

NHS Greater Glasgow and Clyde	Paper No. 22/92
Meeting:	Board Meeting
Meeting Date:	20 December 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 October 2022, eight of the 19 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), four 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 and there continues to be no new outpatients waiting >104 weeks for a new outpatient appointment in October 2022 and the number of new outpatients waiting >78 weeks is currently exceeding the December 2022 trajectory.
- 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 time band are currently delivering against the agreed revised trajectory for December 2022.
- Remobilisation activity in relation to TTG, new outpatients and diagnostics continues to exceed the agreed planned levels of activity.
- The number of GP Out of Hours shifts that remained open during October 2022 continued to exceed the 90% target.

BOARD OFFICIAL

- Positive progress is being made in relation to CAMHS patients seen <18 weeks of referral, with the current position exceeding the 2022-23 Annual Delivery Plan target for December 2022. Similarly, the October 2022 position in relation to access to Psychological Therapies is showing a further improvement on the previous months' position albeit performance is marginally below the 90% target.
- Unscheduled care and delayed discharges remain a key challenge across NHSGGC and actions to drive the required improvements in performance are outlined in the report and continue to be implemented.
- Cancer 62 day waiting times performance remains a concern 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 >18 months	2022-23 Planned Care Priority			13
8	Number of New Outpatients Waiting >1 year	2022-23 Planned Care Priority			14
9	TTG Inpatient/Daycase Activity	RMP4 Trajectory			16
10	TTG Waiting List (For Information)				17
11	Number of TTG Patients Waiting >2 years	2022-23 Planned Care Priority			18
12	Diagnostics: Scope Activity	RMP4 Trajectory			20
13	Diagnostics: Scope Waiting List (For Information)				21
14	Unscheduled Care: A&E Attendances (For Information)				22
15	Unscheduled Care: A&E 4 Hour Waits	National Target			23
16	GP Out Of Hours: Number of Scheduled Shifts Open	Local Target			24
17	Delayed Discharges: Number of Acute Delayed Discharges	RMP4 Trajectory			25
18	Delayed Discharges: Number of Mental Health Delayed Discharges	RMP4 Trajectory			26
19	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Monthly Average Position			27
20	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

13 December 2022

NHS GREATER GLASGOW & CLYDE BOARD MEETING



Performance Assurance Information – October 2022

Contents

Board Committee Name:
NHSGGC Board

Responsible Division:
HSCPs & Acute

Report Date:
20 December 2022

Reporting Frequency:
Bi-Monthly

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Executive Summary

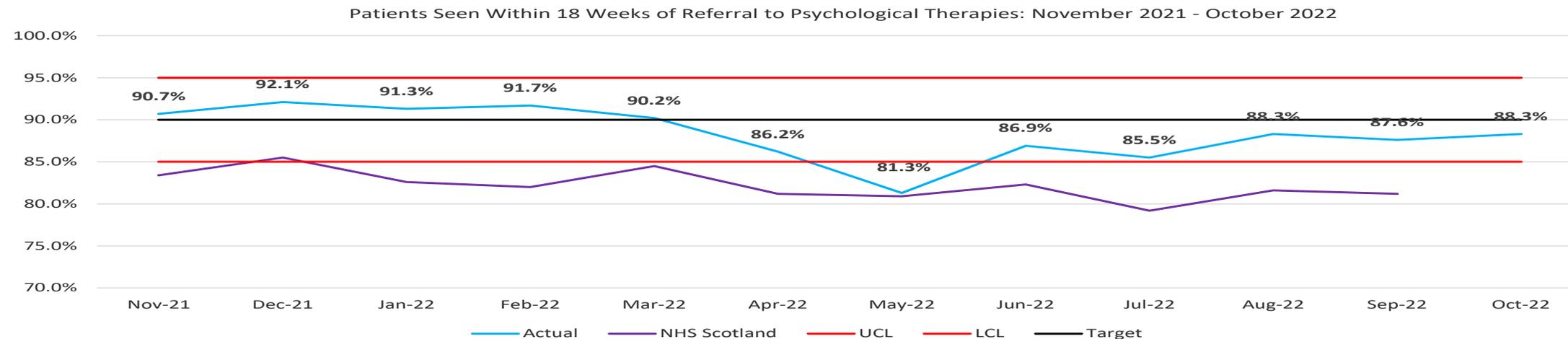
In the main the Board performance report covers the period up to October 2022 (with the exception of quarterly covering the latest published quarterly period – quarter ending June 2022 and cancer waiting times data covering the latest quarterly position ending September 2022). The report has been amended to reflect the following:

- The measures outlined in the 2022-23 Annual Delivery Plan agreed by the Scottish Government (SG).
- 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, currently exceeding.
 - 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, this target has been met.
 - 18 month waits for inpatient/daycases in the majority of specialties by September 2023 (progress will be reported at the start of the year).
 - One year waits for inpatients /daycases in the majority of specialties by September 2024 (progress will be reported starting September 2023).

During October 2022, the Board continued to rigorously manage all waiting lists with a focus on eliminating long waiting patients as well as continuing to treat the most clinically urgent patients including Urgent with a Suspicion of Cancer referrals, which continue to be prioritised. Evidence of this can be seen in that there continue to be no new outpatients waiting >2 years for a new outpatient appointment and the revised trajectory for TTG patients waiting >2 years was met at the end of September 2022. Work is underway to further reduce the number of TTG patients waiting >2 years in line with a further revised trajectory for December 2022. Whilst the focus on long waiting patients effort continues, performance also remains positive in relation to each of the Acute remobilisation activity targets with current performance exceeding the planned position for October 2022. The longest waiting CAMHS patients continue to reduce month on month and the percentage of eligible Psychological Therapies patient referrals seen within 18 weeks of referral demonstrated an increase on the previous months’ performance albeit performance is marginally below the 90% target. The reduction in the number of positive COVID-19 patients is helping to reduce some of the barriers to recovery. By way of context, as at 7th December 2022 there were a total of 503 COVID-19 hospital inpatients who had first tested positive with COVID-19 in the previous 90 days. Of this total, 280 inpatients were diagnosed with the virus in the previous 28 days.

Services across NHSGGC continued to work to remobilise activity during October 2022 and this is beginning to have a positive impact on performance. As at October 2022, eight of the 19 measures that can be tracked against trajectory are currently delivering against trajectory and rated green, two are rated as amber (<5% variance from trajectory), four 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 September 2022. **Below target by 1.7%.**

Current Position Against National Target:

National target 90%. Performance remains above the national position of 80.7% for the latest published quarter ending September 2022.

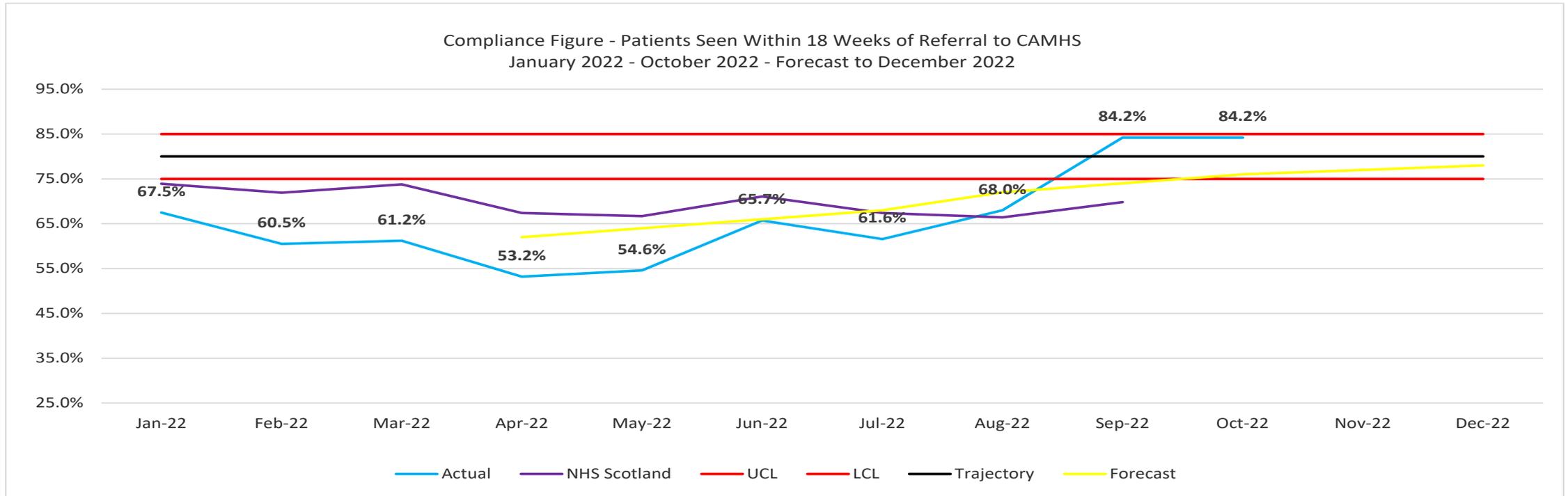
Projection to 31 March 2023:

