

The 2018/19 audit of NHS Tayside



AUDITOR GENERAL 

Prepared for the Public Audit and Post-Legislative Scrutiny Committee by the Auditor General for Scotland
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Introduction

1. I have received [audited accounts and the auditor's report for NHS Tayside](#) for the year ended 31 March 2019. I submit these accounts and the auditor's report under section 22(4) of the Public Finance and Accountability (Scotland) Act 2000, together with this report, which I have prepared under section 22(3) of the Act.
2. The purpose of this report is to draw Parliament's attention to the scale of the challenge NHS Tayside continues to face in meeting its financial and performance targets, and to provide an update on progress with addressing these pressures.

Auditor's opinion

3. The auditor issued an unqualified audit opinion on the 2018/19 financial statements. She highlighted improvements in the board's financial management and governance arrangements in the year. However, she reported that more progress is required with the transformation of services to secure the board's financial sustainability.
4. The board still has significant financial challenges. The high-level, three-year financial plan shows that the board will break-even by 2021/22. The auditor also reported that the board failed to meet the majority of its national service targets in 2018/19.
5. Effective leadership is critical to delivering the transformation required and the auditor reported concerns that several key vacancies are still to be filled.

Summary

6. This is the fifth consecutive report I have provided to Parliament on NHS Tayside.¹ My reports have highlighted a series of significant concerns, covering financial, performance and governance issues.
7. NHS Tayside's financial position has been unsustainable since 2013/14. Brokerage has been required in each of the last seven financial years from the Scottish Government to achieve in-year financial balance.² NHS Tayside received £17.6 million brokerage during 2018/19. The board has received £67.8 million of brokerage since 2012/13, of which £4.3 million has been repaid. In October 2018, the Cabinet Secretary for Health and Sport announced that the Scottish Government will not seek to recover the outstanding brokerage at 31 March 2019.
8. In April 2018, due to continued concerns over financial sustainability and weaknesses in governance arrangements, NHS Tayside was moved to the Scottish Government's Level 5 escalation – the highest level. The health board remained at Level 5 escalation until February 2019, when the escalation was reduced to Level 4 after improvements were noted under the new executive leadership team.
9. NHS Tayside continues to have an expensive operating model. The board approved *Transforming Tayside 2019–22*, in May 2019. This includes a high-level overview of the board's three-year change programme. Significant savings from this programme are not projected until 2020/21. Much work is still required to develop the detail behind the high-level savings and transformation plans. Alongside the development of detailed plans, is the need for the alignment of appropriate organisational capacity and resources to ensure transformation plans are realised.
10. Alongside its challenging financial position, NHS Tayside's performance is mixed. Against the 18 national standards with two of these having a sub-indicator each: 5 were met or exceeded as at March 2019 (compared to 7 in 2017/18) and 12 are not being met (compared to 13 in 2017/18). One indicator has no standard set and two standards relating to healthcare associated infections are currently under review by Scottish Government ([Appendix 2](#)).
11. Several senior staff have left the board over the last year. The Scottish Government appointed a chair and interim chief executive in April 2018. A permanent chief executive was appointed in January 2019. The chair has stepped down from his post and the role of chair is currently being advertised. An interim chair is in place. The board's executive leadership team currently have interim arrangements in place in some key roles and recruitment is under way.

¹ [The 2014/15 audit of NHS Tayside: Financial management](#), Audit Scotland, October 2015; [The 2015/16 audit of NHS Tayside: Financial sustainability](#), Audit Scotland, October 2016; [The 2016/17 audit of NHS Tayside: Financial sustainability](#), Audit Scotland, October 2017; [The 2017/18 audit of NHS Tayside](#), Audit Scotland, December 2018.

² Brokerage is a form of loan funding that the Scottish Government can agree to provide an NHS board to help it manage changes to planned expenditure.

12. The board needs effective leadership to drive forward its plans for transformation and appointments to key senior management posts are now critical. Transforming the board's services and costs remains crucial for the board's future sustainability.

