

# NHS GREATER GLASGOW & CLYDE BOARD MEETING



Performance Assurance Information – December 2023

## Contents

Board Committee Name:  
NHSGGC Board

Responsible Division:  
HSCPs & Acute

Report Date:  
19 December 2023

Reporting Frequency:  
Bi-Monthly

No	Measure	Targets	Current Performance Status	Projected Performance as at 31 March 2024	Direction of Travel Since Previously Reported Position	Slide Number
1	Access to Psychological Therapies: % eligible referrals starting treatment <18 weeks of referral	2023-24 Annual Delivery Plan	<span style="color: green;">●</span>	<span style="color: green;">●</span>	↑	5
2	Access to CAMHS: % eligible referrals starting treatment <18 weeks of referral	2023-24 Annual Delivery Plan	<span style="color: green;">●</span>	<span style="color: green;">●</span>	↑	6
3	Access to Cancer Services Treatment Time: % of patients starting treatment within 31 days of decision to treat	National Target	<span style="color: orange;">●</span>	<span style="color: green;">●</span>	↓	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	National Target	<span style="color: red;">●</span>	<span style="color: red;">●</span>	↑	8
5	New Outpatient Activity	2023-24 Planned Care Reduction Target	<span style="color: green;">●</span>	<span style="color: green;">●</span>	↑	11
6	New Outpatient Waiting List	2023-24 Planned Care Reduction Target	<span style="color: orange;">●</span>	<span style="color: green;">●</span>	↓	12
7	Number of New Outpatients Waiting >78 weeks	2023-24 Planned Care Reduction Target	<span style="color: orange;">●</span>	<span style="color: green;">●</span>	↑	13
8	Number of New Outpatients Waiting >52 weeks	2023-24 Planned Care Reduction Target	<span style="color: green;">●</span>	<span style="color: green;">●</span>	↑	14
9	TTG Inpatient/Daycase Activity	2023-24 Annual Delivery Plan	<span style="color: green;">●</span>	<span style="color: green;">●</span>	↑	16
10	TTG Waiting List	2023-24 Planned Care Reduction Target	<span style="color: orange;">●</span>	<span style="color: orange;">●</span>	↓	17
11	Number of TTG Patients Waiting >104 weeks	2023-24 Planned Care Reduction Target	<span style="color: orange;">●</span>	<span style="color: orange;">●</span>	↓	18
12	Number of TTG Patients Waiting >78 weeks	2023-24 Planned Care Reduction Target	<span style="color: red;">●</span>	<span style="color: orange;">●</span>	↑	19
13	Number of TTG Patients Waiting >52 weeks	2023-24 Planned Care Reduction Target	<span style="color: green;">●</span>	<span style="color: green;">●</span>	↑	20
14	Diagnostics: Scope Activity	2023-24 Planned Care Reduction Target	<span style="color: green;">●</span>	<span style="color: green;">●</span>	↑	22
15	Diagnostics: Scope Waiting List	2023-24 Planned Care Reduction Target	<span style="color: orange;">●</span>	<span style="color: green;">●</span>	↑	23

Contents (Continued)

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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
16	Unscheduled Care: A&E Attendances (For Information)	For Information	●	●	↓	25
17	Unscheduled Care: A&E 4 Hour Waits	National Target	●	●	↑	26
18	GP Out Of Hours: Number of Scheduled Shifts Open	Local Target	●	●	→	27
19	Delayed Discharges: Number of Acute Delayed Discharges	Local Target	●	●	↓	28
20	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target	●	●	↓	29
21	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Monthly Average Position	●	●	↓	30
22	Rationale for Control Limits Applied					31

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 October 2023 (with the exception of quarterly data which reflects the latest available quarterly reporting period). The report reflects the following:

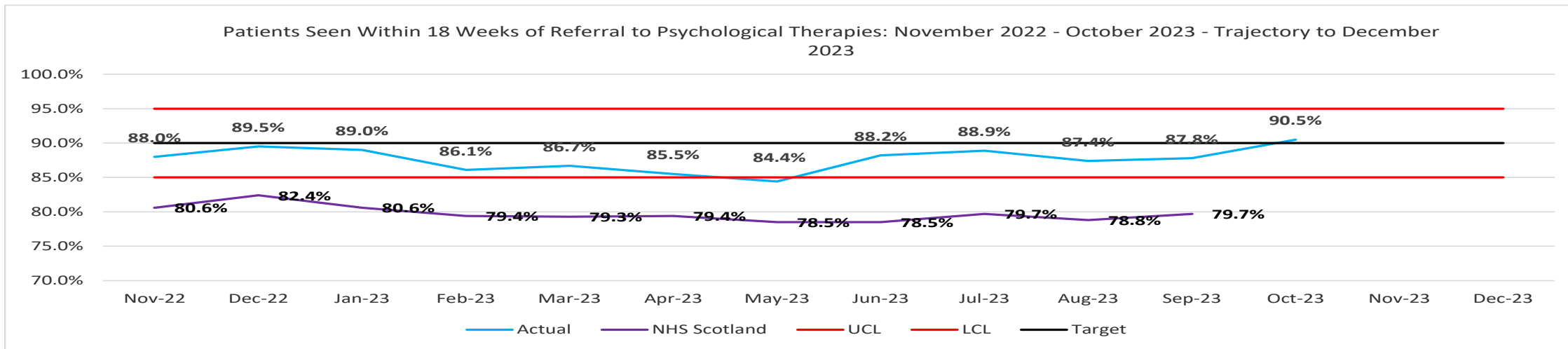
- The measures outlined in the 2023-24 Annual Delivery Plan approved by the Scottish Government (SG).
- Key national and local targets.
- The 2023-24 planned care reduction targets approved by the SG relating to new outpatients, inpatient/daycases and eight key diagnostic tests in line with the joint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

During October 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 Acute Services where steady progress continued to be made in relation to our planned care activity targets in that during the period April - October 2023 planned activity targets were exceeded for new outpatients, TTG and scopes. Also in terms of Mental Health, there continues to be an ongoing reduction in the number of long waiting CAMHS patients in that our local management information highlights as of 22 November 2023, the longest wait in weeks was >26 weeks with two patients waiting in this time band. Similarly, CAMHS performance against the national waiting times standard of 90% remained positive with current performance (97.4%) continuing to exceed national target and the ADP trajectory for October 2023. Also access to Psychological Therapies improved on the previously reported position with current performance (90.5%) exceeding the national target of 90%. Access to GP Out of Hours (OOH) service also remains positive where the number of scheduled shifts that remained open (99.7%) continued to by far exceed the planned position of 90%.

This progress has been made despite the continuing pressures across the health and care system and our ability to treat, discharge and admit patients from our Emergency, linked particularly to the systems ability to move patients fit for discharge to their next care setting. There were a total of 299 patients across acute hospitals medically fit for discharge remaining in a hospital bed in October 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. Performance in relation to the 31 day cancer target (91.4%) was below the 95% target in October 2023. Whilst the October 2023 position in relation to the 62 day cancer target saw an improvement (66.4%) on the September 2023 position (65.7%) performance remains a challenge due to the significant increase 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 October 2023, eight of the 21 measures that can be tracked against trajectory are currently delivering against trajectory and rated green, six 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 October 2023, **90.5%** eligible referrals were seen <18 weeks of referral, within the expected position of 87.0%. **3.5% above the trajectory of 87% and 0.5% above the national target of 90%.**

### Current Position Against National Target:

National target 90%. Performance remains above the national position of 79.7% for the latest published month ending September 2023.

### Projection to 31 March 2024:

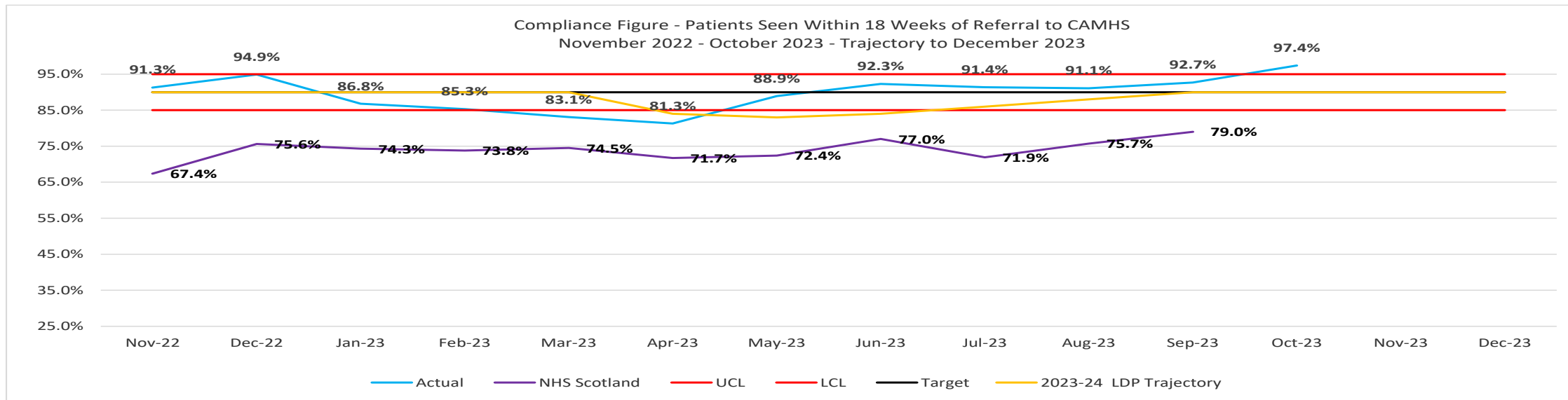
**Current performance is exceeding the national target of 90%.**

## Key Actions

Performance is currently exceeding the planned position for October 2023. Services have continued to prioritise long waiting patients alongside the total number of patients waiting. Local Management Information for the week ending 3<sup>rd</sup> December 2023 reported a total of 20 patients waiting >52 weeks. An example of services prioritising long waits can be seen in the North East Sector of Glasgow where collectively services have reduced the total number waiting and the numbers waiting longest. The North East Adult Mental Health Services are trialling the pooling of resources from (1) local operational management support, (2) shorter-term peripatetic support, (3) services in other HSCPs, and (4) employing group based interventions. During the last six months, the total number of referrals waiting for treatment in the North East Primary Care Mental Health Team had reduced from 400 to <90 people by November 2023. The longest waits have also reduced from >52 weeks to 33 weeks.



