

## Borders NHS Board



Meeting Date: 5 December 2019

<b>Approved by:</b>	June Smyth, Director of Strategic Change & Performance
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<b>MANAGING OUR PERFORMANCE MID YEAR REPORT 2019/20</b>	
<b>Purpose of Report:</b>	
The purpose of this report is to brief the Board on the mid-year performance.	
<b>Recommendations:</b>	
The Board is asked to <b>note</b> the 2019/20 Mid Year Managing Our Performance Report.	
<b>Approval Pathways:</b>	
This report has been prepared by Planning & Performance.	
<b>Executive Summary:</b>	
<p>The aim of the 2019/20 Managing Our Performance (MOP) Mid 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.</p> <p>Areas of strong performance for the Annual Operation Plan Performance Measures are highlighted below:</p> <ul style="list-style-type: none"> <li>• 100% of all patients requiring <b>Treatment for Cancer to be seen within 31 days</b> has been achieved consistently to date in 2019/20 (page 5)</li> <li>• <b>12 week Inpatient Waiting Time</b> has consistently achieved agreed trajectory to date in 2019/20 (page 7)</li> <li>• <b>18 Weeks Referral to Treatment Combined Performance</b> has been consistently achieved to date in 2019/20 (page 8)</li> <li>• <b>18 weeks CAMHS</b> performance has seen a significant improvement reporting at 96.2% in August 2019 compared to 33.3% in August 2018 (page 10)</li> <li>• <b>90% of Alcohol/Drug Referrals into Treatment within 3 weeks</b> has been achieved for 5 of 6 months to date in 2019/20 (page 18)</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• <b>Suspicion of Cancer to be seen within 62 days</b> performance had improved in the first three months of 2019/20 but has declined to 91.2% in August (page 5)</li> <li>• <b>Treatment Time Guarantee</b> consistently outwith the standard of 0 breaches to date</li> </ul>	

in 2019/20, although it is to be noted there is a significant improvement in performance from 2018/19 (page 7)

- **Patients waiting over 6 weeks for one of the 8 key Diagnostic tests** has been consistently outwith of agreed trajectory to date in 2019/20 (page 9)
- **18 weeks of Referral to Treatment for Psychological Therapies** has been significantly outwith of standard to date in 2019/20, with exception of July 2019 (page 17)
- **Delayed Discharges over 72 hours** has consistently been outwith of standard to date 2019/20 (page 12)

The previous LDP standards that cannot be measured on a monthly basis are included in this Mid 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 Mid Year MOP compared to previous years.

<b>Impact of item/issues on:</b>	
<b>Strategic Context</b>	Regular and timely performance reporting is an expectation of the Scottish Government.
<b>Patient Safety/Clinical Impact</b>	As Per Risk Implications below.
<b>Staffing/Workforce</b>	The implementation and monitoring of standards require that Managers and Clinicians comply with Board requirements to ensure these standards are achieved and maintained.
<b>Finance/Resources</b>	As per performance noted in report.
<b>Risk Implications</b>	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.
<b>Equality and Diversity</b>	The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements.
<b>Consultation</b>	Reduced report compiled by Planning & Performance
<b>Glossary</b>	AOP – Annual Operational Plan MOP – Managing Our Performance LDP – Local Delivery Plan CAMHS – Child & Adolescent Mental Health Service



**MANAGING  
OUR  
PERFORMANCE  
MID YEAR  
REPORT  
2019/20**

**November 2019**

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## **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).

### **2019/20 Mid Year MOP**

This 2019/20 Mid 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 midyear position for 2019/20.

## **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.

## 2019/20 Performance Measures

This 2019/20 Mid Year MOP Report summarises performance for the national Performance Measures, previous HEAT & LDP standards and local indicators from April 2019 to September 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 Mid Year MOP compared to previous years.

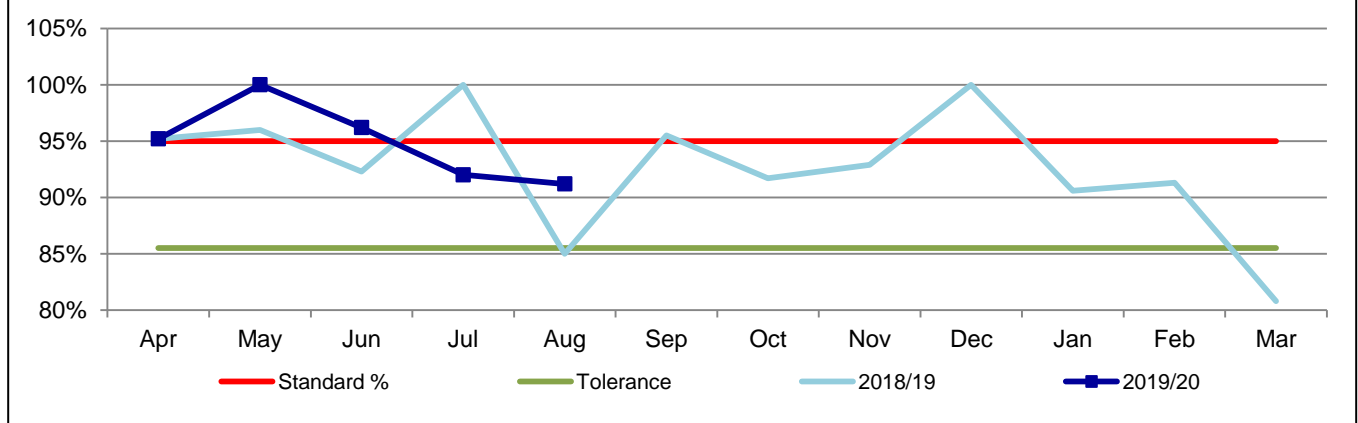
Further information on all the measures are detailed within the report and have been given a RAG (Red, Amber, Green) status based on the following key:

Current Performance Key			
<b>R</b>	Under Performing	Current performance is significantly outwith the trajectory set.	Exceeds the standard by 11% or greater
<b>A</b>	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Exceeds the standard by up to 10%
<b>G</b>	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)

