

NHS Greater Glasgow and Clyde	Paper No. 23/39
Meeting:	NHSGGC Board Meeting
Meeting Date:	27 June 2023
Title:	Performance Report
Sponsoring Director:	Colin Neil, Director of Finance
Report Author:	Tricia Mullen, Head of Performance

1. Purpose

The purpose of this report is to: provide the Board members with an update on performance against the key indicators as outlined in the Performance Assurance Framework.

2. Executive Summary

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

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

Key Areas of Performance Improvement:

- The number of scheduled GP Out Of Hours scheduled shifts that remained open (98.3%) during April 2023 continued to exceed the 90% target.
- For the third consecutive month there has been an improvement in the Cancer 62 day waiting times (66%) performance, however overall performance remains a challenge.
- Progress continues in relation to reducing the number of long waiting patients in that the number of patients waiting >52 weeks for a new outpatient appointment is within the draft planned position for April 2023.
- The number of TTG patients waiting >78 weeks for an inpatient / daycase procedure is also within the planned position for April 2023.

BOARD OFFICIAL

- Whilst performance in relation to the overall number of mental health delayed discharges remains challenging, the number of mental health delays reduced by 15 (85 down to 70) when compared to the previous month.

Key Areas of Performance in Need of Improvement:

- Access to Psychological Therapies (85.5%) was marginally below the national target of 90% in April 2023.
- Performance in relation to the number of CAMHS patients seen <18 weeks of referral (81.3%) was below the planned position for April 2023, whilst the number of long waiting patients continues to reduce.
- The compliance with the Cancer 31 day waiting times performance was reported at 92.1% in April 2023, compared to the previous months' reported position of 96.7% in March 2023.
- New outpatient activity is below the draft planned position for April 2023.
- Performance relating to A&E four hour waits remained a significant challenge during April 2023.
- Performance in relation to the overall number of acute delayed discharges remained challenging in April 2023, (303 compared to the previous month of 285).

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

3. Recommendations

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

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

- | | |
|------------------------|------------------------|
| • Better Health | <u>Positive</u> impact |
| • Better Care | <u>Positive</u> impact |
| • Better Value | <u>Positive</u> impact |
| • Better Workplace | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| • Environment | <u>Positive</u> impact |

6. Engagement & Communications

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

7. Governance Route

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

8. Date Prepared & Issued

Prepared on 19 June 2023

Issued on 20 June 2023

NHS GREATER GLASGOW & CLYDE BOARD MEETING



Performance Assurance Information – June 2023

No	Measure	Targets	Current Performance Status	Projected Performance as at 31 March 2024	Slide Number
1	Access to Psychological Therapies: % eligible referrals starting treatment <18 weeks of referral	2023-24 Draft Annual Delivery Plan			5
2	Access to CAMHS: % eligible referrals starting treatment <18 weeks of referral	2023-24 Draft Annual Delivery Plan			6
3	Access to Cancer Services Treatment Time: % of patients starting treatment within 31 days of decision to treat	National Target			8
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			9
5	New Outpatient Activity	2023-24 Draft Planned Care Reduction Target			12
6	New Outpatient Waiting List	2023-24 Draft Planned Care Reduction Target			13
7	Number of New Outpatients Waiting >78 weeks	2023-24 Draft Planned Care Reduction Target			14
8	Number of New Outpatients Waiting >52 weeks	2023-24 Draft Planned Care Reduction Target			15
9	TTG Inpatient/Daycase Activity	2023-24 Draft Annual Delivery Plan			17
10	TTG Waiting List	2023-24 Draft Planned Care Reduction Target			18
11	Number of TTG Patients Waiting >104 weeks	2023-24 Draft Planned Care Reduction Target			19
12	Number of TTG Patients Waiting >78 weeks	2023-24 Draft Planned Care Reduction Target			20
13	Number of TTG Patients Waiting >52 weeks	2023-24 Draft Planned Care Reduction Target			21
14	Diagnostics: Scope Activity	2023-24 Draft Planned Care Reduction Target			23
15	Diagnostics: Scope Waiting List	2023-24 Draft Planned Care Reduction Target			24

No	Measure	Targets	Current Performance Status	Projected Performance as at 31 March 2024	Slide Number
16	Unscheduled Care: A&E Attendances (For Information)	For Information			26
17	Unscheduled Care: A&E 4 Hour Waits	National Target			27
18	GP Out Of Hours: Number of Scheduled Shifts Open	Local Target			28
19	Delayed Discharges: Number of Acute Delayed Discharges	Local Target			29
20	Delayed Discharges: Number of Mental Health Delayed Discharges	Local Target			30
21	Delayed Discharges: Number of bed days lost to delayed discharges (All)	Monthly Average Position			31
22	Rationale for Control Limits Applied				32

Key	Performance Status
On target or better	
Adverse variance of up to 5%	
Adverse variance of more than 5%	
No target	

Executive Summary

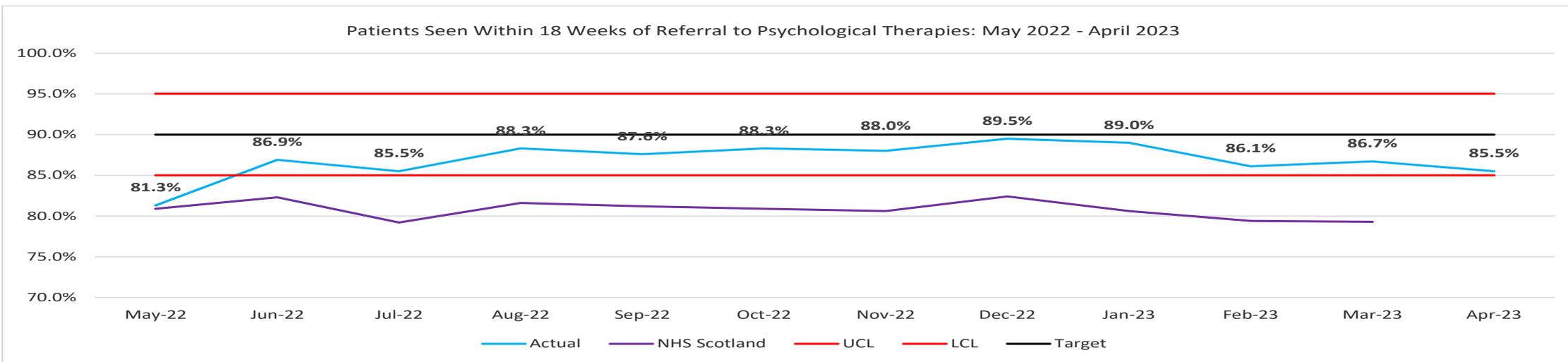
In the main, the report covers the period up to April 2023 (with the exception of quarterly data which reflects the latest available quarterly reporting period). The report has been revised to reflect the following:

- The measures outlined in the 2023-24 *Draft* Annual Delivery Plan are still to be approved by the Scottish Government (SG).
- Key national and local targets.
- The 2023-24 *draft* planned care reduction targets are still to be approved by the SG. These relate to new outpatients, inpatient/daycases and eight key diagnostic tests in line with the joint ambition to tackle waiting lists. The draft planned care reduction targets contained within our 2023-24 *Draft* Annual Delivery Plan are aimed at reducing the following:
 - >78 week waits for new outpatients in most specialities by end of June 2023
 - >52 week waits for new outpatients in most specialities by end of March 2024
 - >104 week waits for inpatient/daycases in the majority of specialties by end of December 2023
 - >78 week waits for inpatient/daycases in the majority of specialties by March 2024 (*now reflected within report*)
 - >52 week waits for inpatient/daycases in the majority of specialties by March 2024 (*now reflected within report*)

During April 2023, the pressures across our health and social care services continued including the challenges associated with the number of patients delayed in their discharge. This continued to create difficulties for patient flow through our health and care system and impact on our A&E performance. However, despite these pressures, we continued to remain focused on treating the most urgent patients and reducing the number of long waiting patients.

As at April 2023, three of the 21 measures that can be tracked against trajectory are currently delivering against trajectory and rated green, eight are rated as amber (<5% variance from trajectory), eight have been rated as 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



Summary

Current Position (including against trajectory):

In April 2023, 85.5% eligible referrals were seen <18 weeks of referral. **4.5% below the target of 90%.**

Current Position Against National Target:

National target 90%. Performance remains above the national position of 79.3% for the latest published month ending March 2023.

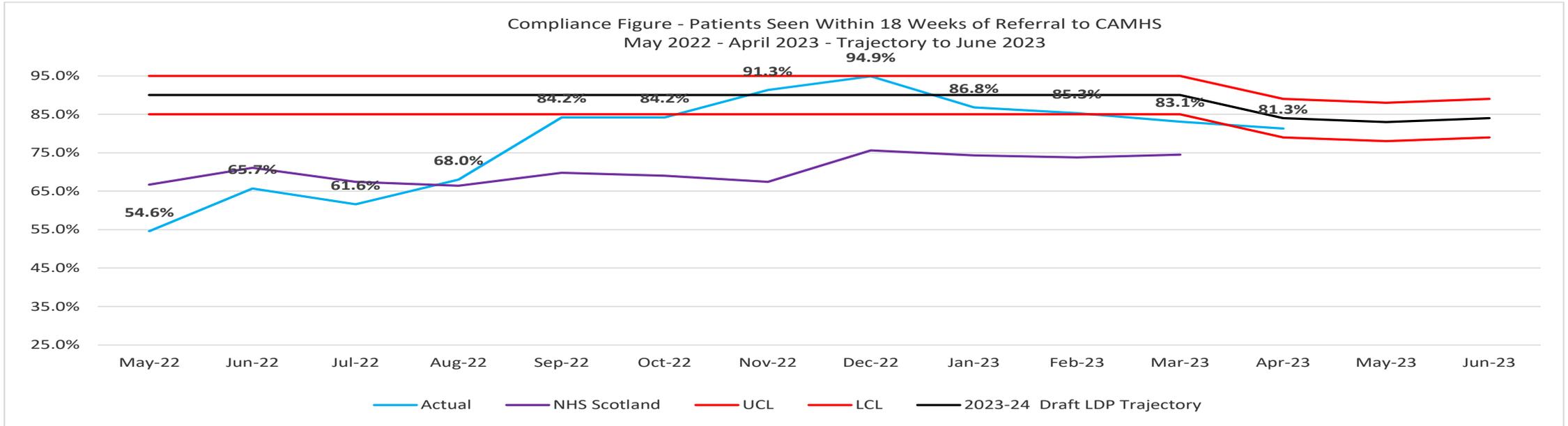
Projection to 31 March 2024:

Target 90% at March 2023-24. Projections for May and June 2023 are expected to be >86%.

