenatal care by 12 th week of gestation	G
<p>Local data has demonstrated that we are achieving above the target of 80% of women booking with maternity services before 12 weeks of gestation.</p> <p>There is now a direct phone number to community midwives in health centres and community midwives are making appointments directly with women with information adapted to ensure women locally are aware of the contact numbers for their Community Midwives.</p> <p>Maternity services are working closely with drug and alcohol services to ensure that ABI are delivered with educational sessions being delivered and appropriate signposting of these women. Getting It Right for Every Child has been embedded across Midwifery with on-going training required to ensure all staff are captured.</p> <p>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"> • The impact of welfare benefit reform on population health and on health care needs has been developed by Public Health & Planning and Performance. Front line staff have been trained on the 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. • Delivery of key health improvement issues have been- all women offered CO monitoring at booking with 98% achieved. Referrals to smoking cessation sustained with local data available. Brief intervention clinic continues addressing smoking cessation with work on-going for the delivery of maternal weight management to be included in this clinic. • The CEL 41 Gender Based Violence Programme training was completed 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>There are 2 main challenges when working towards this target.</p> <ul style="list-style-type: none"> • 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 which requires addressing. Business objects collects data but the need for an electronic system is on-going.

- Recurring funding for the 2nd Midwife within the Early Years Assessment Team will be determined by March 2015.

To address these challenges a proposal for the development of a maternity information system has been submitted but declined. This needs explored further with other electronic systems being reviewed, for example Business Objects report gathers data on antenatal booking, smoking rates and BMI.

Going forward further development is required in the following areas:

- Maternity Services to be provided within the Early Years Centers with the first centre now open in Langlee.
- Improve data on access and on vulnerability and risk – see maternity information systems above
- Data required on health improvement work streams.
- Targeted work with key vulnerable groups through the antenatal education programme in community - ongoing. The early Years Assessment team is crucial to this work
- Workforce development: maternity workload tools being run at present

Access: Commence IVF Treatment within 12 months

G

NHS Borders refers to NHS Lothian and funds IVF treatment with no waiting time for patients. All patients who have been referred for treatment have been seen within the 12 months. NHS Borders has not been made aware of any patients where referral has been delayed.

Treatment: Increase proportion of 1st stage breast, colorectal and lung diagnosis by 25%

A

Background

The Detect Cancer Early (DCE) Programme was formally launched by the Cabinet Secretary for Health and Wellbeing on 20th February 2012. The overall objective of the DCE programme is to increase the proportion of Scots diagnosed in the first stage of cancer by 25% by 2015. Over the 3 years the programme will focus on breast, colorectal (bowel) and lung cancer. Current progress against target is shown in Table 1 below.

Table 1: Progress against DCE Heat target

Period	% Change required to deliver Target	Actual % change	Number of Stage 1 Cancers Required to be detected	Actual Number of Stage 1 Cancers detected
2010-2011 (published baseline)	26.2%			157
2011-2012	26.9%	23.6%	148	130
2012-2013	27.6%	19.4%	136	96
2013-2014	28.3%	-	-	-
2014-2015	29%	-	-	-

Please Note: 2013-14 calendar year data will not be ready until May 2015 when the data is submitted to ISD.

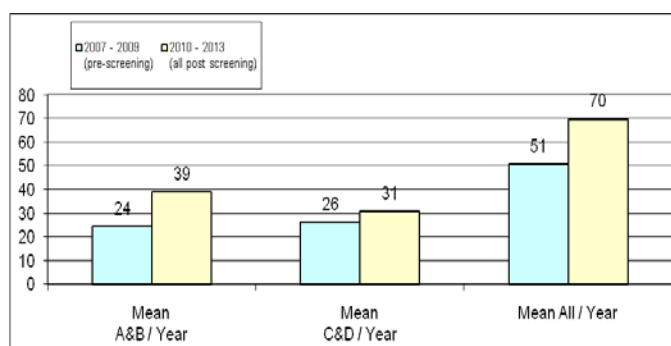
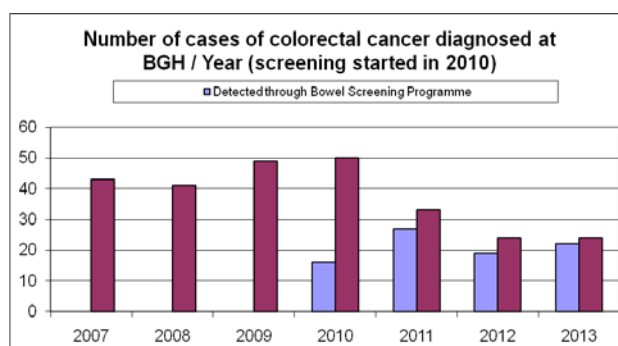
It should be noted that NHS Borders baseline is inflated due to the start of the bowel screening programme in Nov 2009 and the breast screening round in 2010. This makes progress to target very difficult to achieve. Scottish Government are aware of this discrepancy and are currently discussing

