

Board Meeting
01 08 19
Open Session
Item 13 (Appendix)



Performance Report to the Board

July 2019

Introduction

This report summarises key areas of performance which includes, but is not limited to, national standards.

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

Measure	Performance
98% of patients should wait no more than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment by September 2015.	The percentage spending 4 hours or less in an A&E department for the year ending 31 May 2019 was 94.2%, above the Scotland wide rate of 91.0%.
90% of people to be admitted to the unit within one day of stroke.	This standard has been achieved six months in succession with an annual performance of 91.8% for the year ending 31 May 2019, compared to 87.2% across Scotland.

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

During the year ending May 2019:

- The total number of attendances was 139,774 which represented a 1.7% increase from the same period one year previously (137,467). An increase of 2.8% was recorded across Scotland.
- The percentage spending 4 hours or less in an A&E department was 94.2% - well above the Scotland wide rate of 91.0%.

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.

Delayed Discharges as at May 2019 Census Point:

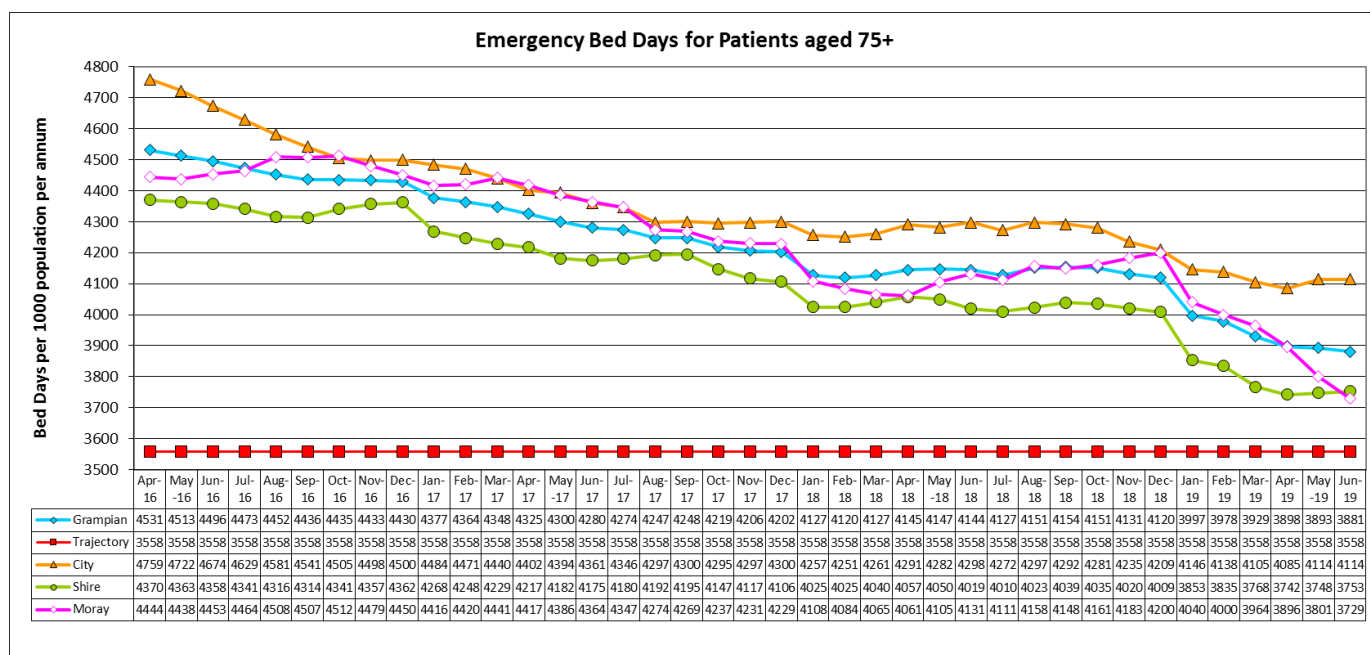
- There were 106 patients delayed - down 5.4% from 112 in April. By contrast an increase of 6.3% was recorded across Scotland.
- 13 (12.3%) of these delays were for patients with specific complex care needs. This compared to 18.7% across Scotland.
- Of the remaining 93 patients delayed at census, 91 were due to health and social care reasons and two due to patient and family related reasons.

Delayed Discharge Bed Days in May 2019:

- Patients spent 3,541 days in hospital due to delays in discharge in Grampian. This represented an 8.2% increase from April 2018 when the total was 3,273 bed days. An increase of 9.9% was recorded across Scotland.
- The average number of beds occupied per day due to delayed discharges was 114. In April 2019, the daily average was 109.

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.

Emergency bed days, for over 75s have also been on a downward trend since April 2015.



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) published a new strategic plan for the years 2019-2022, after it was approved by the IJB on the 26 March 2019, 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 Heath Board with its partners will continue to implement appropriate surge plans in line with the Scottish Government six essential actions.