Target 90% at March 2022-23. **Forecast to remain above 85% to the end of 2022/23 due to prioritising long waiting patients.**

Key Actions

- 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 October 2022, a total of 158 (11.7%) of the total patients that started treatment had been waiting >18 weeks whereas, in October 2021, a total of 98 (6.9%) of the total patients that had started treatment, had been waiting >18 weeks. Local management information shows that as of 27 November 2022, there were a total of 60 patients waiting >52 weeks to start their treatment.
- East Dunbartonshire and Inverclyde HSCPs, hosted NHSGGC Mental Health and Acute Services and Forensic Services all continued to exceed the 90% target in October 2022.
- The national workforce supply shortage of healthcare professional staff continues to have an impact on recruitment and many services currently have significant staffing gaps. Service managers continue to look at ways to speed up the recruitment process and psychology staff are looking at ways to attract more applicants.
- HSCPs continue to share staff between care groups and geographic boundaries where and when this can be done.
- Teams continue to look to improve efficiency of available capacity and being able to deliver more group based interventions.

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



Summary

Current Position (including against trajectory):

84.2% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral in October 2022. **Above the 80% trajectory.**

Current Position Against National Target:

Performance for the latest published position (September 2022) was above the national position of 67.9%.

Projection to 31 March 2023:

2022-23 Annual Delivery Plan Target 80% by December 2022. **Currently exceeding December 2022 target.**

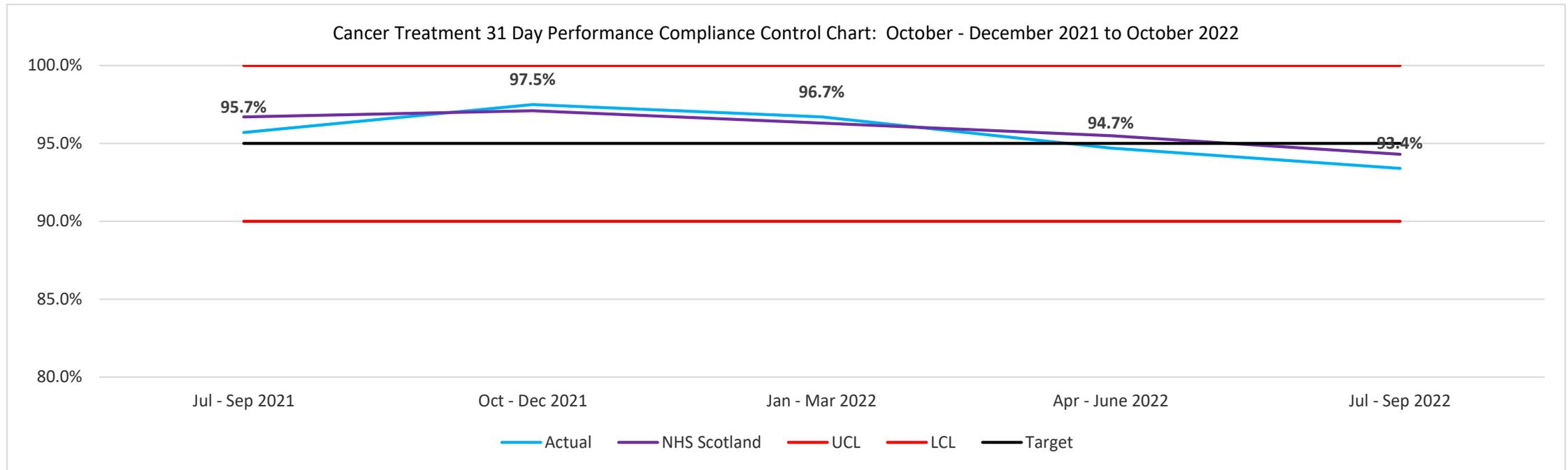
The improvements in performance have continued to be sustained since August 2022.

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

Key Actions

- The waiting lists/new referrals for a first treatment appointment are reviewed by the CAMHS Clinical Co-ordinators on a daily basis to assess the levels of risk/urgency. Children are prioritised to be seen based on risk assessment and clinical judgement. Each CAMHS Team, on a daily basis, has specific clinicians identified as the Duty Clinician to take calls from referrers/parents and other agencies. The duty workers also prioritise allocation of emergency appointments. The urgent referrals are prioritised over the longest waiters based on level of risk. Urgent referrals are prioritised, balanced with targeted action to ensure those who have been waiting longest are also addressed.
- Children and young people who have commenced treatment and awaiting a case manager are also regularly reviewed by the clinical co-ordinators and duty clinicians. Not all CAMHS Clinicians are case managers. A large number of these children and young people are awaiting diagnosis for Neurodevelopmental disorders and are being prioritised to be seen by the additional staffing resource employed to increase diagnostic capacity. Group programmes are being offered to these children and young people as well as support from support staff such as the Networking team in Glasgow City.
- A GGC-wide CAMHS Mental Health Recovery and Renewal (MHRR) Programme Board has been convened to oversee the delivery of the MHRR Plan including improvements in performance. Additional funding has also been received for Phase 1 focusing on waiting times and delivery of the service specification, and Phase 2, focusing on the delivery of the Neurodevelopmental service specification and enhancement of a range of Tier 4 Board-wide services including the development of Regional Services, and West of Scotland IPCU.
- Each HSCP and CAMHS Team has prepared an initial costed draft workforce plan aimed at addressing gaps, reducing backlog and meeting ongoing demand. As of October 2022, there were an additional 75 wte staff in post which is 70% of the workforce plan. The additional staff will be bring extra capacity to deliver treatment and will be able to take referrals from the allocations list. Staff numbers are planned to increase in the Autumn with newly qualified staff coming in to post across a range of professional groups.
- HSCP'S are continuing to develop community mental health and wellbeing services and CAMHS teams are actively redirecting suitable referrals.
- The Scottish Government Mental Health Unit have proposed an enhanced support programme for NHSGGC and regular meetings will be held to focus on improvement activity.
- 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



Summary

Current Position (including against trajectory):

The last validated data performance is 93.4 % for the quarter ending September 2022

Current Position Against National Target:

