

Borders NHS Board**NHS BORDERS HEAT PERFORMANCE SCORECARD – JUNE 2014****Aim**

This paper aims to update the Board with NHS Borders latest performance towards the 2014/15 national Health Efficiency Access & Treatment (HEAT) targets, as set out in NHS Borders Local Delivery Plan. The attached HEAT Performance Scorecard shows performance as at 30th April 2014.

Background

Strong Performance Management remains a key priority across NHS Borders to ensure robust monitoring of key local and national targets and priorities. Performance Scorecards are embedded across the organisation and individual services continue to implement their own scorecards with the assistance of Planning and Performance.

Attached to this paper is the HEAT Performance Scorecard providing a summary of performance in April 2014.

Areas of strong performance in the Scorecard for the position as at 30th April 2014 are highlighted below:

- Treatment of cancer within 31 days of decision to treat for all patients diagnosed with cancer was delivered for all cases during March 2014 (latest available data)
- Pre-operative stays are rare with 0.08 days of wait before a procedure in February 2014 (latest available data)
- 92% of all referrals were triaged online in April 2014 above the target of 90%
- 18 Weeks RTT combined overall performance continues to perform on the target of 90%.
- 18 Week RTT non-admitted pathway performance and both admitted and non-admitted linked pathways are well above 90% target
- There were no Child and Adolescent Mental Health Service waits over 18 weeks in March 2014 (latest available data)
- There were 5 delayed discharges over the target of 2 weeks; this is within trajectory and the target is on schedule to be delivered by March 2015
- The Alcohol/Drug referrals into treatment within 3 weeks has continued to achieve 98% compliance
- Based on the latest available data (November 2013) emergency admissions remain at low levels
- 90% of patients were admitted to the stroke unit within 1 day of admission on the target

The HEAT Scorecard format has been updated for 2014/15 to include trends charts for the year going forward. The new format also includes tables of RAG (Red, Amber, Green) status for each month which will build up over the next year with direction of travel and actual performance figures shown. Narrative is included for the targets giving the background to current performance.

Summary

NHS Borders Board meetings continue to receive the HEAT Performance Scorecard highlighting the organisation's performance towards the national HEAT Targets. The format has been updated for this financial year to include trends for each target and narrative on current performance.

Recommendation

The Board is asked to **note** the June 2014 HEAT Performance Scorecard (April performance).

Policy/Strategy Implications	Regular and timely performance reporting is an expectation of the Scottish Government
Consultation	Performance against key indicators within this report have been reviewed by each Clinical Board and members of the Clinical Executive
Consultation with Professional Committees	See above
Risk Assessment	Good progress is being made against key targets, but emerging pressure areas are identified in this report. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders
Compliance with Board Policy requirements on Equality and Diversity	The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements
Resource/Staffing Implications	The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements

Approved by

Name	Designation	Name	Designation
Edwina Cameron	Interim Director of Workforce & Planning		

Author(s)

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Meriel Smith	Planning and Performance Officer		

Month

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**HEAT
PERFORMANCE
SCORECARD**

As at 30th April 2014

June 2014

Planning & Performance

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INTRODUCTION

DASHBOARD OF HEAT TARGETS

The Dashboard of HEAT Targets shows the performance of each target against a set trajectory. So that current performance can be judged symbols are used to show whether the trajectory is being achieved. These are shown in the table below:

Current Performance Key			
R	Under Performing	Current performance is significantly outwith the trajectory set.	Exceeds the target by 11% or greater
A	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Exceeds the target by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory set	Overachieves, meets or exceeds the target, or rounds up to target

So that the direction of travel towards the achievement of the target can be viewed direction symbols are also included in the dashboard. These are shown below:

Direction Symbols

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-

HEAT Targets

Every year the Scottish Government Health Department (SGHD) asks each Health Board to report to them on their performance and delivery plans for the next financial year. This report is called the Local Delivery Plan (LDP) and forms an agreement on what Health Boards will achieve in the next year with SGHD. Boards are asked to work towards a number of key targets for the year which fit with the Government's health objectives. These targets are called HEAT targets because they are separated under 4 different headings:

- H Health Improvement
- E Efficiency and Governance
- A Access to Services
- T Treatment for the individual

Planned work with local partners such as Scottish Borders Council is also included.

Please note:

Some anomalies may occur in data due to time lags in data availability and national reporting schedules. Data published in the table under each target for April 2014 shows the latest position, not necessarily data relating directly to that month (please see notes on time lags where they apply).

Performance on the HEAT targets and standards are detailed within in this report. The following table summarises the achievements for the financial year 2014/15 to date, the arrows indicate performance and direction of travel towards achieving targets compared to previous month:

Indicator	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Smoking cessation successful quits in most deprived areas ¹	-											
New patient DNA rate	R ↑											
Same day surgery ²	A ↓											
Pre-operative stay ²	G ↑											
Online Triage of Referrals	G ↓											
eKSF annual reviews complete	R -											
PDP's Complete	R -											
Sickness Absence Reduced	A ↑											
Treatment within 62 days for Urgent Referrals of Suspicion of Cancer ³	A ↑											
Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer ³	G ↔											

Indicator	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
18 Wk RTT: 12 wks for outpatients	R ↓											
18 Wk RTT: 12 wks for inpatients	R ↑											
18 Wk RTT: Admitted Pathway Performance	R ↑											
18 Wk RTT: Admitted Pathway Linked Pathway	G ↓											
18 Wk RTT: Non-admitted Pathway Performance	G ↓											
18 Wk RTT: Non-admitted Pathway Linked Pathway	G ↓											
Combined Performance	A ↓											
Combined Performance Linked Pathway	G ↓											
No CAMHS waits over 18 wks ⁴	G ↔											
No Psychological Therapy waits over 18 wks	R ↓											
No Delayed Discharges over 2 Wks	G ↓											
90% of Alcohol/Drug Referrals into Treatment within 3 weeks	G ↑											
4 Week Waiting Target for Diagnostics	R ↑											
4-Hour Waiting Target for A&E	A ↓											
Emergency OBDs aged 75 or over (per 1,000) ⁵	G ↓											

Indicator	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Diagnosis of dementia	A ↑											
Further Reduce Rate of Staph aureus bacteraemia ⁶	-											
Further Reduce Rate of C. Diff (CDAD) cases in over 15s ⁶	-											
Admitted to the Stroke Unit within 1 day of admission ⁷	G ↓											

¹ This is a new target for the 2014/15 period. Data will be reported quarterly with the first return for April – June 2014 due in August 2014.

² There is a lag in data due to SMR recording.

³ One month lag as data is supplied nationally.

⁴ Due to verification processes for national reporting, with CAMHS there is a one month lag in data.

⁵ There is a lag in reporting and data included is the most up to date data available. Data is also updated for previous month on every scorecard.

