

Borders NHS Board

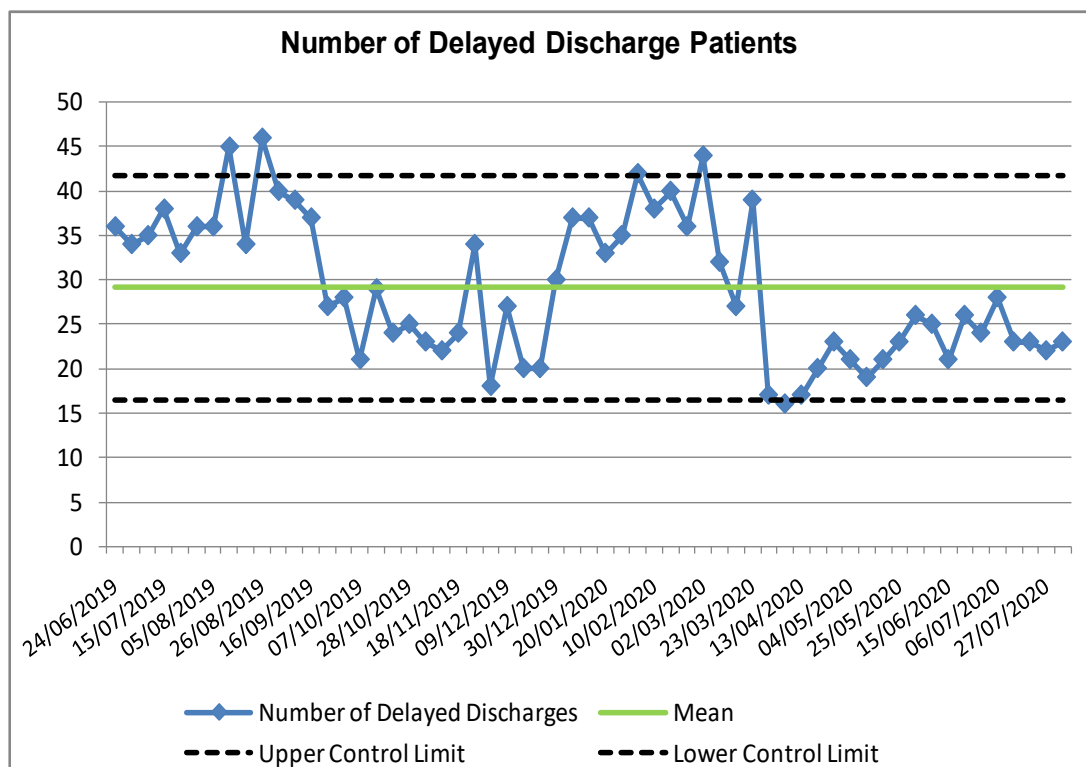


Meeting Date: 24 September 2020

Approved by:	June Smyth, Director of Strategic Change & Performance
Author:	Gemma Butterfield, Planning & Performance Officer
NHS BORDERS PERFORMANCE BRIEFING JULY 2020 – DURING COVID-19 PANDEMIC OUTBREAK	
Purpose of Report:	
<p>The purpose of this report is to update Committee members on NHS Borders performance during July 2020. This briefing demonstrates the impact on performance for a smaller suite of specific standards due to the COVID-19 Pandemic outbreak.</p>	
Recommendations:	
<p>The Board is asked to note the Performance Briefing for July 2020.</p>	
Approval Pathways:	
<p>This report was prepared in conjunction with service leads before being reviewed and signed off by the Director of Strategic Change & Performance.</p>	
Executive Summary:	
<p>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.</p> <p>This month a briefing on performance during July 2020 for a smaller suite of number of specific standards from the Annual Operational Plan (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.</p> <p><u>Delayed Discharges:</u></p> <p>Delayed discharge performance (which includes Mental Health delays), against the target of no standard cases over 3 days is shown in the table below:</p>	

