

NHS Lothian

Board Meeting
4 February 2015

Director of Strategic Planning, Performance Reporting & Information

SUMMARY PAPER - PERFORMANCE MANAGEMENT

This paper aims to summarise the key points.

The relevant paragraph in the full paper is referenced against each point.

Summary of NHS Lothian's current achievements against targets are captured within table 3.1 of the performance management paper	3.1
Since the last reporting period the status of Heat id H6.1;Smoking Cessation, has changed from green to red	4.1
Green status has been maintained within the following HEAT and 2014 – 15 Heat National Standards, H11.1Early Access to Antenatal Care, E 8.2 Energy Efficiency and Cancer 31& 62 day performance	4.2,4.3, 4.9

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PERFORMANCE MANAGEMENT

1 Purpose of the Report

- 1.1 The purpose of this report is to provide an update to the Board on the most recently available information on NHS Lothian performance against HEAT targets and standards. The data as reported is through both local and national systems. Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 Receive this update on the existing performance against current 2014/15 HEAT targets and other relevant standards.

3 Discussion of Key Issues

- 3.1 The HEAT system sets out targets and measures which the NHS Boards are monitored and evaluated against, along with the 2014 –15 Heat National Standards. For those referenced in this paper the table below sets out NHS Lothian's current achievements against targets, with a more detailed description of these being provided under item 4 of the paper, key risks and area's to highlight.

Heat ID	Description	Current Status	Lead Director
H6.1	Smoking Cessation.	Red	AKM
H11.1	Early Access to Antenatal Care	Green	AMcM
E8.1	Carbon Emissions	Red	AB
E 8.2	Energy Efficiency	Green	AB
A12.2	Psychological Therapies	Red	JF
A12.1	Child and Adolescent Mental Health	Red	JF
T15.1	Delayed Discharge	Red	MJ
T12.1	Reduction in Emergency Bed Days	Red	MJ
T11.2	Clostridium difficile Infection (CDI) and Staphylococcus aureus Bacteraemia (SAB)	Red	MJ
2014 –15 HEAT NATIONAL STANDARD			
	Cancer 31 day performance	Green	MJ/JC
	Cancer 62 day performance	Green	MJ/JC
	Stroke Bundles	Red	MJ

- 3.2 Appropriate performance against delivery of targets is maintained through lead directors, committees and local management groups; the performance management paper provides an overview of that achievement.

4 Key risks and areas to highlight:

HEALTH IMPROVEMENT

4.1 Heat id H6.1; Smoking Cessation. Last updated December 2014 Ranking of performance by Health Board Lothian positioned 5 out 14 (Responsible Director: Director of Public Health and Health Policy)

The latest data published by ISD on Smoking Cessation covers up to 30/06/2014 and shows that the Board's performance was 249 successful quits against a target of 440. This was 43.4% below target, placing NHS Lothian 5th out of the 14 Boards monitored. The all Scotland performance on this indicator was 53% below target.

4.2 Heat id H11.1; Early Access to Antenatal Care Last updated December 2014 Ranking of performance by Health Board Lothian positioned 4 out 14 (Responsible Director: Director of Strategic Planning, Performance Reporting & Information)

The latest data published by ISD covers up to 30/06/2013 and shows that the Board's performance was 84% against a target of 74%. This was 13.5% above target (the all Scotland figure being 9.8% above target), placing NHS Lothian 4th out of the 14 Boards.

The performance in November 2014 was 92.60% overall. Our focus remains on the 10% not being booked within 12 weeks. Actions being taken to mitigate risks are:

- Meetings with ISD to ensure consistency of reporting and comparing of data.
- Regularly reviewing real time data on Maternity TRAK re: Quintiles linked to booking and births.
- Using data collected to inform work with Community Planning Partners and using the Early Years Collaborative methodology to engage women.

EFFICIENCY AND GOVERNANCE IMPROVEMENT

4.3 Heat id E8.1&8.2; Carbon Emissions and Energy Efficiency (Responsible Director: Director of Human Resources and Organisational Development)

NHS Lothian completed a two year energy investment programme at end of March 2014, with total investment of £1.5 million. The completion of boiler decentralisation at Astley Ainslie, removal of theatre humidification at RIE, variable speed drives in WGH ventilation plant and various other projects has helped NHSL towards achieving HEAT target but further and more major investment such as CEF for St John's boiler replacement is essential. In addition, for the future, we need to design low energy new buildings and our efforts with new RHSC and REH are meeting with difficulty where derogation on BREEAM Excellent has been granted following agreement with HFS and Scottish Government, "affordability" is the key issue and contrasts with requirements of the Climate Change Act.

