

NHS Greater Glasgow & Clyde	Paper Number: 20/53
Meeting:	Board Meeting
Date of Meeting:	27th October 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Mark White, Director of Finance

Paper Title

Board Performance Summary Report.

Recommendation

Board members are asked to:

- i) Note the current performance position against each of the measures outlined in the draft second-phase Remobilisation Plan and the proposed improvement actions for those areas in need of improvement.

Purpose of Paper

The Remobilisation Plan was submitted to the Scottish Government at the end of July 2020. We received a response from the Scottish Government to the Plan on the 29 September 2020, including permission to publish the Remobilisation Plan. As such, we have revised the format of the Performance Report to include the new and revised trajectories outlined in the Remobilisation Plan. These trajectories represent a move away from measuring the size and construct of waiting lists, to measuring activity and setting targets against pre-COVID-19 levels.

Notwithstanding the new performance measures, the Board remains committed to addressing the overall size of waiting lists and preventing breaches. The appendix to this report outlines the previous suite of performance metrics and targets, and provides Members with an updated position.

Key Issues to be Considered

In light of the COVID-19 Pandemic, this performance summary report has been drafted to reflect current performance using local management information as opposed to the routine monthly validated performance information. The data provided is indicative of current performance levels to give Board members a more up to date view of the performance position during the COVID-19 Pandemic. The data may be subject to change as part of the data validation process.

Any Patient Safety/Patient Experience Issues

Yes, all of the performance issues have an impact on patient experience.

Any Financial Implications from this Paper

The financial implications are detailed in the Financial Monitoring Report.

Any Staffing Implications from this Paper

Outwith the performance on sickness absence, none identified.

Any Equality Implications from this Paper

None identified.

Any Health Inequalities Implications from this Paper

None identified.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

No risk assessments per se, although achieving key performance metrics and targets does feature on the Corporate Risk Register and drives the approach to strategic and operational work practices, improvement plans and the strategic direction of the organisation.

Highlight the Corporate Plan priorities to which your paper relates

The report is structured around each of the four key themes outlined in the 2020-21 Corporate Objectives.

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Tel No: 0141 201 4609

Date: 18th August 2020

***Board Meeting
Phase 2 Remobilisation Plan
Performance Report***

***27 October 2020
(Paper 20/53)***



Mark White, Director of Finance



Purpose and Format of Report

The Board continues to address the challenges of COVID-19, balancing a rise in positive cases with the commitments in the Remobilisation Plan. It is essential the Board and Health and Social Care Partnerships (HSCPs) remain flexible and maintain our ability to increase our COVID-19 response capacity.

The Remobilisation Plan was submitted to the Scottish Government at the end of July 2020. We received a response from the Scottish Government to the Plan on the 29 September 2020, including permission to publish the Remobilisation Plan. As such, we have revised the format of the Performance Report to include the new and revised trajectories outlined in the Remobilisation Plan. These trajectories represent a move away from measuring the size and construct of waiting lists, to measuring activity and setting targets against pre-COVID-19 levels.

Notwithstanding the new performance measures, the Board remains committed to addressing the overall size of waiting lists and preventing breaches. The appendix to this report outlines the previous suite of performance metrics and targets, and provides Members with an updated position.

It should be noted that in order to provide the Board members with the most up to date position, the data contained within the report reflects the July -September 2020 **un-validated position** and should be seen as indicative analysis of current levels of performance as the data used is extracted from local information systems. As a result the data may be subject to change following the validation process and may differ from National Official Statistics publications published at a later date.

Board members are asked to:

- i) Note the current performance position against each of the measures outlined in the draft second-phase Remobilisation Plan and the proposed improvement actions for those areas in need of improvement.

At A Glance Scorecard Of Phase 2 Remobilisation Plan

PERFORMANCE AT A GLANCE - OCTOBER 2020					
Slide No.	Measure	July - Sept 2020 Actual	July - Sept 2020 Target	2021 Year End Target	Perform Status
4	Number of new outpatient referrals recieved	73,331	64,145	275,287	GREEN
	New Outpatient Activity	45,777	32,862	120,754	GREEN
5	Scope Activity	4,293	3,572	28,022	GREEN
6	TTG Inpatient and Day Case Activity	11,202	12,939	47,918	RED
7	Number of Accident & Emergency Attendances	83,383	66,815	220,176	RED
	Number of Accident & Emergency 4 Hour breaches	4,421	3,341	11,009	RED
8	Number of Emergency Admissions	34,722	31,644	122,780	RED
	Number of Emergency Admissions via A&E	21,228	22,197	84,221	GREEN
9	Number of Delayed Discharges	237	176	167	RED
10	Cancer (62 days) - Number of urgent referrals recieved	9,561	8,638	35,483	GREEN
11	Cancer (31 days) - Number of patients treated	1,292	1,275	5,063	GREEN
12	CAMHs - Number of eligible patients seen	1,451	1,260	4,487	GREEN
13	Psychological Therapies - Number of eligible patients treated	2,476	3,175	11,975	RED

New Outpatient Referrals Received and New Outpatient Activity



New Outpatient Referrals Received and New Outpatient Activity

As seen in the table below, a total of 73,331 new outpatient referrals were received during the period July – September 2020. Current performance exceeds the quarterly milestone position outlined in the draft Phase 2 Remobilisation Plan by 14.3%. Similarly, the number of new outpatients seen (45,777) during the same period exceeds the trajectory of 32,862 by 39% with NHSGGC seeing 12,915 more new outpatients than planned.

New Outpatients	Jul-20	Aug-20	Sep-20	Jul - Sept 2020 Actual	Jul - Sept 2020 Target	Difference	Status
New OP Referrals Received	22,019	24,233	27,079	73,331	64,145	9,186	14.3%
New OP Activity - (including Virtual - telephone, NHS Near Me,...)	12,693	15,238	17,846	45,777	32,862	12,915	39.3%

Improvement Actions

It is our intention to reach 80% of Pre-COVID-19 new outpatient activity by December 2020. Whilst our priority remains focused on urgent and urgent suspicion of cancer referrals, detailed work is underway across all specialities to establish a revised capacity plan for routine appointments, taking into account the need to re-profile all clinics in line with new guidance. Whilst not exhaustive, actions in relation to further improving new outpatient activity include:

- A comprehensive Outpatient Delivery Framework is now in place guiding the approach for virtual outpatient management including Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR). Each Sector/ Directorate have their own Outpatient Delivery Group up and running with a focus on maximising a virtual approach to care. Redesign clinical pathways are key to support ACRT. Cross Sector /Directorate work is being developed with the agreed pathway for lower Gastro Intestinal referrals, a good example of successful change.
- As part of the response to COVID-19, all outpatient services have extended their use of telephone and video appointments as an alternative to 'in-person appointments'. During the past few months we have made significant investment (approx. £2m) in technology to make this possible with over 500 additional multifunctional monitors deployed across outpatient departments and additional laptop provision for flexible delivery of sessions. Important given social distancing constraints.

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Scope Activity

As seen in the table below, an overall total of 4,293 patients received a scope during the period July – September 2020. Current performance exceeds the quarterly milestone position outlined in the phase 2 Remobilisation Plan by 20% with 721 more test being carried out than planned. With the exception of lower endoscopy, all other three scopes are exceeding the quarterly milestone.

Scopes	Jul-20	Aug-20	Sep-20	Jul - Sept 2020 Actual	Jul - Sept 2020 Target	Difference	Status
Total Scope Activity	1,012	1,450	1,831	4,293	3,572	721	20.2%

Improvement Actions

- Re-establishing endoscopy activity has been constrained with a range of challenges such as PPE, appropriate air exchange rates in endoscopy suites leading to a reduction in the number of patients that can be safely seen. Plans are being developed to increase ventilation in endoscopy suites to address this.
- Clinical prioritisation of cases has been undertaken in line with the Royal College of Surgeons ‘*A Clinical Guide to Surgical Prioritisation During the Covid-19 Pandemic*’ and capacity is being directed towards Priority 1 (Emergency) and Priority 2 (Urgent) patients.
- National guidance now requires pre-testing of patients 72 hours prior to a scope procedure being carried out. Additional staffing has been used to support patient testing clinics which has helped open up additional endoscopy sessions in August 2020. With the increase of public health testing these additional staff have been realigned from September 2020 therefore pre-procedure testing remains a challenge.
- A new evidence based process has been agreed between Primary and Acute Care using qFIT testing for assessment of patients waiting for a colonoscopy. This helps ensure patients are not over investigated and provided with clinically appropriate care and advice. Implementation is in its early stages and further work required during September 2020 to finalise arrangements.

