

Borders NHS Board



MANAGING OUR PERFORMANCE END OF YEAR REPORT 2017/18

Aim

The aim of the 2017/18 Managing Our Performance (MOP) End of Year Report is to report progress for the full twelve 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 End of 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 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:

- 86% of patients for day procedures to be **treated as Day Cases** has been achieved for 6 of the last 12 months and the trend in general is an improvement on the previous year (page 10)
- The standard for **pre-operative stay** was consistently achieved during 2017/18 (latest available data) against the standard of 0.47 (page 10)
- The 90% standard for all referrals being **triaged online** was consistently achieved during 2017/18 (page 11)
- **6-8 week breastfeeding** rates within NHS Borders continue to perform above the standard (latest available data) (page 11)
- The rate of **Emergency Occupied Bed Days** for the over 75s continues to perform well against the standard of 3685 (page 12)
- 95% of all patients requiring **Treatment for Cancer to be seen within 31 days** was achieved during 2017/18 (page 18)

The Board are asked to note, as has been flagged through the monthly performance reports, that the following LDP standards are significantly outwith the standard during 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 8)

- **Smoking Cessation** successful quits is outwith the trajectory set at the last available position (page 8)
- The **Sickness Absence** rate is outwith the 4% standard for the full 2017/18 year (page 9)
- The **DNA rate** for new patients is outwith the 4% standard for the full 2017/18 year (page 9)
- **eKSF and PDP's** recorded did not achieve the trajectory at the end of January 2018 (latest available data) (page 13)
- **12 weeks Outpatient Waiting Times** is consistently outwith the standard of 0 breaches during 2017/18 (page 14)
- **12 week Inpatient Waiting Time and Treatment Time Guarantee** are consistently outwith the standard of 0 breaches during 2017/18 (page 14/15)
- At end of February 2018 (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 15)
- There continues to be breaches of the **6 week Diagnostic Waiting Time** standard (page 17)
- **Psychological therapy waits over 18 weeks** has been outwith the standard of 90% until January 2018 (latest available data) (page 20)
- Performance has been outwith the standard of 0 **Delayed Discharges** over 72 hour during 2017/18 (page 22)

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 27.

Summary

The 2017/18 End of Year MOP report is an important part of the organisational performance management framework as it provides a mechanism to report progress across the full range of LDP standards and key performance indicators, and summarises performance during 2017/18, along with a selection of priority areas and Corporate Objectives.

Recommendation

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

Policy/Strategy Implications	Regular and timely performance reporting is an expectation of the Scottish Government
Consultation	Performance against key indicators within this report have been reviewed by each Clinical Board and members of the Clinical Executive
Consultation with Professional Committees	See above
Risk Assessment	There are a number of standards that are not being achieved, and have not been achieved recently. For these standards service leads continue to take corrective action or outline risks and issues to get the standard back on trajectory. 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 standards require that Managers and Clinicians comply with Board requirements to ensure these standards are achieved and maintained.

Approved by

Name	Designation	Name	Designation
June Smyth	Director of Strategic Change & Performance		

Author(s)

Name	Designation	Name	Designation
Carly Lyall	Planning & Performance Officer		



**MANAGING
OUR
PERFORMANCE
END OF YEAR
REPORT
2017/18**

March 2018

Planning & Performance

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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 NHS Borders 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 End of Year MOP

This 2017/18 End of 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 March 2018 (or latest available performance).

Summary

This report allows Board members to see the end of year position for 2017/18 and assess what action is required going forward into the next 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. From 2018/19 Boards are no longer required to produce an LDP but will be required to produce Annual Operational Plans.

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). 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. In 2018/19 these are to be moved to quarterly performance reviews.

2017/18 LDP Standards and Local Indicators

This 2017/18 End of Year MOP Report summarises performance for LDP standards and local indicators from April 2017 to March 2018 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 March 2018 (or latest available data):

- Day case rates (page 10)
- Pre Operative stay (page 10)
- Online triage of referrals (page 11)
- Exclusive breastfeeding rate at 6-8 weeks check, local data (page 11)
- Emergency Occupied Bed Days for the over 75s (page 12)
- Treatment within 62 days for urgent referrals of suspicion of cancer (page 18)
- Treatment within 31 days of decision to treat for all diagnoses of cancer (page 18)
- Admission to the Stroke Unit with 1 day of admission (page 19)
- 90% of alcohol/drug referrals into treatment within 3 weeks (page 21)

Performance at Risk – Amber targets

Performance against the following standards was outwith the trajectory at the end of March 2018 (or latest available data):

- Diagnosis of Dementia (page 7)
- 18 weeks referral to treatment: non-admitted pathway performance (page 16)
- 18 weeks referral to treatment: combined performance (page 16)
- 4 hour waiting target for A&E (page 19)

Under Performing – Red targets

Performance was significantly outwith target for the following LDP standards at the end of March 2018 (or latest available data):

- Post Diagnostic Support (page 7)
- Alcohol Brief Interventions (page 8)
- Smoking cessation (page 8)
- Sickness absence reduced (page 9)
- New patient DNA rate (page 9)
- eKSF annual reviews completed (page 13)
- PDPs complete on eKSF (page 13)
- 12 weeks for outpatients (page 14)
- 12 weeks for inpatients (page 14)
- Treatment Time Guarantee (page 15)
- 18 weeks RTT: admitted pathway performance (page 15)
- 6 weeks waiting target for diagnostics (page 17)
- No psychological therapy waits over 18 weeks (page 20)
- No CAMHS waits over 18 weeks (page 21)
- No delayed discharges over 3 days (72 hours) (page 22)

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	March 2018 Position	March 2018 Status
		1116	1116	1045

Over the last year primary care colleagues have been alerted to the importance of referrals of people with a suspected **diagnosis of dementia** through a variety of means. Including at the November Medical Education session and a data cleansing process matching diagnoses known in mental health with the primary care dementia register.

Standard: Dementia - Percentage offered at least 12 months of Post Diagnostic Support	2017/18 Standard	Current Standard	Dec 2017 Position	Dec 2017 Status ¹
		100%	100%	87%

Over the last year the NHS Mental Health Older Adult service has moved from paper to electronic records (EMIS) affording the opportunity for revision of our **Post Diagnostic Support pathway** which is under way.

At beginning of May 2018 a revised recording template was implemented to provide a live and interactive template for each person with a diagnosis of dementia and will allow direct national reporting and local audits to be conducted which will result in improved PDS going forward.

¹ The standard is that people newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support therefore December 2016 is the latest available data. There is a 15 month lag time to allow the full 1 year support to be report, data is reported quarterly.

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.

Standard: Alcohol Brief Interventions	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
		1312	658	897

There has been a significant drop in the number of **Alcohol Brief Interventions** (ABI's) delivered against the standard. The major factor has been a reduction in performance in Primary Care, however performance has dropped in a number of areas:

Area	2016-17	2017-18
Primary Care	707	410

Two services are no longer in operation (Penumbra and Keep Well). Reporting from antenatal is not available due to problems with badgernet. Unfortunately we will not be able to retrospectively use that data. A&E performance increased from 20 to 64 following the review of processes. We continue to monitor this.

We are working with Health Visitors to implement ABI's and are reviewing processes in Social Work and Custody to improve performance.

Following withdrawal from the Local Enhanced Service at LNC we are likely to have a further drop in performance in 2018/19.

Standard: Smoking cessation successful quits in most deprived areas (cumulative)	2017/18 Standard	Current Standard	Sept 2017 Position	Sept 2017 Status
		173	130 (Dec 17)	79 (Dec 17)

Smoking Cessation successful quits performance has been reported up until December 2017 which is broadly similar to last year.

	Q1-3 2016-17	Q1-3 2017-18	Standard (Dec 2017)
Number of 3 month quits	87	79	130

Quit rates for NHS Borders are similar to elsewhere in Scotland. The main challenge for the service is ensuring referral rates are maintained so we continue to market via facebook.

Stroke MCN has worked to increase referrals via TrakCare. 15 minute briefings are organised for BGH staff to increase their knowledge and their likelihood of referring.

Engagement with pregnant women remains low despite a 'opt out' process in place within midwifery. Midwifery training is planned for 23 May 2018 to explore how to increase engagement.

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.

