

NHSGGC COVER PAPER

NHS Greater Glasgow and Clyde	Paper No. 21/29
Meeting:	Board Meeting
Meeting Date:	29 June 2021
Title:	Board Performance Report
Sponsoring Director/Manager	Mark White, Director of Finance
Report Author:	Mark White, Director of Finance

1. Purpose

The purpose of the attached paper is to: The purpose of this report is to provide the Board with the performance against the key indicators outlined in the Remobilisation Plan 3, covering 1st April 2021 to 31st May 2021.

2. Executive Summary

The paper can be summarised as follows:

A summary of performance against the respective KPIs outlined the Remobilisations Plan 3.

3. Recommendations

The Board is asked to:

Note the performance across NHSGGC in relation to the KPIs outlined in the Remobilisation Plan 3.

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: The report has been previously presented and scrutinised by the CMT and the Finance, Planning and Performance Committee.

7. Governance Route

This paper has been previously considered by the following groups as part of its development: As above.

8. Date Prepared & Issued

Date prepared - 22 June 2021

Date issued – 23 June 2021

NHSGGC BOARD PERFORMANCE REPORT

- I. Note the performance across NHSGGC in relation to a number of high level key performance indicators outlined in Remobilisation Plan 3 (RMP3) submitted to the Scottish Government in April 2021.

INTRODUCTION

This Performance Report aims to provide the Board Members with a brief, up to date overview of current performance against key metrics. The format and structure of the report has been revised to reflect the key priorities and suite of measures outlined in the RMP3.

Progress against the measures outlined in RMP2 (which covered upto 31ST March 2021) were reported to the previous Board meeting.

It should be noted that the most up to date end of month management information has been used to highlight the current position (month ending May 2021). This data is indicative of current levels of performance (as data has still to be validated).

The suite of measures has been split into actual targets and key metrics, as the Board has limited control in achieving and delivering these metrics. These are highlighted in summary on Page 2 below.

In terms of the format of this report, it should be noted the suite of performance indicators are a summary of previous pre COVID-19 performance reports. The landscape continues to evolve as the wider NHS remobilises, and Remobilisation Plans have replaced Annual Operating Plans. There are currently ongoing discussions at Scottish Government level regarding a fourth version of Remobilisation Plans so this performance report will be reviewed and tailored accordingly.

AT A GLANCE PERFORMANCE

PERFORMANCE AT A GLANCE - JUNE 2021 BOARD MEETING									
Ref	RMP3 Measures	Apr - May 2021 Actual	Apr - May 2021 RMP3 Target	Perform Status	June 21 RMP3 Trajectory	Sept 21 RMP3 Trajectory	Dec 21 RMP3 Trajectory	Mar 22 RMP3 Trajectory	Progress To Date
1	New Outpatient Activity	39,642	38,706	GREEN	58,057	58,303	60,201	53,994	On Track
2	Scope Activity	4,614	3,485	GREEN	4,994	5,543	5,886	5,387	On Track
3	Imaging Activity	52,899	23,894	GREEN	35,841	36,201	36,564	36,921	On Track
4	TTG Inpatient and Day Case Activity	9,033	6,746	GREEN	10,019	11,998	12,712	13,642	On Track
5	Number of Accident & Emergency 4 Hour breaches	5,164	N/A	N/A	N/A	N/A	N/A	N/A	N/A
6	Total Emergency Admission Average Length of Stay	5.1	8.5	GREEN	8.5	7.6	6.8	6.7	On Track
7	Number of Delayed Discharges (Apr - May 21 mthly aver)	283	202	RED	202	190	197	195	Off Track
8	Cancer (62 days) - Number of urgent referrals received	8,846	8,100	GREEN	12,149	12,271	12,393	12,517	On Track
9	Cancer (31 days) - Number of patients treated	862	1,134	RED	1,701	1,777	1,814	1,890	Off Track
10	CAMHS - Number of eligible patients seen	911	1,080	RED	1,620	1,680	1,680	1,680	Off Track
11	Psychological Therapies - Number of eligible patients treated	2,884	2,900	GREEN	4,350	4,650	4,650	4,650	On Track
Ref	Key Metrics	Apr - May 2021 Actual	Apr - May 2021 RMP3 Target	Perform Status	June 21 RMP3 Trajectory	Sept 21 RMP3 Trajectory	Dec 21 RMP3 Trajectory	Mar 22 RMP3 Trajectory	Progress To Date
12	Number of new outpatient referrals received	63,738	N/A	N/A	N/A	N/A	N/A	N/A	N/A
13	Number of Accident & Emergency Attendances	64,493	49,228	GREY	73,843	85,398	85,005	86,712	GREY
14	Number of Emergency Admissions	22,507	19,926	GREY	29,889	36,137	37,271	35,297	GREY
15	Number of Emergency Admissions via A&E	16,563	N/A	N/A	N/A	N/A	N/A	N/A	N/A

