

NHS Greater Glasgow and Clyde	Paper No. 23/05
Meeting:	Board Meeting
Meeting Date:	28th February 2023
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 December 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 Areas of Performance Improvement:

- Performance in relation to the number of CAMHS patients seen <18 weeks of referral (94.9%) continued to exceed the planned position for the fourth consecutive month.
- Compliance with the Psychological Therapies target saw a further improvement (89.5%) albeit marginally below the national target of 90%.
- The number of scheduled GP Out Of Hours shifts that remained open during December 2022 continued to exceed the 90% target.
- There continue to be no new outpatients waiting >104 weeks for a new outpatient appointment in December 2022 and the number of new outpatients waiting >78 weeks is within the planned position for December 2022.
- Overall performance continues to exceed each of the Acute remobilisation activity targets in relation to new outpatients, TTG and scopes.

OFFICIAL SENSITIVE

- The number of TTG patients waiting >104 weeks for an inpatient/daycase procedure continued to reduce however, ongoing winter pressures in Emergency Departments and subsequent reductions in elective activity scheduled to continue for most of January 2023 may lead to growth in the number of patients waiting.

Key Areas of Performance in Need of Improvement:

- Performance in relation to the Cancer 62 Day Waiting Times remained a challenge.
- Performance relating to A&E four hour waits remained a significant challenge during December 2022 due to the pressures of winter, however this position has seen significant improvement over the last few weeks.
- Whilst there was a reduction in the overall delayed discharges (-32) compared to the previous month, the number of delayed discharges remains a significant challenge and there has been an increase in the number of bed days lost in the month.

Details of each of the performance measures can be seen in the attached report.

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 Corporate Management Team, Acute Services Committee and the Finance, Planning and Performance Committee.

8. Date Prepared & Issued

13th February 2023

NHS GREATER GLASGOW & CLYDE BOARD MEETING



Performance Assurance Information – February 2023

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	2022-23 Annual Delivery Plan			5
2	Access to CAMHS: % eligible referrals starting treatment <18 weeks of referral	2022-23 Annual Delivery Plan			6
3	Access to Cancer Services Treatment Time: % of patients starting treatment within 31 days of decision to treat	National Target			7
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			8
5	New Outpatient Activity	Remobilisation Trajectory			10
6	New Outpatient Waiting List (For Information)	For Information			11
7	Number of New Outpatients Waiting > 78 weeks	2022-23 Planned Care Priority			12
8	Number of New Outpatients Waiting > 52 weeks	2022-23 Planned Care Priority			13
9	TTG Inpatient/Daycase Activity	Remobilisation Trajectory			15
10	TTG Waiting List (For Information)	For Information			16
11	Number of TTG Patients Waiting >104 weeks	2022-23 Planned Care Priority			17
12	Diagnostics: Scope Activity	Remobilisation Priority			19

No	Measure	Targets	Current Performance Status	Projected Performance as at 31 March 2023	Slide Number
13	Diagnostics: Scope Waiting List (For Information)	For Information			20
14	Unscheduled Care: A&E Attendances (For Information)	For Information			21
15	Unscheduled Care: A&E 4 Hour Waits	National Target			22
16	GP Out Of Hours: Number of Scheduled Shifts Open	Local Target			23
17	Delayed Discharges: Number of Acute Delayed Discharges	Local Target			24
18	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target			25
19	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Monthly Average Position			26
20	Rationale for Control Limits Applied				27

Key	Performance Status
On target or better	
Adverse variance of up to 5%	
Adverse variance of more than 5%	
No target	

Executive Summary

In the main, the report covers the period up to December 2022 (with the exception of quarterly data which reflects the latest available quarterly reporting period - quarter ending September 2022). The report continues to reflect the following:

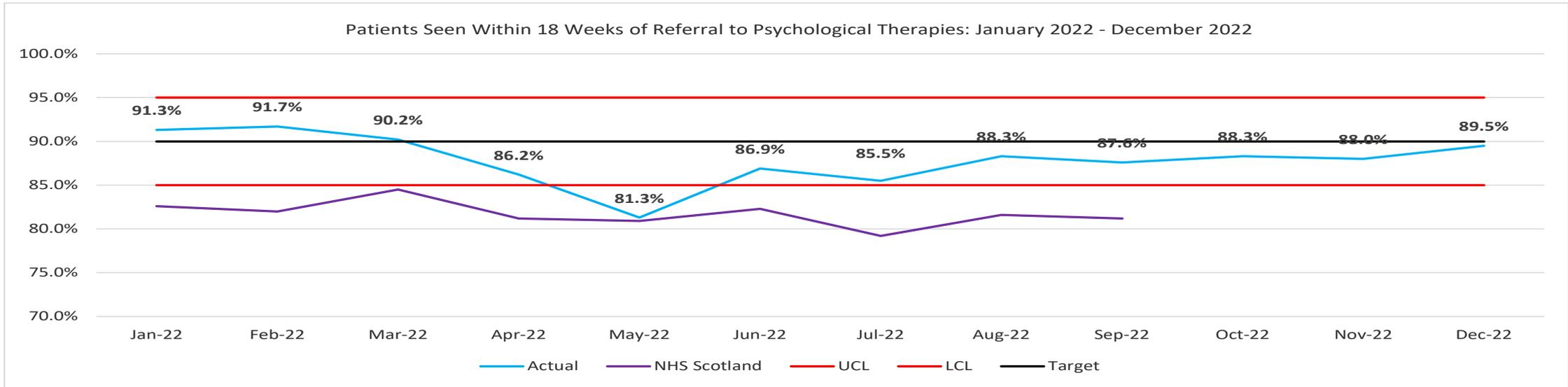
- The measures outlined in the 2022-23 Annual Delivery Plan.
- Key national and local targets.
- The planned care reduction targets relating to new outpatients and inpatient/daycases in line with the joint ambition to tackle waiting lists. The new targets are aimed at eliminating the following:
 - > 78 week waits for new outpatients in most specialities by end of December 2022 (target met)
 - > 52 week waits for new outpatients in most specialities by end of March 2023
 - > 104 weeks for inpatient/daycases in the majority of specialties by December 2022 (target met)
 - > 78 week waits for inpatient/daycases in the majority of specialties by September 2023 (progress will be reported at the beginning of 2023)
 - > 52 week waits for inpatients /daycases in the majority of specialties by September 2024 (progress will be reported at the beginning of 2023).

During December 2022, the ongoing rigorous management of all waiting lists continued to 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. This was against a backdrop of significant pressures in unscheduled care, an increase in the number of positive COVID-19 and flu inpatients alongside the high number of delayed discharges. Despite these pressures, there are areas of performance that remained positive during December 2022 including:

- Access to GP Out of Hours Services where the number of scheduled shifts that remained open continued to exceed the planned position.
- The number of eligible Child and Adolescent Mental Health patients seen <18 weeks of referral continued to exceed the 2022-23 Annual Delivery Plan target for March 2023 and access to Psychological Therapies saw a further improvement.
- In Podiatry Services, the percentage of podiatry referrals seen within four weeks of referral (95%) continued to exceed the national 90% target.
- Within Acute, Remobilisation activity continued to exceed the planned position, there also continues to be no new outpatients waiting > 104 weeks for a new outpatient appointment and the numbers waiting >78 weeks are within the planned position for December 2022. Similarly, the number of TTG patients waiting >104 weeks is also within the planned reduction trajectory for December 2022. However, due to the ongoing pressures of winter in Emergency Departments (EDs) and the subsequent reductions in elective activity scheduled to continue for most of January 2023 there may be a growth in the number of TTG patients >104 weeks.

As at December 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 89.5% against the target of 90% in December 2022.

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.

