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| NHS Greater Glasgow and Clyde | Paper No. 22/05 |
| Meeting: | Board Meeting |
| Meeting Date: | 22 February 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:

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| 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 | | | 19 |
| 14 | Delayed Discharges: Number of Acute delayed discharges | RMP4 Trajectory | | | 20 |
| 15 | Delayed Discharges: Number of Mental Health delayed discharges | RMP4 Trajectory | | | 21 |
| 16 | Delayed Discharges: Number of bed days lost to delayed discharges (All) | Monthly Average Position | | | 22 |
| 17 | Rationale for Control Limits Applied | | | | 23 |

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

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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

Date prepared: 14 February 2022.

Date issued: 15 February 2022.

NHS GREATER GLASGOW & CLYDE BOARD MEETING



Performance Assurance Information – February 2022

| 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 | RMP4 Trajectory |  |  | 5 |
| 2 | Access to CAMHS - % eligible referrals starting treatment < 18 weeks | RMP4 Trajectory |  |  | 6 |
| 3 | Access to Cancer Services - Treatment Time Against 31 Day Pathway | 95% of patients being treated within 31 days from the decision to treat |  |  | 8 |
| 4 | Access to Cancer Services - Treatment Time Against 62 Day Pathway | 95% of patents being seen within 62 days of referral |  |  | 9 |
| 5 | New Outpatient activity | RMP4 Trajectory |  |  | 10 |
| 6 | Outpatient Waiting Times – Numbers of Patients Waiting Over 12 Weeks, 26 Weeks and 52 Weeks | RMP4 Trajectory |  |  | 11 |
| 7 | TTG Activity | RMP4 Trajectory |  |  | 13 |
| 8 | TTG Patient Waiting Times – Numbers of Patients Waiting Over 12 Weeks, 26 Weeks and 52 Weeks | RMP4 Trajectory |  |  | 14 |
| 9 | Diagnostics Scope Activity | RMP4 Trajectory |  |  | 15 |
| 10 | Diagnostic Waiting Times Scopes – Numbers of Patients Waiting over 6 Weeks, 12 Weeks and 52 Weeks | RMP4 Trajectory |  |  | 16 |

| No | Measure | Targets | Current Performance Status | Projected Performance as at 31 st March 2022 | Slide Number |
|----|---|---|---|---|--------------|
| 11 | Emergency activity | RMP4 Trajectory |  |  | 17 |
| 12 | Access to Acute Emergency Care | 95% of patients to be seen within 4 hours |  |  | 18 |
| 13 | GP Out Of Hours - Number of scheduled shifts open | 90% Local Target |  |  | 19 |
| 14 | Number of Acute delayed discharges | RMP4 Trajectory |  |  | 20 |
| 15 | Number of Mental Health delayed discharges | RMP4 Trajectory |  |  | 21 |
| 16 | Number of bed days lost to delayed discharges (All) | Monthly Average Position |  |  | 22 |
| 17 | Rationale for Control Limits Applied | | | | 23 |

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.

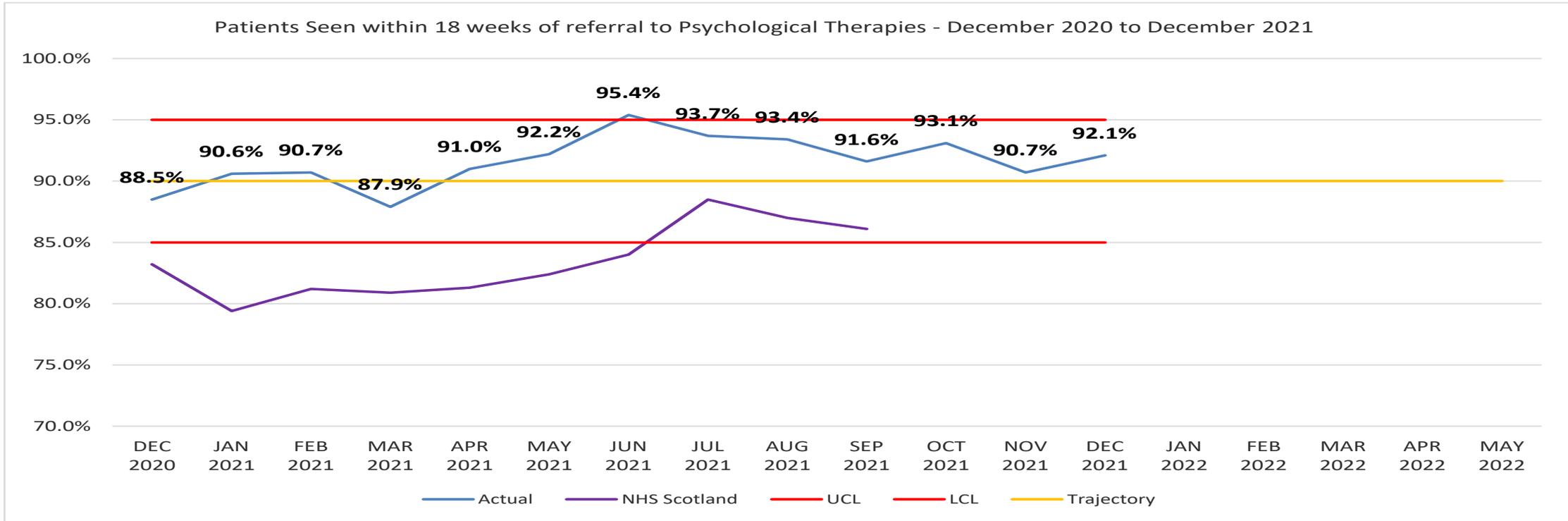
In the main the report covers the period April – December 2021 (with the exception of quarterly covering the latest published quarterly period (ending September 2021)). The report reflects the key priorities outlined in the fourth version of the Remobilisation Plan (RMP4) approved by the Scottish Government. The RMP4 also incorporates our Winter Plan for 2021-22. The targets within the RMP4 form 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 service pressures, including the unprecedented high numbers of COVID-19 cases in the community which have had an impact on hospital admissions and rising attendances alongside the pressures of staff absences during the period related to the information contained within the report. Since then, there has been significant reductions in the number of COVID-19 community cases. However, by way of context, the number of COVID-19 hospital inpatients continued to steadily increase during this winter. Whilst there has been a recent reduction in the number of community cases there continue to be a high number of hospital inpatients. There are currently 1,072 COVID-19 hospital inpatients across NHSGGC (as of 7th February 2022). The number of COVID-19 inpatients across NHSGGC is currently 77% higher than the peak number reported during the ‘first wave’ of the pandemic (606) and 12% higher than the number reported during the peak of ‘second wave’ of the pandemic (956). Of the total number of COVID-19 inpatients, 292 COVID-19 had tested positive in the previous 28 days. There are also 11 ICU inpatients and of this total 8 had tested positive in the previous 28 days.