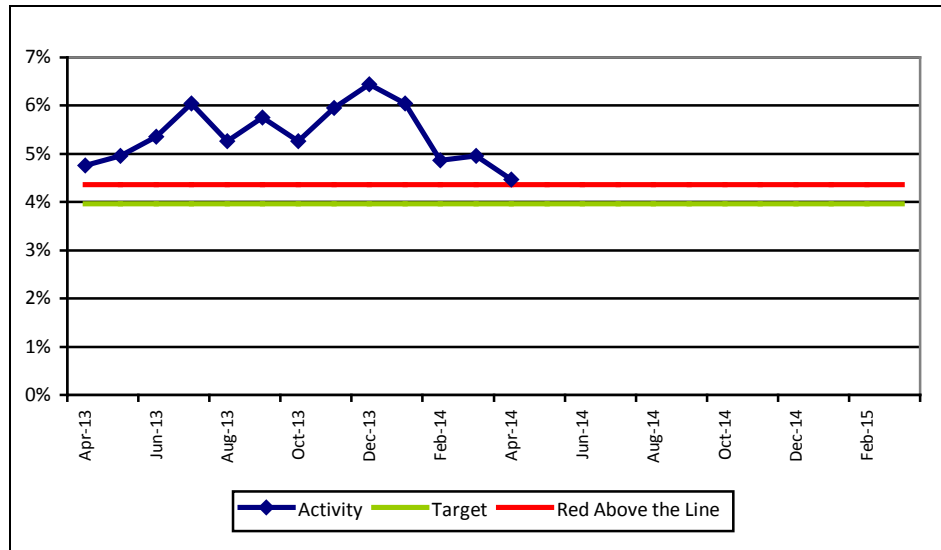
⁶ Please Note: SABs & CDiff targets are reported via the Director of Nursing's regular Healthcare Associated Infection and Prevention report to the Board.

⁷ One month lag as data is supplied nationally.

DASHBOARD OF HEAT TARGETS

Target: New patients DNA rate will be less than 4% over the year

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	4%	4%	4.5%												↑	R

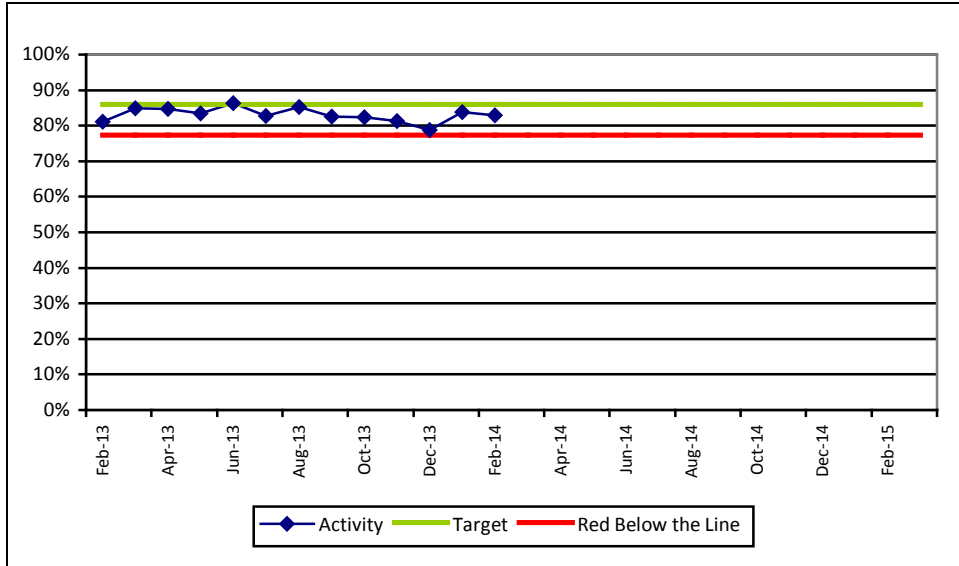


DNA rates continue to be an area of concern, although since December 2013 the percentage of new patient DNAs has been decreasing. A reduction was achieved in April meaning that the service were only 19 patients away from achieving the target. 11 patients failed to attend the appointment offered following an orthopaedic trauma attendance. There are plans to change how these patients are managed / offered appointments. Other actions to mitigate performance are as follows:

1. Patient Reminder Service introduced in October 2012
2. Access Policy Outpatient Leaflet introduced May 2013 - This leaflet and the other leaflets in the series remind patients of the importance of contacting the service if they do not plan to attend.
3. Detailed analysis of DNA patients for January 2014 by method of offer and period of notice of appointment.
4. Introduction of "DNA's cost NHS Borders over £900,000 per annum" insert flyers with Appointment Letters from mid February 2014

Target: 86% of patients for day procedures to be treated as Day Cases

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	86%	86%	83.0%												↓	A



Whilst **same day surgery** performance has not met the overall 86% HEAT target since August 2013, it has been over 80% since April 2013.

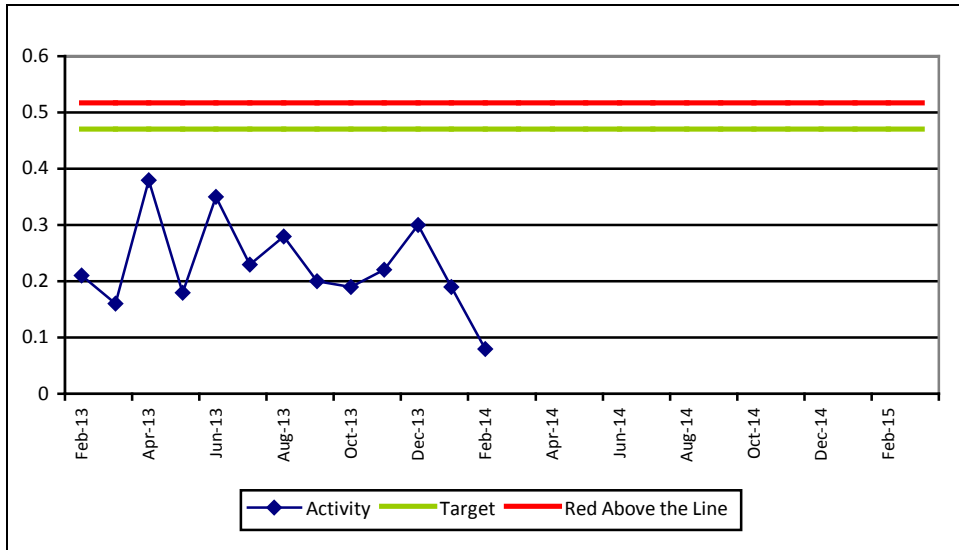
In addition, our performance has exceeded the overall BADS* performance target of 78%, which is based on an assessment of actual case mix in the Borders. Current challenges in achieving the target are in Urology and this month also General Surgery.

**British Association of Day Case Surgery*

Please note: there is a two month lag time in data being published for this target.

Target: Reduce the days for pre-operative stay

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	0.47	0.47	0.08												↑	G

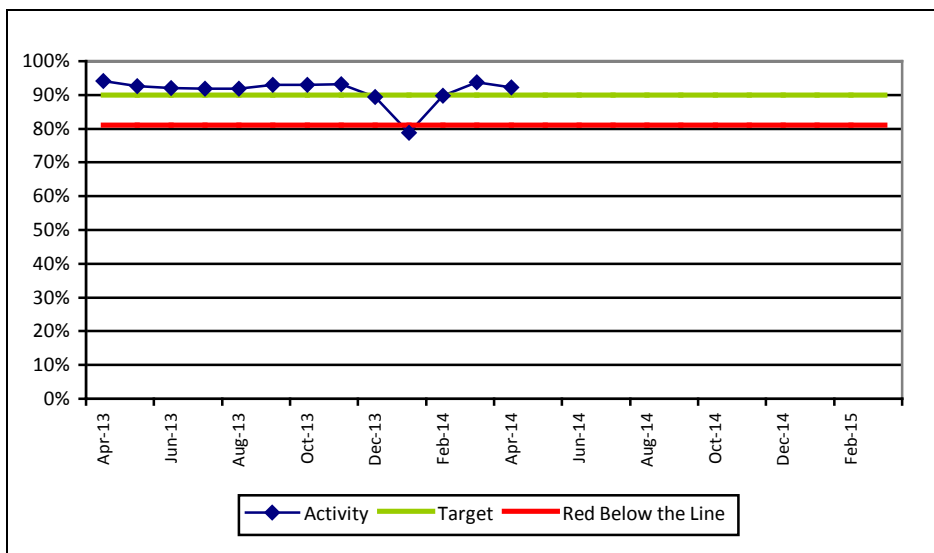


Performance has improved for this target with introduction of pre-assessment for all elective surgical patients and **pre-operative length of stay** continues to remain under half a day since April 2013.