Standard: Maintain Sickness Absence Rates below 4%	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
		4.0%	4.0%	5.2%

Month	Performance (%)	Trajectory (%)
Mar-14	4.50	4.00
May-14	4.20	4.00
Jul-14	4.50	4.00
Sep-14	4.50	4.00
Nov-14	5.50	4.00
Jan-15	4.50	4.00
Mar-15	4.20	4.00
May-15	4.50	4.00
Jul-15	3.80	4.00
Sep-15	4.50	4.00
Nov-15	4.80	4.00
Jan-16	5.50	4.00
Mar-16	4.50	4.00
May-16	4.80	4.00
Jul-16	4.20	4.00
Sep-16	4.50	4.00
Nov-16	5.80	4.00
Jan-17	5.20	4.00
Mar-17	5.50	4.00
May-17	4.80	4.00
Jul-17	5.20	4.00
Sep-17	5.50	4.00
Nov-17	5.50	4.00
Jan-18	7.00	4.00
Mar-18	5.23	4.00

The cumulative **sickness absence** rate for year 2017/18 was 5.23% - which is 0.16 % better than the NHS Scotland Average (5.39%) 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 and 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	March 2018 Position	March 2018 Status
		4.0%	4.0%	4.6%

Month	Performance (%)	Trajectory (%)
Mar-14	5.00	4.00
May-14	5.80	4.00
Jul-14	6.50	4.00
Sep-14	5.50	4.00
Nov-14	6.50	4.00
Jan-15	5.00	4.00
Mar-15	5.20	4.00
May-15	4.80	4.00
Jul-15	5.00	4.00
Sep-15	5.50	4.00
Nov-15	4.50	4.00
Jan-16	4.20	4.00
Mar-16	4.80	4.00
May-16	4.50	4.00
Jul-16	5.00	4.00
Sep-16	4.20	4.00
Nov-16	4.50	4.00
Jan-17	5.20	4.00
Mar-17	4.80	4.00
May-17	5.80	4.00
Jul-17	6.00	4.00
Sep-17	5.50	4.00
Nov-17	4.50	4.00
Jan-18	5.20	4.00
Mar-18	4.60	4.00

The **DNA rate for new patients** has remained above the 4.0% standard and been more volatile in 2017/18 than the DNA rate in 2016/17.

Staffing levels have not been sufficient to assign staff to be telephone patients with a history of missed appointments.

Refreshing the posters for a “2017 DNA campaign” was not completed.

Standard: 86% of patients for day procedures to be treated as Day Cases	2017/18 Standard	Current Standard	Jan 2018 ¹ Position	Jan 2018 ¹ Status
		86%	86%	86.7% (Jan 18)

Performance against 86% **Day Case** standard has improved slightly since March 2017, and 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 January 2018

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Standard: Reduce the days for pre-operative stay	2017/18 Standard	Current Standard	Jan 2018 ¹ Position	Jan 2018 ¹ Status
		0.47	0.47	0.06 (Jan 18)

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 January 2018

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 January 2018

Standard: 90% of all referrals to be triaged online	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
		90%	90%	93.4%

The chart shows the percentage of **electronic referrals** received for the month that have been **triated** within 10 days of month end.

The 90% standard has been consistently achieved. Dentists were provided with SCI Gateway in 2017 and are now able to send referrals electronically.

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Standard: Increase the proportion of new-born children breastfed at 6-8 weeks	2017/18 Standard	Current Standard	Dec 2017 Position	Dec 2017 ¹ Status
		33%	33%	39.2% (Dec 17)

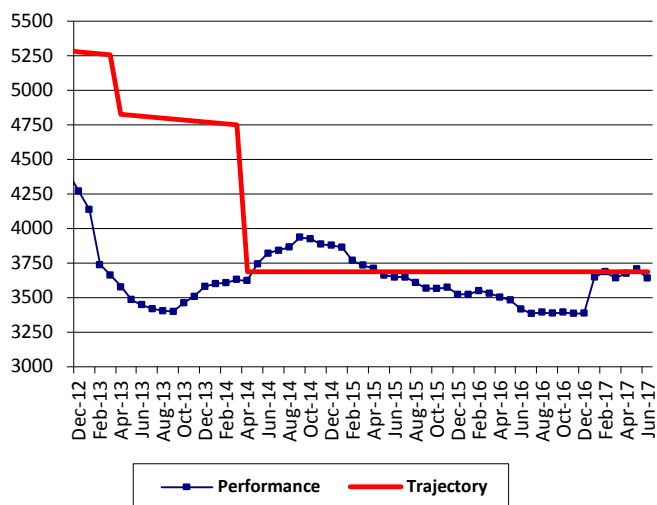
For the period April - December 2017 performance for **breastfeeding at 6-8 weeks** exceeds the 33% standard by 6.2%.

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:

- Continue to deliver training and updates to all staff.
- Developing actions to reduce the exclusive breastfeeding drop off rate between birth and 6-8 weeks.
- Focus on improving the quality of skin to skin contact at delivery and beyond.
- Improved staff compliance with BadgerNet documentation.
- Maintain the provision of peer supporters around 30.
- Maintain breastfeeding support groups.
- Evolving BiBS programme to continue to enhance families infant feeding experiences across NHS Borders.

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 2017.

Standard: Reduce Emergency Occupied Bed Days for the over 75s	2017/18 Standard	Current Standard	June 2017 Position	June 2017 ¹ Status
	3685	3685	3640	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. It is hoped that the work in the DME Wards to promote an improved environment for the care of the elderly (“The DME Effect”) will further contribute to a reduction in Emergency Occupied Bed Days for patients over 75 years.

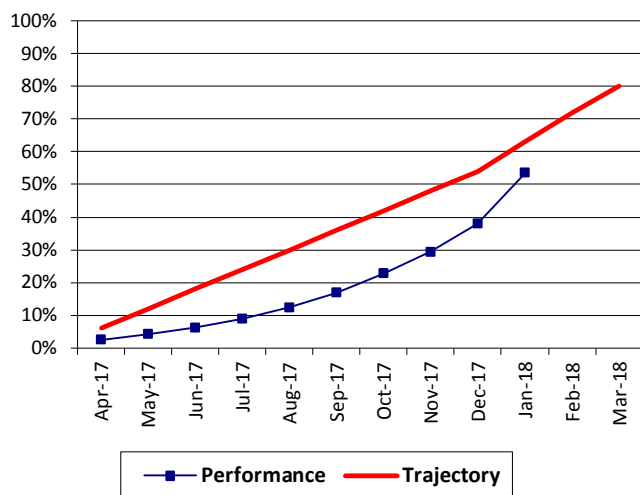
Also important is an increase in partnership working across health and social care to reduce delays for people requiring support on discharge home. The outcomes of this remodelling will be reviewed by end of March. There continue to be delays in transitions of care and we are working closely with partners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

This increase from January – June 2017 is likely associated with the increase in delayed discharges that occurred from September 2017 that has yet to return to the previous average. Delayed patients are more likely to be older and an increase in delays has a disproportionate impact on both length of stay figures and occupied bed days. Significant work is underway to improve this position between in collaboration between both acute and IJB partners.

¹ Monthly 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	Jan 2018 ¹ Position	Jan 2018 ¹ Status
80% of all Joint Development Reviews to be recorded on eKSF	80%	63.0% (Jan 2018)	53.6%	R
80% of all Personal Development Plans to be recorded on eKSF	80%	63.0% (Jan 2018)	44.2%	R

Joint Development Reviews recorded on eKSF

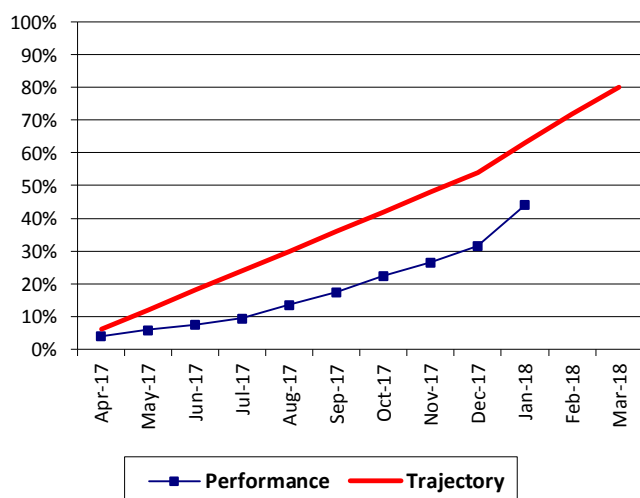


NHS Borders achieved 53.6% for **Joint Development Reviews** (JDR) and 44.2% for **Personal Development Plans** (PDP) recorded on eKSF by end of January 2018 (when eKSF system contract expired).

The replacement for eKSF, Turas Appraisal, has been available since the beginning of April 2018 and is being rolled out across NHS Borders. The key element that will be recorded on Turas Appraisal will be whether quality conversations are taking place. The Turas platform is more user friendly than eKSF so it's anticipated that there will be an increase in the number of reviews recorded which will support boards to meet their standards.

¹ January 2018 is the latest available data due to the migration to TURAS, the new appraisal system.

