

NHS Greater Glasgow & Clyde	Paper Number: 20/05
Meeting:	Board Meeting
Date of Meeting:	8 April 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 situation, 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

The financial position is detailed in the Revenue and Capital Report attached with these papers.

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: 8 April 2020

***Interim Board Meeting
Interim Performance Report***

***8 April 2020
(Paper 20/05)***



Mark White, Director of Finance



Purpose and Format of Report

The purpose of this interim performance report is to provide Board Members with a brief, up to date overview of performance against key metrics. The suite of measures contained within the report reflects some of the key high level priorities across NHS Greater Glasgow & Clyde (NHSGGC).

The format and structure of the interim performance report is as follows:

- i) Where available the data reflects the most up to date local management information to provide Board members with the current position (week/month ending 30th March 2020) as opposed to the monthly position that is reported routinely. This data should be used for local management information only and aims to provide Board members with a clear indication of current levels of performance during these unprecedented and challenging times.
- ii) By way of context and where available, the latest national published and/or Discovery data continues to be used to highlight NHSGGC's performance against NHS Scotland's position and that of other Health Boards.
- iii) Where appropriate each measure has a trajectory/target in which to track performance against.

Board members are asked to:

- i) Note the current performance position across NHSGGC.
- ii) Note that the Elective and Unscheduled Care performance continues to be the subject of a Recovery Plan currently being drafted.

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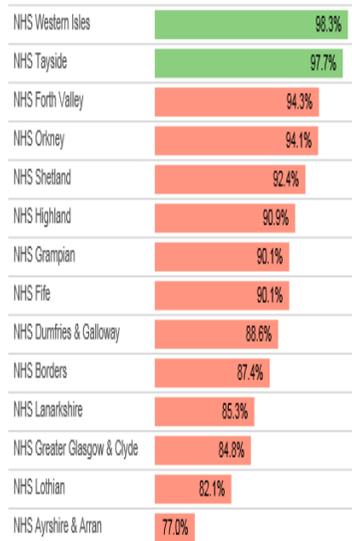
Better Care – Accident & Emergency (A&E) 4 Hour Waits



Target: 95% of patients presenting at A&E to be admitted, discharged or transferred for treatment within four hours or less

A&E 4 Hour Waits: Latest Discovery Position

February 2020:



NHS Scotland: 86.4%

NHSGGC: 84.8%

Best Performing: NHS Western Isles 98.3%

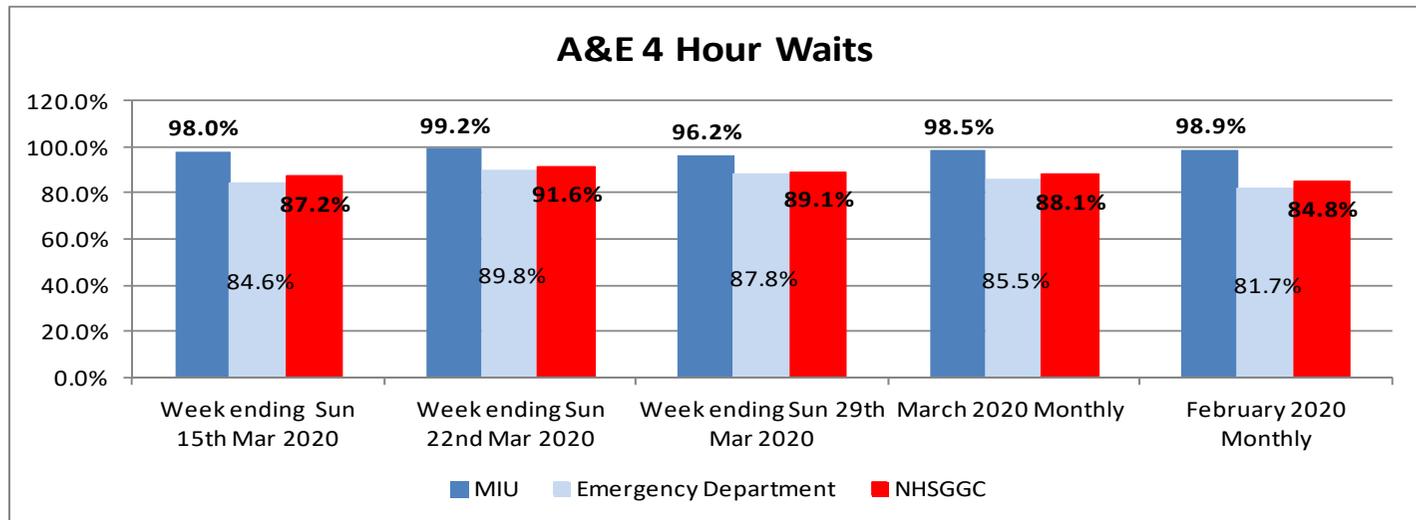
Lowest Performing: NHS Ayrshire & Arran 77.0%

NHSGGC Ranking: 12th

LDP Standard – A&E 4 Hour Waits

Highlighted below is the weekly data relating to A&E 4 hour waits for the month of March 2020. As seen from the chart, the March 2020 monthly position shows 88.1% of patients presenting at A&E were either admitted, discharged or transferred for treatment <4 hours, an improvement on the previous months' position of 84.8% during these challenging times. Performance at the Minor Injuries Units continues to consistently exceed the A&E target of 95% whereas performance in Emergency Departments (EDs) is below target. As seen in slide four the number of A&E presentations has reduced significantly and contributing to the increased level of compliance.

