NHS Borders

2011 Annual Review

Self Assessment

Progress against 2010 Annual Review action points

There were 9 items highlighted in the Annual Review held on the 11th October 2010. Progress updates against these actions can be found throughout the self assessment.

Action point 1:
Continue to facilitate Area Clinical and Partnership Forums' involvement in implementation of the Quality Strategy and in efficiency and workforce planning.

Please see agenda item 6

Action point 2:
Achieve targets for reducing Healthcare Associated Infections and maintain robust infection control measures, drawing on lessons learned from Healthcare Environment Inspectorate reports.

Please see agenda item 3

Action point 3:
Implement Mental Health Rehabilitation Strategy and achieve HEAT targets relating to Mental Health, including increased dementia registrations.

Please see agenda item 5

Action point 4:
Continue progress towards implementation of 18-week referral to treatment waiting time target.

Please see agenda item 3

Action point 5:
Address challenging areas in health improvement – for example increasing inequalities health checks and Alcohol Brief interventions in A&E – with a view to achieving relevant HEAT targets

Please see agenda item 4

Action point 6:
Sustain excellent performance on smoking cessation and share good practice with other NHS Boards

Please see agenda item 4

Action point 7:
Use strong partnership relationships to develop further opportunities for integrating services and resources.

Please see agenda item 6

Action point 8:
Meet all financial and efficiency targets on a recurrent basis, while maintaining and improving quality.

Please see agenda item 6

Action point 9:
Continue progress towards achievement of key workforce targets for reducing sickness and absence and implementing e-KSF.

Please see agenda item 6

Contents

Agenda Item 3 Improving the Quality of Care and Treatment for Patients

HEAT T10: To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E, between 2007/08 and 2010/11

The figures for this target include not only the BGH A&E attendances but also patients seen in the 4 Minor Injury Units (MIUs) located in Community Hospitals. During March 2011, 2,224 patients attended A&E and the MIUs. This resulted in a deviation of 13% over the planned trajectory of 1,962.

HEAT T11.1: To reduce all *staphylococcus aureus* bacteraemia (including MRSA) by 30% by March 2010 and achieve a further reduction in cases of 15% by March 2011

NHS Borders did not achieve this target. In the year ending March 2011, NHS Borders had a total of 45 SAB cases against a HEAT target of 19.

HEAT T11.2: To reduce the rate of all C.diff infection by at least 30% by 2011

NHS Borders achieved this HEAT target in 2010/11 with a cumulative total of 34 infections compared to a target of 43.

HEAT T12: By 2010/11, NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over, by 10% compared with 2004/05

During 2010/11, NHS Borders have made a sustained effort to reduce Occupied Bed days. The table below shows the latest provisional figures for the rolling year to January 2011.

	Total number Occupied Bed Days for patients 65+	Actual – rate per 1000	Trajectory – rate per 1000
Jan 2011	74,079	3237.72	3340

HEAT Standard: Delayed Discharges over 6 weeks

The Scottish Borders Partnership met the target of zero delays over 6 weeks as at the April 2011 census. Maintaining this performance has been challenging. The standard remains a key priority across both NHS Borders and Scottish Borders Council.

HEAT A8: Provide 48 hour access or advance booking to an appropriate member of the GP Practice team by 2010/11

During 2010/11 Borders GP Practices achieved 95.8% for the PE7 QOF indicator, which measures patients access to a consultation with a health professional within 2 working days.

HEAT A9.1: The maximum wait from urgent referral to treatment for all cancers is two months (target 95%)

The target of 95% was achieved in 9 out of 12 months during 2010/11.

HEAT A9.2: 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat

95% or over of all patients in 2010/11 diagnosed with cancer began treatment within 31 days of the decision to treat. 100% of patients were within 31 days in 9 months of the year.

HEAT A10.1: 18 weeks referral to treatment, no patient will wait longer than 12 weeks from GP referral to a first outpatient appointment

As at 31 March 2011 NHS Borders had no patients waiting longer than 12 weeks for an outpatient appointment.

