



Performance Report to the Board

September 2019

Introduction

This report summarises

- current performance against the Board's annual operational plan trajectories and progress against the actions in the annual operational plan letter from Scottish Government; and
- relevant information published by the NHS Information Services Division (ISD) regarding aspects of the Board's performance.

The overall approach adopted is that performance management is integral to the delivery of quality and effective management, governance and accountability. The need for transparent and explicit links of performance management and reporting within the organisational structure at all levels is important.

The indicators noted below are a high level set of performance standards which are supported by a comprehensive framework of measures at directorate and service level. These are reported to and monitored by the relevant senior officers and their clinical and senior professional support staff.

Responsive

Unscheduled Care

Annual Operational Plan	Performance
95% of patients should wait no more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.	The percentage spending 4 hours or less in an A&E department for the year ending 31 July 2019 was 93.8%, above the Scotland wide rate of 90.6%.

In common with elsewhere in Scotland, delivery of the 4 hour standard has been challenging. However, performance within NHS Grampian remains above the Scottish average in terms of performance against the national standard.

In terms of the latest published data for the year ending July 2019:

- The total number of attendances was 139,606 which represented a 0.2% increase from the same period one year previously (139,320). An increase of 0.3% was recorded across Scotland.
- The percentage spending 4 hours or less in an A&E department was 93.8% - down from 94.0% for the year ending June 2018. This was still well above the Scotland wide rate of 90.6%.

The weekly published performance during August has been:

	Week ending 4 Aug	Week ending 11 Aug	Week ending 18 Aug	Week ending 25 Aug
Grampian	91.8%	82.2%	89.5%	91.1%
Scotland	89.0%	88.4%	89.4%	87.8%

As set out in recent performance reports to the Performance Governance Committee and the Board, pressures on our unscheduled care services continue. There is a separate paper on the Board agenda (October 2019) regarding unscheduled care, with the winter plan due to come to the Board for approval in November.

Delayed discharges

In terms of our performance in relation to delayed discharges, there has been a concerted effort in Grampian to reduce the number of people delayed in hospital awaiting discharge and the length of time they are delayed. Whilst there are fluctuations from month to month an overall downward trend has been delivered since the inception of the Integration Joint Boards.

Number of patients whose discharges was delayed as at July 2019:

- There were 115 patients delayed – up 11.6% from 103 in June. A smaller increase of 4.8% was recorded across Scotland.
- The number of delayed discharges in each Integrated Joint Board (IJB) was as follows: Aberdeen City: 33 (down 13.2% from June), Aberdeenshire: 55 (up 48.6% from June) and Moray: 24 (down 11.1% from June)

Comparison with prior three months (delayed discharges)

	April	May	June	July
Aberdeen	41	32	38	33
Aberdeenshire	49	40	37	55
Moray	20	32	27	24

- 18 (15.7%) of these delays were for patients with specific complex care needs. This compared to 19.4% across Scotland. Of the remaining 97 patients delayed at the census, 92 were due to health and social care reasons and five due to patient and family related reasons.

Bed Days – July 2019:

- Patients spent 3,464 days in hospital due to delays in discharge in Grampian. This represented a 17.2% increase from June when the total was 2,955 bed days. A smaller increase of 7.4% was recorded across Scotland.
- The number of bed days due to delayed discharges in each IJB was as follows: Aberdeen City: 1,115 (4.6% increase from June), Aberdeenshire: 1,523 (41.3% increase from June) and Moray: 698 (9.1% decrease from June)

Comparison with prior three months (bed days)

	April	May	June	July
Aberdeen	1,126	1,156	1,066	1,115
Aberdeenshire	1,306	1,512	1,078	1,523
Moray	926	810	768	698

The Health and Social Care Partnerships are introducing additional efforts to reduce patients being delayed in hospital. These include extending staffing capacity and introducing new processes to improve timely and safe flow out of hospital. In some areas the establishment of interim and very sheltered housing flats will provide additional care outside of hospital.

