

Borders NHS Board**NHS BORDERS HEAT PERFORMANCE SCORECARD – AUGUST 2011****Aim**

This paper aims to update the Board with NHS Borders latest performance towards the 2011/12 national HEAT targets, as set out in NHS Borders Local Delivery Plan. The attached HEAT Performance Scorecard for August 2011 shows performance as at 30th June 2011.

Background

During April 2010 Quarterly Performance Reviews were introduced for each Clinical Board. Performance Scorecard reports were produced to inform discussions at these reviews. Following on from these meetings it was decided to follow a Performance Scorecard approach across NHS Borders.

In the first year since April 2010 Performance Scorecards have been embedded across the organisation. Individual services have implemented their own scorecards with the assistance of Planning and Performance. These are available to view on the NHS Borders intranet, available to all staff. This way of working has supported the robust monitoring of targets throughout the Health Board. Planning and Performance have worked closely with Clinical Boards to develop new targets for their areas and these have been introduced into the Clinical Board Scorecards for the 2011/12 financial year.

Attached to this paper is the August 2011 HEAT Performance Scorecard which reports on the month of June 2011. The Scottish Government is developing a national Quality Scorecard to support the newly published Quality Strategy. Once this has been completed the aim is to include this within the HEAT Performance Scorecard.

Key findings from the August HEAT scorecard are as follows:

- Smoking cessation for 1 month or over – the April 2011 target of 23 has been over-achieved by 27 with 50 quitting patients recorded (please note there is a time lag with this target).
- Sickness and Absence rate –the target of 4% was met in June 2011.
- 9 week waiting target for outpatients – 261 patients were waiting over 9 weeks for an outpatient appointment at the end of June 2011
- 9 week waiting target for inpatients – 15 patients were waiting over 9 weeks for an inpatient treatment at the end of June 2011
- 4 week wait for diagnostic tests – 6 people waited over 4 weeks for their test which was an increase from May 2011 of 4 patients.
- Reduction in A&E Attendances – the target rate of 1,640 was not achieved this month with 2,022 attendances per 100,000 population recorded

- SABs infection rate – a total of 2 infections have been recorded for the financial year to end of June, better than the cumulative trajectory of 6.
- Delayed discharges - The number over 6 weeks in June decreased to 3 from 10 in May.

Summary

NHS Borders Board Meetings will receive the HEAT Performance Scorecard highlighting the organisation's performance towards the national HEAT Targets reflecting feedback at the April 2010 NHS Borders Board Meeting.

Recommendation

The Board is asked to **note** the HEAT Performance Scorecard for August 2011.

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

Name	Designation	Name	Designation
June Smyth	Interim Director of Workforce & Planning		

Author(s)

Name	Designation	Name	Designation
Meriel Smith	Planning and Performance Officer		

Month

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**HEAT
PERFORMANCE
SCORECARD**
As at 30th June 2011

**AUGUST
2011**

Planning & Performance




Contents

Introduction	3
Summary of Performance	4
Dashboard of Key Indicators	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 how well the progress compared to 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 between 6 and 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	↓

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.

Summary of Performance

Performance on a total of 29 HEAT targets and standards are detailed within in this report. The following table summarises the achievements for the financial year 2011/12 to date:

Indicator	April 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12
Alcohol brief intervention												
Smoking cessation for 1 month or over												
Number of inequalities targeted cardiovascular health checks												
New patient DNA rate												
Pre-operative stay												
Online Triage of Referrals												
Sickness Absence Reduced to 4%												
Treatment within 62 days for Urgent Referrals of Suspicion of Cancer												

Indicator	April 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12
Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer												
18 Wk RTT: 9 wks for outpatients												
18 Wk RTT: 9 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												
4 Week Waiting Target for Diagnostics												

Indicator	April 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12
4-Hour Waiting Target for A&E												
Increase complex care needs treatment at home	-											
Diagnosis of dementia ¹	-	-										
Reduction in rate (per 100,000) of A&E and MIU Attendees												
15% Reduction in Staph aureus bacteraemia												
30% Reduction in C. Diff (CDAD)												
Admitted to the Stroke Unit within 1 day of admission	-											
No Delayed Discharges over 6 Wks												

Notes:

1 As the target period completed at the end of March has not been monitored nationally, now a local collection system is in place







To Be Added:














Same Day Surgery Rates - Planning and Performance are working with IM&T Developers to report on this data from the new Trakcare system, the timeline is to be confirmed







eKSF Annual Reviews – Nationally trajectories are being worked up for the continuation of this target and data is not yet available, the timeline is to be confirmed.

DASHBOARD OF HEAT TARGETS

* for these targets there is a lag in reporting and data included is the most up to date data available which may not be last month's.

