

Board Performance Report

December 2020

1. Introduction

The purpose of this briefing is provide the Board with an update on the following.

- Current COVID position (with comparison to the first COVID wave)
- Progress with the implementation of the milestones within the Remobilisation Plan
- Summary of performance against key targets

We have also included for information updated information in respect of Testing, Contact Tracing and the Flu Vaccination programme.

2. COVID position

In overall terms, all three local authority areas in Grampian have had a lower rate of prevalence of COVID that elsewhere in Scotland. However, the rates of positive cases have been increasing in Grampian over the last few weeks, as have hospital admissions and ICU occupancy.

In relation to COVID inpatients the current position is at 64% of the peak in the initial COVID wave.

In terms of positive cases, these are higher in the population (20-59) but hospital admissions are predominately in the age group 70+. It remains important that we follow national guidance:



3. Remobilisation Plan

In terms of the overall position we would comments as follows:

- **Milestones** – in terms of achievement of the milestones within the remobilisation plan, 148 of the 160 actions are either completed, on track or only minor issues to resolve.

- **Flu vaccinations** – more than 100,000 people in the over 65 and under 65 at risk cohorts in Grampian have now received their free winter flu immunisation. National guidance now provided for 60-64 age group.
- **Test and Protect** – established testing and contact tracing programme, operating at required staffing levels. Local Contact Tracing performance is consistently better than the national average. Surveillance Group established to monitor COVID position and changes in positive rates to anticipate and take early action where required.
- **Surge and Flow** – comprehensive process of planning in relation to the mobilisation plan objectives across all the operational (Bronze) teams

4. Performance

The key points to note are as follows:

- **Elective Care and Cancer** – the paper sets out the current position. The re-mobilisation plan sets out how we propose to increase capacity, initially to reduce the cancer and ESCAT 1/2 patient waiting lists. Whilst we have re-mobilised the extent to which we have been able to increase capacity continues to be limited due to new COVID restrictions. Details of our current position are set out in the paper. Key points for highlighting

Outpatients - referrals now close to pre-COVID levels but with reduced capacity to meet demand; % of virtual appointments has levelled out in recent months

TTG - % of activity down due to COVID restrictions. Focus on ESCAT 1 and 2 patients, with growing waiting list size for CAT 3

- **Cancer** – 31 and 62 day performance remain better than prior to COVID but the number of patients breaching increased in recent weeks as referrals increase.
- **Unscheduled care** – performance has been at or above the national average in recent weeks and delayed discharge position currently averages 60-70 compared to 110-120 earlier this year.
- **CAMHS** – performance continues to be in the upper quartile in Scotland, with access to the services maintained at a high level during this year.

COVID position

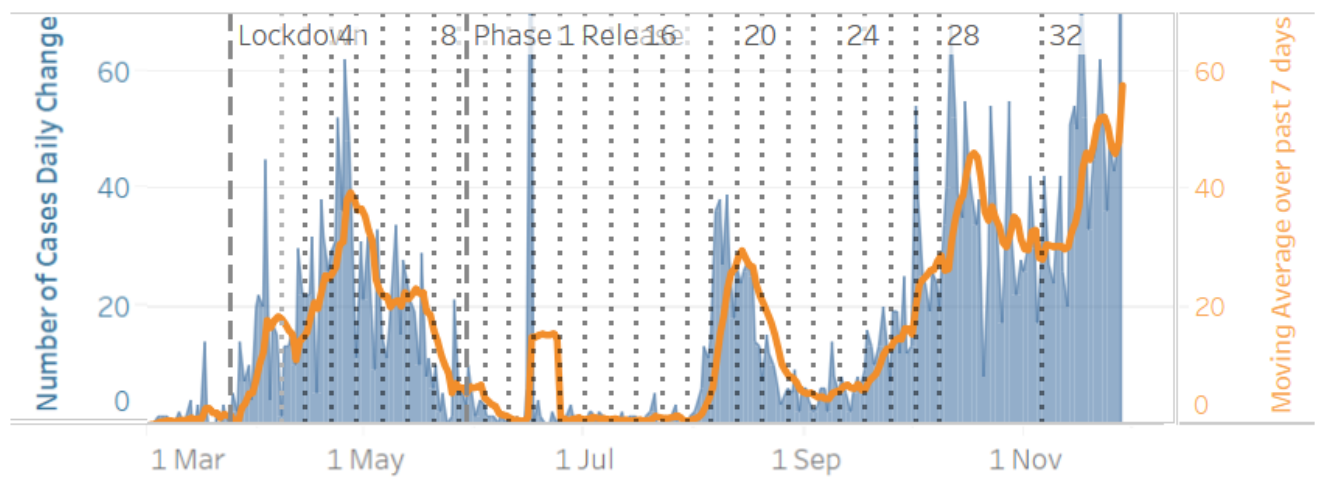
COVID Case numbers

Census Date	Number of Cases	Rate per 100,000 population	Change since previous day
25 Nov 20			
Ayrshire and Arran	6,321	1,709.9	62
Borders	962	834.6	6
Dumfries and Galloway	1,123	754.8	8
Fife	3,969	1,067.2	40
Forth Valley	3,917	1,279.8	24
Grampian	4,477	765.9	122
Greater Glasgow and Clyde	31,422	2,674.3	260
Highland	1,371	426.0	14
Lanarkshire	18,652	2,829.5	190
Lothian	12,945	1,441.9	94
Orkney	36	162.2	0
Shetland	73	317.5	2
Tayside	5,618	1,350.2	58
Western Isles	75	279.5	0
Grand Total	90,961	1,672.7	880

Number of Cases

Health Board: Grampian

○ Cumulative
● Daily Change



	19 Nov	20 Nov	21 Nov	22 Nov	23 Nov	24 Nov	25 Nov
Number of Cases	4,124	4,179	4,215	4,263	4,306	4,355	4,477
Rate per 100,000 population	705.5	714.9	721.1	729.3	736.6	745.0	765.9
Change since previous day	62	55	36	48	43	49	122
% Daily Change		1.3%	0.9%	1.1%	1.0%	1.1%	2.7%

Comment

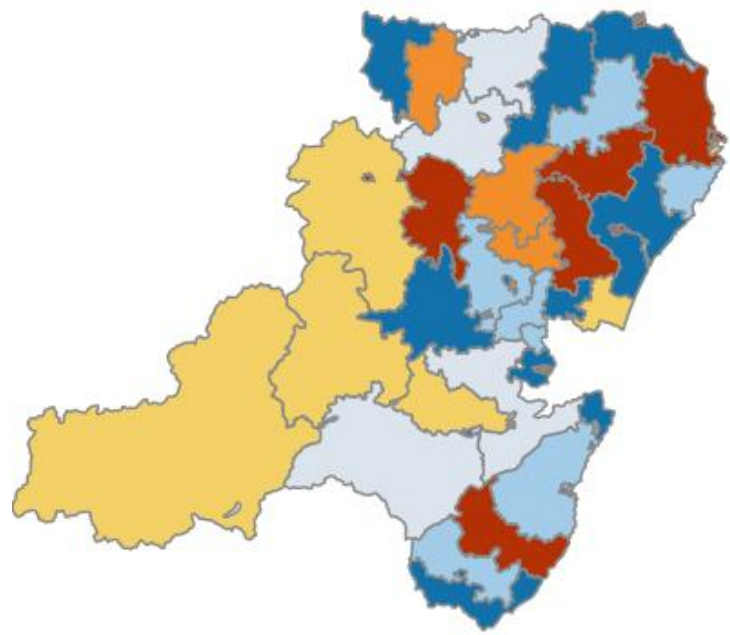
- Rates per 100,000 have been steadily increasing – 695 (18 November), 634 (11 November), 596 (4 November), 559 (28 October)

