



Performance Report to the Board

April 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 March 2019 was 94.4%, above the Scotland wide rate of 91.2%. |
| 90% of people to be admitted to the unit within one day of stroke. | This has been reached six times during this year and achieved a new high of 97.7% in February 2019 and represents an improvement in performance |

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 month of March 2019:

- There were 11,873 attendances at A&E services, 3.6% more than in March 2018. An increase of 4.7% was recorded across Scotland.
- 94.8% of attendances at A&E services were admitted, transferred or discharged within 4 hours. This a significant improvement from February (90.7%) and was also better than in March 2018 (94.1%) and the Scotland-wide rate (91.3%).
- 26 patients (0.2%) spent more than 8 hours in an A&E department, compared to 1107 (0.8%) across the whole of Scotland.
- Three patients (<0.1%) spent more than 12 hours in an A&E department compared to 231 (0.2%) across Scotland.
- 20.3% of attendances led to an admission to hospital, compared to 24.9% across Scotland.

During the year ending March 2019:

- The total number of attendances was 140,202 which represented a 2.4% increase from the same period one year previously (136,868). An increase of 2.8% was recorded across Scotland.
- The percentage spending 4 hours or less in an A&E department was 94.4% - well above the Scotland wide rate of 91.2%.

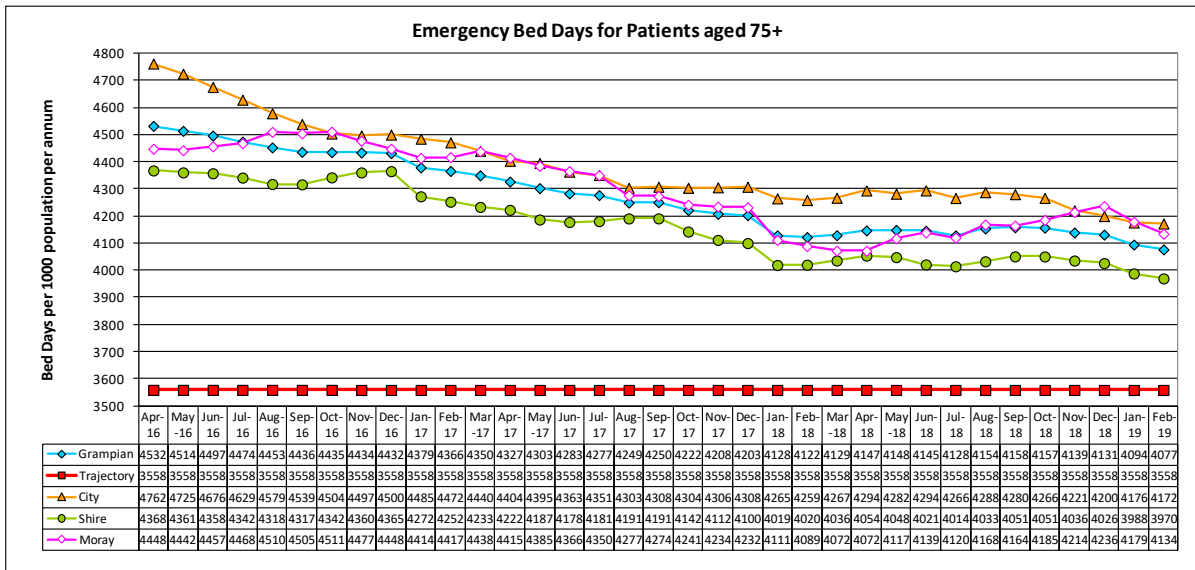
Delayed discharges

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.

At the March 2019 census:

- There were 99 patients delayed - down 4.8% from 104 in February. This was the first time since the new recording practices began in July 2016 that there had been fewer than 100 delayed discharges on census date. Across Scotland the monthly decrease was 5.6%.
- 16 (16.2%) of these delays were for patients with specific complex care needs. This compared to 20.4% across Scotland.
- Of the remaining 83 patients delayed at the census, 80 were due to health and social care reasons and three due to patient and family related reasons.

Emergency bed days, for over 75s have 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. 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 will continue to implement appropriate surge plans and the action plan against the Scottish Government six essential actions.

Elective Care

Treatment Time Guarantee and Outpatients

In terms of performance the end of year position in terms of the number of patients waiting longer than 12 weeks for outpatients and TTG is summarised below:

| | 31 March 2018 (Actual) | 30 September 2018 (Actual) | 31 March 2019 (Actual) | 31 March 2019 (Trajectory) |
|-------------|-----------------------------------|---------------------------------------|-----------------------------------|---------------------------------------|
| Outpatients | 13,448 | 15,957 | 12,512 | 14,950 |
| TTG | 4,924 | 5,425 | 4,716 | 5,821 |

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) is improved from the start of the year.

As highlighted in previous reports additional capacity was approved at the start of the financial year, including:

- Dr Gray's Hospital – additional general surgery capacity
- Fernbrae Hospital – additional Ear, Nose and Throat capacity
- Woodend Hospital – additional orthopaedic capacity
- ARI theatre sessions –commenced June targeted at patients with the longest waits across all three categories of elective classification.
- Stracathro Hospital – additional sessions
- Supporting efficiency improvement through day of surgery admission, reduction in return outpatients and maximising day case activity.

