

NHS Greater Glasgow and Clyde	Paper No. 22/56
Meeting:	NHS Board Meeting
Meeting Date:	23 August 2022
Title:	Performance Report
Sponsoring Director:	Colin Neil, Director of Finance
Report Author:	Tricia Mullen, Head of Performance

1. Purpose

The purpose of this report is to: provide the Board members with an update on performance against the key indicators as outlined in the Performance Assurance Framework.

2. Executive Summary

The paper can be summarised as follows: A summary of performance against the respective KPIs outlined in the Performance Assurance Framework, and based on the measures contained in the Remobilisations Plan 4 (RMP4) approved by the Scottish Government (SG), the draft targets contained within the RMP5 submitted to SG for approval and the recently agreed planned care long wait measures.

Performance has been summarised in the table below:

BOARD OFFICIAL

No	Measure	Targets	Current Performance Status	Projected Performance as at 31 March 2023	Slide Number
1	Access to Psychological Therapies: % eligible referrals starting treatment <18 weeks of referral	RMP4 Trajectory			5
2	Access to CAMHS: % eligible referrals starting treatment <18 weeks of referral	RMP4 Trajectory			6
3	Access to Cancer Services Treatment Time: % of patients starting treatment within 31 days of decision to treat	National Target			8
4	Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	National Target			9
5	New Outpatient Activity	RMP4 Trajectory			11
6	New Outpatients Waiting Times by Length of Wait	RMP4 Trajectory			12
7	TTG Inpatient/Daycase Activity	RMP4 Trajectory			13
8	TTG Patient Waiting Times by Length of Wait	RMP4 Trajectory			14
9	Diagnostics: Scope Activity	RMP4 Trajectory			15
10	Diagnostics: Scope Waiting Times by Length of Wait	RMP4 Trajectory			16
11	Unscheduled Care: A&E Attendances	RMP4 Trajectory			17
12	Unscheduled Care: A&E 4 Hour Waits	National Target			18
13	GP Out Of Hours: Number of Scheduled Shifts Open	Local Target			19
14	Delayed Discharges: Number of Acute Delayed Discharges	RMP4 Trajectory			20
15	Delayed Discharges: Number of Mental Health Delayed Discharges	RMP4 Trajectory			21
16	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Monthly Average Position			22
17	Rationale for Control Limits Applied				23

3. Recommendations

The Board members are asked to note the performance across NHSGGC in relation to the KPIs outlined in the Performance Assurance Framework.

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: These performance indicators have been discussed and agreed as part of the development of NHSGGC's Performance Assurance Framework with the Chair, Vice Chair and Executive leads for the Board.

7. Governance Route

This paper has been previously considered by the following groups as part of its development: These measures have been reviewed by Acute Services Committee, the Finance, Planning and Performance Committee and Corporate Management Team.

8. Date Prepared & Issued

Prepared on 10 August 2022
Issued on 16 August 2022

NHS GREATER GLASGOW & CLYDE BOARD MEETING



Performance Assurance Information – August 2022

Contents

Board Committee Name:
NHSGGC Board

Responsible Division:
HSCPs & Acute

Report Date:
23 August 2022

Reporting Frequency:
Bi-Monthly

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Executive Summary

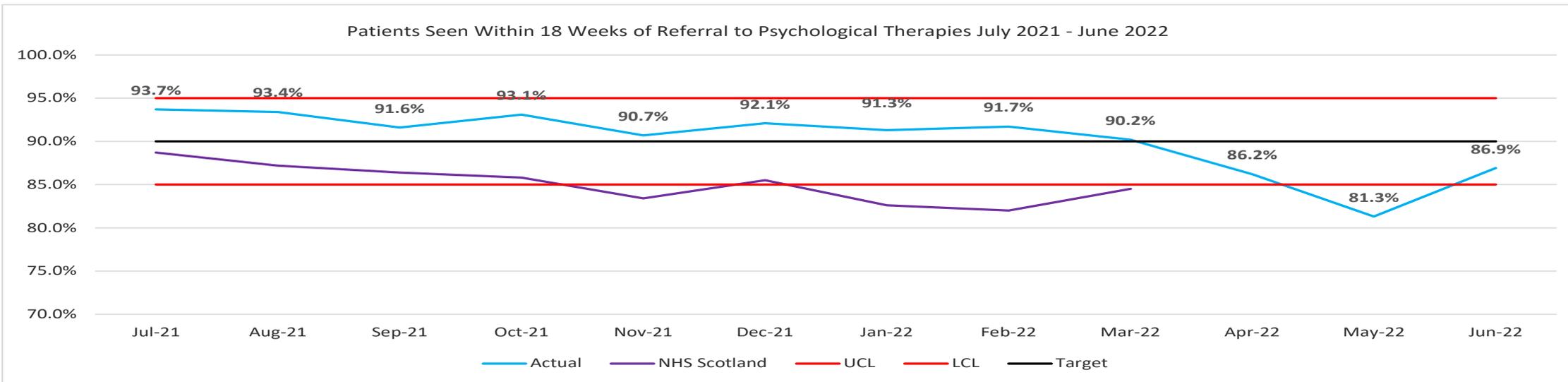
In the main the Board performance report covers the rolling year May 2021 - June 2022 (with the exception of quarterly covering the latest published quarterly period ending March 2022). The report continues to reflect the following:

- The measures outlined in the Remobilisation Plan 4 (RMP4) approved by the Scottish Government (SG) and work is underway to agree 2022-23 targets for each. (A draft RMP5 has also been developed and submitted to the SG for approval. The draft targets contained within the RMP5 are reflected within the report).
- The new planned care reduction measures and targets as recommended by the SG in line with the Governments focus on reducing long waits.
- Other key national and local measures.

The performance highlighted within this report relates to the June 2022 position and should continue to be considered in the context of the ongoing challenges faced by the number of COVID-positive patients receiving care in our hospitals and also experienced across out care homes alongside the number of staff absent as a result of COVID-19. However, despite continuing to face challenges across the health and social care system, progress has been made across a number of key performance measure as highlighted in the report. By way of context, at its peak in April 2022, we had a total of 1,135 COVID-19 hospital inpatients who had tested positive in the last 90 days and of this total 706 had tested positive with the virus in the previous 28 days. These numbers reduced significantly in May 2022 and in June then began to increase again in July 2022. At present there are a total of 619 COVID-19 hospital inpatients who have first tested positive in the last 90 days. Of this total, 296 inpatients currently in hospital across NHSGGC (as at 10 August 2022) were diagnosed with the virus in the past 28 days. The temporary reduced pressures of COVID-19 in June 2022 did have a positive impact on a number of performance measures particularly around acute activity although the biggest remaining challenge continues to be the timely discharge of patients deemed fit for discharge were we are not seeing the level of reduction as we would like. This is a complex challenge and our priority remains on ensuring we are able to move our patients on to an appropriate setting once they are deemed fit for discharge. We continued to work with our HSCP colleagues, care homes and families to arrange supported discharge for patients as quickly as possible and actions in place to help reduce the number of patients delayed are outlined in the relevant slides contained within the report.

During June 2022, all hospital sites across acute worked to remobilise elective activity following a period of limited activity in response to COVID-19 pressures and this is beginning to have a positive impact on performance. Whilst the SG recently announced that the Clinical Prioritisation Framework (CPF) would be stood down with immediate effect on 22 July 2022, to give flexibility to Health Boards and clinicians to manage waiting lists with a focus on eliminating long waits alongside continuing to treat the most clinically urgent patients, including Urgent Suspicion of Cancer Referrals which continue to be prioritised, the CPF remained in place during June 2022. This continued to impact on patients length of wait during the month of June. As at June 2022, four of the 11 measures that can be tracked against trajectory are currently delivering against trajectory and rated green, four are rated as amber (<5% variance from trajectory), three have been rated as red (>5% adverse variance from trajectory) and the remaining five measures with no target are rated as grey.

