Borders NHS Board

MANAGING OUR PERFORMANCE MID YEAR REPORT 2017/18

Aim

The aim of the 2017/18 Managing Our Performance (MOP) Mid Year Report is to report progress for the first six months of 2017/18 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 2017/18 Mid Year MOP report has been updated to show performance in relation to the LDP standards, some Key Performance Indicators, and the Corporate Objectives.

Areas of strong performance for LDP standards during the first six months of 2017/18 are highlighted below. Supporting narrative has been provided by the services and is detailed in the report, with the page numbers referenced below:

- The standard for **pre-operative stay** was achieved consistently achieved during 2016/17 and the first half of 2017/18 (latest available data) against the standard of 0.47 (page 11)
- The 90% standard for all referrals being **triaged online** was consistently achieved during the first half of 2017/18 (page 12)
- **6-8 week breastfeeding** rates within NHS Borders continue to perform above the standard (latest available data) (page 12)
- The rate of **Emergency Occupied Bed Days** for the over 75s continues to perform well against the standard of 3685 (page 13)
- The **Child and Adolescent Mental Health Service** continue to achieve the 18 weeks referral to treatment (latest available data) against the standard of 90% (page 22)

The Board are asked to note that the following LDP standards are significantly outwith the standard during the first six months of 2017/18. Further narrative and details can be found within the report on page references below.

- The number **Alcohol Brief Interventions** delivered is outwith the trajectory for the first 6 months of the year (page 9)
- **Smoking Cessation** successful quits is outwith the trajectory set at the last available position (page 9)

- The **Sickness Absence** rate is outwith the 4% standard for the first half of 2017/18 at (page 10)
- The **DNA rate** for new patients is outwith the 4% standard for the first 6 months of 2017/18 (page 10)
- **eKSF and PDP's** recorded did not achieve the trajectory at the midpoint of the year (page14)
- **12 weeks Outpatient Waiting Times** is consistently outwith the standard of 0 breaches during the first 6 months of 2017/18 (page 15)
- **12 week Inpatient Waiting Time and Treatment Time Guarantee** are consistently outwith the standard of 0 breaches during the first 6 months of 2017/18 (page 15/16)
- At end of August 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 (page 18)
- Psychological therapy waits over 18 weeks has been outwith the standard of 90% during the first 6 months of 2017/18 (page 21)
- Performance has been outwith the standard of 0 **Delayed Discharges** over 2 weeks and 72 hour during the first half of 2017/18 (page 23)

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 2017/18 Mid 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 2017/18, along with a selection of priority areas and Corporate Objectives.

Recommendation

The Board is asked to **note** the 2017/18 Mid Year Managing Our Performance Report.

Policy/Strategy Implications	Regular and timely performance reporting is an expectation of the Scottish Government
Consultation	Performance against key indicators within this report have been reviewed by each Clinical Board and members of the Clinical Executive
Consultation with Professional Committees	See above
Risk Assessment	Good progress is being made against key targets and pressure areas are identified in this report. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders
Compliance with Board Policy requirements on Equality and Diversity	The implementation and monitoring of targets will require that Lead Directors,

	Managers and Clinicians comply with Board requirements
Resource/Staffing Implications	The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements

Approved by

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NHS Borders

MANAGING OUR PERFORMANCE MID YEAR REPORT 2017/18

September 2017

Planning & Performance

CONTENTS

1. EXECUTIVE SUMMARY

Background

NHS Borders Board has reviews the performance of the organisation at each Board meeting facilitated through the production of performance reports showing progress against a range of national and local targets set through the local delivery plan (LDP) process.

The monthly Performance Scorecard is presented to the Clinical Executive Operational Group, Strategy & Performance Committee and the Board. Monthly Clinical Board scorecards and 6 monthly performance reviews are in place, as well as this bi-annual Managing Our Performance Report (MOP).

2017/18 Mid Year MOP

This 2017/18 Mid Year MOP Report includes an assessment of performance in relation to the LDP standards and the Corporate Objectives. 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 monthly 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 September 2017 (or latest available performance).

Summary

This report allows Board members to see the mid year position for 2017/18 and assess what action is required to achieve the full range of LDP standards by the end of the financial year.

2. INTRODUCTION

The Local Delivery Plan

Every year the Scottish Government Health Department (SGHD) asks each Health Board to report to them on their performance and delivery plans for the next financial year. This report is called the Local Delivery Plan (LDP) and forms an agreement on what Health Boards will achieve in the next year with SGHD. Boards are asked to work towards a number of key standards for the year which fit with the Government's health objectives.

Monitoring of Performance

For each Clinical Board (Primary, Acute and Community Services, Mental Health Service and Learning Disability Service) a monthly Performance Scorecard is produced which includes an assessment of performance against 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 and Psychological Therapy Waiting Times.

In addition to this, each Clinical Board attends a 6 monthly performance review where performance is monitored by the Board Executive Team.

2017/18 LDP Standards and Local Indicators

This 2017/18 Mid Year MOP Report summarises performance for LDP standards and local indicators from April 2017 to September 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.

Corporate Objectives

In section 4, 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. 2017/18 LDP STANDARDS

Summary of Performance

Strong Performance – Green targets

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

- 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)
- Treatment within 62 days for urgent referrals of suspicion of cancer (page 19)
- 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 22)

Performance at Risk – Amber targets

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

- Diagnosis of Dementia (page 8)
- Post Diagnostic Support (page 8)
- Day case rates (page 11)
- 18 weeks referral to treatment: non-admitted pathway performance (page 17)
- 18 weeks referral to treatment: combined performance (page 17)
- 4 hour waiting target for A&E (page 20)

Under Performing – Red targets

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

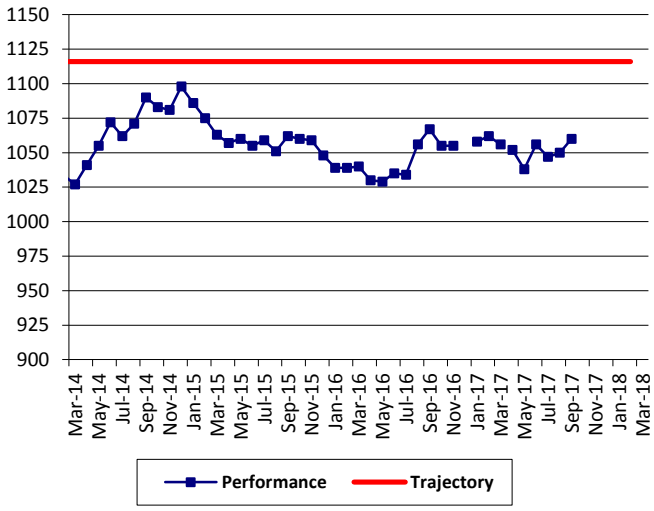
- Alcohol Brief Interventions (page 9)
- Smoking cessation (page 9)
- Sickness absence reduced (page 10)
- New patient DNA rate (page 10)
- eKSF annual reviews completed (page 14)
- PDPs complete on eKSF (page 14)
- 12 weeks for outpatients (page 15)
- 12 weeks for inpatients (page 15)
- Treatment Time Guarantee (page 16)
- 18 weeks RTT: admitted pathway performance (page 16)
- 6 weeks waiting target for diagnostics (page 18)
- No psychological therapy waits over 18 weeks (page 21)
- 90% of alcohol/drug referrals into treatment within 3 weeks (page 22)
- No delayed discharges over 3 days (72 hours) (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	**2017/18 Standard**	**Current Standard**	**Sept 2017 Position**	**Sept 2017 Status**
	1116	1116	1060	A

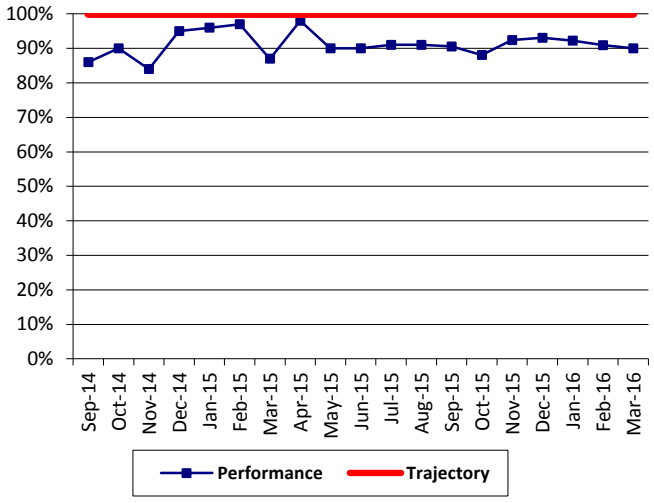


The run chart shows the number of patients being added to the **Dementia Register** continues to fluctuate on a monthly basis. There are a number of reasons the standard is not improving including patients diagnosed with Dementia are not being recorded clearly on ePEX; resulting assessment letters are not clear about diagnosis; and there is lack of clarity around the process GPs use to update the Dementia Register.

The Mental Health recording process has been reviewed and patient records updated, assessment letters have been adjusted to clearly state the diagnosis and asking that a dementia diagnosis is added to the Register, and a gap analysis is underway to ensure any patients within MHOAS are on the Dementia Register. Work is also ongoing with GP's to compare the diagnoses on our caseload to the diagnoses they have on their dementia register, to ensure all diagnoses are captured.

This gap analysis is not yet complete - however early indications show that this will not have as much of a positive impact as predicted. Target completion date is 30/11/2017 where the data will be reviewed and further actions will be determined.

Standard: Dementia - Percentage offered at least 12 months of Post Diagnostic Support	**2017/18 Standard**	**Current Standard**	**March 2016 Position**	**March 2016 Status**[1]
	100%	100%	90%	A



Please Note: There is a 13 month time lag to show the full 12 months performance. Data unavailable for 2016/17. This is being investigated by P&P and the national team to source the data.

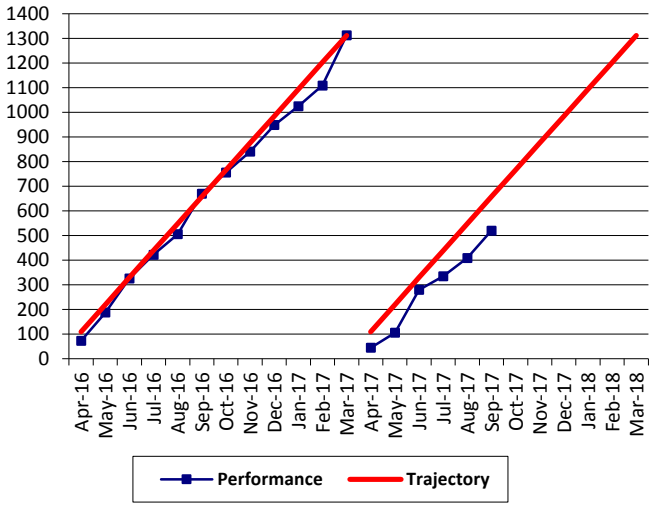
Performance for **Dementia Post-Diagnostic Support** (PDS) had shown an improvement until October 2015 (year lag time) when the standard was out with 10% tolerance. This has since improved. It is expected performance will improve by March 2018 due to the various actions underway.

Actions being undertaken include**:**

- A meeting is arranged with ISD to review and clarify the data reporting process - this has been postponed until the new recording process is in place
- A PDS checklist is in use within the older adults service to ensure appropriate pillars are delivered
- Consideration is being given to develop a leaflet for both patients (to outline expectations) and staff (to help delivery) - other health boards are being looked at for examples. A temporary post has been put in place to carry out this work and develop an overall PDS protocol.

[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. Data unavailable for 2016/17. This is being investigated by P&P and the national team to source the data.

