

Borders NHS Board



Meeting Date: 4 April 2019

Approved by:	June Smyth, Director of Strategic Change & Performance
Author:	Meriel Carter, Planning and Performance Officer
NHS BORDERS PERFORMANCE SCORECARD – JANUARY 2019	
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>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 January 2019. 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:	
<p>The Board is asked to note the January 2019 Performance Scorecard.</p>	
Approval Pathways:	
<p>This report has been prepared with input from members of the Clinical Executive Operational Group and Service Leads.</p>	
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	Nov-18	Dec-18	Jan-19
Green – achieving standard	3	2	3
Red – outwith standard	7	8	7

Previous HEAT / LDP Standards	Nov-18 ¹	Dec-18 ¹	Jan-19 ¹
Green – achieving standard	2	1	2
Red – outwith standard	5	6	5

¹ One standard was not reportable in November, December 2018 and January 2019 (system reporting issue).

Areas of strong performance from the Annual Operational Plan measures for the position as at 31st January 2019 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 with a **suspicion of cancer were seen within 62 days** in December 2018 (latest available data) (page 7)
- 100% of patients **requiring treatment for cancer** were seen within **31 days** in December 2018 (latest available data) (page 8)
- 90.4% of patients were **treated within 18 Weeks** for the combined pathway performance during December 2018 (latest available data) (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 January 2019. 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 12 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
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	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 January 2019

January 2019

Planning & Performance

Month

1

2

3

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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 January 2019 or latest available data

Annual Operational Plan Measures									
- 3 out of the 10 measures are on track - 7 out of the 10 measures are below target									
Cancer Waiting Times 62-day target					Cancer Waiting Times 31-day target				
Nov 2018 92.90%		Dec 2018 100.0%	Target ≥ 95%		Nov 2018 100.0%		Dec 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				
Dec 2018 665		Jan 2019 640	Target 0		Dec 2018 273		Jan 2019 252	Target 0	
Inpatient/Daycase patients waiting > 84 days TTG target as at month end					% of patients seen within 18 weeks Combined Performance				
Dec 2018 68		Jan 2019 126	Target 0		Nov 2018 92.5%		Dec 2018 90.4%	Target ≥ 90%	
Diagnostics - 8 key tests waiting > 6 weeks target as at month end					CAMHS patients treated within 18 weeks from referral to treatment				
Dec 2018 694		Jan 2019 321	Target 0		Nov 2018 37.0%		Dec 2018 51.7%	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				
Dec 2018 93.8%		Jan 2019 93.1%	Target ≥ 95%		Dec 2018 19		Jan 2019 20	Target 0	

Previous LDP Standards Key Metrics Report: as at January 2019 or latest available data

LDP Standards				
- 2 out of the 7 standards are on track - 5 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 1116	
Sept 2016 73.0%		Dec 2016 87.0%	Target 100%	
Sustain and embed Alcohol Brief Interventions			Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas	
Dec 2018 410		Jan 2019 446	Trajectory 1094	
June 2018 34		Sept 2018 56 ²	Trajectory 66	
Maintain Sickness Absence Rates below 4%			Psychological Therapy patients treated within 18 weeks from referral to treatment (LDP)	
Dec 2018 5.52%		Jan 2019 6.66%	Target 4.0%	
Nov 2018 88.0%		Dec 2018 91.0%	Target 90.0%	
Drug and Alcohol clients treated within 3 weeks from referral to treatment			Supplementary staffing - agency spend per month	
Dec 2018 88.0%		Jan 2019 95.0%	Target 90.0%	
Dec 2018 £223,847		Jan 2019 £211,448	Target £0	

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

² Provisional figure for Quarter 2 supplied by the service

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%

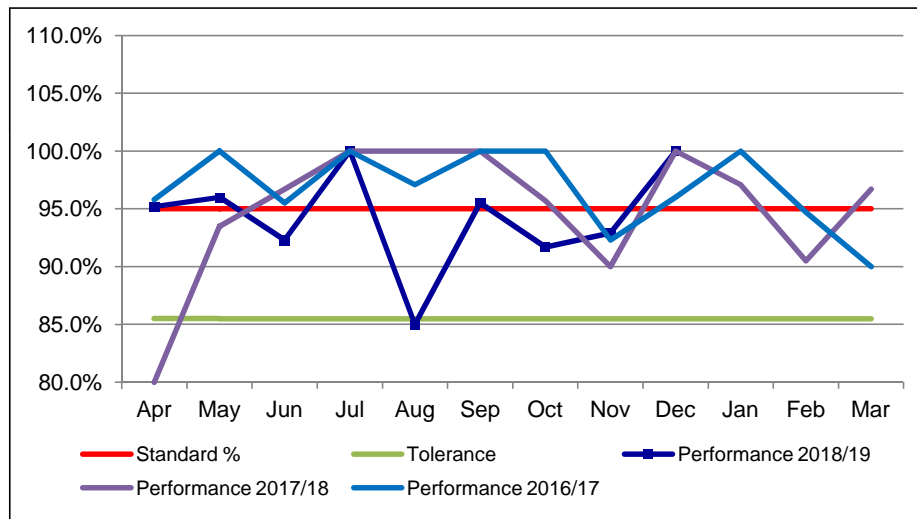
Actual Performance (higher % = better performance)

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%	100.0%			
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 achieved in December 2018 with the performance of 100%. Performance is expected to drop for December 2018 - March 2019 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