Findings

Financial management

13. NHS Tayside required brokerage from the Scottish Government for the seventh consecutive year to enable it to achieve in-year financial balance.
14. The appointed auditor highlighted improvements in financial management and reporting during 2018/19. Financial planning was more realistic; the board achieved its financial plan and exceeded its savings targets.
15. However, significant financial challenges remain, and brokerage of £17.6 million was required ([Exhibit 1](#)). While this is a significant amount, it is £4.7 million less than was planned, enabling the board to report an underspend of £0.1 million against the Revenue Resource Limit (RRL).

Exhibit 1

NHS Tayside financial outturn, 2018/19

2018/19	Core revenue resource limit (£ million)	Non-core revenue resource limit (£ million)	Core capital resource allocation (£ million)	Non-core capital resource allocation (£ million)	Savings (£ million)
Final allocation including brokerage	848.8	31.7	13.1	2.3	48.1 (funding gap) 29.4 (savings gap)
Outturn	848.7	31.7	13.1	2.3	32.0
Reported final outturn	0.1 (surplus)	0	0	0	32.0 (£21.2m achieved on a recurring basis, this equates to 44 per cent of the £48.1m funding gap)

Source: Tayside Health Board Annual Report and Accounts for Year Ended 31 March 2019

Brokerage

16. NHS Tayside has received £67.8 million of brokerage from the Scottish Government since 2012/13. Of this, only £4.3 million has been repaid ([Exhibit 2, page 9](#)).
17. In October 2018, the Cabinet Secretary for Health and Sport announced that the Scottish Government will not seek to recover outstanding brokerage from any territorial board. NHS Tayside will start 2019/20 with a clean slate.

18. The Cabinet Secretary also announced that NHS boards are required to set out a break-even position over a three-year period from 2019/20. NHS Tayside's three-year financial plan shows that the board will achieve break-even by 2021/22. The Scottish Government will allow boards a degree of flexibility each year within the three-year, break-even plan. Boards will have one per cent flexibility on their annual resource budget, allowing scope to marginally under or over spend in that year. NHS Tayside's financial plan for 2019/20 exceeds the one per cent overspend threshold ([Exhibit 3, page 13](#)). The Scottish Government will provide the required additional financial support in 2019/20.

Exhibit 2

NHS Tayside brokerage and repayment

Year	Brokerage received (£ million)	Repaid (£ million)	Cumulative balance outstanding (£ million)	Repayment details
2012/13	2.2	N/A	2.2	£0.2m repaid in 2013/14 and £2m repaid in 2014/15
2013/14	2.9	0.2	4.9	£2.1m repaid in 2014/15
2014/15	14.2	4.1	15.0	No repayment made
2015/16	5.0	0	20.0	No repayment made
2016/17	13.2	0	33.2	No repayment made
2017/18	12.7	0	45.9	No repayment made
2018/19	17.6	0	63.5	No repayment made

Source: Audit Scotland

19. In April 2018, the board was moved to Level 5, the highest level of Scottish Government escalation. This decision is taken by the Cabinet Secretary for Health and Sport, with advice from the Health and Social Care Management Board (HSCMB). This was in response to continued concerns over financial sustainability and weaknesses in governance arrangements relating to the use of eHealth funding and endowment fund monies. Escalation to Level 5 involves the exercise of ministers' powers of intervention under the National Health Service (Scotland) Act 1978.
20. During 2018/19, reviews have been completed on the board's corporate governance arrangements, and several improvements have been made. The auditor concluded that

NHS Tayside had adequate governance arrangements in place in 2018/19 and that further improvements are planned during 2019/20.

21. As a result of the improvements put in place by the new executive leadership team, the board's level of escalation was reduced to Level 4 in February 2019. Level 4 escalation indicates significant risks to delivery, quality, financial performance or safety.