Once out of the Covid-19 Pandemic the unscheduled care performance will be the subject of a Recovery Plan to address performance.



Slide 3

JB2

Jonathan Best, 13/08/2019

Better Care – Total A&E/MIU Attendances (All)



Total A&E/MIU Attendances (All)

As seen in the table below, there has been a sharp reduction (35%) in the overall number of A&E presentations at Minor Injuries and EDs across NHSGGC during March 2020 when compared to the same month the previous year. Clearly the national measures in place to deal with the COVID-19 Pandemic have had a significant impact on the number of people presenting at A&E.

Hospital	Mar-20		Mar-19		A&E Attend % Diff Mar 19
	A&E Attendances	A%E 4 Hour Compliance	A&E Attendances	A%E 4 Hour Compliance	
Queen Elizabeth University Hospital	5,810	76.3%	8,845	83.2%	-34.3
Glasgow Royal Infirmary	4,782	85.9%	8,292	81.0%	-42.3
Royal Alexandra Hospital	3,787	86.3%	5,655	90.2%	-33.0
Inverclyde Royal Hospital	1,881	89.4%	2,731	88.9%	-31.1
Royal Hospital for Children	4,012	97.3%	6,171	95.8%	-35.0
Stobhill Hospital	1,462	99.1%	1,913	98.2%	-23.6
New Victoria Hospital	1,957	99.8%	3,062	100.0%	-36.1
Vale of Leven Hospital	1,028	95.6%	1,607	97.6%	-36.0
NHSGGC	24,719	88.1%	38,276	88.9%	-35.4

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Better Care – Delayed Discharges

Target: No patient should be delayed in hospital once deemed fit for discharge



MSG Indicator – Delayed Discharges

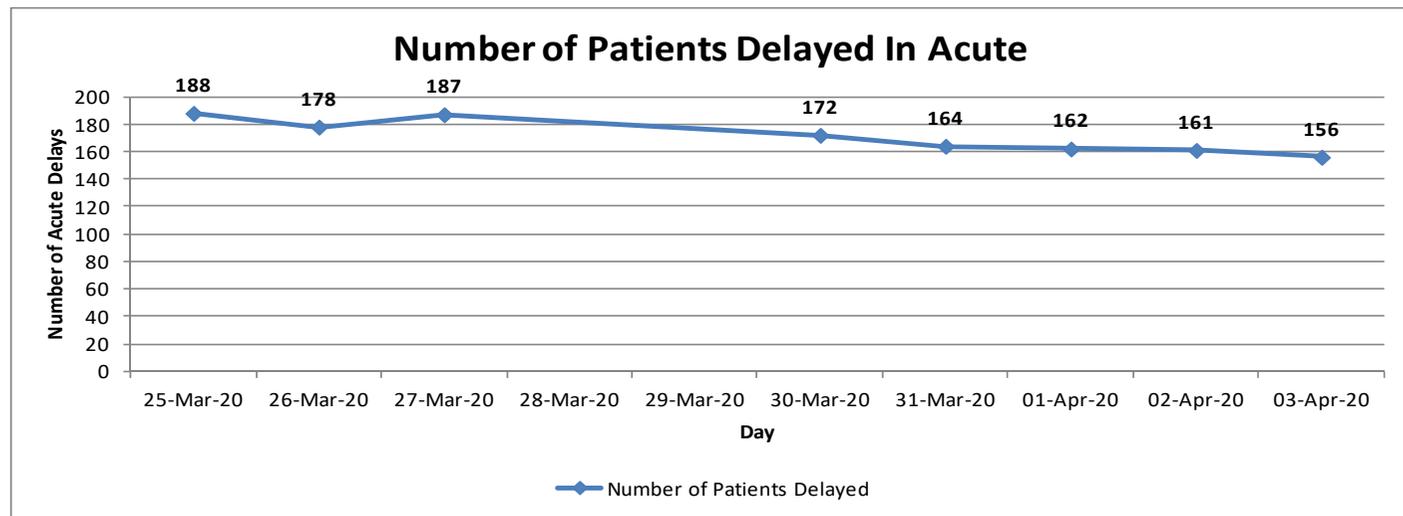
As at 3 April 2020, there were a total of 156 patients delayed in acute hospitals across NHSGGC and as seen in the chart below, work continues on a daily basis to continue to reduce the number of patients delayed in acute hospitals.

All local authorities 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. Local Authority Commissioning Teams and Community Services are supporting 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.

32% of people awaiting discharge in NHSGGC are awaiting decisions in line with the AWI legislation and, were emergency powers to be granted, to allow these people to be moved to an alternative safe place of care with appropriate legal authority would lead to further reductions.

