



**MANAGING  
OUR  
PERFORMANCE  
MID YEAR  
REPORT  
2018/19**

**September 2018**

**Planning & Performance**

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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, previous HEAT / LDP standards and local Key Performance Indicators. 2018/19 is NHS Borders first Annual Operational Plan which replaces the need for a Local Delivery Plan. The Annual Operational Plan 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. Monthly Clinical Board scorecards and quarterly performance reviews are in place, as well as this bi-annual Managing Our Performance Report (MOP).

### **2018/19 Mid Year MOP**

This 2018/19 Mid Year MOP Report includes an assessment of performance in relation to the Annual Operational Plan Performance Measures, previous HEAT & LDP standards, local Key Performance Indicators and the Corporate Objectives. The report shows trends for each measure which can be reported monthly, along with narrative describing progress made within the first 6 months of this financial year. 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. A RAG status has been applied to those targets not reported on a monthly basis and is based on performance at the end of September 2018 (or latest available performance).

### **Summary**

This report allows Board members to see the mid year position for 2018/19 and assess what action is required going forward for the final 6 months of this financial year.

## 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 Local Delivery Plan (LDP) however for the first time, NHS Borders produced the Annual Operational Plan which replaces the need for a LDP. The Annual Operational Plan 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. For the first year there are no locally set stretch targets within the report for monitoring purposes, these targets previously included; Waiting Times Target for Diagnostics, Accident & Emergency 4 Hour Standard, CAMHS Waiting Times and Psychological Therapy Waiting Times.

In addition to this, each Clinical Board attends a quarterly performance review where performance is monitored by the Board Executive Team.

### 2018/19 Performance Measures

This 2018/19 Mid Year MOP Report summarises performance for the national Performance Measures, previous HEAT & LDP standards and local indicators from April 2018 to September 2018, a trend graph and narrative is included for these. 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.

### Corporate Objectives

In section 4, there is a summary of progress towards embedding the Corporate Objectives.

#### ***Please note:***

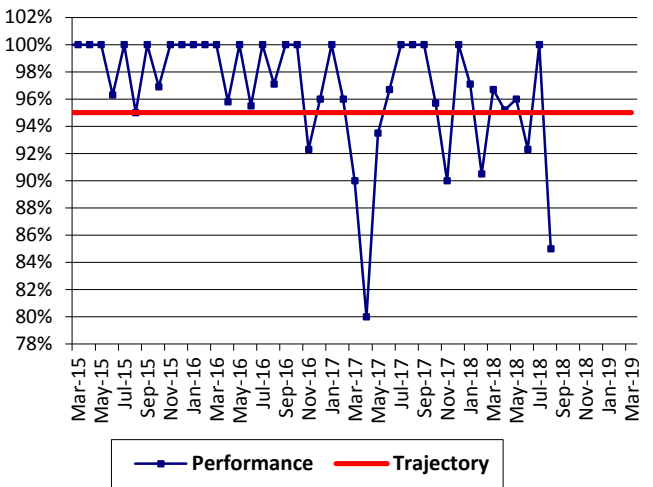
- Some anomalies may occur in data due to time lags in data availability and national reporting schedules.

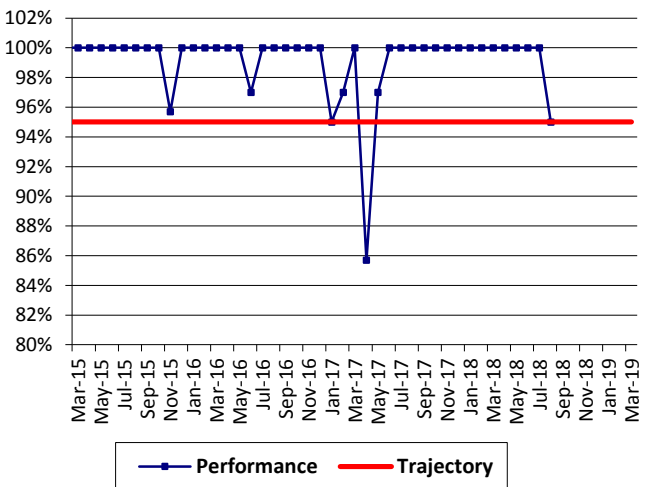
Further information on all the measures are detailed within the report and have been given a RAG (Red, Amber, Green) status based on the following key:

<b>Current Performance Key</b>			
<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 and Narrative of Annual Operational Plan Performance Measures

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

Performance Measure: 95% of all cases with a Suspicion of Cancer to be seen within 62 days	2018/19 Standard	Current Standard	Aug 2018 <sup>1</sup> Position	Aug 2018 <sup>1</sup> Status
 <p data-bbox="94 882 743 945"><sup>1</sup> There is a 1 month lag time for data due to the deadline for receiving national reporting.</p>	95%	95%	85.0% (Aug 2018)	R
<p data-bbox="768 321 1539 520">There has been a reduction in the <b>62 day performance</b> over the past few months due to long waits for Prostate and Lung surgery in Lothian and for patients awaiting Prostate Brachytherapy. Recently long waits for BGH diagnostics within Colonoscopy have also worsened this performance, this is due to an increase in demand.</p> <p data-bbox="768 548 1539 642">Extra Colonoscopy sessions are being organised to reduce these waits that are due to commence on 24<sup>th</sup> November 2018.</p> <p data-bbox="768 674 1539 737">However, the September position has shown an improvement with performance at 95.5%.</p>				

Performance Measure: 95% of all patients requiring Treatment for Cancer to be seen within 31 days	2018/19 Standard	Current Standard	Aug 2018 <sup>1</sup> Position	Aug 2018 <sup>1</sup> Status
 <p data-bbox="94 1753 743 1816"><sup>1</sup> There is a 1 month lag time for data due to the deadline for receiving national reporting.</p>	95%	95%	95.0% (Aug 2018)	G
<p data-bbox="768 1186 1539 1281">NHS Borders has achieved 100% performance for the <b>31 day standard</b> over a number of months. This is due to surgical priority being given to clinical priority.</p> <p data-bbox="768 1312 1539 1407">Drops in performance can be quite significant as the number of patients we treat within NHS Borders is relatively small and one breach can reduce our performance by around 5%.</p>				

Performance Measure: 12 wks for Outpatients	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		0	0	621

Month	Performance
Mar-15	300
May-15	350
Jul-15	300
Sep-15	250
Nov-15	200
Jan-16	500
Mar-16	550
May-16	250
Jul-16	400
Sep-16	200
Nov-16	450
Jan-17	750
Mar-17	500
May-17	750
Jul-17	1000
Sep-17	1200
Nov-17	1200
Jan-18	1000
Mar-18	350
May-18	300
Jul-18	300
Sep-18	621

There has been an increase in the number of **outpatients** waiting longer than 12 weeks since July 2018. This however is around half of the patients over 12 weeks compared to the same period last year.

The increase was largely due to increases within the General Surgery, Oral Surgery, Respiratory Medicine and Orthopaedic Surgery services.

An action plan has been developed to resolve issues within the General Surgery, Oral Surgery and Orthopaedic Surgery specialties using Waiting Times funded additional internal capacity and Synaptik for Respiratory Medicine moving forward.

For Dermatology Synaptik was also used along with the GPwSI template. Overall with Synaptik and extra consultant activity we achieved our aim to be in a better position by March 2018 than we were in March 2017.

The Waiting Times Plan expects all outpatient waits to improve by March 2019.

Performance Measure: 12 wks for Inpatients	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		0	0	333

Month	Performance
Mar-15	25
May-15	10
Jul-15	10
Sep-15	10
Nov-15	10
Jan-16	10
Mar-16	10
May-16	10
Jul-16	10
Sep-16	10
Nov-16	10
Jan-17	10
Mar-17	50
May-17	50
Jul-17	50
Sep-17	50
Nov-17	50
Jan-18	125
Mar-18	250
May-18	225
Jul-18	175
Sep-18	333

The number of patients breaching the **12 week inpatient waiting time** increased significantly due to a shortage of capacity within Orthopaedic Surgery, Ophthalmology and a backlog of Vasectomy patients within General Surgery.

A plan is in place to try and recover Vasectomies through Outpatients as capacity is more readily available.

Reviews are currently underway within the Orthopaedic Surgery and Ophthalmology services to increase theatre capacity and utilisation and short term capacity is being sourced from external providers.

The IHO project is well underway and has resulted in an increase in activity throughout the specialties however this has not addressed the capacity issues within Orthopaedics.

The waiting times plan expects all inpatient waits to improve by March 2019.

Performance Measure: 12 Weeks Treatment Time Guarantee	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		0	0	148

The number of patients breaching their **Treatment Time Guarantee (TTG)** has been increasing over the last 12 months.

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

The IHO project is well underway and has resulted in an increase in activity throughout the specialties however this has not addressed the capacity issues within Orthopaedics.

The waiting times plan expects 12 weeks Treatment Time Guarantee figures to improve by March 2019.

Performance Measure: 18 Weeks Referral to Treatment Admitted Pathway Performance	2018/19 Standard	Current Standard	Aug 2018 <sup>1</sup> Position	Aug 2018 <sup>1</sup> Status
		90%	90%	44.4% (Aug 2018)

**18 weeks admitted performance** has declined over the year, as a result of longer waiting times for outpatient appointments and due to the number of Orthopaedic inpatient and day case breaches.

This is expected to remain low until a plan is in place to recover Ophthalmology.

Performance will improve when outpatient waits reduce. The waiting times plan is expects all outpatient and inpatient waits to improve by March 2019.

<sup>1</sup> There is a 1 month lag time for 18 Weeks RTT to allow accurate information to be reported in line with national reporting timelines.



Performance Measure: 18 Weeks Referral to Treatment Non-Admitted Pathway Performance	2018/19 Standard	Current Standard	Aug 2018 <sup>1</sup> Position	Aug 2018 <sup>1</sup> Status
		90%	90%	95.3% (Aug 2018)

<sup>1</sup> There is a 1 month lag time for 18 Weeks RTT to allow accurate information to be reported in line with national reporting timelines.

**18 weeks non-admitted pathway performance** has remained above the 90% standard from April following the additional activity run at the end of 2017/18 to see and treat the long waiters.

