

Borders NHS Board



Meeting Date: 24 June 2021

Approved by:	June Smyth, Director of Planning & Performance
Author:	Carly Lyall, Planning and Performance Officer
NHS BORDERS END OF YEAR MANAGING OUR PERFORMANCE REPORT 2020/21	
Purpose of Report:	
<p>The purpose of this report is to summarise to the Board the end of year performance position for 2021/22 against a reduced suite of performance measures from the Annual Operational Plan (AOP) than which would typically have been reported in previous years, as a result of the pandemic.</p>	
Recommendations:	
<p>The Board is asked to note the 2020/21 End of Year Managing Our Performance Report (MOP).</p>	
Approval Pathways:	
<p>This report has been prepared with input from the Service Leads, who have signed off their relevant sections. The cover paper has been reviewed and approved by the Director of Planning & Performance.</p>	
Executive Summary:	
<p>1.1 The monthly Performance Scorecard that has been presented to the Board over the last 12 months has shown performance on a reduced suite of measures.</p> <p>1.2 Of particular note is that 100% of patients requiring Treatment for Cancer to be seen within 31 days were seen on time during 2020/21.</p> <p>1.3 Areas that have been significantly outwith their performance standard during 2021/22 (and as highlighted in the monthly performance reports) are outlined below:</p> <ul style="list-style-type: none"> • 3493 patients were waiting over 12 weeks at the end of March 2021 for an outpatient appointment against a target of 100 as set out in the AOP. See chart on page 7 for month by month position. • 50 patients who were treated in March waited over the 12 Weeks Treatment Time Guarantee (TTG), the standard has not been achieved in 2020/21 with a total of 435 patients being treated after waiting more than 12 weeks. • Since July 2020 the 18 weeks Referral to Treatment performance has been outwith the target of 90%. • Patients waiting over 6 weeks for one of the 8 key Diagnostic tests has been consistently outwith the agreed trajectory during 2020/21, with 627 reported in 	

<p>March 2021.</p> <ul style="list-style-type: none"> • Delayed Discharges over 72 hours has consistently been outwith the standard during 2020/21. • 18 weeks CAMHS performance has seen a significant decline in performance with only April 2020 achieving standard of 90%. • 18 weeks from Referral to Treatment for Psychological Therapies has been outwith the standard throughout 2020/21; although outwith the standard performance steadily improved as the year progressed. <p>1.4 As highlighted on the onset of the pandemic, analytical capacity was reprioritised from performance reporting to support response / remobilisation activities relating to COVID-19. As a result this is an abridged version of the End of Year MOP compared to previous years; however the intention is to revert to full performance reporting for 2021/22.</p>	
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	The implementation and monitoring of standards require that Managers and Clinicians comply with Board requirements to ensure these standards are achieved and maintained.
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, within the context of COVID-19 and the actions that have had to be taken as a result of the pandemic. Continuous monitoring of performance is a key element in identifying risks affecting Health Service delivery to the people of the Borders.
Equality and Diversity	The implementation and monitoring of targets will require that Lead Directors, Managers and Clinicians comply with Board requirements.
Consultation	Reduced report compiled by Planning & Performance.
Glossary	ACRT - Active Clinical Referral Triage AOP - Annual Operational Plan CAMHS – Child & Adult Mental Health Service CT - Computer Tomography ENT - Ear, Nose & Throat HEAT - Health, Efficiency, Access and Treatment standards

	<p>KPI - Key Performance Indicators LDP - Local Delivery Plan MOP - Managing Our Performance MRI - Magnetic Resonance Imaging PIR - Patient Initiated Reviews RAG - Red, Amber, Green status RMP3 - Remobilisation Plan SGHD - Scottish Government Health Department TTG - Treatment Time Guarantee</p>
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**MANAGING
OUR
PERFORMANCE
END OF YEAR
REPORT
2020/21**

June 2021

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EXECUTIVE SUMMARY

Background

NHS Borders Board reviews the performance of the organisation at each Board meeting facilitated through the production of performance reports. Prior to the pandemic these reports would show progress against a range of performance measures set through the Annual Operational Plan (AOP), previous Local Delivery Plan (LDP) health, efficiency, access and treatment (HEAT) standards and local Key Performance Indicators (KPIs). For 2020/21, however as a result of the pandemic the performance reports have contained a smaller suite of performance measures, and therefore this report has a smaller number of performance measures included than in previous years.

Summary

This report allows Board members to see the end of year position for 2020/21 and a summary across the year of performance measures set through the Annual Operational Plan (AOP).

1. INTRODUCTION

Annual Operation Plan

Every year the Scottish Government Health Department (SGHD) asks each Health Board to report to them on their performance and plans for the next financial year. This report was previously called the LDP however moved to the AOP format. The AOP acts as an agreement with SGHD on what Health Boards will achieve in the period covered by the plan. The AOP for 2019/20 was produced in line with guidance received from Scottish Government in November 2019 and was approved by SGHD just at the outset of the pandemic.

During the pandemic NHS Borders submitted various iterations of their Remobilisation plan, the first being submitted to Scottish Government on 25th May 2020, followed by an updated plan on 31st July 2020. The latest version, RMP3, responded to the issues set out in John Connaghan's letter of 14th December 2020 which commissioned the plan and covers the period from April 2021 to March 2022. For the remainder of 2021/22 RMP3 is in place of the Board's normal Annual Operational Plan.

2020/21 Performance Measures

This 2020/21 End of Year Managing Our Performance (MOP) Report summarises performance for a reduced suite of specific standards from the Annual Operational Plan (AOP) from 1st April 2020 to 31st March 2021 including a trend graph.

Please note:

- Some anomalies may occur in data due to time lags in data availability and national reporting schedules. As previously highlighted to the Board, analytical capacity has been reprioritised from performance reporting to supporting the response to the COVID-19 pandemic across the organisation. As a result, this is an abridged version of the End of Year MOP compared to previous years.

