NHS Greater Glasgow & Clyde	**Paper Number: 20/25**
Meeting:	**Interim Board Meeting**
Date of Meeting:	**2 June 2020**
Purpose of Paper:	**For Noting**
Classification:	**Board Official**
Sponsoring Director:	**Mark White, Director of Finance**

Paper Title

Interim Performance Report

Recommendation

Board members are asked to:

I. Note the current performance position across NHSGGC in relation to a number of high level key performance indicators.

Purpose of Paper

The purpose of the Interim Performance Report is to provide Board members with a high level overview of current performance against key metrics.

Key Issues to be Considered

In light of the COVID-19 Pandemic, this performance report has been drafted to reflect current performance using local management information as opposed to the routine monthly performance information. The data provided is indicative of current performance levels to give Board members a more up to date view of the performance position during the COVID-19 Pandemic. The data may be subject to change as part of the data validation process.

Any Patient Safety/Patient Experience Issues

Yes, all of the performance issues have an impact on patient experience.

Any Financial Implications from this Paper

None identified.

Any Staffing Implications from this Paper

Outwith the performance on sickness absence, none identified.

Any Equality Implications from this Paper

None identified.

Any Health Inequalities Implications from this Paper

None identified.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

No risk assessments per se, although achieving key performance metrics and targets does feature on the Corporate Risk Register and drives the approach to strategic and operational work practices, improvement plans and the strategic direction of the organisation.

Highlight the Corporate Plan priorities to which your paper relates

The report is structured around each of the four key themes outlined in the 2019-20 Corporate Objectives.

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NHS Greater Glasgow and Clyde

NHSGGC INTERIM BOARD PERFORMANCE REPORT

June 2020

RECOMMENDATION

Note the current performance position across NHS Greater Glasgow & Clyde (NHSGGC) in relation to a number of high level key performance indicators.

1. INTRODUCTION

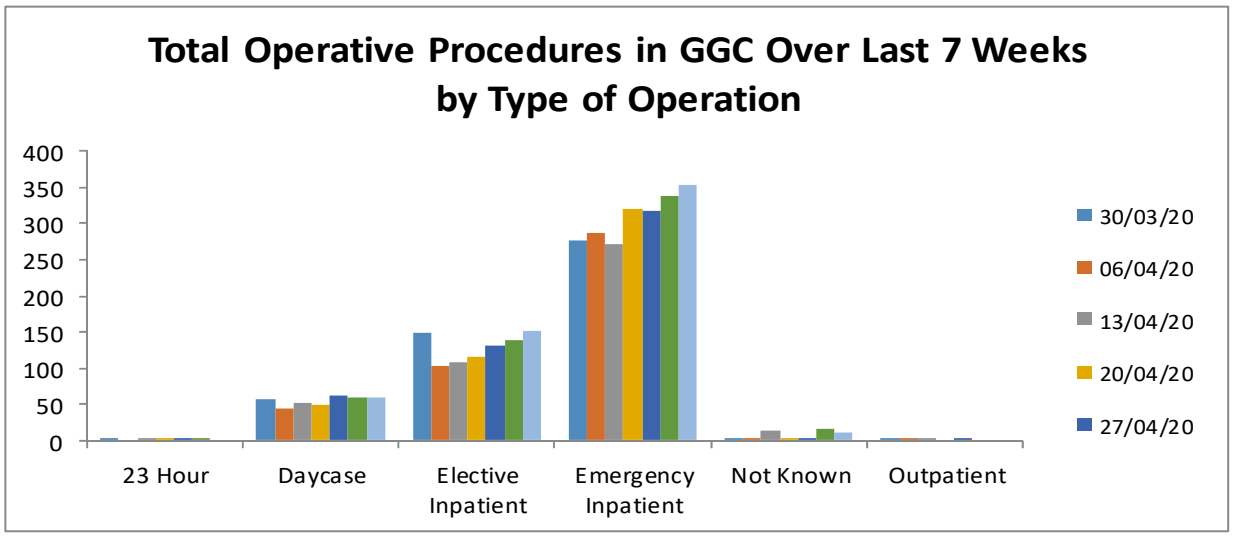
In light of the continuing Covid-19 situation, this Interim Board performance report aims to provide Board members with a brief, up to date overview of current performance against key metrics during these unprecedented and challenging times. The suite of measures contained within the report reflects some of the key high level priorities across NHSGGC. The report also reflects the feedback received at the Interim Board meeting held on 5 May 2020 and now includes some diagrams to help illustrate the current situation in relation to a number of key metrics.

