

Borders NHS Board

Meeting Date: 7 March 2019

Approved by:	June Smyth, Director of Strategic Change & Performance
Author:	Meriel Carter, Planning and Performance Officer
PERFORMANCE SCORECARD – DECEMBER 2018	
Purpose of Report:	
<p>The purpose of this report is to update the Board on NHS Borders latest performance towards the 2018/19 Annual Operational Plan performance measures, and Local Delivery Plan standards.</p> <p>2018/19 is NHS Borders first Annual Operational Plan which replaces the need for a Local Delivery Plan. The Annual Operational Plan has been produced in line with guidance received from Scottish Government in February 2018. The attached Performance Scorecard shows performance as at 31st December 2018. The performance data contained within the Scorecard relates to this first Annual Operational Plan for NHS Borders as well as some previous Local Delivery Plan standards. It incorporates the changes in report format and timeline agreed at the Board meeting on 1st November 2018.</p>	
Recommendations:	
The Board is asked to note the December 2018 Performance Scorecard.	
Approval Pathways:	
This report has been prepared with input from members of the Clinical Executive Operational Group and Service Leads.	
Executive Summary:	
<p>The monthly Performance Scorecard is presented to the Clinical Executive Operational Group, Strategy & Performance Committee and the Board. It has been re-drafted and updated for 2018/19 to enable members to monitor performance against the Annual Operational Plan (AOP), previous HEAT and Local Delivery Plan (LDP) standards and local key performance indicators. Further amendments have been made to format to include a new dashboard showing performance for AOP measures and LDP standards (pages 4 and 5); these include RAG status and improvement or deterioration from the previous month. Narrative received from the services on measures and standards now includes what was said in the previous month compared to new actions for the current month going forward.</p> <p>Performance Management remains a key priority across NHS Borders to ensure robust monitoring of key local and national standards and priorities. Where comparable data is readily available, an NHS Scotland position has been included in the scorecard. A more detailed comparison against the rest of Scotland is provided in the Managing Our Performance Report which is presented to the Board every 6 months.</p>	

The RAG status summary for a rolling 3 month period is outlined below:

Annual Operational Plan	Oct-18	Nov-18	Dec-18
Green – achieving standard	3	3	2
Red – outwith standard	7	7	8

Previous HEAT / LDP Standards	Oct-18	Nov-18 ¹	Dec-18 ¹
Green – achieving standard	1	2	1
Red – outwith standard	7	5	6

¹ One standard was not reportable in November and December 2018 (system reporting issue).

Areas of strong performance from the Annual Operational Plan measures for the position as at 30th November 2018 are highlighted below. Supporting narrative and ongoing actions have been provided by the services and are detailed in the Scorecard, with the page numbers referenced below:

- 100% of patients **requiring treatment for cancer** were seen within **31 days** in November 2018 (latest available data) (page 10)
- 92.5% of patients were **treated within 18 Weeks** for the combined pathway performance during November 2018 (page 14)

The Board are asked to note that the following Annual Operational Plan performance measures are outwith the 10% tolerance (red status) at 31st December 2018. Services have provided narrative and actions that are underway to improve performance. Details can be found within the scorecard on page references below:

- **12 weeks Outpatient Waiting Times** – performance is consistently reported outwith the standard for the full 2017/18 year and since the beginning of 2018/19 (page 9)
- **12 weeks Inpatient Waiting Times** – performance is consistently reported outwith the standard for the full 2017/18 year and since the beginning of 2018/19 (page 11)
- **12 week Treatment Time Guarantee** – performance reported outwith the standard for the full 2017/18 year and since the beginning of 2018/19 (page 13)
- **6 week Diagnostic Waiting Times** – performance is consistently reported outwith the standard for the full 2017/18 year and since the beginning of 2018/19 (page 15)
- **CAMHS Waiting Times** – performance reported outwith the 10% tolerance of the standard for 11 consecutive months (latest available data) (page 17)
- **Delayed Discharges** – performance reported outwith the standard for the full 2017/18 year and the since the beginning of 2018/19 (page 20)

The attached Scorecard contains information from the respective service leads around the reasons for non delivery of the standards and the actions being taken to address these.

Impact of item/issues on:

Strategic Context

Regular and timely performance reporting is an expectation of the Scottish Government.

Patient Safety/Clinical Impact	The Annual Operational Plan measures and Local Delivery Plan standards are key monitoring tools of Scottish Government in ensuring Patient Safety, Quality and Effectiveness are being carried out in NHS Health Boards.
Staffing/Workforce	The implementation and monitoring of the measures will require that Lead Directors
Finance/Resources	The implementation and monitoring of the measures will require that Lead Directors
Risk Implications	There are a number of measures that are not being achieved, and have not been achieved recently. For these measures service leads continue to take corrective action or outline risks and issues to get them back on trajectory. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders.
Equality and Diversity	Impact Equality Assessment Scoping Template has been completed. The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements.
Consultation	Performance against measures within this report have been reviewed by each Clinical Board and members of the Clinical Executive.
Glossary	AOP – Annual Operational Plan LDP – Local Delivery Plan



PERFORMANCE SCORECARD

As at 31st December 2018

December 2018

Planning & Performance

Month

1

2

3

4

5

6

7

8

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10

11

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INTRODUCTION

PERFORMANCE MEASURES

Performance is measured against a set trajectory or standard. To enable current performance to be judged, colour coding is being used to show whether the trajectory is being achieved. A tolerance of 10% is applied to the standards to enable them to be given a RAG status. For standards where the trajectory is 0, the tolerance level is 1, anything higher the RAG status is red (for example waiting times and delayed discharges).

Current Performance Key			
R	Under Performing	Current performance is significantly outwith the trajectory set.	Outwith the standard by 11% or greater
A	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Outwith the standard by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory set	Overachieves, meets or exceeds the standard, or rounds up to standard

So that the direction of travel towards the achievement of the standard can be easily seen, the following indicators shown below are used:

Symbols

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-
Standard has been achieved this month	✓
Standard has not been achieved this month	✗

Annual Operational 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 was called the Local Delivery Plan (LDP) and formed an agreement on what Health Boards will achieve in the next year with SGHD. From 2018/19 Boards are no longer required to produce an LDP which have been replaced by Annual Operational Plans (AOP) that have AOP measures associated with them. Boards are also still required to monitor LDP standards.

The Performance Scorecard includes data and narrative to report on Annual Operational Plan Performance Measures and previous HEAT & LDP Standards.

Please note:

Some anomalies may occur in data due to time lags in data availability and national reporting schedules.

Annual Operational Plan Key Metrics Report: as at December 2018 or latest available data

Annual Operational Plan Measures									
- 2 out of the 10 measures are on track - 8 out of the 10 measures are below target									
Cancer Waiting Times 62-day target					Cancer Waiting Times 31-day target				
Oct 2018 91.70%		Nov 2018 92.90%	Target ≥ 95%		Oct 2018 100.0%		Nov 2018 100.0%	Target ≥ 95%	
New Outpatients waiting > 12 weeks target as at month end					New Inpatients waiting > 12 weeks target as at month end				
Nov 2018 578		Dec 2018 665	Target 0		Nov 2018 241		Dec 2018 273	Target 0	
Inpatient/Daycase patients waiting > 84 days TTG target as at month end					% of patients seen within 18 weeks Combined Performance				
Nov 2018 144		Dec 2018 68	Target 0		Oct 2018 90.0%		Nov 2018 92.5%	Target ≥ 90%	
Diagnostics - 8 key tests waiting > 6 weeks target as at month end					CAMHS patients treated within 18 weeks from referral to treatment				
Nov 2018 647		Dec 2018 694	Target 0		Oct 2018 43.9%		Nov 2018 37.0%	Target ≥ 90%	
A&E patients discharged or transferred within 4 hour target					Delayed Discharges as at census date (last Thursday of the month) delayed over 72 hours				
Nov 2018 96.4%		Dec 2018 93.8%	Target ≥ 95%		Nov 2018 37		Dec 2018 19	Target 0	

Previous LDP Standards Key Metrics Report: as at December 2018 or latest available data

LDP Standards									
- 0 out of the 7 standards are on track - 7 out of the 7 standards are below the standard / trajectory									
Diagnosis of Dementia - number of patients added to the dementia register¹					Dementia Post Diagnostic Support - minimum of 1 year support for new diagnosis				
Nov 2018	-	Dec 2018	Target	-	Sept 2016	73.0%	Dec 2016	Target	100%
			1116				87.0%		
Sustain and embed Alcohol Brief Interventions					Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas				
Nov 2018	320	Dec 2018	Trajectory	985	-	-	June 2018	Trajectory	33
		410					34		
Maintain Sickness Absence Rates below 4%					Psychological Therapy patients treated within 18 weeks from referral to treatment (LDP)				
Nov 2018	5.46%	Dec 2018	Target	4.0%	Oct 2018	91.0%	Nov 2018	Target	90.0%
		5.52%					88.0%		
Drug and Alcohol clients treated within 3 weeks from referral to treatment					Supplementary staffing - agency spend per month				
Nov 2018	93.0%	Dec 2018	Target	90.0%	Nov 2018	£255,808	Dec 2018	Target	£0
		88.0%					£223,847		

¹ Data will no longer be available due to unreliability of data sourced by ISD across Scotland