HEAT A10.2: 18 weeks referral to treatment, no patient will wait longer than 9 weeks for inpatient or day case treatment

As at 31 March 2011 NHS Borders had no patients waiting over 9 weeks for an inpatient admission.

HEAT Standard: No patient will wait more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment (target 98%)

In March 2011, 97% of patients were seen by A&E within 4 hours which was slightly below the target of 98%. The target of 98% was achieved in 7 out of 12 months during 2010/11. There was a dip in performance over the period of adverse weather in December 2011.

HEAT A10: Deliver 18 week referral to treatment from 31 December 2011.

Progress towards delivery of the 18 week standard is being moved forward through waiting times management with the achievement of a 9 week maximum wait for first outpatient appointment and 9 week maximum wait for elective inpatient treatment. This has been sustained since 31st March 2010. It is planned to contain the 4 week maximum wait for key diagnostics within these stages of treatment.

Building on the success of clinical outcome recording, further systems developments will allow improved accuracy of 18 week performance reporting within the national timeframes. Service redesign particularly within Orthopaedics will release elective inpatient capacity and increase the numbers of patients treated locally.

In 2011/12 we are continuing to manage waiting times down to a 9 week maximum wait for first outpatient appointment and 9 week maximum wait for elective inpatient treatment.

Systems development will improve the data quality of 18wk performance reporting and ensure compliance with national reporting guidance. We are moving to include18wk delivery as core business aligned to all other waiting times guarantees.
The success on the Enhanced Recovery Programme for hip and knee arthroplasties has delivered an improved patient experience and a significant reduction in length of stay for this cohort of Orthopaedic patients resulting in an increase in the numbers of patients treated locally.

Patient Safety

NHS Borders was visited by the Health Improvement Faculty Team on the 9th June 2011. The purpose of this visit was to support the Board in the implementation of the Programme. A very positive draft report has now been received which included the following statement "*the enthusiasm for patient safety and quality improvement in NHS borders was truly palpable and a pleasure to be visiting*".

Patient Feedback

A breakdown of patient feedback received during 2010/11 is outlined below.

Complaints received	% of Total Feedback Negative	Compliments Received	% of Total Feedback Positive
129	4%	2899	96%

Healthcare Acquired Infection (HAI)

The prevention and control of infection is a high priority for NHS Borders.

- NHS Borders continues to participate in the National Surgical Site Infection Surveillance for the procedures of hip arthroplasty and caesarian section. During 2010/11, the infection rate for both these procedures continued to be lower than the Scottish average.
- National Hand Hygiene Audits continue. Compliance stands at 93.6% for 2010/11.
- In 2010/11, NHS Borders achieved 97.8% overall compliance in cleaning audits against the *NHSScotland National Cleaning Services Specification*.
- Following an unannounced HEI Inspection of Borders General Hospital in December 2010, NHS Borders has fully implemented all identified requirements and recommendations within the specified timescale.
- NHS Borders has embedded public involvement in infection control activities
- NHS Borders successfully implemented the extended national MRSA screening programme commenced 31st January 2010.
- NHS Borders Antimicrobial Management Team meets quarterly and continues to review antimicrobial prescribing data, audit data and antimicrobial resistance data
- Review of antimicrobial guidelines is ongoing in response to clinical and microbiological drivers, including minimising use of antibiotics associated with C. difficile.

- An Antimicrobial Nurse continues to support audit and education relating to antimicrobial prescribing.
- Twice-weekly antimicrobial ward rounds by the Antimicrobial Pharmacist and the Consultant Microbiologist continue, reviewing the use of restricted antibiotics and patients with complicated antimicrobial prescribing issues.