Further information on all the measures are detailed within the report and have been given a RAG (Red, Amber, Green) status based on the following key:

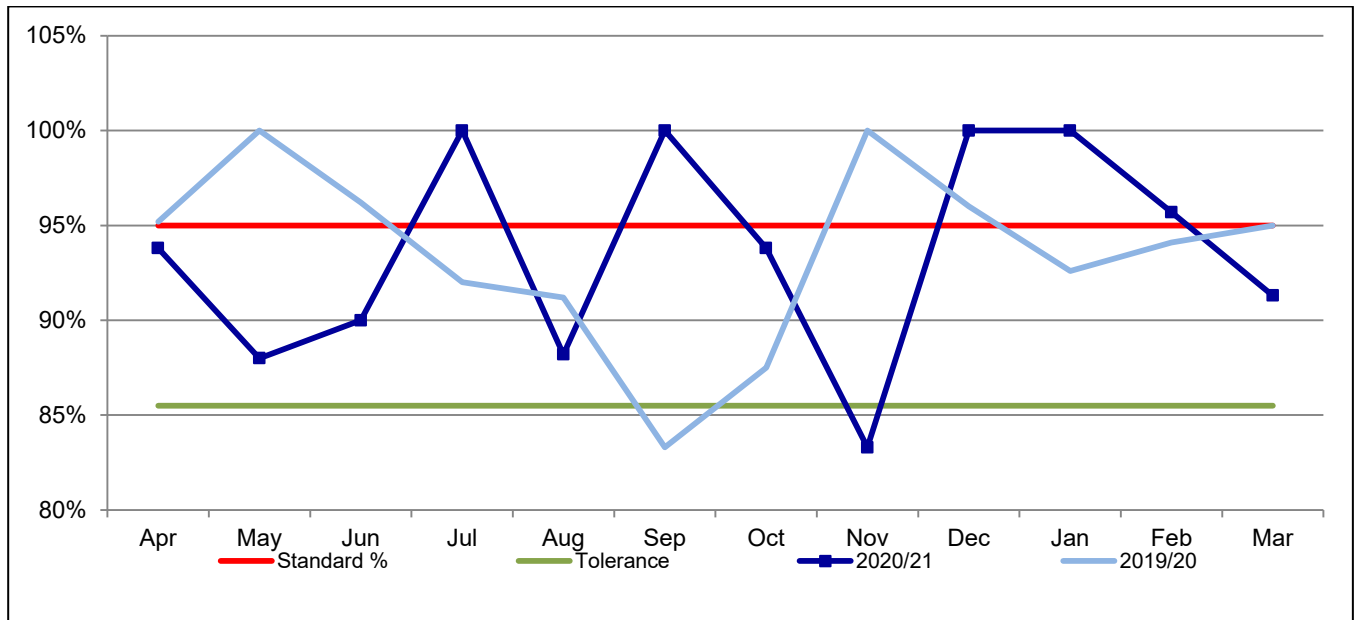
Current Performance Key			
R	Under Performing	Current performance is significantly outwith the trajectory set.	Exceeds the standard by 11% or greater
A	Slightly Below Trajectory	Current performance is moderately outwith the trajectory set.	Exceeds the standard by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds the trajectory set	Matches or exceeds the standard.

Monthly Performance of Annual Operational Plan Performance Measures

Performance Measure:

95% of all cases with a Suspicion of Cancer to be seen within 62 days

2020/21 Standard	Current AOP Trajectory / Standard	March 2021 Position	March 2021 Status
95%	95%	91.3%	A

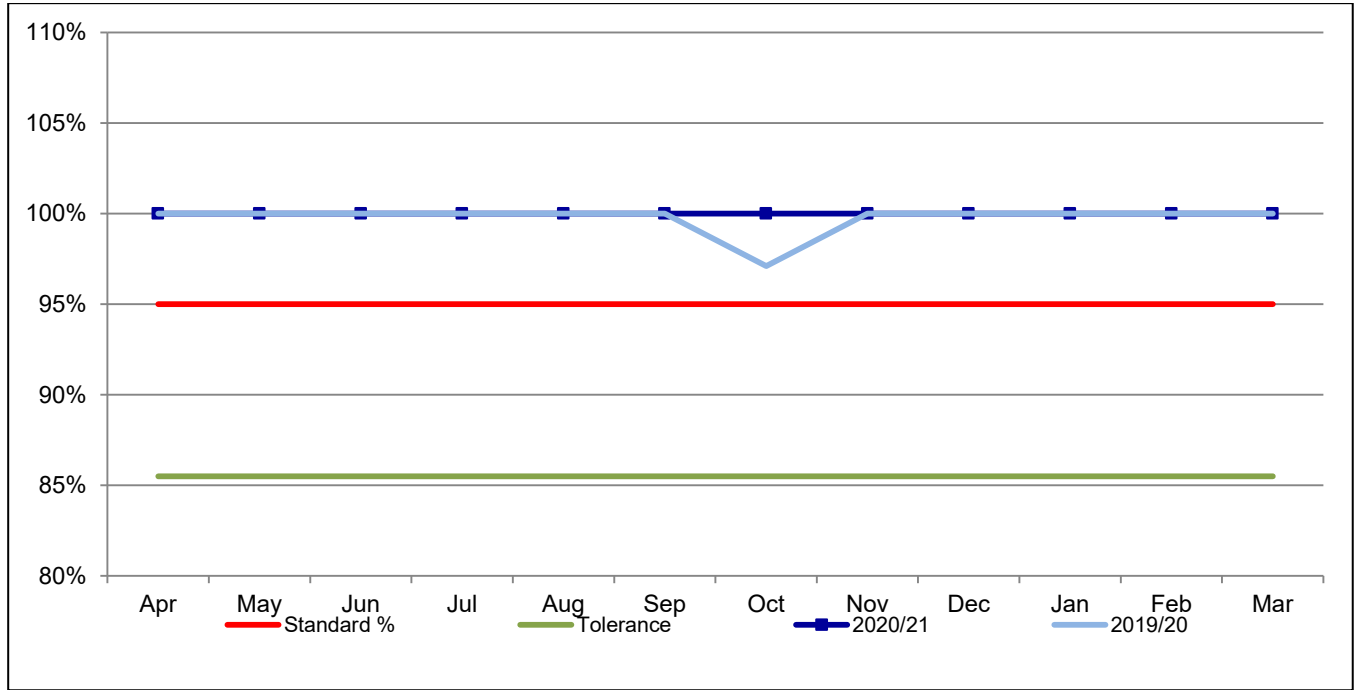


Performance during 2020/21 has been variable. Cancer Waiting Times performance for Quarter ending March 2021 was 96.0%, with a total of 3 patients breaching the 62 day standard. The current Prostate Pathway is under review with particular attention being given to diagnostic delays. Two changes are being trialed, a one stop approach for Magnetic Resonance Imaging (MRI) scanning and a weekly patient level review diagnostic waits to identify and resolve issues. It is hoped this will expedite noted delays and improve performance moving forward.

