



Integration Joint Board

25<sup>th</sup> September 2019

This Report relates to  
Item 7 on the Agenda

# Summary Performance Report (August 2019)

*(Paper presented by George Noakes)*

*For Noting*

<b>Approved for Submission by</b>	Vicky Freeman (Head of Strategic Planning)
<b>Author</b>	George Noakes (Asst. Performance and Intelligence Manager)
<b>List of Background Papers</b>	<p>The Public Bodies (Joint Working) (Scotland) Act 2014</p> <p>The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014</p> <p>Integration Joint Board Paper “<i>Performance Management</i>” 22<sup>nd</sup> September 2016</p> <p>Performance and Finance Committee Paper “<i>Measuring Performance Under Integration</i>” March 2017</p>
<b>Appendices</b>	<b>Appendix 1</b> – Summary Performance Report

<b>Direction Required to Council, Health Board or Both</b>	<b>Direction to:</b>	
	1. No Direction Required	x
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
	4. Dumfries and Galloway Council and NHS Dumfries and Galloway	

## SECTION 1: REPORT CONTENT

**Title/Subject:** Summary Performance Report – (August 2019)  
**Meeting:** Integration Joint Board  
**Date:** 25<sup>th</sup> September 2019  
**Submitted By:** George Noakes (Asst. Performance and Intelligence Manager)  
**Action:** For Noting

### 1. Introduction

- 1.1 The Summary Performance Report has been submitted to the Integration Joint Board (IJB) for Noting.

### 2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**

- **Note the Summary Performance Report (August 2019)**

### 3. Background

- 3.1 Most of the information in the Summary Performance Report is automatically generated from local information systems. These figures are an early indication of activity and may not exactly match the National Official Statistics publications which are issued later in time.

### 4. Main Body of the Report

- 4.1 Key points from the Summary Performance Report (**Appendix 1**) are:

#### 4.5.1 Community Based Health and Social Care

- Delayed discharge - The number of delayed bed days has increased from 1,727 in June 2019 to 1,852 in July 2019. Delayed discharges are a focus for the Sustainability and Modernisation programme.
- AHP MSK 4 weeks – The figure for July 2019 was 33.4%. Weekly meetings have been set up to address the challenges.

#### 4.5.2 Acute and Diagnostics

- Treatment Time Guarantees – The figure for July 2019 was 79.3%. Scottish Government has issued Health Boards with interim targets for the treatment time guarantee:
  - 75% by October 2019
  - 85% by October 2020
  - 100% by March 2021
- Emergency Department (Percentage within 4 Hours) – The figure for July 2019 was 89.9%.

#### 4.5.3 Mental Health

- Psychological therapies waiting times – The result for June 2019 was 52.0%. This is below our agreed desired trajectory for June 2019 (77.2%).

#### 4.5.4 Women and Children's

- Child and Adolescent Mental Health Service (CAMHS) (18 weeks) – In June 2019 the result was 100%, above the national standard of 90%.

#### 4.5.4 Corporate Services

- Sickness Absence – This information is provided through a national system. To produce results takes approximately 6 to 8 weeks. The most recent available result is for Jun 2019 when the sickness absence rate for NHS Dumfries and Galloway was 4.2% against a target of 4%.

## 5. Conclusions

- 5.1. The Summary Performance Report (August 2019) provides a format for the performance information to be shared between the NHS Board and the IJB.

## **SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS**

### **6. Resource Implications**

- 6.1. There are no resource implications identified

### **7. Impact on Integration Joint Board Outcomes, Priorities and Policy**

- 7.1. Robust performance management arrangements are critical to the delivery of the Strategic Commissioning Plan
- 7.2. Performance reporting links to National Health and Wellbeing Outcome 4 – Health and Social Care Services are centred on helping to maintain or improve the quality of life of people who use their services.

### **8. Legal & Risk Implications**

- 8.1. Regular performance reporting by the Integration Joint Board is a legislative requirement

### **9. Consultation**

- 9.1. Dumfries and Galloway Integration Joint Board (the revised performance framework)
- 9.2. Dumfries and Galloway Health and Social Care Senior Management Team
- 9.3. NHS Dumfries and Galloway Chief Executive and Executive Management Team
- 9.4. NHS Dumfries and Galloway Board
- 9.5. NHS Dumfries and Galloway Performance Committee

### **10. Equality and Human Rights Impact Assessment**

- 10.1. An Impact Assessment is not required for this Paper as it does not represent a change in Policy.

