

Borders NHS Board**NHS BORDERS HEAT PERFORMANCE SCORECARD – DECEMBER 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 October 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 October 2014.

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

- The target for pre-operative stay was achieved during October 2014 at 0.23 days against the target of 0.47
- 93.2% of all referrals were triaged online in October 2014, above the target of 90%
- Treatment of cancer within 31 days of decision to treat for all patients diagnosed with cancer was delivered for all cases during September 2014 (latest available data)
- Treatment of cancer within 62 days for urgent referrals of suspicion of cancer was delivered for all cases during September 2014 (latest available data)
- 18 Weeks RTT combined overall performance continues to perform above the target of 90%.
- 18 Week RTT non-admitted pathway performance and both admitted and non-admitted linked pathways are performing well above 90% target
- There were no Child and Adolescent Mental Health Service waits over 18 weeks in September 2014 (latest available data)
- The Alcohol/Drug referrals into treatment within 3 weeks has achieved the national target of 90% and the local stretched target of 95% throughout this financial year
- Against a trajectory of 5, there were only 3 delayed discharges waiting over the 14 days target
- In August & September (latest available data) 100% of patients were admitted to the Stroke Unit within 1 day of admission

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 December 2014 HEAT Performance Scorecard (October 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)

Name	Designation	Name	Designation
Carly Lyall	Planning and Performance Officer		

Month

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**HEAT
PERFORMANCE
SCORECARD**

As at 30th October 2014

December 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	R -	R ↑	- ²	-	-	-	-					
New patient DNA rate	R ↑	R ↓	R ↔	R ↓	R ↑	R ↑	R ↓					
Same day surgery ³	A ↓	A ↓	A ↑	A ↑	A ↓	-	-					
Pre-operative stay ³	G ↓	G ↑	G ↓	G ↑	G ↑	-	-					
Online Triage of Referrals	G ↓	G ↑	G ↓	G ↑	G ↓	G ↑	G ↑					
eKSF annual reviews complete	R -	R ↑	R ↑	R ↑	R ↑	- ⁴	- ⁴					
PDP's Complete	R -	R ↑	R ↑	R ↑	R ↑	- ⁴	- ⁴					
Sickness Absence Reduced	A ↑	R ↓	A ↑	R ↓	A ↑	R ↓	R ↓					
Treatment within 62 days for Urgent Referrals of Suspicion of Cancer ⁵	G ↑	G ↓	G ↑	G ↔	G ↔	G ↔	-					
Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer ⁵	G ↔	G ↔	G ↔	G ↔	G ↔	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 ↓	R ↑	R ↓	R ↓	R ↓	R ↓	R ↓					
18 Wk RTT: 12 wks for inpatients	R ↑	R ↑	R ↑	R ↓	R ↓	R ↓	R ↑					
18 Wk RTT: Admitted Pathway Performance	R ↑	R ↑	R ↑	R ↑	R ↔	R ↑	R ↓					
18 Wk RTT: Admitted Pathway Linked Pathway	G ↓	G ↓	G ↓	G ↓	G ↑	G ↑	G ↓					
18 Wk RTT: Non-admitted Pathway Performance	G ↓	G ↑	G ↑	G ↑	G ↓	G ↓	G ↑					
18 Wk RTT: Non-admitted Pathway Linked Pathway	G ↓	G ↓	G ↑	G ↑	G ↑	G ↓	G ↓					
Combined Performance	A ↓	A ↑	G ↑	G ↑	G ↓	G ↑	G ↓					
Combined Performance Linked Pathway	G ↓	G ↓	G ↑	G ↑	G ↑	G ↓	G ↓					
4 Week Waiting Target for Diagnostics	R ↑	R ↓	R ↓	R ↓	R ↑	R ↑	R ↓					
No CAMHS waits over 18 wks ⁶	G ↔	G ↔	G ↔	G ↔	G ↔	G ↔	-					
No Psychological Therapy waits over 18 wks	R ↑	R ↑	R ↑	R ↑	R ↓	R ↑	R ↓					
90% of Alcohol/Drug Referrals into Treatment within 3 weeks	G ↑	G ↓	G ↔	G ↑	G ↔	G ↔	G ↓					
No Delayed Discharges over 2 Wks	G ↓	G ↓	R ↓	G ↑	R ↓	G ↑	G ↓					
4-Hour Waiting Target for A&E	A ↓	A ↑	A ↓	A ↑	A ↓	A ↑	A ↑					
Emergency OBDs aged 75 or over (per 1,000) ⁷	-	-	-	-	-	-	-					

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
Admitted to the Stroke Unit within 1 day of admission ⁸	G ↑	R ↓	A ↑	A ↓	G ↑	G ↔	-					
Diagnosis of dementia	A ↑	A ↑	A ↑	A ↑	A ↑	A ↑	A ↓					
Further Reduce Rate of Staph aureus bacteraemia ⁹	-	-	-	-	-	-	-					
Further Reduce Rate of C. Diff (CDAD) cases in over 15s ⁹	-	-	-	-	-	-	-					

¹ This is a new target for the 2014/15 period. Data will be reported with a 4 month lag time to allow monitoring of the 12 week quit period.

² National database experiencing problems accessing the information for 40% deprived areas therefore no data available for June 2014.

³ There is a lag in data due to SMR recording.

⁴ Reporting tool for e-KSF Reviews and PDP's is not working, this problem has been raised at National Level.

⁵ One month lag as data is supplied nationally.

⁶ Due to verification processes for national reporting, with CAMHS there is a one month time lag in data.

⁷ There is a lag in reporting of 6 months for this target. Please see performance in the following section of this report

⁸ Due to the time difference between the P&P deadline and the national extract deadline, this data (drawn from eSSCA) has a 1 month time lag. A data snapshot is taken and used to compile these reports. Routine data collection and amendment usually take place on a daily basis however data should be interpreted as provisional because delays in data entry may occur or data updates may be made after the snapshot was taken.

⁹ Please Note: SABs & CDiff targets are reported via the Director of Nursing's regular Healthcare Associated Infection and Prevention report to the Board.

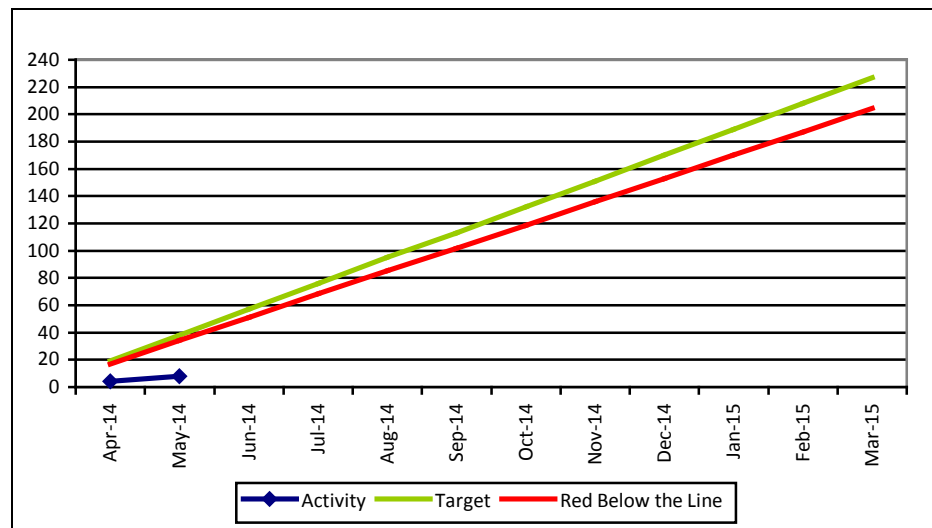
DASHBOARD OF HEAT TARGETS

Target: Smoking cessation successful quits in most deprived areas (cumulative)

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	227	38	4	8	- ¹	-	-	-	-						↑	R

Please Note: All figures are cumulative

¹ The national database is experiencing problems accessing the information for 40% deprived areas therefore no data available for June 2014.



