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|-------------------------------|---------------------------------|
| NHS Greater Glasgow and Clyde | Paper No. 21/42                 |
| Meeting:                      | Board Meeting                   |
| Meeting Date:                 | 17 August 2021                  |
| Title:                        | Performance Report              |
| Sponsoring Director:          | Mark White, Director of Finance |
| Report Author:                | Mark White, Director of Finance |

## 1. Purpose

**The purpose of this report is to:** provide the Board with the performance against the key indicators outlined in the Remobilisation Plan 3, covering 1 April 2021 to 31 July 2021.

## 2. Executive Summary

**The paper can be summarised as follows:** A summary of performance against the respective KPIs outlined in the Remobilisations Plan 3.

## 3. Recommendations

**The Board is asked to consider the following recommendations:** Note the performance across NHSGGC in relation to the KPIs outlined in the Remobilisation Plan 3.

## 4. Response Required

This paper is presented for assurance.

## 5. Impact Assessment

**The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:**

- Better Health                      Positive impact
- Better Care                        Positive impact
- Better Value                        Positive impact

- **Better Workplace**            **Positive impact**
- **Equality & Diversity**       **Positive impact**
- **Environment**                **Positive impact**

## **6. Engagement & Communications**

**The issues addressed in this paper were subject to the following engagement and communications activity:** The report has been previously presented and scrutinised by the Corporate Management Team and the Finance, Planning and Performance Committee.

## **7. Governance Route**

**This paper has been previously considered by the following groups as part of its development:** As above.

## **8. Date Prepared & Issued**

Date prepared: August 2021.  
Date Issued: 11<sup>th</sup> August 2021.

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|--|--|
| <b>NHS Greater Glasgow &amp; Clyde</b> | <b>Paper No: 21/42</b>                 |
| <b>Meeting:</b>                        | <b>Board Meeting</b>                   |
| <b>Date of Meeting:</b>                | <b>17 August 2021</b>                  |
| <b>Title:</b>                          | <b>NHSGGC Board Performance Report</b> |
| <b>Sponsoring Director:</b>            | <b>Mark White, Director of Finance</b> |
| <b>Report Author:</b>                  | <b>Mark White, Director of Finance</b> |

## NHSGGC BOARD PERFORMANCE REPORT

- I. Note the performance across NHSGGC in relation to a number of high level key performance indicators outlined in Remobilisation Plan 3 (RMP3) submitted to the Scottish Government in April 2021.

### INTRODUCTION

This Performance Report aims to provide Board members with a brief, up to date overview of current performance against key metrics. The format and structure of the report remains the same as previously reported and reflects the key priorities and suite of measures outlined in the RMP3.

*It should be noted that the most up to date end of month management information has been used to highlight the current position (month ending July 2021). This data is indicative of current levels of performance (as data has still to be validated).*

The suite of measures has been split into actual targets and key metrics, as the Board has limited control in achieving and delivering these metrics. These are highlighted in summary on page 2. In addition, some key metrics from the previous iteration RMP2 have been retained to provide members with a wider context to performance.

In terms of the format of this report, it should be noted the suite of performance indicators are a summary of previous pre COVID-19 performance reports. The landscape continues to evolve as the wider NHS remobilises and Remobilisation Plans have replaced Annual Operating Plans. There are currently on-going discussions at Scottish Government level regarding a fourth version of Remobilisation Plans so this performance report will be reviewed and tailored accordingly.

It should also be noted that as a result of the improvements being made in areas such as unscheduled care, scheduled care and GP Out Of Hours and the hard work shown by our staff

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during the pandemic, the Scottish Government has confirmed that NHSGGC has been de-escalated from Level Four to Level Two of the NHS Board Performance Framework.

### AT A GLANCE PERFORMANCE

| PERFORMANCE AT A GLANCE - AUGUST 2021 BOARD MEETING |   |                        |                             |                |                         |                        |                        |                  |
|---|---|------------------------|-----------------------------|----------------|-------------------------|------------------------|------------------------|------------------|
| Ref   | RMP3 Measures   | Apr - July 2021 Actual | Apr - July 2021 RMP3 Target | Perform Status | Sept 21 RMP3 Trajectory | Dec 21 RMP3 Trajectory | Mar 22 RMP3 Trajectory | Progress To Date |
| 1   | New Outpatient Activity                                       | 78,106                 | 76,324                      | GREEN          | 58,303                  | 60,201                 | 53,994                 | On Track         |
| 2   | Scope Activity  | 9,339                  | 6,853                       | GREEN          | 5,543                   | 5,886                  | 5,387                  | On Track         |
| 3   | Imaging Activity  | 105,508                | 47,908                      | GREEN          | 36,201                  | 36,564                 | 36,921                 | On Track         |
| 4   | TTG Inpatient and Day Case Activity                           | 18,452                 | 13,865                      | GREEN          | 11,998                  | 12,712                 | 13,642                 | On Track         |
| 5   | Total Emergency Admission Average Length of Stay (June 21)*   | 6.2                    | 8.5                         | GREEN          | 7.6                     | 6.8                    | 6.7                    | On Track         |
| 6   | Number of Delayed Discharges (Apr - July 21 mthly aver)       | 291                    | 190                         | RED            | 190                     | 197                    | 195                    | Off Track        |
| 7   | Cancer (62 days) - Number of urgent referrals received        | 18,840                 | 16,240                      | GREEN          | 12,271                  | 12,393                 | 12,517                 | On Track         |
| 8   | Cancer (31 days) - Number of patients treated                 | 2,160                  | 2,293                       | RED            | 1,777                   | 1,814                  | 1,890                  | Off Track        |
| 9   | CAMHS - Number of eligible patients seen                      | 1,578                  | 2,180                       | RED            | 1,680                   | 1,680                  | 1,680                  | Off Track        |
| 10  | Psychological Therapies - Number of eligible patients treated | 3,592                  | 5,900                       | RED            | 4,650                   | 4,650                  | 4,650                  | Off Track        |
| Ref   | Key Metrics   | Apr - July 2021 Actual | Apr - July 2021 RMP3 Target | Perform Status | Sept 21 RMP3 Trajectory | Dec 21 RMP3 Trajectory | Mar 22 RMP3 Trajectory | Progress To Date |
| 11  | <i>Number of new outpatient referrals received</i>            | 126,162                | N/A                         | GREY           | N/A                     | N/A                    | N/A                    | N/A              |
| 12  | <i>Number of Accident &amp; Emergency Attendances</i>         | 132,045                | 102,308                     | GREY           | 85,398                  | 85,005                 | 86,712                 | GREY             |
| 13  | <i>Number of Accident &amp; Emergency 4 Hour breaches</i>     | 14,196                 | N/A                         | GREY           | N/A                     | N/A                    | N/A                    | N/A              |
| 14  | <i>Number of Emergency Admissions</i>                         | 44,240                 | 41,935                      | GREY           | 36,137                  | 37,271                 | 35,297                 | GREY             |
| 15  | <i>Number of Emergency Admissions via A&amp;E</i>             | 32,523                 | N/A                         | N/A            | N/A                     | N/A                    | N/A                    | N/A              |

