Borders NHS Board

Meeting Date: 27 June 2019

Approved by:	June Smyth Director of Strategic Change & Performance
Author:	Gemma Butterfield Planning & Performance Officer

MANAGING OUR PERFORMANCE END OF YEAR REPORT 2018/19

Purpose of Report:

The purpose of this report is to brief the Board on the end of year performance.

Recommendations:

The Board is asked to **note** the 2018/19 End of Year Managing Our Performance Report.

Approval Pathways:

This report has been prepared by Planning & Performance.

Executive Summary:

The aim of the 2018/19 Managing Our Performance (MOP) End of Year Report is to report progress on the Annual Operation Plan (AOP) Performance Measures, previous Local Delivery Plan (LDP) standards and other key priority areas for the organisation.

Areas of strong performance for the Annual Operation Plan Performance Measures are highlighted below:

- 100% of all patients requiring **Treatment for Cancer to be seen within 31 days** was achieved for 11 out of 12 months during 2018/19, the standard has been achieved consistently (page 5)
- **12 weeks Outpatient Waiting Times** have significantly improved over the course of 2018/19, with 0 patients waiting longer than 12 weeks at the end of March 2019 (page 6)
- **18 Weeks Referral to Treatment Combined Performance** has been consistently achieved throughout 2018/19(page 7)
- **90% of Alcohol/Drug Referrals into Treatment within 3 weeks** has been achieved for 11 of 12 months during 2018/19 (page 16)

The Board are asked to note, as has been flagged through the monthly performance reports, that the following Annual Operation Plan Performance Measures are significantly outwith the standard:

- **Suspicion of Cancer to be seen within 62 days** performance has been inconsistent with standard being achieved 5 months out of 12 during 2018/19 (page 5)

- **12 week Inpatient Waiting Time and Treatment Time Guarantee** are consistently outwith the standard of 0 breaches during 2018/19, although it is to be noted there is a significant improvement in inpatient waiting times from the beginning of the year (page 6/7)
- **Patients waiting over 6 weeks for one of the 8 key Diagnostic tests** has been consistently outwith of the standard of 0 patients waiting during 2018/19 (page 8)
- **18 weeks of Referral to Treatment for the Child Adult Mental Health Service (CAMHS)** has been significantly outwith of standard during 2018/19 (page 9)
- **Delayed Discharges over 72 hours** has consistently been outwith of standard during 2018/19 (page 10)

The previous LDP standards that cannot be measured on a monthly basis are included in this End of Year MOP report.

In light of the fact that the Board has initiated a Financial Turnaround Programme analytical capacity has been reprioritised from performance reporting to supporting the turnaround workstreams. As a result this is an abridged version of the end of year MOP compared to previous years.

Impact of item/issues on:	
Strategic Context	Regular and timely performance reporting is an expectation of the Scottish Government.
Patient Safety/Clinical Impact	As Per Risk Implications below.
Staffing/Workforce	The implementation and monitoring of standards require that Managers and Clinicians comply with Board requirements to ensure these standards are achieved and maintained.
Finance/Resources	As per performance noted in report.
Risk Implications	There are a number of standards that are not being achieved, and have not been achieved recently. For these standards service leads continue to take corrective action or outline risks and issues to get the standard back on trajectory. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders.
Equality and Diversity	The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements.
Consultation	Reduced report compiled by Planning & Performance
Glossary	N/A

NHS Borders

MANAGING OUR PERFORMANCE REPORT
2018/19

JUNE 2019

CONTENTS

1. **EXECUTIVE SUMMARY**

Background

NHS Borders Board reviews the performance of the organisation at each Board meeting facilitated through the production of performance reports showing progress against a range of performance measures set through the Annual Operational Plan (AOP), previous Local Delivery Plan (LDP) health, efficiency, access and treatment (HEAT) standards and local Key Performance Indicators (KPIs). 2018/19 is NHS Borders first AOP which replaces the need for an LDP. The AOP has been produced in line with guidance received from Scottish Government in February 2018.

The monthly Performance Scorecard is presented to the Clinical Executive Operational Group, Strategy & Performance Committee and the NHS Borders Board for review and discussion. Monthly Clinical Board scorecards are circulated to enable local performance monitoring and challenge. The Board also receives bi-annual Managing Our Performance Reports (MOP).

2018/19 End of Year MOP

This 2018/19 End of Year MOP Report includes an assessment of performance in relation to the AOP Performance Measures, previous HEAT & LDP standards and local KPIs. The report shows trends for each measure which can be reported monthly. As in previous versions, an update is included on those which cannot be reported on a monthly basis and are therefore not included in the monthly Performance Scorecard.

Summary

This report allows Board members to see the end of year position for 2018/19.

2. **INTRODUCTION**

Annual Operation Plan

Every year the Scottish Government Health Department (SGHD) asks each Health Board to report to them on their performance and plans for the next financial year. This report was previously called the LDP however for the first time; NHS Borders produced the AOP which replaces the need for a LDP. The AOP has been produced in line with guidance received from Scottish Government in February 2018 and forms an agreement on what Health Boards will achieve in the next year with SGHD. Boards are asked to work towards a number of key performance measures for the year which fit with the Government's health objectives.

Monitoring of Performance

For each Clinical Board (Acute, Primary and Community Services, Mental Health Service and Learning Disability Service) a monthly Performance Scorecard is produced which includes an assessment of performance against achievement of the Performance Measures along with a range of locally set key performance indicators (KPIs). The Performance Scorecard is presented to the Clinical Executive Operational Group, Strategy & Performance Committee and the Board to provide a consistent format and method of reporting.

2018/19 Performance Measures

This 2018/19 End of Year MOP Report summarises performance for the national Performance Measures, previous HEAT & LDP standards and local indicators from April 2018 to March 2019 including a trend graph. For standards which are not reported on a monthly basis Lead Managers have provided narrative to indicate whether they are on track for delivery and if not, to highlight planned actions.

***Please note*:**

- Some anomalies may occur in data due to time lags in data availability and national reporting schedules.
- In light of the fact that the Board has initiated a Financial Turnaround Programme analytical capacity has been reprioritised from performance reporting to turnaround. As a result this is an abridged version of the end of year MOP compared to previous years.