Elective Care

Treatment Time Guarantee and Outpatients

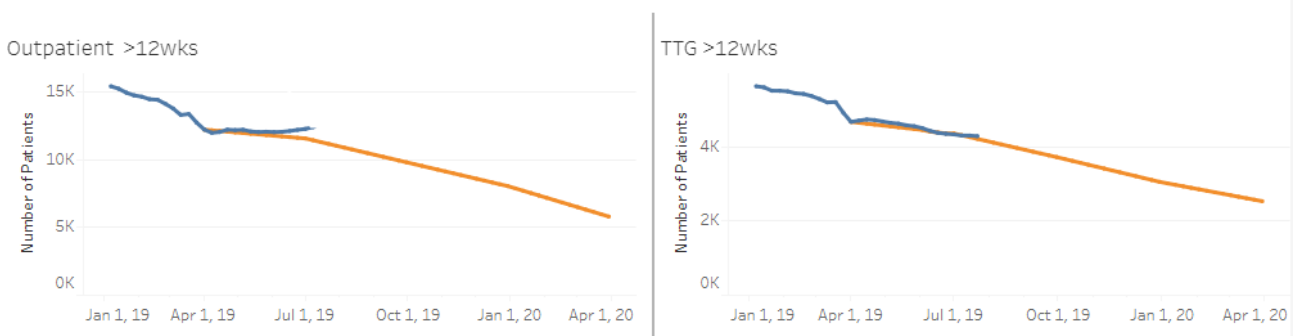
The performance in terms of the number of patients waiting longer than 12 weeks for a first outpatient appointments or treatment (inpatients/daycases) is shown below. Projected milestones for 30 September 2019 to 31 March 2020 have also been shared with Scottish Government.

	8 July 2019 (Actual)	8 July 2019 (Projected)
Outpatients	12,890	11,445
TTG	4,284	4,319

As of 8 July, the number of outpatients waiting over 12 weeks was 13% above the projection, largely affected by challenges in dermatology and gynecology and offset by significantly improved performance in trauma and orthopaedics. The number of TTG cases waiting over 12 weeks was 1% below the projection as at 8 July.

Summary Overview

■ >12 wks - Actuals ■ >12wks - Projected



The number of patients breaching the TTG and outpatient national access standard has improved since the start of the 30 month period of the National Improvement Plan (October 2018) and for the first time since 2016, the position at the end of the financial year (2018/19) was improved from the start of the year.

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.

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

Measure	Performance
	Quarter to Mar 2019 – compliance rate with standard
31 days from decision to treat (95%)	<ul style="list-style-type: none">• 92.8% Grampian (31 day standard)• 94.9% 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)

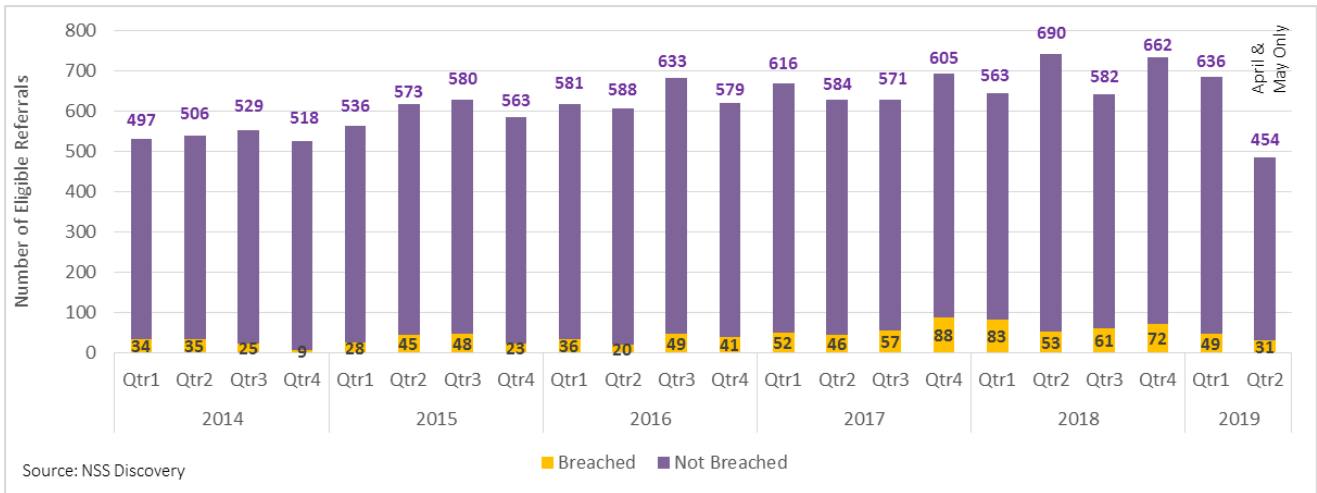
During the quarter ending 31st March 2019:

- 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.

