

**Borders NHS Board**

Meeting Date: 4 June 2020

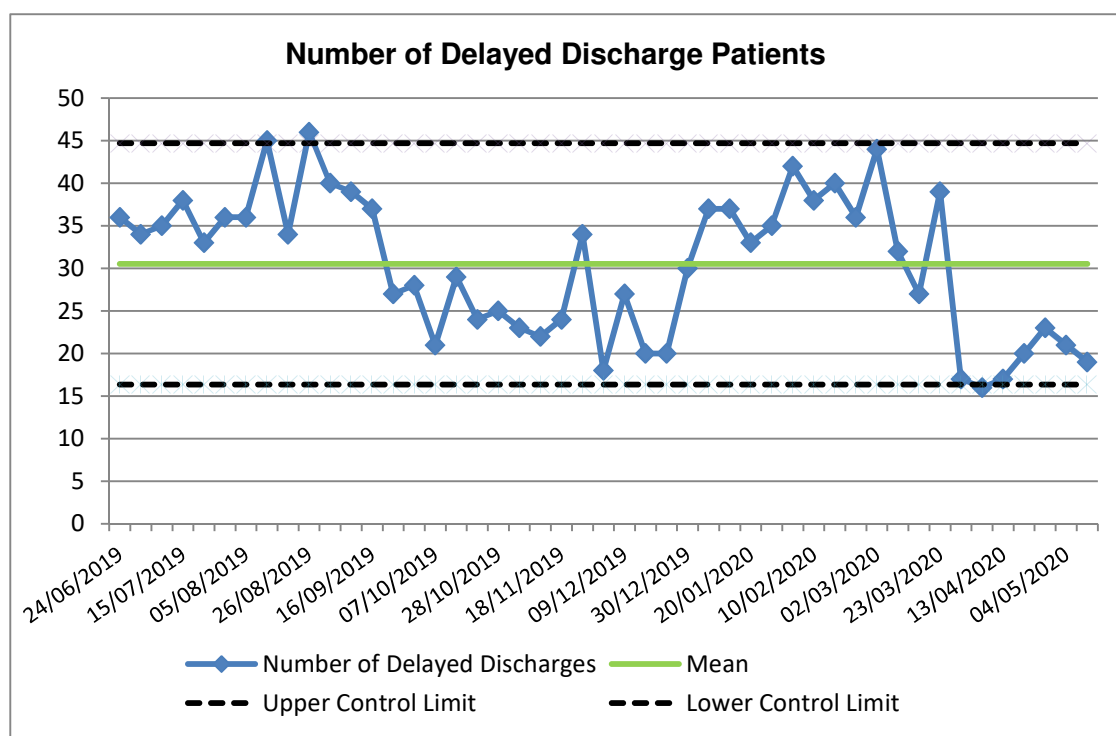
<b>Approved by:</b>	June Smyth, Director of Performance & Strategic Change
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<b>NHS BORDERS PERFORMANCE BRIEFING APRIL 2020 – DURING COVID-19 PANDEMIC OUTBREAK</b>	
<b>Purpose of Report:</b>	
<p>The purpose of this report is to update the Board on NHS Borders performance during April 2020. This briefing demonstrates the impact on performance for specific standards due to the COVID-19 Pandemic outbreak.</p>	
<b>Recommendations:</b>	
<p>The Board is asked to <b>note</b> the Performance Briefing for April 2020.</p>	
<b>Approval Pathways:</b>	
<p>This report was prepared in conjunction with service leads before being reviewed and signed off by the Director of Strategic Change &amp; Performance. It was subsequently endorsed by the Board Executive Team at their meeting on 26<sup>th</sup> May 2020.</p>	
<b>Executive Summary:</b>	
<p>The presentation of the monthly Performance Scorecard to the Clinical Executive Strategy &amp; Performance Committee and to the Board has been paused due to the COVID-19 pandemic outbreak.</p> <p>This month a briefing on performance during April 2020 for a number of specific standards is presented to the Board which demonstrates the impact due to COVID-19. 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.</p> <p>The Managing our Performance end of year report which presents performance on AOP and former LDP Standards and key local performance indicators is usually presented to the Board in June each year. This year it has been postponed due to the prioritisation of COVID-19 related activities and reporting, and will be presented to the Board at their meeting in July 2020.</p>	

