

2011/12 Local Delivery Plan and Strategic Outcomes Mid-Year Report

1. Author(s) of Paper

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2. Purpose of Paper

To provide an overview of performance against the NSS LDP and Strategic Outcomes as at the mid year.

3. Service Implications

Strategic Outcomes.

There are 28 KPIs across the 4 strategic objectives. Performance against the objectives is recorded at Appendix 1.

- The report indicates positive performance against service delivery targets at the mid year point, which is also evidenced in the LDP report.
- Enhancing Customer and partner engagement shows improved performance on dealing with complaints, but the effect of the new customer engagement model will not reflect in the performance report until the end of year due to later than planned implementation.
- Building organisational Capability is on target, with only the legacy of the number of staff who have been on the redeployment register for over one year taking time to resolve, although a more favourable position is expected at the year end as the redeployment process develops.
- The targets for Developing and Supporting staff suffer from the reporting time frame, and the fact that most of the targets are due for completion in the second half of the year. However through the mid year performance reviews assurance has been given that there will be more favourable end of year position. The increase in RIDDOR incidents is being considered through the site Health and Safety Committees and the OHSAC, but no discernable trend has been identified.

Local Delivery Plan.

The LDP targets are grouped under the following outcomes:

- Support the protection and improvement of public health
- Reduce healthcare associated infection / support decontamination
- Support the delivery of clinical services
- Generate savings for NHS Scotland
- Support the delivery of the NHSS Quality Strategy
- Support estate improvement and minimise NHSS emissions impact
- Improve Boards' resilience

For 2011/12, there are 54 targets in the NSS LDP. Of which, 45 (83%) are on target or achieved, 9 (17%) are behind schedule but assurances have been received through the mid-year performance meetings that all are expected to be completed by the end of the financial year. The 9 targets behind schedule are detailed at Appendix 2.

There has been some notable achievements in the first half of the year where targets have been exceeded. Examples are;

- Delivery of contract savings has already achieved the full year target of £10m.
- The coverage of National Contracts is currently at £720m against a mid year target of £699m
- Access to HIV treatment has exceeded the target by 6%
- HPS has supported 6 public health awareness campaigns which is twice the number planned.
- Uptake for breast, cervical and diabetic retinopathy screening is ahead of the annual target
- The transfer of GP paper records within 6 weeks is at 87% against a target of 80%
- The automation of epharmacy payments achieved 33% against a full year target of 36% so the target has been reset to 48% for the full year.

4. Other Key Issues

The mid year performance reviews conducted by the Director of Strategy and Support, the HR Director and Director of Finance will be completed by early November. The process has been effective and provides clarity about performance in each of the three areas of service delivery, workforce and finance.

The Resource Allocation submissions are being prepared and will be submitted by Divisions by 25th November. These will then be reviewed by Director of Planning, Director of Strategy and HR Director in advance of the formal RAM meetings with the Chief Executive.

The 2012/2013 LDP guidance is expected from SGHD in November, which will enable Divisions to engage with their sponsors and agree targets in advance of submission to the Board and SGHD in Feb 2012.

5. Resource Implications

Resourcing for the year is dealt with through the Resource Allocation process conducted annually in January/February, and to date there are no unresolved resourcing issues.

6. Contracts

There are no contractual implications of this report, but Divisions may have contractual obligations to support service delivery.

7. Risk Implications

Any risks associated with achieving the objectives have been highlighted in the Local Delivery Plan and included in Divisional risk registers. Where any risk beyond the capability or capacity of the Division to manage it is included in the NSS risk register.

8. Equality & Diversity Implications


No Equality and Diversity issues have been identified in the report against the Local Delivery Plan or the strategic outcomes.

9. Partnership Working


Target development and delivery is achieved in partnership.

NSS Key Performance Indicators - Target and Achievement Half Year Report - September 2011





Note Overall Performance – where achievement of target is maintained ↔ or exceeded ↑ is:

70% and above = 

40% and above = 

Less than 40% = 

1. Summary Achievement of Objectives

Objective	RAG Status	Number of KPIs	% KPIs	Overall Performance
Improve Service Delivery	Green	11	79%	
	Amber	2	14%	
	Red	1	7%	
	Total	14		
Enhance Customer and Partner Engagement	Green	1	33%	
	Amber	1	33%	
	Red	1	33%	
	Total	3		
Build Organisational Capability	Green	6	75%	
	Amber	1	12%	
	Red	1	13%	
	Total	8		
Develop and Support Staff	Green	1	25%	
	Amber	0	0%	
	Red	3	75%	
	Total	4		

2. Key Performance Indicator Progress

Notes: Achievement column normally relates to achievement of target in the current year, however symbols currently based on trend to show as example.

