Borders NHS Board

NHS BORDERS HEAT PERFORMANCE SCORECARD – JUNE 2015

Aim

This paper aims to update the Board with NHS Borders latest performance towards the 2015/16 National Health Efficiency Access & Treatment (HEAT) standards, as set out in NHS Borders Local Delivery Plan. The attached HEAT Performance Scorecard shows performance as at 30th April 2015.

Background

Strong Performance Management remains a key priority across NHS Borders to ensure robust monitoring of key local and national standards 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 2015.

Areas of strong performance in the Scorecard for the position as at 30th April 2015 are highlighted below:

- The standard for pre-operative stay was achieved during February 2015 (latest available data) 0.33 days against the standard of 0.47 (page 11)
- 93.2% of all referrals were triaged online in April 2015, above the standard of 90% (page 12)
- Treatment of cancer within 31 days of decision to treat for all patients diagnosed with cancer was delivered for all cases during March 2015 - latest available data (page 16)
- Treatment of cancer within 62 days for urgent referrals of suspicion of cancer was delivered for all cases during March 2015 - latest available data (page 16)
- 18 Week RTT non-admitted pathway performance and both admitted and non-admitted linked pathways are performing well above 90% target in April 2015 (page 18 & 19)
- 18 Weeks RTT combined overall performance continues to perform above the standard of 90% (page 20)
- The Alcohol/Drug referrals into treatment within 3 weeks has achieved the national standard of 90% and the local stretched target of 95% throughout this financial year (page 24)
- There were no delayed discharges waiting over the 14 days standard (page 25)
- During March 2015 (latest available data) 91% of patients were admitted to the Stroke Unit within 1 day of admission, against a standard of 90% (page 28)

Areas where performance is outwith the tolerance of 10% in the Scorecard for the position as at 30th April 2015 are highlighted below:

- New patient DNA rate was 5.3% which is higher than the standard of 4% (page 9)
- eKSF and PDPs recorded did not meet the trajectory in April 2015, reporting 1.67% and 4.00% respectively (page 13 & 14)
- In April 2015 the overall sickness absence rate for NHS Borders was 4.27% which is outwith the standard of 4% but a significant improvement since December 2014 (page 15)
- Inpatient and outpatient waits over 12 weeks are 17 and 350 respectively against a standard of 0 patients (page 17)
- 18 Week RTT Admitted Pathway Performance for April 2015 was 72.2% which is outwith the standard of 90% (page 18)
- 28 breaches of the 4 week diagnostic waiting time were reported in April 2015 (page 21)
- 11 patients waited over 18 weeks within the Child and Adolescent Mental Health Service in March 2015 - latest available data (page 22)
- 33 breaches were reported against a standard of 0 psychological therapy waits over 18 weeks (page 23)

The format of the HEAT scorecard is unchanged for the 2015/16 financial year. There has been one addition, Alcohol Brief Interventions, which is a new HEAT Standard for 2015/16. The Local Delivery Plan (LDP) outlines HEAT Standards where as in the past the LDP focused largely on the delivery of the HEAT targets set by the Scottish Government. From 2015/16 these targets are to be known as LDP Standards. These Standards will continue to be closely monitored to maintain performance. Planning & Performance are will engage with the Board later in the year to agree the reporting format of the standards in 2016/17.

Summary

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

Recommendation

The Board is asked to **note** the June 2015 HEAT Performance Scorecard (April 2015 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 standards, 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 standards will require that Lead Directors, Managers and Clinicians comply with Board requirements
Resource/Staffing Implications	The implementation and monitoring of standards will require that Lead Directors, Managers and Clinicians comply with Board requirements

Approved by

Name	Designation	Name	Designation
June Smyth	Director of Workforce & Planning		

Author(s)

Name	Designation	Name	Designation
Carly Lyall	Planning & Performance Officer		

Month

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NHS Borders

HEAT PERFORMANCE SCORECARD

As at 30th April 2015

June 2015

Planning & Performance

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INTRODUCTION

DASHBOARD OF HEAT STANDARDS

The Dashboard of HEAT Standards shows the performance of each standard 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 standard by 11% or greater
A	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Exceeds the standard by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory set	Overachieves, meets or exceeds the standard, or rounds up to standard

So that the direction of travel towards the achievement of the standard 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 Standards

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 standards for the year which fit with the Government's health objectives. The Local Delivery Plan for 2015/16 sets out the HEAT Standards for NHS Borders.

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.

Performance on the HEAT standards are detailed within in this report. The following table summarises the achievements for the financial year 2015/16 to date, the arrows indicate performance and direction of travel towards achieving the standards compared to the 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]	-											
Alcohol Brief Interventions [2]	A -											
New patient DNA rate	R ↓											
Same day surgery [3]	-											
Pre-operative stay [3]	-											
Online Triage of Referrals	G ↑											
eKSF annual reviews complete [4]	R -											
PDP's Complete [4]	R -											
Sickness Absence Reduced	A ↑											
Treatment within 62 days for Urgent Referrals of Suspicion of Cancer [5]	-											
Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer [5]	-											

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	G ↑											
Combined Performance Linked Pathway	G ↓											
4 Week Waiting Target for Diagnostics	R ↓											
No CAMHS waits over 18 wks [6]	-											
No Psychological Therapy waits over 18 wks	R ↑											
90% of Alcohol/Drug Referrals into Treatment within 3 weeks	G ↑											
No Delayed Discharges over 2 Wks	G ↔											
4-Hour Waiting Target for A&E	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]	-											
Diagnosis of dementia	A ↓											
Further Reduce Rate of Staph aureus bacteraemia [9]	-											
Further Reduce Rate of C. Diff (CDAD) cases in over 15s [9]	-											

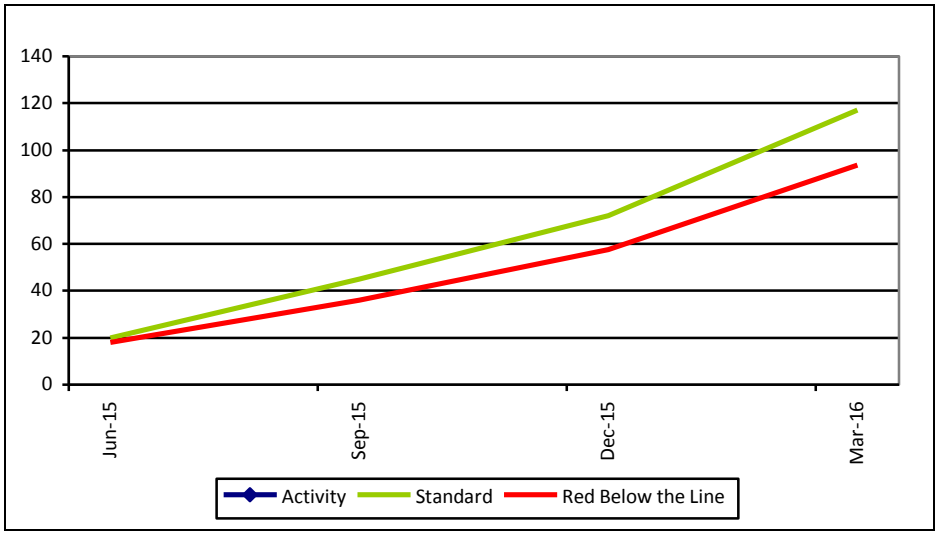
[1] Data is reported quarterly to allow monitoring of the 12 week quit period.
[2] This is a new standard for 2015/16 therefore there is no comparison against last month. Data should be treated as provisional as there is a reporting lag in some areas which means that data is not fully reconciled at time of reporting.
[3] There is a lag in data due to SMR recording.
[4] No comparative data as this is an annual standard which resets at the end of the financial year
[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 standard. 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 standards are reported via the Director of Nursing's regular Healthcare Associated Infection and Prevention report to the Board.

