



# **Performance Report to the Board**

## **February 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.

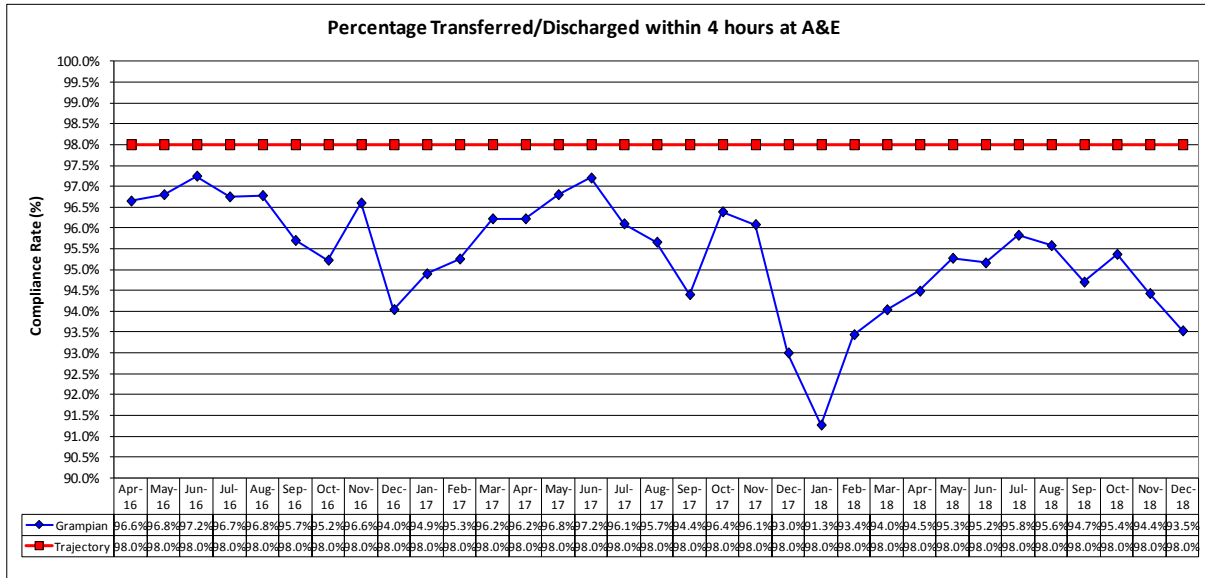
The indicators noted below are a high level set of performance standards which are supported by a comprehensive framework of measures at directorate and service level. These are reported to and monitored by the relevant senior officers and their clinical and senior professional support staff.

# 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 over the festive period. 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 December 2018:

- There were 11,385 attendances at A&E services, 4.8% fewer than in December 2017. A smaller decrease of 2.9% was recorded across Scotland.
- 93.5% of attendances at A&E services were admitted, transferred or discharged within 4 hours, up from 93.0% in December 2017 and well above the Scotland-wide rate of 89.6%.
- 32 patients (0.4%) spent more than 8 hours in an A&E department, compared to 1361 (1.0%) across the whole of Scotland.
- Four patients (<0.1%) spent more than 12 hours in an A&E department compared to 199 (0.2%) across Scotland.
- 23.1% of attendances led to an admission to hospital, compared to 27.7% across Scotland.

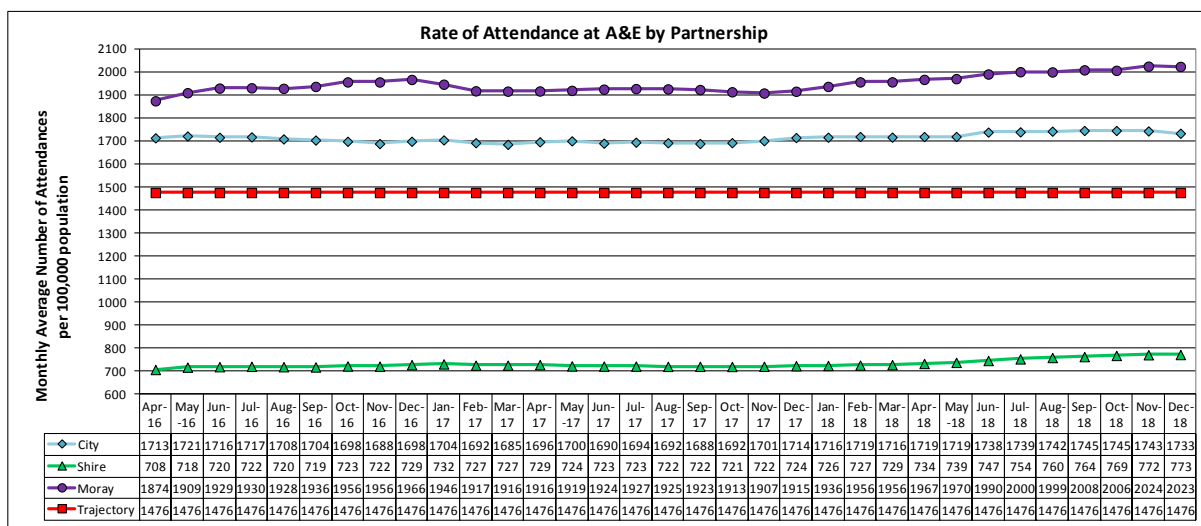
#### During the year ending December 2018:

