

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 23/56</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>29 August 2023</b>
<b>Title:</b>	<b>Performance Report</b>
<b>Sponsoring Director:</b>	<b>Colin Neil, Director of Finance</b>
<b>Report Author:</b>	<b>Tricia Mullen, Head of Performance</b>

## 1. Purpose

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

## 2. Executive Summary

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

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

### Key Areas of Performance Improvement:

- The number of GP Out of Hours scheduled shifts that remained open (98%) during June 2023 continued to exceed the 90% planned position.
- Performance in relation to the number of CAMHS patients seen <18 weeks of referral increased from 88.9% in May 2023 to 92.3% exceeding the planned position for June 2023.
- Compliance with the Psychological Therapies target (88.2% for June 2023) saw an improvement on the previous months' position (84.4%), marginally below the national target of 90%.

## BOARD OFFICIAL

- Acute activity in relation to new outpatients, TTG patients and scope remains on track and currently exceeding the draft YTD planned trajectory.
- Performance in relation to the Cancer 31 Day waiting times reported a marginal improvement on the previous month's position increasing from 92.9% in May 2023 to 93.9% in June 2023.

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

- Performance in relation to the Cancer 62 Day Waiting Times reported a reduction on the previous month's position reducing from 64.2% in May 2023 to 62.0% in June 2023.
- Whilst overall compliance with the A&E four hour waits (73.5%) saw an improvement on the previous months' position (71.5%), performance remains significantly below the target.
- Performance in relation to the overall number of acute delayed discharges remains challenging at 271 reported in June 2023, compared to 270 the previous month.
- The number of mental health delayed discharges remains a challenge particularly for Glasgow City HSCP reporting 51 of the total 71 mental health delays reported in June 2023.

More detail on each of the performance measures that either remain challenging or are below the planned position for June 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 18 August 2023

Issued on 22 August 2023

# NHS GREATER GLASGOW & CLYDE BOARD MEETING



Performance Assurance Information – August 2023

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Board Committee Name:  
NHSGGC Board

Responsible Division:  
HSCPs & Acute

Report Date:  
29 August 2023

Reporting Frequency:  
Bi-Monthly

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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 June 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 Annual Delivery Plan.
- Key national and local targets.
- The 2023-24 planned care reduction targets. These relate to new outpatients, inpatient/daycases and eight key diagnostic tests in line with the joint ambition to tackle waiting lists.

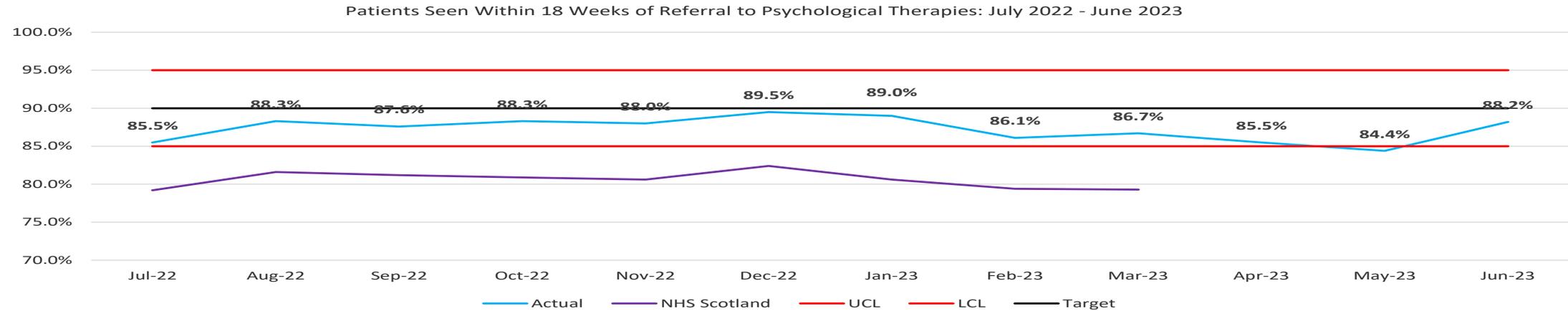
During June 2023, NHSGGC continued to focus on remobilising services and the rigorous management of all health and social care waiting lists with a particular focus on eliminating long waiting patients across health and social care. This has continued to have a positive impact particularly in relation to our Mental Health measures. For example, there continues to be an ongoing reduction in the number of long waiting CAMHS patients in that our local management information highlights as of 16th August 2023, local management information shows there are no patient waiting >40 weeks and a total of five patients waiting >26 weeks. Similarly, CAMHS performance against the national waiting times standard of 90% is also positive with current performance exceeding the national target and the 2023-24 ADP target for June 2023. Performance in relation to Psychological Therapies also saw an improvement on the previous months' position increasing from 84.4% in May 2023 to 88.2% of eligible patients starting their treatment <18 weeks of referral. Access to GP Out of Hours (OOH) service remains positive where the number of scheduled shifts that remained open continued to by far exceed the planned position.

Similarly, across Acute Services steady progress continued to be made in relation to activity targets in that the June 2023 planned activity targets were exceeded for new outpatients, TTG and scopes. In addition, progress continued to be made in relation to reducing the number of long waiting patients waiting for an imaging test however, performance remained challenging in reducing the number of long waiting new outpatients and TTG patients in line with the 2023-24 planned reduction target. Performance in relation to the Cancer 31 Day Waiting Times target saw an improvement on the previous months' position whereas compliance with the Cancer 62 Day Waiting Times target remained a challenge and saw a reduction on the previous months' position.

Despite these improvements the pressures as a result of the challenges associated with the number of patients delayed in their discharge continued to create difficulties for patient flow through our health and care system and impact on our A&E performance.

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

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



## Summary

### Current Position (including against trajectory):

In June 2023, **88.2%** eligible referrals were seen <18 weeks of referral, within the expected position and a significant improvement on the previous months' position. **1.8% below the national 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.

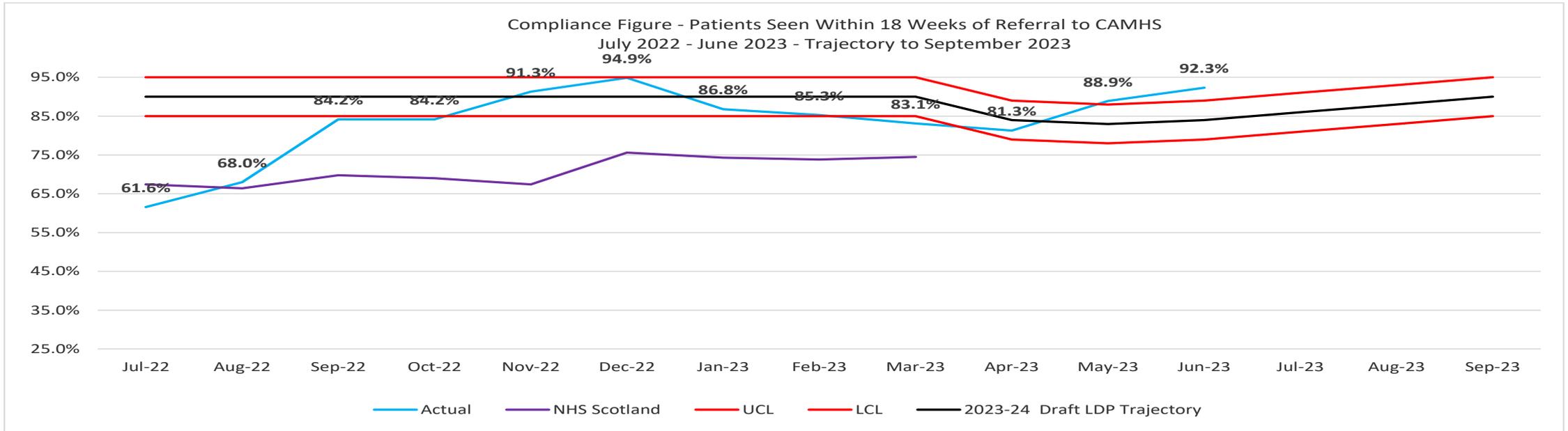
### Projection to 31 March 2024:

**Target 90% at March 2023-24. Projections for Quarters 1 and 2 are expected to be >85%.**

### Key Actions

- Services continue to prioritise people waiting longest. All 85 people who were waiting >52 weeks at June 2022 have been seen. There are currently 42 people waiting >52 weeks. Initial projections are to reduce the number of people waiting >52 weeks to fewer than 25 by March 2024.
- In response to the national workforce supply shortage of healthcare professionals impacting on the ability to recruit to posts delivering Psychological Therapies (PT), service managers are accelerating the recruitment process to the point of sign-off and psychology staff are looking at ways to attract more applicants through improved career pathways.
- Long standing legacy issue of limited access to high demand, confidential and well-ventilated healthcare space in all four prisons in NHSGG&C. Operational, including security, SPS issues result in cancelled appointments. These issues are raised with prison Governors, all such cancellations are recorded on Datix, and raised at Heads of Forensic Services and Head of Psychological Services forums. This is helping to reduce the number of prisoners waiting >18 weeks to start their treatment. Additionally, exploring digital access to cCBT in prison environment.

