

NHS Greater Glasgow and Clyde	Paper No. 22/72
Meeting:	NHS Board Meeting
Meeting Date:	25 October 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 2022-23 Annual Delivery Plan agreed by the Scottish Government alongside the planned care measures and key local and national performance measures.

As at August 2022, eight of the 20 measures that can be rated against target are currently delivering against target and rated as green, two are rated as amber (<5% variance from trajectory), five have been rated as red (>5% adverse variance from trajectory) and the remaining five measures with no target are rated as grey.

Key performance highlights include:

- Steady progress is being made in relation to the new outpatient planned care targets in that at the end of August 2022 there were no new outpatients waiting >2 years for a new outpatient appointment in line with the target for August 2022.
- Similarly, positive progress is also being made in reducing the number of TTG patients waiting >2 years in that the number of patients waiting in this timeband is currently delivering against the agreed revised trajectory.
- The number of GP Out of Hours shifts that remained open during August 2022 exceeded the 90% target.

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- Whilst the number of CAMHS patients seen <18 weeks of referral is below target, the August 2022 position is showing a further improvement on the previous months' position.
- Unscheduled care and delayed discharges remain a key challenge across NHSGGC and actions to drive the required improvements in performance continue to be implemented.
- Cancer 62 day waiting times performance remains a challenge and actions in place to address the tumour types presenting the biggest challenges are outlined in the report.

Performance has been summarised in the table below:

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 Outpatient Waiting List (For Information)				12
7	Number of new outpatients waiting >2 years	2022-23 Planned Care Priority			13
8	Number of new outpatients waiting >18 months	2022-23 Planned Care Priority			14
9	Number of new outpatients waiting >1 year	2022-23 Planned Care Priority			15
10	TTG Inpatient/Daycase Activity	RMP4 Trajectory			17
11	TTG Waiting List (For Information)				18
12	Number of TTG patients waiting >2 years	2022-23 Planned Care Priority			19
13	Diagnostics: Scope Activity	RMP4 Trajectory			20
14	Diagnostics: Scope Waiting List (For Information)				21
15	Unscheduled Care: A&E Attendances (For Information)				22
16	Unscheduled Care: A&E 4 Hour Waits	National Target			23
17	GP Out Of Hours: Number of Scheduled Shifts Open	Local Target			24
18	Delayed Discharges: Number of Acute Delayed Discharges	RMP4 Trajectory			25
19	Delayed Discharges: Number of Mental Health Delayed Discharges	RMP4 Trajectory			26
20	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Monthly Average Position			27
21	Rationale for Control Limits Applied				28

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 12 October 2022.

Issued on 18 October 2022





















NHS GREATER GLASGOW & CLYDE BOARD MEETING



Performance Assurance Information – October 2022

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9	Number of new outpatients waiting > 1 year	2022-23 Planned Care Priority			15
10	TTG Inpatient/Daycase Activity	RMP4 Trajectory			17

Contents (Continued)	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs & Acute	Report Date: 25 October 2022	Reporting Frequency: Bi-Monthly
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No	Measure	Targets	Current Performance Status	Projected Performance as at 31 March 2023	Slide Number
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12	Number of TTG patients waiting > 2 years	2022-23 Planned Care Priority			19
13	Diagnostics: Scope Activity	RMP4 Trajectory			20
14	Diagnostics: Scope Waiting List (For Information)				21
15	Unscheduled Care: A&E Attendances (For Information)				22
16	Unscheduled Care: A&E 4 Hour Waits	National Target			23
17	GP Out Of Hours: Number of Scheduled Shifts Open	Local Target			24
18	Delayed Discharges: Number of Acute Delayed Discharges	RMP4 Trajectory			25
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Executive Summary

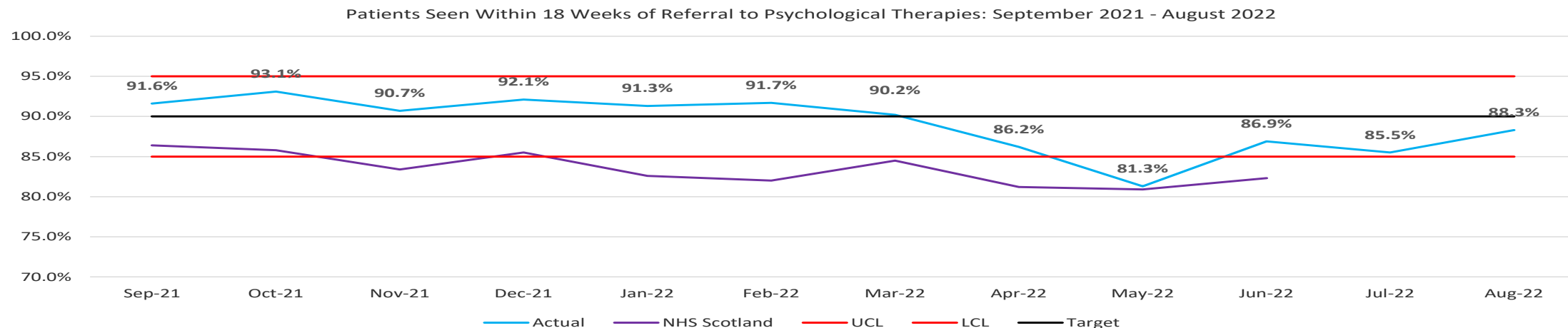
In the main the Board performance report covers the period up to August 2022 (with the exception of quarterly covering the latest published quarterly period – quarter ending June 2022). The report has been amended to reflect the following:

- The measures outlined in the 2022-23 Annual Delivery Plan agreed by the Scottish Government.
- Key national and local targets.
- The planned care reduction targets relating to new outpatients and inpatient/daycases in line with the joint ambition to tackle waiting lists. The new targets are aimed at eliminating the following:
 - Two year waits for new outpatients in most specialities by end of August 2022 and this target has been met.
 - 18 month waits for new outpatients in most specialities by end of December 2022.
 - One year waits for new outpatients in most specialities by end of March 2023.
 - Two year waits for inpatient/daycases in the majority of specialties by September 2022 and local management information indicates this target has been met.
 - 18 month waits for inpatient/daycases in the majority of specialties by September 2023 (progress will be reported once September 2022 data becomes available).
 - One year waits for inpatients /daycases in the majority of specialties by September 2024 (progress will be reported starting September 2023).

In eliminating the long waits the SG confirmed on 22 July 2022 that the Clinical Prioritisation Framework would be stood down on a permanent basis and Health Boards were to return to pre-pandemic approach of treating patients on an urgent and routine basis. The aim is to give full flexibility to Health Boards and clinicians to manage waiting lists with a focus on eliminating long waits as well as continuing to treat the most clinically urgent patients including Urgent with a Suspicion of Cancer (USC) referrals, which should continue to be prioritised. Also during July and August 2022, all hospital sites across Acute continued to work to remobilise elective activity following a long period of limited activity in response to COVID-19 pressures. By way of context, at its peak on 19 July 2022, we had a total of 785 COVID-19 hospital inpatients who had tested positive in the last 90 days and of this total, 563 tested positive with the virus the previous 28 days. These numbers have reduced considerably in that at present (as of 10 October 2022) there are a total of 449 COVID-19 hospital inpatients who had first tested positive with COVID-19 in the previous 90 days. Of this total, 232 inpatients were diagnosed with the virus in the previous 28 days.

During August 2022, the Board continued to rigorously manage all waiting lists with a focus on eliminating long waits as well as continuing to treat the most clinically urgent patients including Urgent with a Suspicion of Cancer referrals, which continue to be prioritised. All services continued to work to remobilise activity following a period of limited activity in response to COVID-19 pressures and this is beginning to have a positive impact on performance. As at August 2022, eight of the 20 measures that can be tracked against trajectory are currently delivering against trajectory and rated green, two are rated as amber (<5% variance from trajectory), five 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 88.3% against the target of 90% in August 2022. **Below target by 2.7%.**

Current Position Against National Target:

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

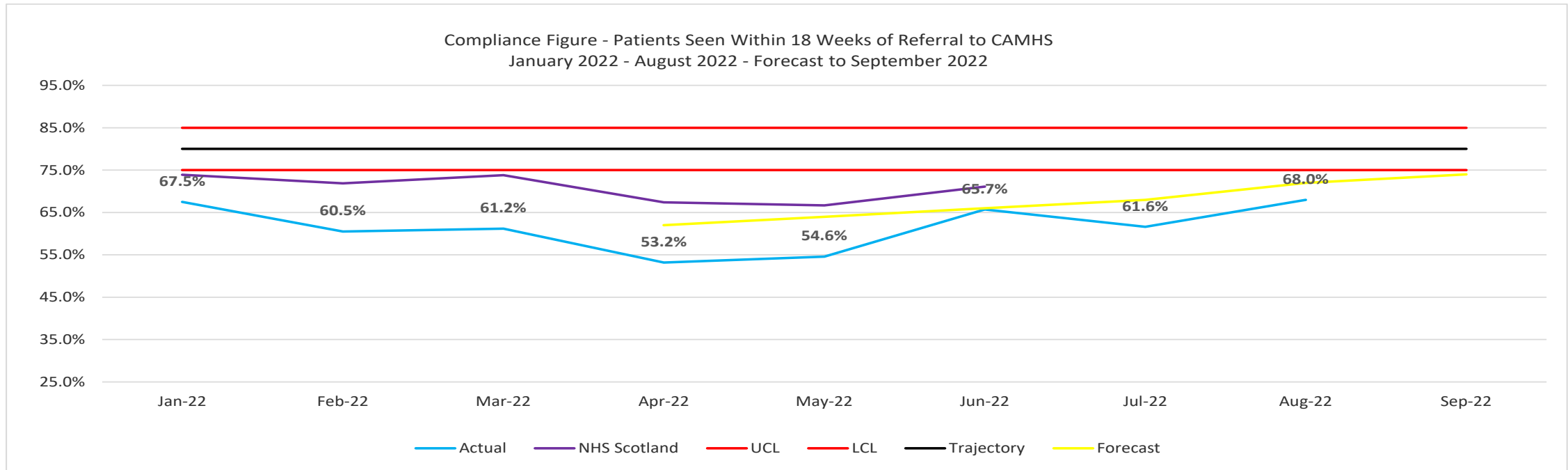
Projection to 31 March 2023:

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

Key Actions

- Performance is showing an improvement on the previous months' position. Service areas continue to use capacity from across the system to prioritise the long waiting patients i.e. people waiting 18 weeks+ particularly those waiting 52 weeks+. This continues to adversely affect compliance with the target. For example, in August 2022, a total of 179 (11.7%) of the 1,528 patients that started treatment had been waiting >18 weeks whereas, in August 2021, a total of 86 (6.6%) of the 1,295 patients that had started treatment, had been waiting >18 weeks.
- East Dunbartonshire, Inverclyde HSCPs, Acute Physical Health Services, computerised CBT and Forensic Services all exceeded the 90% target in August 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 against a backdrop of a national shortage of health care professional staff.
- Referrals assessed for suitability for a Psychological Therapy (PT) continually add to the number of people waiting. The PT Monitoring Group and Local PT implementation groups continuously monitor performance and liaise with HSCP Heads of Service and Clinical Leads on improvement actions.
- Teams are looking to improve efficiency of available capacity, being able to deliver more group based interventions.

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):

68.0% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral in August 2022, a considerable improvement on the previous months position. **Below the 80% trajectory.**

Current Position Against National Target:

Performance for the latest published position (June 2022) was below the national position of 71.1%.

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.

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

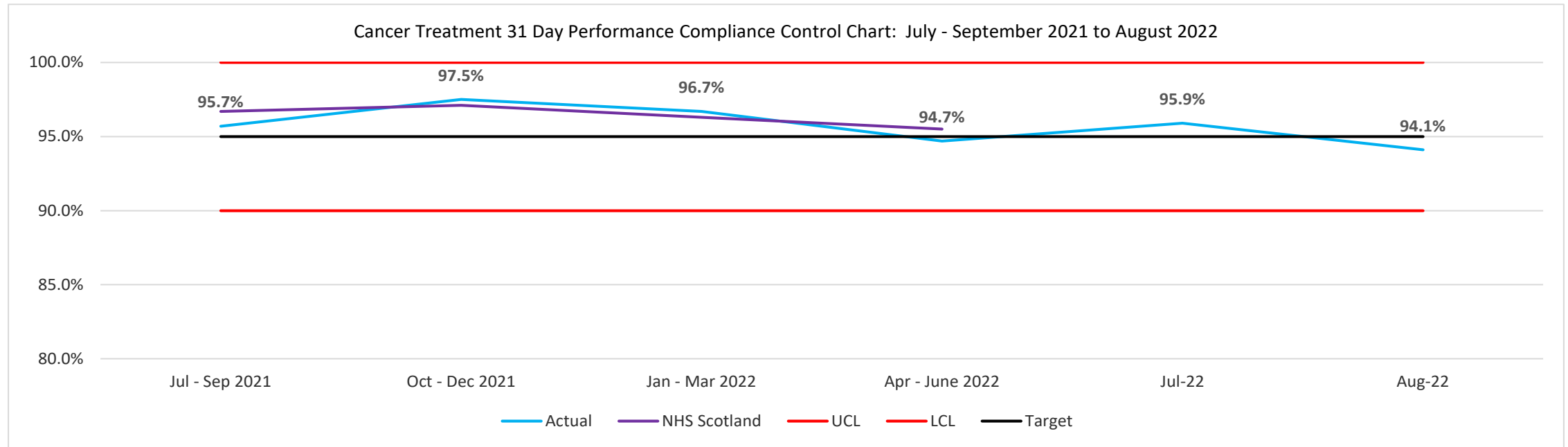
Key Actions

The CAMHS Teams continue to actively focus on seeing those patients waiting longest, in doing so, this continues to have a negative impact on compliance with the 18 weeks Referral To Treatment target, as the target only considers those patients seen in the reporting month and how long they have waited. However, the overall number of patients seen has increased significantly when compared to previous years' activity. During the period April - August 2022, a total of 3,537 patients were seen, representing an 84% increase on the 1,920 seen during the same period in 2021 and a 218% increase on 1,113 seen during the same period in 2020.

CAMHS performance continues to remain under close scrutiny with regular meetings between the Chief Executive, the Director of Finance and HSCP Chief Officers. Local management information shows that as of 5 October 2022, there were not patients waiting >52 weeks 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 23 patients on 5 October 2022. Of this total 20 have a confirmed appointment to be seen. Also of note is that the size of the waiting list continues to reduce and as at 5 October 2022, 1,397 patients were on the waiting list, a 49% reduction on the 2,731 patients waiting in January 2022. Key improvement actions in place to address performance and sustain the improvements made to date include:

- The SG Mental Health unit have proposed an enhanced support programme for GGC and regular meetings will be held to focus on improvement activity.
- Each HSCP, in consultation with the CAMHS Teams, have prepared an initial costed draft workforce plan aimed at addressing gaps, reducing backlog and meeting ongoing demand. As of August 2022 there were an additional 73 WTE in post. Staff numbers are expected to continue to increase in the Autumn with newly qualified staff coming in to post across a range of professional groups.
- 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.
- HSCP'S are developing community mental health and wellbeing services and CAMHS teams are actively redirecting suitable referrals.
- Group therapy programmes are being scheduled to recommence in the autumn which will see larger numbers of young people offered treatment.

3. Access to Cancer Services Treatment Time: % of Patients Treated within 31 days of Decision to Treat



Please note: data from July 2022 onwards is provisional and will be subject to validation.

Summary

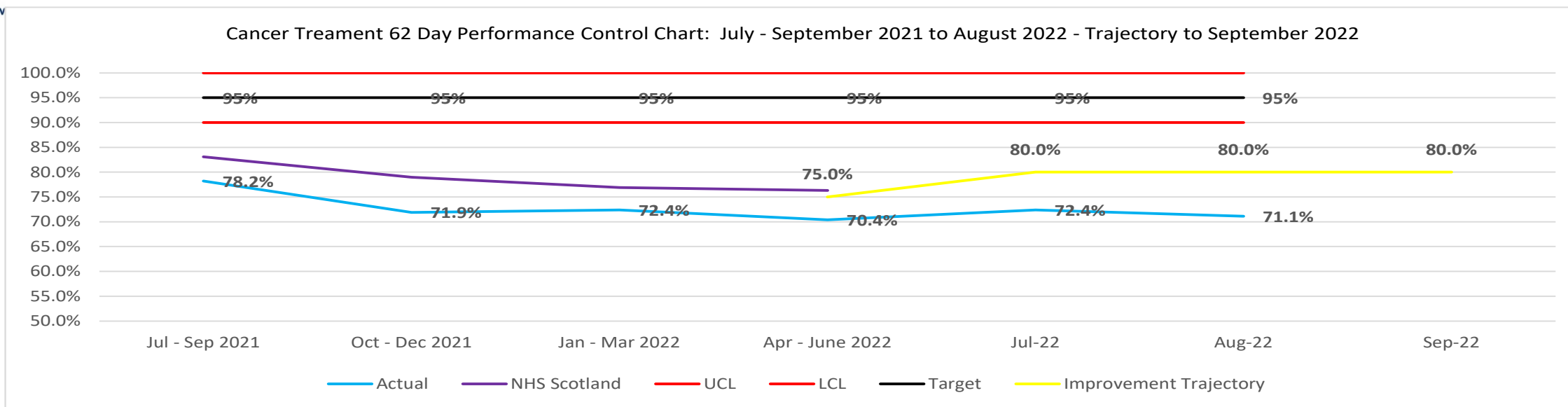
Current Position (including against trajectory): 94.1% against target of 95% patients treated within 31 days in August 2022. **Marginally below target by 0.9%.**

Current Position Against National Target: At the quarter ending June 2022, NHSGGC's performance was below the latest national published position of 95.5%.

