NHS Greater Glasgow and Clyde	**Paper No. 21/64**
Meeting:	**Board Meeting**
Meeting Date:	**26 October 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 (RMP3), covering 1 April 2021 to 30 September 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
- Better Care Positive
- Better Value Positive
- Better Workplace Positive

- Equality & Diversity Positive
- Environment Positive

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: 18/10/21
Date Issued: 19/10/21

NHS Greater Glasgow & Clyde	**Paper No: 21/64**
Meeting:	**Board Meeting**
Date of Meeting:	**26 October 2021**
Title:	**NHSGGC Board Performance Report**
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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 September 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 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. A fourth version of Remobilisation Plan (RMP4) has been developed and submitted to the Scottish Government on 30th September 2021 for approval. The RMP4 incorporates our Winter Plan for 2021/22. Work is underway to define information flows focussing on Standing Committees in the first instance. A series of meetings are being held with Committee Chairs, Vice Chairs with the Executive Lead and the Director of Finance to consider measures (linked to Corporate and Organisational Objectives), frequency and presentation formats for reporting. It is anticipated that this process will be completed by the Board in December and fully implemented by April 2022 for the Board and all Standing Committees.

AT A GLANCE PERFORMANCE

PERFORMANCE AT A GLANCE - OCTOBER 2021 BOARD MEETING							
Ref	**RMP3 Measures**	**Apr - Sept 2021 Actual**	**Apr - Sept 2021 RMP3 Target**	**Perform Status**	**Dec 21 RMP3 Trajectory**	**Mar 22 RMP3 Trajectory**	**Progress To Date**
1	New Outpatient Activity	117,540	**116,360**	**GREEN**	60,201	53,994	**On Track**
2	Scope Activity	14,238	**10,537**	**GREEN**	5,886	5,387	**On Track**
3	Imaging Activity	156,124	**72,042**	**GREEN**	36,564	36,921	**On Track**
4	TTG Inpatient and Day Case Activity	25,312	**22,017**	**GREEN**	12,712	13,642	**On Track**
5	Total Emergency Admission Average Length of Stay (July 21)*	6.3	**7.6**	**GREEN**	6.8	6.7	**On Track**
6	Number of Delayed Discharges (Apr - Sept 21 mthly aver)	292	**190**	**RED**	197	195	**Off Track**
7	Cancer (62 days) - Number of urgent referrals received	27,778	**24,240**	**GREEN**	12,393	12,517	**On Track**
8	Cancer (31 days) - Number of patients treated	3,091	**3,477**	**RED**	1,814	1,890	**Off Track**
9	CAMHS - Number of eligible patients seen	2,303	**3,300**	**RED**	1,680	1,680	**Off Track**
10	Psychological Therapies - Number of eligible patients treated	6,121	**9,000**	**RED**	4,650	4,650	**Off Track**
Ref	**Key Metrics**	**Apr - Sept 2021 Actual**	**Apr - Sept 2021 RMP3 Target**	**Perform Status**	**Dec 21 RMP3 Trajectory**	**Mar 22 RMP3 Trajectory**	**Progress To Date**
11	*Number of new outpatient referrals received*	*183,925*	***N/A***	***GREY***	***N/A***	***N/A***	***N/A***
12	*Number of Accident & Emergency Attendances*	*194,562*	***159,240***	***GREY***	*85,005*	*86,712*	***GREY***
13	*Number of Accident & Emergency 4 Hour breaches*	*28,415*	***N/A***	***GREY***	***N/A***	***N/A***	***N/A***
14	*Number of Emergency Admissions*	*63,882*	***66,027***	***GREY***	*37,271*	*35,297*	***GREY***
15	*Number of Emergency Admissions via A&E*	*47,102*	***N/A***	***N/A***	***N/A***	***N/A***	***N/A***

**The ALOS data relates to July 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

This report outlines the latest position in relation to a number of key access measures contained within the RMP3. Whilst NHSGGC remains committed to the delivery of the priorities outlined in the RMP3, we continue to experience considerable challenges across our health and social care services which are due to the combined issues of the increasing numbers of COVID-19 cases in the community which has had an impact on hospital admissions and increasing attendances alongside the pressures of staff absences.

By way of example, there were 772 confirmed COVID-19 inpatients across our hospitals (as at 14th October 2021) representing a 27% increase on the peak of 606 COVID-19 inpatients reported during the 'first wave' of the pandemic. Of this total, 288 patients had been confirmed positive in the previous 28 days. There were 23 COVID-19 Intensive Care patients and of this total 13 tested positive in the previous 28 days.