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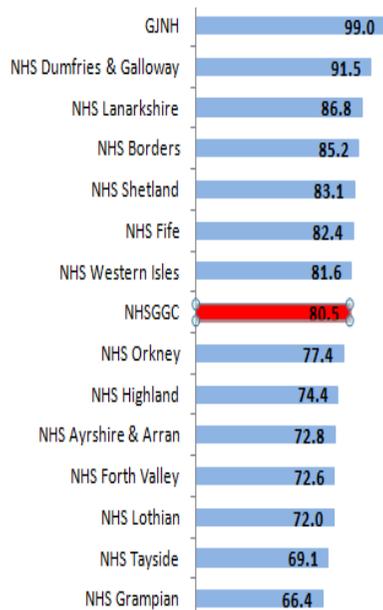
Some of the data contained within this report is provisional and may be subject to change as not all data is validated at the time of producing the report.
Board Meeting – April 2020

Better Care – New Outpatients Waiting >12 Weeks for a new Outpatient Appointment

Revised Trajectory: By end of March 2020, no more than 19,800 new outpatients will be waiting >12 weeks for a new outpatient appointment.

% new OP seen <12 weeks: Latest Published Position

December 2019:



NHS Scotland: 76.7%

NHSGGC: 80.5%

Best Performing: GJNH 99.0%

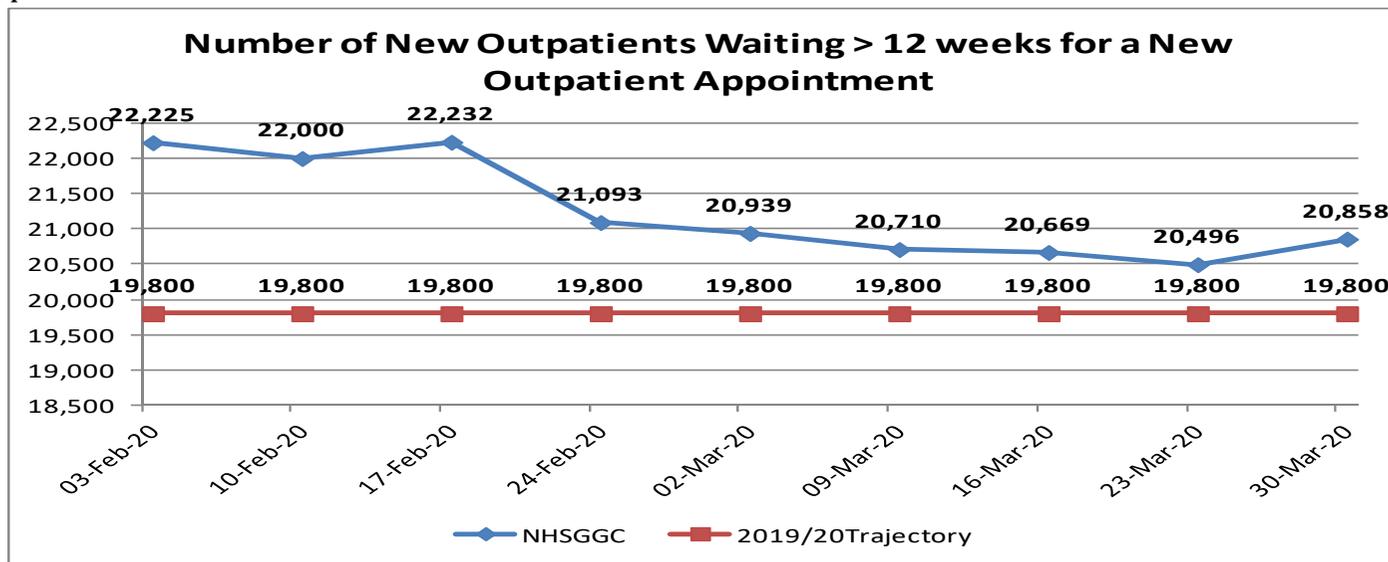
Lowest Performing: NHS Grampian 66.4%

NHSGGC Ranking: 8th

LDP Standard – New Outpatients Waiting >12 weeks

As seen from the weekly data below, prior to the COVID-19 Pandemic, NHSGGC had been making steady progress towards delivering the agreed revised trajectory by March 2020 (month end) with a total of 20,496 new outpatients waiting >12 weeks for an outpatient appointment on 23 March 2020. This performance represented a significant decrease on the 22,225 patients waiting at the beginning of February 2020, performance was marginally above the 19,800 trajectory for March 2020 (month end). However, as seen the week beginning 30 March 2020, the number of new outpatients waiting >12 weeks started to increase due to the cancellation of elective activity from 23 March 2020 in response to the Pandemic.

Once out of the COVID-19 Pandemic the elective programmes will be the subject to a Recovery Plan to address performance.



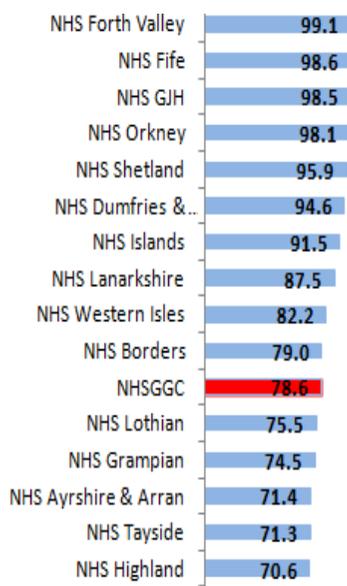
Better Care – Access to 8 Key Diagnostic Tests



Trajectory: By March 2020 (month end), no patient will be waiting >6 weeks to access a *scope test* (scopes represent four of the eight key Diagnostic Tests).

