

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 24/98</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>27 August 2024</b>
<b>Title:</b>	<b>Board Performance Report</b>
<b>Sponsoring Director:</b>	<b>Colin Neil, Director of Finance</b>
<b>Report Author:</b>	<b>Tricia Mullen, Head of Performance</b>

## 1. Purpose

**The purpose of this report is to:**

- Provide Board members with an update on performance against the key indicators as outlined in the Performance Assurance Framework (AIF).

## 2. Executive Summary

**The paper can be summarised as follows:** A summary of performance against the respective KPIs outlined in the AIF, and based on the measures contained in the 2024-25 Annual Delivery Plan and the 2024-25 planned care reduction targets approved by the Scottish Government alongside key local and national performance measures.

As at June 2024 12 of the 28 measures that can be rated against target are currently delivering against target and rated green, six are rated amber (<5% variance from trajectory), nine have been rated red (>5% adverse variance from trajectory) and the remaining measure with no target is rated grey.

### **Key Areas of Performance Improvement:**

- Performance in relation to the percentage of cancer patients treated within 31 days of decision to treat (95.8%) continues to exceed the national target of 95% for the second consecutive month.
- The number of GP Out of Hours scheduled shifts that remained open (99.7%) during June 2024 continued to exceed the 90% planned position.
- Performance in relation to the number of CAMHS patients seen <18 weeks of referral (95.2%) continues to exceed the national target of 90% and the ADP planned position for June 2024.

## BOARD OFFICIAL

- Similarly, performance in relation to starting a Psychological Therapy <18 weeks of referral (90.4%) also continued to exceed the national target for June 2024.
- Acute activity in relation to new outpatients, endoscopies and TTG remains on track and currently exceeding the planned position for the period April - June 2024.
- At the end of June 2024 there were no new outpatients waiting >78 weeks, meeting the June 2024 target.
- The number of patients waiting for an endoscopy test (9,606) remains ahead of the planned position (11,351) for June 2024.
- Performance in relation to patients accessing Podiatry Services <4 weeks, (91%) continues to exceed the national target (90%).

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

- The number of new outpatients waiting >52 weeks is above the planned position of 5,111 for June 2024 and increased from 6,500 in May 2024 to 6,870 in June 2024.
- Whilst performance in relation to the Cancer 62 Day waiting times reported an improvement on the previous month's position, increasing from 65.6% in May 2024 to 66.1% in June 2024, overall performance remains challenged. However performance, should be seen in the context of the significant increase in Urgent Suspicion of Cancer referrals.
- Overall compliance with the A&E four hour waits (68.5%) saw a reduction on the previous months' position (72.9%) and performance remains below the ADP target (70%) and the national target (95%). Performance is in line with the overall national trend.
- The number of acute delayed discharges reported in June 2024 (295) was similar to the previous month's position (294) and performance remains challenging although the number of acute bed days lost to delayed discharge reduced by 6.7% reducing from 9,393 in May 2024 to 8,764 in June 2024.
- The number of mental health delayed discharges also remains a challenge with a total of 100 mental health delays reported in June 2024 however, the number of bed days lost reduced by 1.4% (from 3,082 in May 2024 to 3,039 in June 2024).
- Performance in relation to each of the TTG long waiting time reduction targets of >104 weeks and >52 weeks is above the planned position for June 2024.
- The MSK Physiotherapy Service waiting times performance in terms of percentage of patients seen <4 weeks (38%) decreased compared to the previous months' position (40%), performance remains significantly below target as focus continues on reducing the longest waiting times.

More detail on each of the performance measures that either remain challenging or are below the planned position for June 2024 can be seen in the attached performance report.

### **3. Recommendations**

- The Board members are asked to note the performance across NHSGGC in relation to the KPIs outlined in the AIF.

### **4. Response Required**

This paper is presented for **assurance**.

## 5. Impact Assessment

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

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

## 6. Engagement & Communications

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

## 7. Governance Route

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

## 8. Date Prepared & Issued

Prepared on 1 August 2024  
Issued on 20 August 2024

# NHS GREATER GLASGOW & CLYDE BOARD MEETING



## Board Assurance Information Framework – August 2024 Performance Report

AT A GLANCE

BETTER HEALTH

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	New Measures	Slide Number
1	COBH1&3/ COBC7	OPBH3.0	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	93.6%	90.0%				✓		6

BETTER CARE

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
2	COBC7/10	OPBC9.0	Unscheduled Care: A&E 4 Hour Waits	68.5%	70.0%					7
3	COBC7/10	OPBC9.0	Unscheduled Care: A&E Attendances	105,668	2% Reduction					9
4	COBC10	OPBC9.0	Delayed Discharges: Number of Acute Delayed Discharges	295	258					12
5	COBC10	OPBC9.0	Delayed Discharges: Number of Mental Health Delayed Discharges	100	58					14
6	COBC10	OPBC9.0	Delayed Discharges: Number of Acute bed days lost to delayed discharges	8,764	7,889					16
7	COBC10	OPBC9.0	Delayed Discharges: Number of Mental bed days lost to delayed discharges	3,039	1,854					18
8	COBC10	OPBC9.0	GP Out Of Hours Activity	13,728	FIO					20
9	COBC10	OPBC9.0	GP Out Of Hours: % of Scheduled Shifts Open	99.7%	90.0%				✓	21
10	COBC7	OPBC7.0	Number of patients on the New Outpatient Waiting List	160,598	152,349					22
11	COBC7	OPBC7.0	Number of New Outpatients Waiting >78 weeks	0	0					23
12	COBC7	OPBC7.0	Number of New Outpatients Waiting >52 weeks	6,870	5,111					24
13	COBC7	OPBC7.0	New Outpatient Activity	70,163	68,893					26

AT A GLANCE

BETTER CARE

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
14	COBC7	OPBC7.0	Number of patients on the TTG Waiting List	47,372	47,092			↓		27
15	COBC7	OPBC7.0	Number of TTG Patients Waiting >104 weeks	2,723	2,441			↓		28
16	COBC7	OPBC7.0	Number of TTG Patients Waiting >78 weeks	7,124	7,112			↑		29
17	COBC7	OPBC7.0	Number of TTG Patients Waiting >52 weeks	14,948	14,365			↓		30
18	COBC7	OPBC7.0	TTG Inpatient/Daycase Activity	16,326	14,810			↓		32
19	COBC7	OPBC8.0	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	95.8%	95.0%			↓		33
20	COBC7	OPBC8.0	Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	66.1%	70.0%			↑		34
21	COBC7	OPBC7.0	Diagnostics: Endoscopy Waiting List	9,606	11,351			↑	✓	37
22	COBC7	OPBC7.0	Diagnostics: Endoscopy Activity	9,634	8,355			↓	✓	38
23	COBC7/ COBH5	OPBC13.1	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	90.4%	90.0%			↓	✓	39
24	COBC7/ COBH5	OPBC13.2	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	95.2%	90.0%			↓	✓	40
25	COBC7	OPBC12.0	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	38.0%	90.0%			↓		41
26	COBC7	OPBC12.0	Podiatry Waiting Times - % of patients seen <4 weeks	91.0%	90.0%			→	✓	43

AT A GLANCE

BETTER WORKPLACE

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
27	COBW20	OPBW6.1	Staff Absence (Total)	22.2%	24.0%			↑		44
28	COBW20	OPBW6.1	Staff Sickness Absence Rate	7.5%	5.0%			→		45
28	COBW20	OPBW6.1	Short Term Absence Rate	3.3%	2.0%			↓		45
28	COBW20	OPBW6.1	Long Term Absence Rate	4.2%	3.0%			↑		45

BETTER VALUE

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2025	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number	
	COBV 11/12	OPBV15.0	The Better Value measures are reflected within the Finance Report								
29	Rationale for Control Limits Applied									46	

Key	Performance Status	Legend
On target or better		Improvement on previously reported position ↑
Adverse variance of up to 5%		Deterioration on previously reported position ↓
Adverse variance of more than 5%		No change to previously reported position →
No target		Not Applicable N/A

**Executive Summary**

The Performance Report aims to reflect all of the measures identified in the Board’s Assurance Information Framework to be reported at all Board meetings and in the main reflects the June 2024 position. The measures contained within the report reflect the following:

- The measures and targets outlined in the 2024-25 Annual Delivery Plan (ADP) approved by the Scottish Government (SG).
- The 2024-25 planned care reduction targets relating to new outpatients, inpatient/daycases and eight key diagnostic tests in line with the joint ambition to tackle waiting lists approved by the SG.
- Key national and local targets.

During June 2024, a number of challenges were faced across the health and care system, most notably the daily increase in the number of COVID-positive patients receiving care in our hospitals (as at 28 June there were 318 COVID inpatients who had tested positive within the previous 28 days, subsequently reducing to 249 COVID inpatients at 31 July 2024) and the volume of delayed discharges has continued to impact our ability to treat, discharge and admit patients from our Emergency Departments (EDs). During June 2024 there were a total of 295 Acute patients medically fit for discharge remaining in a hospital bed a slight increase on the 294 previous month. This resulted in a total of 8,764 acute bed days and 3,039 mental health bed days lost to delayed discharge in June 2024. Both have had an impact on the four hour emergency access standard which reduced to 68.5% of patients presenting seen within four hours in June 2024, compared to the 72.9% reported the previous month and below the 2024-25 ADP target of 70%. Whilst compliance with the 62 day cancer target saw an improvement from 65.6% in May 2024 to 66.1% in June 2024, overall performance remains a challenge due to the significant increase in the overall volume of USOC referrals since pre-pandemic. Detailed improvement actions underway to address performance in these areas presenting challenges are outlined in the relevant slides.

During June 2024, our focus remained on the delivery of key activity targets, the rigorous management of all health and social care waiting lists and the continued focus on eliminating the backlog of long waiting patients that accumulated during the pandemic, in line with SG targets. This ongoing focus has ensured that our YTD Acute planned care activity measures in relation to key new outpatient appointments, diagnostic tests and inpatient/daycases continued to exceed the planned activity levels providing more patients with access to the care they need. There also continues to be an ongoing focus on reducing the number of long waiting patients. An example of the positive impact this is having can be seen in the number of patients waiting >52, >26 and >6 weeks to access an endoscopy test all being ahead of the planned position for June 2024 and continuing to reduce on a monthly basis. Performance in relation to CAMHS (95.2%) and Psychological Therapies (90.4%) waiting times standards remained positive with current performance continuing to exceed national target. Access to Podiatry Services (91% of patients seen <4 weeks) and GP Out of Hours service remains positive where the number of scheduled shifts that remained open (99.7%) in June 2024 continued to by far exceed the planned position of 90%.

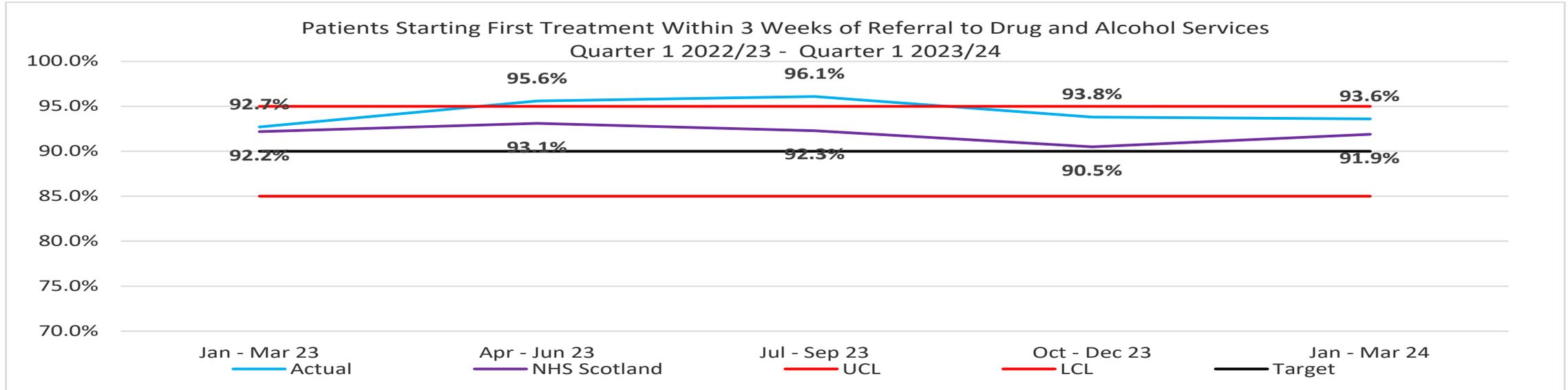
All measures are reflected in the At A Glance sheet however, measures contained within the report only reflect those where the current or projected position has an adverse variance of either >5% or up to 5% i.e. measures rated as either red or amber. As at the end of June 2024, 12 of the 28 measures contained within the report are currently delivering against trajectory, six are rated amber (<5% variance from trajectory), nine are rated red (>5% adverse variance from trajectory) and the remaining measure with no target is rated grey to provide further context to performance. Areas in need of further improvement are those listed as either red or amber on the next

# 1. BETTER HEALTH: Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral

At least 90% of clients will wait no longer than 3 weeks from referral to start their first treatment

**Target**  
**90%**

**Performance**  
**93.6%**



Please note: The national published April - June 2024 data is scheduled to be published on 24 September 2024.

## Summary

### Current Position (including against trajectory):

As at the quarter January - March 2024, 93.6% of patients referred for alcohol and drugs treatment treated <3 week of referral above the 90% national target. **3.6% above target.**

### Current Position Against National Target:

NHSGGC performance is above the latest national quarterly published position of 91.9% for the quarter ending March 2024.

### Projection to 31 March 2025:

National Target 90%. **Performance is expected to continue to exceed target.**

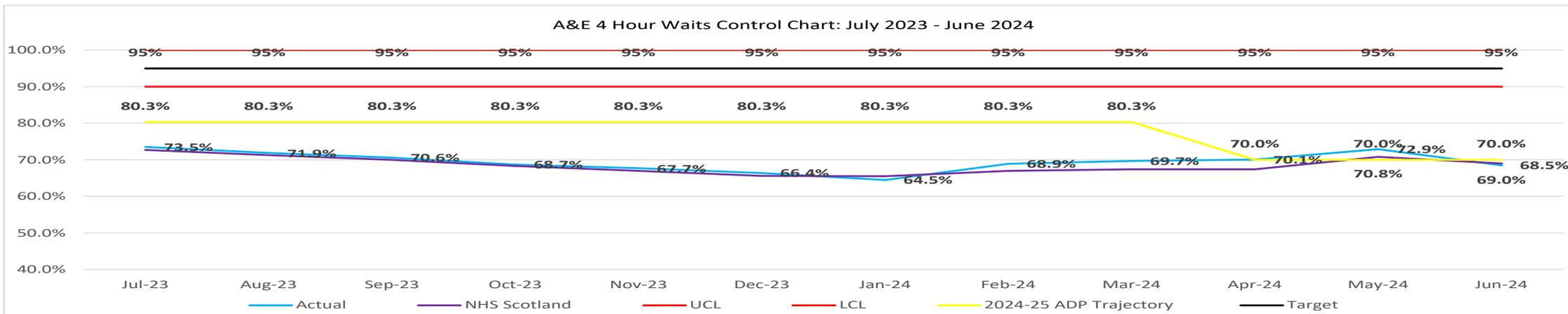
NHSGGC continues to consistently exceeds the 90% Alcohol and Drugs waiting times target and has consistently performed above the overall national position.

## 2. BETTER CARE: Accident and Emergency 4 Hour Waiting Times Standard

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

**Target**  
**70%**

**Performance**  
**68.5%**



Please note: monthly data reflects NHS Board-wide position and includes ED & MIU performance.