Projection to 31 March 2022-23: **The 2022-23 target remains at 95% and on track to achieve.**

Current performance is marginally below the 95% target mainly as a result of Urology (81.6% - 102 of the 125 eligible referrals started their treatment within 31 days) being below target and the volume of patients in this tumour group which disproportionately affects overall performance. Annual leave during summer has had an impact on our ability to keep capacity at optimal levels and this is expected to improve in September 2022. In addition, work is underway with services to ensure additionality to support the lost capacity during August 2022 can be offset.

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 from July 2022 onwards is provisional and will be subject to validation.

Summary

Current Position (including against trajectory): 71.1% of patients started their first cancer treatment in August 2022, **below the improvement** trajectory of 80%.

Against National Target: At the quarter ending June 2022, NHSGGC's performance is below the latest national published position of 76.3%.

Projection to March 2022-23: **Current performance is unlikely to meet the national target of 95%.**

There are a number of reasons influencing current compliance including:

- Performance is affected by the proportional share of high volume tumour groups with the biggest challenges namely, Colorectal, Lung, Upper GI and Urology.
- Urgent Suspicion of Cancer referrals have increased from pre-pandemic levels of <1,000 per week to 1,400 per week. This increase in demand continues to impact capacity pressures. Work is underway to look at the application of referral guidance and protocols in more detail.

Key actions to address performance in those cancer types facing ongoing challenges are in the following 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. A Cancer Management Group (CMG) has been established to oversee 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. Short timeframes for review completion have been agreed and this work will underpin continuous monitoring and improvement work across challenged tumour groups. Specific actions in place to address performance against the four tumour types facing ongoing challenges include:

Colorectal (August 2022 Performance: 51.0% below the 80% trajectory for the period July - September 2022)

- A work stream has been created to review the colorectal pathway with a governance structure to the Cancer Management Group. Key stages in the pathway including time to new OPD review will be assessed.
- Screening/scope delays is a key challenge. Significant additional capacity is being made available across endoscopy on all sites as per endoscopy plan plus additional outpatient capacity in place to ensure first appointment wait remains within 14 days where possible.
- Endoscopy mobile unit is running at optimal capacity, implementation 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 is ongoing. Issues and actions will be reviewed by the CMG.

Urology (August 2022 Performance: 43.3% below the trajectory of 80% for the period July - September 2022)

- 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) started 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.
- The prostate pathway will be reviewed to consider reduction in the time to each step including access to new outpatient appointments.
- Patient pathway coordinators to support Urology across all three sector are being implemented, following a successful pilot in NHS Ayrshire & Arran. Interviews planned for end of September/early October 2022. Coordinators will support the planning of investigations and appointments, with a view to improving waiting times.
- 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.

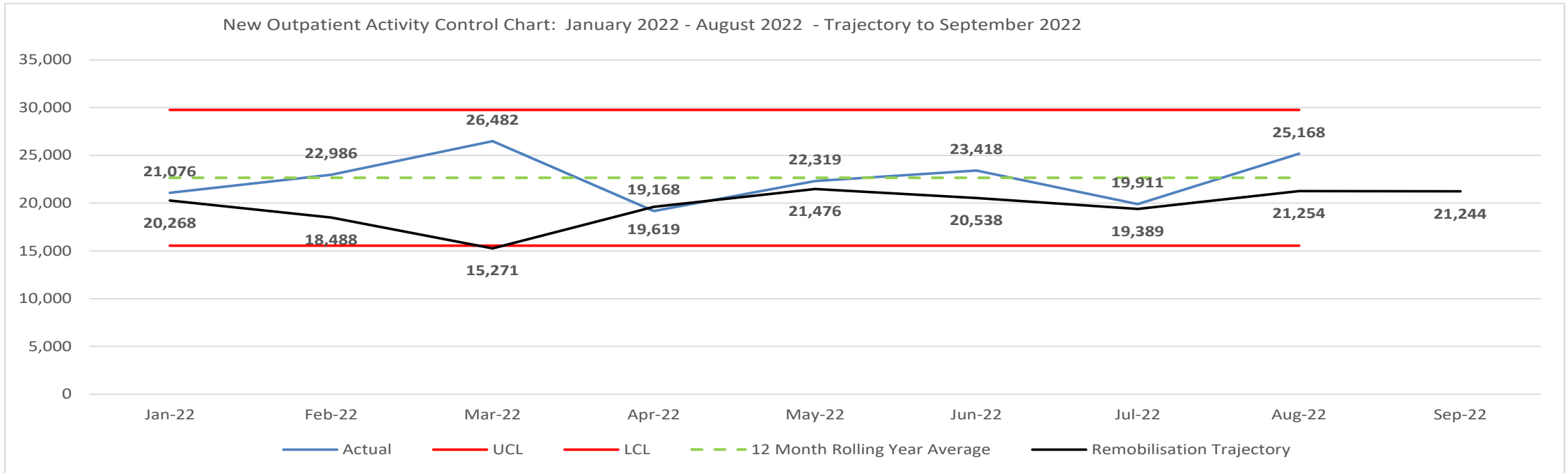
Upper GI (August 2022 Performance: 70.6% below the 80% trajectory for the period July - September 2022)

- Complex diagnostic pathway (scope, CT, PETCT, EUS, laparoscopy) impacts on the early part of patient journey. 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 NGJH capacity. Endoscopy mobile unit, is fully operational, with current throughput of around 80-100 patients per week dependent on cases on list.

Lung (August 2022 Performance: 71.2% below the trajectory of 80% for the period July - September 2022)

- This is a 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. A review is to be undertaken to quantify impact.
 - Additional consultant recruitment undertaken and start date confirmed for September 2022.
 - National Scottish Lung Pathway is under development to standardise the diagnostic pathway across NHS Scotland.

5. New Outpatient Activity



Please note: data relating to August 2022 is provisional.

Summary

Current Position (including against trajectory):

A total of 109,984 new outpatients were seen during the period April - August 2022, above the Remobilisation target of 102,276. **Above trajectory by 8%.**

Current Position Against National Target:

No national position relevant

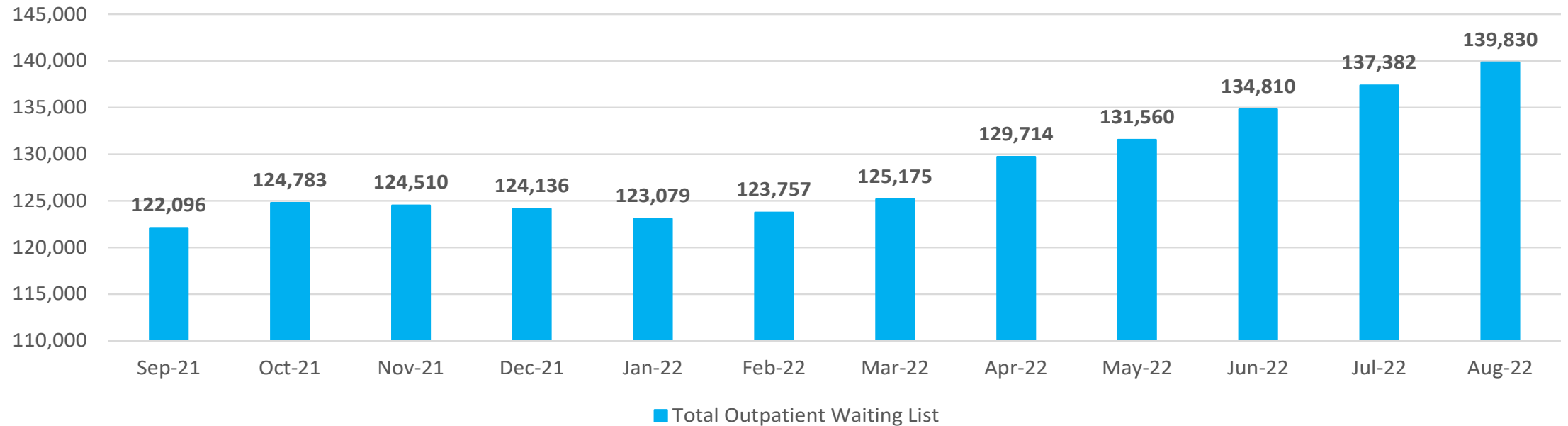
Projection to 31 March 2023:

Remobilisation target of 251,789 new outpatients to be seen by March 2023. **Performance is forecast to meet the Remobilisation target.**

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6. New Outpatient Wait Times (For Information)

Number of New Outpatients on Waiting List: September 2021 - August 2022



Summary

Current Position (including against trajectory):

Current Position Against National Position:

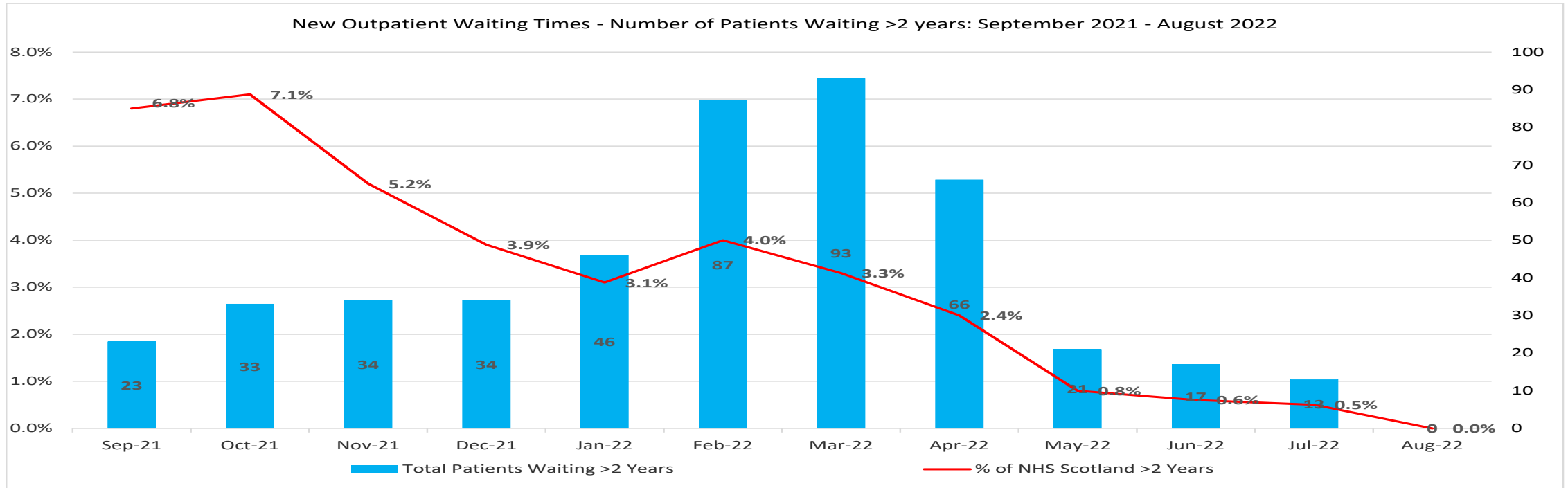
Projection to 31 March 2023:

At the end of August 2022, there were a total of 139,830 patients waiting for a new outpatient appointment. 29.4% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of August 2022 were NMSGGC patients.

No relevant target for the overall number of patients on the new outpatient waiting list.

After a period of relative stability between October 2021 and March 2022 due to reduced net demand and sufficient activity, the volume of outpatient referrals started to increase again in March 2022. From March 2022, increased inpatient COVID pressures required redirection of clinical sessions to manage inpatient care. Outpatient activity also remained restricted due to social distancing arrangements being in place and health care staff taking annual leave during the summer period. All of which has had an impact on the ability of services to deliver the level of outpatient activity required to meet net demand.

7. New Outpatient Wait Times: Number of patients waiting >2 years for a new outpatient appointment



Please note: data is provisional.

Summary

Current Position (including against trajectory):

At the end of August 2022, there were no new outpatients waiting >2 years for a new outpatient appointment. **A reduction target of 0 new outpatients waiting >2 years by end of August was set.** This target was met at the end of August 2022.

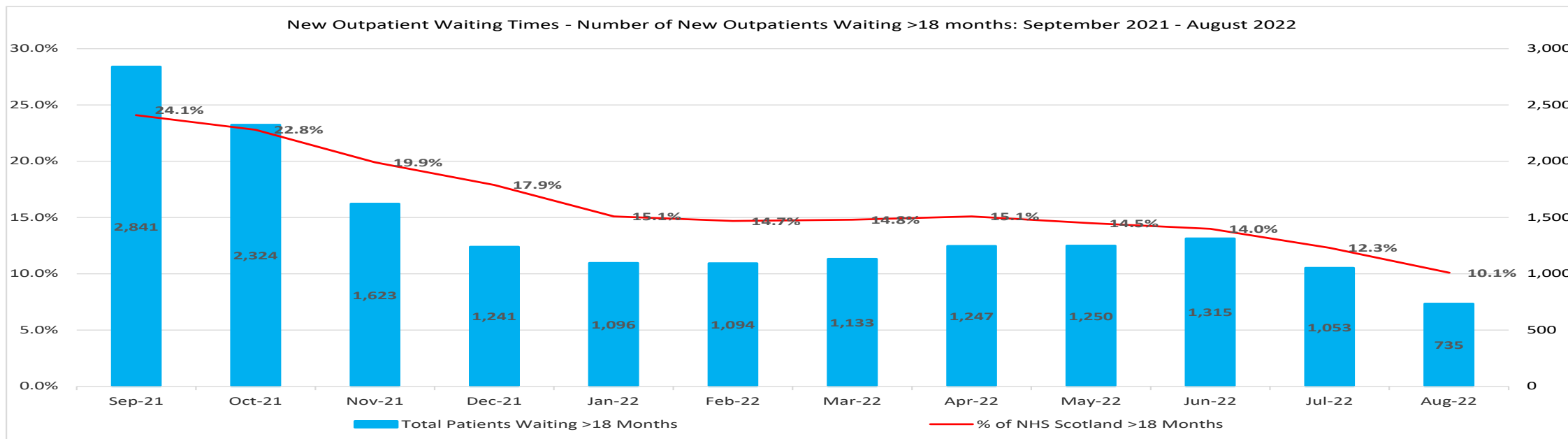
Current Position Against National Position:

0.0% of NHS Scotland's total patients waiting >2 years for a first new outpatient appointment at the end of August 2022 were NHSGGC patients.

Projection to 31 March 2023:

No outpatients to be waiting >2 years by August 2022. Target was met at the end of August 2022.

8. New Outpatient Wait Times: Number of new outpatients waiting >18 months for a new outpatient appointment



Please note: data is provisional.

Summary

Current Position (including against trajectory):

At the end of August 2022, there were a total of 735 patients on the new outpatient waiting list waiting >18 months for a first new outpatient appointment. **A reduction target of 0 patients to be waiting >18 months by the end of December 2022 has been agreed.**

Current Position Against National Position:

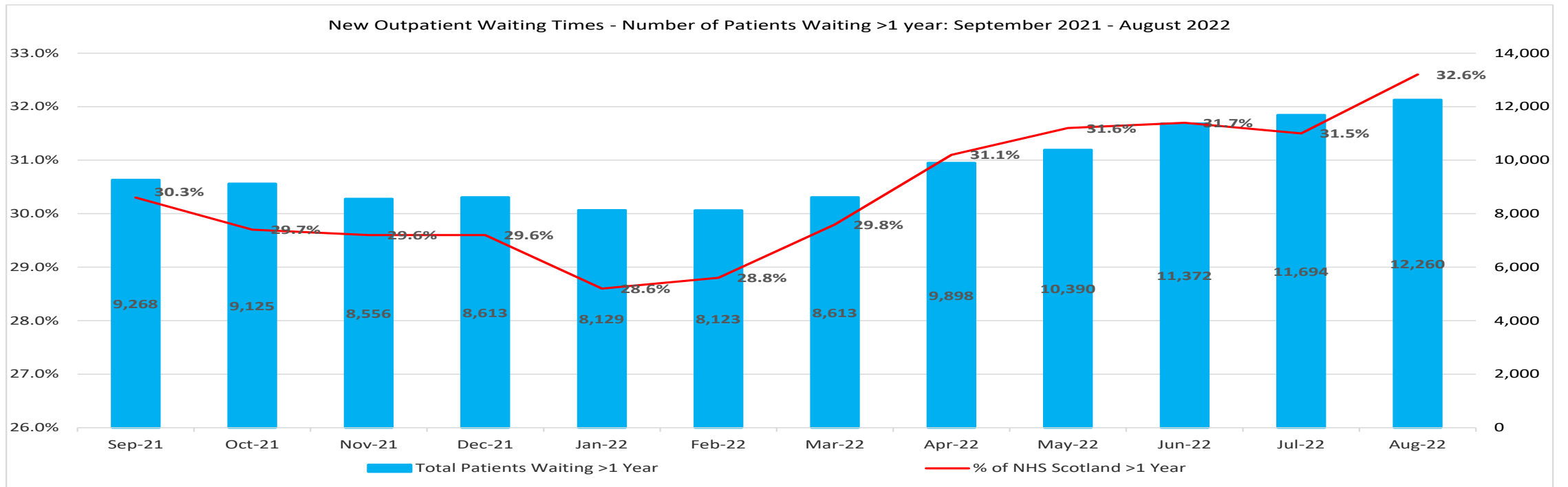
10.1% of NHS Scotland's total patients waiting >18 months for a first new outpatient appointment at the end of August 2022 were NHSGGC patients. As seen in the chart above, there has been a month on month improvement in reducing the number of patients waiting in this time band across NHSGGC.

Projection to 31 March 2023:

No outpatients to be waiting >18 months by December 2022. NHSGGC is projected to meet this target for most specialties, however it will be challenging for specialties such as Gynaecology and ENT and further work is underway to support the delivery of these services.

Actions to reduce long waiting patients are outlined on slide number 16.

