

Borders NHS Board



MANAGING OUR PERFORMANCE END OF YEAR REPORT 2016/17

Aim

The aim of the 2016/17 Managing Our Performance (MOP) End of Year report is to report progress at the end of 2016/17 on the full range of Local Delivery Plan (LDP) standards and other key priority areas for the organisation.

Background

For a number of years, the organisation has produced a Managing Our Performance report as a summary of progress across a range of standards and indicators at the mid way point and also at the end of each financial year.

This 2016/17 End of Year MOP report has been updated to show performance in relation to the LDP standards, some Key Performance Indicators, the Single Outcome Agreement and Corporate Objectives.

Areas of strong performance for LDP standards during 2016/17 are highlighted below. Supporting narrative has been provided by the services and is detailed in the report, with the page numbers referenced below:

- The **Alcohol Brief Intervention** standard was achieved for 2016/17. Performance was 1313 against the standard of 1312 (page 9)
- The standard for **pre-operative stay** was consistently achieved during 2016/17 (latest available data) against the standard of 0.47 (page 11)
- The 90% standard that all referrals were **triaged online** was consistently above the standard of 90% (page 12)
- **6-8 week breastfeeding** rates within NHS Borders were above the standard during 2016/17 (latest available data) (page 12)
- 18 Weeks RTT **combined overall performance** achieved the standard of 90% throughout 2017/17 (page 17)

The Board are asked to note that the following LDP standards were significantly outwith the standard during 2016/17. Further narrative and details can be found within the report on page references below.

- **Smoking Cessation** successful quits is outwith the trajectory set during 2016/17 at the last available position (page 9)
- The **Sickness Absence** rate was outwith the 4% standard during 2016/17 at 4.86% over the year (page 10)
- The **DNA rate** for new patients was outwith the 4% standard during 2016/17 (page 10)

- **12 weeks Outpatient Waiting Times** was consistently outwith the standard of 0 breaches during 2016/17 (page 15)
- **12 week Inpatient Waiting Time and Treatment Time Guarantee** were outwith the standard of 0 breaches during 2016/17 (page 16)
- At end of February 2017 (latest available data) **18 Weeks RTT Admitted Pathway Performance** was outwith the 90% standard which is consistent with what has been reported throughout the year (page 16)
- There continues to be breaches of the **6 week Diagnostic Waiting Time** standard during 2016/17 (page 18)
- Performance has been outwith the standard of 0 **Delayed Discharges** over 2 weeks and 72 hour during 2016/17 (page 23)

Although the above standards are outwith trajectory, NHS Borders are in the top third when compared to the rest of Scotland (where comparative data is available). A summary table is provided on page 27 of the report.

The LDP standards that cannot be measured on a monthly basis are included in this 6 monthly MOP report. Narrative is provided within the report from page 28.

Summary

The 2016/17 End of Year MOP report is an important part of the organisational performance management framework as it provides a mechanism to report progress across the full range of LDP standards and key performance indicators, and summarise performance during 2016/17, along with a selection of priority areas and Corporate Objectives.

Recommendation

The Board is asked to **note** the 2016/17 End of 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

Name	Designation	Name	Designation
June Smyth	Director of Planning & Performance		

Author(s)

Name	Designation	Name	Designation
Carly Lyall	Planning & Performance Officer		



**MANAGING
OUR
PERFORMANCE
END OF YEAR
REPORT
2016/17**

March 2017

Planning & Performance

CONTENTS

	Page
1 Executive Summary	3
2 Introduction	4
3 2016/17 LDP Standards	6
LDP Summary of Performance	6
Monthly Performance: LDP Standards	8
Monthly Performance: Access to Treatment	15
Monthly Performance: Performance in Partnership	23
Monthly Performance: Key Performance Indicators	24
Summary of Latest Performance against NHS Scotland	27
Progress on Targets Not Reported on a Monthly Basis	28
4 Update on Contributions to Single Outcome Agreement	32
A summary of the performance of a number of selected contributions which are related to the Single Outcome Agreement	
5 Corporate Objectives	34

1. EXECUTIVE SUMMARY

Background

NHS Borders Board has reviews 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 and local targets set through the local delivery plan process.

The monthly Performance Scorecard is presented to the Clinical Executive Operational Group, Strategy & Performance Committee and the Board. Monthly Clinical Board scorecards and quarterly performance reviews remain in place, as well as this 6 monthly Managing Our Performance Report.

2016/17 End of Year MOP

This 2016/17 End of Year MOP Report includes an assessment of performance in relation to the LDP standards, contributions to the Single Outcome Agreement and Corporate Objectives. The final section of the report provides an update on the commitments made in the 2016/17 Local Delivery Plan. The 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 LDP standards, including those which cannot be reported on a monthly basis and are therefore not included in the Performance 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 March 2017 (or latest available performance).

Summary

This report allows Board members to see the end of year position for 2016/17 and assess what action is required to achieve the full range of LDP standards going forward into the new 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 LDP standards along with a range of locally set key performance indicators (KPIs). Standards from these three Scorecards are compiled into one Performance Scorecard which combines elements of what was the HEAT Scorecard, Access to Treatment Report and the Integrated Performance Scorecard. The Performance Scorecard is presented to the Clinical Executive Operational Group, Strategy & Performance Committee and the Board to provide a consistent format and method of reporting. Some locally set stretch targets remain within the report for monitoring purposes however the RAG status is applied to the national standard, these targets include; Waiting Times Target for Diagnostics, Accident & Emergency 4 Hour Standard, CAMHS Waiting Times, Psychological Therapy Waiting Times and Drug & Alcohol Treatment Waiting Times.

In addition to this reporting during 2016/17, each Clinical Board attended a quarterly performance review where performance was monitored by the Board Executive Team and a quarterly Clinical Board Scorecard is reviewed.

2016/17 LDP Standards and Local Indicators

This 2016/17 End of Year MOP Report summarises performance for LDP standards and local indicators from April 2016 to March 2017 that can be reported monthly, 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. 2016/17 LDP STANDARDS

Summary of Performance

Strong Performance – Green targets

The following standards are meeting or have exceeded their trajectories at the end of March 2017 (or latest available data):

- Alcohol Brief Interventions (page 9)
- Day case rates (page 11)
- Pre Operative stay (page 11)
- Online triage of referrals (page 12)
- Exclusive breastfeeding rate at 6-8 weeks check, local data (page 12)
- Emergency Occupied Bed Days for the over 75s (page 13)
- 18 weeks referral to treatment: non-admitted pathway performance (page 17)
- 18 weeks referral to treatment: combined performance (page 17)
- Treatment within 31 days of decision to treat for all patients diagnosed with cancer (page 19)
- Admission to the Stroke Unit with 1 day of admission (page 20)
- No CAMHS waits over 18 weeks (page 21)
- 90% of alcohol/drug referrals into treatment within 3 weeks (page 22)

Performance at Risk – Amber targets

Performance against the following standards was outwith the trajectory at the end of March 2017 (or latest available data):

- Diagnosis of Dementia (page 8)
- Post Diagnostic Support (page 8)
- eKSF annual reviews completed (page 14)
- Treatment within 62 days for urgent referrals of suspicion of cancer (page 19)
- 4 hour waiting target for A&E (page 20)
- No psychological therapy waits over 18 weeks (page 21)

Under Performing – Red targets

Performance was significantly outwith target for the following LDP standards at the end of March 2017 (or latest available data):

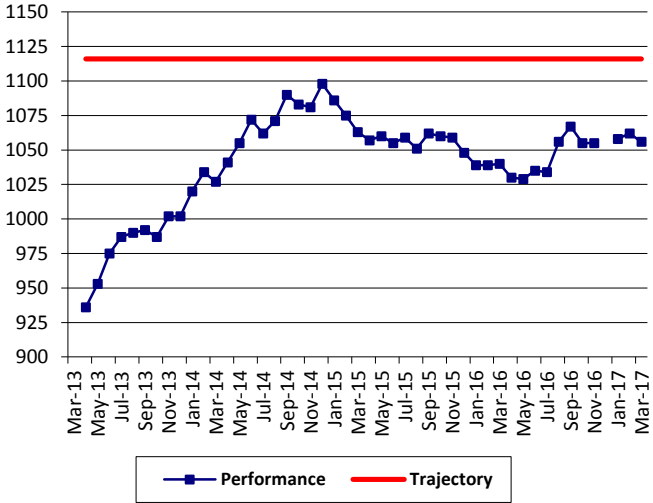
- Smoking cessation (page 9)
- Sickness absence reduced (page 10)
- New patient DNA rate (page 10)
- PDPs complete on eKSF (page 14)
- 12 weeks for outpatients (page 15)
- 12 weeks for inpatients (page 15)
- Treatment Time Guarantee (page 16)
- 18 weeks RTT: admitted pathway performance (page 16)
- 6 weeks waiting target for diagnostics (page 18)
- No delayed discharges over 2 weeks (page 23)

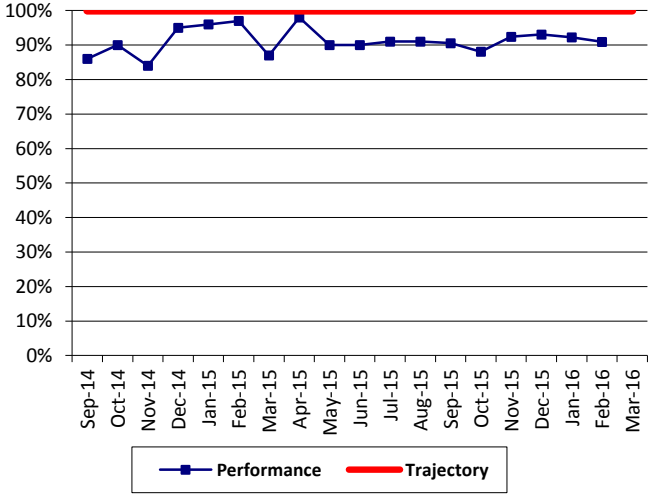
Further information on all the LDP standards are detailed within the report and have been given a RAG (Red, Amber, Green) status based on the following key:

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 LDP Standards

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

Standard: Diagnosis of Dementia	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
	1116	1116	1056	A
<p>Performance against this standard continued to fluctuate throughout 2016/17. An exercise to review patients' dementia diagnosis recording on ePEX, and subsequently the Dementia Register, is ongoing.</p> <p>The result of a pilot gap analysis of diagnoses on ePEX against the Dementia register was carried out with Selkirk practice and increased the number of diagnoses recorded for Selkirk area patients by approximately 20%.</p> <p>The above process is going to be carried out with all GP practices willing to participate - a letter has been drafted for Consultants from each area to send to the relevant practice, and is in the process of being issued. It is anticipated that if they participate, on completion, the standard will be achieved. The target completion date is 31st July 2017. There has been discussion around an alternative option which is being explored.</p> <p>Please Note: Data unavailable for December 2016</p>				

Standard: Dementia - Percentage offered at least 12 months of Post Diagnostic Support	2016/17 Standard	Current Standard	Feb 2017 Position	Feb 2016 Status ¹
	100%	100%	91%	A
<p>Performance for Post-Diagnostic Support (PDS) has been static over the last year. Reporting of this standard commenced in September 2015 (with a one year data lag).</p> <p>A short term working group met to consider delivery of PDS; this multi-disciplinary group has links with the National Focus on Dementia project, the lead body in supporting PDS processes.</p> <p>The PDS training programme is at Enhanced level when mapped against the Promoting Excellence Framework, This course has been delivered to staff delivering PDS across NHS Borders with the final cohort of staff trained in March 2017.</p> <p>There is a PDS Leads meeting in July 2017 to look at this standard across Scotland which will result in some outcomes to progress.</p> <p>¹ The standard is that people newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support therefore February 2016 is the latest available data. There is a 13 month lag time to allow the full 1 year support to be report.</p>				

Please Note: There is a 13 month time lag to show the full 12 months performance.