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Treatment Time Guarantee (TTG) Inpatient / Daycase Activity



TTG Inpatient / Daycase Activity

As seen in the table below, a total of 11,202 eligible TTG inpatient / daycase procedures were carried out during the period July – September 2020. Current performance is 13% below the quarterly milestone position outlined in the draft phase 2 Remobilisation Plan. This is due to the July and August position being below the monthly trajectory whereas the September 2020 position exceeded the monthly trajectory.

TTG	Jul-20	Aug-20	Sep-20	Jul - Sept 2020 Actual	Jul - Sept 2020 Target	Difference	Status
TTG Inpatient and Day Case Activity	3,242	3,571	4,389	11,202	12,939	-1,737	-13.4%

Improvement Actions

It is our intention to reach 60% of Pre-COVID-19 inpatient / daycase activity by October 2020. Actions agreed as part of the Phase 2 Remobilisation Plan and Recovery Plan (although not exhaustive) to do so include the following:

- In line with Scottish Government advice, Clinical Teams across NHSGGC continue to regularly review the priority of patients on their waiting lists. A formal process for clinical validation has now been set and will establish a consistent approach across Acute Services.
- Similar to outpatients, all services have been asked to outline initial plans to address those inpatient/daycase patients waiting longest although the focus remains on urgent and cancer care delivery.
- NHSGGC remains in regular communication with the Golden Jubilee National Hospital and the Scottish Government to secure additional theatre sessions for NHSGGC patients and ensure all available sessions are optimised. However, the current provision remains significantly less than is required to target a reduction in waiting times.
- A number of other actions will be progressed in the coming weeks/months including enhancing staffing arrangements to optimise utilisation of base capacity, running additional sessions e.g. Waiting List Initiatives, extended days without compromising core delivery and strengthening cross specialty working.

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Number of Accident & Emergency Attendances & 4 Hour Breaches



Number of Accident and Emergency Attendances and 4 Hour Breaches

As seen in the table below, during the quarter July – September 2020 the overall number of A&E attendances and 4 hour breaches were above the planned quarterly milestone position outlined in the phase 2 Remobilisation Plan by 24.8% and 32.3% respectively.

Accident and Emergency	Jul-20	Aug-20	Sep-20	Jul - Sept 2020 Actual	Jul - Sept 2020 Target	Difference	Status
A&E Attendances	26,049	28,852	28,482	83,383	66,815	16,568	24.80%
Number of A&E 4-hour breaches	1,012	1,671	1,738	4,421	3,341	1,080	32.33%

Improvement Actions

Work is underway to further develop the interim emergency care services model developed in response to COVID-19 including:

- Significant effort will be focused on implementing the new national priorities for Urgent Care including consolidating the COVID-19 pathways to prepare for the expected increase in the prevalence of COVID-19 and flu over the winter period. The further redesign of urgent care pathways to deliver a more planned response for the cohort of patients who self present to Emergency Departments (EDs) where clinically appropriate and safe to do so and establishing Mental Health Assessment Units permanently. All of which will be underpinned by a national communications campaign to introduce service change and inform the way patients access Primary and Acute Care Services.
- Delivering COVID-19 and Flu ‘point of care’ testing through Community Assessment Centres (CACs) and SATAs; continuing the service improvements to the GP Out Of Hours service; ongoing support for successful service changes implemented during COVID-19 eg signposting at EDs, SATAs and CACs; providing alternative pathways using ‘clinical conversations’, Interim Admin Hub booking system and ‘Near Me’ consultations and Optimising digital health where possible and signposting to available local services, such as Pharmacy, Optometry, Dentists, Sandyford, GP’s, Minor Injury Unit (MIU) and ED if required.

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Number of Emergency Admissions and Admissions via Accident & Emergency (A&E)



Number of Emergency Admissions and Admissions via A&E

As seen in the table below, during the quarter July – September 2020, the overall number of Emergency Admissions were almost 10% above the quarterly milestone position of 31,644 outlined in the phase 2 Remobilisation Plan. Of those admissions, 61% were via A&E Departments. Admissions via A&E Departments are currently exceeding the quarterly milestone position of 22,197 outlined in the draft Phase 2 Mobilisation Plan with 969 fewer admissions via A&E reported.

Emergency Admissions	Jul-20	Aug-20	Sep-20	Jul - Sept 2020 Actual	Jul - Sept 2020 Target	Difference	Status
Number of Emergency Admissions	11,327	12,232	11163	34,722	31,644	3,078	9.7%
Number of Admissions via A&E	6,406	7,375	7447	21,228	22,197	-969	-4.4%

Improvement Actions

See actions outlined in slide 6.

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Number of Delayed Discharges



Number of Delayed Discharges

As seen in the table below, a total of 237 patients were delayed across NHSGGC during September 2020, almost 35% above the September 2020 milestone position of 176 outlined in the phase 2 Remobilisation Plan. A recent key factor contributing to the increase in number of delayed patients is the closure of care homes to new admissions across NHSGGC. Earlier this month there were a total of 30 care homes across NHSGGC closed to new admissions due to COVID-19 with the number changing on a daily basis.

Delayed Discharges	Jul-20	Aug-20	Sept 20 Actual	Sept 20 Target	Difference	Status
Number of patients delayed across NHSGGC	219	230	237	176	61	34.7%

Improvement Actions

HSCPs continue to work to reduce the number of patients unnecessarily delayed in their discharge from acute hospitals and ensure patients are discharged as soon as they are deemed fit to do so. Recent developments to address performance include:

- In partnership with Local Authorities a new discharge policy has been developed and will be introduced delivering a Discharge to Assessment model. This aims to ensure that no patient who has been in hospital for less than seven days will have their Social Work assessment undertaken whilst they are in hospital. No patient will wait for support that should be provided in another setting and the patient will safely move to a setting that meets their needs whilst any further assessment that may be required is undertaken.
- HSCPs will continue to work closely with hospital teams with a single point of contact for referral and early identification of those people who may not require social work assessment.
- HSCP Commissioning Teams and Community Services will also continue to support care homes to ensure they are prepared for the care of patients discharged from hospitals.

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Cancer 62 Days - Number of Urgent Referrals with a Suspicion of Cancer Received



Cancer 62 Days – Number of Urgent Referrals Received

As seen in the table below, a total of 9,561 urgent with suspicion of cancer referrals were received during the quarter July - September 2020, almost 11% above the quarterly milestone position of 8,638 outlined in the phase 2 Remobilisation Plan.

Cancer 62 days	Jul-20	Aug-20	Sep-20	Jul - Sept 2020 Actual	Jul - Sept 2020 Target	Difference	Status
Cancer 62 days - Urgent Suspicion of Cancer - Referrals Received	3,267	2,994	3,300	9,561	8,638	923	10.7%

Cancer Improvement Actions

- The management of cancer patients and vital cancer services remains a clinical priority during the COVID-19 pandemic outbreak, although changes to clinical pathways of patients have been required to ensure all clinical risks are considered. NHSGGC is currently implementing the national guidance on the management of patients who require cancer treatments agreed by the national COVID-19 Response Team.
- Cancer Services previously suspended have, where appropriate been restarted. Cancer Multi-Disciplinary Teams hosted within NHSGGC have worked to prioritise service resumption in line with guiding principles and agreed services that were to be prioritised for restart pre-July and those that can wait in the first instance.
- A full review of all cancer patients awaiting surgery is now complete and cases continue to be booked for surgery in line with urgency categories. In August 2020, there were no outstanding Level 1A/1B patients (emergency and urgent) waiting for surgery undated across NHSGGC (this also applies to patients from other Health Boards awaiting surgery within NHSGGC). The treatment for Priority Level 2 patients (surgery can be deferred for up to four weeks) started during June 2020. At mid September 2020, of the 172 patients in Priority Level 2, only 39 are still waiting for a dated appointment and of the 341 patients in Priority Level 3, 24 patients are waiting for a dated appointment.

