



# **Performance Report to the Board**

**April 2019**

## **Introduction**

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

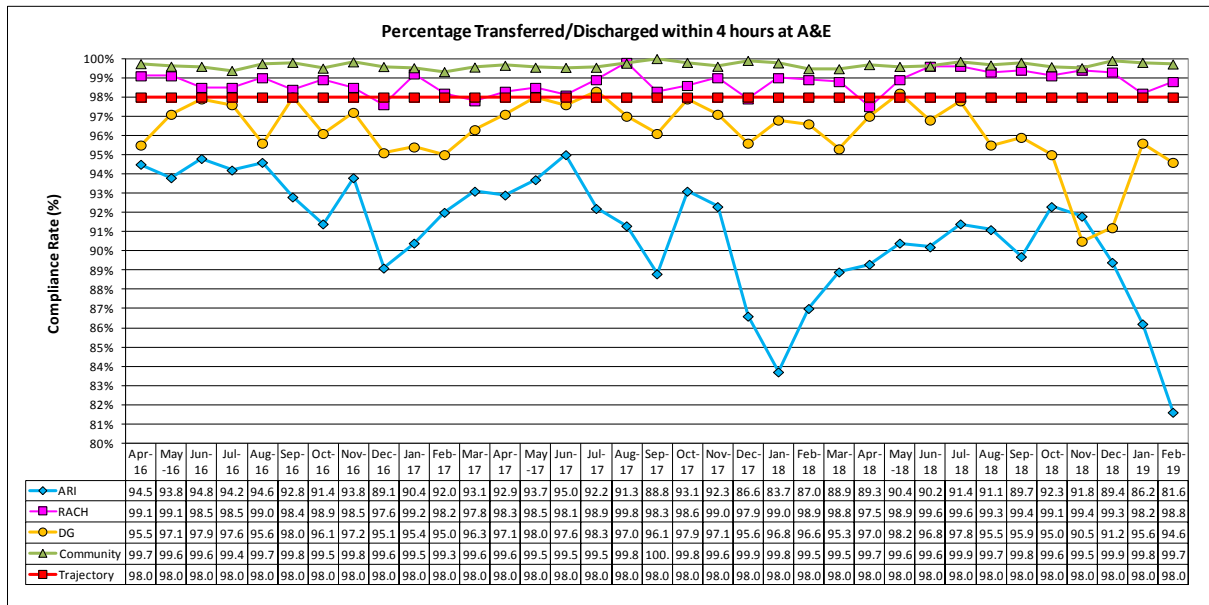
The overall approach adopted is that performance management is integral to the delivery of quality and effective management, governance and accountability. The need for transparent and explicit links of performance management and reporting within the organisational structure at all levels is important.

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

## 4 hour A&E standard/Emergency department

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



The latest published data is noted below:

### During the month of January 2019:

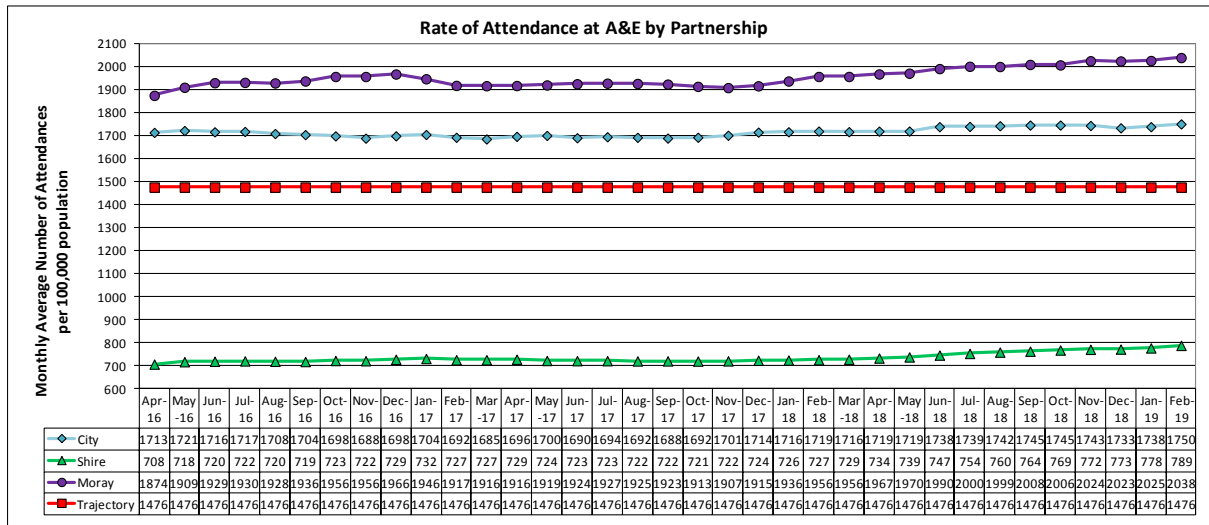
- There were 11,113 attendances at A&E services, 0.6% more than in January 2018. A greater increase of 7.4% was recorded across Scotland.
- 92.8% of attendances at A&E services were admitted, transferred or discharged within 4 hours, up from 92.1% in January 2018 and well above the Scotland-wide rate of 88.8%.
- 39 patients (0.5%) spent more than 8 hours in an A&E department, compared to 2227 (1.7%) across the whole of Scotland.
- Five patients (0.1%) spent more than 12 hours in an A&E department compared to 503 (0.4%) across Scotland.
- 22.6% of attendances led to an admission to hospital, compared to 26.5% across Scotland.

