

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

This paper aims to update the Board with NHS Borders latest performance towards the 2010/11 national HEAT targets, as set out in NHS Borders Local Delivery Plan. The attached HEAT Performance Scorecard for March 2010 shows performance as at 28th February 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.

Each Clinical Board now receives a tailored Scorecard covering HEAT targets and local efficiency and productivity indicators. This will be discussed on a monthly basis through their relevant Clinical Board meetings and subsequently on a monthly basis at the Clinical Executive. The HEAT target information in these reports is collated into the HEAT Performance Scorecard to be presented at each Board Meeting.

Attached to this paper is the March 2011 HEAT Performance Scorecard which reports on the month of February 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 are now only two outstanding measures that have a one month time lag in terms of data availability, these are highlighted within the report. Work will be carried out to ensure this is available for the April Scorecards.

Key findings from the March HEAT scorecard are as follows:

- Number of inequalities targeted cardiovascular checks – this is significantly above the target to be delivered in March 2011 of 390 checks with a total of 580 checks completed at the end of February
- Online Triage of Referrals has increased from 60.7% last month to 82.2% during February
- DNA rate – the target of 5.8% was achieved during February
- eKSF annual reviews completed – Progress to increase the number of staff with a development review recorded on E-eKSF has increased significantly in February to 74.4% just short of the target of 75%. Confidence is high that this target will be delivered by the end of March 2011

- 9 week waiting target for outpatients – 278 patients waited over 9 weeks for an outpatient appointment in February
- 4 week wait for diagnostic tests – 13 people waited over 4 weeks for their test which was an increase from January 2011
- SABs – the number of SABs remains over target with 3 in February, however this was a reduction from 5 in January
- Delayed discharges - The number over 6 weeks in February increased to 15

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 NHS Borders Board Meeting.

Recommendation

The Board is asked to **note** the HEAT Performance Scorecard for March 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 28th February 2011

**MARCH
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		
R	Under Performing	Current performance is significantly outwith the trajectory set.
A	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.
G	Meeting Trajectory	Current performance matches or exceeds the trajectory set

The previous Current Performance 'star' showing performance exceeding the trajectory set has been removed from this report. This level of performance will be noted in the report.

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.

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.

◆ Reports are still under development for these measures and so February data is unavailable

Target no	Target Descriptor	Target Date	2010/11 Target	Current Target	Current Performance	Performance Last Month	Performance Compared to Last Month	Status
H4	Alcohol brief intervention	Mar 2011	3210	3042	3629	3474	↑	G
H6	Smoking cessation for 1 month or over*	Mar 2011	1600	1500	1811	1781	↑	G
H8	Number of inequalities targeted cardiovascular health checks	Mar 2011	390	390	580	553	↑	G
E4	New patient DNA rate	Mar 2011	5.8%	5.8%	5.6%	6.4%	↑	G
	Same day surgery ◆		88%	87%	Not Available	89.9% (Jan)	-	G
	Pre-operative stay ◆	Mar 2013	0.51	0.51	Not Available	0.25 (Jan)	-	G
E7	Online Triage of Referrals	Dec 2010	90%	90%	82.2%	60.7%	↑	A
E10	eKSF annual reviews complete ₁	Mar 2011	80% of reviews	78%	74.4%	59.0%	↑	A
Std	Sickness Absence Reduced to 4%	Mar 2011	4%	4%	4.9%	4.6%	↓	A
A9	Treatment within 62 days for Urgent Referrals of Suspicion of Cancer *	Mar 2011	95%	95%	92.9%	100%	↓	A
	Treatment within 31 days of decision to treat for all Patients diagnosed with Cancer *		88%	95%	100%	95.5%	↑	G
A10	18 Wk RTT: 9 wks for outpatients	Mar 2011	0	0	278	Not Available	-	R
	18 Wk RTT: 9 wks for inpatients		0	0	0	Not Available	-	G
	18 Wk RTT: Admitted Pathway Performance		84%	82%	83.2%	85.3% (Dec)	↓	G
	18 Wk RTT: Admitted Pathway Linked Pathway		95%	93%	71.3%	45.3% (Dec)	↑	A
	18 Wk RTT: Non-admitted Pathway Performance		92%	92%	92.6%	94.2% (Dec)	↓	G
	18 Wk RTT: Non-admitted Pathway Linked Pathway		95%	93%	75.0%	39.7% (Dec)	↑	A

Target no	Target Descriptor	Target Date	2010/11 Target	Current Target	Current Performance	Performance Last Month	Performance Compared to Last Month	Status
A12	No CAMHS waits over 26 wks	Mar 2011	0	2	0	2	↑	G
Std	4 Week Waiting Target for Diagnostics	Mar 2011	0	0	13	11	↓	R
Std	4-Hour Waiting Target for A&E ₂	Mar 2011	98%	98%	97%	96%	↑	A
T8	Increase complex care needs treatment at home ³	Mar 2011	31%	31%	30.5% (Dec 10)	31.2% (Sep 10)	-	A
T9	Diagnosis of dementia	Mar 2011	995	995	840	834	↑	A
T10	Reduction in rate (per 100,000) of A&E and MIU Attendees	Mar 2011	1742	1742	1542	1973	-	G
	Total Attendances		1962	1962	1738	2223	↑	G
	BGH Attendances				2032	1778	↑	-
	P&CS Attendances				161	191	↑	-
T11	15% Reduction in Staph aureus bacteraemias	Mar 2011	19	1.5	3	5	↑	R
	2010/11 cumulative total of SABs to end of February is 44							
	30% Reduction in C. Diff (CDAD)		43	5	1	1	↔	G
2010/11 cumulative total of CDiff to end of February is 34								
T12	Reduce emergency inpatient bed days for over 65s by 10%	Mar 2011	3250	3340	3409	3368	↑	A
Std	No Delayed Discharges over 6 Wks	Mar 2011	0	0	15	13	↓	R
	Delayed Discharges under 6 wks	As at the 15th of February there were 26 delayed discharges under 6 weeks. A target has not been set for delayed discharges under 6 weeks						

