

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 23/19</b>
<b>Meeting:</b>	<b>Board Meeting</b>
<b>Meeting Date:</b>	<b>25 April 2023</b>
<b>Title:</b>	<b>NHSGGC Board Performance Report</b>
<b>Sponsoring Director:</b>	<b>Colin Neil, Director of Finance</b>
<b>Report Author:</b>	<b>Tricia Mullen, Head of Performance</b>

## 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 February 2023, 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 (85.3%) continued to exceed the planned position for the sixth consecutive month.
- Access to Psychological Therapies (86.1%) remained within the projected position of above 85% albeit marginally below the national target of 90%.
- The number of scheduled GP Out Of Hours shifts that remained open (95.4%) during February 2023 continued to exceed the 90% target.
- There was a considerable improvement in the Cancer 31 day waiting times performance (94.9% in February 2023) compared to the previous months' reported position (89.5% in January 2023).
- There continue to be no new outpatients waiting >104 weeks for a new outpatient appointment in February 2023 and the number of new outpatients waiting >78 weeks.

## BOARD OFFICIAL

The March 2023 provisional data shows the revised reduction target for March 2023 has been achieved.

- Overall performance continues to exceed each of the Acute remobilisation activity targets in relation to new outpatients, TTG and scopes. The March 2023 provisional data shows that performance is exceeding each of the Remobilisation year end targets.
- Whilst there has been a slight growth in the number of TTG patients waiting >104 weeks for an inpatient/daycase, the March 2023 provisional data shows the revised target for March 2023 has been achieved.

### Key Areas of Performance in Need of Improvement:

- Although performance in relation to the Cancer 62 Day Waiting Times saw an improvement on the previous months' reported position, overall performance remains a challenge.
- Performance relating to A&E four hour waits remained a significant challenge during February 2023 due to the pressures of winter.
- Performance in relation to the overall number of acute delayed discharges remains a significant challenge increasing by nine when compared to the previous month.
- Performance in relation to the overall number of mental health delayed discharges also remains challenging, increasing by seven when compared to the previous month.

Details of each of the performance measures that remain challenging 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**

April 2023

# NHS GREATER GLASGOW & CLYDE BOARD MEETING



Performance Assurance Information – April 2023

## Contents

Board Committee Name:  
NHSGGC Board

Responsible Division:  
HSCPs & Acute

Report Date:  
25 April 2023

Reporting Frequency:  
Bi-Monthly

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			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	Remobilisation Trajectory			12
6	New Outpatient Waiting List (For Information)	For Information			13
7	Number of New Outpatients Waiting >78 weeks	2022-23 Planned Care Priority			14
8	Number of New Outpatients Waiting >52 weeks	2022-23 Planned Care Priority			15
9	TTG Inpatient/Daycase Activity	Remobilisation Trajectory			17
10	TTG Waiting List (For Information)	For Information			18
11	Number of TTG Patients Waiting >104 weeks	2022-23 Planned Care Priority			19
12	Diagnostics: Scope Activity	Remobilisation Priority			21
13	Diagnostics: Scope Waiting List (For Information)	For Information			22

No	Measure	Targets	Current Performance Status	Projected Performance as at 31 March 2023	Slide Number
14	Unscheduled Care: A&E Attendances (For Information)	For Information			23
15	Unscheduled Care: A&E 4 Hour Waits	National Target			24
16	GP Out Of Hours: Number of Scheduled Shifts Open	Local Target			24
17	Delayed Discharges: Number of Acute Delayed Discharges	Local Target			26
18	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target			27
19	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Monthly Average Position			28
20	Rationale for Control Limits Applied				29

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 February 2023 (with the exception of quarterly data which reflects the latest available quarterly reporting period - quarter ending December 2022). The report continues to reflect the following:

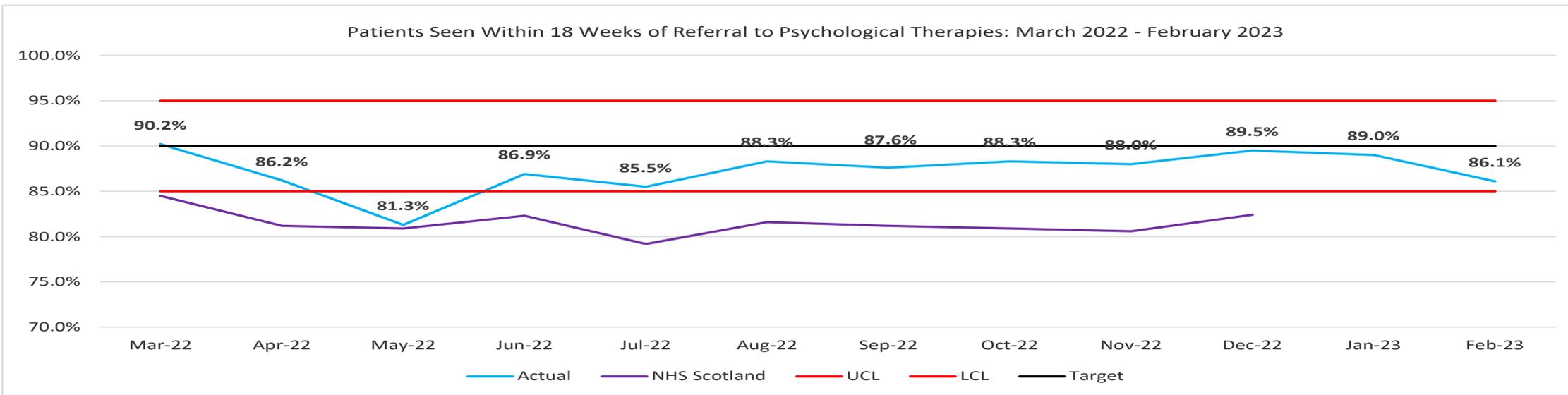
- The measures outlined in the 2022-23 Annual Delivery Plan.
- Key national and local targets.
- The revised planned care reduction targets relating to new outpatients and inpatient/daycases in line with the joint ambition to tackle waiting lists. The new targets are aimed at reducing/eliminating the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

During February 2023, we continued to face pressures across our health and social care services mainly as a result of the challenges associated with the number of patients delayed in their discharge, which continued to create difficulties for patient flow through our health and care system. However, despite these pressures, there are areas of performance that remained positive during February 2023 including:

- Access to GP Out of Hours Services where the number of scheduled shifts that remained open continued to exceed the planned position for the seventh consecutive month.
- The number of eligible Child and Adolescent patients starting their first treatment <18 weeks of referral continued to exceed the planned position and access to Psychological Therapies remained positive albeit slightly below target.
- 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 in relation to new outpatients, scopes and TTG patients seen continued to exceed the planned position.
- There continue to be no new outpatients waiting >104 weeks for a new outpatient appointment and the number waiting >78 weeks delivered against the planned trajectory position for March 2023. Similarly, the trajectory of TTG patients waiting >104 weeks has also delivered against the planned reduction trajectory for March 2023.

As at February 2023, 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 86.1% against the target of 90% in February 2023. **Below target by 3.9%.**

**Current Position Against National Target:**

National target 90%. Performance remains above the national position of 82.4% for the latest published month ending December 2022.

