NHS Borders – Briefing

Scottish Parliament Health and Sport Committee

Contents

Appendices

- Appendix 1: NHS Borders Clinical Strategy
- Appendix 2: NHS Borders Annual Review Self Assessment 2016/17
- Appendix 3: NHS Borders Annual Review Letter 2016/17
- Appendix 4: NHS Borders Annual Review Self Assessment 2017/18
- Appendix 5 : NHS Borders Annual Operational Plan 2018/19
- Appendix 6: NHS Borders Performance Scorecard (November 2018)
-
- Appendix 7: NHS Borders Managing Our Performance Report (September 2018)
- Appendix 8: Health & Social Care Partnership Strategic Plan 2018-21
- Appendix 9: IJB Quarterly Performance Report (2nd Quarter 2018/19)
- Appendix 10: Health & Social Care Partnership Annual Performance Report 2018/19

1.0 NHS Borders – Strategic Context

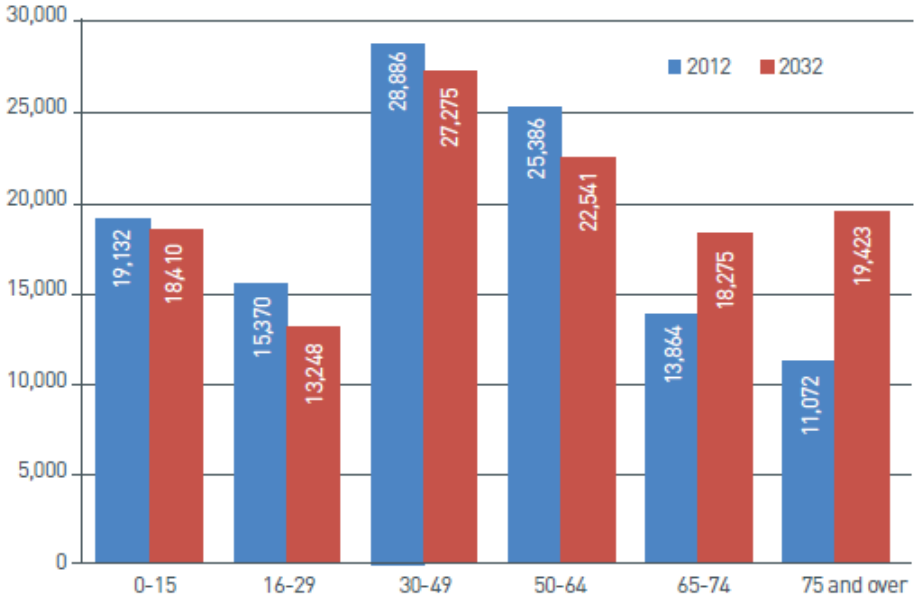
Population Profile / Physicality

In NHS Borders there is one acute hospital, Borders General Hospital, situated in Melrose, and four Community Hospitals situated in Peebles, Hawick, Kelso and Duns.

The Scottish Borders is a rural local authority with 5 towns with a population of between 5,000 and 15,000 (Hawick, Galashiels, Peebles, Kelso and Selkirk) and a further 5 towns with a population of 2,000 to 5,000 (Jedburgh, Eyemouth, Innerleithen, Duns and Melrose). 47% of the population of the Scottish Borders live in rural areas compared to 18% for all of Scotland. The rural nature of the Scottish Borders can lead to additional challenges for those experiencing inequalities, *(2015 Borders Director of Public Health Report).*

Figure 1 below shows there may be very little change in the overall number of people resident in Scottish Borders between 2012 (113,710) and 2032 (114,881), however, the numbers of people aged 65-74 may increase by almost one third (32%), whilst the numbers aged 75 and over may increase by 75%, *(National Records of Scotland Statistics and Data)*. By 2039 the population of Scottish Borders is projected to be 117,120, an increase of 2.7 per cent compared to the population in 2014. The population of Scotland is projected to increase by 7.5 per cent between 2014 and 2039. Over the 25 year period, the age group that is projected to increase the most in size in Scottish Borders is the 75+ age group. This is the same as for Scotland as a whole, *(Scottish Borders Council Area Demographic Factsheet March 2017, National Records of Scotland).*

Figure 1: Predicted population change in Borders from 2012 to 2032 by age group



Source: National Records for Scotland 2012-based population projections

2.0 Strategic Background

2.1 NHS Borders Clinical Strategy

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 stock-take of the local position. This led to the development of NHS Borders refreshed Clinical Strategy, which is shown at **Appendix 1.** 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.

2.2 Key Strategic Principles

The Clinical Strategy sets out NHS Borders' Key Strategic Principles, following consultation with staff and the public. These principles form the basis for the future design and development of clinical services across NHS Borders. The key principles are summarised below:

- Services will be safe, effective and high quality
- Services will be person-centred and seamless
- Health improvement and prevention will be as important as treatment of illness
- Services will be delivered as close to home as possible
- Admission to hospital will only happen when necessary and will be brief and smooth
- We are committed to working in Partnership with staff, communities and other organisations to deliver the best outcomes for the people we serve
- Services will be delivered efficiently, within available means

3.0 NHS Borders progress in delivering the Annual Operational Plan (AOP)

3.1 Annual Review 2016/17

The 2016/17 Annual Review for NHS Borders took place on 1st November 2017. This was a non ministerial review supported by the Scottish Government officials. It was a successful day supported by staff and the public, with a key focus during the morning session on the NHS Borders 'Back to Basics' programme which aims to deliver excellence in care for every patient, every time. This provided for staff to learn more about the programme and hear about the progress that had been made so far, and to reflect on the importance of learning, improving; and embedding and sustaining improvements in clinical care. The Self Assessment, routinely prepared prior to the event, and submitted to the Scottish Government and the Annual Review outcome letter from the Cabinet Secretary, is shown at **Appendix 2** and **Appendix 3.**

3.2 Annual Review 2017/18

The 2017/18 ministerial Annual Review took place on 16th November 2018, chaired by the Minister for Public Health, Sport and Wellbeing. This included a site visit to 'The Hive' which is a hub where a number of joint Mental Health commissioned services are co-located. These include the Wellbeing College, Veterans 1st Point (V1P), Distress Brief Intervention (DBI) and the Quarriers Borders Resilience and Wellbeing Service. The Self Assessment is shown at **Appendix 4**.

A separate Public Session of the Annual Review, which is ministerial, will take place on 19th March 2019.

3.3 Annual Operational Plan (AOP) 2018/19

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 2018-21: Changing Health & Social Care for You - Working with communities in the Scottish Borders for the best possible health and wellbeing, 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 AOP 2018/19 is shown at **Appendix 5.**

3.4 NHS Borders Performance Framework

Performance Report

NHS Borders Board reviews the performance of the organisation at each Board meeting facilitated through the production of performance reports which detail progress towards the 2018/19 AOP performance measures, previous HEAT and Local Delivery Plan standards and local key performance indicators. The monthly Performance Scorecard is presented to the Clinical Executive Operational Group, Strategy & Performance Committee and the Board.

Monthly scorecards for each of the Clinical Board areas (Acute, Primary & Community Services, Mental Health and Learning Disabilities) are also produced. Each Clinical Board attends a quarterly performance review where performance is monitored by the Board Executive Team towards their individual scorecard. The latest Performance Report (as at end November 2018) is shown at **Appendix 6.**

Managing Our Performance Report

The 2018/19 Mid Year Managing our Performance (MOP) Report reports on progress for the first six months of 2018/19 on the AOP performance measures, previous LDP standards, other key priority areas for the organisation and NHS Borders Corporate Objectives.