In response to the increasing COVID-19 pressures, we have limited our elective activity. This step was necessary to create capacity to respond to emergency cases whilst balancing treating the most urgent surgical patients, including cancer patients. This decision was not taken lightly, but doing so for a period in a planned way has enabled our teams to better deploy available

staff for emergency and very urgent patient care. We have also re-aligned staff working in non-clinical roles to support clinical areas with appropriate duties.

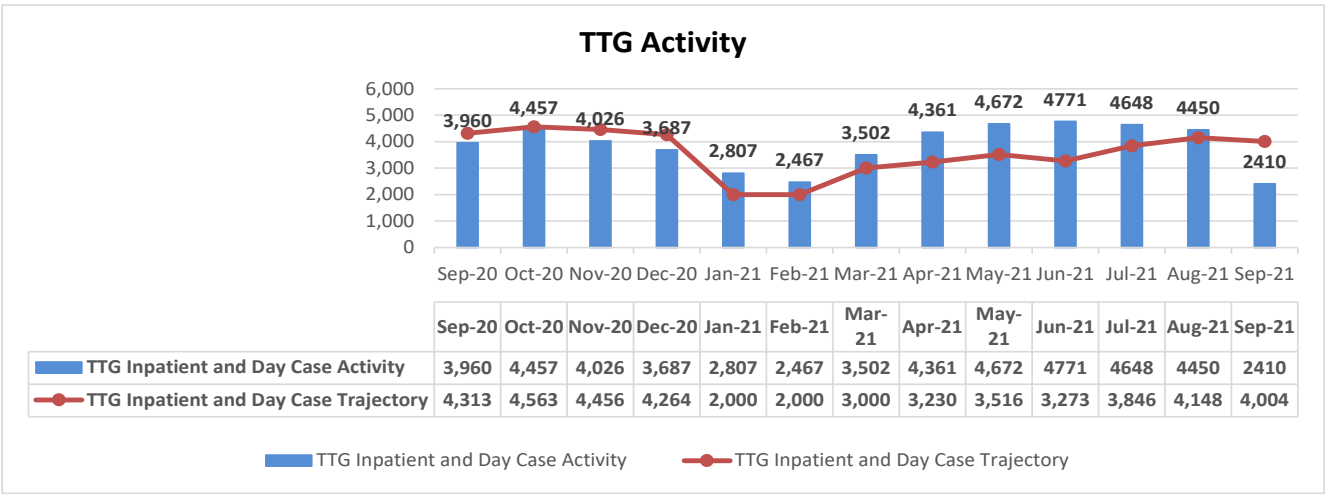
New Outpatient Activity and Number of New Outpatient Referrals Received

As highlighted in the table below, performance has been positive in relation to the number of new outpatients seen during the period April – September 2021. Current performance (117,540) exceeds the RMP3 trajectory of 116,360 by 1% with NHSGGC seeing 1,180 more new outpatients than anticipated. During the same period NHSGGC received 183,925 new outpatient referrals. Whilst positive progress is being made in relation to the number of patients seen, there has been a considerable increase (40%) in the total number of outpatients on the new outpatient waiting list, increasing from 85,788 new outpatients in August 2020 to 120,401 new outpatients reported in August 2021. Teams have been asked to deliver 80% pre-pandemic activity as a blended arrangement of face-to-face and virtual patient management. This modelling formed the basis of the revised RMP4 trajectories.

New Outpatients	Apr - Sept 21 Actual	Apr - Sept 21 Trajectory	Difference	Status	Oct - Dec 21 Trajectory	RMP3 Year End Target
New OP Activity - (including Virtual - telephone, NHS Near Me,...)	**117,540**	**116,360**	1,180	**1.0%**	**60,201**	**230,555**
New OP referrals Received	**183,925**	**-**	**-**	**GREY**	**-**	**-**

TTG Inpatient/Daycase Activity

As highlighted in the graph below, current performance has been positive in relation to the RMP3 trajectory in that the overall number of eligible TTG inpatient/day case seen was exceeding the monthly trajectory. However, the essential reduction of elective procedures is having an impact and for the first time since January 2021 performance has been below the monthly trajectory with around 1,600 fewer patients seen than planned. During the period April – September 2021, NHSGGC saw an overall total of 3,295 more TTG patients than planned. Whilst this was positive progress against the RMP3 trajectory, it should be noted that there has been an increase (6.5%) in the number of eligible TTG patients on the waiting list increasing from 24,641 in August 2020 to 26,250 in August 2021. Also worth noting is the 11% reduction in the number of TTG patients waiting > 12 weeks reducing from 19,331 in August 2020 to 17,199 in August 2021. This reduction reflects the ongoing work to balance treating the longest waiting patients alongside those with the highest clinical priority where possible.