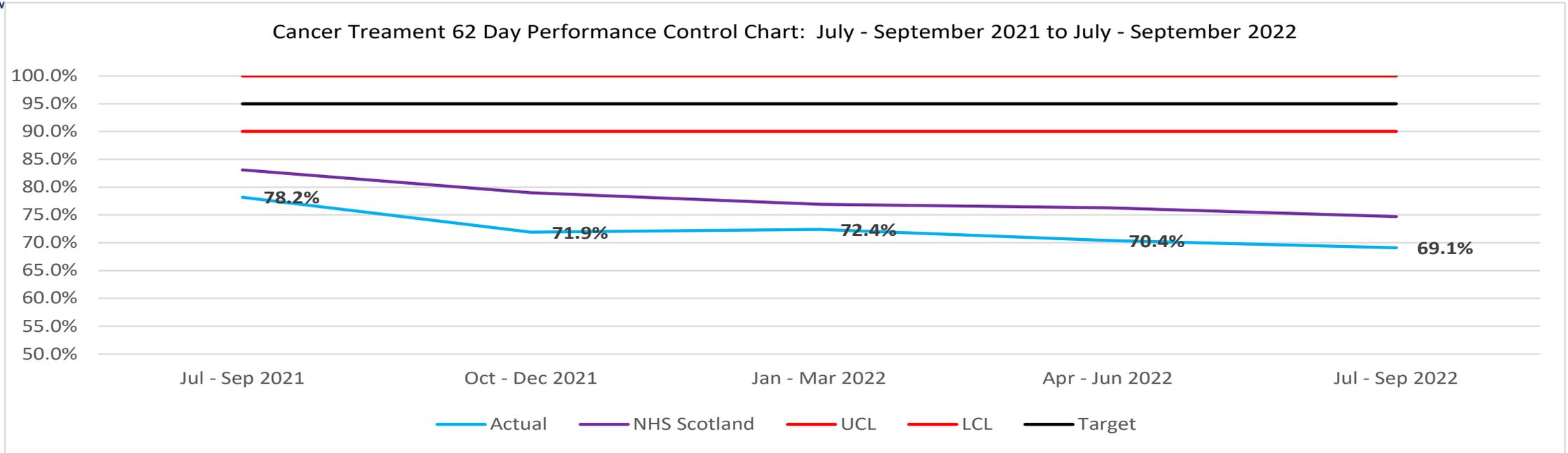
At the quarter ending September 2022, NHSGGC's performance was below the latest national published position of 94.3%.

Projection to 31 March 2022-23:

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

Current performance is below the 95% target. This is mainly as a result of Urology being below target (358 of the 435 eligible referrals (82.3%) started their treatment within 31 days), the volume of patients in this tumour group affects overall compliance with the standard. The urology actions outlined on slide 9 are aimed at addressing performance.

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



Summary

Current Position (including against trajectory):

Against National Target:

of

Projection to March 2022-23:

The last validated data performance is 69.1% for the quarter ending September 2022.

At the quarter ending September 2022, NHSGGC's performance is below the latest national published position of 74.7%.

Performance is unlikely to meet the national target of 95% by March 2023 and work is underway to improve the current position as described in the next slide.

There are a number of reasons influencing overall 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 continue at a significantly higher rate than pre-pandemic levels circa <1,000 per week to 1,300 per week. This increase in demand continues to impact on capacity pressures. Work with Primary Care colleagues is underway to review the application of referral guidance in more detail.

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 continues to prioritise clinically urgent patients, while focusing on reducing waiting times across challenged cancer pathways.
- A programme of deep dives into each tumour group has commenced via the weekly Cancer Performance Group meetings. Detailed breach analysis is reviewed with clinical management teams tasked to confirm improvement actions. The deep dive programme links with the Cancer Improvement Action Plan review. The review will categorise actions by anticipated impact, and define outputs as improvement or maintenance. A key objective of this review is to confirm timelines for performance impact. Deep dives into Colorectal, Breast and Urology pathways have taken place.

Colorectal: The trajectory for the period October - December 2022 is 65%

- Screening/scope waiting times remain a key challenge. Endoscopy capacity across all sites continues to be maximised through locum support and optimised nurse endoscopy sessions.
- Endoscopy mobile unit continues to run at optimal capacity with current throughput of around 80-100 patients per week dependent on case mix on list.
- Delays to first outpatient appointments are identified through tracking and offset where possible to ensure that the wait to first appointment remains within 14 days.
- The diagnostic backlog remains significant due to the colonoscopy capacity constraints and it is anticipated that performance will be 50% by the end of March 2023 against the trajectory of 65%.

Urology: The trajectory for the period October - December 2022 is 70%

- The latest quarterly validated performance data (July - September 2022) confirms Bladder performance was 87.5% (often clinically prioritised patients). There are delays across all steps within the pathway for prostate which is a higher volume pathway.
- Funding has been prioritised to continue additional sessions for Radio Frequency Ablation until the end of March 2023.
- Access to Robotic Assisted Laparoscopic Prostatectomy has improved with a Locum Consultant Surgeon in post. The treatment of the longer waiting patients negatively impacts on performance figures as this is based on patients treated in month.
- The diagnostic backlog remains significant and it is anticipated that performance will be 40% by the end of March 2023 against the trajectory of 70%.

Upper GI: The trajectory for the period October - December 2022 is 70%

- 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 scope action plan is being implemented, including additional scope capacity and access to GJNH capacity.
- It is anticipated that the March 2023 trajectory of 70% can be met for upper GI.

Lung: The trajectory for the period October - December 2022 is 80%

- Complex pathway with multiple diagnostic steps often including X-ray, CT, PETCT, EBUS, MRI. Key improvement actions include:
 - The roll-out of direct access GP scanning across the Board.
 - National Scottish Lung Pathway is being finalised to standardise the diagnostic pathway across NHS Scotland.
- It is anticipated that the March 2023 trajectory of 80% can be met for lung.

5. New Outpatient Activity



Please note: data relating to October 2022 is provisional.

Summary

Current Position (including against trajectory):

Overall, a total of **154,982** new outpatients were seen during the period April - October 2022, above the Remobilisation target of 147,633. **Above trajectory by 5%.**

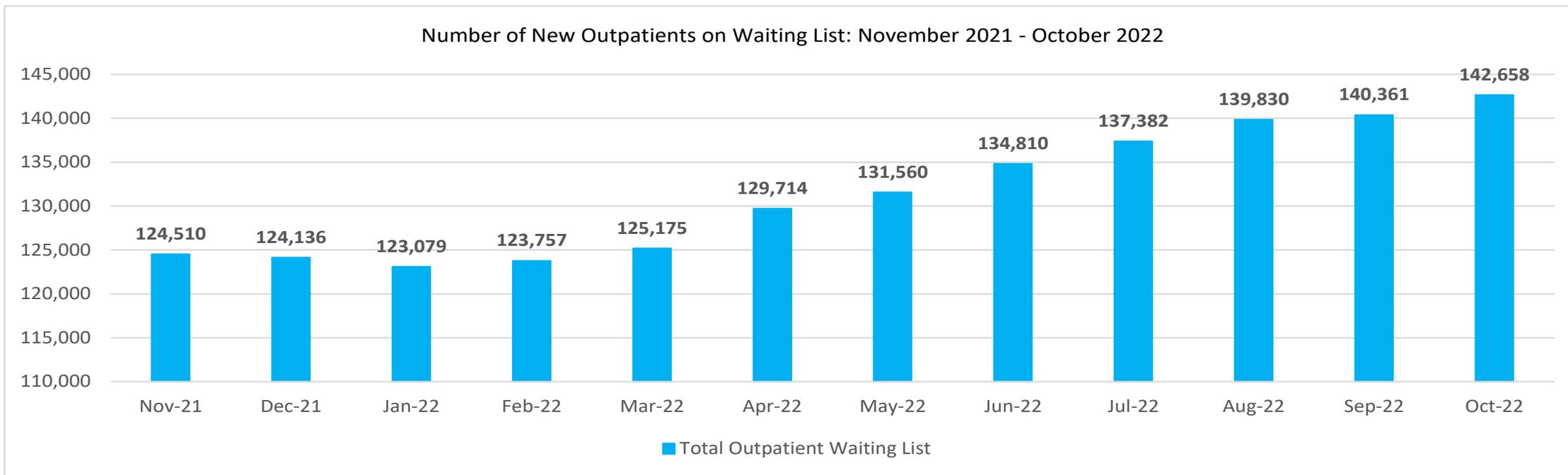
Current Position Against National Target:

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 continue to meet the Remobilisation target.**

6. New Outpatient Wait Times (For Information)



Summary

Current Position (including against trajectory):

As at the end of October 2022, there were a total of 142,658 patients waiting for a new outpatient appointment.