The MOP is presented to Borders NHS Board twice throughout the year (bi-annual and annual) and reports progress up to the latest quarter point position.

The latest Managing Our Performance Report (as at end September 2018) can be seen at **Appendix 7.**

3.5 Timely Care

The section below provides an update on the standards reported within NHS Borders Annual Operational Plan.

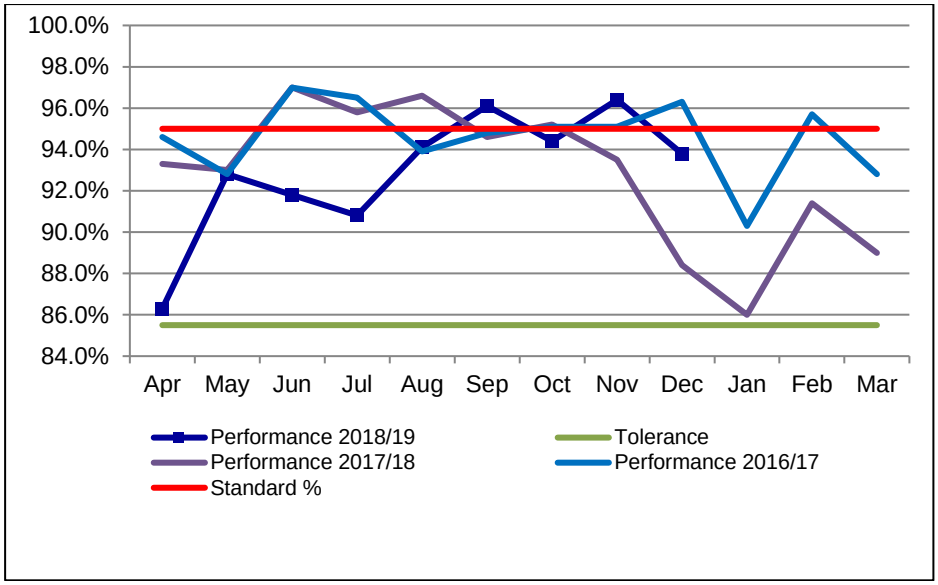
3.5.1 Unscheduled Care

Achieving the 95% 4 hour Emergency Department Standard remains a key priority for NHS Borders. There has been a consistent improvement in performance since April 2018 and this has continued into the challenging Winter months.

Together with partners and community care, the Borders General Hospital senior management team has been taking forward a programme of improvements to strengthen patient flow through the hospital. This work focuses on four key areas; developing a 7-day Site & Capacity model, improving the patient journey with the aim of no delays, developing system-learning, and engaging more clinicians in unscheduled care improvement.

The current performance as at December 2018 is 93.8% against the 95% target. 166 patients waited longer than 4 hours to be seen, of these 10 patients waited longer than 8 hours (0.74% of overall attendees) and 3 waited longer than 12 hours (0.08% of overall attendees). There has been an improvement in performance in recent months compared with last Winter, equating to 6.1% improvement in December 2018 compared to December 2017. Work is ongoing to further improve performance with the team focusing efforts applying the Daily Dynamic Discharge framework and a new escalation process for the Emergency Department. Increasing weekend discharge is a key area of focus with a new Hospital @ Weekend model being implemented and showing an initial increase in weekend discharge numbers.

Chart 1: 4 hour Emergency Access Standard



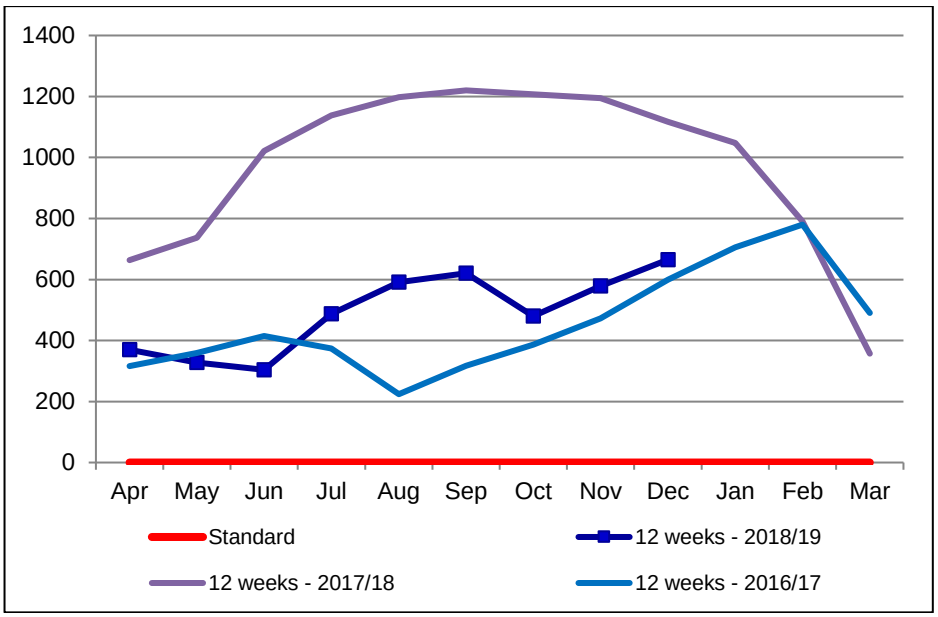
3.5.2 Planned care

During 2018/19 NHS Borders has managed in the main to maintain and in some cases improve waiting time standards similar to the level as of 31st March 2018. As a result of recent investment we are forecasting that as at 31st March 2019 both 12 weeks inpatients and outpatient will be delivered across all specialties, depending on Winter pressures. A number of challenges have been experienced throughout 2018/19 with regards to achieving and sustaining performance around some targets, particularly the number of Outpatients waiting over 12 weeks for their first outpatient appointment. CAMHS Waiting Times and Psychological Therapies Waiting Times.

12 week Outpatients

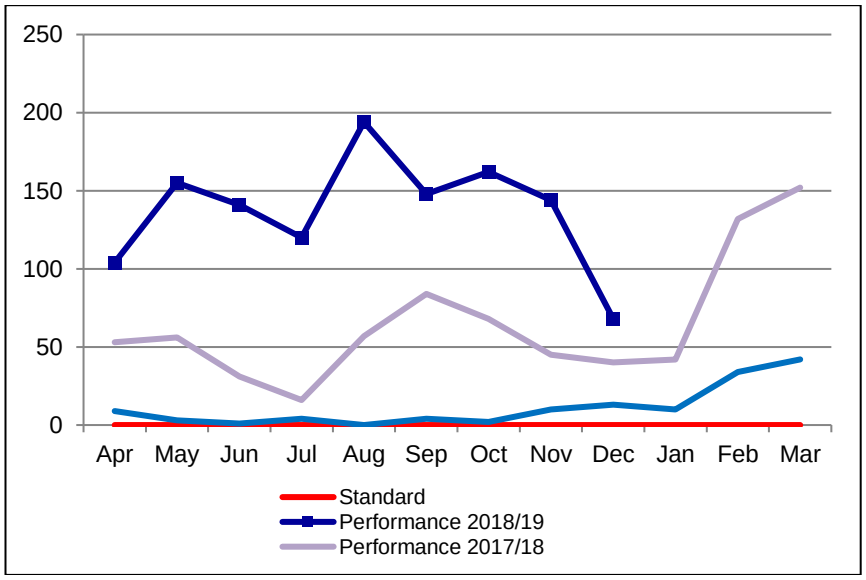
Over the course of 2018 there has been a decrease in the number of patients waiting over 12 weeks month on month compared with the previous year, although the target has not been achieved. There remains a number of specialities which face challenges due to staff recruitment and turnover – Ophthalmology, Oral Surgery and Respiratory Medicine. In the case of Ophthalmology collaboration between NHS Borders, Lothian and Fife is being undertaken. For the other two specialities some short term measures have been put in place as well as a review of activity levels. As a result of the work undertaken and investment the Board is forecasting that there will be no patients waiting more than 12 weeks for an outpatient appointment at 31st March 2019.