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Cancer 31 days – Number of Patients Treated



Cancer 31 Days – Number of Patients Treated

As seen in the table below, a total of 1,292 patients diagnosed with cancer to be treated within 31 days of diagnosis during the quarter July - September 2020, exceeding the quarterly milestone position of 1,275 outlined in the phase 2 Remobilisation Plan by 1%.

Cancer 31 Days	Jul-20	Aug-20	Sep-20	Jul - Sept 2020 Actual	Jul - Sept 2020 Target	Difference	Status
31 Day Cancer - Number Of Patients Treated	425	381	486	1,292	1,275	17	1.3%

Cancer 31 Days Commentary

See cancer 62 days on slide 10.

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CAMHS – Number of eligible patients seen

As seen in the table below, a total of 1,451 eligible CAMHS patients were treated across NHSGGC during the quarter July - September 2020 exceeding the quarterly milestone position of 1,260 outlined in the phase 2 Remobilisation Plan. A total of 191 more patients than planned were seen during this period.

Child and Adoclescent Mental Health Services	Jul-20	Aug-20	Sep-20	Jul - Sept 2020 Actual	Jul - Sept 2020 Target	Difference	Status
CAMHS - First Treatment Patients Treated	478	468	505	1451	1260	191	15.2%

Improvement Actions

As part of the Recovery Plan the following actions are underway:

- A CAMHS Waiting List Improvement Plan has been agreed with HSCP Chief Officers and is currently in the recruitment phase. The plan aims for each HSCP to meet the Referral To Treatment target within one year of successful recruitment and performance against this is being monitored on a monthly basis.
- The ongoing implementation of Attend Anywhere, and remote/digital group options, to increase the number of children seen and clinical capacity alongside encouraging teams to work more efficiently to see children sooner. NHSGGC CAMHS are within the highest 10 users of video calls compared to UK CAMHS monthly data.
- The development of care bundles is underway to standardise and streamline treatment offered as well as the development of a brief intervention model.
- The focus on the Remobilisation target (still to be agreed) for completed first treatment appointments remains across HSCPs/Teams and the September 2020 target is expected be met and maintained throughout 2020.

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Psychological Therapies – Number of eligible patients treated

As seen in the table below, a total of 2,476 eligible patients referred for a Psychological Therapy were treated across NHSGGC during the quarter July - September 2020. Current performance is 22% below the planned position of 3,175 however, it should be noted that the data relating to September 2020 is still incomplete as the figures for acute Psychology were unavailable at the time of producing this report.

Psychological Therapies	Jul-20	Aug-20	Sep-20	Jul - Sept 2020 Actual	Jul - Sept 2020 Target	Difference	Status
Psychological Therapies - First Treatment Patients Treated	900 (e)	927	649*	2,476	3,175	-699	-22.0%

*Figures do not include Acute Psychology

Psychological Therapy Commentary

NHSGGC remains one of the best performing territorial Health Board across NHS Scotland in terms of the % of patients seen <18 weeks. Work is underway as part of the Recovery Plan including:

- Levelling up capacity by recruiting to current vacancies and newly identified gaps as well as embracing e-health technologies to maximise virtual face-to-face engagements.
- Increasing access by establishing a bespoke Board-wide Team to co-facilitate group based interventions with local services and recruiting a cohort of therapists deployed peripatetically to services identified with the longest and highest number of patients waiting. The consultant leading the Team was recently appointed and other clinical staff are scheduled to start mid October/early November 2020.
- Board-wide Psychological Therapy Waiting Lists Initiatives are being established around Primary Care Mental Health activity through telephone and video-conferencing. Community Mental Health Teams will use Assertive Active Clinical Referral Triage and PIR to increase capacity.

Appendix

Progress Against Routine Board Measures

(In the main, performance reflects the August 2020 position with the exception of Local Delivery Plan Health Improvement Measures reflecting the April – June 2020 position)

Reporting Timeline

REPORTING TIMELINES						
Slide No.	Type	Measure	Reporting Period	Board Reporting Frequency	ISD Reporting Frequency	Validated Data
17	LDPS	80% of pregnant women in each SIMD quintile have access to Antenatal Care at 12 week gestation	Apr - June 20	Quarterly	Quarterly	✓
	LDPS	Drugs and Alcohol: % of patients waiting <3 weeks from referral to appropriate treatment	Apr - June 20	Quarterly	Quarterly	✓
18	LDPS	Number of Alcohol Brief Interventions delivered	Apr - June 20	Quarterly	Quarterly	✓
	LDPS	Smoking Cessation - number of successful quitters at 12 weeks post quit in 40% SIMD areas	Apr - June 20	Quarterly	Quarterly	✓
19	LDPS	% of patients waiting <4 hours at A&E	Aug 20	Monthly	Monthly	✓
	LKPI	Total A&E Presentations (ED, MIU & AUs) (All)	Aug 20	Monthly / YTD	Monthly / YTD	✓
		Accident & Emergency Presentations (All)	Aug 20			
		Assessment Unit Presentations (All)	Aug 20			
20	LKPI	Total number of patients delayed across NHSGG&C (taken at Census point)	Aug 20	Monthly	Monthly	✓
		Acute Patients	Aug 20			
		Adult Mental Health Patients	Aug 20			
	MSG	Total number of Bed Days Lost to Delayed Discharge	Aug 20	Monthly	Monthly	✓
		Acute Bed Days Lost	Aug 20			
		Mental Health Bed Days Lost	Aug 20			
LDPS	18 Week Referral To Treatment (RTT)	Aug 20	Monthly	Monthly	✓	
	Combined Linked Pathway	Aug 20				
21	LDPS	Available New Outpatient Appointments				
		Number of available patients waiting >12 weeks for a new outpatient appointment (inc RHC and Dental)	Aug 20	Monthly	Quarterly	x
		12 week Treatment Time Guarantee (TTG)				
		Number of inpatients/daycases waiting >12 weeks TTG	Aug 20			
22	NKPI	Access to a Key Diagnostic Test	Aug 20			
		Number of patients waiting >6 weeks for access a <i>scope</i> test	Aug 20	Monthly	Quarterly	x
		Number of patients waiting >6 weeks for an <i>imaging</i> test	Aug 20	Monthly	Quarterly	x

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Board Meeting – October 2020