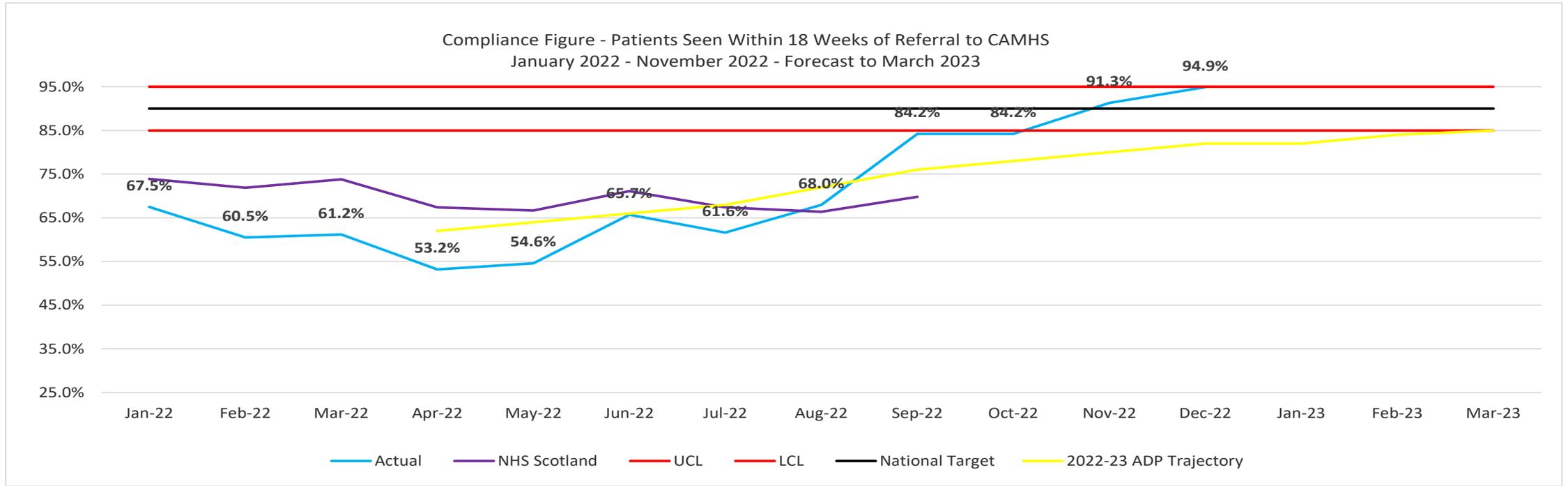
Projection to 31 March 2023:

Target 90% at March 2022-23. **Forecast to meet target in Quarter 4.**

Key Actions

- Overall, performance has seen a further improvement. The Service continues to prioritise the long waiting patients however, this continues to have an impact, albeit marginal, on compliance with the target. For example, in December 2022, 104 (10.5%) of the total patients that started treatment had been waiting >18 weeks whereas, in December 2021, 82 (7.9%) of the total patients that had started treatment, had been waiting >18 weeks. The national workforce supply shortage of healthcare professional staff continues to have an impact on recruitment and many services continue to have significant staffing gaps.
- 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, being able to deliver more group based interventions where appropriate.

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



Summary

Current Position (including against trajectory):

94.9% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral in December 2022. **Above the 80% trajectory for December 2022 and the national target of 90%.**

Current Position Against National Target:

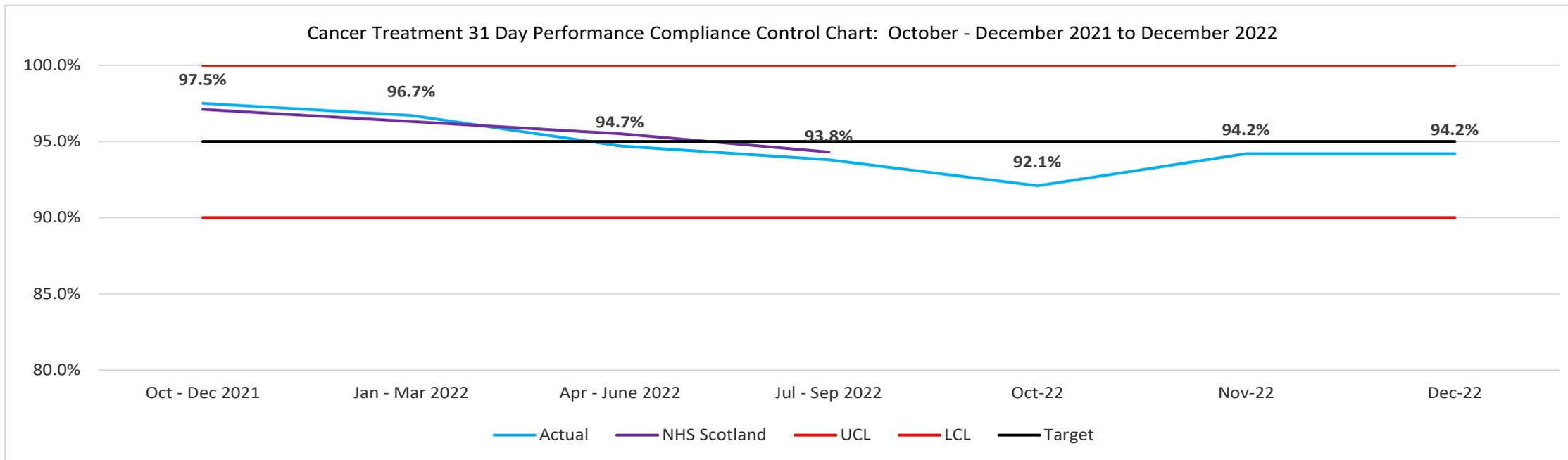
National Target 90%. Performance for the latest published position (September 2022) 84.2% was above the position of 67.9%.

Projection to 31 March 2023:

2022-23 Annual Delivery Plan Target 85% by March 2023. **Currently exceeding the December 2022 and March 2023 target.**

The improvements in performance have continued to be sustained and improved upon since August 2022 with current performance by far exceeding the planned position and currently exceeding the national target.

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



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

Summary

Current Position (including against trajectory):

Current Position Against National Target:

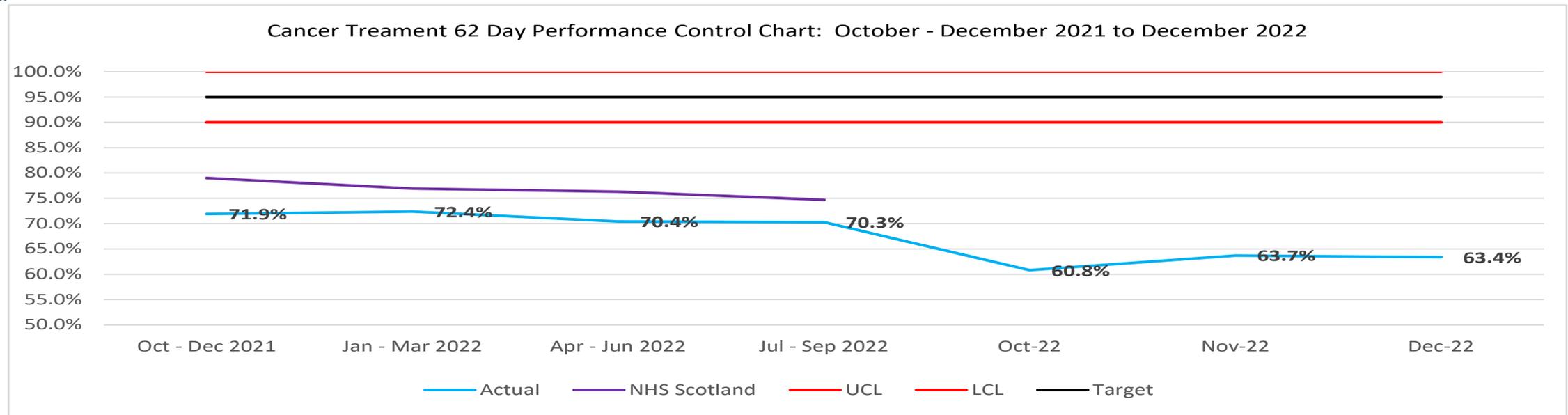
Projection to 31 March 2022-23:

The latest provisional position is 94.2% for the month ending December 2022, slightly below target by 0.8%. At the quarter ending September 2022, NHSGGC’s performance was similar to the latest national published position of 94.3%.

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

Current performance is marginally below the 95% target. This is mainly as a result of urology being below target (129 of the 149 eligible referrals (86.6%) 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



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

Summary

Current Position (including against trajectory):

Against National Target:

Projection to March 2022-23:

The latest provisional position is 63.4% for the month ending December 2022, **below target of 95%**. 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.

