

Borders NHS Board



NHS BORDERS HEAT PERFORMANCE SCORECARD – APRIL 2015

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 28th February 2015.

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 February 2015.

Areas of strong performance in the Scorecard for the position as at 28th February 2015 are highlighted below:

- The target for pre-operative stay was achieved during December 2014 at 0.15 days against the target of 0.47 (page 10)
- 92.2% of all referrals were triaged online in February 2015, above the target of 90% (page 11)
- Treatment of cancer within 31 days of decision to treat for all patients diagnosed with cancer was delivered for all cases during January 2015 - latest available data (page 15)
- 18 Week RTT non-admitted pathway performance and both admitted and non-admitted linked pathways are performing well above 90% target - February update unavailable at time of reporting (page 17 & 18)
- 18 Weeks RTT combined overall performance continues to perform above the target of 90% - February update unavailable at time of reporting (page 19)
- 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 (page 23)
- Against a trajectory of 3, there were 3 delayed discharges waiting over the 14 days target (page 24)

Areas where performance is outwith the tolerance of 10% in the Scorecard for the position as at 28th February 2015 are highlighted below:

- Smoking cessation 12 weeks successful quits did not achieve the trajectory of 171, successful quits at the end of December 2014. 59 quits were reported (page 7)
- New patient DNA rate was 4.8% which is higher than the target of 4% however an improvement on the previous 2 months (page 8)
- eKSF and PDPs recorded did not meet the trajectory in February 2015, reporting 56.0% and 45.9% respectively (page 12 & 13)
- In February 2015 the overall sickness absence rate for NHS Borders was 4.69% which is outwith the target of 4% (page 14)
- Treatment of cancer within 62 days for urgent referrals of suspicion of cancer was delivered for 83.8% of cases during January 2015 - latest available data (page 15)
- Inpatient and outpatient waits over 12 weeks are 52 and 497 respectively against a target of 0 patients (page 16)
- 18 Week RTT Admitted Pathway Performance for December 2014 was 76.5% which is outwith the target of 90% - February update unavailable at time of reporting (page 17)
- 12 breaches of the 4 week diagnostic waiting time were reported in February 2015 (page 20)
- 2 patients waited over 18 weeks within the Child and Adolescent Mental Health Service in January 2015 - latest available data (page 21)
- 38 breaches were reported against a target of 0 psychological therapy waits over 18 weeks (page 22)
- During January 2015 (latest available data) 64% of patients were admitted to the Stroke Unit within 1 day of admission, against a target of 90% (page 27)

December 2014 was the target date to deliver no Psychological Therapy waits over 18 weeks and no Child and Adolescent Mental Health waits over 18 weeks. NHS Borders reported 75 breaches of the Psychological Therapy target in December, 46 in January and 38 in February and 2 breaches each month during December & January 2015 of the Child and Adolescent Mental Health target. The service is developing a plan and a timeline to meet the target and an update will be provided to the Board Executive Team.

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 April 2015 HEAT Performance Scorecard (February 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

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Author(s)

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Month

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**HEAT
PERFORMANCE
SCORECARD**

As at 28th February 2015

April 2015

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

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 ↔	G ↓	G ↑	G ↔	R ↓	-	
Diagnosis of dementia	A ↑	A ↑	A ↑	A ↑	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 is reported quarterly to allow monitoring of the 12 week quit period.

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

³ Reporting tool for e-KSF Reviews and PDP's is not working, this problem has been raised at National Level.

⁴ One month lag as data is supplied nationally.

⁵ February data unavailable at the time of reporting

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 Data is provisional. 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.

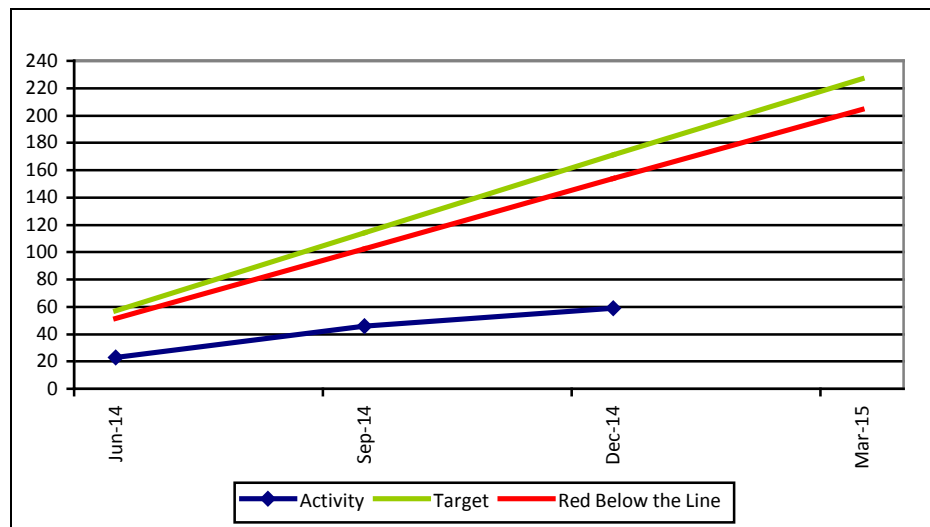
⁹ Please Note: SABs & CDiff targets are reported via the Director of Nursing's regular Healthcare Associated Infection and Prevention report to the Board.

DASHBOARD OF HEAT TARGETS

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

Target Date	2014/15 Target	Current Target	Jun 14	Sep 14	Dec 14	Mar 15	Performance	YTD
Maintain	227	171	23	46	59		↑	R

Please Note: All figures are cumulative. Data is reported quarterly to allow monitoring of the 12 week quit period. There is a 4 month lag time for reporting to allow monitoring of the 12 week quit period.



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;

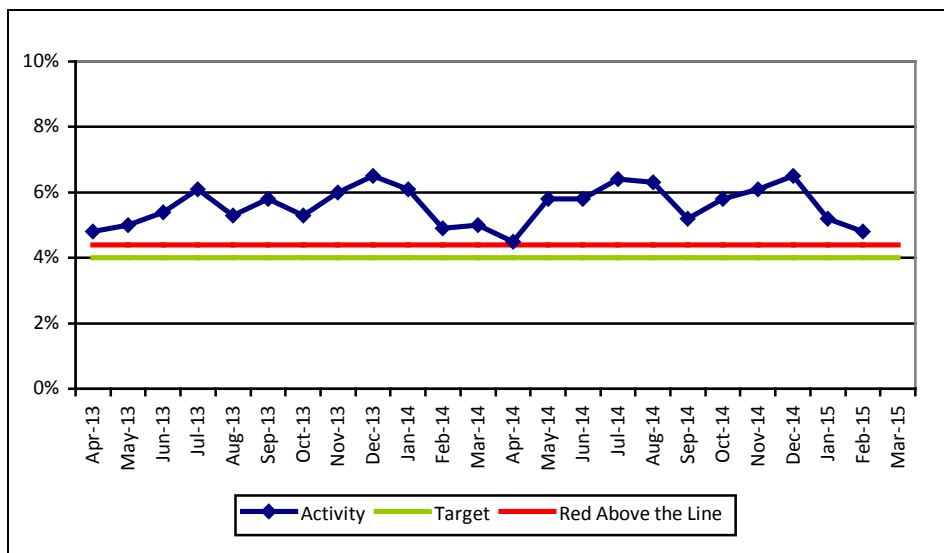
- It is the first time that we are being asked to report on 12 week quit rates
- Referrals into the service show a decrease due to the impact of e-cigarettes.

