

Borders NHS Board**NHS BORDERS HEAT PERFORMANCE SCORECARD – JANUARY 2012****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 January 2012 shows performance as at 31st December 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 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 January 2012 HEAT Performance Scorecard providing a summary of performance in December 2011.

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

- alcohol brief interventions above target
- targeted cardiovascular health checks higher than trajectory
- on line triage of referrals remains above target
- cancer treatment for patients with urgent referrals has exceeded both the 31 and 62 day target
- 98% of attendees at A&E were seen within 4 hours
- Patients with a diagnosis of Stroke were admitted to the Stroke Unit within 1 day of admission
- there were no delayed discharges.

The table overleaf outlines areas where performance was out with the trajectory along with a summary of action being taken to realign performance.

Target Area	Comment
New patient DNA rate	Outpatient project now underway which will deliver plan for improvement.
eKSF remains significantly below the trajectory of 70% at 26%	<p><u>BGH</u> - audit has been completed to identify which areas who are not recording appraisals on eKSF. Work underway to target these areas. Fortnightly reporting is now in place</p> <p><u>P&CS</u> - the performance gap is due to work priorities and staffing levels in some areas and lack of planning in other areas. Action plans have been developed and some admin support is being provided. Fortnightly monitoring is in place. A “mini” Champion is to be identified to support Managers and staff</p> <p><u>Mental Health</u>, activity is pushed towards the end of the year. The KSF Champion is working with Service Leads to focus delivery.</p>
the sickness absence rate was above the target of 4% at 5.4%	<p><u>BGH</u> - short term sickness reports have been requested to inform divisional sickness management meetings. Staff are being set targets in line with policy</p> <p><u>Mental Health</u> - Operational manager involvement with the Sickness Absence Toolkit when rolled out</p>
1214 patients were waiting over 9 weeks for an outpatient appointment at the end of October 2011 (this is a stretched target which has been agreed locally)	Demand and capacity plans are being refined and a short term plan is in place to increase capacity. Review of high risk services and planning in place to address long waits.
186 patients were waiting over 9 weeks for an inpatient treatment at the end of October 2011 (this is a stretched target which has been agreed locally)	Additional theatre sessions in some areas have been provided – General Surgery, Orthopaedics and Gynaecology.
Reduction in the rate of attendances at A&E	Work to review data and correct data relating to A&E/BECS transfers is complete. Data linked to cancellations, planned attendances & referrals is currently being reviewed and amended. Data being analysed to identify patient cohorts, flows and reasons to plan and implement actions. The process for GP referrals which often go through A&E is being reviewed.
the target to increase the number of patients with a diagnosis of Dementia remains to be delivered	Action plan has been developed to target GPs with assistance from Mental Health. A&E and Care Homes also to be included in planning.

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 January 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

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

Author(s)

Name	Designation	Name	Designation
Susan Yates	Planning and Performance Officer		

Month

1

2

3

4

5

6

7

8

9

10

11

12



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

**JANUARY
2012**

Planning & Performance




Contents

Introduction	3
Summary of 2011/12 Performance to Date	4
Dashboard of HEAT Targets	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 whether 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.

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 successful quits in most deprived areas	N/A	N/A										
Number of inequalities targeted cardiovascular health checks							N/A	N/A	N/A			
New patient DNA rate												
Same Day Surgery	N/A	N/A	N/A	N/A								
Pre-operative stay								N/A	N/A			
Online Triage of Referrals												
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	G	G	G	N/A	G	G	G	G	G			
18 Wk RTT: 9 wks for outpatients	R	R	R	R	R	R	R	R	R			
18 Wk RTT: 9 wks for inpatients	A	G	R	R	R	R	R	R	R			
18 Wk RTT: Admitted Pathway Performance	R	G	G	A	A	A	A	R	R			
18 Wk RTT: Admitted Pathway Linked Pathway	R	A	A	A	G	A	A	A	G			
18 Wk RTT: Non-admitted Pathway Performance	G	G	G	G	G	G	G	G	G			
18 Wk RTT: Non-admitted Pathway Linked Pathway	A	A	A	A	A	A	A	A	A			
Combined Performance	G	G	G	G	G	G	G	G	G			
Combined Performance Linked Pathway	-	A	A	A	A	A	A	A	A			
No CAMHS waits over 26 wks	G	G	G	G	G	G	A	A	A			
4 Week Waiting Target for Diagnostics	R	A	R	R	R	R	A	G	R			