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



### Summary

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

In June 2023 **92.3%** of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, significantly above the 2023-24 ADP trajectory of 84% for June 2023 and above the national target of 90%. **Above the 2023-24 ADP target by 8.3%.**

#### Current Position Against National Target:

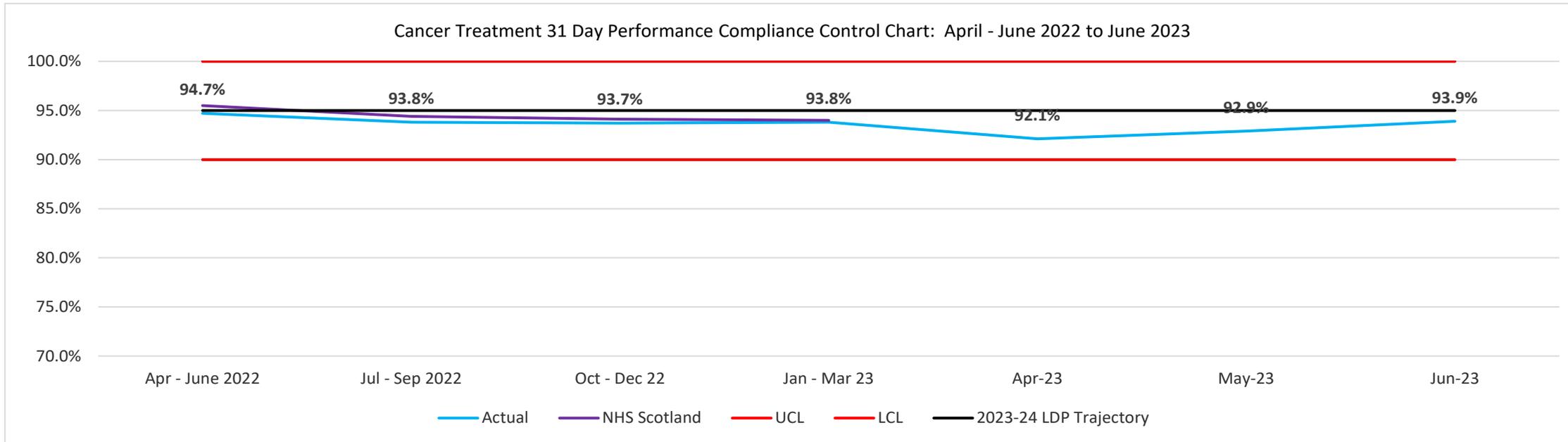
National Target 90%. Performance for the latest monthly published position (March 2023) was 83.1%, above the national position of 74.5%.

#### Projection to 31 March 2024:

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

Current monthly performance is exceeding the planned position for June 2023 and represents a further significant improvement on the previous months' position.

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



Please note: data from April 2023 onwards is provisional and will be subject to validation. April - June 2023 validated data is scheduled to be published on 26 September 2023.

#### Summary

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

The latest provisional position is **93.9%** for the month ending June 2023, an improvement on the May 2023 position albeit **marginally below target by 1.1%**.

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

At the quarter ending March 2023, NHSGGC's performance was marginally below the latest national published position of 94.0%.

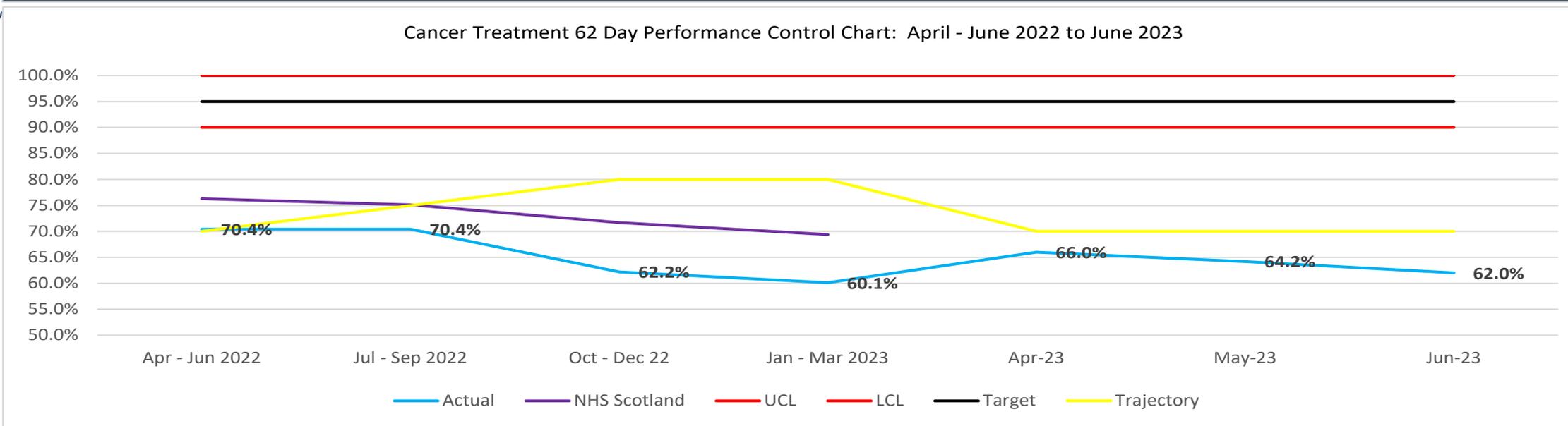
##### **Projection to 31 March 2023-24:**

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

#### Key Actions

Current performance highlights an improvement on the previous months' performance. Six of the 10 cancer types exceeded the 95% target with five achieving 100%. The cancer types below target are Colorectal (93.1% - 54 of the 58 eligible referrals started their treatment within 31 days), Head & Neck (93.9% - 31 of the 33 eligible referrals started their treatment within 31 days), Ovarian (85.7% - 12 of the 14 eligible referrals started their treatment within 31 days) and Urological (85.9% - 134 of the 156 eligible referrals started their treatment within 31 days). The volume of patients within the urology tumour group continue to have an impact on overall performance, the urology actions outlined on slide 24 are aimed at addressing performance.

## 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 April 2023 onwards is provisional and will be subject to validation. April – June 2023 validated data is scheduled to be published on 26 September 2023.

### Summary

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

The latest provisional position is **62.0%** (241 of the 389 eligible referrals were seen) for the month ending June 2023, a reduction on the previous month's position and **below the trajectory of 70%**.

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

At the quarter ending March 2023, NMSGC's performance is below the latest national published position of 69.4%.

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

**2023-24 Annual Delivery Plan trajectory of 80% of patients starting their first cancer treatment within 62 days of receipt of urgent referral by March 2024. Work is underway to improve the current position as described in the next slides.**

In terms of volume of patients, the main challenges to performance are in Colorectal (38.5% - 15 of the 39 eligible referrals started their treatment within 62 days of referral), and Urology (28.7% - 25 of the 87 eligible referrals started their treatment within 62 days of referral). Other lower volume cancer types challenged during June 2023, include Head and Neck (52.6% - 10 of the 19 eligible referrals started their treatment within 62 days of referral) and Upper GI (60.6% - 20 of the 33 eligible referrals started their treatment within 62 days of referral) 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.

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

##### Overall

- SG review of systems and processes commenced on 6 July and is expected to report by the end of August 2023.
- Robust system of demand and capacity matching in place from 1 July for diagnostic tests to ensure delays are minimised.

##### **Colorectal June 2023 Performance: 38.5% - 15 of the 39 eligible referrals started their treatment within 62 days of referral. (Below the April - June 2023 trajectory of 70%)**

- Colorectal experienced a fall in performance during June 2023, down 13.4% on the May 2023 position. Delays to colonoscopy are still the main reason for breach and this cancer type has 609 patients currently over 62 days not yet diagnosed.
- Cancer Waiting Times (CWT) funding of circa £1m for 2023-24 has been allocated to continue the support of Endoscopy provision.
- The colonoscopy service continues to use locum resource, insourcing of the mobile unit, Golden Jubilee National Hospital (GJNH) and weekend Waiting List Initiative (WLI) activity. Further insourcing is planned with a start date anticipated in August 2023.
- Bowel screening Qfit parameters have been reviewed and revised to funnel more high risk patients through at category 1 to be seen in a 2 week timeframe rather than 2-4 weeks as category 2.
- Additional clinic sessions are in place to reduce the outpatient wait to 14 days by the end of September 2023.

##### **Head & Neck June 2023 Performance: 52.6% - 10 of the 19 eligible referrals started their treatment within 62 days of referral. (Below the April - June 2023 trajectory of 90%)**

- Head & Neck experienced a significant improvement in 62 day performance in June 2023, up from 35.7% in May 2023 to 52.6% in June 2023.
- Additional outpatient clinics continue to run. This has significantly reduced the number of patients waiting over 14 days for first appointment, from a peak of 432, to 267 in the most recent data.
- The service is working on a longer term sustainable model which will use a diagnostic hub approach. This will take several months to be implemented and WLI clinics will continue in the interim.