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%	6.1%	6.5%	5.2%	4.8%		↑	R



DNA rates have improved since December 2014.

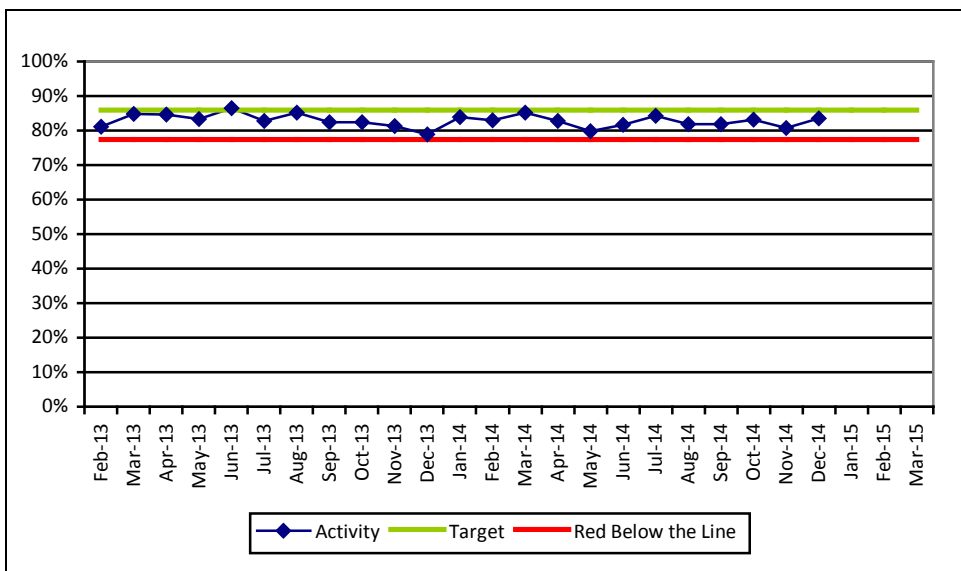
Various actions are planned to continue to reduce the number of patients who fail to attend new outpatient appointments without notification, these include:

- 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%	81.9%	83.1%	80.7%	83.6%	-	-		↑	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.

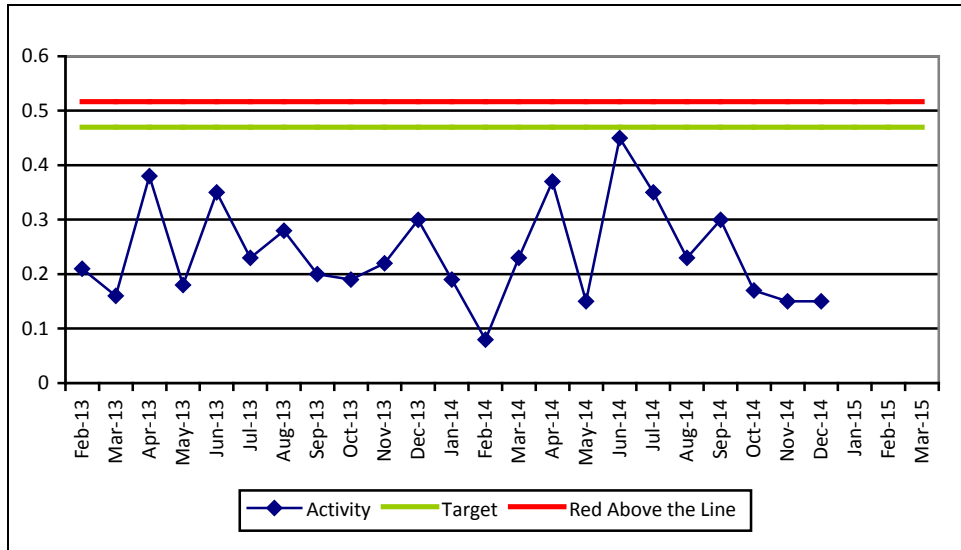
In addition, performance has exceeded the overall BADS* performance target of 78%, which is based on an assessment of actual case mix in the Borders. Current challenges in achieving the target are in Urology.

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	0.30	0.17	0.15	0.15	-	-		↔	G

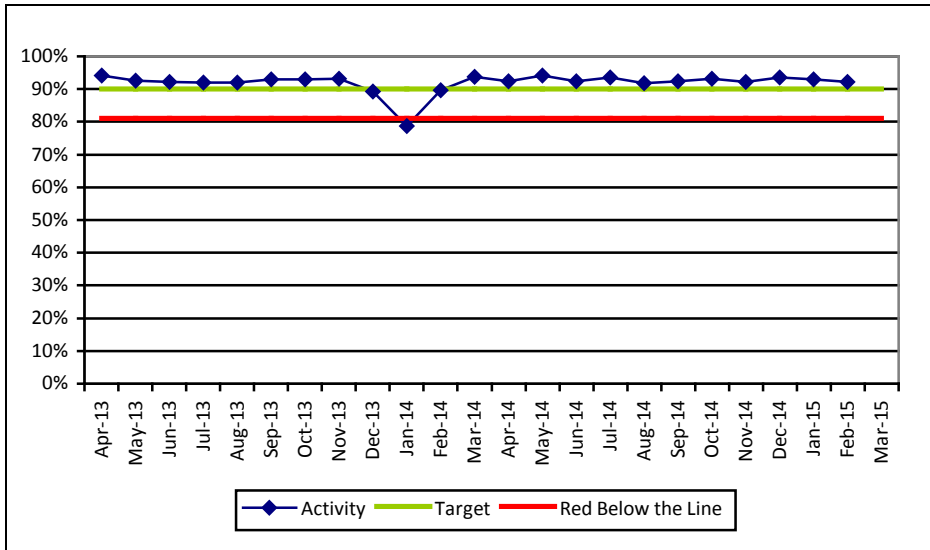


Pre-operative inpatient stays in hospital continue to be low, supported by a rigorous pre-assessment process and a dedicated Planned Surgical Admission Unit which patients can attend at 7.30am to be prepared for surgery on the day. Performance has consistently been within the target with **pre-operative length of stay** remaining 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%	92.1%	93.6%	92.9%	92.2%		↓	G



