

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 23/78</b>
<b>Meeting:</b>	<b>Board Meeting</b>
<b>Meeting Date:</b>	<b>31 October 2023</b>
<b>Title:</b>	<b>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 the Board members with an update on performance against the key indicators as outlined in the Performance Assurance Framework.

## 2. Executive Summary

**The paper can be summarised as follows:** A summary of performance against the respective KPIs outlined in the Performance Assurance Framework, and based on the measures contained in the 2023-24 Annual Delivery Plan and the 2023-24 planned care reduction targets approved by the Scottish Government alongside key local and national performance measures.

As at August 2023, nine of the 21 measures that can be rated against target are currently delivering against target and rated green, five are rated amber (<5% variance from trajectory), five have been rated red (>5% adverse variance from trajectory) and the remaining two measures with no target are rated as grey.

### Key Areas of Performance Improvement:

- The number of GP Out of Hours scheduled shifts that remained open (98.9%) during August 2023 continued to exceed the 90% planned position.
- Performance in relation to the number of CAMHS patients seen <18 weeks of referral (91.1%) continued to exceed the planned position for August 2023.
- Compliance with the Psychological Therapies target (87.4% for August 2023) was marginally above the planned position of 87% albeit still below the national target of 90%.
- Acute activity in relation to new outpatients, TTG patients and scope remains on track and currently exceeding the YTD planned trajectory.
- Performance in relation to the Cancer 31 Day waiting times reported an improvement on the previous month's position increasing from 93.5% in July 2023 to 95.3% in August 2023 currently exceeding the national target of 95%.

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

- Whilst performance in relation to the Cancer 62 Day Waiting Times reported an improvement on the previous month's position increasing from 61.2% in July 2023 to 63.9% in August 2023, performance particularly in light of the significant increase in Urgent Suspicion of Cancer referrals, remains a challenge.
- Overall compliance with the A&E four hour waits (71.9%) saw a reduction on the previous months' position (73.5%).
- There was an 8% reduction in the number of acute delays reported in August 2023 (283 compared to 309 the previous month) however, performance in relation to the overall number of acute delayed discharges remains challenging in that in August a total of 8,848 Acute bed days were lost to delayed discharge.
- The number of mental health delayed discharges remains a challenge with a total of 75 mental health delays reported in August 2023.

More detail on each of the performance measures that either remain challenging or are below the planned position for August 2023 can be seen in the attached report.

**3. Recommendations**

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

**4. Response Required**

This paper is presented for assurance.

**5. Impact Assessment**

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

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

**6. Engagement & Communications**

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

## 7. Governance Route

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

## 8. Date Prepared & Issued

20 October 2023

Issued 24 October 2023

# NHS GREATER GLASGOW & CLYDE BOARD MEETING



Performance Assurance Information – October 2023














































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Board Committee Name:  
NHSGGC Board

Responsible Division:  
HSCPs & Acute

Report Date:  
31 October 2023

Reporting Frequency:  
Bi-Monthly

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31 October 2023

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No	Measure	Targets	Current Performance Status	Projected Performance as at 31 March 2024	Direction of Travel Since Previously Reported Position	Slide Number
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Key	Performance Status
On target or better	●
Adverse variance of up to 5%	●
Adverse variance of more than 5%	●
No target	●

Legend	
Improvement on previous monthly position	↑
Deterioration on previous monthly position	↓
No change to previously monthly position	→
Not Applicable	N/A

**Executive Summary**

In the main, the report covers the period up to August 2023 (with the exception of quarterly data which reflects the latest available quarterly reporting period). The report reflects the following:

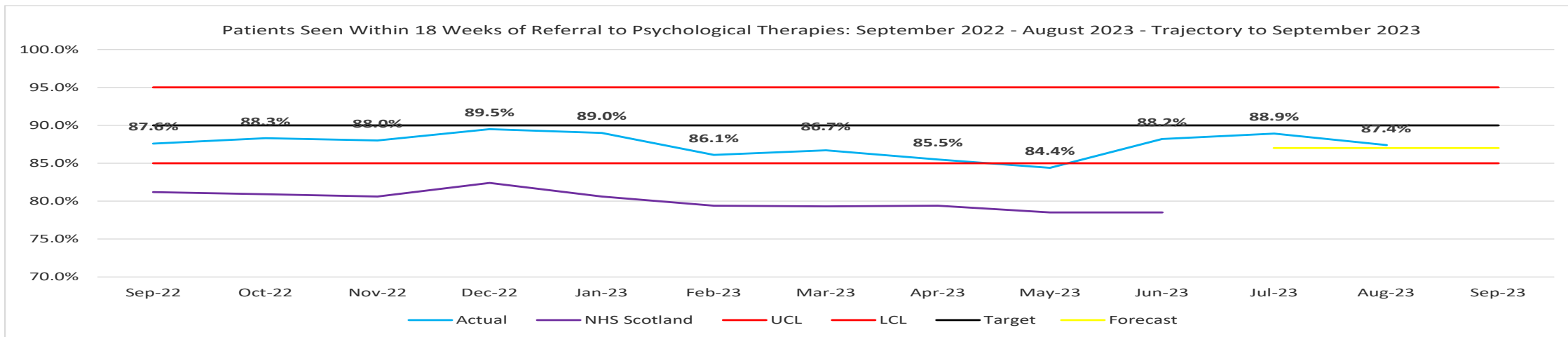
- The measures outlined in the 2023-24 Annual Delivery Plan approved by the Scottish Government (SG).
- Key national and local targets.
- The 2023-24 planned care reduction targets approved by the SG relating to new outpatients, inpatient/daycases and eight key diagnostic tests in line with the joint ambition to tackle waiting lists.

During August 2023, the focus remained on remobilising services and the rigorous management of all health and social care waiting lists with a particular focus on eliminating long waiting patients across health and social care. This has continued to have a positive impact particularly in relation to our Mental Health measures. For example, there continues to be an ongoing reduction in the number of long waiting CAMHS patients in that our local management information highlights as of 4 October 2023, the longest wait in weeks was >20 weeks with three patients waiting in this time band. Similarly, CAMHS performance against the national waiting times standard of 90% remained positive with current performance (91.1%) continuing to exceed national target and the ADP trajectory for August 2023. Access to GP Out of Hours (OOH) service remains positive where the number of scheduled shifts that remained open continued to by far exceed the planned position. Similarly, across Acute Services steady progress continued to be made in relation to activity targets in that the August 2023 planned activity targets were exceeded for new outpatients, TTG and scopes. Similarly performance in relation to the 31 day cancer (95.3%) exceeded the 95% target in August 2023.

This progress has made despite the continuing pressures across the health and care system and our ability to treat, discharge and admit patients from our Emergency Departments continuing to be compromised, linked particularly to the systems ability to move patients fit for discharge to their next care setting. There were a total of 283 patients across acute hospitals medically fit for discharge remaining in a hospital bed in August 2023. This continues to have a negative impact on our performance against the four hour emergency access standard. Addressing delayed discharges continues to be a priority for NHSGGC. Whilst the August 2023 position in relation to the 62 day cancer target saw an improvement (63.9%) on the July 2023 position (61.2%) performance remains a challenge due to significant increase (54%) in the overall volume of USOC referrals since pre-pandemic. There are detailed improvement actions underway to address performance, some of which are outlined in the relevant slides.

As at August 2023, nine of the 21 measures that can be tracked against trajectory are currently delivering against trajectory and rated green, five are rated amber (<5% variance from trajectory), five have been rated red (>5% adverse variance from trajectory) and the remaining two measures with no target are rated as grey.

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



Please note: The national published July - September 2023 data is scheduled to be published on 5 December 2023.

## Summary

### Current Position (including against trajectory):

In August 2023, **87.4%** eligible referrals were seen <18 weeks of referral, within the expected position of 87.0%. **0.4% above the trajectory of 87% and 2.6% below the national target of 90%.**

### Current Position Against National Target:

National target 90%. Performance remains significantly above the national position of 78.5% for the latest published month ending June 2023.

### Projection to 31 March 2024:

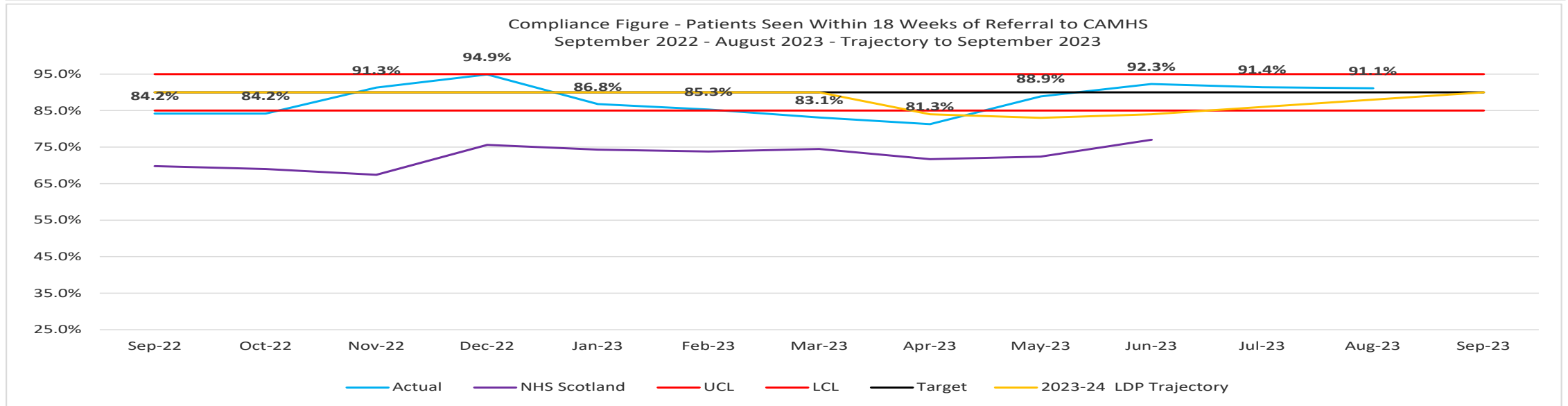
**Quarter 2 performance remains within the projected position of >87.0%. The forecast is for 84% of patients to start their treatment in Quarter 3 due to the prioritisation of long waiting patients.**

## Key Actions

- Services continue to prioritise long waiting patients and this has resulted in a reduction in the number of people waiting >52 weeks from 54 to 38 and a 25% increase in the number of patients waiting >18 weeks who started their treatment when compared to the previous month.
- The longer waits are attributed to those patients who require complex assessment which may include psychotherapy however some group interventions require a set amount of people to participate with same presenting issues for a particular type of therapy or MDT/DBT were very small teams and patients can choose which therapy in relation to their needs.
- As part of the 2023-24 Annual Delivery Plan priorities, a combination of digital and peripatetic solutions to help balance capacity and demand across the six HSCPs are being implemented.
- The national workforce supply shortage of healthcare professionals remains an ongoing challenge and service managers are expediting recruitment sign-off for faster Health Board approval and psychology leads continue to look at career pathways to generate interest in NHSGGC posts.