Current Position Against National Position:

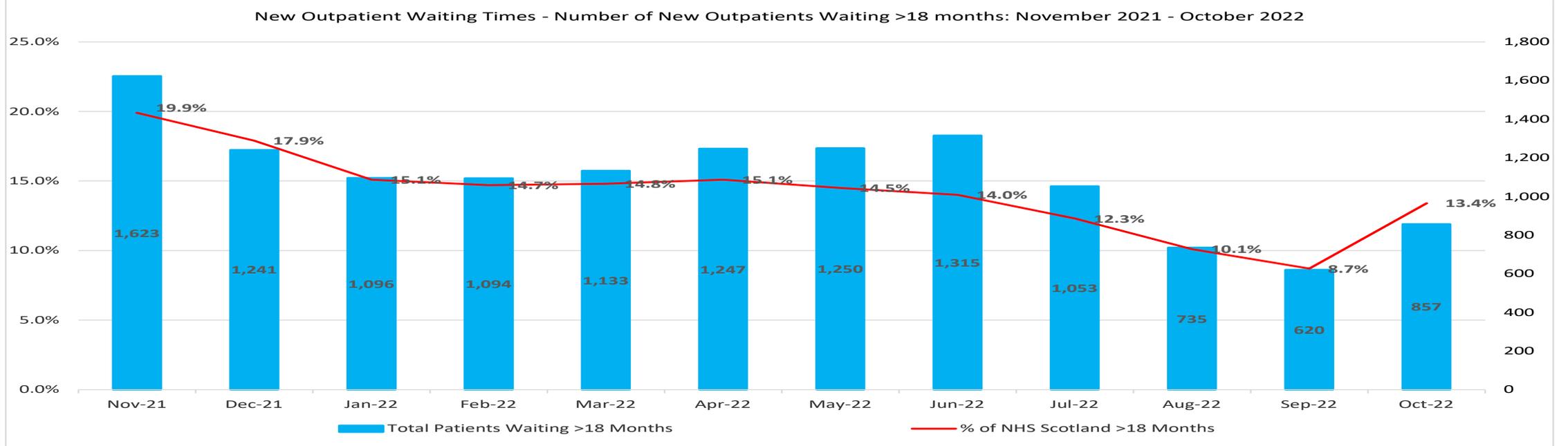
29.6% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of October 2022 were NMSGC patients.

Projection to 31 March 2023:

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 at March 2022. From March 2022, increased inpatient COVID-19 pressures required redirection of clinical sessions to manage inpatient care and sessions remained restricted for social distancing until the start of the summer. During the summer, sessions were limited due to staff annual leave and a high referral rate, leading to insufficient outpatient activity levels to meet demand or steady the growth. Growth has returned to the level it was previously at, in part due to the public holidays during September and October which have again resulted in insufficient activity levels to meet the level of demand.

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



Summary

Current Position (including against trajectory):

At the end of October 2022, there were a total of 857 new outpatients waiting >18 months for a first new outpatient appointment. **Current performance is within the planned position of no more than 1,200 new outpatients waiting >78 weeks (18 months) by end of December 2022 (as agreed by the SG).**

Current Position Against National Position:

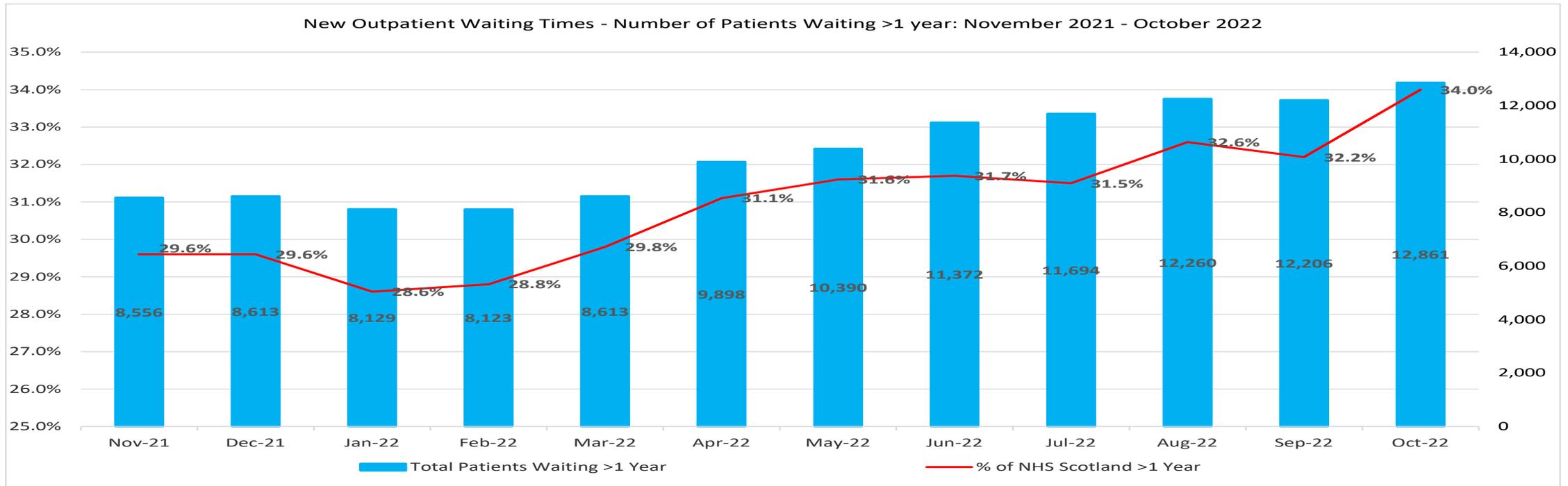
13.4% of NHS Scotland's total patients waiting >18 months for a first new outpatient appointment at the end of October 2022 were NHSGGC patients.

Projection to 31 March 2023:

NHSGGC is projected to continue to meet the revised target of no more than 1,200 outpatients waiting 18 months by December 2022 for all paediatric specialties and most adult specialties. The number of patients over 78 weeks has been decreasing in most specialties however, there are some specialties that continue to be challenged, particularly Gynaecology, which is having an effect on the overall long waits.

Actions to reduce long waiting patients are outlined on slide number 14.

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



Summary

Current Position (including against trajectory):

At the end of October 2022, there were a total of 12,861 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 by the SG.**

Current Position Against National Position:

34.0% of NHS Scotland's outpatients waiting >1 year for a new outpatient appointment at the end of October 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 against the reduction target however, it is noted that this will be even more challenging than the August 2022 and December 2022 outpatient targets.

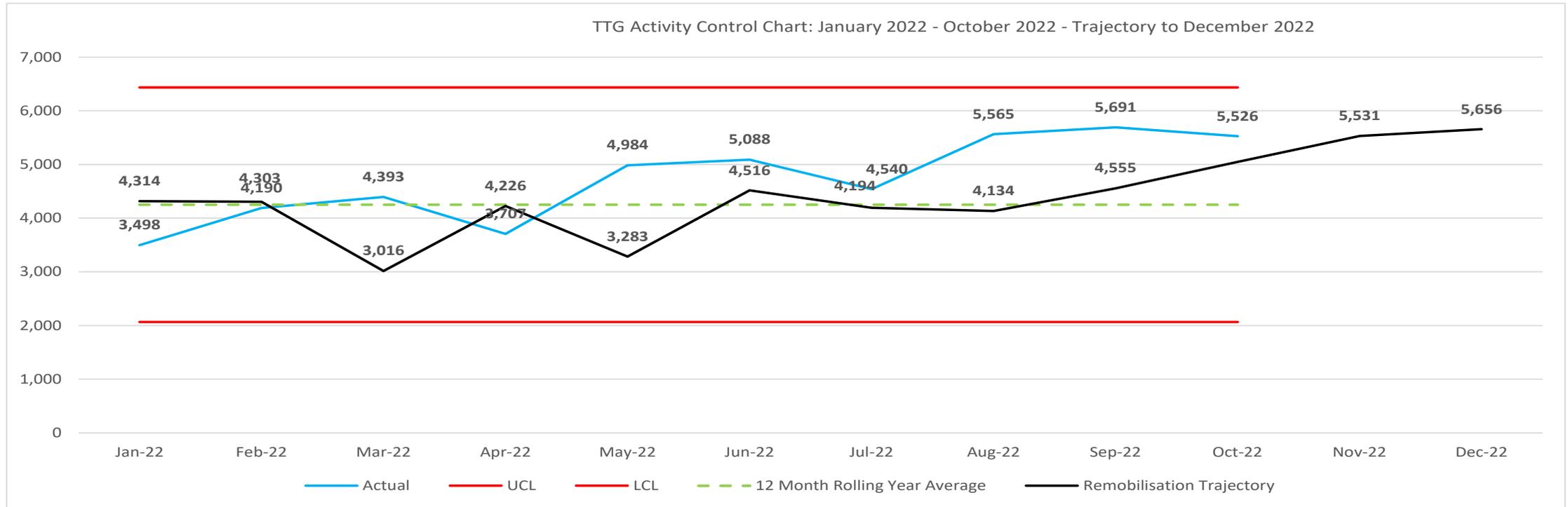
Actions to reduce long waiting patients are outlined on the next slide.