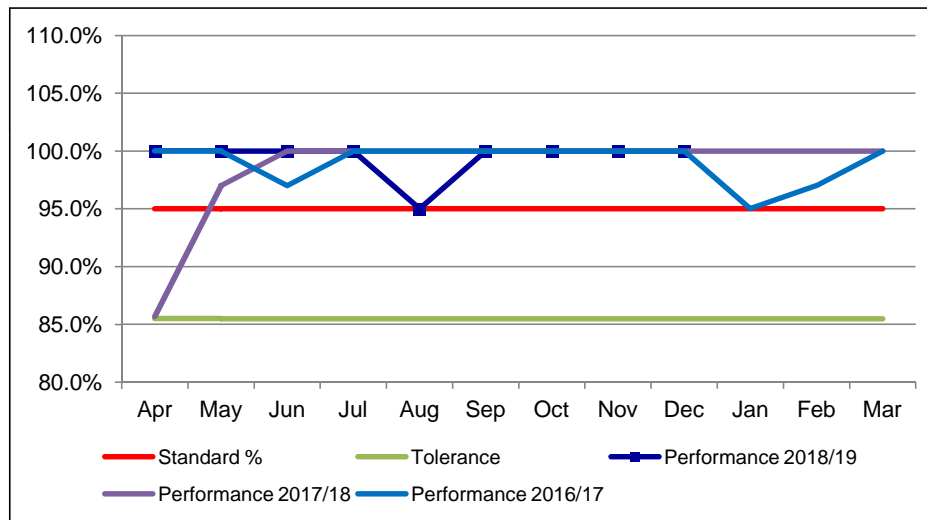
Standard	Tolerance
95.0%	86.0%

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%	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 December 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)

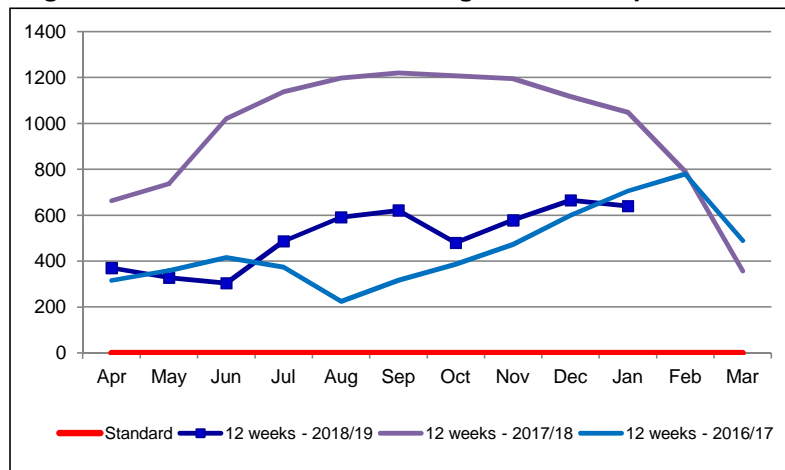
Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
70.5% (Sept 2018)	87.9% (Sept 2018)

	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	640		
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	Jan-19
Cardiology	141	82	36	8	4				1	29	26	22	20	16
Dental	0	0	0	0	0	0	0	0	0	0	0	9	17	22
Dermatology	372	235	67	10	4				1	1	1	4	2	5
Diabetes/Endocrinology	1	1			2	3	2	2	4	3	2	1	2	6
ENT	1		1						0	1	1	2	1	0
Gastroenterology	42	18	9	3	3	1		2	8	12	9	6	2	2
General Medicine		2		3	3	3			1	1	1	1	0	0
General Surgery	22	28	11	2	12	26	2	21	84	108	54	48	57	47
Gynaecology								1	0	0	1	0	1	1
Neurology	86	48	28	15	14	20	34	31	28	21	8	4	3	3
Ophthalmology	355	398	290	130	87	24	17	5	6	6	57	106	114	162
Oral Surgery	48	89	93	87	146	180	188	194	136	106	68	113	141	102
Orthodontics					2				0	0	0	0	0	0
Other	38	27	19	9	11	13	11	37	12	18	17	25	25	20
Pain Management				1		1	1	1	2	3	2	2	1	5
Respiratory Medicine	6	14	14	22	25	34	14	12	22	37	50	74	58	45
Rheumatology									0	0	0	0	0	0
Trauma & Orthopaedics	5	104	212	62	54	20	33	176	280	260	174	153	203	188
Urology		2	11	5	3	3	2	5	6	15	9	8	18	16
All Specialties	1117	1048	791	357	370	328	304	487	591	621	480	578	665	640

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.

December'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 is 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 increased to 11 weeks following unexpected consultant leave. 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 its 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, while our Respiratory consultant's cover the vacant post's 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

Tolerance

Standard: 12 Weeks Waiting Time for Inpatients

0

1

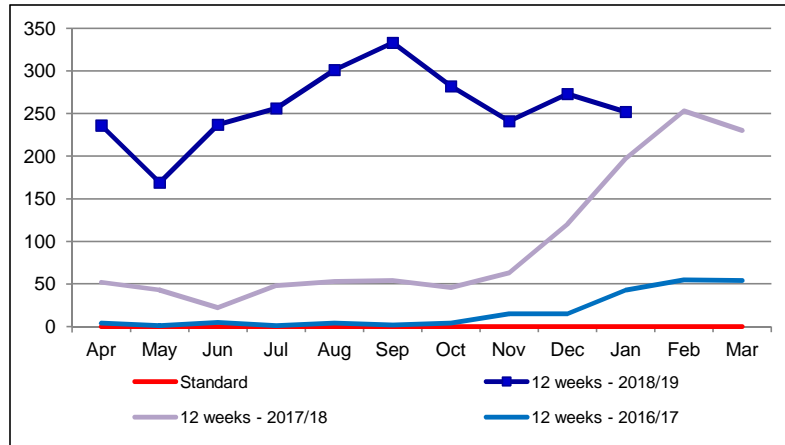
Actual Performance (lower = better performance)

