NHS Greater Glasgow & Clyde	**Paper Number: 20/25**
Meeting:	**Board Meeting**
Date of Meeting:	**30 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 this paper is to ensure Board members remain sighted on the ongoing impact of COVID-19 and provide a brief, up to date, high level overview of current performance against key metrics during these unprecedented times. The suite of measures contained within the report reflects some of the key high level priorities across NHSGGC.

Key Issues to be Considered

In light of the COVID-19 Pandemic, this interim performance report has been drafted to reflect current performance using local management information as opposed to the routine monthly validated 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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Date: 30 June 2020

NHS Greater Glasgow and Clyde

NHSGGC INTERIM BOARD PERFORMANCE REPORT

30 June 2020

1. INTRODUCTION

In light of the continuing COVID-19 situation, this interim performance report aims to ensure Board members are fully aware of the ongoing impact of COVID-19 and provide a brief, up to date overview of current performance against key metrics. The suite of measures contained within the report reflects some of the key high level priorities across NHSGGC.

Board Members should note that often the most recent management information is used to provide Board members with the current position. This data is indicative of current levels of performance (as data has still to be validated).

Board members are asked to:

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

2. KEY ELECTIVE ACCESS MEASURES

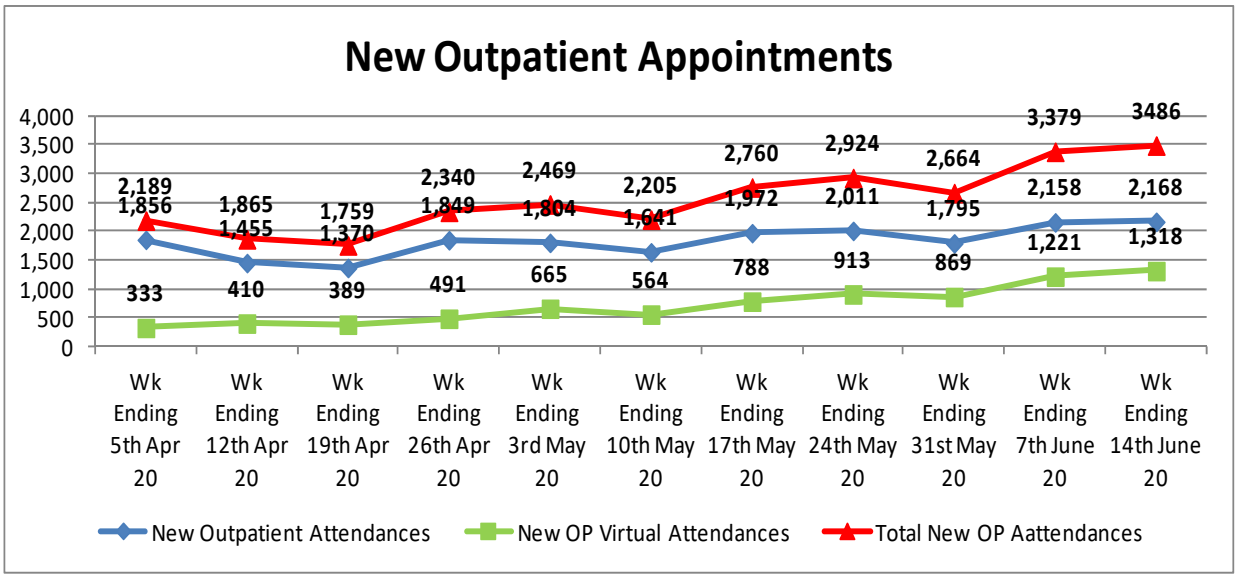
As indicated in the previous report, in order to effectively and safely manage the COVID-19 outbreak across NHS Scotland all routine elective work was temporarily paused on a phased basis from the week beginning 16 March 2020 and planned care surgery was restricted to those requiring emergency and urgent treatment and those referred with a suspicion of cancer or already on the cancer treatment pathway. This change has had a material impact on a range of key performance measures.

As highlighted previously, the impact of temporarily pausing routine elective work has had a significant impact on the number of people waiting for a planned intervention. Whilst the overall number of referrals has not increased significantly, the length of wait for patients has increased markedly.

2.1 New Outpatients Waiting >12 weeks

Since mid-March 2020, the total number of patients on the outpatient waiting list has increased by almost 1,000 from 74,900 in mid-March 2020 to around 75,800 in mid-June 2020. In addition, during that same period, the number of patients waiting over 12 weeks has increased from around 20,500 in mid-March 2020 to almost 55,500 mid-June 2020.

