

NHS Forth Valley Board Executive Performance Report of February 2010



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1. PURPOSE OF REPORT

The purpose of the Board Executive Performance Report (BEPR) is to assure the NHS Board of the overall performance of NHS Forth Valley against the Corporate Aims relating to national HEAT targets, the local Priorities Framework and significant risks.

2. CHIEF EXECUTIVE'S SUMMARY

The first 2 months of the year have proved to be very busy with capacity challenges resulting from significant outbreaks of Norovirus. Staff have continued to rise to the challenge in managing services on a day to day basis with the robust winter planning ensuring that disruption was kept to a minimum.

As we approach the year end the Access position demonstrates that progress has, in general, been positive despite capacity challenges noted above. The areas of the most significant pressure are on the 4 hour A & E wait and orthopaedic theatre capacity during March which are requiring additional focus. Other Specialties including Ophthalmology, Renal and Neurology services have been highlighted as vulnerable and will continue to be closely monitored. The Capacity Team and General Managers are working to develop projections and capacity plans to aid the services and Access Support to ensure progress stays on track to deliver the access targets by March 31st. Local Delivery Plan commitments for 2010/11 will be agreed by the end of March.

Implementation of the Integrated Strategy has continued. A full summary of action was presented to the Healthcare Strategy programme Board in early March. Formal notification has been received of the Forth Valley Royal handover for commissioning on 10th May. This underlines the importance of transition planning during this period with work well underway. A full update on commissioning and transition planning will be given at the May Board meeting. Focussed work on the community hospitals and associated models of care is nearing completion with an update given at the Board Seminar in March with final proposals scheduled to go to the closed session of the Board at the end of March. In relation to Primary Care, the regeneration of Stenhousemuir town centre is now complete with the opening of the new Stenhousemuir Health Centre. The new health centre has replaced the former building on Park Drive, which will now be demolished to create car parking. It houses four GP practices; Ochilview, Park View, Stenhouse and Viewpoint and is much larger than the former premises. It will not only provide a better environment for patients but it also gives them improved access to a wider range of services, for example podiatry, physiotherapy, speech and language therapy, together with consulting space for outpatient psychiatry and dietetics. The new health centre has been a joint project involving NHS Forth Valley, Falkirk Council and Macdonald Estates who developed and own the centre.

The Financial Position for NHS Forth Valley continues to present a significant challenge. As highlighted at the February Board report the impact of both prescribing spend and Waiting Times achievement is significant. PPRS savings have been top sliced by the Scottish Government Health Department in line with central plans however Boards continue to see significant increases in prescribing spend despite the implementation of a range of efficiency schemes. Waiting Times funding for 2009/10 has been confirmed with funds £1.2m less than the total received in 2008/09 – to ensure continued achievement of trajectories both locally and where Forth Valley patients receive treatment in surrounding Boards £ 2.3m non recurrent funding has had to be provided for 2009/10. In the current economic climate, however, this is not financially sustainable. Whilst plans have been realigned as far as possible to ensure achievement of £ 4.500m non-recurrent surplus in 2009/10 these issues remain a significant risk in particular moving to 2010/11.

The allocation letter for 2010/11 was received in mid-March outlining a basic uplift of 2.15% leaving significant financial pressures to be managed locally. NHS Forth valley has received an uplift in

excess of 2.15% based on a move towards NRAC target funding – as in previous years this has been earmarked to support delivery of the Healthcare Strategy.

Combining the original real cash savings requirement of £16.5m with the £4m additional required in 2010/11 plus addressing current pressure/overspend areas means a real cash savings of £26.5m must be delivered recurrently by March 2011. These issues are further considered in the Finance Report.

The next round of the Scottish Government child protection reform program, lead by Her Majesty's Inspectorate of Education (HMIE) is underway across Scotland. A new framework, entitled, 'How well do we protect children and meet their needs' (2009), has been developed for this round of inspection with a changing emphasis on self evaluation. The initial feedback from the Clackmannanshire Inspection was positive with the Stirling inspection underway.

Dr Kevin Woods, Director General of NHS Scotland, paid a private visit to the new Forth Valley Royal site in February. He was extremely impressed with the environment, the evident progress and the opportunities that such a healthcare facility gave to Forth Valley.

It is worthy of note that a number of NHS Forth Valley staff are in the Reserve Forces and have been, or are currently being deployed to the Medical Treatment Facility Camp Bastion in Helmand Province in Afghanistan. We are proud of the dedication these staff have shown as their tour of duty continues to take them into extremely dangerous locations.

