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| NHS Greater Glasgow and Clyde | Paper No. 24/153 |
| Meeting: | Board Meeting |
| Meeting Date: | 17 December 2024 |
| Title: | Board 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 Board members with an update on performance against the key indicators as outlined in the Performance Assurance Framework (AIF).

2. Executive Summary

The paper can be summarised as follows: A summary of performance against the respective KPIs outlined in the AIF, and based on the measures contained in the 2024-25 Annual Delivery Plan (ADP) and the 2024-25 planned care reduction targets approved by the Scottish Government alongside key local and national performance measures.

As at October 2024 10 of the 29 measures that can be rated against target are currently delivering against target and rated green, eight are rated amber (<5% variance from trajectory), 10 have been rated red (>5% adverse variance from trajectory) and the remaining measure with no target is rated grey.

Key Areas of Performance Improvement:

- The latest nationally published position for the Alcohol and Drugs national waiting times target (93.7%) shows performance continuing to exceed the 90% target.
- The number of GP Out of Hours scheduled shifts that remained open (99.7%) during October 2024 continued to exceed the 90% planned position.
- Acute activity in relation to imaging, new outpatients and TTG remains on track and currently exceeding the planned position for the period April - October 2024 providing more patients with access to the treatment they need.
- Performance in relation to the number of CAMHS patients seen <18 weeks of referral (99.7%) continued to exceed the national target of 90% and the ADP planned position for October 2024.

OFFICIAL SENSITIVE

- The number of patients waiting for an endoscopy test (8,110) remains ahead of the planned position (10,850) for October 2024.
- Performance in relation to the percentage of cancer patients treated within 31 days of decision to treat (94.1%) saw an increase on the previous months' position (92.9%) albeit overall performance is slightly below the national target of 95%.
- Performance in relation to patients accessing Podiatry Services <4 weeks, (90%) continues to meet the national target (90%).

Key Areas of Performance in Need of Improvement:

- Compliance with the A&E four hour waits (67.5%) reduced on the previous months' position (72.5%) and is below the ADP target (70%). Performance is in line with the overall national trend.
- The number of acute delayed discharges reported in October 2024 (300) is an increase on the previous month's position (298) and performance remains challenging. The number of acute bed days lost to delayed discharge also increased from 8,814 in September 2024 to 9,153 in October 2024.
- Whilst the number of mental health delayed discharges improved on the previous months' position, reducing from 92 in September to 86 in October 2024, overall performance remains a challenge. The number of bed days lost to delayed discharge also reduced from 2,847 in September 2024 to 2,746 in October 2024.
- At the end of October 2024 the number of new outpatients waiting >52 weeks and >78 weeks was above the 2024-25 ADP target in October 2024.
- Performance in relation to each of the TTG long waiting time reduction targets of >104 weeks and >52 weeks is above the planned position for October 2024.
- Performance in relation to the Cancer 62 day waiting times target reported an improvement on the previous month's position, increasing from 63.1% in September 2024 to 65.1% in October 2024 however, overall performance remains challenged and should be seen in the context of the significant increase in Urgent Suspicion of Cancer referrals.
- Performance in relation to starting a Psychological Therapy <18 weeks of referral (87.5%) saw a reduction on the previous months' position (90.3%) however, the overall number of patients seen in October 2024 increased by 17%.
- MSK Physiotherapy Service waiting times performance in terms of percentage of patients seen <4 weeks (37%) remained static compared to the previous months' position. Performance remains significantly below target as the focus continues to be on reducing the longest waiting times.

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

3. Recommendations

- The Board members are asked to note the performance across NHSGGC in relation to the KPIs outlined in the AIF.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

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

6. Engagement & Communications

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

7. Governance Route

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

8. Date Prepared & Issued

Prepared: 5 December 2024

Issued: 9 December 2024

NHS GREATER GLASGOW & CLYDE BOARD MEETING



Board Assurance Information Framework – October 2024
Performance Report
December Board Meeting

Executive Summary

Board Committee Name:
NHSGGC Board

Responsible Division:
HSCPs, Acute & Corporate

Report Date:
17 December 2024

Reporting Frequency:
Bi-Monthly

Executive Summary

The Performance Report aims to reflect all of the measures identified in the Board’s Assurance Information Framework to be reported at all Board meetings and in the main reflects the October 2024 position. The measures contained within the report reflect the following:

- The measures and targets outlined in the 2024-25 Annual Delivery Plan (ADP) approved by the Scottish Government (SG).
- The 2024-25 planned care reduction targets relating to new outpatients, inpatient/daycases and eight key diagnostic tests in line with the joint ambition to tackle waiting lists approved by the SG.
- Key national and local targets.

There remained a number of challenges across NHSGGC that continued to have an impact on our overall ability to treat, discharge and admit patients from our Emergency Departments (EDs) during October 2024. The number of Acute delays marginally increased (from 298 in September to 300 in October 2024) and compliance with the A&E 4 hour standard reduced from 72.5% in September to 67.5% of patients presenting seen within four hours in October 2024, below the 2024-25 ADP target of 70%. Addressing delayed discharges continues to remain a priority for NHSGGC. As does compliance with the 62 day cancer target which increased from 63.1% compliance in September 2024 to 65.1% in October 2024, performance remains challenged as a result of the significant increase in the overall volume of USOC referrals pre-pandemic. There are detailed improvement actions underway to address performance, some of which are outlined in the relevant slides.

During October 2024, our focus remained on the delivery of key activity targets, the rigorous management of all health and social care waiting lists and the continued focus on eliminating the backlog of long waiting patients that accumulated during the pandemic, in line with SG targets. This ongoing focus has ensured that our Acute planned care activity measures in relation to key new outpatient appointments and inpatient/daycases continued to exceed the overall planned activity levels providing more patients with access to the care they need. There also continues to be an ongoing focus on reducing the number of long waiting patients. An example of the positive impact this is having can be seen in the number of patients waiting >26 and >6 weeks to access an endoscopy test both being ahead of the planned position for October 2024. Performance in relation to CAMHS (99.7%) waiting times standards remained positive with current performance continuing to exceed national target. Whilst compliance with the Psychological Therapies waiting times target saw a reduction on the previous months position reducing from 90.3% to 87.5% the overall number of patients increased by 17% when compared to the previous month. Access to Podiatry Services (90% of patients seen <4 weeks) and GP Out of Hours service remains positive where the number of scheduled shifts that remained open (99.7%) in October 2024 continued to by far exceed the planned position of 90%.

The At A Glance sheet provides a brief overview of performance in relation to each of the measures contained within the report. As at the end of October 2024, 10 of the 29 measures contained within the report are currently delivering against trajectory, eight are rated amber (<5% variance from trajectory), 10 are rated red (>5% adverse variance from trajectory) and the remaining measure with no target is rated grey to provide further context to performance. Areas in need of further improvement are those listed as either red or amber on the next three slides.