Annual Operational Plan: Performance Measures

Cancer Waiting Times

62 Day Cancer - 95% of all cases with a Suspicion of Cancer to be seen within 62 days

Standard

95.0%

Tolerance

86.0%

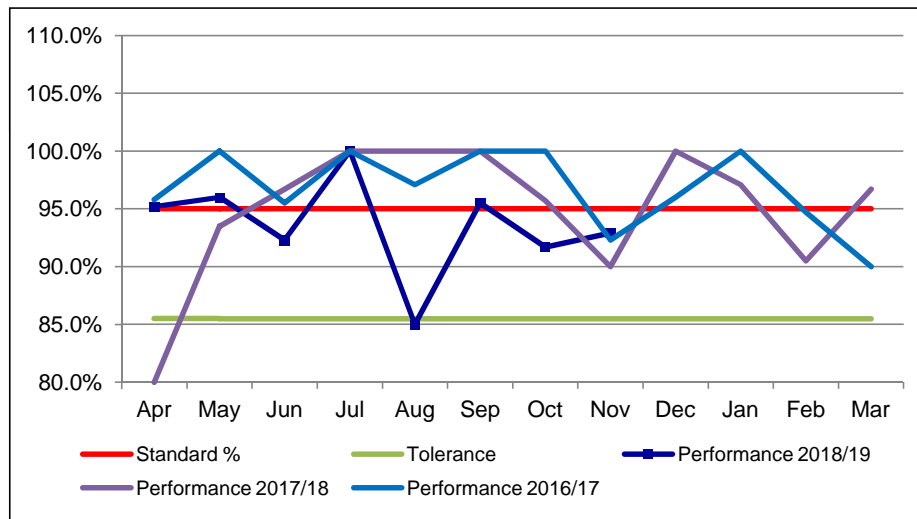
Actual Performance (higher % = better performance)

Latest NHS Scotland Performance

81.4% (Sept 2018)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Performance 2018/19	95.2%	96.0%	92.3%	100.0%	85.0%	95.5%	91.7%	92.9%				
Performance 2017/18	80.0%	93.5%	96.7%	100.0%	100.0%	100.0%	95.7%	90.0%	100.0%	97.1%	90.5%	96.7%
Performance 2016/17	95.8%	100.0%	95.5%	100.0%	97.1%	100.0%	100.0%	92.3%	96.0%	100.0%	94.7%	90.0%

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



Narrative Summary:

The run chart shows the standard to **see patients with a suspicion of cancer within 62 days** which was not achieved in November 2018 due to two breaches in NHS Lothian. Performance is expected to drop for December-March while we work through the backlog of Colonoscopy patients currently on the waiting list.

November's actions reported to the CE Operational Group:

- Work continues 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. At present NHS Lothian only provide 2 slots per week to treat referred patients from other Boards. The local waiting times team have confirmed that NHS Borders patients are not being disadvantaged.

Update on above actions:

- Closely monitor the situation on a patient by patient basis

Next months actions:

- Continue to monitor and ensure NHS Borders patients are not being disadvantaged

Cancer Waiting Times

31 Day Cancer - 95% of all patients requiring Treatment for Cancer to be seen within 31 days

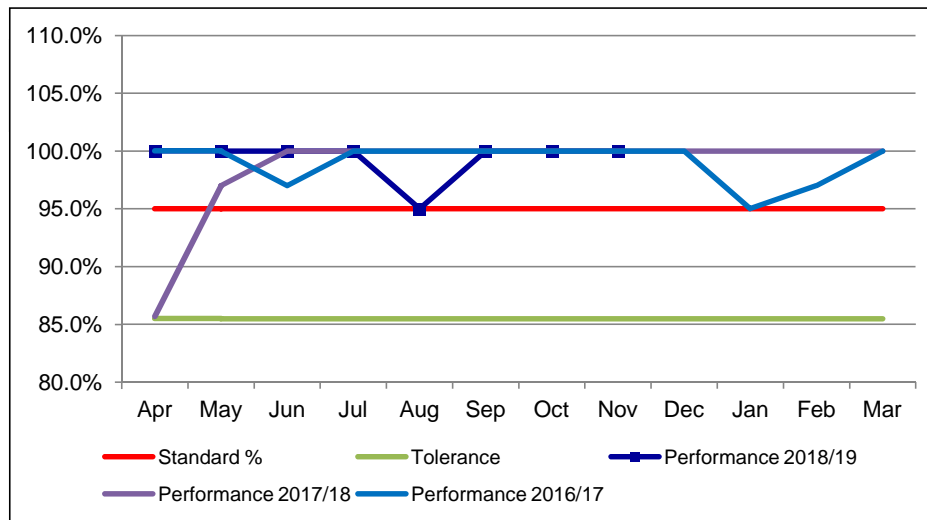
Standard	Tolerance
95.0%	86.0%

Actual Performance (higher % = better performance)

Latest NHS Scotland Performance
95.1% (Sept 2018)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Performance 2018/19	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%				
Performance 2017/18	85.7%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Performance 2016/17	100.0%	100.0%	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.0%	97.0%	100.0%

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



Narrative Summary:

The run chart shows the standard, to **treat patients with cancer within 31 days of diagnosis**. In November 100% of patients were treated within the standard.

November's actions reported to the CE Operational Group:

- Work continues 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 local waiting times team have confirmed that NHS Borders patients are not being disadvantaged.

Update on above actions:

- Closely monitor the situation

Next months actions:

- Continue to monitor and ensure NHS Borders patients are not being disadvantaged

Stage of Treatment - 12 Weeks Waiting Time for Outpatients

12 Weeks Outpatients - 12 weeks for first outpatient appointment

Standard
0

Tolerance
1

Actual Performance (lower = better performance)

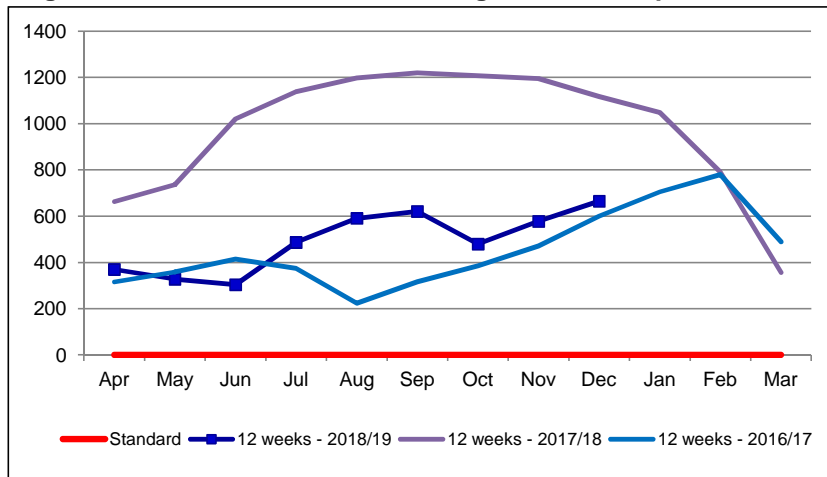
Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
70.5% (Sept 2018)	87.9% (Sept 2018)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	0	0	0	0	0	0	0	0	0	0	0	0
12 weeks - 2018/19	370	328	304	487	591	621	480	578	665			
12 weeks - 2017/18	663	737	1021	1138	1198	1220	1207	1195	1117	1048	791	357
12 weeks - 2016/17	316	359	415	374	224	317	386	472	600	705	780	490

12 week breaches by specialty

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Cardiology	141	82	36	8	4				1	29	26	22	20
Dental	0	0	0	0	0	0	0	0	0	0	0	9	17
Dermatology	372	235	67	10	4				1	1	1	4	2
Diabetes/Endocrinology	1	1			2	3	2	2	4	3	2	1	2
ENT	1		1						0	1	1	2	1
Gastroenterology	42	18	9	3	3	1		2	8	12	9	6	2
General Medicine		2		3	3	3			1	1	1	1	0
General Surgery	22	28	11	2	12	26	2	21	84	108	54	48	57
Gynaecology								1	0	0	1	0	1
Neurology	86	48	28	15	14	20	34	31	28	21	8	4	3
Ophthalmology	355	398	290	130	87	24	17	5	6	6	57	106	114
Oral Surgery	48	89	93	87	146	180	188	194	136	106	68	113	141
Orthodontics					2				0	0	0	0	0
Other	38	27	19	9	11	13	11	37	12	18	17	25	25
Pain Management				1		1	1	1	2	3	2	2	1
Respiratory Medicine	6	14	14	22	25	34	14	12	22	37	50	74	58
Rheumatology									0	0	0	0	0
Trauma & Orthopaedics	5	104	212	62	54	20	33	176	280	260	174	153	203
Urology		2	11	5	3	3	2	5	6	15	9	8	18
All Specialties	1117	1048	791	357	370	328	304	487	591	621	480	578	665

Stage of Treatment - 12 Weeks Waiting Time for Outpatients *continued*



Narrative Summary:

The number of patients reported as waiting longer than **12 weeks for an outpatient appointment** has deteriorated in December due to the Christmas closure. Following funding from the Scottish Government we now have a plan in place to reduce all Outpatient waits to under 12 weeks by the end of this financial year.

November's actions reported to the CE Operational Group:

- **Cardiology:** Capacity is an ongoing problem. A third Consultant has now been appointed however assistance is still required to reduce the number of patients waiting over 12 weeks. In the short term additional capacity is being provided from within the service.
- **Dermatology:** A GP with Special Interest post, has now been filled and are making a positive impact on the waiting list that is planned to continue until around August 2019.
- **Diabetics / Endocrinology:** Patients are being booked around 10 weeks however due to patient cancellations, a number of patients are sitting over 12 weeks. This is currently under review by the Diabetic consultants along side service management.
- **Gastroenterology:** The waiting lists has reduced to 10 weeks following extra capacity that was provided through a locum up until the end of March 2019. A change in clinics templates should result in a balanced waiting list with no patients breaching 12 weeks over the next year.
- **Ophthalmology:** There are ongoing challenges around clinic capacity, due to Consultant vacancies within the service. A collaboration between NHS Borders, Lothian and Fife is being undertaken to provide sustainable Ophthalmology services across the region. A short term plan has been agreed and will see extra capacity with the use of Synaptik.
- **Oral Surgery:** Referrals into the service have increased by around 50% against the planned capacity that is causing issues within the service. Additional clinics and theatre sessions have been organised in the short term and the service is currently reviewing it's longer term capacity issues.
- **Respiratory Medicine:** There are capacity issues within the service that have been worsened by the departure of one of our consultants. This has left a gap in the service that has also led to some of our only Respiratory consultant's clinics while they cover the vacant posts ward commitments. Short term capacity is being used through external providers to reduce the breaching patients in the interim.

Update on above actions:

- Running extra clinics using Waiting List funding
- Target to have zero patients waiting over 12 weeks by end March 2019 across all specialities.

Next months actions:

- Explore further input for Respiratory Medicine, Oral Surgery, Ophthalmology and Orthopaedic Surgery and continue to ensure any available capacity is identified, booked and utilised effectively.

