

NHS Greater Glasgow & Clyde	Paper No. 20/04
Meeting:	Interim Board
Date of Meeting:	8th April 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Director of Finance

ELECTIVE PERFORMANCE RECOVERY PLAN

Recommendation

Interim Board members are asked to:

Note the attached paper as presented to the Scottish Government's Performance Oversight Board on the 19th March 2020 regarding the position with the performance against targets and the underlying process put in place to achieve the targets.

Purpose of Paper

The paper was designed to provide the Oversight Board an update on the elective target position and projections to 31st March 2020. The paper provides an insight into the actions taken by NHSGGC, and the key elements of the Elective Waiting Times Recovery Plan.

Key Issues to be Considered

The paper highlights the significant effort by NHSGGC to address the elective waiting times issue, particularly TTG. The paper outlines the revised management processes and procedures put in place, and the key elements of the Recovery Plan;

- Revisions to the NHSGGC Access Policy;
- Plastibell Service Redesign;
- High Volume Cataract through the Vale of Leven;
- A high volume Orthopaedics service based at GGH;
- A new anaesthetic rostering software system to improve productivity.

The paper explains that the elective targets for both TTG and outpatients would have been met at the 31st March 2020, except for the impact of Covid 19.

The paper also outlines that the Oversight Board and the elective targets would be suspended during the Covid 19 outbreak.

Any Patient Safety/Patient Experience Issues

Yes, the reduction of waiting list has a direct impact on patient experience. NHSGGC had made significant impact on reducing waiting times in the quarter to 31st March 2020 prior to the outbreak of Covid 19.

Any Financial Implications from this Paper

None identified. The progress achieved was all within the financial envelope of additional waiting times funding.

Any Staffing Implications from this Paper

None identified.

Any Equality Implications from this Paper

None identified.

Any Health Inequalities Implications from this Paper

None identified.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome


No risk assessment has been carried out.

Highlight the Corporate Objectives to which your paper relates

The Corporate Objectives with a direct link to this Performance Report can be summarised as;

- Deliver the HEAT standards to the agreed level of performance including the elective and cancer waiting times, CAMHs and Psychological Therapies, ED 4 hour target and delayed discharges.

Mark White
Director of Finance
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6 April 2020

	ACUTE DIVISION PLANNED CARE RECOVERY 16 March 2020
Purpose	<p>The purpose of this paper is to:</p> <ul style="list-style-type: none"> • Outline achievements and plans for waiting times targets within NHSGGC, and • Agree next steps in the Planned Care Recovery Programme
From	<i>Calum Campbell, Turnaround Director, Jonathan Best, Chief Operating Officer, NHSGGC Acute Division</i>
Reviewed with:	<i>NHSGGC Planned Care Core Group</i>
To	<i>Performance Oversight Board</i>
Situation	<p>Over recent weeks NHSGGC has adopted a number of arrangements that have led to a significant improvement in scheduled care performance across NHSGGC.</p> <p>From the analysis of current performance and future booked patients, NHSGGC has been predicting it would meet the TTG and outpatient target set for 31 March 2020.</p> <p>Furthermore there is ongoing detailed work and a clear focus from all services that provides reassurance that NHSGGC has plans in place that would provide the capacity for levels of demand in 2020/21.</p> <p>With the COVID-19 pandemic the focus for all health services is changing rapidly at present but there is now reassurance that NHSGGC will be in a much improved position to pick up planned care activity as and when that is possible in the future.</p>
Background	<p>On 24 January 2020 NHSGGC was escalated to Stage 4 for a number of areas including scheduled care. Performance in planned care lagged well behind projected positions: for TTG NHSGGC was approximately 4,000 patients above the projected position and for outpatients almost 3,000 patients above the projected position.</p> <p>A range of new measures were put in place and revised governance arrangements were established under a new Turnaround Director, Calum Campbell. This includes a weekly TTG meeting chaired by the Chief Operating Officer and attended by General Managers (or their deputy) representing all services within their Sector/Directorate, and a weekly Planned Care Core Group focused on generating plans and commissioning the strategic activity needed for long term improvement.</p> <p>Through both meetings there has been renewed focus on generating capacity, ensuring robust processes are in place and supporting staff at all levels of the organisation to deliver on the planned care waiting times targets.</p>

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Assessment	<p>As noted above, from towards the end of February NHSGGC has been predicting it would meet the national waiting times target</p> <p>As at 16th March 2020 there were:</p> <ul style="list-style-type: none">• 8,849 eligible TTG patients waiting >12 weeks for their treatment, just 14 patients outside the projected position of 8,835 for 16th March 2020; and• 20,669 new outpatients were waiting >12 weeks for a new outpatient appointment, this is 4% above the AOP projected position of 19,800 for 16th March 2020 <p>A wide range of work has been agreed, some aspects of which are currently nearing completion whilst others are well underway with a clear plan to continue to conclusion. These include:</p> <ul style="list-style-type: none">• A revised NHSGGC Access Policy: the Policy has been revised, an EQIA has been completed and the Policy will now progress through NHSGGC approval processes. Alongside this a group has been established and is creating new and updated training materials for both on-line and face to face training tailored to staff in different roles, eg admin staff, medical staff. A performance monitoring arrangement is in draft format and will be finalised over the coming week in order that NHSGGC can robustly monitor successful implementation of the revised Policy• Plastibell Service Redesign: plans have been developed to replace the current surgical service for religious and cultural circumcision in children with a new Plastibell service. This redesign is now progressing through NHSGGC approval processes and an implementation plan has been developed to outline implementation• High Volume Cataract: work has been commissioned to establish plans that could deliver a high volume cataract service within NHSGGC. Work has commenced on this and it is proposed to continue this work over the coming weeks to bring this to conclusion. This approach would enable NHSGGC to have an agreed position that could be implemented as soon as possible once the current COVID-19 position changes• Orthopaedics at GGH: NHSGGC has initiated new work to define the future plan for Orthopaedics at GGH. Similar to the cataract work, it is intended to continue with this work at present in order to bring it to a conclusion that can be agreed and ready for implementation• Anaesthetic Rostering: in recognition of the vital role that anaesthetic capacity has on managing overall theatre capacity, work is underway to commission a new anaesthetic rostering programme. It is proposed to continue with this work• Capacity planning: a number of teams and services across have undertaken demand and capacity planning for outpatient and inpatient referrals, however this has been patchy in some areas and lacked consistency of approach. NHSGGC has agreed a new approach which can be adopted across NHSGGC and this is currently in progress for Orthopaedics and Ophthalmology. There are plans to extend this approach to all services across NHSGGC and ensure comprehensive demand and capacity planning is the norm for all services
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	<ul style="list-style-type: none">• Reporting and Monitoring: continuing current work, NHSGGC will continue to review and rationalise reporting ensuring there is a clear focus on performance monitoring across all services
Recommendation	<p>It is recommended that:</p> <ul style="list-style-type: none">• The Planned Care Core Group is now formally stood down under the Turnaround Director; and• NHSGGC will restart governance arrangements under the direction of the Chief Operating Officer as soon as the current COVID-19 position allows