We secured further additional capacity in the final quarter of the financial year as part of the initial phase of investment in the National Waiting Times Improvement Plan. The Improvement Plan published in October confirmed that the Scottish Government will invest a total of £535 million on resource and an additional £120 million on capital over the next three years to make a sustainable and significant step-change on waiting times. This comes in addition to our existing £200 million capital investment plan for delivering elective and diagnostic treatment centres. NHS Grampian will benefit from both the revenue and capital investment. The revenue allocation and agreed trajectories for 2019/20 are set out in the Annual Operational Plan.

The increased investment will support reforms to increase capacity where it is needed, reduce the number of people experiencing long waits, reshape delivery to ensure sustainable performance against targets in the future, and achieve the necessary shift in the balance of care to support this.

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.

Waiting Times Improvement Plan

The waiting time position is monitored closely and weekly reports are produced at specialty level. 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 |
|---|---|
| 31 days from decision to treat (95%) and 62 days from urgent referral with suspicion of cancer (95%) | Quarter to Dec 2018 – compliance rate with standard <ul style="list-style-type: none">• 90.1% Grampian (31 day standard)• 94.9% Scotland (31 day standard)• 80.1% Grampian (62 day standard)• 82.7% Scotland (62 day standard) |

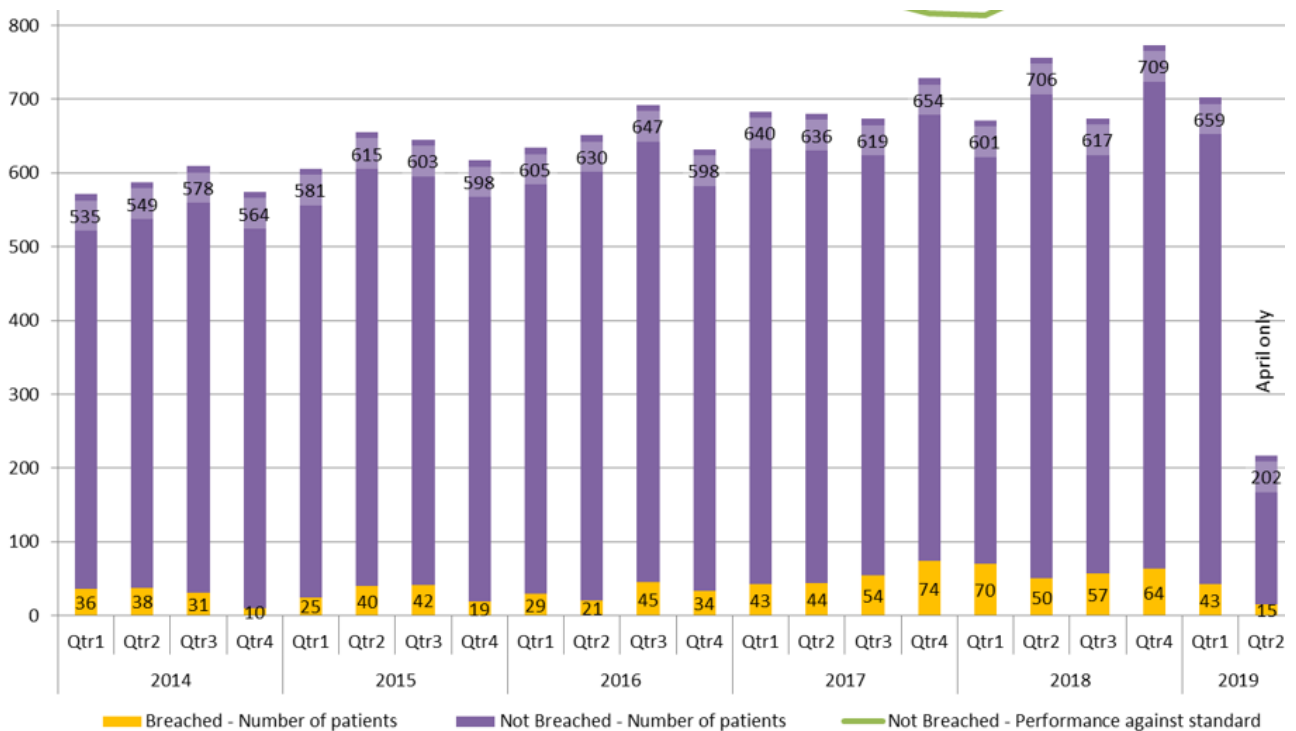
Improving cancer performance remains a Board priority and we have welcomed the additional support that has been made available to assist us with our planning. To enhance our capacity to improve performance we have:

- 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 MDT co-ordinator capacity to ensure we have clinical management plans for all patients with a cancer diagnosis. Each cancer pathway has an action plan which is reviewed regularly.