Stage of Treatment - 12 Weeks Waiting Time for Inpatients

Standard: 12 Weeks Waiting Time for Inpatients

Standard
0

Tolerance
1

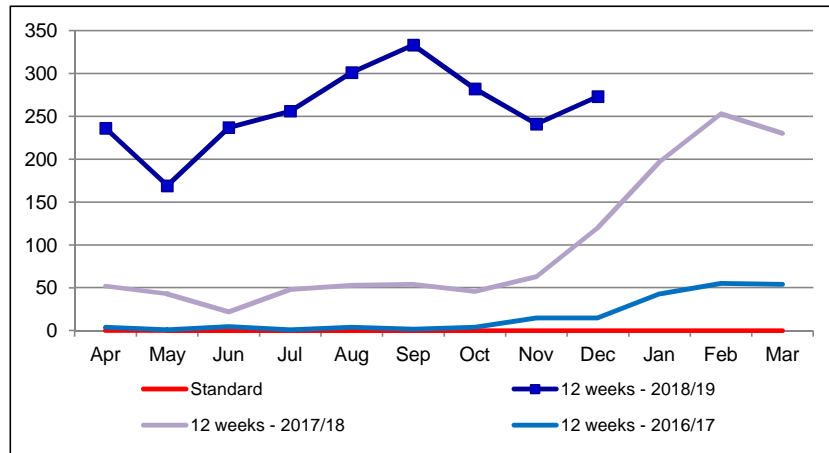
Actual Performance (lower = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	0	0	0	0	0	0	0	0	0	0	0	0
12 weeks - 2018/19	236	169	237	256	301	333	282	241	273			
12 weeks - 2017/18	52	43	22	48	53	54	46	63	120	197	253	230
12 weeks - 2016/17	4	1	5	1	4	2	4	15	15	43	55	54

12 week breaches by specialty

	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Dental			16	16	9	8	10	14	16	20	32	22	28
ENT	3	8	8	7	9	3	3	1	1	7	4	5	9
General Surgery	14	36	61	72	84	43	38	37	44	47	36	33	24
Gynaecology			2								2	0	1
Ophthalmology			11	7	8	9	57	77	117	169	146	132	129
Oral Surgery	25	23	16	7	4	4	5	13	17	16	13	18	40
Trauma & Orthopaedics	76	122	130	109	102	90	118	111	97	72	48	31	42
Urology	2	8	9	12	20	12	6	3	9	2	1	0	0
All Specialties	120	197	253	230	236	169	237	256	301	333	282	241	273

Stage of Treatment - 12 Weeks Waiting Time for Inpatients *continued*



Narrative Summary:

At the end of December, the number of patients reported waiting over **12 weeks for inpatient treatment** increased to 273 as a result of the Christmas closure. The large number of breaching patients was due capacity issues and short notice cancellations for bed availability. This now means that NHS Borders has patients breaching TTG in every specialty except Gynaecology, Paediatric Surgery and Urology. Following funding from the Scottish Government we now have a plan in place to reduce most Inpatient waits to under 12 weeks by the end of this financial year, with the exception of Orthopaedic Surgery.

A number of patients are reported as breaching within the different areas because of the following:

Orthopaedic Surgery - due to a shortage in theatre and consultant capacity

General Surgery - due to bed availability and the temporary cessation of Vasectomies. The improvement in General Surgery in April and May was due to the vasectomies waiting over 12 weeks that were operated on during month which has again ceased due to a vacancy within the service.

ENT - due to theatre and bed availability

Ophthalmology - due to Consultant leave

Oral Surgery - due to consultant capacity

Urology - due to bed availability

November's actions reported to the CE Operational Group:

- There are continuing long-term challenges around capacity in Orthopaedics, and we are working through options to address these.
- A project is being undertaken to review productivity of Ophthalmology lists in DPU, with the aim of increasing this to be in line with other Health Board areas.

Update on above actions:

- Issues with Surgery & Orthopaedics. Planning additional weekend sessions to recover all of oral surgery and some of Orthopaedics.
- Limited by funding to recover all waiting lists.

Next months actions:

- There are a number of patients awaiting shoulder surgery and options are being explored to reduce the wait and increase capacity
- Vasectomy lists are now being trialled in outpatients to alleviate pressure upon theatres.

12 Weeks Treatment Time Guarantee

12 weeks TTG - 12 Weeks Treatment Time Guarantee (TTG 100%)

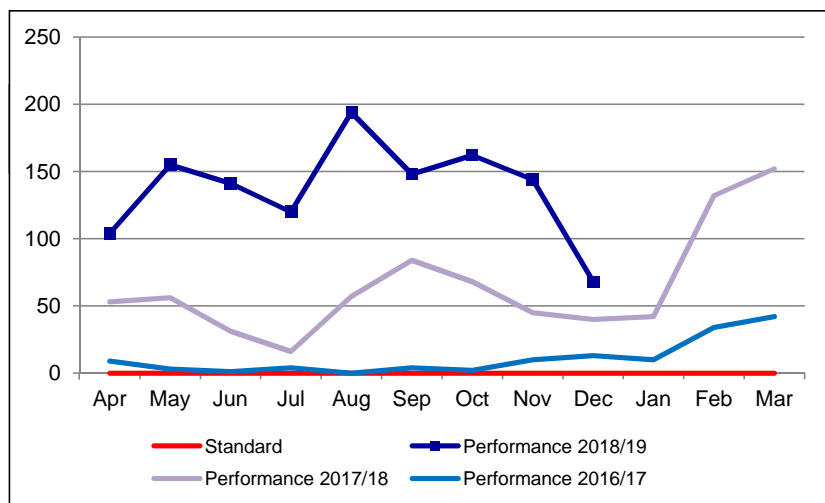
Standard
0

Tolerance
0

Actual Performance (lower = better performance)

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
72.9% (Sept 2018)	77.5% (Sept 2018)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	0	0	0	0	0	0	0	0	0	0	0	0
Performance 2018/19	104	155	141	120	194	148	162	144	68			
Performance 2017/18	53	56	31	16	57	84	68	45	40	42	132	152
Performance 2016/17	9	3	1	4	0	4	2	10	13	10	34	42



Narrative Summary:

In November 68 patients who previously breached their **Treatment Time Guarantee** (TTG) date were treated. This was mainly due to the backlog resulting from winter pressures mainly within Orthopaedics.

November's actions reported to the CE Operational Group:

- Short notice cancellations are reviewed on a daily basis.
- Work is ongoing to ensure cancellations are minimised and decisions are made as soon as possible.
- An Institute for Healthcare Optimisation (IHO) project is looking to address surgical flow; however the service are reviewing on a weekly basis to determine any risk of cancellations and take appropriate action.
- Cancelled patients are rebooked as soon as a slot is available and to accommodate their TTG date where possible.

Update on above actions:

- Issues with Surgery & Orthopaedics. Planning additional weekend sessions to recover all of oral surgery and some of Orthopaedics.
- Limited by funding to recover all waiting lists.

Next months actions:

- Identifying extra theatre capacity for shoulder surgery as this is the area with the most pressure.

18 Weeks Referral to Treatment (RTT)

Standard: Combined Pathway Performance

Standard

90.0%

Tolerance

81.0%

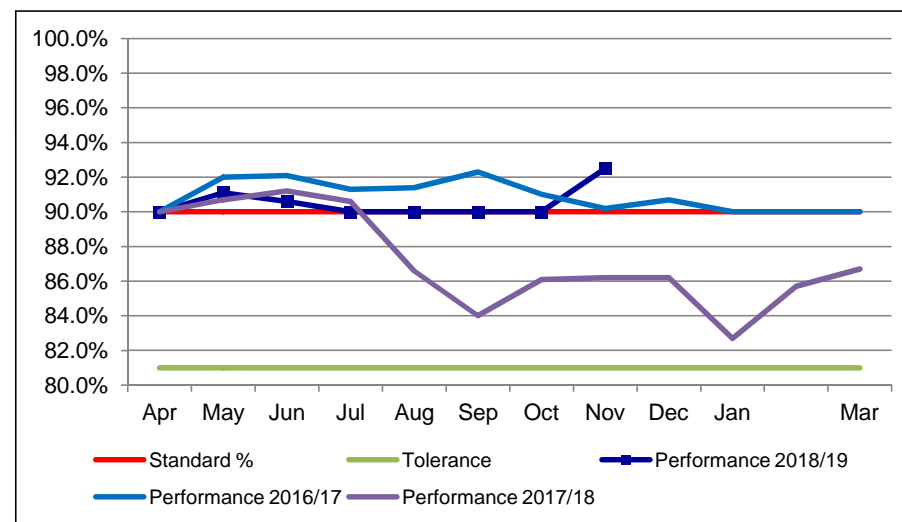
Actual Performance (higher % = better performance)

Latest NHS Scotland Performance

81.2% (Sept 2018)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Performance 2018/19	90.0%	91.1%	90.6%	90.0%	90.0%	90.0%	90.0%	92.5%				
Performance 2017/18	90.0%	90.7%	91.2%	90.6%	86.6%	84.0%	86.1%	86.2%	86.2%	82.7%	85.7%	86.7%
Performance 2016/17	90.0%	92.0%	92.1%	91.3%	91.4%	92.3%	91.0%	90.2%	90.7%	90.0%	90.0%	90.0%

Please Note: data has a 1 month lag time to ensure it is in line with national reporting



Narrative Summary:

The national standard for NHS Boards RTT is to deliver 90% **combined performance**. In November 2018 the 90% standard was met however due to capacity issues particularly within Ophthalmology and Orthopaedic Surgery for both Outpatients and Inpatients this is expected to slowly decline towards the end of the year.

November's actions reported to the CE Operational Group:

- Work will continue during 2018/19 with the reduction in the number of 12 week breaches.

Update on above actions:

- Monitor the situation and continue to utilise locum use within orthopaedics and ophthalmology.

Next months actions:

- Continue to identify opportunities to increase the capacity within orthopaedics, ophthalmology and oral surgery which are the 3 areas with capacity issues.