- The total number of attendances was 138,760 which represented a 1.6% increase from the same period one year previously (136,543). An increase of 1.5% was recorded across Scotland.

- The percentage spending 4 hours or less in an A&E department was 94.5% - down from 95.6% for the year ending December 2017. However this was still well above the Scotland wide rate of 90.9%.

## Rate of Attendance at A&E

Grampian continues to have a low rate of attendance at A&E although this has been gradually increasing. The low rate in Aberdeenshire is a consequence of the minor injury units which operate in the area.



## 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

There were 117 patients delayed at the December 2018 census, down 12.7% from 134 in November. A similar decrease of 12.5% was recorded across Scotland.

The number of delayed discharges in each IJB was as follows:

- Aberdeen City: 36 (down 14.3% from November)
- Aberdeenshire: 52 (up 4.0% from November)
- Moray: 30 (down 26.2% from November)

17 (14.5%) of these delays were for patients with specific complex care needs. This compared to 20.2% across Scotland.

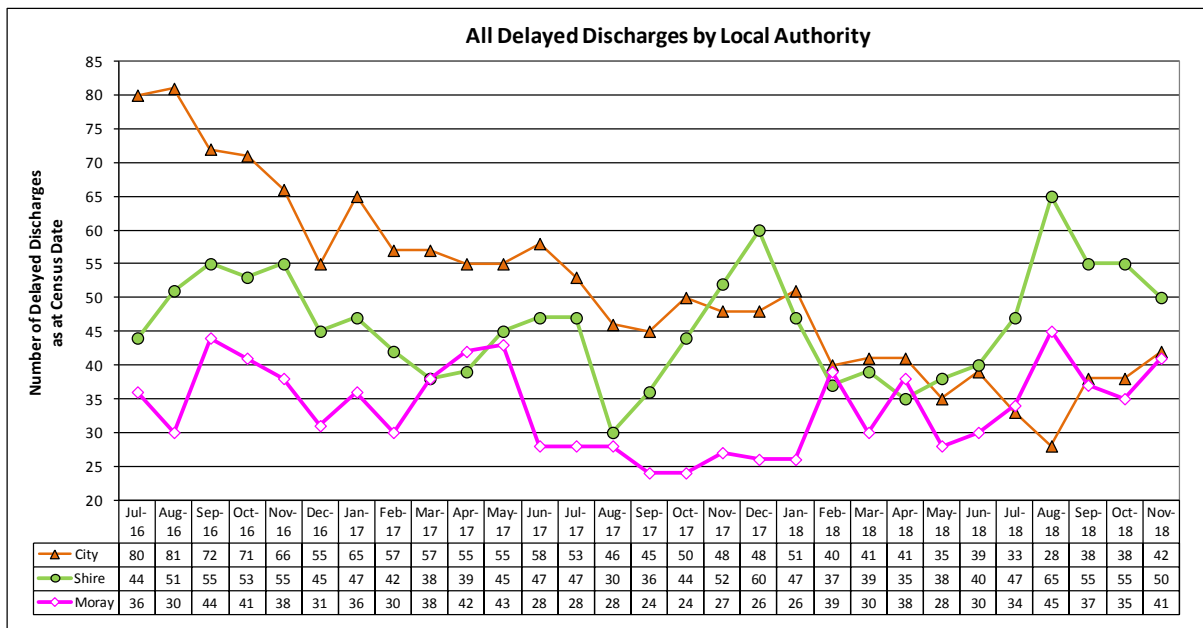
Of the remaining 100 patients delayed at the census, 96 were due to health and social care reasons and four due to patient and family related reasons.

