

## Borders NHS Board



### NHS BORDERS CORPORATE OBJECTIVES 2009/10

#### Aim

The aim of this paper is to seek approval of the Corporate Objectives for 2009/10 that have arisen from the Local Delivery Plan Process. The draft Objectives are found at **Appendix 1**.

#### Background

In recent years, NHS Borders Corporate Objectives have reflected the Local Delivery Plan targets as well as local commitments and priorities. As in previous years, the Objectives have been aligned to Ministerial Priorities and organisational priorities.

The draft set of Corporate Objectives include the following:

- 2009/10 HEAT standards and targets
- 2008/09 Carry Forward / ongoing priorities
- Alignment to the Strategic Change Programme
- Key organisational commitments and priorities
- Commitments outlined in the Community Health & Care Partnership work plan
- Links to the Single Outcome Agreement

The draft Corporate Objectives have been refined over recent weeks through discussion at the Clinical Executive, Board Executive Team and the Strategy & Performance Committee. Amendments have been made based on comments received. Wherever possible, baseline and trajectory information has been added to provide further detail around the Objectives.

Local commitments that are non HEAT targets to support the delivery of the Single Outcome Agreement are required to be submitted as part of NHS Borders Local Delivery Plan (**Appendix 2**). These commitments and priorities are in relation to reducing alcohol and drug problems amongst young people and adults.

If agreed, the Corporate Objectives form the basis of the key organisational priorities for the coming year. Occasionally new objectives may require to be added to reflect emerging / new priorities. A process will therefore be put in place to ensure effective sign off for any such issues, and would be brought to the Board for approval before being formally included in the Corporate Objectives 2009/10.

Work is currently underway to update the Strategic Risk Register, which links closely to the Corporate Objectives and which will have aligned reporting cycles. It is envisaged that the updated Register will be available for consideration by the end of June 2009.

## Summary

This final set of Corporate Objectives is submitted for approval.

## Recommendation

The Board is asked to:

- **Approve** NHS Borders Corporate Objectives 2009/10.
- **Approve** Local Commitments to support the delivery of the Single outcome agreement (appendix 2)

<b>Rationale for submission to the Board</b>	The Corporate Objectives form a key component of the LDP which sets the strategic direction and service priorities for NHS Borders.
<b>Policy/Strategy Implications</b>	The full Corporate Objectives will be reviewed bi-annually including a mid year review.
<b>Consultation</b>	The Draft Corporate Objectives 2009/10 has been developed and agreed in conjunction with the service, the Clinical Executive and Board Executive Team.
<b>Consultation with Professional Committees</b>	See Above
<b>Risk Assessment</b>	Progress towards achieving certain elements within the Objectives such as HEAT targets are monitored on a monthly basis through the KPIR.
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Not applicable at this stage as implementation progresses Lead Directors and Managers will ensure compliance.
<b>Resource/Staffing Implications</b>	Responsibility for achieving these objectives falls within the remit of a lead Director and lead Manager and the resources they have been allocated.

## Approved by

Name	Designation	Name	Designation
Robbie Pearson	Director of Planning & Performance		

## Author(s)

Name	Designation	Name	Designation
June Smyth	Assistant Director of Planning & Performance	Stephanie Black	Planning & Performance Manager



**Corporate  
Objectives  
2009/10**

**To be read in  
conjunction with  
NHS Borders  
Local Delivery  
Plan**

**June 2009**

**Directorate of  
Planning &  
Performance**

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## **1. STRUCTURE OF THE CORPORATE OBJECTIVES**

As in 2008-09, this year the Corporate Objectives have been set around the 4 Key Ministerial Priority areas found in HEAT. Along with the HEAT targets, objectives are included which have been identified by the Clinical Executive/BET as key organisational priorities and for 2009-10, objectives which have also been included which have been identified through the Strategic Change Programme. The Corporate Objectives have been grouped into the following HEAT areas:

- **Health Improvement for the People of the Scottish Borders** – improving healthy life expectancy
- **Efficiency and Governance Improvements** – continually improving the efficiency of the NHS
- **Access to Services** – recognising patients' need for quicker access to NHS Services
- **Treatment Appropriate to Individuals** – ensuring patients receive appropriate services.

Against each of the actions a **Timeline** has been identified. In a number of instances the date 31 March 2010 indicates an interim or end point within a trajectory.

The **Lead Director** is the Board Executive Team director with corporate responsibility for that action. The Lead Director will identify appropriate service leads to manage and monitor the achievement of the actions on a day-to-day basis. In a number of instances there will also be an additional director highlighted; this indicates the director supporting the achievement of the objective.

The **Lead Manager/Clinician** is the manager/clinician with operational responsibility for achieving and monitoring performance of the actions.