Financial sustainability

22. My previous reports have highlighted the board's expensive operating model compared to other NHS boards. This is a main contributory factor to the financial challenges it has faced over the years.
23. Historically, staffing numbers per head of population are higher in NHS Tayside than in other boards. Furthermore, Tayside's average in-patient costs have been more expensive than other boards. The total prescribing cost per weighted patient within NHS Tayside have been higher than average, due to a combination of more items per patient and more expensive items.
24. NHS Tayside recognises this position and the board's transformation programme will be key to reducing the cost base. However, it has taken longer than anticipated to approve the strategy and the detailed transformation programme required to deliver the identified level of savings has still to be developed. At June 2019, there is still only limited evidence of sustainable service redesign and transformation, which will be critical in reducing costs while maintaining or improving service provision.
25. NHS Tayside had a financial gap of £48.1 million in 2018/19, excluding the £3.6 million which the board approved as a retrospective repayment to the Endowment Fund. The board planned to meet this through efficiency savings of £29.4 million and further brokerage of £18.7 million. The board delivered total efficiency savings of £32.0 million.
26. Recurring savings of £21.2 million (44 per cent of the 2018/19 funding gap of £48.1 million) were reported. This is an increase from 36 per cent in 2017/18.
27. The main overspends were reported in:
 - Acute services – overspend of £6.9 million, which includes £2 million relating to increased nursing and agency costs and £1.7 million relating to prescription costs.
 - Integration Joint Board – overspend of £0.3 million relating to Perth and Kinross IJB.
 - Corporate Services – overspend of £4.4 million mainly due to overspends in the cost of patients referred out with the Tayside area, both to other boards and to private providers.
 - Earmarked savings not realised in relation to forecast asset disposals of £2.2 million and transformation projects in theatre utilisation and in-patient management and flow of £2 million.

Endowment Fund

28. In June 2018, the board approved a proposal to reimburse £3.6 million to the Endowment Fund for monies transferred to NHS Tayside in 2013/14. The repayment was made during 2018/19, funded by Scottish Government brokerage. In February 2019, the Scottish Charity Regulator (OSCR) reported the results of its inquiry:
- despite poor governance and decision-making, charitable assets were used only for charitable purposes and the projects to which grants were awarded were advancing the health of the people of Tayside
 - the temporary variation was within the powers of board members
 - the decision-making process was rushed and did not reflect good practice
 - the decision did not reflect enough detachment from the health board or recognise that the charity's interests should be considered separately from those of the health board.
29. An action plan to address OSCR's recommendations was presented to the Endowment Fund Board of Trustees in February 2019. All actions for which the trustees and the endowment fund lead officer are responsible have been completed.

Senior leadership

30. In April 2018, the Scottish Government appointed a new chair and interim chief executive to NHS Tayside. A permanent appointment to the chief executive post was made in January 2019.
31. The chair commissioned an independent review of corporate governance arrangements. Several improvements have been made with further improvements planned for 2019/20. The chair stepped down in June 2019 following two unsuccessful recruitment campaigns to appoint a replacement. The vice-chair of the board has been appointed interim chair while a further recruitment process is under way.
32. The chief executive presented a new leadership/management structure to the February board meeting. The revised board structure included the establishment of several new roles, including, deputy chief executive, director of facilities, director of performance and activity, director of transformation, director of digital technology and head of risk and compliance. Alongside these new posts there are vacancies in other key posts including the medical director and nurse director. The selection process is under way for a number of these posts while interim arrangements are in place for others.
33. The Scottish Government appointed an interim director of finance in March 2018 who was then appointed on a permanent basis in June 2018. He carried out this role alongside his existing role as director of finance at NHS Grampian. Following the revised executive leadership team structure, the board reviewed the director of finance role and, in June 2019, a decision was made to recruit a full-time director of finance for NHS Tayside. The director of finance then stepped down in July 2019. The board has again put in place an interim director of finance and recruitment to the full-time, permanent post is under way.

34. Permanent appointments to the leadership team will be critical to ensuring effective leadership capacity that can deliver transformation.
35. The board membership has changed significantly since 1 April 2018, with 11 members leaving (nine non-executive members and two executive members) and 15 members being appointed (12 non-executive members and three executive members). This has resulted in significant changes to committee membership and chairs. NHS Tayside has supported new board members through a variety of training and development activities.
36. The Cabinet Secretary for Health and Sport has granted a request from NHS Tayside for an additional two non-executive directors to be appointed due to the significant workload placed on the board. No appointments have yet been made to the two new positions.