Key Actions

- During the month of April 2023, 62 people were waiting >52 weeks to start their treatment a reduction on the 89 people waiting >52 weeks in April 2022.
- The Services continue to prioritise people waiting longest. Initial projections are to reduce the number >52 weeks to <25 weeks by March 2024.
- Psychological Therapy (PT) workforce and clinical accommodation in specialised locations impact on waits. The national workforce supply shortage of healthcare professional staff impacts on our ability to recruit. Many services have significant staffing gaps. Service managers are looking to speed up the recruitment process and psychology staff are looking at ways to attract more applicants.
- In addressing the clinical accommodation issues there has been input into the planning of the new Prison to include suitable trauma informed spaces, as the Prison PT Service currently negotiates with the Scottish Prison Service for limited resources and digital access to treatments in extremely challenging circumstances.
- Teams continue to look to improve efficiency of available capacity, delivering more group based interventions where appropriate. Services managers consider the approach of two clinicians seeing a group of 10 people over time to be more efficient than one-to-one programmes. Clinical assessment includes assessing ability to participate in group work to ensure group sessions can be maximised where appropriate.

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



Summary

Current Position (including against trajectory):

In April 2023 81.3% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, below the 2023-24 *Draft* Annual Delivery Plan trajectory of 84% for April 2023.

Current Position Against National Target:

National Target 90%. Performance for the latest monthly published position (March 2023) 83.1% was above the national position of 74.5%.

Projection to 31 March 2024:

2023-24 *Draft* Annual Delivery Plan Target 90% by March 2024.

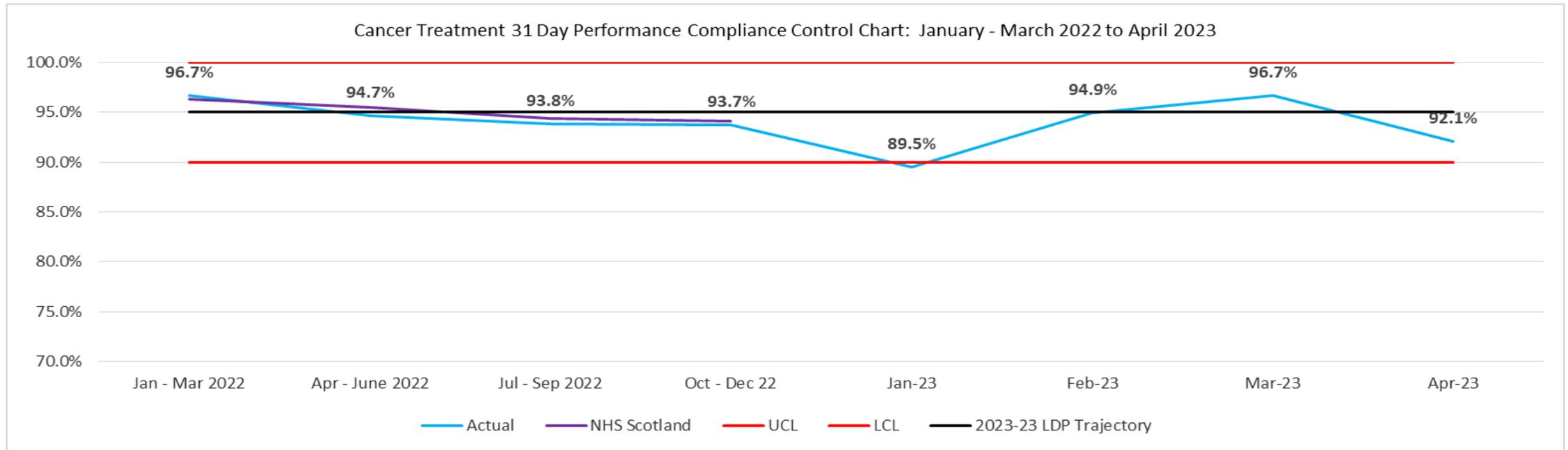
Current monthly performance is marginally below the planned position for April 2023 and actions are in place to help drive improvements in performance are outlined in the next slide.

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

Key Actions

- The temporary reduction in performance relates to a number of teams continuing to focus on seeing those children who have waited over 18 weeks. SG have requested that NHSGGC focus on these children. The latest local management information shows that as at 24 May 2023, there were a total of 74 patients waiting >18 weeks (of this total, 28 had a confirmed appointment) a reduction on the 126 reported on 26th April 2023. Performance figures will improve as the number of children waiting >18 weeks is reduced.
- The realignment of Tier 3 HSCP delegated CAMHS services is almost complete (completion expected by end of July 2023) and will create a single management arrangement hosted in East Dunbartonshire HSCP. Where there are bottlenecks in local teams, the realignment will allow easier reallocation/reprioritisation of resources to support this team and reduce the longest waiting list.
- Each HSCP and CAMHS Team have prepared a workforce plan aimed at addressing gaps, reducing backlog and meeting ongoing demand. As of February 2023, 84 staff were in post (should have approximately 110 staff as part of the Mental Health Recovery and Renewal (MHRR) funds). The additional staff are over and above the substantive staff and will bring extra capacity to deliver treatment and will be able to take cases from the allocations list who are awaiting specific treatments/further assessment. However, nursing retention for some teams is creating challenges with case holding capacity as is staff turnover in other disciplines.
- The implementation of the Children's Neurodevelopmental Service will redirect children from CAMHS who have ADHD and no accompanying mental health issue to a more appropriate service. As the implementation is rolled out, these children will be moved to a new service and this should have a positive impact on CAMHS waiting lists, whilst ensuring children are seen in the right place, by the right people.
- A NHSGGC-wide CAMHS MHRR Programme Board has been convened to oversee the delivery of the MHRR Plan including improvements in performance and the delivery of evidence based, standardised treatments (Care Bundles). Additional funding has also been received for Phase 2 focusing on the delivery of Board-wide and Regional Services which will support the management of the most complex cases.
- CAMHS teams are continuing to balance risk/urgency against planned work. The waiting lists/new referrals for a first treatment appointment are reviewed by the CAMHS senior Clinical Co-ordinators on a daily basis to assess the levels of risk/urgency. The duty workers also prioritises allocation of emergency appointments. The urgent referrals are prioritised over the longest waiters based on level of risk. Urgent referrals are prioritised, balanced with targeted action to ensure those who have been waiting longest are also addressed. Although this action doesn't tackle long waiters, it does prioritise children on clinical safety.

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



Please note: data from January 2023 onwards is provisional and will be subject to validation.

Summary

Current Position (including against trajectory):

The latest provisional position is 92.1% for the month ending April 2023, **below target by 2.9%**.

Position Against National Target:

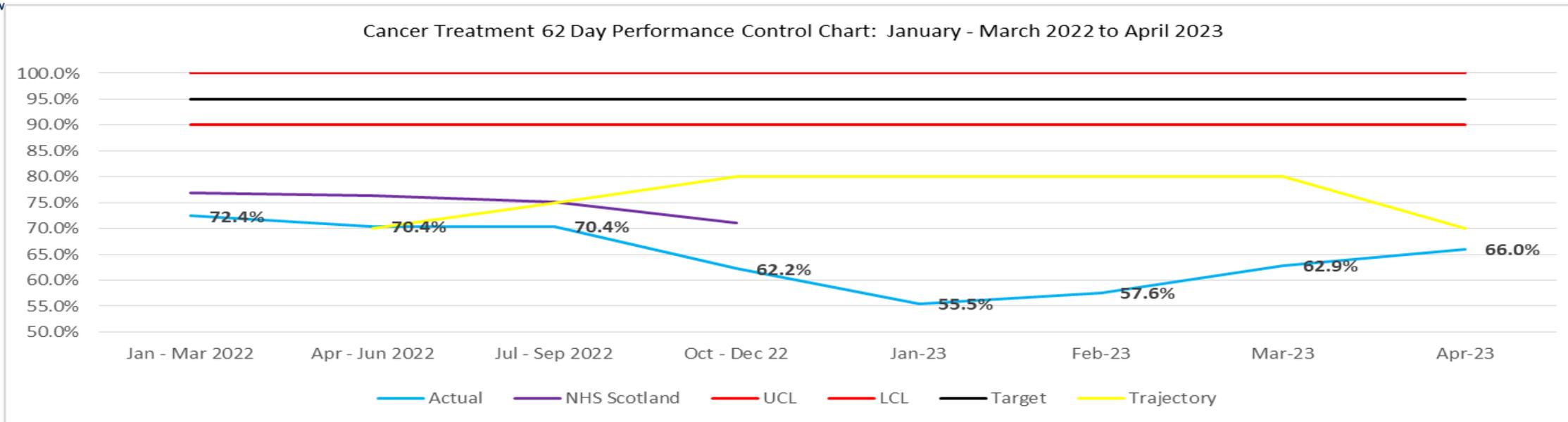
At the quarter ending December 2022, NHSGGC’s performance was marginally below the latest national published position of 94.1%. (January – March 2023 published data expected to be released 27th June 2023)

Projection to 31 March 2024:

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

Current performance highlights a decline on the improvements reported the previous month. Five of the 10 cancer types exceeded the 95% target with three of those achieving 100%. The five cancer types below target are Colorectal (93.6% - 44 of the 47 eligible referrals started their treatment within 31 days), Breast (92.3% - 108 of the 117 eligible referrals started their treatment within 31 days), Ovarian (93.3% - 14 of the 15 eligible referrals started their treatment within 31 days), Cervical (38.5% - five of the 13 eligible referrals started their treatment within 31 days) and Urological (85% - 102 of the 120 eligible referrals started their treatment within 31 days). The volume of patients within the urology tumour group continues to have an impact on overall performance, the urology actions outlined on slide 10 are aimed at addressing 31 day performance also.

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 January 2023 onwards is provisional and will be subject to validation.

Summary

Current Position (including against trajectory):

The latest provisional position is 66.0% (208 of the 315 eligible referrals were seen) for the month ending April 2023, an improvement on the previous month's position albeit below the 2023-24 *Draft* Annual delivery Plan Quarter 1 trajectory of 70%.

Against National Target:

At the quarter ending December 2022, NHSGGC's performance is below the latest national published position of 71.1%. (*January – March published data expected to be released 27th June 2023*)

Projection to 31 March 2024:

Whilst performance has improved in the past two months, the trajectory of 80% by March 2024 remains challenged. Work is underway to improve the current position as described in the next two slides.