##### **Upper GI June 2023 Performance: 60.6% - 20 of the 33 eligible referrals started their treatment within 62 days of referral. (Below the April - June 2023 trajectory of 90%)**

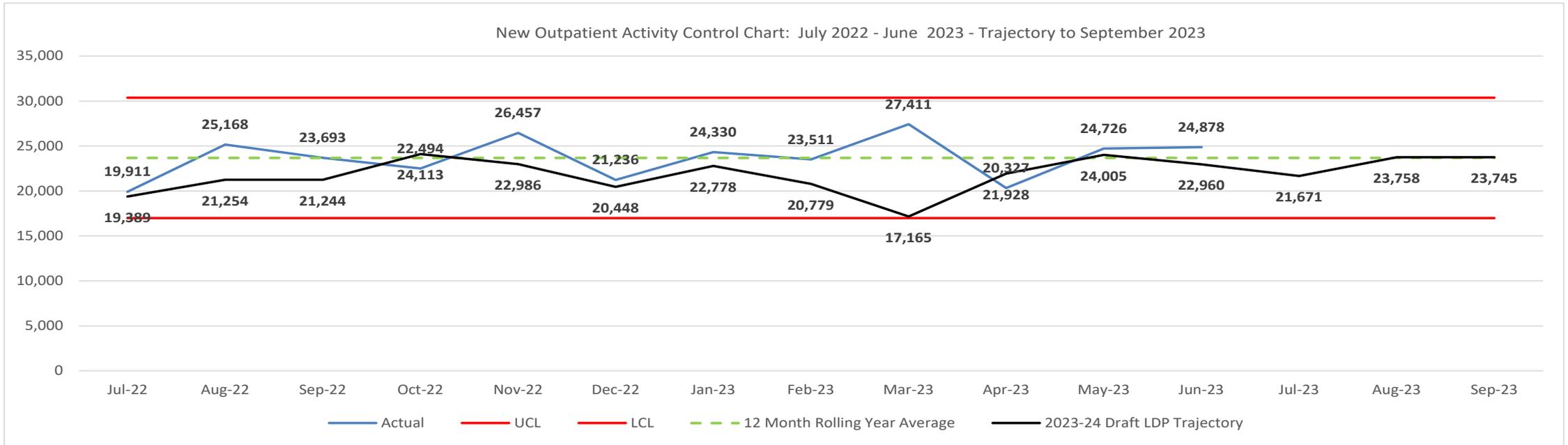
- Upper GI performance experienced a decrease in performance in June 2023, achieving 60.6%. Additional treatment capacity enabled backlog long wait patients to be cleared.
- The challenge to reinstate Endoscopy base capacity noted above impacts on this pathway.
- CT requires to be performed within seven days, which is a challenge. Additional CT capacity is in place through the mobile unit.

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

**Urology June 2023 Performance: 28.7% - 25 of the 87 eligible referrals started their treatment within 62 days of referral. (Below the April - June 2023 trajectory of 70%)**

- Urology experienced a decrease in performance in June 2023 to 28.7%, compared to 37.1% in May 2023. A higher volume of patients were treated with a focus on patients with long waits.
- Recruitment to additional substantive consultant appointments is ongoing, recognising the challenges of consultant availability in this specialty. A locum appointment will commence in October 2023. The job plan is being worked through to maximise the activity impact from this appointment which will be aimed at the diagnostic pathway.
- The Filters and Cascades model has been rolled out across NHSGGC, a detailed assessment of the first three months is awaited to demonstrate the impact. This streams patients direct to test and shortens the diagnostic pathway.
- Additional cystoscopy sessions to see 204 additional patients have now commenced to clear the backlog and support recovery. Two new nurse specialists are commencing cystoscopy in July 2023 providing 672 additional patients per annum. The National Haematuria Pathway, published in June 2023, is being implemented to support the Bladder Cancer pathway.
- The new consultant to support the Robotic Assisted Laparoscopic Prostatectomy (RALP) service commences in August 2023. Additional weekend sessions are continuing and a request has also be made to NHS Lanarkshire to support the programme.
- Additional WLI sessions for TRUS are now in place and a specialty doctor has changed job plan to provide more base capacity. Two new operators have been trained in TP Biopsy and an additional 2.5 sessions per week have been put in place. This will reduce the waiting times from 12-13 weeks to two weeks by the end of September 2023.

## 5. New Outpatient Activity



### Summary

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

A total of **69,931** new outpatients were seen during the period April - June 2023, above the 2023-24 Annual Delivery Plan trajectory of 68,893. **Exceeding trajectory by 2%.**

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

No national position relevant.

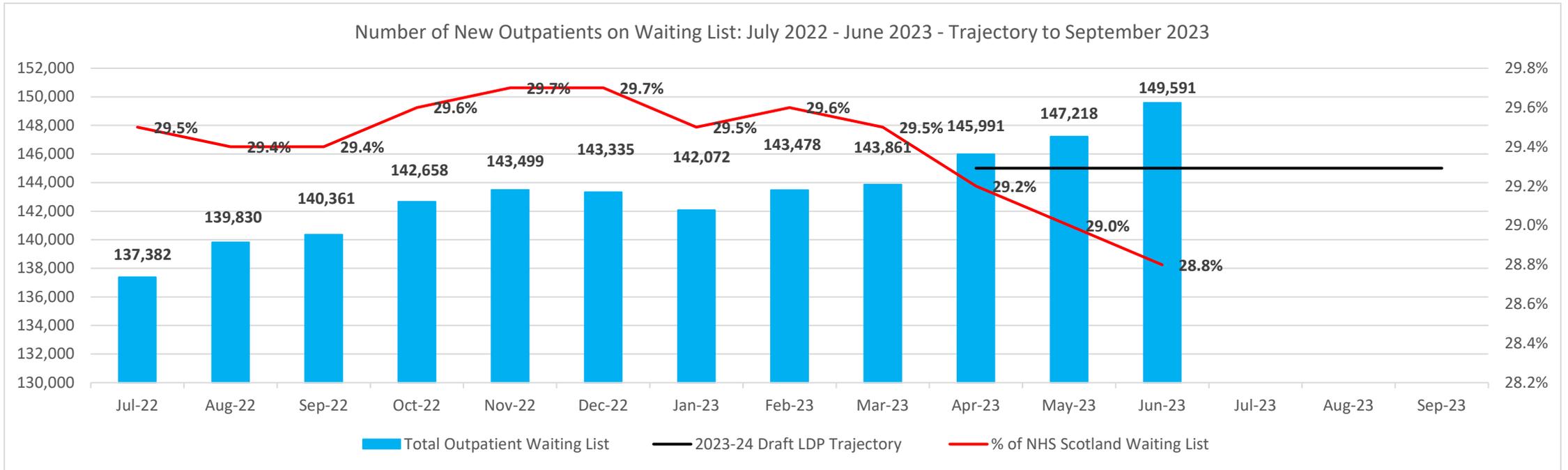
#### **Projection to 31 March 2024:**

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

### Key Actions

New outpatient activity is 2% above the 2023-24 Annual Delivery Plan trajectory for the period April - June 2023.

## 6. New Outpatient Wait List



### Summary

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

As at the end of June 2023, there were a total of **149,591** patients waiting for a new outpatient appointment, above the 2023-24 Annual Delivery Plan trajectory of 145,000 by June 2023. **Above trajectory by 3%.**

#### Current Position Against National Position:

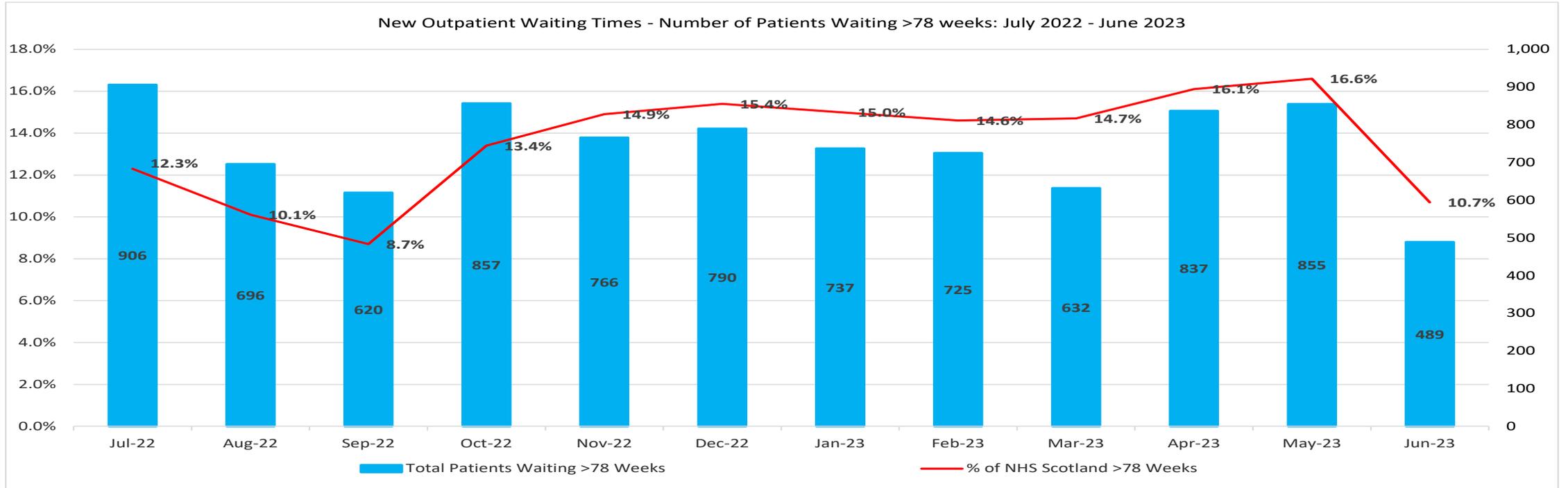
28.6% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of June 2023 were NHSGGC patients.

