

**Borders NHS Board****HEAT PERFORMANCE SCORECARD MARCH 2010****Aim**

The aim of this report is to update the Board and enable members to assess the progress made by NHS Borders against a range of the HEAT targets as set out in the Local Delivery Plan.

**Background**

Since 2007/08, a monthly Key Performance Indicator Report (KPIR) has been prepared for the Board. At the end of 2008/09 the volume of information contained within the KPIR was reduced and following feedback during 2009/10 from the BET and Clinical Executive, this report has been reviewed and further refined. From this month onwards, this report now includes a dashboard of indicators which relate only to HEAT targets and HEAT standards and specifically those which have a monthly target or trajectory. The report has been renamed the Board HEAT Performance Scorecard.

To ensure the continuous improvement of the organisational performance management framework, Clinical Board Scorecards are to be introduced for 2010/11 and the Clinical Board Performance Reviews will take place on quarterly basis instead of bi-annually.

**Summary**

The report is intended to share timely and accurate information on performance and allow the Board to assess progress in meeting key targets and allow the Board to focus on areas where remedial action may be necessary.

**Recommendation**

The Board is asked to:

**Note** the March 2010 Board HEAT Performance Scorecard.

<b>Policy/Strategy Implications</b>	Regular and timely performance reporting is an expectation of the Scottish Government
<b>Consultation</b>	This report has been reviewed by members of the Clinical Executive
<b>Consultation with Professional Committees</b>	Not applicable
<b>Risk Assessment</b>	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
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	The implementation and monitoring of HEAT targets will require that Lead Directors, Managers and Clinicians comply with Board requirements
<b>Resource/Staffing Implications</b>	Any resource implications will be addressed through the LDP Prioritisation Process

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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**HEAT  
PERFORMANCE  
SCORECARD**

**MARCH 2010**

**Directorate of Planning  
& Performance**

**1. INTRODUCTION**

The aim of this report is to update the Board on progress made by NHS Borders against the HEAT Framework set out in the 2009/10 Local Delivery Plan (LDP) as agreed with the Scottish Government. Within the HEAT framework the targets fall into 4 areas:

- Health Improvement
- Access to Services
- Efficiency and Governance
- Treatment.

A monthly Key Performance Indicator Report (KPIR) has been prepared for the Board since 2007/08. At the end of 2008/09 the volume of information contained within the KPIR was reduced to ensure Board discussions focused around areas where performance was off track. During 2009/10, following feedback from the BET and Clinical Executive, this report has been further refined and the format now includes a dashboard of indicators which relate only to HEAT targets and HEAT standards. Furthermore, this report now only includes the HEAT targets where a monthly target or trajectory has been set. A more detailed KPIR will continue to be produced for the Strategy and Performance Board and the revised Clinical Executive which will include a wider range of the HEAT targets along with other key indicators. A development for 2010/11 is the introduction of Clinical Board Scorecards and the performance management framework within NHS Borders is being enhanced with quarterly Clinical Board Reviews. This improved structure will provide a more robust mechanism for the Executive to assess the action being taken by Lead Managers and Clinicians responsible for the delivery of targets necessary when an improvement in performance is required and ensures operational performance is monitored against key measures.

## Summary of Performance

Out of the total of 29 HEAT targets and standards set out for 2009/10, performance against 14 targets is detailed in this report. Within the current reporting period, the following has been achieved:

Current Performance	Number of Targets Achieving this Status	Percentage Achieving this Status
Achieving or Over Performing	9	64%
Slightly Below Trajectory	4	29%
Under Performing	1	7%

## 2. DASHBOARD OF KEY INDICATORS

In the dashboard below to enable an efficient assessment of performance, each target is given a status to indicate how the monthly performance compares against the trajectory as shown in the key below:

Performance Key	
<b>G</b> Achieving or Over Performing	Current performance meets or exceeds the trajectory set.
<b>A</b> Slightly Below	Current performance is moderately below the trajectory set.
<b>R</b> Under Performing	Current performance is significantly below the trajectory set.

So that the direction of travel towards the achievement of the target can be determined direction symbols are also included as are shown below:

### Direction Symbols

Better performance than previous report	↑
No change in performance from previous report	↔
Worse performance than previous report	↓

Target type	Indicator	Lead Director	Target Date	2009/10 Target	Monthly target	Actual Performance	Status of Performance	Performance Compared to last month
HEAT	Smoking cessation for 1 month or over*	DPH	Mar 2011	997	817	1059	<b>G</b>	↑
HEAT	Online Triage of Referrals	DPP	Dec 2010	90%	50%	14.3%	<b>R</b>	↑
HEAT	CHI Usage at 95%	DPP	Mar 2009	95%	95%	97%	<b>G</b>	↔
HEAT Standard	Sickness Absence Reduced to 4%*	DHR	ongoing	4.0%	4.5%	4.5%	<b>A</b>	↔
HEAT	2 Months Waiting Target for Urgent Cancer Referrals	DPP	Mar 2009	95%	95%	100%	<b>G</b>	↔
HEAT	9 Week Waiting Target for Outpatients	DIHS	Mar 2010	0	127	34	<b>G</b>	↑
HEAT	9 Week Waiting Target for Inpatient and Day Cases	DIHS	Mar 2010	0	22	43	<b>A</b>	↑
HEAT Standard	4 Week Waiting Target for Diagnostics	DIHS	ongoing	0	0	0	<b>G</b>	↔
HEAT Standard	4-Hour Waiting Target for A&E	DIHS	ongoing	98%	98%	92%	<b>A</b>	↓