## 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 October 2023 **97.4%** of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, above the 2023-24 ADP trajectory of 90% for October 2023 and above the national target of 90%. **Above the 2023-24 ADP target by 7.4%.**

#### Current Position Against National Target:

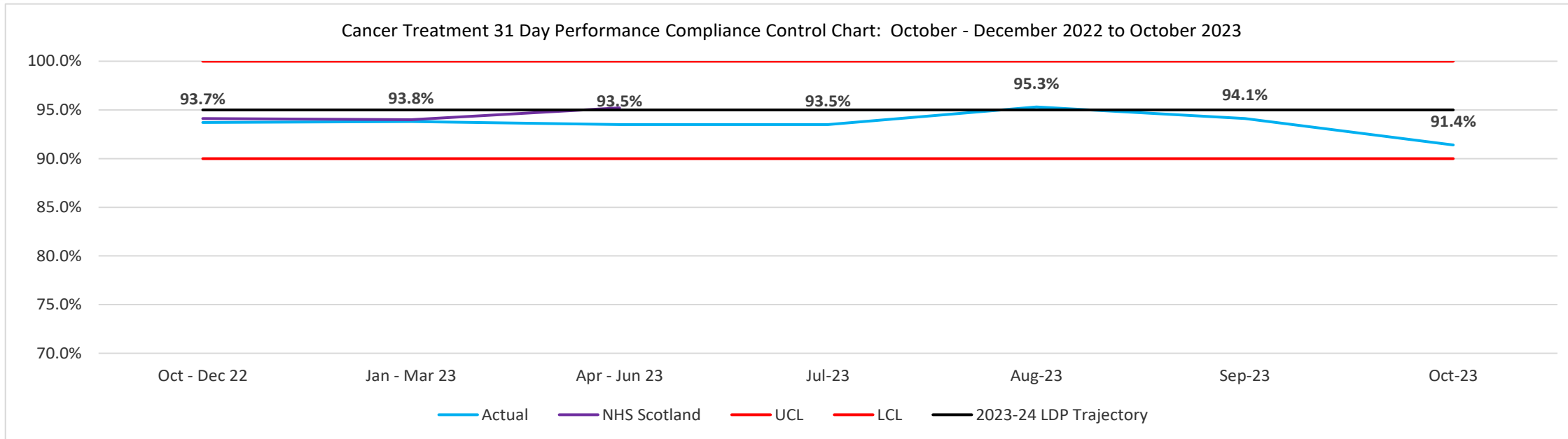
National Target 90%. Performance for the latest monthly published position (September 2023) was 92.7%, above the national position of 79.0%.

#### 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 sixth 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 provisional position is **91.4%** (541 of the 592 eligible patients started treatment within 31 days) for the month ending October 2023, a 2.7% decrease on the September 2023 position and below **target by 3.6%**.

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

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

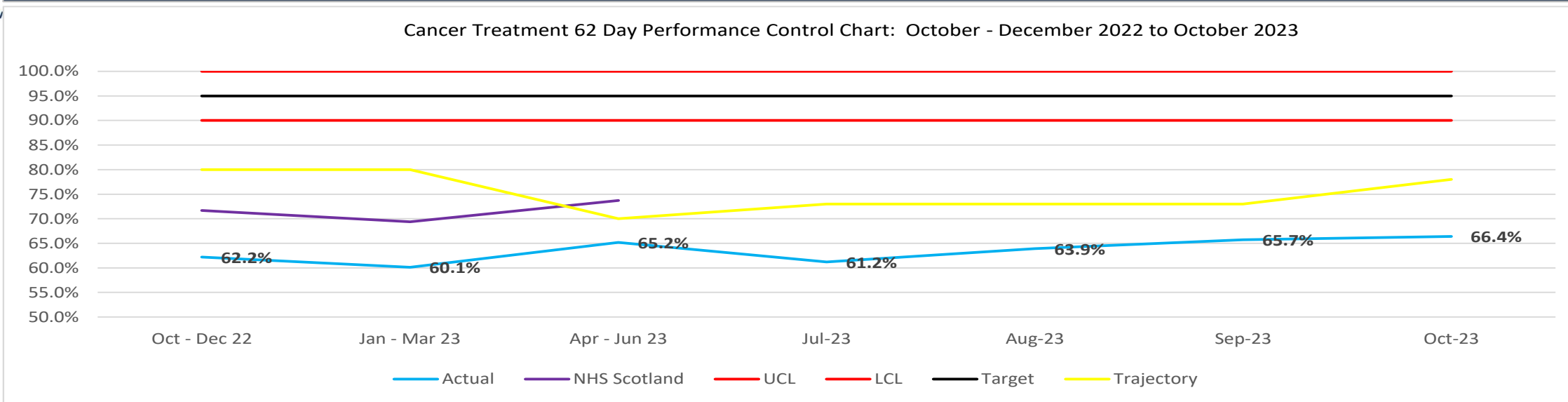
#### **Projection to 31 March 2023-24:**

**The 2023-24 Annual Delivery Plan target remains at 95% to be achieved target in March 2024.**

#### Key Actions

Current performance highlights a decrease on the previous months' performance. Six of the 10 cancer types exceeded the 95% target. The cancer types below target are Colorectal (85.5% - 71 of the 84 eligible referrals started their treatment within 31 days), Melanoma (94.6% - 35 of the 37 eligible referrals started their treatment within 31 days), Urological (84.0% - 137 of the 163 eligible referrals started their treatment within 31 days) and Head and Neck (84.8% - 28 of the 33 eligible referrals started their treatment within 31 days). Actions to address performance in relation to tumour types more challenged are outlined in slide numbers 9 and 10.

## 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 provisional position is **66.4%** (259 of the 390 eligible referrals were seen) for the month ending October 2023, an improvement on the previous month's position of 65.7% and **below the trajectory of 78%**.

#### 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 slides.**

In terms of volume of patients, the main challenges to performance continue to be in Colorectal (41.8% - 23 of the 55 eligible referrals started their treatment within 62 days) however, the volume of USOC referrals has increased by 74% on pre-pandemic levels, and Urology (45.0% - 45 of the 100 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 October 2023, include Head and Neck (35.7% - five of the 14 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 (83.3% - 15 of the 18 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. USOC referrals increased by 54%, increasing from 43,821 in 2019-20 to 67,504 in 2022-23 across all cancer types.
- The Scottish Government (SG) review of systems and processes commenced on 6 July 2023. An initial draft report has been shared and is supporting additional areas of focus. Work is underway to embed the Framework for Effective Cancer Management and a further meeting with the SG has been scheduled for January 2024.

### **Colorectal October 2023 Performance: 41.8% - 23 of the 55 eligible referrals started their treatment within 62 days of referral. (Below the October - December 2023 Colorectal trajectory of 60%)**

- Colorectal performance reduced from 48.3% in September to 41.8% in October 2023. Overall activity remained stable with 55 eligible referrals in October, compared to 58 in September 2023.
- 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 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 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 patients waiting over 14 days for outpatient clinic in order to meet the trajectories to reduce the outpatient wait to 14 days.

### **Head & Neck October 2023 Performance: 35.7% - 5 of the 14 eligible referrals started their treatment within 62 days of referral. (Below the October - December 2023 Head & Neck trajectory of 85%)**

- Head & Neck (H&N) performance decreased from 45.0% in September 2023 to 35.7% in October 2023. Patient activity decreased from 20 referrals in September 2023 to 14 in October 2023.
- Within ENT, additional outpatient clinics continue to run to see and diagnose patients.
- 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.
- The bids for the Optimal H&N Pathway were submitted to SG on 23 November 2023 are now under review with confirmation expected by mid-December 2023. If successful, the bids will facilitate the following:
  - ENT Diagnosis Hub at the QEUH, significantly increasing capacity and reducing waiting times for rapid diagnosis;
  - ENT Ultrasound Service expansion, develop and train 2 Sonographers to support service expansion. This additional capacity will support faster diagnostics at the front end of the H&N pathway; and
  - Five digital pathway reporting stations, to permit 5 H&N pathologists working in NHSGGC to report pathology cases quicker by allowing a fully digital workflow. To improve turnaround time of pathology samples to ensure patients have the required information available for full Multi-Disciplinary Team discussion.