1. Psychological Therapies: % of eligible referrals starting treatment <18 weeks of referral



Summary

Current Position (including against trajectory):

Currently 86.9% against RMP4 trajectory of 90% in June 2022. **Below target by 3.1%.**

Current Position Against National Target:

National target 90%. Performance remains above the national position of 84.5% for the latest published quarter ending March 2022.

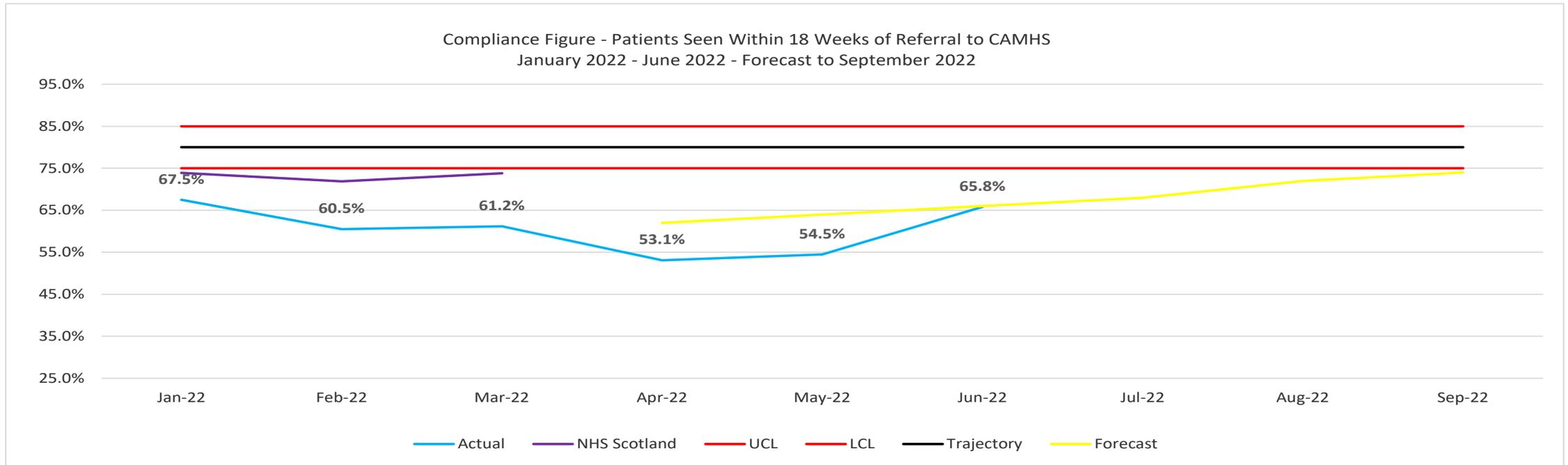
Projection to 31 March 2023:

Target 90% at March 2022-23. **Forecast to meet target.**

Key Actions

- Service areas continue to prioritise the long waiting patients i.e. people waiting 18+ weeks particularly those waiting 52+ weeks. This has had a negative impact on compliance with the target. For example, in June 2022, a total of 1,310 people started treatment, 1,139 (86.9%) started <18 weeks and 171 (13.1%) started >18 weeks. Whereas in June 2021, a total of 1,481 people started treatment, 1,413 (95.4%) started <18 weeks and 68 (4.6%) started >18 weeks.
- Both East Dunbartonshire (96.8%) and Inverclyde (100%) HSCPs exceeded target in June 2022.
- HSCPs are sharing staff between care groups and geographic boundaries where and when this can be done.
- Service managers are looking at ways to speed up recruitment.
- Referrals assessed for suitability for a Psychological Therapy (PT) continue to be added to the number of people waiting. The PT Monitoring Group and Local PT implementation groups continuously monitor and action as required.

2. Child and Adolescent Mental Health: % of eligible patients starting treatment <18 weeks of referral



Please note: data from January 2022 onwards now includes all discharges from the CAMHS waiting list for patients not seen. These discharges could be due to opting out of the Service, unable to contact patient, non-attendance, etc. This may affect the 18 week RTT but is within the CAMHS Waiting Times definitions and scenarios.

Summary

Current Position (including against trajectory):

65.8% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral in June 2022, **below the 80% trajectory, however similar to the 66.0% forecast position.** Performance is showing a significant improvement on the previous months' position.

Current Position Against National Target:

Performance is below the national position of 73.8% for the latest published quarter ending March 2022.

Projection to 31 March 2023:

Target 80% by March 2023. **Forecast is to meet the 80% target by January 2023.** Key improvement actions outlined in the next slide.

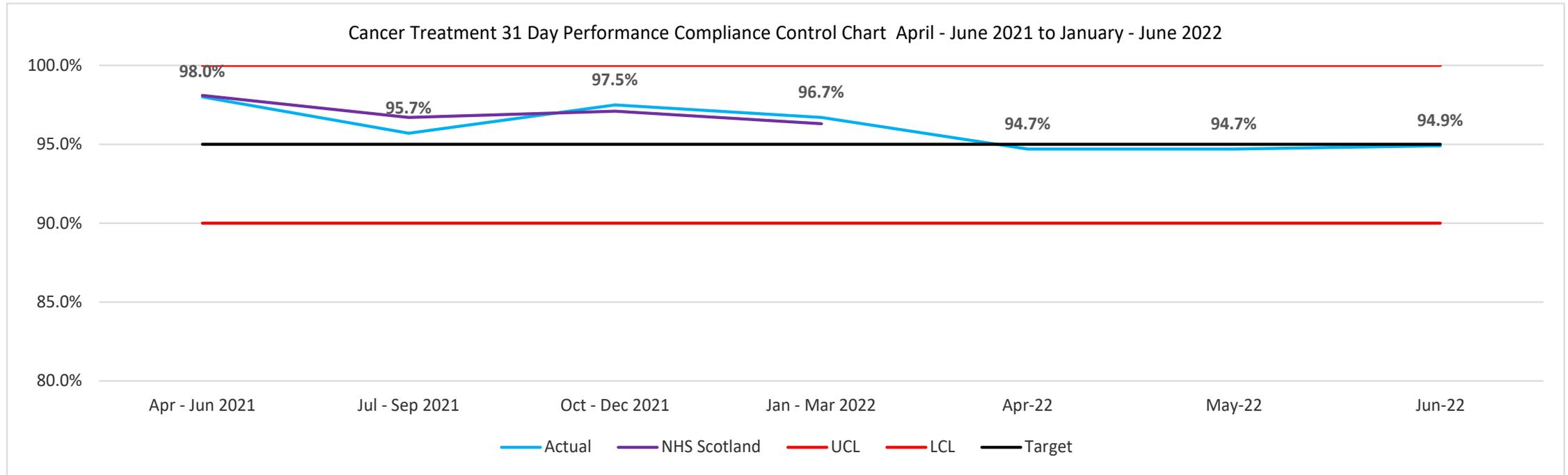
Key Actions

The CAMHS Teams continue to actively focus on seeing the longest waiting patients, in doing so, this continues to have a negative impact on compliance with the waiting times target, as the target only considers those patients seen in the reporting month and how long they have waited. However, an improvement in performance can be seen from May 2022 to June 2022 and performance is now broadly in line with the forecast position.

