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Health Performance & Delivery
30 June 2022

Cabinet Secretary for Health & Social Care

WAITING TIMES – REDUCING LONG WAITS

Purpose

1. To provide the First Minister with an update on the work underway to reduce long waits for care and recommended milestones / targets for clearing those longest waiting patients over one and two years.

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Priority

2. Routine

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5. As the NHS moves away from an emergency footing and focuses on stabilising and recovering health care, officials are working with health boards to identify what actions can be put in place to reduce waiting times for those longest waiting patients, targeting those waiting more than two years in the first instance. The recently revised clinical prioritisation framework supports this approach.

6. As a result of the pandemic and the stepping down of non-urgent care for a sustained period, total waiting lists for outpatients and inpatient / day cases has increased significantly. [redacted - s.30(b)(i)]

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10. [redacted - s.30(b)(i)] The tables at **Annex B** shows long waits greater than two years by board and specialities, with longest waits across ENT, General Surgery and Trauma and Orthopaedics.

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Proposed Targets

Inpatient / daycase

11. Work is underway to ensure that additional non-urgent activity is focussed in the right NHS Boards and specialities, with potential for Boards with greater capacity to target activity to boards / specialities with greatest challenges. **[redacted - s.30(b)(i)]**

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One year waits

15. A similar approach has been adopted to model reduction of one year waits as applied to the two year modelling, with three scenarios set out below. Based on current list size around 25% is waiting longer than 52 weeks. Additional activity is required to reduce the overall waiting list size to sustainably reduce the longest waits.

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UK Comparisons

21. It is helpful to also understand how other parts of the UK are seeking to address the numbers waiting. Both England and Wales have published targets for NHS recovery, specifically around planned care. The high level targets and progress against NHS England target of no two year waits by July 2022 is outlined at **Annex D**.

Capacity and Activity

22. Key areas of work are already underway to enhance capacity and increase activity, which will be targeted at the longest waiting patients, specifically over two years - more detail on this is outlined in **Annex E**. These areas of work, which has significant financial implications, include:

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Planning

23. NHS Board Chief Executives and Directors of Regional Planning have identified key areas of work that will shape surgical services to help insulate and support elective care – although there are associated financial implications linked to this work that have not yet been quantified. These areas of work include ways of working differently to flex resources, capacity and infrastructure, and the wider roll out of service redesign. These options, which will require further consideration, over the next few weeks / months,

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29. We are working with boards to mitigate these risks by increasing capacity and activity as set out above (with the exception of the RSR). We will be ambitious and resourceful and support boards to optimise opportunities to ensure the targets are delivered through a focussed national approach.

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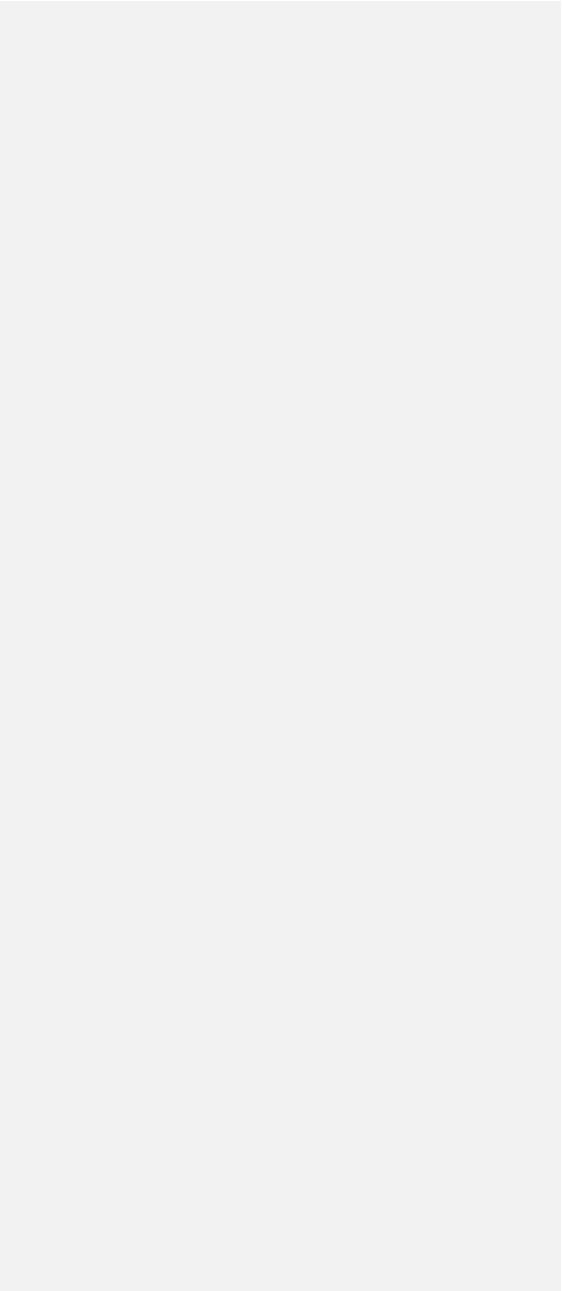
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ANNEX A