Standard: Alcohol Brief Interventions	**2017/18 Standard**	**Current Standard**	**Sept 2017 Position**	**Sept 2017 Status**
	1312	658	520	R



Alcohol Brief Interventions (ABI) performance in September 2017, the half way point of the year, is at 79% of the trajectory (520/658).

Local Enhanced Service (LES) – the LES continues to have the most significant reduction in the number of ABI's from 373 to 223.
Cessation of Keep Well – this work is no longer funded by Scottish Government and has ceased. In this time period last year there were 26 delivered.
Change of reporting system in Antenatal – implementation of badgernet system in antenatal has meant we have been unable to confirm performance. We anticipate this will be available from December. We will be able to retrospectively report on this data which we anticipate having an additional 30 ABI's to report.

A variety of factors have impacted on performance this year. Improvements continue to be seen in Emergency Department. It is not anticipated that LES performance will improve over the year. As previously reported through the monthly performance scorecard it is likely that our performance will remain below trajectory.

Standard: Smoking cessation successful quits in most deprived areas (cumulative)	**2017/18 Standard**	**Current Standard**	**March 2017 Position**	**March 2017[1] Status**
	173	173 (Mar 17)	140 (Mar 17)	R

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

[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 March 2017.

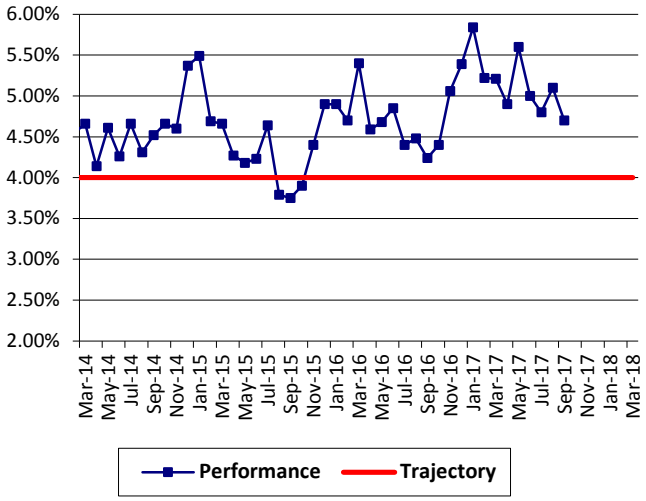
As yet, **smoking cessation** performance for 2017/18 is not nationally reported, however, a local extract suggests that performance of 32 quits is broadly similar to quarter one last year (30) although this will be finalised next month.

Our successful quit rates within the 40% most deprived at 3 months is higher than last year (25.6% compared to 21.3%) and higher than the Scottish average (21.5%). Nationally and locally there has been a reduction of 8% of numbers of people setting a date to quit. Our activity to improve performance is mainly focused on marketing activity including a targeted Facebook campaign, which currently is Quit for Christmas.

The recent ability to refer patients from BGH via TrakCare has increased referrals from 18 patients to 20 patients, comparing September and October 2016 to the same period in 2017. We expect that figure to increase with increasing awareness of the referral process. In addition, we have revised our referral pathways and associated standard operating procedures to improve accessibility and quality of service.

We have started a drop-in at the Chest Heart and Stroke Community Hub on Hawick High Street, to ease access to service, with good attendance at this early stage. In addition we are developing a six ways to be well while stopping smoking patient resource, to provide self-directed well-being support.

Standard: Maintain Sickness Absence Rates below 4%	**2017/18 Standard**	**Current Standard**	**Sept 2017 Position**	**Sept 2017 Status**
	4.0%	4.0%	4.7%	R

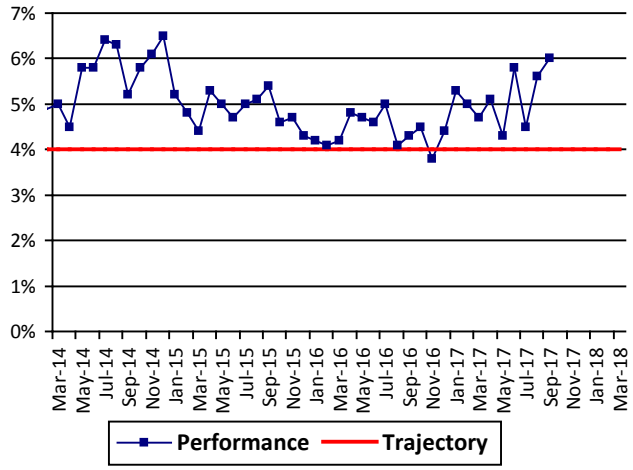


Cumulative **sickness absence** for year October 16 – September 17 is 4.95% - which is 0.3 % better than the NHS Scotland Average (5.25%) over the same period.

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.

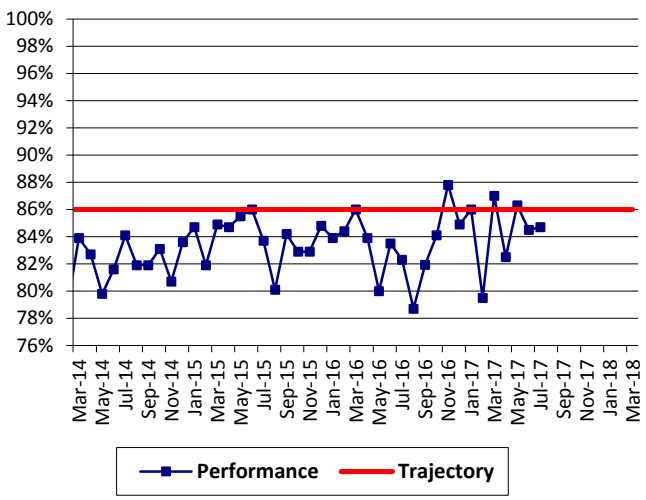
Standard: New patients DNA rate will be less than 4% over the year	**2017/18 Standard**	**Current Standard**	**Sept 2017 Position**	**Sept 2017 Status**
	4.0%	4.0%	6.0%	R



The **DNA rate for new patients** has been more volatile in the first 6 months and the DNA rate has remained above the 4.0% standard.

Staffing levels have not been sufficient to assign staff to be regularly telephoning patients with a history of missed appointments. There has been a delay in refreshing the posters for a 2017 DNA campaign however work will progress over the next few months.

Standard: 86% of patients for day procedures to be treated as Day Cases	**2017/18 Standard**	**Current Standard**	**July 2017 Position**	**July 2017[1] Status**
	86%	86%	84.7% (Jul 17)	A



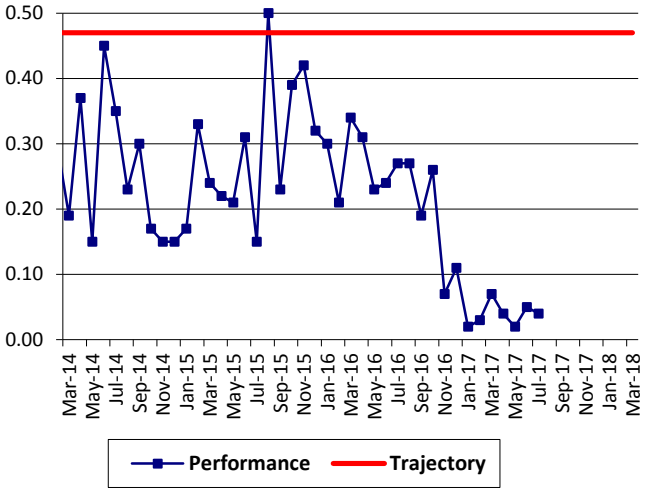
Performance against 86% **Day Case** standard has deteriorated slightly since March 2017, however remains within the tolerances. This correlates with the reduction in the number of pre-operative stays achieved through the theatres and surgical flow project. Gynaecology has increased day case rates for 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 July 2017

Standard: Reduce the days for pre-operative stay	**2017/18 Standard**	**Current Standard**	**July 2017 Position**	**July 2017[1] Status**
	86%	86%	0.04 (Jul 17)	G

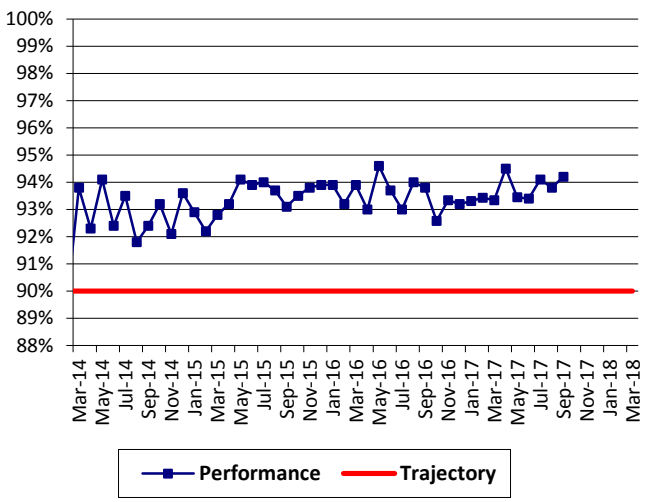


The run chart shows that **pre-operative inpatient stays** in hospital are consistently within the target range. Performance against this measure is being sustained.

No further action planned at this time.

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

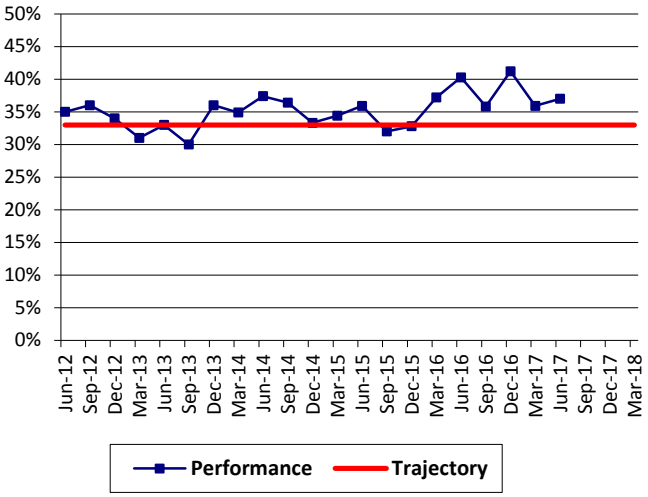
Standard: 90% of all referrals to be triaged online	**2017/18 Standard**	**Current Standard**	**Sept 2017 Position**	**Sept 2017 Status**
	90%	90%	94.2%	G



The chart shows the percentage of **electronic referrals** received for the month that have been **triaged** within 10 days of month end. The 90% standard has been consistently achieved.

The goal remains to increase the number of referrals received and processed online, which included Dentists who are now able to send referrals electronically via SCI Gateway.

Standard: Increase the proportion of new-born children breastfed at 6-8 weeks	**2017/18 Standard**	**Current Standard**	**June 2017 Position**	**June 2017[1] Status**
	33%	33%	37.0% (Jun 17)	G



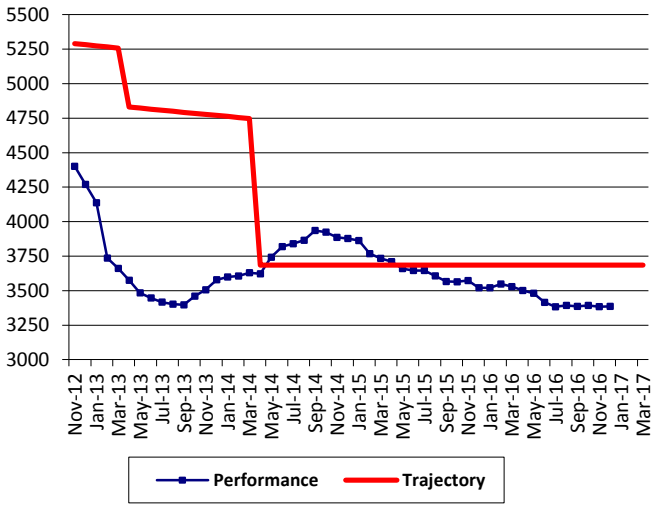
For the period January – June 2017 performance for **breastfeeding at 6-8 weeks** exceeded the 33% standard by 4%.

