

NHS Greater Glasgow and Clyde	Paper No. 24/33
Meeting:	NHSGGC Board Meeting
Meeting Date:	30 April 2024
Title:	Board Performance Report
Sponsoring Director:	Colin Neil, Director of Finance
Report Author:	Fiona McEwan, Assistant Director of Finance- Financial Planning and Performance

1. Purpose

The purpose of this report is to:

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

2. Executive Summary

The paper can be summarised as follows: A summary of performance against the respective KPIs outlined in the AIF, and based on the measures contained in the 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 per the previous report.

As at February 2024 15 of the 32 measures that can be rated against target are currently delivering against target and rated green, five are rated amber (<5% variance from trajectory), 10 have been rated red (>5% adverse variance from trajectory) and the remaining two measures with no target are rated grey.

Key Areas of Performance Improvement:

- The number of GP Out of Hours scheduled shifts that remained open (99.3%) during February 2024 continued to exceed the 90% planned position.
- Performance in relation to the number of CAMHS patients seen <18 weeks of referral (98.7%) continues to exceed the national target of 90% and the ADP planned position for February 2024.
- Acute activity in relation to new outpatients, endoscopies and inpatient/daycases remains on track and currently exceeding the YTD planned trajectory.
- There has been significant improvement in the number of new outpatients waiting >78 weeks in February 2024, the number of patients waiting has reduced from 725 for the month ending February 2023 to 13 for the month ending February 2024.

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- The number of new outpatients waiting >52 weeks (5,632) is ahead of the planned position (8,000) for February 2024.
- The number of patients waiting for an endoscopy test (11,645) is also ahead of the planned position (12,800) for February 2024.
- There was an improvement on the previous months' position in relation to Cancer 31 Day Waiting Times, increasing from 90.7% in January 2024 to 94.1% in February 2024.
- Performance in relation to patients accessing Podiatry Services <4 weeks, (92%) saw a further increase on the previous months' position.

Key Areas of Performance in Need of Improvement:

- Performance in relation to the Cancer 62 Day Waiting Times reported an improvement on the previous month's position increasing from 64.6% in January 2024 to 67.7% in February 2024, however performance, particularly in the context of the significant increase in Urgent Suspicion of Cancer referrals, remains a challenge.
- Overall compliance with the A&E four hour waits (68.9%) saw an increase on the previous months' position (64.5%). However, performance remains significantly below the 95% target. Performance is in line with the overall national trend.
- There was a 6% increase in the number of acute delays reported in February 2024 (332 compared to 314 the previous month), performance remains challenging and as a consequence, a total of 9,509 Acute bed days were lost to delayed discharge in February 2024.
- The number of mental health delayed discharges also remains a challenge with a total of 94 mental health delays reported in February 2024.
- Performance in relation to each of the TTG long waiting time reduction targets is above the planned position for February 2024.
- Whilst there was an increase in the MSK Physiotherapy waiting times performance in terms of percentage of patients seen <4 weeks (51%) compared to the previous months' position (48%), performance remains significantly below target as focus continues on reducing the longest waiting times.

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

3. Recommendations

- The Board members are asked to note the performance across NHSGGC in relation to the KPIs outlined in the AIF.
- Note that the remaining measures contained within the AIF i.e. those identified to be reported less frequently via other performance reports and Committees, have been aligned to the Board's schedule of business.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

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

6. Engagement & Communications

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

7. Governance Route

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

8. Date Prepared & Issued

April 2024

Date issued: 23 April 2024



NHS GREATER GLASGOW & CLYDE BOARD MEETING



























Board Assurance Information Framework – April 2024 Performance Report

AT A GLANCE

BETTER HEALTH

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2024	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
1	COBH1&3/ COBC7	OPBH3.0	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	93.8%	90.0%			↓	✓	6

BETTER CARE

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2024	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
2	COBC7/10	OPBC9.0	Unscheduled Care: A&E 4 Hour Waits	68.9%	95.0%			↑		7
3	COBC7/10	OPBC9.0	Unscheduled Care: A&E Attendances	33,054	2% Reduction			↑		9
4	COBC10	OPBC9.0	Delayed Discharges: Number of Acute Delayed Discharges	332	243			↓		11
5	COBC10	OPBC9.0	Delayed Discharges: Number of Mental Health Delayed Discharges	94	58			↓		13
6	COBC10	OPBC9.0	Delayed Discharges: Number of Acute bed days lost to delayed discharges	9,509	8,108			↓		15
7	COBC10	OPBC9.0	Delayed Discharges: Number of Mental bed days lost to delayed discharges	2,698	1,857			↓		17
8	COBC10	OPBC9.0	GP Out Of Hours Activity	13,182	FIO			↓		19
9	COBC10	OPBC9.0	GP Out Of Hours: % of Scheduled Shifts Open	99.3%	90.0%			↓	✓	20
10	COBC7	OPBC7.0	Number of patients on the New Outpatient Waiting List	150,468	145,000			↓		21
11	COBC7	OPBC7.0	Number of New Outpatients Waiting >78 weeks	13	0			↑		22
12	COBC7	OPBC7.0	Number of New Outpatients Waiting >52 weeks	5,632	8,000			↓	✓	23
13	COBC7	OPBC7.0	New Outpatient Activity	269,383	255,337			↑	✓	25

AT A GLANCE										
BETTER CARE										
No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2024	Direction Of Travel On Previous Month	3 Periods Better/Equal to Target	Slide Number
14	COBC7	OPBC7.0	Number of patients on the TTG Waiting List	46,346	45,657			↓		26
15	COBC7	OPBC7.0	Number of TTG Patients Waiting >104 weeks	2,442	2,000			↓		27
16	COBC7	OPBC7.0	Number of TTG Patients Waiting >78 weeks	6,682	5,990			↓		28
17	COBC7	OPBC7.0	Number of TTG Patients Waiting >52 weeks	13,968	14,200			↓	✓	29
18	COBC7	OPBC7.0	TTG Inpatient/Daycase Activity	61,349	58,551			↑	✓	31
19	COBC7	OPBC8.0	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	94.1%	95.0%			↑		32
20	COBC7	OPBC8.0	Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	67.7%	80.0%			↑		33
21	COBC7	OPBC7.0	Diagnostics: Endoscopy Waiting List	11,645	12,800			↑	✓	36
22	COBC7	OPBC7.0	Diagnostics: Endoscopy Activity	33,539	29,441			↑	✓	37
23	COBC7/ COBH5	OPBC13.1	Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral	89.4%	90.0%			↓		38
24	COBC7/ COBH5	OPBC13.2	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	98.7%	90.0%			↑	✓	39
25	COBC7	OPBC12.0	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	51.0%	90.0%			↑		40
26	COBC7	OPBC12.0	Podiatry Waiting Times - % of patients seen <4 weeks	92.0%	90.0%			↑	✓	42

AT A GLANCE

BETTER WORKPLACE

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2024	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
27	COBW20	OPBW6.1	Staff Absence Total	23.0%	24.0%					43
28	COBW20	OPBW6.1	Staff Sickness Absence Rate	7.6%	5.0%					44
28	COBW20	OPBW6.1	Short Term Absence Rate	3.3%	2.0%					44
28	COBW20	OPBW6.1	Long Term Absence Rate	4.2%	3.0%					44

BETTER VALUE

No	Corporate Objective	Operational Priority	Measure	Current Performance	Target for Current Performance	Current Performance Status	Projected Performance as at 31 March 2024	Direction of Travel on Previous Month	3 Periods Better/Equal to Target	Slide Number
29	COBV13	OPBV16.0	Digital Maturity	83.0%	80.0%					45
30	COBV13	OPBV16.0	Digital Security	93.0%	80.0%					45
31	COBV13	OPBV16.0	Remote Monitoring - COPD Pathway	814	7				✓	46
32	COBV13	OPBV16.0	Remote Monitoring - Blood Pressure	4,682	25				✓	47

COBV 11/12	OPBV15.0	The Better Value measures are reflected within the Finance Report								
33	Rationale for Control Limits Applied									48

On target or better		Improvement on previously reported position	
Adverse variance of up to 5%		Deterioration on previously reported position	
Adverse variance of more than 5%		No change to previously reported position	
No target		Not Applicable	N/A

Executive Summary

The Performance Report aims to reflect all of the measures identified in the Board’s Assurance Information Framework to be reported at all Board meetings and for the purpose of illustration reflects in the main the February 2024 position. The measures contained within the report reflect 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 key diagnostic tests in line with the joint ambition to tackle waiting lists.

Each of the measures have been aligned to the Board’s Aims, Corporate Objectives and, where appropriate, the 2023-24 Operational Priorities and Actions. In conjunction with Service leads each of the measures have confirmed national and/or local targets in which to track progress against.

The At A Glance on slides two to four provides a snapshot of the current performance against target as of February 2024, current status and the expected status for March 2024 for each of the measures contained within the report alongside a direction of travel based on a comparison with the previous months’ position. In addition, a column has been added to highlight those measures where performance has either been better or equal to the planned position. Each of the measures have also been allocated a **Red** (>5% adverse variance from trajectory), **Amber** (<5% variance from trajectory) and **Green** (meets or exceeds the planned position) status.

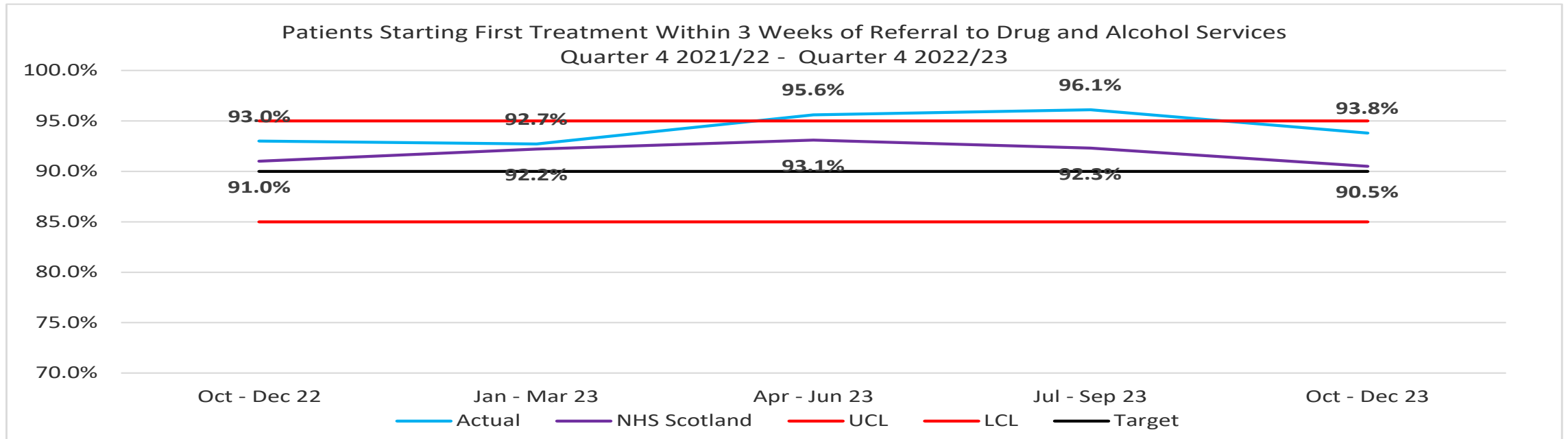
As at February 2024 15 of the 32 measures that can be rated against target are currently delivering against target and rated green, five are rated amber (<5% variance from trajectory), 10 have been rated red (>5% adverse variance from trajectory) and the remaining two measures with no target are rated grey.

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

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

Target
90%

Performance
93.8%



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

Summary

Current Position (including against trajectory):

As at the quarter October - December 2023, 93.8% of patients referred for alcohol and drugs treatment treated <3 weeks of referral. Above the 90% national target. **3.8% above target.**

Current Position Against National Target:

NHSGGC performance is above the latest national quarterly published position of 90.5% for the quarter ending December 2023.

Projection to 31 March 2024:

National Target 90%. **Performance is expected to continue to exceed target by March 2024.**

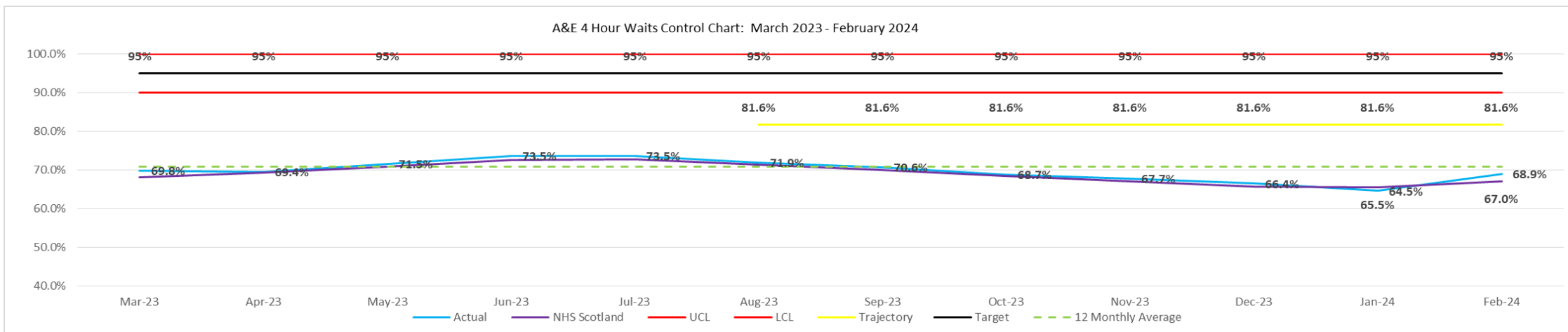
NHSGGC continues to consistently exceed the 90% Alcohol and Drugs waiting times target and consistently above the overall national position.

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

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

**Target
95%**

**Performance
68.9%**



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

Summary

Current Position (including against trajectory):

Currently **68.9%** of patients seen within four hours, an improvement on the previous months position of 64.5%. Local management information for the week ending 14 April 2024 shows a further improvement in overall compliance at 69.9%. Performance remains below the national target of 95%.

Current Position Against National Target:

NHSGGC's performance was above the latest national published position of 67.0% for February 2024 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

- The Oversight Board, which includes Acute and HSCP representation, with Planning, eHealth and Communications colleagues, continues to meet monthly to progress changes and improvements to urgent and unscheduled care across NHSGGC. Local improvement actions exist within each acute sector to support flow.
- There has been a large focus with sites around increasing performance in line with the Emergency Access Standard. Alongside the DWD work there has been a focus on front door KPIs in particular maximising MIU use, Flow 1 performance. There was an external review of the QEUH processes and flow which has also supported further improvement.