### Summary

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

As at June 2024, **68.5%** of patients were seen within four hours, a reduction on the previous months position of 72.9%. Below the ADP trajectory of 70.0%. Local management information for the week ending 11 August 2024 reported an improvement in overall compliance at 71.6%. Performance remains below the national target of 95%.

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

NHSGGC's performance is narrowly below the latest national published position of 69.0% for June 2024 and overall performance is in line with the national trend.

#### **Projection to 31 March 2025:**

National target 95%. ADP trajectory 70%.

### Key Actions

As part of our 2024-25 ADP a number of actions have been identified to help drive the required improvements in unscheduled care including:

- Continued focus on promoting redirection of patients to an appropriate setting in line with the redirection policy.
- Weekly performance improvement meetings in place with local sector teams to ensure focused delivery of agreed actions.

## 2. BETTER CARE: Accident and Emergency 4 Hour Waiting Times Standard by Hospital Site (Continued)

*At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment*

**Target**  
**70%**

**Performance**  
**68.5%**

Hospital Site	Apr-24	May-24	Jun-24
Queen Elizabeth University Hospital	55.2%	56.8%	47.3%
Glasgow Royal Infirmary	51.1%	63.7%	53.5%
Royal Alexandra Hospital	62.0%	57.6%	53.9%
Inverclyde Royal Hospital	71.2%	71.9%	78.2%
Royal Hospital for Children	94.9%	95.4%	96.7%
<b>Emergency Department Sub-Total</b>	<b>65.4%</b>	<b>68.3%</b>	<b>63.2%</b>
Vale of Leven Hospital	87.2%	92.0%	91.2%
Stobhill Hospital	96.9%	97.2%	91.8%
New Victoria Hospital	99.8%	98.8%	98.7%
<b>MIU Sub-Total</b>	<b>95.2%</b>	<b>96.3%</b>	<b>94.5%</b>
<b>ED &amp; MIU Total</b>	<b>70.1%</b>	<b>72.9%</b>	<b>68.5%</b>
<b>Target</b>	<b>95.0%</b>	<b>95.0%</b>	<b>95.0%</b>
<b>2024-25 Annual Delivery Plan Target</b>	<b>70.0%</b>	<b>70.0%</b>	<b>70.0%</b>
<b>National Performance</b>	<b>67.4%</b>	<b>70.8%</b>	
<b>NHSGGC Variance from National Position</b>	<b>2.7%</b>	<b>2.1%</b>	

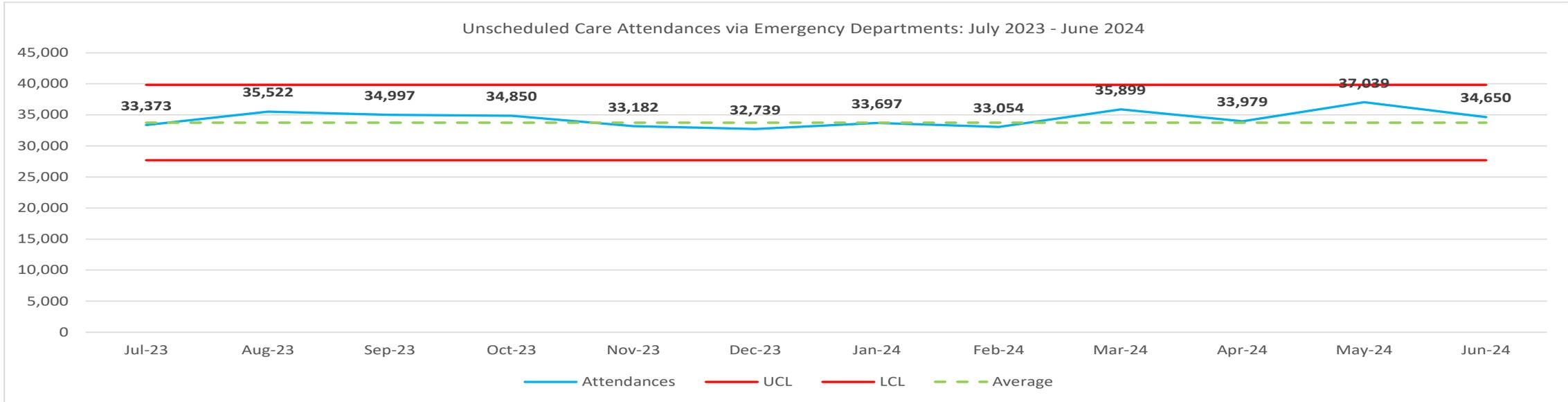
### Summary

The information above, provides a monthly breakdown of performance against target at a hospital site level for June 2024. All sites with the exception of Inverclyde Royal Hospital (IRH) and the RHC reported a reduction on the previous months position. As seen from the table, five of the eight sites exceeded the ADP trajectory of 70%. The RHC ED, Stobhill and New Victoria MIUs have consistently exceeded the national target for a sustained period of time. Performance against the national and ADP target at the three busiest sites across NHSGGC namely the QEUH, GRI and the RAH remains an ongoing challenge and all reported a reduction on the previous months' position.

### 3. BETTER CARE: Accident and Emergency Attendances

**Target**  
**2% Reduction**

**Performance**  
**3.9% increase**



Please note: monthly data includes ED and MIU attendances.

**Summary**

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

A total of **105,668** A&E attendances (including MIU attendances) were reported during the period April - June 2024. Current performance represents a 3.9% increase on the 101,688 reported during the same period in 2022-23 (the baseline year for the target reduction).

**Current Position Against National Target:**

No relevant target.

**Projection to 31 March 2025:**

**A 2% reduction in A&E attendances (For HSCPs based on 2022-23 position).**

### 3. BETTER CARE: Accident and Emergency Attendances by Hospital Site (continued)

**2%  
Reduction**

Hospital Site				YTD 24/25 Total	YTD 23/24 Total	2022/23	24/25 YTD Var 22/23	YTD % Var on 22/23
	Apr-24	May-24	Jun-24			Baseline		
Queen Elizabeth University Hospital	8,231	9,002	8,388	25,621	24,392	22,976	2,645	11.5%
Glasgow Royal Infirmary	7,032	7,371	6,999	21,402	20,789	21,249	153	0.7%
Royal Alexandra Hospital	4,571	5,107	4,688	14,366	14,937	14,435	-69	-0.5%
Inverclyde Royal Hospital	2,524	2,750	2,545	7,819	7,651	7,584	235	3.1%
Royal Hospital for Children	6,252	6,656	6,149	19,057	18,094	18,690	367	2.0%
<b>Emergency Department Sub-Total</b>	<b>28,610</b>	<b>30,886</b>	<b>28,769</b>	<b>88,265</b>	<b>85,863</b>	<b>84,934</b>	<b>3,331</b>	<b>3.9%</b>
Vale of Leven Hospital	1,630	1,870	1,720	5,220	4,535	4,100	1,120	27.3%
Stobhill Hospital	1,560	1,761	1,723	5,044	6,218	6,062	-1,018	-16.8%
New Victoria Hospital	2,179	2,510	2,438	7,127	7,510	6,592	535	8.1%
<b>MIU Sub-Total</b>	<b>5,369</b>	<b>6,141</b>	<b>5,881</b>	<b>17,391</b>	<b>18,263</b>	<b>16,754</b>	<b>637</b>	<b>3.8%</b>
<b>Total</b>	<b>33,979</b>	<b>37,027</b>	<b>34,650</b>	<b>105,656</b>	<b>104,126</b>	<b>101,688</b>	<b>3,968</b>	<b>3.9%</b>
<b>2024-25 HSCP Target - 2% Reduction 2022-23 Baseline</b>								

#### Summary

The information above, provides a monthly breakdown of A&E/MIU attendances by hospital site for the period April - June 2024. Overall, six of the eight hospital sites reported an increase in the number of attendances when compared to the baseline year for the reduction target (2022-23). The most notable increases in actual values can be seen at the QEUH (+2,645), VOL (+1,120) and the New Victoria (+535). The two sites reporting a reduction in A&E attendances are the RAH (-69) and Stobhill Hospital (-1,018). The overall YTD position is currently 3.9% above the same period in the baseline year.

Actions to help reduce the number of A&E attendances particularly at our busier sites includes communication around urgent and unscheduled care remaining a top priority with a continuation of the ABC messaging. Similarly, our redirection message continues to be shared across our social channels and within our hospital sites to raise awareness with members of the public, staff and patients on our policy when dealing with non-life threatening emergencies at our EDs and an ongoing regular drumbeat of virtual pathways communications continues to be promoted across channels.

### 3. BETTER CARE: Accident and Emergency Attendances by Health & Social Care Partnership (continued)

**2%  
Reduction**

HSCP	Number Of A&E/MIU Presentations			2024-25 YTD Total	2022-23 YTD Total	YTD Variance	YTD % Variance
	Apr-24	May-24	Jun-24				
East Dunbartonshire	2,044	2,103	2,152	6,299	6,704	-405	-6.0%
East Renfrewshire	1,856	1,988	1,864	5,708	5,469	239	4.4%
Glasgow City	15,761	17,139	15,992	48,892	47,068	1,824	3.9%
Inverclyde	2,517	2,647	2,479	7,643	7,400	243	3.3%
Renfrewshire	4,446	5,001	4,558	14,005	13,468	537	4.0%
West Dunbartonshire	2,682	2,959	2,783	8,424	7,650	774	10.1%
<b>HSCP Sub-Total</b>	<b>29,306</b>	<b>31,837</b>	<b>29,828</b>	<b>90,971</b>	<b>87,759</b>	<b>3,212</b>	<b>3.7%</b>
Other	4,673	5,190	4,822	14,685	13,929	756	5.4%
<b>Total</b>	<b>33,979</b>	<b>37,027</b>	<b>34,650</b>	<b>105,656</b>	<b>101,688</b>	<b>3,968</b>	<b>3.9%</b>

#### Summary

The information above provides a breakdown of A&E/MIU attendances by HSCPs for the period April - June 2024. Overall, there has been an 3.7% increase in A&E attendances across HSCPs when compared to the same period in 2022-23 (the baseline year the 2% reduction target is based on). All HSCPs, with the exception of East Dunbartonshire HSCP (reducing by 6.0%) saw an increase in A&E activity with the most notable increases in terms of volume in Glasgow City (+1,824), West Dunbartonshire (774) and Renfrewshire (537) HSCPs when compared to the same period in the baseline year.

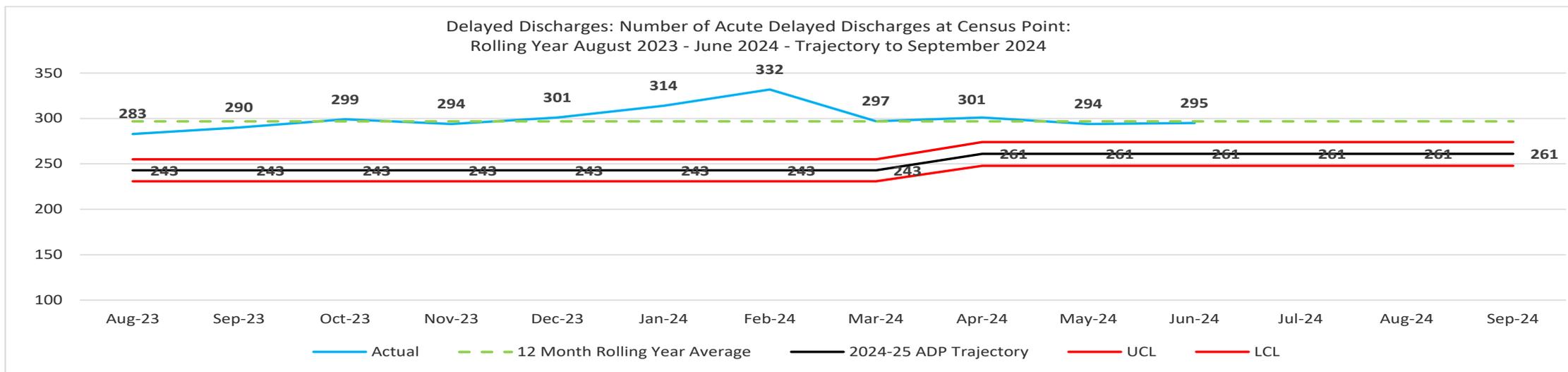
East Dunbartonshire HSCP have implemented a number of improvement actions that have helped drive the required reductions including the significant increase in Future Care Plans (previously known as Anticipatory Care Plans) uploaded on the portal, which are by far in excess of the NHSGGC average, mainstreamed a Test of Change in Care Homes of seven day cover from care home liaison nursing for end of life care in care homes, embedding the falls pathway, the respiratory specialist physiotherapy care has been put in place to provide preventative care for high hospital attenders for respiratory issues in the community as well as the Frailty Practitioner targeting comprehensive geriatric assessment for frequent attenders aged 65 years and over in addition to extending the senior clinical decision makers to seven days including public holidays enabling diversion away from EDs.

#### 4. BETTER CARE: Number of Acute Delayed Discharges

A delayed discharge occurs when a hospital patient is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Acute delayed discharges at monthly census point

**Target**  
**261**

**Performance**  
**295**



#### Summary

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

A total of **295** acute delayed discharges were reported at the monthly census point for June 2024, a **marginal increase on the previous month's performance**. Local management information for the 12 August 2024 reported a total of 295 acute delays, no change to the monthly census position. **Current performance is 11.5% above the monthly trajectory of 261.**

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

No national target relevant.

##### **Projection to 31 March 2025:**

**Provisional target of no more than 261 acute delays each month by March 2025.**

#### Key Actions

Performance in relation to Acute delayed discharges remains a significant challenge. Complex delays account for 121 (41%) of the 295 Acute delays reported in June 2024. Improvement actions include:

- HSCP posters in place in all Acute areas with QR codes for each NHSGGC HSCP detailing community services available for patients leaving hospital.
- Working with Red Cross to promote their rapid response service within GRI and the QEUH.
- Specific work is underway within QEUH/GRI/ RAH to encourage the early use of the discharge lounges.
- Five HSCPs are involved with the electronic home care form working to improve completion and target education within wards.
- Weekly meetings and work with external HSCPs including escalation to Chief Officers regards long waiting patients are in place.
- Increasing Professional-to-Professional pathways to provide increased advice and support to community urgent care pathways, including Call Before Convey work.

#### 4. BETTER CARE: Number of Acute Delayed Discharges by HSCP (continued)

*A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Acute delayed discharges at monthly census point*

**Target  
261**

**Performance  
295**

Acute Delayed Discharges	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Monthly Target	Variance from Target	Monthly Variance	Monthly Variance %	% Variance from Target
West Dunbartonshire HSCP	34	33	23	24	27	39	29	36	46	51	46	39	33	31	2	-6	-15%	6%
East Dunbartonshire HSCP	20	23	20	15	21	14	31	25	23	17	15	26	28	18	10	2	8%	56%
East Renfrewshire HSCP	2	20	9	18	11	10	13	19	12	14	14	14	13	11	2	-1	-7%	18%
Glasgow City HSCP	126	144	144	156	161	147	148	154	163	140	150	153	146	125	21	-7	-5%	17%
Inverclyde HSCP	18	20	17	10	13	20	19	13	15	13	16	7	9	15	-6	2	29%	-40%
Renfrewshire HSCP	14	10	8	11	9	6	8	10	12	9	7	6	15	9	6	9	150%	67%
<b>HSCP Total Acute Delays</b>	<b>214</b>	<b>250</b>	<b>221</b>	<b>234</b>	<b>242</b>	<b>236</b>	<b>248</b>	<b>257</b>	<b>271</b>	<b>244</b>	<b>248</b>	<b>245</b>	<b>244</b>	<b>209</b>	<b>35</b>	<b>-1</b>	<b>0%</b>	<b>17%</b>
<b>Other Local Authorities Acute</b>	<b>57</b>	<b>59</b>	<b>62</b>	<b>56</b>	<b>57</b>	<b>58</b>	<b>53</b>	<b>57</b>	<b>61</b>	<b>53</b>	<b>53</b>	<b>49</b>	<b>51</b>	<b>52</b>	<b>-1</b>	<b>2</b>	<b>4%</b>	<b>-2%</b>
<b>NHSGGC Total Acute Delays</b>	<b>271</b>	<b>309</b>	<b>283</b>	<b>290</b>	<b>299</b>	<b>294</b>	<b>301</b>	<b>314</b>	<b>332</b>	<b>297</b>	<b>301</b>	<b>294</b>	<b>295</b>	<b>261</b>	<b>34</b>	<b>1</b>	<b>0%</b>	<b>13%</b>

#### Summary

Overall the number of patients delayed across acute hospitals since the previous month has remained fairly static. Current performance is above the planned monthly performance of no more than 261 delays. As at June 2024, there were a total of 295 acute delays reported and local management information for the 12 August 2024 highlights a 295 acute delays, the same as the monthly census position. HSCPs account for 83% (244) of the overall total number of acute delays reported with Glasgow City HSCP representing 60% of all HSCP delays reported across NHSGGC.