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 2017/18:

- Appointment of permanent Infant Feeding Advisor.
- Continuing to deliver training and updates to all staff.
- 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	**2017/18 Standard**	**Current Standard**	**Dec 2016 Position**	**Dec 2016[1] Status**
	3685	3685	3386	G



Numbers of people **over the age of 75 admitted** has continued to fall. This is directly linked to the establishment of the Acute Assessment Unit and subsequent falls related to the introduction of the Frail Elderly Assessment Service.

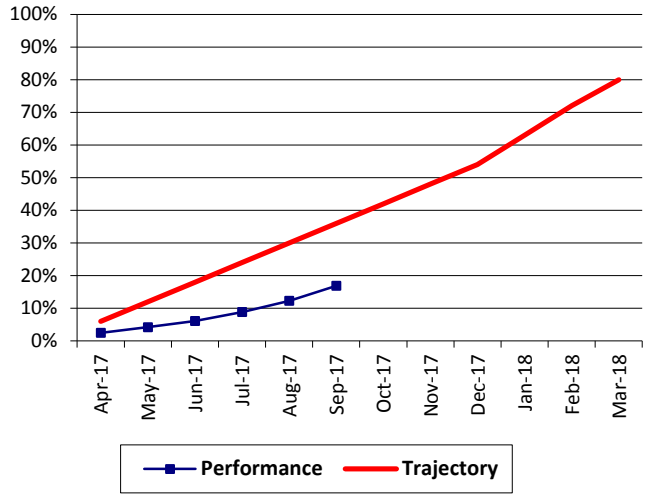
There is also an increase in partnership working across health and social care to reduce delays for people requiring support on discharge home. The outcomes of this remodelling will be reviewed by end of March. There continue to be delays in transitions of care and we are working closely with partners to address these.

We have been informed this standard will no longer be reported from October 2017 onwards by ISD. Work has started to review the standard and how / if this will be reporting going forward.

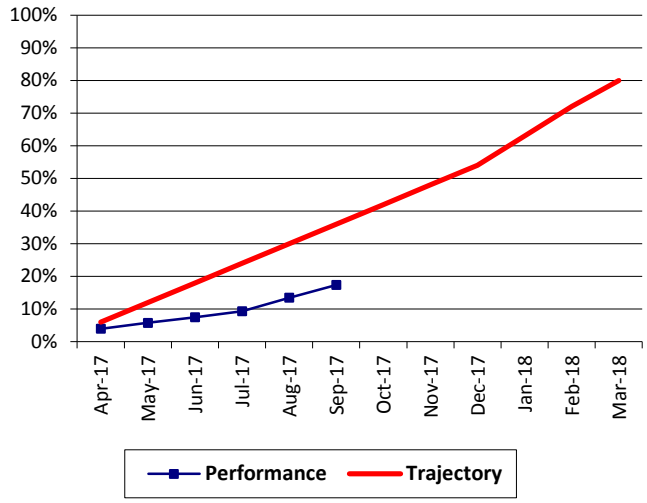
[1] We have been informed this standard will no longer be reported from October 2017 onwards by ISD, therefore December 2016 is the latest available data. Work has started to review the standard and how / if this will be reported going forward. Monthly, rolling year data shows the most recent available to an acceptable level of completeness (based on ISD's latest assessment of SMR record submissions and backlogs).

Standards:	2017/18 Standard	Current Standard	Aug 2017[1] Position	Aug 2017[1] Status
80% of all Joint Development Reviews to be recorded on eKSF	80%	36.0%	16.9%	R
80% of all Personal Development Plans to be recorded on eKSF	80%	36.0%	17.4%	R

Joint Development Reviews recorded on eKSF



Personal Development Plans recorded on eKSF



NHS Borders achieved 16.9% **JDRs completed** (17.7% previous year) and 17.4% staff with a **PDP activity** marked as complete (20.9% previous year) against a standard of 36% expected by September 2017.

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

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

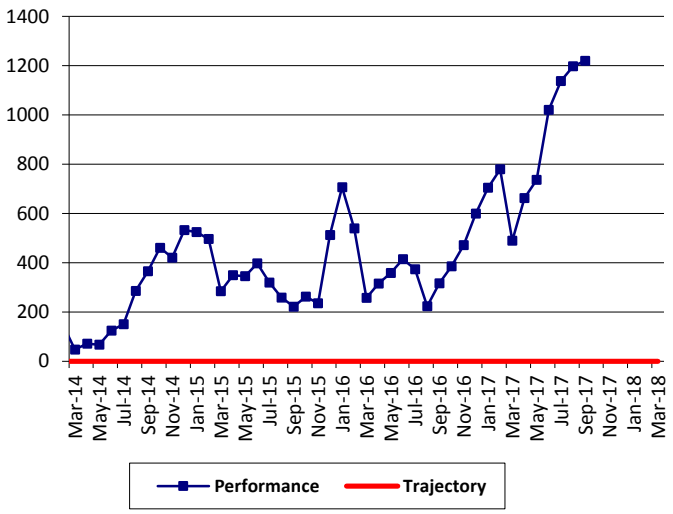
From 1st April 2018 Turas Appraisal will replace eKSF as the system to record Appraisals, PDPs and Objectives. Turas Appraisal is an appraisal recording application which is run by NHS Education Scotland (NES). It's designed to be a user friendly and intuitive tool allowing reviewers and reviewees to focus on a quality development conversation.

Data will be transferred from eKSF to Turas at the end of January 2018 in order that staff can access historical PDPR records. There will therefore be a 2 month period (Feb & March) when there will be no access to a recording tool which will impact significantly on our end of year position.

Communications are being developed with options to support staff that would have had a development review during February and March 2018.

Access to Treatment

Standard: 12 wks for Outpatients	2017/18 Standard	Current Standard	Sept 2017 Position	Sept 2017 Status
	0	0	1220	R



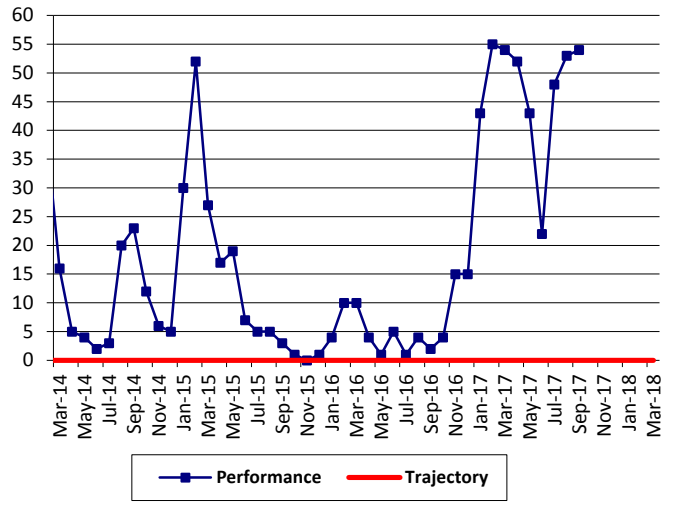
There has been a significant increase in the number of **outpatients** waiting longer than 12 weeks during the last year.

This was largely due to increases within the Cardiology, Dermatology and Ophthalmology services.

Dermatology was adversely impacted by Consultant Illness and an overall shortage in capacity while Ophthalmology was due to a vacant post following Consultant retiral.

An action plan has been developed to resolve issues within the Cardiology service which involves recruiting another Consultant Cardiologist for long term capacity and using Synaptik for the short term to reduce the waiting times. For Dermatology Synaptik is also being used along with the GPwSI template that was developed by Dr MacKenzie. Overall with Synaptik and extra consultant activity we aim to be in a better position by March 2018 than we were in March 2017.

Standard: 12 wks for Inpatients	2017/18 Standard	Current Standard	Sept 2017 Position	Sept 2017 Status
	0	0	54	R



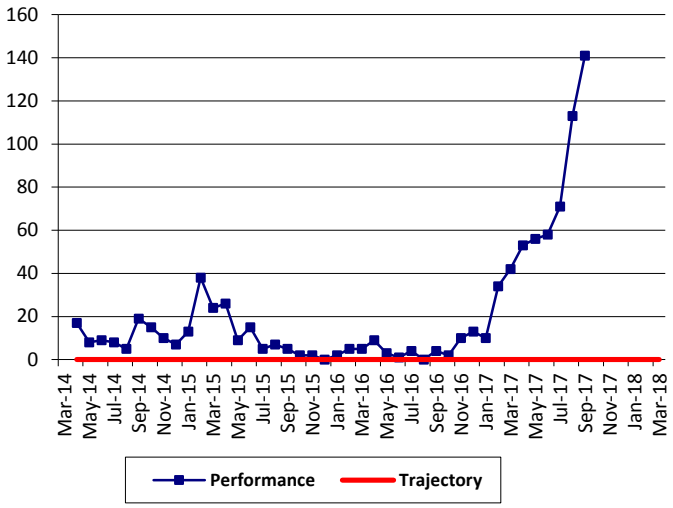
The number of patients breaching the **12 week inpatient waiting time** improved during July 2017 due to a reduction of Orthopaedic patients added to the waiting list in February and March, but has risen again when they resumed outpatient activity in May. The reduction was due to a number or Orthopaedic Consultants being on annual leave so the clinics were cancelled to cover theatre. Extra clinics in April/May to make up for the loss in outpatient capacity.

There have been cancellations for bed availability and, consultant illness and anaesthetic illness which have had a significant impact on the number of breaches.

The IHO project is well underway and has resulted in an increase in activity throughout the specialties however this has not addressed the capacity issues within Orthopaedics.

We are looking at increasing the utilisation of admissions in the short term to enable the reduction of inpatient breaches. To enable this to be possible, a reduction in day cases will be required which in turn will cause a day case backlog, however weekend working is being assessed to manage this.

tandard: 12 Weeks Treatment Time Guarantee	2017/18 Standard	Current Standard	Sept 2017 Position	Sept 2017 Status
	0	0	141	R



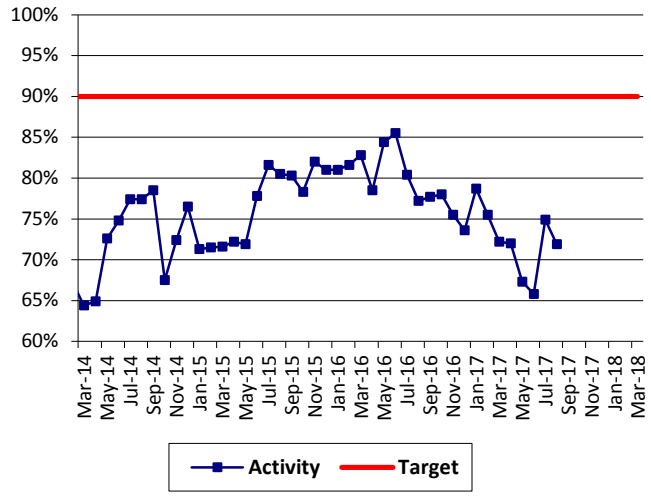
The number of patients breaching their **Treatment Time Guarantee** (TTG) has been increasing over the last 12 months.

There have been cancellations for bed availability and, consultant illness and anaesthetic illness which have had a significant impact on the number of breaches.

The IHO project is well underway and has resulted in an increase in activity throughout the specialties however this has not addressed the capacity issues within Orthopaedics.

We are looking at increasing the utilisation of admissions in the short term to enable the reduction of inpatient breaches. To enable this to be possible, a reduction in day cases will be required which in turn will cause a day case backlog, however weekend working is being assessed to manage this.

