Borders NHS Board

MANAGING OUR PERFORMANCE MID YEAR REPORT 2015/16

Aim

The aim of the 2015/16 Managing Our Performance (MOP) Mid Year Report is to report progress during the first six months of 2015/16 on the full range of HEAT standards 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. In 2014/15 the Integrated Performance Report was introduced to replace the Clinical Executive Scorecard and the 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 standards and priorities.

This 2015/16 Mid Year MOP Report has been updated to show performance in relation to the HEAT standards, Single Outcome Agreement and Corporate Objectives.

Summary

The 2015/16 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 standards and summarises performance to date during 2015/16, along with a selection of priority areas and Corporate Objectives.

Recommendation

The Board is asked to **note** the 2015/16 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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NHS Borders

MANAGING OUR PERFORMANCE MID YEAR REPORT 2015/16

December 2015

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.

2015/16 Mid Year MOP

This 2015/16 Mid Year MOP Report includes an assessment of performance in relation to the HEAT standards, 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 standards, 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 at the end of September 2015.

Summary

This report allows Board members to see the mid year position for 2015/16 and assess what action is required to achieve the full range of HEAT standards by the end of the financial year.

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 standards for the year which fit with the Government's health objectives.

Monitoring of Performance

For each Clinical Board, Primary, Acute and Community Services, Mental Health and Learning Disability Service a monthly Performance Scorecard is produced which includes an assessment of performance towards achievement of the 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 bi-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 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.

2015/16 HEAT Standards

This 2015/16 Mid Year MOP Report summarises performance for all HEAT standards from April 2015 to September 2015 that can be reported monthly, and a trend graph and narrative is included for these. For standards which are not reported on a monthly basis Lead Managers have provided narrative to indicate whether they are on track for delivery and if not, to highlight planned actions.

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 Corporate Objectives.

***Please note*:**

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

3. 2015/16 HEAT TARGETS

Summary of Performance

Strong Performance – Green targets

The following targets are meeting or have exceeded their trajectories or standards at the end of September 2015:

- Smoking cessation (page 8)
- Pre Operative stay (page 9)
- Online triage of referrals (page 10)
- Exclusive breastfeeding rate at 6-8 weeks check, local data (page 10)
- Sickness absence reduced (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 16)
- 18 weeks referral to treatment: combined performance (page 17)
- 90% of alcohol/drug referrals into treatment within 3 weeks (page 21)
- Admission to the Stroke Unit with 1 day of admission (page 24)

Performance at Risk – Amber targets

Performance against the following standards was outwith the trajectory at the end of September 2015:

- Day case rates (page 9)
- 4 hour waiting target for A&E (page 22)
- Emergency Occupied Bed Days for the over 75s (page 22)
- Diagnosis of dementia (page 23)

Under Performing – Red targets

Performance was significantly outwith target for the following HEAT standards at the end of September 2015:

- New patient DNA rate (page 8)
- eKSF annual reviews completed (page 11)
- PDPs complete on eKSF (page 11)
- 12 weeks for outpatients (page 14)
- 12 weeks for inpatients (page 15)
- 18 weeks RTT: admitted pathway performance (page 16)
- 4 weeks waiting target for diagnostics (page 18 & 19)
- No CAMHS waits over 18 weeks (page 20)
- No psychological therapy waits over 18 weeks (page 20)
- No delayed discharges over 2 weeks (page 21)

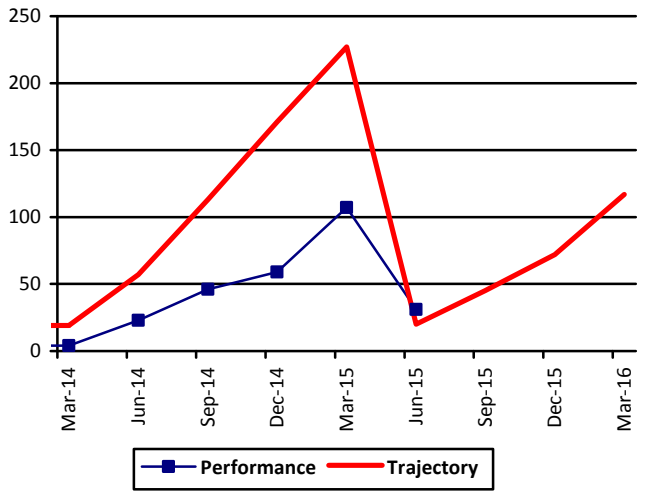
Further information on all the HEAT standards are detailed within the report and have been given a RAG (Red, Amber, Green) status based on the following key:

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

Monthly Performance and Narrative of HEAT Standards

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

Standard: Smoking cessation successful quits in most deprived areas (cumulative)	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	117	20 (Jun 15)	31 (Jun 15)	G

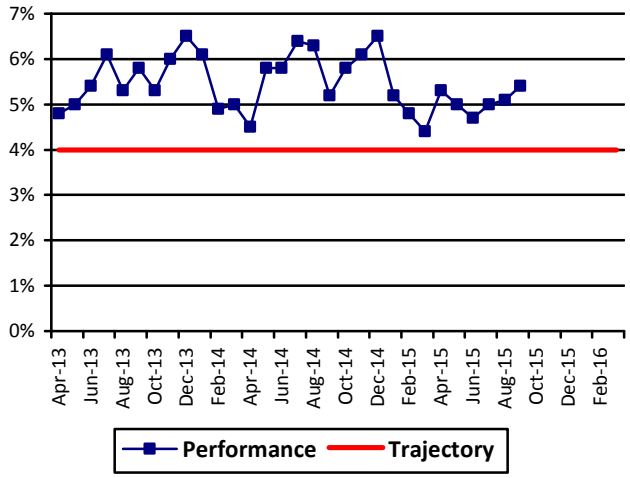


Please Note: Data will be reported quarterly with a 4 month lag time to allow monitoring of the 12 week quit period.

The targets set for smoking cessation for 2014/15 were more demanding than in previous years, with the change to quit rates at 12 weeks not at 4 weeks and the focus on the 40% most deprived areas. NHS Borders was one of a number of Health Boards where performance did not attain the target. The overall pattern across Scotland has been that quit rates are falling for a number of reasons and it is recognised that the challenges associated with smoking cessation have evolved with wider changes such as E cigarettes. The smoking cessation service had considerable achievements in 2014/15 despite not achieving the quit target. These included the introduction of a renewed pathway for pregnant women, supported by training and role development within midwifery; the development of clear pathways for cessation support for patients of the BGH; and increasing focus of the smoking cessation service on areas and population groups in the higher deprivation categories. The developments of the BGH pathway enabled 94 referrals, of whom 32 came from deprived areas.

The standard for 2015/16 has been adjusted by the Scottish Government to reflect the complexities and challenges recognised: 117 quits at 12 weeks in our most deprived communities. Figures for the first quarter of 2015/16 show there were 32 successful quits at 12 weeks in the most deprived areas against a trajectory of 20. Locally, Public Health is working closely with Community Pharmacy, with the BGH and with Maternity services to continue to focus resources effectively and maintain a programme of work that combines prevention, protection and cessation. Public Health is also leading the development of a joint Tobacco Control Action Plan that will clarify the contribution of partner agencies in SBC and the third sector to deliver the objectives in the national strategy.

Standard: New patients DNA rate will be less than 4% over the year	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	4%	4%	5.4%	R

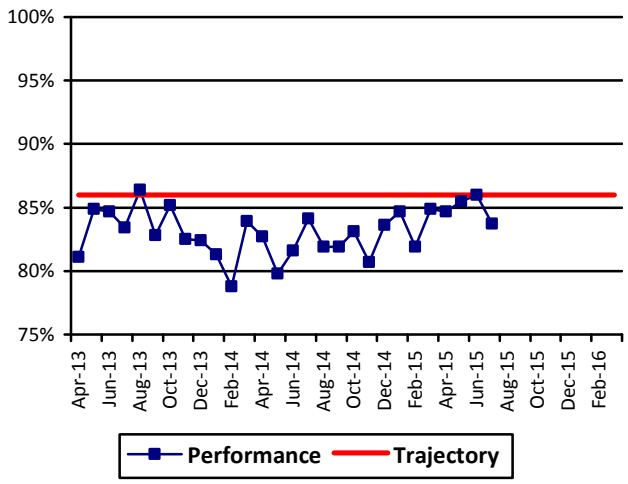


The DNA rates suggest there are seasonality factors impacting on performance. Performance has improved from December 2014 to September 2015 compared to previous years.

Improvements are due a combination of different factors; the management of Orthopaedic Trauma patients which traditionally had a high DNA rate, improved contact details for patients and an extended pilot from July 2015 of additional personal reminders for patients who have any DNA history. The additional reminders are to continue until the end of December 2015 when the impact will be analysed.

The next steps include exploring how as a whole system, from referral to appointment, we can improve patient attendance levels of those who have a high DNA rate.

Standard: 86% of patients for day procedures to be treated as Day Cases	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	86%	86%	83.7% (Jul 15)	A



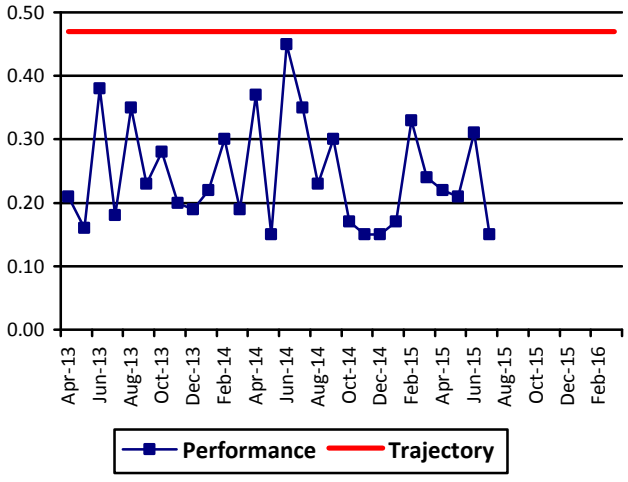
Please Note: There is a 2 month lag time due to SMR reporting

Day case conversion rates continue to fluctuate between 80-86%.