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



Please note: The national published July - September 2023 data is scheduled to be published on 5 December 2023

### Summary

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

In August 2023 **91.1%** of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, above the 2023-24 ADP trajectory of 88% for August 2023 and above the national target of 90%. **Above the 2023-24 ADP target by 3.1%.**

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

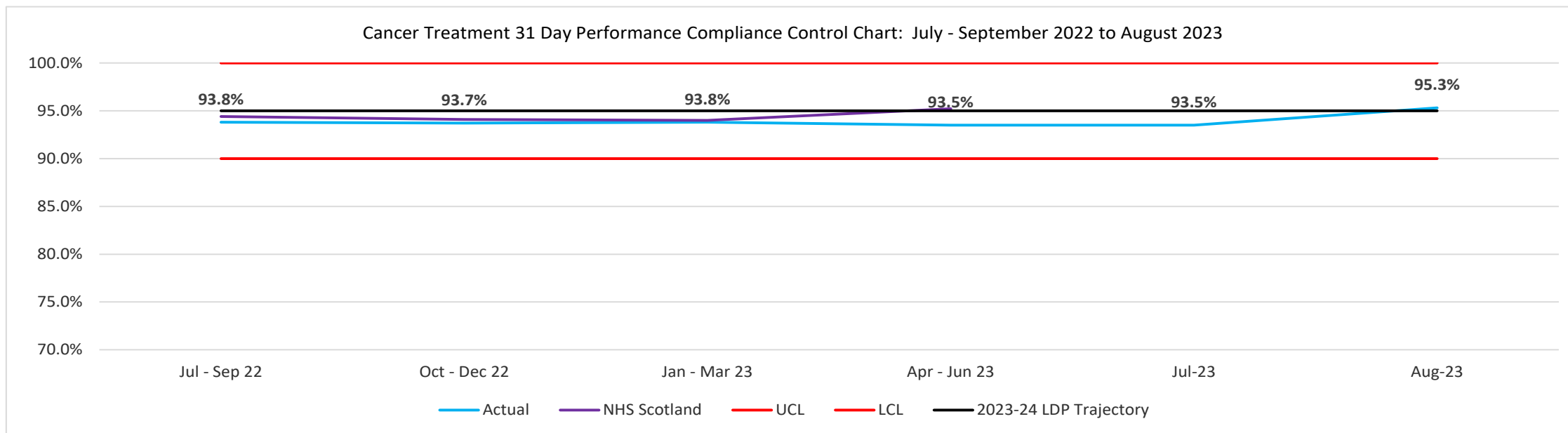
National Target 90%. Performance for the latest monthly published position (June 2023) was 92.3%, above the national position of 77.0%.

#### **Projection to 31 March 2024:**

**2023-24 ADP Target 90% by March 2024. Currently exceeding the national target.**

Current monthly performance continues to exceed the planned position for the fourth consecutive month.

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



Please note: data from July 2023 onwards is provisional and will be subject to validation. July - September 2023 validated data is scheduled to be published on 19 December 2023.

#### Summary

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

The latest finalised position is **95.3%** (692 of the 726 eligible patients started treatment within 31 days) for the month ending August 2023 an increase on the July 2023 position and exceeding **target by 0.3%**.

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

At the quarter ending June 2023, NHSGGC's performance was marginally below the latest national published position of 95.2%.

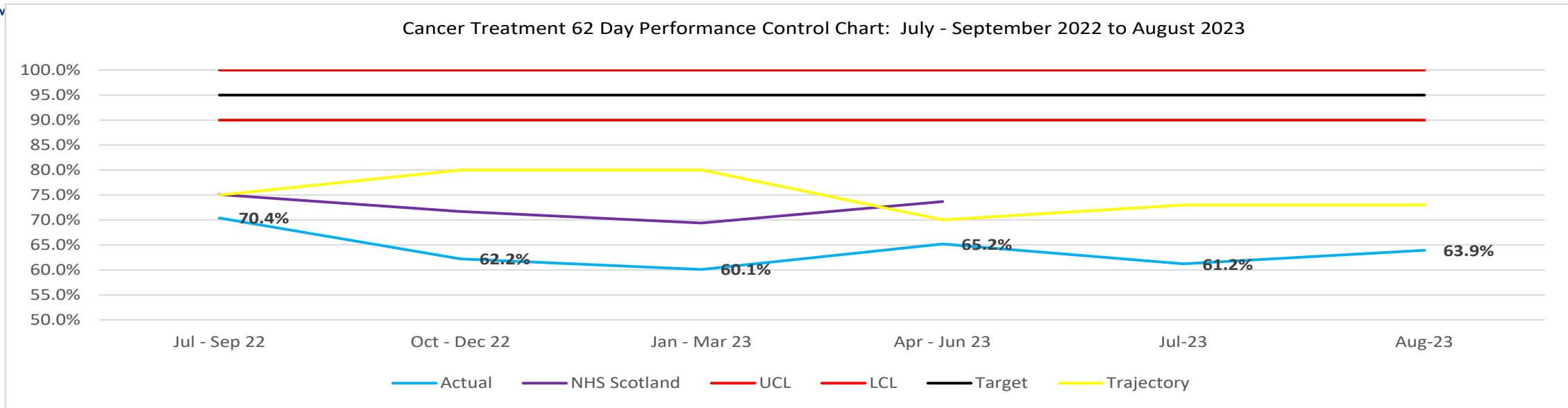
##### **Projection to 31 March 2023-24:**

**The 2023-24 Annual Delivery Plan target remains at 95% to be achieved in March 2024 and current performance is exceeding this.**

#### Key Actions

Current performance highlights an improvement on the previous months' performance and is exceeding the national target

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



Please note: data from July 2023 onwards is provisional and will be subject to validation. July - September 2023 validated data is scheduled to be published on 19 December 2023.

### Summary

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

The latest finalised position is **63.9%** (295 of the 462 eligible referrals were seen) for the month ending August 2023, an improvement on the previous month's position of 61.2% and below the trajectory of 73%.

#### Against National Target:

At the quarter ending June 2023, NHSGGC's performance is below the latest national published position of 73.7%.

#### Projection to 31 March 2024:

**2023-24 Annual Delivery Plan trajectory of 80% of patients starting their first cancer treatment within 62 days of receipt of urgent referral by March 2024. 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 (43.4% - 23 of the 53 eligible referrals started their treatment within 62 days) however, the volume of Urgent Suspicion of Cancer (USOC) referrals has increased by 74% on pre-pandemic levels, and Urology (32.5% - 41 of the 126 eligible referrals started their treatment within 62 days of referral) again the volume of USOC referrals has increased by 64% on pre-pandemic levels. Other lower volume cancer types challenged during August 2023, include Head and Neck (54.5% - 12 of the 22 eligible referrals started their treatment within 62 days of referral), the volume of USOC referrals has increased by 29% on pre-pandemic levels, and Upper GI (75.9% - 22 of the 29 eligible referrals started their treatment within 62 days of referral) the volume of USOC referrals also increased by 17% on pre-pandemic levels. Key actions to address performance in those cancer types facing ongoing challenges are outlined in the next two slides.

## 4. 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 year on year increase in the number of USOC referrals since pre-pandemic. Overall, USOC referrals increased by 54%, increasing from 43,821 in 2019-20 to 67,504 in 2022-23 across all cancer types ranging from a 16% increase in Lung Cancer USOC referrals to a 119% increase in Gynaecological related cancer.
- The SG review of systems and processes commenced on 6 July 2023. An initial report was anticipated by end September 2023, however, this has not yet been received.

### **Colorectal August 2023 Performance: 43.4% - 23 of the 53 eligible referrals started their treatment within 62 days of referral. (Below the July - September 2023 Colorectal trajectory of 65%)**

- Colorectal performance reduced by 5.5% on the July 2023 position of 48.9%. Overall activity increased to 53 patients treated in August, compared to 47 in July. Focus remains on reducing the backlog of patients who have waited longer than 62 days.
- Cancer Waiting Times (CWT) funding of circa £1m for 2023-24 has been allocated to continue the support of Endoscopy provision.
- Colonoscopy delays continue to be the main reason for breach. The Endoscopy Insourcing commenced on 2 September 2023. This will deliver six Endoscopy lists running on a Saturday. This is in addition to the initiatives already in place and previously reported.
- Bowel screening Qfit parameters have been reviewed and revised to funnel more high risk patients through at category 1 to be seen in a two week timeframe rather than two to four weeks as category 2.
- Additional clinics continue to run to improve the patients waiting over 14 days for outpatient clinic in order to meet the trajectories to reduce the outpatient wait to 14 days by the end of September 2023.