Annual Operational Plan - actions for 2019/20

Health and Social Care Partnerships have developed performance plans for the following indicators:

- Unplanned admissions
- Unplanned bed days
- A&E attendances
- Delayed discharge bed days
- Last 6 months of life at home
- Balance of care

These plans set out how the partnerships, with their wider communities and the Board will deliver optimum performance within resources available. Each partnership has developed Strategic Commissioning Plans. The Aberdeen City Health & Social Care Partnership (ACHSCP) has published a new strategic plan for the years 2019-2022, with the Aberdeenshire (2020-2025) and Moray (2019-2022) Strategic Commissioning Plans under review at present.

These provide more detailed information as well as the demographic and workforce challenges which are faced and which could detrimentally impact on delivery of planned targets for the future. The Health Board with its partners will continue to implement appropriate surge plans in line with the Scottish Government six essential actions focusing on areas such as:

- Cross system safety huddles (daily)
- Co-ordinated and supported patient flow co-ordination (including weekend activity)
- Reducing delays in transfer of patients to home or a community setting
- Supporting the public to access services where care and advice can be sought through planned pathways rather than using emergency or unscheduled capacity.

The Scottish Government have confirmed that an additional £465,000 will be made available to increase capacity across the Board and Integration Joint Boards to meet winter pressures.

Mental Health and Learning Disability Services

In terms of national standards for mental health and learning disabilities, the key targets relate to access to Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapy services.

Current performance

Since the annual operational plan was agreed by the Board, a number of further key actions have been progressed:

- Relocation of the CAMHS services for Aberdeen and Aberdeen City into a single purpose designed centre of excellence. This has been a significant undertaking and the service was opened to users from July.
- Appointment of Dr Lynne Taylor as the Clinical Director for Psychology for NHS Grampian.
- Review of the application of the updated advice on new waiting times standards for CAMHS and psychological therapies. We have established a local Project Board to oversee this work and establishment of the required supporting data capture and performance monitoring systems.
- Agreement by the three Integration Joint Boards to enhance available resources within primary care using the Action 15 funding allocated by Scottish Government to enable implementation of key priorities within the NHS Scotland Mental Health Strategy.

In terms of performance we have noted below the current position:

a. CAMHS

In terms of measurement against the NHS Scotland standard for CAMHS our performance for quarter ended June 2019 (the latest publication date) was:

- 326 children and young people started treatment at CAMHS in Grampian, an increase of 6% from the previous quarter when 307 were seen.
- 51.2% were seen within 18 weeks, up from 43.3% during the previous quarter.

As reported to the Board and Performance Governance Committee previously the current waiting times guidance does not record activity when we undertake the first CHOICE appointment for referrals to the service. Our current waiting time for a first CHOICE appointment is 8 weeks for Aberdeen City and Aberdeenshire and 12 weeks for Moray.

b. Psychological Therapies

In terms of measurement against the NHS Scotland standard for psychological therapies our performance for quarter ended June 2019 (the latest publication date) was:

- 1057 people started treatment for Psychological Therapies in Grampian – 10.56% more than during the previous quarter (956).
- The proportion of patients waiting less than 18 weeks was 72.9% – up from the previous quarter’s figure of 68.1%.

Annual Operational Plan – actions 2019/20

As reflected in the Annual Operational Plan we have a comprehensive programme of actions to enhance access to mental health and learning disabilities across NHS Grampian. The Board will consider an update on the strategic commissioning review that is being undertaken at the October Board meeting.

Following submission of the Annual Operational Plan, we have now confirmed with Scottish Government the improvement trajectories to the end of 2020 as set out below:

Access to CAMHS services

By December 2019	By March 2020	By June 2020	By September 2020	By December 2020
65%	80%	85%	90%	90%

Access to Psychological Therapies

By December 2019	By March 2020	By June 2020	By September 2020	By December 2020
75%	75%	80%	85%	90%

Elective Care

Treatment Time Guarantee and Outpatients

The performance in terms of the number of patients waiting longer than 12 weeks for a first outpatient appointments or treatment (inpatients/daycases) is shown below.

	6 Jan 2019	1 April 2019	30 June 2019	1 Sept 2019	Trajectory (Sep 2019)	Change since Jan 2018
Outpatients	15,830	12,243	12,544	13,304	11,800	(2,526)
Treatment	5,654	4,752	4,325	4,200	3,925	(1,454)

The number of patients waiting for both a first outpatient appointment and treatment has improved since the start of the calendar year. The number of patients waiting for an outpatient appointment has however slightly increased since April due to available capacity both internally and externally being lower than projected. Capacity will be higher during the remainder of the financial year, including additional resources in Aberdeen, Elgin and at the Regional Treatment Centre, Stracathro.