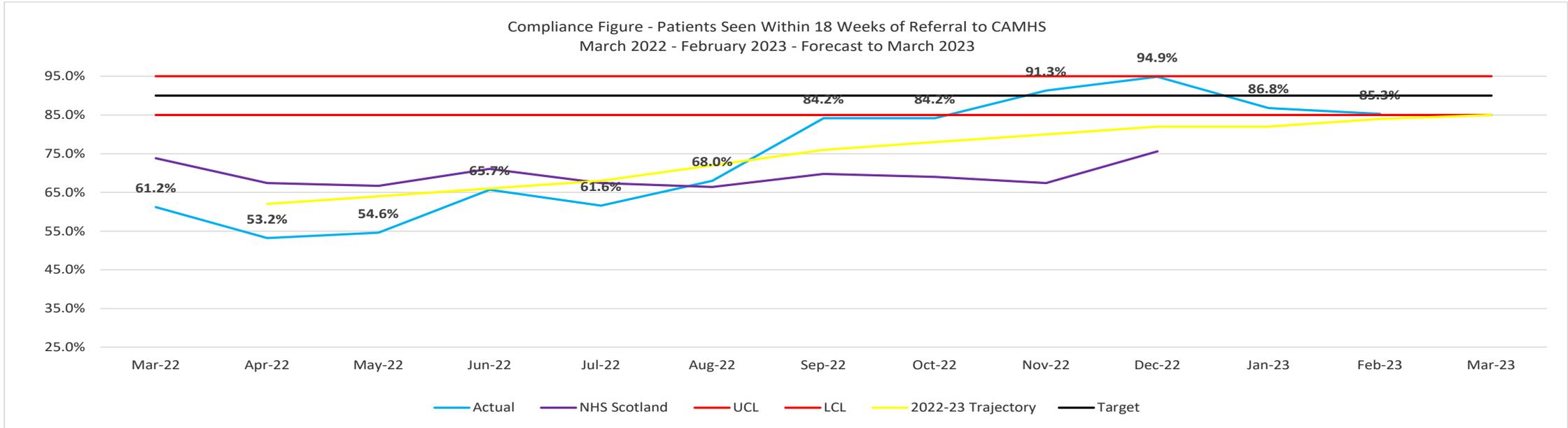
**Projection to 31 March 2023:**

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

## Key Actions

- The service continues to prioritise the long waiting patients and this continues to have an impact on compliance with the target. For example, in February 2023, there were 48 patients waiting >52 weeks whereas, in February 2022, there were 101 patients waiting >52 weeks to start their treatment.
- Psychological Therapy (PT) workforce, clinic accommodation in specialised locations and confirmation of Scottish Government (SG) funding all impact. The national workforce supply shortage of healthcare professional staff continues to have an impact on recruitment. Many services continue to have significant staffing gaps. Service managers looking to speed up recruitment process and psychology staff looking at ways to attract more applicants. Clarification on SG workforce information to inform funding to be sought.
- HSCPs continue to share staff between care groups and geographic boundaries where and when this can be done.
- Referrals assessed for suitability for a 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 continue to look to improve efficiency of available capacity, being able to deliver more group based interventions where appropriate.

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



### Summary

#### **Current Position (including against trajectory):**

85.3% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral in February 2023. **Above the 84% trajectory for February 2023 and below 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 national position of 67.9%.

#### **Projection to 31 March 2023:**

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

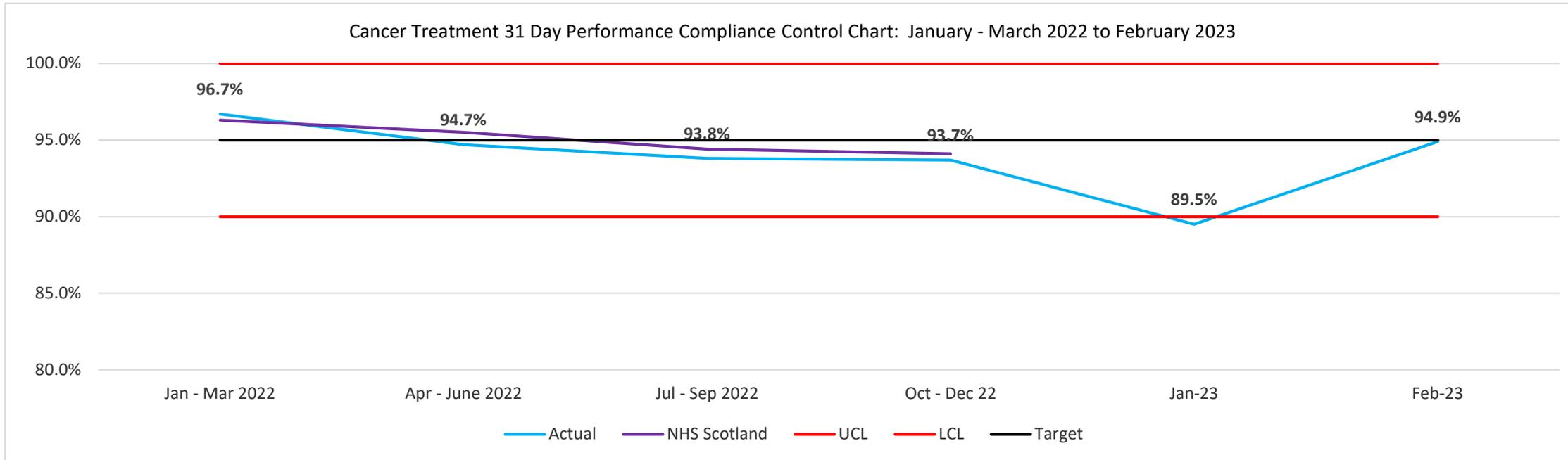
Current performance remains above the planned position for the sixth consecutive month however, there has been a reduction in performance when compared to the previous three months. This may be related to lower overall activity in January 2023 due to the public/school holidays and a shorted month in February alongside a continued focus in seeing patients that have waited longest.

## 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 and to prioritise accordingly. 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, specifically ADHD, 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 January 2023 85 staff were in post. The additional 85 staff over and above the substantive staff will bring extra capacity to deliver treatment and will be able to take cases from the allocations list who are awaiting specific treatments/further assessment. However nursing retention for some teams is creating challenges with case holding capacity.
- HSCP'S are continuing to develop community mental health and wellbeing services and CAMHS teams are actively redirecting suitable referrals, which are also seeing increases in demand.
- The Scottish Government (SG) Mental Health Unit have commenced monthly engagement meetings with NHSGGC CAMHS and mental health service leads to focus on improvement activity.
- Group Therapy programmes are now being consistently scheduled across a range of programmes to see larger numbers of young people offered treatment.
- The realignment of Tier 3 HSCP delegated CAMHS services is progressing to create a single management arrangement hosted in East Dunbartonshire HSCP.
- The service gather feedback through the digital experience of service to identify service improvement areas. Clinical outcomes measures are used at pre and post intervention. To assure standardised evidence based interventions professional leads have developed and now launched Care bundles that describe for young people and their families what they can expect and for clinicians to follow standardised care programmes.

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



Please note: data from January 2023 onwards is provisional and will be subject to validation.

#### Summary

**Current Position (including against trajectory):**

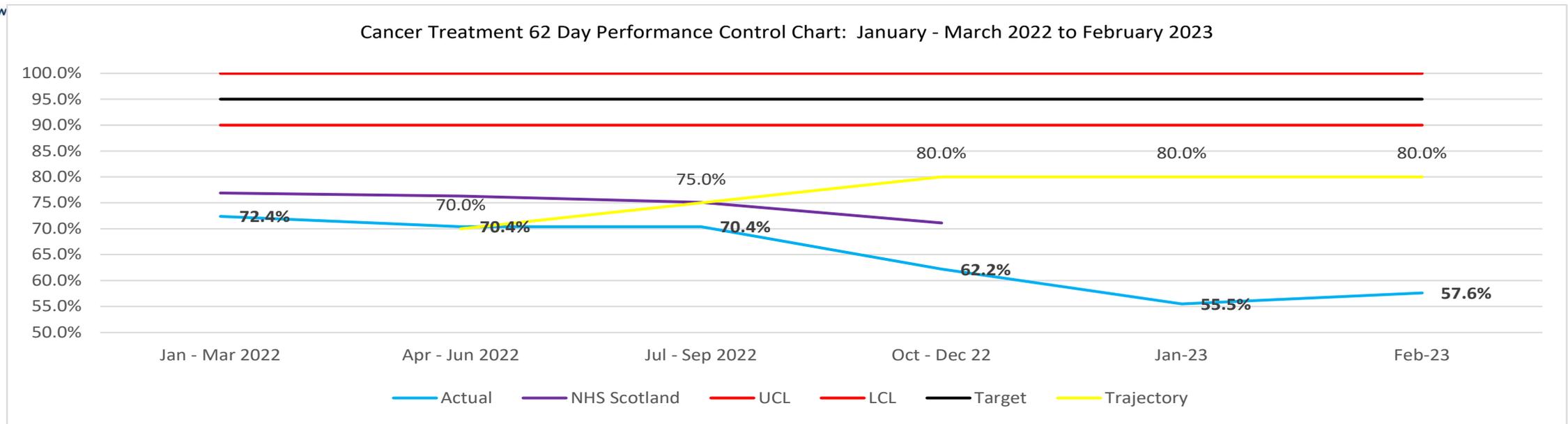
**Position Against National Target:**

**Projection to 31 March 2022-23:**

The validated position is 94.9% for the month ending February 2023, **below local target by 0.1%. Current**  
 At the quarter ending December 2022, NHSGGC’s performance was marginally below the latest national published position of 94.1%. GGC figure was 93.7%.  
**The 2022-23 target remains at 95% and on track to achieve.**

Current performance highlights a significant improvement on the previous months’ position. Seven of the 10 cancer types exceeded the 95% target with five of those achieving 100%. The three cancer types below target are Cervical (83.3% - five of the six eligible referrals started their treatment within 31 days), Colorectal (93.8% - 76 of the 81 eligible referrals started their treatment within 31 days and Urological (88.3% - 128 of the 145 eligible referrals started their treatment within 31 days). The volume of patients within the urology tumour group continues to have an impact on overall performance and actions to address this are outlined in slide 11.

## 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 January 2023 onwards is provisional and will be subject to validation.