Standard: Alcohol Brief Interventions	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
		1312	1312	1313

Performance in 2016/17 was 1313 compared to a standard of 1312 (100%).

There are still low levels of screening in A&E. The ADP Support Team and Substance Misuse Liaison Nurse have provided training to relevant staff and agreed a process; however, this is not yet embedded. We are liaising with relevant managers to improve this and anticipate this improving from July 2017.

There has been a decrease in the number of ABI's delivered in primary care over the lifetime of the Local Enhanced Service and it is possible that numbers may further drop during 2017/18.

Standard: Smoking cessation successful quits in most deprived areas (cumulative)	2016/17 Standard	Current Standard	Sept 2016 Position	September 2016 ¹ Status
		173	130 (Dec 16)	90 (Dec16)

The standard for 2016/17 represents a 47% increase on the previous year. While data is not yet published for quarter 4 of 2016/17 (due to reporting lag) recent extracts confirm that performance remains significantly lower than target (90 of 130 expected). However, the steps taken in October-November through an advertising campaign on Radio Borders and associated press releases increased our performance from 52% in quarter 2 to 81% in quarter 3.

We have continued our efforts to increase quit rates through further marketing, through a new radio campaign in February-April and an ongoing targeted Facebook campaign. A new Health Behaviour Change Toolkit is being implemented by Advisors, to increase the level of support offered to patients. A NES training evening is being delivered to community pharmacists to support their delivery of service and we have changed formulary to offer a more effective pharmacotherapy as 1st line treatment, to increase quit rates.

Brief advice training for BGH staff has now reached over 243 colleagues. In addition, staff will shortly be able to refer patients to the service through TrakCare, which we expect to increase referrals through ease of access.

¹ There is a 6 month lag time for reporting to allow monitoring of the full 12 week quit period therefore latest available data is December 2016.

Please Note: Data will be reported quarterly with a 6 month lag time to allow monitoring of the 12 week quit period.

Standard: Maintain Sickness Absence Rates below 4%	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
		4.0%	4.0%	5.2%

Line chart showing Sickness Absence Rates from Mar-13 to Mar-17. The y-axis ranges from 2.00% to 6.00%. A blue line represents 'Performance' and a red horizontal line represents 'Trajectory' at 4.00%. Performance fluctuates around the 4.00% line, with a notable peak in Jan-15 and another in Jan-17.

Cumulative sickness absence for year April 2016 – March 2017 is 4.86% - which is 0.34% lower than the NHS Scotland Average (5.20%) over the same period.

HR provide advice and support to managers to help manage sickness absence levels in line with the policy. HR continue to be a support service to the clinical boards by providing HR advice and support in managing sickness absence, HR will recommend actions to be taken in line with the NHS Borders Sickness Absence Policy. Monthly sickness absence reports are provided to each Clinical Board and HR also proactively identify sickness absence “hot spots” and contact managers to enquire if any support is required in managing levels.

HR are continuing to work alongside Work and Wellbeing Services to provide advice and support to line managers to manage sickness absence levels. They continue to revise sickness absence processes to ensure we are providing an efficient and supportive service to managers. Correspondence to managers indicating if employees are not meeting the expected level of attendance is being revised to indicate that action is recommended/required as well as reminding managers of actions that could / should be taken.

Standard: New patients DNA rate will be less than 4% over the year	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
		4.0%	4.0%	4.7%

Line chart showing New patients DNA rate from Mar-13 to Mar-17. The y-axis ranges from 0% to 7%. A blue line represents 'Performance' and a red horizontal line represents 'Trajectory' at 4.00%. Performance fluctuates significantly, mostly staying above the 4.00% trajectory line.

Overall the DNA rate for new patients whilst better than previous years has generally remained above the 4.0% standard. Whilst immediately after the summer 2016 media campaign the rate improved, this improvement has not been sustained.

Actions going forward include continuing to assign staff where possible to telephone patients with a history of missed appointments and exploring a refresh of the posters for a 2017 DNA campaign.

Standard: 86% of patients for day procedures to be treated as Day Cases	2016/17 Standard	Current Standard	January 2017 Position	January 2017 ¹ Status
		86%	86%	86.0% (Jan 17)

The chart displays monthly performance data from March 2013 to March 2017. The y-axis represents the percentage of patients treated as day cases, ranging from 76% to 100%. A red horizontal line indicates the 86% standard. The blue line with square markers shows the monthly performance, which generally stays between 80% and 88%, with a notable dip to approximately 78% in early 2014 and a peak near 88% in late 2016.

Performance against this standard has improved since August 2016. This correlates with the reduction in the number of pre-operative stays achieved through the theatres and surgical flow project. Gynaecology has increased day case rates for a set of procedures.

The main reasons for patients not being treated as a day case are:

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

¹ There is a 2 month time lag due to extracting the information from validated SMR1 data therefore latest available data is January 2017

Standard: Reduce the days for pre-operative stay	2016/17 Standard	Current Standard	January 2017 Position	January 2017 ¹ Status
		86%	86%	0.02 (Jan 17)

The chart displays monthly performance data from March 2013 to March 2017. The y-axis represents the number of pre-operative days, ranging from 0.00 to 0.50. A red horizontal line indicates the 0.02 standard. The blue line with square markers shows the monthly performance, which fluctuates between 0.15 and 0.50 until late 2016, after which it drops sharply to near 0.02 by January 2017.

We have seen a sharp reduction in the number of pre-operative stays since November 2016. This is a result of the work carried out as part of the IHO theatres and surgical flow project to reduce pre-operative stays in orthopaedics. It is expected that this level of performance will be sustained.

¹ There is a 2 month time lag due to extracting the information from validated SMR1 data therefore latest available data is January 2017

Standard: 90% of all referrals to be triaged online	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
		90%	90%	93.3%

The run chart shows that overall the level of online eTriage of referrals continues to perform above the 90% standard and this is expected to continue.

Standard: Increase the proportion of new-born children breastfed at 6-8 weeks	2016/17 Standard	Current Standard	December 2016 Position	December 2016 ¹ Status
		33%	33%	41.2% (Dec 16)

For the period April – December 2016 performance exceeded the 33% standard.

The services continue to work collaboratively with health improvement. All Maternity Staff and BFI key workers are actively working on ensuring babies get the best start in life, we have developed the following in 2016/17;

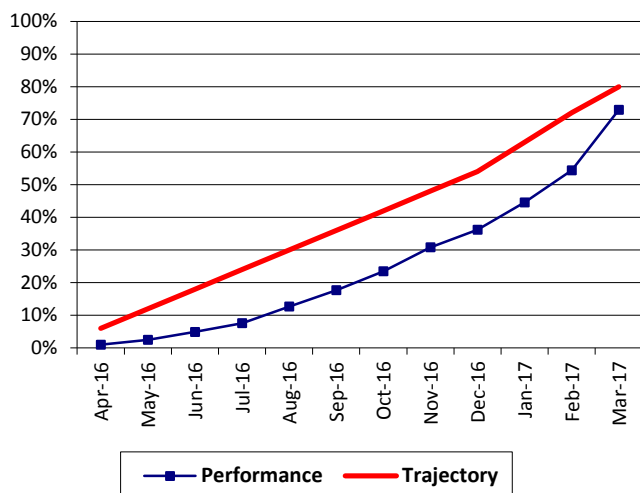
- Continuing to deliver training and updates to all staff.
- To maintain/continuing to improve performance we have increased the provision of peer supporters.
- Peer supporters working within Early Years Assessment team.
- Focus on improving breast feeding rates within Special Care Baby Unit.
- Skin to Skin initiated for all deliveries.

¹ There is a 6 month lag time for local data. It is reported quarterly and with a time lag to allow data collection at the 8 week review therefore latest available data is December 2016.

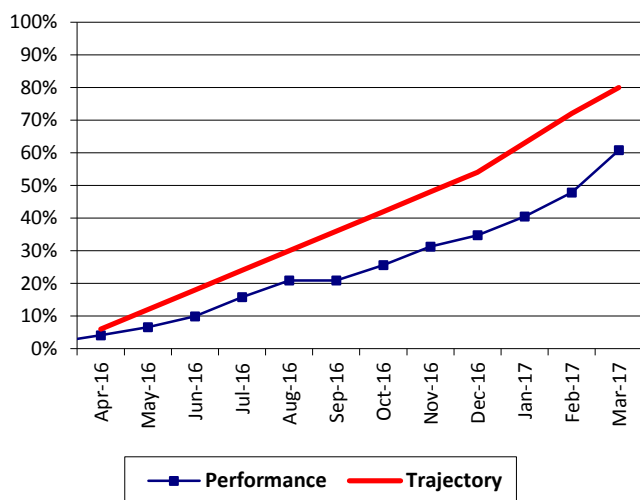
Standard: Reduce Emergency Occupied Bed Days for the over 75s	2016/17 Standard	Current Standard	December 2016 Position	December 2016 ¹ Status
		3685	3685	3386
<p>The graph displays two data series over time from November 2012 to March 2017. The 'Performance' series (blue line with square markers) shows a sharp decline from approximately 4400 in Nov-12 to a low of about 3400 in Jul-13, followed by a slight recovery and then a gradual decline to around 3400 by Mar-17. The 'Trajectory' series (red line) starts at 5250, drops to 4800 in Mar-13, then to 3650 in May-14, and remains constant at 3650 through Mar-17.</p>	<p>Over the past year (Dec 2015 - Dec 2016) there has been a significant fall in emergency admissions to the Borders General Hospital in persons over 75 years for Borders residents compared to Scotland as a whole (11% v 0.5% respectively). This is thought to be due to the impact of the redesign of Borders General Hospital services. These service changes include helping primary care teams access alternatives to hospital admission (including use of ambulatory care services); a rigorous approach to patient triage within the Emergency Department; and the introduction of a Frailty Service resulting in a more streamlined approach to patient care that ensures that patients receive the 'right care from the right person at the right time' to avoid or minimise their stay in hospital.</p> <p>1 There is a 6 month lag time therefore latest available data is December 2016. Monthly, rolling year data shows the most recent available to an acceptable level of completeness (based on ISD's latest assessment of SMR record submissions and backlogs).</p>			

Standards:	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
80% of all Joint Development Reviews to be recorded on eKSF	80%	80.0%	72.9%	A
80% of all Personal Development Plans to be recorded on eKSF	80%	80.0%	60.8%	R

Joint Development Reviews recorded on eKSF



Personal Development Plans recorded on eKSF



NHS Borders achieved the figure of 72.9% (previous year 82.14%) JDRs completed and 60.8% (67.17% previous year) PDP activity marked as complete.

