



Annual Operational Plan 2018/19

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1 Introduction

NHS Borders' Annual Operational Plan (AOP) 2018-19 replaces the performance agreement published in previous years through the Local Delivery Plan process. This plan is aligned with the Scottish Borders Health and Social Care Partnership's Strategic Plan for 2016-19, with its 9 objectives for delivering quality health and social care to the people of the Borders, and the longer term strategic context outlined within NHS Borders refreshed Clinical Strategy.

The plan highlights underpinning assumptions and actions towards achieving efficient and effective healthcare through minimising waiting times in key areas and looks to deliver these standards at the same level as achieved at March 2017. These cover access to treatment at the Emergency Department, elective procedures and outpatient appointments; cancer pathways, and diagnostic tests. It also covers waits for specialist children and adolescent mental health services.

The AOP summarises plans developed with the Health and Social Care Partnership focussing on the following objectives:

- Shifting the balance of care to the community;
- Reducing avoidable admissions to hospital and delays for patients that have to receive hospital care;
- Reducing delayed discharges;
- Measures being taken in collaboration with partners to reduce health inequalities;
- Workforce planning and development to underpin the service changes outlined.

The Plan also focuses on the financial outlook for NHS Borders in the year ahead, and the progress towards improving the efficiencies of services as well as longer term financial sustainability.

NHS Borders is working in partnership with NHS Fife and NHS Lothian to develop an East of Scotland Regional Plan to be completed by 31st March 2018. This plan will contribute towards the longer-term delivery of national performance standards. This Annual Operational Plan should be viewed in conjunction with the East of Scotland Regional Plan.

2 Context for Strategic Change

While this Annual Operational Plan (AOP) is for the year 2018/19, it is important to set this single year within the context of our longer term clinical strategy to drive forward change across health and social care within the Scottish Borders.

Clinical Strategy

Background

In 2014, following a period of consultation with staff and the public, the Board approved a series of Key Strategic Principles. These 7 key principles form the basis for the future design and development of clinical services across NHS Borders. The principles are in line with and fully support the 2020 vision for Healthcare in Scotland. The vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

In February 2016 a National Clinical Strategy for NHS Scotland was published. As a result of this, and other national initiatives such as the growing focus on Realistic Medicine as well as the continued challenging financial environment across the NHS and wider public sector, NHS Borders board agreed that there was a need to do a stocktake of the local position. This led to the development of NHS Borders refreshed Clinical Strategy.

The strategic aims of this are:

- To deliver the national vision for health and social care in Scotland, as set out in the Scottish Health & Social Care Delivery Plan (December 2016).
- To provide clarity for staff, the public and partners on the direction and key priorities for staff in NHS Borders, focusing on the delivery of safe and sustainable services and ensuring the best possible patient experience and health outcomes.
- To have a clear response to how we will maximise opportunities and adequately manage current and future predicted challenges facing the NHS (and other partner organisations), such as increasing population needs, advances in technology, workforce and financial challenges.
- To support future decision making and guide how we best use our limited resources.
- To set out how collaborative working with partners will be supported to meet the needs of the East of Scotland populations and ensure sustainability of health and social care services.

Programme of Change – Better Borders

Better Borders is a programme of work that is supporting and delivering transformation of services within NHS Borders in order to ensure that they are safe, sustainable, and give the best possible patient experiences and health outcomes. The programme is driven by data and evidence, so we can be sure that any changes made as a result are worth doing and are going to deliver outcomes for patients and our organisation using the refreshed Clinical Strategy as our framework. The key themes for work currently underway are outlined below:

- Modernising Outpatients
- Admission Avoidance
- Removing Delays
- Productivity & Efficiency

Further information on the programme of work is outlined on p29.

Back to Basics Programme

Under the leadership of our Director of Nursing and Midwifery to support the delivery of care, we have committed to a programme of change called **Back to Basics**, the aim of which refocus clinical teams **to deliver excellence in care for every patient, every time**. This programme will be carried out in partnership and will involve nurses, clinical support workers, consultants, doctors and the range of allied health professionals; it is evidenced from findings from recent inspections, themes in complaints, audit results and significant adverse event reviews. One clear action plan will be developed this year for Back to Basics, using improvement methodology to diagnose, improve and scale up improvements and embed them.

3 Performance Measures

To achieve an efficient and effective health service for patients of NHS Scotland performance monitoring arrangements are in place. Targets for Health Boards have been set by Scottish Government over a number of years through Local Delivery Plan agreements. Waiting times measures have been an integral part of providing high quality services to make sure patients are seen and treated timeously. NHS Borders is committed to achieving performance for the waiting times measures however the impact of delayed discharge occupied bed days on patient flow remains a significant risk to the achievement of targets. Table 1 shows the expected performance as at the end of March 2018 and the projected position by the end of March 2019.

Table 1 Waiting Times Performance Projections to March 2019

Measure	Latest Performance	Time period - month/quarter	Forecast March 2018 Performance	Forecast March 2019 Performance
62 day Cancer	0 > 62 days	December 2017	2 > 62 days	10 > 62 days
31 day Cancer	0 > 31 days	December 2017	0 > 31 days	0 > 31 days
12 weeks Outpatient	1059 > 12 weeks	January 2018	400 > 12 weeks	2425 > 12 weeks
6 weeks Diagnostics	208 > 6 weeks	December 2017	250 > 6 weeks	964 > 6 weeks
18 weeks CAMHS ¹	64.3%	November 2017	70-80%	90-100%
12 weeks TTG	203 > 12 weeks	January 2018	260 > 12 weeks	941 > 12 weeks
4 hour A&E	93.6% within 4 hours	29 January – 4 February 2018	95% within 4 hours	95% within 4 hours

¹ reporting cannot currently be updated for this measure due to changes in reporting methodology.