Contents

Board Committee Name:
NHSGGC Board

Responsible Division:
HSCPs, Acute & Corporate

Report Date:
17 December 2024

Reporting Frequency:
Bi-Monthly

AT A GLANCE

BETTER HEALTH

| No | Corporate Objective | Operational Priority | Measure | Current Performance | Target for Current Performance | Current Performance Status | Projected Performance as at 31 March 2025 | Direction of Travel on Previous Month | 3 Periods Better/Equal to Target | Slide Number |
|----|---------------------|----------------------|--|---------------------|--------------------------------|--------------------------------------|---|---------------------------------------|----------------------------------|--------------|
| 1 | COBH1&3/ COBC7 | OPBH3.0 | Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral | 93.7% | 90.0% | ● | ● | ↑ | ✓ | 6 |

BETTER CARE

| No | Corporate Objective | Operational Priority | Measure | Current Performance | Target for Current Performance | Current Performance Status | Projected Performance as at 31 March 2025 | Direction Of Travel On Previous Month | 3 Periods Better/Equal to Target | Slide Number |
|----|---------------------|----------------------|--|---------------------|--------------------------------|---------------------------------------|---|---------------------------------------|----------------------------------|--------------|
| 2 | COBC7/10 | OPBC9.0 | Unscheduled Care: A&E 4 Hour Waits | 67.5% | 70.0% | ● | ● | ↓ | | 7 |
| 3 | COBC7/10 | OPBC9.0 | Unscheduled Care: A&E Attendances | 1.8% Increase | 2% Reduction | ● | ● | ↓ | | 9 |
| 4 | COBC10 | OPBC9.0 | Delayed Discharges: Number of Acute Delayed Discharges | 300 | 258 | ● | ● | ↓ | | 12 |
| 5 | COBC10 | OPBC9.0 | Delayed Discharges: Number of Acute bed days lost to delayed discharges | 9,153 | 7,889 | ● | ● | ↓ | | 14 |
| 6 | COBC10 | OPBC9.0 | Delayed Discharges: Number of Mental Health Delayed Discharges | 86 | 58 | ● | ● | ↑ | | 16 |
| 7 | COBC10 | OPBC9.0 | Delayed Discharges: Number of Mental bed days lost to delayed discharges | 2,746 | 1,857 | ● | ● | ↑ | | 18 |
| 8 | COBC11 | OPBC13 | Total number of Delayed Discharges per 100,000 adult population | 39.9 | 34.6 | ● | ● | ↑ | | 20 |
| 9 | COBC10 | OPBC9.0 | GP Out Of Hours Activity | 11,959 | FIO | ● | ● | ↓ | | 21 |
| 10 | COBC10 | OPBC9.0 | GP Out Of Hours: % of Scheduled Shifts Open | 99.7% | 90.0% | ● | ● | ↓ | ✓ | 22 |
| 11 | COBC7 | OPBC7.0 | Number of patients on the New Outpatient Waiting List | 161,398 | 156,111 | ● | ● | ↓ | | 23 |
| 12 | COBC7 | OPBC7.0 | Number of New Outpatients Waiting >78 weeks | 189 | 0 | ● | ● | ↓ | | 24 |

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Board Committee Name:
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Bi-Monthly

AT A GLANCE

BETTER CARE

| No | Corporate Objective | Operational Priority | Measure | Current Performance | Target for Current Performance | Current Performance Status | Projected Performance as at 31 March 2025 | Direction Of Travel On Previous Month | 3 Periods Better/Equal to Target | Slide Number |
|----|---------------------|----------------------|---|---------------------|--------------------------------|----------------------------|---|---------------------------------------|----------------------------------|--------------|
| 13 | COBC7 | OPBC7.0 | Number of New Outpatients Waiting >52 weeks | 6,670 | 4,069 | ● | ● | ↓ | | 25 |
| 14 | COBC7 | OPBC7.0 | New Outpatient Activity | 169,251 | 163,520 | ● | ● | ↑ | ✓ | 27 |
| 15 | COBC7 | OPBC7.0 | Number of patients on the TTG Waiting List | 48,406 | 48,712 | ● | ● | ↓ | | 28 |
| 16 | COBC7 | OPBC7.0 | Number of TTG Patients Waiting >104 weeks | 2,723 | 2,393 | ● | ● | ↑ | | 29 |
| 17 | COBC7 | OPBC7.0 | Number of TTG Patients Waiting >78 weeks | 7,393 | 7,854 | ● | ● | ↑ | | 30 |
| 18 | COBC7 | OPBC7.0 | Number of TTG Patients Waiting >52 weeks | 15,420 | 15,065 | ● | ● | ↓ | | 31 |
| 19 | COBC7 | OPBC7.0 | TTG Inpatient/Daycase Activity | 39,787 | 36,039 | ● | ● | ↑ | ✓ | 33 |
| 20 | COBC7 | OPBC8.0 | Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat | 94.1% | 95.0% | ● | ● | ↑ | | 34 |
| 21 | COBC7 | OPBC8.0 | Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer | 65.1% | 78.0% | ● | ● | ↑ | | 35 |
| 22 | COBC7 | OPBC7.0 | Diagnostics: Endoscopy Waiting List | 8,110 | 10,850 | ● | ● | ↑ | ✓ | 38 |
| 23 | COBC7 | OPBC7.0 | Diagnostics: Endoscopy Activity | 19,180 | 19,898 | ● | ● | ↑ | | 39 |
| 24 | COBC7/ COBH5 | OPBC13.1 | Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral | 87.5% | 90.0% | ● | ● | ↓ | | 40 |
| 25 | COBC7/ COBH5 | OPBC13.2 | Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral | 99.7% | 90.0% | ● | ● | ↓ | ✓ | 41 |
| 26 | COBC7 | OPBC12.0 | MSK Physiotherapy Waiting Times - % of patients seen <4 weeks | 37.0% | 90.0% | ● | ● | → | | 42 |
| 27 | COBC7 | OPBC12.0 | Podiatry Waiting Times - % of patients seen <4 weeks | 90.0% | 90.0% | ● | ● | ↓ | ✓ | 44 |

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Board Committee Name:
NHSGGC Board

Responsible Division:
HSCPs, Acute & Corporate

Report Date:
17 December 2024

Reporting Frequency:
Bi-Monthly

AT A GLANCE

BETTER WORKPLACE

| No | Corporate Objective | Operational Priority | Measure | Current Performance | Target for Current Performance | Current Performance Status | Projected Performance as at 31 March 2025 | Direction of Travel on Previous Month | 3 Periods Better/Equal to Target | Slide Number |
|----|---------------------|----------------------|-----------------------------|---------------------|--------------------------------|----------------------------|---|---------------------------------------|----------------------------------|--------------|
| 28 | COBW20 | OPBW6.1 | Staff Absence (Total) | 22.8% | 24.0% | | | ↑ | ✓ | 45 |
| 29 | COBW20 | OPBW6.1 | Staff Sickness Absence Rate | 7.3% | 5.0% | | | ↓ | | 46 |
| 29 | COBW20 | OPBW6.1 | Short Term Absence Rate | 3.2% | 2.0% | | | ↓ | | 46 |
| 29 | COBW20 | OPBW6.1 | Long Term Absence Rate | 4.2% | 3.0% | | | ↓ | | 46 |

BETTER VALUE

| No | Corporate Objective | Operational Priority | Measure | Current Performance | Target for Current Performance | Current Performance Status | Projected Performance as at 31 March 2025 | Direction of Travel on Previous Month | 3 Periods Better/Equal to Target | Slide Number |
|------------|--------------------------------------|----------------------|---|---------------------|--------------------------------|----------------------------|---|---------------------------------------|----------------------------------|--------------|
| COBV 11/12 | | OPBV15.0 | The Better Value measures are reflected within the Finance Report | | | | | | | |
| 30 | Rationale for Control Limits Applied | | | | | | | | | 47 |