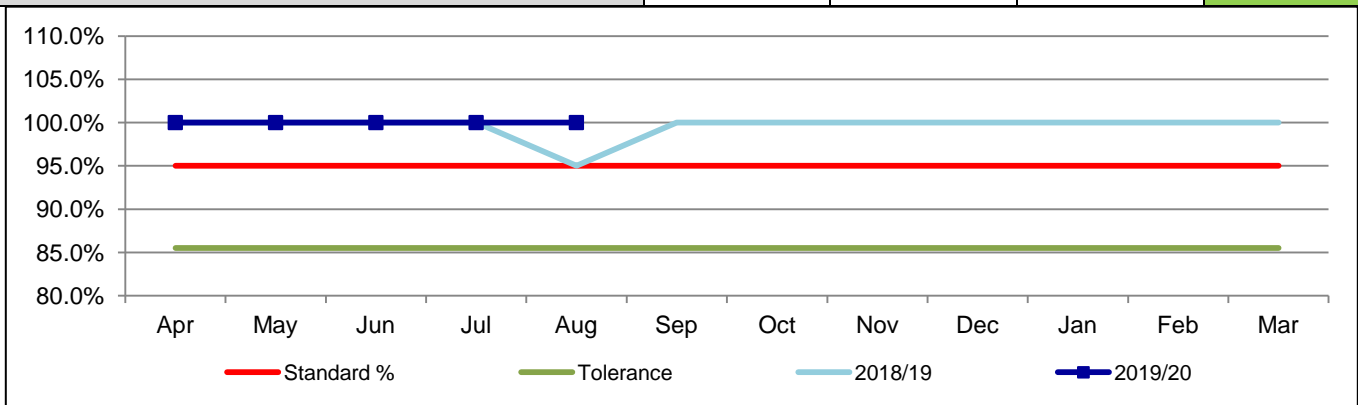
Performance Measure: 95% of all cases with a Suspicion of Cancer to be seen within 62 days	2019/20 Standard	Current Standard	Aug 2019 Position	Aug 2019 Status
	95%	95%	91.2%	A



### Narrative Summary:

The run chart shows the standard has not consistently been achieved however has been within tolerance so far throughout 2019/20.

Performance Measure: 95% of all patients requiring Treatment for Cancer to be seen within 31 days	2019/20 Standard	Current Standard	Aug 2019 Position	Aug 2019 Status
	95%	95%	100%	G

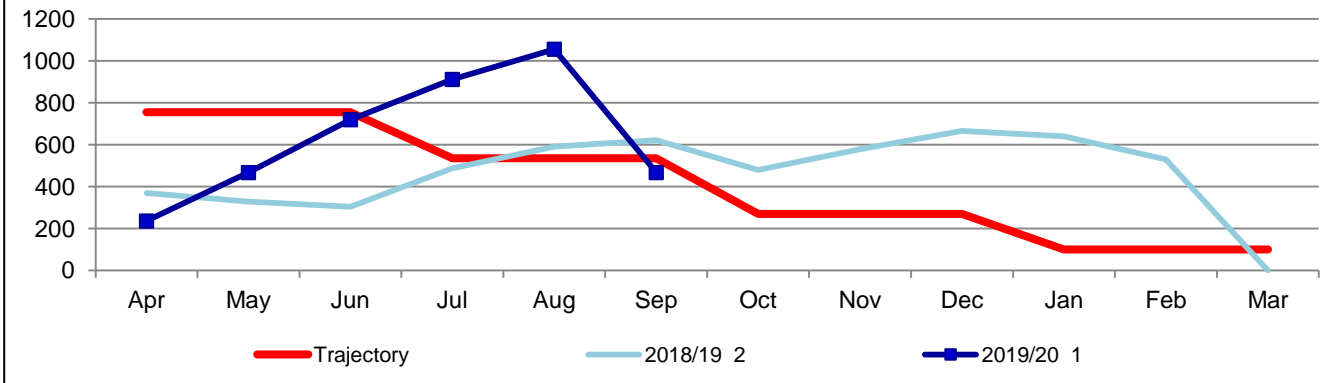


### Narrative Summary:

NHS Borders has achieved 100% performance for the **31 day standard** over a number of months.

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

Performance Measure: 12 wks for Outpatients	2019/20 Standard	Current* Standard	Sep 2019 Position	Sep 2019 Status
	0	535	467	G

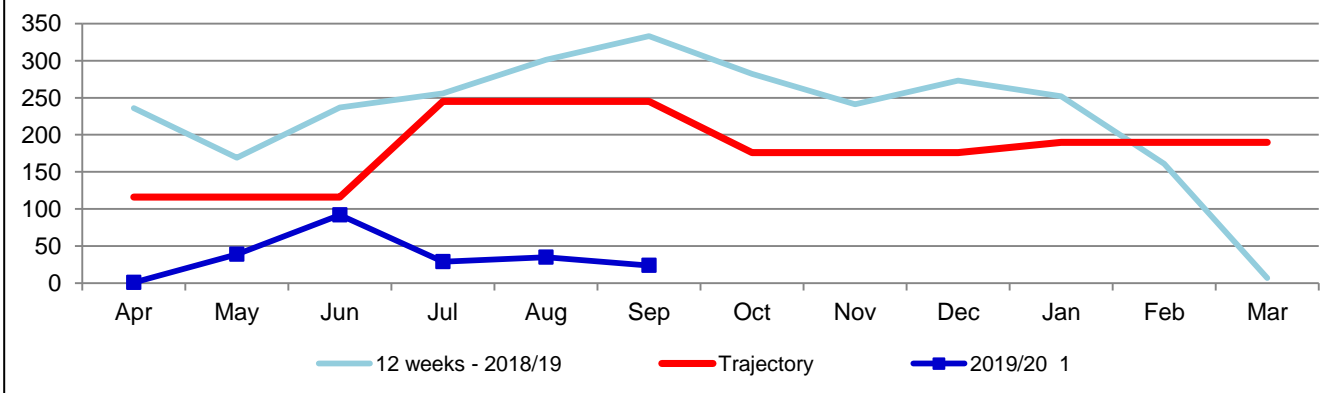


\*Performance in 2019/20 is being measured against an agreed trajectory rather than the standard of 0 patient waits.

**Narrative Summary:**

Performance year to date the trajectory has achieved April to June but has been reported as outwith from July to September. This is expected to improve steadily following additional Waiting List Initiative activity planned throughout the remainder of the year.

