

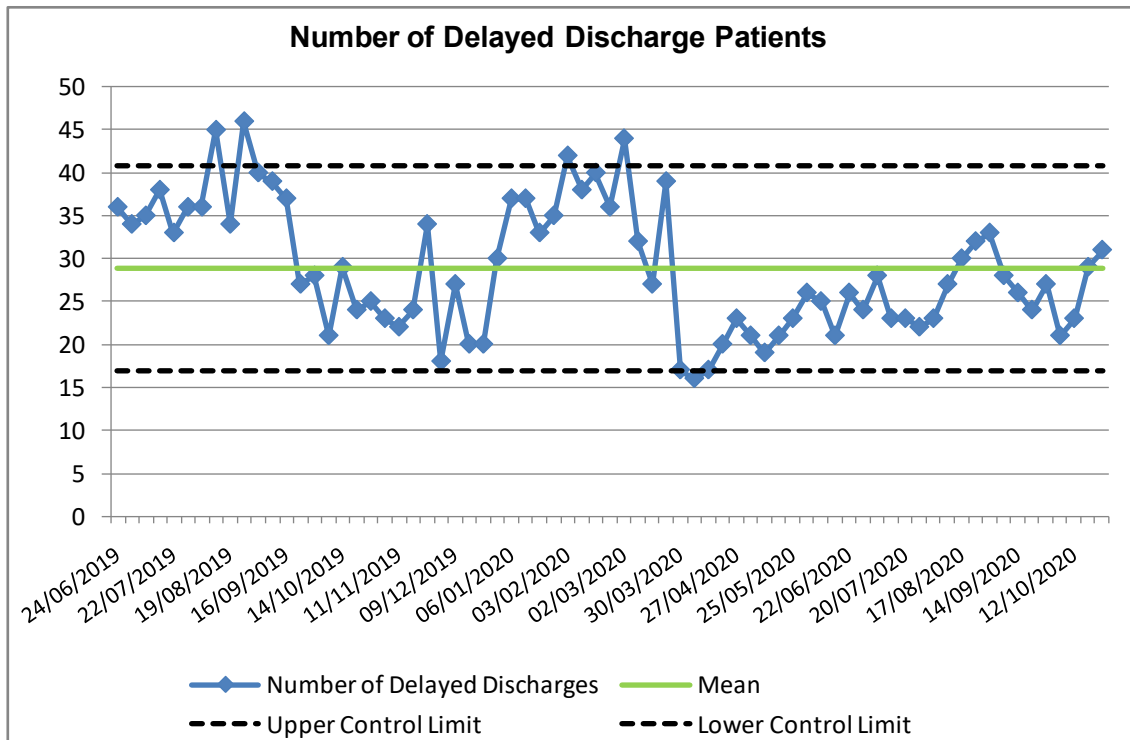
**Borders NHS Board**

Meeting Date: 3 December 2020

<b>Approved by:</b>	June Smyth, Director of Strategic Change & Performance
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<b>NHS BORDERS PERFORMANCE BRIEFING OCTOBER 2020 – DURING COVID-19 PANDEMIC OUTBREAK</b>	
<b>Purpose of Report:</b>	
<p>The purpose of this report is to update The Board members on NHS Borders performance during October 2020. This briefing demonstrates the impact on performance for a smaller suite of specific standards due to the COVID-19 Pandemic outbreak.</p>	
<b>Recommendations:</b>	
<p>The Board is asked to <b><u>note</u></b> the Performance Briefing for October 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.</p>	
<b>Executive Summary:</b>	
<p>The presentation of the monthly Performance Scorecard to the Clinical Executive, the Strategy &amp; 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 October 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><b><u>Delayed Discharges:</u></b></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 over the page:</p>	

