

NHS Greater Glasgow and Clyde	Paper No. 22/20
Meeting:	NHS Board Meeting
Meeting Date:	26 April 2022
Title:	Performance Report
Sponsoring Director:	Mark White, Director of Finance
Report Author:	Mark White, Director of Finance

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 targets in the Remobilisations Plan 4 (RMP4) approved by the Scottish Government.

Performance has been summarised in the table overleaf:

OFFICIAL SENSITIVE

No	Measure	Targets	Current Performance Status	Projected Performance as at 31 st March 2022	Slide Number
1	Access to Psychological Therapies: % eligible referrals starting treatment < 18 weeks of referral	RMP4 Trajectory			5
2	Access to CAMHS: % eligible referrals starting treatment < 18 weeks of referral	RMP4 Trajectory			6
3	Access to Cancer Services Treatment Time: % of patients starting treatment within 31 days of decision to treat	National Target			8
4	Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	National Target			9
5	New Outpatient Activity	RMP4 Trajectory			10
6	New Outpatients Waiting Times by Length of Wait	RMP4 Trajectory			11
7	TTG Inpatient / Daycase Activity	RMP4 Trajectory			13
8	TTG Patient Waiting Times by Length of Wait	RMP4 Trajectory			14
9	Diagnostics: Scope Activity	RMP4 Trajectory			15
10	Diagnostics: Scope Waiting Times by Length of Wait	RMP4 Trajectory			16
11	Unscheduled Care: Accident and Emergency Attendances	RMP4 Trajectory			17
12	Unscheduled Care: A&E 4 Hour Waits	National Target			18
13	GP Out Of Hours: Number of scheduled shifts open	Local Target			20
14	Delayed Discharges: Number of Acute delayed discharges	RMP4 Trajectory			21
15	Delayed Discharges: Number of Mental Health delayed discharges	RMP4 Trajectory			22
16	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Monthly Average Position			23
17	Rationale for Control Limits Applied				24

3. Recommendations

The Board members are asked to note the performance across NHSGGC in relation to the KPIs outlined in the Performance Assurance Framework.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- **Better Health** **Positive impact**
- **Better Care** **Positive impact**
- **Better Value** **Positive impact**
- **Better Workplace** **Positive impact**
- **Equality & Diversity** **Positive impact**
- **Environment** **Positive impact**

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity: These performance indicators have been discussed and agreed as part of the development of NHSGGC's Performance Assurance Framework with the Chair, Vice Chair and Executive leads for the Board.

7. Governance Route

This paper has been previously considered by the following groups as part of its development: These measures have been reviewed by Acute Services Committee, the Finance, Planning and Performance Committee and Corporate Management Team.

8. Date Prepared & Issued

Prepared on: 19 April 2022





















Issued on: 19 April 2022

NHS GREATER GLASGOW & CLYDE BOARD MEETING















Performance Assurance Information – April 2022

Contents	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs & Acute	Report Date: 26 April 2022	Reporting Frequency: Bi-Monthly
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Contents (cont'd)	Board Committee Name: NHSGGC Board	Responsible Division: HSCPs & Acute	Report Date: 26 April 2022	Reporting Frequency: Bi-Monthly
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Executive Summary

The revised Board performance report and the measures contained within the Board performance report remains the same as that previously presented to the last Board meeting.

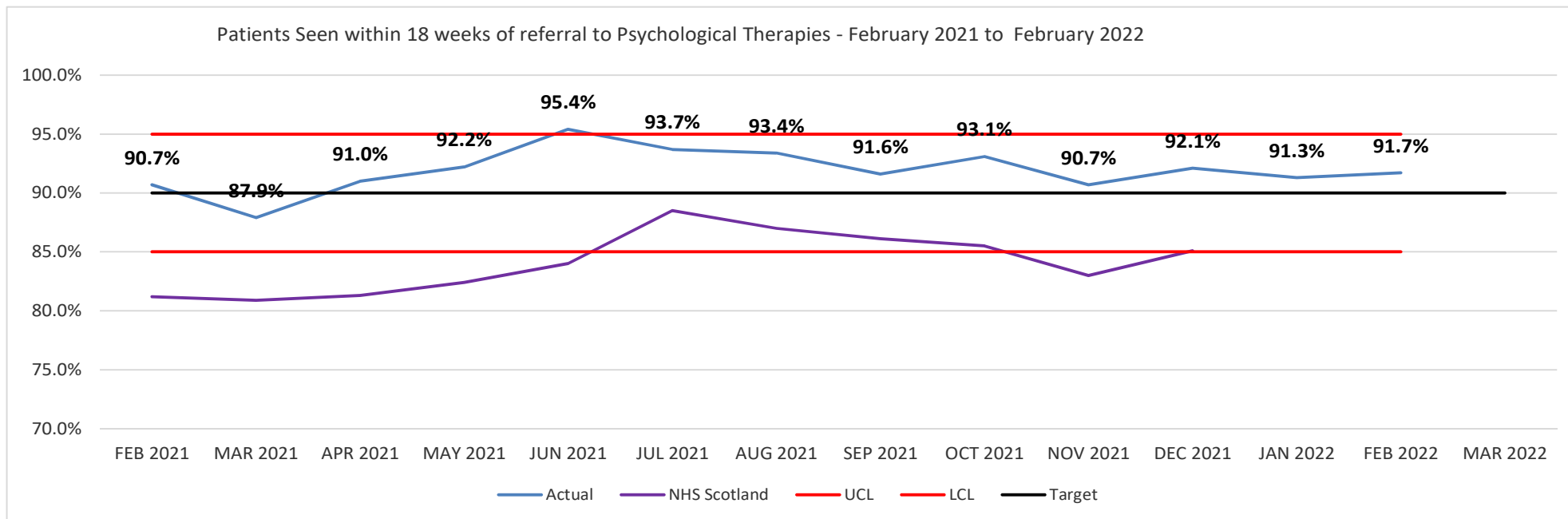
In the main the report covers the period April - February 2022 (with the exception of quarterly covering the latest published quarterly period ending December 2021). The report reflects the key priorities outlined in the fourth version of the Remobilisation Plan (RMP4) approved by the Scottish Government (SG). The RMP4 also incorporates our Winter Plan for 2021-22. The targets within the RMP4 alongside key national and local targets form the basis of reporting within this performance report.

The performance highlighted within this report needs to be considered against the backdrop of the significant pressures across our health and social care services due to the volume of patients requiring our care, the number of patients with COVID in our hospitals, resulting in ward closures and the impact that delayed discharges is having on our overall capacity. While the number of COVID cases in our local communities has been steadily reducing, this hasn't been mirrored with a noticeable reduction in hospital admissions. The number of patients with COVID-19 remains high with a total of 1,064 COVID-19 hospital inpatients who have first tested positive in the last 90 days. Of this total, 579 inpatients currently in hospital across NHSGGC (as at 14th April 2022) were diagnosed with the virus in the past 28 days. We have also seen a similar picture in our adult care homes amongst residents and staff. As result, a number of wards are closed to admissions and a number of care homes are closed to admissions also which is causing significant challenges to patient flow across NHSGGC. This is further compounded by the difficulties we face due to delayed discharges. Our priority remains on ensuring we are able to move our patients on to an appropriate setting once they are deemed fit for discharge however, many elderly care homes are closed to admissions and with significant sickness and absence amongst care at home staff, the challenge has become that much greater. We continue to work with our HSCP colleagues, care homes and families to arrange supported discharge for patients as quickly as possible.