The main challenges to performance are in Colorectal, Head & Neck and Urology. 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

General

Due to the increase in USOC referrals, the key cancer types are challenged on the waits for first assessment and diagnostic tests. Across all cancer types, the outsourcing within radiology to support the reporting of diagnostic tests and allow in-house staff to be deployed to testing is starting to have a positive impact as the backlogs are cleared. Since 1 November the focus has been on reducing long waiting patients over 100 days and there was a reduction from 153 to 117 patients over 100 days by the end of January 2023.

Colorectal: December 2022 Performance: 33.3%. The trajectory for the period October - December 2022 is 65%

- Colorectal has seen a small dip in performance during the month of December, down 1.8% on November 2022 performance, and remains significantly below trajectory.
- Screening/scope waiting times remain a key challenge. Endoscopy capacity across all sites continues to be maximised through locum support, optimised nurse endoscopy sessions. And the endoscopy mobile unit.
- Ventilation works at the Victoria ACH will reinstate the fifth room in spring 2023 and provide an additional 40-50 patients per week.
- An endoscopy plan is currently going through the appropriate governance structures seeking funding for the next financial year for a range of capacity increases. Funding confirmation has not yet been received.
- Performance remains low as the backlog of patients waiting for colonoscopy are treated; however the backlog is reducing from the actions noted above.

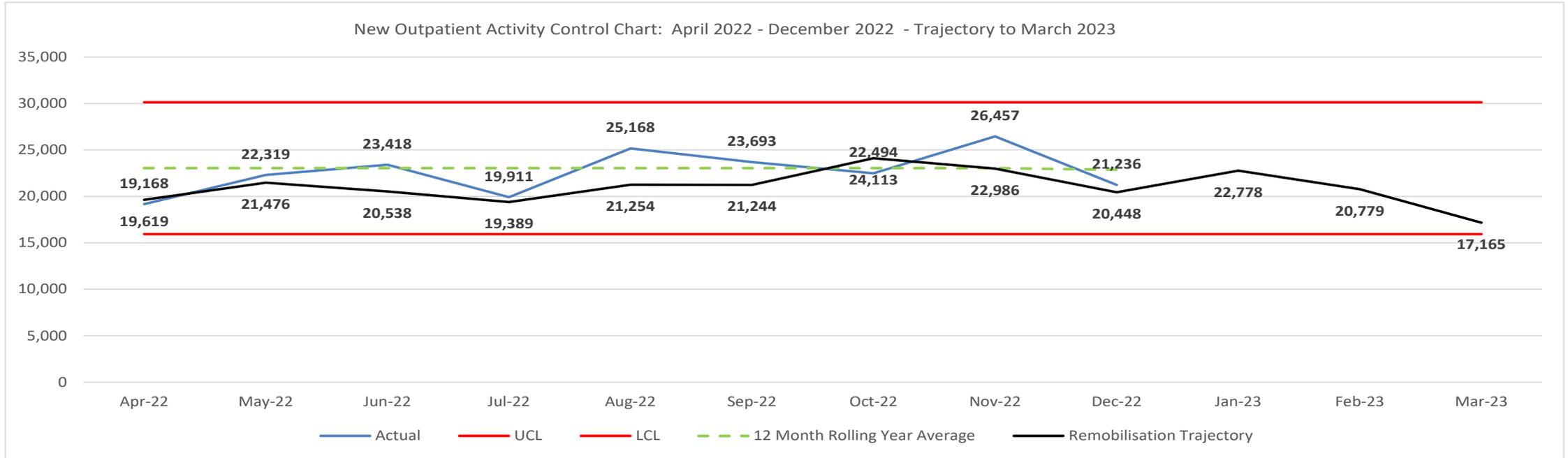
Head & Neck December 2022 Performance: 58.8%. The trajectory for the period October - December 2022 is 90%

- Head & Neck has seen a 10% reduction on the previous months' performance due to the outpatient waiting times for first appointment. Additional clinics are being run and slippage funding will be directed to this service to assist with the backlog. This is a small volume specialty; however USOC referrals have increased by 60% since pre pandemic.

Urology: December 2022 Provisional Performance: 37.9%. The trajectory for the period October - December 2022 is 70%

- Urology has seen a modest improvement in performance during the month of December, up 5.4% on November 2022 performance, however remains significantly below trajectory.
- 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. This has significantly improved waiting times particularly for high risk patients from a wait of 12 weeks at end of July 2022, down to six weeks at end of December 2022, with expectation that this position will continue to improve. However it should be noted that 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%.

5. New Outpatient Activity



Please note: data relating to December 2022 is provisional.

Summary

Current Position (including against trajectory):

A total of **203,864** new outpatients were seen during the period April - December 2022, above the Remobilisation target of 191,067. **Above trajectory by 7%.**

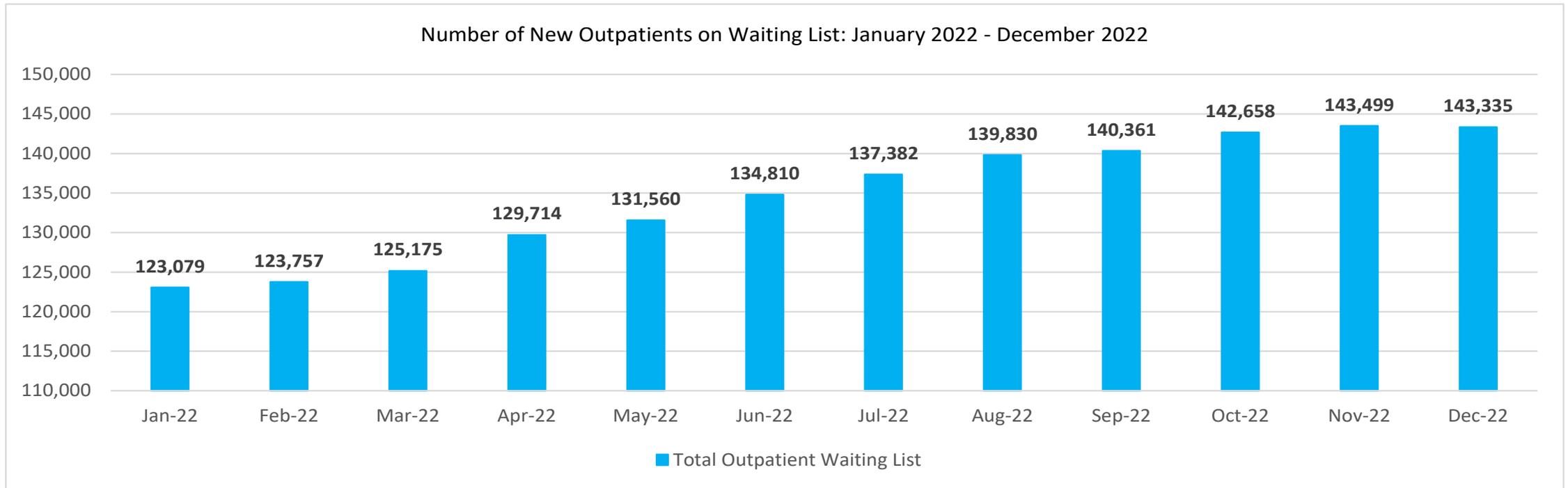
Current Position Against National Target:

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 December 2022, there were a total of 143,335 patients waiting for a new outpatient appointment.