\*The ALOS data relates to June 2021 monthly position due to the timelag in the data reported.

| Performance Status           |       |
|------------------------------|-------|
| Adverse variance of > 5%     | RED   |
| Adverse variance of up to 5% | AMBER |
| On target or better          | GREEN |
| NHSGGC Limited Control       | GREY  |
| No new target for 2021-22    | N/A   |

The metrics that have been highlighted in *italics* reflect the performance metrics that the Board has limited control over whereas the other measures have specific targets in which to influence and track performance against. In addition, some of the RMP2 metrics also highlighted in *italics* have been retained to provide a wider context to performance.

### KEY ELECTIVE ACCESS MEASURES

Outlined below is the latest position in relation to a number of key access measures contained within the RMP3. NHSGGC remains committed to the delivery of the priorities outlined in the RMP3 whilst continuing to address the challenges of COVID-19, balancing the number of positive cases with the commitments in the RMP3.

As the number of patients with COVID-19 has reduced since the peak in January 2021 and with the increasing inpatient capacity as well as the de-escalation of our critical care capacity back to pre-pandemic bed levels, the elective programme is remobilising and recovery has started to improve as seen in the positive progress being made across a number of RMP3 measures.

Measures to ensure patient, staff and visitor safety including the need for infection control measures e.g. social distancing protocols in clinical areas, the need for pre-procedure testing, etc. remain in place during this expansion and continue to impact on the rate of remobilisation.

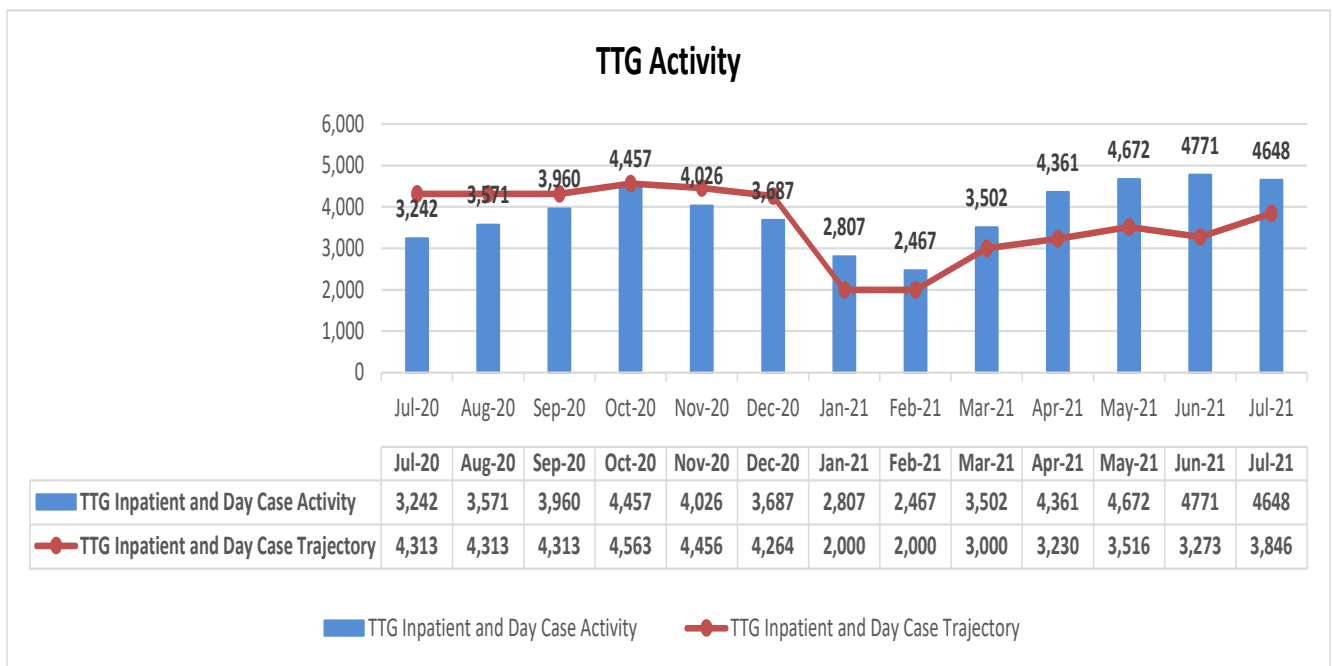
### New Outpatient Activity and Number of New Outpatient Referrals Received

