

Borders NHS Board



Meeting Date: 2 July 2020

Approved by:	June Smyth Director of Strategic Change & Performance
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<u>MANAGING OUR PERFORMANCE END OF YEAR REPORT 2019/20</u>	
Purpose of Report:	
The purpose of this report is to highlight to the Board the end of year performance for 2019/20 against key targets and standards.	
Recommendations:	
The Board is asked to note the 2019/20 End of Year Managing Our Performance Report.	
Approval Pathways:	
This report was prepared in conjunction with service leads before being reviewed and signed off by the Director of Strategic Change & Performance.	
Executive Summary:	
<p>The aim of the 2019/20 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.</p> <p>Areas of strong performance for the Annual Operation Plan Performance Measures are highlighted below:</p> <ul style="list-style-type: none"> • Suspicion of Cancer to be seen within 62 days performance was variable over the year however performance was strong in March 2020 and the standard of 95.0% was achieved (page 5) • 100% of all patients requiring Treatment for Cancer to be seen within 31 days has been achieved consistently throughout 2019/20 (page 5) • 12 week Inpatient Waiting Time has consistently achieved the agreed trajectory throughout 2019/20, with the exception of March 2020 – this can be attributed to COVID-19 (page 6) • 18 Weeks Referral to Treatment Combined Performance has been consistently achieved in 2019/20 with the exception of November 2019 (page 7) • 18 weeks CAMHS performance has seen a significant improvement achieving standard for 7 months out of the reported 11, and reporting at 88.0% in February 2020 compared to 32.4% in February 2019 (page 9) • 18 weeks of Referral to Treatment for Psychological Therapies was significantly outwith of standard for the first 6 months of 2019/20, however performance improved steadily which saw the performance standard consistently achieved from 	

January - March 2020 (page 16)

- **90% of Alcohol/Drug Referrals into Treatment within 3 weeks** has been achieved every month during 2019/20 with the exception August (page 17)

The Board is 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:

- **Treatment Time Guarantee** consistently outwith the standard of 0 breaches throughout 2019/20, although it is to be noted there is a significant improvement in performance from 2018/19 (page7)
- **Patients waiting over 6 weeks for one of the 8 key Diagnostic tests** has been consistently outwith the agreed trajectory until March 2020 when the trajectory was achieved (page 8)
- **Accident & Emergency 4 Hour standard** has been poor throughout 2019/20. It has remained within tolerance with the exception of November and December where performance dipped to 85.0% and 84.4% respectively (page 10).
- **Delayed Discharges over 72 hours** has consistently been outwith the standard during 2019/20 (page 11)

The previous Local Delivery Plan (LDP standards that cannot be measured on a monthly basis are included in this End of YearMOP report.It is to be noted that the standard **Dementia Percentage of Patients Offered at Least 12 Months of Post Diagnostic Support**has been removed as this is no longer reported Nationally.

As previously highlighted to the Board, analytical capacity has been reprioritised from performance reporting to supporting the turnaround workstreams and more recently the response to the COVID-19 pandemic across the organisation. 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
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**MANAGING
OUR
PERFORMANCE
END OF YEAR
REPORT
2019/20**

June 2020

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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). 2019/20 is NHS Borders second AOP which replaces the need for an LDP. The AOP has been produced in line with guidance received from Scottish Government in November 2019.

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 End of Year MOP

This 2019/20 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 2019/20.

1. 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 has now moved to the AOP format which for the first time in 2019/20 has moved to a three year rolling reporting period. The AOP has been produced in line with guidance received from Scottish Government in November 2019 and forms an agreement on what Health Boards will achieve in period covered with SGHD. Boards are asked to work towards a number of key performance measures which fit with the Government's health objectives.

Monitoring of Performance

For each Clinical Board (Acute, Primary & 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 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 End of Year MOP Report summarises performance for the national Performance Measures, previous HEAT & LDP standards and local indicators from 1st April 2019 to 31st March 2020 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. As previously highlighted to the Board, analytical capacity has been reprioritised from performance reporting to supporting the turnaround workstreams and more recently the response to the COVID-19 pandemic across the organisation. As a result, this is an abridged version of the End of Year MOP compared to previous years.

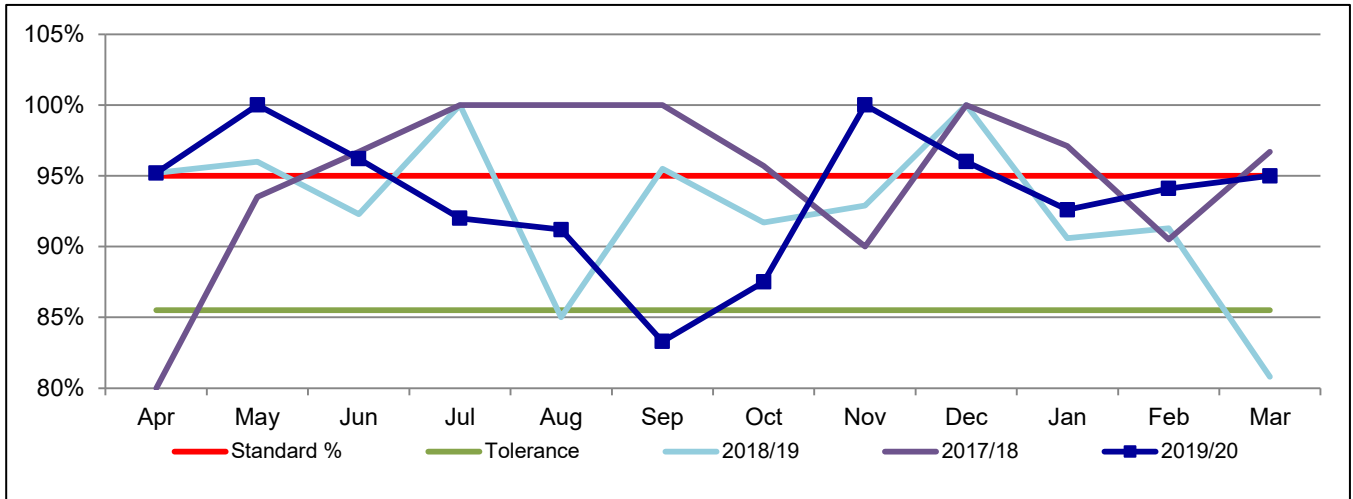
Further information on all the measures are detailed within the report and have been given a RAG (Red, Amber, Green) status based on the following key:

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)