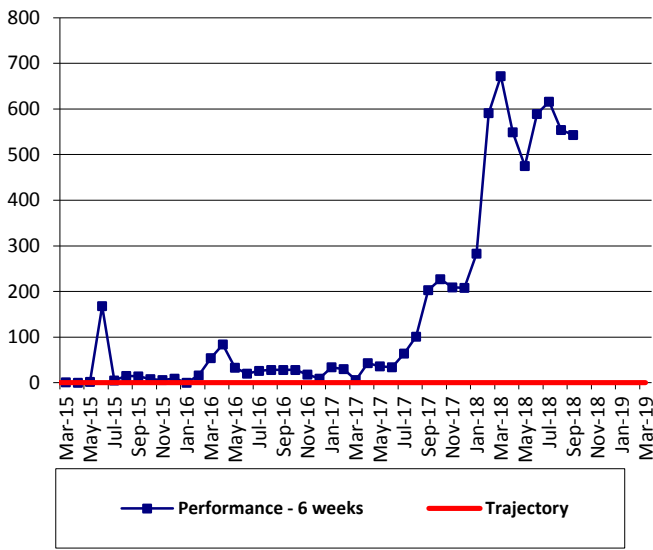
Performance Measure: 18 Weeks Referral to Treatment Combined Performance	2018/19 Standard	Current Standard	Aug 2018 <sup>1</sup> Position	Aug 2018 <sup>1</sup> Status
		90%	90%	90.0% (Aug 2018)

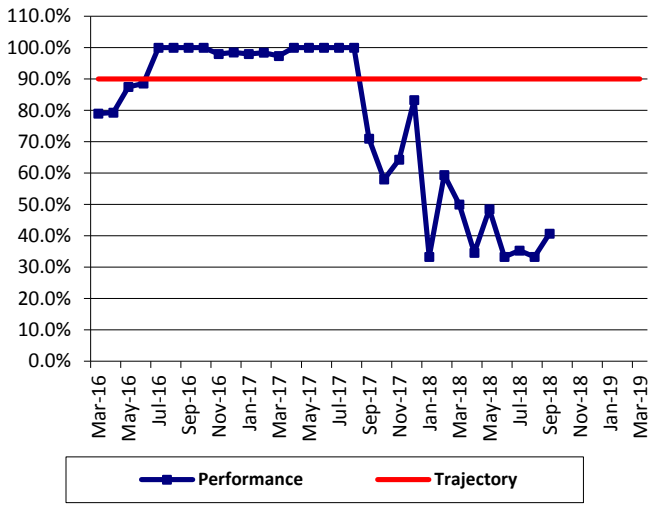
  

<sup>1</sup> There is a 1 month lag time for 18 Weeks RTT to allow accurate information to be reported in line with national reporting timelines.

We have achieved the 90% **18 weeks combined performance** standard for the past 5 months however this is expected to deteriorate due to a backlog of patients waiting to be treated over 18 weeks within Oral Surgery and Orthopaedic Surgery combined Inpatient and Outpatient waits and Inpatient waits for Ophthalmology.

There are plans in place to reduce the backlogs in Oral Surgery and Orthopaedic Surgery however this will reduce performance while the backlog is being worked through.

Performance Measure: 6 Week Waiting Target for Diagnostics	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status																																																	
	0	0	543	R																																																	
 <table border="1" data-bbox="94 241 743 787"> <caption>Approximate data from the performance graph</caption> <thead> <tr> <th>Date</th> <th>Performance - 6 weeks</th> </tr> </thead> <tbody> <tr><td>Mar-15</td><td>0</td></tr> <tr><td>May-15</td><td>170</td></tr> <tr><td>Jul-15</td><td>10</td></tr> <tr><td>Sep-15</td><td>10</td></tr> <tr><td>Nov-15</td><td>10</td></tr> <tr><td>Jan-16</td><td>10</td></tr> <tr><td>Mar-16</td><td>100</td></tr> <tr><td>May-16</td><td>20</td></tr> <tr><td>Jul-16</td><td>20</td></tr> <tr><td>Sep-16</td><td>20</td></tr> <tr><td>Nov-16</td><td>20</td></tr> <tr><td>Jan-17</td><td>20</td></tr> <tr><td>Mar-17</td><td>20</td></tr> <tr><td>May-17</td><td>20</td></tr> <tr><td>Jul-17</td><td>100</td></tr> <tr><td>Sep-17</td><td>220</td></tr> <tr><td>Nov-17</td><td>200</td></tr> <tr><td>Jan-18</td><td>280</td></tr> <tr><td>Mar-18</td><td>670</td></tr> <tr><td>May-18</td><td>480</td></tr> <tr><td>Jul-18</td><td>620</td></tr> <tr><td>Sep-18</td><td>540</td></tr> <tr><td>Nov-18</td><td>540</td></tr> <tr><td>Jan-19</td><td>540</td></tr> <tr><td>Mar-19</td><td>540</td></tr> </tbody> </table>	Date	Performance - 6 weeks	Mar-15	0	May-15	170	Jul-15	10	Sep-15	10	Nov-15	10	Jan-16	10	Mar-16	100	May-16	20	Jul-16	20	Sep-16	20	Nov-16	20	Jan-17	20	Mar-17	20	May-17	20	Jul-17	100	Sep-17	220	Nov-17	200	Jan-18	280	Mar-18	670	May-18	480	Jul-18	620	Sep-18	540	Nov-18	540	Jan-19	540	Mar-19	540	<p>Performance against the <b>6 week diagnostic waiting time</b> standard did show improvement but subsequently deteriorated.</p> <p><b>Colonoscopy</b> - The recent introduction of qfit testing for bowel screening patients has seen an increase in demand for colonoscopy which has severely impacted on waiting times. Funding has been allocated to commence additional sessions from 15/16 December 2018: these sessions will continue until the end of the financial year. These sessions are being provided by Synaptik and work is ongoing to confirm the eventual improvement this activity will have upon the waiting times</p> <p><b>Endoscopy</b> – The 6 week standard has been met consistently and performance continues to be monitored.</p> <p><b>Magnetic Resonance Imaging (MRI) &amp; Computerised Tomography (CT)</b> – The MRI service continues to be under pressure. The length of scans is increasing due to changing guidelines which has lead to a reduction in throughput in terms of patient numbers. Scottish Government funding (non-recurring) was secured to combat this with additional weekend and evening sessions which continue to be run and this is showing a slow improvement over the last 3 months. Fixed term recruitment of radiology staff has been successful but the impact is yet to be seen.</p> <p><b>Ultrasound</b> – The ultrasound service has staffing challenges at present due to maternity leave. Temporary hours have been filled by current staff to ensure the availability of scan appointments.</p>
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Performance Measure: No CAMHS waits over 18 weeks	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status																																																									
	90%	90%	40.7%	R																																																									
 <p>The graph displays the percentage of CAMHS referrals meeting the 'No CAMHS waits over 18 weeks' standard. The y-axis ranges from 0.0% to 110.0% in 10% increments. The x-axis shows monthly intervals from Mar-16 to Mar-19. A red horizontal line at 90.0% indicates the standard. The blue line represents performance, which starts at 80.0% in Mar-16, reaches 100.0% by Jul-16, and remains at 100.0% until Sep-17. From Sep-17, performance drops sharply, reaching approximately 35.0% by Jan-18 and remaining below 50.0% through Mar-19.</p> <table border="1" data-bbox="94 241 738 745"> <caption>Performance Data (Estimated from Graph)</caption> <thead> <tr> <th>Month</th> <th>Performance (%)</th> <th>Trajectory (%)</th> </tr> </thead> <tbody> <tr><td>Mar-16</td><td>80.0</td><td>90.0</td></tr> <tr><td>May-16</td><td>85.0</td><td>90.0</td></tr> <tr><td>Jul-16</td><td>100.0</td><td>90.0</td></tr> <tr><td>Sep-16</td><td>100.0</td><td>90.0</td></tr> <tr><td>Nov-16</td><td>98.0</td><td>90.0</td></tr> <tr><td>Jan-17</td><td>98.0</td><td>90.0</td></tr> <tr><td>Mar-17</td><td>98.0</td><td>90.0</td></tr> <tr><td>May-17</td><td>98.0</td><td>90.0</td></tr> <tr><td>Jul-17</td><td>98.0</td><td>90.0</td></tr> <tr><td>Sep-17</td><td>70.0</td><td>90.0</td></tr> <tr><td>Nov-17</td><td>60.0</td><td>90.0</td></tr> <tr><td>Jan-18</td><td>35.0</td><td>90.0</td></tr> <tr><td>Mar-18</td><td>50.0</td><td>90.0</td></tr> <tr><td>May-18</td><td>45.0</td><td>90.0</td></tr> <tr><td>Jul-18</td><td>35.0</td><td>90.0</td></tr> <tr><td>Sep-18</td><td>40.0</td><td>90.0</td></tr> <tr><td>Nov-18</td><td>40.0</td><td>90.0</td></tr> <tr><td>Jan-19</td><td>40.0</td><td>90.0</td></tr> <tr><td>Mar-19</td><td>40.0</td><td>90.0</td></tr> </tbody> </table>	Month	Performance (%)	Trajectory (%)	Mar-16	80.0	90.0	May-16	85.0	90.0	Jul-16	100.0	90.0	Sep-16	100.0	90.0	Nov-16	98.0	90.0	Jan-17	98.0	90.0	Mar-17	98.0	90.0	May-17	98.0	90.0	Jul-17	98.0	90.0	Sep-17	70.0	90.0	Nov-17	60.0	90.0	Jan-18	35.0	90.0	Mar-18	50.0	90.0	May-18	45.0	90.0	Jul-18	35.0	90.0	Sep-18	40.0	90.0	Nov-18	40.0	90.0	Jan-19	40.0	90.0	Mar-19	40.0	90.0	<p>The service continues to under achieve against the standard for <b>Child Adult Mental Health Service (CAMHS) referral to treatment</b>. There was an expectation that when vacant nursing posts were filled the standard would be achieved. The service is on its fourth cycle of advertising two WTE nursing posts having failed to recruit.</p> <p>The Psychology and Nursing components of the service are progressing revised job plans to identify new to follow up ratio, to enable accurate projection of demand in service. Additional administrative support has been allocated for a three month period to initiate an opt-in service. Existing Attention deficit hyperactivity disorder (ADHD) cases are progressing to reallocation to the ADHD component of the service to release capacity within the consultant psychiatrist caseload. We are currently testing EMIS reporting for overall waiting times, currently in tandem with manual collection of data and reporting to ensure accuracy of EMIS. The service has advertised band 5/6 development nursing posts to attract applicants and are devising a competency framework to support development.</p> <p>The service has continued to be delivered with one nurse on unplanned leave and one subsequent vacancy since August 2017. An additional post has been added to the establishment and it is envisaged that when both these posts are filled the service will meet the standard by March 2019.</p>
Month	Performance (%)	Trajectory (%)																																																											
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Performance Measure: Accident & Emergency 4 Hour Standard	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		95%	95%	96.1%

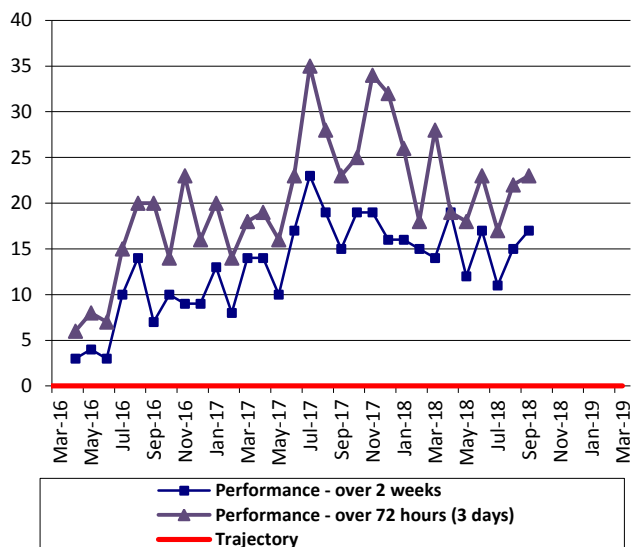
  

Month	Performance (%)	Standard (%)
Mar-15	91.5	95
May-15	96.5	95
Jul-15	96.8	95
Sep-15	96.5	95
Nov-15	96.8	95
Jan-16	96.5	95
Mar-16	95.5	95
May-16	93.5	95
Jul-16	96.5	95
Sep-16	95.5	95
Nov-16	95.5	95
Jan-17	90.5	95
Mar-17	95.5	95
May-17	93.5	95
Jul-17	96.5	95
Sep-17	94.5	95
Nov-17	93.5	95
Jan-18	86.0	95
Mar-18	91.5	95
May-18	86.5	95
Jul-18	92.5	95
Sep-18	96.1	95
Nov-18	91.5	95
Jan-19	94.5	95
Mar-19	96.0	95

Recent improvements within NHS Borders has delivered an increase in performance of the **Accident & Emergency 4 Hour standard**. The particularly poor spell from January – April 2018 was due to a challenging winter period and the system has struggled to recover since. September 2018 however shows the standard being achieved at 96.1%, with the following developments being key:

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

Delayed Discharges	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
Performance Measure: Delays over 2 weeks	0	0	17	R
Performance Measure: Delays over 72 hours (3 days)	0	0	23	R



The General Manager for Patient Pathways is working in partnership with colleagues across all areas and in all locations to improve patient pathways and reduce **Delayed Discharges**.

