



Board Meeting  
05 12 19  
Open Session  
Item 12

# **Performance Report to the Board**

**November 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 National Services Division 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 30 September 2019 was 92.6%, above the Scotland wide rate of 89.3%.

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 September 2019:

- The total number of attendances was 139,880 which represented a 0.1% increase from the same period one year previously (139,738). A slightly greater increase of 0.4% was recorded across Scotland.
- The percentage spending 4 hours or less in an A&E department was 93.5% - down from 94.7% for the year ending September 2018. However this was still well above the Scotland wide rate of 90.4%.

The weekly published performance during October/November has been:

	Week ending 13 Oct	Week ending 20 Oct	Week ending 27 Nov	Week ending 3 Nov	Week ending 10 Nov	Week ending 17 Nov
Grampian	89.9%	89.2%	90.3%	89.1%	88.6%	88.8%
Scotland	85.1%	86.0%	86.0%	85.5%	84.6%	85.1%

The Performance Governance Committee considered an in depth analysis of trends in unscheduled care activity over the last five years. The following was noted

#### ***ED attendances***

- ✓ Little change in minor injury units but increase in complexity of presentations, with more classified as 'major'.
- ✓ Downward trend in the number of attendances whose conditions are not true accidents or emergencies (however these still account for 21% of all attendances)
- ✓ High intensity use is strongly associated with proximity to A&E

#### ***Emergency admissions***

- ✓ Increase in emergency admissions for 65+ is lower than expected in City but higher in Aberdeenshire and Moray.
- ✓ Emergency bed days used overall have decreased; with shorter average length of stay equivalent to approximately 72 beds less required.

## 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 September 2019:

- There were 114 patients delayed – up 8.6% from 105 in August. A smaller increase of 1.9% was recorded across Scotland.
- The number of delayed discharges in each IJB was as follows:  
Aberdeen City: 37 (up 2.7% from August)  
Aberdeenshire: 46 (up 4.5% from August)  
Moray: 28 (up 27.3% from August)

Comparison with prior three months (delayed discharges)

	June	July	August	September
Aberdeen	38	33	36	37
Aberdeenshire	37	55	44	46
Moray	27	24	22	28

- 21 (18.4%) of these delays were for patients with specific complex care needs. This compared to 19.6% across Scotland.

### Bed Days – September 2019:

- Patients spent 3516 days in hospital due to delays in discharge in Grampian. This represented a 10.1% increase from August when the total was 3194 bed days. By contrast a decrease of 2.7% was recorded across Scotland.
- The number of bed days due to delayed discharges in each IJB was as follows:  
Aberdeen City: 1170 (12.6% increase from August)  
Aberdeenshire: 1507 (11.6% increase from August)  
Moray: 751 (10.4% increase from August)

Comparison with prior three months (bed days)

	June	July	August	September
Aberdeen	1,066	1,115	1039	1170
Aberdeenshire	1,078	1,523	1350	1507
Moray	768	698	680	751

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 a further £465,000 will be made available to increase capacity across the Board and Integration Joint Boards to meet winter pressures. This is in addition to the prior allocation of £465,000. The Board approved the winter plan in November 2019.

## **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 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 CAHMS services for Aberdeen and Aberdeen City into a single purpose designed centre of excellence.
- Review of the application of the updated advice on new waiting times standards for CAHMS 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. CAHMS**

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

- 326 children and young people started treatment at CAMH services 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 our performance for the 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.

We have confirmed with Scottish Government the improvement trajectories to the end of 2020 as set out below:

### Access to CAHMS services

<b>By December 2019</b>	<b>By March 2020</b>	<b>By June 2020</b>	<b>By September 2020</b>	<b>By December 2020</b>
65%	80%	85%	90%	90%

### Access to Psychological Therapies

<b>By December 2019</b>	<b>By March 2020</b>	<b>By June 2020</b>	<b>By September 2020</b>	<b>By December 2020</b>
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.