Day case conversion rates have fallen for Gynaecology, Urology and Vascular Services. The Head of Service for General Surgery will be reviewing the data to understand specific reasons why there has been an increase however the main reasons for converting day cases to inpatient stays are:

- Anaesthetic medical reasons
- Surgical reasons – for instance bleeding, pain, unexpected problems during operation or operation turned out to be more complex than originally anticipated
- Patient social status – no responsible adult at home or distance to travel

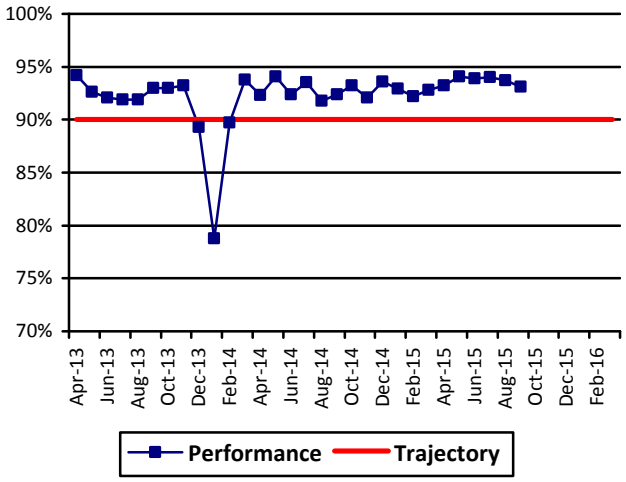
Standard: Reduce the days for pre-operative stay	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	0.47	0.47	0.15 (Jul 15)	G



Please Note: There is a 2 month lag time due to SMR reporting

This target is being consistently achieved.

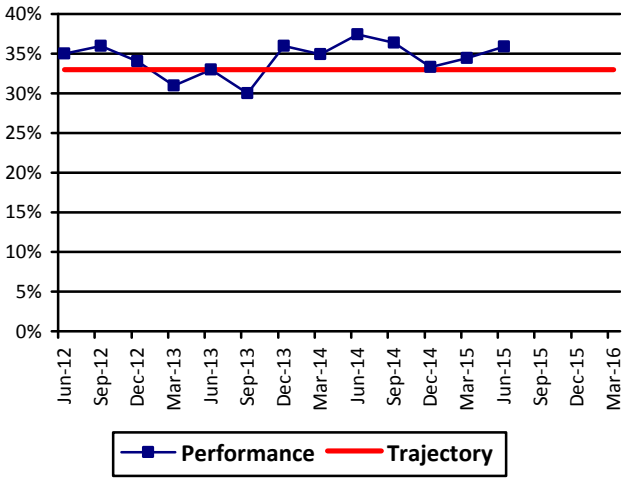
Standard: 90% of all referrals to be triaged online	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	90%	90%	93.1%	G



The target of 90% has been consistently achieved throughout 2014/15 and is expected to continue during 2015/16.

The data is provided as a snapshot in time when the report is run. Performance for January 2014 has been rerun to check the data. Records have been updated since the original run and performance reports 93%, therefore achieving the target.

Standard: Increase the proportion of new-born children breastfed at 6-8 weeks	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	33%	33%	35.9% (Jun 15)	G



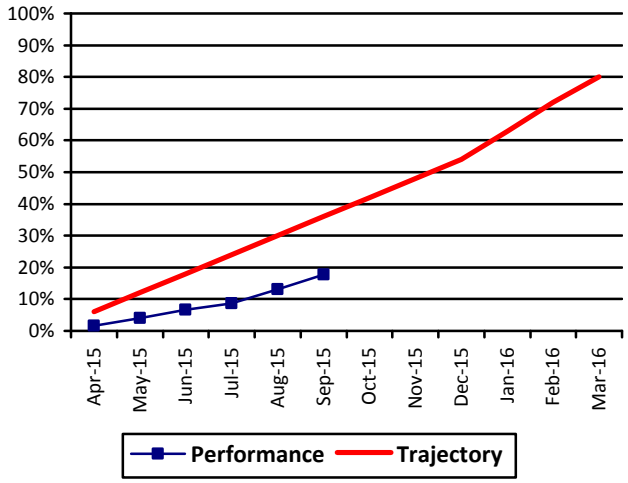
Please Note: There is a 3 month time lag as data is published quarterly for this target. Local data is used due to the extended time lag for national data.

NHS Borders has an improved rate of exclusive breastfeeding at 1st visit of 43.3 % for 2014/15, an increase of 0.7% from 2013/2014, and a 1.9% increase in exclusive breastfeeding at 6-8 weeks, now 34.5%. The services continue to work collaboratively with health improvement. Ongoing actions to continue improving performance are as follows:

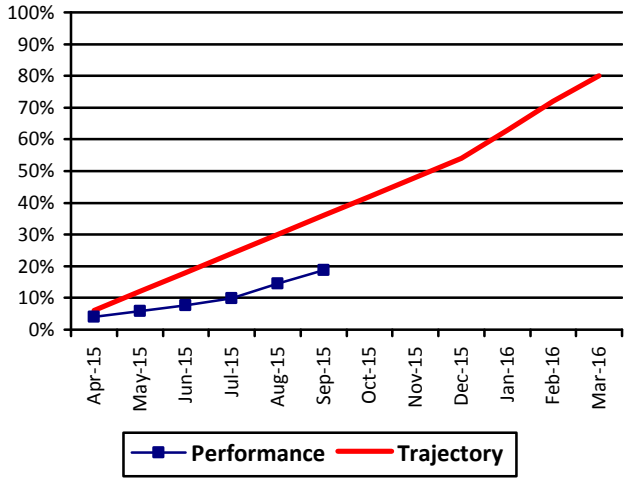
- Appointed to BFI post in August 2015
- To maintain/continue to improve performance we have increased the provision of peer supporters,
- Developed a whole town approach to breast feeding in Selkirk through improvement methodology.
- Developed drop in breastfeeding clinics in EYC.
- Continue to deliver training and updates to all staff.
- Peer supporter working within Early Years Assessment team
- Focus on improving breast feeding rates within Special Care Baby Unit.

Standards:	2015/16 Standard	Current Standard	Mid Year Position	Status
80% of all Joint Development Reviews to be recorded on eKSF	80%	36.0%	17.8%	R
80% of all Personal Development Plans to be recorded on eKSF	80%	36.0%	18.8%	R

Joint Development Reviews recorded on eKSF



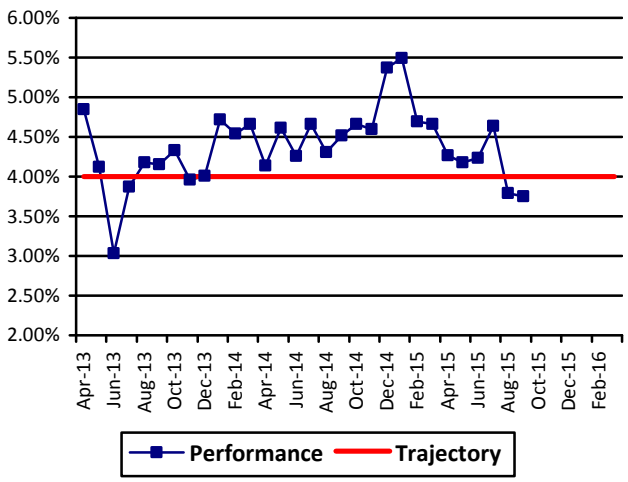
Personal Development Plans recorded on eKSF



Please Note: National reporting tool for e-KSF Reviews and PDP's was unavailable from September – December 2014

JDR's should be spread out throughout the year as per trajectory. Historically however, a high proportion of reviews take place in the final quarter of the year, and the trend suggests that this is likely for 2015/16. The main issue with this is capacity for line managers to undertake a high number of reviews over a short period. KSF Champions continue to support and encourage managers to spread out reviews, and this topic was measure under the spotlight at a recent clinical executive meeting. Attendees are responsible for cascading concerns and providing support to managers to ensure JDR's/PDP's are being progressed.

Standard: Maintain Sickness Absence Rates below 4%	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	4%	4%	3.75%	G

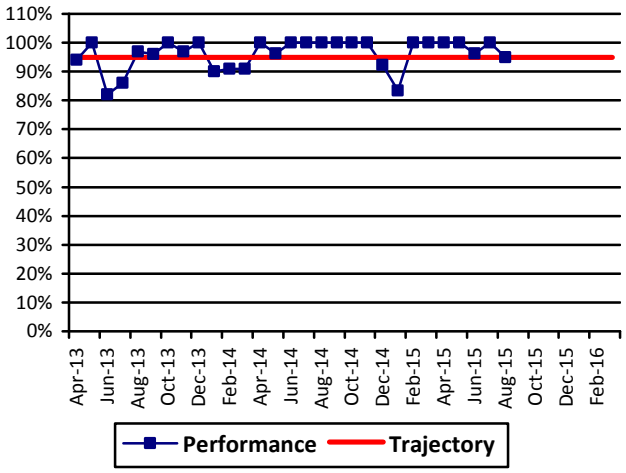


NHS Borders sends monthly sickness absence reports to each of our clinical boards detailing the current level of sickness absence, how it compares against the HEAT standard and showing a comparison to the figures for previous month and previous years absence figures.

As part of mandatory training, Line Managers must attend Sickness Absence and then refresher training which is an interactive training session with representatives from HR, Occupational Health and Partnership providing practical advice and support. Managers have found this very helpful and informative.

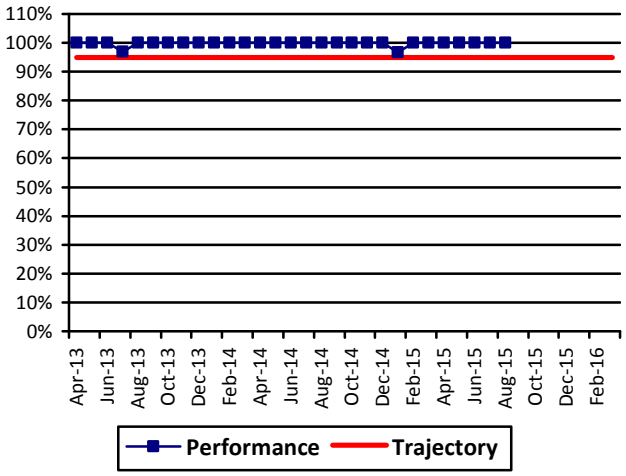
The Employee Relations Team actively review Occupational Health Reports and suggest to the manager they may wish to have absence review meetings or case reviews with HR support where appropriate. A Sickness Absence Review Audit has recently been undertaken in one of our clinical boards to ensure policy and processes are being implemented consistently. It is planned to roll this out to other areas.