### **11. Glossary**

AHP	-	Allied Health Professional
CAU	-	Combined Assessment Unit
CAMHS	-	Child and Adolescent Mental Health Service

- ED - Emergency Department
- ISD - Information Service Division (part NHS National Services Scotland)
- MSK - Musculoskeletal
- TTG - Treatment Time Guarantee

## Dumfries and Galloway Integration Joint Board



### DIRECTION

**(ISSUED UNDER SECTIONS 26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014)**

1.	Title of Direction and Reference Number	
2.	Date Direction Issued by Integration Joint Board	
3.	Date from which Direction takes effect	
4.	Direction to	
5.	Does this direction supersede, amend or cancel a previous Direction? If yes, include the reference number(s)	
6.	Functions covered by Direction	
7.	Full text of Direction	
8.	Budget allocated by Integration Joint Board to carry out Direction	
9.	Desired Outcomes	
10.	Performance Monitoring Arrangements	
11.	Date Direction will be Reviewed	

# Summary Performance Report



September 2019

RAG	Time Period	Latest Result		Time Period	Previous Result		25 month trend
		Dumfries and Galloway	Comparison		Dumfries and Galloway	Comparison	

## Community Health and Social Care

E4 (LS) The number of bed days occupied by all people experiencing a delay in their discharge from hospital, per month, people aged 18 and older

↑	Jul 2019	1,852	1,019 (DT)	Jun 2019	1,727	1,019 (DT)	
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B21 (LS) Percentage of people who wait no longer than 4 weeks from referral to first appointment with the Allied Health Professional (AHP) Musculoskeletal (MSK) service

↑	Jul 2019	33.4%	90.0% (T)	Jun 2019	32.7%	90.0% (T)	
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### Key

- We are meeting or exceeding the target or number we compare against
- We are within 3% of meeting the target or number we compare against
- We are more than 3% away from meeting the target or number we compare against

- ↑ Statistical tests suggest the number has increased over time
- ↔ Statistical tests suggest there is no change over time
- ↓ Statistical test suggest the number has decreased over time
- (S) The number we compare against is the result for Scotland
- (T) The number we compare against is a target set by the Scottish Government
- (DT) The number we compare against is an agreed Desired Trajectory
- (LS) The result presented here is a Local Statistic calculated using data held in Dumfries and Galloway
- (OS) The result presented here is an Official Statistic provided by ISD Scotland




RAG	Latest Result			Previous Result			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	
<b>Acute and Diagnostics</b>							
	B4 (LS) Treatment Time Guarantee (TTG): People wait no longer than 12 weeks from agreeing treatment with the hospital to receiving treatment as an inpatient or day case						
↑	Jul 2019	79.3%	75.0% (DT)	Jun 2019	72.5%	75.0% (DT)	
	B6 (LS) 12 weeks first outpatient appointment: Percentage of people who wait no longer than 12 weeks from referral to first outpatient appointment						
↓	Jul 2019	92.3%	95.0% (T)	Jun 2019	92.7%	95.0% (T)	
	B7 (LS) Percentage of people who waited less than 6 weeks for diagnostic tests and investigations						
↑	Jul 2019	93.6%	100.0% (T)	Jun 2019	92.6%	100.0% (T)	
	B5 (LS) 18 weeks referral to treatment: The percentage of planned/elective patients that commence treatment within 18 weeks of referral						
↓	Jul 2019	88.4%	90.0% (T)	Jun 2019	88.5%	90.0% (T)	
	B19 (LS) Accident and Emergency waiting times: Percentage of people who wait no longer than 4 hours from arriving in Accident and Emergency to admission, discharge or transfer for treatment						
↓	Jul 2019	89.9%	95.0% (T)	Jun 2019	91.1%	95.0% (T)	
	E3 (LS) The number of people attending emergency department per month						
↑	Jul 2019	4,381	3,852 (DT)	Jun 2019	4,120	3,852 (DT)	
	B22 (LS) Dr led return tickets (beyond latest date at end of month)						
↑	Jul 2019	5,639		Jun 2019	5,506		
	B2(1)(LS) Cancer waiting time (part 1): The percentage of all patients diagnosed with cancer who begin treatment within 31 days of the decision to treat						
↔	May 2019	100.0%	95.0% (T)	Apr 2019	100.0%	95.0% (T)	
	B2(2)(LS) Cancer waiting time (part 2): The percentage of all patients diagnosed with cancer who were referred urgently with a suspicion of cancer who began treatment within 62 days of receipt of referral						
↓	May 2019	88.9%	95.0% (T)	Apr 2019	90.9%	95.0% (T)	

RAG	Latest Result			Previous Result			25 month trend
	Time Period	Dumfries and Galloway	Comparison	Time Period	Dumfries and Galloway	Comparison	

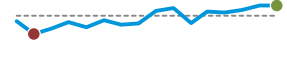
### Mental Health

B11 (LS) Psychological therapies waiting times: Percentage of people who commence Psychological Therapy based treatment within 18 weeks of referral