Board Members should note that recent management information has been used to provide Board members with the current position, as opposed to the routinely reported monthly position. This data is indicative of current levels of performance (as data has still to be validated).

2. KEY ELECTIVE ACCESS MEASURES

The current position in relation to a number of key access measures is outlined below. As indicated in the previous report across NHS Scotland in preparation for, and in response to, the Covid-19 outbreak, all routine elective work was temporarily paused on a phased basis from the week beginning 16 March 2020. This change continues to have a material impact on a range of key performance measures. Within Acute, the response to the pandemic has been to flex resources to prioritise the needs of Covid-19 patients, those requiring emergency and urgent treatment and those referred with a suspicion of cancer or already on the cancer treatment pathway.

Whilst most routine work has temporarily paused on a phased basis, during the seven weeks from 30 March – 11th May 2020 there were some elective procedures undertaken as seen in the chart below.

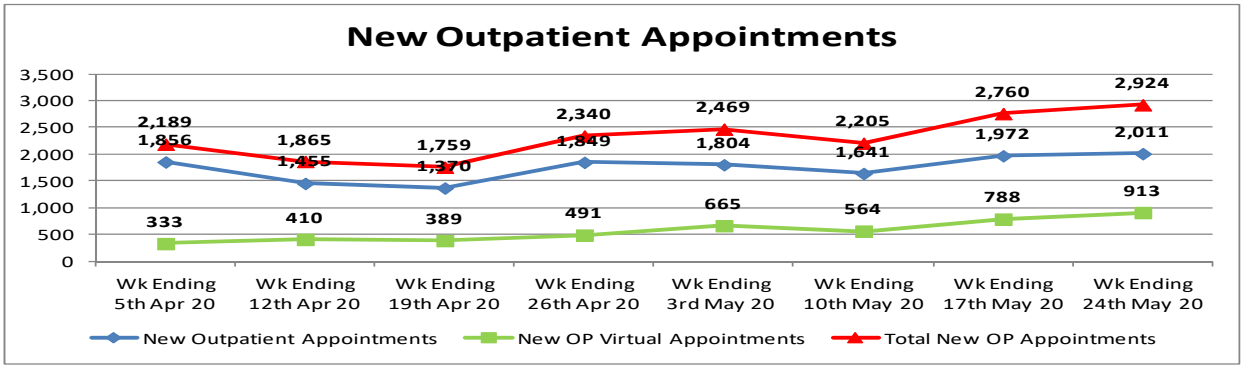


As will be seen in the remainder of this report, the impact of temporarily pausing routine elective work has had a significant impact on the number of people waiting for a planned intervention.