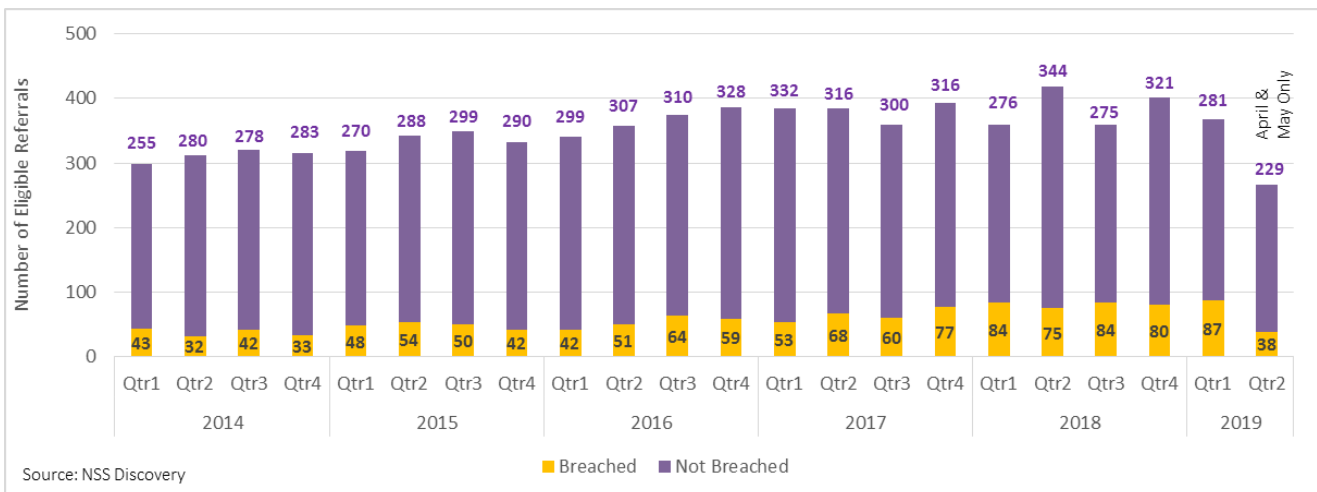
Performance against the 31 day target

During the 2018/19 financial year 2,570 patients were treated within the 31 day decision to treat standard, compared to 2,323 in the prior year.



Performance against the 62 day target

During the 2018/19 financial year 1,221 patients were treated within the 62 days urgent referral with suspicion of cancer, compared to 1,208 in the prior year.



Actions for 2019/20

Further details of the proposed actions for 2019/20 are set out within the Annual Operational Plan.

Well Led

Financial performance – quarter ended 30 June 2019

As at the end of quarter one, the Board has reported an overspend of £1.93 million on NHS directly controlled services. The June position was improved from that reported in April and May and a small underspend was achieved, largely due to:

- Nursing costs returning to a level which is closer to budget, with a reduction in agency usage and switching of requests between agencies to maximise usage of lower cost agencies.
- Underspends on drug costs in some areas and a number of credits received for high costs drugs from national Patient Access Schemes.

In overall terms, pay budgets are overspent at the end of June by £1.8 million (mainly medical staffing), non-pay budgets overspent by £0.4 million and income budgets over recovered by £0.2 million.

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.

Other published Annual Operational Plan indicators (originally Local Delivery Plan measures)

Measure	Performance
Clostridium difficile infections per 1000 occupied bed days (healthcare associated)	Quarter ending March 2019: 12.1 cases per 100,000, compared to 11.8 for Scotland.
SAB infections per 1000 acute occupied bed days (healthcare associated)	Quarter ending March 2019: 14.4 cases per 100,000 bed days, lower than Scotland at 15.6.
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	We continue to deliver this standard in full with 88.9% booked in 2017/18 compared to 84% across Scotland.
Eligible patients commence IVF treatment within 12 months (90%)	We continue to deliver to this standard with the last published data for the period to September 2018 confirming 100% of eligible patients commencing IVF treatment within 12 months
Sickness absence (4%)	The sickness absence rate for April 2019 was 4.24%. Although this is above the national target of 4% it compares favorably to the overall Scottish average.
Sustain and embed alcohol brief interventions in 3 priority settings (primary care, sexual health, antenatal) and broaden delivery in wider settings	In 2018/19, there were 8,872 Alcohol Brief Interventions (ABI) carried out in Grampian, compared to the target of 6,658. At least 80% (5327) were required to be delivered in priority settings however only 77.8% (5183) were delivered in priority settings.
Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% of SIMD areas	Between April and December 2018, 570 successful quits were achieved in the 40% most deprived area, falling short of the target of 689 (919 for full year).
Early Detection of Cancer (% diagnosed at stage 1)	22.7% of people were diagnosed with breast, colorectal and lung cancer at the earliest stage (stage 1) in Grampian during 2016 and 2017. This is below the rate of 25.3% across Scotland and a drop from 23.7% for 2015 and 2016.
Dementia Post Diagnostic Support	In 2016/17 335 people were referred for dementia post-diagnostic support in 2016/17 equating to 18.6% of people estimated to be newly diagnosed with dementia within that year compared to 46.7% across Scotland. Of those referred 92.2% received one year's support (83.9% across Scotland).
90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	Quarter Ending March 2019: 92.6% up from 88.3% in the previous quarter but still below the Scotland wide rate of 93.2%.