

Borders NHS Board



NHS BORDERS HEAT PERFORMANCE SCORECARD – NOVEMBER 2011 (MOP EDITION)

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 November 2011 shows performance as at 31st October 2011. In addition to the regular monthly reporting, the attached HEAT Scorecard is the Mid Year Managing Our Performance Report and provides a summary of performance across the first 6 months of 2011/12. This includes progress on the range of HEAT targets which are not reported on a monthly basis report along with a summary of work which provides a contribution towards achievement of the Single Outcome Agreement

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 November 2011 HEAT Performance Scorecard providing a summary of performance in October 2011.

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

- alcohol brief interventions above target
- targeted cardiovascular health checks higher than trajectory
- the rate for same day surgery is in excess of 86%
- Pre-operative stay remains below target
- on line triage of referrals remains above target
- 98% of attendees at A&E were seen within 4 hours
- there has been a reduction in Staph Aureus Bacteraemia in line with the target
- 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
eKSF remains significantly below the trajectory of 65% at 12.2%	<ul style="list-style-type: none"> • In the BGH staff are predominately recording appraisals on paper and this has still to be entered on eKSF. An audit is underway to assess completion rates • In P&CS, 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 • In Mental Health, activity is pushed towards the end of the year. The KSF Champion is working with Service Leads to focus delivery.
the sickness absence rate was above the target of 4% at 5.1%	In the BGH and Mental Health, there was an increase in short term sickness and in P&CS the number of staff on long term sick is likely to reduce over the coming months
593 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)	Long waits are associated with services where a capacity deficit has been identified. The Out Patient Department project has now commenced which will review booking processes and the Waiting Times Group is looking at short term measures to clear the backlog for services with capacity issues.
177 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)	Long waits are associated with services where a capacity deficit has been identified and the peak times for annual leave in August and September is still having an impact. Detailed demand and capacity modeling is underway to assist with future planning.
the target to increase the number of patients with a diagnosis of Dementia remains to be delivered	While the target performance is improving there is month to month variance due to losing people from the Register. Scottish Government have confirmed that the expectation is that this target will be delivered by March 2012.
admissions to the Stroke Unit was not achieved with only 58% of patients admitted within 1 day	The Stroke team are currently streamlining the acute patient's pathway, taking into account the Scottish Stroke Care Audit and delivery of this HEAT target in 2012 and 2013.

As highlighted above, the attached Scorecard includes a summary of performance across the first 6 months of 2011/12. During the first 6 months of 2011/12, the following areas performed well:

- cancer treatment within 62 days and 31 days
- 18 weeks non admitted pathway performance
- 18 weeks combined performance
- no CAMHS waits over 26 weeks.

Areas where performance was out with the trajectory in this period include:

- new patient DNA rate
- eKSF
- sickness absence
- 9 week waiting target for outpatient and inpatient treatment
- 4 week waiting target for diagnostic tests
- diagnosis of dementia
- reduction in the rate of A&E and MIU attendances
- Admissions to the Stroke Unit
- Delayed discharges.

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 November 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
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Approved by

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Month

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**HEAT
PERFORMANCE
SCORECARD**

As at 31st October 2011

**Mid Year Managing
Our Performance
Edition**

**NOVEMBER
2011**




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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 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.