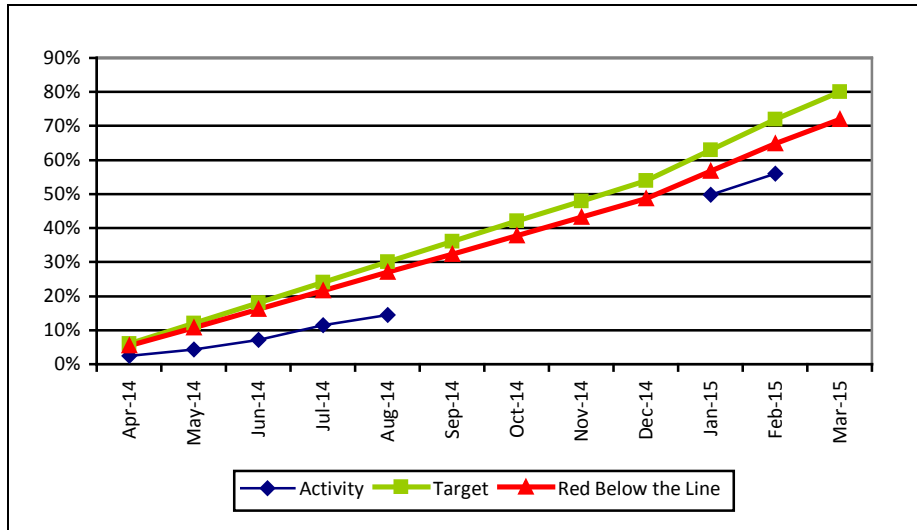
Overall the level of **online eTriage of referrals** has been above the Trajectory for the last financial year. This trend continues in February 2015. Since April 2014 it has been possible for optometrists to speed up these referrals by electronically submitting these to the Borders Eye Centre. This is a contributory factor in maintaining the performance above 90%.

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%	72%	2.4%	4.4%	7.2%	11.4%	14.4%	- ¹	- ¹	- ¹	- ¹	49.8%	56.0%		↑	R

¹ National reporting tool for e-KSF Reviews and PDP's unavailable.

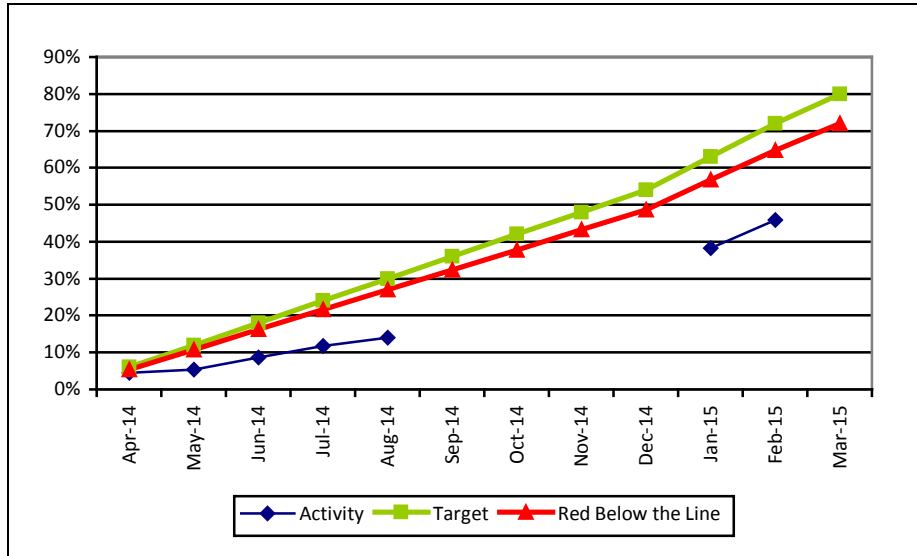


The target for recording **annual Joint Development Reviews (JDRs) on eKSF** starts at the beginning of each financial year. If the trajectory through the year is followed the target of 80% of JDRs being recorded will be achieved. Achievement towards the target started slowly but each Clinical Board 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%	72%	2.9%	5.4%	8.6%	11.8%	14.1%	- ¹	- ¹	- ¹	- ¹	38.2%	45.9%		↑	R

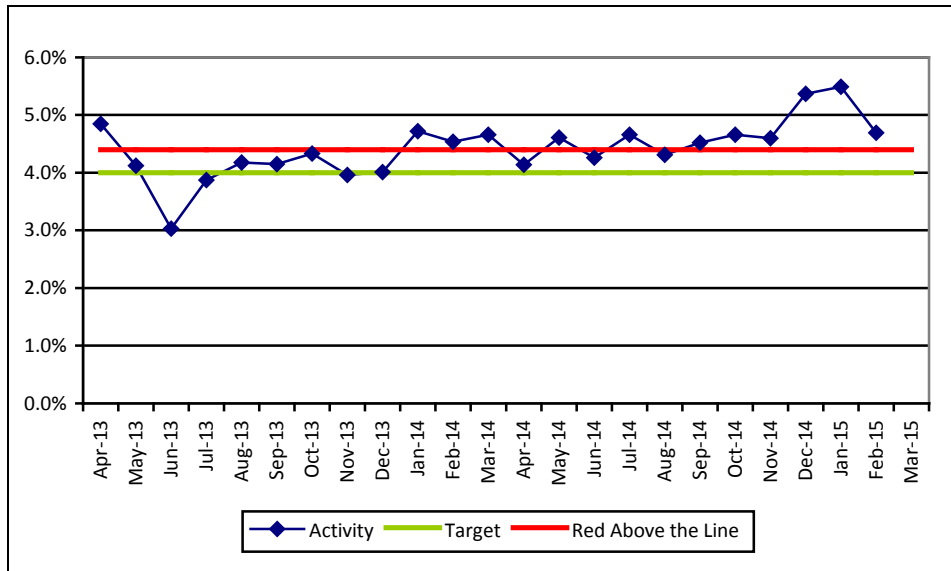
¹ National reporting tool for e-KSF Reviews and PDP's unavailable.



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 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%	4.60%	5.37%	5.49%	4.69%		↑	R

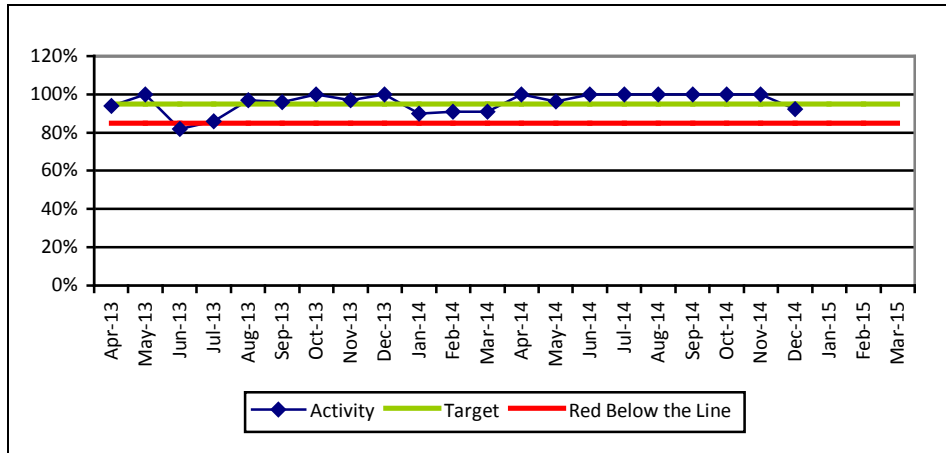


The Employee Relations Team send out the monthly Reports that are agreed with the service to assist them in managing **sickness absence**. These are presented to Clinical Boards via Performance Scorecards.

