

**Borders NHS Board**



## **NHS BORDERS HEAT PERFORMANCE SCORECARD – JANUARY 2013**

### **Aim**

This paper aims to update the Board with NHS Borders latest performance towards the 2012/13 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> January 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 January 2013 HEAT Performance Scorecard providing a summary of performance in January 2013.

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

- Inequalities targeted cardiovascular health checks continues to meet the trajectory and has delivered the 2012/13 overall target
- Smoking cessation continues to perform well with the latest available data showing that the 2012/13 target of 592 has been exceeded with 698 successful quits
- Pre-operative stay continues to exceed the target of 0.68
- Online triage of referrals exceeded the 90% target
- Treatment of cancer within 62 days of urgent referral and treatment of cancer within 31 days of decision to treat performed at 100% during January 2013
- With the exception of admitted performance, all the 18 Week RTT indicators performed in excess of the target of 90%
- Performance has significantly improved with 96% of Alcohol/Drug referrals into treatment within 3 weeks
- Against a target of 0, there were no CAMHS waits over 26 weeks
- Based on the latest available data (August 2012) emergency admissions continue to reduce
- Further reduce the rate of Staph Aureus Bacteraemia is on track for delivery

### **Summary**

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

## Recommendation

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

<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>
June Smyth	Director of Workforce & Planning		

### Author(s)

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Carly Lyall	Planning and Performance Officer		

**Month**

1

2

3

4

5

6

7

8

9

**10**

11

12



**HEAT  
PERFORMANCE  
SCORECARD**  
As at 31<sup>st</sup> January 2013

**January 2013**

**Planning & Performance**




# Contents

Introduction	3
Summary of 2012/13 Performance to Date	4
Dashboard of HEAT Targets	7

# 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 16% or greater
	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Exceeds the target by up to 15%
	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 a total of 33 HEAT targets and standards are detailed within in this report. The following table summarises the achievements for the financial year 2012/13 to date, the arrows indicate performance and direction of travel towards achieving targets compared to previous month:

Indicator	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
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												
Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer												

Indicator	April 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
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 26 wks <sup>3</sup>										-		
No Psychological Therapy waits over 18 wks <sup>3</sup>										-		
No Delayed Discharges over 4 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	April 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13
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 and is monitored cumulatively the current performance relates to the 2012/13 year 2 target

<sup>2</sup> There is usually 1 month lag in data however December data unavailable at present due to SMR updates running behind schedule, November same day surgery figure recalculated.


















<sup>3</sup> Due to verification processes for national reporting, with CAMHS and Psychological Therapies data there is a one month lag in data
















<sup>4</sup> There is a 4 month 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.



## DASHBOARD OF HEAT TARGETS

Target no	Target Descriptor	Target Date	2012/13 Target	Current Target	Current Performance	Performance Last Month	Performance Compared to Last Month	Status
Std	Number of inequalities targeted cardiovascular health checks (cumulative)	Mar 2013	400	320	464	417	↑	
Health Imp	Smoking cessation 4 weeks successful quits in most deprived areas (cumulative) <sup>1</sup>	Mar 2013	592	464	698	697	↑	
Std	New patient DNA rate	Mar 2013	4%	4%	6.3%	6.5%	↑	
	Same day surgery (November) <sup>2</sup>		86%	86%	82.6%	80.9%	↑	
	Pre-operative stay (November) <sup>2</sup>	Mar 2013	0.68	0.68	0.30	0.19	↓	
Std	Online Triage of Referrals	Mar 2013	90%	90%	93.2%	91.9%	↑	
Std	Increase the proportion of newborn children breastfed at 6-8 weeks	Mar 2013	33%	33%	35.5% (Sept 12) <sup>3</sup>	35.1% (Jun 12)	↑	
Std	eKSF annual reviews complete	Mar 2013	80%	75%	44.09%	36.28%	↑	
	PDPs recorded on eKSF		80%	75%	35.26%	25.83%	↑	
Std	Sickness Absence Reduced	Mar 2013	4%	4%	5.32%	4.59% <sup>4</sup>	↓	
Std	Treatment within 62 days for Urgent Referrals of Suspicion of Cancer	Mar 2013	95%	95%	100%	100%	↔	
	Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer				100%	100%	↔	
Access	18 Wk RTT: 12 wks for outpatients	Mar 2013	0		89	39	↑	
	18 Wk RTT: 12 wks for inpatients				4	9	↓	
	18 Wk RTT: Admitted Pathway Performance		90%	90%	74.8%	78.9%	↓	
	18 Wk RTT: Admitted Pathway Linked Pathway				98.5%	96.4%	↑	
	18 Wk RTT: Non-admitted Pathway Performance				95.6%	96.8%	↓	

Target no	Target Descriptor	Target Date	2012/13 Target	Current Target	Current Performance	Performance Last Month	Performance Compared to Last Month	Status
Access	18 Wk RTT: Non-admitted Pathway Linked Pathway	Mar 2013	90%	90%	92.8%	92.3%	↑	
	Combined Performance				92.0%	93.8%	↓	
	Combined Performance Linked Pathway				93.8%	92.9%	↑	
Access	No CAMHS waits over 26 wks <sup>5</sup>	Mar 2013	0	0	0	0	↔	
Access	No Psychological Therapy waits over 18 wks <sup>5</sup>	Mar 2013	0	0	19	17	↓	
Access	No Delayed Discharges over 4 Wks	Mar 2013	0	3	2	1	↓	
	Delayed Discharges under 4 wks	As at the 15th of January there were 9 delayed discharges under 4 weeks.						
Access	90% of Alcohol/Drug Referrals into Treatment within 3 weeks	Mar 2013	95%	95%	96%	61%	↑	
Std	4 Week Waiting Target for Diagnostics	Mar 2013	0	0	18	50	↑	
Std	4-Hour Waiting Target for A&E	Mar 2013	98%	98%	95.2%	94.6%	↑	
Treat ment	Emergency admission aged 75 or over (per 1,000) <sup>6</sup>	Mar 2013	5258	5185	4771 (Aug 12)	4847 (Jul 12)	↑	
Treat ment	Diagnosis of dementia	Mar 2013	995	995	935	946	↓	
Treat ment	Reduction in rate (per 100,000) of A&E Attendees	Mar 2013	1603	1608	1654	1657	↑	
Treat ment	Further Reduce Rate of Staph aureus bacteraemia cumulative (month) <sup>7</sup>	Mar 2013	26	22	19 (3)	16 (1)	↓	
	Further Reduce Rate of C. Diff (CDAD) cases in over 65s cumulative (month) <sup>7</sup>		45	37.5	40 (7)	33 (2)	↓	
Treat ment	Admitted to the Stroke Unit within 1 day of admission <sup>6</sup>	Mar 2013	90%	87%	84.6%	88.9%	↓	

<sup>1</sup> There is a 2 month time lag for smoking cessation. The target is to be delivered over 3 years and is monitored cumulatively the current performance relates to the 2012/13 year 2 target

<sup>2</sup> There is usually 1 month lag in data however December data unavailable at present due to SMR updates running behind schedule, November same day surgery figure recalculated.

<sup>3</sup> Local data as there is a lag time for national data

<sup>4</sup> Sickness absence figure updated due to reporting error in last months scorecard

<sup>5</sup> Due to verification processes for national reporting, with CAMHS and Psychological Therapies data over 9 weeks there is a one month lag in data

<sup>6</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.

<sup>7</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.