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

KSF Champions identified from within the service are carrying out training on e-KSF and supporting managers and staff in meeting their requirements. Monthly reports are also produced by the KSF Champions and sent to all managers highlighting the areas outwith trajectory and if they are struggling to meet their trajectory support is offered. If they are still outwith their trajectory, the Champions escalate to the Employee Director, who contacts the identified areas.

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

e-KSF will be replaced in the future with eESS and training will be rolled out to Managers and Staff, until then the e-KSF system and process should still be followed until otherwise notified.

Learning Disability Service achieved 100% target which supports the good joint working relationships between staff and managers to enable this achievement.

Access to Treatment

Standard: 12 wks for Outpatients	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
		0	0	490

The graph displays the number of outpatients waiting longer than 12 weeks over time. The y-axis represents the number of patients, ranging from 0 to 900. The x-axis shows time in three-month intervals from March 2013 to March 2017. A blue line with square markers represents the 'Performance' data, which shows a general upward trend with several peaks, notably around 700 in early 2016 and a sharp peak of nearly 800 in March 2017. A red horizontal line at the 0 mark represents the 'Trajectory' or standard, which is consistently met.

There has been a significant increase in the number of outpatients waiting longer than 12 weeks during the latter six months of 2016/17.

This was largely due to increases in Cardiology, Dermatology, Ophthalmology and Orthopaedics.

Dermatology was adversely impacted by Consultant illness and Ophthalmology due to a vacant post following Consultant retiral. There is a long term locum within the Dermatology service with a consultant post out to advert at present. Ophthalmology is also being supported by locums and the service is undergoing a review. There are difficulties in sourcing medical staff in both these specialties.

An action plan has been developed to resolve issues within the Cardiology service, and in Orthopaedics a plan is being developed to reduce referrals and demand on the clinics. This work will involve further development to MSK physiotherapy pathways.

Standard: 12 wks for Inpatients	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
		0	0	54

The graph displays the number of inpatients waiting longer than 12 weeks over time. The y-axis represents the number of patients, ranging from 0 to 60. The x-axis shows time in three-month intervals from March 2013 to March 2017. A blue line with square markers represents the 'Performance' data, showing several peaks, with the highest being around 55 in March 2017. A red horizontal line at the 0 mark represents the 'Trajectory' or standard, which is consistently met.

The number of patients waiting over 12 weeks has deteriorated during the latter half of the year. Until August 2016 additional weekend operating sessions were carried out with support from Synaptik to bridge the gap in capacity. Since this point the number of breaches has increased, which has been consistently highlighted in the monthly scorecard, and is mainly made up of orthopaedic patients.

Work is underway through the IHO project to look at the theatre schedule to provide additional operating sessions for Orthopaedics. Additional funding has been provided by the Scottish Government to support this area due to the current financial pressures.

Standard: 12 Weeks Treatment Time Guarantee	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
		0	0	42

Month	Performance
Mar-14	17
May-14	8
Jul-14	9
Sep-14	5
Nov-14	19
Jan-15	10
Mar-15	7
May-15	13
Jul-15	38
Sep-15	24
Nov-15	26
Jan-16	9
Mar-16	15
May-16	5
Jul-16	7
Sep-16	2
Nov-16	1
Jan-17	4
Mar-17	9
May-17	4
Jul-17	2
Sep-17	4
Nov-17	2
Jan-18	10
Mar-18	13
May-18	10
Jul-18	34
Sep-18	42

The number of patients breaching TTG has deteriorated during the latter half of the year. Until August 2016 additional weekend operating sessions were carried out with support from Synaptik. Since this point the number of breaches has increased and is mainly made up of orthopaedic patients. This risk has been consistently highlighted in the monthly scorecard. Additionally, there were a significant number of patients cancelled during January due to bed availability which impacted on capacity in early 2017.

Work is underway through the IHO project to look at the theatre schedule to provide additional operating sessions for Orthopaedics and to level load admissions over the week to reduce the number of patients cancelled at short notice. Additional funding has been provided by the Scottish Government to support this area due to the current financial pressures.

Standard: 18 Weeks Referral to Treatment Admitted Pathway Performance	2016/17 Standard	Current Standard	Feb 2017 Position	February 2017 Status
		90%	90%	75.5% (Feb 17)

Month	Activity
Mar-13	78%
May-13	75%
Jul-13	78%
Sep-13	71%
Nov-13	74%
Jan-14	68%
Mar-14	64%
May-14	73%
Jul-14	77%
Sep-14	78%
Nov-14	67%
Jan-15	76%
Mar-15	71%
May-15	71%
Jul-15	72%
Sep-15	81%
Nov-15	82%
Jan-16	81%
Mar-16	81%
May-16	83%
Jul-16	78%
Sep-16	85%
Nov-16	80%
Jan-17	77%
Mar-17	74%
May-17	78%
Jul-17	75%
Sep-17	78%
Nov-17	75%
Jan-18	78%
Mar-18	75%

18 weeks admitted performance has declined over the year, as a result of longer waiting times for outpatient appointments and Orthopaedic procedures. Additional funding has been provided by the Scottish Government to support this area due to the current financial pressures

Please Note: There is a 1 month lag time for 18 Weeks RTT to allow accurate information to be reported in line with national reporting timelines.

Standard: 18 Weeks Referral to Treatment Non-Admitted Pathway Performance	2016/17 Standard	Current Standard	Feb 2017 Position	February 2017 Status
		90%	90%	91.5% (Feb 17)

Please Note: There is a 1 month lag time for 18 Weeks RTT to allow accurate information to be reported in line with national reporting timelines.

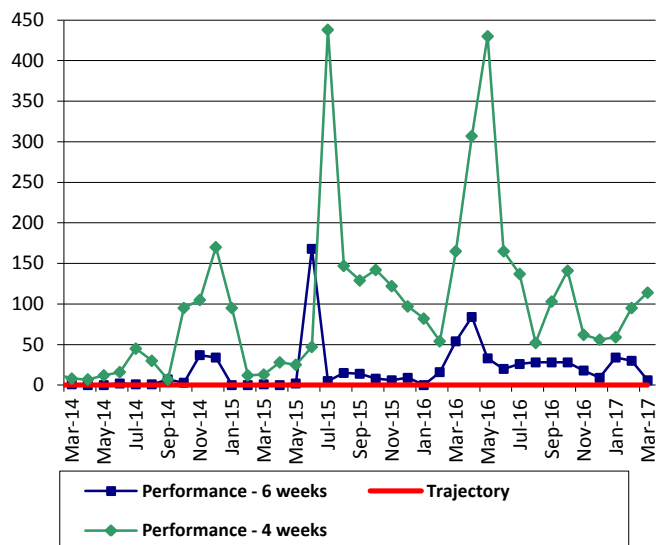
18 weeks non-admitted pathway performance has remained consistently above 90% during 2016/17.

Standard: 18 Weeks Referral to Treatment Combined Performance	2016/17 Standard	Current Standard	Feb 2017 Position	March 2017 Status
		90%	90%	90.0% (Feb 17)

Please Note: There is a 1 month lag time for 18 Weeks RTT to allow accurate information to be reported in line with national reporting timelines.

Overall 18 weeks RTT performance has remained above the national standard of 90% during 2016/17.

Diagnostic Waiting Times	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
Standard: 6 Week Waiting Target for Diagnostics	0	0	6	R
Stretch: 4 Week Waiting Target for Diagnostics	0	0	114	-



The 6 week diagnostic standard has remained challenging throughout the year with capacity shortages identified in Colonoscopy and CT/MRI.

Colonoscopy capacity has accounted for the majority of the 6 week breaches. The general medical rota in place from May 2016 has impacted on the availability of consultants to provide a consistent number of colon lists per week. Some additional capacity was put into the service throughout the year to manage the waiting times. Approval has been received to recruit a non-medical endoscopist. This post is yet to be filled but would provide ring-fenced colon sessions each week and would allow the service more flexibility in the provision of lists. This post would also assist in the nursing succession planning in the service.

CT and MRI waiting times have been managed on an ongoing basis by additional sessions being carried out by existing staff. Approval has recently been granted to recruit a new consultant radiologist. This increase in core capacity should allow waiting times to be maintained within the 6 week target. The service is also actively engaging with the orthopaedic redesign workstream to identify demand optimisation opportunities.