The metrics that have been highlighted in *italics* reflect the performance metrics that the Board has limited control over whereas all other measures have specific targets in which to influence and track performance against.

KEY ELECTIVE ACCESS MEASURES

Outlined below is the latest position in relation to a number of key access measures contained within the RMP3. NHSGGC remains committed to the delivery of the priorities outlined in the RMP3 whilst continuing to address the challenges of COVID-19, balancing the number of positive cases and the challenges and testing and vaccinations with the commitments in the RMP3.

As the number of patients with COVID-19 has reduced since the peak in January 2021 and with the increasing inpatient capacity as well as the de-escalation of our critical care capacity back to pre-pandemic bed levels, the elective programme is remobilising and recovery has started to accelerate.

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. will remain in place during this expansion, and prevent a challenge to the rate of remobilisation.

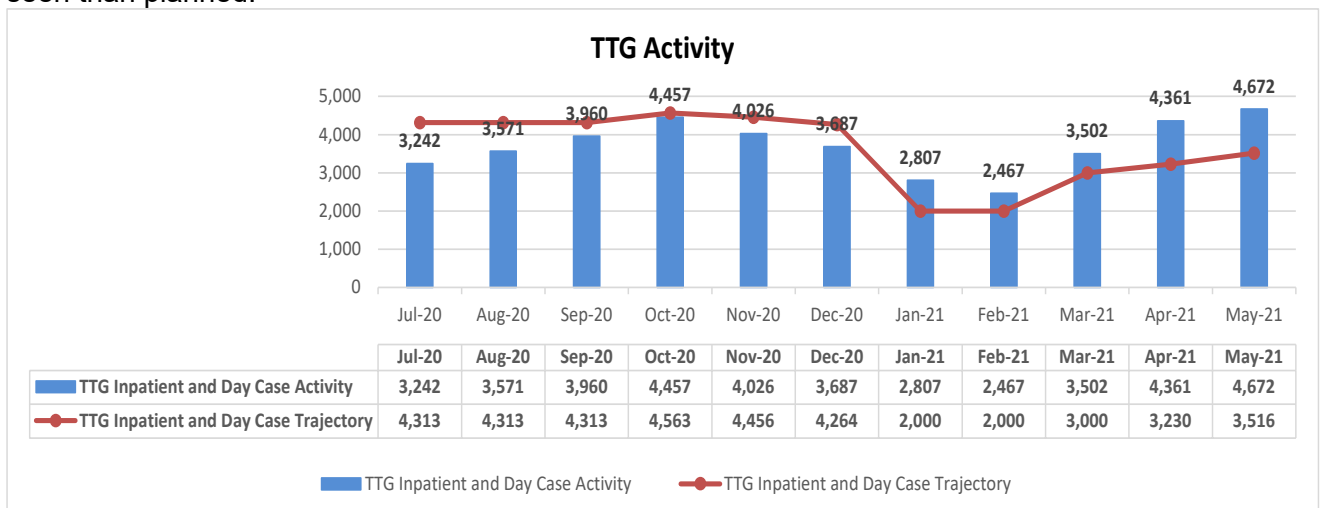
New Outpatient Activity and Number of New Outpatient Referrals Received

As highlighted in the table below, performance continues to be positive in relation to the number of new outpatients seen RMP3 trajectories in that the number of new outpatients seen (39,642) during the period April – May 2021 exceeded the trajectory of 38,706 by 2.4% with NHSGGC seeing 936 more new outpatients than planned. During the same period NHSGGC received 63,738 new outpatient referrals.