Standard: 18 Weeks Referral to Treatment Admitted Pathway Performance	2017/18 Standard	Current Standard	Aug 2017[1] Position	Aug 2017[1] Status
	90%	90%	71.9% (Aug 17)	R



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.

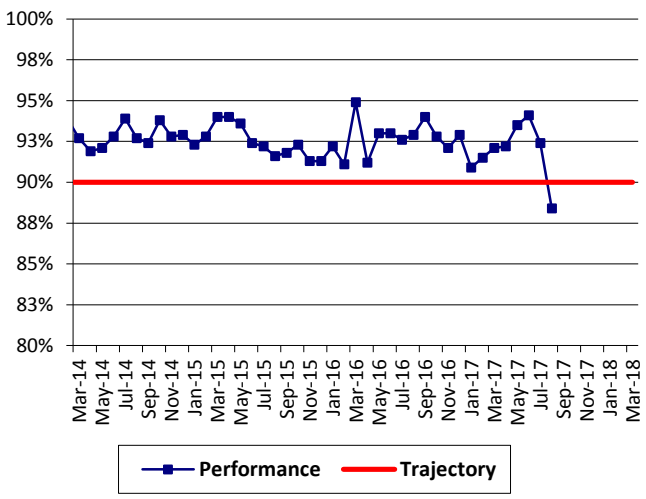
18 weeks admitted performance has declined over the year, as a result of longer waiting times for outpatient appointments and due to the number of Orthopaedic inpatient and day case breaches.

As the outpatient and inpatient waits start to improve we will see an improvement in the standard.

We are looking at increasing the utilisation of admissions in the short term to enable the reduction of inpatient breaches. To enable this to be possible, a reduction in day cases will be required which in turn will cause a day case backlog, however weekend working is being assessed to manage this.

[1] 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	**2017/18 Standard**	**Current Standard**	**Aug 2017[1] Position**	**Aug 2017[1] Status**
	90%	90%	88.4% (Aug 17)	A



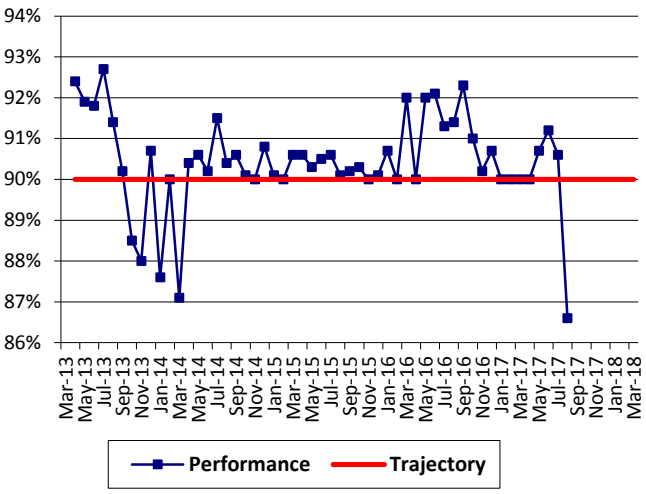
Please Note: There is a 1 month lag time for 18 Weeks RTT to allow accurate information to be reported in line with national reporting timelines.

18 weeks non-admitted pathway performance has reduced below the 90% standard in August due to the Dermatology and Cardiology backlogs which is predicted to worsen while we carry out extra activity through Synaptik/core consultants to see the backlog of patients.

The extra work in Dermatology involves capacity from the General Practitioner with Special Interest (GPwSI) and a locum consultant to reduce the breaching patients up until March 2018.

[1] 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 Combined Performance	**2017/18 Standard**	**Current Standard**	**Aug 2017[1] Position**	**Aug 2017[1] Status**
	90%	90%	86.6% (Aug 17)	A



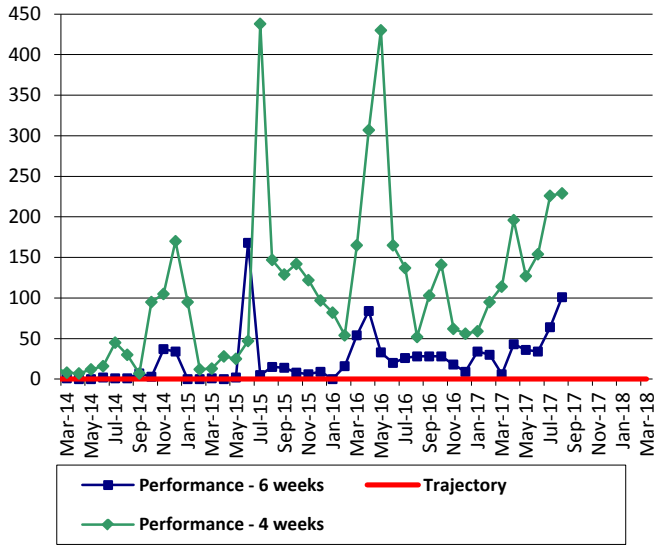
Please Note: There is a 1 month lag time for 18 Weeks RTT to allow accurate information to be reported in line with national reporting timelines.

For the first time since March 2014 we did not achieve the 90% **18 weeks combined performance** standard due to the long waiting times for Dermatology and Cardiology, coupled with the increased number of admitted of admitted pathway breaches due to the shortage of Orthopaedic Capacity.

We are organising some Synaptik and extra consultant activity in Cardiology, utilising the General Practitioner with Special Interest (GPwSI) and locum consultants in Dermatology to reduce the number of Outpatient breaches and potentially using weekend operating in Orthopaedic Surgery to reduce the number of Inpatient/Day Case patients going over 18 weeks.

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

Diagnostic Waiting Times	2017/18 Standard	Current Standard	Aug 2017[1] Position	Aug 2017[1] Status
Standard: 6 Week Waiting Target for Diagnostics	0	0	101	R
Stretch: 4 Week Waiting Target for Diagnostics	0	0	229	-



Performance against the **6 week diagnostic waiting time** standard has deteriorated since March 2017.

Colonoscopy – The service continues to benefit from ring fenced Colon sessions performed by a locum General Surgeon who is in place until March 2018. This continues to cover the gap until the 3rd GI Consultant is in post. Additionally the introduction of QFIT testing in January 2017 has allowed the more effective triaging and referral into Colonoscopy. We are currently seeking Scottish Government funding to extend this pilot for an additional 3 years.

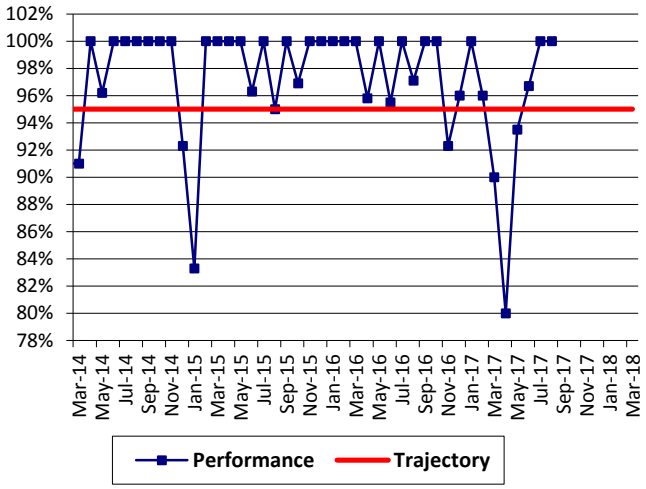
Endoscopy – The 4 week standard has been met consistently and performance continues to be monitored.

Magnetic Resonance Imaging (MRI) & Computerised Tomography (CT) – MRI has seen an increase in demand over the past year and radiographer scanning capacity is now at its limit. As an interim measure additional weekend MRI scanning sessions are being run in order to bring down the waiting times particularly for urgent patients. This is being funded by non-recurring Scottish Government funding to address access to diagnostic capacity for patients on the cancer pathway. Initial analysis of changes in demand have shown that the current capacity is no longer sufficient to meet the changing workload, and plan is being developed to secure additional capacity. It is anticipated that demand and capacity analysis will be available by the end of December 2017.

Ultrasound – The ultrasound service continues to be under pressure due to maternity leave and vacancy, however is managing to meet demand at present. It is anticipated that there will be a reduction in capacity towards the end of 2017 due to multiple maternity leaves within the service. The service is taking proactive action to minimise the impact where possible, by utilising bank staff, additional hours and an existing locum within the service.

[1] September data unavailable at time of reporting due to the update of the RIS system and the compatibility of the reporting tool.

Standard: 95% of all cases with a Suspicion of Cancer to be seen within 62 days	**2017/18 Standard**	**Current Standard**	**Aug 2017[1] Position**	**Aug 2017[1] Status**
	95%	95%	100% (Aug 17)	G



Please Note: there is a 1 month lag time for data.

NHS Borders achieved performance above 95% for the **62-day cancer** standard during 2017/18.

There remains a risk for patients requiring surgical treatment in NHS Lothian, particularly for Urology procedures. These are being escalated to the Service Managers once we know a patient will breach so this can be raised at the regional meetings.

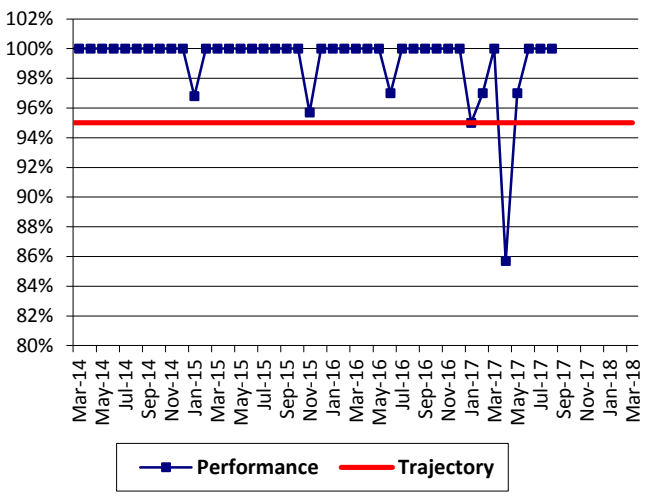
The run chart shows the standard dipped in April. This was due to three breaches, one for Brachytherapy, one colorectal and one Urology patient treated in Lothian.

Work is ongoing to find a solution for patients waiting on treatment in NHS Lothian, in particular those waiting on specialised procedures. This is due to an increased demand within the Prostate and Lung surgical patients and patients that require Prostate Brachytherapy as at present NHS Lothian only provide 2 slots per week to treat referred patients from other Boards.

The Colonoscopy waiting time has increased after the GI Synaptik sessions were stopped which could lead to a problem with Cancer Waiting Times. We are currently trying to organise additional internal capacity to support Colonoscopy sessions to reduce the risk of breaching patients.

[1] There is a 1 month lag time for data due to the deadline for receiving national reporting.

Standard: 95% of all patients requiring Treatment for Cancer to be seen within 31 days	**2017/18 Standard**	**Current Standard**	**Aug 2017[1] Position**	**Aug 2017[1] Status**
	95%	95%	100% (Aug 17)	G



Please Note: there is a 1 month lag time for data.

NHS Borders achieved performance above 95% for the **31-day cancer** standard during 2017/18.

There remains a risk for patients requiring surgical treatment in NHS Lothian, particularly for Urology procedures. These are being escalated to the Service Managers once we know a patient will breach so this can be raised at the regional meetings.