#### Projection to 31 March 2024:

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

The number of patients on the new outpatient waiting list is marginally above the planned position (3%) for June 2023 and continues to grow despite support to specialties to run additional capacity and the required activity level being reinforced to teams. The challenges with workforce constraints particularly within Ophthalmology and Gastroenterology remain. Recruitment is progressing in both specialities. Actions to reduce the number of patients on the new outpatient waiting list can be seen on slide 15.

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



### Summary

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

At the end of June 2023, there were a total of **489** new outpatients waiting >78 weeks for a first new outpatient appointment, a 43% reduction on the previous months' position. Whilst this is a significant improvement on the previous months' position, current performance is above the 2023-24 Annual Delivery Plan reduction target of no new outpatients waiting >78 weeks by June 2023.

#### Current Position Against National Position:

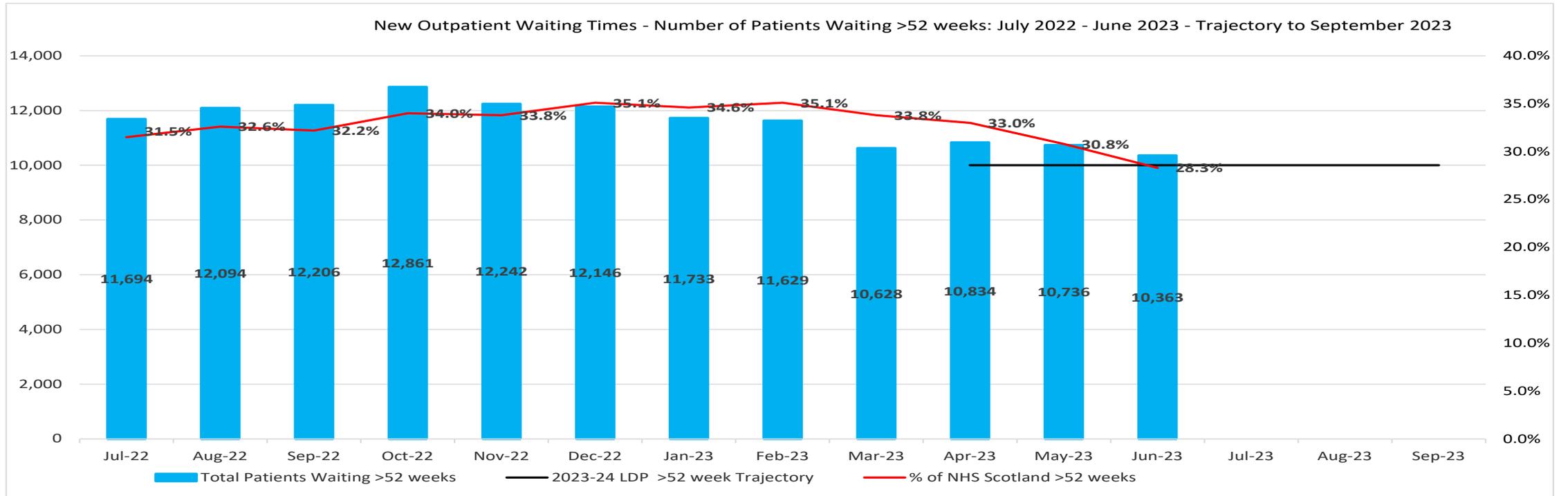
10.7% of NHS Scotland's total patients waiting >78 weeks for a first new outpatient appointment at the end of June 2023 were NHSGGC patients.

#### Projection to 31 March 2024:

**2023-24 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 15.

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



### Summary

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

At the end of June 2023, there were a total of **10,363** patients on the new outpatient waiting list waiting >52 weeks for an appointment. Current performance is above the 2023-24 Annual Delivery Plan trajectory of no more than 10,000 new outpatients to be waiting >52 weeks by the end of June 2023. **4% above trajectory.**

#### Current Position Against National Position:

28.3% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of June 2023 were NHSGGC patients.

#### Target at 31 March 2024:

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

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

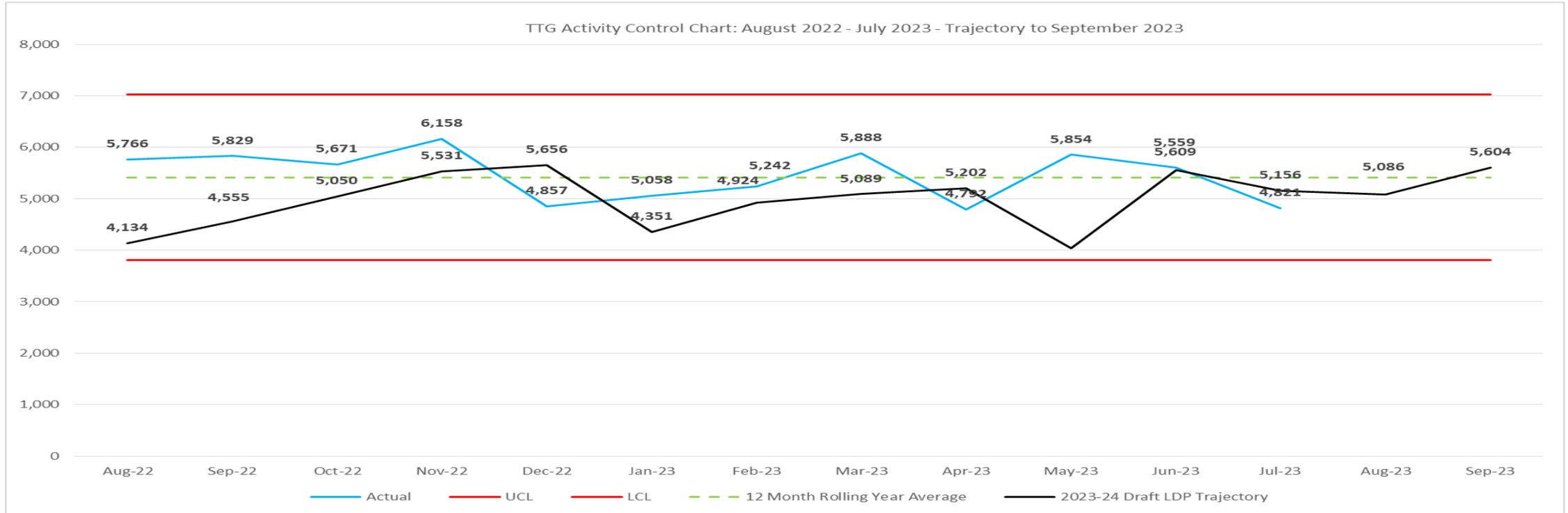
## 8. New Outpatient Wait Times: Actions in place to reduce the number of long waiting new outpatients (Continued)

### Key Actions

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

- 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 is now in implementation phase. Vetting practices and Opt-in pathway changes being progressed across each sector. The standardised vetting and management of patients should have the added benefit of freeing consultant time at an improved value.
- Additional sessions have been undertaken as WLIs 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.
- Insourcing support continues in challenged specialties including Gynaecology and Gastroenterology.
- Ophthalmology pilot of glaucoma patient management transferring to community optometry care to free acute capacity has been progressed and will be kept under review. The pilot is expected to continue over the next year as a minimum. The aspiration is that 100 patients will be discharged to the community in the first six months to a year with further suitable patients being identified.
- 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. Validation activity is producing a reduction rate of approximately 8-14% depending on the frequently at which it is undertaken.

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



### Summary

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

A total of **16,255** patients were seen during the period April - June 2023, above the 2023-24 LDP trajectory of 14,797. **Above trajectory by 10%.**

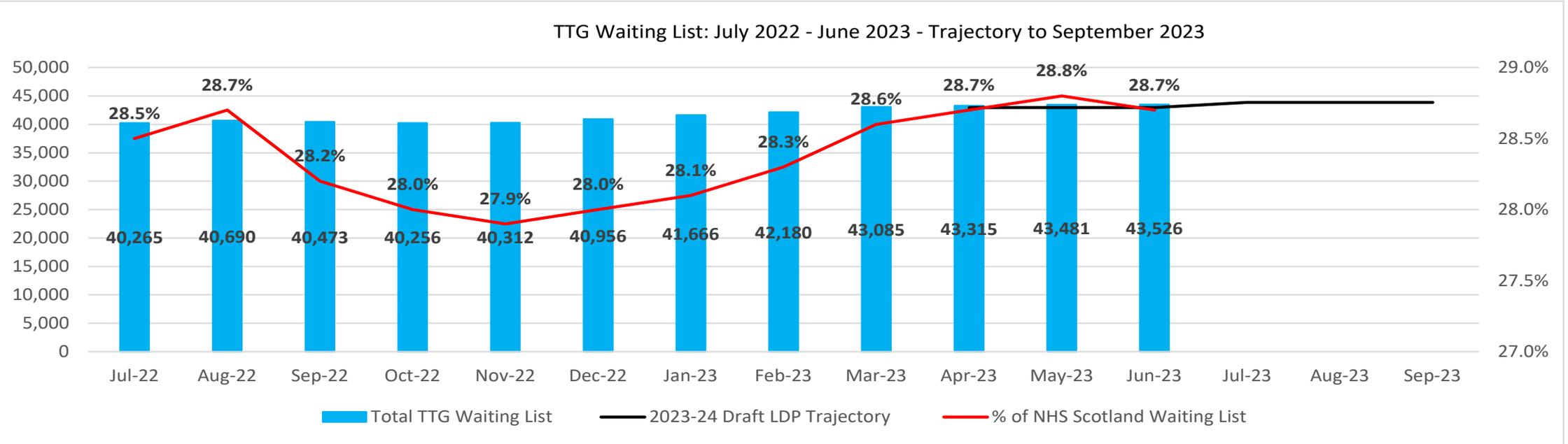
**Current Position Against National Target:**