New Outpatients	Apr - May 21 Actual	Apr - May 21 Trajectory	Difference	Staus	June 21 Target	March 22 Target
New OP Referrals Received	31,864	37,118	-5,254	GREY	N/A	N/A
New OP Activity - (including Virtual - telephone, NHS Near Me,...)	39,642	38,706	936	2.4%	58,057	230,555

TTG Inpatient/Daycase Activity

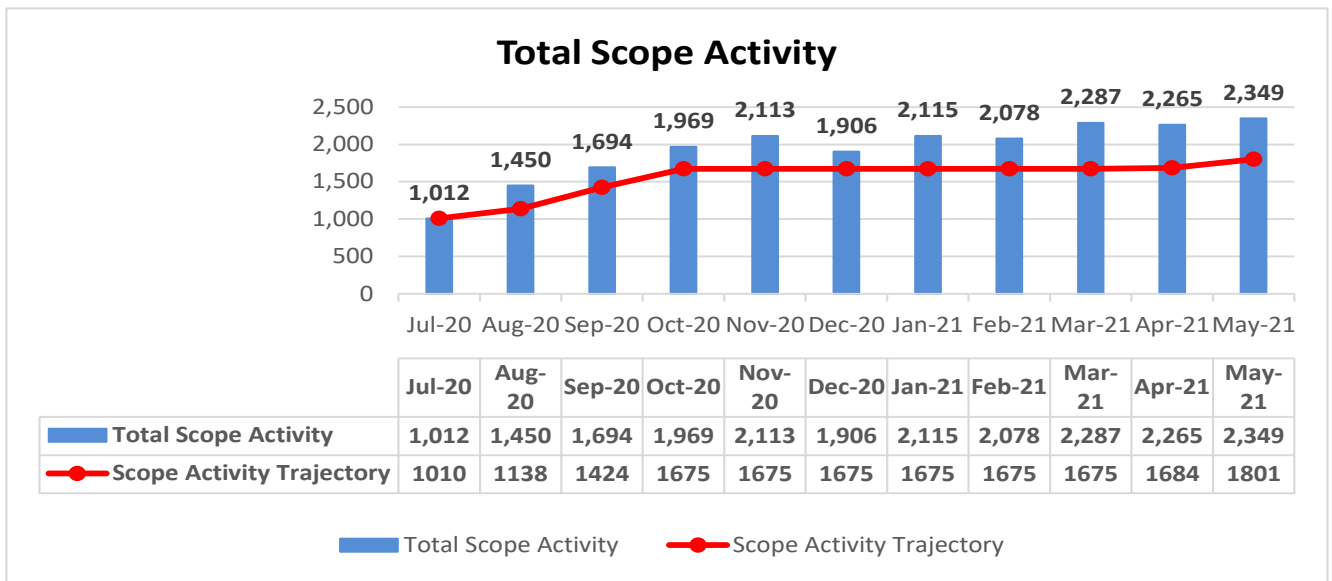
As highlighted in the graph below, current performance continues to remain positive in relation to the RMP3 trajectory in that for the fifth consecutive month the number of eligible TTG inpatient/day case seen has exceeded the trajectory. During the period April – May 2021 performance exceeded the planned milestone position outlined in RMP3 by almost 34% with a total of 2,287 more TTG patients seen than planned.