2.1 New Outpatients Waiting >12 weeks

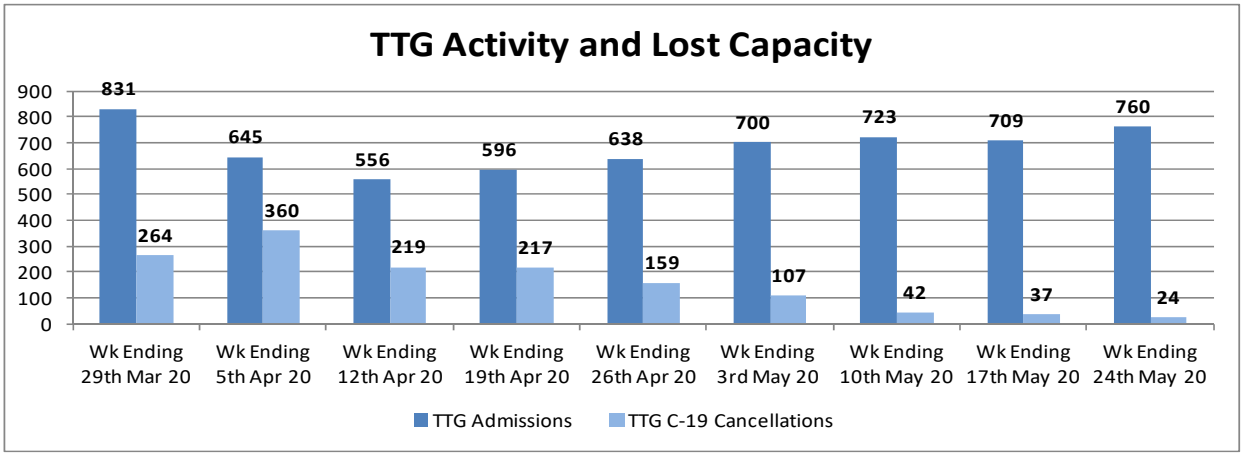
Since mid-March 2020, the total number of patients on the outpatient waiting list has remained relatively static at around 74,500 patients, as referrals have reduced significantly at the same time the outpatient activity has reduced. However, during that same period, the number of patients waiting over 12 weeks has increased to almost 44,500 more than double the number of

new outpatients (around 20,500) waiting over 12 weeks in mid-March 2020. This increase continues to be mirrored across Scotland as similar factors are in play across all NHS Boards. The use of digital technology, Attend Anywhere (Near Me), continues to be utilised and extended for planned care with a move to remote blood testing, ensuring if face to face consultation is required, areas are equipped with social distancing and new clinical pathways are developed. The graph below highlights the number of new outpatient appointments during April and May 2020 and the growing trend in the proportion of those appointments that are virtual.



2.2 Number of Eligible TTG Patients Waiting >12 weeks for an Inpatient/Daycase Procedure

Within inpatients/daycases, a similar position exists, with the overall inpatient/daycase list increasing by just over 1,000 patients during this period to around 23,400 patients. However, again, the number eligible TTG patients waiting over 12 weeks has risen to almost 17,000 patients during that period, representing a 92% increase on the number of eligible patients (around 8,850) waiting over 12 weeks in mid-March 2020. As an indication of TTG activity and lost capacity, the chart below highlights the weekly trend and showing a growth in operational activity alongside a reduction in the number of TTG cancellations due to Covid-19.



2.3 Number of Patients Waiting >6 weeks for a Key Diagnostic Test

Routine endoscopy procedures have also ceased since mid-March which has led to an increase in those patients waiting over six weeks for endoscopy to around 5,000 patients, from 750 in mid-March 2020.

In addition, routine radiology examinations have also been suspended which has led to the number of patients waiting over six weeks to rise to 16,921.

2.4 Routine Elective Activity Moving Forward

A co-ordinated approach to the re-start of routine elective services is being implemented with all services adopting the same approach and applying the same principles. All services are being reviewed within the context of STAC which includes the need for patients to self-isolate for 14 days prior to a planned inpatient admission and a pre-admission test to be undertaken 48 hours prior to any planned admission. The impact on Level 2/3 care, the need for PPE and the demand for medicines is also assessed.

This new pre-admission process will lead to a different pattern of late cancellations should patients receive a positive test result and, given the need for self-isolation and testing, – short notice admissions will not be possible but this will continue to be reviewed.

Given public anxiety it is anticipated patient initiated cancellations may increase.

Defined patient pathways for all services require to be developed in light of the risks from Covid-19 for staff and other patients and maintaining the balance between elective and emergency pathways will be key.

All interventions involving an Aerosol Generating Procedure will require staff to use full PPE including respirators which requires down time and additional cleaning between cases. This will impact on theatre throughput and also on investigative and diagnostic capacity.