### **Head & Neck August 2023 Performance: 54.5% - 12 of the 22 eligible referrals started their treatment within 62 days of referral. (Below the July - September 2023 Head & Neck trajectory of 90%)**

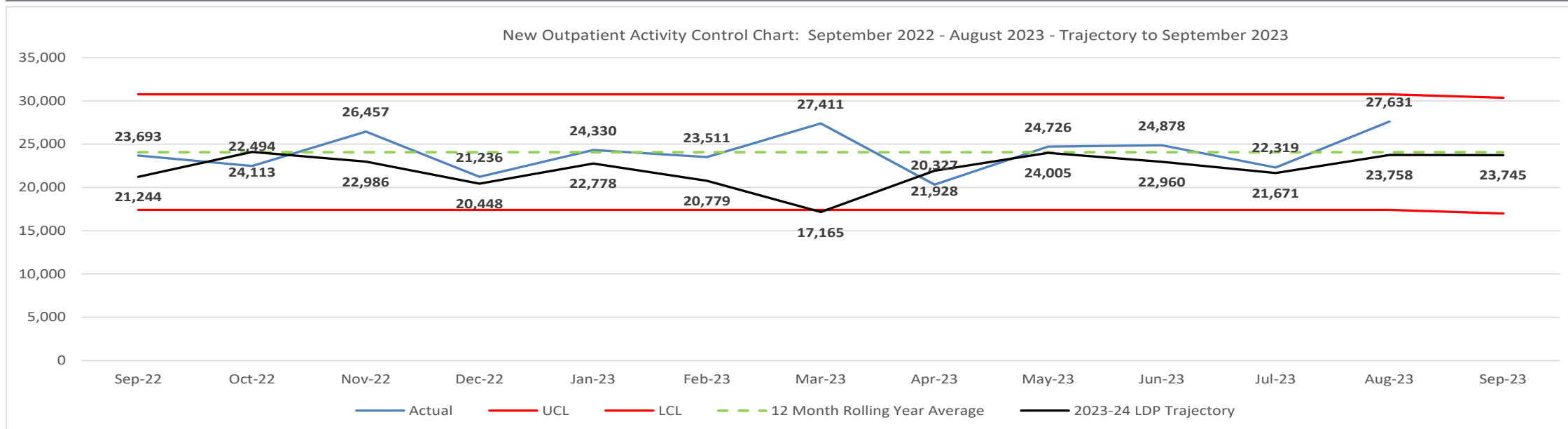
- Head & Neck performance improved from 47.1% in July 2023 to 54.5% in August 2023.
- Within ENT, additional outpatient clinics continue to run although these have been challenging to maintain.
- The service is working on a longer term sustainable model which will use a diagnostic hub approach. This will take several months to be implemented and Waiting List Initiative (WLI) clinics will continue in the interim.
- The OMFS head & neck cancer service continues to provide mutual aid to Lanarkshire. West of Scotland planning negotiations have commenced to seek a sustainable solution for this activity.

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

**Urology August 2023 Performance: 32.5% - 41 of the 126 eligible referrals started their treatment within 62 days of referral. (Below the July - September 2023 trajectory of 70%)**

- Urology performance reduced from 33.7% in July to 32.5% in August 2023. However, activity significantly increased to 126 patients treated in August 2023, compared to 95 in July 2023. The focus remains on reducing the backlog of patients currently waiting over 62 days, substantial additional treatment capacity is required to improve the performance.
- Additional WLI sessions for Transrectal Ultrasound (TRUS) are now in place and a specialty doctor has changed job plan to provide more base capacity. Two new operators have been trained in TP Biopsy and an additional 2.5 sessions per week have been put in place. This additional activity has so far reduced the waiting times from 12-13 weeks to five weeks.
- Additional flexible cystoscopy WLI sessions have significantly reduced the undiagnosed backlog. However, this has increased pressure across the wider Urology pathway as patients move into the treatment phase.
- Trans Urethral Resection of Bladder Tumour (TURBT) Waiting times are under pressure, theatre and bed capacity on main Acute sites remains challenging, clinical teams are reviewing the potential to conduct joint Sector WLIs at the GGH site.
- Delays to clinic appointments following Multi-Disciplinary Team (MDT) for Urology and Oncology are being reviewed with a view to streamlining these where possible. A small number of Oncology Outpatient WLIs have been implemented, with more being sought.
- There have been no applicants for the additional substantive post. A part time locum appointment will commence in October 2023. Consultant staffing continues to be challenged and all avenues for staffing are being actively pursued including the use of agency locums.
- The Filters and Cascades model, to stream patients direct to test and shorten the diagnostic pathway has demonstrated positive impact and shortened the time from referral to prostate biopsy referral. Further improvements are in development to include vetting straight to MRI.
- Cystoscopy capacity and the model of delivery has been reviewed across GGC. Additional CNS support is likely to be funded to move to a more sustainable model.
- The National Haematuria Pathway, has now been fully implemented to support the Bladder Cancer pathway and will be audited to assess impact.
- Additional weekend sessions for Cystoscopy, RALP and outpatient clinics is continuing, with capacity being planned until the end of the year.
- Longer term plans for a second diagnostic hub are being worked up to ensure sufficient capacity is in place to meet the USOC demand on a substantive basis.

## 5. New Outpatient Activity



Please note: data relating to August 2023 is provisional.

### Summary

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

A total of **119,881** new outpatients were seen during the period April - August 2023, above the 2023-24 Annual Delivery Plan trajectory of 114,322. **Exceeding trajectory by 5%.**

#### Current Position Against National Target:

No national position relevant.

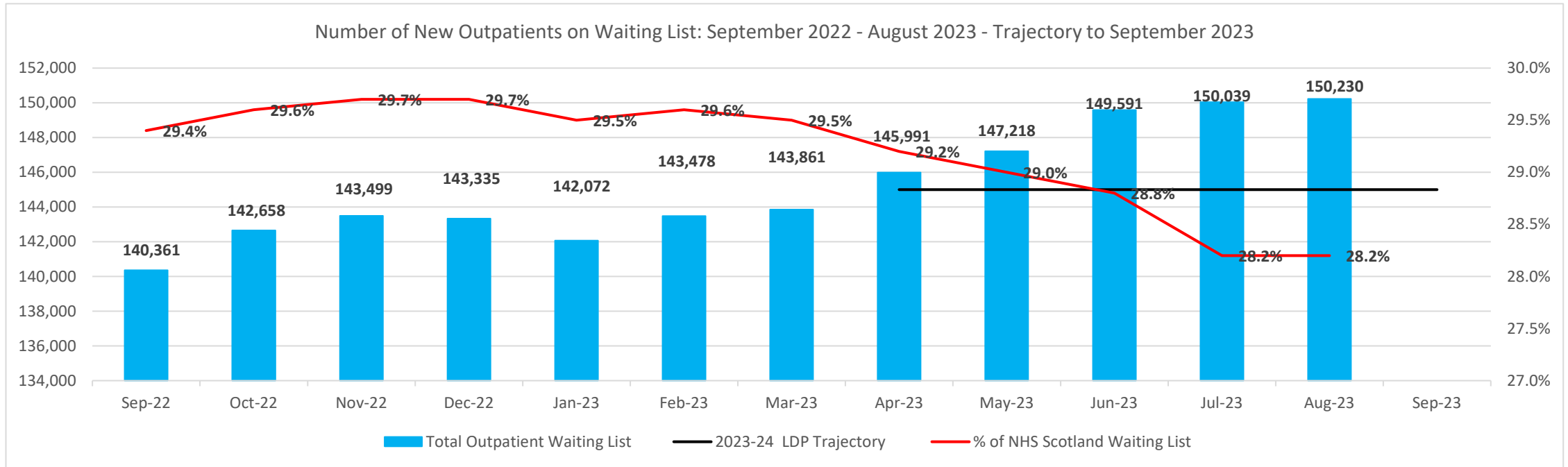
#### Projection to 31 March 2024:

**2023-2024 Annual Delivery Plan target of 273,456 new outpatients to be seen by March 2024.**

### Key Actions

New outpatient activity is 5% above the 2023-24 Annual Delivery Plan trajectory for the period April - August 2023.

## 6. New Outpatient Wait List



### Summary

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

As at the end of August 2023, there were a total of **150,230** patients waiting for a new outpatient appointment, above the 2023-24 Annual Delivery Plan trajectory of 145,000 by September 2023. **Above trajectory by 3.6%.**

#### Current Position Against National Position:

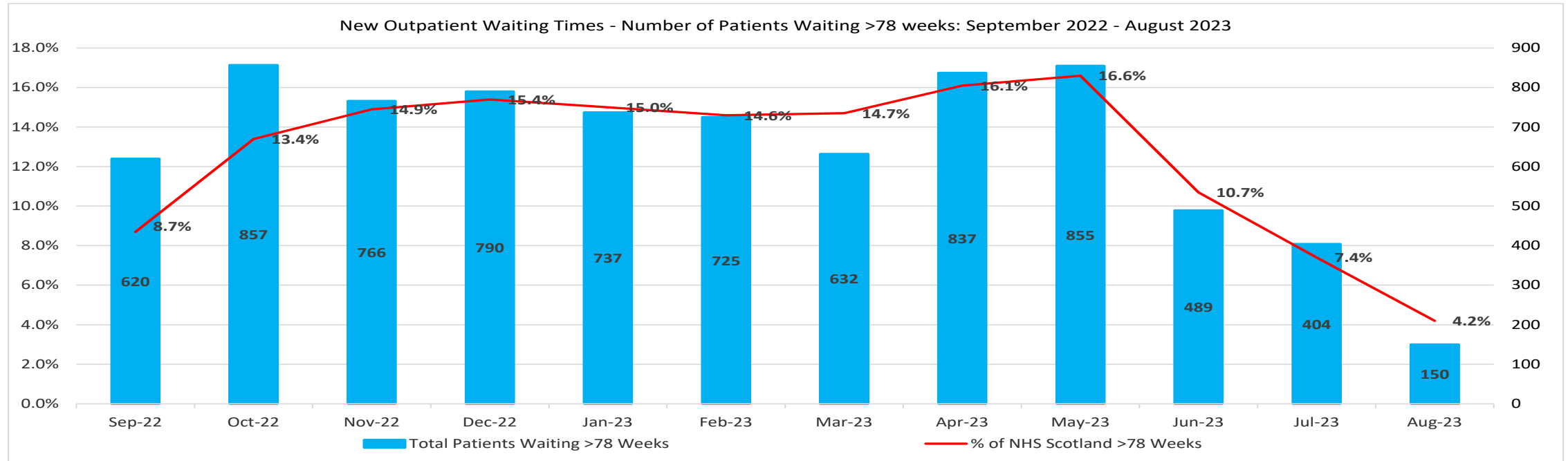
28.2% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of August 2023 were NHSGGC patients.

#### Projection to 31 March 2024:

**2023-24 Annual Delivery Plan target is no more than 145,000 patients on the new outpatient waiting list by March 2024.**

Although there is an increased referral rate compared to the same period last year, the extent of the growth on the waiting list reflects new activity lower than the required weekly rate. Return activity April - August of 297,246 is 4% higher than the same period last year. Actions to support reduction in the new outpatient waiting list can be seen in slide 15.