Please note: there is a two month lag time in data being published for this target.

Target: 90% of all referrals to be triaged online

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	92.3%												↓	G

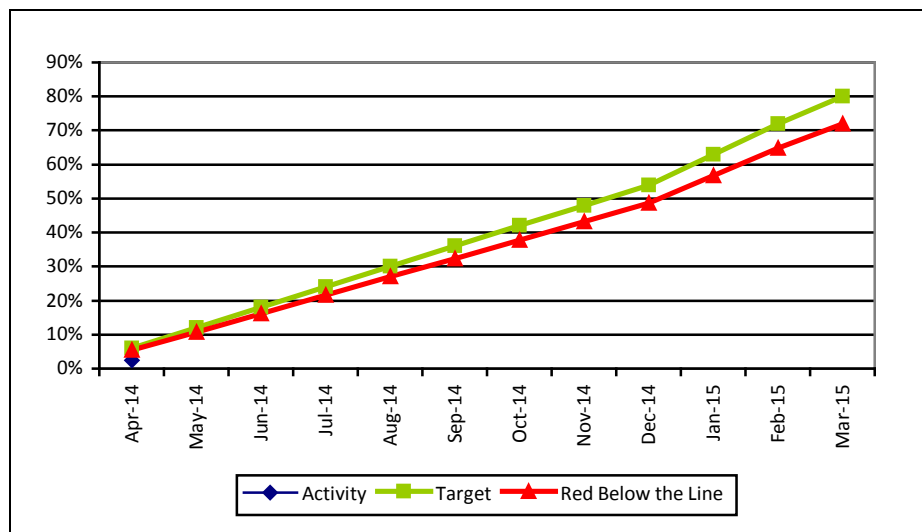


Overall the level of **online eTriage of referrals** has been above the Trajectory for the last financial year. This trend continues in April 2014.

The NHS Borders Access Policy was approved in October 2012 and reinforces the expectation that referrals should be submitted electronically removing paper referrals from the system. Work is ongoing to increase the amount of referrals that can be generated and made available electronically.

Target: 80% of all Joint Development Reviews to be recorded on eKSF

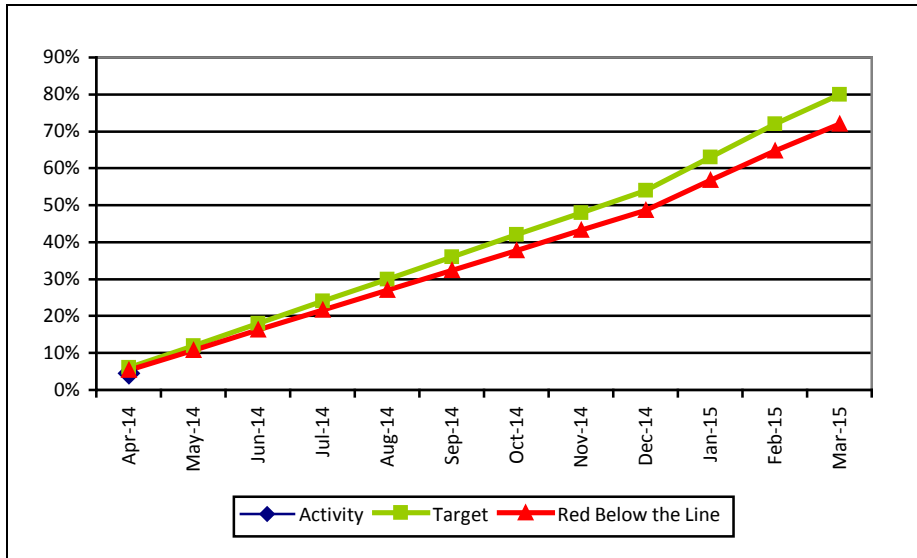
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Mar 2015	80%	6%	2.4%												-	R



The target for recording **annual Joint Development Reviews (JDRs) on eKSF** starts at the beginning of each financial year. If the trajectory through the year is followed the target of 80% of JDRs being recorded will be achieved. Achievement towards the target has started slowly but each Clinical Board and Support Services have their own trajectories to succeed. Annual Reviews are being monitored regularly and action plans are in place.

Target: 80% of all Personal Development Plans to be recorded on eKSF

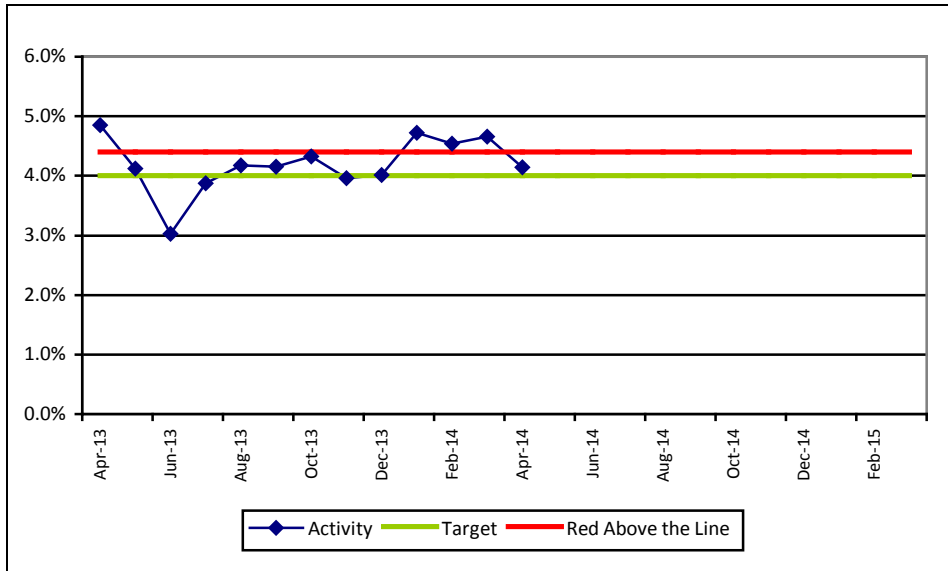
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Mar 2015	4%	4%	2.9%												-	R



The target for recording **Personal Development Plans (PDPs) on eKSF** starts at the beginning of each financial year. If the trajectory through the year is followed the target of 80% of PDPs being recorded will be achieved. Achievement towards the target has started slowly but each Clinical Board and Support Services have their own trajectories to succeed. Personal Development Plan creation is being monitored regularly and action plans are in place.