Refresher Sickness Absence Training for line managers is ongoing 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%	100%	100%	92.3%	83.3%	-		↓	R



This target, to **see patients with a suspicion of cancer within 62 days** has been consistently achieved during the financial year with the exception of January 2015.

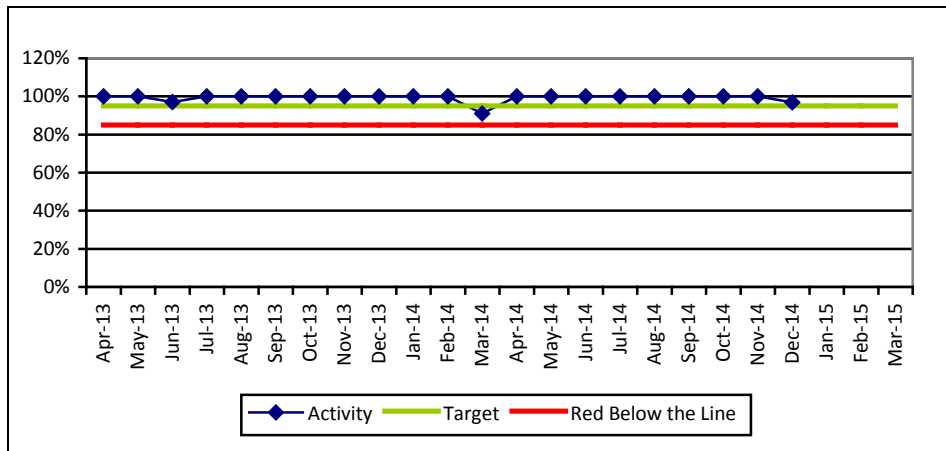
The service experienced a high number of 62-day breaches in January. No further breaches are predicted in February or March. However, because of the small number of patients we treat each month, we are not expecting to be able to achieve a 95% performance for Quarter 1 2015. We are predicting approximately 93.68%.

An action plan is in place to address the issues that have resulted in this position.

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%	100%	100%	100%	96.8%	-		↓	G

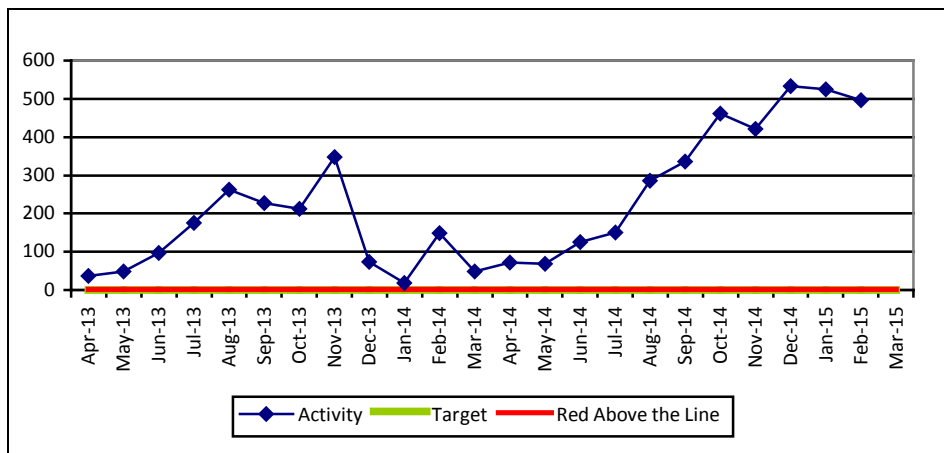


This target, to **treat patients with cancer within 31 days of diagnosis** has been consistently achieved over the last year.

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	421	533	525	497		↑	R



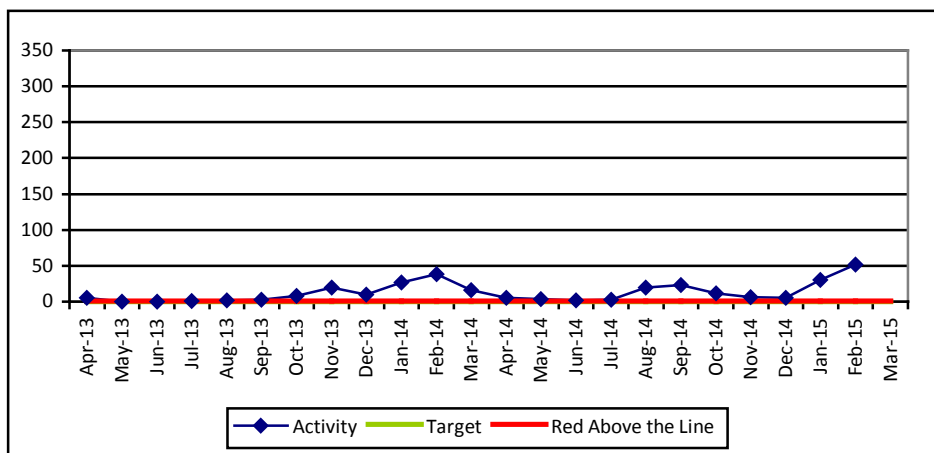
Performance towards the Stage of Treatment target for patients to be **seen at an outpatient appointment within 12 weeks** has been mixed throughout the year. Increases in patients waiting over 12 weeks are predominantly in ENT, Gastroenterology and Orthopaedic Surgery. A third ENT consultant commenced in mid-January and will ensure that capacity matches demand. Additional private provider weekend clinics are planned to reduce numbers over 9 and 12 weeks to zero by May 2015.

Within Gastroenterology additional locum support is planned.

A trajectory is in place to meet the HEAT standard during 2015/16.

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	6	5	30	52		↓	R

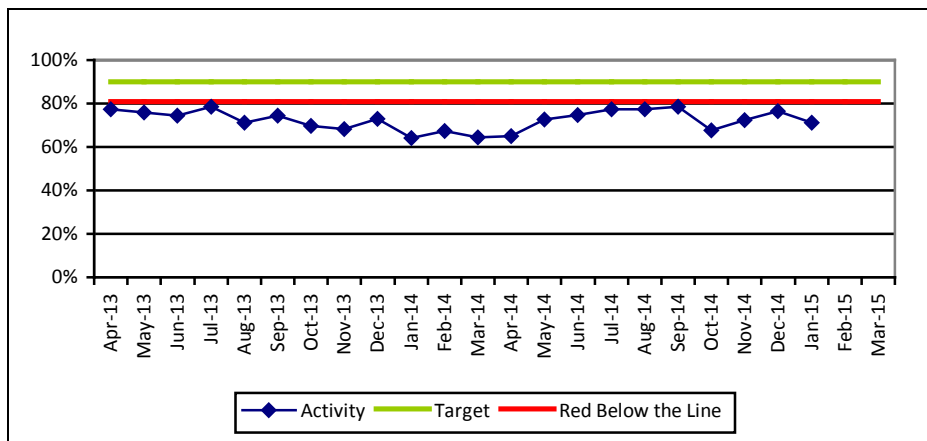


The Stage of Treatment target for patients to be **treated within 12 weeks of their referral** had been broadly met over the year. The breaches during February consist of General Surgery and Orthopaedics patients.

