

Borders NHS Board

Meeting Date: 27 June 2019

Approved by:	June Smyth, Director of Strategic Change & Performance
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NHS BORDERS PERFORMANCE SCORECARD – APRIL 2019	
Purpose of Report:	
<p>The purpose of this report is to update the Board on NHS Borders latest performance towards the 2019/20 Annual Operational Plan performance measures, and previous 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 30th April 2019. The performance data contained within the Scorecard relates to the second Annual Operational Plan for NHS Borders as well as some previous Local Delivery Plan standards. It incorporates the changes in report format and timeline agreed at the Board meeting on 1st November 2018.</p>	
Recommendations:	
The Board is asked to note the April 2019 Performance Scorecard.	
Approval Pathways:	
This report has been prepared with input from members of the Clinical Executive and Service Leads.	
Executive Summary:	
<p>The monthly Performance Scorecard is presented to the Clinical Executive Strategy & Performance Committee and the Board. It was re-formatted 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 were incorporated to include a 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 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	Feb-19	Mar-19	Apr-19
Green – achieving standard	2	4	3
Red – outwith standard	8	6	7

Previous HEAT / LDP Standards	Feb-19 ¹	Mar-19 ¹	Apr-19 ²
Green – achieving standard	1	1	1
Red – outwith standard	6	6	5

¹ One standard, Dementia Diagnosis, was not reportable in February and March 2019 (and has now been removed from national reporting by ISD).

² One standard, Supplementary Staffing is not reportable this month by Finance.

Areas of strong performance from the Annual Operational Plan measures for the position as at 30th April 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:

- 95.2% of patients with a **suspicion of cancer were seen within 62 days** in April 2019 (page 7)
- 100% of patients **requiring treatment for cancer** were seen within **31 days** in April 2019 (page 8)
- 90.8% of patients were **treated within 18 Weeks** for the combined pathway performance during April 2019 (page 14)

The Board are asked to note that the following Annual Operational Plan performance measures are outwith the 10% tolerance (red status) at 30th April 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** – at the end of March 2019 0 waits over 12 weeks were achieved, but in April 2019 this position has slipped to 236 outwith the standard (page 9)
- **12 week Treatment Time Guarantee** – performance reported outwith the standard for the full 2017/18 and 2018/19 years and for April 2019 (page 13)
- **6 week Diagnostic Waiting Times** – performance is consistently reported outwith the standard for the full 2017/18 and 2018/19 years and for April 2019 (page 15)
- **CAMHS Waiting Times** – performance reported outwith the 10% tolerance of the standard for 16 consecutive months (page 17)
- **Delayed Discharges** – performance reported outwith the standard for the full 2017/18 and 2018/19 years and for April 2019 (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.

As the Board is now in Financial Turnaround reporting arrangements will be rolled up, moving to exception reporting on a smaller set of targets and standards. This will enable performance and analytical capacity to focus on Financial Turnaround.

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



PERFORMANCE SCORECARD

As at 30th April 2019

April 2019

Planning & Performance

Month

1

2

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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 April 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				
Mar 2019 80.8%		Apr 2019 95.2%	Target ≥ 95%		Mar 2019 100.0%		Apr 2019 100.0%	Target ≥ 95%	
New Outpatients waiting > 12 weeks target as at month end					New Inpatients waiting > 12 weeks target as at month end				
Mar 2019 0		Apr 2019 236	Target 0		Mar 2019 7		Apr 2019 1	Target 0	
Inpatient/Daycase patients waiting > 84 days TTG target as at month end					% of patients seen within 18 weeks Combined Performance				
Mar 2019 179		Apr 2019 73	Target 0		Feb 2019 90.0%		Mar 2019 90.8%	Target ≥ 90%	
Diagnostics - 8 key tests waiting > 6 weeks target as at month end					CAMHS patients treated within 18 weeks from referral to treatment				
Mar 2019 71		Apr 2019 84	Target 0		Mar 2019 45.8%		Apr 2019 63.5%	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				
Mar 2019 96.5%		Apr 2019 94.4%	Target ≥ 95%		Mar 2019 17		Apr 2019 19	Target 0	

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

LDP Standards				
- 1 out of the 7 standards are on track - 5 out of the 7 standards are below the standard / trajectory				
Dementia Post Diagnostic Support - minimum of 1 year support for new diagnosis			Sustain and embed Alcohol Brief Interventions	
Dec 2016 87.0%		Dec 2017 81.6%	Target 100%	
				Mar 2019 579  Apr 2019 51 Trajectory 110 
Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas			Maintain Sickness Absence Rates below 4%	
June 2018 34		Sept 2018 60 ¹	Trajectory 66	
				Mar 2019 4.73%  Apr 2019 4.73% Target 4.0% 
Psychological Therapy patients treated within 18 weeks from referral to treatment (LDP)			Drug and Alcohol clients treated within 3 weeks from referral to treatment	
Feb 2019 89.0%		Mar 2019 77.0%	Target 90.0%	
				Mar 2019 93.0%  Apr 2019 100.0% Target 90.0% 
Supplementary staffing - agency spend per month				
Mar 2019 £86,135		Apr 2019 ² -	Target £0	

¹ Provisional figure for Quarter 2 supplied by the service

² Data not available.

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

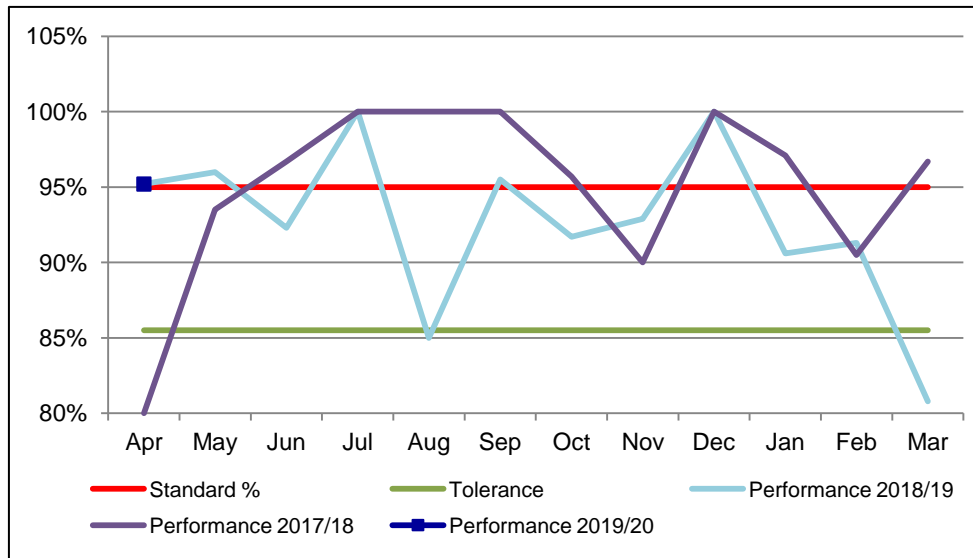
Standard	Tolerance
95.0%	86.0%

Actual Performance (higher % = better performance)

Latest NHS Scotland Performance
82.7% (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 2019/20	95.2%											
Performance 2018/19	95.2%	96.0%	92.3%	100.0%	85.0%	95.5%	91.7%	92.9%	100.0%	90.6%	91.3%	80.8%
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%

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 April 2019.

April's actions reported to the Clinical Executive:

Work continues to find a solution for patients waiting on treatment in NHS Lothian, in particular those waiting on specialised surgery.