The first phase of the plan is to address expectations of patients, their families and carers, as well as professionals, regarding the purpose of being an inpatient and how discharge will be expedited as soon as they are medically fit. A communications strategy is in place to ensure this message is consistently presented.

As part of this first phase, 15 Discharge to Assess beds will be on-stream from December 4<sup>th</sup>, which will create improved patient flow over the winter months. There has been a reduction in numbers of people delayed from discharge with less complex discharge needs. However, providing appropriate pathways for adults with complex discharge plans continues to challenge services. One strategy that will improve outcomes for adults with more complex discharge pathways will be building capacity to discharge to assess at home.

Phase two of improving patient pathways will be planned in partnership through the Integrated Joint Board (IJB), which will include developing appropriate resources to deliver discharge to assess at home and hospital at home. 'Discharge to assess at home' models are currently being developed for implementation in autumn 2018. Discussions with relevant lead professionals around hospital at home models have now been initiated and are being led by the General Manager PACS.

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

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

Standard: Diagnosis of Dementia	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		1116	1116	1058

**Please Note:** Data updated for this report for May - August 2018 due to national system access issues when preparing monthly reports.

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

The electronic record (EMIS) went live in November 2017 and a new PDS template is currently being tested in line with new data set that goes live 1 April 2019.

NHS Borders met with ISD in July 2018 and continue to attend national PDS leads group to improve PDS in the Scottish Borders.

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

**Please Note:** There is a 13 month time lag to show the full 12 months performance. Data unavailable for 2016/17. This is being investigated by P&P and the national team to source the data.

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

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

<sup>1</sup> The standard is that people newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support therefore December 2016 is the latest available data. There is a 15 month lag time to allow the full 1 year support to be report, data is reported quarterly. December 2016 is the latest data available at time of reporting.

Standard: Alcohol Brief Interventions	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		1312	658	243

Month	Performance	Trajectory
Apr-16	100	100
Jun-16	300	300
Aug-16	500	500
Oct-16	700	700
Dec-16	900	900
Feb-17	1100	1100
Apr-17	1300	1300
Jun-17	100	100
Aug-17	300	300
Oct-17	500	500
Dec-17	700	700
Feb-18	900	900
Apr-18	100	100
Jun-18	100	100
Aug-18	200	200
Oct-18	250	250
Dec-18	250	250
Feb-19	250	250

**Alcohol Brief Interventions (ABI)** continue to perform below the trajectory set.

As previously reported the biggest impact on performance was removal of the Local Enhanced Service (LES) and ABI's from GP's.

Badgernet is still not showing anticipated ante-natal performance. We are continuing to liaise with midwifery colleagues to resolve this.

Health visitor pathways should start reporting from October.

Training is scheduled between October 2018 and March 2019 with adult health and social care.

Following approval at an ADP Extraordinary meeting a proposal to re-invest in a LES was approved in principle at a meeting of the IJB on 22 October 2018. We will pursue this via the LNC.

Standard: Smoking cessation successful quits in most deprived areas (cumulative)	2018/19 Standard	Current Standard	Mar 2018 Position <sup>1</sup>	Mar 2018 Status <sup>1</sup>
		173	173	120

Month	Performance	Trajectory
Mar-14	0	0
Jul-14	20	20
Nov-14	40	40
Mar-15	60	60
Jul-15	100	100
Nov-15	120	120
Mar-16	130	130
Jul-16	20	20
Nov-16	40	40
Mar-17	80	80
Jul-17	120	120
Nov-17	140	140
Mar-18	20	20
Jul-18	40	40
Nov-18	80	80
Mar-19	120	120

ISD data released in October shows performance of 120 3 month **smoking quits**. The number of quit attempts made in Scotland 2017-18 fell by 7%. The reduction locally was 11%, majority of this reduction is pharmacy setting with an 18% drop. Current (unpublished) data is showing 32 quits in Q1.

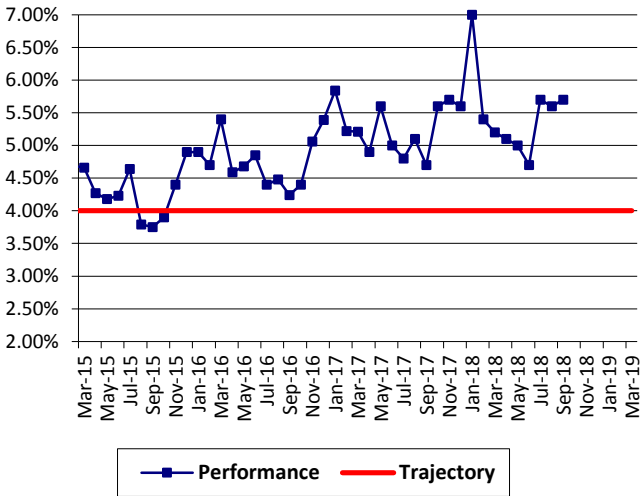
The main challenge is in generating referrals. The service continues to market via facebook and in local premises. The integration of LASS/Doing Well and Quit Your Way (anticipated Jan 2019) will increase opportunities for smoking cessation as all advisors will be trained to support clients. We are working with communications on branding and marketing.

At a pharmacy training event on 31.10.18 we raised the drop in quits. Pharmacy colleagues enquired how smoking status might be shared e.g. via GP prescriptions.

**Please Note:** Data will be reported quarterly with a 6 month lag time to allow monitoring of the 12 week quit period.

<sup>1</sup> There is a 6 month lag time for reporting to allow monitoring of the full 12 week quit period therefore latest available data is March 2018.

<b>Standard:</b> Maintain Sickness Absence Rates below 4%	<b>2018/19 Standard</b>	<b>Current Standard</b>	<b>Sept 2018 Position</b>	<b>Sept 2018 Status</b>
	4.0%	4.0%	5.7%	R

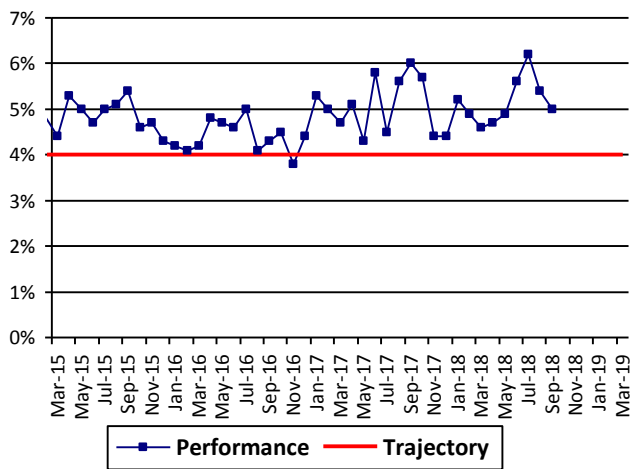


The cumulative **sickness absence** rate for the 12 month period to September 2018 (as reported through SWISS) was 5.54% - which is 0.06 % higher than the NHS Scotland Average (5.48%) over the same period.

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

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

<b>Standard:</b> New patients DNA rate will be less than 4% over the year	<b>2018/19 Standard</b>	<b>Current Standard</b>	<b>Sept 2018 Position</b>	<b>Sept 2018 Status</b>
	4.0%	4.0%	5.0%	R



The **DNA rate for new patients** has remained above the 4.0% standard and been more volatile in 2017/18 than the DNA rate in 2016/17.

A draft “Don’t need it?, Can’t Make it?, CANCEL IT!” poster has been prepared which will replace the “Spare a thought for that empty chair” poster which was introduced in 2016. The new posters have been designed to highlight the impact of DNAs and to encourage patients to get in touch if they are unable to make an appointment. The launch date of the new poster is yet to be agreed as the winter planning communications have a message to encourage patients to intimate if they are not going to be able to make an appointment.



Standard: 86% of patients for day procedures to be treated as Day Cases	2018/19 Standard	Current Standard	July 2018 <sup>1</sup> Position	July 2018 <sup>1</sup> Status
		86%	86%	82.5% (Jul 18)

Legend: Performance (blue line with squares), Trajectory (red line)

The standard performance to treat patients as **day cases** (for BADS\* procedures) remains variable but within tolerances.

The main reasons for patients not being treated as a day case are:

- Anaesthetic or medical reasons
- Surgical reasons – e.g. bleeding, pain, unexpected problems during surgery, operation turned out to be more complex than anticipated
- Patient social status – no responsible adult at home or distance to travel

*\*British Association of Day Case Surgery*

<sup>1</sup> There is a 2 month time lag due to extracting the information from validated SMR1 data therefore latest available data is July 2018

Standard: Reduce the days for pre-operative stay	2018/19 Standard	Current Standard	July 2018 <sup>1</sup> Position	July 2018 <sup>1</sup> Status
		0.47	0.47	0.02 (Jan 18)

Legend: Performance (blue line with squares), Trajectory (red line)

The run chart shows that **pre-operative inpatient stays** in hospital are consistently within the target range. Performance against this measure is being sustained.

There are no further action planned at this time.

<sup>1</sup> There is a 2 month time lag due to extracting the information from validated SMR1 data therefore latest available data is July 2018

Standard: 90% of all referrals to be triaged online	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		90%	90%	94.0%

The chart shows the percentage of **electronic referrals** received for the month that have been **triated** within 10 days of month end. The standard has consistently been achieved.

The chart shows the percentage of **electronic referrals** received for the month that have been **triated** within 10 days of month end. The standard has consistently been achieved.

Standard: Increase the proportion of new-born children breastfed at 6-8 weeks	2018/19 Standard	Current Standard	Jun 2018 Position <sup>1</sup>	Jun 2018 Status <sup>1</sup>
		33%	33%	37.1% (Jun 18)

Performance for **breastfeeding at 6-8 weeks** exceeds the 33% standard by 4.1%.