Performance Measure:

95% of all patients requiring Treatment for Cancer to be seen within 31 days

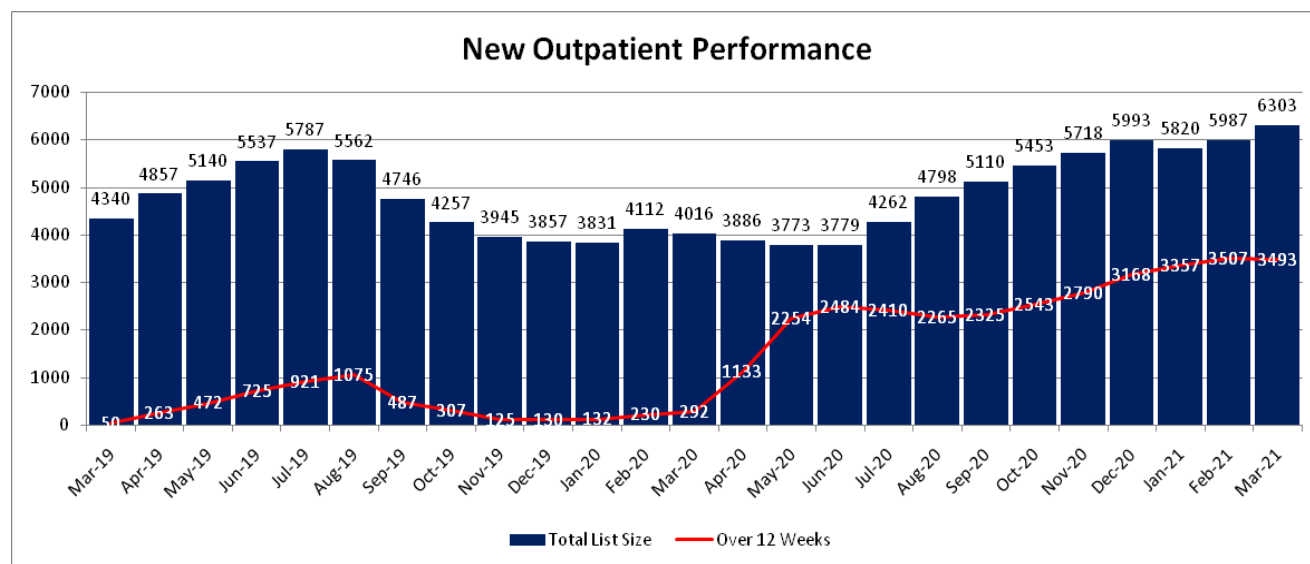
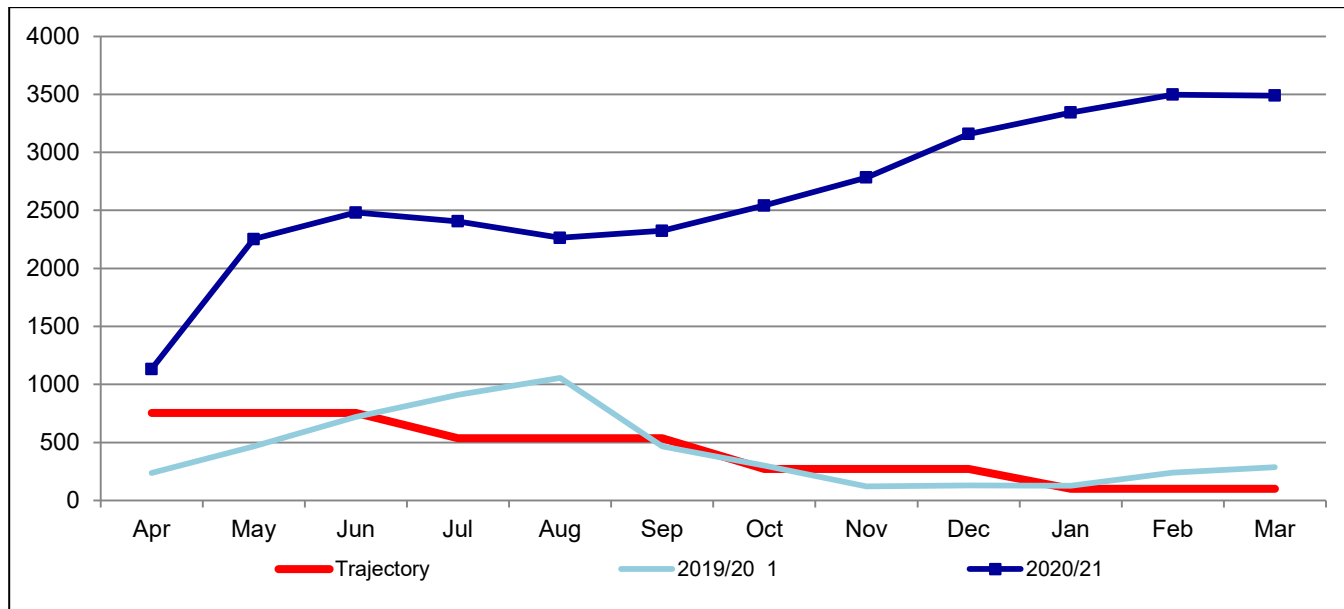
2020/21 Standard	Current AOP Trajectory / Standard	March 2021 Position	March 2021 Status
95%	95%	100%	G



NHS Borders has achieved 100% performance for the 31 day standard for the full 12 months in 2020/21.

Performance Measure:
12 weeks for Outpatients

2020/21 Standard	Current AOP Trajectory / Standard	March 2021 Position	March 2021 Status
0	100	3493	R



Please note: Performance in 2020/21 was measured against an agreed trajectory as set out within our AOP rather than the SGHD standard of 0 patient waits.