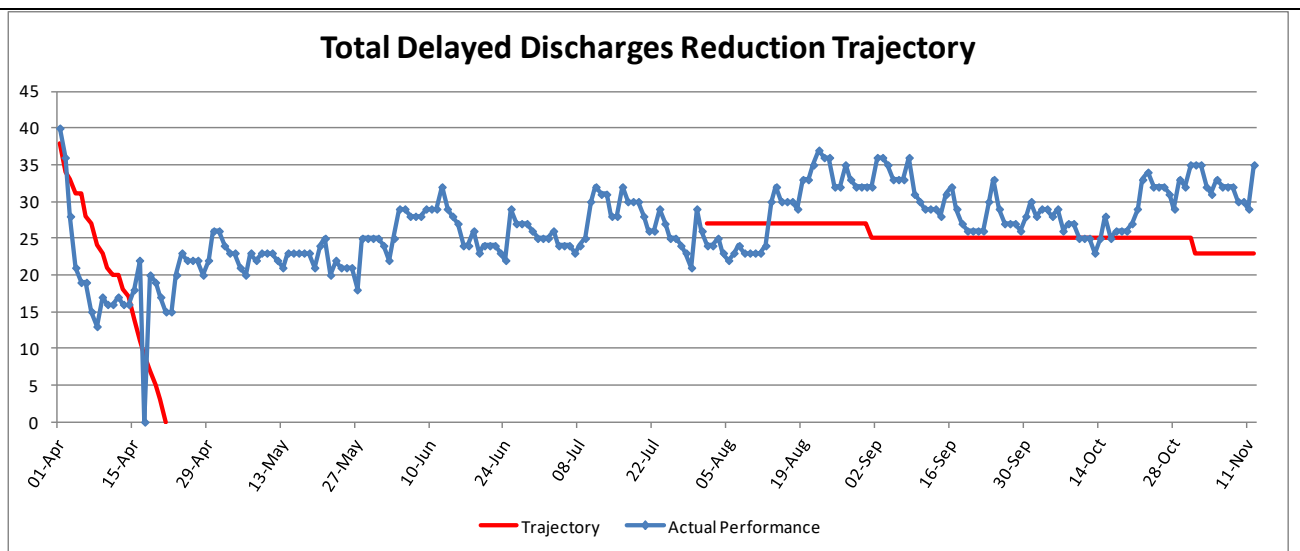
Standard	July-20	Aug-20	Sept-20	Oct-20
DDs over 2 weeks	10	14	17	10
DDs over 72 hours (3 days includes delays over 2 weeks)	14	25	22	21
Occupied Bed Days (standard delays)	674	793	824	681

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 21<sup>st</sup> 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 achieved 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 27/08/2020	As at 24/09/2020	As at 29/10/2020
Standard Cases	31	29	28
Complex Cases	5	3	5
<b>Total</b>	<b>36</b>	<b>32</b>	<b>33</b>

### Cancer Treatment:

Cancer referrals, diagnostic pathways and subsequent treatments remain a priority activity for clinical team. Referral numbers where cancer is suspected recovered strongly over the summer, and have been consistent with or above expected numbers across the majority of cancer pathways. The notable exception has been colonoscopy activity which has been well below historical levels due to the suspension of the National Bowel Screening programme. This programme restarted during October and we are now seeing activity levels recovering strongly as a consequence.

Over the summer access to diagnostic tests was excellent and often better than pre-COVID-19 waits. It should be noted however that we are starting to see urgent waiting times creeping up as diagnostic services come under pressure from increasing routine waiting times and appropriate clinical reprioritisation. This increases the proportion of urgent work. This is obviously a concern and diagnostic waiting times will remain under regular review, with appropriate action agreed as the situation dictates in order to prioritise urgent and particularly cancer patients.

Surgical waits for patients treated locally remain excellent across all tumour groups.

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

- 100% of patients with a **Suspicion of Cancer to be seen within 62 days** were seen in time during September 2020.
- 100% of patients requiring **Treatment for Cancer to be seen within 31 days** were seen in time during September 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 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. Work is currently being undertaken to evaluate the role and remit of the group as we continue to live through the pandemic.