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%	72.4%	76.5%	71.3%	- ¹		↓	R

¹ February data unavailable at the time of reporting

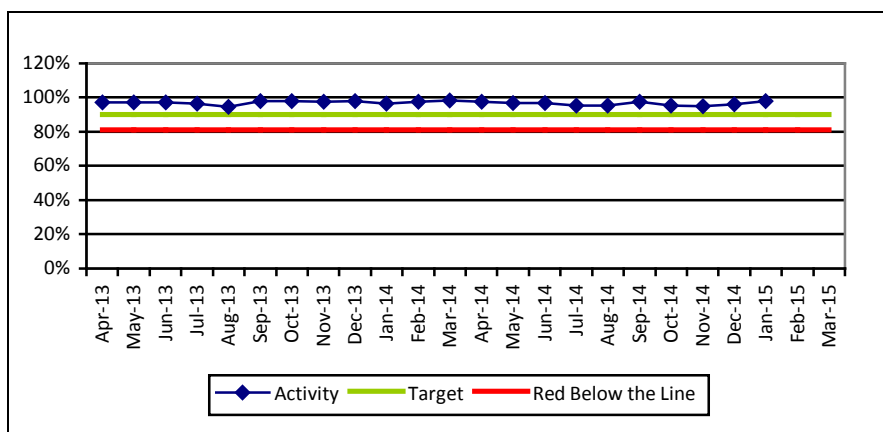


Admitted pathway performance towards 18 weeks Referral to Treatment remains under target. An action plan is in place to reverse this trend. Risks to achievement are particularly in Orthopaedics and Ear, Nose and Throat.

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%	95.0%	96.0%	97.9%	- ¹		↑	G

¹ February data unavailable at the time of reporting

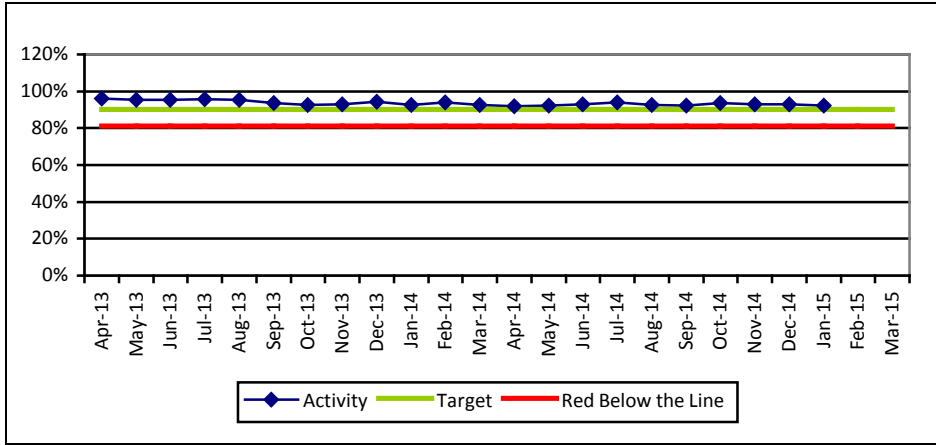


Performance for the **linked pathway** is consistently above 90%

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%	92.8%	92.9%	92.3%	- ¹		↓	G

¹ February data unavailable at the time of reporting

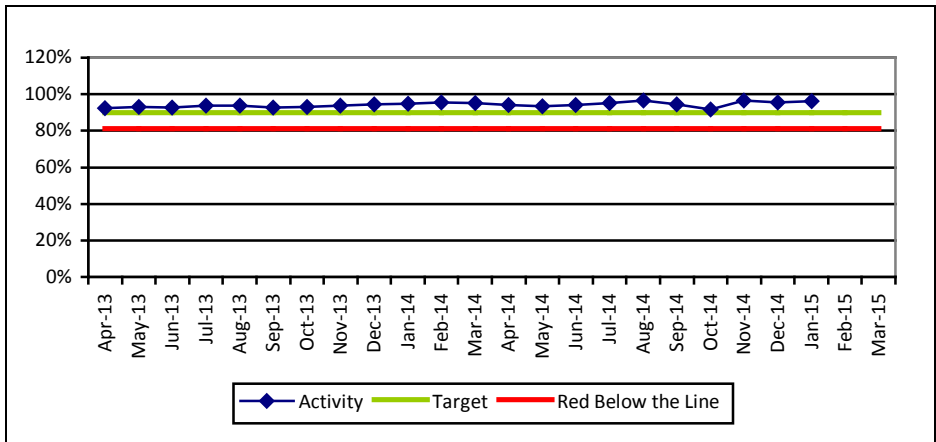


Performance for **non-admitted pathways** is consistently above 90%.

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%	96.6%	95.6%	96.1%	- ¹		↑	G

¹ February data unavailable at the time of reporting

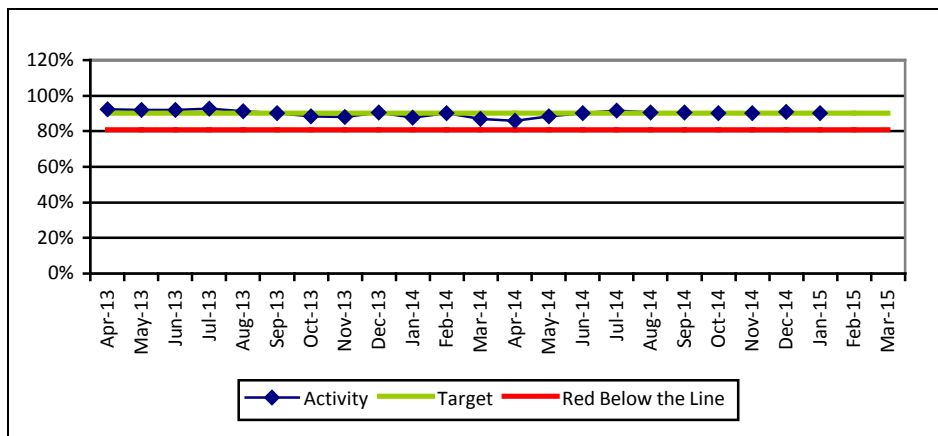


Performance for **non-admitted linked pathways** is consistently above 90%.

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%	90.4% ¹	90.6% ¹	90.2%	91.5%	90.4%	90.6%	90.1%	90.0%	90.8%	90.1%	- ¹		↓	G

¹ February data unavailable at the time of reporting



Currently NHS Borders continues to achieve above the 90% combined RTT standard.