Attend Anywhere and virtual consultations along with telephone triage will reduce attendance at hospital sites. The need for physical distancing in out-patient and diagnostic waiting areas will require review, additional precautions to be put in place and is likely to reduce the number of patients able to be seen at each session. For example, previously a CT Colongraphy took 20 minutes however, with the new precautions necessary it is estimated it will require 45-60 minutes.

2.5 Cancer 62 Days – Waiting Time from receipt of an urgent referral with a suspicion of cancer to first cancer treatment

As at April 2020, 78.5% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of a referral below the 90% trajectory for the quarter ending June 2020. A total of five of the 10 cancer types either met or exceeded the 90% trajectory for the quarter ending June 2020 (one more than previously reported). The five cancer types currently below trajectory are Colorectal (76.2%), Head and Neck (66.7%), Lung (81.1%), Upper GI (84.4%) and Urology (51.4%).

The management of cancer patients and vital cancer services continue to remain a clinical priority during the Covid-19 outbreak, although changes to the clinical pathways of patients have had to be made to ensure all clinical risks are considered. NHSGGC is implementing the national guidance on the management of individual patients who require cancer treatments agreed by the national Covid-19 Treatment Response Group.

For some patients, treatment and management plans have had to change during the past few weeks and may continue to change during the coming period due to the risks associated with Covid-19. The service is discussing and communicating directly with patients on their individual position. The introduction of alternative treatment pathways will impact on cancer waiting times performance, due to a reduction in both diagnostics and treatment capacity in response to Covid-19 challenges. Whilst every effort will be made to mitigate this, individual cancer pathways may be delayed following clinical risk assessment.

It should be noted that cancer screening programmes are currently paused. There has been a significant reduction in the number of urgent suspicion of cancer referrals received on a weekly basis however, for the majority of tumour types, referral numbers are now steadily increasing.

2.6 Cancer 31 Days – Waiting Time from diagnosis with cancer to treatment

As at April 2020, 97.5% of all cancer patients diagnosed with cancer, were treated within 31 days from decision to treat to first treatment, representing a further improvement on the 96.2% reported last month and by far exceeds the 95.0% target. Improved levels of compliance with

the target continue to be sustained for the fifth consecutive month despite the challenges of Covid-19. A total of eight of the 10 cancer types exceeded the 95% target for the quarter ending March 2020 with six reporting 100% compliance. The two cancer types currently below target are Cervical (80.0%) and Melanoma (81.8%).

2.7 Cancer Treatment Moving Forward

The main priority for NHSGGC between now and July 2020 will be to ensure that those cancer services suspended as a result of Covid-19 are, where appropriate, re-started. To that end, Cancer MDTs hosted within NHSGGC have worked to prioritise service resumption in line with guiding principles and agreed which services are to be prioritised for re-start pre-July 2020 and which can wait in the first instance. A full review of all cancer patients awaiting surgery has been completed and patients are being dated for surgery in line with the urgency categories detailed below:

Priority Level 1 A Emergency – operation needed within 24 hours
Priority Level 1 B Urgent – operation needed within 72 hours
Priority Level 2 – surgery than can be deferred for up to 4 weeks
Priority Level 3 – surgery than can be delayed for up to 3 months