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	A	A	A	G	G	A	G	G	G			
Diagnosis of dementia ¹	N/A	N/A	A	R	R	R	R	R	R			
Reduction in rate (per 100,000) of A&E and MIU Attendees	A	R	R	R	R	R	R	R	R			
15% Reduction in Staph aureus bacteraemia	G	G	G	A	R	G	G	R	R			
30% Reduction in C. Diff (CDAD)	R	G	G	G	G	G	R	G	G			
Admitted to the Stroke Unit within 1 day of admission	-	A	G	R	R	G	R	G	G			
No Delayed Discharges over 6 Wks	G	R	R	R	R	R	G	G	G			













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

DASHBOARD OF HEAT TARGETS – December 2011

* 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	936	1408	1266	↑	
H8	Number of inequalities targeted cardiovascular health checks cum. Apr –Sep	Mar 2012	390	290	290	271	↑	
Health Imp	Smoking cessation successful quits in most deprived areas	Mar 2012	280	210	228	201	↑	
Std	New patient DNA rate	Mar 2012	4%	4.78%	6.0%	5.8%	↓	
	Same day surgery*		86%	86%	84.9%	86.7%	↓	
	Pre-operative stay * (current month – Oct 11)		0.51	0.51	0.29	0.3	↑	
Std	Online Triage of Referrals	Mar 2012	90%	90%	92.3%	91.6%	↑	
Std	Increase the proportion of new-born children breastfed at 6-8 weeks (current month – Mar 2011)	Mar 2012	33.3%	33.3%	29.3%		-	
Std	eKSF annual reviews complete	Mar 2012	80% of reviews	70%	26%	19.4%	↑	
Std	Sickness Absence Reduced to 4%	Mar 2012	4%	4%	5.4%	5.4%	↔	
A9	Treatment within 62 days for Urgent Referrals of Suspicion of Cancer	Mar 2012	95%	95%	100%	100%	↔	
	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	1214	865	↓	
	18 Wk RTT: 9 wks for inpatients		0	0	186	142	↓	
	18 Wk RTT: Admitted Pathway Performance		90%	89%	73.6%	70.0%	↑	
	18 Wk RTT: Admitted Pathway Linked Pathway				96.8%	79.8%	↑	
	18 Wk RTT: Non-admitted Pathway Performance				94.8%	93.7%	↑	
	18 Wk RTT: Non-admitted Pathway Linked Pathway				86.1%	84.6%	↑	
	Combined Performance				91.3%	91.5%	↓	
	Combined Performance Linked Pathway				87.7%	84.1%	↑	
A12	No CAMHS waits over 26 wks	Mar 2012	0	2	3	3	↔	
Std	4 Week Waiting Target for Diagnostics	Mar 2012	0	0	3	0	↓	
Std	4-Hour Waiting Target for A&E	Mar 2012	98%	98%	98%	99%	↓	
Std	Diagnosis of dementia ²	Mar 2011	995	995	883	889	↓	

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	1635	1828	1781	↓		
	Total Attendances		1830	1848	2050	2007			
T11	15% Reduction in Staph aureus bacteraemia ³	Mar 2012	26.4	2.8	6	4	↓		
	2011/12 cumulative total of SABs to end of December is 21								
	30% Reduction in C. Diff (CDAD) ⁴		42.1	3.75	2	2	↔		
2011/12 cumulative total of CDiff to end of December is 27									
Stroke	Admitted to the Stroke Unit within 1 day of admission	Mar 2012	80%	72.5%	87.5%	86.7%	↑		
Std	No Delayed Discharges over 6 Wks	Mar 2012	0	0	0	0	↔		
	Delayed Discharges under 6 wks	As at the 15th of October there were 11 delayed discharges under 6 weeks. A target has not been set for delayed discharges under 6 weeks							

- 1 ABIs are carried out within the BGH, Primary & Community Services and the substance misuse liaison service.
- 2 This target was due for delivery in March 2011. Work is ongoing to achieve the target.
- 3 The infection control team record all SABs across NHS Borders and for every incident a root cause analysis is performed.
- 4 These targets are the maximum numbers of infections allowed per month