moving the programme HEAT target further into the future to compensate for these issues.

It is widely accepted that it is unlikely that the DCE lung cancer campaign will contribute to the delivery of the HEAT target. At best we will see a shift in earlier staging, as symptomatic signs usually indicate more advanced cancer. Our Breast Screening uptake rates are already above the Scottish average, and the signs and symptoms of breast cancer are well known. Our aim therefore is to deliver the target primarily through an increase in bowel screening uptake. Although overall uptake of bowel screening is nearly 60%, there is variation across the Scottish Borders and the uptake rate for men in the most deprived areas is only 48.4%. As achievement of the HEAT target is most likely to be delivered by the bowel screening it is useful to look at the success of early cancer detection by this programme.

Bowel screening and DCE

Figure 1 shows the number of screened colorectal cancer cases diagnosed at the BGH since the inception of the service compared to cases diagnosed through the symptomatic service. This shows that the number of screen detected cancers is now approaching parity with those detected through the symptomatic service for those of screening age.



Please Note: 2013-14 calendar year data will not be ready until May 2015 when the data is submitted to ISD.

Figure 1: screening colorectal cancer cases diagnosed at the BGH since the inception of the service compared to cases diagnosed through the symptomatic service.

Figure 2: Pre and Post screening programme cancer staging

Figure 2 shows the impact of screening on colorectal cancer staging pre and post colorectal screening programme. The numbers of early stage cancers (A+B) has increased by 62% in the post screening period compared to the pre screening period. The ratio of early stage cancers compared to late stage cancers (C+D) has increased from 47% pre screening to 55% post screening programme period. There is approximately 10-12k saving in management costs per cancer detected at stage A+B compared to stage C+D cancers.

Figure 3 (below) shows the potential increase in total colonoscopy referrals that may result this year and in 3 years time if we are successful in increasing screening uptake to 65% and 70% respectively with a 2.2% positivity rate. This shows that funded screening colonoscopy capacity is currently sufficient to deal with current activity although it may be insufficient if uptake of bowel screening exceeds 70%.