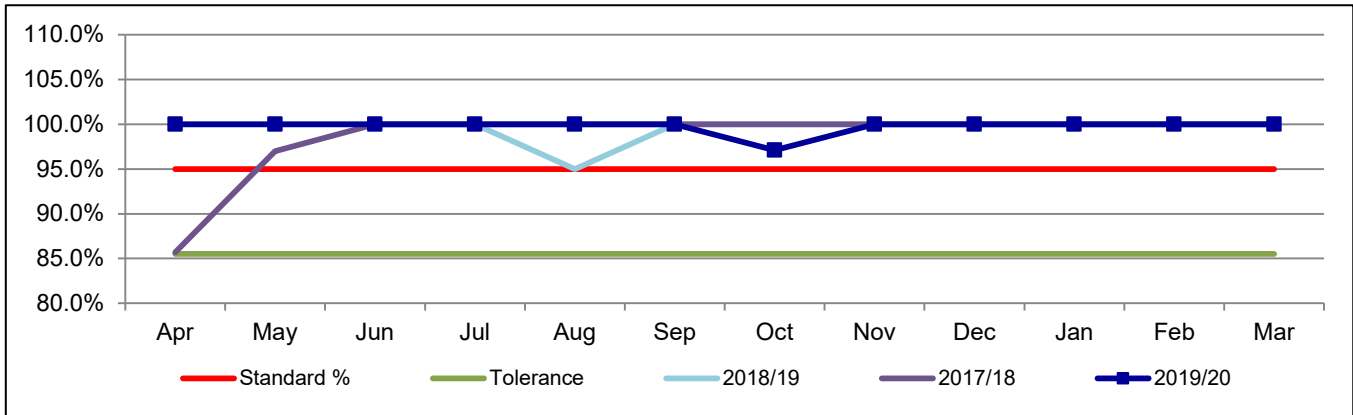
Performance Measure: 95% of all cases with a Suspicion of Cancer to be seen within 62 days	2019/20 Standard	Current Standard	Mar 2020 Position	Mar 2020 Status
	95%	95%	95.0%	G



Narrative Summary:

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

Performance Measure: 95% of all patients requiring Treatment for Cancer to be seen within 31 days	2019/20 Standard	Current Standard	Mar 2020 Position	Mar 2020 Status
	95%	95%	100.0%	G

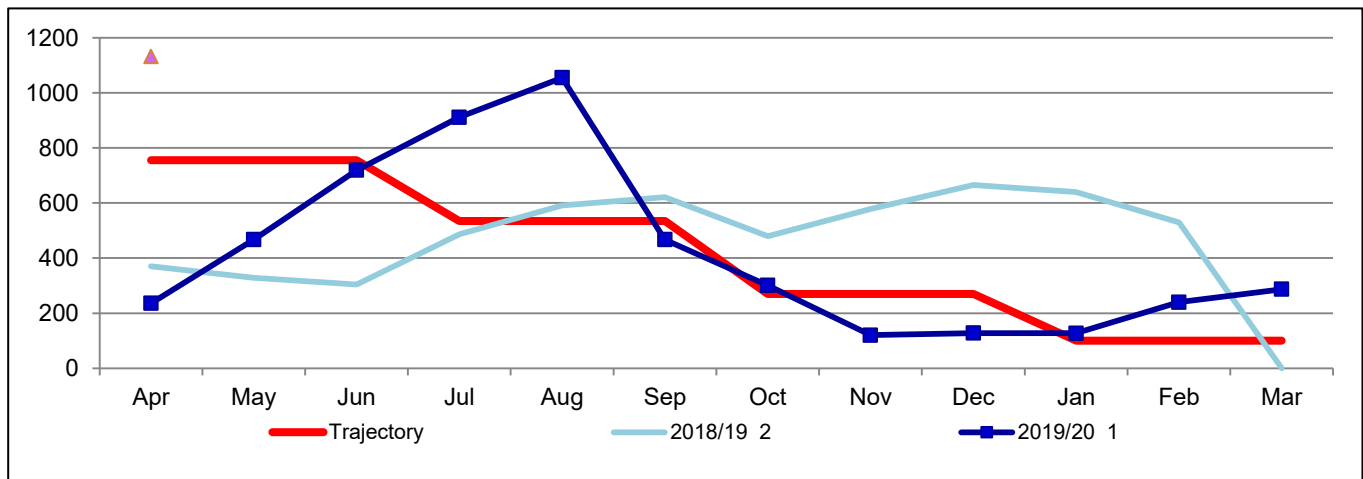


Narrative Summary:

NHS Borders has achieved 100% performance for the **31 day standard** 11 months out of 12 in 2019/20.

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	Mar 2020 Position	Mar 2020 Status
	0	100	287	R

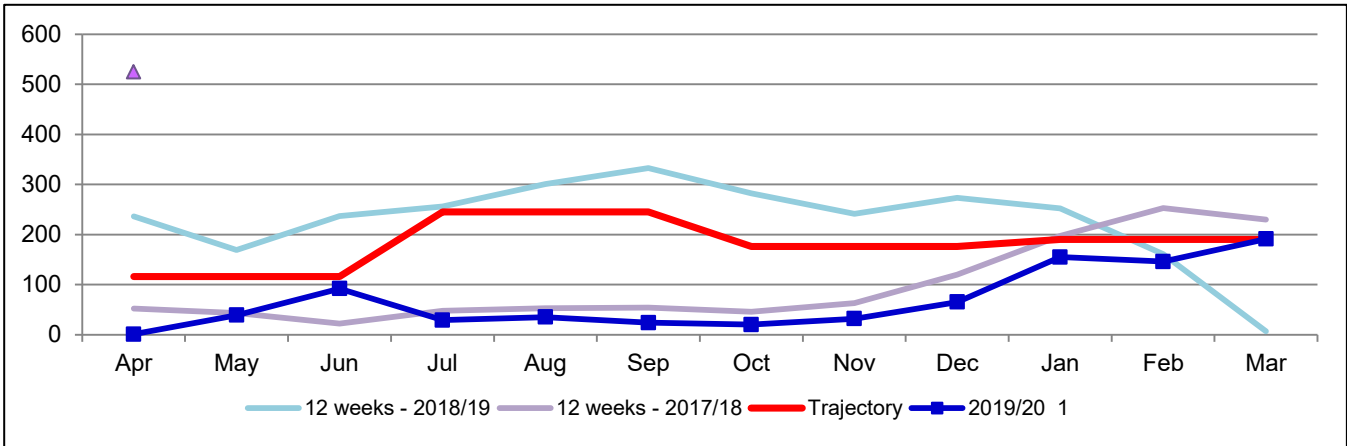


*Performance in 2019/20 is being measured against an agreed trajectory rather than the standard of 0 patient waits.

