Integration Joint Board **Agenda item:**

Date of Meeting:

Title of Report: Integration Joint Board- Performance Report (January 2021)

Presented by: Stephen Whiston - Head of Strategic Planning & Performance

The Integrated Joint Board is asked to:

- Note the temporary suspension of reporting against the HSCP Health & Wellbeing Outcome Indicators
- Note the change in focus of the performance reporting from current outcome indicators to performance regarding Covid19 and Remobilisation of Health and Social Care in Argyll and Bute
- Note the current Covid19 activity within Argyll & Bute, NHS Highland and Greater Glasgow and Clyde
- Note the HSCP performance progress regarding remobilisation of activity in line with NHS Highland performance target for 2020/21 agreed with Scottish Government to 70%-80% of 2019/20 activity

1. BACKGROUND

Reporting against the HSCP Health & Wellbeing Outcome Indicators continues to be affected by the recent re-escalation of Covid19 pandemic requiring health and care services remain on an "emergency" footing. Thus there continues to be a performance reporting and data lag at both a governmental and local partnership level affecting many of the HSCP Health & Wellbeing Outcome Indicators.

Consequently the IJB are asked to note temporary suspension of normal outcome performance reporting and instead receive this performance report focusing on remobilisation of health and care services and Covid19 related activity.

The remobilisation of services across both health and social care is a Scottish Government priority and frontline staff and managers are working hard to achieve this across the Health & Social Care Partnership. Our priority is on ensuring that key services and access as far as possible for people is managed and delivered locally and safely within the Covid19 pandemic operating context.

The Covid19 pandemic second wave has seen a tightening of "lock-down" measures due to a new and more infectious mutation of the virus. This has once again compromised the full resumption of service. The Cabinet Secretary for Health in December 2020 directed Chief Executives in both Local Authorities and Health Boards that emergency and critical service provision should be prioritised using the national Clinical Prioritisation Matrix.

The matrix uses 4 prioritisation levels and these are;

- **Priority level 1a Emergency and 1b Urgent** – operation needed within 24 hours
- **Priority level 2 Surgery/Treatment** – scheduled within 4 weeks
- **Priority level 3 Surgery/Treatment** – scheduled within 12 weeks
- **Priority level 4 Surgery/Treatment** – may be safely scheduled after 12 weeks.

Consequently to respond to this second wave NHS Boards can decide to pause non urgent or elective services (P3 & P4) to ensure they retain capacity to cope with Covid19 emergency need, vaccination programme roll out and normal winter pressures.

This report therefore provides the IJB with an update on the impact on service performance with regards to Covid19 pandemic and the progress made with regard to remobilising health and social care services in Argyll & Bute.

2. INTRODUCTION

NHS Highland's (NHSH) Remobilisation plan was established in July 2020 in response to the NHS Scotland Covid19 Framework for Decision Making "Re-mobilise, Recover and Re-design".

The plan focuses on the areas agreed as priorities with the Scottish Government and includes information on 10 work streams and associated projects. Alongside this the Framework for Clinical Prioritisation has been established to support Health Boards with prioritising service provision and framing the remobilisation of services against 6 key principles within a Covid19 operating environment:

1. **The establishment of a clinical priority matrix** 1P-P4 (detailed above)
2. **Protection of essential services** (including critical care capacity, maternity, emergency services, mental health provision and vital cancer services)
3. **Active waiting list management** (Consistent application of Active Clinical Referral Triage (ACRT) and key indicators for active waiting list management, including addressing demand and capacity issues for each priority level)
4. **Realistic medicine remaining at the core** (application of realistic medicine, incorporating the six key principles)
5. **Review of long waiting patients** (long waits are actively reviewed (particularly priority level four patients)
6. **Patient Communication** (patients should be communicated with effectively ensuring they have updated information around their treatment and care)