↓	Jun 2019	52.0%	77.2% (DT)	May 2019	66.5%	76.9% (DT)	
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### Women and Children's

B10 (OS) CAMHS waiting times: Percentage of young people who commence treatment for specialist Child and Adolescent Mental Health Services within 18 weeks of referral

↑	Jun 2019	100.0%	90.0% (T)	May 2019	100.0%	90.0% (T)	
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### Corporate Services

B18 (LS) Sickness absence rate: Proportion of hours lost to sickness absence amongst NHS Dumfries and Galloway employees

↑	Jun 2019	4.2%	4.0% (T)	May 2019	4.0%	4.0% (T)	
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## Notes

Indicator	Background	Points to note
E4: Delayed Discharges bed days lost	This indicator is a measure of the number of bed days that are occupied by people who have been assessed as appropriate to be discharged to another setting. It includes all hospital settings, acute, community, cottage and mental health and hospital to hospital transfers (which the national figures do not). These figures are for people aged 18 or over.	The number of delayed discharge bed days increased in July 2019.
B21: AHP MSK 4 weeks	Allied Health Professional Musculoskeletal service. This is a combined measure for a range of professional groups, all supporting different aspects of the musculoskeletal service.	Since December 2018, performance against this indicator has been 40% or below. The target is 90%. There are known issues around staffing levels and staff deployment.
B4: TTG 12 weeks	The Treatment Time Guarantee (TTG) is set out in 'The Patient Right's (Scotland) Act 2011' which places a legal requirement on health boards. Once planned inpatient or day case treatment has been agreed, the person must receive that treatment within 12 weeks. Scottish Government has issued boards with interim targets for TTG: 75% by October 2019; 85% by October 2020; 100% by March 2021	This indicator is above the interim goal (75%) but below the national standard (100%).
B6: Dr lead new outpatients 12 weeks	Not all outpatient clinics are led by doctors. This figure only includes doctor led clinics.	Waiting times are below the 95% target - 92.3%.
B7: Diagnostic 6 weeks	This is a combined result for key tests including upper gastro-intestinal endoscopy, flexible sigmoidoscopy, colonoscopy, cystoscopy, CT scans, MRI scans and non-obstetric ultrasound scans. An aspirational local target is set at 4 weeks.	Waiting times were below the target of 100%. This result was 93.6% in July 2019.
B5: 18 weeks performance	The complete 18 week waiting times journey from referral to treatment is impacted by all the above partial segments of the 18 week pathways.	The figure for July 2019 is 88.4% which is below the national target of 90%
B19: Emergency Department 4 hours	This measure indicates the length of time people experience between arrival and discharge from the emergency department (ED). Boards have been asked to commit to bring performance back to the level at March 2017, which was a target of 92.2%	Performance is currently 89.9% which is below the March 2017 locally agreed interim target.
E3: Emergency department attendances	The management of the combined assessment unit (CAU) affects how activity seen in the ED is managed. This area is the focus of large scale redesign work supported by Scottish Government.	The number of people has increased between June 2019 and July 2019.
B22: Dr Led return tickets	This measure is about the efficient use of outpatient appointments.	This figure has increased since the previous month by 133 tickets. There is a long term upwards trend.
B11: Psychological Therapies 18 weeks	The 18 week waiting times journey from referral to the start of psychological therapy treatment. This information is taken from reports published by ISD Scotland.	This figure has decreased (52.0%) and is below our agreed desired trajectory for June 2019.
B10: CAMHS 18 weeks	The 18 week waiting times journey from referral to the start of treatment by the Child and Adolescent Mental Health Service (CAMHS).	The result for June 2019 is 100%. This is above the national standard (90%)
B18: Sickness Absence	The proportion of days lost to sickness absence amongst NHS Dumfries and Galloway employees. The national target is 4% or lower.	The figure for June 2019 is above the national target of 4%.
B2(1): Cancer 31 days	This indicator is 1 of 2 Local Delivery Plan (LDP) Standards, chosen by the Scottish Government, that focus on the efficient delivery of support and treatment when a suspicion of cancer is raised. Due to the small numbers involved the monthly figures presented here are only intended as a very early indication of performance. Official statistics are published using 3 month rates and it is recommended that these are used for strategic decision making.	The result in May 2019 was 100%
B2(2): Cancer 62 days	This indicator is the second Local Delivery Plan (LDP) Standards, chosen by the Scottish Government, that focus on the efficient delivery of support and treatment when a suspicion of cancer is raised. Due to the small numbers involved the monthly figures presented here are only intended as a very early indication of performance. Official statistics are published using 3 month rates and it is recommended that these are used for strategic decision making.	The result in May 2019 was 88.9% below the national standard of 95%