In order to strengthen our routine infection control activity the following work has been implemented:

- A Standard Infection Control Precautions e-learning unit has been developed for all staff to complete. To date over 2,961 staff have now completed this module.
- The programme of inspections by Senior Nurses continues, that was established within Borders General Hospital using a standardised tool based on the HEI Inspectorate tool.
- The programme of inspections by Executive Directors with Senior Managers also continues.

Patient Experience

Capturing and assessing patient experience of NHS Borders' services has been a key area of work during 2010/11. The priority has been to strengthen the partnership between staff, patients, carers and the public to lead to shared decision making.

NHS Borders has developed and evaluated a local process for "Co-coordinating Public/Patient Engagement". The process includes a planning tool for services, based on the National Standards for Community Engagement that helps services plan for high quality and proportionate levels of public/patient engagement.

NHS Borders have adopted a three-level approach for actively incorporating patient feedback into service improvement work to help ensure that our services are provided in partnership with patients.

1. Improvement work directed by public feedback.
2. Improvement work involving patient and public feedback.
3. Incorporating feedback from Better Together surveys into service planning and improvement.

To help ensure a consistent approach to patient feedback NHS Borders have developed and approved a Patient Feedback Policy. This policy reflects the complaints process and the multiple ways we receive feedback for patients and carers. The policy details the processes to work in partnership with patients and carers to improve services response to the feedback received.

NHS Scotland Participation Standard: NHS Borders has received feedback from the Scottish Health Council (SHC), following the submission of our self-assessment for the Participation Standard. The SHC verified our reported levels, as follows:

Standard	Self-assessed level	SHC assessed level
Patient Focus (GP survey)	Developing	Developing
Patient Focus (in-patient survey)	Developing	Developing
Public Involvement	Implementing	Implementing
Corporate Governance 3:1 (systems and processes)	Evaluating	Implementing
Corporate Governance 3:2 (decision making)	Evaluating	Evaluating
Corporate Governance 3:3 (participation culture)	Evaluating	Evaluating

Following a national evaluation of the process the SHC has decided not to undertake a formal assessment for 2011/12. The SHC are revising the guidance with the aim of simplifying the process and placing a greater focus on improvement. Accordingly the Clinical Boards and support services within NHS Borders are adopting a shared approach to improving action plans based on inpatient survey results and areas identified through the self assessment process this year.

Agenda Item 4 Improving Health and Reducing Inequalities

HEAT H2: 80 % of all 3-5 year old children to be registered with an NHS Dentist by 2010/11

During December 2010 80.1% of 3 to 5 year old children were registered with an NHS dentist therefore achieving the target of 80%.

HEAT H3: Achieve agreed completion rates for child healthy weight intervention programme by 2010/11

At the end of March 2011, 363 children had completed Child Weight Interventions. This high level of achievement was a result of the changes in the terms for the delivery of the target, agreed with the Scottish Government. This allowed for the inclusion of a series of whole school and youth work programmes which were developed and delivered in collaboration with Scottish Borders Council Education.

No of child health weight interventions at end of March 2011	Trajectory – March 2011
363	194