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

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

Monthly Performance of Annual Operational Plan Performance Measures

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

Performance Measure: 95% of all cases with a Suspicion of Cancer to be seen within 62 days	2018/19 Standard	Current Standard	Mar 2019 Position	Mar 2019 Status
	95%	95%	80.8%	R
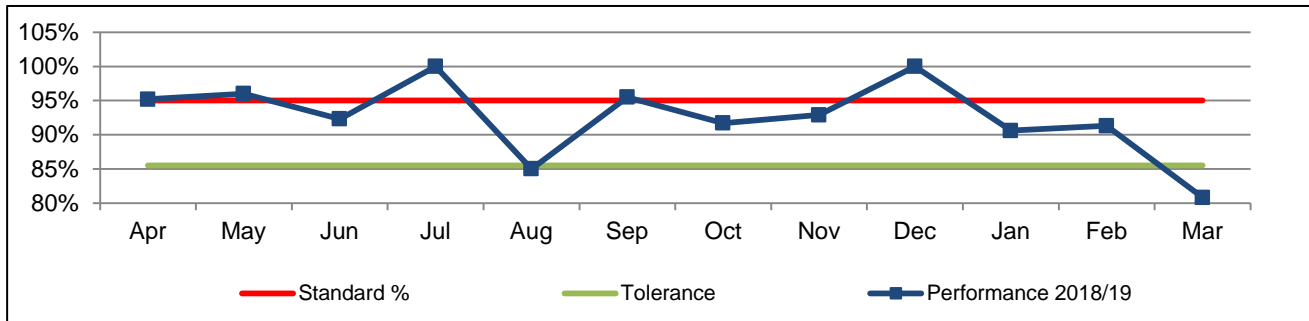
Narrative Summary:

The run chart shows the standard to was not consistently achieved in 2018/19 however was within tolerance with the exception of two months. Performance was expected to drop over the period January 2019 to March 2019 while we worked through the backlog of Colonoscopy patients on the waiting list.

| Performance Measure: 95% of all patients requiring Treatment for Cancer to be seen within 31 days	2018/19 Standard	Current Standard	Mar 2019 Position	Mar 2019 Status
	95%	95%	100%	G
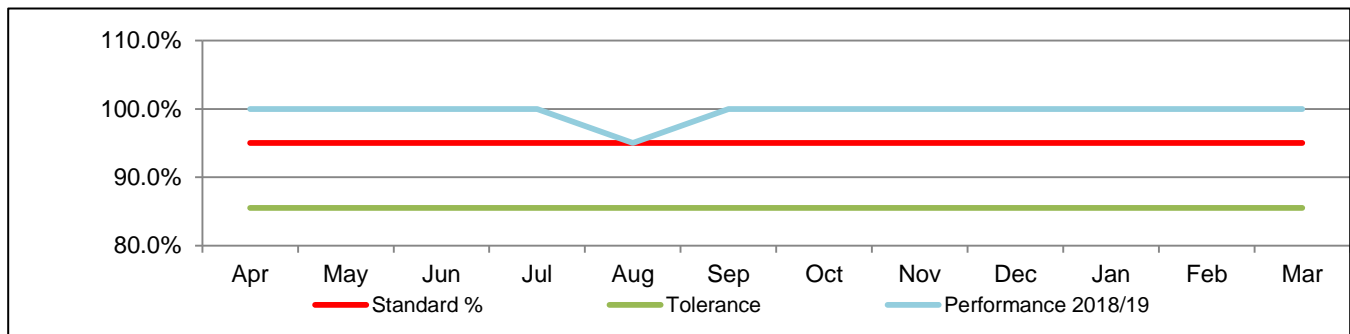
Narrative Summary:

NHS Borders has achieved 100% performance for the **31 day standard** over a number of months. This is due to surgical priority being given to clinical priority.

Drops in performance can be quite significant as the number of patients we treat within NHS Borders is relatively small and one breach can reduce our performance by around 5%.

5

| Performance Measure: 12 wks for Outpatients	2019/20 Standard	Current Standard	Mar 2019 Position	Mar 2019 Status
	0	0	0	G
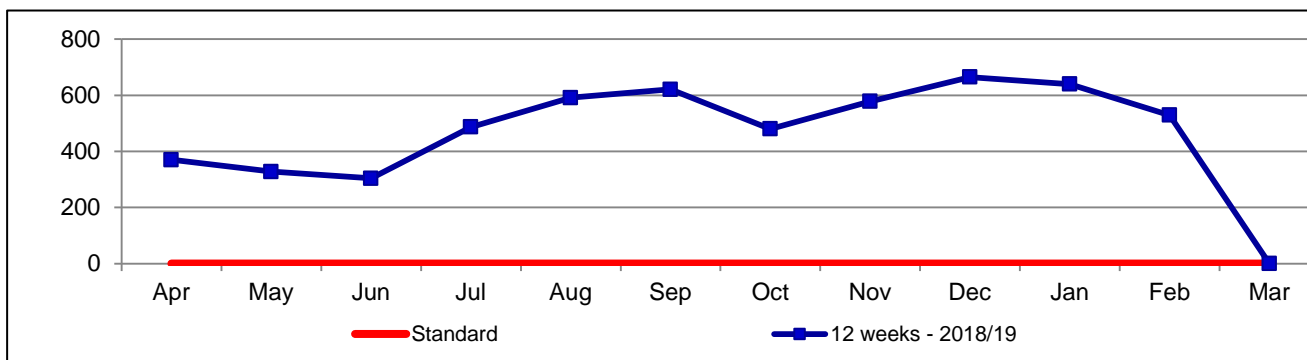
Narrative Summary:

The number of patients reported as waiting longer than **12 weeks for an outpatient appointment** has improved following additional Waiting List Initiative clinics. Following the financial funding received from Scottish Government, NHS Borders was able to achieve 0 waiting times within the 12 week waiting time.

Work continues to monitor the specialties for Respiratory Medicine, Oral Surgery, Ophthalmology and Orthopaedic Surgery to ensure any available capacity is identified, booked and utilised effectively.

