

Resources and Performance Committee



Meeting Date:

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NHS BORDERS PERFORMANCE BRIEFING September 2020 – DURING COVID-19 PANDEMIC OUTBREAK

Purpose of Report:

The purpose of this report is to update Committee members on NHS Borders performance during September 2020. This briefing demonstrates the impact on performance for a smaller suite of specific standards from the Annual Operational Plan (AOP) due to the COVID-19 Pandemic outbreak.

Recommendations:

The Committee is asked to **note** the Performance Briefing for September 2020.

Approval Pathways:

This report was prepared in conjunction with service leads before being reviewed and signed off by the Director of Strategic Change & Performance.

Executive Summary:

The presentation of the monthly Performance Scorecard to the Clinical Executive, the Strategy & Performance Committee and to the Board has been paused due to the COVID-19 pandemic outbreak to enable staff involved in creating the report to focus on COVID-19 related activities.

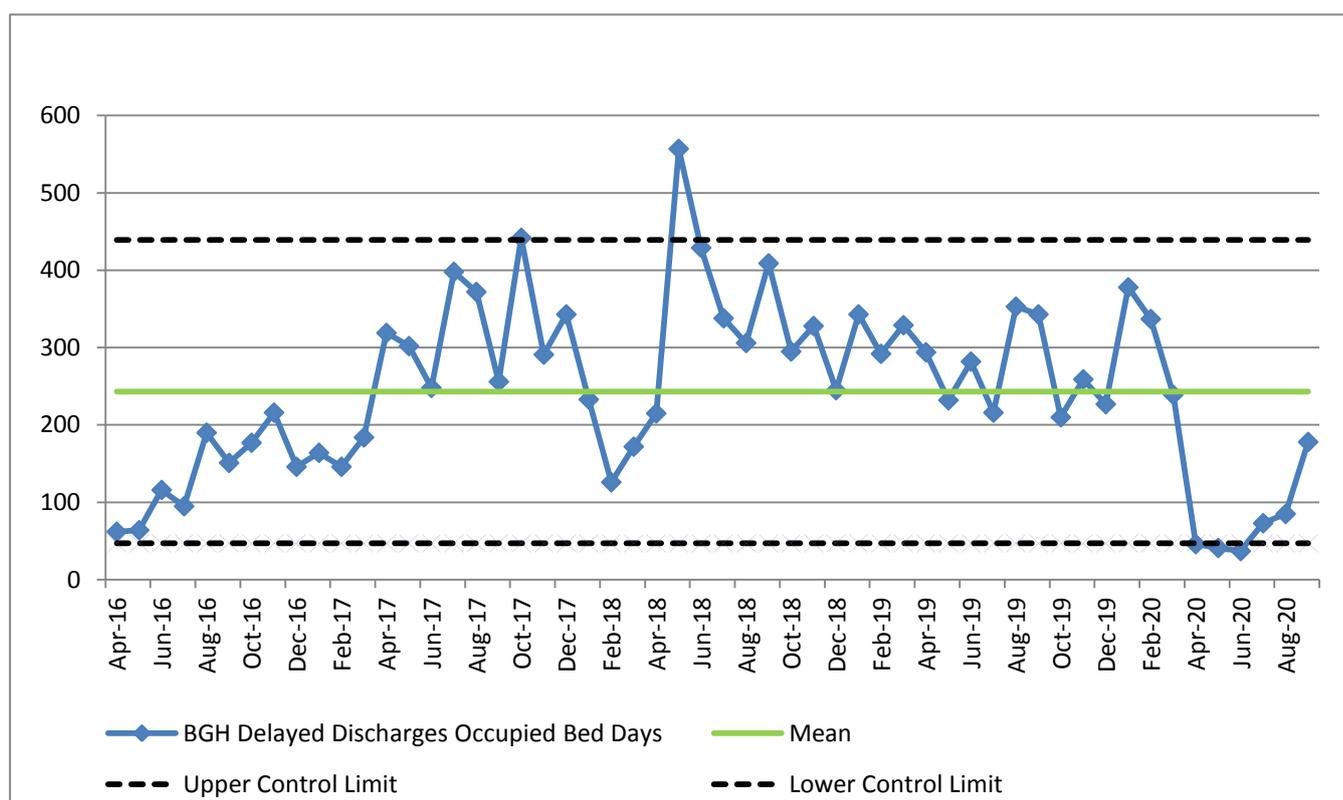
This month a briefing on performance during September 2020 for a smaller suite of number of specific standards from the AOP is presented to the Committee which outlines the current performance position against the previously agreed standards. These standards include: Delayed Discharges, Cancer Treatment and Sickness Absence; a separate section has been included which shows the impact of the pandemic on the acute programme in terms of number of admissions to hospital, number of patient discharges, bed occupancy and length of stay, and this has been divided to show for COVID-19 and non COVID-19 activity.