Diagnostic Waiting Times

Waiting Target for Diagnostics - zero patients to wait over 6 weeks

Standard

0

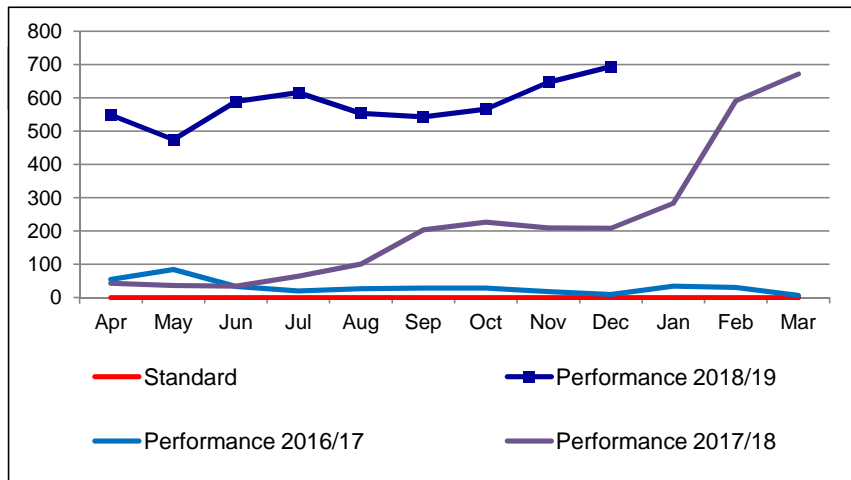
Tolerance

0

Actual Performance (lower = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	0	0	0	0	0	0	0	0	0	0	0	0
Performance 2018/19	549	475	589	616	554	543	566	647	694			
Performance 2017/18	43	36	34	64	101	203 ¹	227	209	208	283	591	672
Performance 2016/17	54	84	33	20	26	28	28	18	9	34	30	6

¹ September 2017 data has been updated as unavailable at time for reporting due to the upgrade of RIS and the link to the reporting tool



Narrative Summary:

The national standard is that no patient waits more than **6 weeks** for one of a number of **identified key diagnostic tests**.

A breakdown of performance, supporting narrative and actions can be found on the next page.

Diagnostic Waiting Times *continued*

The national standard is that no patient waits more than 6 weeks for one of a number of identified key diagnostic tests. The breakdown for each of the 8 key diagnostics tests is below:

Diagnostic - 6 weeks	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Endoscopy	-	-	-	-	-	-	-	-	-	-	-	-	2	5
Colonoscopy	-	-	1	-	-	-	8	24	23	45	37	41	18	32
Cystoscopy	-	-	-	-	6	-	-	-	-	1	1	1	0	4
MRI	198	186	241	339	364	438	387	449	453	431	417	443	470	443
CT	11	4	4	11	43	70	63	72	115	72	81	69	141	187
Ultra Sound (non-obstetric)	-	18	28	2	25	29	14	38	25	5	7	4	5	20
Barium	-	-	9	1	2	12	3	6	-	-	-	8	11	3
Total	209	208	283	353	440	549	475	589	616	554	543	566	647	694

November's actions reported to the CE Operational Group:

Colonoscopy – 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. Additional weekend scoping sessions have been organised with support from Synaptik, and this will result in waiting times reducing between January and March.

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. Scottish Government funding has been secured to continue to run evening and weekend sessions and an additional fixed term radiographer post will help provide capacity to main staff in CT/MRI. Additional sessions have been booked starting in October. This follows recruitment and using part time staff working additional hours which will continue to show a positive impact in waiting times. We have managed to staff 2 additional days per week in CT using this approach and some scans are now being reported through an external provider.

Ultrasound – The ultrasound service has had staffing challenges due to maternity leave but this has resolved. We have 0.2 WTE vacancy but permanent part time staff are working additional hours to minimize the impact of this in the short term.

A Recovery Plan for MRI, CT & Colonoscopy is currently underway. Extra colonoscopy session have been booked with Synaptik which will reduce patient waits. MRI/CT sessions continue to be booked and utilised by current staff.

Update on above actions:

- All services are being monitored

Next months actions:

- Continue to monitor actions. MRI, CT and Colonoscopy sessions continue to be booked and utilised by current staff. Outsourcing overnight CT reporting cover to an external provider is to be set-up as a short to medium term measure to reduce waits within the next month. A longer term measure for CT/MRI reporting will need to be considered for the future.

CAMHS Waiting Times

18 weeks CAMHS - 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)

Standard	Tolerance
90.0%	81.0%

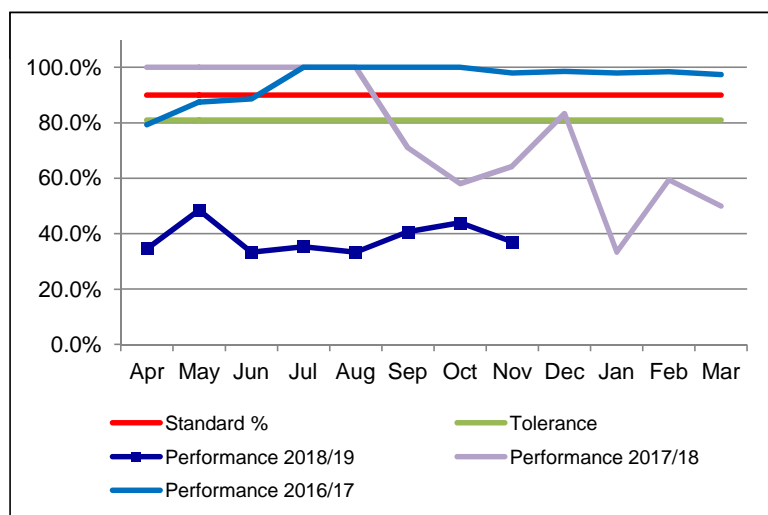
Actual Performance (higher % = better performance)

Latest NHS Scotland Performance
69.0% (Sept 2018)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Performance 2018/19	34.6%	48.5%	33.3%	35.3%	33.3%	40.7%	43.9%	37.0%				
Performance 2017/18	100.0%	100.0%	100.0%	100.0%	100.0%	71.0%	58.0%	64.3%	83.3% ¹	33.3% ¹	59.4% ¹	50.0% ¹
Performance 2016/17	79.3%	87.5%	88.6%	100.0%	100.0%	100.0%	100.0%	98.0%	98.5%	98.0%	98.4%	97.4%

Please Note: Data is reported with a lag time of one month

¹ Data unavailable from the service at time of reporting due to transition to EMIS therefore updated in April 2018



Narrative Summary:

Performance in November 2018 for **Child and Adolescent Mental Health Services** (CAMHS) remains outwith the 90% standard and has subsequently deteriorated further. Although the current waiting times remain low the service has worked extremely hard in targeting the longest waits within the service and have considerably reduced these, this does not account however for those already waiting and breaching the 18 week RTT.

November's actions reported to the CE Operational Group:

2 permanent band 5/6 nursing post appointed on the 12th December 2018 with the projected time to be in post end of January 2019. Additional post agreed for ADHD nurse currently in recruitment process. Additional band 3 administrative post recruited and in post February 2019 to support opt in roll out. Competency framework complete awaiting sign off from ADoN. Identified space across Borders for opt in.

Update on above actions:

x2 band5/6 nursing post commence on the 28th January and the 4th February. Additional ADHD nurse post advertised end of week beginning 14th January. Maternity cover for administrative post now in place. Additional band 3 administrator in place beginning of February 2019. Competency framework complete still awaits sign off by MH ADoN. Opt in letters now in place and being sent to patients. Assessment clinics projected to be in place February 2019.

Next months actions:

Operational manager will relinquish all other operational duties for an interim period of 3 months to support Team manager and CAMHS service - 21st January 2019. Daily data count for ALL clinicians within service regarding new patient and routine patients seen - to support early identification of capacity and workload within service.

Accident & Emergency 4 Hour Standard

4 hour A&E - 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)

Standard

95.0%

Tolerance

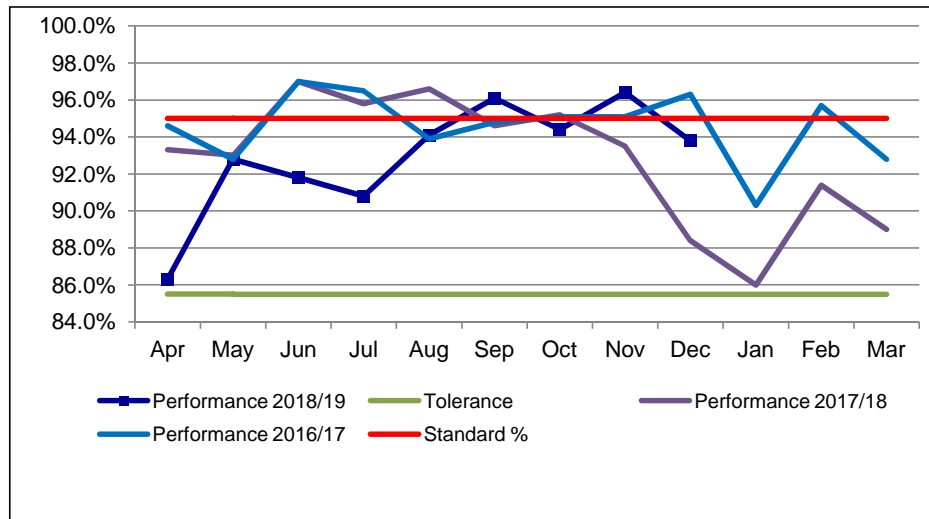
85.5%

Actual Performance (higher % = better performance)

Latest NHS Scotland Performance

91.3% (Nov 2018)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Performance 2018/19	86.3%	92.8%	91.8%	90.8%	94.1%	96.1%	94.4%	96.4%	93.8%			
Performance 2017/18	93.3%	93.0%	97.0%	95.8%	96.6%	94.6%	95.2%	93.5%	88.4%	86.0%	91.4%	89.0%
Performance 2016/17	94.6%	92.8%	97.0%	96.5%	93.9%	94.8%	95.1%	95.1%	96.3%	90.3%	95.7%	92.8%



Accident & Emergency 4 Hour Standard *continued*

The Board is required to ensure that the maximum length of time from arrival at Accident & Emergency to admission, discharge or transfer is four hours for at least 95% of patients.