This will ensure a tighter alignment of local actions against the achievement of Ministerial targets. It will also ensure a closer link to the monthly Key Performance Indicator (KPI) reporting to the Board.

## 2. HEALTH IMPROVEMENT FOR THE PEOPLE OF THE SCOTTISH BORDERS

### Health Improvement for the People of the Scottish Borders – improving healthy life expectancy

Health Improvement activity in the Borders is wide ranging, targeting individuals, groups and communities across a broad age range in a variety of settings, such as the health service, schools and communities. The Corporate Objectives outlined below emphasise the importance of promoting positive health and well-being, tackling the causes of ill-health, reducing inequalities in health, shifting towards preventative medicine and improving the support for those with long term conditions.

The Health Improvement challenge is addressed through our *Joint Health Improvement Plan 2005 – 2010 (JHIP)*. This demonstrates the commitment of NHS Borders, Scottish Borders Council and other voluntary sector partners to health improvement. It outlines a broad range of actions from those that focus upon the whole population to those that target vulnerable and disadvantaged communities. The aim is to improve health at the population or community level, rather than individuals, as is more normal in the NHS. The Borders Joint Health Improvement Team is responsible for taking forward the JHIP.

Key Elements of the JHIP include:

- A step change in level of health improvement activity to deliver a step change in health – reaching and influencing more people in the Borders
- Broad range of actions and better co-ordination – reflected in our community plan, health improvement plan and service plans
- Engaging local communities – using the opportunities presented by the Community Health & Care Partnership, the Public Partnership Forum and other community networks.

Along with the aim of improving the health of people in the Scottish Borders, agencies are beginning to recognise the need to tackle the causes of poverty. Estimates suggest that there are approximately 18,000 people living in poverty in the Scottish Borders. As there is a strong connection between poverty and health, work to update the existing JHIP is seeking to integrate local action on poverty and health improvement activities aimed at reducing inequalities in health. This reflects the close connection between the two national policy documents on these subjects – *Achieving our Potential* and *Equally Well*.

## SUMMARY OF HEALTH IMPROVEMENT TARGETS

Corporate Objective		Lead Director	Lead Manager/ Lead Clinician	Trajectory & Timeline	Further Information
<b>CO1</b>	80% of all three to five year old children to be registered with an NHS dentist by 2010/11	Director of Public Health	Marion Woods - Service Manager – P&CS	Baseline – March 2008 – 64.3% March 2010 – 79%	Heat Target H2 Local Delivery Plan SOA (local outcome: 05_1 : Children experience high quality early years provision)
<b>CO2</b>	Achieve agreed completion rates for child healthy weight intervention programme by 2010/11	Director of Public Health	Alan Mordue – Consultant in Public Health/ Cath Young – Health Promotion Manager	Baseline – March 2009 – 96 March 2010 – 246	Heat Target H3 Local Delivery Plan SOA (local outcome: 05_1 : Children experience high quality early years provision)
<b>CO3</b>	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	Director of Public Health	Julie Murray – DAAT Co-ordinator	Baseline – March 2009 – 500 March 2010 – 1500	Heat Target H4 Local Delivery Plan SOA (Local outcome: 06_2 : There is a reduction in alcohol problems amongst young people and adults, and the harmful impact on communities)
<b>CO4</b>	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	Director of Public Health	Cath Young – Health Promotion Manager/ Helen Clinkscale – Head of Training & Professional Development	Baseline –staff to receive training – 2009 - 30% 2010 – 50%	Heat Target H5 Local Delivery Plan SOA (Local outcome: 06_1 : There is improved health and well-being of Borders residents, through behavioural change)

<b>CO5</b>	Through smoking cessation services, support 8% of each NHS Board's smoking population in successfully quitting (at one month post quit) over the period 2008/09 -2010/11	Director of Public Health	Alan Mordue – Consultant in Public Health/ Cath Young – Health Promotion Manager	Baseline –2008 – 488 2010 – 488	Heat Target H6 Local Delivery Plan SOA (Local outcome: 06_1 : There is improved health and well-being of Borders residents, through behavioural change)
<b>CO6</b>	Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11	Leonie Smith – Acting Director of Nursing & Midwifery	Elaine Cockburn – Head of Midwifery	Baseline – March 2008 – 32.8% March 2010 – 33.1%	Heat Target H7 Local Delivery Plan SOA (local outcome: 05_1 : Children experience high quality early years provision)
<b>CO7</b>	Achieve agreed number of inequalities targeted cardiovascular health checks during 2009/10	Director of Public Health	Alan Mordue – Consultant in Public Health/ Cath Young – Health Promotion Manager	Baseline – December 2009 – 100 March 2010 – 160	Heat Target H8 Local Delivery Plan
<b>CO8</b>	Implementation and delivery of Joint Health Improvement Team work plan (09/10 activities)	Director of Public Health	Alan Mordue – Consultant in Public Health/ Cath Young – Health Promotion Manager	31 <sup>st</sup> March 2010	CHCP Outline Work Plan SOA (Local outcome: 06_1 : There is improved health and well-being of Borders residents, through behavioural change)
<b>CO9</b>	Support the delivery, through Social Work, of the Housing Strategy Partnership work plan (09/10 activities)	Ralph Roberts – Director of Integrated Health Services	Linda Jackson – CHCP Integration Officer	31 <sup>st</sup> March 2010	CHCP Outline Work Plan SOA (Local outcome: 07_2 : There is a good supply of high quality affordable housing)

