

**Borders NHS Board****NHS BORDERS HEAT PERFORMANCE SCORECARD – APRIL 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 30<sup>th</sup> April 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.

At the 2012/13 Quarter 4 Clinical Board Performance reviews it was agreed the tolerance level for targets be reduced to 10% (previously 15%) to continue to drive ??? improvement.

Attached to this paper is the April 2013 HEAT Performance Scorecard providing a summary of performance in April 2013.

Some areas of strong performance in the April 2013 Scorecard are highlighted below:

- Smoking cessation continues to perform well with the latest available data (February 2013) showing that the 2012/13 target of 510 has been exceeded with 882 successful quits
- In the latest available data (February 2013), pre-operative stay continues to exceed the target of 0.68
- Online triage of referrals exceeded the 90% target
- Treatment of cancer within 31 days of decision to treat and treatment within 62 days for urgent referrals with suspicion of cancer performed at 100% during March 2013 (latest available data)
- 18 Weeks RTT overall performance continues to perform above the target of 90%
- There were 0 delayed discharges over the new 2013/14 target of 2 weeks
- The Alcohol/Drug referrals into treatment within 3 weeks continues to achieve 100%
- Against a target of 0, there were no CAMHS waits over 26 weeks in March 2013 (latest available data)
- Based on the latest available data (November 2012) 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 later in 2013/14.

There have been a few minor changes from the 2012/13 version which are listed below:

- The delayed discharges HEAT target is now 2 weeks, previously 4 weeks
- To reflect the new 2013/14 HEAT target CAMHS waiting times will be measured against 18 weeks, previously 26 weeks
- To reflect the more challenging 2013/14 HEAT target the rate of SABS & CDiff per occupied beds days has reduced. Infection Control are working on a revised trajectory.
- The 4-Hour Waiting Target for A&E has been reintroduced as a HEAT target for 2013/14 at 95%

## Recommendation

The Board is asked to **note** the April 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**

**1**

**2**

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**10**

**11**

**12**



**HEAT  
PERFORMANCE  
SCORECARD**

**As at 30<sup>th</sup> April 2013**

**April 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			
	Under Performing	Current performance is significantly outwith the trajectory set.	Exceeds the target by 11% or greater
	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Exceeds the target by up to 10%
	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:

**Please Note:** There are no arrows for April's data due to it being the first month of 2013/14

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												
Smoking cessation successful quits in most deprived areas <sup>1</sup>	-											
New patient DNA rate												
Same day surgery <sup>2</sup>	-											
Pre-operative stay <sup>2</sup>	-											
Online Triage of Referrals												
eKSF annual reviews complete												
PDP's Complete												
Sickness Absence Reduced												
Treatment within 62 days for Urgent Referrals of Suspicion of Cancer <sup>3</sup>	-											
Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer <sup>3</sup>	-											

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												
18 Wk RTT: 12 wks for inpatients												
18 Wk RTT: Admitted Pathway Performance												
18 Wk RTT: Admitted Pathway Linked Pathway												
18 Wk RTT: Non-admitted Pathway Performance												
18 Wk RTT: Non-admitted Pathway Linked Pathway												
Combined Performance												
Combined Performance Linked Pathway												
No CAMHS waits over 18 wks <sup>3</sup>	-											
No Psychological Therapy waits over 18 wks <sup>3</sup>	-											
No Delayed Discharges over 2 Wks												
90% of Alcohol/Drug Referrals into Treatment within 3 weeks												
4 Week Waiting Target for Diagnostics												
4-Hour Waiting Target for A&E												
Emergency admission aged 75 or over (per 1,000) <sup>4</sup>												



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												
Reduction in rate (per 100,000) of A&E Attendees												
Further Reduce Rate of Staph aureus bacteraemia <sup>5</sup>	-											
Further Reduce Rate of C. Diff (CDAD) cases in over 65s <sup>5</sup>	-											
Admitted to the Stroke Unit within 1 day of admission												

<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 usually 1 month lag in data however SMR updates running behind schedule therefore data shown is most up to date.



















<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 admission aged 75 or over (per 100,000)

<sup>5</sup> This target is to be delivered over a 2 year period (2011/12 & 2012/13). Progress will continue to be closely monitored during 2012/13, performance indicator on monthly activity.