The main challenges to the 62 day performance are in Colorectal (45.7% - 16 of the 35 eligible referrals started their treatment within 62 days), and Urology (32.8% - 20 of the 61 eligible referrals started their treatment within 62 days of referral). Both Head and Neck (62.5% - 10 of the 16 eligible referrals started their treatment within 62 days of referral) and Upper GI (60.0% - 15 of the 25 eligible referrals started their treatment within 62 days of referral) also remain a challenge but the volume of patients is smaller. Key actions to address performance in those cancer types facing ongoing challenges are outlined in the next two slides.

Key Actions

General

Key cancer types are challenged on the waits for first assessment and diagnostic tests due to the sustained increase in USOC referrals (average of 5,500 per month). Focus remains on addressing patients waiting over 100 days, targeted work on agreeing treatment dates for all patients in this category is underway, with weekly Director meetings reviewing cases. Draft trajectories for 2023-24 have been submitted to the SG for approval.

Colorectal April 2023 Performance: 45.7% - 16 of the 35 eligible referrals started their treatment within 62 days of referral. (Above the April - June 2023 *draft* trajectory of 45%)

- Colorectal experienced a decrease in performance during April 2023, down 3.6% on the March 2023 position.
- Endoscopy waiting times are a key challenge and the associated backlog is significant. Capacity remains below the pre-pandemic base level and actions are ongoing to support the maintenance of waiting times.
- A detailed Endoscopy Plan, linked to the 10 point checklist from the National Endoscopy Plan, is being progressed. The plan includes a scheme to deploy insourcing capacity, which is being taken forward by the Service Management and Procurement Teams.
- The clinical service continues to work towards optimising a fifth endoscopy room at the Victoria ACH, which will equate to 40-50 patients per week.
- Endoscopy capacity across all sites continues to be supported through locum resource and weekend Waiting List Initiative (WLI) activity, providing between 130-200 scopes per month to maintain activity levels.
- Endoscopy mobile unit continues to run at optimal capacity with current throughput of around 80-100 patients per week dependent on case mix, use of the mobile unit for a further year from April 2023 has been supported by the SG.
- The Imaging Service are working to maintain current waiting times to CT Colon by targeted booking of USOC patients. The service are also reviewing the potential of outsourcing CT Colon reporting to support report turnaround times.
- Wait to first appointment for those patients triaged to clinic rather than Colonoscopy is longer than 14 day target at present. Clinical Service teams are working to identify additional capacity to support improvement and a bid for Cancer Waiting Times (CWT) funding across 2023-24 has been prepared.

Head & Neck April 2023 Performance: 62.5% - 10 of the 16 eligible referrals started their treatment within 62 days of referral. (Below the April - June 2023 *draft* trajectory of 75%)

- Head & Neck experienced an improvement in 62 day performance in April 2023, achieving 62.5% compared to 41.2% in March 2023.
- This is a small volume specialty, USOC referrals have increased by 60% since pre-pandemic bringing significant pressure to the front end of the pathway (97.1% of Head & Neck patients met the 31 Day Decision to Treat until Treatment target in April 2023).
- The Clinical Team continues to review options to manage pressures at the start of the pathway. Additional Outpatient WLI clinics, supported by CWT funding until May 2023, have been implemented. A bid to extend funding across 2023-24 has been prepared.
- The service is currently providing support to NHS Lanarkshire, due to ongoing workforce pressures within NHS Lanarkshire OMFS medical team. A collaborative review across NHSGGC and NHS Lanarkshire of the long term delivery model is underway.

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)

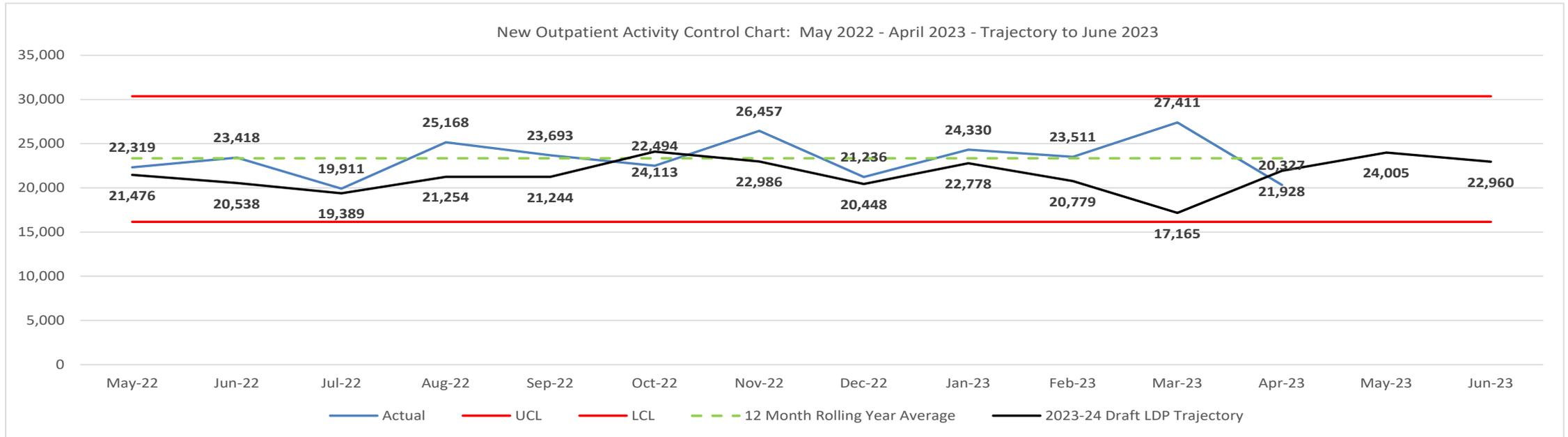
Upper GI April 2023 Performance: 60.0% - 15 of the 25 eligible referrals started their treatment within 62 days of referral. (Below the April - June 2023 draft trajectory of 80%)

- Upper GI performance experienced a decrease of 7.7% in April 2023 when compared to March 2023.
- The challenge to reinstate Endoscopy base capacity noted above impacts on this pathway.
- The contract for the CT mobile unit has been extended to end March 2024, providing additional imaging capacity to support diagnostic steps in pathway.

Urology April 2023 Performance: 32.8% - 20 of the 61 eligible referrals started their treatment within 62 days of referral. (Below the April - June 2023 draft trajectory of 40%)

- Urology performance improved in April 2023 to 32.8% compared to 27.2% in March 2023. However, the specialty remains below the 40% *draft* trajectory.
- To improve waiting times and achieve the performance trajectory, a Urology Improvement Plan is being progressed via the Urology Pathway Group.
- The Clinical Service is progressing a Board-wide review of vetting outcomes to ensure consistency of application for re-grading, back to referrer and straight to cystoscopy.
- Flexible Cystoscopy waiting time pressures are impacting the Urology diagnostic pathway, the clinical service has prepared a CWT funding bid to support additional sessions to clear the backlog and support recovery.
- Additional sessions for Radio Frequency Ablation (RFA) have been funded until the end of June 2023. The Clinical Service is progressing a detailed recovery plan to address the backlog waiting times for RFA, the operational requirements of this plan are being taken forward by the Radiology and Anaesthetics Teams.
- South Sector commenced a pilot in March 2023 of a revised pathway for Prostate, supported by Prostate Cancer UK, which allows for patients to be vetted direct to test for High PSA patients. This will be rolled out in the North/Clyde sector from June 2023 onwards.
- Waiting times for first modality Radiotherapy have recovered, gold seed clinic waiting times have significantly improved due to the implementation of additional Nurse Led weekend sessions. The service has prepared a CWT funding bid to support the further embedding of these sessions across 2023.
- Robotic Assisted Laparoscopic Prostatectomy (RALP) - Waiting times are under pressure with the Locum Consultant Surgeon who provided additional RALP capacity leaving NHSGGC. A new Consultant will commence in August 2023 and the clinical service is seeking a Locum to maintain capacity in the interim period.
- The Clinical Service is reviewing the Targeted Biopsy pathway with a view to increasing capacity, a CWT funding bid has been prepared for additional Biopsy Probes to assist with Clinical Nurse Specialists (CNS) training leading to additional capacity.
- The role of the CNS and optimising their input to the pathway is being led by the Lead Nurse, North Sector. Several opportunities to release Consultant time have been identified on the prostate pathway and this is being taken forward by the service. Preliminary findings from the Bladder service will be presented to the June meeting of the Urology Pathway Group.

5. New Outpatient Activity



Please note: data relating to April 2023 is provisional.

Summary

Current Position (including against trajectory):
trajectory

A total of **20,327** new outpatients were seen April 2023, below the 2023-24 *Draft* Annual Delivery Plan of 21,928. **Below trajectory by 7%.**

Current Position Against National Target:

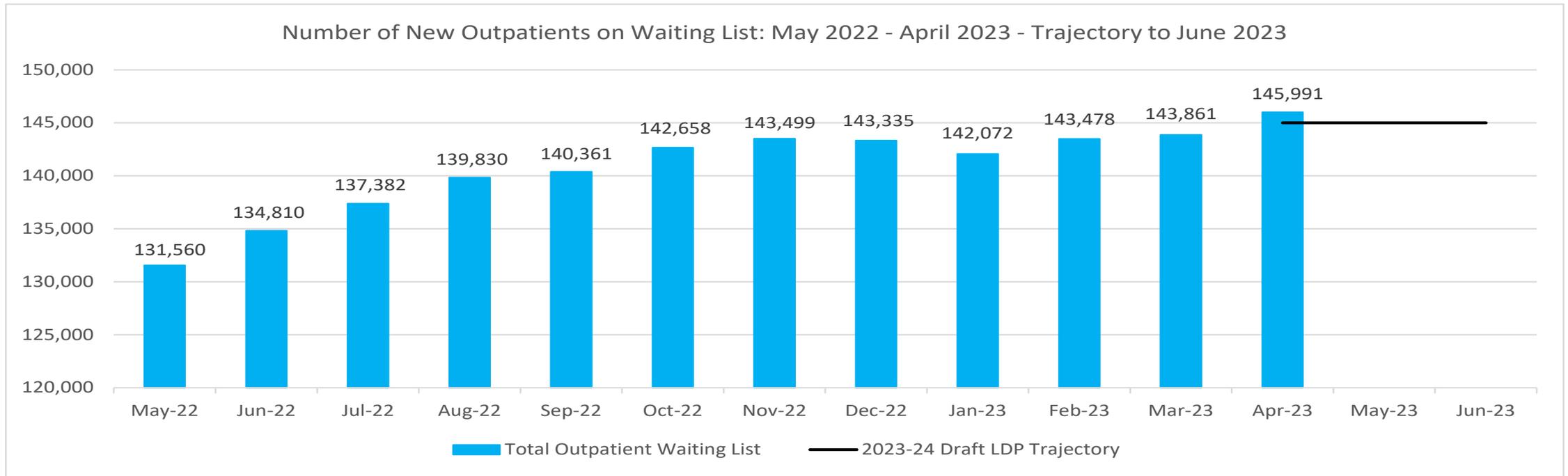
No national position relevant.