<b>CO10</b>	Implementation and delivery of Alcohol & Drugs Partnership (DAAT) work plan (09/10 activities) as outlined in the SOA	Director of Public Health	Julie Murray – DAAT Co-ordinator	31 <sup>st</sup> March 2010	CHCP Outline Work Plan SOA (SOA (Local outcome: 06_1 : There is improved health and well-being of Borders residents, through behavioural change)
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### 3. EFFICIENCY AND GOVERNANCE

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#### Efficiency and Governance – continually improve the efficiency of NHS Borders

NHS Borders aims to provide modern and effective healthcare services to meet the needs of the people living in the Scottish Borders. Delivering this service means facing a number of challenges such as population changes and a growing older population; changes to our workforce and a desire to focus on shifting the balance of care from hospital-based care to more community and preventative services in order to deliver a more flexible health service.

Making the most efficient use of resources is key to meeting these challenges. NHS Borders has developed strong financial planning and this has enabled the Board to plan on a five year basis, horizon scanning for future demands and ensuring that the recurring position of the Board is clearly identified, and that ring-fenced funding and reliance on non-recurring monies are clearly tracked. NHS Borders is committed to achieve financial balance each year and, more importantly, return to recurring balance at the earliest opportunity. This high level of financial planning has become even more crucial with the changes to the formula used to allocate funding to Health Boards in Scotland, and a requirement on all public sector bodies to make efficiency savings each year. It became clear in 2008 that NHS Borders needed to find efficiency savings of £10 million to sustain its financial balance over the next 3 years.

The Strategic Change Programme commenced in 2008 and is a key part of ensuring that efficiency savings are met by adopting pro-active approach to seek out service efficiencies. There are 6 workstreams within the Strategic Change Programme which are Productivity & Benchmarking, Integrated Health Strategy, Improving Efficiency and Reducing Waste, Operational Budget Savings, Continuous Improvement and Sustainable Workforce.

In order to deliver on efficiency and governance improvements we will:

- Secure on-going recurring financial balance and continue to develop financial processes and systems which ensure efficiency and effectiveness
- Make significant progress in delivering efficiencies across a number of measures such as DNA rates, length of stay and day case rate
- Increase the number of referrals managed electronically.

## SUMMARY OF EFFICIENCY AND GOVERNANCE TARGETS

Corporate Objective		Lead Director	Lead Manager/Lead Clinician	Timeline	Further Information
<b>CO11</b>	Lab requests with a valid CHI (Universal use of CHI target)	Robbie Pearson - Director of Planning & Performance	Jackie Stephen – Head of IM&T	Remain at 95%	Heat Std E1 Local Delivery Plan
<b>CO12</b>	NHS Boards to achieve a sickness absence rate of 4% from 31 March 2009	Louise Hamilton-Welsh – Director of Workforce	BET/ Clinical Executive	Baseline – Feb 2008 – 5.1% March 2009 – 4%	Heat Std E2 Local Delivery Plan
<b>CO13</b>	NHS Boards to deliver agreed improved efficiencies for first out-patient attendance DNA, non-routine in-patient average length of stay, review to new out-patient attendance ratio and day case rate by March 2011	Ralph Roberts – Director of Integrated Health Services	Rachel Bacon – General Manager - BGH		Heat Target E4 Local Delivery Plan
<b>Trajectories</b>					
	Day case rates Baseline – March 2008 – 76.2% March 2010 – 89%	Non routine average LOS Baseline – March 2008 – 4.9 March 2010 – 4.7	Review to new OP attendance ratio Baseline – March 2008 – 2.31 March 2010 – 2.80	New OP DNA rate Baseline – March 2008 – 6.0% March 2010 – 5.8%	
<b>CO14</b>	NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement and secure on-going recurring financial balance	Robert Kemp – Director of Finance	All	Break even at year end	Heat Target E5 Local Delivery Plan
<b>CO15</b>	NHS Boards to meet their cash efficiency target	Robert Kemp – Director of Finance	All	Ongoing	Heat Target E6 Local Delivery Plan
<b>CO16</b>	To increase the percentage of new GP out-patient referrals into consultant led secondary care services that are managed electronically to 90% from December 2010	Robbie Pearson - Director of Planning & Performance	Jackie Stephen – Head of IM&T	Baseline – August 2008 – 0% March 2010 – 50%	Heat Target E7 Local Delivery Plan