In June 2024 the SG introduced a new target of a maximum of 34.6 delays per 100,000 adult population per area. A CRAG (Collaborative Response & Assurance Group) chaired by the Cabinet Secretary meets weekly and all HSCP Chief Officers are invited. As at the June 2024 Census point (using National Records of Scotland, adult population estimates for 2024), total delays per 100,000 adult population across each of the 6 HSCPs were as follows: East Renfrewshire 18.6, Renfrewshire 14.4, Inverclyde 14.4, East Dunbartonshire 39.9, Glasgow City 41.8 and West Dunbartonshire 52.0.

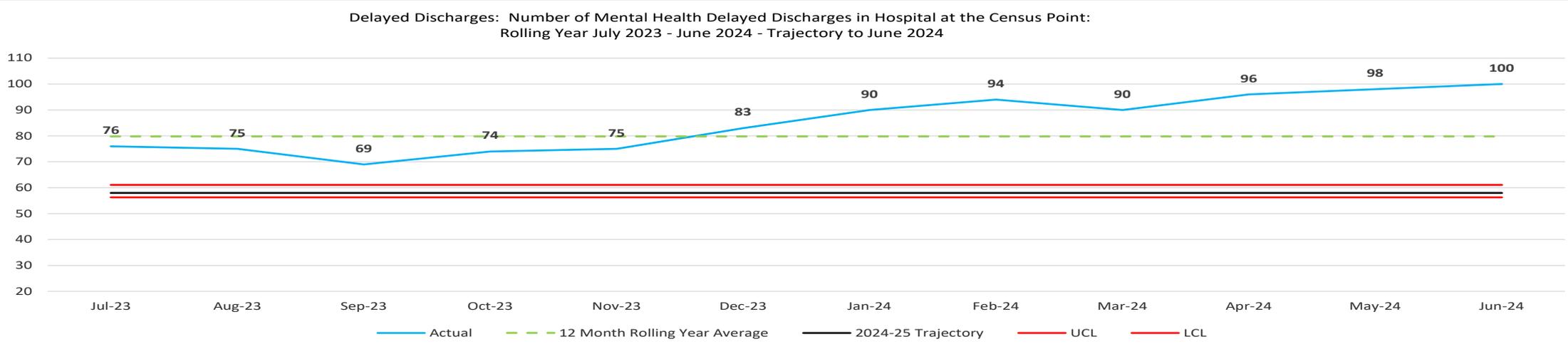
The number of delays across Acute reported across NHSGGC from other local authorities remains a challenge, with a slight increase on the previous months' position.

## 5. BETTER CARE: Number of Mental Health Delayed Discharges

A delayed discharge occurs when a hospital patient is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Mental Health delayed discharges at monthly census point

**Target**  
**58**

**Performance**  
**100**



### Summary

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

Currently **100** Mental Health delayed discharges were reported at the monthly census point for June 2024, a **2% increase** on the previous months' position. **Performance is above the monthly provisional trajectory of 58.** Local management information for 12 August 2024 reported a total of 106 Mental Health delays, an increase on the monthly census data.

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

No national target relevant.

#### **Projection to 31 March 2025:**

**Provisional target of no more than 58 delays each month by March 2025.**

### Key Actions

Overall performance remains a challenge. Of the total mental health delays reported across NHSGGC, 73 are Glasgow City residents (73 last month). Other mental health delays were reported in Renfrewshire (6), West Dunbartonshire (4), East Dunbartonshire (7) East Renfrewshire (1) HSCPs and nine from other local authorities. Actions to improve this include:

- Within Glasgow City HSCP six Learning Disability (LD) patients moved to Waterloo Close by end of July 2024. This will reduce the number of LD delays with work ongoing to support discharge into other appropriate accommodation for those who are not deemed suitable for Waterloo Close.
- Adult Mental Health and Older People Mental Health delays continue to be a priority and are discussed on a regular basis to ensure there are options to move people on timeously when discharge date is confirmed. The review of discharge teams is being finalised and recommendations to be approved by senior management in order to progress implementation of any agreed changes.

## 5. BETTER CARE: Number of Mental Health Delayed Discharges by HSCP (Continued)

*A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed. Reduction in average monthly Mental Health delayed discharges at monthly census point*

**Target**  
**58**

**Performance**  
**100**

Mental Health Delayed Discharges	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	4	4	6	3	4	3	4	4	5	4	6	4	4	2	2	100%
East Dunbartonshire HSCP	2	2	2	2	1	2	4	4	4	3	5	7	7	0	7	-
East Renfrewshire HSCP	0	0	0	0	0	1	1	1	0	0	1	1	1	0	1	100%
Glasgow City HSCP	51	58	55	53	58	58	57	64	72	70	70	73	73	51	22	43%
Inverclyde HSCP	2	1	1	1	1	1	2	2	0	0	0	0	0	0	0	0%
Renfrewshire HSCP	5	5	6	5	5	5	5	5	5	4	4	4	6	2	4	200%
<b>HSCP Total Mental Health Delays</b>	<b>64</b>	<b>70</b>	<b>70</b>	<b>64</b>	<b>69</b>	<b>70</b>	<b>73</b>	<b>80</b>	<b>86</b>	<b>81</b>	<b>86</b>	<b>89</b>	<b>91</b>	<b>55</b>	<b>36</b>	<b>65%</b>
<b>Other Local Authorities Mental</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>10</b>	<b>10</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>9</b>	<b>9</b>	<b>3</b>	<b>6</b>	<b>200%</b>
<b>NHSGGC Total Mental Health</b>	<b>71</b>	<b>76</b>	<b>75</b>	<b>69</b>	<b>74</b>	<b>75</b>	<b>83</b>	<b>90</b>	<b>94</b>	<b>90</b>	<b>96</b>	<b>98</b>	<b>100</b>	<b>58</b>	<b>42</b>	<b>72%</b>

### Summary

Overall there has been a 2.0% increase in the number of patients delayed across mental health since the previous month. Current performance is above the monthly provisional planned position of no more than 58 mental health delays reported. As at June 2024, there were a total of 100 mental health delays reported and local management information for the 12 August 2024 highlights a further increase to 106 mental health delays. HSCPs account for 91.0% (91) of the overall total number of mental health delays reported with Glasgow City HSCP representing 80.2% of all HSCP delays reported across NHSGGC.

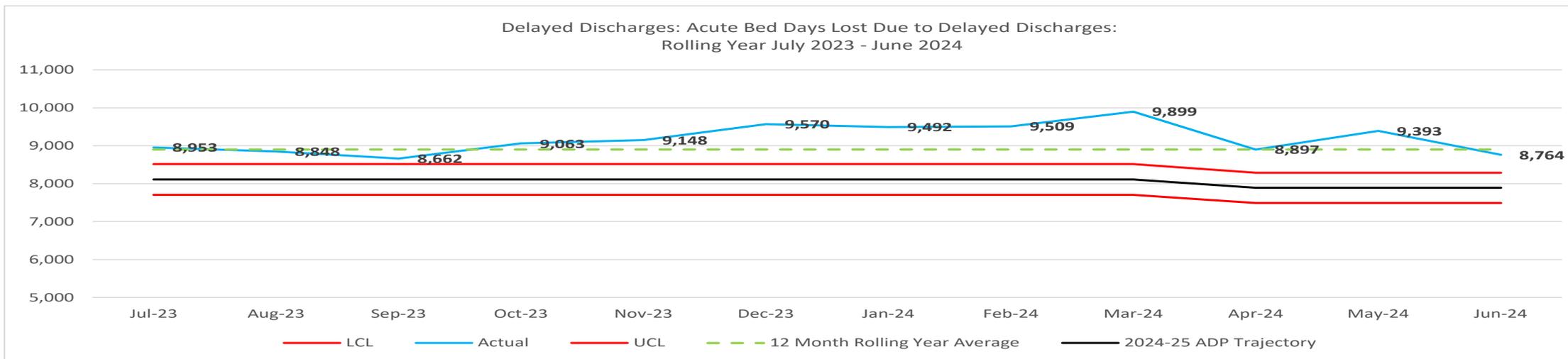
With the exception of Inverclyde HSCP meeting the agreed monthly target, all other HSCPs are currently above their planned position. Five of the six HSCPs reported no change on the previous months' position and Renfrewshire HSCP saw an increase (2) in the number of delays compared to the previous month.

## 6. BETTER CARE: Number of Acute Bed Days Lost to Delayed Discharge

A reduction in the number of hospital bed days associated with delayed discharges

**Target**  
**7,889**

**Performance**  
**8,764**



### Summary

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

A total of **8,764** Acute bed days were lost to delayed discharges during June 2024, a 6.9% reduction on the previous month's position. **Current performance is 11.1% above the monthly trajectory of 7,889.**

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

No national target relevant.

#### **Projection to 31 March 2025:**

**Target of no more than 7,889 bed days lost to delayed discharge each month by March 2025.**

### Key Actions

June 2024 saw a 6.9% reduction in the number of acute bed days lost to delayed discharge when compared to the previous months' position. The actions outlined in slide 12 are aimed at reducing the number of acute bed days lost to delayed discharge.

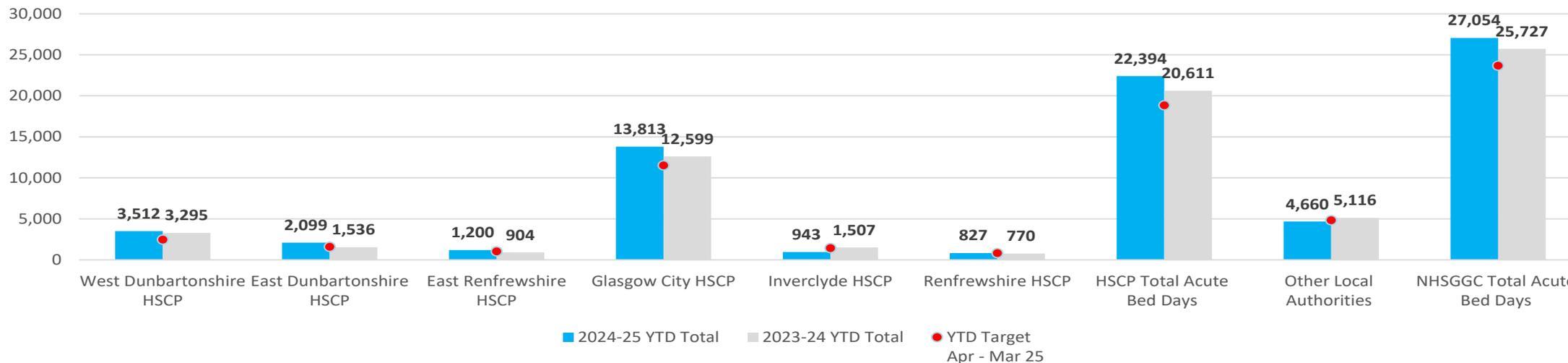
## 6. BETTER CARE: Year To Date Acute Bed Days Lost to Delayed Discharges by HSCP (Continued)

*A reduction in the number of hospital bed days associated with delayed discharges*

**Target**  
**23,673**

**Performance**  
**27,054**

Acute Bed Days Lost to Delayed Discharges - April - June 2024 Compared to April - June 2023



### Summary

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

During April - June 2024, a total of **27,054** acute bed days were lost to delayed discharges representing a 5% increase on the same period the previous year. Current performance is **above the YTD trajectory of no more than 23,673 by 14.3%**.

#### Current Position Against National Target:

No national target relevant.

#### Projection to 31 March 2025:

**Provisional target of accumulating no more than 97,296 acute bed days lost to delayed discharge by March 2025.**

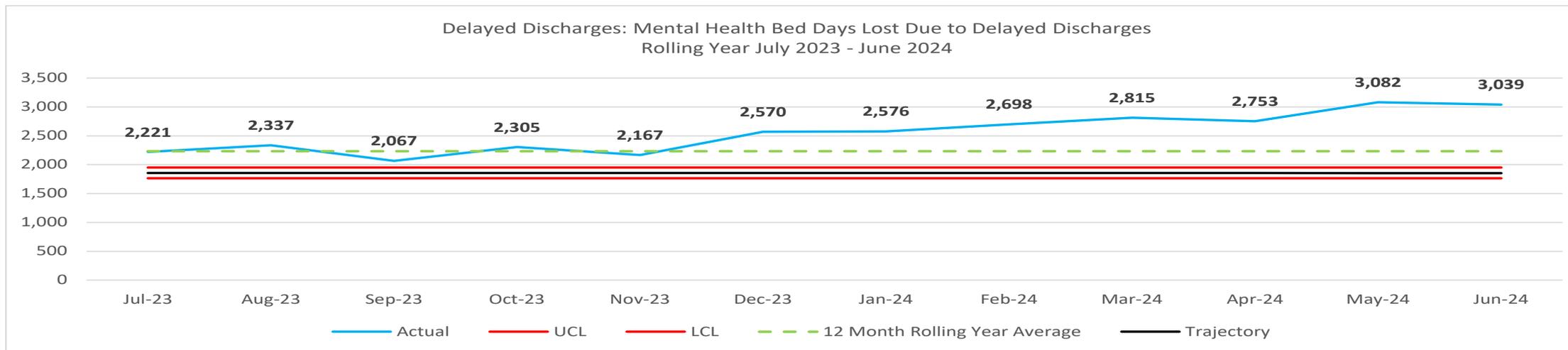
The graph above provides a year to date breakdown of acute bed days lost to delayed discharges by HSCP. During the period April - June 2024, a total of 27,054 acute bed days have been lost to delayed discharge across NHSGGC representing a 5% increase on the same period the previous year. All HSCPs with the exception of Inverclyde reported an increase in the number of acute bed days lost to delayed discharge when compared with the same period the previous year. The HSCPs reporting the highest increases in the number of acute bed days lost to delayed discharge are Glasgow City HSCP (+1,214) and East Dunbartonshire HSCP (+563). Other local authorities account for 17.2% (4,660) of the overall acute bed days lost to delayed discharge. The actions outlined in slide 12 are aimed at reducing the number of acute bed day lost to delayed discharge.

## 7. BETTER CARE: Number of Mental Health Bed Days Lost to Delayed Discharge

*A reduction in the number of mental health bed days associated with delayed discharges*

**Target  
1,854**

**Performance  
3,039**



### Summary

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

A total of **3,039** Mental Health bed days were lost to delayed discharges during June 2024, representing a 1.4% reduction on the previous month's position. **Current performance is above the monthly provisional trajectory of 1,854.**

**Current Position Against National Target:**

No national target relevant.