Reporting Timeline

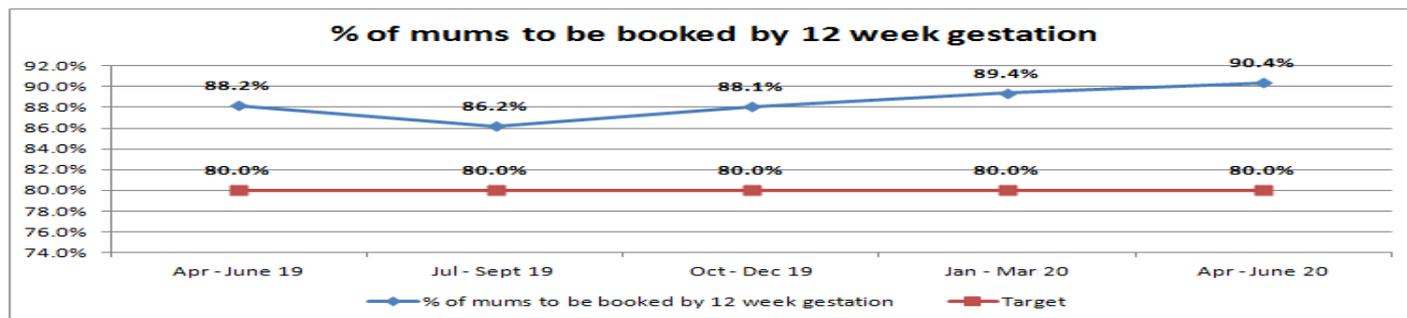
REPORTING TIMELINES						
Slide No.	Type	Measure	Reporting Period	Board Reporting Frequency	ISD Reporting Frequency	Validated Data
23	LDPS	Suspicion of Cancer Referrals (62 days)	Aug 20	Monthly	Quarterly	x
	LDPS	All Cancer Treatments (31 days)	Aug 20	Monthly	Quarterly	x
24	LKPI	Patient Unavailability (All)				
		Inpatient/Day Cases (inc Endoscopy)	Aug 20	Monthly	Quarterly	x
		New Outpatients	Aug 20	Monthly	Quarterly	x
	LDPS	% of eligible patients commencing IVF treatment within 12 months	Aug 20	Monthly	Monthly	v
25	LKPI	Number of GP Out of Hours (GP OOHs) closures	Aug 20	Monthly	Monthly	x
	LKPI	GP OOHs Activity				
26	LDPS	% patients who started their treatment within 18 weeks of RTT to Specialist Child and Adolescent Mental Health Services*	Aug 20	Monthly	Quarterly	x
	LDPS	% patients who started treatment <18 weeks of referral for Psychological Therapies*	Aug 20	Monthly	Quarterly	x
27	LKPI	Freedom of Information requests responded to within 20 working days	Jul - Sept 20	Quarterly	Quarterly	x
	LKPI	% of complaints closed at Stage 2 within 20 working days	Jul - Sept 20	Quarterly	Quarterly	x
		% of complaints closed at Stage 1 within 5 working days	Jul - Sept 20	Quarterly	Quarterly	x
		% of complaints closed at Stage 1 between 6 - 10 working days	Jul - Sept 20	Quarterly	Quarterly	x
28	LDPS	Sickness Absence (month ending)	Aug-20	Monthly	YTD	x
		Long Term	Aug-20	Monthly	YTD	x
		Short Term	Aug-20	Monthly	YTD	x
	LKPI	% of KSF/PDP&Rs Recorded on Turas	Aug 20	Monthly	Annually	x
	LKPI	iMatters	On pause and will resume 2021			

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Board Meeting – October 2020



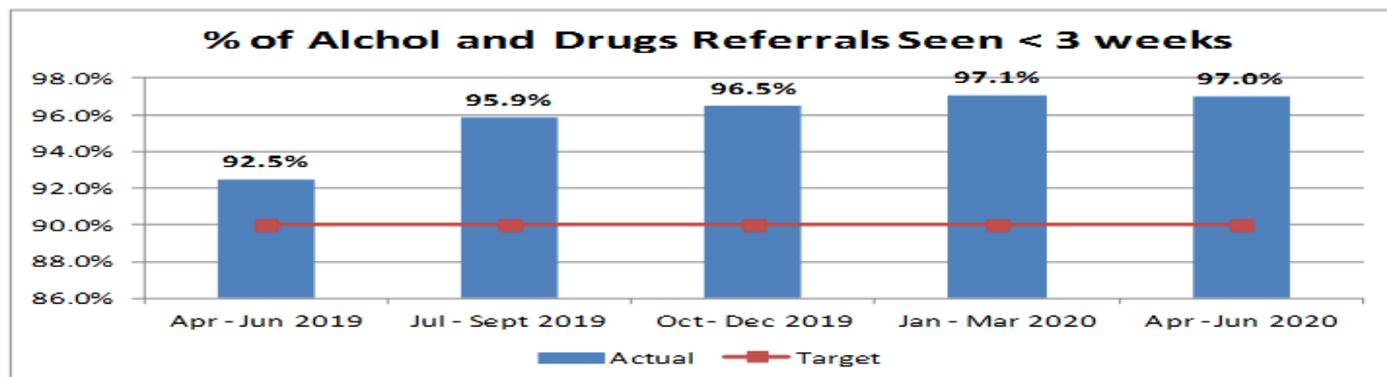
Antenatal Care

During the period April - June 2020, 90.4% of pregnant women had booked an antenatal care appointment by 12 weeks gestation, exceeding the target of 80%. Current performance represents an improvement on the 89.4% reported the previous quarter ending March 2020.



Drugs and Alcohol Waiting Times

For the quarter ending June 2020, 97.0% of patients referred to the Drug and Alcohol Service were seen within three weeks of referral. Current performance continues to exceed the 90% target.



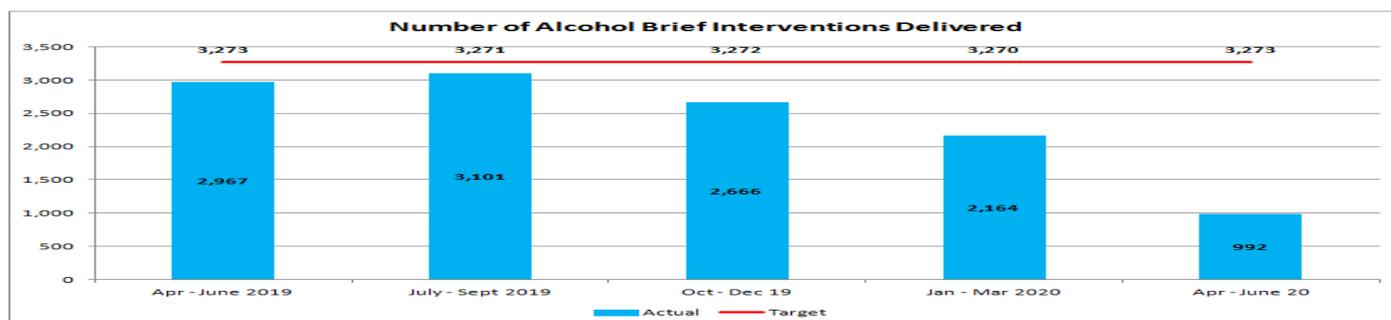
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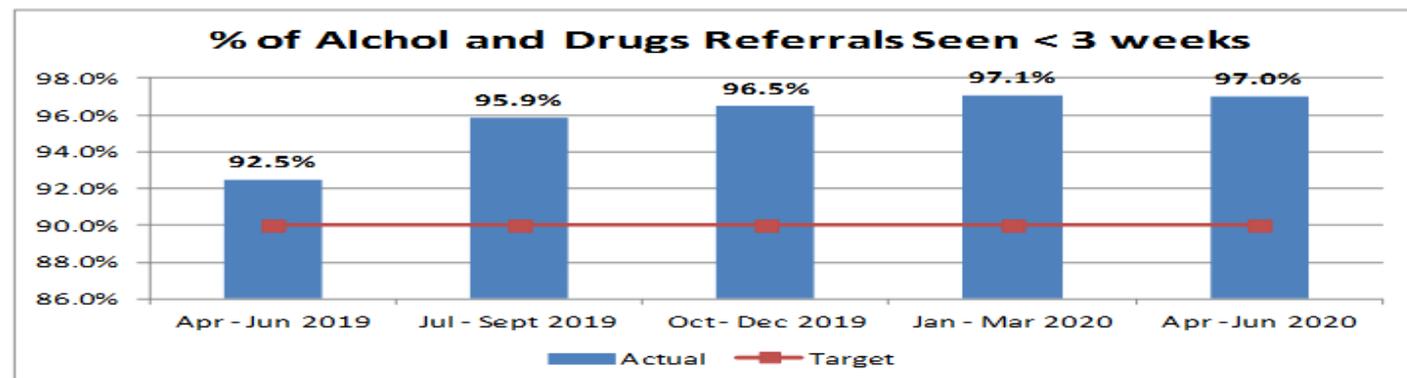
Number of Alcohol Brief Interventions Delivered

For the period April - June 2020, a total of 992 ABIs were delivered across NHSGGC. Overall performance is currently below the trajectory of 3,273 for the quarter ending June 2020 and lower than the same quarter the previous two years. This is mainly due to the impact of COVID-19 and our ability to deliver face to face ABIs across NHSGGC.