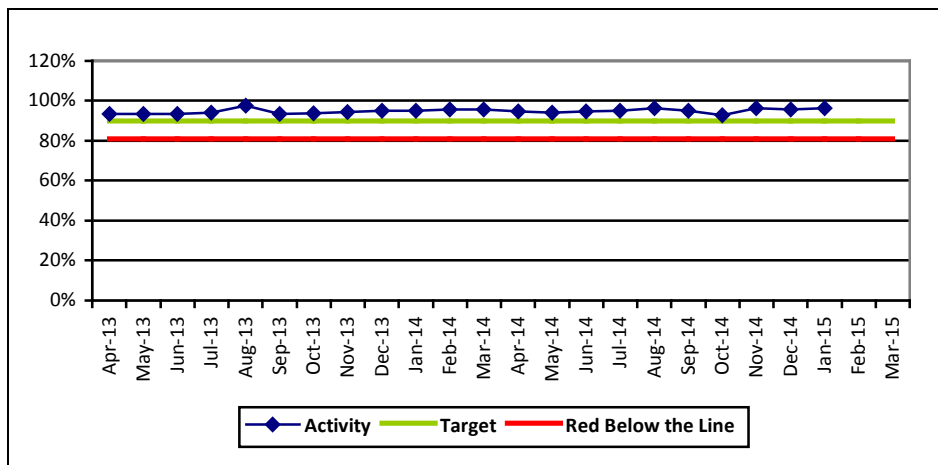
The most significant current risks to continued delivery are related to long waits in ENT and GI non-admitted and within Orthopaedics and General Surgery admitted pathways.

These risks are being managed within actions to deliver the 12-week stage of treatment standards

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%	96.4%	95.6%	96.2%	- ¹		↑	G

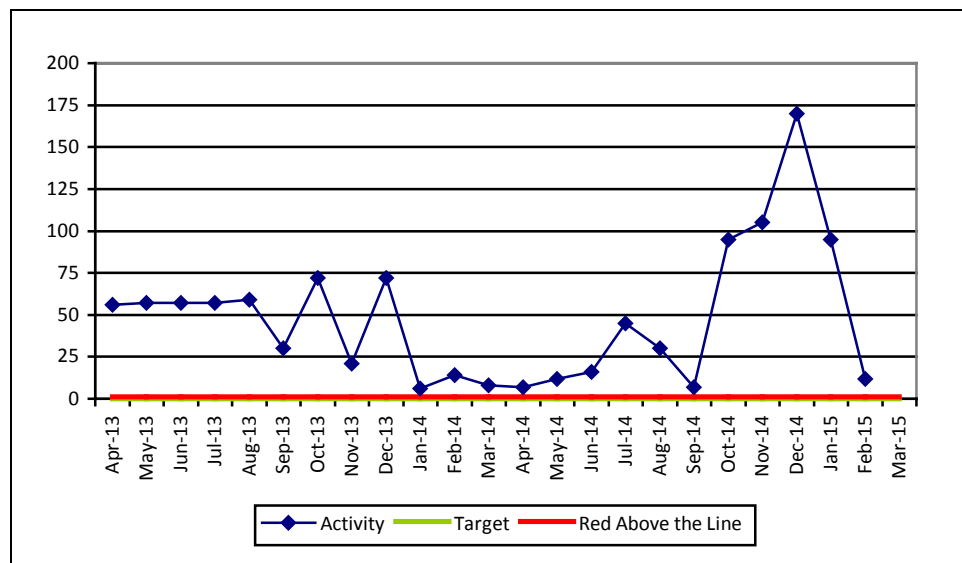
¹ February data unavailable at the time of reporting



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	105	170	95	12		↑	R



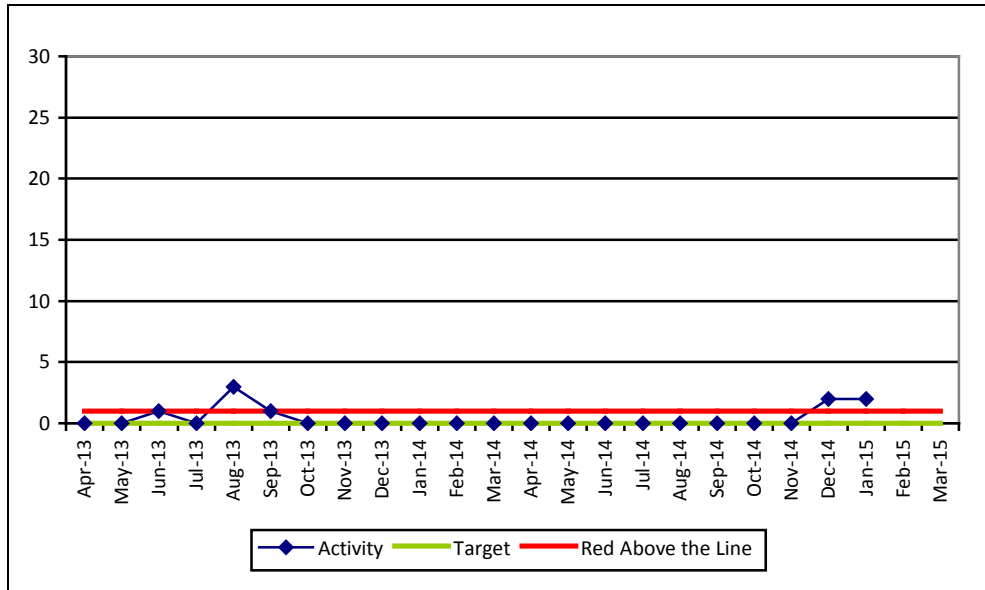
Ongoing actions are evident with the vast reduction in patients waiting over 4 weeks for diagnostics with February 2015 reporting 9 Colonoscopy and 3 CT breaches.

- **Colonoscopy** arrangements to increase the number of lists commenced in February which is a factor in the improved position. Short-term locum support is being sought for April or May to enable extra lists to be undertaken and waiting times to be reduced to a sustainable level. The situation is being monitored weekly with the clinicians to address capacity issues.
- **Cystoscopy** performance continues to be challenging. This appears to be related to variation in activity due to consultant annual leave resulting in breaches on occasions. A weekly demand and capacity monitoring tool is being developed and arrangements are in hand to put in place ad-hoc additional lists to reduce waits.
- **Ultrasound.** As reported in the October Board report, capacity continues to be impacted by maternity leave and other absences. Additional locum support is in place and weekend lists were being undertaken in January and February. This has improved the position with 0 breaches in February 2015. Detailed work to identify short and long-term solutions is being initiated.

Trajectories for all three diagnostic test areas are in development and should be available in March 2015.