At 31st March 2021, there were 3,493 new outpatients waiting longer than 12 weeks for an appointment. The total waiting list size continues to increase as a result of increased capacity within primary care and limited Outpatient capacity to match referral rates.

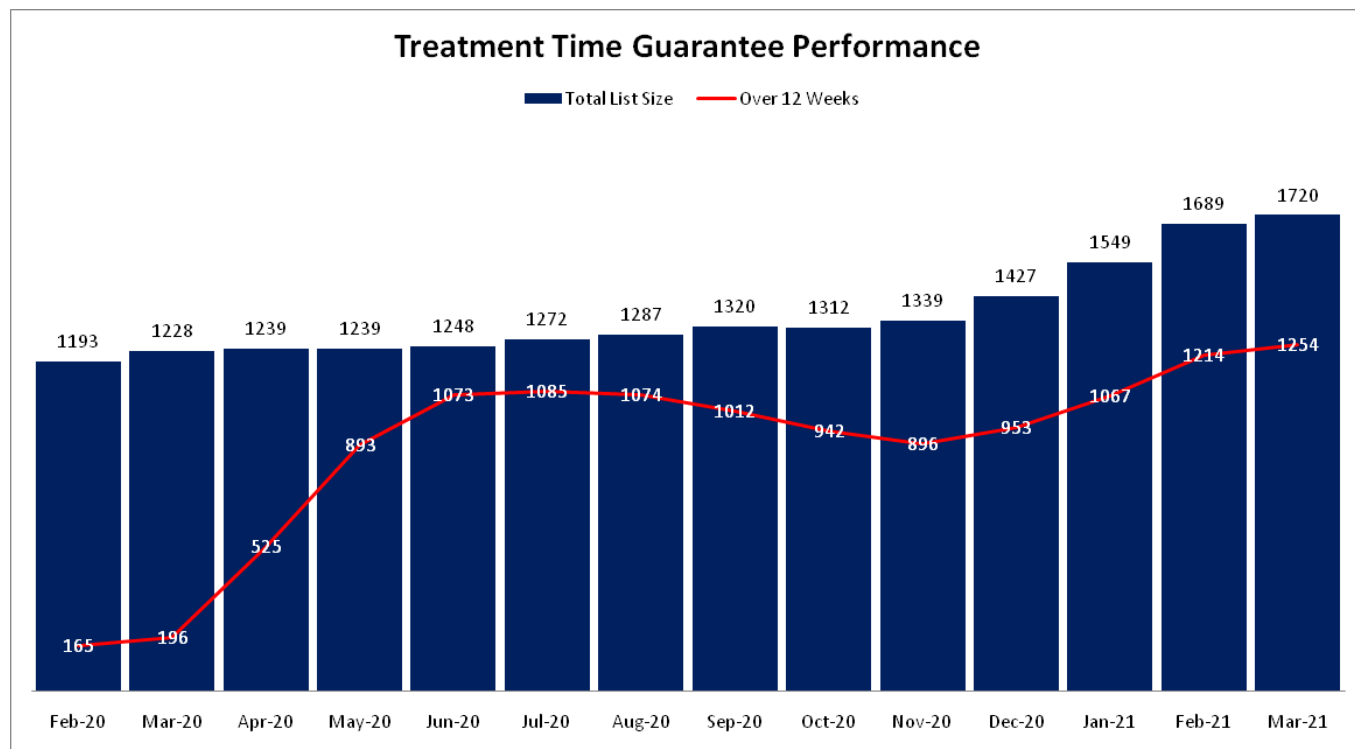
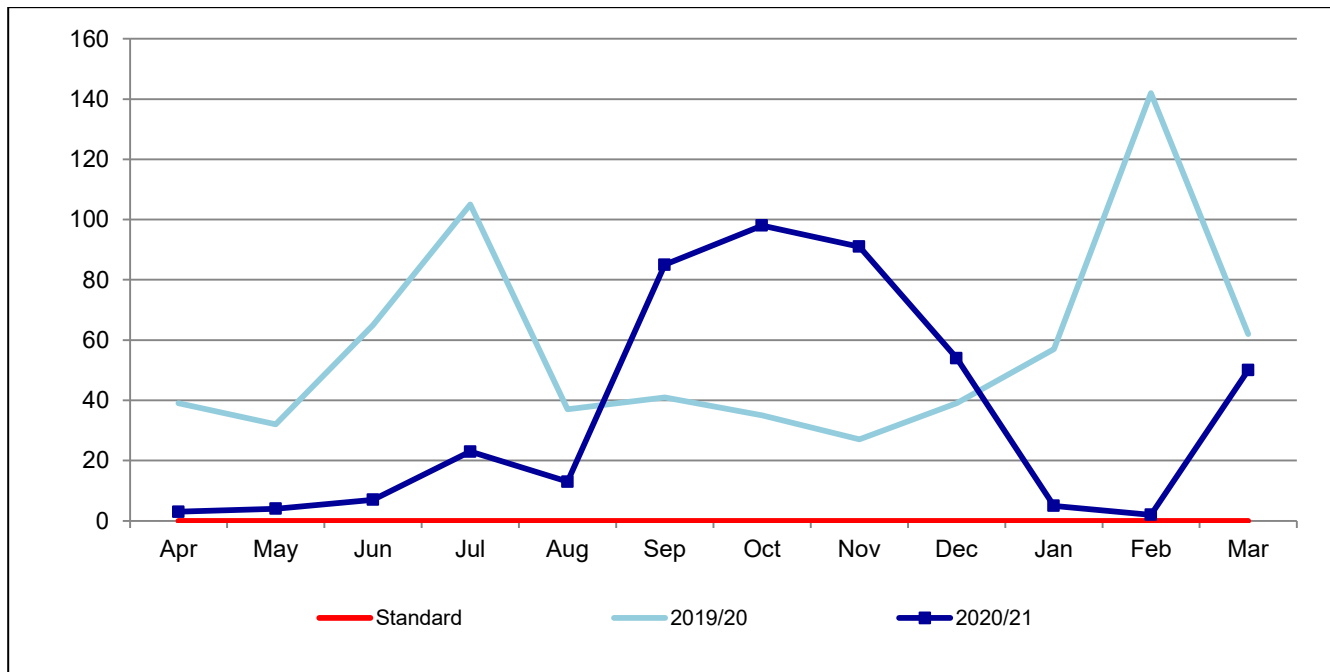
There are particular issues within Cardiology (162 patients waiting longer than 12 weeks); Dermatology (535); ENT (378); General Surgery (628); Gynaecology (84); Neurology (97); Ophthalmology (907) and Oral Surgery (130) at the end of year position.