## Delayed Discharges

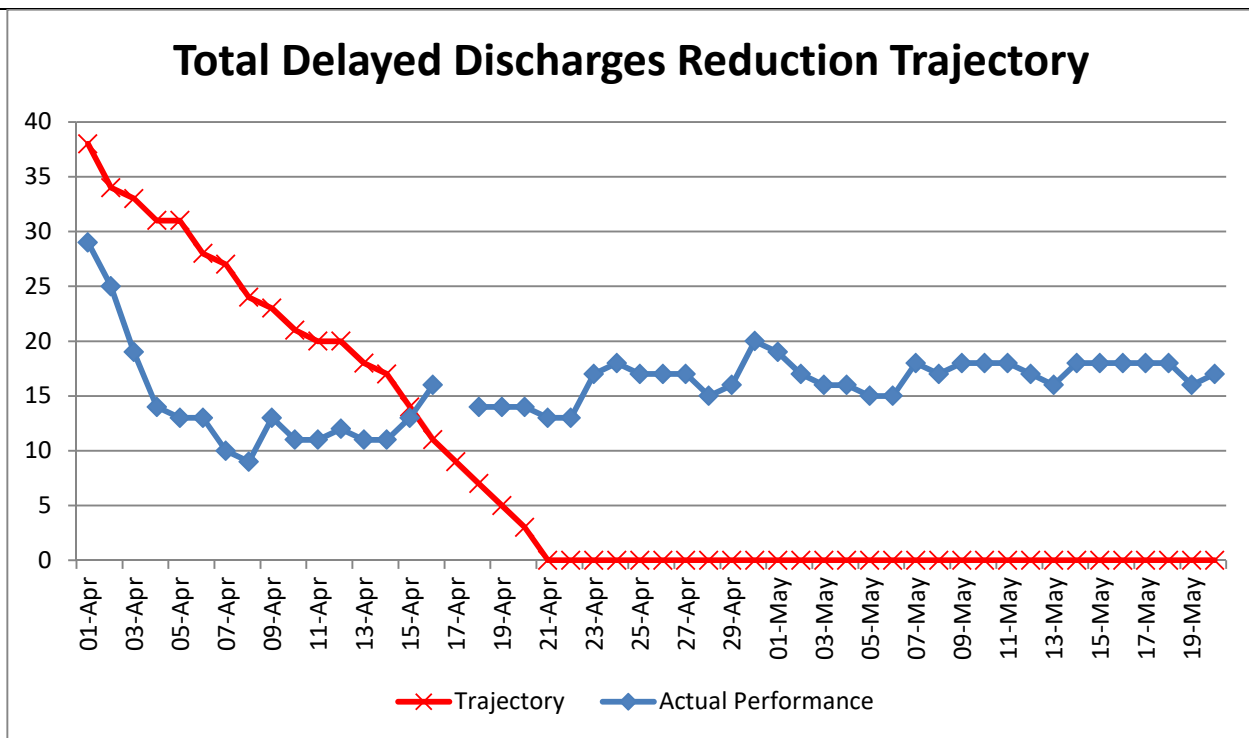
Delayed discharge performance (which includes Mental Health delays), against the target of no standard cases over 3 days is shown in the table below:

Standard	Feb-20	Mar-20	Apr-20
DDs over 2 weeks	21	13	5
DDs over 72 hours (3 days)	28	16	12
Occupied Bed Days (standard delays)	1027	859	418

Since the 18th March there has been 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 have decreased between the 16th March and the week commencing 13th April 2020.



As part of the Mobilisation Plan submitted to Scottish Government a trajectory to reduce Delayed Discharges to 0 by 21<sup>st</sup> April 2020 was included. Unfortunately we have not yet achieved that target. 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, the chart below demonstrates our position at the time of writing this report:



Type of Delayed Discharge	As at 02/04/2020	As at 07/05/2020
Standard Cases	23	12
Complex Cases	2	6
<b>Total</b>	<b>25</b>	<b>18</b>

### 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 March 2020 is detailed below, this is the latest performance data available due a one month lag time:

- 95.24% of patients with a **Suspicion of Cancer to be seen within 62 days** were seen in time during March 2020.
- 100% of patients requiring **Treatment for Cancer to be seen within 31 days** were seen in time during March 2020.