DASHBOARD OF HEAT STANDARDS

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

Standard Date	2015/16 Standard	Current Standard	Jun 15	Sep 15	Dec 15	Mar 16	Performance	YTD
Maintain	117	20					-	-

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 therefore quarter 1 data will be available in July 2015.

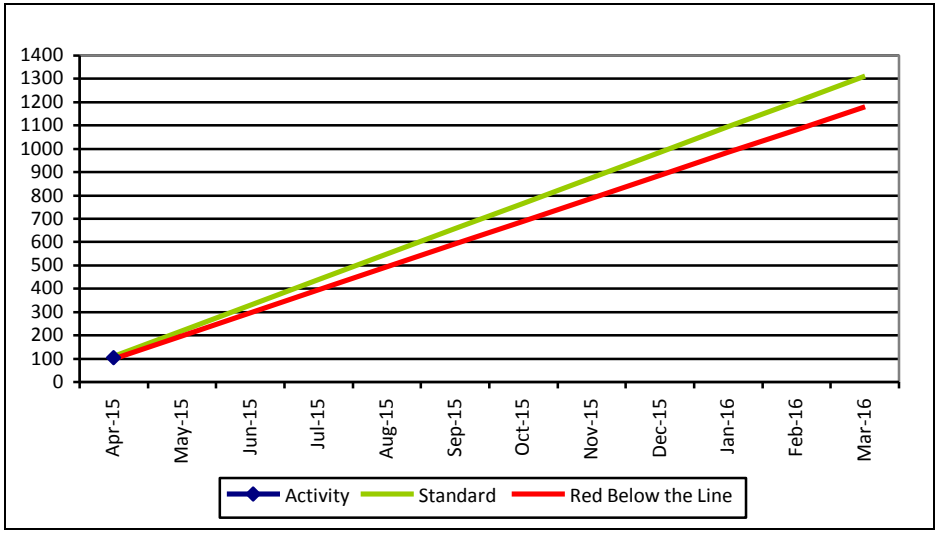


The smoking cessation standard for 2015/16 has been adjusted by the Scottish Government to reflect the complexities and challenges recognised during 2014/15: 117 quits at 12 weeks in our most deprived communities. Locally, Public Health is working closely with Community Pharmacy, with the BGH and with Maternity services to continue to focus resources effectively and maintain a programme of work that combines prevention, protection and cessation. Public Health is also leading the development of a joint Tobacco Control Action Plan that will clarify the contribution of partner agencies in SBC and the third sector to deliver the objectives in the national strategy.

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

Standard: Sustain and embed alcohol brief interventions (cumulative)

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	1312	110	105												-	A

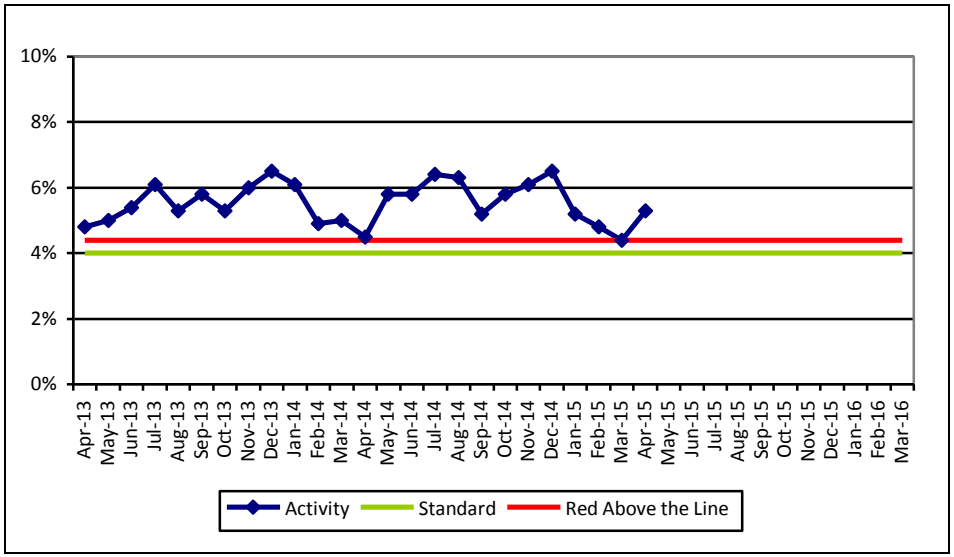


To sustain and embed **alcohol brief interventions** is a new standard for 2015/16 which although is outwith trajectory in month one, is expected to be achieved. There is a reporting lag in some areas which means that data is not fully reconciled at time of reporting therefore should be treated as provisional.

A Local Enhanced Services (LES) has been agreed with Primary Care to deliver alcohol screening and brief interventions.

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

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	4%	4%	5.3%												↓	R



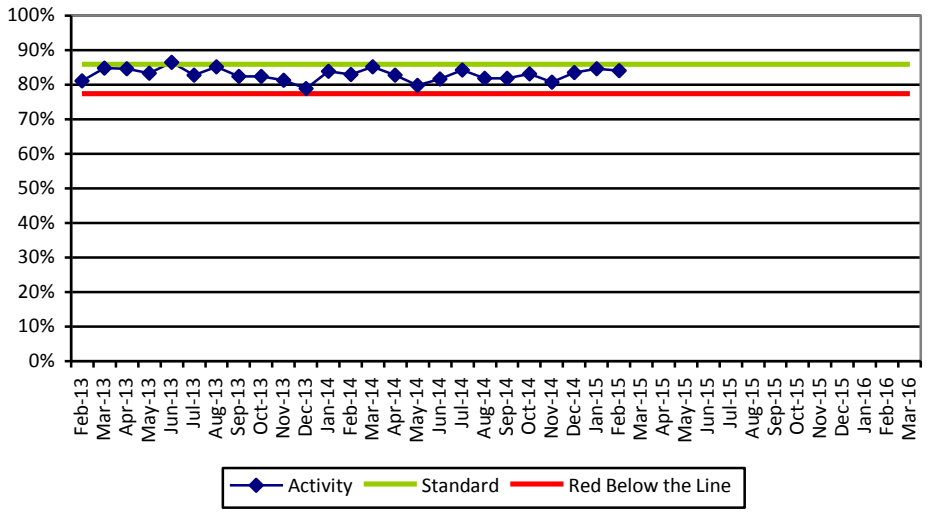
DNA rates improved steadily between December 2014 and March 2015, however there has been a decrease in performance during April 2015. In addition to the ongoing actions below, the Transforming Outpatients Project will be looking at ways to improve the DNA rate.

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.