9. New Outpatient Wait Times: Number of new outpatients waiting >1 year for a new outpatient appointment



Please note: data is provisional.

Summary

Current Position (including against trajectory):

At the end of August 2022, there were a total of 12,260 patients on the new outpatient waiting list waiting >1 year for an appointment. **A reduction target of 0 patients to be waiting >1 year by the end of March 2023 has been set.**

Current Position Against National Position:

32.6% of NHS Scotland's outpatients waiting >1 year for a new outpatient appointment at the end of August 2022 were NHSGGC patients.

Projection to 31 March 2023:

No patients to be waiting >1 year by March 2023. Work is underway to agree a trajectory towards target.

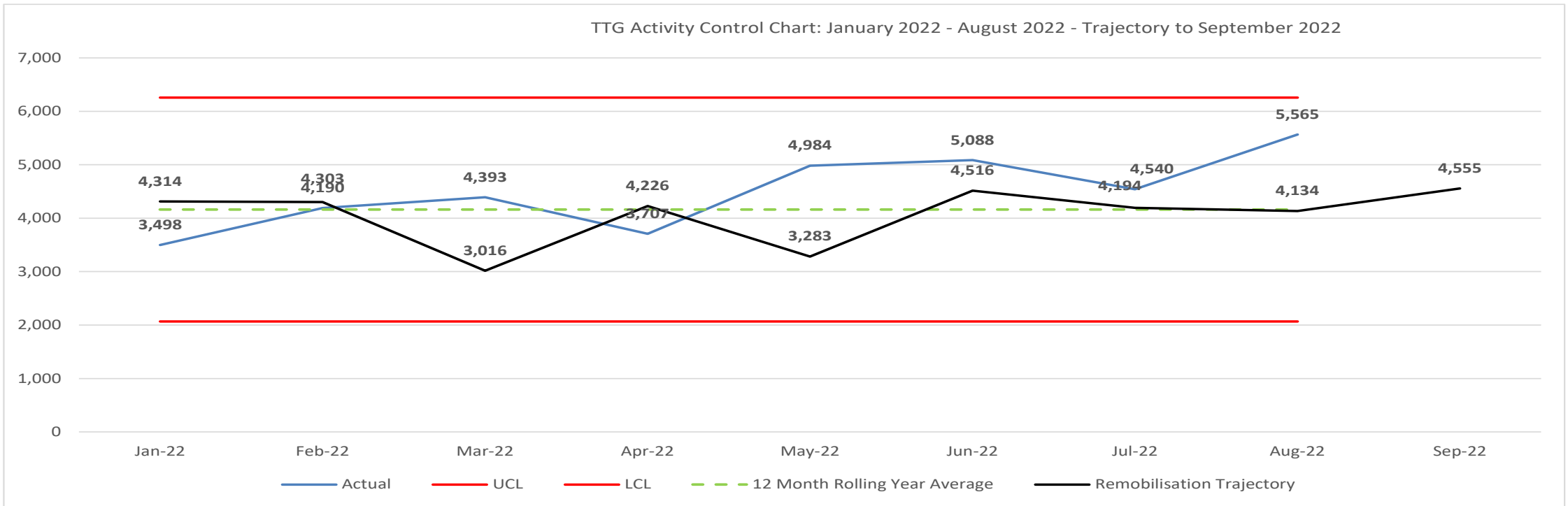
Actions to reduce long waiting patients are outlined on the next slide.

Key Actions

Key actions in place to help reduce the number of long waiting new outpatients include the following:

- Running additional Waiting List Initiative clinics and in-sourcing in selected services to increase capacity for new outpatients and tackle the waiting list backlog.
- As part of a three step validation process, there is ongoing Administrative and Patient validation to ensure that the waiting list is up-to-date and patients are fit, ready and available. Additionally, clinicians have been re-vetting the longest waiting patients on the OPWL. Piloting the use of an automated process using Netcall for initial contact will improve the pace of regular validation. This will commence with Gynaecology and Endoscopy.
- Implementing ACRT and new pathways to increase outpatient efficiency.
- Embedding the Patient Initiated Review and Patient Initiated Follow-Up pathways in services to reduce the number of unnecessary return appointments, reduce non-attendance at clinics and ensure patients that require a return appointment are seen within a reasonable time frame.
- Implementing opt-in pathways in appropriate services to provide patients with the information they would receive at clinic and increase efficiency in clinics, for example: the new tonsillectomy pathway in ENT.

10. Treatment Time Guarantee (TTG) Inpatient/Daycase Activity



Summary

Current Position (including against trajectory):

A total of 23,884 patients were seen during the period April - August 2022, above the Remobilisation target of 20,353. **Above trajectory by 17%.**

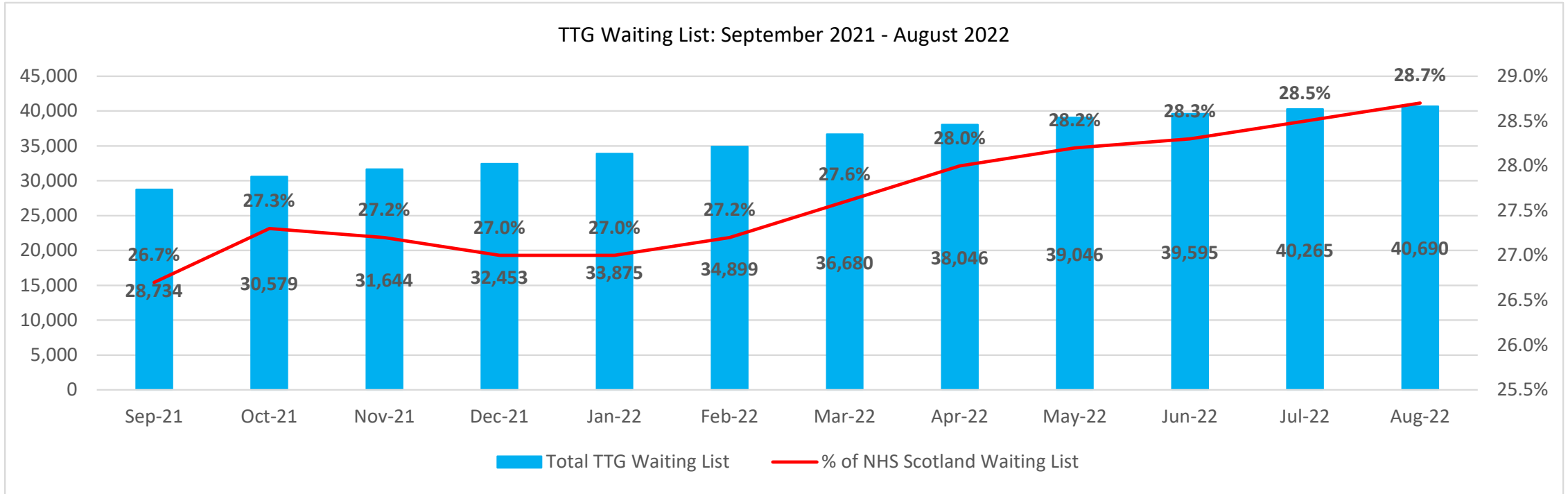
Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

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

11. TTG Waiting List (For Information)



Summary

Current Position (including against trajectory):

At the end of August 2022, there were a total of 40,690 patients on the TTG waiting list waiting for an inpatient/daycase procedure.

Current Position Against National Position:

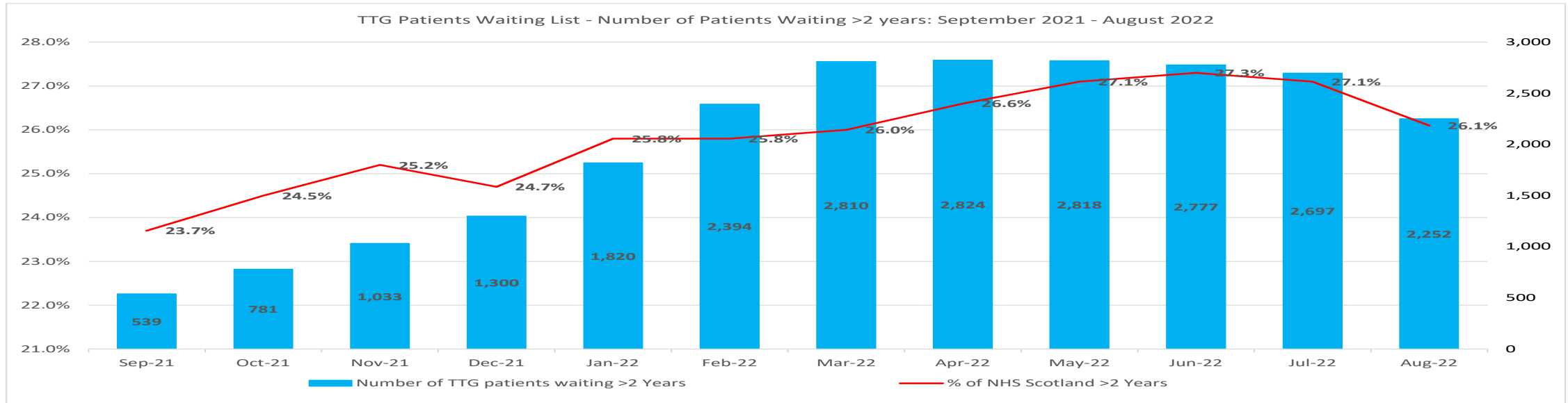
28.7% of NHS Scotland's total TTG patients waiting at the end of August 2022 were NHSGGC patients.