Update on above actions:

Closely monitor the situation. New guidance from the Data Definitions team at Scottish Government highlighted that we can adjust waits for patients waiting for non-standard treatments, i.e. Brachytherapy and Robotic Assisted surgery, to 21 days from Date Decision to Treat which will stop patients breaching for the long surgical waits for 62 days.

Next month's actions:

Monitoring is still continuing, to ensure Border patients are being seen.

Cancer Waiting Times

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

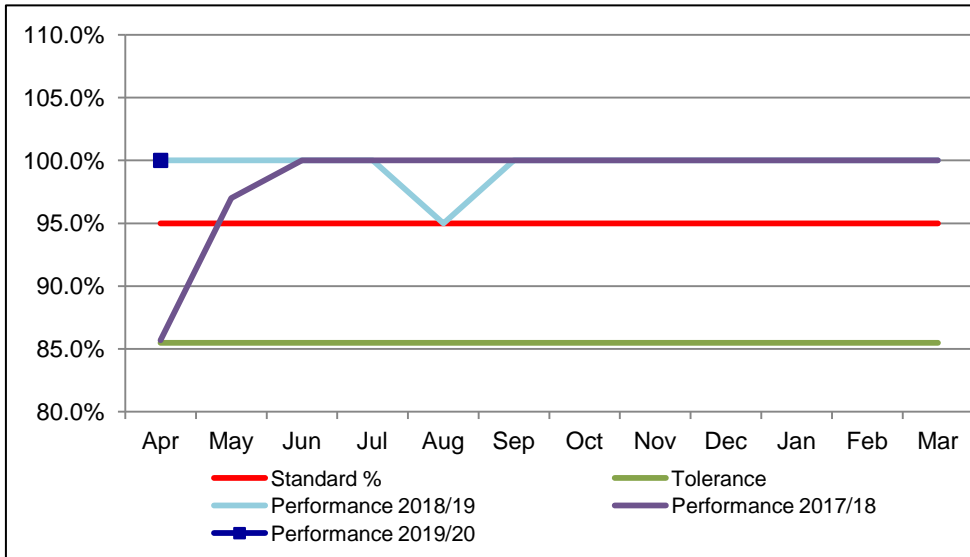
Standard	Tolerance
95.0%	86.0%

Actual Performance (higher % = better performance)

Latest NHS Scotland Performance
94.9% (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 2019/20	100.0%											
Performance 2018/19	100.0%	100.0%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	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%

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 April 100% of patients were treated within the standard.

April's actions reported to the Clinical Executive:

Work continues to find a solution for patients waiting on treatment in NHS Lothian, in particular those waiting on specialised surgery.

Update on above actions:

Closely monitor the situation. New guidance from the Data Definitions team at Scottish Government highlighted that we can adjust waits for patients waiting for non-standard treatments, i.e. Brachytherapy and Robotic Assisted surgery, to 21 days from Date Decision to Treat which will stop patients breaching for the long surgical waits for 62 days.

Next month's actions:

Monitoring is still continuing, to ensure Border patients are being seen.

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)

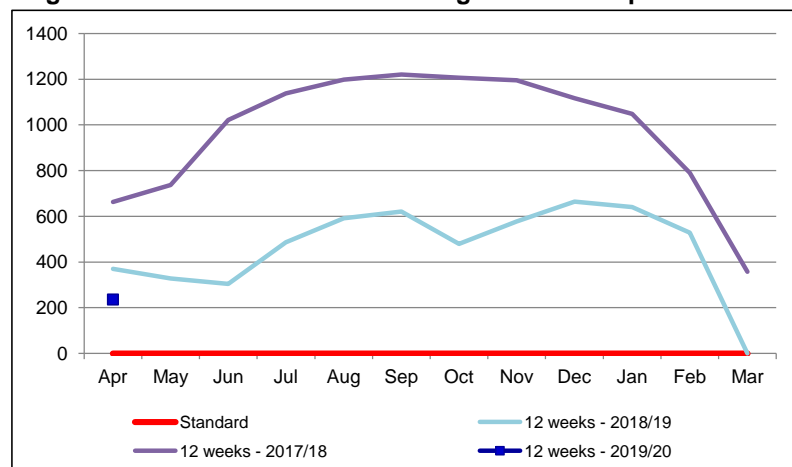
Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
70.1% (Dec 2018)	87.6% (Dec 2018)

	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 - 2019/20	236											
12 weeks - 2018/19	370	328	304	487	591	621	480	578	665	640	529	0
12 weeks - 2017/18	663	737	1021	1138	1198	1220	1207	1195	1117	1048	791	357

12 week breaches by specialty

	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	Feb-19	Mar-19	Apr-19
Cardiology	82	36	8	4				1	29	26	22	20	16	14	0	2
Dental	0	0	0	0	0	0	0	0	0	0	9	17	22	18	0	0
Dermatology	235	67	10	4				1	1	1	4	2	5	6	0	5
Diabetes/Endocrinology	1			2	3	2	2	4	3	2	1	2	6	6	0	3
ENT		1						0	1	1	2	1	0	2	0	1
Gastroenterology	18	9	3	3	1		2	8	12	9	6	2	2	5	0	23
General Medicine	2		3	3	3			1	1	1	1	0	0	0	0	1
General Surgery	28	11	2	12	26	2	21	84	108	54	48	57	47	64	0	23
Gynaecology							1	0	0	1	0	1	1	24	0	38
Neurology	48	28	15	14	20	34	31	28	21	8	4	3	3	2	0	0
Ophthalmology	398	290	130	87	24	17	5	6	6	57	106	114	162	173	0	128
Oral Surgery	89	93	87	146	180	188	194	136	106	68	113	141	102	47	0	0
Orthodontics				2				0	0	0	0	0	0	0	0	0
Other	27	19	9	11	13	11	37	12	18	17	25	25	20	13	0	9
Pain Management			1		1	1	1	2	3	2	2	1	5	3	0	0
Respiratory Medicine	14	14	22	25	34	14	12	22	37	50	74	58	45	7	0	1
Rheumatology								0	0	0	0	0	0	0	0	0
Trauma & Orthopaedics	104	212	62	54	20	33	176	280	260	174	153	203	188	132	0	0
Urology	2	11	5	3	3	2	5	6	15	9	8	18	16	13	0	2
All Specialties	1048	791	357	370	328	304	487	591	621	480	578	665	640	529	0	236

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 increased in April. This is expected to increase until Waiting List Initiative funding is available from the Scottish Government.

April's actions reported to the Clinical Executive:

- **Cardiology:** Capacity is an ongoing problem. However following the additional work carried out in March, figures are currently manageable.
- **Gynaecology:** There is a lack of capacity within the clinics currently, the figures are being monitored.
- **Ophthalmology:** Following the additional clinics in March, this figure has risen again rapidly due to the lack of capacity and also waiting on the contract from Medinet which is shortly to commence.

Update on above actions:

- Following a meeting with Medinet Ophthalmology clinics can now be arranged

Next month's actions:

- Continue to monitor all to ensure any available capacity is identified, booked and utilised effectively.