Urgent activity has continued throughout the pandemic and clinicians have been re-prioritising patients previously categorised as 'routine' to ensure that those patients' with the greatest clinical need for an appointment are seen as a priority.

Capacity was significantly impacted as a result of steps taken to continue to deliver health services but within the context of COVID-19. Although steps were taken to increase capacity in the third quarter of 2020/21 this was again impacted by COVID-19 during the second wave. Remobilisation plans were subsequently revisited and were set out as outlined in RMP3, although efforts early in 2021/22 should increase capacity given the lower levels of COVID-19 in the community at that stage.

Performance Measure:
12 Weeks Treatment Time Guarantee (TTG)

2020/21 Standard	Current AOP Trajectory / Standard	March 2021 Position	March 2021 Status
0	0	50	R



Pre-COVID-19, NHS Borders was on target to achieve 190 patients over 12 weeks as at 31st March 2020 however due to the cessation of operating in response to the pandemic, the Board missed this trajectory.

At 31st March 2021 50 patients during that month waited longer than 12 weeks before receiving treatment, and there were in total 1254 patients who were waiting longer than 12 weeks for an inpatient or day case procedure at the end of March 2021.

Following a reduction in theatre capacity at the beginning of 2020/21 and then again the first few months of 2021, we have remobilised once again to two theatres from mid March 2021 which has increased theatre capacity. This equates to 40% of pre-COVID-19 activity.

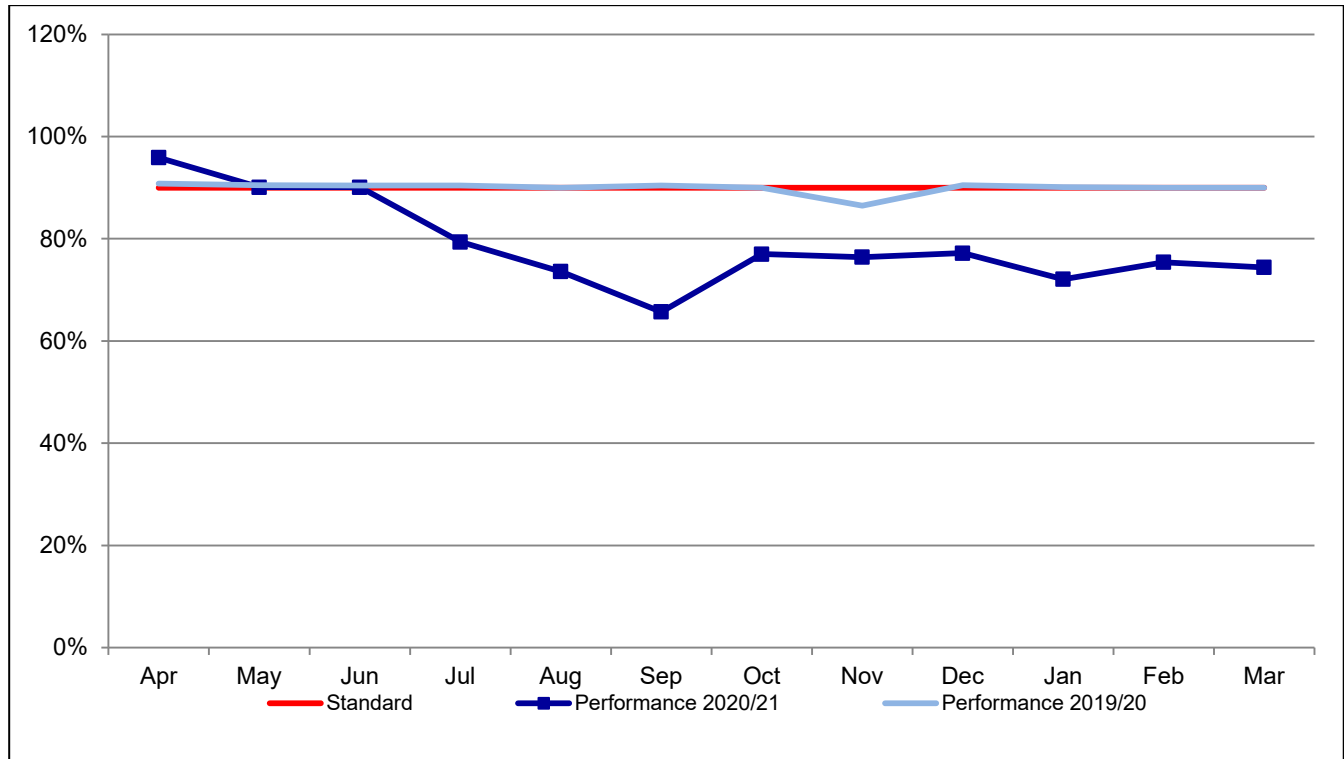
Urgent activity has continued throughout the pandemic and clinicians have been re-prioritising patients previously categorised as 'routine' and 'soon' to ensure that those patients' with the greatest clinical need are given priority access to theatre.

A TTG Improvement Plan has been developed with the aim of improving capacity and performance during 2021/22 so that more patients can receive treatment.