<b>CO17</b>	NHS Scotland to reduce emissions over the period to 2011	Ralph Roberts – Director of Integrated Health Services	David McLuckie – Director of Facilities & Estates	2007/08 Energy GJ – 103886 2009/10 – 99772 2007/08 Energy CO2 tonnes – 7145 2009/10 – 6862	Heat Target E8 Local Delivery Plan SOA (local outcome: 14_2 : Energy consumption by households, communities and employers is reduced and the use of renewables increased)
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<b>CO18</b>	Achieve universal utilisation of CHI (radiology requests)	Robbie Pearson - Director of Planning & Performance	Jackie Stephen – Head of IM&T	Baseline – August 2008 – 95% March 2010 – 95%	Heat Target E9 Local Delivery Plan
<b>CO19</b>	NHS Boards to ensure at least 80 per cent of staff covered by Agenda for Change to have their annual Knowledge Skills Framework development reviews completed and recorded on e-KSF by March 2011	Louise Hamilton-Welsh – Director of Workforce	Alison Aitken – Lead Officer – KSF Team	Baseline – April 2009 – 1% March 2010 – 40%	Heat Target E10 Local Delivery Plan
<b>CO20</b>	Work towards a joint single Equality Duty with Partners	Louise Hamilton-Welsh – Director of Workforce	Louise MacLennan – Lead for Equality & Diversity	31 <sup>st</sup> March 2010	Local Priority
<b>CO21</b>	Agree and implement an Equality & Diversity Strategy	Louise Hamilton-Welsh – Director of Workforce	Louise MacLennan – Lead for Equality & Diversity	31 <sup>st</sup> March 2010	Local Priority
<b>CO22</b>	Establish a Joint Service Level Agreement with Scottish Borders Council for Advocacy Services	Robbie Pearson - Director of Planning & Performance	Karen McNicoll – Head of Public Involvement & Communications	31 <sup>st</sup> March 2010	Local Priority
<b>CO23</b>	Review options for future provision of GP IT	Robbie Pearson - Director of Planning & Performance	Jackie Stephen – Head of IM&T	31 <sup>st</sup> March 2010	Local Priority
<b>CO24</b>	Ensure active engagement in developing an SOA for 2010/11 that reflects strategic priorities	Robbie Pearson - Director of Planning & Performance	Karen McNicoll – Head of Public Involvement & Communications	31 <sup>st</sup> March 2010	Single Outcome Agreement
<b>CO25</b>	Support the delivery of joint local commitments as set out in the Single Outcome Agreement	All	All	31 <sup>st</sup> March 2010	Single Outcome Agreement

<b>CO26</b>	Procure new patient management system	Robbie Pearson - Director of Planning & Performance	Jackie Stephen - Head of IM&T	31 <sup>st</sup> March 2010	Local Priority
<b>CO27</b>	Develop and implement an action plan based on the staff survey results	Edwina Cameron – Employee Director, Louise Hamilton-Welsh – Director of Workforce	All relevant managers	31 <sup>st</sup> March 2010	Staff survey results
<b>CO28</b>	Continued co-ordination, implementation and delivery of the Strategic Change Programme (SCP) and its component projects/workstreams	John Glennie – Chief Executive	June Smyth – Assistant Director – Planning & Performance	31 <sup>st</sup> March 2010	Local Priority
<b>CO39</b>	Continued delivery of the SCP - Operational Budget Savings workstream	Ralph Roberts - Director of Integrated Health Services & Ross Cameron – Medical Director	Tim Cameron – CHCP Project Officer	31 <sup>st</sup> March 2010	Local Priority
<b>CO30</b>	Continued delivery of the SCP - Improving Efficiency, Reducing Waste	Edwina Cameron – Employee Director & Robert Kemp – Director of Finance	TBC	31 <sup>st</sup> March 2010	Local Priority
<b>CO31</b>	Continued delivery of the SCP - Productivity and Benchmarking	John Glennie – Chief Executive & Ross Cameron – Medical Director	Tim Cameron – CHCP Project Officer	31 <sup>st</sup> March 2010	Local Priority
<b>CO32</b>	Continued delivery of the SCP - Continuous Improvement	Ralph Roberts - Director of Integrated Health Services	Phillip Lunts – Head of Improvement & Support Team	31 <sup>st</sup> March 2010	Local Priority
<b>CO33</b>	Continued delivery of the SCP - Sustainable Workforce	Louise Hamilton-Welsh – Director of Workforce & Edwina Cameron – Employee Director	Geraldine Bouglas – HR Policy Development Manager	31 <sup>st</sup> March 2010	Local Priority