Performance Measure: 12 wks for Inpatients	2019/20 Standard	Current* Standard	Sep 2019 Position	Sep 2019 Status
	0	245	24	G



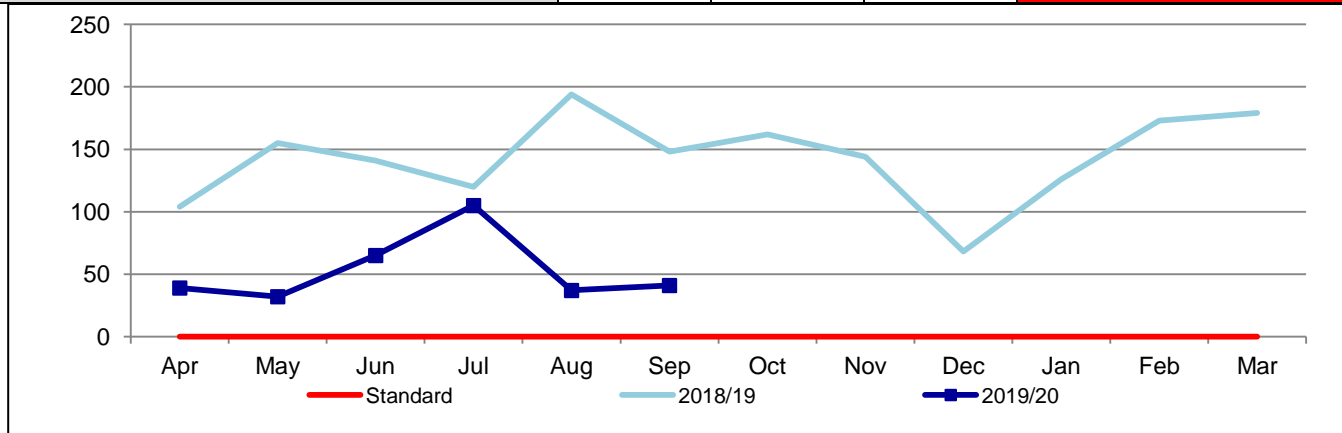
\*Performance in 2019/20 is being measured against an agreed trajectory rather than the standard of 0 patient waits

**Narrative Summary:**

The number of patients reported waiting over **12 weeks for inpatient treatment** had reduced significantly in 2019/20 compared to 2018/19, with the agreed trajectory being achieved consistently.



Performance Measure: 12 Weeks Treatment Time Guarantee	2019/20 Standard	Current Standard	Sep 19 Position	Sep 2019 Status
	0	0	41	R

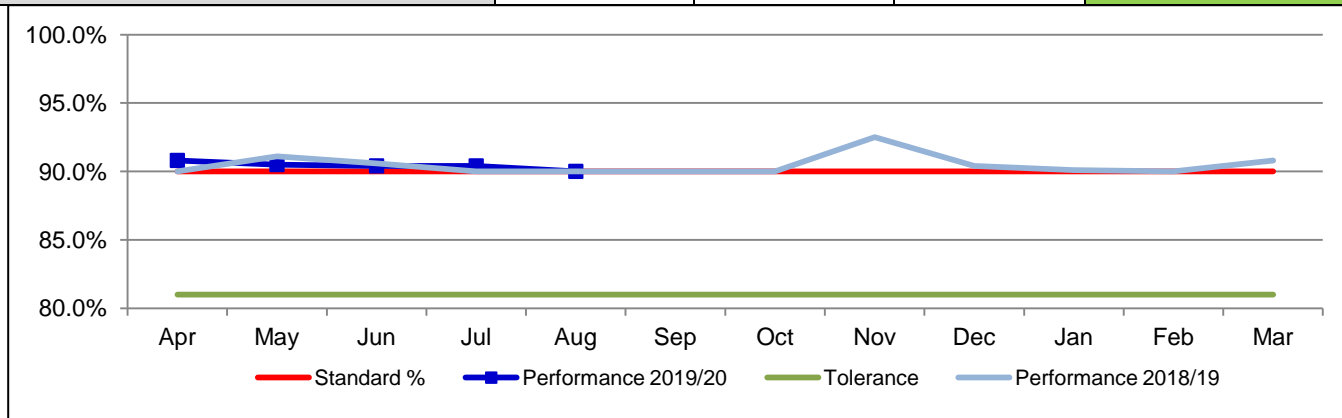


**Narrative Summary:**

The number of patients breaching their **Treatment Time Guarantee** (TTG) has decreased over the first six months of 2019/20. In September 2019 41 patients who previously breached their TTG date were treated compared to 148 in September 2018.

There remains a backlog of Orthopaedic Surgery outpatients which is being worked through.

Performance Measure: 18 Weeks Referral to Treatment Combined Performance	2019/20 Standard	Current Standard	Aug 19 Position	Aug 2019 Status
	90%	90%	90.0%	G

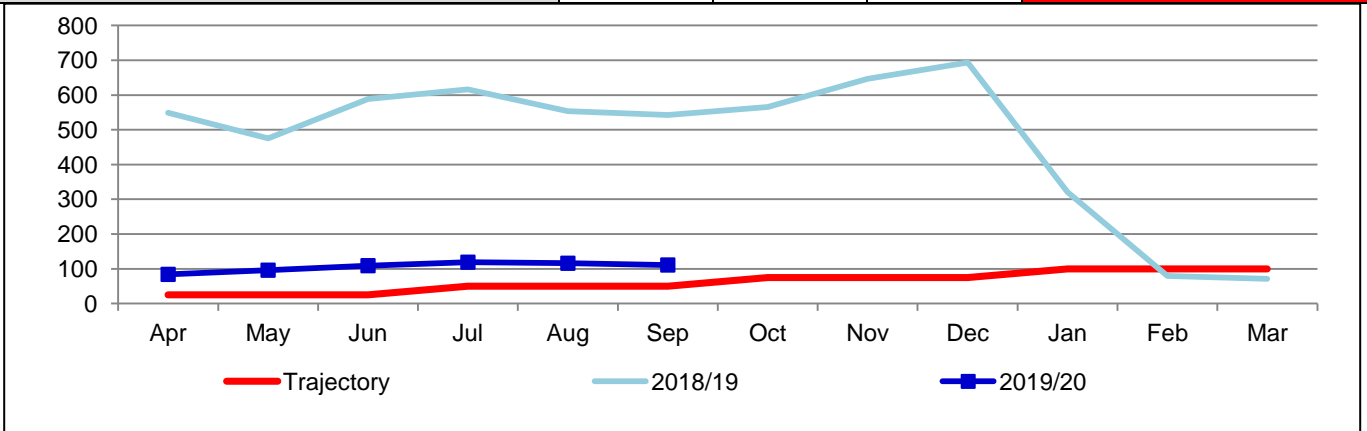


\*Performance in 2019/20 is being measured against an agreed trajectory rather than the standard of 0 patient waits

**Narrative Summary:**

NHS Borders has consistently achieved the 90% **18 weeks combined performance** standard for the first six months of 2019/20.