Stage of Treatment - 12 Weeks Waiting Time for Inpatients

Standard: 12 Weeks Waiting Time for Inpatients

Standard
0

Tolerance
1

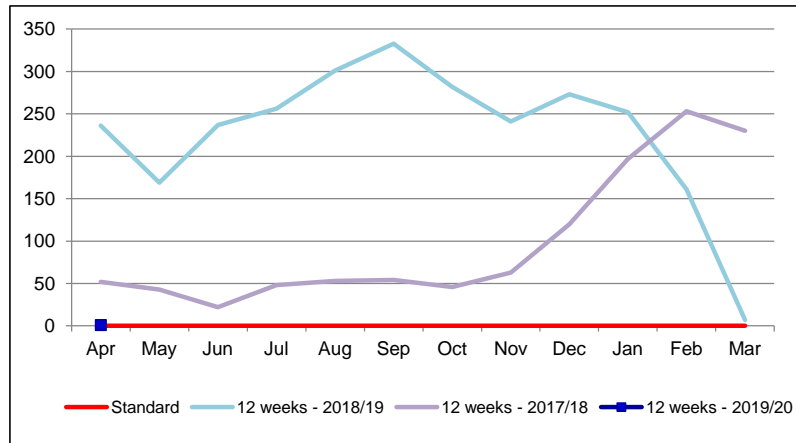
Actual Performance (lower = better performance)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Standard	0	0	0	0	0	0	0	0	0	0	0	0
12 weeks - 2019/20	1											
12 weeks - 2018/19	236	169	237	256	301	333	282	241	273	252	161	7
12 weeks - 2017/18	52	43	22	48	53	54	46	63	120	197	253	230

12 week breaches by specialty

	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	Feb-19	Mar-19	Apr-19
Dental		16	16	9	8	10	14	16	20	32	22	28	27	21	6	0
ENT	8	8	7	9	3	3	1	1	7	4	5	9	11	10	1	1
General Surgery	36	61	72	84	43	38	37	44	47	36	33	24	28	20	0	0
Gynaecology		2								2	0	1	2	0	0	0
Ophthalmology		11	7	8	9	57	77	117	169	146	132	129	80	38	0	0
Oral Surgery	23	16	7	4	4	5	13	17	16	13	18	40	46	19	0	0
Trauma & Orthopaedics	122	130	109	102	90	118	111	97	72	48	31	42	58	48	0	0
Urology	8	9	12	20	12	6	3	9	2	1	0	0	0	5	0	0
All Specialties	197	253	230	236	169	237	256	301	333	282	241	273	252	161	7	1

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



Narrative Summary:

At the end of April the number of patients reported waiting over **12 weeks for inpatient treatment** reduced from 7 to 1. Dental figures are no longer reportable.

April's actions reported to the Clinical Executive:

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

Update on above actions:

- Ophthalmology: A new contract has been agreed with Medinet to deliver the Ophthalmology treatments. Booking for clinics is about to commence.

Next month's actions:

- Vasectomy lists worked well in outpatients, however numbers are increasing again awaiting conformation of funding to enable these clinics to run again in outpatients.
- Orthopaedics shall be closely monitored to ensure prosedures are being carried out within the time frames.

12 Weeks Treatment Time Guarantee

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

Standard

0

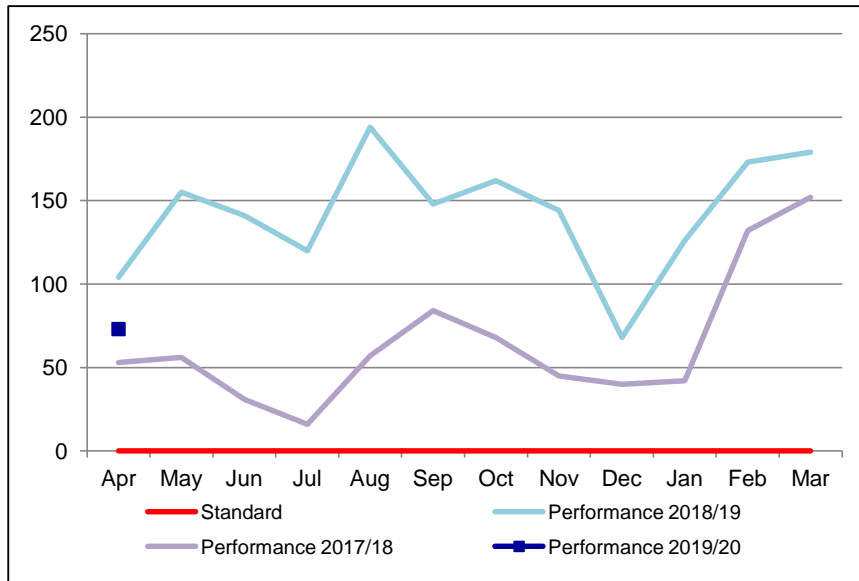
Tolerance

0

Actual Performance (lower = better performance)

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
72.7% (Dec 2018)	79.9% (Dec 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 2019/20	73											
Performance 2018/19	104	155	141	120	194	148	162	144	68	126	173	179
Performance 2017/18	53	56	31	16	57	84	68	45	40	42	132	152



Narrative Summary:

In April 73 patients who previously breached their **Treatment Time Guarantee (TTG)** date were treated. This is predicted to increase as we work through the backlog of breaching patients. This excludes Dentistry which are no longer reportable.

April's actions reported to the Clinical Executive:

- 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.
- The service are reviewing surgical flow 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:

- To ensure the 12 week TTGs are met, constant reviews of lists and TTG will be monitored on a week to week basis.
- Awaiting an update regarding additional funding to ensure TTGs are met and if required additional clinics can be arranged.

Next month's actions:

- Continue monitoring lists to ensure clinics are being used to their capacity.

18 Weeks Referral to Treatment (RTT)

Standard: Combined Pathway Performance

Standard
90.0%

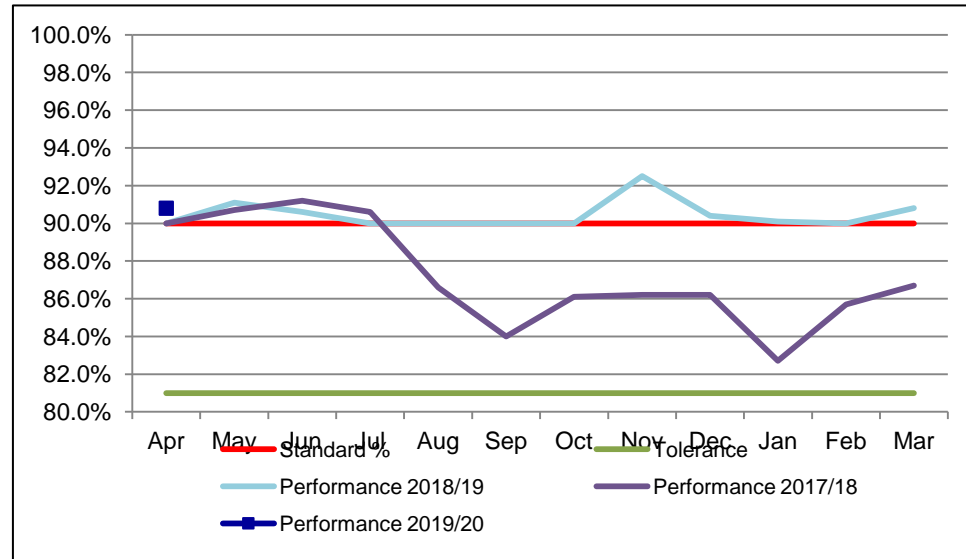
Tolerance
81.0%

Actual Performance (higher % = better performance)

Latest NHS Scotland Performance
79.5% (Dec 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 2019/20	90.8%											
Performance 2018/19	90.0%	91.1%	90.6%	90.0%	90.0%	90.0%	90.0%	92.5%	90.4%	90.1%	90.0%	90.8%
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%

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 April 2019 the 90.8% standard was met.