Target: Maintain Sickness Absence Rates below 4%

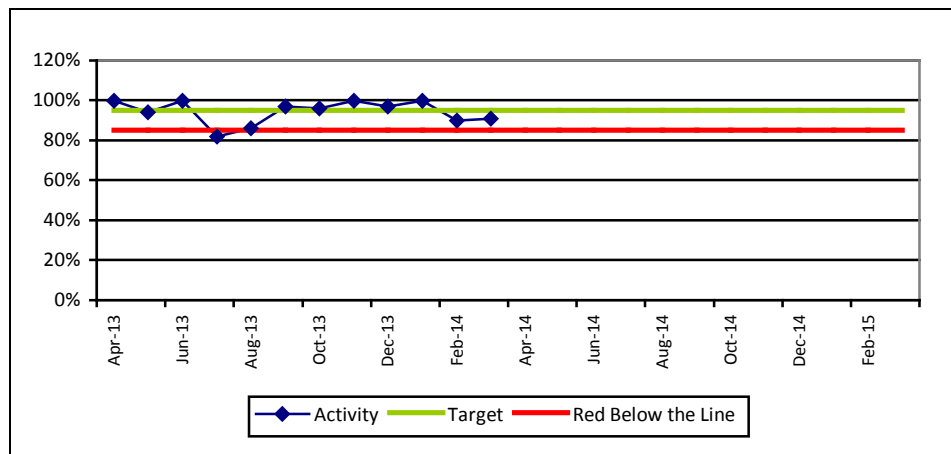
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	4%	4%	4.14%												↑	A



The ER Team have started to send out the monthly Reports that were agreed with the service to assist them in managing **sickness absence**. These are presented to Clinical Boards via Performance Scorecards.

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

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	95%	95%	91%												↑	A

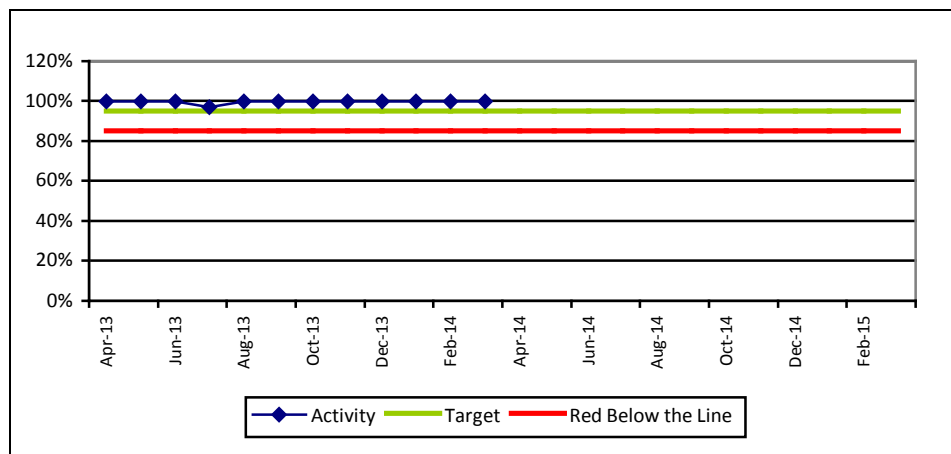


Treatment within 62 days for suspicion of cancer – 91% of waits were achieved within 62 days against the target of 95%. This is because of 2 breaches that were due to the delay in the urology multidisciplinary review over the Christmas period. A review of the Urology pathway is being undertaken to improve the booking of diagnostic tests to minimise any potential delays going forward.

Please note: there is a lag time of one month for these data

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

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	95%	95%	100%												↔	G

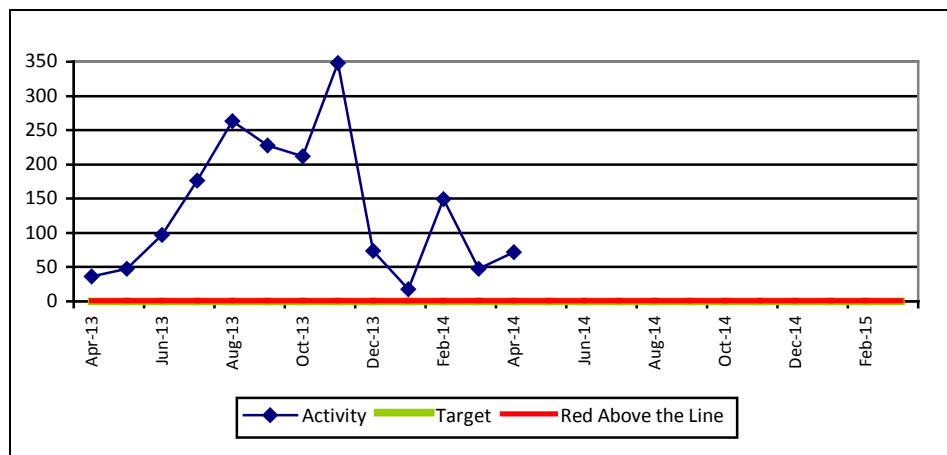


This target, to **treat patients with cancer within 31 days of diagnosis** has been consistently achieved over the last year.

Please note: there is a lag time of one month for these data

Target: 18 wks: 12 wks for outpatients

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	0	0	72												↓	R

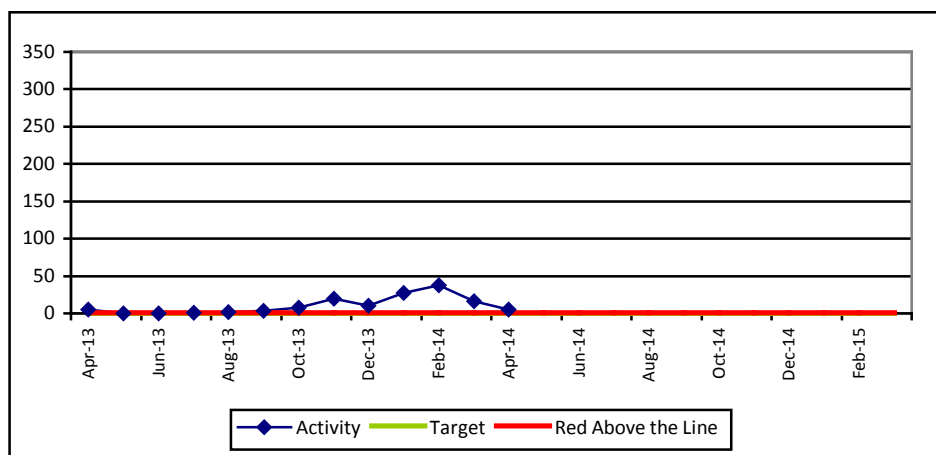


Performance towards the Stage of Treatment target for patients to be **seen at an outpatient appointment within 12 weeks** has been mixed throughout the year. The largest number of waits, in this category, are within Ear, Nose and Throat with 27 cases.

Additional ad hoc capacity has been organised whilst longer terms solutions are identified through the Productivity and Benchmarking process for specialities with capacity issues including ENT and Orthopaedics. There are also particular risks around continued delivery of targets in Dermatology (due to being unable to recruit to vacant post).

Target: 18 wks: 12 wks for inpatients

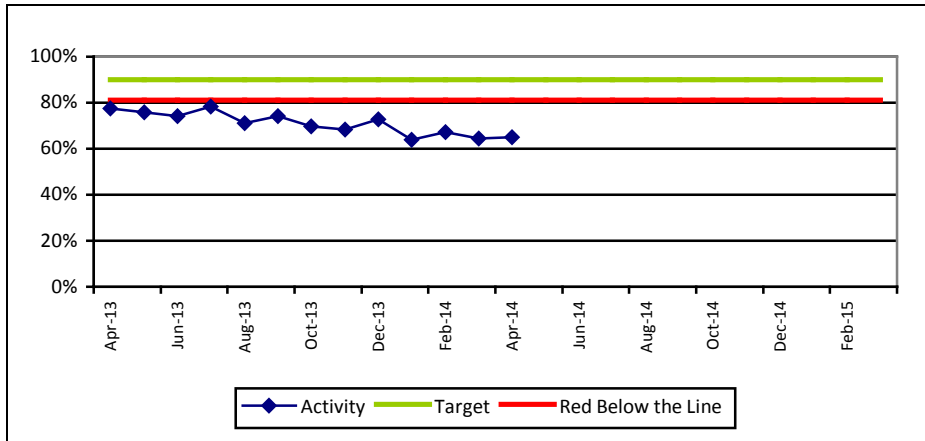
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	0	0	5												↑	R



The Stage of Treatment target for patients to be **treated within 12 weeks of their referral** has broadly been met over the year and improvements made in April with 5 patients over target.

