

Borders NHS Board**NHS BORDERS HEAT PERFORMANCE SCORECARD – JUNE 2010****Aim**

This paper aims to introduce the first HEAT Performance Scorecard for 2010/11 to the Board, which highlights performance towards national HEAT targets in April 2010, as set out in the NHS Borders Local Delivery Plan 2010/11.

Background

In March 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 has been decided to follow a Performance Scorecard approach across NHS Borders. The national HEAT target progress was reported to NHS Borders Board via the HEAT Performance Scorecard in April 2010. Feedback received at this meeting has now been noted in the production of the HEAT Scorecards for 2010/11. Where performance has been exceptional this is reported in more detail in the Exception Reporting section.

Each Clinical Board will receive 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 will be collated into the HEAT Performance Scorecard to be presented to each Board Meeting.

Attached to this paper is the June 2010 HEAT Performance Scorecard which reports on the month of April 2010. The Scottish Government are 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 attached scorecard are as follows:

- Alcohol brief interventions (BIs) – performance against this target has improved significantly and the performance of 1322 (BIs) is only 55 behind the target of 1377
- Smoking cessation – is still performing well and is 246 above target
- 9 week target for inpatient and outpatient treatment – the target of no patients waiting over 9 weeks has been achieved again this month.
- 26 week maximum waiting target for CAHMS – this is ahead of target with only 1 patient waiting over 26 weeks
- eKSF annual reviews completed – in April only 7.2% of reviews were completed and the target was 20%
- 4 week waiting target for diagnostics – 11 people waited over 4 weeks in April and the target is no waits over 4 weeks

- Reduction in staph aureas rates – in April there were 4 cases which is 2 cases over the target.

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.

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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8

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12



**HEAT
PERFORMANCE
SCORECARD**
As at 30 April 2010

JUNE 2010

Planning & Performance

Contents

Introduction	3
Dashboard of Key Indicators	4
Exception Report	6

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	↓

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	Lead Director	Target Date	2010/11 Target	Current target	Current Performance	Performance Last Month	Performance compared to last month	Status of Performance
H4	Alcohol brief intervention	DPH	Mar 2011	3,210	1,377	1,322	1,045	↑	A
H6	Smoking cessation for 1 month or over*	DPH	Mar 2011	1,600	963	1,209	1,112	↑	G
E4	New patient DNA rate	COO	Mar 2011	5.8%	5.8%	7%	7%	↔	A
	Same day surgery*			88%	82%	81.3%	80.5%	↑	A
	Pre-operative stay		Mar 2013	0.51	0.51	0.51	0.50	↑	G
E7	Online Triage of Referrals*	MD	Dec 2010	90%	15%	14.4%	16%	↓	A
E10	eKSF annual reviews complete	DW	Mar 2011	80% of reviews	20%	7.2%	N/A	-	R
Std	Sickness Absence Reduced to 4% ¹	DW	Mar 2011	4%	4%	4.1%	N/A	-	A
A9	Treatment Within 62 days for Urgent Referrals of Suspicion of Cancer*	COO	Mar 2011	95%	95%	96%	100%	↓	G
A10	18 Wk RTT: 9 wks for outpatients	COO	Mar 2011	0	0	0	0	↔	G
	18 Wk RTT: 9 wks for inpatients			0	0	0	0	↔	G
	18 Wk RTT: Admitted Performance & Completeness*		Dec 2011	95%	75%	79%	73%	↑	G
	18 Wk RTT: Non-admitted Performance & Completeness*		Mar 2011	95%	92%	88%	84%	↑	A
A12	No CAMHS waits over 26 wks	COO	Mar 2011	0	4	1	1	↔	G
Std	4 Week Waiting Target for Diagnostics	COO	Mar 2011	0	0	11	0	↓	R