DASHBOARD OF HEAT TARGETS – October 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	624	887	708	↑	
H8	Number of inequalities targeted cardiovascular health checks cum. Apr –Sep	Mar 2012	390	190	221	183	↑	
Std	New patient DNA rate	Mar 2012	4%	4.9%	6.3%	6.4%	↑	
	Same day surgery*		86%	86%	86.9%	82.3%	↑	
	Pre-operative stay * (current month – Aug 11)		0.51	0.51	0.25	0.24	↓	
Std	Online Triage of Referrals	Mar 2012	90%	90%	94.1%	91.2%	↑	
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	65%	12.2%	9.0%	↑	
Std	Sickness Absence Reduced to 4%	Mar 2012	4%	4%	5.1%	5.5%	↑	
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	593	565	↓			
	18 Wk RTT: 9 wks for inpatients		0	0	177	134	↓			
	18 Wk RTT: Admitted Pathway Performance		90%	89%	76.2%	76.7%	↓			
	18 Wk RTT: Admitted Pathway Linked Pathway				67.5%	79.3%	↓			
	18 Wk RTT: Non-admitted Pathway Performance				94.9%	94.4%	↑			
	18 Wk RTT: Non-admitted Pathway Linked Pathway				86.4%	84.3%	↑			
	Combined Performance				91.5%	92.4%	↓			
	Combined Performance Linked Pathway				84.9%	83.5%	↑			
A12	No CAMHS waits over 26 wks	Mar 2012			0	2	4	0	↓	
Std	4 Week Waiting Target for Diagnostics	Mar 2012			0	0	2	9	↑	
Std	4-Hour Waiting Target for A&E	Mar 2012	98%	98%	98%	97%	↑			
Std	Diagnosis of dementia ²	Mar 2011	995	995	894	888	↑			

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	1834	1951	↑		
	Total Attendances		1830	1848	2066	2198			
	BGH Attendances		-	-	1842	1981		-	-
	P&CS Attendances		-	-	224	217		-	-
T11	15% Reduction in Staph aureus bacteraemia ³	Mar 2012	26.4	2.2	2	1	↓		
	2011/12 cumulative total of SABs to end of October is 11								
	30% Reduction in C. Diff (CDAD) ⁴		42.1	3.75	5	3	↓		
2011/12 cumulative total of CDiff to end of October is 23									
Stroke	Admitted to the Stroke Unit within 1 day of admission	Mar 2012	80%	72.5%	57.89%	82.35%	↓		
Std	No Delayed Discharges over 6 Wks	Mar 2012	0	0	0	11	↑		
	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

Mid Year Managing Our Performance 2011/12

Summary of Performance

Strong Performance

The first 6 months of 2011/12 has seen consistent achievement of trajectories and targets against the following measures:

- cancer treatment within 62 days and 31 days
- 18 weeks non admitted pathway performance
- 18 weeks combined performance
- no CAMHS waits over 26 weeks.

There has also been improved performance in the following areas:

- reduction in the rate of SABS
- online triage of referrals











Performance at Risk

Performance against the following targets has been outwith the trajectory in 3 consecutive months out of 6:















































- new patient DNA rate
- eKSF
- sickness absence
- 9 week waiting target for outpatient and inpatient treatment
- 4 week waiting target for diagnostic tests
- diagnosis of dementia
- reduction in the rate of A&E and MIU attendances
- Admissions to the Stroke Unit
- Delayed discharges.

More detail on performance on a month by month basis is shown on the following pages.

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 (June 2011)	N/A	N/A		N/A	N/A	N/A	N/A					
Number of inequalities targeted cardiovascular health checks							N/A					
New patient DNA rate												
Same Day Surgery	N/A	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					
18 Wk RTT: 9 wks for outpatients	R	R	R	R	R	R	R					
18 Wk RTT: 9 wks for inpatients	A	G	R	R	R	R	R					
18 Wk RTT: Admitted Pathway Performance	R	G	G	A	A	A	A					
18 Wk RTT: Admitted Pathway Linked Pathway	R	A	A	A	G	A	A					
18 Wk RTT: Non-admitted Pathway Performance	G	G	G	G	G	G	G					
18 Wk RTT: Non-admitted Pathway Linked Pathway	A	A	A	A	A	A	A					
Combined Performance	G	G	G	G	G	G	G					
Combined Performance Linked Pathway	-	A	A	A	A	A	A					
No CAMHS waits over 26 wks	G	G	G	G	G	G	A					
4 Week Waiting Target for Diagnostics	R	A	R	R	R	R	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
4-Hour Waiting Target for A&E												
Diagnosis of dementia ¹	N/A	N/A										
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

Managing Our Performance – Progress on Targets Not Reported on a Monthly Basis

The table below provides a summary of progress towards the delivery of HEAT targets which are not reported on a monthly basis.