62 Day Cancer - 95% of all cases with a Suspicion of Cancer to be seen within 62 days

Measure	Latest Performance	Time period - month/quarter	Forecast March 2018 Performance	Forecast March 2019 Performance
62 day Cancer	0 > 62 days	December 2017	2 > 62 days	10 > 62 days

NHS Borders continues to seek a solution through regional cancer planning forums for patients waiting on treatment in NHS Lothian, in particular those waiting on specialised procedures. This is due to an increased demand within the Prostate and Lung surgical patients and patients that require Prostate Brachytherapy. Whilst at present NHS Lothian only provide 2 slots per week to treat referred patients from other Boards, NHS Borders patients are not being disadvantaged.

The introduction of QFIT for symptomatic patients earlier in 2017 has allowed Consultants to triage Colonoscopy activity more effectively. This has made an impressive improvement in access to Colonoscopy for screening patients in addition to the core capacity investments put in place in 2017. However, the introduction of QFIT tests for screening patients from November 2017 has seen an increase in referral for Colonoscopy in the first couple of months. This is a concerning trend and if these changes to thresholds within the bowel screening programme continue local capacity will struggle to meet demand. This is being closely monitored.

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

Measure	Latest Performance	Time period - month/quarter	Forecast March 2018 Performance	Forecast March 2019 Performance
31 day Cancer	0 > 31 days	December 2017	0 > 31 days	0 > 31 days

NHS Borders is reviewing local cancer pathways to ensure consistency with other Boards and ensure that patients are treated within the appropriate timescales.

As above, NHS Borders continues to work with SCAN regional partners to find solutions to capacity challenges within specialties such as Lung, Urology and Prostate where treatment is provided by the regional Cancer Centre.

12 Weeks Outpatients - 12 weeks for first outpatient appointment

Measure	Latest Performance	Time period - month/quarter	Forecast March 2018 Performance	Forecast March 2019 Performance
12 weeks Outpatient	1059 > 12 weeks	January 2018	400 > 12 weeks	2425 > 12 weeks

The number of patients reported as waiting longer than 12 weeks improved in January 2018 with extra activity being run across, Gastroenterology, Cardiology and Dermatology services. However, due to continuing capacity issues within a number of specialties, including Cardiology, Dermatology and Ophthalmology services this still creates a longer-term issue. NHS Borders is working towards a trajectory to reduce new outpatient waits to 400 waiting over 12 weeks by the end of March 2018. A detailed deep dive was provided for NHS Borders Board in October 2017 with regards to the waiting times position. The trajectories towards the planned March 2019 performance, by specialty, are detailed in Appendix 1 of this Plan.

A number of actions are underway to reduce new outpatient waits to the end of March 2018. To maintain waits at end of March 2018 position additional funding will be required non-recurrently to support the following areas to a total of £200,000:

- Orthopaedics
- Neurology

- Breast
- Dermatology
- Oral surgery
- Cardiology
- Ophthalmology

Longer term actions to address core capacity gaps are underway in the following services:

Cardiology Services

Capacity for the Cardiology Service is an ongoing problem. After a demand and capacity analysis the need for a third consultant has been identified. However, as yet no funding source for the £170,000 that would be required has been found. In the short-term consultants are undertaking additional sessions between October 2017 and March 2018 alongside Synaptik to work through the patients waiting in the queue. Moving forward, the additional funding will be required in order to maintain waiting times to the level achieved at March 2017.

Dermatology Service

Within the Dermatology Service job plans for the existing Consultants are being reviewed. A GP with Special Interest post (1 WTE), has now been filled which has increased core capacity. A locum consultant has also been contracted to provide extra capacity until March 2018 to reduce the current backlog. Outpatients have been using a patient focused booking approach when booking the long waiters to see if they still require an appointment which will be monitored by Waiting Times. Nursing role development is underway to reduce the reliance on consultant models of care provision for particular pathways.

Diabetic / Endocrinology Service

Short-term capacity has been organised and a new locum DME Consultant will be undertaking one clinic per week until March 2018 which has been having a very positive impact on the waiting times. The service is undertaking a comprehensive remodelling to establish community-based nurse-led clinics for the majority of patients, releasing consultant capacity for new and complex patients.

Gastroenterology

The waiting lists for the Gastroenterology Service have reduced to 17 weeks with extra capacity being provided through a locum that is in place until June 2018. A gap in the third consultant GI post left a shortfall in capacity. This post has now been filled from mid-December and short term additional clinics will be run between December 2017 and March 2018. A non-medical endoscopist post has been created to support the workload of the GI consultant team. To date NHS borders have been unable to recruit a qualified practitioner into this post and a locum

consultant has been used to bridge this gap. The post will be re-advertised with a training remit to see if a suitable practitioner can be appointed.

Ophthalmology Service

There are ongoing challenges around clinic capacity of the Ophthalmology service, which is due to Consultant vacancies. A collaboration between NHS Borders, Lothian and Fife is being undertaken to provide sustainable Ophthalmology services across the region. This will include a shared on-call between NHS Lothian and Borders. New models of care have been developed to enable more nurse and community optometrist led pathways which will ease the pressure on consultant pathways. In the short term an additional locum is in place within the service and additional new patient clinics are planned between February and March 2018.

Oral Surgery

Referrals into the Oral Surgery service have increased by around 31% year on year, which is causing capacity issues. Additional clinics have been organised in the short term and the service is currently reviewing the longer-term capacity issues.