## 7. New Outpatient Wait Times: Number of new outpatients waiting >78 weeks for a new outpatient appointment



### Summary

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

At the end of August 2023, there were a total of **150** new outpatients waiting >78 weeks for a first new outpatient appointment, a 63% reduction on the previous months' position. Whilst this is a significant improvement on the previous months' position, current performance is above the 2023-24 Annual Delivery Plan reduction target of no new outpatients waiting >78 weeks by June 2023.

#### Current Position Against National Position:

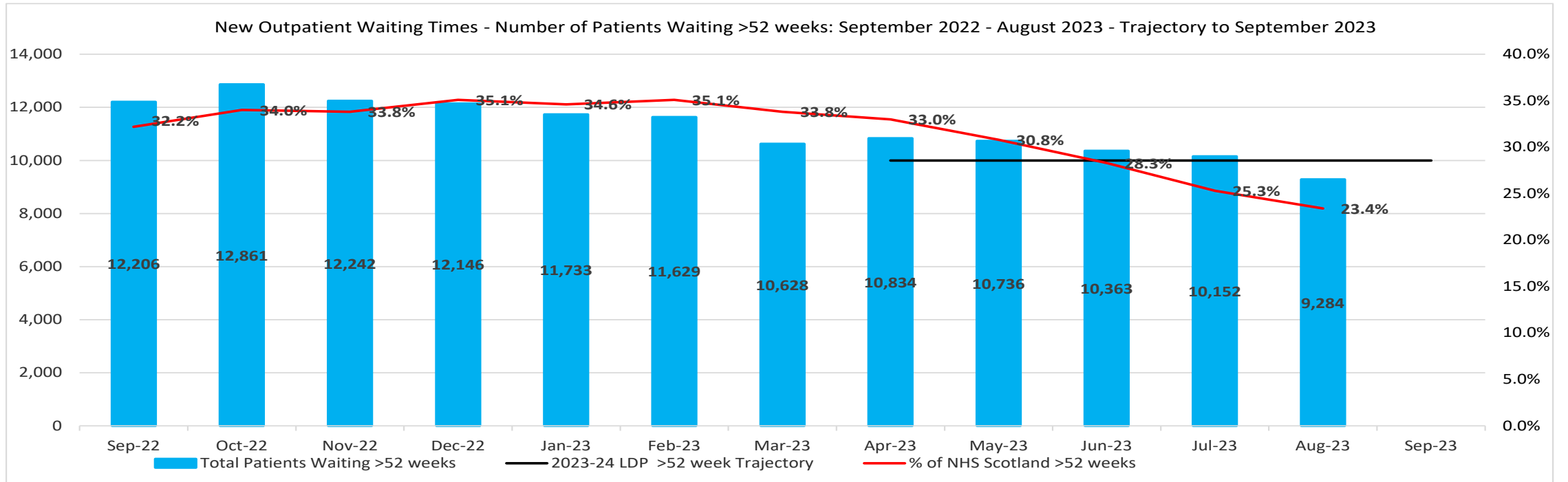
4.2% of NHS Scotland's total patients waiting >78 weeks for a first new outpatient appointment at the end of August 2023 were NHSGGC patients.

#### Target to 31 March 2024:

**2023-24 Annual Delivery Plan target of no new outpatient should be waiting >78 weeks by June 2023. Whilst this target was not achieved by June 2023, steady progress has continued to be made in that as of 25 September 2023, local management information shows there were 85 new outpatients waiting >78 weeks (a significant reduction on the 837 waiting in April 2023) and of this total, 38 had a confirmed appointment. It is forecast that no new outpatients will be waiting >78 weeks by March 2024.**



## 8. New Outpatient Wait Times: Number of new outpatients waiting >52 weeks for a new outpatient appointment



### Summary

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

At the end of August 2023, there were a total of **9,284** patients on the new outpatient waiting list waiting >52 weeks for an appointment. September 2023 provisional data indicates a further improvement with 7,536 patients waiting in this timeband. Current performance is within the 2023-24 Annual Delivery Plan trajectory of no more than 10,000 new outpatients to be waiting >52 weeks by the end of September 2023. **7% within trajectory.**

#### Current Position Against National Position:

23.4% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of August 2023 were NHSGGC patients.

#### Target at 31 March 2024:

**2023-24 Annual Delivery Plan target of no more than 8,000 new outpatients to be waiting >52 weeks by March 2024.**

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

## 8. New Outpatient Wait Times: Actions in place to reduce the number of long waiting new outpatients (Continued)

### Key Actions

Key actions in place to help reduce the number of long waiting new outpatients include the following:

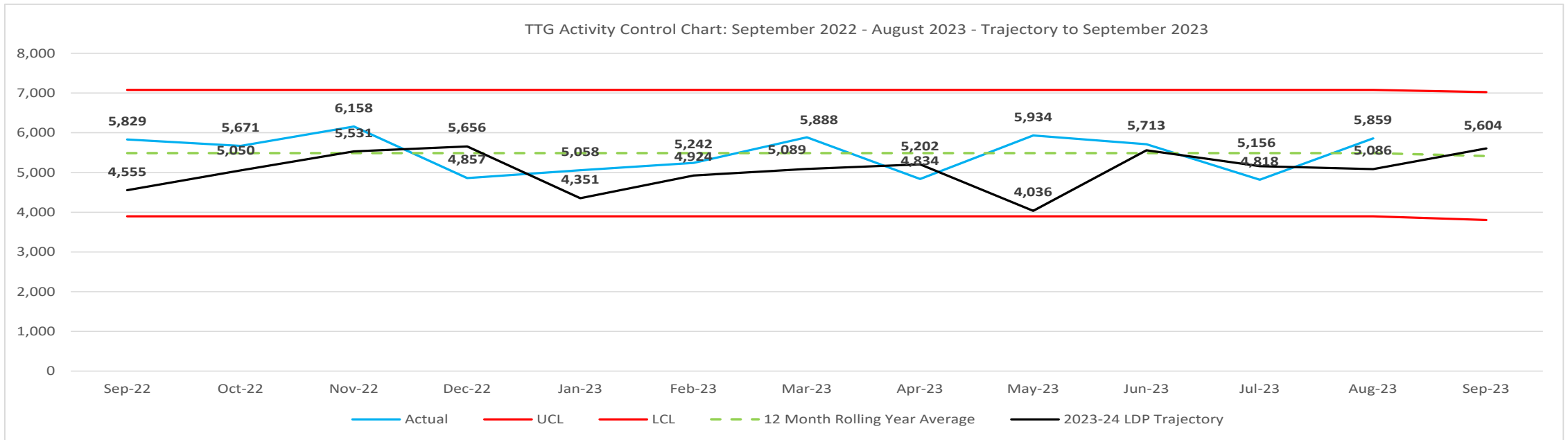
- A small number of patients waiting over 78 weeks remain in Ophthalmology waiting for specialist glaucoma care. The position has been challenged by consultant absence. A locum commenced 18 September and is supporting the long waiting patients and a series of WLI clinics are also in place throughout September. The specialty have created capacity by balancing the waiting time for other sub-specialty provision to allow for continuing reduction of the longest waiting patients.
- The reduction in patients waiting over 78 weeks for Gynaecology has been delivered through support for additional WLI clinics together with a sustained level of insourcing to create an extra 400-600 slots per quarter. Working with the insourcing supplier, a change has been made to the clinic capacity being provided and this now reflects one-stop assessment. This has supported the Gynaecology service to be on target to deliver a maximum wait of 78 weeks at the end of September 2023.
- OMFS is projected to have a small number of patients waiting over 78 weeks. These patients are waiting under the sub-specialty of female feminisation. Currently this is delivered by a single surgeon with limited monthly slots available. A series of options are being explored both internally and externally to the board for a long term solution.

To further reduce the number of patients over 52 weeks a range of actions have been implemented across a range of specialties including:

- Dermatology - offering capacity to patients across any site in the health board has facilitated a smoothing of the waiting list. Supported with additional capacity through WLIs a significant reduction has been achieved from 1,306 unbooked patients over 52 weeks at end of July to 150 on 25 September 2023.
- Ophthalmology required booking capacity for 2,812 maximum wait patients at the end of July 2023 to achieve a 52 week position for end of September 2023. Augmenting core capacity with Optometry support for patient review will continue. A locum is now in position which will provide more capacity for the long waiting patients. At the end of September 2023 will have reduced to 1,750 patients over 52 weeks
- The Ophthalmology pilot of glaucoma patient management transferring to community optometry care continues to work well with 310 patients already discharged to community care. This is in keeping with the pilot aspiration.

Services are being challenged to achieve further activity in consultant or AHP/nurse outpatient care across all specialties to achieve overall waiting list size reductions.

## 9. Treatment Time Guarantee (TTG) Inpatient/Daycase Activity



Please note: data relating to August 2023 is provisional until MMI waiting times report becomes available.

### Summary

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

A total of **27,158** patients were seen during the period April - August 2023, above the 2023-24 ADP trajectory of 25,039 for the period April - August 2023. **Exceeding trajectory by 8%.**

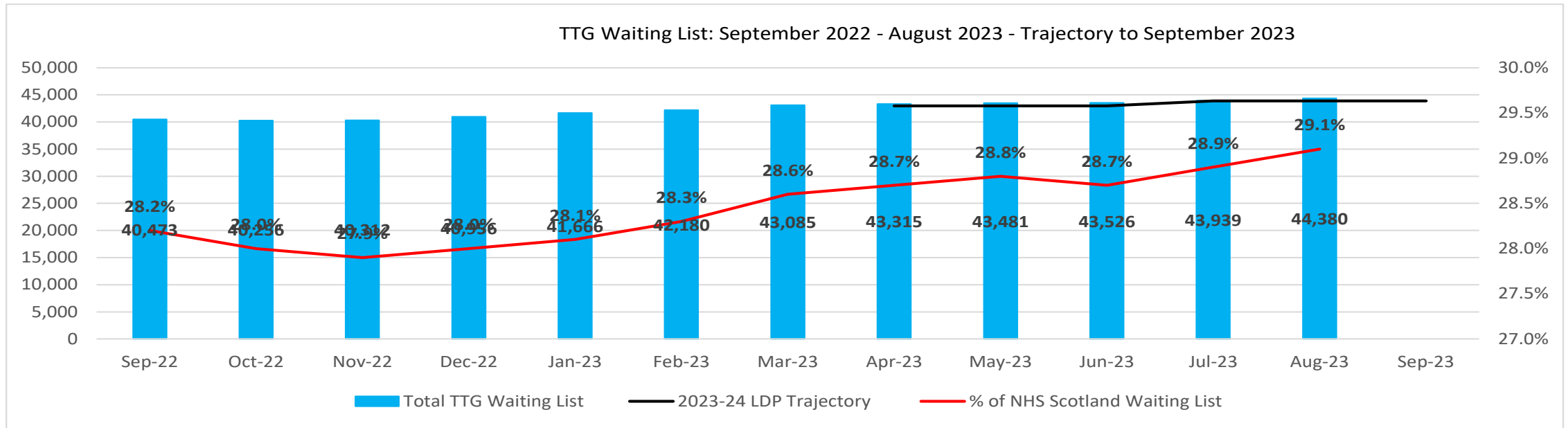
#### Current Position Against National Target:

No national target relevant.

