Borders NHS Board

Meeting Date: 4 February 2021

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

Purpose of Report:

The purpose of this report is to update Board members on NHS Borders performance during December 2020. This briefing demonstrates the impact on performance for a smaller suite of specific standards than were reported on in previous years due to the COVID-19 Pandemic outbreak.

Recommendations:

The Board is asked to **note** the Performance Briefing for December 2020.

Approval Pathways:

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

Executive Summary:

The presentation of the monthly Performance Scorecard to the Clinical Executive, the Performance & Resources 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.

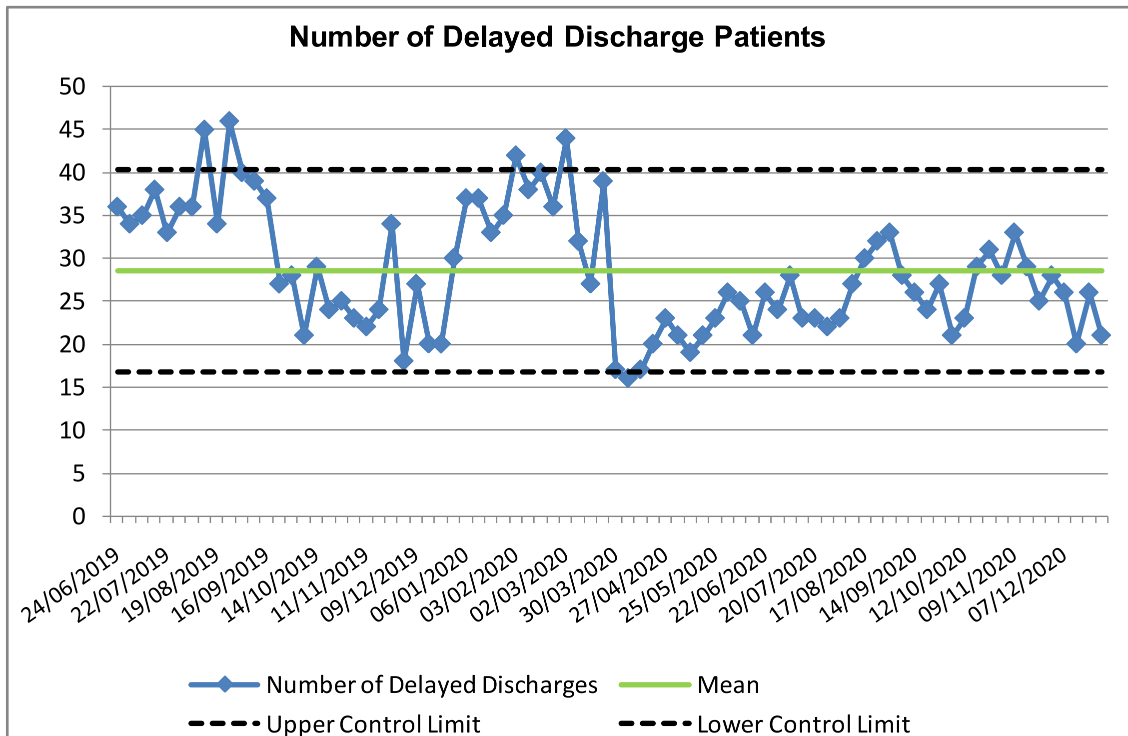
This month a briefing on performance during December 2020 for a smaller suite of number of specific standards from the Annual Operational Plan (AOP) is presented to the Board which outlines the current performance position against the previously agreed standards. These standards include: Delayed Discharges, 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:

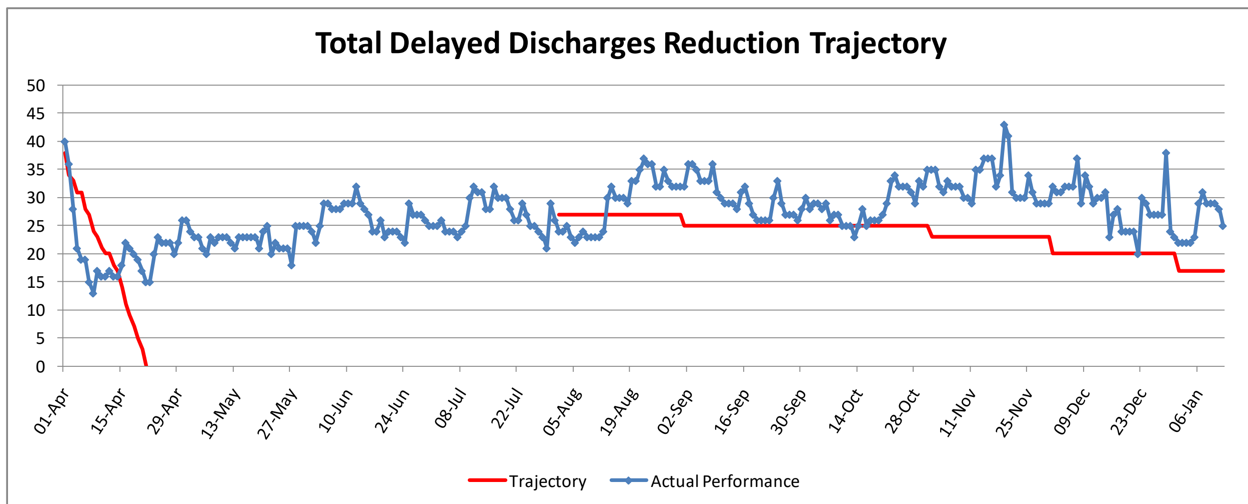
Standard	Sept-20	Oct-20	Nov-20	Dec-20
DDs over 2 weeks	17	10	16	8
DDs over 72 hours (3 days includes delays over 2 weeks)	22	21	23	15
Occupied Bed Days (standard delays)	824	681	871	688

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 December 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 but this was not achieved. Our intention is to renew our trajectory for delays within the new Recovery and Mobilisation Plan by the end of February 2021, which will be developed through the IJB and will include all relevant stakeholders. As per the recommendations of the recent Internal Audit on delays an achievable target of delays will be selected. The action plan from the previous audit will be monitored through the integrated weekly delayed discharge meetings co-chaired by the Director of Nursing, Midwifery and Acute Services and the Chief Operating Officer for Adult Social Care and Social Work, and will be brought back to the audit committee in March 2021.

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 a safe and timely manner. The chart below demonstrates our position at the time of writing this report:



Type of Delayed Discharge	As at 29/10/2020	As at 26/11/2020	As at 31/12/2020
Standard Cases	28	29	16
Complex Cases	5	3	4
Total	**33**	**32**	**20**

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

- 83.3% of patients with a **Suspicion of Cancer to be seen within 62 days** were seen in time during November 2020. There were 3 patient breaches.
- 100% of patients requiring **Treatment for Cancer to be seen within 31 days** were seen in time during November 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 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 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.

In December 40% of pre-COVID-19 activity for patients who needed face to face outpatient appointments took place. Where clinically appropriate patients have been 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 continued to monitor this and work on a remobilisation plan throughout December aimed at increasing this level of activity.

In December work remained ongoing across the organisation in relation to remobilisation and our preparedness for a resurgence of COVID-19 as we began to 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:

	31/10/20	**30/11/20**	**31/12/20**
Trajectory	100	100	100
Breaches	2146	2486	2764

Activity Lost per week:

	23/11/2020	**30/11/2020**	**07/12/2020**	**14/12/2020**	**21/12/2020***	**28/12/2020**
Variance	-578	-854	-712	-797	Not Applicable	-445
Cumulative Lost Outpatient Activity = 39,873 appointments						

*Please note that this week in 2020 is not comparable to the same period in 2019 this is due to the festive period and number of working days available

Inpatients:

Performance against agreed AOP trajectory:

	31/10/20	30/11/20	31/12/20
Trajectory	158	167	175
Breaches	1012	942	953

Activity Lost per week:

	23/11/2020	30/11/2020	07/12/2020	14/12/2020	21/12/2020*	28/12/2020
Variance	-65	-79	-49	-70	Not Applicable	-8
Cumulative Lost Inpatient/ Day Case Activity = 2,731						

*Please note that this week in 2020 is not comparable to the same period in 2019 this is due to the festive period and number of working days available

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, all boards are now have to return planned activity versus actual activity reports to Scottish Government on a monthly basis, for December 2020 NHS Borders reported:

Activity	Planned	Actual	Variance
Key Diagnostics	1820	1850	+30
New Outpatient Activity	2785	3004	+219
TTG Activity	339	298	-41

Sickness Absence:

NHS Borders absence rate (sickness and covid-19) for December 2020 was 5.75%, of which 0.26% was COVID-19 related and 5.48% was non COVID-19 related. In comparison to the month of November we have seen a decrease in all absence of 0.39%, with COVID-19 related absence decreasing from 0.92% to 0.26%.

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 October to December 2020, with a breakdown by Clinical Board for December 2020.