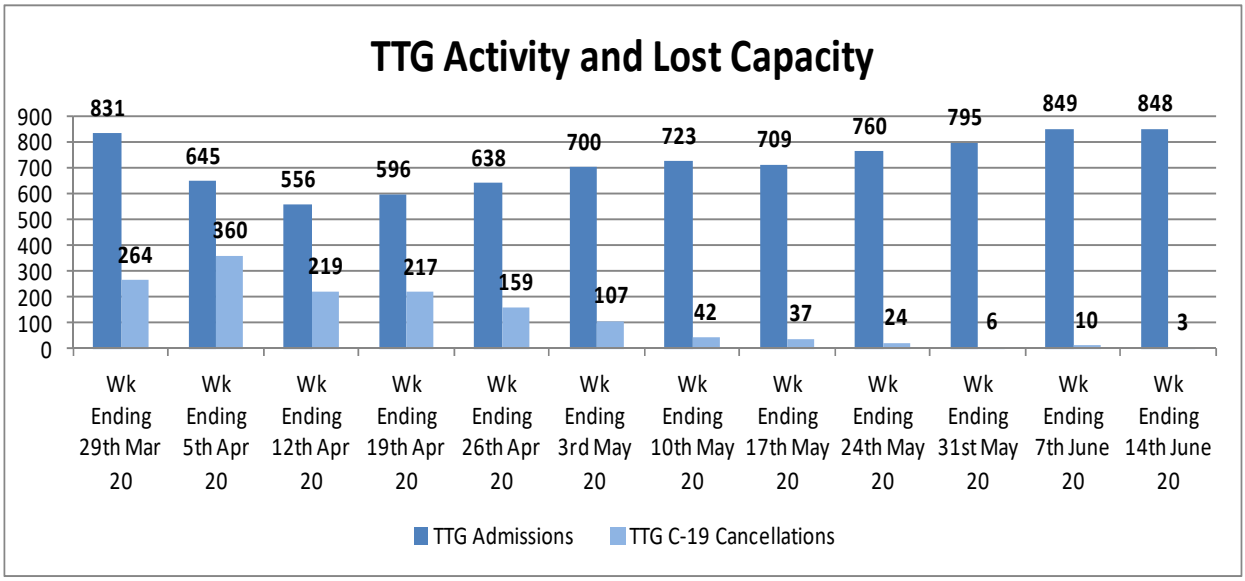
This increase continues to be mirrored across NHS Scotland. The use of digital technology, Attend Anywhere (Near Me) – see graph on page 10, continues to be utilised and extended for planned care with a move to remote blood testing, ensuring if face to face consultation is required, areas are equipped with social distancing and new clinical pathways are developed. The graph below highlights the increase in the number of new outpatient appointments between April and mid-June 2020 and the growing trend in the proportion of those appointments that are virtual.



2.2 Number of Eligible Treatment Time Guarantee (TTG) Patients Waiting >12 weeks for an Inpatient/Daycase Procedure

In terms of inpatients/daycases, a similar position exists, with the overall inpatient/daycase list increasing by approximately 1,500 patients since mid-March 2020 to around 23,850 patients mid-June 2020. However, again, the number of eligible TTG patients waiting over 12 weeks has risen to just over 20,250 patients during that period, more than double 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 increasing trend and shows the growth in operational activity alongside the weekly 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 in line with the British Society of Gastroenterology guidance regarding Aerosol Generating Procedures since mid-March which has led to an increase in those patients waiting over six weeks for endoscopy to around 5,300 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 increase to 16,251.

2.4 Recovery Planning for Routine Elective Activity

As part of the Recovery Planning process 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 in line with Scientific and Technical Advice Committee (STAC) advice. Cross sector specialty group meetings are being held to agree recovery programmes for each specialty. National guidelines, where they exist, will be used by specialties to re-prioritise all patients on waiting lists focussing initially on cancer and urgent referrals. This will help inform future capacity planning alongside a new shared approach to urgent waiting lists ensuring that NHSGGC's entire capacity will be used to best effect.