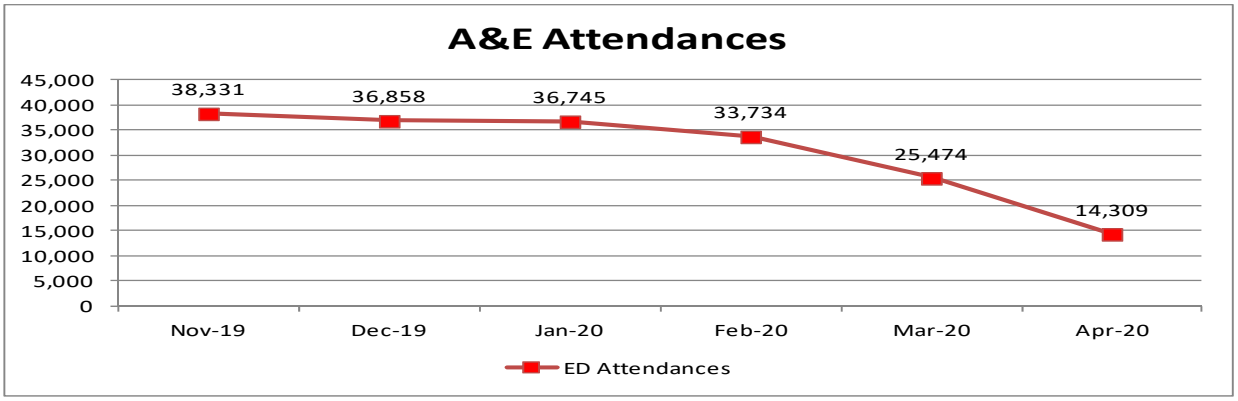
As of 18 May 2020, there are no outstanding Level 1A/1B patients waiting for surgery undated across NHSGGC (this also applies to patients from other Health Boards awaiting surgery within NHSGGC). The table below shows the number of Priority 2 and 3 patients awaiting treatment as of 18 May. During June 2020, treatment for Priority 2 patients will get underway.

Cancer Type	Priority 2	Priority 3	MDT Review	Total
Brain			2	**2**
Breast		55	18	**73**
Colorectal	6	27	1	**34**
Gynae	18	9	16	**43**
Head and Neck	3			**3**
Sarcoma	3		1	**4**
Skin		3	9	**12**
UGI		6	5	**11**
Urology	32	86	1	**119**
Total	**62**	**186**	**53**	**301**

3 OTHER KEY MEASURES

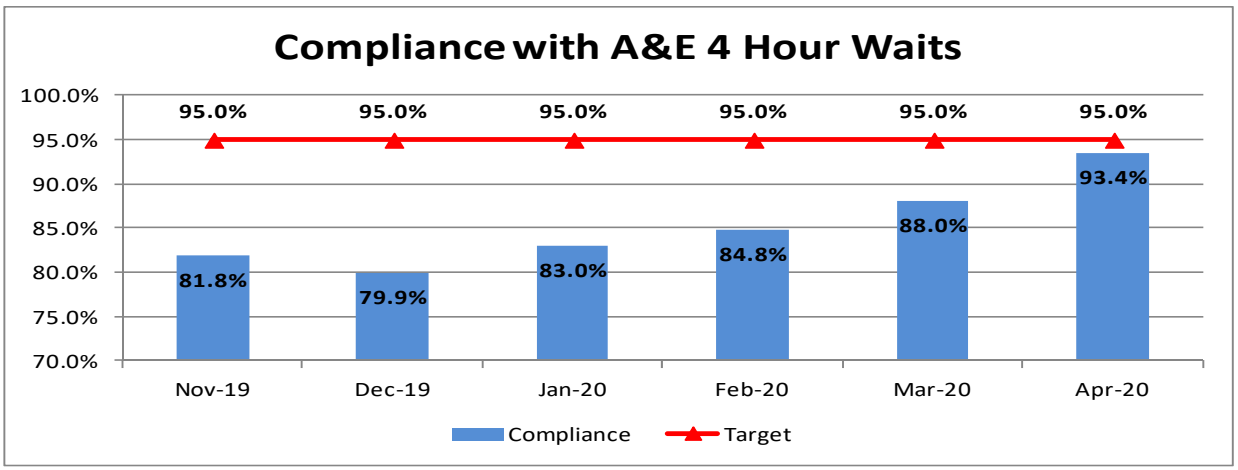
3.1 Accident and Emergency 4 Hour Waits and Presentations

Since Government lockdown measures have been put in place, there has been a significant reduction (almost 60%) in the number of patients attending the Emergency Departments (ED) when compared to the same period last year. A weekly average of 3,750 patients per week attended ED since 22 March 2020, significantly below the weekly average for the same period last year (approximately 8,800 patients). However, in recent weeks there is evidence of a gradual increase in the weekly number of ED attendances but still a long way off the weekly number reported prior to the outbreak of Covid-19. The chart below highlights the trend in the *monthly* A&E attendances across NHSGG&C during the past 6 months and similar to the weekly data is showing a significant reduction in A&E footfall.