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ANNEX B

**Inpatient or Day case
Number of patients waiting over 2 years**

Quarter-End:

31-Mar-22

31-Mar-22

Specialty:

ALL SPECIALTIES

ALL SPECIALTIES

Patient Type:

Inpatients

Daycases

NHS Board of Treatment	>2 Years	>2.5 Years	>3 Years
NHS Scotland	4259	895	158
Golden Jubilee National Hospital	3	1	1
NHS Ayrshire & Arran	118	16	0
NHS Borders	111	1	0
NHS Dumfries & Galloway	8	0	0
NHS Fife	18	1	0
NHS Forth Valley	5	0	0
NHS Grampian	938	308	118
NHS Greater Glasgow & Clyde	1598	230	12
NHS Highland	693	208	16
NHS Lanarkshire	131	23	0
NHS Lothian	256	26	1
NHS Orkney	0	0	0
NHS Shetland	0	0	0
NHS Tayside	380	81	10
NHS Western Isles	0	0	0

>2 Years	>2.5 Years	>3 Years
6354	935	163
1	0	0
583	31	0
117	0	0
16	1	0
13	0	0
47	0	0
1402	408	124
1213	152	15
427	60	4
1020	96	5
872	57	2
1	0	0
4	0	0
636	130	13
2	0	0

*note date for Outpatients not available

**Inpatient or Day case
Longest Waits by Specialties**

Quarter-End: 31-Mar-22
Specialty: ENT, General Surgery and Trauma & Orthopaedics
Patient Type: Inpatients

NHS Board of Treatment	ENT			General Surgery			Trauma and Orthopaedics		
	>2 Years	>2.5 Years	>3 Years	>2 Years	>2.5 Years	>3 Years	>2 Years	>2.5 Years	>3 Years
NHS Scotland	371	36	2	638	155	49	2,039	391	22
Golden Jubilee National Hospital	0	0	0	0	0	0	0	0	0
NHS Ayrshire & Arran	2	0	0	14	3	0	75	12	0
NHS Borders	2	0	0	14	0	0	75	1	0
NHS Dumfries & Galloway	0	0	0	0	0	0	7	0	0
NHS Fife	0	0	0	10	0	0	3	0	0
NHS Forth Valley	0	0	0	2	0	0	1	0	0
NHS Grampian	79	9	2	191	85	43	261	30	1
NHS Greater Glasgow & Clyde	223	20	0	191	27	5	920	138	3
NHS Highland	51	7	0	74	17	1	510	179	14
NHS Lanarkshire	0	0	0	19	2	0	16	1	0
NHS Lothian	4	0	0	62	15	0	50	0	0
NHS Orkney	0	0	0	0	0	0	0	0	0
NHS Shetland	0	0	0	0	0	0	0	0	0
NHS Tayside	10	0	0	61	6	0	121	30	4
NHS Western Isles	0	0	0	0	0	0	0	0	0