6 Weeks Diagnostics - zero patients to wait over 6 weeks

Measure	Latest Performance	Time period - month/quarter	Forecast March 2018 Performance	Forecast March 2019 Performance
6 weeks Diagnostics	208 > 6 weeks	December 2017	250 > 6 weeks	964 > 6 weeks

The national standard is that no patient waits more than 6 weeks for one of a number of identified key diagnostic tests.

After a period of improved performance there has been a significant increase in the number of 4 week breaches. Demand continues to grow for radiological tests with the most predominant problem being in MRI scanning. NHS Borders are engaging in national work to review demand management approaches and are addressing through Realistic Medicine, but do not have the resources to meet demand increases. Endoscopy and colonoscopy have come into balance this year with the service changes introduced. Since the recent introduction of FIT testing through the national screening programme an increase has been noted in demand from the bowel screening referral route. If this trend continues core capacity will struggle to meet demand. Without additional funding in these areas NHS Borders will be unable to maintain waiting times for MRI and colonoscopy.

The performance of diagnostic areas is detailed below:

Colonoscopy Service

The Colonoscopy service continues to benefit from ring fenced Colon sessions performed by a locum General Surgeon who is in place until June 2018 pending the recruitment of a second non-medical endoscopist. Additionally, the 3rd GI Consultant post has been filled from December 2017. The introduction of QFIT testing in January 2017 has allowed the more effective triaging and referral into Colonoscopy. A bid to the Scottish Government was successful in securing funding from March 2018 to continue this pilot for 3 further years. The introduction of QFIT testing through the bowel screening programme has shown an increase in referrals to GI. The impact on local services for the 1st 2 months has been significant with specialist GI nursing pre-assessment services feeling a strain. This will be monitored closely but if the trend continues will present capacity challenges. Currently the Board is having difficulty recruiting to the permanent solution and in order to achieve the required outcomes, may need to engage a locum for which at present there is no funding identified.

Endoscopy Service

The 6 week standard for the Endoscopy service has been met consistently and performance continues to be monitored.

Magnetic Resonance Imaging (MRI)&Computerised Tomography (CT) Service

The MRI service continues to be under pressure. The length of scans is increasing due to changing guidelines which has led to a reduction in throughput in terms of patient numbers. To combat this additional weekend and evening sessions continue to be run however, waiting times are increasing despite this. A review of MRI demand is underway.

Ultrasound Service

The ultrasound service has staffing challenges at present due to multiple maternity leaves. Temporary hours have been recruited to and a locum is in place to offset the impact of this as far as possible.

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

Measure	Latest Performance	Time period - month/quarter	Forecast March 2018 Performance	Forecast March 2019 Performance
18 weeks CAMHS ¹	64.3%	November 2017	70-80%	90-100%

The Child and Adolescent Mental Health Services (CAMHS) service consistently met the national (90%) standard for CAMHS referral to treatment waiting times between July 2016 and August 2017. However, performance fell below for both standards in September 2017 (71%), October (58%) and November (64%).

The decrease in performance was due to vacant posts within the service, which have had a significant impact on the ability to meet the standards. Recruitment has been taken place and successful candidates are now in post. However, the service is currently still one 1 WTE down from normal staffing levels. Once full staffing is resumed in quarter 4 the service should be back on track to achieve the target by the end of March 2018. The current staffing model is not resilient as achievement of the target is reliant on full staffing levels and no vacancies and staffing gaps under the existing funding envelope.

Previously, referral criteria have been reviewed and amended to increase efficiency at point of receipt of referral and also at the final stages of the referral form being placed on SCI Gateway.

More detailed focus is now being given to rates of referrals and declined referrals, examining reasons for decline. The reporting process is being reviewed and amended to ensure this is non-person-dependant.

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

Measure	Latest Performance	Time period - month/quarter	Forecast March 2018 Performance	Forecast March 2019 Performance
12 weeks TTG	203 > 12 weeks	January 2018	260 > 12 weeks	941 > 12 weeks

NHS Borders has experienced challenges in meeting the 12 week Treatment Time Guarantee over the past year. High levels of hospital cancellations, particularly over the winter period, have resulted in a large number of TTG breaches. In order to clear this backlog of patients funding of £1m will be required to provide additional activity. Orthopaedics has been particularly challenged by this and also by a shortfall in operating capacity.

This has been addressed through the Institute for Healthcare Optimisation (IHO) Workstream and introduction of new consultant job plans to take advantage of resulting additional theatre time. However, NHS Borders continue to have a large number of delayed discharges and this is impacting directly on the ability to retain a full elective inpatient area. The trajectories towards the planned March 2019 performance, by specialty, are detailed in Appendix 1 of this Plan.

There are a number of actions underway to minimise cancellations and the impact of these:

- Work is underway to develop a capital business case to relocate the elective ward, the aim being to protect elective beds from unscheduled pressures to

ensure continued throughput of elective cases during times of pressure within the hospital. This is an integral element for the regional orthopaedic plan and discussions with Scottish Government colleagues.

- Short notice cancellations are reviewed on a daily basis.
- Work is ongoing to ensure cancellations are minimised and decisions are made as soon as possible.
- An Institute for Healthcare Optimisation (IHO) project is looking to address surgical flow; however, the service is reviewing on a weekly basis to determine any risk of cancellations and take appropriate action.
- Cancelled patients are rebooked as soon as possible to accommodate their TTG date.