Standard: 95% of all cases with a Suspicion of Cancer to be seen within 62 days	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	95%	95%	95%	G



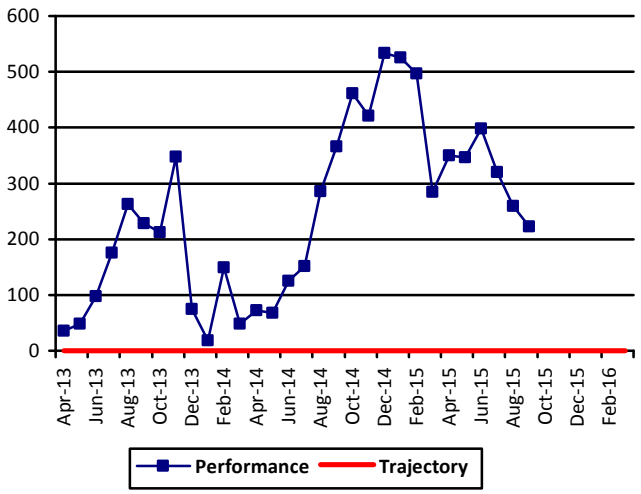
This target is currently being achieved.

Standard: 95% of all patients requiring Treatment for Cancer to be seen within 31 days	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	95%	95%	100%	G



This target is consistently being exceeded and 100% of patients requiring treatment for cancer are seen within 31 days.

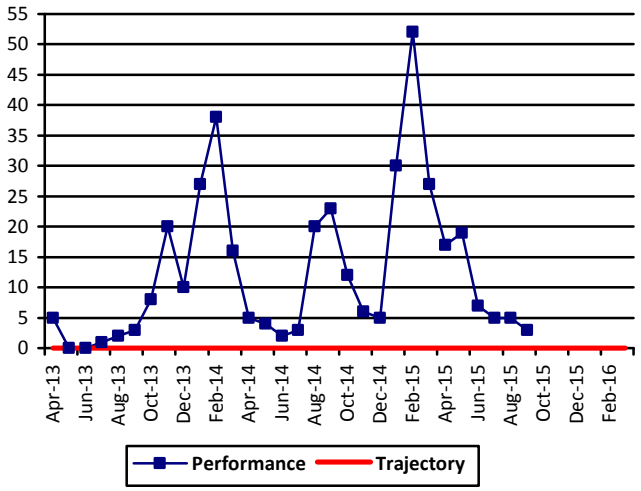
Standard: 12 wks for Outpatients	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	0	0	222	R



Although the position has significantly improved, we have not yet achieved a zero position against the outpatient 12-week standard.

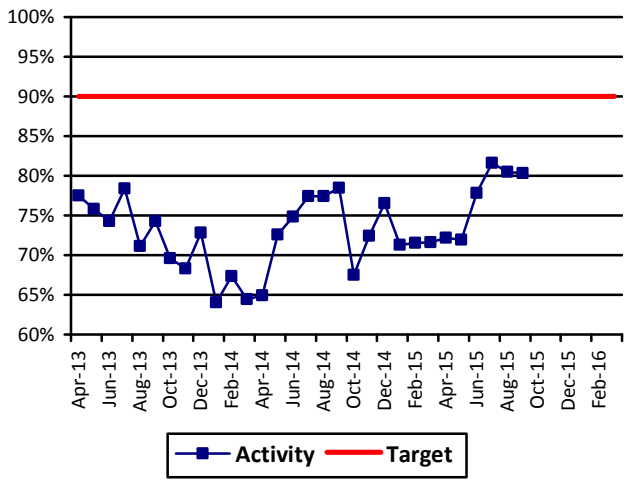
- At present there are significant pressures around capacity in a number of specialties including Cardiology, Chronic Pain, Diabetics / Endocrinology and Gastroenterology.
- Additional short-term capacity has been organised within Cardiology, Dermatology, Diabetics / Endocrinology, Neurology and Rheumatology.
- As yet there is no ongoing solution to the shortages of capacity in Cardiology, Chronic Pain, Diabetes / Endocrinology and Gastroenterology.
- Additional ENT and Oral Surgery Consultants have now taken up post, and an additional Consultant Rheumatologist has been appointed. A locum Respiratory Medicine Consultant has also been appointed.
- An additional Consultant Dermatologist post has been approved and advertised, but there were no applicants, however there is a potential long-term locum.
- The main risks to delivery until March 2016 are around Chronic Pain, ENT and Gastroenterology, and work is ongoing with these Services to identify solutions.

Standard: 12 wks for Inpatients	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	0	0	3	R



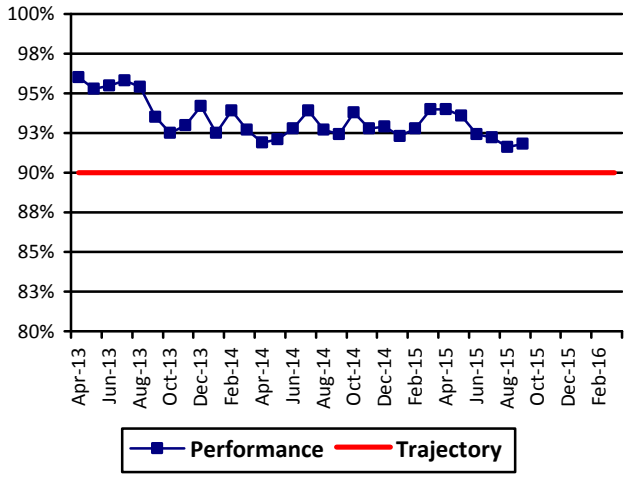
- Following recruitment to the additional ENT and Oral Surgery Consultant posts, there is now sufficient capacity within all specialties to deliver inpatient targets locally, with the exception of Orthopaedics.
- Orthopaedic capacity continues to be challenging on a long-term basis, however arrangements are in place to run weekend operating lists and use capacity at Golden Jubilee until March 2016, which will ensure that there is sufficient operating capacity to meet targets. Plans are being developed to ensure that the service is sustainable in the future.
- No patients have been sent for treatment in the Independent Sector to ensure delivery of TTG since August 2015, with the exception of Oral Surgery, where there are issues with unexpected Consultant leave.
- Capacity within some specialties, mainly Orthopaedics, has continued to be less than demand, and as a result there has been a requirement to offer patients treatment at other providers (Golden Jubilee and the Independent Sector).
- It is currently predicted that there will be two breaches during October and one in November.

Standard: 18 Weeks Referral to Treatment Admitted Pathway Performance	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	90%	90%	80.3%	R



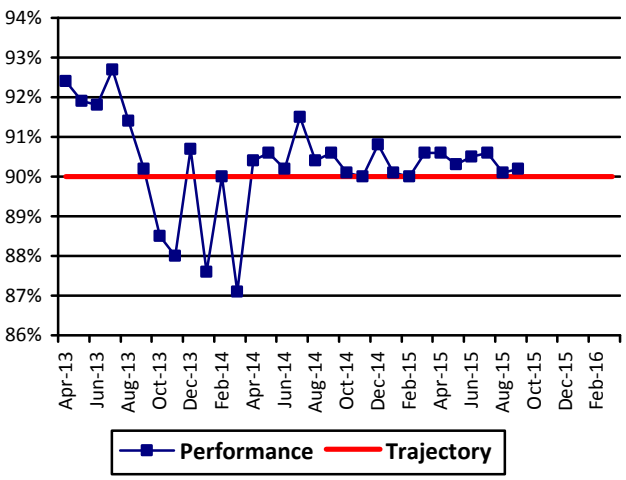
There has been a significant improvement in performance against Admitted Pathways, where a figure of over 80% has been achieved for the previous three months.

Standard: 18 Weeks Referral to Treatment Non-Admitted Pathway Performance	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	90%	90%	91.8%	G



- Audiology Waiting Times continue to be challenging, due to vacant posts within the Service. 32% of all breaches of the 18-week standard during September 2015 were within Audiology impacting on the total non-admitted pathway performance
- Clinic outcome codes completed by clinicians following outpatient appointment identify patients whose care is complete following outpatient attendance (non-admitted pathways). Current completion of clinic outcome codes is running at just under 90%. A focus on completion of clinic outcome codes is being introduced;
    - Clinicians who do not achieve 90% completion rate are contacted by e-mail to highlight performance and offer assistance to complete.
    - We will be exploring the establishment of electronic outcome coding to improve compliance

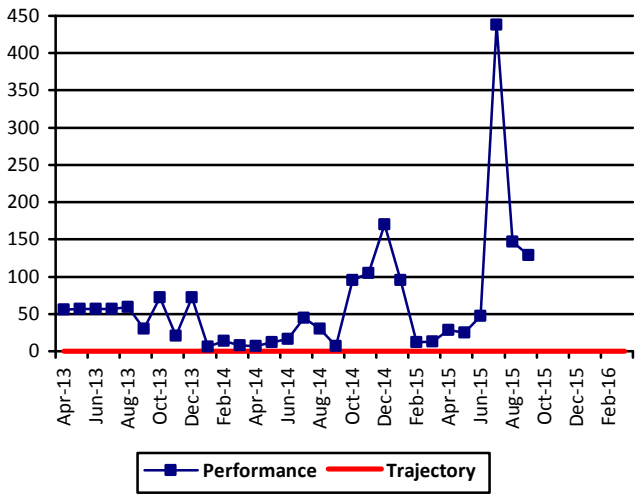
Standard: 18 Weeks Referral to Treatment Combined Performance	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	90%	90%	90.2%	G



NHS Borders has consistently met the 90% RTT standard.

- During most of the past 12 months, the performance has been very close to 90%, due to a drop in achievement against the admitted pathway (patients with an 18-weeks journey involving both outpatient and inpatient care).
- There has been a significant improvement in performance against Admitted Pathways, where a figure of over 80% has been achieved for the previous three months.
- Audiology Waiting Times continue to be challenging, due to vacant posts within the Service. 32% of all breaches of the 18-week standard during September 2015 where within Audiology.
- Clinic outcome codes completed by clinicians following outpatient appointment identify patients whose care is complete following outpatient attendance (non-admitted pathways). Current completion of clinic outcome codes is running at just under 90%. A focus on completion of clinic outcome codes is being introduced;
    - Clinicians who do not achieve 90% completion rate are contacted by e-mail to highlight performance and offer assistance to complete.
    - We will be exploring the establishment of electronic outcome coding to improve compliance

Standard: 4 Week Waiting Target for Diagnostics	2015/16 Standard	Current Standard	Mid Year Position	Status
	0	0	129	R



Radiology

Our reported position continues to improve when measured against the 4 week target despite increasing activity levels. During September the Service noted a reduction in the number of patients waiting longer than the 4 week target.