Emergency Access	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Flow 1	98.7%	97.00%	97.40%	98.00%	98.8%	95.7%	97.0%	97.1%	95.5%	98.8%	98.8%	97.8%	99.1%	98.2%
Flow 2	91.6%	82.70%	83.70%	85.10%	81.3%	82.1%	87.5%	84.2%	84.5%	89.6%	92.9%	87.5%	92.7%	91.4%
Flow 3	84.0%	74.80%	67.0%	83.00%	71.7%	68.7%	87.2%	85.8%	85.9%	89.0%	95.0%	93.7%	95.0%	89.7%
Flow 4	88.8%	88.50%	81.1%	88.50%	86.2%	80.5%	86.8%	84.3%	82.4%	86.3%	88.0%	88.9%	93.9%	89.2%
Total	93.5%	88.40%	86.0%	91.40%	89.0%	86.3%	92.8%	91.8%	90.8%	94.1%	96.1%	94.4%	96.4%	93.8%

Narrative Summary and Actions:

Since August 2018 the service has seen an improvement in performance, achieving the standard in September and November. Compliance in December 2018 was 93.8%, this is a 6.17% increase in performance from December 2017. Consistently achieving the standard remains challenging and the service is focussing improvement efforts applying the Daily Dynamic Discharge framework. A new escalation process for the Emergency Department has recently been implemented. Increasing weekend discharge is a key area of focus with a new Hospital @ Weekend model being implemented and showing an initial increase in weekend discharge numbers.

Update

- Daily Dynamic Discharge programme continues with successful MDT event held late in 2018.
- Hospital @ Weekend model rolled out to increase weekend discharge and showing signs of improved performance of weekend discharge.
- New Escalation policy released for Site & Capacity team implemented
- New surge bed priority list released
- Ambulatory Care 'day of care' style audit complete

Next months Actions :

- Prioritise Improvement plan from Daily Dynamic Discharge session and assign timelines and resource.
- Learning session for Hospital @ Weekend to refine the model.
- PDSA to improve transfer and handover of patients.
- Consultant on revised Boarding Policy.
- Further explore the potential of ambulatory pathways that could be managed outwith inpatient areas.

Delayed Discharges

Standard: Delayed Discharges - delays over 72 hours

Standard
0

Tolerance
1

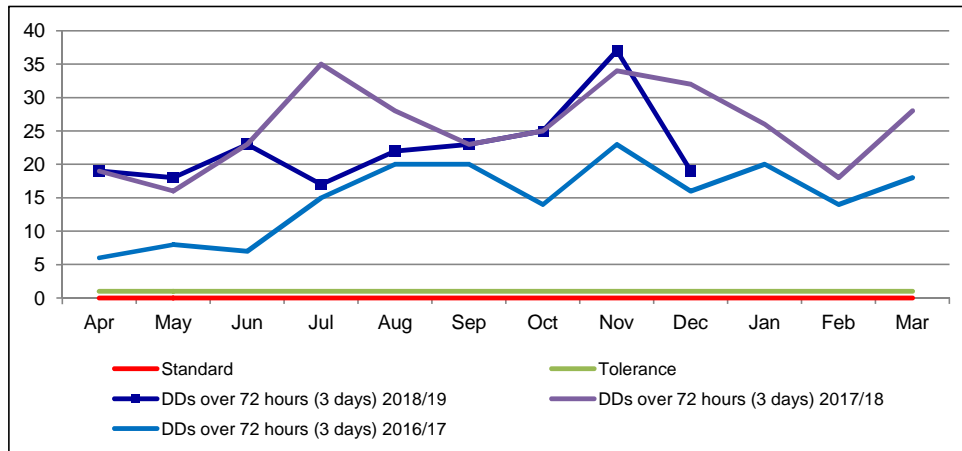
Actual Performance (lower = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	0	0	0	0	0	0	0	0	0	0	0	0
DDs over 2 weeks 2018/19	19	12	17	11	15	17	15	30	17			
DDs over 72 hours (3 days) 2018/19	19	18	23	17	22	23	25	37	19			
Occupied Bed Days (standard delays)	722	848	718	658	653 ¹	926	763	1175	985			
DDs over 2 weeks 2017/18	14	10	17	23	19	15	19	19	16	16	15	14
DDs over 72 hours (3 days) 2017/18	19	16	23	35	28	23	25	34	32	26	18	28
Occupied Bed Days (standard delays)	814	664	675	984	872	831	920	996	1096	939	645	819
DDs over 2 weeks 2016/17	3	4	3	10	14	7	10	9	9	13	8	14
DDs over 72 hours (3 days) 2016/17	6	8	7	15	20	20	14	23	16	20	14	18
Occupied Bed Days (standard delays)	537	466	516	638	758	596	703	796	759	749	507	682

¹ Data is provisional at time of reporting

Please Note: The census date changed nationally in July 2016 from 15th of every month to the last Thursday of every month

Please Note: National data is used for monthly occupied bed days (standard delays only). August 2017 data updated as provisional at time of reporting. September 2017 data is provisional at time of reporting.



Narrative Summary:

A new national target of zero delays over 72 hours for **Delayed Discharges** came into force on 1st April 2016. New definitions for recording delayed discharges were introduced on the 1st July 2016.

NHS Borders continues to face challenges with delayed discharges, which impacts on patient flow across our hospitals.

Please see detailed narrative on next page.

Delayed Discharges *continued*

Narrative Summary and Actions:

Background

NHS Borders is facing significant challenges with **Delayed Discharges**, which continues to impact on patient flow within the Borders General Hospital and our four Community Hospitals.

The key reasons for delay experienced by patients are currently being influenced by challenges relating to the following issues:

- Care at home – we continue to be challenged in sourcing care at home across the Borders.
- Choices of care home placements and availability thereof and total capacity in Care Homes in Borders, particularly for more complex cases.
- A number of complex cases with a significant length of stay.

Actions

Previously the Board were made aware of the work ongoing in respect of:

- The creation of the Hospital to Home Service
- The provision of discharge to assess beds in the community
- Efforts to access care home places in East and Mid Lothian

This work provided additional discharge pathways which began to improve performance against the delayed discharge standard in December. This significantly reduced delays compared with the previous month and resulted in an improved outcome relative to 2017/18. The impact of the normal increased level of Christmas discharge activity is also worthy of note.

The new year has seen heightened effort in respect of managing discharge pathways to make use of the additional resource put into place as part of the winter plan.

This includes the start of work to refine referral criteria and processes.

Of particular note is the commencement of discussions regarding the introduction of a more integrated approach to discharge planning, the development of protocols in respect of the "Choices Policy" for patients going to Care homes and further attention to ensuring best practice by MDTs in BGH and in Community Hospitals.

Other Key Indicators

Previous LDP Standards

Diagnosis of Dementia

Standard: Increase the number of patients added to the dementia register

Standard

1116

Tolerance

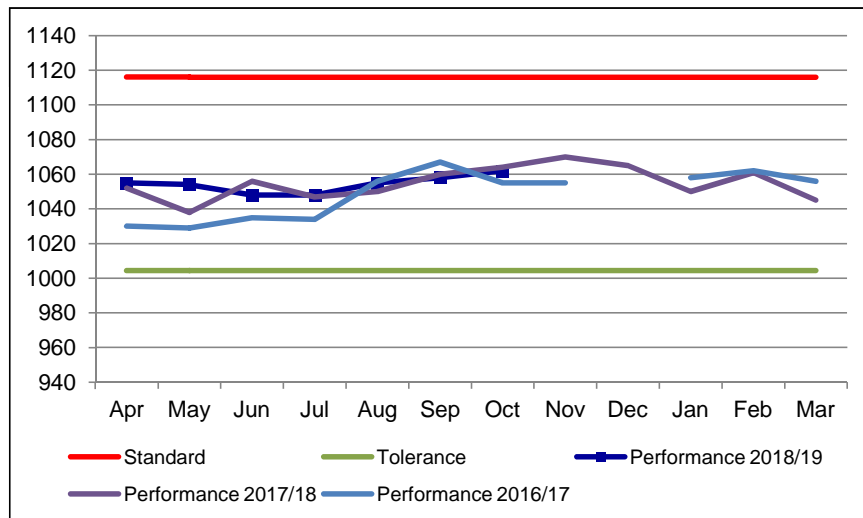
1004

Actual Performance (higher = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	1116	1116	1116	1116	1116	1116	1116	1116	1116	1116	1116	1116
Performance 2018/19	1055	1054	1048	1048	1055	1058	1062	- ²	- ²	- ²	- ²	- ²
Performance 2017/18	1052	1038	1056	1047	1050	1060	1064	1070	1065	1050	1061	1045
Performance 2016/17	1030	1029	1035	1034	1056	1067	1055	1055	- ¹	1058	1062	1056

¹ Data unavailable for December 2016 at time of reporting

² Data will no longer be available due to unreliability of data sourced by ISD across Scotland



Narrative Summary:

The run chart shows the number of patients being added to the **Dementia Register** in Primary Care continues to fluctuate on a monthly basis.

Actions reported to the CE Operational Group:

- EMIS went live in November 2017 and a new PDS template is currently being tested in line with new data set that goes live 1 April 2019.
- NHS Borders met with ISD in July 2018 and continue to attend national PDS leads group.

Update on above actions:

- Attended mental health board in November 2018 to discuss spotlight report and attended national PDS event in Glasgow December 2018.

Next month's actions:

- Test new data set on EMIS and trial of reporting before goes live in April 2019
- consider meeting with ISD to understand recent benchmark information for dementia.