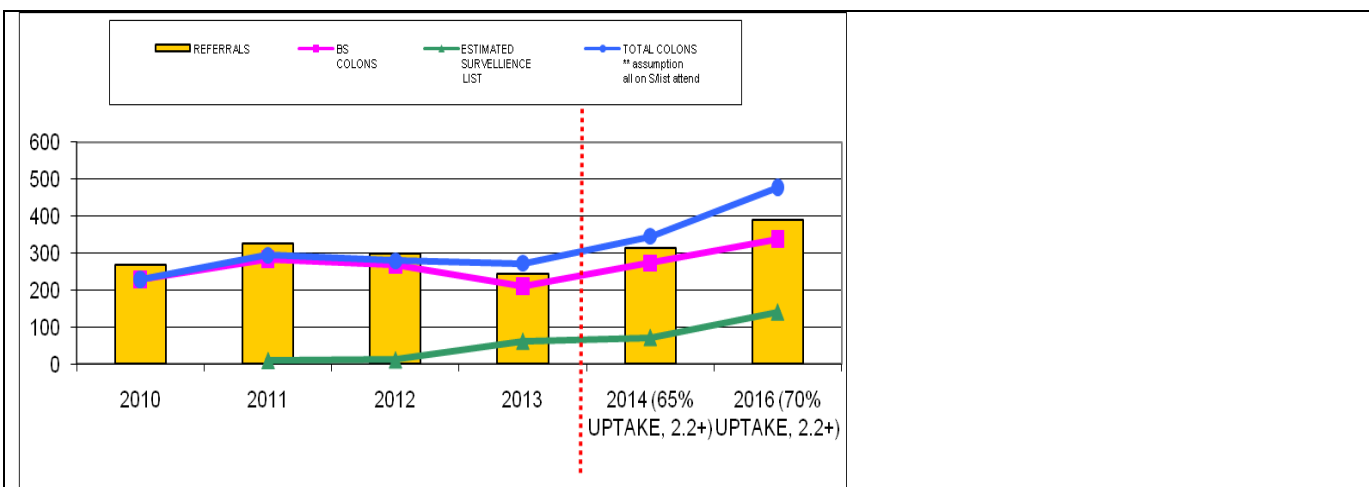


Figure 3: Past, current and estimated future trends in BGH colonoscopy activity including new referrals and surveillance activity.

Impact on local services

Lung Cancer: The service diagnostic and clinic activity resulting from the DCE programme appears to be lower than expected.

Colorectal Cancer: Referrals to the symptomatic colorectal clinic and colonoscopy service spiked at the time of the colorectal campaigns but that these tended to decline. There does however seem to be a long term secular increase in referrals predating the DCE programme.

Breast Cancer: The recent increase in referrals to the breast symptomatic service following the breast cancer campaign appears to have been sustained.

Key Deliverables by 2015

Key deliverables for the DCE programme by 2015 will be:-

- to embed the knowledge and awareness about the early detection of cancer and lifestyle risk factors into routine processes and assessments within teams like the Health Living Network and Lifestyle Advisory Service
- to have preventative messages that are clear for staff working in NHS Borders so that the opportunities delivered by the increased contact with the NHS from Detect Cancer Early are used to best effect to promote cancer prevention awareness and action
- to promote awareness of screening and warning signs and symptoms, which will lead to more people making contact with screening and symptomatic services
- to increase screening uptake rates in our deprived areas and vulnerable groups
- to ensure the sustainability of the DCE programme given the recent departure of the DCE coordinator following a promotion.

Much of this work is being driven forward by the DCE Communication Subgroup using a wide range of approaches. For example:

- A large staff survey of NHS Borders and Scottish Borders Council staff to assess knowledge, attitudes and behaviour in relation to bowel cancer screening elicited over 900 responses. A report will be presented to the next Bowel Screening Coordinators meeting.
- A fixed term health improvement officer has worked successfully with deprived communities to raise awareness of cancer screening and detect cancer early messages. This has included the engagement of local people in the production of videos produced promoting the DCE messages.

Conclusions

The Detect Cancer Early programme in the Borders continues to successfully promote the aims of the national programme and in making progress towards our national Heat target. The Scottish

Government recognises the difficulties of Boards achieving the target and is considering extending the timescale involved. The setting of baseline data is a particularly problem given the cyclical nature of breast screening and the introduction of the new bowel screening programme.

The local programme has focused on increasing bowel screening uptake in the Borders and has involved targeting deprived areas, supporting primary care (QoF) and increasing awareness particularly amongst NHS Borders and SBC staff. Bowel screening related colonoscopy activity at the BGH has been broadly in line with predicted activity and has been comfortably met within existing funded additional bowel screening colonoscopy capacity. However an increase in bowel screening uptake to 70% combined with an increase in target population would probably exceed current funded bowel screening capacity in future years. There has also been an increase in recent years in non bowel screening related colonoscopy activity but reasons behind this increase or whether it will continue are unknown. Increases in referral due to DCE campaigns tend to lead to a 'surge' of prevalent cases that eventually returns to lower levels. The bowel screening programme continues to deliver on its potential to increase the number of early stage colorectal cancers being detected and contributing to progress in hitting our Detect Cancer Early Heat target. Recent data has suggest that bowel screening uptake in the Borders has reached 65% for the first time.

Progress is being made to ensure the sustainability of the DCE programme given the recent departure of the DCE coordinator following a promotion. The NHS Borders programme will also need to adapt in the future as other cancers are rolled out for inclusion in the programme.

Treatment: Further Reduce Rate of Staph Aureus bacteraemia

R

NHS Borders is not currently on target to achieve the *Staphylococcus aureus* Bacteraemia (SAB) March 2015 HEAT target rate of 24.0 cases or less per 100,000 acute occupied bed days.