CAMHS performance continues to remain under close scrutiny with regular meetings between the Chief Executive, the Interim Director of Finance and HSCP Chief Officers. Local management information shows that as of 3 August 2022, there was one patient waiting >52 weeks with a booked appointment and positive progress also continued in reducing the number of patents waiting >40 weeks, reducing from 143 patients at the beginning of January 2022 to a total of 40 patients on 3 August 2022. Of this total 28 have a confirmed appointment to be seen. Also of note is that the size of the waiting continues to reduce and as at 3 August 1,658 patients were waiting a reduction on the 2,731 waiting in January 2022. Key improvement actions in place to address performance include:

- Each HSCP, in consultation with their CAMHS Teams, have prepared an initial costed draft workforce plan aimed at addressing gaps, reducing backlog and meeting ongoing demand. As of June 2022 there were an additional 39 WTE in post.
- The Mental Health Renewal and Recovery Plan is a national priority and NHSGGC is working to ensure an effective recruitment campaign to bring new staff into the service. Actions to improve and streamline recruitment include the establishment of a process for central recruitment to nursing roles. More recently this has expanded to include psychiatry and psychology. This avoids a duplication of effort and speeds up the process for bringing new staff into the service. Recruitment is promoted through NHS Scotland as well as utilising social media to promote the service.
- The CAMHS Mental Health Recovery and Renewal Programme Board remains in place to oversee the plan to utilise the Phase 1, £6.1m funding to improve waiting times in CAMHS. Additional funding has also been received for Phase 2 focusing on the delivery of the Neurodevelopmental service specification and enhancement of a range of Tier 4 Board-wide services and the development of Regional Services including an IPCU. These Board-wide services support the teams who are subject to the waiting times standards to treat children and young people.
- Public Health Scotland CAMHS Trajectory Modelling Tool is being used to help model future demand on CAMHS and support a consistent approach to estimating resources required to cover demand and address existing waiting lists.

3. Access to Cancer Services Treatment Time: % of patients treated within 31 days of decision to treat



Please note: data relating to June 2022 is provisional and will be subject to validation.

Summary

Current Position (including against trajectory):

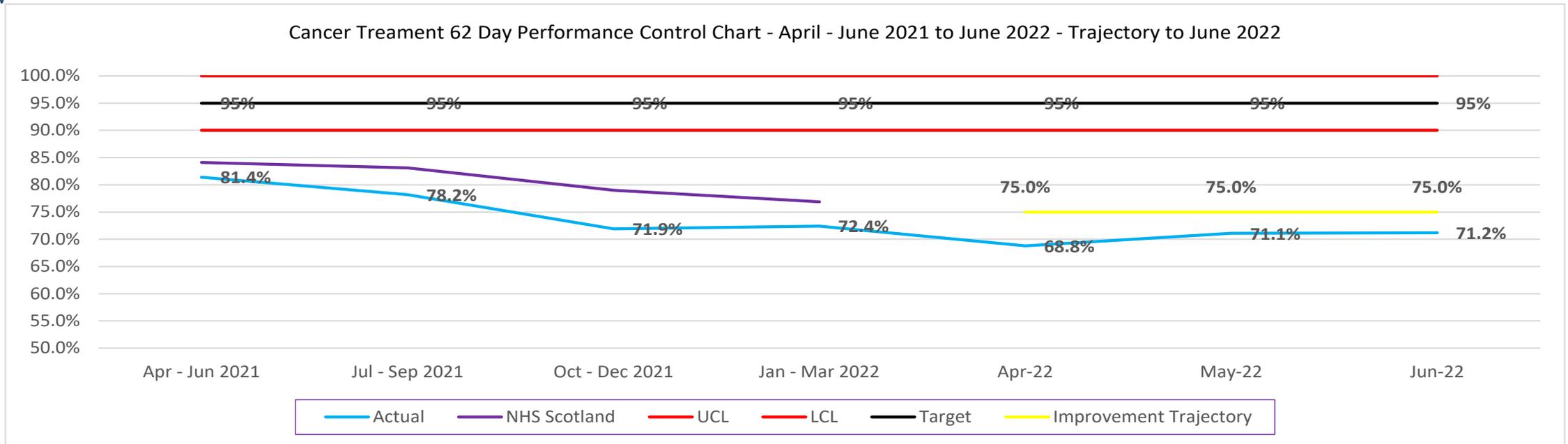
Current Position Against National Target:

Projection to 31 March 2022-23:

Currently 94.9% against target of 95% patients treated within 31 days. **Marginally below target by 0.1%.** NHSGGC's performance is above the latest national published position of 96.3% for the quarter ending March 2022.

The 2022-23 target remains at 95% and on track to achieve.

4. Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer



Please note: data relating to January - March 2022 is provisional and will be subject to validation.

Summary

Current Position (including against trajectory):

Currently 71.2% of patients started their first cancer treatment within 62 days against the national target of 95% patients. **Within the trajectory of between 70% - 75% for the quarter ending June 2022.**

Current Position Against National Target:

NHSGGC's performance is below the latest national published position of 76.9% for the quarter ending March 2022.

Projection to March 2022-23:

Performance is within the Quarter 1 projected position of reaching between 70% and 75%. Performance is below the national target of 95%.

Key actions to address performance in those cancer types facing ongoing challenges are outlined in the next slide.

4. Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer (Continued)

Key Actions

The Board remains committed to improving performance and continues to implement the national guidance on the management of patients who require cancer treatments agreed by the national Covid-19 Response Team. Actions in place to address performance against the four cancer types facing ongoing challenges include:

Colorectal (Quarter 1 Performance: 44.9% below Quarter 1 trajectory of >55%)

- Screening/scope delays remain the primary performance issue. Significant additional capacity is being made available across endoscopy on all sites as per endoscopy plan plus additional outpatient capacity in place.
- Endoscopy mobile unit is running at optimal capacity, implementation to date has gone well. Current throughput of around 80-100 patients per week dependent on cases on list.
- A detailed breach analysis review is underway to identify specific pathway points of concern and agree associated improvement actions. Breach analysis process will be implemented July-August 2022, where issues and actions will be reviewed at August meeting of the newly commenced Cancer Management Group (CMG).

Urology (Quarter 1 Performance: 40.7% below Quarter 1 trajectory of >65%)

- Access to Robotic Assisted Laparoscopic Prostatectomy (RALP) remains a key challenge. Additional weekend sessions are in place where possible, theatre resource is challenging.
- A 12-month locum consultant surgeon (funded by Cancer Access Funding) will start at the end of August 2022. A two week period of supervision is required, following anticipated sign off this operator will run lists from mid September 2022, providing additional RALP capacity.
- As the backlog of RALP cases are treated, a number of long waiters will be included in performance calculations. This additional capacity will see a reduction in patients on the waiting list, however, this will impact the monthly performance position.

Upper GI (Quarter 1 Performance: 67.0% exceeding Quarter 1 trajectory of >65%)

- Complex diagnostic pathway (scope, CT, PETCT, EUS, laparoscopy) impacts on the early part of patient journey. Screening/scope capacity is the primary performance issue.
- Pathway changes embedded to manage Upper GI demand and full scope action plan is being implemented, including additional capacity across all sites and access to NHS Golden Jubilee capacity. Endoscopy mobile unit, is fully operational, with current throughput of around 80-100 patients per week dependent on cases on list.