#### Projection to 31 March 2023:

**2023-24 Annual Delivery Plan target of 64,359 TTG patients to be seen by March 2024.**

TTG activity is 8% above the 2023-24 Annual Delivery Plan trajectory for the period April - August 2023.



### Summary

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

At the end of August 2023, there were a total of **44,380** patients on the TTG waiting list waiting for an inpatient/daycase procedure, a marginal increase on the previous months' position and marginally above the 2023-24 Annual Delivery Plan target of no more than 43,865 TTG patients on the TTG waiting list by September 2023. **1% above trajectory.**

#### Current Position Against National Position:

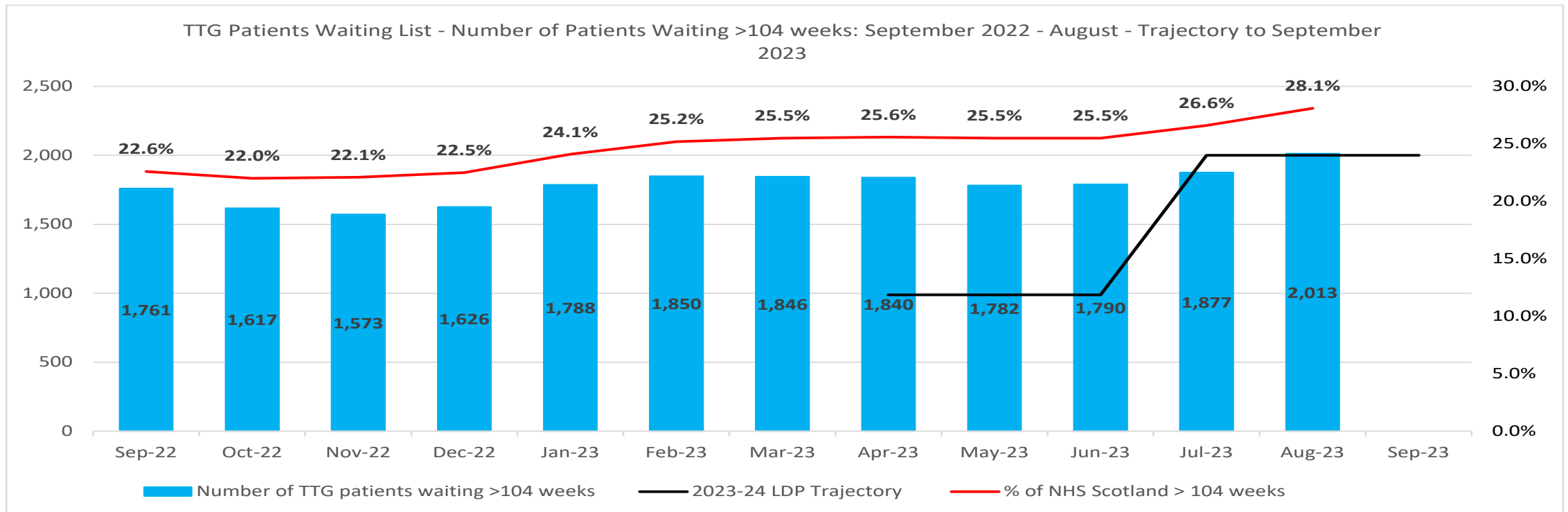
29.1% of NHS Scotland's total TTG patients waiting at the end of August 2023 were NHSGGC patients.

#### Projection to 31 March 2024:

**2023-24 Annual Delivery Plan target of no more than 45,657 patients on the TTG waiting list by March 2024.**

Current performance is marginally above the planned position for August 2023. Capacity continues to be targeted at urgent, highest priority cases and long waiting patients. Elective activity on key inpatient sites remains constrained due to workforce issues, high bed occupancy and competing priority for emergency patient activity. Theatre nurse staffing remains the key challenge to increasing the number of adult sessions across the sectors. Actions to reduce the number of patients on the waiting list are outlined on slide 21.

## 11. TTG Inpatient/Daycase Patient Waiting Times: Number of TTG patients waiting >104 weeks



### Summary

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

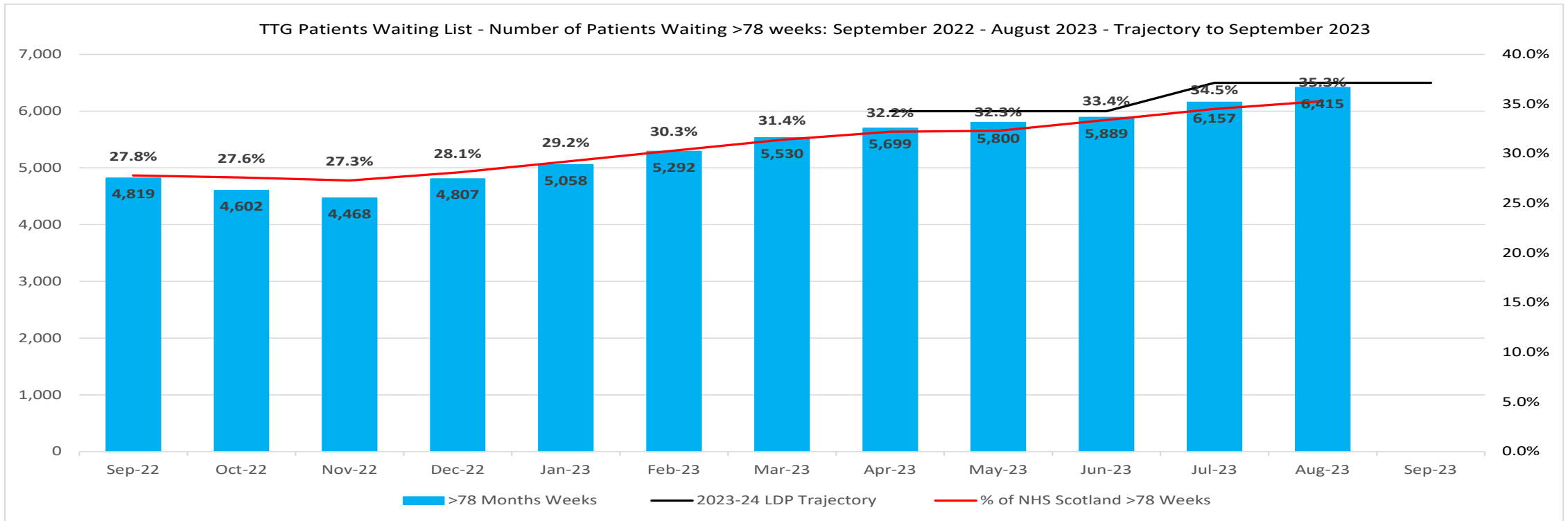
At the end of August 2023, there were a total of **2,013** TTG patients waiting >104 weeks for an inpatient/daycase procedure on the TTG waiting list. **Current performance is marginally above the revised position of under 2,000 patients waiting in this timeband following a discussion with SG team in recognition of the unavailability of the National Treatment Centre capacity at Forth Valley together with a compromise in the Orthopaedic Service Level Agreement with the Golden Jubilee National Hospital (GJNH).**

#### Current Position Against National Position: Projection to 31 March 2024:

**28.1%** of NHS Scotland's total patients waiting >104 weeks at the end of August 2023 were NHSGGC patients. **Discussions are ongoing with the SG to agree a trajectory for the remainder of 2023-24.**

Actions to reduce long waiting TTG patients are outlined on slide 21.

## 12. TTG Inpatient/Daycase Patient Waiting Times: Number of TTG patients waiting >78 weeks



### Summary

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

As at August 2023 month end, a total of **6,415** TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, within the 2023-24 ADP target of no more than 6,500 by September 2023. **Ahead of trajectory by 1%.**

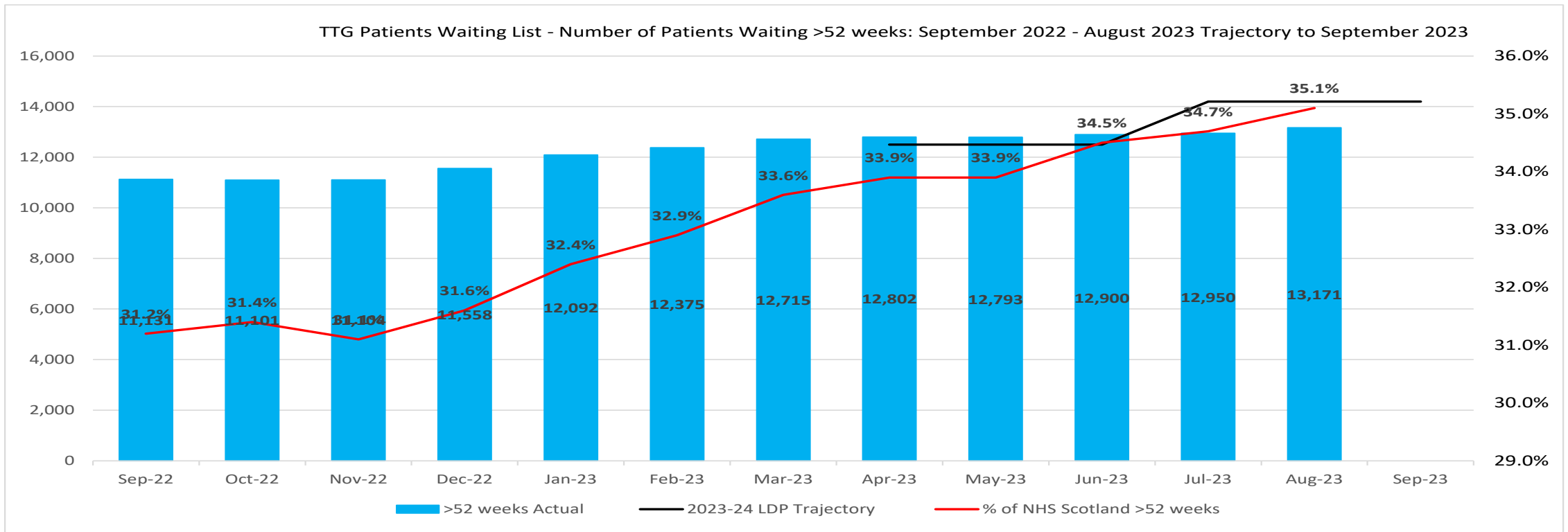
#### **Current Position Against National Position:**

35.3% of NHS Scotland's total patients waiting >78 weeks at the end of August 2023 were NHSGGC patients.