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

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

**Target
95%**

**Performance
68.9%**

Hospital Site	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Queen Elizabeth University Hospital	51.7%	51.8%	55.2%	53.3%	48.1%	47.9%	45.5%	45.1%	45.3%	40.6%	53.0%
Glasgow Royal Infirmary	41.9%	51.3%	57.2%	58.3%	60.6%	56.6%	51.9%	50.3%	51.3%	52.2%	55.8%
Royal Alexandra Hospital	67.1%	65.8%	66.1%	72.5%	68.6%	65.8%	66.2%	58.4%	56.8%	50.2%	55.5%
Inverclyde Royal Hospital	81.8%	82.1%	83.1%	86.8%	80.1%	74.6%	72.4%	75.2%	65.8%	64.5%	70.8%
Royal Hospital for Children	94.8%	97.3%	98.4%	99.1%	96.5%	94.8%	92.9%	92.9%	93.6%	95.1%	90.0%
Emergency Department Sub-Total	63.7%	66.5%	68.9%	68.9%	66.9%	65.1%	63.1%	61.0%	59.4%	58.8%	63.9%
Vale of Leven Hospital	93.0%	92.3%	91.3%	92.1%	91.7%	93.2%	91.5%	90.9%	88.7%	85.0%	88.3%
Stobhill Hospital	98.4%	98.3%	98.4%	99.9%	99.5%	98.7%	99.1%	99.7%	99.5%	99.8%	97.3%
New Victoria Hospital	97.6%	93.1%	92.4%	96.4%	94.7%	96.5%	97.9%	96.6%	97.5%	95.9%	97.4%
MIU Sub-Total	96.7%	94.7%	94.2%	96.5%	95.5%	96.2%	96.5%	95.8%	95.0%	93.9%	94.9%
ED & MIU Total	69.4%	71.5%	73.5%	73.5%	71.9%	70.6%	68.7%	67.7%	66.4%	64.5%	68.9%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
National Performance	69.3%	70.8%	72.6%	72.7%	71.3%	70.0%	68.3%	67.0%	65.6%	65.5%	
NHSGGC Variance from National Position	0.1%	0.7%	0.9%	0.8%	0.6%	0.6%	0.4%	0.7%	0.8%	-1.0%	

Summary

The information above, provides a monthly breakdown of performance against target at a hospital site level for the period April - February 2024. As seen from the table, Stobhill MIU consistently exceeds target and the New Victoria Hospital MIU has continued to exceed target since September 2023. All other hospital sites are below 95.0% target. Performance against target at the three busiest sites across NHSGGC namely the Queen Elizabeth University Hospital (QEUI), Glasgow Royal Infirmary (GRI) and the Royal Alexandra Hospital (RAH) remains an ongoing challenge.

3. BETTER CARE: Accident and Emergency Attendances by Hospital Site

**2%
Reduction**

Hospital Site	A&E/MIU Attendances											23-24 YTD Total	22/23 YTD Total	23/24 YTD Var on 22/23	YTD % Change
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24				
Queen Elizabeth University Hospital	7,715	8,387	8,290	8,545	8,690	8,313	8,241	7,785	7,868	8,076	7,776	89,686	83,583	6,103	7.3%
Glasgow Royal Infirmary	6,586	7,103	7,100	7,017	7,189	7,081	7,110	6,499	6,714	6,775	6,830	76,004	74,537	1,467	2.0%
Royal Alexandra Hospital	4,635	5,189	5,113	4,908	5,251	4,963	4,952	4,682	4,704	4,846	4,485	53,728	50,655	3,073	6.1%
Inverclyde Royal Hospital	2,308	2,733	2,610	2,468	2,562	2,555	2,490	2,496	2,322	2,531	2,445	27,520	26,675	845	3.2%
Royal Hospital for Children	5,828	6,364	5,902	4,800	5,612	6,008	6,249	6,304	6,268	6,025	6,191	65,551	70,882	-5,331	-7.5%
Emergency Department Sub-Total	27,072	29,776	29,015	27,738	29,304	28,920	29,042	27,766	27,876	28,253	27,727	312,489	306,332	6,157	2.0%
Vale of Leven Hospital	1,375	1,565	1,595	1,434	1,583	1,724	1,548	1,391	1,434	1,589	1,488	16,726	14,242	2,484	17.4%
Stobhill Hospital	1,865	2,173	2,180	1,812	2,113	1,922	1,827	1,788	1,483	1,683	1,694	20,540	20,892	-352	-1.7%
New Victoria Hospital	2,319	2,538	2,653	2,389	2,522	2,431	2,434	2,237	1,946	2,172	2,145	25,786	25,104	682	2.7%
MIU Sub-Total	5,559	6,276	6,428	5,635	6,218	6,077	5,809	5,416	4,863	5,444	5,327	63,052	60,238	2,814	4.7%
Total	32,631	36,052	35,443	33,373	35,522	34,997	34,851	33,182	32,739	33,697	33,054	375,541	366,570	8,971	2.4%
2023-24 Target - 2% Reduction															

Summary

The information above, provides a monthly breakdown of A&E/MIU attendances by hospital site for the period April - February 2024. Overall, six of the eight hospital sites reported an increase (375,541) in the YTD number of attendances when compared to the same period the previous year (366,570). The most notable increases in actual values can be seen at the QEUH (+6,103), the RAH (+3,073) and the Vale of Leven (VOL) (2,484). The two sites reporting a reduction in A&E attendances are the Royal Hospital for Children (RHC) (-5,331) and Stobhill Hospital (-352).

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

**2%
Reduction**

HSCP	Number Of A&E/MIU Presentations											2023-24 YTD Total	2022-23 YTD Total	YTD Variance	YTD % Variance
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24				
East Dunbartonshire	2,061	2,247	2,269	2,004	2,229	2,252	2,170	2,139	1,971	2,068	1,975	23,385	23,559	(174)	-0.7%
East Renfrewshire	1,757	1,911	1,965	1,776	2,037	1,923	1,808	1,783	1,724	1,832	1,793	20,309	20,020	289	1.4%
Glasgow City	15,256	16,744	16,368	15,431	16,232	15,913	16,145	15,113	15,130	15,484	15,362	173,178	171,209	1,969	1.2%
Inverclyde	2,252	2,637	2,532	2,383	2,480	2,459	2,455	2,533	2,312	2,505	2,457	27,005	26,574	431	1.6%
Renfrewshire	4,328	4,790	4,689	4,499	4,883	4,728	4,642	4,551	4,467	4,610	4,469	50,656	47,946	2,710	5.7%
West Dunbartonshire	2,397	2,721	2,670	2,493	2,562	2,701	2,696	2,559	2,508	2,620	2,526	28,453	27,151	1,302	4.8%
HSCP Sub-Total	28,051	31,050	30,493	28,586	30,423	29,976	29,916	28,678	28,112	29,119	28,582	322,986	316,459	6,527	2.1%
Other	4,580	5,002	4,950	4,787	5,098	5,021	4,935	4,504	4,627	4,578	4,472	52,554	50,111	2,443	4.9%
Total	32,631	36,052	35,443	33,373	35,521	34,997	34,851	33,182	32,739	33,697	33,054	375,540	366,570	8,970	2.4%

Summary

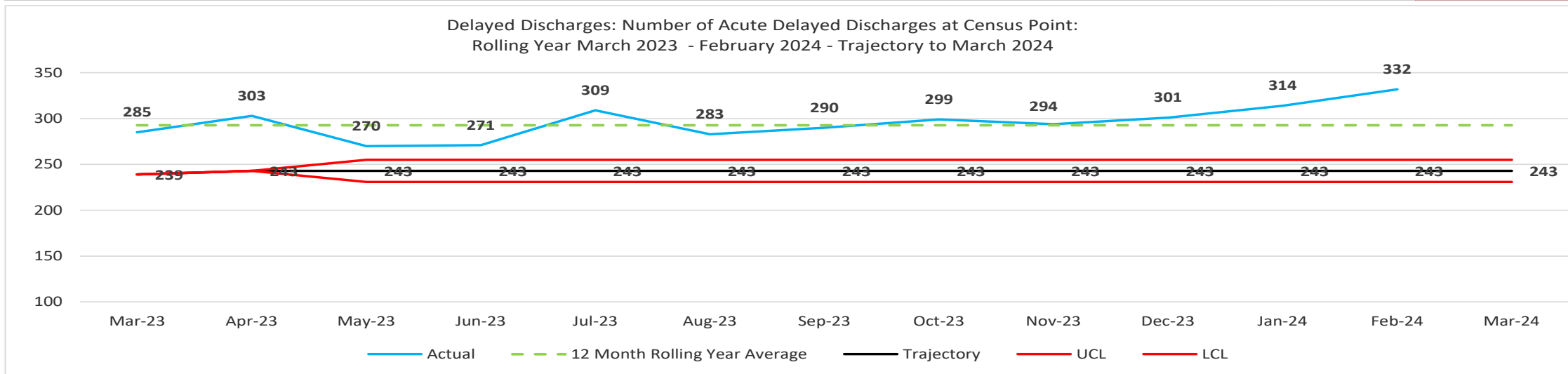
The information above provides a breakdown of A&E/MIU attendances by HSCPs for the period April - February 2024. Overall, there has been a 2.4% increase in the YTD A&E attendances compared to the same period the previous year. All HSCPs with the exception of East Dunbartonshire HSCP, saw an increase in A&E activity with the most notable increases in Renfrewshire HSCP (5.7%) and West Dunbartonshire HSCP (4.8%) alongside the Other category which reflects people from out with NHSGGC (4.9%) when compared to the same period the previous year.

4. BETTER CARE: Number of Acute Delayed Discharges

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

Target
243

Performance
332



Summary

Current Position (including against trajectory):

A total of **332** Acute delayed discharges were reported at the monthly census point for February 2024, a **6% increase on the previous month's performance**. Local management information for the 15 April 2024 reported a total of 289 acute delays. **Current performance is 37% above the monthly trajectory of 243.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2024:

No more than 243 acute delays by March 2024.

Key Actions

Performance in relation to Acute delayed discharges remains a significant challenge. Complex delays account for 209 (63%) of the 332 Acute delays reported in February 2024. Of the total number of Acute delays reported, 49% (163) are from Glasgow City HSCP and 18% (61) from other local authorities. Improvement actions include:

- The Discharge Team are working with five HSCP discharge leads to review the electronic home care referral to ensure the form captures all the necessary information, relevant changes took effect from 15 March 2024.
- Test of change to the afternoon huddles within medicine at the QEUH - this is in conjunction with the Acute discharge Team and Associate Chief Nurse. The test involves reviewing patients over seven days and identifying early interventions that will prevent delays to discharges.
- Frailty Pathway at the GRI with support of local discharge team.

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

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

**Target
243**

**Performance
332**

Acute Delayed Discharges	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	37	31	34	33	23	24	27	39	29	36	46	15	31	207%
East Dunbartonshire HSCP	18	14	20	23	20	15	21	14	31	25	23	15	8	53%
East Renfrewshire HSCP	13	8	2	20	9	18	11	10	13	19	12	6	6	100%
Glasgow City HSCP	145	135	126	144	144	156	161	147	148	154	163	132	31	23%
Inverclyde HSCP	22	13	18	20	17	10	13	20	19	13	15	10	5	50%
Renfrewshire HSCP	7	8	14	10	8	11	9	6	8	10	12	12	0	0%
HSCP Total Acute Delays	242	209	214	250	221	234	242	236	248	257	271	190	81	43%
Other Local Authorities Acute	61	61	57	59	62	56	57	58	53	57	61	53	8	15%
NHSGGC Total Acute Delays	303	270	271	309	283	290	299	294	301	314	332	243	89	37%

Summary

Overall there has been a month on month increase in the number of patients delayed across Acute hospitals since August 2023. Current performance is above the planned monthly performance of no more than 243 delays. As at February 2024, there were a total of 332 Acute delays reported and local management information for the 15 April 2024 highlights a reduction to 289 Acute delays. HSCPs account for 81.6% (271) of the overall total number of Acute delays reported with Glasgow City HSCP representing 60% of all HSCP delays reported across NHSGGC.

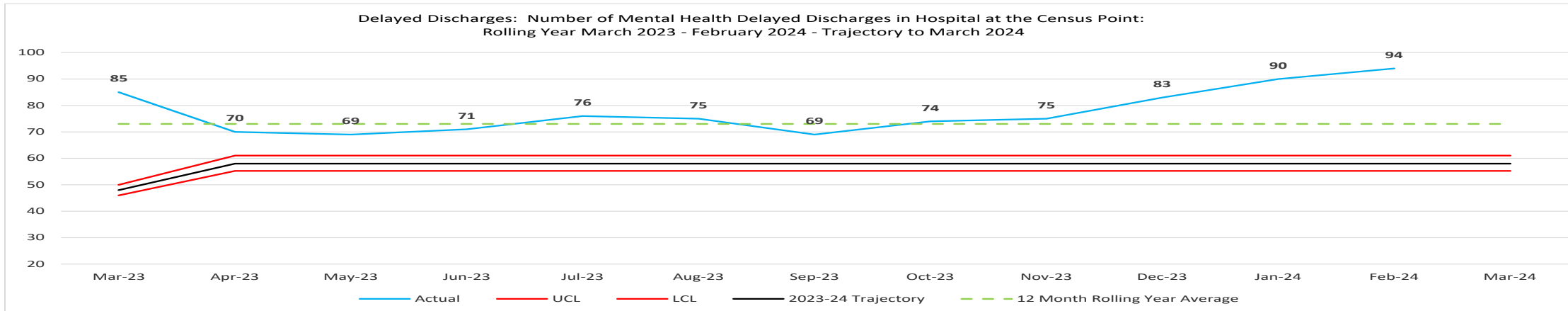
With the exception of Renfrewshire HSCP, all other HSCPs are currently above the monthly planned position. Both Glasgow City and West Dunbartonshire are reporting the biggest variance (in terms of numbers) from the planned position. Four of the six reported an increase on the previous months position with the most significant increase in West Dunbartonshire HSCP (10) and Glasgow City (9) HSCPs. Both East Dunbartonshire (-2) and East Renfrewshire (-7) HSCPs reported a reduction on the previous months' position. The number of delays across Acute from other local authorities remains a challenge.

5. BETTER CARE: Number of Mental Health Delayed Discharges

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

Target
58

Performance
94



Summary

Current Position (including against trajectory):

Currently **94** Mental Health delayed discharges were reported at the monthly census point for February 2024, **a 4% increase** on the previous months' position. **Performance is above the monthly trajectory of 58.** Local management information for 15 April 2024 reported a total of 93 Mental Health delays, a marginal decrease on the monthly census data.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2024:

No more than 58 delays by March 2024.

Key Actions

Overall performance remains a challenge. Of the total delays reported across NHSGGC, 72 are Glasgow City residents (64 the previous month) comprising 18 LD patients (19 last month), five Forensic Psychiatry patients (five last month) and 49 Glasgow City HSCP Adult Mental Health and Older People Mental Health patients (40 last month). Other mental health delays are reported in Renfrewshire (5), West Dunbartonshire (5), East Dunbartonshire (4) and East Dunbartonshire (4) HSCPs and eight from other local authorities (10 last month). Actions to improve this include:

- Glasgow City are currently concluding the review of the discharge teams and a draft report has been prepared. When finalised an implementation group will be developed to take forward the proposed recommendations within the report. This will include adult and older people's mental health discharge arrangements.
- Also within Glasgow City HSCP six LD patients were scheduled to move to Waterloo Close which was due to be operational by end of March 2024, however this has not been moved to May 2024 due to delays in completion .
- Renfrewshire HSCP have a number of actions underway to help reduce the number of mental health delays including a pro-active approach with families and solicitors on a case by case basis and this is monitored and regularly reviewed by the MHO Manager. The use of interim placements, if possible, facilitating discharge when patients have a determined destination to help avoid delayed discharges in acute beds.