Delayed Discharges:

Delayed discharge performance (which includes Mental Health delays), against the target of no standard cases over 3 days is shown in the table over the page:

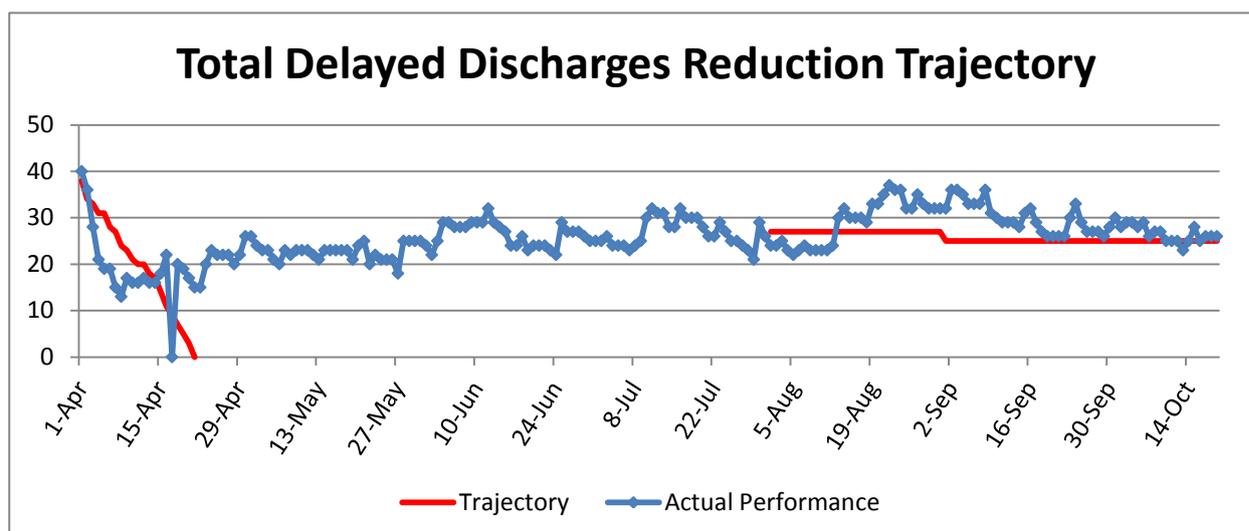
Standard	June-20	July-20	Aug-20	Sept-20
DDs over 2 weeks	8	10	14	17
DDs over 72 hours (3 days includes delays over 2 weeks)	16	14	25	22
Occupied Bed Days (standard delays)	641	674	793	824

To prepare for the initial COVID-19 wave there was a sustained effort to reduce Delayed Discharges to as close to zero as possible to urgently free up bed space. The chart below shows that the weekly totals for the number of delayed discharges across the system decreased in April 2020 but have started to increase through to September 2020.



As part of the Mobilisation Plan submitted to Scottish Government a trajectory to reduce Delayed Discharges to 0 by 21st April 2020 was included, this was not achieved. A revised target for March 2021 has subsequently been submitted to Scottish Government, which proposes that there will be a 64% reduction in delayed discharges achieve from a baseline of July 2020.

NHS Borders is working closely with our partners at the Scottish Borders Council and the IJB on programmes specifically designed to reduce patients delay, increase flow and reduce the number of occupied bed days due to delays. Within the three clinical boards Integrated huddles have been established daily to concentrate on patients who are medically fit for discharge as well as those who are delayed in the system. This multi-disciplinary approach has meant that patients and complex discharges can be discussed with correct agencies to enable people to move on to their next care destination in safe and timely manner. The chart below demonstrates our position at the time of writing this report:



Type of Delayed Discharge	As at 30/07/2020	As at 27/08/2020	As at 24/09/2020
Standard Cases	25	31	29
Complex Cases	3	5	3
Total	28	36	32

Cancer Treatment:

Cancer treatment in terms of pathway progression has been largely unaffected as we continue to operate clinics and surgery for patients that are classified as Urgent and Urgent with a suspicion of cancer. There have been delays with some patients as there has been a significant drop in referrals of around 70% each week. In addition to this, some patients have chosen not to come in for an outpatient appointment and few instances of this with the surgical patients for either shielding reasons or fear of COVID-19.

Performance for August 2020 is detailed below, this is the latest performance data available due a one month lag time:

- 89.5% of patients with a **Suspicion of Cancer to be seen within 62 days** were seen in time during August 2020. A total of 17 patients were seen with 2 breaches, the breaches happened between both NHS Lothian and NHS Borders due to additional ongoing appointments.
- 100% of patients requiring **Treatment for Cancer to be seen within 31 days** were seen in time during August 2020. A total of 6 patients were seen in this time frame.

Waiting Times:

The Recovery Planning Group (RPG) which was established in April continues to meet virtually on a weekly basis with representatives from across Health and Social Care, to co-ordinate a system wide response to our recovery. The focus has been to bring services back on stream that are safe, effective and person centred within the constraints of living with COVID-19

On 31st August 2020 we commenced 50% of our pre-COVID-19 activity with patients being

asked to self isolate for 14 days prior to their operation. The self isolation has been reviewed by the Clinical Prioritisation Treatment Group (CPTG) and revised. The revised self isolation will commence week beginning 19th October 2020.