### Summary

#### **Current Position (including against trajectory):**

The validated position is 57.6% (197 of the 342 eligible referrals were seen) for the month ending February 2023, an improvement on the previous month's position albeit **below the local target of 80%**.

#### **Against National Target:**

At the quarter ending December 2022, NHSGGC's performance is below the latest national published position of 71.1%.

#### **Projection to March 2022-23:**

**Performance is unlikely to meet the local target of 80% by March 2023 and work is underway to improve the current position as described in the next two slides.**

The main challenges to performance are in Colorectal (42% - 29 of the 69 eligible referrals started their treatment within 62 days), Head & Neck (68.4% - 13 of the 19 eligible referrals started their treatment within 62 days of referral), Upper GI (46.7% - 7 of the 15 eligible referrals started their treatment within 62 days of referral) and Urology (27.1% - 23 of the 85 eligible referrals started their treatment within 62 days of referral). Key actions to address performance in those cancer types facing ongoing challenges are outlined in the next two slides.

#### 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 sustained 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 has had a positive impact, with backlogs in reporting now cleared. Over the last quarter the focus has been on addressing long waiting patients over 100 days, targeted work on agreeing treatment dates for all patients in this category is underway.

**Colorectal February 2023 Performance: 42% - 29 of the 69 eligible referrals started their treatment within 62 days. The original trajectory set at the start of the year for the period January - March 2023 is 65%**

- Colorectal has seen an improvement in performance during the month of February 2023, up 12.6% on January 2023. However, the speciality remains significantly below trajectory.
- Endoscopy waiting times remain a key challenge, and the associated backlog is significant. Capacity across all sites continues to be supported through locum resource and weekend Waiting List Initiative (WLI) activity, providing between 130-200 scopes per month to maintain activity levels. An Endoscopy plan for 2023-24 is being agreed and supports resource for the next financial year to maintain and increase capacity.
- Endoscopy mobile unit is running at optimal capacity with current throughput of around 80-100 patients per week dependent on case mix. SG support to extend the contract for a further year from April 2023 has recently been approved.
- Ventilation works at the Victoria ACH are now complete and the service is working to optimise the reinstated fifth Endoscopy room, which will equate to 40-50 patients per week.
- Wait to first appointment for those patients triaged to clinic rather than Colonoscopy is longer than 14 day target at present. Clinical Service teams are working to identify additional capacity to support improvement.

**Head & Neck February 2023 Performance: 68.4% - 13 of the 19 eligible referrals started their treatment within 62 days of referral. The original trajectory set at the start of the year for the period January - March 2023 is 90%**

- Head & Neck has achieved a 1.7% improvement on the previous months' performance position, continuing the improvement trajectory seen since January 2023.
- Additional WLI clinics, supported by CWT funding, have been implemented.
- This is a small volume specialty, USOC referrals have increased by 60% since pre-pandemic bringing significant pressure to the front end of the pathway.
- The service is currently providing support to NHS Lanarkshire, due to ongoing workforce pressures within NHS Lanarkshire OMFS medical team. A collaborative review across NHSGGC and NHS Lanarkshire of the long term delivery model is underway.

#### 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)

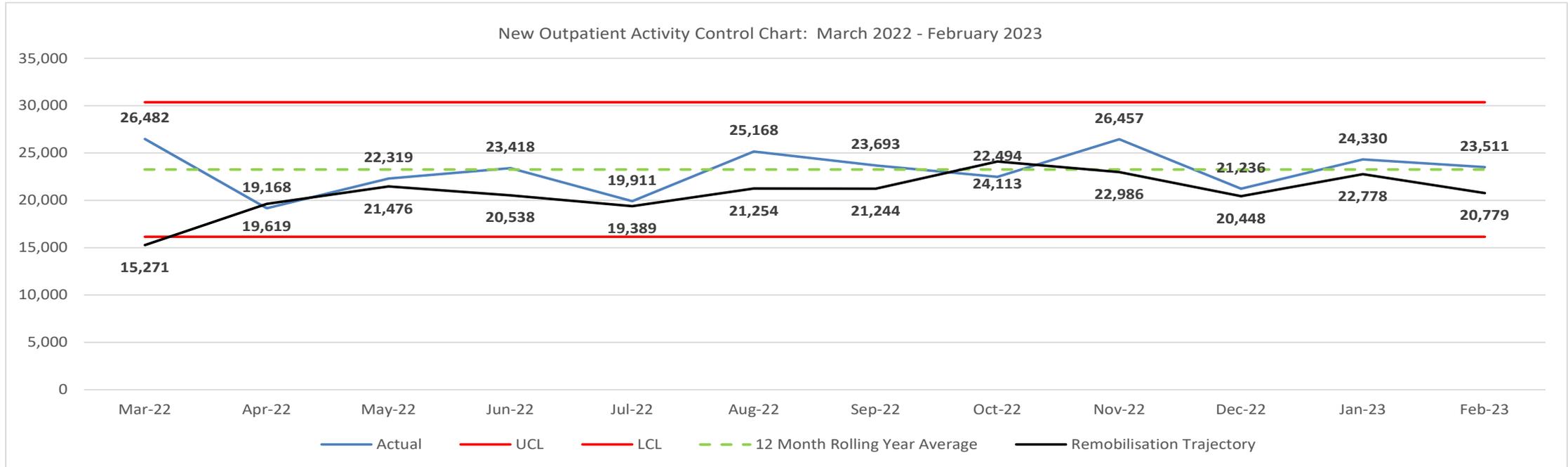
**Upper GI February 2023 Performance: 46.7% - 7 of the 15 eligible referrals started their treatment within 62 days of referral. The original trajectory set at the start of the year for the period January - March 2023 is 70%**

- Upper GI has seen a decline of 6.6% on the previous months' performance position. The smaller volumes associated with this pathway impact performance percentages, in February 2023, 7 of the 15 eligible referrals started treatment within 62 days. The Upper GI pathway is complex and reliant on a number of steps working to tight timeframes.
- Contract for the CT mobile unit has been extended to end March 2024, providing additional imaging capacity to support diagnostic steps in pathway.

**Urology February 2023 Performance: 27.1% - 23 of the 85 eligible referrals started their treatment within 62 days of referral. The trajectory for the period January - March 2023 is 70%**

- Urology has seen a decline of 1.3% on the previous months' performance position.
- The latest quarterly validated performance data (July - September 2022) confirms bladder performance was 87.5%. There are delays across all steps within the pathway for prostate which is a higher volume pathway. Flexible Cystoscopy waiting time pressures are adding to the Bladder pathway challenges, the clinical team are reviewing options to reduce waiting times.
- Funding has been prioritised to continue additional sessions for Radio Frequency Ablation.
- Robotic Assisted Laparoscopic Prostatectomy (RALP) - Waiting times have significantly improved over the last seven months particularly for higher risk patients, from a wait of 12 weeks at the end of July 2022 to the current six weeks.
- Consultant Uro-Oncologist vacancy filled with start date of 17 April 2023.
- The pilot of direct to test for high PSA patients commenced on 6 March 2023 in the South Sector, impact to be evaluated.
- The Urology Group continues to progress actions to address the capacity challenges across this pathway.

## 5. New Outpatient Activity



Please note: data relating to February 2023 is provisional.

### Summary

**Current Position (including against trajectory):**

A total of **251,705** new outpatients were seen during the period April - February 2023, above the Remobilisation target of 234,624. **Above trajectory by 7%.**

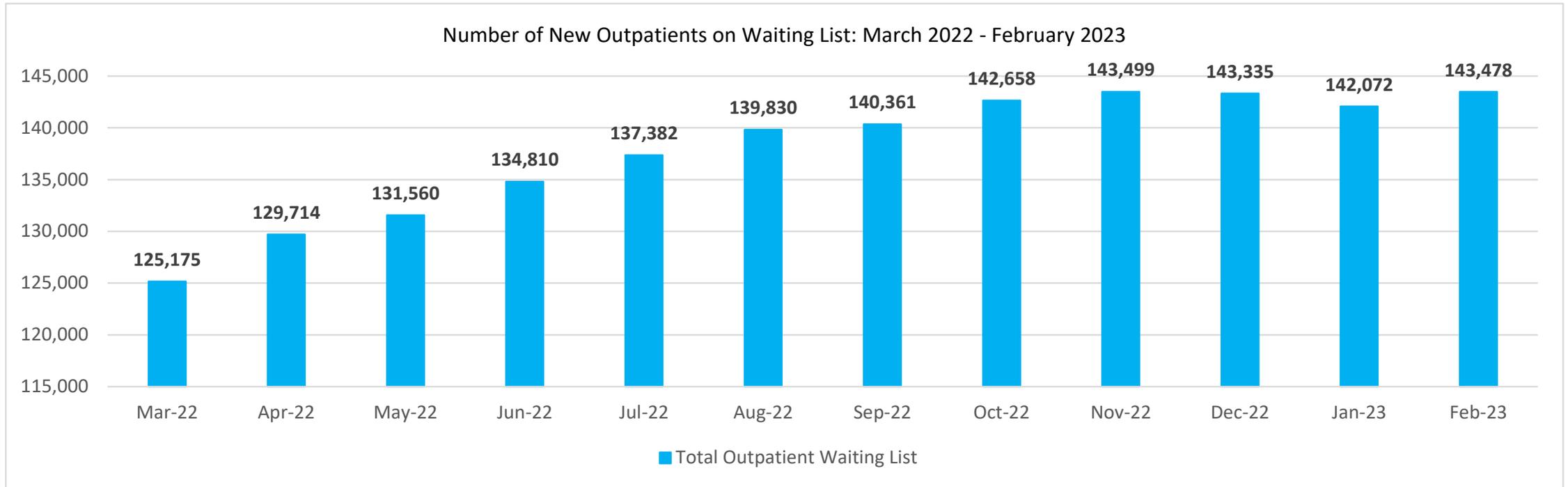
**Current Position Against National Target:**

No national position relevant.