Service delivery

37. NHS Scotland has a series of national standards that are set and agreed between the Scottish Government and NHS boards to provide assurance on NHS Scotland performance.
38. There are 18 non-financial standards (with two of these having a sub-indicator each). NHS Tayside's performance against these standards is mixed. Of the 20 indicators, five were being met or exceeded and 12 were not being met at March 2019 ([Appendix 2](#)). One indicator has no standard set and two standards related to healthcare associated infections are currently under review by Scottish Government.
39. Following widespread concerns raised in the Scottish Parliament in May 2018 about the provision of mental health services in Tayside, the board's then chair and chief executive announced an independent inquiry into the psychiatric unit at Carseview Centre in Ninewells Hospital. Following debate at the Scottish Parliament, the inquiry was widened to cover mental health services across all of NHS Tayside.
40. The inquiry is being conducted through a five-stage project plan. An interim report was published in May 2019 and a final report with recommendations and conclusions is due to be published later in the year.
41. The Sharing Intelligence for Health and Care Group has expressed concerns about general adult psychiatry services in Tayside, including the lack of clinical leadership and the training environment for doctors.³ The group believe there are some serious risks to the quality of mental health services delivered in Tayside. The Mental Welfare Commission for Scotland, NHS Education for Scotland, and Healthcare Improvement Scotland will reconvene once the final report from the independent inquiry is available to decide what action, if any, might be required.

³ The Sharing Intelligence for Health and Care Group is a partnership involving: Audit Scotland; Care Inspectorate; Healthcare Improvement Scotland; Mental Welfare Commission for Scotland; NHS Education for Scotland; Public Health & Intelligence from NHS National Services Scotland, and Scottish Public Services Ombudsman.

Transformation programme

42. The board's financial plan forecast includes projected financial savings over a three-year period from 2019/20. The plan forecasts the board will break-even by 2021/22, with further deficits forecast until then ([Exhibit 3](#)).

Exhibit 3

Projected financial savings 2019/20 to 2021/22

	2019/20 (£ million)	2020/21 (£ million)	2021/22 (£ million)
Funding gap	(35.7)	(32.1)	(29.1)
Savings			
Transforming Tayside	0.5	7.5	12.5
Regional and national	0	0	0
Productivity gains (elective and unscheduled care)	8.6	4.6	2.2
Cost reduction plans	11.4	10.4	10.4
Financial flexibility	4.0	4.0	4.0
Forecast deficit	11.2	5.6	0

Source: NHS Tayside Three-Year Financial Plan

43. In April 2017, the Scottish Government established an independent Assurance and Advisory Group (AAG). In its initial staging report in June 2017, the AAG identified ten recommendations for management to take forward in delivering the board's transformation programme. In its report to the AAG in January 2018, progress was reported on five of the recommendations but that the other five recommendations are longer term and will take more time to evidence delivery. A further update reported by the AAG in December 2018 stated that: "While we are of the view that NHS Tayside is on the road to recovery, much more needs to be done: encouraging incremental change has happened but transformational change still beckons and is imperative."
44. The appointed auditor reported in her 2017/18 report that the new senior management team has reviewed NHS Tayside's approach to transformation. Plans have been developed to deliver change through a combination of *Transforming Tayside* (including its long-term clinical

strategy); a three-year Quality Improvement Programme; and actions to deliver immediate financial efficiencies.