This was improvement in main a result of a significant reduction in waiting to formal reporting and dependent upon 4 additional ad hoc weekend MRI sessions and an agreement to deliver an additional 15 sessions of consultant reporting.

It is likely given current activity levels that there will remain a dependency on ad hoc capacity and additional reporting in order to ensure that this position is maintained. The Service is planning into the New Year on that basis.

Endoscopy

In September the Endoscopy Service noted a general deterioration in the reported performance against the 6 week standard and the 4 week target for diagnostic tests.

Whilst this is not necessarily a new problem, there has been a marked increase in the overall number and proportion of patients waiting longer than 4 weeks for their procedure, and in a small number of cases (14) beyond the national standard of 6 weeks.
Discussion with the service would suggest that that this is a problem related to:

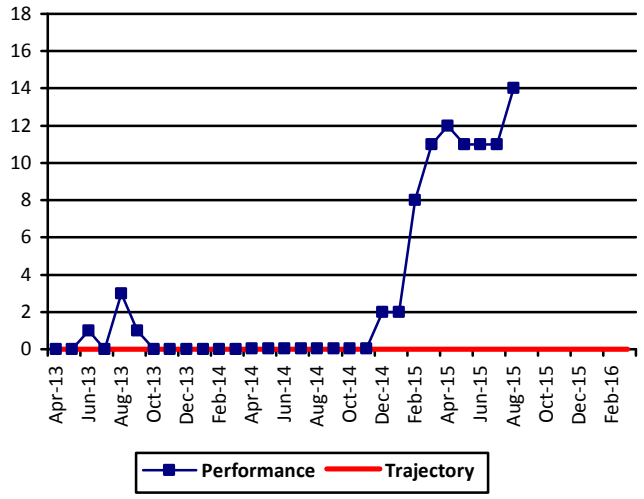
- A general and sustained increase in demand placed on each element of the service with an increasing referral and surveillance workload. This is currently being reviewed.
- Capacity variation related to prospective cover in Cystoscopy and Upper GI in the main, and a short term reduction in colonoscopy capacity with the withdrawal of on-call cover previously releasing GI consultants to colonoscopy. This will be available again from October onwards.

It has been agreed that the Urology Service will look to maximise any potential capacity on Friday biopsy lists as an opportunity to target the longest waiting cystoscopy patients. This will be available during November and the impact on overall waits assessed.

Additionally we are currently working with Service to identify an appropriate recovery plan for Endoscopy and establish when we can anticipate our waiting times being brought into line with our 4 week target.

4 Week Waiting Target for Diagnostics continued	**Physiological measurement** The reported position for Physiological Measurement continues to show issues within the echocardiology service. This is primarily related to vacant hours in that the service have been carrying for some time and to which they have failed to attached suitably qualified candidates despite their best efforts. However, this is also an element of increasing demand associated with backlog activity and waiting list initiative wok in cardiology. The position has improved during October as locum support has been secured, and agreement has been reached to ensure that appointments are likely to be made that will provide additional capacity in the longer term. Additionally, the Service will undertake a structure capacity demand review given long standing pressures noted in inpatient and outpatient workload. It is anticipated that work will be completed in the New Year.

Standard: No CAMHS waits over 18 weeks	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	0	0	14 (Aug 15)	R



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

Please Note: August Performance was actually 14. The incorrect performance figure was reported in the clinical board scorecards, this has been rectified from October onwards.

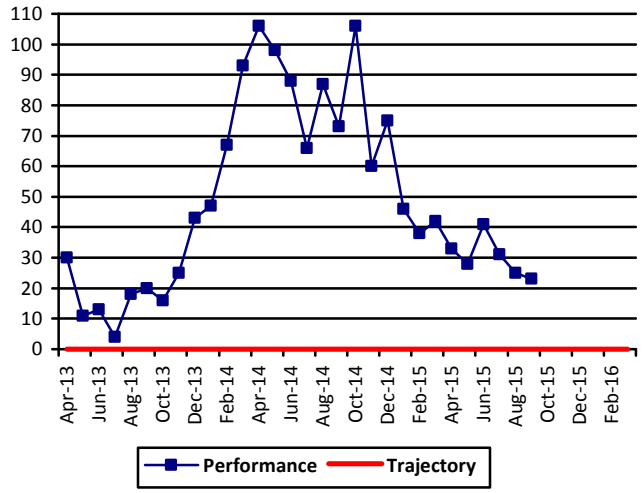
In the quarter to June 2015 CAMHS achieved 86.9% performance, which is a reduction from the previous quarter (90.9%). As at the end of August 2015 there are 14 patients waiting over 18 weeks for this service which equates to 75%.

Performance has improved again in September to 87% but still does not meet the 90% target.

We continue to be challenged with the target and have recruited additional staff but have been unable to recruit a nurse and Consultant Psychiatrist, which are key posts to support the delivery of the target.

A locum has been put in place from Monday 9th November which should help with the waiting times, and we estimate that target will be back to green Status by January/February 2016.

Standard: No Psychology Therapy waits over 18 weeks	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	0	0	23	R



In September, that target was met with 2 patients waiting >18 weeks received a Psychological Therapy (90%), and 1 of those patients still waiting >18 weeks had been offered an appointment in October 2015.

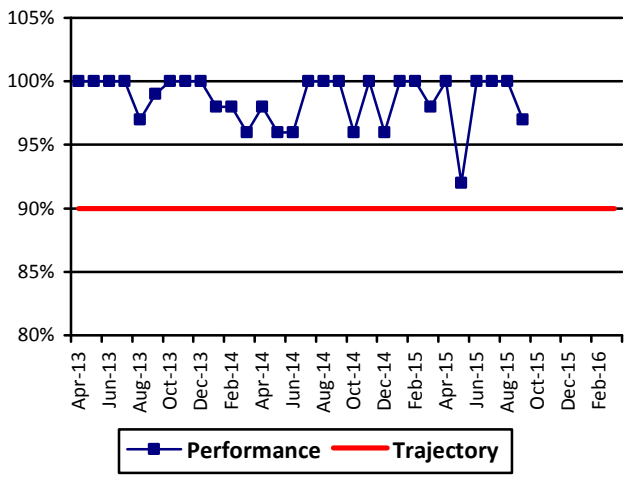
The quarter to September 2015 has seen a gradual reduction in both the total number of patients waiting and the number waiting over 18 weeks. The total number waiting is the lowest it has been for 12 months.

We continue to monitor progress and allocate resources to the areas with the longest waits.

Some of the long waits are the result of a loss of expertise in a particular specialised therapy (EMDR) – which is difficult to replace as there is a 12 month training required. We have a member of staff commencing training in the new year.

Target date to move to green status is: September 2015 – This was achieved. However numbers were small and caution should be used with single data point comparisons.

Standard: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	90%	90%	97%	G



This is a national HEAT Standard where the ongoing requirement is to deliver 3 weeks RTT for 90% of progressed referrals. There is a local NHS Borders target of 95%.

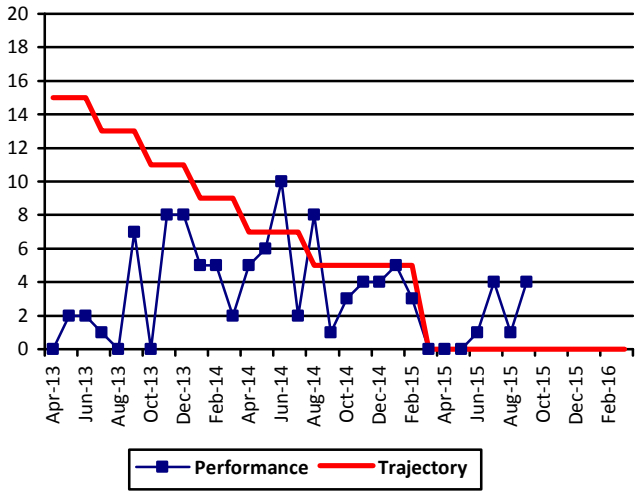
Performance is consistently above the target with performance in September at 97%.

Actions ongoing to ensure green status continues are:

- All referrals received by admin and promptly marked with date stamp
- Daily duty worker screens and disperses referrals to senior nursing staff to allocate.
- Any problems are potential breaches are reported immediately to Team Manager and addressed.

Responsible managers meet quarterly to discuss performance and updates.

Standard: No Delayed Discharges over 2 weeks	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	0	0	4	R



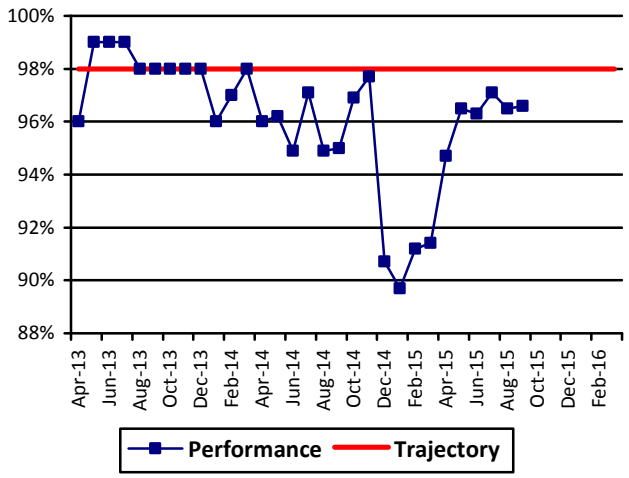
Since the start of June 2015 the number of delayed discharges has risen by a greater number than envisaged.

The key reasons for delay experienced by patients has been influenced by the current difficulties relating to the unavailability of home care, choices of care home placements and a significant number of complex cases, specifically Adults With Incapacity related delays and one move only cases. Of particular and ongoing concern has been the Partnership's performance against the 2 week target.

Senior Primary Care and Social Work managers have been working together to manage the causes of delays being reported. Daily monitoring of the delayed cases is in place to ensure individual discharge plans are set and realised.

A joint plan is being developed to support the partnership to achieve the 72 hour discharge target and will be agreed through operational structures during November.