To recover the backlog developed during the winter period additional funding will be required to clear the backlog of patients. This will require funding of around until long term changes can be implemented of around £1.3m. In the longer term several actions are underway to address core capacity including:

- Additional operating sessions in main theatres
- Revisions to the orthopaedic team job plan to reposition capacity
- Nurse led arthroplasty review pathways
- Introduction of MSK model
- Development of business case for protected elective facility
- Theatre Productivity Project

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

Measure	Latest Performance	Time period - month/quarter	Forecast March 2018 Performance	Forecast March 2019 Performance
4 hour A&E	93.6% within 4 hours	29 January – 4 February 2018	95% within 4 hours	95% within 4 hours

For the most part, the Emergency Access Standard remains variable performing at between 93-98%. However, the festive period proved challenging with the standard dropping to 88.4% in December 2017.

The main reason for breaches was availability of beds, due to the rising number of delayed discharges. New initiatives were introduced in December 2017 to reduce delayed discharges. There was also a rise in the number of breaches awaiting first medical assessment, much of which was due to crowding in the ED department by patients waiting for admission, reducing availability of cubicles to see patients.

A change in ED doctors with a loss of some experience also contributed. Other breaches have been the result of waits for transport, delays in specialty review and delays in first assessment.

In order to address these issues, the Daily Breach Review and Escalation processes have been refreshed and additional rigour introduced to ensure that patients are not delayed unnecessarily. In line with the Clinical Strategy an exercise has been undertaken to determine the correct medical and nursing staffing levels in ED.

There has been a 31% increase in ED activity since 2011 and a change in both times and acuity of presentations. Due to safety concerns, both medical and nurse staffing has been increased but without an increase in funding. As a result, without additional funding the Emergency Department will generate an overspend in region of £500k in 2018/19.

NHS Borders plans to deliver the 95% Emergency Access Standard consistently by March 2019. Key improvement activities in regard to the standard will include continuing to shift care into Community Services, strengthening acute flow processes and developing a stronger anticipatory care model.

A number of transformational initiatives are planned in collaboration with the health and social care partnership throughout 2018 and into 2019. These include the development of a community respiratory model for patients with COPD, the creation of early supported discharge services (Discharge to Assess and Hospital to Home Projects) and new alternatives to hospital admission. There are also several improvement programmes planned specifically for the Borders General Hospital. These initiatives will largely align with the national 6 essential actions and includes the continued rollout of daily dynamic discharge, and a renewed focus on improving intra-hospital flow processes. The primary risk to delivery of the 95% standard is the continued pressure exerted by delayed discharge levels; if delayed discharge improvement trajectories are not delivered then the system will struggle to deliver the 95% standard. Workforce issues, specifically the difficulty recruiting viable candidates to critical posts, also poses a risk to delivery.

Performance Summary

NHS Borders remains committed to delivering on waiting times targets based on the information currently available and associated assumptions. In order to achieve waiting times levels as at March 2017 this will require additional funding of £4.6m. A summary of this is included in Appendix 2.

4 Unscheduled Bed Days Reductions

The Borders Health and Social Care Partnership's Strategic Plan for 2016-2019 states that one of the Partnerships' 9 objectives is to reduce avoidable admissions to hospital: 'By appropriate support in the right place at the right time, we will ensure people are supported to remain in their own homes.' The aim is to continue to reduce unnecessary demand for services including hospital care, and if a hospital stay is required, minimise the time that people are delayed in hospital. The following priority areas will be actioned during 2018-19 towards achieving this objective:

Priority Area	
Reducing Acute Inpatient Stays and Delays – Reducing avoidable admissions	<p>Action:NHS Borders is applying for Integrated Care Fund funding to expand Health Care Support Workers test project for Central to include work in defined geographical area in partnership with five GP practices and District Nurse teams to provide short term increases to care and support to prevent acute hospital admissions for frail elderly adults. The funding application includes funding for key Allied Health Professional input to establish a rehabilitation program so that the individual regains and retains as much independence as possible during and immediately after an acute event. Funding achieved has led to the appointment of Health Care Support Worker and GP & District Nurse involvement for a 12month period. A funding application has also been made for Allied Health Professional involvement. Further information will be available on the total funding award in April 2018.</p> <p>Measure: Quantitative data will be gathered on a month by month basis from the start of the project and compared directly with quantitative data from comparable periods in previous years to establish the level of reduction in acute hospital admissions by GP practice area for adults over 65 years of age.</p>
Reducing Acute Inpatient Stays and Delays – Reducing lengths of stay for hospital discharges where social work is involved	<p>Action:Awhole day event for START team members, including administration services, is planned to identify and agree improvements to processes and practices specifically to reduce times between in-patients becoming fit for discharge and completion of assessment processes.</p> <p>Action:Plans are in place to change the role and responsibilities of three Discharge Liaison Nurses to provide discharge liaison with MDTs at Community Hospitals with a view to improving MDT practices in setting fit for discharge dates and ensuring focus on rehabilitation goals of each patient.</p>