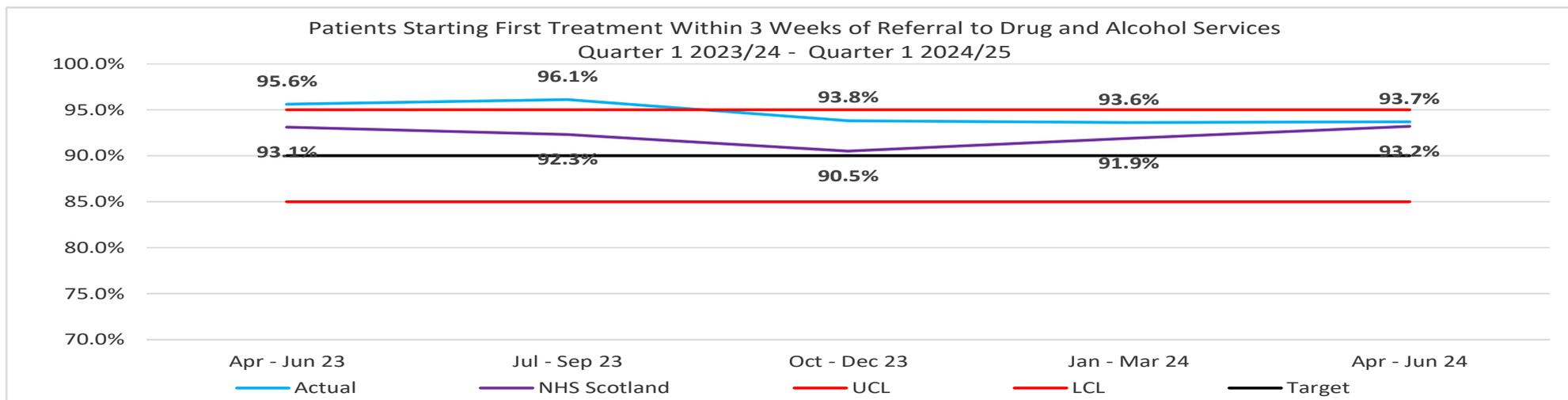
| Key | Performance Status | Legend |
|----------------------------------|--------------------|--|
| On target or better | | Improvement on previously reported position ↑ |
| Adverse variance of up to 5% | | Deterioration on previously reported position ↓ |
| Adverse variance of more than 5% | | No change to previously reported position → |
| No target | | Not Applicable N/A |

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

At least 90% of clients will wait no longer than 3 weeks from referral to start their first treatment

Target
90%

Performance
93.7%



Please note: The national published July - September 2024 data is scheduled to be published on 17 December 2024.

Summary

Current Position (including against trajectory):

As at the quarter April - June 2024, 93.7% of patients referred for alcohol and drugs treatment treated <3 week of referral, above the 90% national target. **3.7% above target.**

Current Position Against National Target:

NHSGGC performance is above the latest national quarterly published position of 93.2% for the quarter ending June 2024.

Projection to 31 March 2025:

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

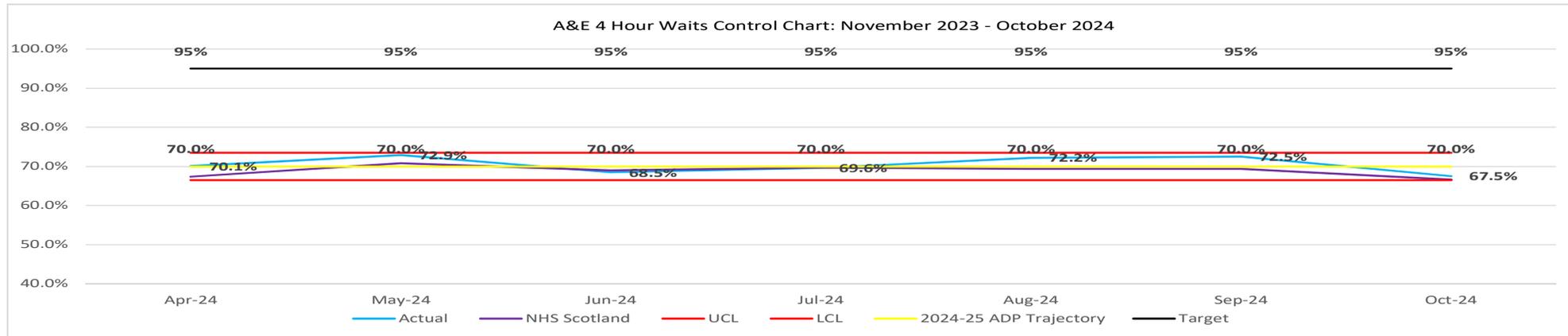
NHSGGC continues to consistently exceed the 90% Alcohol and Drugs waiting times target and has consistently performed above the overall national position.

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

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

Target
70%

Performance
67.5%



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

Summary

Current Position (including against trajectory):

As at October 2024, **67.5%** of patients were seen within four hours, a reduction on the previous months' position of 72.5%. Below the ADP trajectory of 70.0%. Local management information for the week ending 2 December 2024 reported a further reduction in compliance at 62.8%. Performance remains below the national target of 95%.

Current Position Against National Target:

NHSGGC's performance was above the latest national published position of 66.6% for October 2024 and overall performance is in line with the national trend.

Projection to 31 March 2025:

National target 95%. ADP trajectory 70%.

Key Actions

In addition to the actions detailed in the 2024-25 Winter Plan, approved at the last Board meeting, the following actions are also in place to address performance:

- ED teams are focussed on ensuring average time to first assessment is in line with the October 2024 trajectory aimed at 90 minutes. Over the last six weeks to week ending 20 November 2024 the Queen Elizabeth University Hospital (QEUE) achieved 145 minutes and Glasgow Royal Infirmary (GRI) averaged 118 minutes. Work is ongoing with these teams to reduce these times, particularly in the out of hours and overnight periods. Both the Royal Alexandria Hospital (RAH) and Inverclyde Royal Hospital (IRH) are currently achieving target.
- In addition, the QEUE and GRI teams are working to maximise their Minor Injury Units (MIUs) to provide more space in EDs.

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

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

Target
70%

Performance
67.5%

| Hospital Site | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Total A&E Atts (Oct 24) | Total A&E Breachers (Oct 24) | Oct-24 |
|---|--------------|--------------|--------------|--------------|--------------|--------------|-------------------------|------------------------------|--------------|
| Queen Elizabeth University Hospital | 55.5% | 56.9% | 47.4% | 50.7% | 57.4% | 60.0% | 8,568 | 4,470 | 48.2% |
| Glasgow Royal Infirmary | 51.6% | 64.0% | 53.9% | 54.1% | 54.9% | 54.6% | 7,276 | 3,343 | 54.3% |
| Royal Alexandra Hospital | 62.2% | 58.0% | 54.6% | 60.9% | 66.3% | 61.7% | 4,729 | 2,040 | 57.5% |
| Inverclyde Royal Hospital | 71.2% | 71.9% | 78.3% | 78.0% | 76.9% | 81.8% | 2,472 | 695 | 71.9% |
| Royal Hospital for Children | 94.9% | 95.4% | 96.7% | 98.4% | 95.8% | 94.1% | 6,291 | 466 | 92.6% |
| Emergency Department Sub-Total | 65.4% | 68.3% | 63.2% | 64.2% | 67.2% | 68.2% | 29,336 | 11,014 | 62.5% |
| Vale of Leven Hospital | 87.3% | 92.1% | 91.4% | 92.0% | 90.5% | 92.7% | 1,506 | 131 | 91.4% |
| Stobhill Hospital | 97.2% | 97.5% | 92.6% | 97.3% | 97.6% | 92.0% | 1,572 | 100 | 94.3% |
| New Victoria Hospital | 99.8% | 98.9% | 98.8% | 100.0% | 99.3% | 99.5% | 2,295 | 21 | 99.1% |
| MIU Sub-Total | 95.2% | 96.3% | 94.5% | 96.8% | 96.1% | 95.3% | 5,373 | 252 | 95.3% |
| ED & MIU Total | 70.1% | 72.9% | 68.5% | 69.6% | 72.2% | 72.5% | 34,709 | 11,266 | 67.5% |
| Target | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | 95.0% | | | 95.0% |
| 2024-25 Annual Delivery Plan Target | 70.0% | 70.0% | 70.0% | 70.0% | 70.0% | 70.0% | | | 70.0% |
| National Performance | 67.4% | 70.8% | 69.0% | 69.7% | 69.4% | 69.4% | | | 66.6% |
| NHSGGC Variance from National Position | 2.7% | 2.1% | -0.5% | -0.1% | 2.8% | 3.1% | | | 0.9% |

Please note: compliance with the national standard is calculated by subtracting the number of A&E breaches from the overall number of A&E attendances then multiplying by overall attendances.

