

**Borders NHS Board****NHS BORDERS HEAT PERFORMANCE SCORECARD – DECEMBER 2013****Aim**

This paper aims to update the Board with NHS Borders latest performance towards the 2013/14 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 31<sup>st</sup> December 2013.

**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 December 2013.

Areas of strong performance in the December 2013 Scorecard are highlighted below:

- Cardiovascular health checks are above trajectory with 398 checks carried out compared to a current target of 345.
- Smoking cessation continues to perform well with the latest available data (October 2013) showing that the current target of 721 has been exceeded with 1088 successful quits
- In the latest available data (October 2013), pre-operative stay continues to exceed the target of 0.47
- Treatment of cancer within 31 days of decision to treat for all patients diagnosed with cancer, and treatment of cancer within 62 days for urgent referrals with suspicion of cancer, were both delivered for all cases during November 2013 (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 well above 90% target
- There were no Child and Adolescent Mental Health Service waits over 18 weeks in November 2013 (latest available data)
- There were 8 delayed discharges over the target of 2 weeks; this is within trajectory and the target is on schedule to be delivered by March 2015
- The Alcohol/Drug referrals into treatment within 3 weeks continues to achieve 100% compliance
- 98% of all attendees at A&E waited for less than 4 Hours above the target of 95%

- Based on the latest available data (July 2013) emergency admissions continue to reduce
- 100% of patients were admitted to the stroke unit within 1 day of admission

## Summary

NHS Borders Board meetings will continue to receive the HEAT Performance Scorecard highlighting the organisation's performance towards the national HEAT Targets.

Planning & Performance are currently working with a number of departments to produce an integrated performance report containing a range of clinical, non clinical and financial performance. These new style reports will be introduced for 2014/15.

## Recommendation

The Board is asked to **note** the December 2013 HEAT Performance Scorecard.

<b>Policy/Strategy Implications</b>	Regular and timely performance reporting is an expectation of the Scottish Government
<b>Consultation</b>	Performance against key indicators within this report have been reviewed by each Clinical Board and members of the Clinical Executive
<b>Consultation with Professional Committees</b>	See above
<b>Risk Assessment</b>	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
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements
<b>Resource/Staffing Implications</b>	The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements

## Approved by

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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**Month**

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**HEAT  
PERFORMANCE  
SCORECARD**

**As at 31<sup>st</sup> December 2013**

**December 2013**

**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			
<b>R</b>	Under Performing	Current performance is significantly outwith the trajectory set.	Exceeds the target by 11% or greater
<b>A</b>	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Exceeds the target by up to 10%
<b>G</b>	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.

Performance on the HEAT targets and standards are detailed within in this report. The following table summarises the achievements for the financial year 2013/14 to date, the arrows indicate performance and direction of travel towards achieving targets compared to previous month:

Indicator	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of inequalities targeted cardiovascular health checks	G -	G ↑	G ↑	G ↑	A ↑	G ↑	G ↑	G ↑	G ↑			
Smoking cessation successful quits in most deprived areas <sup>1</sup>	G ↑	G ↑	G ↑	G ↑	G ↑	G ↑	G ↑	G ↑	G ↑			
New patient DNA rate	R ↓	R ↓	R ↓	R ↓	R ↑	R ↓	R ↑	R ↓	R ↓			
Same day surgery <sup>2</sup>	A ↑	A ↓	A ↓	A ↓	A ↑	A ↓	A ↓	-	-			
Pre-operative stay <sup>2</sup>	G ↑	G ↓	G ↑	G ↑	G ↓	G ↑	G ↑	-	-			
Online Triage of Referrals	G ↑	G ↓	G ↓	G ↓	G ↔	G ↑	G ↔	G ↑	A ↓			
eKSF annual reviews complete	R -	R ↑	R ↑	R ↑	R ↑	R ↑	R ↑	R ↑	R ↑			
PDP's Complete	R -	R ↑	R ↑	R ↑	R ↑	R ↑	R ↑	R ↑	R ↓			
Sickness Absence Reduced	R -	R ↑	A ↑	G ↑	A ↓	A ↑	A ↓	G ↑	A ↓			
Treatment within 62 days for Urgent Referrals of Suspicion of Cancer <sup>3</sup>	G ↑	G ↑	R ↓	R ↑	G ↑	G ↓	G ↑	G ↔	-			
Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer <sup>3</sup>	G ↔	G ↔	A ↓	G ↑	G ↔	G ↔	G ↔	G ↔	-			