April's actions reported to the Clinical Executive:
Work will continue during 2019/2020 with the reduction in the number of 18 week breaches.

Update on above actions:
Monitor the situation and continue to utilise locums within orthopaedics and ophthalmology.

Next month's actions:
Continue to identify opportunities to increase internal capacity within orthopaedics, ophthalmology and oral surgery which are the 3 areas with capacity issues through.

Diagnostic Waiting Times

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

Standard

0

Tolerance

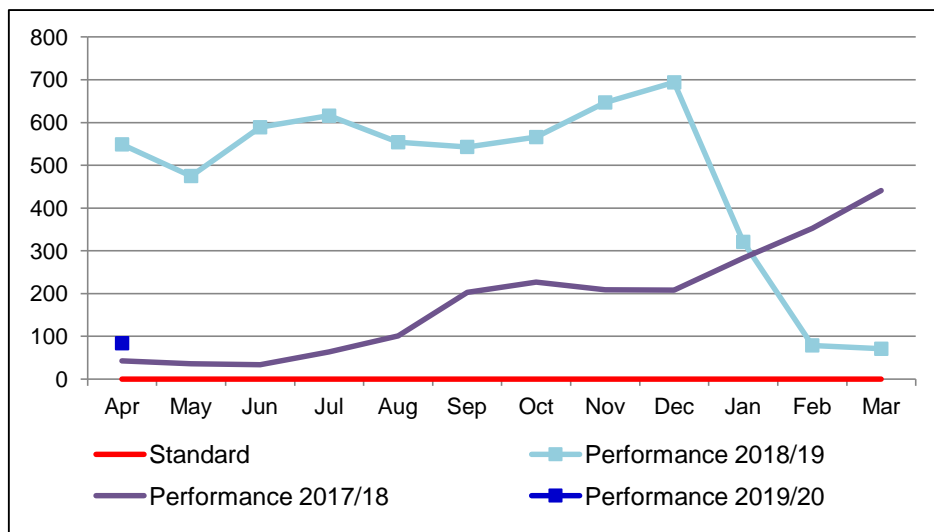
0

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 2019/20	84											
Performance 2018/19	549	475	589	616	554	543	566	647	694	321	79	71
Performance 2017/18	43	36	34	64	101	203 ¹	227	209	208	283	353 ²	441 ²

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

² February and March 2018 data had been reported incorrectly showing over 4 weeks waits instead of over 6 weeks. The correct figures are now included.



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	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	Feb-19	Mar-19	Apr-19
Endoscopy	-	-	-	-	-	-	-	-	-	-	2	5	2	0	0	0
Colonoscopy	1	-	-	-	8	24	23	45	37	41	18	32	11	0	1	6
Cystoscopy	-	-	6	-	-	-	-	1	1	1	0	4	0	0	0	1
MRI	241	339	364	438	387	449	453	431	417	443	470	443	197	16	11	30
CT	4	11	43	70	63	72	115	72	81	69	141	187	68	4	3	12
Ultra Sound (non-obstetric)	28	2	25	29	14	38	25	5	7	4	5	20	41	58	52	35
Barium	9	1	2	12	3	6	-	-	-	8	11	3	2	1	4	0
Total	283	353	440	549	475	589	616	554	543	566	647	694	321	79	71	84

Actions:

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 from February to April 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, although there has been a slight increase in April 2019.

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.

Next month's 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. NHS Borders has been offered some MRI capacity at Golden Jubilee from April and using this has commenced.

CAMHS Waiting Times

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

Standard

90.0%

Tolerance

81.0%

Actual Performance (higher % = better performance)

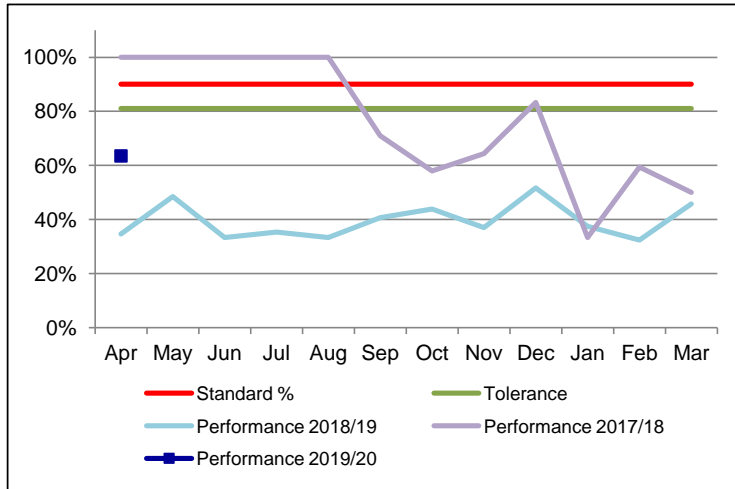
Latest NHS Scotland Performance

72.8% (Dec 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 2019/20	63.5%											
Performance 2018/19	34.6%	48.5%	33.3%	35.3%	33.3%	40.7%	43.9%	37.0%	51.7%	37.5%	32.4%	45.8%
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

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: NO UPDATE THIS MONTH

Performance in April 2019 for **Child and Adolescent Mental Health Services (CAMHS)** remains outwith the 90% standard. 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.

February's actions reported to the Clinical Executive:

- Operational manager dedicated to CAMHS
- Data collected daily for new and routine patients seen reporting from EMIS - Assessment clinics identified across 5 localities - 2 new patients a week per locality, 48 new patients a month and projection of LDP Standard achievement - September 2019
- Hit target in March 46 new patients seen
- ADHD nurse starting on 16th April

Update on above actions:

- Operational manager remains in CAMHS
- Service exceeding identified 46 new patients seen in a 4 week period
- ADHD nurse commenced post 15th April 2019
- Progressing cross match of manual count/EMIS report and ISD analyst regarding
- Waiting times data - progressing to EMIS reporting only
- OT in post

Next month's actions:

- EMIS report only for waiting times to ISD
- Implement process mapping for referral/triage/assessment

Accident & Emergency 4 Hour Standard

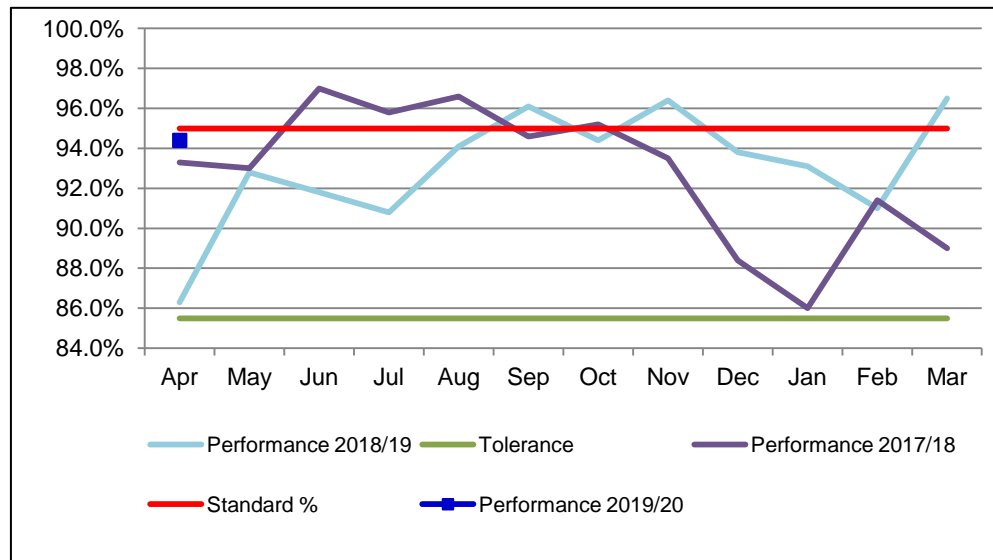
4 hour A&E - 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)