In response to the increasing COVID-19 and unscheduled care pressures, we continue to limit our elective activity to help create capacity to respond to emergency cases, and continue to treat a range of urgent and very urgent conditions, including cancer. In continuing to do so for a period in a planned way will help ensure that emergency and very urgent patients continue to receive the services they require. The challenges and changes are having an impact on a range of performance measures as outlined in this report. As at February 2022, seven of the 16 measures are currently delivering against trajectory and rated green, two are rated as amber (<5% variance from trajectory), six have been rated as red (>5% adverse variance from trajectory) and the remaining measure with no target is rated as grey and included within the report to provide further context to performance.

Measures to ensure patient, staff and visitor safety including the need for infection control measures e.g. social distancing protocols in clinical areas, the need for pre-procedure testing, etc. remain in place and continue to impact on the rate of remobilisation.

1. Psychological Therapies: % of eligible referrals starting treatment <18 weeks of referral



Summary

Current Position (including against trajectory):

Current Position Against National Target:

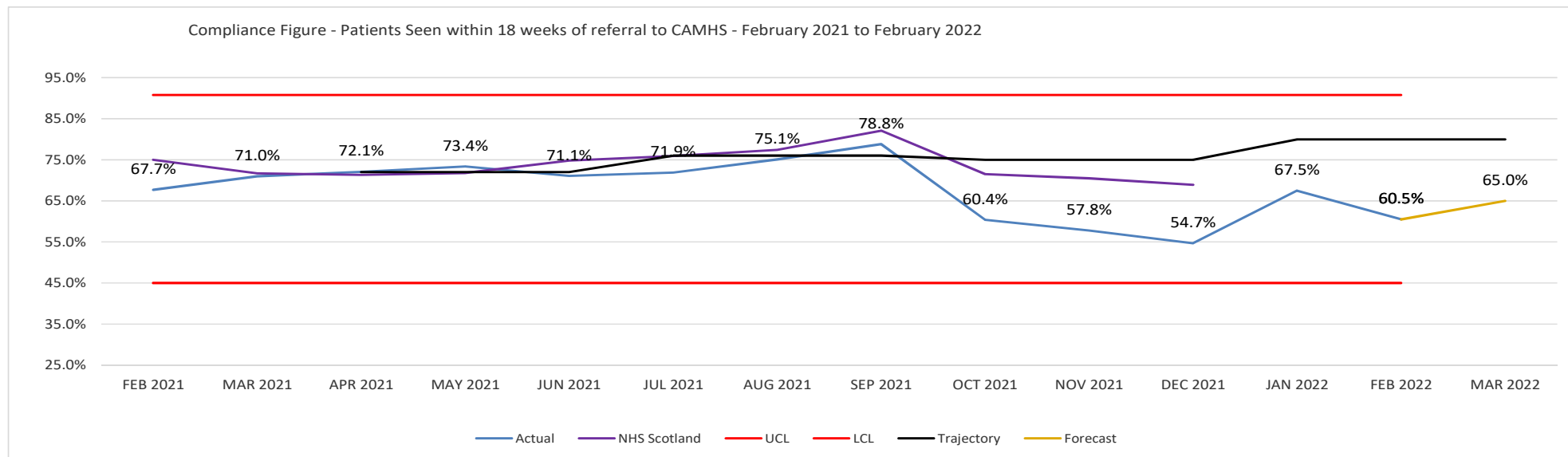
Projection to 31 March 2022:

Currently 91.7% against RMP4 trajectory of >90%. **Exceeding Target by 1.7%.**

National target 90%. NHSGGC is consistently above the national position and remains the best performing territorial Health Board in Scotland.

March 2022 target >90%. Forecast is in line with trajectory. **On track to meet target.**

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



Please note that the data from January 2022 onwards now includes all discharges from the CAMHS waiting list for patients not seen. These discharges could be due to opting out of the Service, unable to contact patient, non-attendance, etc. This may affect the 18 week RTT but is within the CAMHS Waiting Times definitions and scenarios.

Summary

Current Position (including against trajectory):

60.5% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, **below the 80% trajectory.**

Current Position Against National Target:

Performance is below the national position for the latest published quarter ending December 2021.

Projection to 31 March 2022:

March 2022 target of 80%. Fluctuations in RTT due to the focus on longest waiting patients, the impact of Omicron and the prioritisation of those most at risk mean we are **unlikely to meet target. Forecasting an improvement to 65% by March 2022.**

Key improvement actions to address performance are detailed in the next slide.

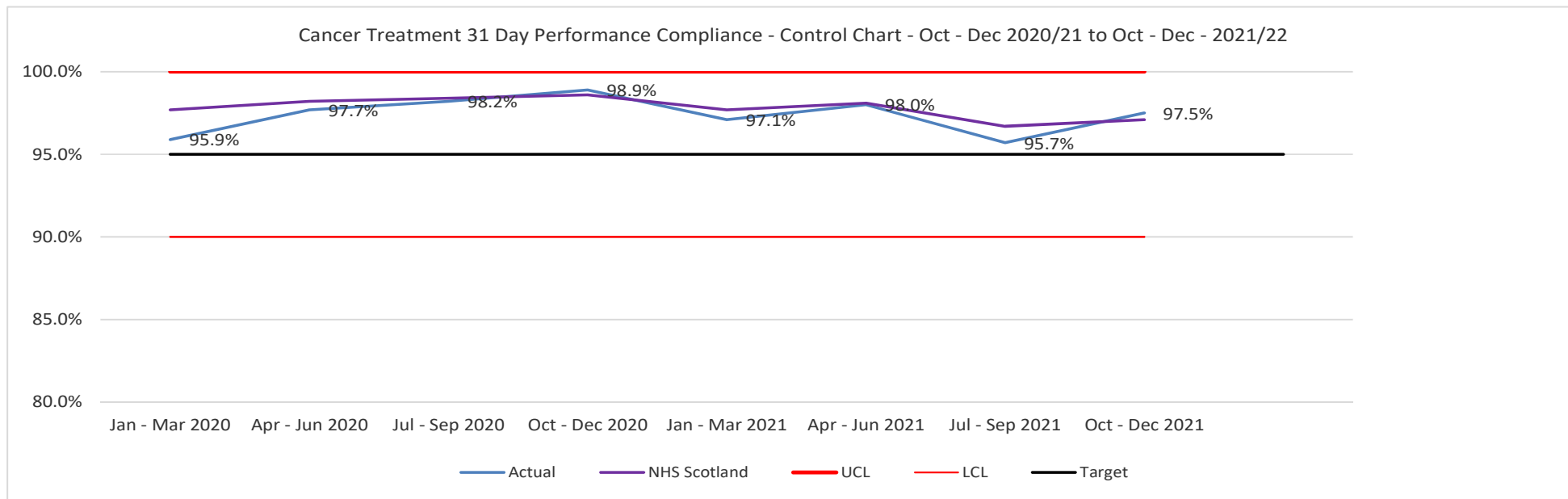
2. Child and Adolescent Mental Health: % of eligible patients starting treatment <18 weeks of referral

Key Actions

The CAMHS Team referral rates have returned to pre-pandemic levels. Despite this, both Inverclyde and West Dunbartonshire HSCPs are currently meeting the target. The focus has been on reducing longest waiting patients therefore reducing compliance with the 18 week referral to treatment target. This will continue and will lead to an increase in the number of patients on the waiting list waiting <18 weeks. Key improvement actions in place to address performance and ensure we meet the year end trajectory include:

- A CAMHS Mental Health Recovery and Renewal Programme Board has been initiated to oversee the plan to utilise the Phase 1, £6.1 million funding to improve waiting times in CAMHS, deliver full service specification and increase the transition timescales up to age range 25 years for targeted groups. Additional funding has also been received for Phase 2 focusing on the delivery of the Neurodevelopmental service specification and enhancement of a range of Tier 4 Board-wide services and the development of Regional Services including an IPCU.
- A Waiting List Initiative is in place with funding for 18 WTE and additional staff had been recruited to see the longest waiting patients. However these fixed term staff are moving on to new permanent posts negatively impacting on the net gain in WTE staffing.
- A workforce plan has been developed for the HSCP Tier 3 CAMHS teams to expand the Multi-Disciplinary Teams with additional Mental Health Recovery and Renewal Funding. These posts are now in the process of recruitment with some new staff now in place. The existing budgeted workforce for Tier 3 Service is 173 WTE but when fully recruited Tier 3 CAMHS will have a total of 296 WTE. Centralised board-wide recruitment for nursing and psychology has been undertaken and successful candidates are completing on-boarding. Given all Health Boards across Scotland will be recruiting to Mental Health Recovery and Renewal funded posts, this may impact on available workforce. Social media and recruitment fayres are being utilised to encourage staff to work in NHSGGC.
- Trajectories and targets are being provided to each of the HSCPs based on waiting list size and the staffing required to reduce the number of patients waiting. Weekend and evening clinics are being delivered in a number of HSCPs.
- Work continues on reducing the number of DNAs to fully maximise attendance including the use of SMS Text messaging and patient telephone reminders.
- Multi-agency referral triage groups are being established to triage referrals and ensure the right help is identified and maximise the utilisation of Tier 2 services.

3. Access to Cancer Services Treatment Time: % of patients treated within 31 days of decision to treat



Summary

Current Position (including against trajectory):

Currently 97.5% against an RMP4 target of 95% patients treated within 31 days. **Exceeding target by 2.5%.**

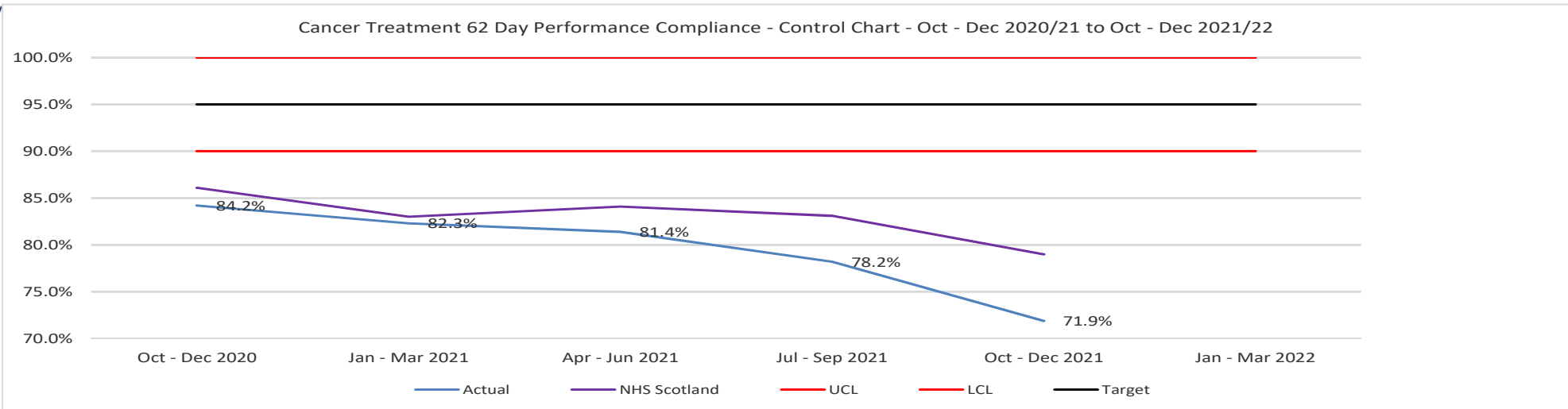
Current Position Against National Target:

Performance is above the national position of 97.1%.

Projection to 31 March 2022:

Target of 95% patients treated within 31 days. **On track to meet.**

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



Summary

Current Position (including against trajectory):

Currently 71.9% of patients starting treatment against an RMP4 target of 95% patients. **Below target by 23.1%.**

Current Position Against National Target:

Performance is below the national position of 79.0%.

Projection to 31 March 2022:

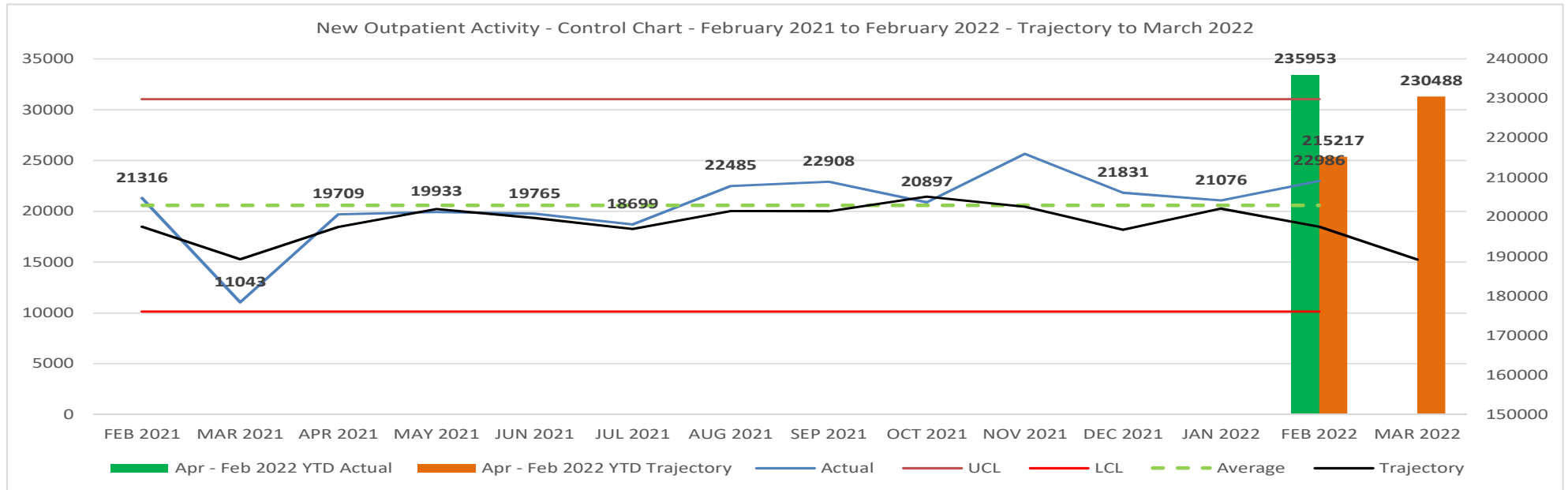
NHSGGC remains committed to improving performance and final quarter.

Key Actions

The Board continues to implement the national guidance on the management of patients who require cancer treatments agreed by the national Covid-19 Response Team. Actions put in place to address performance include the following:

- Diagnostic pathways are a key focus to reduce overall patient pathway waiting times:
 - Endoscopy waiting times remain a key challenge, number of actions underway to augment capacity including additional sessions and access to NHS Golden Jubilee capacity. The SG funded mobile unit is anticipated to be open in the next few weeks.
 - Optimisation of Imaging capacity is ongoing, increased pressures across ED/Inpatients impacting Outpatient capacity on Acute sites, however, CT Pod operational and staffed MRI van is also in place.
- Secured cancer access funding, non-recurring allocation of £2.2 million - schemes being actively managed.
- Further bids to SG include a WoS bid for additional support for Chemotherapy (SACT) Services based at the Beatson West of Scotland Cancer Centre. NHSGGC is still awaiting confirmation on our funding allocation.

