

NHS Greater Glasgow & Clyde	Paper Number: 20/17
Meeting:	Interim Board Meeting
Date of Meeting:	5 May 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Mark White, Director of Finance

Paper Title

Performance Report for Interim Board

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 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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NHSGGC INTERIM BOARD PERFORMANCE REPORT

5TH MAY 2020

RECOMMENDATION

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

1. INTRODUCTION

In light of the current 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 NHS Greater Glasgow & Clyde (NHSGGC).

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. Prior to the outbreak of Covid-19, NHSGGC had been making steady progress towards the delivery of the key access targets by March 2020. The previous paper that was presented to the Interim Board in early April outlined that NHSGGC were on course to deliver the agreed TTG and Outpatient targets set for 31 March 2020. (8,500 TTG and 19,800 Outpatients over 12 weeks). However, in preparation for, and in response to, the Covid-19 outbreak, all routine elective work was temporarily suspended across Scotland on a phased basis from the week beginning 16 March 2020. It is, therefore, evident that this change has had a material impact on a range of key performance measures.

2.1 New Outpatients waiting > 12 weeks

Since mid-March, 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 as the outpatient activity has reduced. However, during that same period, the number of patients waiting over 12 weeks has increased to approximately 27,000. This increase is mirrored across Scotland as similar factors are in play across all NHS Boards. The use of digital technology, Attend Anywhere, has been utilised to ensure that a number of urgent patients have been seen virtually during this period and this will be extended further over the next few weeks.

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 rising by 380 patients during this period to around 22,750 patients. However, again, the number of elective patients waiting over 12 weeks has risen to above 11,000 patients during that period.

2.3 Number of patients waiting > 6 weeks for diagnostics

Routine endoscopy procedures have also ceased since mid-March which has led to an increase in those patients waiting over 6 weeks for endoscopy to around 3700 patients, from 750 in early March.

In addition, routine radiology examinations have also been suspended which has led to the number of patients waiting over 6 weeks to rise to **16,750**

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

As at March 2020, 82.2% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of a referral, below the 90.0% revised trajectory for the 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 Colorectal (80.3%), Head and Neck (87.5%), Lung (77.1%), Ovarian (83.3%), Upper GI (80.0%) and Urology (46.4%).

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 for 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. All MDTs continue to function to ensure treatment decisions are made.

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 and there has been a significant reduction in the number of urgent suspicion of cancer referrals received on a weekly basis.

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

As at March 2020, 96.2% 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 the target continue to be sustained for the fourth consecutive month despite the challenges of Covid-19. A total of 8 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 Urology (89.3%) and Colorectal was marginally below target at 94.5%.

3. OTHER KEY MEASURES

3.1 Accident and Emergency 4 Hour Waits and Presentations

During the last few weeks, there has been a significant reduction in the number of patients attending the Emergency departments with a reduction of more than 50% on the same period last year. An average of 3,100 patients per week attended ED over the last few weeks, which is significantly below similar periods in previous year.

Additional measures have required to be put in place in the Emergency Departments to manage the patient flow in relation to Covid-19 and separate areas have been established on each site for those patients presenting with potential COVID symptoms. As outlined in the COVID update paper, patients with potential coronavirus have been asked to call NHS 24 when, 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 ED departments.

Overall performance within the emergency department has been in excess of 90% for each week in April, despite the complexity of the patient pathway at present but this has been assisted greatly but the reduction in number of patients attending.

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 151 patients delayed in their discharge being the lowest number of delayed patients for some time.

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 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.

3.3 GP Out of Hours (GP OOH)

As agreed at the Board meeting held on 25th February 2020, the GP OOH Service has implemented the business continuity model seeking to deliver GP OOH Services from 3 core sites and the Vale of Leven Hospital (which delivers a GP OOH Service between 11.00pm and 8.00am).

During this period, community assessment centres have had to be established and this has had an impact on our ability to staff GP OOHs. During March 2020 there were a total of 70 GP OOH closures across the 4 sites and a full report will be brought to a future Board meeting on progress with the improvement plan.

4. MENTAL HEALTH SERVICES

4.1 Percentage of Patients starting first Treatment within < 18 weeks of Referral for Psychological Therapy

As at March 2020, 89.0% of eligible patients referred for a Psychological Therapy were seen <18 weeks. Current performance represents a further improvement on the previous months' position

and marginally below the 90% standard. During March 2020, the outbreak of Covid-19 has had 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

As at March 2020, 55.1% of eligible CAMHS patients who started treatment in CAMHS had waited <18 weeks following referral. 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.

5. HUMAN RESOURCES

5.1 Sickness Absence

As at March 2020, overall sickness absence across NHSGGC was 5.98%. Whilst current performance remains a challenge, there has been an improvement when compared with the previous month. These figures, however, 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 is proving challenging.

6. CONCLUSION

The Covid-19 pandemic has had a major impact on NHSGGC's performance as outlined in this paper. It is likely that this position will continue for some months, although there remains uncertainty at the present time due to the nature of the virus and its prevalence. As indicated in the Recovery Plan paper, a number of the re-design initiatives and revised patient pathways that have been established will continue as they have assisted NHSGGC in addressing a number of the issues. In addition, the use of digital technology will be extended further to maximise the potential of the new ways of interacting with patients.