<b>CO34</b>	Implementation and delivery of Children and Young People's Planning Partnership work plan (09/10 activities)	Ralph Roberts - Director of Integrated Health Services	Mandy Brotherstone – Childrens' Services Managers	31 <sup>st</sup> March 2010	CHCP Outline Work Plan SOA (local outcome: 05_1 : Children experience high quality early years provision) SOA (Local outcome: 06_1 : There is improved health and well-being of Borders residents, through behavioural change)
<b>CO35</b>	Implementation and delivery of Data Sharing Partnership work plan (09/10 activities)	Ralph Roberts - Director of Integrated Health Services	Jackie Stephen, Head of IM&T  Mark Irons – Borders Data Sharing Partnership Programme Manager	31 <sup>st</sup> March 2010	CHCP Outline Work Plan Single Outcome Agreement

## 4. ACCESS TO SERVICES

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### Access to Services – recognising patients' need for quicker access to NHS Borders Services

Local people want to be confident that they can access health services when they need them. When they require certain treatment, they want to receive the necessary investigations and consultations within an acceptable timeframe. NHS Borders is continuing to work hard to streamline each part of the patient's journey – from GP through to investigation, diagnosis, treatment and rehabilitation. A key driver of this work is the 18 Weeks Referral to Treatment work stream. Each component of the journey is under examination and progress is well under way to meet the targets set out for 2010 and 2011.

Plans set out for 2009/10 mean that extra services will be provided closer to peoples' homes, which is consistent with the aims of Better Health, Better Care and certain services will also be increased, providing improved access for patients. These plans will bring levels of improvements across all areas of care. Ensuring that services are provided close to peoples' homes will help to address some issues for people in the Scottish Borders living on low incomes and those in poverty.

In order to deliver on access to service improvements we will:

- Make significant progress towards the 18 weeks to referral target
- Aim to increase patient satisfaction through improving car parking at the BGH
- Increase services in certain areas such as the completion of dental facilities in Coldstream and Hawick.

## SUMMARY OF ACCESS TO SERVICES TARGETS

Corporate Objective		Lead Director	Lead Manager/Lead Clinician	Timeline	Further Information
<b>CO36</b>	To support the target: To respond to 75% of Category A calls within 8 minutes from April 2009 onwards across mainland Scotland	Ralph Roberts – Director of Integrated Health Services/	Lynne Huckerby – Unscheduled Care Network Manager	Maintain at 75%	Heat Std A3 Local Delivery Plan
<b>CO37</b>	As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 6 weeks for one of the 8 key diagnostic tests from 31 March 2009	Ralph Roberts – Director of Integrated Health Services	Rachel Bacon – General Manager - BGH	Maintain 4 weeks target	Heat Std A6 Local Delivery Plan
<b>CO38</b>	From end 2007 no patient will wait more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment	Ralph Roberts – Director of Integrated Health Services	Rachel Bacon – General Manager - BGH	Maintain less than 4 hour target	Heat Std A7 Local Delivery Plan
<b>CO39</b>	Provide 48 hour access or advance booking to an appropriate member of the GP Practice team by 2010/11	Ralph Roberts – Director of Integrated Health Services	Jackie Morton – General Manager – P&CS	Maintain number of practices signed up to LES at 95%	Heat Target A8 Local Delivery Plan
<b>CO40</b>	The maximum wait for urgent referral with a suspicion of cancer to treatment is 62 days; and the maximum wait from decision to treat to first treatment of all patients diagnosed with cancer will be 31 days from December 2011	Robbie Pearson - Director of Planning & Performance	Philip Lunts – Head of Improvement & Support Team	December 2011	Heat Target A9 Local Delivery Plan
Suspicion of cancer referrals (62 days) Baseline June 2009 – 95% March 2010 – 95%		<b>Trajectories</b>			
		All cancer treatment (31 days) Baseline - June 2009 – 75% March 2010 – 80%			