Standard: 95% of all cases with a Suspicion of Cancer to be seen within 62 days	2016/17 Standard	Current Standard	Feb 2017 Position	March 2017 Status
		95%	95%	90% (Feb 17)

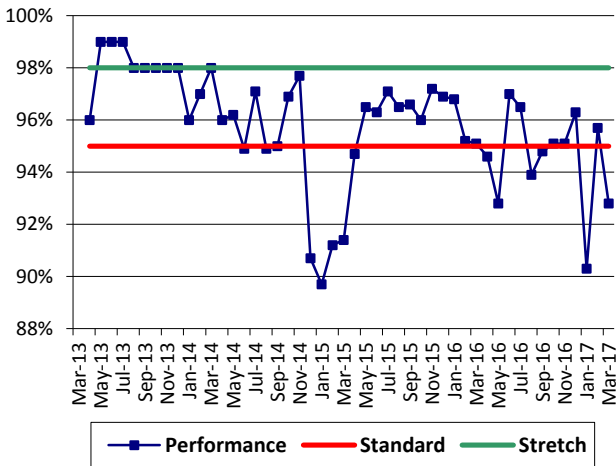
Please Note: February 2017 data updated

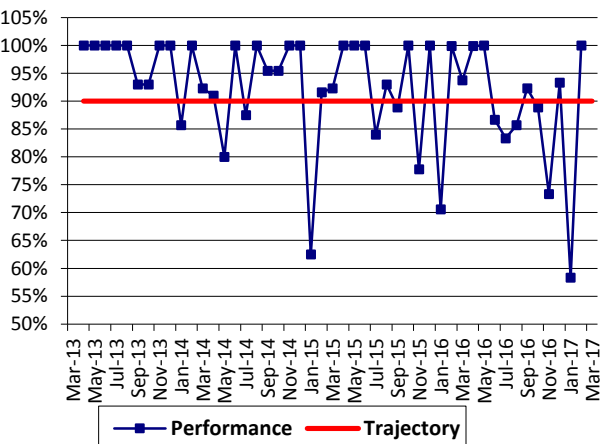
NHS Borders achieved performance above 95% for the 62-day standard during 2016/17.

There remains a risk for patients requiring surgical treatment in NHS Lothian, particularly for Urology procedures. There have been discussions with NHS Lothian to find a solution, however at present they only have two surgeons who are able to perform the procedures, therefore this is likely to be an ongoing issue.

Standard: 95% of all patients requiring Treatment for Cancer to be seen within 31 days	2016/17 Standard	Current Standard	Feb 2017 Position	March 2017 Status
		95%	95%	100% (Feb 17)

NHS Borders achieved performance above 95% for the 62-day standard during 2016/17.

Emergency Access Standard	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
Standard: Accident & Emergency 4 Hour Standard	95%	95%	92.8%	A
Stretch: Accident & Emergency 4 Hour Stretched	98%	98%	92.8%	A
 <p>The chart displays performance over time. The y-axis represents percentage from 88% to 100%. The x-axis shows dates from Mar-13 to Mar-17. A blue line with square markers represents 'Performance', which fluctuates between approximately 90% and 99%. A red horizontal line represents the 'Standard' at 95%. A green horizontal line represents the 'Stretch' target at 98%.</p>	<p>Our focus and aim continues to be to achieve 98% performance. Since January, performance has deteriorated and the following actions have been taken:</p> <ul style="list-style-type: none"> • Development of revised 6 Essential Actions, along with national colleagues, the action plan is based on areas of greatest impact and ensured alignment of operational delivery. • We have re-introduced the role of the daily Duty Manager, as senior manager with overall responsibility for safety and flow on a daily basis. • We have remodeled medical in-patient flows to increase consistency and frequency of senior decision makers on the wards. • We have a strong focus on discharges from the wards and will be working to improve weekend discharges to maintain flow. • We are remodeling how we address patients experiencing delays in our Older People wards along with our partners. <p>We have introduced two safety questions to the hospital huddle and provide a daily message on reducing delays and improving patient experience by ensuring that patients are in the right place for their care.</p>			

Standard: Admitted to the Stroke Unit within 1 day of admission	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
	90%	90%	100% (Feb 17)	G
 <p>The chart displays performance over time. The y-axis represents percentage from 50% to 105%. The x-axis shows dates from Mar-13 to Mar-17. A blue line with square markers represents 'Performance', which is consistently at 100%. A red horizontal line represents the 'Trajectory' target at 90%.</p>	<p>We continue to monitor and act on this on a daily basis to maintain and improve performance. The stroke team review this daily and work with the wider hospital team to ensure these patients are prioritised for the stroke unit.</p> <p>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.</p> <p>In November and January, poor performance was as a result of delays accessing beds in the Stroke Unit and also issues with delays to swallow screen assessment which have now been resolved.</p> <p>¹ Stroke Unit Admission data is reported with a 1 month lag time due to the time difference between the scorecard deadline and the national extract deadline therefore latest available data is February 2016. Data has been updated to reflect the exact % over the last 6 months.</p>			

Standard: No Psychology Therapy waits over 18 weeks	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
	90%	90%	85%	A
	95% (stretch)	95% (stretch)	85%	R

Please Note: No previous performance to report as data reporting has changed for 2016/17 to the % of patients seen within 18 weeks.

Performance for Psychological Therapies referral to treatment continues to fall below 90%, fluctuating on a monthly basis.

The data is reported as an average performance across all service areas (LD, adult, older adult, CAMHS, Rehab, Chronic Pain and Addictions).

Additional CAAP and Clinical Psychology resource has been recruited across the service, admin processes have been reviewed and group work is now being coordinated and administered centrally.

A project plan is underway to address underlying demand and capacity issues, with an initial focus on job planning and DNA's.

Standard: No CAMHS waits over 18 weeks	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
	90%	90%	97.4%	G
	95% (stretch)	95% (stretch)	97.4%	G

Please Note: No previous performance to report as data reporting has changed for 2016/17 to the % of patients seen within 18 weeks.

The service is now implementing specific allocations meetings to retain focus on referrals and the waiting list. This was implemented in January 2016 and continues to be maintained.

From July 2016, the service is now identifying any child waiting 15 weeks or over and ensuring they are allocated an appointment within the following three weeks wherever possible.

The service has reviewed the waiting list and identified improvements in relation to the information available to the team.

There has been additional temporary CAAP (Clinical and Applied Psychologist) and permanent Community Mental Health Team Nurse resource recruited to in CAMHS in 2016/17.

All of the above measures have had a positive and sustained impact on waiting times performance.

Standard: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
	90%	90%	97.0%	G
	95% (stretch)	95% (stretch)	97.0%	G

Month	Performance (%)	Standard (%)	Stretch (%)
Mar-13	100	90	95
May-13	100	90	95
Jul-13	100	90	95
Sep-13	98	90	95
Nov-13	100	90	95
Jan-14	98	90	95
Mar-14	98	90	95
May-14	98	90	95
Jul-14	100	90	95
Sep-14	100	90	95
Nov-14	98	90	95
Jan-15	100	90	95
Mar-15	98	90	95
May-15	92	90	95
Jul-15	100	90	95
Sep-15	98	90	95
Nov-15	100	90	95
Jan-16	85	90	95
Mar-16	98	90	95
May-16	98	90	95
Jul-16	75	90	95
Sep-16	70	90	95
Nov-16	90	90	95
Jan-17	95	90	95
Mar-17	97	90	95

This is a national LDP standard with an ongoing requirement is to deliver 3 weeks Referral to Treatment (RTT) for 90% of Drug & Alcohol referrals. There is a local NHS Borders stretch target of 95%.

This standard reflects performance within Borders Addiction Service (BAS) and Addaction.

Performance has fluctuated throughout 2016/17, falling short of the target for most of this time.

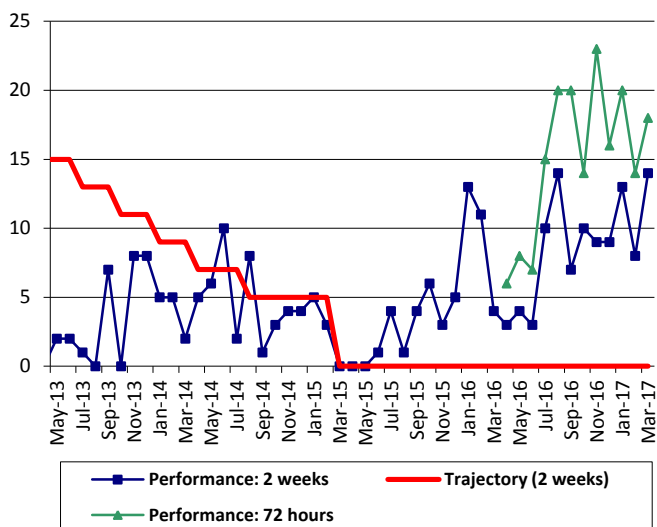
Recruitment and retention continues to be challenging, having a negative impact on performance throughout 2016/17.

Actions being considered to improve performance in 2017/18 include:

- Complete a review of referral to treatment process
- Review current data collection and consider use of data to ensure effective management and governance of waiting times
- Await review of opt in/DNA policy within Mental Health and apply learning across to BAS

Performance in Partnership

Delayed Discharges	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
Standard: Delays over 2 weeks	0	0	14	R
Standard: Delays over 72 hours	0	0	18	R



Winter Period 2016/17

There was a 73% increase in delayed discharge cases over the festive period in 2016 (27) compared to 2015 (16). The number of cases over 2 weeks as at 6th January 2017 was 23, compared to 12 in 2016. 14 of these delays were in Community Hospitals, but there were increases in the numbers delayed in the BGH and Mental Health. The numbers over 72 hours as at 6th January 2017 was 28, compared to 17 in 2016.

The top reasons for delay were:

Wait for care package (average 6.75 patients per week - unchanged since last year)

Completion of social work assessment (11 compared to 4.25 last year)

Wait for care home placements (5 compared to 0.25 last year). This latter issue may be due to the cessation in use of flex beds this winter. Additional Social Work resource has been employed to reduce wait times for assessment.

There are a range of actions currently being undertaken to reduce delayed discharges in response to the issues identified, including:

Professor John Bolton has been commissioned to work with NHS Borders to help to improve Delayed Discharges and Patient Flow across the system. This will inform subsequent work to improve community hospital LOS, effective use of community capacity across home care and care homes, pathway development, thresholds and risk management and improve patient safety. An action plan is being developed to implement his recommendations.

A transitional care facility was opened in Waverly Care Home in November 2016 prioritising 11 intermediate care beds.

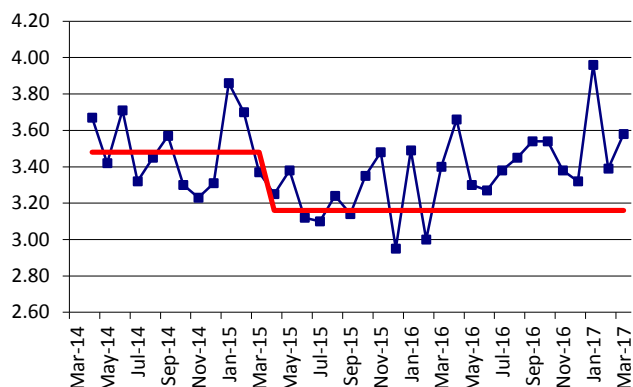
Care Home in Kelso can provide 7 beds on an intermediate care basis (to mirror the Waverly approach). GP cover is already in place for Grove residents and discussions are underway across health and social work to confirm the wider AHP provision and start date for admissions / patient transfers.