Chart 2: Patients waiting over 12 weeks for first outpatient appointment



As at December 2018, NHS Borders had 68 patients waiting which is a significant reduction compared with 152 at March 2018. This is an improving position and although the target is not achieved the number compared pro rata to NHS Scotland position are relatively small.

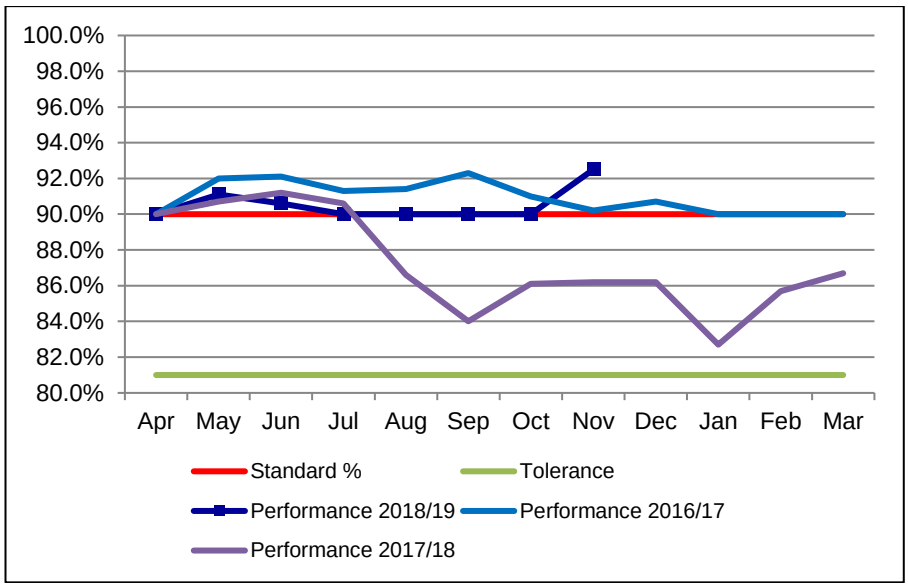
Chart 3: Inpatient Waiting Levels



18 Weeks Performance Referral to Treatment Time

18 Week Performance overall have consistently been achieved since April 2018. Within this overall target there has been challenges within some specialities - Oral Surgery, Orthopaedic Surgery and Ophthalmology.

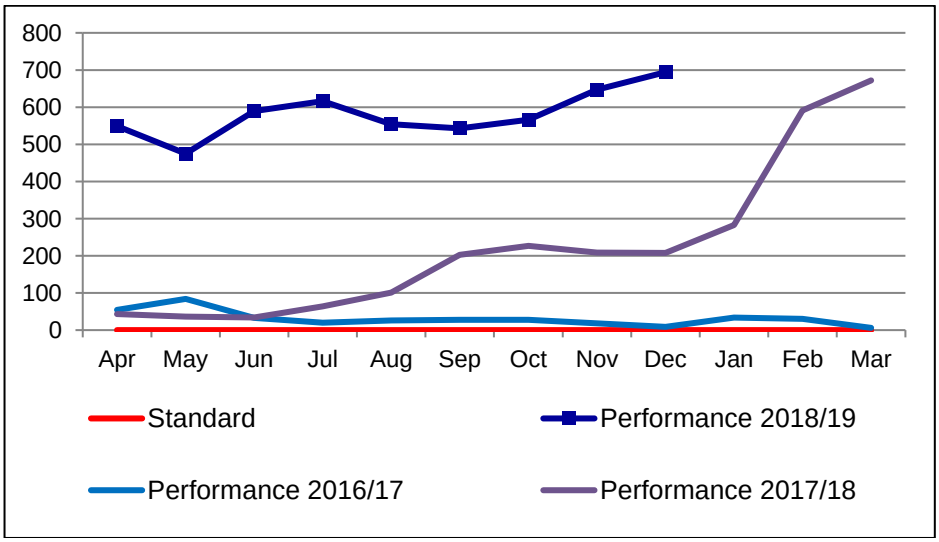
Chart 4: 18 Weeks Referral to Treatment Performance



6 Week Diagnostic Waiting Times

In the case of zero patients to wait over 6 weeks for a diagnostic test NHS Borders has maintained performance during the course of 2018/19 to a similar level to April 2018. It should be noted that Endoscopy has continually achieved the zero standard of patients to wait over 6 weeks throughout 2018. However, in the case of Colonoscopy, Magnetic Resonance Imaging (MRI), Computerised Tomography (CT) and Ultrasound there has been some challenges and in recent months additional staff have been sourced to help address these. It is expected that all diagnostics, with the exception of MRI, will be achieving zero patients waiting over 6 weeks by March 2019.

Chart 5: Patients waiting over 6 weeks for one of the 8 key Diagnostic tests, (this is all specialities combined)



Cancer

Meeting the standard of 95% of all cases with a suspicion of cancer seen with 62 days and 95% of all patients requiring treatment are seen within 31 days remains a key priority for NHS Borders. Performance was mainly achieved above 95% for the 62 day cancer standard during 2018 and performance was fully achieved for the 31 day cancer target throughout 2018.

The monthly position for November 2018 was 93% of patients starting treatment within 62 days of urgent referral with suspicion of cancer, and the target was not achieved due to 2 patients breaching. All breaches are reviewed on a case by case basis to ensure that issues are addressed and learning is appropriately disseminated. NHS Borders is continuing to work closely with regional partners to deliver this target.