**Projection to 31 March 2023:**

Remobilisation target of 251,789 new outpatients to be seen by March 2023. **The March 2023 provisional data shows year end performance has exceeded the 2022-23 Remobilisation target.**

## 6. New Outpatient Wait Times (For Information)



### Summary

**Current Position (including against trajectory):**

As at the end of February 2023, there were a total of 143,478 patients waiting for a new outpatient appointment.

**Current Position Against National Position:**

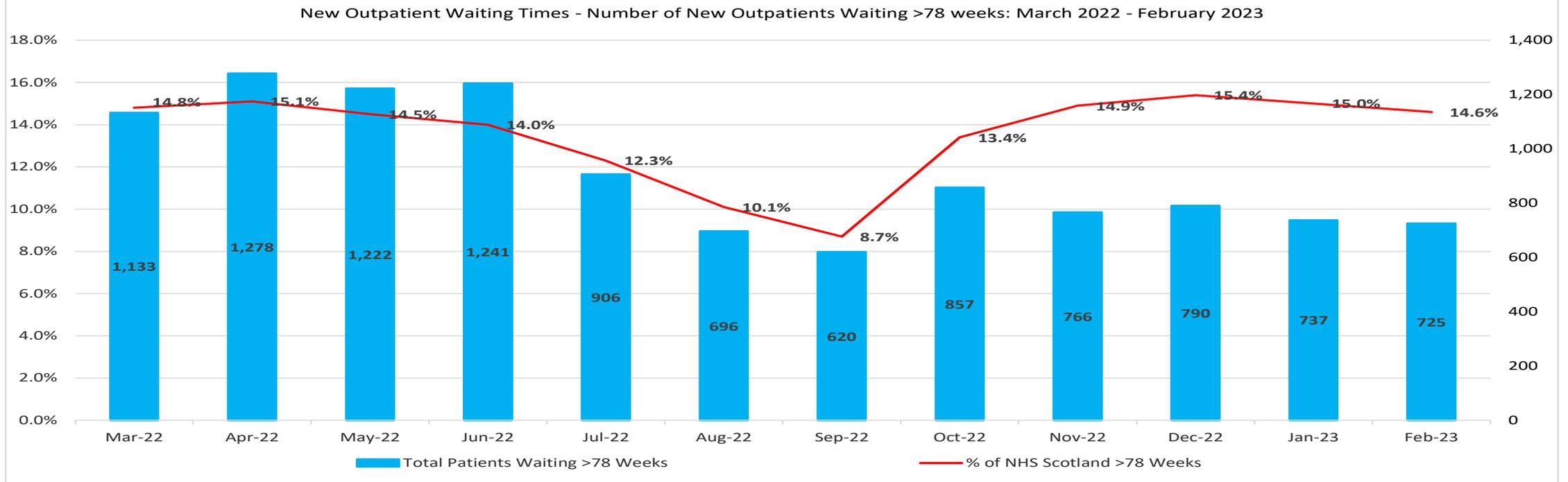
29.6% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of February 2023 were NHSGGC patients.

**Projection to 31 March 2023:**

**For information only - no year end target has been set for the overall number of patients on the new outpatient waiting list.**

The level of new outpatient activity delivered balanced with the demand has slowed the overall growth in the outpatient waiting list as outlined above albeit there was an increase in February 2023 compared to the previous month. There continues to be key specialties of concern including Gynaecology, Dermatology and Orthopaedics. There has also been growth in the Ophthalmology waiting list despite the additional resource for new and return outpatient care.

## 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 February 2023, there were a total of 725 new outpatients waiting >78 weeks for a first new outpatient appointment. **Within the trajectory of no more than 800 new outpatients waiting >78 weeks by**

#### **March 2023.**

#### **Current Position Against National Position:**

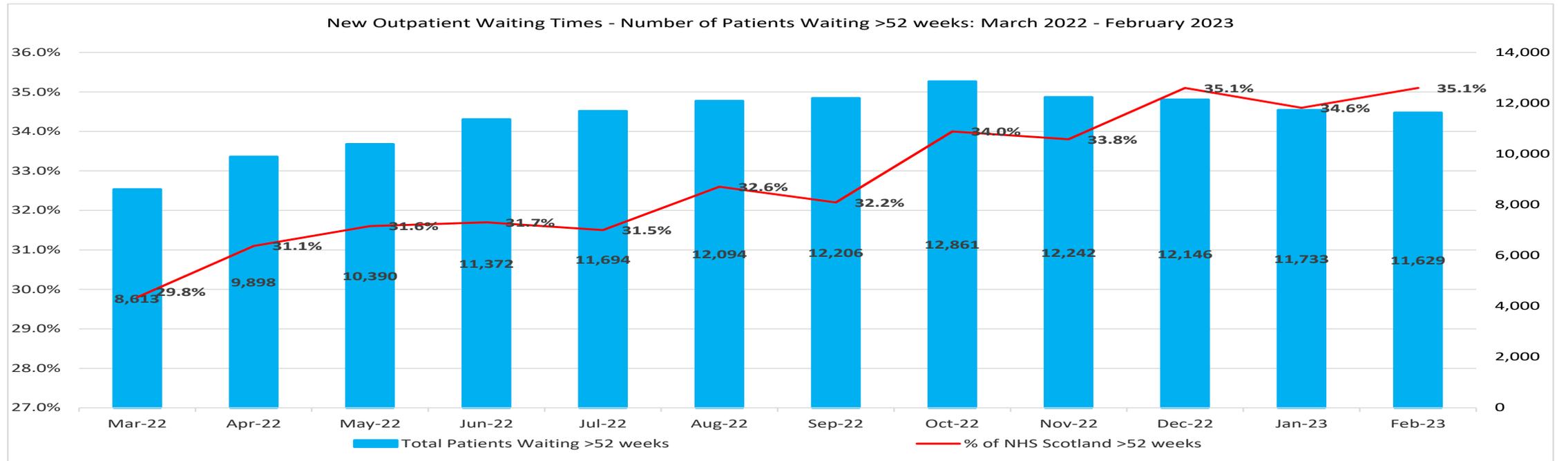
14.6% of NHS Scotland's total patients waiting >78 weeks for a first new outpatient appointment at the end of February 2023 were NHSGGC patients.

#### **Projection to 31 March 2023:**

Less than 800 new outpatients waiting > 78 weeks by March 2023. **The March 2023 provisional data shows the revised reduction target for March 2023 has been achieved.**

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

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



Please note: data relating to February 2023 is provisional.

### Summary

#### Current Position (including against trajectory):

At the end of February 2023, there were a total of 11,629 patients on the new outpatient waiting list waiting >52 weeks for an appointment. **Within the revised reduction target of less than 12,000 new outpatients to be waiting >52 weeks by the end of March 2023.**

#### Current Position Against National Position:

35.1% of NHS Scotland's outpatients waiting >1 year for a new outpatient appointment at the end of February 2023 were NHSGGC patients.