Discussions are also underway across health and social work to confirm the wider AHP provision and start date for admissions / patient transfers and intermediate care beds.

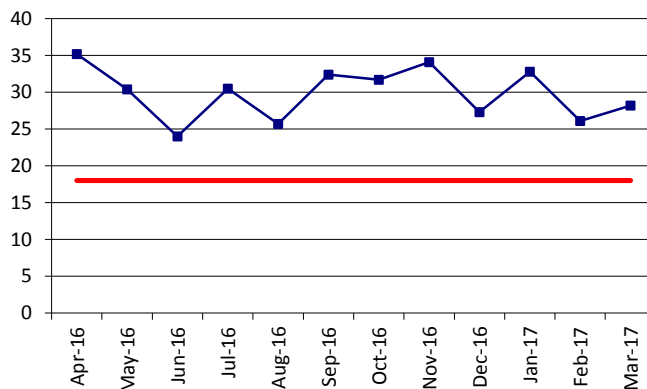
Key Performance Indicators

Cancellations	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
Total Cancellation Rate	-	-	7.9%	-
Hospital Cancellation Rate	1.5%	1.5%	1.8%	A
<p>The hospital cancellation rate has been consistently higher than the standard over the past year. However, there has been an improvement recently with performance in February and March 2017 exceeding the national standard as a result of the introduction of the IHO model.</p> <p>Work has been ongoing to implement smoothing during the booking process to avoid peaks and troughs in admissions which has positively impacted the cancellation rate. The introduction of the combined elective ward in December 2016 has also reduced the number of cancellations due to bed availability. The exception to this was January 2017 when there was a high number of cancellations due to pressure for medical beds across the BGH site, and delays in discharging patients to their next stage of care.</p>				

Average Length of Stay	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
Borders General Hospital	3.16	3.16	3.58	R
Community Hospitals	18.0	18.0	28.2	R



■ BGH ALOS — Standard



■ Community ALOS — Standard

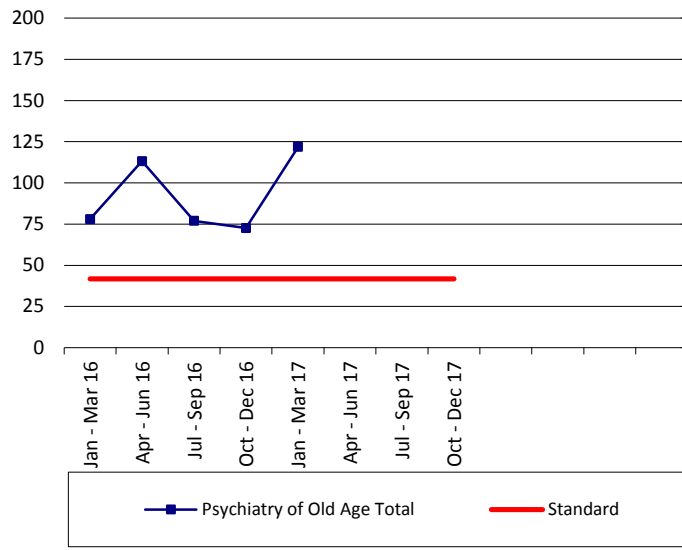
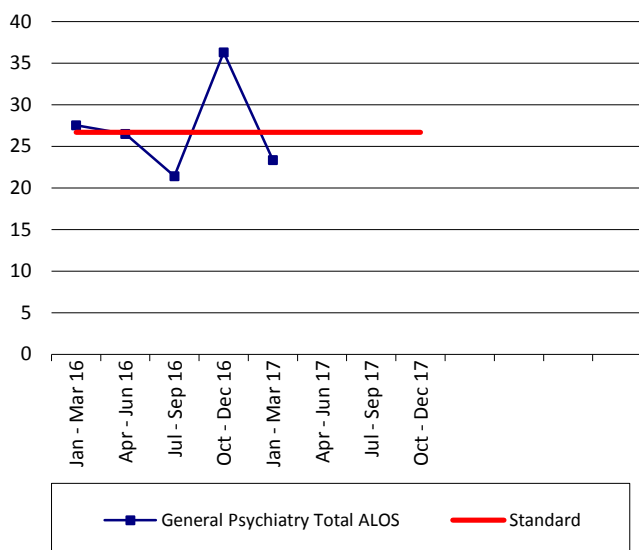
Borders General Hospital

The number of patients in hospital for over 28 days has increased due to delays in discharging patients to their next stage of care. This continues to have a significant impact on BGH length of stay and the requirement for additional surge beds and staffing.

Community Hospitals

Clinical Nurse Manager will continue to attend all MDTs and support patient flow and contribute to the Delayed Discharge Meetings and liaising with Social Work. The General Manager contributes to the review of pathways to manage patients who lack capacity and is joint working with Social Work. Senior Management continues to address underlying issues of capacity of home care and residential home services within the community. There are daily and weekly reviews of community hospital discharge profiles. Dedicated START team members within each Community Hospital are now in place, these staff contribute to and support MDTs and Board rounds, focusing on discharge planning.

Average Length of Stay	2016/17 Standard	Current Standard	March 2017 Position	March 2017 Status
Mental Health - General Psychiatry Total	26.70	26.70	23.35	G
Mental Health - Psychiatry of Old Age Total	41.81	41.81	121.88	R



Mental Health

Average length of stay (ALoS) can fluctuate, particularly for older adults, depending on the numbers of discharges and the length of time a patient has been within the facility and is quite often skewed by one or two long stay patients.

ALoS performance in General Psychiatry (Huntlyburn and The Brigs) generally performs within the standard.

However, ALoS performance in Psychiatry of Old Age (Cauldshiels, Lindean and Melburn Lodge) has been consistently above the standard since April 2016. In quarter 4 of 2016/17 (January to April), the ALoS in Melburn Lodge in particular was 491 days, due to two patients with long stays (one at 1084 days and one at 654 days) being discharged.

There are difficulties with discharging patients from the Older Adult inpatient units and there are discussions ongoing to determine if this is a useful target for mental health.

By the nature of mental health patients, length of stay will be increased and is unpredictable. ALoS data is now being reported on a quarterly basis (due to small numbers of discharges on a monthly basis) to make it clearer when action is required and easier to predict when green status will be met.

A paper has been drafted for the Mental Health Operational Meeting in June 2017 to prompt discussion around whether the standard for this target is achievable / realistic and any further actions that need to be put into place to achieve green status.

Please Note: reporting changed to quarterly in December 2016 due to the small numbers and long LOS of some patients.

Summary of Performance against NHS Scotland

The following table summarises the most recent performance available for NHS Borders against NHS Scotland, including the ranking (1 being the highest performing and 14 being the lowest performing) where data is available.

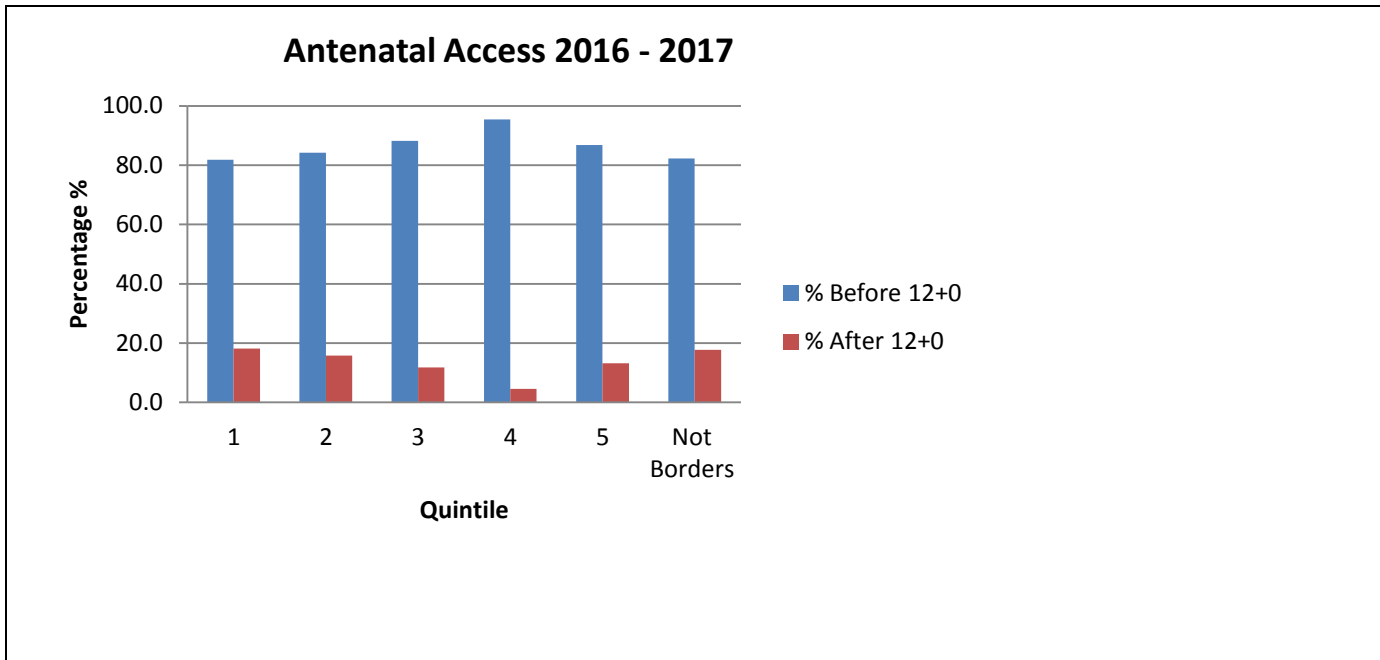
	Standard	Time Period (Latest available)	Source	NHS Borders	NHS Scotland Average	Rank (14)
LDP Standards	Diagnosis of Dementia	Mar-17	Local	1056	-	-
	Dementia Post Diagnostic Support	Mar-16	Local	90.0%	-	-
	Alcohol Brief Interventions (% achieved against the target)	Dec-16	ISD	77.95%	89.26%	7
	12 weeks successful quits in Smoking cessation in most deprived areas (% achieved against the target)	Dec-16	ISD	69.36%	73.60%	8
	Sickness Absence Rate	Mar-17	ISD	4.95%	5.30%	3
	New patients(DNA) rate	Mar-17	ISD	4.90%	8.70%	2
	Same day surgery	Jan-17	Local	86.0%	-	-
	Pre-operative stay reduced	Jan-17	Local	0.02	-	-
	Online Triage of Referrals	Sep-16	Local	93.34%	-	-
	Increase the proportion of new-born children breastfed at 6-8 weeks	2015/16	ISD	34.10%	28.20%	5
	eKSF Annual Reviews complete	Mar-17	Local	72.91%	-	-
	Personal Development Plans recorded on eKSF	Mar-17	Local	60.67%	-	-
	Reduce emergency Occupied Bed Days aged 75 or over (per 1,000)	Dec-16	ISD	3385	4746	2
Access to Treatment	12 Weeks Outpatient Waiting Time (% waiting over 12 weeks at month end)	Mar-17	ISD	9.66%	14.40%	5
	12 Weeks Inpatient Waiting Time (% waiting over 12 weeks at month end)	Mar-17	ISD	4.39%	16.93%	4
	18 Weeks RTT Combined Performance	Mar-17	ISD	90.0%	82.3%	3
	18 Weeks RTT Combined Linked Performance	Mar-17	ISD	92.9%	92.4%	11
	% waiting within the 6 week standard for a key diagnostic test	Mar-17	ISD	99.50%	86.70%	4
	95% target for treatment within 62 days for Urgent Referrals of suspicion of cancer	Mar-17	ISD	90.90%	89.70%	9
	95% target for treatment within 31 days of decision to treat for all patients diagnosed with Cancer	Mar-17	ISD	100.00%	95.60%	2
	98% of waits for A&E under 4 hours (local stretch)	Mar-17	ISD	92.80%	93.50%	12
	90% of admissions to the Stroke Unit within 1 day of admissions	Feb-17	Local	100.00%	-	-
	No Psychological Therapy waits over 18 weeks	Jan - Mar 2017	ISD	75.00%	73.70%	5
	No CAMHS waits over 18 weeks	Jan - Mar 2017	ISD	98.40%	83.60%	4
90% of Alcohol/Drug Referrals into Treatment within 3 weeks	Mar-17	ISD	97.00%	96.00%	7	
Performance in Partnership	No Delayed Discharges over 3 days	Mar-17	NHS Performs	18 ¹	823 ¹	-