↔ Target achieved, level maintained

↑ Target exceeded

↓ Performance below target with less than 10% variance

↓ Performance below target with 10% or more variance

Improve Service Delivery

KPI	Achieved 09/10	Achieved 10/11	Full Year Target 11/12	To Date 11/12 Mid Year	Achievement
Percentage of NSS Local Delivery Plan targets achieved.	100%	96%	100%	83%	↓
More than 3 days supply of all blood groups	100%	100%	100%	100%	↔
SNBTS retain all licences with no critical inspection results	100%	100%	100%	100%	↔
Accuracy of payments to practitioners	99.8%	99.6%	99.5%	99.88%	↑
Patient electronic records transferred to timescale.	96%	93.7%	90.0%	81%	↓
Patient registration to timescales	95%	99.6%	98%	99.9%	↑
Health Protection Scotland – number of enquiries responded to.	3,599	3,126	1,500	1,154	↑

KPI	Achieved 09/10	Achieved 10/11	Full Year Target 11/12	To Date 11/12 Mid Year	Achievement
Number of outbreaks / incidents supported by Health Protection Scotland.	33	68	40	25	↑
National Information Systems Group – percentage of business as usual service level agreements met monthly.	n/a	95%	75%	95%	↑
Annual savings to NHS Boards through national contracts and logistics	n/m	£31m	£4.6m * Target reviewed to £20m	£10.8m	↑
Net savings from tackling fraud.	£1,254,924	£4,390,815	£1m	£430,634	↓
Oxygen concentration service (patients supported)	4,000	5,299	5,500	5,500	↔
Specialist service treatments	5,273	5,500	5,600	Not yet available	-
% people screened against those invited	70%	Breast 76% Cervical 73.7% Bowel 56.8% Diabetic Retinopathy 80.3%	Breast >70%, Cervical >70%, Bowel >60%, DR >80%	Breast >75%, Cervical >73.6%, Bowel >53.7%, DR >84.8%	↔

Enhance Customer and Partner Engagement

KPI	Achieved 09/10	Achieved 10/11	Full Year Target 11/12	To Date 11/12 Mid Year	Achievement
% of NHS Boards where annual customer engagement cycle has been completed.	n/a	n/a	66% (14/21)	10% (2/21)	↓
Customer satisfaction assessment (SGHD and NHS Boards)	n/a	n/a	Methodology to be agreed	Not assessed at half year	-
Freedom of Information requests dealt with on time.	98%	99%	100%	98.3%**	↓
Complaints dealt with on time	90%	91%	Greater than 95%	89.3%	↑
Fully meet Investing in Volunteering standard	n/m	7 out of 9 standards (78%)	Fully met (100%)	Not assessed at half year	-
Meet participation standard	n/m	Fully met	Fully met (100%)	Not assessed at half year	-

Build Organisational Capability

KPI	Achieved 09/10	Achieved 10/11	Full Year Target 11/12	To Date 11/12 Mid Year	Achievement
Efficiency savings	£5.3m	£7.1m	£7.98m	£5.4m	↑
Workforce - Whole Time Equivalents	3358.33	3342.96	3385.8	3184**	↑
WTE Vacancies	98.8	16	14.6	51*	↓
Number of staff on Workforce Resource Pool	n/a	n/a	< 125	4*	↑
Percentage of displaced staff redeployed within one year.	n/a	n/a	100%	94%	↓
Senior Management Reduction (progress towards national target to reduce senior managers in NHS in Scotland by 25% between March 2010 and March 2015 (reduce from 96 to 72))	n/a	7.4	-	1*	↑
Overhead as percentage of cost	9.1%	8.8%	8.5%	5.9%	↑
Energy based carbon emissions	n/m	n/m	3% reduction	14%	↑
Major business continuity incidents	n/m	n/m	0	0	↔

Note: Whole Time Equivalents – figures for 09/10 and 10/11 taken from Joint Outcomes Report. Work is ongoing to look at validating the workforce information.