Chart 6: 95% of all cases with a Suspicion of Cancer to be seen within 62 days

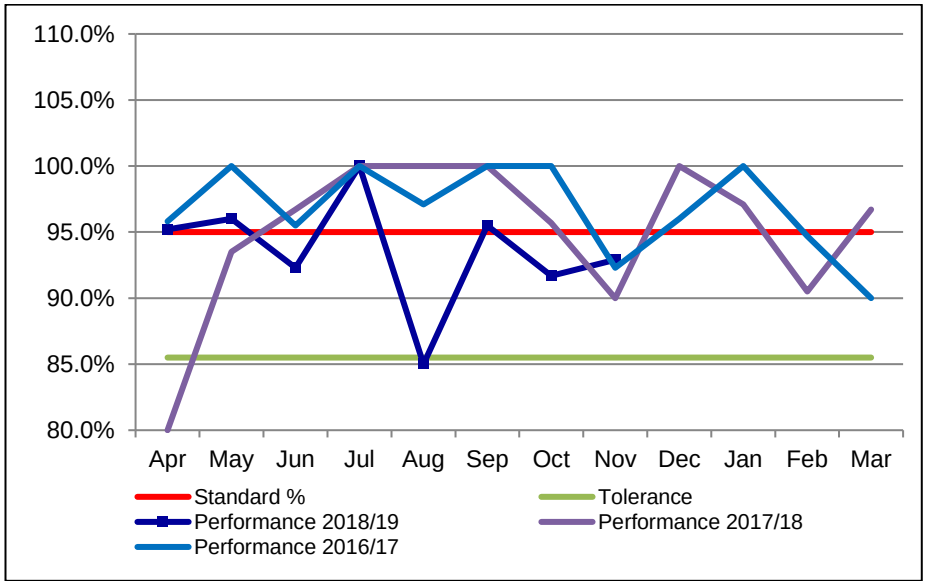
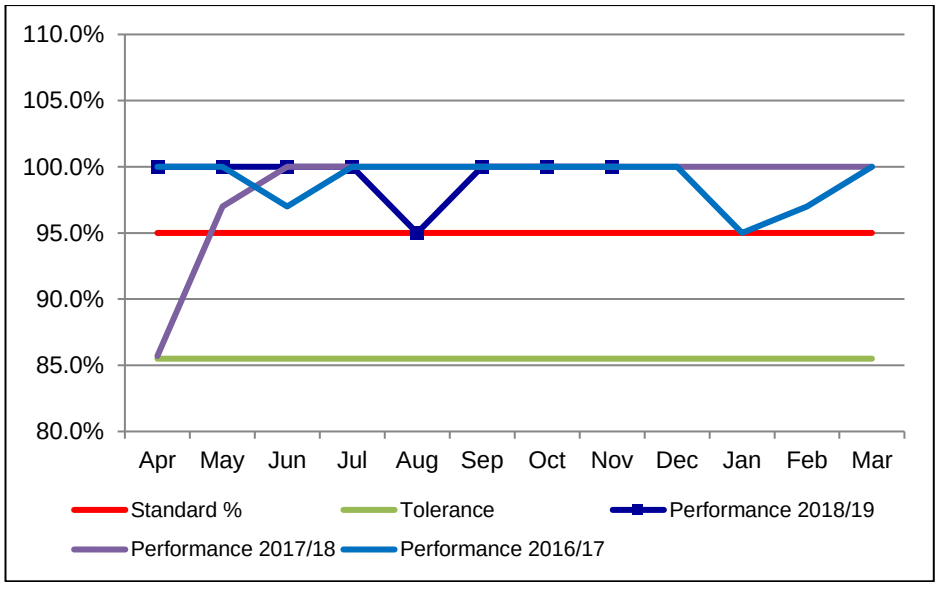


Chart 7: 95% of all patients requiring Treatment for Cancer to be seen within 31 days

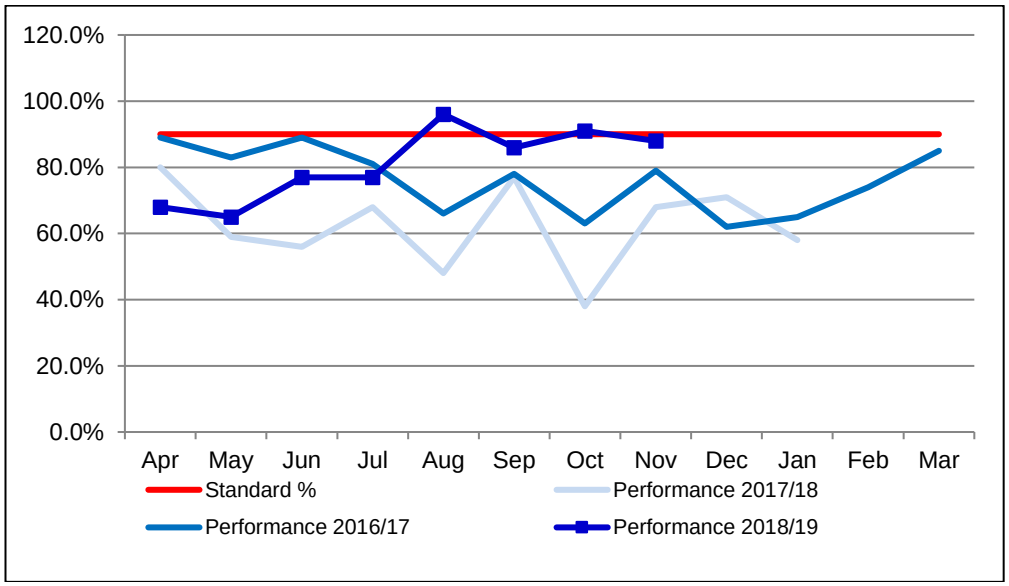


Psychological Therapies

Performance for Psychological Therapies Referral to Treatment as of December 2018 sits at 91%. This shows a marked improvement since April 2018.

It is expected that this level of performance will be maintained by taking a number of actions including retaining current staffing levels and reviewing appropriateness of referrals to the service.

Chart 8: Psychological Therapies Referral to Treatment

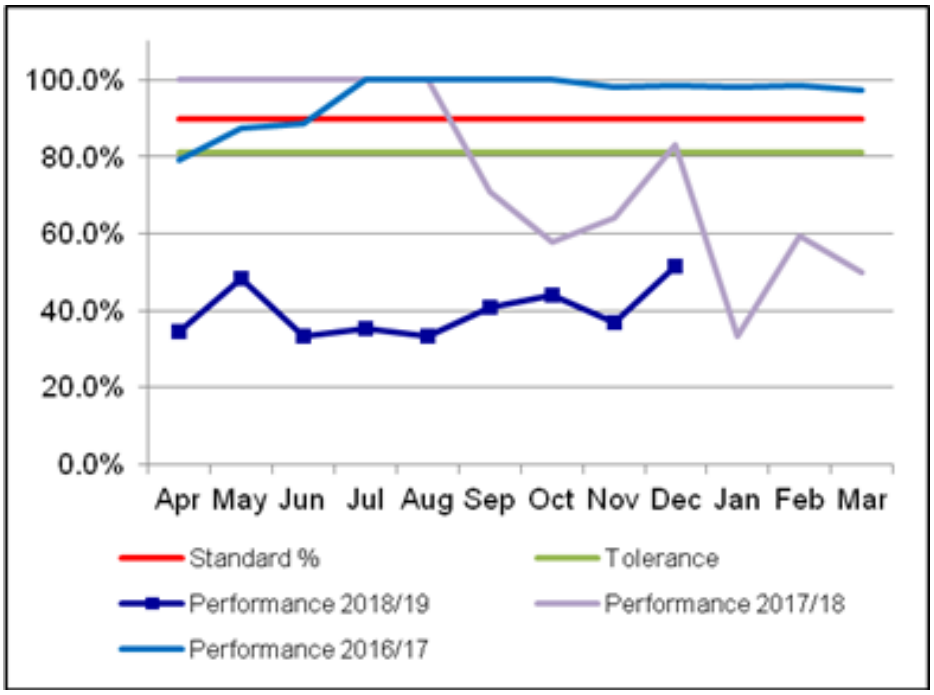


Child and Adolescent Mental Health Services

Whilst performance has improved recently, the service remains under pressure linked to staffing gaps as a result of staff turnover and difficulty in recruitment.

The service continues to under achieve on both the local and the stretch standards for Child Adult Mental Health Service (CAMHS) referral to treatment with 51.7% of patients treated within 18 weeks against the 90% standard in December 2008. A significant improvement has been noted with an increase from 37% in November to 51.7% in December 2018. Urgent cases continue to be prioritised whilst continuing to reduce the waiting list of patients. Performance has improved due to the appointment of additional permanent staff and further staff are due to take up most early in the new calendar year.