	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	252		
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	Jan-19
Dental			16	16	9	8	10	14	16	20	32	22	28	27
ENT	3	8	8	7	9	3	3	1	1	7	4	5	9	11
General Surgery	14	36	61	72	84	43	38	37	44	47	36	33	24	28
Gynaecology			2								2	0	1	2
Ophthalmology			11	7	8	9	57	77	117	169	146	132	129	80
Oral Surgery	25	23	16	7	4	4	5	13	17	16	13	18	40	46
Trauma & Orthopaedics	76	122	130	109	102	90	118	111	97	72	48	31	42	58
Urology	2	8	9	12	20	12	6	3	9	2	1	0	0	0
All Specialties	120	197	253	230	236	169	237	256	301	333	282	241	273	252

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



Narrative Summary:

At the end of January the number of patients reported waiting over **12 weeks for inpatient treatment** reduced to 252 as a result of the Christmas closure. The 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 speciality except 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 backlog resulting from the temporary cessation of Vasectomies
- ENT** - due to theatre and bed availability
- Ophthalmology** - due to Consultant leave
- Oral Surgery** - due to consultant capacity
- Urology** - due to bed availability

January'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 trialed in outpatients to alleviate pressure upon theatres.

12 Weeks Treatment Time Guarantee

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

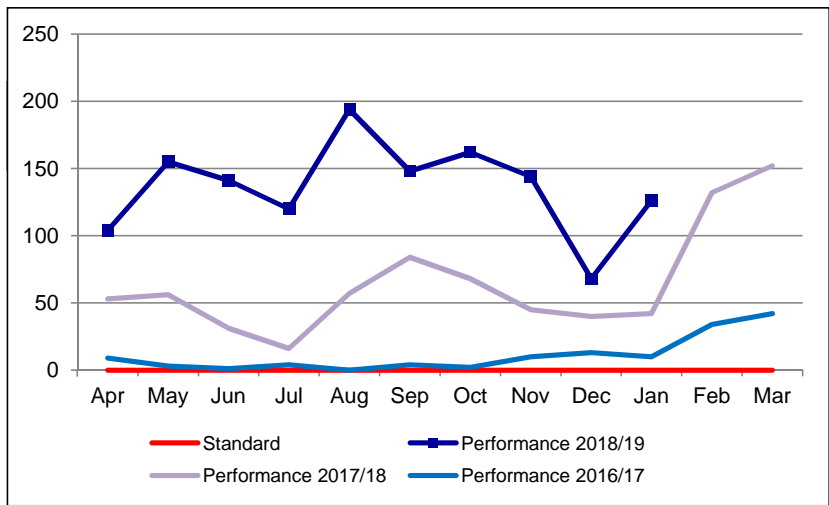
Standard
0

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	126		
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 January 126 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.

Last month we said:

- 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%

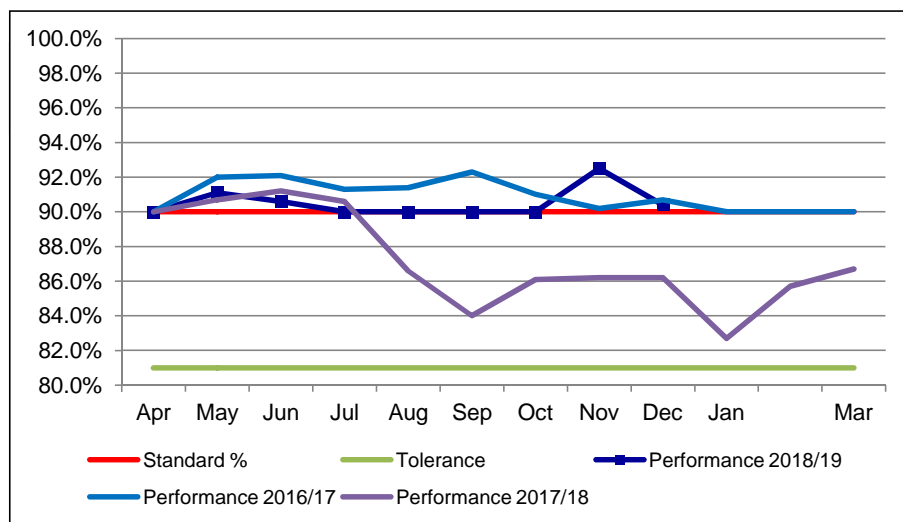
Actual Performance (higher % = better performance)

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%	90.4%			
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 December 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.

December'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

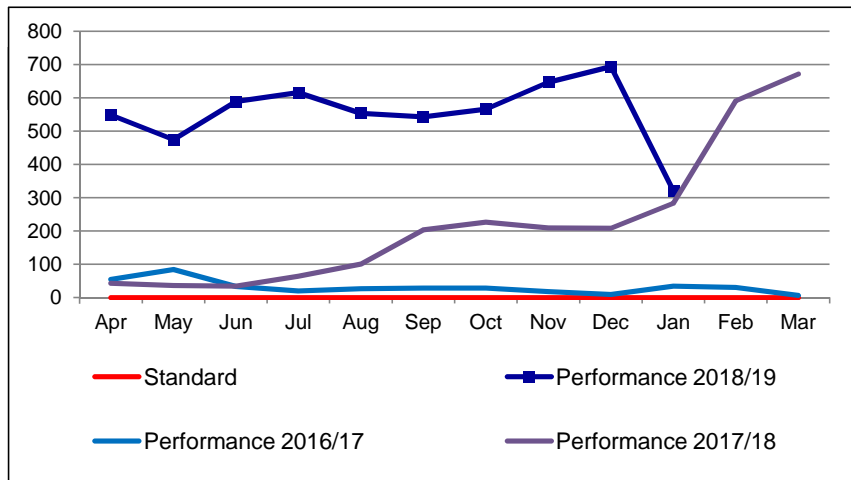
Tolerance

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	321		
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	Jan-19
Endoscopy	-	-	-	-	-	-	-	-	-	-	-	-	2	5	2
Colonoscopy	-	-	1	-	-	-	8	24	23	45	37	41	18	32	11
Cystoscopy	-	-	-	-	6	-	-	-	-	1	1	1	0	4	0
MRI	198	186	241	339	364	438	387	449	453	431	417	443	470	443	197
CT	11	4	4	11	43	70	63	72	115	72	81	69	141	187	68
Ultra Sound (non-obstetric)	-	18	28	2	25	29	14	38	25	5	7	4	5	20	41
Barium	-	-	9	1	2	12	3	6	-	-	-	8	11	3	2
Total	209	208	283	353	440	549	475	589	616	554	543	566	647	694	321