	1 April 2019	30 June 2019	1 Sept 2019	17 Nov 2019	Trajectory (Sep 2019)	Change since Jan 2018
<b>Outpatients</b>	12,243	12,544	13,304	9,863	11,800	(3,863)
<b>Treatment</b>	4,752	4,325	4,200	3,892	3,925	(203)

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 decreased since April due to available additional capacity both internally and externally. Additional capacity will be maintained during the remainder of the financial year, including additional resources in Aberdeen, Elgin and at the Regional Treatment Centre, Stracathro.

### 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

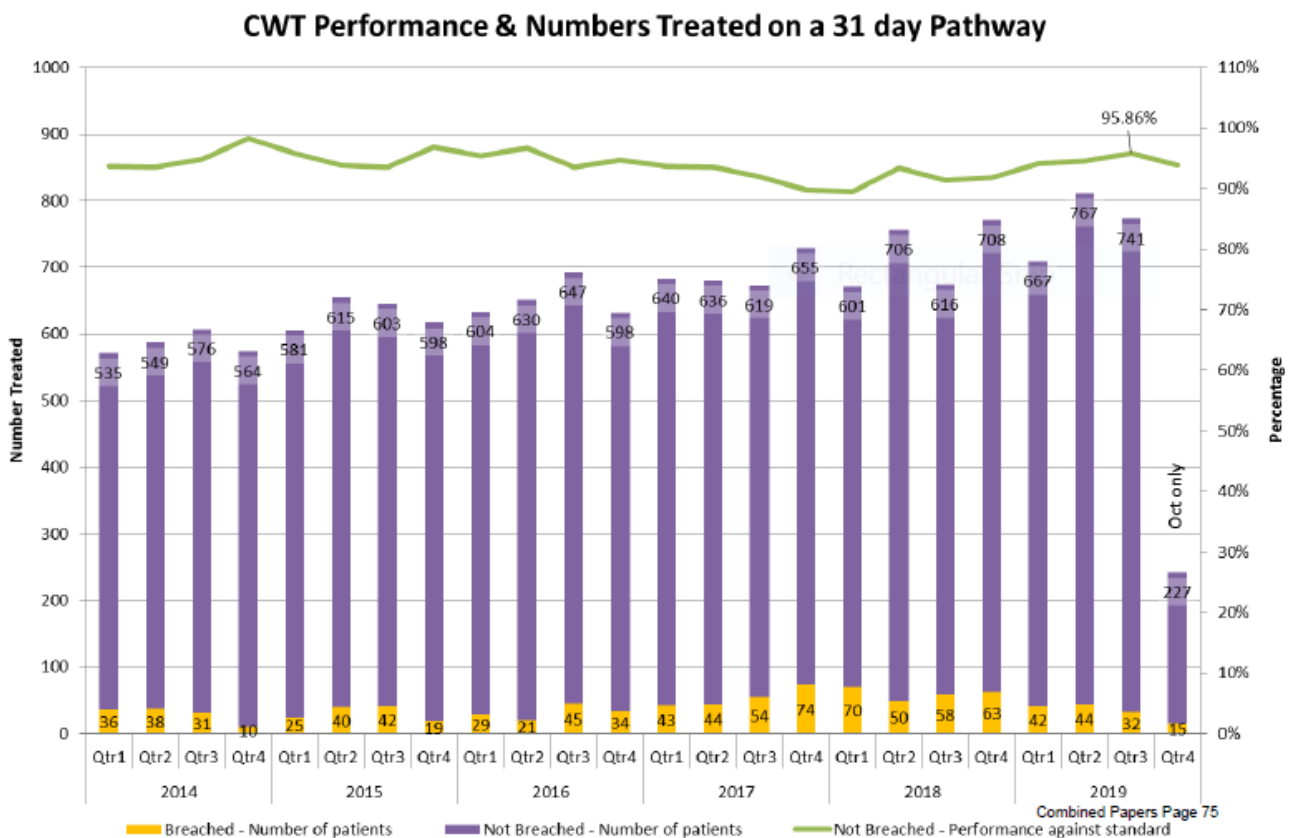
The statistics for cancer for the quarter to 30 September will be published on 17 December. The latest published results are as at 30 June 2019.