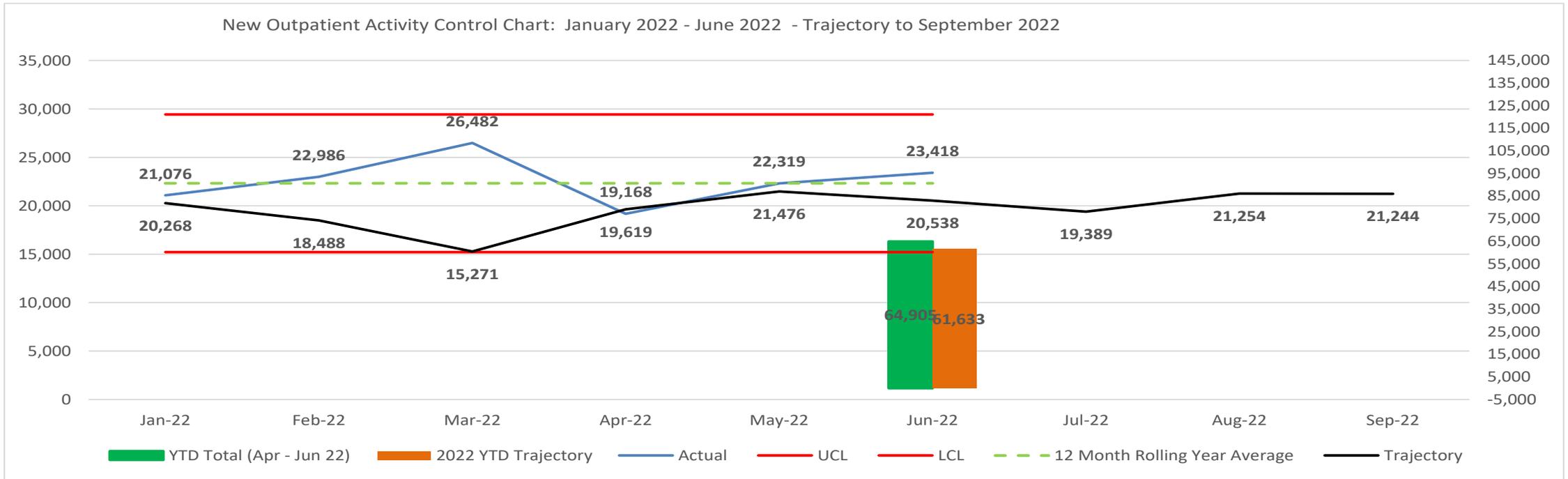
Lung (Quarter 1 Performance: 79.9% marginally below Quarter 1 trajectory of >80%)

- Complex pathway with multiple diagnostic steps often including X-ray, CT, PETCT, EBUS, MR brain and multiple pathologies.
- Key improvement actions include the roll-out of direct access GP scanning to North and Clyde Sectors, following commencement in April 2022, a quarterly review is to be undertaken to quantify impact.
- National Scottish Lung Pathway is under development to standardise the diagnostic pathway across NHS Scotland.

CMG

- The CMG commenced on 22 July 2022. A key priority for this group is the delivery of the Cancer Pathway Work Plan. This programme will include a full review of all cancer pathways across the Board, building on work that started pre-pandemic. Input will be sought from Lead Clinicians, Diagnostics, Radiology and Oncology colleagues. Short timeframes for review completion have been agreed and this work will underpin continuous monitoring and improvement work across challenged tumour groups.

5. New Outpatient Activity



Summary

Current Position (including against trajectory):

Current Position Against National Target:

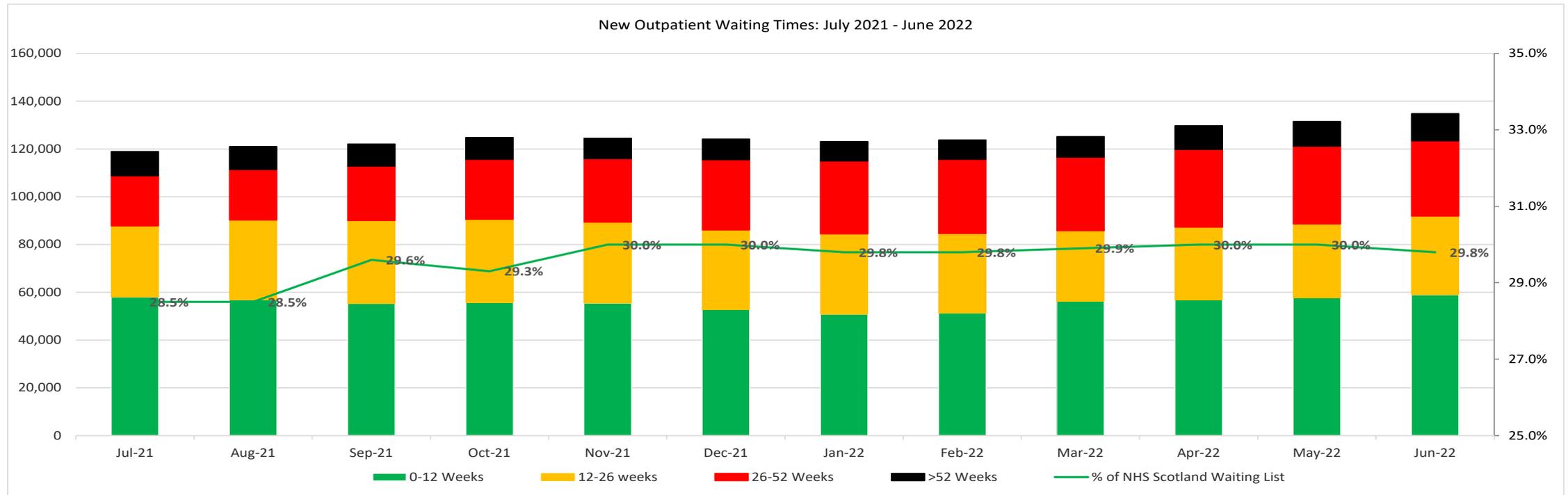
Projection to 31 March 2023:

A total of 64,905 new outpatients were seen, above the draft RMP5 target of 61,633. **Above target by 5%.**

No national target relevant

RMP5 target of 251,789 new outpatients to be seen by March 2023. **Performance was forecast to meet the projected quarter-end position for June 2022 and it is anticipated that we will continue to do so.**

6. New Outpatient Wait Times



Summary

Current Position (including against trajectory):

At the end of June 2022, a total of 134,335 patients were on the new outpatient waiting list. Of this total, 11,372 patients were waiting >1 year, 1,315 were waiting >18 months and 17 were waiting >2 years. Targets have recently been set to reduce the number of patients in each of these time bands including **no patients waiting >104 weeks by the end of August 2022 and no patients waiting >78 weeks by the end of December 2022**. Local management information shows a further improvement in reducing the long waiting patients in that as of the 10 August 2022 there were no patients waiting >104 weeks and 872 patients waiting >18 months.

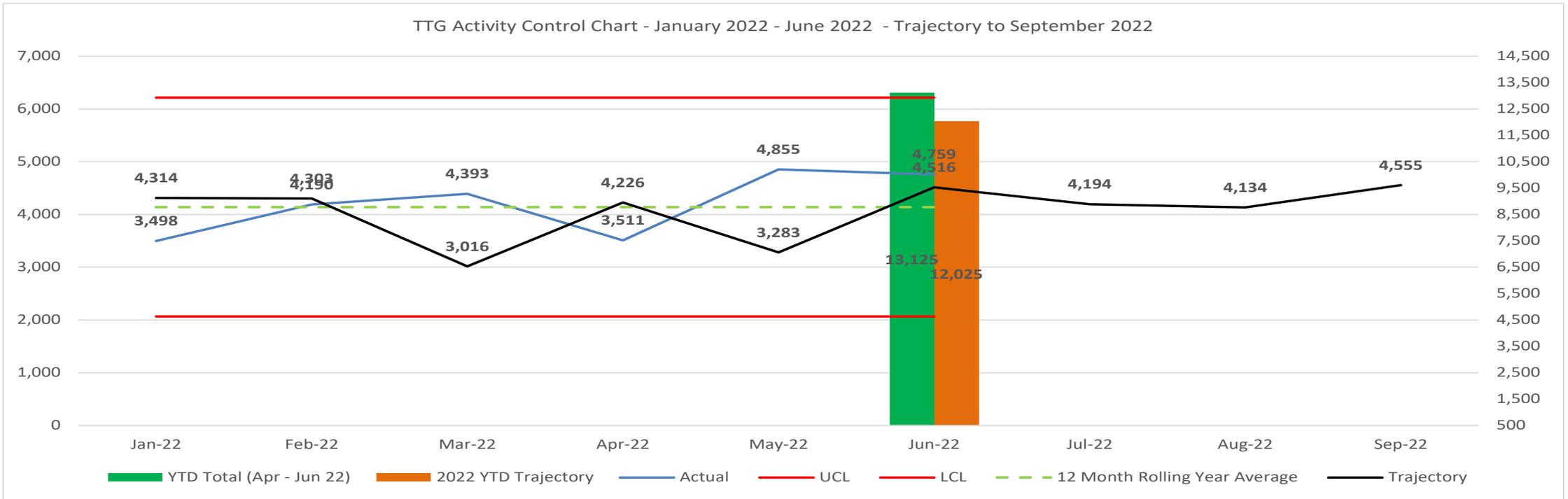
Current Position Against National Position:

29.8% of the total patients waiting across NHS Scotland for a first new outpatient appointment were NMSGC patients at the end of June 2022.