The services continue to work collaboratively with health improvement. All Maternity Staff and BFI key workers are actively working on ensuring babies get the best start in life. We have developed and are continuing to work on. Reducing the exclusive breastfeeding drop off rate between birth and 6-8 weeks by:

- Scoping and developing work around the Program for Government funding to be rolled out over the next 18 months.
- Improving the percentage of uninterrupted skin to skin contact from birth to first feed.
- Implementing bedside feeding information folders.
- Delivering training and support for all staff.
- Developing the BiBS program to have more peers volunteering in the hospital setting whilst maintaining our local breastfeeding support groups.

<sup>1</sup> There is a lag time for national data, local data supplied quarterly. Latest available data is June 2018.

Standard: 80% of all Joint Development Reviews to be recorded on Turas	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		80%	36.0%	8.0%

Month	Performance (%)	Trajectory (%)
Apr-18	5	5
May-18	5	15
Jun-18	5	25
Jul-18	5	35
Aug-18	5	45
Sep-18	5	55
Oct-18	5	65
Nov-18	5	75
Dec-18	5	80
Jan-19	5	80
Feb-19	5	80
Mar-19	5	80

**TURAS appraisal** was introduced on 1<sup>st</sup> April 2018, replacing eKSF, as the system for recording appraisals. Awareness sessions have been held over the last six months to support staff and managers to familiarise themselves with the system.

As of 30<sup>th</sup> September:

- 231 (8%) staff have a completed and recorded appraisal

The focus is now be to increase the number of staff having their reviews, and signing these off on TURAS. This is in line with the HEAT standard (80% of appraisals agreed and signed off on Turas by 31st March 2019). KSF Champions will be in touch with managers to confirm trajectories and provide guidance and support.

In 2015 a paper was approved at the Area Partnership Forum to develop generic post outlines focussing on the 6 Core Dimensions. There was agreement to develop these by Job Family and Agenda for Change pay bands to ensure consistency and introduce a more streamlined approach. Although initial work was undertaken, this wasn't completed due to capacity. This work is now being re-instated and KSF Champions will work alongside relevant representatives from each job family and staff side to develop generic outlines over the next few months.

Measure: Emergency Admissions & Occupied Bed Days for Scottish Borders residents aged 75+	2018/19 Standard	Current Standard	June 2018 Position Emergency Admissions	June 2018 Status Occupied Bed Days
		-	-	86.78

Month	Rate per 1,000 population aged 75+	Occupied Bed Days Rate 75+...
Jun-15	100	900
Aug-15	100	800
Oct-15	100	850
Dec-15	100	900
Feb-16	100	950
Apr-16	100	900
Jun-16	100	900
Aug-16	100	850
Oct-16	100	900
Dec-16	100	950
Feb-17	100	950
Apr-17	100	900
Jun-17	100	900
Aug-17	100	850
Oct-17	100	850
Dec-17	100	900
Feb-18	100	1000
Apr-18	100	900
Jun-18	100	850
Aug-18	100	850
Oct-18	100	850
Dec-18	100	850
Feb-19	100	850

In monitoring the **Emergency Admissions & Occupied Bed Days for Scottish Borders residents aged 75+**, we have recently implemented improvements which have delivered an increase in performance. Some of these key developments include:

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

Standard: Admitted to the Stroke Unit within 1 day of admission	2018/19 Standard	Current Standard	Aug 2018 Position	Aug 2018 Status
		90%	90%	50.0%

Performance variation in the **Stroke Unit Admission** standard reflects a difficult winter period and difficulty managing flow into the Stroke Unit.

Recent improvement work including raising the profile of stroke patients in daily operational bed planning meetings is beginning to show benefit beyond July. September performance met the standard and it is hopeful this will continue with the focused approach.

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Standard: No Psychology Therapy waits over 18 weeks	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		90%	90%	93% (Aug 2018)

Since April 2018 we have seen a steady improvement with respect to this target. A number of initiatives are felt to have contributed to this improvement. They include the continuing use of a triaging system to ensure that all service users placed on the waiting list for psychological therapy are appropriate. We also continue to work with teams to improve the quality of referrals accepted for a psychology assessment. We have used a locum psychologist on a short term contract to support our triaging and 1:1 therapy which will end on the 6<sup>th</sup> December 2018.

Our staff group is currently faced with 3 staff on maternity leave. We also have one member of staff leaving, but have been able to recruit to this post and have filled an additional 12 month FTC vacancy. Therefore staffing issues have affected our ability to meet the target over the past six months. We now have a new Head of Adult Mental Health Psychology in post. This post was vacant for approximately one year. With this post now filled, it is hoped we can refocus our talking therapies resources and continue to work on areas for improving efficiency and effectiveness.

Areas that we are planning to work on in the next six months include developing group therapy resources to increase the availability of therapy and a primary care therapy service which we hope would reduce waits in the future by diverting referrals away from our existing Community Mental Health Team psychology service.

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Areas that we are planning to work on in the next six months include developing group therapy resources to increase the availability of therapy and a primary care therapy service which we hope would reduce waits in the future by diverting referrals away from our existing Community Mental Health Team psychology service.

**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

Standard: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		90%	90%	96.0%

Month	Performance (%)	Standard (%)
Mar-15	98	90
May-15	92	90
Jul-15	100	90
Sep-15	98	90
Nov-15	98	90
Jan-16	84	90
Mar-16	96	90
May-16	98	90
Jul-16	76	90
Sep-16	70	90
Nov-16	88	90
Jan-17	96	90
Mar-17	100	90
May-17	76	90
Jul-17	62	90
Sep-17	72	90
Nov-17	52	90
Jan-18	86	90
Mar-18	92	90
May-18	98	90
Jul-18	96	90
Sep-18	96	90
Nov-18	96	90
Jan-19	96	90
Mar-19	96	90

A sustained improvement has been reported for **Alcohol and Drug Referrals into Treatment within 3 weeks**. In February and March the overall standard was 91% which includes data from Borders Addiction Service (BAS), Addaction and Castle Craig. During quarter 2 performance in BAS was 94% (1 client breached 3 week target) and in Addaction performance was 97% (3 clients breached).

BAS has successfully maintained the standard consistently for the reporting period. The team manager has provided effective leadership and management of the waiting times and indeed the team as a whole.

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

Standard: AHP Waiting Times	2018/19 Standard	Current Standard	Feb 2018 Position <sup>1</sup>	Feb 2018 Status <sup>1</sup>
		0	0	738

Month	Performance	Standard
May-15	950	0
Jul-15	1050	0
Sep-15	700	0
Nov-15	450	0
Jan-16	300	0
Mar-16	150	0
May-16	150	0
Jul-16	250	0
Sep-16	350	0
Nov-16	450	0
Jan-17	600	0
Mar-17	500	0
May-17	450	0
Jul-17	500	0
Sep-17	650	0
Nov-17	500	0
Jan-18	550	0
Mar-18	650	0
May-18	750	0
Jul-18	750	0
Sep-18	750	0
Nov-18	750	0
Jan-19	750	0
Mar-19	750	0

**AHP services** have been working on addressing **waits for patients across all services**. Due to the move to EMIS web, it has been challenging to provide accurate data. A recovery plan has been put in place to action this. Whilst this is being addressed, all AHP services continue to respond to referrals.

MSK Physiotherapy however has continued to use TRAK and the waiting times in this area continue to rise. A recovery plan has been put in place to address the waiting times issues.

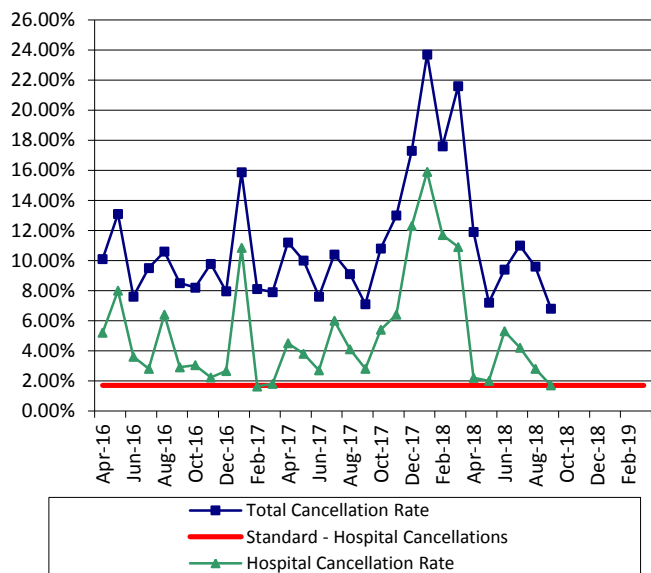
**Focus on MSK clinic slots / waiting times** – Clinic Closure Reports reviewed by service on a daily basis to ensure cancelled and un-booked patient clinic slots are filled; introduction of Opt in Booking for Physiotherapy, Recruitment of 2 Band 5's to reduce MKS waiting times.

**AHP MSK Project (phase 1 until end March ) – 3 key workstreams:**

- First Contact Practitioner Model implementation - recruitment of 4 Band 7's advanced physiotherapy practitioners (APPs) aim to be in post by end of January 2019.
- Review of Spinal Pathway by March 2019
- Clinical Productivity - including Management Reporting; 12 new patients per week target (wte); 75% NPC; include % new patients target planned compared to actual

<sup>1</sup> From March 2018 AHP data is being recorded in EMIS (Paediatric data from Sept 2017) therefore data recording is presently unavailable.

Cancellations	2018/19 Standard <sup>1</sup>	Current Standard	Sept 2018 Position	Sept 2018 Status
Total Cancellation Rate	-	-	6.8%	-
Hospital Cancellation Rate	<1.7%	<1.7%	1.7%	A

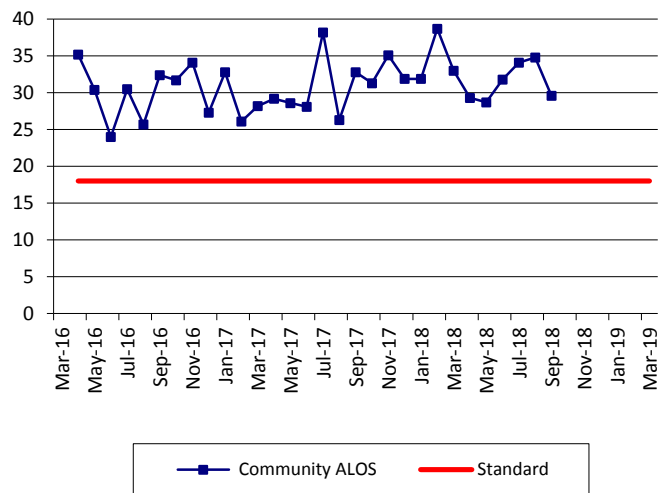
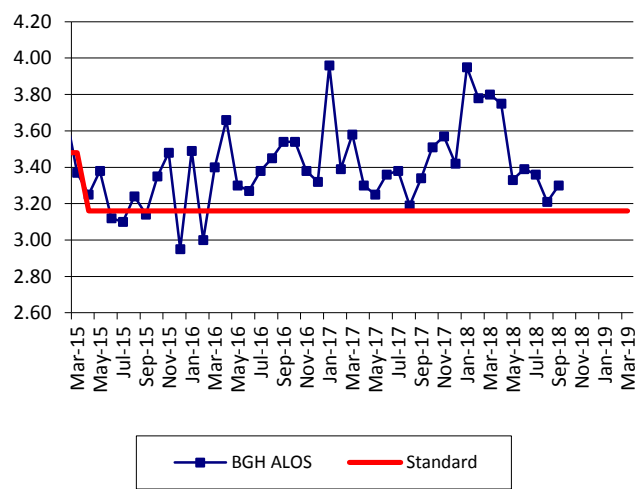


The **hospital cancellation rate** has improved significantly since April 2018 following a prolonged period of winter pressures which saw some elective procedures cancelled to accommodate unscheduled care admissions.