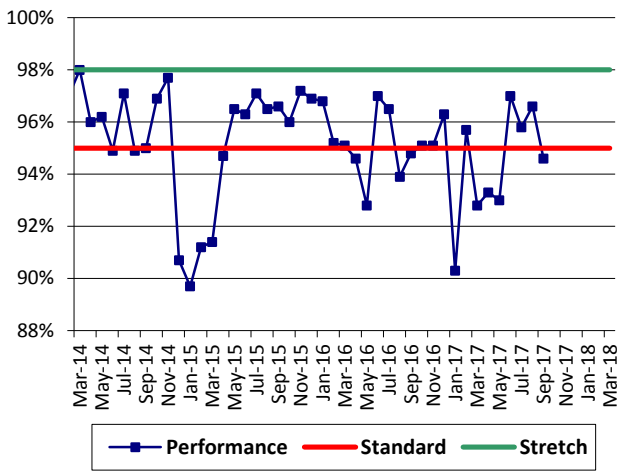
The run chart shows the standard to treat patients with cancer within 31 days of diagnosis was consistently achieved, with the exception of April 2017 (85.7%) due to 2 colorectal breaches.

Work is ongoing to find a solution for patients waiting on treatment in NHS Lothian, in particular those waiting on specialised surgery. This is due to an increased demand within the Prostate and Lung surgical patients and patients that require Prostate Brachytherapy as at present NHS Lothian only provide 2 slots per week to treat referred patients from other Boards.

The Colonoscopy waiting time has increased after the GI Synaptik sessions were stopped which could lead to a problem with Cancer Waiting Times. We are currently trying to organise additional internal capacity to support Colonoscopy sessions to reduce the risk of breaching patients.

[1] There is a 1 month lag time for data due to the deadline for receiving national reporting.

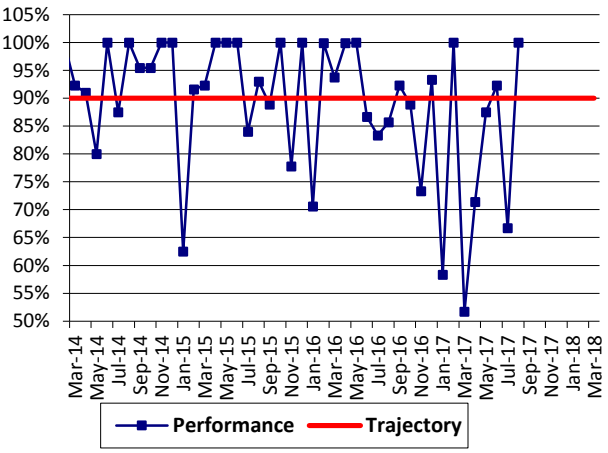
Emergency Access Standard	2017/18 Standard	Current Standard	Sept 2017 Position	Sept 2017 Status
Standard: Accident & Emergency 4 Hour Standard	95%	95%	94.6%	A
Stretch: Accident & Emergency 4 Hour Stretched	98%	98%	94.6%	A



NHS Borders was slightly below the 95% **Emergency Access Standard** (EAS) in September 2017. This was largely due to delays in availability of inpatient beds. This in turn has significantly increased the number of delayed discharges across NHS Borders. The performance in October was above 95%.

Delays due to waits for first ED assessment continue to be low and there has been a significant reduction in breaches for Flow 1 patients (minor illness and injury).

Standard: Admitted to the Stroke Unit within 1 day of admission	2017/18 Standard	Current Standard	Aug 2017[1] Position	Aug 2017[1] Status
	90%	90%	100% (Aug 17)	G

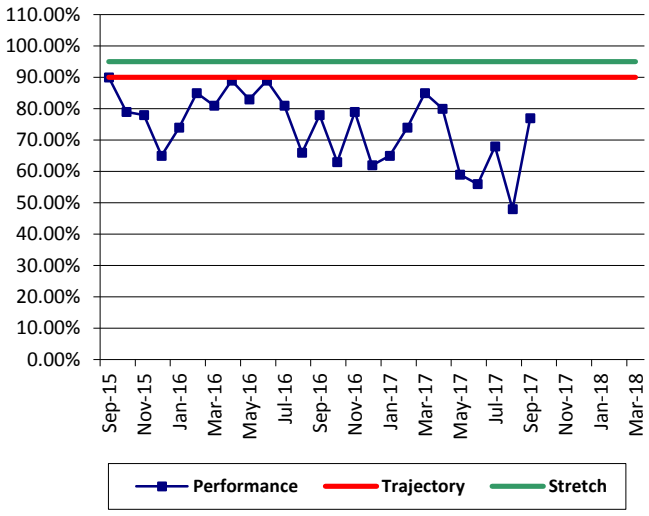


Admission to the Stroke Unit within 1 day has been challenging over the past few months due to difficulties in accessing beds within the stroke unit. A renewed direction to bed managers to ensure that stroke transfers are prioritised and a more robust review of patients who can be transferred out of the stroke unit have assisted in improving performance in August.

The stroke unit has been challenged due to a large number of very prolonged delayed discharge patients with complex needs, reducing availability of beds.

[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 August 2017.

Standard: No Psychology Therapy waits over 18 weeks	**2017/18 Standard**	**Current Standard**	**Sept 2017 Position**	**Sept 2017 Status**
	90%	90%	77% [1]	R
	95% (stretch)	95% (stretch)	77% [1]	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%. It fluctuates on a monthly basis. The data is the average performance across all service areas. There are a number of reasons for not meeting the target including lack of appropriate triage and suitability assessment; lack of standard diary templates / expectations; varying referral criteria and acceptance rates across the service; varying processes for supervision and caseload management; and long new to follow up ratios.

Sustainably, performance is expected to improve by 31/03/2018, however it should be noted that due to the number of patients already waiting over 18 weeks for treatment performance will decrease before it increases as these patients are seen.

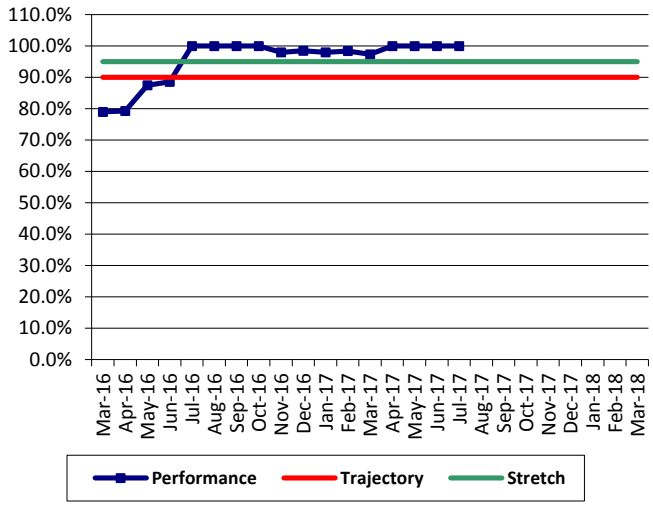
A project group has been set up and meets weekly to discuss areas for improvement and implement actions.

Actions already being taken forward include:

- updating diaries to show number of available slots per week;
- updating diaries to include one suitability assessment slot per week;
- revising appointment booking process to fill these slots;
- agreeing a standard new to follow up ratio;
- considering the use of locum or additional clinics to tackle the backlog of patients waiting for treatment.;
- reviewing and reissuing admin recording process.

[1] Psychological Therapy data for September 2017 does not include CAMHS or LD as unavailable at the time of reporting

Standard: No CAMHS waits over 18 weeks	**2017/18 Standard**	**Current Standard**	**July 2017[1] Position**	**July 2017[1] Status**
	90%	90%	100% (Jul 17)	G
	95% (stretch)	95% (stretch)	100% (Jul 17)	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 continues meet both the local and the stretch standards for **Child Adult Mental Health Service (CAMHS) referral to treatment** which is expected to be maintained on an ongoing basis.

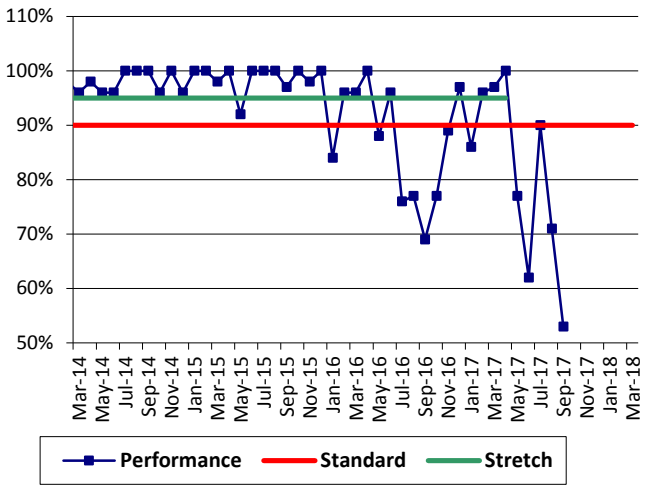
Referral criteria has been reviewed and amended to increase efficiency at point of receipt of referral, also at final stages of referral form being placed on SCI gateway for GP referrals in an attempt to reduce declined referrals.

More detailed focus is now being given to rates of referrals and declined referrals, examining reasons for decline.

Reporting of CAMHS waiting times is a person dependent process, and due to leave was not reported for August or September 2017 - submission has since been made and performance continues to meet the standard. Work is underway to change the reporting process to ensure it is not person dependant on a longer term basis.

[1] August & September 2017 data unavailable from the service at the time of reporting

Standard: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks	**2017/18 Standard**	**Current Standard**	**Sept 2017 Position**	**Sept 2017 Status**
	90%	90%	53.0%	R



Please Note: the stretch target of 95% was discussed at the Alcohol & Drugs Partnership (ADP) Executive in May 2017 and was agreed to concentrate on achieving the standard of 90%

The national LDP standard has an ongoing requirement to deliver **3 weeks RTT for 90% of progressed drug & alcohol referrals**. Overall, 53% of clients started treatment within three weeks for the month of September, and 72% of clients for Quarter 2.

The following is a breakdown of performance for Q2:

- There were no clients for Castle Craig Hospital
- Addaction exceeded the HEAT standard (94%)
- BAS saw 22% of clients against a target of 90%

BAS is going through significant changes in relation to recruitment and retention due to reduction in funding. One of the vacancies within the service has been the team manager post, which is essential to maintain leadership and management throughout the service.

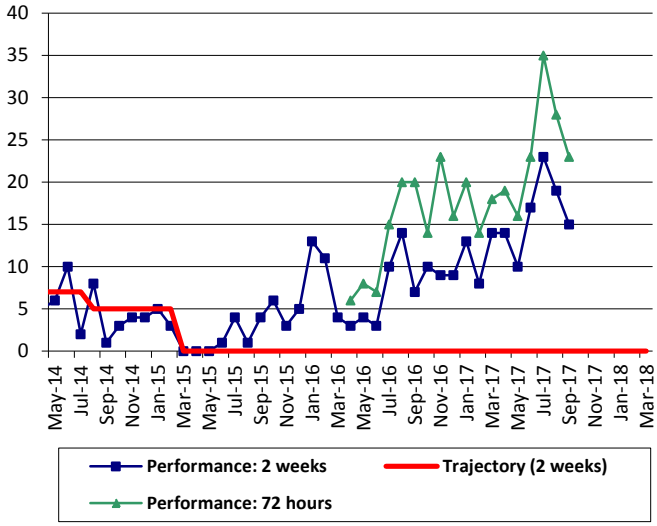
A short term solution of redistributing staffing from Addiction Psychological Therapies Team (APTT) service and utilisation of substance misuse liaison nurse has reduced the waiting times significantly in the short term, (as of November 96% of clients started treatment within three weeks).

The Team Manager is now in post (from 23rd October) and will progress an overall review of referral/caseload/

	management and waiting times management which is predicted will have a positive impact on performance.

Performance in Partnership

Delayed Discharges	2017/18 Standard	Current Standard	Sept 2017 Position	Sept 2017 Status
Standard: Delays over 2 weeks	0	0	15	R
Standard: Delays over 72 hours (3 days)	0	0	23	R



The General Manager for Patient Pathways is working in partnership with colleagues across all areas and in all locations to improve patient pathways and reduce **Delayed Discharges**.