Scope Activity

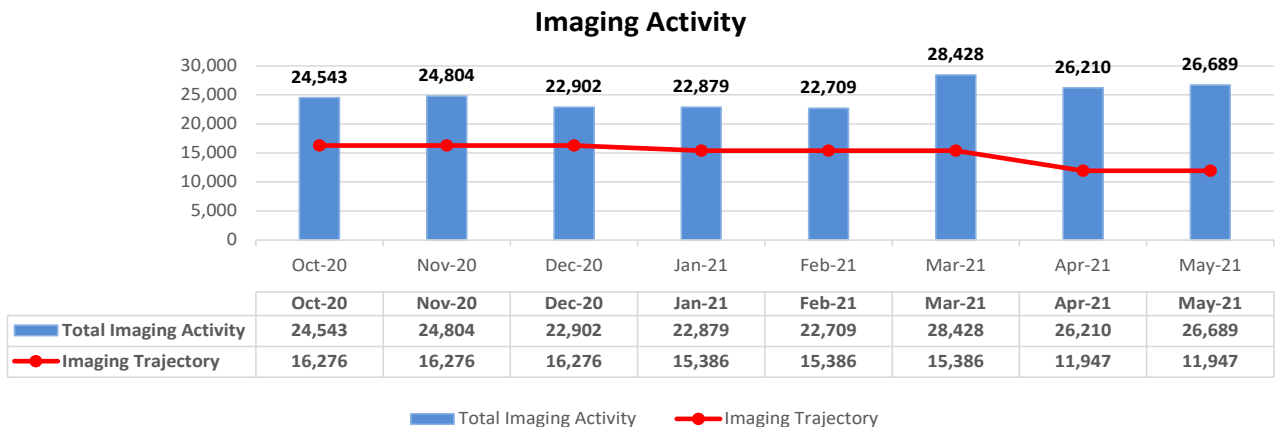
As seen in the graph overleaf, month on month performance has remained positive in relation scope activity in that since July 2021, the number of scopes carried out has exceeded the monthly planned position. This positive performance continues to be sustained in relation to the RMP3 trajectory in that the number of scopes carried out is 32.4% above the RMP3 milestone position for the period April – May 2021 with a total 1,129 more scopes carried out than planned. All scopes are currently exceeding the planned position for the period April – May 2021.

However, it should be highlighted there has been a significant increase (76%) in number of patients on the scopes waiting list when compared to the same period the previous year increasing from 6,445 in May 2020 to 11,359 (*provisional data*) in May 2021.



Imaging Activity

As highlighted in the chart below, performance continues to remain positive in relation imaging activity, exceeding the monthly planned position. During the period April – May 2021 the number of imaging tests carried out exceeded the milestone position, with a total of 29,005 more imaging tests being carried out than planned. However, it should be highlighted that there was a 15% increase in the overall number of patients on the imaging waiting list increasing from 18,134 in May 2020 to 21,365 (*provision data*) in May 2021.



Cancer 31 Days Waiting Time for First Cancer Treatment

As highlighted in the table below, performance in relation to the RMP3 April – May 2021 milestone position is currently below the 1,134 planned position although it should be noted that the May 2021 figures are provisional and the number of patients starting their first treatment is likely to be higher.

Cancer 31 Days	Apr - May 21 Actual	Apr - May 21 Target	Difference	Status	June 21 Target	March 22 Target
31 Day Cancer - First Treatment Patients Treated	862	1134	-272	-24.0%	1,701	7,182
<i>Please note: May 2021 figures are provisional and most likely to be higher.</i>						

All cancer patients awaiting surgery continue to be reviewed on a weekly basis and cases continue to be booked for surgery in line with urgency categories.

Cancer 62 days – Number of Urgent Referrals with a Suspicion of Cancer Received

As highlighted in the table below, performance continues to remain positive in relation to the RMP3 April – May 2021 milestone position in that there were a total of 8,846 urgent referrals received 9.2% above the planned position of 8,100 for April – May 2021.

Cancer 62 Days	Apr - May 21 Actual	Apr - May 21 Trajectory	Difference	Status	June 21 Target	March 22 Target
Cancer (62 days) - Number of urgent referrals received	8,846	8,100	746	9.2%	12,149	49,330

The management of cancer patients and vital cancer services continue to remain a clinical priority during the COVID-19 pandemic although changes to patient clinical pathways 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. All cancer patients awaiting surgery continue to be reviewed on a weekly basis and cases continue to be booked for surgery in line with urgency categories.

As of 31st May 2021, there are 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 up to four weeks) started in June 2020. As of 31st May 2021, of the 223 patients in Priority level 2, 62 patients are waiting for a dated appointment. With the majority (90%) having waiting less than 4 weeks (i.e. these are new patients). Of the 62 patients in Priority Level 3, 40 patients are waiting for a dated appointment and all have been waiting less than the target of 12 weeks. This position is a stable position when compared to recent months.

The main 62-day pathway improvement actions are focused on Breast (additional sessions to meet increased referrals), Urology (weekend Waiting List Initiative, combined waiting lists and additional TRUS biopsy capacity), Cryo-Ablation (additional anaesthetic sessions arranged to meet backlog demand) and Gynaecology (additional joint sessions with colorectal/plastics being arranged to meet changing case mix).

