

NHSScotland Performance



HEAT Targets due for delivery

2006/07 - 2014/15

Introduction

This document presents a summary of HEAT targets that were due for delivery between 2006/07 and 2014/15.

The HEAT targets are grouped into 4 priorities:

- **Health Improvement** for the people of Scotland – improving life expectancy and healthy life expectancy;
- **Efficiency and Governance Improvements** – continually improve the efficiency and effectiveness of the NHS;
- **Access to Services** – recognising patient's need for quicker and easier use of NHS services; and
- **Treatment Appropriate to Individuals** – ensure patients receive high quality services that meet their needs.

For information on performance please see the Scotland Performs NHSScotland web page - <http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance>

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Further Information

Further information on the Scottish Government's National Performance Framework can be found at the link below –

<http://www.scotland.gov.uk/About/purposestratobjis>

HEAT Targets 2006/07

Health Improvement Targets for 2006/07

- Reduce health inequalities by increasing the rate of improvement for the most deprived communities by 15% across a range of indicators including; CHD, cancer, adult smoking, smoking during pregnancy, teenage pregnancy and suicides in young people: target date 2008.
- To reduce adult (16+) smoking rates from 26.5% (2004) to 22.0% (2010).
- 95% uptake target for all childhood vaccinations (ongoing).
- Reduce suicide rate between 2002 and 2013 by 20%

Efficiency Targets for 2006/07

- NHS boards to operate within their revenue resource limit; operate within their capital resource limit; meet their cash requirement
- Sickness Absence Rate: 4% by 31 March 2008.

Access Targets for 2006/07

- Ensure that anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours from April 2004.
- 60% of 5 year old children (primary 1) will have no signs of dental disease by 2010
- No patient with a guarantee should wait longer than 6 months for inpatient or day case treatment from 31 December 2005, reducing to 18 weeks from 31 December 2007.
- By the end of 2005, no patient will wait longer than 6 months from GP referral to an out-patient appointment , reducing to 18 weeks from 31 December 2007.
- By end 2007 no patient will wait more than 4 hours from arrival to discharge or transfer for accident and emergency treatment.
- By end of 2007, the maximum wait from admission to a specialist unit to hip surgery, following fracture, will be 24 hours.
- Women who have breast cancer and need urgent treatment will get it within one month where appropriate.
- By 31 December 2005 no patient urgently referred for cancer treatment should wait more than 2 months.
- From June 30 2004 the maximum wait from angiography to surgery or angioplasty will be 18 weeks.

- By the end of 2007 patients will wait no more than nine weeks for any MRI or CT scans and other key diagnostic tests
- By end 2007, the maximum wait for cardiac intervention will be 16 weeks from GP referral through rapid access chest pain clinic or equivalent.
- By end 2007, no patient will wait more than 16 weeks for treatment after they have been seen as an outpatient by a heart specialist and the specialist has recommended treatment.
- By end 2007, 75% of 999 emergency calls responded to within 8 minutes.

Treatment targets for 2006/07

- Reduce the number of people waiting to be discharged from hospital into a more appropriate care setting by 20% year on year between 2005 and the end of 2008, cutting to a minimum the number of people waiting more than 6 weeks to be discharged.
- By 2008-09, we will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared with 2004/05.
- Cervical screening : a minimum of 80% of women aged 20-60 are screened at least once every five years.
- QIS clinical governance and risk management standards improving.

HEAT Targets 2007/08

Health Improvement Targets for 2007/08

- Reduce health inequalities by increasing the rate of improvement for the most deprived communities by 15% across a range of indicators including; CHD, cancer, adult smoking, smoking during pregnancy, teenage pregnancy and suicides in young people: target date 2008.
- To reduce adult (16+) smoking rates from 26.5% (2004) to 22.0% (2010).
- 95% uptake target for all childhood vaccinations (ongoing).
- Reduce suicide rate between 2002 and 2013 by 20%
- Reduce by 20% the pregnancy rate (per 1000 population) in 13-15 year olds from 8.5 in 1995 to 6.8 by 2010
- 60% of 5 year old primary children (primary 1) will have no signs of dental disease by 2010.

Efficiency Targets for 2007/08

- NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement
- NHS Boards to achieve time-releasing savings including an increase in consultant productivity by 1% pa over the next 3 years and a sickness absence rate of 4% by 31 March 2008.
- Universal use of CHI

Access Targets for 2007/08

- Ensure that anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours from April 2004.
- No patient with a guarantee should wait longer than 6 months for inpatient or day case treatment from 31 December 2005, reducing to 18 weeks from 31 December 2007.
- By the end of 2005, no patient will wait longer than 6 months from GP referral to an out-patient appointment, reducing to 18 weeks from 31 December 2007.
- By end 2007 no patient will wait more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment
- By end of 2007 the maximum wait for cataract surgery will be 18 weeks from referral to completion of treatment.
- By end of 2007, the maximum wait from admission to a specialist unit to hip surgery, following fracture, will be 24 hours.