	<p>Action: Good work has been done to reduce in-patient stays at Borders General Hospital over December 2017 to February 2018, which will continue until end of April 2018, by discharging patients from BGH to Craw Wood discharge to assess facility. This has reduced delays to discharge for those adults over 50 years of age who require assessment for packages of care.</p> <p>Craw Wood is a discharge to assess facility so that suitable patients can be discharged from BGH when clinically fit for an assessment in a morehomely environment. The discharge to assess facility operates on a reablement approach to maximise independence with the objective of reducing dependence on packages of care once home.</p> <p>Measure: Quantitative data collection measures will be established for each of the actions above and will be used to compare data from same periods in 2017-18.</p>
<p>Reducing Acute Inpatient Stays and Delays – Reducing lengths of stay for complex delayed discharges</p>	<p>Action: Scottish Borders Council is establishing a ‘Trusted Trader’ scheme with local solicitors who can evidence their competence in achieving required processes for private guardianship within tighter time frames. Aiming to establish scheme with a start date from 1st June 2018.</p> <p>Action:An application for additional funding to the Integrated Care Fund for the START team to have MHO within the team in order to prioritise guardianship reports as soon as requested has been submitted. This will reduce waiting times for MHO processes. Post will begin from 1st April 2018.</p>
<p>Reducing Community Hospital Inpatient Stays and Delays – Reduce lengths of stay in Community Hospitals.</p>	<p>Action:A project structure is being implemented to review existing models of care within Community/Day Hospitals to improve patient pathways and make best use of resources. An external review of facilities has been completed and recommendations are being utilised to develop a detailed project plan.</p> <p>Measure: Quantitative data collection measures will be established for the project plan and will be used to compare data from same periods in 2017-18 and earlier years as required. These will include trend analysis on the total lengths of stay on discharge of patients in each hospital.</p>
<p>Reducing Inpatient Stays Delays and admissions – Through development of Allied Health professional services</p>	<p>Action:Work has progressed and will continue to reshape Allied Health Professional (AHP) services to support Out of Hospital Care and increasing community rehabilitation provision. The focus will be to increase AHP rehabilitation inputs to the discharge pathway and increase prevention pathways in community settings to prevent avoidable admissions. Work is</p>

	<p>currently underway to assess and improve the productivity of existing AHP services.</p> <p>Measure: Quantitative data collection measures will be utilised to monitor progress and compare from previous periods.</p>
Early Supported Discharge	<p>Action: Projects to test enhanced and specialist community teams to support early discharge of patients requiring continued specialist support will be put in place to ensure:</p> <ul style="list-style-type: none"> - 'Hospice to Home' as a mechanism to improve the palliative care pathway - community neuro-rehabilitation team <p>Measure: Increase in percentage of patients dying in preferred area of care</p> <p>Measure: Reduction in admissions within last 6 months of life</p> <p>Measure: Reduction in length of stay for stroke patients</p>

The Borders Health and Social Care Partnership's Strategic Plan for 2016-2019 is currently under-going a review, but it is not anticipated that this will lead to significant changes to the overall strategic direction, or the actions contained within this Annual Operational Plan.

NHS Borders has been liaising with Scottish Government on the production of target trajectories to be agreed with the Ministerial Steering Group for achievement by March 2019. These cover the areas relating to the Borders' Strategic Plan Objective on reducing avoidable admissions, such as reducing emergency admissions, emergency occupied bed days, delayed discharges and shortening lengths of stay for patients in acute settings. The MSG trajectories will be a cross-referenced with the work on the Strategic Plan Objective in the year ahead.

NHS Borders is facing significant challenges with delayed discharges, which continue to impact on patient flow within the Borders General Hospital and our four community hospitals. The levels currently being experienced equate to a fully occupied ward within our acute hospital, which equates to approximately £1.4m per annum.

A detailed piece of work has been completed to urgently identify the reasons for these delays and to determine appropriate corrective actions. As a result, a discharge to assess facility was opened at the start of December 2017 (Craw Wood), which provides up to two weeks assessment in a homely environment. The facility takes a reablement approach and the strengths of each adult are built on to regain and retain as much independence as possible, with a view to reducing dependency levels, thus reducing the total number of home care hours required once discharged

home. The impact of the facility is currently being assessed but what is clear is that further actions will be required during 2018/19, in addition to the table outlined above, if the levels of delayed discharges are to reduce to a more manageable level.

Shifting the Balance of Spend

NHS Borders commits to delivering the requirements set out in the Draft Budget letter of 14th December 2017 specifically in relation to shifting the balance of frontline NHS spend in regard to the following:

- Further funding for mental health being additional to a real terms increase to 2017 – 18 spending levels.
- Additional funding for primary care used to support primary care transformation and
- Continued transfer of share of £350 million from baseline budgets to Integration Authorities to support social care’.

5 Reducing Health Inequalities and Prevention

Reducing health inequalities and promoting prevention of ill-health and early intervention is another key objective of the Borders Health and Social Care Partnership. NHS Borders are an active partner in the Scottish Borders Reducing Inequalities Strategy. Actions towards this goal and measures to monitor progress of the actions are detailed below:

Improvement aim	Actions and Measures
Health inequalities planning	
NHS Borders as a partner in the Community Planning Partnership	<p>Action: NHS Borders plays an active role in implementation of the Scottish Borders Reducing Inequalities Strategy to achieve better health and reduce inequalities through prompting access to healthy activities (including exercise and diet) and access to social activity as per the community plan.</p> <p>Measure: Participation in relevant groups by NHS Board and staff. Health Inequalities Impact Assessment of plans and key decisions within Community Planning Partnership</p> <p>Action: Use NHS Health Scotland statement on health inequalities to prioritise actions for NHS Borders. A first action is delivery of a workshop on Health Inequalities Impact Assessment (HIIA) process will be delivered to the Better Borders Steering Group to ensure transformation programme is inequalities informed.</p> <p>Measure: Updated corporate action plan in place that guides NHS Borders actions on health inequalities, with leads identified from each clinical Board. Development session on Health Inequalities delivered to Board; Transformation plans informed by HIIA.</p>
Health inequalities key priorities are embedded in Health & Social Care locality plans	<p>Action: Engagement with locality planning processes, including community engagement via Area Partnerships and Locality Working Groups in targeted areas.</p> <p>Measure: Locality planning reflects health inequalities priorities</p>
Health inequalities priorities are embedded in Integrated Children and Young People's (CYP) plan	<p>Action: Prevention and early intervention to improve the lives of children and young people are prioritised through new Support for Parents strategy, redesign of mental health supports for children and young people and measures to address child poverty</p> <p>Measure: Successful delivery of year 1 actions in Support for Parents Strategy including review of support for families with older children.</p> <p>Action: Public Health supports children and families services and with maternal and child health services to deliver effective interventions to improve outcomes and reduce health inequalities for vulnerable groups</p>