The most recent Health Protection Scotland quarterly report on surveillance of *Staphylococcus aureus* Bacteraemia (SAB) in Scotland shows that in the year ending March 2014, NHS Borders had a SAB rate of 42.2 SAB cases per 100,000 acute occupied bed days compared with a rate for NHS Scotland of 30.7. For Borders this is an increase of 9 cases compared with the same period the year before.

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.

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.

Treatment: Further Reduce Rate of C. Diff (CDAD) cases in over 65s

G

NHS Borders is currently on target to achieve the *Clostridium difficile* 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.

The most recent Health Protection Scotland quarterly report on surveillance of *Clostridium difficile* infection (CDI) in Scotland shows that in the year ending March 2014, NHS Borders had a rate of 30.3 CDI cases per 100,000 total occupied bed days compared with a rate for NHS Scotland of 34.1. For Borders this is a decrease of 19 cases compared with the same period the year before.

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.

4. UPDATE ON CONTRIBUTION TO SINGLE OUTCOME AGREEMENT

Health Inequalities	A
<p><u>Healthy Living Network</u> Borders Healthy Living Network (HLN) is managed through Public Health in NHS Borders and facilitates a range of health improvement programmes in high deprivation communities across Borders, focusing mainly on Langlee (Galashiels), Burnfoot (Hawick) and Eyemouth, with additional projects in Philiphaugh (Selkirk) and Walkerburn. To date in 2014/15, HLN has renewed its engagement with these local communities in identifying local issues and priorities. For example, the Langlee Health Action Group which is supported by HLN, in partnership with Community Learning and Development, is now an active force for change in the community. In addition opportunities for volunteering for health are being promoted through the HLN supported Health Issues in the Community programme. HLN continues to develop and deliver a range of activities on food and health, growing, cooking; building social connectedness; poverty and health; and mental health and wellbeing. In addition, HLN has acted as a valuable link to facilitate more effective targeting of programmes such as Keep Well and Detect Cancer Early.</p> <p><u>Learning Disabilities</u> In line with vision set out in Keys to Life and reflecting the priorities identified in the local health needs assessment for people with learning disability, two key health improvement projects have been taken forward in 2014. Each of these aims to encourage mainstream Learning Disability projects and wider generic services to support better health and wellbeing outcomes for people with Learning Disabilities. Healthier Me focuses on food and health and is building capacity among service providers, carers and people with Learning Disabilities in relation to food choices and healthy lifestyles. The project is developing a blueprint of tools and resources and approaches that care providers will be expected to demonstrate. The second project is working on issues of relationships, choices and personal safety and wellbeing. Recent work includes developing collaborative approaches among community organisations to enable people with Learning Disabilities to feel safe and respected.</p> <p><u>Mental Health</u> Following a brief review of UK research and good practice in other parts of Scotland, Public Health, LASS and Dietetics have been working closely with mental health services to identify steps to improve the physical health and wellbeing of mental health service users locally. The health of those with severe and enduring mental health problems is a particular priority. Key actions underway include: health assessments, clarifying pathways to sources of advice and support on health and wellbeing; joint delivery of specific health improvement programmes for mental health service users (physical activity, nutrition, cooking etc).</p>	

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>Patient safety remains NHS Borders number one corporate priority. This year we have focused on embedding the 10 patient safety essentials reliably across the organisation and have used the 'BETTER' campaign to engage staff, patient, families and visitors. The safety programme has extended to the 9 priority areas and we continue to enhance our model of recognition of deterioration across the service extending our work on Sepsis to the out of hours GP service and Scottish Ambulance Service. Leadership of the safety agenda remains a key priority and this year we moved to a new structure for leadership walkrounds and leadership inspections increasing visibility and dialogue with front line staff and patients. A new policy on adverse event management was launched in January 2013 and the organisation has worked to embed this in practice in line with the national framework on the management of adverse events. We have a well developed mortality review systems which seeks to find learning from all deaths in hospital. The focus for the coming year is on continuing to build our learning and safety culture within multidisciplinary teams and across the organisation.</p> <p>The Maternity work stream continues to work on its measurement plan, and submit data monthly to Healthcare Improvement Scotland (HIS) via an excel reporting template. The focus continues on improving outcomes for babies, children and their mothers. The maternity work stream is focusing on carbon monoxide monitoring at clinics for mothers, recognition of the deteriorating patient and post partum haemorrhage prevention. The paediatric and neonatal work stream are also focusing on recognition and response to the deteriorating patient, including the paediatric 'sepsis six' bundle.</p> <p>The Mental Health work stream has a separate measurement plan, and excel reporting template which was issued in March 2014 and focuses on outcome measures concerning aggression, violence and safety. Teams are focusing their improvement efforts on medicines reconciliation, error free prescribing and risk assessment in Huntlyburn and The Brigs.</p> <p>With regards to patient safety in primary care, in addition to the trigger tools and safety climate surveys undertaken by GP practices, work has been undertaken on feedback forms, teach back for patients in relation to use of medications, shared care protocols and trigger tool action plans. National reporting against a measurement plan has not commenced.</p> <p>The organisation has advanced in its use of improvement methodology, particularly in the use of data to drive continual improvement which is evidence throughout the acute services within the improvement zones which bring together clinical, managerial and administrative teams on a weekly basis, and within our mental health inpatient areas and community hospitals in their testing</p>