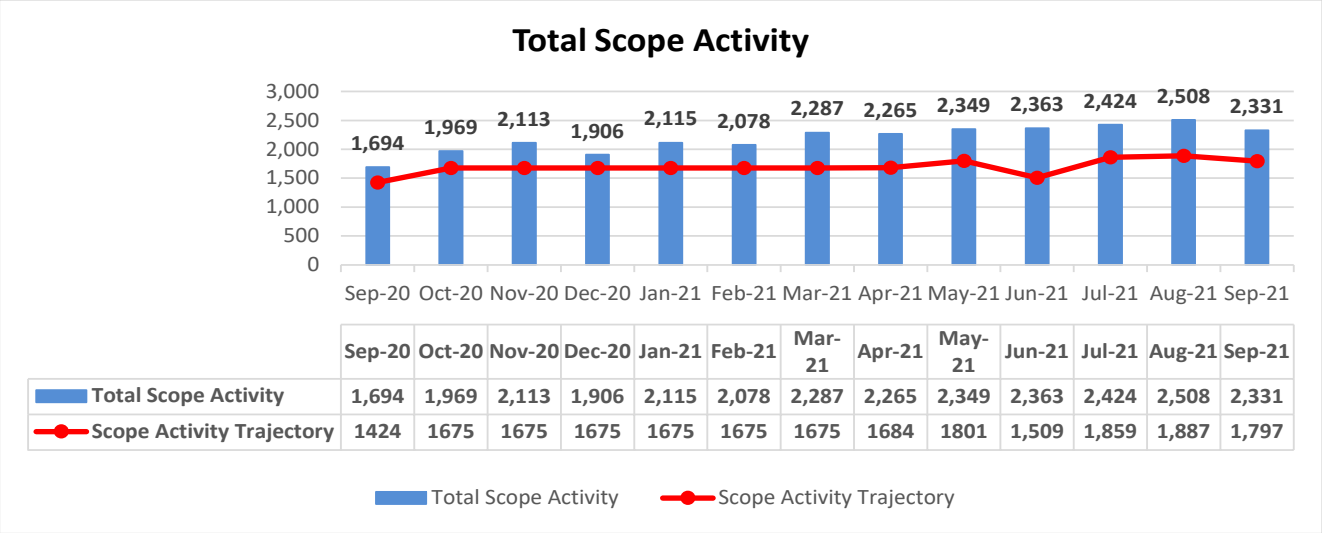


	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
TTG Inpatient and Day Case Activity	3,960	4,457	4,026	3,687	2,807	2,467	3,502	4,361	4,672	4771	4648	4450	2410
TTG Inpatient and Day Case Trajectory	4,313	4,563	4,456	4,264	2,000	2,000	3,000	3,230	3,516	3,273	3,846	4,148	4,004

Scope Activity

As seen in the graph below, month on month performance has remained positive in relation to scope activity. Since September 2020, 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 35.1% above the RMP3 milestone position for the period April – September 2021, with a total of 3,701 more scopes carried out than planned. All scopes are currently exceeding the planned position for the period April – September 2021. An increase to 70% of pre-COVID activity is anticipated for the final quarter of the year.