Projection to 31 March 2023:

No relevant target for the overall number of TTG patients on the TTG waiting list.

Net demand for IPDC services continues to outstrip activity, leading to ongoing growth in the waiting list. In each wave of the COVID pandemic, elective theatre sessions and beds have been reduced to release staff to support wards and unscheduled care. The April - August 2022 elective activity i.e. the number of TTG patients seen is currently running at 76% of pre-pandemic activity levels.

12. TTG Inpatient/Daycase Patient Waiting Times: Number of TTG patients waiting >2 years



Please note: the August position is provisional.

Summary

Current Position (including against trajectory):

At the end of August 2022, there were a total of 2,252 TTG patients waiting >2 years for an inpatient/daycase procedure on the TTG waiting list. **A reduction target of 0 TTG patients waiting >104 weeks by end of September 2022 has been set.** Local management information shows a further reduction in the number of patients waiting >2 years in that there are currently 1,840 available and unavailable patients waiting >2 years as at 29 September 2022.

Current Position Against National Position:

26.1% of NHS Scotland's total patients waiting >2 years at the end of August 2022 were NHSGGC patients.

Projection to 31 March 2023:

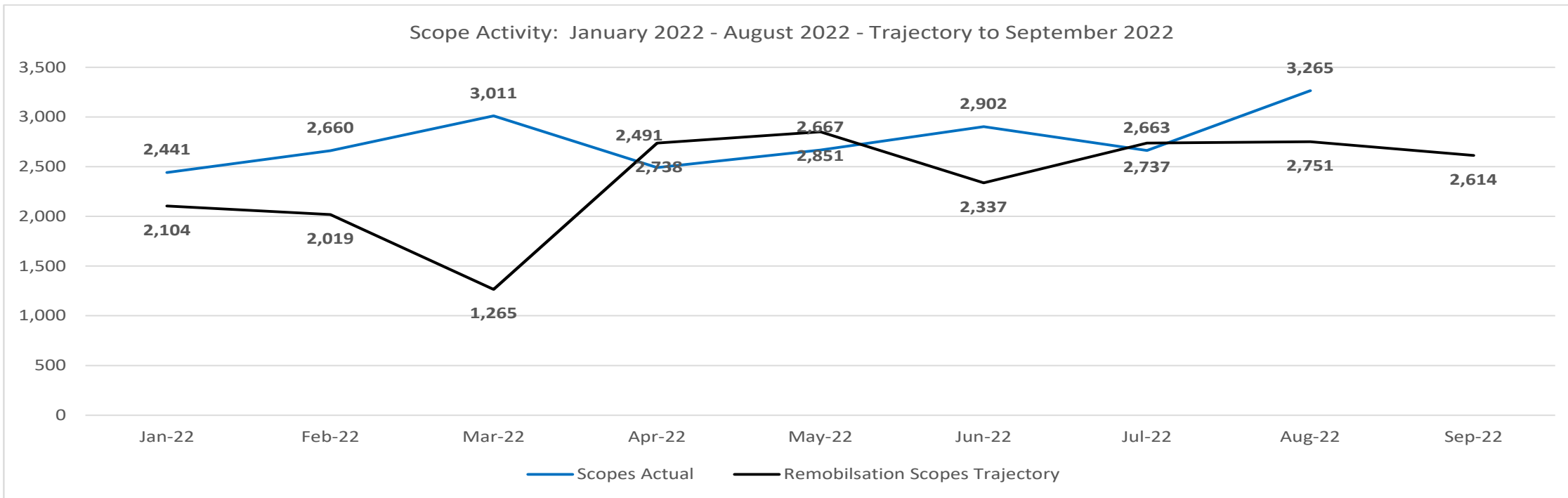
It is unlikely that the target will be met by September 2022 however, a trajectory of no more than 1,899 TTG patients waiting >2 years has been agreed with the SG and local management information for 29 September indicates that the Board has met this target.

Key Actions

Key actions in place to help reduce the number of long waiting TTG patients include the following:

- Increasing the number of core theatre sessions running weekly across all sites.
- Maximising GJNH allocation for Orthopaedic, General Surgery and Ophthalmology. Additional Ophthalmology activity is being supported by NHSGGC operators on the GJNH site on a regular basis.
- Focusing review on maximising ambulatory and short stay surgery capacity for cross-sector management of long waiting patients.

13. Diagnostics: Scope Activity



Summary

Current Position (including against trajectory):

A total of 13,988 scopes were carried out during the period April - August 2022, above the Remobilisation target of 13,414. **Above target by 4%.**

Current Position Against National Target:

No national target relevant.

Projection to March 2023:

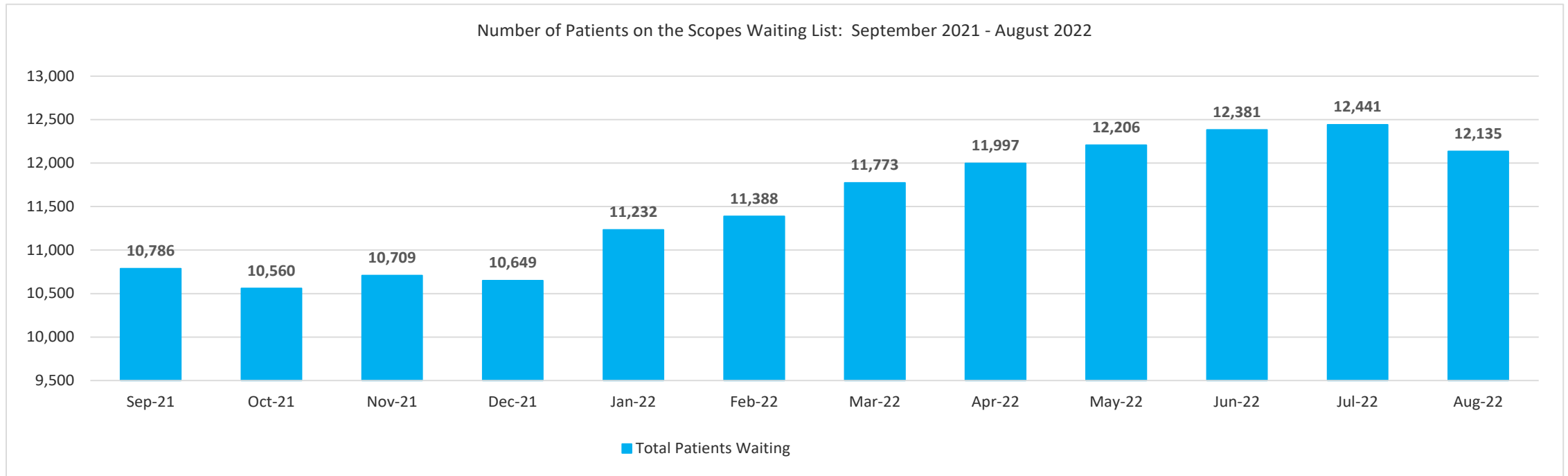
Remobilisation target of 31,234 by March 2023. **Performance is forecast to continue to meet the Remobilisation trajectory.**

Key Actions

Key actions in place to help reduce the number of scopes include the following:

- Maximisation of capacity at the GJNH facility.
- A mobile endoscopy unit has been procured to provide additional capacity on NHSGGC sites.
- Waiting List Initiatives have been offered internally to staff; however, the uptake of these is lower than prior to the pandemic.
- The health board is training additional Nurse Endoscopists.

14. Diagnostics: Scope Waiting Times



Summary

Current Position (including against trajectory):

As at August 2022 month end, there are 12,135 patients on the overall waiting list a 2% reduction on the previous months' position.