Quarter-End: 31-Mar-22
Specialty: ENT, General Surgery and Trauma & Orthopaedics
Patient Type: Daycases

NHS Board of Treatment	ENT			General Surgery			Trauma and Orthopaedics		
	>2 Years	>2.5 Years	>3 Years	>2 Years	>2.5 Years	>3 Years	>2 Years	>2.5 Years	>3 Years
NHS Scotland	1,478	218	43	1,769	245	38	884	105	7
Golden Jubilee National Hospital	0	0	0	0	0	0	0	0	0
NHS Ayrshire & Arran	117	0	0	212	11	0	158	20	0
NHS Borders	8	0	0	32	0	0	39	0	0
NHS Dumfries & Galloway	0	0	0	2	1	0	11	0	0
NHS Fife	0	0	0	5	0	0	2	0	0
NHS Forth Valley	0	0	0	5	0	0	0	0	0
NHS Grampian	508	166	42	385	111	35	131	17	0
NHS Greater Glasgow & Clyde	371	27	1	184	10	1	163	22	0
NHS Highland	111	16	0	92	13	1	118	19	2
NHS Lanarkshire	261	9	0	300	47	0	86	8	3
NHS Lothian	76	0	0	417	43	0	58	3	0
NHS Orkney	0	0	0	0	0	0	1	0	0
NHS Shetland	2	0	0	2	0	0	0	0	0
NHS Tayside	24	0	0	133	9	1	115	16	2
NHS Western Isles	0	0	0	0	0	0	2	0	0

ANNEX C

[redacted - s.30(b)(i)]

UK COMPARISONS

Both England and Wales have published targets for NHS recovery, specifically around planned care. The high level targets are:

NHS England (The targets refer to Referral To Treatment (RTT) waiting times, which monitor the length of time from referral through to elective treatment)

- Eliminate waits over two years by July 2022
- Eliminate waits of over 18 months by April 2023
- Eliminate waits of over 65 weeks by March 2024
- Eliminate Waits of longer than a year by March 2025

Following discussion with Sir James Mackey, National Director of Elective Recovery leading on supporting NHS England to address the elective backlog, NHS England will meet the target of eliminating long waits over two years by the end of July 2022, which are reducing at a rate of around 1,000 per week. It is projected there will be around 3,000 patients still waiting more than two years due to their availability for treatment on time but this has reduced from original position of around 40,000. It is worth noting that NHS England did not stand down planned care activity during the last wave of the pandemic.

Similar to Scotland, the Federation of Surgical Speciality Association published a clinical Guide to Surgical Prioritisation in NHS England to help reprioritise patients in p2-6 at the time of specified clinical reviews. There was potentially more flexibility for NHS England as it was not deemed to be mandated in those Trusts where good local practices work well.

Sir James also reported that NHS England is experiencing the same pressures as Scotland and adopting very similar principles to support recovery as Scotland, for example around waiting list validation, alternative pathways of care to create capacity in the system, scaling up virtual capacity, cross boundary working, and utilisation of the private sector where appropriate. While NHS England is seeing RTT activity levels increase, due to demand, the RTT lists size has also increased from almost 5 million in March 2021 to more than 6 million in March 2022, however, the rate of growth is now reportedly slowing.

The majority of capacity targeted to reducing waiting times is through the NHS in England, with similar levels of private sector utilisation to pre-Covid levels. The focus on planned care does not appear to be having a detrimental impact on other areas of the system such as unscheduled care. NHS England has now started to focus on reduction of waits over 78 weeks.

NHS Wales

Like NHS Scotland, NHS Wales temporarily postponed its planned care non-urgent activity to allow the NHS to focus on managing the pandemic. NHS Wales published its plan for reducing waiting lists in April 2022; high level targets are set out below:

- Eliminate waits over one year for first outpatient appointment by end of 2022
- Eliminate waits over two years in most specialities by March 2023
- Eliminate waits over one year in most specialities by Spring 2025

The plan sets out how NHS Wales will reduce waiting times through transformation and service redesign, increasing capacity; the intention to ensure services are more efficient and reduce cancellations by creating dedicated surgical facilities and separating planned care from urgent and emergency care.