Reduction of CO2 is -6.93% against a target required of 11.47% and is therefore worse than target

Reduction of energy is -5.41% against a target required of -3.94% and is therefore better than target

ACCESS TO SERVICE

4.4 **Heat id A12.2; Psychological Therapies Last updated December 2014 Ranking of performance by Health Board Lothian positioned 13 out of 13** (Responsible Director: Director of Community Health and Care Partnership, West Lothian)

The latest data published by ISD on Psychological Therapies covers up to 30/09/2014 and shows that the Board's performance was 43.1% against a target of 90%. This was 52.1% below target (the all Scotland figure being 4.8% below target), placing NHS Lothian 13th out of the 13 Boards for which figures are available.

Following a gap in reporting since migration to TRAK in June, the board submitted unadjusted data only for August and September. The unadjusted figure for July-September for patients seen within 18 weeks was 43.1%, placing NHS Lothian 13th out of the 13 Boards for which figures are available. It should be noted however that the continued differences in the scope and methods for calculating and reporting wait times means, as stated in the ISD publication, that NHS Boards figures may not be directly comparable. It should also be noted, that as the capacity for delivering psychological therapies is targeted at patients with the longest wait times the Boards performance against the 18 week standard will remain poor in the coming quarter.

There are continuing issues with data quality following migration to TRAK. These are being addressed.

There is on-going support and guidance for clinical staff to ensure the efficient and effective use of the TRAK system to allow accurate reporting of wait times. This work continues to be supported by the A12 Team.

Further work in relation to demand and capacity is to be completed following the cleansing of the TRAK data and service re-design activity is on-going with services across Lothian to increase capacity and improve access to psychological therapies.

4.5 **Heat id A12.1; Child and Adolescent Mental Health Last updated December 2014 Ranking of performance by Health Board Lothian positioned 10 out of 12** (Responsible Director: Director of Community Health and Care Partnership, West Lothian)

The latest data published by ISD on CAMHS covers up to 30/09/2014 and shows that the Board's performance was 67.1% against a target of 88%. This was 23.8% under target (the all Scotland figure being 13.8% under target), placing NHS Lothian 10th out of the 12 Boards for which figures are available.

There are continuing issues with data quality following migration to TRAK. These are being addressed and it is planned that these will be resolved by mid-December.

There is on-going support and guidance for clinical staff to ensure the efficient and effective use of the TRAK system to allow accurate reporting of wait times. This work continues to be supported by the A12 Team.

The additional 10 WTE non-recurring CAMHS posts have been recruited to. This additional capacity has been agreed as part of the planned trajectory to meet the 18 week target by May 2015.

It should be noted however, that as the capacity for delivering new patient treatment appointments is targeted at patients with the longest wait times, the Boards performance against the 18 week RTT standard will remain poor in the coming quarter.

TREATMENT APPROPRIATE TO INDIVIDUALS

4.6 Heat id T15.1; Delayed Discharge Last updated December 2014 Ranking of performance by Health Board Lothian positioned 10 out 14 (Responsible Director: Director of Nursing, AHPs and Unscheduled Care)

The latest data published by ISD on Delayed Discharge covers up to 15/10/2014 and shows that the Board's performance was 111 patients waiting more than 2 weeks against a target of 13. This was 753.8% above target, placing NHS Lothian 10th out of the 14 Boards monitored. Performance across Scotland was 401.7% above target.

The high number of patients with a delayed discharge in Lothian is a serious and sustained issue for NHS Lothian and for the outcomes of patients affected by the delay.

The four health and social care systems across Lothian are affected differently and the situation is most serious in Edinburgh and East Lothian. The main reasons for delay remain the same: a lack of care home capacity, specifically for people with dementia or challenging behaviour, and access to home care packages.