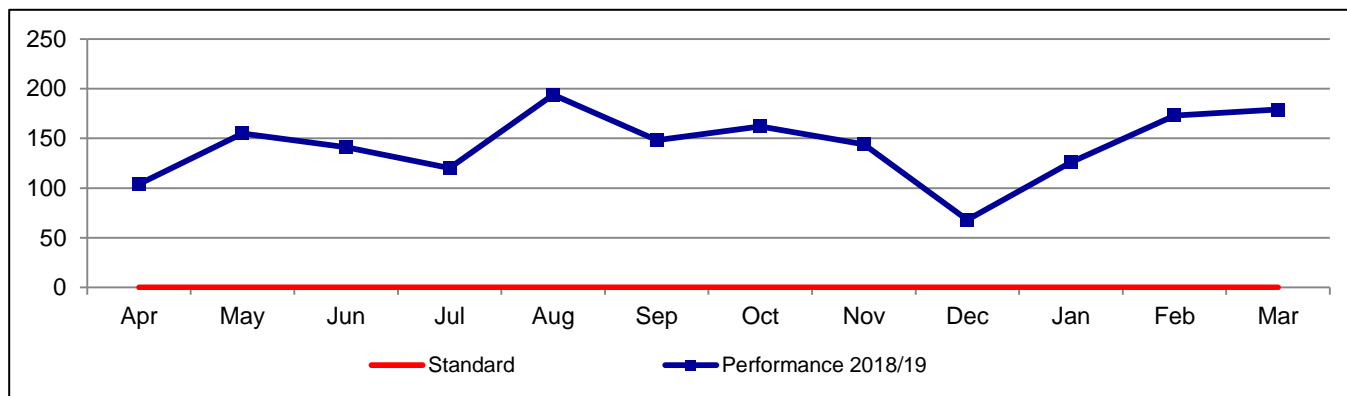| Performance Measure: 12 wks for Inpatients	2018/19 Standard	Current Standard	Mar 2019 Position	Mar 2019 Status
	0	0	7	R
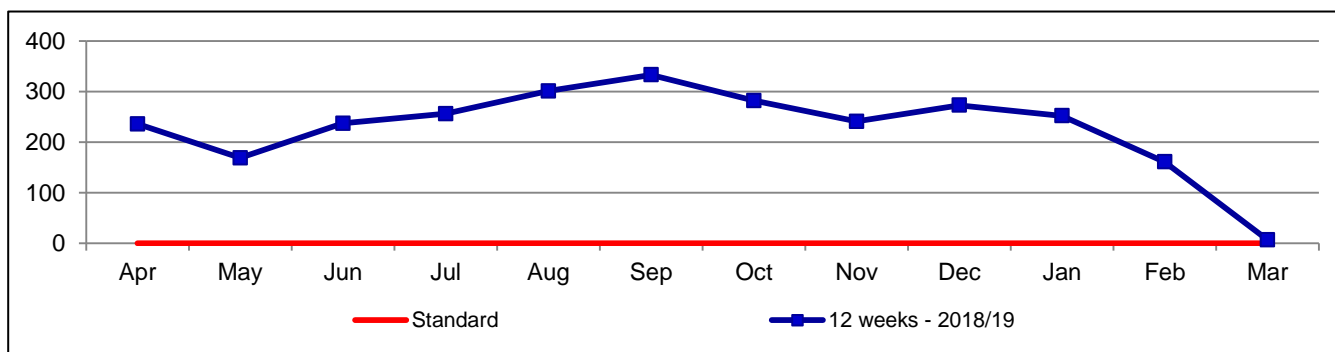
Narrative Summary:

The number of patients reported waiting over **12 weeks for inpatient treatment** had reduced to 7 in March 2019. The number of breaches were down to the unavailability of clinics. Following funding from the Scottish Government we were able to ensure most Inpatient waits were under 12 weeks by the end of this financial year.

There are continuing long-term challenges around capacity in Orthopaedics, we are currently working with the department to ensure patients are seen within the waiting time. A project is also 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.

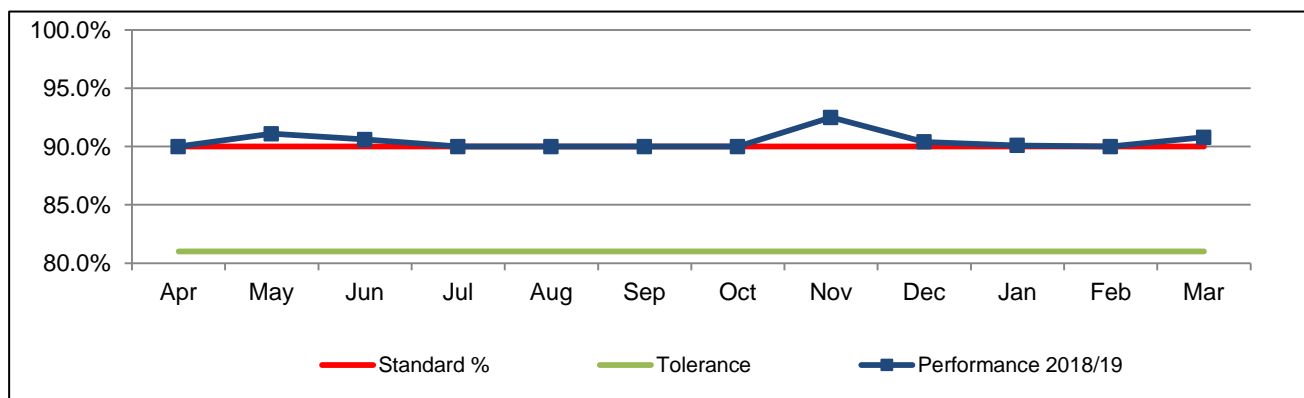| **Performance Measure:** 12 Weeks Treatment Time Guarantee	**2018/19 Standard**	**Current Standard**	**Mar 2019 Position**	**Mar 2019 Status**
	0	0	179	R

Narrative Summary:

The number of patients breaching their **Treatment Time Guarantee** (TTG) has increased over the last 12 months. In March 179 patients who previously breached their TTG date were treated. This is predicted to increase as we work through the backlog of breaching patients.

This is due to capacity problems within Orthopaedic Surgery, Ophthalmology and General Surgery Vasectomies.

Performance Measure: 18 Weeks Referral to Treatment Combined Performance	**2018/19 Standard**	**Current Standard**	**Mar 2019 Position**	**Mar 2019 Status**
	90%	90%	90.8%	G

Narrative Summary:

NHS Borders has consistently achieved the 90% **18 weeks combined performance** standard for 2018/19.

Performance Measure: 6 Week Waiting Target for Diagnostics	2018/19 Standard	Current Standard	Mar 2019 Position	Mar 2019 Status
	0	0	71	R
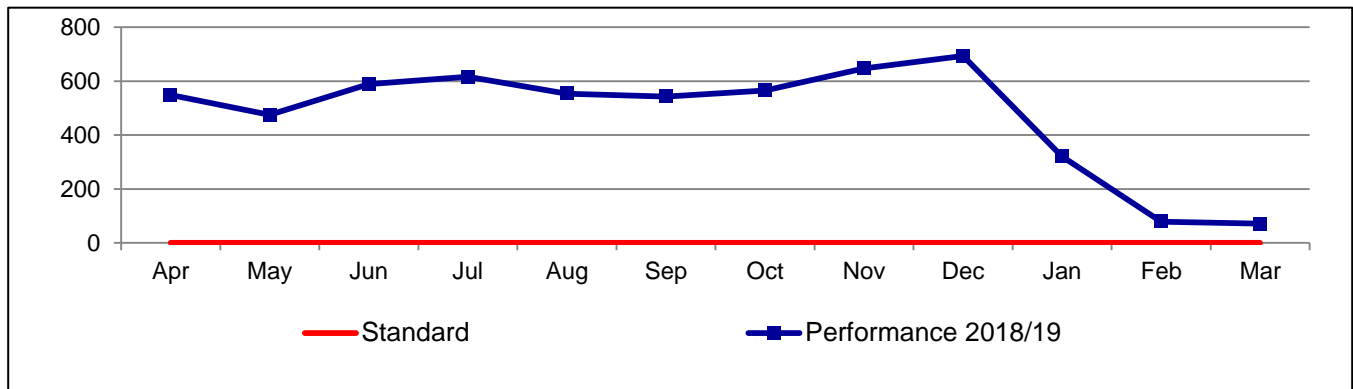
Narrative Summary:

Performance against the **6 week diagnostic waiting time** standard has shown improvement from the beginning of the year however remains consistently outwith of standard.