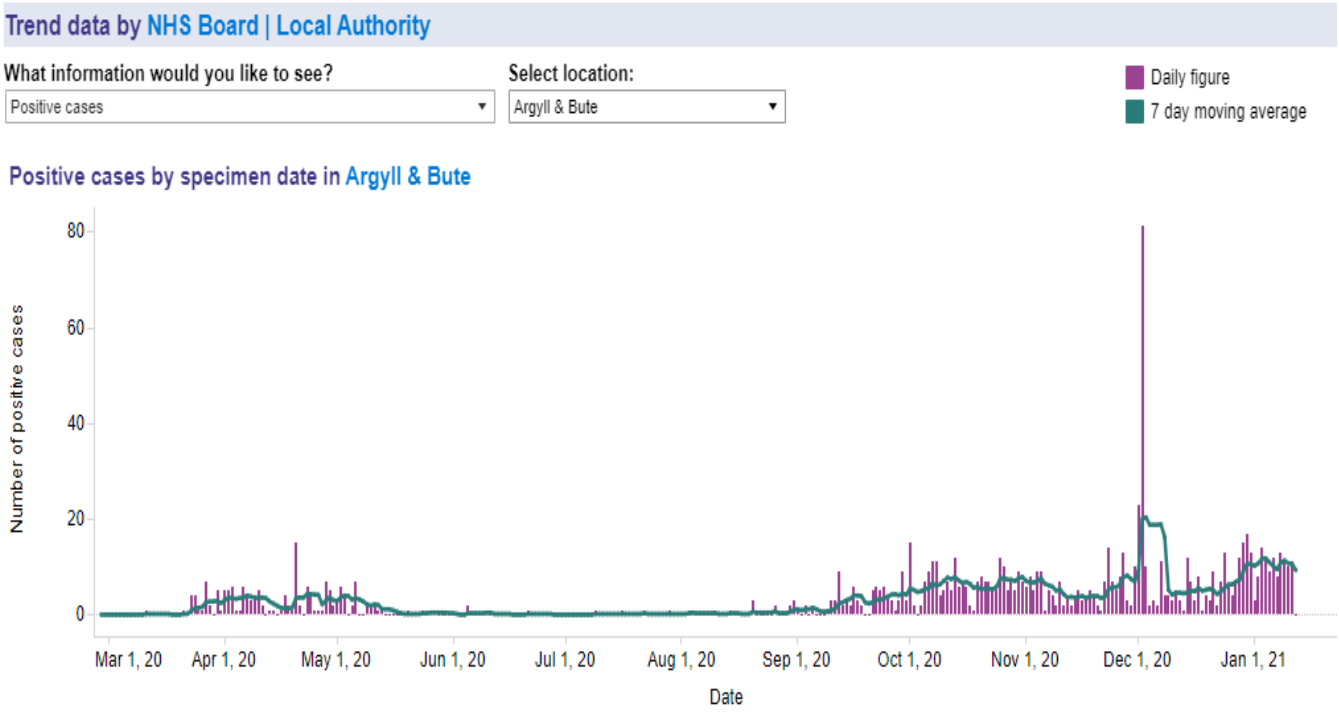
3. COVID 19 OVERVIEW

The data in the table below identifies the most recent Covid19 prevalence as at the 13th January and in particular aligns the data with testing, deaths and tier status. The data is shown by HSCP, Local Authority and Health Board areas to illustrate prevalence, the overall Scotland wide data provides the national backdrop.

National / Board / LA	Cases Daily	Cases (Last 7 Days)	Total Positive Cases	Tests Daily	Tests (Last 7 days)	Total Tests	Tests Positive % (L7d)	Deaths (Last 7 days)	Total Deaths	Tier Status
Scotland	1,949	14,842	155,372	23,432	161,916	3,662,457	10.4%	238	5,102	
NHS Highland	58	533	3,210	1,207	8,643	182,945	6.6%	2	88	
NHS GG&C	592	4,307	49,143	6,243	39,901	921,315	12.2%	67	1,539	
A&B HSCP	9	75	1,036	338	2,123	56,229	3.4%	1	54	3/4
Highland Council	49	471	2,116	855	6,408	124,588	7.7%	1	34	4
Glasgow City	362	2,478	29,286	3,225	20,657	480,887	13.3%	24	808	4

(Data Source – Public Health Scotland Daily COVID 19 @ Data 13/01/2021)

The Argyll & Bute trend analysis with regards to positive COVID19 cases for March 2020 to Jan 2021 identifies a slight increase in the 7 day moving average in infections, however overall currently numbers remain low.