Current Position Against National Position:

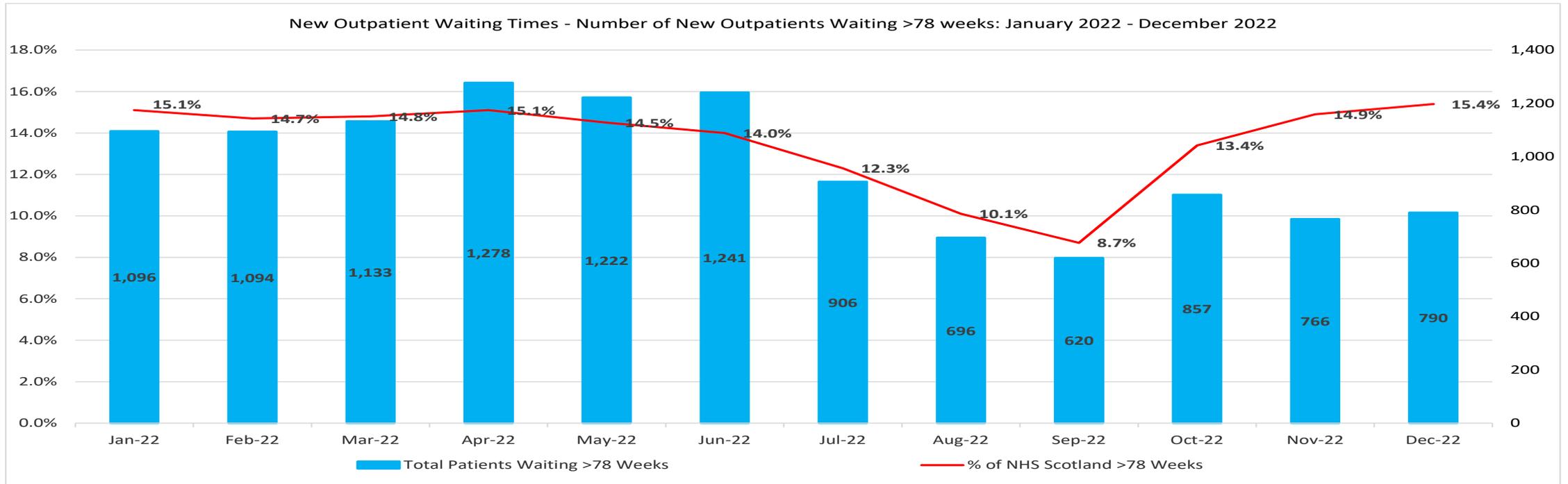
29.7% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of December 2022 were NHSGGC patients.

Projection to 31 March 2023:

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

The level of new outpatient activity delivered has slowed the overall growth in the outpatient waiting list overall, however, key specialties do continue to be challenged including Gynaecology, Orthopaedics and Dermatology. With the requirement to balance scheduled and unscheduled pressures with some realignment of clinical sessions this plateauing of the outpatient waiting list has not been sustained over the winter period.

7. New Outpatient Wait Times: Number of new outpatients waiting >78 weeks for a new outpatient appointment



Summary

Current Position (including against trajectory):

At the end of December 2022, there were a total of 790 new outpatients waiting >78 weeks for a first new outpatient appointment. **Current performance is within the planned position of no more than 1,200 new outpatients waiting >78 weeks by end of December 2022 (as agreed by the Scottish Government (SG)).**

Current Position Against National Position:

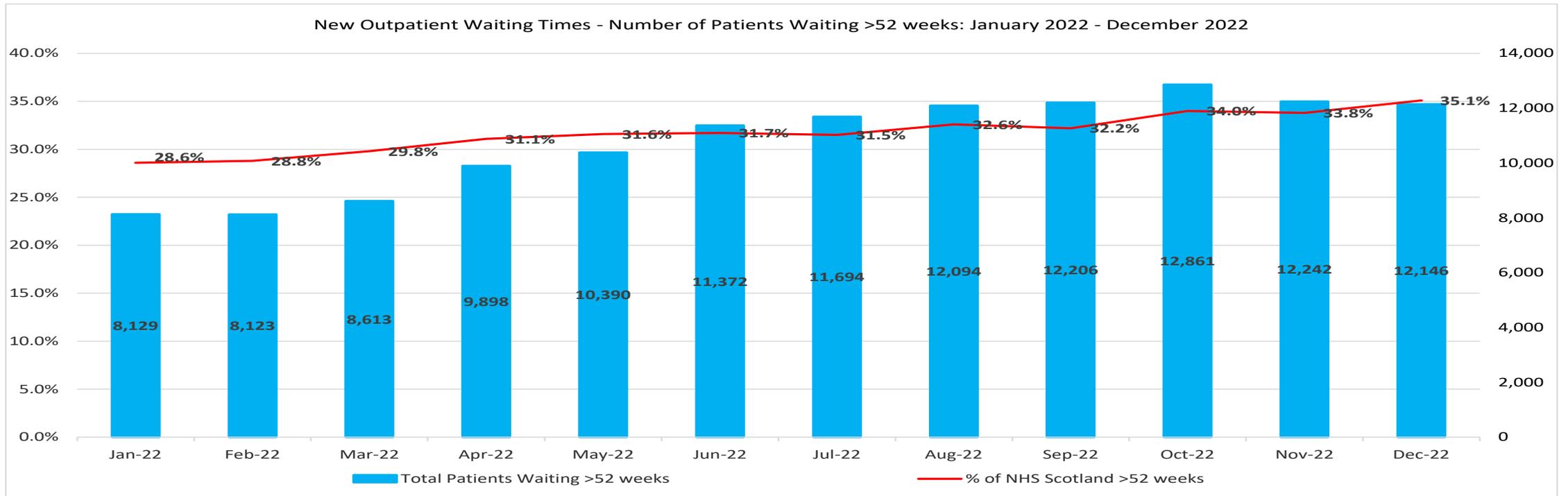
15.4% of NHS Scotland's total patients waiting >78 weeks for a first new outpatient appointment at the end of December 2022 were NMSGGC patients.

Projection to 31 March 2023:

NMSGGC met the revised target of no more than 1,200 outpatients waiting >78 weeks by December 2022 for all paediatric specialties and most adult specialties. The number of patients >78 weeks has been decreasing in most specialties however, Gynaecology remains the most challenged specialty impacting on the overall long wait position.

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

8. New Outpatient Wait Times: Number of new outpatients waiting >52 weeks for a new outpatient appointment



Summary

Current Position (including against trajectory):

At the end of December 2022, there were a total of 12,146 patients on the new outpatient waiting list waiting >52 weeks for an appointment. **A reduction target of 0 patients to be waiting >52 weeks by the end of March 2023 has been set by the SG.**

Current Position Against National Position:

35.1% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of December 2022 were NMSGC patients.

Projection to 31 March 2023:

No patients to be waiting >52 weeks by March 2023. Work is underway with services to confirm a position for the end of March 2023 recognising that achieving significant reduction from the trend position will be challenging.

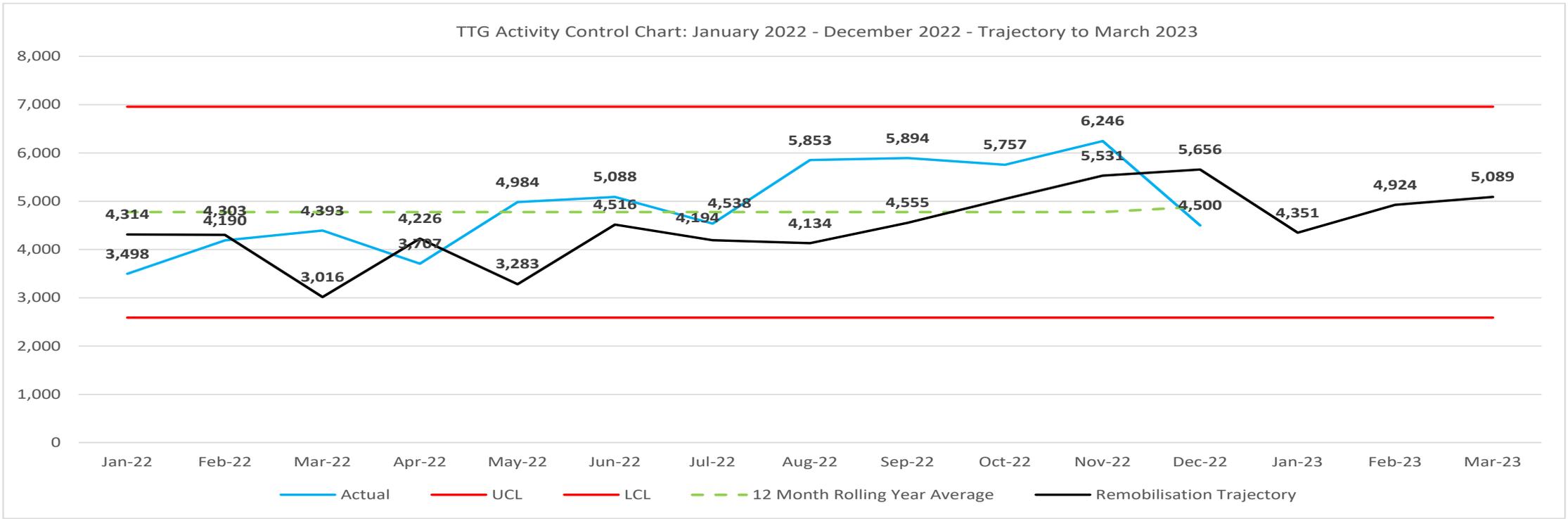
Actions to reduce long waiting patients are outlined on the next slide.