7 day positive COVID rates – 16-22 November

Source: The PHS publicly available COVID-19 dashboard (updated daily) can be accessed from the following link:
https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview

Aberdeenshire

7 day positive rate per 100,000 population



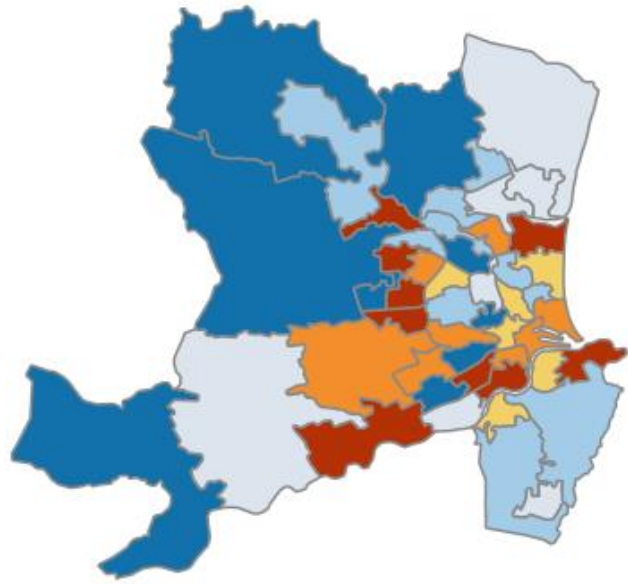
7 day positive cases	Rate per 100,000 pop	7 day positivity rate
176	67.4	4.0%

Moray



7 day positive cases	Rate per 100,000 pop	7 day positivity rate
18	18.8	1.2

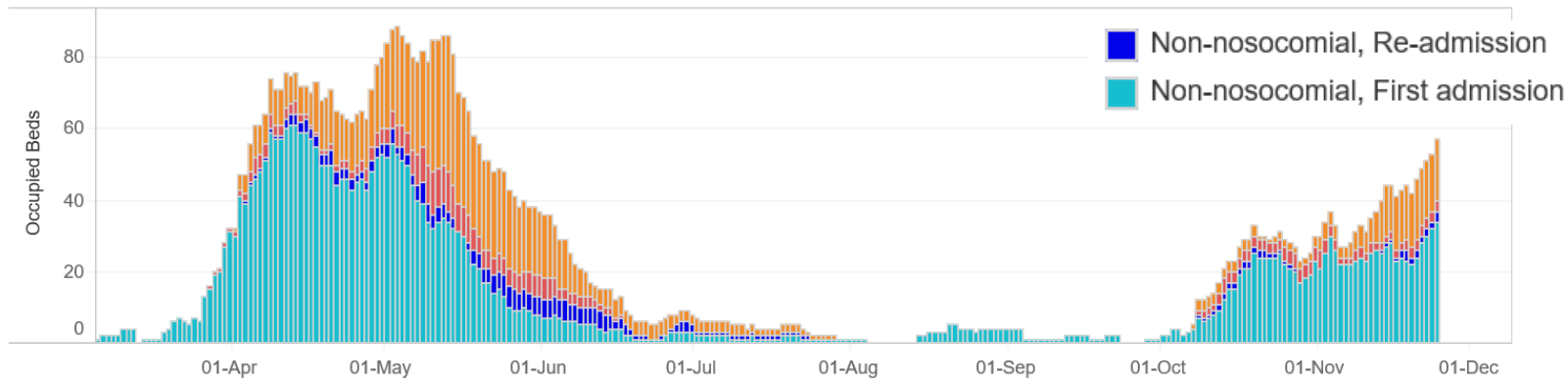
Aberdeen City



7 day positive cases	Rate per 100,000 pop	7 day positivity rate
143	62.5	3.8

Hospitalisation Trend report (including ICU occupancy)

Hospital Occupancy *as at 23:59, counted from Date First Tested Positive



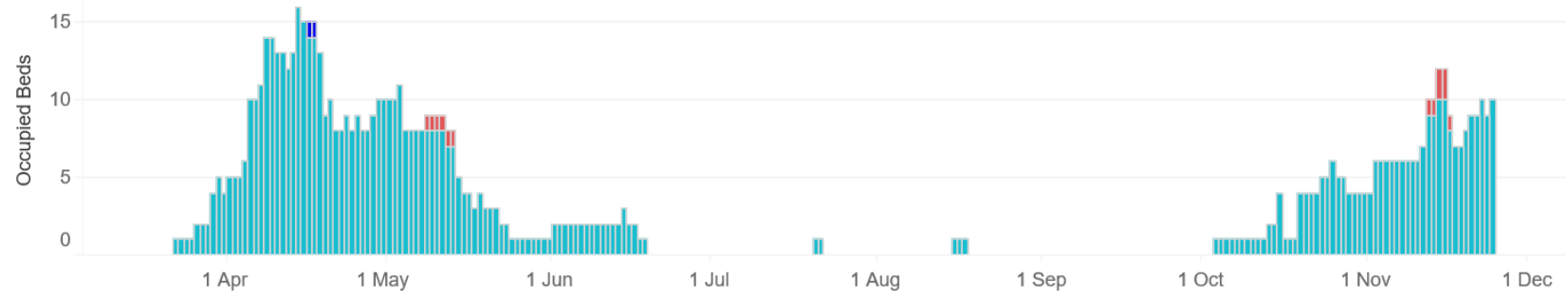
■ Possible Nosocomial, First admission
■ Probable Nosocomial, First admission
■ Non-nosocomial, Re-admission
■ Non-nosocomial, First admission

		12/11	13/11	14/11	15/11	16/11	17/11	18/11	19/11	20/11	21/11	22/11	23/11	24/11
Re-admission	Non-nosocomial		1	1	1	1	2	3	2	2	2	2	2	3
First admission	Non-nosocomial	26	25	27	28	23	24	23	22	24	28	30	32	34
	Definite Nosocomial	9	12	14	13	15	15	15	15	17	16	16	16	17
	Possible Nosocomial	2	2	2	2	2	2	3	3	3	3	3	3	3
Total		37	40	44	44	41	43	44	42	46	49	51	53	57

Comment

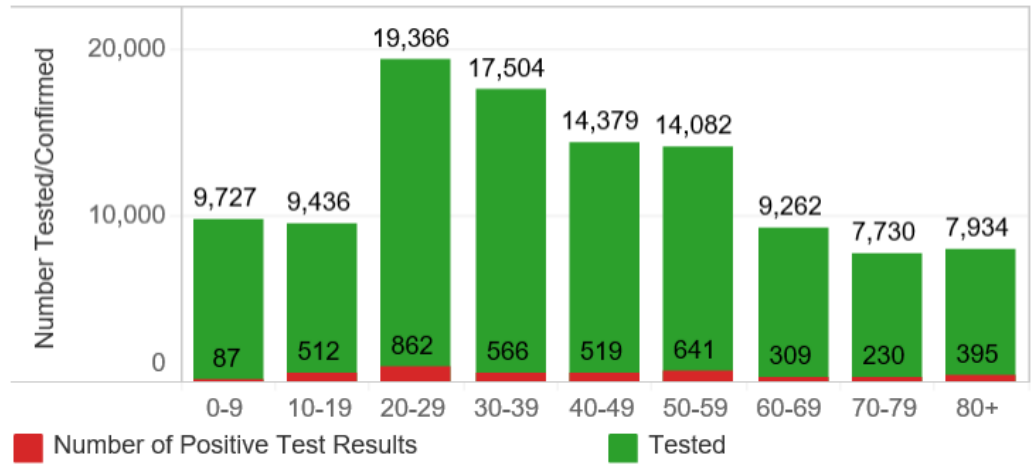
- Hospital Occupancy - current 57 (peak in 1st wave – 89)
- ICU Occupancy – has increased in recent weeks (peak in 1st wave -16)
- Continued to provide access to National ECMO service