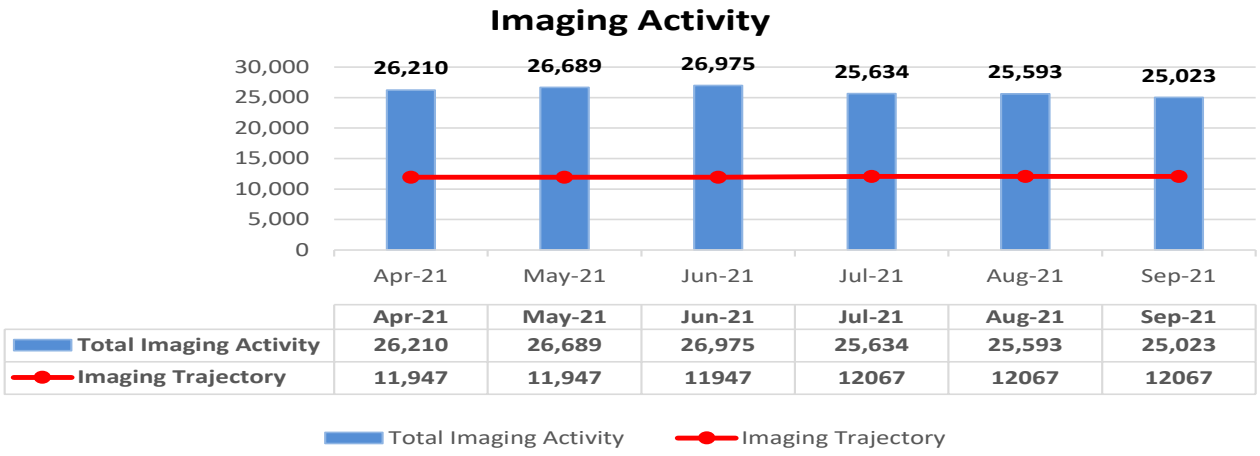
However, it should also be highlighted there has been an increase (18%) in number of patients on the scopes waiting list when compared to the same period the previous year increasing from 9,135 in September 2020 to 10,786 in September 2021.



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Total Scope Activity	1,694	1,969	2,113	1,906	2,115	2,078	2,287	2,265	2,349	2,363	2,424	2,508	2,331
Scope Activity Trajectory	1424	1675	1675	1675	1675	1675	1675	1684	1801	1,509	1,859	1,887	1,797

Imaging Activity

As highlighted in the chart below, performance remains positive in relation to imaging activity. During the period April – September 2021, the number of imaging tests carried out exceeded the RMP3 milestone position, with a total of 84,082 more imaging tests carried out than planned. Whilst significant progress continues to be made in relation to the number of patients seen, there has been an increase (15%) in the overall number of patients on the imaging waiting list increasing from 21,909 in September 2020 to 25,197 in September 2021.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Total Imaging Activity	26,210	26,689	26,975	25,634	25,593	25,023
Imaging Trajectory	11,947	11,947	11947	12067	12067	12067

Cancer 31 Days Waiting Time for First Cancer Treatment

As highlighted in the table below, performance in relation to the RMP3 April – September 2021 milestone position is currently 11% below the 3,447 RMP3 planned milestone position (provisional numbers).

Cancer 31 Days	Apr - Sept 21 Actual	Apr - Sept 21 Trajectory	Difference	Status	Oct - Dec 21 Trajectory	RMP3 Year End Target
31 Day Cancer - First Treatment Patients Treated	**3,091**	**3,477**	-386	**-11.1%**	1,815	7,182

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. It is also worth highlighting that the August 2021 provisional position in relation to the Cancer 31 days waiting time performance was 95.3% and has continued to remain above the national target of 95% throughout the pandemic.

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 – September 2021 milestone position in that there were a total of 27,778 urgent referrals received; almost 14% above the planned position of 24,420 for April – September 2021.

Cancer 62 Days	Apr - Sept 21 Actual	Apr - Sept 21 Trajectory	Difference	Status	Oct - Dec 21 Trajectory	RMP3 Year End Target
Cancer (62 days) - Number of urgent referrals recieved	**27,778**	**24,420**	3,358	**13.8%**	12,393	49,329

The management of cancer patients and vital cancer services continue to remain a clinical priority during the COVID-19 pandemic although changes to patient clinical pathways have been required to ensure all clinical risks are considered. NHSGGC continues to implement 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 4th October 2021, there are no outstanding Level 1A/1B patients (emergency and urgent) waiting for surgery undated across NHSGGC. Of the 220 patients (down 26 from September 2021 position) in Priority Level 2 ready for surgery, 99 patients are waiting for a dated appointment, with the majority (74 of 99) having waiting less than 4 weeks (i.e. these are new patients). This is a broadly similar position to the September 2021. Of the 46 patients in Priority Level 3 ready for surgery, 32 patients are waiting for a dated appointment with the majority (21 out of 32) having waited less than the target of 12 weeks. This is also a similar position to the September 2021 position.

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).

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. Many of these schemes are already in place and others are being put in place (e.g. recruitment underway where the scheme relate to additional staffing). NHSGGC has also submitted further bids to the Scottish Government to support cancer services following a request for bids. These bids include a West of Scotland bid for additional support for Chemotherapy (SACT) Services based in the Beatson West of Scotland Cancer Centre.