Further specific detail on performance for January/February is noted in the following Performance Summary.

Performance Summary

NHS Forth Valley continues to deliver strong performance overall. Key issues are highlighted below with the supporting Appendix 3 showing trend information against all Key and some Standard HEAT targets.

3. HEALTH - *Modernising Services*

➤ **Local Delivery Plan**

The LDP for 2010/11 was submitted to the Scottish Government in first draft format by the deadline date of 18th February with a final draft submission on the 19th March. This will be presented to the Board at its March meeting as part of the Corporate Plan. An associated covering letter was included highlighting particular areas of challenge and, in terms of governance, the requirement for Board approval along with the Financial and Corporate Plan. Trajectories related to the RTT Targets have been agreed with regular review planned. Tolerances however have yet to be agreed on a national basis.

➤ **Integrated Healthcare Strategy**

As highlighted in the Executive Summary, progress continues with implementation of the Strategy. The Healthcare Strategy Programme Board received a full update against all strands at its March meeting. The Acute Project remains on schedule with formal notification received of the Forth Valley Royal handover for commissioning on 10th May. The G5, comprising the three Local Authority Chief Executives, NHS Forth Valley Chief Executive and the Chief Constable along with the three Council Leaders and the NHS Forth Valley Chairman, also scheduled to visit the site on 23rd of April. This will allow time to ensure a focus on the model of care as well as the environment.

The work over recent months around community hospitals is nearing completion with an update provided to the Board at the Seminar in early March. Final options will be considered by the Board at the end of March.

Progress has been made with two Projects focussing on Records Storage and Corporate Accommodation. Both have been scoped with Project Leads identified. In terms of accommodation, a whole systems strategic approach is being undertaken with the aim to rationalise and maximise benefits of co-location. Discussions are also underway with Local Authority colleagues in this regard.

Progress reports on the Workforce in Transition Project and Transition Planning were also received by the Programme Board. The Change and Improvement plan is being refreshed in line with the efficiency savings plan and acknowledging delivery to date.

4. EFFICIENCY - *Ensuring Effective Use of Resources*

➤ **HEAT Key Measure *Efficiency***

- **Absences** The focus on absence management continues given that the March 2009 target of 4% was not achieved. The January position of 5.78% is an increase of 0.21% compared with the December position. The year to date rolling average is 5.10%.
- PMG continue to maintain an overview.
- Focus has been placed upon particular staff groups with work on going to progress and agree issues of differential targets.

➤ **Regional Planning**

The West of Scotland Regional Planning Group held its annual event on 15th March. The theme of the event was on Efficiency and Productivity with a set of interactive workshops which ensured shared learning across the west. A full summary of the in year progress of regional planning in the west was presented by Heather Knox, Director of Regional Planning. A similar event is being planned in the East. A full update on regional planning will be presented in the year end Board Executive Performance Report

5. ACCESS - Modernising Services

Improving Capacity and Access across Forth Valley

➤ **HEAT Key Measures Access - Inpatients, Outpatients, A&E, Diagnostics and Cancer**

The position during the final quarter, demonstrates that progress has been positive but not without challenge. The waiting list sizes for outpatients, inpatients, diagnostics continue to reduce and the numbers waiting over each specific target i.e. numbers waiting over 9 weeks for inpatients, have reduced significantly year on year.