Indicator	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
18 Wk RTT: 12 wks for outpatients	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 ↑			
18 Wk RTT: Admitted Pathway Performance	R ↑	R ↓	R ↓	R ↑	R ↓	R ↑	R ↓	R ↓	R ↑			
18 Wk RTT: Admitted Pathway Linked Pathway	G ↑	G ↓	G ↑	G ↓	G ↑	G ↑	G ↔	G ↓	G ↑			
18 Wk RTT: Non-admitted Pathway Performance	G ↔	G ↓	G ↑	G ↑	G ↓	G ↓	G ↓	G ↑	G ↑			
18 Wk RTT: Non-admitted Pathway Linked Pathway	G ↓	G ↑	G ↓	G ↑	G ↑	G ↓	G ↑	G ↑	G ↑			
Combined Performance	G ↑	G ↓	G ↓	G ↑	G ↓	G ↓	A ↓	A ↓	G ↑			
Combined Performance Linked Pathway	G ↑	G ↓	G ↓	G ↑	G ↑	G ↓	G ↑	G ↑	G ↑			
No CAMHS waits over 18 wks <sup>3</sup>	G ↑	A ↓	G ↑	R ↓	A ↑	A ↔	G ↑	G ↔	-			
No Psychological Therapy waits over 18 wks <sup>3</sup>	R ↓	R ↑	R ↓	R ↓	R ↓	R ↓	R ↑	R ↓	-			
No Delayed Discharges over 2 Wks	G -	G ↓	G ↔	G ↑	G ↑	G ↓	G ↑	G ↓	G ↔			
90% of Alcohol/Drug Referrals into Treatment within 3 weeks	G ↔	G ↔	G ↔	G ↔	G ↓	G ↑	G ↑	G ↔	G ↔			
4 Week Waiting Target for Diagnostics	R ↓	R ↓	R ↑	R ↑	R ↑	R ↑	R ↓	R ↑	R ↓			
4-Hour Waiting Target for A&E	A ↓	G ↑	G ↑	G ↓	A ↓	G ↑	G ↔	G ↔	G ↔			
Emergency admission aged 75 or over (per 1,000) <sup>4</sup>	G ↑	G ↑	G ↑	G ↑	-	-	-	-	-			

Indicator	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Diagnosis of dementia <sup>5</sup>	A ↓	A ↑	A ↑	A ↑	R ↑	R ↑	R ↓	R ↑	R ↑			
Reduction in rate (per 100,000) of A&E Attendees	R ↓	R ↑	R ↓	R ↓	R ↓	R ↑	R ↓	R ↑	R ↓			
Further Reduce Rate of Staph aureus bacteraemia	-	-	-	-	-	-	-	-	-			
Further Reduce Rate of C. Diff (CDAD) cases in over 15s	-	-	-	-	-	-	-	-	-			
Admitted to the Stroke Unit within 1 day of admission <sup>6</sup>	G ↔	G ↔	G ↔	-	G ↔	G ↔	G ↓	G ↑	G ↔			

- <sup>1</sup> There is a 2 month time lag for smoking cessation. The target is to be delivered over 3 years by 2013/14 and is monitored cumulatively.
- <sup>2</sup> There is a lag in data reporting due to SMR recording.
- <sup>3</sup> Due to verification processes for national reporting, there is a 1 month lag time for the data
- <sup>4</sup> There is a lag time for Emergency admissions aged 75 or over (per 100,000)
- <sup>5</sup> The target for this indicator has altered from August 2013 to 1116 patients (from 995) and resulted in a change in performance.
- <sup>6</sup> No data supplied by the service for July 13.