As highlighted in the table below, performance continues to be positive in relation to the number of new outpatients seen during the period April – July 2021. Current performance (78,106) is exceeding the trajectory of 76,324 by 2.3% with NHSGGC seeing 1,782 more new outpatients than planned. During the same period NHSGGC received 126,162 new outpatient referrals. Whilst progress is being made in relation to the number of patients seen, there has been an increase (42%) in the total number of new outpatients on the new outpatient waiting list, increasing from 75,242 new outpatients reported in June 2020 to 107,098 new outpatients reported in June 2021. Teams have been tasked to deliver 100% pre-pandemic activity as a blended arrangement of face-to-face and virtual patient management.

| New Outpatients  | Apr - July 21 Actual | Apr - July 21 Trajectory | Difference | Status | July - Sept 21 Trajectory | RMP3 Year End Target |
|--|----------------------|--------------------------|------------|--------|---------------------------|----------------------|
| New OP Activity - (including Virtual - telephone, NHS Near Me,...) | 78,106               | 76,324                   | 1,782      | 2.3%   | 58,303                    | 230,555              |
| New OP referrals Received  | 126,162              | -                        | -          | GREY   | -                         | -                    |

### TTG Inpatient/Daycase Activity

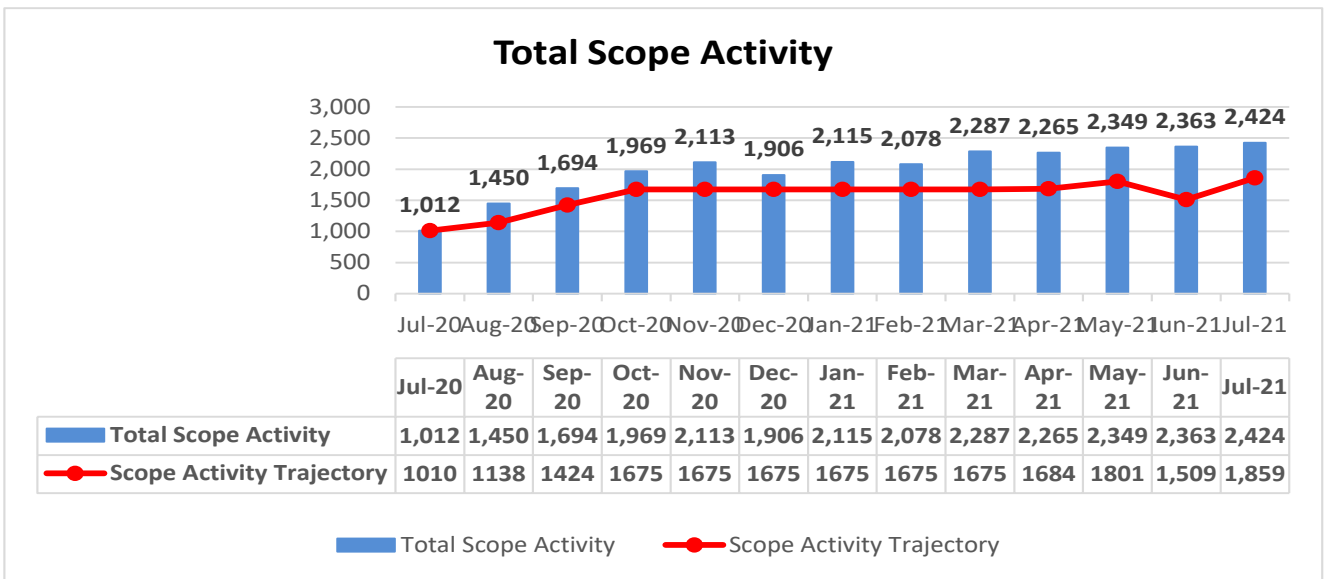
As highlighted in the graph below, current performance continues to remain positive in relation to the RMP3 trajectory in that for the seventh consecutive month the number of eligible TTG inpatient/daycase seen has exceeded the trajectory. During the period April – July 2021 performance exceeded the planned milestone position outlined in RMP3 by 33% with a total of 4,587 more TTG patients seen than planned. Whilst progress continues to be made against the RMP3 trajectory, it should be noted that there has been an increase (8%) in the number of eligible TTG patients on the TTG waiting list increasing from 24,299 in June 2020 to 26,283 in June 2021. Also worth noting is the 15% reduction in the number of TTG patients waiting >12 weeks reducing from 20,473 in June 2020 to 17,453 in June 2021. This reduction reflects the ongoing work to manage the longest waiting patients alongside those with the highest clinical priority.