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 doing so for a period in a planned way this will help ensure that emergency and very urgent patients will receive the services they require. We have also re-aligned staff working in non-clinical roles to support clinical areas with appropriate duties. It is evident that these changes are having an impact on a range of performance measures as outlined in this report. As at December 2021, 8 of the 16 measures are currently delivering against trajectory and rated green, 1 is rated as amber (<5% variance from trajectory), 6 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):

Currently 92.1% against RMP4 trajectory of >90% for the quarter ending December 2021. **Exceeding Target by 2.1%.**

Current Position Against National Target:

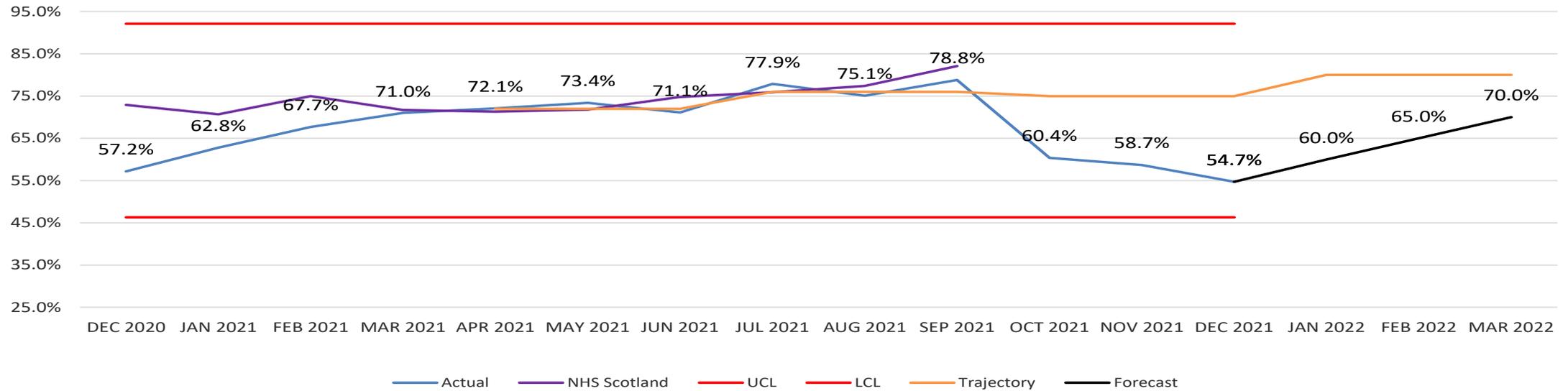
National target 90%. NHSGGC is consistently above the national position and remains the best performing territorial Health Board in Scotland.

Projection to 31 March 2022:

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

Compliance Figure - Patients Seen within 18 weeks of referral to CAMHS - December 2020 to December 2021



Summary

Current Position (including against trajectory):

54.7% of eligible CAMHS patients referred for treatment started treatment < 18 weeks of referral, **below the 75% trajectory.**

Current Position Against National Target:

NHSGGC's performance is in line with NHSS position for the latest published quarter ending September 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 70% by March 2022.**

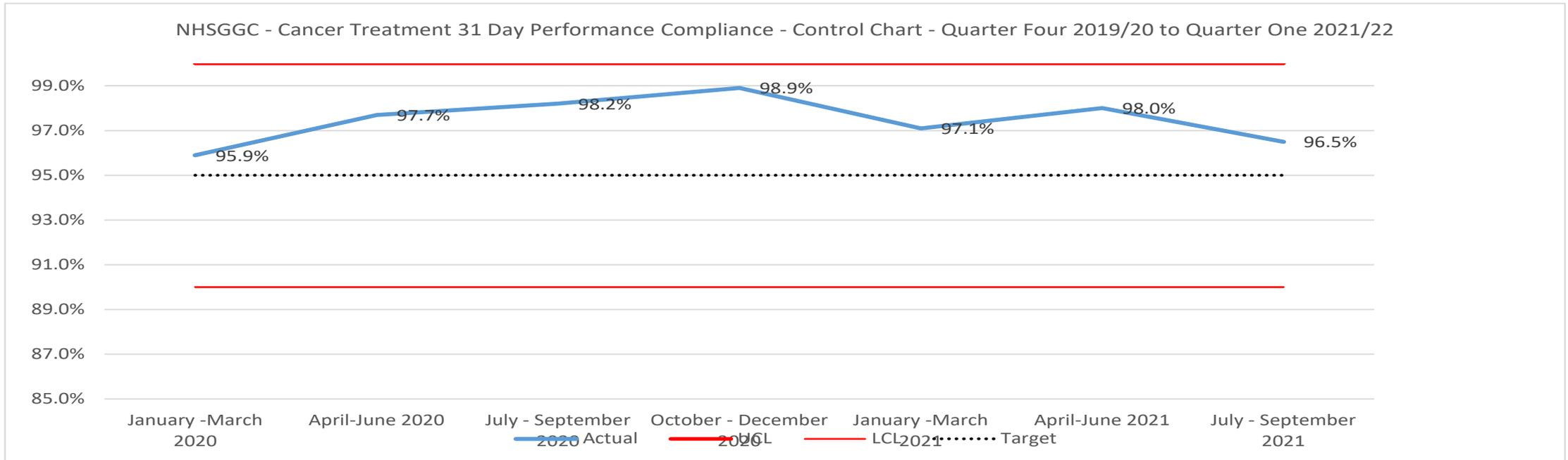
Commentary on next slide.

Key Actions and Risks

The CAMHS Team referral rates have returned to pre-pandemic levels. 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. Two of the six HSCPs across NHSGGC are currently meeting the target namely, Inverclyde and West Dunbartonshire HSCPs, both HSCPs are exceeding the 75% trajectory reporting 100% compliance in December 2021. Key improvement actions in place to address performance across NHSGGC and ensure we meet the year end forecast position 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 Whole Time Equivalents and additional staff have been recruited to see the longest waiting patients. The positive benefits of recruiting new staff is likely to be seen in January/February 2022.
- 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. As all boards will be recruiting to MHRR funds, this may impact on available workforce.

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



Please note the data relating to July – Sept 21 is provisional and NHS Scotland data has not been published.