Target: Admitted Pathway Performance

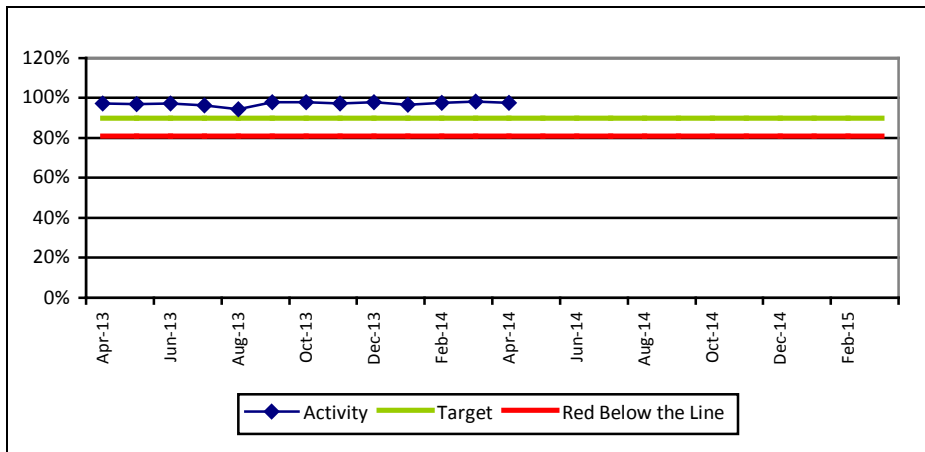
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	64.9%												↑	R



Admitted pathway performance towards 18 weeks Referral to Treatment remains under target. An action plan is in place to reverse this trend. Risks to achievement are particularly in Orthopaedics and Ear, Nose and Throat.

Target: Admitted Pathway Linked Performance

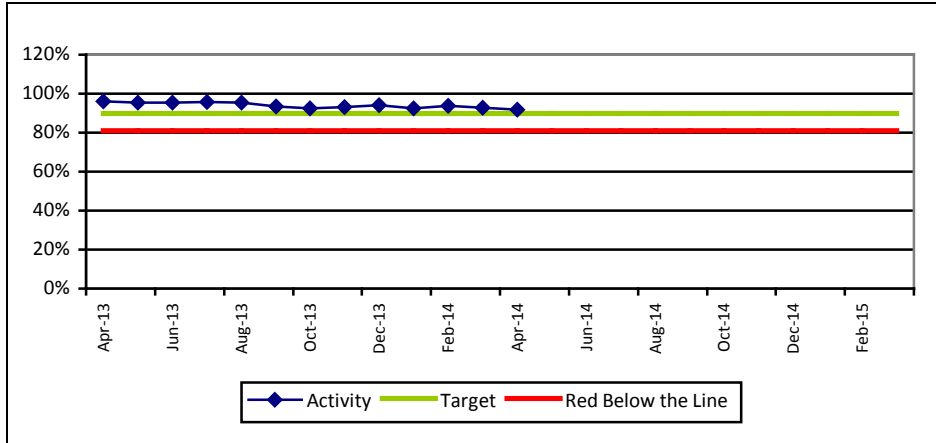
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	97.7%												↓	G



Performance for the **linked pathway** is significantly better than for the target above with levels of over 90% being consistently achieved.

Target: Non-Admitted Pathway Performance

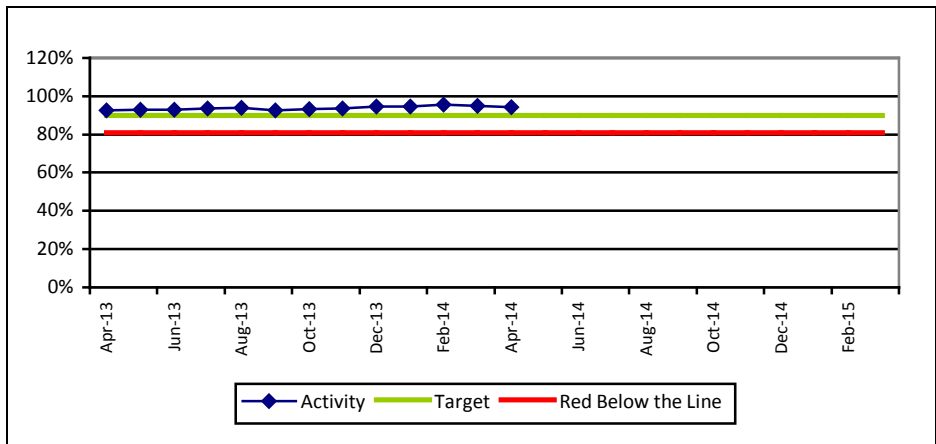
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	91.9%												↓	G



Performance for **non-admitted pathways** is consistently above 90%.

Target: Non-Admitted Pathway Linked Performance

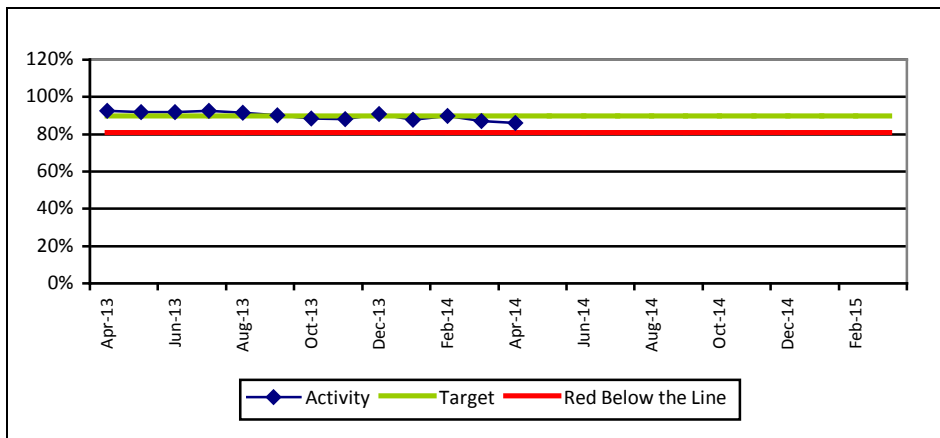
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	94.1%												↓	G



Performance for **non-admitted linked pathways** is consistently above 90%.

Target: Combined Performance

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	86.8%												↓	A

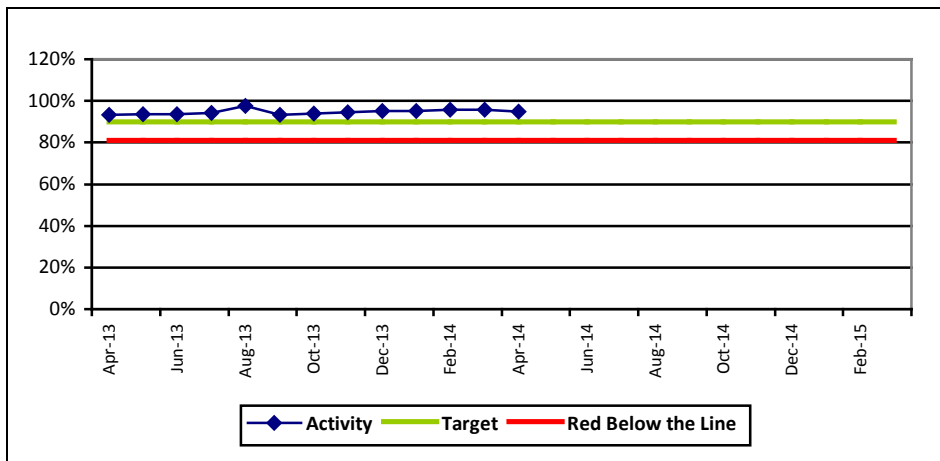


Currently NHS Borders is performing reasonably well against the national target of **90% 18 Weeks Referral to Treatment**, with performance ranging between 87% - 93%.