- **INPATIENTS** The 12 week maximum wait has been maintained and there were no available patients waiting longer than 12 weeks at the end of February. The number of patients “unavailable” waiting greater than 9 weeks at the end of February has risen significantly from the January month end position. A consequence of this transitional period has meant a short-term increase in the number of “unavailable” patients waiting longer than 9 weeks. Currently 70% of these patients have admission dates and will be treated in March.
- **OUTPATIENTS** In February, the twelve week maximum wait was maintained. The total list size is down 4% compared to February 2008. The rise in “other outpatients” (Non GP referrals) waiting over 12 weeks reported over the last 3 months has been addressed and is now within trajectory. The sustainability of the Nephrology waiting times continues to be challenging and the Neurology Service also requiring some focus over the next quarter.
- **CANCER** Targets were published nationally during February covering the period to September 2009 and Forth Valley once again has achieved the 95% standard and for the 7th consecutive quarter. The ‘urgent’ cancer performance is now being phased out as progress is made in respect of reporting the new 62 day whole journey target for patients with a suspicion of cancer and the 31 Day to Decision to Treat and to Treatment target. The weekly returns show that Forth Valley is performing in line with Scotland and around the 95% overall compliance target. The position ending February 10 was 95.8% (as far as definitions can be applied), which is ahead of trajectory and the March 2010 target.
- **8 KEY DIAGNOSTIC TESTS** The target of 6 week maximum wait is being maintained with sustained improvement in the progress towards 4 weeks. Only 31 patients are waiting longer than 4 weeks which is ahead of trajectory.
- **A&E 4 HOUR ACCESS** The 4 hour A&E Access target remains challenging with performance below the 98% target. Overall compliance was 95.6% during February 2010, an increase of 0.4% on the previous month. The cumulative compliance for the year from 1st April 2009 to 3rd March 2010 was 96.5%. A review of the leadership roles within the Emergency Department across the nursing and medical workforce has commenced. An escalation process is being developed to address delays resulting from ‘waits for first assessment’. Work has begun with psychiatry to identify actions to reduce delays for patients awaiting a specialist opinion. A review of the impact of winter pressures being carried out to ensure that any learning is captured and actions to minimise the impact in the future can be put in place.

- **18 WEEK RTT** With regard to the 18 WEEK RTT the Scottish Government have now confirmed formal targets for March 2010. These are:-
 - Completeness for Admitted Pathways → 70%
 - Completeness for Non – Admitted Pathways → Aspire to 70%
 - There are also a range of milestones in relation to measurement and systems moving into 2010/11. There are no formal targets in 2010 for “Compliance”

Current Position

- **Admitted completeness** (which is the measure of linkage between original referral and completion on treatment) is approximately 66% to 100% for February and remains on track for the March 2010 Target.
- Internal measurement of the “admitted” completed waits shows compliance at about 75% for the month of February. This compliance does not include PITU attendances and a review of the recording options is being undertaken to support the 18 week recording.
- **Non-Admitted** completeness is about 63% to 72% for February and within the range expected for March 2010. Compliance shows a level of 87%.
- Following a review of the 18 week RTT programme, the Scottish Government has issued detailed guidance for NHS Boards implementing the Unique Care Pathway Number (UCPN) and Recording Outcome Status Codes - these will be reflected in Forth Valley’s Plans for the coming year.

The Scottish Government Access Support Team Visit took place on 16th March. This was a successful session reviewing progress, particular challenge areas and trajectories for 2010/11. The issue of agreeing national tolerances was emphasised. Financial settlements remain under discussion.

CAPACITY & ACCESS PLANS 2010 /11 Work continues with the capacity plan for next year which has been shared with the Acute Access Delivery Group and PMG. The document has been distributed to Lead Clinicians, General Managers and Service leads to help inform the Access Support Team and to agree an operational plan to achieve the required Access

Targets for 2010/11. The Operational Plans will also consider, in some detail, how the approach will capture productive opportunities to help balance further the capacity and demand challenges moving into next year.

6. TREATMENT - Improving the Quality of Patient care

HAI

- The HAI agenda continues to be a key priority in NHS Forth Valley. The CDAD position remains low and in terms of the national position Forth Valley is well ahead. The SABs position looks challenging with the current cumulative position off trajectory. However numbers overall are small and focussed work is underway to ensure the full picture in terms of measurement is understood. It should be noted that a number of NHS Boards are in a similar position against the SABs target however the SGHD has indicated that all HAI Targets require to be achieved. This issue was considered by the Clinical Governance Committee in March. A summary of the position against the SABs and CDAD HEAT targets can also be seen in Appendix 2.

Clinical Governance and Risk Management

- The NHS Forth Valley report against the NHS QIS Clinical Governance and Risk Management Standards has been received in draft. Indications are that Forth Valley has achieved the required trajectory moving from 6 to 10 on the continuous improvement assessment scale. This will be confirmed on final publication in May and therefore remain provisional until then. As reported previously there is significant work in ensuring maximum benefit from this process with all staff involved to be congratulated on their efforts and ongoing improvement work in all areas.

7. CORPORATE RISKS

Corporate Risks continue to be reviewed on a monthly basis by the Executive Performance Management Group (PMG) – key risks are highlighted to the NHS Board through this Board Executive Performance Report. Significant risks are highlighted to the Board are detailed below.