#### **Projection to 31 March 2024:**

**2023-24 Annual Delivery Plan of no more than 5,990 TTG patients waiting >78 weeks by March 2024.**

### 13. TTG Inpatient/Daycase Patient Waiting Times: Number of TTG patients waiting >52 weeks



#### Summary

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

At the end of August 2023, there were a total of **13,171** TTG patients waiting >52 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is within the 2023-24 ADP target of no more than 14,200 by September 2023. **Ahead of trajectory by 7%.**

##### Current Position Against National Position:

35.1% of NHS Scotland's total patients waiting >52 weeks at the end of August 2023 were NHSGGC patients.

##### Projection to 31 March 2024:

**2023-24 Annual Delivery Plan of no more than 14,200 TTG patients waiting >52 weeks by March 2024.**

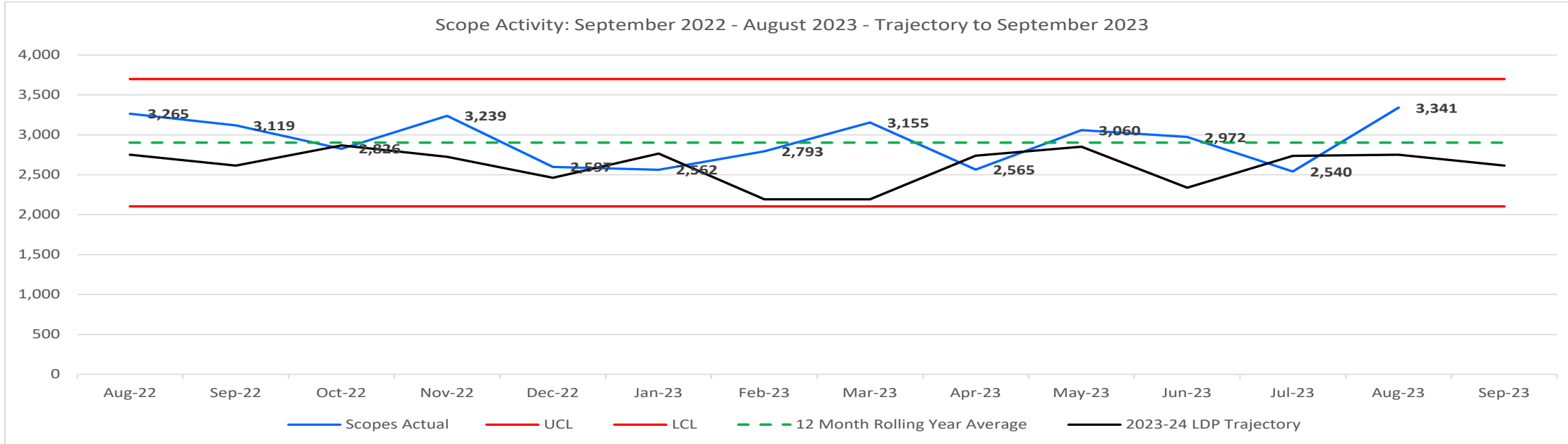
#### **Key Actions**

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

- Elective session delivery has been steady since April delivering over 550 adult and paediatric sessions per week. Elective sessions remain reduced on some sites due to staffing. The recruitment process is on a continual cycle to address staffing issues.
- Staff training programme to support the increase in dual trained nursing staff for anaesthetic and scrub skills continues.
- Trauma and Ortho TTG patients waiting continue by volume to create the greatest pressure for long waiting patients. Elective capacity for Ortho surgery has been reviewed across the sites. Additional capacity has been generated at RAH where IRH theatre maintenance has constrained routine elective delivery of care. Changes progressed at GGH to increase ward staffing from 20 August 2023 to support the revision of case mix being delivered to increase arthroplasty capacity. A more detailed plan to support the increase in elective session delivery at GGH through an additional ten sessions per week and utilising a further six beds has been prepared and will be discussed further with SG with regard to investment. North sector are working on a plan for an orthopaedic day surgery model for GRI for patients who require to attend this site due to the nature of their co-morbidities.
- Full use of the GJNH allocated capacity for Orthopaedics, Ophthalmology and the small allocation for general surgery. Pre-winter discussion has taken place with GJNH regarding anticipated winter constraints and more collaborative working requested to support increased Orthopaedic provision if possible.
- Notification received that Forth Valley National Treatment Centre capacity for Orthopaedic activity will not be available in the coming months. NHSGGC Sector teams through the cross sector working group are exploring options to support Orthopaedic activity increase across any site and are currently supporting additional weekend sessions for October/November at the GGH site.
- WLIs and a small amount of private sector capacity (for Neurosurgery) has been targeted at services with the largest gap between demand and capacity.



## 14. Diagnostics: Scope Activity



Please note: data relating to August 2023 is provisional.

### Summary

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

A total of **14,478** scopes were carried out during the period April - August 2023, above the 2023-24 Annual Delivery Plan trajectory of 13,414. **Exceeding trajectory by 8%.**

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

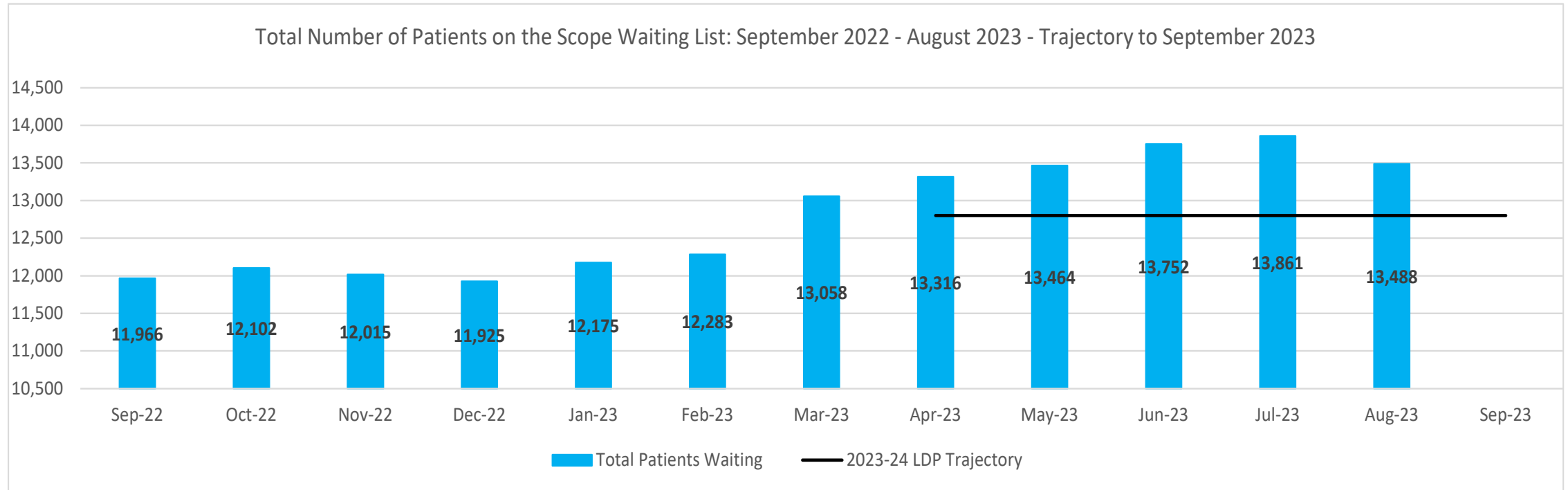
No national target relevant.

#### **Projection to March 2024:**

**2023-24 Annual Delivery Plan target of 31,234 scopes carried out by March 2024.**

Scope activity is 8% above the 2023-24 Annual Delivery Plan trajectory for the period April - August 2023.

## 15. Diagnostics: Scope Waiting List



### Summary

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

As at August 2023 month end, there are **13,488** patients on the overall waiting list, a 3% reduction on the previous months' position and above the 2023-24 Annual Delivery Plan trajectory of no more than 12,800 patients on the Scopes Waiting List by September 2023. **5% above trajectory.**

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

No relevant national position.