The most significant risk to continued delivery is within Orthopaedics, until issues around operating capacity can be resolved. There are also risks around Dermatology and Oral Surgery.

Target: Combined Pathway Linked Performance

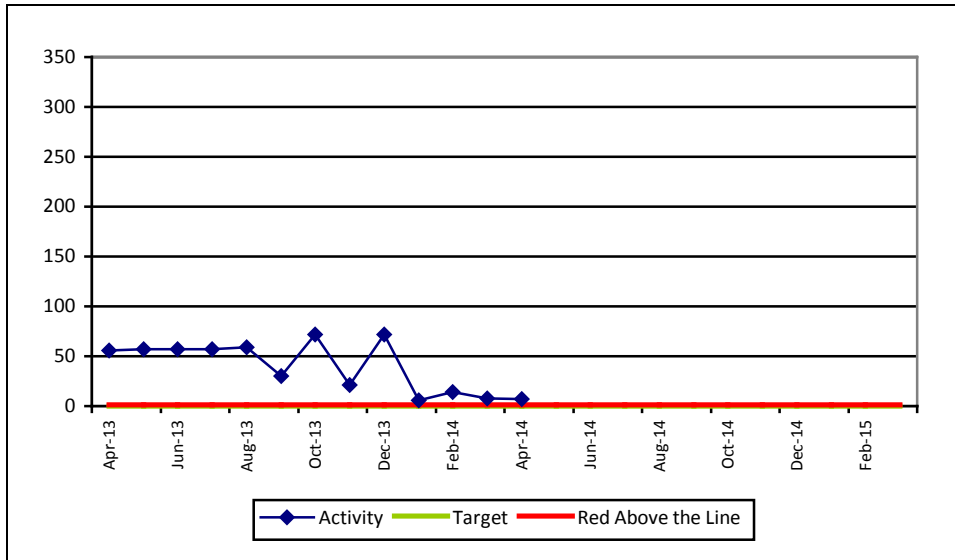
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	94.8%												↓	G



See above

Target: 4 Week Waiting Target for Diagnostics

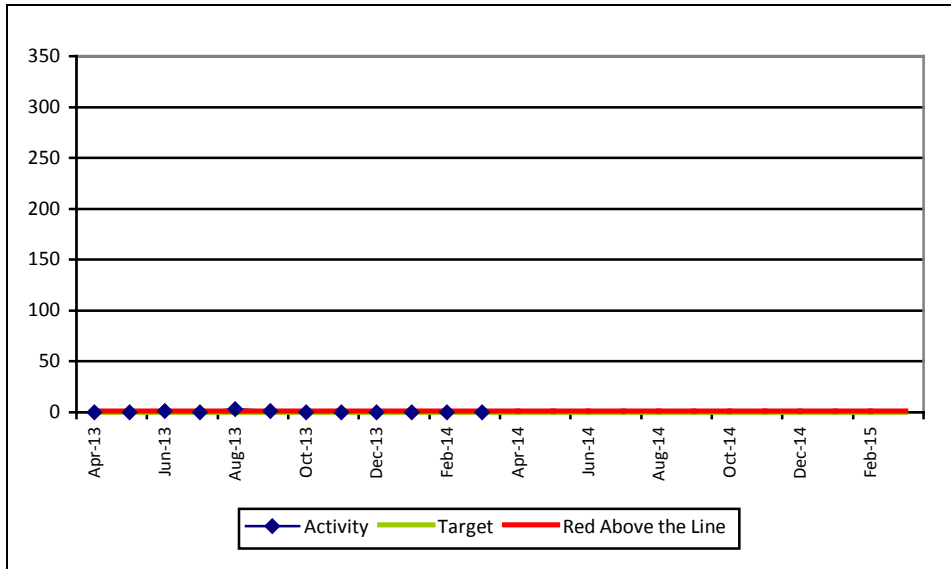
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	0	0	7												↑	R



Diagnostic waits over 4 weeks – The 7 breaches this month are due to diagnostic tests not being delivered within agreed waiting times in cystoscopy, additional clinics to solve this issue are being investigated. Earlier breaches for ultrasounds have been resolved with the appointment of a new sonographer.

Target: No CAMHS waits over 18 weeks

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Dec 2014	0	0	0												↔	G

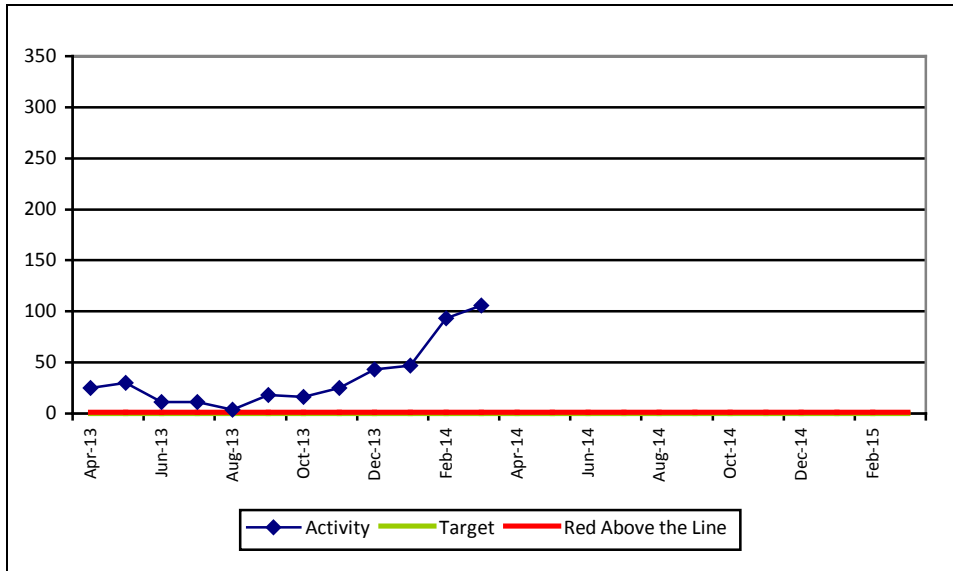


Waits for the Child and Adolescent Mental Health Service have been consistently under 18 weeks over the last year. This month no patients waited over 16 weeks.

Please note: there is a one month lag time in data being published for this target.