Summary

Current Position (including against trajectory):

Currently 96.5% against an RMP4 target of 95% patients treated within 31 days. **Exceeding target by 1.5%.**

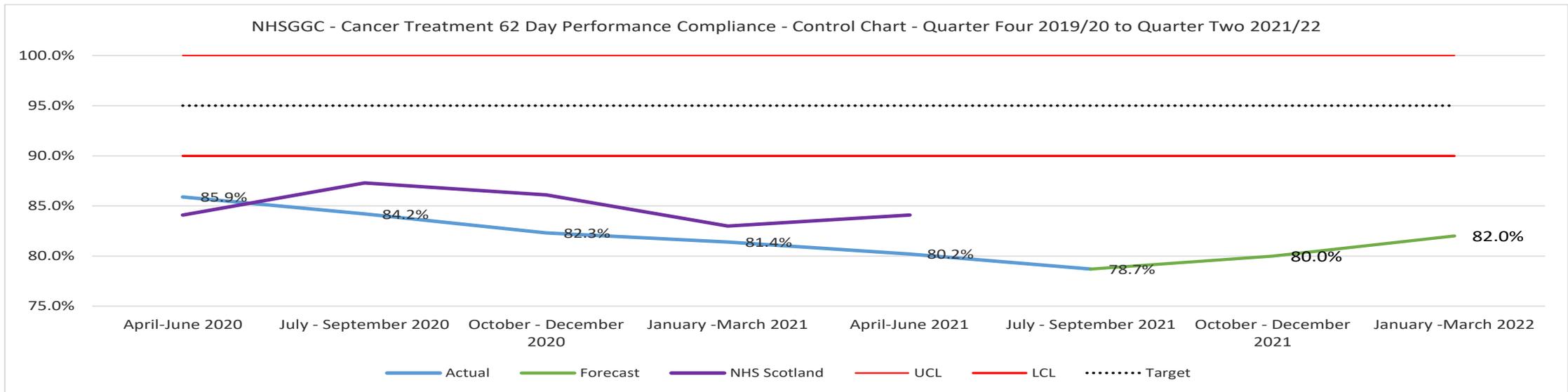
Current Position Against National Target:

95% (same as RMP4 target)

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



Please note the data relating to July – Sept 21 is provisional and NHS Scotland data has not been published.

Summary

Current Position (including against trajectory):

Currently 78.7% of patients starting treatment against an RMP4 target of 95% patients. **Below target by 16%.**

Current Position Against National Target:

95% (same as RMP4 target)

Projection to 31 March 2022:

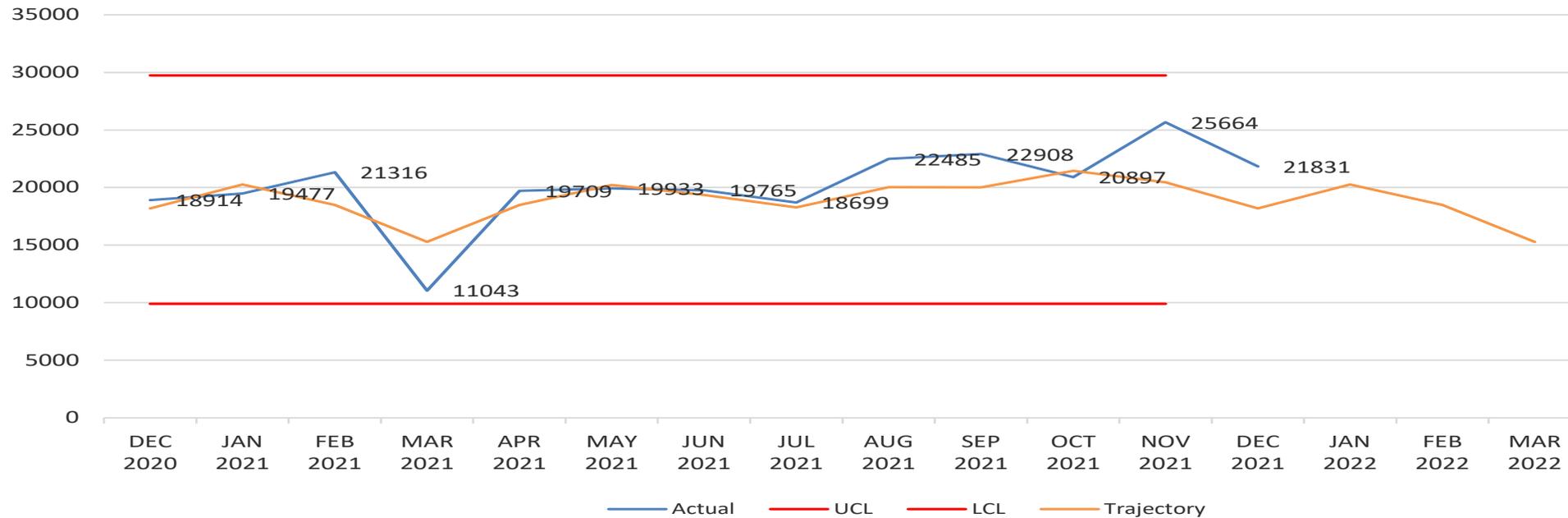
Forecasting an improvement to 82%. Striving for 95%, but projecting to **short of target.**

Actions

- Delivering cancer treatment remains a Board clinical priority.
- Continue to implement the national guidance on the management of patients who require cancer treatments agreed by the national Covid-19 Response Team.
- 62 day pathway improvement actions are focussed on challenged pathways. Specific actions include:
 - Breast (additional sessions to meeting increased demand);
 - Urology (weekend waiting lists initiatives combined waiting lists and additional TRUS biopsy capacity);
 - Urology SACT (additional medical resource to support increasing demand);
 - Renal - Cryo-Ablation (additional anaesthetic sessions arranged to meet backlog demand); and
 - Gynaecology (additional joining sessions with colorectal / plastics being arranged to meet changing case mix).
- Secured cancer access funding allocation of £2.2 million - schemes currently being deployed.
- Further bids to the SG - includes a West of Scotland bid for additional support for Chemotherapy (SACT) Services based at the Beatson West of Scotland Cancer Centre

5. New Outpatient Activity

New Outpatient Activity - Control Chart - December 2020 to December 2021 - Trajectory to March 2022



Summary

Current Position (including against trajectory):

Currently 191,891 patients seen against an RMP4 target of 176,461. **Exceeding target by 8.7%.**