Standard: 4 Hour Waiting Target for A&E	2015/16 Standard	Current Standard	Mid Year Position	Status
	98%	98%	96.6%	A



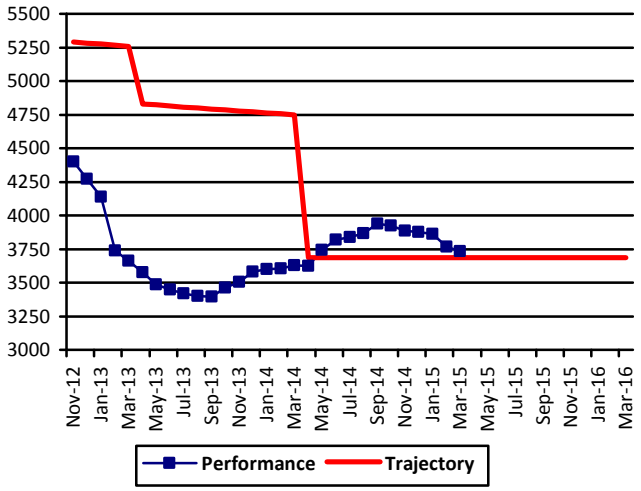
NHS Borders continues to achieve the national standard of 95%. We have not achieved the 98% local standard in 2015.

The Unscheduled Care Redesign programme is focused on increasing morning and weekend discharges to improve patient flow earlier in the day, The establishment of a Medical Assessment and Ambulatory Care Service with dedicated trolleys and chairs is planned to open in December and this will increase numbers of medical referrals attending Medical Assessment Unit directly. These patients will still be monitored against the 4 hours standard but this should improve overall flow and reduce pressures in ED.

Working patterns and processes for nurses and doctors are being reviewed against the known periods of highest activity to ensure that capacity matches predicted demand.

Pathways for patients being admitted to surgical and orthopaedic wards are being streamlined to reduce the length of stay in ED.

Standard: Reduce Emergency Occupied Bed Days for the over 75s	2015/16 Standard	Current Standard	Mid Year Position	Status
	3685	3685	3734 (Mar15)	A



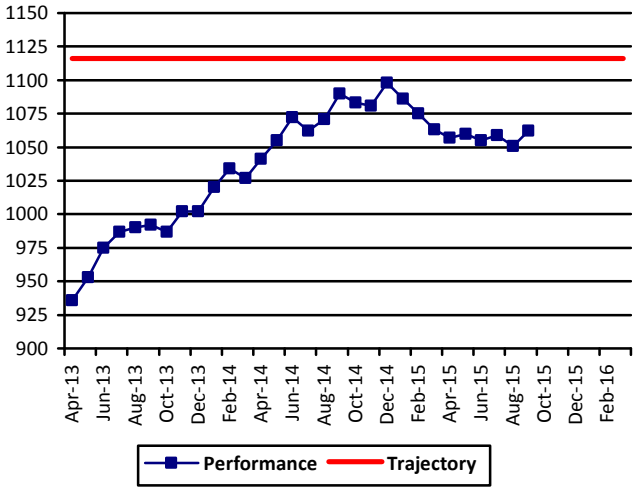
Please note: There is a time lag in data being published for this target.

The following actions are being taken to improve performance;

- Frail Elderly Project: this ensures that frail elderly patients receive Comprehensive Geriatric Assessment as soon as possible after admission. This provides rapid identification of needs and ensures patients are moved to appropriate care environment in a timely fashion
- Reduction in length of stay in Elderly Medicine Ward. This is ensuring more frequent throughput allowing patients to access Geriatric care more rapidly

Redesign of acute medical assessment. This ensures senior medical review of all patients soon after admission and decision-making around treatment plan

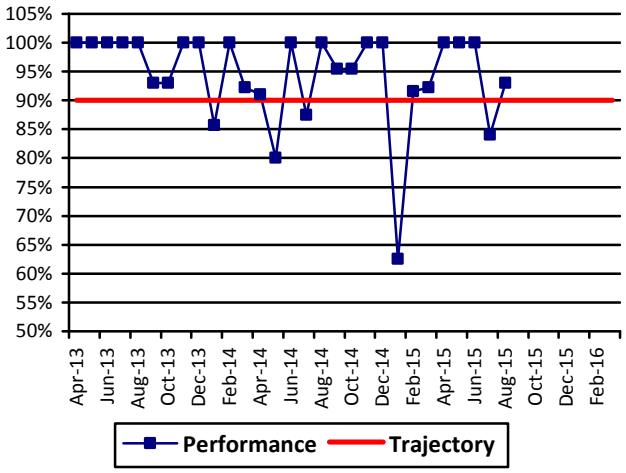
Standard: Diagnosis of Dementia	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	1116	1116	1062	A



During 2014/15, a Dementia Local Enhanced Service (LES) supported practices in increasing dementia recording, by undertaking read code 'cleansing' & case finding searches. The LES also supported opportunistic dementia screening using a ratified tool (MMSE or 6CIT) where there were concerns from the patient, their family or carers about memory problems. In addition, the Care Home Local Enhanced Service 2014/15 included specific practice actions with regards to dementia screening, with all care home patients without an existing dementia diagnosis being assessed annually.

Further to this work the Mental Health service plan to undertake a gap analysis exercise during 2015/16 comparing data held on ePEX and by the GP practices, as a way to refine the data recording.

Standard: Admitted to the Stroke Unit within 1 day of admission	**2015/16 Standard**	**Current Standard**	**Mid Year Position**	**Status**
	90%	90%	93%	G



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

After a poor performance in January 2015, the standard has been maintained with the exception of July 2015. This was due to a small number of patients who were clinically unsuitable to be transferred to the Stroke Unit at 1 day.

Current performance is expected to be maintained.

Progress on Targets Not Reported on a Monthly Basis

Efficiency: Boards to operate within agreed revenue resource limit, capital resource limit and meet cash requirement	G

The Board is forecasting a break even position at the year end. This is predicated upon two key deliverables:

- 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.

Further detail can be found on page 38.

Efficiency: Reduction in energy consumption	G
Efficiency: Reduction in energy based carbon emissions	G

The target set has been surpassed in both reduction in energy consumption and energy based carbon The target set of reducing energy consumption to 81,629 GJ for the year is on track with energy consumption for the first six months period to September 2015 totalling 34,694 GJ.

The target set of reducing energy based carbon emissions to 2,883 tonnes CO_2 is on track with carbon emissions for the six month period to September 2015 totalling 979 tonnes.

The completion of the installation of the seven biomass boilers at Hawick Community Hospital, Huntlyburn Mental Health Unit, Kelso Hospital, Knoll Hospital, Melburn Lodge, Stow Health Centre and West Linton Health Centre has assisted in the reduction in energy based carbon emissions.

The continuous monitoring of the Building Management System to ensure that heating systems are working efficiently and to set temperatures and times will assist in meeting the targets above. In addition a programme of replacing the existing road and car park lighting throughout the estate with energy efficient low maintenance LED lights is nearing completion and this will enable a reduction in the electrical consumption, improve the lighting levels and reduce light pollution.

The property rationalisation programme, whilst reducing the number of sites the organisation operates from, has not reduced the number of staff with the result that whilst some energy savings in heating is achieved, despite the closure of sites the electricity consumption has remained static or in some cases increased due to staff movements onto existing sites.

In future years the expansion of clinical services which utilise electrical equipment, allied to longer operating/opening hours both in the acute hospital and community properties makes it difficult to foresee how future electrical consumption targets may be met, a problem that is being recognised across the NHS in Scotland.

In the NHS Borders property portfolio the main site, Borders General Hospital, utilises approximately 68% of the organisations annual electricity and gas consumption. In order to obtain best value in terms of energy reduction and CO_2 emission reduction per pound of capital spent, and also continue to achieve any future reduction targets set, the focus of any future energy efficiency/CO_2 reduction investment will have to be focused primarily on the Borders General Hospital site.

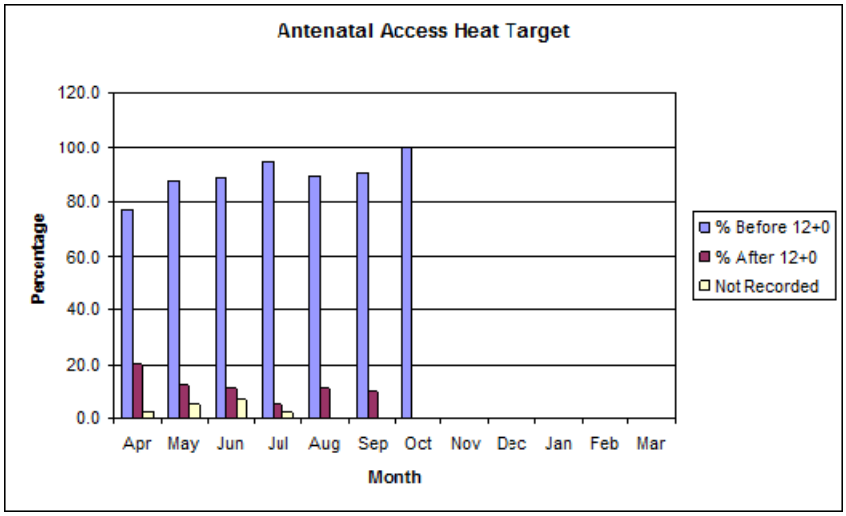
Consequently an energy project has been undertaken at the Borders General Hospital site, investigating the options for improvements or replacement of the existing boilers, incinerator and the installation of new technologies which may include a combined heat and power plant. A feasibility report has been received. This has been reviewed with Resource Efficient Scotland with regard to advancing the project which, if funded, would assist in reducing the organisations CO_2 emissions by approximately thirty percent.

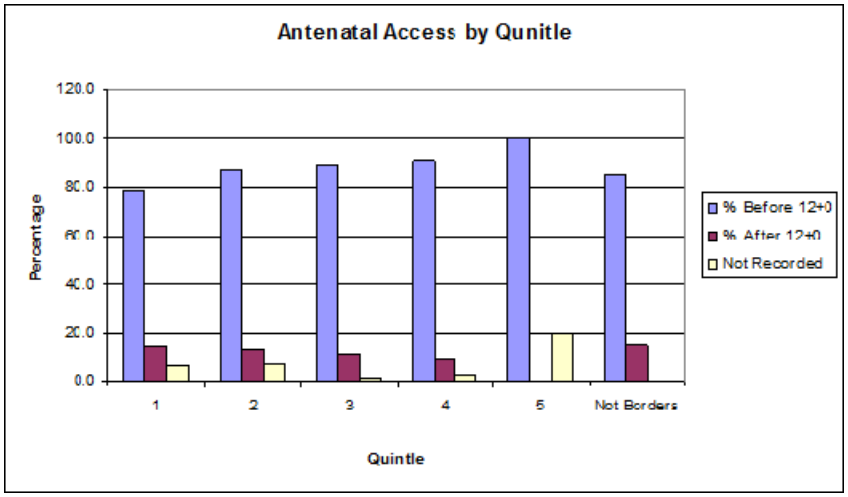
Access: 80% of pregnant women in each SIMD will have booked for antenatal care by 12th week of gestation	G

NHS Borders is currently achieving the target of greater than 80% of women booked by 12 weeks. Monitoring of performance is undertaken through the performance scorecards of Clinical Boards and reported to the Clinical Executive Ops Group.