Projection to 31 March 2024:

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

The reduction in activity was related to the Spring break, this equated to the loss of approximately 3,960 appointments. Additional Waiting List Initiative capacity was implemented across specialties for urgent and long waiting patients. Clinical activity was also compromised due to cancelled clinics in order to free clinical teams to support inpatient medical beds. Positively, activity has increased in May and offset of the activity loss.

6. New Outpatient Wait List



Summary

Current Position (including against trajectory):

As at April 2023 month end, a total of 145,991 patients were waiting for a new outpatient appointment, above the 2023-24 *Draft* Annual Delivery Plan trajectory of 145,000 by June 2023.

Current Position Against National Position:

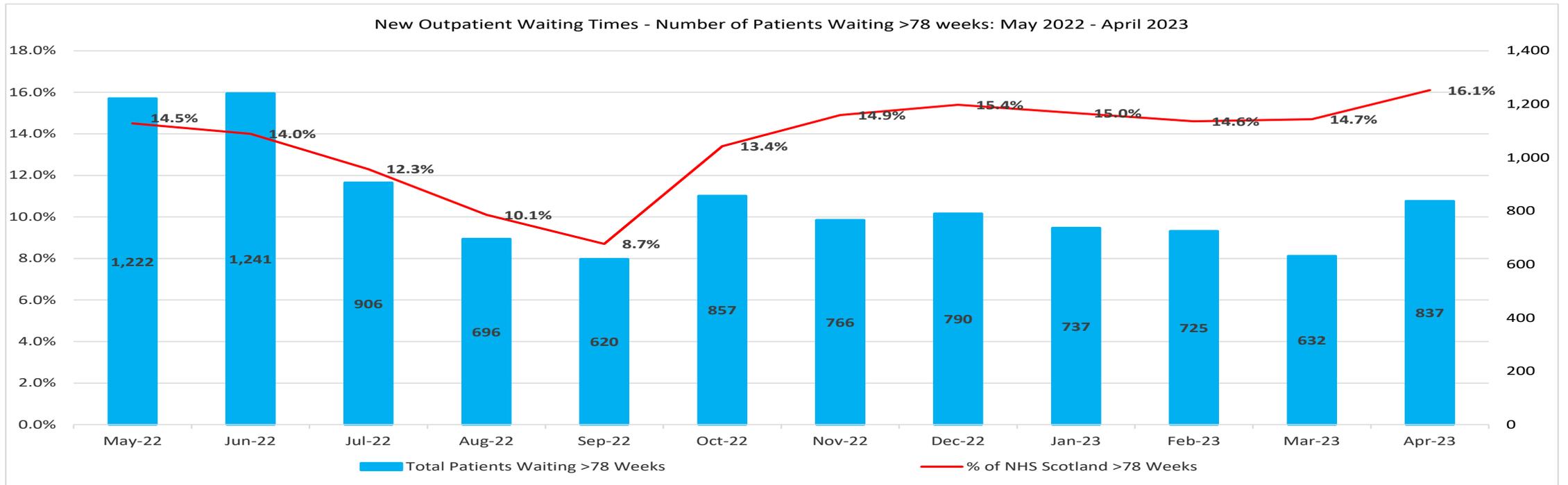
29.2% of NHS Scotland’s outpatients waiting for a first new outpatient appointment at the end of April 2023 were NHSGGC patients.

Projection to 31 March 2024:

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

The level of new outpatient activity has been insufficient to stem the waiting list growth despite support to specialties to run additional capacity. The April increase in referrals could not be balanced without a significant activity increase. The required activity level was reinforced to teams however challenges with workforce constraints particularly within Ophthalmology and Gastroenterology remain. Recruitment is progressing in both specialities.

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



Summary

Current Position (including against trajectory):

As at April 2023 month end, there were a total of 837 patients waiting >78 weeks for a first new outpatient appointment, an increase on the previous months' position. Current performance is above the 2023-24 *Draft* Annual Delivery Plan reduction target of no new outpatients waiting >78 weeks by June 2023.

Current Position Against National Position:

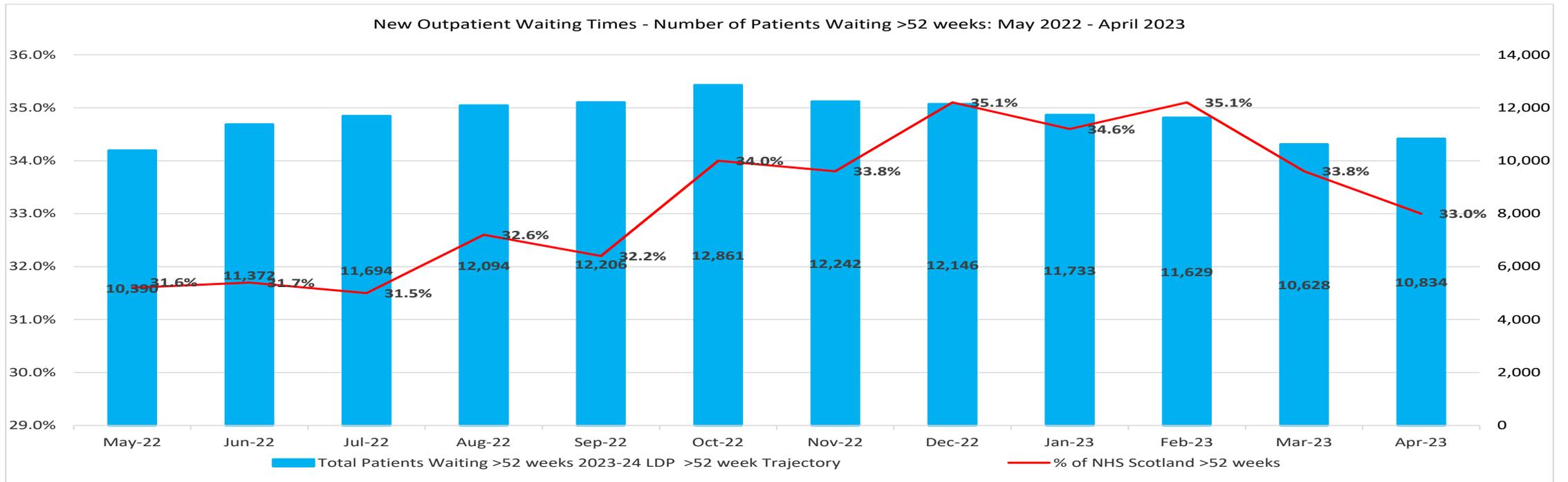
16.1% of NHS Scotland's total patients waiting >78 weeks for a first new outpatient appointment at the end of April 2023 were NHSGGC patients.

Projection to 30 June 2023:

2023-24 *Draft* Annual Delivery Plan target of no new outpatient should be waiting >78 weeks by June 2023.

Actions to reduce long waiting patients are outlined on slide number 16.

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



Summary

Current Position (including against trajectory):

As at April 2023 month end, there were a total of 10,834 patients on the new outpatient waiting list waiting >52 weeks for an appointment. Current performance is above the 2023-24 *Draft* Annual Delivery Plan trajectory of no more than 10,000 new outpatients to be waiting >52 weeks by the end of June 2023.

Current Position Against National Position:

33.0% of NHS Scotland's outpatients waiting >1 year for a new outpatient appointment at the end of April 2023 were NHSGGC patients.

Projection to 31 March 2024:

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

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

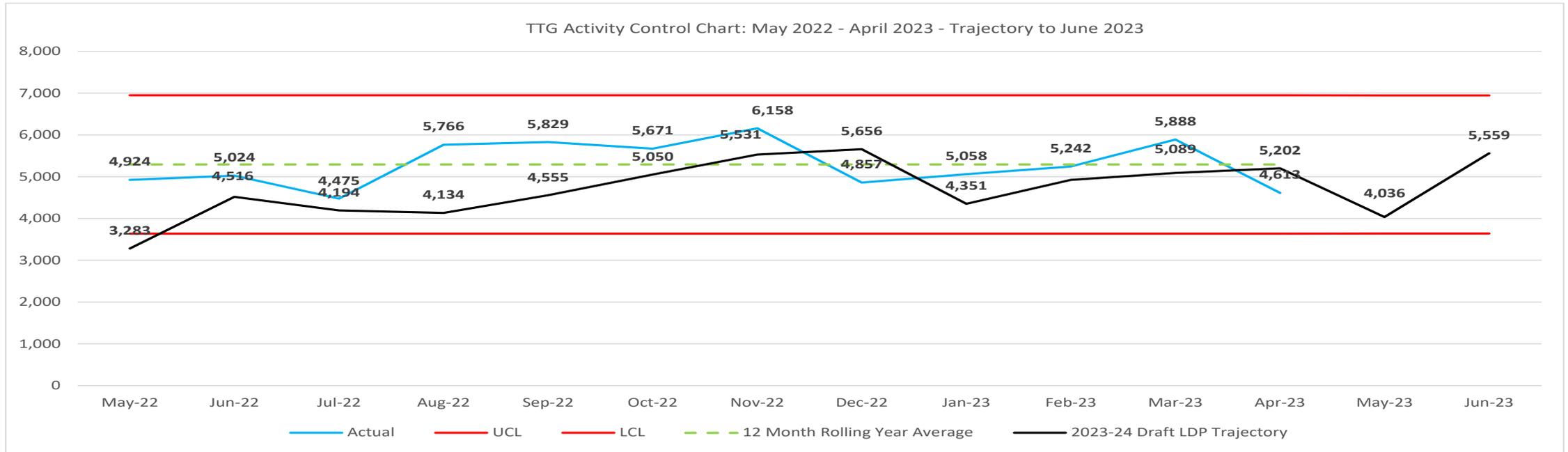
8. New Outpatient Wait Times: Actions in place to reduce the number of long waiting new outpatients (Continued)

Key Actions

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

- Targeted reduction in long waiting outpatients has been achieved in Trauma & Orthopaedics through additional Advanced Physio Practitioner (APP) sessions. The plan to redesign with APP roles being enhanced in Clyde to ensure a consistent approach now in implementation phase. Vetting practices and Opt-in pathway changes being progressed across each sector.
- Additional sessions have been undertaken as Waiting List Initiatives in a range of specialties including Cardiology, Respiratory and General Surgery.
- Options for service redesign utilising extended nursing or advanced practitioner posts are being further explored in adult ENT and adult Urology services. Paediatric ENT and Gynaecology nursing roles reflecting redesigned workforce provision are progressing well with plans for impact to be fully realised in July and September 2023 respectively.
- Insourcing support continues in challenged specialties including Gynaecology and Gastroenterology. Insourcing support for Colposcopy has been successfully secured with first clinics delivered on 20th May 2023.
- Ophthalmology pilot of glaucoma patient management transferring to community optometry care has been progressed and will be kept under review.
- Validation activity continues, led by Health Records, with three stage validation being progressed in specialties including Neurosurgery with patient and clinical validation to complete the cycle of review.