¹ This is actual number of Delayed Discharges at the end of March 2017

Progress on Targets Not Reported on a Monthly Basis

Cancer: Increase proportion of 1st stage breast, colorectal and lung diagnosis by 25%	A
<p>All NHS Boards were 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%. The results for years 2014/2015 showed that 26% of cancers were diagnosed at stage 1, this is the latest reporting period available. Although NHS Borders did not reach the 2015 target, the percentage is higher than Scotland as a whole. It is widely accepted that it is unlikely that the DCE lung cancer campaign will contribute to the delivery of the HEAT standard. At best we will see a shift in earlier staging, as symptomatic signs usually indicate more advanced cancer. Our Breast Screening uptake rates are already above the Scottish average, and the signs and symptoms of breast cancer are well known. Our aim therefore is to deliver the standard primarily through an increase in bowel screening uptake. As achievement of the HEAT standard is most likely to be delivered by the bowel screening it is useful to look at the success of early cancer detection by this programme in more detail. Current figures show that Borders Bowel Screening uptake has increased over the last two years reaching 63%, the highest uptake achieved in mainland Scottish Health Board, and over 5% more than the Scottish average.</p> <p>Key deliverables for the DCE programme 2016/17 have been :-</p> <ul style="list-style-type: none"> • To embed the knowledge and awareness about the early detection of cancer and lifestyle risk factors into routine processes and assessments within teams like the Health Living Network and Lifestyle Advisory Service and services working with vulnerable groups • To have preventative messages that are clear for staff working in NHS Borders so that the opportunities delivered by the increased contact with the NHS from Detect Cancer Early are used to best effect to promote cancer prevention awareness and action • To promote awareness of screening and warning signs and symptoms, which will lead to more people making contact with screening and symptomatic services • To increase screening uptake rates in our deprived areas and vulnerable groups 	

Antenatal Services: At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	G
<p>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 Operational Group.</p> <p>Direct telephone lines to Community Midwifery support early booking for maternity care. Advertising campaigns with posters, and working with the GP Sub Group, help raise awareness and support regarding early booking with a registered practicing Midwife.</p> <p>Data in the chart overleaf is shown by quintile. N.B. New housing developments within NHS Borders have not been allocated a quintile.</p>	



IVF: Commence IVF Treatment within 12 months	G
<p>There has been no change in the provision of IVF treatment, NHS Borders continues to refer patients requiring treatment to NHS Lothian.</p> <p>From 1st April 2016 to 31st March 2017 there were 18 Full Cycles and 13 Thaw Cycles, with no delays against the 12 month standard.</p>	

GP Access: 48 hour access or advance booking to an appropriate member of the GP team (90%)	G
<p>The most recent publication of the Government's GP Access LDP Standards is from 2015/16. The narrative of the National Report for the Health and Social Care Experience Survey provides some commentary on the national results achieved: For the LDP standard, patients are considered to have been able to obtain two working day access if they were offered an appointment, but turned the appointment down due to the person they wanted to see being unavailable or the time not suiting them. Considering the results in this way, NHS Borders Practices overall achieved 93.76 per cent of patients were able to see or speak to a doctor or nurse within two working days, or were offered an appointment but either the person they wanted to see was unavailable or the time was not suitable. This is above the LDP standard of 90 per cent and an improvement of 3 per cent when compared to the previous Survey of 2013/14. It is also above the National Average of 91.8 per cent.</p> <p>http://www.gov.scot/Resource/0050/00500340.pdf</p> <p>http://www.hace15.quality-health.co.uk/index.php/reports/health-board-reports/2467-nhs-borders-pdf/file</p>	

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

G

Subject to review by external audit the board has fully achieved its financial targets in 2016/17. The Board has ended the year with a financial position of £76k under spent on revenue budgets, a £3k underspend on the capital resource limit and a cash draw down in line with the target set by SGHSCD.

Progress on delivery of these key targets is detailed in the regular finance report to the Board.

Efficiency: Reduction in energy consumption and CO₂

G

From April 2015 a new targeting regime for energy consumption and Greenhouse Gas Emissions reductions came into force across all NHS Boards and covers the period 2015 to 2020. From this date all sites within the Estate portfolio are taken into account when measuring against the target where previously only in-patient areas were included. The target set is a 6.5% target reduction in energy consumption and Greenhouse Gas emissions by 2020, compared against a 2014/15 baseline.

NHS Borders 5 Year Target to 2020			
	Base Year	2020 Target	Variance vs Base Year (%age)
CO ₂ Tonnes	8,576	8,019	-6.50
Energy kWh	33,859,088	31,658,248	-6.50

Annual Emissions	CO ₂ Base Year Tonnes	Current Tonnes	Variance vs Base Year %
2016/17	8,576	7,958	-7.2

Annual Consumption	ENERGY Base Year kWh	Current kWh	Variance vs Base Year %
2016/17	33,859,088	30,845,630	-8.9

In the NHS Borders property portfolio the main site, Borders General Hospital, utilities approximately 68% of the organisations annual electricity and gas consumption.

In future years the delivery of the energy consumption target going forward will become increasingly challenging due to the increased usage of electrical equipment and the longer operating/opening hours both in the acute hospital and community properties. This has been recognized across the NHS in Scotland.

Treatment: SAB infections per 1000 acute occupied bed days (0.24)	R
Treatment: Clostridium difficile infections per 1000 occupied bed days (0.32)	G
<p>Every SAB case and CDI case is subject to a rigorous review which includes a feedback process to the clinicians caring for the patient as well as the wider organisation through monthly Infection Control Reports. Any learning is translated into specific actions which are added to the Infection Control Work Plan with progress critically reviewed by the Infection Control Committee.</p> <p>SABs are reported by cause to highlight themes and support targeted interventions. Between April 2016 and March 2017, 46% of SAB cases were community acquired. The causes of SABs that were hospital or healthcare associated during this period, were spread evenly across the key risk factors for which there is ongoing improvement work.</p>	

4. UPDATE ON CONTRIBUTION TO SINGLE OUTCOME AGREEMENT

Health Inequalities

Learning Disabilities

G

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:

- Review of the 4 key collated themes of the '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.
- The 'A Healthier Me' key leads group organised a 'Big Lunch' event this summer and also a walking challenge as part of their input to tackling changes to health and lifestyle to improve outcomes for individuals. We looked at the way the group works and how to gather more information to evidence the effects of the various 'A Healthier Me' approaches in Spring 2017.
- The Health Equalities Framework (HEF) - an outcomes measurement tool – is fully implemented within the Learning Disability Nursing team. We are exploring ways of aggregating the data from this across the Borders to report outcomes and also considering how we share this across the Learning Disability Managed Care Network through the Project lead.
- Health Champions received their certification of completion in September 2016. We are exploring ways to enable them to be peer supporters.
- The Local Citizens Panels as part of the Learning Disability Governance structure continue to meet regularly and are working on the recommendations from their review. They are valuable members within the Learning Disability Governance Structure and also are active members in their local communities. We have widened the input of the Local Area Co-ordination team members in supporting the panels.
- The first Project Search pilot commenced this summer with 8 interns now participating in the programme which is aimed at supporting people with learning disabilities to gain skills to get into paid employment - in partnership with NHS Borders, Borders College and Scottish Borders Council.
- The learning disability Liaison Nurse has worked closely with Borders General Hospital in a variety of ways including introduction of hospital passports and staff training, to try to improve the access to and experience of people with learning disabilities receiving treatment there.
- The Learning Disability Strategic Commissioning Plan was finalised and navigated the governance routes within NHS and SBC - awaiting final sign off from the Integrated Joint Board in June 2017. Key themes and action plans are drawn up which will support improvements in delivery of services to people with learning disabilities.

The Learning Disability Service continues to focus on internal improvements and efficiencies and is running a series of development workshops that carry over into 2017/18 as well as starting a service-wide people planning process (ongoing).

During 2016/17 the Joint Health Improvement Team has been working with mental health services to improve the physical health outcomes of people with mental health problems. The work focused on developing a process for annual physical health checks for clients in the Rehabilitation Service and increasing the number of referrals from mental health to smoking cessation services including the development of a smoke-free policy.

Outputs from this work have resulted in;

- The development of a Physical Health Check Tool and template for an action plan for health improvement with supporting guidance and training.
- A pilot physical activity programme for people with severe and enduring mental health problems (Carr Gomm clients).
- Smoking Cessation- Intensive stop smoking training for ward staff, Community training for third sector organizations in mental health awareness and a mental health awareness briefing for smoking cessation advisors.
- An Implementation plan for Smoke –free mental health grounds.