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 the increase in pre-assessment. This continues to be monitored. Additional weekend scoping sessions have been organised with support from Synaptik and this has reduced the number of patients waiting longer than six weeks to zero in February and 1 in March.

Endoscopy – The 6 week standard breached from November 2018 to January 2019 but has been met again in February and March 2019, 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 2018. 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. Waits in these areas have reduced dramatically over the past 3 months.

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 and is proving successful. 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.

| Performance Measure: No CAMHS waits over 18 weeks	2018/19 Standard	Current Standard	Mar 2019 Position	Mar 2019 Status
	90%	90%	45.8%	R
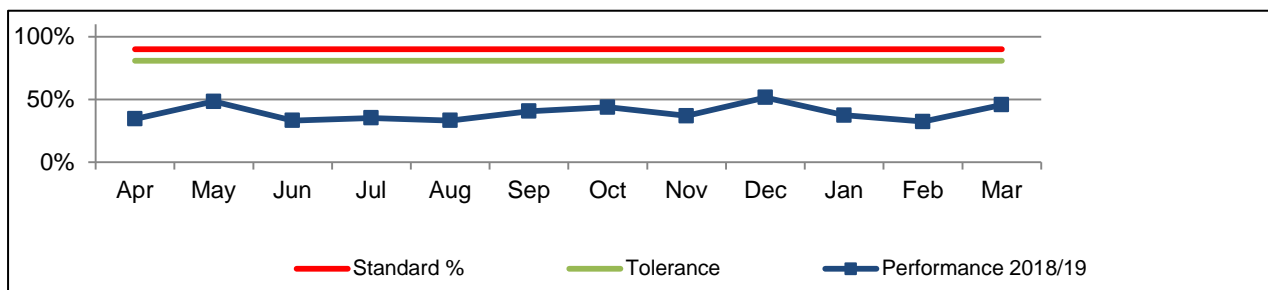
Narrative Summary:

The service continues to under achieve against the standard for **Child Adult Mental Health Service (CAMHS) referral to treatment.** 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.

The service continues to work on finding solutions and on the 15th April 2019 an ADHD nurse commenced in their post, this with other activities being undertaken is expected to have a positive impact on this standard.

| Performance Measure: Accident & Emergency 4 Hour Standard	2018/19 Standard	Current Standard	Mar 2019 Position	Mar 2019 Status
	95%	95%	96.5%	G
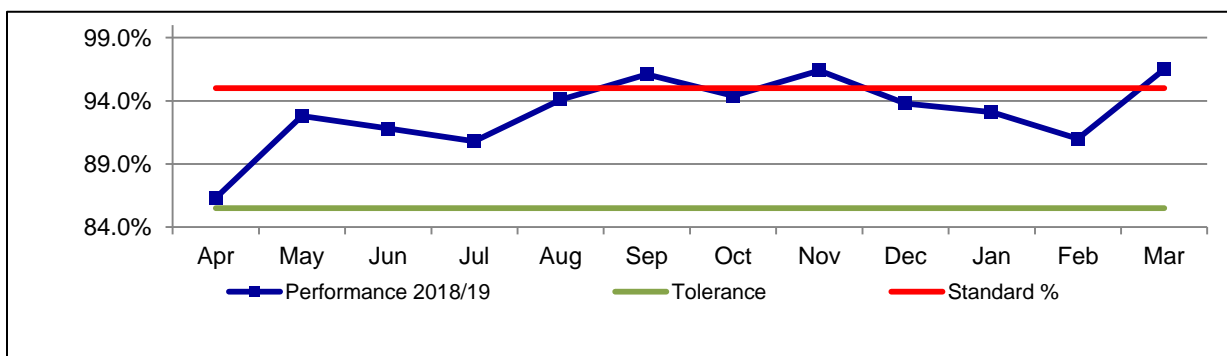
Narrative Summary:

NHS Borders has been able to achieve the **Accident & Emergency 4 Hour standard** in three months in 2018/19 and has consistently remained within 85.5% tolerance. In March 2019 we achieved 96.5%; the Scottish average was 89.3%.

The following key developments have taken place over the course of 2018/19:

- Re-launch of Daily Dynamic Discharge programme at BGH
- Establishment of new 7-day Site and Capacity Team
- Launch of Discharge Lounge utilisation project
- Establishment of Hospital to Home service for central Borders
- Process improvement work at BGH
  Move to seven day AHP Rapid Assessment and Discharge Service (RAD)

Delayed Discharges	2018/19 Standard	Current Standard	Mar 2019 Position	Mar 2019 Status
Performance Measure: Delays over 2 weeks	0	0	11	R
Performance Measure: Delays over 72 hours (3 days)	0	0	17	R
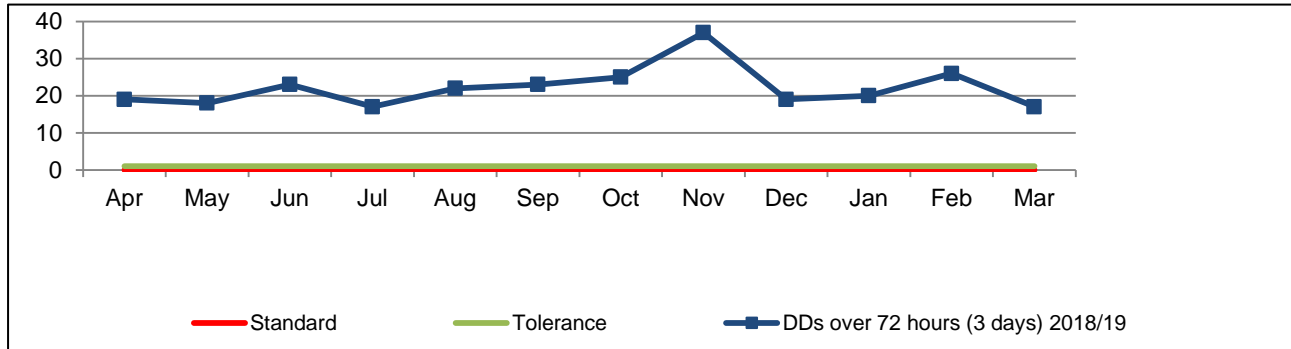
Narrative Summary:

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. We continue to face challenges with sourcing both care at home and care home places across the Borders. There have also been a number of complex cases with a significant length of stay.