Dementia - Post Diagnostic Support (PDS)

Standard: People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support

Standard

100%

Tolerance

within
10%

Actual Performance (higher % = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard (% offered)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Number of People who are referred for PDS and have been offered at least 12 months of PDS

Performance 2017/18 ¹	-	-	-	-	-	-	-	-	-	-	-	-
Performance 2016/17 ¹	137	137	137	151	151	151	153	153	153	-	-	-
Performance 2015/16	135	140	166	186	205	220	229	255	281	297	310	321
Performance 2014/15						75	77	32	54	71	97	107

The Number of People who are Diagnosed with Dementia and Referred for PDS

Performance 2017/18 ²	-	-	-	-	-	-	-	-	-	-	-	-
Performance 2016/17 ²	-	-	-	-	-	-	-	-	-	-	-	-
Performance 2015/16	138	156	185	204	225	243	260	276	302	322	341	356
Performance 2014/15						87	86	38	57	74	100	123

Percentage offered at least 12 months of PDS

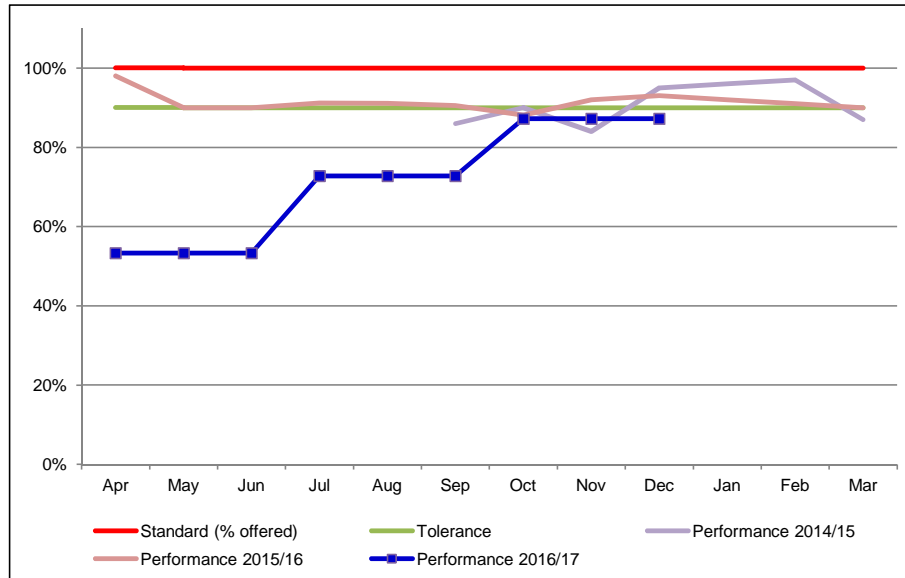
Performance 2017/18 ¹	-	-	-	-	-	-	-	-	-	-	-	-
Performance 2016/17 ¹	53%	53%	53%	73%	73%	73%	87%	87%	87%	-	-	-
Performance 2015/16	98%	90%	90%	91%	91%	91%	88%	92%	93%	92%	91%	90%
Performance 2014/15						86%	90%	84%	95%	96%	97%	87%

Please Note: There is a 1 year time lag to show the full 12 months performance and a 1-2 month time lag for the receipt of data.

¹ Data unavailable at time of reporting

² Data no longer available due change in reporting method

Dementia - Post Diagnostic Support (PDS) *continued*



Narrative Summary:

The latest available data for **Dementia Post-Diagnostic Support (PDS)** shows performance at 87%.

It is anticipated that engagement with PDS including date of diagnosis will increase locally with live and accurate data from EMIS.

Actions reported to the CE Operational Group:

- ISD issued a revised data set for PDS in December 2018.
- EMIS went live in November 2017 and a new PDS template is currently being tested in line with new data set which goes live on 1st April 2019.
- NHS Borders met with ISD in July 2018 and continue to attend national PDS leads group.
- An information leaflet for both patients (to outline expectations) and staff (to assist with delivery) is being developed in partnership with the Borders Dementia Working Group and Health Improvement Scotland.

Update on above actions:

- Revised data received, and being aligned with EMIS templates.
- Ongoing 8 weekly engagement with national PDS team leads

Next month's actions:

- Finalise leaflet and discuss with operational team and dementia working group before

Alcohol Brief Interventions (ABI)

Standard: Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings

Standard

1312

Tolerance

within 10%

Actual Performance (higher = better performance)

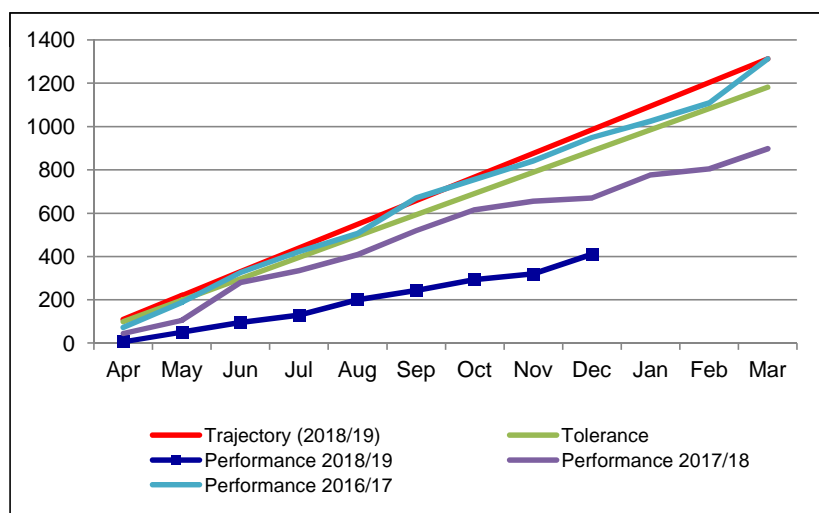
Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
117.0% (2017/18)	68.4% (2017/18)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Trajectory (2018/19)	110	220	330	440	549	658	767	876	985	1094	1203	1312
Performance 2018/19	7	51	95	130	201	243	293	320	410			
Performance 2017/18	45	106	280	335	409	520	615	656	670	776	805	897
Performance 2016/17	73	188	326	422	506	670	756	841	949	1025	1109	1313

¹ Please note numbers for June 2018 are low as not all data has been received due to annual leave within the service

Please Note: Standard is 1312 by end of March every year, it then resets back to 0 every April and cumulative reporting starts again.

There is a reporting lag in some areas which means that data is not fully reconciled at time of reporting therefore should be treated as provisional.



Narrative summary:

Alcohol Brief Interventions (ABI) performance in December remains low. As previously reported last month the biggest decrease is in Primary Care via the Local Enhanced Service (LES).

November's actions reported to the CE Operational Group:

- Attend midwifery peer group with audit findings – this took place on 16.1.19. A few issues were identified with badgernet screen; midwives understanding of eligibility criteria for ABI's
- Confirm LNC date – this will be done following IJB on 28.1.19

Update on above actions:

- Attend midwifery peer group with audit findings – this took place on 16.1.19. A few issues were identified with badgernet screen; midwives understanding of eligibility criteria for ABI's the service lead is auditing cases in December in preparation for the midwifery peer group meeting in January where we will clarify processes and practices as performance is still unexpectedly low.
- Confirm LNC date – this will be done following IJB on 28.1.19

Next month's actions:

- Service lead to contact other board areas re badgernet screen; flowchart to be issued to all staff;
- Observe Feb performance to confirm if learning is being incorporated

Smoking Quits

Standard: Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas

Standard

173

Tolerance

within 10%

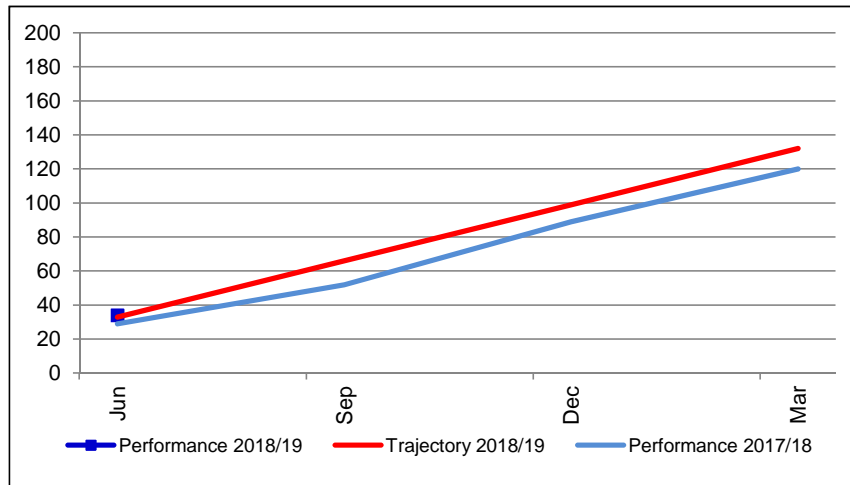
Actual Performance (higher = better performance)

	Jun	Sep	Dec	Mar
Trajectory 2018/19	33	66	99	132
Performance 2018/19	34			
Trajectory 2017/18	43	86	130	173
Performance 2017/18	29	52	89	120
Trajectory 2016/17	43	86	130	173
Performance 2016/17	25	53	91	140

NHS Borders Performance (as a comparative)	Latest NHS Scotland Performance
69.36% (Mar 2018)	81.16% (Mar 2018)

¹ Quarter 1 of 2018/19 is provisional at time of reporting

Please Note: All figures are cumulative. Data is reported quarterly to allow monitoring of the 12 week quit period. There is a 6 month lag time for reporting to allow monitoring of the 12 week quit period.



Narrative Summary:

In the first quarter of 2018/19 our number of overall successful quit attempts is similar to last year, and above target at 34.

November's actions reported to the CE Operational Group:

- continue to communicate about the new Wellbeing Service
- start recruitment process for additional Wellbeing staff.

Update on above actions:

- this work is ongoing. A public launch will be done once all advisors in post.
- shortlisting completed for new advisers.

Next month's actions:

- Interviews for advisers
- Confirm branding materials for Wellbeing Service
- Smoking cessation presentation at Grand Round
- Grand Round presentation on smoking and wellbeing service
- Reporting functions on Wellbeing Service are being developed at the moment.