Unfortunately since October 2016 there has been no progress and none of the above work has been implemented or completed due to capacity /sickness issues within the relevant mental health services. The lack of progress was brought to the attention of the Mental Health Operational Group in April 2017 where it was agreed that the Operational Group would consider how this work could be taken forward. Since then, there has been little movement, however the service is currently trying to progress the work by utilising the GP contract and a plan in place.

5. CORPORATE OBJECTIVES

Corporate Objective		Progress to Date
<p>Deliver safe, effective and high quality services</p>	<p>Deliver the Scottish Patient Safety Programme (SPSP)</p>	<p>The SPSP programme aims to improve the safety of healthcare and reduce the level of harm experienced by people using healthcare services.</p> <p>NHS Borders identified priorities for safety for 2017/18 by developing new models and methods of improvement support aligned to the Scottish Patient Safety Programme core themes, namely:</p> <ul style="list-style-type: none"> • Deterioration (Prevention, Recognition and Response) • Medicines • System Enablers <p>NHS Borders engaged with the National Lead for Quality and Safety in May 2017 to support our ongoing local priorities which include the deteriorating patient/sepsis in our Emergency Department, falls, pressure ulcers and communication.</p> <p>The SPSP programme is currently part of a restructure within the Improvement Hub (ihub), part of Healthcare Improvement Scotland to improve the quality of health and social care services with alignment of existing programmes.</p> <p>Further focus is required locally with the executive and clinical governance and quality team in defining the way forward to support the principles of national portfolio working including the SPSP programme and the alignment with OPAH and Excellence in Care.</p>
	<p>Communicate – listen to patients and ask ‘what matters to you’</p>	<p>Following on from the NHS Borders <i>Health In Your Hands: What Matters to You?</i> public engagement exercise the information gathered from public and staff formed the basis of the NHS Borders Public Involvement and Community Engagement Strategy 2016-19. This has enabled us to ensure that we provide services that match the needs of the local population and in a way that is accessible to all. We recognise that in order to achieve this we must be committed to involving our public and communities in designing, planning and developing our services. To enable us to create a culture of continuous learning, improvement and innovation in partnership with our communities that promotes and upholds our organisational values (care and compassion; dignity and respect; openness, honesty and responsibility: quality and teamwork) and drives high quality, safe and person-centred care.</p> <p>Over the next three years our objective is to build on this by involving the public to a much greater degree in the day to day activities of the organisation.</p> <p>Our objectives in this priority area are:</p> <ul style="list-style-type: none"> • To continue to actively embed public involvement in policy and strategy development. • To develop the Public Partnership Forum to support the integration of health and social care.

Corporate Objective		Progress to Date
		<ul style="list-style-type: none"> • To include routinely public members in decision making in working groups within the organisation. • To improve our engagement and communication with our communities involving a range of ages and locations with particular focus on hard to reach or seldom heard groups. • Improve our feedback to our communities. • To explore a model of locality based coverage ensuring that local needs are met and planning is at a locality level. <p>We continue to work with volunteers to gather anonymous feedback from patients, carers, relatives and visitors within our acute hospital and this is being rolled out to our community hospitals and mental health units. Visitors to these areas are also given the opportunity to feedback through our “Two Minutes of Your Time” survey. This feedback is used to improve the patient experience.</p> <p>NHS Borders continues to look at ways of improving our lines of communication and feedback with our staff, patients and communities across the Scottish Borders. We are constantly looking at ways of involving the public who themselves or their families are the users of our services and delivering the most person centred approach in this financial climate.</p>
	Strive to meet and exceed the performance targets set for us by the governments and our own board	<p>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.</p> <p>Reporting arrangements were reviewed for 2016/17 to sense check whether the needs and requirements of the Board were being met. It was an opportunity to take into account any changes in reporting requirements as a result of Health & Social Care Integration and the establishment of the Integrated Joint Board. By reviewing the reporting framework we were able to reduce duplication, provide greater alignment, focus on LDP standards and local targets whilst ensuring a more consistent and standardised approach.</p> <p>Sir Harry Burns is currently undertaking a national review of LDP Standards and initial recommendations are due in Spring 2017. These recommendations will form part of performance management arrangements within NHS Borders.</p> <p>The NHS Borders Performance Scorecard continues to be positively received by the organisation.</p>
	Run an efficient organisation by living within our means and concentrating resources on front line services	<p>A key element of the Board’s plan to attain a financial breakeven in 2016/17 was the achievement of its cost efficiency target. Although £8.1m or efficiency savings were delivered in year this fell short of the challenging efficiency savings target of £11.4m. It became clear during the financial year that a number of recurring efficiency schemes would not release resources as planned in 2016/17 therefore a number of non recurring resources were identified to partially offset this shortfall. As a result the recurring element of the target of £8.7m was not fully achieved with a recurring shortfall of £4.9m will be carried forward into 2017/18. This will increase the level of challenge required in an already difficult financial outlook.</p>

Corporate Objective		Progress to Date
		<p>In support of the corporate objectives during 2016/17 NHS Borders undertook the following work:</p> <ul style="list-style-type: none"> • Finalisation of the Stage 2 detailed design work on the Roxburgh Street Replacement Surgery in Galashiels with subsequent award of the construction contract through Hub South East Territory. Work started on site during May 2016 with anticipated completion in April 2017. • Detailed design and award of tender for extension and reconfiguration works to Eyemouth and Knoll Health Centres as well as detailed design works on Health Centre's at Melrose, Earlston and West Linton as the final phase of the Primary Care Premises Programme. • Took forward a number of energy efficiency projects including LED Lighting and Boiler replacements at several Board properties. • Purchase of a replacement Gamma Camera CT for the radiology service. • Completion of the upgrade of the Mental Health Inpatient Ward at Melburn Lodge, for which the Board received a financial contribution from the Royal Voluntary Service (RVS). • Continuing investment in rolling replacement programmes for NHS Borders Estate (£567k), IM&T (£453k) and Medical Equipment (£333k).
Improve the health of our population	Work with communities and our partner organisations in Scottish Borders Council and the Third Sector	<p>NHS Borders works with our Community Planning partners in the development of the Local Outcome Improvement Plan, to plan and deliver services that will make a real difference to people's lives. The governance structure for the Community Planning Partnership (CPP) has been streamlined over the last year. The CPP priorities are: growing our economy, reducing inequalities and the reform of public services. Public Health takes the lead for the health inequalities strand of the Reducing Inequalities Strategy. NHS Borders is actively involved with Health & Social Care partners in the development of locality plans, with Public Health providing advice and intelligence on health inequalities.</p> <p>A multiagency Prevention and Early Intervention group, coordinated by Public Health, is organising the development of integrated approaches to prevention for implementation within localities, to bring together topic specific approaches and create greater coherence.</p> <p>The Alcohol & Drugs Partnership (ADP) Support Team produced a summary Alcohol Profile which provides evidence of alcohol related harm on behalf of the Local Licensing Forum. The Profile support decision making by the Licensing Board in line with its licensing objectives which include; protecting and improving public health and protecting children and young people from harm. The Forum includes membership from licence holders and community members.</p>

Corporate Objective		Progress to Date
		<p>The ADP Team supported delivery of local Best Bar None scheme which is led by Police Scotland with support from the Licensing Standards Officer. The scheme aims to raise standards and rewarding licensed premises who undertake positive management practices in support of a safe night out. Sign-ups increased from 6 in 2014/15 to 18 in 2016/17 with two national award winners.</p> <p>A Tobacco Control Group has been established to support a multi-agency plan to reduce harm relating to tobacco.</p> <p>The Mental Health Improvement programme that supports the local Mental Health strategy has active involvement of a wide range of partners. The development of a wellbeing guide for Scottish Borders has used coproduction approaches to engage many different groups.</p>
	Harness the assets of our communities to encourage and facilitate self-help	<p>NHS Borders works with partners to improve health and wellbeing by harnessing assets of our communities to encourage and facilitate self help. We work with local organisations, planning groups, community groups and individuals to:</p> <ul style="list-style-type: none"> • Improve access to our facilities and services: location of primary care and some other services in localities (eg Midwife clinics in Early Years Centres); outreach services, youth facilities • Proactive support for healthy lifestyles and for mental and physical wellbeing: smoking cessation services, exercise referral, healthy eating programmes, screening and vaccination programmes, sexual health services, mental health programmes • Target vulnerable groups: eg post-treatment support for individuals in recovery from alcohol and drug use; health related input to programmes for offenders, for those on employability schemes. • Tackle upstream influences on health eg by supporting income maximisation for pregnant women, those with cancer or mental health problems; working with partners to improve home energy efficiency and to make neighbourhood improvements; through regulation and licensing; promoting access to healthy affordable food in workplace and schools. • Promote community involvement in the planning and development of local services • Develop stronger partnerships across the CPP at strategic level and in delivering services
	Target the most deprived areas of the Scottish Borders to reduce inequalities	<p>Scottish Borders Community Planning Partnership</p> <p>The Scottish Borders Community Planning Partnership Inequalities Group has developed a high level strategic plan to tackle and reduce five key strands of inequalities in the Scottish Borders. This 'Reducing Inequalities Strategic Plan' sets out how Scottish Borders Council and its partners will fulfil our responsibilities, refreshing our commitment to tackling inequalities and strengthening the contributions made by all key partners and stakeholders. The Strategic Plan will focus activities which seek to reduce inequalities in the Borders on the groups who are identified at greatest risk of falling into the most disadvantaged circumstances and/or in those areas where there are the highest levels of deprivation.</p> <p>Health & Social Care Partnership Integrated Joint Board</p>