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

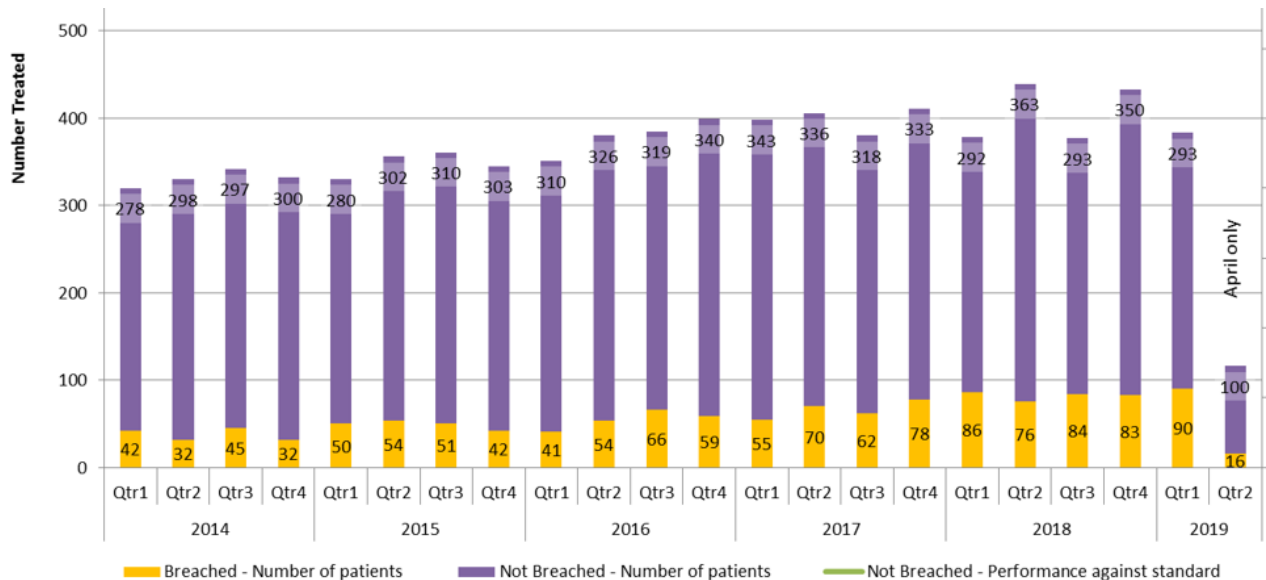
Performance against the 31 day target

During the calendar year 2,633 patients were treated within the 31 day decision to treat standard, compared to 2,549 in the prior year.



Performance against the 62 day target

During the calendar year 1,298 patients were treated within the 62 days urgent referral with suspicion of cancer, compared to 1,330 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 – year ended 31 March 2019

For the year ended 31 March 2019 (and subject to audit) the Board:

- ✓ Operated successfully within Revenue Resource Limit – financial target 1.
- ✓ Operated successfully within Capital Resource Limit – financial target 2.
- ✓ Operated successfully within Cash Requirement – financial target 3.

In terms of key points we would highlight the following:

- The total expenditure in terms of running costs was £1.125 billion and the planned capital programme for the year resulted in £37.9 million of investment in the infrastructure.
- Pay costs for the year were £465.9 million. Overall medical locum expenditure for 2018/19 was similar to the level incurred in 2017/18 of £16.0 million.
- Non pay costs for the year were £222.3 million.
- Efficiency savings of £13.75 million were achieved in line with Scottish Government's target. This is the total of cash releasing savings for the year. The main cash releasing savings came from the areas of drug costs (switches to cheaper biosimilar generic drugs) slippage against planned investments, procurement and savings in non-clinical areas.

Other Annual Operational Plan indicators

| Measure | Performance |
|--|--|
| 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 |
| Deliver financial targets | NHS Grampian has successfully achieved each of the three financial performance targets for the year (see section 1 financial performance and position on page x above). |
| Sickness absence (4%) | The sickness absence rate for 2018/19 was 4.53% (see the Staffing Report on page x below). Although this is above the national target of 4% it compares favourably to the overall Scottish average and our prior year performance of 5.14%. |
| Sustain and embed alcohol brief interventions in 3 priority settings (primary care, sexual health, antenatal) and broaden delivery in wider settings | <p>In 2017/18, there were 8,343 Alcohol Brief Interventions (ABI) carried out in Grampian, compared to the target of 6,658 Grampian. An increase of 50% was seen in wider setting delivery compared to 2016/17. This was almost exclusively due to Aberdeenshire and embedding of alcohol screening and brief intervention in Justice settings, a good example of an intervention that targets inequalities of alcohol misuse.</p> <p>Alcohol Screening and Brief Intervention strategy for Grampian 2018 - 21 builds on current learning and adapts to the provisions made in the 2018 GP contract.</p> |
| Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% of SIMD areas | <p>The LDP target set by Scottish Government for 2017/18 was 1,149 twelve week quits from our 40% most deprived areas. This is equivalent to 2.2% of the smoking population in Grampian and much higher than the target set for other Boards.</p> <p>We therefore set our own target of 792 twelve week quits from our 40% most deprived areas based on the national average LDP of achieving 1.5% quits of the smoking population. We are currently focusing quit activity within HMP Grampian</p> |