Sickness Absence

Standard: Maintain Sickness Absence Rates below 4%

Standard

4.0%

Tolerance

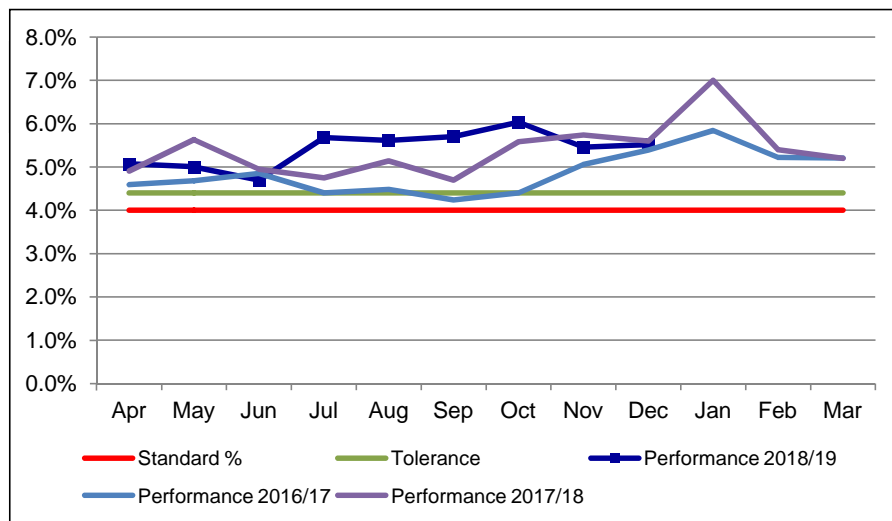
4.4%

Actual Performance (lower % = better performance)

Latest NHS Scotland Performance

5.36% (Aug 2018)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%
Performance 2018/19	5.1%	5.0%	4.7%	5.7%	5.6%	5.7%	6.0%	5.5%	5.5%			
Performance 2017/18	4.9%	5.6%	5.0%	4.8%	5.1%	4.7%	5.6%	5.7%	5.6%	7.0%	5.4%	5.2%
Performance 2016/17	4.6%	4.7%	4.9%	4.4%	4.5%	4.2%	4.4%	5.1%	5.4%	5.8%	5.2%	5.2%



Narrative Summary:

The run chart reports a **Sickness Absence (SA)** rate in December 5.5% which is similar to the last 2 years December situation.

Current actions reported to the CE Operational Group:

HR continue to be a support service to the Clinical Boards by providing advice and support in managing SA as well as proactively identifying areas where rates are high. Monthly SA reports are provided to each Clinical Board, these detail trends, rates, the level of short term and long term SA and reasons for SA per Clinical Board. Monthly outstanding Return to Work Interview individual reminders sent to line managers. Short term absence cases (7+ occasions) are being investigated on a monthly basis. Long term absence cases (staff triggering nil/half pay as well as staff off sick for 3+ months) are being investigated on a monthly basis. SA focus groups have been taking place within designated wards within the BGH to support Senior Charge Nurses. Those will continue in January 2019.

Next months actions:

- As above.

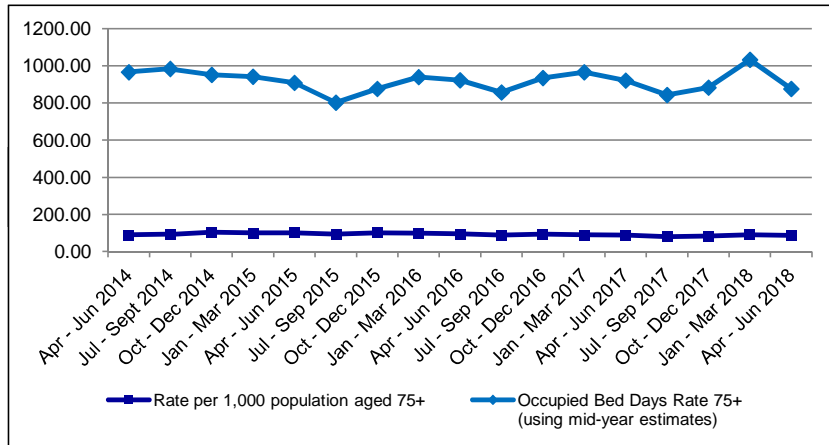
Emergency Admissions and Occupied Bed Days

Standard: Emergency Admissions & Occupied Bed Days for Scottish Borders residents aged 75+

Actual Performance (lower = better performance)

	Jul - Sep 2015	Oct - Dec 2015	Jan - Mar 2016	Apr - Jun 2016	Jul - Sep 2016	Oct - Dec 2016	Jan - Mar 2017	Apr - Jun 2017	Jul - Sep 2017	Oct - Dec 2017	Jan - Mar 2018	Apr - Jun 2018	Jul - Sep 2018
Standard													
Rate per 1,000 population aged 75+	95.05	101.40	100.37	95.40	89.38	93.96	90.32	89.62	80.02	84.20	91.46	86.78	88.62
Occupied Bed Days Rate 75+ (using mid-year estimates)	801.9	876.1	939.2	922.4	857.3	935.2	965.7	920.8	843.0	883.0	1032.8	876.3	1021.3

Please note: There is a time lag in data being published for this standard, its is produced quarterly by ISD



Narrative Summary:

The way in which we report **Emergency Occupied Bed Days** and **Emergency Admissions** in Scottish Borders residents aged 75+ changed in August 2018. The rate of emergency admissions for Scottish Borders residents aged 75 and over has generally been decreasing since late 2014. However, the Borders rate has been higher than the Scottish average until the second quarter of 2016 (July-Sept).

Update:

- Hospital to Home has been implemented and continues to increase its capacity
- Work has begun to reduce LOS in Community Hospitals showing early positive results
- Garden View (formerly Craw Wood) is open with additional capacity with relaxed criteria to meet local need

Next months actions:

- Test of change to have a integrated response to signposting delayed patients to the right service timeously
- Continuous evaluation of the impact of the new ways of working

Psychological Therapies Waiting Times

Standard: 18 weeks referral to treatment for Psychological Therapies

Standard	Tolerance
90.0%	81.0%

Actual Performance (higher % = better performance)

Latest NHS Scotland Performance
78.2% (Sep 2018)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Performance 2018/19	68.0% ²	65.0% ³	77.0% ⁴	77.0% ⁴	96.0%	86.0%	91.0%	88.0%				
Total Patients Currently Waiting >18 Weeks:	95 ²	67 ³	79	60	29	9	7	11				
Performance 2017/18	80.0%	59.0%	56.0%	68.0%	48.0%	77.0% ¹	38.0%	68.0%	71.0% ²	58.0% ²	- ³	81.0%
Total Patients Currently Waiting >18 Weeks:	93	102	129	132	120	140	132	129	87 ²	87 ²	- ³	- ³
Performance 2016/17	89.0%	83.0%	89.0%	81.0%	66.0%	78.0%	63.0%	79.0%	62.0%	65.0%	74.0%	85.0%
Total Patients Currently Waiting >18 Weeks:	91	85	103	113	116	109	85	73	74	73	69	82

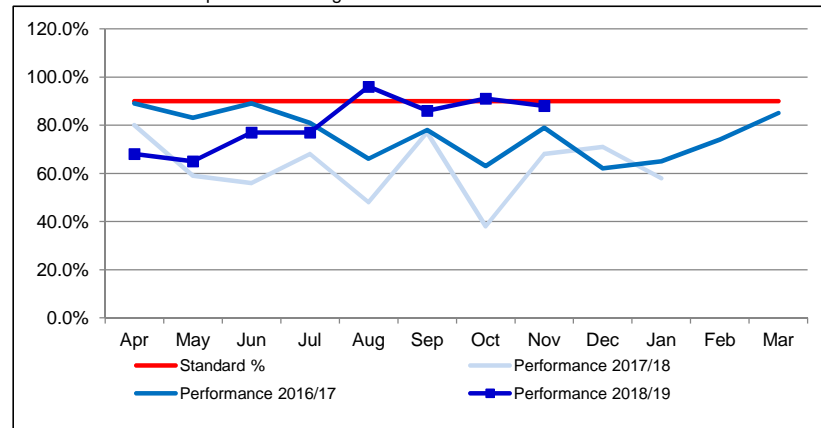
¹ Psychological Therapy data does not include CAMHS or LD as unavailable at the time of reporting

² Psychological Therapy data does not include CAMHS or LD due to EMIS reporting delay

³ Psychological Therapy data does not include CAMHS or LD due to EMIS reporting delay, but does include the Doing Well Service and DBT Team for the first time

⁴ Psychological Therapy data for LD and CAMHS is NOT included (due to EMIS reporting delay and staff absence respectively). Data for Dialectical Behaviour Therapy (DBT) Team now included, as well as anxiety management patients starting treatment with the Doing Well Service

Please Note: Data is reported with a lag time of one month from December 2017



Narrative Summary:

We have slightly dipped under the 18 week target for November. Likely to be affected by situational factors reported in October, including two full time Clinical Psychologists commencing maternity leave in September from Adult CMHTs. This would have meant they were winding down their caseloads and therefore we would have had less triage/therapy resource available in October and November. We now have replacement staff in post who started in January 2019, so may continue to see effect of staff shortages in December 2018 data too.

November's actions reported to the CE Operational Group:

We have met the **Psychological Therapies 18 week** standard for this month, the second time this year. For the past four months our Consultant Clinical Psychologist has attended the East and West CMHTs and reviewed appropriateness of referrals to psychology. Standardising accepted referrals in this way may have helped to reduce inappropriate referrals being added to our waiting list for CMHTs.

Update on above actions:

We have commenced a project group to look at developing a phone triage pilot project in Adult CMHTs. We would hope to review our longest waiters over the phone to confirm that they still wish to be seen by psychology.

Next months actions:

We now have an additional CAAP in post starting from Jan 19 and have recently recruited a new Band 6 CBT therapist, a new post for the Borders. When the CBT therapist starts in Feb 19 we hope they will be able to support a new group programme we would like to phase into the Borders. We are already looking at the logistics of how to introduce a group programme into the Borders given the challenges of a widely distributed population with limited clinic spaces appropriate for group interventions.