Corporate Objective	Progress to Date
	<p>The Health and Social Care Strategic Plan key objectives include reducing inequalities in the Borders. Locality plans are being prepared that reflect this overarching objective within the local context.</p> <p>Public Health Directorate The Joint Health Improvement Team leads and supports work across the Scottish Borders to improve health and reduce health inequalities. The Directorate leads on the Health Inequalities action plan, which underpins the CPP Reducing Inequalities Strategy Plan and set key priorities for the Scottish Borders and its partners.</p> <p>Health Promoting Organisations The ‘Small Changes, Big Difference’ campaign from NHS Borders aims to engage our staff, the public and businesses across the Borders to make small changes in their life and work practice to make a big difference to their own and other’s health and wellbeing. A project group has been working within the Scottish Borders Council on an implementation plan to promote relevant aspects of the ‘Small Changes, Big Difference’ campaign to SBC staff.</p> <p>Alcohol And Drugs Partnership The Scottish Borders Alcohol & Drugs Partnership (ADP) is tasked with delivering a reduction in the level of drug and alcohol problems amongst young people and adults in the Borders, and reducing the harmful impact on families and communities. ADP are committed to working with the Scottish Government, colleagues, people in recovery and local communities to tackle the problems arising from substance misuse.</p> <p>Healthy Living Network Borders Healthy Living Network (HLN) operates in the most deprived areas in the Borders (Eyemouth, Langlee and Burnfoot) and aims to reduce inequalities in health by empowering communities to identify and address health issues that are relevant to them.</p> <p>Third Sector Organisations The Third Sector makes a direct impact on the wellbeing of our local communities and contributes to the improvement of its public services which support people with particular health issues e.g. poor mental health diabetes, sensory impairment, disability etc. Third Sector organisations are a key partner for NHS Borders in addressing the wider factors underlying health inequalities and in reaching those sections of the community which may not be in contact with statutory services.</p> <p>NHS Borders continues to align the delivery of services with needs to reduce inequalities. Adult alcohol and drug services align staff across localities. Criminal Justice Social Work’s Reconnect Service provides a 12 week programme for women in contact with (or at risk of contact with) criminal justice services. LASS and Borders Sexual Health have supported this work through scheduled attendance at the groups.</p>

Corporate Objective	Progress to Date
	<p data-bbox="625 201 1955 293">Quit4Good, the smoking cessation service, has aligned its staff to the most deprived areas. Smokefree homes training has been provided in Eyemouth and Burnfoot through the Early Years Centre in response to higher levels of smoking in pregnancy and exposure to second hand smoking in early years.</p> <p data-bbox="625 331 1955 488">The vision for the NHS Borders Children & Young People's Health Strategy 2014-2018 states that we will ensure that children and young people achieve the best health outcomes by having access to safe, effective and person centred health services as close to their home and as early as possible. Children, young people and families will receive support to improve their wellbeing and develop safe and healthy lifestyles.</p> <p data-bbox="625 526 1010 553">Children and young people will:</p> <ol data-bbox="674 591 1955 841" style="list-style-type: none"> 1. Have the best possible start in life and improvement in their wellbeing 2. Have timely access to high quality person and family centred health care at the right time and in the right place 3. Receive care and support that is targeted for those who are vulnerable and at risk of poor health outcomes, including mental health 4. Be involved in decisions and planning that affect their health and when appropriate include their families too 5. Have an improved experience for their transition to adult health services <p data-bbox="625 878 1955 938">The improvement framework identifies actions that are being progressed and was updated at the end of 2016.</p> <p data-bbox="625 976 1955 1230">In early 2016, our child health services were part of the joint inspection of services for children and young people in the Scottish Borders. This exercise provided very valuable feedback on the quality and impact of our services, including health services. Examples of feedback from the inspection are that we need to ensure that our staff have child protection supervision and that there is evidence that we are meeting the health needs of our Looked After Children. The joint inspection identified that our Community children's nurses coordinated services and ensured continuity of care for children with complex health needs. This allowed children to be cared for at home and attend school where possible and was highly valued by families</p> <p data-bbox="625 1268 1955 1328">We have recently launched a new Integrated Children's Plan across the partnership which clearly sets out the priorities for Children in the Borders with an overarching theme of reducing inequalities.</p> <p data-bbox="625 1365 1955 1477">Work has progressed on a multiagency basis to ensure implementation of the Children and Young People's Act (2014), in particular Parts 4, 5 and 18 in relation to the implementation of GIRFEC around the Child's Plan, Named Person Service and Wellbeing. We are awaiting further information from the Scottish Government following the Supreme Court judgment in August 2016 which require the information sharing</p>

Corporate Objective		Progress to Date
		<p>provisions in Part 4 of the Children and Young People (Scotland) Act 2014 to be amended</p> <p>Work is underway to implement the Universal Health Visiting Pathway. We have been able to recruit and train additional Health Visitors to support the Named Person service when implemented. Child health reviews for children aged 27-30 months were introduced into the Scottish Child Health Programme in April 2013. The 27-30 month working group have a mapped out process for the 27-30 month assessment and reviewed data and the uptake of 27-30 months assessment is above 91% against a target of 95%. There is speech and language early intervention to reduce new concerns. The Early Years Childrens Assessment Team (EYCAT) is a multi-agency approach to the assessment of children requiring two or more professions and there is collaborative working with and training of Health Visiting Staff from the EYCAT team.</p> <p>Current caries free data for both P1 and P7 pupils is the best on mainland Scotland. For primary 7 children, 84% had no obvious sign of decay in their permanent teeth, greater than the national average of 75% and the highest figure in Scotland. Dental registrations are an indication of the accessibility of preventative dental care. In Scottish Borders the rate of dental registration for children for 3-5 year olds is 90.2%, in line with the national rate.</p> <p>There is 95% uptake maintained for all childhood vaccinations at 24 months and MMR by 5 years. NHS Borders is the best performing Board for uptake of flu vaccine in Borders primary schools and 2nd best for pre-school children.</p> <p>We are getting better at identifying who our young people are who need support for transition. 28 (aged 12 to 18year) children are supported by the paediatrician and the community children's nursing team as per the <i>Transition of Young People with Complex Health Needs from Children to Adult Health Services Policy</i>. 82 young people (age 12-18 years) with learning disability are identified as needing support and planning for their transition to adult services.</p>
<p>Promote excellence in organisational behaviour</p>	<p>Be an excellent employer and become employer of choice</p>	<p>NHS Borders are focused on the recruitment of staff, assessing on both competency and values frameworks to ensure we have both the right people with the right skills and people who share NHS Borders values.</p> <p>We recognise that recruitment is a challenge therefore we are now planning for recruitment processes to take into account staff turnover, allowing us to be more proactive in filling essential positions.</p> <p>We continue to provide both the Celebrating Excellence Awards and the Retirement Event on an annual basis. In addition to our local awards, we have had various staff members/groups recognised and awarded at National level.</p> <p>NHS Borders has recently launched an engagement exercise with staff on Laundering of Uniforms.</p>

Corporate Objective	Progress to Date
	<p>We developed a lessons learned for future National Directed Terms & Conditions following the band 1 to band 2 review.</p> <p>Ongoing work via the Area Partnership Forum continues regarding Partnership Working.</p>
<p>Value and treat our staff well to improve patient care and overall performance</p>	<p>We now have a signed off parental leave policy which allows members of staff to additional paid and unpaid leave depending on the age of their child.</p> <p>We are currently working through the process for the Whistle blowing Policy and Retirement Policy, both have had completed consultation periods.</p> <p>iMatter continues to receive much attention and actions being taken to deliver on the reports received. This supports teams to improve and build on their strengths.</p>
<p>Promote and engage leadership through:</p> <ul style="list-style-type: none"> • Supporting a developmental culture • Showing genuine concern • Enabling • Inspiring others 	<p>NHS Borders recognises the importance of management and leadership capacity and capability in ensuring the delivery of safe, effective and high quality services for the people of the Scottish Borders and to support the 2020 vision. NHS Borders is committed to promoting and engaging leadership through supporting a developmental culture, showing genuine concern, enabling and inspiring others.</p> <p>Nationally, a single system approach to appoint, develop talent and performance management for executive level roles is being developed which will support development and organisation growth locally. Managers and clinicians from NHS Borders continue to participate in national leadership development programmes such as Leading for the Future and Playing to your Strengths. Executive Leadership and Talent Management</p> <p>NHS Borders is currently exploring the development of a collaborative Scottish Borders Leadership and Management Academy as part of 'Future Services Reform' within the Community Planning Partnership.</p> <p>A newly developed leadership development programme for Social Work Team Leaders and Health Managers will provide a reflective space for busy operational managers in Health, Social Work and the 3rd sector to explore, stand back and have conversations on work related issues that really matter. A particular focus will be on self-leadership and managing operational challenges through dialogue and supporting integration.</p> <p>A behavioural framework linked to organisational values is integral in induction and recruitment of new staff and through targeted managers sessions we ensure that managers and leaders are clear about their role and responsibilities in promoting transparent developmental culture.</p> <p>Through the Scottish Coaching Collaborative, there is access to coaches across the entire public sector in Scotland on a collaborative basis. Executive coaching is commissioned through NHS Education for</p>

Corporate Objective	Progress to Date
	<p>Scotland.</p> <p>Over the past 12 months the Practice Education Facilitators have been strengthening links with community partnerships, Scottish Borders Council, Edinburgh Napier, Edinburgh and Queen Margaret Universities, Skills Development Scotland and Borders College by supporting careers events in Borders High Schools and promoting the role of Nurse and Midwife as a desirable career aspiration for high school students in the Borders region, with the support of our partner universities. This in turn should impact positively on nursing recruitment.</p> <p>An 'Introduction to Nursing and Midwifery study day' was held in March 2017 aimed at S4 students who had expressed an interest in Nursing or Midwifery and were likely to academically meet the entry requirements. The day gave students some ideas as to what life is really like in healthcare, meet and greet current clinical staff and students from the 4 fields of Nursing plus Midwifery, try out some clinical skills and also the opportunity to ask questions with university representatives explaining how to write a UCAS application for Nursing /Midwifery, the benefits of volunteering and University expectations. This day was highly evaluated and we will consider utilising this approach to meet the recruitment needs of other NHS roles such as AHP and Medical Workforce. There is also the potential to develop further options for non-clinical staff such as finance / IT / Estates /Housekeeping/ Management / Human resources.</p> <p>NHS Borders has joined forces with the Scottish Borders Council Employment Service, Joint Learning Disability Service and Borders College to welcome eight Interns into NHS Borders through a thirty nine week employment programme. The employment-focused educational programme will see the interns rotate around various departments including Training and Professional Development, Radiology, Catering and Child Health to name just a few. The aim is to provide them with rounded employability experience for them to take forward into future employment. The Project SEARCH programme has been uniquely tailored for 17 – 24 year old students with learning disabilities and provides adequate support to each one of the interns on an individual, peer group and mentor level.</p> <p>In 2015 Training & Professional Development submitted a successful funding bid to NHS Education for Scotland to create a career pathway for Learning and Development Staff through CIPD Level 3 Foundation Certificate in Learning and Development Practice. In using this qualification we will be establishing the career pathway for future support staff within Learning & Development using the education pathway and CIPD qualifications. One of the Training Administrators has now successfully completed and the Lead Administrator is currently undertaking this qualification.</p>