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. Concentrated efforts are being made to enable PFB to be turned on in remaining suitable specialties before the end of March 2023.
- Specialty cross-sector groups looking at innovative service redesign have been set-up in key challenged specialties to minimise unnecessary variation across sectors and share good practice.
- Investment in improving outpatient validation to include the roll-out of electronic outpatient waiting list validation to appropriate services.
- Development of patient opt-in pathways continues. These pathways provide patients with high quality information soon after referral with the aim of reducing unnecessary new outpatient appointments.
- Expansion of insourced services, including Gynaecology, to support a stabilisation in the growth of the outpatient waiting list.
- Funding of Waiting List Initiatives, appointment of clinicians on a locum and proleptic basis 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 46,567 patients were seen during the period April - December 2022, above the Remobilisation target of 41,145. **Above trajectory by 13%.**

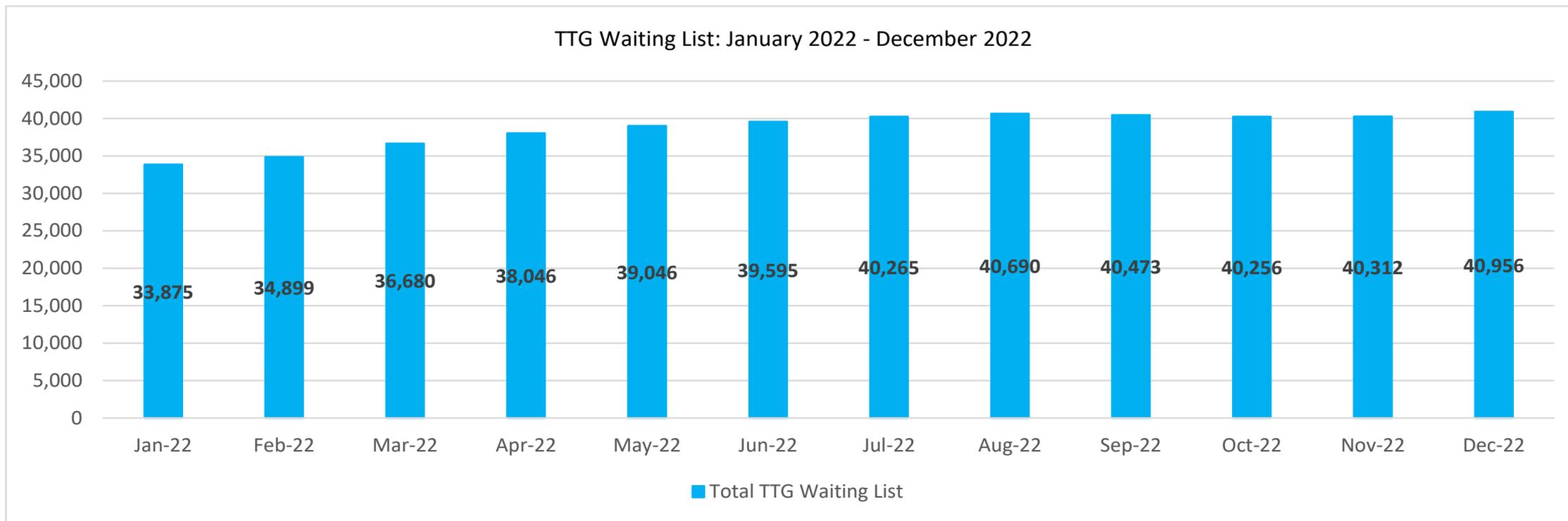
Current Position Against National Target:

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 are likely to impact on this.

10. TTG Waiting List (For Information)



Summary

Current Position (including against trajectory):

At the end of December 2022, there were a total of 40,956 patients on the TTG waiting list waiting for an inpatient/daycase procedure.

Current Position Against National Position:

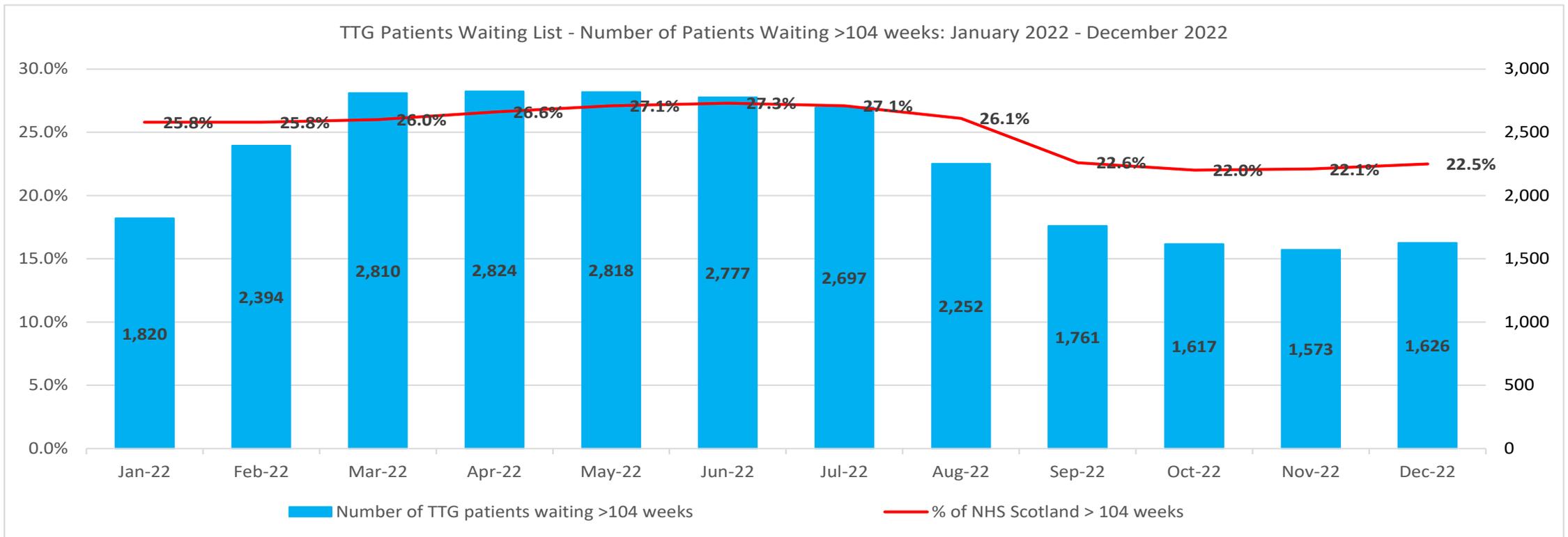
28.0% of NHS Scotland's total TTG patients waiting at the end of December 2022 were NHSGGC patients.

Projection to 31 March 2023:

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

Activity continues to be targeted at the most urgent and highest priority cases, with long waiting patients being treated to the end of December 2022. The increased outpatient activity has had an impact on the number of patients on the IPDC list. Limitations on elective activity over winter are contributing to growth in the IPDC waiting list, particularly in the volume of long waiting patients.

11. TTG Inpatient/Daycase Patient Waiting Times: Number of TTG patients waiting >104 weeks



Summary

Current Position (including against trajectory):

At the end of December 2022, there were a total of 1,626 TTG patients waiting >104 weeks 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).**

Current Position Against National Position:

22.5% of NHS Scotland's total patients waiting >104 weeks at the end of December 2022 were NHSGGC patients.

Projection to 31 March 2023:

The trajectory for the end of December 2022 was met (1,626 against a forecast of 1,650) however, the number of patients >104 weeks will continue to grow as the elective programme for non-urgent, routine inpatients is limited.

