

### NHS BORDERS HEAT PERFORMANCE SCORECARD – NOVEMBER 2012

### 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 30<sup>th</sup> November 2012.

### 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 November 2012 HEAT Performance Scorecard providing a summary of performance in November 2012.

Some areas of strong performance in the November 2012 Scorecard are highlighted below:

- Inequalities targeted cardiovascular health checks met the November 2012 trajectory of 240 and are on track to deliver the 2012/13 overall target
- Smoking cessation continues to perform well with the latest available data showing that the target of 418 was exceeded with 690 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 November 2012
- With the exception of admitted performance, all the 18 Week RTT indicators performed in excess of the target of 90%
- Against a target of 0, there were no CAMHS waits over 26 weeks
- There were no delayed discharges over 4 weeks which is ahead of trajectory
- Based on the latest available data (May 2012) emergency admissions continue to reduce
- Further reduce the rate of Staph Aureus Bacteraemia is on track for delivery
- Patients admitted to the Stroke Unit within 1 day of admission is performing well against the current target of 83%.

### Summary

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

### Recommendation

The Board is asked to **<u>note</u>** the HEAT Performance Scorecard for November 2012.

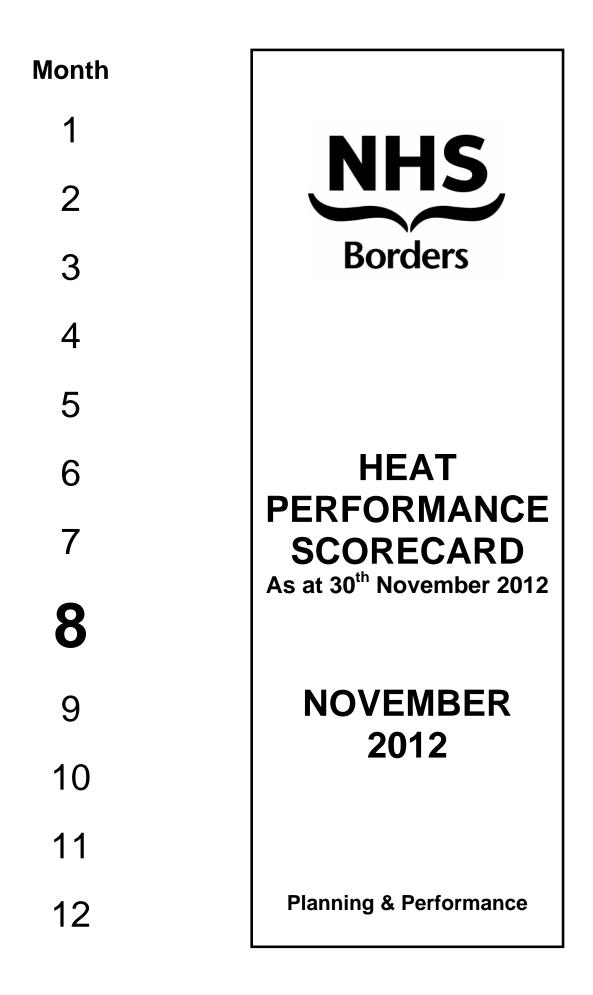
Policy/Strategy Implications	Regular and timely performance reporting is an expectation of the Scottish Government
Consultation	Performance against key indicators within this report have been reviewed by each Clinical Board and members of the Clinical Executive
Consultation with Professional Committees	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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## 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 16% or greater								
	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Exceeds the target by up to 15%								
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	1
No change in performance from previous month	↔
Worse performance than previous month	Ļ
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	G _	$\bigcirc_{\uparrow}$					° t	G     ↑				
Smoking cessation successful quits in most deprived areas <sup>1</sup>		$\bigcirc_{\uparrow}$		$\bigcirc_{\uparrow}$			-	-				
New patient DNA rate	R	R→			$\bigcirc$	R	R	R				
Same day surgery <sup>2</sup>		$\bigcirc_{\downarrow}$		$\mathbf{\overline{\mathbf{b}}}$	∧	$\bigcirc$	$\bigcirc_{\downarrow}$	-				
Pre-operative stay <sup>2</sup>		$\bigcirc_{\downarrow}$		$\bigcirc_{\downarrow}$	$\bigcirc_{\uparrow}$	€	<b>G</b> ↑	-				
Online Triage of Referrals	G	G↓	$\mathbf{\overline{\mathbf{b}}}$		G↓	<b>€</b>	€	$\bigcirc_{\uparrow}$				
eKSF annual reviews complete	R						R	R				
PDP's Complete	R _		R				R	R				
Sickness Absence Reduced		R↓		<b>€</b>	$\bigcirc_{\downarrow}$		R↓	R				
Treatment within 62 days for Urgent Referrals of Suspicion of Cancer	C <sub>↑</sub>	C ↔	$\bigcirc_{\downarrow}$		C ↔	€	Co↓					
Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer	◯↔	●	●	●	●	●	G ↔	€				