Performance Measure:

18 Weeks Referral to Treatment Combined Performance

2020/21 Standard	Current AOP Trajectory / Standard	March 2021 Position	March 2021 Status
90%	90%	74.4%	R



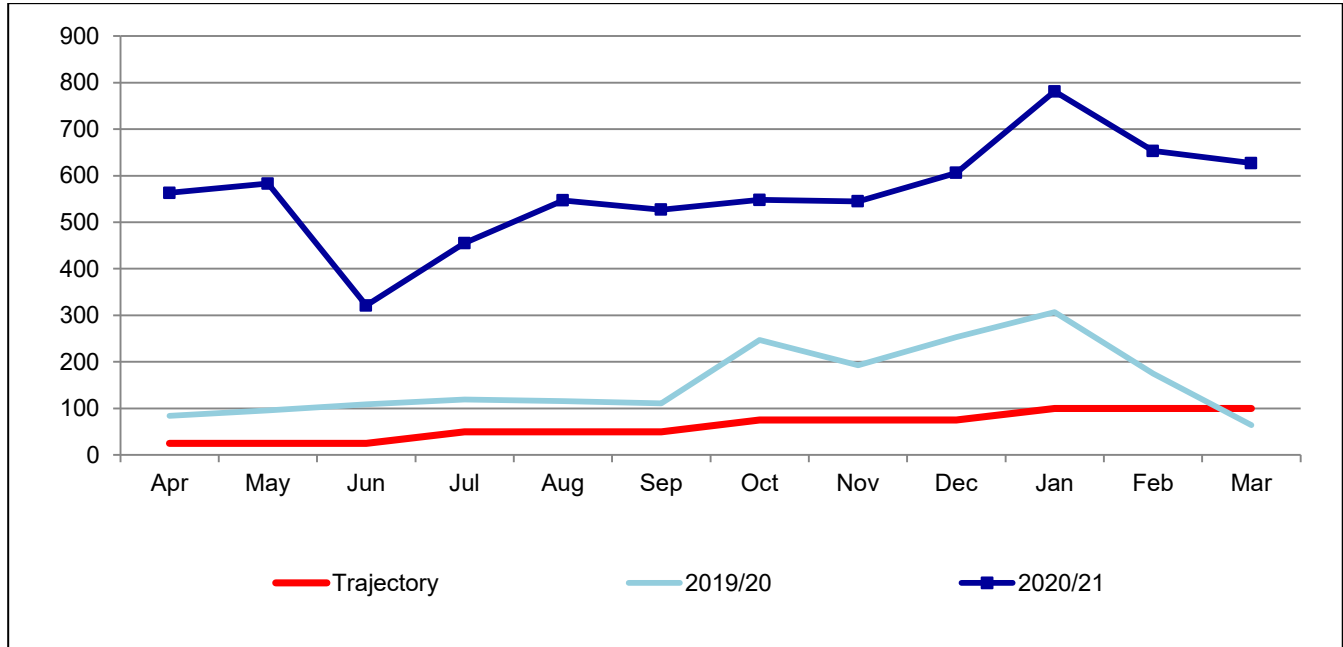
Until June 2020 NHS Borders consistently achieved the 90% **18 weeks combined performance** standard with the exception of November 2019 when it was below standard but within tolerance (86.5%).

During the pandemic, the reduced outpatient and inpatient capacity had a negative impact on the 18 Weeks Referral to Treatment Combined Performance.

Performance Measure:

6 Week Waiting Target for Diagnostics

2020/21 Standard	Current AOP Trajectory / Standard	March 2021 Position	March 2021 Status
0	100	627	R



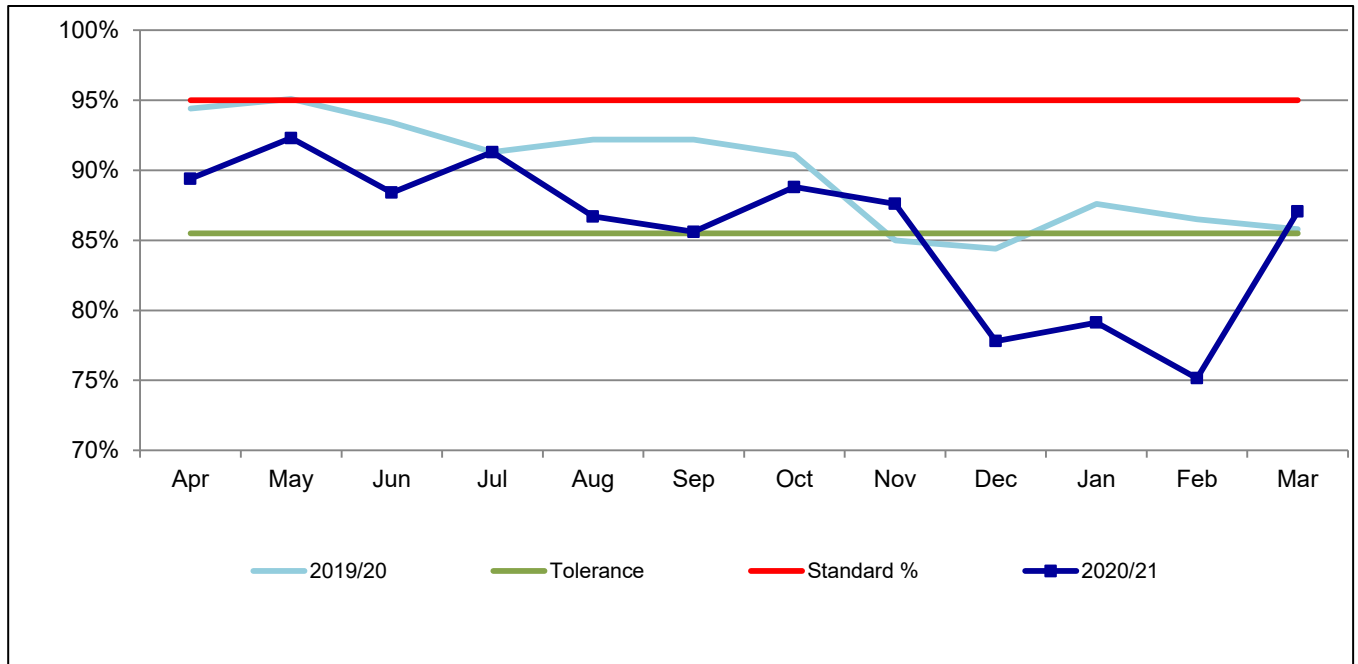
Performance against the 6 week diagnostic waiting time standard was impacted by COVID-19. Patients were treated in June 2020 which significantly reduced the number on the waiting list however as demand on Primary Care increased and patients were referred, the list gradually grew until it peaked in January 2021.