Chart 9 : CAMHS Waiting Times



Delayed Discharges

NHS Borders, working with partners in Social Care, has improved pathways to reduce delays throughout the hospital estate, however, there are challenges with delayed discharges, which continues to impact on patient flow within the Borders General Hospital and our Community Hospitals. Our aim is to have no delayed discharges and in order to achieve this work at a strategic level continues, especially with regards to IJB commissioning, re-modelling primary care and developing networks more appropriate for empowering communities to take the lead in responding to social aspects of health and ill health.

In November 2018 there were 37 delayed discharges of over 72 hours of which 30 were delayed by over 2 weeks. There are also a number of complex cases with a significant length of stay. The key reasons for the delay experienced by patients are currently being influenced by challenges relating to care at home and care home availability and nursing home placements. A new Hospital to Home service has been introduced and is now catering for 60 patients, staffed by a team of Health Care Assistants managed by District Nurses.

Chart 10: Delayed Discharges- delays over 72 hours

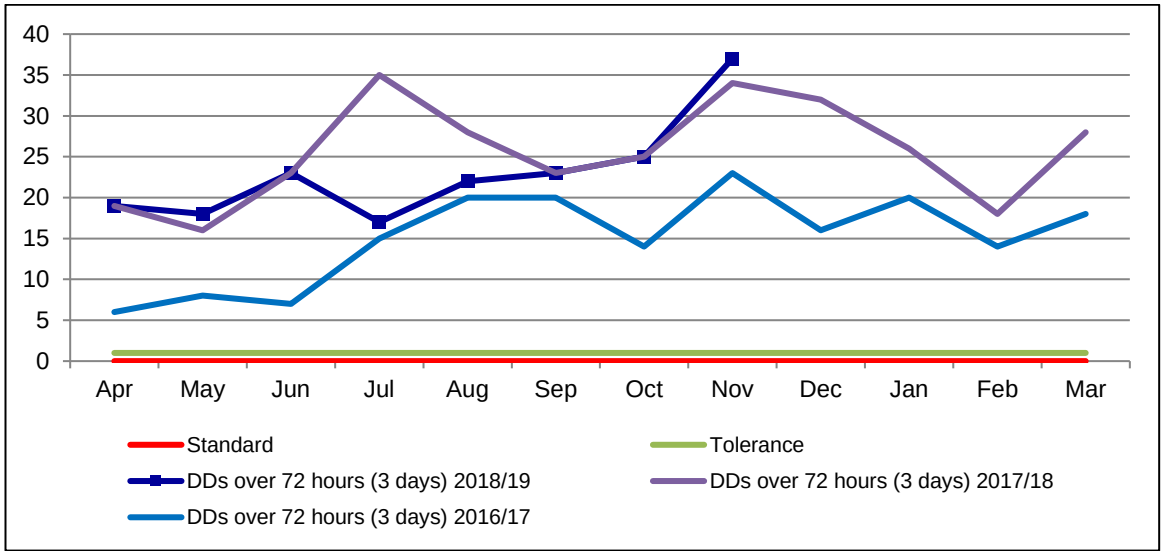
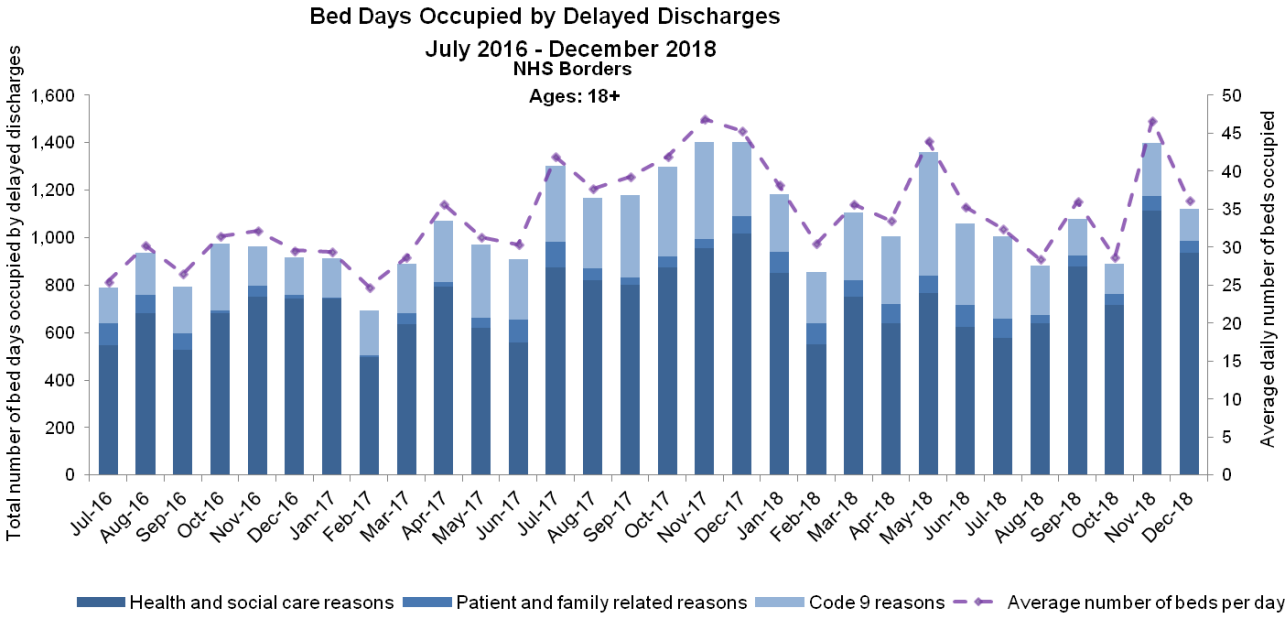


Chart 11: Occupied Bed Days

The chart below shows the variation of Occupied Bed Days impacted upon by Delayed Discharges.



Additional information on delayed discharges performance can be found at page 22.

3.6 Safe and Person Centred Care

3.6.1 Back to Basics Programme

The Director of Nursing, Midwifery and Acute Services has committed to a programme of change since October 2017 called Back to Basics by going Forward to Excellence, the aim of which refocused clinical teams to deliver excellence in care for every patient, every time. Following on from the Healthcare Improvement Scotland (HIS) inspection it was decided to focus on the work streams of Falls, Tissue Viability, Communication with Patients & Families, Nutritional Care and Deteriorating Patients.

Work underway for the above five workstreams has led to the reduction in Falls and Pressure Ulcers and an improvement in Nutritional Care, Communication with patients and families, and Deteriorating Patients.

3.6.2 Healthcare Associate Infection (HAI)

Infection control is a key priority for the Board with a report on performance presented at each Board meeting.

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. Any learning is translated into specific actions which are added to the Infection Control Work Plan with progress critically reviewed by the Infection Control Committee.
SABs are reported by cause to highlight themes and support targeted interventions.

Current Performance (September 2018)
NHS Borders is on target to achieve the HEAT target rate for Clostridium defficile infections (CDI), however is not on target to achieve the HEAT staphylococcus aureus (SAB) infections.

NHS Borders has had a total of 11 Clostridium difficile infection (CDI) cases between April 2018 and December 2018 and is currently on target to achieve the CDI HEAT target rate of 32.0 cases or less per 100,000 total occupied bed days (TOBD) for patients aged 15 and over.