Diagnostics - % patients waiting <6 weeks: Latest Published Position

December 2019:



NHS Scotland: 79.5%

NHSGGC: 78.6%

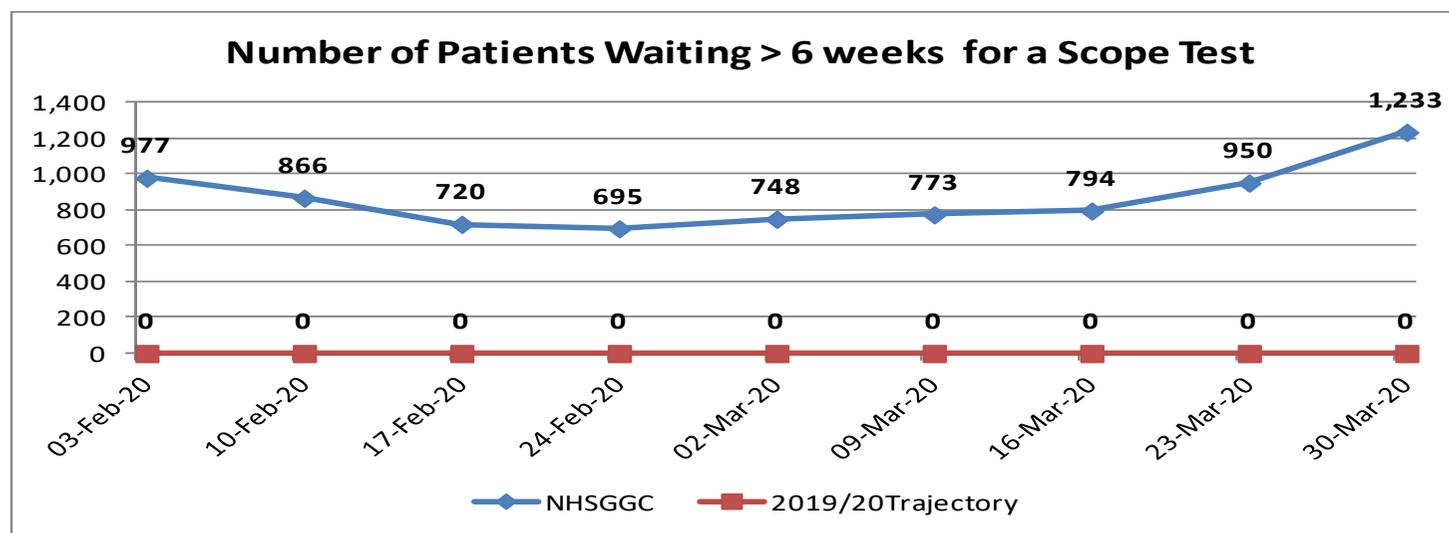
Best Performing: NHS Forth Valley 99.1%

Lowest Performing: NHS Highland 70.6%

NHSGGC Ranking: 11th

National Performance Indicator – Access to 8 Key Diagnostic Tests

As seen from the weekly data below, NHSGGC had been making steady progress towards delivering the agreed revised trajectory for March 2020 with a total of 794 patients waiting >6 weeks for a scope test on 16 March 2020, a decrease on the 977 patients waiting at the beginning of February 2020. However, as seen the week beginning 23 March 2020, the number of patients waiting >6 weeks started to increase mainly due to the cancellation of elective activity from 23 March 2020 in response to the Pandemic.



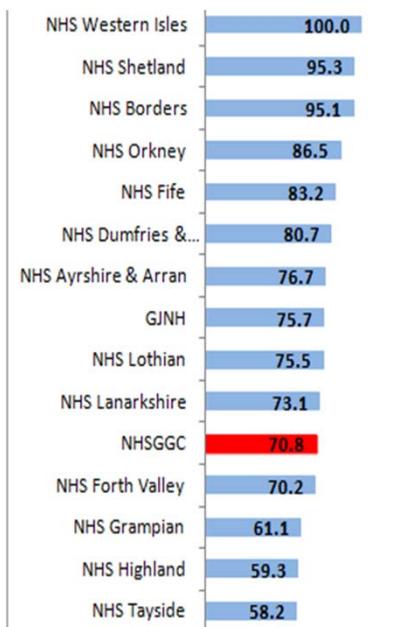
Better Care – Treatment Time Guarantee (TTG)



Revised Trajectory: By end of March 2020, no more than 8,500 TTG patients will be waiting >12 weeks for an inpatient/day case procedure.

TTG Completed Waits: Latest Published Position

October - December 2019:



NHS Scotland: 71.9%

NHSGGC: 70.8%

Best Performing: NHS Western Isles 100%

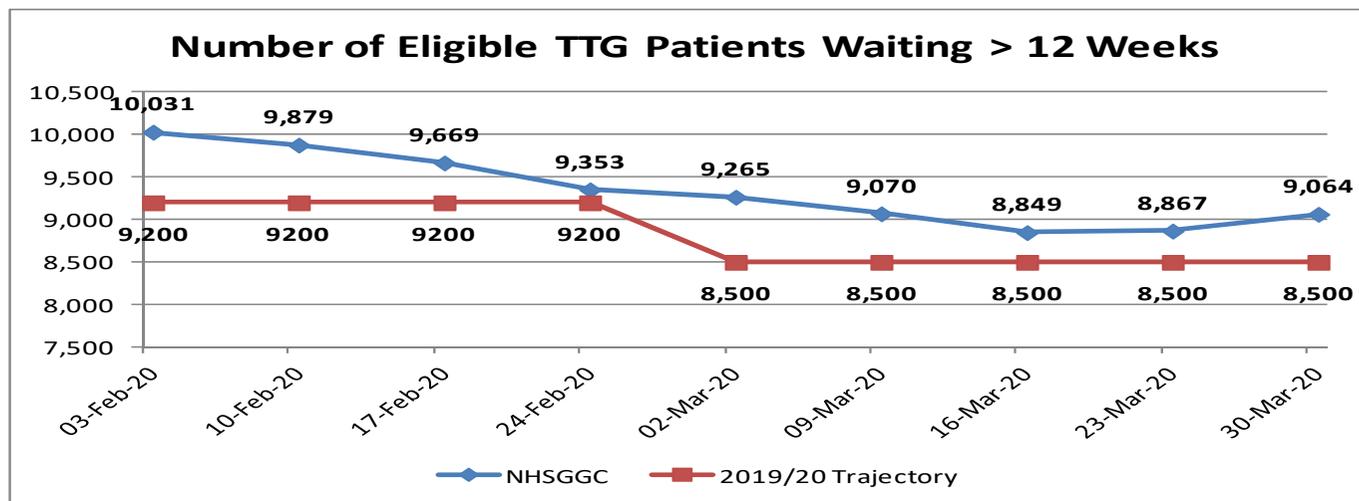
Lowest Performing: NHS Tayside 58.2%

NHSGGC Ranking: 11th

National Waiting Time Standard – TTG

As seen from the weekly data below, prior to the COVID-19 Pandemic, NHSGGC had been making steady progress towards delivering the agreed revised trajectory for March 2020 with a total of 8,867 eligible TTG patients waiting >12 weeks for an inpatient/daycase procedure on 23 March 2020, a significant decrease on the 10,031 patients waiting at the beginning of February 2020. Had it not been for COVID-19, performance was scheduled to achieve the trajectory for March 2020 (month end). As seen the week beginning 30 March 2020, the number of eligible TTG patients waiting >12 weeks started to increase due to the cancellation of elective procedures from 23 March 2020 in response to the Pandemic.

Once out of the COVID-19 Pandemic the elective programmes will be subject to a Recovery Plan to address performance.



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Board Meeting – April 2020

Of note, cancer screening programmes are currently paused and there has been a significant reduction in the number of urgent suspicion of cancer referrals received on a weekly basis.

Better Care – Cancer 62 day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment

Trajectory: For quarter ending March 2020, 90% of patients referred with a suspicion of cancer to receive first cancer treatment within 62 days

Cancer 62 Days: Latest Discovery Position

February 2020:

NHS Dumfries & Galloway	100.0%
NHS Shetland	100.0%
NHS Lanarkshire	96.3%
NHS Tayside	95.3%
NHS Borders	94.1%
NHS Ayrshire & Arran	89.6%
NHS Forth Valley	82.1%
NHS Grampian	81.0%
NHS Fife	79.2%
NHS Greater Glasgow & Clyde	78.8%
NHS Lothian	78.2%
NHS Western Isles	75.0%
NHS Highland	70.6%

NHS Scotland: 82.7%

NHSGGC: 78.8%

Best Performing: NHS Dumfries & Galloway 100%

Lowest Performing: NHS Highland 70.6%

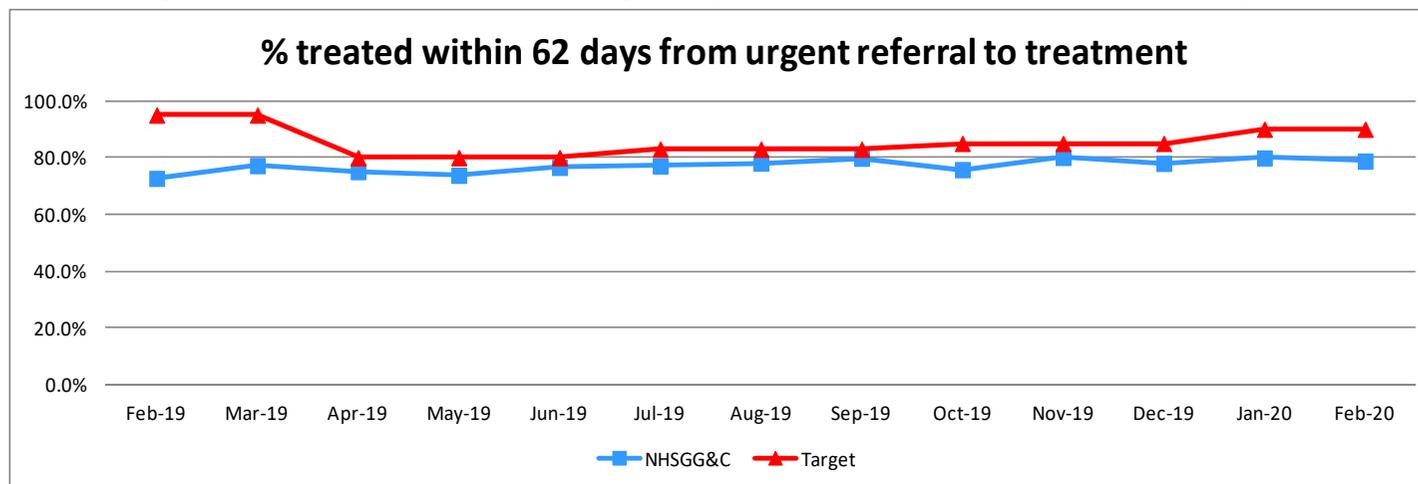
NHSGGC Ranking: 10th

LDP Standard – Cancer 62 Days Target

As at February 2020, 78.8% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of referral below the 90.0% revised trajectory for quarter ending March 2020. Whilst performance has remained fairly static on the previous months, the improvements that have been made since November 2019 continue to be sustained. A total of four of the 10 cancer types either met or exceeded the 90% trajectory for the quarter ending March 2020. The six cancer types currently below trajectory are Cervical (50.0%), Colorectal (60.4%), Head and Neck (71.4%), Lung (82.9%), Upper GI (76.9%) and Urology (52.7%).