The service is working on a number of initiatives to improve performance in this area; examples of this are daily Integrated Discharge Hub meetings and the Hospital to Home Service continuing beyond the winter months.

Monthly Performance and Narrative for Previous HEAT & Local Delivery Plan Standards

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

Standard: Diagnosis of Dementia	**2018/19 Standard**	**Current Standard**	**Oct 2018 Position**	**Oct 2018 Status**
	1116	1116	1062	A

Run chart: Values on y-axis from 900 to 1150. Standard (red) at ~1116, Tolerance (green) at ~1005, Performance 2018/19 (blue): Apr ~1055, May ~1055, Jun ~1050, Jul ~1050, Aug ~1055, Sep ~1058, Oct ~1062. Legend: Standard, Tolerance, Performance 2018/19.
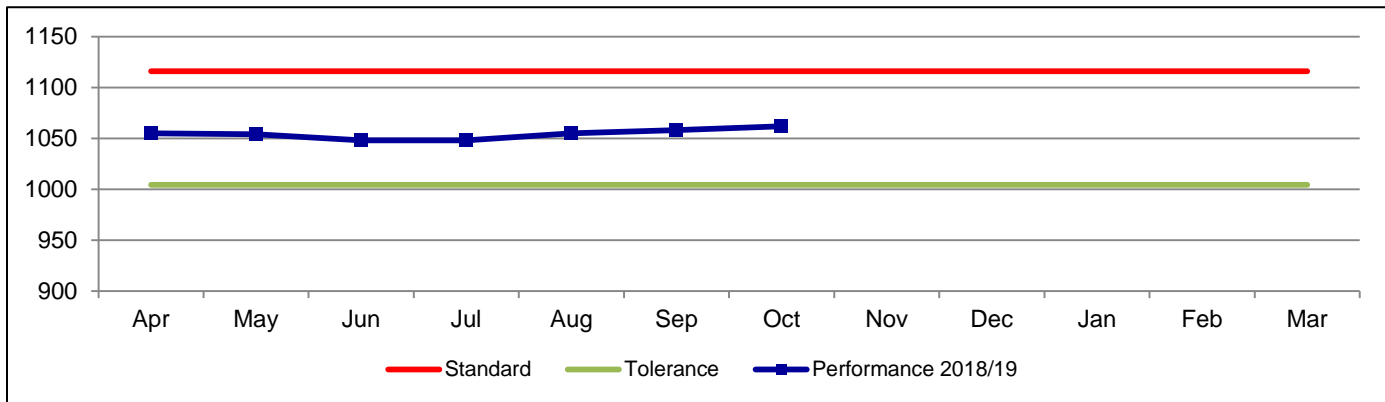
Please Note: Date will no longer be available due to the unreliability of data sourced by ISD across Scotland
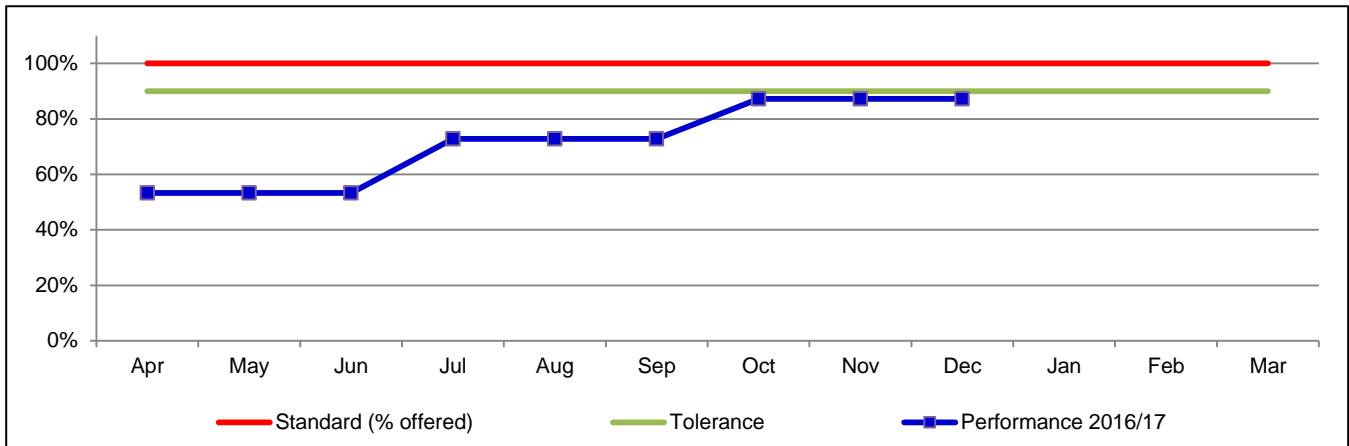
Narrative Summary:

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

In 2017 the **Dementia Diagnosis** HEAT standard changed to become part of the local delivery standards to include Post Diagnostic Support (PDS) with diagnosis.

The electronic record (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 to improve PDS in the Scottish Borders.

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

Standard (% offered) — Tolerance — Performance 2016/17

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.

Narrative Summary:

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

Over the last year the NHS Mental Health Older Adult Service has moved from paper to electronic records (EMIS) affording the opportunity for revision of our **Post Diagnostic Support Pathway** which continues.

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

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

| **Standard:** Alcohol Brief Interventions	**2018/19 Standard**	**Current Standard**	**Mar 2019 Position**	**Mar 2019 Status**
	1312	1312	579	R
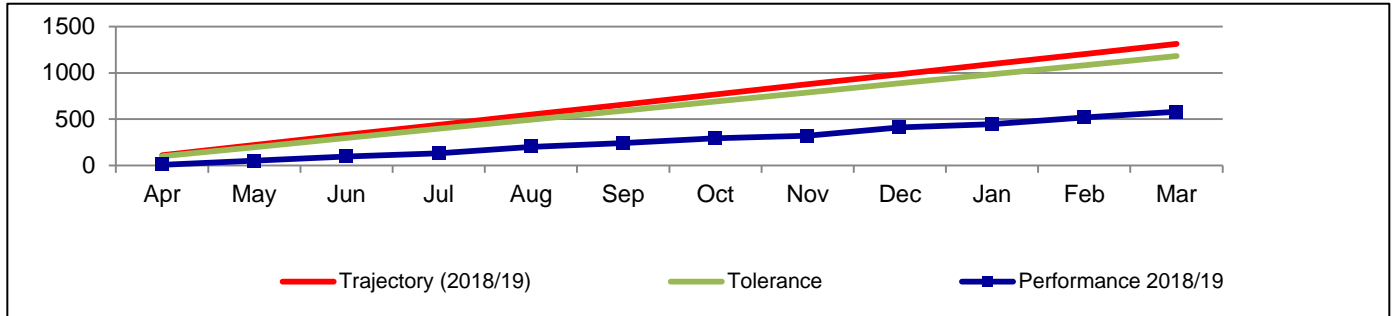
Please Note: Standard is 1312 by end of March every year, it then resets back to 0 every April and cumulative reporting starts again. There is a reporting lag in some areas which means that data is not fully reconciled at time of reporting therefore should be treated as provisional.