➤ **Finance Risk and Efficiency Savings**

Finance Risk remains very high as noted in the Chief Executives Summary. The risk remains that should some of the savings planned to meet current overspends not materialise that the planned surplus of £4.500m is not achieved. The savings programme of £26.5m, to be delivered by March 2011, remains extremely challenging. PMG continues to focus on efficiency reviewing the overall plan on a monthly basis.

➤ **Failure to deliver service change to meet new care models across the Strategy.**

Timescales are challenging with key decisions required on staffing requirements. An integrated approach is being taken through the Change and Improvement Plan and Workforce in Transition. Progress is reviewed routinely at the Healthcare Strategy Programme Board and also PMG. Detailed workforce and service plans for all strands are nearing completion with a stocktake undertaken on the 19th February. Further action to link these to models of care is underway.

➤ **Changes to NHS Board membership**

Due to forthcoming changes in NHS Board membership the Corporate Risk Register has been updated to reflect the potential impact on stability and consistency of stewardship. The swift appointment to medical director vacancy and maximising the resilience of Non Executive Board members are key aspects of mitigation.

8. CONCLUSION

The Board is asked to note:

- The key items of information detailed within the Chief Executive's Summary of this report
- The main areas highlighted in the Performance Summary, noting also the February position.
- The Corporate Risks reported.
- The Performance Summary and trend information detailed in Appendix 3.

Author of Paper

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Approved By

Name	Designation
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March 2010

Press Releases Jan 2010 to 15th March 2010

7 January 2010	One Further Anthrax Death in Scotland	Blood tests who died on Monday in Stirling Royal Infirmary have today confirmed the presence of anthrax
15 January 2010	Royal Seal of Approval	The new Forth Valley acute hospital being built at Larbert has been granted Royal status.
15 January 2010	MRSA Screening Begins in Forth Valley	Patients in NHS Forth Valley who could be particularly vulnerable to infection or who are having planned surgery are to be swabbed for the so-called MRSA superbug.
1 February 2010	Tinnitus Awareness Week	The NHS Forth Valley Audiology Tinnitus Team will be running events to raise better awareness of this condition.
1 February 2010	Salt Can Damage Your Health	Community dietitians in Forth Valley have compiled an information pack to warn about the dangers to health from eating too much salt.
8 February 2010	Green Light for Woodland Park	An ambitious scheme to breathe new life into more than 70 acres of green space and woodland surrounding the new Forth Valley Royal Hospital at Larbert has been agreed.
11 th February 2010	Diarrhoea and Vomiting in Forth Valley	Five wards in Forth Valley hospitals are currently experiencing an outbreak of diarrhoea and vomiting.
15 February 2010	Sign up to Save a Life	A Forth Valley man who has just been placed on the waiting list for a heart transplant has appealed to people to consider signing the Organ Donor Register.
15 February 2010	Missed Appointments	Around 1700 patients a month in Forth Valley are failing to turn up for hospital and outpatient appointments.
16 February 2010	Target Met on Cancer Waiting Times	Figures just releases show that NHS Forth Valley is continuing to deliver speedy treatment for cancer patients.
22 February 2010	Front Line for Cancer Nurse	A senior cancer nurse in NHS Forth Valley, who's been called up for active service in Afghanistan, is to feature in a television documentary on women on the front line.
23 February 2010	Centre of Excellence	The radiology department in NHS Forth Valley has been recognised as a Centre of Excellence for sharing their experiences of major changes to the way X rays are viewed and handled.
1st March 2010	Breaking Free	Women in Forth Valley who smoke are being urged to break free from the habit as lung cancer among females continues to sour in Scotland.
8 March	Make your smile count	NHS Forth Valley has something to smile about after a major food retailer has agreed to a request to display toothpaste by fluoride concentration rather than by brand.
8 March 2010	Drive to encourage Hep C testing in Falkirk	People in Falkirk and the Forth Valley at risk of having the Hepatitis C virus are being encouraged to come forward for testing as part of a new Scottish Government campaign
8 March 2010	Drive to encourage Hep C testing in Stirling	People in Stirling and the Forth Valley at risk of having the Hepatitis C virus are being encouraged to come forward for testing as part of a new Scottish Government campaign.
12 March 2010	Keeping Well in Stirling	Health MOTs are being offered to people between the ages of 40 and 65 in the Cultenhove district of Stirling.
15 March 2010	New Medical Centre Opens	The regeneration of Stenhousemuir town centre is now complete with the opening of the new Stenhousemuir Health Centre.