### Scope Activity

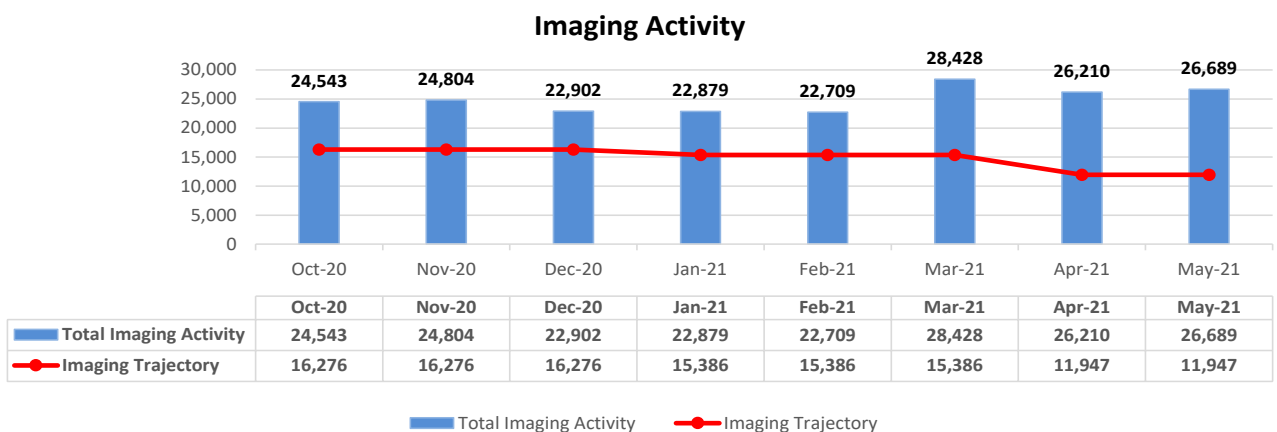
As seen in the graph overleaf, month on month performance has remained positive in relation scope activity in that since July 2021, the number of scopes carried out has exceeded the monthly planned position. This positive performance continues to be sustained in relation to the RMP3 trajectory in that the number of scopes carried out is 37% above the RMP3 milestone position for the period April – July 2021 with a total 2,546 more scopes carried out than planned. All scopes are currently exceeding the planned position for the period April – July 2021.

However, there has been an increase (52%) in the number of patients on the scopes waiting list when compared to the same period the previous year increasing from 7,488 in June 2020 to 11,391 in June 2021.



### Imaging Activity

As highlighted in the chart below, performance continues to remain positive in relation imaging activity, exceeding the monthly planned position. During the period April – July 2021 the number of imaging tests carried out exceeded the milestone position, with a total of 57,600 more imaging tests being carried out than planned. However, there has been an increase (15%) in the overall number of patients on the imaging waiting list increasing from 19,069 in June 2020 to 21,841 in June 2021.



### Cancer 31 Days Waiting Time for First Cancer Treatment

As highlighted in the table below, performance in relation to the RMP3 April – July 2021 milestone position is currently 5.8% below the 2,293 planned position although it should be noted that the July 2021 figures are provisional and the number of patients starting their first treatment is likely to be higher.

| Cancer 31 Days  | Apr - July 21 Actual | Apr - July 21 Trajectory | Difference | Status | July - Sept 21 Trajectory | RMP3 Year End Target |
|---|----------------------|--------------------------|------------|--------|---------------------------|----------------------|
| 31 Day Cancer - First Treatment Patients Treated                      | 2,160                | 2,293                    | -133       | -5.8%  | 1,776                     | 7,182                |
| <i>Data for July 2021 is provisional and most likely to be higher</i> |                      |                          |            |        |                           |                      |

All cancer patients awaiting surgery continue to be reviewed on a weekly basis and cases continue to be booked for surgery in line with urgency categories.

### Cancer 62 days – Number of Urgent Referrals with a Suspicion of Cancer Received

As highlighted in the table below, performance continues to remain positive in relation to the RMP3 April – July 2021 milestone position in that there were a total of 18,480 urgent referrals received; almost 13.8% above the planned position of 16,246 for April – July 2021.

| Cancer 62 Days   | Apr - July 21 Actual | Apr - July 21 Trajectory | Difference | Status | July - Sept 21 Trajectory | RMP3 Year End Target |
|--|----------------------|--------------------------|------------|--------|---------------------------|----------------------|
| Cancer (62 days) - Number of urgent referrals received | 18,480               | 16,240                   | 2,240      | 13.8%  | 12,270                    | 49,329               |

The management of cancer patients and vital cancer services continue to remain an organisational and clinical priority during the COVID-19 pandemic although changes to patient clinical pathways have been required to ensure all clinical risks are considered. NHSGGC is currently implementing the national guidance on the management of patients who require cancer treatments agreed by the national COVID-19 Response Team. All cancer patients awaiting surgery continue to be reviewed on a weekly basis and cases continue to be booked for surgery in line with urgency categories.

As of 2<sup>nd</sup> August 2021, there are no outstanding Level 1A/1B patients (emergency and urgent) waiting for surgery undated across NHSGGC (this also applies to patients from other Health Boards awaiting surgery within NHSGGC). As of 2<sup>nd</sup> August 2021 of the 203 patients in Priority Level 2 (surgery can be deferred up to four weeks), 47 patients are waiting for a dated appointment, with the majority (37 of 47) having waiting less than 4 weeks (i.e. these are new patients). Of the 55 patients in Priority Level 3 ready for surgery, 37 patients are waiting for a dated appointment and all but six have been waiting less than the target of 12 weeks. This position is a stable position when compared to recent months.

The main 62-day pathway improvement actions are focused on Breast (additional sessions to meet increased referrals), Urology (weekend Waiting List Initiative, combined waiting lists and additional TRUS biopsy capacity), Cryo-Ablation (additional anaesthetic sessions arranged to meet backlog demand) and Gynaecology (additional joint sessions with colorectal/plastics being arranged to meet changing case mix).