ICU Occupancy

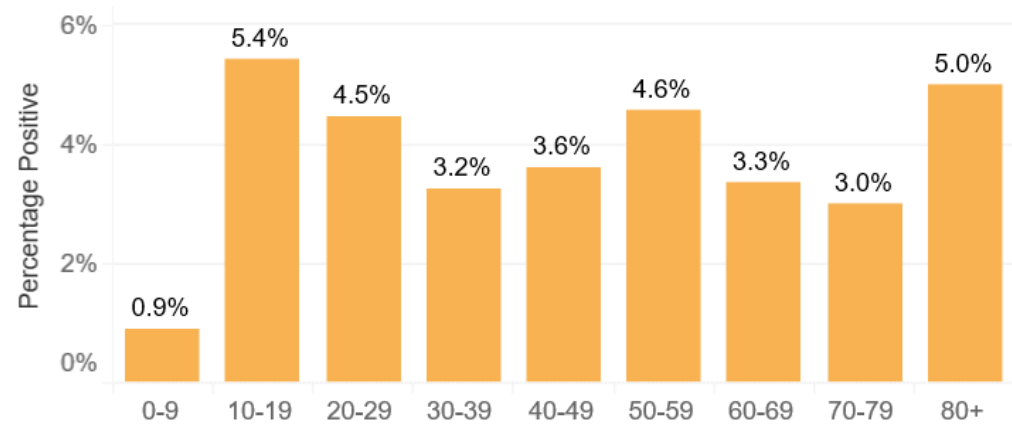


Positive Test results, Hospital admission and hospital deaths (by age)

Tests and Positive Test Results by Age

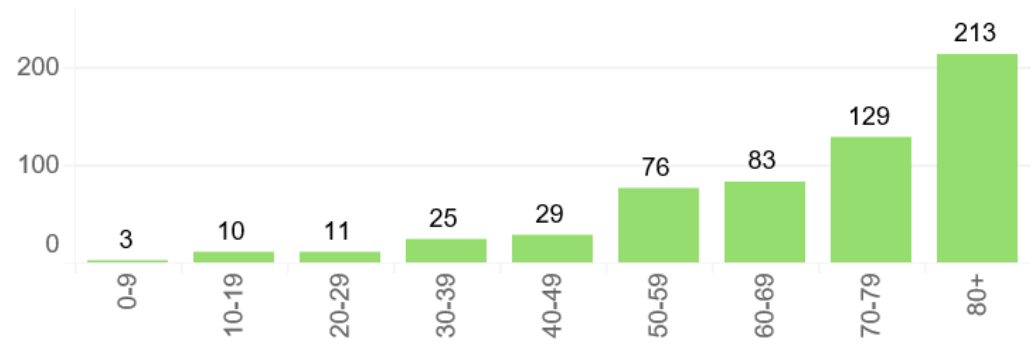


Positive Test Results as a Percentage of Tests



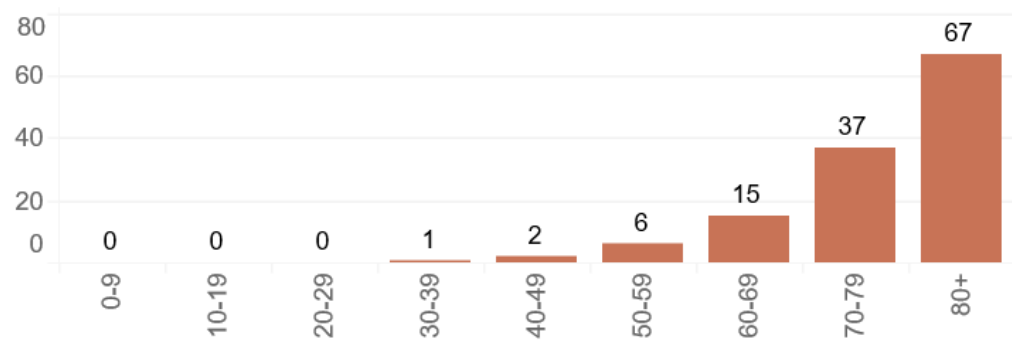
Number of Hospital Admissions by Age

* Hospital/Occupational Health split not available



Number of Hospital Deaths by Age

* Hospital/Occupational Health split not available



Comments

- Number of positive tests higher in age groups (20-59)
- Hospital admissions and deaths highest 70+ age group

Remobilisation Plan

Update Report on Remobilisation Plan Milestones – End October 2020

Aim of Report

This is the first monthly report which aims to provide an overview of progress and highlight any key risks/concerns in relation to delivery of the milestones set out within the agreed NHS Grampian Remobilisation Plan for 2020/21.

The report will be submitted to the Grampian System Leadership Team (SLT) on the third Monday of the month for discussion and exploration of key risks/concerns. The report will also be shared with other cross-system/stakeholder groups as appropriate.

The Remobilisation Plan can be accessed via this link - [Grampian Remobilisation Plan - Part One](#) (link to summary version to be added)

Status	Mid Oct 2020	End Oct 2020
Total Milestones	158	160*
Completed	25	30 ↑
On Track	78	72 ↓
Minor Issues	44	46 ↑
Delayed Delivery	11	12 ↑

*Two milestones were added at end of Oct review

Overview of Progress at End of October 2020

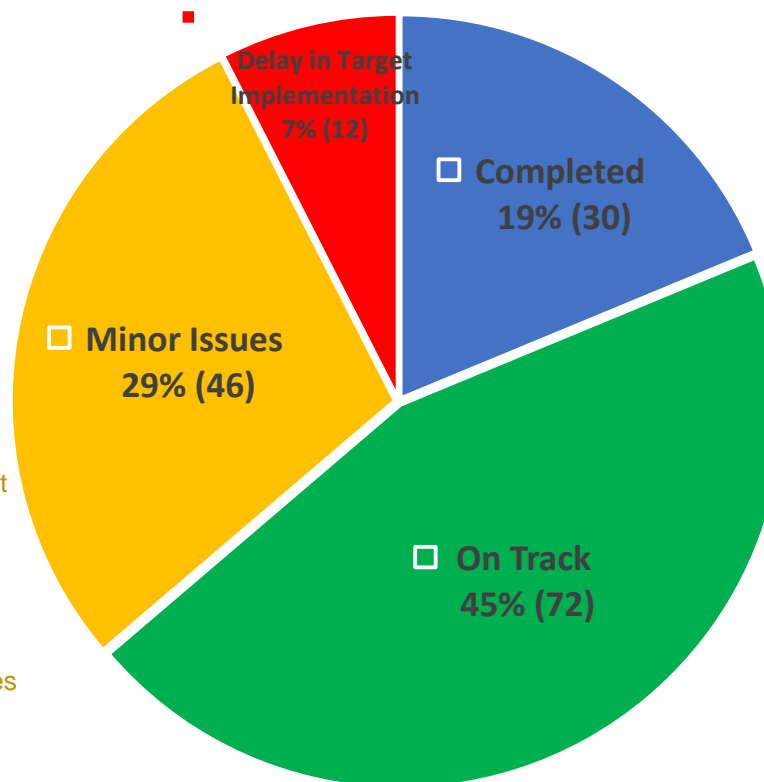
At the end of October, 64% of the 160 milestones set out in the Plan were completed or on track to be completed. Below summarises the key changes to milestone status based on the initial assessment undertaken.

Milestones moved to 'RISKS/DELAY in DELIVERY':

- **Mental Health** (New milestone added) – Remobilisation of Group Therapies.