#### **Projection to 31 March 2024:**

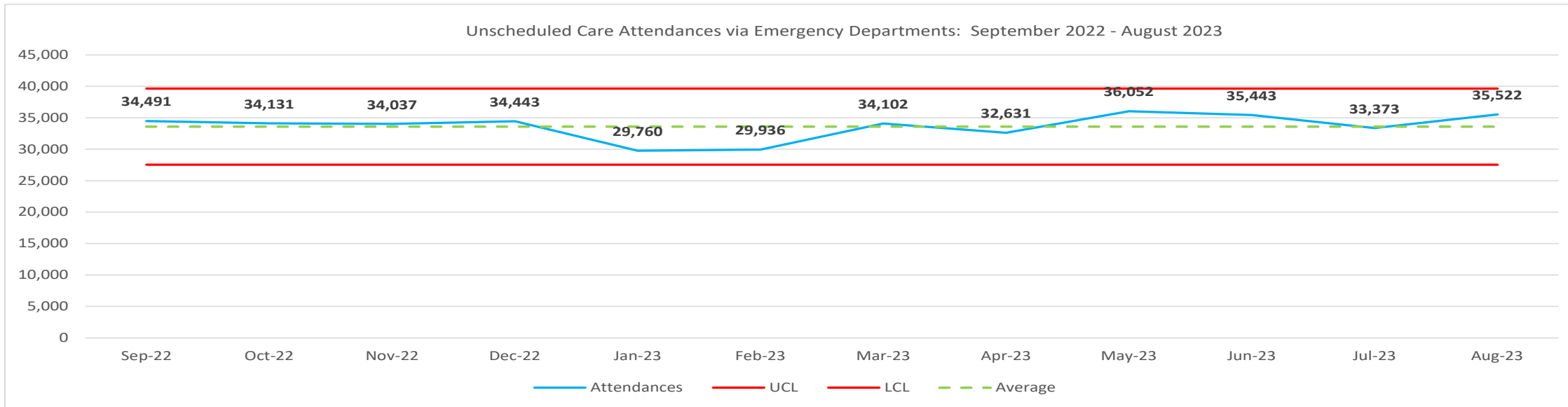
**2023-24 Annual Delivery Plan target of no more than 12,800 patients on the scope waiting list by March 2024.**

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

### Key Actions

- Endoscopy activity delivered by nurse endoscopists in July/August 2023 offset the loss of clinician delivered sessions due to annual leave and emergency service cover. Further development of nurse endoscopy capacity has been supported with the recruitment of two additional trainees that start in October 2022 with the full impact expected within the next 18 months.
- Base/core capacity in Endoscopy continues to be supported with additional capacity from WLIs, locum, external commissioned mobile unit, and the GJNH. Extension of the use of the mobile unit to cover weekends remains under discussion with the Vanguard Team.
- Process issues supporting the appointment of patients at GJNH have been improved with the support of the GGC team. Patient focused booking has now been implemented for scope slots at GJNH. This has reduced the rate of capacity loss in July and August 2023 and reducing the number of patients being returned to NMSGGC sites for management.
- Insourcing support to deliver increased activity at weekends at the QEUH site is now in place.
- A further review of demand and capacity was carried out and completed in August 2023. The service team have been asked to prioritise areas where additional capacity can be delivered during the period September - December 2023.

## 16. Unscheduled Care: Accident and Emergency Attendances (For Information)



*Please note: monthly data includes MIU attendances.*

### Summary

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

A total of **173,021** A&E attendances (including MIU attendances) were reported during the period April - August 2023. Current performance represents a 2% increase on the 169,772 reported during the same period last year. **No 2023-24 monthly trajectory has been agreed.**

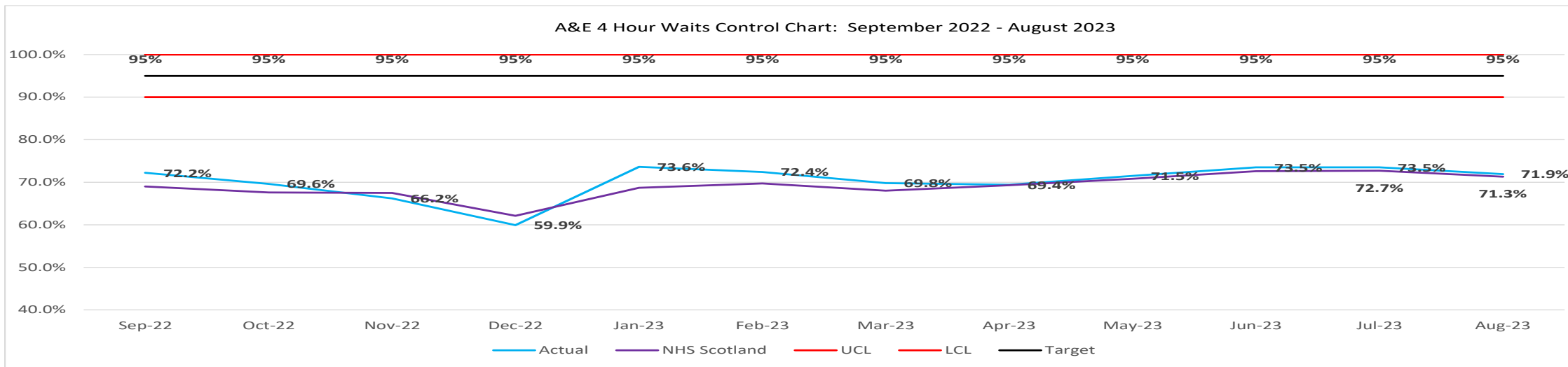
#### **Current Position Against National Target:**

No relevant target.

#### **Projection to 31 March 2024:**

**No relevant target for the number of A&E attendances.**

## 17. Accident and Emergency 4 Hour Waiting Times Standard



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

### Summary

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

Currently **71.9%** of patients seen within 4 hours, a reduction on the previous months' position. Local management information for the week ending 8<sup>th</sup> October 2023 shows an increase in overall compliance at 72.1%. **Performance remains below the national target of 95%.**

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

NHSGGC's performance was above the latest national published position of 71.3% for August 2023 and overall performance is in line with the national trend.

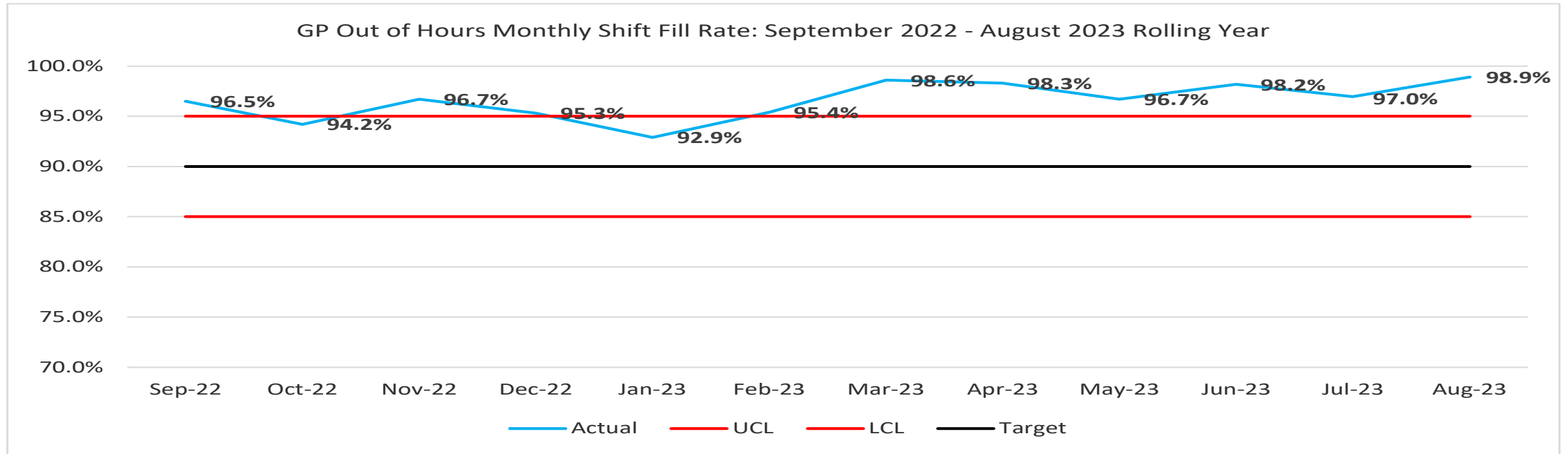
#### **Projection to 31 March 2024:**

National target 95%.

### Key Actions

- The finalised 2023-24 Winter Plan, supported by a communications and public messaging plan alongside workforce and recruitment plans, identifies ten key winter priorities to help reduce the pressures of winter and improve performance including work to increase the volume of virtual consultations by extending operational hours, developing our workforce, reviewing NHS24, SAS and other pathways into the Flow Navigation Centre and the implementation of our refreshed redirection pathways to ensure patients are seen and treated in an appropriate setting. Work is currently underway to implement and measure the impact of the actions identified.
- Work is also underway to review and modify key performance indicators and develop stretch targets/trajectories in which to track progress against. These will include a trajectory for the Accident and Emergency four hour waiting times target. The stretch targets/trajectories are expected to be approved by the Unscheduled Care Oversight Group scheduled to take place on 25 October 2023.

## 18. GP Out Of Hours: Number of Scheduled Shifts Open



### Summary

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

In August 2023, **98.9%** (282) of the 285 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the target by 8.9%.**

**Current Position Against National Target:**

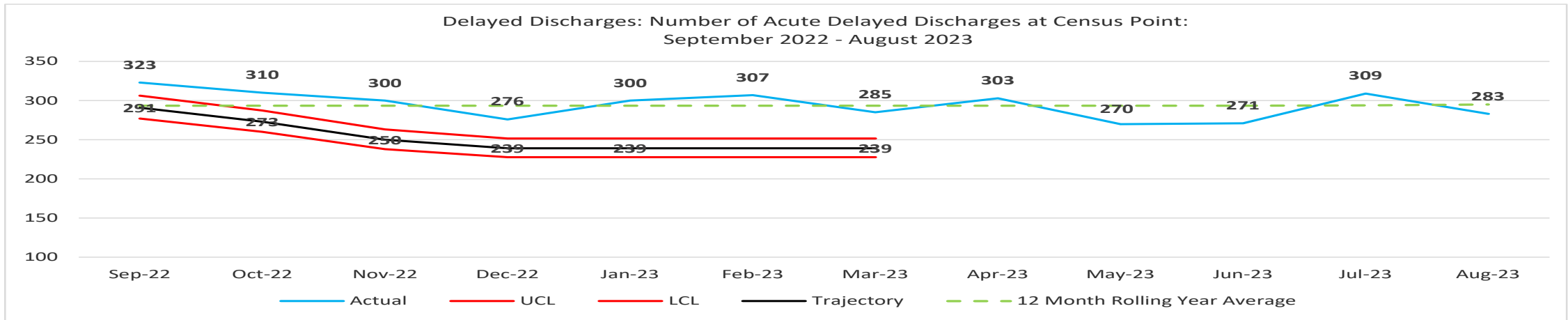
No relevant national target.

**Projection to 31 March 2024:**

NHSGGC Target 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 exceed target.