Whilst NHSGGC continues to prioritise cancer and urgent care, key priorities in the recovery of routine elective inpatients/daycases, new outpatients and endoscopy include:

- All services working towards adopting Active Clinical Referral Triage (ACRT) principles for all new referrals. This will ensure patients access the optimum pathway for their condition, make best use of the entire Multidisciplinary Teams (MDTs) and where appropriate reduce the need for outpatient appointments. The aim is to review all patient pathways and bring them in line with ACRT principles during the next two months;

- As part of the response to COVID-19 all outpatient services have extended their use of telephone and video appointments as an alternative to 'in person' appointments. The extension of this will be important as traditional outpatient capacity will be significantly reduced in the foreseeable future. An implementation programme of Near Me video technology is underway to ensure all services are able to make the best use of this and that activity is accurately recorded for monitoring purposes;

- Further expansion of urgent operative capacity is being planned and will be extended as appropriate week by week;

- Initial work is underway to consider how Ambulatory Care Hospital sites and the Vale of Leven (VOL) Hospital can help support elective programme;

- All specialties are in the process of agreeing clinical priorities to inform future re-vetting of inpatient/daycase waiting lists and discussions with national groups will further inform this process; and

- For endoscopy the feasibility of capsule endoscopy as an alternative colonic investigation is being considered.

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 been required 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.

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 June 2020 with six reporting 100% compliance. The two cancer types currently below target are Cervical (80.0%) and Melanoma (81.8%).

2.7 Recovery Planning For Cancer Treatment

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

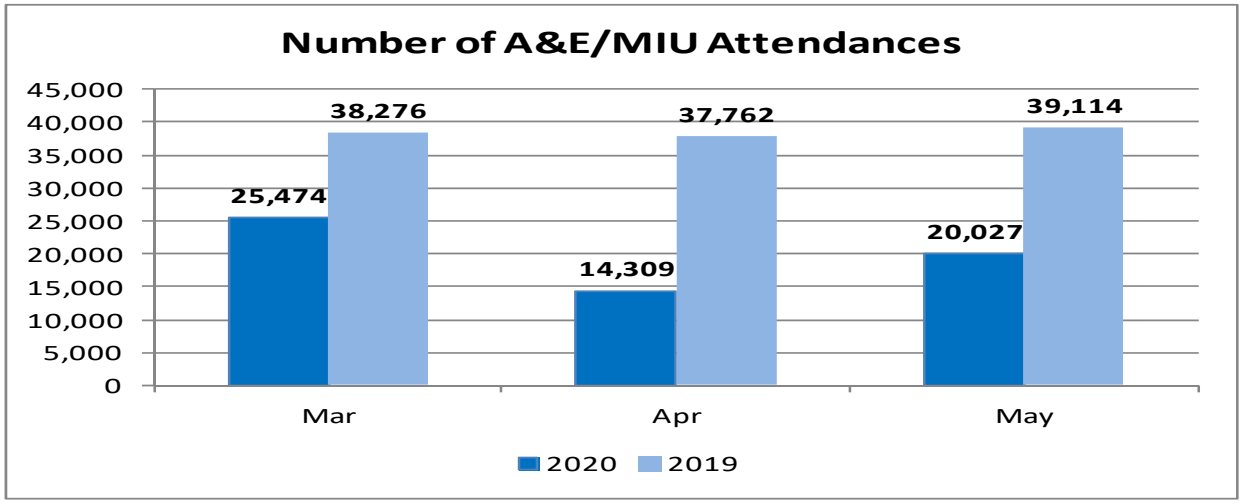
As of 18 May 2020, there are no outstanding Level 1A/1B patients waiting for surgery undated across NHSGGC (this also applies to patients from other Health Boards awaiting surgery within NHSGGC). The table below shows the number of Priority 2 and 3 patients awaiting treatment as of 18 May. During June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