Corporate Objective	Progress to Date
	<p>of person centered care initiatives such as 'what matters to me' and 'playlist for life'. At Board level the focus on quality and safety has been further strengthened through enhancements to the Board scorecard and by the introduction of patient stories at every meeting. Patient feedback is important to us and on this front we have continued to advance our means of collected feedback proactively across the organisation and have also sustained our performance in relation to the timely management of complaints.</p> <p>NHS Borders are working to continually improve the quality of care provided for older people in acute hospitals and have worked with Healthcare Improvement Scotland this year to test the revised inspection methodology. Leadership walkrounds have a focus on the delivery of person centered care and involve speaking directly with patients and observing care. Assessment of cognitive impairment and delirium has been embedded in admission processes and the adult unitary record and work is underway to enhance the care planning element of our documentation. Advances have been made in the use of anticipatory care planning and DNACPR and these areas will continue to form the focus of our work in the coming year.</p>
<p>Communicate – listen to patients and ask 'what matters to you'</p>	<p>The Board values public engagement, involving the third sector, volunteers and carers in the design and provision of health services. As part of the Person Centred Health and Care Programme the Board has aligned all aspects of patient feedback to ensure that this is used to improve patient experience. The Board has enhanced the role of non-executive directors and public involvement volunteers, by for example, supporting them to participate in the Leadership Safety Walk Rounds where they listen to the views of patients and carers. Patient experience has an increased profile within the organisation, for example, 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, Scottish Public Sector Ombudsman reports, commendations and feedback through Patient Opinion.</p> <p>NHS Borders is committed to the person-centered approaches to care. For example, the use of a visible 'What Matters to Me' board is being tested in a number of clinical areas to ensure that all staff considers what matters to the patient. Another example is the testing of Playlist for Life, where a personalised play list is developed for patients with dementia.</p> <p>The role of public volunteers is actively encouraged and supported within many areas of the hospital and the community, for example, a new cohort of patient feedback volunteers have been recruited to support the organisation gather feedback. We have recently been reassessed and achieved the Investing in Volunteers Award demonstrating our commitment to high quality volunteer management and the recognising the significant role volunteers play in enhancing patient experience.</p>

Corporate Objective		Progress to Date
		<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 our corporate governance of public involvement. NHS Borders has a proactive network of public involvement and participation groups including a Public Partnership Forum, Public Reference Group, Borders General Hospital Participation Group and a Public Governance Committee.</p> <p>Patient feedback is actively sought by NHS Borders through the complaints and feedback process. The Board is working to enhance opportunities for patient feedback this year by looking at all approaches used in the inpatient areas initially. This approach will use a 'Two Minutes of Your Time' feedback form that will include core questions that will provide a system-wide patient experience measure.</p>
	Strive to meet and exceed the performance targets set for us by the governments and our own board	Strong performance management remains a key priority across all areas of NHS Borders. Performance Scorecards and Performance Reviews continue to be embedded across all services with compliance monitored. The introduction of Integrated Performance reporting has commenced and whilst this remains work in progress it has provided a greater alignment and focus on stretched targets.
	Run an efficient organisation by living within our means and concentrating resources on front line services	<p>The Board is forecasting a break even position at the year end. This is predicated upon two key deliverables:</p> <ul style="list-style-type: none"> • achievement of the Board's significant efficiency programme • improved and systematic management of operational budgets to deliver the agreed forecast out-turn or better position. <p>A breakeven out turn will only be possible if the efficiency savings programme is successful in achieving its target of £4.575m, 2.54% of baseline funding. The efficiency target is based on a minimum of £2.07m of the savings being recurring while the balance should be non recurring. In addition to the cash releasing £4.575 savings, non cash releasing schemes should be progressed resulting in overall increased efficiency and productivity of 3%.</p> <p>Progress in the first six months of 2014/15 has been good with recurring savings of £2.43m and non recurring savings of £1.14m being withdrawn from budgets. This means that at the end of September NHS Border has over achieved its recurring target by £0.36m with only non recurring savings outstanding.</p> <p>Non cash releasing increased efficiency and productivity is being taken forward through a variety of initiatives including repatriation of Borders patients and improvements in the discharge</p>