This new HEAT target requires NHS Borders to deliver universal smoking cessation services to achieve at least 227 successful quits, at 12 weeks post quit, in the 40% most deprived within-board SIMD areas over one year ending March 2015.

The target requires an increase in quit rate performance at 12 weeks by 17%, compared to performance in 2013/14. This is extremely challenging for a number of reasons;

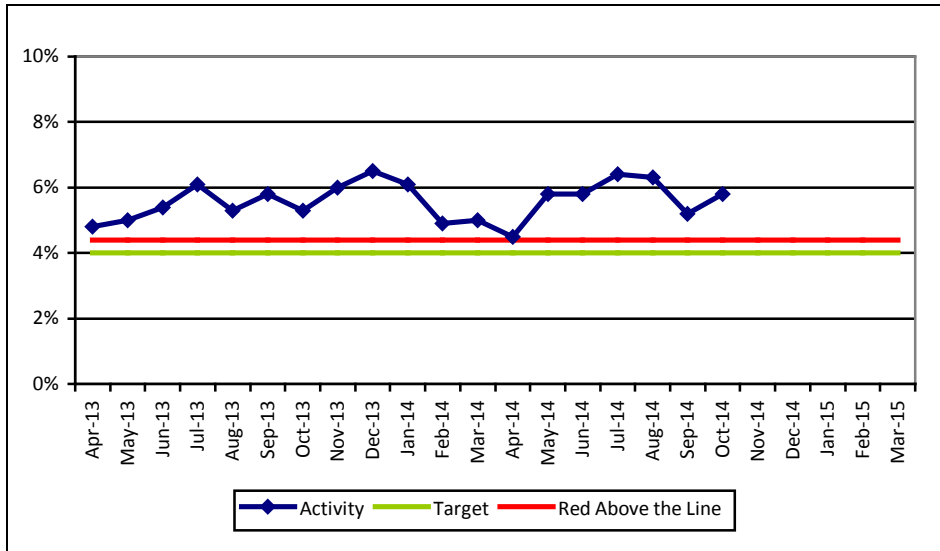
- It is the first time that we are being asked to report on 12 week quit rates
- Referrals into the service show a decrease due to the impact of e-cigarettes.

In addition, a new pharmacy contract specification was implemented on the 1st July and there are indications this has given rise to issues with the monitoring process, through which we report on 12 week quit rates. Pharmacies became responsible for entering their own smoking cessation records and follow ups through the Pharmacy Care Records (PCR) system at 4 weeks and 12 weeks post quit. In addition, only the pharmacist and not support staff, can access the PCR. At present NHS Borders Smoking Cessation Service do not have access to the PCR system to be able to support pharmacies to enter data.

Please Note: Data will be reported with a 4 month lag time to allow monitoring of the 12 week quit period.

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%	5.8%	5.8%	6.4%	6.3%	5.2%	5.8%						↓	R



DNA rates continue to be an area of concern.

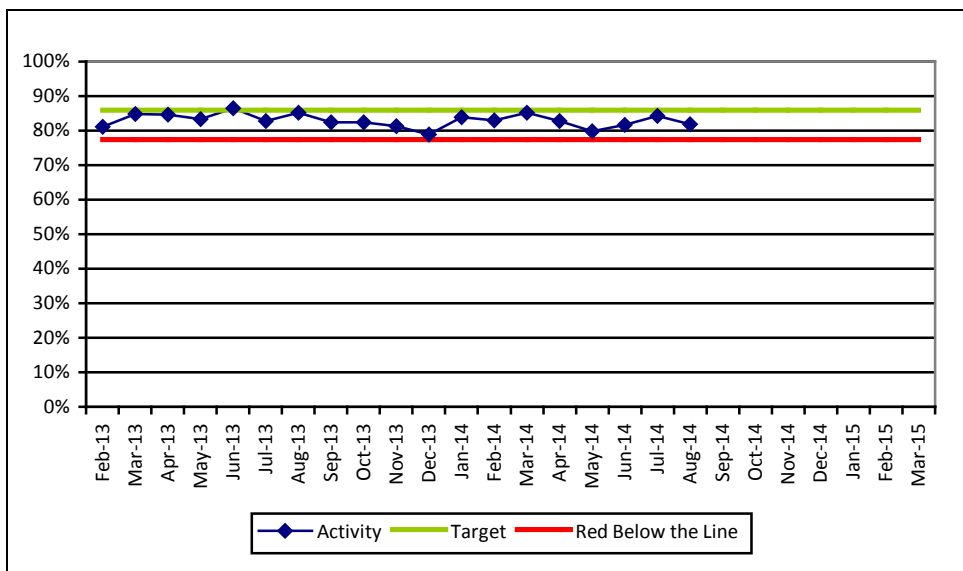
Various actions are planned to reduce the number of patients who fail to attend new outpatient appointments without notification, these include:

- Personal telephone call to new appointment patients who have DNA'd in the past, and who have an imminent appointment, seeking confirmation of their intention to attend the appointment. Report created and Standard Operating Procedure prepared.
- Staffing resource is being identified to follow up, by telephone, patients who DNA'd the previous week to establish the reason, and to see if there is anything NHS Borders could have done different that would have prevented the DNA.
- Introduce "opting in" for Orthopaedic Fracture Clinic new appointments as a relatively large number of these currently fail to attend appointments - and so reduce DNA level.

Funding is being sought to run a Media Campaign on the Impact of DNA Patients

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%	82.7%	79.8%	81.6%	84.3%	81.9%	-	-						↓	A



Whilst **same day surgery** performance has not met the overall 86% HEAT target since August 2013, it has consistently been performing within 10% of the target.

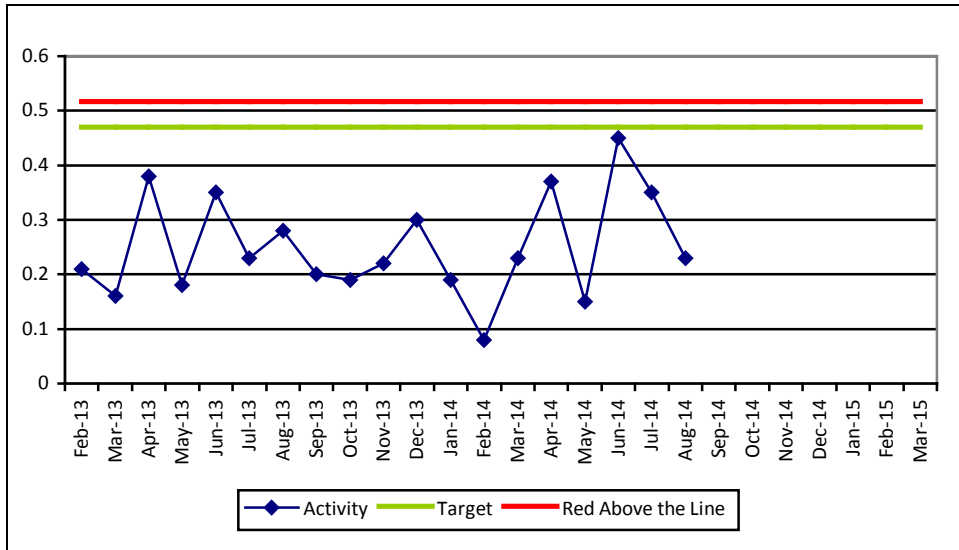
In addition, performance has exceeded the overall BADS* performance target of 78%, which is based on an assessment of actual case mix in the Borders. Current challenges in achieving the target are in Urology.