There was a slight improvement in the performance in November compared to the previous four months

In November the break down was:

- 164 delays after X codes removed (195 Oct, 179 Sept, 210 Aug, 177 July)
- 230 overall including X codes (254 Oct, 238 Sept, 265 Aug, 240 July)
- 63 patients delayed >4 wks (63 Oct, 74 Sept, 84 Aug, 83 July)
- 31 days is the average length of stay (31 Oct, 38 Sept, Aug 33, 37 July)
- 2 Non-Lothian delays (2 Oct, 3 Sept, 7 Aug, 2 July)
- 66 X codes (59 Oct, Sept, 55 Aug, 63 July)
- 436 Overall number of patients held on the DD data base (Oct 436, Sept 434, Aug 459)

4.7 Heat id T12.1; Reduction in Emergency Bed Days Last updated December 2014 Ranking of performance by Health Board Lothian positioned 4 out 14 (Responsible Director: Director of Nursing)

The latest data published by ISD on rate of occupied bed days per 1000 population (75+) covers up to 31/07/2014 and shows that the Board's performance was 4,835 against a target of 4,821. This was 0.3% above target (the all Scotland figure being

2.8% below target), placing NHS Lothian 4th highest out of the 14 Boards monitored. However, NHSL performance continues to improve month-on-month.

The HEAT target reduces month-on-month by 0.3% with the aim of reducing by 8.7% to 4,709 between April'11 and March'15. Currently the monthly target is at 4,821 (July'14). The revised target for Lothian from April 2014 (an increase from 4,799 to 4,867) has meant an overall reduction in divergence with Lothian reporting 0.3% above target (March'14: 13.5%). The latest published figures (ISD, December 2014) show that for the previous rolling year (July'13-July'14) NHS Lothian has seen an overall decrease of 12.3% (interim) in bed days. The reduction in bed days may show the impact of various Change Fund and other initiatives across Health & Social Care designed to increase prevention and prevent admission. Also the introduction of Hospital at Home/Compass+ initiatives.

	NHSL	EL	ML	CEC	WL
July'13	5512	5811	5543	5806	4247
July'14	4835	4967	4923	4979	4182

-12.3% -14.5% -11.2% -14.2% -1.5%

<p>Reduction in target trajectory from April'15 (stretch target removed) gives same line of travel as other Board areas in Scotland.</p>	<p>Rising since Aug'11; Oct.'13 highest CHP against target. Marked reduction since then.</p>	<p>now second lowest CHP in Lothian. Few changes against monthly returns suggest stable LoS.</p>	<p>Reducing from high point July'12. Figures suggest increased stability and reduced LoS.</p>	<p>Rising since Dec'12. Recent months showed a more flatline profile and numbers are now declining. Remains only Partnership exceeding</p>
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Difference between Lothian figure and milestone:

-5.7% July'11
0.3% July'14 (interim)

All areas now report a reduction against the same month previous year, with City of Edinburgh and East Lothian Partnership areas showing the largest drop in activity across the rolling year. West Lothian, following a period of fairly level performance, has now resumed a decrease in emergency bed days. It is hoped NHSL will drop below its target within the next few months.

4.8 Heat id T11.2; Clostridium difficile Infection (CDI) and Staphylococcus aureus Bacteraemia (SAB) Last updated October 2014 Ranking of performance by Health Board Lothian positioned 14 out 15 (Responsible Director: Nurse Director of Healthcare Associated Infection)

The latest data published by ISD on rate of C. difficile Infections in Ages 15+ per 1,000 total occupied bed days covers up to 30/06/2014 and shows that the Board's

performance was 0.52 against a target of 0.37. This was 40.5% above target, placing NHS Lothian 14th out of the 15 Boards monitored. Performance across Scotland was exactly on target for this indicator.

NHS Lothian's SAB Health Efficiency Access Treatment Target is to achieve a rate of 0.24 cases or fewer per 1000 acute occupied bed days (<184 incidences) by March 2015 with a current rate of 0.33.