Projection to 31 March 2023:

No patients to be waiting >1 year by March 2023 and work is underway to agree a trajectory towards target. On track to meet the August 2022 target of no patient waiting >2 years.

7. TTG Inpatient/Daycase Activity



Summary

Current Position (including against trajectory):

A total of 13,125 patients were seen during the period April - June 2022, above the draft RMP5 trajectory of 12,025. **Above the trajectory by 9%.**

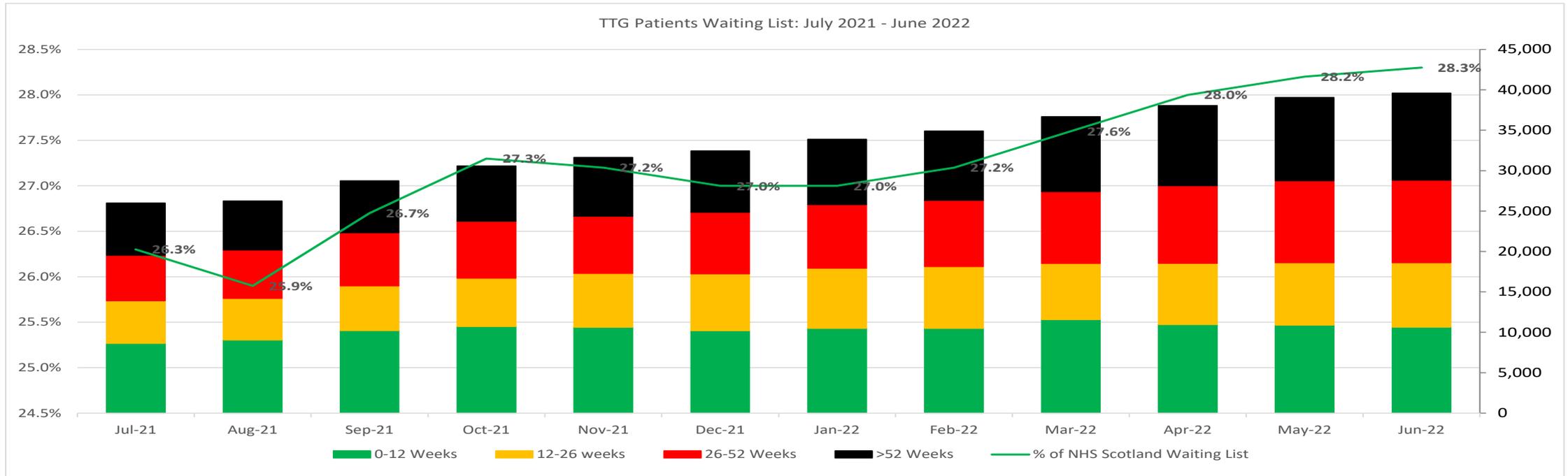
Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

RMP5 draft target of 55,506 TTG patients to be seen by March 2023. **Performance is forecast to continue to meet trajectory.**

8. TTG Inpatient/Daycase Patient Waiting Times by Length of Wait



Summary

Current Position (including against trajectory):

At the end of June 2022, there were 39,595 patients on the overall waiting list. Of this total 10,776 patients were waiting >1 year, 5,419 were waiting >18 months and 2,810 were waiting >2 years. Targets have recently been set for long waiting patients in each of these time bands including **no patients waiting >104 weeks by end of September 2022 and no patients waiting >78 weeks by September 2023**. Local management information shows a further reduction in the number of patients waiting >2 years in that there are currently 2,519 patients waiting >104 weeks as at 27 July 2022.

Current Position Against National Position:

Currently 29.9% of the over 12 weeks national waiting list at the end of June 2022.

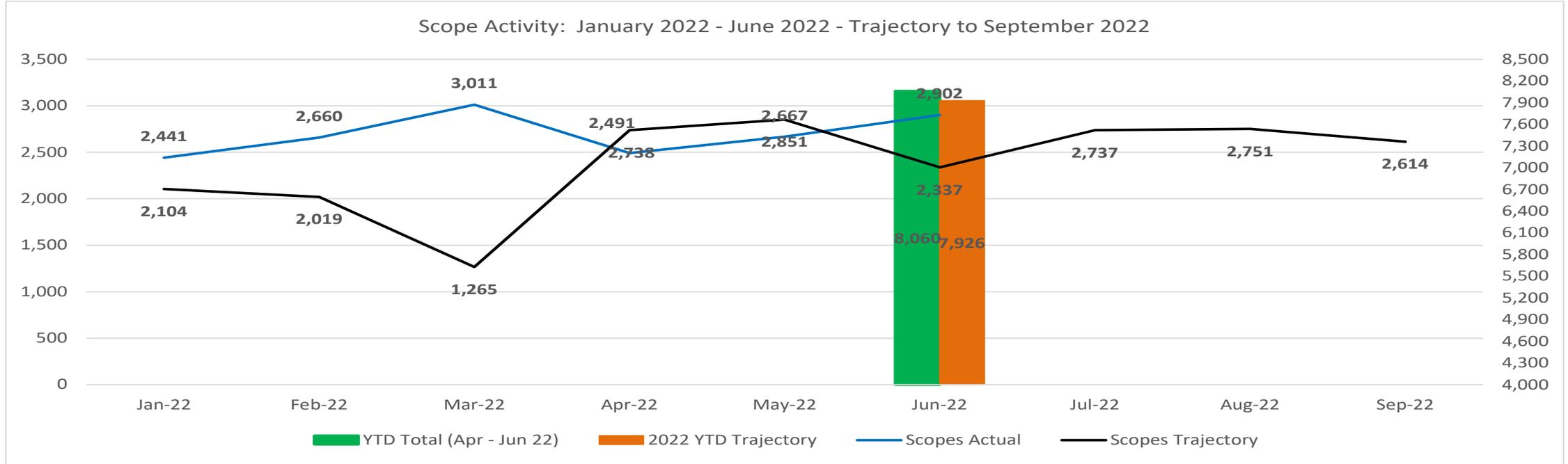
Projection to 31 March 2023:

Trajectories are currently being developed for the new planned care targets that have been set.

Key Actions

- There are a number of challenges in the adult pathway around Orthopaedics, Urology and Neurosurgery (Spinal) and within paediatrics there are challenges within Ear Nose and Throat and Paediatric Surgery. There is a risk that the targets will not be met without additional capacity.
- Trajectories currently being developed for all specialities.

9. Diagnostics: Scope Activity



Please note: data relating to June 2022 is provisional.