Key Actions

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

- Outpatient clinic efficiency improvements, such as use of patient-focused booking (PFB) and text reminder systems. After pausing the programme at the peak of the pandemic, patient-focused booking has been rolled out again and the health board is on target to achieve 80% of PFB use in appropriate services by the end of 2022.
- Investment in improving outpatient validation to include the roll-out of electronic outpatient waiting list validation to appropriate services. The pilot for this electronically supported validation is due to begin in 7 December 2022 with the Gynaecology service.
- Redesign of key pathways with services to ensure all new outpatient appointments add value to the patient journey, including implementation of ACRT and opt-in processes for patients. Evaluation of these changes in key services, such as Gastroenterology, have show that this has helped steady waiting list growth.
- Transformation of return patient management, including management of patient-initiated follow up (PIFU), to support patients with long term health conditions to be seen when their condition is flaring up, and discharge patient-initiated return, to support the discharge of patients out of secondary care in pathways that a return appointment does not add value to the patient journey. NMSGGC will become the first health board in Scotland to have an electronically supported solution to the management of patients on a PIFU pathway, with a pilot due to start in Rheumatology.
- Modelling is underway for priority services to understand further actions which could increase the level of base activity or reduce unnecessary demand.
- Funding of waiting list initiatives, appointment of clinicians on a locum and proleptic basis, use of insourcing and private sector capacity targeted at services with the largest gap between demand and activity.

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



Summary

Current Position (including against trajectory):

A total of 35,101 patients were seen during the period April - October 2022, above the Remobilisation target of 29,958. **Above trajectory by 17%.**

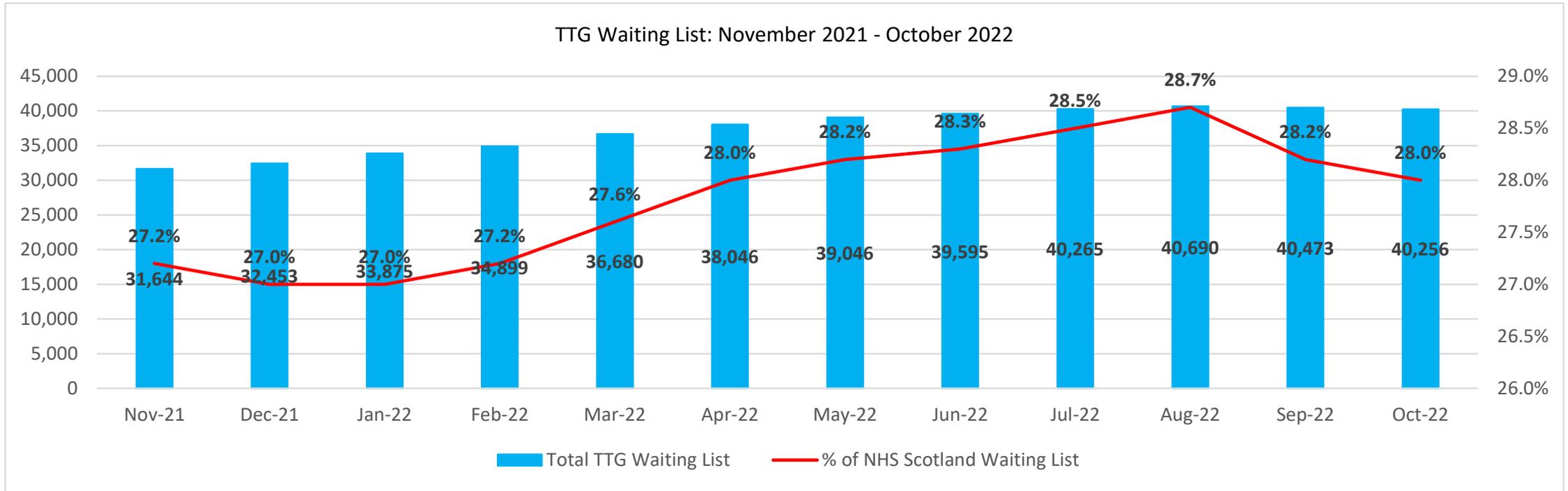
Current Position Against National Target:

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 however, unscheduled care pressures requiring a reduction in elective activity may have an impact on this.**

10. TTG Waiting List (For Information)



Summary

Current Position (including against trajectory):

At the end of October 2022, there were a total of 40,256 patients on the TTG waiting list waiting for an inpatient/daycase procedure.

Current Position Against National Position:

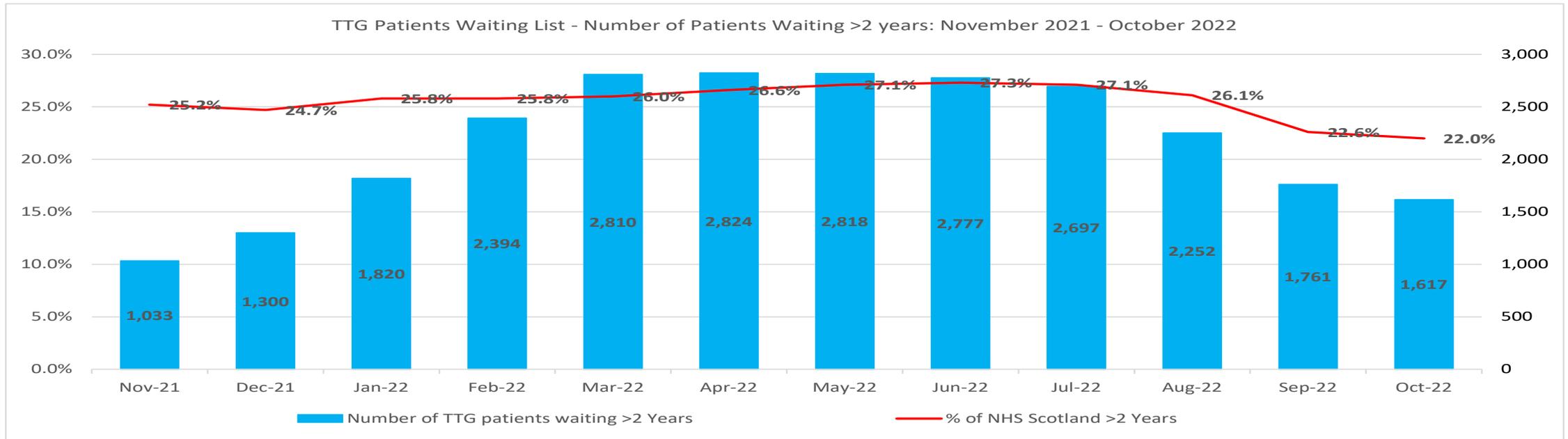
28.0% of NHS Scotland's total TTG patients waiting at the end of October 2022 were NHSGGC patients.