Current Position Against National Position:

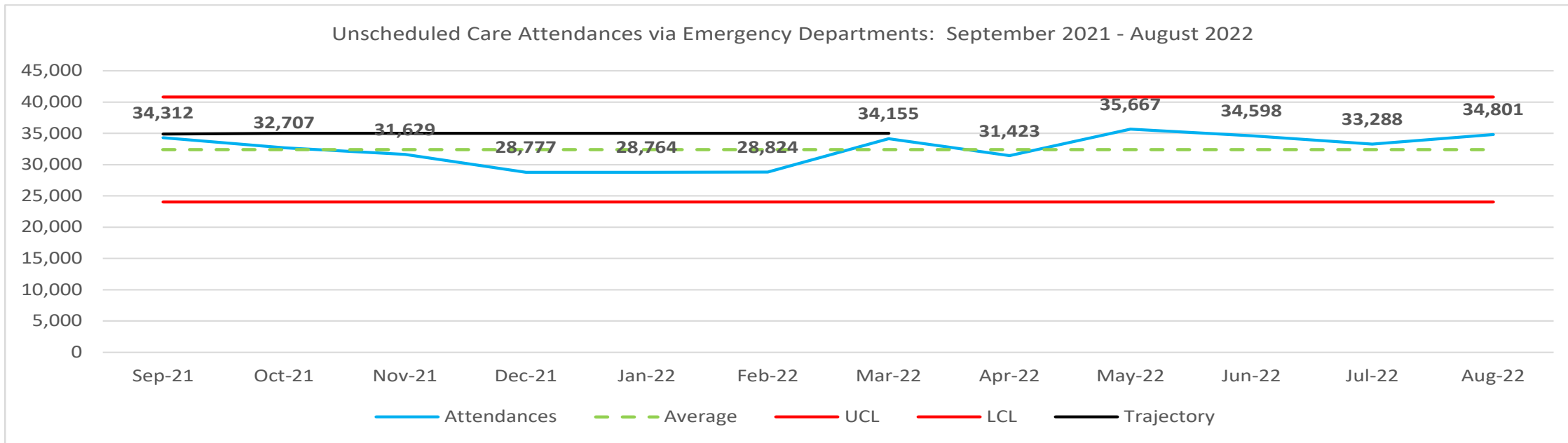
No relevant national position.

Projection to 31 March 2023:

No relevant target for the overall number of patients on the scope waiting list.

Referral rates for Endoscopy management have returned to pre-COVID rates. Endoscopy capacity has been allocated between three referral routes including patients from the new symptomatic waiting list, patients requiring colonoscopy review following a positive bowel screening result and patients clinically prioritised from the surveillance and return waiting list.

15. Unscheduled Care: Accident and Emergency Attendances (For Information)



Summary

Current Position (including against trajectory):

A total of 169,777 A&E attendances were reported during the period April - August 2022. Current performance represents an almost 1% reduction on the 170,971 reported during the same period last year. **No 2022-23 trajectory has been agreed.**

monthly

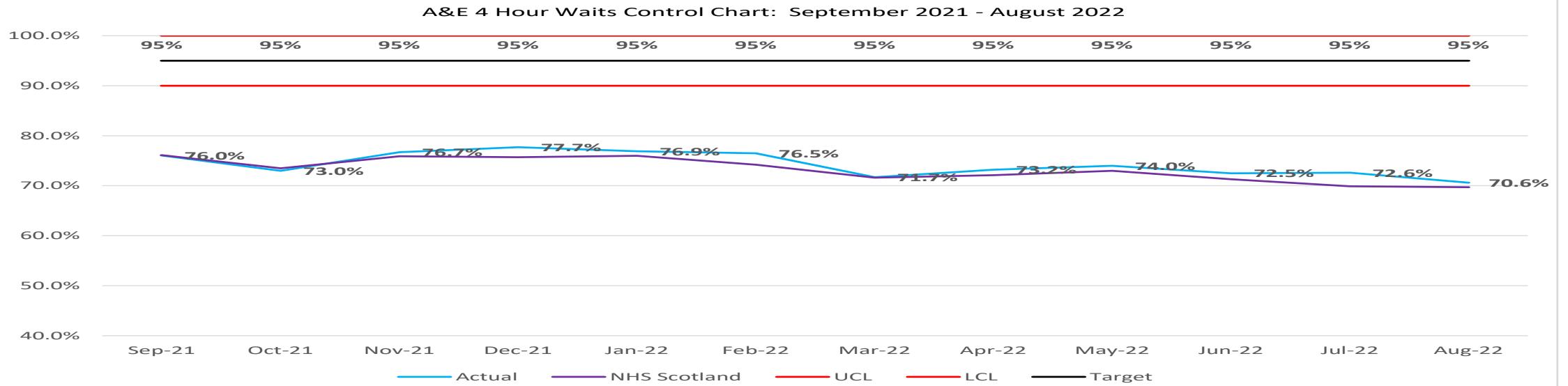
Current Position Against National Target:

No relevant national target.

Projection to 31 March 2023:

No relevant target for the number of Accident and Emergency attendances.

16. Accident and Emergency 4 Hour Waiting Times Standard



Summary

Current Position (including against trajectory):

Currently 70.6% of patients seen within 4 hours against a target of 95%. **Below target by 24.4%.**

Current Position Against National Target:

NHSGGC's performance is above the latest national published position of 69.7% for August 2022.

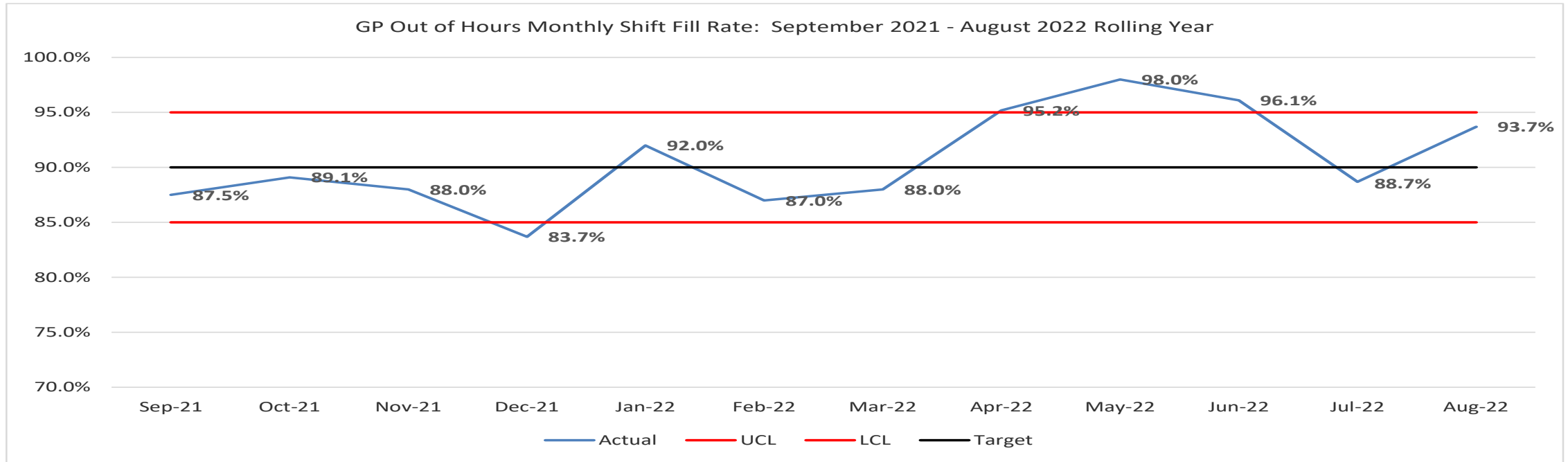
Projection to 31 March 2023:

National target 95%. Due to service pressures **it is not possible to project a specific level of performance. However, the Board remain fully committed to improving current performance.**

Key Actions

- 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 have worked together to establish a NHSGGC-wide governance structure which has been agreed to support and direct this work going forward. This will cover urgent and unscheduled care across the Board.
- Local Unscheduled Care Governance Groups are being established along with renewed programme plans to help drive the required improvements. Work is underway to consolidate these into one document to allow visibility of work and progress between sites. Additional work linking these to High Impact Changes and Fixed Anchor Points to support sector work around these as well as Board wide-work.
- 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. Next steps will be to work on those patients waiting over one and two hours. These delays are reviewed at a daily stand up between SAS – ED – UCC. The dashboard showing trends and daily data around this is now live.

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



Summary

Current Position (including against trajectory):

Currently 93.7% (266) of the 284 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the target by 3.7%.**

Current Position Against National Target:

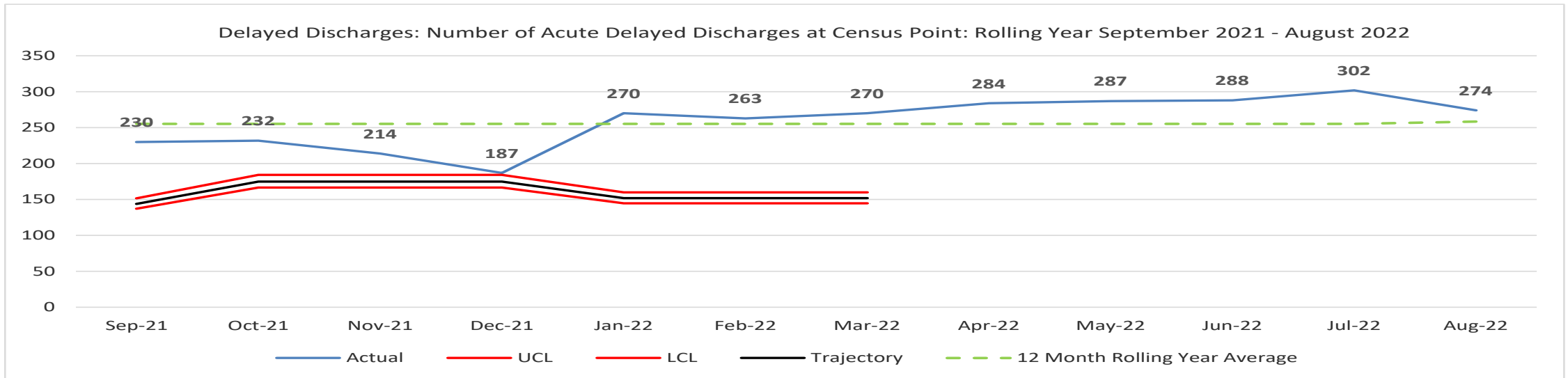
No relevant national target.