**Projection to 31 March 2025:**

**Provisional target of no more than 1,854 bed days lost to delayed discharge per month by March 2025.**

The actions outlined in slide 14 are aimed at reducing the number of mental health bed days lost to delayed discharge.

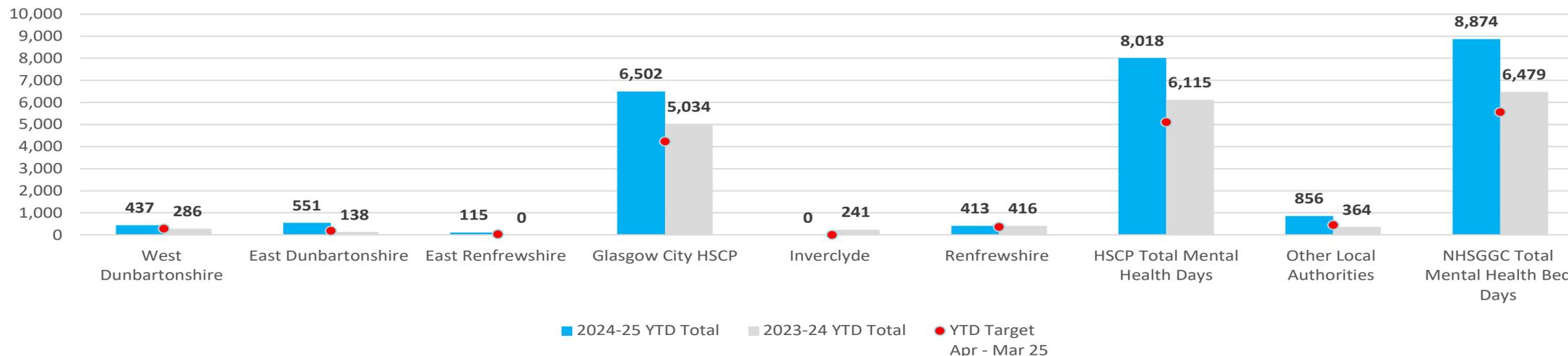
## 7. BETTER CARE: Year To Date Mental Health Bed Days Lost to Delayed Discharges by HSCP (Continued)

*A reduction in the number of hospital bed days associated with delayed discharges*

**Target**  
**5,561**

**Performance**  
**8,874**

Mental Health Bed Days Lost to Delayed Discharges - April - June 2024 Compared to April - June 2023



### Summary

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

During April - June 2024 a total of **8,874** Mental Health bed days were lost to delayed discharges, 37% above the position for the same month the previous year. Current performance is **60% above the YTD provisional trajectory of no more than 5,561**.

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

No national target relevant.

#### **Projection to 31 March 2025:**

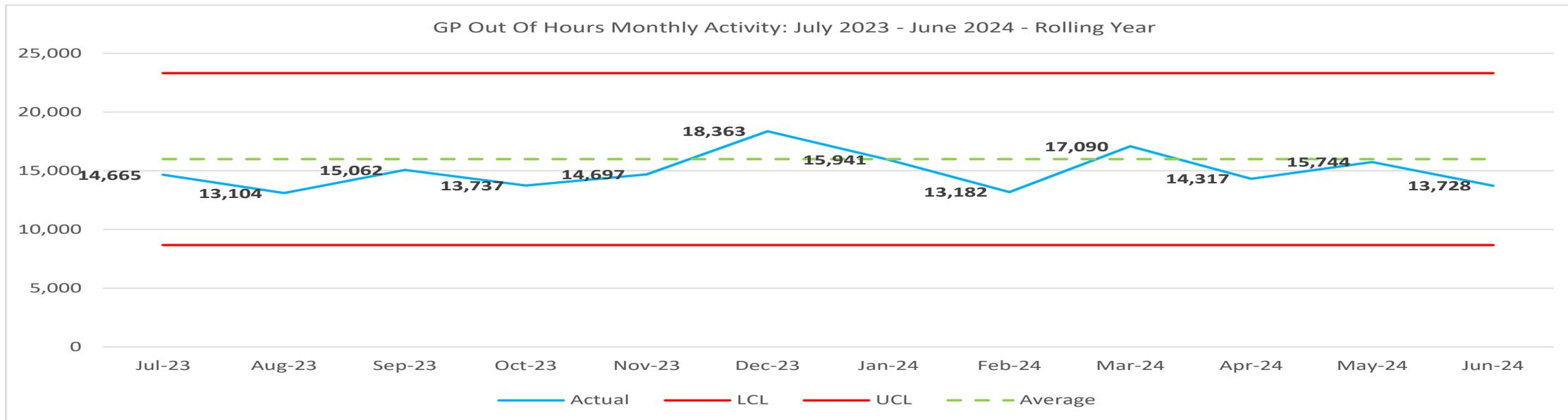
**No more than 1,854 mental health bed days lost to delayed discharge per month by March 2025.**

The graph above provides a breakdown of mental health bed days lost to delayed discharges by HSCP. During the period April - June 2024, a total of 8,874 bed days have been lost to delayed discharge across NHSGGC representing a 37% increase on the same period the previous year (6,479). All HSCPs, with the exception of Inverclyde, and Renfrewshire reported an increase in the number of mental health bed days lost to delayed discharge during the period April - June 2024 when compared to the same period the previous year. The partnerships reporting the highest increase in the number of Mental Health bed days lost to delayed discharge are Glasgow City (+1,468) and East Dunbartonshire (+413) HSCPs. The YTD number of mental health bed days lost from patients in other local authorities increased by 429 when compared to the same period the previous year. The actions outlined in slide 14 are aimed at reducing the number of mental health bed days lost to delayed discharge.

## 8. BETTER CARE: GP Out Of Hours Activity

The number of patients using the GP out of Hours Services

For Information Only



### Summary

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

A total of **13,728** GP Out Of Hours contacts were made during June 2024. **No Target.**

**Current Position Against National Target:**

No relevant national target.

**Projection to 31 March 2025:**

NHSGGC remain fully committed to ensuring access to GP OOH Service.

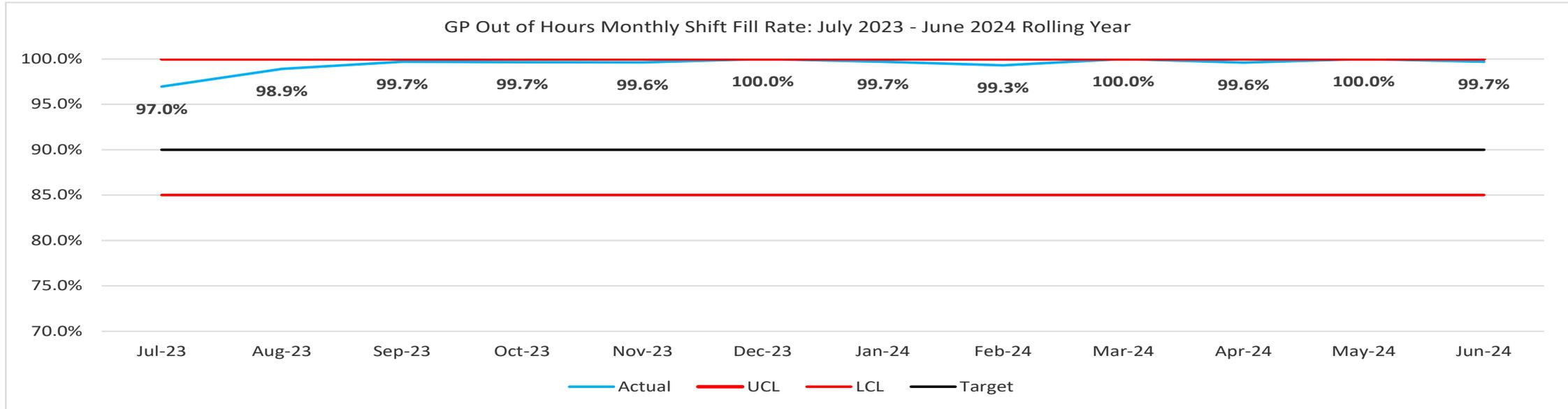
Overall, the GPOOH Service activity represents a monthly average of 14,969 site visits, home visits and GP advice contacts for the period July 2023 - June 2024.

## 9. BETTER CARE: Number of GP Out of Hours Scheduled Shifts Open

The percentage of scheduled GP Out Of Hour Shifts that were open

**Target**  
**90%**

**Performance**  
**99.7%**



### Summary

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

In June 2024, **99.7%** (289) of the 290 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the local target by 9.7%.**

**Current Position Against National Target:**

No relevant national target.

**Projection to 31 March 2025:**

NHSGGC target of 90%. **The target continues to be exceeded.**

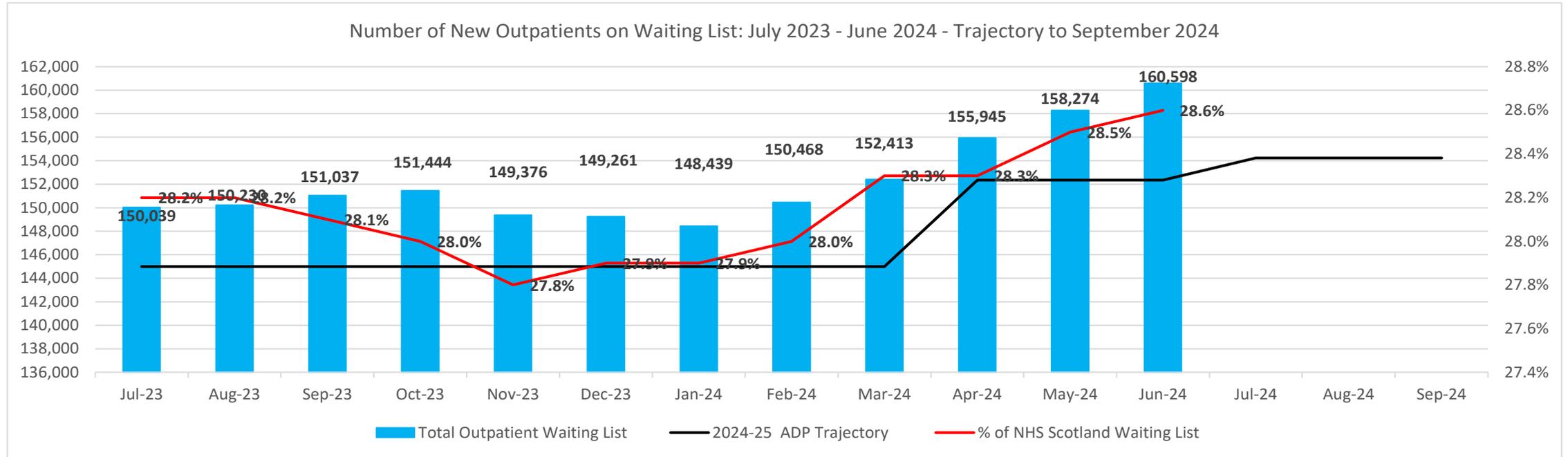
As seen in the chart above, overall performance in relation to the number of scheduled GP OOH shifts that are open to patients remains positive with performance continuing to consistently exceed the 90% target.

## 10. BETTER CARE: New Outpatient Wait List

The number of new outpatients on the new outpatient waiting list

Target  
**152,349**

Performance  
**160,598**



### Summary

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

As at the end of June 2024, there were a total of **160,598** patients waiting for a new outpatient appointment, above the 2024-25 ADP trajectory of 152,349 by June 2024. **Above trajectory by 5.4%.**

#### Current Position Against National Position:

28.6% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of June 2024 were NMSGC patients.

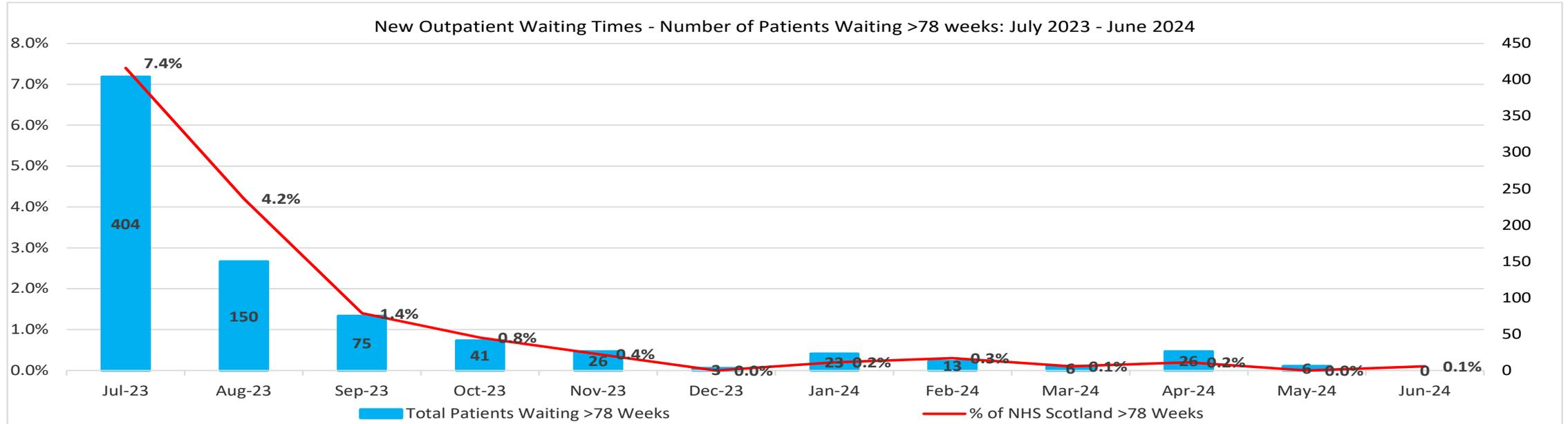
#### Projection to 31 March 2025:

**2024-25 ADP target is no more than 157,991 patients on the new outpatient waiting list by March 2025.**

Actions to reduce the number of new outpatients on the waiting list are outlined in slide 25.

# 11. BETTER CARE: Number of New Outpatients waiting >78 weeks for a new outpatient appointment

Target	Performance
0	0



Please note: data relating to June 2024 is provisional and reflects the position as of 1 July 2024.

## Summary

### Current Position (including against trajectory):

At the end of June 2024, there were no patients waiting >78 weeks for a first new outpatient appointment. Current performance is in line with the 2024-25 ADP reduction target of no new outpatients waiting >78 weeks by the end of June 2024.

### Current Position Against National Position:

0.0% of NHS Scotland's total patients waiting >78 weeks for a first new outpatient appointment at the end of June 2024 were NHSGGC patients.