HEAT H4: Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11

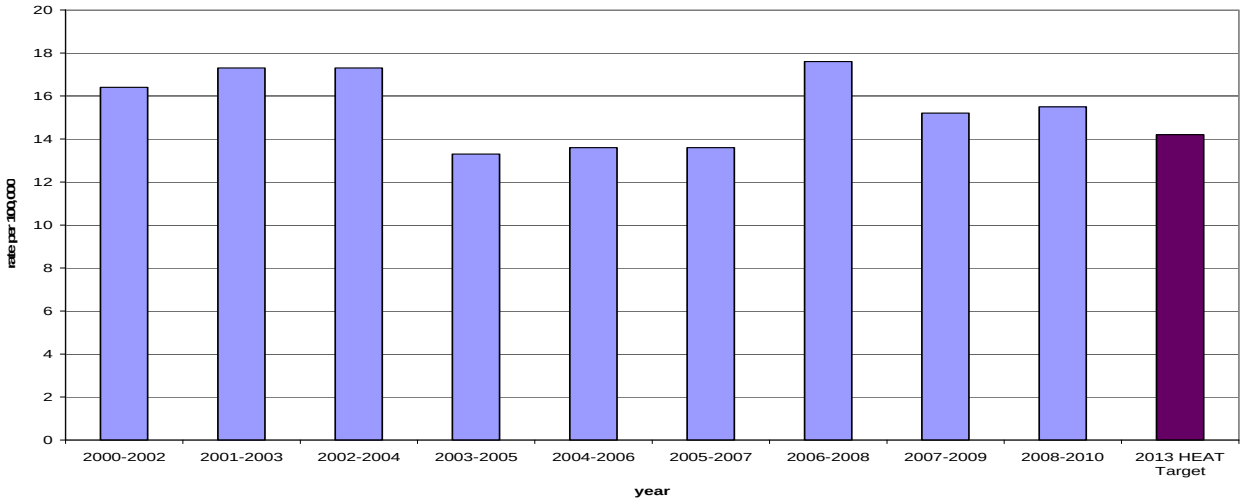
At the end of March 2011, a total of 4088 alcohol brief interventions had been delivered over the preceding three years, 70% of which were delivered in the 12 months to March

2011. These interventions covered A&E, antenatal and primary care settings, although Primary Care accounted for the majority of interventions.

No of appropriate alcohol brief interventions at end of March 2011	Trajectory – March 2011
4088	3210

HEAT H5: Reduce suicide rate between 2002 and 2013 by 20% supported by 50% of key frontline staff in mental health and substance misuse services, primary care and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010

By the end of December 2010 NHS Borders met the H5 target by ensuring 184 members of frontline staff had been trained in suicide intervention/prevention. Since this time, a suicide prevention stakeholders' event has taken place which resulted in the development of an action plan for Scottish Borders. This will not only continue the delivery of multi-agency training, with key staff being targeted through the relevant clinical boards, but will also see a broader range of work being undertaken in order to reduce the overall suicide rate by 20% by 2013. The 3 year rolling average suicide rates per 100,000 population are shown in the chart below.



HEAT H6: Through smoking cessation services, support 8% of the Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 – 2010/11

This target measures the total number of the smoking population who have been supported to quit for a period of a month or longer. Current data show we have achieved 2100 successful quits equating to 147% of our target.

Smoking population who has successfully quit at one month at the end of March 2011	HEAT target for end March 2011	Successful one month quits achieved as % of those needed
2100	1465	147%

HEAT H7: The proportion of new born children exclusively breastfed at 6-8 weeks in Borders to be maintained as a minimum at 33.3%

The latest annual rates available are for 2009 – 2010, 29.6% of babies were being exclusively breastfed, which is below the trajectory for 2010 of 33.1%. The most recent quarterly figures to December 2010 show a rate of 28.9% with fluctuations between quarters in both directions. NHS Borders' performance remains higher every quarter than the Scottish average, which in December 2010 was 26.0%.

The Maternal and Infant Nutrition programme has been delivering a range of programmes including the continuing development of peer support breastfeeding groups, the production and dissemination of resources on weaning and extensive training and capacity building with professional staff and community members. After some delay, progress is now back on track with establishing the Baby Friendly Initiative. Health Improvement monies have enabled the continuation of the enhanced Surestart Midwife service. This service works directly with 12% of families of new born babies in Borders, using a holistic approach to support the most vulnerable young mothers including encouraging breastfeeding.

No of children exclusively breastfed at 6-8 weeks at end of Dec 2010	Trajectory – March 2011
28.9%	33.3%

HEAT H8: Achieve agreed number of inequalities targeted cardiovascular health checks during 2009/10

A total of 598 health checks were completed by the end of March 2011, over 50% above the target for 2010/11. Of this total, 65% of the checks were delivered in primary care, 27% in the workplace and the remainder in either community pharmacies or community outreach clinics.