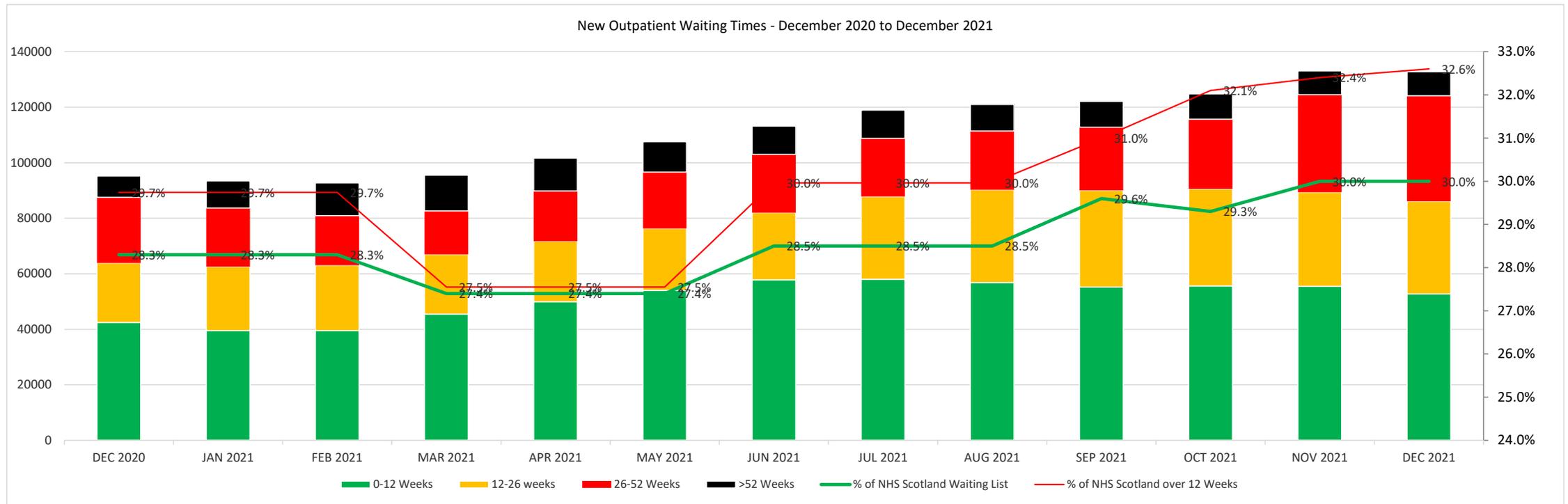
Current Position Against National Target:

No national target relevant

Projection to 31 March 2022:

Target of 230,488 (this is RMP4) patients seen. **On track to meet.**

6. New Outpatient Wait Times By Length of Wait



Summary

Current Position (including against trajectory):

At the end of December 2021, 124,136 patients were on the new outpatient waiting list, of this total 71,373 were waiting > 12 weeks against the RMP4 target of 70,000. The number of patients waiting > 12 weeks is **2% above the RMP4 target**.

Current Position Against National Position:

30.0% of the total patients waiting across NHS Scotland for a first new outpatient appointment were NHSGGC patients at the end of December 2021.

Projection to 31 March 2022:

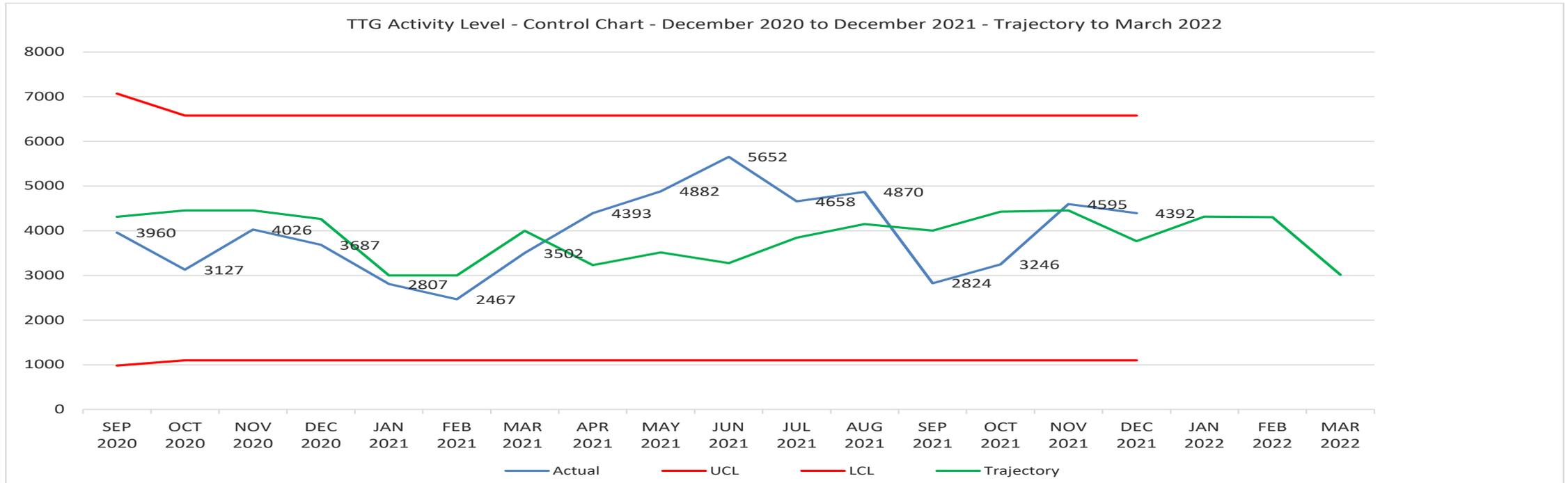
The RMP4 target for the end of March 2022 is a maximum of 70,000 of patients waiting over 12 weeks. Based on the growing number of patients waiting > 12 weeks, NHSGGC is **unlikely to meet this target**. It is **estimated that the number patients waiting > 12 weeks for a first new outpatient appointment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

Key actions in place to address performance are outline on next page.

Key Actions and Risks

- Teams have been asked to deliver 100% pre-pandemic activity as a blended arrangement of face-to-face and virtual patient management.
- Advance Nursing Roles – review with specialty team to expand senior nursing support for OPD management.
- Remote Consultation – Approximately 38% of patients are seen through virtual means; however face-to-face consultations will continue to be required for the majority of patients. Specialty teams are currently reviewing the potential for increasing the use of Near Me technology in place of telephone consultations.
- Discharge Patient Initiated Review (PIR) – this process allows patients rapid access to clinical teams in the event of deteriorating symptoms or other clinical triggers but can remove the need for routine return appointments. Each specialty will have specific patient groups for whom this approach is best applied and specialty leads have been asked to take this forward across Acute Services.
- Active Clinical Referral Triage (ACRT) – 78% of referrals from Primary Care into Secondary Care are being managed through ACRT. Work is ongoing with services to ensure the use of ACRT is maximised.
- Implementation of new infection guidance has allowed a decrease in social distancing in clinics and therefore an increase in clinic throughput.
- Transformation Programme – review of pathways at a speciality-level to reduce the number of unnecessary appointments and ensure patients who need to be seen are reviewed by the right professional at the right time. Each speciality will have different changes; however, these changes include directing patients to non-medical advanced practitioners, implementation of opt-in pathways and sending patients directly for tests.
- With a reduction in theatre capacity, services have been asked to substitute unused direct clinical care sessions (theatre sessions) for outpatient activity.