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	0	0	2	2	-		↔	R

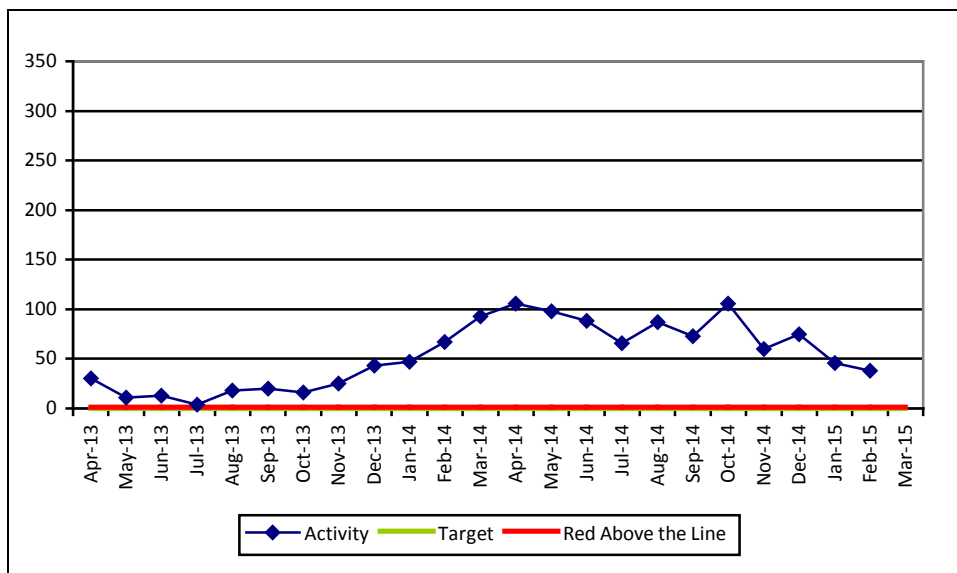


The Child and Adolescent Mental Health Service (CAMHS) continues to meet the target of no waits over 26 weeks however there have been 2 breaches of the stretched target of 18 weeks. This is due to a higher than normal referral rate & staff absence within the team.

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

Target: No Psychological 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	60	75	46	38		↑	R



Waits over **18 weeks for psychological therapies** remain higher than expected, however performance continues to improve.

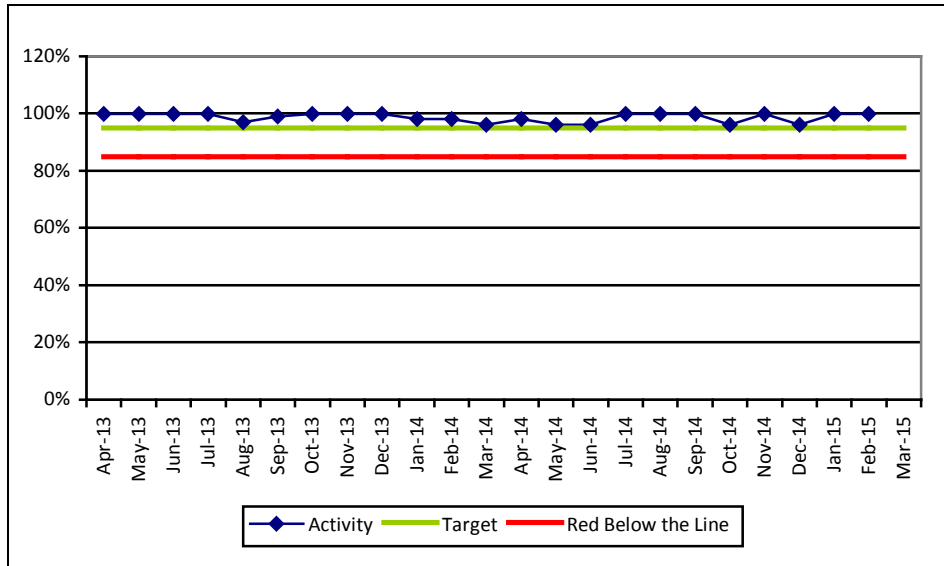
The largest driver on target performance is the availability of sufficient staff trained in evidence based Psychological Therapies. The small service size does mean that there are greater consequences than larger providers associated with staff vacancies, maternity leave, sickness or other unforeseen 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 has increased hours delivered by currently employed staff by going over our funded establishment. This is a temporary measure in place until March 2015 and financed through salary under spends due to vacancies.

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%	100%	96%	100%	100%		↔	G

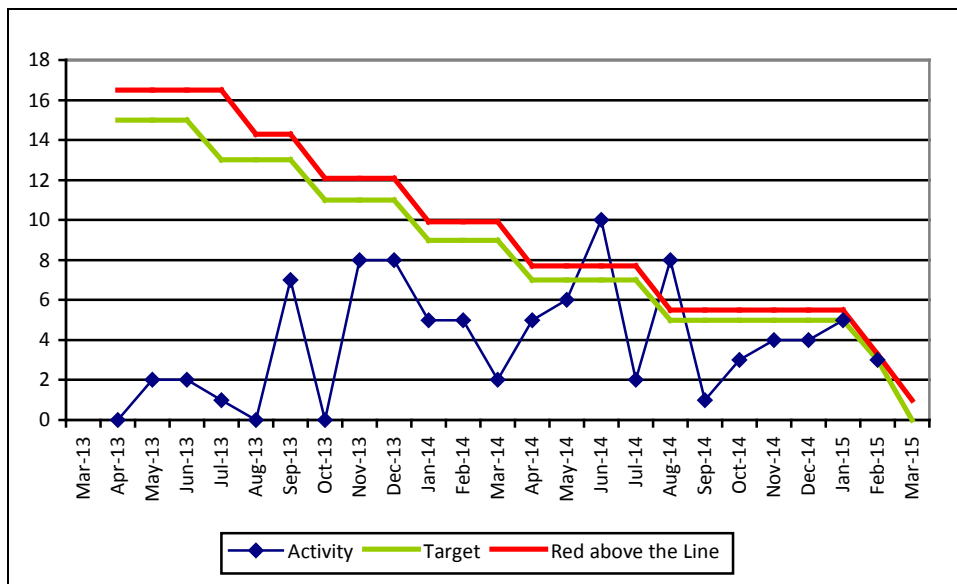


The national target for **90% of all referrals to the drugs and alcohol service to be treated within 3 weeks** is being consistently achieved.

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	3	5	6	10	2	8	1	3	4	4	5	3		↑	G



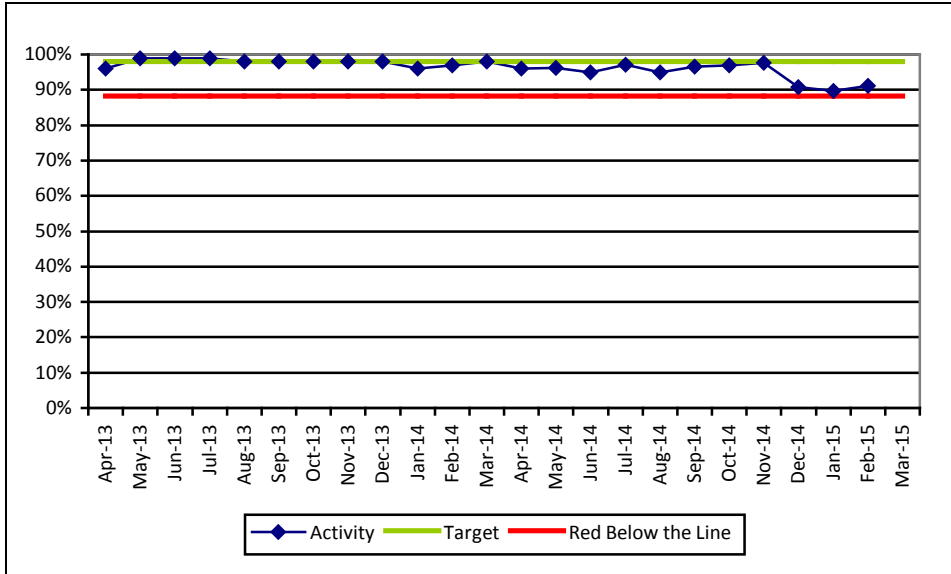
Despite performance in June & August 2014, NHS Borders is successfully achieving the trajectory towards **no patients waiting over 14 days to be discharged into an appropriate care environment**. Whilst progress in respect of the 2 week target against trajectory has not been without fluctuation the trend remains positive. As March approaches the service are on track to meet the target.