Recent cancer access funding of £2.2m has been agreed for NHSGGC and this is currently being prioritised to fund those schemes that will deliver the most in terms of 62-day cancer pathway performance.

Also it should be noted that the 31 days cancer waiting times performance for the last quarter was 98.0% and has been consistently above target throughout the time of the pandemic. The number of patients treated will increase as cancer referral numbers increase.

Elective Care Improvement Activity

Whilst our priority remains focused on urgent and urgent suspicion of cancer referrals, detailed work is underway to further improve performance in relation to Phase 3 Remobilisation Plan priorities. Due to the pressures from COVID-19, since the 18th January 2021, all patients referred are clinically prioritised, with the majority of capacity being devoted to treating Priority 1 and 2. Robotics (P3) continues. In addition, Board wide and local governance processes have been put in place to manage the clinical prioritisation process as follows:

- Local and Board wide infrastructure ensuring regular clinical and managerial review of theatre capacity and cross-specialty prioritisation P1b and P2 patients on the IPDC waiting list. Detailed performance reporting and scrutiny against each takes place at the regular Access meetings.

Wider actions around the priority areas of the elective programme include:

Outpatients

- **Remote consultation** - already approximately 50% of appointments are carried out remotely at present. Face to Face consultations will continue to be required for a range of patients. Teams are currently reviewing the potential for increasing the use of Near Me technology in place of telephone consultations.
- **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 appointments with limited or no clinical gain. A key transformation, specialty leads have been asked to take forward across Acute Services.
- **Active Clinical Referral Triage (ACRT)** – 57% of referrals from Primary Care into Secondary Care are managed through ACRT. Targeted work continues at specialty level to increase this approach aligned to revised patient pathways.

Inpatients/TTG

- **Clinical Prioritisation** – The focus remains on Priority 1 and 2 across all specialties. Senior Medical review of priority patient categorisation is underway. Paediatric Priority 2 provision is stable.
- **Maximising Use of Available Capacity** - Theatre Efficiency and Patient Preparation – all Sectors are increasing theatre provision following repatriation of staff from ward support. A Theatre Improvement Group has been established to address key challenges including recruitment. Pre-operative assessment service provision is under review to ensure optimum patient preparation can be supported. Patient COVID-19 testing remains essential to maintain green pathways.
- **Additional Capacity** – Areas of work include increasing the efficiency of available capacity through monitoring and supporting key areas. Options for extending the use of ambulatory Care Hospitals across NHSGGC to incorporate six day working is currently being developed.

Endoscopy

- **Clinical Prioritisation** – revised Upper Gastro Intestinal (GI) and Lower Gastro Intestinal (GI) pathways have been utilised to reprioritise patients on the waiting list. Work is ongoing to validate Endoscopy lists further based on proposed new Gastro pathways. These will offer different management pathways for patients with support from specialist teams including Dietetics.
- **Additional Sessions** – Waiting List Initiatives (WLI) and External Capacity – WLI continue to extend the delivery of appointments across NHSGGC to Saturdays. Base capacity for diagnostic care

being delivered at 69% of sessions. NHSGGC will benefit from increased capacity at The Golden Jubilee National Hospital utilising their new mobile unit.

- **Alternative Procedures** – for patient management, NHSGGC continue with the use of Cytosponge technology for Barrett’s Oesophagus surveillance. Transnasal Endoscopy numbers increased offering alternative management of patients with a range of Upper GI symptoms. Patients also continue to be referred for the Colon Capsule Endoscopy review as an alternative to colonoscopy.
- **Maximising Available Facilities** - Options for expanding utilisation of the physical capacity over 7 days in a sustained way are being explored. Increasing capacity is reliant on increasing testing capacity and changes to ventilation provision in some of the units. The procurement of a mobile unit is also under review.

Imaging

- **MRI/CT** – The additional capacity provided by the Louisa Jordan is no longer available however, NHSGGC was successful in being allocated a CT pod to be sited on the Queens Elizabeth University Hospital campus. There has been a delay in getting this up and running due to the need for a building warrant. The CT pod is now expected to be up and running by June 2021. This delay has reduced available capacity.
- **Ultrasound** – Additional ultrasound space was previously provided at the Louisa Jordan where staff were sent to scan ultrasound using a different model with trainees scanning under the supervision of a consultant. This model proved to be very successful both in terms of creating additional capacity but also invaluable in the training of the registrars. Again, with the closure of the Louisa Jordan this facility is no longer available however, we are currently exploring options available across NHSGGC to recreate an Ultrasound Hub and a business case is currently being developed for this.