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	<pre>     G     t </pre>			A total design of the second secon			R↓	R↓				
18 Wk RTT: 12 wks for inpatients	G	€	€	$\bigcirc_{\downarrow}$			R	R				
18 Wk RTT: Admitted Pathway Performance				$\bigcirc_{\downarrow}$	$\bigcirc_{\downarrow}$			$\bigcirc_{\downarrow}$				
18 Wk RTT: Admitted Pathway Linked Pathway			$\bigcirc_{\downarrow}$	$\bigcirc_{\uparrow}$	$\bigcirc_{\uparrow}$		° t	€				
18 Wk RTT: Non-admitted Pathway Performance	G	<pre></pre>		€	Got	G↓	° t	$\bigcirc_{\downarrow}$				
18 Wk RTT: Non-admitted Pathway Linked Pathway			$\bigcirc_{\uparrow}$		<b>○</b> ↓		Got	€				
Combined Performance	<b>€</b>	<b>€</b>		€	Got	G	Contraction of the second seco					
Combined Performance Linked Pathway	G	G	·	€	o t	G t	₀→	$\bigcirc_{\downarrow}$				
No CAMHS waits over 26 wks <sup>3</sup>	●	●	●	●	<b>○</b> ↓	€	° ¢	-				
No Psychological Therapy waits over 18 wks <sup>3</sup>	R	R	I to the second seco	€	R→	R		-				
No Delayed Discharges over 4 Wks	G	<b>€</b>	<b>○</b>	€	G	G t	°,	€				
90% of Alcohol/Drug Referrals into Treatment within 3 weeks	G		$\bigcirc_{\downarrow}$	R								
4 Week Waiting Target for Diagnostics	R	R	R		R	R		R				
4-Hour Waiting Target for A&E	R						° t					
Emergency admission aged 75 or over (per 1,000) 4			-	-	-	-	-	-				

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			$\bigcirc_{\uparrow}$	$\bigcirc_{\uparrow}$								
Reduction in rate (per 100,000) of A&E Attendees				R			R	R				
Further Reduce Rate of Staph aureus bacteraemia <sup>5</sup>			$\bigcirc_{\downarrow}$	$\bigcirc_{\uparrow}$			C ↓	<b>G</b> ↑				
Further Reduce Rate of C. Diff (CDAD) cases in over 65s <sup>5</sup>	G	G↓	G	▲	R		↓					
Admitted to the Stroke Unit within 1 day of admission	G	G↓	<b>€</b>		G	G	G	$\bigcirc_{\downarrow}$				