<b>CO41</b>	Deliver 18 weeks referral to treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral to a first outpatient appointment from 31 March 2010. No patient will wait longer than 12 weeks from being placed on a waiting list to admission for an inpatient or day case treatment from 31 March 2010	Ralph Roberts – Director of Integrated Health Services	Rachel Bacon – General Manager - BGH	31 <sup>st</sup> March 2010	Heat Target A10 Local Delivery Plan	
	<b>Trajectories</b>					
	Admitted Performance Baseline – April 2009 – 42% March 2010 – 80%	Admitted completeness Baseline – April 2009 – 50% March 2010 – 95%	Non admitted performance baseline – April 2009 – 70% March 2010 – 86%	Non admitted completeness Baseline – April 2009 – 50% March 2010 – 95%	New OPs Baseline – April 2009 – 0 March 2010 – 0	In patient & day cases Baseline – April 2009 – 0 March 2010 – 0
<b>CO42</b>	To offer drug misusers faster access to appropriate treatment to support their recovery (09/10 activities)	Ralph Roberts – Director of Integrated Health Services	Alison Wilson – Director of Pharmacy	31 <sup>st</sup> March 2010	Heat Target A11 Local Delivery Plan SOA (SOA (Local outcome: 06_1 : There is improved health and well-being of Borders residents, through behavioural change)	
<b>CO43</b>	NHS Boards to deliver faster access to Child and Adolescent Mental Health Services (09/10 activities)	Ralph Roberts – Director of Integrated Health Services	Graham Allison – Joint Manager – Mental Health	31 <sup>st</sup> March 2010	Heat Target A12 Local Delivery Plan	
<b>CO44</b>	Develop and agree business case for local expansion of dialysis care which reflects needs assessment	Robbie Pearson - Director of Planning & Performance	Rachel Bacon – General Manager - BGH	4 <sup>th</sup> June 2009	Local priority	
<b>CO45</b>	By March 2009 referral processes and information systems will be developed and implemented across AHP therapy services to enable delivery of a maximum wait of 18 weeks from referral to 1st appointment (reducing to 15 weeks by March 2010 & 12 weeks by March 2011)	Ralph Roberts – Director of Integrated Health Services	Alasdair Pattinson – Clinical Locality Manager	31 <sup>st</sup> March 2010	Local priority	

<b>CO46</b>	Develop a travel planning strategy	Ralph Roberts - Director of Integrated Health Services	David McLuckie – Director of Facilities & Estates	31 <sup>st</sup> March 2010	Local priority
<b>CO47</b>	Continued delivery of the SCP - Integrated Health Strategy	Ross Cameron - Medical Director & Robbie Pearson – Director of Planning & Performance	June Smyth – Assistant Director – Planning & Performance / Angela Moody – Planning & Performance Manager	31 <sup>st</sup> March 2010	Local priority
<b>CO48</b>	Implementation and delivery of Learning Disabilities Board work plan (09/10 activities)	Ralph Roberts – Director of Integrated Health Services	Eibhlin Mchugh – Joint Manager – Learning Disability Service	31 <sup>st</sup> March 2010	CHCP Outline Work Plan Single Outcome Agreement

## 5. TREATMENT APPROPRIATE TO INDIVIDUALS

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### Treatment Appropriate to Individuals – ensuring patients receive appropriate services

People living in the Scottish Borders demand and deserve high quality care based in the local area. Our aim is to ensure that they receive this high quality care in a setting appropriate to their needs. A main focus is to help individuals avoid un-necessary admissions to hospital. It is anticipated that this can be achieved through better planned care and community support, anticipatory care planning, increased training for staff and self management advice for patients.

When patients are required to come into hospital for treatments, efforts will be continued to ensure that HAI infection is carefully managed and kept to an absolute minimum.

In order to ensure patients receive appropriate treatment and services we will:

- Seek to reduce readmission rate for certain groups of patients through enhanced planned care and support
- Develop progress and implement a number of plans/strategies including BECC, Community Health Nursing, Palliative Care, Long Term Conditions and the redevelopment of a number of Community Health Centres.
- Continue to reduce the number of people delayed in hospital and discharge to a more appropriate care setting.

There will be continued joint working with Scottish Borders Council and other agencies through the Community Health and Care Partnership and this group will continue to oversee work where there is a shared agenda.