Personal Development Plans recorded on eKSF



Access to Treatment

Standard: 12 wks for Outpatients	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
		0	0	357

There has been a significant increase in the number of **outpatients** waiting longer than 12 weeks during the last year which was followed by a deep dive due to extra activity run by Dermatology (through the GPwSI posts), and other specialties through Synaptik.

The increase 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 retrieval.

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 was also used along with the GPwSI template. Overall with Synaptik and extra consultant activity we achieved our 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	March 2018 Position	March 2018 Status
		0	0	230

The number of patients breaching the **12 week inpatient waiting time** increased during 2017-18 due to a shortage of capacity within Orthopaedic Surgery and ongoing Hospital cancellations due to bed availability, consultant illness and anaesthetic illness which have had a significant impact on the number of breaches.

Due to bed availability issues, PSAU has been moved temporarily down to DPU while the bed crisis is managed.

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.

At present there is a plan in place to bring PSAU back into its original location, which is hoped will bring elective operating back to full health, however this does mean a reduction in Day Case activity in the interim until this has been achieved.

Standard: 12 Weeks Treatment Time Guarantee	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
		0	0	152

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, consultant illness and anaesthetic illness which have had a significant impact on the number of breaches.

Due to bed availability issues, PSAU has been moved temporarily down to DPU while the bed crisis is managed.

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.

At present there is a plan in place to bring PSAU back into its original location, which is hoped will bring elective operating back to full health, however this does mean a reduction in Day Case activity in the interim until this has been achieved.

Standard: 18 Weeks Referral to Treatment Admitted Pathway Performance	2017/18 Standard	Current Standard	Feb 2018 ¹ Position	Feb 2018 ¹ Status
		90%	90%	63.0% (Feb 17)

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.

This is expected to remain low until the backlog of Inpatient cases has been worked through.

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.

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

Standard: 18 Weeks Referral to Treatment Non-Admitted Pathway Performance	2017/18 Standard	Current Standard	Feb 2018 ¹ Position	Feb 2018 ¹ Status
		90%	90%	87.4% (Feb 17)

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

18 weeks non-admitted pathway performance has remained below the 90% standard in February mainly due to the Dermatology, Cardiology and Ophthalmology backlogs which is predicted to improve now the majority of the backlog has been cleared.

We predict to be achieving 90% again in April's return following the cessation of Synaptik Outpatients.

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	Feb 2018 ¹ Position	Feb 2018 ¹ Status
		90%	90%	85.7% (Feb 17)

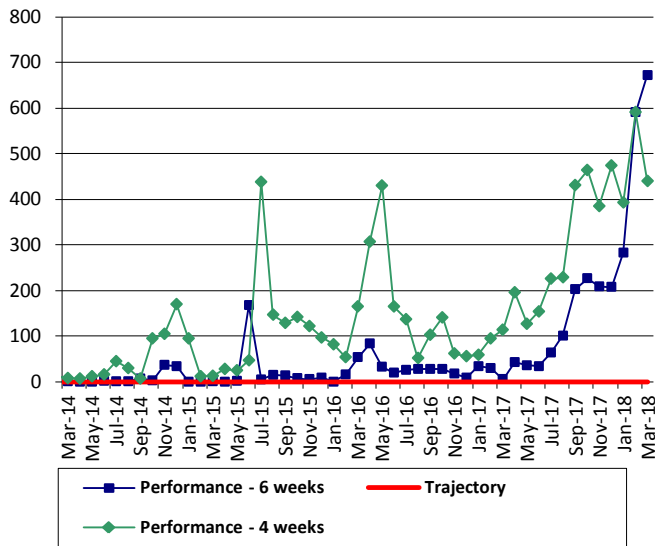
Please Note: There is a 1 month lag time for 18 Weeks RTT to allow accurate information to be reported in line with national reporting timelines.

We have not achieved the 90% **18 weeks combined performance** standard for the past 7 months due to the long waiting times for Dermatology, Cardiology and Ophthalmology, coupled with the increased number of admitted pathway breaches due to the shortage of Orthopaedic, General Surgery and Ophthalmology Inpatient/Day Case Capacity.

Following the cessation of the Synaptik supported Outpatient activity, we predict the performance for April to be above 90%. This will still be impacted the capacity issues within Inpatient/Day Case specialties however combined Outpatient Performance is expected to compensate for this for the time being.

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	March 2018 Position	March 2018 Status
Standard: 6 Week Waiting Target for Diagnostics	0	0	672	R
Stretch: 4 Week Waiting Target for Diagnostics	0	0	440	-



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

Colonoscopy – The service continues to benefit from ring fenced Colon session performed by a locum General Surgeon who is in place until July 2018. The recent introduction of fit testing for bowel screening patients has seen an increase in demand for colonoscopy which may impact on waiting times. Additional GI nursing hours have been approved to manage increase in pre-assessment. This continues to be monitored.

Endoscopy – The 6 week standard has been met consistently and performance continues to be monitored.

Magnetic Resonance Imaging (MRI) & Computerised Tomography (CT) – The MRI service continues to be under pressure. The length of scans is increasing due to changing guidelines which has lead to a reduction in throughput in terms of patient numbers. To combat this additional weekend sessions continue to be run however this is not keeping up with demand.

Scottish Government funding (non-recurring) has been secured to continue to run these sessions and an additional fixed term radiographer post which will help provide capacity to main staff in CT/MRI.

Ultrasound – The ultrasound service has staffing challenges at present due to multiple maternity leaves. Temporary hours have been recruited to and a locum is in place to offset the impact of this as far as possible.

Standard: 95% of all cases with a Suspicion of Cancer to be seen within 62 days	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
		95%	95%	96.7%

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

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

The majority of the breaching patients were due to longer waits for 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 all 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.

Standard: 95% of all patients requiring Treatment for Cancer to be seen within 31 days	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
		95%	95%	100%

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

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

The majority of the breaching patients were due to longer waits for 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 all treated in Lothian.

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Emergency Access Standard	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
Standard: Accident & Emergency 4 Hour Standard	95%	95%	89.0%	A
Stretch: Accident & Emergency 4 Hour Stretched	98%	98%	89.0%	-

Monthly 4-hour performance for the period December 2017 to March 2018 was between 3.7% (March) and 8.3% (December) worse than 2016/17. The recovery from this sustained period of decreased performance has been slow. A review of key patient flow system markers suggests that the healthcare system continues to be under strain. The average length of stay for the hospital continues to be higher than prior to December 2017, boarding numbers are double this time last year and the number of delayed discharges continues to be higher than last year.

NHS Borders has experienced a difficult winter period with an associated deterioration in **4-hour performance**.

The BGH senior management team is taking forward a programme of improvements to strengthen patient flow through the hospital. This work focuses on four key areas; developing a 7-day Site & Capacity model, improving patient flow management practices, developing system-learning, and engaging more clinicians in unscheduled care improvement.

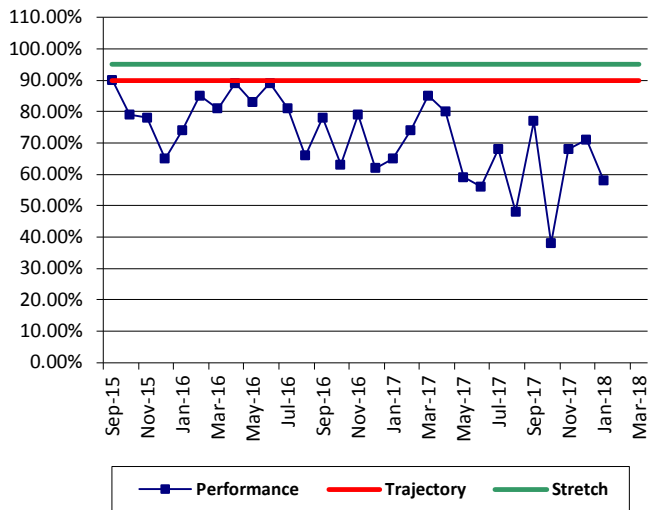
Standard: Admitted to the Stroke Unit within 1 day of admission	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
	90%	90%	100%	G

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,.

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

Regular Stroke Managed Clinical Network meetings are now taking place and this forum will provide a regular opportunity to analyse performance and address issues of concern.

Standard: No Psychology Therapy waits over 18 weeks	2017/18 Standard	Current Standard	Jan 2018 ¹ Position	Jan 2018 ¹ Status
	90%	90%	58% (Jan 2018)	R
	95% (stretch)	95% (stretch)	58% (Jan 2018)	R



Please Note: Psychological Therapy data for September 2017, December 2017 and January 2018 does not include CAMHS or LD as unavailable at the time of reporting.