#### Projection to 31 March 2023:

**Less than 12,000 new outpatients to be waiting >52 weeks by March 2023. The March 2023 provisional data shows the revised reduction target for March 2023 has been achieved.**

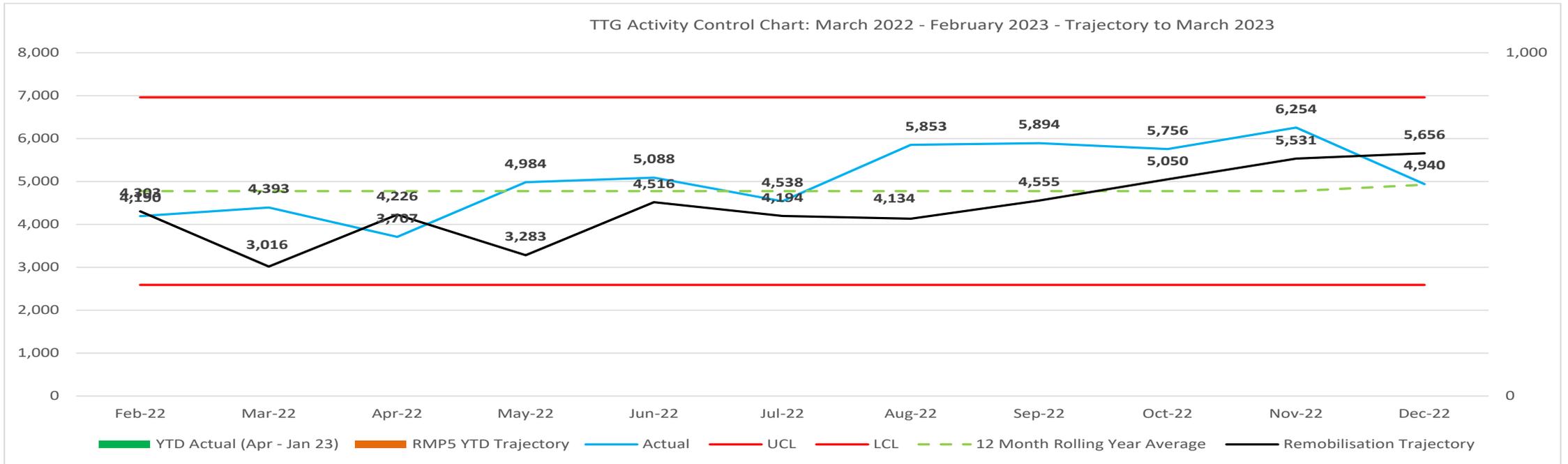
Actions to reduce long waiting patients are outlined on the next slide.

### 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. PFB was reinstated for 80% of appropriate outpatient consultant clinics by the end of December 2022 and work continues with specialties to agree implementation for remaining suitable clinics.
- Options for service redesign utilising extended nursing or advanced practitioner posts being further explored. Paediatric ENT and Gynaecology nursing roles recently progressed. Impact with Gynaecology expected in September 2023 and in Paediatric ENT the nursing roles have been established with further development of staff expected to impact by July 2023. Standardising Extended Scope Practitioner roles across Orthopaedic services is under review.
- Pilot undertaken in Outpatient Gynaecology with SMS validation that generated a rapid removal rate of 9.2% of patients comparable to manual processing rates. Health records leading the development of accelerated specialty review plan utilising this technology as standard. Communication plan to support this approach to be progressed.
- The 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. This is well established across a range of specialties and further changes are being progressed within ENT and Gynaecology.
- Insourcing support continues in challenged specialties including Gynaecology and Gastroenterology. Dermatology insourcing services have been procured for Dermatology and Colposcopy.
- Funding of WLIs continues across a range of specialties in line with the planned care recovery priorities.
- Conversion of unprovided consultant theatre sessions to outpatient sessions as standard substitution is being progressed.

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



### Summary

**Current Position (including against trajectory):**

A total of 56,855 patients were seen during the period April - February 2023, above the Remobilisation target of 50,420. **Above trajectory by 13%.**

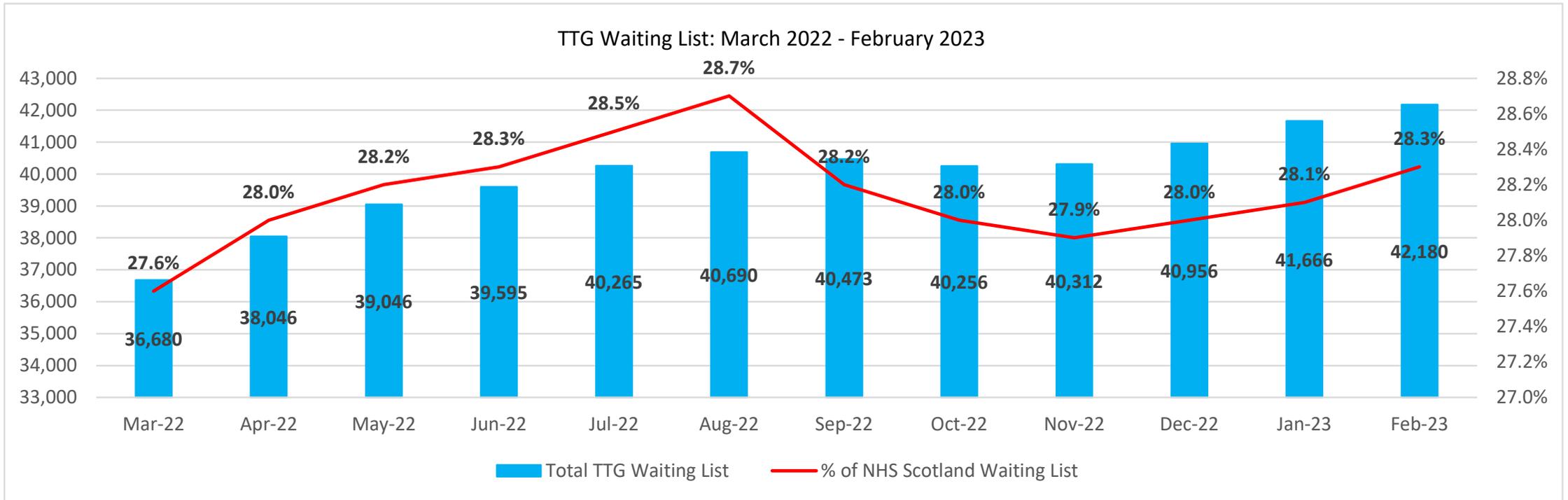
**Current Position Against National Target:**

No national target relevant.

**Projection to 31 March 2023:**

Remobilisation target of 55,506 TTG patients to be seen by March 2023. **Performance has exceeded the 2022-23 Remobilisation target ahead of schedule.**

## 10. TTG Waiting List (For Information)



### Summary

**Current Position (including against trajectory):**

At the end of February 2023, there were a total of 42,180 patients on the TTG waiting list waiting for an inpatient/daycase (IPDC) procedure.

**Current Position Against National Position:**

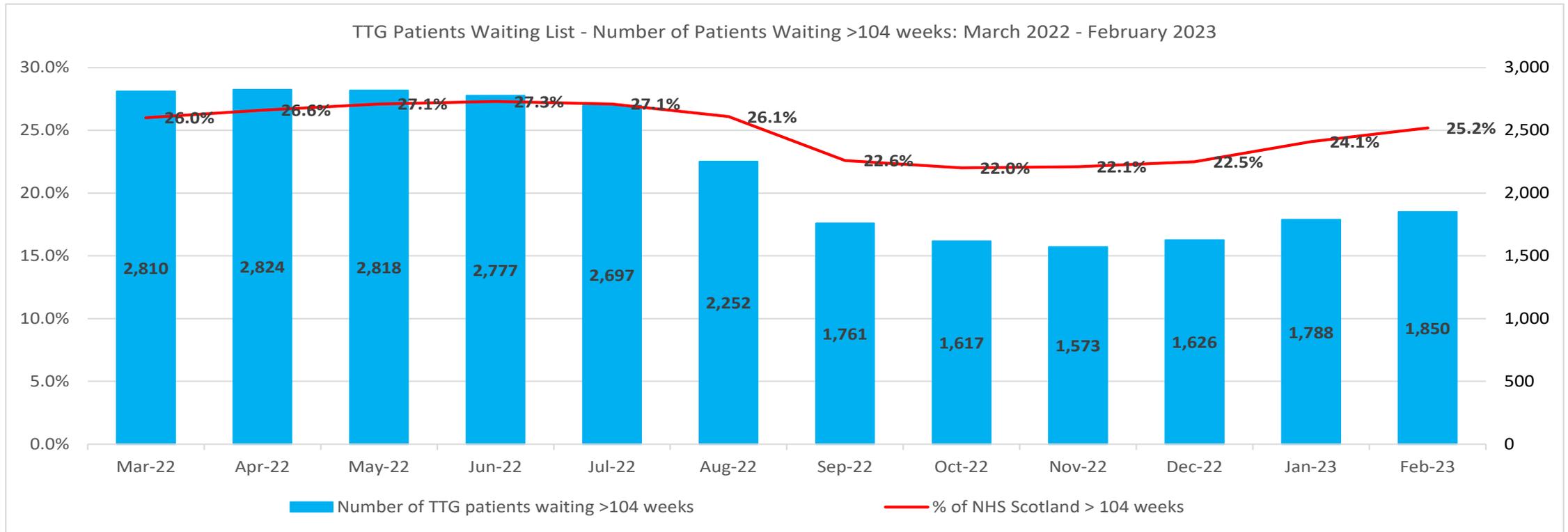
28.3% of NHS Scotland's total TTG patients waiting at the end of January 2023 were NHSGGC patients.

