

Borders NHS Board**NHS BORDERS HEAT PERFORMANCE SCORECARD – SEPTEMBER 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 31st August 2011.

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 being embedded across the organisation. Individual services have implemented their own scorecards with the assistance of Planning and Performance.

Attached to this paper is the September 2011 HEAT Performance Scorecard which reports on the month of August 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.

In November 2010, a new patient management system (PMS), Trakcare went live in the BGH. A significant amount of work has progressed to re-create the performance data from this new system and is now nearing completion. There is now only one outstanding measure that has a significant time lag in terms of data availability, this is highlighted within the report. Work is being carried out to ensure this is available in following scorecards.

Some areas of strong and poor performance are highlighted below.:

- targeted cardiovascular health checks
- Pre-operative stay remains below target
- 100% of urgent referrals with suspicion of cancer were treated within the target of 62 days.

Areas where performance was out with the trajectory include:

- eKSF remains well below the trajectory target of 40% at 6%
- Sickness Absence rate –the target of 4% was not achieved in August which saw a rate of 5.6%
- 9 week waiting target for outpatients – 495 patients were waiting over 9 weeks for an outpatient appointment at the end of August 2011
- 9 week waiting target for inpatients – 134 patients were waiting over 9 weeks for an inpatient treatment at the end of August 2011.

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

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Month

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**HEAT
PERFORMANCE
SCORECARD**
As at 31st August 2011

**SEPTEMBER
2011**

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 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 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	↓

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												
Number of inequalities targeted cardiovascular health checks												
New patient DNA rate												
Pre-operative stay												
Online Triage of Referrals					N/A							
eKSF annual reviews complete on the system	N/A	N/A	N/A									
Sickness Absence Reduced to 4%												
Treatment within 62 days for Urgent Referrals of Suspicion of Cancer				N/A								

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				N/A	N/A							
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

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	520	493	399	↑	
H8	Number of inequalities targeted cardiovascular health checks cum. Apr –July	Mar 2012	390	125	160	119	↑	
Std	New patient DNA rate	Mar 2012	4%	5.7%	6.4%	6.3%	↓	
	Same day surgery ²		86%	86%	Not Available	Not Available	-	-
	Pre-operative stay * (current month – June)		0.51	0.51	0.34	0.31	↓	
Std	Online Triage of Referrals	Mar 2012	90%	90%	93.5%	87.5%	↑	
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	Mar 2012	80% of reviews	40%	6.00%	4.64%	↑	
Std	Sickness Absence Reduced to 4%	Mar 2012	4%	4%	5.6%	4.4%	↓	
A9	Treatment within 62 days for Urgent Referrals of Suspicion of Cancer *	Mar 2012	95%	95%	100%	96%	↑	
	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	495	422	↓	
	18 Wk RTT: 9 wks for inpatients		0	0	134	46	↓	
	18 Wk RTT: Admitted Pathway Performance		90%	86%	77.9%	76.5%	↑	
	18 Wk RTT: Admitted Pathway Linked Pathway		90%	86%	82.1%	79.4%	↑	
	18 Wk RTT: Non-admitted Pathway Performance		90%	86%	94.3%	95.2%	↓	
	18 Wk RTT: Non-admitted Pathway Linked Pathway		90%	86%	82.3%	81.9%	↑	
	Combined Performance		90%	86%	91.5%	92.4%	↓	
	Combined Performance Linked Pathway		90%	86%	82.7%	81.2%	↑	
A12	No CAMHS waits over 26 wks	Mar 2012	0	2	1	0	↓	
Std	4 Week Waiting Target for Diagnostics ₃	Mar 2012	0	0	13	6	↓	
Std	4-Hour Waiting Target for A&E	Mar 2012	98%	98%	99%	99%	↑	
Std	Increase complex care needs treatment at home*	Mar 2012	98%	98%	99%	99%	↔	
Std	Diagnosis of dementia ⁴	Mar 2011	995	995	890	894	↓	

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	2006	1935	↓		
	Total Attendances		1830	1848	2260	2180	↑		
	BGH Attendances		-	-	2013	1964	-	-	
	P&CS Attendances		-	-	247	216	-	-	
T11	15% Reduction in Staph aureus bacteraemia ⁴	Mar 2012	26.4	2.2	3	3	↓		
	2011/12 cumulative total of SABs to end of August is 8								
	30% Reduction in C. Diff (CDAD) ⁵		42.1	3.75	2	3	↑		
2011/12 cumulative total of CDiff to end of August is 15									
Stroke	Admitted to the Stroke Unit within 1 day of admission	Mar 2012	80%	72.5%	55.6%	41.7%	↑		
Std	No Delayed Discharges over 6 Wks	Mar 2012	0	0	13	7	↓		
	Delayed Discharges under 6 wks	As at the 15th of August there were 23 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 This target was due for delivery in March 2011. Work is ongoing to achieve the target.

4 The infection control team record all SABs across NHS Borders and for every incident a root cause analysis is performed.

5 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	Latest Performance	Frequency of Reporting
Health Improvement	Deliver smoking cessation services to include 40% most-deprived within-Board SIMD areas ending March 2014	March 2014	838	Figures not yet available from ISD	Quarterly Performance Review Packs
Health Improvement	Completion rates for child healthy weight intervention programme	March 2012	100	7 (June 2011)	Managing Our Performance Report – 6 and 12 month intervals
Health Improvement	Reduce Suicide Rate between 2002 and 2013 by 20%	Dec 2013	14.2	Figures not yet available from ISD	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%	0.5% (March 2011)	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%	28.9% (December 2010)	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	3339.1 tonnes (March 2011)	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%	100% of clients offered appt within 4 weeks of assessment (Dec 2010)	Managing Our Performance Report – 6 and 12 month intervals
Access to Services	18 weeks referral to treatment for psychological therapies	Mar 2012	TBC	Reporting methodology not yet defined	Managing Our Performance Report – 6 and 12 month intervals