Performance for **Psychological Therapies Referral to Treatment** falls below 90%. We currently do not have enough psychology capacity to meet demand. Capacity is also compromised by difficulties maintaining a full complement of staff in psychology posts, due to maternity leave, staff turnover and recruitment difficulties. A significant impact on capacity is observed when only one or two posts are vacant.

Almost all Psychological Therapy in NHS Borders is delivered in secondary care following GP referral to Community Mental Health Teams; this means referrals are generally more complex resulting in a longer new to follow-up ratio which reduces the flow of cases seen than would be observed in other settings (eg primary care).

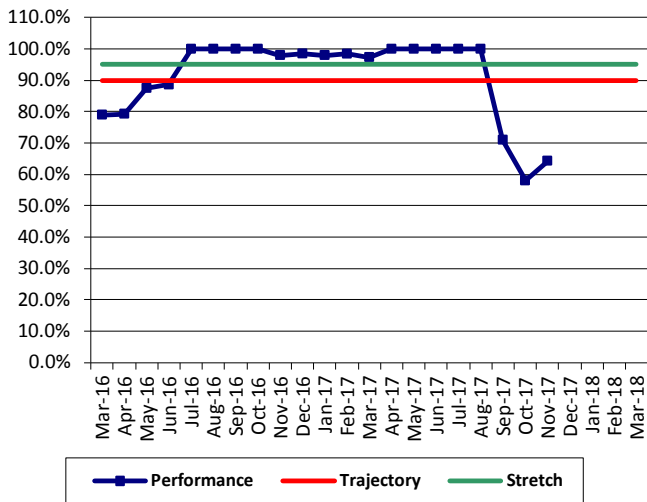
Locum psychologists have been employed for time limited periods to increase capacity.

A system of triaging all new referrals has been implemented to ensure only appropriate referrals are accepted onto the Psychological Therapies waiting list.

A programme of Psychological Therapy group treatments is currently being developed which is anticipated to increase our capacity to see more patients than one-to-one therapy alone and offer more patient choice.

¹ No data available for February & March 2018 due to the migration to EMIS.

Standard: No CAMHS waits over 18 weeks	2017/18 Standard	Current Standard	Nov 2017 ¹ Position	July 2017 ¹ Status
	90%	90%	64.3% (Nov 17)	R
	95% (stretch)	95% (stretch)	64.3% (Nov 17)	R



The service continues to under achieve and not meet both the local and the stretch standards for **Child Adult Mental Health Service (CAMHS) referral to treatment** this is expected to be improve once vacancies are filled and reporting from Emis is available.

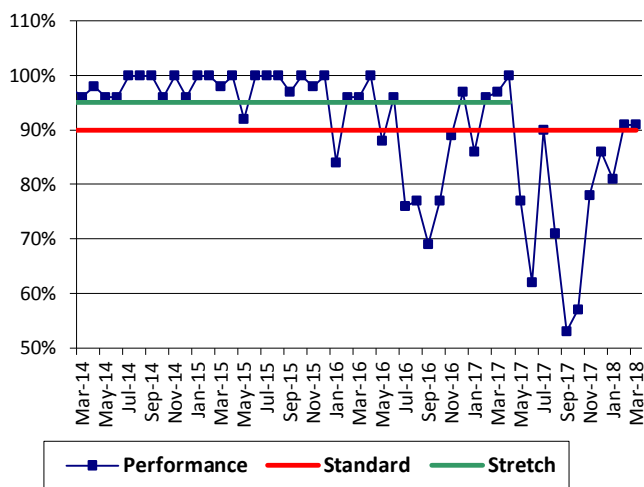
Referral criteria has been reviewed and amended to increase efficiency at point of receipt of referral, referral form now placed on SCI gateway for GP referrals in an attempt to reduce declined referrals.

More detailed focus is now being given to rates of referrals and declined referrals, examining reasons for decline. CAMHS is part of pilot project analysing this.

The service has been delivered with one nurse on unplanned leave, since August 2017 and another nurse advertised but unfilled. It is envisaged that both this posts will be filled before September. Until then, are working with limited capacity in nursing team.

¹ No data available since December 2017 due to the migration to EMIS. We have with assistance from Mental Health Access to Improvement Support Team (MHIASST) been able to manually obtain figures but need to test credibility of this data.

Standard: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
	90%	90%	91.0%	G



A recent improvement has been reported for **Alcohol and Drug Referrals into Treatment within 3 weeks**. In February and March the overall standard was 91% which includes data from Borders Addiction Service (BAS), Addaction and Castle Craig. Over the last 3 months BAS (individually) has achieved the standard at 100%.

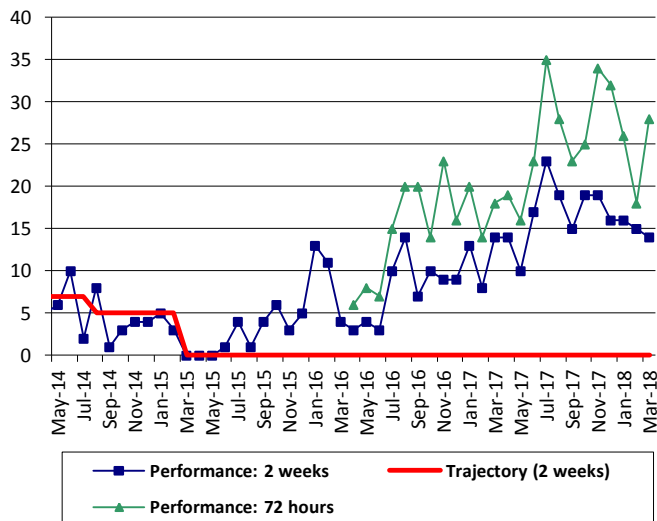
BAS has seen a lot of changes over the last 12 months, there has been a reduction in budget and a pressure to retain clients in treatment due to the increase nationally in drug related deaths. This has been challenging to the service but we have made some changes to the way we work including streaming our work and looking at our referral pathways in order to achieve this.

Looking to the future we are looking to work in a more integrated and joint way with our addictions colleagues, Addaction, to hopefully maintain the waiting times standards and quality of care.

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%

Performance in Partnership

Delayed Discharges	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
Standard: Delays over 2 weeks	0	0	14	R
Standard: Delays over 72 hours (3 days)	0	0	28	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.

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. There has been a reduction in numbers of people delayed from discharge with less complex discharge needs. However, providing appropriate pathways for adults with complex discharge plans continues to challenge services. One strategy that will improve outcomes for adults with more complex discharge pathways will be building capacity to discharge to assess at home.

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. 'Discharge to assess at home' models are currently being developed for implementation in autumn 2018. Discussions with relevant lead professionals around hospital at home models have now been initiated and are being led by the General Manager PACS.

Key Performance Indicators

Cancellations	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
Total Cancellation Rate	-	-	21.6%	-
Hospital Cancellation Rate	1.5%	1.5%	10.9%	R

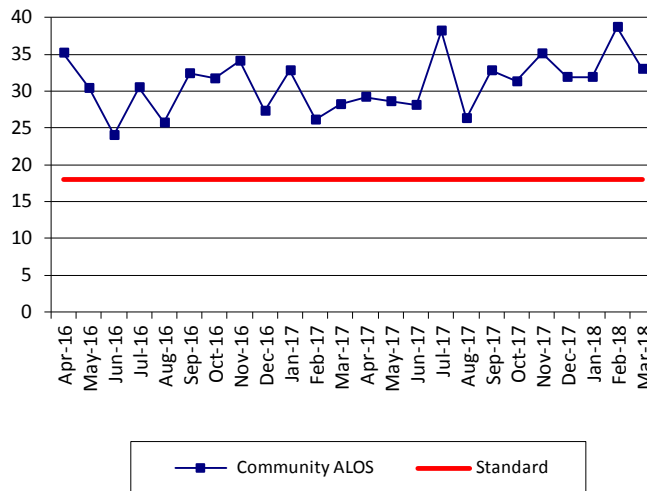
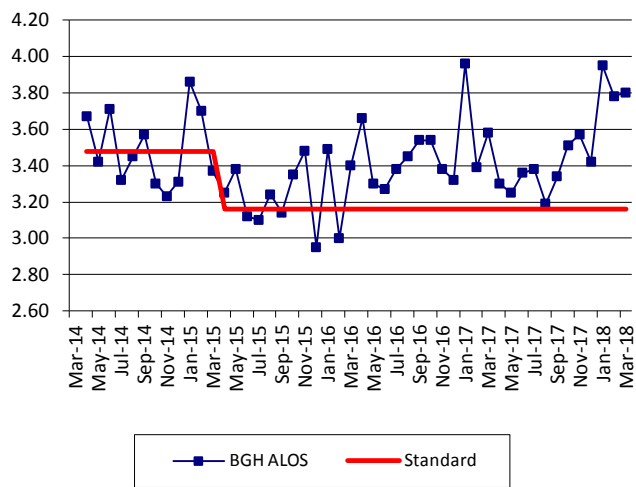
Month	Total Cancellation Rate (%)	Hospital Cancellation Rate (%)	Standard - Hospital Cancellations (%)
Apr-16	10.0	5.0	1.5
Jun-16	13.0	8.0	1.5
Aug-16	9.5	3.0	1.5
Oct-16	10.5	6.5	1.5
Dec-16	8.5	3.0	1.5
Feb-17	16.0	10.5	1.5
Apr-17	8.0	2.0	1.5
Jun-17	11.0	4.5	1.5
Aug-17	10.0	3.0	1.5
Oct-17	9.0	6.0	1.5
Dec-17	7.0	3.0	1.5
Feb-18	13.0	5.5	1.5

The hospital **cancellation rate** improved slightly in March 2017 but remains consistently high and is a challenge for NHS Borders.