Over the next 30 months, the Improvement Plan will make a phased, decisive improvement in the experience of patients waiting to be seen or treated measured at October 2019, October 2020 and Spring 2021.

Similar action is being taken in parallel with mental health waiting times through the recent Programme for Government as noted above.

Actions for 2019/20

The waiting time position is monitored weekly by members of the Board's executive Leadership. Specialty teams review their performance, particularly when unexpected increases occur. This includes close scrutiny of elective classification status. There has been extensive modelling of demand and capacity at specialty level and a range of improvement options and their cost have been identified. Target operating plans are being produced at specialty level to ensure maximum efficiency is delivered.

The Board's Annual Operational Plan for 2019/20 confirms the funding from Scottish Government to support the retention of the additional capacity sourced in 2018/19 whilst we progress plans for the new diagnostic and treatment centre and sourcing additional permanent workforce to reduce our current dependency on temporary staffing and use of the independent sector. We have also submitted a separate plan to significantly reduce the number of patients who have waited more than 78 weeks for treatment.

Longer term sustainability is dependent on new models of care being taken forward through the Board's Elective Care programme and the wider population focus on prevention and self-management consistent with the Board's clinical strategy.

Cancer

The statistics for cancer for the quarter to 30th June will be published on 24 September. The latest published results are as at 31st March 2019.

Measure	Performance
	Quarter to March 2019 – compliance rate with standard
31 days from decision to treat (95%)	<ul style="list-style-type: none">• 92.8% Grampian (31 day standard)• 94.8% Scotland (31 day standard)
62 days from urgent referral with suspicion of cancer (95%)	<ul style="list-style-type: none">• 76.4% Grampian (62 day standard)• 81.4% Scotland (62 day standard)

During the quarter ending 31 March 2019:

- 92.8% of patients in Grampian started treatment within 31 days, up from 90.1% in the previous quarter.
- 76.4% of patients in Grampian started treatment within the 62 days, down from 80.1% in the previous quarter and the lowest compliance achieved since the 95% standard came into effect in 2011.

The published performance highlights the continued challenges we face in meeting the 31 and 62 day access standards.

Actions for 2019/20

NHS Grampian is committed to ensuring that all those who require treatment for cancer should receive that treatment as soon as clinically appropriate. Improving cancer performance remains a Board priority as outlined within the Annual Operational Plan 2019/20 and we have established a robust cancer improvement action plan which seeks to deliver the recommendations of the Scottish Government's Effective Cancer Management Framework. The NHS Grampian Cancer Local Improvement plan sets out our ambitions to fully explore, and implement where clinically appropriate, the Effective Cancer Management Framework peer review recommendations to improve cancer management.

To enhance our capacity to improve performance we have:

- Appointed a Medical Lead for Cancer Performance and a Head of Cancer (Pathways and Access) to provide the leadership and capacity to support the implementation of improvements across all cancer pathways and
- Increased multi-disciplinary team (MDT) coordinator capacity to ensure appropriate monitoring of patients and implementation of clinical management plans for all patients with a cancer diagnosis. Each cancer pathway has an action plan which is reviewed regularly and variance escalated.

NHS Grampian acknowledges that improvement against both 31 and 62 day standards is required and our focus for 2019/20 is to improve performance for all cancer pathways. Particular focus is on colorectal and urology pathways which accounted for 85% of NHS Grampian's 62 day breaches in the first quarter of 2019.

We will focus on addressing ongoing capacity issues within endoscopy, which particularly impact on the colorectal screening pathway, and access to theatre capacity to ensure maximum utilization of available staffed capacity.

Recognising the significant staffing challenges which have impacted on capacity across NHS Grampian, a number of actions have been taken to effectively manage available resources whilst mitigating risk and ensuring appropriate governance. In order to achieve this, a clinically-led risk management system of clinical prioritization was introduced from June 2017 to enhance our ability to prioritise patient clinical need, as determined by the treating clinician. The system is underpinned by robust monitoring and escalation processes which were developed in partnership with Primary Care and includes ongoing assessment of clinical risk to ensure highest risk patient groups are identified.¹ NHS Grampian is committed to ensuring all available staffed theatre resource is targeted at patients with the highest clinical need.