Narrative Summary:

Alcohol Brief Interventions (ABI) continue to perform below the trajectory set. Work is ongoing within the service to increase performance.

Standard: Smoking cessation successful quits in most deprived areas (cumulative)	**2018/19 Standard**	**Current Standard**	**Sept2018 Position**	**Sept 2018 Status** [1]
	173	66	60	R
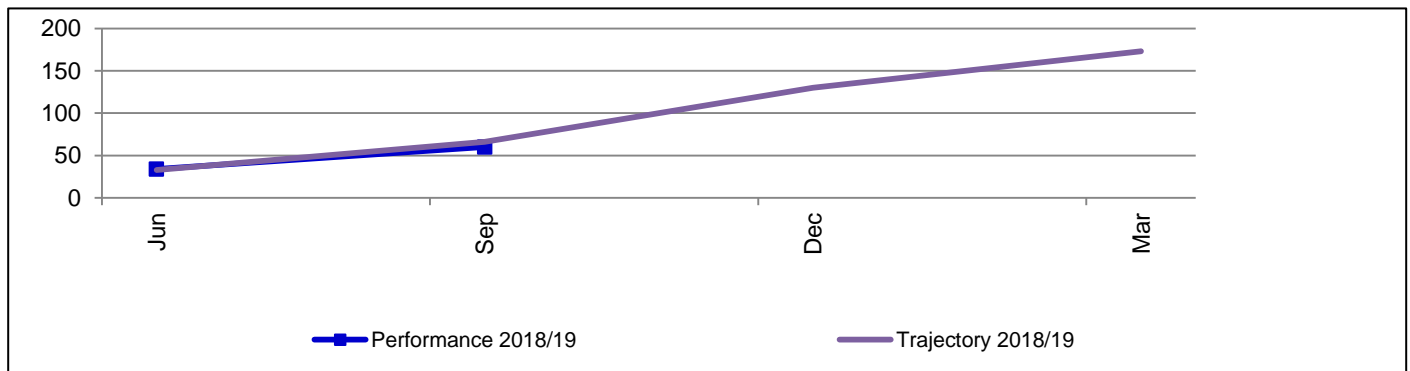
Please Note: All figures are cumulative. Data is reported quarterly to allow monitoring of the 12 week quit period. There is a 6 month lag time for reporting to allow monitoring of the 12 week quit period.

Narrative Summary:

The provisional figure for Q2 is 60 successful quits, the national data is not yet published.

The main challenge is in generating referrals. The service continues to market via Facebook and in local premises. A communication plan has been drafted and is currently being finalised and work is ongoing with regards to EMIS web processes.

Standard: Maintain Sickness Absence Rates below 4%	2018/19 Standard	Current Standard	Mar 2018 Position	Sept 2018 Status
	4.0%	4.0%	4.7%	R

Legend: Standard % — Tolerance — Performance 2018/19
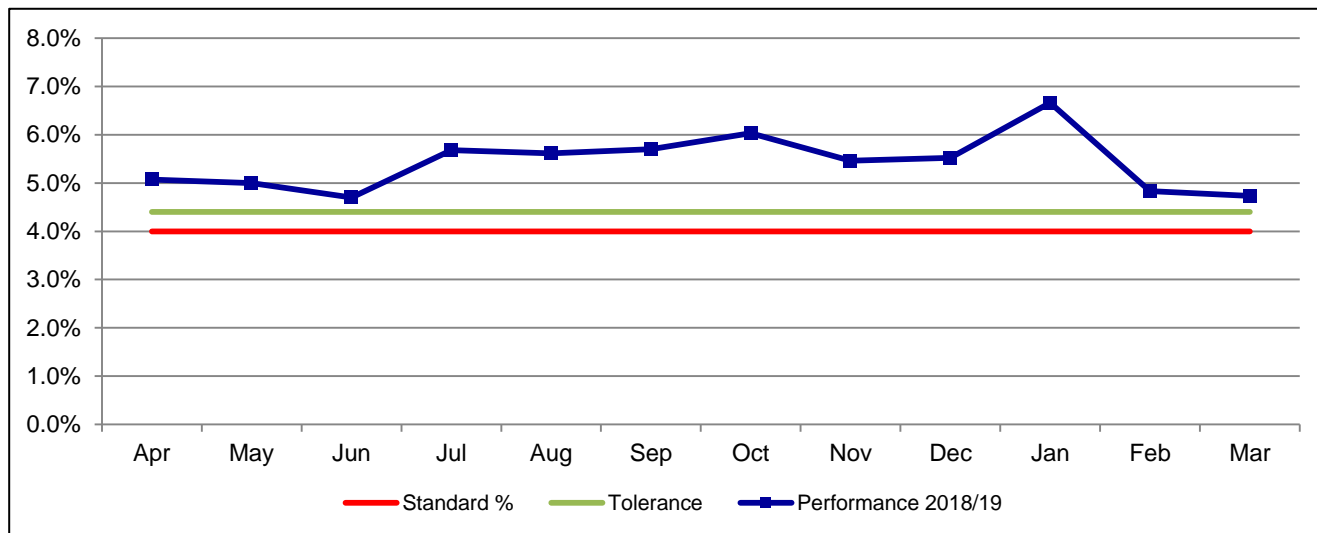
Narrative Summary:

The run chart reports a **Sickness Absence (SA)** rate that has been consistently outwith of standard in 2018/19; March 2019 had a rate of 4.7% which is the lowest rate during the last 9 month period.