Smoking Cessation – 3 months post quit from Board’s 40% most deprived areas

During the period April - June 2020, a total of 335 people had successfully quit smoking three months post quit across NHSGGC’s 40% most deprived areas marginally below the trajectory of 361.



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A&E 4 Hour Waits

As at August 2020 (month end), performance was marginally below the 95% target, with 94.2% of patients presenting at A&E either admitted, discharged or transferred for treatment <4 hours. This represents consistent performance above the Scottish average. Performance improvements continue despite the complexity of the patient pathway currently in place.

Compliance with A&E 4 Hour Waits Target						
Hospital	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-21 YTD Aver
Glasgow Royal Infirmary	91.4%	95.5%	95.7%	95.9%	95.2%	95.0%
Stobhill Hospital	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Queen Elizabeth University Hospital	90.7%	94.5%	95.8%	95.0%	89.6%	93.2%
New Victoria Hospital	0.0%	0.0%	0.0%	99.5%	99.3%	99.4%
Royal Alexandra Hospital	94.0%	94.1%	95.4%	94.4%	92.9%	94.1%
Inverclyde Royal Hospital	94.9%	95.4%	95.8%	94.9%	92.7%	94.6%
Vale of Leven Hospital	98.6%	98.0%	97.4%	97.1%	97.8%	97.7%
Royal Hospital for Children	98.5%	99.2%	98.7%	99.2%	98.2%	98.7%
NHSGG&C Total	93.4%	95.8%	96.4%	96.1%	94.2%	95.3%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

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Total A&E/MIU Attendances (All)

Whilst the YTD number of A&E/MIU attendances reported across all hospital sites decreased by 40% during the period April - August 2020 compared to the same period the previous year in line with national trends, the more recent months, have seen a monthly increase in the numbers attending Emergency Departments and Minor Injury Units. The August 2020 position (28,852) represents an 11% increase on the July 2020 position (26,049) and the July position represents a 12% increase on the June 2020 position of 23,321.

Number Of A&E Presentations								
Hospital	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-21 YTD Total	2019-20 YTD	% Variance
Total	14,309	20,027	23,321	26,049	28,852	112,558	188,186	-40.2



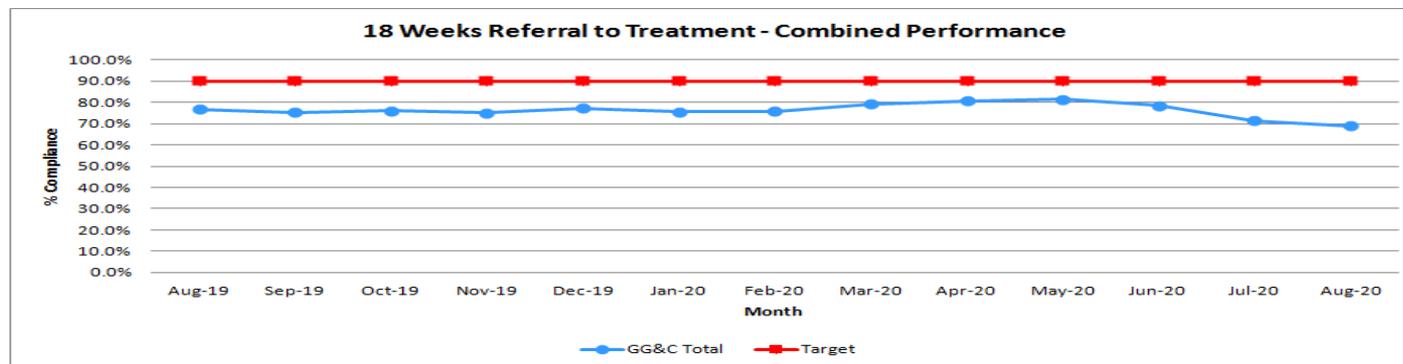
Bed Days Occupied by Delayed Discharge Patients

As at August 2020 there were a total of 237 delayed patients across NHSGGC comprising 179 Acute and 58 Mental Health delays. The number of delays resulted in 7,008 bed days lost across NHSGGC. For the YTD (April - August 2020), a total of 30,015 bed days occupied by delayed patients across NHSGGC representing a marginal decrease on the number reported during the same period the previous year. Of this total, 26,829 bed days lost (89%) were from across each of the six HSCPs.

Bed Days Lost to Delayed Discharge (inc Acute and Mental Health)								
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	2020-21 YTD (Apr - Aug) Actual	2019-20 YTD (Apr - Aug) Actual	% Var on YTD 2019-20
Total Number of Delayed Discharges	157	183	219	230	237	-	-	-
Acute	105	125	157	169	179	-	-	-
Mental Health	52	58	62	61	58	-	-	-
Bed Days Lost to Delayed Discharge (inc Acute and Mental Health)	5,607	5,303	5,631	6,466	7,008	30,015	30,204	-0.6

18 Weeks RTT

As at August 2020, 68.9% of our patients were treated within 18 weeks of RTT, below the target of 90%. Current performance represents a reduction on the 71.3% reported the previous month.



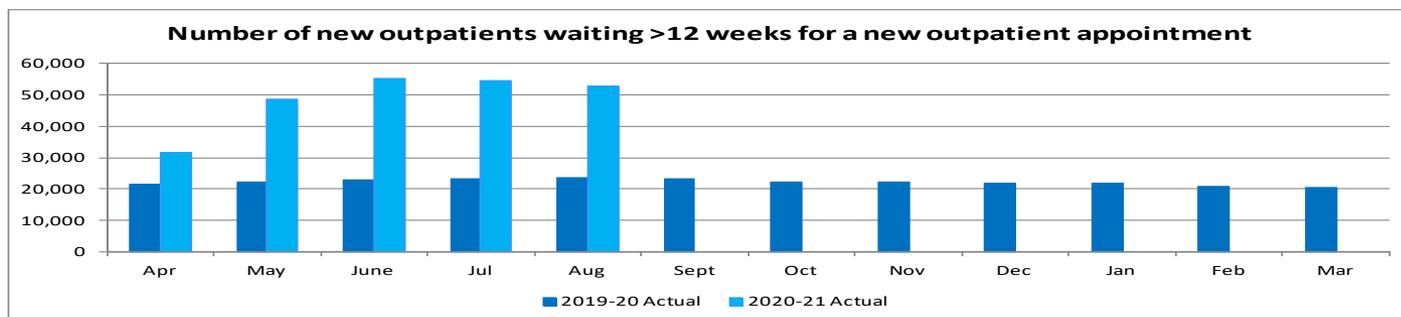
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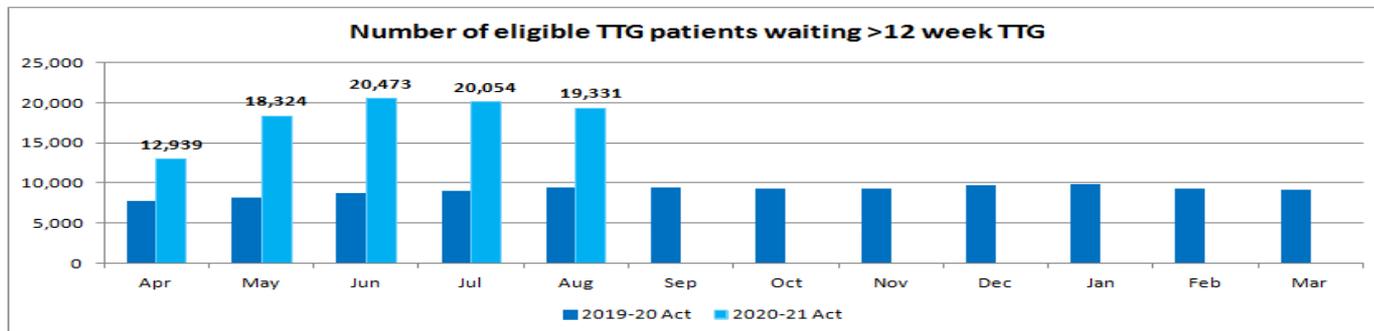
New Outpatients Waiting >12 weeks

Despite the significant increase in patients waiting over 12 weeks, the number of new outpatients on the waiting list in August 2020 has increased by 6% when compared to the same month the previous year. As at August 2020, a total of 52,684 available new outpatients were waiting >12 weeks for a new outpatient appointment representing a 3% reduction on the previous months' position (54,493).