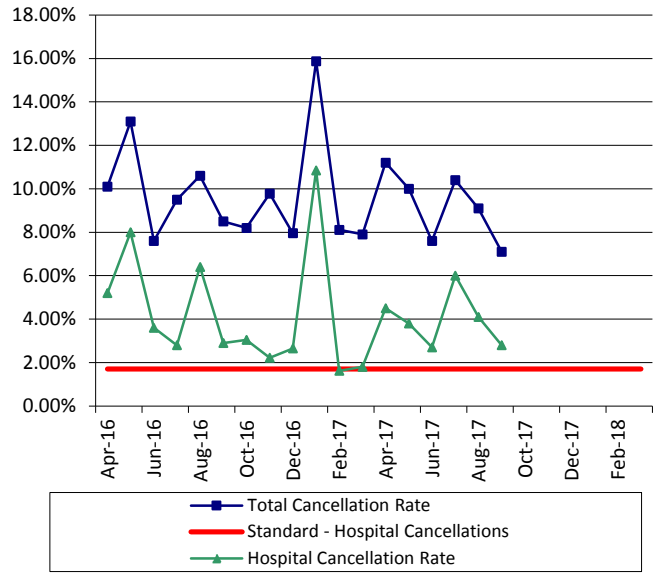
The first phase of the plan is to address expectations of patients, their families and carers, as well as professionals, regarding the purpose of being an inpatient and how discharge will be expedited as soon as they are medically fit. A communications strategy in place to ensure this message is consistently presented. This will be implemented from November 14th, 2017.

As part of this first phase, 15 Discharge to Assess beds will be on-stream from December 4th, which will create improved patient flow over the winter months.

Phase two of improving patient pathways will be planned in partnership through the Integrated Joint Board (IJB), which will include developing appropriate resources to deliver discharge to assess at home and hospital at home.

Key Performance Indicators

Cancellations	2017/18 Standard	Current Standard	Sept 2017 Position	Sept 2017 Status
Total Cancellation Rate	-	-	7.1%	-
Hospital Cancellation Rate	1.5%	1.5%	2.8%	R

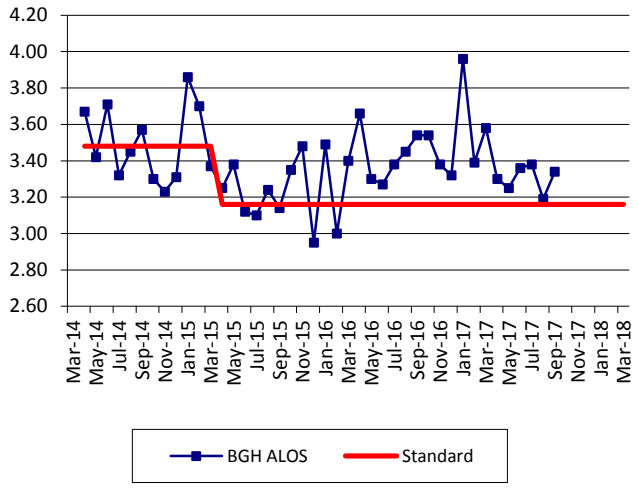


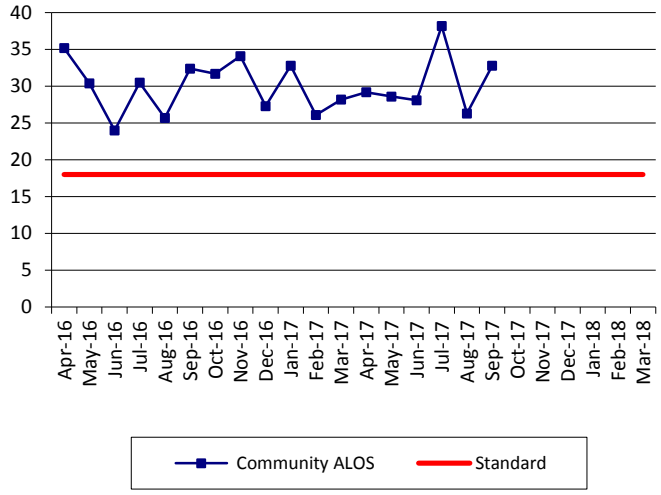
In September the overall percentage of **cancellations**, as well as hospital cancellations improved from the previous month however is higher than the March 2017 position.

High levels of consultant and anaesthetist sickness absence had a significant impact on performance over the summer months. In addition, there are ongoing challenges relating to overruns in theatre. A weekly theatre scheduling meeting has been implemented and work is ongoing to improve this process with a view to maximising theatre utilisation.

Inpatient elective operating over the festive period will be reduced to mitigate the impact of anticipated winter bed pressures and reduce the likelihood of cancellations over this period. Day case operating will be maximised during this time.

Average Length of Stay	2017/18 Standard	Current Standard	Sept 2017 Position	Sept 2017 Status
Borders General Hospital	3.16	3.16	3.34	R
Community Hospitals	18.0	18.0	32.8	R





Borders General Hospital

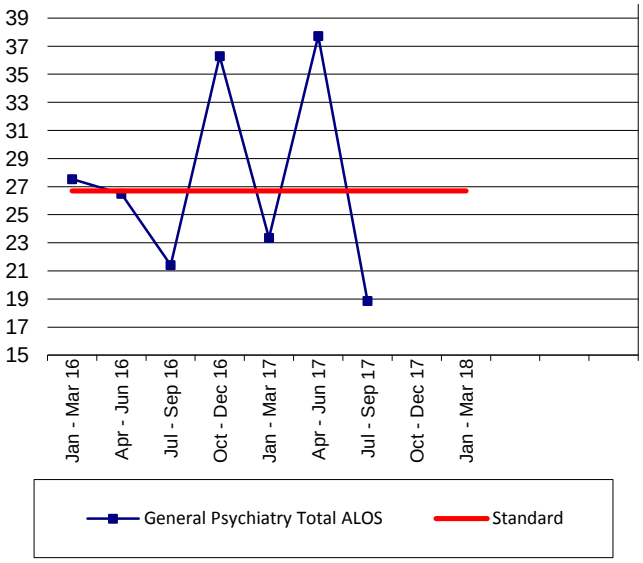
The **Average Length of Stay (ALoS) in the BGH** continues to be slightly above the standard of 3.16 days. The increased number of delayed discharges has a major effect on average length of stay, both directly as patients are waiting in BGH beds for home care and care home placements, and as a result of the delays in community hospitals, resulting in patients waiting in the BGH for access to beds in Community Hospitals. Daily Dynamic Discharge has been rolled out across all wards in the BGH and there is more specific work within the two elderly care wards, under the auspices of the DME EFFECT project, to promote patient independence to encourage earlier discharge.

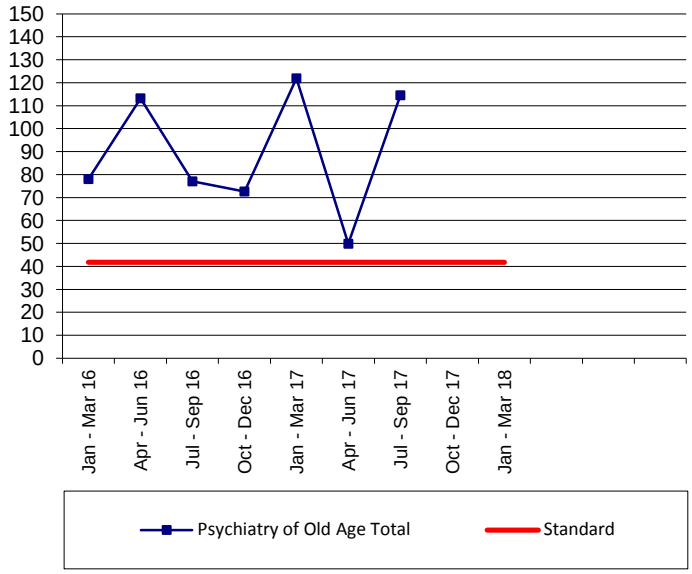
Community Hospitals

Delayed Discharges are affecting the **ALoS in Community Hospital** settings and as described in the Delayed Discharge section there are various reasons for this. To tackle these issues in Community Hospitals, several mechanisms are being introduced, which included Daily Dynamic Discharge Planning, community based developments to support patient care at home, and weekly reviews of all delayed discharges within Community Hospitals. The Clinical Nurse Manager continues to attend all MDTs and support patient flow, and contribute to the Delayed Discharge meetings and liaising with Social Work.

In addition a system wide review of Community Hospitals and Day Hospitals has been commissioned to identify alternative models of care in a community setting, with the aim of reducing the ALoS in Community Hospitals and increasing the productivity of Day Hospitals.

Average Length of Stay	2017/18 Standard	Current Standard	Sept 2017 Position	Sept 2017 Status
Mental Heath - General Psychiatry Total	26.70	26.70	18.86	G
Mental Heath - Psychiatry of Old Age Total	41.81	41.81	114.50	R





Mental Health

Mental Health LOS 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 and small numbers of discharged per month. We have therefore moved to report ALoS on a quarterly basis. It is difficult to predict when the standard will improve however consideration is being given to how Length of Stay could be measured more meaningfully.

LOS is monitored within the performance scorecard at monthly Mental Health meetings and picked up with Senior Charge Nurses by exception; there are no routine actions specific to this target but work is underway to ensure patients have EDD's on admission to Mental Health Wards (as appropriate)

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	Sep-17	Local	1060	-	-
	Dementia Post Diagnostic Support	Mar-16	Local	90.0%	-	-
	Alcohol Brief Interventions (% achieved against the target)	Jun-17	ISD	52.74%	97.45%	12
	12 weeks successful quits in Smoking cessation in most deprived areas (% achieved against the target)	Jun-17	ISD	67.05%	79.99%	11
	Sickness Absence Rate	Sep-17	ISD	4.48%	4.95%	2
	New patients(DNA) rate	Jun-17	ISD	5.00%	9.10%	3
	Same day surgery	Jul-17	Local	84.7%	-	-
	Pre-operative stay reduced	Jul-17	Local	0.04	-	-
	Online Triage of Referrals	Sep-17	Local	94.2%	-	-
	Increase the proportion of new-born children breastfed at 6-8 weeks	2016/17	ISD	37.80%	30.30%	5
	eKSF Annual Reviews complete	Sep-17	Local	16.9%	-	-
	Personal Development Plans recorded on eKSF	Sep-17	Local	17.4%	-	-
	Reduce emergency Occupied Bed Days aged 75 or over (per 1,000)	Dec-16	ISD	3385	-	-
Access to Treatment	12 Weeks Outpatient Waiting Time	Jun-17	ISD	80.90%	77.00%	4
	12 Weeks Treatment Time Guarantee	Jun-17	ISD	95.90%	81.00%	3
	18 Weeks RTT Combined Performance	Aug-17	ISD	92.1%	84.80%	5
	% waiting within the 6 week standard for a key diagnostic test	Sep-17	ISD	85.9%	81.60%	7
	95% target for treatment within 62 days for Urgent Referrals of suspicion of cancer	Sep-17	ISD	100%	87.40%	1
	95% target for treatment within 31 days of decision to treat for all patients diagnosed with Cancer	Sep-17	ISD	100%	94.65%	1
	98% of waits for A&E under 4 hours (local stretch)	Sep-17	ISD	95.00%	93.50%	7
	90% of admissions to the Stroke Unit within 1 day of admissions	Aug-17	Local	100%	-	-
	No Psychological Therapy waits over 18 weeks	Jun-17	ISD	65.90%	72.40%	9
	No CAMHS waits over 18 weeks	Jun-17	ISD	100%	80.74%	1
	90% of Alcohol/Drug Referrals into Treatment within 3 weeks	Aug-17	ISD	72.92%	92.97%	14
Performance in Partnership	No Delayed Discharges over 3 days	Sep-17	NHS Performs	23 [1]	843 [1]	-

[1] This is actual number of Delayed Discharges at the end of September 2017

Progress on Targets Not Reported on a Monthly Basis

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

NHS Borders performs comparably with some other rural health boards in terms of the proportion of patients who receive an early diagnosis for breast cancer, lung cancer or colorectal cancer; however, recent ISD data does show a decrease in percentage of patients diagnosed at Stage 1 in Borders between 2014-15 and 2015-16. We believe this decrease may be due in part to the timing of the current breast cancer screening round. The decrease in patients diagnosed at Stage 1 between the baseline period (2010-11) and 2015-16 is because our absolute number of cancers detected at Stage 1 in 2010-11 was relatively large as it was the first year of bowel screening in Borders i.e. our "prevalent round". Subsequent percentage drops in detection rates reflect this high baseline.