Performance Measure: 6 Week Waiting Target for Diagnostics	2019/20 Standard	Current* Standard	Sep 19 Position	Sep 2019 Status
	0	50	111	R



**Narrative Summary:**

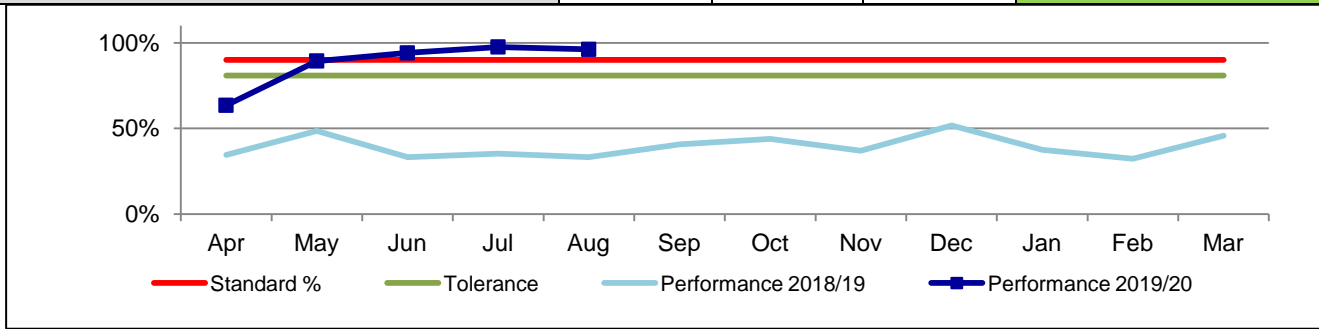
Performance against the **6 week diagnostic waiting time** standard has shown improvement from 2018/19 performance however remains consistently outwith of trajectory.

**Colonoscopy & Endoscopy** – There are continuing challenges in meeting demand. However, work is progressing via an Endoscopy Action Plan to match capacity with demand. Room capacity has been an issue and we are looking to create additional colonoscopy lists by relocating other specialties to DPU. This will require recruitment of additional nursing staff, and this is being taken forward with a view to having in place before the end of 2019.

**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. Since April 2019 we have also been offered MRI capacity at Golden Jubilee which we are continuing to utilise. Waits in these areas have reduced dramatically compared to that in the previous Financial Year.

**Ultrasound** – The ultrasound service has had staffing challenges due to maternity leave but this has resolved. Permanent part time staff are working additional hours to minimise the impact of this in the short term and an agency sonographer has been employed to reduce waiting times.

Performance Measure: No CAMHS waits over 18 weeks	2018/19 Standard	Current Standard	Aug 2019 Position	Aug 2019 Status
	90%	90%	96.2%	G

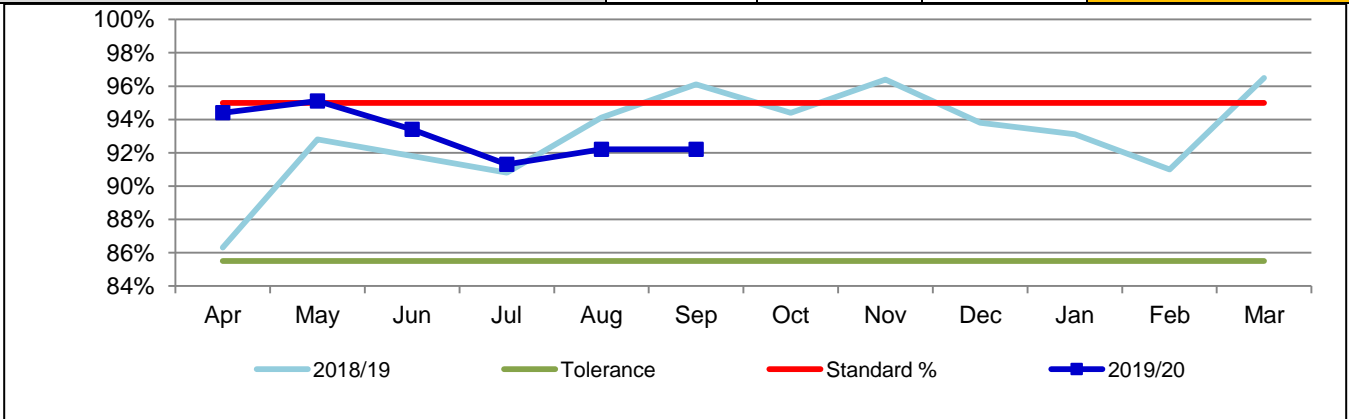


**Narrative Summary:**

There has been a significant improvement in performance in 2019 and since June the service continues to achieve against the standard for **Child Adult Mental Health Service (CAMHS) referral to treatment**, achieving 96.2% in August compared to 33.3% in August 2018.

Work continues within the service to ensure that the achievement is sustainable.

Performance Measure: Accident & Emergency 4 Hour Standard	2019/20 Standard	Current Standard	Sep 19 Position	Sep 2019 Status
	95%	95%	92.2%	A



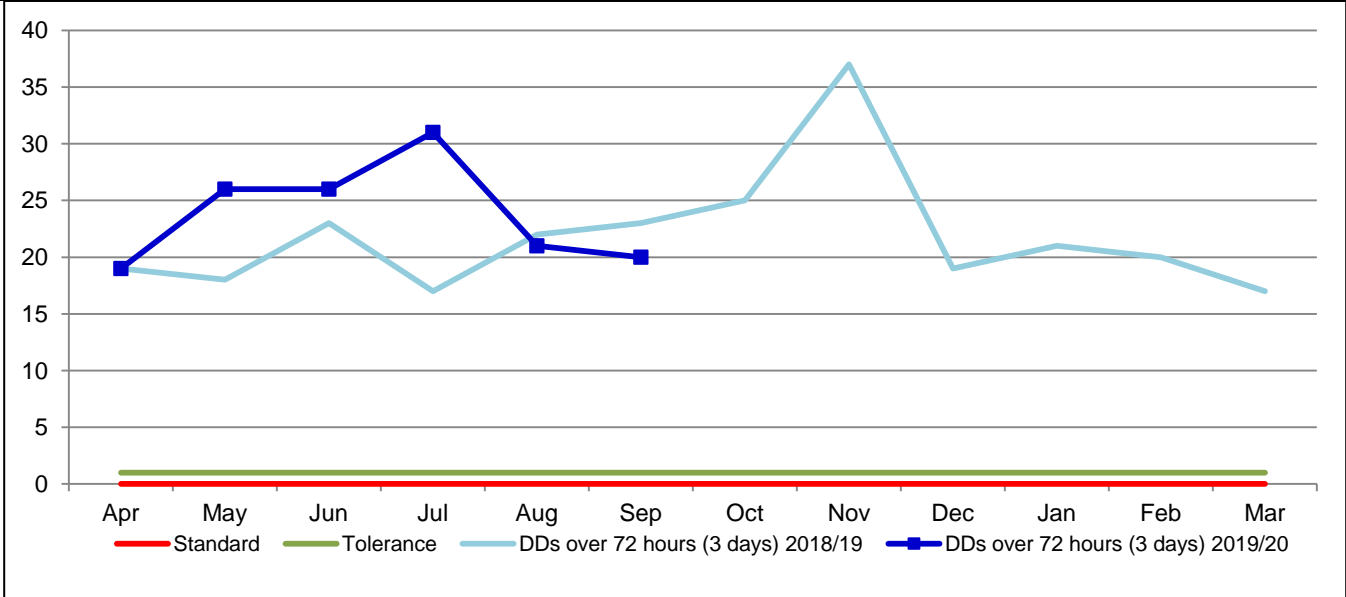
### Narrative Summary:

NHS Borders has only been able to achieve the **Accident & Emergency 4 Hour standard** in one month so far in 2019/20 but has consistently remained within 85.5% tolerance.

The following key developments and activities that remain ongoing:

- Daily Dynamic Discharge programme at BGH
- 7-day Site and Capacity Team
- Discharge Lounge utilisation project
- Continuation of Hospital to Home service for central Borders
- Process improvement work at BGH
- Seven day AHP Rapid Assessment and Discharge Service (RAD)

Delayed Discharges	2019/20 Standard	Current Standard	Sep 2019 Position	Sep 2019 Status
Performance Measure: Delays over 2 weeks	0	0	16	R
Performance Measure: Delays over 72 hours (3 days)	0	0	20	R



**Narrative Summary:**

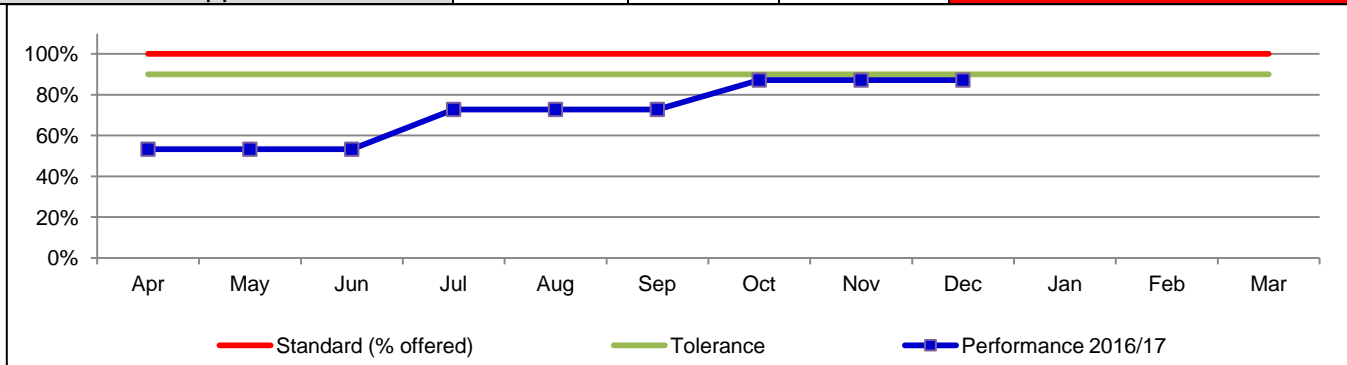
NHS Borders is facing significant challenges with Delayed Discharges, which continues to impact on patient flow within the Borders General Hospital and our four Community Hospitals. We continue to face challenges with sourcing both care at home and care home places across the Borders.

The service is working on a number of initiatives to improve performance in this area; examples of this are daily Integrated Discharge Hub meetings which now have increased Health and Social Care representation with a bigger focus on unblocking operational delays and the Hospital to Home Service continuing.

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

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

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



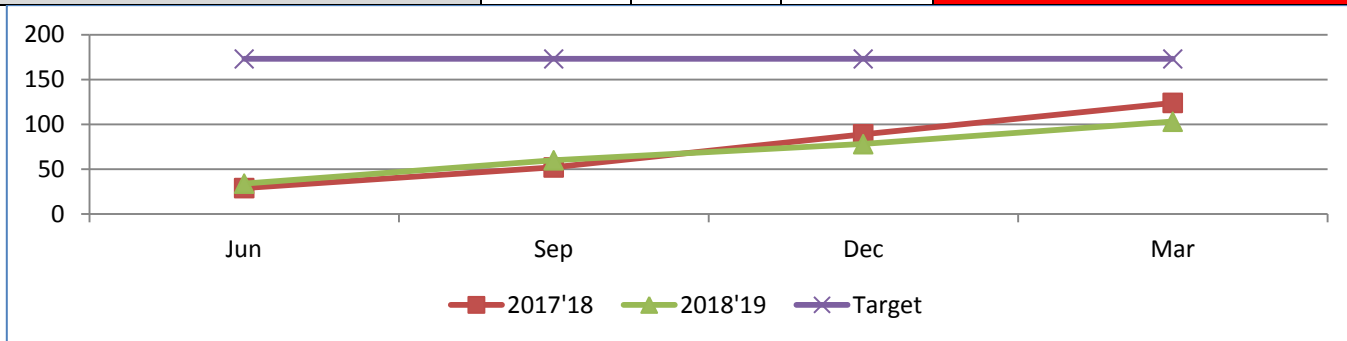
**Please Note:** There is a 1 year time lag to show the full 12 months performance and a 1-2 month time lag for the receipt of data.

### Narrative Summary:

The latest set of data available from ISD was December 2017 we are therefore unable to report a more up to date position.