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

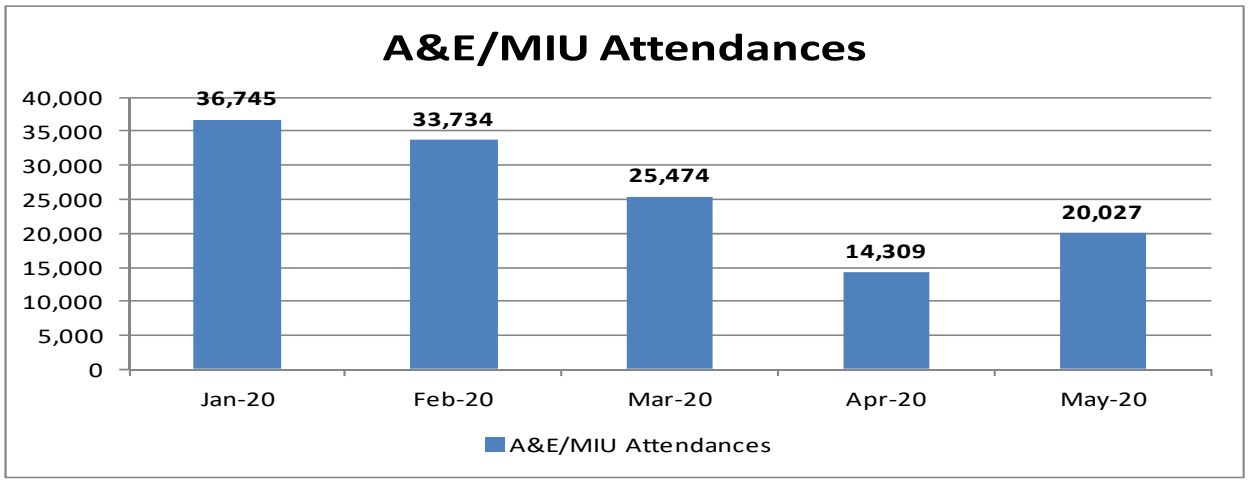
3.1 Accident and Emergency 4 Hour Waits and Presentations

In line with the national trend, there has been a significant reduction (almost 50%) in the number of patients attending the Emergency Departments (ED) when compared to the same period last year (reducing from 39,114 reported in May 2019 to 20,027 reported in May 2020) since lockdown measures were put in place.



As highlighted in the chart above, A&E/MIU attendances across NHSGGC are beginning to show an increase in May 2020 when compared to the previous month following the national 'NHS Is Open' campaign. The current position represents a 40% increase on the number of attendances reported in April 2020 and this increase has continued into the first couple of weeks in June 2020.

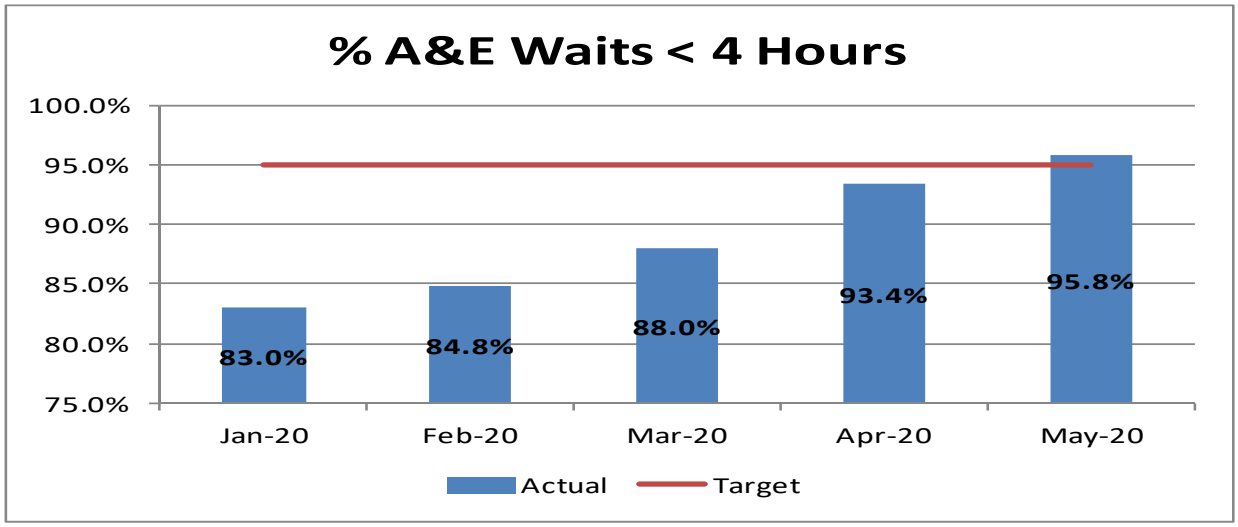
However, even with the gradual increase in the weekly number of ED attendances we are still significantly less than recorded reported prior to the outbreak of COVID-19. The chart overleaf highlights the trend in the *monthly* A&E attendances across NHSGGC during the past five months.