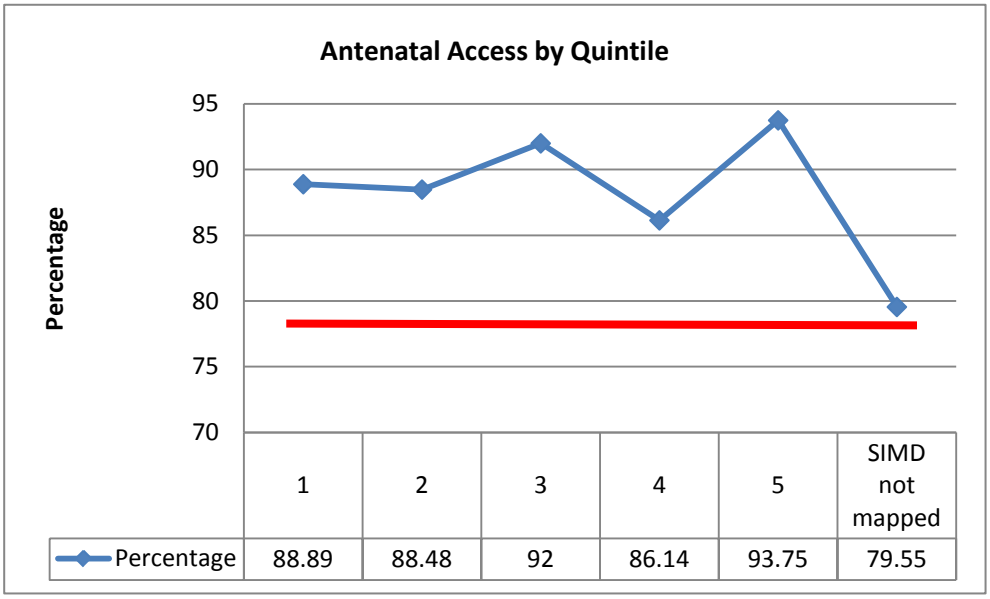
Other issues to consider when interpreting these data sets include the relatively small numbers of cases involved and that the data in the ISD report is not age standardized. It should be noted that NHS Borders has consistently had higher screening uptake rates compared to most other Boards and that we continue to innovate and invest in a significant programme of work to improve awareness of signs and symptoms and encourage the public to take up the offer of screening when they receive an invitation.

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

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.

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.

N.B. New housing developments within NHS Borders have not been allocated a quintile.



IVF: Commence IVF Treatment within 12 months	G

There has been no change in the provision of IVF treatment, NHS Borders continues to refer patients requiring treatment to NHS Lothian.

From 1st April 2017 to 30th September 2017 there were 9 Full Cycles and 5 Thaw Cycles, with no delays against the 12 month standard.

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

The most recent publication of the Government's GP Access LDP Standards is from 2015/16 as there was no survey carried out last year. 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% 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% and an improvement of 3% when compared to the previous Survey of 2013/14. It is also above the National Average of 91.8%.

A new Patient Survey is currently under way and the outcomes will be known next year. Practices continue to provide emergency and on the day appointments in order to offer access to their patients who need to see a health professional urgently.

http://www.gov.scot/Resource/0050/00500340.pdf

http://www.hace15.quality-health.co.uk/index.php/reports/health-board-reports/2467-nhs-borders-pdf/file

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

At the end of September 2017 the Board is reporting an overspend position of £5.0m on revenue and break even on capital. The financial position at the end of the second quarter is giving cause for concern The Director of Finance and Chief Executive are in dialogue with Scottish Government Health Service Centre Department (SGHSCD) and the Integration Joint Board and the board has put in place a recovery plan to address the financial position.

The main operational pressure areas are nursing and medical costs due the requirement for additional beds in the set aside budgets and external health care providers cost as well as the slippage and non delivery of efficiency savings across the organization.

The Board has a challenging savings target of £15.7m, (£12.9m recurring and £2.8m non recurring) for financial year 2017/18 and at the end of September £3.4m of savings has been delivered of which £1.6m is recurring. Not only is efficiency delivery behind trajectory this financial year but also based on information currently available there will be a shortfall of £6.6m in the overall programme. This forecast position has been built into the recovery plan. Based on the forecast year end position on efficiency and taking account of any part year implementation plans there will be a recurring shortfall of £8.8m at the end of the financial year.

The capital plan is progressing. Expenditure in the first six months of the financial year relates to the ongoing construction works of the primary care schemes at Eyemouth Health Centre, Knoll Health Centre and Roxburgh Street Replacement Surgery. As part of the 2017/18 recovery plan £2m capital resources will be utilized to support the pressure in operational budgets.

The 2017/18 capital plan includes £3.2m relating to IM&T. Further work is being progressed on the Boards IM&T roadmap spending plan and the associated procurement requirements. There is much to ensure the Capital Resource Limit of £5.7m is delivered by 31st March 2018.

Efficiency: Reduction in energy consumption and CO2	**Current status:**	G
	Predicted status at end March 2018:	A

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 2015-2020. 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 6.8% 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**

QUARTERLY **Current Quarter**	**CO_2** **Base Year Tonnes**	**Current Tonnes**	**Variance vs Base Year %**
Qtr 2, 2017/18	**3,813**	**3,393**	**-11.01**
QUARTERLY **Current Quarter**	**ENERGY** **Base Year kWh**	**Current kWh**	**Variance vs Base Year %**
Qtr 2, 2017/18	**14,253,284**	**12,625,159**	**-11.42**

In the NHS Borders property portfolio the main site, Borders General Hospital, utilises 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

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.

SABs are reported by cause to highlight themes and support targeted interventions. Between April 2017 and September 2017, 45% of SAB cases were community acquired. There is ongoing improvement work associated invasive devices which remain the most significant risk factor.

4. CORPORATE OBJECTIVES

Corporate Objective		Progress to Date
Deliver safe, effective and high quality services	Deliver the Scottish Patient Safety Programme (SPSP)	The SPSP programme aims to improve the safety of healthcare and reduce the level of harm experienced by people using healthcare services. 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: • Deterioration (Prevention, Recognition and Response) • Medicines • System Enablers Data collection of measures needs to be consistent and accessible to all in the organisation and aligned with improvement projects with ownership from service and director levels. We are currently reviewing options through engagement with other boards and at a national event in November 2017 how we can progress with an effective data collection system. 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, cardiac arrests, CAUTI, medicine reconciliation on admission and on discharge. Leadership Walkround/Inspection Standard Operating Procedure (SOP) and the revision of the process has been completed. This will ensure staff and patients continue to have the opportunity to have a conversation with members of the Executive and management teams, to raise concerns, and to share good working practices. National Early Warning Score (NEWS) was introduced to the acute hospital in 2015 and Community Hospitals and the Out of Hours Team in 2016. With funding from the Health Foundation we have commenced a project to spread the implementation of NEWS to nursing homes, residential care and mental health wards. Quality improvement priorities around food fluid and nutrition, communication with patients and families, falls and pressure ulcers are part of the local QI work in the back to basics improvement programme. This is in the early stages of testing and this work should impact on the priorities for SPSP in acute care. 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. Further focus is required locally with the executive and clinical governance and quality team in defining the

Corporate Objective		Progress to Date
Deliver safe, effective and high quality services *continued*		way forward to support the principles of national portfolio working including the SPSP programme and the alignment with OPAH and Excellence in Care programmes.
	Communicate – listen to patients and ask 'what matters to you'	In June 2017 NHS Borders took part in the annual 'What Matters To You' day. Questionnaires were distributed throughout NHS Borders covering 18 areas within BGH, Mental Health and Community Hospitals. Stalls were set up on the day to gather additional feedback from staff, visitors and patients. In total, 287 responses were received which amounted to 481 individual comments. All areas received feedback relating to the responses and were encouraged to share and discuss with staff as well as display in a prominent place for all to see. Feedback on any action to be taken with regards to any comments has been requested and will be monitored. The Public Involvement Team continues to actively recruit new members to our public involvement network whether it is attending groups on a regular basis, short life working groups or as virtual members. There is a strong focus on localities within the Borders where there is currently little or no public member representation. The team is looking at ways to engage with members of the public whose first language is not English and younger people. Recently a visit to Borders College Fresher's Week proved to be a positive step in engaging with students to consider becoming public members or support our volunteering programme. Our Patient Feedback volunteers continue to support NHS Borders to gather anonymous feedback from patients, carers, relatives and visitors within our acute hospital, 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. In May 2017, NHS Borders officially launched the use of Care Opinion. Two sessions attended by over 60 members of staff heard the benefits of using this feedback platform and the opportunities to learn and improve services on receipt of this feedback from our patients and their families. It is over three years since NHS Borders consulted and published 'NHS Borders Clinical Strategy 2014' which set out key principles for redesigning services. In the intervening years important and significant changes have occurred and the Public Bodies (Joint Working) (Scotland) Act 2014 providing the legislative framework for the integration of health and social care services in Scotland. To reflect this and other changes to, for example the needs of the Borders population, NHS Borders is embarking on a 12 week engagement exercise with patients and staff, from September to the end of November 2017 to gain views about the revised NHS Borders Clinical Strategy. The updated Clinical Strategy reflects the changing health needs of the local population, outlines plans for improving services and incorporates feedback from the consultation in 2014. Set out below are some of the comments received from the current engagement exercise: • "What about addressing some of the issues relating to poverty & poor health?"

Corporate Objective		Progress to Date
Deliver safe, effective and high quality services *continued*		• "Invest in IT systems to improve communication". • "If people don't need to be seen by the Emergency team - advise them where best to get the help they need. • Invest in advanced practitioners which will support patient flow through the primary and community care setting, this should also support the role of the GP to see only those people who truly need to expert knowledge of a medical practitioner". • "Being supported to remain as well as I can now and in the future by supporting prevention and early interventions to reduce escalating health issues". • "As a Borders resident I just want to be kept up to date with the developments to deliver health and social care in partnership and to be assured that together NHS Borders and SBC and partners have a solid future". • "I'm concerned about the aging workforce across nursing especially - how are you going to make the caring professions attractive to the younger generation?"
	Strive to meet and exceed the performance targets set for us by the governments and our own board	As in previous years 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. During 2017/18 a sense check on the requirement of Clinical Board Performance Reviews was undertaken and it was agreed by the Board Executive Team (BET) that Performance Reviews should move from quarterly to bi-annually with an on-going requirement to produce and circulate quarterly scorecards to the Clinical Boards for their information along with their updated performance review action tracker every 3 months. Management and monitoring of actions is the responsibility of each clinical board and they are required to raise any exceptions at the monthly Clinical Executive Operational Group. Information Service Division (ISD) Pre Release Statistics are monitored on a weekly basis and proactively reviewed ahead of release to monitor NHS Borders Performance against other Scottish Health Boards. Theatre Cancellations performance also continues to be proactively monitored on a weekly basis. Reporting requirements as a result of Health & Social Care Integration continue to evolve. An Integrated Performance Framework has been developed which builds on the Performance Frameworks in place within NHS Borders and Scottish Borders Council. A quarterly Integrated Performance Report is provided to the IJB as part of the Framework and looks to highlight progress and delivery against the achievement of commitments outlined within the Strategic Plan. This Performance Report includes updates on the six themes defined by the Ministerial Strategy Group (MSG) for Health and Community Care and also includes Social Care measures. Sir Harry Burns has undertaken a national review of LDP Standards, any recommendations from the report will be incorporated into performance management arrangements within NHS Borders.