Measure	Performance
31 days from decision to treat (95%)	Quarter ending June 2019 – compliance rate with standard <ul style="list-style-type: none"> <li>• 93.8% Grampian (31 day standard)</li> <li>• 89.3% Scotland (31 day standard)</li> </ul>
62 days from urgent referral with suspicion of cancer (95%)	<ul style="list-style-type: none"> <li>• 86.4% Grampian (62 day standard)</li> <li>• 82.4% Scotland (62 day standard)</li> </ul>

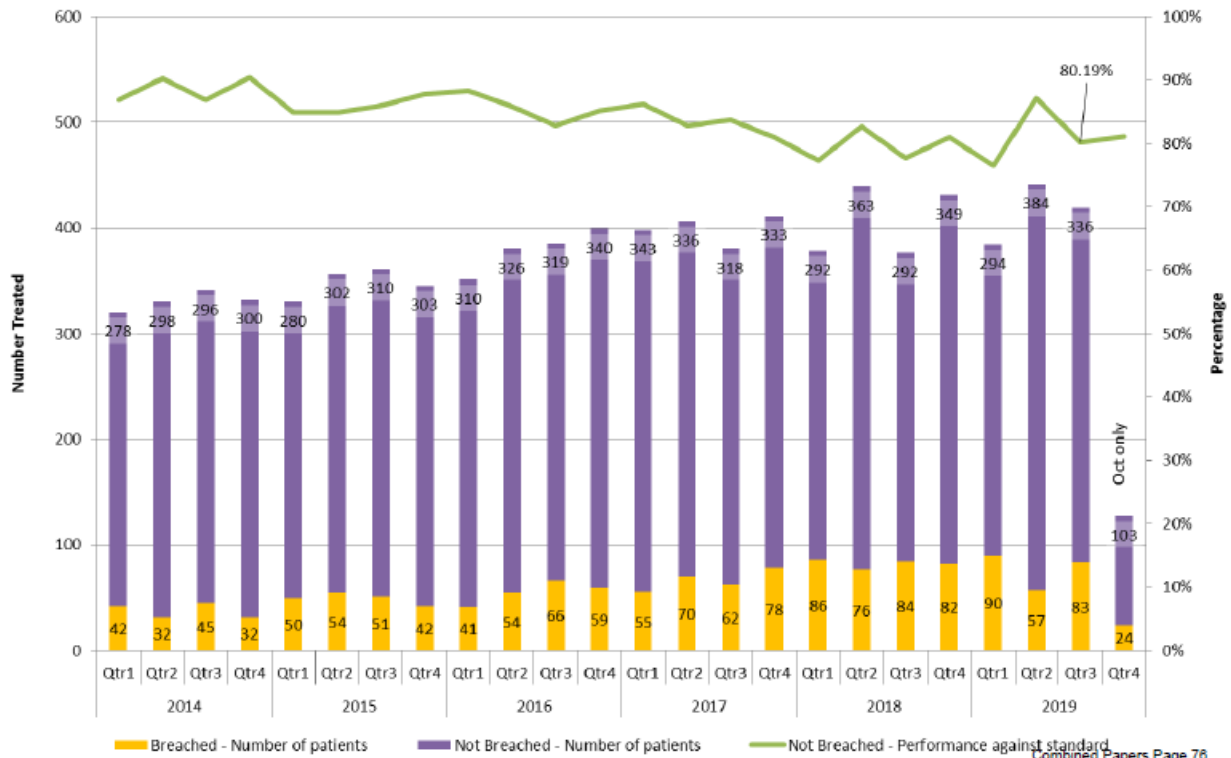
During the quarter ending 30<sup>th</sup> June 2019:

- 93.8% of patients in Grampian started treatment within 31 days, up from 92.8% in the previous quarter.
- 86.4% of patients in Grampian started treatment within the 62 days, up considerably from 76.4% in the previous quarter.