Health Improvement	
Reduce suicide rate between 2002 and 2013 by 20%	<p>NHS Borders achieved the target for 2010 -11 to ensure that 50% of frontline staff in key services were trained in the identification of suicide risk and in providing an appropriate response. The expectation from Scottish Government is that the 50% figure should be maintained, although it is no longer a requirement to report on this. In addition, other areas of activity have been identified where NHS Boards have a role to play in reducing suicide in relation to discharge planning, brief interventions, responses to depression and crisis management.</p> <p>The Health Improvement Team is currently working with Clinical Boards to develop action plans and identify and address board-specific staff training and development needs. This includes the development of resources and pathways to support those discharged from A&E and mental health services.</p> <p>This will continue as a HEAT target into 2012/13.</p>
Achieve agreed completion rates for child healthy weight intervention programme over the three years ending March 2014	<p>Classes are currently being run in schools in the Hawick area which will continue into the New Year. Completion rates for the programme are currently in excess of the target. At the end of September 2011, 49 interventions had been completed, compared with the trajectory of 40.</p> <p>This will continue as a HEAT target into 2012/13.</p>
At least 60% of 3 and 4 year olds in each SIMD to receive at least two applications of fluoride varnish (FV) per year by March 2014	<p>An agreement was recently reached to include fluoride varnishing in the payment framework for independent general practitioner Dentists. This will greatly enhance delivery of this target. The treatments will continue to be given by the Community Dental Service and work is ongoing to deliver the treatments within schools.</p> <p>ISD have indicated that data will be available from March 2012 to show achievement levels for this target</p> <p>This will continue as a HEAT target into 2012/13.</p>

<p>Increase the proportion of new-born children breastfed at 6-8 weeks</p>	<p>Latest available data shows that the exclusively breastfed rate was 29.3% at the end of March 2011, slightly below the trajectory of 33.3% and the fourth highest rate in Scotland. Work will continue to raise the breastfeeding rate and a post is currently out to advert which will lead the UNICEF baby friendly initiative and complete the process of accreditation which is focused around ensuring a co-ordinated approach to breastfeeding and embedding best practice.</p> <p>NHS Borders are currently exploring the potential to implement the peer support approach which is used in Lothian who currently have the highest breastfeeding rate in Scotland. There have been some recent changes introduced by ISD to the way in which data should be recorded and issues are being examined. The lead Nurse from P&CS has been asked to develop a revised trajectory to increase the rate during the rest of this financial year onwards.</p> <p>This is currently a HEAT standard, however a new HEAT target is being developed for 2012/13 which will focus on breastfeeding in deprived areas.</p>
<p>Efficiency</p>	
<p>NHS Scotland to reduce CO₂ emissions for oil, gas, butane and propane usage based on a national average year-on-year reduction of 3% each year to 2015-16</p>	<p>The targets for E8 are: 2% reduction in energy efficiency and 6% reduction in CO₂ emissions compared to the baseline of 2009/10. In the first 6 months of 2011 /12 the cumulative reduction for NHS Borders was -1.03 % in energy efficiency and -1.61 % in CO₂ emissions. Although Borders did not reach the targets there are mitigating factors. The increased consumption of both gas and electricity is restricted to the BGH site which accounts for 69% of the total NHS Borders utility usage. The Community and Mental Health Hospitals continue to have significant reduction in consumption. On the BGH site the electrical and gas consumption is still increasing . This is directly associated with an increased usage of the hospital for clinics and the addition of new equipment.</p> <p>The Estates Department will continue to install energy efficient equipment as well as reviewing the operating times, temperatures and other parameters of the existing installed equipment to endeavour to deliver the target figures by March 2012.</p> <p>This will continue as a HEAT target into 2012/13.</p>
<p>NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas</p>	<p>See narrative above</p>