## SUMMARY OF TREATMENT APPROPRIATE TO INDIVIDUALS TARGETS

Corporate Objective		Lead Director	Lead Manager/Lead Clinician	Timeline	Further Information
<b>CO49</b>	To achieve 0 delayed discharges over 6 weeks	Ralph Roberts - Director of Integrated Health Services	Jackie Morton – General Manager – P&CS	Maintain target of 0	Heat Std
<b>CO50</b>	QIS clinical governance and risk management standards improving	Leonie Smith – Acting Director of Nursing & Midwifery	Erica Nisbet – Clinical Governance Co-ordinator	Baseline – 2006/07 - 6 2009/10 – 9	Heat Target T2 Local Delivery Plan
<b>CO51</b>	Reduce the annual rate of increase of defined daily dose per capita of antidepressants to zero by 2009/10 and put in place the required support framework to achieve a 10% reduction in future years	Ralph Roberts - Director of Integrated Health Services	Graham Allison – Joint Manager – Mental Health	Baseline – March 2008 - 33.5 March 2010 – 36.21 *	Heat Target T3 Local Delivery Plan SOA (SOA (Local outcome: 06_1 : There is improved health and well-being of Borders residents, through behavioural change)
<b>CO52</b>	Reduce the number of readmissions (within one year for those that have had a psychiatric hospital admission of over seven days by 10% by the end of December 2009)	Ralph Roberts - Director of Integrated Health Services	Graham Allison – Joint Manager – Mental Health	Baseline – Dec 2006 - 112 March 2010 – 119 *	Heat Target T4 Local Delivery Plan
<b>CO53</b>	To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, asthma, diabetes or CHD from 2006/07 to 2010/11	Ralph Roberts - Director of Integrated Health Services	Sandra Pratt – MCN/LTC Manager	Baseline – March 2007 – 1879 March 2010 – 1735	Heat Target T6 Local Delivery Plan
<b>CO54</b>	Improvement in the quality of health care experience	Leonie Smith – Acting Director of Nursing & Midwifery	Phillip Lunts	31 <sup>st</sup> March 2010	Heat Target T7 Local Delivery Plan SOA (Local outcome: 06_3 : People live independently, with support, wherever necessary)

<b>CO55</b>	Increase the level of older people with complex care needs receiving care at home	Ralph Roberts - Director of Integrated Health Services	Jackie Morton – General Manager – P&CS	Baseline – March 2007 – 29% March 2010 – 30%	Heat Target T8 Local Delivery Plan SOA (Local outcome: 06_3 : People live independently, with support, wherever necessary)
<b>CO56</b>	Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with dementia by March 2011	Ralph Roberts - Director of Integrated Health Services	Graham Allison – Joint Manager – Mental Health	Baseline – March 2007 – 595 March 2010 – 791	Heat Target T9 Local Delivery Plan SOA (Local outcome: 06_3 : People live independently, with support, wherever necessary)
<b>CO57</b>	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	Ralph Roberts - Director of Integrated Health Services	Sandra Pratt – LTC/MCN Manager	Baseline – March 2008 – 1805 March 2010 – 1778	Heat Target T10 Local Delivery Plan
<b>CO58</b>	To reduce all <i>staphylococcus aureus</i> bacteraemia (including MRSA) BY30% by 2010; to introduce and comply with local antimicrobial policies policies by 2010; and to reduce the rate of C diff infection in hospitals by at least 30% by 2011	Leonie Smith – Acting Director of Nursing & Midwifery	Adam Wood – Infection Control Nurse	MRSA - Baseline – March 2008 – 36 March 2010 – 23 C Diff – Baseline – June 2009 – 0.84 - March 2010 – 0.69	Heat Target T11 Local Delivery Plan

<b>CO59</b>	By 2010/11 NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over, by 10% compared with 2004/05	Ralph Roberts - Director of Integrated Health Services	Sandra Pratt – MCN/LTC Manager	Baseline – March 2007 – 3725 March 2010 – 3340	Heat Target T12 Local Delivery Plan SOA (Local outcome: 06_3 : People live independently, with support, wherever necessary)
<b>CO60</b>	Subject to Board approval of OBC for Borders Emergency Care Centre ensure robust and effective procurement of suppliers consistent with Frameworks Scotland	Robbie Pearson - Director of Planning & Performance	Angela Moody – Planning & Performance Manager	31 <sup>st</sup> March 2010	Local Priority
<b>CO61</b>	Progress development of RONIC to implementation of a new Community Nursing Team.	Jackie Morton – General Manager – P&CS	Jan Macdonald – Project Manager - RONIC	31 <sup>st</sup> March 2010	Local Priority
<b>CO62</b>	To produce affordable business cases for the redevelopment of primary health care facilities for Roxburgh Street Practice, Galashiels, Lauder and Jedburgh	Robbie Pearson - Director of Planning & Performance	Warwick Shaw - General Manager – Premises & Capital Development	31 <sup>st</sup> March 2010	Local Priority
<b>CO63</b>	Consistent with Living and Dying Well and the Delivery Plan, progress improvements in palliative care	Robbie Pearson Director of Planning & Performance	Phillip Lunts – Lead – Cancer & Palliative Care Elaine Peace – Nurse Consultant, Palliative Care	31 <sup>st</sup> March 2010	NHS Borders Delivery Plan SOA (Local outcome: 06_3 : People live independently, with support, wherever necessary)
<b>CO64</b>	Progress secondary care premises/capital works e.g. Endoscopy	Ralph Roberts - Director of Integrated Health Services	Warwick Shaw - General Manager – Premises & Capital Development	31 <sup>st</sup> March 2010	Local Priority
<b>CO65</b>	Develop and agree a Public Involvement Strategy	Robbie Pearson - Director of Planning & Performance	Karen McNicoll – Head of Public Involvement & Communications	31 <sup>st</sup> March 2010	Local Priority
<b>CO66</b>	Develop and agree Maternity Services Strategy	Robbie Pearson - Director of Planning & Performance	Elaine Cockburn – Head of Midwifery	September 2009	Local Priority