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



Summary

Current Position (including against trajectory):

A total of 4,613 patients were seen in April 2023, below the 2023-24 *Draft* Annual Delivery Plan trajectory of 5,202 for April 2023. **5% below trajectory.**

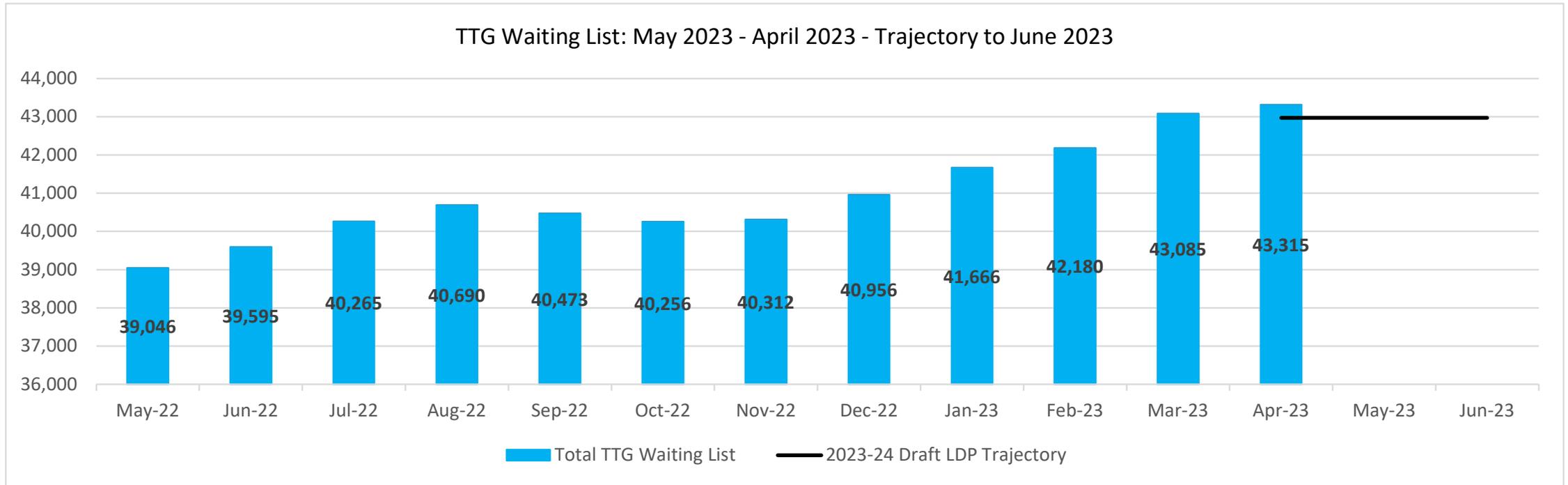
Current Position Against National Target:

No national target relevant.

Projection to 31 March 2024:

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

The lost activity due to the Spring break is estimated at 604 patients. Activity has increased in May 2023 as anticipated with positive YTD balance of +1,026 patients.



Summary

Current Position (including against trajectory):

As at April 2023 month end, a total of 43,315 patients were on the TTG waiting list waiting for an inpatient/daycase procedure, a marginal increase on the previous months’ position and marginally above the 2023-24 *Draft* Annual Delivery Plan target of no more than 42,968 TTG patients on the TTG waiting list by June 2023. **1% above trajectory.**

Current Position Against National Position:

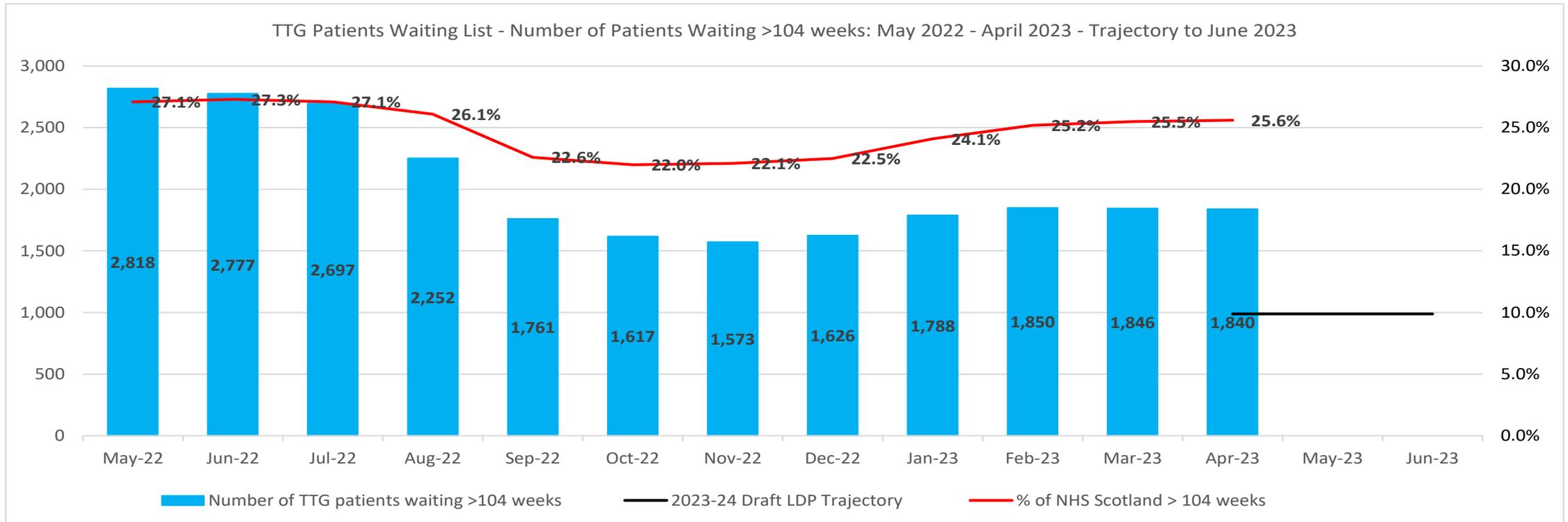
28.6% of NHS Scotland’s total TTG patients waiting at the end of April 2023 were NHSGGC patients.

Projection to 31 March 2024:

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

Capacity continues to be targeted at urgent, highest priority cases and long waiting patients. Elective activity on key inpatient sites remains constrained due to high occupancy and in the main is supporting the most urgent patients. Urgent case numbers have risen and where possible capacity is being directed to support thus fewer daycase sessions with high case numbers being undertaken. Nursing workforce issues including skill mix and vacancies in theatre are limiting the elective session delivery.

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



Summary

Current Position (including against trajectory):

As at April 2023 month end, a total of 1,840 TTG patients were waiting >104 weeks for an inpatient/daycase procedure on the TTG waiting list, above the 2023-24 *Draft* Annual Delivery Plan target of no more than 989 TTG patients waiting >104 weeks by June 2023.

Current Position Against National Position:

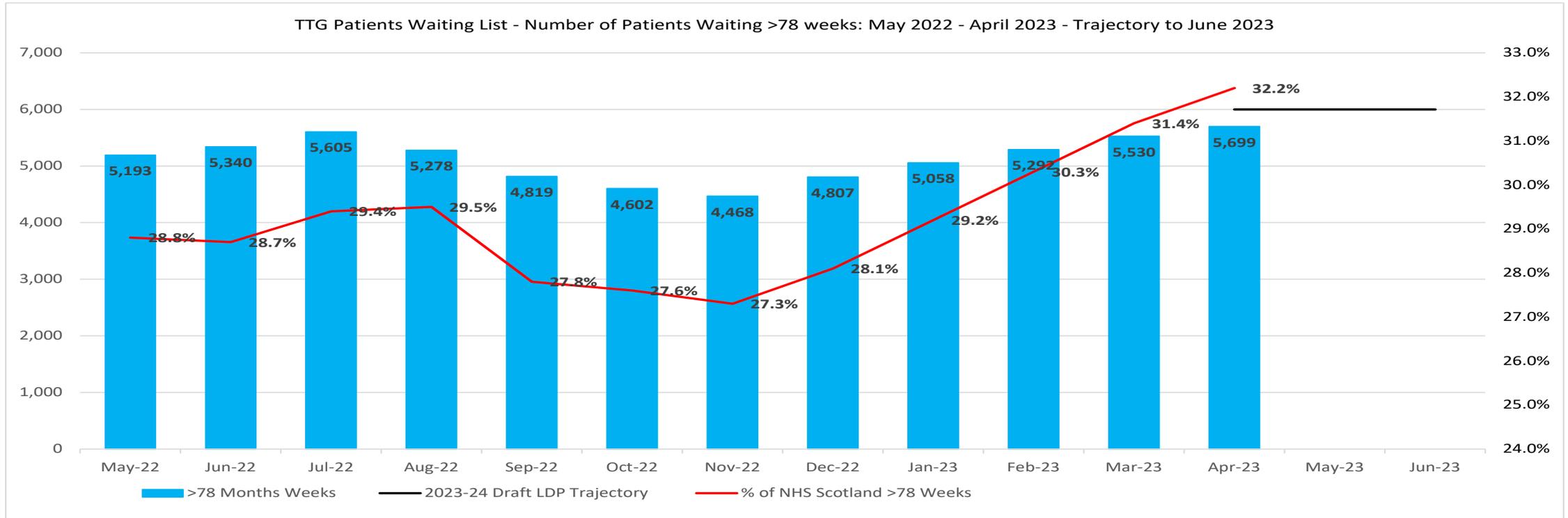
25.6% of NHS Scotland's total patients waiting >104 weeks at the end of April 2023 were NHSGGC patients.

Projection to 31 December 2023:

2023-24 *Draft* Annual Delivery Plan target of no TTG patients waiting >104 weeks by December 2023.

Actions to reduce long waiting TTG patients are outlined in slide 22.

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



Summary

Current Position (including against trajectory):

As at April 2023 month end, a total of 5,699 TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, within the 2023-24 *Draft* Annual Delivery Plan target of no more than 6,000 by June 2023.