In order to achieve this we are progressing a number of short term actions to address the existing backlog, and medium and long term initiatives which are focused on sustainable performance improvement.

- Breach analysis to focus on areas of consistent failure and patients waiting over 100 days
- Systems of governance and assurance to monitor performance across all pathways
- Weekly cancer pathway tracking meetings to identify and ensure early escalation of patients deviating from expected timed pathways and actions taken to prevent breaches where possible
- Implementation of enhanced monitoring of available staffed theatre capacity across NHS Grampian with a view to identifying additional sessions for Colorectal, Urology and Breast.

These actions are underpinned by the following principles:

- As far as reasonably possible, patients requiring a procedure will be booked in turn
- Available staffed theatre capacity will be allocated to cancer cases as a matter of priority and
- All available staffed theatre capacity will be allocated to the next highest priority patients

A short term plan has been developed to address the existing backlog of patients waiting longer than 62 days for treatment. As we treat patients waiting longer than the 62 day pathway target, we recognize that our cancer performance in 2019/20 is likely to deteriorate further. Agreed short term actions are:

- Currently, urology and colon cancers account for 85% of patients waiting beyond 62 days for treatment. It is anticipated that the urology and colorectal backlog will be cleared in quarter three 2019 as three whole day sessions of staffed theatre capacity will be reallocated as capacity to treat urology and colorectal patients who have waited more than 62 days for treatment.

- Increase capacity for scoping through use of the private sector at Albyn Hospital, Aberdeen Health Village and Dr Gray's Hospital.
- Appointment of an additional Urology consultant, colorectal nurse specialist
- Through enacting this short term plan, we will significantly reduce the number of patients waiting more than 62 days for treatment across urology and colorectal cancer pathways to approximately 12 by the end of quarter three 2019.

Recognising finite critical care capacity, and to minimize unintended consequences through creating bottlenecks in the system, this short term plan will be in place throughout the summer theatre timetable from June to September 2019. Enhanced monitoring of the 6-4-2 theatre session allocation process will continue beyond this timescale and support the actions within the medium term plan.

A high level plan has been developed to ensure sustainable achievement of both the 31 and 62 day standards beyond quarter three 2019/20. This seeks to maximize the utilization of core capacity across all elective sites within NHS Grampian and sets out our commitment to realizing the productivity and efficiency opportunities outlined within the NHS Grampian Waiting Times Improvement Plan.

We anticipate that our short term plan will address the existing backlog by quarter two/three 2019 through a number of key actions, one of which seeks to reallocate existing staffed theatre capacity. As the backlog is cleared in the short term, we will utilize reallocated staffed theatre capacity in the medium term to maintain our cancer performance, with a specific focus on colorectal, urology and breast cancer pathways.

In order to sustainably improve cancer performance a number of work streams and developments will be undertaken in the medium term. These are:

- Specialty level service reviews
- Consultant plan job template reviews
- Theatre timetable redesign
- Theatre capacity re-alignment across NHS elective sites
- Development of a regional ovarian cancer service for the North of Scotland and
- Increase capacity in endoscopy, radiology, PET and theatres as per 30 month waiting times improvement cancer plan.

These workstreams and developments have a number of interdependent improvement and sustainability initiatives.

Well Led

Financial performance – four months ending 31 July 2019

As at the end of July 2019, the Board has reported an overspend of £2.17 million on NHS directly controlled services. The July position had a net overspend of £0.236m, largely due to:

- Pay being overspent due to continued high usage of locum medics and agency nursing. Locum costs now 29% up on same period last year.
- Non pay was overspent due to medical supplies and hospital drugs being higher than forecast. These overspends were offset by higher than expected recoveries from provision of specialist treatment to patients outwith Grampian.

As reported previously, the level of overspend recorded at the end of the first quarter is higher than at the end of the first quarter in 2018/19 - £1.93 million in 2019/20 compared to £0.6 million in 2018/19. We are still forecasting a position of financial breakeven at the end of the year (31 March 2020).