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Cancer access funding allocation of £2.2m has been agreed for NHSGGC and this is currently being prioritised to fund those schemes that will deliver the most in terms of 62-day cancer pathway performance. It is anticipated that schemes will start in the coming weeks.

Also it should be noted that the June 2021 provisional position for 31 days cancer waiting times performance was 97.5% and has been consistently above target throughout the time of the pandemic. The number of patients treated will increase as cancer referral numbers increase.

### **Elective Care Improvement Activity**

The priority for new outpatient's activity remains on the management of urgent and urgent suspicion of cancer referrals and efforts are also focused on maximising outpatient activity through a blended approach of face to face and virtual patient management. Due to the pressures of COVID-19, all inpatients and daycases have been clinically reviewed and prioritised. Most theatre capacity is allocated to treating Priority 1 and 2 patients, as well as long waiting patients. Board-wide and local governance procedures have been put in place to ensure that patients are treated in clinical priority and date order, including regular clinical and managerial review of theatre capacity and prioritisation. There is scrutiny of the waiting lists at the regular Directors' Access meetings and weekly General Manager Performance meetings, as well as Sector and Directorate specialty specific meetings.

Wider actions around the priority areas of the elective programme include:

#### **Outpatients**

- **Remote Consultation** – work is ongoing to embed remote consultation into services. Already approximately 30% of patients are seen through virtual means; however face-to-face consultations will continue to be required for a range of patients. Targets have been set on a specialty level and work with the services continues to ensure Virtual Patient Management is maximised. Specialty teams are currently reviewing the potential for increasing the use of Near Me technology in place of telephone consultations.
- **Patient Initiated Review (PIR)** – this process allows patients rapid access to clinical teams in the event of deteriorating symptoms or other clinical triggers but can remove the need for routine appointments with limited or no clinical gain. Each specialty will have specific patient groups for whom this approach is best applied and specialty leads have been asked to take this forward across Acute Services.
- **Active Clinical Referral Triage (ACRT)** – 74% of referrals from Primary Care into Secondary Care are being managed through ACRT. Work is ongoing with services to ensure the use of ACRT is maximised.

#### **Inpatients/TTG**

- **Clinical Prioritisation** – the focus remains on Priority 1 and 2 across all specialties. Paediatric Priority 2 provision is stable and the numbers of longer waiting Priority 2 adult patients has stabilised. Theatre allocations are being made based on specialty requirements to manage Priority 2 patients.
- **Maximising use of available capacity** – a Theatre Improvement Group has been established and is leading on a number of areas of work including board-wide workforce planning, a review of the pre-operative assessment service and increasing the use of base theatre sessions. Available theatre sessions are being shared on a board-wide basis to prevent loss of sessions and maximise utilisation.



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- **Additional Capacity** – areas of work include increasing the efficiency of available capacity through monitoring and supporting key areas. To support additional capacity, staffing arrangements have been enhanced where possible, including the use of proleptic appointments.

### Endoscopy

- **Clinical Prioritisation** – revised Upper Gastro Intestinal (GI) and Lower Gastro Intestinal (GI) pathways have been utilised to reprioritise patients on the waiting list. Work is ongoing to validate patients on the repeat endoscopy waiting lists.
- **Additional Sessions** – Waiting List Initiatives (WLI) and External Capacity – 70% of base endoscopy capacity for diagnostic care is being delivered and the service is being supported with the use of WLIs. Additional capacity at the Golden Jubilee National Hospital has been allocated in August 2021 and will benefit NHSGGC.
- **Alternative Procedures** – NHSGGC are continuing to use Cytosponge technology for Barrett's Oesophagus surveillance and Transnasal Endoscopy, which offers alternative management of patients with a range of Upper GI symptoms. The potential for extending the use of these technologies is currently being explored. Patients also continue to be referred for the Colon Capsule Endoscopy review as an alternative to Colonoscopy.
- **Maximising Available Facilities** – Options for expanding utilisation of the physical capacity over seven days in a sustained way are being explored. Increasing capacity is reliant on increasing patient COVID-19 testing capacity. The requirement for and progression of ventilation remedial work is also compromising some units.

### Imaging

- **MRI/CT** – The additional capacity provided by the Louisa Jordan is no longer available however, NHSGGC was successful in being allocated a CT pod to be sited on the Queen Elizabeth University Hospital (QEUH) campus. There continues to be a delay in the issuing of a building warrant for the CT pod. The scanner is on site however, cannot be used until the warrant is in place and this is resulting in reduced CT capacity for NHSGGC. Staffing challenges across all of the sites continue to impact on imaging provision. The current the focus is on supporting Emergency Departments and inpatient services resulting in reduced additional sessions for both CT and MIR outpatients.
- **Ultrasound** – We continue to explore options available across NHSGGC to recreate an Ultrasound Hub and have identified a suitable area but need agreement from Regional Services to utilise. As with the other modalities staffing is proving to be challenging and has resulted in reduced sessions and therefore impacting on capacity.