## 19. Delayed Discharges: Number of Acute Delayed Discharges



### Summary

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

A total of **283** Acute delayed discharges were reported at the monthly census point for August 2023, **an 8% reduction on the previous months' performance**. Local management information for 9<sup>th</sup> October 2023 reported a total of 288 Acute delays. No confirmed trajectory has been agreed for 2023-24.

#### Current Position Against National Target:

No national target relevant.

#### Projection to 31 March 2024:

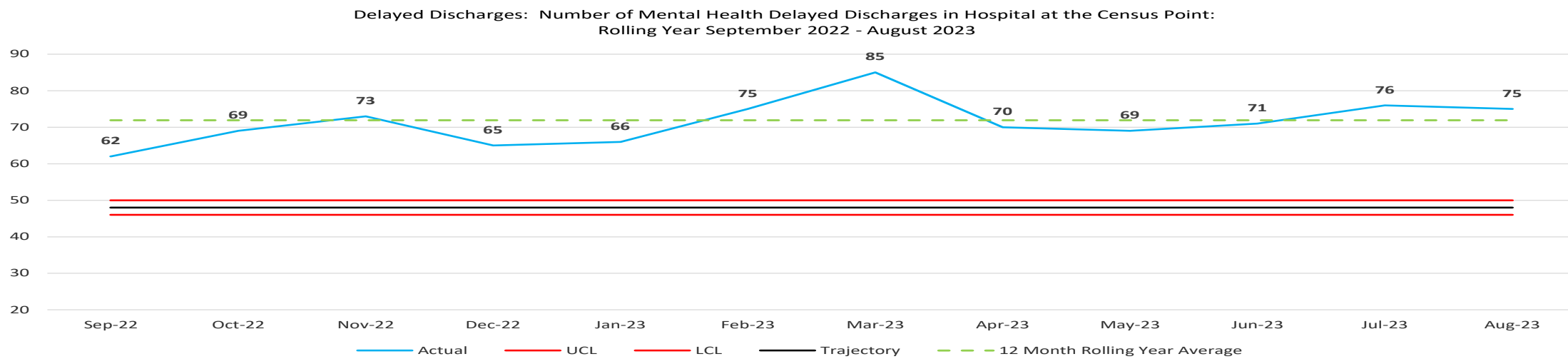
**No Trajectory has been agreed for 2023-24.**

### Key Actions

Performance in relation to Acute delayed discharges remains a significant challenge. Across Health and Social Care, the challenges are complex and multiple, and include workforce and recruitment issues, AWI patients, alongside care home and care at home suitability and capacity challenges. Complex delays account for 180 (64%) of the 283 Acute delays reported in August 2023. Of the total number of Acute delays reported, 51% (144) are from Glasgow City HSCP and 22% (62) from other local authorities. Rigour continues to be applied to monitoring and mitigating delays at each level. Improvement actions include:

- The Discharge Team continue to work with HSCP social work colleagues to deliver formal Delayed Discharge related education sessions to newly-qualified nurses, nursing staff, student nurses and AHPs. As of the end of August 2023, a total of 140 training sessions had been delivered across the board.
- The Discharge Team Lead has commenced weekly social work meetings with other Local Authorities including North Ayrshire, Argyle & Bute and South and North Lanarkshire.
- A weekly exception report to highlight non-AWI complex patients who have been waiting over 60 - 80 days has been created for daily review and action as appropriate.

## 20. Delayed Discharges: Number of Mental Health Delayed Discharges



### Summary

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

Currently 75 Mental Health delayed discharges, a marginal decrease on the previous months' position. **Performance remains above the monthly trajectory of 48.** Local management information for 9<sup>th</sup> October 2023 reported a total of 75 Mental Health delays.

#### Current Position Against National Target:

No national target relevant.

#### Projection to 31 March 2024:

**No more than 48 delays by March 2024.**

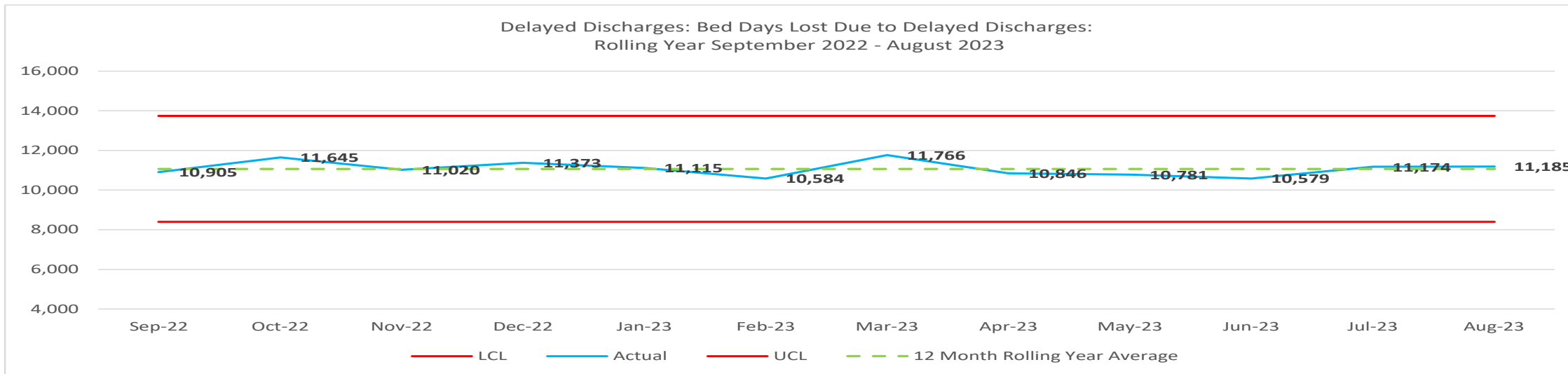
### Key Actions

Overall performance remains a challenge. Of the total delays reported across NHSGGC, 55 are Glasgow City residents comprising 20 LD patients, six Forensic Psychiatry patients and 29 Glasgow City HSCP Adult Mental Health and Older People Mental Health patients. Other mental health delays are reported in West Dunbartonshire (6), Renfrewshire (6), East Dunbartonshire (2), Inverclyde (1) HSCPs and five from other local authorities. Actions to improve this include:

- Glasgow City has set up a Steering Group up to look at those patients who are ready for discharge to move to supported accommodation including reviews and assessments of all patients to identify appropriate support and accommodation.
- In West Dunbartonshire HSCP in-reach staff are working in wards at the VOL to target early identification and plan care packages to reduce the risk of becoming a delay. A process to start the planning for discharge from the date of admissions also started in September 2023 to help reduce referrals becoming a delay. In Renfrewshire HSCP, the ongoing joint work with the hospital staff, commissioning and support services to facilitate improved planning and pathways continues.
- The main reason for both the Forensic Psychiatry and LD delays is the time taken to identify new supported accommodation placements for patients with complex support needs. Actions to address this include the development of a Programme Board which meets every two months to influence the developments associated with the community living change fund to ensure community models improve capacity, confidence and competence in supporting those most at risk.



## 21. Delayed Discharges: Number of Bed Days Lost to Delayed Discharges



### Summary

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

A total of **11,185** bed days were lost to delayed discharges during August 2023, a **further increase on the previous months' position.**

#### Current Position Against National Target:

No national target relevant.

#### Projection to 31 March 2024:

**No 2023-24 year-end target has been set.**

### Key Actions

In addition to the actions outlined in the previous slides, the following actions are also underway:

- The Discharge Team are working alongside all six HSCPs to ensure that further delays to discharges from acute are escalated. For example, transport issues, medications not being ready, care homes being unable to contact the wards to confirm date of transfer.
- As of 27 August 2023, pre-noon discharges increased to 16.8% (baseline level is 14.9%), representing a further increase on 15.3% in July 2023.
- Phase 2 of the Discharge without Delay (DwD) bundle rollout is now underway to sustain the progress made during the first phase. Phase 2 incorporates the 1,000 Days Movement and will make patient time the core currency in healthcare.
- A test of change has been undertaken on medical wards at the GRI and QEUH to implement the Red2Green practice, the visual management system which assists in the identification of wasted time in a patient's journey. Applicable to in-patient wards in both acute and community settings, this approach is used to reduce internal and external delays as part of the SAFER patient flow bundle.
- Following these tests of change, the DwD Lead is working with Business Intelligence to plan for a wider roll out across other wards.

## 22. Control Limits

No	Measure	Control Limits	Slide Number
1	Access to Psychological Therapies: % eligible referrals starting treatment <18 weeks of referral	Based on 5% variance from national target	5
2	Access to CAMHS: % eligible referrals starting treatment <18 weeks of referral	Based on 5% variance from trajectory	6
3	Access to Cancer Services Treatment Time: % of patients starting treatment within 31 days of decision to treat	Based on 5% variance from national target	7
4	Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	Based on 5% variance from trajectory	8
5	New Outpatient Activity	Standard deviation is based on 12 month rolling average	11
6	New Outpatient Waiting List	Based on 5% variance from planned reduction target	12
7	Number of New Outpatients Waiting >78 weeks	Based on 5% variance from planned reduction target	13
8	Number of New Outpatients Waiting >52 weeks	Based on 5% variance from planned reduction target	14
9	TTG Inpatient/Daycase Activity	Standard deviation is based on 12 month rolling average	16
10	TTG Waiting List	Based on 5% variance from planned reduction target	17
11	Number of TTG Patients Waiting >104 weeks	Based on 5% variance from planned reduction target	18
12	Number of TTG Patients Waiting >78 weeks	Based on 5% variance from planned reduction target	19
13	Number of TTG Patients Waiting >52 weeks	Based on 5% variance from planned reduction target	20
14	Diagnostics: Scope Activity	Standard deviation is based on 12 month rolling average	22
15	Diagnostics: Scope Waiting List	Based on 5% variance from planned reduction target	23

## 22. Control Limits (Continued)

No	Measure	Control Limits	Slide Number
16	Unscheduled Care: A&E Attendances (For Information)	Not applied	25
17	Unscheduled Care: A&E 4 Hour Waits	Based on 5% variance from national target	26
18	GP Out Of Hours: Number of Scheduled Shifts Open	Based on 5% variance from local target	27
19	Delayed Discharges: Number of Acute Delayed Discharges	No 2023-24 target agreed	28
20	Delayed Discharges: Number of Mental Health Delayed Discharges	Based on 5% variance from local target	29
21	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Not applied	30
22	Rationale for Control Limits Applied		