The management of cancer patients and vital cancer services continue to remain a clinical priority during the COVID -19 outbreak. NHSGGC are 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 plans and management plans have had to change during the past few week and may continue to change during the coming weeks and months due to the risks associated with COVID-19. The service is discussing and communicating this directly with patients. 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 and there has been a significant reduction in the number of urgent suspicion of cancer referrals received on a weekly basis.



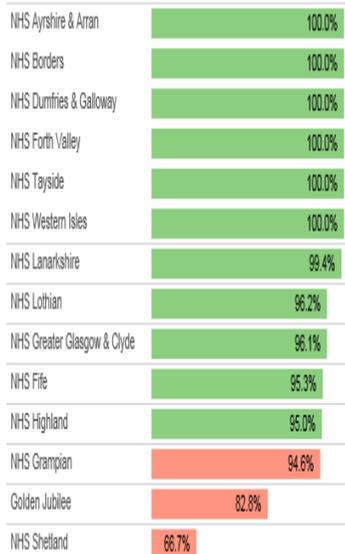
Better Care – Cancer 31 Day target from diagnosis with cancer to treatment



Target: 95% of patients diagnosed with cancer to be treated within 31 days of diagnosis

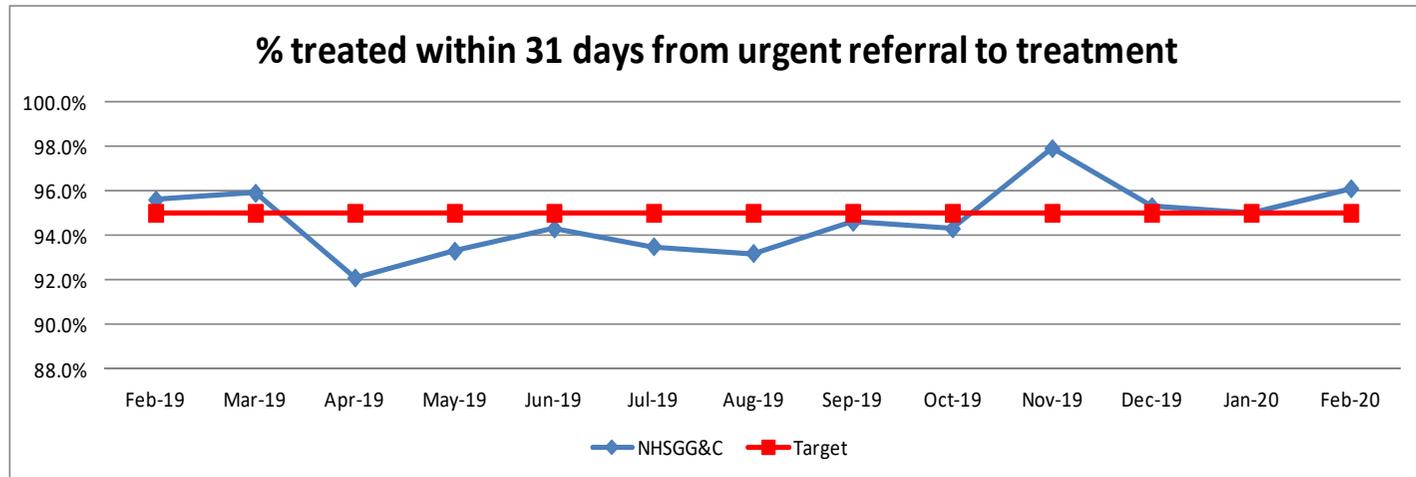
Cancer 31 Days: Latest Discovery Position

February 2020:



LDP Standard – Cancer 31 Days Target

As at February 2020, 96.1% of all cancer patients diagnosed with cancer were treated within 31 days from decision to treat to first treatment, exceeding the 95.0% target. Improved levels of compliance with target continue to be sustained for the fourth consecutive month.



NHS Scotland: 96.7%

NHSGGC: 96.1%

Best Performing: 6 NHS Boards reported 100%

Lowest Performing: NHS Shetland 66.7%

NHSGGC Ranking: 9th

Better Care – GP Out Of Hours (OOH) Service Closures

LKPI – GP OOH Service Closures

During March 2020, a total of 207 closures were reported across the GP OOH Service, a significant increase on the 58 reported during the same month the previous year. All closures reported across NHSGGC in March 2020, were as a result of GP availability.