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.**

## 10. TTG Waiting List



### Summary

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

At the end of June 2023, there were a total of **43,526** patients on the TTG waiting list waiting for an inpatient/daycase procedure, a marginal increase on the previous months' position and marginally above the 2023-24 Annual Delivery Plan target of no more than 42,968 TTG patients on the TTG waiting list by June 2023. **1% above trajectory.**

#### Current Position Against National Position:

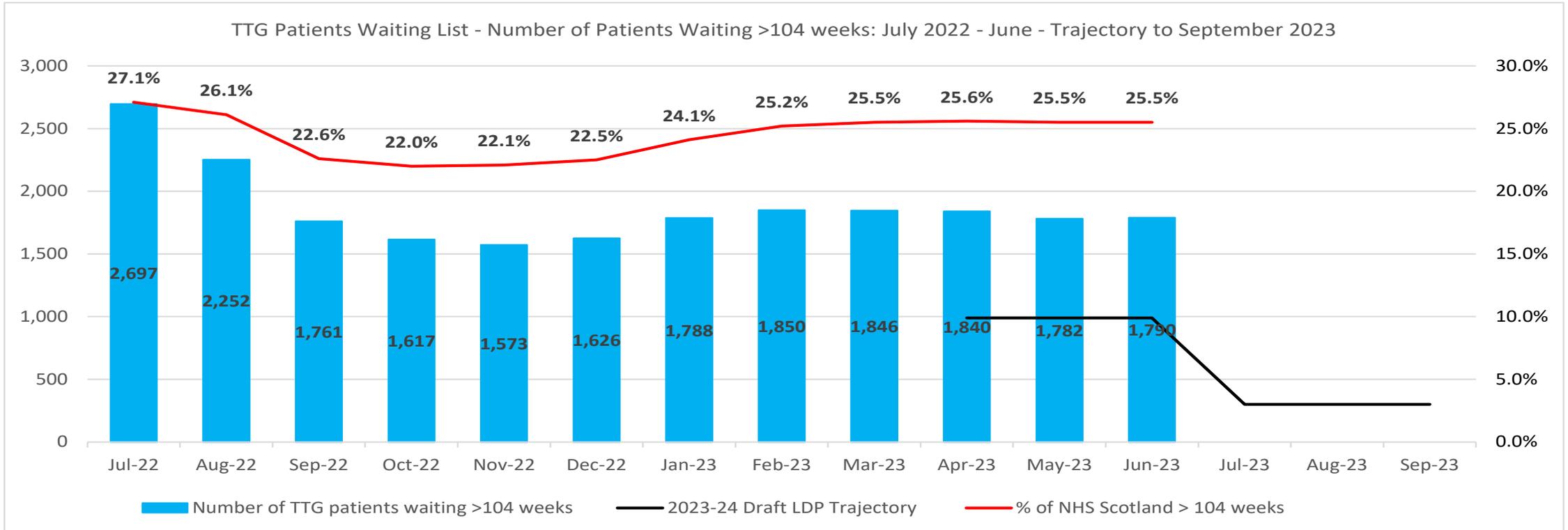
28.7% of NHS Scotland's total TTG patients waiting at the end of June 2023 were NHSGGC patients.

#### Projection to 31 March 2024:

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

Current performance is marginally above the planned position (1%) for June 2023. Capacity continues to be targeted at urgent, highest priority cases and long waiting patients. Elective activity on key inpatient sites remains constrained due to 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. Actions to reduce the number of patients on the waiting list are outlined on slide 21.

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



### Summary

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

At the end of June 2023, there were a total of **1,790** TTG patients waiting >104 weeks for an inpatient/ daycase procedure on the TTG waiting list. **Current performance is above the 2023-24 Annual Delivery Plan target of no more than 989 TTG patients waiting >104 weeks by June 2023.**

#### Current Position Against National Position:

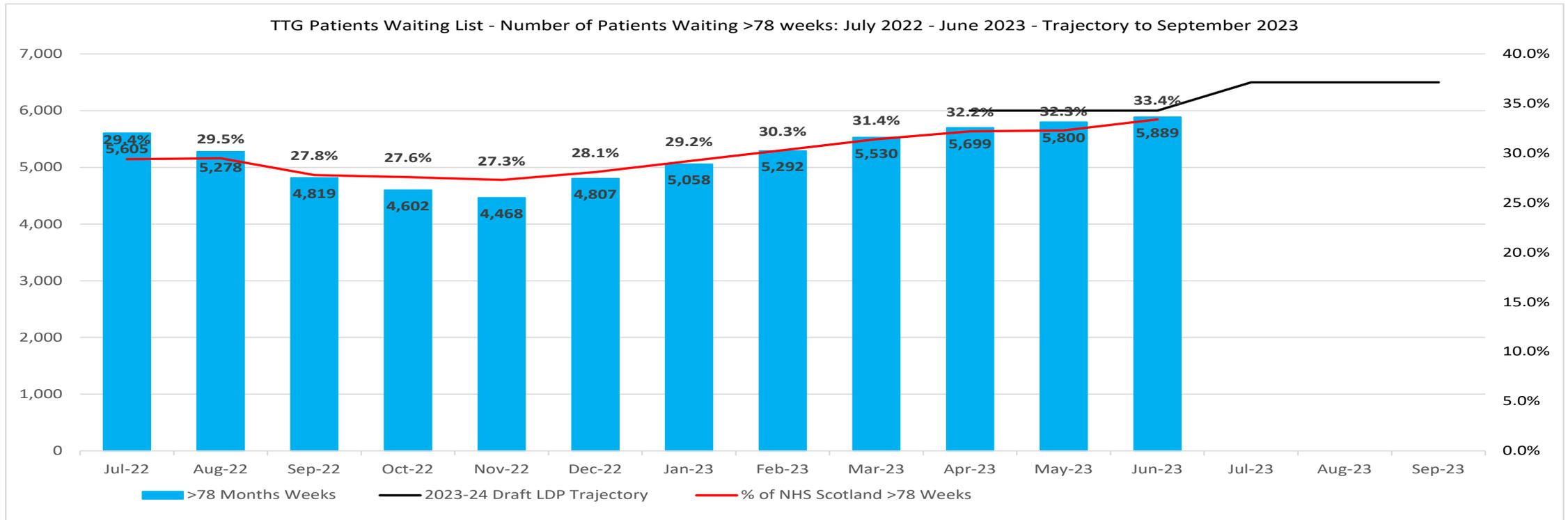
25.5% of NHS Scotland's total patients waiting >104 weeks at the end of June 2023 were NHSGGC patients.

#### Projection to 31 March 2024:

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

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

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



### Summary

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

As at June 2023 month end, a total of **5,889** TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, within the 2023-24 Annual Delivery Plan target no more than 6,000 by June 2023. **Ahead of trajectory by 2%.**

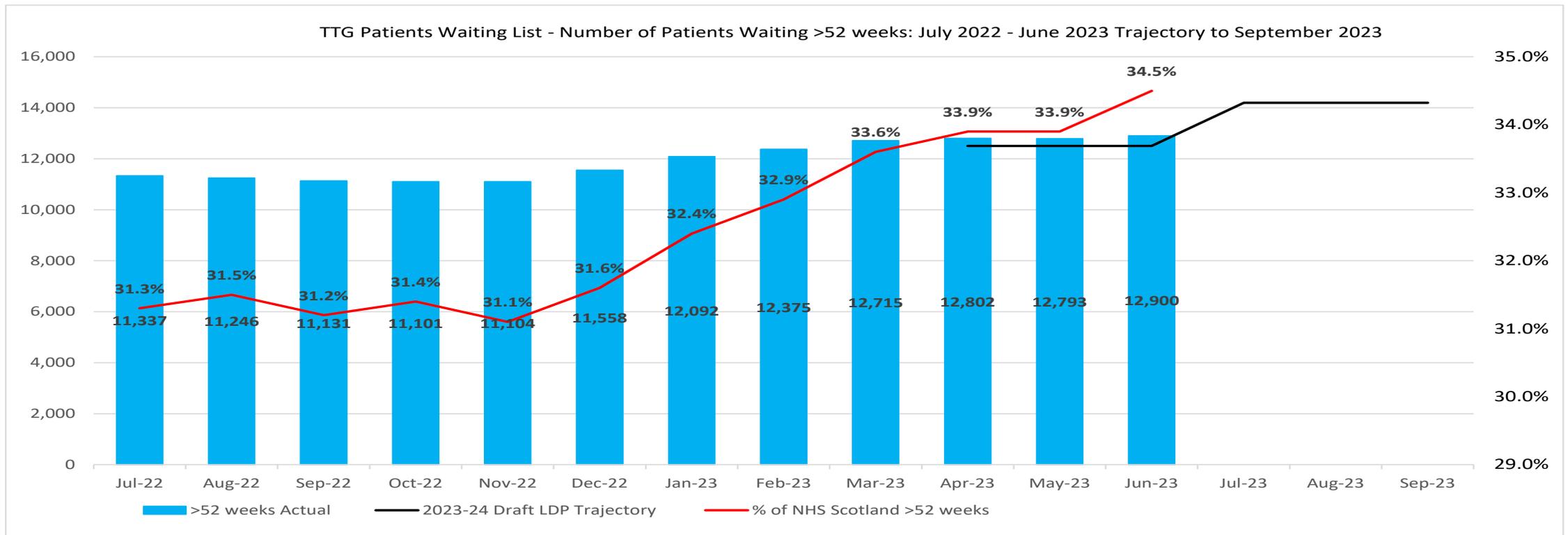
#### Current Position Against National Position:

33.4% of NHS Scotland's total patients waiting >78 weeks at the end of June 2023 were NHSGGC patients.

#### Projection to 31 March 2024:

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

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



#### Summary

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

At the end of June 2023, there were a total of **12,900** TTG patients waiting >52 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is marginally above the 2023-24 Annual Delivery Plan target of no more than 12,500 by June 2023. **3% above trajectory.**

##### Current Position Against National Position:

34.5% of NHS Scotland's total patients waiting >52 weeks at the end of June 2023 were NHSGGC patients.

##### Projection to 31 March 2024:

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

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

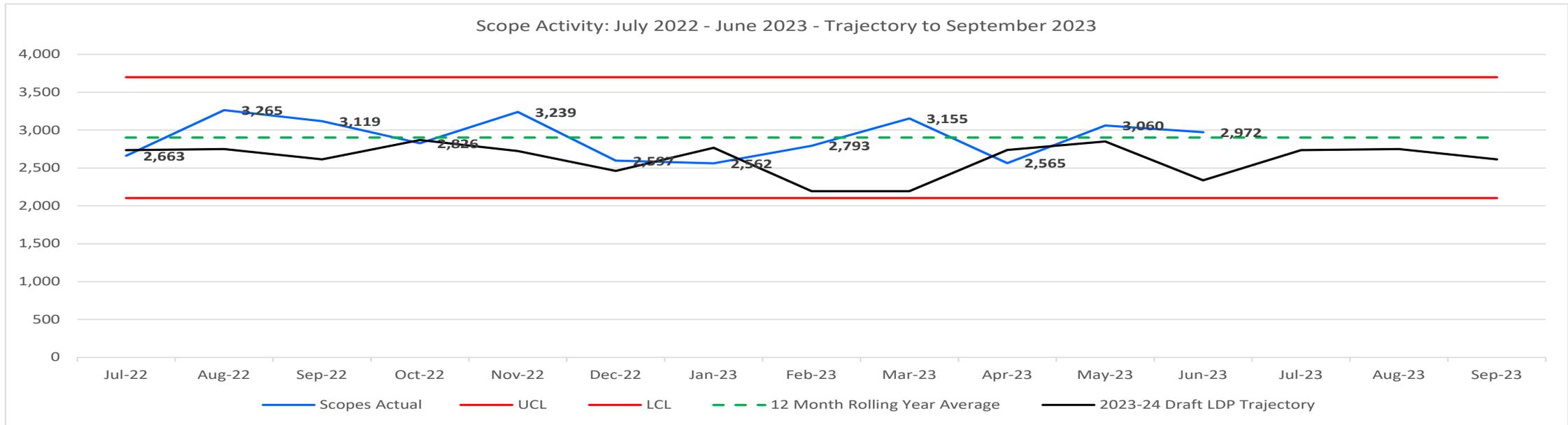
## 13. TTG Inpatient/Daycase Patient Waiting Times: Actions in place to reduce the number of long waiting TTG patients (Continued)

### 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 2023/24 have been made however, elective sessions remain reduced on some sites due to staffing. The recruitment process is on a continual cycle to address staffing issues and work is ongoing with HR and nurse leaders regarding different roles and conditions in order to support theatre staff. An incremental approach to increase elective activity across main inpatients sites has been maintained with booking of long waiting patients wherever possible.
- 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 the GJNH allocated capacity for Orthopaedics, Ophthalmology and the 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 October 2023. Allocation has been reduced due to the facility not being available on time. Currently plans are progressing for 540 patients to be operated on.
- Support of in-house training programme from July 2023 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. The newly trained staff should be ready to start by August/September 2023.
- 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 of new pathways and electronic questionnaire completion to release capacity. Testing commenced July 2023. 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.
- WLIs 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. Commenced in June 2023 in Clyde and July 2023 in South this ensures all sectors following common practice and supporting management of maximum wait patients. Four joint lists to commence in August 2023.

## 14. Diagnostics: Scope Activity



Please note: data relating to June 2023 is provisional.

### Summary

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

A total of **8,597** scopes were carried out during the period April - June 2023, above the 2023-24 Annual Delivery Plan trajectory of 7,926. **8% above trajectory.**

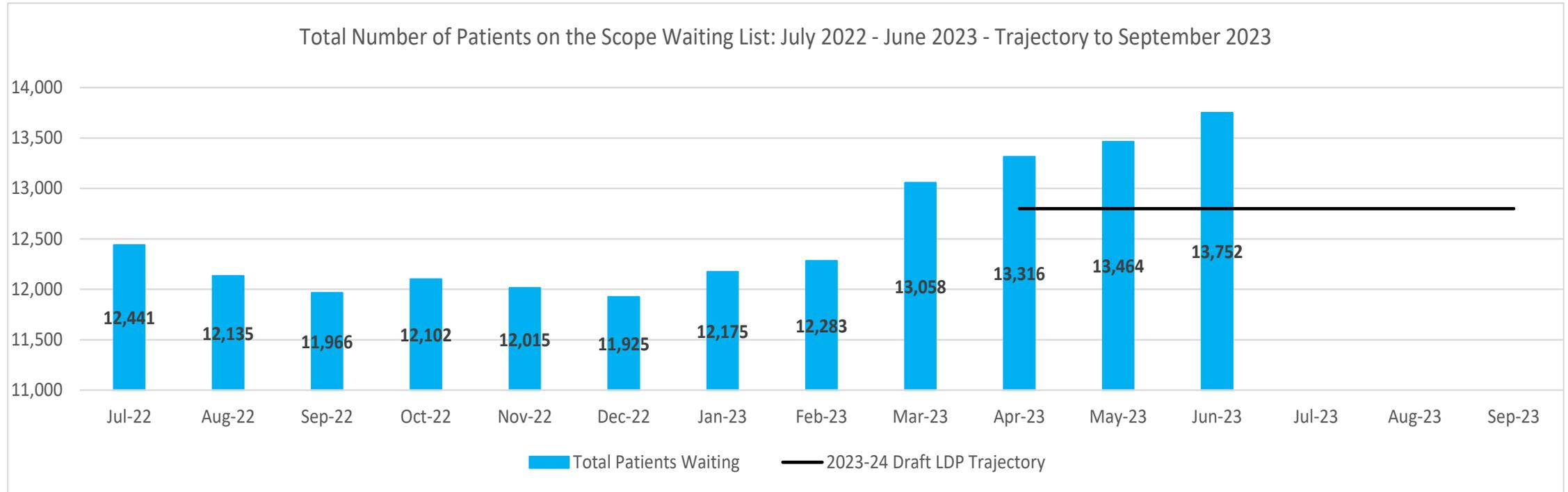
#### Current Position Against National Target:

No national target relevant.

#### Projection to March 2024:

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

## 15. Diagnostics: Scope Waiting List



### Summary

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

As at June 2023 month end, there are **13,752** patients on the overall waiting list, above the 2023-24 Annual Delivery Plan trajectory of no more than 12,800 patients on the Scopes Waiting List by June 2023. **7% above trajectory.**

**Current Position Against National Position:**

No relevant national position.