Treatment Time Guarantee (TTG)

Despite the increase in patients waiting over 12 weeks, the number of eligible TTG patients on the waiting list in August 2020 increased by 3% when compared to the same month the previous year. As at August 2020, a total of 19,331 eligible TTG patients (available and unavailable patients) were waiting >12 weeks for an inpatient/day case procedure. Current performance represents a further improvement on the previous months' position.



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Access to 8 Key Diagnostic Tests - Scopes

Despite the significant increase in patients waiting over 12 weeks, the number of new outpatients on the waiting list in August 2020 has increased by 6% when compared to the same month the previous year. As at August 2020, a total of 52,684 available new outpatients were waiting >12 weeks for a new outpatient appointment representing a 3% reduction on the previous months' position (54,493).

Scopes									
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Upper Endoscopy	244	379	316	548	1,578	1,869	1,985	2,166	2,307
Lower Endoscopy	81	108	78	163	410	486	520	605	654
Colonoscopy	229	344	248	459	1,696	2,238	2,353	2,493	2,516
Cystoscopy	69	110	83	128	463	521	539	505	473
Total	623	941	725	1,298	4,147	5,114	5,397	5,769	5,950

Access to 8 Key Diagnostic Tests - Imaging

As at August 2020, a total of 8,082 patients were waiting >6 weeks for an *imaging* test. The significant increase in the number of patients waiting >6 weeks across three of the four modalities was due to routine radiology examinations being temporarily suspended in response to COVID-19. However, as demonstrated in the chart below, steady progress in reducing the number of patients waiting >6 weeks continues to be made with 59% of all patients on the waiting list for an imaging test waiting <6 weeks. Current performance is an improvement on the 48% reported the previous month.

Imaging									
	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
MRI	1,650	761	52	48	213	3,253	3,695	3,298	1,174
CT	186	36	7	3	186	2,084	2,670	1,960	1,573
Non-obstetric Ultrasound	2,403	1,955	990	1,266	60	7,131	6,123	5,027	5,335
Barium Studies	0	0	0	0	0	0	0	0	0
Total	4,239	2,752	1,049	1,317	459	12,468	12,488	10,285	8,082

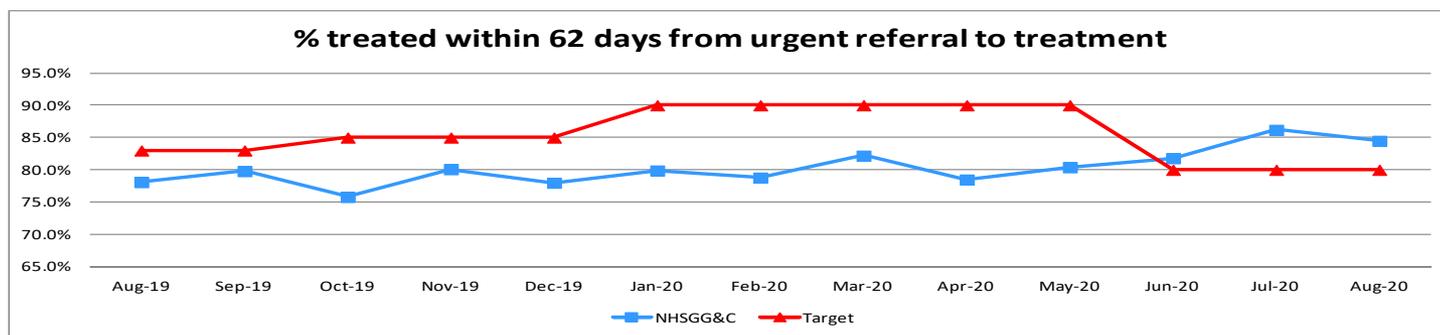
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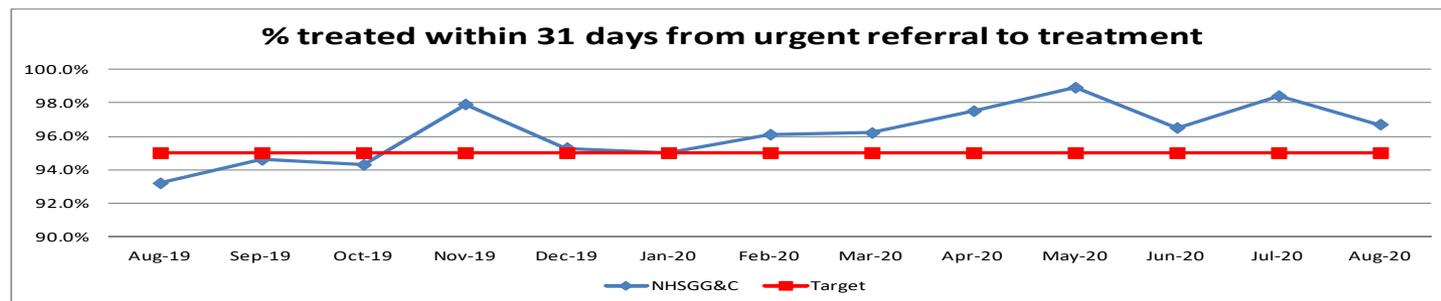
Cancer 62 Days Target

As at August 2020, 84.5% of patients referred urgently with a suspicion of cancer began treatment within 62 days of receipt of referral exceeding the trajectory of 80.0% for the quarter ending September 2020. A total of eight of the 10 cancer types either met or exceeded the 80% trajectory. The two cancer types below trajectory were Colorectal (63.9%), and Urology (62.8%).



Cancer 31 Days Target

As at August 2020, 96.7% of all cancer patients diagnosed with cancer were treated within 31 days from decision to treat to first treatment, exceeding the 95.0% target. Monthly performance continues to achieve target for the 10th consecutive month. With the exception of Urology (86.%) missing the target, all other nine cancer types either met or exceeded the 95.0% target (eight achieving 100% compliance).