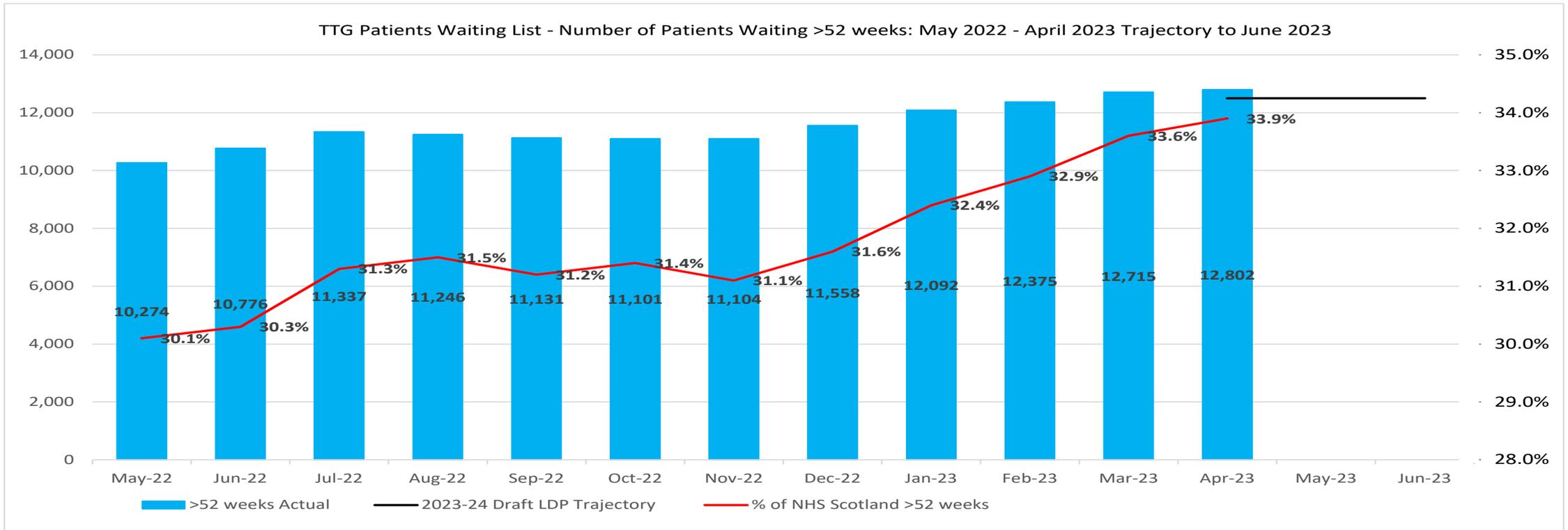
Current Position Against National Position:

32.2% of NHS Scotland's total patients waiting >78 weeks at the end of April 2023 were NHSGGC patients.

Projection to 31 March 2024:

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

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



Summary

Current Position (including against trajectory):

As at April 2023 month end, a total of 12,802 TTG patients were waiting >52 weeks for an inpatient/daycase procedure, marginally above the 2023-24 *Draft* Annual Delivery Plan target of no more than 12,500 by June 2023. **2% above trajectory.**

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

33.9% of NHS Scotland’s total patients waiting >52 weeks at the end of April 2023 were NHSGGC patients.
2023-24 *Draft* Annual Delivery Plan of no more than 14,200 TTG patients waiting >52 weeks by March 2024.

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

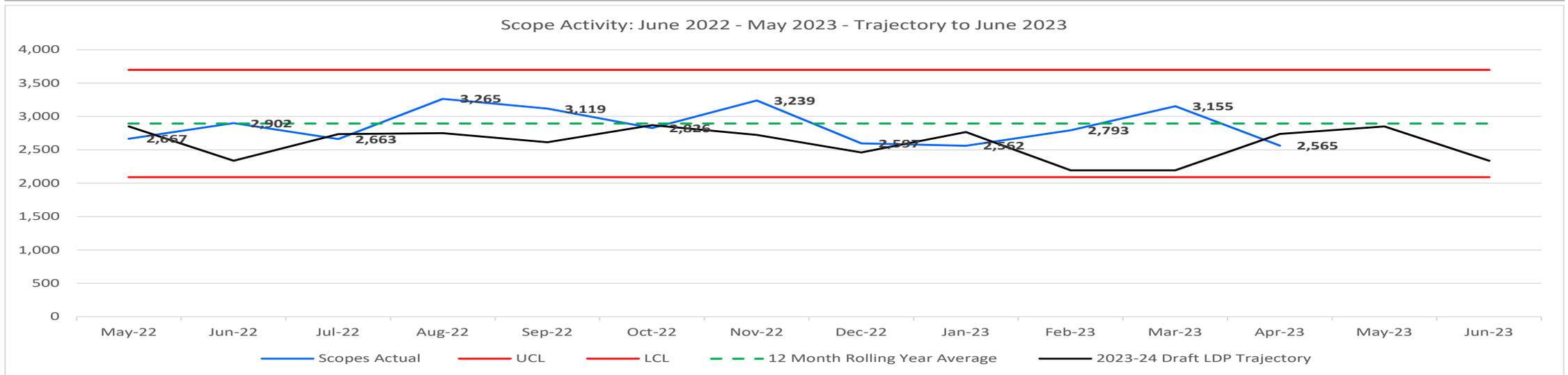
13. TTG Inpatient/Daycase Patient Waiting Times: Actions in place to reduce the number of long waiting TTG patients (Continued)

Key Actions

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

- There has been a continued focus on managing clinically prioritised patients. Increases in elective session delivery over April and May 2023 have been made however, elective sessions remain reduced on some sites from the position last year due to staffing. An incremental approach to increase elective activity across main inpatients sites has been maintained with booking of long waiting patients wherever possible. However, overall activity in month of April 2023 was reduced due to annual leave.
- Maximising NHSGGC's available capacity continues to be a priority, including the streaming of suitable elective activity to non-receiving sites with the aim of releasing bed capacity on the main acute sites.
- Full use of Golden Jubilee National Hospital (GJNH) allocated capacity for Orthopaedics, Ophthalmology and a small allocation for general surgery. Collaborative review with GJNH team of longer waiting more complex Orthopaedic patients with some additional patients managed via GJNH.
- Preparation work commenced for management of patients through Forth Valley NTC from September 2023. Allocation has been reduced due to the facility not being available on time.
- Support of in-house training to increase the number of dual trained nursing staff and development of a Band 4 assistant theatre practitioner training programme to maximise the number of theatre sessions that can be provided.
- Enhancement of pre-op care to minimise a patient's length of stay in hospital and limit clinical cancellations on the day of surgery. Standardising the approach across NHSGGC with adoption on new pathways and electronic questionnaire completion to release capacity. Pre- assessment validity has been reviewed through acute clinical governance with agreement to extend the validity of pre assessment status thus releasing staff capacity together with ensuring sufficient patients prepared for management through available capacity. Implementation of changes progressed in May 2023.
- Waiting List Initiatives and a small amount of private sector capacity (for Neurosurgery) has been targeted at services with the largest gap between demand and capacity.
- Changes agreed across Orthopaedics for adoption of common waiting lists at sector level. Commencing in June 2023 in Clyde and July 2023 in South this ensures all sectors following common practice and supporting management of maximum wait patients.

14. Diagnostics: Scope Activity



Please note: data relating to April 2023 is provisional.

Summary

Current Position (including against trajectory):

A total of 2,565 scopes were carried out during April 2023, below the 2023-24 *Draft* Annual Delivery Plan target of 2,738. **Below target by 6%.**

Current Position Against National Target:

No national target relevant.

Projection to March 2024:

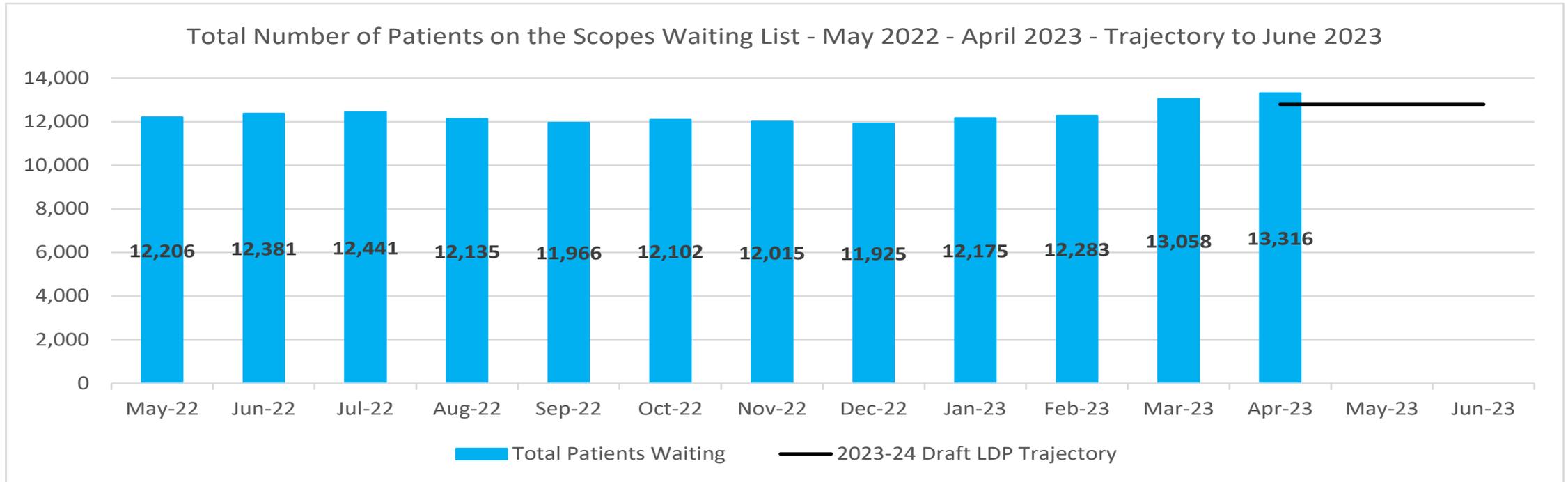
2023-24 *Draft* Annual Delivery Plan target of 31,234 scopes carried out by March 2024.

Key Actions

Key actions in place to help further improve scopes capacity include:

- Capacity at the GJNH Endoscopy facility is being utilised.
- The Endoscopy Mobile Unit continues to provide additional capacity on NHSGGC site for patients from across the health board area. Discussions continue with the supplier to facilitate weekend provision.
- Lists at WLI rates continue however, uptake remains lower than prior to the pandemic. A limiting factor is nurse staffing.
- Nurse Endoscopist training continues to ensure sufficient operator cover for lists.
- Locum capacity has been retained to support delivery of additional activity.
- Insourcing tender issued for provision of additional activity at weekends on selected sites. Evaluation of tenders from 12th June 2023.