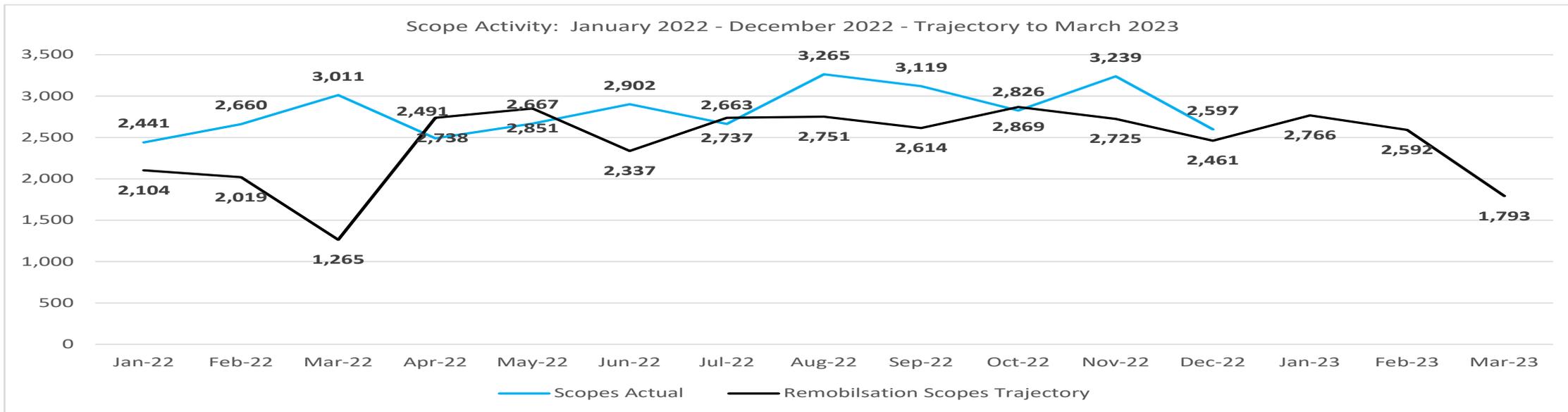
11. TTG Inpatient/Daycase Patient Waiting Times: Number of TTG patients waiting >104 weeks (Continued)

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.
- 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 bed capacity on the main acute sites.
- Use of surgical hubs to drive standardisation of pathways across NHSGGC and develop expertise in high volume activity.
- Support of in-house training to increase the number of dual trained staff and development of a Band 4 assistant theatre practitioner training programme.
- Enhancement of pre-op care to minimise a patient's length of stay in hospital and limit clinical cancellations on the day of surgery.
- 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-Greater Glasgow & Clyde Theatre Group focusing on utilising available resources to best effect, along with looking at efficiency and potential improvements that can be made across all sites.

12. Diagnostics: Scope Activity



Please note: data relating to December 2022 is provisional.

Summary

Current Position (including against trajectory):

A total of 25,769 scopes were carried out during the period April - December 2022, above the Remobilisation target of 24,083. **Above target by 7%.**

Current Position Against National Target:

No national target relevant.

Projection to March 2023:

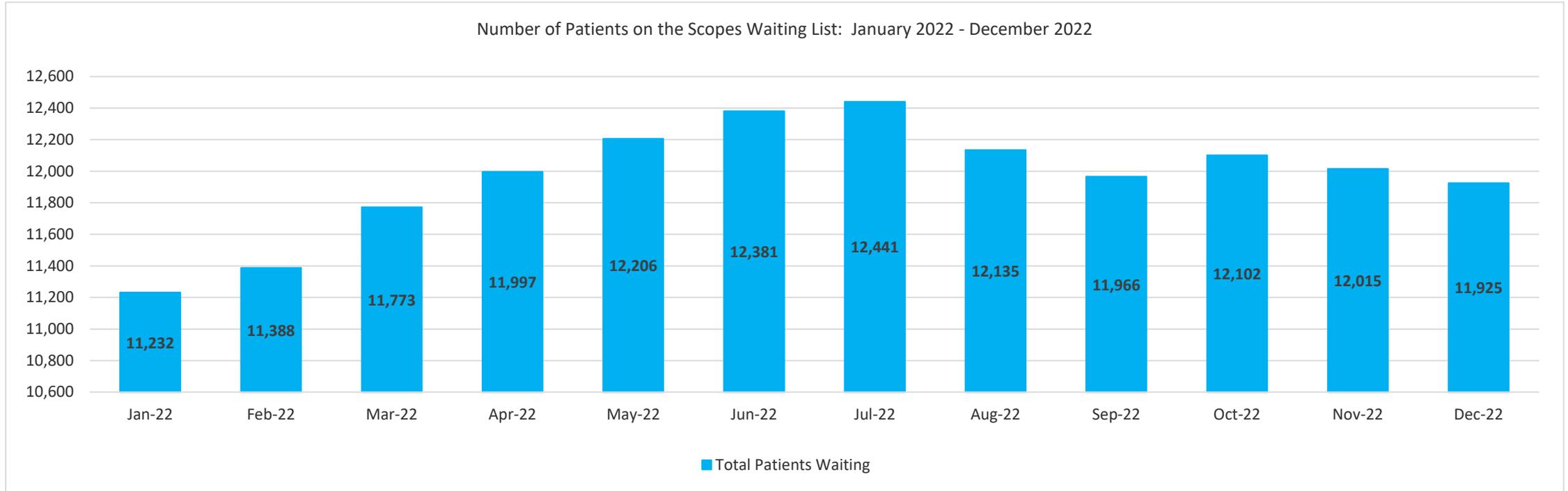
Remobilisation target of 31,234 by March 2023. **Performance is forecast to continue to meet the Remobilisation trajectory.**

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 each 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.
- Locum capacity has been retained to support delivery of activity.

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



Summary

Current Position (including against trajectory):

As at December 2022 month end, there are 11,925 patients on the overall waiting list, **an almost 1% reduction on the previous months' position.**

Current Position Against National Position:

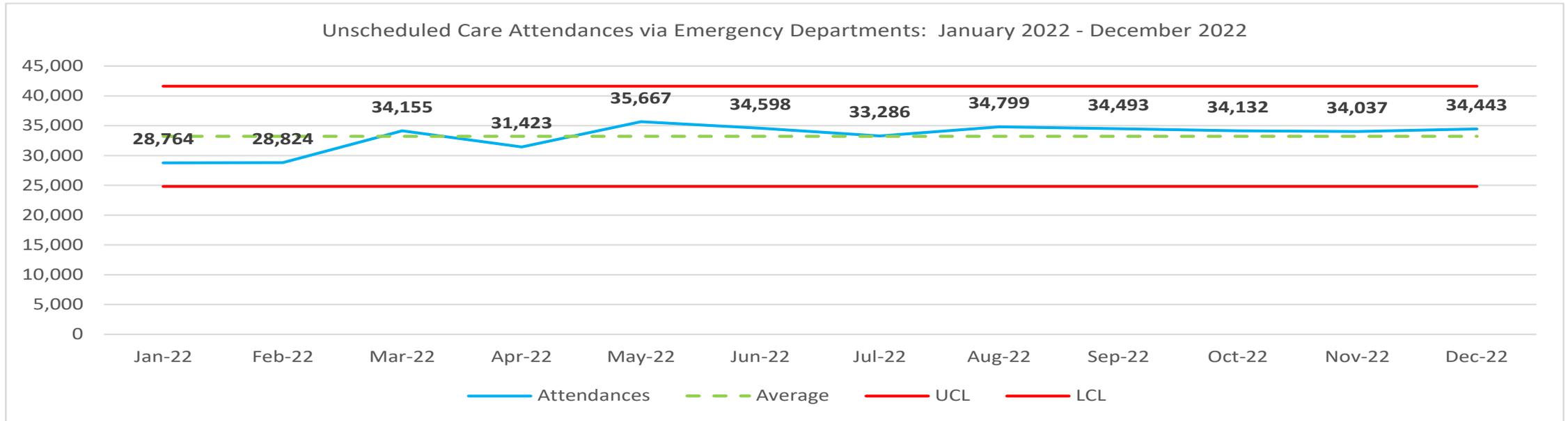
No relevant national position.

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 lists.