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

Standard: Smoking cessation successful quits in most deprived areas (cumulative)	2019/20 Standard	Current Standard	Sept2018 Position	Sept 2019 Status <sup>1</sup>
	124	62	23	R

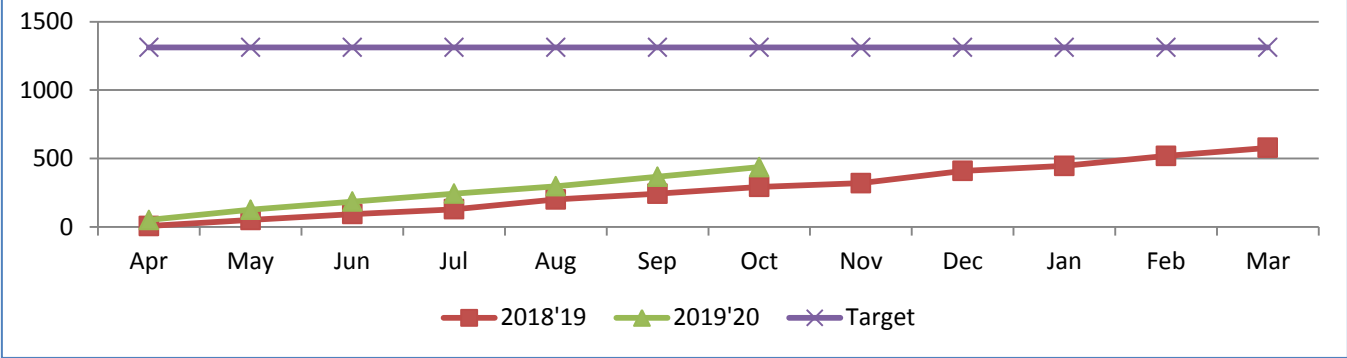


**Please Note:** All figures are cumulative. Data is reported quarterly to allow monitoring of the 12 week quit period. There is a 6 month lag time for reporting to allow monitoring of the 12 week quit period.

### Narrative Summary:

The provisional figure for Q2 is 23 successful quits, the national data is not yet published. This target is delivered through pharmacy contracts and smoking cessation advisers.

Standard: Alcohol Brief Interventions	2019/20 Standard	Current Standard	Sep 2019 Position	Sep 2019 Status
	1312	656	367	R



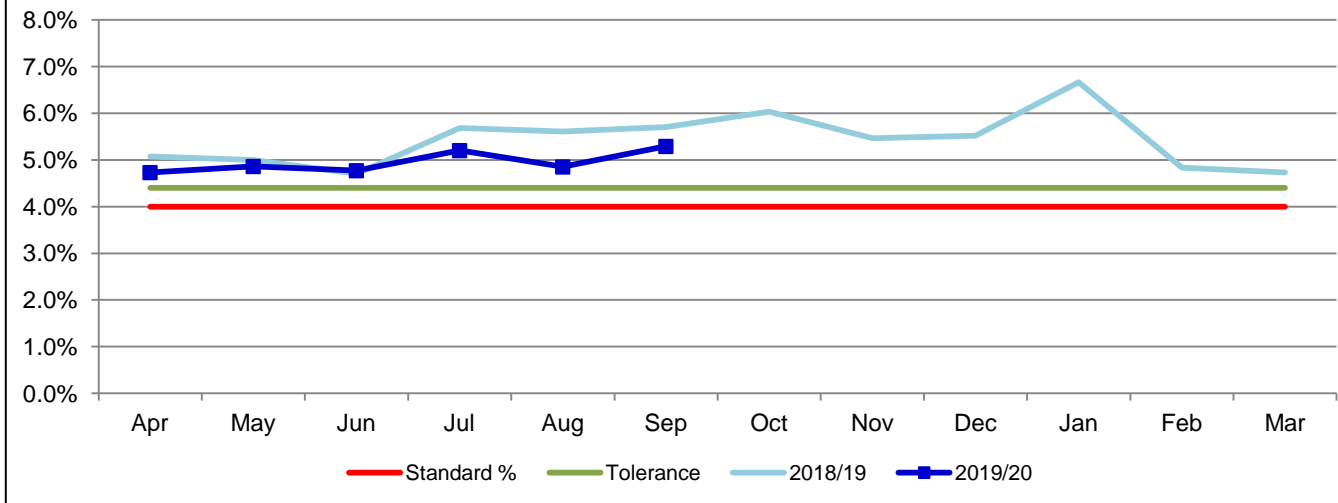
**Please Note:** Standard is 1312 by end of March every year, it then resets back to 0 every April and cumulative reporting starts again. There is a reporting lag in some areas which means that data is not fully reconciled at time of reporting therefore should be treated as provisional.

**Narrative Summary:**

**Alcohol Brief Interventions (ABI)** continue to perform below the trajectory set although it better than at this stage in 2018-19 (252). The main increase has been in Wellbeing Service and Custody Suites. Ante-natal performance remains lower than expected. Training for midwives was delayed due to trainer sickness, however, took place in October. Performance is expected to improve.

A Local Enhanced Service Agreement is now in place with 21 of 23 practices. This commenced in November 2019. Numbers will be reported quarterly and it is expected there will be considerable overall improvement in Quarter Three.

Standard: Maintain Sickness Absence Rates below 4%	2019/20 Standard	Current Standard	Sep 2019 Position	Sep 2019 Status
	4.0%	4.0%	5.3%	R



### Narrative Summary:

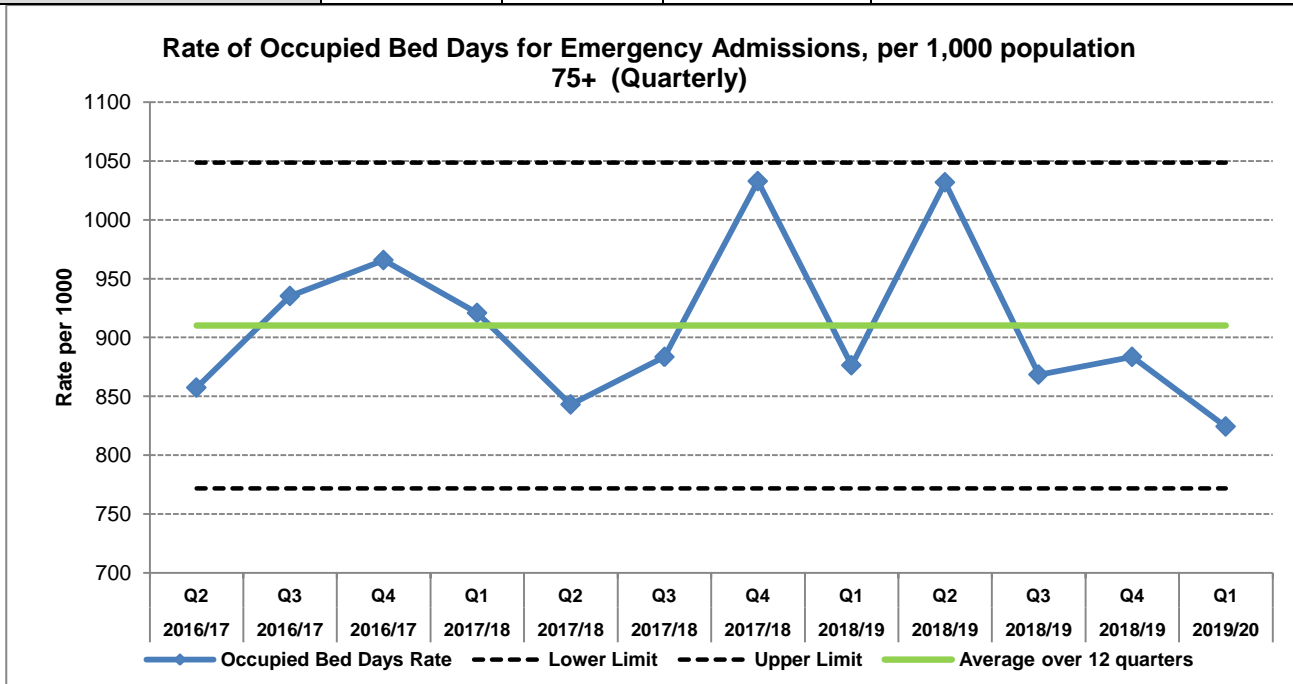
The run chart reports a **Sickness Absence (SA)** rate that has been consistently outwith of standard in 2019/20; April 2019 had a rate of 4.7% which is the lowest rate achieved so far this year, September reported absence is 5.3% which is the highest level since January 2019.