The additional measures put in place in the EDs to manage the patient flow in relation to Covid-19 remain as do the separate areas established on each site for those patients presenting with potential COVID symptoms. Patients with potential coronavirus are asked to call NHS 24 where, if necessary, they will be directed to the local Hub and then onto Assessment Centres. This new pathway is designed to reduce the numbers of patients walking into EDs.

During the past three weeks overall performance within EDs has exceeded that 95% standard (95.2% on 10 May 2020; 96.9% on 18 May and 95.9% on 25 May 2020) and during the weeks prior to this performance has been in excess of 90%, despite the complexity of the patient pathway at present, this has been assisted greatly by the reduction in number of patients attending. The chart below highlights the monthly improvements in compliance with the A&E waiting times standard achieved during the six months.



3.2 Delayed Discharges

HSCPs have worked hard to reduce the numbers of patients delayed in their discharge since the COVID pandemic commenced. The overall reduction in the number of patients delayed can be seen in both Acute and Mental Health with recent performance of 186 patients delayed in their discharge a significant reduction (28%) on the 260 delayed patients reported mid-March 2020.

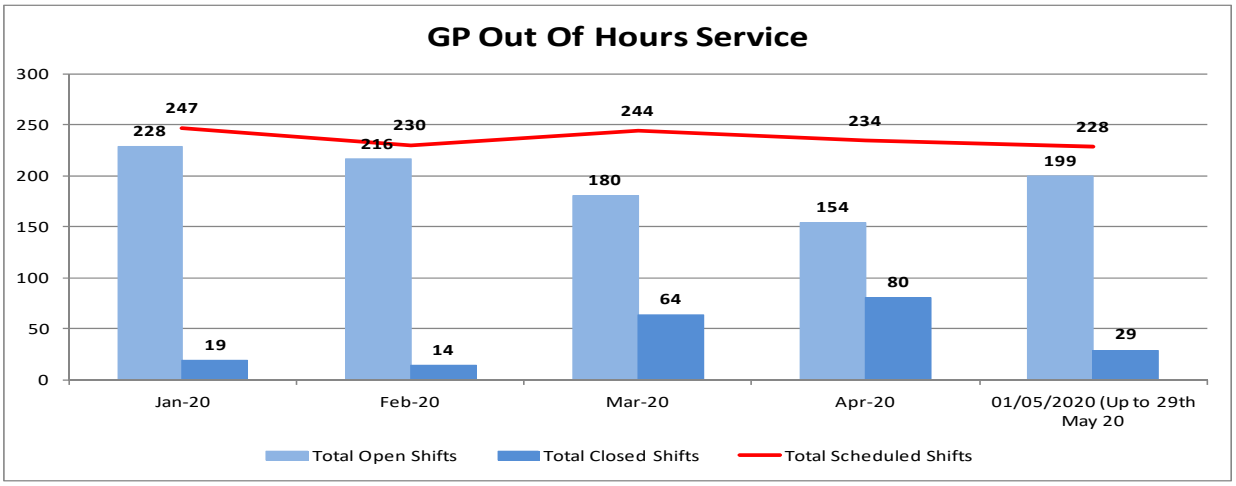
However, work continues on a daily basis to reduce further the number of patients delayed across acute hospitals and in Mental Health. All HSCPs are working to protect social work input into hospitals and enhance it where possible and to ensure there are no delays to decision making on discharge or delays to placement. Commissioning Teams and Community Services continue to support care homes to ensure that they remain open for admission and are prepared for the care of patients with possible or confirmed Covid-19. Commissioning Teams are also intervening directly to support the discharge of patients with more complex needs to identified placements.