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 led 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 sessions 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:

- Outsourcing of CT and MRI reporting has now commenced and this has already resulted in a significant improvement in Waiting Times performance for these tests, as can be seen from the figures above. Additional scanning sessions are also taking place.

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%

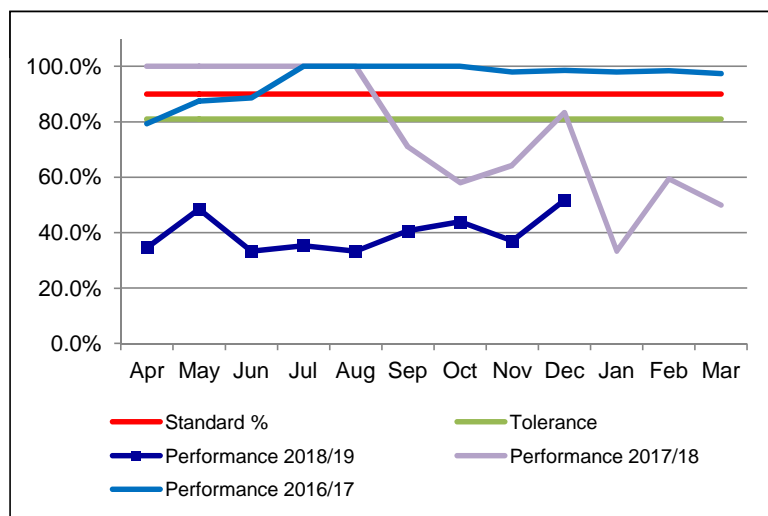
Actual Performance (higher % = better performance)

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%	51.7%			
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 December 2018 for **Child and Adolescent Mental Health Services** (CAMHS) remains outwith the 90% standard, however has improved from last months' data. 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:

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.

Update on above actions:

- Operational manager now in CAMHS
- Data collected daily for new and routine patients seen
- Assessment clinics identified across 5 localities - 2 new patients a week per locality = 40 new patients a month - projection of HEAT target achievement - May 2019

Next months actions:

- Run EMIS for new and routine data and cross match data
- Run EMIS for RTT Government reporting and stop manual count
- Ongoing support for x2 new nurses with competency framework
- Progress recruitment to additional ADHD nurse post

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

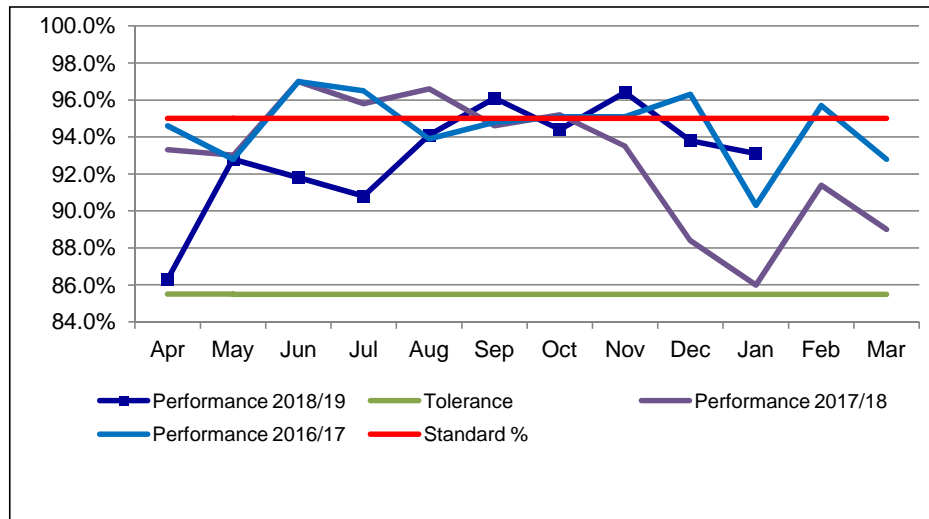
85.5%

Actual Performance (higher % = better performance)

Latest NHS Scotland Performance

89.6% (Dec 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%	93.1%		
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	Jan-19
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%	98.8%
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%	91.7%
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%	87.3%
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%	88.5%
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%	93.1%

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

- the Unscheduled Care Improvement plan has been refreshed with leads and timelines attached. This workplan includes further potential for ambulatory care pathways.
- Learning session for Hospital @ Weekend to refine the model is planned.
- PDSA's are underway to improve transfer and handover of patients.

Next months Actions:

- Execute refreshed Unscheduled Care Improvement Plan
- Winter Learning Event for whole system planned for March 2019.