On 31<sup>st</sup> 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 to 3 days, with some high risk patients still being asked to self isolate for 14 days. The revised self isolation commenced on the 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 total waiting list size continues to increase as a result of increased capacity within primary care and reduced capacity to match referral rates. The acute team continues to monitor this and work on a remobilisation plan aimed at increasing this level of activity.

Work remains ongoing across the organisation in relation to remobilisation and our preparedness for a resurgence of COVID-19 as we begin see an increase in COVID-19 related inpatient activity.

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:

	31/08/20	31/09/20	31/10/20
<b>Trajectory</b>	100	100	100
<b>Breaches</b>	2211	2146	2146

Activity Lost per week:

	21/09/20	28/09/2020	05/10/2020	12/10/2020	19/10/2020	26/10/2020
<b>Variance</b>	-722	-1017	-929	-287	-841	-714
<b>Cumulative Lost Outpatient Activity = 38217 appointments</b>						

**Inpatients:**

Performance against agreed AOP trajectory:

	31/08/20	31/09/20	31/10/20
<b>Trajectory</b>	142	150	158
<b>Breaches</b>	1074	1012	942

Activity Lost per week:

	21/09/20	28/09/2020	05/10/2020	12/10/2020	19/10/2020	26/10/2020
<b>Variance</b>	-61	-55	-51	-55	-57	-60
<b>Cumulative Lost Inpatient/ Day Case Activity = 2317</b>						

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 basis).

### **Sickness Absence:**

NHS Borders absence rate (sickness and covid-19) for October 2020 was 5.61%, of which 0.61% was COVID-19 related and 5% was non COVID-19 related. In comparison to the month of September we have seen a decrease in all absence of 0.43%, with COVID-19 related absence falling from 0.66% to 0.61%.

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 tables below set out our total sickness both COVID- 19 related and non COVID-19 for the Period August to October 2020, with a breakdown by Clinical Board for October 2020.

Overall Absence from August-October 2020:

Month	Total COVID-19 Absence %	Sickness Absence%	Total Absence %
Aug 2020	0.78	4.85	5.63
Sept 2020	0.66	5.38	6.04
Oct 2020	0.61	5.00	5.61

October Sickness Absence breakdown by Clinical Board:

Clinical Board	Total COVID-19 Absence %	Sickness Absence%	Total Absence %
BGH	0.72	6.12	6.84
LD	0	4.99	4.99
MH	0.73	4.01	4.74
P&Cs	0.53	4.37	4.90
Support Services	0.49	4.34	4.83
<b>Overall Total</b>	<b>0.61</b>	<b>5.00</b>	<b>5.61</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	July-20	Aug-20	Sept-20	Oct-20
Admissions	1047	1040	1199	1186
Discharges	1087	1029	1124	1142
Length of Stay	2.59	2.92	3.02	3.34

Percentage Occupancy	69.15%	71.9%	77.1%	78.5%
<p><b><u>Performance Standards reported in Monthly Board Performance Scorecard not included in this briefing (to be added in future reports):</u></b></p> <ul style="list-style-type: none"> <li>• 18 Weeks Referral to Treatment Combined Performance (RTT)</li> <li>• A&amp;E 4 Hour Target</li> <li>• 6 Weeks Diagnostic Wait</li> <li>• 12 Week Treatment Time Guarantee (TTG)</li> <li>• Psychological Therapy 18 Week Referral to Treatment</li> <li>• Drug and Alcohol 3 Week Referral to Treatment</li> <li>• CAMHS 18 Week Referral to Treatment</li> </ul> <p><b><u>Due to restricted capacity across the system it has been agreed that the Mid Year Managing our Performance Report will be stood down and a full year report will be presented to the Board in May 2021.</u></b></p>				
<b>Impact of item/issues on:</b>				
<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 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.			
<b>Equality and Diversity</b>	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.			
<b>Consultation</b>	Performance against measures within this report have been reviewed by each Clinical Board and members of the Clinical Executive.			
<b>Glossary</b>	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
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