<b>CO67</b>	Implementation and delivery of Mental Health and Wellbeing Partnership Board work plan (09/10 activities)	Ralph Roberts - Director of Integrated Health Services	Graham Allison – Joint Manager – Mental Health	31 <sup>st</sup> March 2010	CHCP Outline Work Plan
<b>CO68</b>	Implementation and delivery of Primary & Community Care Partnership work plan (09/10 activities)	Ralph Roberts - Director of Integrated Health Services	Jackie Morton – General Manager – P&CS	31 <sup>st</sup> March 2010	CHCP Outline Work Plan
<b>CO69</b>	<p>Improvement in the quality of health care experience</p> <p>The Scottish Patient Safety Programme is a 5 year programme designed to reduce harm to patients through enhancing the current systems to:</p> <p>Reduce</p> <ul style="list-style-type: none"> <li>• healthcare associated infection</li> <li>• adverse surgical incidents</li> <li>• adverse drug even</li> </ul> <p>Improve</p> <ul style="list-style-type: none"> <li>• improve critical care outcomes</li> <li>• improve the organisational and leadership culture on safety</li> </ul> <p>The principles that these goals are based upon are, that care for patients is Safe, Timely, Efficient, Effective, Patient centred and Equitable. This will be achieved by implementing change packages which are research based using a simple Model for Improvement. The activities of the programme are evaluated by specific process and outcome measures.</p>	Leonie Smith – Acting Director of Nursing	Frances Mason – Patient Safety Manager	31 <sup>st</sup> January 2010	Local Priority

## Annex 6 – NHS Borders Local Delivery Plan

### Additional Local Commitments to support Single Outcome Agreements

Local Outcome	Resource Associated with Commitment		Measures Used to Performance Manage Commitment
	Financial	Workforce	
<p>06_2 : We will reduce alcohol &amp; drug problems amongst young people and adults, as well as the harmful impact of parental substance misuse on children and families:</p> <ul style="list-style-type: none"> <li>• New training post (alcohol brief interventions)</li> <li>• Alcohol LES in primary care</li> <li>• Young People's Befriending service</li> <li>• Expanded Alcohol Liaison Nursing Service in the BGH to cover A&amp;E</li> <li>• Expand BCAT to provide community detox/rehab. service</li> <li>• Expand Face2Face (young people's service) to increase age remit</li> <li>• Commission new parenting support service</li> <li>• Expand Addaction to increase capacity for rise in demand</li> </ul>	<p>3 year funding – annual cost for 2009/10:</p> <p>£40,000</p> <p>75,000</p> <p>60,000</p> <p>65,000</p> <p>110,000</p> <p>17,845</p> <p>90,000</p> <p>70,000</p>	<p>All developments subject to 3 year contracts</p> <p>Service development: New services to be commissioned in joint contracts between NHS Borders and SBC</p> <p>Posts: New post for training plus additional posts across specialist services: Face2Face; BCAT; Addaction.</p> <p>Training: New alcohol LES requires training input for GPs and Practice Nurses to meet</p>	<p>Services: Steering groups will complete commissioning process following SBC contracting and legal guidelines. Services will be subject to quarterly monitoring visits and annual reports. Steering Groups will include DAAT Co-ordinator and NHS Borders Finance Rep.</p> <p>New post will be subject to direct line management within DAAT Team, and additional posts within specialist services will be subject to contract review processes.</p> <p>Training being planned, co-ordinated and delivered in partnership between DAAT Team, local trainers, and national Steering Group to ensure compliance with national standards and meet local need.</p>

<ul style="list-style-type: none"> <li>• Family support Network development work</li> <li>• Social Work support worker posts and developmental work</li> <li>• Continued support for Big River Project (Turning Point)</li> </ul>	<p>20,300</p> <p>33,000</p> <p>32,000</p>	<p>national requirements.</p>	
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