Since the outbreak of the COVID-19 there has been an increase in overall compliance with the ED four hour waiting times standard. For the first time since July 2015 (where compliance was

95.2%) NHSGGC has exceeded the monthly target with 95.8% of patients presenting at ED waiting less than four hours either to be admitted, discharged or transferred for treatment.

The weekly figures for June indicate that this improvement has been sustained (96.0% on 7 June 2020 and 96.5% on 14 June 2020) despite the complexity of the patient pathway currently in place. Compliance with target has been assisted greatly by the reduction in number of patients attending alongside the lower levels of bed occupancy across sites. The chart below highlights the month-on-month improvements in compliance with the A&E waiting times standard achieved during the five months.

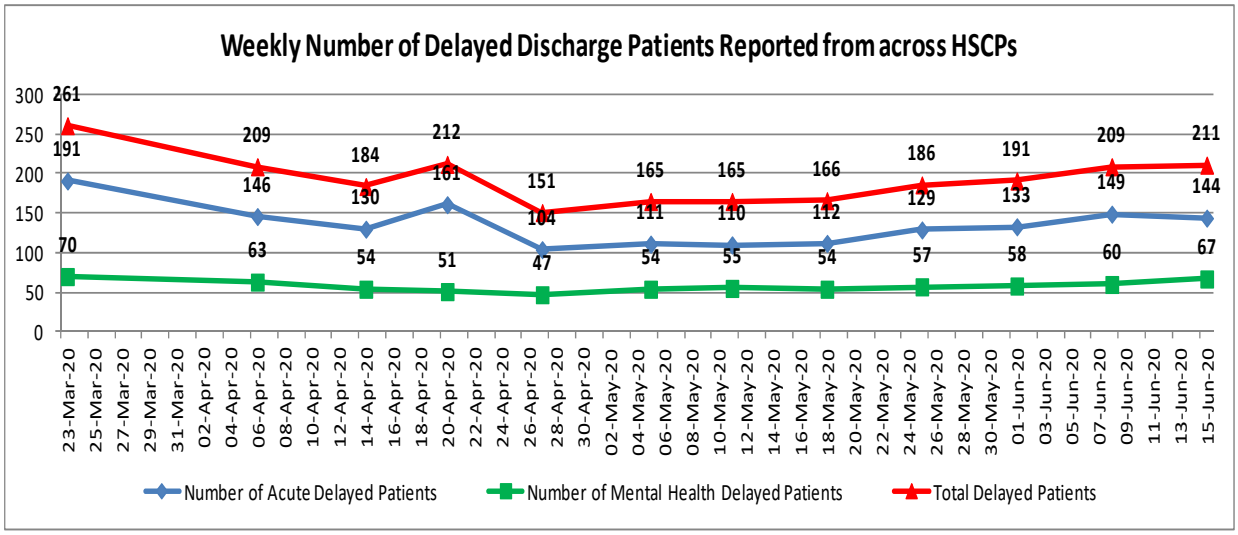


COVID-19 has presented a number of challenges in relation to patient streaming and a number of incremental changes have been introduced to ensure we continue to deliver safe and effective emergency care within the context of COVID-19. For example, all hospitals have developed new processes to ensure patients are directed to the most appropriate care provider.

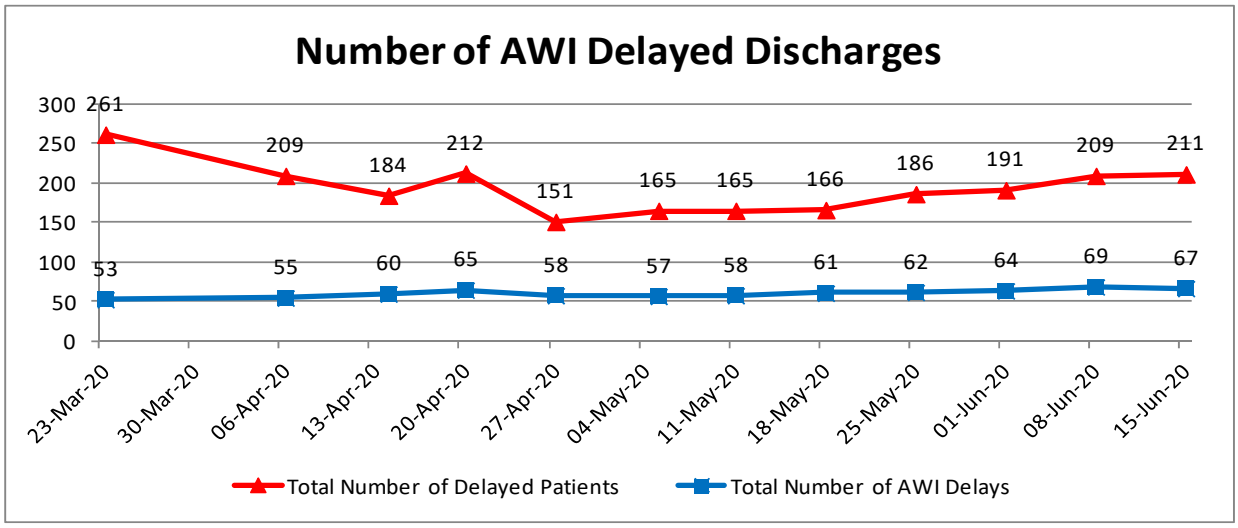
In ensuring that patients presenting with and without symptoms can be isolated and managed appropriately, we have developed new Red and Green pathways across Emergency Care Services. We remain focused on continuing this approach and the ongoing development of these changes will form an integral part of the next phase of our unscheduled care mobilisation plans.