Improvement aim	Actions and Measures
	<p>Measure: Performance framework for Integrated CYP Plan, including jointly commissioned services. Jointly commissioned services complete self-evaluation process.</p> <p>Action: Public Health leads collaborative approach with partners to promote healthy weight and active lifestyles for children, young people and families across ages and stages including: rolling fit4fun programme in Borders Primary schools; Breastfeeding in Borders Peer Support volunteering; Weaning, microwave cookery and budget cookery programmes via community food and health groups in areas of relative deprivation.</p> <p>Measure: Successful completion of fit4fun in targeted primary schools; participants completing Community Food and Health sessions, healthy weight pathways in place from birth</p>
Child Health services planning	<p>Action: NHS Borders Clinical Strategy drives improvement in child health services to assure compliance with CYP (Scotland) Act.</p> <p>Measure: Evidence that participation and rights of children & young people are embedded in service planning and delivery.</p>
Reducing preventable ill health	
Locality plans have identified improvement actions relating to prevention and reducing inequalities	<p>Action: Improved processes and pathways are developed to enable access to healthy living and health behaviour change support via redesign of smoking cessation and lifestyle support services.</p> <p>Measure: Redesign successfully delivered by December 2018, baseline measurements in place to monitor uptake across client groups.</p> <p>Action: Develop Diabetes Prevention Partnership (DPP) workstreams across: community engagement to raise awareness of risk factors, signs and symptoms and mitigating actions; population access to healthy and active lifestyles; intensive prevention intervention for those at risk</p> <p>Measure: a suite of KPIs exist for the DPP including: engagement levels with social marketing campaigns; changes to physical activity and healthy eating behaviours in participants; number of people attending interventions.</p> <p>Action: Education and awareness raising with wider community on risk factors for preventable ill health, signs and symptoms and getting checked early</p> <p>Action: Inequalities focused screening initiative implemented, in collaboration with other NHS partners</p> <p>Measure: improved uptake of screening among equalities groups</p>

Improvement aim	Actions and Measures
Community based health improvement activities	<p>Actions: HLN leads community health and wellbeing programmes delivered in targeted communities, with partners</p> <p>Measure: Number of participants in activities facilitated and delivered held in targeted communities; number of HLN volunteers;</p>
Mental health	
Promote community wellbeing	<p>Action: Delivery of Six Ways to Be Well programme of awareness raising and training to develop mental health literacy. ‘Healthy Hawick’ whole town approach in Hawick.</p> <p>Action: Expansion of the Local Area Coordination (LAC) service to adults in all 4 GP Cluster areas (from 1 WTE to 4 WTEs) – promoting recovery and engagement with our communities.</p> <p>Measure: Self-evaluation of Healthy Hawick initiative. Number of individuals supported via LAC service</p>
Inclusion and vulnerable groups	
Learning Disability	<p>Action: ‘A Healthier Me’ Programme continues to run in conjunction with partners in the third sector, with a renewed focus on outcomes for people with learning disabilities with partners being supported to identify what activities can support delivery of the programme.</p> <p>Measure: Case studies and examples of people with learning disabilities shared with ‘A Healthier Me’ group; local citizens’ panel members delivering ‘A Healthier Me’ slots 5 times a year at their meetings.</p> <p>Action: Run year 2 of Project Search in partnership with Scottish Borders Council employment support service, NHS Borders, Scottish Borders Learning Disability Service and Borders College. Recruit to Year 3.</p> <p>Measure: 5 of 8 interns from year 1 who gained paid employment will continue in employment. Participate in annual evaluation. Year 2 interns will gain employment at end of their intern year.</p> <p>Action: Local Area Coordination Team continues to support people with a learning disability to live healthier lives and improve their quality of life.</p> <p>Measures: Record development of supportive social networks and supporting/developing Health Champions roles. Capture data around outcomes worked towards and achieved through light touch evaluation.</p>

Improvement aim	Actions and Measures
	<p>Action: Employability European funding received till December 2018 to employ 2 staff to support people to engage in voluntary work with a view to broaden employment pathways.</p> <p>Measure: Increased numbers of people gaining voluntary placements in year 1.</p> <p>Action: ImproveTransitions pathways for young people with learning disability and family carers.</p> <p>Measure: Information booklet and pathway shared with young people and family carers. Increased knowledge and awareness within staff teams through health, social care and education partners.</p> <p>Action: Develop a standard operating procedure for recording monitoring and reviewing deaths of people with learning disabilities.</p> <p>Measure: All deaths will be reviewed. Any trends identified.</p>
Carers	<p>Action: Complete Carers Health Needs assessment by June 2018 and develop action plan arising from recommendations.</p> <p>Measure: Action plan agreed with key partners and commence implementation from June 2018.</p>
Capacity building	
Workforce are equipped to recognize and mitigate health inequalities	<p>Action: Deliver training in generic health behaviour change; health literacy programme; and topic based and bespoke training.</p> <p>Measures: Participants in training; feedback and evaluation</p>
Targeting resources	
Data on deprivation and vulnerability are used to inform resource allocation to improve outcomes and achieve better value	<p>Action: Use data to prioritise and targetprogrammes and services accordingly:</p> <p>Smoking cessation - continue to prioritise delivery in areas of deprivation.</p> <p>Sexual Health: service delivery response to variable levels of engagement by different socio-economic groups</p> <p>Nutrition and healthy weight: promotion of healthy eating and active living with community groups through core HLN programme, as part of Food Programme (see above)</p> <p>Mental health: awareness raising and signposting with key groups including: job seekers, college students and adult learners</p> <p>Measure: Programme evaluation, engagement levels by different socio-economic groups</p>