NHS Borders had 28 *Staphylococcus aureus* Bacteraemia (SAB) cases between April 2018 and December 2018, and do not expect to achieve the target of 24.0 cases or less per 100,000 acute occupied bed days (AOBD) by March 2019.

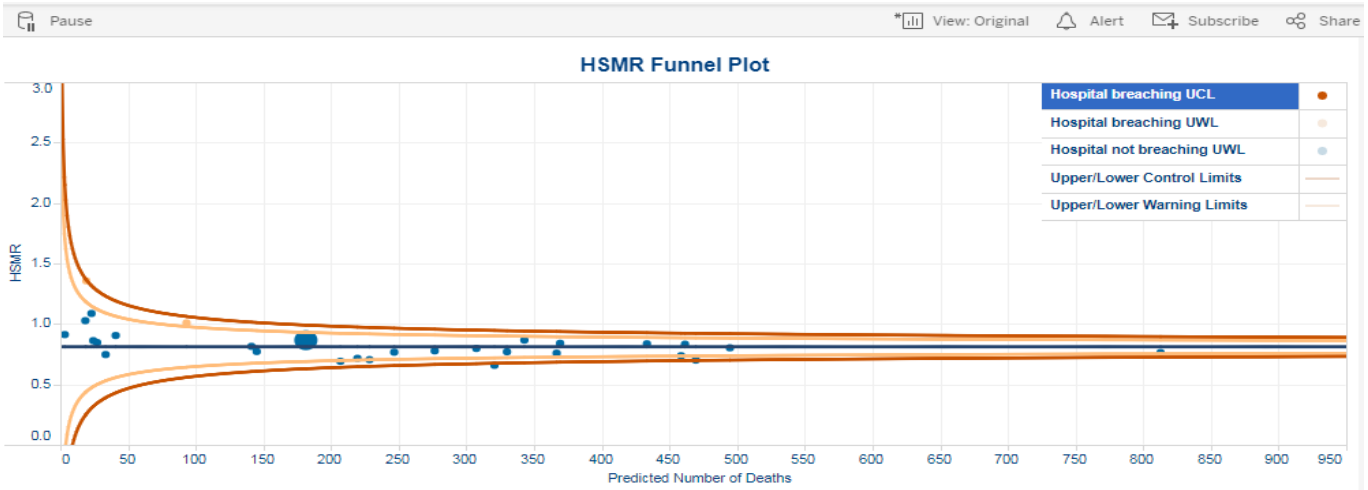
3.6.3 Hospital Standardised Mortality Ratio (HSMR)

NHS Borders closely monitors many quality indicators to ensure that high standards of treatment and care are delivered to the population. HSMR is just one indicator of quality and the Hospital Management Team monitors a range of indicators and where required undertakes an in depth reviews of cases.

For the quarter April to June 2018, NHS Borders was 0.87, which shows an improvement compared to 0.96 in the previous quarter January – March 2018, and which is also remaining

below the NHS Borders mean of 0.94, *(ISD Hospital Standardised Mortality Ratios Publication November 2018).*

Chart 12: HSMR



		Number of Deaths	Predicted Number of Deaths	HSMR	Number of Patients	Crude Rate
NHS Borders	NHS Borders	157	181	0.87	3,854	4.1
	Borders General Hospital	157	181	0.87	3,854	4.1

3.6.4 Complaints/Commendations

Based on feedback received between 1 April 2018 and 31 December 2018 we know that the majority of our patients are happy most of the time with the care and treatment provided by NHS Borders. However, on occasion the care and treatment provided does fall short of the high standards we expect. When this happens it is very important that we hear about it in order that we can learn from mistakes made and improve the way we do things in the future.

NHS Borders has a dedicated centrally based Feedback and Complaints Team which supports patients to provide feedback and make complaints. This provides a single point of contact, offers ease of access and a level of consistency for the patient or member of the public.

NHS Borders works in partnership with and provides funding to a number of agencies and services. The range of groups and services this includes are the Borders Carers Centre, Action for Children, Borders Independent Advocacy Service, Local Learning Disability Citizens Panels, Ability Borders and the Borders Care Voice.

Current Performance

A total of 304 complaints were received between 1 April 2018 and 31 December 2018. When a comparison is made with the same period in 2017, this shows there has been a significant increase (51) in the number of complaints received during the year. Out of the 304 complaints received, 220 related to the Borders General Hospital, 29 related to Primary & Community Services, 38 related to Mental Health and 17 related to Support Services. The top 5 complaint

themes are: attitude and behavior, clinical treatment, communication (oral), communication (written) and date of appointment. The main issue which results in complaints is attitude.

There are two stages to making a complaint. Stage 1 focuses on early resolution which can be dealt with by any member of staff and does not require a formal written response. They require a response within 5 working days. Stage 2 focuses on the investigation of complex, serious or high risk cases and are managed by the Feedback and Complaints Team. They require a written response within 20 working days.

Out of all complaints closed between 1 April 2018 and 31 December 2018 at Stage 1, 59.3% were upheld, 25.1% were not upheld and 14.8% were partly upheld. Out of all complaints closed at Stage 2, 20.8% were upheld, 43.9% were not upheld and 35.3% were partly upheld. This is a similar level to previous years.

Between 1 April 2018 and 31 December 2018, our average time to respond to complaints at Stage 1 was 3.8 working days. Our average time to respond to complaints at Stage 2 was 18 working days.

Between 1 April 2018 and 31 December 2018, we closed 80% of all Stage 1 complaints within 5 working days. We closed 77.1% of all Stage 2 non escalated complaints within 20 working days.