Summary

Current Position (including against trajectory):

A total of 8,060 scopes were carried out during the period April - June 2022, above the draft RMP5 trajectory of 7,926. **Above trajectory by 2%.**

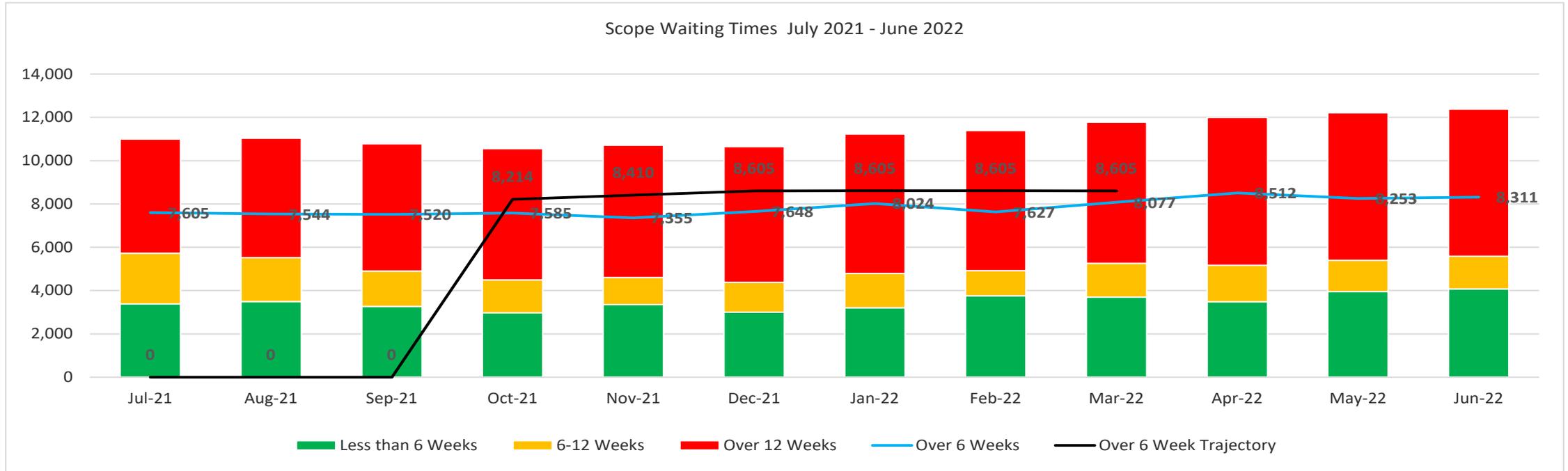
Current Position Against National Target:

No national target relevant.

Projection to March 2023:

Draft RMP5 target of 31,234 by March 2023. **Performance is forecast to continue to meet target.**

10. Diagnostics: Scope Waiting Times



Summary

Current Position (including against trajectory):

Currently 12,381 patients on the overall waiting list. Of this total, 8,311 patients are waiting >6 weeks. **No monthly trajectory for the number of patients waiting >6 weeks has been agreed.**

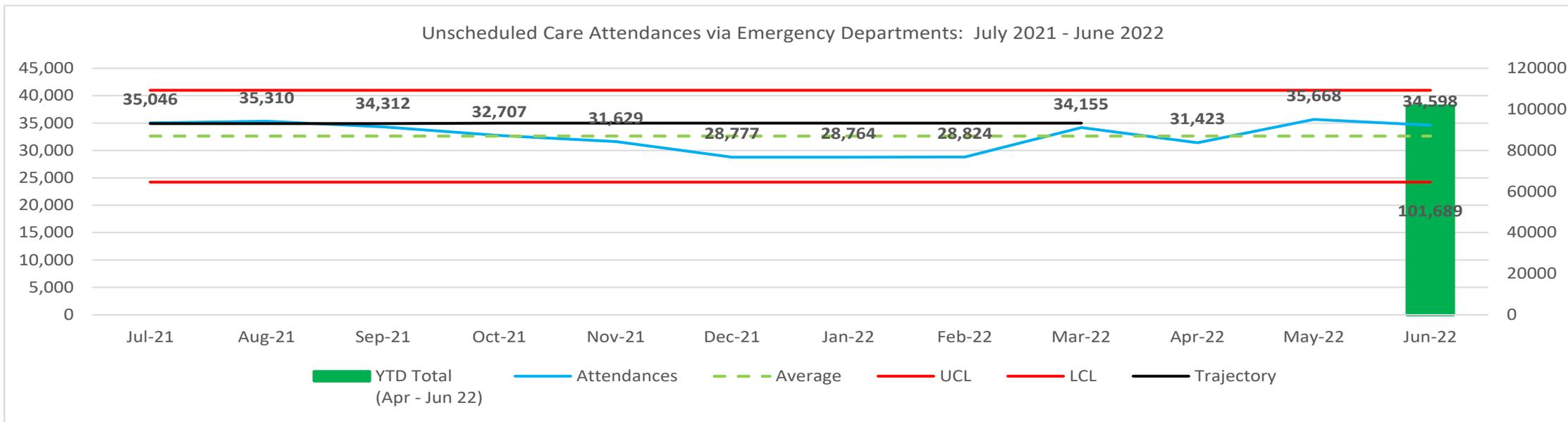
Current Position Against National Position:

No target relevant.

Projection to 31 March 2023:

No 2022-23 target has been confirmed for the number of patients waiting >6 weeks for a scope test, this is currently being developed.

11. Unscheduled Care: Accident and Emergency Attendances



Summary

Current Position (including against trajectory):

A total of 101,689 A&E attendances were reported during the period April - June 2022. Current performance represents a 1% increase on the 100,615 reported during the same period last year. **No 2022-23 monthly trajectory has been agreed.**

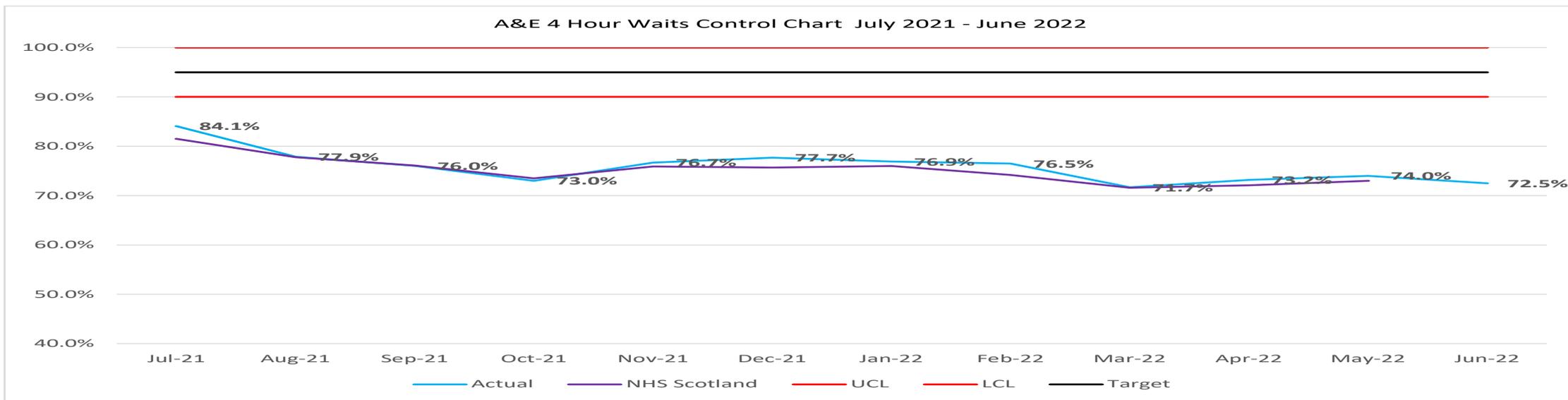
Current Position Against National Target:

No relevant national target.

Projection to 31 March 2023:

No 2022-23 target has been confirmed.

12. Accident and Emergency 4 Hour Waiting Times Standard



Summary

Current Position (including against trajectory):

Currently 72.5% of patients seen within 4 hours against a target of 95%. **Below target by 22.5%.**

Current Position Against National Target:

Currently above the latest national average published position of 73.0% for May 2022.