In terms of the numbers of patients seen and treated the performance against the 31 day and 62 day standards are noted below:



## CWT Performance & Numbers Treated on a 62 day Pathway



### 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.

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 prioritisation 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<sup>1</sup>. NHS Grampian is committed to ensuring all available staffed theatre resource is targeted at patients with the highest clinical need.

<sup>1</sup>This system is currently under evaluation.

## Well Led

### Financial performance – seven months ending 31 October 2019

As at the end of October 2019, the Board has reported an overspend of £2.79 million (compared to £1.5 million for the same period in 2018/19).

During October there were two main factors impacting on NHS Grampian's financial position:-

- An operational overspend on non-pay budgets of £1.7 million. £1.1 million of this overspend was on medical supplies. We would normally expect medical supplies costs to rise in October as budget holders begin to stock up for the Festive Period but this year the increase has been more significant than previous years. We are undertaking more detailed analysis to review spend across different areas. There was also an overspend of £200k in the month on Service Purchasing due to increased costs for Grampian residents being treated in Glasgow and Edinburgh.
- An operational overspend of £1.0 million on pay costs. This was due to an overspend of £700k on medical staffing due to continued very high locum costs (£1.5 million in total for the month) and banding payments for non-compliant junior medical rotas. There was also an overspend in the month of £400k on nursing budgets due to very high levels of agency nurse spend in the month and payments for the September public holiday.

The level of overspend is now above the financial trajectory which we have agreed with the Scottish Government. The continuing high levels of spend of supplementary staffing mean that there is a risk to the year end position, given other cost pressures that are being incurred. A short life working group, chaired by the Chief Executive, has been established to consider options to address these pressures and enable a balanced financial position to be delivered. We expect that these actions will address the identified risks and will ensure the Board is advised on progress in the coming months.

## Appendix 1: ISD published data

The NHS National Services Division publish regular data on aspects of Board performance and key indicators.

Below we have highlighted recent publications of interest:

- Atlas of Variation Reports – selected prescribing and length of hospital stay for mental health
- National Dental Inspection
- End of life care settings
- Drug misuse and specialist treatment
- Cancer mortality
- Breast screening programme

### Atlas of Variation Reports

The Scottish Atlas of Healthcare Variation reports provided by ISD aim to highlight geographical variation in the provision of health services and associated health outcomes. They are designed to facilitate discussion and raise questions about why differences exist and promote quality improvement through this conversation.

**Antipsychotic, antidepressant, ADHD and dementia prescribing** was released in September. Main points are:

- Antipsychotic prescribing - a 3-fold variation in the rate of people aged 75 years and over prescribed antipsychotic drugs across NHS Boards ranging from 21.8 to 64.5 per 1,000 population. Grampian recorded 59.2 against Scotland as a whole at 49.5.
- Antidepressant prescribing - a 1.4-fold variation in the rate of people aged 15 years and over prescribed antidepressant drugs across NHS Boards, ranging from 15,951 to 21,741 per 100,000 population. Grampian recorded 16,474 against Scotland as a whole at 19,564.
- ADHD prescribing - an 18-fold variation in the rate of people aged less than 15 years prescribed ADHD drugs across NHS Boards, ranging from 0.97 to 17.5 per 1,000 population. Grampian recorded 10.8 against Scotland as a whole at 8.
- Dementia prescribing - a 3-fold variation in the rate of people aged 55 years and over prescribed dementia drugs across NHS Boards, ranging from 8.5 to 25.5 per 1,000 population. Grampian recorded 15.2 with the corresponding figure for Scotland as a whole at 17.

The Mental Health Prescribing Group (a sub group of the Grampian Area Drug and Therapeutic Committee) will be reviewing this publication. Some of the measures in this publication are part of the usual annual review of prescribing indicators that is carried out by the pharmacy team.

**Length of hospital stay for mental health patients** during 2018/19 was a publication also released in September. Main points are:

- General Psychiatry short stays- a 2.7-fold variation in the adult average length of stay for the 80% shortest stays in this specialty across NHS Boards, with length of stay ranging from 10 days to 27 days. Grampian recorded 14.5 days with Scotland as a whole at 13.4 days. .