**Projection to 31 March 2024:**

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

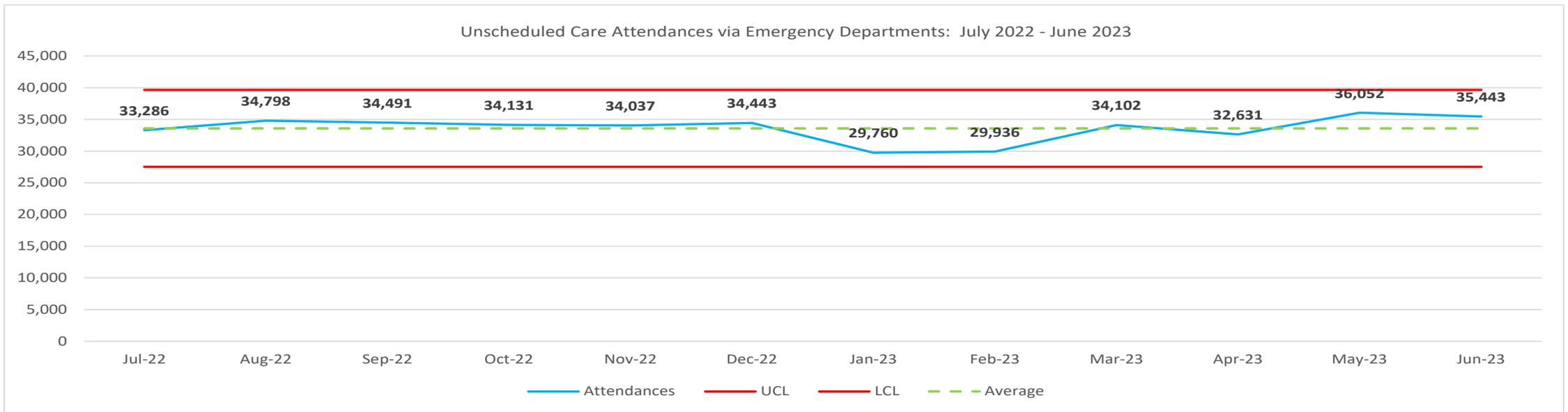
Actions to reduce the number of patients waiting are outlined on the next slide.

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

### Key Actions

- 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.
- Base/core capacity in Endoscopy continues to be supported with additional capacity from WLIs, locum, external commissioned mobile unit, and the GJNH.
- The procurement process is reaching the final stages for insourcing capacity at weekends; the service is expected to commence in August 2023.
- 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 are being discussed further to consider the impact of progressing this approach.
- A further review of demand and capacity is being commenced and will be complete in August 2023 and this will help to inform any additional plans.

## 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 **104,126** A&E attendances (including MIU attendances) were reported during the period April - June 2023. Current performance represents a 2% increase on the 101,688 reported during the same period last year. **No 2023-24 monthly trajectory has been agreed.**

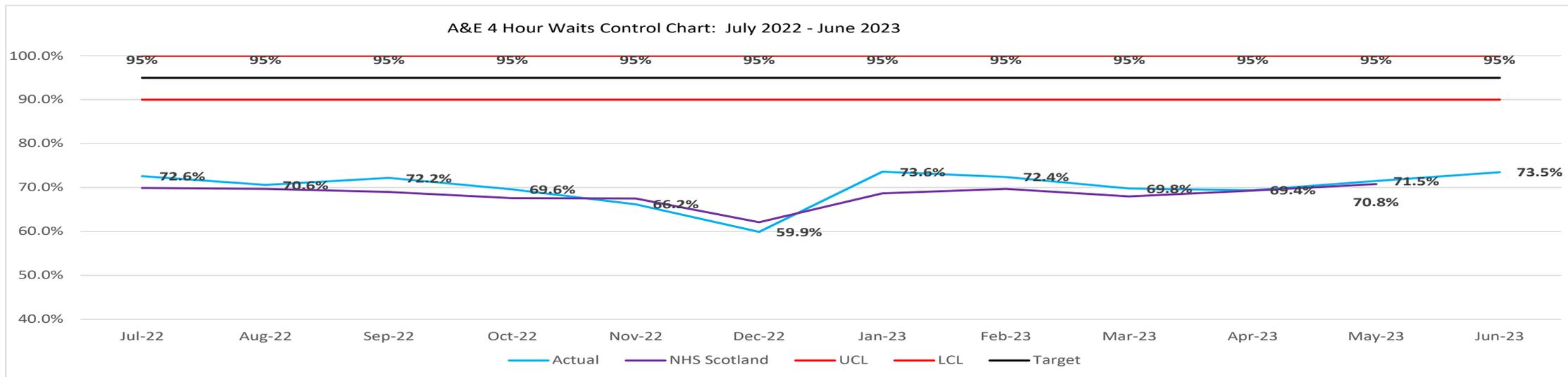
**Current Position Against National Target:**

No relevant target.

**Projection to 31 March 2024:**

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

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



### Summary

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

Currently **73.5%** of patients seen within 4 hours, an improvement on the previous months' position. **21.5% below the national target of 95%**. Local management information for the week ending 20<sup>th</sup> August 2023 noted performance at 71.5%.

#### Current Position Against National Target:

NHSGGC's performance was above the latest national published position of 70.8% for May 2023.

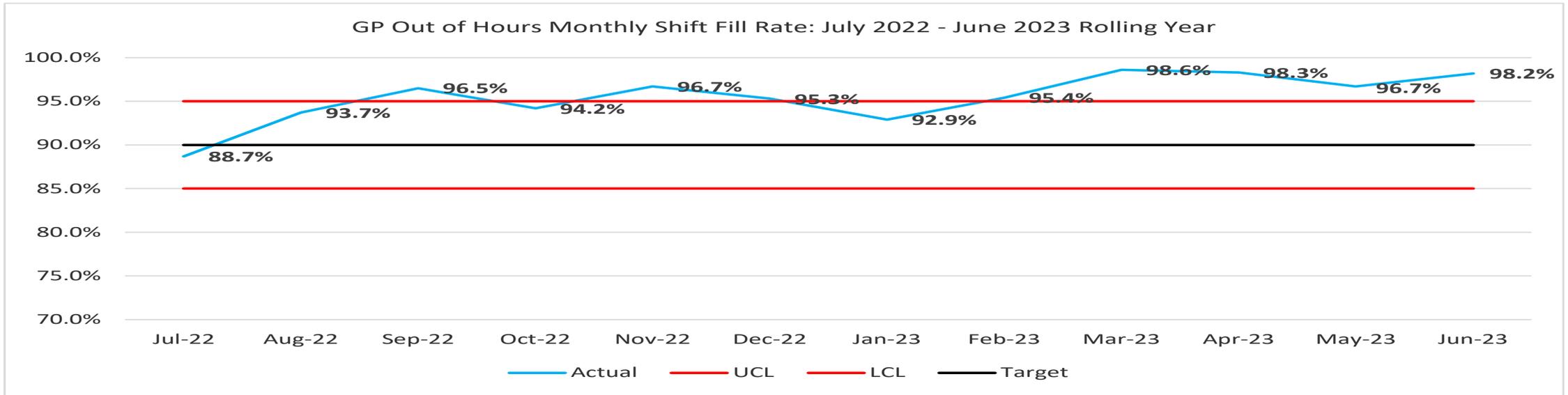
#### Projection to 31 March 2024:

National target 95%.

### Key Actions

- We continued to promote 'Right Care, Right Place' campaign for urgent and unscheduled care, where we actively promote our Flow Navigation Centre (FNC) and other alternatives to unscheduled care. Each month, in excess of 80% of our FNC calls have a video call via Near Me. This enables patients and their medical provider to assess and treat much clearer. Around 45% of all FNC calls are closed at NHSGGC source, meaning onward referral to urgent and emergency care is not required.
- Our 2023-24 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 and/or be admitted to hospital.
  - Reducing the length of stay on admission - increasing the number of patients on a rapid assessment pathway.
  - These will be linked to the 2023-24 Winter Plan scheduled to be finalised in August 2023.

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



### Summary

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

In June 2023, **98.2%** (271) of the 276 scheduled shifts were open against the NHSGGC's target of 90%. **Above the target by 8.2%.**

**Current Position Against National Target:**

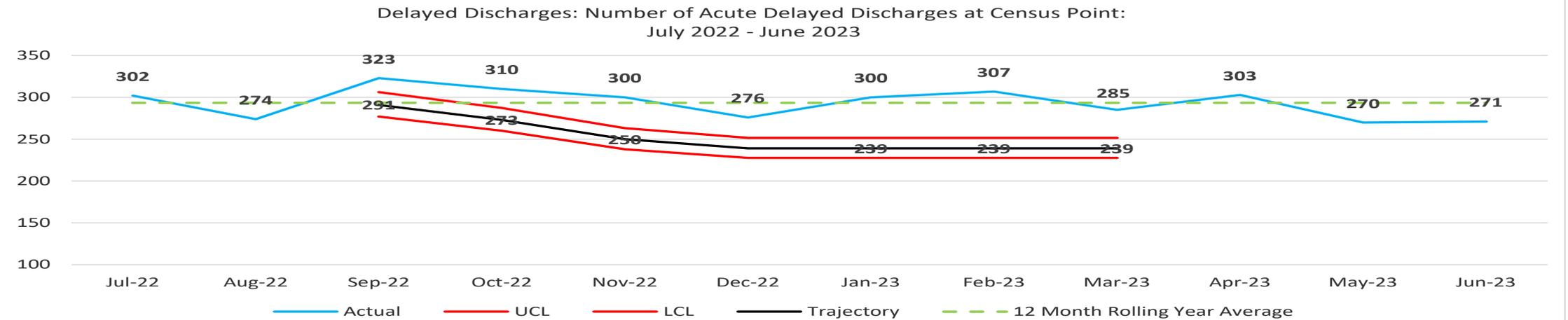
No relevant national target.

**Projection to 31 March 2024:**

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

As seen in the chart above, overall performance in relation to the number of scheduled GP OOH shifts that are open to patients remains positive with performance continuing to exceed target for the 11<sup>th</sup> consecutive month.