5. New Outpatient Activity



Summary

Current Position (including against trajectory):

Current Position Against National Target:

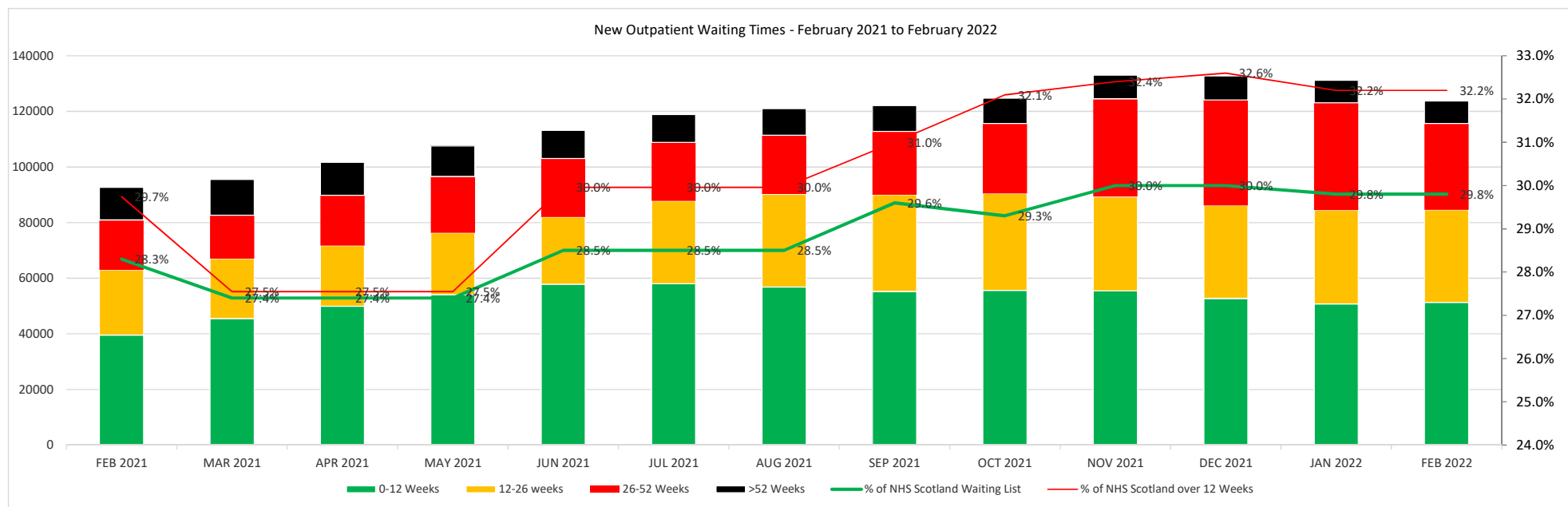
Projection to 31 March 2022:

Currently 235,953 patients seen against an RMP4 target of 215,217. **Exceeding target by 9.6%.**

No national target relevant

Target of 230,488 (this is RMP4) patients seen has been met and currently exceeding year end target.

6. New Outpatient Wait Times



Summary

Current Position (including against trajectory):

At the end of February 2022, 123,757 patients were on the new outpatient waiting list, of this total 72,469 were waiting >12 weeks against the RMP4 target of 70,000. The number of patients waiting >12 weeks is **3.5% above the RMP4 target**.

Current Position Against National Position:

29.8% of the total patients waiting across NHS Scotland for a first new outpatient appointment were NHSGGC patients at the end of February 2022.

Projection to 31 March 2022:

The RMP4 target for the end of March 2022 is a maximum of 70,000 of patients waiting >12 weeks. Based on the growing number of patients waiting >12 weeks, NHSGGC is unlikely to meet this target. **It is estimated that the number of patients waiting >12 weeks for a first new outpatient appointment will be between 7% and 10% above the RMP4 target at the end of March 2022.**

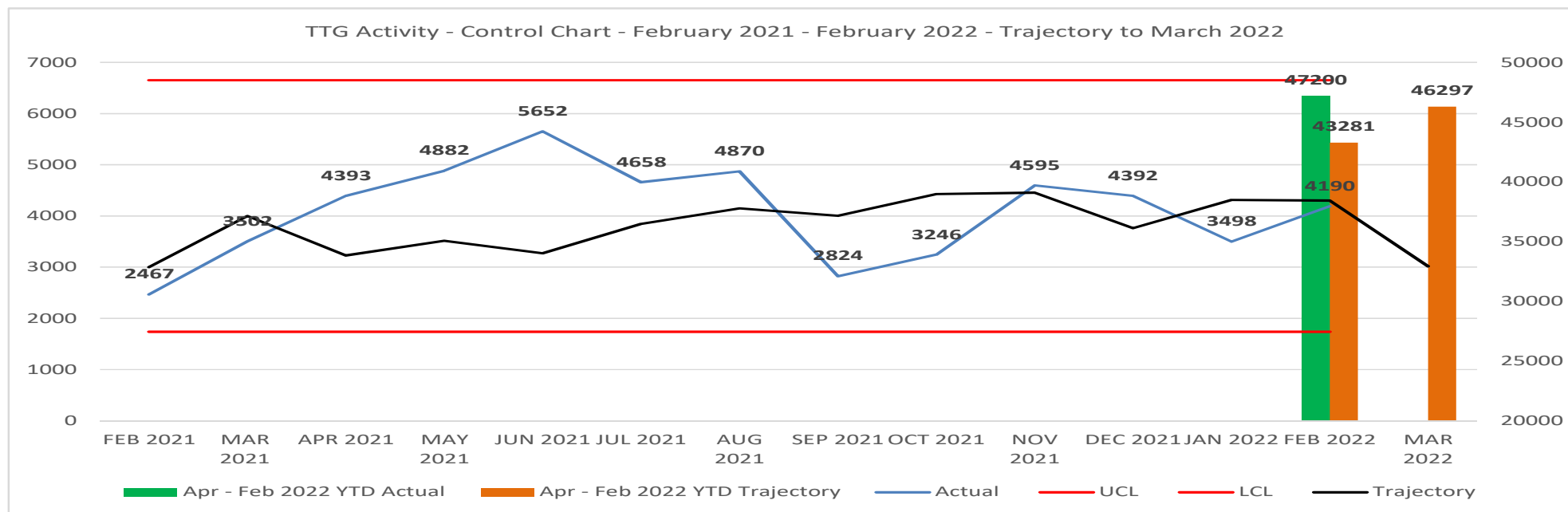
Key improvement actions in place to address performance are detailed in the next slide.

6. New Outpatient Wait Times (Continued)

Key Actions

- Regular review of longest waiting patients, including transfer of patients between sectors to increase parity in length of wait for patients and reduce overall board waiting times.
- Delivery of 100% of COVID-19 outpatient activity through face-to-face and virtual patient management, where appropriate.
- Review of social distancing in face-to-face clinics in line with the updated infection control guidance, which has increased throughput.
- Substitution of unused theatre DCC sessions for outpatient activity.
- Redesign of patient pathways to reduce the number of consultative appointments with lesser clinical value, including the use of opt-in pathways and direct to test.
- Implementation of new non-medical advanced practitioners, including Advanced Nurse Practitioners and Advanced Physiotherapy Practitioners.
- Procurement of insourcing to support reduction in waits for selected specialities.
- Funding to support locum and proleptic consultative appointments in services.