Corporate Objective		Progress to Date
		<p>process. Early indications suggest that efficiency will increase as planned by the end of the financial year ensuring that overall public sector increased efficiency and productivity challenge of 3% will be achieved.</p> <p>The Board is facing a number of operational financial pressures. Clear actions to address the reported financial pressures have been agreed as well as increasingly robust and proactive management of operational budgets .As part of the financial plan, the Board set aside contingencies of £2m for unforeseen pressures. A number of areas for which funding was set aside in the financial plan where there has been slippage can be utilised to offset the overall financial position. In addition a number of control measures will be introduced to support to overall financial position and ensure financial targets are achieved</p> <p>In June the Board approved a capital plan which supported the Boards corporate objectives. The capital plan for this year totals £3.6m at present which has includes the sale proceeds to date from Fenton Lodge. It is hoped that further sales proceeds will be realised before the end of the financial year. The focus of this year's capital plan is the installation of new biomass boilers which commenced at the end of last financial year. There will also be investment in IM&T and medical equipment including a new Ultrasound System. Expenditure has also been incurred in relation to backlog maintenance, estates rolling programme and car parking planning works. A key area of spend this year will be the theatre ventilation system. Work will also start this year on a replacement for Roxburgh Street health centre in Galashiels.</p>
Improve the health of our population	Work with communities and our partner organisations in Scottish Borders Council and the Third Sector	<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 (HPHS) 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 social marketing campaign has been launched as Small Changes Big Difference to generate engagement and support for HPHS aims. This has already generated good coverage and engagement through social media with patients and staff • The campaign also supports staff in their role as health promoters with patients, through materials and web links. A core team of NHSB staff is undertaking the health behaviour

Corporate Objective		Progress to Date
		<p>change training for trainers. This will also be linked with awareness raising on health literacy as part of a plan of tailored training and development.</p> <ul style="list-style-type: none"> • Development work continues to implement effective pathways from BGH services to lifestyle advise, smoking cessation support and physical activity • Further work is needed to reactivate HPHS actions with Community Day Hospital • Needs assessment and pathway mapping are underway with mental health services to identify good practice and areas for development, with additional capacity earmarked for health improvement in the coming 9 months to implement the findings. • Work is progressing to support the new BFI standards. Capacity is being increased to provide peer support for new mothers who chose to breastfeed. A wide range of actions are being initiated in one town to reduce the drop off rates of breastfeeding and to promote a whole town approach.
	Harness the assets of our communities to encourage and facilitate self-help	Early years change fund is supporting development of capacity within communities through volunteering and peer mentoring. Health Improvement activities are a core part of the early years services in areas of high deprivation and are using a range of means to engage with young families on issues of food, nutrition, fuel poverty and play. Community health volunteers are being supported by Healthy Living Network to play an active role in supporting community action for health. HLN is facilitating community involvement in resilience work in one area, focusing on peer networks of support in emergencies.
	Target the most deprived areas of the Scottish Borders to reduce inequalities	Redesign of early years services is increasing access to a wide range of services within the most deprived communities of Scottish Borders. In Langlee the Health Action Group is the focus for this, and HLN supports and facilitates the work of the group. In Burnfoot, HLN continues to deliver a range of programmes and is also working closely with the Hub. HLN also plays an active role in Transforming Care after Treatment project in Burnfoot.
	Promote well-being with a strong focus on the healthy development of children	<p>Locality based early years networks, led by community nursing are now embedded across Scottish Borders and are focal points for early years staff around the early years agenda within their localities. The Early Years Collaborative improvement work is helping us to become more targeted in our interventions to support improved outcomes for children by the production of data. There has been considerable work done by health professionals to support Health visitors in the implementation of the 27-30 month assessment with the development of a one stop resource point with multidisciplinary resource information and agreed pathways re onward referral or advice from other services.</p> <p>As part of the GIRFEC implementation work there will be multiagency presentations and workshops to inform both adult and children services around the concept of well being as it is</p>