Projection to 31 March 2023:

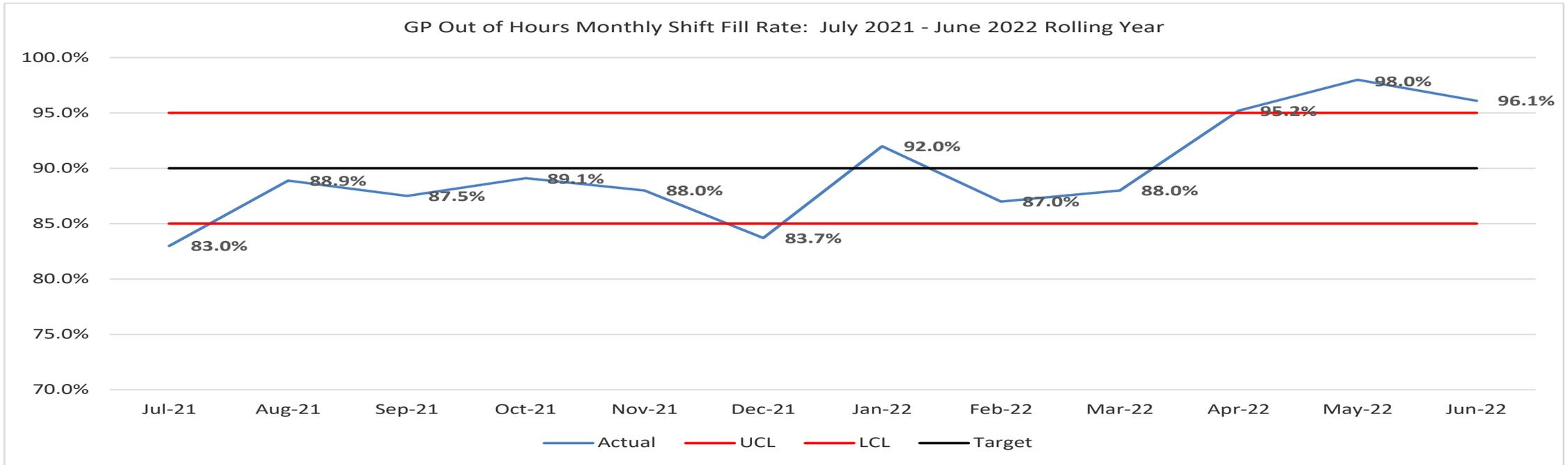
National target 95%. Unlikely to meet the 95% target.

Key Actions

Work to address performance in Emergency Departments (EDs) includes:

- Continuing to actively promote our Right Care, Right Place model of unscheduled care encouraging members of the public to only attend EDs if their condition is very serious or life threatening and for those who can be seen elsewhere to speak with their GP or pharmacist, utilise NHS24 or one of our Minor Injury Units (MIUs).
- NHSGGC has completed an Unscheduled Care Self-Assessment as part of the re-launch of the National Unscheduled Care Collaborative. All of the high impact changes will form part of our ongoing work but the three main areas identified by acute and HSCP teams are: Community Focused Integrated Care, Rapid Assessment & Discharge and Virtual Capacity. UCC and Planning teams are working together to establish a GGC-wide governance structure which will support and direct this work going forward.
- Local Unscheduled Care Governance Groups are being established along with renewed programme plans to help drive the required improvements.
- SAS Off Load delays – the UCC team have been working with SAS and ED colleagues to reduce these. An escalation policy is in place and SAS HALO attend the newly convened ED Safety Pauses. There has been a significant reduction in waits over three hours – close to abolished. Next steps will be to work on those patients waiting over two and one hours. These delays are reviewed at a daily stand up between SAS – ED – UCC. Work is just about completed on a dashboard which will show trends and daily data around this.

13. GP Out Of Hours: Number of Scheduled Shifts Open



Summary

Current Position (including against trajectory):

Currently 96.1% (270) of the 281 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the target by 6.1%.**

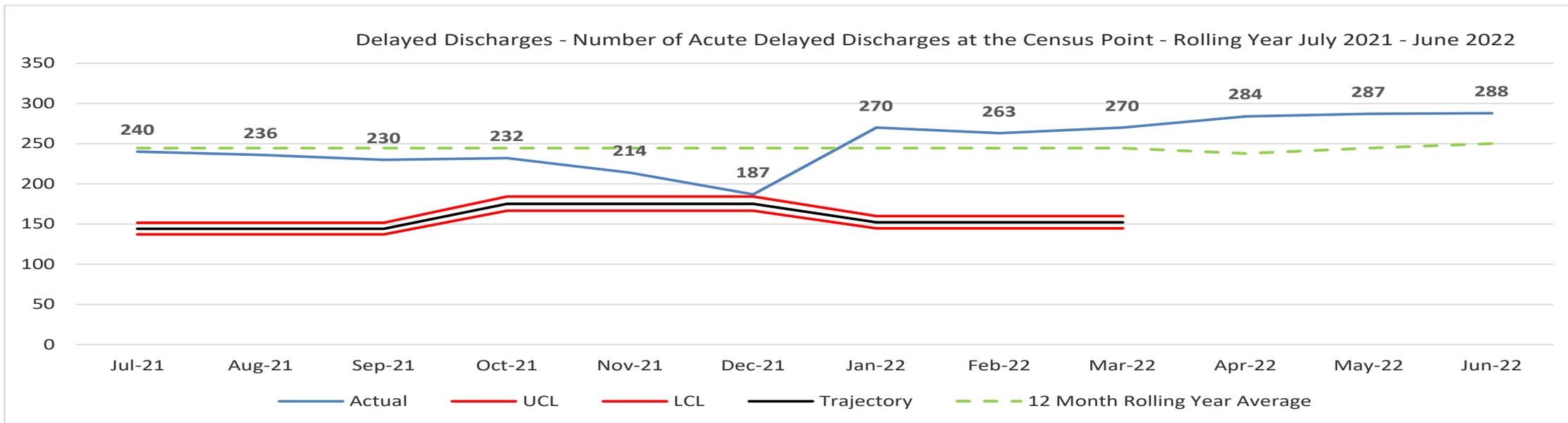
Current Position Against National Target:

No relevant national target.

Projection to 31 March 2023:

NHSGGC Target 90%. **On track to achieve.**

14. Delayed Discharges: Number of Acute Delayed Discharges



Summary

Current Position (including against trajectory):

Currently 288 Acute delayed discharges, no monthly target has been confirmed.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

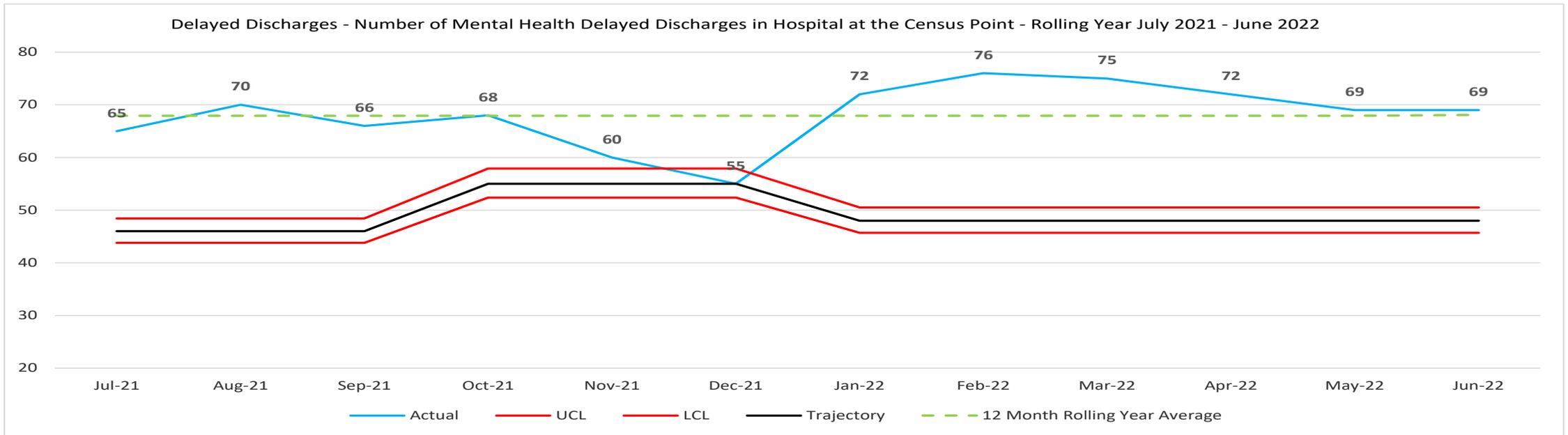
A target for March 2023 has still to be confirmed.