No of cardiovascular health checks completed at March 2011	Trajectory – March 2011
598	390

Contributions to Single Outcome Agreements (SOA)

Critical issue: Wider Determinants of Health in Early Years

Background

Three areas were selected in order to consider the contribution of the NHS to wider SOA related outcomes in early years: poverty and financial exclusion; parental health particularly substance misuse; and violence against women domestic abuse.

The Strategic Assessment recently completed to inform the development of the next SOA provides data on the numbers of children in low income households, households where domestic abuse is recorded and on children affected by parental substance misuse.

Progress

Poverty and financial exclusion

The Early Years strategy identifies as its primary objective "breaking the cycles of poverty, inequality and poor outcomes in and through the early years for children and families within the Scottish Borders." By linking directly into local community planning process, early years is being recognised as a strategic priority for community planning.

On the ground, a wide range of community programmes and capacity building activities are delivered in five areas of disadvantage through our Healthy Living Network. This work continues to have good engagement with young families through the provision of home energy workshops, cooking on budget classes, weaning groups, physical activity promotion with mothers and babies, community capacity building, information, advice and signposting events for expectant and new mothers.

Sure start midwifes continue to support the most vulnerable families (12% of births pa) and financial housing and social issues are the primary reason for referral in 20% of these families.

The development of local credit union services promoted through the antipoverty partnership is building direct links with early years networks.

Substance misuse

ADP in collaboration with the Child Protection Committee is developing guidelines and training to strengthen multiagency working practices with families where children are living with substance misuse. Work continues to promote the use of routine screening tool in addictions services to increase the early identification of families where children are affected.

NHS Borders and partners work within the ELBEG guidelines on pathways of care for children affected by parental substance misuse, currently being updated. These guidelines aim to ensure that children are protected from harm and that families receive the support they require.

Violence against women and domestic abuse

NHS Borders is an active partner in the current redesign of VAW services which aims to achieve a more integrated set of approaches locally that facilitate prevention and early intervention, promote recovery and community integration of those affected including families with children.

THE VAW partnership is developing a training, education and prevention work stream which includes targeted prevention work at locality level with nurseries, primary schools, health visitors and midwives among others.

Approximately 25 of the 60 midwives identified have had CEL 41 training and this will continue to be rolled out.

Agenda Item 5 Shifting the Balance of Care

Engagement with independent contractors

- P&CS reviewed the range of enhanced services in place locally and, with consideration of the principles of the Quality Strategy, realigned and refocused these through discussion with independent contractors. Examples of the refocused LESs are: Anticipatory Care, Polypharmacy, Diabetes.

- Review of Community Hospital contracts with local GPs: replacing individual employee contracts with practice based arrangements including a spectrum of options for delivering enhanced GP input into a variety of community settings. The primary focus for this work is for GPs to offer medical input of a standard and uniform quality into local community hospitals or be engaged in other workstreams supporting self-care, alternatives to institutional care and avoiding/reducing hospital admissions where possible.

Improved access for patients

- Work has been ongoing linked with HEAT target T10 to reduce attendances at A&E. Further analysis of patient flows and profiles for those attending A+E indicated a reduction in the over 65yr patient cohort with long term conditions and identified other patient groups on which to focus further workstreams. Examples are younger adults with sports injuries, patients with mental health issues.

- Local review of Community & Day Hospital service provision in liaison with Social Work and Voluntary Sector colleagues is being taken forward to ensure the most effective use of skills, resources and facilities.

- Ongoing use of generic crisis management sheets as signposting tool in the community re: accessing care from the most appropriate provider

Anticipatory Care and care pathways

- Discussions linked to NHS Borders Clinical Strategy with Area Medical Committee led to the establishment of a short life working group to review Acute Admission pathways and identify alternatives to admission. An action plan was identified and is being taken forward currently.