**Projection to 31 March 2023:**

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

Capacity continues to be targeted at urgent, highest priority cases and long waiting patients. The increased outpatient activity has had an impact on the number of patients on the IPDC list. Limitations on elective activity on inpatient sites over peak winter weeks has generated the 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 February 2023, there were a total of 1,850 TTG patients waiting >104 weeks for an inpatient/daycase procedure on the TTG waiting list. **Current performance is within the revised reduction target of less than 1,985 TTG patients waiting >104 weeks by March 2023.**

#### **Current Position Against National Position:**

25.2% of NHS Scotland's total patients waiting >104 weeks at the end of February 2023 were NHSGGC patients.

#### **Projection to 31 March 2023:**

**Less than 1,985 TTG patients waiting >104 weeks by March 2023. The March 2023 provisional data shows the revised reduction target for March 2023 has been achieved.**

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

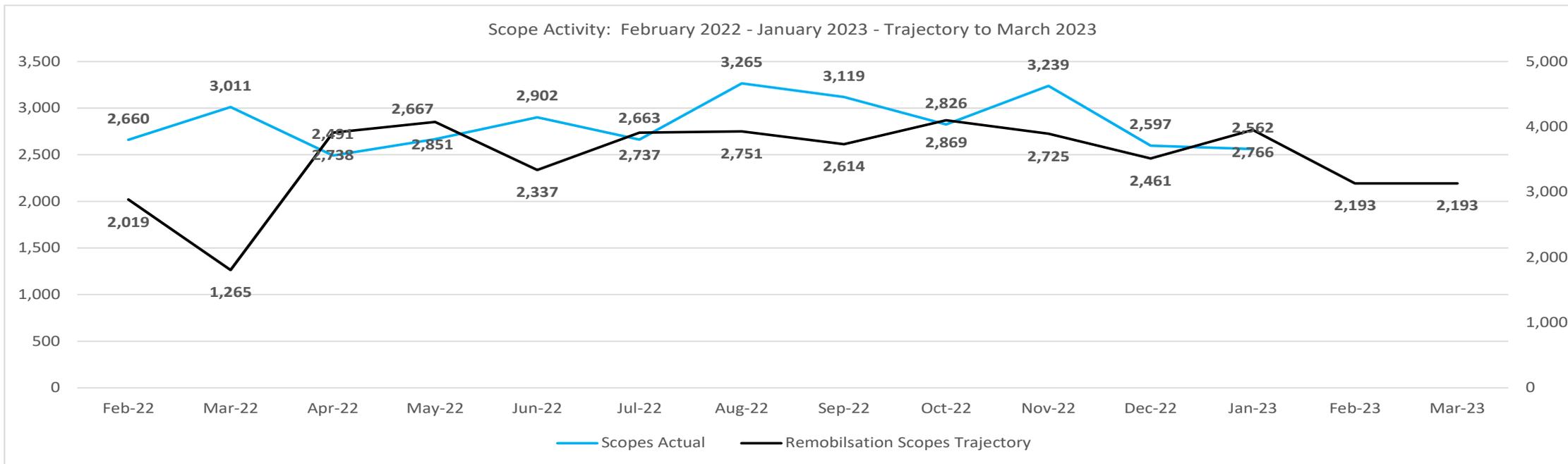
## 11. TTG Inpatient/Daycase Patient Waiting Times: Number of TTG patients waiting >104 weeks (Continued)

### 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 during the period of reduced elective activity. Some long waiting elective cases are now being booked at the main acute sites balancing the unscheduled care pressure.
- Maximisation of NHSGGC and 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 the standardisation of pathways across NHSGGC and develop expertise in high volume activity remains a key focus.
- 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.
- Funding of WLIs and private sector capacity has been targeted at services with the largest gap between demand and capacity.
- There is a pan-NHSGGC Theatre Group focusing on utilising available resources to best effect together with looking at efficiency and potential improvements that can be made across all sites.

## 12. Diagnostics: Scope Activity



Please note: data relating to February 2023 is provisional.

### Summary

#### Current Position (including against trajectory):

A total of 31,124 scopes were carried out during the period April - February 2023, above the Remobilisation target of 29,441. **Above target by 7%.**

#### Current Position Against National Target:

No national target relevant.

#### Projection to March 2023:

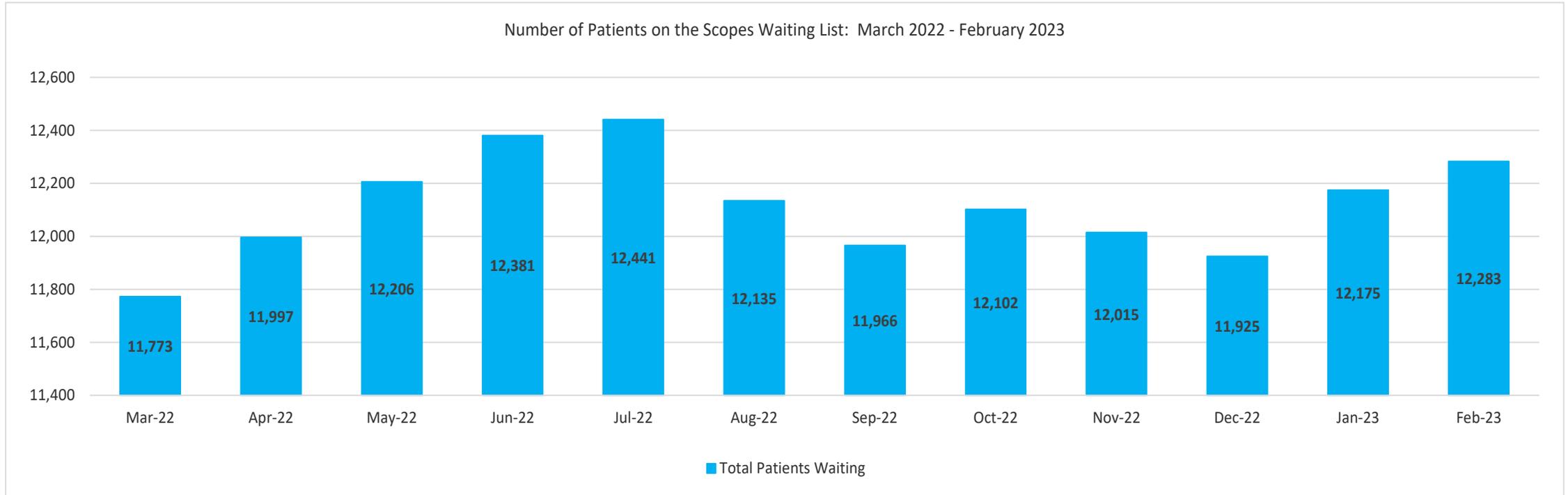
Remobilisation target of 31,234 by March 2023. **The March 2023 provisional data shows year end performance has exceeded the 2022-23 Remobilisation target.**

### Key Actions

Key actions in place to help further improve scopes capacity include:

- Maximisation of capacity internally and also in allocated capacity at the GJNH Endoscopy facility.
- A mobile Endoscopy Unit continues to provide additional capacity on NHSGGC sites, with up to 1,000 scopes in each quarter.
- Lists at WLI rates continue however, uptake remains lower than prior to the pandemic.
- Nurse Endoscopist training continues to ensure sufficient operator cover for lists.
- Locum capacity has been retained to support delivery of activity.