Difficulty in protecting elective beds continues to adversely impact elective operating and in order to protect elective operating a capital investment is required – work has commenced to scope this requirement.

<sup>1</sup> Locally agreed standard for hospital cancellations

Average Length of Stay	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
Borders General Hospital	3.16	3.16	3.30	A
Community Hospitals	18.0	18.0	29.6	R



### Borders General Hospital

Recent improvements within the hospital have delivered an improvement in the **BGH Length of Stay** performance over the last 8 months. Some of these key developments include:

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

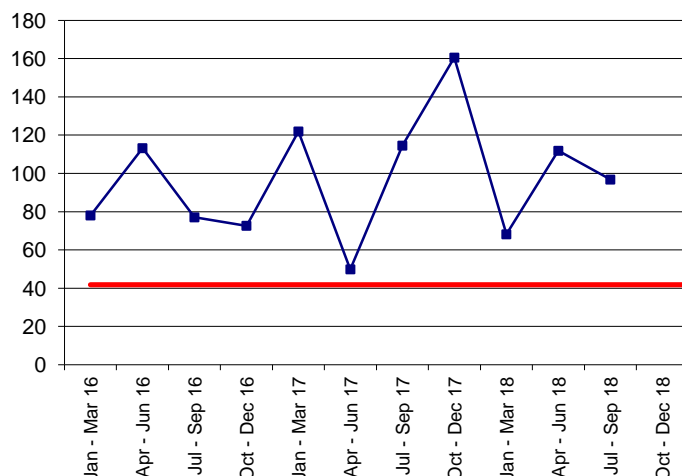
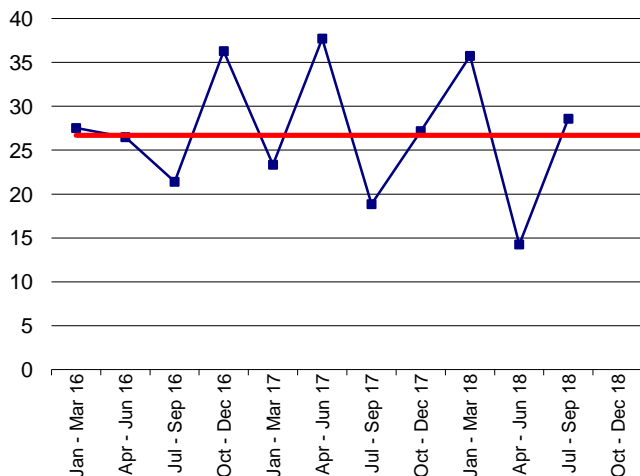
Work will continue over the coming months to improve and stabilise performance.

### Community Hospitals

Through the Day of Care Audit plus process, a review of all **Community Hospitals Length of Stay** has been completed. From this work a number of mechanisms have been introduced to reduce the length of stay, which include:

- Increased Social work support in Knoll and Kelso
- Improvements to Multi Disciplinary Team process
- Work to reduce length of stay

Average Length of Stay	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
Mental Health - General Psychiatry Total	26.70	26.70	28.59	A
Mental Health - Psychiatry of Old Age Total	41.81	41.81	93.76	R



### Mental Health

Older adults **Length of Stay** has increased due to high percentage of delayed discharges in Dementia wards. Currently we have lack of specialist dementia beds available in the community which is being addressed through transformation work.

**Please Note:** reporting changed to quarterly in December 2016 due to the small numbers and long LOS of some patients.



Measure: Mental Health Waiting Times over (9 weeks)	2018/19 Standard	Current Standard	Nov 2018 Position <sup>1</sup>	Nov 2018 Status <sup>1</sup>
		0	0	58

Month	Performance
Apr-16	1
Jun-16	1
Aug-16	1
Oct-16	20
Dec-16	48
Feb-17	40
Apr-17	10
Jun-17	10
Aug-17	31
Oct-17	53
Dec-17	0
Feb-18	0
Apr-18	0
Jun-18	0
Aug-18	0
Oct-18	0
Dec-18	0
Feb-19	0

<sup>1</sup> Data unavailable from December 2017 due transition to reporting on EMIS

We are currently not consistently meeting the local **Mental Health Waiting Times** standard, as a result we are closely monitoring waiting times and meeting on a regular basis to address any new issues arising and manage some of the longer term challenges.

Continue to monitor and manage the waiting list within the performance scorecard at monthly Mental Health meetings, overall, and picked up with Team Managers by exception.

Sickness absence and vacancies continues to impact on the ability to meet the waiting times targets in West CMHT. The team is about to interview following a 3rd recruitment drive.

Sickness absence has very recently resolved and recent recruitment will reflect more positively on waiting times. Further changes in personnel across the CMHTs will impact on waiting times as those leaving are unable to take on new work and those arriving work towards a full case load.

We are experiencing particular difficulty at present accessing rooms in which to see patients.

Measure: Learning Disability Waiting Times (over 18 weeks)	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
		0	0	0

Month	Performance
Apr-16	1
Jun-16	3
Aug-16	1
Oct-16	1
Dec-16	1
Feb-17	5
Apr-17	9
Jun-17	12
Aug-17	9
Oct-17	5
Dec-17	6
Feb-18	4
Apr-18	5
Jun-18	3
Aug-18	1
Oct-18	1
Dec-18	0
Feb-19	0

The **Learning Disability Service** continues to monitor waiting lists and **patients waiting over 18 weeks** via the Learning Disability Service management team and reports to the Learning Disability Partnership Board bi-monthly.

Peaks in numbers are a result of staffing vacancies and are managed as standard with processes.

Measure: Rapid Access Chest Pain Clinic	2018/19 Standard	Current Standard	Sept 2018 Position	Sept 2018 Status
	0	0	3	R

Month	Performance	Trajectory
Mar-16	0	0
May-16	2	0
Jul-16	2	0
Sep-16	0	0
Nov-16	0	0
Jan-17	1	0
Mar-17	15	0
May-17	22	0
Jul-17	20	0
Sep-17	0	0
Nov-17	0	0
Jan-18	1	0
Mar-18	2	0
May-18	5	0
Jul-18	2	0
Sep-18	3	0
Nov-18	0	0
Jan-19	0	0
Mar-19	0	0

Numbers of breaches for the **Rapid Access Chest Pain Clinic** are small, with the exception of a few peaks earlier in year. These breaches occur and are mainly due to clinics having to be cancelled due to no consultant cardiologist cover because of annual or sick leave which then impacts on clinics thereafter with capacity being exceeded until referral rate slows down and we catch up. We are looking to address this with consultants to spread out clinics to reduce chance of being cancelled and breaches occurring.

An email was sent to GP's last week to phone the service if a patient arrives with a typical presentation, before referring to clinic, to try and reduce inappropriate referrals and improve clinic utilisation and to meet the needs in a timely fashion for appropriate referrals. More telephone consultations are now being undertaken to prevent inappropriate use of clinic appointments.

Measure: Audiology Waiting Times	2018/19 Standard	Current Standard	May 2018 Position <sup>1</sup>	May 2018 Status <sup>1</sup>
	90%	90%	100%	G

Month	Performance	Trajectory
May-16	88%	100%
Jul-16	84%	100%
Sep-16	93%	100%
Nov-16	92%	100%
Jan-17	100%	100%
Mar-17	100%	100%
May-17	100%	100%
Jul-17	100%	100%
Sep-17	100%	100%
Nov-17	100%	100%
Jan-18	100%	100%
Mar-18	95%	100%
May-18	97%	100%
Jul-18	100%	100%
Sep-18	100%	100%
Nov-18	100%	100%
Jan-19	100%	100%
Mar-19	100%	100%

Due to data entry issues there have been difficulties in producing accurate **Audiology waiting times** information. Work is ongoing to resolve these issues. However the adult service continues to achieve its targets. The paediatric service has been experiences some challenges regarding waiting times and to address this NHS Lothian are supporting the service through additional weekend sessions.

<sup>1</sup> Data unavailable for June - September 2018.

## Summary of Performance against NHS Scotland

The following table summarises the most recent performance available for NHS Borders against NHS Scotland, including the ranking (1 being the highest performing and 14 being the lowest performing) where data is available.

	Standard	Time Period (Latest available)	Source	NHS Borders	NHS Scotland Average	Rank (14)
Annual Operational Plan Performance Measures	95% target for treatment within 62 days for Urgent Referrals of suspicion of cancer	Aug-18	ISD	85.0%	79.7%	5
	95% target for treatment within 31 days of decision to treat for all patients diagnosed with Cancer	Aug-18	ISD	100%	95.4%	1
	12 Weeks Outpatient Waiting Time	Jun-18	ISD	89.45%	75.07%	3
	12 Weeks Treatment Time Guarantee	Jun-18	ISD	78.41%	73.69%	2
	18 Weeks RTT Combined Performance	Jul-18	ISD	90.01%	83.04%	3
	% waiting within the 6 week standard for a key diagnostic test	Aug -18	ISD	68.5%	76.9%	12
	No CAMHS waits over 18 weeks	May-18	ISD	48.5%	66.9%	10
	98% of waits for A&E under 4 hours (local stretch)	Sep-18	ISD	96.0%	90.4%	4
	No Delayed Discharges over 3 days	Aug-18	NHS Performs	22 <sup>1</sup>	938 <sup>1</sup>	-
Previous HEAT and LDP standards	Diagnosis of Dementia	Sep-18	Local	1058	-	-
	Dementia Post Diagnostic Support	Mar-16	Local	90.0%	-	-
	Alcohol Brief Interventions (% achieved against the target)	Mar-18	ISD	47.87%	89.57%	12
	12 weeks successful quits in Smoking cessation in most deprived areas (% achieved against the target)	Mar-18	ISD	69.36%	81.16%	10
	Sickness Absence Rate	Aug-18	ISD	5.38%	5.36%	7
	New patients(DNA) rate	Sep-18	ISD	4.4%	6.7%	3
	Same day surgery	Jul-18	Local	82.5%	-	-
	Pre-operative stay reduced	Jul-18	Local	0.02	-	-
	Online Triage of Referrals	Sep-18	Local	94.0%	-	-
	Increase the proportion of new-born children breastfed at 6-8 weeks	2017/18	ISD	44.9%	41.7%	5
	Joint Development Reviews to be recorded on Turas (previously eKSF)	Sep-18	Local	8.0%	-	-
	90% of admissions to the Stroke Unit within 1 day of admissions	Aug-18	Local	50%	-	-
	No Psychological Therapy waits over 18 weeks	Jun-18	ISD	79.5%	78.1%	4
	90% of Alcohol/Drug Referrals into Treatment within 3 weeks	Jul-18	ISD	95.56%	94.01%	6