None of the IJBs has yet produced results for the new financial year. The financial performance of the IJBs will be monitored each quarter at meetings between the Director of Finance, Chief Officers and Chief Financial Officers to assess any potential risks to the NHS Grampian position from overspends against IJB budgets.

Appendix 1: Information Services Division (ISD) published data

ISD of NHS National Services Scotland publishes regular data on aspects of Board performance and key indicators.

Below we have highlighted recent publications of interest:

- Scottish Stroke Improvement Programme
- Emergency admissions arising from falls
- Detecting cancer early
- Prescribing items and costs

Scottish Stroke Improvement Programme

The ISD publication on the Scottish Stroke Improvement Programme 2019 includes data from the Scottish Stroke Care audit describing the quality of care in each acute hospital in 2018. The following key points relate to Grampian:

- There were 820 confirmed strokes in Grampian during 2018. This was equivalent to a rate of 140 per 100,000 population and below the rate of 178 per 100,000 population across Scotland.
- 87% of stroke patients were admitted to a stroke unit within one day of admission at ARI (based on final diagnosis) up from 79% in 2017 and above the Scotland wide rate of 82%. ARI was one of only two hospitals to show a statistically significant improvement between 2017 and 2018. Dr Gray's also recorded improvement but compliance remained below the Scotland rate at 76% compared to 68% in 2017.
- 80% of stroke patients had a swallow screening within 4 hours of admission at ARI in 2018, up from 79% in 2017 and 84% at Dr Gray's. (Scotland - 80%).
- 96% of stroke patients had a brain scan within 24 hours of admission at ARI in 2018, up from 95% in 2017 and 95% at Dr Gray's. (Scotland – 95%)
- 93% of acute ischaemic stroke patients were given aspirin in hospital within 1 day of admission at ARI in 2018, up from 92% in 2017, and 92% at Dr Gray's. (Scotland – 92%)

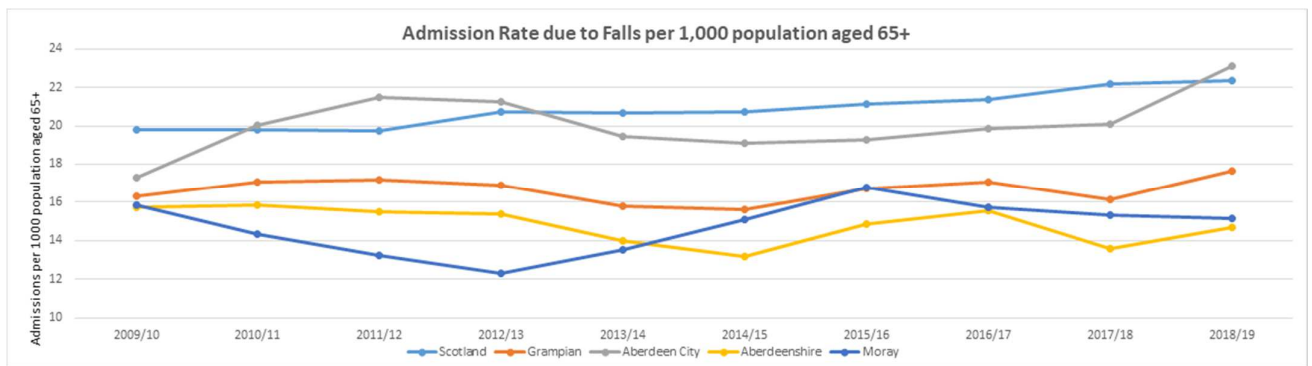
Commenting on these results, Dr Mary Joan MacLeod, Consultant in stroke medicine explained the positive effect of the new ward area, flexibility of our nursing staff to cope with more patients than their complement, flexibility of the ward layout to allow us to have additional beds when demand is high. Our thrombolysis rates compare favorably to the rest of Scotland.

Following discussion at SLT we intend to look at how changes and developments in rehabilitation care are improving patient care and the way care is managed in hospital and community services.