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 the overall growth in the waiting list. With increased IPDC activity, the total number on the IPDC waiting list decreased in September and October 2022. In each wave of the COVID-19 pandemic, elective theatre sessions and beds have been reduced to release staff to support wards and unscheduled care. Elective activity during the period April - October 2022 i.e. the number of TTG patients seen (35,590) represents almost 80% of pre-pandemic activity levels (44,740 during the same period 2019-20).

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



Summary

Current Position (including against trajectory):

At the end of October 2022, there were a total of 1,617 TTG patients waiting >2 years for an inpatient/ daycase procedure on the TTG waiting list. **Current performance is within the trajectory of no more than 1,650 TTG patients waiting >104 weeks by end of December 2022 (as agreed by the SG).** The chart shows since May 2022 there continues to be a month on month improvement in reducing the number of patients waiting in this time band.

Current Position Against National Position: Projection to 31 March 2023:

22.0% of NHS Scotland's total patients waiting >2 years at the end of October 2022 were NHSGGC patients. **Currently exceeding and expected to continue to achieve the revised trajectory for December 2022.**

11. TTG Inpatient/Daycase Patient Waiting Times: Number of TTG patients waiting >2 years (Continued)

Key Actions

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

- There has been a continued focus on managing clinically prioritised patients alongside long waiting cases to ensure the most appropriate patients are being prioritised for theatre. There has also been regular clinical validation of long waiting patients.
- Maximisation of NHSGGC and Golden Jubilee National Hospital (GJNH) capacity has been a priority, including the streamlining of suitable elective activity to non-receiving sites with the aim of releasing theatre capacity on the main acute sites.
- Limited funding of waiting list initiatives and private sector capacity has been targeted at services with the largest gap between demand and activity.
- There is a pan-GGC theatre improvement group focusing on augmenting the theatre workforce, as well as looking at efficiency and potential improvements that can be made across all sites.
- There has been innovative orthopaedics redesign to maximise the number of patients that can be safely treated without requiring an inpatient stay.

12. Diagnostics: Scope Activity



Please note: data relating to October 2022 is provisional.

Summary

Current Position (including against trajectory):

A total of 19,933 scopes were carried out during the period April - October 2022, above the Remobilisation target of 18,897. **Above target by 5%.**

Current Position Against National Target:

No national target relevant.

Projection to March 2023:

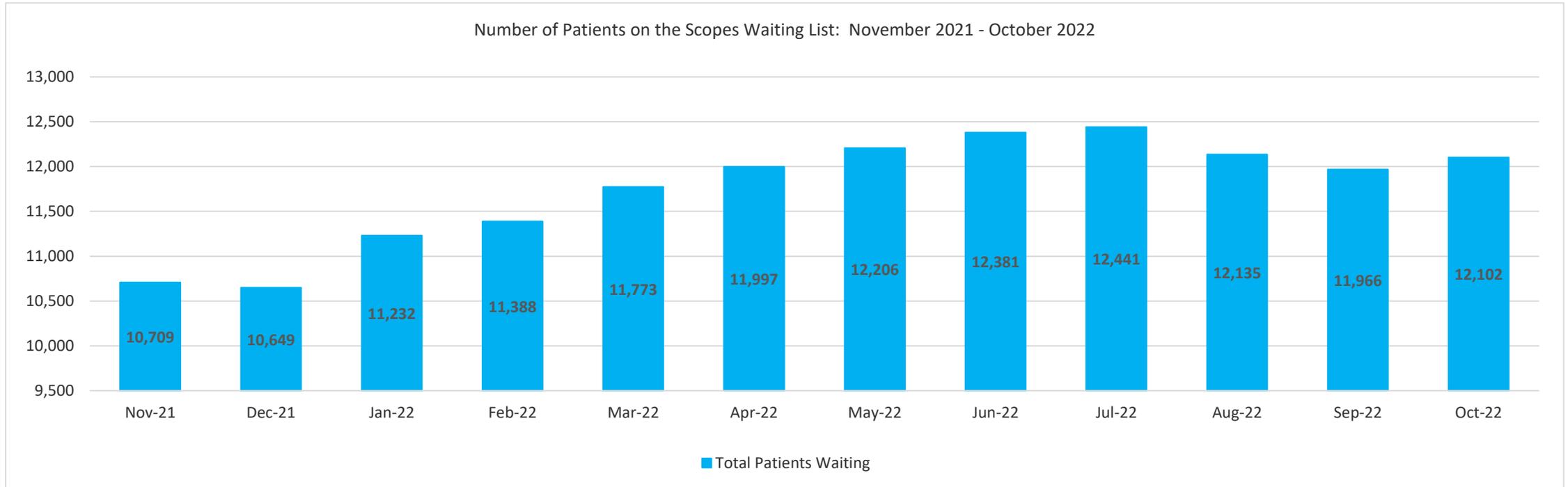
Remobilisation target of 31,234 by March 2023. **Performance is forecast to continue to meet the Remobilisation trajectory.**

Key Actions

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

- Maximisation of capacity internally and also in allocated capacity at the GJNH Endoscopy facility.
- A mobile endoscopy unit continues to provide additional capacity on GGC sites, with over 1,000 scopes in the second quarter.
- Lists at Waiting List Initiative rates continue however, uptake remains lower than prior to the pandemic.
- The health board is training additional Nurse Endoscopists to ensure sufficient cover for lists.

13. Diagnostics: Scope Waiting Times (For Information Only)



Summary

Current Position (including against trajectory):

As at October 2022 month end, there are 12,102 patients on the overall waiting list, **a slight increase on the previous months' position.**

Current Position Against National Position:

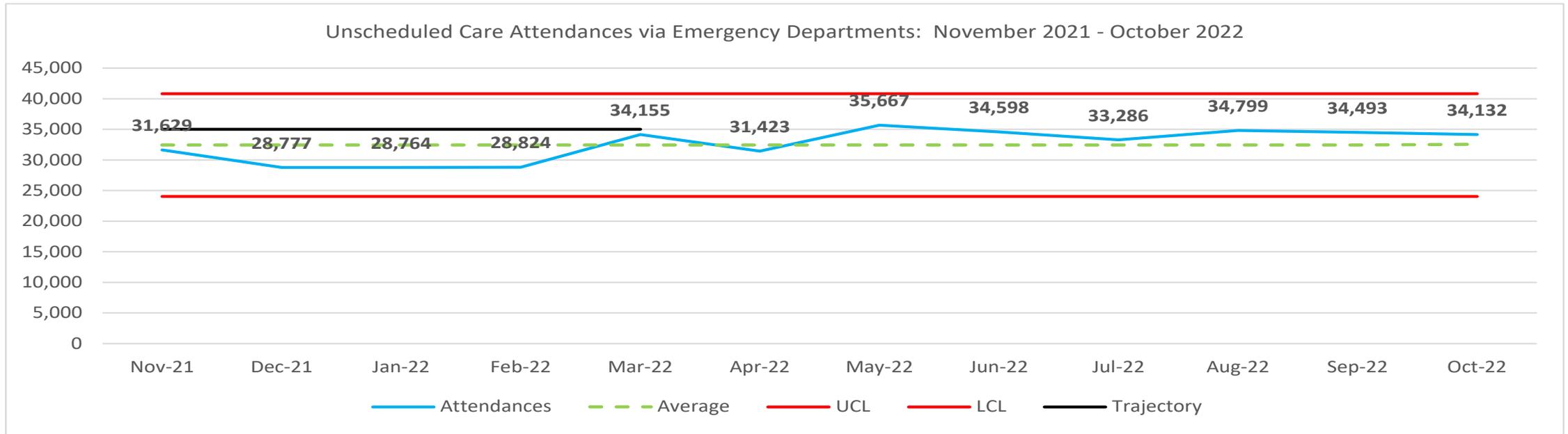
No relevant national position.

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 lists. After a peak in February 2022, the outstanding bowel screening number has reduced to 186.