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

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

Target
58

Performance
94

Mental Health Delayed Discharges	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Monthly Target	Variance from Target	% Variance from Target
West Dunbartonshire HSCP	2	4	4	4	6	3	4	3	4	4	5	2	3	150%
East Dunbartonshire HSCP	1	1	2	2	2	2	1	2	4	4	4	0	4	0%
East Renfrewshire HSCP	0	0	0	0	0	0	0	1	1	1	0	0	0	0%
Glasgow City HSCP	58	51	51	58	55	53	58	58	57	64	72	51	21	41%
Inverclyde HSCP	3	3	2	1	1	1	1	1	2	2	0	0	0	0%
Renfrewshire HSCP	4	5	5	5	6	5	5	5	5	5	5	2	3	150%
HSCP Total Mental Health Delays	68	64	64	70	70	64	69	70	73	80	86	55	31	56%
Other Local Authorities Mental	2	5	7	6	5	5	5	5	10	10	8	3	5	167%
NHSGGC Total Mental Health	70	69	71	76	75	69	74	75	83	90	94	58	36	62%

Summary

Overall there has been a month on month increase in the number of mental health delays across NHSGGC since September 2023. Current performance is above the monthly planned position of no more than 58 Mental Health delays across all HSCPs. As at February 2024 there were a total of 94 Mental Health delays reported and local management information for the 15 April 2024 highlights a marginal decrease to 93 Mental Health delays. HSCPs account for 91.5% (86) of the overall total number of Mental Health delays reported with Glasgow City HSCP representing 84% of all HSCP delays reported across NHSGGC. Other Local Authorities account for 8.5% (8) of the overall total number of Mental Health delays reported with South Lanarkshire representing 62.5% (5) of all other local authorities delays reported.

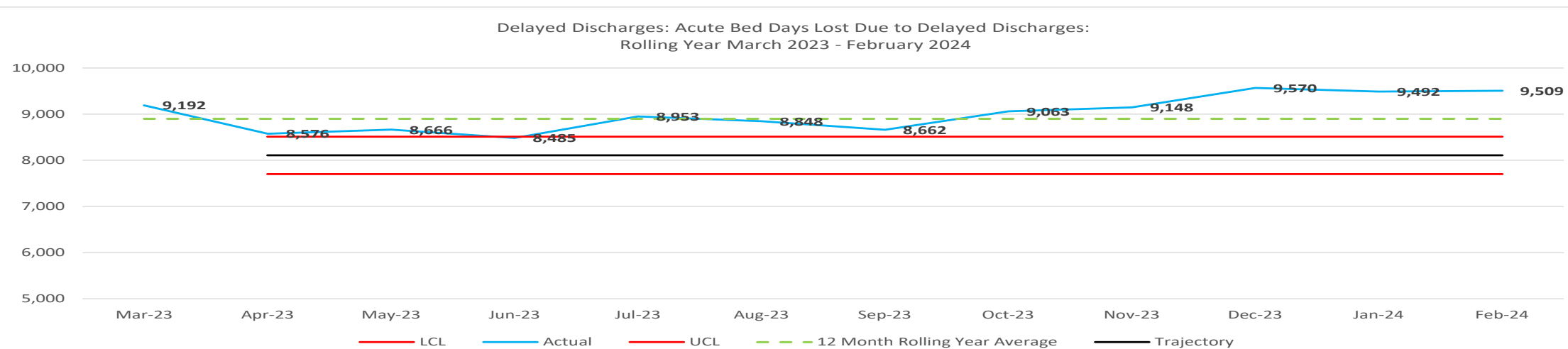
Two of the HSCPs are meeting the agreed monthly targets namely East Renfrewshire and Inverclyde HSCPs. With the exception of Glasgow City and West Dunbartonshire HSCPs reporting an increase on the previous months' position (Glasgow City HSCP increased by eight and West Dunbartonshire increased by one on the previous months' position), the number of mental health delays reported across the remaining two HSCPs remained the same as the previous months position.

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

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

**Target
8,108**

**Performance
9,509**



Summary

Current Position (including against trajectory):

A total of **98,972** Acute bed days were lost to delayed discharges during April to February 2024. **Current performance is above the trajectory for April to February of 89,188.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2024: end

No more than 89,183 bed days lost to delayed discharge by March 2024 which has been exceeded at the end of February.

Key Actions

February 2024 saw a slight increase in the number of Acute bed days lost to delayed discharge. In addition to the actions outlined in the previous slides, the following actions are also underway:

- A meeting was held with Glasgow City HSCP delay leads regarding an issue with visibility around PDDs, issue has been resolved using the new DD Performance Storyboard. This visibility should support increased awareness of PDD prior to a patient moving to delayed in discharge.

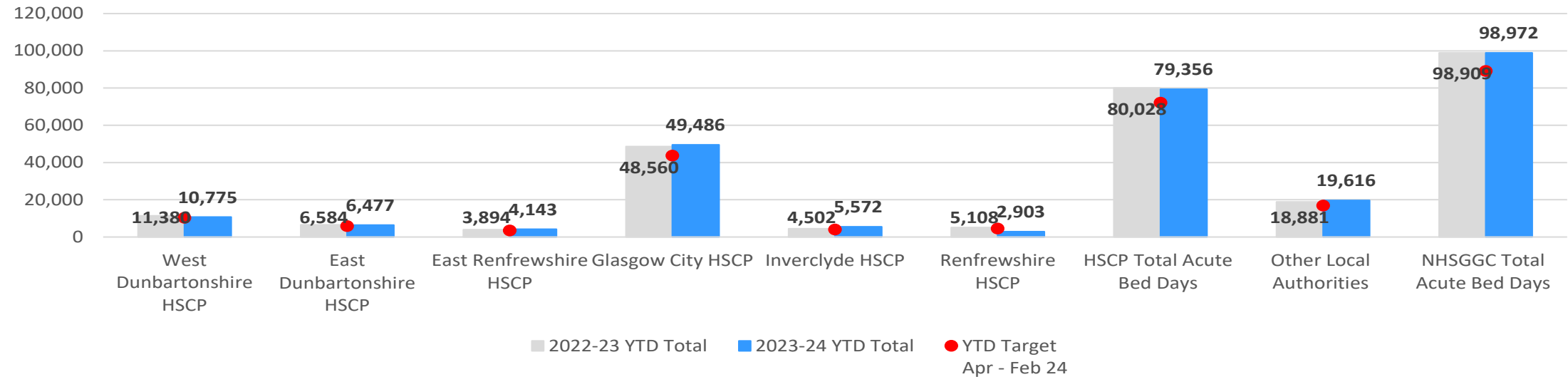
6. BETTER CARE: Year To Date Acute Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

YTD Target
89,183

Performance
98,972

April 2023 - February 2024 - Acute Bed Days Lost to Delayed Discharges



Summary

Current Position (including against trajectory):

A year to date total of **98,972** acute bed days were lost to delayed discharges during the period April - February 2024, **above the cumulative monthly trajectory of no more than 89,183 by 11.0%.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2024:

No more than 97,291 acute bed days lost to delayed discharge by March 2024.

The graph above provides a year to date breakdown of acute bed days lost to delayed discharges by HSCP. For the period April - February 2024, a total of 98,972 bed days have been lost to delayed discharge across NHSGGC remaining fairly static on the same period the previous year. Three of the six HSCPs report a reduction in the number of Acute Bed Days Lost to delayed Discharge when compared with the same period the previous year namely West Dunbartonshire (-5.3%), East Dunbartonshire (1.6%) and Renfrewshire (-43.2%) HSCPs, all other HSCPs reported an increase when compared to the same period the previous year. The HSCPs reporting the highest increases in the number of Acute bed days lost to delayed discharge are Inverclyde HSCP (23.8%) and East Renfrewshire HSCP (6.4%). Other local authorities account for 20% of the overall acute bed days lost to delayed discharge.

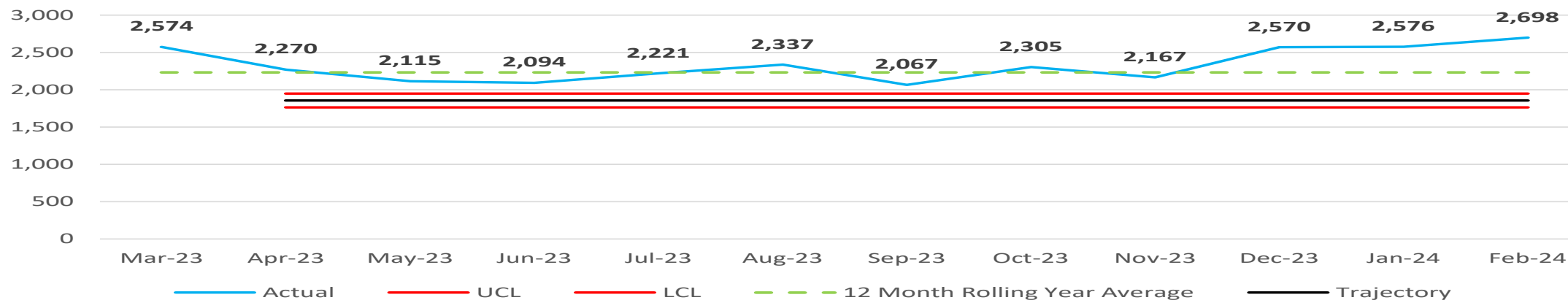
7. BETTER CARE: Number of Mental Health Bed Days Lost to Delayed Discharge

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

**Target
1,857**

**Performance
2,698**

Delayed Discharges: Mental Health Bed Days Lost Due to Delayed Discharges
Rolling Year March 2023 - February 2024



Summary

Current Position (including against trajectory):

4.7%

Current Position Against National Target:

A total of **2,698** Mental Health bed days were lost to delayed discharges during February 2024, representing a increase on the previous month's position. **Current performance is above the monthly trajectory of 1,857**

No national target relevant.

Projection to 31 March 2024:

No more than 1,857 bed days per month lost to delayed discharge by March 2024.

The actions outlined in slide 13 are aimed at reducing the number of mental health bed days lost to delayed discharge.

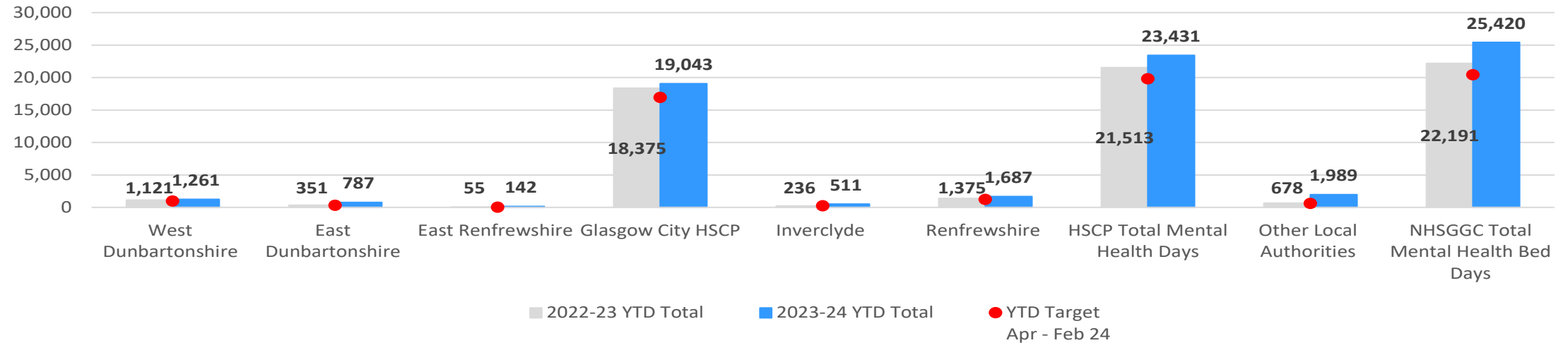
7. BETTER CARE: Year To Date Mental Health Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

YTD Target
20,431

Performance
25,420

April 2024 - February 2024 - Mental Health Bed Days Lost to Delayed Discharges



Summary

Current Position (including against trajectory):

A year to date total of **25,420** Mental Health bed days were lost to delayed discharges during the period April - February 2024, 14.6% above the position for the same period the previous year. Current performance is also **24% above the cumulative monthly trajectory of no more than 20,431 by February 2024.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2024:

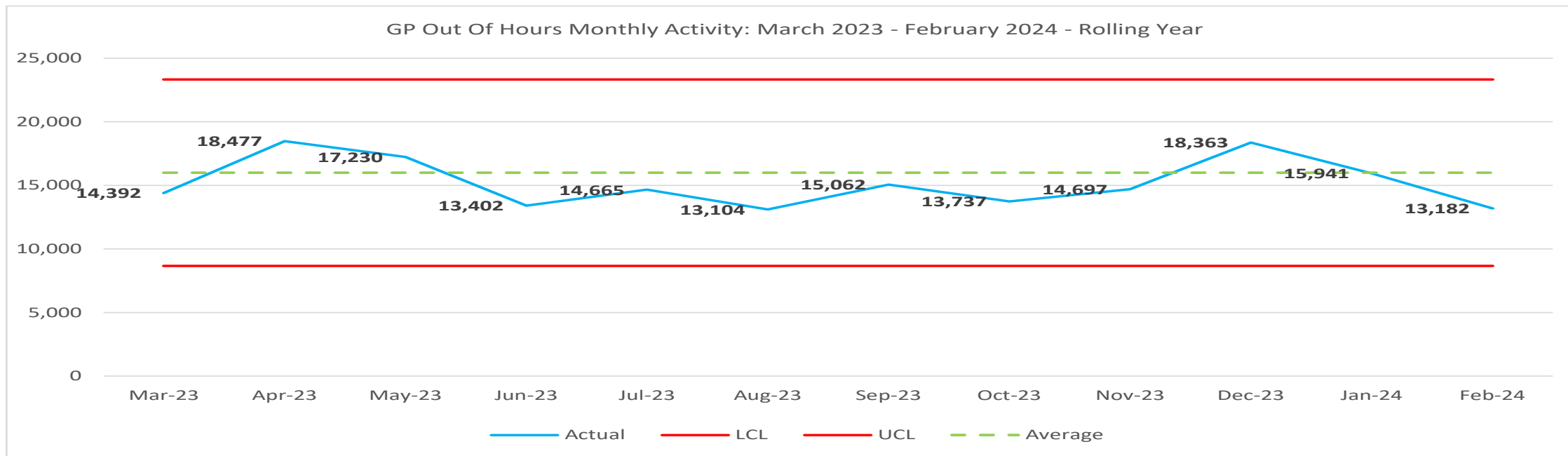
No more than 22,289 mental health bed days lost to delayed discharge by March 2024.

The graph above provides a year to date breakdown of mental health bed days lost to delayed discharges by HSCP. For the period April - February 2024, a total of 25,420 bed days have been lost to delayed discharge across NHSGGC representing a 14.6% increase on the previous years' position. All HSCPs reported an increase in the number of Mental Health bed days lost to delayed discharge for the period April 2023 - February 2024 when compared to the same period the previous year. The partnerships reporting the highest increase in the number of bed days lost to delayed discharge are Glasgow City (+1,541) and Renfrewshire (112) HSCPs. The actions outlined in slide 13 are aimed at reducing the number of mental health bed days lost to delayed discharge.