- General Psychiatry longest stays - a 5.2-fold variation in the adult average length of stay for the 20% longest stays across NHS Boards, with length of stay ranging from 80.8 days to 418 days. Grampian recorded 203 days and Scotland as a whole at 227 days
- Psychiatry of Old Age shortest stays - a 5.7-fold variation in the adult average length of stay for the 80% shortest stays across NHS Boards, with length of stay ranging from 33.2 days to 190.2 days. Grampian recorded 51.2 days compared to Scotland as a whole at 54.1 days.
- Psychiatry of Old Age longest stays - a 10-fold variation in the adult average length of stay for the 20% longest stays across NHS Boards, with length of stay ranging from 143.2 days to 1,485 days. Grampian recorded 319 days compared to the Scottish average of 613.5 days.

This publication will be discussed by the specialist mental health team, already noting that these figures should be viewed in context of bed numbers in Grampian which are lower at 57.6 psychiatric beds per 100,000 population compared to 72.6 across Scotland.

### **National Dental Inspection Programme 2019**

The findings from the annual dental inspection of Primary 7 children during 2018/19 highlights the general improvement in dental health for children in Scotland. The following points relate to Grampian:

- 1,399 Primary Seven (P7) children from Local Authority schools across Grampian were inspected in detail in 2019. This represents 35.8% of the P7 population which is significantly higher than the rate of 28.2% who were inspected across Scotland.
- 82.8% of P7 children had no obvious decay in their primary teeth compared to 80.0% across Scotland.
- The mean number of teeth with obvious decay experience was 0.34 (0.10 decayed, 0.06 missing and 0.19 filled) compared to 0.42 across Scotland (0.15 decayed, 0.06 missing and 0.21 filled).
- The percentage of children with current decay was 5.9% in Grampian, compared to 7.9% across Scotland.

### **Care settings at end of life**

This publication looks at changes in the last six months of a person's life spent in a care setting (2018) - a key outcome for Health and Social Care Partnerships. The following key points relate to Grampian:

- 89.9% of the Grampian residents who died in 2018/19, spent their last 6 months of life at home or in the community. This is an increase from the previous year (89.3%) and was higher than the 88.1% recorded across Scotland.
- There was little variation between the three HSCPs with Aberdeen City recording 89.6%, Aberdeenshire 90.1% and Moray 90.0%. All three figures represented slight improvement from the previous year: 88.6%, 89.8% and 89.4%, respectively.

Grampian's strategic Framework for Palliative and End of Life Care sets out the direction and focus for the improvement of palliative and end of life care in Grampian. Consultation on the framework has just ended.

### **Scottish drugs misuse and specialist treatment**

This national database was set up in 1990 to collect information about individuals seeking specialist treatment for problem drug use in Scotland. It is a unique source of data and provides insights into the needs for drug treatment and the social circumstances and behaviours of individuals at the point when they contact services for treatment. The following key points relate to Grampian:

- In 2017/18, there were 1334 Grampian residents on the database, compared to 1312 in 2016/17
- There were 1049 initial assessments for specialist drug treatment in Grampian recorded on the Scottish Drug Misuse Database (SDMD) in 2017/18 – 8.9% of the total across Scotland.
- Of the 1068 individuals who had information on recent 'illicit' drug use recorded, 50.8% sought treatment for heroin and 35.6% for diazepam. Across Scotland the proportion seeking treatment for heroin was lower (47.9%) as was the proportion seeking treatment for diazepam (29.2%).
- Reported heroin use shows a particularly sharp decline among younger people; the percentage of under 25s, in the database, reporting recent heroin use decreased from 83% in 2006/07 to 27% in 2017/18. Across Scotland the proportion decreased from 58% to 20%.
- There has been a decrease in reports of injecting drug use; the percentage of individuals who reported that they were currently injecting drugs declined from 49% in 2006/07 to 19% in 2017/18. Across Scotland the proportion decreased from 28% to 14%.
- Between 2006/07 and 2017/18 current sharing of needles/syringes decreased from 13% to 9%, whilst sharing other injecting equipment fell from 27% to 11%, mirroring the trends observed across Scotland.
- The percentage of individuals assessed for specialist drug treatment who were aged 35 and over increased from 21% in 2006/07 to 49% in 2017/18. An increase from 29% to 53% was observed across Scotland over the same period.