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



Summary

Current Position (including against trajectory):

A total of 238,398 A&E attendances were reported during the period April - October 2022. **Current performance remains fairly static on the 237,990 reported during the same period last year. No 2022-23 monthly trajectory has been agreed.**

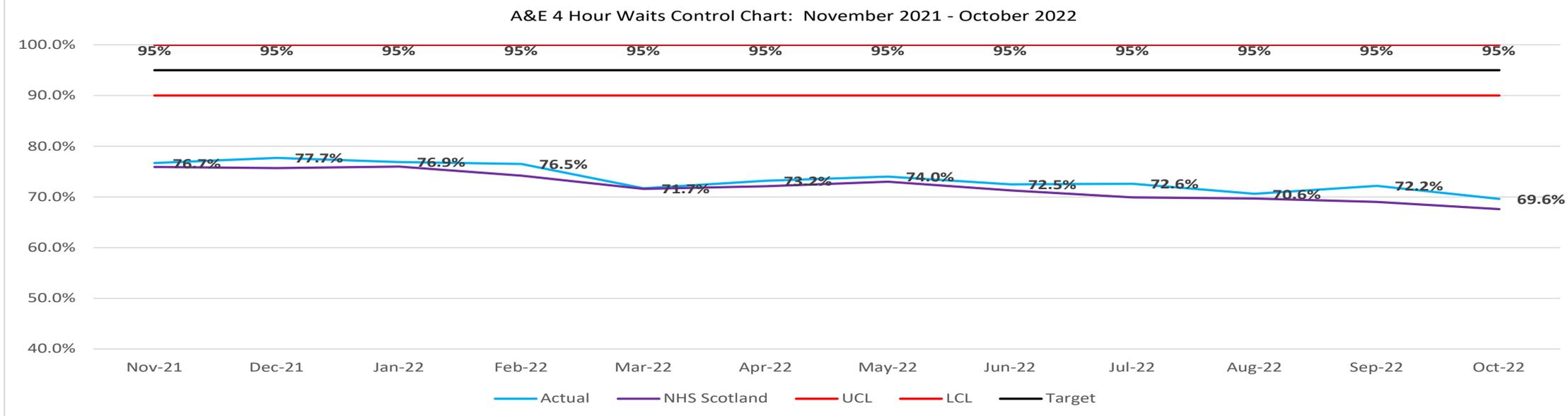
Current Position Against National Target:

NHSGGC accounted for 26% of all A&E attendances report across NHS Scotland for latest published reporting period (April - September 2022).

Projection to 31 March 2023:

No relevant target for the number of A&E attendances.

15. Accident and Emergency 4 Hour Waiting Times Standard



Summary

Current Position (including against trajectory):

Currently 69.6% of patients seen within 4 hours against a target of 95%. **Below target by 25.4%.**

Current Position Against National Target:

NHSGGC’s performance was above the latest national published position of 67.6% for October 2022.

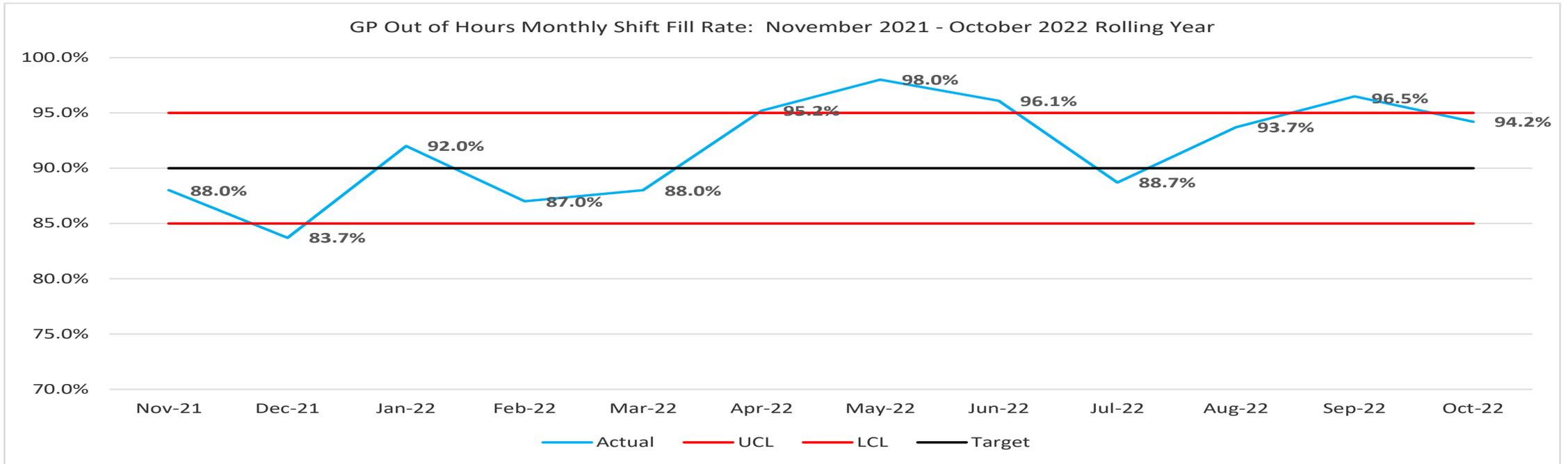
Projection to 31 March 2023:

National target 95%. **The Board remain fully committed to improving current performance.**

Key Actions

- As part of our Winter planning preparations, we will continue to run local messaging to support SG National campaigns. This will include our ‘Right Care, Right Place’ campaign for urgent and unscheduled care, where we are actively promoting our Flow Navigation Centre and other alternatives to unscheduled care alongside our strong public messaging around the importance of the vaccination programme for both Flu and COVID-19 vaccination boosters.
- 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. A GGC-wide governance structure has been established to support and direct this work going forward.
- A 2022-23 Board-wide Unscheduled Care Action Plan has been developed outlining a range of actions to support unscheduled care during the winter months. The Plan is supported by a KPI Measurement Framework and each hospital site is currently developing their own key actions to support the delivery of this.

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



Summary

Current Position (including against trajectory):

In October 2022, 94.2% (276) of the 293 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the target by 4.2%.**

Current Position Against National Target:

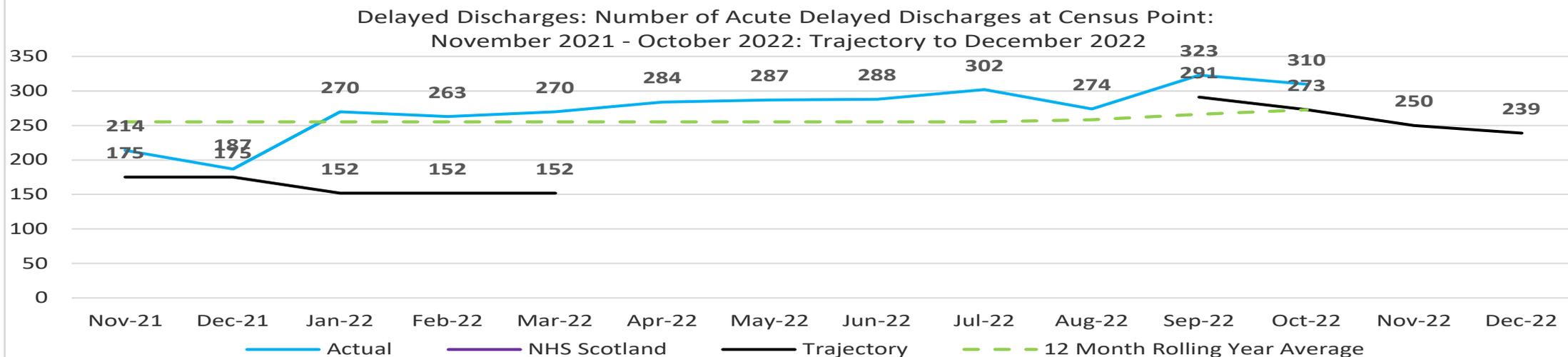
No relevant national target.