7. TTG Inpatient / Daycase Activity



Summary

Current Position (including against trajectory):

Currently 39,512 patients seen against an RMP4 target of 34,664. **Exceeding target by 14.0%.**

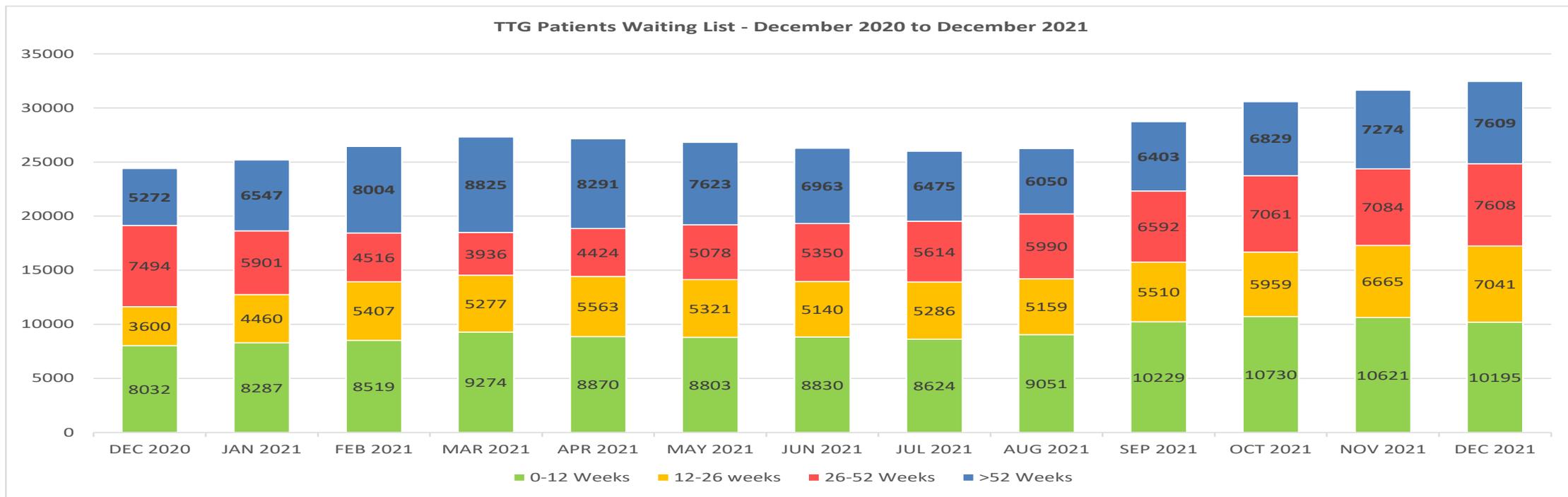
Current Position Against National Target:

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 remains **on track to meet overall target.**

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



Summary

Current Position (including against trajectory):
patients

Current Position Against National Position:

Projection to 31 March 2022:

At the end of December 2021, there were 32,453 patients on the overall waiting list. Currently 22,258 waiting over 12 weeks against a target of 19,154. **Above target by 16%.**

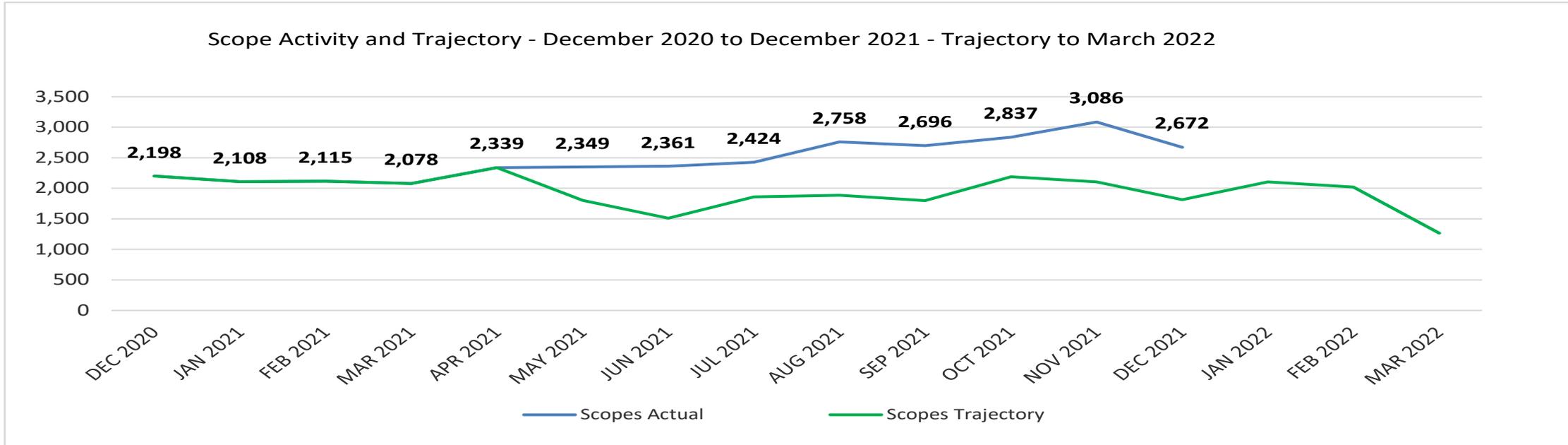
Currently 28.7% of the over 12 weeks national waiting list.

Target of 19,154 (this is RMP4) waiting over 12 weeks. **Still short of target. It is estimated that the number of patients waiting more than 12 weeks for treatment will be 25% above the RMP4 target at the end of March 2022.**

Key Actions

- Due to current service pressures of COVID 19, theatre activity has been reduced temporarily to balance the demand from unscheduled care.
- All patients on the inpatient/daycase waiting list have been clinically prioritised and the focus remains on treating Priority 1 and 2 cases (urgent cases) across all specialties.
- Board-wide theatre improvements and day surgery groups have restarted with the aim of improving theatre utilisation and tackle GGC-wide challenges such as theatre workforce.

9. Diagnostics – Scope Activity



Summary

Current Position (including against trajectory):