As at the end of March 2022, the total RTT waiting list in NHS Wales was 701,418 (an increase of 53.5%, +244,609 on March 2020) and the number of people waiting more than two years was 70,417 (an increase from 279 at March 2020), in comparison to 10,300 inpatient / daycase patients waiting more than two years in Scotland.

ACTIONS UNDERWAY TO INCREASE CAPACITY AND ACTIVITY*Centre for Sustainable Delivery*

There are various actions and initiatives underway to increase capacity over 2022/23 and beyond, including the CFSD high impact changes such as: Active Clinical Referral Triage and Patient Initiated Review and enhanced recovery after surgery. Across all CFSD high impact changes over 2021/22, it is estimated that over 90,000 outpatient appointments have been released and over 17,500 bed days saved. Further potential gains are expected to be made during 2022/23 onwards.

Progress around this work will be tracked through the established governance process, including the CFSD Delivery and Strategy Board, and the Integrated Planned Care Programme Board. Work is also ongoing with PHS to establish a system for monitoring progress locally that will us to more accurately track progress and manage areas of work that is off track.

Clinical Prioritisation

The Clinical Prioritisation Framework, which was adopted across NHS Scotland in November 2020, provides clear principles for prioritising planned care. On that basis, the Framework has been reviewed and agreed with the Cabinet Secretary to provide Boards more flexibility to treat patients waiting a significant period of time, regardless of their clinical need. The prioritisation guidelines have been widened to allow boards to manage clinical prioritisation, those patients requiring emergency and urgent treatment, alongside targeting the longest waiting patients, balancing both clinical and quality of care. Progress on reduction of long waits will be monitored on an ongoing basis and impact on continued Clinical Prioritisation.

National Elective Coordination Unit (NECU)

To ensure that all NHS capacity and capability is fully and effectively utilised to support recovery and address the longest waits, the Scottish Government endorsed CFSD to establish the National Elective Coordination Unit (NECU). The NECU, which will be governed by Scottish Government and administered by CFSD, will provide a consistent approach to national capacity assessment and allocation and will be adopted through a phased approach.

The first stage of the NECU can be operational from early August 2022. This will be focussed on targeting specialities including orthopaedics, ENT, respiratory and urology, expanding to include cataracts and general surgery - areas where we see the longest waits.

While the NECU can provide the required coordination of capacity across Scotland, we would also expect that boards will optimise their local / regional arrangements to utilise capacity and maximise theatre usage to support more challenged Boards/specialities. The majority of Boards have already indicated that they are actively in discussion with regional partners to explore what further opportunities exist to increase capacity through closer collaborative working, this includes provision of space to protect planned care activity.

Waiting list Validation

NHS Boards have been asked to strengthen waiting list validation locally by adopting a three stage approach to waiting list review. The three stage approach includes:

- Administrative validation – removing patients from waiting lists that no longer require treatment (via text / letter)
- Patient validation - making contact with the patients to confirm they wish to remain on the waiting list
- Clinical validation – reviewing patient records and identification of appropriate actions including virtual clinic, appropriate pathway or treatment

By adopting this three stage approach and embedding into business as usual it is expected that this may provide around 10% reduction total list size. This is likely to provide a reduction of lists size when initially done but this will slow down as Boards embed the process going forward.

As part of the NECU work, CFSD will also enhance the local validation work with a national validation of the longest waits in key specialties in those Boards with the largest proportion of long waits over 78 weeks.

Variation

The Specialist Delivery Groups (SDGs) within CFSD will also consider variation to ensure consistency across NHS Scotland. We will commission the SDGs to carry out targeted work on the following:

- Low clinical value (LCV) – this includes varicose veins, shoulder decompression, bunion surgery and religious circumcision. The SDGs will consider procedures of LCV, review and agree a standard approach to these procedures across Scotland. This is in line with LCV procedures in other UK countries.
- Establishing a set of minimum standards by speciality (where these do not exist already).
- Work with PHS to review six Atlas of Variation maps, which were developed in 2017/18, to provide a basis to stand back up the Atlas work and create new maps that will help inform efficiencies by mid-summer. The six maps will focus on:
 - Orthopaedics (hips & knees)
 - General Surgery (cholecystectomy & hernia)
 - Ophthalmology (cataracts)
 - Gynaecology
 - Urology
 - Endoscopy (colonoscopy & bowel screening)
- Expand work around Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) by speciality to establish minimum set of standards across Scotland.