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



Summary

Current Position (including against trajectory):

A total of 306, 878 A&E attendances were reported during the period April - December 2022. Current performance represents a 3% increase on the 298,396 reported during the same period last year.

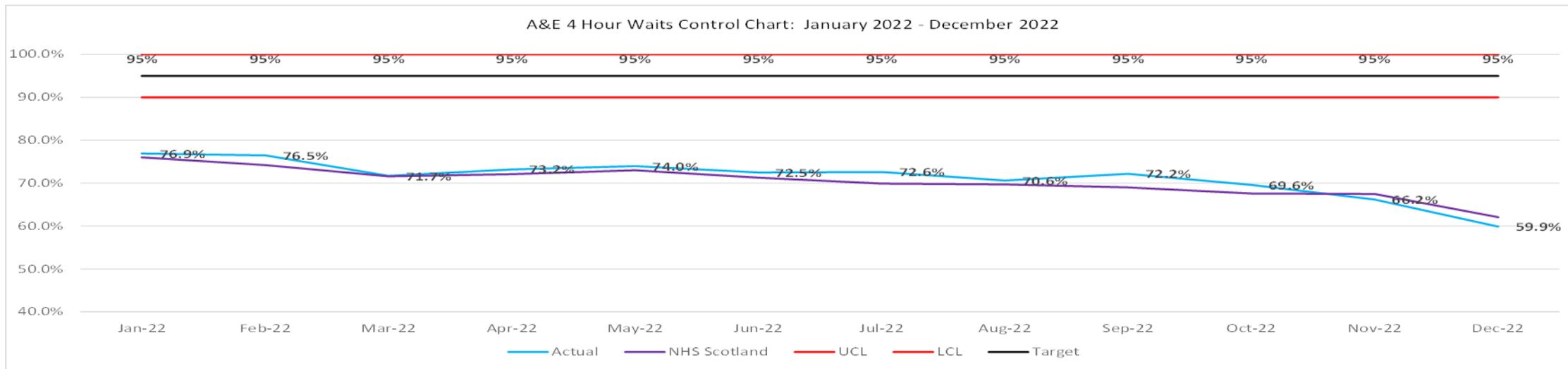
Current Position Against National Target:

NHSGGC accounted for 22% of all A&E (ED only) attendances reported across NHS Scotland for latest published reporting period (April - November 2022).

Projection to 31 March 2023:

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

15. Accident and Emergency 4 Hour Waiting Times Standard



Summary

Current Position (including against trajectory):

Currently 59.9% of patients seen within four hours against a target of 95%. **Below target by 35.1%**. Local management information indicates that this position has improved in that EDs performance for the week ending 5th February 2023 was 74.8% and MIUs was 98.0%, with overall Health Board performance at 78.8%. NHSGGC’s performance was similar to the latest national published position of 62.1% for December 2022.

Current Position Against National Target:

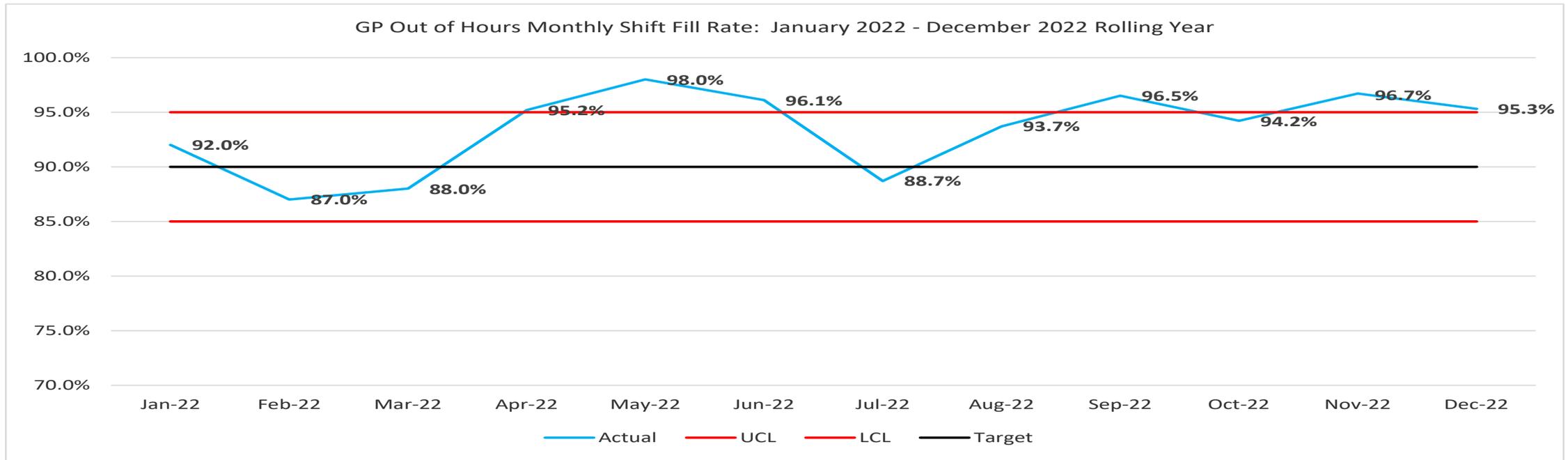
Projection to 31 March 2023:

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

Key Actions

- We continued to promote ‘Right Care, Right Place’ campaign for urgent and unscheduled care throughout December, where we actively promote our Flow Navigation Centre and other alternatives to unscheduled care alongside our strong public messaging campaign around the importance of the vaccination programme for both Flu and Covid-19 vaccination boosters.
- The Continuous Flow model is currently being rolled out across our hospitals with the QEUH, GRI and RAH now adopting this approach. The model is designed to reduce potential risks to patients which could arise from excessive lengths of stay in ED and Assessment Units. It also supports teams across Acute to deliver safe and effective patient flow across our hospital sites, alleviating some of the pressures faced by our ED teams and allowing us to focus on moving patients through the appropriate treatment pathways as swiftly as possible.
- A range of actions outlined in the 2022-23 Board-wide Unscheduled Care Action Plan are currently being implemented across NHSGGC including strengthening ED medical and nursing staffing to cover periods of the day with known higher levels of demand, weekend and evenings and extending access to diagnostics and discharge lounge opening hours.

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



Summary

Current Position (including against trajectory):

In December 2022, 95.3% (283) of the 297 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the target by 5.3%.**

Current Position Against National Target:

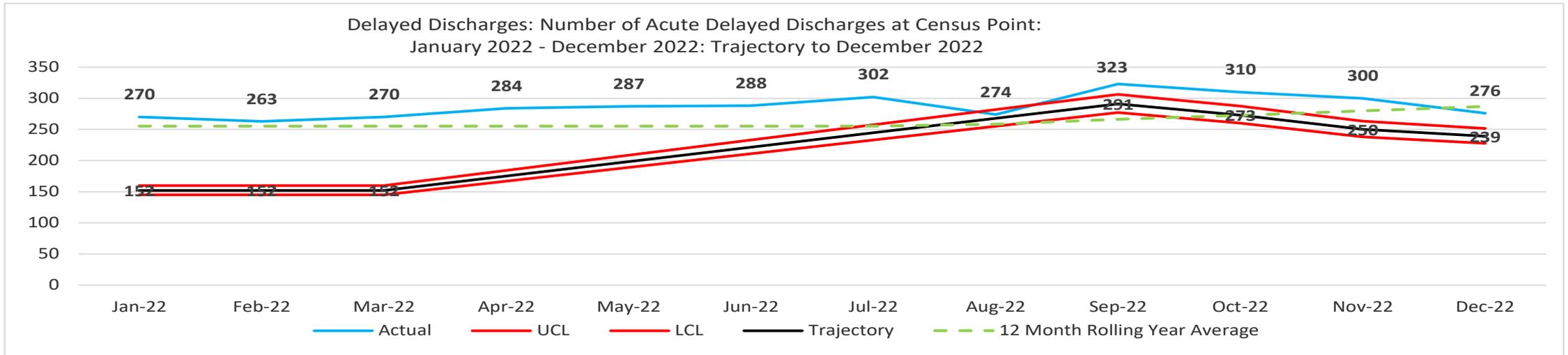
No relevant national target.