Difficulty in protecting elective beds continues to adversely impact elective operating.

In order to protect elective operating a capital investment of £750k is required – the funding source for this has not yet been identified.

Average Length of Stay	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
Borders General Hospital	3.16	3.16	3.80	R
Community Hospitals	18.0	18.0	33.0	R



Borders General Hospital

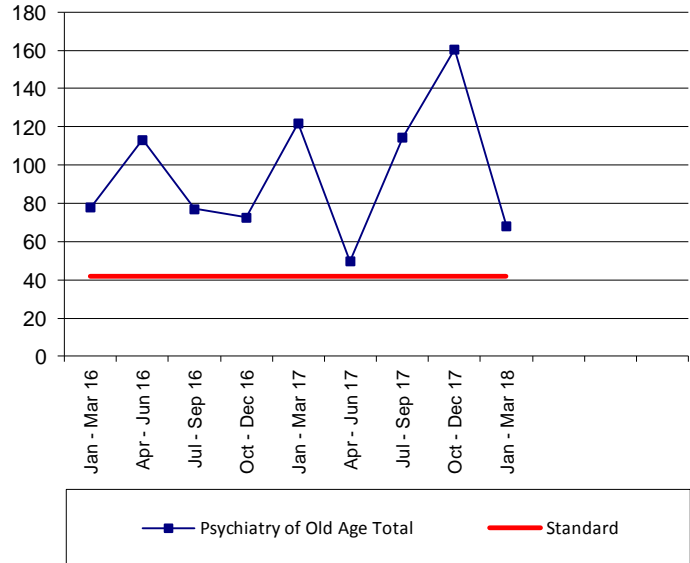
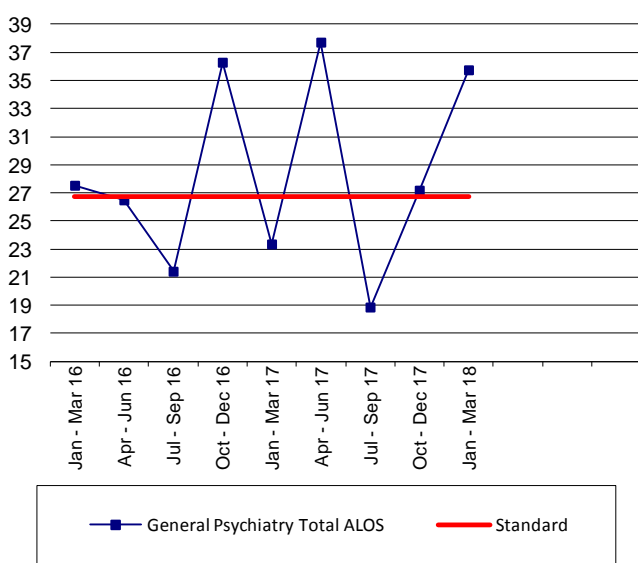
A new Unscheduled Care Improvement Forum has been established at the BGH to lead improvements related to patient flow. The second monthly meeting will focus on **LOS across the BGH**. A group is being established to explore patient flow from community to BGH community with a view to reducing inconsistency in pathways. This group will complement current bed modeling being progressed by Better Borders.

Community Hospitals

The **average length of stay in Community Hospital** settings have been continuing to rise, due to delayed discharge and limited community based health care mechanisms to support patients in the community effectively. Various mechanism have been put in place to tackle the delayed discharge issues which included increased support from START, weekly reviews of all delayed discharges with a focus on finding solutions. The P&CS team continue to attend MDTs and liaise with social work, learning disability and mental health teams, regarding area of pressure. To address the community health care issues, a number of Hospital to Home initiatives are either in place or are being put in place to support patients more effectively in community settings.

Following an external review of Community Hospitals and Day Hospitals, work is now being progressed to develop a plan which will modernise the model, addressing length of stay issues, provide a flexible solution which supports patient flow and provide integrated care effectively.

Average Length of Stay	2017/18 Standard	Current Standard	March 2018 Position	March 2018 Status
Mental Health - General Psychiatry Total	26.70	26.70		
Mental Health - Psychiatry of Old Age Total	41.81	41.81		



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 however delayed discharges are reported daily within the mental health safety huddle and consideration is being given as to how we can progress and support a reduction in delayed discharges within mental health.

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 / Key Performance Indicators	Diagnosis of Dementia	Mar-18	Local	1045	-	-
	Dementia Post Diagnostic Support	Dec-17	Local	87.0%	-	-
	Alcohol Brief Interventions (% achieved against the target)	Dec-17	ISD	42.48%	92.42%	12
	12 weeks successful quits in Smoking cessation in most deprived areas (% achieved against the target)	Dec-17	ISD	60.89%	76.38%	11
	Sickness Absence Rate	Mar-18	ISD	5.18%	5.11%	11
	New patients(DNA) rate	Mar-18	ISD	4.4%	8.9%	-
	Same day surgery	Feb-18	Local	89.2%	-	-
	Pre-operative stay reduced	Feb-18	Local	0.08	-	-
	Online Triage of Referrals	Mar-18	Local	93.4%	-	-
	Increase the proportion of new-born children breastfed at 6-8 weeks	2016/17	ISD	37.80%	30.30%	5
	eKSF Annual Reviews complete ¹	Jan-18	Local	53.6%	-	-
	Personal Development Plans recorded on eKSF ¹	Jan-18	Local	44.2%	-	-
	Reduce emergency Occupied Bed Days aged 75 or over (per 1,000)	Oct 16 - Sep 17	ISD	3634	-	-
	Access to Treatment	12 Weeks Outpatient Waiting Time	Dec-17	ISD	79.60%	70.10%
12 Weeks Treatment Time Guarantee		Dec-17	ISD	91.34%	80.59%	4
18 Weeks RTT Combined Performance		Feb-18	ISD	85.69%	80.96%	6
% waiting within the 6 week standard for a key diagnostic test		Mar-18	ISD	74.3%	80.6%	12
95% target for treatment within 62 days for Urgent Referrals of suspicion of cancer		Mar-18	ISD	96.67%	86.56%	4
95% target for treatment within 31 days of decision to treat for all patients diagnosed with Cancer		Mar-18	ISD	100%	93.08%	1
95% of waits for A&E under 4 hours		Mar-18	ISD	89.50%	86.00%	11
90% of admissions to the Stroke Unit within 1 day of admissions		Mar-18	Local	72.7%	-	-
No Psychological Therapy waits over 18 weeks		Dec-17	ISD	54.02%	76.50%	13
No CAMHS waits over 18 weeks		Dec-17	ISD	59.26%	71.08%	11
90% of Alcohol/Drug Referrals into Treatment within 3 weeks		Feb-18	ISD	91.89%	94.59%	9
Performance in Partnership	No Delayed Discharges over 3 days	Mar-18	NHS Performs	26 ¹	859 ¹	-

¹ Data collection through the eKSF System ceased in January 2018 so a full year's data is not available.

² This is actual number of Delayed Discharges at the end of March 2018

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.