¹ eKSF reviews are as at 7th March

² 4 hour waiting time for A&E data has been taken from the A&E predictor tool as it is not yet possible to obtain this information from Trakcare

³ This data is now only produced quarterly

The following targets cannot be reported on a monthly basis and the table below indicates how progress will be reported.

Target No	Target Descriptor	Target Date	Target	Frequency of Reporting
H3	Completion rates for child healthy weight intervention programme	March 2011	194	Currently working with service to produce this on a monthly basis. This will be reported from next month
H5	50% of Key Frontline Staff Trained in Suicide Prevention Training	Dec 2010	50% of staff	Currently working with service to produce this on a monthly basis. This will be reported from next month.
H7	Increase in proportion of new born children exclusively breastfed	March 2011	33.3%	Managing Our Performance Report – 6 and 12 month intervals
H9	60% of 3 & 4 year olds to have fluoride varnishing twice a year	March 2014	65%	Managing Our Performance Report – 6 and 12 month intervals
E4	Improved efficiencies for non routine average length of stay	March 2011	4.6	Quarterly Clinical Board Performance Review Scorecards
	Improved efficiencies for review to new outpatient attendance ratio			
E5	Boards to operate within agreed revenue resource limit, capital resource limit and meet cash requirement			Managing Our Performance Report – 6 and 12 month intervals
E6	Boards to meet their cash efficiency target	March 2011	7024	Managing Our Performance Report – 6 and 12 month intervals
E8	Reduction in energy based carbon emissions and energy consumption	2014/15	Energy GJ 94,882 CO2 tonnes 6017	Managing Our Performance Report – 6 and 12 month intervals
A8	48 hour access or advance booking to member of the GP practice team	March 2012	95%	Managing Our Performance Report – 6 and 12 month intervals
A11	Waiting times for drug and alcohol treatment services	Dec 2010	Referral to assessment 90% Assessment to treatment date 100%	TBC (Quarterly Clinical Board Performance Review Scorecards)
HEAT Std	75% of category A calls responded to within 8 minutes			Managing Our Performance Report – 6 and 12 month intervals
T6	Reductions in rate of occupied bed days for COPD, asthma, diabetes or CHD	Mar 2011	10,263	Managing Our Performance Report – 6 and 12 month intervals

EXCEPTION REPORT

Health Improvement

H4 - Alcohol Brief Interventions

There continues to be strong performance against this target. The March 2011 target of 3210 interventions was achieved in October 2010. The number of interventions recorded at the end of February 2011 was 3629, 419 above the total target.

H6 Smoking Cessation

This target measures the total number of the smoking population who have quit for a period of a month or longer following input from the Smoking Cessation Service. Latest available data from December 2010 shows that the March 2011 target of 1600 smokers who have quit has been achieved with a total of 1811 non smokers which is 2111 over target.

H8 Cardiovascular Health Checks

Again the March 2011 target has been achieved, and at the end of February 580 checks had been carried out which is 48% over the target of 390.

Efficiency and Governance

E10 - eKSF Annual Reviews Complete

The NHS Knowledge & Skills Framework (KSF) and related development review process defines and describes the knowledge and skills which NHS staff need to apply to their work to deliver quality services. eKSF is a web based system to allow Managers to assign post outlines describing the skills and knowledge required by their staff and then to record the results of their annual review. This target is concerned with the number of staff who have had a development review which is recorded on eKSF. Progress to increase the number of staff with a development review recorded on E-eKSF has increased significantly in March to 74.4% from 59% in February, just slightly below the trajectory of 78%. Mental Health, P&CS, Learning Disability and Support Services have performed well and have achieved the year end total of 80% with the following rates: Mental Health 92.8%, P&CS 92.8%, Learning Disability 96.1% and Support Services 80.47%.

Access

A10 – 9 Week Waiting Time for an Outpatient Appointment

In February, 278 patients waited over 9 weeks for an outpatient appointment with 2 people waiting over 12 weeks.

A10 – 18 week Pathway

The linked pathway calculation is a nationally agreed formula from ISD to determine the % of “linkages” NHS Borders can establish in the patient pathway using clinical outcome codes and the Unique Care Pathway Number (UCPN). This replaced the 18wk “completeness” calculation in Dec 2010.

The reason December and current performance is below target is the loss of clinical outcome data in the transition from iExpress to TrakCare. The backlog of outcome data has now been addressed and it is expected performance will continue to improve. Reporting of patient pathways linking on UCPN is being tested at present.

Std – 4 Week Waiting Time for Diagnostic Tests

There were 13 patients that waited over 4 weeks for diagnostic tests in February 2011.

Treatment

T11 – Reduction in Staph aureus bacteraemia infection rates

The cumulative total of infections from Staphylococcus aureus bacteraemia up to January is now at 44 which is significantly in excess of the cumulative target of 19.

Std – Delayed Discharges

The number of delayed discharges over 6 weeks in February 2010 has remained high at 15.