Standard	Tolerance
95.0%	85.5%

Actual Performance (higher % = better performance)

Latest NHS Scotland Performance
89.3% (Feb 2019)

	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 2019/20	94.4%											
Performance 2018/19	86.3%	92.8%	91.8%	90.8%	94.1%	96.1%	94.4%	96.4%	93.8%	93.1%	91.0%	96.5%
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%



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	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	Feb-19	Mar-19	Apr-19
Flow 1	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%	98.7%	99.5%	98.0%
Flow 2	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%	91.6%	93.5%	90.1%
Flow 3	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%	80.7%	96.0%	93.9%
Flow 4	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%	81.8%	92.1%	88.2%
Total	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%	91.0%	96.5%	94.4%

Narrative Summary and Actions:

Although April 2019's performance has reduced from March 2019, compared to April last year we saw 8.1% improvement. As previously reported, consistently achieving the standard remains challenging and the service is focussing improvement efforts applying the Daily Dynamic Discharge framework and improving weekend discharge with different ways of working. There are several process improvements being progressed and these are being proactively managed with a programme management approach.

Previous Actions:

- Continued execution of the refreshed Unscheduled Care Improvement Plan - this has been refreshed with additional diagnostic work planned
- there has been slippage on the weekend criteria led discharge and spread plan
- Winter Learning Event for whole system planned for April 2019
- Focussed assessment of Ambulatory Care pathways

Next month's actions:

- Collation of themes from winter planning into Unscheduled Care Improvement Plan
- Circles of work for all Flows in ED
- Continued planning of weekend test of change
- Transfer Process being spread across hospital

Delayed Discharges

Standard: Delayed Discharges - delays over 72 hours

Standard

0

Tolerance

1

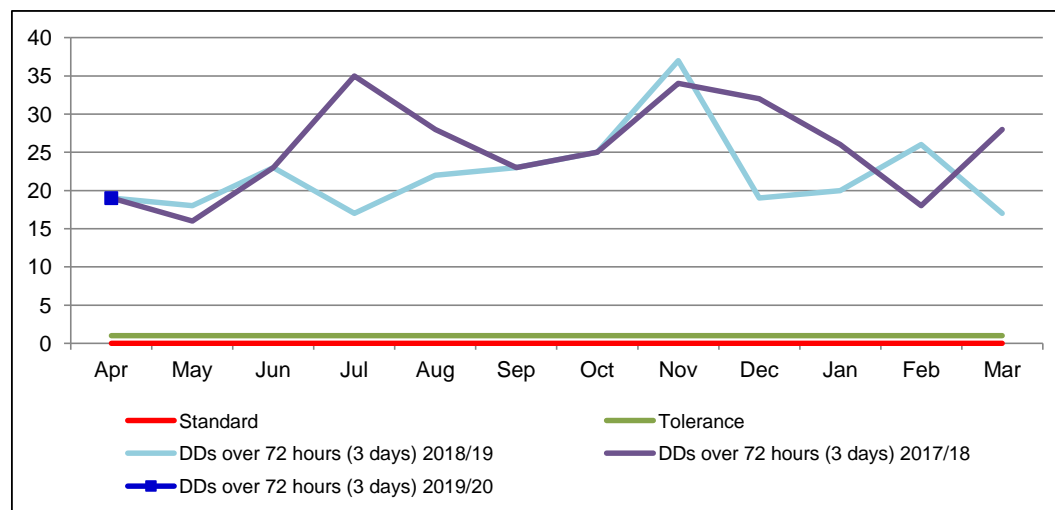
Actual Performance (lower = better performance)

	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 2019/20	10											
DDs over 72 hours (3 days) 2019/20	19											
Occupied Bed Days (standard delays)	727											
DDs over 2 weeks 2018/19	19	12	17	11	15	17	15	30	17	12	19	11
DDs over 72 hours (3 days) 2018/19	19	18	23	17	22	23	25	37	19	20	26	17
Occupied Bed Days (standard delays)	722	848	718	658	653 ¹	926	763	1175	985	855	714	702
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

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:

- Integrated Discharge Hub meetings taking place daily
- Mental Health Wards representation now attending Hub meetings weekly post MDT
- Hub working with Nursing and Medical Leads to initiate a test of change to introduce revised Discharge Planning and management arrangements. This will incorporate relaunching DDD and promotion of a more consistent and supported approach to weekly MDT meetings
- New patient discharge advice leaflet to be tested
- Interim Hub referral process being introduced in advance of longer term IT systems developments:
- Hospital to Home Service continuing beyond winter months

Other Key Indicators

Previous LDP Standards

Dementia - Post Diagnostic Support (PDS)

Standard: People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support	Standard	Tolerance
	100%	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	-	-	-	-	-	-	-	-	129			
Performance 2016/17 ²	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 ¹	-	-	-	-	-	-	-	-	164			
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

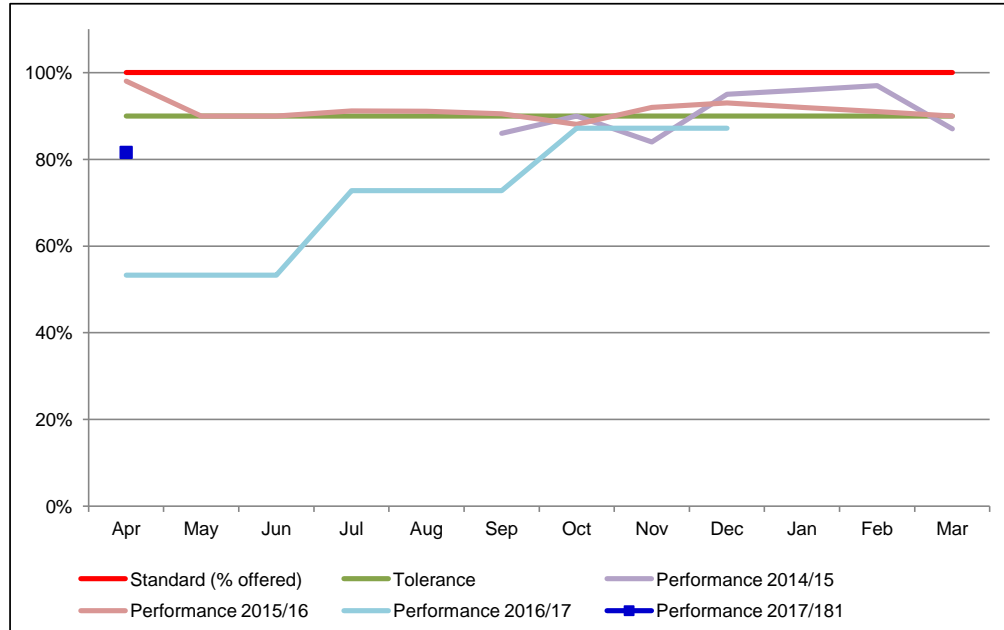
Performance 2017/18 ¹	-	-	-	-	-	-	-	-	82%			
Performance 2016/17 ²	53%	53%	53%	73%	73%	73%	87%	87%	87%	-	-	-
Performance 2015/16	98%	90%	90%	91%	91%	91%	88%	92%	93%	92%	91%	90%
Performance 2014/15						86%	90%	84%	95%	96%	97%	87%

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 now available quarterly

² Data not 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 82%.