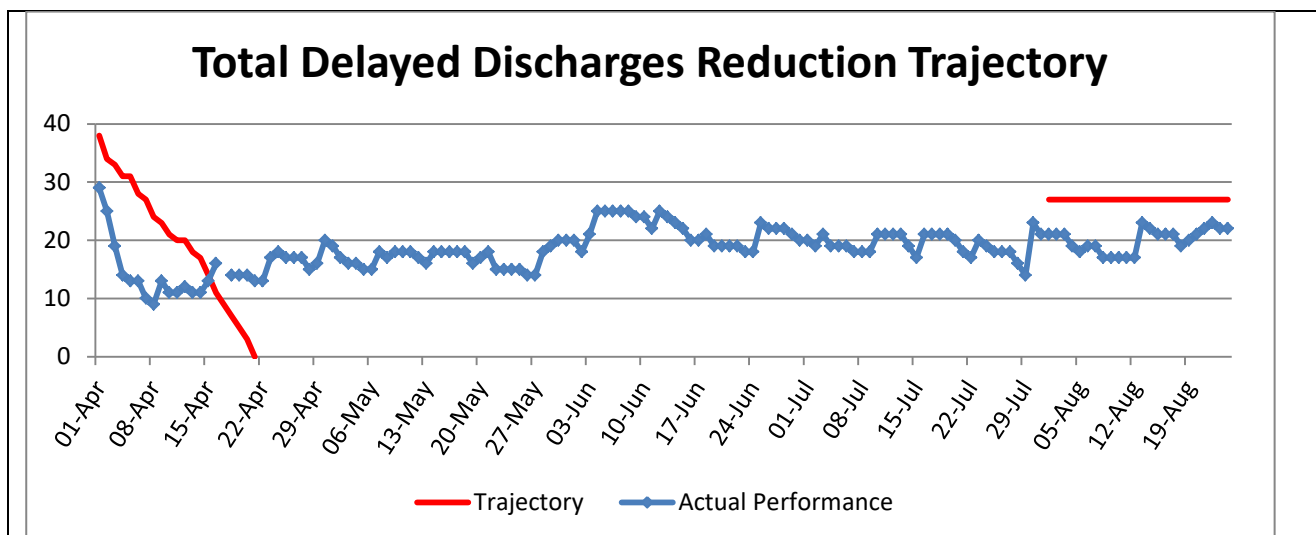
Standard	Apr-20	May-20	June-20	July-20
DDs over 2 weeks	5	10	8	10
DDs over 72 hours (3 days)	12	13	16	14
Occupied Bed Days (standard delays)	418	579	641	674

Since the 18th March 2020 there has been 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 between the 16th March and the week commencing 13th April 2020 but started to increase again through May.



As part of the Mobilisation Plan submitted to Scottish Government a trajectory to reduce Delayed Discharges to 0 by 21st April 2020 was included which was not achieved. A revised target for March 2021 has been submitted to Scottish Government, which proposes that there will be a 30% reduction in delayed discharges achieved by this time, which equates to no more than 20 delayed discharges.

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 04/06/2020	As at 02/07/2020	As at 06/08/2020
Standard Cases	20	27	24
Complex Cases	5	5	2
Total	25	32	26

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 July 2020 is detailed below:

- 100% of patients with a **Suspicion of Cancer to be seen within 62 days** were seen in time during July 2020. A total of 25 patients were seen with 3 breaches, the breaches happened for differing reasons one being a delay with our regional partners, one due to the complex nature of investigations and one due to delays with decision to treat.
- 100% of patients requiring **Treatment for Cancer to be seen within 31 days** were seen in time during July 2020.

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 coordinate a system wide response to our recovery.

Significant work remains underway to restore elective operating; we are planning to commence 50% of our pre- COVID-19 activity on 31st August 2020 with patients being asked to self isolate for 14 days prior to their operation.

A planned return of 40% of pre-COVID-19 activity for patients who need face to face

outpatient appointments has now taken place. Where clinically appropriate patients are now being seen virtually, it is anticipated going forward that 52% of outpatients 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 second iteration of NHS Borders Remobilisation Plan was submitted to Scottish Government on 31st July 2020, and work is ongoing across the organisation ahead of the next iteration which is currently planned for end of September 2020.

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:

	31/05/2020	30/06/2020	31/07/2020
Trajectory	100	100	100
Breaches	2055	2211	2146

Activity Lost per week:

	22/06/2020	29/06/2020	06/07/2020	13/07/2020	20/07/2020	27/07/2020
Variance	-1145	-1323	-1004	-635	-763	-1096
Cumulative Lost Outpatient Activity = 29387 appointments						

Inpatients-

Performance against agreed AOP trajectory:

	31/05/2020	30/06/2020	31/07/2020
Trajectory	107	125	133
Breaches	894	1073	1069

Activity Lost per week:

	22/06/2020	29/06/2020	06/07/2020	13/07/2020	20/07/2020	27/07/2020
Variance	-59	-108	-97	-71	-36	-46
Cumulative Lost Inpatient/ Day Case Activity = 1612						

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:

NHS Borders absence rate (sickness and covid-19) for July 2020 was 6.84%, of which 2.09% was COVID-19 related and 4.75% was non COVID-19 related. In comparison to the month of June we have seen a slight increase in all absence of 0.09%, with COVID-19 related absence falling from 2.43% to 2.09%.