- Women who have breast cancer and need urgent treatment will get it within one month where appropriate.
- The maximum wait from urgent referral to treatment for all cancers is two months
- By end 2007, the maximum wait for cardiac intervention will be 16 weeks from GP referral through rapid access chest pain clinic or equivalent **and** no patient will wait more than 16 weeks for treatment after they have been seen as an outpatient by a heart specialist and the specialist has recommended treatment.
- By the end of 2007 patients will wait no more than nine weeks for any MRI or CT scans and other key diagnostic tests
- To respond to 75% of Category A calls within 8 minutes in Quarter 4 of 2007/08.

Treatment Targets for 2007/08

- The number of people waiting more than 6 weeks to be discharged from hospital into a more appropriate care setting will be reduced by 50% from April 2006 to April 2007 and to zero by April 2008. Additionally, the number of patients delayed in short-stay beds will be reduced by 50% from April 2006 to April 2007, and to zero in April 2008.
- By 2008-09, we will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared with 2004/05 and reduce, by 10%, emergency inpatient bed days for people aged 65 and over by 2008
- Cervical screening : a minimum of 80% of women aged 20-60 are screened at least once every five years.
- QIS clinical governance and risk management standards improving
- Reduce the annual rate of increase of defined daily dose (DDD) per capita of anti-depressants to zero by 2009/10.
- Reduce the number of readmissions (within one year) for those that have had a psychiatric hospital admission of over 7 days by 10% by the end of December 2009
- To reduce all *Staphylococcus aureus* bacteraemia (including MRSA and MSSA) by 30% by 2010, from 2005/06 levels.

HEAT Targets 2008/09

Health Improvement Targets for 2008/09

- Reduce mortality from Coronary Heart Disease among the under 75s in deprived areas.
- 80% of all three to five year old children to be registered with an NHS dentist by 2010/11.
- Achieve agreed completion rates for child healthy weight intervention programme by 2010/11.
- Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11.
- Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/ suicide prevention training programmes by 2010.
- Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 - 2010/11.
- Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11.

Efficiency Targets for 2008/09

- Universal utilisation of CHI (Community Health Index)
- NHS Boards to achieve a sickness absence rate of 4% from 31 March 2009.
- NHS boards to ensure that all employees covered by Agenda for Change have an agreed KSF (Knowledge and Skills Framework) personal development plan by March 2009.
- NHS Boards to deliver agreed improved efficiencies for 1st outpatient attendance Did Not Attend, non-routine inpatient average length of stay, review to new outpatient attendance ratio and day case rate by March 2011.
- NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
- NHS boards to meet their cash efficiency target.
- To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are triaged online for clinical priority and appropriate recipient service to 90% from December 2010.

Access Targets for 2008/09

- Ensure that anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours.
- The maximum wait from urgent referral to treatment for all cancers is two months.
- To respond to 75% of Category A calls within 8 minutes from April 2009 onwards across mainland Scotland.
- As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks from a GP referral to a first outpatient appointment from 31 March 2009.
- As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 15 weeks for inpatient or day case treatment from 31 March 2009.
- As a milestone in achieving 18 weeks referral to treatment, no patient will wait longer than 6 weeks for one of the 8 key diagnostic tests from 31 March 2009.
- NHS Boards will achieve agreed reductions in the rates of attendance at A&E, from 2006/7 to 2010/11; and from end 2007 no patient will wait more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

Treatment Targets for 2008/09

- By 2008-09, we will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared with 2004/05 and reduce, by 10%, emergency inpatient bed days for people aged 65 and over by 2008.
- QIS (Quality Improvement Scotland) clinical governance and risk management standards improving.
- Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/10, and put in place the required support framework to achieve a 10% reduction in future years.
- Reduce the number of readmissions (within one year for those that have had a psychiatric hospital admission of over 7 days by 10% by the end of December 2009).
- To reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010.
- To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of Chronic Obstructive Pulmonary Disease, Asthma, Diabetes or Coronary Heart Disease, from 2006/7 to 2010/11.
- Improvement in the quality of healthcare experience.
- Increase the level of older people with complex care needs receiving care at home.

- Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.

HEAT Targets 2009/10

Health Improvement Targets for 2009/10

- 80% of all three to five year old children to be registered with an NHS dentist by 2010/11.
- Achieve agreed completion rates for child healthy weight intervention programme by 2010/11.
- Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11.
- Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/ suicide prevention training programmes by 2010.
- Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 - 2010/11.
- Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11.
- Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2009-10.