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



### Summary

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

A total of **271** Acute delayed discharges were reported at the monthly census point for June 2023, a **minimal increase on the previous months' performance**. Local management information for 21st August 2023 indicates the number of Acute delays was sitting at 292. No confirmed trajectory has been agreed for 2023-24.

#### Current Position Against National Target:

No national target relevant.

#### Projection to 31 March 2024:

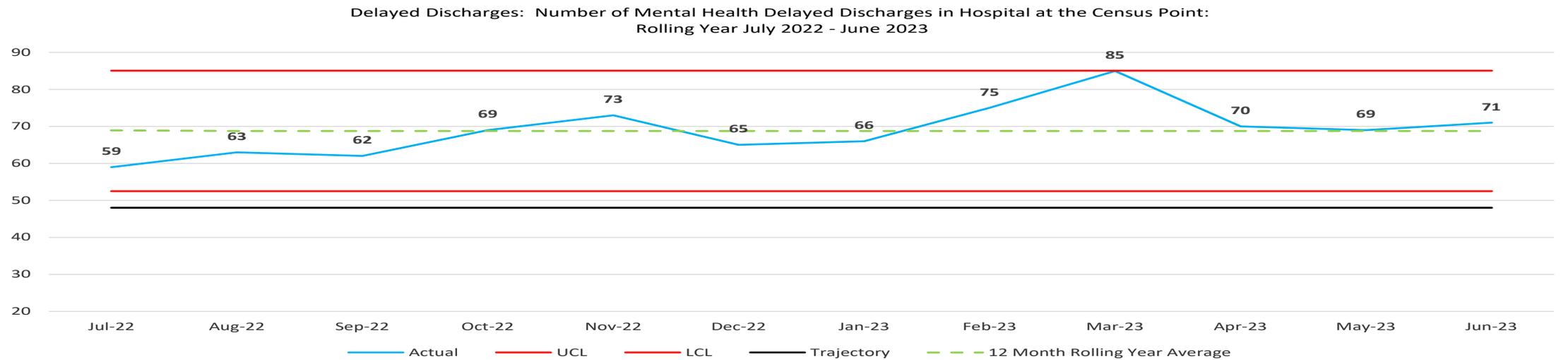
**No Trajectory has been agreed for 2023-24.**

### Key Actions

Performance in relation to Acute delayed discharges remains a significant challenge. Across Health and Social Care, the challenges are complex and multiple, and include workforce and recruitment issues, AWI patients, alongside care home and care at home suitability and capacity challenges. Complex delays account for 114 (42%) of the 271 Acute delays reported in June 2023. Of the total number of Acute delays reported, 46% (126) are from Glasgow City HSCP and 21% (57) from other local authorities. Rigour continues to be applied to monitoring and mitigating delays at each level. Improvement actions include:

- The agreement of a 6% pay rise for social care staff with SG has alleviated some immediate concerns around the stability of the sector however, fundamental concerns remain around the long-term financial viability of the sector and this continues to be monitored across NHSGGC and discussed at the twice-weekly DD Chief Officers' call.
- The first meeting to develop electronic Specialist Multi-Disciplinary Assessment Tool (SMATs) took place on the 27 June with the goal of making this process more efficient for social workers to complete assessments. A pilot date for roll out has still to be agreed.
- Discharge education sessions on the delayed discharge process were held in June 2023 for NQN, AHPs, and ward staff to attend. Glasgow City HSCP, the acute homeless liaison service and discharge lounge all participated in these sessions to promote effective and safe discharge planning across NHSGGC services.

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



### Summary

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

Currently 71 Mental Health delayed discharges, a marginal increase on the previous months' position. Local management information for the 21st August 2023 indicates a total of 75 mental health delays.

**Performance remains above the monthly trajectory of 48.**

#### Current Position Against National Target:

No national target relevant.

#### Projection to 31 March 2024:

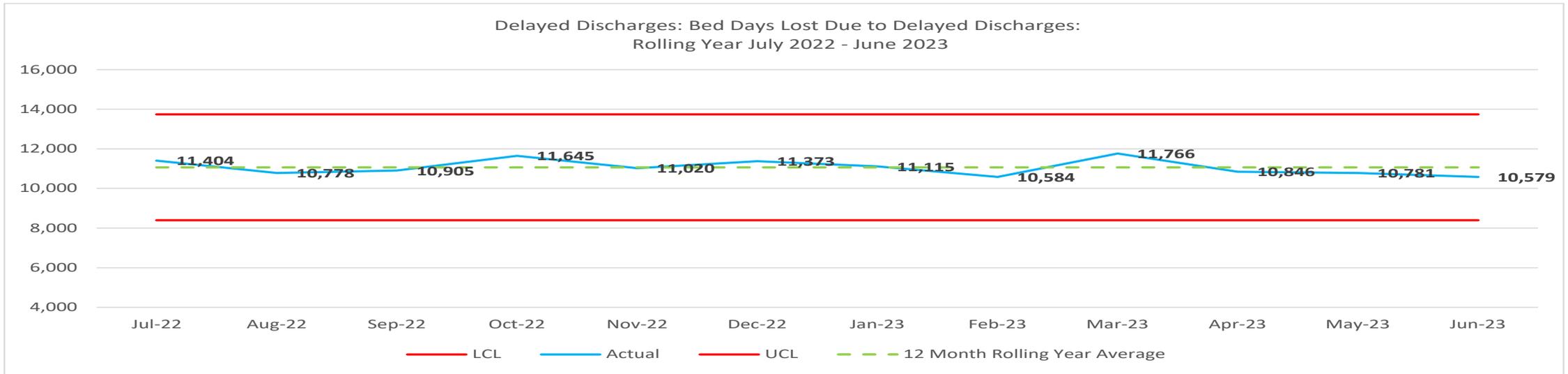
**No more than 48 delays by March 2024.**

### Key Actions

Overall performance remains a challenge. Of the total delays reported across NHSGGC, 51 are Glasgow City residents comprising 18 LD patients, eight Forensic Psychiatry patients and 25 Glasgow City HSCP Adult Mental Health and Older People Mental Health patients. Current inpatient bed use particularly within acute adult mental health is routinely over maximum capacity with additional pressures on staffing and seven of Glasgow City HSCP delays are as a result of this. Other mental health delays are reported in Renfrewshire (5), West Dunbartonshire (4), East Dunbartonshire (2), Inverclyde (2) HSCPs and seven from other local authorities. Actions include:

- A review of all OPMH patients with length of stay exceeding three months. This has enabled us to prepare a patient profile and identify particular challenges and barriers to discharge.
- Similar process are in place across adult mental health to begin to consider the commissioning of a specialist nursing care service, from a current Care Home provider within Glasgow City to meet an identified need for people with complex mental health needs. This commissioned service should help support the discharge of patients currently occupying Mental Health beds within Stobhill, Leverndale and Gartnavel hospitals.
- In terms of overall forensic delays three patients have now been allocated accommodation. The main reason for the remaining forensic psychiatry delays is waiting for suitable supported accommodation particularly for our restricted patient group.

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



### Summary

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

A total of **10,579** bed days were lost to delayed discharges during June 2023, a **further 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 rollout of the Discharge without Delay (DwD) bundle across 130 adult acute wards (DME, Surgical, Medical and Orthopaedics) was completed in June ahead of schedule. First SG return regarding DwD rollout submitted alongside feedback given on experience of completing this return with a view to improving value of this return for SG and locally.
- A Criteria Led Discharge (CLD) Short Life Working Group has been established to take forward with IRH team and eHealth colleagues the CLD test of change. The test of change work will help standardise CLD processes across all acute sites to ensure the necessary criteria is being accurately recorded and reported.
- Percentage of patients discharged without delay is trending slightly downwards, though remains close to national target (average 97.9% against target of 98%)
- Planned Date for Discharge accuracy at GGC level has been above original baseline (23%) in every week in this period, however there is variation between Sectors.

## 22. Control Limits

No	Measure	Control Limits	Slide Number
1	Access to Psychological Therapies: % eligible referrals starting treatment <18 weeks of referral	Based on 5% variance from national target	5
2	Access to CAMHS: % eligible referrals starting treatment <18 weeks of referral	Based on 5% variance from trajectory	6
3	Access to Cancer Services Treatment Time: % of patients starting treatment within 31 days of decision to treat	Based on 5% variance from national target	7
4	Access to Cancer Services: % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer	Based on 5% variance from trajectory	8
5	New Outpatient Activity	Standard deviation is based on 12 month rolling average	11
6	New Outpatient Waiting List	Not applied	12
7	Number of New Outpatients Waiting >78 weeks	Not applied	13
8	Number of New Outpatients Waiting >52 weeks	Not applied	14
9	TTG Inpatient/Daycase Activity	Standard deviation is based on 12 month rolling average	16
10	TTG Waiting List	Not applied	17
11	Number of TTG Patients Waiting >104 weeks	Not applied	18
12	Number of TTG Patients Waiting >78 weeks	Not applied	19
13	Number of TTG Patients Waiting >52 weeks	Not applied	20
14	Diagnostics: Scope Activity	Standard deviation is based on 12 month rolling average	22
15	Diagnostics: Scope Waiting List	Not applied	23

## 22. Control Limits (Continued)

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