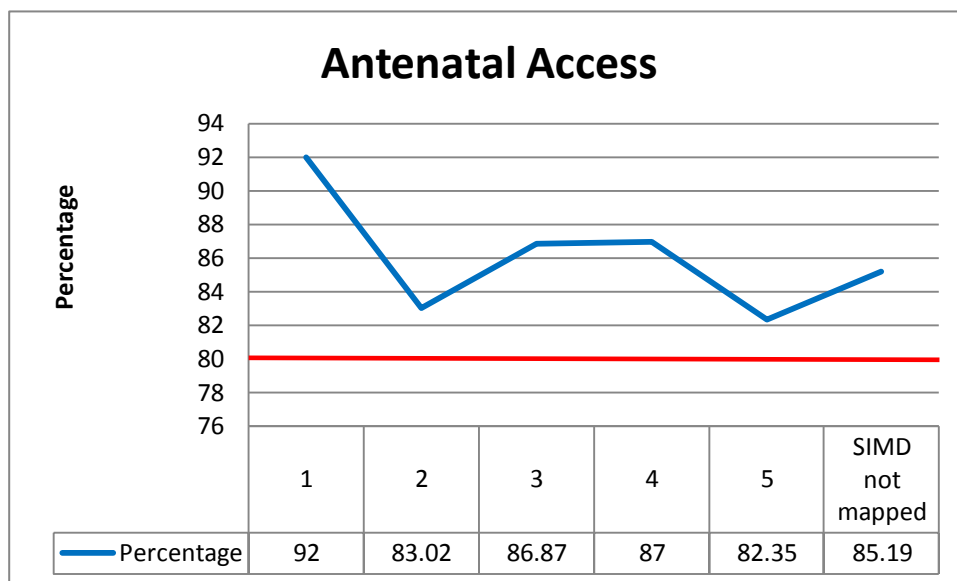
Antenatal Services: At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation

G

NHS Borders is currently achieving the target of greater than 80% of women booked by 12 weeks.

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. (SIMD not mapped)



IVF: Commence IVF Treatment within 12 months	G
<p>There has been no change in the provision of IVF treatment, NHS Borders continues to refer patients requiring treatment to NHS Lothian.</p> <p>From 1st April 2017 to 31st March 2018 there were 26 Full Cycles and 9 Thaw Cycles, with no delays against the 12 month standard.</p>	

GP Access: 48 hour access or advance booking to an appropriate member of the GP team (90%)	G
<p>The Government's GP Access LDP Standards publication was released in April 2018 relating to 2017/18. 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 94.4% 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 0.6 percentage points when compared to the previous Survey of 2015/16.</p> <p>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.</p> <p>A link to the relevant report is provided below:</p> <p>http://www.gov.scot/Resource/0053/00534419.pdf</p>	

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

G

Subject to review by external audit the board has fully achieved its financial targets in 2017/18. The Board has ended the year with a financial position of £41,000 under spent on revenue budgets, a £7000 underspend on the capital resource limit and a cash draw down in line with the target set by Scottish Government Health and Social Care Directorates.

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

NHS Borders has been monitoring its utility energy consumption, emissions and costs in excess of 15 years and reports this information on an annual basis to Health Facilities Scotland (HFS) via inclusion in the annual Property and Asset Management Strategy report and in the annual Public Sector Sustainability Report.

In 2008 in conjunction with the Carbon Trust, the Board produced a Carbon Management Plan (CMP) aimed at addressing a substantial reduction in its carbon impact by 2016 utilising a baseline year of 2007. The Board at that time had a carbon footprint of 12,318 tonnes of CO2 and the annual emissions were reduced by 18% to a carbon footprint of 10,049 tonnes of CO2 by 2016.

The initial five year phase of the local delivery plan standards ran to 31 March 2015 and indicated that compared with a 2009/10 base date, NHS Borders had achieved an energy efficiency reduction of 9.87% against a target of 5.85%, and a CO2 reduction of 22.58% against a target of 16.71%. 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 6.5 % target reduction in energy consumption and greenhouse gas emissions by 2020, compared against a 2014/15 baseline and at 31 March 2018 the Board has achieved a 6.9% energy efficiency reduction and a 10.8% CO2 reduction.

In addition The Climate Change (Scotland) Act 2009 set out measures adopted by the Scottish Government to reduce emissions in Scotland by at least 80% by 2050. In 2015, an Order was introduced requiring all designated Major Players (of which NHS Borders is one) to submit an annual report to the Sustainable Scotland Network detailing compliance with the climate change duties imposed by the Act. The information returned by the Board is compiled into a national analysis report, published annually and superseding the prior requirement for public bodies to publish individual sustainability reports.

Further information on the Act, along with copies of prior year national reports, can be found at the following resource:

<http://www.keepsotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/climate-change-reporting/> .

The reductions have been achieved by:

- Raising staff awareness, education and training from the first day at work to the last day at work to encourage good housekeeping practices throughout the organisation's diverse property portfolio.
- Reducing energy consumption in buildings by reducing unnecessary usage (via "Switch Off" campaigns), increasing energy efficiency (heating, insulation and lighting) and prioritising and strengthening our approach to data monitoring.
- Installation of biomass boilers at Hawick, Kelso and Knoll Community Hospitals, Huntlyburn & Melburn Lodge Mental Health Units and Stow and West Linton Health Centre continues to assist in reducing CO₂ emissions and providing fuel security for the sites.
- Replacement of older gas boilers with new energy efficient boilers, updating of controls and regular checks on operating times and temperatures.
- Introduction of LED lighting, both internally and externally on our existing buildings and specifying these along with photovoltaic panels (PV) on refurbishments and new build capital projects.
- Reducing emissions from our vehicle fleet by procuring fuel efficient vehicles and low emission vehicles allied to specific driver training and improved monitoring of the fleet.
- The introduction of carbon life cycle costing to the procurement process for all capital and revenue projects which will assist in assessing the efficiency of equipment and property and the related cost/carbon impact.

Looking forward to 2020 and beyond, with the publication of the NHS Scotland Waste Management Action Plan 2016-2020, the Board has also been set targets for waste reduction and recycling rates. By 2020 the Board is committing to reducing domestic waste arising by 7% and by the year 2025 this commitment will rise to a 15% reduction against a 2012/13 base year. During the same period the commitment is that the Board will achieve a domestic waste recycling rate of 60%, rising to a rate of 70% by 2025 against a 2014/15 base year.

To assist in achieving these targets, during 2017/18 the domestic waste from NHS Borders community sites has been delivered to a Mixed Recycling Facility (MRF) where items of waste suitable for recycling are removed from the waste stream and this has led to 94% of this waste being recovered with the remaining 6% being utilised to produce heat and electricity via an Energy From Waste plant, thus diverting the waste produced from landfill.

During 2018/19 the domestic waste produced by the Borders General Hospital will also be disposed of via the Mixed Recycling Facility route and the introduction of initiatives to reduce waste produced within the organisation, by improving waste minimisation, improving waste segregation, increasing recycling and reducing paper consumption will be a priority during the year.

Treatment: SAB infections per 1000 acute occupied bed days (0.24)	R
Treatment: Clostridium difficile infections per 1000 occupied bed days (0.32)	G
<p>NHS Borders achieved the HEAT target rate for CDI. NHS Borders did not achieve the HEAT SAB infections.</p> <p>Every SAB case and CDI case is subject to a rigorous review which includes a feedback process to the clinicians caring for the patient as well as the wider organisation through monthly Infection Control Reports. Any learning is translated into specific actions which are added to the Infection Control Work Plan with progress critically reviewed by the Infection Control Committee.</p> <p>SABs are reported by cause to highlight themes and support targeted interventions. Between April 2017 and March 2018, 37% of SAB cases were community acquired. There is ongoing improvement work associated invasive devices which remain the most significant risk factor.</p> <p>NHS Borders will be replacing the Urinary Catheter Passport for patients with the national document in May 2018. This changeover will include support and education for ward staff. Ward based rapid educational sessions have been progressing to ensure staff are up to date with best practice in relation to urinary catheters.</p> <p>PVC bundle compliance is monitored through the Person Centred Coaching Tool. This data is reviewed by the Infection Control Team to target support and intervention as required.</p>	