(Data Source- PHS Covid19 data as at 11th Jan 2021)

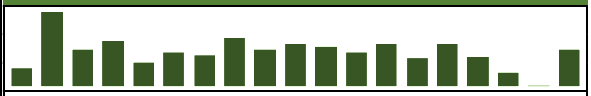
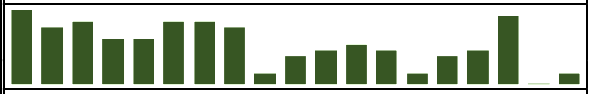
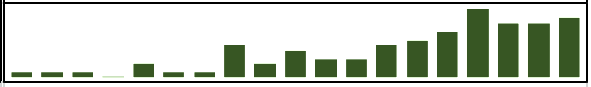
4. REMOBILISATION PERFORMANCE

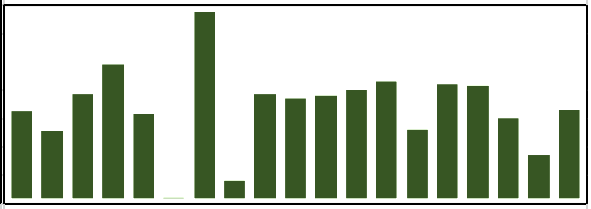
The tables below summarises and illustrates the HSCP service remobilisation performance against agreed SGHD target (70-80%) across Health and Social care showing significant progress being made.

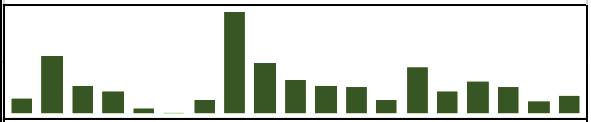
This report excludes primary care (GP, Pharmacy, Dental and other primary care services) performance who have a range of different targets and remobilisation milestones to meet and does not include activity targets.

Argyll and Bute HSCP remobilisation Cumulative Performance to 03 Jan 2021

	December Cumulative (to W/E 3rd Jan)			Weekly Activity Trend (1 Sep to 03 Jan)
TTG	**Target**	**Actual**	**%Var**	
TTG Inpatient & Day Case Activity (All Elective Admissions	50	43	-14%	
REFERRALS	**Target**	**Actual**	**%Var**	
Total AHP Referrals Monitoring	965	794	-18%	
Total Outpatient Referrals	955	738	-23%	
Total Urgent Suspicion of Cancer Referrals Received	25	30	20%	
OUT PATIENTS	**Target**	**Actual**	**%Var**	
Total New OP Activity Monitoring	700	676	-3%	
Total Return OP Activity Monitoring	1130	1429	26%	
Total AHP New OP Activity Plan	695	707	2%	
Total AHP Return OP Activity Plan	1640	2340	43%	
DIAGNOSTICS	**Target**	**Actual**	**%Var**	
Total Endoscopy Activity Monitoring	70	54	-23%	
Total Radiology Activity Monitoring	390	428	10%	
CANCER	**Target**	**Actual**	**%Var**	
Total 31 Days Cancer - First Treatment Monitoring	0	4	0%	
UNSCHEDULED CARE	**Target**	**Actual**	**%Var**	
Total A&E Attendances Monitoring (LIH)	510	520	2%	
Total A&E Attendance (AB Community Hospitals)	1555	1797	16%	
Total % A&E 4 Hr (LIH)				
Total Emergency Admissions IP Activity Monitoring (LIH)	185	190	3%	
Emergency Admissions IP Activity Monitoring (AB Community Hospitals)	185	194	5%	