Elective Care Improvement Activity

The priority for new outpatient activity remains focused 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, elective activity has been temporarily reduced to balance the demands of the increasing number of COVID-19 admissions with emergency presentations. Most theatre capacity continues to be allocated to treating cancer and urgent patients. Board-wide and local governance procedures remain in place to ensure that urgent and cancer patients are treated, including regular clinical and managerial review of theatre capacity and prioritisation. There continues to be scrutiny of the waiting lists at the regular Directors' Access meetings, the regular Access Performance meetings with General Managers as well as at the Sector and Directorate specialty specific meetings.

Other wider actions around the priority areas of the elective programme include:

Outpatients

- **Advance Nursing Roles** – review with specialty team to consider expanding senior nursing support for OPD management.
- **Remote Consultation** – work is ongoing to embed remote consultation into services. Approximately 30% of patients are seen through virtual means; however face-to-face consultations will continue to be required for a range of patients. 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 return appointments. 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 patients across all specialties. Paediatric Priority 2 provision is stable and the number of longest waiting Priority 2 adult patients has increased given the recent reduction in capacity. Theatre allocations are being made based on specialty requirements to manage Priority 2 patients.

Endoscopy

- **Clinical Prioritisation** – revised Upper Gastro Intestinal (GI) and Lower Gastro Intestinal (GI) pathways have been utilised to reprioritise patients on the waiting list.
- **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 September / October 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** – NHSGGC was successful in being allocated a CT pod sited on the Queen Elizabeth University Hospital (QEUH) campus. The CT pod went live on the 29th September 2021 and, following application training for staff, will result in increased CT capacity for NHSGGC. Staffing challenges across all sites remain and we are currently trying to recruit additional locums to support sessions. The recent focus on supporting Emergency Departments has resulted 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. The impact of the overall reduction in activity, has resulted in longer waits for acquisition.

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

As highlighted in the table below, performance continues above the RMP3 trajectory in relation to the April – September 2021 milestone position with 22% (35,322) more attendances reported than planned.

Accident and Emergency	Apr- Sept 21 Actual	Apr - Sept 21 Trajectory	Difference	Status	Oct - Dec 21 Trajectory	RMP3 Year End Target
A&E Attendances	**194,562**	**159,240**	35,322	**GREY**	85,005	**330,957**
Number of A&E 4 Hour Breaches	**28,415**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

A&E 4 Hour Waiting Times Standard

As highlighted in the table below, compliance with the 4 hour target during the past 3 months had been challenging, reducing to a Board average of 76.0% in September 2021. Reductions in compliance can be seen across most of the main hospital sites. The recent reduction in compliance is as a result of the notable increase in A&E attendances experienced during the past few months, in addition to the challenges of operating Red and Green pathways, increasing acuity of patients, additional patient testing and bed challenges due to delayed discharge.

Also highlighted in the table below, NHSGGC's compliance with the A&E 4 hour waiting standard is in line with national trends and monthly performance continues to exceed the national position. 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**	**Jul-21**	**Aug-21**	**Sep-21**
Glasgow Royal Infirmary	86.6%	88.3%	91.8%	90.8%	91.5%	87.5%	82.4%	76.2%	68.5%
Stobhill Hospital	99.1%	100.0%	100.0%	99.9%	99.8%	99.4%	99.6%	98.5%	98.1%
Queen Elizabeth University Hospital	79.3%	74.6%	87.9%	86.9%	85.1%	80.6%	69.8%	58.0%	56.5%
New Victoria Hospital	95.3%	99.7%	99.9%	99.9%	99.9%	98.4%	100.0%	100.0%	100.0%
Royal Alexandra Hospital	85.5%	84.6%	86.1%	89.6%	87.0%	84.4%	78.1%	71.4%	71.7%
Inverclyde Royal Hospital	86.9%	87.4%	89.0%	91.3%	92.9%	90.1%	87.9%	78.6%	74.2%
Vale of Leven Hospital	94.7%	94.9%	95.5%	96.4%	96.4%	94.1%	93.6%	94.7%	93.2%
Royal Hospital for Children	99.0%	99.1%	99.1%	98.9%	99.0%	99.1%	99.1%	94.1%	91.6%
Gartnavel General Hospital	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NHSGGC Total	**87.6%**	**87.1%**	**91.9%**	**92.2%**	**91.8%**	**89.3%**	**84.1%**	**77.9%**	**76.0%**
NHS Scotland Total	**86.0%**	**86.1%**	**88.5%**	**88.7%**	**87.2%**	**85.1%**	**81.5%**		
% Variance from NHS Scotland	**1.6%**	**1.0%**	**3.4%**	**3.5%**	**4.6%**	**4.2%**	**2.6%**		