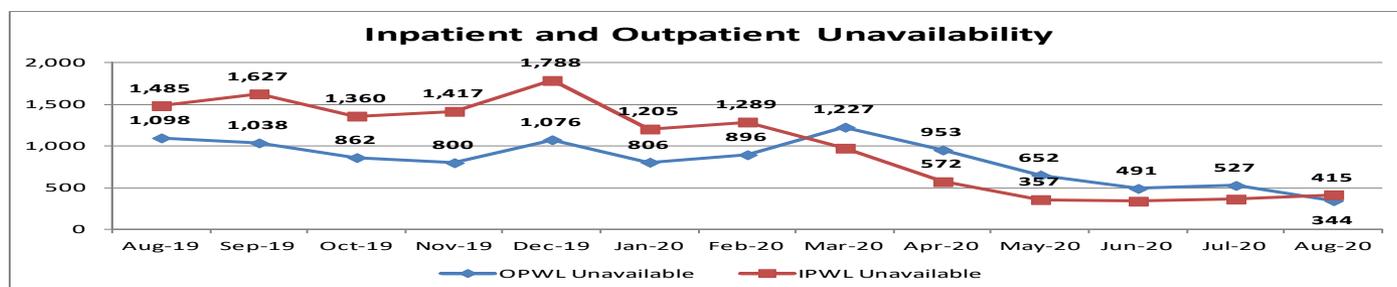
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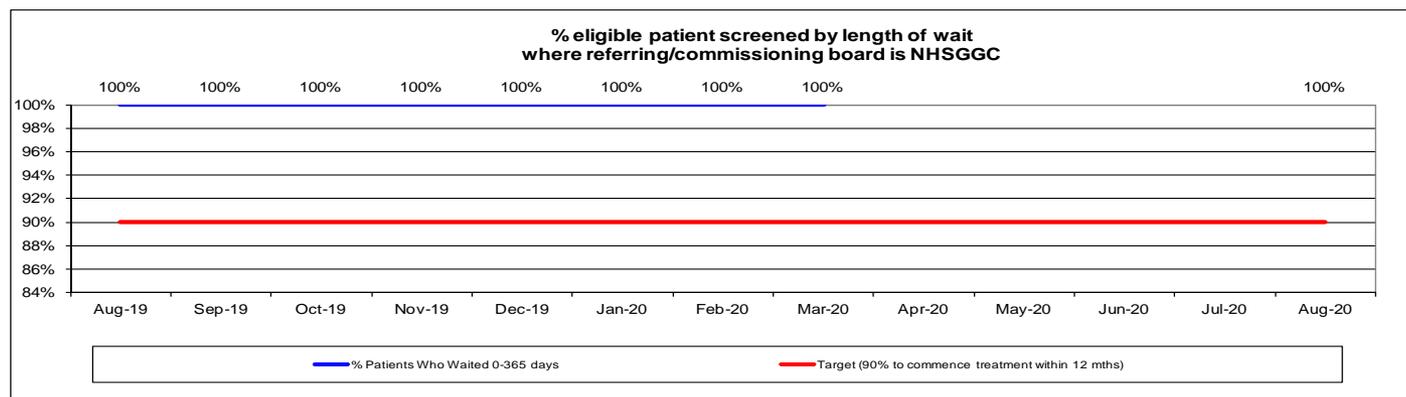
Patient Unavailability

As at August 2020, a total of 344 inpatients/daycases and 415 outpatients on the waiting lists were unavailable for treatment and/or appointment. Current performance represents a reduction in the number of unavailable patients when compared to the previous month and the lowest number of unavailable patients reported during the past 12 months.



IVF Treatment

As at August 2020, 100% of eligible patients screened for IVF treatment were screened within the 365 days of receipt of referral from a secondary care/Acute Consultant.



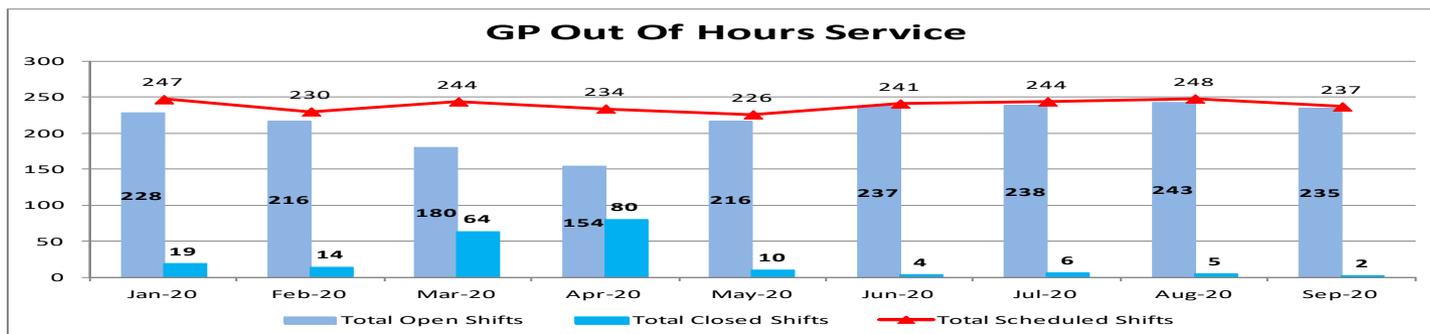
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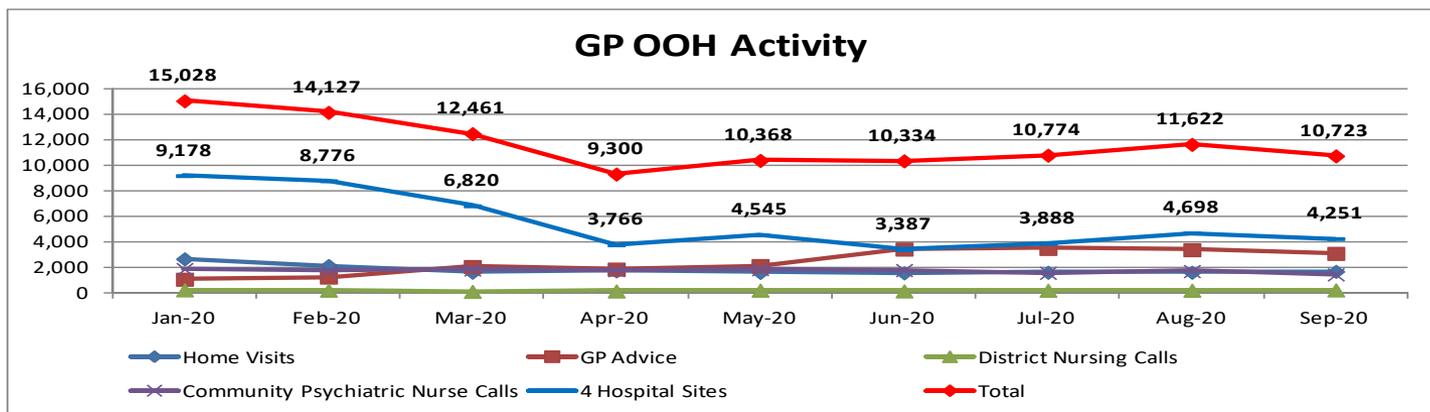
GP Out Of Hours (GP OOH) Service

During September 2020, there were a total of a total of 237 GP OOHs shifts scheduled to be open. Of this total 235 (99%) were open and two were closed across NHSGGC. There has been a considerable improvement in the number of scheduled GP OOH shifts that are open since the implementation of the Business Continuity Model in February 2020



GP OOH Service Activity

During September 2020, there were a total of a total of 10,723 GP OOH contacts made. Current activity remains below the pre-COVID-19 activity levels however, there is evidence that the newly established pathways have reduced the number of in-person attendances.