7. TTG Inpatient/Daycase Activity



Summary

Current Position (including against trajectory):

Currently 47,200 patients seen against an RMP4 target of 43,281. **Above target by 9.7%.**

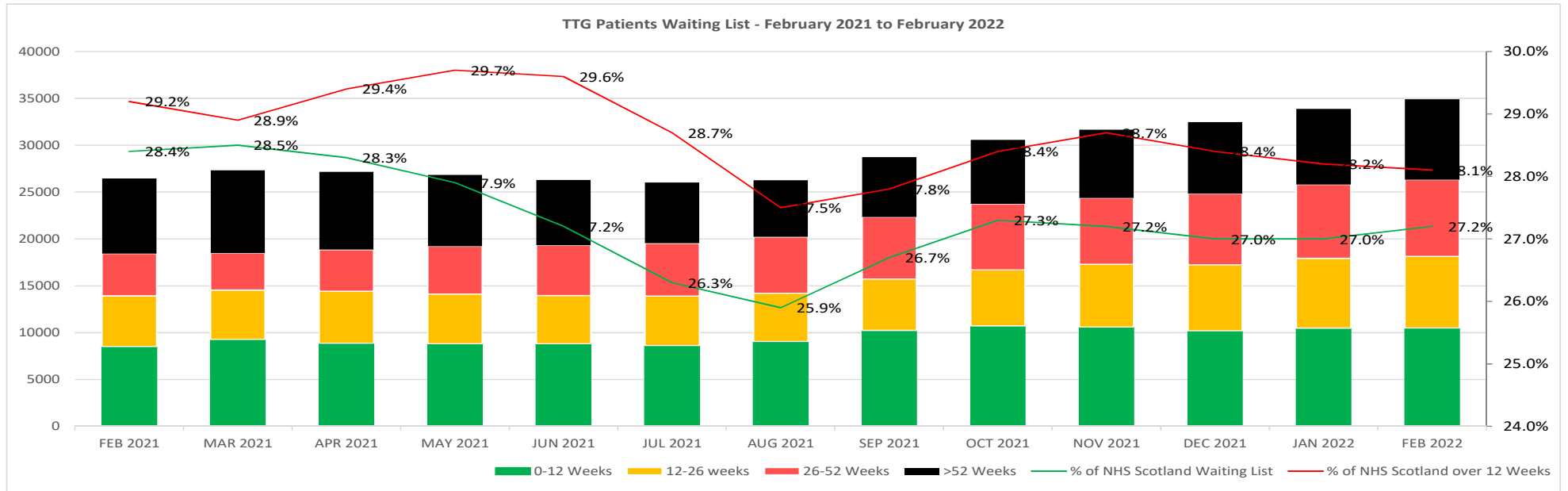
Current Position Against National Target:

No national target relevant.

Projection to 31 March 2022:

Target of 46,297 (this is RMP4) patients seen. Despite a forecast of a reduction in activity levels during the last quarter of 2021-22, **performance is currently exceeding the year end planned position.**

8. TTG Inpatient/Daycase Patient Waiting Times by Length of Wait



Summary

Current Position (including against trajectory):

At the end of February 2022, there were 34,899 patients on the overall waiting list. Currently 24,401 patients waiting >12 weeks against a target of 19,154. **Above target by 27%.**

Current Position Against National Position:

Currently 28.1% of the >12 weeks national waiting list at the end of February 2022.

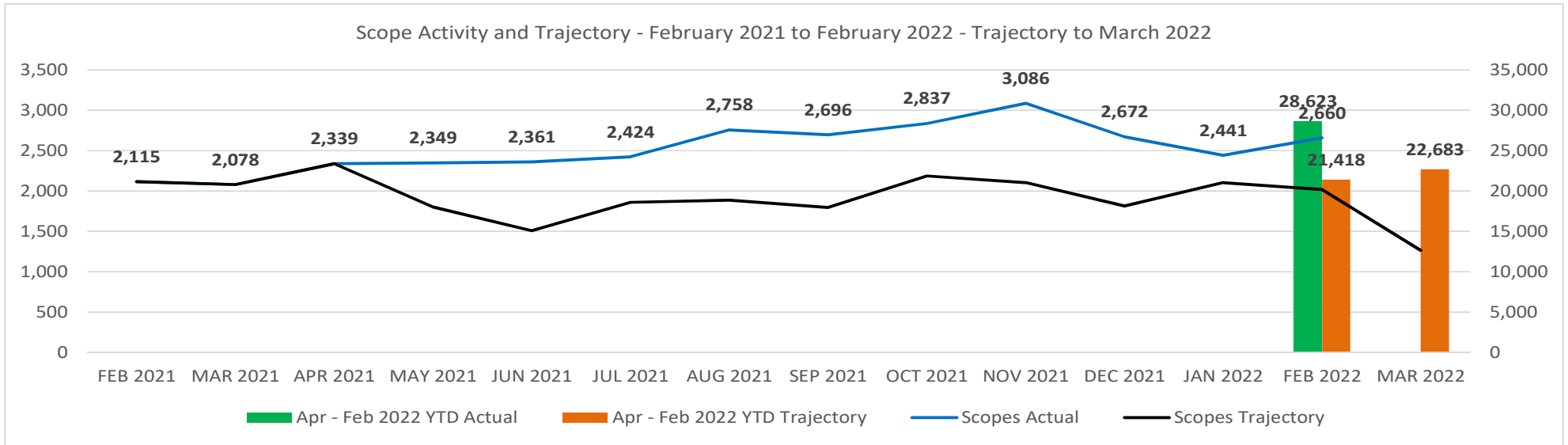
Projection to 31 March 2022:

Target of 19,154 (this is RMP4) waiting >12 weeks. **This is still above the target position. It is estimated that the number of patients waiting >12 weeks for treatment will be approximately 30% above the RMP4 target at the end of March 2022.**

Key Actions

- Theatre sessions have once again been limited by the level of COVID-19 in the acute hospitals.
- Activity is being delivered on all sites, with the most urgent cases prioritised for theatre.
- Board-wide theatre improvements and day surgery groups are focussed on key issues of theatre workforce and the transfer of care from inpatient settings to day case provision with support for patients.

9. Diagnostics: Scope Activity



Summary

Current Position (including against trajectory):

Current Position Against National Target:

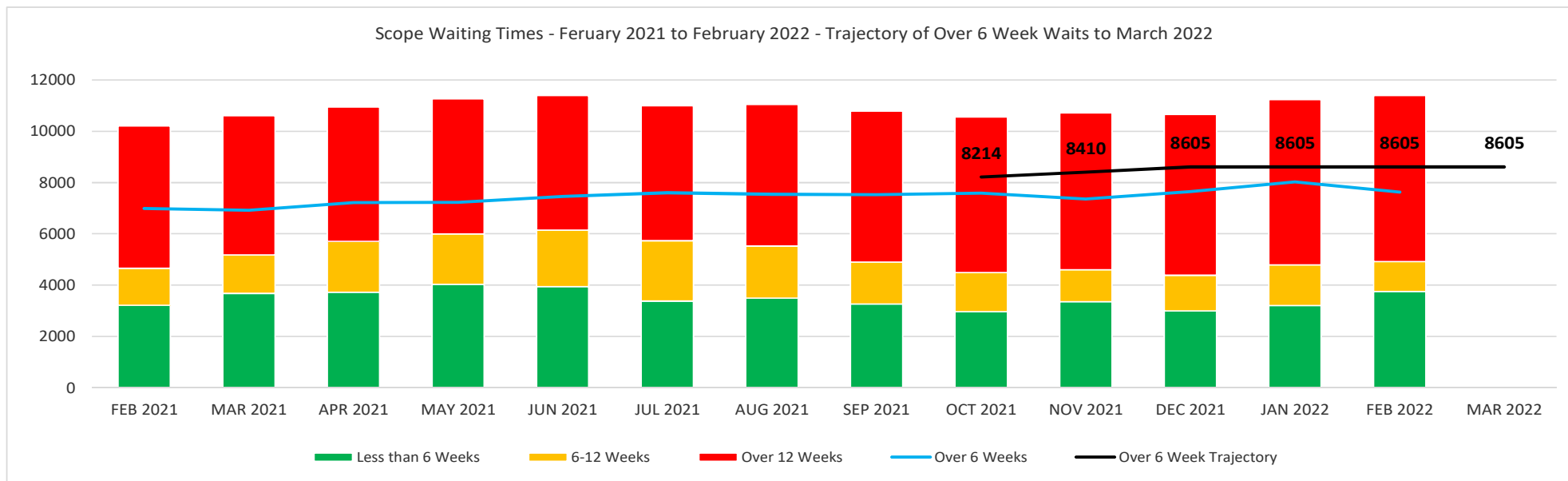
Projection to 31 March 2022:

Currently 28,623 seen against an RMP4 target of 21,418. **Above target by 34%.**

No national target relevant.

Target of 22,683 (RMP4) patients seen has been met.

10. Diagnostics: Scope Waiting Times



Summary

Current Position (including against trajectory):

Currently 11,388 patients on the overall waiting list. Currently 7,627 patients waiting >6 weeks against a target of 8,605. **Within target by 12.8%.**

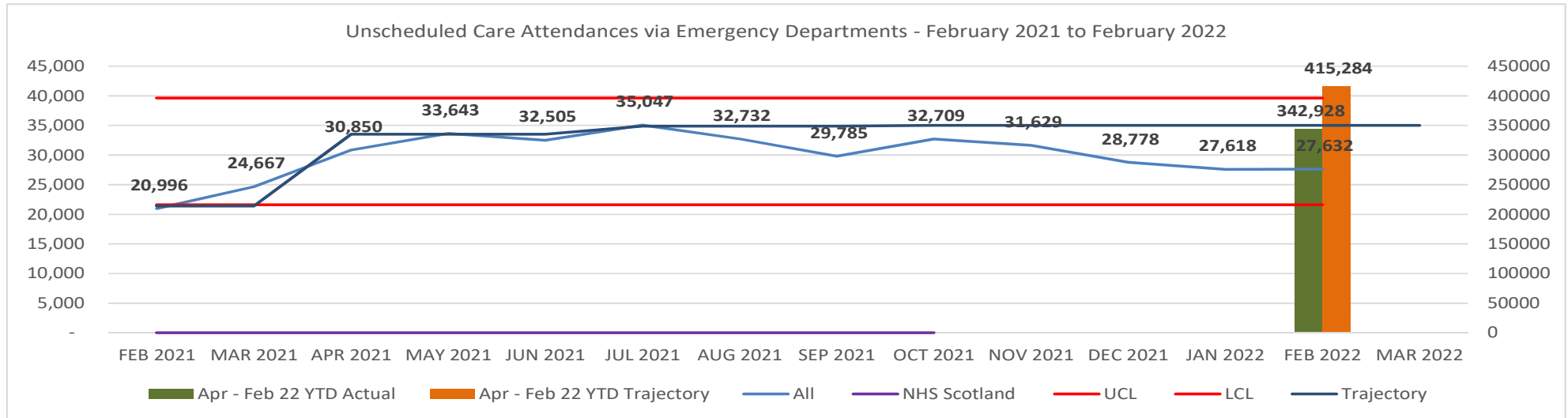
Current Position Against National Position:

No target relevant.

Projection to 31 March 2022:

Target of 8,605 (this is RMP4) waiting >6 weeks. **On track to meet.**

11. Unscheduled Care: Accident and Emergency Attendances



Summary

Current Position (including against trajectory):

Current Position Against National Target:

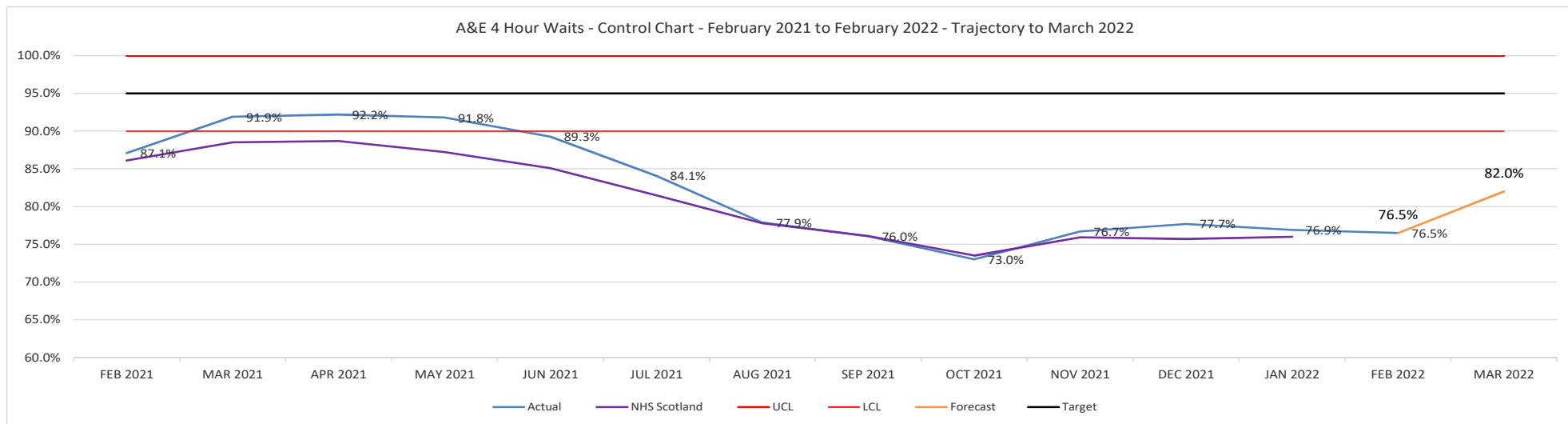
Projection to 31 March 2022:

Current performance 342,928 is within the trajectory of 415,284 by 21%. **On track to meet the target.**

No relevant national target.

Currently **on track to meet target** however, due to current service pressures and unpredictability, particularly in light of winter and the associated pressures, this position could change. NHSGGC remains fully committed to maintaining this position.

12. Accident and Emergency 4 Hour Waiting Times Standard



Summary

Current Position (including against trajectory):

Currently 76.5% of patients seen within 4 hours against a target of 95%. **Below target by 13.5%.**

Current Position Against National Target:

Currently above the national average position.

Projection to 31 March 2022:

The 95% target will not be met due to current service pressures however, the Board remains fully committed to improving current performance. **Year end performance is estimated to be around 82.0%.**

Key improvement actions to address performance are detailed in the next slide.