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

**British Association of Day Case Surgery*

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	0.37	0.15	0.45	0.35	0.23	-	-						↑	G

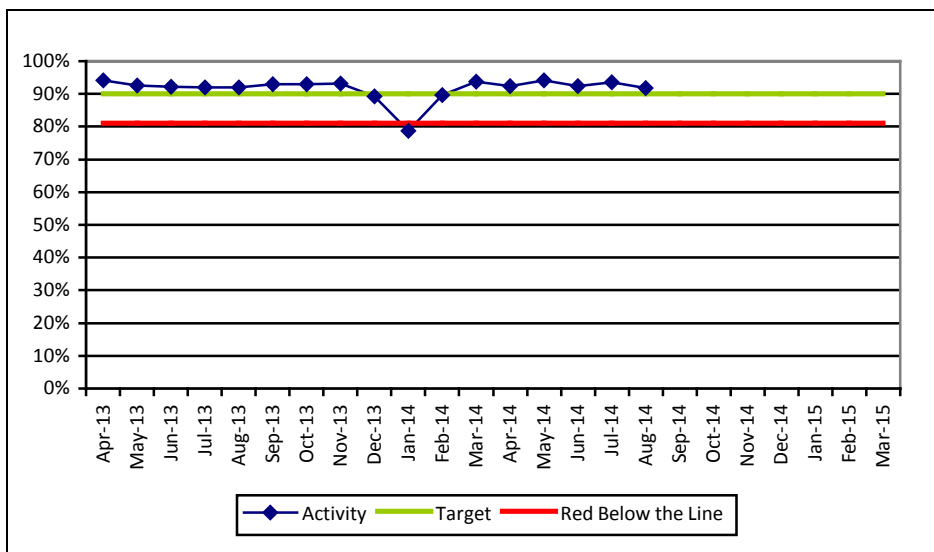


Performance has improved for this target with introduction of pre-assessment for all elective surgical patients and **pre-operative length of stay** continues to remain under half a day since April 2013.

Please Note: There is a two month time lag 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%	94.1%	92.4%	93.5%	91.8%	92.4%	93.2%						↑	G



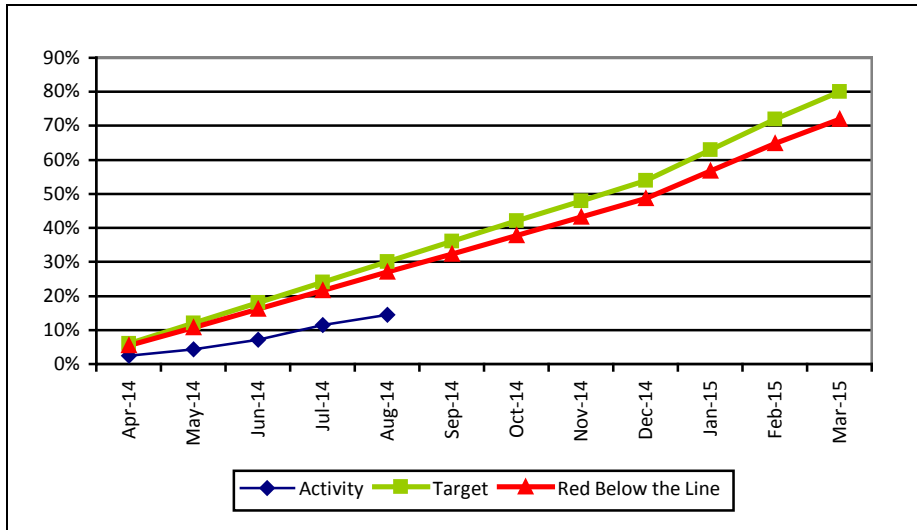
Overall the level of **online eTriage of referrals** has been above the Trajectory for the last financial year. This trend continues in October 2014.

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%	30%	2.4%	4.4%	7.2%	11.4%	14.4%	- ¹	- ¹						↑	R

¹ Reporting tool for e-KSF Reviews and PDP's is not working, this problem has been raised at National Level.

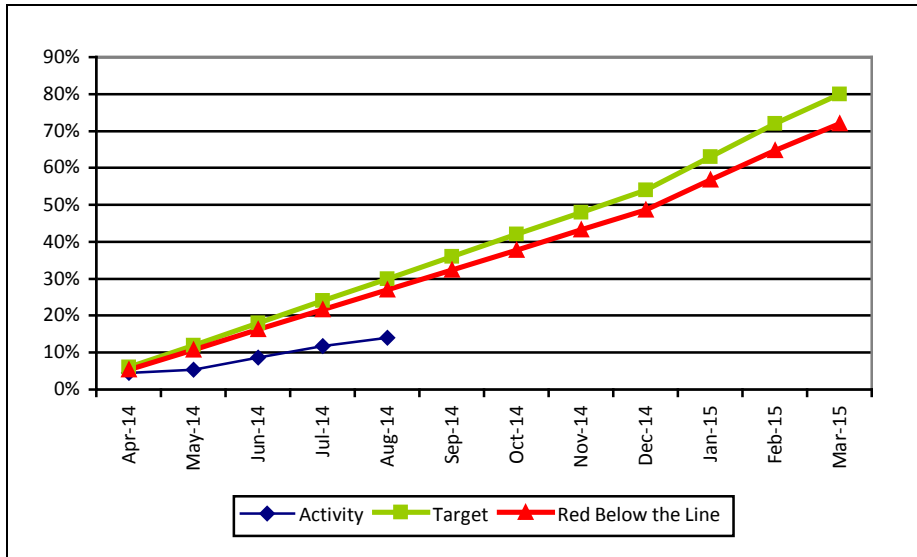


The target for recording **annual Joint Development Reviews (JDRs) on eKSF** starts at the beginning of each financial year. If the trajectory through the year is followed the target of 80% of JDRs being recorded will be achieved. Achievement towards the target has started slowly but each Clinical Board 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%	30%	2.9%	5.4%	8.6%	11.8%	14.1%	- ¹	- ¹						↑	R

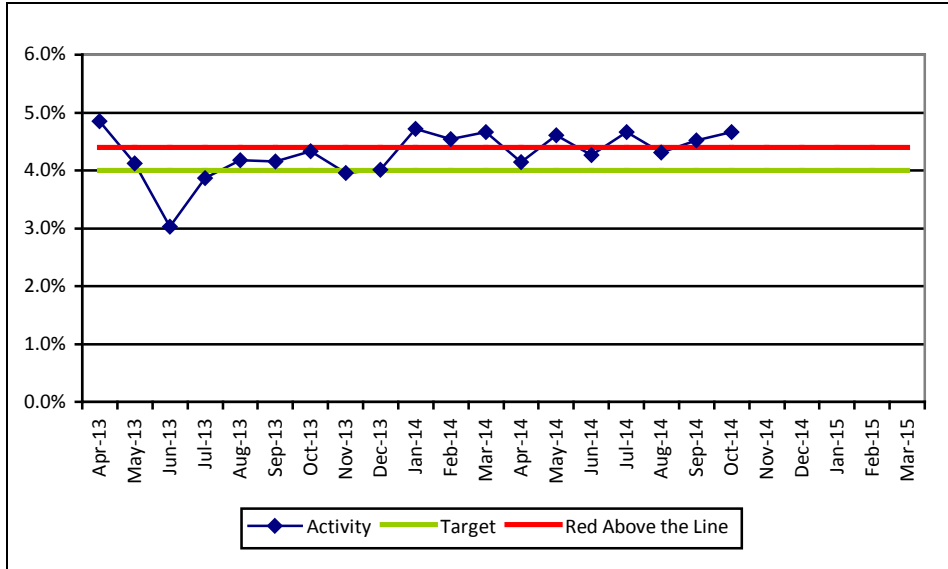
¹ Reporting tool for e-KSF Reviews and PDP's is not working, this problem has been raised at National Level.