Narrative Summary:

Overall performance has improved in 2019/20 against 2018/19, with trajectory being met 6 months out of 12, Although there was a decline in January, February and March 2020.

Performance Measure: 12 wks for Inpatients	2019/20 Standard	Current* Standard	Mar 2020 Position	Mar 2020 Status
	0	190	191	A

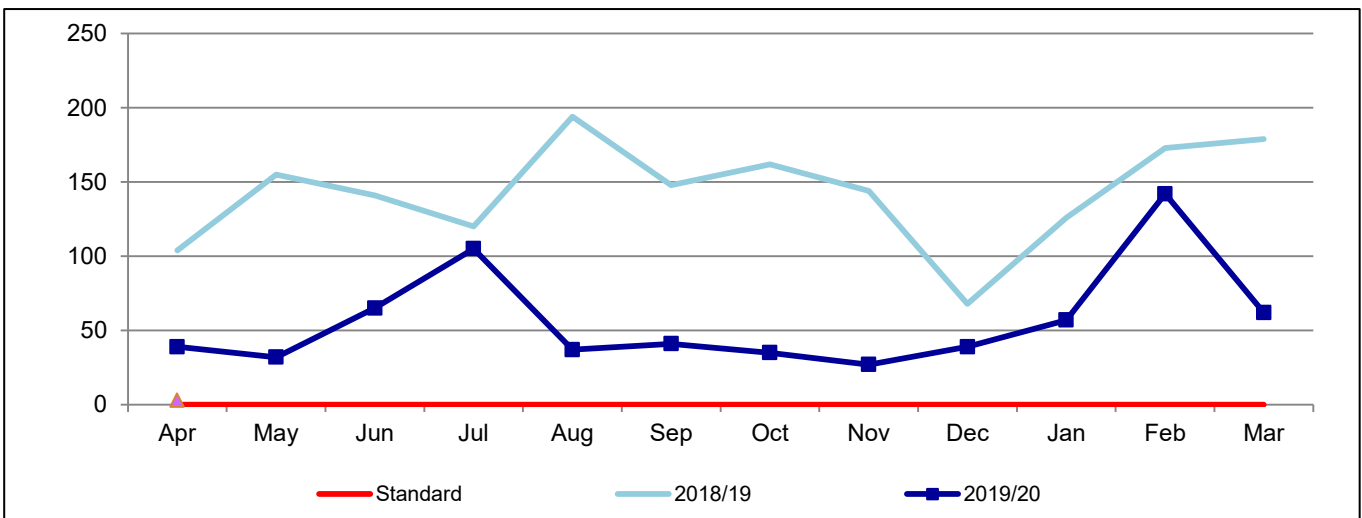


*Performance in 2019/20 is being measured against an agreed trajectory rather than the standard of 0 patient waits

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 with exception of March 2020 which can be attributed to COVID-19,

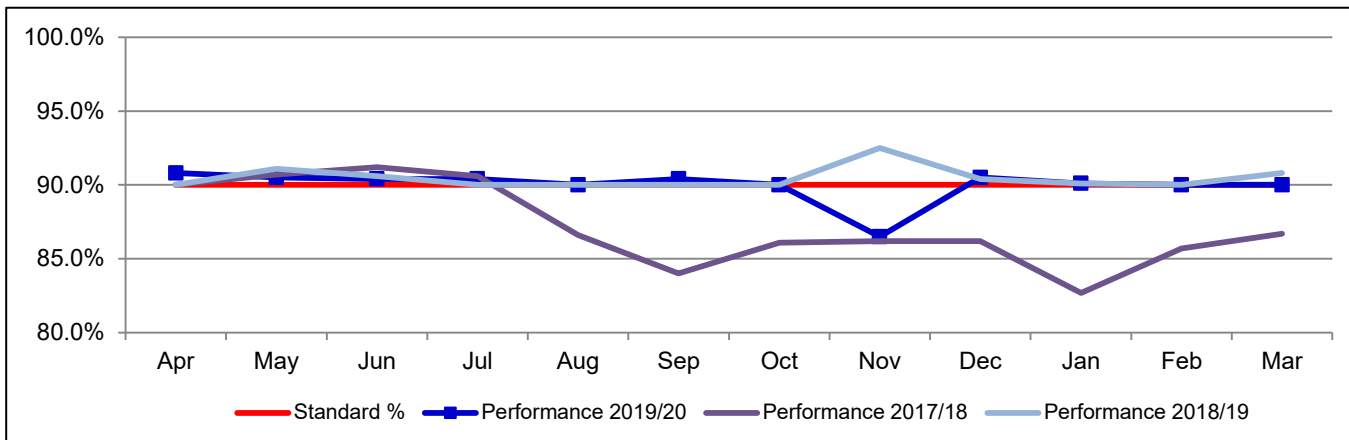
Performance Measure: 12 Weeks Treatment Time Guarantee	2019/20 Standard	Current Standard	Mar 2020 Position	Mar 2020 Status
	0	0	62	R



Narrative Summary:

The number of patients breaching their **Treatment Time Guarantee (TTG)** decreased over 2019/20 compared to 2018/19. In March 2020 62 patients who previously breached their TTG date were treated compared to 179 in March 2019.

Performance Measure: 18 Weeks Referral to Treatment Combined Performance	2019/20 Standard	Current Standard	Mar 2020 Position	Mar 2020 Status
	90%	90%	90.0%	G