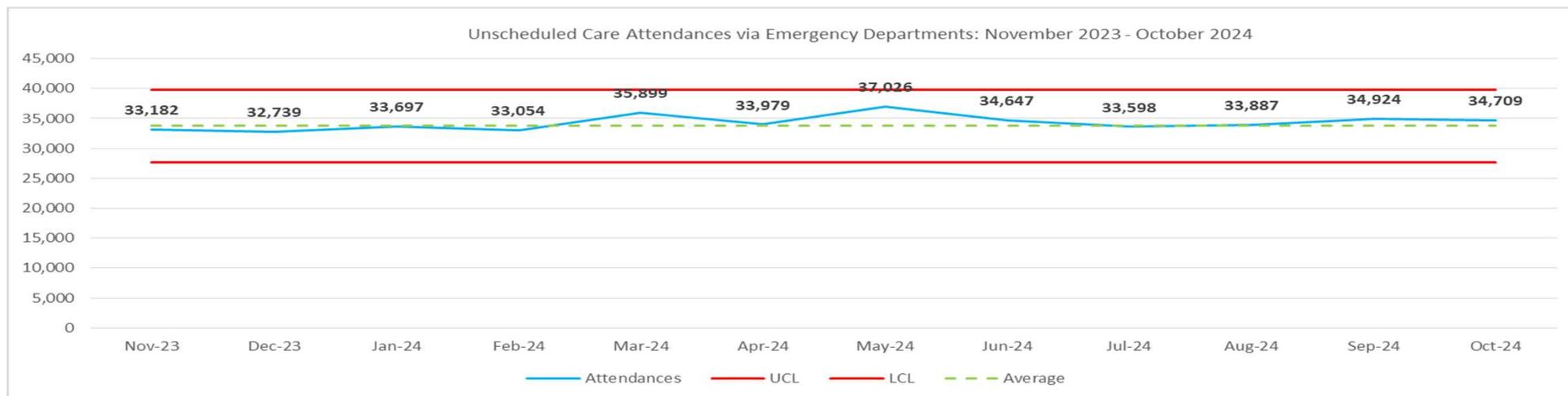
Summary

The information above, provides a monthly breakdown of performance against target at a hospital site level for October 2024. All sites, with the exception of Stobhill Hospital reported a reduction on the previous month's position. A total of five of the eight sites are currently exceeding the ADP trajectory of 70%. The New Victoria MIU has continued to exceed the national target for a sustained period of time as has Stobhill and the Royal Hospital for Children, albeit performance for the current month is below the national target. Performance at the QEUH saw the biggest reduction on the previous months' position and overall performance at the three busiest sites remains an ongoing challenge.

3. BETTER CARE: Accident and Emergency Attendances

Target
2% Reduction

Performance
1.8% increase



Please note: monthly data includes ED and MIU attendances.

Summary

Current Position (including against trajectory):

A total of **242,770** A&E attendances (including MIU attendances) were reported during the period April - October 2024. Current performance represents a 1.8% increase on the 238,398 reported during the same period in 2022-23 (the baseline year for the target reduction).

Current Position Against National Target:

No relevant target.

Projection to 31 March 2025:

A 2% reduction in A&E attendances (For HSCPs based on 2022-23 position).

Key Actions

The number of attendances reported across HSCPs remains above (1.8%) the planned position (2022-23 baseline year). NHSGGC's 2024-25 Winter Plan (approved by the Board) is supported by HSCPs who have invested in early intervention and prevention initiatives and revised their Unscheduled Care Delivery Plans for 2024-27, scheduled to be reviewed and approved by the Integrated Joint Boards ahead of winter. Each of the plans detail actions to address the winter challenges including those to reduce the number of accident and emergency attendances. For example, the Home First ethos continues to be embraced by acute and community teams to minimise unnecessary acute care and the Care Home Falls Pathway which provides a direct advice line for care homes, preventing 68% of potential ED conveyances. On increasing awareness a robust communication network has been developed ahead of winter, closely linking in with the Care Home Collaborative.

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

**2%
Reduction**

| Hospital Site | | | | | | | | YTD 24/25 | YTD 23/24 | 2022/23 | 24/25 YTD | YTD % Var |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|----------------|----------------|--------------|-------------|
| | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Total | Total | Baseline | Var 22/23 | on 22/23 |
| Queen Elizabeth University Hospital | 8,231 | 9,002 | 8,386 | 8,570 | 8,463 | 8,295 | 8,568 | 59,515 | 58,181 | 54,847 | 4,668 | 8.5% |
| Glasgow Royal Infirmary | 7,032 | 7,371 | 6,999 | 7,108 | 6,875 | 7,113 | 7,276 | 49,774 | 49,186 | 49,325 | 449 | 0.9% |
| Royal Alexandra Hospital | 4,571 | 5,107 | 4,688 | 4,652 | 4,755 | 4,770 | 4,729 | 33,272 | 35,011 | 33,384 | -112 | -0.3% |
| Inverclyde Royal Hospital | 2,524 | 2,750 | 2,545 | 2,563 | 2,563 | 2,638 | 2,472 | 18,055 | 17,726 | 17,548 | 507 | 2.9% |
| Royal Hospital for Children | 6,252 | 6,656 | 6,149 | 5,095 | 5,430 | 6,222 | 6,291 | 42,095 | 40,762 | 43,641 | -1,546 | -3.5% |
| Emergency Department Sub-Total | 28,610 | 30,886 | 28,767 | 27,988 | 28,086 | 29,038 | 29,336 | 202,711 | 200,866 | 198,745 | 3,966 | 2.0% |
| Vale of Leven Hospital | 1,630 | 1,870 | 1,720 | 1,675 | 1,688 | 1,686 | 1,506 | 11,775 | 10,824 | 9,514 | 2,261 | 23.8% |
| Stobhill Hospital | 1,560 | 1,760 | 1,722 | 1,578 | 1,714 | 1,736 | 1,572 | 11,642 | 13,892 | 14,139 | -2,497 | -17.7% |
| New Victoria Hospital | 2,179 | 2,510 | 2,438 | 2,357 | 2,399 | 2,464 | 2,295 | 16,642 | 17,286 | 16,000 | 642 | 4.0% |
| MIU Sub-Total | 5,369 | 6,140 | 5,880 | 5,610 | 5,801 | 5,886 | 5,373 | 40,059 | 42,002 | 39,653 | 406 | 1.0% |
| Total | 33,979 | 37,026 | 34,647 | 33,598 | 33,887 | 34,924 | 34,709 | 242,770 | 242,868 | 238,398 | 4,372 | 1.8% |
| 2024-25 HSCP Target - 2% Reduction 2022-23 Baseline | | | | | | | | | | | | |

Summary

The information above, provides a monthly breakdown of A&E/MIU attendances by hospital site for the period April - October 2024. Overall, five of the eight hospital sites reported an increase in the number of attendances (242,770) when compared to the same period in the baseline year (238,398). The most notable increases in actual values can be seen at the QEUH (+4,668) and the Vale of Leven (VOL) (+2,261). The three sites reporting a reduction in A&E/MIU attendances are Stobhill Hospital (-2,497), Royal Hospital for Children (RHC) (-1,546) and RAH (-112).