Sites	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Grand Total
Easterhouse	7	13	16	6	10	12	6	17	22	22	28	29	188
Gartnavel	4	2	2	3	4	10	3	13	18	19	19	29	126
Greenock HC	6	8	9	4	10	6	12	11	20	18	20	28	152
Inverclyde	4	4	10	16	10	8	11	9	19	10	3	28	132
Lomond	11	20	18	12	14	18	15	14	23	18	21	29	213
QEUH	16	20	18	17	16	10	15	17	22	23	29	29	232
RAH	0	3	1	3	0	0	2	6	13	10	11	18	67
Stobhill	3	2	1	3	3	3	4	5	12	3	1	15	55
Victoria	0	0	1	0	0	0	2	2	8	3	0	2	18
Total	51	72	76	64	67	67	70	94	157	126	132	207	1183

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Better Care – Staphylococcus Aureus Bacteraemia (SABs) and Clostridioides Difficile Infections (CDIs)

LDP Standard – SABs and CDIs

As at the month ending February 2020, a total of 24 SABs cases were reported resulting in a rate of 17.1 per 100,000 bed days, and improvement on the previous months' rate of 22.1 per 100,000.

Also at February month end, a total of 20 CDI cases were reported resulting in a rate of 14.3 cases per 100,000 bed days, again an improvement on the previous months' rate of 17.8.



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	Nov-19	Dec-19	Jan-20	Feb-20
Number of CDI Cases	23	18	25	20
CDI Estimated Rate per 100,000 OBD	11	12.0	17.8	14.3
Local Estimated CDI Reduction Aim	17.1	17.1	17.1	17.1
Number of SAB Cases	37	33	31	24
SAB Estimated Rate per 100,000 OBD	19	17.0	22.1	17.1
Local Estimated SABs Reduction Aim	17.4	17.4	17.4	17.4

Please note that this data is indicative and estimated rates are likely to differ from that of future published rates.

Better Care – Child and Adolescent Mental Health Services (CAMHS)



Target: 86% eligible patients to be seen within 18 weeks of referral to treatment by end of March 2020

CAMHS % Patients Seen <18 weeks: Latest Discovery Position

October - December 2019:

NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Borders	92.3%
NHS Ayrshire & Arran	89.9%
NHS Dumfries & Galloway	88.6%
NHS Grampian	80.1%
NHS Highland	75.2%
NHS Orkney	71.4%
NHS Greater Glasgow & Clyde	68.9%
NHS Fife	66.1%
NHS Lanarkshire	57.7%
NHS Forth Valley	57.7%
NHS Tayside	57.4%
NHS Lothian	48.4%

NHS Scotland: 66.3%

NHSGGC: 68.9%

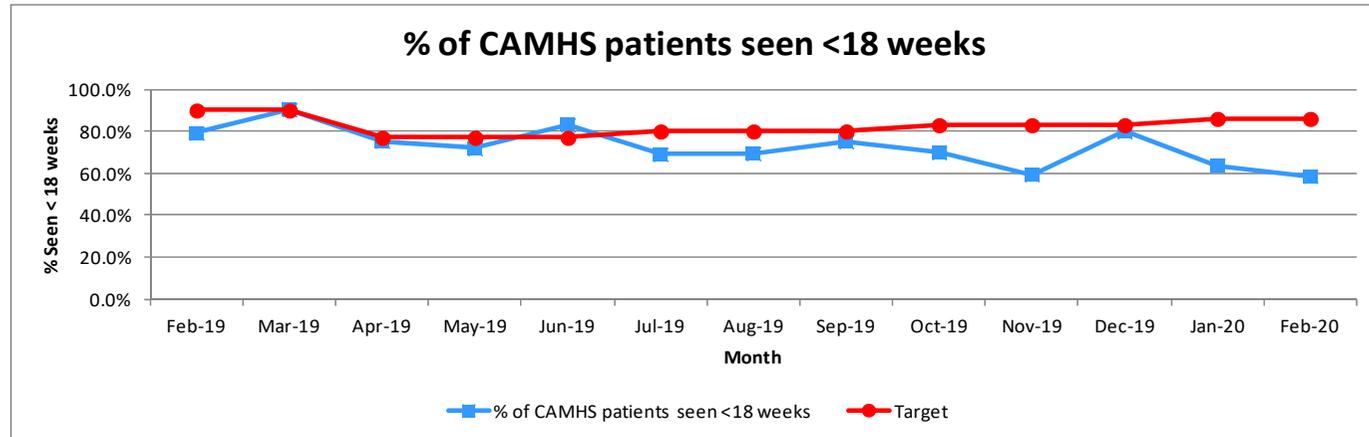
Best Performing: NHS Shetland & Western Isles 100.0%

Lowest Performing: NHS Lothian 48.4%

NHSGGC Ranking: 8th

LDP Standard – CAMHS

As at February 2020, 58.6% of eligible CAMHS patients who started treatment in CAMHS had started <18 weeks after referral. Current performance is below the 86% trajectory to be achieved by March 2020 and represents a further reduction on the previous months' performance (63.7%).



Improvement Action

A full launch of Attend Anywhere Video Call Appointments now underway to assist with the quantity of appointments during the COVID-19 Pandemic to help assist future waiting list pressures.