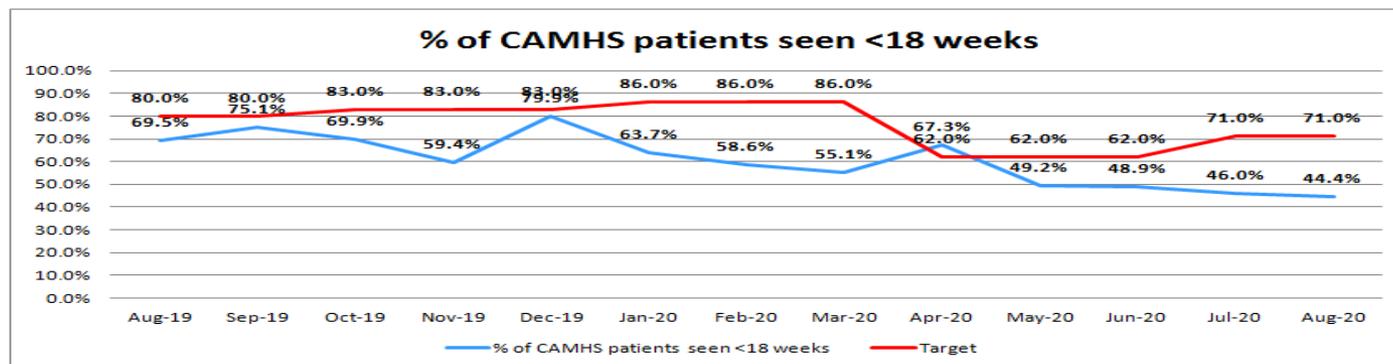
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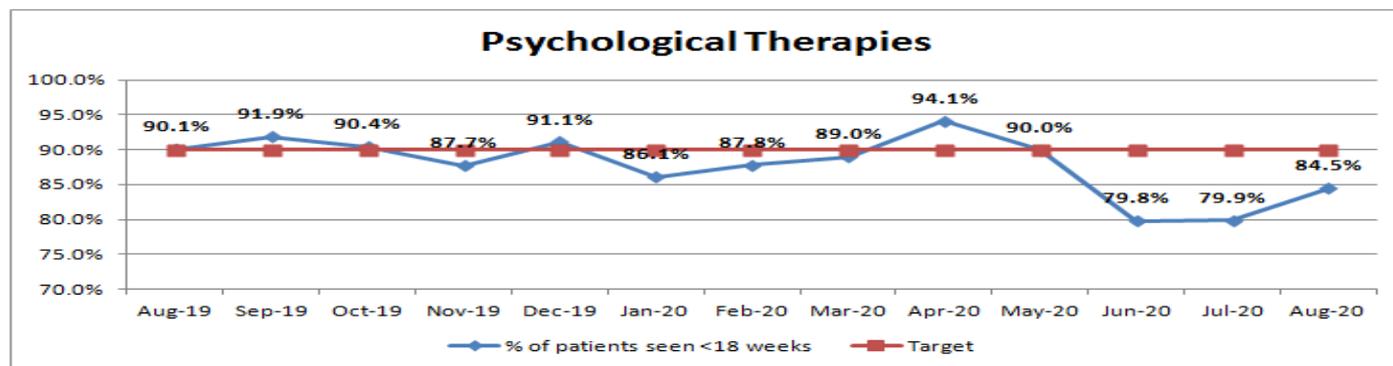
CAMHS

As at August 2020, 44.4% of eligible CAMHS patients who started treatment in CAMHS had started <18 weeks after referral below the 71% trajectory for September 2020. The impact of COVID-19 continues to be a key contributing factor to current performance as demand for CAMHS continues to outstrip capacity to deliver.



Psychological Therapies

As at August 2020, 84.5% of eligible patients referred for a Psychological Therapy were seen <18 weeks. Current performance represents an improvement on the previous months position of 79.9% and below the 90% standard.



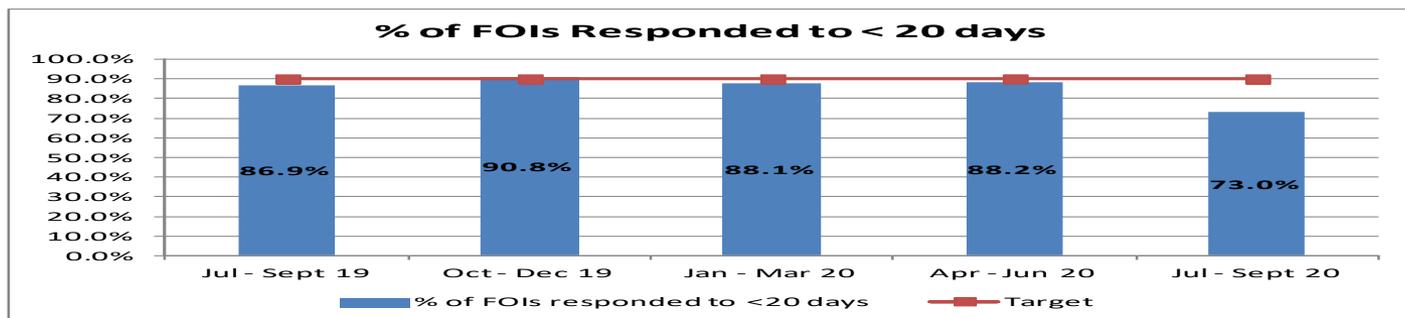
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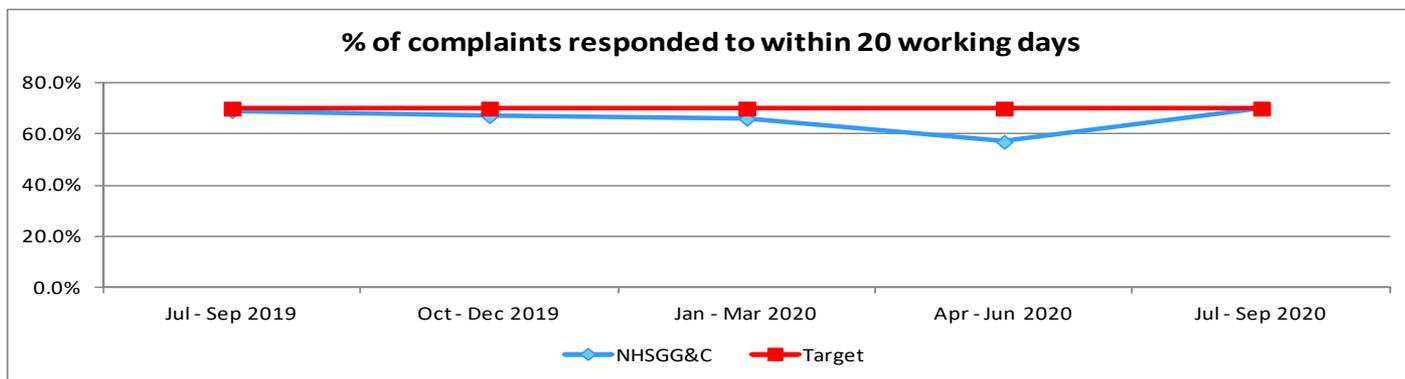
% of Freedom Of Information requests responded to within 20 working days

During the quarter July - September 2020, 73.0% of all FOIs received across NHSGGC were responded to within 20 working days. Performance is currently below the 90% target and represents a reduction on the 88.2% reported for the previous quarter.



% of Complaints responded to within 20 working days

During the quarter July - September 2020, 70% of Stage 2 complaints were responded to within 20 working days, achieving the 70% target. In addition, 87% of Stage 1 complaints were responded to within five working days and 11% were responded to within the recognised extension of six to 10 days.



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Sickness Absence

As at August 2020, overall sickness absence across NHSGGC was 5.20%. Current performance ranged from a high of 8.4% across Estates and Facilities to a low of 1.0% across Human Resources and Organisational Development.

NHSGGC Board Area	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
NHSGGC	5.50%	5.59%	5.91%	6.09%	6.19%	6.29%	5.58%	5.61%	5.14%	5.33%	4.79%	4.74%	5.20%
Short Term	1.61%	1.76%	1.88%	2.18%	2.11%	2.17%	1.92%	1.75%	1.08%	1.21%	1.12%	1.24%	1.52%
Long Term	3.89%	3.83%	4.02%	3.91%	4.07%	4.12%	3.66%	3.87%	4.06%	4.12%	3.67%	3.50%	3.68%
Target	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%

% of KSF/PDP&Rs Recorded on Turas

As at August 2020, 46.9% of staff across NHSGGC had a KSF/PDP&R recorded on Turas Appraisal. Performance continues to show a month on month improvement since May 2020. Overall compliance ranges from a low of 37.8% across HSCPs to a high of 54.1% across Board-wide Services.

% of KSF/PDP reviews recorded on Turas									
NHSGGC Board Area	Aug-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
Acute	50.2%	48.0%	47.4%	42.8%	39.9%	40.7%	40.9%	45.4%	47.3%
HSCPs	49.1%	48.8%	46.6%	43.9%	40.8%	39.2%	38.6%	39.0%	37.8%
Board-wide Services	70.2%	65.8%	63.7%	60.8%	54.6%	51.9%	60.1%	53.0%	54.1%
NHSGGC Total	54.7%	52.4%	51.2%	47.3%	43.8%	43.3%	44.8%	46.0%	46.9%
Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%

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