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

**2%
Reduction**

| HSCP | Number Of A&E/MIU Presentations | | | | | | | 2024-25 YTD Total | 2022-23 YTD Total | YTD Variance | YTD % Variance |
|-----------------------|---------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------------|----------------------|-----------------|-------------------|
| | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | | | | |
| East Dunbartonshire | 2,043 | 2,105 | 2,152 | 1,920 | 2,038 | 2,170 | 2,176 | 14,604 | 15,665 | -1,061 | -6.8% |
| East Renfrewshire | 1,854 | 1,986 | 1,865 | 1,753 | 1,863 | 1,899 | 1,954 | 13,174 | 12,893 | 281 | 2.2% |
| Glasgow City | 15,756 | 17,116 | 15,974 | 15,500 | 15,365 | 16,068 | 16,080 | 111,859 | 110,718 | 1,141 | 1.0% |
| Inverclyde | 2,519 | 2,651 | 2,482 | 2,454 | 2,426 | 2,582 | 2,506 | 17,620 | 17,182 | 438 | 2.5% |
| Renfrewshire | 4,448 | 5,005 | 4,560 | 4,386 | 4,520 | 4,673 | 4,554 | 32,146 | 31,180 | 966 | 3.1% |
| West Dunbartonshire | 2,684 | 2,962 | 2,791 | 2,681 | 2,618 | 2,649 | 2,678 | 19,063 | 17,864 | 1,199 | 6.7% |
| HSCP Sub-Total | 29,304 | 31,825 | 29,824 | 28,694 | 28,830 | 30,041 | 29,948 | 208,466 | 205,502 | 2,964 | 1.4% |
| Other | 4,675 | 5,201 | 4,823 | 4,904 | 5,057 | 4,883 | 4,761 | 34,304 | 32,892 | 1,412 | 4.3% |
| Total | 33,979 | 37,026 | 34,647 | 33,598 | 33,887 | 34,924 | 34,709 | 242,770 | 238,394 | 4,376 | 1.8% |

Summary

The information above provides a breakdown of A&E/MIU attendances by HSCPs for the period April - October 2024. Overall, there has been an 1.4% increase in A&E attendances across HSCPs when compared to the same period in 2022-23 (the baseline year the 2% reduction target is based on). All HSCPs, with the exception of East Dunbartonshire HSCP (reducing by 6.8%) saw an increase in A&E activity with the most notable percentage increases in West Dunbartonshire (6.7%) and Renfrewshire (3.1%) HSCPs when compared to the same period in the baseline year.

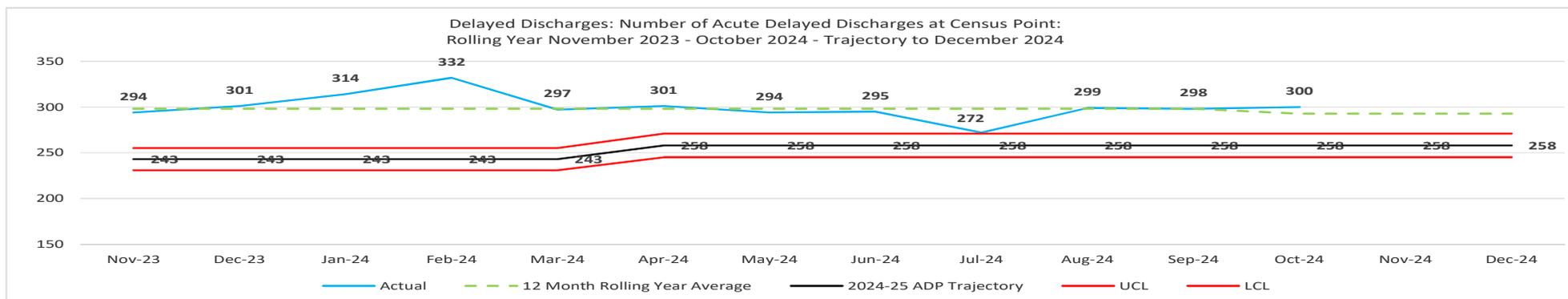
Work is underway across HSCPs to reduce the number of A&E attendances particularly during the winter months. For example, HSCPs have invested in early intervention and prevention initiatives. Several initiatives are showing evidence of reducing unnecessary ED attendance, admissions, and unscheduled care bed days, though the trends around unscheduled bed days remains challenging. The Home First ethos continues to be embraced by acute and community teams to minimise unnecessary acute care. The Home First Response Service, launched in November 2022, continues to refine its hub-and-spoke model. This service delivers virtual multidisciplinary teams (MDTs) within two of our acute sites to identify and turn around patients with frailty diagnoses within 72 hours, resulting in more than 50% of these patients being managed at the ED front door and a threefold increase in community rehabilitation referrals. The spoke elements involve developing HSCP Frailty Pathways across all six HSCPs, focusing on prevention and early intervention to maintain individuals at home and reduce hospital admissions.

4. BETTER CARE: Number of Acute Delayed Discharges

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

Target
258

Performance
300



Summary

Current Position (including against trajectory):

A total of **300** Acute delayed discharges were reported at October 2024 monthly census point. Performance represents a 1% increase on the previous month's performance (298). Local management information for the 2 December 2024 reported a further increase to 308 acute delays. **Current performance is 16.3% above the monthly trajectory of 258.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

Provisional target of no more than 258 acute delays each month by March 2025.

Key Actions

Performance in relation to Acute delayed discharges saw a 1% increase on the previous month (298) and overall performance remains a significant challenge. Complex delays account for 113 (37.6%) of the 300 Acute delays reported in October 2024. Improvement actions this winter include:

- Optimising patient flow back into the community and ensuring that patients receive care as close to home as possible through the "Discharge without Delay" programme. All HSCPs are engaged in daily MDT activities aimed at reducing discharge delays.
- Hospital Social Work Teams are proactively working within wards to address discharge barriers. The adoption of the Planned Date of Discharge has expanded, enhancing the coordination between agencies involved in discharge planning. Efforts to increase the availability of seven-day discharge options and same-day care at home services are ongoing across the Board. Additionally, work streams focused on patient transport, pharmacy co-ordination, and discharge communication are being optimised to facilitate early discharges.
- An increasing challenge is the delayed discharge of Adults With Incapacity (AWI) patients, driven by an aging and more complex patient population. HSCPs are utilising 13ZA legislation i.e. AWI patients, where appropriate to move patients to alternative care settings and are advocating for legislative changes with the SG to support safe discharges while upholding patients' rights. Proactive engagement in guardianship issues is also a key part of Future Care Planning to ensure that patients' care needs are managed effectively.

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

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

**Target
258**

**Performance
300**

| Acute Delayed Discharges | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Monthly Variance | Monthly Target | Variance from Target | % Variance from Target |
|--------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------------|----------------|----------------------|------------------------|
| West Dunbartonshire HSCP | 27 | 39 | 29 | 36 | 46 | 51 | 46 | 39 | 33 | 20 | 25 | 21 | 20 | -1 | 27 | -7 | -26% |
| East Dunbartonshire HSCP | 21 | 14 | 31 | 25 | 23 | 17 | 15 | 26 | 28 | 29 | 24 | 21 | 21 | 0 | 18 | 3 | 17% |
| East Renfrewshire HSCP | 11 | 10 | 13 | 19 | 12 | 14 | 14 | 14 | 13 | 11 | 12 | 5 | 10 | 5 | 11 | -1 | -9% |
| Glasgow City HSCP | 161 | 147 | 148 | 154 | 163 | 140 | 150 | 153 | 146 | 148 | 160 | 174 | 170 | -4 | 125 | 45 | 36% |
| Inverclyde HSCP | 13 | 20 | 19 | 13 | 15 | 13 | 16 | 7 | 9 | 8 | 6 | 7 | 7 | 0 | 15 | -8 | -53% |
| Renfrewshire HSCP | 9 | 6 | 8 | 10 | 12 | 9 | 7 | 6 | 15 | 9 | 9 | 6 | 14 | 8 | 9 | 5 | 56% |
| HSCP Total Acute Delays | 242 | 236 | 248 | 257 | 271 | 244 | 248 | 245 | 244 | 225 | 236 | 234 | 242 | 8 | 206 | 36 | 17% |
| Other Local Authorities Acute | 57 | 58 | 53 | 57 | 61 | 53 | 53 | 49 | 51 | 47 | 63 | 64 | 58 | -6 | 52 | 6 | 12% |
| NHSGGC Total Acute Delays | 299 | 294 | 301 | 314 | 332 | 297 | 301 | 294 | 295 | 272 | 299 | 298 | 300 | 2 | 258 | 42 | 16% |