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

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

Measure: Emergency Admissions & Occupied Bed Days for Scottish Borders residents aged 75+	2018/19 Standard	Current Standard	Sept 2018 Position Emergency Admissions	Sept 2018 Status Occupied Bed Days
	-	-	88.62	1021.3

Rate per 1,000 population aged 75+   Occupied Bed Days Rate 75+ (using mid-year estimates)
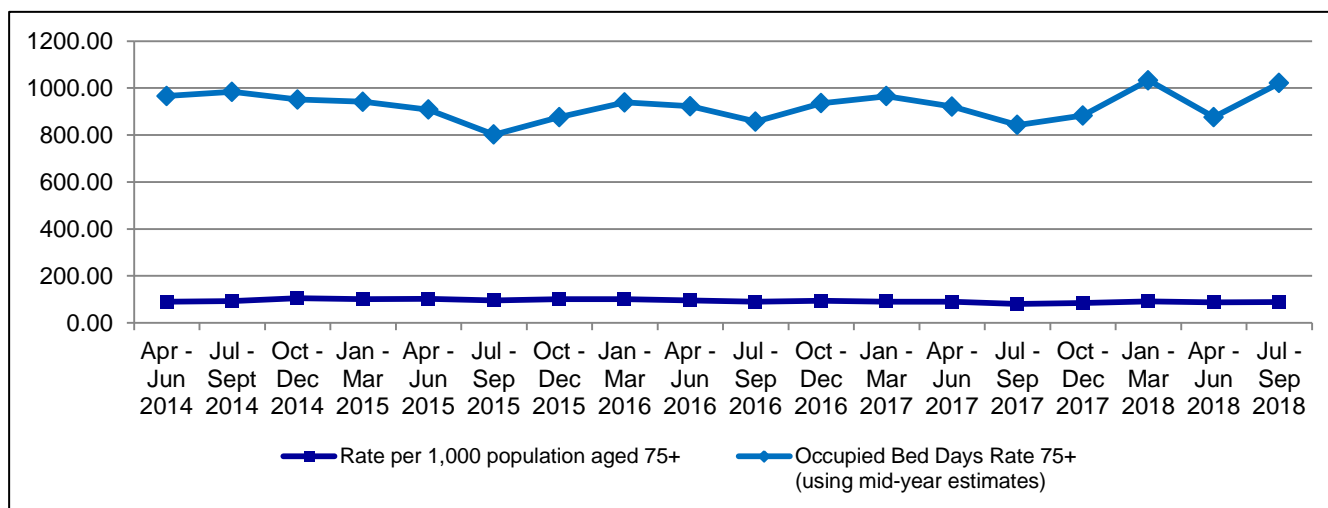
Please note: There is a time lag in data being published for this standard; it is produced quarterly by ISD.
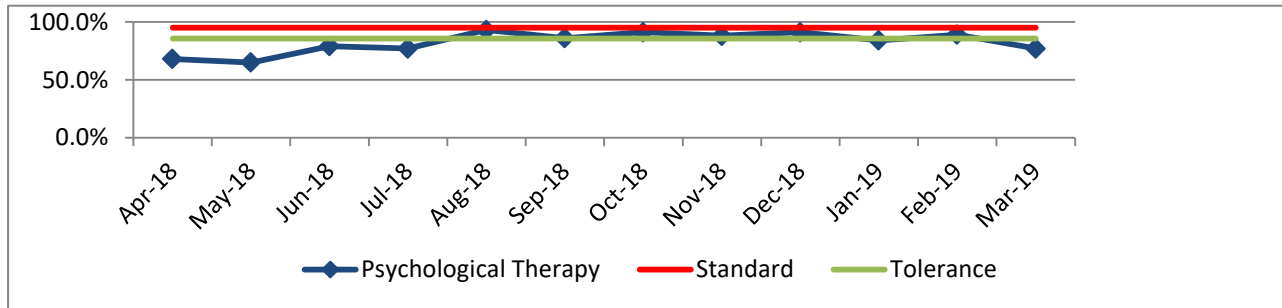
Narrative Summary:

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).

Some of these key developments include:

- Re-launch of Daily Dynamic Discharge programme at BGH
- Establishment of new 7-day Site and Capacity Team
- Launch of Discharge Lounge utilisation project
- Establishment of Hospital to Home service for central Borders
- Process improvement work at BGH
- Move to seven day AHP Rapid Assessment and Discharge Service (RAD

| **Standard:** No Psychology Therapy waits over 18 weeks	**2018/19 Standard**	**Current Standard**	**Mar 2019 Position**	**Mar 2019 Status**
	90%	90%	77.0%	R

Please Note: Psychological Therapy data for September 2017 to July 2018 is provisional, it does not include all activity due to transition to EMIS reporting

Narrative Summary:

Since April 2018 NHS Borders had seen a steady improvement with respect to this target however there has been a decline in performance towards the end of 2018/19. The service remains under established and currently has 1 member of staff on long-term sick leave and 2 members of staff on maternity leave.

The service has completed phone triage pilot and were able to discharge 8 long waiters who did not respond to our letters, work continues within the service.

Standard: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks	**2018/19 Standard**	**Current Standard**	**Mar 2019 Position**	**Mar 2019 Status**
	90%	90%	93.0%	G
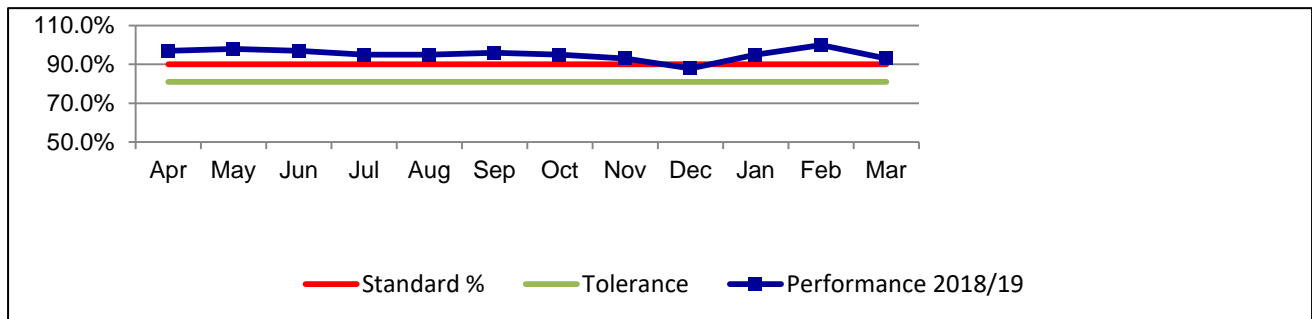
Narrative Summary:

A sustained improvement has been reported for **Alcohol and Drug Referrals into Treatment within 3 weeks,** with the exception of December 2018 we have been able to achieve the standard and have consistently been within tolerance.

Looking to the future we have been allocated additional funding from Scottish government and are working closely with our Addaction colleagues to progress an assertive outreach team to target harder to reach clients in order to retain them in treatment and progress attempts to reduce drug related deaths within the Scottish Borders.

Summary of Performance against NHS Scotland

The following table summarises the most recent performance available for NHS Borders against NHS Scotland, as at March 2019 or latest available month.