Number of Accident and Emergency (A&E) 4 Hour Attendances and 4 Hour Breaches

As highlighted in the table below, performance continues above trajectory in relation to the RMP3 April – May 2021 milestone position with 31% (15,264) more attendances reported than planned. No target was set as part of the RMP3 process in relation to the number of 4 hour breaches during 2021/22.

Accident and Emergency	Apr - May 21 Actual	Apr - May 21 Target	Difference	Status	June 21 Target	March 22 Target
A&E Attendances	64,493	49,229	15,264	GREY	73,843	330,958
Number of A&E 4-hour breaches	5,164	N/A	N/A	N/A	N/A	N/A

A&E 4 Hour Waiting Times Standard

As highlighted in the table below, compliance with the A&E 4 hour target has improved in recent months. As at May 2021, compliance with the 4 hour target was 91.8%. Improvements can be seen across the main hospital sites with a total of 5 of the nine sites either meeting or exceeding the 95% target in May 2021. The 4 sites below 95% are all showing an improved position since January 2021. The recent positive progress is notable particularly in the context of the easing of public health restrictions, the increase in A&E presentations across emergency departments alongside the implementation of the new unscheduled care pathway developed in response to COVID-19. However, the increasing attendances combined with operating Red and Green pathways, additional patient testing and enhanced PPE measures continue to pose a challenge for the service.

As highlighted in the table below, up until the past 2 months, NHSGGC’s position in relation to the A&E 4 hour waiting target was either the same as or better than the national position. NHSGGC continues to remain committed to achieving the monthly target of 95%.

Compliance with A&E 4 Hour Waits Target					
Hospital	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Glasgow Royal Infirmary	86.6%	88.3%	91.8%	90.8%	91.5%
Stobhill Hospital	99.1%	100.0%	100.0%	99.9%	99.8%
Queen Elizabeth University Hospital	79.3%	74.6%	87.9%	86.9%	85.1%
New Victoria Hospital	95.3%	99.7%	99.9%	99.9%	99.9%
Royal Alexandra Hospital	85.5%	84.6%	86.1%	89.6%	87.0%
Inverclyde Royal Hospital	86.9%	87.4%	89.0%	91.3%	92.9%
Vale of Leven Hospital	94.7%	94.9%	95.5%	96.4%	96.4%
Royal Hospital for Children	99.0%	99.1%	99.1%	98.9%	99.0%
Gartnavel General Hospital	100.0%	100.0%	100.0%	100.0%	100.0%
NHSGG&C Total	87.6%	87.1%	91.9%	92.2%	91.8%
NHS Scotland	86.1%	87.1%	89.2%	94.9%	95.7%
Target	95.0%	95.0%	95.0%	95.0%	95.0%

Number of Emergency Admissions and Admissions via A&E

As highlighted in the table below, performance in relation to the April – May 2021 milestone position outlined in RMP3 is currently 13% above the planned position with a total of 2,581 more emergency admissions than planned. Of the total number of emergency admissions, almost 74% were via A&E Departments. The emergency average length of stay for April 2021 was 5.1 days, lower than the RMP3 planned position of 8.5 days.

Emergency Admissions	Apr - May 21 Actual	Apr - May 21 Trajectory	Difference	Status	June 21 Target	March 22 Target
Number of Emergency Admissions	22,507	19,926	2,581	GREY	29,889	138,594
Number of Admissions via A&E	16,563	N/A	N/A	N/A	N/A	N/A
Emergency Admission ALOS*	5.1	8.5	-3.4	-40.0%	8.5	6.7