Delayed Discharges

Standard: Delayed Discharges - delays over 72 hours

Standard
0

Tolerance
1

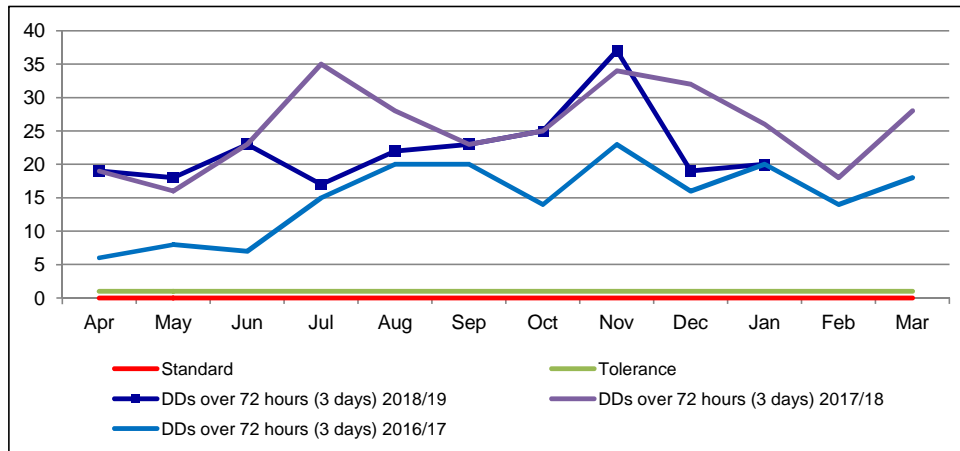
Actual Performance (lower = better performance)

	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	12		
DDs over 72 hours (3 days) 2018/19	19	18	23	17	22	23	25	37	19	20		
Occupied Bed Days (standard delays)	722	848	718	658	653 ¹	926	763	1175	985	855		
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

Last month the Board were made aware of the additional resource put into place as part of the winter plan and discussions regarding a more integrated approach to discharge planning. These considerations in addition to the previously added discharge pathways (in particular Hospital to Home) have contributed to a further improvement in performance in January.

Regular "discharge huddle" meetings have commenced as part of the longer term development of an Integrated Discharge Hub and there is growing evidence of a single system approach to the management of patient flow as a result.

The development of protocols in respect of the "Choices Policy" for patients going to Care Homes is near completion.

Other Key Indicators

Previous LDP Standards

Diagnosis of Dementia

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

Standard
1116

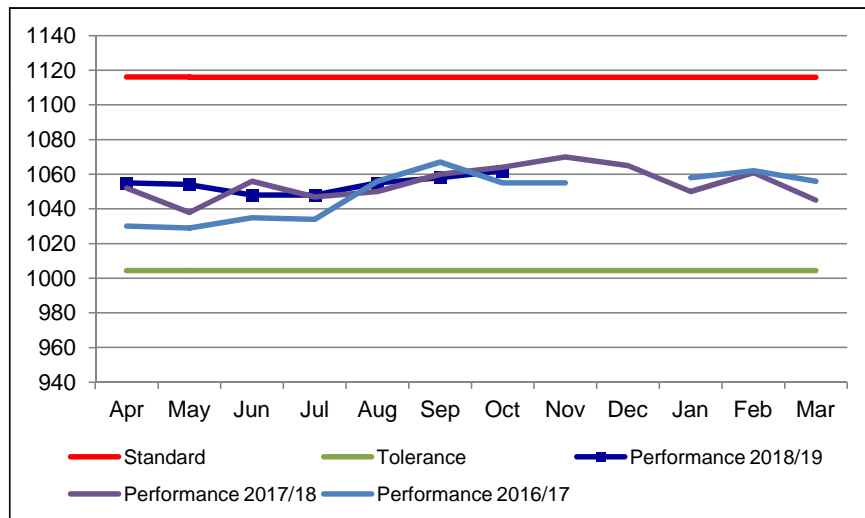
Tolerance
1004

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:

We are participating as a test site for PDS recording and implementation of Quality assurance indicators for PDS

Next month's actions:

- Test new data set on EMIS and trial of reporting before goes live in April 2019
- Meet 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

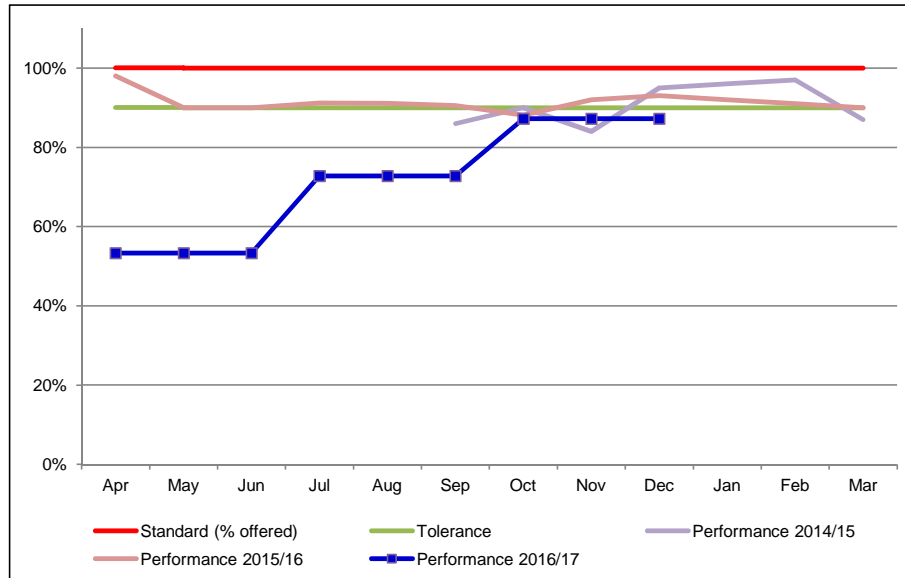
Performance 2017/18 ¹	-	-	-	-	-	-	-	-	-	-	-	-
Performance 2016/17 ¹	53%	53%	53%	73%	73%	73%	87%	87%	87%	-	-	-
Performance 2015/16	98%	90%	90%	91%	91%	91%	88%	92%	93%	92%	91%	90%
Performance 2014/15						86%	90%	84%	95%	96%	97%	87%

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 developed in partnership with the Borders Dementia Working Group and Health Improvement Scotland. This is complete ready for roll out

Update on above actions:

- Revised data received and being aligned with EMIS templates is ongoing.
- Ongoing 8 weekly engagement with national PDS team leads.
- Patient and staff information leaflet has been finalised and will be progressed with printers.