15. Diagnostics: Scope Waiting List



Summary

Current Position (including against trajectory):

As at April 2023 month end, there were 13,316 patients on the Scopes waiting list, above the 2023-24 *Draft* Annual Delivery Plan trajectory of no more than 12,800 patients on the Scopes Waiting List by June 2023. **4% above trajectory.**

Current Position Against National Position:

No relevant national position.

Projection to 31 March 2024:

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

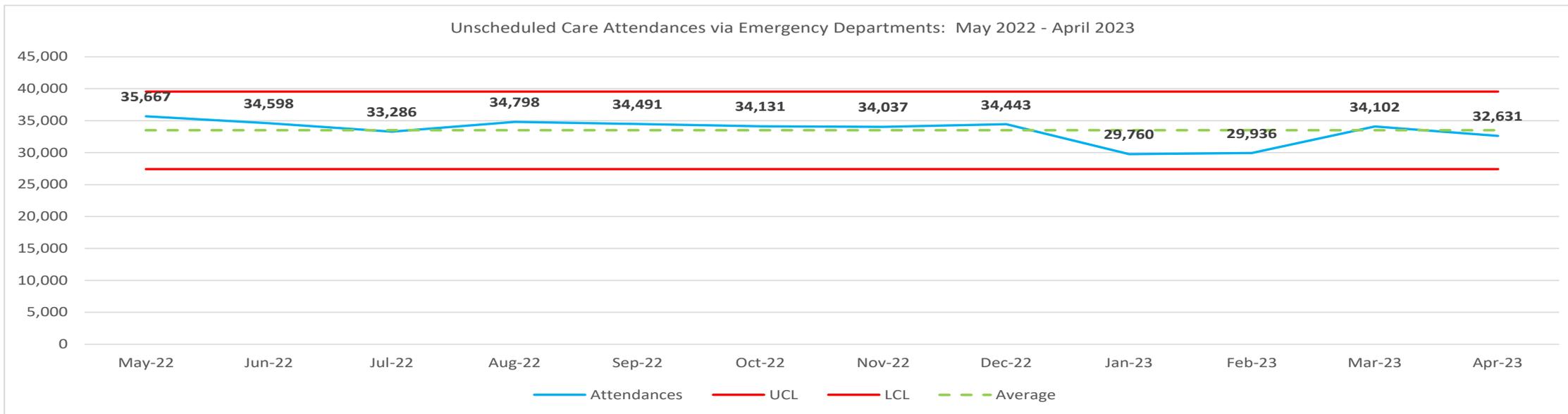
Actions to reduce the number of patients waiting are outlined on slide number 25.

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

Key Actions

- Referral rates for Endoscopy management have returned to pre-Covid rates. Endoscopy capacity is supporting the management of patients across new symptomatic waiting list, together with patients requiring colonoscopy following a positive bowel screening result and patients clinically prioritised from the surveillance and return waiting lists.
- Priority continues to be given to the provision of capacity for patients requiring urgent colonoscopy and upper GI scope.
- Long waiting patients have been allocated to capacity at the GJNH site.
- A proposal for alternative clinical review of long waiting patients including assessment of second Fit values and support from experienced Nurse Endoscopists has been reviewed at Acute Clinical Governance. Options being discussed further to consider the impact of progressing this approach.
- Insourcing of Endoscopy services for provision at weekends is at tender invite.
- Plan for expansion of capacity includes further nurse endoscopy staff development.

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 32,631 A&E attendances (including MIU attendances) were reported in April 2023. Current performance represents a 4% increase on the 31,423 reported during the same month last year. **No 2023-24 monthly trajectory has been agreed.**

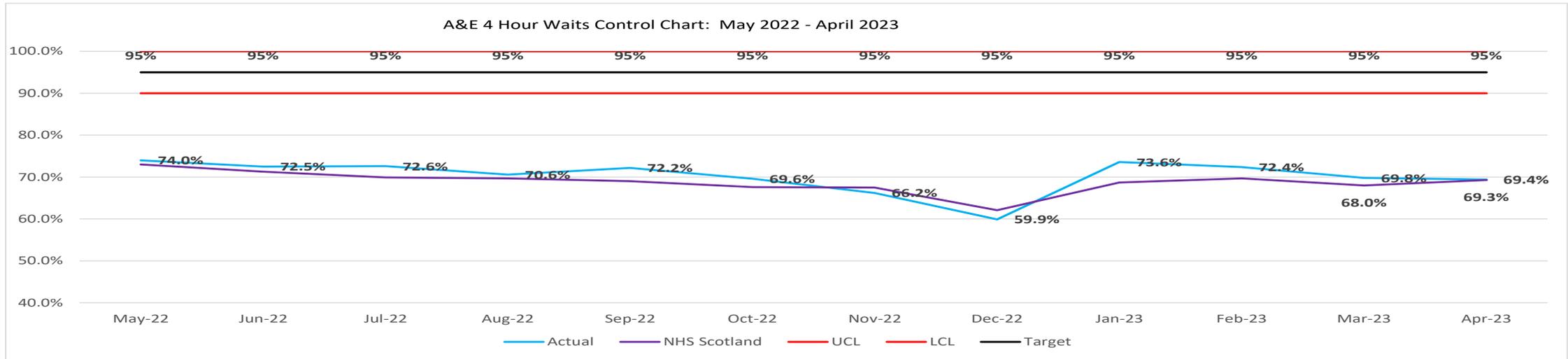
Current Position Against National Target:

No relevant target.

Projection to 31 March 2024:

No relevant target for the number of Accident and Emergency attendances.

17. Accident and Emergency 4 Hour Waiting Times Standard



Summary

Current Position (including against trajectory):

In April 2023, 69.4% of patients seen within 4 hours, remaining fairly static on the previous months' position, **below the national target of 95%.**

Current Position Against National Target:

NHSGGC's performance was marginally above the latest national published position of 69.3% for April 2023.

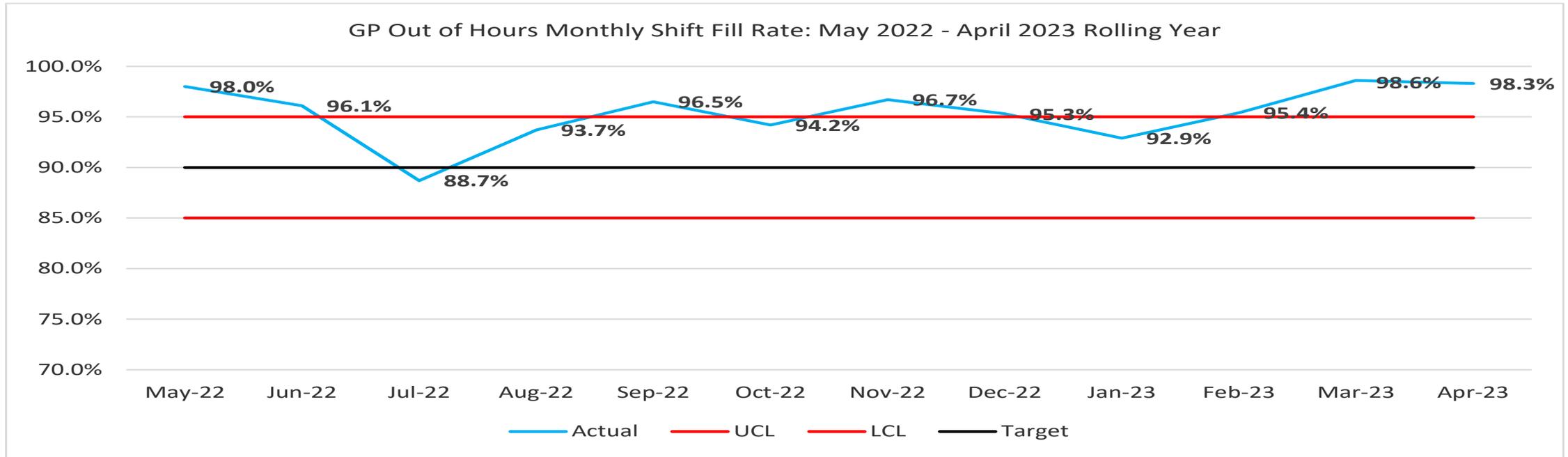
Projection to 31 March 2024:

National target 95%. **The Board remains fully committed to improving current performance.**

Key Actions

- We continued to promote 'Right Care, Right Place' campaign for urgent and unscheduled care, where we actively promote our Flow Navigation Centre and other alternatives to unscheduled care.
- Our 2023-24 Draft Annual Delivery Plan details the programme of work planned for 2023-24 as part of the redesign programme to help drive the required improvements in performance. Whilst not exhaustive, this will include:
 - Increasing our virtual pathways and capacity to support patients at home and avoid the requirement to attend the Emergency Department (ED) and / or be admitted to hospital.
 - Working with our Scottish Ambulance Service and NHS 24 partners to provide and signpost to services to reduce the number of patients attending ED and or conveyed to hospital
 - Optimising flow within our hospitals through the embedding of our Discharge without Delay programme across all acute wards following Phase one of the programme which covers 130 wards in DME, Surgery and Medicine and scheduled to be complete by end of June 2023.
 - Reducing the length of stay on admission – increasing the number of patients on a rapid assessment pathway.

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



Summary

Current Position (including against trajectory):

In April 2023, 98.3% (292) of the 297 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the target by 8.3%.**

Current Position Against National Target:

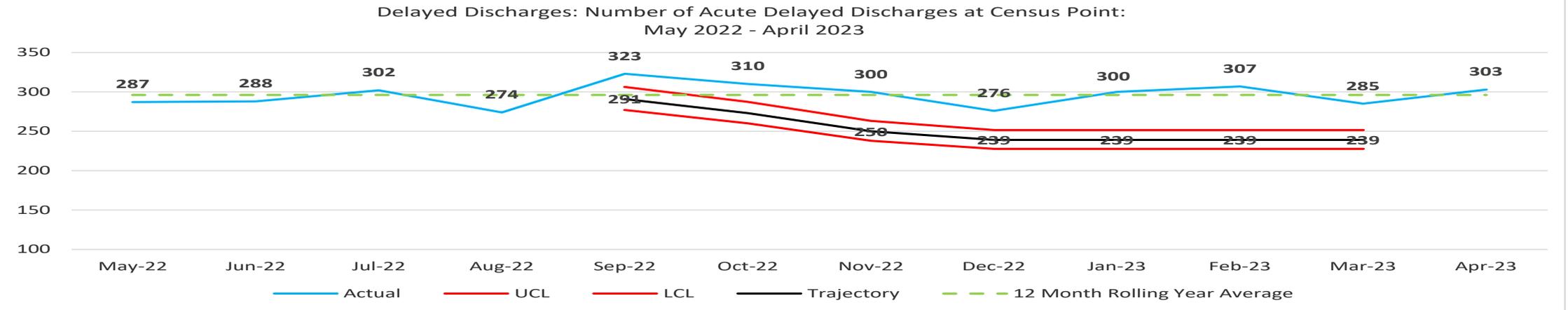
No relevant national target.