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%	4.61%	4.26%	4.66%	4.31%	4.52%	4.66%						↓	R

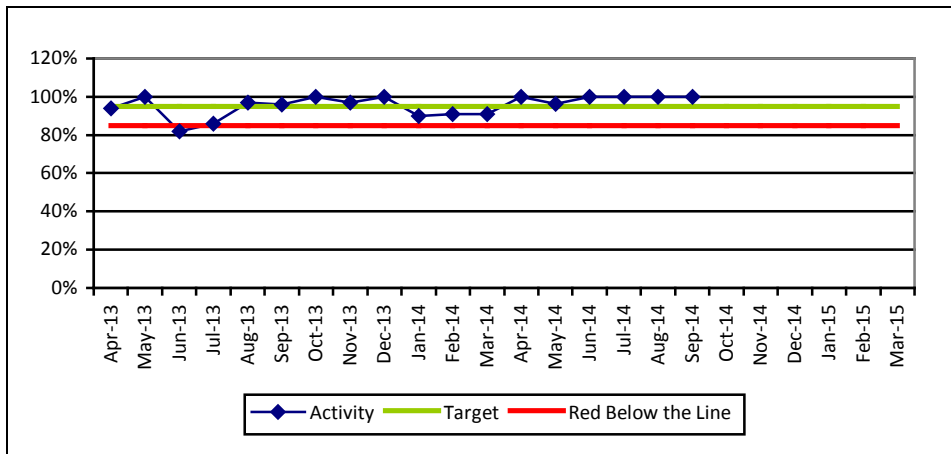


The Employee Relations Team have started to send out the monthly Reports that were agreed with the service to assist them in managing **sickness absence**. These are presented to Clinical Boards via Performance Scorecards.

Refresher Sickness Absence Training for line managers has been scheduled for all managers who had undertaken the initial e-Learning and Classroom based training.

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%	100%	96.2%	100%	100%	100%	100%	-						↔	G

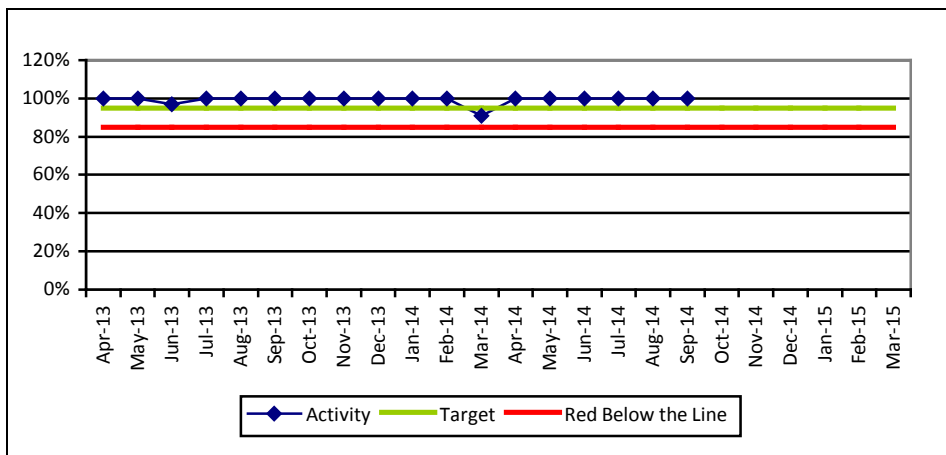


This target, to **see patients with a suspicion of cancer within 62 days** has been consistently achieved during the financial year, with the last four months achieving 100%.

Please Note: There is a time lag of one month for this 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%	100%	100%	100%	100%	100%	-						↔	G

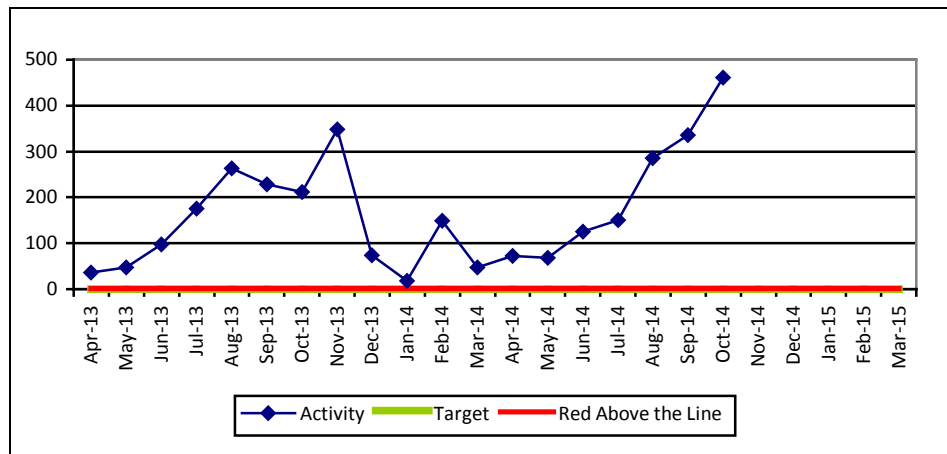


This target, to **treat patients with cancer within 31 days of diagnosis** has been consistently achieved over the last year.

Please Note: There is a time lag of one month for this 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	68	125	151	286	336	461						↓	R

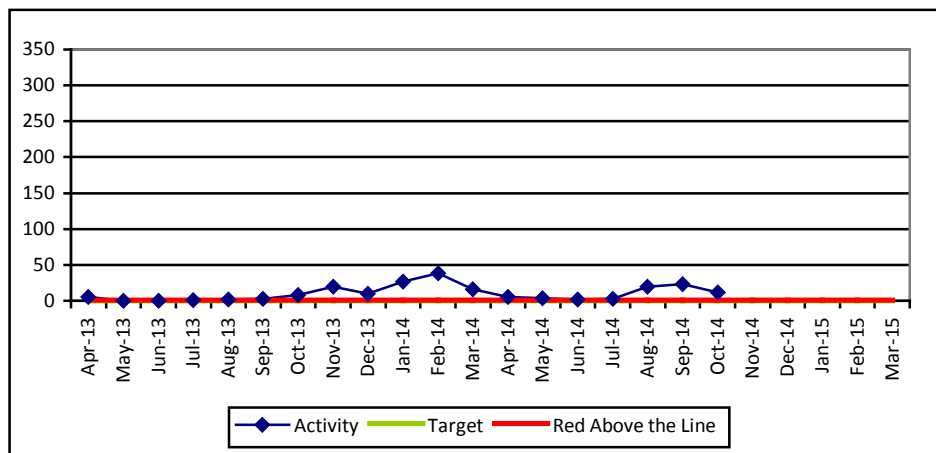


Performance towards the Stage of Treatment target for patients to be **seen at an outpatient appointment within 12 weeks** has been mixed throughout the year. The largest numbers of waits in this category are within ENT, with 171 cases and Dermatology with 140 cases.

Additional ad hoc capacity has been organised whilst longer terms solutions are identified through the Productivity and Benchmarking process for specialities with capacity issues.