4. CORPORATE OBJECTIVES

Corporate Objective		Progress to Date
<p>Deliver safe, effective and high quality services</p>	<p>Deliver the Scottish Patient Safety Programme (SPSP)</p>	<p>The Scottish Patient Safety Programme (SPSP) aims to improve the safety of healthcare and reduce the level of harm experienced by people using healthcare services. The programme now sits within the Improvement Hub (iHub), part of Healthcare Improvement Scotland to improve the quality of health and social care services with the alignment of existing programmes.</p> <p>The priorities for safety in NHS Borders for 2017/18 were identified as core themes in line with the SPSP:-</p> <ul style="list-style-type: none"> • Deterioration (Prevention, Recognition and Response) • Medicines • System Enablers <p>Funding from the Health Foundation continues to support the role out of NEWS to community across nursing homes, residential care and mental health wards.</p> <p>NEWS 2 will be implemented later in 2018 and an e-learning package will be available.</p> <p>A Person Centred Coaching Tool (PCCT) has been tested with Senior Charge Nurses and Senior Nurses and is now being used in all adult inpatient wards across acute and community hospitals. This is in development and will form part of the quality, safety and assurance of the fundamentals of care programme in conjunction with the Internal Fundamental of Care Assurance inspections. The PCCT will be used to detail completion of NEWS and DNACPR along with other markers of quality of care in deteriorating patients.</p> <p>Quality improvement priorities around food, fluid and nutrition (FF&N), communications with patients and families, falls and pressure ulcers continue to be a focus of local QI work in the back to basics programme.</p> <ul style="list-style-type: none"> • Real focus was given to FF&N at the end of 2017 resulting in a significant improvement in staff training ie MUST training within BGH reached 93%, Community 48% and Mental Health 35%, link nurse training is complete and plans are in place for updates, e-learning availability for healthcare support workers. FF&N Policy and Strategy now in place. • The falls workstream has now had 1 learning session delivered with a further one planned for April. A new falls assessment is being rolled out to community hospitals, with testing in mental health adult inpatient wards. Further development of the community falls project rolling out to Teviot location, working closely with Scottish Ambulance, Fire and Rescue, Scottish Borders Council and Psychology to improve the patients pathways and transition to ongoing care including home with key feature of health promotion. Further Learning Sessions plan with celebration event in December of improvement and shared learning. • The communication workstream is planning 2 appreciative inquiry events focusing on candour,

Corporate Objective	Progress to Date
	<p>complaints and conflict. Testing of communications boards in wards is underway</p> <ul style="list-style-type: none"> We have recruited a Tissue Viability Nurse who commences in April and we have had successful study days for link nurses with further session planned. <p>There is an updated VTE risk assessment in drug kardexes with a focus on improving compliance with the process through the VTE network.</p> <p>The national Excellence in Care (EiC) programme and workstreams is aligned to the SPSP, and the local Back to Basics work. Local subject experts are involved in the EiC working groups to identify nursing and midwifery sensitive indicators to give assurance of care. This will be displayed through a dashboard called Care Assurance Information Resource (CAIR) sharing data from ward to board and national level from September 2018 onwards.</p>
Communicate – listen to patients and ask ‘what matters to you’	<p>Stakeholder engagement was carried out over 12 weeks from September 2017 on the NHS Borders Clinical Strategy 2017 – 2020. Posters, full, summary and easy read versions of the strategy along with a list of questions were distributed through various channels including libraries, community centres, GP surgeries, our acute hospital, mental health units and community hospitals. Individual events were held in local supermarkets throughout the Borders supported by NHS Borders public participation network capturing the views of shoppers and staff. The charities table in the BGH was utilised on several occasions supported by our public participation network.</p> <p>At the many staff and third sector group meetings Directors and leads were invited to present and gather the views of the audience. Individual areas were approached and service users invited to service specific groups i.e. Borders Multiple Sclerosis Society Group to hear the plans going forward and given the opportunity to ask questions.</p> <p>From the various events set out below are some of the key themes:</p> <ul style="list-style-type: none"> The focus should be on seamless care between primary care and acute care. A holistic approach is needed for each person treated by NHS Borders and families. Working more within our localities to provide the best care instrumental to the health and wellbeing of its population. Improved community services with mental health. Address poverty and poor health in our communities and give more resource to this area. Invest more in electronic communication technology. <p>Once again NHS Borders will take part in the annual ‘What Matters to You’ day on the 6th June 2018. Posters and information will be distributed within our acute hospital, mental health units, community hospitals and GP Surgeries to prompt the conversation “What Matters to You” between staff, patients, carers and relatives. Action plans will be taken forward on the back of these conversations.</p>

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		<p>The Public Involvement Team continue to actively recruit new members to our public involvement network either to attend groups on a regular basis, short life working groups or as virtual members. There shall be a strong focus on the youth and students ensuring that they also have a voice in how we shape our services. From our clinical strategy the various work streams will have a strong emphasis on public involvement.</p> <p>We continue as an organisation to promote and welcome feedback in all forms through the use of Care Opinion. This has proved a valuable platform for service users as well as staff.</p>
Strive to meet and exceed the performance targets set for us by the governments and our own board		<p>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.</p> <p>At the start of 2017/18 Clinical Board Performance Reviews were changed 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. Going forward Performance Reviews will move back to quarterly to ensure there is a focus on the delivery of standards and key performance indicators.</p> <p>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.</p> <p>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.</p> <p>The NHS Borders Performance Scorecard continues to be positively received across the organisation.</p>
Run an efficient organisation by living within our means and concentrating resources on front line services		<p>A key element of the Board's plan to attain a financial breakeven in 2017/18 was the achievement of its cost efficiency target. Although £8.3m of efficiency savings were delivered in year this fell short of the challenging efficiency savings target of £15.7m. Linked to the size of the challenge the Board agreed a financial plan in April 2017 with £3.8m of its savings targets unidentified. It became clear during the financial year that a number of recurring efficiency schemes would not release resources as planned in 2017/18. This forecast shortfall on the efficiency target was built into the recovery plan for 2017/18. As a result the recurring element of the target of £12.9m was not fully achieved with a recurring shortfall of £8.8m will be carried forward into 2018/19. This will increase the level of challenge required in an already</p>

Corporate Objective		Progress to Date
		<p>difficult financial outlook.</p> <p>In support of the corporate objectives during 2017/18 NHS Borders undertook the following work:</p> <ul style="list-style-type: none"> • Commitment of £3m as year one of the Board's multi-year IM&T Road to Digital Programme. The programme will ensure our technical infrastructure, clinical and clinical support service systems and applications are updated, refreshed and fit for purpose. • Completion of the Roxburgh Street Replacement Surgery in Galashiels with the GP's relocated from the existing surgery in May 2017. • Completion of schemes at Eyemouth and Knoll Health Centres where an increase to available accommodation and reconfiguration works addressed the requirements as highlighted by the Primary Care Premises review. • Turnkey works and commissioning of the replacement Gamma Camera CT for the radiology service. • Continuing investment in rolling replacement programmes for NHS Borders Estate (£434k), Medical equipment (£692k) and Radiology equipment (£646k).
Improve the health of our population	Work with communities and our partner organisations in Scottish Borders Council and the Third Sector	<p>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.</p> <p>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.</p> <p>NHS Borders works with our Community Planning partners in the development of the Local Outcome Improvement Plan, to plan and deliver services that will make a real difference to people's lives, working with the Area Partnerships. Public Health takes the lead for the health inequalities strand of the Reducing Inequalities Strategy and coordinates the NHS Borders health inequalities action plan, in alignment with the IJB and the Health & Social Care partnership. Public Health continues to provide advice and intelligence on health inequalities.</p> <p>A multiagency Prevention and Early Intervention group, coordinated by Public Health, is organising the development of integrated approaches to prevention for implementation within localities, to bring together topic specific approaches and create greater coherence. This is now progressing to integrate key services that support health behavior change.</p>

Corporate Objective		Progress to Date
		<p>The Mental Health Improvement programme that supports the local Mental Health strategy and the implementation of the mental health outcome in the Community Plan has active involvement of a wide range of partners. The development of a wellbeing guide for Scottish Borders has used coproduction approaches to engage many different groups.</p>
	<p>Harness the assets of our communities to encourage and facilitate self-help</p>	<p>NHS Borders works with partners to improve health and wellbeing by harnessing assets of our communities to encourage and facilitate self help. We work with local organisations, planning groups, community groups and individuals to:</p> <ul style="list-style-type: none"> • Improve access to our facilities and services: location of primary care and some other services in localities (eg Midwife clinics in Early Years Centres); outreach services, youth facilities • Proactive support for healthy lifestyles and for mental and physical wellbeing: smoking cessation services, exercise referral, healthy eating programmes, screening and vaccination programmes, sexual health services, mental health programmes • Target vulnerable groups: health input to programmes for offenders, for those on employability schemes • Tackle upstream influences on health eg by supporting income maximisation for pregnant women, those with cancer or mental health problems; working with partners to improve home energy efficiency and to make neighbourhood improvements; through regulation and licensing; promoting access to healthy affordable food in workplace and schools • Promote community involvement in the planning and development of local services • Develop stronger partnerships across the CPP at strategic level and in delivering services
	<p>Target the most deprived areas of the Scottish Borders to reduce inequalities</p>	<p>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.</p> <p>Other services that are targeting the more deprived communities and localities to reduce inequalities in health include:</p> <ul style="list-style-type: none"> • Detect Cancer Early 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. There has also been focused work with LD services to encourage awareness and uptake of screening with this population • Smoking cessation – the Local Delivery Plan Standard focuses on those from more deprived areas and the local Quit Your Way service is using a range of methods to reach out and encourage uptake in these areas where smoking prevalence is highest to support quits • Pathways and signposting: a range of social prescribing and community link projects are in place, with scope to improve coordination and synergy between these in the future