Milestones moved to 'MINOR ISSUE':

- **Digitally Enabled Services** –
 - GP Summary View accessible to TrakCare users to support care pathways.
 - Digital Appointments pilot complete in Dermatology & strategy created to roll out solution if successful.
 - Pilot GPs to use eConsult system for Blood Pressure Monitoring.
- **Staff Health & Wellbeing** - Reactivate Healthy Working Lives activity in ACHSCP & across Grampian
- **Mental Health** - Secure IT hardware & software to ensure delivery & continuity of services; optimise home working

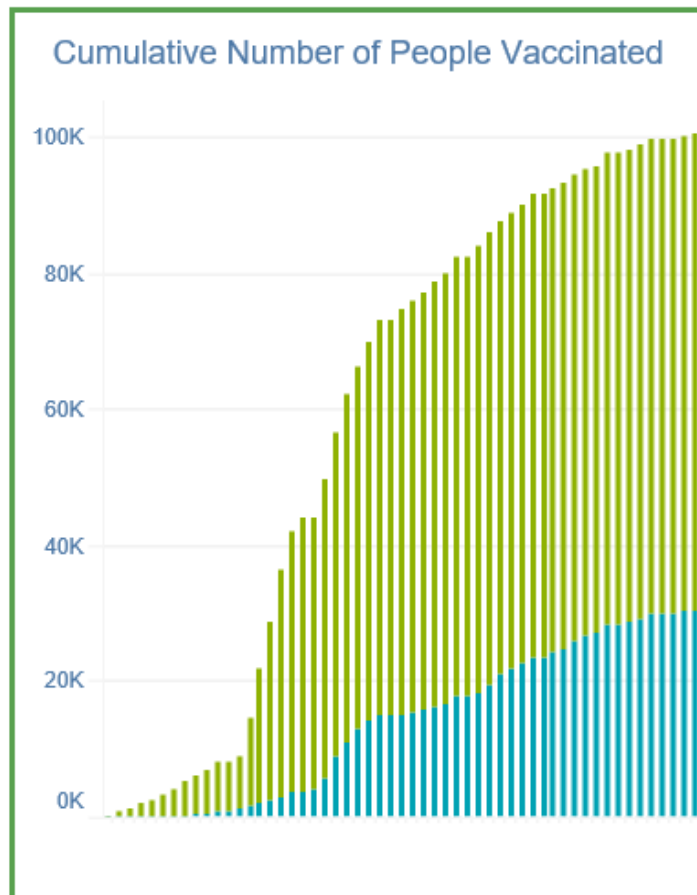
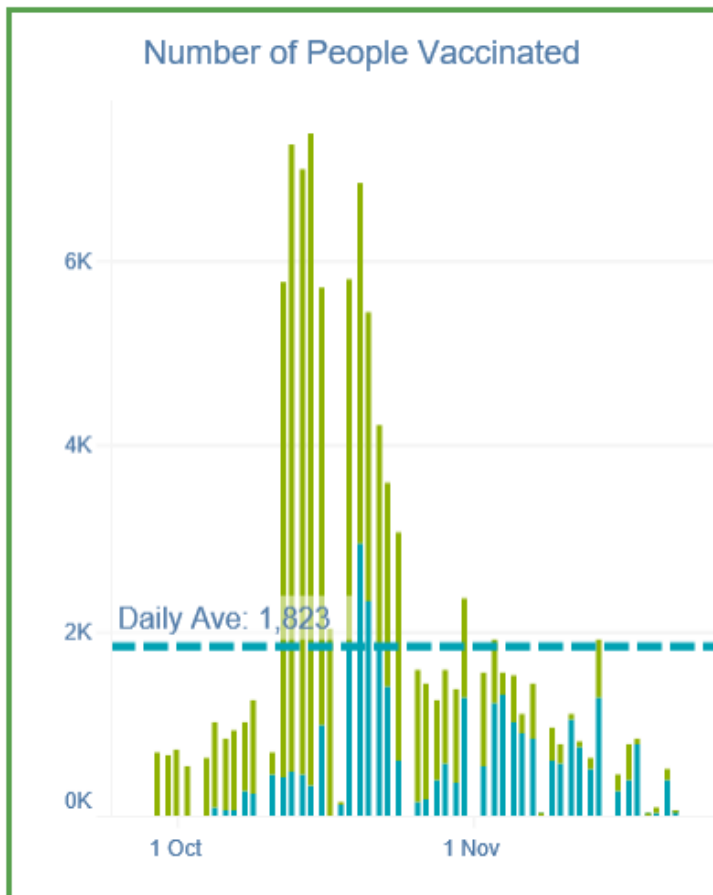


Milestones COMPLETED since last report:

- **Mental Health**
 - Complete Cross Grampian unscheduled care review
 - Education recovery group – to safely re-establish student training
- **Digitally Enabled Services**
 - New care guidance added to Grampian Guidance
 - Post-pilot rollout of Community Pharmacy Prescribing (CoPPr) application.
 - Creation of Illuminate & Real-time Command Centre dashboards.
 - Near Me staff & patient survey results
 - Provide Emergency Care Summary access to Community pharmacists & optometrists.

Milestones moved to 'ON TRACK':

- **Communication & Engagement** - Establishment of rolling quarterly engagement surveys
- **Staff Health & Wellbeing** - Clear recognition of priority Non-COVID-19 workplace health & safety issues
- **Workforce Planning, Education & Research** - All current research studies risk assessed & recommended
- **Digitally Enabled Services** - Netcall COVID-19 test portal to be implemented



65 and over

<65 at risk

Comments

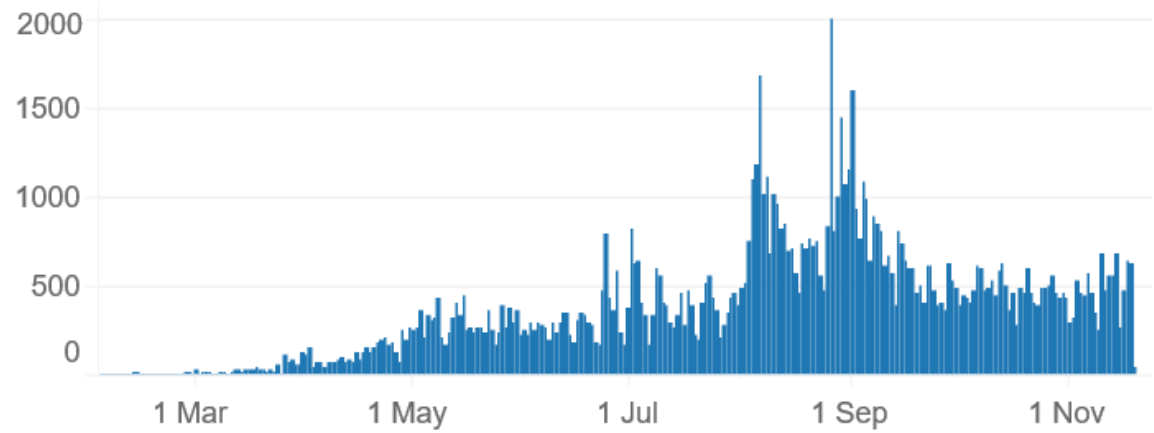
Vaccinations completed

- 65y = 84,600 (98% of target this includes a 10% uplift on previous years)
- <65y at risk = 33,100 (61% of target)
- NHS Staff = 5,500 (71% of target)