HR provides 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.



<b>Measure:</b> Emergency Admissions & Occupied Bed Days for Scottish Borders residents aged 75+	<b>2019/20 Standard</b>	<b>Current Standard</b>	<b>Q1 2019 Position Emergency Admissions</b>	<b>Q1 2019 Status Occupied Bed Days</b>
	-	-	83.3	1020



**Please note:** There is a time lag in data being published for this standard; it is produced quarterly by ISD.

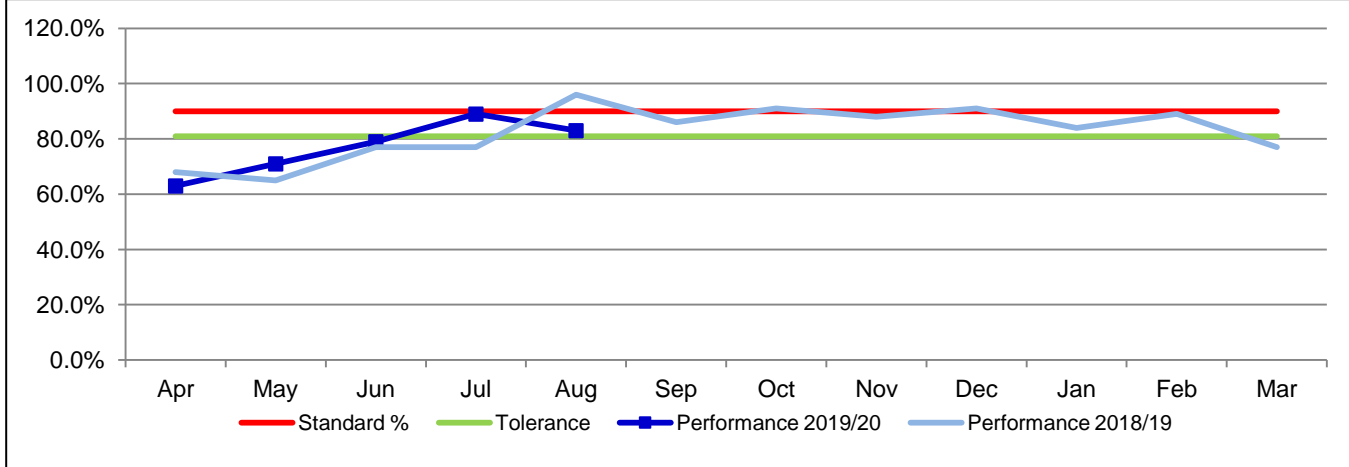
**Narrative Summary:**

Emergency admissions for Scottish Borders residents aged 75 and over have generally been decreasing since late 2014. We saw a slight rise during 2018/19 but this has reduced during Q4 and Q1 of 2019/20.

This is reflective of multiple improvements across the whole system in Borders, which include:

- Hospital to Home service operational since January 2019, with further enhancements planned from January 2020.
- The Site and Capacity Team are now fully operational and there are clear processes and escalation in place.
- Daily Dynamic Discharge programme implemented across the hospital, with a particular focus in Elderly Medicine during Q1 of 2019/20.
- Continuous process improvement across the acute hospital.

Standard: No Psychology Therapy waits over 18 weeks	2019/20 Standard	Current Standard	Aug 19 Position	Mar 2019 Status
	90%	90%	83.0%	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

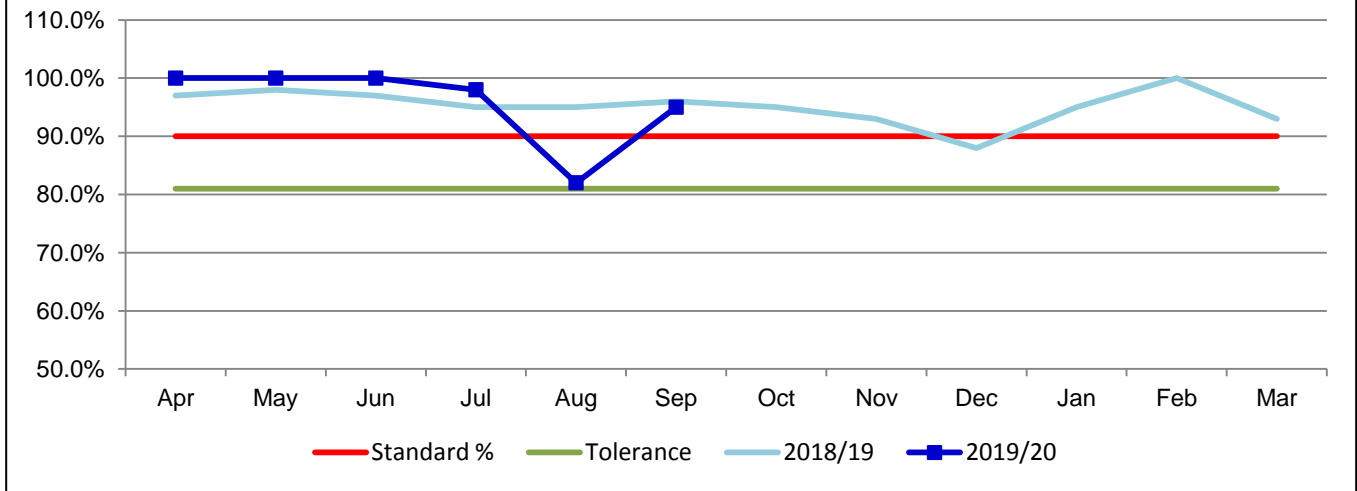
**Narrative Summary:**

Performance has been outwith of standard throughout the first six months of 2019/20, performance has steadily improved in to be within tolerance for July and August 2019.