It is anticipated that engagement with PDS including date of diagnosis will increase locally with live and accurate data from EMIS that went live in April 2019.

March's Actions reported to the Clinical Executive:

- 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.

Update on above actions:

- EMIS template now live from 1st April 2019, and teams active with its use.
- Ongoing 8 weekly engagement with national PDS team leads.

Next month's actions:

- Framework for benchmarking to be completed
- Data cleansing implemented
- National data in the new dataset will be shared initially in July 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%

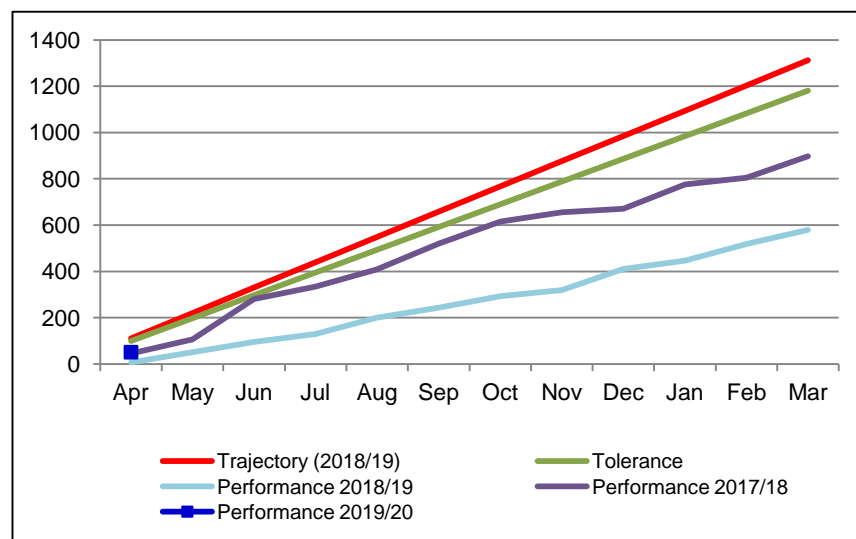
Actual Performance (higher = better performance)

Latest NHS Scotland Performance	NHS Borders Performance (as a comparative)
132.9% (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 2019/20	51											
Performance 2018/19	7	51	95	130	201	243	293	320	410	446	519	579
Performance 2017/18	45	106	280	335	409	520	615	656	670	776	805	897

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 April remains low following on from last financial year.

Update on last month's actions reported to the Clinical Executive:

- Confirm final Social Work date: Social Work training has now been delivered to three of the five locality teams and dates for training are confirmed
- Pursue Finance queries re LES: this has been resolved and a meeting held with PACS colleagues to clarify process for negotiating LES.
- Raise lower performance in Sexual Health Service (small drop on last year): completed, consultant will remind staff about this role.

Next month's actions:

- LES proposal will be presented to LNC on 5 June
- Midwifery training confirmed for June
- Further work with HV to ensure recording
- Training for new Wellbeing Service Advisors

Smoking Quits

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

Standard

173

Tolerance

within 10%

Actual Performance (higher = better performance)

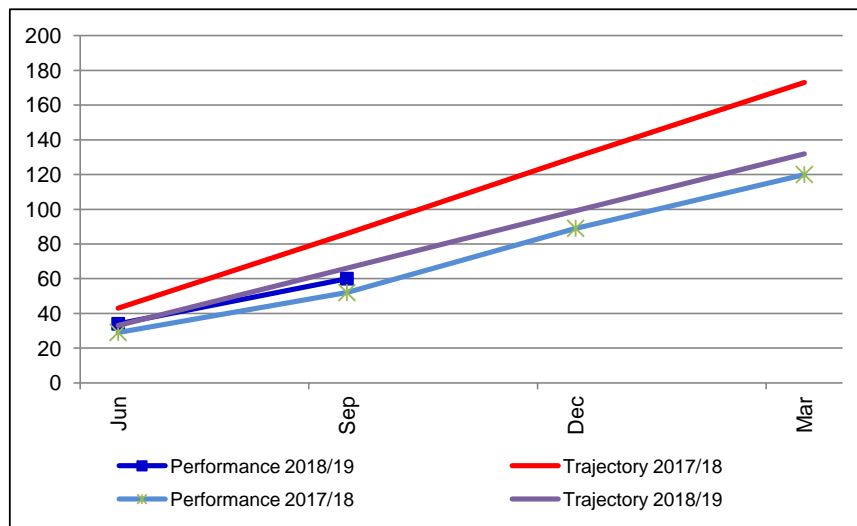
	Jun	Sep	Dec	Mar
Trajectory 2019/20	33	66	99	132
Performance 2019/20				
Trajectory 2018/19	33 ¹	66	99	132
Performance 2018/19	34	60 ²		
Trajectory 2017/18	43	86	130	173
Performance 2017/18	29	52	89	120

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.

NHS Borders Performance (as a comparative)	Latest NHS Scotland Performance
69.36% (Mar 2018)	81.30% (Mar 2018)



Narrative Summary:

The provisional figure for Q2 remains at 60 successful quits, the national data is not yet published. At the moment Q3 performance is showing as 78 although this is likely to increase. As yet we do not know the target for 2019-20.

Actions for last month:

- Finalise communication plan including facebook public campaign: we have a comms plan with external support to enhance our facebook presence.
- Finalise induction programme for new starts: new staff commencing May and induction prepared
- Ongoing 'snagging' of EMIS web processes: we are not yet in a position to run all required reports although the situation has improved since last month.

Actions for next month:

- start enhanced facebook campaign
- work with IT re reporting
- meet with midwifery colleagues to review processes

Sickness Absence

Standard: Maintain Sickness Absence Rates below 4%

Standard

4.0%

Tolerance

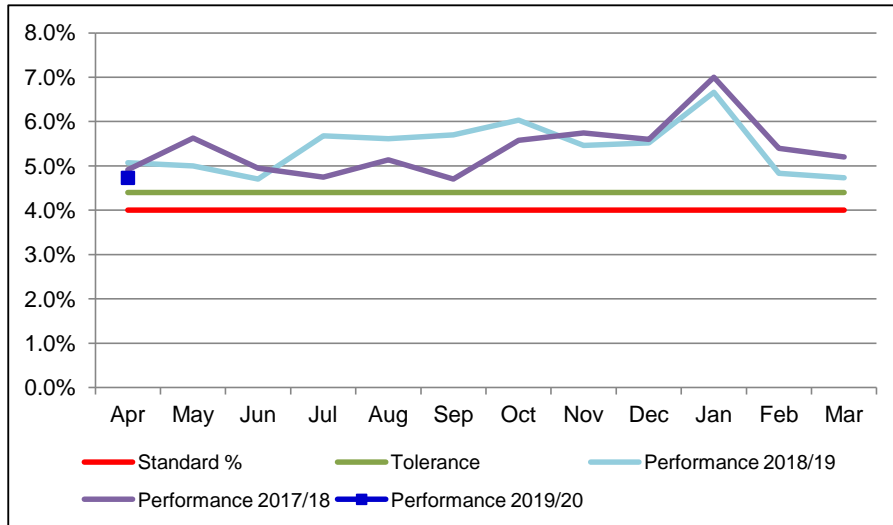
4.4%

Actual Performance (lower % = better performance)

Latest NHS Scotland Performance

5.23% (Feb 19)

	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 2019/20	4.7%											
Performance 2018/19	5.1%	5.0%	4.7%	5.7%	5.6%	5.7%	6.0%	5.5%	5.5%	6.7%	4.8%	4.7%
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%



Narrative Summary:

The run chart reports a **Sickness Absence (SA)** rate in March and April of 4.7% which is the lowest rate during the last 18 month period.