NHS Lothian continues to exceed the HEAT target for CDI. NHS Lothian's Health Efficiency Access Treatment Target is to achieve a rate of 0.32 cases or fewer per 1000 total occupied bed days (<262 incidences) by March 2015 in patients aged 15 and over, with a current rate of 0.50. Response to SGHD on the Vale of Levens Inquiry Reports 65 Health Board Level Recommendations by 19 January 2015. Following the initial review of the Vale of Leven Inquiry Report the key priorities for NHS Lothian are those reflected in the Corporate Action Plan, these are:

- Antimicrobial Prescribing
- Environmental Standards and Cleaning
- Reliable use and monitoring of Standard Infection Control Precautions and Transmission Based Precautions
- Governance Structure and Management Culture
- Reliability of Care

2014 –15 HEAT NATIONAL STANDARDS

4.9 Cancer 31 and 62 day performance (Responsible Director: Director of Scheduled Care/ Director of Unscheduled Care)

95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment with 62 days of receipt of arrival.

Our monthly management information report for August 2014 shows that we are exceeding the 95% standard expected for 31-day cancer performance, with August performance at 98.5% (July 96.3%).

Our 62-day cancer performance level decreased in August to slightly under the target level of 95%, with performance in August standing at 94.8% (July, 96.5%). The lung, colorectal, and urology teams meet with the Director – WGH to review performance, assess progress, and troubleshoot issues weekly.

The latest Cancer Waiting Times publication was released by ISD Scotland on the 30th of September 2014. This report covers performance in the period April – June 2014 (quarter-2). NHS Lothian achieved both of the waiting times standards. Our 62-day performance was 95.2%. NHS Lothian was one of only 5 NHS Boards to meet the 62-day target in the period. For Scotland 92.9% of patients met the target. Our 31-day performance was 96.6%. This compared to 96.3% across Scotland.

4.10 Stroke (Responsible Director: Director of Nursing, AHPs and Unscheduled Care)

Lothian's performance against the bundle: August 50%, September 48.4% and October 35.7%. Local Delivery Plan stroke bundle target to be met by April 2015: 65%.

During financial year 2014/15, stroke performance will be monitored against a composite stroke bundle, which will measure the proportion of patients with an initial diagnosis of stroke receiving four key elements of care. By 31st March 2015 NHS Boards will be expected to demonstrate an increase in the number of patients receiving the bundle. This will give a more rounded picture of stroke care, but it will, in the first instance, mean that performance will appear to be lower than under the HEAT standard.

Trajectories have been submitted to SGHD and agreed for each of the four elements and the overall bundle performance. Our local targets are noted below. From August to October 2014, performance in each of the four elements changed as follows;

- a) Access to a stroke unit by the day after admission – increased from 57% to 62.5% [August - 57%, September – 64%, October - 62.5%] (local target = 85%)
- b) Imaging undertaken within 24 hours – remains stable and above the national target [August – 97.9%, September – 96.7%, October 97.3%] (national target = 90%)
- c) Swallow screen – decreased from 79.2% to 63.4% [August – 79.2%, September – 65.9%, October - 63.4%] (local target = 90%)
- d) Aspirin – increased from 81.7% to 89.4% [August – 81.7%, September – 77.4%, October - 89.4%] (local target = 90%)

Our agreed local target for bundle performance is 65%, and overall performance against the bundle has continued to decrease over the last few months - from 50% in August to 35.7% in October 2014. Although aspirin treatment improved significantly in October, both access to the stroke unit and swallow screening have proved disappointing with decreases in performance. The outreach nurse service has been instrumental in improving performance in these standards over the last year, but with no funded posts at RIE and SJH it has proved difficult to sustain improvement.

Action plans specifically for swallow screening were drawn up by each site at the request of the Chief Executive and these are being implemented on each site. It is recognised that if swallow screening improved then this would result in bundle performance improvement due to the numbers of patients who 'fail' to meet the bundle only due to the omission of a swallow assessment.

5 Risk Register

- 5.1 Responsible Directors have been asked to ensure that any risks associated with their targets have been clearly identified within the risk register. Risks are escalated to the corporate risk register as appropriate i.e. delayed discharges.

6 Impact on Inequality, Including Health Inequalities

- 6.1 As a report on progress, this paper does not require impact assessment in its own right. The HEAT performance framework has been subjected to impact assessment, with programmes assessed individually for impact on health inequalities in the wider population since April 2010 rather than overall.

7 Involving People

7.1 This paper does not propose any strategy / policy or service change.

8 Resource Implications

8.1 There are no resource implications relating directly to the provision of this report. Financial implications are reported as appropriately to the Board, CMT and other committees.

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