8. BETTER CARE: GP Out Of Hours Activity

The number of patients using the GP out of Hours Services

For Information Only



Summary

Current Position (including against trajectory):

A total of **13,182** GP Out Of Hours contacts were made during February 2024. **No Target.**

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2024:

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

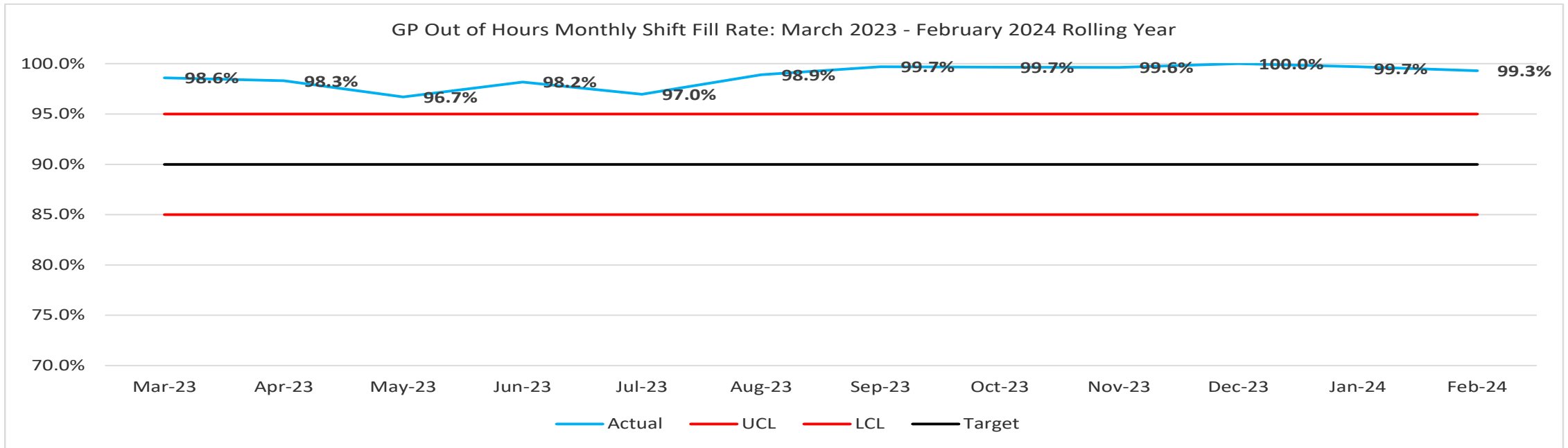
Overall, the GPOOH Service activity represents a monthly average of 15,188 site visits, home visits, GP advice contacts for the period March 2023 - February 2024.

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

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

Target
90%

Performance
99.3%



Summary

Current Position (including against trajectory):

In February 2024, **99.3%** (266) of the 268 scheduled shifts were open against the NHSGGC's target of 90%. **Above the target by 9.3%.**

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2024:

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

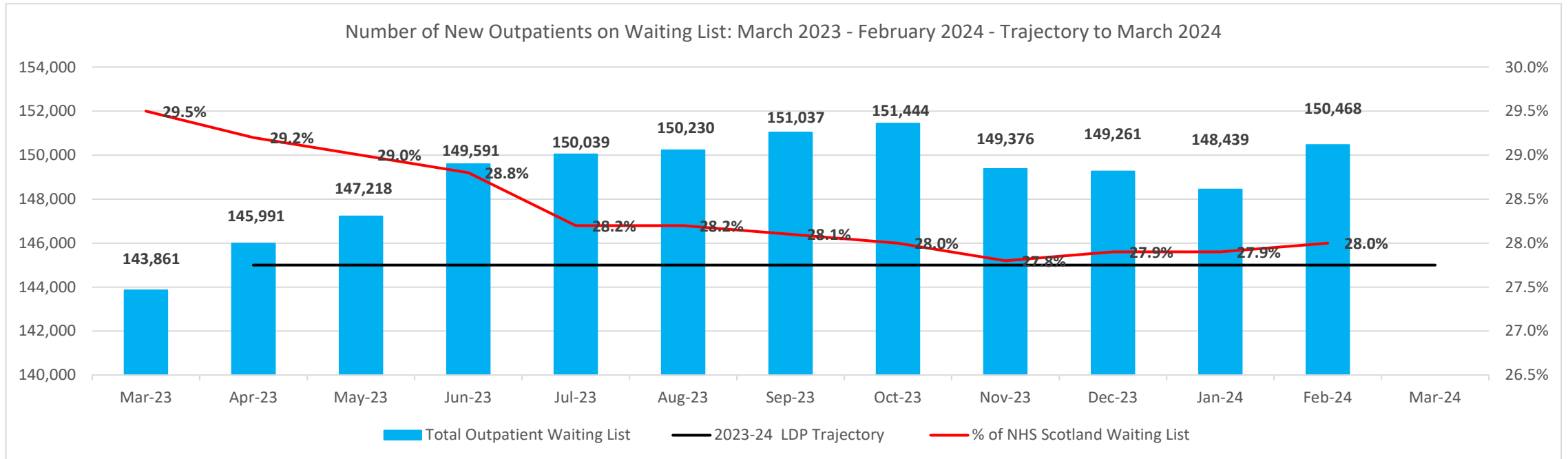
As seen in the chart above, overall performance in relation to the number of scheduled GP OOH shifts that are open to patients remains positive with performance continuing to consistently exceed the 90% target.

10. BETTER CARE: New Outpatient Wait List

The number of new outpatients on the new outpatient waiting list

Target
145,000

Performance
150,468



Summary

Current Position (including against trajectory):

As at the end of February 2024, there were a total of **150,468** patients waiting for a new outpatient appointment, above the 2023-24 Annual Delivery Plan trajectory of 145,000 by March 2024. **Above trajectory by 3.6%.**

Current Position Against National Position:

28.0% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of February 2024 were NHSGGC patients.

Projection to 31 March 2024:

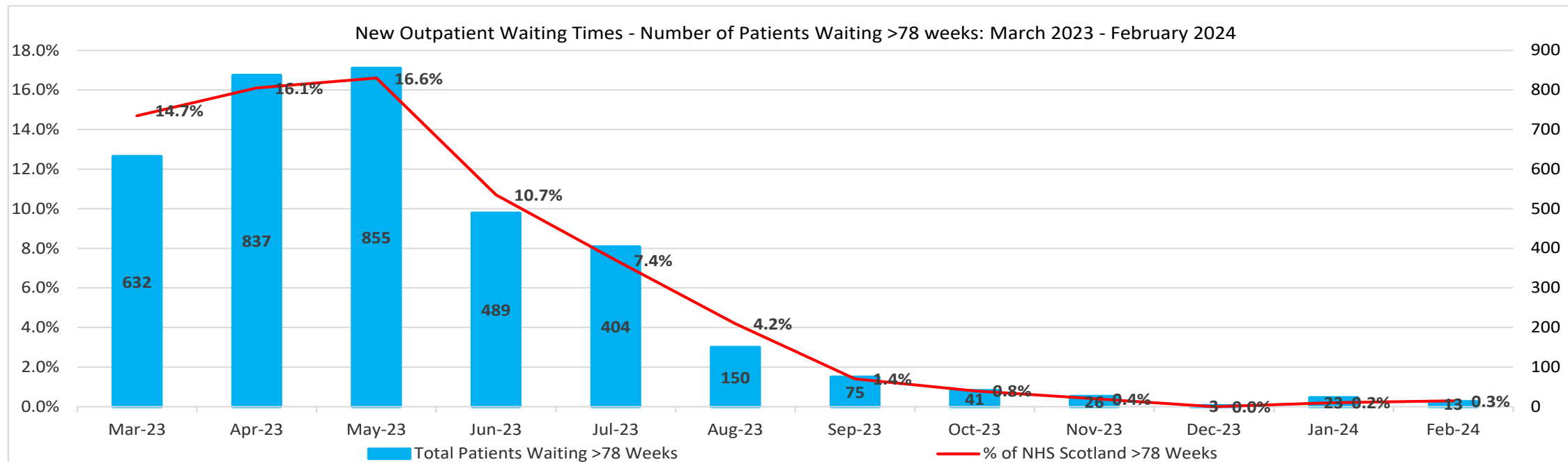
2023-24 Annual Delivery Plan target is no more than 145,000 patients on the new outpatient waiting list by March 2024.

Actions to reduce the number of new outpatients on the waiting list are outlined on slide 24.

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

Target
0

Performance
13



Summary

Current Position (including against trajectory):

At the end of February 2024, there were a total of **13** patients waiting >78 weeks for a first new outpatient appointment, a reduction on the 23 patients reported the previous month. 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:

0.3% of NHS Scotland’s total patients waiting >78 weeks for a first new outpatient appointment at the end of February 2024 were NHSGGC patients.

Target to 31 March 2024:

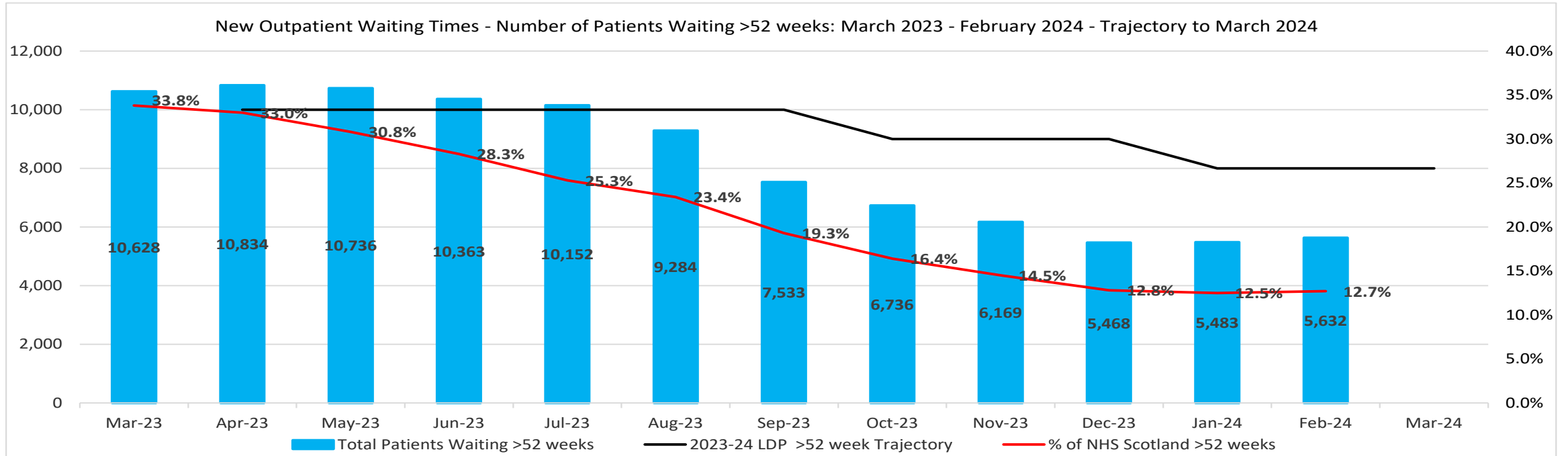
2023-24 Annual Delivery Plan target of no new outpatient should be waiting >78 weeks by June 2023. Whilst this target was not achieved by June 2023, steady progress has continued to be made and the forecast is that no new outpatients will be waiting >78 weeks by the end of March 2024.

Actions to reduce long waiting patients are outlined on slide 24.

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

Target
8,000

Performance
5,632



Summary

Current Position (including against trajectory):

At the end of February 2024, there were a total of **5,632** 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 8,000 new outpatients to be waiting >52 weeks by the end of February 2024. **30% within trajectory.**

Current Position Against National Position:

12.7% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of February 2024 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.

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

Key Actions

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

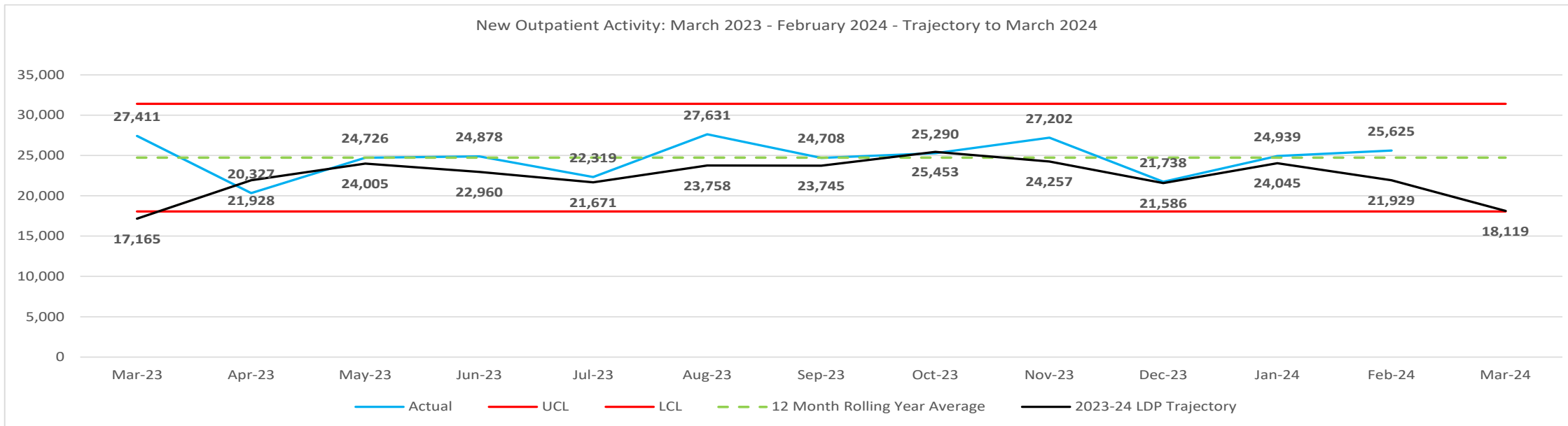
- Trauma and Orthopaedic pressure relating to spinal services has challenged the 78 week position. Additional ESP activity and the re-allocation of resource has supported further booking of new patient activity.
- Neurosurgery have a small number of patients waiting >78 weeks due to consultant workforce challenges. Options for covering subspecialty care with generic consultant clinical capacity is under review.
- Ophthalmology continues to have a small number of patients waiting >78 weeks with supplementary activity providing support. Redesign of clinic delivery to expand virtual assessment is continuing. The Community Glaucoma project active with 314 of 530 patients discharged patients now registered for ongoing care. An additional 300 patients identified in the Clyde area where it is anticipated that optometrists will qualify in April 2024 to support this group.
- A plan for priority pathway review has been shared with Neurosurgery and Orthopaedic specialties. A review of vetting practice, the standards being applied and timely access to investigation and treatment has been commenced. Structured SLWG's being established to review the findings and consider changes to practice to harmonise care delivery.
- Provisional information shows that Trauma and Orthopaedic services have 2,004 patients over 52 weeks at the end of March 2024, this is an improvement on the 2,266 that was originally forecasted. Capacity is being utilised across the sites together with Waiting List Initiative (WLI) provision to support the management of this patient group. The wait for spinal specific services is a significant challenge and options for extending the support of ESP's in this area of service delivery are being presented for review.
- Provisional information shows Ophthalmology currently have 542 patients over 52 weeks at the of March 2024, this is an improvement on the 778 that was originally forecasted. Additionality through locum capacity and using optometry support is essential to support long waiting patient management. Review of options for more sustainable plans for creating new patient capacity being set out.
- Provisional information shows Gynaecology currently have 1,630 patients over 52 weeks at the end of March 2024, this is an improvement on the 1,831 that was originally forecasted. The service have demonstrated steady progress with reduction in this patient number by the end of March 2024 utilising Waiting List Initiative (WLI) and insourcing support. Further capacity review internally to ensure urgent and long waiter provision is sufficient is currently ongoing. Options for extending CNS clinic numbers are being reviewed.