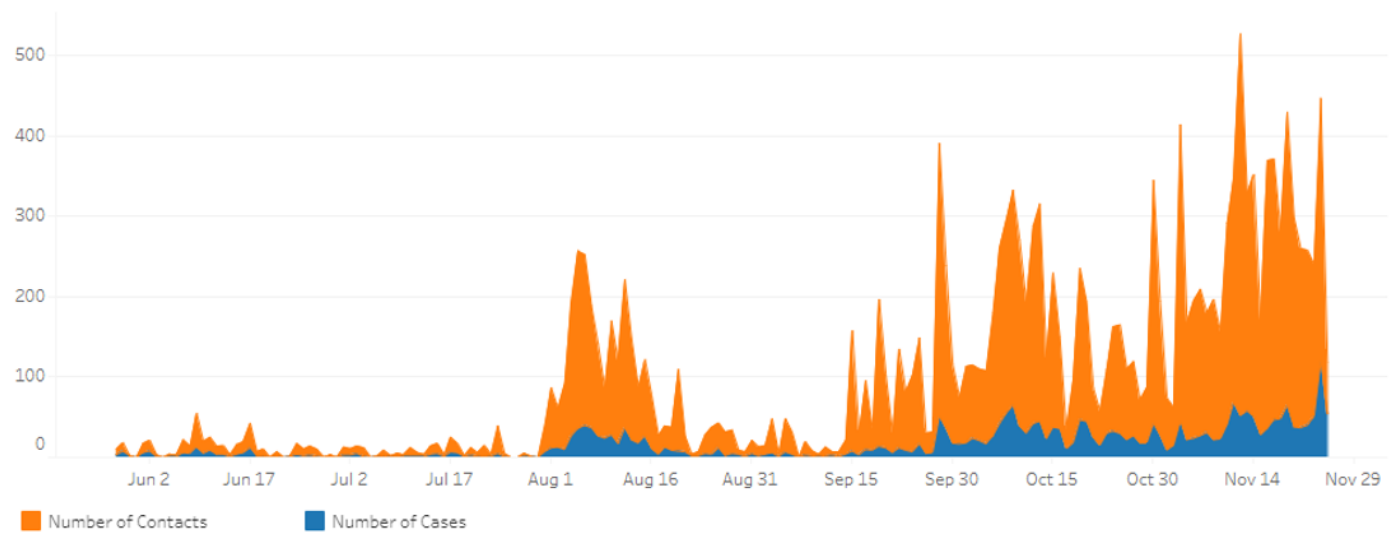
Other key points

- Additional staff are working in the flu helpline centre and dealing with queries sent to the dedicated email account.
- Priority for those aged 65 and over and anyone aged 18-64 with a medical condition which puts them at increased risk.
- We have received notification from Government to proceed with vaccinating the 60-64y general population cohort
- The vaccination programme for other key groups is already in place. School immunisations have just started, while community midwives in Aberdeenshire and Moray and the team at Aberdeen Maternity Hospital are supporting immunisation in pregnancy.

Daily Number of New People Tested
(Occupational Health, Hospital & Community)



Contacts & Cases by Day



Comments

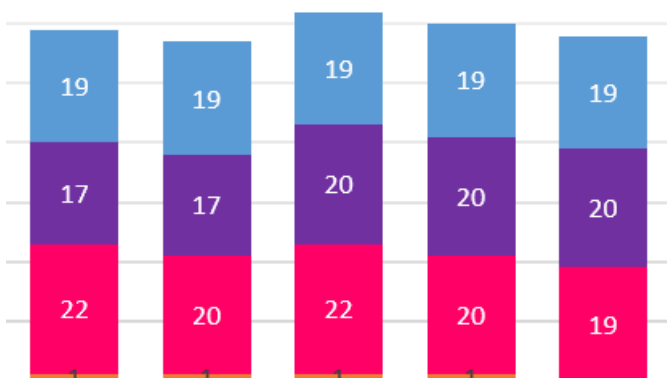
- Testing programme in Grampian well established
- Total daily numbers of persons tested has been relatively consistent over last month, with slightly more variation in staff testing
- Contact tracing is operating at the recommended staffing levels and performance in Grampian in terms of time taken to trace and % of contact traced is higher than the national average – 84% of contact reached within 72 hours of test taken.
- Significant work being undertaken to implement the Regional Testing Hub as part of the national plan to increase capacity

Performance Summary

Unscheduled Care Position

Delayed discharges

The level of delayed discharges remains lower than earlier this year when the no. of delayed discharges was c110-120. See below data for period 19-25 November.



19.11.20	20.11.20	23.11.20	24.11.20	25.11.20
1	1	1	1	0
19	19	19	19	19
17	17	20	20	20
22	20	22	20	19
0	0	0	0	0
0	0	0	0	0
1	1	1	1	0

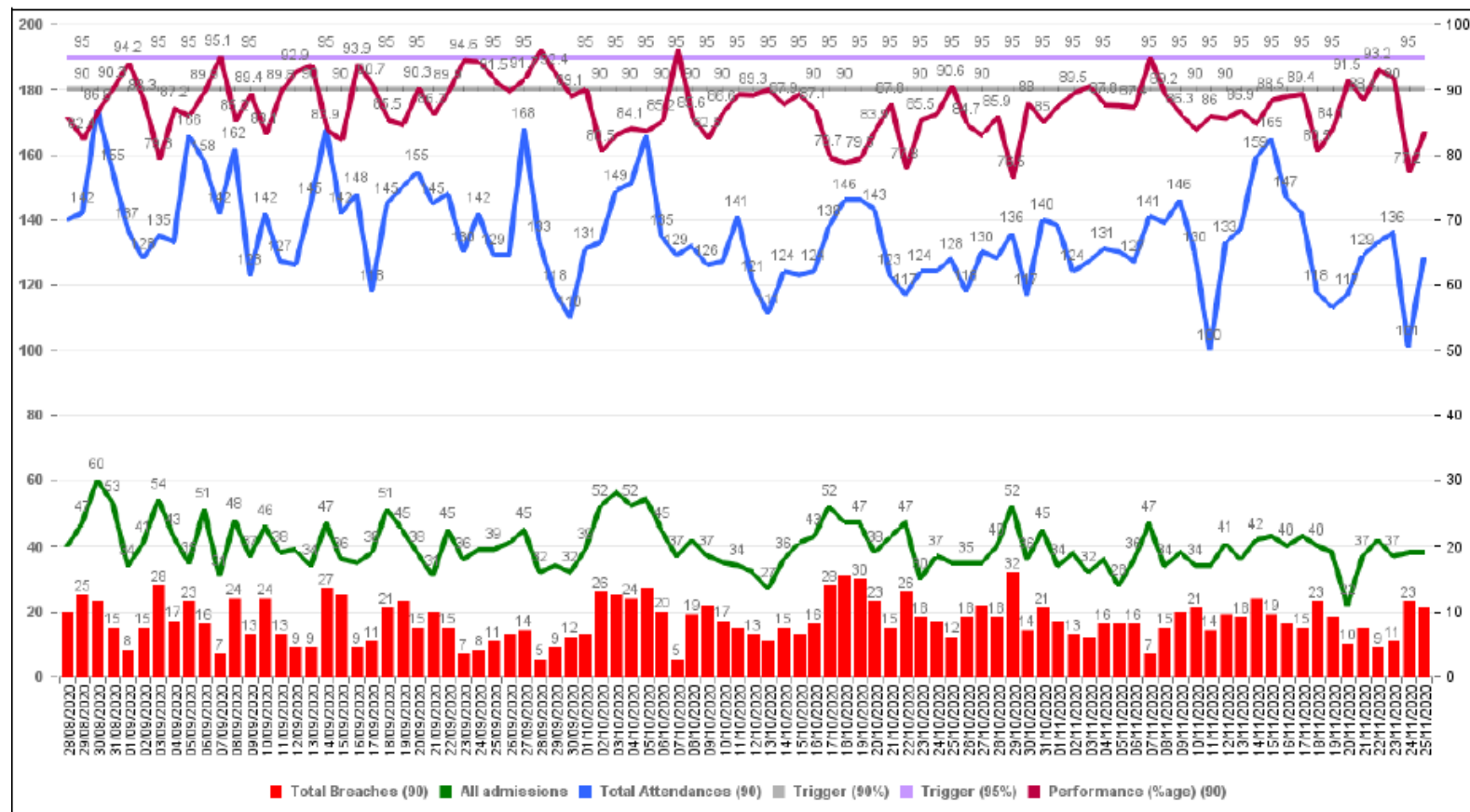
Aberdeen City Total	Aberdeenshire Total	Moray Total
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Unscheduled Care Performance (to 16 November)