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

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	86%	86%	-												-	-



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

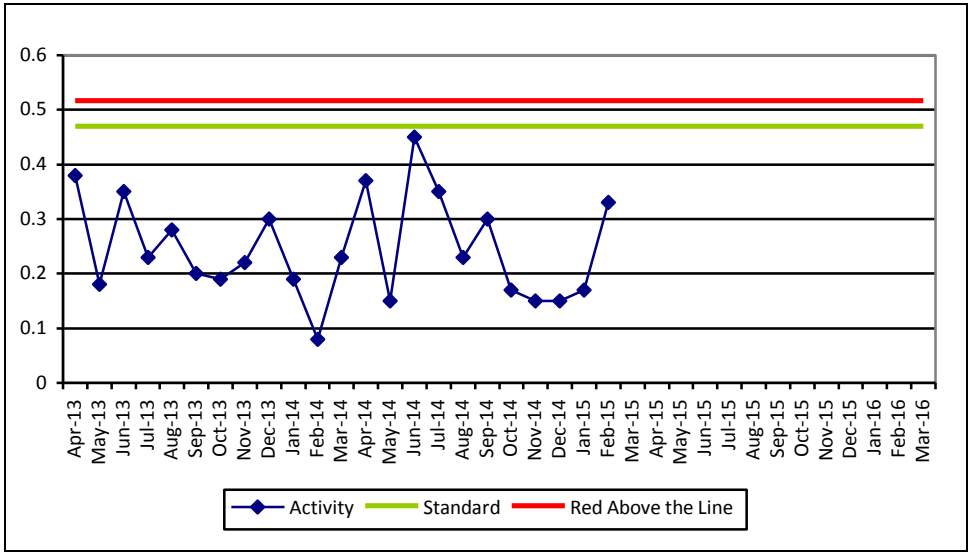
The procedures able to be listed for day case surgery fluctuate month on month as do the total number of inpatient procedures carried out. In order to understand the specific reasons why the target has not been met a review of day surgery by specialty will take place in the first quarter of 2015/16

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

**British Association of Day Case Surgery*

Standard: Reduce the days for pre-operative stay

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	0.47	0.47	-												-	-



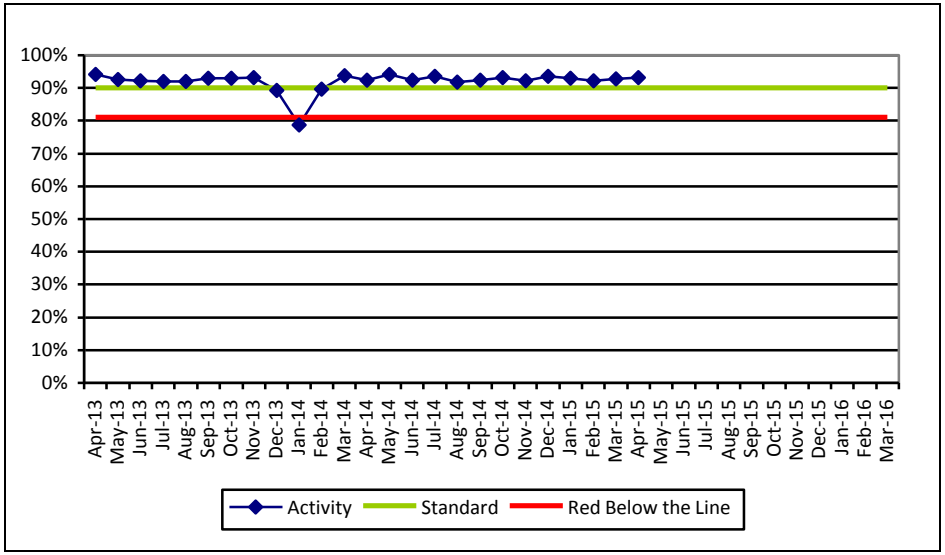
Pre-operative inpatient stays in hospital continue to be low, supported by a rigorous pre-assessment process and a dedicated Planned Surgical Admission Unit which patients can attend at 7.30am to be prepared for surgery on the day. Performance has consistently been within the standard with **pre-operative length of stay** remaining under half a day since April 2013.

In February 2015 (latest available data) the pre-operative stay increased to 0.33 days. The service is looking into the reasons for the increase however March 2015 has shown an improvement.

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

Standard: 90% of all referrals to be triaged online

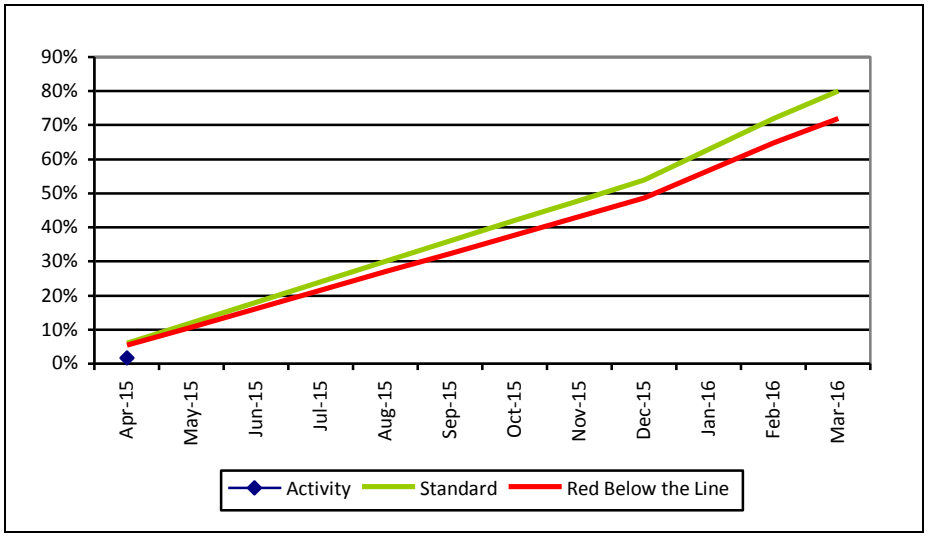
Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	90%	90%	93.2%												↑	G



Overall the level of **online eTriage of referrals** has been above the Trajectory for the last financial year. This trend continues in April 2015.

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

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
March 2016	80%	72%	1.67%												-	R

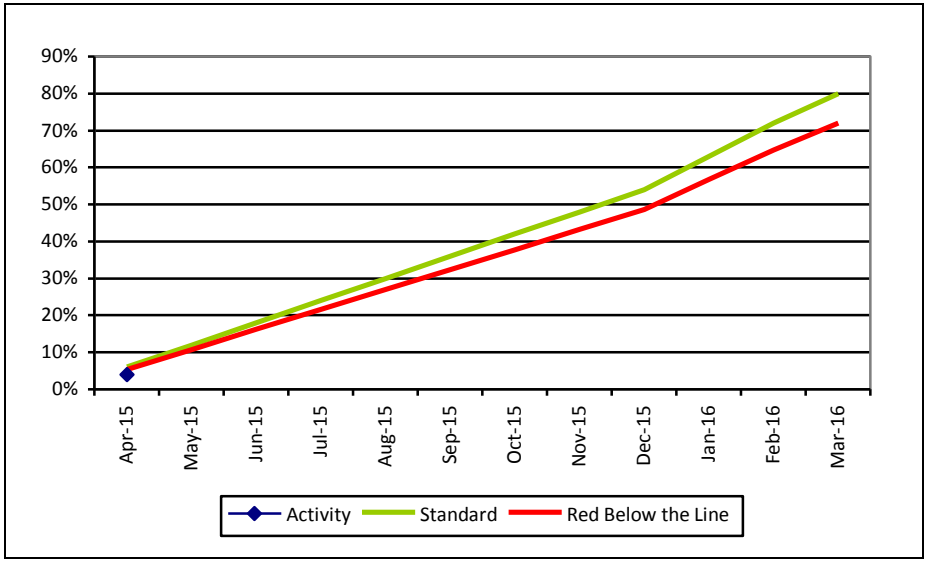


The standard for recording **annual Joint Development Reviews (JDRs) on eKSF** starts at the beginning of each financial year. If the trajectory through the year is followed the standard of 80% of JDRs being recorded will be achieved. Annual Reviews are being monitored regularly and action plans are in place.

Please Note: Trajectory for 2015/16 is provisional and will be updated in July 2015.