Target: 18 wks: 12 wks for inpatients

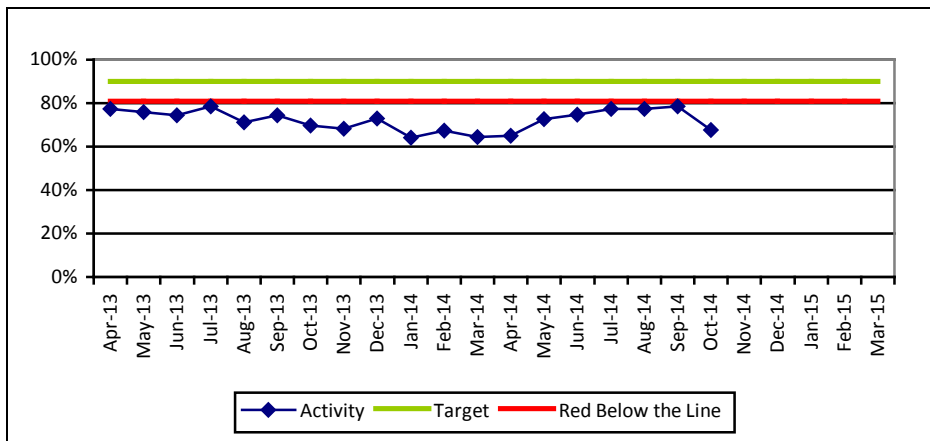
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	0	0	5	4	2	3	20	23	12						↑	R



The Stage of Treatment target for patients to be **treated within 12 weeks of their referral** had been broadly met over the year. The increase in breaches over the last 3 months consists of ENT and Orthopaedics patients.

Target: Admitted Pathway Performance

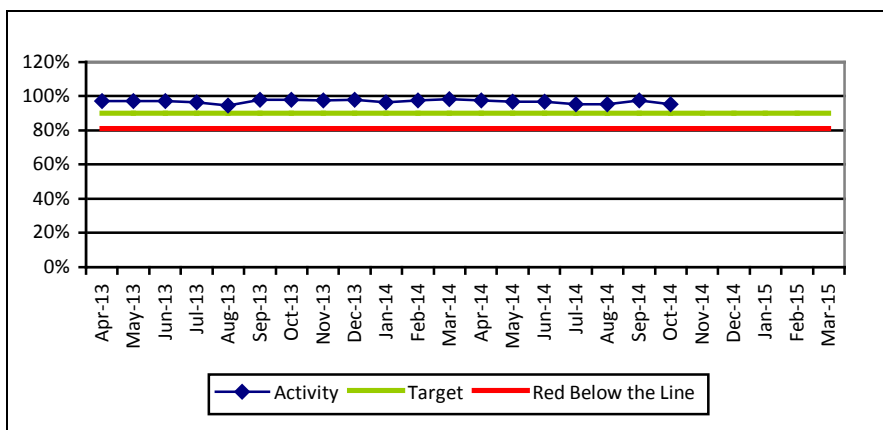
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	64.9%	72.6%	74.8%	77.4%	77.4%	78.5%	67.5%						↓	R



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

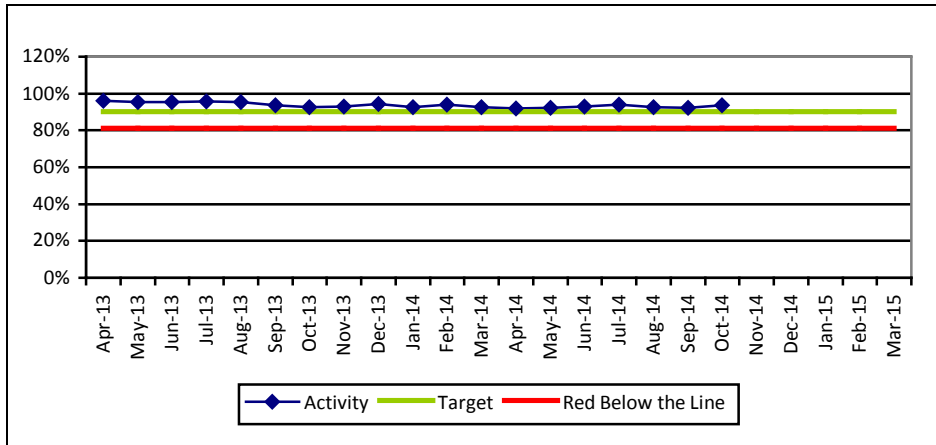
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	97.7%	97.0%	96.7%	95.3%	95.5%	97.5%	95.5%						↓	G



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

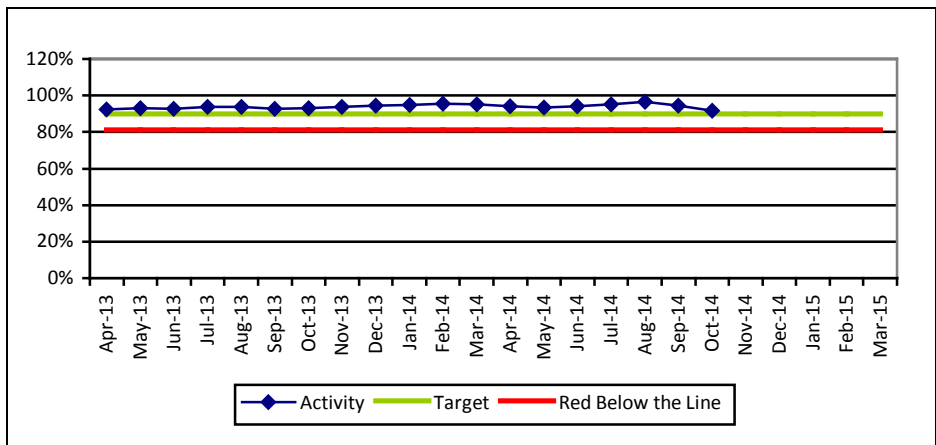
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	91.9%	92.1%	92.8%	93.9%	92.7%	92.4%	93.8%						↑	G



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

Target: Non-Admitted Pathway Linked Performance

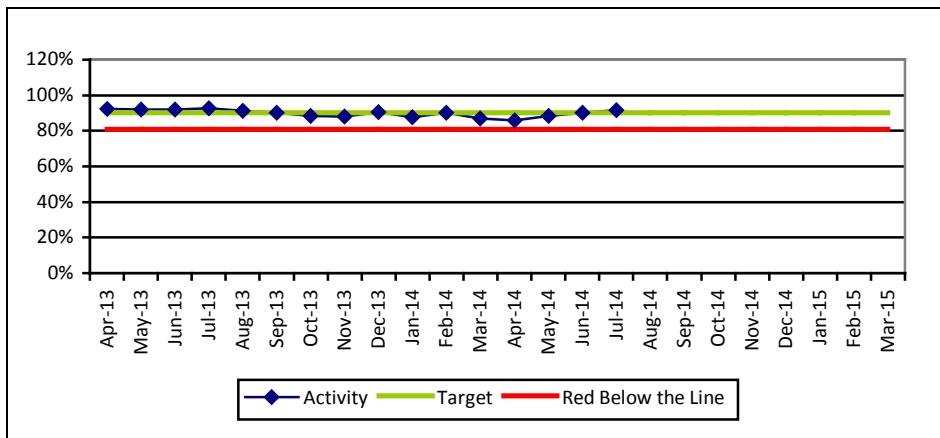
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	94.1%	93.4%	94.0%	95.2%	96.5%	94.5%	91.5%						↓	G



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%	88.4%	90.2%	91.5%	90.4%	90.6%	90.1%						↓	G