- ED performance last 4 weeks (most recent first)– 89.6%, 92.0%, 88.3%, 86.3%.
- Attendances last 3 weeks (most recent first)– 1,631, 1,566, 1,629.
- Lower than national average last 4 weeks - (88.1%, 87.2%, 86.2%, 87.2%)

21 Nov	22 Nov	23 Nov	24 Nov	25 Nov
92.2%	94.5%	93.4%	83.5%	89.4%

ED 4 hour performance –
last 5 days

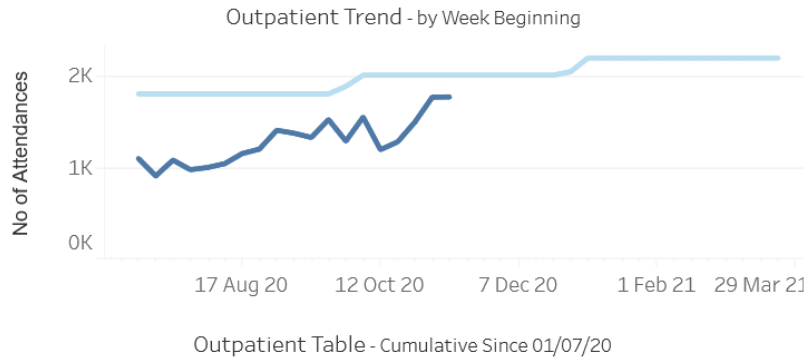


■ Total Breaches (90) ■ All admissions ■ Total Attendances (90) ■ Trigger (90%) ■ Trigger (95%) ■ Performance (%age) (90)

Main changes are in relation to growth in patients waiting over 26 weeks (TTG and outpatients) Note –Weekly reporting has shown the nos of patients waiting over 26 weeks are decreasing gradually each week.

	TTG	Outpatients
16 November	7,169	9,086
21 September	7,804	10,525
24 August	6,720	7,937
10 August	6,024	6,805
27 April	2,574	2,929

Measure of outpatient activity against trajectory within remobilisation plan (on target for TTG activity and moving towards target for outpatients)



Estimation of remobilisation

From analysis below

Outpatient activity is increasing and is at 52% of activity required to meet national standard and remains below pre COVID levels.

TTG activity is increasing but only at 21% of activity required to meet national standard and remains below pre COVID level due to the adoptions required

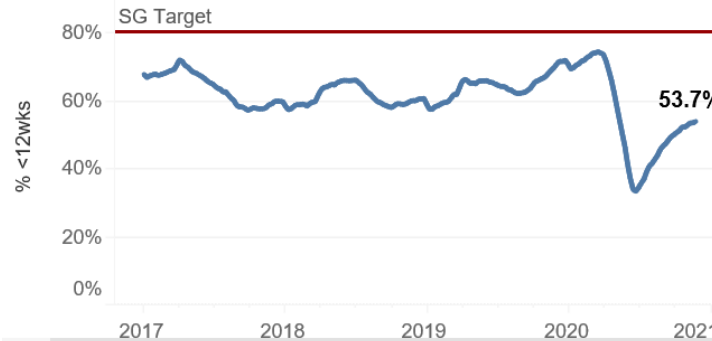
Additional capacity

Additional local capacity building has been implemented – dermatology, endoscopy and ophthalmology and the commissioning of increased orthopaedic capacity at Dr Gray’s Hospital. We await confirmation of any additional allocations of capacity at the National Waiting Times Centre (NWTC), Clydebank. Louisa Jordan is not a practical option due to the need to provide the staffing to use the facility.

Outpatients

	02 Nov 20	09 Nov 20	16 Nov 20	23 Nov 20
< 12 Weeks as % of List	52.5%	53.2%	53.2%	53.7%
< 12 Weeks Patients	15,097	15,355	15,237	15,513
Required to Meet 80% Target	22,994	23,082	22,918	23,126

Outpatients



TTG

	02 Nov 20	09 Nov 20	16 Nov 20	23 Nov 20
< 12 Weeks as % of List	21.6%	21.6%	22.0%	22.7%
< 12 Weeks Patients	2,380	2,364	2,407	2,473
Required to Meet 80% Target	8,824	8,766	8,753	8,702

TTG



NHS Scotland Clinical Prioritisation Framework

The Framework for Clinical Prioritisation, has been approved by the Chief Medical Officer and the Cabinet Secretary for Health and Sport, and is being adopted across NHS Scotland. The framework provides NHS Scotland with clear guidance for prioritising elective care whilst ensuring appropriate COVID-19 safety and priority measures are in place.

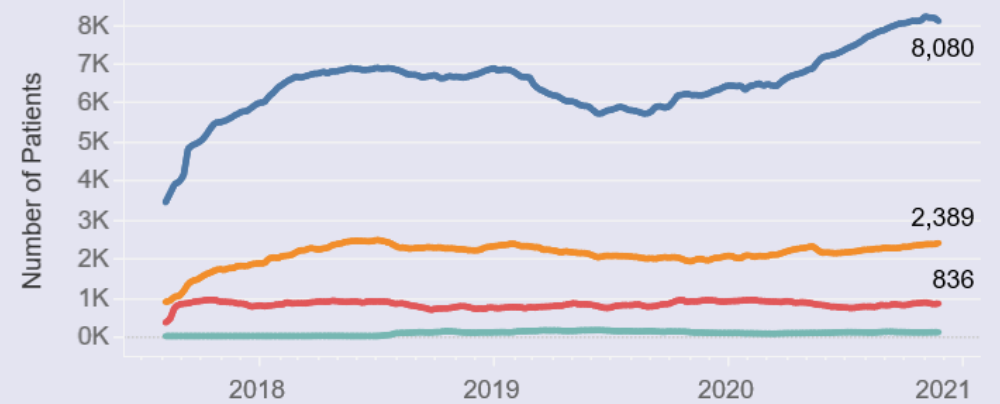
NHS Grampian were a forerunner in establishing such this framework and have operated an clinical prioritisation system (ESCaTs) for a number of years based on the key principles now within the NHS Scotland Framework. The NHS Grampian Acute Sector Medical Director has been part of the expert group advising on its implementation. All patients referred into Grampian are prioritised into 4 categories, with the highest priority being in Categories 0-2. In relation to these priority patients, capacity is being directed to this cohort of patients and as a result the number of patients waiting has been reducing and the overall waiting list size has remained stable.

Principles of the National Framework

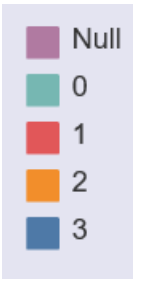
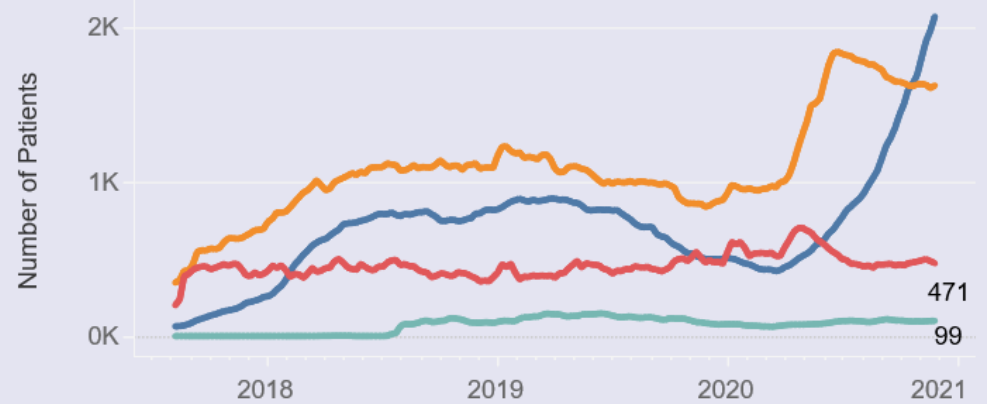
The six key principles that should be considered when clinically prioritising patients are:

- Access treatment in line with clinical priority
- Protection of essential services
- Active waiting list management
- Realistic medicine remains at the core
- Review of long waiting patients
- Patient communications

Waiting List Size

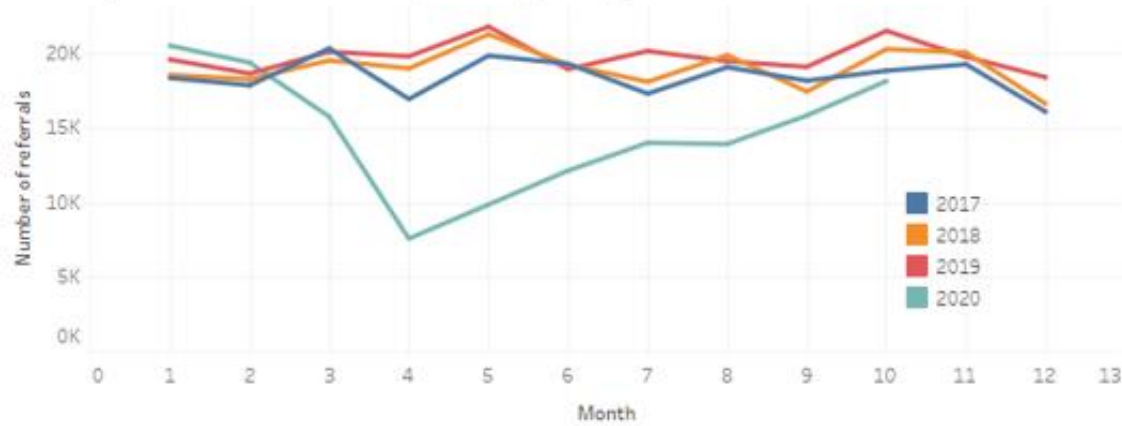


Breachers

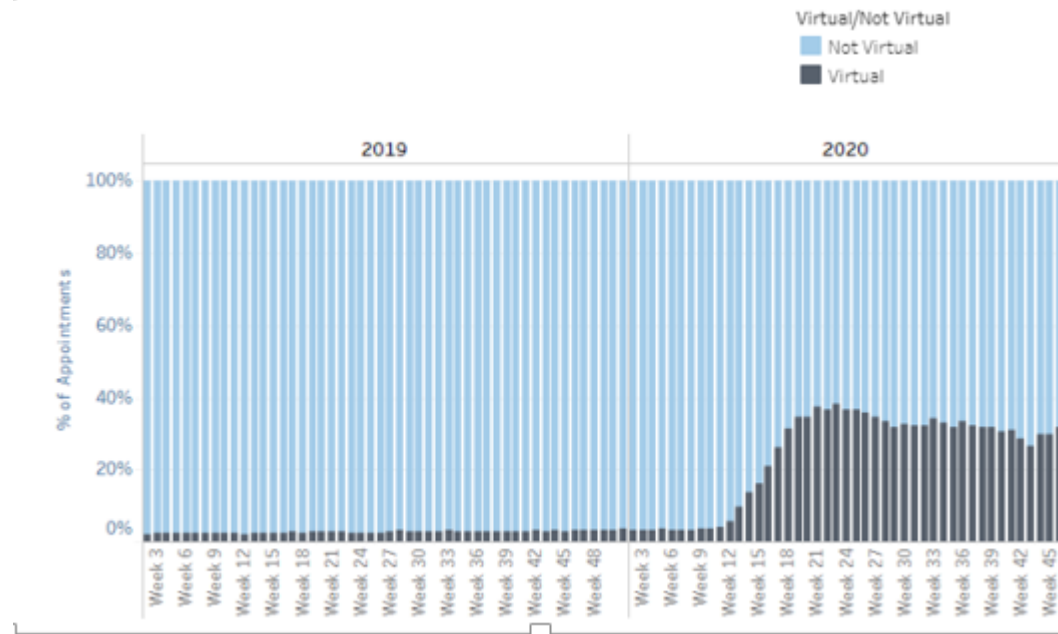
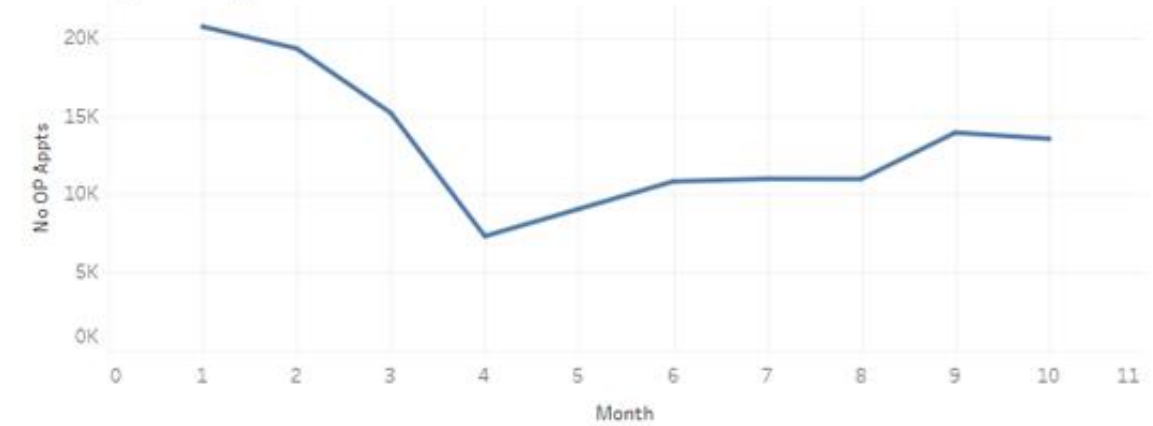


Outpatient position

New Outpatient referrals over time, including 'straight to test'



New outpatient appointments attended in 2020



Comment

- Specialties where referrals are increasing again and new referrals is higher than capacity are
- Cardiology, Dermatology, ENT, General surgery, Ophthalmology, Orthopaedics and Urology

Referral numbers

An expected reduction in referrals coincided with national lockdown and pausing of national screening programs.

Primary care referrals recovered through the summer and as they represent the largest single source of USC referrals this was mirrored in the overall numbers.

Emergency referrals remained within the normal range. Cancer screening referrals are beginning to increase as the programs are reactivated

31 & 62 Day Performance

31 day performance has improved to 98.4% (October), supported by the reduction in theatre demand from other sources (particularly EsCATS 3 surgery), and through allocation of the available theatre resource through a weekly Clinical Prioritisation Group

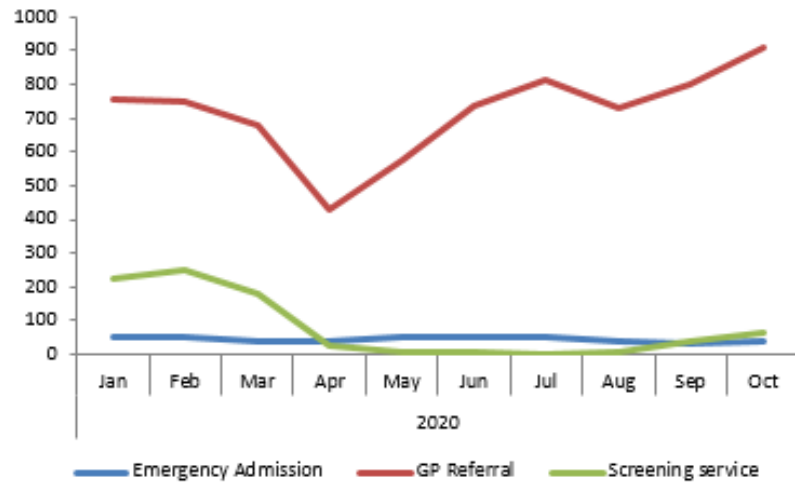
62 day performance has improved to 89.4% at end of October. The two tumour sites with most pressure are colorectal and urology, both impacted by the available capacity for diagnostic procedures (colonoscopy and TRUS biopsy)