This work will be progressed at pace and initial options / considerations being shared with SG early autumn.

ADDITIONAL ACTIVITY TO CLEAR OUTPATIENT, INPATIENT/DAY CASE, AND DIAGNOSTICS LONG WAITS

JANUARY 2025

Analysis based on data from Scottish Government Weekly Management Information & PHS Published Statistics

THIS IS MANAGEMENT INFORMATION, PROVIDED FOR INTERNAL USE ONLY AND SHOULD NOT BE USED IN PUBLIC.

CONTEXT

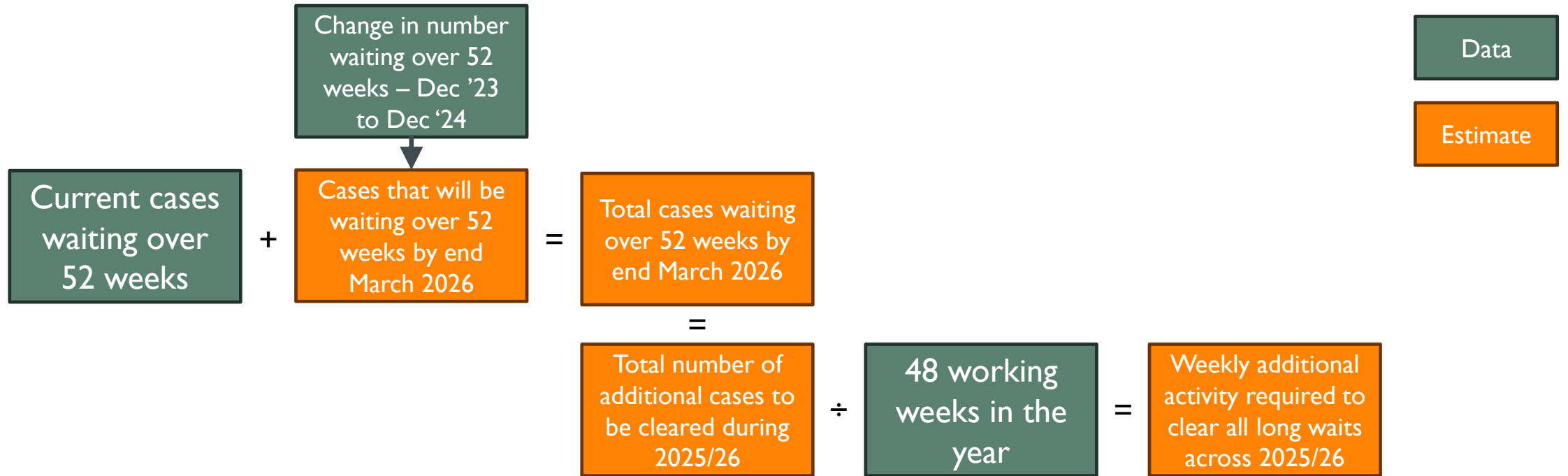
- Budget announcement
- FM Statement - <https://www.gov.scot/publications/improving-public-services-and-nhs-renewal-first-ministers-speech/>
- Focus on 52 weeks
- Local and National Plans
- Planned Care Planning Processes – Q&A