Last month's actions reported to the Clinical Executive:

- HR continues 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 month's actions:

- New national Managing Attendance policy issued for consultation, HR will collate and feedback Boards response. Revised policy anticipated July 2019.

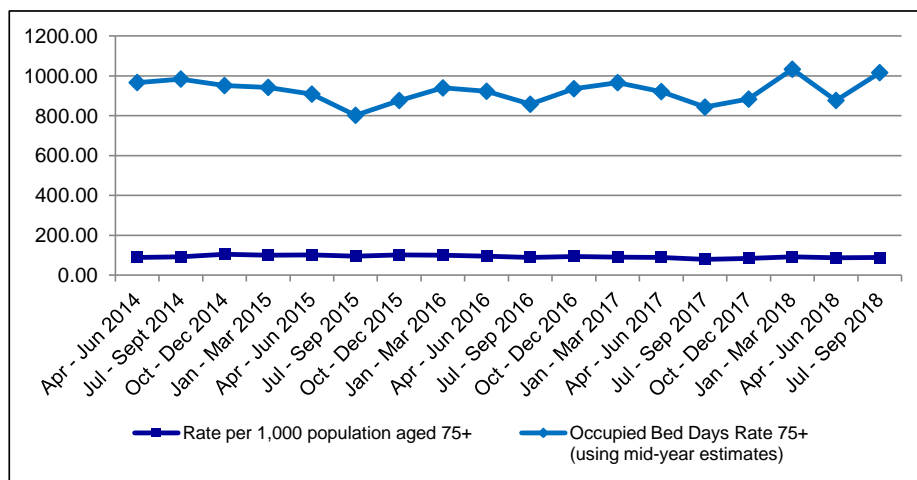
Emergency Admissions and Occupied Bed Days

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

Actual Performance (lower = better performance)

	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	Oct - Dec 2018
Standard													
Rate per 1,000 population aged 75+	101.40	100.37	95.40	89.38	93.96	90.32	89.62	80.02	84.20	91.46	86.78	88.53	91.20
Occupied Bed Days Rate 75+ (using mid-year estimates)	876.1	939.2	922.4	857.3	935.2	965.7	920.8	843.0	883.0	1032.8	876.3	1015.9	849.8

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



Narrative Summary: NO UPDATE THIS MONTH
 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).

March's actions reported to the Clinical Executive:

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

Next month's 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
78.0% (Dec 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 2019/20

Total Patients Currently Waiting >18 Weeks:

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%	84.0%	89.0%	77.0%
Total Patients Currently Waiting >18 Weeks:	95 ²	67 ³	79	60	29	104	109	156	194	169	36	180
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

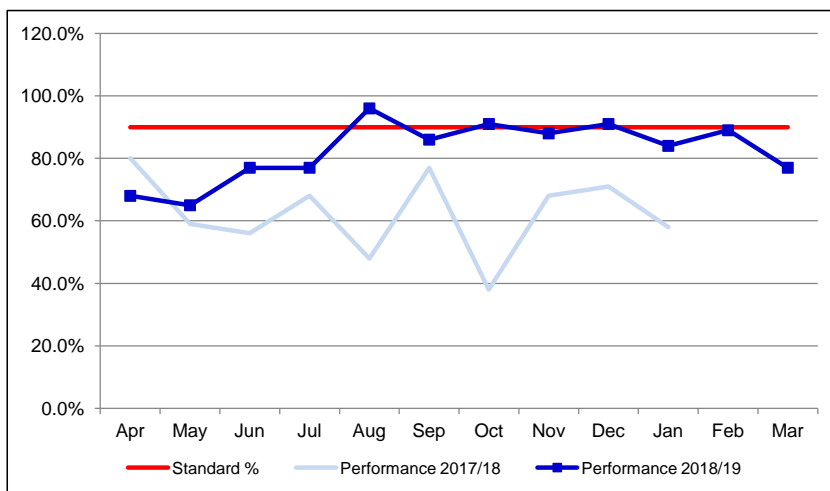
¹ Psychological Therapy data does not include CAMHS or LD as unavailable at the time of reporting

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 remained under-established with workforce during March with long term sickness and maternity leave within the team. The initial benefit to wait-times that we saw during Jan and Feb 19 when 2 new staff started in post were beginning to balance out by March 19 when they reached steady caseloads and so weren't picking up new patients - leading to a drop in wait time performance for March.

March's actions reported to the Clinical Executive:

A Survive and Thrive group commenced in April 2019 and is being attended by a steady group of 8 patients. We are planning to make more group interventions available to try to improve access to therapy. We hope to populate our groups by reviewing our longest waiters over the phone to see if a group intervention might be appropriate for them.

Update on above actions:

The next wave of our review of long waiters has commenced on 14th May. In this phase we are not giving patients the option to remain on the wait list without speaking to us first to confirm that they still need to wait. We will also be offering group interventions rather than waiting for 1:1 therapy.

Next month's actions:

To review long waiters as noted above.

Drug & Alcohol Treatment

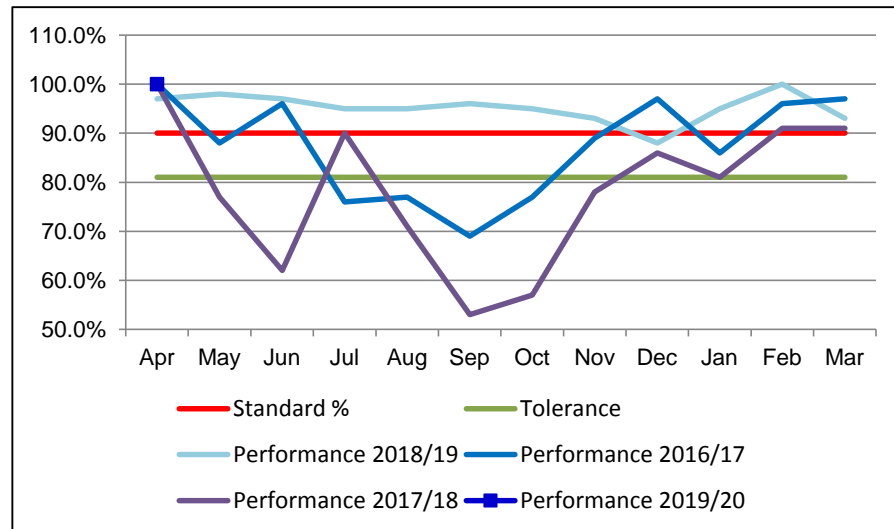
Standard: Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

Standard	Tolerance
90.0%	81.0%

Actual Performance (higher % = better performance)

Latest NHS Scotland Performance
93.9% (Oct - Dec 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 2019/20	100.0%											
Performance 2018/19	97.0%	98.0%	97.0%	95.0%	95.0%	96.0%	95.0%	93.0%	88.0%	95.0%	100.0%	93.0%
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. 100% of clients started treatment within three weeks for the month of April 2019.