Efficiency Targets for 2009/10

- NHS Boards to deliver agreed improved efficiencies for 1st outpatient attendance DNA, non-routine inpatient average length of stay, review to new outpatient attendance ratio and day case rate by March 2011.
- NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
- NHS boards to meet their cash efficiency target.
- To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are managed electronically to 90% from December 2010.
- NHS Scotland to reduce emissions over the period to 2011
- Achieve universal utilisation of CHI (radiology requests)
- NHS Boards to ensure at least 80 per cent of staff covered by Agenda for Change to have their annual Knowledge Skills Framework development reviews completed and recorded on e-KSF by March 2011.

Access Targets for 2009/10

- Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team by 2010/11.
- The maximum wait from urgent referral with a suspicion of cancer to treatment is 62 days; and the maximum wait from decision to treat to first treatment for all patients diagnosed with cancer will be 31 days from December 2011.
- Deliver 18 weeks referral to treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral to a first outpatient appointment from 31 March 2010. No patient will wait longer than 12 weeks from being placed on a waiting list to admission for an inpatient or day case treatment from 31 March 2010.
- To offer drug misusers faster access to appropriate treatment to support their recovery.
- NHS Boards to deliver faster access to Child and Adolescent Mental Health Services.

Treatment Targets for 2009/10

- QIS clinical governance and risk management standards improving.
- Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/10, and put in place the required support framework to achieve a 10% reduction in future years.
- Reduce the number of readmissions (within one year for those that have had a psychiatric hospital admission of over 7 days by 10% by the end of December 2009).
- To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/7 to 2010/11.
- Improvement in the quality of healthcare experience.
- Increase the level of older people with complex care needs receiving care at home.
- Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.
- To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E, between 2007/08 and 2010/11.
- To reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010; to introduce and comply with local antimicrobial policies by 2010; and to reduce the rate of C.diff infection in hospitals by at least 30% by 2011.
- By 2010/11, NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over, by 10% compared with 2004/05.

HEAT Targets 2010/11

Health Improvement Targets for 2010/11

- Achieve agreed completion rates for child healthy weight intervention programme by 2010/11.
- Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11.
- Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/ suicide prevention training programmes by 2010.
- Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 - 2010/11.
- Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11.
- Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2010/11.
- At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.

Efficiency Targets for 2010/11

- NHS Boards to deliver agreed improved efficiencies for 1st outpatient attendance DNA, non-routine inpatient average length of stay, review to new outpatient attendance ratio, same-day surgery and pre-operative stay.
- NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
- NHS boards to meet their cash efficiency target.
- To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are managed electronically to 90% from December 2010.
- NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.
- NHS Boards should ensure that all staff on Agenda for Change permanent contracts take part in an annual review against a KSF post outline. Information on levels of competence and identified training needs must be made available through Boards recording summary information from at least 80% of development reviews on eKSF by end of March 2011.

Access Targets for 2010/11

- Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team by 2010/11.
- From the quarter ending December 2011, 95 per cent of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95 per cent of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.
- Deliver 18 weeks referral to treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral (all sources) to a first outpatient appointment from 31 March 2010. No patient will wait longer than 9 weeks from being placed on a waiting list to admission for an inpatient or day case treatment from 31 March 2011.
- By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery. Waiting times appropriate to alcohol treatment will be defined and incorporated into a target covering both drugs and alcohol by April 2011.
- By March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist CAMHS services. During 2010/11 the Scottish Government will work with NHS Boards to develop an access target for psychological therapies for inclusion in HEAT in 2011/12.

Treatment Targets for 2010/11

- To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/07 to 2010/11.
- Increase the level of older people with complex care needs receiving care at home.
- Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.
- To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E
- To reduce all *staphylococcus aureus* bacteraemia (including MRSA) cases by 30% by 31 March 2010 and to achieve a further reduction in cases of 15% by 31 March 2011; and to reduce the rate of *Clostridium difficile* infections in patients aged 65 and over by at least 30% by 31 March 2011.
- By 2010/11, NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over, by 10% compared with 2004/05.

HEAT Targets 2011/12

Health Improvement Targets for 2011/12

- Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines during 2011/12.
- Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2011/12.
- Reduce suicide rate between 2002 and 2013 by 20%.
- Achieve agreed completion rates for child healthy weight intervention programme over the three years ending March 2014.
- NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014.
- At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year by March 2014.

Efficiency Targets for 2011/12

- NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
- NHS Boards to deliver a 3% efficiency saving to reinvest in frontline services.
- NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.

Access Targets for 2011/12

- From the quarter ending December 2011, 95 per cent of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95 per cent of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.
- Deliver 18 weeks referral to treatment from 31 December 2011.
- By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013; and 18 weeks referral to treatment for Psychological Therapies from December 2014.