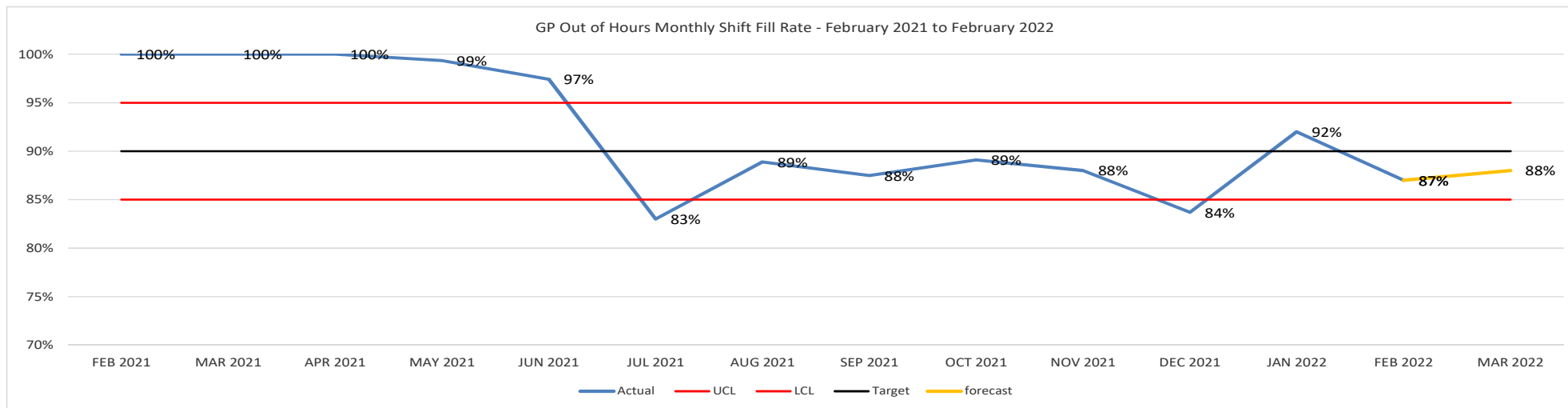
12. Accident and Emergency 4 Hour Waiting Times Standard (Continued)

Key Actions

We continue to experience very challenging circumstances across our Acute Services as the number of patients within our hospitals diagnosed with COVID-19 continues to rise, so to have the number of staff absent due to COVID-19. Work to alleviate some of the intense pressures on Emergency Departments (EDs) includes:

- Actively promoting our Right Care, Right Pace model of unscheduled care encouraging members of the public to only attend EDs if their condition is very serious or life threatening and for those who can be seen elsewhere to speak with their GP or pharmacist, utilise NHS24 or one of our Minor Injury Units (MIUs).
- By raising awareness of alternative pathways, we can support our front door staff in managing current pressures, while also helping our patients receive a more efficient care experience where they will be seen faster, and receive the right type of care for their needs.
- Work also continues at a pace across all work streams aligned to the Redesign of Urgent Care to reduce the number of patients coming through ED. A range of programmes are either in place or being developed and implemented as we continue to try to balance levels of demand for urgent care whilst continuing to deal with high numbers of patients with COVID-19.
- A number of specialty referral pathways have been developed to support this e.g. around 1,100 referrals per month are received from NHS24 and a third of these are successfully dealt with by the Flow Navigation Centre (FNC) and do not result in a face to face appointment. The remainder of referrals are converted to planned attendances at either EDs or MIUs.

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



Summary

Current Position (including against trajectory):

Currently 87% (227) of the 262 scheduled shifts were open against the NHSGGC's target of 90%. **Below the target by 3.0%.**

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2022:

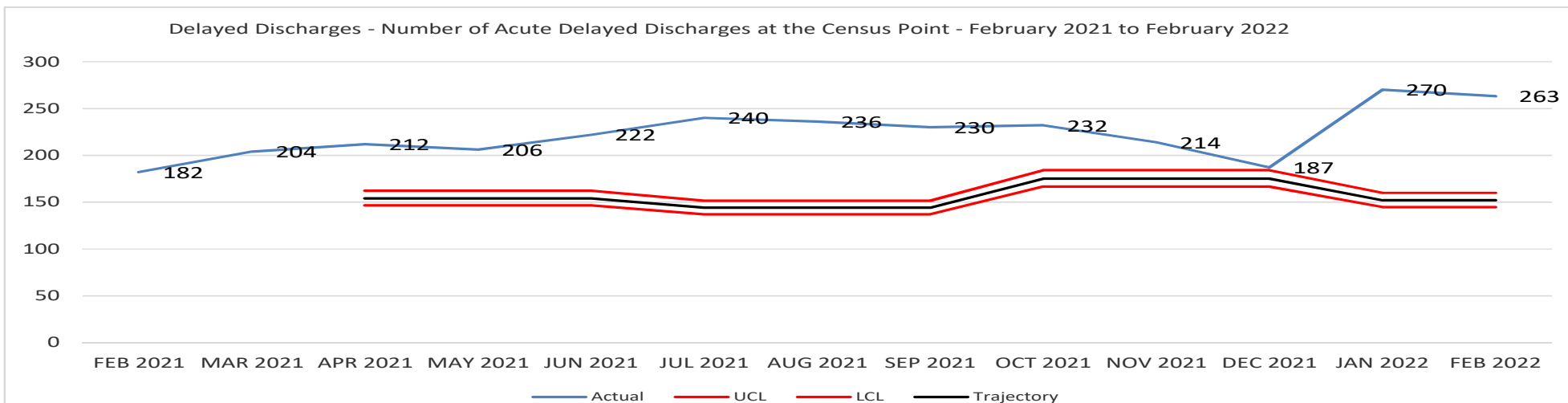
NHSGGC remains committed to improving performance. It is estimated that performance is **likely to be marginally below the monthly target of 90% at 88.0%.**

Key Actions

The service continues to face challenges encouraging GPs to work in the service and fill shifts. Primary Care and Out Of Hours are facing high levels of demand and service pressures. As a result there are fewer GPs signing up to work for the service. Actions to mitigate this include:

- Continue to advertise for Advanced Nurse Practitioners (ANP) to complement GP staff and run ANP led clinics when possible.
- Conducting a review of workforce modelling to ensure we have the right balance across our advice, home visiting and PCEC staff, matching capacity with demand across the service.
- Increased the opportunity for remote working for our GPs - there are now 29 GPs who work remotely.
- Review pay rates to ensure we are fair in our reimbursement for GPs and offer competitive rates in areas of high demand.
- Providing more opportunities for education and learning and encouraging ongoing engagement with the service.

14. Delayed Discharges: Number of Acute Delayed Discharges



Summary

Current Position (including against trajectory):

Currently 263 Acute delayed discharges, above the RMP 4 monthly target of 152. **Above target by 73%.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2022:

Performance is above the monthly trajectory and **target will not be met. Estimated to be approximately 35% above target.**