<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 a 1 month lag time for Same Day Surgery & Pre-operative stay data
 <sup>3</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>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	Performance Compared to Status for Same Period Last Year
Std	Number of inequalities targeted cardiovascular health checks (cumulative)	Mar 2013	400	240	383	350	t	0	<b>↔</b>
Health Imp	Smoking cessation 4 weeks successful quits in most deprived areas (cumulative) <sup>1</sup>	Mar 2013	592	418	690	643	t	6	<b>+</b>
	New patient DNA rate	Mar 2013	4%	4%	5.8%	5.5%	Ļ	R	<b>↔</b>
Std	Same day surgery <sup>2</sup>	Mar 2013	86%	86%	80.9%	82.7%	Ļ	$\bigcirc$	↔
	Pre-operative stay <sup>2</sup>	Mar 2013	0.68	0.68	0.19	0.57	1	6	t
Std	Online Triage of Referrals	Mar 2013	90%	90%	93.1%	91.9%	t	6	↔
Std	Increase the proportion of new-born children breastfed at 6-8 weeks. <sup>3</sup>	Mar 2013	33.3%	33%	30.7% (Mar 12)	30.0% (Dec 11)	t		<b>↔</b>
Std	eKSF annual reviews complete	Mar 2013	80%	70%	29.44%	20.50%	t	R	↔
Std	PDP's Complete	Mar 2013	80%	70%	22.33%	15.04%	t		-
Std	Sickness Absence Reduced	Mar 2013	4%	4%	4.73%	5.13%	t	R	<b>↔</b>
	Treatment within 62 days for Urgent Referrals of Suspicion of Cancer				100%	96.8%	t	•	+
Std	Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer	Mar 2013	95%	95%	100%	100%	÷	G	÷
	18 Wk RTT: 12 wks for outpatients		0	0	39	22	ţ		<b>↔</b>
	18 Wk RTT: 12 wks for inpatients	Mar 2013	0	0	35	16	Ļ	R	<b>↔</b>
Access	18 Wk RTT: Admitted Pathway Performance	Mar 0010	00%	00%	81.9%	85.0%	Ļ	0	t
	18 Wk RTT: Admitted Pathway Linked Pathway	Mar 2013	90%	90%	96.9%	98.1%	↓	G	t

Target no	Target Descriptor	Target Date	2012/13 Target	Current Target	Current Performance	Performance Last Month	Performance Compared to Last Month	Status	Performance Compared to Status for Same Period Last Year		
	18 Wk RTT: Non-admitted Pathway Performance				95.9%	96.9%	↓	$\bigcirc$	+		
Access	18 Wk RTT: Non-admitted Pathway Linked Pathway	Mar 2013	90%	90%	90.8%	92.3%	↓	<b>o</b>	t		
	Combined Performance				92.9%	95.0%	Ļ	•	↔		
	Combined Performance Linked Pathway				91.9%	93.2%	Ļ	•	Ť		
Access	No CAMHS waits over 26 wks <sup>4</sup>	Mar 2013	0	0	0	0	\$	$\bigcirc$	t		
Access	No Psychological Therapy waits over 18 wks <sup>4</sup>	Mar 2013	0	0	11	10	Ļ	R	-		
Access	No Delayed Discharges over 4 Wks <sup>5</sup>	Mar 2013	0	5	0	0	¢	$\bigcirc$	-		
ALLESS	Delayed Discharges under 4 wks	As at the 15th of November 2012 there were 6 delayed discharges under 4 weeks.									
Access	90% of Alcohol/Drug Referrals into Treatment within 3 weeks	Mar 2013	95%	94%	75%	65%	t	R	-		
Std	4 Week Waiting Target for Diagnostics	Mar 2013	0	0	4	11	t	R	Ļ		
Std	4-Hour Waiting Target for A&E	Mar 2013	98%	98%	95.4%	98.9%	Ļ		Ļ		
Std	Emergency admission aged 75 or over (per 100,000) <sup>3</sup>	Mar 2013	5258	5306	5098 (May 12)	5210 (Apr 12)	Ť		-		
Treat ment	Diagnosis of dementia	Mar 2013	995	995	955	958	Ļ		Ť		
Treat ment	Reduction in rate (per 100,000) of A&E Attendees	Mar 2013	1603	1608	1676	1667	Ļ	R	↔		
Treat	Further Reduce Rate of Staph aureus bacteraemia cumulative (month) <sup>6</sup>	Mar 2013	26	17.6	15 (1)	14 (3)	t	•	t		
ment	Further Reduce Rate of C. Diff (CDAD) cases in over 65s cumulative (month) <sup>6</sup>	Wai 2013	45	30	31 (4)	27 (3)	Ļ		Ļ		
Treat ment	Admitted to the Stroke Unit within 1 day of admission	Mar 2013	90%	83%	87.5%	100%	Ļ	<u>。</u>	↔		

<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 a 1 month lag time for Same Day Surgery & Pre-operative stay data
 <sup>3</sup> There is a lag in reporting and data included is the most up to date data available
 <sup>4</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>5</sup> A trajectory has been set for this target to reduce waits from 6 to 4 weeks, which will change each quarter
 <sup>6</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.