March's actions reported to the Clinical Executive:

- Challenge fund of £35,000 now in place. Initial planning meeting held week of 15th April 2019
- PCCT now being collected some detail needing addressed for submissions.
- Recruitment paperwork submitted week commencing 15th April for Assertive Outreach and Engagement service.

Update on above actions:

- Setting up of HUB going well, potential venue identified and to be viewed 07/06/2019. Team and service users all very excited about new prospect of HUB.
- PCCT amended to suit BAS needs and requirements.
- Shortlisting and interviews being arranged for Assertive Outreach Service. Hopefully team up and running July 2019.

Next month's actions:

- Continue planning for Eyemouth Addictions Recovery Hub.
- Setting up Assertive Outreach Team.

Supplementary Staffing

Standard: Supplementary staffing - agency spend per month

Standard
0

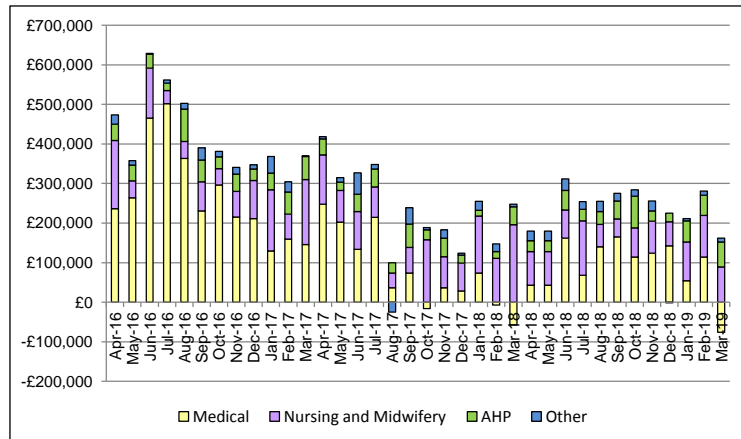
Tolerance
0

Actual Performance (lower = better performance)

	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	Feb-19	Mar-19 ¹	Apr-19 ²
Standard	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical	£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	£114,379	-£76,042	
Nursing and Midwifery	£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	£105,448	£89,460	
AHP	£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	£50,640	£62,720	
Other	£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	£10,809	£9,997	
Total Cost	£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	£281,276	£86,135	

¹ Provisional figures as year end position is currently being finalised

² Data not yet available



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. There was an increase in spend recorded in February due to Agency cover provided for Ward 6 additional beds. The spend reduced slightly in March for agency required for additional beds in the Community.

Medical Agency - The credit position recorded in March is due to actual invoices replacing estimates for agency consultant cover in Anaesthetics and General medicine to cover vacancies. There have been no agency charges in month 12 for Mental Health. Costs recorded for Locum GP cover for the Out of Hours service has reduced in month 12.

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.

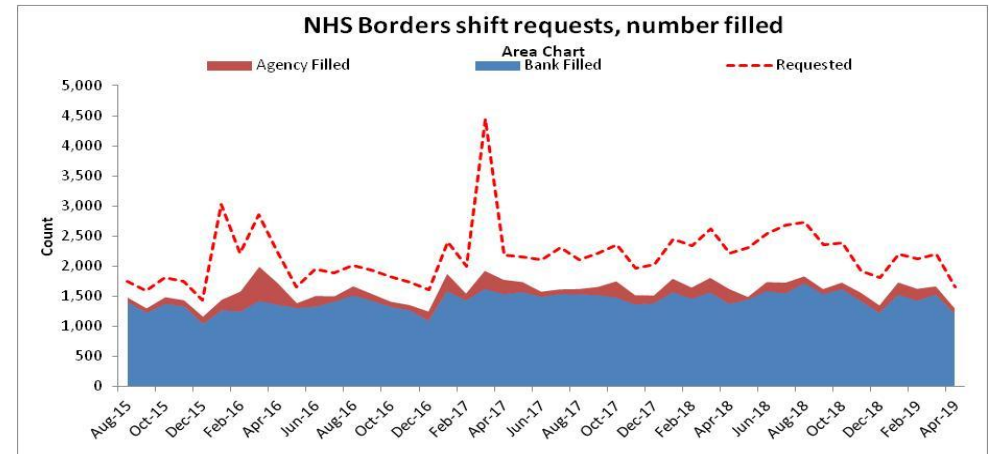
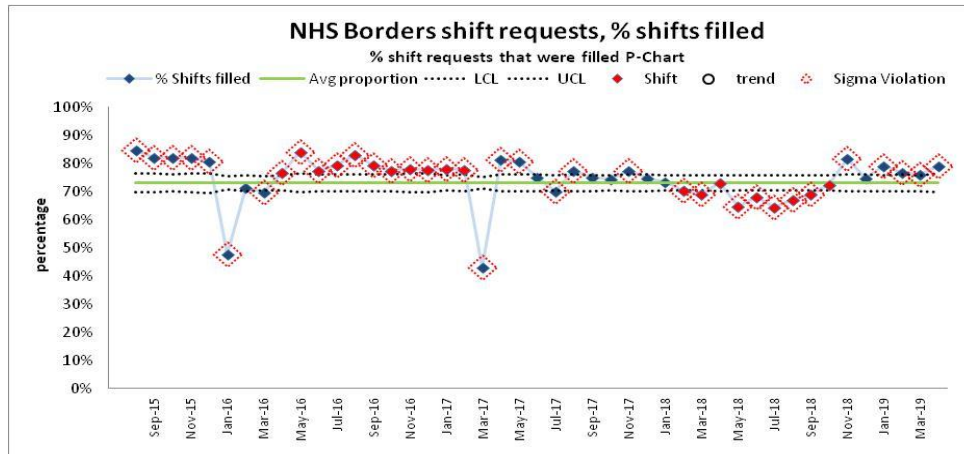
Actions:

The focus on recruiting to vacant Registered Nursing posts remains a priority with the Director of Nursing actively involved. All agency spend is authorised by the Director of Nursing or Associate Director of Nursing. In addition weekly spend on agency and bank staff is considered at local management review meetings and the Grip and Control workstream led by the Director of Finance. This ensures that internal approval and control processes are in place and being followed. Where this is not the case corrective action is taken.

Nurse Bank

Standard: NHS Borders Nurse Bank and agency shifts

NHS Borders Overall



Narrative Summary:

Overall the number of NHS Borders bank and agency shift requests reduced significantly in April by 544 shifts to 1652 requests, the lowest since December 2016. Agency decreased even further to 98 shifts with only 9 of those being off contract.

Sickness Absence across NHS Borders accounted for 547 shift requests.

Vacancies accounted for the most requests within the BGH rising again in May to 443 shifts.

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 requests for supplementary staff across NHS Borders have decreased averaging 55 requests per day.

Health care support worker fill rates are high at 98% but challenges continue around registered nurse shifts.

Next month's actions

We will continue to recruit to an open advert for any registered nurses.