### During the year ending January 2019:

- The total number of attendances was 138,830 which represented a 1.5% increase from the same period one year previously (136,818). An increase of 2.0% was recorded across Scotland.
- The percentage spending 4 hours or less in an A&E department was 94.6% - down from 95.4% for the year ending December 2018. However this was still well above the Scotland wide rate of 91.0%.

## Rate of Attendance at A&E

Grampian continues to have a low rate of attendance at A&E although this has been gradually increasing.



## Actions taken to sustain performance

A number of actions continue to be taken to sustain performance; including

- Know Who To Turn To campaign
- The six essential actions workstream continues with a focus on embedding dynamic daily discharge and associated flow improvement streams.
- The daily safety brief and associated huddles are undergoing a number of iterative tests of change.

## Delayed Discharges

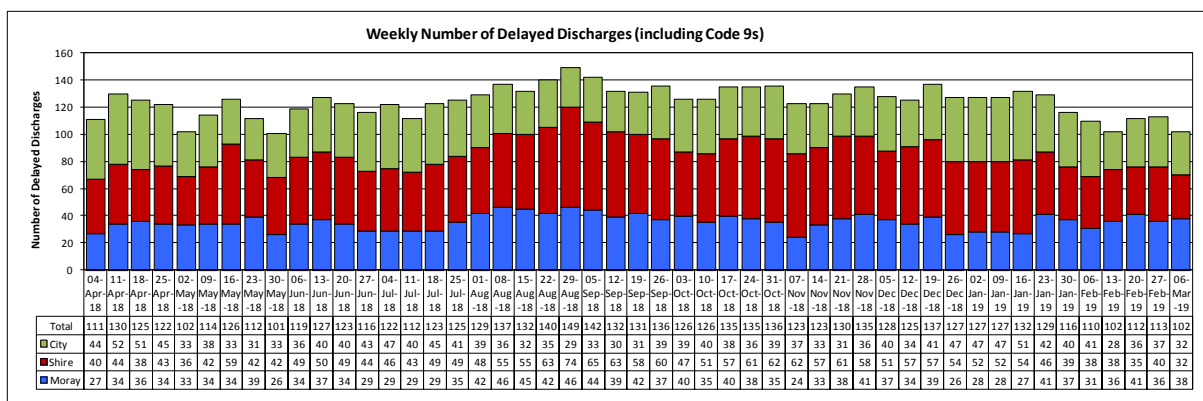
During *the month* of February 2019:

- There were 104 patients delayed - down 8.8% from 114 in January. A decrease of 3.7% was recorded across Scotland.
- The number of delayed discharges in each IJB was as follows: Aberdeen City: 32 (down 20.0% from January), Aberdeenshire: 37 (up 5.7% from January) and Moray: 33 (down 12.1% from January)
- 19 (18.3%) of these delays were for patients with specific complex care needs. This compared to 19.5% across Scotland.
- Of the remaining 85 patients delayed at the census, 78 were due to health and social care reasons and seven due to patient and family related reasons.

## Bed Days

### During the month of February 2019

- Patients spent 3016 days in hospital due to delays in discharge in Grampian. This represented a 20.1% decrease from January when the total was 3812 bed days. When accounting for the shorter month length the decrease was 12.6%. Across Scotland a reduction of 7.0% was recorded which turned into an increase of 3.0% when accounting for the shorter month.
- The number of bed days due to delayed discharges in each IJB was as follows: Aberdeen City: 1011 (20.5% decrease from January), Aberdeenshire: 1007 (34.7% decrease from January) and Moray: 927 (4.2% decrease from January).



## Actions taken to improve patient flow

Daily cross system patient safety huddles continue to maintain effective patient flow and enhanced discharge planning arrangements remain in place and are supported by the continuous links between acute, primary and community care, social care and the third sector. The three Grampian partnerships remain committed to minimising delays in discharge and preventing hospital admission unless really necessary.

Actions being taken include:-

- Implementing acute care at home model (Aberdeen City)
- Ongoing implementation of the Reshaping Care at Home Programme including the Virtual Community Ward bringing greater collaborative working locally and supporting over 600 people to stay at home (Aberdeenshire)
- Reshaping Care at home programme (Moray)

## Elective Care

### Treatment Time Guarantee and Outpatients

Treatment time guarantee breaches continue to be reported.

Performance remains in line with previous modelling and predicted trajectories for 31 March 2019 based on confirmed resources and capacity.

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 have 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 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 announcements and the ongoing Task Force led by Dame Denise Coia. Further details on the taskforce are noted in the separate Child and Adolescent Mental Health Services (CAMHS) paper.