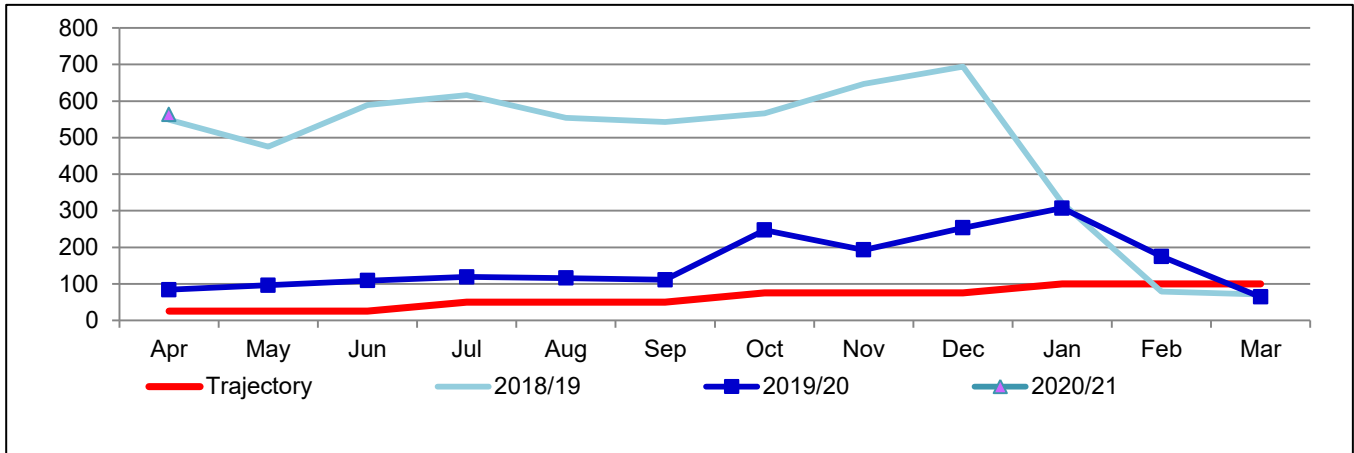


*Performance in 2019/20 is being measured against an agreed trajectory rather than the standard of 0 patient waits

Narrative Summary:

NHS Borders has consistently achieved the 90% **18 weeks combined performance** standard for the in 2019/20 with the exception of November when it was below standard but within tolerance (86.5%).

Performance Measure: 6 Week Waiting Target for Diagnostics	2019/20 Standard	Current Standard	Mar 2020 Position	Mar 2020 Status
	0	100	64	G



Narrative Summary:

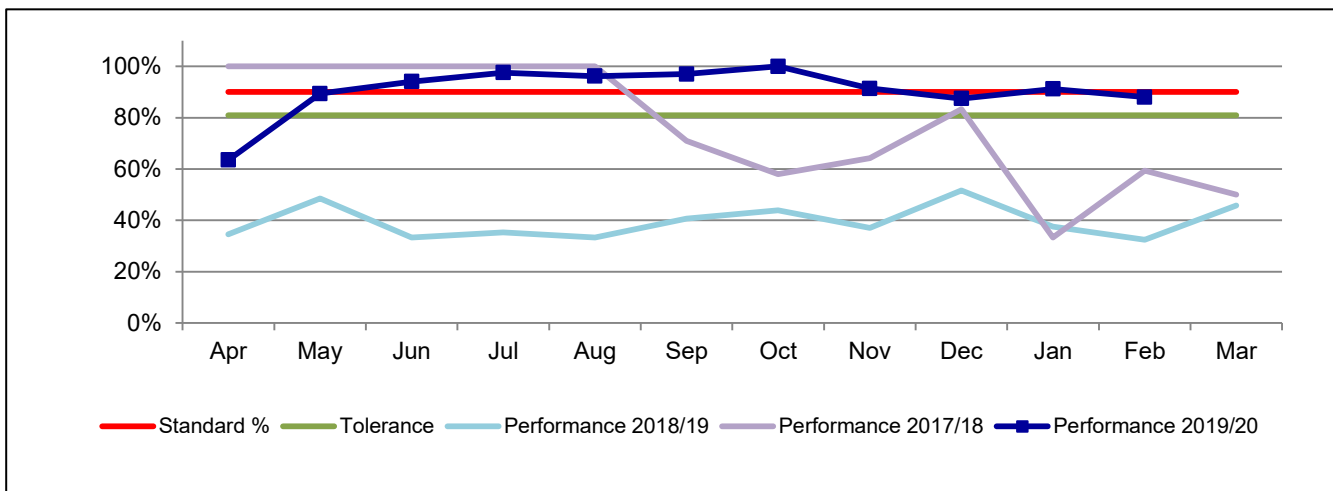
Performance against the **6 week diagnostic waiting time** standard has shown improvement from 2018/19 performance however remains consistently outwith of trajectory:

Colonoscopy & Endoscopy – Capacity has been increased through the recruitment of additional Consultant sessions to provide three additional Colonoscopy lists per week from January 2020. As a result of this, the agreed Waiting Times trajectory was met at the end March. There will however be challenges in future as a result of COVID-19 pandemic.

Magnetic Resonance Imaging (MRI) & Computerised Tomography (CT) – A significant volume of additional activity took place during 2019/20, and again the agreed trajectory was achieved at March 2020. Work is ongoing to develop a plan to maintain this position going forwards, including development of a proposal to install the newly purchased MRI scanner as a second device.

Ultrasound – There are ongoing staffing issues around Ultrasound, but once again agreed trajectories were achieved at end March. An additional machine is likely to be required to maintain this position in light of COVID-19, and discussions are ongoing as to how to resource this.

Performance Measure: No CAMHS waits over 18 weeks	2019/20 Standard	Current Standard	Feb 2020* Position	Feb 2020* Status
	90%	90%	88.0%	A



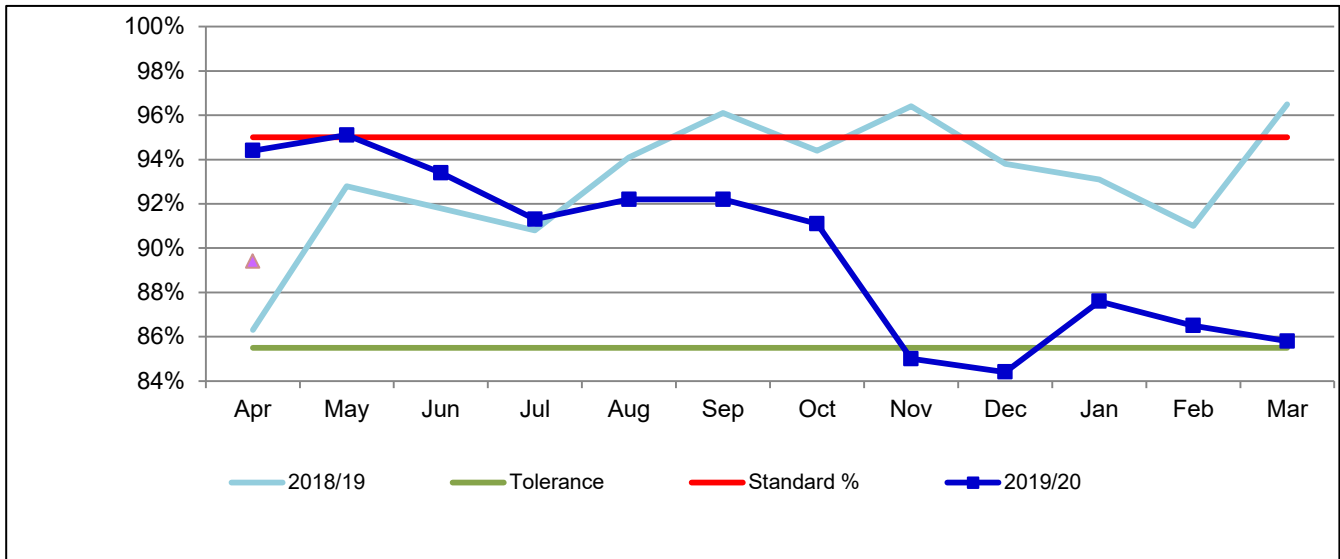
*Latest position available at time of writing report