Direct telephone lines to Community Midwifery support early booking for maternity care. Advertisement campaigns with posters and working with GP Sub Groups help raise awareness and support regarding early booking with a registered practicing Midwife.

Data below is shown by both month and quintile.





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. From 1st October 2014 – 1st October 2015 there were 26 Full Cycles and 7 Thaw Cycles, none of these patients had their referral delayed.

Access: 48 hour access or advance booking to an appropriate member of the GP team (90%)	A

NHS Borders GP Practices achieved 83% positive response in 48 hours access and 85% on advance booking. The 48 hour access result is a slight reduction to the previous survey (2011/12) response while the advance booking remains the same and above the Scottish average of 78.1%.

The results are an indication of the increasing demands that Practices have been facing in the last few years combined with locum availability and recruitment issues, which is similar to the national picture. Practices undertook an analysis and review of their Access arrangements in 2014/15 as part of the QOF requirements. Many identified opportunities for improvement and have taken actions to work on them. A similar review will take place in 2016 when outcomes from the previous year will be evaluated. This current QOF year ends at the end of April 2016, so practices will return their reports regarding their further reviews of Access to P&CS by then, for subsequent Board analysis afterwards.

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

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 compared to the baseline period 2010/11. For Scotland overall this means increasing the percentage of stage 1 cancers from 23.2% to 29%. All NHS Boards will be expected to reach the same proportion of cancers diagnosed at stage 1 by the end of 2015 and for NHS Borders, this means an increase from 26.2% to 29%. Current progress against target using rolling two year period as recommended by the Scottish Government is shown in Table 1 below.

Table 1: Progress against DCE Heat target

Period	% stage 1 cancers required to deliver Target	Actual % stage 1 cancers reported by ISD
2010-2011 (published baseline)	26.2%	-
2011-2012	26.9%	26.6%
2012-2013	27.6%	19.7%
2013-2014	28.3%	28.5%
2014-2015	29%	-

Treatment: Further Reduce Rate of Staph Aureus bacteraemia	R

NHS Borders is not on target to achieve the *Staphylococcus aureus* Bacteraemia (SAB) March 2016 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 June 2015, NHS Borders had a SAB rate of 51.7 cases per 100,000 acute occupied bed days compared with a rate for NHS Scotland of 31.3.

The latest published data tables show that NHS Borders has seen a 31% reduction in acute occupied bed days over the last 6 years. This compares with a 3% reduction in acute occupied bed days for NHS Scotland

Achieving this HEAT target has presented a significant challenge due to the combination of a significant reduction in NHS Borders bed days (denominator) whilst 73% of SAB cases (since April 2015) were community or healthcare associated.

Every SAB case is subject to a review to identify any learning for improvement. Since April 2014 there have been no SAB cases associated with peripheral venous catheters (PVCs). However, improvements can be made, particularly through optimal urinary catheter care. Improvement methodologies are being used to address this area for improvement.

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 June 2015, NHS Borders had a rate of 23.8 CDI cases per 100,000 total occupied bed days compared with a rate for NHS Scotland of 33.5.

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

Healthy Living Network G

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, Burnfoot and Eyemouth, with additional projects in Philiphaugh and Walkerburn. Walkerburn has become a self-sustaining Healthy Living Network responsible for designing, planning and facilitating programmes of work in partnership with services. Selkirk has a specific focus on Maternal and Infant Nutrition in an attempt to increase breastfeeding rates. Burnfoot, Eyemouth and Langlee continue to co-produce health programmes in partnership with community groups and organisations. Central to this work is the recruitment, training and support offered to volunteers to build health improvement capacity and capability across communities. The focus of recent volunteering work in Burnfoot includes developing volunteer community research roles to support the development of baseline information and a food security project, in partnership with Health Scotland. HLN have developed links with Service Providers e.g. Addaction, BAS, CJS & Borders College in addition to third sector partners including Outside the Box and Home Energy Scotland to influence and develop new programmes of work.

HLN are taking a lead on a community food mapping process in an attempt to plan for programmes of work that support local access, availability and affordability of good food options and support Scotland's Good Food Nation aspirations. HLN are leading on a health inequalities training programme which is aimed at staff across NHS, LA and Third Sector, volunteers, community groups and local people. Training offered includes Health Inequalities Seminars, Health Behaviour Change, Health Literacy, Groupskills and Health Issues in the Community. HLN are working in partnership with Burnfoot Community Futures to progress co-location arrangements within the new Community HUB. Links with Locality Community Partnerships are well established including the Langlee Residents Association, Burnfoot Community Futures, Eyemouth Community Development Trust & the development of Langlee Health Action Group. HLN are planning to develop ideas for participatory budgeting projects in the coming year across localities.

Learning Disabilities A

The Learning Disability Service continues to work with partners on various streams of work which aim to tackle some of the health inequalities experienced by people with learning disabilities living in the Scottish Borders.
These include among others:

- Continued development of 'The keys to life' action plan for the Scottish Borders including aspects of health improvement, work and volunteering and the positive impacts on people's well being within 4 key priority areas
- Re-provision of 3 small care homes to supported living models of care with the positive impacts expected for people regarding increased independence
- Roll out of the 'A Healthier Me ' pathway following a successful 3 year project tackling changes to health and lifestyle to improve outcomes for individuals
- Launch of 'Keep safe' in Galashiels and Kelso with a plan to spread across the Scottish Borders
- Implementation of the Health Equalities Framework - an outcomes measurement tool
- Establishment of Mental Health Clinics in May 2015
- Delivering a 2nd, and starting a 3rd, year of the Health Champions Course in partnership with Borders College
- Continued development of the Locality Citizens Panels as part of the Learning Disability Governance structure

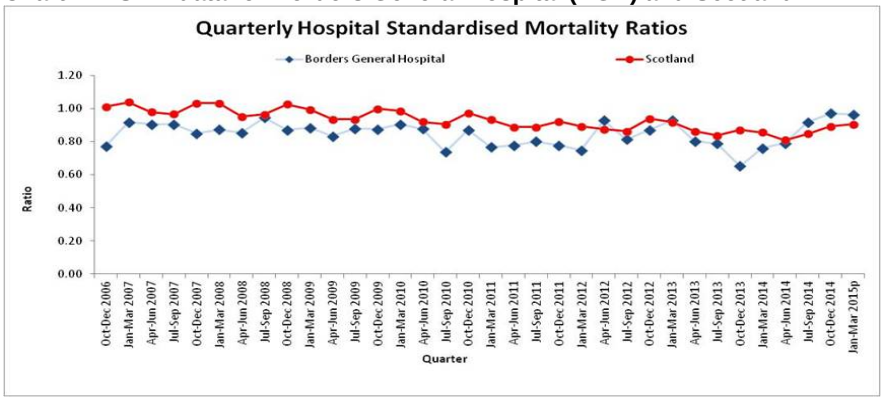
Mental Health A

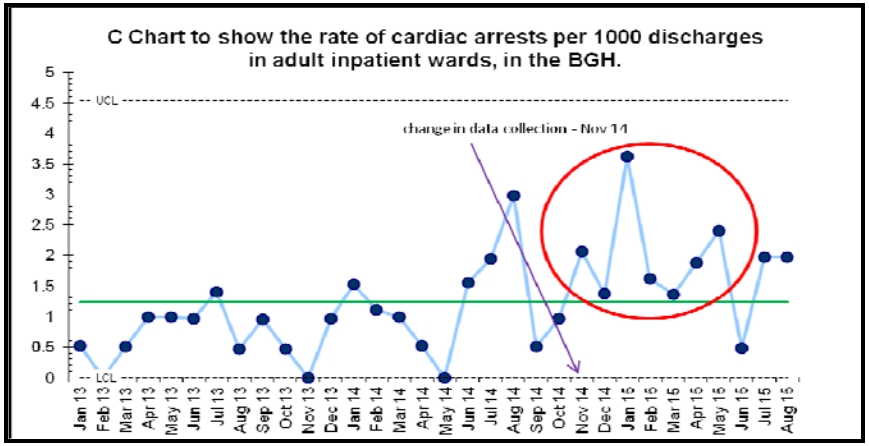
Following a brief review of UK research and good practice in other parts of Scotland, Public Health, LASS and Dietetics continue to working with mental health services to identify steps to improve the physical health and wellbeing of mental health service users locally. The health of those with severe and enduring mental health problems is a particular priority. Key actions undertaken in 2014/15 included: initial health assessments of key service user groups, 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).

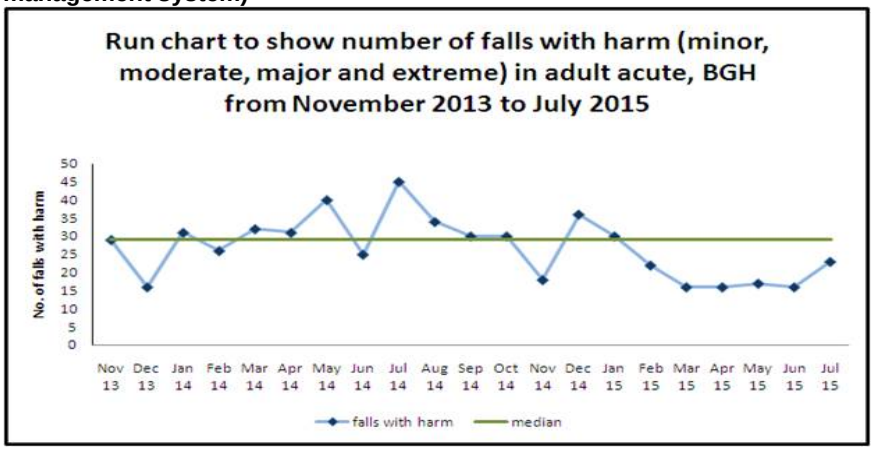
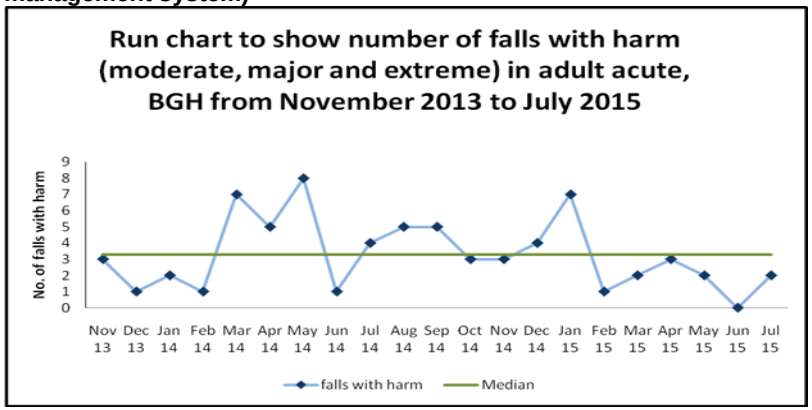
In 2015, Health Improvement is committed to support mental health services in working towards smoke free status and has allocated staffing resources to support that. The physical health of those who use mental health services users is included in the priorities for the mental health strategy and within the work on health inequalities.