Senior Management Reduction – figures do not include SG staff. These were not included in the national return to eliminate double counting. The agreed baseline figure for March 2010 was 96.

Develop and Support Staff

KPI	Achieved 09/10	Achieved 10/11	Full Year Target 11/12	To Date 11/12 Mid Year	Achievement
Staff Governance action plan targets met.	n/a	100%	100%	40%	↓
Percentage of staff with a personal development plan on eKSF	45%	90%	90%	64%	↓
Percentage of sickness absence	4%	4%	3.7%	3.47%*	↑
RIDDOR incidents	9	7	7	7	↓

n/a not applicable

n/m not measured

*year to date August

** quarter one

Target	Comments
Support NHS Boards to further reduce healthcare associated infections so that by 2012/13 NHS Boards' staphylococcus aureus bacteraemia (including MRSA) cases are 0.26 or less per 1000 acute occupied bed days; and the rate of Clostridium difficile infections in patients aged 65 and over is 0.39 cases or less per 1000 total occupied bed days. Deliver HPS's contribution to the HAI Task Force Delivery Plan 2011-12.	Incidence rates as published at July 2011: 0.326 S. aureus bacteraemia cases per 1000 AOBs; 0.28 CDI cases per 1000 TOBs.; HPS. Is identifying which NHS Boards require support to achieve targets. Amber due to MRSA and Prevalence Survey (PPS). - both projects affected by delay in recruitment via workforce resource pool. Review complete and mitigation in place, year end out turn forecast green.
Decontamination Policy Advisory Group to enable Boards to meet SGHD targets for the delivery of safe and efficient decontamination of re-usable medical devices across the service. Provide Authorising and Validation services within existing service levels to those creating and operating Decontamination facilities.	Most of this work is on target, with two exceptions. Annual revalidation process is impacted by reduced HFS capacity through retirement of senior staff member. The review of the quality assurance process is behind schedule with a review of a stakeholder questionnaire ongoing.
Support improvements in the quality of patient care by the further development of the Scottish Stroke Care Audit (SSCA).	This is behind schedule with some IT slippage being addressed.
In our commissioning role for national specialist services, support NHS Boards in delivering against the NHS Healthcare Quality Strategy. Specifically: <ul style="list-style-type: none"> • Ensure all national specialist services commissioned by NSD, submit Annual Reports against all 6 domains of quality by end June 2011, and • Put in place action plans for those services considered to be at risk of not achieving the quality standards set out in Service Agreements. • Commissioning of National Managed Clinical Networks with a service agreement and workplan to agree standards of care across Scotland and audit performance against these. Supporting deep people involvement and professional educational development. 	Mostly this is on target, however annual reports required from each national specialist service were not all received by the June deadline. These have now been received.
To improve data consistency and system interoperability and to streamline the collection of the national data.	Amber status is due to slippage in timelines for the GPIT and Ensemble report; this was due to sickness absences. The reports are now on track for completion during quarter three.
Deliver a health impact by protecting the NHS in Scotland from fraud and generating savings of up to £1m per annum (net of costs).	While work on deterring, detecting and disabling fraud continues to plan, the expected savings are below target at £430,634 at the mid year point. This is a lower figure than expected and is due to current fraud cases not being of high monetary value, and some of the previous 5 Year savings extrapolations coming to an end. CFS continues to examine all savings opportunities.
To support a key component of the Quality Strategy by contributing to the development and implementation of the Quality Measurement Framework.	Amber due to milestones to be agreed. Further clarity required from Scottish Government.
To work with NES and QIS towards the delivery of the Quality Hub measurement tool.	Amber due to SASM (Scottish Audit of Surgical Mortality) recruitment and SRR (Scottish Renal Registry) clinician availability issues, which are being addressed.
NSS will monitor the carbon footprint for all NHS Boards to measure compliance against HEAT target and provide professional support to assist Boards to meet targets. This will support NHS Boards in their attempts to reduce emissions. (Contributory to E8).	Mostly this is on target however a planned upgrade to enhance software to monitor the carbon footprint is behind schedule.