ADULT SOCIAL CARE	December Cumulative (to W/E 3rd January			Weekly Activity Trend (1 Sep to 03 Jan)
	Target	Actual	%Var	
Total Number of Adult Referrals	895	881	-2%	
Total Number of UAA Assessments	280	194	-31%	
Total Adult Protection Referrals	30	35	17%	
Total New People in Receipt of Homecare	45	35	-22%	
Total New Care Home Placements	20	9	-55%	
Total No of Delayed Discharges	10	21	110%	

COMMUNITY HEALTH	Target	Actual	%Var	
Total Mental Health – New Episodes	100	52	-48%	
Total Mental Health – Patient Contact Notes	730	698	-4%	
Total DN – New Episodes	115	131	14%	
Total DN – Patient Contact Notes	5040	5270	5%	
Total AHP - New Episodes	345	316	-8%	
Total AHP - Patient Contact Notes	3870	2801	-28%	

CHILDREN & FAMILIES SOCIAL CARE	Target	Actual	%Var	
Total Number of Child Request for Assistance Referrals	245	258	5%	
Total Number of New Universal Child Assessments	110	81	-26%	
Total Number of Children on CP Register	38	28	-26%	

(Please note that not all MH community and AHP activity is captured due to data lag and some services are not yet on automated systems)

5. Service Referral activity

The resumption of services has not seen a corresponding increase in Primary Care GP referral activity to previous levels. The cumulative reduction for Lorn & Islands is 26.6% against 28% for Argyll & Bute.

Nationally it is being highlighted that there has been a significant reduction in outpatient referrals from Primary Care. Further analysis is ongoing to try and establish the reason why and the potential impact this will have going forward. Preliminary feedback on the reason for this includes patients feeling apprehensive about going to see their GP, or potential for traveling to access services due to the Covid19 infection risk.

Consultant outpatient referral activity	W/E 03-Jan				Cumulative		
Lorn & Islands GP referral activity	**Plan**	**Actual**	**Var**	**Revised Actual**	**Plan**	**Actual**	**Var**
Total	**112**	**42**	**-70**	**32**	**2576**	**1891**	**-685**
Argyll & Bute GP referral	**Plan**	**Actual**	**Var**	**Revised Actual**	**Plan**	**Actual**	**Var**
Total	**81**	**17**	**-64**	**23**	**1863**	**1337**	**-526**

(Data Source – Performance Review Board 12/01/2021)

5. WAITING TIMES PERFORMANCE

The table below identifies the length of wait associated with each of the specialities alongside the totals and booking status as at 16th December 2020.

		Length of Wait (weeks				Appt Status		
Main Specialty	**Total on Waiting List**	**Over 26**	**12 to 26**	**Under 12**	**% > 12 Weeks**	**Booked**	**Unbooked**	**% Un Booked**
Consultant Outpatients Total	**1215**	**279**	**188**	**748**	**38.4**	**480**	**735**	**60.5**
Mental Health Total	**703**	**425**	**104**	**174**	**75.2**	**52**	**651**	**92.6**
AHP OTHER Total	**415**	**74**	**35**	**306**	**26.3**	**123**	**292**	**70.4**
Nurse Led Clinics Total	**121**	**18**	**8**	**95**	**21.5**	**54**	**67**	**55.4**
All OP WL Total	**2454**	**796**	**335**	**1323**	**46.1**	**709**	**1745**	**71.1**

New Outpatient Waiting List Summary position as at 16th December 2020

At the end of March 2020, 20% (265 patients) awaiting a new outpatient appointment for a consultant led specialty were in breach of the 12 week TTG waiting time's target. This was the best month end position reported by the HSCP since summer 2018 and exceeded the year-end target set out in the Annual Operational Plan agreed with the Scottish Government for 2019/20.

However, due to the Covid19 pandemic outpatient appointment capacity fell by 68% from average circa 500 per week pre-covid to 160 between mid-March to mid-June, before beginning to show a slow but sustained increase as the country came out of lockdown.