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

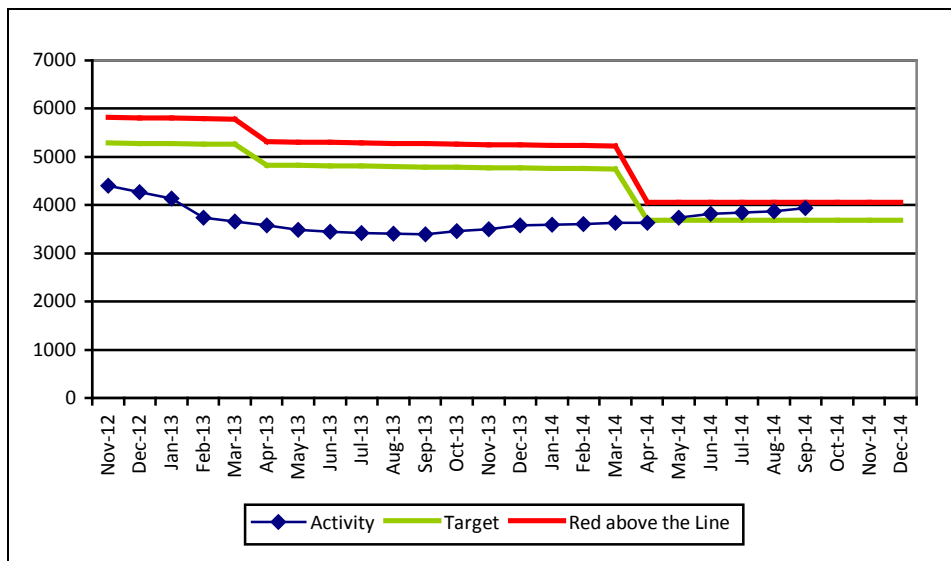
Target Date	2014/15 Target	Current Target	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Performance	YTD
Maintain	98%	98%	96%	96.2%	94.9%	97.1%	94.9%	95.0%	96.9%	97.7%	90.7%	89.7%	91.2%		↑	A



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. NHS Borders has kept the stretch target of 98%. Although outwith the 95% target, February 2015 reports an improved position compared to December and January.

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

Target Date	2014/15 Target	Current Target	Current Month (Sep 14)	Previous Month (Aug 14)	Performance	Status
Mar 2015	3685	3685	3936	3865	↓	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.

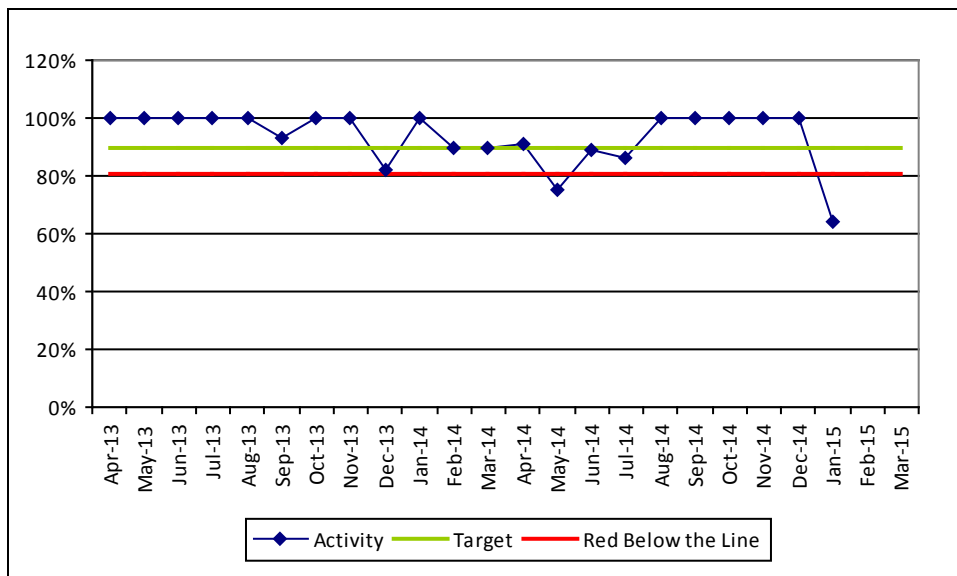
The following actions are planned or underway to improve performance relating to the target:

- 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%	100%	100%	100%	64%	-		↓	R



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.

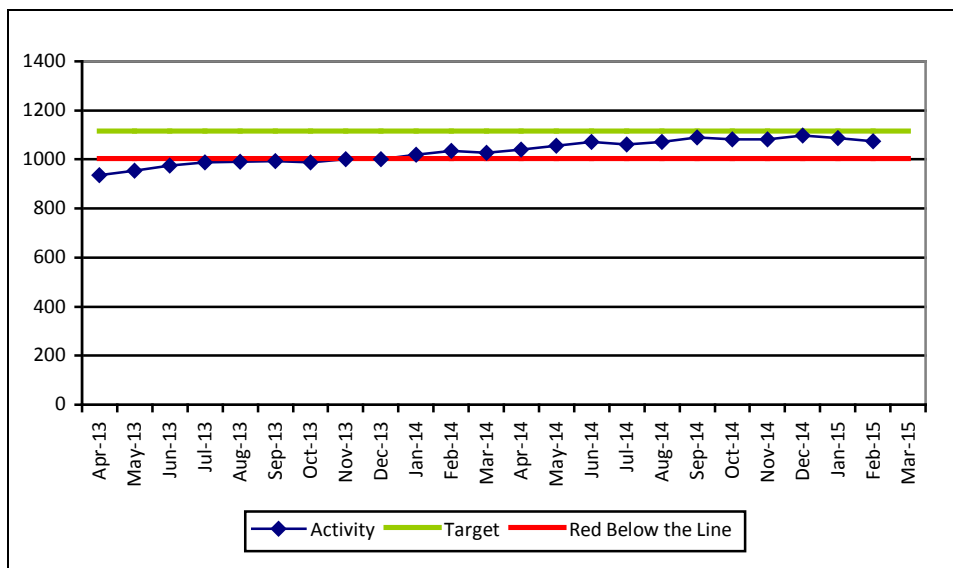
There has been a decrease in performance in January 2015 due to the unavailability of beds within the Stroke Unit and community hospitals. For those patients not admitted to the Stroke Unit within 1 day, all other bundle results were completed within the agreed time period.

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	1081	1098	1086	1075		↓	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.

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.