### Target to 31 June 2024:

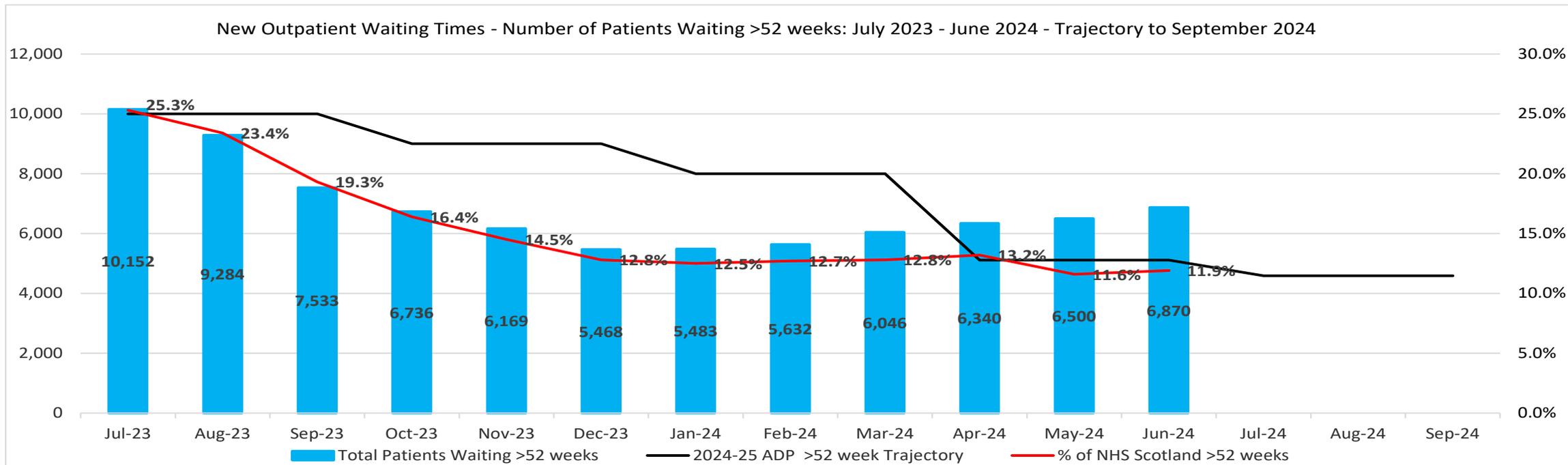
**2024-25 ADP target is no new outpatient should be waiting >78 weeks by June 2024.** The target of no new outpatients to be waiting >78 weeks by June 2024 has been met.

The June 2024 target for the number of new outpatients waiting >78 weeks was met in that no patient is waiting >78 weeks for a new outpatient appointment.

## 12. BETTER CARE: Number of New Outpatients waiting >52 weeks for a new outpatient appointment

**Target**  
**5,111**

**Performance**  
**6,870**



### Summary

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

At the end of June 2024, there were a total of **6,870** patients on the new outpatient waiting list waiting >52 weeks for an appointment. Current performance is above the 2024-25 ADP trajectory of no more than 5,111 new outpatients to be waiting >52 weeks by the end of June 2024. **34.0% above the trajectory.**

#### Current Position Against National Position:

11.9% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of June 2024 were NHSGGC patients.

#### Target at 31 March 2025:

**2024-25 ADP target is no more than 3,548 new patients to be waiting >52 weeks for a new outpatient appointment by March 2025.**

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

## 12. BETTER CARE: Number of New Outpatients waiting – actions to reduce the number of new outpatients waiting (continued)

### Key Actions

Key actions in place across a range of specialties to help further reduce the number of new outpatients waiting >52 weeks include:

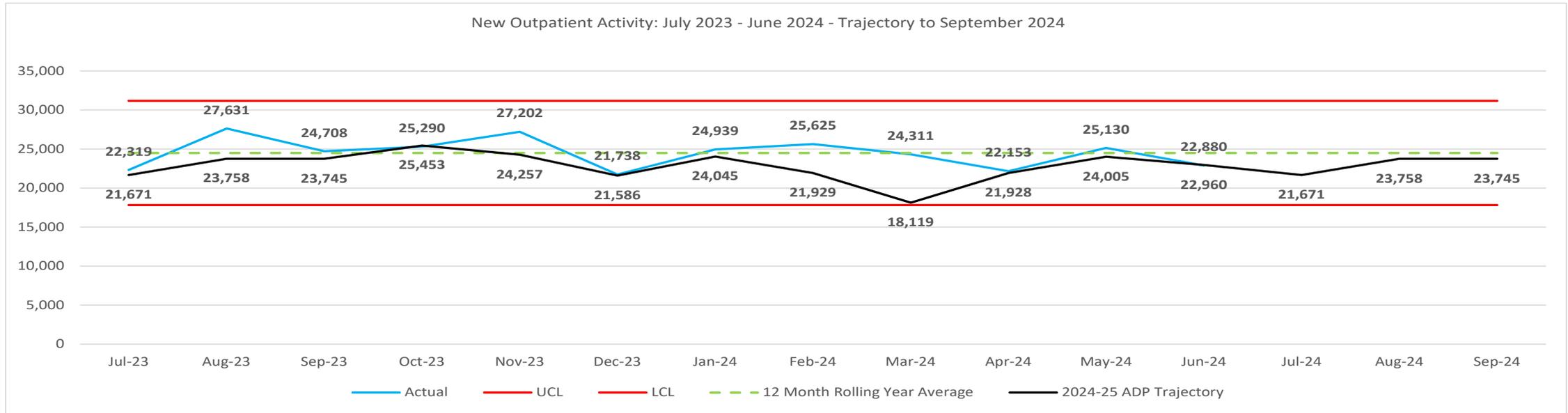
- Trauma and Orthopaedic services had 2,611 patients over 52 weeks at the end of June 2024. Full administrative validation of all patients over 40 weeks actioned. Spinal subspecialty patients are a significant proportion of the patients to be managed. Consultant workforce changes with retirement notified, locum Spinal Consultant recruitment imminent with positive response. Extended Scope Practitioner (ESP) support arrangements being maintained to give maximum flexibility for long waiting patients. Cross sector plan for streaming patients to areas of reduced waiting time for clinics in August and September 2024. Further development of ESP team for vetting all patient body parts and release Consultant time for face to face patient review. Full standardised ESP job plan in place by end of August 2024.
- Neurosurgery - ESP vetting pilot being continued to release Consultant capacity for direct clinical review. Workforce changes however, two locums out to advert with plans to reallocate long waiting patients to post holders as soon as they are available. Changes made to Consultant on-call arrangements to maximise potential for full elective activity, anticipated improvement early in Quarter 3.
- Ophthalmology had 459 patients over 52 weeks at the end of June 2024. Additionality through locum capacity and using optometry support has provided the mechanism to reduce the number of patients waiting overall. New community Optometrists supported the transfer of care through the Community Glaucoma Programme (CGP) in key areas of Inverclyde, Renfrewshire, and West Dunbartonshire HSCPs in April 2024. A new process to identify patients safe to discharge to CGP in real time via Trak Care single patient outcome being explored.
- Gynaecology had 1,813 patients over 52 weeks at the end of June 2024. The service continues to be challenged in balancing Urgent Suspicion of Cancer (USOC) routine demand given continued high referral numbers for USOC patient management. Full assessment of all OPD capacity, approval of Waiting List Initiative (WLI) activity for Quarter 2 progressed. Examination of options for increasing capacity given unsuccessful locum recruitment. An extension of the insourcing contract has been approved.
- ENT clinical validation has been applied to long waiting patients. End of June 2024 milestone achieved with expected delivery of September 2024 milestone. Pathway redesign remains a key focus with opt-in pathways for Rhinology care being progressed. Additional WLI's supporting the delivery of USOC patient management without significant disruption to routine long wait patient management. The service are currently recruiting a specialist doctor to support the management of this patient group.

### 13. BETTER CARE: New Outpatient Activity

The number of new outpatients seen

**Target**  
**68,893**

**Performance**  
**70,163**



Please note: data relating to June 2024 is provisional.

#### Summary

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

A total of **70,163** new outpatients were seen during the period April - June 2024, above the 2024-25 ADP trajectory of 68,893. **Above trajectory by 2%.**

**Current Position Against National Target:**

No national position relevant.

**Projection to 31 March 2025:**

**2024-2025 ADP target of 273,456 new outpatients to be seen by March 2025.**

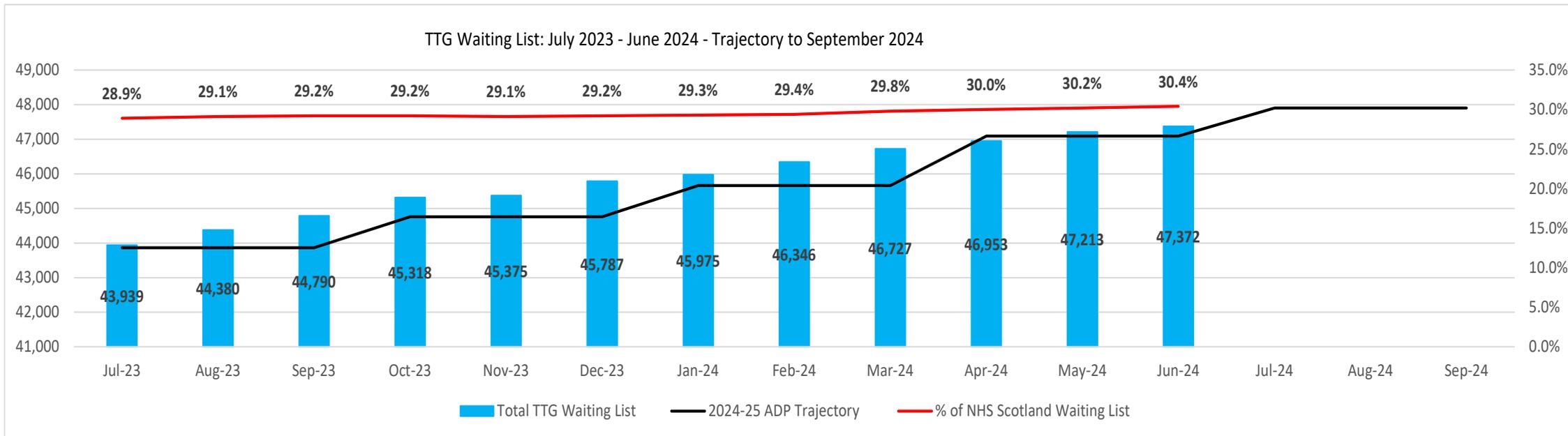
As seen from the chart above, whilst the number of new outpatients seen in June 2024 was marginally below the monthly planned position (-0.3%), NHSGGC continues to exceed the year to date planned activity levels providing more patients with access to the new outpatient care they need.

## 14. BETTER CARE: TTG Waiting List

The number of TTG patients on the TTG waiting list

Target  
47,092

Performance  
47,372



### Summary

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

At the end of June 2024, there were a total of **47,372** patients on the TTG waiting list waiting for an inpatient/daycase procedure, an increase on the previous months' position and marginally above the 2024-25 ADP trajectory of no more than 47,092 TTG patients on the TTG waiting list by the end of June 2024. **Above trajectory by 0.6%.**

#### Current Position Against National Position:

30.4% of NHS Scotland's total TTG patients waiting at the end of June 2024 were NHSGGC patients.

#### Projection to 31 March 2025:

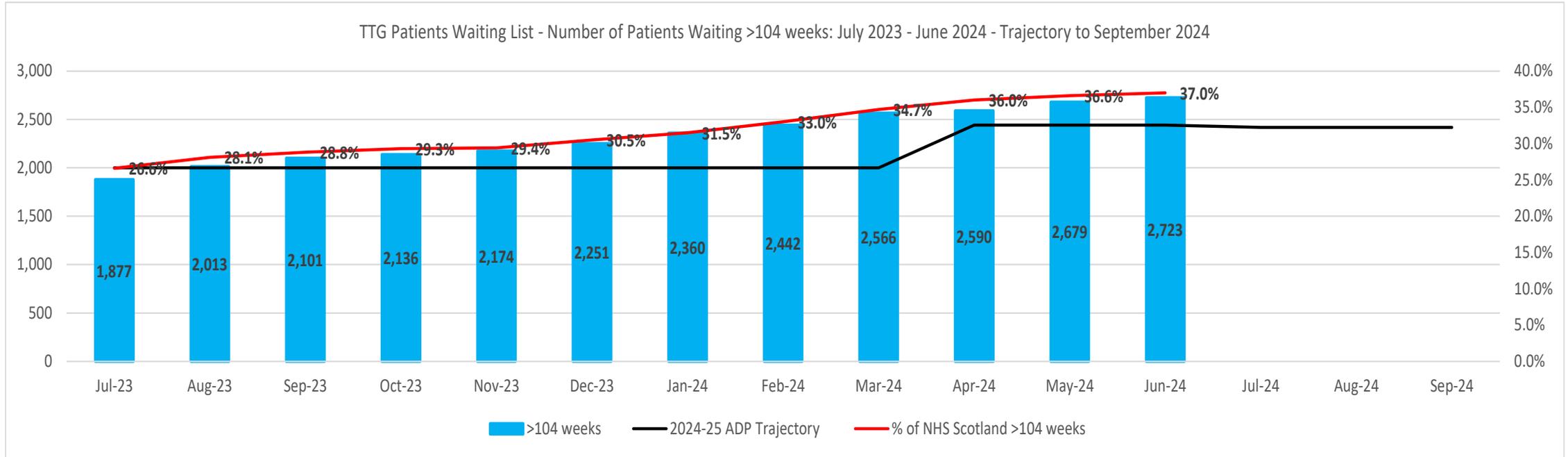
**2024-25 ADP target of no more than 49,522 patients on the TTG waiting list by March 2025. Performance is currently within the planned year end position.**

Current performance is marginally above the planned position for the end June 2024. Capacity continues to be targeted at urgent, highest priority cases and long waiting patients. Actions to reduce the number of patients waiting are outlined in slide 31.

## 15. BETTER CARE: Number of TTG patients waiting >104 weeks

**Target**  
**2,441**

**Performance**  
**2,723**



### Summary

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

At the end of June 2024, there were a total of **2,723** TTG patients waiting >104 weeks for an inpatient/ daycase procedure on the TTG waiting list. Current performance is above the planned position of under 2,441 TTG patients waiting in this timeband by the end of June 2024. **11.5% above trajectory.**

#### Current Position Against National Position:

37.0% of NHS Scotland's total patients waiting >104 weeks at the end of June 2024 were NHSGGC patients.

#### Projection to 31 March 2025:

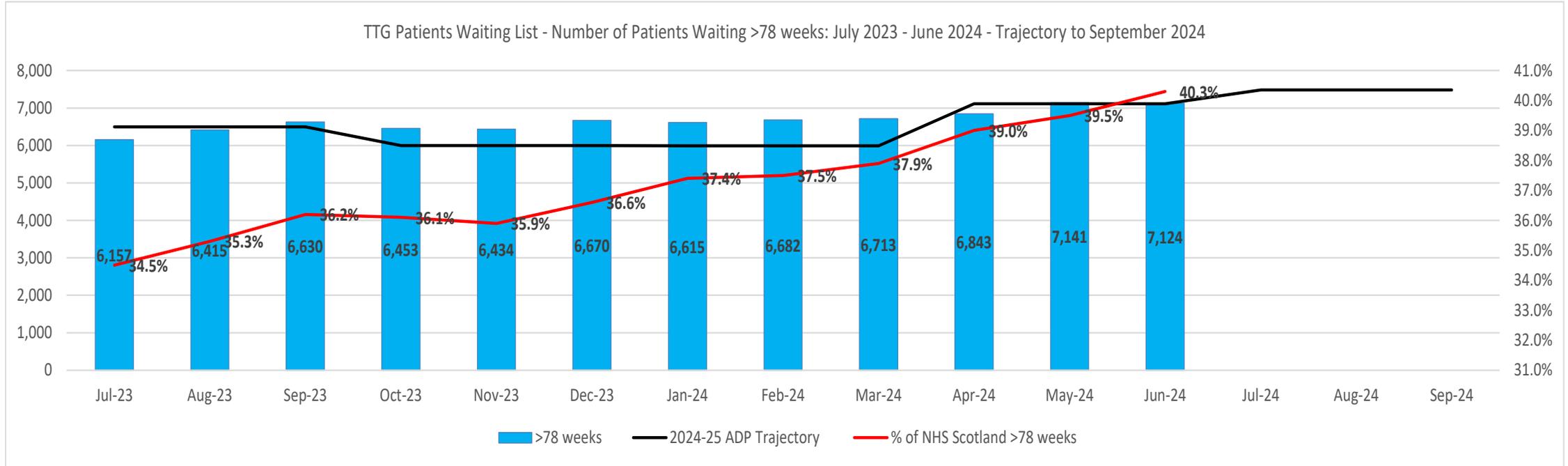
**2024-25 ADP target of no more than 2,369 patients to be waiting >104 weeks by the end of March 2025.**

Actions to reduce long waiting TTG patients are outlined on slide 31.