Chart 14: Formal complaints by month

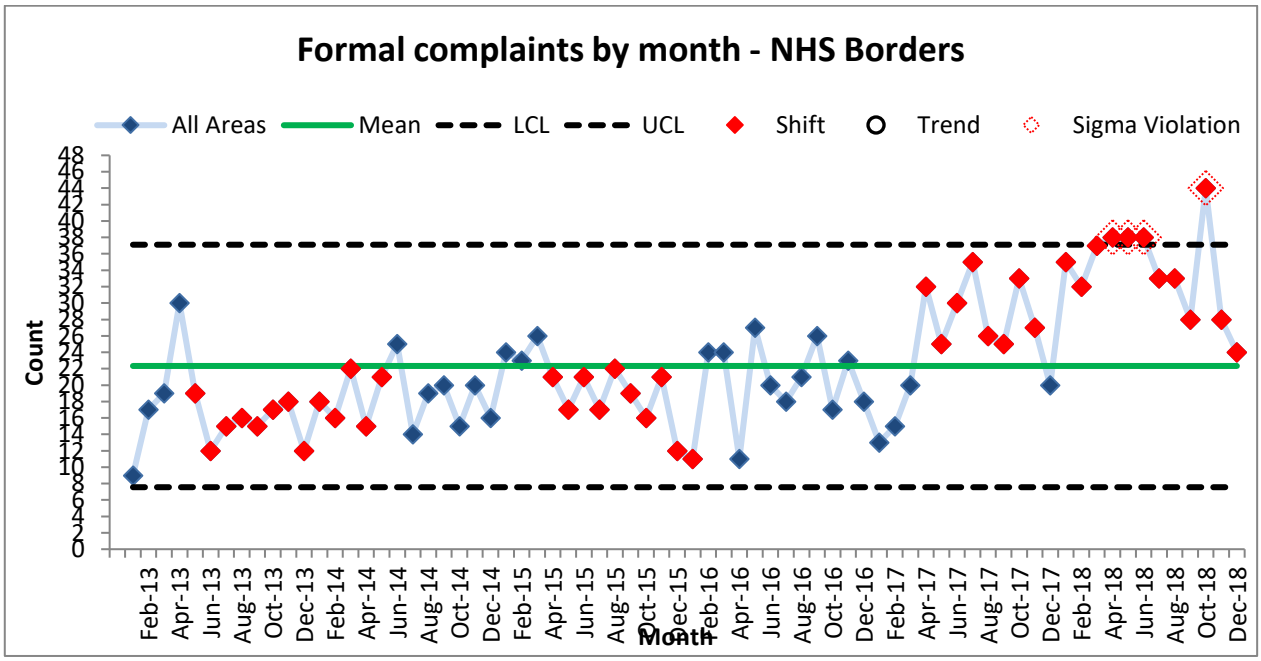
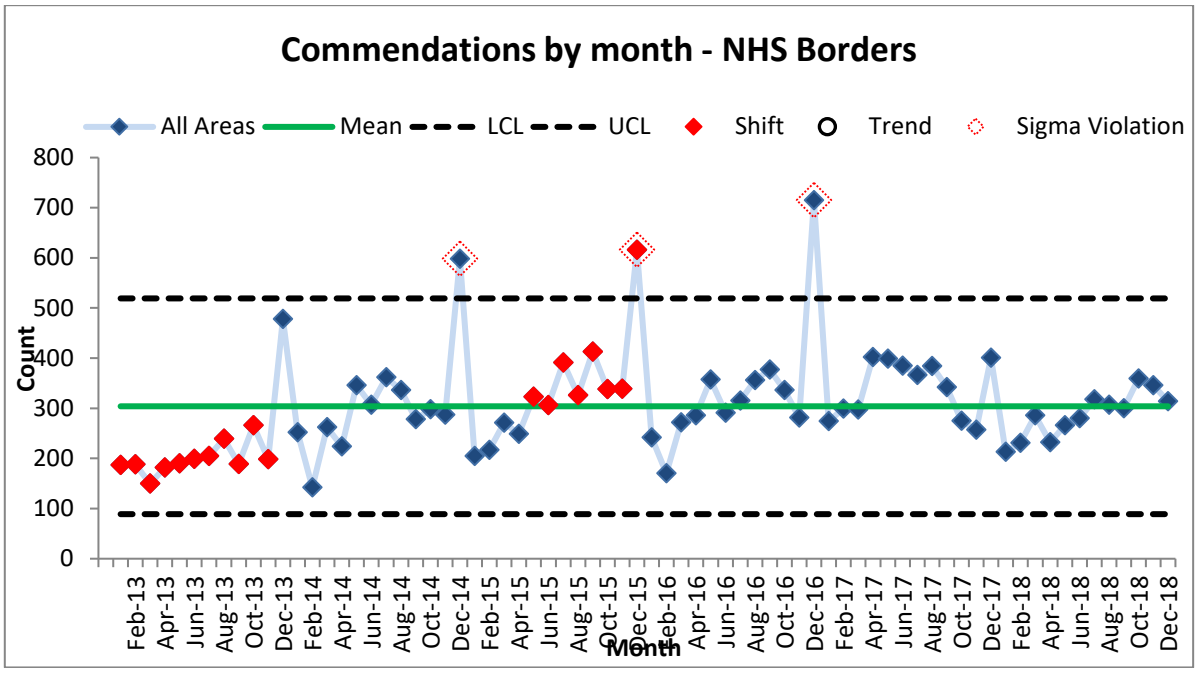


Chart 15: Commendations by month



3.7 Financial Performance

The Board has a proven history of achieving financial balance over many years. However, the financial landscape has changed and since 2016, despite achieving significant efficiencies, there has been an increasing reliance upon non-recurring rather than recurring savings to achieve year-end balance. At the end of financial year 2017/18 although achieving its financial targets the Board carried forward an underlying recurring deficit of £8.8m into 2018/19.

Scottish Borders has seen some growth in overall population between 2009 and 2017 rather than some of the increases in other Board areas. Although the overall population growth has been lower than some areas, Scottish Borders' over 65 age group is growing at a significantly higher rate than the national average.

Alongside all of this and in conjunction with the rest of Scotland, NHS Borders are facing significant pressures, with costs likely to outstrip funding increases and ever increasing demand. This was reflected in the Audit Scotland Report 2018[1]:

In parallel with the need to make savings to ensure financial sustainability, as outlined in our Clinical Strategy, the Board recognises the need to shift the balance of care through effective health and social care integration, the development of new models of care and different ways of working and marked transformational change.

[1] Audit Scotland Report 2018

A summary of key financial statistics over the last five financial years are detailed in the table below:

	2013/14 £m	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m
Base Allocation Uplift	4.7(2.7%)	4.7(2.6%)	3.2(1.7%)	3.1(1.6%)	0.8 (0.4%)
Cost of Pay Awards	1.6	1.6	2.5	4.0	2.4
Investment Required in Drugs	1.3	1.6	1.7	2.1	4.4
Other Cost Pressures	6.6	6.1	5.9	8.4	9.7
Efficiency Target	4.8	4.6	6.9	11.4	15.7
Savings Delivered Recurring	2.6	2.0	3.5	3.9	4.1
Savings Delivered Non Recurring	2.2	2.6	3.4	4.2	4.2
Opening Recurring Deficit	0	0	0	1.7	4.9

3.7.1. Financial Plan 2018/19

For 2018/19 the Board was unable to develop a balanced financial plan taking account of current performance levels and started the financial year with a substantial financial gap (after identification of £11.6m of efficiency savings) of £13.2m. As work progressed the level of projected shortfall reduced to £10.1m for 2018/19. Due to the recurring shortfall in the 2018/19 financial plan and the imbalance between recurring and non-recurring delivery of savings the Board continues to have a recurring financial gap. Based on current assumptions the Board will end 2018/19 with a recurring deficit of £13.8m. This deficit will be carried forward into 2019/20 and added to the new financial challenges the organisation will face for that financial year.

3.7.2 Escalation and Financial Turnaround

At the end of November 2018 the Health and Social Care Management Board of the Scottish Government escalated the Board to Stage 4 of the NHS Board Performance Escalation Framework.

Whilst they welcomed the progress made in reducing the projected end-year deficit, the changes in leadership which are planned, the scale of the remaining financial challenges facing the Board, and the need for pace in delivering of longer term sustainability, led NHS Borders to be moved to Stage 4 of the NHS Board Performance Escalation Framework.