### 13. Diagnostics: Scope Waiting List (For Information Only)



#### Summary

**Current Position (including against trajectory):**

As at February 2023 month end, there are 12,283 patients on the overall waiting list, **a 1% increase on the previous months' position.**

**Current Position Against National Position:**

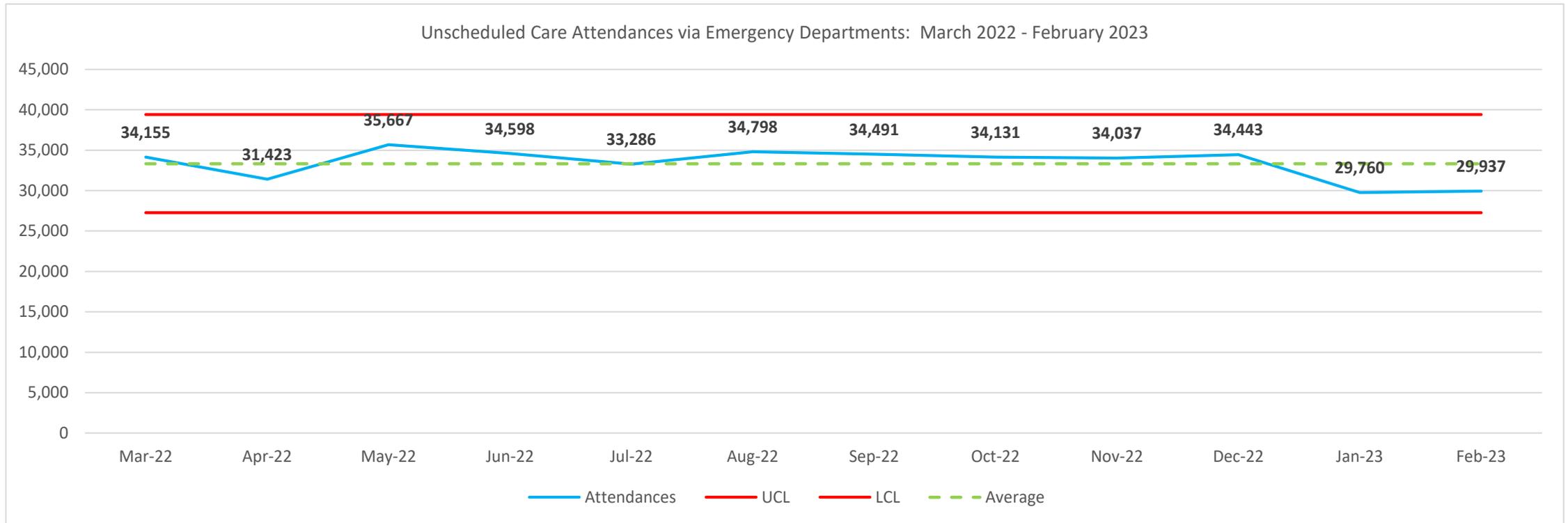
No relevant national position.

**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.

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



Please note: monthly data includes MIU attendances.

### Summary

**Current Position (including against trajectory):**

A total of 366,571 A&E attendances (including MIU attendances) were reported during the period April - February 2023. Current performance represents a 3% increase on the 355,984 reported during the same period last year.

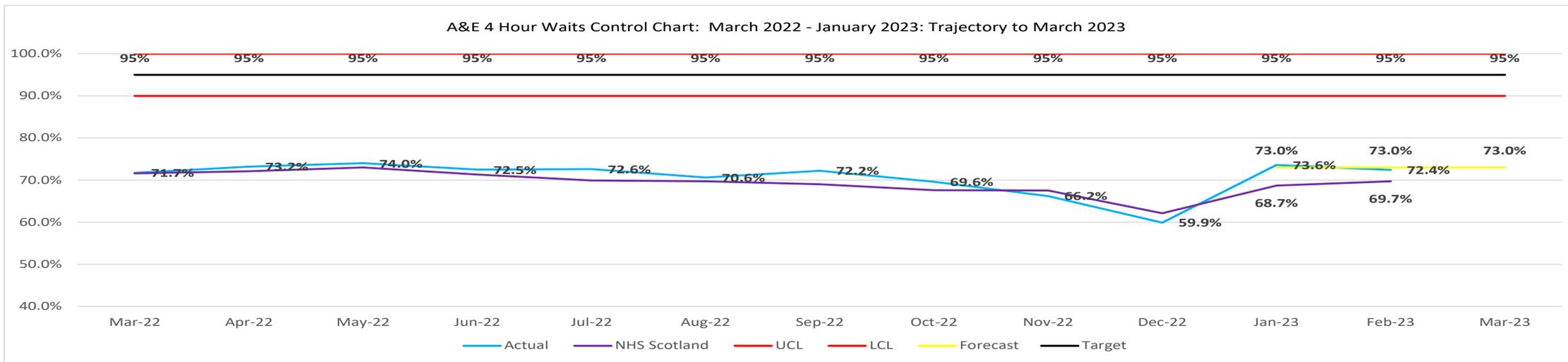
**Current Position Against National Target:**

No relevant target.

**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 72.4% of patients seen within 4 hours, a decrease on the previous months' position albeit within the trajectory of between 70 - 73%. **Below the national target of 95% by 22.6%.**

#### Current Position Against National Target:

NHSGGC's performance was above the latest national published position of 69.7% for February 2023.

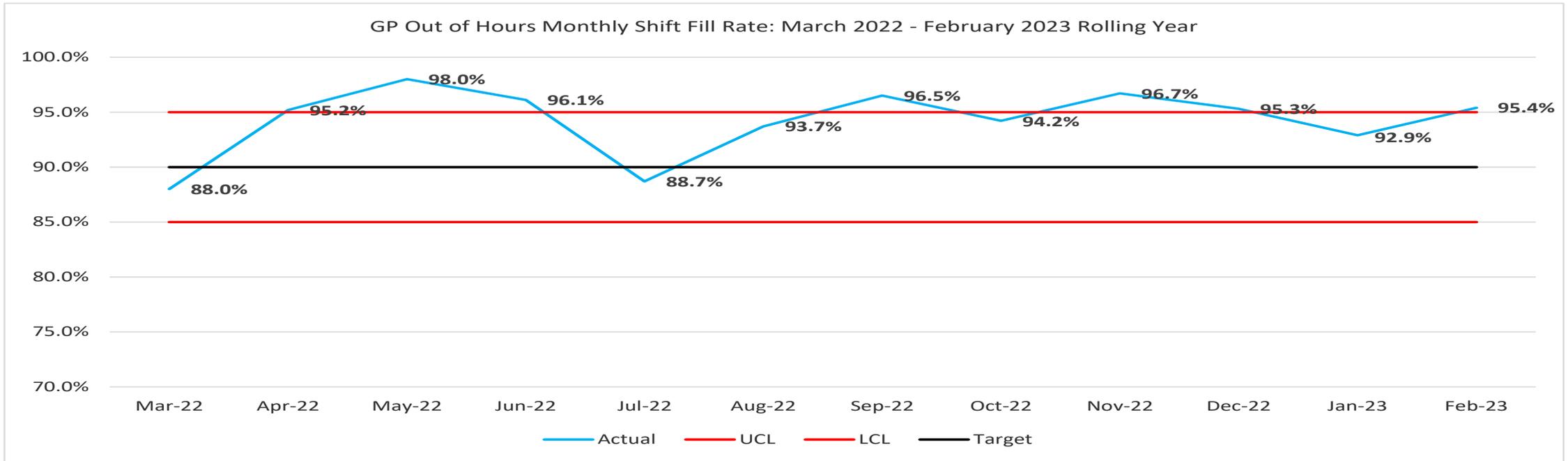
#### Projection to 31 March 2023:

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

### Key Actions

- We continued to promote 'Right Care, Right Place' campaign for urgent and unscheduled care, 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 remains operational across our hospitals.
- 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. The 14 day improvement framework guides have been used via the Board to Site Triumvirate meetings to plan focused local USC improvements issued to the Chief Operating Officer. NHSGGC's USC performance has been above NHSScotland's position for six of the past eight weeks ending 26<sup>th</sup> March 2023. During the week ending 26 March 2023 the RHC was second across Scotland.

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



### Summary

**Current Position (including against trajectory):**

In February 2023, 95.4% (248) of the 260 scheduled shifts were open against the NHSGGC's target of 90%. **Above the target by 5.4%.**

**Current Position Against National Target:**

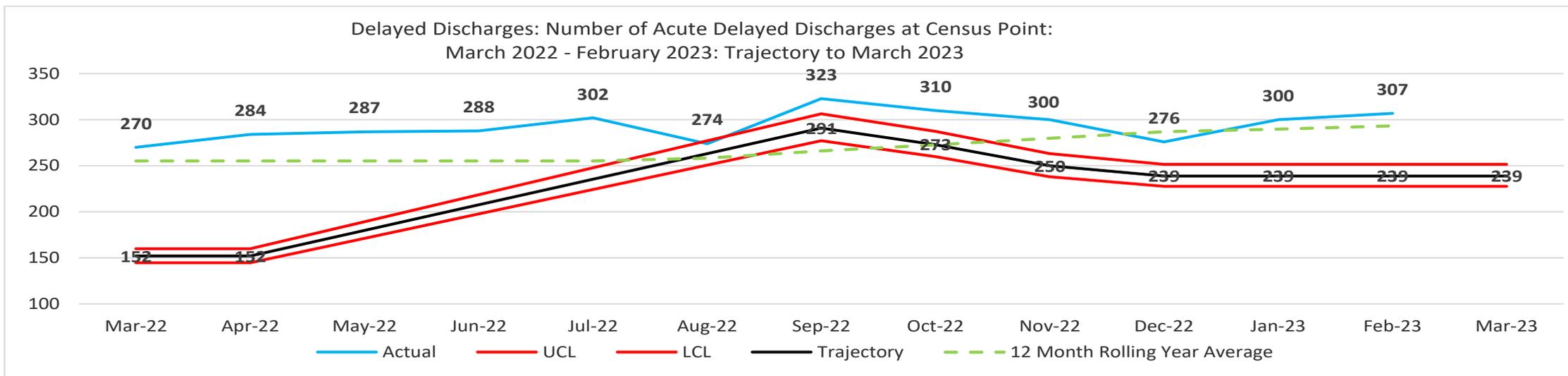
No relevant national target.