## 16. BETTER CARE: Number of TTG patients waiting >78 weeks

**Target**  
**7,112**

**Performance**  
**7,124**



### Summary

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

As at June 2024 month end, a total of **7,124** TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, marginally above the 2024-25 ADP target of no more than 7,112 by the end of June 2024. **Above trajectory by 0.1%.**

#### Current Position Against National Position:

40.3% of NHS Scotland's total patients waiting >78 weeks at the end of June 2024 were NHSGGC patients.

#### Projection to 31 March 2025:

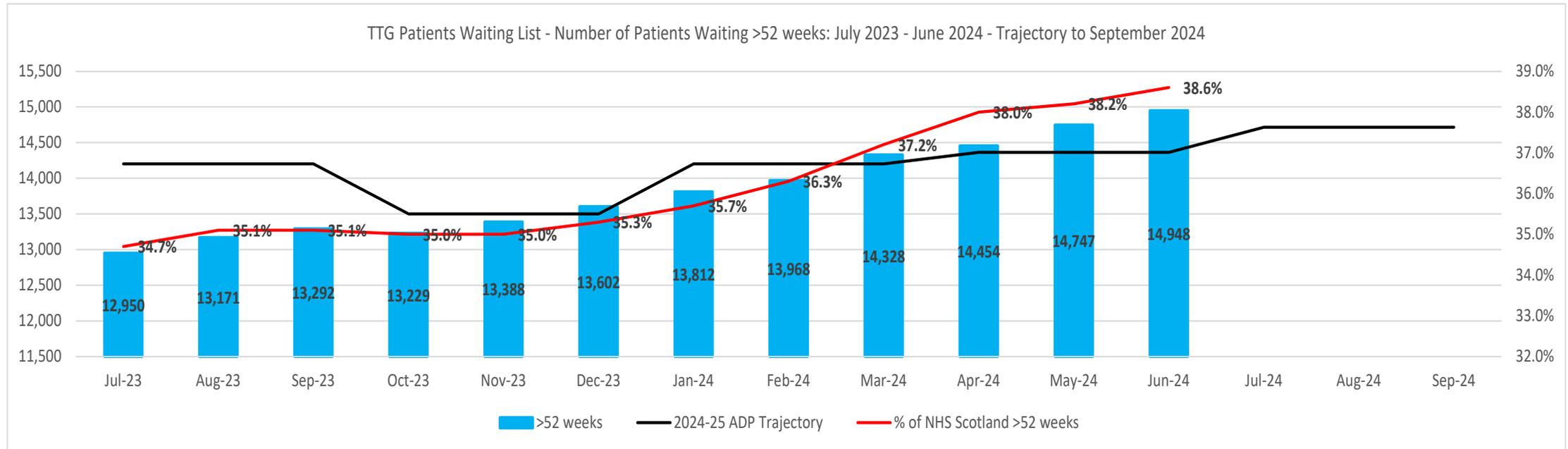
**2024-25 ADP of no more than 8,224 TTG patients waiting >78 weeks by March 2025. Current performance is ahead of the year end planned position.**

Actions to reduce long waiting TTG patients are outlined on slide 31.

## 17. BETTER CARE: Number of TTG patients waiting >52 weeks

**Target**  
**14,365**

**Performance**  
**14,948**



### Summary

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

At the end of June 2024, there were a total of **14,948** TTG patients waiting >52 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is above the 2024-25 ADP target of no more than 14,365 by June 2024. **4.0% above trajectory.**

#### Current Position Against National Position:

38.6% of NHS Scotland's total patients waiting >52 weeks at the end of June 2024 were NHSGGC patients.

#### Projection to 31 March 2025:

**2024-25 ADP of no more than 15,417 TTG patients waiting >52 weeks by March 2025. Current performance is within the planned year end position for March 2025.**

Actions to reduce the number of TTG patients waiting are outlined in the next slide.

## 17. BETTER CARE: Actions in place to reduce the number of long waiting TTG inpatients /daycases (Continued)

### Key Actions

Key actions in place to help reduce the number of long waiting TTG patients include the following:

- Trauma and Orthopaedic TTG patients continue, by volume, to create the greatest pressure for long waiting patients. 608 patients were waiting >104 weeks for care at the end of June 2024. Spinal care at QEJH remains under pressure with Consultant workforce a continued pressure. Locum elective cover support will be advantageous with imminent recruitment. The regular delivery of Ortho elective sessions has been maintained. Opportunity for weekend activity being explored in surgical hub sites. Opportunities for smoothing long waiting patient management under regular review with Clinical Directors and Deputy Chief of Medicine.
- A revised plan for the expansion of Ortho elective activity via surgical hubs at Gartnavel General Hospital and IRH submitted and positively received by SG remains unfunded. This will be reviewed when additional SG funding becomes available.
- Trauma and Orthopaedics External capacity - The delivery for joint patients has reduced to 80% (330 of the 413 allocation for the period April – June 2024) of the Service Level Agreement by end of June 2024. Action plan being progressed by Golden Jubilee National Hospital team to recover the position.
- Capacity at Forth Valley NTC remains a potential. The 2023-24 allocation for NHSGGC had been for 1,086 patients to have joint replacements. We have received notification that 450 patient slots may be aligned during 2024-25. Discussions ongoing with Forth Valley colleagues regarding support for the longest waiting patients.
- Gynaecology (555 patients waiting >104 weeks at the end of June 2024) - increased urgent demand has required redirection of theatre resource from elective lists managing routine care delivery. Sector theatre teams reviewing potential to increase core session delivery with potential at RAH being explored and a plan developed for movement of sessions to Victoria ACH where expansion of laparoscopic activity can be supported.
- A formal application for funding has been submitted to SG to support the roll out of Neurosurgery endoscopic spinal surgery as a medium/longer term plan to improve the long waiting patient management. Additional WLI's approved to support the same cohort of patients.
- Plastic surgery management of long waiting routine patient care is challenged due to the continued pressure for cancer and urgent IP/DC care delivery. Additional Waiting List Initiatives supported to address some of the backlog relating to smaller duration procedures both breast and non-breast.

## 18. BETTER CARE: TTG Inpatient/Daycase Activity

The number of TTG inpatient/Daycases seen

Target	Performance
14,810	16,326



### Summary

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

A total of **16,326** patients were seen during the period April - June 2024, exceeding the 2024-25 ADP trajectory of 14,810 for April - June 2024. **Above trajectory by 10%.**

#### Current Position Against National Target:

No national target relevant.

#### Projection to 31 March 2025:

**2024-25 Annual Delivery Plan target is for 64,359 TTG patients to be seen by June 2024. Performance exceeded the planned position of 14,797 for the end of June 2024 and remains on track to meet the year end planned position.**

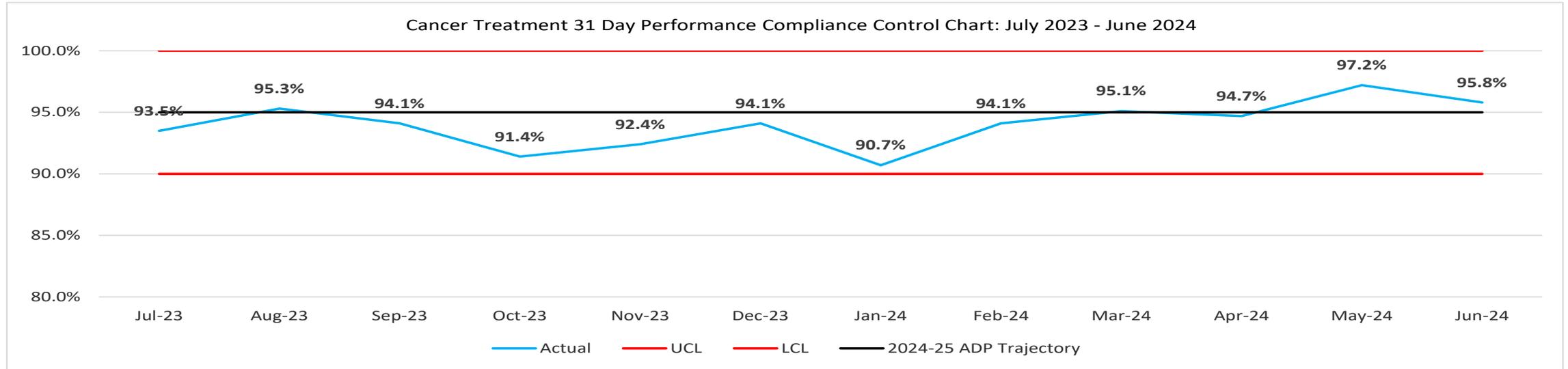
As seen from the chart above, whilst the number of TTG inpatient/daycases seen in June 2024 was below the monthly planned position, NHSGGC continues to exceed planned activity levels providing more patients with access to the inpatient/daycase treatment they need.

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

95% of patients should wait no more than 31 days from decision to treat to first cancer treatment

**Target**  
**95%**

**Performance**  
**95.8%**



Please note: data from April 2024 onwards is provisional and subject to validation. The published data April - June 2024 is scheduled to be published on 24 September 2024.

### Summary

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

The latest provisional position is 95.8% (478 of the 499 eligible patients started treatment within 31 days) for the month ending June 2024, a decrease on the previous months' position and exceeding **target by 0.8%**.

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

At the quarter ending March 2024, NMSGC's performance (93.5%) was marginally below the latest national published position of 94.1%.

#### **Projection to 31 March 2025:**

**The 2024-25 Annual Delivery Plan target at 95% achieved June 2025.**

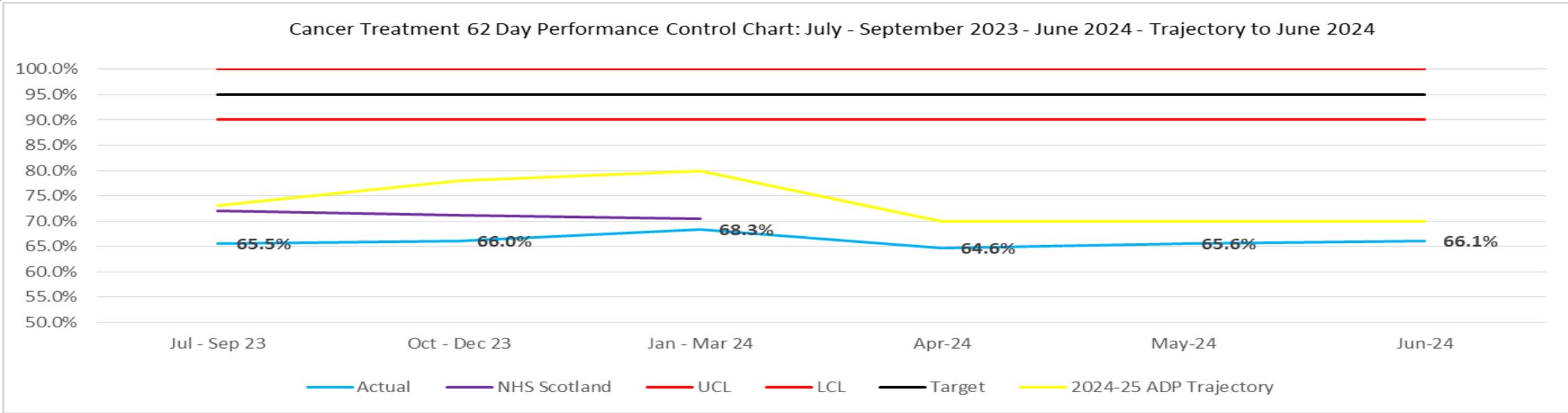
### Key Actions

Current performance highlights a slight decrease on the previous months' performance. A total of eight of the ten cancer types exceeded the 95% target. The cancer types below target were Colorectal (93.5% - 58 of the 62 eligible referrals started their treatment within 31 days, a decrease on the 97.0% reported the previous month) and Urological (89.1% - 114 of the 128 eligible referrals started their treatment within 31 days, a decrease on the 94.1% reported the previous month). Actions to address performance in relation to both cancer types are outlined in slide numbers 35 and 36.

## 20. BETTER CARE: Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer

95% of patients should wait no more than 62 days from urgent suspicion of cancer to treatment

<b>Trajectory</b> 70.0%	<b>Performance</b> 66.1%
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Please note: data from April 2024 onwards is provisional and subject to validation. The published data April – June 2024 is scheduled to be published in September 2024

### Summary

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

The latest provisional position is **66.1%** (213 of the 322 eligible referrals were seen) for the month ending June 2024, an increase on the previous month’s position of 65.6% and **below the trajectory of 70%**.

#### Against National Target:

At the quarter ending March 2024, NHSGGC’s performance is below the latest national published position of 70.4%.

#### Projection to 31 March 2025:

**2024-25 Annual Delivery Plan trajectory of 80% of patients starting their first cancer treatment within 62 days of receipt of urgent referral by March 2025. Work is underway to improve the current position as described in the next two slides.**

In terms of volume of patients, the main challenges to performance continue to be in Colorectal (50.0% - 21 of the 42 eligible referrals started their treatment within 62 days) however, the volume of USOC referrals has increased by 71% on pre-pandemic levels, and Urology (34.5% - 29 of the 84 eligible referrals started their treatment within 62 days of referral) again the volume of USOC referrals has increased by 94.4% on pre-pandemic levels. Other lower volume cancer types challenged during June 2024 include, Cervical (20.0% - one of the five eligible referrals started their treatment within 62 days of referral), and Head and Neck (58.3% - seven of the 12 eligible referrals started their treatment within 62 days of referral), the YTD volume of USOC for both Cancer types has significantly increased on pre-pandemic levels. Key actions to address performance in those cancer types facing ongoing challenges are outlined in the next two slides.

## 20. BETTER CARE: Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer (Continued)

### Overall

- Overall performance should be seen in the context of the increase in the number of USOC referrals since pre-pandemic. By way of context the number of USOC referrals increased by 76% in the first quarter comparison, increasing from 10,879 during the period April to June 2019 to 19,173 during April - June 2024 across all cancer types.
- A Short Life Working Group with Primary Care has met to agree actions to ensure only appropriate referrals are classified as USOC. Template referral guidelines for GP's have been developed to assist with this process, and work for the necessary changes to SCI Gateway is complete.
- A further review of conversion rates for USOC referrals has been undertaken to identify how increased referrals are reflected in the number of cases going for surgery, showing an overall increase of 6%.

### **Colorectal - June 2024 Performance: 50% - 21 of the 42 eligible referrals started their treatment within 62 days of referral (In line with the April - June 2024 Colorectal trajectory of 50%).**

- Colorectal performance increased from 34.7% in May 2024 to 50.0% in June 2024. Colonoscopy delays continue to be the main reason for breach. The Endoscopy Insourcing commenced in September 2023, delivering six Endoscopy lists running on a Saturday. This is in addition to the initiatives already in place and previously reported and with the patient mix, which includes bowel screening, the Saturday sessions will scope approximately 150 patients per month for six months.
- Bowel screening Qfit parameters are being reviewed nationally, with consideration that Qfit score of 10-20 will no longer be a Tracked USOC.