Corporate Objective		Progress to Date
		<p>stated in the Children and Young People's Act (2014) which will underpin a common understanding of well being.</p>
<p>Promote excellence in organisational behaviour</p>	<p>Be an excellent employer and become employer of choice</p>	<p>This is a key outcome which organisationally, through all strands of work referred to in this report, we hope to achieve. This will be key to attracting high quality caring staff and keeping the high quality caring staff we already have. We actively recognise the needs of our staff by listening to them and using communications tools like the Ask the Board, Corporate Briefings, Staff Involvement, and Open Forums with Chief Executive. These communications tools are always being reviewed and developed to meet the needs in NHS Borders and our Staff Governance Action Plan reflects this by having a high level action to do just this.</p> <p>As part of the Governance Action Plan we are reviewing our recruitment and retention policies and processes which will help address a concern raised through our staff survey last year. It is fair to say that the Staff Governance Action Plan is central to all elements of being an excellent employer. We have already set down a path of supporting and embedding an awards ceremony annually to celebrate the achievements of our staff.</p>
	<p>Value and treat our staff well to improve patient care and overall performance</p>	<p>NHS Borders recognises that improvement in patient care and overall performance relies heavily upon our staff and by valuing all NHS Borders employees we will keep our patients safe and well cared for. To achieve this is a journey which all staff have a responsibility to step upon and this begins with the Partnership Working Standards which have recently been reissued and advocated from the Area Partnership Forum. Steps have been taken to deliver these principles organisationally, giving all staff the right to challenge poor behaviour as well as a responsibility to demonstrate the positive behaviour highlighted by these working standards. Training in many areas, including sickness absence, are undertaken in a triumvirate approach between Partnership, HR and Occupational Health to reflect these principles. We are engaging with staff as soon as they come into NHS Borders through induction on these standards and it is delivered jointly with Executive Leadership. Furthermore we are embedding these standards into essential management training.</p> <p>We are constantly looking for new and innovative ways to demonstrate value of our staff including development of Staff Awards and recently agreed to re-establish the staff benefits group. As an organisation we demonstrate a commitment to listen to our staff through ask the board and staff survey results. The Staff Governance Action Plan is not based on directives from the centre but on what staff have told us. The Leadership Behaviours Objective is a key element to the success of ensuring staff feel valued and the BET have committed to keeping this on their agenda as well as on the agenda of their Teams & Departments. As part of the staff survey this was measured to identify a base line in relation to how well we are doing on this objective. Results will be fed into</p>

Corporate Objective		Progress to Date
		our Staff Governance Action Plan when they are received.
	<p>Promote and engage leadership through:</p> <ul style="list-style-type: none"> • Supporting a developmental culture • Showing genuine concern • Enabling others • Inspiring others 	<p>NHS Borders Board recently took part in a pilot feedback exercise where over 40 people from inside and outside NHS Borders rated the Board itself using a specially adapted feedback tool. The aims of the exercise were to enable the Board to compare itself with how others see it, to consider the results and to identify actions going forward which build on the work we are already doing to progress our organisational objectives.</p> <p>This exercise is a first for Scotland therefore a further aim is to reflect on our learning and to disseminate this learning nationally. NHS Borders are fortunate to have had funding and input from Hazel Mackenzie of the National Leadership Unit. Looking forward as an organisation we want to engage with staff, patients and carers to develop this work further.</p> <p>The main priorities for action identified so far are:</p> <ul style="list-style-type: none"> • Increasing engagement of staff. We decided we want to enquire more about staff engagement across the organisation. We will roll out development on engaging leadership. Pilot a new national tool (<i>iMATTER</i>) and continue to develop our leaders at all levels in engaging leadership skills. • Improving the clarity and communications of our operating framework. We will run focus groups with staff to better understand what we can most effectively do to achieve this. These focus groups will also help us to understand better what we can do to increase staff engagement further. The anonymised results will be fed back to the Board to inform further action.