**Projection to 31 March 2023:**

NHSGGC Target 90%. **Performance continues to deliver against target.**

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 307 Acute delayed discharges, a 2% increase on the previous months' performance. **28% above trajectory.** Local management information highlights an improvement in that as of 10<sup>th</sup> April this had reduced to 275 delays.

#### Current Position Against National Target:

No relevant national target.

#### Projection to 31 March 2023:

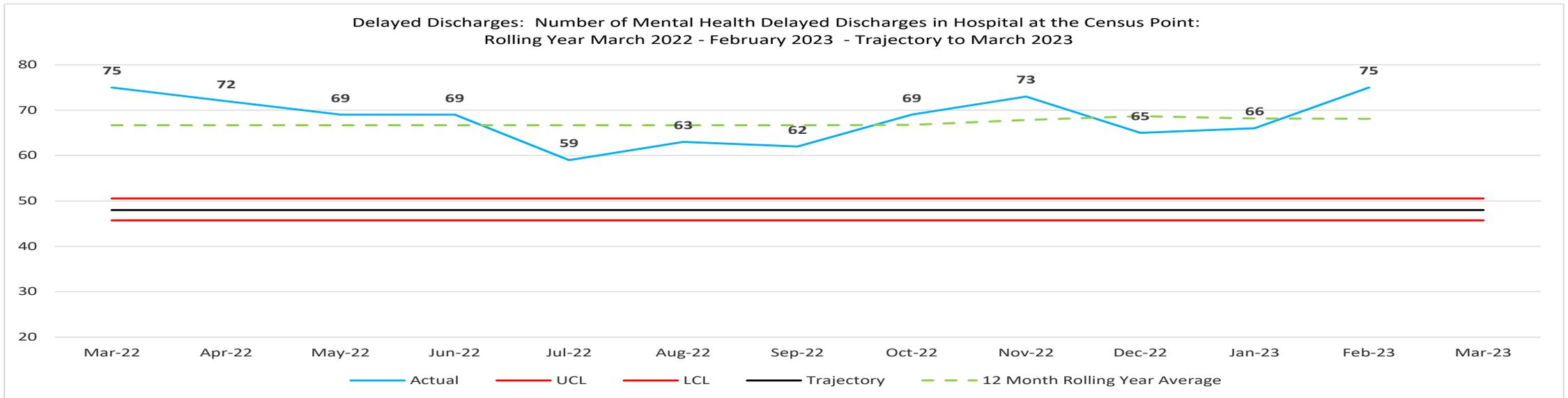
**Performance is currently above the trajectory for the period January to March 2023.**

### Key Actions

The number of delayed discharges across Acute remains a significant challenge. 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. Rigour continues to be applied to monitoring and mitigating delays at each level. Improvement actions include:

- As of 28 February, 20 patients were discharged to interim home care placements as part of the additional £8 million funding given by the SG to HSCPs to help prevent delays in patient discharges.
- The Delayed Discharge Team are undertaking a pilot of electronic home care referrals at the IRH for Inverclyde HSCP patients to make the referral process more efficient. If successful, these forms will be rolled out across all HSCPs.
- HSCPs are reviewing their patient discharge information leaflets to support ward staff to have discharge conversations with patients and families/carers. The Delayed Discharge Team will coordinate the distribution of leaflets across acute hospitals.

## 18. Delayed Discharges: Number of Mental Health Delayed Discharges



### Summary

**Current Position (including against trajectory):**

Currently 75 Mental Health delayed discharges, **above the monthly trajectory of 48.**

**Current Position Against National Target:**

No national target relevant.

**Projection to 31 March 2023:**

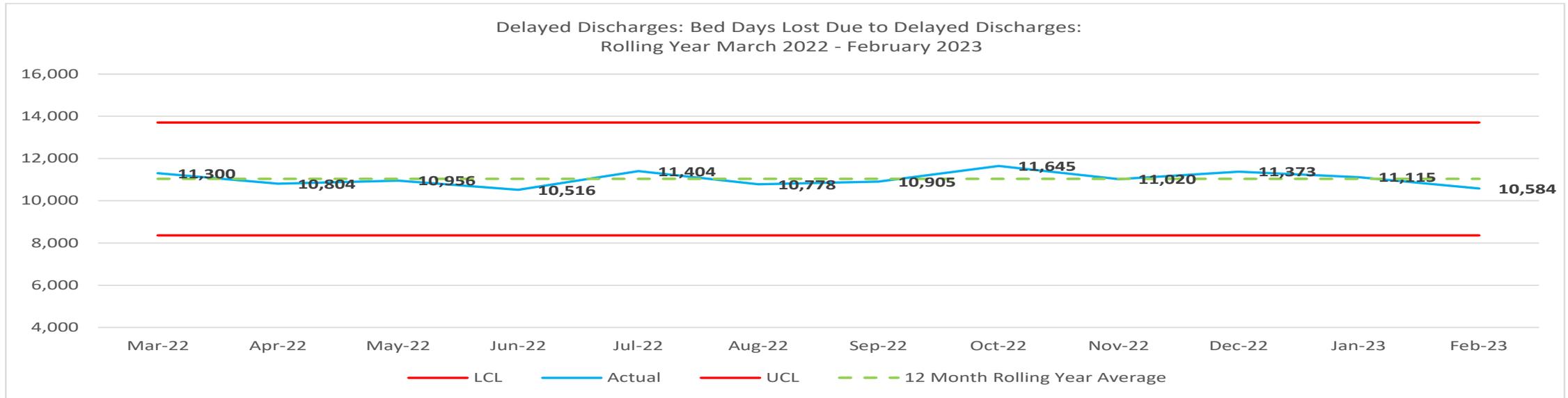
**No more than 48 delays by March 2023. NMSGC will continue to focus effort on reducing the number of Mental Health delays during 2022-23.**

### Key Actions

A number of wards closures due to COVID has resulted in a significant increase in mental health delays during February 2023. Key actions to address performance include:

- A review of Delay Discharge and Bed Management Teams across Glasgow City HSCP is underway with the aim of having a centralised resource to deal with mental health and learning disability delays across adults and older people. Additional staff will be included as part of the Delayed Discharge Team resource to develop a transition team who will provide additional input to those patients and their care teams that require ongoing support to ensure a successful discharge.
- 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.
- A new city-wide multidisciplinary group has been set up to ensure co-ordination of care towards timely and effective discharge to reduce length of stay and maintain bed availability with a particular focus on length of stay greater than three months. This group includes representation from social work, housing, planning and commissioning and covers all care groups, including forensic beds.

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



### Summary

#### **Current Position (including against trajectory):**

A total of 10,584 bed days were lost to acute and mental health delayed discharges during February 2023, 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. The year to date April – February 2023 bed days lost (121,100) is 19% higher than the same period the previous year (101,911).**

### Key Actions

In addition to the actions outlined in the previous two slides, the following actions are also underway:

- Work is ongoing to roll out Discharge without Delay Bundles (DwD) in all wards and scheduled to be completed in September 2023.
- The DwD dashboard is now in place, and Business Intelligence are working with HSCP teams to ensure appropriate access.
- A preferred candidate for the Discharge without Delay Lead role has been identified and is expected to be in post by May 2023.

## 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	12
6	New Outpatient Waiting List (For Information)	Not applied	13
7	Number of New Outpatients Waiting >78 weeks	Not applied	14
8	Number of New Outpatients Waiting >52 weeks	Not applied	15
9	TTG Inpatient/Daycase Activity	Standard deviation is based on 12 month rolling average	17
10	Number of TTG Patients on the TTG Waiting List (For Information)	Not applied	18
11	Number of TTG Patients Waiting >104 weeks	Not applied	19
12	Diagnostics: Scope Activity	Not applied	21
13	Diagnostics: Scope Waiting List (For Information)	Not applied	22

## 20. Control Limits (Continued)

No	Measure	Control Limits	Slide Number
14	Unscheduled Care: A&E Attendances	Standard deviation is based on 12 month rolling average	23
15	Unscheduled Care: A&E 4 Hour Waits	Based on 5% variance from target	24
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	26
18	Delayed Discharges: Number of Mental Health Delayed Discharges	Based on 5% variance from target	27
19	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Standard deviation is based on 12 month rolling average	28