IF YOU CANT STAND THE HEAT........

PERFORMANCE MANAGEMENT AND TARGETS

RCPSYCHiS TRAINEE LEADERSHIP AND MANAGEMENT DAY 25TH JUNE 2012
OUTLINE

- ACCOUNTABILITY IN THE NHS
- TARGETS
- WHAT DOES THIS MEAN FOR CONSULTANTS?
- WHAT DO YOU NEED TO KNOW?
HEALTH BOARDS AND ACCOUNTABILITY

“Scottish Ministers”

Scottish Government Health Directorates

Health Boards
HEALTH DIRECTORATES IN SCOTTISH GOVERNMENT

- CMO (Public Health and Sport)
- CNO (Patients, Public and Health Professions)
- Finance and Information
- Workforce and Performance
- Health and Healthcare Improvement
- Health and Social Care Integration (MH)
- Children and Families
HOW DO DIRECTORATES INTERACT WITH BOARDS?

- LOCAL DELIVERY PLANS
- HEAT TARGETS
- ANNUAL ACCOUNTABILITY REVIEW
- MENTAL HEALTH IMPLEMENTATION REVIEWS
LOCAL DELIVERY PLAN

- CONTRIBUTION TO SINGLE OUTCOME AGREEMENTS
  - HEALTH INEQUALITIES
  - EARLY YEARS
  - TACKLING SOCIO-ECONOMIC INEQUALITY
  - ECONOMIC RECOVERY
LOCAL DELIVERY PLAN

- DELIVERY TRAJECTORIES AGAINST TARGETS AND RISK MANAGEMENT PLANS
- FINANCIAL PLANS
- WORKFORCE PLANS
- PUBLISHED BY END OF JUNE 2012
HEAT TARGETS

- HEALTH
- EFFICIENCY
- ACCESS
- TREATMENT
HEAT TARGETS

- 24 TARGETS
- 5 DIRECTLY INVOLVE MH
  - REDUCE SUICIDE
  - CAMHS AND PSYCH THERAPIES WAITING TIMES
  - DRUG AND ALCOHOL WAITING TIMES
  - MAINTAIN DEMENTIA REGISTER
  - ALCOHOL BRIEF INTERVENTIONS
HEAT TARGETS

- OTHERS THAT INDIRECTLY AFFECT
  - FINANCIAL TARGETS
  - REDUCE CARBON EMISSIONS
  - REDUCE EMERGENCY INPATIENT BED DAYS FOR OVER 75’S
  - REDUCE DELAYED DISCHARGES
  - REDUCE A&E ATTENDANCE
  - 4 HOUR A&E WAIT
  - REDUCE SICKNESS ABSENCE
ANNUAL ACCOUNTABILITY REVIEW

- PUBLIC MEETING
- USUALLY ATTENDED BY MINISTER
- MEETING WITH STAFF GROUPS, PATIENT GROUPS THEN WITH BOARD
- OUTCOME LETTER TO CHAIR
MENTAL HEALTH IMPLEMENTATION REVIEWS

- TWICE YEARLY
- MULTI-AGENCY MANAGEMENT USUALLY ATTEND
- FOCUS ON DATA
- MENTAL HEALTH BENCHMARK DATA
- PROGRESS AGAINST HEAT TARGETS
- STRATEGY DISCUSSION
TARGETS

■ WHAT IS THE PURPOSE?

■ TARGETS SET TO TRY AND SHAPE BEHAVIOUR OF BOARDS BY ENCOURAGING PRIORITISATION

■ RISK THAT TARGET BECOMES FOCUS OF ATTENTION RATHER THAN THE DESIRED CHANGE
TARGETS

■ EXAMPLE
  ■ Reduce the rate of emergency inpatient bed days for people aged 75 or over per 1000 population by at least 12% between 2009/10 and 2014/15

■ DESIRED BEHAVIOUR
  ■ Improve community care to prevent admissions and facilitate earlier discharges for older people

■ RISKS?
WHAT DOES THIS MEAN FOR CONSULTANTS

- DIRECT INFLUENCE ON PRIORITIES YOU WILL BE ASKED TO MEET
- NEED FOR CLINICAL LEADERSHIP TO ENSURE PERFORMANCE IS DRIVING CLINICAL IMPROVEMENT
- ABILITY TO LINK YOUR AREA OF EXPERTISE OR INTEREST TO MEETING THE TARGETS
OBJECTIVE CASCADE

CHIEF EXECUTIVE

MEDICAL DIRECTOR

DIVISIONAL MD AND AMDs

CLINICAL DIRECTOR

CONSULTANT
SMART OBJECTIVES

- MEASURABLE
- ACHIEVABLE
- REALISTIC
- SPECIFIC
- TIMELY
WHAT SHOULD I DO?

- BE AWARE OF THE PRIORITIES DRIVING MANAGEMENT
- TRY TO UNDERSTAND THE REAL PURPOSE OF TARGETS
- ENSURE HEAT TARGETS ARE HIGH ON YOUR PRIORITY LIST IF POSSIBLE
- BE AWARE OF THE IMPORTANCE OF DATA – MEASURE IT
WHAT SHOULD I DO?

- USE JOB PLANNING TO GENERATE SMART OBJECTIVES

- ONCE TARGETS CONSISTENTLY MET THERE IS SCOPE FOR INNOVATION AND OTHER QUALITY IMPROVEMENT
SUMMARY

- We work in a managed system where accountability is increasing.

- The performance management of boards has a direct impact on all of our work.

- It is important to understand and work with this system to achieve benefits for all.