3.2 Delayed Discharges

HSCPs have worked hard to reduce the numbers of patients delayed in their discharge since the beginning of the COVID-19 pandemic. This concerted effort across HSCPs has resulted in an overall reduction in the number of patients delayed in both Acute and Mental Health. However, as seen from the chart below, in recent weeks there has been a gradual increase in the number of patients delayed, albeit not to the same levels as before the outbreak of the pandemic. The 211 patients delayed in their discharge is a significant reduction (19%) on the 261 delayed patients reported mid-March 2020. A key factor linked to the recent increase in the number of delayed patients is that prior to hospital discharge to a care home, patients are required to have two negative tests prior to discharge.



In addition, of the weekly total number of delays reported, the proportion of those delays that relate to Adults with Incapacity (AWI) has been increasing each week. As seen in the table below, the number of AWI delays has increased by 26% since late March 2020 increasing from 53 AWI delays reported on 23 March 2020 to 67 AWI delays reported on 15 June 2020. Prior to the introduction of the national lockdown measures approximately 20% of all delays were attributable to AWIs whereas as of the 15 June 2020 AWI delays now account for 32% of all delays across NHSGGC.



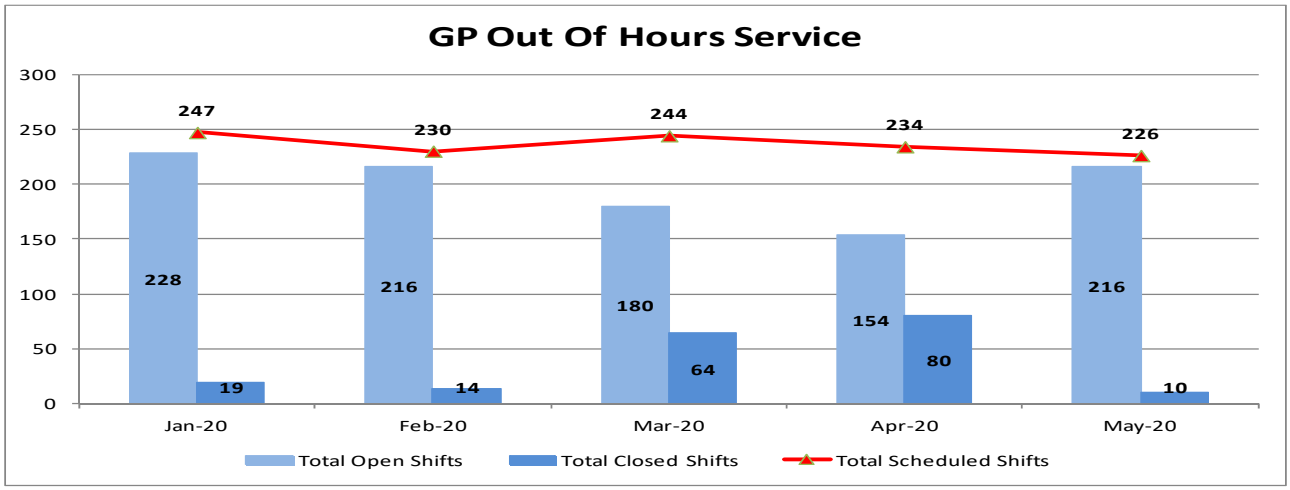
HSCPs continue to work on a daily basis to reduce the number of patients delayed across acute hospitals and in mental health and to address the issues relating to the recent increase in the number of delays including confidence in care homes and resource levels in care homes. Actions in place across HSCPs include working closely with patients and their families, collaborative working with acute and care home colleagues and the ongoing daily review of performance.