### **Number of Accident and Emergency (A&E) 4 Hour Attendances and 4 Hour Breaches**

As highlighted in the table below, performance continues above trajectory in relation to the RMP3 April – July 2021 milestone position with 31% (29,737) more attendances reported than planned. No target was set as part of the RMP3 process in relation to the number of 4 hour breaches during 2021/22.

| Accident and Emergency        | Apr- July 21 Actual | Apr - July 21 Trajectory | Difference | Status | July - Sept 21 Trajectory | RMP3 Year End Target |
|-------------------------------|---------------------|--------------------------|------------|--------|---------------------------|----------------------|
| A&E Attendances               | 132,045             | 102,308                  | 29,737     | GREY   | 85,398                    | 330,957              |
| Number of A&E 4 Hour Breaches | 14,196              | N/A                      | N/A        | N/A    | N/A                       | N/A                  |

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### A&E 4 Hour Waiting Times Standard

As highlighted in the table below, whilst compliance with the A&E 4 hour target had seen an improvement in recent months, last months' position June 2021, compliance with the 4 hour target had reduced to 89.3% marginally below the past three months compliance which was in excess of 90%. Reductions in compliance can be seen across the main hospital sites however, despite this four of the nine sites are either meeting or exceeding the 95% target in June 2021. The recent increase is notable particularly in the context of the easing of public health restrictions. The increasing attendances combined with operating Red and Green pathways, additional patient testing and enhanced PPE measures continue to pose a challenge for the service.

Also highlighted in the table below, NHSGGC's position in relation to the A&E 4 hour waiting target exceeds the national position. This positive progress continues to be made in the context of the ongoing increasing number of attendances experienced in recent months. NHSGGC continues to remain committed to achieving the monthly target of 95%.

| Compliance with A&E 4 Hour Target   |              |              |              |              |              |              |
|-------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Hospital                            | Jan-21       | Feb-21       | Mar-21       | Apr-21       | May-21       | Jun-21       |
| Glasgow Royal Infirmary             | 86.6%        | 88.3%        | 91.8%        | 90.8%        | 91.5%        | 87.5%        |
| Stobhill Hospital                   | 99.1%        | 100.0%       | 100.0%       | 99.9%        | 99.8%        | 99.4%        |
| Queen Elizabeth University Hospital | 79.3%        | 74.6%        | 87.9%        | 86.9%        | 85.1%        | 80.6%        |
| New Victoria Hospital               | 95.3%        | 99.7%        | 99.9%        | 99.9%        | 99.9%        | 98.4%        |
| Royal Alexandra Hospital            | 85.5%        | 84.6%        | 86.1%        | 89.6%        | 87.0%        | 84.8%        |
| Inverclyde Royal Hospital           | 86.9%        | 87.4%        | 89.0%        | 91.3%        | 92.9%        | 90.1%        |
| Vale of Leven Hospital              | 94.7%        | 94.9%        | 95.5%        | 96.4%        | 96.4%        | 94.1%        |
| Royal Hospital for Children         | 99.0%        | 99.1%        | 99.1%        | 98.9%        | 99.0%        | 99.1%        |
| Gartnavel General Hospital          | 100.0%       | 100.0%       | 100.0%       | 100.0%       | 100.0%       | 100.0%       |
| <b>NHSGGC Total</b>                 | <b>87.6%</b> | <b>87.1%</b> | <b>91.9%</b> | <b>92.2%</b> | <b>91.8%</b> | <b>89.3%</b> |
| <b>NHS Scotland Total</b>           | <b>86.0%</b> | <b>86.1%</b> | <b>88.5%</b> | <b>88.7%</b> | <b>87.1%</b> |              |
| <b>% Variance from NHS Scotland</b> | <b>1.6%</b>  | <b>1.0%</b>  | <b>3.4%</b>  | <b>3.5%</b>  | <b>4.7%</b>  |              |

### Number of Emergency Admissions and Admissions via A&E

As highlighted in the table below, performance in relation to the April – July 2021 key metric milestone position outlined in RMP3 is currently 5% above the planned position with a total of 2,305 more emergency admissions than planned. Of the total number of emergency admissions, almost 74% were via A&E Departments. The emergency average length of stay for April – June 2021 was 6.3 days, lower than the RMP3 planned position of 8.5 days.

| Emergency Admissions   | Apr - July 21 Actual | Apr - July 21 Trajectory | Difference | Status | July - Sept 21 Trajectory | RMP3 Year End Target |
|--|----------------------|--------------------------|------------|--------|---------------------------|----------------------|
| Number of Emergency Admissions   | 44,240               | 41,935                   | 2,305      | GREY   | 36,137                    | 138,597              |
| Number of Admissions via A&E   | 32,523               | N/A                      | N/A        | GREY   | GREY                      | GREY                 |
| Total Emergency Admission Mean Length of Stay Apr - June 21 (Definitions as per Discovery indicator) | 6.3                  | 8.5                      | -2.2       | -25.9% | 7.6                       | 6.7                  |

*Please note: the Average Length of Stay is defined as a hospital spell, calculated as an unbroken period of time that a patient spends in hospital. A patient may change specialty, Consultant or significant facility during a hospital spell. The data reflects the June 2021 monthly position.*