#### 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)

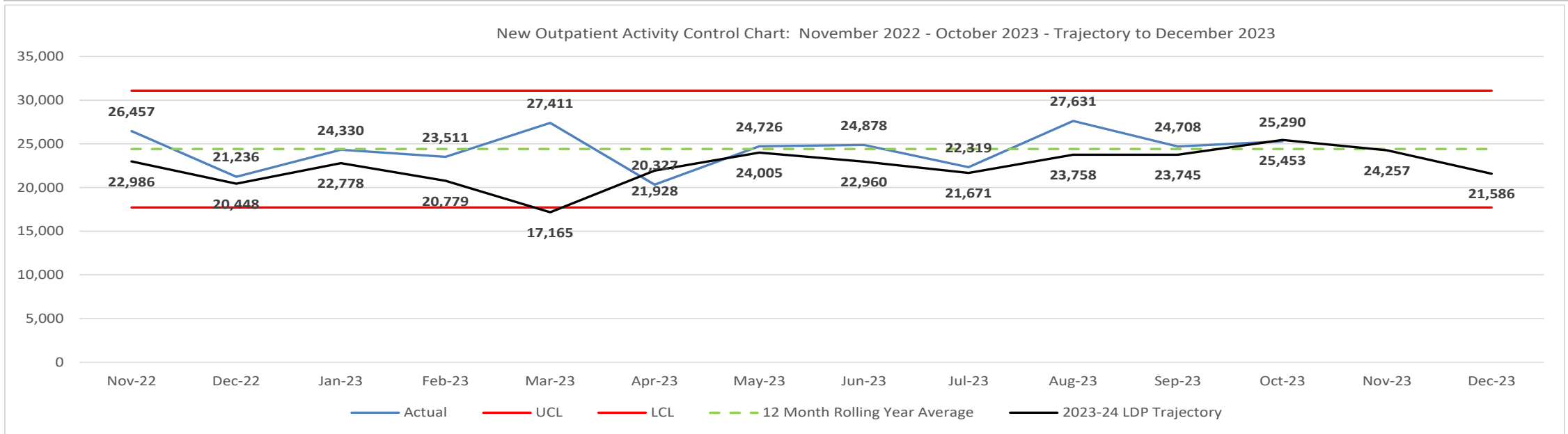
##### **Upper GI October 2023 Performance: 83.3% - 15 of the 18 eligible referrals started their treatment within 62 days of referral. (Below the October - December 2023 Upper GI trajectory of 86%)**

- Upper GI performance increased from 68.0% in September 2023 to 83.3%. Overall activity reduced slightly to 18 eligible referrals in October 2023, compared to 25 in September 2023. Endoscopy actions noted above continue to support the Upper GI position.
- After seeking best practice and comparison of performance across other boards, the GI Pathway Group is currently reviewing the Lothian pathway and the redesign/resource that would be required to implement. The next Group meeting is in December 2023 and further progression will be agreed with clinical leads.

##### **Urology October 2023 Performance: 45.0% - 45 of the 100 eligible referrals started their treatment within 62 days of referral. (Below the October - December 2023 trajectory of 55%)**

- Urology performance improved from 36.0% in September 2023 to 45.0% in October 2023. Activity increased to 100 eligible referrals in October 2023, compared to 89 in September 2023.
- 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. Two TRUS biopsy sessions are currently in place at Inverclyde Royal Hospital (seeing six patients per session, 12 per week), an additional 0.5 session is being progressed for a Specialty doctor. 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.
- 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 number of Oncology Outpatient WLIs have been implemented.
- There have been no applicants for the additional substantive post. A part time locum appointment started in October 2023.
- 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.
- 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 into the next calendar year.

## 5. New Outpatient Activity



Please note: data relating to October 2023 is provisional.

### Summary

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

A total of **169,879** new outpatients were seen during the period April - October 2023, above the 2023-24 Annual Delivery Plan trajectory of 163,520. **Exceeding trajectory by 4%.**

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

No national position relevant.

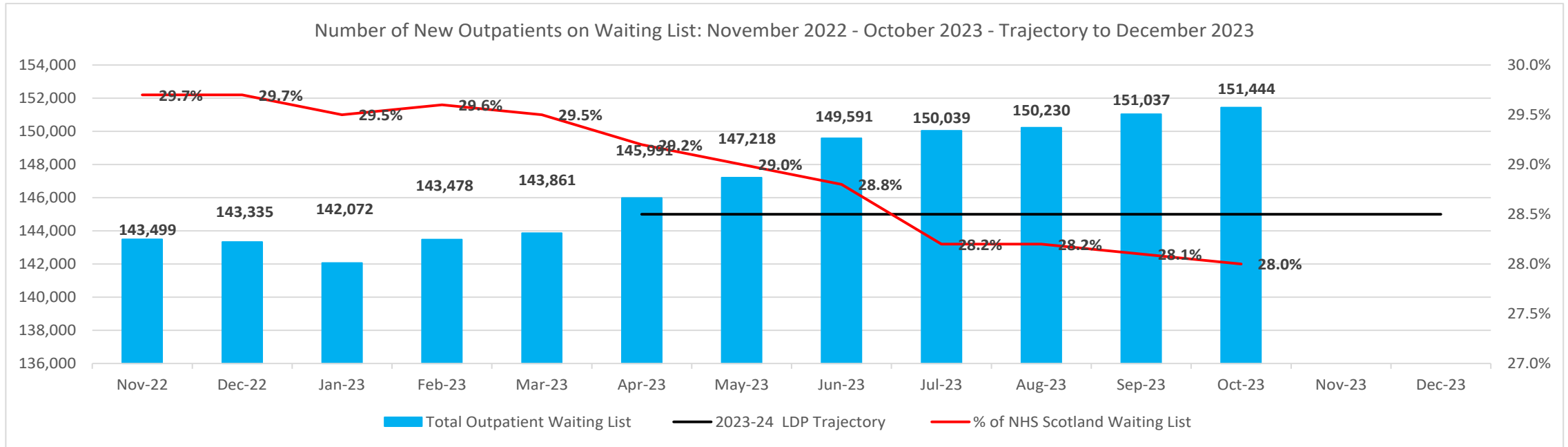
#### **Projection to 31 March 2024:**

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

### Key Actions

New outpatient activity is 4% above the 2023-24 Annual Delivery Plan trajectory for the period April - October 2023. Actions supporting this are outlined in slide 15.

## 6. New Outpatient Wait List



Please note: data relating to October 2023 is provisional.

### Summary

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

As at the end of October 2023, there were a total of **151,444** patients waiting for a new outpatient appointment, above the 2023-24 Annual Delivery Plan trajectory of 145,000 by October 2023. **Above trajectory by 4%.**

#### Current Position Against National Position:

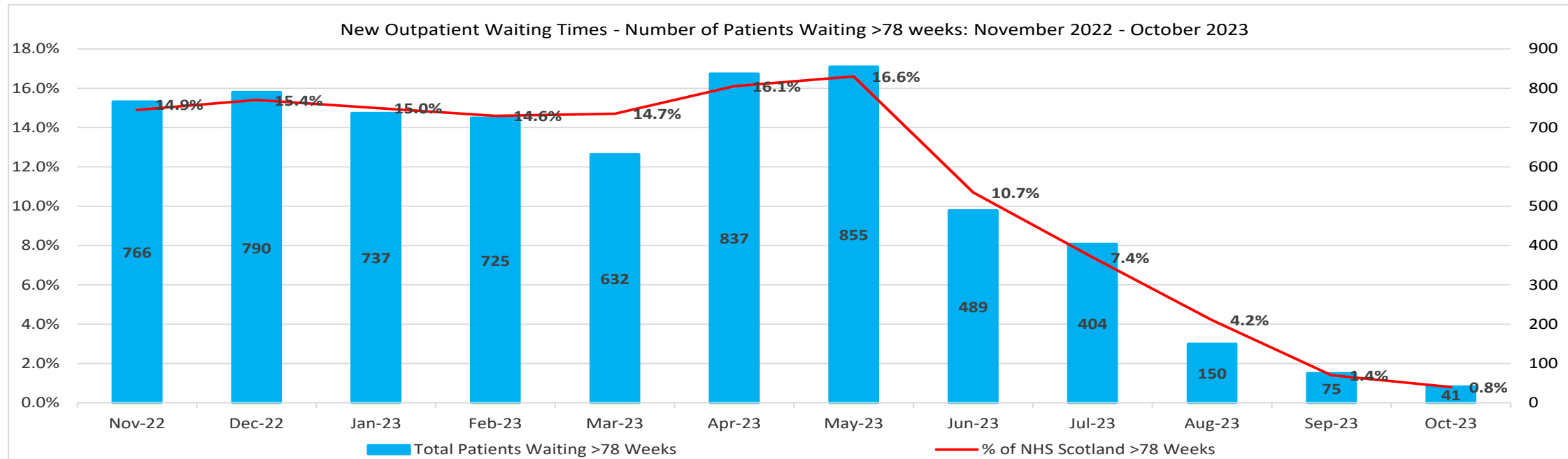
28.0% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of October 2023 were NHSGGC patients.