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

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
March 2016	4%	6%	4.00%												-	R

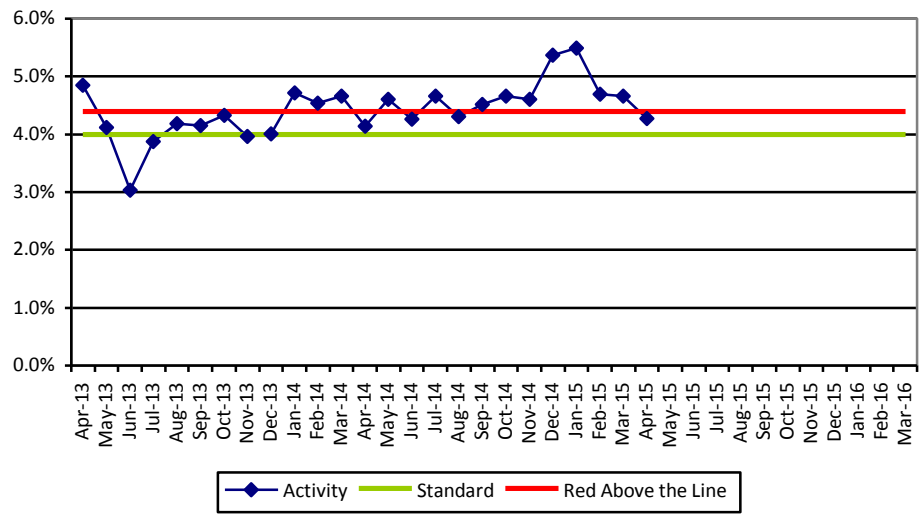


The standard for recording **Personal Development Plans (PDPs) on eKSF** starts at the beginning of each financial year. If the trajectory through the year is followed the standard of 80% of PDPs being recorded will be achieved. Personal Development Plan creation is being monitored regularly and action plans are in place.

Please Note: Trajectory for 2015/16 is provisional and will be updated in July 2015.

Standard: Maintain Sickness Absence Rates below 4%

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	4%	4%	4.27%												↑	A



Sickness Absence rates have been improving since December 2014.

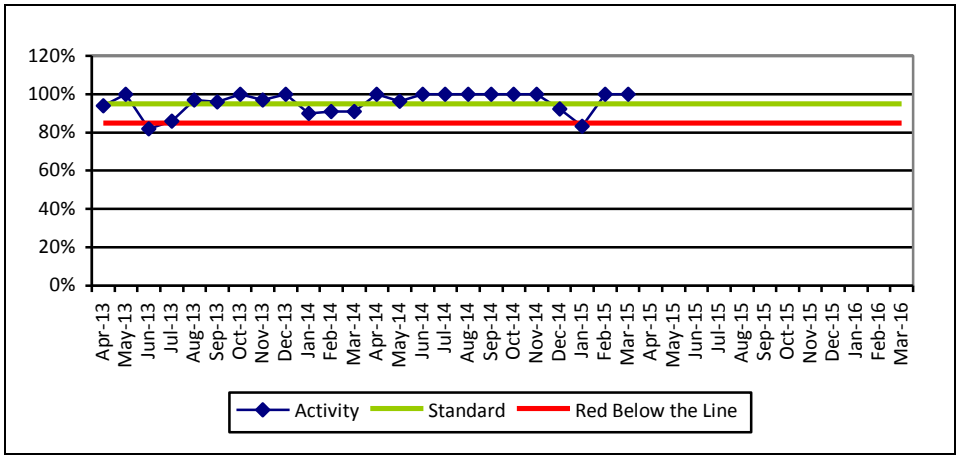
The Employee Relations Team sends out the monthly Reports that are agreed with the service to assist them in managing sickness absence. These are presented to Clinical Boards via Performance Scorecards.

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

An action plan for 2015/16 is currently being refreshed.

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

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	95%	95%	-												-	-



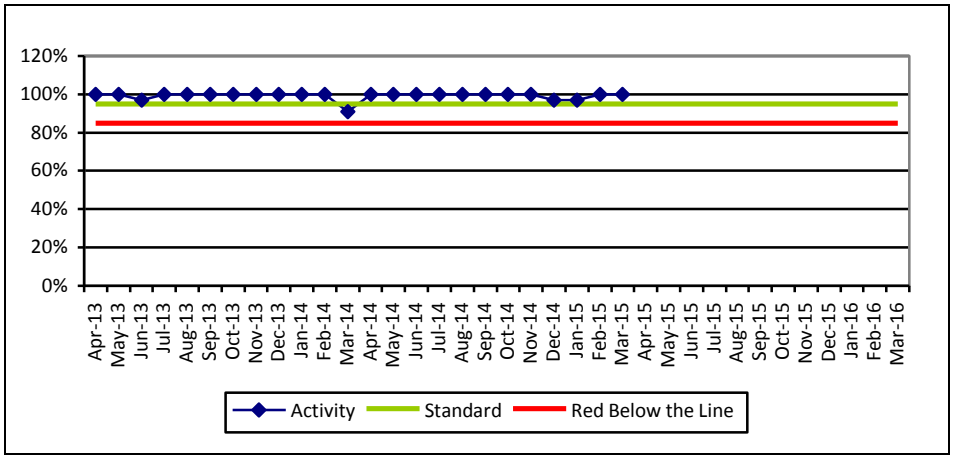
This standard, to **see patients with a suspicion of cancer within 62 days** has been consistently achieved during the financial year with the exception of December 2014 & January 2015.

The service experienced a high number of 62-day breaches in January. No further breaches were reported in February or March 2015. An action plan is in place to address the issues highlighted in the *End of Year Managing Our Performance Report* to prevent a future recurrence.

Please Note: There is a time lag of one month for this data

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

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	95%	95%	-												-	-

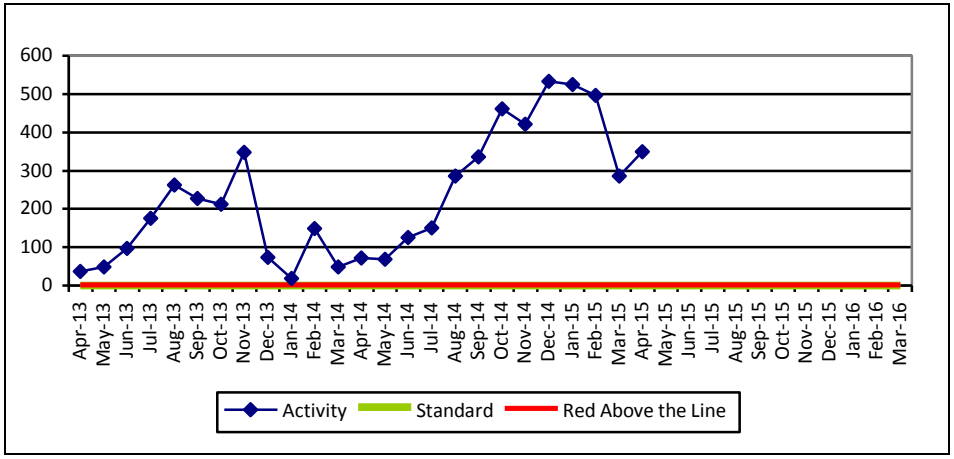


This standard, to **treat patients with cancer within 31 days of diagnosis** has been consistent during 2014/15 and is expected to continue during 2015/16.