45. In June 2018, the board endorsed the development of three plans pivotal to transformation: *Transforming Tayside: working in partnership to improve health and social care for the future* (the Integrated Clinical Strategy); a three-year Quality Improvement Programme; and the 2018/19 Financial Plan to deliver greater efficiencies and bring the budget into balance. These plans are the latest iteration of the board's transformation programme.
46. The Integrated Clinical Strategy is the board's strategic framework and sets out the vision for the next ten years. It has been shaped in response to key national plans including the National Clinical Strategy, the Health and Social Care Delivery Programme and Realistic Medicine. The development of the strategy has been clinically led and involved stakeholder engagement.
47. The clinically led three-year Quality Improvement Programme has identified six major quality improvement programmes which can deliver efficiencies in the medium term: Transferring Outpatients; Inpatient Inflow; Theatre Utilisation; Mental Health Improvement; Prescribing and Medicines Management; and Primary Care Improvement.
48. A Clinical Design Authority has been established to provide clinical direction and design of the three-year programme which will initially focus on acute, hospital-based unscheduled and planned care.
49. In October 2018, the board received a progress report. The report stated that despite progress being made, planning was not yet sufficiently integrated or rigorous and aspirations were not sufficiently aligned with those of the board's wider public sector partners. Nor did the board have the necessary capacity and capability to take forward the programme, especially in relation to strategic planning and modelling. The progress report highlighted the need for "a 'plan for a plan' that sets out priority actions needed to develop a set of clearly articulated and credible strategic options that can form the basis for formal public consultation". The 'plan for a plan' was scheduled to be submitted to the board at its meeting in December 2018, but this was not done.
50. In February 2019, the board received a progress update which included further information on the governance arrangements for Transforming Tayside. This included terms of reference for the Transforming Tayside Steering Group (an advisory group) and the Transforming Tayside Programme Board (a decision-taking group). The update also included details of individual projects, plans and initiatives which were due to be presented to the April 2019 board, but this target was not achieved.
51. In May 2019, the board approved *Transforming Tayside 2019–22*, which sets out a high-level overview of its three-year change programme. Much work is still needed on the detail behind the high-level plan including strategic assessments, engagement and consultation, development of business cases, project implementation and post-project evaluation. The board reviewed a programme governance framework and programme plan to support this work. In addition, specific actions to progress some components of the programme were approved by the board, including:

- the development of a business case to establish a Hyper-Acute Stroke Admission Service
 - the business cases for Shaping Urology Services and Orthopaedic Services
 - proposals for a review of Urgent and Emergency Care Services
 - an Engagement and Communications Strategy and Action Plan.
52. In June 2019, the board received a programme update report, this says that a formal evaluation of the effectiveness of the Transforming Tayside programme is planned and will be reported to the board in February 2020.
53. Significant savings from the Transforming Tayside programme are not forecast until 2020/21.

Conclusion

54. There are still considerable challenges ahead. NHS Tayside continues to have an expensive operating model and a significant level of brokerage was required during 2018/19. The board's high-level, three-year financial plan projects a break-even outturn in 2021/22, but much work is still required to develop the detail behind the high-level savings and transformation plans. The achievement of a balanced financial position depends on the successful delivery of the Transforming Tayside change programme.
55. Alongside the development of detailed plans, NHS Tayside needs to put in place the necessary organisational capacity. Over the past year, there have been many changes to the leadership team and several key posts remain vacant. Filling these posts is critical to the success of the transformation programme.

Appendix 1

Timeline of key events

Key dates	Details
March 2017	The Scottish Government commissioned an Assurance and Advisory Group to work with NHS Tayside to review the board's plans for future healthcare and to support a return to a more sustainable financial future.
27 February 2018	Director of Finance request retirement be progressed. Interim arrangements were put in place to manage the board's financial arrangements with the NHS Grampian director of finance taking on an interim role. This appointment was subsequently made permanent.
April 2018	Allegations made in the media about the misuse of Tayside Endowment Fund monies by NHS Tayside.
April 2018	The Cabinet Secretary for Health and Sport moved NHS Tayside to the highest level of escalation. Following this, the chair of the NHS Tayside Board stood down and the previous chief executive was removed from her accountable officer status.
April 2018	A new chair and interim chief executive were appointed to NHS Tayside Board.
May 2018	The chair and chief executive announced an independent inquiry into the psychiatric unit at Carseview Centre in Ninewells Hospital. The inquiry was subsequently widened to cover all mental health services across NHS Tayside.
June 2018	The board endorsed the development of three plans pivotal to transformation: <i>Transforming Tayside: working in partnership to improve health and social care for the future</i> ; a three-year Quality Improvement Programme and the 2018/19 Financial Plan.
June 2018	Tayside's Board approved a proposal for a repayment to be made to the Endowment Fund to cover funds used by NHS Tayside in 2013/14.
31 July 2018	Chief executive left the employment of NHS Tayside with a negotiated settlement.