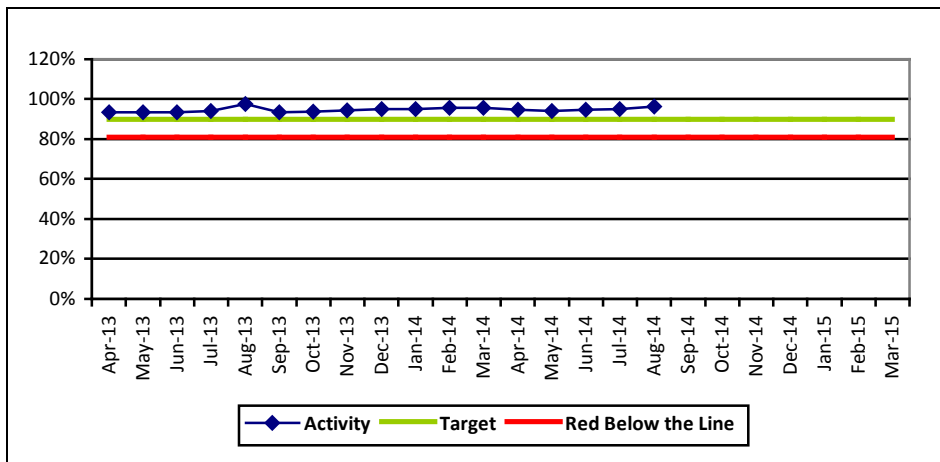


Currently NHS Borders is performing reasonably well against the national target of **90% 18 Weeks Referral to Treatment**, with performance ranging between 87% - 93%. The target has been consistently achieved the last 5 months.

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

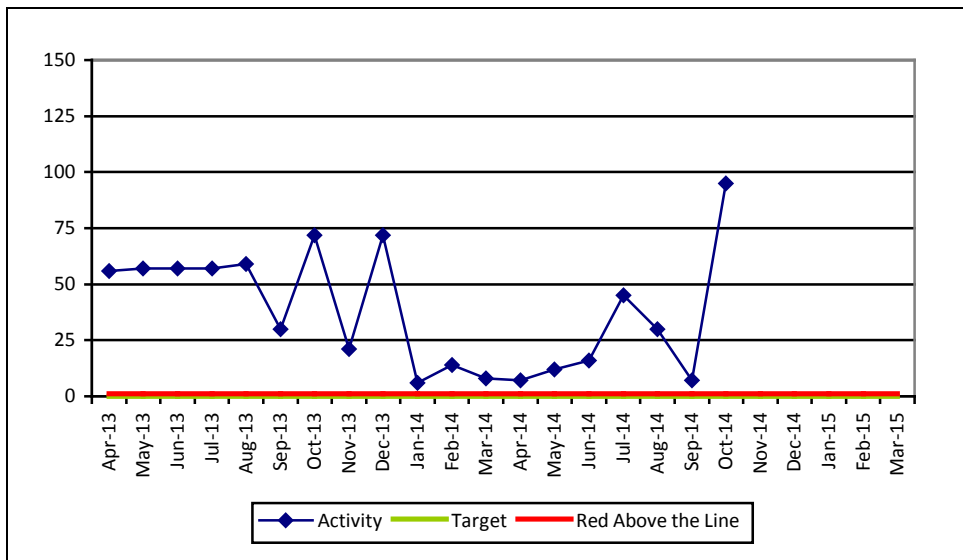
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	90%	90%	94.8%	94.0%	94.7%	95.2%	96.4%	94.9%	92.8%						↓	G



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	12	16	45	30	7	95						↓	R



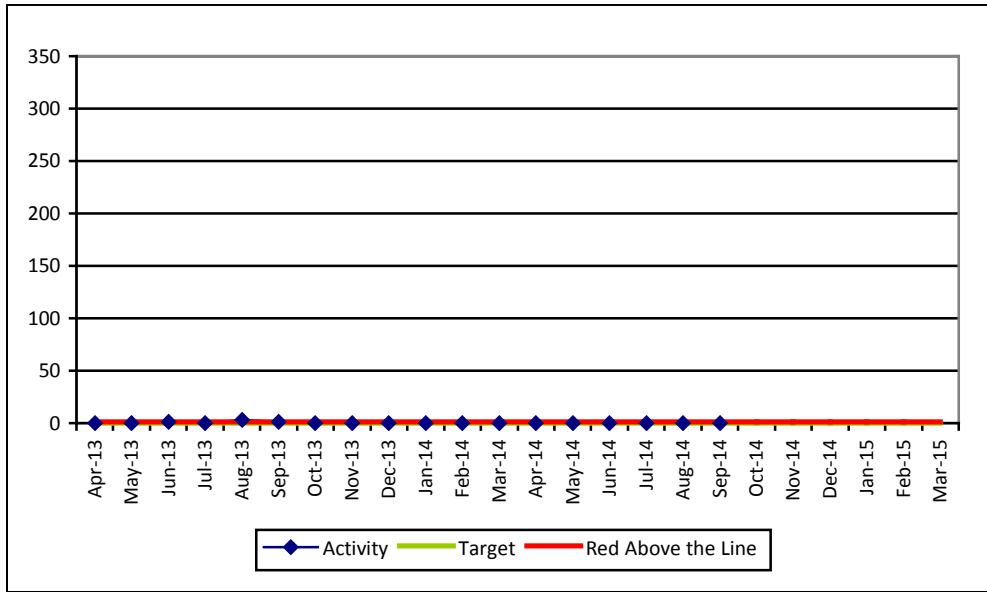
Diagnostic waits over 4 weeks – there have been challenges in MRI scanning and Cystoscopy over the past 6 months. Additional MRI sessions have been established and have improved the MRI waiting times.

There are 9 breaches within cystoscopy this month; this is due to demand exceeding capacity. Waiting times are currently being managed within the service.

23 of the breaches relate to colonoscopy, 20 are CT and 43 are Ultrasound.

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	0	0	0	0	0	-						↔	G

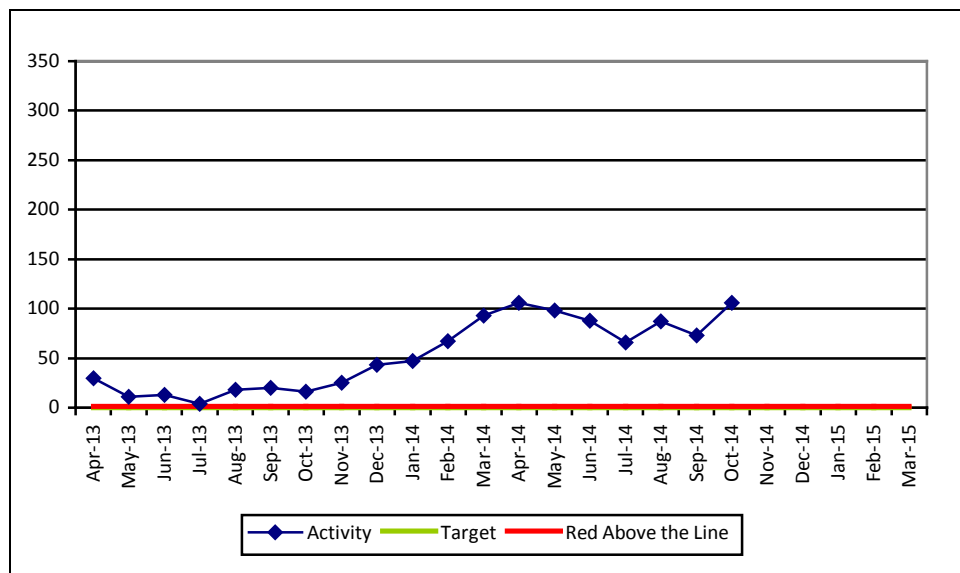


The Child and Adolescent Mental Health Service (CAMHS) continues to meet the target of no waiters over 26 weeks and is currently achieving the stretched target of 18 weeks which is due in December 2014.