3.3 GP Out of Hours (GP OOH)

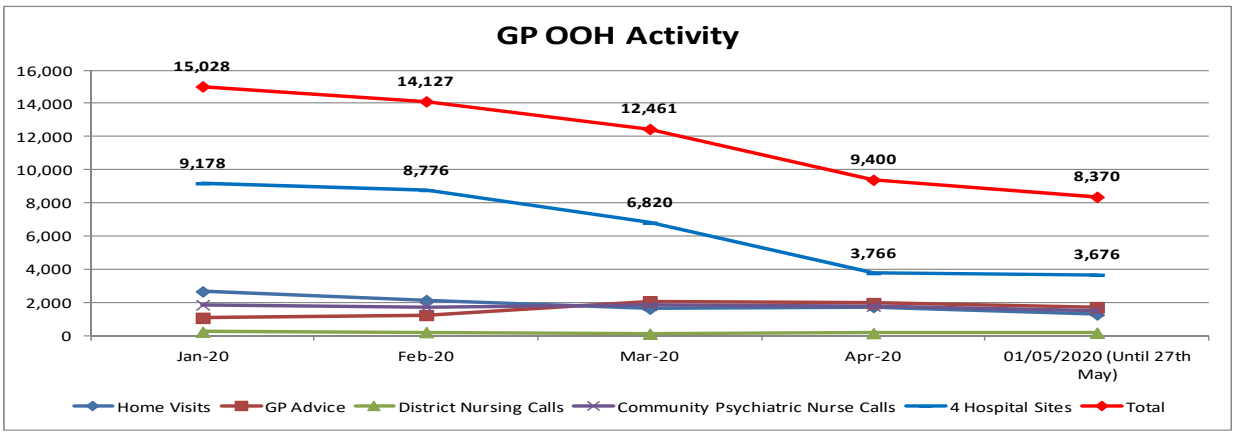
Board members are asked to note that work has been ongoing to improve the recording and reporting of the GP OOH Service in order to provide a more comprehensive overview of the GP OOH Service.

The implementation of the business continuity model delivering GP OOH Services from three core sites and the Vale of Leven Hospital (which delivers a GP OOH Service between 11.00pm and 8.00am) has been in place since March 2020. During this period, Community Assessment Centres have had to be established and this has had an impact on our ability to staff GP OOHs.

The chart below highlights the number of scheduled GP OOH shifts that have been open and closed since the implementation of the business continuity model. As seen in the May 2020 (figures relate to 1 – 29 May 2020) there has been a significant improvement in the number of GP OOH shifts that have remained opened compared with previous months' performance.



The table below shows GP OOH activity levels. May 2020 shows that activity levels were 11% lower than the previous month, this may be partly due to the data only reflecting up until 27 May 2020. The GP OOH paper on the agenda highlights in more detail the work underway to help drive further improvements in relation to the GP OOH Service.



4 MENTAL HEALTH SERVICES

Throughout the Covid-19 pandemic urgent care has continued based on clinical need. Mental Health Assessment Units were established and provided urgent care 24/7. This has been a highly effective model of service delivery and will be reviewed to transition to ensure a more sustainable and integrated approach.

4.1 Percentage of Patients Starting First Treatment within <18 weeks of Referral for Psychological Therapy

As at April 2020, 94.1% of eligible patients referred for a Psychological Therapy were seen less than 18 weeks. Current performance represents a further improvement on the previous months' position (89.0%) and exceeded the 90% standard. During April 2020, the outbreak of Covid-19 continued to have an impact by reducing the capacity across NHSGGC to deliver Psychological Therapies.

4.2 Percentage of Eligible Patients Starting Treatment <18 weeks in Child and Adolescent Mental Health Services (CAMHS)

As at April 2020, 67.3% of eligible CAMHS patients who started treatment in CAMHS had waited less than 18 weeks following referral. Current performance represents an improvement on the March 2020 position of 55.1% previously reported. The Specialist Children's Services Team who manage the service have worked closely with HSCPs to move to a business continuity approach to manage the impact of Covid-19 and ensure that the most vulnerable patients continue to be treated.

The Attend Anywhere Video Call Appointments has also been utilised to assist in treating urgent patients during this period and feedback on experience from both patients and clinicians of this service delivery model is currently being collated on this.