Narrative Summary:

There has been a significant improvement in performance in 2019/20 from 2018/19 with the standard only being outside of tolerance for 1 month of the reported 11 and above standard for 7 months. The February 2020 reported position was 88.0% compared to 32.4% in February 2019.

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

Performance Measure: Accident & Emergency 4 Hour Standard	2019/20 Standard	Current Standard	Mar 2020 Position	Mar 2020 Status
	95%	95%	85.8%	A



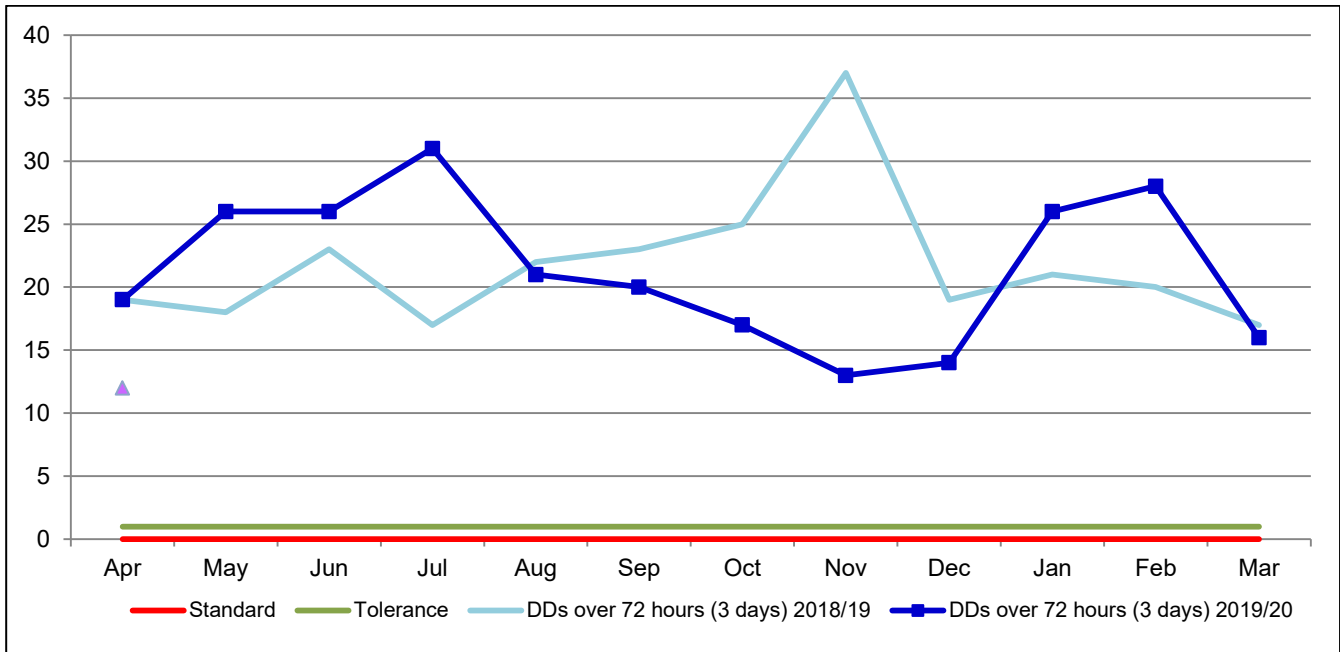
Narrative Summary:

NHS Borders has only been able to achieve the **Accident & Emergency 4 Hour standard** one month in 2019/20 and has remained within tolerance bar November and December where performance dipped to 85.0% and 84.4% respectively.

The following key developments and activities that remained ongoing until the point of initiation our COVID-19 Mobilisation plan:

- 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	Mar 2020 Position	Mar 2020 Status
Performance Measure: Delays over 2 weeks	0	0	13	R
Performance Measure: Delays over 72 hours (3 days)	0	0	16	R



Narrative Summary:

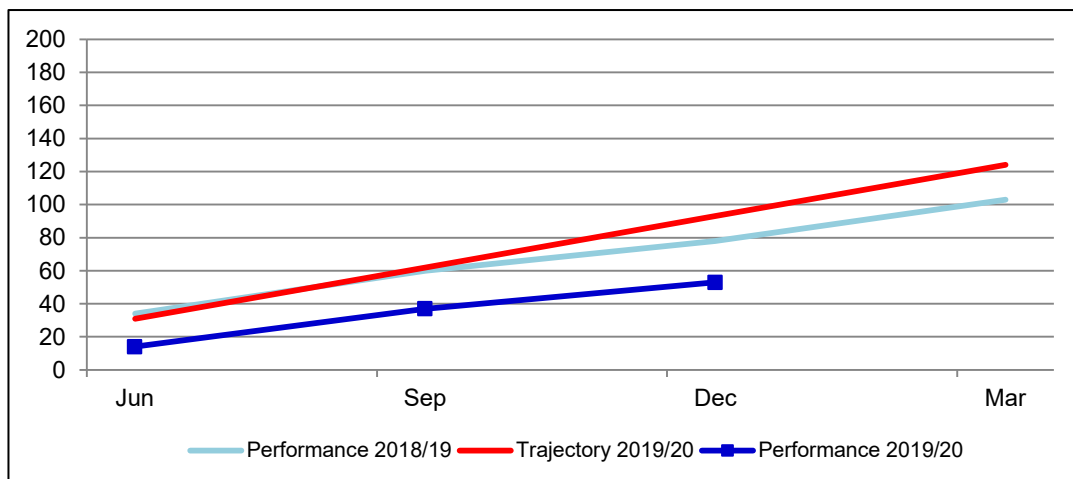
NHS Borders is facing significant challenges with Delayed Discharges, which continues to impact on patient flow within the Borders General Hospital and our four Community Hospitals. We continue to face challenges with sourcing both care at home and care home places across the Borders.