At 31st March 2021, 627 patients were reported as waiting longer than 6 weeks for an appointment, a decrease of 128 from end January 2021 (781). Areas of particular concern were Magnetic Resonance Imaging (96 patients waiting longer than 6 weeks), CT (260) and Ultrasound (107). The others were Colonoscopy (41); Cystoscopy (14) and Endoscopy (109). Due to the reduced scanning activity, outsourcing of diagnostic reporting was significantly reduced.

Progress in relation to scope numbers was broadly been in line with local projections but performance is slightly behind in terms of progress at reducing longer waits in Radiology. Steps will continue to be taken in 2021/22 to increase capacity and improve performance.

Performance Measure:
 Accident & Emergency 4 Hour Standard

2020/21 Standard	Current AOP Trajectory / Standard	March 2021 Position	March 2021 Status
95%	95%	81.7%	A

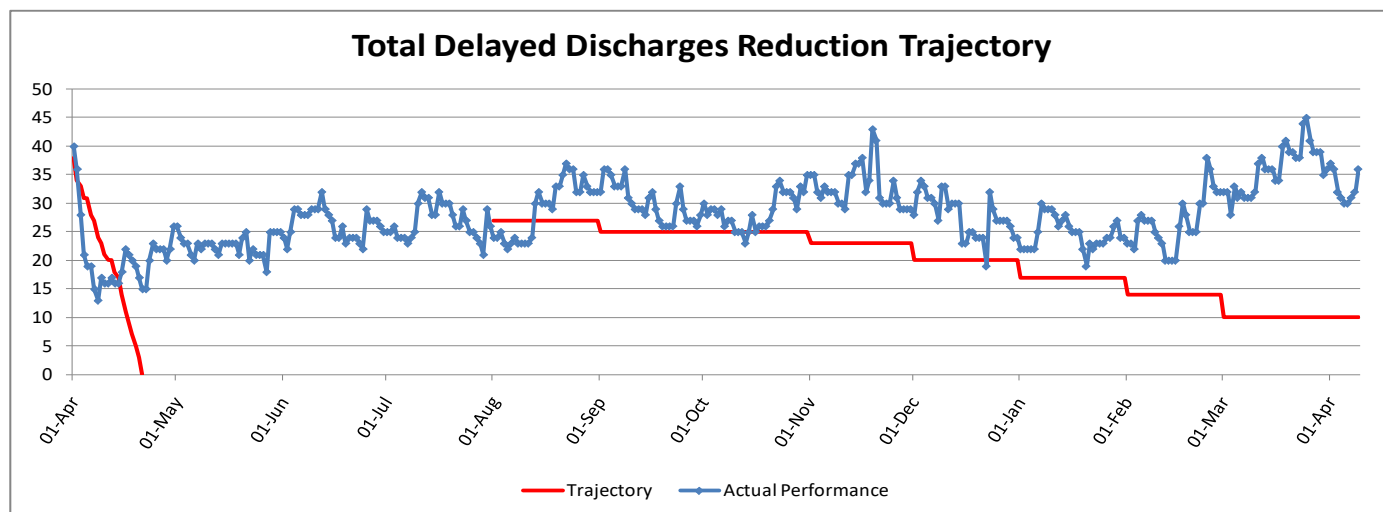


NHS Borders has been unable to achieve the **Accident & Emergency 4 Hour standard** during 2020/21.

A verbal update will be given on this section in the meeting.

Performance Measure:
Delayed Discharges

	2020/21 Standard	Current AOP Trajectory / Standard	March 2021 Position	March 2021 Status
Performance Measure: Delays over 2 weeks	-	-	18	R
Performance Measure: Delays over 72 hours (3 days)	0	10	27	R



Delayed Discharge numbers and bed days occupied have now returned to the peak levels experienced prior to Covid. There have been varying pressures in both home care and care home capacity at different periods, with peaks when these pressures have coincided. Correction of some underreporting contributed to the increased numbers in March 2021.

The focus of work that has been undertaken and continues to progress is;

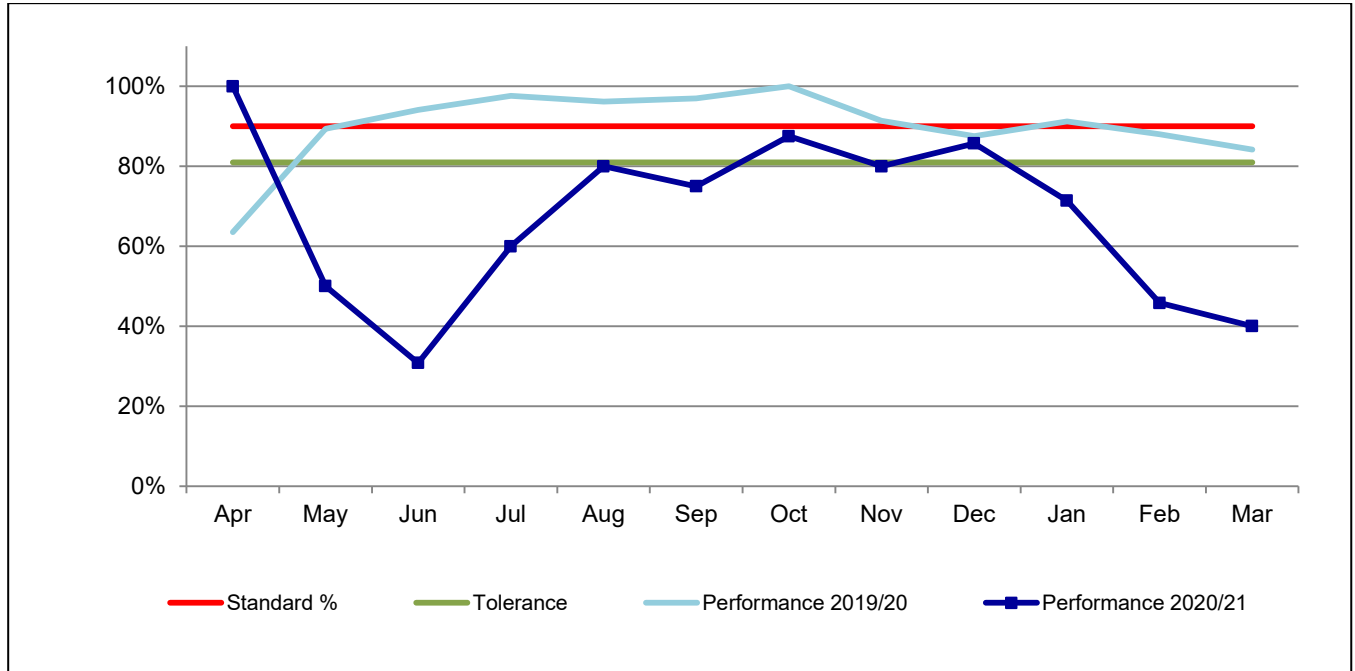
- To understand the multifactorial causes for delayed discharges – a deep dive data analysis has been undertaken that demonstrates that there is no one single cause of delayed discharges
- To establish a single reliable data source so that the true delayed discharge picture is available consistently – a single source of the truth
- To implement the process measures that ensures that the delayed discharge process is effectively managed.
 - Accurate recording of delayed discharges
 - Application of RAG status for transparent identification of challenging patient pathways
 - The Acute Integrated Huddle is reviewing all complex discharges and social work referrals to manage process challenges
 - The Moving On Policy in being more rigorously and consistently applied
- There is much closer whole system working at all levels