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 has remained positive with performance continuing to exceed target since July 2022.

19. Delayed Discharges: Number of Acute Delayed Discharges



Summary

Current Position (including against trajectory):

A total of 303 Acute delayed discharges were reported at the monthly census point for April 2023, a 7% increase on the previous months' performance. **No confirmed trajectory has been agreed for 2023-24.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2024:

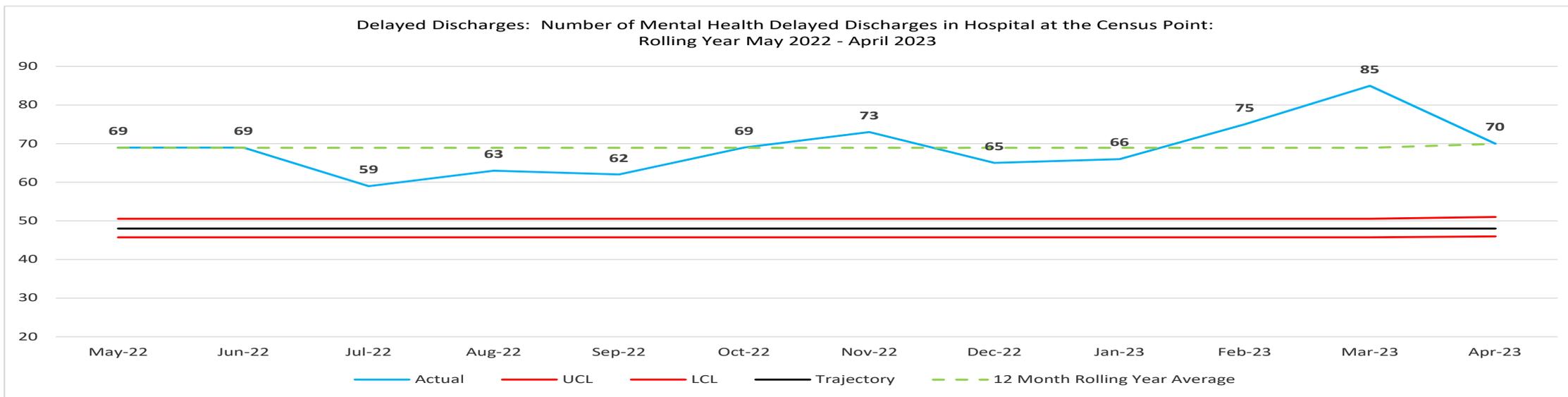
Target to be agreed for 2023-24.

Key Actions

Performance in relation to Acute delayed discharges remains a significant challenge. Across Health and Social Care the challenges are complex and multiple and include workforce and recruitment issues, AWI patients, alongside care home and care at home suitability and capacity challenges. Rigour continues to be applied to monitoring and mitigating delays at each level. Improvement actions include:

- Weekly updates are provided by non-GGC partnerships i.e. Argyll & Bute (10 delays), North Lanarkshire (23 delays) and South Lanarkshire (20 delays) on the work underway to reduce delays. In terms of NHSGGC partnerships currently experiencing challenges, most notably West Dunbartonshire (37 delays) Glasgow City (145 delays) support is in place to help reduce the length of time patients are waiting to be discharged.
- Care at Home electronic referrals are now 'live' for the acute wards in the IRH for Inverclyde Council clients. To date this has helped reduce the number of referrals being refused due to being illegible when scanned or faxed to home care services. The referrals also clearly indicate the patients' needs and requests for services.
- Work is underway to progress electronic SMATs to make this process more efficient. An electronic SMAT will reduce the time taken to confirm capacity and fitness for discharge allowing Social Work to complete assessments in a timely manner. A meeting is scheduled for the 27th June to confirm the content and process and if agreeable, a potential pilot date for roll out will be agreed.
- Following concerns around the quality of referrals to Social Work, Glasgow City HSCP conducted an audit over a four week period and found 4% were incomplete. In response to the findings, the discharge team are supporting wards where referrals have been returned and offering signposting/training to alternative services that can assist in addition to scheduling Education sessions for May/June 2023.

20. Delayed Discharges: Number of Mental Health Delayed Discharges



Summary

Current Position (including against trajectory):

In April 2023, a total of 70 Mental Health delayed discharges were reported. **Performance remains above the monthly trajectory of 48.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2024:

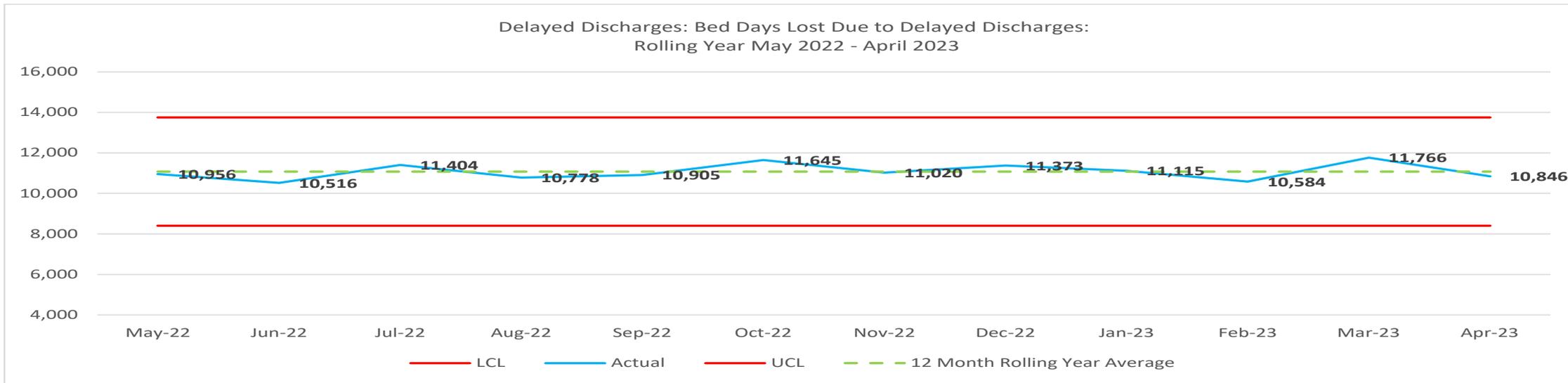
No more than 48 delays by March 2024.

Key Actions

Overall performance remains a challenge, despite the improvements made. Of the 70 delays reported across NHSGG&C, 59 are Glasgow patients (includes forensic delays) and 51 are the responsibility of Glasgow City HSCP - 29 Mental Health (Adult and OP) and 22 Learning Disabilities (LD). Actions to improve this include:

- Review of Management of Allocation of Community Resources Options (MACRO) to take place - one of the aims is to improve how we manage delayed discharges more effectively in terms of accessing accommodation. A number of the delays in LD are related to securing appropriate accommodation due to the complexity of need and provider skills. Work is ongoing with commissioning colleagues to access appropriate resources.
- Currently reviewing bed management process to develop more appropriate system.
- The review of the delayed discharge and bed management teams is ongoing and working towards recommendations in the next six months. The Discharge and Resettlement Team is included in this review. This will bring Adult and OP discharge co-ordination teams together. Engagement is taking place with staff as there will be changes to job and role function. Timescales will be discussed at next meeting of this group in May 2023. Currently three social work vacancies.
- A further six MHOs have been recruited. These posts will assist with earlier resolution of AWI cases and enable additional peer review, best practice and leadership and the positive impact of this can be seen in the reduction of delays reported in April 2023.

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



Summary

Current Position (including against trajectory):

In April 2023, a total of 10,846 bed days were lost to delayed discharge, an **8% reduction on the previous months' position.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2024:

No 2023-24 year end target has been set.

Key Actions

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

- The new Discharge without Delay lead is now in post and responsible for the accelerated roll out of the first Phase of the DwD programme scheduled to be complete by the end of June 2023. Progress is currently ahead of scheduled in that as of 9th June 2023, a total of 120 of the scheduled 130 acute wards are now part of the programme scheduled in Phase one.
- As part of the DwD workstream, work is underway to standardise Criteria Led Discharge (CLD) processes across all Acute sites, involving updates to TrakCare to record the necessary criteria and enable accurate reporting. A sub-group was established at the end of May 2023 to lead on this work, set out clear timescales and define measurements of success e.g. increase in weekend discharges.
- Business Intelligence continue to work with HSCP teams to ensure appropriate access to the DwD Dashboard and to date access has been granted to all staff on the original list with the exception a few staff with a non NHSGGC email address. It is expected that earlier access to discharge information will enhance the planning process in discharging patients.

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	8
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	9
5	New Outpatient Activity	Standard deviation is based on 12 month rolling average	12
6	New Outpatient Waiting List	Not applied	13
7	Number of New Outpatients Waiting >78 weeks	Not applied	14
8	Number of New Outpatients Waiting >52 weeks	Not applied	15
9	TTG Inpatient/Daycase Activity	Standard deviation is based on 12 month rolling average	17
10	TTG Waiting List	Not applied	18
11	Number of TTG Patients Waiting >104 weeks	Not applied	19
12	Number of TTG Patients Waiting >78 weeks	Not applied	20
13	Number of TTG Patients Waiting >52 weeks	Not applied	21
14	Diagnostics: Scope Activity	Standard deviation is based on 12 month rolling average	23
15	Diagnostics: Scope Waiting List	Not applied	24

22. Control Limits (Continued)

No	Measure	Control Limits	Slide Number
16	Unscheduled Care: A&E Attendances (For Information)	Not applied	26
17	Unscheduled Care: A&E 4 Hour Waits	Based on 5% variance from national target	27
18	GP Out Of Hours: Number of Scheduled Shifts Open	Based on 5% variance from local target	28
19	Delayed Discharges: Number of Acute Delayed Discharges	No 2023-24 target agreed	29
20	Delayed Discharges: Number of Mental Health Delayed Discharges	Based on 5% variance from local target	30
21	Delayed Discharges: Number of bed days lost to delayed discharges (All)	No applied	31
22	Rationale for Control Limits Applied		32