Treatment Targets for 2011/12

- Reducing the need for emergency hospital care, NHS Boards will achieve agreed reductions in emergency inpatient bed days rates for people aged 75 and over between 2009/10 and 2011/12 through improved partnership working between the acute, primary and community care sectors.
- To Improve stroke care, 90 % of all patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation by March 2013.
- Further reduce healthcare associated infections so that by March 2013 NHS Boards' *staphylococcus aureus* bacteraemia (including MRSA) cases are 0.26 or less per 1000 acute occupied bed days; and the rate of *Clostridium difficile* infections in patients aged 65 and over is 0.39 cases or less per 1000 total occupied bed days.
- To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2009/10 and 2013/14.

HEAT Targets 2012/13

Health Improvement Targets for 2012/13

- To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/15
- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvements in breast feeding rates and other important health behaviours.
- Reduce suicide rate between 2002 and 2013 by 20%
- To achieve 14,910 completed child healthy weight interventions over the three years ending March 2014
- NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014
- At least 60% of 3 and 4 year old children in each SIMD quintile to receive at least two applications of fluoride varnish (FV) per year by March 2014.

Efficiency Targets for 2012/13

- NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement
- NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009
- NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009

Access targets for 2012/13

- By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.
- Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013; reducing to 18 weeks by December 2014; and 18 weeks referral to treatment for Psychological Therapies from December 2014.

Treatment Targets for 2012/13

- Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population, by at least 12% between 2009/10 and 2014/15.

- No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013; followed by a 14 day maximum wait from April 2015.
- To improve stroke care, 90% of all patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation by March 2013.
- Further reduce healthcare associated infections so that by 2012/13 NHS Boards' staphylococcus aureus bacteraemia (including MRSA) cases are 0.26 or less per 1000 acute occupied bed days; and the rate of Clostridium difficile infections in patients aged 65 and over is 0.39 cases or less per 1000 total occupied bed days
- To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2009/10 and 2013/14

HEAT Targets 2013/14

Health Improvement Targets for 2013/14

- To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25% by 2014/15
- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvements in breast feeding rates and other important health behaviours.
- Reduce suicide rate between 2002 and 2013 by 20%
- To achieve 14,910 completed child healthy weight interventions over the three years ending March 2014
- NHSScotland to deliver universal smoking cessation services to achieve at least 80,000 successful quits (at one month post quit) including 48,000 in the 40% most-deprived within-Board SIMD areas over the three years ending March 2014
- At least 60% of 3 and 4 year old children in each SIMD quintile to receive at least two applications of fluoride varnish (FV) per year by March 2014.

Efficiency Targets for 2013/14

- NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement
- NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009
- NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009

Access Targets for 2013/14

- Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013; reducing to 18 weeks from December 2014; and 18 weeks referral to treatment for Psychological Therapies from December 2014.
- Eligible patients will commence IVF treatment within 12 months by 31 March 2015
- 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment by year ending September 2014
- To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic

support coordinated by a link worker, including the building of a person-centred support plan

Treatment Targets for 2013/14

- Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population, by at least 12% between 2009/10 and 2014/15.
- No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013; followed by a 14 day maximum wait from April 2015.
- Further reduce healthcare associated infections so that by 2014/15 NHS Boards' *staphylococcus aureus* bacteraemia (including MRSA) cases are 0.24 or less per 1000 acute occupied bed days; and the rate of *Clostridium difficile* infections in patients aged 15 and over is 0.32 cases or less per 1000 total occupied bed days
- To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E between 2009/10 and 2013/14

HEAT Targets 2014/15

Health Improvement Targets for 2014/15

- To increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25 per cent by 2014-15.
- At least 80 per cent of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation by March 2015 so as to ensure improvements in breast feeding rates and other important health behaviours.
- NHSScotland to deliver universal smoking cessation services to achieve at least 12,000 successful quits, at 12 weeks post quit, in the 40 per cent most deprived within-board SIMD areas (60 per cent for island health boards) over the one year ending March 2015.

Efficiency Targets for 2014/15

- NHS Boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
- NHSScotland to reduce energy-based carbon dioxide emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.

Access Targets for 2014/15

- Deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services from March 2013, reducing to 18 weeks from December 2014; and 18 weeks referral to treatment for Psychological Therapies from December 2014.
- Eligible patients will commence IVF treatment within 12 months by March 31, 2015.
- 95 per cent of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment by year ending September 2014.

Treatment Targets for 2014/15

- To deliver expected rates of dementia diagnosis and by 2015-16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.
- Reduce the rate of emergency inpatient bed days for people aged 75 and over per 1,000 population by at least 12 per cent between 2009-10 and 2014-15.

- No people will wait more than 28 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2013, followed by a 14 day maximum wait from April 2015.
- Further reduce healthcare associated infections so that by 2014-15 NHS Boards' *staphylococcus aureus* bacteraemia (including MRSA) cases are 0.24 or less per 1,000 acute occupied bed days; and the rate of *Clostridium difficile* infections in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.