Please Note: There is a one month time lag 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	98	88	66	87	73	106						↓	R



Waits over **18 weeks for psychological therapies** continue to be higher than expected.

The largest driver on target performance is the availability of sufficient staff trained in evidence based Psychological Therapies. The small service size does mean that there are greater consequences than larger providers associated with staff vacancies, maternity leave, sickness or other unforeseen absence. The inability to completely fill all vacant Clinical Psychology posts is resulting in these issues.

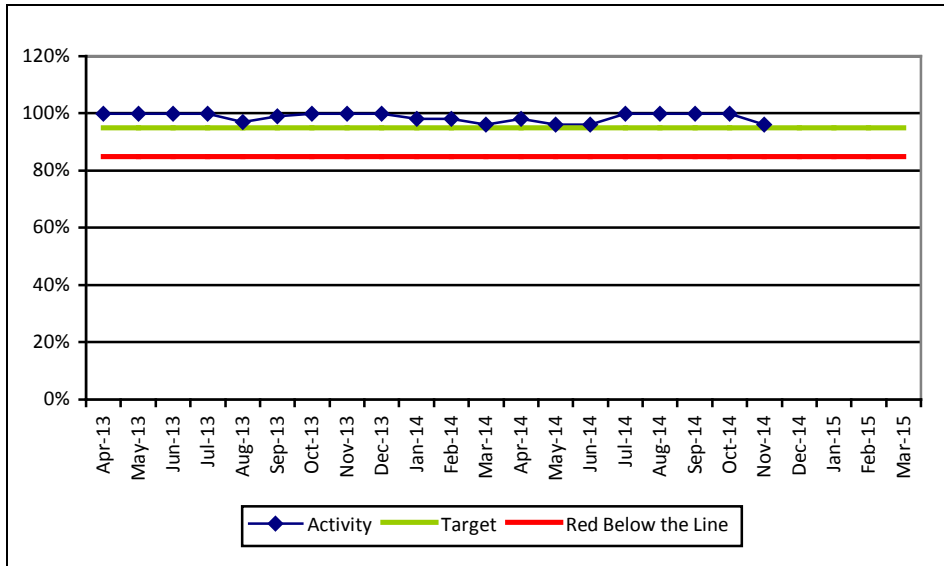
Work is aimed at increasing the number of staff who are delivering Psychological Therapies. As Clinical Psychologists already deliver significant amounts of Psychological Therapy, the approach is focused at escalating this with other Health and Social Care staff groups.

Additionally, the service are investigating the prospect of increasing hours delivered by currently employed staff by going over our funded establishment. This would be a temporary measure in place till March 2015 and financed through salary under spends due to vacancies.

Please Note: August 2014 figure updated as submitted incorrectly as 63, should have been 87

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	90%	90%	98%	96%	96%	100%	100%	100%	96%						↓	G

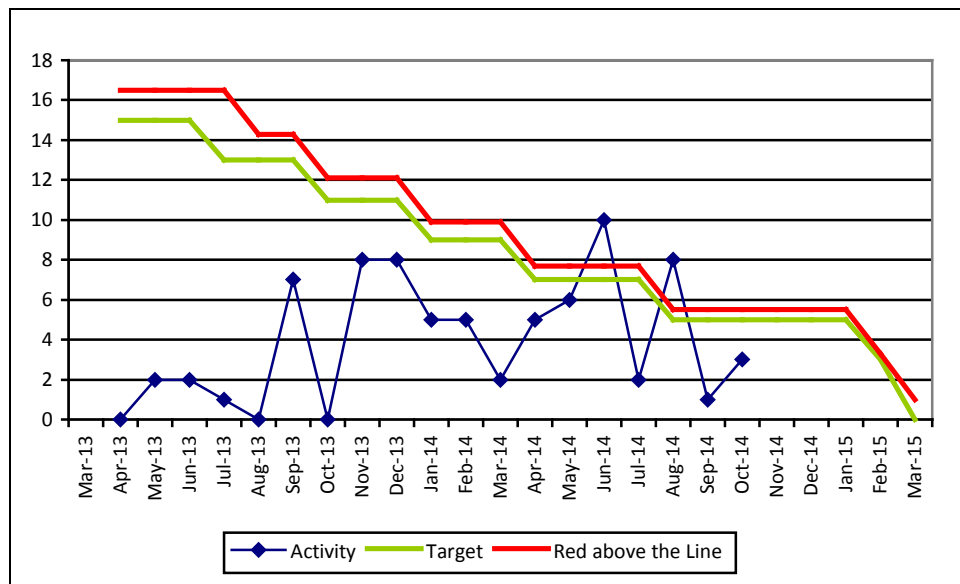


The national target for **90% of all referrals to the drugs and alcohol service to be treated within 3 weeks** is being consistently achieved.

Locally we are monitoring against a stretched target of 95% which is also being 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	5	5	6	10	2	8	1	3						↓	G



Despite performance in June & August 2014, NHS Borders is successfully achieving the trajectory towards **no patients waiting over 14 days to be discharged into an appropriate care environment**.

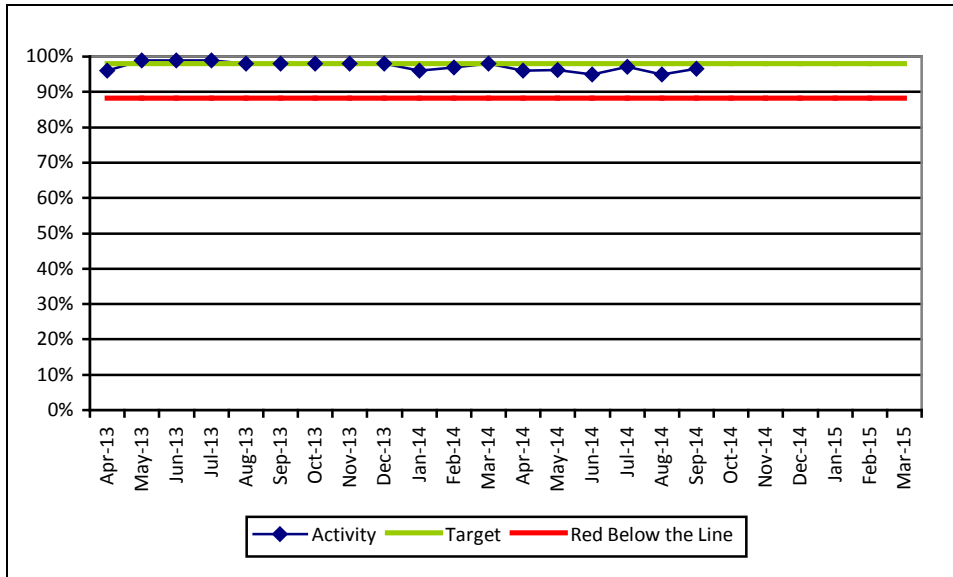
NHS Borders and Scottish Borders Council (SBC) continue to perform well compared to other partnerships in respect of reducing the number of bed days lost due to delayed discharges: currently an average per patient of 16.5 days compared to 21.4 days over the same period last year. Whilst progress in respect of the 2 week target against trajectory has not been without fluctuation the trend remains positive.