- Diabetes SES developed for 2011/12: liaison between Primary and Diabetic Specialist Nurses to support both patient and professional education and a standardised approach to Type 2 diabetes management, in particular re: newly diagnosed patients and those with suboptimal glycaemic control

- Anticipatory Care LES: providing a standardised and integrated approach to anticipatory care planning, using an electronic tool (STACCATO)to identify potential risks for clients and signposting to supports. All 23 GP practices have signed up to this LES. Subsequently, support from the Change Fund has been identified to enable appropriate response processes across agencies.

- Palliative Care OOH handover forms: ongoing provision of a gold standard service to palliative care patients in Borders demonstrating excellent partnership working between in and out of hours Primary Care services

- Falls prevention programme established.

Mental Health

HEAT T9: Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with dementia by March 2011

NHS Borders has not achieved this target. Local Mental Health Collaborative colleagues and NHS Borders Service Improvement continue to work with Primary and Community Services, Mental Health Services, Social Care and the voluntary sector to strengthen existing approaches and develop new ways of joint working that will identify those individuals with dementia and ensure access to appropriate support. This whole system approach will embed a patient pathway that ensures that individuals receive the appropriate care at each point in their journey.

Number of people with a diagnosis of a dementia on the QOF dementia register as a percentage of Dementia Prevalence	Target March 2011	Performance at March 2011	Performance at July 2011
54.0% (target 63%)	995 individuals	846 individuals	894 individuals

HEAT A11: By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery. Waiting times appropriate to alcohol treatment will be defined and incorporated into a target covering both drugs and alcohol by April 2011.

100% of all drug assessment to treatment times within 3 weeks were achieved as at March 2011. 99.1% of all patients were seen within target for referral to assessment. Both targets have been met.

HEAT A12: NHS Boards to deliver faster access to Child and Adolescent Mental Health Services

Work is ongoing nationally regarding CAMHS remit and referral criteria. A local strategic group has also been established to consider workforce and financial considerations. There have been no CAMHs referrals that have waited over 26 weeks since February 2011.

Agenda Item 6 Finance and Efficiency, including Workforce Planning and Service Change

HEAT E2: NHS Boards to achieve a sickness absence rate of 4% from 31st March 2009

During the year, the cumulative percentage was 4.2% with monthly fluctuations, a reduction from 2009/10 of 0.3%. An Absence Management Action Plan is in place and work is ongoing to assist services in diagnosing and addressing areas of concern.

HEAT E7: To increase the percentage of new GP outpatient referrals into Consultant led secondary care services that are managed electronically to 90% from December 2010.

As at March 2011 NHS Borders had achieved 83.6% of all outpatient referrals being e-Triaged.

HEAT E10: Ensure that all staff on Agenda for Change permanent contracts take part in an annual review against a KSF post outline. Information on levels of competence and identified training needs must be made available through Boards recording summary information from at least 80% of development reviews on eKSF by end March 2011.

NHS Borders achieved this target with 92% of all staff having a performance review by March 2011.

Finance

Financial Performance and Planning and Maintaining Financial Balance

The financial challenge that the public sector is embracing is clear and well understood. The public sector must respond to a deep and protracted funding squeeze as public finances are rebalanced. We are entering a time of financial challenge that has not been seen for many years and it is essential that our services are provided and developed appropriately within the financial envelope provided to us and for which the Board is responsible. In order to continue to deliver quality patient care NHS Borders must keep a firm grip on its finances as well as drive efficiency which is critical to service delivery and public credibility. That means having a clear focus that is firmly and openly set on providing patient care that is safe, effective and affordable. A focus that is clear on efficiency plans and goals.

Revenue

NHS Borders achieved all financial targets in 2010/11, with a small underspend of £0.06m recorded at the end of the financial year. During the year the Board had to deal with a number of financial pressures as well as a challenging savings target of £7.9m. .

Overall, this outcome represented a great deal of hard work by clinical staff and managers and it is acknowledged that during the year some difficult choices and decisions had to be made.