Key dates	Details
October 2018	Scottish Government published its <i>Medium-Term Health and Social Care Financial Framework</i> . Cabinet Secretary announced that NHS boards will no longer be required to break even at the end of each financial year (it will be every three years instead) and all outstanding loans will be written-off at the end of the 2018/19 financial year.
28 November 2018	New chief executive is appointed.
December 2018	Interim chief executive leaves role.
January 2019	New chief executive starts role.
January 2019	NHS Tayside repaid the Endowment Fund £3.6 million for monies transferred in 2013/14.
February 2019	The Assurance and Advisory Group's latest report demonstrates progress that NHS Tayside continues to make in key areas. The Cabinet Secretary for Health and Sport reduced the level of escalation to Level 4 in the Board Escalation Framework.
February 2019	The Scottish Charity Regulator (OSCR) concluded their report on the inquiry into the specific circumstances of the use of funds by the Endowment Fund.
February 2019	The board received an update on the governance arrangements for Transforming Tayside.
April 2019	Board approved the high-level, three-year financial plan. This shows the board will break even by 2021/22.
May 2019	Board approved <i>Transforming Tayside 2019–22</i> .
May 2019	The Independent Inquiry into Mental Health Services in Tayside published their interim report.
June 2019	Chief executive reviewed executive leadership team. A decision was made to recruit a permanent, full-time director of finance.
June 2019	The chair steps down from role. The vice-chair of the board has been appointed interim chair while a recruitment exercise is under way to appoint a new chair.

Appendix 2

Performance against non-financial standards

Target/standard	
<p>Treatment Time Guarantee (TTG)</p> <p>Percentage of patients that were seen within 12 weeks TTG (<i>Quarter ending March</i>)</p> <p>Standard: 100%</p>	<p>● 62%</p> <p>(17/18 – 74%) (Scottish Average – 68%)</p>
<p>12 Weeks first outpatient appointment</p> <p>Percentage of patients waiting no more than 12 weeks from referral to first outpatient appointment (<i>in the month of March</i>)</p> <p>Standard: 95%</p>	<p>● 63%</p> <p>(17/18 – 71%) (Scottish Average – 75%)</p>
<p>Cancer treatment</p> <p>Percentage of patients beginning treatment within 31 days of decision to treat (<i>Quarter ending March</i>)</p> <p>Standard: 95%</p>	<p>● 91%</p> <p>(17/18 – 93%) (Scottish Average – 95%)</p>
<p>Cancer treatment</p> <p>Percentage of patients beginning treatment within 62 days of urgent referral (<i>Quarter ending March</i>)</p> <p>Standard: 95%</p>	<p>● 88%</p> <p>(17/18 – 87%) (Scottish Average – 81%)</p>
<p>Child and Adolescent Mental Health Services (CAMHS) waiting times</p> <p>Percentage of young people to commence treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral (<i>Quarter ending March</i>)</p> <p>Standard: 90%</p>	<p>● 58%</p> <p>(17/18 – 41%) (Scottish Average – 74%)</p>
<p>Psychological therapy</p> <p>Percentage of patients to commence psychological therapy within 18 weeks of referral (<i>Quarter ending March</i>)</p> <p>Standard: 90%</p>	<p>● 72%</p> <p>(17/18 – 59%) (Scottish Average – 77%)</p>