## **Waiting Times Improvement Plan**

The National Waiting Times Improvement Plan will:

- Increase capacity across the system by expanding capacity at the Golden Jubilee Hospital (through 2019/20) and bringing unused physical capacity on stream (by October 2019) - in addition, we will accelerate the delivery dates of the existing Elective Centre Programme, meeting the commitment made in 2016 to invest £200 million in elective centres.
- Increase clinical effectiveness and efficiency by implementing targeted action plans for key specialties and clinical areas (from October 2018) and mainstreaming key productivity improvement programmes, such as rolling out the virtual attendance potential of 'Attend Anywhere' (from December 2018)
- Working alongside local communities and those who use services, design and implement new models of care by accelerating whole-system design of local patient pathways through health and social care integration and driving regional service reconfiguration to the benefit of patients through the regional delivery and national Boards' plans (through 2019/20)

Action with the workforce is crucial to achieving this. Over the next 12 months, steps will be taken to:

- Enhance workforce capacity in key specialties such as urology, dermatology, and general surgery
- Initiate investment in domestic and international recruitment
- Improve career pathways for key specialties such as Advanced Nurse Practitioners and General Nurses

This additional activity will assist but not immediately remove the capacity gap that exists between demand and supply in Grampian. Resource available from the National Waiting Times Improvement Plan will be utilised where additional capacity can be secured.

### ***Action being taken to monitor elective performance***

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.

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 care.

## **Cancer Waiting Times**

The ISD publication on cancer waiting times for the quarter ending December 2018 is as follows

- 80.1% of patients in Grampian started treatment within the maximum 62 days (from referral to treatment), up from 76.6% in the previous quarter. Across NOSCAN the compliance rate was 81.4% and across the whole of Scotland, 82.7%.
- Upper GI with 98.0% and Lymphoma with 100% were the only cancer types to achieve the 95% target. Cervical recorded the lowest rate of 37.5% with Melanoma also recording a very low compliance rate of 53.3%.
- 90.1% of patients in Grampian started treatment within 31 days (from decision to treat), down from 90.5% in the previous quarter. Across NOSCAN the compliance rate was 91.5% and across the whole of Scotland, 94.9%.
- Despite the low compliance rate only three cancer types failed to meet the 95% target: Urological with 73.5%, Colorectal with 93.5% and Cervical with 90.0%.

A more detailed update and plan for 2019/20 will be provided at a future Board meeting.

## **Well Led**

### **Financial performance – 10 months to January 2018**

The financial position for the ten months to January 2019 was in line with the projected position agreed with Scottish Government as part of the Annual Operational Plan for 2018/19. Delivery of the Board's three financial targets continued to be expected by the year end.

Aberdeenshire and Moray IJBs have now formally notified NHS Grampian that they will be overspent. Provision has been made in NHS Grampian's forecast financial position in line with the requirements set out in the Integration Schemes. In relation to Aberdeenshire Integration Joint Board the provision is £2.2m and for Moray Integration Joint Board the provision is £1.3m.

The Board is currently finalising its revenue budget for 2019/20. The level of new cash savings to be achieved was expected to be much the same as 2018/19. Savings will be targeted at drug costs, reducing the levels of supplementary staffing and improving general day to day efficiency of services.



## Other Intelligence from ISD Publications

### Waiting times for drug and alcohol treatment for the quarter ending December 2018:

- 88.1% of the 647 people who started their first treatment waited three weeks or less— down from 89.3% in the previous quarter and below the Scotland wide rate of 93.9%.
- Of the 317 people seeking alcohol treatment, 95.9% waited 3 weeks or less -up from 94.6%, in the previous quarter, and above the Scotland wide rate of 94.4%.
- Of the 330 people seeking drug treatment, 80.6% waited 3 weeks or less – down from 83.5% in the previous quarter and below the Scotland wide rate of 93.1%.
- The proportion of people treated within 3 weeks was 88.9% in Aberdeenshire, 83.3% in Aberdeen City and 100% in Moray.
- 186 people were waiting to start their first drug or alcohol treatment in Grampian, of whom 33.3% had been waiting more than 3 weeks and 28.5% more than 6 weeks. Across Scotland a lower proportion had been waiting over 3 weeks (28.4%) and over 6 weeks (14.3%).
- In prisons, 125 people started their first drug or alcohol treatment, all of whom were seen within one week. Across Scotland, only 69.6% were seen within one week with 2.2% waiting longer three weeks.

### Adult mental health for the year ending March 2018:

- The total (net) expenditure for general psychiatry services for 2017/18 was £73.4m for NHS Grampian.
- The gross ingredient cost for medicines in Mental Health per head of population increased from £14.99 in 2016/17 to £19.48 in 2017/18. The latter compared to £19.66 across Scotland.
- In 2017/18 the average length of stay for mental health care in Scotland was 73.1 days with a median of 20 days. Across Scotland the average was higher, at 83.3 days, but the median was lower, at 18 days.