These figures sit within the wider context of rising numbers of drug related deaths. Increasing the numbers of people engaging with and retained in treatment services, particularly individuals who have long standing histories of problematic substance misuse is a key improvement aim. The increased availability and acceptability of "pills" and in particular high strength "street benzodiazepines", the links to serious and organised crime in the North East and the high purity of cocaine are all factors which increase the complexity and risk profile of people who come into contact with our services. Harm reduction services such as needle exchange are having to broaden their appeal to engage with an increasingly complex group of people at high risk of serious harms.

## Cancer Mortality

The annual publication on cancer mortality was released in October with the following points relevant to Scotland and Grampian:

- Over the last ten years, the overall risk of dying from cancer (the age-adjusted cancer mortality rate) has fallen by 10%, a decrease of 12% for males and 7% for females.
- The number of annual cancer deaths has increased over the same period. This is largely because the number of older people, who are at greater risk of developing cancer, has increased
- The European Age Standardised Death Rate due to cancer in Grampian was 305.8 per 100,000 compared to 322.1 across Scotland.
- Lung cancer is the most common cause of death from cancer in Scotland. A quarter of all deaths from cancer in Scotland are attributed to lung cancer which is more than double that of colorectal cancer, the next most common cause of death from cancer.
- Lung cancer accounted for 385 (23.8%) of the 1621 deaths in Grampian during 2018 (24.6% Scotland). The European Age Standardised Death Rate due to lung cancer in Grampian was 71 per 100,000 population in 2018 compared to 76.5 across Scotland.
- Across Scotland over the past ten years, the risk of dying from cancer amongst women has increased most for cancers of the liver and womb (uterus) – by 67% and 39%, respectively. The risk of dying from cancer in women has decreased most for cancers of the breast (16%), ovary (16%) and oesophagus (11%).
- In men over the past ten years across Scotland, the risk of dying from cancer has increased most for cancers of the liver– by 55%. The risk of dying from cancer in men has decreased most for cancers of the stomach (33%), lung (25%) and bowel (11%).
- For all cancers combined, the most deprived areas across Scotland have incidence rates that are 32% higher than the least deprived areas. Mortality rates are 74% higher in the most deprived compared with the least deprived areas. The possible reasons for these patterns are complex and reflect modifiable and non-modifiable risk factors for developing cancer, uptake of screening, access to treatments and other health conditions.

ISD reports that when taken together with our analysis of cancer incidence, these analyses suggest that risk factors for developing liver and uterine cancers are likely to be responsible for increasing risks of dying from these conditions. Earlier detection, for example through screening, and better treatment may have led to the reduction in deaths from breast cancer. Earlier detection through screening and reducing incidence of bowel cancer may have led to the fall in mortality from this disease

**Uptake of the breast screening programme** between 2015 and 2018 was published in October. In Grampian, the uptake rate fell by 0.9 percentage points from 79.3% in 2014-17 to 78.4% in 2015-18. The Scotland wide rate was lower at 71.2% with only Orkney and Shetland recording achieving a higher performance than Grampian. There are some general contextual points of note:

- The uptake rate has been falling consistently across Scotland since 2008/09 - 2010/11 when it was 74.9%.
- Women from more deprived areas are less likely to attend for breast screening, with under 6 in 10 women from the most deprived areas going for screening compared with almost 8 in 10 women living in the least deprived areas, a difference of over 20%. This pattern is reflected in other screening programmes.
- The detection of invasive cancer is happening more frequently when the tumour is small (< 15mm) resulting in a better prognosis. This increased detection rate in each of the latest two years was 3.8 per 1,000 women who were screened, the highest in recent years

NHS Grampian produces a detailed report of annual screening programmes.