Projection to 31 March 2023:

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

As seen in the chart above, overall performance in relation to the number of scheduled GP OOH shifts that are open to patients has remained positive. The slight dip in performance in July was due to the summer period and July historically being a challenging month to fill clinical shifts. Performance is back on track in August and local management information suggests this position has been sustained and further improved upon.

18. Delayed Discharges: Number of Acute Delayed Discharges



Summary

Current Position (including against trajectory):

Currently 274 Acute delayed discharges, a 9% reduction on the previous months' performance. No monthly target has been confirmed.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

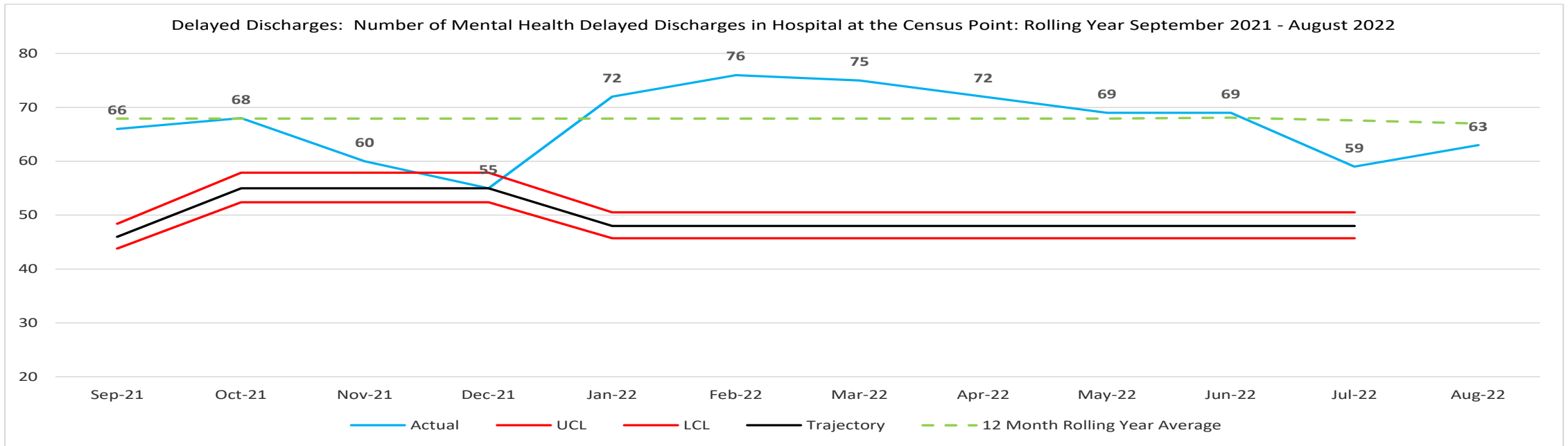
No Acute delayed discharge target has been confirmed.

Key Actions

NHSGGC continue to focus on addressing the challenges around delayed discharges with significant collaborative effort across HSCP Teams, Acute Discharge Teams and Acute Teams. This is beginning to have a positive impact on performance in that in August 2022 there was a 9% reduction in the number of delays reported when compared to the previous months' position. A key area of work in helping to reduce delays is the Discharge without Delay (DwD) programme. The first principle of the DwD programme is to ensure patients are discharged to, supported and cared for in a homely setting at the earliest opportunity. Key areas of focus for the programme during 2022/23 include:

- The appointment of a DwD Board lead to lead on all elements of the programme. As indicated in the previous slide interviews for the post took place the week beginning 26 September 2022.
- Home as the default position for all discharges - delivered through further developing intermediate care services and care at home services that support rapid discharge and enablement.
- Work is ongoing to further develop the principle of a Planned Date of Discharge by ensuring discharge planning starts in admission, supported by a whole team approach across acute and community, early referral to social work and care home teams with a designated senior lead in each HSCP managing performance.

19. Delayed Discharges: Number of Mental Health Delayed Discharges



Summary

Current Position (including against trajectory):

Currently 63 Mental Health delayed discharges, above the monthly trajectory of 48.

Current Position Against National Target:

No national target relevant.

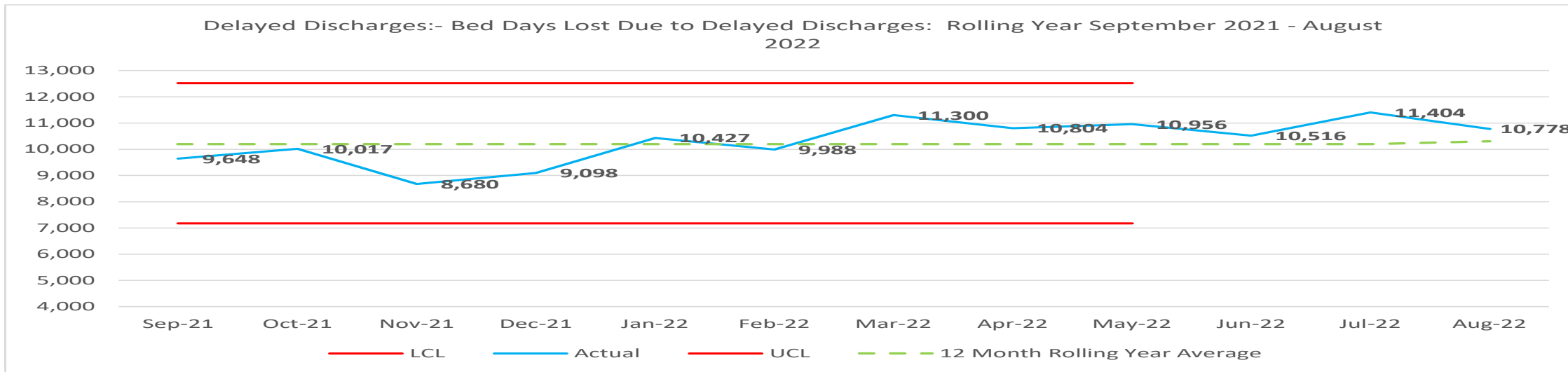
Projection to 31 March 2023:

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

- A Service Manager has been assigned to work on the integration of the Discharge Teams across the city for a period of 12 weeks. This will allow the development of necessary operational procedures and governance arrangements to be put in place.
- A proposal to recruit a Service Manager to oversee bed management activity is also being developed and this will include the management of the Integrated Discharge Team.
- The Commissioning Team are working with adult services staff to develop a number of proposals that will assist with discharge arrangements and options across Mental Health Services.

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



Summary

Current Position (including against trajectory):

A total of 10,778 bed days were lost to delayed discharges during August 2022, a 5% reduction on the previous months' position.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

No year end target has been set.

Key Actions

Performance remains under close scrutiny with regular meetings between the Chief Executive, the Director of Finance and HSCP Chief Officers and some positive progress has been made in that there has been a 5% reduction 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 and there has been some positive progress.
- Work is ongoing with 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. Regular meeting with the SG have been set up.
- The Care Home Collaborative is working to support Care Home staff by instigating a Healthcare Support Worker (HCSW) bank. To date 27 HCSWs have been recruited.
- 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.

21. 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 Outpatient Waiting List (For Information)	Not applied	12
7	Number of new outpatients waiting > 2 years	Not applied	13
8	Number of new outpatients waiting > 18 months	Not applied	14
9	Number of new outpatients waiting > 1 year	Not applied	15
10	TTG Inpatient/Daycase Activity	Standard deviation is based on 12 month rolling average	17

21. Control Limits (Continued)

No	Measure	Control Limits	Slide Number
11	Number of TTG patients on the TTG waiting list (For Information)	Not applied	18
12	Number of TTG patients waiting > 2 years	Not applied	19
13	Diagnostics: Scope Activity	Not applied	20
14	Diagnostics: Scope Waiting List (For Information)	Not applied	21
15	Unscheduled Care: A&E Attendances	Standard deviation is based on 12 month rolling average	22
16	Unscheduled Care: A&E 4 Hour Waits	Based on 5% variance from target	23
17	GP Out Of Hours: Number of Scheduled Shifts Open	Based on 5% variance from target	24
18	Delayed Discharges: Number of Acute Delayed Discharges	Based on 5% variance from target	25
19	Delayed Discharges: Number of Mental Health Delayed Discharges	Based on 5% variance from target	26
20	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Standard deviation is based on 12 month rolling average	27