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%	96.2%	94.9%	97.1%	94.9%	95.0%	96.9%						↑	A



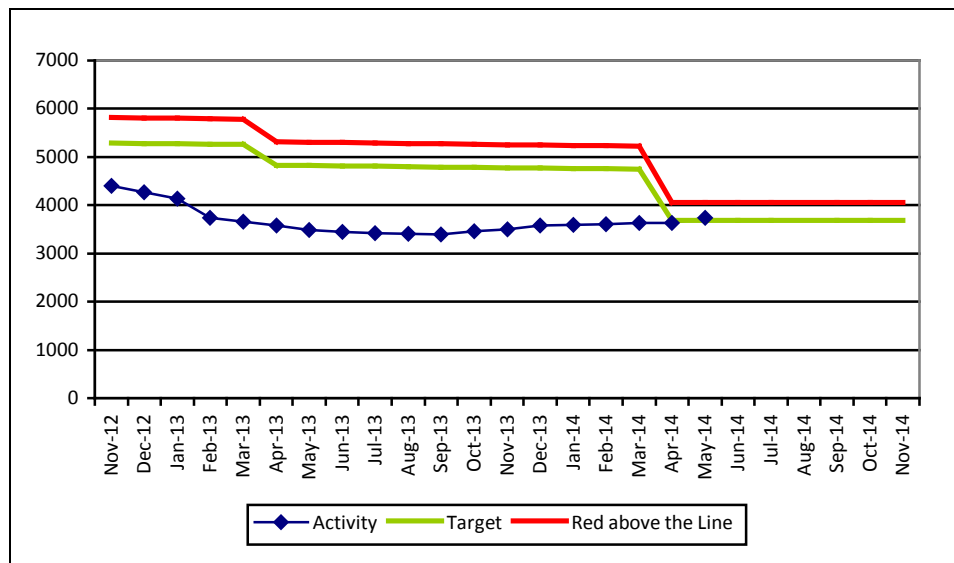
Patients attending **A&E are routinely discharged within 4 hours.** The current HEAT target is for Boards to achieve 95% of attendances discharged within 4 hours by September 2014. NHS Borders have kept the stretch target of 98%. This month saw a reduction to 94.9% of patients being treated within 4 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	Current Month (May 14)	Previous Month (Apr 14)	Performance	Status
Mar 2015	3685	3685	3742	3626	↓	A



The target rate for this measure has been reduced as NHS Borders 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.

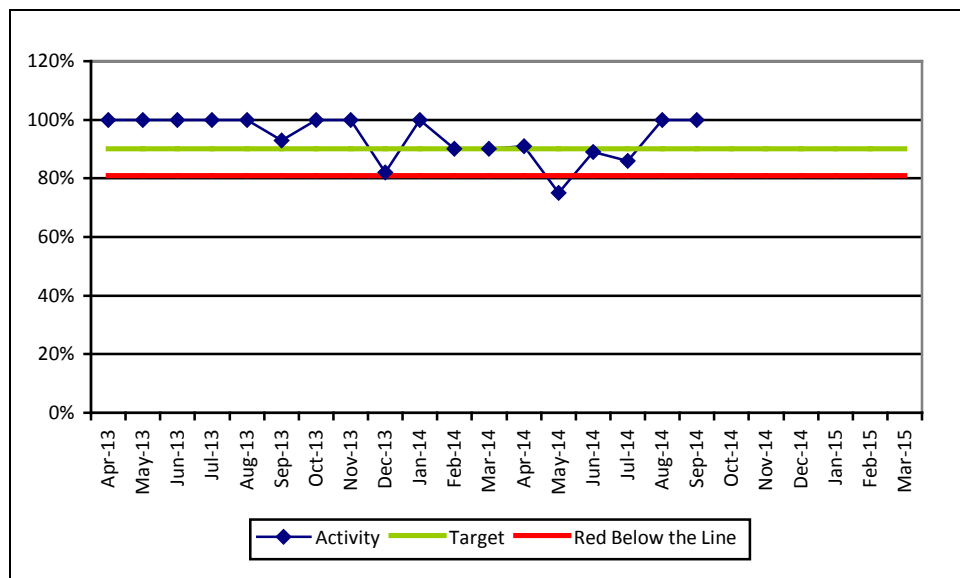
The following actions are planned or underway to improve performance relating to the target:

- 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.

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

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%	91%	75%	89%	86%	100%	100%	-						↔	G



The target for patients being **admitted to the Stroke Unit within 1 day of admission to hospital** has been generally achieved. 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.

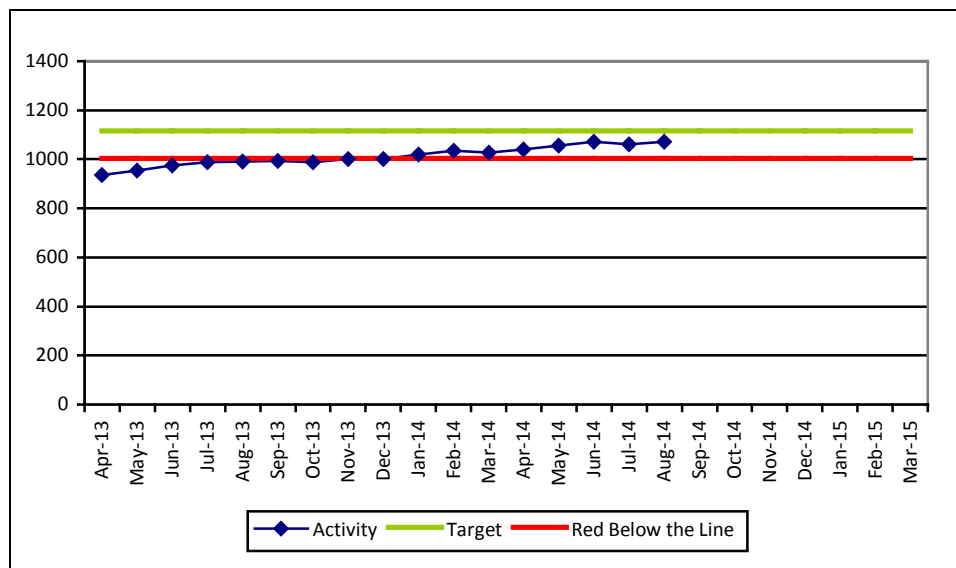
In May 2014 there was a significant drop in the bundle results, these were discussed at the improvement huddle. 3 patients of 12 were not admitted to the stroke unit within 1 day of admission. 2 of these patients were not admitted to the stroke unit as they required telemetry.

A local 4 hour target has been set to enhance the safety aspect of the swallow test and we are in the process of auditing this as early indications of change are evident

Please Note: Due to the time difference between the P&P deadline and the national extract deadline the Local Stroke report will now have a 1 month time lag. These reports are drawn from eSSCA. A data snapshot is taken and used to compile these reports. Routine data collection and amendment usually take place on a daily basis but data for more recent months should be interpreted with caution because delays in data entry may occur or data updates may be made after the snapshot was taken.

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	1055	1072	1062	1071	1090	1083						↓	A



There has been a steady increase in numbers being added to the **Dementia Register** within the financial year, in spite of a significant attrition rate. In September there were 19 patients added to the register however 7 patients were removed from the register in October giving a slight decrease in performance.

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.

The 2014/15 Enhanced Service programme has been designed to support an increase in community dementia case finding. All practices participating in the Care Homes LES are required to use a ratified dementia assessment tool (e.g. MMSE or 6CIT) annually in those without a current dementia diagnosis. Additionally, a Dementia service agreement in place since April 2014 supports case finding by GPs, including reviewing any existing vague or inappropriate cognitive decline codes. These measures combined have led to a significant increasing performance trend in relation to this target. The performance trajectory suggests that the target number of dementia diagnoses, based on the results of the national predictive tool mapping exercise, will be achieved by the end of this financial year as these activities progress.