Please Note: There is a time lag of one month for this data

Standard: 18 wks: 12 wks for outpatients

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	0	0	350												↓	R

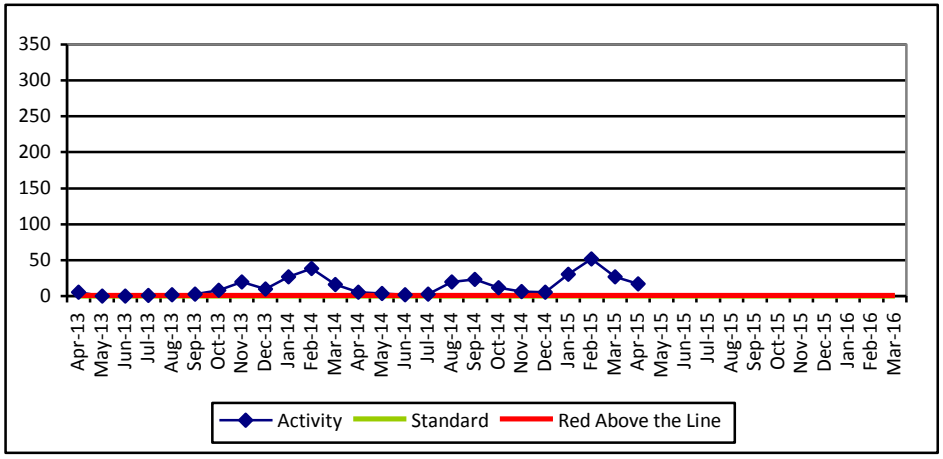


Performance towards the Stage of Treatment standard for patients to be **seen at an outpatient appointment within 12 weeks** has been mixed during 2014/15.

The specialties where breaches are occurring within outpatient waiting times include Cardiology, Diabetes, Endocrinology, Respiratory, Gastroenterology, Pain Control and Dermatology. An action plan has been developed to meet the 12 week standard in the majority of specialties by 31st December 2015 and the 9 week standard in all specialties by 31st March 2016.

Standard: 18 wks: 12 wks for inpatients

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	0	0	17												↑	R

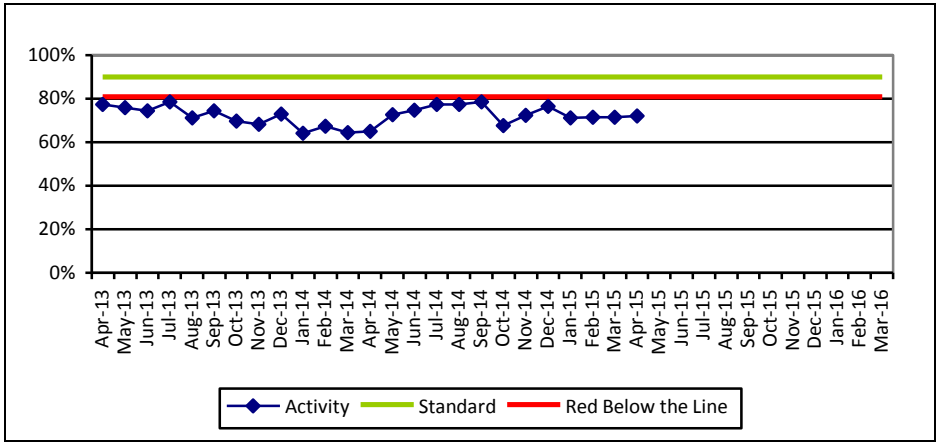


The Stage of Treatment standard for patients to be **treated within 12 weeks of their referral** had been variable over the year. The breaches during April consist of General Surgery (6) and Orthopaedic (11) patients. General Surgery waiting times are not at risk however the patients breaching the standard are those who have had their procedure cancelled.

A Treatment Time Guarantee plan is being developed and will be available in July 2015.

Standard: Admitted Pathway Performance

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	90%	90%	72.2%												↑	R

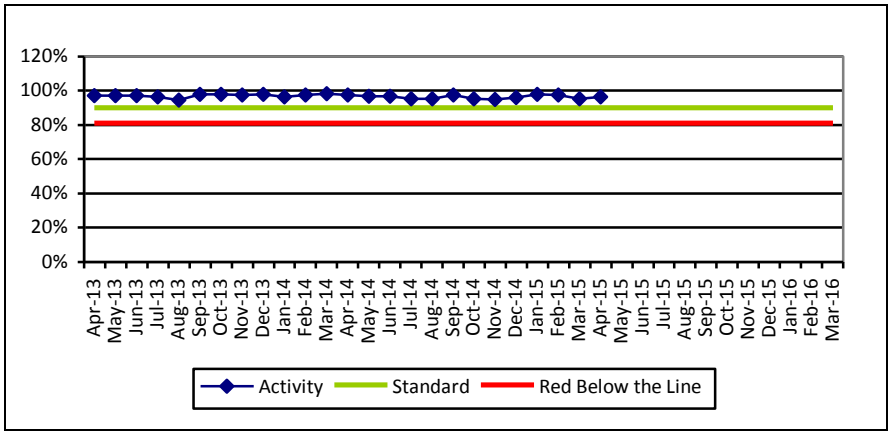


Admitted pathway performance towards 18 weeks Referral to Treatment remains under the standard. An action plan is in place to reverse the trend. Risks to achievement are particularly in Orthopaedics and Ear, Nose and Throat.

During 2015/16 the an action plan has been developed return to 9wk waits for outpatient appointments, and this should result in an improvement in performance in this area.

Standard: Admitted Pathway Linked Performance

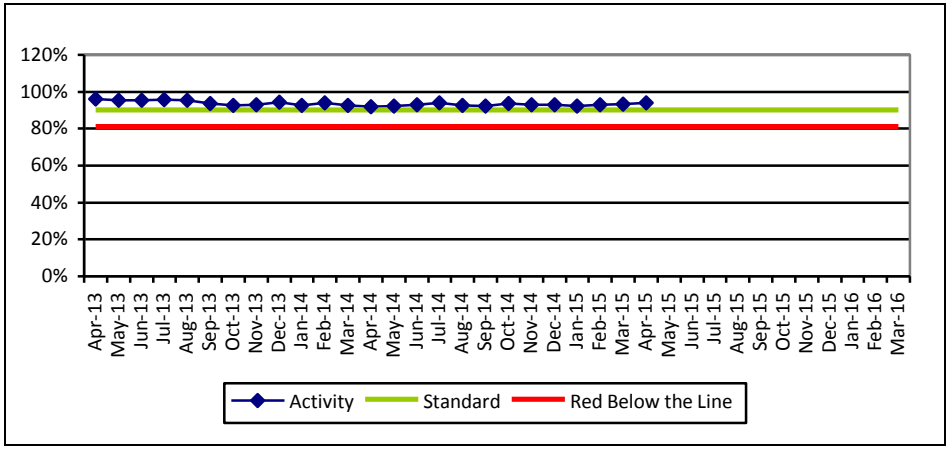
Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	90%	90%	96.3%												↑	G



Performance for the **linked pathway** is consistently above 90%. Work will continue to ensure the standard is achieved during 2015/16 with the reduction in the number of 12 week breaches.

Standard: Non-Admitted Pathway Performance

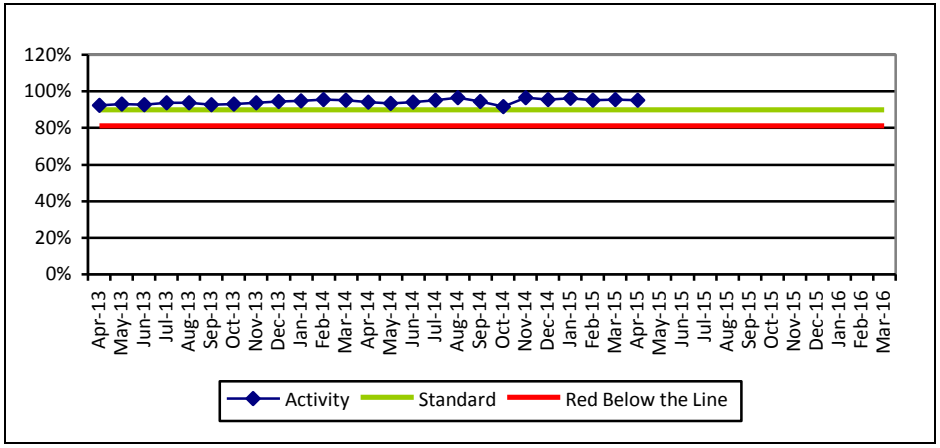
Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	90%	90%	94.0%												↑	G



Performance for **non-admitted pathways** is consistently above 90%. Work will continue during 2015/16 to ensure the standard is achieved with the reduction in the number of 12 week breaches.