Summary

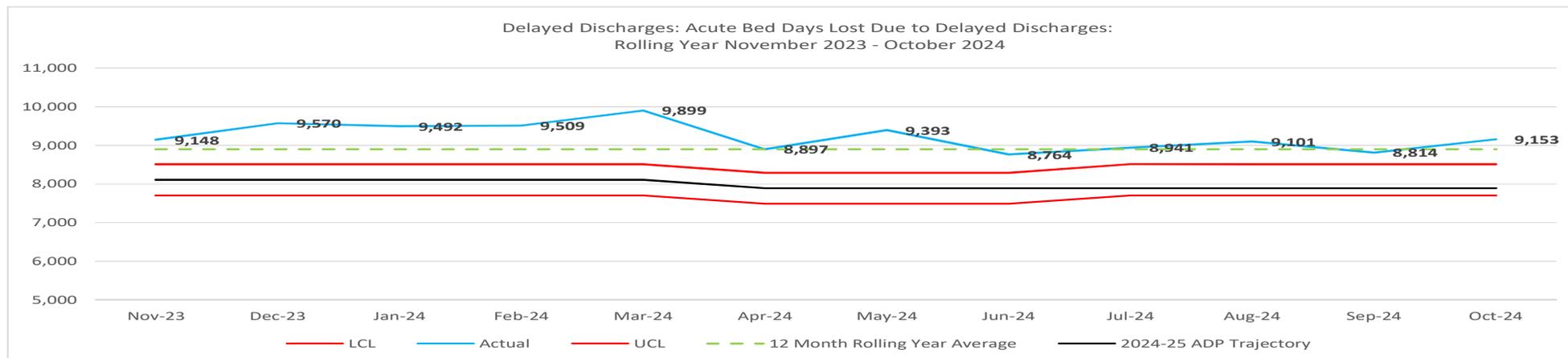
As at October 2024 monthly Census point, there were a total of 300 Acute delays reported representing a 1% increase on the previous months' position. Two of the six HSCPs saw a reduction on the previous months position namely West Dunbartonshire (-1) and Glasgow City (-4), two HSCPs saw an increase on the previous months' position namely East Renfrewshire (+5) and Renfrewshire (+8) and there was no change on the previous months' position in both East Dunbartonshire and Inverclyde HSCPs. Performance is currently 16.3% above the planned monthly performance of no more than 258 delays. Three of the six HSCPs are currently meeting the 2024-25 ADP target namely West Dunbartonshire, Inverclyde and East Renfrewshire HSCPs. HSCPs account for 80.6% (242) of the overall total number of Acute delays reported with Glasgow City HSCP representing 70.2% of all HSCP delays reported across NHSGGC. The number of NHSGGC Acute delays from other local authorities performance remains a challenge albeit a reduction was seen in October 2024.

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

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

Target
7,889

Performance
9,153



Summary

Current Position (including against trajectory):

A total of **9,153** Acute bed days were lost to delayed discharges during October 2024, a 3.8% increase on the previous month's position. **Current performance is 16.0% above the monthly 2024-25 ADP trajectory of 7,889.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

Provisional target of accumulating no more than 94,668 bed days lost to delayed discharge by March 2025. During the period April - October 2024 a total of 63,063 Acute bed days have been lost to delayed discharge.

Key Actions

October 2024 saw an increase on the number of Acute bed days lost to delayed discharge reported the previous month. The actions outlined in slide 12 are aimed at reducing the number of Acute bed days lost to delayed discharge.

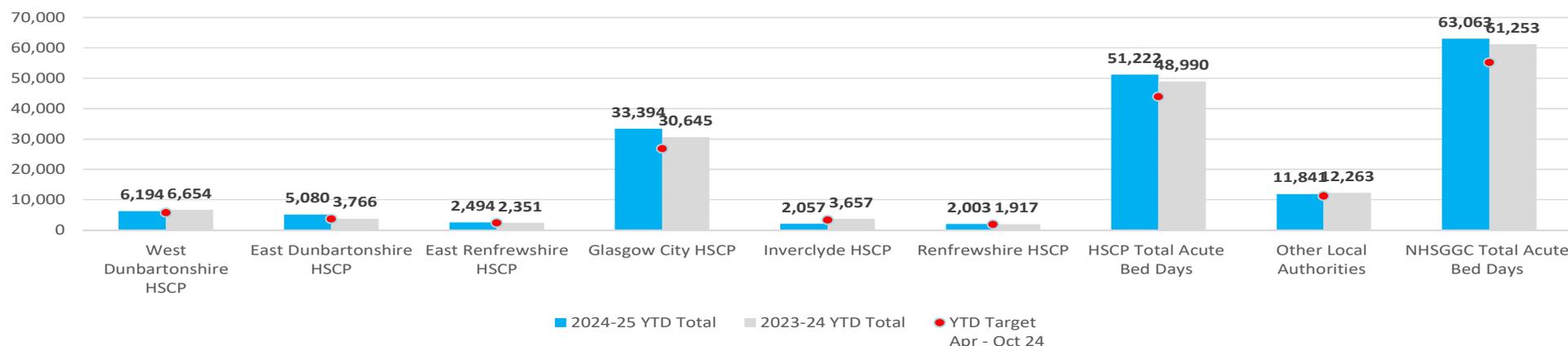
5. BETTER CARE: Year To Date Acute Bed Days Lost to Delayed Discharges by HSCP (Continued)

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

Target
55,237

Performance
63,063

Acute Bed Days Lost to Delayed Discharges - April - October 2024 Compared to April - October 2023



Summary

Current Position (including against trajectory):

During April - October 2024, a total of **63,063** acute bed days were lost to delayed discharges representing a 3.0% increase on the same period the previous year. Current performance is **above the YTD trajectory of no more than 55,237 by 14.1%**.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

Provisional target of accumulating no more than 94,668 acute bed days lost to delayed discharge by March 2025.

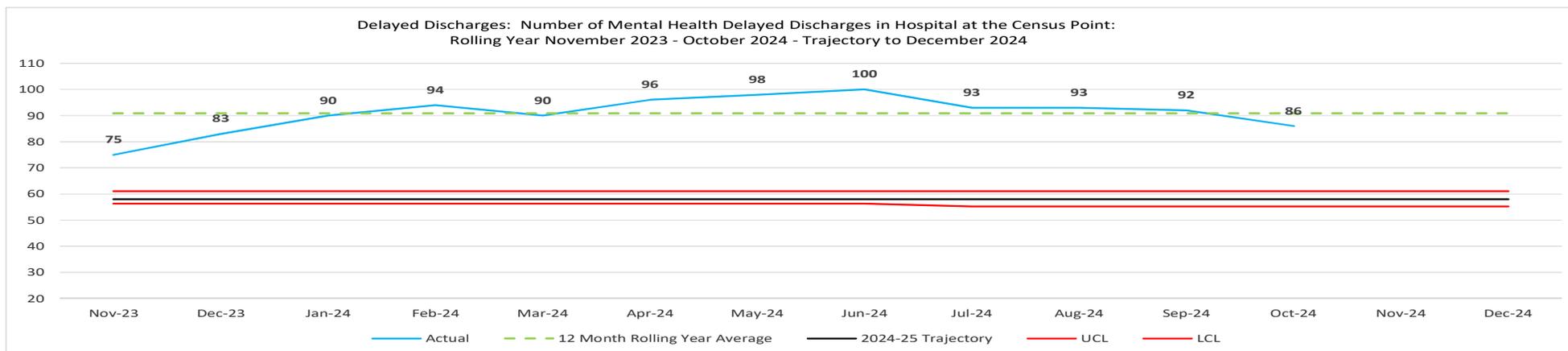
The graph above provides a year to date breakdown of acute bed days lost to delayed discharges by HSCP. During the period April - October 2024, a total of 63,063 bed days have been lost to delayed discharge across NHSGGC representing a 3.0% increase on the same period the previous year. All HSCPs with the exception of West Dunbartonshire (-460) and Inverclyde (-1,600) HSCPs reported an increase in the number of Acute Bed Days lost to delayed discharge when compared with the same period the previous year. The HSCPs reporting the highest increases in the number of Acute bed days lost to delayed discharge are Glasgow City (+2,749) and East Dunbartonshire HSCPs (+1,314). Whilst there has been a 3.4% reduction in the number of acute bed days used by other local authorities, performance remains a challenge as they account for 18.8% (11,841) of the overall acute bed days lost to delayed discharge. The actions outlined in slide 12 are aimed at reducing the number of acute bed days lost to delayed discharge.