EXISTING REPORTING

Current tabs on Planned Care section of WSP dashboard	Additional views required	Further comments
NOP weekly activity	breakdown by specialty	
New outpatient list size	breakdown by specialty and additional view for >52 weeks	ability to go between list size and list >52 weeks on page to avoid another tab at the left-hand side
IPDC weekly activity	breakdown by specialty	
IPDC list size	breakdown by specialty and additional view for >52 weeks	ability to go between list size and list >52 weeks on page to avoid another tab at the left-hand side
Radiology weekly activity	breakdown by test	
Radiology list size	breakdown by test and additional view for >6 weeks	ability to go between list size and list >6 weeks on page to avoid another tab at the left-hand side
Endoscopy weekly activity	breakdown by test	
Endoscopy list size	breakdown by test and additional view for >6 weeks	ability to go between list size and list >6 weeks on page to avoid another tab at the left-hand side
New tab	Additional summary table by health board and specialty, showing >52wks	

- Waiting Times Delivery Dashboard
- Currently in Excel
- Will move to more permanent solution with help of PHS/NSS

METHODOLOGY



- Weekly additional activity is expressed both as a number of cases and as a percentage increase from pre-covid activity levels, to give an indication of the scale of the increase needed.

CAVEATS AND LIMITATIONS

- As the wait lists only consider appointments and not patients, it is likely that numerous patients are on NOP/TTG waiting lists multiple times, and it is theoretically possible that these multiple waits could be dealt with using fewer, or even one, appointment.
 - This analysis does not consider any improvements to the efficiency of the current system in dealing with waits.
- These estimates are based on a linear projection based on average additions and removals over the last 12 months. They rely on an assumption that the current levels of additions and removals do not change over the next financial year.
- All activity levels quoted are in addition to current removals based on the last 12 months.
 - We note that the analysis provided here is based on existing approaches to prioritisation of cases across the system. However introduction of renewed focus around a 52 week target may result in changes to prioritisation going forward which could in turn affect the shape of waiting lists
- The estimated activity levels might not be achievable.
- Note: activity totals across boards and specialties assume that areas currently on track to meet the target will maintain their performance but will not provide additional capacity for other areas as this may not be realistic. Therefore, only positive values are included in the totals, negative values are counted as zero.

WHOLE SYSTEMS INTELLIGENCE ANALYSIS

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[redacted - s.29(1a)]

WHOLE SYSTEMS INTELLIGENCE ANALYSIS

[REDACTED - S.29(1A)]

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WHOLE SYSTEMS INTELLIGENCE ANALYSIS

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WHOLE SYSTEMS INTELLIGENCE ANALYSIS

[REDACTED - S.29(1A)]

[redacted - s.29(1a)]

IMPACT OF OUTPATIENT ACTIVITY ON INPATIENT/DAY CASE DEMAND

- A portion of outpatient appointments are expected to lead to inpatient/day case referrals.
- It is uncertain how these additional referrals will impact long waits over 52 weeks, but it is possible that:
 - Urgent cases might occupy capacity that would have previously been used to treat a case that has been waiting over 52 weeks.
 - Non-urgent cases might eventually lead to increases in the number of long waits, and therefore additional activity required to keep waits under 52 weeks.
- We have estimated the number of additional inpatient/day cases that would result from increased outpatient activity in each board and specialty. Some portion of this additional demand may need to be addressed with additional activity in addition to the estimates in this analysis.

WHOLE SYSTEMS INTELLIGENCE ANALYSIS

[REDACTED - S.29(1A)]

[redacted - s.29(1a)]

WHOLE SYSTEMS INTELLIGENCE ANALYSIS

[REDACTED - S.29(1A)]

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NEXT STEPS

- Undertake modelling which sets out additionality required to clear all waits over 12 weeks
 - Factoring in recurring gap between additions and removals
- Work with colleagues to triangulate Board planning returns with modelling and other data sources as required
- Work with colleagues in PHS to expand Planned Care component of existing Whole System Pressures Dashboard
- Explore options for transferring existing NHS Waiting Times ministerial outputs into an automated dashboard format

NHS Waiting Times Delivery Group – Minute, Tuesday 6 May 2025

Standing Agenda
1. Planned Care: <ul style="list-style-type: none">• Dashboard Update• Update on 25/26 plans
2. [redacted – out of scope]
3. [redacted – out of scope]