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 276 Acute delayed discharges, an 8% reduction on the previous months' performance. **Currently 15% above trajectory.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

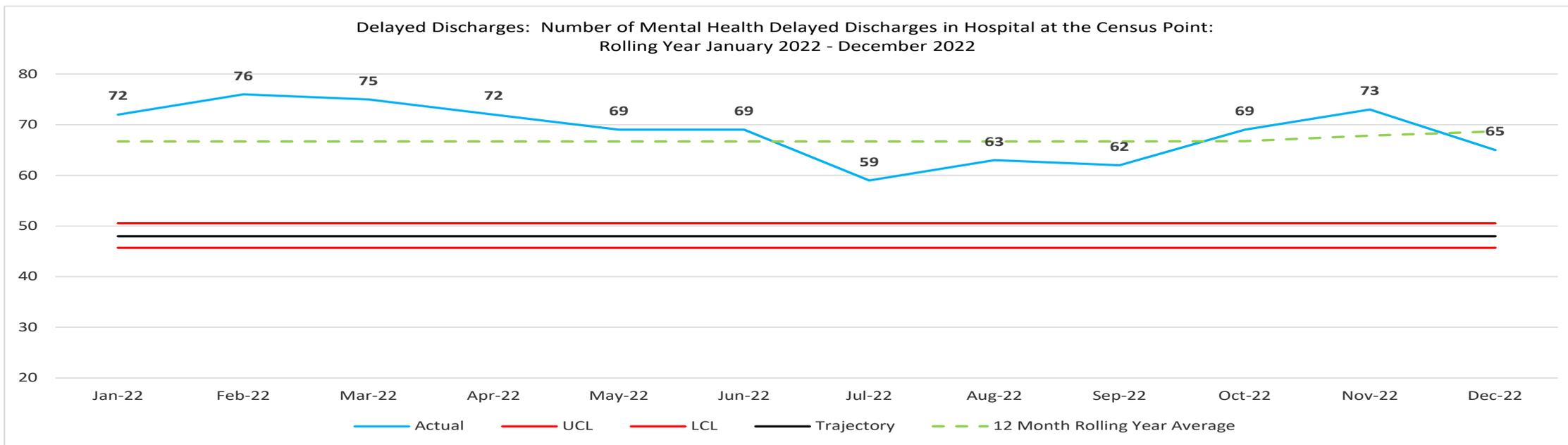
A trajectory to reduce the number of Acute delayed discharges across NHS GGC by 25% by December 2022 has been agreed.

Key Actions

Whilst there has been a reduction in the number of delayed discharges when compared to the previous month, the number of delayed discharges across Acute remains a significant challenge with current figure around 300 patients. Across Health and Social Care the challenges are complex and multiple and include workforce and recruitment issues, AWIs patients, alongside care home and care at home suitability and capacity challenges. Actions to help drive the required improvements include:

- Implementing a whole system approach to tackling delays, leaders from each of the HSCPs (including neighbouring local authorities) participate in a twice weekly huddle with the Acute discharge team and corporate leadership. The Board-wide huddle provides opportunity for challenge, real time resolve and identifies themes for improvement.
- In complementing the measures to optimise discharge opportunities, there is a further programme of work underway to avoid frail elderly individuals being admitted (if at all avoidable) to acute sites and subsequently becoming deconditioned and delayed in their discharge including the national Discharge Without Delay programme, Community Falls Integrated Pathway, the Home First Response Service and Hospital at Home Service.
- In January 2023, a Day of Care Audit which reviews bed occupancy and supports teams to drive patient discharges was carried out. This audit, in line with the request from the Scottish Government to reduce delayed discharge patients, resulted in an increased number of discharges from acute across our non-delayed patient community and a reduction in patient length of stay.

18. Delayed Discharges: Number of Mental Health Delayed Discharges



Summary

Current Position (including against trajectory):

Currently 65 Mental Health delayed discharges, **above the monthly trajectory of 48.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

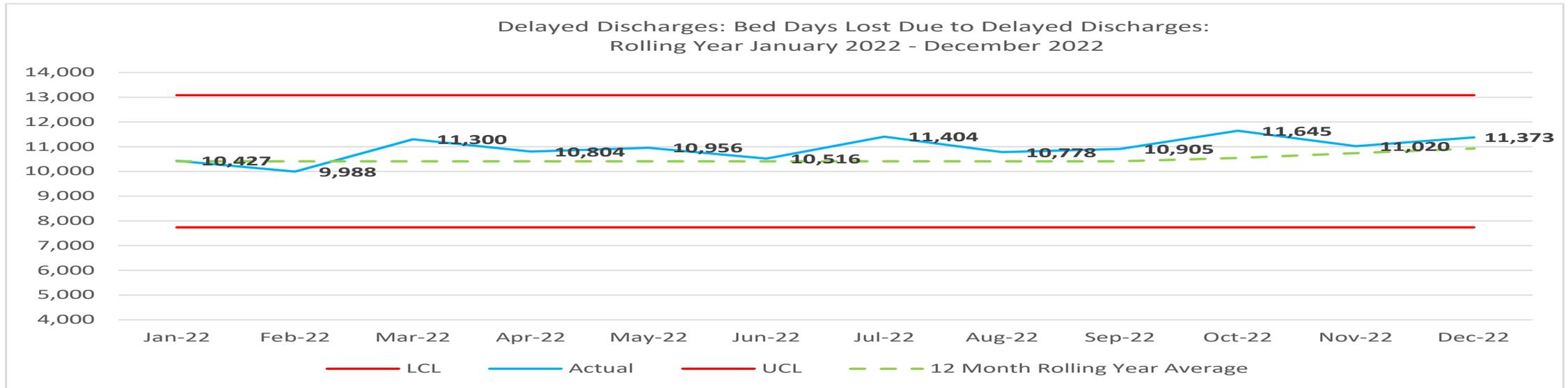
No more than 48 delays by March 2023. NHSGGC will continue to focus effort on reducing the number of Mental Health delays during 2022-23.

Key Actions

Glasgow City HSCP accounts for 80% of all Mental Health delayed discharges. Actions in place to address performance include:

- A review of Delay Discharge Teams across Glasgow City HSCP with the aim of having a centralised resource to deal with mental health and learning disability delays across adults and older people is underway. Additional staff will be included as part of the Delayed Discharge Team resource.
- Fortnightly operational meetings continue to provide an overview of all adult and older adult delays.
- Glasgow City HSCP have increased Mental Health Officer resource to enable an undertaking of peer reviews, promote best practice approaches and provide MDT leadership to review and improve decision making. For more complex AWI cases local authority solicitors are offering legal advice to private cases with the aim of earlier resolution.
- Rigorous processes are being set up to capture appropriate patient information on admission and track throughout their hospital stay.

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



Summary

Current Position (including against trajectory):

A total of 11,373 bed days were lost to delayed discharges during December 2022, a **3% increase on the previous months' position and a 25% increase on the same month the previous year.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

No year end target has been set.

Key Actions

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 underway:

- Glasgow City HSCP has developed an AWI pathway clearly demonstrating where long delays occur and driving appropriate action. Key work includes investment in additional legal capacity and working with private solicitors to improve timescales for private guardianship applicants.
- All HSCPs have increased social work resources to support discharge pathways and the use of 13ZA is being maximised appropriately across all HSCPs.
- 100 interim and intermediate care beds are currently in place across NHSGGC for rehabilitation/interim placements. This pathway is utilised where an individual or family's first choice of care destination is not immediately available.
- Where delays for Care Home placement have been identified, a fast track process is being developed for interim care to enable movement out of acute hospitals.

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	7
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	8
5	New Outpatient Activity	Standard deviation is based on 12 month rolling average	10
6	New Outpatient Waiting List (For Information)	Not applied	11
7	Number of New Outpatients Waiting >78 weeks	Not applied	12
8	Number of New Outpatients Waiting >52 weeks	Not applied	13
9	TTG Inpatient/Daycase Activity	Standard deviation is based on 12 month rolling average	15
10	Number of TTG Patients on the TTG Waiting List (For Information)	Not applied	16
11	Number of TTG Patients Waiting >104 weeks	Not applied	17
12	Diagnostics: Scope Activity	Not applied	19

20. Control Limits (Continued)

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