Currently 40% of pre-COVID-19 activity for patients who need face to face outpatient appointments now takes place. Where clinically appropriate patients are now being seen virtually, it is anticipated going forward that 52% of outpatient appointments will be delivered virtually. The acute team continues to monitor this and work on a remobilisation plan aimed at increasing this level of activity.

The next iteration of NHS Borders Remobilisation Plan was submitted to Scottish Government on 31st July 2020, following this we received feedback from them on 29th September 2020 which we subsequently responded to on 14th October 2020. Work remains ongoing across the organisation in relation to remobilisation and our preparedness for any resurgence of COVID-19.

The charts below demonstrate impact against agreed performance measures for both outpatient and inpatient waits and the amount of lost activity:

Outpatients:

Performance against agreed AOP trajectory:

	31/07/20	31/08/20	31/09/20
Trajectory	100	100	100
Breaches	2019	2211	2146

Activity Lost per week:

	24/08/20	31/08/20	07/09/20	14/09/20	21/09/20	28/09/20
Variance	-457	-1280	-934	-957	-793	-1123
Cumulative Lost Outpatient Activity = 36100 appointments						

Inpatients-

Performance against agreed AOP trajectory:

	31/07/20	31/08/20	31/09/20
Trajectory	133	142	150
Breaches	1069	1074	1012

Activity Lost per week:

	17/08/20	14/08/20	31/08/2020	07/09/20	14/09/20	28/09/20
Variance	-61	-62	-61	-90	-39	-61
Cumulative Lost Inpatient/ Day Case Activity = 2091						

As highlighted above, an update to our Remobilisation plan was shared with Scottish Government in mid October, along with updated projected activity templates. Given that the plan replaces the previously agreed AOP, future performance reports will include actual performance against the projections (on a quarterly bases).

Sickness Absence:

NHS Borders absence rate (sickness and covid-19) for September 2020 was 6.04%, of which 0.66% was COVID-19 related and 5.38% was non COVID-19 related. In comparison to the month of August we have seen an increase in all absence of 0.41%, with COVID-19 related absence falling from 0.78% to 0.66%.

Our first COVID-19 related absence was recorded on 4th March; Scottish Government requested that COVID-19 related absence was recorded as special leave. The tables below set out our total sickness both COVID- 19 related and non COVID-19 for the Period July – September 2020, with a breakdown by Clinical Board for September 2020.

Overall Absence from July-September 2020:

Month	Total COVID-19 Absence %	Sickness Absence%	Total Absence %
July 2020	2.09	4.75	6.84
Aug 2020	0.78	4.85	5.63
Sept 2020	0.66	5.38	6.04

September Sickness Absence breakdown by Clinical Board:

Clinical Board	Total COVID-19 Absence %	Sickness Absence%	Total Absence %
BGH	0.64	6.24	6.89
LD	0.00	8.04	8.04
MH	0.49	4.44	4.93
P&Cs	0.82	5.96	6.78
Support Services	0.64	4.06	4.70
Overall Total	0.66	5.38	6.04

Acute Programme:

At the time of writing this report activity levels have started to increase but not to previous levels seen prior to COVID-19. The table below demonstrates the impact of flow through the acute hospital:

BGH Beds	June-20	July-20	Aug-20	Sept-20
Admissions	1087	1047	1040	1199
Discharges	1061	1087	1029	1124
Length of Stay	2.87	2.59	2.92	3.02
Percentage Occupancy	66.3%	69.15%	71.9%	77.1%

Performance Standards reported in Monthly Board Performance Scorecard not included in this briefing (to be added in future reports):

- 18 Weeks Referral to Treatment Combined Performance (RTT)
- A&E 4 Hour Target
- 6 Weeks Diagnostic Wait

<ul style="list-style-type: none"> • 12 Week Treatment Time Guarantee (TTG) • Psychological Therapy 18 Week Referral to Treatment • Drug and Alcohol 3 Week Referral to Treatment • CAMHS 18 Week Referral to Treatment 	
Impact of item/issues on:	
Strategic Context	Regular and timely performance reporting is an expectation of the Scottish Government.
Patient Safety/Clinical Impact	The Annual Operational Plan measures and Local Delivery Plan standards are key monitoring tools of Scottish Government in ensuring Patient Safety, Quality and Effectiveness are being carried out in NHS Health Boards.
Staffing/Workforce	The Committee is asked to support the implementation and monitoring of measures.
Finance/Resources	The Committee is asked to support financial management and monitoring of finance and resource.
Risk Implications	There are a number of measures that are not being achieved, and have not been achieved recently. For these measures service leads continue to take corrective action or outline risks and issues to get them back on trajectory. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders.
Equality and Diversity	Impact Equality Assessment Scoping Template has been completed. The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements.
Consultation	Performance against the measures within this report have been reviewed by each Clinical Board and members of the Clinical Executive.
Glossary	AOP – Annual Operational Plan LDP – Local Delivery Plan BGH- Borders General Hospital LD- Learning Disabilities MH- Mental Health P&Cs- Primary and Community Services CAMHS- Child and Adolescent Mental Health Services