Standard: Non-Admitted Pathway Linked Performance

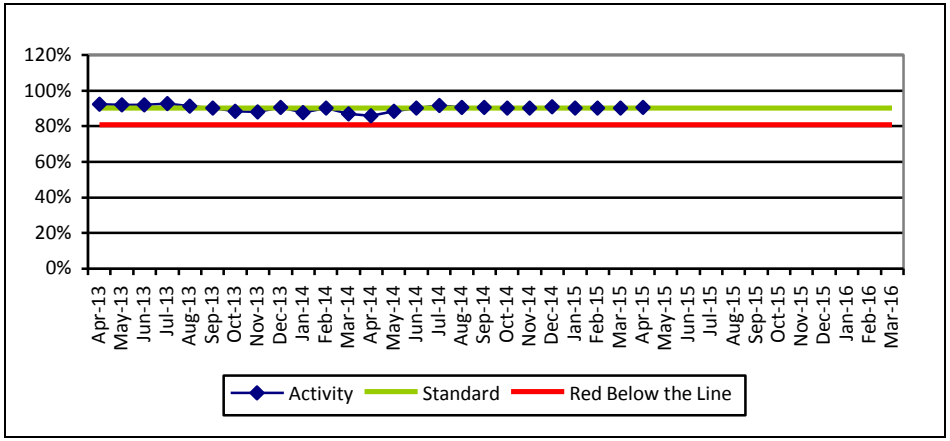
Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	90%	90%	95.0%												↓	G



Performance for **non-admitted linked pathways** is consistently above 90%. Work will continue to ensure the standard is achieved with the reduction in the number of 12 week breaches.

Standard: Combined Performance

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	90%	90%	90.6%												↑	G



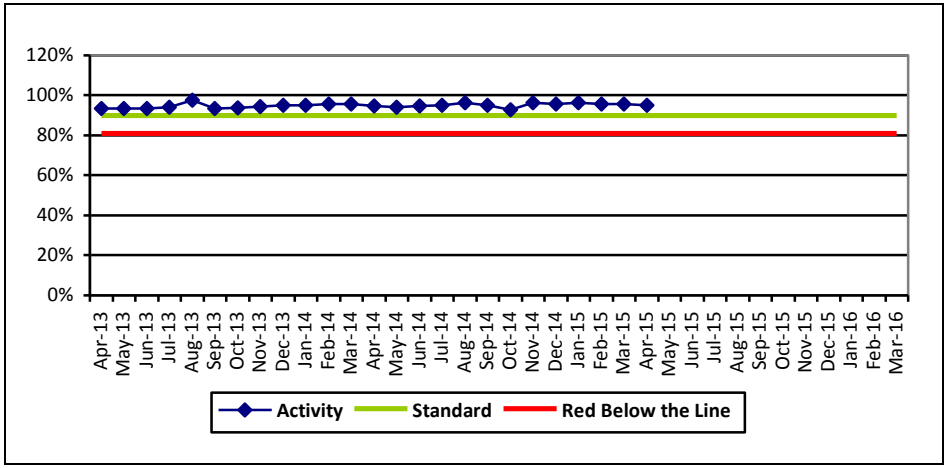
Currently NHS Borders continues to achieve above the 90% combined RTT standard.

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.

Standard: Combined Pathway Linked Performance

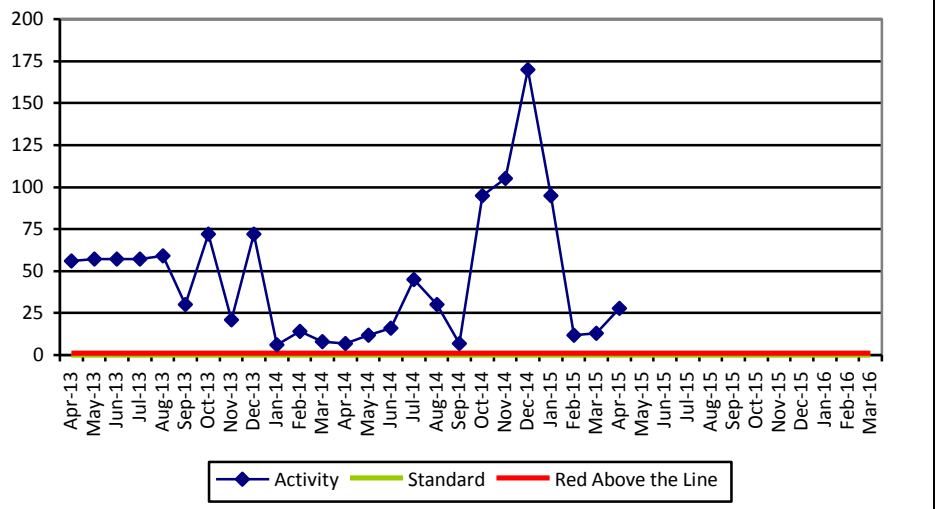
Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	90%	90%	95.2%												↓	G



See above.

Standard: 4 Week Waiting Target for Diagnostics

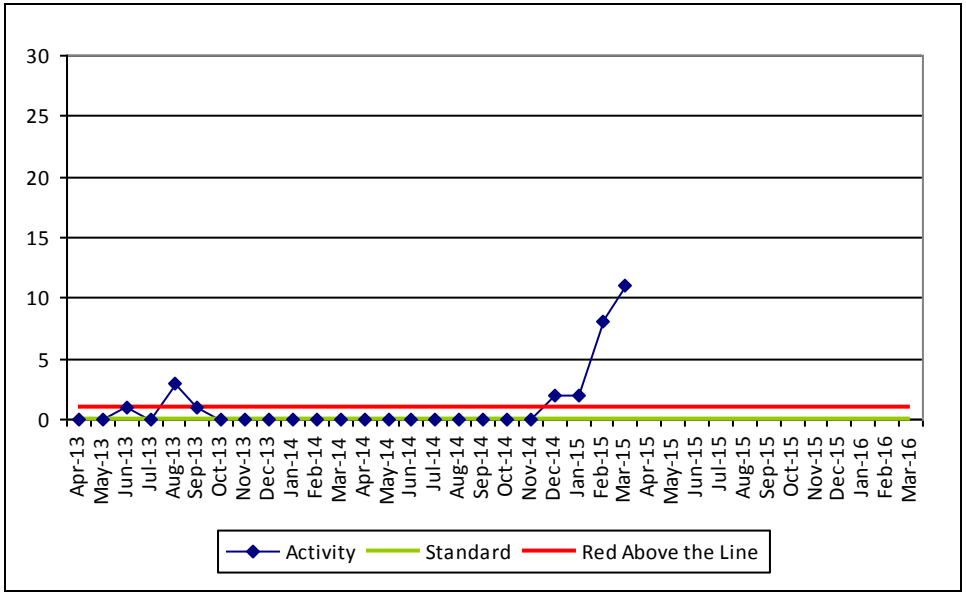
Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	0	0	28												↓	R



Diagnostic Waiting Times over 4 weeks reports 28 breaches in April 2015: 18 Colonoscopy and 10 Cystoscopy. A range of initiatives to create additional colonoscopy capacity have been put in place. There is ongoing work to develop additional capacity for cystoscopy.