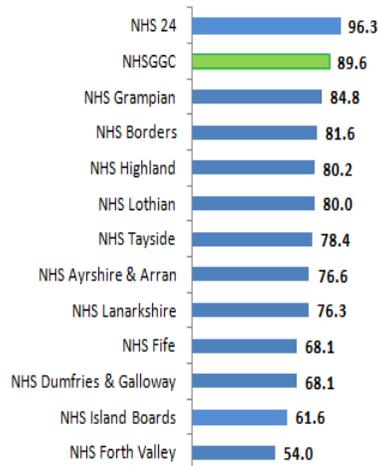
Better Care – % of patients who started their treatment <18 weeks of referral for Psychological Therapy



Target: 90% of eligible patients referred for a Psychological Therapy to be seen within 18 weeks of referral

Psychological Therapies % Patients Seen <18 weeks: Latest Published Position

October - December 2019:



NHS Scotland: 79.0%

NHSGGC: 89.6%

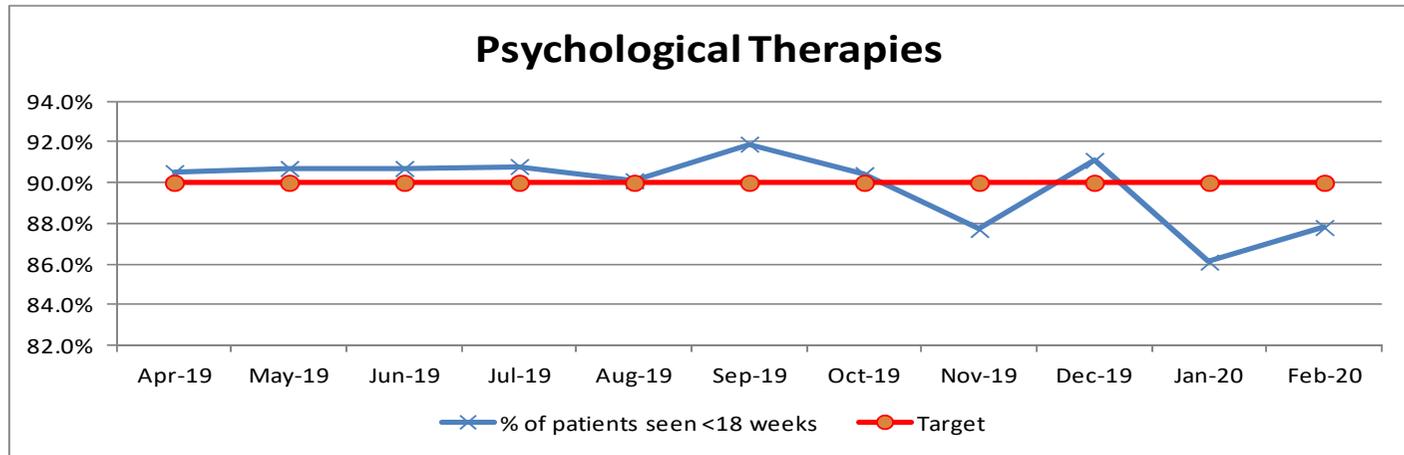
Best Performing Territorial Board: NHSGGC 89.6%

Lowest Performing: NHS Forth Valley 54.0%

NHSGGC Ranking: 2nd

LDP Standard – % of patients seen within 18 weeks of referral to Psychological Therapy

As at February 2020, 87.8% of eligible patients referred for a Psychological Therapy were seen <18 weeks. Current performance represents an improvement on the previous months' position and marginally below the 90% standard.



Psychological Therapy Commentary

As seen from the latest nationally published data, NHSGGC remains the best performing territorial Health Board across NHS Scotland in terms of the % of patients seen <18 weeks. NHS 24 are the best performing Board however, by way of context, NHS 24 saw a total of 79 of their 82 eligible patients within 18 weeks during the quarter ending December 2019 whereas NHSGGC saw 3,658 of their 4,082 eligible patients within 18 weeks during the same quarter.

Better Value – Financial Performance

Target: A breakeven position by March 2020



LDP Standard – Financial Performance

As at February 2020, the financial overspend across NHSGGC was £6.0 million. Current performance represents an increase on the £2.5m overspend reported during the same period the previous year, however remains within the projected overspend of £33.8m for February 2020.



Measure	Apr - Feb 2019 Actual	Apr - Feb 2020 Actual	Apr - Feb 2020 Target
Financial Performance	(£2.5m)	(£6.0m)	(£33.8m)

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Better Workplace – Sickness Absence

Target: Sickness absence to be no more than 4%

LDP Standard – Sickness Absence

As at February 2020 overall sickness absence across NHSGGC was 6.11%. As seen from the table below, current performance remains a challenge against target. Overall sickness absence comprises 2.64% short term and 3.47% long term. Current performance ranged from a high of 9.8% across Estates and Facilities to a low of 3.0% and 3.7% across Human Resources and Organisational Development and Finance respectively.



HR activity has been modified due to COVID-19. There are significant challenges at this time due to self isolation and social distancing measures and risk assessment processes are in place.

	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
NHSGG&C	6.51%	5.89%	5.96%	6.00%	5.93%	6.04%	6.00%	6.16%	6.47%	6.78%	6.88%	6.80%	6.11%
Short Term	2.80%	2.43%	2.34%	2.40%	2.44%	2.14%	2.20%	2.37%	2.63%	3.16%	2.79%	2.88%	2.64%
Long Term	3.71%	3.46%	3.62%	3.60%	3.48%	3.90%	3.80%	3.79%	3.84%	3.62%	4.08%	3.92%	3.47%
Target	4.0%	4.0%	4.0%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%

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