6. BETTER CARE: Number of Mental Health Delayed Discharges

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

Target
58

Performance
86



Summary

Current Position (including against trajectory):

Currently **86** Mental Health delayed discharges were reported at the monthly census point for October 2024, representing a 7% improvement on the previous months' position (92). **Performance is above the monthly trajectory of 58.** Local management information for 2 December 2024 reported an increase to 87 Mental Health delays compared to the monthly census data.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

No more than 58 delays by March 2025.

Key Actions

A total of 86 Mental Health delays (19 Learning Disability delays and 67 Psychiatry delays (4 in Forensic Psychiatry)) were reported during October 2024. Whilst four of the six HSCPs reported a reduction in the number of mental health delays overall performance remains a challenge. Of the total delays reported across NHSGGC, 60 are Glasgow City residents (63 last month). Other mental health delays are reported in East Dunbartonshire (6), Renfrewshire (5), West Dunbartonshire (4), East Renfrewshire (2). A total of Actions to improve this include:

- The complexity of patients continues to be an issue with regard to placing patients fit for discharge however, the new facility at Waterloo Close is now complete with five long stay patients discharged to that facility allowing the closure of long stay beds.
- The Learning Disability delays in Glasgow City have reduced from 17 earlier this year to six in October 2024.
- The proposal to develop the use of technology enabled care continues to be progressed.
- Work continues with commissioning colleagues to look at options for placements in the community.
- The availability of care home placements continues to be an issue impacting on the discharge of patients.

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

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

Target
58

Performance
86

| Mental Health Delayed Discharges | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Monthly Variance | Monthly Target | Variance from Target | % Variance from Target |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|-----------|-----------|-----------|-----------|------------------|----------------|----------------------|------------------------|
| West Dunbartonshire HSCP | 4 | 3 | 4 | 4 | 5 | 4 | 6 | 4 | 4 | 4 | 3 | 3 | 4 | 1 | 2 | 2 | 100% |
| East Dunbartonshire HSCP | 1 | 2 | 4 | 4 | 4 | 3 | 5 | 7 | 7 | 8 | 7 | 7 | 6 | -1 | 0 | 6 | - |
| East Renfrewshire HSCP | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 0 | 0 | 2 | - |
| Glasgow City HSCP | 58 | 58 | 57 | 64 | 72 | 70 | 70 | 73 | 73 | 67 | 64 | 63 | 60 | -3 | 51 | 9 | 18% |
| Inverclyde HSCP | 1 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | -1 | 0 | 0 | - |
| Renfrewshire HSCP | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 4 | 6 | 6 | 6 | 6 | 5 | -1 | 2 | 3 | 150% |
| HSCP Total Mental Health Delays | 69 | 70 | 73 | 80 | 86 | 81 | 86 | 89 | 91 | 86 | 82 | 82 | 77 | -5 | 55 | 22 | 40% |
| <i>Other Local Authorities Mental</i> | <i>5</i> | <i>5</i> | <i>10</i> | <i>10</i> | <i>8</i> | <i>9</i> | <i>10</i> | <i>9</i> | <i>9</i> | <i>7</i> | <i>11</i> | <i>10</i> | <i>9</i> | <i>-1</i> | <i>3</i> | <i>6</i> | <i>200%</i> |
| NHSGGC Total Mental Health | 74 | 75 | 83 | 90 | 94 | 90 | 96 | 98 | 100 | 93 | 93 | 92 | 86 | -6 | 58 | 28 | 48% |

Summary

Whilst current performance is above the monthly planned position of no more than 58 Mental Health delays reported the overall number of patients delayed across Mental Health compared to the previous month has improved. As at October 2024 there were a total of 86 Mental Health delays reported and local management information for the 2 December 2024 reported an increase to 87 Mental Health delays. HSCPs account for 89.5% (77) of the overall total number of Mental Health delays reported with Glasgow City HSCP representing 77.9% of all HSCP delays reported across NHSGGC.

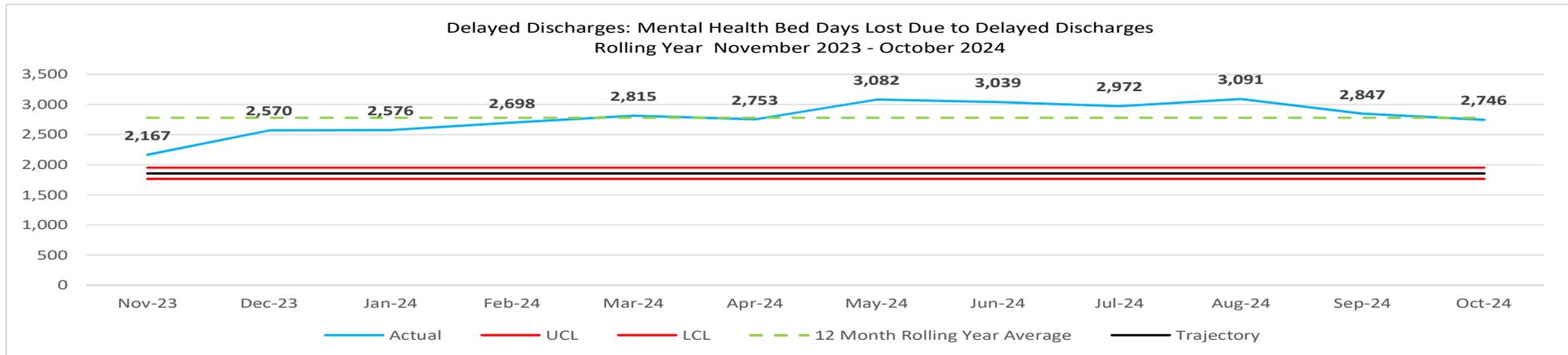
With the exception of Inverclyde HSCP meeting the agreed monthly target, all other HSCPs are currently above their planned position. Four of the six HSCPs reported an improvement on the previous months' position whereas West Dunbartonshire HSCP reported an increase (+1) and East Renfrewshire HSCP remained the same as the previous month.

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

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

Target
1,857

Performance
2,746



Summary

Current Position (including against trajectory):

A total of **2,746** Mental Health bed days were lost to delayed discharges during October 2024, representing a 3.5% improvement on the previous month's position. **Current performance is above the monthly trajectory of 1,857.**

**Current Position Against National Target:
Projection to 31 March 2025:**

No national target relevant.
Target of accumulating no more than 22,284 mental health bed days lost to delayed discharge by March 2025. During the period April - October 2024 a total of 20,530 Mental Health bed days have been lost to delayed discharge.