Number of A&E Attendances										
Hospital	**Sep-20**	**Jan-21**	**Feb-21**	**Mar-21**	**Apr-21**	**May-21**	**Jun-21**	**Jul-21**	**Aug-21**	**Sep-21**
Assessment Unit Attendances	2,821	2,449	2,403	3,194	3,078	3,335	3,421	3,186	3,420	3,380
SATA Attendances	2,947	3,287	2714	3,054	2,801	2,930	3,189	3,130	3,054	3,285
Virtual Consultations	0	1,185	1058	1,114	1,427	1,473	1,597	1,766	1,646	1,369
NHSGGC Total	**28,482**	**22,291**	**20,996**	**27,632**	**30,851**	**33,642**	**36,121**	**35,046**	**35,311**	**34,312**
NHS Scotland Total	**116,230**	**85,491**	**80,423**	**103,936**	**115,589**	**129,465**	**136,887**	**132,595**		
NHSGGC % of NHS Scotland	**24.5%**	**26.1%**	**26.1%**	**26.6%**	**26.7%**	**26.0%**	**26.4%**	**26.4%**		
Total Unscheduled Care Attendances	**34,250**	**29,212**	**27,171**	**34,994**	**38,157**	**41,380**	**44,328**	**43,128**	**43,431**	**42,346**

Number of Emergency Admissions and Admissions via A&E

As highlighted in the table below, performance in relation to the number of emergency admissions during the period April – September 2021 is currently 3% above the RMP3 planned position with a total of 2,415 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 – July 2021 (August/September 2021 data unavailable) was 6.3 days, lower than the RMP3 planned position of 7.6 days.

Emergency Admissions	Apr - Sept 21 Actual	Apr - Sept 21 Trajectory	Difference	Status	Oct - Dec 21 Trajectory	RMP3 Year End Target
Number of Emergency Admissions	**63,882**	**66,027**	-2,145	**GREY**	37,271	**138,597**
Number of Admissions via A&E	**47,102**	**N/A**	**N/A**	**GREY**	**GREY**	**GREY**
Total Emergency Admission Mean Length of Stay Apr - July 21 (Definitions as per Discovery indicator)	**6.3**	**7.6**	-1.3	**-17.1%**	6.8	**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 April - July 2021 monthly position.

Emergency Care Improvement Actions

In helping to address the emergency care pressures, we have placed a further focus on how people can access urgent care by launching a four week radio campaign to encourage patients to use NHS24 from the week beginning 20th September 2021. These adverts are weighted towards weekends and the beginning of the week as we know this is when there is the most demand on our Emergency Departments. We are also actively promoting other alternatives to both Emergency Departments and the 111 service, including community pharmacies, optometry services and self-care to try encourage members of the public to consider all care options available to them.

Work is also underway as part of the RMP4 process to develop the 2021-22 Winter Plan to help mitigate some of the challenges faced during winter. The new Winter Plan has been prepared as a cross system plan, looking at capacity and projected demand across community, mental health and acute services. Work is also underway to refresh and update the Joint Strategic Commissioning Plan approved by IJB's in early 2020 and create a revised Design and Delivery Plan for 2021-24 identifying a number of key actions to be implemented on a phased basis over the next 3 years.