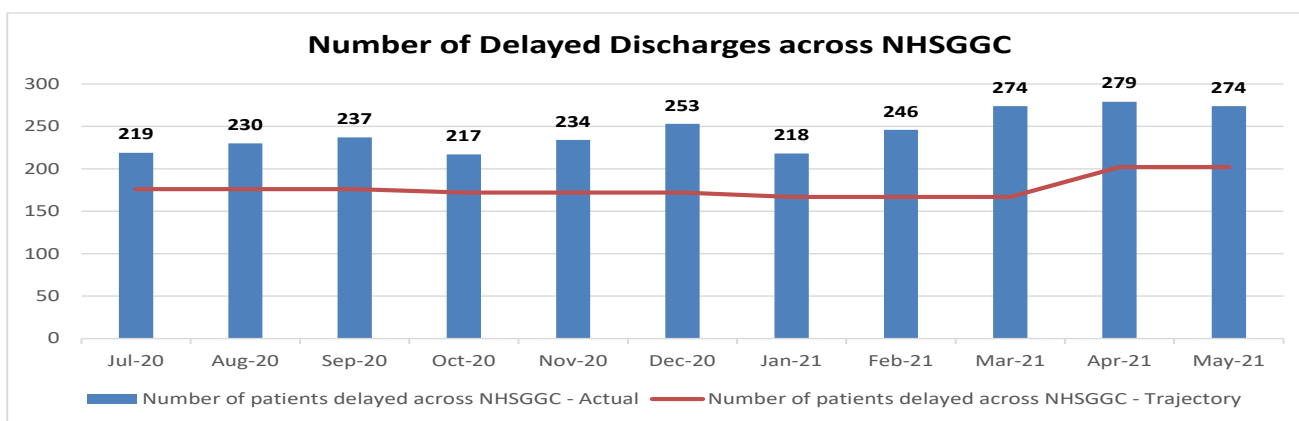
Emergency Care Improvement Actions

As part of the Recovery and Winter Planning arrangements a number of actions are underway to address the performance challenges and help reduce the footfall in A&E including:

- Following the successful implementation of Phase 1 Redesign of Unscheduled Care which involved successfully embedding COVID-19 pathways, mobilising the workforce across pathways (COVID-19 and non COVID-19) and the Flow Navigation Centre going live on December 2020, Phase 2 implementation is now underway. Phase 2 has involved the inclusion of paediatrics in the Flow Navigation Hub and will involve embedding the scheduled Minor Injuries pathway across NHSGGC alongside the ongoing review and assessment of the new Gartnavel Minor Injuries Unit; increased utilisation of Consultant Connect; developing new pathways for particular specialities e.g. Ophthalmology, Ear Nose and Throat and Gynaecology; continuing to review and develop new pathways for high volume conditions such as Cellulitis and COPD; developing clinical conversations of condition specific activity to scheduled care (Assessment Units), launch the Urgent Care Resource Hubs in HSCPs.
- As part of the Recovery Plan, work continues to further embed the service changes and redesign the emergency care access routes to ensure that the alternative pathways continue and in a bid to avoid a return to pre-COVID-19 levels of ED demand.

Delayed Discharges

The number of delayed discharges report across NHSGGC continues to be above the planned RMP3 position. During the period April – May 2021, the figure is 40% higher than projected. The average number of delays across Acute Services during the same period accounted for 75% of the overall delays.



Reducing the number of delayed discharge patients remains a key priority for both our Health and Social Care Partnerships and Acute colleagues. The Delayed Discharge Operational Group continues to meet regularly to expedite discharges and improve working practices where appropriate. Adults with Incapacity (AWI) continue to be the most significant challenge and the legal complexity associated with transferring patients to an appropriate community care setting. Work also continues to mitigate the pressures associated with COVID-19 related delays to ensure acute sites continue to maintain patient flow.

GP Out of Hours (GP OOHs)

Performance has seen a significant and sustained improvement in terms of the number of GP OOHs scheduled shifts that remain open. As highlighted in the table below, 99.3% of GP OOHs shifts remained open during the month of May 2021, a further improvement on the same month the previous year (65.8%). Since May 2020, the percentage of GP OOHs shifts that have remained open have been in excess of 95% with the last 6 months consistently achieving 100%. Activity has also increased (33%) when compared to the same month the previous year, increasing from 9,300 contacts made in May 2020 to 12,327 in May 2021.