#### 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.**

The end of October position reflected a spike following the October week annual leave.

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



Please note: data relating to October 2023 is provisional.

### Summary

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

At the end of October 2023, there were a total of **41** new outpatients waiting >78 weeks for a first new outpatient appointment, a further 45% reduction on the previous months' position. Whilst this is a significant improvement on the previous months' position, current performance is marginally above the 2023-24 Annual Delivery Plan reduction target of no new outpatients waiting >78 weeks by June 2023.

#### Current Position Against National Position:

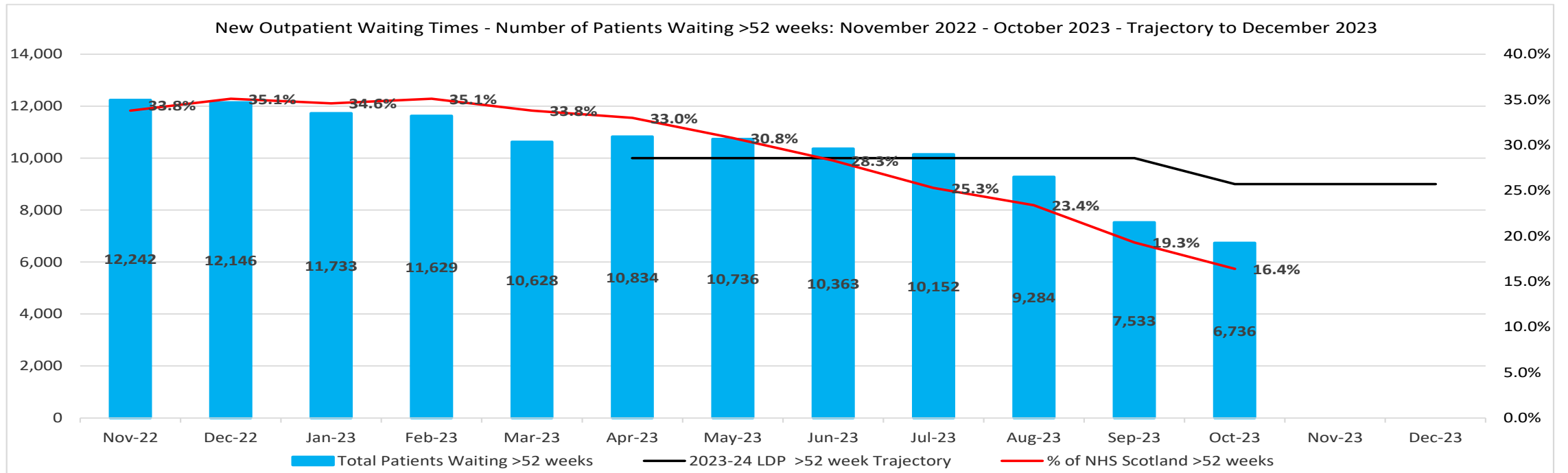
0.8% of NHS Scotland's total patients waiting >78 weeks for a first new outpatient appointment at the end of October 2023 were NMSGC patients.

#### 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 and the forecast is that no new outpatients will be waiting >78 weeks by March 2024.**

Actions to reduce long waiting patients are outlined on slide number 15.

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



Please note: data relating to October 2023 is provisional.

### Summary

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

At the end of October 2023, there were a total of **6,736** patients on the new outpatient waiting list waiting >52 weeks for an appointment. Current performance is within the 2023-24 Annual Delivery Plan trajectory of no more than 9,000 new outpatients to be waiting >52 weeks by the end of December 2023. **34% within trajectory.**

#### Current Position Against National Position:

16.4% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of October 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. Current performance is ahead of the year end planned position.**

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

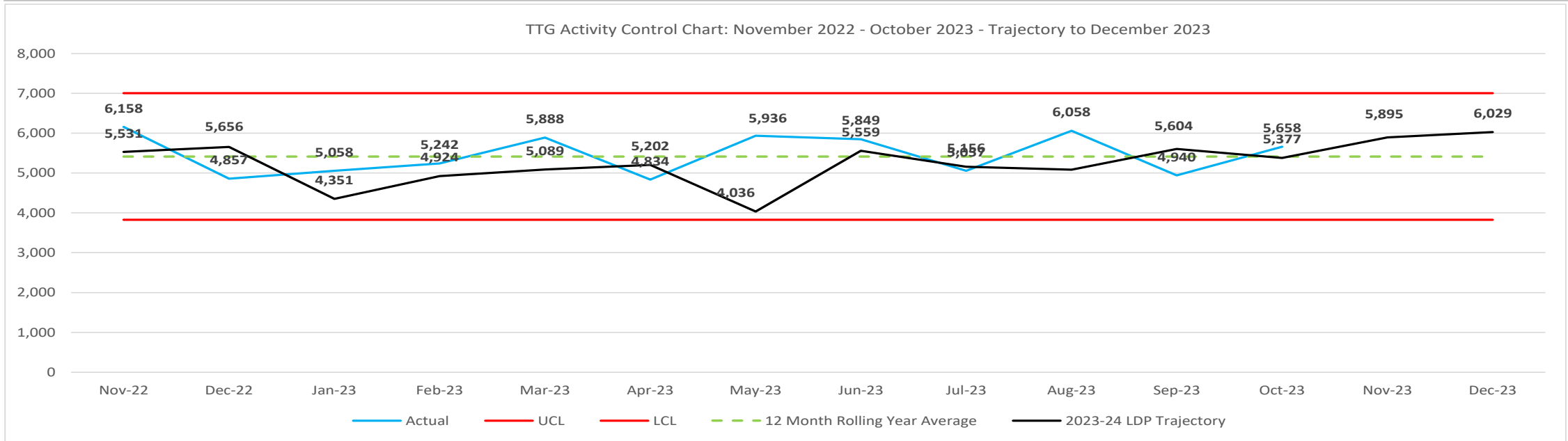
Key actions in place to help reduce the number of long waiting new outpatients include the following:

- Ophthalmology remains the specialty with the highest remaining number of patients >78 weeks however, the service has successfully increased capacity through a locum consultant appointment and realigned subspecialty capacity to glaucoma appointments in order to book these patients. Patient cancellations are being managed in line with the agreed Access Policy to ensure maximum utilisation of available capacity. The overall capacity in Ophthalmology is a challenge to meet demand. Progress is being made with the NESCAT - community glaucoma project with over 350 patients now discharged for community care. Further assessment of suitable patients is being made to free up return capacity.
- Gynaecology have sustained their improvement of having no patients waiting >78 weeks unbooked in recent weeks. Co-ordination of capacity from insourcing and base capacity is supporting this improved position.

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

- Trauma and Orthopaedic services have been utilising additional ANP (ESP) capacity to address the review and management of long waiting patients. The wait for spinal specific services is a significant challenge and options for extending the support of ANP's in this area of service delivery are being progressed.
- Ophthalmology currently have 1,975 patients who, if unbooked, would be waiting >52 weeks at the end of December 2023. Maximising available slots is a priority with daily reconciliation of available appointments to ensure cancelled slots are re-offered.
- Gynaecology have the greatest challenge with the management of 2,959 patients to be delivered by end of December 2023. 1,079 patients are booked and Waiting List Initiative (WLI) clinics continue to target the longest waiting patient group. An extension to the insourcing contract will also ensure a sustained reduction in the waiting time that can be delivered. A pathway for post menopausal bleeding has been implemented across NHSGGC to ensure only patients requiring clinical review are referred in line with the national guideline.

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



Please note: data relating to October 2023 is provisional.