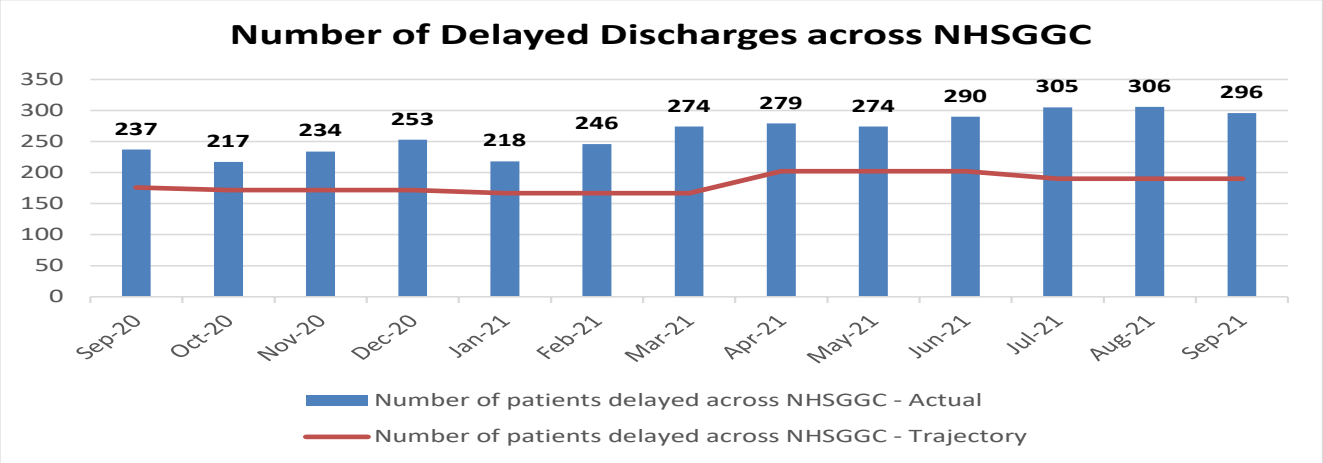
A range key actions developed as part of the Recovery process to address the performance challenges faced in emergency care and help reduce the footfall in A&E continue to be implemented and these include:

- The ongoing implementation of Phase 3 of the Redesign of Unscheduled Care which includes 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.

Delayed Discharges

Whilst the number of delayed discharges marginally reduced in September 2021 when compared to the previous months', the number of delayed discharges reported across NHSGGC continues to be above the planned RMP3 position. During the period April –

September 2021, the monthly average position is almost 54% higher than RMP3 planned monthly average position. The average number of delays across Acute Services during the same period accounted for 77% of the overall delays.



Reducing the number of delayed discharge patients continues to be a key priority for both HSCPs and Acute Services. A cross sector plan to support the reduction in delays in hospital in the short and longer term has been developed and currently being implemented. A common discharge policy which aligns across the six HSCPs and hospital sites has also been developed and implemented. This interfaces with the established Estimated Date of Discharge practice and continued extensions of 'criteria led discharge' within our hospitals.

The 'Discharge to Assessment' policy introduced last year continues to be embedded and improved upon to:

- Establish early-in reach and acute identification of the need for community support;
- Ensure early engagement of individuals and families by HSCP teams to expedite discharge;
- Ensure completion of full assessment out of hospital and provision of community rehabilitation via new localised pathways; and
- Strengthen links with Commissioning Teams to support transfers to appropriate settings.

In addition to the above, there is daily HSCP/Acute senior management scrutiny of delays with a particular focus on 11b delays (social work assessment) and 24c delays (awaiting care home placement) in line with maximising capacity and flow to care homes alongside tracking process for AWIs to minimise delays in process. A robust AWI Improvement Plan has also been put in place to address the challenges.

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, there was a reduction in the number of shifts open during the summer months. In September 2021, 87.5% of GP OOHs shifts remained open. Activity has reduced (6%) when compared to the previous month, reducing from 9,910 contacts made in August 2021 to 9,280 in September 2021.

GP OOH Service													
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Total Open Shifts	235	237	237	246	257	236	275	284	300	265	244	256	245
Total Closed Shifts	2	7	0	1	0	0	0	0	2	7	50	32	35
Total Scheduled Shifts	237	244	237	247	257	236	275	284	302	272	294	288	280
% Open Shifts	**99.2**	**97.1**	**100.0**	**99.6**	**100.0**	**100.0**	**100.0**	**100.0**	**99.3**	**97.4**	**83.0**	**88.9**	**87.5**

MENTAL HEALTH SERVICES

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

As seen in the table below, performance in relation to the RMP3 trajectory for April – June 2021 was on track, delivering the RMP3 projected position. However, performance July – August 2021 (the latest available data) was 15% below the RMP3 planned position. The projections to March 2022 have been reviewed as part of the development of the RMP4 and winter planning process and will be reflected once agreed by Scottish Government.

It should be noted that Services remain on, or close to, continuing to meet the national Psychological Therapies waiting times standard of 90% for patients starting their treatment within 18 weeks of referral each quarter.