Currently 23,522 seen against an RMP4 target of 17,295. **Above target by 36%.**

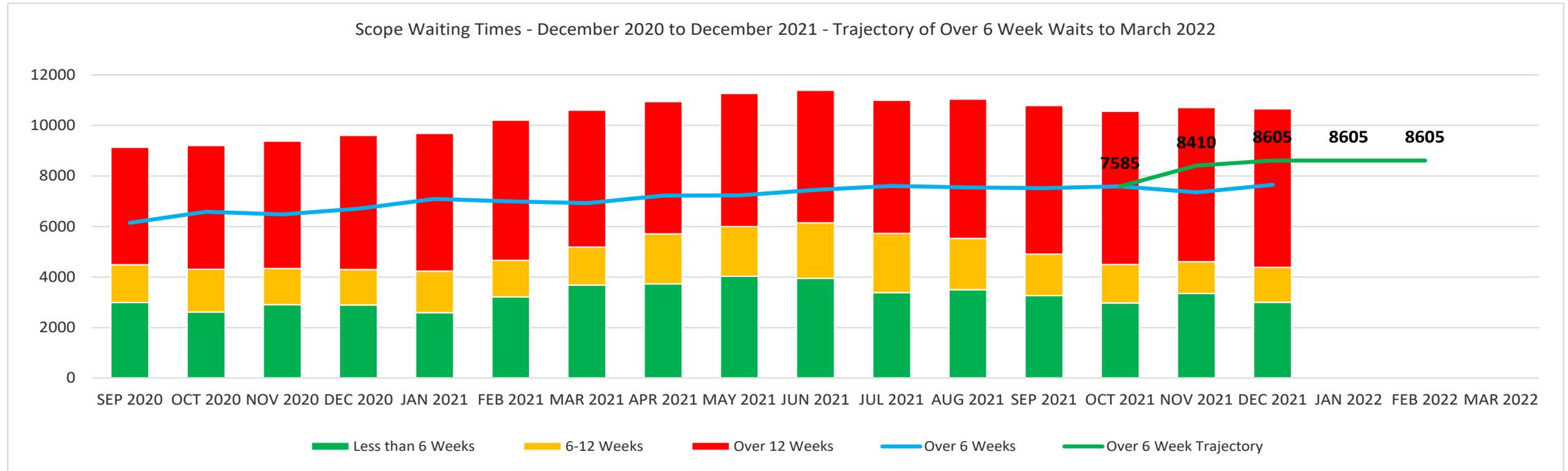
Current Position Against National Target:

No national target relevant.

Projection to 31 March 2022:

Target of 22,683 (RMP4) seen. **Currently exceeding year end target and on track to meet.**

10. Diagnostics - Scope Waiting Times by Length of Wait



Summary

Current Position (including against trajectory):

Currently 10,649 patients on the overall waiting list. Currently 7,648 patients waiting over 6 weeks against an target of 8,605. **Within target by 12%.**

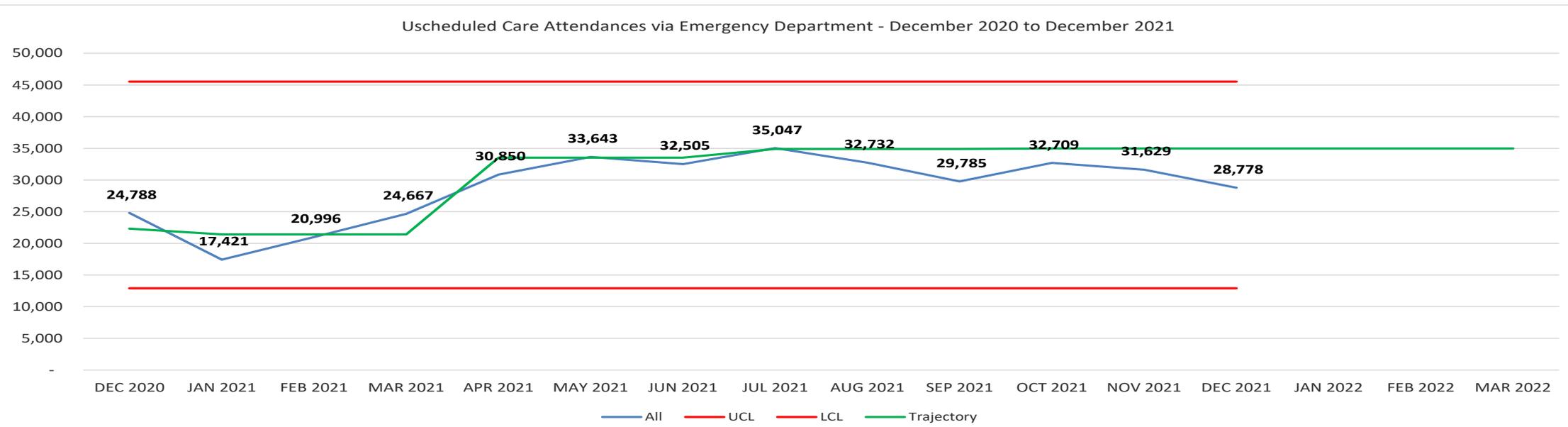
Current Position Against National Position:

No target relevant.

Projection to 31 March 2022:

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

11. Unscheduled Care: Accident and Emergency Attendances



Summary

Current Position (including against trajectory):

Current Position Against National Target:

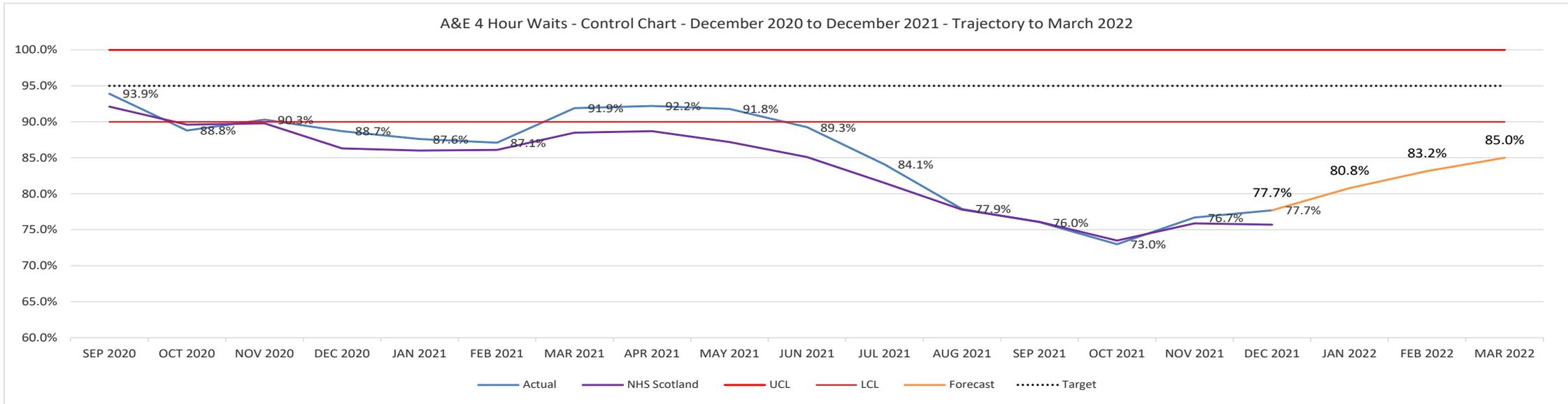
Projection to 31 March 2022:

Current performance 28,778 is within the trajectory of 35,000 by 18%. **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. Unscheduled Care: Accident and Emergency 4 Hour Waits



Summary

Current Position (including against trajectory):

Currently 77.7% of patients seen within 4 hours against a target of 95%. **Below target by 17%.**

Current Position Against National Target:

Trend in line with National Performance.