13. BETTER CARE: New Outpatient Activity

The number of new outpatients seen

Target
255,337

Performance
269,383



Please note: data relating to February 2024 is provisional.

Summary

Current Position (including against trajectory):

A total of **269,383** new outpatients were seen during the period April - February 2024, above the 2023-24 Annual Delivery Plan trajectory of 255,337. **Exceeding trajectory by 6%.**

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. Performance is on track to exceed the March 2024 planned position.

Key Actions

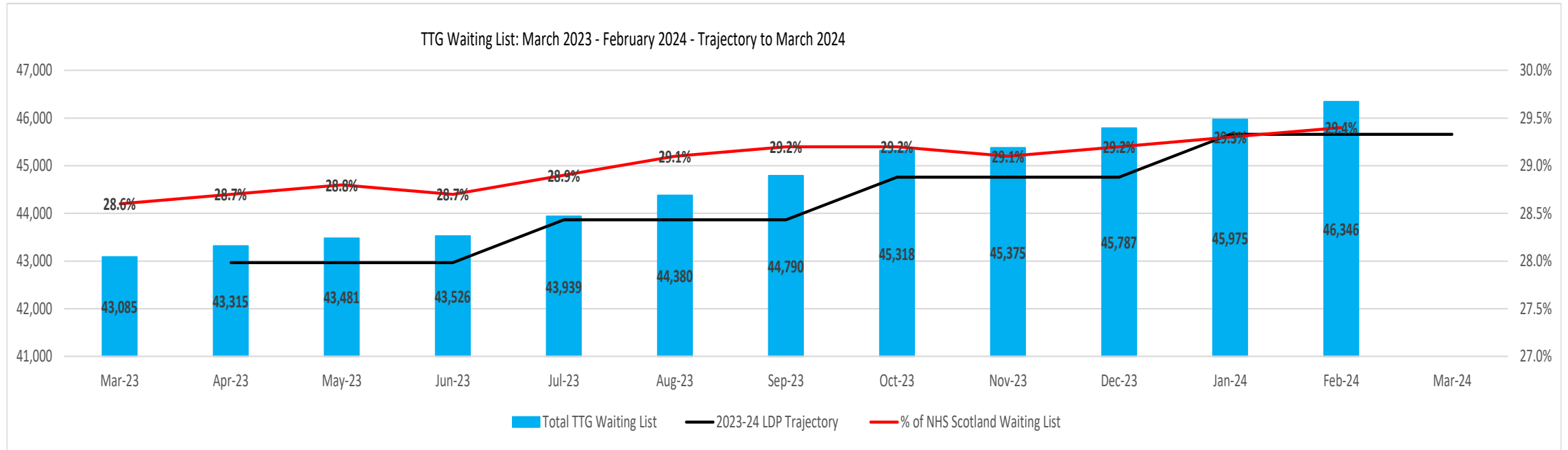
New outpatient activity is 6% above the 2023-24 Annual Delivery Plan trajectory for the period April - February 2024.

14. BETTER CARE: TTG Waiting List

The number of TTG patients on the TTG waiting list

Target
45,657

Performance
46,346



Summary

Current Position (including against trajectory):

At the end of February 2024, there were a total of **46,346** patients on the TTG waiting list waiting for an inpatient/daycase procedure, a marginal increase on the previous months' position and 1% above the 2023-24 Annual Delivery Plan target of no more than 45,657 TTG patients on the TTG waiting list by February 2024. **1% above trajectory.**

Current Position Against National Position:

29.4% of NHS Scotland's total TTG patients waiting at the end of February 2024 were NHSGGC patients.

Projection to 31 March 2024:

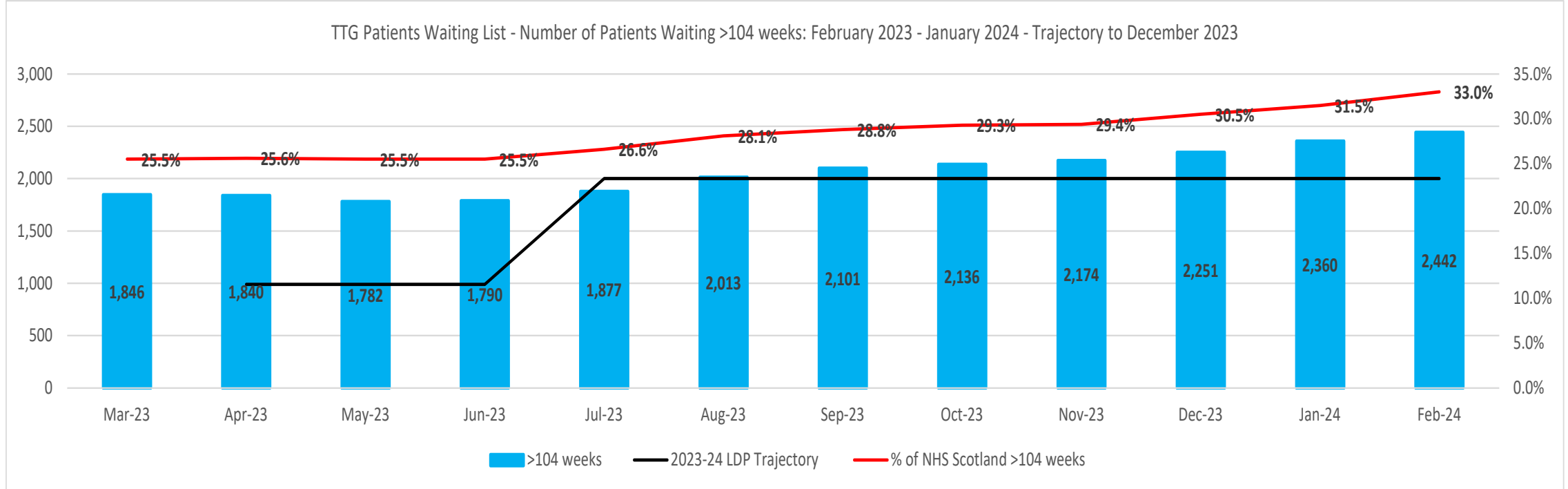
2023-24 Annual Delivery Plan target of no more than 45,657 patients on the TTG waiting list by March 2024.

Current performance is marginally above the planned position for February 2024. Actions to reduce the number of patients on the waiting list are outlined on slide 30.

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

Target
2,000

Performance
2,442



Summary

Current Position (including against trajectory):

At the end of February 2024, there were a total of **2,442** TTG patients waiting >104 weeks for an inpatient/daycase procedure on the TTG waiting list. **Current performance is 22% above the revised position of under 2,000 TTG patients waiting in this time band.**

Current Position Against National Position:

33.0% of NHS Scotland's total patients waiting >104 weeks at the end of February 2024 were NHSGGC patients.

Projection to 31 March 2024:

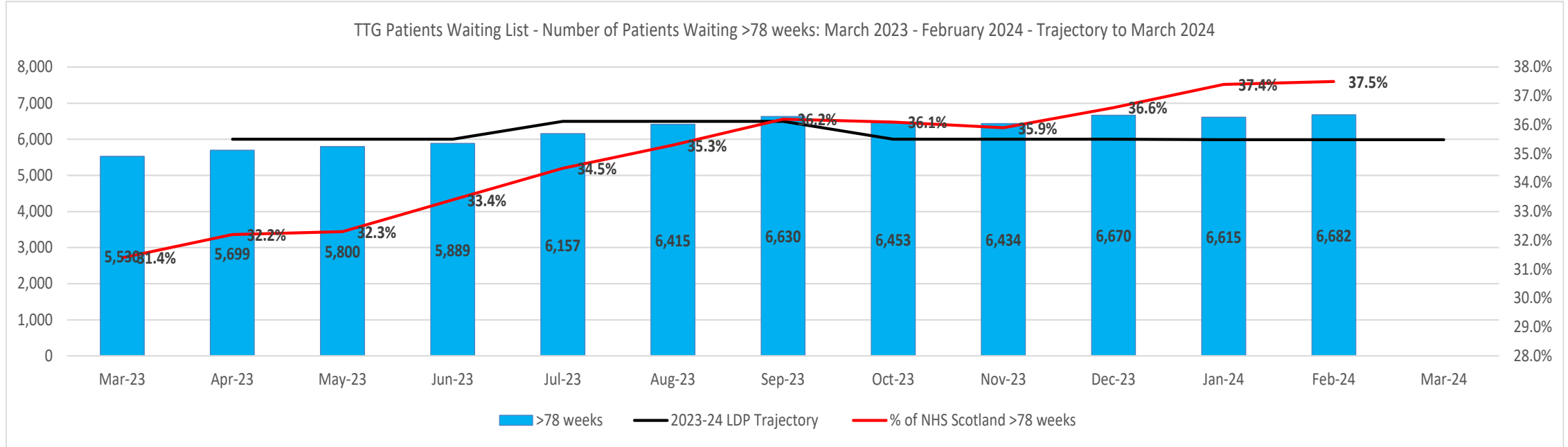
Growth on the over 104 week patient group continues with anticipated level of 2,620 for end of March.

Actions to reduce long waiting TTG patients are outlined on slide 30.

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

Target
5,990

Performance
6,682



Please note: data relating to February 2024 is provisional.

Summary

Current Position (including against trajectory):

As at February 2024 month end, a total of **6,682** 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 5,990 by March 2024. **Above trajectory by 11.6%.**

Current Position Against National Position:

37.5% of NHS Scotland's total patients waiting >78 weeks at the end of February 2024 were NHSGGC patients.

Projection to 31 March 2024:

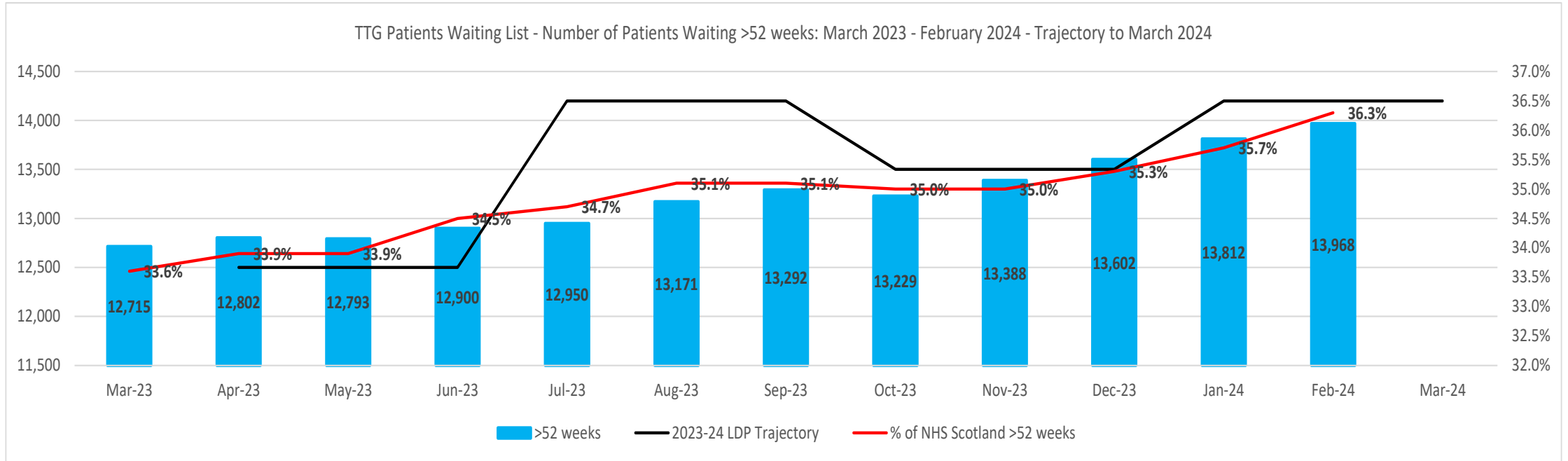
2023-24 Annual Delivery Plan of no more than 5,990 TTG patients waiting >78 weeks by March 2024.

Actions to reduce long waiting TTG patients are outlined on slide 30.

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

Target
14,200

Performance
13,968



Please note: data relating to February 2024 is provisional.

Summary

Current Position (including against trajectory):

At the end of February 2024, there were a total of **13,968** 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 March 2024. **Within trajectory by 1.6%.**

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

36.3% of NHS Scotland's total patients waiting >52 weeks at the end of February 2024 were NMSGC patients. **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.**

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

Key Actions

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

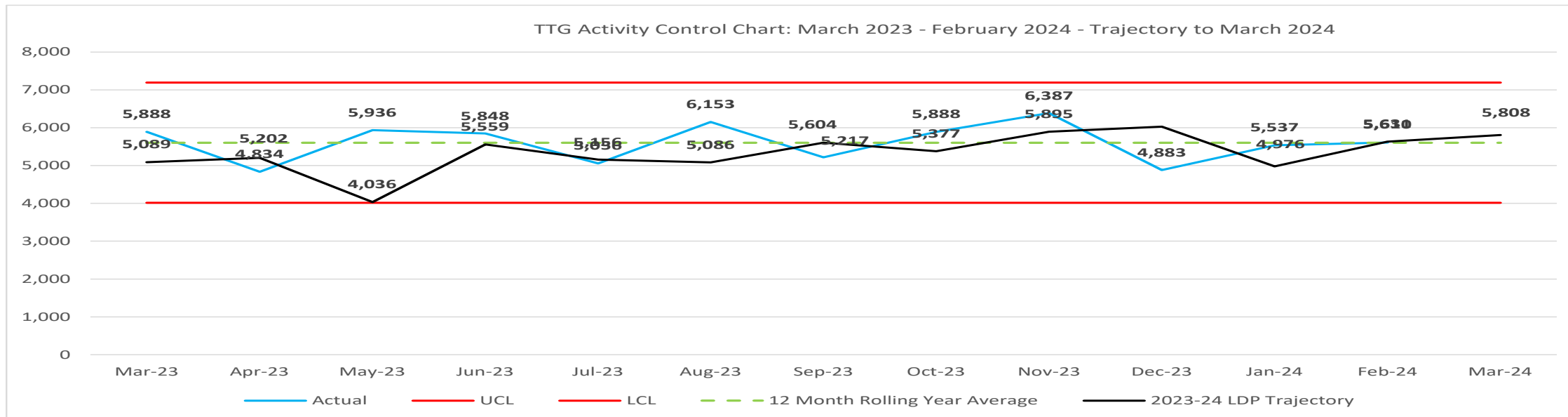
- Elective operating continued to be maintained in the acute winter period to a greater level than in previous years.
- Increasing elective session delivery across the sites has been the focus of review with operational teams. Nurse staffing including sickness and vacancy positions have been assessed by site and sector. An outline plan to achieve an incremental increase in theatre sessions has progressed with sector teams with monitoring in place against delivery.
- Performance toolkits in place across all theatre sites monitoring the utilisation of sessions, capturing cancellation information and completed case numbers. Specialty team meetings continue to review performance. Daily cancellation information reviewed across each specialty and sector to ensure reasons for avoidable cancellations addressed.
- Trauma and Orthopaedic TTG patients continue, by volume, to create the greatest pressure for long waiting patients. Capacity is being utilised across the sites to support the management of this patient group. The plan to increase Orthopaedic sessions at Gartnavel General Hospital (GGH) has been implemented to provide up to an additional six sessions a week for priority waiting patients. 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. Continuing this approach to substantiate increased beds and theatre capacity is subject to funding. A revised plan for GGH is being progressed. Changes being made in the south sector to maximise opportunities for ambulatory pathways through Victoria ACH.
- Patients have been referred to fill the allocated capacity at the Golden Jubilee National Hospital (GJNH) for Orthopaedics, Ophthalmology and the small allocation for General Surgery. Local management information shows that GJNH has delivered circa 98% of Joints at the end of March 2024. Close liaison with GJNH operational staff to ensure sufficient patient referrals and patient preparation undertaken to maximise available capacity with more detailed clinical discussions now progressing relating to patient suitability and preparation for care at GJNH. Proposed capacity for 2024/25 is under review.
- No capacity has been received from the Forth Valley National Treatment Centre (FV NTC). The allocation for NHSGGC had been for 1,086 patients to have joint replacements in 2023-24 through this pathway. An update from SG is awaited regarding allocation of FV NTC capacity in 2024/25.