Psychological Therapies	April - June 2021 Actual	April - June 2021 Trajectory	Difference	Status	July - Aug 2021 Actual	July - Aug 2021 Trajectory	Difference	Status	Oct - Dec 21 Trajectory	RMP3 Year End Target
Psychological Therapies - First Treatment Patients Treated	4,365	4,350	15	**0.3%**	2,632	3,100	-468	**-15.1%**	4,650	**18,300**

Please Note: the monthly data relating to September 2021 is currently unavailable.

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 – September 2021 is 30% below the planned milestone position of 3,300.

Child and Adolescent Mental Health Services	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Apr - Sept 21 Actual	Apr - Sept 21 Trajectory	Difference	Status	Oct - Dec 21 Trajectory	Jan - Mar 22 Trajectory	RMP3 Year End Target
CAMHS - First Treatment Patients Treated	502	409	363	304	305	420	**2,303**	**3,300**	-997	**-30.2%**	1,680	1,680	**8,340**

MENTAL HEALTH IMPROVEMENT ACTIONS

Psychological Therapies Improvement Actions

As part of the Psychological Therapies Improvement Plan a range of priority actions are currently underway to address performance including:

- 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 implementation of a new Board-wide Service offering group-based treatments spanning geographical boundaries and care groups. Team members are currently 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 Waiting List Initiative and piloting internet enabled Cognitive Behavioural Therapy (CBT) funded by the Scottish Government.
- The impact of planned care actions are likely to be realised by Quarter 4 2021-22 and learning from evidence of what works will inform the delivery of further improvements.
- The Corporate Management Team agreed at the beginning of October 2021 to commence recruitment for new posts funded by the Recovery and Renewal Fund.

CAMHS Improvement Actions

The CAMHS Team referral rates have returned to pre-pandemic levels and the following actions are currently underway:

- A Waiting List Initiative is in place with funding for 18 Whole Time Equivalent (wte) and additional staff have been recruited to see the longest waiting patients of which 16 wte remain in post. 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 the challenge of recruiting to several Psychiatry positions remains with a further resignation. The current vacancy factor is 17.50 wte which is off-setting the waiting list additional capacity. Each HSCP have been allocated individual targets and trajectories which are being monitored monthly.
- A workforce plan has been created for the HSCP Tier 3 CAMHS teams to expand the MDT with additional Mental Health Recovery and Renewal Funding. These posts are now in the process of recruitment.
- Additional Business Support staff have been recruited to support the management of fully booked psychiatry clinics.
- HSCPs are receiving weekly patient level data which identifies children who have breached the 40 week plus time band and these are being appointed as a priority.
- The significant increase in demand for urgent assessment has meant that this patient cohort is being prioritised over the longest waits. 73% of the first treatments delivered in April – June 2021 were for patients referred in the preceding 4 weeks.
- Attend Anywhere (AA) has been fully adopted, averaging 39% of all contacts. Extensive positive feedback has been received and AA will continue to be used as part of business as usual. However higher Did Not Attends (DNA's) for first digital appointments are being seen and actions are being taken to reduce the rates. The existing text messages have been adjusted to include the cost of missed appointments to the NHS. West Dunbartonshire have significantly reduced DNA's through patient calls confirming attendance the day before. Glasgow City HSCP is implementing an opt-in and choice of appointment dates / times / modality model. With patients who fail to opt-in being discharged. DNA rates have

reduced in September 2021 for all appointment types, the DNA rate was 9.5% in September and For First Treatment appointments the DNA rate was 14.5%

- Teams are expediting plans to recommence group therapy sessions and groups are now in place across some HSCP's.
- A CAMHS Mental Health Recovery and Renewal Programme Board has been initiated to oversee the plan to utilise the Phase 1 £6.1 million funding to improve waiting times in CAMHS, deliver full service specification and increase the age range from 18 years to 25 years. Additional funding has also been received for Phase 2 which focused on delivery of the Neurodevelopmental service specification and enhancement of a range of Tier 4 Board wide services. NHSGGC have also been asked to create a number of regional services

CONCLUSION

As highlighted in this report, NHSGGC has been making steady progress in delivering the majority of targets outlined in the Phase 3 Remobilisation Plan. However, in response to the recent increase in the number of COVID-19 positive cases resulting in increasing hospital admissions, A&E attendances and high levels of staff absence, the temporary action taken to further reduce elective procedures to enable our teams to better manage the continued pressures, will have an impact on the positive progress made to date. Performance will remain subject of Recovery Plans, supported improvement actions and weekly monitoring at the Senior Executive Group and General Managers Performance meeting.