Improvement aim	Actions and Measures
	<p>Action: Improve reach of screening programmes</p> <p>Measure: Uptake by vulnerable groups</p>

Improvement aim	Actions and Measures
Supporting healthy living	
Improve care and health outcomes for people with Type 2 Diabetes	<p>Actions: Work with partners to roll out successful physical activity, behaviour change intervention to three other areas of Borders. Support development of self-help groups and peer mentors via Live Borders and Diabetes Scotland.</p> <p>Measures: Engagement and completion rates; biometric testing.</p>
Increase in participation in physical activity	<p>Action: Development of signposting/referral pathways from NHS settings to community-based physical activity opportunities. Expansion to target key at risk groups.</p> <p>Measures: National prevalence data, uptake and outcomes in health classes. Monitor number of referrals to Live Borders from NHS and outcomes for clients</p>
Reduction in prevalence of smoking and exposure to second hand smoke	<p>Actions: Delivery of Tobacco Control Action Plan- Prevention actions. Prevention work targeted at Early Years, Children and youth work settings including vulnerable groups including test of change with new approach in Burnfoot and Hawick. Support to NHS Borders implementation of Smoke-free Hospital Grounds legislation.</p> <p>Measures: SALSUS data, local Second-hand smoke exposure data, national prevalence data Tobacco Control Plan indicators.</p>
Improved sexual health of people in Borders	<p>Actions: Delivery of Borders Sexual Health Strategy including: expanding reach of CCard; school drop-ins; delivery of CPD and training for education staff to support new curricular framework including SHARE Training.</p> <p>Measures:CCard service information; teenage pregnancy and STI rates; training uptake</p>
Reduction in alcohol and drugs related harm	<p>Actions: Alcohol brief interventions (ABI) continue in priority and wider settings, support to school based education, provision of Take Home Naloxone (THN), Workforce training opportunities; development and implementation of drug death prevention action plan including piloting 'Recovery Clinic' and Drop-in approach.</p> <p>Measure: Number of ABI's performed and THN kits distributed; measures to be agreed but will include uptake and service user feedback from Recovery Clinic and Drop In pilots.</p>

Improvement aim	Actions and Measures
Prevention of mental ill-health	<p>Action: Improve access to information advice and support for mental health</p> <p>Measure: social prescribing pathways in place by March 2019</p> <p>Action: complete implementation of integrated early intervention approach to support the mental health of children young people in schools and community</p> <p>Measure: monitoring information</p>
Suicide prevention	<p>Action: Update and deliver suicide prevention training programme in line with national developments</p> <p>Measure: Training uptake</p> <p>Action: Implement support for those bereaved by suicide</p> <p>Measure: Support initiative in place</p>
Maternal and infant nutrition and child healthy weight	<p>Actions: Develop local approach to support preconception health Support to maternity and early years settings to improve early diet choices and development of preconception health improvement, with key partners. Improve support for families with overweight / obese children and identify KPIs</p> <p>Measures: Breastfeeding rates; Healthy Start uptake; monitoring pathways for child healthy weight</p>

6 Workforce Planning

Some of the key current workforce priorities within NHS Borders include:

- An ageing workforce especially some key clinical areas e.g. Nursing & Midwifery
- Recruitment challenges especially Registered Nurses
- Expected impact of Brexit – particularly for Medical and Dental staff
- Unknown impact of safe staffing legislation may lead to some services becoming unsustainable
- Recruitment and Retention strategy for Medical Staff

Our workforce is our most valuable asset, our staff are central to the delivery of person-centred, safe and sustainable healthcare. We will work to a common set of values which guide the work we do, the decisions we take and the way we treat each other. By promoting excellence in organisational behaviour we believe we can improve patient experience and the experience of staff with better workforce planning outcomes.

NHS Borders published a detailed Workforce Plan for 2016-19, with an update of statistics and actions in 2017. The refreshed Workforce Plan and actions will be published on 30th June 2018. A Workforce Planning working group supports the development of the plan and monitors the actions generated from it.

Actions from the local workforce plan are as follows:

	Action	Leads	Timescale	Evidenced by	Outcome Measure	Action
1	<p>Establish a Recruitment & Retention Strategy for NHS Borders to ensure continuity of service and reduced long term vacancies. Initially focus on target groups where we are experiencing difficulties recruiting including:</p> <ul style="list-style-type: none"> • Consultants, Salaried GPs and other medical and dental posts, featuring values based recruitment and with emphasis on trainee (training grade doctor) engagement. • Registered Nursing and Midwifery Staff 	<p>Medical Director, Nursing & Midwifery,</p> <p>HR and Finance Leads.</p>	Medium to Long Term	<ul style="list-style-type: none"> • Lower number of concurrent vacancies • Success in recruitment to high priority specialties • Viable workforce and succession plan for key Medical & Dental and Nursing & Midwifery posts 	<ul style="list-style-type: none"> • Sustainable Workforce – maintained patient safety • Reduction in supplementary spend • NHS Borders follows effective procedures when recruiting staff and carries out appropriate qualifications, skills and training, references and background checks. • NHS Borders is confident that staff delivering care are suitably trained and use their learning to ensure care is safe, effective and person-centred 	Development commenced on a wider strategy October 2017
2	To support staff to work longer, utilising Retirement Policy and changing cultural attitudes, to make flexible working part of normal career development. Establish a Returning Process to assist with this	WD&P/ Occupational Health	Medium to Long Term	<ul style="list-style-type: none"> • Higher proportion of staff who choose to stay at work longer or return after retirement leading to increased numbers of experienced staff 	<ul style="list-style-type: none"> • Stable, happy workforce leading to better patient care 	Work commenced with SPPA Autumn 2017
3	Monitor Turnover rates/trends to inform projections of future recruitment requirements and succession planning	WD&P/Finance Leads	Medium Term	<ul style="list-style-type: none"> • Up to date trajectory matching projections with actual leavers/starters 	<ul style="list-style-type: none"> • Reliable data to inform succession planning 	Trajectory work suspended. Monitoring of turnover rates and trends is ongoing.

4	Promote NHS Borders as an organisation that supports Return to Practice across relevant staff groups e.g. Nursing & Midwifery, AHP Services etc.	Nursing & Midwifery	Short Term	<ul style="list-style-type: none"> Improved response rates to Recruitment Adverts Reputation as a Board who supports staff to return to practice 	<ul style="list-style-type: none"> Higher Proportion of Vacancies filled by experienced registered nurses/ AHPs (on successful completion of RTP) leading to high quality of patient care. 	See Action 1
5	Support the planning, roll out and feedback of Nursing and Midwifery Workload Tools, and communicate outcomes to relevant groups within agreed timescales	Nursing & Midwifery/ WD&P	Medium Term	<ul style="list-style-type: none"> Up to date information on outcomes of Workload Tools 	<ul style="list-style-type: none"> Assurance around workforce numbers ensuring safe patient services Reduction in supplementary spend due to up to date funded establishments. 	Ongoing
6	Ensure the wider organisation is aware of the corporate values and monitor the feedback of recruits who have been recruited via a values-based process	Workforce Leads/Line Managers	Long Term	<ul style="list-style-type: none"> No of Staff Trained and familiar with Behavioural Framework iMatter employee engagement scores 	<ul style="list-style-type: none"> NHS Borders has effective leadership and governance and promotes an organisational culture committed to continuous improvement and shared learning. 	Ongoing
7	Monitor uptake and impact of iMatter	BET	Long Term	<ul style="list-style-type: none"> iMatter response rates Employee Engagement scores Percentage of action plans completed 	<ul style="list-style-type: none"> Staff experiences and feedback are used to inform and shape improvements in the delivery of care. Engaged workforce Reduced turnover 	Ongoing
8	Progress Joint Workforce Planning Actions once signed off by IJB and work towards Joint Workforce Planning where appropriate	NHS Borders and SBC WD&P Leads	Medium to Long Term	<ul style="list-style-type: none"> Improved understanding of Workforce Issues across organisational boundaries 	<ul style="list-style-type: none"> Shared Workforce Information and Methodologies 	Ongoing
9	Ensure workforce issues and risks identified in the Workforce Plan are recorded on the Risk Register and monitored appropriately	WD&P / Identified Leads	Short Term	<ul style="list-style-type: none"> Clear understanding and monitoring of key Workforce issues and risks 	<ul style="list-style-type: none"> Reduction/mitigation of identified workforce risks and potential negative impact on patient care 	Ongoing

7 Financial Outlook

Please refer to NHS Borders Financial Plan 2018/19

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Appendix 1 Waiting Times Trajectories

Table 1 Inpatient/Day Case Referral to Treatment 12 Week Waiting Times

Specialty	Without Funding				With Funding
	2018'19 Q1	2018'19 Q2	2018'19 Q3	2018'19 Q4	2018/19
Dentistry	13	20	52	55	
ENT	25	19	4	0	
General Surgery	36	38	70	117	
Gynaecology	0	0	0	0	
Ophthalmology	119	131	129	99	
Oral Surgery	19	58	87	125	
Orthopaedic Surgery	220	255	272	308	
Urology	31	39	40	37	
Vasectomies	57	105	152	200	
Total	520	665	806	941	60

Table 2 Outpatient 12 Week Waiting Times

Specialty	Without Funding				With Funding
	2018'19 Q1	2018'19 Q2	2018'19 Q3	2018'19 Q4	2018/19
Breast	65	87	121	173	
Cardiology	123	187	206	288	
Chronic Pain	0	0	0	0	
Dermatology	0	0	0	0	
Diabetics	0	0	0	0	
ENT	0	0	0	0	
Gastroenterology	0	0	0	0	
General Medicine	0	0	0	0	
General Surgery	35	117	133	123	
Gynaecology	0	0	0	0	
Medical Paediatrics	6	0	16	50	
Neurology	25	86	136	169	
Ophthalmology	228	318	291	333	
Oral Surgery	209	341	427	543	
Orthopaedic Surgery	290	506	585	649	
Respiratory Medicine	41	6	19	32	
Urology	9	58	58	65	
Total	1043	1723	1999	2425	400

Appendix 2 Funding required to maintain performance achieved at March 2017

Pressure Area	Funding Required
Emergency Staffing (identified as an operational pressure)	£500k
CAMHS – Resilient Service	£50k
GI / Bowel Screening	£60k
Cardiology Consultant	£170k
Delayed Discharges (identified as an operational pressure)	£1.4m
Waiting Times Winter Backlog	£2.3m
Outpatient Waits	£200k
Total	£4.680m