### Waiting Times

Significant work remains underway to try to restore as much of our elective operating as possible, without compromising current provision for elective patients. We are currently running 'vertical booking' theatre list every day and are aiming to increase this in future weeks. This must be kept fluid, and we will need to be able to respond rapidly to peaks in critical care activity.

A Recovery Planning Group has been established with representatives from across Health and Social Care, including Public Health, which meets weekly to co-ordinate a system wide response to our recovery.

Work has been undertaken secure the use of a private hospital in Edinburgh for high priority elective cases, with NHS Borders providing the surgeons to allow our urgent cancer surgery to be carried out. This commenced on 20<sup>th</sup> April 2020 and will initially consist of breast surgery one day per week at Spire Murrayfield.

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 trajectory:

	29/02/2020	31/03/2020	30/04/2020
<b>Trajectory</b>	213	100	100
<b>Breaches</b>	230	292	1062

Activity Lost per week:

	23/03/2020	30/03/2020	06/04/2020	13/04/2020	20/04/2020	27/04/2020
<b>Variance</b>	-2354	-1428	-1976	-2057	-2015	-2003
<b>Cumulative Lost Outpatient Activity = 15667</b>						

### Inpatients-

Performance against agreed trajectory:

	29/02/2020	31/03/2020	30/04/2020
<b>Trajectory</b>	176	100	89
<b>Breaches</b>	165	196	525

Activity Lost per week:

	23/03/2020	30/03/2020	06/04/2020	13/04/2020	20/04/2020	27/04/2020
<b>Variance</b>	-109	-74	-86	-61	-89	-75
<b>Cumulative Lost Inpatient/ Day Case Activity = 718</b>						

The acute team are actively working on recovery plans to establish how they can safely bring services back on stream, considering that COVID-19 is going to be ongoing and the implications this has on the way we deliver safe, effective, person centred care.

### Sickness Absence- With Ailsa

NHS Borders sickness absence rate for April 2020 was 9.68%, of which 5.37% was COVID-19 related and 4.31% was not COVID-19 related.

Our first COVID-19 related absence was recorded on 4<sup>th</sup> March; Scottish Government requested that COVID-19 related absence was recorded as special leave. The table below sets out our total sickness both COVID- 19 related and non COVID-19 related for April

2020.

Clinical Board	Total COVID-19 Absence %	Sickness Absence%	Total Absence %
BGH	5.22	4.50	9.72
LD	1.74	0.00	1.74
MH	2.47	3.13	5.60
P&Cs	6.68	4.53	11.21
Support Services	5.95	4.52	10.47
<b>Grand Total</b>	<b>5.37</b>	<b>4.31</b>	<b>9.68</b>

**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	Feb-20	Mar-20	Apr-20
Admissions	1464	1261	838
Discharges	1491	1328	832
Length of Stay	3.22	2.82	2.84
Percentage Occupancy	85.5%	58.2%	47.7%

**Performance Standards reported in Monthly Board Performance Scorecard not included in this briefing:**

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

<b>Strategic Context</b>	Regular and timely performance reporting is an expectation of the Scottish Government.
<b>Patient Safety/Clinical Impact</b>	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.
<b>Staffing/Workforce</b>	Directors are asked to support the implementation and monitoring of measures within their service areas.
<b>Finance/Resources</b>	Directors are asked to support financial management and monitoring of finance and resource within their service areas.
<b>Risk Implications</b>	There are a number of measures that are not being

	<p>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.</p>
<b>Equality and Diversity</b>	<p>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.</p>
<b>Consultation</b>	<p>Performance against measures within this report have been reviewed by each Clinical Board and members of the Clinical Executive.</p>
<b>Glossary</b>	<p>AOP – Annual Operational Plan  LDP – Local Delivery Plan  BGH- Borders General Hospital  LD- Learning Disabilities  MH- Mental Health  P&amp;Cs- Primary and Community Services  CAMHS- Child and Adolescent Mental Health Services  Vertical Booking- a theatre list that is not booked by speciality but is booked to include a mix of specialities to allow for maximum activity in a minimal footprint</p>