18. BETTER CARE: TTG Inpatient/Daycase Activity

The number of TTG inpatient/Daycases seen

Target
58,551

Performance
61,349



Please note: data relating to February 2024 is provisional.

Summary

Current Position (including against trajectory):

A total of **61,349** patients were seen during the period April - February 2024, above the 2023-24 ADP trajectory of 58,551 for the period April - February 2024. **Exceeding trajectory by 5%.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2023:

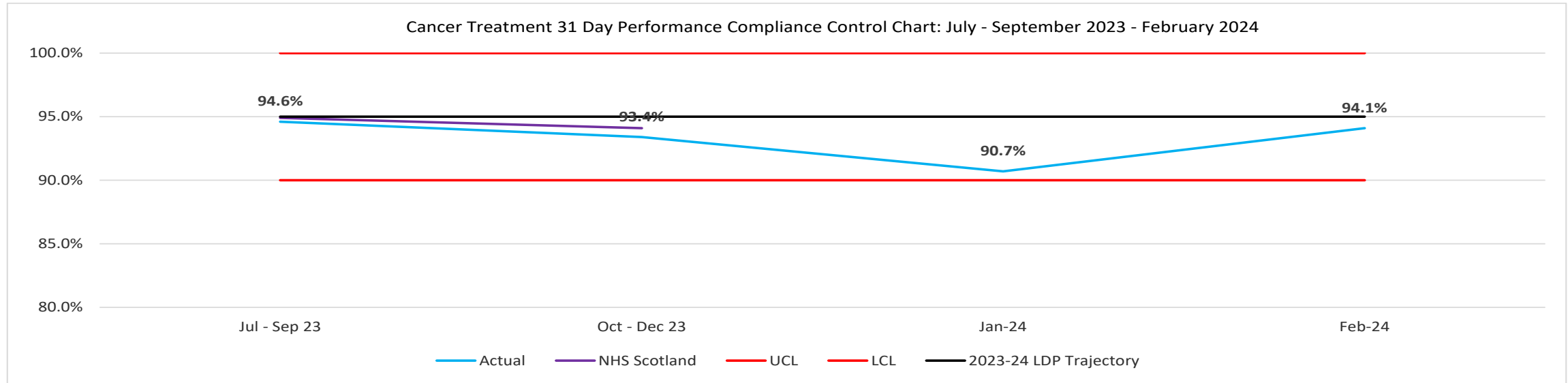
2023-24 Annual Delivery Plan target of 64,359 TTG patients to be seen by March 2024.

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

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

Target
95%

Performance
94.1%



Please note: data from January 2024 onwards is provisional and subject to validation. The published data January - March 2024 is scheduled to be published during June 2024.

Summary

Current Position (including against trajectory):

The latest provisional position is **94.1%** (494 of the 525 eligible patients started treatment within 31 days) for the month ending February 2024, an increase on the previous months' position and below **target by 0.9%**.

Position Against National Target:

At the quarter ending December 2023, NHSGGC's performance was marginally below the latest national published position of 94.1%.

Projection to 31 March 2023-24:

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

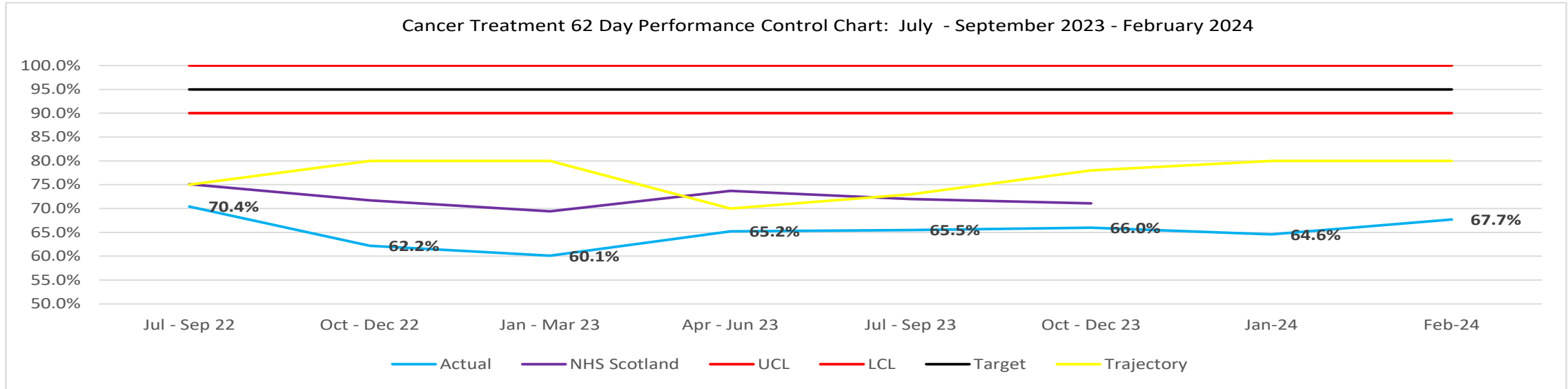
Key Actions

Current performance highlights an increase on the previous months' performance. A total of eight of the ten cancer types exceeded the 95% target. The cancer types below target are Head and Neck (91.9% - 34 of the 37 eligible referrals started their treatment within 31 days, an increase on the 76.0% reported the previous month) and Urological (85.1% - 131 of the 154 eligible referrals started their treatment within 31 days, an increase on 78.0% reported the previous month). Actions to address performance in relation to tumour types more challenged are outlined in slide numbers 34 and 35.

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

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

Trajectory 80.0%	Performance 67.7%
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Please note: data from January 2024 onwards is provisional and subject to validation. The published data January - March 2024 is scheduled to be published during June 2024.

Summary

Current Position (including against trajectory):

The latest provisional position is **67.7%** (260 of the 384 eligible referrals were seen) for the month ending February 2024, an increase on the previous month's position of 64.6% and **below the trajectory of 80%**.

Against National Target:

At the quarter ending December 2023, NMSGC's performance is below the latest national published position of 71.1%.

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 (55.1% - 27 of the 49 eligible referrals started their treatment within 62 days) however, the volume of USOC referrals has increased by 68% on pre-pandemic levels, and Urology (39.2% - 40 of the 102 eligible referrals started their treatment within 62 days of referral) again the volume of USOC referrals has increased by 75% on pre-pandemic levels. Other lower volume cancer types challenged during February 2024, include Lymphoma (60.0% - three of the five eligible referrals started their treatment within 62 days of referral), Head and Neck (68.4% - 13 of the 19 eligible referrals started their treatment within 62 days of referral), the volume of USOC referrals has increased by 25% on pre-pandemic levels, and Upper GI (70.4% - 19 of the 27 eligible referrals started their treatment within 62 days of referral). Key actions to address performance in those cancer types facing ongoing challenges are outlined in the next two slides.

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

Overall

- Overall performance should be seen in the context of the year on year increase in the number of USOC referrals since pre-pandemic. USOC referrals increased by 54%, increasing from 37,204 in 2019-20 to 67,504 in 2023-24 across all cancer types. The 2023-24 position is predicted to further increase (70,812) based on current referral rates (representing a 63% increase on 2019-20 and a 6% increase on 2022-23 USOC referrals).
- A Short Life Working Group with Primary Care has met to agree actions to ensure only appropriate referrals are classified as USOC. Template referral guidelines for GP's have been developed to assist with this process, with further work progressing across the first quarter of the new year.
- A review of conversion rates for USOC referrals is also being undertaken to identify if increased referrals are reflected in the number of cases going for surgery.

Colorectal - February 2024 Performance: 55.1% - 27 of the 49 eligible referrals started their treatment within 62 days of referral. (Below January - March 2024 Colorectal trajectory of 70%)

- Colorectal performance increased from 43.8% in January 2024 to 55.1% in February 2024. Overall activity marginally increased from 48 eligible referrals in January 2024 to 49 in February 2024. The focus remains on reducing the backlog of patients who have waited longer than 62 days.
- Colonoscopy delays continue to be the main reason for breach. The Endoscopy Insourcing commenced in September 2023, delivering six Endoscopy lists running on a Saturday. This is in addition to the initiatives already in place and previously reported and with the patient mix, which includes bowel screening, the Saturday sessions will scope approximately 150 patients per month for six months.
- Bowel screening Qfit parameters have been reviewed and revised for the three highest risk categories and updated triage guidance provided.

Head & Neck - February 2024 Performance: 68.4% - 13 of the 19 eligible referrals started their treatment within 62 days of referral. (Below the January - March 2024 Head & Neck trajectory of 90%)

- Head & Neck performance increased from 30.0% in January 2024 to 68.4% in February 2024. Patient activity also increased from 10 eligible referrals in January 2024 to 19 in February 2024.
- The OMFS Head & Neck cancer service continues to provide mutual aid to NHS Lanarkshire.

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

Head & Neck (Continued)

- We have been successful in securing £390k non-recurring funding for the Optimal Head & Neck Pathway. The funding will facilitate the following:
 - ENT Diagnosis Hub at the QEUH, will significantly increase capacity and reduce waiting times for rapid diagnosis.
 - ENT Ultrasound Service development, develop and train Sonographers to support service expansion. This additional capacity will support faster diagnostics at the front end of the Head & Neck pathway.
 - The Capital equipment procurement is progressing in Quarter 4, but the staff training and development above will take nine to 12 months to have an impact on services and capacity.

Upper GI - February 2024 Performance: 70.4% - 19 of the 27 eligible referrals started their treatment within 62 days of referral. (Below the January - March 2024 Upper GI trajectory of 90%)

- Upper GI performance increased from 66.7% in January 2024 to 70.4% in February 2024. Overall activity remained fairly static. Endoscopy actions noted above continue to support the Upper GI position.
- Diagnostic tests, particularly PET CT are the main reason for breach. PET CT is recovering from operational difficulties and running additional evening sessions to address waiting times.
- The review of the Lothian GI Pathway Group is being progressed to identify further areas for improvement.

Urology - February 2024 Performance: 39.2% - 40 of the 102 eligible referrals started their treatment within 62 days of referral. (Below the January - March 2024 trajectory of 90%)

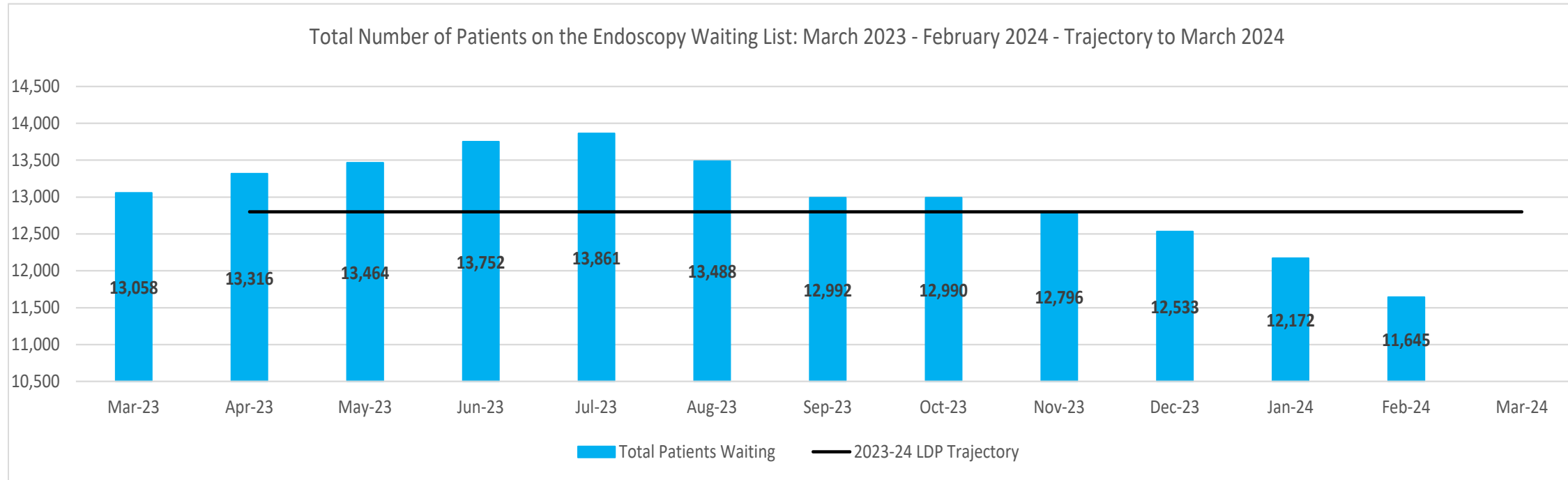
- Urology performance decreased from 43.2% in January 2024 to 39.2% in February 2024. Activity increased from 88 eligible referrals in January 2024 to 102 in February 2024. Substantial additional treatment capacity is required to improve the performance.
- The prostate pathway has been mapped and steps removed to aid early diagnosis. The main blockages continue to be Transrectal Ultrasound (TRUS)/Transperineal (TP) biopsy, clinic appointment following MDT and Robotic Assisted Laparoscopic Prostatectomy (RALP).
- Additional TRUS, TP Biopsy sessions, clinics (surgery and oncology) and RALP lists continue to run.
- 33 RALP procedures were undertaken in October, 37 in November, 30 in December, 34 in January, and 32 in February all exceeding the planned target delivery of 24 RALPs per month. NHS Ayrshire & Arran have begun undertaking RALP procedures from January 2024, which reduces current demand on NHSGG&C.
- Consultant staffing remains challenging due to vacancy and maternity leave. There have been no applicants for the additional substantive post. A part time Locum appointment started in October 2023 for six months.

21. BETTER CARE: Diagnostics – Endoscopy Waiting List

Number of patients on the Endoscopy waiting list

Target
12,800

Performance
11,645



Please note: data relating to February 2024 is provisional.

Summary

Current Position (including against trajectory):

As at February 2024 month end, there are **11,645** patients on the overall waiting list, a further reduction on the previous months' position and within the 2023-24 Annual Delivery Plan trajectory of no more than 12,800 patients on the Endoscopy Waiting List by March 2024. **Within 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 endoscopy waiting list by 2024. Current performance is ahead of the planned position for March 2024.