## Bed Days

In December 2018, patients spent 3,857 days in hospital due to delays in discharge in Grampian. This represented a 9.1% increase from November when the total was 3,536 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: 1151 (25.1% increase from November)
- Aberdeenshire: 1654 (2.9% increase from November)
- Moray: 1070 (11.8% increase from November)



## 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 breaches continue to be reported. Performance in line with previous modelling and predicted trajectories for 31 March 2019 based on confirmed resources and capacity are as follows:

	<b>March 2019 Predicted Position</b>
<b>12 Weeks +</b>	6541
<b>26 Weeks +</b>	4532
<b>52 Weeks +</b>	701

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.

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 of £4 million 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.

## **Child and Adolescent Mental Health Services**

A detailed paper setting out the CAHMS service position and actions is presented as a separate agenda item for review by the Board.

*Note:*

Following from the previous Board meeting, members requested an explanatory note regarding the Choice and Partnership Approach (CAPA) model implemented by the CAHMS service.

This is a model of service delivery which provides job planning to ensure efficiency and also equitable delivery of capacity by all staff members. This facilitates transparency and shared understanding of roles, responsibility as well as current capacity and demand modelling. We have clear and accurate data available which enables the service to be responsive to clinical demand and waiting times. The capacity and activity data is available and is utilised for flexible detailed service planning. Achieving balance between delivering reliable, safe and efficient services and effective and efficient deployment of staff is the central function of the job planning activity. The system can be flexed to balance waits between assessment and treatment. The first appointment (CHOICE) is always recorded as assessment, and the second appointment (PARTNERSHIP) is always recorded as the start of treatment for the purposes of recording waiting times.

## **Well Led**

### **Financial performance – 9 months to December 2018**

The Director of Finance provided an update on the financial position for the nine months to December 2018. A year to date overspend of £0.8m was being reported which was slightly above trajectory. A year end position of breakeven is still being forecast. The position for December itself was an underspend of £0.3m and mainly due to a net breakeven position in operational budgets. However this was as a consequence of overspends on medical staffing being offset by underspends in drug costs and nurse staffing. Overall staffing numbers were below establishment by 368WTE (2.8%)

The largest overspending operational areas were Acute Woman and Children's Division and Dr Gray's Hospital. Financial performance of the Integration Joint Boards was excluded from the financial report as there are separate review arrangements in place for monitoring their performance. Two of the three Integration Joint Boards were projecting an overspend at the year end. This has been reflected in the year end position.

Financial planning had begun for 2019/20 when it is known that there will be a requirement to deliver new savings over and above the level delivered in previous years.



## Other Intelligence from ISD Publications

### Cerebrovascular disease

Cerebrovascular disease includes stroke, brain haemorrhage and 'mini-stroke'. The following key points relate to Grampian:

Cerebrovascular disease develops as a result of problems with the blood vessels supplying the brain. The incidence rate for cerebrovascular disease (adjusted for age and sex) decreased over the last decade by 12% both in Grampian and across Scotland. For 2017/18 the incidence rate in Grampian was 11% lower than across Scotland at 229.8 per 100,000 population compared to 259.3 per 100,000 population.

In the last decade, the mortality rate for cerebrovascular disease decreased by 38% across Scotland (adjusted for age and sex). In Grampian the decrease was 29.7% resulting in Grampian having a mortality rate 11% higher than Scotland in 2017 (88.5 compared to 79.2 per 100,000 population) whereas in 2008 the mortality rate was 3% lower (125.9 compared to 129.3 per 100,000 population). This is likely to reflect natural variation in stroke severity and the Scottish Stroke Care Audit report due in summer will give more reliable information on this.

### Smoking cessation for the quarter ending June 2018

- Grampian achieved 221 quits – 24.0% of the required annual Local Delivery Plan Standard of 919 quits. This compared to 21.8% across Scotland. If this pattern continued for the remainder of the financial year, Grampian would achieve 96.1% of the required standard.
- 29.3% (221 out of 753) of quit attempts in the most deprived areas were self-reported as still not smoking at twelve weeks. This was much higher than the quit rate of 20.8% across Scotland.
- 31.5% (384 out of 1218) of quit attempts in all areas were self-reported as still not smoking at twelve weeks. Again this was much higher than the quit rate of 21.8% across Scotland.
- 29.3% (330 out of 1157) of quit attempts in pharmacy settings were successful. This compared to 17.6% across Scotland.
- 88.5% (54 out of 61) of quit attempts in non-pharmacy settings were successful. This compared to 31.5% across Scotland. However a far smaller proportion of quits attempts occurred in non-pharmacy settings: 5.0% compared to 26.1% across Scotland.