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 May – July 2020, with a breakdown by Clinical Board for July 2020.

Overall Sickness Absence from May-July 2020:

Month	Total COVID-19 Absence %	Sickness Absence%	Total Absence %
May 2020	2.26	3.25	5.51
June 2020	2.43	4.32	6.75
July 2020	2.09	4.75	6.84

July Sickness Absence breakdown by Clinical Board:

Clinical Board	Total COVID-19 Absence %	Sickness Absence%	Total Absence %
BGH	2.53	5.81	8.34
LD	0	4.91	4.91
MH	0.88	4.82	5.70
P&Cs	2.18	3.87	6.05
Support Services	1.93	3.87	5.80
Overall Total	2.09	4.75	6.84

Mental Health Programme

The table below demonstrates the impact of flow through the mental health inpatient wards:

MH Ward Beds	Apr-20	May-20	June-20	July-20
Admissions	30	30	39	51
Discharges	32	23	34	59
Percentage Occupancy	63.0%	72.3%	82.0%	69.15%

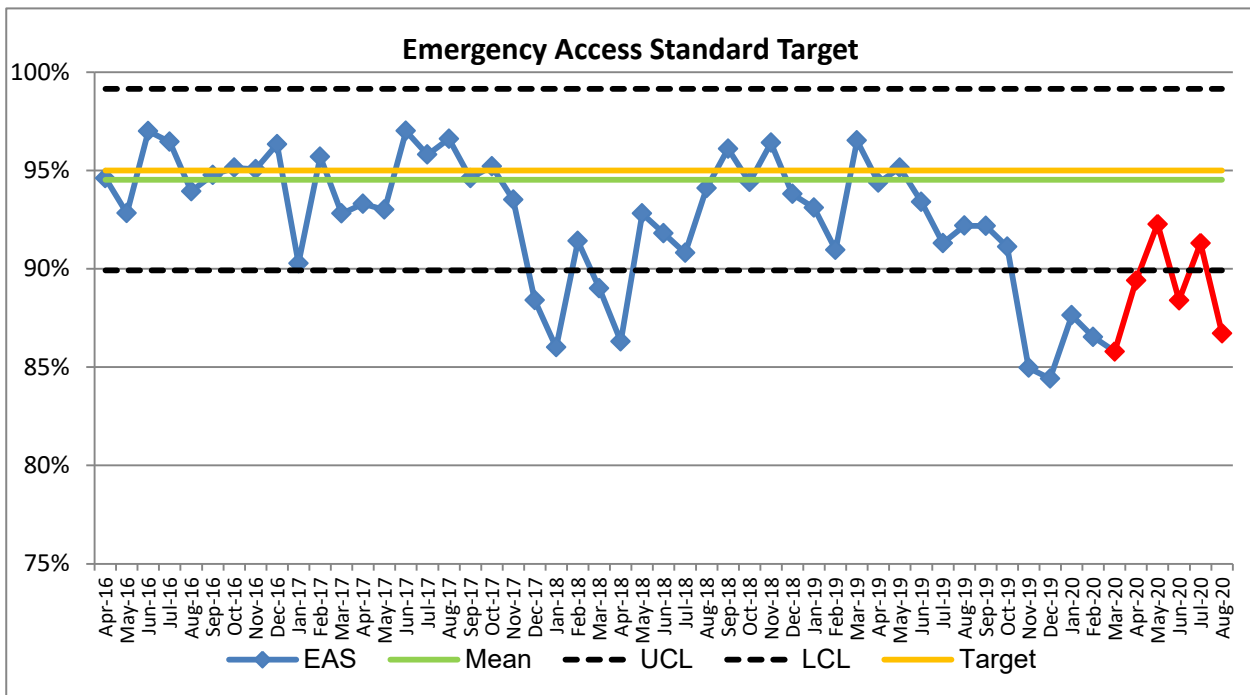
Acute Programme:

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	Apr-20	May-20	June-20	July-20
Admissions	838	987	1087	1047
Discharges	832	990	1061	1087
Length of Stay	2.84	2.89	2.87	2.59
Percentage Occupancy	47.7%	57.4%	66.3%	69.15%

A&E 4 Hour Target

Whilst in previous months we had rolled up reporting on this target this month we have included a graph that demonstrates performance in relation to this target with the COVID-19 period highlighted in red:



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)
- 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:

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	Directors are asked to support the implementation and monitoring of measures within their service areas.
Finance/Resources	Directors are asked to support financial management and monitoring of finance and resource within their service areas.
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 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 UCL- Upper Control Limit LCL- Lower Control Limit