Projection to 31 March 2023:

NHSGGC Target 90%. **On track to continue to deliver.**

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 with performance continuing to exceed target since August 2022.

17. Delayed Discharges: Number of Acute Delayed Discharges



Summary

Current Position (including against trajectory):

Currently 310 Acute delayed discharges, a 4% reduction on the previous months' performance. **Currently 14% above trajectory.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

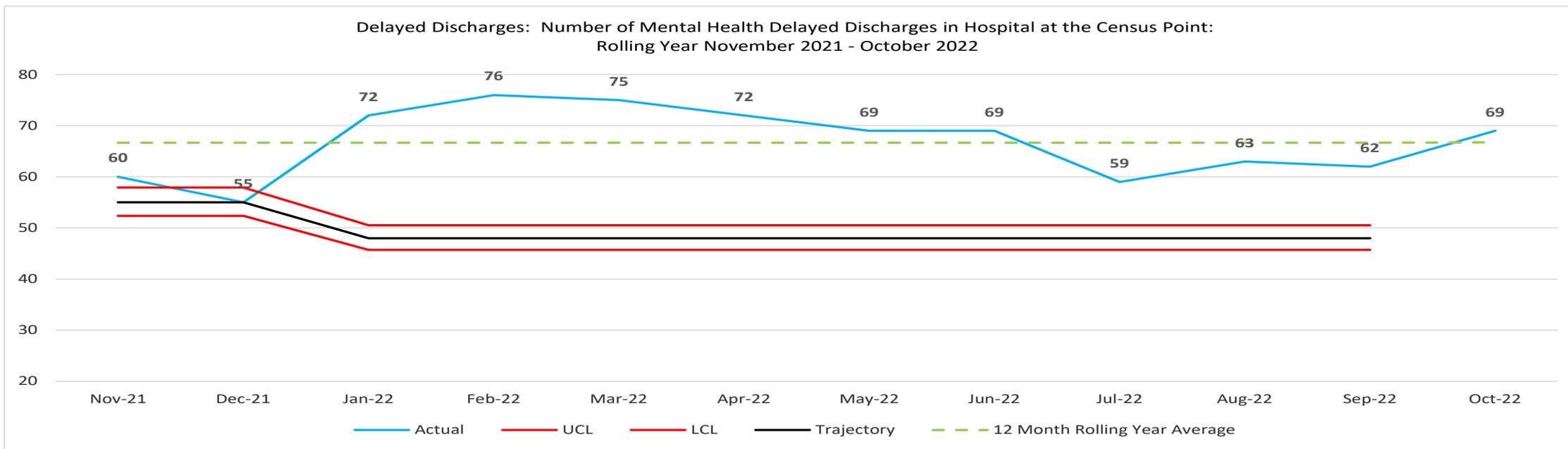
A trajectory to reduce the number of Acute delayed discharges across NMSGGC by 25% by December 2022 has been agreed.

Key Actions

Delayed discharges continue to pressure our acute hospital system. A significant programme of work is underway to drive the required reductions in the number of delays including:

- Twice weekly HSCP/Acute Senior Manager meetings which provide the opportunity for stronger scrutiny and closer working, review of current practice in relation to AWIs to ensure consistency and share learning across partnerships with additional legal resources allocated, acceleration of the introduction of the home first response service, and reviewing data to consider how the use of rehab, telecare, care at home or intermediate care can prevent admission and expedite more timely discharge.
- The newly established whole system Discharge without Delay (DwD) and Rapid Acute Assessment Steering Group are developing a work plan to deliver improvement against the SG high impact changes/fixed anchor point of Rapid Acute Assessment and DwD.
- Work continues to explore all improvement ideas within the acute ward setting and interface with community teams. For DwD, HSCP Teams including 'Focused Intervention Team' (West Dunbartonshire), 'Hospital at Home' (East Renfrewshire), 'Home 1st' (Inverclyde) and 'Home for me' (East Dunbartonshire) are all equipped with dedicated multi-disciplinary teams including AHPs, Elderly Care Advanced Nurses or Specialist Nurses continue to pro-actively reach in to hospital wards to prevent unnecessary delays and manage early supported discharge.

18. 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.

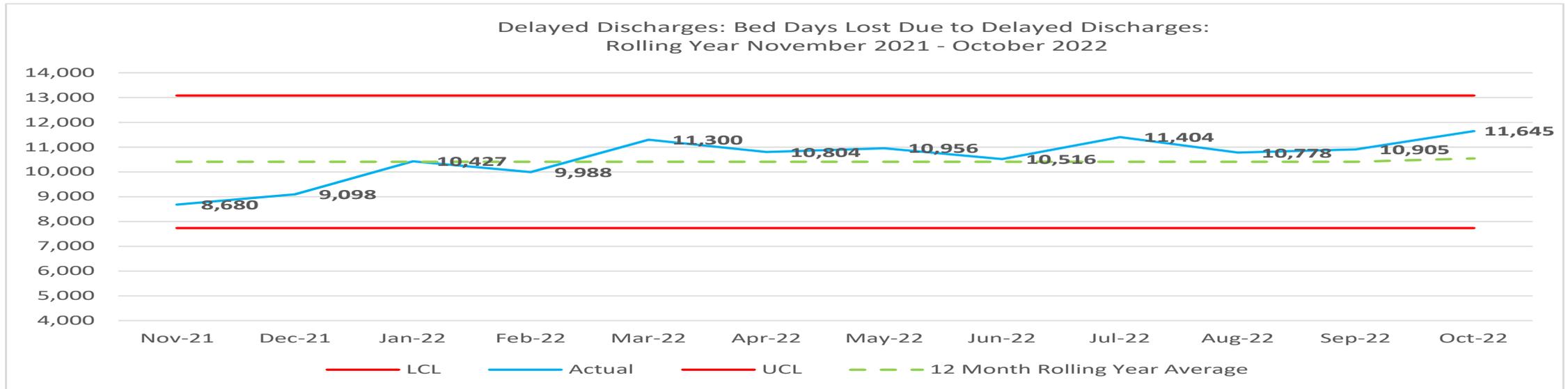
Projection to 31 March 2023:

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

- 58 of the total Mental Health delays reported are in Glasgow City HSCP. A Service Manager is now working full time on the processes, pathways and staffing of an integrated Discharge Team across Glasgow City to cover both adults and older adults. Negotiations are underway with staff side progress service review.
- Discussions are underway to agree the management of inpatient activity to include discharge management across the City.
- Renfrewshire HSCP has increased MHO capacity to support increased demand for mental assessment processes and Guardianship applications supporting community placements and discharge processes.
- AWI trackers are being used within Community Teams to support the management of AWI process with a view to minimising delays.
- Robust AWI improvement plans are currently being developed across HSCPs.

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



Summary

Current Position (including against trajectory):

A total of 11,645 bed days were lost to delayed discharges during October 2022, a **7% increase 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. Delays with regards to AWI continue to cause the greatest number of bed days lost, due to the high complexity and legal process which prevent timeous discharge. In addition to the actions outlined in the previous two slides, the following actions are also being progressed:

- HSCPs as part of their Winter Plan have secured circa 100 intermediate/interim beds to support patients being discharged to a more appropriate than an acute ward for their needs.
- Implementing a Dwd bundle approach to high referral areas within acute to improve discharge and reduce overall length of stay in these areas. A plan for this is currently being progressed.
- The move towards the end to end digital process for 20/22 has been halted by the SG as legislative changes are required for this to be progressed further.

20. 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 >18 months	Not applied	13
8	Number of New Outpatients Waiting >1 year	Not applied	14
9	TTG Inpatient/Daycase Activity	Standard deviation is based on 12 month rolling average	16
10	Number of TTG Patients on the TTG Waiting List (For Information)	Not applied	17
11	Number of TTG Patients Waiting >2 years	Not applied	18
12	Diagnostics: Scope Activity	Not applied	20

20. Control Limits (Continued)

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