### Summary

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

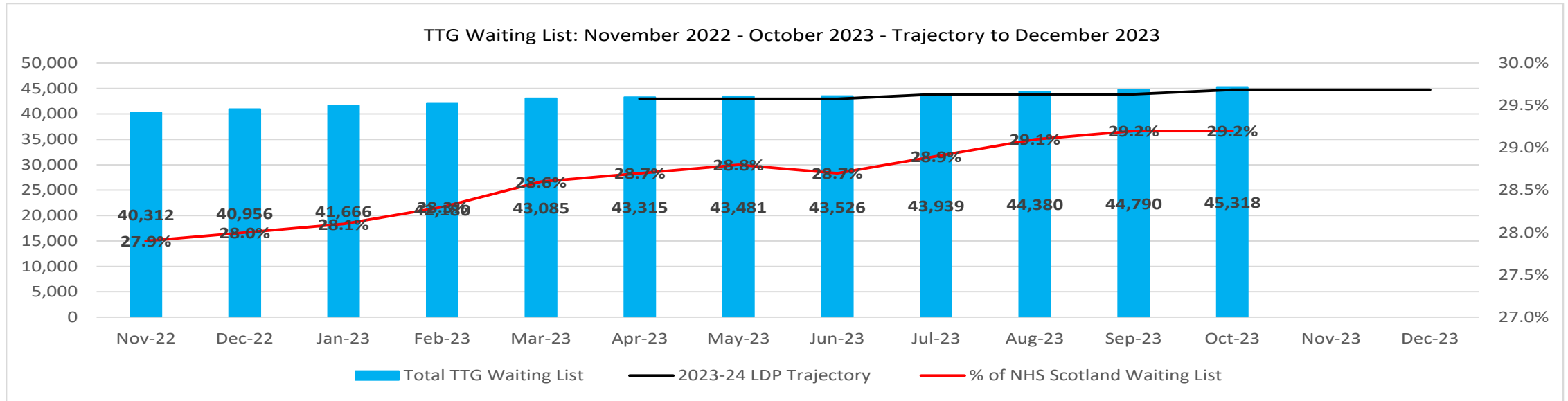
A total of **38,332** patients were seen during the period April - October 2023, above the 2023-24 ADP trajectory of 36,020 for the period April - October 2023. **Exceeding trajectory by 6%.**

#### 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.**



Please note: data relating to October 2023 is provisional.

## Summary

### Current Position (including against trajectory):

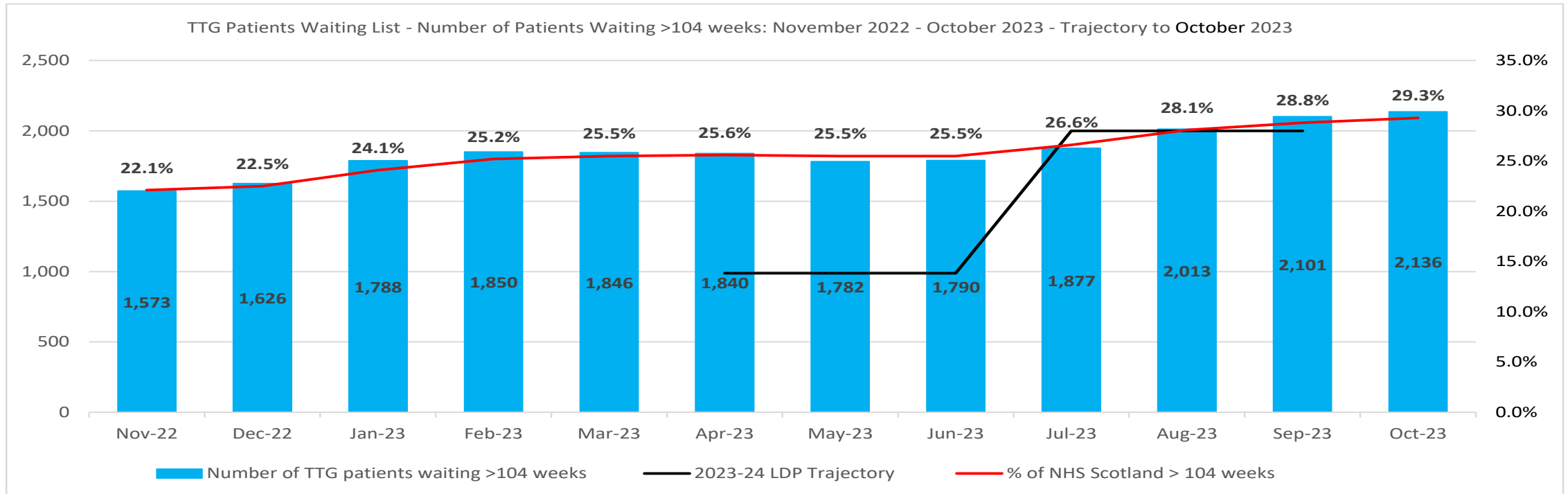
At the end of October 2023, there were a total of **45,318** patients on the TTG waiting list waiting for an inpatient/daycase procedure, an increase on the previous months' position and marginally above the 2023-24 Annual Delivery Plan target of no more than 44,761 TTG patients on the TTG waiting list by December 2023. **1% above trajectory.**

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

29.2% of NHS Scotland's total TTG patients waiting at the end of October 2023 were NBSGGC patients. **2023-24 Annual Delivery Plan target of no more than 45,657 patients on the TTG waiting list by March 2024. Current performance is ahead of the year end planned position.**

Current performance is marginally above the planned position for October 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 one of the challenges to increasing the number of adult sessions across the sectors in a consistent manner. Actions to reduce the number of patients on the waiting list are outlined on slide number 21.

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



Please note: data relating to October 2023 is provisional.

### Summary

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

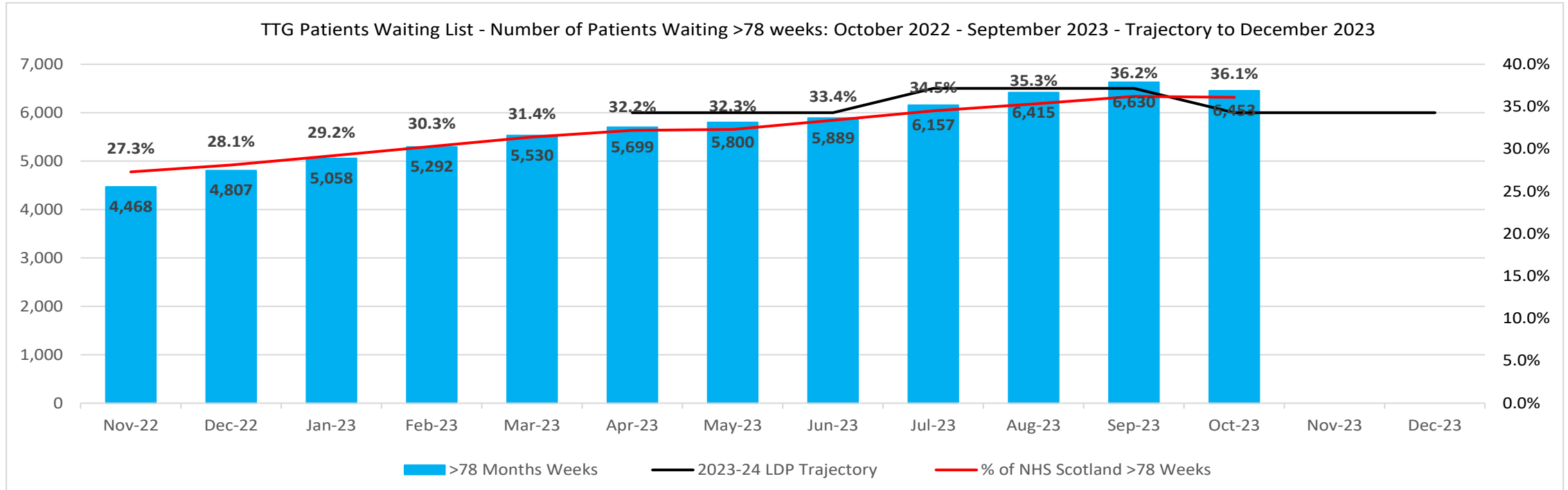
At the end of October 2023, there were a total of **2,136** TTG patients waiting >104 weeks for an inpatient/daycase procedure on the TTG waiting list. **Current performance is 7% above the revised position of under 2,000 TTG patients waiting in this timeband.**

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

29.3% of NHS Scotland's total patients waiting >104 weeks at the end of October 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 number 21.

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



Please note: data relating to October 2023 is provisional.

### Summary

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

As at October 2023 month end, a total of **6,453** TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, above the 2023-24 ADP target of no more than 6,000 by December 2023. **Above trajectory by 7.6%.**

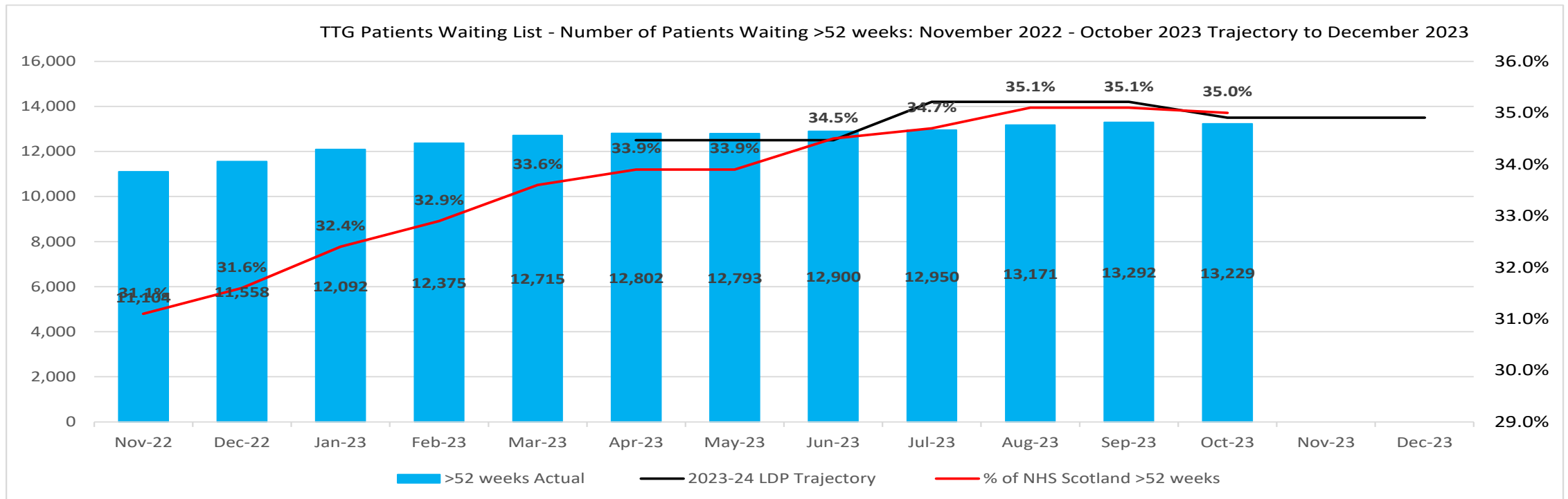
#### **Current Position Against National Position:**

36.1% of NHS Scotland's total patients waiting >78 weeks at the end of October 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



Please note: data relating to October 2023 is provisional.