Target/standard	Latest available performance March 2019
<p>4-hour A&E</p> <p>Percentage of all attendances seen within 4 hours (<i>in the month of March</i>)</p> <p>Standard: 95%</p>	<p>● 96%</p> <p>(17/18 – 98%)</p> <p>(Scottish Average – 91%)</p>
<p>Drug and alcohol treatment</p> <p>Percentage of patients seen within 3 weeks (<i>Quarter ending March</i>)</p> <p>Standard: 90%</p>	<p>● 96%</p> <p>(17/18 – 87%)</p> <p>(Scottish Average – 93%)</p>
<p>Antenatal care</p> <p>Percentage of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (<i>as at year end</i>)</p> <p>Standard: 80%</p>	<p>● 89% (17/18 latest available)</p> <p>(16/17 – 91%)</p> <p>(Scottish Average – 84%)</p>
<p>Clostridium Difficile infections</p> <p>Rate of infections in patients aged 15 and over, per 1,000 total occupied bed days (<i>as at March</i>)</p> <p>17/18 standard: 0.32</p>	<p>Standard currently under review</p> <p>(17/18 – 0.20)</p>
<p>Staphylococcus Aureus Bacteraemia (SABs)</p> <p>Rate of SABs per 1,000 total occupied bed days (<i>as at March</i>)</p> <p>17/18 standard: 0.24</p>	<p>Standard currently under review</p> <p>(17/18 – 0.41)</p>
<p>Smoking cessation</p> <p>Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas in the NHS board area (<i>as at year end</i>)</p> <p>Standard: 637</p>	<p>● 495 (17/18 – latest available)</p> <p>(16/17 – 526)</p> <p>(Scottish Average – N/A)</p>
<p>Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% (<i>calendar years 2017 and 2018 combined</i>)</p> <p>NHS Tayside baseline: 21.3% (at combined calendar years 2010 and 2011)</p>	<p>● 21.3% (17/18 latest available)</p> <p>(Scottish Average – 9.4%)</p>



Target/standard	Latest available performance March 2019
<p>People newly diagnosed with dementia will be offered a minimum of one year's post-diagnostic support, coordinated by a named link worker</p> <p>Estimated % of newly diagnosed people with dementia referred for post-diagnostic support (<i>as at year end</i>)</p> <p>Standard: none set</p>	<p>○ 55% (16/17 latest available) (Scottish Average – 47%)</p>
<p>18 weeks Referral to Treatment (RTT)</p> <p>Percentage of patients seen and treated within 18 weeks from initial referral (<i>in the month of March</i>)</p> <p>Standard: 90%</p>	<p>● 71% (17/18 – 72%) (Scottish Average – 77%)</p>
<p>IVF waiting times</p> <p>All eligible patients will commence IVF treatment within 12 months (<i>Quarter ending March</i>)</p> <p>Standard: 90%</p>	<p>● 100% (17/18 – 100%) (Scottish Average – 100%)</p>
<p>Alcohol brief interventions</p> <p>Sustain and embed in primary care, A&E, antenatal and broaden delivery in wider settings (<i>as at year end</i>)</p> <p>Standard: 4,758</p>	<p>● 3,596 (17/18 – 4,226) (Scottish Average – N/A)</p>
<p>48 Hour Access – GP Practice Team</p> <p>Percentage of patients who were able to obtain a consultation with a GP or appropriate healthcare professional within 2 working days of initial contact (<i>in 2017/18</i>)</p> <p>Standard: 90%</p>	<p>● 94% (17/18 latest available) (16/17 – N/A) (Scottish Average – 93%)</p>
<p>Advance booking – GP</p> <p>Percentage of patients who were able to book a consultation with a GP more than 2 working days in advance (<i>in 2017/18</i>)</p> <p>Standard: 90%</p>	<p>● 64% (17/18 latest available) (16/17 – N/A) (Scottish Average – 68%)</p>
<p>Sickness absence rate</p> <p>Maximum sickness absence rate every 12 month period.</p> <p>Standard: 4%</p>	<p>● 5.4% (17/18 – 5%) (Scottish Average – 5.4%)</p>

Note: In most cases data has been rounded to the nearest whole integer.

Figures relating to people newly diagnosed with dementia who are offered post-diagnostic support are published as management information because of variable data quality.

Source: Information has been obtained from the [Scottish Government](#) website. ISD produce the statistics. The Scottish Government publish the GP access information and Health Protection Scotland publish the HAI data.

Key

-  Currently not met
-  Currently achieving standard

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