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	<ul style="list-style-type: none"> Health services work closely with the Early Years Centres that service the more deprived communities in the Borders to improve access for families to a range of support services <p>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.</p> <p>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.</p>
<p>Promote well-being with a strong focus on the healthy development of children</p>	<p>The Health Visiting Pathway was issued by the Scottish Government regarding the implementation a core home visiting programme to be offered to all families by health visitors as a minimum standard. This Pathway underpins and guides the foundation of the refocused Health Visitor role for NHS Scotland. It is central to the implementation of the Children and Young People Scotland (Scotland) Act 2014 and sits alongside Health Boards' local Health Visitor Implementation Plans and wider workforce planning for early years. This was implemented incrementally in Borders from June 2016 and as a result of this, every family are 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. NHS Borders Health Visiting Team are now fully delivering the pathway.</p> <p>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 March 2018 we have increased our workforce from 19 WTE to 29 WTE and we are on track to achieve the target by the end of 2018. This supports implementation of Getting It Right For Every Child with the health visitor taking the role as the 'key professional' until the child attends school.</p> <p>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 the child is aged two years old. Evidence from the programme identifies benefits for children and families who have the poorest outcomes, improvements antenatal health, child health and development and parent economic self-sufficiency. NHS Borders have developed FNP as a hybrid model with NHS Lothian. NHS Borders commenced delivery of the FNP programme across all geographical areas of the Borders in August 2015. There have been 92 clients who have been identified as eligible within the NHS Borders geographical area. To date 79 clients have been recruited. In addition 3 clients transferred from another site and are receiving the service giving a total of 82 overall. 9 clients have graduated from the programme to the Health Visitor service</p> <p>The School Nurse service provides a service provided to children and young people, aged 5-19 years and their families. The service is currently focusing on the following areas within the new national refocused school nursing role:</p>

Corporate Objective		Progress to Date
		<ul style="list-style-type: none"> • Emotional health & wellbeing – currently more than 60% of referrals to the service are to support the emotional health and wellbeing of children and young people. • Child Protection - all Child Protection Case Conferences (initial and reviews) are attended by School Nurses, as well as preparing reports, chronologies and carrying out Health Need Assessments. The team support children and families within the child protection process around any identified unmet health needs. • Looked after Children (LAC) – School Nurses carry out all review Health Need Assessments (HNAs) annually or more often if required. The service now undertakes the initial HNA of all children on supervision at home. School Nurses attend LAC review meetings (section 31s). NHS Borders currently have 225 school aged children who are looked after. <p>The School Nursing Service provides Drop-in/Health Zones in High School which offer a wide range of advice and signposting around many aspects of health; e.g. sexual health, smoking and substance misuse.</p> <p>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 2017/18 (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. In April 2018 there were 52 children on the Scottish Borders Child Protection Register.</p> <p>There are currently 249 looked after children in the Scottish Borders. NHS Borders has a health care pathway and provision of the health needs assessment is established as recommended through CEL16 and the 'Guidance for Health Assessments for Looked After Children in Scotland'. We have measured our performance and have made improvements to the uptake of the health needs assessment within the recommended 4 week timescale (82% in 2017). School nurses are now involved in Looked After Children health reviews enabling more children and young people's health needs to be addressed timeously.</p>
<p>Promote excellence in organisational behaviour</p>	<p>Be an excellent employer and become employer of choice</p>	<p>NHS Borders has now fully embedded our Values Based Recruitment (VBR) process. This ensures that people are treated in line with our organisational values from applying for a post until after corporate induction is completed. We are working with colleagues regionally to explore the use of electronic recruitment to further enhance the experience of individuals who within to work within NHS Borders. The use of Key Performance Indicators are used to ensure that recruitment is carried out in a timely fashion. Going forward this performance will be reported to the Staff Governance Committee.</p> <p>The Practice Education Team have implemented a Nursing & Midwifery 'taster day' for the 9 local High Schools which incorporates time with experienced staff from the 4 Nursing fields and a Midwife. Partner Higher Education Institutions present their courses and offer question and answer on Nursing and</p>

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	<p>Midwifery. Sessions are offered to speak with current students, joining the nurse bank, the role of care homes, volunteering and work experience.</p> <p>A behind the scenes tour of the hospital offers a unique perspective and this includes meeting a patient. A simple clinical skill is also taught so that pupils can experience a practical activity and they are given an exciting opportunity to experience a challenging simulation in our clinical skills laboratory. All of which is endorsed by our Director of Nursing.</p> <p>NHS Borders continues to deliver Project Search and Train to Gain/Care supported employment programmes. 2 Modern Apprentices are currently employed by NHS Borders in a joint initiative with Scottish Borders Council to support looked after children into employment. NHS Borders are currently looking to expand the number of Modern Apprentices across the organisation</p>
Value and treat our staff well to improve patient care and overall performance	<p>To support a strong, confident nursing workforce the Director of Nursing, Midwifery & Acute Services has implemented both a Registered Nurse and HCSW annual Conference. The first annual Nursing & Midwifery conference took place in October 2017; a gathering of more than 70 nurses, midwives and health professionals who work across our services in the BGH, mental health and the community. Hosted by Claire Pearce, the Director of Nursing, Midwifery & Acute Services, the theme was 'Excellence in Care' and the programme for the day was packed full of informative, interesting and inspiring presentations delivered by guest speakers from NHS Borders, Fife, Lothian, Scottish Government, the Royal College of Nursing and Care Opinion Scotland. This conference was all about bringing together nurses and midwives to give them time away from their busy jobs to reflect on many aspects of their roles, their priorities and to have time to think about themselves. A common thread that ran through the presentations was the importance of documentation and the responsibility that we all have to ensure that our record keeping is accurate and up to date</p> <p>Whilst we are aware that in our iMatter performance some areas within NHS Borders have consistently shown poor levels of engagement it is difficult to truly understand why this is. It could be surmised that this might be due to how individuals perceive their place within the organisation and/or how they understand the importance of engagement within the workplace.</p> <p>Our upcoming Workforce conference has an "ultimate staff conversation" theme. At this time we will test material which encourages staff to recognise their responsibility as an individual to engage with the organisation as part of their employment. We are also undertaking a series of training sessions with staff to roll out our previously developed behavioural framework. We can then apply a continuous improvement model and use all of the data received at these sessions to evaluate what our issues truly are and address these.</p> <p>We also committed to an external Partnership Review process. This was carried out and reported upon by a former Employee Director and Director of HR. The report set out their findings to advise NHS Borders on</p>

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		<p>the effectiveness of our current Partnership relationships.</p> <p>The APF at its extraordinary meeting agreed this was a constructive platform to improve how all stakeholders would together . An action plan will be developed.</p>
	<p>Promote and engage leadership through:</p> <ul style="list-style-type: none"> • Supporting a developmental culture • Showing genuine concern • Enabling • Inspiring others 	<p>NHS Borders recognises the importance of management and leadership capacity and capability in ensuring the delivery of safe, effective and high quality services for the people of the Scottish Borders and to support the 2020 vision. NHS Borders is committed to promoting and engaging leadership through supporting a developmental culture, showing genuine concern, enabling and inspiring others.</p> <p>An Executive leadership development program is currently in place to support the development of 3 Associate Medical Directors and 10 Heads of Service moving to Clinical Director roles. This program enables staff in medical leadership positions to focus on their performance and effectiveness. The outcome aims to create the conditions which will support exemplar performance. Participants are asked bring examples of issues within their own field related to the morning master classes e.g. to explore issues surrounding integration with individual services; and provide the opportunity to practice coaching each other into adopting proactive performance improvement actions. Dynamic action learning sets support the participants develop creative, flexible and successful strategies to pressing problems.</p> <p>Senior Charge Nurse's responsible for a ward area in acute, community and mental health have been invited to undertake a Leadership Development Programme. This is being delivered through both local and national expertise. The core themes covered include:</p> <ul style="list-style-type: none"> • Self awareness and leadership styles • Leading effective teams, covering coaching and psychological safety • Delivering excellent patient experience through learning and responding to feedback • Enabling Professionalism <p>To meet current and future service, financial and workforce challenges, NHS Borders is implementing a Healthcare Support Worker career framework to support career advancement pathways in line with workforce planning needs. This will be actively managed, and offer clear and genuine development opportunities for the workforce.</p> <p>Full use of NHS Borders Learning Pathway will provide an attractive opportunity for younger people wishing to enter the workforce, or for more experienced workers seeking a career change while increasing the professionalization of the current workforce.</p>