Standard: No CAMHS waits over 18 weeks

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	0	0	-												-	-

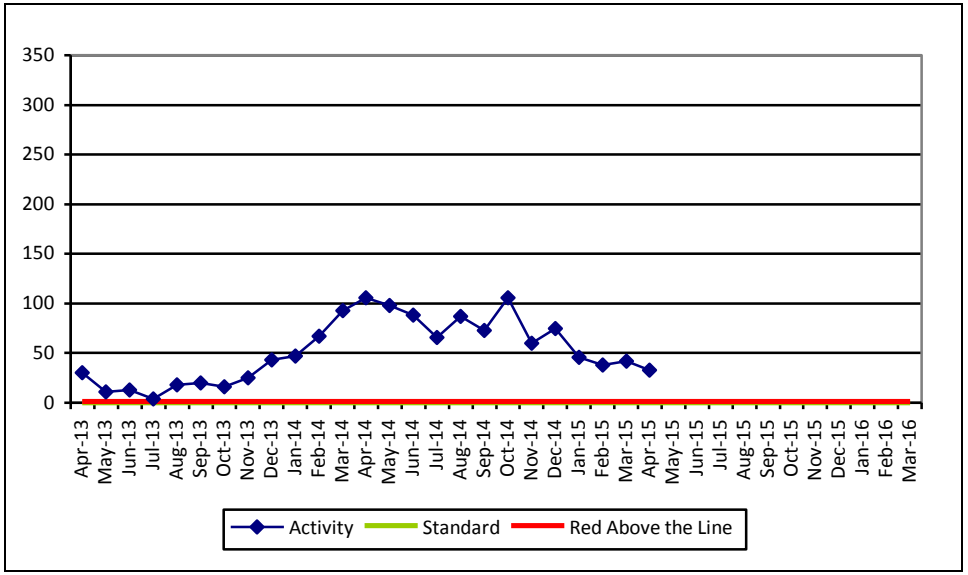


The Child and Adolescent Mental Health Service (CAMHS) continues to meet the standard of no waits over 26 weeks however there have been breaches of the stretched target of 18 weeks. This is due to a higher than normal referral rate & staff absence within the team. It is anticipated that this should improve as staff return to work.

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

Standard: No Psychological Therapy waits over 18 weeks

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	0	0	33												↑	R



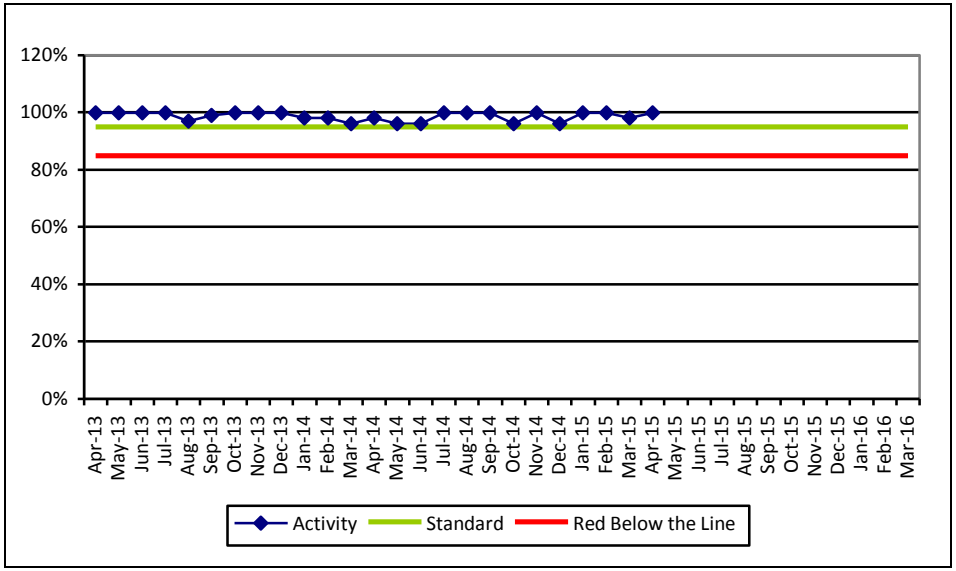
Waits over **18 weeks for psychological therapies** remain higher than expected, however performance continues to improve.

The largest driver on standard 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.

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

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	90%	90%	100%												↑	G

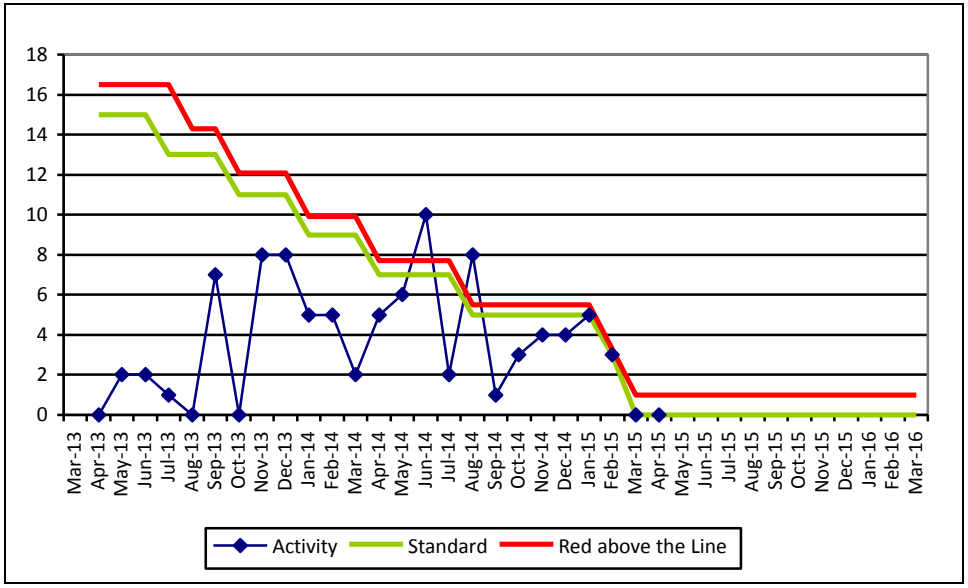


The national standard for **90% of all referrals to the drugs and alcohol service to be treated within 3 weeks** is being consistently achieved.

Locally we are monitoring against a stretched target of 95% which is also being achieved. This is expected to continue in 2015/16.

Standard: No Delayed Discharges over 2 weeks

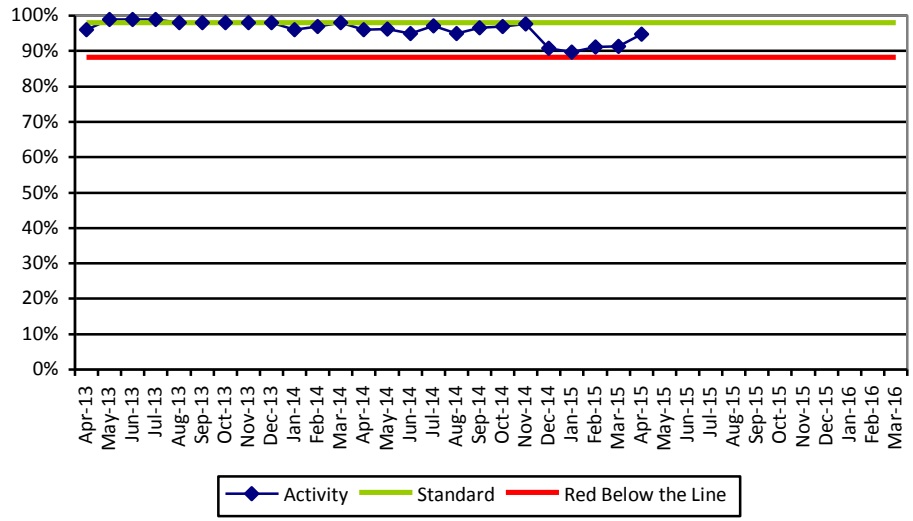
Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Mar 2015	0	0	0												↔	G



NHS Borders has **no patients waiting over 14 days to be discharged into an appropriate care environment.** This standard was successfully achieved at the end of 2014/15 and continues to report 0 patients waiting over 14 days in April 2015.