Target no	Target Descriptor	Target Date	2011/12 Target	Current Target	Current Performance	Performance Last Month	Performance Compared to Last Month	Status
H4	Alcohol brief intervention ¹	Mar 2012	1,247	312	283	214	↑	
H6	Smoking cessation for 1 month or over * (current month- April)	Mar 2012	280	23	50	-	-	
H8	Number of inequalities targeted cardiovascular health checks	Mar 2012	390	95	92	57	↑	
Std	New patient DNA rate	Mar 2012	4%	5.7%	5.8%	5.9%	↑	
	Same day surgery ²		86%	86%	Not Available	Not Available	-	-
	Pre-operative stay * (current month – May)		0.51	0.51	0.26	0.33	↑	
Std	Online Triage of Referrals	Mar 2012	90%	90%	88.9%	86.1%	↑	
Std	Increase the proportion of new-born children breastfed at 6-8 weeks (current month – Dec 2010)	Mar 2012	33.3%	33.3%	28.9%	-	-	
Std	eKSF annual reviews complete ³	Mar 2012	80% of reviews	-	Not available	Not available	-	-
Std	Sickness Absence Reduced to 4%	Mar 2012	4%	4%	4.0%	4.6%	↑	
A9	Treatment within 62 days for Urgent Referrals of Suspicion of Cancer *	Mar 2012	95%	95%	100%	95.5%	↑	
	Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer *				100%	100%	↔	

Target no	Target Descriptor	Target Date	2011/12 Target	Current Target	Current Performance	Performance Last Month	Performance Compared to Last Month	Status
A10	18 Wk RTT: 9 wks for outpatients	Mar 2012	0	0	261	327	↑	
	18 Wk RTT: 9 wks for inpatients		0	0	15	0	↓	
	18 Wk RTT: Admitted Pathway Performance		90%	86%	82.6%	81.3%	↑	
	18 Wk RTT: Admitted Pathway Linked Pathway		90%	86%	76.8%	79.1%	↓	
	18 Wk RTT: Non-admitted Pathway Performance		90%	86%	94.5%	93.4%	↑	
	18 Wk RTT: Non-admitted Pathway Linked Pathway		90%	86%	80.7%	76.7%	↑	
	Combined Performance		90%	86%	92.8%	91.5%	↑	
	Combined Performance Linked Pathway		90%	86%	80.1%	77.1%	↑	
A12	No CAMHS waits over 26 wks	Mar 2012	0	2	0	1	↑	
Std	4 Week Waiting Target for Diagnostics	Mar 2012	0	0	5	2	↓	
Std	4-Hour Waiting Target for A&E	Mar 2012	98%	98%	97%	96%	↑	
Std	Increase complex care needs treatment at home*	Mar 2012	98%	98%	99%	98%	↑	
Std	Diagnosis of dementia ⁴	Mar 2011	995	995	882	Not available	-	

Target no	Target Descriptor	Target Date	2011/12 Target	Current Target	Current Performance	Performance Last Month	Performance Compared to Last Month	Status	
T10	Reduction in rate (per 100,000) of A&E and MIU Attendees	Mar 2012	1624	1640	2022	2087	↑		
	Total Attendances		1830	1848	2278	2352	↑		
	BGH Attendances				2039	2073	-	-	
	P&CS Attendances				239	279	-	-	
T11	15% Reduction in Staph aureus bacteraemia ⁵	Mar 2012	26.4	2.2 ⁶	1	1	↔		
	2011/12 cumulative total of SABs to end of June is 2								
	30% Reduction in C. Diff (CDAD)		42.1	3.75 ⁶	2	3	↑		
2011/12 cumulative total of CDiff to end of June is 10									
Stroke	Admitted to the Stroke Unit within 1 day of admission	Mar 2012	80%	72.5%	78.5%	62.5%	↑		
Std	No Delayed Discharges over 6 Wks	Mar 2012	0	0	3	10	↑		
	Delayed Discharges under 6 wks	As at the 15th of June there were 19 delayed discharges under 6 weeks. A target has not been set for delayed discharges under 6 weeks							

- 1 This includes interventions carried out by the substance misuse liaison service.
- 2 Same day surgery figures are unavailable, Planning and Performance are working with IM&T Developers on developing a report for this target.
- 3 Nationally, the target and trajectories have to be agreed.
- 4 This target was due for delivery in March 2011. Work is ongoing to achieve the target.
- 5 The infection control team record all SABs across NHS Borders and for every incident a root cause analysis is performed.
- 6 These targets are the maximum numbers of infections allowed per month

The following targets cannot be reported on a monthly basis, as data is not available regularly. The table below indicates how progress will be reported.

Target Area	Target Descriptor	Target Date	Target	Frequency of Reporting
Health Improvement	Completion rates for child healthy weight intervention programme	March 2012	100	Managing Our Performance Report – 6 and 12 month intervals
Health Improvement	Reduce Suicide Rate between 2002 and 2013 by 20%	Dec 2013	14.2	Managing Our Performance Report – 6 and 12 month intervals
Health Improvement	60% of 3 & 4 year olds to have fluoride varnishing twice a year	March 2012	41%	Managing Our Performance Report – 6 and 12 month intervals
Health Improvement	Increase the proportion of new-born children breastfed at 6-8 weeks.	March 2012	33.3%	Managing Our Performance Report – 6 and 12 month intervals
Efficiency	Boards to operate within agreed revenue resource limit, capital resource limit and meet cash requirement	March 2012	0	Managing Our Performance Report – 6 and 12 month intervals
Efficiency	Boards to deliver 3% efficiency saving to reinvest in frontline services	March 2012	£8,572,000	Managing Our Performance Report – 6 and 12 month intervals
Efficiency	Reduction in energy based carbon emissions and energy consumption	March 2012	Energy GJ 93,169 CO2 tonnes 3,159	Managing Our Performance Report – 6 and 12 month intervals
Access to Services	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment	Dec 2012	90%	Managing Our Performance Report – 6 and 12 month intervals
Access to Services	18 weeks referral to treatment for psychological therapies	Mar 2012	TBC	Managing Our Performance Report – 6 and 12 month intervals