Target no	Target Descriptor	Lead Director	Target Date	2010/11 Target	Current target	Current Performance	Performance Last Month	Performance compared to last month	Status of Performance
Std	4-Hour Waiting Target for A&E	COO	Mar 2011	98%	98%	99%	97%	↑	G
T8	Increase complex care needs treatment at home	COO	Mar 2011	31%	31%	31.7%	31.4%	↑	G
T10	Reduction in the rate of A&E and MIU Attendees	COO	Mar 2011	1,742	1,910	2,117	2,132	↑	A
T11	25% Reduction in Staph aureus	DNW	Mar 2011	2	2	4	9	↑	A
	30% Reduction in C. Diff (CDAD)			6	6	1	3	↑	G
Std	No Delayed Discharges over 6 Wks	COO	Mar 2011	0	0	0	2	↑	G
	Delayed Discharges under 6 wks			As at the 15 th of April there were 16 delayed discharges under 6 weeks. A target has not been set for delayed discharges under 6 weeks					

¹ Measurement for the standard on Sickness and Absence percentages is now compiled from the SGIS system within NHS Borders. This used to be measured from the national SWISS data.

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	Managing Our Performance Report – 6 and 12 month intervals
H5	50% of Key Frontline Staff Trained in Suicide Prevention Training	Dec 2010	50% of staff	Managing Our Performance Report – 6 and 12 month intervals
H7	Increase in proportion of new born children exclusively breastfed	March 2011	33.3%	Managing Our Performance Report – 6 and 12 month intervals
H8	Achieve number of inequalities targeted cardiovascular health checks	March 2011	390	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
A9	Treatment commenced within 31 days of decision to treat for all patients diagnosed with cancer	Dec 2011	95%	Monthly Performance Scorecards from June 2010 onwards
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)
T6	Reductions in hospital admissions and bed days with diagnosis of COPD, asthma, diabetes or CHD	Mar 2011	10290 bed days	TBC (Quarterly Clinical Board Performance Review Scorecards)
T9	Agreed improvements in early diagnosis and management of patients with dementia	Mar 2011	995 patients	TBC (Quarterly Clinical Board Performance Review Scorecards)
T12	Reduction in emergency bed days for people aged 65 years and over	Mar 2011	3250 beds	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

EXCEPTION REPORT

Health Improvement

H4 - Alcohol Brief Interventions

The target measuring alcohol brief interventions taking place has shown increased performance in April 2010. The number of interventions recorded are 1,322 against a trajectory of 1,377 (55 below target). This is an increase of 277 interventions from March 2010 (1,045). An action plan has been established to carry forward improvements towards this target and is being monitored monthly.

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. Up to the end of February 2010, the total number of sustained quits is 26% over the trajectory of 963 at 1209.

Efficiency and Governance

E7 – Online Triage of Outpatient Referrals

In April 2010 14.4% of the total number of referrals were triaged electronically which is a slight decrease from March 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%.

E10 - eKSF Annual Reviews Complete

The current report shows that in April 2010 A Letter will soon be sent to all line managers from the Chief Executive reinforcing their responsibility around performance management, and instructing that all managers conduct Joint Development Reviews against a post outline for all Agenda for Change staff. KSF Champions provide training and support to managers around the development of post outlines, KSF process/paperwork, and using EKSF to record reviews etc. Action Plans are being drawn up across the Board to measure progress against the HEAT Target and KSF Sponsors support champions to ensure Action Plans are progressed in their area.

Access

HEAT Standard - 4 Hour Waiting Time for A&E

The percentage of attenders seen within the 4 hour target increased to 99% in April 2010 from 96% in March. A small working group had been established to look at the actions required to improve performance against this target.

HEAT Standard - 4 Week Waiting Time for Diagnostics

At the time this report was created in mid May, the data was provisional and this showed that there were 11 patients who had waited over 4 weeks for a test in April. These patients had all waited for a colonoscopy. When the data was examined it showed that due to various circumstances, 6 patients had definitely breached this target. The Service has reported that the breaches were due to increased workload due to bowel screening and reduced capacity due to annual leave.

Treatment

T11 - HAI Infection.

During April 2010 there were 4 *staphylococcus aureus* bacteraemia which is 2 bacteraemia above trajectory, however this is a decrease of 5 cases from March 2010. As a result of the significant increase in the infection rates in March and April, increased surveillance and root cause analysis is now taking place. C-Difficile rates were better than trajectory during April with 1 case being reported (trajectory – 6 cases).