4.3 Mental health Services Moving Forward

The Adult and Child and Adolescent Mental Health Services is now focused on planning for recovery and transition. In response to the future provision being delivered in a different way to take account of Covid-19 the recovery phase intends to restore and re-established services for those who need it, and also manage the transition to new service models.

Whilst there are common considerations across the whole system that will feature as part of the recovery planning there are other considerations specific to mental health services which will have a significant impact on future demands and therefore need to be considered as part of the planning process. These include the impact of social isolation, bereavements, unemployment, traumatic experiences and anxiety about becoming unwell.

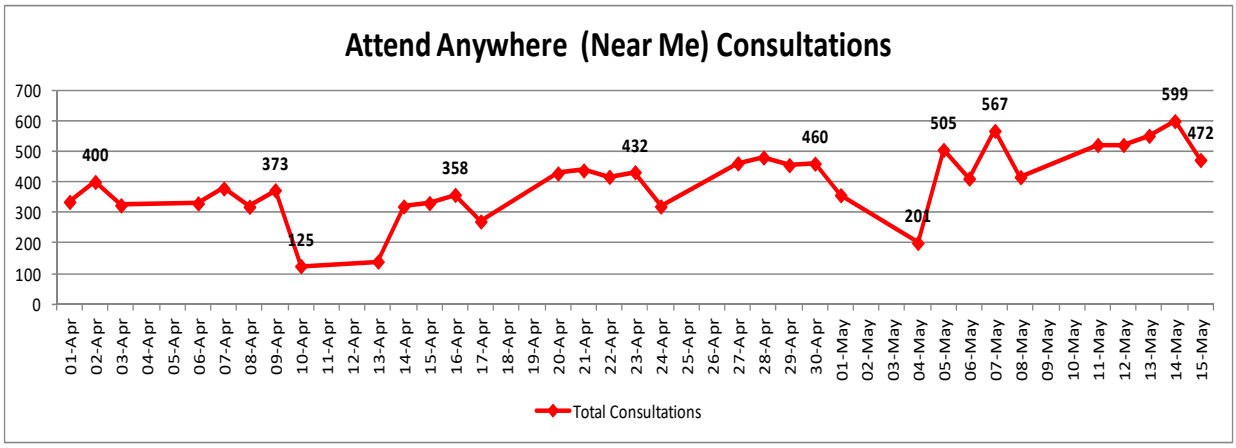
5 HUMAN RESOURCES

5.1 Sickness Absence

As at April 2020, overall sickness absence across NHSGGC was 5.62%. Whilst current performance remains a challenge, there have been month on month improvements since December 2019 (5.98% - March 2020). Whilst positive, these figures do not reflect the overall absence levels associated with Covid-19 which are outlined in the COVID paper. There are significant challenges at this time due to overall absence levels associated with the current pandemic as well as "routine" sickness levels which continue to be a challenge.

6 CONCLUSION

The Covid-19 pandemic has had a major impact on NHSGGC's performance as outlined in this report. During the past week we have developed a draft Remobilisation Plan in partnership with key stakeholders in line with Scottish Government requirements. Once agreed, this plan will be used as the framework for our prioritised recovery programme going forward recognising the needs of Covid-19 and non Covid-19 patients/service users alongside retaining flexible capacity to address potential future surges. A number of the re-design initiatives and revised patient pathways have been established and will continue as they have assisted NHSGGC in addressing a number of the issues. In addition, the use of digital technology continues to be extended further to maximise the potential of the new ways of interacting with patients. At present, over 500 appointments a day are being delivered across NHSGGC using digital technology. On a daily basis we continue to increase the numbers of outpatients with over 600 new appointments and 2000 return appointments being delivered. By way of example, the table below highlights the overall growing daily trend in the Attend Anywhere (Near Me) consultations.


Attend Anywhere (Near Me) Consultations
700
600
500
400
300
200
100
0
400
373
125
358
432
460
201
505
567
599
472
01-Apr
02-Apr
03-Apr
04-Apr
05-Apr
06-Apr
07-Apr
08-Apr
09-Apr
10-Apr
11-Apr
12-Apr
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Total Consultations