#### Summary

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

At the end of October 2023, there were a total of **13,229** 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 13,500 by December 2023. **Ahead of trajectory by 2%.**

##### Current Position Against National Position:

35.0% of NHS Scotland's total patients waiting >52 weeks at the end of October 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. Current performance is ahead of the planned position for March 2024.**

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

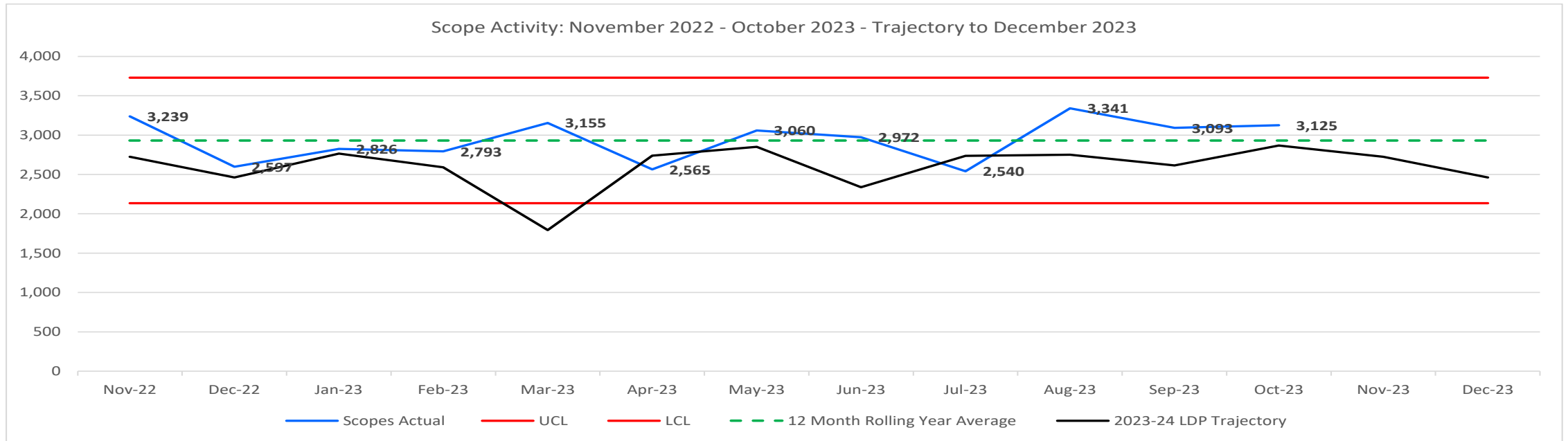


### Key Actions

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

- Increasing elective session delivery across the sites has been the focus of review with Operational teams. Nurse staffing including sickness and vacancy positions have been assessed by site and sector. An outline plan to achieve incremental increase in theatre sessions has been developed. Sector teams are outlining requirements to achieve this level of regular delivery.
- It is recognised that the staff training programme in theatres is an integral part of service delivery. Programmes are running at each sector to support dual training covering anaesthetic and scrub skills. Options for accelerating these training programmes are being prioritised.
- Increased level of Paediatric ENT sessions has been supporting a reduction in the longest waiting patient group. The number of patients waiting >104 weeks has reduced from 154 at the end of June 2023 to 54 at the end of October 2023.
- Trauma and Orthopaedic TTG patients continue, by volume, to create the greatest pressure for long waiting patients. There are currently 1,054 patients, who if not treated, will have waited >104 weeks for care by the end of December 2023. Capacity is being utilised across the sites to support the management of this patient group. An proposal for increasing Orthopaedic sessions at Gartnavel General Hospital (GGH) has been supported to provide up to an additional six sessions a week being reinstated on the GGH site for priority waiting patients. The first of the session changes commenced 30 October 2023. Changes already made in extending orthopaedic bed capacity at weekends is resulting in increased arthroplasty patient capacity and supporting WLI sessions being delivered at weekends.
- Full use of the GJNH allocated capacity for Orthopaedics, Ophthalmology and the small allocation for General Surgery. Challenges with workforce has limited Orthopaedic patient numbers with 86% of the expected joint SLA being delivered. Close liaison with GJNH operational staff to ensure sufficient patient referrals and patient preparation undertaken to maximise available capacity.
- Notification has been received that Forth Valley National Treatment Centre capacity for Orthopaedic activity will not be available this fiscal year (NHSGGC had expected 1,086 patients to be seen in 2023-24). Discussions have been progressed to agree the management of long waiting patients from other patient groups as substitution for the lost capacity.

## 14. Diagnostics: Scope Activity



Please note: data relating to October 2023 is provisional.

### Summary

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

A total of **20,696** scopes were carried out during the period April - October 2023, above the 2023-24 Annual Delivery Plan trajectory of 18,897. **Exceeding trajectory by 10%.**

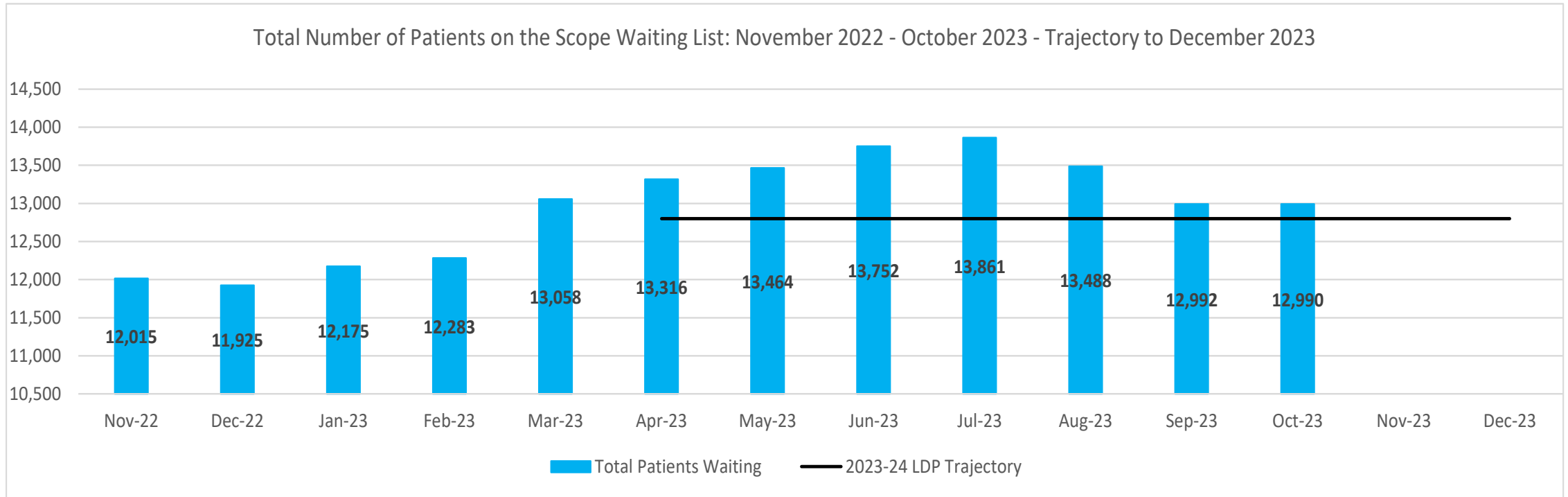
#### Current Position Against National Target:

No national target relevant.