In addition, all local authorities are working to protect social work input into hospitals, enhance it where possible and to ensure there are no delays to decision making on discharge. Local Authority Commissioning Teams and Community Services are supporting care homes to ensure they remain open for admission and are prepared for the care of patients discharged from hospital. Commissioning Teams are also intervening directly to support the discharge of patients with more complex needs to identified placements.

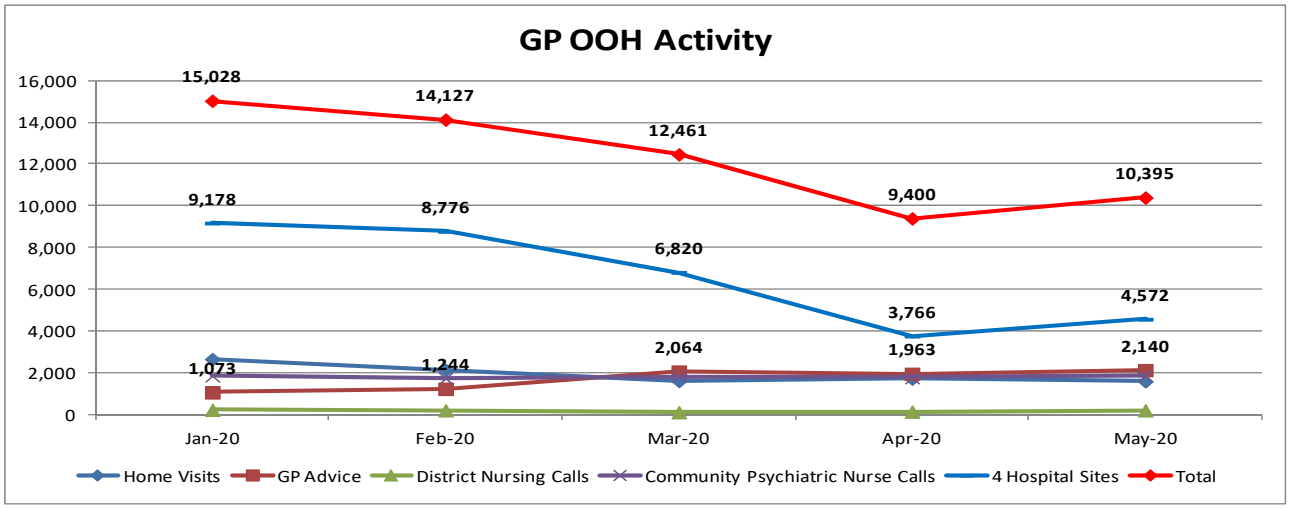
3.3 GP Out of Hours (GP OOH)

The implementation of the business continuity model delivering GP OOH Services from three core sites and the VOL 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 (CACs) were also established in response to COVID-19 and until recently have had an impact on our ability to staff GP OOHs as a number of GPs opted to work on day shifts at CACs.

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. The latest full month's position (May 2020) shows a significant improvement in the number of GP OOH shifts that have remained opened compared with the previously reported position. 96% of scheduled shifts were open during May 2020 compared to 66% in April 2020.



The table below highlights GP OOH activity levels and in May 2020 shows that activity levels were 11% higher than the previous month.



3.4 Recovery Planning for GP Out Of Hours (OOH) Service

The COVID-19 response has influenced the need to reconsider all ways of working to protect both patients and staff and prioritise infection control. It is no longer appropriate to have waiting areas full of patients and their families due to the risk of spreading the virus. An appointment based system, first considered as part of the Escalation response actions, reduces waiting times for patients and allows clinicians to have a planned consultation. A number of key actions have been put in place including:

- Communications with the public to encourage those who have an urgent need, which cannot wait until their GP practice is open, are asked in the first instance to contact NHS24. This could result in a home visit, GP telephone advice or an appointment at one of the Primary Care Centres;

- An appointment system in all Primary Care sites went live on 1 June 2020. The appointment system and the availability of a GP consultation has reduced the need for patients to come to the Centres in other Board areas who have an appointment based service; and

- 'Attend Anywhere' video consultations software has been installed across all Primary Care Sites and Caledonia House and went live on 15 June 2020. This is also likely to result in a reduction in the number of people needing to attend Primary Care sites.