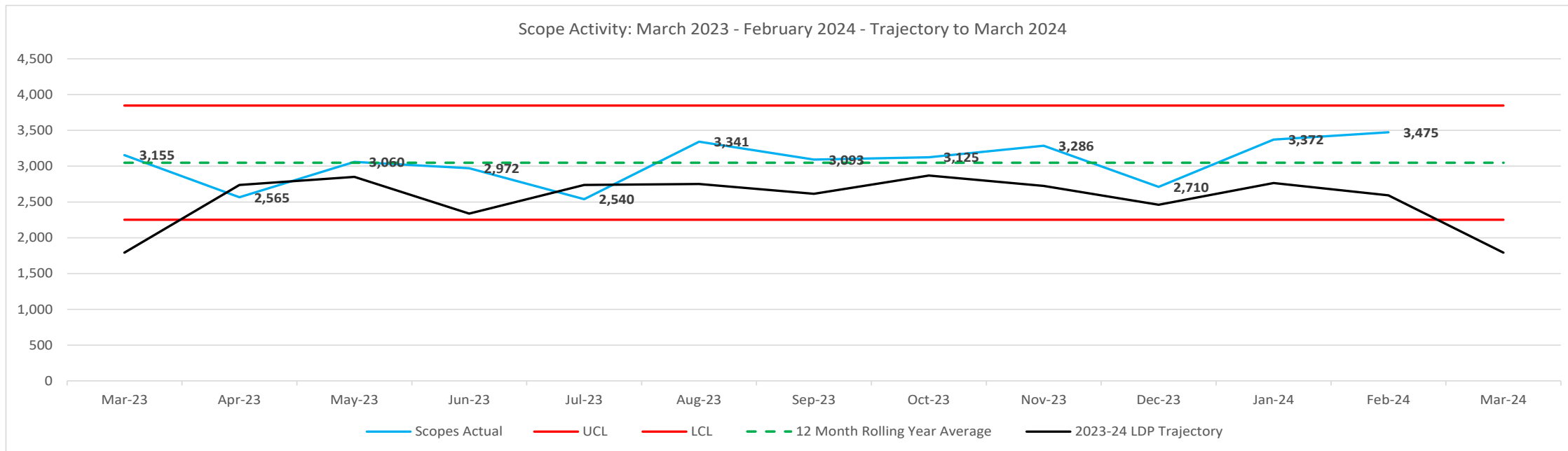
March

22. BETTER CARE: Diagnostics - Endoscopy Activity

Number of Endoscopy tests carried out

Target
29,441

Performance
33,539



Please note: data relating to February 2024 is provisional.

Summary

Current Position (including against trajectory):

Annual

Current Position Against National Target:

Projection to March 2024:

A total of **33,539** endoscopies were carried out during the period April - February 2024, above the 2023-24 Delivery Plan trajectory of 29,441. **Exceeding trajectory by 14%.**

No national target relevant.

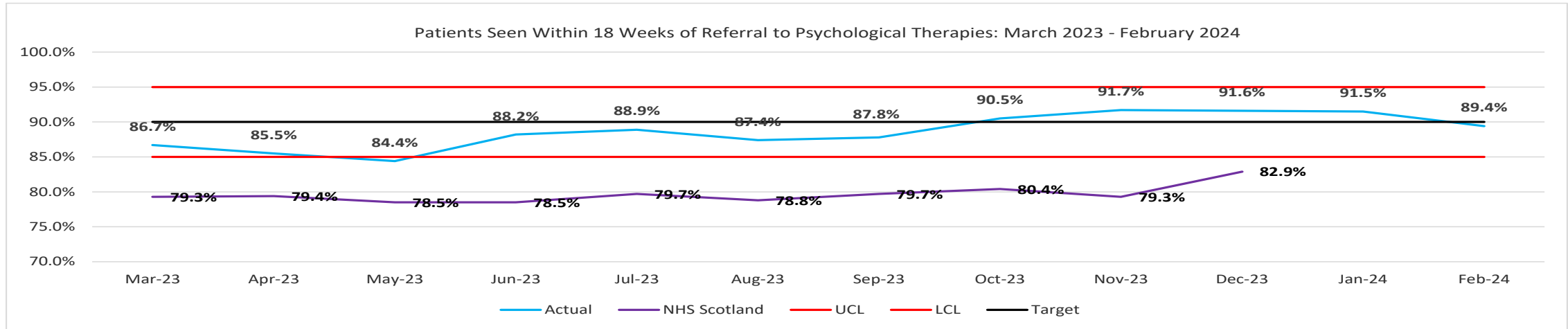
2023-24 Annual Delivery Plan target of 31,234 endoscopies carried out by March 2024. Performance is currently exceeding the March 2024 planned position.

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

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

Target
90%

Performance
89.4%



Please note: The national published January - March 2024 data is scheduled to be published on 4 June 2024.

Summary

Current Position (including against trajectory):

In February 2024, **89.4%** eligible referrals were seen <18 weeks of referral, within 0.6% of the expected position of 90.0%.

Current Position Against National Target:

National target 90%. Performance remains significantly above the national position of 82.9% for the latest published month ending December 2023.

Projection to 31 March 2024:

Current performance is 0.6% within the national target of 90%.

Key Actions

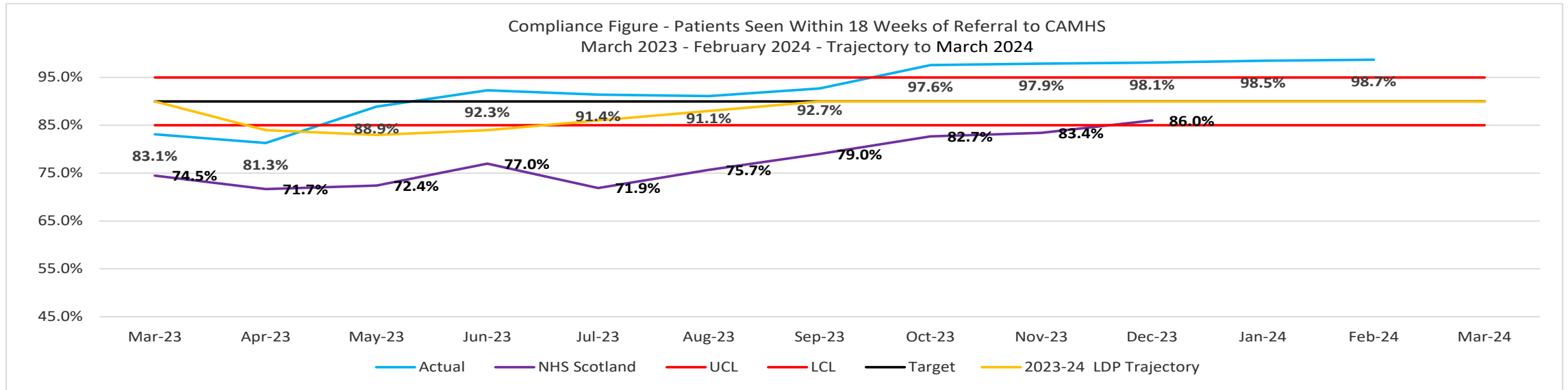
Services have continued to prioritise actions to deliver against the standard and reduce the number of long waiting patients. Board wide there was an overall reduction in the total number of people waiting over 18 weeks from January to February 2024 (466 to 443). The performance indicator was marginally below the planned position because of the planned work to remove high number of long waits in Prison Healthcare. Prison Healthcare reduced the number waiting over 18 weeks by 80%. In the South Adult CMHTs there was a spike in the percentage starting a Psychological Therapy who had waited for more than 18 weeks (7% in January 2024 to 36% in February 2024). This has a short term impact on the numbers starting related to the standard. This highlights the very fine margins when dealing with delivering the target and addressing the small numbers of long waits in any one month.

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

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

**Target
90%**

**Performance
98.7%**



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

Summary

Current Position (including against trajectory):

In February 2024 **98.7%** of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, above the 2023-24 ADP trajectory of 90% for February 2024 and above the national target of 90%. **Above the 2023-24 ADP target by 8.7%.**

Current Position Against National Target:

National Target 90%. Performance for the latest monthly published position (December 2023) was 98.1%, significantly above the national position of 86.0%.

Projection to 31 March 2024:

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

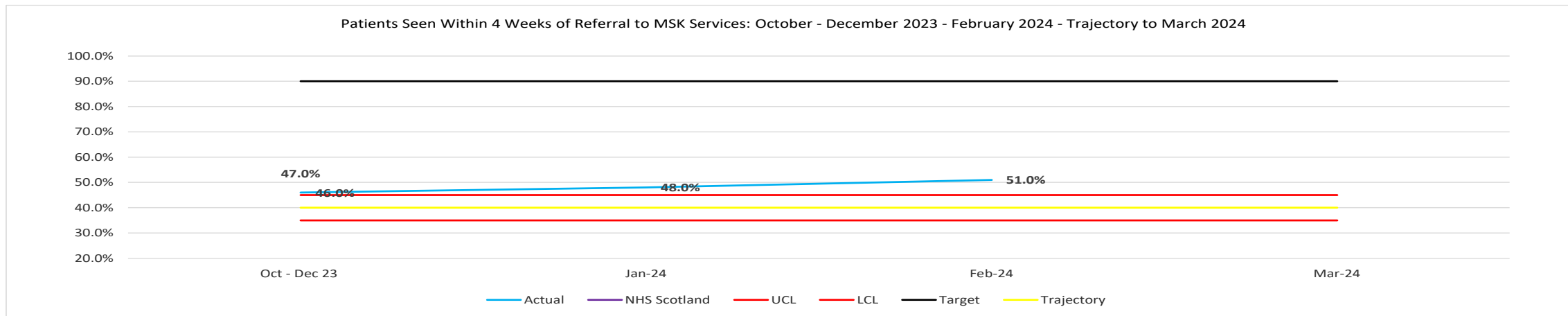
Current monthly performance continues to exceed the planned position for the tenth consecutive month.

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

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

Target
90%

Performance
51.0%



The national published data January - March 2024 is scheduled to be published during June 2024.

Summary

Current Position (including against trajectory):

In February 2023, **51%** of patients were seen within four weeks, a further sustained and significant improvement on the previous months' position however, **below the national target of 90%**. This figure relates to the percentage of urgent referrals seen. Until the routine waiting times are closer to the four week target, the percentage of patients seen within four weeks will not vary greatly as they constitute the urgent referrals. However, the improved performance against target is due to a test of change introduced where GP APPs assess routine self referred patients at point of referral. This is done in their sessional commitment within MSK. The project will run for six months and will be fully evaluated.

Current Position Against National Target:

Performance for the latest national published position (quarter ending December 2023) is 46%, marginally below the national position of 47%.

Projection to 31 March 2024:

The projection for end March 2024 was to reduce routine waiting times to six weeks as part of the aim of the priority project work. The service was on track to achieve this until demand rose significantly in August 2023 and has remained high since. The service has prepared revised trajectory data based on a projected referral rate of 71k referrals (previous trajectory data was based on a referral rate of 54k referrals). There has been a significant increase in capacity as a result of the waiting times project work but this rise in capacity has just offset the increase in demand. Each month the demand has risen between 10-18% when compared to same month previous year.

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

Key Actions

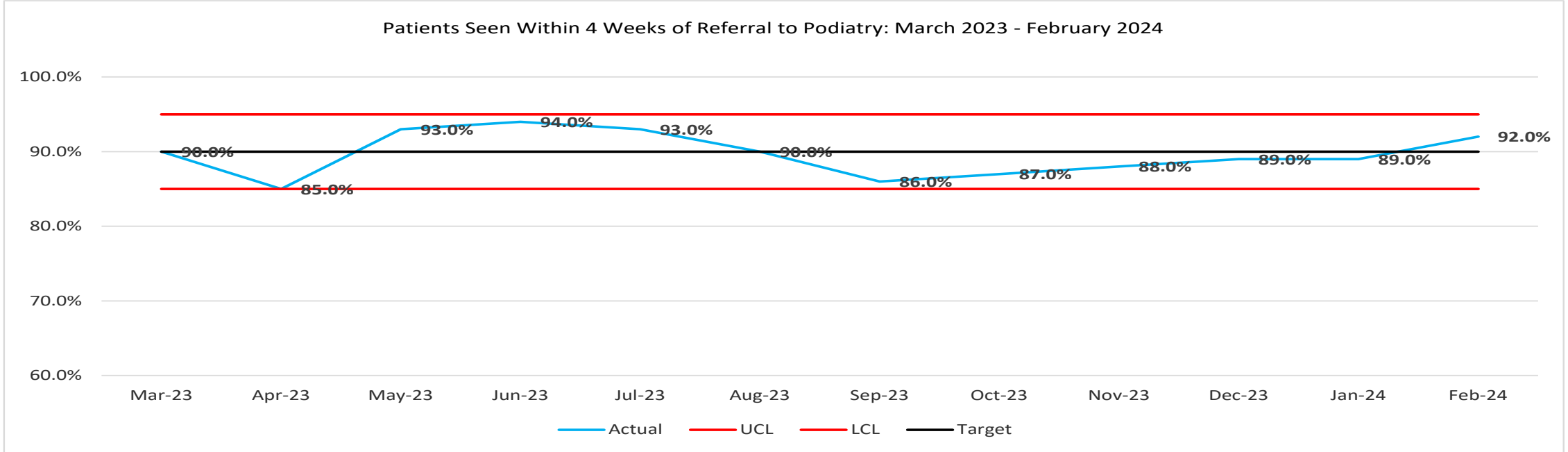
- Agency staff have been employed for 12 weeks specifically to do WLI work. These agency staff finished at the end of February 2024 due to reserves money no longer being available. Although capacity has improved as a result of the agency staff the hoped improvement in waiting times has not been realised due to the increased demand since August 2023.
- A further test of change started on 22 January 2024. This project has increased the percentage of patients seen within the four week target and this improvement is reflected within the February data. GP Advanced Practice Physiotherapists (APP), in their MSK sessional commitment, have started to assess routine self referred patients at point of referral to provide bespoke advice and supported self management information. This utilises their skillset to replicate their role within GP practice and will focus on patients who self refer (i.e. they have not already seen a GP APP or other Health Care Practitioner). Data will be monitored to assess whether the percentage of patients supported to self manage (without re-accessing the service) is similar to the 79% achieved in a primary care setting. The project will run for six months and will be fully evaluated.
- The service has also invested in staff training which has had an unintended consequence and contributed to improvement in the percentage of patients seen within the four week target. This training is in a Cognitive Functional Approach to patient care and will be part of international research project. Patient with back pain were required to be seen at point of referral as part of the training requirement.
- The MSK service is scoping out the number of referrals where the evidence base states that the patient is “less likely” to benefit from MSK. This relates to three categories of patients i.e. those patients who have been to MSK in the last year with the same condition; those patients who have been through the Pain Management Service with the same condition; and those patients with widespread body pain (as will not truly be MSK pathology). This is with a view to focusing service provision on those who are most likely to benefit. Early indicators are that “widespread body pain” (i.e. non MSK condition) equates to around 3.6% on average of each staff caseload. This would equate to just over 2,000 new patient appointments each year. The service plan to manage these patients differently with supported self management information and is working to progress this. The service will be mindful that any actions do not impact on any other Primary or Secondary Care services.

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

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

Target
90%

Performance
92.0%



Summary

Current Position (including against trajectory):

92% of eligible podiatry patients were seen <4 weeks of referral in February 2024, an improvement on the previous months' position and above the 90% target. **2% above target.**

Current Position Against National Target:

No national position available.