Capital

NHS Borders successfully remained within its Capital Resource Limit for 2010/11.

The main focus of capital work during 2010/11 was the renal project at Borders General Hospital, feasibility work on Integrated Health Strategy projects, the implementation of the Patient Management System and the procurement of a CT scanner.

Efficiency

NHS Borders developed a project based Efficiency Programme to ensure the Board achieved a balanced outturn, a minimum 2% recurring reduction in costs against its revenue allocation as part of the Scottish Government Efficiency Savings Initiative and had plans in place to create the momentum necessary to ease the passage of future year's financial challenges.

The Board approved a balanced financial plan for 2010/11 which achieved a breakeven outturn for the year, and assumed that £7.9m of efficiency savings would be achieved. At the end of March the savings target was overachieved as a total savings of £9.1m being delivered.

In order to ensure the savings were achieved the NHS Borders Efficiency Board was developed as a sub-group of the Clinical Executive Operational Group, chaired by the Director of Finance. The Efficiency Board developed and monitored progress with the Efficiency programme. Regular reporting systems were developed based on the progress of schemes and monthly update reports were submitted to the Efficiency Board and Operational Group.

An Invest to Save scheme was developed during 2010/11 with a fund of £500,000 set aside for non recurring support of schemes approved by the Efficiency Board. Schemes were assessed against return on investment, payback period and the fit with the Board objectives. During 2010/11 four schemes from seven applications were approved

In addition to specific schemes strict controls on the filling of vacancies and use of bank and agency staff were put in place during 2010/11 to improve the links between the Efficiency Programme and workforce planning.

During the year the Director of the Efficiency Programme and the Director of Finance carried out a range of meetings with individuals and groups within NHS Borders in relation to clarifying the requirement to achieve savings, the detail of individual savings schemes, monitoring progress and identifying any support requirements.

Workforce Planning and Service Redesign

During 2010/11 ensuring patient safety through effective workforce redesign has been key. Patient Safety is central to Workforce Redesign and NHS Borders has carried out appropriate risk assessments when opportunities arise to reduce workforce numbers through vacancy management and service redesign. Consideration to patient safety in Skill Mix and Role Development through the application of the NHS Career Framework and KSF has continued to be implemented, which is key to the sustainability of all services across NHS Borders.

NHS BORDERS — ANNUAL REVIEW
AT A GLANCE OUTCOMES 2010/11

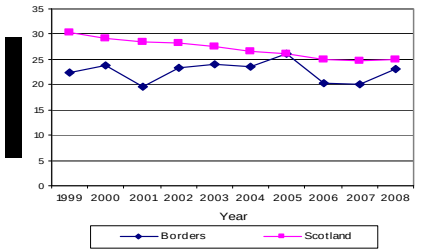
People are living longer

Life Expectancy	Male		Female	
	1997-9	2007-9	1997-9	2007-9
Borders	74.9	77.1	79.6	81.2
Scotland	72.7	75.4	78.2	80.1
Change		2.2		1.6

Healthy Life Expectancy is above the Scottish average

Healthy Life Expectancy	Male	Female
Borders	70.4	74.2
Scotland	66.3	70.2
Difference	4.1	4.0

Low Smoking 16+ Rates



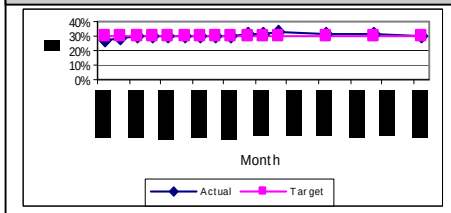
More people are quitting smoking with the help of the Smoking Cessation Service

For the 3 years to March 2011 2,081 people have been helped to quit smoking for 1 month or more by the Smoking Cessation Service