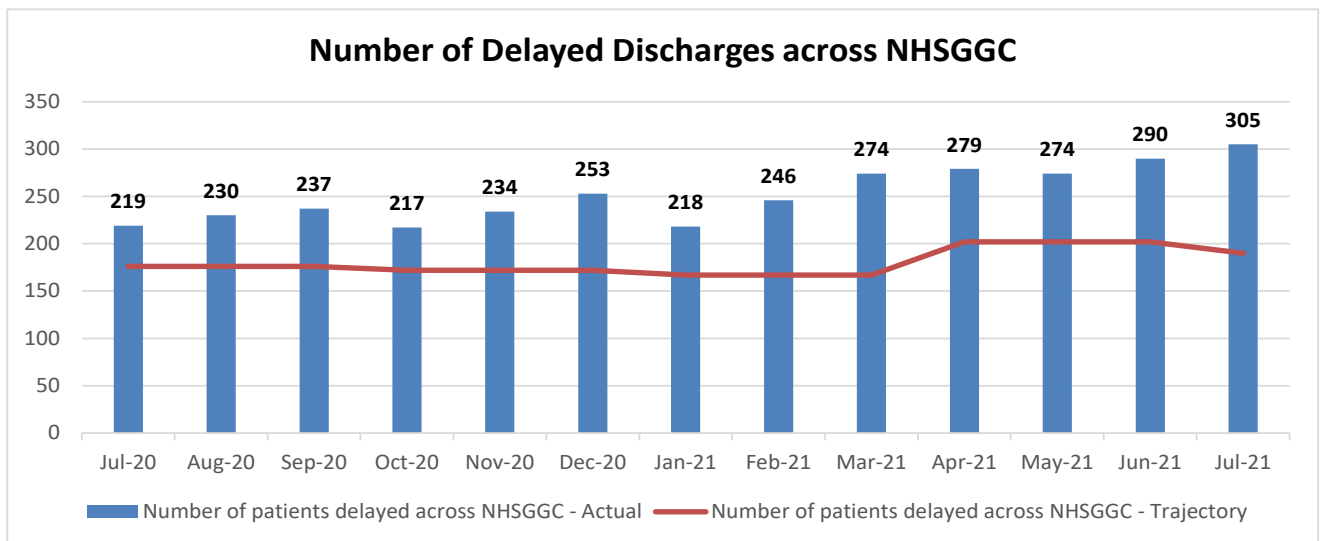
### Emergency Care Improvement Actions

As part of the Recovery and Winter Planning arrangements a number of actions are underway to address the performance challenges and help reduce the footfall in A&E including:

- Phase 1 and Phase 2 Redesign of Unscheduled Care have been successfully implemented involving embedding COVID-19 pathways, mobilising the workforce across pathways (COVID-19 and non COVID-19) and the Flow Navigation Centre going live on December 2020, the inclusion of paediatrics in the Flow Navigation Hub going live on 1 June 2021 and embedding the scheduled Minor Injuries pathway across NHSGGC alongside the ongoing review and assessment of the new Gartnavel Minor Injuries Unit; increased utilisation of Consultant Connect; developing new pathways for particular specialities e.g. Ophthalmology, Ear Nose and Throat and Gynaecology; continuing to review and develop new pathways for high volume conditions such as Cellulitis and COPD; developing clinical conversations of condition specific activity to scheduled care (Assessment Units) and the successful launch of the Urgent Care Resource Hubs across all six HSCPs.
- Phase 3 of the Redesign of Unscheduled Care started in April 2021 and will include the ongoing conversion of condition specific activity to scheduled care, ongoing review of new models and further development of an MDT approach to urgent care alongside the development of a GP pathway to the Flow Navigation Hub.
- To support the delivery of the Right Care, Right Place, Right Time, First Time is the development of an integrated pathway for frail older adults including Hospital @ Home. Glasgow City HSCP is currently working closely with front door (ED and Assessment Unit) and Medicine for the Elderly clinicians at the QEUH to develop and test a model which will look at the roll out across NHSGGC and the six HSCPs by the end of 2022.
- Also as part of the Recovery Plan, work continues to further embed the service changes and redesign the emergency care access routes to ensure that the alternative pathways continue and to help avoid a return to pre COVID-19 levels of ED demand.

### Delayed Discharges

The number of delayed discharges report across NHSGGC continues to be above the planned RMP3 position. During the period April – July 2021, the monthly average number of delays reported across NHSGGC was 287. The average number of delays across Acute Services during the same period accounted for 77% of the overall delays.



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Reducing the number of delayed discharge patients remains a key priority for both our HSCP and Acute colleagues. A cross sector plan to support the reduction in delays in hospital in the short and longer term has been developed and is currently being implemented. The Delayed Discharge Operational Group continues to meet regularly to expedite discharges and improve working practices where possible. Adults with Incapacity (AWI) continue to be the most significant challenge and the legal complexity associated with transferring patients to an appropriate community care setting. AWIs account for almost half the number of delays reported giving an indication of the scale of the challenge faced. Work also continues to mitigate the pressures associated with COVID-19 related delays to ensure acute sites continue to maintain patient flow.

### GP Out of Hours (GP OOHs)

Since May 2020, the percentage of GP OOHs shifts that have remained open have been in excess of 95%. However, as highlighted in the table below, 83.0% of GP OOHs shifts remained open during the month of July 2021, a reduction on the 97.4% reported the previous month. Historically, it's been a challenge to fill GP OOHs shifts during the summer holiday period. The impact is particularly acute this year as staff have been unable to take annual leave during the recent pandemic waves. Like many staff, GPs across NHSGGC have worked extremely hard in challenging circumstances since March 2020 and are not in a position to take on additional work in the service at present. Activity has reduced (9%) when compared to the same month the previous year, reducing from 10,774 contacts made in July 2020 to 9,549 in July 2021.