<sup>6</sup> The trajectory is still to be confirmed with the service therefore there is no RAG status

## 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	40	31	-	-		
Health Imp	Smoking cessation 4 weeks successful quits in most deprived areas (cumulative) <sup>1</sup>	Mar 2014	840	535	882	843	↑		
Std	New patient DNA rate	Mar 2014	4%	4%	4.8%	4.6%	↓		
	Same day surgery (January) <sup>2</sup>		86%	86%	81.3%	78.3% <sup>3</sup>	↑		
	Pre-operative stay (January) <sup>2</sup>	Mar 2014	0.68	0.68	0.21	0.26	↑		
Std	Online Triage of Referrals	Mar 2014	90%	90%	94.2%	92.5%	↑		
Std	Increase the proportion of newborn children breastfed at 6-8 weeks <sup>4</sup>	Mar 2014	33%	33%	33.1% (Feb13)	33.7% (Dec 12)	↓		
Std	eKSF annual reviews complete	Mar 2014	80%	20%	1.16%	-	-		
	PDPs recorded on eKSF		80%	20%	6.63%	-	-		
Std	Sickness Absence Reduced	Mar 2014	4%	4%	4.85%	4.04%	↓		
Std	Treatment within 62 days for Urgent Referrals of Suspicion of Cancer <sup>5</sup>	Mar 2014	100%	100%	100%	95.7%	↑		
	Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer <sup>5</sup>				100%	100%	↔		
Access	18 Wk RTT: 12 wks for outpatients	Mar 2014	0	90%	90%	36	5	↓	
	18 Wk RTT: 12 wks for inpatients					5	8	↑	
	18 Wk RTT: Admitted Pathway Performance		77.5%			72.5%	↑		
	18 Wk RTT: Admitted Pathway Linked Pathway		97.2%			96.3%	↑		
	18 Wk RTT: Non-admitted Pathway Performance		96.0%			96.0%	↔		
	18 Wk RTT: Non-admitted Pathway Linked Pathway		92.5%			92.8%	↓		

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%	92.4%	92.1%	↑	
	Combined Performance Linked Pathway				93.4%	93.3%	↑	
Access	No CAMHS waits over 18 wks <sup>6</sup>	Dec 2014	0	0	0	- <sup>7</sup>	-	
Access	No Psychological Therapy waits over 18 wks <sup>8</sup>	Dec 2014	0	0	25	18	↓	
Access	No Delayed Discharges over 2 Wks	Mar 2014	0	15	0	- <sup>7</sup>	-	
	Delayed Discharges under 2 wks	As at the 15th of April there were 8 delayed discharges under 2 weeks						
Access	90% of Alcohol/Drug Referrals into Treatment within 3 weeks	Mar 2014	95%	95%	100%	100%	↔	
Std	4 Week Waiting Target for Diagnostics <sup>8</sup>	Mar 2014	0	0	69	34	↓	
Access	4-Hour Waiting Target for A&E	Mar 2014	95%	95%	96.0%	96.7%	↓	
Treat ment	Emergency admission aged 75 or over (per 1,000) <sup>10</sup>	Mar 2014	5258	5258	4401 (Nov 12)	4511 (Oct 12)	↑	
Treat ment	Diagnosis of dementia	Mar 2014	995	995	936	943	↓	
Treat ment	Reduction in rate (per 100,000) of A&E Attendees	Mar 2014	1582	1603	1783	1759	↓	
Treat ment	Further Reduce Rate of Staph aureus bacteraemia cumulative (month) <sup>11</sup>	Mar 2014	0.24	TBC	3 (3)	-	-	-
	Further Reduce Rate of C. Diff (CDAD) cases in over 15yrs cumulative (month) <sup>11</sup>		0.25	TBC	4 (4)	-	-	-
Treat ment	Admitted to the Stroke Unit within 1 day of admission	Mar 2014	90%	90%	100%	100%	↔	

<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 1 month lag in data

<sup>3</sup> Previous month data updated due to SMR recording running behind schedule.

<sup>4</sup> Local data as there is a lag time for national data. Data is most recent available.

<sup>5</sup> One month lag as data is supplied nationally.

<sup>6</sup> Due to verification processes for national reporting, with CAMHS and Psychological Therapies there is a one month lag in data. No data is available for CAMH previous month as it was measured against a different target.

<sup>7</sup> No data for previous month as previously measured against a 4 week target (non-comparable).

<sup>8</sup> Data is provisional for current month due to verification issues, previous month updated.

<sup>10</sup> There is a lag in reporting and data included is the most up to date data available which may not be last month's therefore target and trajectory are still 2012/13.

<sup>11</sup> The trajectory is still to be confirmed with the service.