Target: No Psychology Therapy waits over 18 weeks

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Dec 2014	0	0	106												↓	R



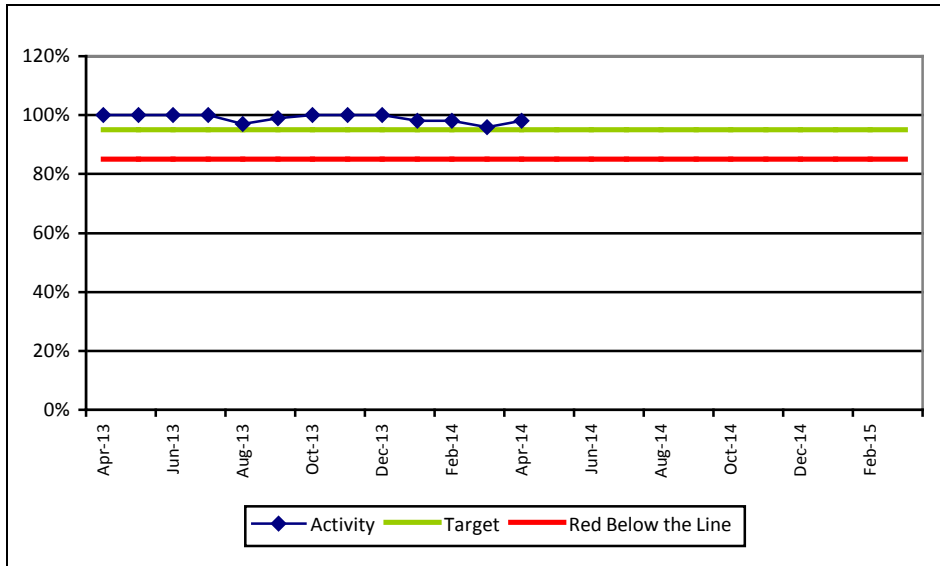
Waits over **18 weeks for psychological therapies** continue to be higher than expected due to vacant posts, including maternity leave. The service should be back on track by June/July after a new half time Clinical Psychologist starts, recruitment for a vacancy is complete, and a whole time member of staff returns from maternity leave.

The service remains confident that the target will be achieved by December 2014.

Please note: there is a one month lag time in data being published for this target.

Target: 90% of Alcohol/Drug Referrals into Treatment within 3 weeks

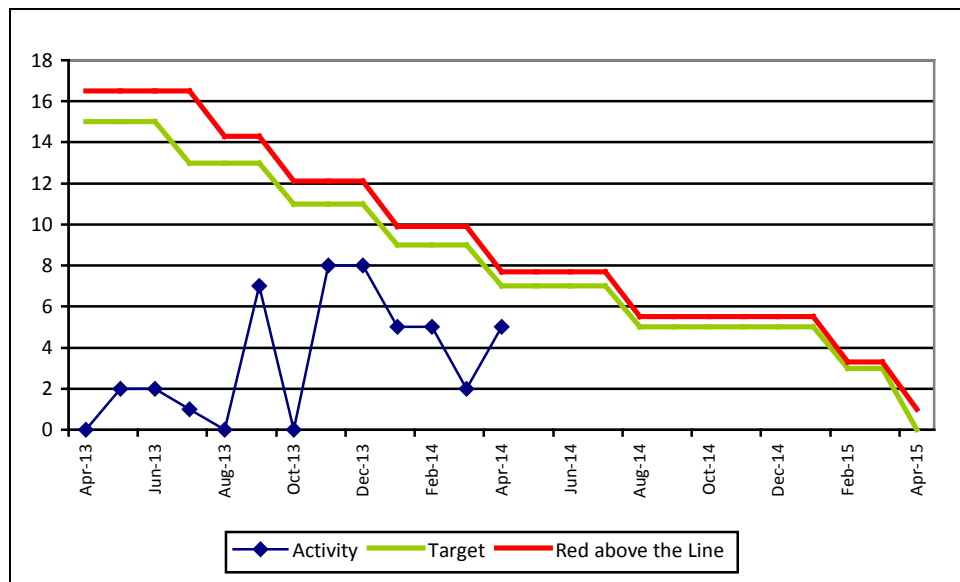
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	95%	95%	98%												↑	G



The target for **90% of all referrals to the drugs and alcohol service to be treated within 3 weeks** is being consistently achieved.

Target: No Delayed Discharges over 2 weeks

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Mar 2015	0	7	5												↓	G



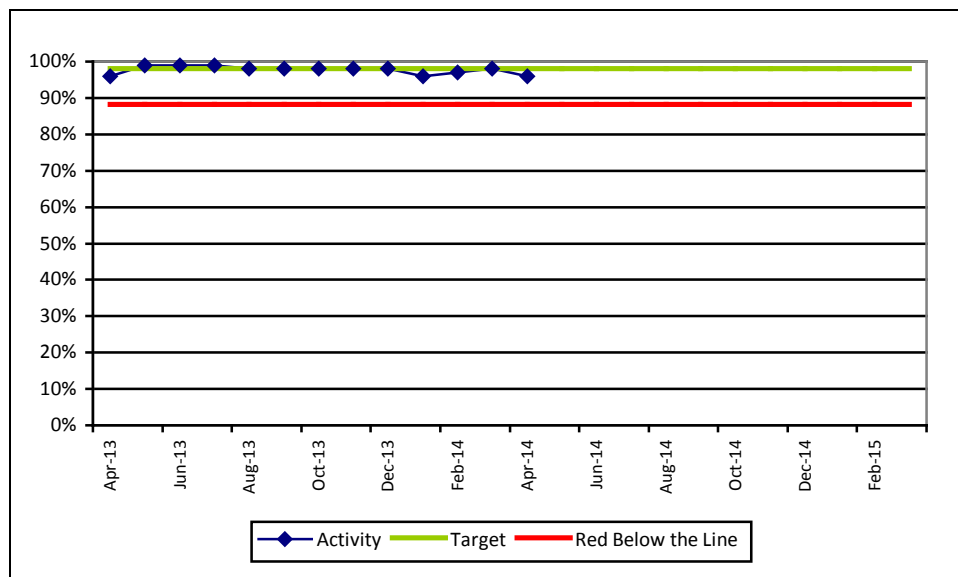
NHS Borders is achieving the current trajectory towards **no patients waiting over 14 days to be discharged into an appropriate care environment**. Weekly operational meetings are held to oversee the management of every delayed discharge case.

NHS Borders plans the following to achieve and maintain the target:

- Using best practice management arrangements (i.e. audits/self assessments) the partnership will ensure “pathway blockages are cleared”.
- Development with Scottish Borders Council of an updated health and social care action plan for 2013/14 reflecting the means by which the aims of the revised policy will be realised.
- Ensure comprehensive implementation and sustainability plans are in place within both organisations to ensure adherence to policy.

Target: 4 Hour Waiting Target for A&E

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	98%	98%	96%												↓	A



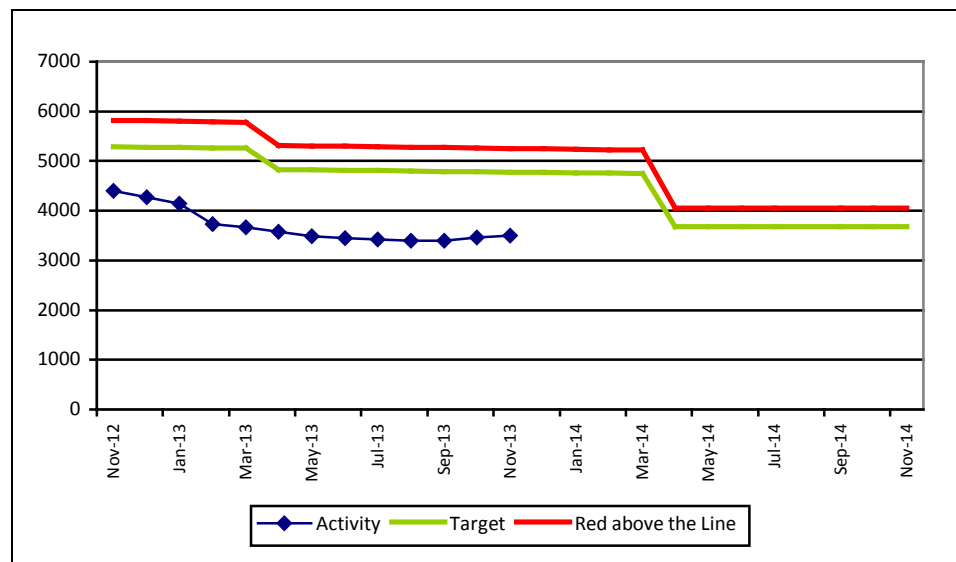
Patients attending **A&E** are routinely discharged within 4 hours. The current HEAT target is for Boards to achieve 95% of attendances discharged within 4 hours by September 2014. NHS Borders have kept the stretch target of 98% and it is broadly being achieved. This month saw a reduction to 96% of patients being treated within 4 hours.