Emergency admissions arising from falls

ISD has updated the annual publication of emergency admissions arising from falls during 2018/19. The following key points relate to Grampian:

- The admission rate due to falls was 5.6 per 1000 population (a total of 3282 admissions). This represented an increase of 7.2% from 2017/18 (5.2 per 1000 population) but was well below the Scotland wide rate of 6.9 per 1000 population.
- The admission rate was below the Scotland wide rate in each of the three local authorities with Aberdeenshire recording the lowest rate of 5.0 per 1000 population, Moray recording 5.3 and Aberdeen City, 6.4.
- There is a strong relationship between a person's age and the likelihood of being admitted to hospital as a result of a fall. Those aged 65 and over are over six times more likely to have an emergency admission compared to those aged under 65 with an admission rate of 17.6 per 1000 population in 2018/19. This compared to 22.4 per 1000 population across Scotland.
- The admission rate amongst over 65s was markedly higher in Aberdeen City at 23.4 per 1000. This was the only local authority to record above the Scotland rate with Aberdeenshire recording 14.7 per 1000 population and Moray, 15.1 (see graph)



We have begun to assess where there is greatest potential for avoiding emergency admissions from falls. This work combines demographics and patient characteristics with evidence of effective interventions.

Detecting cancer early

This ISD publication is based on patients diagnosed with cancer during the two-year period during 2017 and 2018, with the following points relating to Grampian:

- 22.2% of people were diagnosed with breast, colorectal and lung cancer at the earliest stage (stage 1) in Grampian. This is below the rate of 25.5% across Scotland and a drop from 22.6% for 2016 and 2017. It represented an improvement of 2.8% from the baseline years of 2010 and 2011 but this was a much lower rate of improvement than across Scotland (9.4%).
- For individual cancers the proportion diagnosed at stage 1 were as follows:
 - Breast: 42.6% compared to 40.4% across Scotland
 - Colorectal: 14.0% compared to 16.4% across Scotland
 - Lung: 10.0% compared to 17.9% across Scotland
- 13.2% of patients were recorded with a 'not known' stage of disease compared to only 6.0% across Scotland. 23.8% of lung cancer patients were diagnosed at an unknown stage compared to 7.2% across Scotland. This was due to moving to using the updated staging classification TNM8 a year early.

The NHS Grampian/University of Aberdeen cancer research partnership has focused on the early diagnosis of cancer, patient and service factors which predict early versus late stage disease, and whether diagnostic route can influence outcomes. The following highlights have been drawn from our research:

- Patient factors such as age, gender, socioeconomic status, and presence of comorbidities can influence cancer stage at diagnosis and cancer survival, but the relationship varies with cancer type.
- Cancer biology including histological subtype and grade are poorly accounted for in published epidemiological studies and not considered at all in national DCE reports.
- Within NHS Grampian, there is evidence that rural patients have poorer one-year survival after a cancer diagnosis, but no evidence that they face diagnostic delays or have later stage cancers at diagnosis.
- Patients diagnosed via screening are three times more likely to have early stage disease than those referred via the urgent suspected cancer route
- No prior GP contact increases the odds of emergency cancer presentation
- Patients diagnosed via emergency admission are twice as likely to have late stage disease than those referred via the USC route, and twice as likely to die from cancer within one year of diagnosis.

Future research priorities include building datasets that include pathology data and datasets that capture processes and outcomes after diagnosis, and innovative interventions to improve outcomes in those at high risk of adverse cancer outcomes.

Prescribing items and costs

The ISD publication on prescribing items and costs in 2018/19 highlighted the following points in relation to Grampian:

- The total number of prescription items dispensed in Grampian in 2018/19 was 9.3 million items, representing a decrease of 0.1% compared to 2017/18. Across Scotland there has been very little variation in prescribing volume in the last year – a slight increase of 0.03%.
- The Gross Ingredient Cost per prescription item dispensed in Grampian decreased by 5.2% between 2017/18 and 2018/19, from £12.23 to £11.60. Across Scotland the decrease was 2.0%, with the cost per item reducing from an average of £11.27 to £11.05.
- 16.0 prescription items were dispensed per head of population in Grampian in 2018/19 compared to 19.0 items per head of population across Scotland. Only Lothian dispensed fewer items per head of population (14.3).

ⁱ This system is currently under evaluation