Overall Absence from October - December 2020:

Month	Total COVID-19 Absence %	Sickness Absence%	Total Absence %
Oct 2020	0.61	5.00	5.61
Nov 2020	0.92	5.22	6.14
Dec 2020	0.26	5.48	5.75

December Sickness Absence breakdown by Clinical Board:

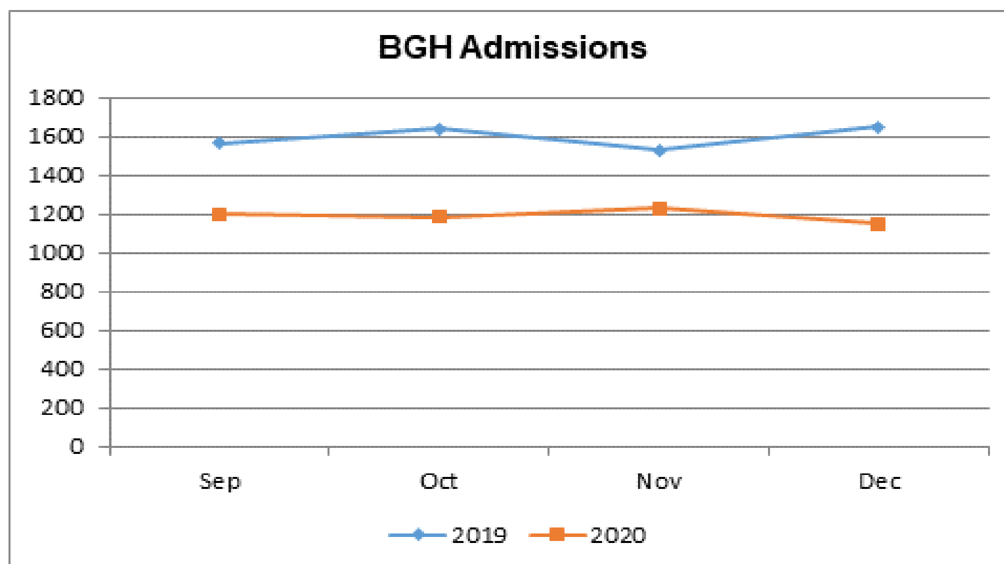
Clinical Board	Total COVID-19 Absence %	Sickness Absence%	Total Absence %
BGH	0.35	6.87	7.22
LD	0.00	7.03	7.03
MH	0.00	3.24	3.24
P&Cs	0.11	4.91	5.03
Support Services	0.38	4.95	5.33
Overall Total	**0.26**	**5.48**	**5.75**

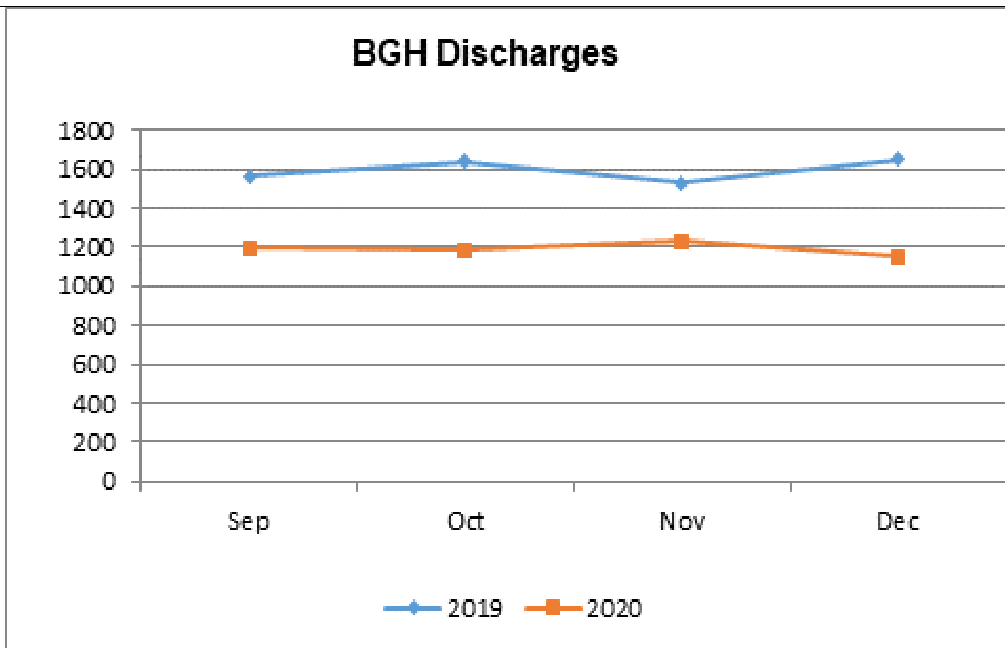
Acute Programme:

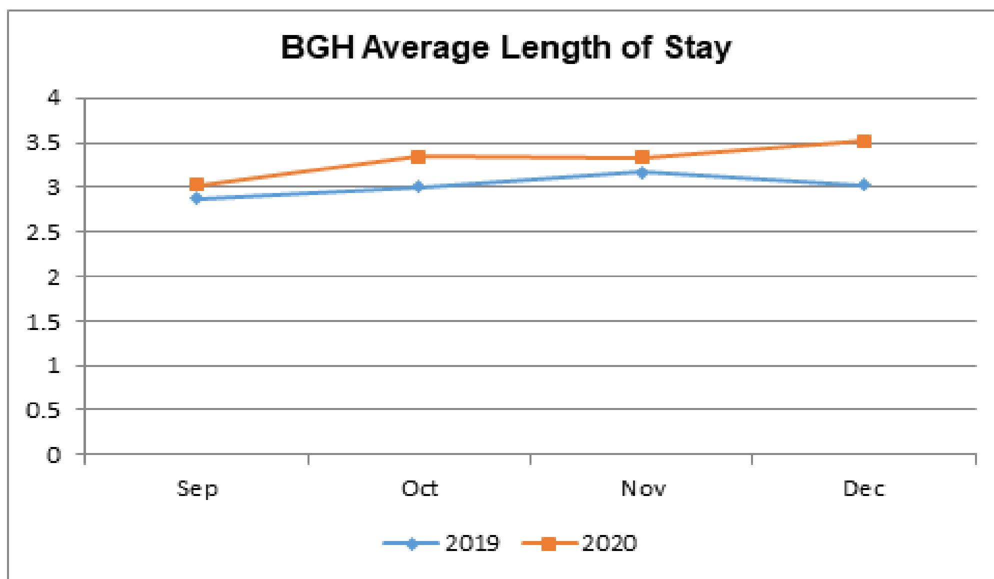
At the time of writing this report activity levels have started to increase but not to the level of activity we had previously seen prior to COVID-19. The table below demonstrates the impact of flow through the acute hospital:

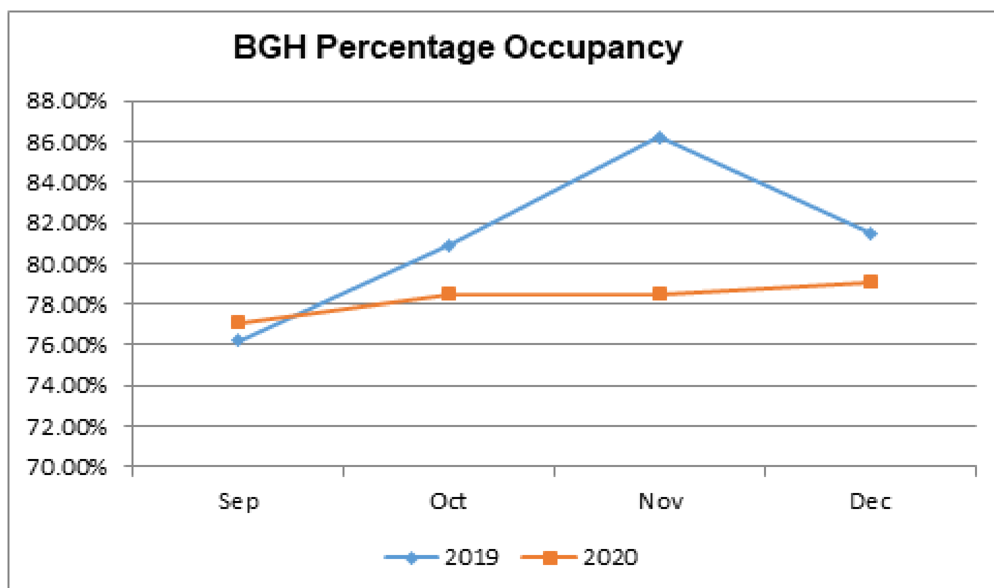
BGH Beds	Sept-20	Oct-20	Nov-20	Dec-20
Admissions	1199	1186	1229	1151
Discharges	1124	1142	1125	1067
Length of Stay	3.02	3.34	3.33	3.52
Percentage Occupancy	77.1%	78.5%	78.5%	79.1%

Acute Hospital Comparison 2019 V 2020




BGH Discharges
1800
1600
1400
1200
1000
800
600
400
200
0
Sep
Oct
Nov
Dec
2019
2020


BGH Average Length of Stay
4
3.5
3
2.5
2
1.5
1
0.5
0
Sep
Oct
Nov
Dec
2019
2020


BGH Percentage Occupancy
88.00%
86.00%
84.00%
82.00%
80.00%
78.00%
76.00%
74.00%
72.00%
70.00%
Sep
Oct
Nov
Dec
2019
2020

Performance Standards reported in Monthly Board Performance Scorecard not included in this briefing (to be included when full reports become available):

- 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:	
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