Projection to 31 March 2022:

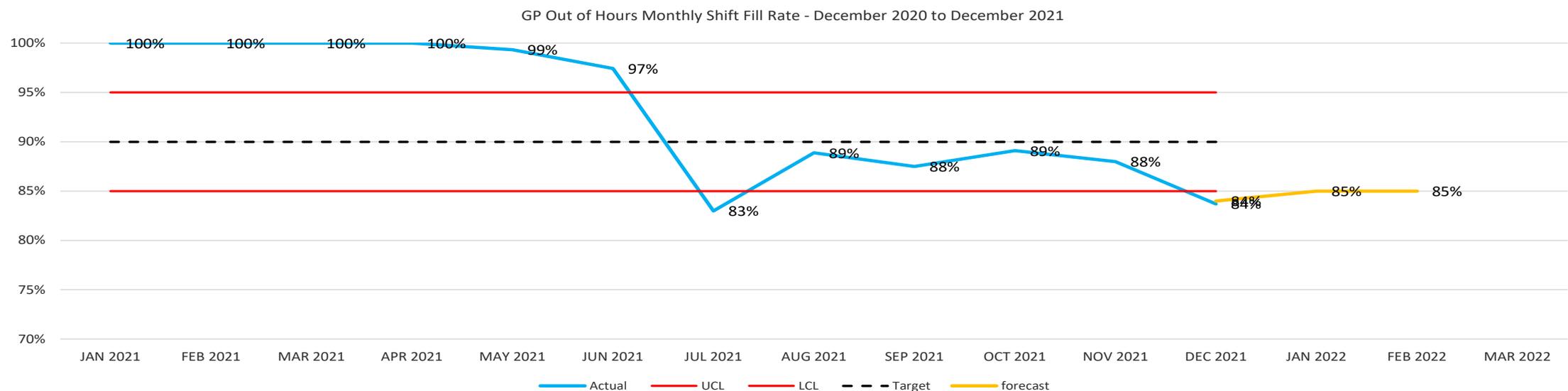
The 95% target will not be met due to current service pressures however, the Board remains fully committed to improving current performance. **Year end performance is estimated to be around 85.0%**

Key Actions

A range of actions are underway as we continue to try to balance pre-COVID levels of demand for urgent care whilst continuing to deal with high numbers of patients with COVID and many late presentations of patients with high acuity including

- Continuing to take pro-active measures to encourage members of the public to consider alternative treatment options available to them, including utilising GP and community pharmacy services, self care, calling NHS24 for support where needed or attending our Minor Injury Units.
- The RMP4 (which contains the 2021-22 Winter Plan) alongside the draft Design and Delivery Plan (previously known as the Unscheduled Care Joint Commissioning Plan) outline a range actions to help mitigate some of the challenges faced during winter.
- The ongoing implementation of Phase 3 of the Redesign of Unscheduled Care which includes the ongoing conversion of condition specific activity to scheduled care, ongoing review of new models and further development of an MDT approach to urgent care alongside the development of a GP pathway to the Flow Navigation Hub; as also as part of the Recovery Plan, work continues to further embed the service changes and redesign and emergency care access routes to ensure that the alternative pathways continue.

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



Summary

Current Position (including against trajectory):

Currently 83.7% (246) of the 294 scheduled shifts were open against the NHSGGC's target of 90%. **Below target by 6.3%.**

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2022:

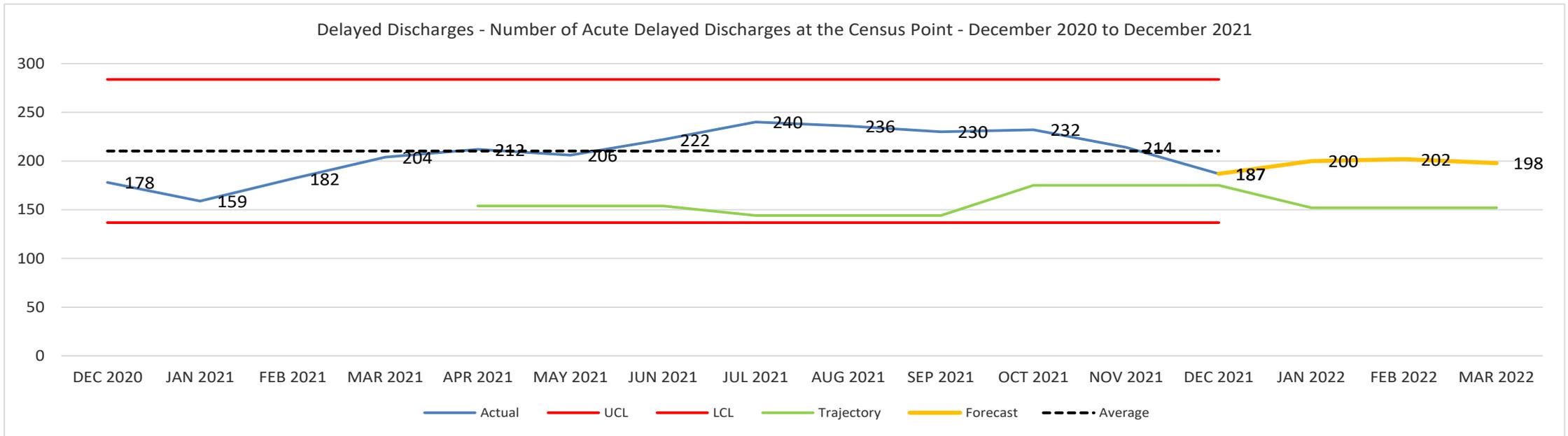
Due to the current service pressures and unpredictability, performance is projected at around 85% by March 2022 **which is below target.** However, NHSGGC remains fully committed to maintaining and improving performance.

Key Actions and Risks

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. Currently have 15 ANPs in post and 4 trainee ANPs in year 1 of the Training Programme.
- Increased the opportunity for remote working for our GPs – there are 26 GPs working remotely as well as those who provide a standby service.
- 3 SAS practitioners working in the service and are being trained in to the service.
- Recruited more salaried GPs – now have 35 GPs. Also review pay rates regularly to ensure we are fair in our reimbursement for GPs.
- Conducting a workforce panning review to ensure our capacity meets the pattern of demand over the OOH working week.

14. Delayed Discharges: Number of Acute Delayed Discharges



Summary

Current Position (including against trajectory):

Currently 187 Acute delayed discharges, above the monthly target of 175. **Above target by 7%.**

Current Position Against National Target:

No national target relevant.