Next month's actions:

- Test revised EMIS template based on national data set before April 2019

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)

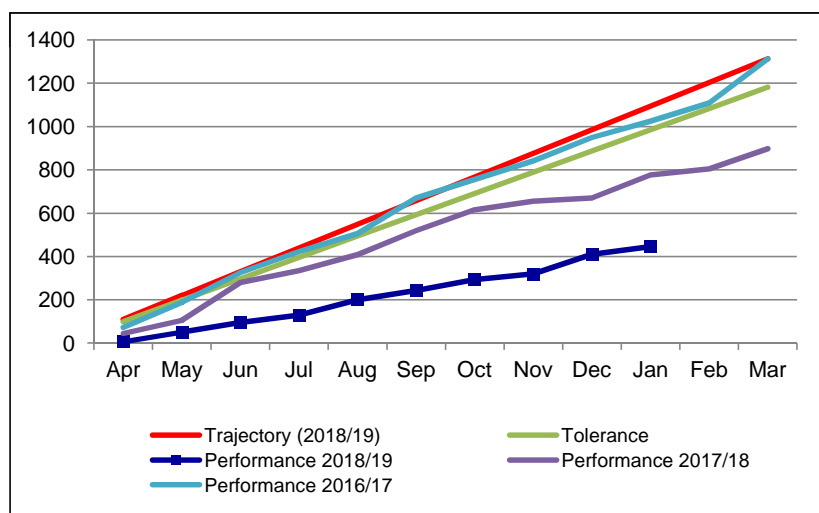
Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
117.0% (2017/18)	68.4% (2017/18)

	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	446		
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 January remains low. As previously reported last month the biggest decrease is in Primary Care via the Local Enhanced Service (LES).

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 and midwives understanding of eligibility criteria for ABI's. The service lead clarified processes and practices as performance is still unexpectedly low.
- Confirm LNC date – this will be done following IJB on 28.1.19

Update on above actions:

- Following midwifery peer group, agreement to monitoring data in February and March for improvement. If no improvement liaise with midwifery lead about training/briefing session to be provided to midwives and exploring if badgernet screen can be amended.
- Requested to attend LNC to discuss reinstating LES. Awaiting date and identified time on agenda.

Next month's actions:

- Implement training/briefing for midwifery staff if no improvement
- Implement actions from discussion at LNC

Smoking Quits

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

Standard	Tolerance
173	within 10%

Actual Performance (higher = better performance)

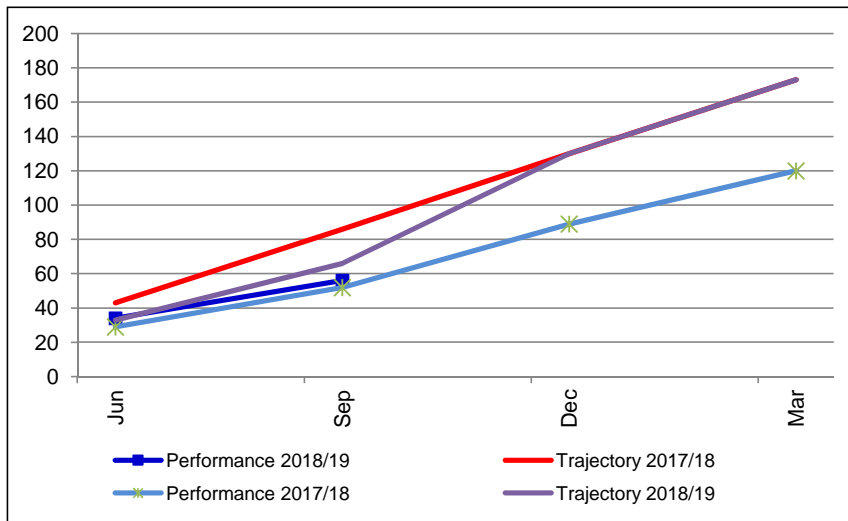
NHS Borders Performance (as a comparative)	Latest NHS Scotland Performance
69.36% (Mar 2018)	81.16% (Mar 2018)

	Jun	Sep	Dec	Mar
Trajectory 2018/19	33 ¹	66	130	173
Performance 2018/19	34	56 ²		
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

¹ Quarter 1 of 2018/19 target has been reduced from 43 quits to 33 quits

² Provisional figure provided by the service

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:

The provisional figure for Q2 is 56 successful quits, the national data is not yet published.

Actions for last month:

- Interviews for advisers - interviewing w/b 25.2
- Confirm branding materials for Wellbeing Service - leaflets orders
- Grand Round presentation on smoking and wellbeing service - completed
- Reporting functions on Wellbeing Service are being developed at the moment.
Data may not be available in January

Update on above actions:

noted above. Working with IT to progress reporting functions.