#### Projection to March 2024:

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

## 15. Diagnostics: Scope Waiting List



### Summary

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

As at October 2023 month end, there are **12,990** patients on the overall waiting list, remaining fairly static on the previous months' position and marginally above the 2023-24 Annual Delivery Plan trajectory of no more than 12,800 patients on the Scopes Waiting List by October 2023. **1.5% 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.**

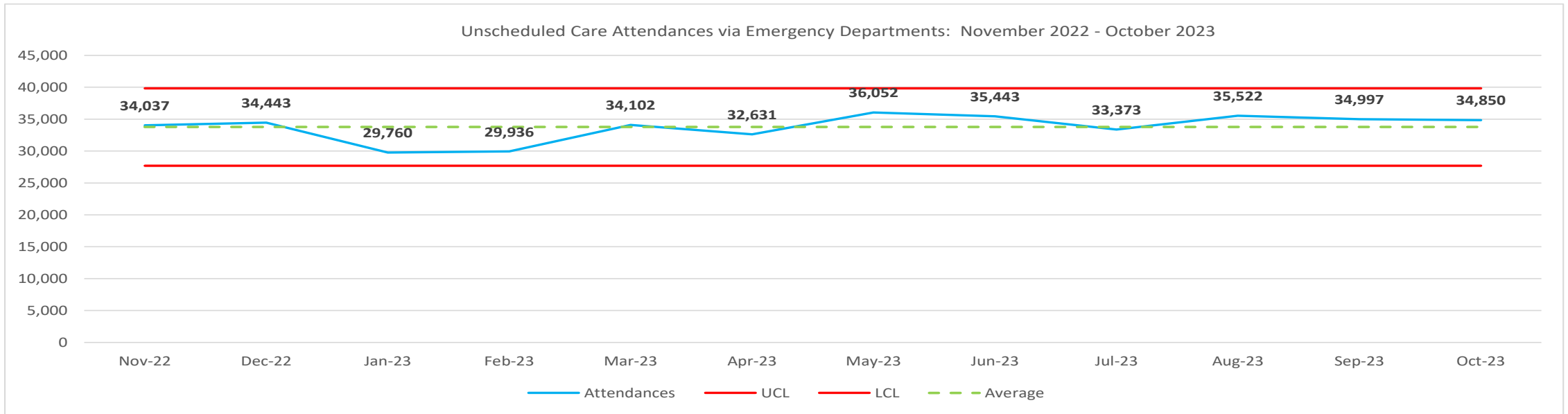
Actions to reduce the number of patients waiting are outlined on the next slide.

## 15. Diagnostics: Scope Waiting Times: Actions in place to reduce long waiting Scopes patients (Continued)

### Key Actions

- Trained Nurse Endoscopist staff numbers have increased and now slightly exceed pre-COVID levels at 19.4 wte compared to 17.15 wte pre-COVID however, the skills profile within the service has changed with 47% working at Band 8a compared to 60% pre-COVID, 38% of Band 7 staff still on their post training consolidation year where they have reduced sessions/patients on lists until further experience is gained.
- Base/core capacity in Endoscopy continues to be supported by additional capacity from WLLs, locum provision, external commissioned mobile unit, and increased provision of scope capacity from the Golden Jubilee National Hospital (GJNH).
- Insourcing support to deliver increased activity at weekends at the Queen Elizabeth University Hospital (QEUH) is now in place with significant impact on bowel screening waiting times following the start of this resource at the end of September 2023. The waiting time for a bowel screening scope date to be offered has halved.
- Priority areas for continued investment have been developed to generate increased recurring capacity. A number of initiatives have been approved for the last quarter and plans are being developed by the service that would increase base capacity sessions within the south sector.

## 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 **242,868** A&E attendances (including MIU attendances) were reported during the period April - October 2023. Current performance represents a 2% increase on the 238,394 reported during the same period last year. **No 2023-24 monthly trajectory has been agreed.**

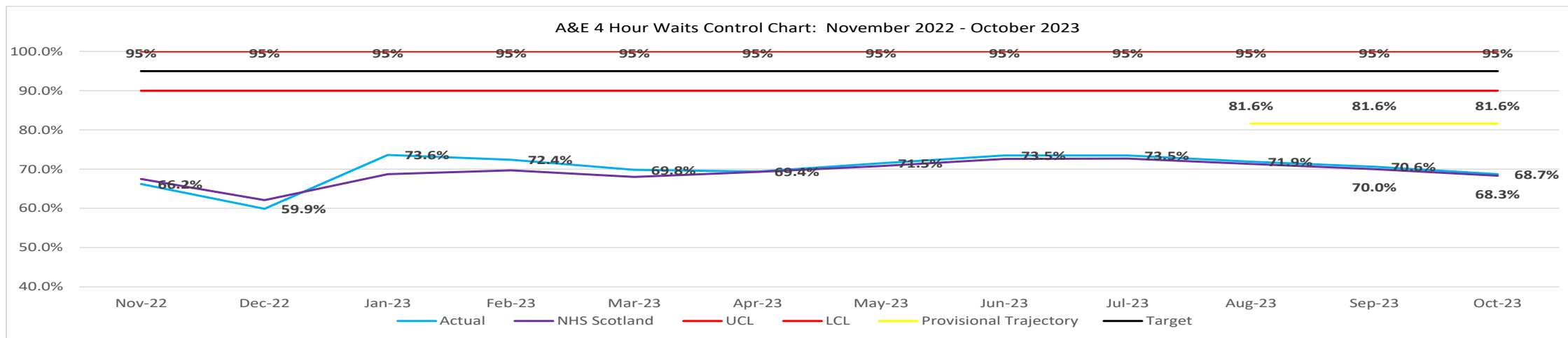
#### **Current Position Against National Target:**

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 **68.7%** of patients seen within four hours, a reduction on the previous months position of 70.6%. Local management information for week ending 3 December 2023 shows an improvement in overall compliance at 71.0%. Performance remains below the national target of 95%.

#### Current Position Against National Target:

NHSGGC's performance was above the latest national published position of 68.3% for October 2023 and overall performance is in line with the national trend.

#### Projection to 31 March 2024:

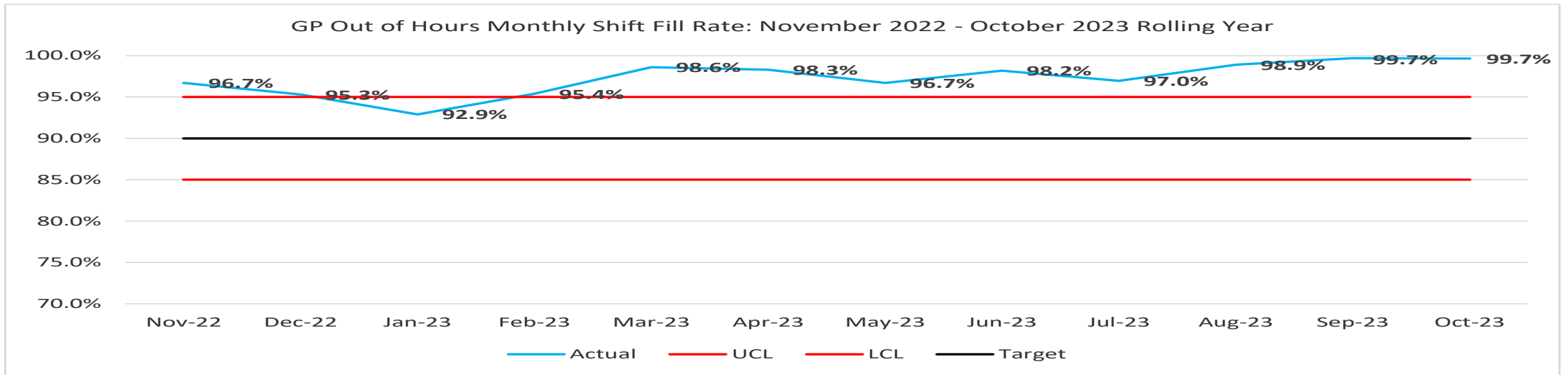
National target 95%. Provisional Quarter 3 trajectory of 81.6% (included in recent Unscheduled Care Funding Bid to SG).

### Key Actions

- A winter campaign is underway with the focus remaining on discharging patients ready to go home as part of our 'Home for Lunch' campaign. An awareness campaign for staff, patients and carers of services available outside an acute setting is completed and due for launch ahead of the Festive period.
- The implementation of our refreshed redirection pathways to ensure our patients are seen and treated in an appropriate setting went live 8.00pm - 8.00am with plans to increase opening hours 24/7 by the end of 2023. Engagement with sites is ongoing to ensure the new policy is adhered to and all patients redirected are accurately recorded and the outcome from redirection noted.
- Based on the last eight weeks (week ending 1 December 2023) progress continues to be seen around our High Impact Changes for unscheduled care. The Flow Navigation Centre (FNC) closed 45.8% of all calls (an improvement on the 34.2% baseline), 341 OPAT bed days were avoided and 56.2% of assessment unit patients are discharged without admission (baseline 55.1%).