emissions reduction targets set in the Climate Change (Scotland) Act 2009	
Access to Services	
By March 2013, 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	<p>Performance against this target is summarised below:</p> <p><i>Quarter 1 April – June 2011</i></p> <ul style="list-style-type: none"> ▪ 92% of clients requiring drug and alcohol treatment started treatment to support their recovery within 3 weeks ▪ 99% of clients requiring drug and alcohol treatment started their treatment to support their recovery within 5 weeks ▪ No client waited longer than 10 weeks ▪ 100% of all tier 3 and 4 drug and alcohol treatment services will submit data to the Waiting Times Framework. <p><i>Quarter 2 July – September 2011 (To be published 14th December 2011)</i></p> <ul style="list-style-type: none"> ▪ 90% of clients requiring drug and alcohol treatment started treatment to support their recovery within 3 weeks. ▪ 98% of clients requiring drug and alcohol treatment started their treatment to support their recovery within 5 weeks. ▪ No client waited longer than 10 weeks ▪ 100% of all tier 3 and 4 drug and alcohol treatment services will submit data to the Waiting Times Framework. <p>Based on current performance, the service have made the following forecast for the 2011/12 year end position:</p> <ul style="list-style-type: none"> ▪ By March 2012, 90% of clients will wait no longer than 5 weeks from referral received to appropriate drug or alcohol treatment what supports their recovery ▪ By March 2012, no client will wait longer than 10 weeks from referral received to appropriate treatment <p>100% of tier 3 and tier 4 drug and alcohol treatment services will submit data to the Waiting Times Framework.</p> <p>This will continue as a HEAT target into 2012/13.</p>

<p>18 weeks referral to treatment for Psychological Therapies from December 2014</p>	<p>A Steering Group is in place to oversee delivery of this target. An audit of staff delivering Psychological therapies will be completed by March 2012 and this will inform an action plan to address gaps in skills. From September 2011, data was available to identify individuals waiting over one year and plans are in place to address these long waits during 2011/12. In a recent return to the Scottish Government, the Mental Health lead has indicated that there are local issues in identifying resources to generate all data relevant to measuring and monitoring this HEAT target.</p> <p>This will continue as a HEAT target into 2012/13.</p>
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Managing Our Performance – Update on Contributions to Single Outcome Agreement

Poverty & Financial Exclusion
The Early Years strategy identifies as its primary objective “breaking the cycles of poverty, inequality and poor outcomes in and through the early years for children and families within the Scottish Borders.” On the ground, a wide range of community programmes and capacity building activities are delivered in five areas of disadvantage through the Healthy Living Network. This work continues to have good engagement with young families through the provision of home energy workshops, cooking on budget classes, weaning groups, physical activity promotion with mothers and babies, community capacity building, information, advice and signposting events for expectant and new mothers. Sure start midwives continue to support the most vulnerable families (12% of births pa) and financial housing and social issues are the primary reason for referral in 20% of these families. The development of local credit union services promoted through the antipoverty partnership is building direct links with early years networks.
Substance Misuse
The Alcohol and Drugs Partnership in collaboration with the Child Protection Committee is developing guidelines and training to strengthen multiagency working practices with families where children are living with substance misuse. Work continues to promote the use of routine screening tool in addiction services to increase the early identification of families where children are affected. NHS Borders and partners work within the Edinburgh, Lothian and Borders Executive Group guidelines on pathways of care for children affected by parental substance misuse. These guidelines which are currently being updated aim to ensure that children are protected from harm and that families receive the support they require.
Violence Against Women & Domestic Abuse
NHS Borders is an active partner in the current redesign of Violence Against Women (VAW) services which aims to achieve a more integrated set of approaches locally that facilitate prevention and early intervention, promote recovery and community integration of those affected including families with children. The VAW partnership is developing a training, education and prevention work stream which includes targeted prevention work at locality level working within with Nurseries, Primary Schools and involving Health Visitors and Midwives. Approximately 25 of the 60 midwives identified have had gender based violence training (outlined in CEL 41) and this will continue to be rolled out.