Prior to NHS Borders response to the COVID-19 pandemic the service had been 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. Work on improving performance will remain our priority as we develop our recovery plan.

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

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

Standard: Smoking cessation successful quits in most deprived areas (cumulative)	2019/20 Standard	Current Standard	Dec 2019 Position	Dec 2019 Status ¹
		124	93	53

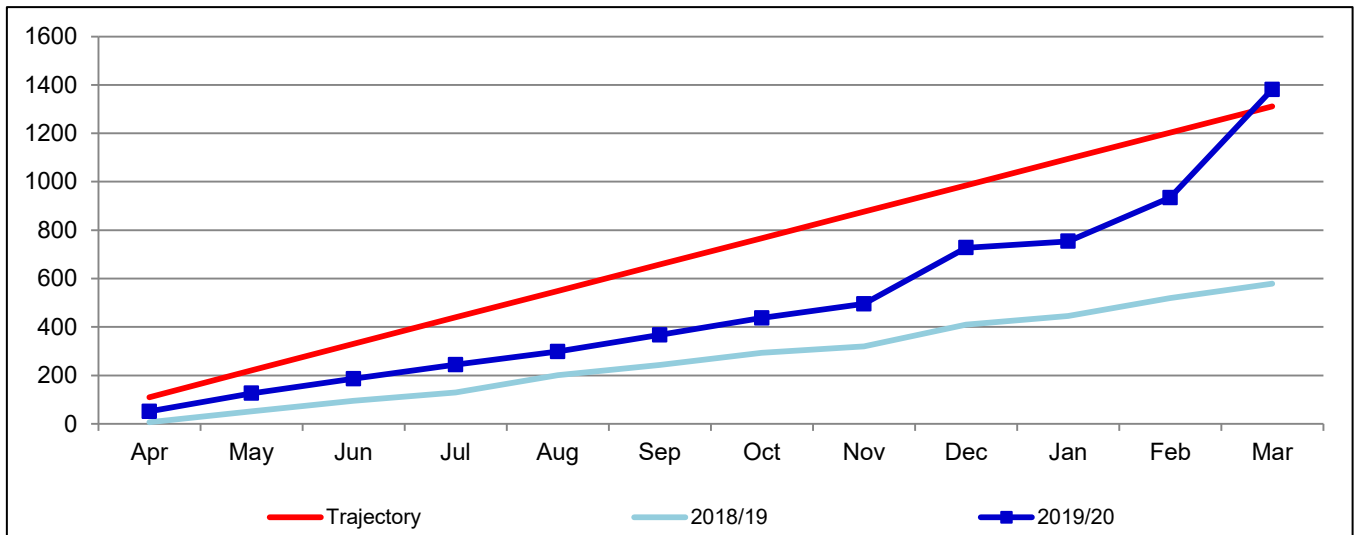


Please Note: All figures are cumulative. Data is reported quarterly to allow monitoring of the 12 week quit period. There is a 6 month lag time for reporting to allow monitoring of the 12 week quit period.

Narrative Summary:

The provisional figure for Q3 is 53 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	Mar 2020 Position	Mar 2020 Status
	1312	1312	1381	G



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.

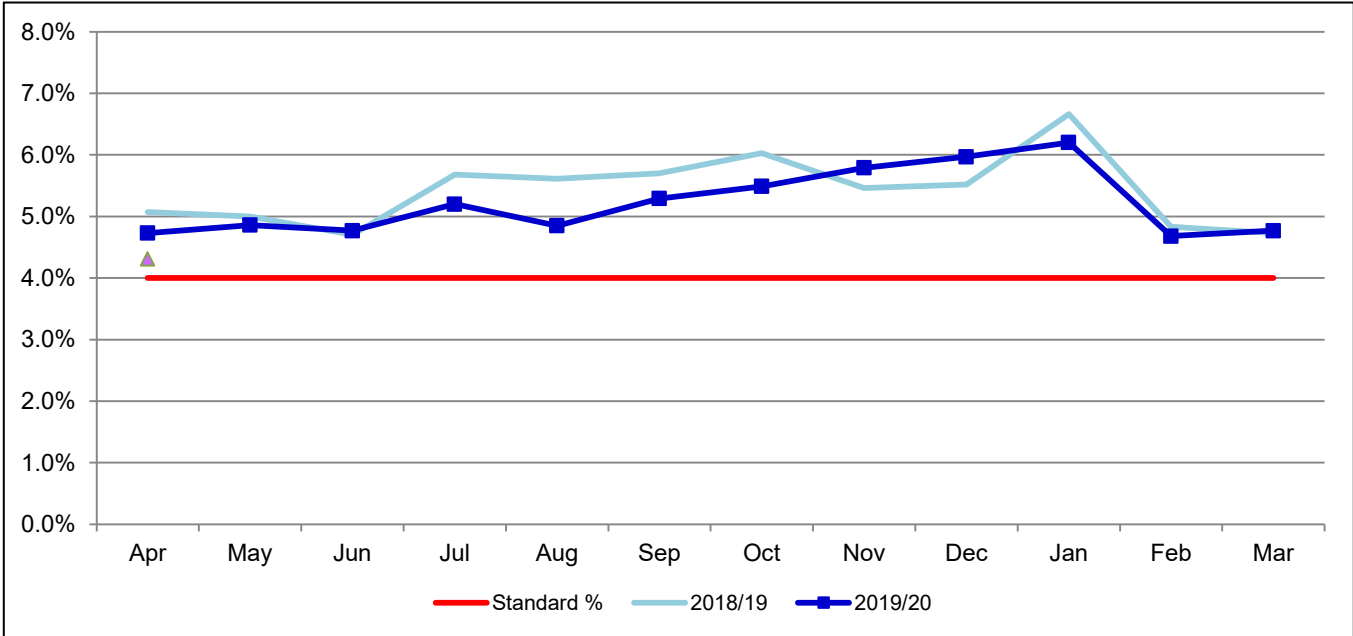
Narrative Summary:

Alcohol Brief Interventions (ABI) performed below the trajectory set throughout 2019/20 with the exception of March 2020, performance however increased from 2018/19. 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 continue to be reported quarterly.