### **Head & Neck - June 2024 Performance: 58.3% - Seven of the 12 eligible referrals started their treatment within 62 days of referral (Below the April - June 2024 Head & Neck trajectory of 75%).**

- Head & Neck performance decreased from 63.6% in May 2024 to 58.3% in June 2024.
- Within ENT a number of patients remain over 14 days for first outpatient appointment despite additional clinics being run. This is an improving position however, a more robust solution is being worked on with the training of Nurse Practitioners to support a diagnostic hub.
- The OMFS Head & Neck cancer service have agreed the transfer of NHS Lanarkshire activity and funding to NHSGGC. The Service is now out at recruitment to sustainably deliver the activity required.
- We have been successful in securing £390k non-recurring funding for the Optimal Head & Neck Pathway. The funding will facilitate the following:
  - ENT Diagnosis Hub at the QEUH, will significantly increase capacity and reduce waiting times for rapid diagnosis. The Job Descriptions have now been approved for these new roles, and the Service is out at recruitment.
  - ENT Ultrasound Service development, develop and train Sonographers to support service expansion. This additional capacity will support faster diagnostics at the front end of the Head & Neck pathway.

## 20. BETTER CARE: Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer (Continued)

**Upper GI - June 2024 Performance: 61.9% - 13 of the 21 eligible referrals started their treatment within 62 days of referral (Below the April - June 2024 Upper GI trajectory of 80%).**

- Upper GI performance decreased from 77.8% in May 2024 to a 61.9% in June 2024. The endoscopy actions mentioned earlier continue to support the Upper GI position.
- Diagnostic tests, particularly PET CT reporting had been the issues in June and the main reason for breach. This has now been resolved in July with the re-allocation of staff to support PET Ct reporting.

**Urology - June 2024 Performance: 34.5% - 29 of the 84 eligible referrals started their treatment within 62 days of referral (Below the April - June Urology trajectory of 40%).**

Urology performance decreased from 46.7% in May 2024 to 34.5% in June 2024. The number of eligible referrals decreased from 120 in May 2024 to 84 in June 2024. The focus remains on reducing backlog of patients currently waiting over 62 days, substantial additional treatment capacity is required to improve the performance.

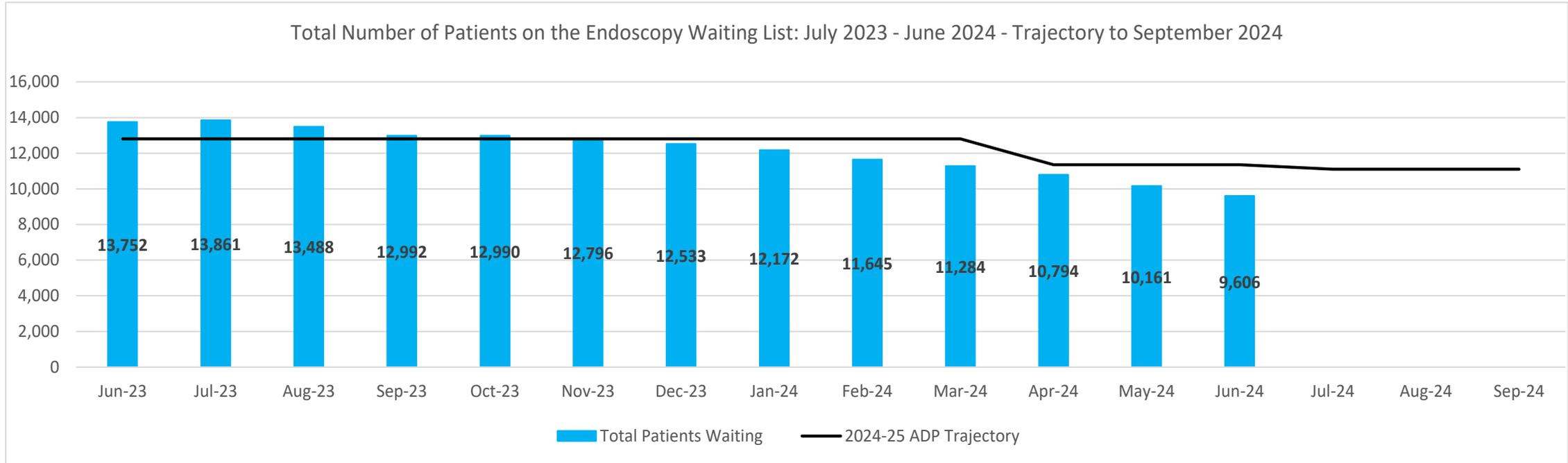
- The prostate pathway has been mapped and steps removed to aid early diagnosis. The main blockages continue to be Transrectal Ultrasound (TRUS)/Trans perineal (TP) biopsy, oncology clinic appointment following MDT and the capacity for Robotic Assisted Laparoscopic Prostatectomy (RALP).
- The issues highlighted above with the diagnostics (TP Biopsy/Flexi/RUS) part of the pathway will longer term be overcome as the service are developing a Nurse supported model (and staff are being trained to support this), the service is working NHSGGC wide to ensure equity of access for these tests.
- Additional TRUS, TP Biopsy sessions , clinics (surgery and oncology) and RALP lists continue to run.
- NHS Ayrshire & Arran started undertaking RALP procedures from January 2024, and NHS Lanarkshire will start undertaking RALP in July 2024. Both will reduce the demand on NHSGGC.
- Consultant staffing remains challenging due to vacancy and maternity leave.
- The backlog of Trans Urethral Resection of Bladder Tumour (TURBT) procedures has halved in the past three months - additional capacity is being sought to drive the waiting time down from seven weeks to below 31 days.

## 21. BETTER CARE: Diagnostics – Endoscopy Waiting List

Number of patients on the Endoscopy waiting list

**Target**  
**11,351**

**Performance**  
**9,606**



Please note: data relating to June 2024 is provisional and reflects the position as of 1<sup>st</sup> July 2024.

### Summary

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

As at June 2024 month end, there were **9,606** patients on the overall waiting list, within the 2024-25 ADP trajectory of no more than 11,351 patients on the Endoscopy Waiting List by the end of June 2024. **15.4% within trajectory.**

#### Current Position Against National Position:

No relevant national position.

#### Target at 31 March 2025:

**2024-25 ADP target of no more than 10,600 patients on the endoscopy waiting list by March 2025. Current performance is ahead of the year end planned position for March 2025.**

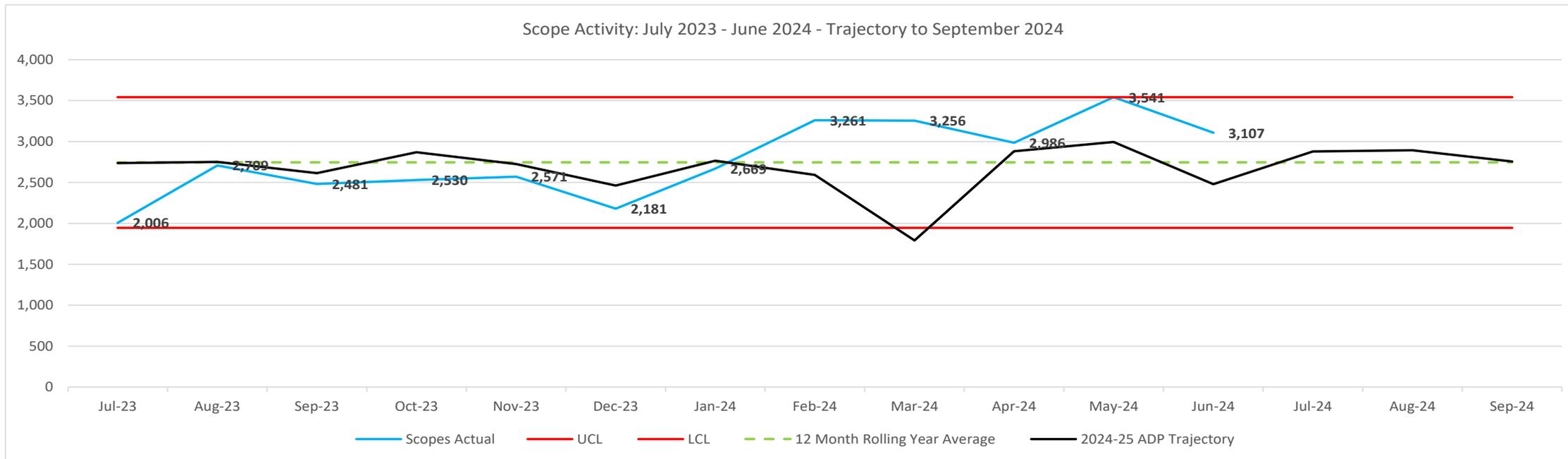
Current performance remains ahead of the planned position for both June 2024 and the year end.

## 22. BETTER CARE: Diagnostics - Endoscopy Activity

Number of Endoscopy tests carried out

**Target**  
**8,355**

**Performance**  
**9,634**



### Summary

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

A total of **9,634** endoscopies were carried out during April - June 2024, above the 2024-25 ADP trajectory of 8,355. **Exceeding trajectory by 15%.**

#### Current Position Against National Target:

No national target relevant.

#### Target at March 2025:

**2024-25 ADP target of 32,950 endoscopies will be carried out by March 2025. Performance exceeded the end of June 2024 planned position of 8,355 endoscopies carried out and remains on track to deliver the year end planned position.**

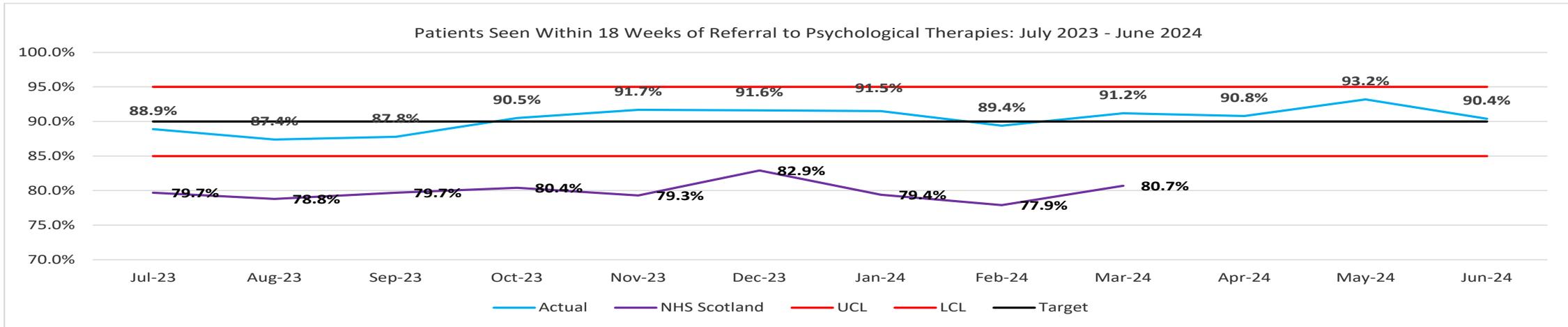
As seen from the chart above, NHSGGC continues to exceed planned activity levels providing more patients with access to the endoscopies they need.

## 23. BETTER CARE: Psychological Therapies - % of eligible referrals starting treatment <18 weeks of referral

At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment

Target  
90%

Performance  
90.4%



Please note: The national published April - June 2024 data is scheduled to be published during September 2024.

### Summary

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

In June 2024, **90.4%** eligible referrals were seen <18 weeks of referral, within the expected position of 90.0%. **0.4% above the trajectory of 90.0% and above the national target of 90%.**

#### Current Position Against National Target:

National Target 90%. Performance for the latest quarterly published position (March 2024) was 90.7%, significantly above the national quarterly position of 79.3%.

#### Projection to 31 March 2025:

**Current performance is exceeding the national target of 90%.**

### Key Actions

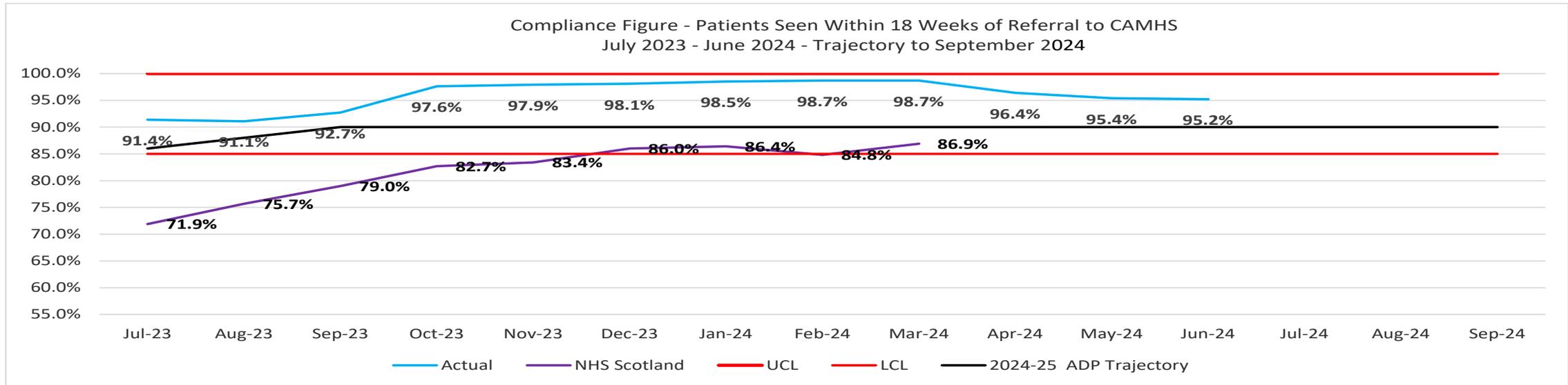
Performance continues to exceed the planned position for June 2024. Services continue to prioritise actions to deliver against the standard and reduce the number of long waiting patients. The latest national Psychological Therapies publication shows NHSGGC as the best performing territorial Health Board across NHS Scotland.

## 24. BETTER HEALTH: Child and Adolescent Mental Health - % of eligible patients starting treatment <18 weeks of referral

At least 90% of eligible referrals will wait no longer than 18 weeks from referral to start their first treatment

**Target**  
90%

**Performance**  
95.2%



Please note: The national published April - June 2024 data is scheduled to be published during September 2024.

### Summary

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

In June 2024, **95.2%** of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, **exceeding the 2024-25 ADP trajectory** and the national target of 90%. **Above the 2024-25 ADP target by 5.2%.**

#### Current Position Against National Target:

National Target 90%. Performance for the latest quarterly published position (March 2024) was 98.9%, significantly above the national quarterly position of 86.0%.

#### Projection to 31 March 2025:

**2024-25 ADP target of 90%. Currently and expected to continue to exceed target.**

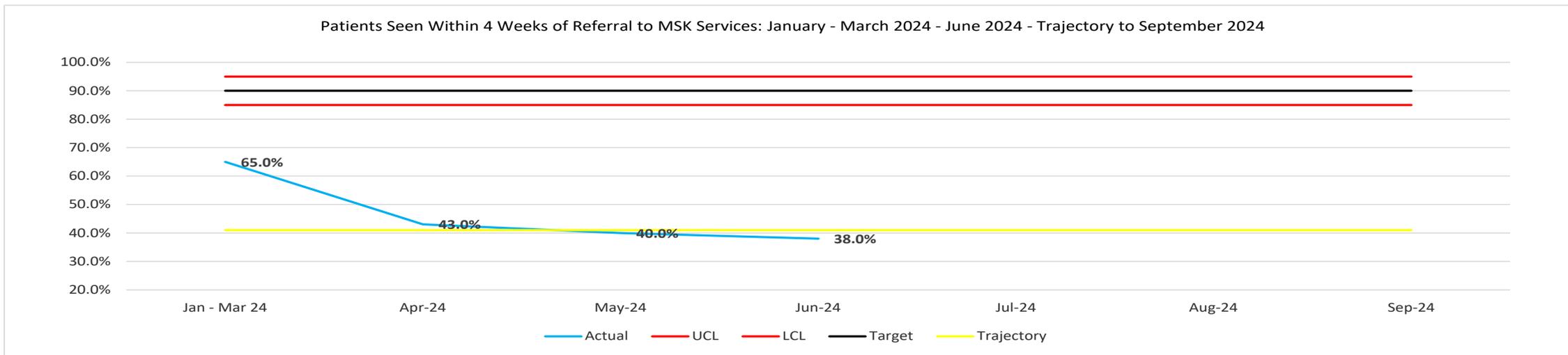
Current monthly performance continues to exceed the planned position. The latest national CAMHS publication shows NHSGGC as the best performing mainland Health Board across NHS Scotland (NHS Island Boards reported 100% of patients seen <18 weeks. By way of context the NHS Island Boards saw 73 eligible patients whereas NHSGGC saw 1,115 eligible patients <18 weeks of referral during the latest quarter ending March 2024).