Standard: 4 Hour Waiting Target for A&E

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	98%	98%	94.7%												↑	A

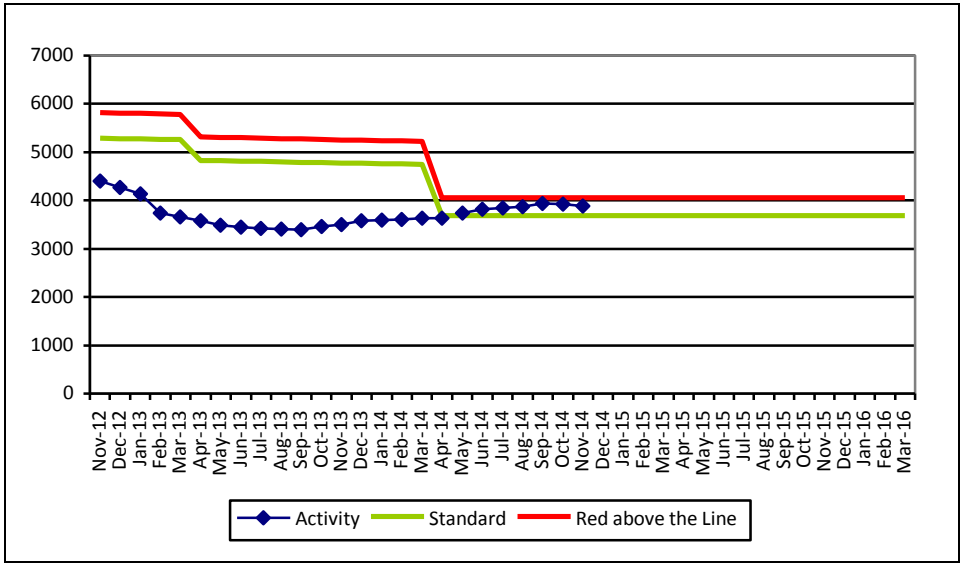


Patients attending **A&E are routinely discharged within 4 hours.** The current HEAT standard is for Boards to achieve 95% of attendances discharged within 4 hours. NHS Borders has kept a stretched target of 98%.

Although outwith the 95% standard , April 2015 reports an improved position compared to December 2014 – March 2015. Work is ongoing to ensure patient flow through the hospital to accommodate patients requiring admission.

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

Standard Date	2015/16 Standard	Current Standard	Current Month (Nov14)	Previous Month (Oct 14)	Performance	Status
Mar 2016	3685	3685	3886	3924	↑	A



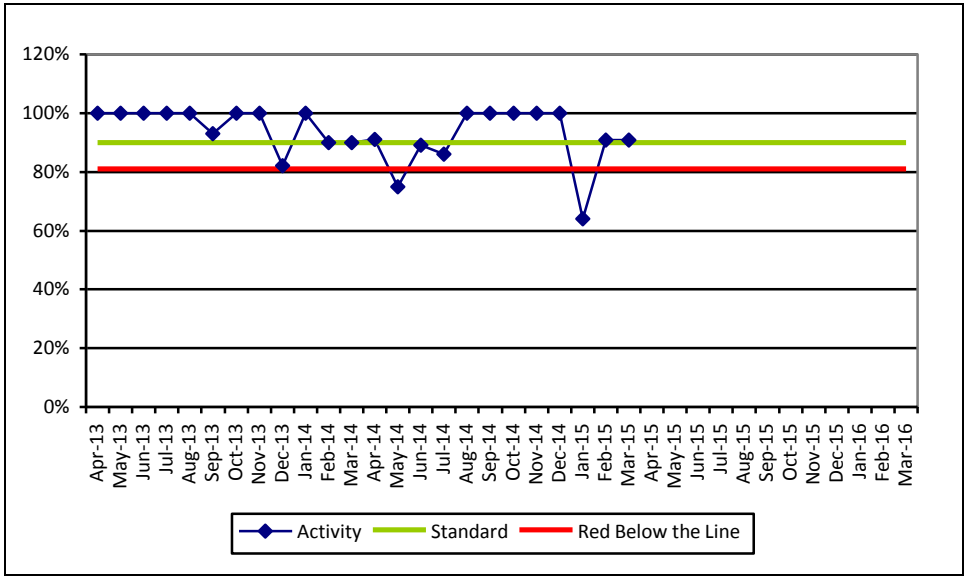
Whilst maintaining this level of performance has been challenging NHS Borders continues to perform well compared to the national average standard of 4517 inpatient bed days.
Work continues to ensure occupied bed days are kept to a minimum for this group:

- The Local Enhanced Service for Anticipatory Care for Patients in Care Homes will continue in to 2015-16. The evidence so far demonstrates that the service has been of benefit to these patients and the creation of the electronic Anticipatory Care Plans (KIS) has been continuously increasing. These contain patient specific information and can be accessed by the Out of Hours service or Secondary Care when required.
- The Connected Care Programme Board is addressing issues associated with flow management across the NHS Borders care community and working between Health, Social Care and the Third Sector"

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

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

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	90%	90%	-												-	-



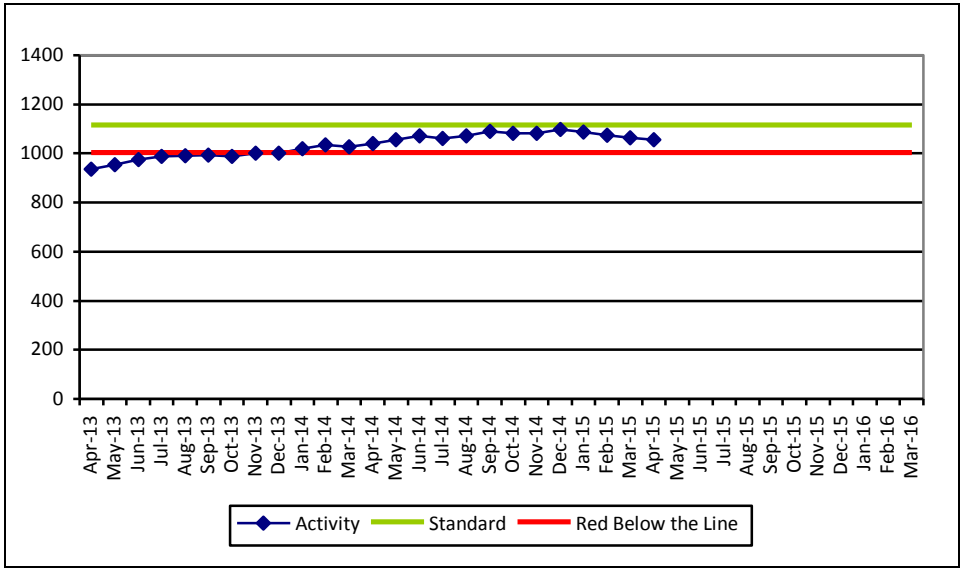
The standard for patients being **admitted to the Stroke Unit within 1 day of admission to hospital** has been generally achieved. Stroke bundles are delivered and success in this target is partially attributed to the fast identification of stroke patients within A&E and the medical wards.

In January 2015 stroke bundle data indicated a large fall in compliance, however on close interpretation of all data it was clearly evident that it was admission to the stroke unit that was underachieved. All other aspects of the bundle being delivered. Performance has improved in February and March 2015 meeting the 90% target. This is expected to further improve for April data as patient flow is managed through the system.

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 takes 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.

Standard: Diagnosis of Dementia

Standard Date	2015/16 Standard	Current Standard	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Performance	YTD
Maintain	1116	1116	1057												↓	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.