	Standard	Time Period (Latest available)	Source	NHS Borders	NHS Scotland Average
Annual Operational Plan Performance Measures	95% target for treatment within 62 days for Urgent Referrals of suspicion of cancer	Mar-19	ISD	80.8%	82.9%
	95% target for treatment within 31 days of decision to treat for all patients diagnosed with Cancer	Mar-19	ISD	100%	96.1%
	12 Weeks Outpatient Waiting Time	Mar-19	Local	100%	75.0%
	12 Weeks Treatment Time Guarantee	Mar-19	ISD	77.4%	67.1%
	18 Weeks RTT Combined Performance	Mar-19	Local	90.8%	77.3%
	% waiting within the 6 week standard for a key diagnostic test	Mar-19	ISD	93.8%	84.0%
	No CAMHS waits over 18 weeks	Mar-19	Local	45.8%	73.6%
	98% of waits for A&E under 4 hours (local stretch)	Mar-19	Local	96.5%	89.4%
	No Delayed Discharges over 3 days	Mar-19	Local	17	1364
Previous HEAT and LDP standards	Dementia Post Diagnostic Support	Mar-17	ISD	87.9%	83.9%
	Alcohol Brief Interventions (% achieved against the target)	Dec-18	ISD	10.3%	82.3%
	12 weeks successful quits in Smoking cessation in most deprived areas (% achieved against the target)	Dec-18	ISD	54.6%	80.9%
	Sickness Absence Rate	Mar-19	Local	4.7%	5.1%
	Increase the proportion of new-born children breastfed at 6-8 weeks	Mar-19	ISD	38.0%	-
	Joint Development Reviews to be recorded on Turas (previously eKSF)	Mar-19	Local	39.3%	-
	90% of admissions to the Stroke Unit within 1 day of admissions	Mar-19	Local	88.2%	-
	No Psychological Therapy waits over 18 weeks	Mar-19	ISD	77.0%	77.4%
	90% of Alcohol/Drug Referrals into Treatment within 3 weeks	Mar-19	ISD	93.48%	93.65%

Progress on Targets Not Reported on a Monthly Basis

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

The latest performance report on cancer detection rates (for lung, bowel and breast cancer) was published July 2018. This covers the two year period from 1 Jan 2016 (Year 5 of the Detect Cancer Early programme) to 31 December 2017 (Year 6). The data shows that the proportion of cancers diagnosed at Stage 1 in NHS Borders over this time period is one percentage point lower than the national average; 24.3% compared with 25.3%. However we are comparable to some other rural health boards such as Highland (24.3% v 24.3%) and does represent an increase on the figure reported last year which was 22.8%.

There are many reasons for the slightly lower Borders Stage 1 data compared to Scotland as a whole in 2016/17. These include the fact that breast screening mobile units do not visit the Borders every year and the last round only started in 2017 so many Stage 1 cancers will not be reported until next year; the reported Stage 1 data for breast, lung and bowel cancer fluctuates significantly each year due to relatively small number of cancers in the Borders compared to larger Boards; the data in the ISD report are not age standardised and as Borders has a higher proportion of older people and older persons may not be screened (and may therefore present later with symptoms), a higher proportion of presenting cases in the Borders may be late stage symptomatic cases rather than screen detected Stage 1 cases; Borders also has the lowest number of 'stage unknown cancers' which means that other boards data may not be as complete as Borders data.

The ISD report also highlights a decrease (a negative % change) of -7.3% in patients diagnosed at Stage 1 for breast, colorectal and lung cancer between the baseline period (2010-11) and 2016-17. However the number of cancers detected at Stage 1 in the Borders in 2010-11 was relatively large due to this being the period that the Borders bowel screening programme was introduced. Other boards had already introduced bowel screening by baseline year 2010-11.

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

The Government's GP Access LDP Standards publication was released in April 2018 relating to 2017/18. The narrative of the National Report for the Health and Social Care Experience Survey provides some commentary on the national results achieved. For the LDP standard, patients are considered to have been able to obtain two working day access if they were offered an appointment, but turned the appointment down due to the person they wanted to see being unavailable or the time not suiting them. Considering the results in this way, NHS Borders Practices overall achieved 94.4% of patients were able to see or speak to a doctor or nurse within two working days, or were offered an appointment but either the person they wanted to see was unavailable or the time was not suitable. This is above the LDP standard of 90% and an improvement of 0.6 percentage points when compared to the previous Survey of 2015/16.

Practices continue to provide emergency and on the day appointments in order to offer access to their patients who need to see a health professional urgently.

A link to the relevant report is provided below:

http://www.gov.scot/Resource/0053/00534419.pdf

The Survey is run every two years.

Efficiency: Reduction in energy consumption and CO2		A

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

From April 2015 a new targeting regime for energy consumption and Greenhouse Gas Emissions reductions came into force across all NHS Boards and covers the period 2015-2020. From this date all sites within the estate portfolio are taken into account when measuring against the target where previously only in-patient areas were included. The target set is a 6.5 % target reduction in energy consumption and greenhouse gas emissions by 2020, compared against a 2014/15 baseline and at 31 March 2018 the Board achieved a 6.9% energy efficiency reduction and a 10.8% CO_2 reduction.

In addition The Climate Change (Scotland) Act 2009 set outs measures adopted by the Scottish Government to reduce emissions in Scotland by at least 80% by 2050. In 2015 an Order was introduced requiring all designated Major Players (of which NHS Borders is one) to submit an annual report to the Sustainable Scotland Network detailing compliance with the climate change duties imposed by the Act.

NHS Borders continue to make progress and are liaising with Health Facilities Scotland (HFS) regarding carrying out a comprehensive Energy & Environmental audit across the BGH campus. In 2019 we will be adopting NHS Scotland's Sustainability Assessment tool as a means of benchmarking our performance against the following key performance indicators:

Our NHS	Our People	Our Planet
Governance & Policy		
- Capital Projects	- Awareness	- Environmental Management
- Active Travel	- Welfare	- Procurement & Supply Chain
- Transport	- Ethical Issues	- Waste
- Greenspace	- Communities	- Adaptation
- Nature & Biodiversity	- Sustainable Care	- Greenhouse Gases

NHS Borders will also be able to benchmark performance with other Boards. The KPI's demonstrate progress across all areas of sustainability and are linked to the UN Sustainability Development Goals.

Treatment: SAB infections:				R
Treatment: Clostridium Difficile infections:				G

Safety	**Clostridium Difficile (C-diff)** The number of bed days	Qtr ended Dec 2018	Max 32.0 per 100,000 equivalent occupied bed days.	3.9	Green
	SAB Infections The number of bed days	Qtr ended Dec 2018	Max 24.0 per 100,000 equivalent occupied bed days.	36.9	Red

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

In Scottish Borders 84.9 % or more women accessed maternity care before 12 weeks of pregnancy in 2017/18, the Scottish average was 84.0%

IVF: Commence IVF Treatment within 12 months	G

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

In the reporting period, all IVF referrals (100%) met the deadline of 12 months.