Argyll and Bute HSCP working with NHS Highland had initially worked to agree an outpatient service remobilisation target of 80% by the end of July 20 subject to NHS Greater Glasgow and Clyde (GG&C) remobilisation performance. In the end this was significantly higher than NHS GG&C whose remobilisation targets were 60% by October and 80% by December.

This is primarily due to the continuing Covid19 emergency inpatient activity which remained significant in NHS GG&C hospitals through to early autumn.

Across NHS GG&C there are understandable differences as to how Specialties are remobilising. This seems to be due to a complex mix of factors including the extent hospital sites are physically reconfigured due to Covid19 working practices e.g. staffing, availability of theatres & ITU, the limited number of wards with single rooms.

The HSCP has managed to commission additional waiting list initiatives in Ophthalmology, Dermatology, ENT, Gynecology and General Medicine along with others initiatives which has greatly improved the performance and reduce the waiting times from 70% breach of 12 weeks in June to 46.1% as at the 16th December 2020 for all waits.

The HSCP has been increasing the use of virtual consultations, either using NHS Near me technology or by telephone. All consultants are triaging their waiting lists to decide who needs face to face consultations and who can be virtual.

However, take up has been lower than planned particularly by Argyll and Bute based clinicians, this may be as a result of the lower prevalence of infection in Argyll and Bute to date. This is something the HSCP is trying to promote and the TEC team are working

with Clinicians to support this blended approach to help ensure access to outreach areas and prevent patient travel

NHS GG&C set a target back in June 2020 that 70% of all clinical consultations should be virtual this includes all disciplines, including AHPs.

The Tables below illustrate the scale of virtual new and return consultant outpatient performance for Lorn & Islands Hospital and Community Hospitals in Argyll and Bute undertaken to December 2020:

Cumulative activity to end of December 2020 Virtual Consultant Outpatient				
Speciality	**LIH New**	**LIH Return**	**Community Hospitals New**	**Community Hospitals Return**
Cardiology	2	113		139
Clinical Oncology	1	10		
Dermatology	3	37		4
ENT	77	11	10	15
Endocrinology & Diabetes	1	51	4	70
General Medicine	17	488	13	172
General Surgery	9	52		5
Gynaecology	32	42	22	13
Haematology	4	176		
OMFS & Oral Surgery	134	7		
Orthopaedics	1	25	5	5
Ophthalmology			1	8
Paediatrics	10	90	43	163
Paediatrics community			30	77
Respiratory Medicine	6	83		
Urology Virtual	0	115		
Total	**297**	**1300**	**131**	**671**

(Data Source- NHS Highland Remobilisation Plan We 3rd January 2021)

All Cancer referrals, cancer treatments and follow ups to NHSGG&C are prioritised as P1 or P2 and performance waiting targets are being met.

Although all specialties have resumed, some outreach services have new tighter infection control restrictions, e.g. ENT which means that they cannot currently be performed in Community hospitals. The HSCP is reviewing how Primary Care can support Secondary care services, through a shared care approach, reducing the need to travel to GGC for tests or some interventions.

Appendix 1 shows NHS Board Level KPI's against Treatment Time Guarantee as at 21st December 2020

6. OUTLOOK FOR 2021/22

Across Scotland we are now unfortunately seeing a resurgence of Covid19 infections, exacerbating normal winter pressures and the Scottish Government has had to reinstitute stringent national lockdown measures.

A number of Boards are now prioritizing P1 and P2 only together with Covid19, vaccinations, as well as suspend all non-urgent face to face patient activity.

NHS GG&C have confirmed as at 18th January they are now only undertaking P1 and P2 treatment activity as they are dealing with a significant increase in emergency covid19 inpatient and ICU activity.

Consequently it is expected that there will be a suspension or a significant slowdown in the resumption of all non-urgent activity. As far as possible this will be tempered by delivering as much a possible "virtually" and limiting the amount of face to face clinics/contacts.