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 no	Target Descriptor	Target Date	2013/14 Target	Current Target	Current Performance	Performance Last Month	Performance Compared to Last Month	Status
Std	Number of inequalities targeted cardiovascular health checks (cumulative)	Mar 2014	465	345	398	331	↑	G
Health Imp	Smoking cessation 4 weeks successful quits in most deprived areas (cumulative) <sup>1</sup>	Mar 2014	840	721	1088	1002	↑	G
Std	New patient DNA rate	Mar 2014	4%	4%	6.5%	6.0%	↓	R
	Same day surgery (October) <sup>2</sup>		86%	86%	82.4%	82.5%	↓	A
	Pre-operative stay (October) <sup>2</sup>	Mar 2014	0.47	0.47	0.19	0.20	↑	G
Std	Online Triage of Referrals	Mar 2014	90%	90%	89.3%	93.2%	↓	A
Std	Increase the proportion of newborn children breastfed at 6-8 weeks <sup>3</sup>	Mar 2014	33%	33%	30.2% (Sep13)	32.58% (Jun13)	↓	A
Std	eKSF annual reviews complete	Mar 2014	80%	74%	37.4%	30.6%	↑	R
	PDPs recorded on eKSF		80%	74%	27.9%	29.1%	↓	R
Std	Sickness Absence Reduced	Mar 2014	4%	4%	4.01%	3.96%	↓	A
Std	Treatment within 62 days for Urgent Referrals of Suspicion of Cancer <sup>4</sup>	Mar 2014	95%	95%	100%	100%	↔	G
	Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer <sup>4</sup>				100%	100%	↔	G
Access	18 Wk RTT: 12 wks for outpatients	Mar 2014	0		391	867	↑	R
	18 Wk RTT: 12 wks for inpatients				90	140	↑	R
	18 Wk RTT: Admitted Pathway Performance		90%	90%	72.8%	68.3%	↑	R
	18 Wk RTT: Admitted Pathway Linked Pathway				98.0%	97.4%	↑	G
	18 Wk RTT: Non-admitted Pathway Performance				94.2%	93.0%	↑	G
	18 Wk RTT: Non-admitted Pathway Linked Pathway				94.6%	93.7%	↑	G

Target no	Target Descriptor	Target Date	2013/14 Target	Current Target	Current Performance	Performance Last Month	Performance Compared to Last Month	Status
Access	Combined Performance	Mar 2014	90%	90%	90.7%	88.0%	↑	G
	Combined Performance Linked Pathway				95.1%	94.4%	↑	G
Access	No CAMHS waits over 18 wks <sup>5</sup>	Dec 2014	0	0	0	0	↔	G
Access	No Psychological Therapy waits over 18 wks <sup>5</sup>	Dec 2014	0	0	25	16	↓	R
Access	No Delayed Discharges over 2 Wks	Mar 2014	0	11	8	8	↔	G
	Delayed Discharges under 2 wks	As at the 15th of December there were 13 delayed discharges under 2 weeks.						
Access	90% of Alcohol/Drug Referrals into Treatment within 3 weeks	Mar 2014	95%	95%	100%	100%	↔	G
Std	4 Week Waiting Target for Diagnostics	Mar 2014	0	0	72 <sup>6</sup>	21	↓	R
Access	4-Hour Waiting Target for A&E	Mar 2014	98%	98%	98%	98%	↔	G
Treat ment	Emergency admission aged 75 or over (per 1,000) <sup>7</sup>	Mar 2014	4748	4807	3417 (Jul 13)	3447 (Jun 13)	↑	G
Treat ment	Diagnosis of dementia	Mar 2014	1116	1116	1002 <sup>8</sup>	987	↑	R
Treat ment	Reduction in rate (per 100,000) of A&E Attendees	Mar 2014	1582	1588	1813	1730	↓	R
Treat ment	Admitted to the Stroke Unit within 1 day of admission	Mar 2014	90%	90%	100%	100%	↔	G

<sup>1</sup> There is a 2 month time lag for smoking cessation. The target is to be delivered over 3 years by 2013/14 and is monitored cumulatively.

<sup>2</sup> There is a lag in data reporting due to SMR recording.

<sup>3</sup> Local data as there is a lag time for national data. Data is most recent available.

<sup>4</sup> One month lag as data is supplied nationally.

<sup>5</sup> Due to verification processes for national reporting, with CAMHS and Psychological Therapies there is a one month lag in data.

<sup>6</sup> The number of diagnostics breaches has increased to 72 cases this month, 52 of these are people waiting for an ultrasound test.

<sup>7</sup> There is a lag in reporting and data included is the most up to date data available.

<sup>8</sup> One month lag in data, data reported is to November 2013.

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