## Scottish Atlas of Variation

The second ISD publication on the *Scottish Atlas of Variation* has been released and presents population rates for three surgical procedures. Same day surgery rates are also provided based on the BADS methodology. Information relates to 2013/14-2017/18 and the following key points are relevant to Grampian:

### Tonsillectomy

- In 2017/18 there was a 2.0-fold variation in the rate of tonsillectomy procedures across NHS Boards, ranging from 57.7 to 118.3 per 100,000 population, adjusted for age and sex. The corresponding figure for Scotland as a whole was 76.4. Grampian recorded 63.7 with a range from 61.3 in Aberdeen City to 78.8 in Moray.
- Elective adult tonsillectomy same day surgery rates across NHS Boards in 2017/18, ranged from 0% to 100% and the corresponding Scotland figure was 43.9%. Grampian recorded 61.1% with a range from 54.2% in Moray to 67.9% in Aberdeenshire. The BADS target recommendation is 90%.
- Elective paediatric tonsillectomy same day surgery rates across NHS Boards in 2017/18, ranged from 0% to 82.4% and the corresponding Scotland figure was 35.3%. Grampian recorded 60.2% with a range from 45.8% in Moray to 65.5% in Aberdeen City. The BADS target recommendation is 70%.

### Cholecystectomy

- In 2017/18 there was a 2.2-fold variation in the rate of cholecystectomy procedures across NHS Boards, ranging from 105.0 to 226.8 per 100,000 population, adjusted for age and sex. The corresponding figure for Scotland as a whole was 140.7. Grampian recorded the lowest rate of 105.0 with Aberdeen City and Aberdeenshire both recording even lower rates – 93.5 and 101.5, respectively. Moray, by contrast, recorded a rate in line with the Scottish average (148.6).
- Laparoscopic cholecystectomy same day surgery rates across NHS Boards in 2017/18, ranged from 6.7% to 60.3% and the corresponding Scotland figure was 32.8%. Grampian recorded 27.3% with a range from 2.5% in Moray (the lowest rate of any local authority) to 36.4% in Aberdeen City. The BADS target recommendation is 75%.

### Hernia

- In 2017/18 there was a 1.6-fold variation in the rate of hernia procedures across NHS Boards, ranging from 160.4 to 250.4 per 100,000 population, adjusted for age and sex. The corresponding figure for Scotland as a whole was 194.9. Grampian recorded the lowest rate of 160.4 with Aberdeen City and Aberdeenshire both recording below this rate – 137.1 and 151.5 respectively. These were the two lowest rates amongst the local authorities. Moray, by contrast, recorded a rate well above the Scottish average at 244.2.
- Primary repair of inguinal hernia same day surgery rates across NHS Boards in 2017/18, ranged from 35.5% to 89.7% and the corresponding Scotland figure was 72.6%. Grampian recorded 69.9% with a range from 63.5% in Moray to 72.2% in Aberdeenshire.

## Heart disease

- Between 2008/09 and 2017/18 the age-sex standardised incidence rate for coronary heart disease decreased by 27.2% in Grampian from 364 per 100,000 population to 288 per 100,000 population. This compared to a rate of 359 across Scotland where there was a decrease of 21.7% over the same period.
- Incidence rates for coronary heart disease are considerably higher in males than females and the gap has widened slightly with incidence in females dropping by 27.5% between 2008/09 and 2017/18 (from 304 to 221 per 100,000 population) and incidence in males dropping by 27.1% over the same period (from 573 to 417 per 100,000 population). Across Scotland the gap has grown even wider.
- The discharge rate from hospital with a diagnosis of coronary heart disease dropped by 37.5% between 2008/09 and 2017/18 from 1050 to 657 per 100,000 population. This was a much greater rate of decrease than was recorded across Scotland (12.5%).
- The discharge rate for males was 2.5 times higher than for females in 2017/18 (941 compared to 372 per 100,000 population). Across Scotland the male discharge rate was 2.2 times the female discharge rate.
- There has been a steady downward trend in deaths from coronary heart disease in Scotland, UK and Europe over the last ten years. In Grampian there has been a decrease of 30% for males and 35% for females. Across Scotland the decrease has been even greater at 33% for males and 41% for females.
- While mortality remains lower in Grampian for males (169 deaths per 100,000 age sex standardised population compared to 189 across Scotland), female mortality is now marginally higher (91 deaths per 100,000 age sex standardised population compared to 90 across Scotland).