| GP OOH Service         |        |        |        |        |        |        |        |        |        |        |        |        |        |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                        | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Apr-21 | May-21 | Jun-21 | Jul-21 |
| Total Open Shifts      | 238    | 243    | 235    | 237    | 237    | 246    | 257    | 236    | 275    | 284    | 300    | 265    | 244    |
| Total Closed Shifts    | 6      | 5      | 2      | 7      | 0      | 1      | 0      | 0      | 0      | 0      | 2      | 7      | 50     |
| Total Scheduled Shifts | 244    | 248    | 237    | 244    | 237    | 247    | 257    | 236    | 275    | 284    | 302    | 272    | 294    |
| % Open Shifts          | 97.5   | 98.0   | 99.2   | 97.1   | 100.0  | 99.6   | 100.0  | 100.0  | 100.0  | 100.0  | 99.3   | 97.4   | 83.0   |

## MENTAL HEALTH SERVICES

### Percentage of Patients Starting First Psychological Therapy (PT) Treatment Within <18 Weeks of Referral

As highlighted in the table below, performance in relation to the RMP3 trajectory for April – July 2021 is below the RMP3 planned milestone position. However, it should be noted that the provisional figures for July 2021 represent approximately 50% of total activity. By way of context, during the first quarter April – June 2021 performance was 0.6% below the quarterly trajectory.

It should also be noted that during the month of June 2021, 95.4% of patients starting a psychological therapy started within 18 weeks of referral exceeding the 90% national standard. NHSGGC remains the best performing territorial Health Board in Scotland for the quarter ending March 2021 (the latest published quarterly position available) with 89.7% of eligible patients starting their treatment <18 weeks of referral, for NHS Scotland it was 80.9%.

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| Psychological Therapies  | Apr - July 21 Actual | Apr - July 21 Trajectory | Difference | Status | July - Sept 21 Trajectory | RMP3 Year End Target |
|--|----------------------|--------------------------|------------|--------|---------------------------|----------------------|
| Psychological Therapies - First Treatment Patients Treated   | 3,592                | 5,900                    | -2,308     | -39.1% | 4,650                     | 19,850               |
| <i>Please note the figures for July 2021 are provisional and represent approximately 50% of total activity</i> |                      |                          |            |        |                           |                      |

### Percentage of Eligible Patients Starting Treatment <18 Weeks in Child and Adolescent Mental Health Services (CAMHS)

As highlighted in the table below, current performance in relation to the RMP3 trajectory for April – July 2021 is almost 28% below the planned milestone position of 2,180.

| Child and Adolescent Mental Health Services | Apr - July 21 Actual | Apr - July 21 Trajectory | Difference | Status | July - Sept 21 Trajectory | RMP3 Year End Target |
|---|----------------------|--------------------------|------------|--------|---------------------------|----------------------|
| CAMHS - First Treatment Patients Treated    | 1,578                | 2,180                    | -602       | -27.6% | 1,680                     | 7,220                |

## MENTAL HEALTH IMPROVEMENT ACTIONS

### CAMHS Improvement Actions

The current waiting list details 2,780 referrals with 48% having waited more than 18 weeks. As of 21st July 2021, there are six children (12 reported previously) who have waited longer than 52 weeks and five have a booked appointment. The CAMHS Team referral rates have returned and exceed pre-pandemic levels and the following actions are currently underway:

- A WLI is in place with 18 Whole Time Equivalent additional staff recruited to see the longest waiting patients. However some of these posts have come from substantive staff at lower bands. All vacancies are being actively recruited to, however there is currently a high turnover in Nursing and Psychology and several Psychiatry positions remain vacant due to lack of applicants.
- Additional Business Support staff are being recruited to support management of fully booked psychiatry clinics.
- HSCPs are receiving weekly patient level data detailing the names of the children who have breached the 40 week plus, local teams are contacting by phone the families to check-in, provide advice and offering next available appointments.
- The significant increase in demand for urgent assessment has meant that this patient cohort is being prioritised over the longest waits.
- Although we have high levels of usage of Attend Anywhere, averaging 51%, we are conducting further analysis to assess numbers who have declined a digital appointment but requested to remain on the waiting list and reasons for higher Do Not Attends (DNA's) for first appointments.
- Teams are reviewing plans to over book for first appointments which currently have a high DNA rate.
- Teams are expediting plans to recommence group therapy sessions.

### Psychological Therapies Improvement Actions

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As part of the Psychological Therapies Improvement Plan the following priority actions are underway to address performance:

- The development of flexible workforce approaches to enable staff to be deployed to cover resource gaps. The peripatetic team are allocated to Teams with the longest waiting patients.
- Services are initiating providing in person face to face consultations to address some of the longest waiting patients.
- Continuing to level up capacity by recruiting to current vacancies and newly identified gaps (anticipating future major recruitment challenges) as well as embracing e-health technologies to maximise virtual face-to-face engagements.
- The development of a new Board-wide Service offering group-based treatments spanning geographical boundaries and care groups. Team members are working on developing the range of programmes for digital delivery.
- Each of the HSCPs have local Psychological Therapy Action Plans to reflect the core themes of the Board-wide Improvement Plan and Recovery Plan. Key actions across HSCPs include: remobilising capacity using online appointments via Anytime Anywhere/Near Me; areas sharing capacity between teams and across care groups when possible; developing a digital WLI and piloting internet enabled Cognitive Behavioural Therapy (CBT) funded by the Scottish Government and developing a digital waiting list initiative.

## CONCLUSION

Despite the ongoing pressures of COVID-19, considerable progress continues to be made for the majority of targets outlined in the Phase 3 Remobilisation Plan. Performance continues to be the subject of Recovery Plans, supported improvement actions and weekly monitoring at the Senior Executive Group and General Managers Performance meeting. However, the challenges continue to remain around increasing capacity, focusing on increasing the ratio of Priority 2 patients treated and reducing the number of long waiting patients.