Drug & Alcohol Treatment

Standard: Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

Standard

90.0%

Tolerance

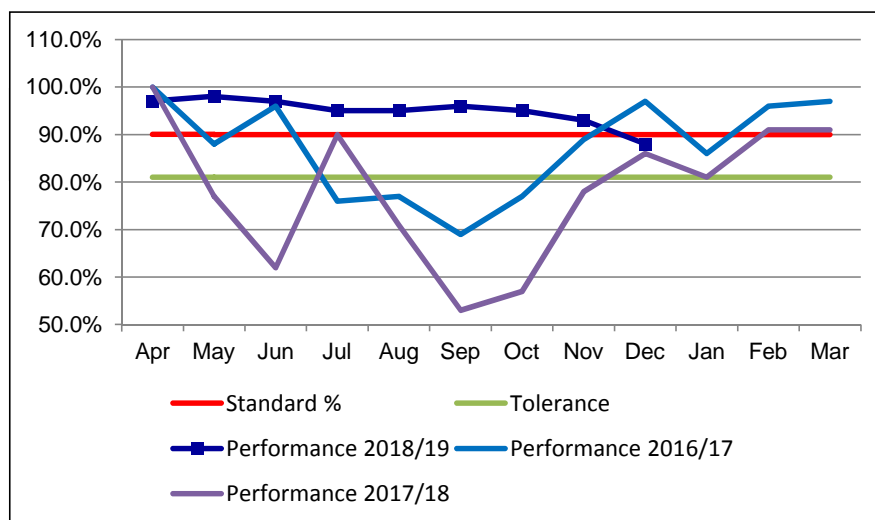
81.0%

Actual Performance (higher % = better performance)

Latest NHS Scotland Performance

94.2% (Jul - Sep 2018)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard %	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
Performance 2018/19	97.0%	98.0%	97.0%	95.0%	95.0%	96.0%	95.0%	93.0%	88.0%			
Performance 2017/18	100.0%	77.0%	62.0%	90.0%	71.0%	53.0%	57.0%	78.0%	86.0%	81.0%	91.0%	91.0%
Performance 2016/17	100.0%	88.0%	96.0%	76.0%	77.0%	69.0%	77.0%	89.0%	97.0%	86.0%	96.0%	97.0%



Narrative Summary:

The service has an ongoing requirement to deliver **3 weeks RTT** for 90% of progressed drug & alcohol referrals. Overall, 93% of clients started treatment within three weeks for the month of November 2018. Proposal to ADP for an outreach service with additional funding from Scottish Government. The national target was not achieved for the end of December 2018, 88% of individuals started treatment within 3 weeks against a target of 90%. No clients waited longer than 6 weeks. The long waits were within Addaction (7 clients) and steps to ensure training around recording and case management supervision have been put in place.

November's actions reported to the CE Operational Group:

- Operational document on hold until the beginning of January 2019
- Progression remains in place for co-location
- Medical vacancy will commence in February, plans in place to review component of medical cover and consider consultant psychiatry time
- Await agreement regarding proposal for outreach team.
- Testing and implementation of the Person Centred Coaching Tool in place

Update on above actions:

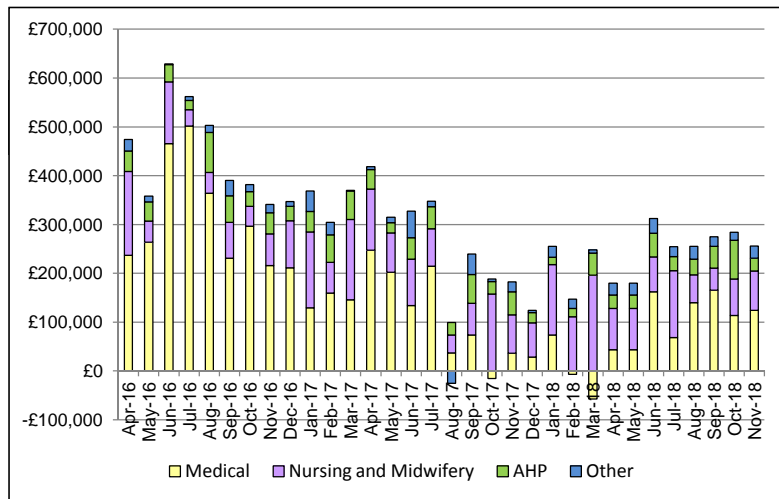
Work has commenced on operational document, further delays may present due to operational manager temporarily realigning to CAMHS service. Consultant psychiatry sessions progressing in February. Co-location ongoing

Next months actions:

Collect and examine data generated from the Person Centred Coaching Tool application to challenge fund for hub model in Eyemouth

Supplementary Staffing

	Standard												Standard	Tolerance		
Standard: Supplementary staffing - agency spend per month													0	0		
Actual Performance (lower = better performance)																
	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18			
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0			
Medical	£28,444	£73,802	-£6,994	-£57,438	£43,127	£43,127	£162,154	£68,428	£139,908	£165,453	£113,896	£123,879	£142,506			
Nursing and Midwifery	£70,270	£144,230	£111,112	£196,307	£85,150	£85,150	£71,151	£136,864	£56,990	£45,424	£74,343	£80,626	£60,370			
AHP	£20,519	£14,600	£16,793	£45,197	£27,222	£27,222	£48,958	£29,158	£32,108	£44,609	£79,679	£26,469	£22,272			
Other	£4,881	£22,740	£19,311	£6,312	£24,241	£24,241	£29,844	£19,927	£25,908	£19,438	£15,883	£24,834	-£1,301			
Total Cost	£124,114	£255,372	£140,222	£190,378	£179,740	£179,740	£312,107	£254,377	£254,914	£274,924	£283,801	£255,808	£223,847			



Narrative Summary:

NHS Borders **agency spend** on trained nursing has continued into 2018-19 financial year with the reasons for incurring additional staffing costs related to delayed discharges, high levels of sickness cover and patient acuity. Additional beds are open throughout the BGH and the Knoll. Funding has been identified in the winter plan for these costs. Nursing agency spend in ITU and Theatre in November, reduction in December in spend recorded for Theatre cover.

Medical Agency - Unscheduled Care. Out of Hours continue to use Agency to cover gaps in the service due to sickness and vacancies. Agency consultant cover in Anaesthetics and General medicine to cover vacancies and mental health service for maternity leave cover continuing.

AHP Agency - Continued agency usage in Dietetics, Physiotherapy and Speech Therapy and Podiatry. The reduction is following a review of estimated spend related to outstanding charges in Physiological Measurement for vacancy cover with Radiology usage for maternity cover. The plaster room is using Agency to cover technician vacancies.

Other agency - Costs to date relate to agency cover for Blood Sciences, IM&T and Audiology agency staff. Clinical Psychology Services have also incurred agency spend to cover vacancies. The reduction in the spend recorded in October is due to the cessation of Agency usage in Audiology. The movement in spend recorded in November and December relates to adjustments relating to actual invoices received replacing estimates for agency in Blood Sciences.

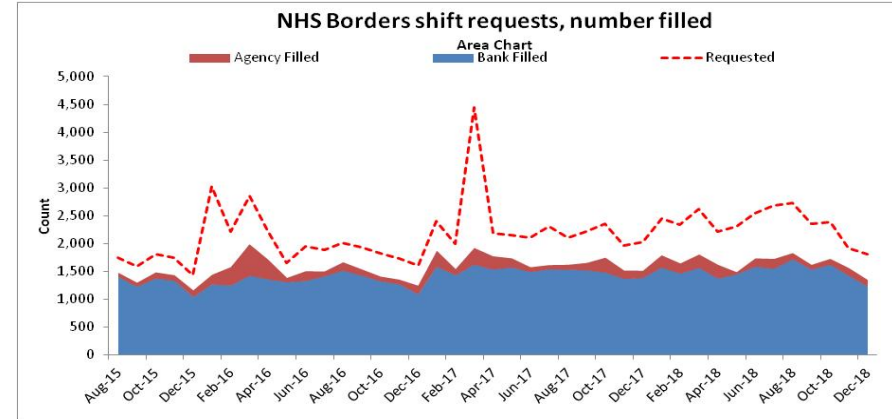
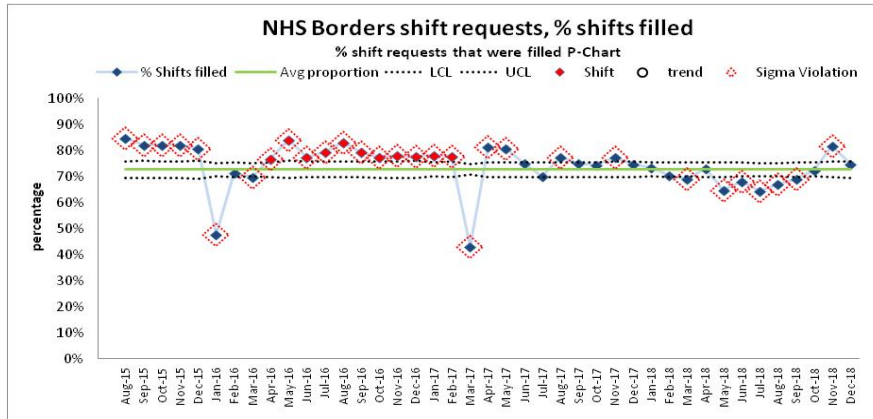
Actions:

Recruitment event following targeted training into key nursing posts in Acute Services. The Associate Director of Nursing has introduced weekly meetings with Clinical Service Managers to review the nursing position in order to ensure that sickness absence is managed as per policy and to confirm that all use of supplementary staff is linked to patient safety. Scrutiny provided by the Medical Oversight Group with respect to agency cover provided for medical staffing.

Nurse Bank

Standard: NHS Borders Nurse Bank and agency shifts

NHS Borders Overall



Narrative Summary:

Overall the number of NHS Borders bank and agency shift requests reduced again in December to 1808 shift requests. Agency requests also decreased to 125 shifts.

Sickness Absence across NHS Borders accounted for 669 shift requests and was the highest reason across all 3 clinical boards for the sixth consecutive month in a row.

Every month the reasons for the requests for agency are shared with the service in order that we can understand why we are using agency staff. Requests are all reviewed and signed off by the Associate Director of Nursing to ensure that they are only used where clinical safety is compromised.

Overall, there continues to be high levels of requests for supplementary staff across NHS Borders.

Next months actions:

There is a Registered nurses recruitment event on the 22nd of February for both substantive posts and bank.