Next month's actions:

- Finalise recruitment and training for new staff.
- Once new staffing confirmed develop communication plan to increase referrals.
- Circulate No Smoking Day national materials.
- Wellbeing Service attending TCAT wellbeing event

Sickness Absence

Standard: Maintain Sickness Absence Rates below 4%

Standard

4.0%

Tolerance

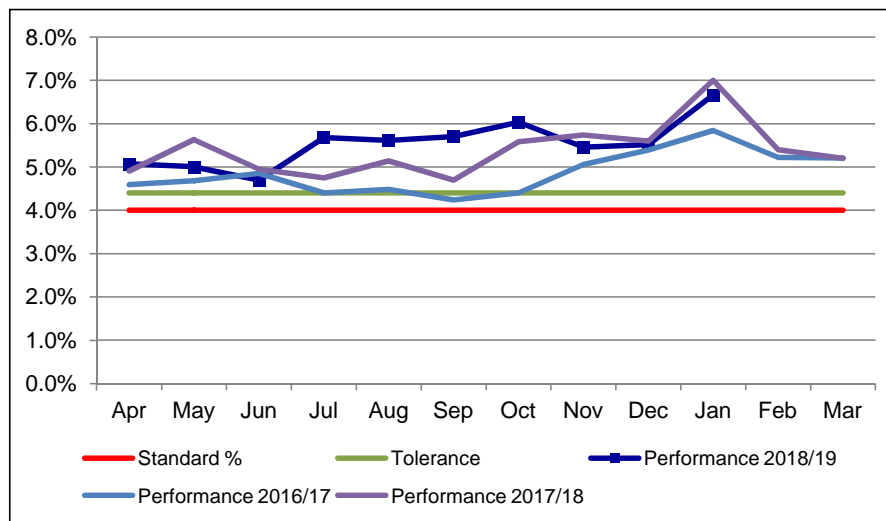
4.4%

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%	6.7%		
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 January 6.7%

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.

Next months actions:

- Self Audits in areas with high short term absence in January will take place reporting to the Grip & Control group.

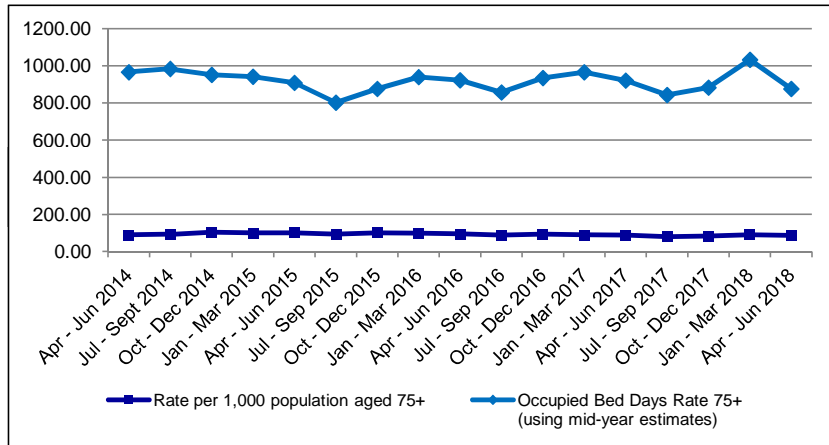
Emergency Admissions and Occupied Bed Days

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:

- Integrated Discharge Hub now being tested. This involves stakeholders from NHS, Social Care and third sector to ensure timely discharge and to reduce potential readmission
- Discharge Choices Policy drafted
- Hospital to Home now facilitating more timely discharge

Next months actions:

- Implementation of Discharge Choices Policy

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%	91.0%			
Total Patients Currently Waiting >18 Weeks:	95 ²	67 ³	79	60	29	9	7	11	5			
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

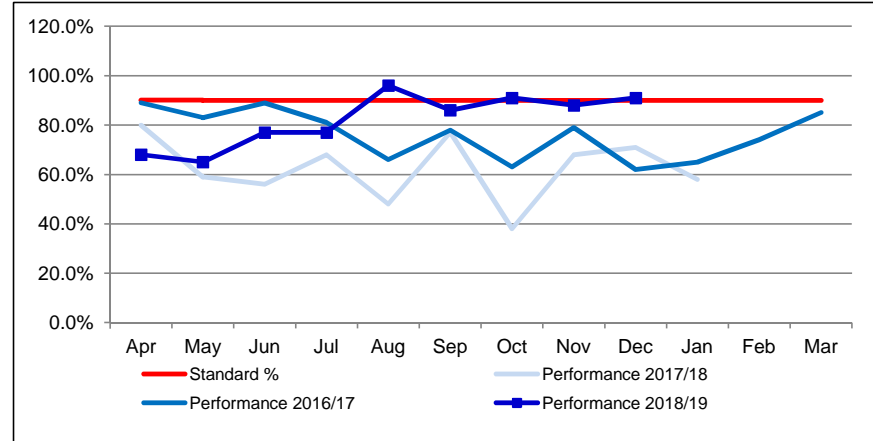
¹ Psychological Therapy data does not include CAMHS or LD as unavailable at the time of reporting

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 met the target for December 2018. We have benefited from having a more established group of staff with more regular clinics now up and running, although we are still under-resourced as noted below.

December's actions reported to the CE Operational Group:

We 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.

Update on above actions:

Unfortunately a Band 6 CBT therapist who was due to start this month has withdrawn from the post and we will have to readvertise. Currently discussing with Finance what money we have to spend before going back to recruitment.

Next months actions:

We have started a new pilot project in Feb 19 introducing a phone triage system to review our longest waiters and should have the results from this project by the end of the March 19. We are introducing a new group therapy programme which we hope will enable more patients to access therapy more

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

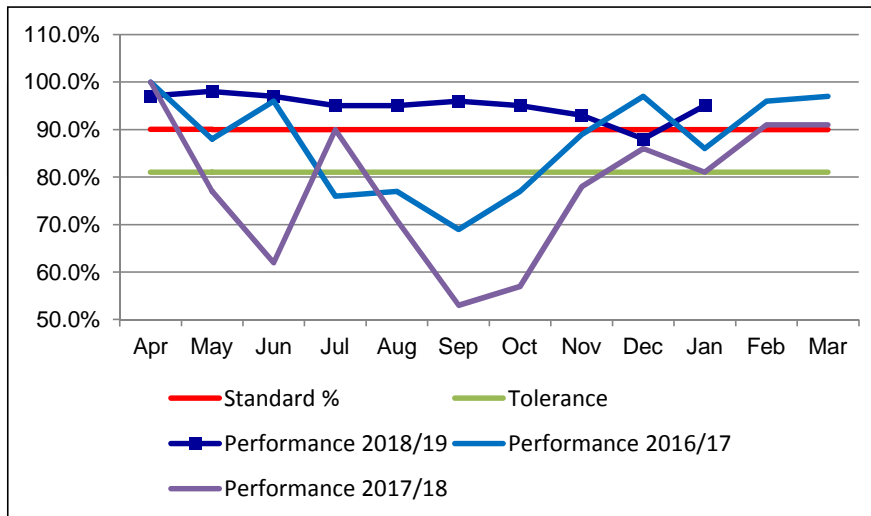
81.0%

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%	95.0%		
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, 95% of clients started treatment within three weeks for the month of January 2019. No clients waited longer than 6 weeks.