<sup>1</sup> This is actual number of Delayed Discharges at the end of September 2017

## Progress on Targets Not Reported on a Monthly Basis

<b>Cancer:</b> Increase proportion of 1st stage breast, colorectal and lung diagnosis by 25%	A
<p>The latest performance report on cancer detection rates (for lung, bowel and breast cancer) was published July 2018. This covers the two year period from 1 Jan 2016 (Year 5 of the Detect Cancer Early programme) to 31 December 2017 (Year 6). The data shows that the proportion of cancers diagnosed at Stage 1 in NHS Borders over this time period is one percentage point lower than the national average; 24.3% compared with 25.3%. However we are comparable to some other rural health boards such as Highland (24.3% v 24.3%) and does represent an increase on the figure reported last year which was 22.8%.</p> <p>There are many reasons for the slightly lower Borders Stage 1 data compared to Scotland as a whole in 2016/17. These include the fact that breast screening mobile units do not visit the Borders every year and the last round only started in 2017 so many Stage 1 cancers will not be reported until next year; the reported Stage 1 data for breast, lung and bowel cancer fluctuates significantly each year due to relatively small number of cancers in the Borders compared to larger Boards; the data in the ISD report are not age standardised and as Borders has a higher proportion of older people and older persons may not be screened (and may therefore present later with symptoms), a higher proportion of presenting cases in the Borders may be late stage symptomatic cases rather than screen detected Stage 1 cases; Borders also has the lowest number of 'stage unknown cancers' which means that other boards data may not be as complete as Borders data.</p> <p>The ISD report also highlights a decrease (a negative % change) of -7.3% in patients diagnosed at Stage 1 for breast, colorectal and lung cancer between the baseline period (2010-11) and 2016-17. However the number of cancers detected at Stage 1 in the Borders in 2010-11 was relatively large due to this being the period that the Borders bowel screening programme was introduced. Other boards had already introduced bowel screening by baseline year 2010-11.</p>	

<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	G																		
<p>In Scottish Borders 80 % or more women accessed maternity care before 12 weeks of pregnancy in 2016 in each of the SIMD quintiles.</p>																			
<table border="1"> <thead> <tr> <th data-bbox="131 1207 487 1270">NHS Board</th> <th data-bbox="487 1207 682 1270">1-Most deprived</th> <th data-bbox="682 1207 812 1270">2</th> <th data-bbox="812 1207 941 1270">3</th> <th data-bbox="941 1207 1071 1270">4</th> <th data-bbox="1071 1207 1494 1270">5-Least deprived</th> </tr> </thead> <tbody> <tr> <td data-bbox="131 1270 487 1354">Scotland</td> <td data-bbox="487 1270 682 1354">85.9</td> <td data-bbox="682 1270 812 1354">88.6</td> <td data-bbox="812 1270 941 1354">89.4</td> <td data-bbox="941 1270 1071 1354">90.4</td> <td data-bbox="1071 1270 1494 1354">90.9</td> </tr> <tr> <td data-bbox="131 1354 487 1438">Borders</td> <td data-bbox="487 1354 682 1438">89.0</td> <td data-bbox="682 1354 812 1438">88.3</td> <td data-bbox="812 1354 941 1438">87.0</td> <td data-bbox="941 1354 1071 1438">81.0</td> <td data-bbox="1071 1354 1494 1438">88.5</td> </tr> </tbody> </table>	NHS Board	1-Most deprived	2	3	4	5-Least deprived	Scotland	85.9	88.6	89.4	90.4	90.9	Borders	89.0	88.3	87.0	81.0	88.5	
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<b>IVF: Commence IVF Treatment within 12 months</b>	G
<p>There has been no change in the provision of IVF treatment, NHS Borders continues to refer patients requiring treatment to NHS Lothian.</p> <p>In the reporting period, all IVF referrals (100%) met the deadline of 12 months.</p>	

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

At the end of September 2018 the Board is reporting an overspend position of £6.5m on revenue and break even on capital. The financial plan which the Board agreed at the start of the year was unbalanced and the level of unidentified efficiency savings remains the key issue however in addition there are a number of pressures on operational budgets. The financial position is giving cause for concern. The Director of Finance and Chief Executive are in dialogue with Scottish Government Health and Social Care Department (SGHSCD) about the requirement for brokerage in 2018/19 to deliver financial targets.

The main operational pressure areas are nursing costs due the requirement for additional beds in the set aside budgets as well as slippage on the agreed efficiency schemes particularly in the integration joint board directed services and corporate services.

The financial plan agreed by the Board had a requirement for an unprecedented level of savings at £24.8m, (£20.2m recurring and £4.6m non-recurring) for financial year 2018/19. At the start of the year £11.6m of saving schemes were identified leaving a shortfall of £13.2m. At the end of September £8.6m of savings has been delivered of which £6.3m is recurring. Based on information currently available by the end of the financial year £12.7m of savings will be delivered. This is a significant achievement however there remains a shortfall compared with the target level required. Based on the forecast year end position on efficiency and taking account of any part year implementation plans there will be a recurring shortfall of £13.8m at the end of the financial year.

The capital plan is progressing. Expenditure in the first five months of the financial year relates to:

- The final aspects of the risk mitigation works at East Brig.
- Preparatory work in the Primary Care Premises programme for West Linton and Earliston.
- Implementation of the IM&T Road to Digital programme phase 1.
- Rolling Programmes – delivery of elements of the prioritised programme.
- Radiology Equipment accommodation works to house fluoroscopy equipment purchase.
- The costs associated with the Capital Planning Project Management Team.

As part of the 2018/19 financial plan £1m capital resources will be utilised to support the pressure in revenue budgets.

Based on confirmation of capital resources (estimated at £3.3m) with a spend of £0.5m there is much to do to ensure the CRL target will be delivered this financial year.

**Efficiency: Reduction in energy consumption and CO2****A**

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

From April 2015 a new targeting regime for energy consumption and Greenhouse Gas Emissions reductions came into force across all NHS Boards and covers the period 2015-2020. From this date all sites within the estate portfolio are taken into account when measuring against the target where previously only in-patient areas were included. The target set is a 6.5 % target reduction in energy consumption and greenhouse gas emissions by 2020, compared against a 2014/15 baseline and at 31 March 2018 the Board achieved a 6.9% energy efficiency reduction and a 10.8% 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. In 2019 we will be adopting NHS Scotland's Sustainability Assessment tool as a means of benchmarking our performance against the following key performance indicators:

Our NHS	Our People	Our Planet
Governance & Policy		
<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.

**Treatment:** SAB infections per 1000 acute occupied bed days (0.24)

**R**

**Treatment:** Clostridium difficile infections per 1000 occupied bed days (0.32)

**G**

- NHS Borders is on target to achieve the HEAT target rate for CDI.
- NHS Borders is not on target to achieve the HEAT SAB infections.

Every SAB case and CDI case is subject to a rigorous review which includes a feedback process to the clinicians caring for the patient as well as the wider organisation through monthly Infection Control Reports.

SABs are reported by cause to highlight themes and support targeted interventions. Between April 2017 and March 2018, 35% of SAB cases were community acquired. There is ongoing improvement work associated with invasive devices which remain the most significant risk factor for hospital and healthcare associated cases.

NHS Borders replaced the Urinary Catheter Passport for patients with the national document in May 2018. This changeover included support and education for ward staff. Use of the passport is monitored and an improvement plan is being developed in partnership with the Infection Control, Clinical Governance and Clinical Training and Development departments.

PVC bundle compliance and improvement is monitored through the Person Centred Coaching Tool.

#### 4. CORPORATE OBJECTIVES

Corporate Objective		Progress to Date
<p><b>Deliver safe, effective and high quality services</b></p>	<p>Deliver the Scottish Patient Safety Programme (SPSP)</p>	<p>The Scottish Patient Safety Programme (SPSP) aims to improve the safety of healthcare and reduce the level of harm experienced by people using healthcare services. The programme now sits within the Improvement Hub (iHub), part of Healthcare Improvement Scotland (HIS) to improve the quality of health and social care services with the alignment of existing programmes.</p> <p>Recruitment to the post of Quality Improvement Framework (QIF) Patient Safety at a Band 7 has been successful and the postholder commences in December 2018. This post will have been vacant for almost a year therefore it will be good to have renewed focus and leadership with oversight of the whole programme.</p> <p>The priorities for safety in NHS Borders for 2018/19 continue in line with the SPSP reporting and organisational priorities to improve quality of care and outcomes:</p> <ul style="list-style-type: none"> <li>• Deterioration (Prevention, Recognition and Response)</li> <li>• Medicines</li> <li>• Reducing falls with harm</li> <li>• Reducing pressure ulcers</li> </ul> <p><b>Deterioration</b> We are developing a dashboard to populate with key data in relation to the recognition, management and escalation of the deteriorating patient HIS have requested to display our cardiac arrest data on a poster at the National Deteriorating Patient event on 13<sup>th</sup> November 2018.</p> <p>Funding from the Health Foundation which supported the role out of NEWS to community across nursing homes, residential care and mental health wards is coming to an end and an exit strategy and summary report are being drafted. HIS are also using our NEWS poster at the national event this month.</p> <p><b>Medicines</b> WebExs continue to focus on various topics related to improving medicines management. Local focus has been on medicines reconciliation at the point of admission and we continue to work with HIS.</p> <p>Work on venous thrombo-embolism (VTE) is being refreshed as we haven't yet seen sustained improvement. MAU will work with their junior doctors around risk assessment and appropriate thromboprophylaxis with regular input from pharmacy. There is no longer a requirement to report VTE data nationally.</p>