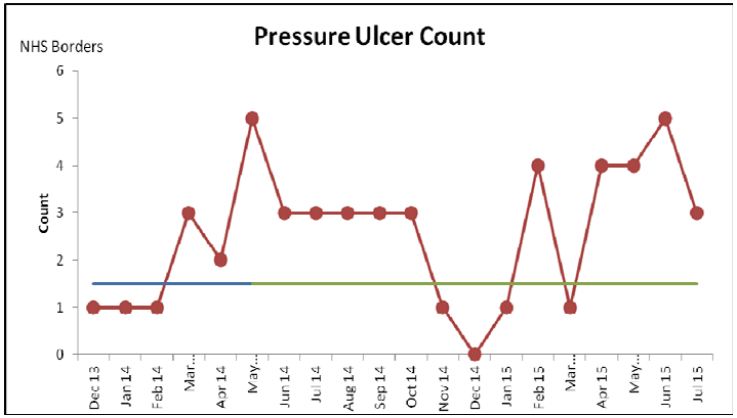
5. CORPORATE OBJECTIVES

Corporate Objective		Progress to Date
Deliver safe, effective and high quality services	Deliver the Scottish Patient Safety Programme (SPSP)	Patient Safety remains NHS Borders number one corporate priority. SPSP is one of a family of national improvement programmes developed over recent years in relation to the national Healthcare Quality Strategy. These programmes draw on improvement methodology advocated by the Institute for Healthcare Improvement. SPSP now contains four distinctly indentified work streams as follows: • Acute Adult • Primary Care • Mental Health • McQIC (incorporating paediatrics, neonates and maternity care) The initial aim of the Scottish Patient Safety Programme was to reduce Hospital Standardised Mortality Ratio (HSMR) by 15% by December 2012. This has been extended to a 20% reduction by December 2015. Whilst NHS Borders have not had a 20% reduction in HSMR, the data has consistently remained within normal variation according to statistical process control chart rules. HSMR cannot be used as a standalone measure to make reliable judgments about the quality of care provided by a hospital. It can, however, be used alongside other clinical indicators within the NHS Borders quality dashboard to stimulate reflection on the way services are configured and delivered and to prompt quality improvement activity. In tandem with monitoring the HSMR, each in-hospital death undergoes a first level review by one of a team of reviewers using a UK modified version of the Institute for Healthcare Improvement Global Trigger Tool (GTT) (2008). If this highlights any aspects of care which might indicate harm, the care is then reviewed by a second level reviewer to determine whether harm has occurred as a result of care. While the data is showing an upward inclination, it is not statistically significant according to the Institute of Healthcare Improvement rules for controls charts. A further elevated data point would indicate a ‘trend’. Please see graph 1 below:

Corporate Objective		Progress to Date
Deliver safe, effective and high quality services *continued*		**Chart 1: HSMR data for Borders General Hospital (BGH) and Scotland:**  **Scottish Patient Safety Indicator (SPSI)** A follow on Chief Executive Letter is was received along with a revised measurement plan in August 2015, which has asked Boards to focus on the Scottish Patient Safety Indicator (SPSI3). Falls with harm, developed pressure ulcers and cardiac arrests are the core outcome elements of SPSI3, and Catheter Associated Urinary Tract Infections (CAUTI) remain excluded from this measure. The aim is for 95% of patients to be free from these harms which has been the focus of work for 2015. **Cardiac Arrests** Wards have been working on assuring themselves of 100% reliability with the frequency and accuracy of early warning scores as part of the 'Deteriorating Patient' workstream. This has also been essential in the run up to the change in early warning scoring systems, scheduled for November 15th. Wards self report this data, which is quality assured by the Clinical Governance and Quality Safety Team. Current data shows high reliability with this process measure across all inpatient areas. 'Deteriorating Patient' measures will continue to have a focus for the revised SPSP measurement plan for 2015/16. Please see the 'C chart' below (chart 2) showing the rate of cardiac arrests in the BGH adult inpatient wards. According to statistical process control chart rules, this data shows a shift in the data (six or more data points above the median). The data collection method changed in November 2014 to ensure robust data submission to Healthcare Improvement Scotland (HIS)

Corporate Objective		Progress to Date
Deliver safe, effective and high quality services *continued*		which has resulted in an upward 'shift' as circled below. The target set by HIS is 300 days between cardiac arrests based on the theory that cardiac arrests are generally preventable, and rare events. For BGH data, days between arrests vary from 0 to 30 days. This data is not calculated at ward level. **Chart 2: 'C' chart to show the rate of cardiac arrests in the BGH**  **Falls** The second phase of the Scottish Patient Safety Programme (SPSP) aims to achieve a 25% reduction in all falls and 20% reduction in falls with harm by the end of 2015, while promoting recovery, independence and rehabilitation. Falls measures form an integral part of the revised measurement plan and will continue to be focused on in 2016. The target is as yet unannounced. Locally, falls process and outcome measures form part of the Senior Charge Nurse dashboards and data is displayed in the inpatient areas. The graphs below demonstrate the total number of reported inpatient falls from November 2013 to July 2015 (the time falls have been reported to SPSP). Chart 3 includes minor, major, moderate and extreme falls as categorised on the risk management system) and Chart 4 includes major, moderate and extreme falls as categorised on the risk management system. The data on chart 3 does indicate a shift below the median (six consecutive data points) and some further exploratory work is recommended.

Corporate Objective		Progress to Date
Deliver safe, effective and high quality services *continued*		**Chart 3: Inpatient reported falls with harm (minor, major, moderate and extreme falls as categorised on the risk management system)**  **Chart 4: Inpatient reported falls with harm (major, moderate and extreme falls as categorised on the risk management system)**  From an SPSP perspective, work is underway with the national team regarding the accuracy of the operational definition being used by Boards. It is for this reason that NHS Borders has two variations. The four falls process measures remain unchanged, and data will continue to be submitted for all inpatient areas within the BGH. The Documentation Group has been working on the revised inpatient documentation, and this will contain the revised falls bundles.

Corporate Objective		Progress to Date
Deliver safe, effective and high quality services *continued*		As one of the four priority areas for the Nursing Directorate, the Clinical Improvement Facilitators continue to undertake quality improvement in this area, whilst triangulating the outcome data with process data and reported events. **Pressure Ulcers** The following graph demonstrates all new grade 2 and above pressure ulcers acquired after admission/transfer to a BGH in patient area where assessment and clinical history did not ascertain damage had started prior to admission: **Chart 5: NHS Borders Count of Avoidable Grade 2 and above Pressure Ulcers (December 2013 – July 2015)**  Tissue viability measures form an integral part of the revised measurement plan. Compliance with the 4 process measures remains 90 – 100% across inpatient acute areas. These measures were formally known as Clinical Quality Indicators (CQI's) and were reported under the auspices of the nationally funded Leading Better Care programme. Therefore, the measures have been tested, and are now implemented in all ward areas. Again, as one of the four priority areas for the Nursing Directorate, the clinical improvement facilitators will continue to undertake quality improvement in this area, whilst triangulating the outcome data with process data and reported events. **Leadership** Leadership of the safety agenda remains a key priority and 2014/15 embedded a revised structure for leadership walkrounds and leadership inspections which has increased visibility and dialogue with front line staff and patients. Non Executives and members of the BGH participation forum have also been invited to attend. Members of the Borders Executive Team continue to have nominated areas across NHS Borders and each area undergoes one inspection and one

Corporate Objective		Progress to Date
		walkround per calendar year. This process has seen a marked decrease in cancellations. **Maternity, Paediatrics and Neonates Quality Improvement Collaborative (McQIC)** The Maternity, Paediatrics and Neonatal work streams continue to work on their measurement plans, 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. **Mental Health** The Mental Health workstream has a separate measurement plan, and excel reporting template focusing 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. **Primary Care** 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 in 2014/15 on a Disease-modifying antirheumatic drugs (DMARDs) bundle. These are high risk medicines that are normally prescribed for rheumatoid arthritis (RA). The focus for the following year is warfarin, another high risk medication. **Health Foundation Safety Measurement and Monitoring Framework** In April 2014 the Health Foundation published a Safety Measurement and Monitoring Framework prepared by Charles Vincent. The Health Foundation invited key organisations to apply to test the framework. HIS were successful in conjunction with NHS Borders and NHS Tayside. NHS Borders have agreed to test the practical application of the framework at two levels: from ward to Board level, and at pathway level. At an organisational level, this workstream is focusing on further development of the approach to reporting and using data at NHS Board level. A set of measures are being developed and tested to assess performance against the domains of the framework. NHS Borders has been testing the practical application of theses on a daily, weekly and monthly basis to drive improvements in reporting of safety. At a pathway level, NHS Borders have been mapping and testing a pathway for the frail population. This is focusing on the transition from primary to secondary care and back to primary care. Quality Improvement Hub Improvement Journey methodology has been used to test and implement sustainable improvements across the pathway for this population. A set of measures are being developed and tested to answer the questions, how safe is care for this group? **Health Foundation Innovating for Improvement Bid** NHS Borders were successfully in their application for funding for an innovative project with the