Standard: Maintain Sickness Absence Rates below 4%	2019/20 Standard	Current Standard	Mar 2020 Position	Mar 2020 Status
	4.0%	4.0%	4.8%	R



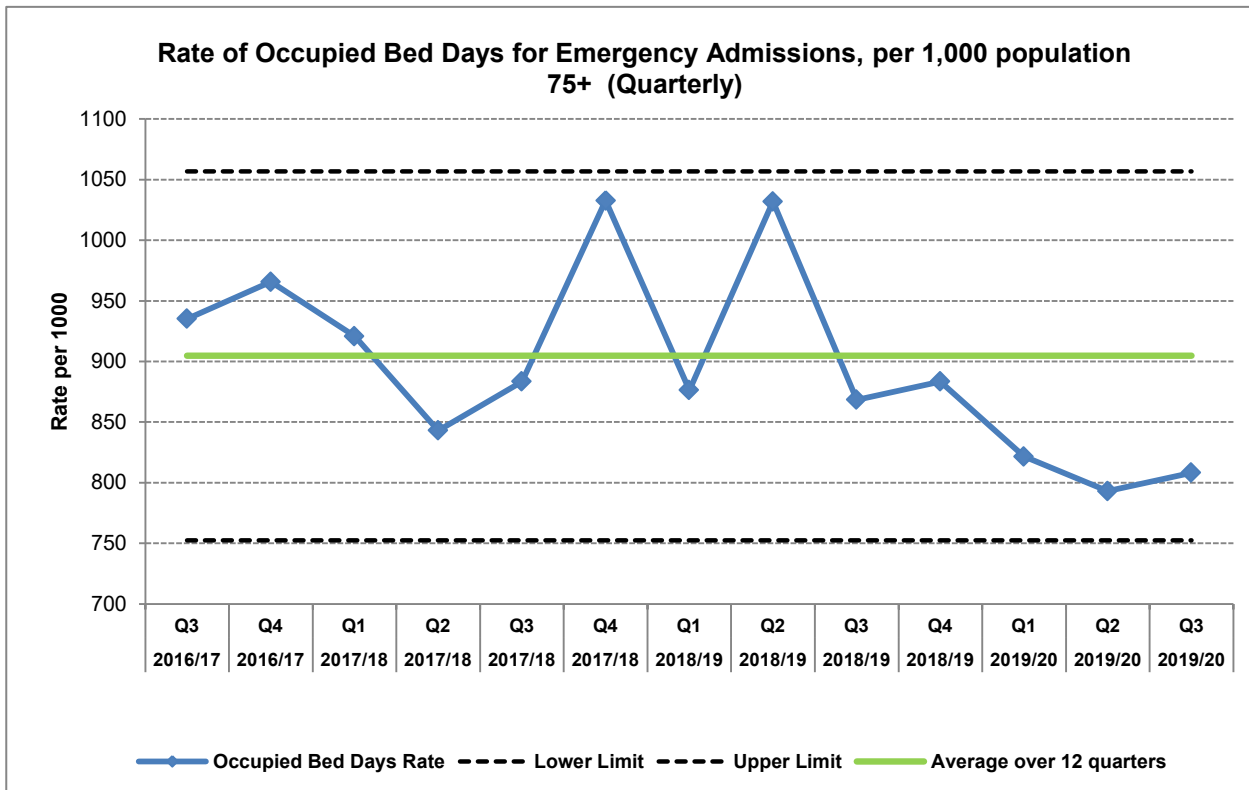
Narrative Summary:

The run chart reports a **Sickness Absence (SA)** rate that has been consistently outwith of standard in 2019/20.

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 continue 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+	2019/20 Standard	Current Standard	Q3 2019/20 Position Emergency Admissions OBDs	Q3 2019/20 Status Occupied Bed Days
	-	-	808	N/A



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

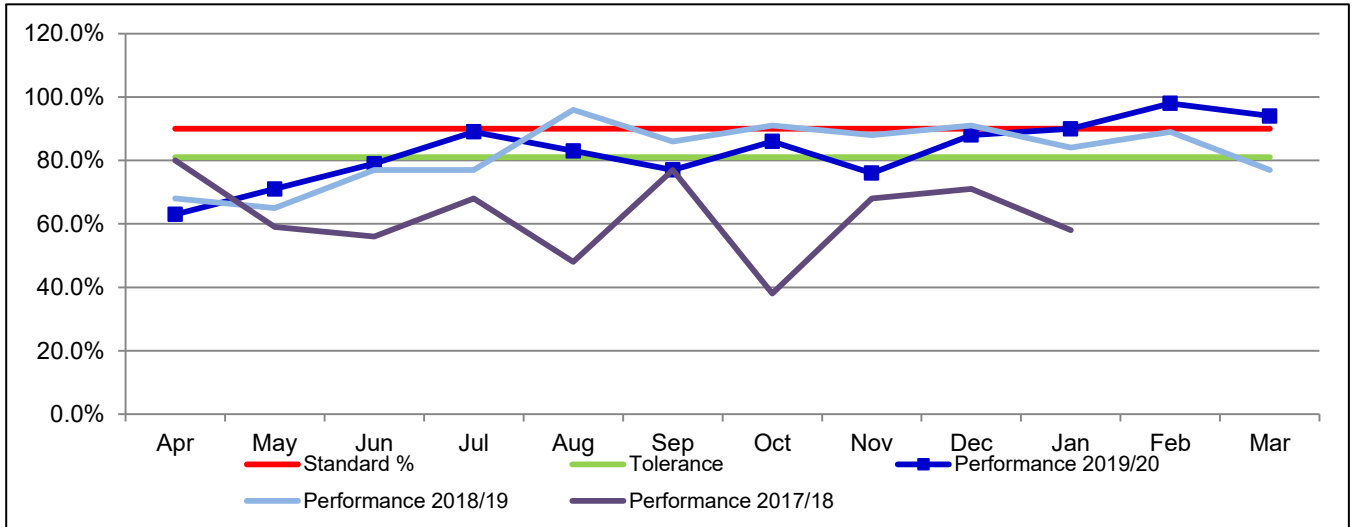
Narrative Summary:

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 in 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 implemented within the 2019/20
- 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 Psychological Therapy waits over 18 weeks	2019/20 Standard	Current Standard	Mar 2020 Position	Mar 2020 Status
	90%	90%	94.0%	G