The scale of this impact across Health and Care services in Argyll and Bute will be clear over the coming weeks.

The Scottish Government has initially set a target of by the end of quarter 2 of a return to pre-covid19 levels of activity and NHS Boards and HSCPs are being asked to prepare plans to achieve this for submission by the end of March 2021.

7. ANNUAL PERFORMANCE REPORTING FOR 2020/21

As previously reported the return of the HSCP Annual Performance Report (APR) for 2019/20 was affected by the ongoing Covid 19 response across national data services. This meant that a reduced and focussed report was produced for last year in order to capture key health and wellbeing outcomes performance using previous calendar data.

The 2020/21 APR is also expected to be different and discussions are taking place with the SGHD with regards to changing the context/focus of the year report to the Covid19 pandemic response and subsequent remobilisation of health and social care services during the ongoing Covid19 restrictions.

An update on the outcome of this will be presented to the Strategic Planning Group and the IJB in due course.

8. GOVERNANCE IMPLICATIONS

8.1 Financial Impact

The Covid19 pandemic and its impact has seen a national allocation of funding monies in-line with need and submitted remobilisation plans.

8.2 Staff Governance

There has been a variety of staff governance requirements throughout this pandemic which have been identified and continue to be progressed and developed include health and safety, wellbeing and new working practices within national Covid19 restrictions

7.3 Clinical Governance

Clinical Governance and patient safety remains at the core of prioritised service delivery in response to the pandemic and subsequent remobilisation.

8. EQUALITY & DIVERSITY IMPLICATIONS

Service delivery has been impacted by the Covid19 pandemic and ongoing and new EQIA will be required to be undertaken.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing is daily via national Scottish Government and Public Health Scotland websites meeting GDPR requirements.

10. RISK ASSESSMENT

Risk assessments are in place across he HSCP to ensure staff and service user safety within Covid19 guidance and tier restrictions

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Public and user updates are available nationally at the Scottish Government COVID 19 website alongside advice and updates on both the Council and NHS Highland Internet sites.

12. CONCLUSION

The HSCP together with its partners have had to respond to the covid19 pandemic by initially ceasing all non-urgent and routine health and care services. Putting its self on an emergency only footing for the period March to June 2020.

Since then it has commenced remobilisation of services and has made good progress operating within a Covid19 compromised operating context. With the recent increase in virus prevalence and instigation of national lock down in January 2021, full remobilisation remains unlikely to be achieved until post summer 2021.

The IJB are asked to note and consider this update on the impact of the Covid19 pandemic on the HSCP performance and its subsequent remobilisation of services.