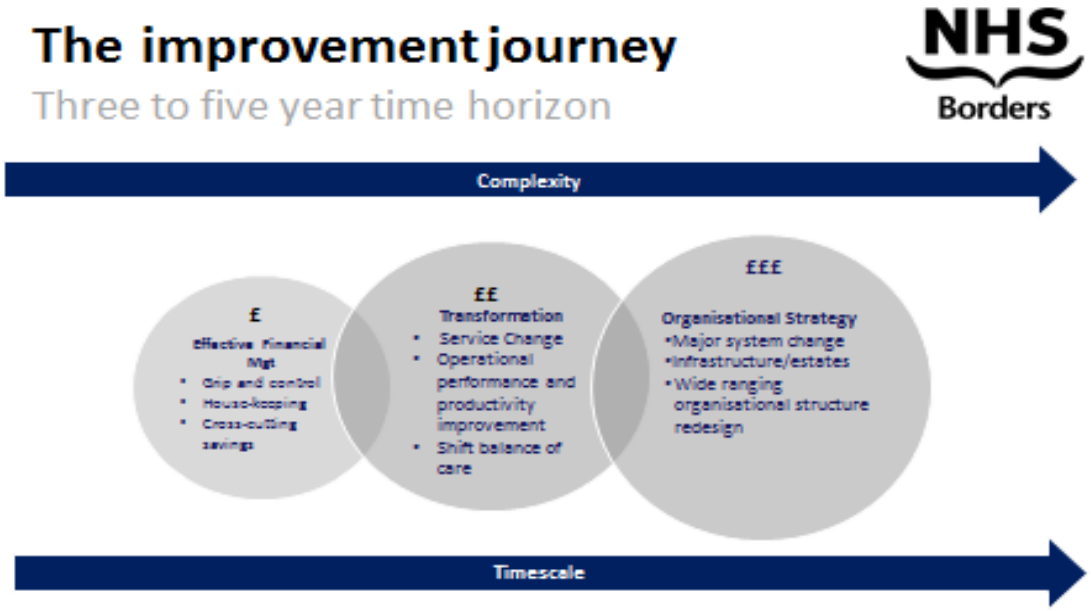
NHS Board Performance Escalation Framework' is as follows:

Stage	Description	Response
Stage 1	Steady state "on-plan" and normal reporting.	Surveillance through published statistics and scheduled engagement of ARs/MYRs.
Stage 2	Some variation from plan; possible delivery risk if no action.	Local Recovery Plan – advice and support tailored if necessary. Increased surveillance and

		monitoring Scottish Government. SG Directors aware.
Stage 3	Significant variation from plan; risks materialising; tailored support required.	Formal Recovery Plan agreed with Scottish Government. Milestones and responsibilities clear. External expert support. Relevant SG Directors engaged with CEO and top team. DG aware.
Stage 4	Significant risk to delivery, quality, financial performance or safety; senior level external support required.	Transformation team reporting to Director General and CEO NHS Scotland.
Stage 5	Organisation structure / configuration unable to delivery effective care.	Ministerial powers of intervention.

Since December 2018, to strengthen and reinforce the work already underway, the Health Finance Division's Recovery Team has been working alongside the Board Executive Team to scrutinise and improve our approach and to finalise a robust financial plan which will give the Board and the Scottish Government confidence that the organisation will return to financial balance. In addition, the will be supported by a framework to deliver change and to effect a rapid and sustainable improvement to the financial position.

The framework can be illustrated as follows:



NHS Borders is continuing to work jointly with Health Finance Division's Recovery Team on developing and mobilising the Financial Turnaround Programme, with 2019/20 deliverables being our initial priority focus. It is planned to have consensus on a robust, measurable, challenging yet deliverable financial plan for 2019/20, supported by the appropriate infrastructure to maximise the pace and delivery of savings opportunities. In addition a process is being put in place to development of 3 year financial plan by August 2019.

4.0 Progress and Performance of Integrated Joint Boards

4.1 Context

The Scottish Borders Health and Social Care Partnership (H&SCP) first published its Strategic Plan: '*Changing Health and Social Care for You'* in April 2018 following extensive consultation with people and communities across the geographical area to identify key priorities for health and social care in the Borders.

Since then work has been underway to transform and target those health and social care services delegated to the Integration Joint Board (IJB) to deliver on the local objectives within the context of a growing demand for services and increasing financial constraints.

Following the publication of the five Health and Social Care Locality Plans in April 2018, it was identified that the Scottish Borders Health and Social Care Strategic Plan would benefit from a refresh to ensure that the strategic objectives were fit for purpose.

This refreshed Strategic Plan (2018-21) (published in August 2018) outlines three refocused local strategic objectives and the key challenges on delivering these. The strategy also presents a high level summary of the continued case for transforming the way in which health and social care services are delivered in the Scottish Borders before outlining a plan for the resource and delivery of the strategic objectives.

The Local Housing Strategy and Housing Contribution Statement sets out the significant role of housing partners across the Borders in supporting the delivery of the Strategic Plan priorities.

The three local strategic objectives are:

- We will improve the health of the population and reduce the number of hospital admissions
- We will improve the flow of patients into, through and out of hospital
- We will improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.

These three high level strategic objectives are underpinned by the following seven partnership principles which feed into and inform the local objectives:

1. Prevention and early intervention
2. Accessible services
3. Care close to home
4. Delivery of services with an integrated care model
5. Greater choice and control
6. Optimise efficiency and effectiveness
7. Reduce health inequalities

The H&SCP's local strategic objectives are shown in detail within Strategic Plan (2018-21) shown at **Appendix 8.**

4.2 Integrated Joint Board (IJB) Performance Management Framework

The Integrated Joint Board (IJB) Performance Management Framework for the Health and Social Care Partnership was created as per the Integration Scheme. The IJB receives Quarterly Performance Reports which are linked to the Local Outcomes of the Strategic Plan. The Quarterly 2 Report for 2018/19 is shown at **Appendix 9.**

The Annual Performance Report for 2017/18: *'Working together for the best possible health and wellbeing in our communities'* is shown at **Appendix 10.**

4.3 Key Targets

4.3.1 Delayed Discharges

NHS Borders continue to face significant challenges with delayed discharges, which impact on patient flow within the Borders General Hospital and our 4 community hospitals. A Number of new initiatives are now operational and are beginning to have a positive impact.

Our main challenges now are to provide appropriate resources for care at home in 2 of our 5 localities and the availability of care home placements across the Borders, especially nursing care and nursing dementia care.

Following improvements made to patient flow last winter, dedicated Care Managers continue to be located in each of the Community Hospitals, working as part of the multi-disciplinary team to better anticipate critical needs for social care requirements on discharge.

Unusually there has been a marked increase in the need for facilities for under 65 year olds requiring 24 hour nursing care and there is currently no provision within the Scottish Borders for younger adults who cannot have their on-going health needs met safely within their own homes. Placements in neighbouring local authorities have been sought and such facilities are generally over-subscribed with waiting lists. In order to address this issue and prevent future delays, Scottish Borders Council is including the requirement in its commissioning strategy for the next cycle of commissioning.

Improvements to the MDT processes are now beginning to impact positively on the numbers of patients and the total number of delayed days in some particular areas. For example, one community hospital has substantially reduced the numbers of patients becoming a delayed discharge, with everything in place to discharge within 72 hours of the date the person becomes medically and functionally fit for most patients requiring a service to support discharge. Within the Borders General Hospital changes to the way referrals are screened and work is allocated now mean that more patients are being discharged within 72 hours of becoming medically and functionally fit for discharge and this is particularly true for patients requiring packages of care of less than 14 hours a week in 2 of the 5 areas within Scottish Borders Council.

Improving delays to the achievement of appropriate Court Orders for adults with incapacity continues to be a challenge. However, streamlined processes have been proposed and are currently being reviewed by different partners who are required to work together to achieve improvements.

Comparing April to November 2018 with April to November 2017, the Borders has shown an overall reduction in the number of delayed occupied bed days by 7%.

4.3.2 Financial Challenge

The IJB is reporting significant recurring pressures within services delegated to the H&SCP which are driving a forecast overspend of £7.5m for 2018/19. Under the Scheme of Integration the partner bodies are committed to provide additional in year allocations to cover the overspend within their services.

The IJB is preparing a financial recovery plan which will identify actions to bring the spend in line with funding over future years.