Attendees

Scottish Government

- First Minister
- Cabinet Secretary for Health & Social Care
- Cabinet Secretary for Finance and Local Government
- Minister for Public Finance
- Caroline Lamb
- John Burns
- Angie Wood
- Derek Grieve

NHS representatives

- Professor Jann Gardner, CEO, NHS Greater Glasgow & Clyde
- Gordon James, CEO, NHS Golden Jubilee
- Caroline Hiscox, CEO, NHS Lothian

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NHS Waiting Times Delivery Group – 1 April 2025

First Minister (JS), Cabinet Secretary for Health and Social Care (NG), Minister for Public Finance (IM), Caroline Lamb (CL), John Burns (JB), Jann Gardner (JG), Gordon James (GJ), [redacted - s.38(1)(b)], Douglas McLaren (DM)

Notetaker: [redacted - s.38(1)(b)]

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The next Stage of Treatment publication will cover January to March 2025 and is due at the end of May. Currently the last published data is up to December 2024. NG noted that there needs to be a clear trajectory to December 2025 so that we can see the targets being met by March 2026. It is imperative to show a fall in waiting times during this period.

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Digital Dermatology

FM requested an update on digital dermatology and whether the rollout was seeing a significant erosion in waits. He noted the sizeable reduction of 3k already and asked whether the new techniques would help demonstrate a quick impact – particularly as circa 50% of patients won't need to see a consultant.

[redacted - s.30(b)(ii)]

[redacted - s.30(b)(ii)]

ACRT

GJUNH is rolling out ACRT and has target dashboards for each Board. IM asked that dashboards also add the run rate based on the weeks remaining. Does this match the run rate from the Delivery Dashboard?

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Cabinet Secretary for Health & Social Care

DELIVERY PLAN FOR REDUCING WAITING TIMES AND DELAYED DISCHARGE

PRIORITY AND PURPOSE

1. **Urgent:** Following the meeting on Wednesday 12 November and the subsequent note sent to the Cabinet Secretary for Finance and Local Government, to provide you with an outline of our delivery plan setting out our approach to reduce waiting times and delayed discharges over the remainder of 2024/25 and set out what we aim to achieve over 2025/26.

2. [redacted - s.30(b)(i)]

3. We would intend to discuss this with you in greater detail at our meeting on 12th December.

RECOMMENDATION

4. That you:

- **Note** this submission, to:
 - [redacted - s.30(b)(i)]
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 - [redacted - s.30(b)(i)]
 - [redacted - s.30(b)(i)]
 - [redacted - s.30(b)(i)]
 - **[redacted - s.30(b)(i)]**
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5. Building on your announcement to parliament on reform in Parliament on 4 June, we have been assessing the opportunities to accelerate our ambitions and provide you and the First Minister with demonstrable examples that create the capacity to deliver improvements on hospital **occupancy (and therefore reducing delayed discharge, length of stay and A&E waits)** as well as reducing waiting times.

[redacted - s.30(b)(i)]

6. It is important to note that this will not be the totality of our reform agenda, but rather a clear signal of intent with the aim of providing you and Ministers with the ability to point to improvements within health and social care as a consequence of these actions between now and March 2026.

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Caroline Lamb
DG Health and Social Care

Copy List:	For action	For information		
		Portfolio interest	Constituency interest	General awareness
First Minister				X
Deputy First Minister				X
Cabinet Secretary for Finance and Local Government		X		
Minister for Social Care, Mental Wellbeing and Sport		X		
Minister for Public Health and Women's Health		X		

DG Health and Social Care	[redacted - s.38(1)(b)]
DG Communities	[redacted - s.38(1)(b)]
Chief Medical Officer	[redacted - s.38(1)(b)]
Chief Nursing Officer	[redacted - s.38(1)(b)]
John Burns	[redacted - s.38(1)(b)]
Angie Wood	[redacted - s.38(1)(b)]
[redacted - s.38(1)(b)]	[redacted - s.38(1)(b)]
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<p>[redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] Dougie McLaren [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)]</p>	<p>[redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] [redacted - s.38(1)(b)] Derek Grieve</p>
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