Decembers actions reported to the CE Operational Group:

- Collect and examine data generated from the Person Centred Coaching Tool
- Application to challenge fund for hub model in Eyemouth
- Operational document in final draft
- Consultant psychiatrist sessions commencing Feb/March
- Co-location ongoing

Update on above actions:

- Application to challenge fund successful await funding and progress to recruitment
- PCCT coaching tool not confirmed, still in draft therefore no data
- Operational document requires APPT component to be added.

Next months actions:

Progress PCCT coaching tool

Supplementary Staffing

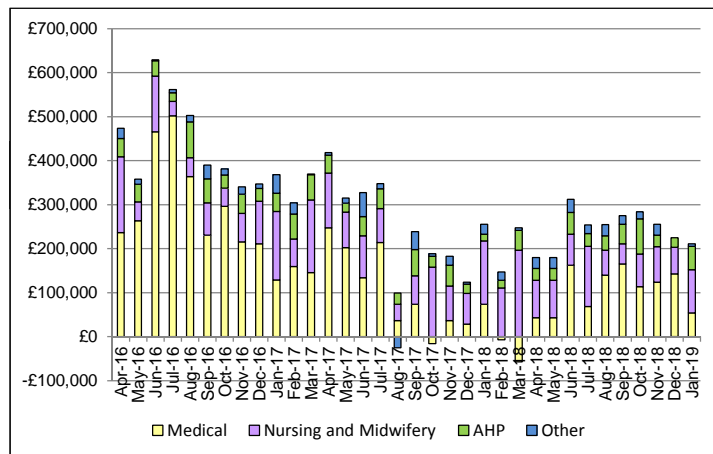
Standard: Supplementary staffing - agency spend per month

Standard
0

Tolerance
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	Jan-19
Standard	0	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	£54,335
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	£98,258
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	£52,802
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	£6,053
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	£211,448



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. January spend increase due to cover provided to support additional beds in Haylodge. 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. The reduction in spend recorded in January is due to actual invoices replacing estimates for maternity leave cover in Mental Health.

AHP Agency - Continued agency usage in Dietetics, Physiotherapy, Speech Therapy and Podiatry. Continuing usage of agency to cover vacancies in Physiological Measurement. 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.

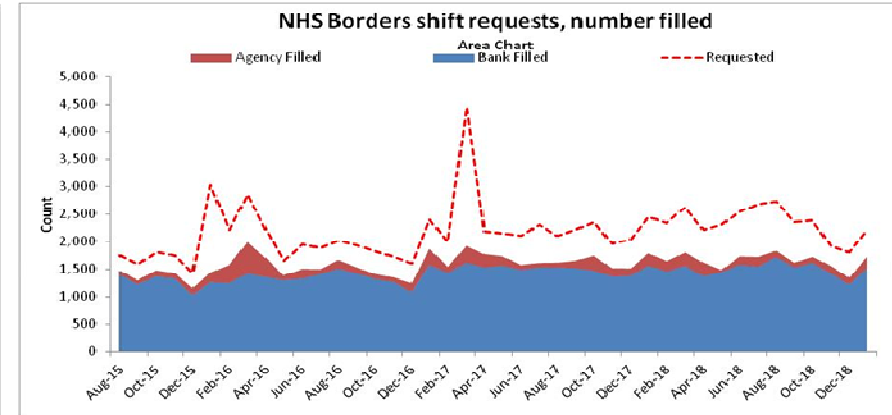
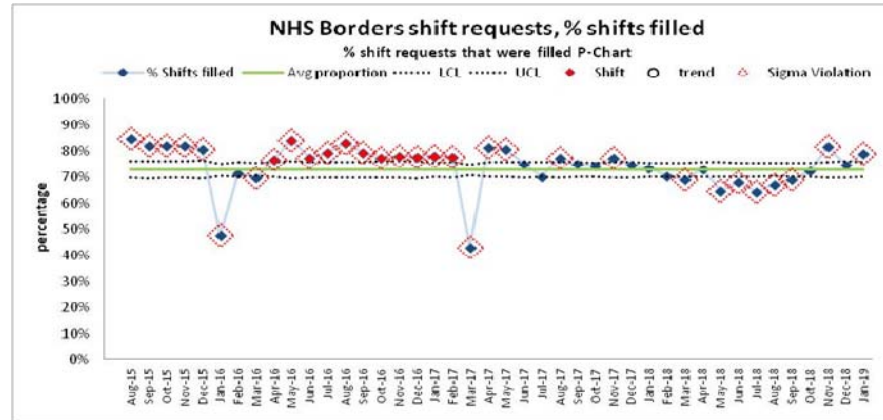
Actions:

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 increased in January by 384 to 2192 shift requests. Agency rose to 203 shifts.

Sickness Absence across NHS Borders accounted for 679 shift requests and continues to be the highest reason across all 3 clinical boards for the 7th consecutive month.

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:

The Registered nurses recruitment event on the 22nd of February was extremely successful with 30 appointments.