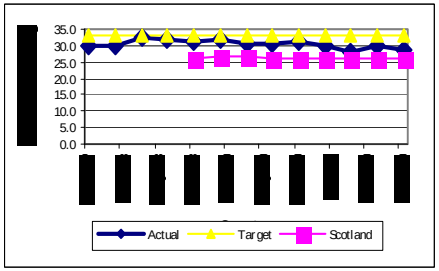
Waits have reduced to 9 Weeks

At March 2011 no patients waiting for an outpatient appointment or an inpatient procedure waited longer than 9 weeks

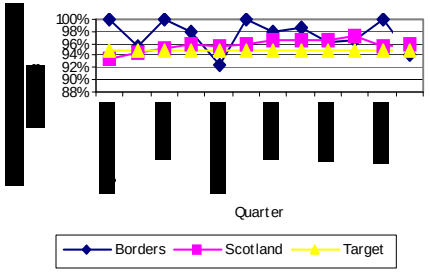
More people with complex needs are being cared for at home



Number of Mums breastfeeding



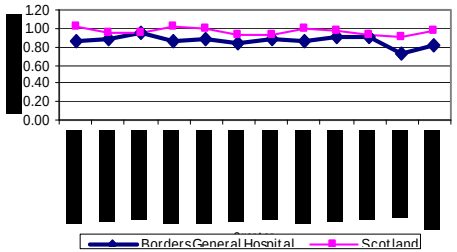
96% Cancer Waits with urgent referrals are seen within 62 days



Dementia Register is below Target

Dementia Register	Mar 10	Mar 11
Value	717	864
Target	791	995
Difference	74	131

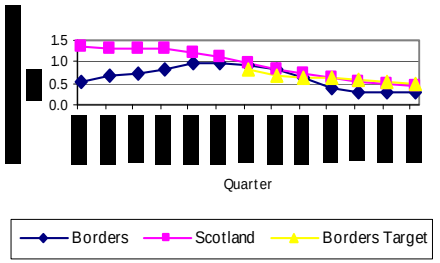
BGH Mortality Rates are Low



No Child and Adolescent Mental Health Waits over 26 Weeks

From February 2011 no patients have waited over the 26 week target to be seen in the Child and Adolescent Mental Health Service

C Diff Infections are below Scottish average



The number of Alcohol Brief Interventions completed has improved

Alcohol Brief Interventions	Actual	Target
Borders	4,088	3,210

NHS BORDERS ANNUAL REVIEW 2011
AT A GLANCE HEAT TARGET PERFORMANCE AS AT MARCH 2011

- **Child dental registrations** at March 2011 were **80.1%** of the 3-5 year old population, the target is 80%.
- The number of **smokers successfully quitting** for a month was 1,822 as at December 2010, 24% **above the target** of 1,464.
- The number of **child healthy weight interventions completed** was 336 for 2010/11; 73% **above the target** of 194.
- Patients waiting for an **inpatient treatment** or an **outpatient appointment** all had waits of **less than 9 weeks** by the end of March 2011.
- 92% of all NHS Borders staff have **completed** a Knowledge and Skills Framework **Personal Development Plan review** at March 2011.
- **97%** of patients waiting in **A&E** did so for **less than 4 hours**, this performance has increased in recent months.
- At December 2010 100% of patients waiting for **drugs or alcohol treatment** were seen **within 4 weeks**.
- **More older patients** with **complex care needs** are being cared for **at home**, 33.3% during 2010.
- At 15th April 2011 **no patients** were waiting **over 6 weeks** to be **discharged** from hospital.
- Rates of **C Diff** identified in NHS Borders hospitals at March 2011 were within planned levels. **Stapphyloccocus aureus bacteraemia** identifications were above plan for 2010/11 but have **reduced** recently.
- **94.1%** of patients **urgently** referred for **cancer treatment** were seen **within 62 days** of referral in January – March 2011.
- Within NHS Borders 52% of **all frontline staff** have been educated and **trained in suicide prevention** at December 2010.