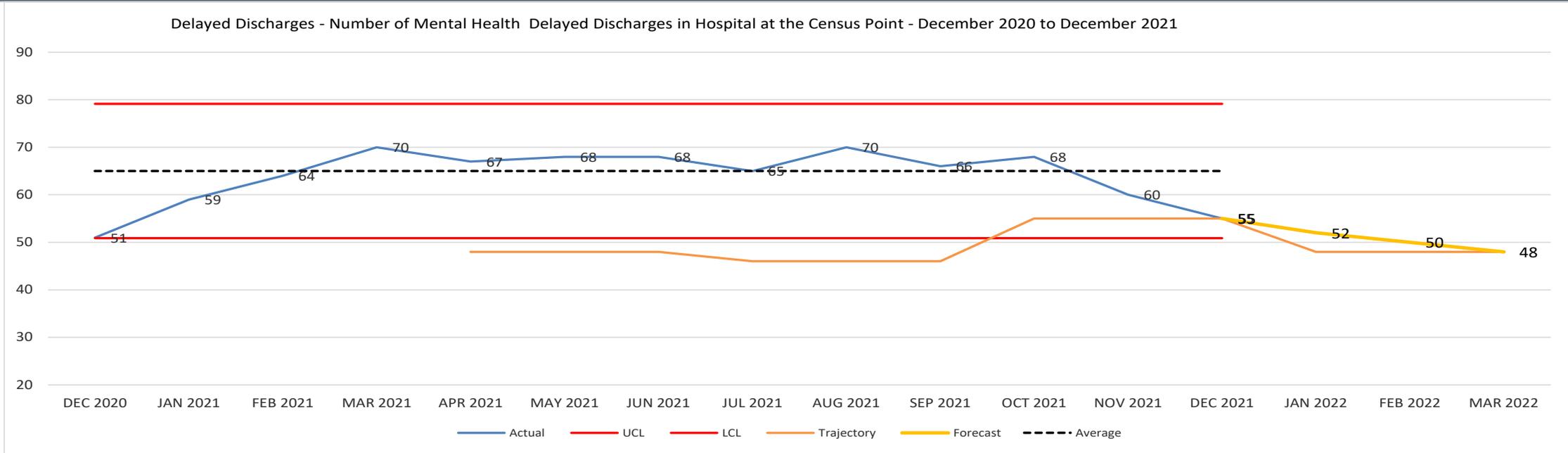
Projection to 31 March 2022:

Performance is above the monthly trajectory and **target will not be met. Estimated to be approximately 7% above target.**

Key Actions and Risks

- The impact of the Omicron variant, has cause significant challenges across Health and Social Care. The effect has been a slowing and reversal of much of the progress made in reducing Delayed Discharges in the Autumn months.
- Significant work continues to be undertaken across NHSGGC, working closely with HSCPs. Daily discharge huddles to expedite the discharge process and work collaboratively to reduce the time patients are delayed in hospital continue. This work has been crucial in managing our response to Omicron.
- The new NHSGGC 'Patients Discharge Transport Service' has been expanded following its introduction in the Autumn 2021. This service facilitates timely discharge for people who would otherwise have long waits for transport home.
- NHSGGC has mapped out the non-AWI (all admitted patients) discharge pathways and meeting with HSCP and Acute colleagues to implement a monitoring process.

15. Delayed Discharges: Number of Mental Health Delayed Discharges



Summary

Current Position (including against trajectory):

Current Position Against National Target:

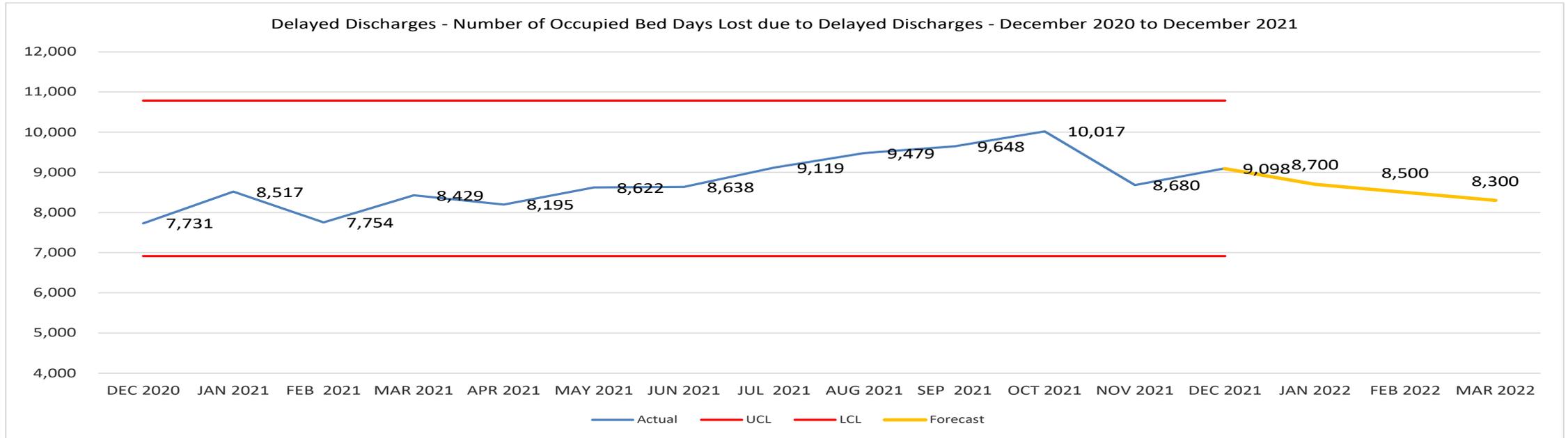
Projection to 31 March 2022:

Currently 55 Mental Health delayed discharges, on track with the monthly trajectory of 55.

No national target relevant.

Performance is on track with the monthly trajectory, and if monthly improvements continue, the **target will be met.**

16. Delayed Discharges: Number of Bed Days Lost to Delayed Discharges (All)



Summary

Current Position (including against trajectory):

Currently 8,680 bed days lost to delayed discharges, **below the 12 monthly average position of 8,736.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2022:

No year end target has been set.

Key Actions and Risks

In addition to the actions outlined in slide 30, the following actions are also in place to ensure patients are not in hospital longer than required:

- Access to the Safe-Care System (Glasgow City only) has been introduced across acute settings. This allows clinicians to check if a patient has a pre-existing care package in place thus providing further intelligence around their decision making, potentially giving confidence to discharge patients home who may otherwise be admitted.
- We continue to support the progress of escalation letters (previously agreed) for those patients and families who are delayed and undergoing 'choices' or 'interim care' discussions as appropriate. This has been approved by Scottish Government (Chief Nursing Officer).
- Daily Discharge Lists are produced daily at 5pm highlights, patients for whom a Glasgow City Home Care Package has been booked for the following day onwards enabling clinical teams and appropriate management staff to support early or expedite discharge to a homely setting.

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 | 19 |
| 14 | Delayed Discharges: Number of Acute delayed discharges | Standard deviation is based on 12 month rolling average | 20 |
| 15 | Delayed Discharges: Number of Mental Health delayed discharges | Standard deviation is based on 12 month rolling average | 21 |
| 16 | Delayed Discharges: Number of bed days lost to delayed discharges (All) | Standard deviation is based on 12 month rolling average | 22 |