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



### Summary

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

In October 2023, **99.7%** (287) of the 288 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the target by 9.7%.**

**Current Position Against National Target:**

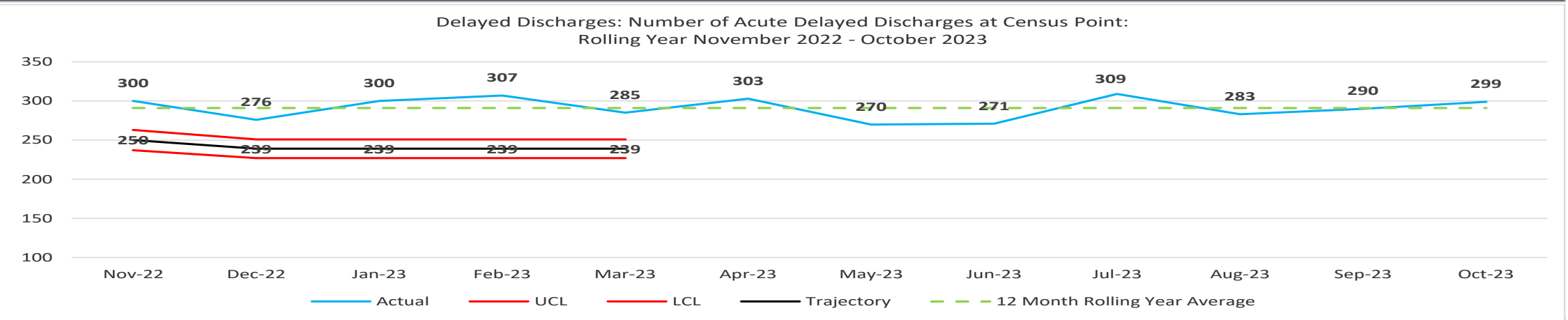
No relevant national target.

**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 **299** Acute delayed discharges were reported at the monthly census point for October 2023, a **3% increase on the previous months' performance**. Local Management Information for 4 December 2023 reported a total of 296 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:

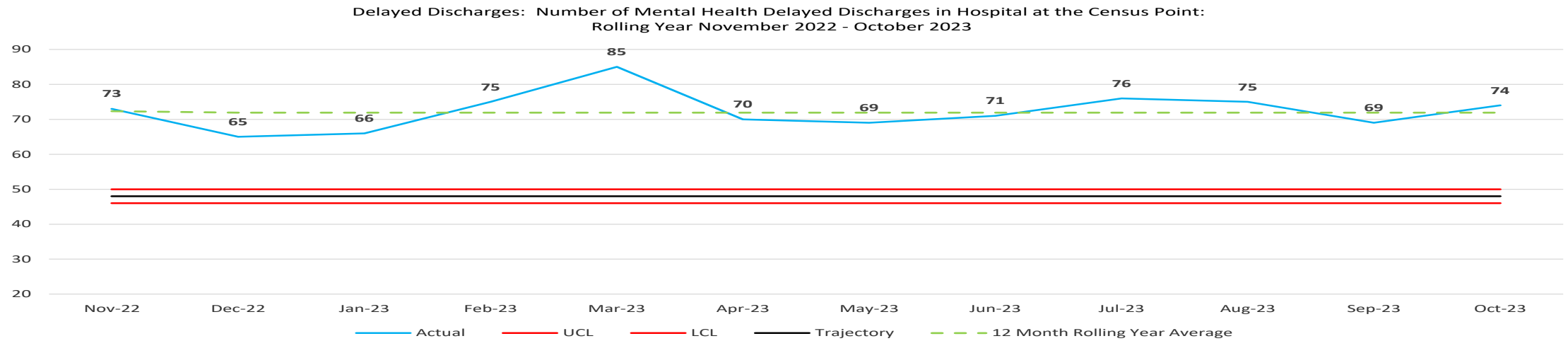
**Trajectory for Delayed discharges is currently being agreed as part of the Assurance Information Framework and it is proposed to be 243. This is split 190 for NHS GGC and 53 related to other local authorities.**

### Key Actions

Performance in relation to Acute delayed discharges remains a significant challenge. Complex delays account for 198 (66%) of the 299 Acute delays reported in October 2023. Of the total number of Acute delays reported, 54% (161) are from Glasgow City HSCP and 19% (57) from other local authorities. Improvement actions include:

- The weekly social work meetings with other Local Authorities continues and is having a positive impact in some areas i.e. Argyll & Bute - acute delays reduced from 14 reported last month to 12, in South Lanarkshire acute delays reduced from 15 last month to 13 and work is underway to the remaining 27 from other local authorities.
- The support in place to help reduce delays across HSCPs experiencing challenges is also having a positive impact in some areas i.e. East Renfrewshire delays reduced from 18 acute delays last month to 11 and Renfrewshire reduced from 11 acute delays last month to nine. Other areas have still to see an impact most notably Glasgow City, West Dunbartonshire (27 delays), East Dunbartonshire (21 delays) and Inverclyde (13 delays) HSCPs.
- The electronic Specialist Multi-Disciplinary Assessment Tool (SMAT) trial is underway and if no issues raised, the electronic form will be rolled across all acute wards in NHSGG&C on 11 December 2023.
- The electronic home care form is now live in Renfrewshire, East Renfrewshire and Inverclyde HSCPs for IRH and RAH patients. Both East and West Dunbartonshire HSCPs also went live with the electronic home care form on 4 December 2023. On this date, the electronic home care form will also be rolled out across all acute wards in NHSGGC for the above five HSCPs.

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



### Summary

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

Currently **74** Mental Health delayed discharges were reported at the monthly census point for October 2023, a **7% increase** on the previous months' position. **Performance remains above the monthly trajectory of 48.** Local management information for 3<sup>rd</sup> December 2023 reported a total of 88 Mental Health delays, a further increase on the monthly census data.

#### Current Position Against National Target:

No national target relevant.

#### Projection to 31 March 2024:

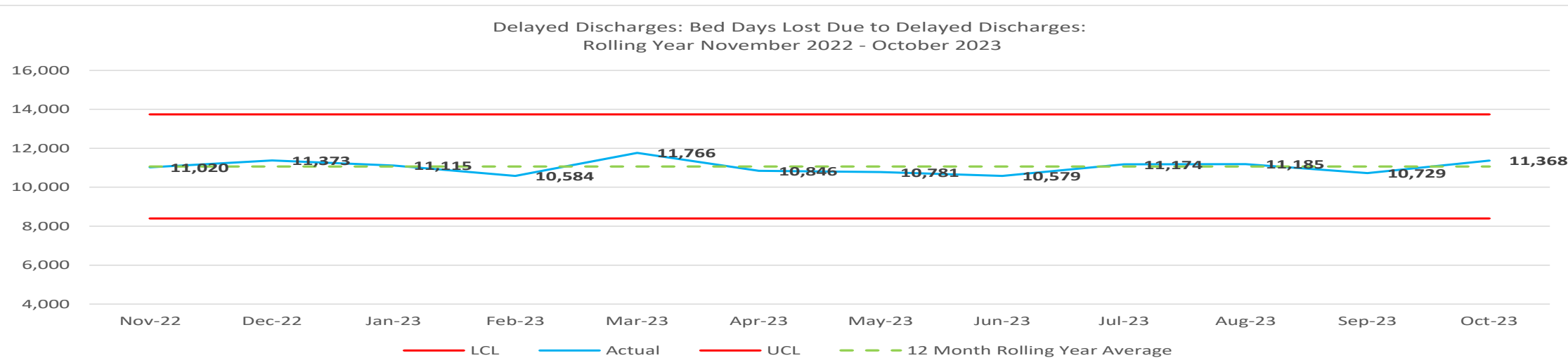
**No more than 48 delays by March 2024. This target is currently being reviewed as part of the Assurance Information Framework.**

### Key Actions

Overall performance remains a challenge. Of the total delays reported across NHSGGC, 58 are Glasgow City residents (five more than the previous month) comprising 21 LD patients, six Forensic Psychiatry patients and 31 Glasgow City HSCP Adult Mental Health and Older People Mental Health patients. Other mental health delays are reported in West Dunbartonshire (4), Renfrewshire (5), East Dunbartonshire (1), Inverclyde (1) HSCPs and 5 from other local authorities. Actions to improve this include:

- Glasgow City has set up a Steering Group to look at those patients ready for discharge to move to supported accommodation including reviews and assessments of all patients to identify appropriate support and accommodation.
- 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 to help reduce referrals becoming a delay.
- The main reason for both 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 to influence 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 **11,368** bed days were lost to delayed discharges during October 2023, a **6% 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

October 2023 saw a 6% increase in the number of bed days lost to delayed discharge. In addition to the actions outlined in the previous slides, the following actions are also underway:

- The 'Home for Lunch' initiative was launched at the beginning of November 2023, aimed at encouraging patient families and friends to make the necessary arrangements for their loved ones to prepare to get them home before midday on their designated day of discharge. The campaign supports a wider set of initiatives to improve patient flow through hospitals which will positively impact on overall patient care at all stages of the patient journey.
- As part of the Discharge without Delay (DwD) workstream, Planned Date of Discharge accuracy is demonstrating an improvement against the initial baseline (23%) and a revised baseline has been set at 39%. Phase 2 of the DwD workstream is underway to ensure the DwD rollout across the initial 130 wards is sustained with gradual rollout to other specialities.
- Business Intelligence colleagues are progressing work to ensure all key measures for DwD are available in one place from ward to board. Currently they are accessed through various routes.
- The Discharge Performance Story Board is now being utilised across all HSCPs to drive actions within the Delayed Discharge Huddles.

## 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		