13. DIRECTIONS

	Directions to:	tick
Directions required to Council, NHS Board or both.	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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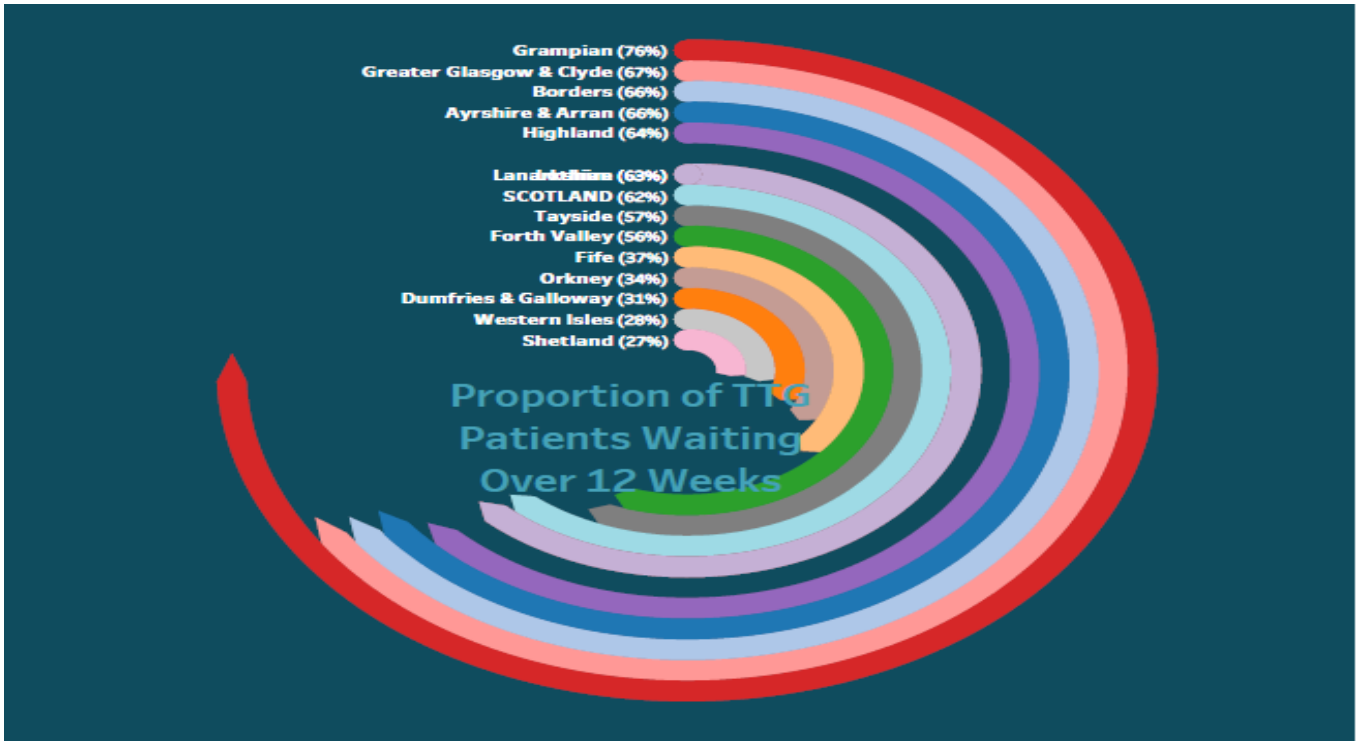
Appendix 1
Board Level KPI's & Percentage of Treatment Time Guarantee Waiting >12 Weeks as at 21st December 2020

Current Week Performance Table

	21 December 2020								
	TTG - patients waiting over 12 weeks	TTG - patients waiting over 26 weeks	Core 4 hour ED Performance (week)	Patients Spending over 8 hours in core ED (week)	Patients Spending over 12 hours in core ED (week)	Core ED Attendances (week)	Delayed Discharges (total)	OPWL - waiting over 12 weeks	OPWL - waiting over 26 weeks
SCOTLAND	53,973	40,388	82.4%	730	254	19,410	0	171,568	96,056
Ayrshire & Arran	3,030	2,270	73.9%	206	124	1,460	0	19,039	11,018
Borders	1,037	604	71.3%	45	16	484	0	3,039	1,309
Dumfries & Galloway	441	278	88.5%	5	1	652	0	2,874	899
Fife	1,043	709	84.9%	39	7	964	0	6,834	2,725
Forth Valley	1,586	1,037	84.4%	3	1	825	0	7,883	3,611
Grampian	8,077	6,470	84.3%	29	3	1,376	0	14,303	8,321
Greater Glasgow & Clyde	16,251	12,767	82.8%	163	36	4,868	0	51,727	31,378
Highland	3,154	2,444	87.4%	12	1	872	0	5,591	2,496
Lanarkshire	5,393	4,304	75.9%	141	43	3,100	0	12,879	5,047
Lothian	8,646	6,006	83.7%	84	22	3,461	0	35,225	22,338
Orkney	56	47	94.5%	0	0	91	0	479	253
Shetland	83	61	96.2%	1	0	105	0	501	306
Tayside	4,328	2,916	94.8%	2	0	1,092	0	10,770	6,191
Western Isles	88	0	98.3%	0	0	60	0	405	151