Projection to 31 March 2024:

Target of 90% (national target). **Performance is currently exceeding the national target of 90%.**

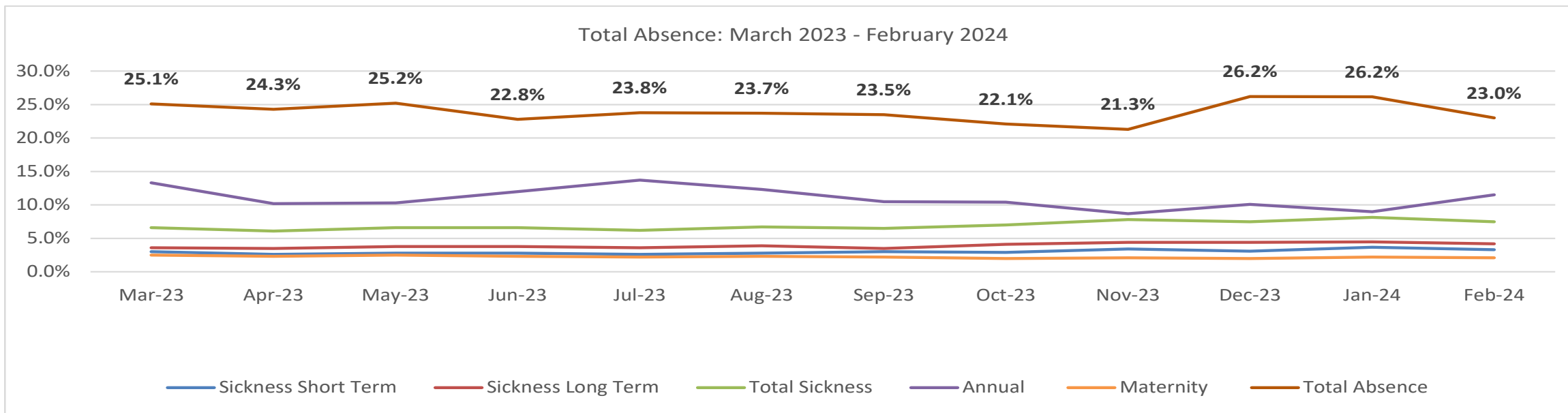
Overall, there has been an improvement in performance with the current position exceeding the national target of 90%.

27. BETTER WORKPLACE: Staff Absence Total

The reasons for absence across NHSGGC

Target
24.0%

Performance
23.0%



Summary

Current Position:

During February 2024, overall absence across NHSGGC was 23.0%, a reduction on the 26.2% reported the previous month. The highest levels of absence across NHSGGC were due to annual leave (11.5%), sickness absence (7.5%), and Maternity Leave (2.1%).

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2024:

No projection has been agreed.

Overall absence across NHSGGC was 23.0% in February 2024 a reduction on the 26.2% reported the previous month. Actions in place to address levels of sickness absence are outlined on the next slide.

28. BETTER WORKPLACE: Staff Sickness Absence Rate

Reduce sickness absence percentage to meet local target of 5%

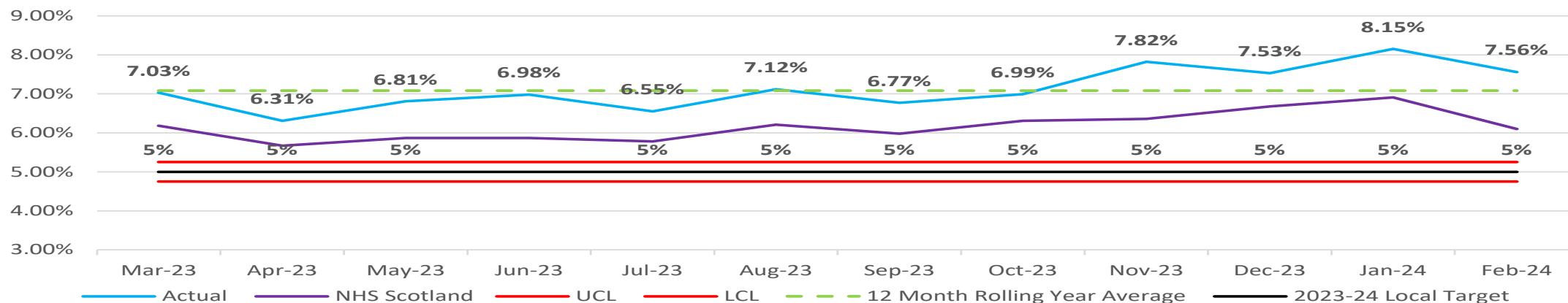
Target

5.0%

Performance

7.56%

Sickness Absence Control Chart: March 2023 - February 2024



Summary

Current Position (including against trajectory):

Current performance **7.56%**, a reduction on the previous months' position. **2.56% above the local target of 5.0%**.

Current Position Against National Target:

Above national average of 6.10% for February 2024.

Projection to 31 March 2024:

Local target of 5% and national target of 4%. Current projection is above both targets.

Key Actions

Current performance of 7.56% (3.3% short term and 4.2% long term) represents a 0.59% reduction on the previous months' position (8.15%). Overall, short and long term absence reduced on the previous month by 0.4%, and 0.3% respectively. Acute conveys an overall decrease of 0.83%, HSCPs increased by 0.09%, Estates and Facilities decreased by 0.84%, returning back to the December 2023 position, and Corporate Services decreased by 0.70% when compared to the previous month.

Action plans and trajectories are in place for each area to reduce sickness absence and support employees back to work. HR support is being prioritised on cases over the frequent absence triggers, mental health related absence and piloting enhanced support to new or inexperienced managers earlier in the process.

An internal audit found improved management of sickness absence compared to the previous 2018 audit, identifying good practice as well as areas for improvement. Six actions will be implemented as a result of the audit findings, including developing an accountability framework, implementing spot checks on attendance policy compliance and creating a clear process for providing appropriate training when issues are identified in the application of the attendance policy and assessing the successes of initiatives in the sickness absence action plan and considering opportunities for wider applicability across NHSGGC.

Measure	Target	2023 Actual	Variance above target
Digital Maturity	80%	83%	3%
Digital Security	80%	93%	13%

Summary

The Figures presented above are annual measures included within the Digital Strategy and are based on the 2023 annual audits.

Both Digital Maturity and Digital Security are exceeding the local target of 80%

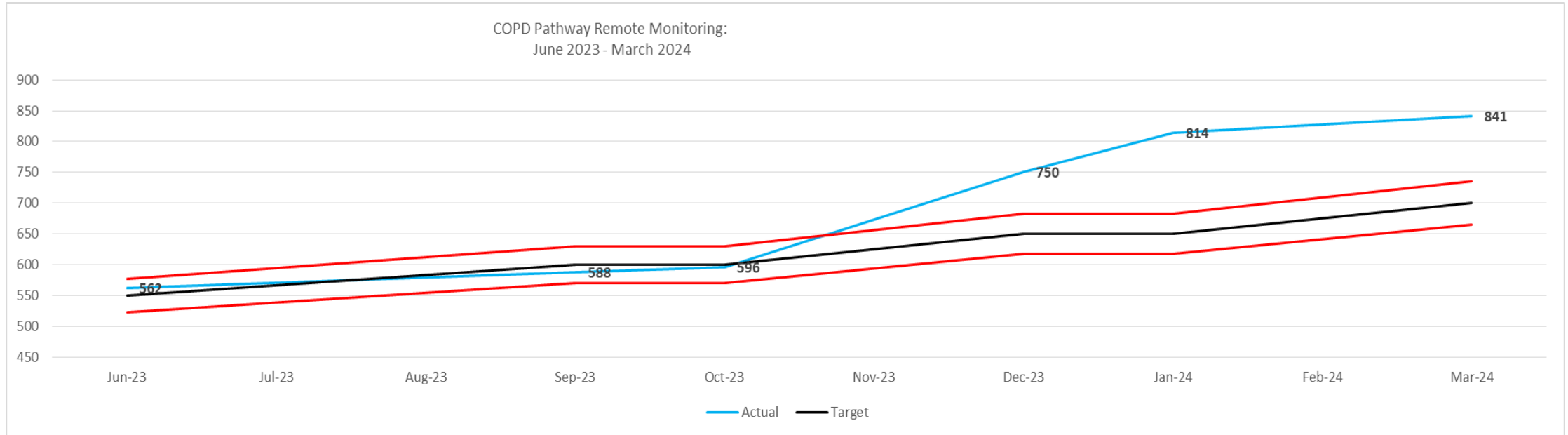
The National position for all Boards is not published.

31. BETTER VALUE: Remote Monitoring- COPD Pathway

Total remote monitoring patients on the COPD pathway

Target
700

Performance
814



Current Position (including against trajectory):
Current Position Against National Target:
Projection to 31 March 2024:

Current performance **841. This is 20% above the local target of 700.**
 No national target
Target of 700 which has been exceeded at the 31st of March 2024.

Summary

This is an annual measure that is part of the Boards Annual Delivery Plan and a key programme within the Digital Strategy.

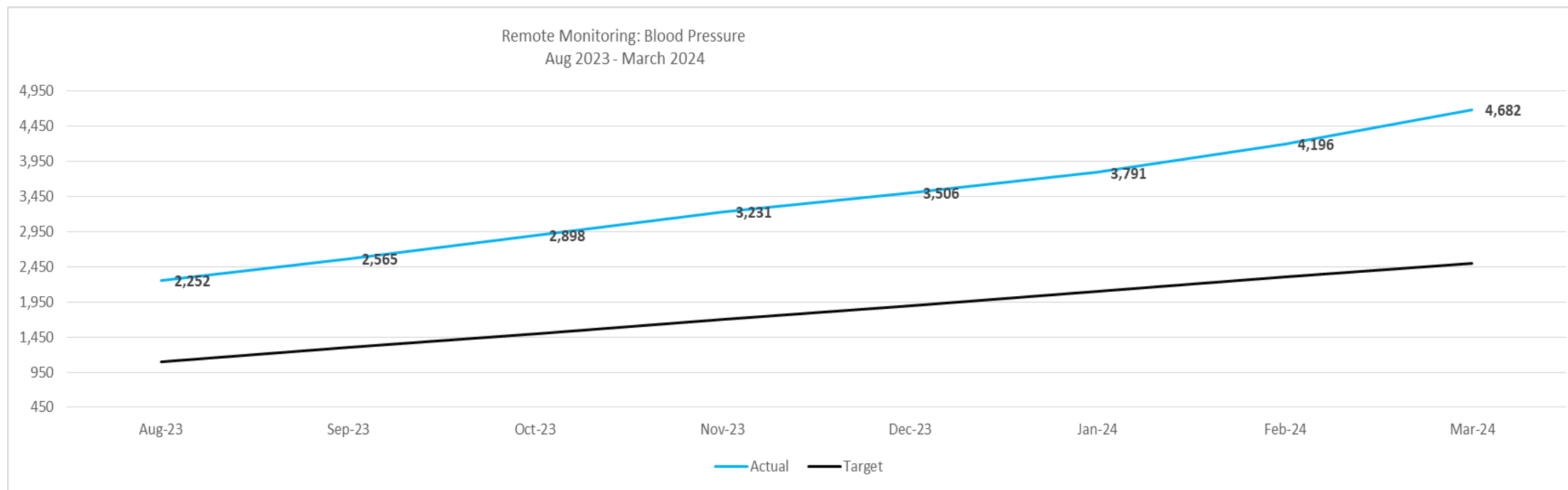
Good progress has been made this year and work continues to increase the amount of remote monitoring that is carried out on the COPD pathway. A target is currently being agreed for 2024/25.

32. BETTER VALUE: Remote Monitoring- Blood Pressure

Total remote monitoring Blood Pressure patients

Target
2,500

Performance
4,682



Current Position (including against trajectory):

Current Position Against National Target:

Projection to 31 March 2024:

Current performance is 4,682. **87% above the local target of 2,500.**

No national target

Target of 2,500 which has been exceeded at the 31st of March 2024.

Summary

This is an annual measure that is part of the Boards Annual Delivery Plan and a key programme within the Digital Strategy.

Good progress has been made this year and work continues to increase the amount of patients receiving remote monitoring for blood pressure. A target is currently being agreed for 2024/25.

33 . Control Limits

RATIONALE				
BETTER HEALTH				
No	Measure	Targets	Control Limits	Slide Number
1	Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral	National Target	Based on 5% variance from target	6
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
2	Unscheduled Care: A&E 4 Hour Waits	National Target	Based on 5% variance from trajectory	7
3	Unscheduled Care: A&E Attendances	Local Target	Not Applied	9
4	Delayed Discharges: Number of Acute Delayed Discharges	Local Target	Based on 5% variance from trajectory	11
5	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target	Based on 5% variance from trajectory	13
6	Delayed Discharges: Number of Acute bed days lost to delayed discharges	Local Target	Based on 5% variance from trajectory	15
7	Delayed Discharges: Number of Mental bed days lost to delayed discharges	Local Target	Based on 5% variance from trajectory	17
8	GP Out Of Hours Activity	Local Target	Based on 5% variance from target	19
9	GP Out Of Hours: % of Scheduled Shifts Open	For Information	Not Applied	20
10	Number of patients on the New Outpatient Waiting List	2023-24 Planned Care Reduction Target	Not Applied	21
11	Number of New Outpatients Waiting >78 weeks	2023-24 Planned Care Reduction Target	Not Applied	22
12	Number of New Outpatients Waiting >52 weeks	2023-24 Planned Care Reduction Target	Not Applied	23
13	New Outpatient Activity	2023-24 Annual Delivery Plan Target	Standard deviation is based on 12 month rolling average	25
14	Number of patients on the TTG Waiting List	2023-24 Planned Care Reduction Target	Not Applied	26
15	Number of TTG Patients Waiting >104 weeks	2023-24 Planned Care Reduction Target	Not Applied	27
16	Number of TTG Patients Waiting >78 weeks	2023-24 Planned Care Reduction Target	Not Applied	28
17	Number of TTG Patients Waiting >52 weeks	2023-24 Planned Care Reduction Target	Not Applied	29

33. Control Limits (Continued)

RATIONALE				
BETTER CARE				
No	Measure	Targets	Control Limits	Slide Number
18	TTG Inpatient/Daycase Activity	2023-24 Annual Delivery Plan Target	Standard deviation is based on 12 month rolling average	31
19	Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat	National Target	Based on 5% variance from target	32
20	Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	National Target	Based on 5% variance from trajectory	33
21	Diagnostics: Endoscopy Waiting List	2023-24 Planned Care Reduction Target	Not Applied	36
22	Diagnostics: Endoscopy Activity	2023-24 Planned Care Reduction Target	Standard deviation is based on 12 month rolling average	37
23	Access to Psychological Therapies - % eligible referrals starting treatment	2023-24 Annual Delivery Plan Target	Based on 5% variance from target	38
24	Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral	2023-24 Annual Delivery Plan Target	Not Applied	39
25	MSK Physiotherapy Waiting Times - % of patients seen <4 weeks	National Target	Based on 5% variance from trajectory	40
26	Podiatry Waiting Times - % of patients seen <4 weeks	National Target	Based on 5% variance from target	42
BETTER WORKPLACE				
No	Measure	Targets	Control Limits	Slide Number
27	Staff Absence Total	Local Measure	Not applied	43
28	Staff Sickness Absence Rate	Local Target	Based on 5% variance from target	44
28	Short Term Absence Rate	Local Target	Not Applied	44
28	Long Term Absence Rate	Local Target	Not Applied	44

33. Control Limits (Continued)

RATIONALE				
BETTER VALUE				
No	Measure	Targets		Slide Number
39	Digital Maturity	National Target	Not applied	45
30	Digital Security	National Target	Not applied	45
31	Remote Monitoring - COPD Pathway	Local Target	Based on 5% variance from target	46
32	Remote Monitoring - Blood Pressure	Local Target	Based on 5% variance from target	47
The Better Value Finance measures are reflected within the Finance Report				
33	Rationale for Control Limits Applied			48