Corporate Objective		Progress to Date
Deliver safe, effective and high quality services *continued*		The NHS Borders Performance Scorecard continues to be positively received across the organisation.
	Run an efficient organisation by living within our means and concentrating resources on front line services	As part of the agreed financial plan for 2017/18 NHS Borders is required to deliver £15.7m of cash releasing efficiencies, of which £12.9m is required on a recurring basis. The savings target for 2017/18 included £4.9m of recurring savings carried forward from 2016/17. Savings targets for each of the NHS Borders business units (IJB, Set Aside Budgets, Acute Services etc) for 2017/18 were arrived at by adding the recurring savings target carried forward from last financial year to new pressures arising in 2017/18 – for example pay and prices increases. This approach was in line with the Scottish Government guidance to NHS Boards stating that funding for Integration Joint Boards (IJB) should as a minimum, be maintained at 2016/17 cash levels. An efficiency programme for 2017/18 was developed in relation to 4 broad themes: • Schemes carried forward (£1.865m) - these being proposals developed during 2016/17 that had not delivered as expected. • Operational Efficiency Targets (£3.998m) - being a requirement for budget managers to deliver a minimum of 3% reduction in operational costs both in-year and on a recurring basis. • Drug and prescribing costs (£4.772m) - a recommendation was made and accepted as part of agreeing the NHS Boards revenue plan for 2017/18 that pressures identified against drug budgets for 2017/18 should be met from savings from within existing drugs budgets. Schemes identified to date equate to £2.576m. • Non-recurring measures (£3.505m) - this was a range of non-recurring savings linked to balance sheet flexibility and ring fenced funding**.** It should be noted that the efficiency programme approved by the Board at its meeting in April did not meet the required level of savings with a shortfall at that point of £3.758m**.** To date this underlying shortfall has not been addressed. As at 30th September the Board is reporting that it has delivered £3.4m of savings, £1.6m on a recurring and £1.8m on a non recurring basis. The key areas of delivery to date are the 3% challenge which has been set across the organization and the reduction in prescribing costs. As at 30th September the Board is forecasting that £8.7m of efficiency savings will be delivered in 2017/18. Work is ongoing to increase this figure however it is clear there will be a significant shortfall of over £6m on this year's target. Recurring savings are forecast to be £4.1m against a target of 12.9m, giving a recurring deficit which will be carried forward to next financial year of £8.8m (an increase from the £4.9 brought forward from 2016/17) and will be added to the requirement for savings that arise as part of the financial planning and budget

Corporate Objective		Progress to Date
Deliver safe, effective and high quality services *continued*		setting process for 2018/19. A Transformational Change Programme (Better Borders) has been established under the direction of the Director of Strategic Change and Performance to develop proposals in support of both the in year position and in planning for longer term financial sustainability.
Improve the health of our population *continued*	Work with communities and our partner organisations in Scottish Borders Council and the Third Sector	The Healthy Living Network (HLN) takes an assets based approach in its work with local communities and with partners. Volunteering development features strongly for example through peer support. HLN also supports community members to undertake the Health Issues in the Community programme and to support those who complete the programme to use their skills and confidence. The HLN continues to work in close partnership with key community groups and partners including Registered Social Landlords in areas of high deprivation (Burnfoot, Langlee and Eyemouth) to improve health and enhance access to health and social care. HLN is an active partner in the Community Learning and Development Strategy and supports implementation in localities. In addition HLN is making an active contribution to the locality planning processes for health and social care, as these evolve. 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. 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. 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. 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.
	Harness the assets of our communities to encourage and facilitate self-help	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: • 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: health input to programmes for offenders, for those on employability schemes

Corporate Objective		Progress to Date
Improve the health of our population *continued*		• 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	Planning and delivery of services takes account of the impact of rurality on health as recognised in the strategic assessment underpinning community planning. High cost of living, a relatively low wage economy, limited public transport infrastructure and higher than average rates of fuel poverty are significant factors for health in Scottish Borders. Other services that are targeting the more deprived communities and localities to reduce inequalities in health include: • DCE campaign – there is great potential for screening programmes to exacerbate inequalities in health because uptake tends to be lower in more deprived populations. To prevent this the local programme is being proactive in promoting screening in such local populations with some success. • Smoking cessation – the LDP HEAT Standard focuses on those from more deprived areas and the local Quit4Good service is currently on target to reach out and encourage uptake in these areas where smoking prevalence is highest and support quits Targeted programmes for protected characteristics groups and vulnerable groups continue. 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. Public Health continues to work closely with the IJB to ensure that locality planning for health and social care is targeted to reduce inequalities in health and wellbeing at a local level.
	Promote well-being with a strong focus on the healthy development of children	Planning for the future of Child Health services in the Borders has featured in the development of the refreshed clinical strategy. The three priorities for Child Health are: • Children and young people will be involved in decisions and planning that affect their health and, when it is appropriate, families will also be included • The move from child health services to adult services will be improved • There will be greater capacity to deliver health care services in the community for children who are unwell As set out in the Health and Social Care Delivery Plan, December 2016, by 2018, the Scottish Government aims to have increased health visitor numbers with a continued focus on early intervention for children

Corporate Objective		Progress to Date
Improve the health of our population *continued*		through addressing needs identified through the Universal Health Visiting Pathway. This was implemented in Borders from June 2016 and as a result of this, every family should be offered a minimum of 11 home visits including child health reviews by a qualified health visitor, ensuring that children and their families are given the support they need for a healthier start in life. The number of children with no concerns at the 27-30 month review is currently 80% against a target of 85%. There has been investment in the workforce to increase the overall number of health visitors across Scotland by 500 WTE by the end of 2018. The Scottish Government has provided funding for Scottish Borders to increase our health visitor workforce by 10.06 WTE by the end of 2018. In September 2017 we have increased our workforce from 19 WTE to 28 WTE and we are on track to achieve the target by 2018. The Family Nurse Partnership (FNP) is a preventative programme for first time teenage mothers and their babies. It is an intensive preventive programme through pregnancy until child is aged two years old. Evidence from the programme identifies benefits for children and families who have the poorest outcomes, improvements antenatal heath, child health and development and parent economic self-sufficiency. NHS Borders have developed FNP as a hybrid model with NHS Lothian through. NHS Borders commenced delivery of the FNP programme across all geographical areas of the Borders in August 2015. There have been 76 clients who have been identified as eligible within the NHS Borders geographical area. To date 62 clients have been recruited. In addition 3 clients transferred from another site and are receiving the service giving a total of 65 overall. The School Nurse service provides a universally accessible service provided to children and young people, aged 5-19 years and their families. Our service is progressing plans to implement the new School Nurse Pathway with priorities to supporting child protection, looked after children and mental health and wellbeing. Keeping our children safe is a key priority area. In 2016 there was a 30% increase in the number of initial referral discussions (IRDs) and this pattern has continued throughout 2017 (average of 370 child protection referrals per year). There is no specific reason for the increase and may be due to increased awareness through training and public awareness about child protection issues. The complexity of social issues is also a common theme across the referrals. 13% (48 children per year) of child protection referrals require a paediatric and/or forensic medical examination. NHS Borders is required through the Chief Executive Letter 16, 2009) to provide all children who become looked after children with a health assessment within 4 weeks of notification. There are currently 249 looked after children. From Jan-Sept In 2017 there were 28 children newly accommodated either at home with kinship carers (11 children) or away from home with foster carers (17 children). 22 out of 28 children received their health needs assessment within 4 weeks; the remaining children either returned home or were accommodated out of area. We have been working closely in partnership with SBC and other partners to redesign the model of support

Corporate Objective		Progress to Date
Improve the health of our population *continued*		for children and young people's emotional health and mental health. The redesign has included a programme of capacity building for school staff including school nurses using a range of recognised training programmes. In addition, a review of pathways will be undertaken in the latter part of 2017 – 18 to ensure clarity of roles, responsibilities and routes for referral and communication. NHS Borders performance in supporting breastfeeding continues to improve. Rates of breastfeeding increased in 2016 -17: at the 6 – 8 week review, 49.2% of infants were breastfed overall, 37.8% were exclusively breastfed. The peer support programme for new mothers has further expanded over the last year and is regarded nationally as an example of good practice.
Promote excellence in organisational behaviour	Be an excellent employer and become employer of choice	The Board has embedded the Values Based Recruitment process with all staff having both competency and values based questions at interview. Assessment centers which provide more information for the recruitment of the right people are also regularly used. This continues to be developed and adapted to ensure the needs of the service are fully addressed. The Nursing and Midwifery Recruitment Oversight Group meets weekly. The group is currently looking at the use of social media and targeting Registered Nurses. This will require us to demonstrate to potential employees why the Borders is the best place to work. Investigation into the potential of developing a Borders brand is being pursued with other public sector partners within the area. The Celebrating Excellence Awards and the Retirement Event continue on an annual basis. In addition to our local awards, we have had various staff members/groups recognised and awarded at National level
	Value and treat our staff well to improve patient care and overall performance	Our Staff Governance Action plan has been realigned to ensure that not only do we take an improvement methodology approach but that we can clearly evidence that staff are valued and treated well. To support the Corporate Objective "Excellence in Organisational Behaviour" we plan to increase the number of iMatter Board, BET and Team Action Plans Developed resulting in an increase in completed action plans. To achieve this we will trial different approaches to support managers and staff to develop meaningful action plans, identify case studies and good practice to share Nationally and increased interrogation of the iMatter Portal to drive continuous improvement. We also have a comprehensive program in training and professional development and supporting staff to raise concerns being monitored in the Staff Governance Action Plan. Ensuring that staff are being appropriately communicated regarding our corporate change programmes will be tested and we will be interrogating our workforce data to identify work related Ill health and identify any trends/issues that could be addressed to support staff health and well being. The Partnership Review has been undertaken involving the whole APF membership in group discussions and using a written questionnaire. The Reviewers have attended an APF to observe and are now compiling

Corporate Objective		Progress to Date
Promote excellence in organisational behaviour *continued*		a report to bring to CEO and Employee Director. The expected timeframe will be mid-late November followed by discussion with APF. The Partnership Chairs will progress work on the micro site with support from other members of the APF and will bring to the APF early 2018 a proposal on this site.
	Promote and engage leadership through: • Supporting a developmental culture • Showing genuine concern • Enabling • Inspiring others	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. A pilot HR Policy Update for SCNs provided the opportunity for peer discussions and practical support around key HR issues impacting on SCNs. The day evaluated well with staff reporting they were enabled and empowered to transfer the learning back into the workplace. This training will be further developed to ensure evolving needs are met and tailored to include more staff groups. A common approach to Line Management development is being developed nationally and NHs Borders will link into this framework when it is published in Spring 2018. Practice Education Facilitators continue to strengthen 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. This in turn should impact positively on nursing recruitment. NHS Borders were finalists in the Borders Chamber of Commerce Diversity Awards for supporting Project Search work placements in 2016/17. In conjunction with Scottish Borders Council Employment Service, the Joint Learning Disability Service and Borders College, NHS Borders has welcomed a second cohort of eight Project Search Interns through a thirty nine week preparation for employment to young people with disabilities through a mix of education and work experience placements.