Target type	Indicator	Lead Director	Target Date	2009/10 Target	Monthly target	Actual Performance	Status of Performance	Performance Compared to last month
HEAT	Readmissions to psychiatric beds over 7 days	DIHS	Dec 2009	119	119	76	G	↑
HEAT	Reduction in the rate of A&E and MIU attendees	DIHS	Mar 2011	1,961	1,961	1,815	G	↓
HEAT	25% Reduction in Staph aureus	DN	Mar 2011	2	2	1	G	↑
HEAT	30% Reduction in C. Diff (CDAD)	DN	Mar 2011	6	6	3	G	↓
HEAT Standard	No Delayed Discharges over 6 Weeks	DIHS	ongoing	0	0	3	A	↔
HEAT Standard	Delayed Discharges under 6 weeks	As at the 15 <sup>th</sup> of March there were 24 delayed discharges under 6 weeks. A target has not been set for delayed discharges under 6 weeks						

\* Please Note: this target highlights performance against the last available data, which may not be the previous months.

## Supplementary Information

### Health Improvement

There are 7 Health Improvement targets, most of which are reported on an annual basis with only one target with a monthly trajectory.

#### 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. The trajectory is based on the cumulative number of smokers who quit over the three year period of 2008/9 to 2010/11. For the month of January 2010 the number of sustained quits is 19% over the trajectory of 888 at 1059. Compared to January 2009 (412 patients) this is an increase of 157%.

### Efficiency and Governance

Out of the 7 measures in the area, 3 are reported monthly.

#### E7 – Online Triage of Outpatient Referrals

In February 2010 14.3% of the total number of referrals were triaged electronically which is a slight increase from January 2010. SCI Gateway is now the accepted method of making referrals to all Consultant lead specialties. It is also being introduced into a number of AHP services and Mental Health, although the roll out to these areas has been delayed due to upgrade issues with the software. Developing this single point of referral which is both reliable and fully auditable with a method of tracking referrals, will help to encourage GP's to use it and this will help to increase the number of referrals over the coming months. Due to the number of roll outs and developments within the implementation project, the Project Team expect the number of referrals to remain around 14-15% until mid 2010 and then to jump up above trajectory to around 90%.

E9 – CHI Usage

CHI usage on records within NHS Borders has been achieved in February. This target has been maintained since July 2009 for radiology records. The average for the year to date is an achievement of 97% records with a CHI number.

HEAT Standard – Sickness Absence

The latest available data is for January 2010 and this shows that the absence rate was 4.5%, 0.5% over the target of 4% and the same rate as December 09. The cumulative percentage for April 2009 – January 2010 was 4.3%.

**Access to Services**

There are 5 Access to Services targets and data for 2 targets and 1 standard is included in this report.

HEAT Standard – 2 Month Waiting Target for Urgent Cancer Referrals

As at the end of February 2010, there were no patients who waited consistently longer than 2 months for treatment from an urgent cancer referral. This trajectory of 95% had been achieved since July 2009. Previously the target had been maintained for over a year (since May 2008).

A9 – 18 Weeks Referral to Treatment

The trajectories for waiting times for outpatients and inpatient treatment were both amended in November 2009 to no patient waiting over 9 weeks as the service had already maintained the 12 week target for a number of months. For outpatients, the trend of performing significantly better than the trajectory has continued into February 2010 with 34 patients waiting longer than 9 weeks (trajectory 127). For inpatient treatment there were 43 cases waiting over 9 weeks in February, a decrease of 35 cases from January, however still over the trajectory of 22.

HEAT Standard - 4 Hour Waiting Time for A&E

The percentage of attenders seen within the 4 hour target decreased from to 97% in January to 92% in February. The BGH Clinical Board has recognised that some issues within the Department have led to a rise in breaches which have been particularly apparent on a Monday. A small working group has been established to look at the actions required to improve performance against this target.

**Treatment**

Treatment is the largest area with 10 targets, 4 are reported on monthly and included in this report.

T4 – Psychiatric Readmissions

Psychiatric readmissions are measured on a rolling year's cycle from date of admission (for first ward stay with a duration of 7 days or over). There were 76 readmissions fitting the criteria for this target in the period February 2009 to February 2010. This shows NHS Borders as currently 35% under the target for February 2010. The benchmarking data for this target based on calendar year ending 2004 showed 132 readmissions.

T10 - A&E and MIU Attendance Reduction

This target includes both BGH A&E attendances and attendances at the 4 Minor Injury Units (MIUs) located in Community Hospitals. During February 2010 1,815 patients attended A&E and the MIUs which 8% below the trajectory of 1961. This total comprises 1,648 A&E and 167 MIU attendances. There is an increase of 53 attendances from January 2010, however it is a 9% reduction from February 2009 where there were 1,844 patients who attended A&E and MIUs.

T11 - HAI Infection.

During February 2010 there was 1 *staphylococcus aureus* bacteraemia which is 1 bacteraemia less than the trajectory target and a decrease of 4 cases from January 2010. C-Difficile rates were also below trajectory during February with 3 cases being reported (trajectory – 6 cases).

HEAT Standard - Delayed Discharges

As at 15<sup>th</sup> March 2010 there were 27 Delayed Discharges in total; 7 of these are complex cases and therefore do not count against the target. There are currently 3 patients with a delay of more than 6 weeks and therefore the Scottish Borders Partnership has not achieved this target.