Initiatives such as See & Treat and the Emergency Nurse Practitioner (ENP) service ensure that Flow 1 (minor injury) patients do not breach the emergency access standard during the hours these services are operational. See and Treat has been initiated between 10.00 and 18.00hrs during periods of high demand in ED. Adopting See and Treat during busy periods in ED has proved beneficial in terms of reduction of Flow 1 breaches of EAS. NHS Borders has extended the hours that the ENP service operates to increase service resilience during the late evening in response to periods where activity peaks, Friday to Monday between 10am and 10pm.

Medical rotas across Borders General Hospital have recently been amended to ensure there is a junior doctor in ED overnight that has previous ED experience. Arrangements for additional capacity at weekends in ED is also been reviewed for periods when activity peaks, to ensure service resilience.

Target: Reduce Emergency Occupied Bed Days for the over 75s

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Mar 2015	3685	3685	3506												↓	G



Please note: there is a six month lag time in data being published for this target.

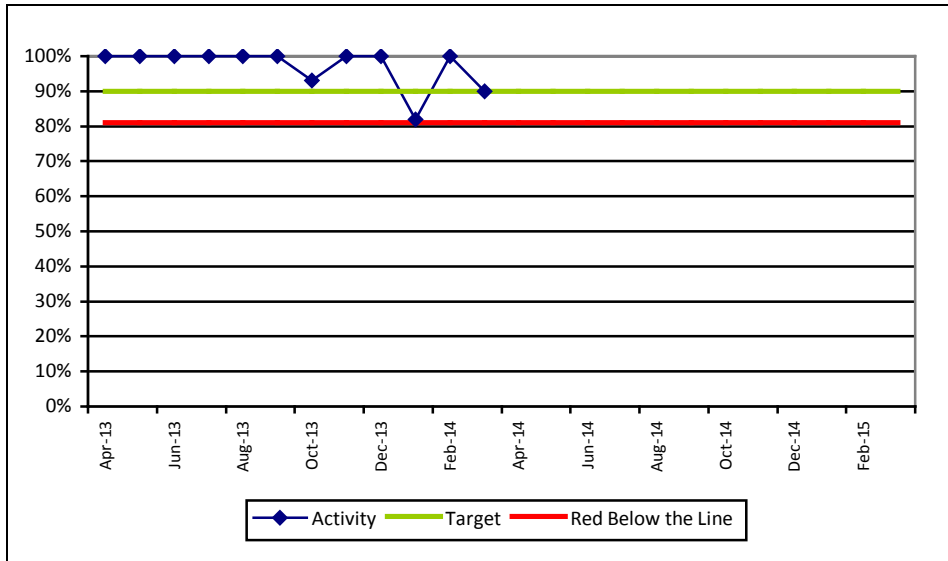
The target rate for this measure has been reduced as NHS Borders have exceeded performance throughout 2013/14. The target is to maintain the low number of emergency occupied bed days for patients aged 75 and over per 100,000 population. An example of the work towards this target is within the Older People's Liaison Service which streamlines protocols and pathways for older people admitted to the Medical Receiving Unit and/or present to Emergency department in hours. It should prevent readmissions and increase the number of patients being discharged directly home.

The following actions are planned or underway to improve performance relating to the target:

- Development and implementation of a new contract for GPs looking after Community Hospitals that includes a focus on length of stay and patient pathways in those settings.
- The Anticipatory Care & Prevention of Admission for people with Long Term Conditions Local Enhanced Service (LES).
- Outcomes and lessons learned from Intermediate Care Demonstrator Programme informing developments in the Cheviot locality.
- Work is underway in Primary & Community Services to maximise the benefits of co-location projects that have been implemented in two localities. Lessons learned will inform developments in other areas.
- COPD Pulmonary rehabilitation programmes are now established across the Borders.
- Expansion of intermediate care options across care home settings.
- "Borders Health in Hand", the Long Term Conditions website is being updated and further expansion is planned.

Target: Admitted to the Stroke Unit within 1 day of admission

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	90%												↓	G

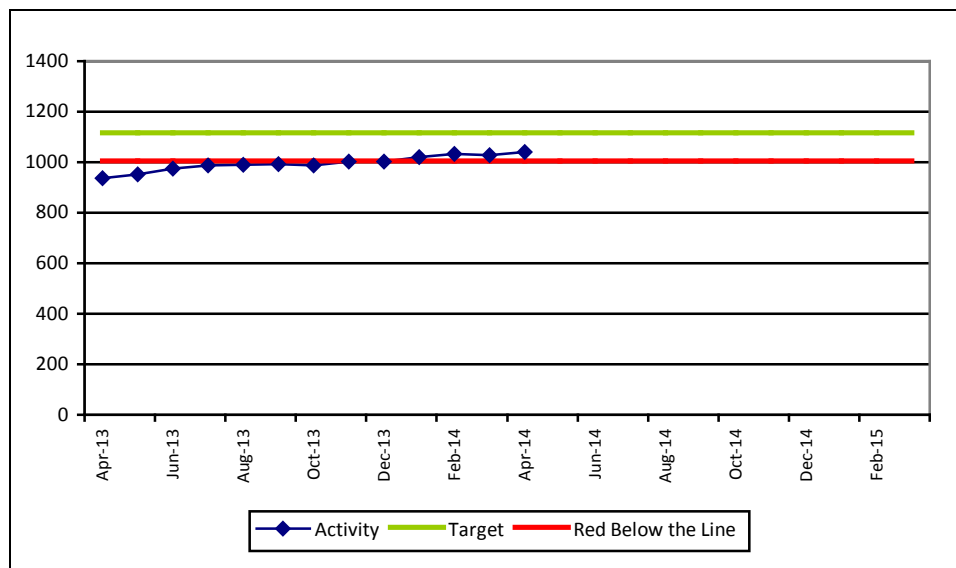


The target for patients being **admitted to the Stroke Unit within 1 day of admission to hospital** has been generally achieved. There has been only one instance of lower than target performance in January 2014. Stroke bundles are delivered and success in this target is partially attributed to the fast identification of stroke patients within A&E and the medical wards. A Stroke Care Action Plan is in place for the period to March 2015.

Please note: there is a one month lag time in data being published for this target.

Target: Diagnosis of Dementia

Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	1116	1116	1041												↑	A



There continues to be a steady increase in numbers being added to the **Dementia Register**, in spite of a significant attrition rate. In April this has risen to 1041, the highest level yet.

The redesign of Mental Health Older Adult services is being completed, and Post Diagnostic Link Worker posts employed through Alzheimer Scotland are now in place assisting with clear referral pathways in health and social care.

NHS Borders continues to under-perform against this target however performance against the target for the delivery of post-diagnostic support is good.