Corporate Objective	Progress to Date
	<p><b>Reducing Falls with Harm and Pressure Ulcers are covered in the QI information below.</b></p> <p>Quality improvement priorities around food, fluid and nutrition (FF&amp;N), communications with patients and families, falls and pressure ulcers continue to be a focus of local QI work in the back to basics programme.</p> <ul style="list-style-type: none"> <li>• FF&amp;N Policy and FF&amp;N Standards have been updated. Link nurse training is complete and ongoing sessions are in place to cascade to wards. Training in the use of the Malnutrition Universal Screening Tool (MUST) continues</li> <li>• Communication with patients and families work continues with individual work being undertaken at Kelso Community Hospital, the Borders Stroke Unit and Ward 9 to complement earlier work done to improve communication at ward level.</li> <li>• The falls workstream have now had 2 learning sessions delivered looking at environmental assessments, post fall bundles and testing QI expertise within the clinical environment. Currently, work is focused on reducing falls and reviewing the documentation that is in place as well as identifying link nurses and educational needs. A new falls review tool is currently being tested for use with falls where harm has occurred to encourage prompt completion of an initial assessment. A draft 'Slips, Trips and Falls' policy is out for consultation across NHS Borders and the first meeting has been held to draft a 'Falls Strategy' which includes consulting with all of NHS Borders' partners.</li> </ul> <p>The 2<sup>nd</sup> learning session for tissue viability was held on 1<sup>st</sup> October and sessions ran throughout October for registered nurses on how to use the Waterlow score correctly to identify patients at risk and prevent pressure ulcers (PU) developing. PU grading was also covered during these sessions. 4 sessions were also held during October to deliver training supporting healthcare support workers (HCSWs) to be a 'Zero Hero' where they are champions for having zero PUs in their areas. Work is underway to celebrate the 'World Stop the Pressure' Day on the 15<sup>th</sup> of November.</p>
<p>Communicate – listen to patients and ask 'what matters to you'</p>	<p>Our annual 'What Matters to You' day on the 6<sup>th</sup> June 2018 saw us talking to staff, patients carers and relatives in our acute hospital, mental health units, community hospitals and GP surgeries to prompt the conversation "<i>What Matters to You</i>". We spoke to over 400 people and gathered over 500 comments. The feedback from these conversations was taken back to the relevant areas to be shared with staff and an action plan drawn up from the common themes. The BGH Participation Group, chaired by a volunteer and supported by 12 public members are working with NHS Borders staff to take forward the five main themes with the sole aim of improving the patient experience.</p> <p>The NHS celebrated its 70<sup>th</sup> Birthday on the 5<sup>th</sup> July 2018 and as part of the celebrations, which included a cake shared by staff, patients and visitors we asked them "<i>What services would you like the NHS to provide in your local community</i>" as how we provide healthcare is changing i.e. closer to home. They were asked to note their suggestion along with their postcode on a paper leaf and hang it on a tree. The feedback gathered was collated into five main themes and fed back to the Area Partnership Forums to be included in</p>

Corporate Objective	Progress to Date
	<p>their locality plans.</p> <p>The five main themes were:</p> <ul style="list-style-type: none"> <li>• Care / Treatment / Community Services</li> <li>• Community Hospitals / Health Centre's</li> <li>• Cottage Hospitals</li> <li>• GP's</li> <li>• Rehabilitation</li> </ul> <p>Our public involvement network continues to grow and as part of the work going forward they shall be working closely with NHS Borders staff to support the Transformational Change programme and Better Borders work streams.</p> <p>The organisation continues to promote and gather feedback in various forms including patient feedback supported by volunteers, "Two Minutes of Your Time" questionnaire and Care Opinion.</p>
<p>Strive to meet and exceed the performance targets set for us by the governments and our own board</p>	<p>As in previous years strong performance management remains a key priority across all areas of NHS Borders. Performance Scorecards and Performance Reviews continue to be embedded across all services with compliance monitored.</p> <p>From 2018/19 Health Boards are no longer required to produce a Local Delivery Plan but instead to produce an Annual Operational Plan, in line with guidance received from Scottish Government in February 2018.</p> <p>There was a detailed discussion at the October Strategy &amp; Performance Committee regarding the timeliness of reporting contained the Performance Scorecard and also the number of targets and KPIs contained within the report. As a result the Planning &amp; Performance Team has revisited the content of the monthly Strategy &amp; Performance Committee and Board Performance Scorecard to make it more streamlined and focused on a reduced number of key priorities. By adopting this approach (approved at the November 2018 Board meeting) the Board will be able to have a focused discussion on the key priority areas contained within the Annual Operational Plan and a smaller number of key standards.</p> <p>The wider range of performance measures will continue to be presented to the Clinical Boards as part of their monthly clinical board scorecards and quarterly performance reviews. There will also be ongoing commitment to bring a full update to the Board on the whole range of performance measures in the Mid-Year and End of Year Managing our Performance Reports.</p> <p>From November 2018 Clinical Board Performance Reviews will revert back to quarterly, following 18</p>

Corporate Objective	Progress to Date
	<p>months of having them bi-annually. This will ensure there is a focus on the delivery of the new Annual Operational Plan Performance Measures, previous HEAT / Local Delivery Plan standards and Key Performance Indicators within each of the Clinical Boards.</p> <p>Information Service Division (ISD) Pre Release Statistics are monitored on a weekly basis and proactively reviewed ahead of release to monitor NHS Borders Performance against other Scottish Health Boards, with the hot topics continuing to be Delayed Discharges and Cancellations.</p> <p>The transition to EMIS for various services across the Board has resulted in some reporting teething problems. The reports are being worked through on an individual service by service basis to ensure accurate reporting from the new system.</p> <p>Reporting requirements as a result of Health &amp; Social Care Integration continue to evolve. An Integrated Performance Framework has been developed which builds on the Performance Frameworks in place within NHS Borders and Scottish Borders Council. A quarterly Integrated Performance Report is provided to the IJB as part of the Framework and looks to highlight progress and delivery against the achievement of commitments outlined within the Strategic Plan. This Performance Report includes updates on the six themes defined by the Ministerial Strategy Group (MSG) for Health and Community Care and also includes Social Care measures.</p>
<p>Run an efficient organisation by living within our means and concentrating resources on front line services</p>	<p>As part of the agreed financial plan for 2018/19 NHS Borders is required to deliver £24.8m of cash releasing efficiencies, of which £20.2m is required on a recurring basis. The savings target for 2018/19 was made up of specific 3 elements:</p> <ul style="list-style-type: none"> <li>• £8.8m being an underlying revenue deficit carried forward from 2017/18. These are savings requirements mitigated during the previous year but not identified on a recurring basis.</li> <li>• £8.9m of new financial pressures associated with pay and price inflation, new and existing drug development costs, and additional costs associated with agreed service developments.</li> <li>• £7.1m of operational or demographic cost pressures agreed through the budget setting and financial planning process.</li> </ul> <p>Savings targets for each of the NHS Borders business units (IJB, Set Aside Budgets, Acute Services etc) for 2018/19 were arrived at by adding the recurring savings target carried forward from last financial year to new pressures arising in 2018/19.</p> <p>An efficiency programme has been developed for 2018/19 in relation to 4 identified themes:</p> <ul style="list-style-type: none"> <li>• An Operational Efficiency Target - being a requirement for budget managers to identify and deliver a minimum of 1% reduction in operational costs both in-year and on a recurring basis.</li> <li>• Agreed management action on identified pressures – agreed by General Management teams to</li> </ul>

Corporate Objective		Progress to Date
		<p>mitigate in full or part costs pressures recognised through the budget setting process.</p> <ul style="list-style-type: none"> <li>• Drug and prescribing costs – being the 2018/19 impact of the business as usual work plan across acute and primary care prescribing budgets.</li> <li>• Other measures – being a comprehensive review of planned investments, slippage against our agreed capital programme, and a further comprehensive review of balance sheet items.</li> </ul> <p>It should be noted that the efficiency programme approved by the Board at its meeting in April did not meet the required level of savings with a shortfall at that point of £13.2m. Further work completed since April has identified additional efficiency savings which have increased the level of identified savings to be delivered this financial year to £15.5m.</p> <p>There remains an imbalance between recurring and non recurring efficiencies. Plans are in place in 2018/19 for efficiency savings of £15.5m of which £7.6m is anticipated to be delivered on a recurring basis. Achievement of savings as at the end of August is £8.6m of which £6.3m is recurring.</p> <p>The financial plan presented to the Board in September forecast the Board will end the financial year with a recurring deficit of £14.3m which will be carried forward into 2019/20.</p> <p>A Transformational Change Programme (Better Borders) has been established under the direction of the Director of Strategic Change and Performance to develop proposals in support of both the in year position and in planning for longer term financial sustainability.</p>
<b>Improve the health of our population</b>	Work with communities and our partner organisations in Scottish Borders Council and the Third Sector	<p>NHS Borders works with our Community Planning partners in the development of the Local Outcome Improvement Plan, to plan and deliver services that will make a real difference to people’s lives, working with the Area Partnerships. Public Health takes the lead for the health inequalities strand of the Reducing Inequalities Strategy and coordinates the NHS Borders health inequalities action plan, in alignment with the IJB and the Health &amp; Social Care partnership. Public Health continues to provide advice and intelligence on health inequalities. Public health will also be working with the SBC corporate management team and policy advisors to introduce a Health In All Policies Approach into SBC decision making.</p> <p>A new local Borders Diabetes Prevention Partnership has been established with local partner organizations such as SBC, NHS, Live Borders, Diabetes UK and Diabetes MCN to coordinate health improvement activities aimed at reducing obesity and increasing physical activity more effectively.</p> <p>The Healthy Living Network (HLN) takes an assets based approach in its work with local communities and with partners. Volunteering development features strongly for example through peer support. HLN also supports community members to undertake the Health Issues in the Community programme and to support those who complete the programme to use their skills and confidence.</p>

Corporate Objective		Progress to Date
		<p>The HLN continues to work in close partnership with key community groups and partners including Registered Social Landlords in areas of high deprivation (Burnfoot, Langlee and Eyemouth) to improve health and enhance access to health and social care. HLN is an active partner in the Community Learning and Development Strategy and supports implementation in localities. In addition HLN is making an active contribution to the locality planning processes for health and social care, as these evolve.</p> <p>A multiagency Prevention and Early Intervention group, coordinated by Public Health, is organising the development of integrated approaches to prevention for implementation within localities, to bring together topic specific approaches and create greater coherence. This is now progressing to integrate key services that support health behavior change.</p> <p>The Mental Health Improvement programme that supports the local Mental Health strategy and the implementation of the mental health outcome in the Community Plan has active involvement of a wide range of partners. The development of a wellbeing guide for Scottish Borders has used coproduction approaches to engage many different groups.</p>
	Harness the assets of our communities to encourage and facilitate self-help	<p>NHS Borders works with partners to improve health and wellbeing by harnessing assets of our communities to encourage and facilitate self help. We work with local organisations, planning groups, community groups and individuals to:</p> <ul style="list-style-type: none"> <li>• Improve access to our facilities and services: location of primary care and some other services in localities (eg Midwife clinics in Early Years Centres); outreach services, youth facilities</li> <li>• Proactive support for healthy lifestyles and for mental and physical wellbeing: smoking cessation services, exercise referral, healthy eating programmes, screening and vaccination programmes, sexual health services, mental health programmes</li> <li>• Target vulnerable groups: health input to programmes for offenders, for those on employability schemes</li> <li>• Tackle upstream influences on health eg by supporting income maximisation for pregnant women, those with cancer or mental health problems; working with partners to improve home energy efficiency and to make neighbourhood improvements; through regulation and licensing; promoting access to healthy affordable food in workplace and schools</li> <li>• Promote community involvement in the planning and development of local services</li> <li>• Develop stronger partnerships across the CPP at strategic level and in delivering services</li> <li>• Development of #Yourpart public health messages and participation in the #Yourpart programme that encourages self help in regard to public health issues.</li> </ul>