Backlog

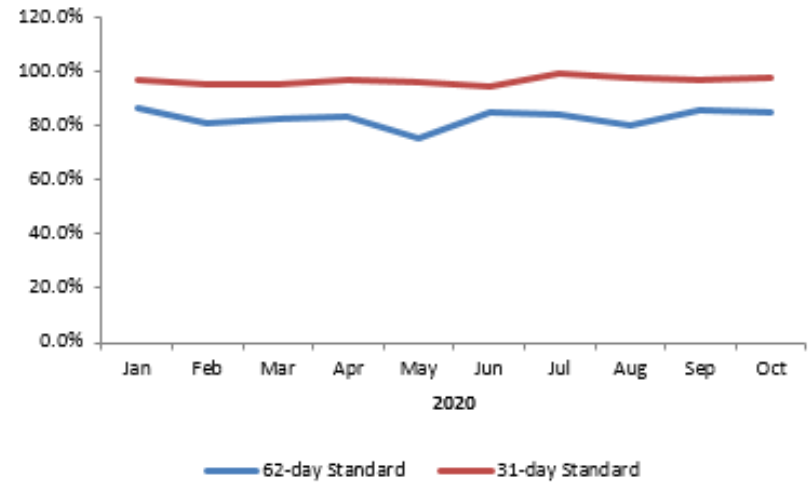
NHSG focussed on the maintenance of cancer surgery and elimination of the backlog during the initial phase of the pandemic response and through a planned process reduced the board backlog to a historical low of 13 patients.

Since the planned discontinuation of the additional theatre capacity available at BMI Albyn, the backlog has begun to increase, though remains at a lower level than compared to previous years. Solutions to replicate the capacity within NHS Grampian previously available in the independent sector are being actively pursued.

Number of USC Referrals by Source

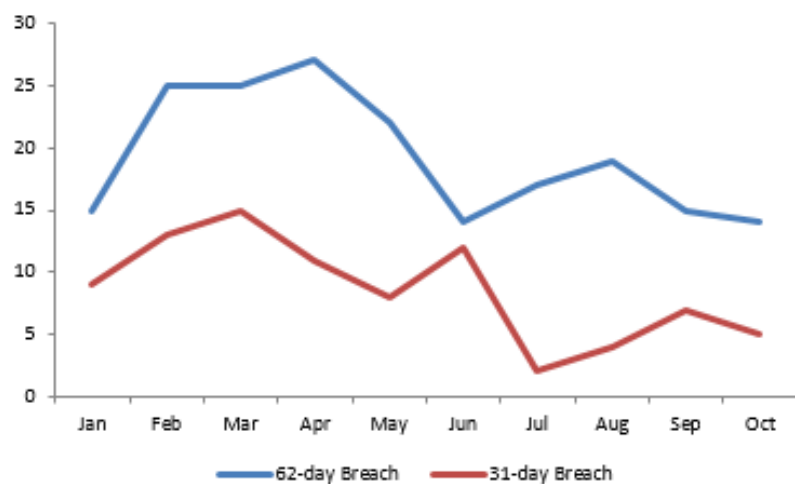


Percentage Performance against the 62 & 31 day Standard



Breast & Cervical Screening restarted in Aug 2020
 Colorectal Screening restarted on 12 Oct 2020

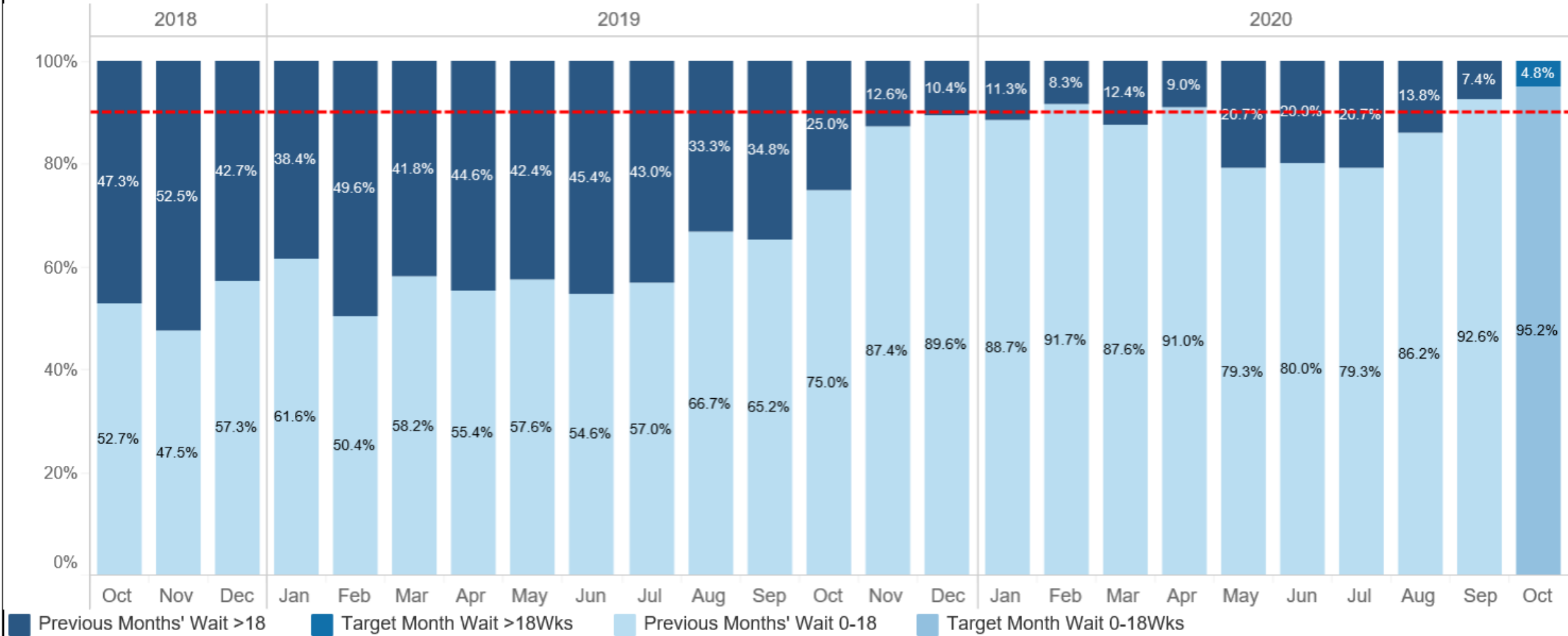
Number Breached against the 62 & 31 day Standard



Weekly USC Treatment Backlog



Trend of Percentage Compliance of CAMHS Patients Treated by Month



Comment: Access to CAMHS service has significantly improved since moving to the redesigned and co-located service in June 2019.

Finance

Key Points – position at end of October

- Year to date overspend of £0.4m (compared to £2.79 million at the same point in 2019/20).
- Pay costs £1.7 million (0.5%) overspent for the year to date. Non pay costs are underspent for the year to date by £1.5 million, mainly due to underspends on hospital drug budgets.
- Agency nursing spend now totals £2.3 million for the year, which is a 54% reduction (£3 million) on the same period in 2019/20
- Medical locum spend on agency staff in the month is £6.2 million year to date which is 32% down on 2019/20.
- We estimate that in the first seven months of the financial year that the Health Board have incurred costs of £15.2 million in responding to Covid and the HSCPs £18.7m