GP OOH Service													
	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
Total Open Shifts	216	237	238	243	235	237	237	246	257	236	275	284	300
Total Closed Shifts	10	4	6	5	2	7	0	1	0	0	0	0	2
Total Scheduled Shifts	226	241	244	248	237	244	237	247	257	236	275	284	302
% Open Shifts	95.6	98.3	97.5	98.0	99.2	97.1	100.0	99.6	100.0	100.0	100.0	100.0	99.3

MENTAL HEALTH SERVICES

Percentage of patients starting first Psychological Therapy (PT) treatment within <18 weeks of referral

As seen in the table below, performance in relation to the RMP3 trajectory for April – May 2021 is on track to achieve the RMP3 planned milestone position.

It should also be noted that during the month of April 2021, 91% of patients starting a psychological therapy started within 18 weeks of referral exceeding the 90% national standard. NHSGGC remains the best performing territorial Health Board in Scotland for the quarter ending March 2021 with 89.7% of eligible patients starting their treatment <18 weeks of referral, for NHS Scotland it was 80.9%.

Psychological Therapies	Apr - May 21 Actual	Apr - May 21 Target	Difference	Status	June 21 Target	March 22 Target
Psychological Therapies - First Treatment Patients Treated	2,884	2,900	-16	-0.6%	4,350	18,300

Please note the May 2021 data for Psychological Therapies is provisional.

Percentage of eligible patients starting treatment <18 weeks in Child and Adolescent Mental Health Services (CAMHS)

As highlighted in the table below, current performance in relation to the RMP3 trajectory for April – May 2021 is almost 16% below the planned milestone position of 1,080.

Child and Adolescent Mental Health Services	Apr - May 21 Actual	Apr - May 21 Target	Difference	Status	June 21 Target	March 22 Target
CAMHS - First Treatment Patients Treated	911	1,080	-169	-15.6%	1,620	6,660

The current waiting list holds 2,734 referrals with 45% having waited more than 18 weeks. As of 4th June 2021, there are 12 children who have waited longer than 52 weeks and 7 have a booked appointment and scheduled to be seen by the end of June 2021. The CAMHS Team referral rates have returned to pre-pandemic levels and the following actions are currently underway:

- All vacancies are being actively recruited to, however there is currently a high turnover in Nursing and Psychology and several Psychiatry positions are vacant due to lack of applicants.
- HSCP's are receiving weekly patient level data detailing the names of the children who have breached the 52 week plus, local teams are contacting by phone the families to check-in, provide advice and offering next available appointments.
- The significant increase in demand for urgent assessment has meant that this patient cohort is being prioritised over the longest waits.
- Although we have high levels of usage of Attend Anywhere, 50.2% in April 2021, we are conducting further analysis to assess numbers who have declined a digital appointment but requested to remain on the waiting list and reasons for higher DNA's for first appointments.

Psychological Therapies

As part of the Psychological Therapies Improvement Plan the following priority actions are underway:

- The development of a flexible workforce model to enable the deployment of staff to cover resource gaps. The peripatetic team are allocated to Teams with the longest waiting patients.
- Services are exploring methods to facilitate in person face to face consultations that will assist with addressing some of the longest waiting patients.
- Continuing to level up capacity by recruiting to current vacancies and newly identified gaps (anticipating future major recruitment challenges) as well as embracing e-health technologies to maximise virtual face-to-face engagements.
- The development of a new Board-wide Service offering group-based treatments spanning geographical boundaries and care groups. Team members have worked on developing programmes for digital delivery and these are now underway.
- Each of the HSCPs have local Psychological Therapy Action Plans to reflect the core themes of the Board-wide Improvement Plan and Recovery Plan. Key actions across HSCPs include: remobilising capacity using online appointments via Anytime Anywhere/Near Me; areas sharing capacity between teams and across care groups when possible; developing a digital waiting list initiative and piloting internet enabled Cognitive Behavioural Therapy (CBT) funded by the Scottish Government and developing a digital waiting list initiative.

CONCLUSION

Despite the ongoing pressures of COVID-19, considerable progress continues to be made for the majority of targets outlined in the Phase 3 Remobilisation Plan. Performance continues to be the subject of Recovery Plans supported improvement actions and weekly monitoring at the Senior Executive Group. However, the challenges remain around increasing capacity, focusing on increasing the ratio of P2 patients treated and reducing the number of long waiting patients.