There are still some challenges with the number of GPs working shifts in the OOH Service. However, it is hoped that will change with the introduction of the appointment system and the new models of care.

4 MENTAL HEALTH SERVICES

Throughout the COVID-19 pandemic urgent care has continued based on clinical need. Mental Health Assessment Units opened as a response to the service pressures on existing resources within EDs and provide urgent care 24/7. This specialist service provides assessment, diagnosis and management of patients who are presenting in mental health crisis/distress and would have sought assistance through self presenting at ED or accessed assistance via Police Scotland or Scottish Ambulance Service.

The Units have been a highly effective model of service delivery and will remain in operation during the next three months. During this time an evaluation of the Units will be carried out whilst at the same time patients will continue to be seen and the findings will be considered as part of the recovery planning phase moving forward.

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 exceeding the 62% trajectory for the quarter ending June 2020 that was agreed as part of the 2020-21 Annual Operational Planning process. 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 in moving 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.

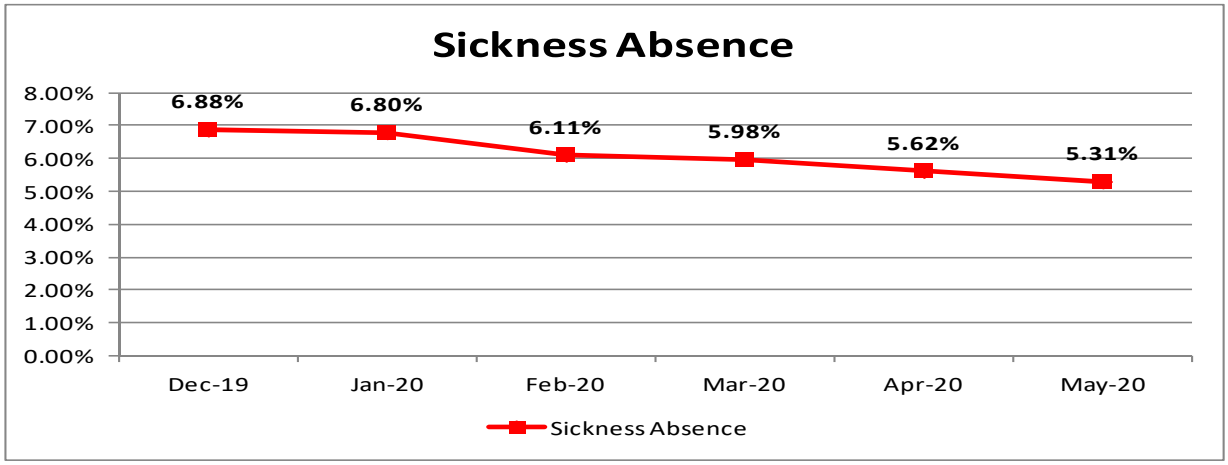
4.3 Mental Health Services Recovery Phase

The Recovery Phase will focus on Adult, Child and Adolescent Mental Health Services, Older People together with the needs of more vulnerable groups. 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. In addition, the expected increase in demand for Mental Health Services due to COVID-19 is being developed in partnership with community assets to enhance non clinical responses.

5 HUMAN RESOURCES

5.1 Sickness Absence

As at May 2020, overall sickness absence across NHSGGC was 5.31% comprising 1.58% short term and 3.73% long term.



Whilst current performance remains a challenge, there have been month on month improvements since December 2019 (5.62% - April 2020). Whilst positive, these figures do not reflect the overall absence levels associated with COVID-19 which are outlined in the COVID-19 update 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.

Long term sickness absence has increased as a result of individuals awaiting procedures or interventions which have been postponed as a result of COVID-19. Regular engagement is held with staff in this category to ensure all support is in place.

6 CONCLUSION

The COVID-19 pandemic has continued to have a major impact on NHSGGC's performance as outlined in this report. Our draft Remobilisation Plan, developed in partnership with key stakeholders in line with Scottish Government requirements, was submitted to the Scottish Government and initial feedback has been positive. 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. By way of example, the chart below shows the weekly growth in the Attend Anywhere (Near Me) consultations since 1st April 2020.