

Health and Sport Committee: Health Board Survey 2020

Budget Scrutiny: Health Boards

1. Which Health Board are you responding on behalf of?

NHS Greater Glasgow and Clyde

2. Please state your **revenue** budget as at the start of the financial year

2020/21 £3,496m

3. Please confirm any revisions to your **revenue** budget, indicating:

(a) Changes due to additional COVID-19 funding received (split between health and social care)

£m

Health £4.2

Social Care £13.1

Total £17.3

The attached appendix details the total Covid -19 spend incurred for the NHS Board and the HSCP's for period April – June of £119.9m. The above funding of £17.3m has already been received and we expect to receive full funding for the balance after the Quarter One review.

Changes for other reasons (please provide details)

At this point of time this it is difficult to quantify due to other non-recurring allocations that may be provided throughout the year. We receive allocations throughout the year on a non-recurring basis.

	Revenue budget £m
Initial position (as agreed pre-Covid)	£3,496
Additional COVID-19 funding – health	£4.2
Additional COVID-19 funding – social care	£13.1
Other changes (please detail)	0

Revised budget position	£3,513
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4. Please provide details of how additional COVID-19 funds have been used. Please include details of funding transferred to local government for integration authorities and additional health board contributions to integration authorities.

In total we have received £17.3m of additional funding for COVID-19 and it has been used for the following:

- £4.2m has been transferred to hospices within Greater Glasgow & Clyde to cover loss of income as a result of COVID-19
- £2.1m was received for living wage and has been transferred to integration authorities to cover pay differentials and bring it up to 3.3%.
- £11m transferred to integration authorities for spend on Social Care

There have been no additional health board contributions to integration authorities.

5. As a result of the pandemic, please indicate:

a. The main three areas of additional spending are as follows:-

1. Additional costs for externally provided services within the integration authorities
2. The costs of additional ITU beds and general medicine beds to cope with demand during the peak of COVID 19.
3. Additional Staffing costs relating to additional nursing and medical staff, sickness cover, cost of increased capacity, shielding and increased pressures on other staff areas.

b. The main three areas of reduced spending

As a result of the reduced elective programme during the initial pandemic phase we witnessed marginal reductions in spend, particularly in some areas of non-pay. However, we expect spend to return to above normal levels in the short term as we see increased activity and the need for additional capacity.

Of the areas identified in Q5, do you anticipate that any changes in service delivery will lead to longer-term changes in spending? Please provide brief details, including details of anticipated annual savings or additional costs

associated with each change. (200 words max for each change)

With the move to virtual management of outpatient clinics, it is hoped when this is fully embedded we may see an increase in productivity. However this isn't expected to generate any annual savings and any additional costs will relate to equipment required to set up the virtual clinics.

The requirement to use PPE for all patient contacts, which is being funded by Scottish Government, will impact on the available capacity through put.

6. Which of your performance indicators have been most negatively impacted by the pandemic, and what is the projected effect on their trajectory for the coming year? Please list **three** indicators, showing their expected performance in 2020-21, compared with pre-Covid plans.

The four key performance indicators negatively impacted:

- 1) Cancer Performance Waiting Times.
- 2) Outpatient Waiting List
- 3) IPDC Waiting List
- 4) Scopes Waiting List

Cancer Performance:

Trajectory for 62/31 Day Cancer Performance.

The table below shows NHSGGC's planned trajectory through to quarter 4 in 2020/21.

Cancer Waiting Times		Mar -20	Jun -20	Sep -20	Dec -20	Mar -21
% of patients waiting less than 62 days from receipt of an urgent referral with a suspicion of cancer to first cancer treatment.	Pre-COVID-19 Trajectory agreed as part of the 2020-21 Annual Operational Plan	90%	90%	90%	92%	95%
	62 Day Revised Expected Trajectory	80%	80%	80%	82%	85%
% of patients waiting less than 31 days from decision to treat to first cancer treatment.	Pre-COVID-19 Trajectory agreed as part of the 2020-21 Annual Operational Plan	95%	95%	95%	95%	95%
	31 Day Revised Expected Trajectory	95%	95%	95%	95%	95%

The revised trajectory for 31/62 day performance takes into account patients who have had/will have their cancer treatment delayed (on grounds of clinical prioritisation) as well as those who have been offered/will be offered alternative therapies as their first definitive treatment.

New Outpatients waiting List

As at 20 July 2020, there are 79,606 patients on the OPWL; of these 54,688 patients have been waiting over 12 weeks.

Virtual Patient Management has been adopted for all appointments where appropriate, including adopting ACRT/PIR as the norm.

NHSGGC will aim to achieve 80% of 2019/20 levels of outpatient activity by December 2020.

IPDC waiting List

As at 20 July 2020 there are 25,808 on the IPWL; of these 20,104 patients have been waiting over 12 weeks.

The impact of Covid-19 on reduced patient throughput per session has reduced the level of base activity. NHSGGC will aim to achieve 60% of 2019/20 levels of IPDC activity by October 2020.

Endoscopy waiting List

As at 24th July 2020 there were 6,827 available patients on the new patient waiting list.

Due to Covid-19 limitations patient throughput is reduced by 33% in each Endoscopy session. However implementing a range of proposals service will aim to achieve 45% of base 2019/20 capacity.

7. When would you expect performance in these areas to recover and what action / spending will be required? (Please provide a brief description for each of the indicators listed at Q7.)

The Boards Remobilisation Plan is being addressed on a phased approach as requested by Scottish Government. The current phase of the Plan is for the period August 20 – March 21.

At this stage we are unable to predict when we expect performance to recover fully to pre-covid-19 levels. Our current planning not only includes performance improvement to end of March but also ensuring we can escalate should a second wave occur.

If a second wave does occur this will involve further disruption to our performance indicators noted above as the elective programme would be paused as staff are redirected for Covid-19 work.

Covid-19 spend April-June 20

Area of Spend	Description	£m
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Additional Hospital Bed Capacity/Costs	Additional general beds and increase in ICU capacity.	8.4
Testing	Testing costs.	2.8
Personal Protective Equipment	Items of PPE purchased by the Board.	1.3
Deep cleans	Deep-clean costs.	3.4
Equipment	Equipment costs - infusers, pumps, blood monitors, scrubs etc.	1.6
Additional staff overtime	Additional staff overtime - increases in overtime/ enhancements and excess hours, also increase in Junior doctor bandings for a number of rotas.	2.1
Additional temporary staff spend	Additional temporary staff costs for bank and agency.	2.9
Annual Leave Accrual Pressure	Annual leave accrual projected costs based on the % reduction in leave taken in April-June 2020 compared to same period 2019.	5.1
Loss of income	Loss of income from shops, ACS service, R&D, RTA's, OATS, Cost per Case.	1.5
Staffing – Student Nursing band 3 & 4	Additional costs for 6 months Band 4 and 5 months band 3.- Costs April-June 20	5.6
Unachieved Savings	The other main cost is the unachieved CRES savings for the full year. This is the unattributed amount for the first 3 months.	21.7
Miscellaneous	Staff accommodation, patient travel costs, Facility costs, Digital requirements, NHSLJ, Capital Equipment	4.5
TOTAL NHS Board		60.9
IJB-Health	MHAU, Community Hubs, Student Nurses, PPE, deep cleans, temporary staffing, Hospices.	14.2
IJB- Local Authority/Social Care	Externally provided services, Homeless & Criminal Justice services additional accommodation.	44.8
TOTAL IJB		59.0
OVERALL TOTAL		119.9