The service is facing a number of challenges which are affecting performance including high demand, and ability to recruit and retain staff members.

A waiting list initiative is planned to start in November 2019 utilising extra capacity through fixed term posts using Scottish Government and NES funding.

Standard: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks	2018/19 Standard	Current Standard	Sep 2019 Position	Sep 2019 Status
	90%	90%	95%	G



**Narrative Summary:**

From April the target has been exceeded in all months except August where performance was 82%. This equated to 5 individuals and was related to unexpected staff capacity issues.

There are sound systems in place in both reporting services (Borders Addiction Services, Addaction) to ensure compliance with the standard.

New drop-in clinics have been established which have allowed for lower threshold access for clients facing more barriers to engagement and for individuals at higher risk. These clinics are supported by the new Assertive Engagement Team (ESTeam) as well as wider services staff.

## 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	Sep-19	ISD	83.33%	83.66%
	95% target for treatment within 31 days of decision to treat for all patients diagnosed with Cancer	Sep-19	ISD	100%	96.54%
	12 Weeks Outpatient Waiting Time	Jun-19	Local	86.9%	73.5%
	12 Weeks Treatment Time Guarantee	Jun-19	ISD	93.2%	72.5%
	18 Weeks RTT Combined Performance	Jun-19	Local	90.1%	79.2%
	% waiting within the 6 week standard for a key diagnostic test	Jun-19	ISD	91.7%	81.6%
	No CAMHS waits over 18 weeks	Jun-19	Local	80.7%	69.7%
	98% of waits for A&E under 4 hours (local stretch)	Sep-19	Local	92.5%	87.6%
	No Delayed Discharges over 3 days	Sep-19	Local	27	1193
Previous HEAT and LDP standards	Dementia Post Diagnostic Support	Mar-17	ISD	87.9%	83.9%
	Alcohol Brief Interventions (% achieved against the target)	Jun-19	ISD	19.21%	90.19%
	12 weeks successful quits in Smoking cessation in most deprived areas (% achieved against the target)	Mar-19	ISD	60.61%	121.35%
	Sickness Absence Rate	Sep-19	ISD	4.78%	5.24%
	Increase the proportion of new-born children breastfed at 6-8 weeks	Jun-19	ISD	39.3%	-
	Joint Development Reviews to be recorded on Turas (previously eKSF)	Sep-19	Local	11.4%	-
	90% of admissions to the Stroke Unit within 1 day of admissions	Sep-19	Local	100%	-
	No Psychological Therapy waits over 18 weeks	Jun-19	ISD	71.8%	78.7%
	90% of Alcohol/Drug Referrals into Treatment within 3 weeks	Aug-19	ISD	82.35%	92.89%

## Progress on Targets Not Reported on a Monthly Basis

<b>Cancer:</b> Increase proportion of 1st stage breast, colorectal and lung diagnosis by 25%	R
<p>The latest performance data available on ISD is for the combined years of 2017&amp; 2018 and shows NHS Borders performance at 22.4% against the national average of 25.5%.</p> <p>There are many reasons for the slightly lower Borders Stage 1 data compared to Scotland as a whole in 2017/18. 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.</p> <p>Work is currently being undertaken within the service to address demand and capacity, with areas such as the breast service exploring advanced vetting with a view to reducing referrals by 15%; and the colorectal service looking to develop a points based demand and capacity model.</p>	

<b>GP Access:</b> 48 hour access or advance booking to an appropriate member of the GP team (90%)	G
<p>The Government's GP Access LDP Standards publication was released in April 2018 relating to 2017/18. The narrative of the National Report for the Health and Social Care Experience Survey provides some commentary on the national results achieved. For the LDP standard, patients are considered to have been able to obtain two working day access if they were offered an appointment, but turned the appointment down due to the person they wanted to see being unavailable or the time not suiting them. Considering the results in this way, NHS Borders Practices overall achieved 94.4% of patients were able to see or speak to a doctor or nurse within two working days, or were offered an appointment but either the person they wanted to see was unavailable or the time was not suitable. This is above the LDP standard of 90% and an improvement of 0.6 percentage points when compared to the previous Survey of 2015/16.</p> <p>Practices continue to provide emergency and on the day appointments in order to offer access to their patients who need to see a health professional urgently.</p> <p>A link to the relevant report is provided below:</p> <p><a href="http://www.gov.scot/Resource/0053/00534419.pdf">http://www.gov.scot/Resource/0053/00534419.pdf</a></p> <p>The Survey is run every two years with the next publication set for April 2020.</p>	

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% CO2 reduction.

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

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. During the course of 2019/20 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		
<ul style="list-style-type: none"> <li>- Capital Projects</li> <li>- Active Travel</li> <li>- Transport</li> <li>- Greenspace</li> <li>- Nature &amp; Biodiversity</li> </ul>	<ul style="list-style-type: none"> <li>- Awareness</li> <li>- Welfare</li> <li>- Ethical Issues</li> <li>- Communities</li> <li>- Sustainable Care</li> </ul>	<ul style="list-style-type: none"> <li>- Environmental Management</li> <li>- Procurement &amp; Supply Chain</li> <li>- Waste</li> <li>- Adaptation</li> <li>- Greenhouse Gases</li> </ul>

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.

NHS Borders has secured funding from Transport Scotland (Energy Saving Trust) for 5 ultra-low emission vehicles (ULEV's), delivery expected by the end of March 2020. These vehicles will replace older fleet vehicles that were due for replacement. Potential fuel, tax and CO2 savings in the coming years.

NHS Borders energy variation for 2018/19 against 2014/15:

- Gas – 0.45% increase
- Electric – 7.16% decrease
- Biomass – 47.83% increase
- CO2 – 25.8% decrease

Overall Total energy – 0.62% increase

<b>Treatment: SAB infections:</b>					<b>G</b>
<b>Treatment: Clostridium Difficile infections:</b>					<b>G</b>
<b>Safety</b>	<b><u>Clostridium Difficile (C-diff)</u></b> The number of cases	April – August 2019	Max 32.0 per 100,000.	6	Green
	<b><u>SAB Infections</u></b> The number of cases	April – August 2019	Max 24.0 per 100,000.	4	Green

<b>Antenatal Services:</b> At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation					<b>G</b>
In Scottish Borders 87.6 % or more women accessed maternity care before 12 weeks of pregnancy between April 2019 and September 2019.					

<b>IVF:</b> Commence IVF Treatment within 12 months					<b>G</b>
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.					