Key Actions

Delayed discharges remained a significant challenge throughout June 2022, Acute referrals continue to be high for complex care. NHSGGC remains focused on addressing the challenges with significant collaborative effort across HSCP Teams, Acute Discharge Teams and Acute Teams. Current programmes of work in place include:

- All HSCPs continue to prioritise hospital discharge activity with a focus on anticipatory care planning and early discharge. Early assessment and engagement with families ensures that the next stage of care is in place prior to patients being deemed fit for discharge wherever possible.
- The ongoing implementation of the Discharge to Assess (D2A) approach and the Standard Operating Procedures across all HSCPs.
- Twice weekly discharge huddles remain in place and continue to focus on operational real time actions and themes triggering longer term improvements.
- HSCP Commissioning & Community Teams working with the Care Home Collaborative exploring opportunities to support patient flow from acute to residential care.
- Discharge without Delay (DwD) - Following sector and HSCP self assessment session with the SG, overarching governance and DwD Delivery Group will be convened to develop, progress and deliver on DwD aims. Including early path finder work already being tested in DME regards to planned discharge and includes e.g, Acute, SG and USC team. Key post of DwD Programme Lead progressing to recruitment.

15. Delayed Discharges: Number of Mental Health Delayed Discharges



Summary

Current Position (including against trajectory):

Currently 69 Mental Health delayed discharges, above the monthly trajectory of 48.

Current Position Against National Target:

No national target relevant.

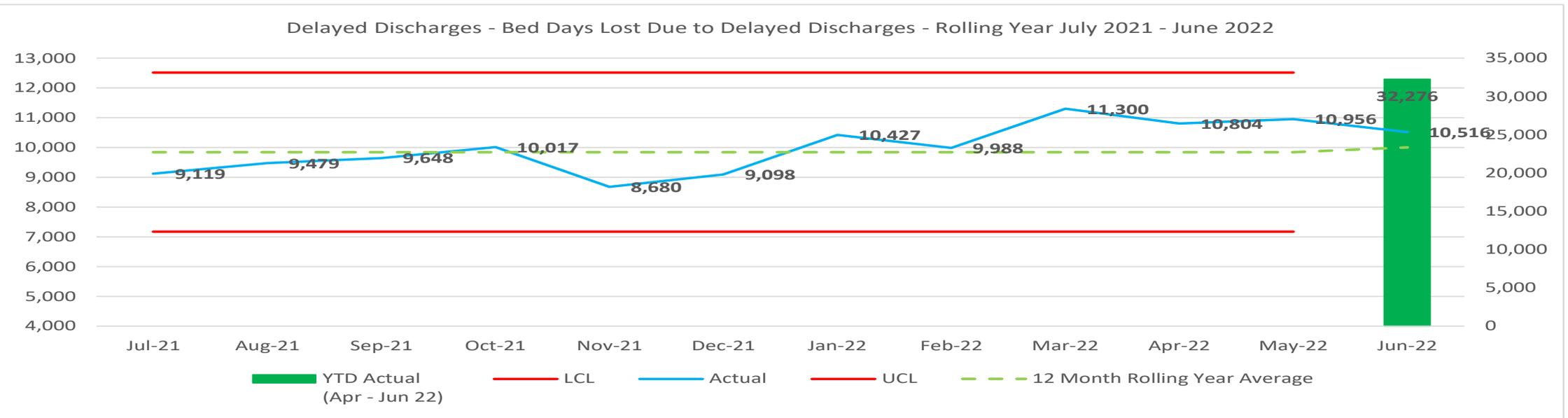
Projection to 31 March 2023:

No more than 48 delays by March 2023. NHSGGC will continue to focus effort on reducing the number of Mental Health delays during 2022-23.

Key Actions

- Discussions are progressing in relation to centralising the integrated discharge teams who will report to one Service Manager and cover both adults and older people across the city.
- The design of the Waterloo Close refurbishment proposal has been updated following discussions with the Care Inspectorate. Six places for adults with complex learning disabilities will be available and patients have now been identified to be placed in this accommodation
- Work has commenced in relation to older people delays to engage with providers to support people with more complex needs.
- A review of the Supported Accommodation Resource Access (SARA) process has started. This is aimed at individuals assessed as suitable for accommodation based Mental Health Services but awaiting a placement via the SARA log.

16. Delayed Discharges: Number of Bed Days Lost to Delayed Discharges



Summary

Current Position (including against trajectory):

A total of 32,276 bed days were lost to delayed discharges during April - June 2022.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

No year end target has been set, performance is dependent on achieving the delayed discharge target being met.

Key Actions

Performance remains under close scrutiny with regular meetings between the Chief Executive, the interim Director of Finance and HSCP Chief Officers. The number of bed days lost to delayed discharges decreased on the previous months position. Delays with regards to adults with incapacity continue to cause the greatest number of bed days lost, due to the high complexity and legal process which prevent timeous discharge. Glasgow City are progressing the following actions:

- Senior solicitor reviewing Guardianship where families have not acted in a timely manner in the best interest of the patient.
- Letters going to all private solicitors via GGC senior solicitor where legal aid is the reason for delay of private Guardianship applications (11).
- A short life working group is considering wider use of interim powers guardianship applications.
- Meeting scheduled with the SG on 14 August 2022. MH lead regarding HSCP proposal to significantly improve Form 20/22 paper pathway, move to end to end digital, requires minor legislative change, initial feedback has been positive only Scotland in the UK have a paper based system.
- Corporate, Acute and HSCP teams continue to work closely with care homes, patients and families to arrange supported discharge for patients as quickly and as safely as possible. A dashboard is currently being developed to improve data driven improvement consistently across the pathway.

17. Control Limits

No	Measure	Control Limits	Slide Number
1	Psychological Therapies: % eligible referrals starting treatment <18 weeks of referral	Based on 5% variance from national target	5
2	Child and Adolescent Mental Health: % eligible referrals starting treatment <18 weeks of referral	Based on 5% variance from RMP4 target	6
3	Access to Cancer Services Treatment Time: % of patients starting treatment within 31 days of decision to treat	Based on 5% variance from national target	8
4	Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	Based on 5% variance from national target	9
5	New Outpatient Activity	Standard deviation is based on 12 month rolling average	11
6	New Outpatients Waiting Times by Length of Wait	Not applied	12
7	TTG Inpatient/Daycase Activity	Standard deviation is based on 12 month rolling average	13
8	TTG Patient Waiting Times by Length of Wait	Not applied	14
9	Diagnostics: Scope Activity	Not applied	15
10	Diagnostics: Scope Waiting Times by Length of Wait	Not applied	16
11	Unscheduled Care: A&E Attendances	Standard deviation is based on 12 month rolling average	17
12	Unscheduled Care: A&E 4 Hour Waits	Based on 5% variance from target	18
13	GP Out Of Hours: Number of Scheduled Shifts Open	Based on 5% variance from target	19
14	Delayed Discharges: Number of Acute Delayed Discharges	Based on 5% variance from target	20
15	Delayed Discharges: Number of Mental Health Delayed Discharges	Based on 5% variance from target	21
16	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Standard deviation is based on 12 month rolling average	22