## 25. BETTER CARE: MSK Physiotherapy Waiting Times - % of patients seen <4 weeks

At least 90% of referrals will wait no longer than 4 weeks from referral to start treatment

**Target**  
**90%**

**Performance**  
**38.0%**



### Summary

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

In June 2024, **38%** of patients were seen within four weeks, a marginal decrease on the previous months position and **below the national target of 90%**. This figure relates to the percentage of urgent referrals seen. Until the routine waiting times are closer to the four week target, the percentage of patients seen within four weeks will not vary greatly as they constitute the urgent referrals. There is an ongoing Test of Change using GP APPs to see routine self referred patients at point of referral. This Test of Change was completed in July 2024 and fully evaluated thereafter.

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

Performance for the latest national published position (quarter ending March 2024) is 65%, above the national position of 51%.

#### **Projection to 31 March 2025:**

A revised trajectory has been developed based on a projected referral rate of 71k referrals but the actual referral rate in 2023/24 was almost 74k. There has been a significant increase in capacity as a result of the waiting times project work (n = 7,825 more new patient appointments when compared to 2022/23) but this increased capacity has only offset the 13.3% in demand on 2023/24. Maximum routine waiting times have increased slightly to 13 weeks.

The programme of quality improvement work underway to further improve and sustain the improvements made to date are outlined on the next slide.

## 25. BETTER CARE: MSK Physiotherapy Waiting Times: % of patients seen <4 weeks (Continued)

### Key Actions

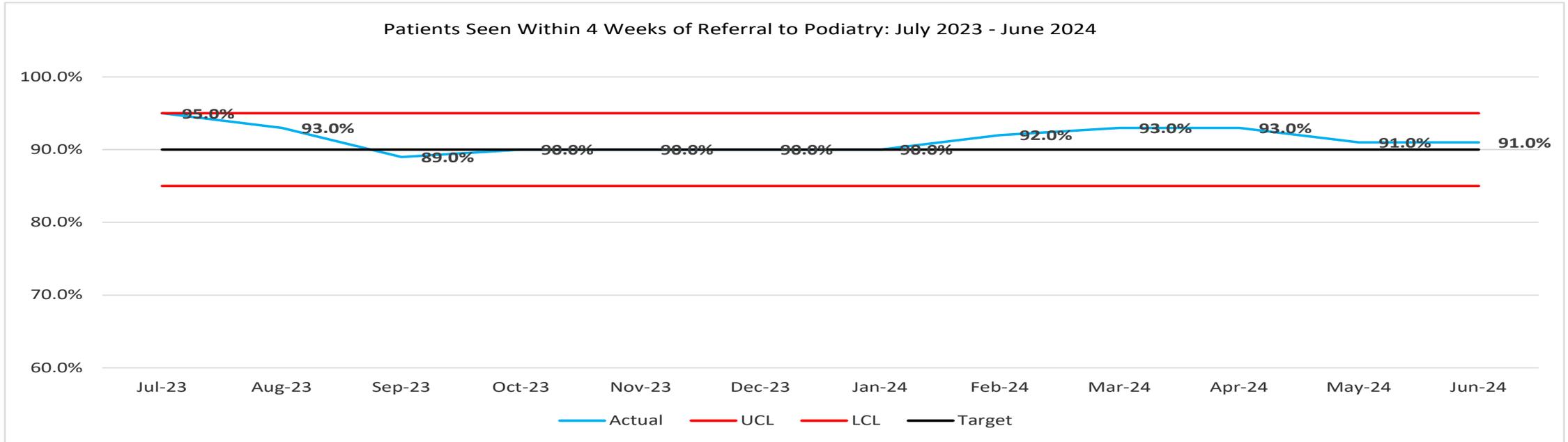
- Demand for service remains high.
- GP Advanced Practice Physiotherapists (APP), in their MSK sessional commitment, have started to assess routine self referred patients at point of referral to provide bespoke advice and supported self management information. This utilises their skillset to replicate their role within GP practice and will focus on patients who self refer (i.e. they have not already seen a GP APP or other Health Care Practitioner). Data will be monitored to assess whether the percentage of patients supported to self manage (without re-accessing the service) is similar to the 79% achieved in a primary care setting. The project will run for six months until end July 2024 and will be fully evaluated. There have been administrative challenges with booking of patients as APPs are only within certain MSK sites and patients can refuse to travel.
- The MSK service is scoping out the number of referrals where the evidence base states that the patient is “less likely” to benefit from MSK. Early indicators are that “widespread body pain” (i.e. non MSK condition) equates to around 3.6% on average of each staff caseload. This would equate to just over 2,000 new patient appointments each year. The service has asked clinical staff to manage these patients differently with supported self management information (staff were emailed during week beginning 15 July 2024). The service will be mindful that any actions do not impact on any other Primary or Secondary Care Services. If these patients can be identified at vetting they will be sent a package of appropriate self management. If they cannot be identified at vetting then they will receive a consistent package of self management when they are seen as a new patient.
- Any return slots not utilised continue to be merged and converted to new patient slots as part of an ongoing test of change to improve efficiency. This resulted in an additional 146 new patient appointments within June 2024.

## 26. BETTER CARE: Podiatry Waiting Times: % of patients seen <4 weeks

*At least 90% of clients will wait no longer than 4 weeks from referral to start treatment*

**Target**  
**90%**

**Performance**  
**91.0%**



### Summary

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

**91%** of eligible podiatry patients were seen <4 weeks of referral in June 2024, maintaining the same position as the previous month. **Currently exceeding the national target by 1%.**

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

No national position available.

#### **Projection to 31 March 2025:**

Target of 90% (national target). **Performance continues to exceed the national target of 90%.**

### Key Actions

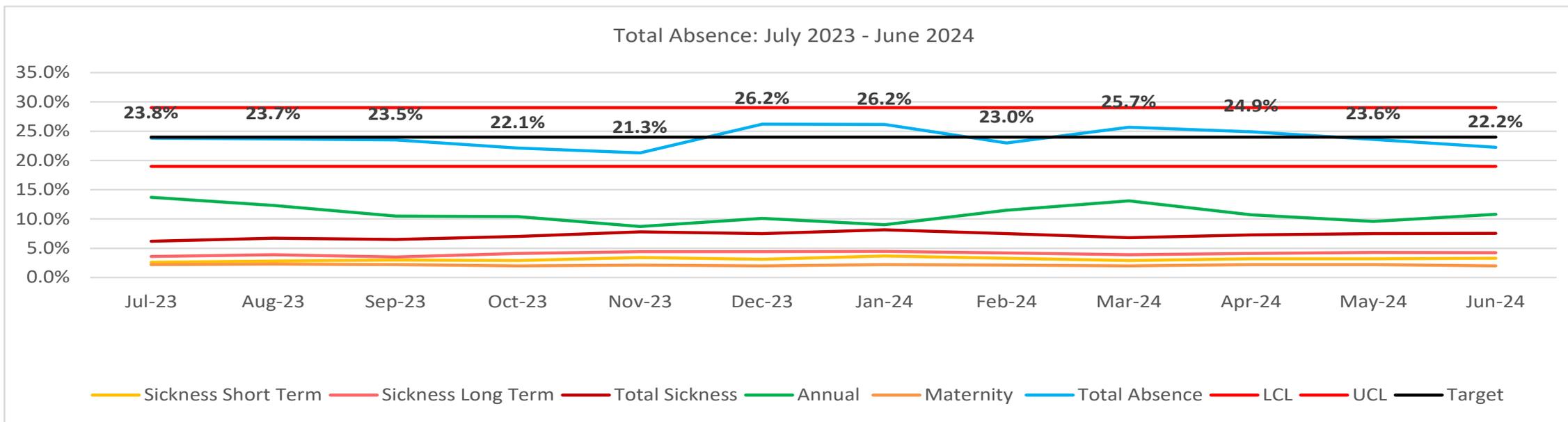
As seen from the chart above, performance continues to exceed the 90% target with the service seeing 1% more than the expected number of podiatry patients <4 weeks.

## 27. BETTER WORKPLACE: Staff Absence Total

The reasons for absence across NHSGGC

**Target**  
**24.0%**

**Performance**  
**22.2%**



### Summary

#### Current Position:

During June 2024, overall absence across NHSGGC was 22.2%, a reduction on the 23.6% reported the previous month. The highest levels of absence across NHSGGC were due to annual leave (10.8%), sickness absence (7.5%), and Maternity (2.0%).

#### Current Position Against National Target:

No relevant national target.

#### Projection to 31 March 2025:

No projection has been agreed.

Overall absence across NHSGGC was 22.2% in June 2024 a further improvement on the 23.6% reported the previous month and within the planned position of 24.0%. Actions in place to reduce levels of sickness absence are outlined on the next slide.

## 28. BETTER WORKPLACE: Staff Sickness Absence Rate

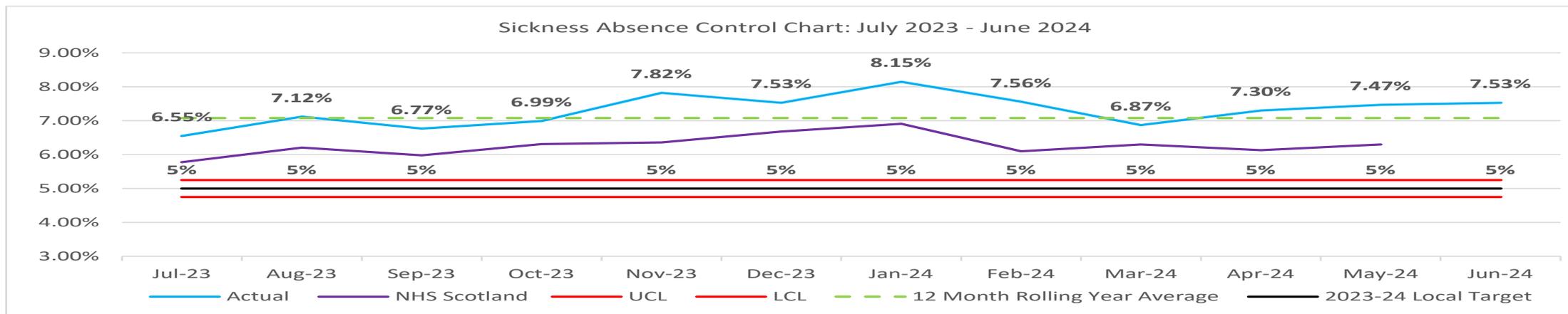
Reduce sickness absence percentage to meet local target of 5%

Target

5.0%

Performance

7.53%



### Summary

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

Current performance **7.53%**, an increase on the previous months' position. **2.53% above the 2024-25 ADP target of 5.0%**.

#### Current Position Against National Target:

Above national average of 6.30% for May 2024.

#### Projection to 31 March 2025:

**2024-25 ADP target of 5% and national target of 4%. Current performance is above both targets.**

### Key Actions

Current performance of 7.53% (3.29% short term and 4.24% long term) represents a 0.06% increase on the May 2024 position (7.47%). Overall, short term absence increased on the previous month by 0.09%, and long term absence reduced by 0.04% respectively. Acute conveys an overall increase of 0.09%, HSCPs decreased by 0.31%, Estates and Facilities increased by 0.30% and Corporate Services increased by 0.45% compared to the previous month. Trajectories are in place for each area to reduce sickness absence.

Additional actions are being taken due to the high level of sickness absence across NHSGGC. The Director of Human Resources and Organisational Development and Depute Director of Human Resources are meeting Directors and Heads of Human Resources for each of the areas reporting over 6% to discuss sickness absence performance with actions for improvement identified and being implemented. Best practice is being shared across NHSGGC where initiatives have resulted in a reduction in levels of sickness absence. The stress management toolkit will be used in all stress-related absence cases with immediate effect and the Occupational Health Psychological Therapies team are developing a proposal to proactively contact staff off work due to stress, anxiety or depression.

## 29 . Control Limits

RATIONALE				
BETTER HEALTH				
No	Measure	Targets	Control Limits	Slide Number
1	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	National Target	Based on 5% variance from target	6
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
2	Unscheduled Care: A&E 4 Hour Waits	National Target	Based on 5% variance from trajectory	7
3	Unscheduled Care: A&E Attendances	Local Target	Not Applied	9
4	Delayed Discharges: Number of Acute Delayed Discharges	2024-25 ADP Target	Based on 5% variance from trajectory	12
5	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target	Based on 5% variance from trajectory	14
6	Delayed Discharges: Number of Acute bed days lost to delayed discharges	2024-25 ADP Target	Based on 5% variance from trajectory	16
7	Delayed Discharges: Number of Mental bed days lost to delayed discharges	Local Target	Based on 5% variance from trajectory	18
8	GP Out Of Hours Activity	Local Target	Based on 5% variance from target	20
9	GP Out Of Hours: % of Scheduled Shifts Open	For Information	Not Applied	21
10	Number of patients on the New Outpatient Waiting List	2024-25 Planned Care Reduction Target	Not Applied	22
11	Number of New Outpatients Waiting >78 weeks	2024-25 Planned Care Reduction Target	Not Applied	23
12	Number of New Outpatients Waiting >52 weeks	2024-25 Planned Care Reduction Target	Not Applied	24
13	New Outpatient Activity	2024-25 Planned Care Reduction Target	Standard deviation is based on 12 month rolling average	26
14	Number of patients on the TTG Waiting List	2024-25 Planned Care Reduction Target	Not Applied	27
15	Number of TTG Patients Waiting >104 weeks	2024-25 Planned Care Reduction Target	Not Applied	28

## 29. Control Limits (Continued)

RATIONALE				
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
16	Number of TTG Patients Waiting >78 weeks	2024-25 Planned Care Reduction Target	Not Applied	29
17	Number of TTG Patients Waiting >52 weeks	2024-25 Planned Care Reduction Target	Not Applied	30
18	TTG Inpatient/Daycase Activity	2024-25 Planned Care Reduction Target	Standard deviation is based on 12 month rolling average	32
19	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	National Target	Based on 5% variance from target	33
20	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	Based on 5% variance from trajectory	34
21	Diagnostics: Endoscopy Waiting List	2024-25 Planned Care Reduction Target	Not Applied	37
22	Diagnostics: Endoscopy Activity	2024-25 Planned Care Reduction Target	Standard deviation is based on 12 month rolling average	38
23	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	2024-25 Planned Care Reduction Target	Based on 5% variance from target	39
24	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	2024-25 Planned Care Reduction Target	Not Applied	40
25	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	National Target	Based on 5% variance from trajectory	41
26	Podiatry Waiting Times - % of patients seen <4 weeks	National Target	Based on 5% variance from target	43
BETTER WORKPLACE				
No	Measure	Targets	Control Limits	Slide Number
27	Staff Absence (Total)	Local Measure	Not applied	44
28	Staff Sickness Absence Rate	Local Target	Based on 5% variance from target	45
28	Short Term Absence Rate	Local Target	Not Applied	45
28	Long Term Absence Rate	Local Target	Not Applied	45
BETTER VALUE				
No	Measure	Targets		Slide Number
29	Rationale for Control Limits Applied			