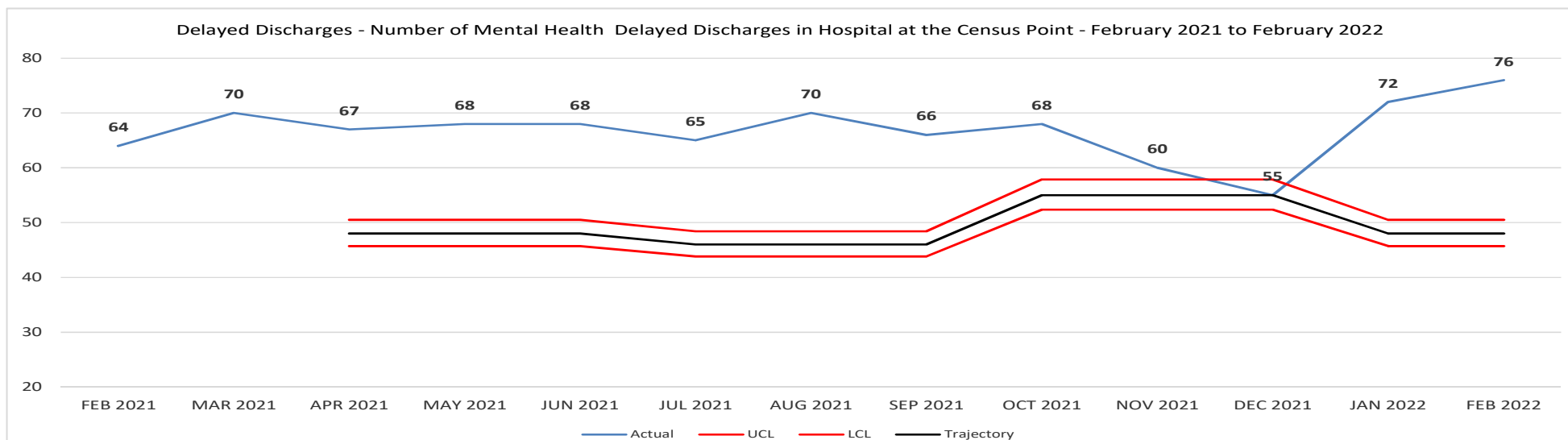
Key Actions

Delayed discharges remains a significant challenge due to the ongoing nature of Omicron and the increasing number of positive cases in hospitals, the wider community and in our adult care homes. This is having an impact on our ability to discharge patients swiftly due to the number of care home closures, staff absences and acute ward outbreaks. For example as at 21 March 2022 there were 51 care homes closed to admissions and 24 patients fit for discharge unable to move as a result of being in a closed ward and unable to be admitted into a care home. NHSGGC remains focused on addressing the challenges and significant effort has been made by HSCP Teams, Acute Discharge Teams and Acute Teams over recent months. Current programmes of work in place include:

- Public Health supporting care homes to risk assess partially opening to admissions/supporting them to re-open in a timely manner post COVID-19 outbreak.
- Daily discharge huddles continue to focus on operational improvements.
- In the longer term, NHSGGC held the first introductory session of Discharge without Delay on 17 March 2022. The next step is to have Sector/HSCP combined local sessions to complete a self assessment to help drive the required improvements.

*UCL and LCL have been changed to reflect a 5% variance from target following discussions at FP&P. Targets are based on RMP4, with a prorate split between Acute and Mental Health Delays

15. Delayed Discharges: Number of Mental Health Delayed Discharges



Summary

Current Position (including against trajectory):

Currently 76 Mental Health delayed discharges, above the monthly trajectory of 48.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2022:

Performance is above the monthly trajectory and **target will not be met. Based on current management information performance is estimated to be approximately 46% above target by March 2022.**

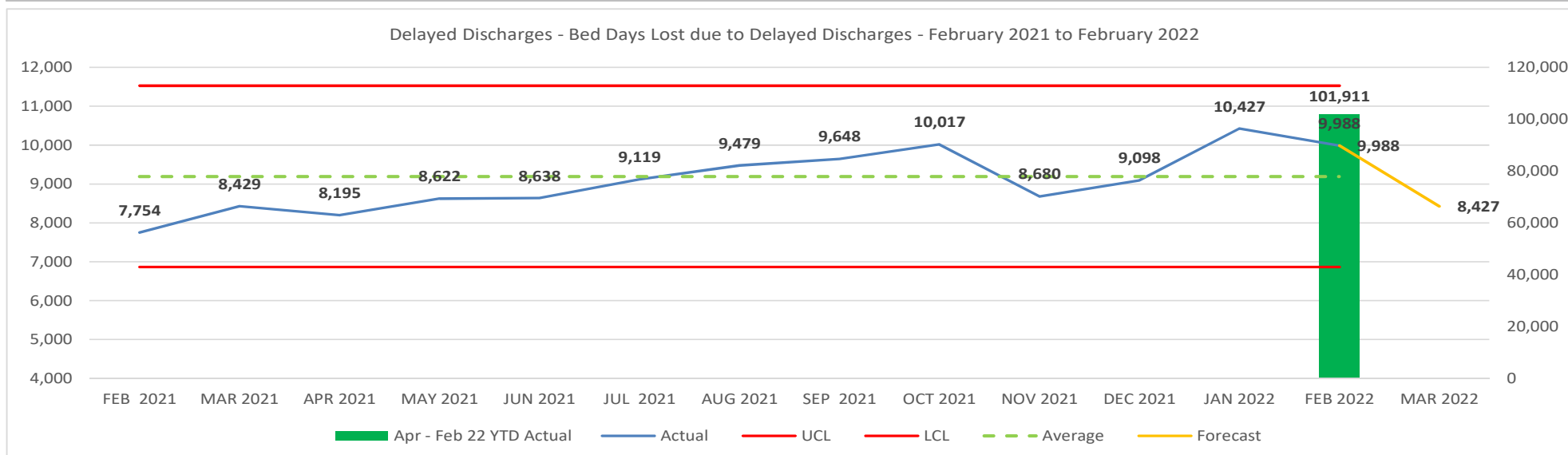
Key Actions

Based on local management information, the actions underway to address the performance challenges around Mental Health delays are beginning to have a positive impact in March. These include:

- An increase in staffing to the integrated discharge teams which will address the delays in social work assessments and accessing care home placements.
- An increase in funding for the adult mental health social care contract which will increase the number of providers and the types of care available.
- The development of the learning disability adult social care resource at Waterloo Close which will support eight adults with complex learning difficulties. The adults currently delayed within learning disability wards are being targeted for this resource.
- An increase in Mental Health Officers across the City will address delays in relation to guardianship applications.

*UCL and LCL have been changed to reflect a 5% variance from target following discussions at FP&P. Targets are based on RMP4, with a prorate split between Acute and Mental Health Delays

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



Summary

Current Position (including against trajectory):

Currently 9,988 bed days lost to delayed discharges, **above the 12 monthly average position of 9,195.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2022:

No year end target has been set and year end performance is dependent on the delayed discharge target being met.

Key Actions

The number of bed days lost to delayed discharges is causing considerable concern and challenge across Acute Services particularly in light of the increasing number of wards closed to admissions due to the significant rise in number of COVID-19 inpatients. Our priority continues to remain on ensuring we are able to move our patients on to an appropriate environment once they are deemed fit for discharge however, with many care homes closed to admissions and with significant sickness and absence amongst care at home staff, the challenge has become much greater. We continue to work closely with HSCP colleagues, care homes, patients and families to arrange supported discharge for patients as quickly and as safely as possible. A total of 222 Health Care Support workers have been recruited across the six HSCPs and this month's figures show the positive impact this is having. Despite the efforts highlighted in the previous two slides, this has not yet resulted in a sustained reduction in bed days lost.

17. 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	Standard deviation is based on 12 month rolling average	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	Standard deviation is based on 12 month rolling average	9
5	New Outpatient Activity	Standard deviation is based on 12 month rolling average	10
6	New Outpatients Waiting Times by Length of Wait	Not applied	11
7	TTG Inpatient/Daycase Activity	Standard deviation is based on 12 month rolling average	13
8	TTG Patient Waiting Times by Length of Wait	Not applied	14
9	Diagnostics: Scope Activity	Not applied	15
10	Diagnostics: Scope Waiting Times by Length of Wait	Not applied	16
11	Unscheduled Care: Accident and Emergency Attendances	Standard deviation is based on 12 month rolling average	17
12	Unscheduled Care: A&E 4 Hour Waits	Based on 5% variance from target	18
13	GP Out Of Hours: Number of scheduled shifts open	Based on 5% variance from target	20
14	Delayed Discharges: Number of Acute delayed discharges	Based on 5% variance from target	21
15	Delayed Discharges: Number of Mental Health delayed discharges	Based on 5% variance from target	22
16	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Standard deviation is based on 12 month rolling average	23