Corporate Objective	Progress to Date
<p>Target the most deprived areas of the Scottish Borders to reduce inequalities</p>	<p>Planning and delivery of services takes account of the impact of rurality on health as recognised in the strategic assessment underpinning community planning. High cost of living, a relatively low wage economy, limited public transport infrastructure and higher than average rates of fuel poverty are significant factors for health in Scottish Borders.</p> <p>Other services that are targeting the more deprived communities and localities to reduce inequalities in health include:</p> <ul style="list-style-type: none"> <li>• Detect Cancer Early campaign – there is great potential for screening programmes to exacerbate inequalities in health because uptake tends to be lower in more deprived populations. To prevent this the local programme is being proactive in promoting screening in such local populations with some success. There has also been focused work with LD services to encourage awareness and uptake of screening with this population. Borders public health also leads on new SG funded initiatives to increase screening uptake in other vulnerable groups such as those with mental health problems.</li> <li>• Smoking cessation – the Local Delivery Plan Standard focuses on those from more deprived areas and the local Quit Your Way service is using a range of methods to reach out and encourage uptake in these areas where smoking prevalence is highest to support quits</li> <li>• Pathways and signposting: a range of social prescribing and community link projects are in place, with scope to improve coordination and synergy between these in the future</li> <li>• Health services work closely with the Early Years Centres that service the more deprived communities in the Borders to improve access for families to a range of support services</li> </ul> <p>Targeted programmes for protected characteristics groups and vulnerable groups continue. Adult alcohol and drug services align staff across localities. The ADP has recently developed proposals to achieve the objectives of the new SG draft strategy for the reduction of harm due to alcohol and drugs including proposals to reduce drug deaths in the Borders. Criminal Justice Social Work’s Reconnect Service provides a 12 week programme for women in contact with (or at risk of contact with) criminal justice services.</p> <p>Public Health continues to work closely with the IJB to ensure that locality planning for health and social care is targeted to reduce inequalities in health and wellbeing at a local level.</p> <p>Public Health is also leading on the redesign of local vaccination services aimed at reducing primary care workload whilst maintaining high vaccination uptake rates in vulnerable communities.</p>

Corporate Objective	Progress to Date
<p>Promote well-being with a strong focus on the healthy development of children</p>	<p>The Health Visiting Pathway was issued by the Scottish Government regarding the implementation a core home visiting programme to be offered to all families by health visitors as a minimum standard. This Pathway underpins and guides the foundation of the refocused Health Visitor role for NHS Scotland. It is central to the implementation of the Children and Young People Scotland (Scotland) Act 2014 and sits alongside Health Boards' local Health Visitor Implementation Plans and wider workforce planning for early years. This was implemented incrementally in Borders from June 2016 and as a result of this, every family are offered a minimum of 11 home visits including child health reviews by a qualified health visitor, ensuring that children and their families are given the support they need for a healthier start in life. NHS Borders Health Visiting Team are now fully delivering the pathway.</p> <p>There has been investment in the workforce to increase the overall number of health visitors across Scotland by 500 WTE by the end of 2018. The Scottish Government has provided funding for Scottish Borders to increase our health visitor workforce by 10.06 WTE by the end of 2018. NHS Borders has increased its workforce from 19 WTE to 29 WTE and are on track to achieve the target by the end of 2018. This supports implementation of Getting It Right For Every Child with the health visitor taking the role as the 'key professional' until the child attends school.</p> <p>The Family Nurse Partnership (FNP) is a preventative programme for first time teenage mothers and their babies. It is an intensive preventive programme through pregnancy until the child is aged two years old. Evidence from the programme identifies benefits for children and families who have the poorest outcomes, improvements antenatal health, child health and development and parent economic self-sufficiency. NHS Borders have developed FNP as a hybrid model with NHS Lothian. NHS Borders commenced delivery of the FNP programme across all geographical areas of the Borders in August 2015. There have been 114 clients who have been identified as eligible within the NHS Borders geographical area. To date 91 clients have been recruited. In addition 6 clients transferred from another site and are receiving the service giving a total of 97 overall. 29 clients have graduated from the programme to the health visiting service.</p> <p>The School Nurse service provides a service provided to children and young people, aged 5-19 years and their families. The service is currently focusing on the following areas within the new national refocused school nursing role:</p> <ul style="list-style-type: none"> <li>• Emotional health &amp; wellbeing – currently more than 60% of referrals to the service are to support the emotional health and wellbeing of children and young people.</li> <li>• Child Protection - all Child Protection Case Conferences (initial and reviews) are attended by School Nurses, as well as preparing reports, chronologies and carrying out Health Need Assessments. The team support children and families within the child protection process around any identified unmet health needs.</li> <li>• Looked after Children (LAC) – School Nurses carry out all review Health Need Assessments (HNAs)</li> </ul>

Corporate Objective		Progress to Date
		<p>annually or more often if required. The service now undertakes the initial HNA of all children on supervision at home. School Nurses attend LAC review meetings (section 31s). NHS Borders currently have 225 school aged children who are looked after.</p> <p>The School Nursing Service provides Drop-in/Health Zones in High School which offer a wide range of advice and signposting around many aspects of health; e.g. sexual health, smoking and substance misuse.</p> <p>Keeping our children safe is a key priority area. In 2016 there was a 30% increase in the number of initial referral discussions (IRDs) and this pattern has continued throughout 2017/18 (604 referrals from Sept 17 to Oct 18)). There is no specific reason for the increase and may be due to increased awareness through training and public awareness about child protection issues. The complexity of social issues is also a common theme across the referrals. In October 2018 there were 55 children on the Scottish Borders Child Protection Register.</p> <p>There are currently 249 looked after children in the Scottish Borders. NHS Borders has a health care pathway and provision of the health needs assessment is established as recommended through CEL16 and the 'Guidance for Health Assessments for Looked After Children in Scotland'. School nurses are now involved in Looked After Children health reviews enabling more children and young people's health needs to be addressed timeously.</p>
<b>Promote excellence in organisational behaviour</b>	Be an excellent employer and become employer of choice	<p>NHS Borders has now fully embedded our Values Based Recruitment (VBR) process. This ensures that people are treated in line with our organisational values from applying for a post until after corporate induction is completed. We are working with colleagues regionally to explore the use of electronic recruitment to further enhance the experience of individuals who within to work within NHS Borders. The use of Key Performance Indicators are used to ensure that recruitment is carried out in a timely fashion. Going forward this performance will be reported to the Staff Governance Committee.</p> <p>The Practice Education Team have implemented a Nursing &amp; Midwifery 'taster day' for the 9 local High Schools which incorporates time with experienced staff from the 4 Nursing fields and a Midwife. Partner Higher Education Institutions present their courses and offer question and answer on Nursing and Midwifery. Sessions are offered to speak with current students, joining the nurse bank, the role of care homes, volunteering and work experience.</p> <p>A behind the scenes tour of the hospital offers a unique perspective and this includes meeting a patient. A simple clinical skill is also taught so that pupils can experience a practical activity and they are given an exciting opportunity to experience a challenging simulation in our clinical skills laboratory. All of which is endorsed by our Director of Nursing.</p> <p>NHS Borders continues to deliver Project Search and Train to Gain/Care supported employment programmes. 2 Modern Apprentices are currently employed by NHS Borders in a joint initiative with</p>



Corporate Objective		Progress to Date
		<p>Scottish Borders Council to support looked after children into employment.</p>
	<p>Value and treat our staff well to improve patient care and overall performance</p>	<p>To support a strong, confident nursing workforce the Director of Nursing, Midwifery &amp; Acute Services has implemented both a Registered Nurse and HCSW annual Conference. The first annual Nursing &amp; Midwifery conference took place in October 2017; a gathering of more than 70 nurses, midwives and health professionals who work across our services in the BGH, Mental Health and the Community. Hosted by the Director of Nursing, Midwifery &amp; Acute Services, the theme was 'Excellence in Care' and the programme for the day was packed full of informative, interesting and inspiring presentations delivered by guest speakers from NHS Borders, Fife, Lothian, Scottish Government, the Royal College of Nursing and Care Opinion Scotland. This conference was all about bringing together nurses and midwives to give them time away from their busy jobs to reflect on many aspects of their roles, their priorities and to have time to think about themselves. A common thread that ran through the presentations was the importance of documentation and the responsibility that we all have to ensure that our record keeping is accurate and up to date</p> <p>Whilst we are aware that in our iMatter performance some areas within NHS Borders have consistently shown poor levels of engagement it is difficult to truly understand why this is. It could be surmised that this might be due to how individuals perceive their place within the organisation and/or how they understand the importance of engagement within the workplace. However, with a concerted effort the Organisation has achieved an acceptable number of recorded Action Plans.</p> <p>The most recent Workforce conference which was entitled the “ultimate staff conversation” tested material which encouraged staff to recognise their responsibility as an individual to engage with the organisation as part of their employment. The use of a plain English version of the Staff Governance Standard was also effectively trialed. Training sessions with staff which roll out our previously developed behavioural framework which is linked to the Organisational values continue. We apply a continuous improvement model and use all of the data received at these sessions to evaluate what our issues truly are and address these.</p> <p>The external Partnership Review was carried out and reported upon by a former Employee Director and Director of HR. The report set out their findings to advise NHS Borders on the effectiveness of our current Partnership relationships. An action plan has subsequently been developed and has been agreed at the Area Partnership Forum. A presentation, to be delivered in partnership, hopes to ensure that managers and staff within the Organisation understand what Partnership is. Local Partnership Forums are currently being set up to ensure that Partnership working is spread across NHS Borders. This has also resulted in a reorganisation of the Partnership office.</p>

Corporate Objective		Progress to Date
	<p>Promote and engage leadership through:</p> <ul style="list-style-type: none"> <li>• Supporting a developmental culture</li> <li>• Showing genuine concern</li> <li>• Enabling</li> <li>• Inspiring others</li> </ul>	<p>NHS Borders is committed to promoting and engaging leadership through supporting a developmental culture, showing genuine concern, enabling and inspiring others.</p> <p>The Executive leadership development program continues to support the development of 3 Associate Medical Directors and 10 Heads of Service moving to Clinical Director roles. This program enables staff in medical leadership positions to focus on their performance and effectiveness. The outcome aims to create the conditions which will support exemplar performance and feedback from participants indicates they have truly valued the time to gain perspective in their new leadership roles.</p> <p>Senior Charge Nurse's responsible for a ward area in acute, community and mental health are currently undertaking a Leadership Development Programme. This is being delivered through both local and national expertise. The core themes covered include:</p> <ul style="list-style-type: none"> <li>• Self awareness and leadership styles</li> <li>• Leading effective teams, covering coaching and psychological safety</li> <li>• Delivering excellent patient experience through learning and responding to feedback</li> <li>• Enabling Professionalism</li> </ul> <p>To meet current and future service, financial and workforce challenges, NHS Borders is implementing a Healthcare Support Worker career framework to support career advancement pathways in line with workforce planning needs. In line with the 2020 vision, NHS Borders supported 5 staff complete a health &amp; social care Professional Development Award at level 7 which was delivered in conjunction with social work staff. Joint learning and sharing of experiences was reported as being an inspiration by the students involved.</p> <p>NHS Borders has been proactively working with the Scottish Qualifications Agency to influence the development of a Professional Development Award at level 8. Successful negotiations for delivery by Borders College will provide 12 staff the opportunity to undertake funded development in preparation for implementation of future Band 4 roles across the organization. Anecdotal feedback from staff has identified this as a significant step in enabling a positive developmental culture.</p>