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		Health Foundation. The purpose of the project is to design a reliable model for recognising the deteriorating patient in the community hospital and community out of hour's service. This is involve designing an appropriate response to 'rescue' the patient, with the aim of reducing mortality, length of stay, and undue distress to the patient and family. A project team are in place, baseline data collected and processes now being tested.
	Communicate – listen to patients and ask 'what matters to you'	NHS Borders has a well-established public involvement structure which has been assessed favourably against the Scottish Health Council Participation Standard. We have developed our local processes for patient feedback and have an active public involvement network and Public Participation Forum. We have recently implemented a consistent approach to collecting patient feedback called "2 minutes of your time" which is in use across the Borders General Hospital, and we collect and act on feedback from other sources such as Patient Opinion. The Public Partnership Forum held a development day in October 2015 during which the group had the opportunity to explore how it can continue to provide a valuable voice for the public and develop going forward to expand its representation of different groups. We continue to value the role of public volunteers throughout the organisation. We would like to grow our cohort of volunteers who enhance patient experience by working with departments to explore new roles for volunteers. We will look to explore the role of service user volunteers in the recruitment process and patients as experience advisors within the planning and service delivery processes. NHS Borders carried out a Best Value Audit self-assessment on community engagement in June 2015. This exercise highlighted areas of good practice and also areas in which we need to improve. In particular, we identified the need to be more effective in reaching out to seldom heard groups and individuals to ensure that we collect and receive feedback and input that is representative of our population as a whole. With this in mind we are currently refreshing our Public Involvement and Community Engagement Strategy for the period 2016 - 2019. This strategy will set out our key principles for engaging with the public and it will highlight the priority areas on which we wish to focus for the coming 3 years informed by the findings of the Best Value Audit. The strategy will be accompanied by an action plan setting out how the key principles of the strategy will be implemented in the time period. **Health in Your Hands – what matters to you?** NHS Borders has launched the *Health in Your Hands: what matters to you* engagement exercise to demonstrate our commitment to working with people who use our services to ensure that future delivery of services meets the needs and expectations of our communities. We recognise the

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		valuable contribution that our public can bring and this engagement exercise will serve not only to inform specific projects and service improvements but also to invite feedback and discussion around all areas of interest to our communities. We recognise that our communities should be seen as co-owners and partners in our NHS rather than as service-users. We are committed to the concept of mutuality and co-ownership with the people of the Borders and will strive to improve inclusion and public involvement in designing and improving services. The *Health in Your Hands: what matters to you* engagement exercise was launched at the NHS Borders Annual Review on September 17th 2015. The aim is to actively engage groups, individuals and communities in conversation in order to find out: What matters to you about your health and health services What we can do together to improve health services for our communities How we can communicate and work more effectively with our patients, families and communities. This exercise will involve a combination of informal and targeted engagement techniques and approaches. Examples of some of the activities planned are below: **Informal** Engaging the public in conversation in informal settings such as local cafes and supermarkets. Opportunistic – directors and key senior managers will be provided with briefing packs outlining our aims and key questions and encouraging them to promote the work and engage directly with people in their day to day interactions. **Targeted** – seldom heard and hard to reach groups Use a targeted approach, such as focus groups, to have meaningful and more structured engagement with specific groups and on specific issues. Working with our colleagues across health, social care and third sector to identify existing community groups that we can reach out to. For example, we will be working with Borders College to co-produce engagement materials aimed at young people.

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	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	The Board is forecasting a break even position at the year end. This is predicated upon two key deliverables: • 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. NHS Borders is required to deliver £6.911m of cash releasing efficiencies in 2015/16. The recurring and non recurring cash releasing targets identified through the financial plan, taken together give an efficiency challenge of £6.911m, 3.78% of baseline funding. The efficiency target is based on a minimum of £5.120m of the savings being recurring while the balance should be non recurring. . Progress in the first six months of 2014/15 has been good with recurring savings of £2.614m and non recurring savings of £2.055m being withdrawn from budgets. However, there are a number of schemes in the efficiency plan which are not delivering as expected. NHS Borders has plans in place to achieve the full savings target of £6.911m in 2015/16 through increasing the level of non recurring savings by utilising carry forward and ring fenced funding. This is not without risks but it is currently predicted the full target will be achieved. However, the impact of this is the level of unmet recurring savings is estimated at £1.655m by the end of the financial year ,which unless addressed by the end of the financial year will be carried forward into 2016/17. 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 June the Board approved a capital plan which supported the Boards corporate objectives. The capital plan for this year totals £6.3m at present which has includes the sale proceeds to date from Westgrove. It is hoped that further sales proceeds will be realised before the end of the financial

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		year. The focus of this year's capital plan is IM&T Information Desktop Transformation Project and design consultancy for the Theatre Ventilation Project. There will also be investment in medical equipment, backlog maintenance and the estates rolling programme. Work will also start this year on a replacement for Roxburgh Street health centre in Galashiels and the relocation of rehabilitation inpatient services currently on the Galavale site to Crumhaugh in Hawick.
Improve the health of our population	Work with communities and our partner organisations in Scottish Borders Council and the Third Sector Harness the assets of our communities to encourage and facilitate self-help Target the most deprived areas of the Scottish Borders to reduce inequalities	The Joint Health Improvement Service works closely with communities and partners on a range of programmes to improve health and reduce inequalities. This includes direct engagement with local communities through the Healthy Living Network (HLN) in Burnfoot, Langlee and Eyemouth. The community brings a significant contribution to this through local knowledge, skills, networks and the capability to attract additional resources. Key partners include Community Learning and Development in SBC, housing associations and residents groups, energy efficiency, youth organisations, welfare benefits and early years services and third sector organisations. Common themes across the different areas centre on reducing barriers to health and wellbeing, creating opportunities to increase skills, confidence and enhance control over health related issues that matter to local communities. Mental health, food and nutrition, tackling poverty and promoting activity and skills development are the main issues currently of concern to local communities. Volunteer development is integral to this community based health improvement. HLN is supported by additional specialist input as appropriate from other Health Improvement specialist staff and Public Health. In relation to self help and self management, Health Improvement is facilitating a project with two primary care practices to develop pathways to enable self management to support those with long term conditions. Public Health colleagues are also working closely with the Community Planning Partnership (CPP) in the development of a Borders Inequalities Strategy, particularly around health inequalities.
	Promote well-being with a strong focus on the healthy development of children	The Children and Young People's Health Strategy was developed in 2013 and the 2nd Improvement Framework update was completed in early November 2015. This update highlights the sustained effort by our staff in improving our services and support for children and young people across the Scottish Borders. We are gaining a greater focus and understanding on the use of data to evidence improved outcomes. This update provides a 'snapshot in time' and alongside this we have promoted self – evaluation across services identifying our strengths and areas for improvement, the evidence to show what we do and planning our future priorities for improvement. The Children & Young People's Health Network (CYPHN) continues to be the vehicle for communication across our services with information sharing, intranet site and regular news updates. The CYPHN is a focal point for our work with partner agencies and our staff have made a significant contribution to the new integrated children's plan. 2015 has seen the roll out locally of the first hybrid model in Scotland of the Family Nurse

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		Partnership. NHS Borders in partnership with NHS Lothian are testing this model for the next three years. We have also seen the appointment of Nicky Berry as General Manager Women and Children's Services which heralds a closer working relationship between both services. Plans for 2016 include: 1. Implementation of the named person role in April 2016 2. Continued contribution to BGH New Build Project 3. Implementation of health visiting pathway 4. Further development of the new Women and Children's Services structure
Promote excellence in organisational behaviour	Be an excellent employer and become employer of choice	Communications is a key part of this, and is highlighted within our Staff Governance Action Plan as well as being embedded within the Principles of Partnership Working which standardise expected levels of behaviour from all our staff. These core principles are highlighted and emphasised to staff from the time they join the organisation via our corporate induction process and throughout many core development strands for example through incorporation into equality training and line management training. During the year we are presently reviewing our 'Ask the Board' tool as well as developing 'Ask the Board Live' sessions. NHS Borders held the second 'Celebrating Excellence' staff awards this year at which we celebrated a range of innovation and good practice from staff across the organisation. More than 300 attendees from across the organisation, the voluntary sector, guests and supporters attended the event which has evaluated extremely positively. We are already planning the process for next years awards. Earlier this year we received the Scottish Government's award for the Carers Positive Engaged Kite mark, the first mainland Health Board in Scotland to receive this award. This recognises that NHS Borders is looking at and supporting our staff to be engaged at work balancing their needs as carers. Further work has been undertaken using a survey monkey to explore carers needs and perception of support offered to them. A Steering Group has been set up including carers to support the advancement of this award. Over the past year we have widened and improved a number of initiatives and developments in relation to health and wellbeing across our organisation and were awarded Gold Status in the Healthy Working Lives award. NHS Borders continues to perform well within the HEAT Standard for implementation of eKSF, Appraisal and PDP. A Quality Audit was undertaken following the Staff Survey Results in 2013/14 which identified various recommendations to the APF and Staff Governance Committee. A Shortlife Working Group was set up to consider these recommendations and identified various

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		elements which will be progressed by the Policy Development Group. The purpose of this is to make the appraisal process easier to navigate and to drive the quality agenda within it.
	Value and treat our staff well to improve patient care and overall performance	As an organisation we demonstrate a commitment to listen to our staff through the 'Ask the Board' tool and through the annual Staff Survey, the results of which are used to develop action plans across the service and to populate the Staff Governance Action Plan. This is presently under review and process for this will be discussed and agreed in the coming months. NHS Borders policy implementation group ensures that PIN policies are appropriately developed, reviewed and implemented locally. In addition, Management and Leadership development continues to offer managers the opportunity to increase their knowledge and skills in managing their staff, and ensuring the principles of Engaging Leadership and Partnership Working is embedded within essential management training. A Quality Audit on appraisals and PDPs was undertaking during the last half of the year and the results of this will be used to help drive improvement and assist managers and employees have improved quality conversations during the appraisal and PDP discussions. This work is ongoing and is now being progressed to the Policy Development Group. We are now in Cohort 2 of the Imatter Roll out. To date this has generated a significant amount of interest within teams. This process will measure the staff engagement index and develop story boards for more teams on how they intend to improve the experience of working within their team. We expect Cohort 3 rollout will occur in March 2016.
	Promote and engage leadership through: • Supporting a developmental culture • Showing genuine concern • Enabling • Inspiring others	The Board has continued to develop in line with the outcomes from the 360° self appraisal conducted in the previous year. This has included engagement with staff who have previously undertaken external leadership development opportunities to explore how NHS Borders may learn from their experiences, discuss organisational culture and behaviours and ensure spread of Engaging Leadership. The organisation is testing out a Value Based Recruitment approach, the results of which will be used to inform reviewed and improved recruitment and selection processes during the coming year. Since the start of the year "Ask the Board" live sessions have been held across various sites on a regular basis. The Chairman, Chief Executive and a number of Non Executive Directors and Executive Directors attend to engage directly with staff and to discuss and explore issues raised by staff at the sessions.