These actions will ensure that our delayed discharge management process is as robust as it should be. This should start to impact on delayed discharge numbers over time and allow work to determine and address structural and capacity issues to be more reliably undertaken.

Performance Measure:

No CAMHS waits over 18 weeks

2020/21 Standard	Current AOP Trajectory / Standard	March 2021 Position	March 2021 Status
90%	90%	40.0%	R

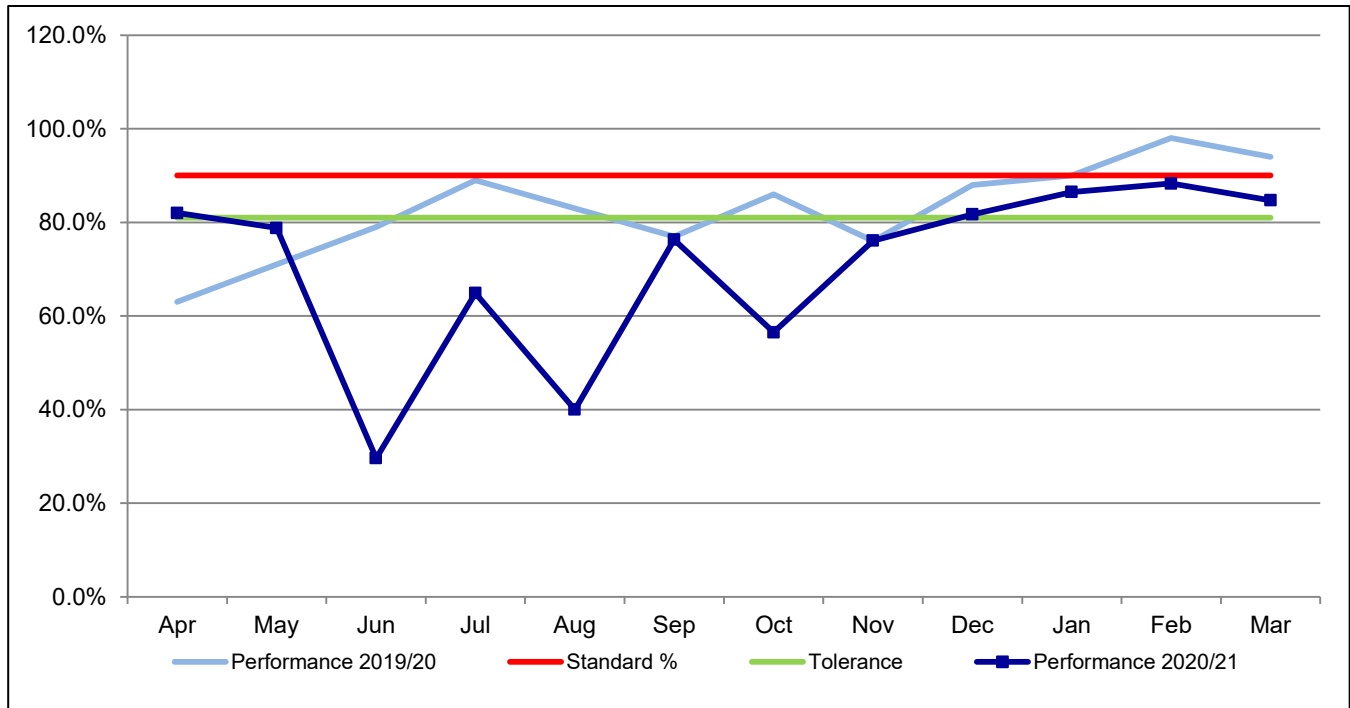


Work continues within the service to ensure that the achievement is sustainable however COVID-19 and staff sickness had a significant impact on the CAMHS service in 2020. This had a detrimental effect on the services ability to meet the performance standard and as a result there are significant waiting lists. At the end of March 2021 there were 220 patients on the RTT waiting list which is an increase of 39% at the end of March 2020. The service continues however to target patients with the longest waits, although, as well as continuing to respond to emergency and urgent referrals. Trajectories have been developed relating to workforce requirements in order to tackle the backlog of patients, which following additional funding from Scottish Government will enable the service to recruit to additional posts.

Performance Measure:

No Psychological Therapy waits over 18 weeks

2020/21 Standard	Current AOP Trajectory / Standard	March 2021 Position	March 2021 Status
90%	90%	84.7%	A



COVID-19 did negatively impact on the services delivered during 2020/21. The service switched as many appointments as possible to Attend Anywhere but unfortunately some services did not suit this approach and as a result group programs could not be rolled out as planned. Waiting Times and the backlog have increased as a result. Ensuring the service has the correct resource and resilience going forward is going to be critical in ensuring the standard is met. As with CAMHS, trajectories have been developed and additional funding from Scottish Government has supported a recruitment exercise to source additional staff for 2021/22.