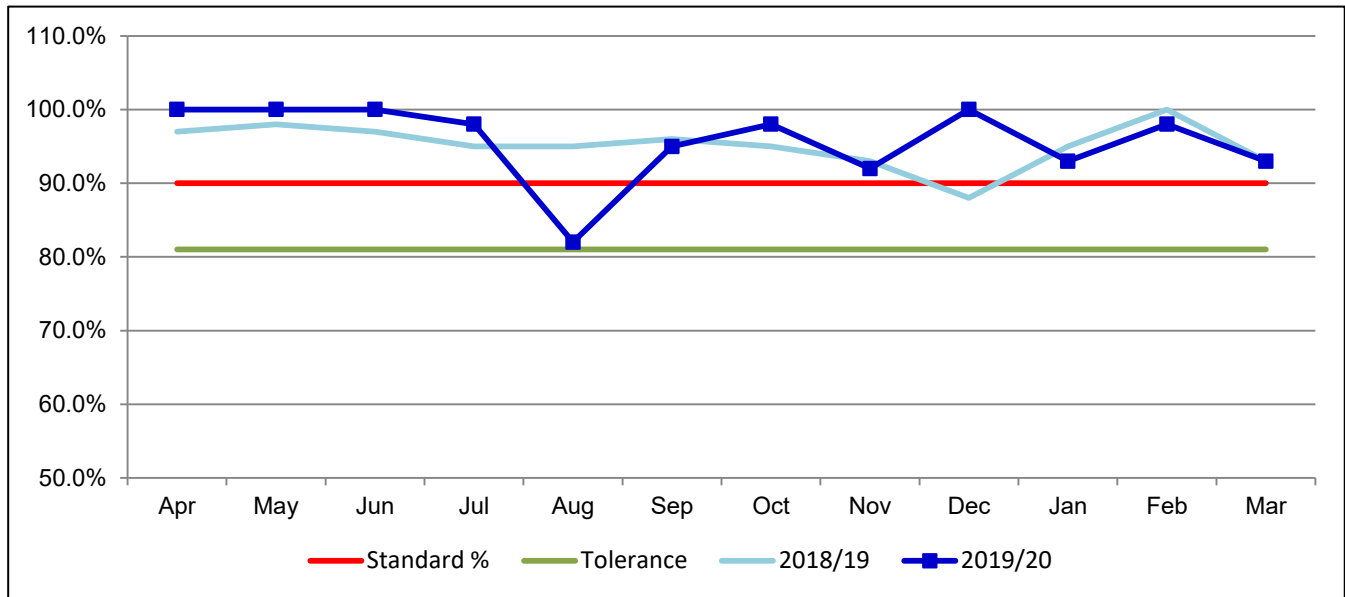


Please Note: Psychological Therapy data for September 2017 to July 2018 is provisional, it does not include all activity due to transition to EMIS reporting

Narrative Summary:

Performance had been outwith of standard throughout the first nine months of 2019/20, however performance significantly improved steadily which saw the performance standard consistently achieved from January 2020 to March 2020 where performance was 94.0% as apposed to 77.0% in March 2019.

Standard: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks	2019/20 Standard	Current Standard	Mar 2020 Position	Mar 2020 Status
	90%	90%	93.0%	G



Narrative Summary:

Throughout 2019/20 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 (ES Team) 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	Mar-20	PHS	95.0%	86.1%
	95% target for treatment within 31 days of decision to treat for all patients diagnosed with Cancer	Mar-20	PHS	100%	96.54%
	12 Weeks Outpatient Waiting Time	Dec-19	Local	96.1%	73.2%
	12 Weeks Treatment Time Guarantee	Dec-19	PHS	93.8%	72.7%
	18 Weeks RTT Combined Performance	Feb-20	Local	90.0%	77.20%
	% waiting within the 6 week standard for a key diagnostic test	Sep-19	PHS	92.8%	82.3%
	No CAMHS waits over 18 weeks	Feb-20	Local	88.0%	63.8%
	98% of waits for A&E under 4 hours (local stretch)	Mar-20	Local	86.3%	87.8%
	No Delayed Discharges over 3 days	Feb-20	Local	22	923
Previous HEAT and LDP standards	Dementia Post Diagnostic Support	Mar-18	PHS	78.44%	72.52%
	Alcohol Brief Interventions (% achieved against the target)	Dec-19	PHS	39.74%	83.69%
	12 weeks successful quits in Smoking cessation in most deprived areas (% achieved against the target)	Sep-19	PHS	46.8%	91.1%
	Sickness Absence Rate	Mar-20	PHS	4.57%	5.20%
	Increase the proportion of new-born children breastfed at 6-8 weeks	Dec-19	PHS	36.9%	-
	Joint Development Reviews to be recorded on Turas (previously eKSF)	Mar-20	Local	35.9%	-
	90% of admissions to the Stroke Unit within 1 day of admissions	Jan-20	Local	76.9%	-
	No Psychological Therapy waits over 18 weeks	Mar-20	PHS	93.7%	78.8%
	90% of Alcohol/Drug Referrals into Treatment within 3 weeks	Feb-20	PHS	92.3%	93.3%

Progress on Targets Not Reported on a Monthly Basis

Cancer: 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& 2018 and shows NHS Borders performance at 22.4% against the national average of 25.5%. This position remains the same as reported at Mid Year due to the way in which PHS (formally ISD) updates.</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>	

GP Access: 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, this remains the latest reported data. 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>http://www.gov.scot/Resource/0053/00534419.pdf</p> <p>The survey is run every two years. The next publication was due in April 2020, however due to COVID-19 this has been postponed.</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 began to look at 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"> - Capital Projects - Active Travel - Transport - Green space - Nature & Biodiversity 	<ul style="list-style-type: none"> - Awareness - Welfare - Ethical Issues - Communities - Sustainable Care 	<ul style="list-style-type: none"> - Environmental Management - Procurement & Supply Chain - Waste - Adaptation - 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.

In the second half of 2019/20 work had begun to establish a short life working group with representation from across NHS Borders with a passion for Sustainability, to look at how we could bring to life a programme within the organisation. This work has been paused in response to COVID-19 and will be revisited as we recover and renew.

NHS Borders secured funding from Transport Scotland (Energy Saving Trust) for 5 ultra-low emission vehicles (ULEV's). These vehicles are designed to 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

Treatment: SAB infections:					G
Treatment: Clostridium Difficile infections:					G
Safety	<u>Clostridium Difficile Infections (CDI)</u> The number of cases	April 19 – March 20	Max 32.0 per 100,000.	18	Green
	<u>SAB Cases</u> The number of cases	April 19 – March 20	Max 24.0 per 100,000.	16	Green

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 87.6 % or more women accessed maternity care before 12 weeks of pregnancy between April 2019 and September 2019.					

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. NHS Borders have not been notified by NHS Lothian of any breaches caused by the closure of their IVF Unit due to COVID-19; however this may affect the 2020/21 midyear reporting position.					