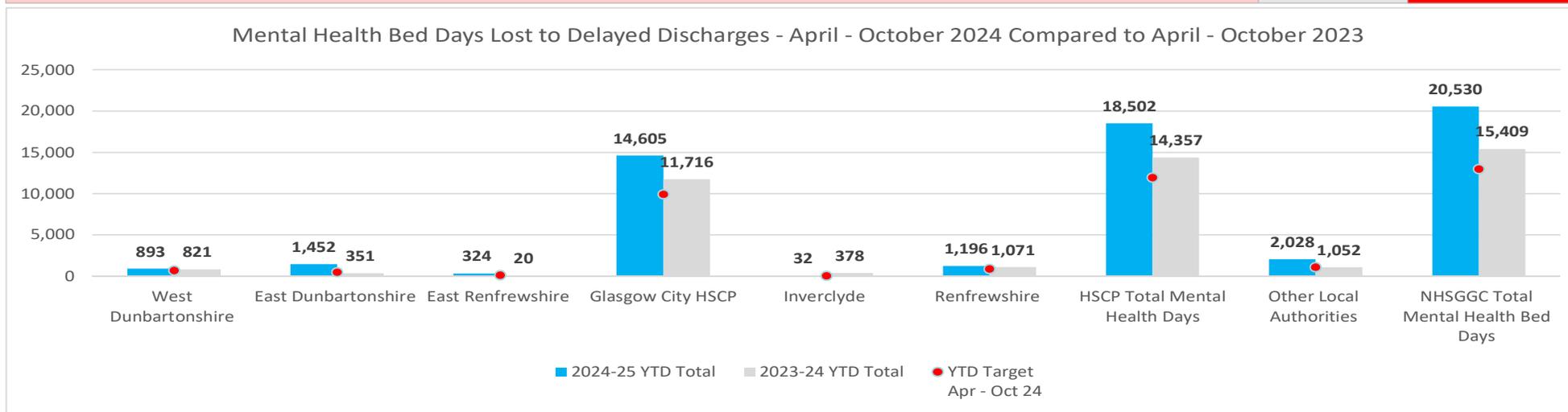
The actions outlined in slide 16 are aimed at reducing the number of mental health bed days lost to delayed discharge.

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

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

**Target
12,975**

**Performance
20,530**



Summary

Current Position (including against trajectory):

During the period April - October 2024, a total of **20,530** Mental Health bed days were lost to delayed discharges, 33.2% above the position for the same period the previous year. Current performance is also **above the YTD trajectory of no more than 12,975**.

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

Target of accumulating no more than 22,284 mental health bed days lost to delayed discharge by March 2025.

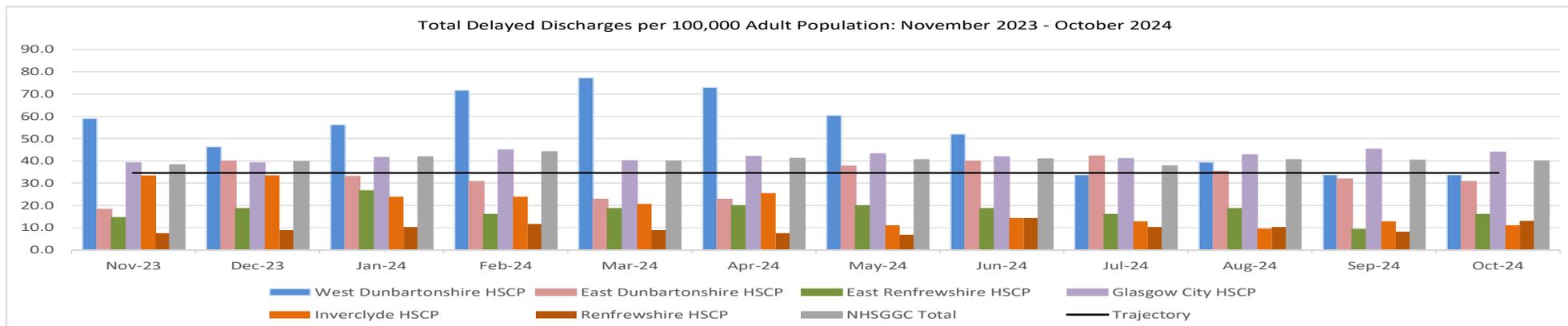
The graph above provides a breakdown of mental health bed days lost to delayed discharges by HSCP. During the period April - October 2024, a total of 20,530 bed days have been lost to delayed discharge across NHSGGC representing a 33.2% increase on the same period the previous year (15,409). All HSCPs, with the exception of Inverclyde, reported an increase in the number of Mental Health bed days lost to delayed discharge during the period April - October 2024 when compared to the same period the previous year. The partnerships reporting the highest increase in the number of Mental Health bed days lost to delayed discharge are Glasgow City (+2,889) and East Dunbartonshire (+1,101) HSCPs. The YTD number of Mental Health bed days lost from patients in other local authorities increased by 796 when compared to the same period the previous year. The actions outlined in slide 16 are aimed at reducing the number of mental health bed days lost to delayed discharge.

8. BETTER CARE: Total Number of Delayed Discharges Per 100,000 Adults

A delayed discharge occurs when a hospital patients is deemed clinically fit for discharge but continues to occupy a hospital bed.

Target
34.6

Performance
39.9



Summary

Current Position (including against trajectory):

Overall, a total of **39.9** delayed discharges per 100,000 adult population were reported at the monthly census point in October 2024 across NHSGGC, above the national target of 34.6 per 100,000 adults. Current performance represents an **improvement on the previous month's performance of 40.4. 16% above the monthly trajectory of 34.6 per 100,000 adult population.**

national

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

No more than 34.6 total delays per 100,000 population each month by March 2025.

Key Actions

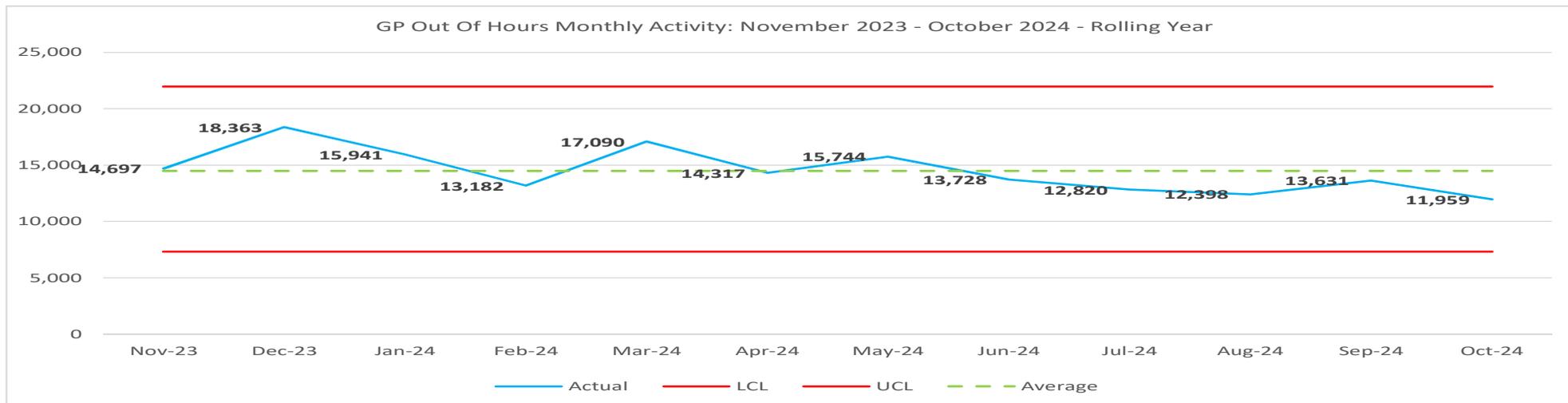
In an effort to reduce the total number of delays across Scotland to the national pre-pandemic levels, a 'rate cap' approach has been developed requiring all HSCPs to reduce delayed discharges to a maximum of 34.6 delays per 100,000 resident adults in any areas. Partnerships with delays below 34.6 per 100,000 are required to remain at or below their baseline rate. As at the October 2024 monthly Census point, all HSCPs, with the exception of Glasgow City were below the 34.6 per 100,000 adult population rate: West Dunbartonshire (33.7), East Dunbartonshire (30.8) East Renfrewshire (16.0) Inverclyde (11.2) and Renfrewshire (13.0). Whilst Glasgow City (43.9) is the only HSCP currently above the rate cap, current performance is an improvement on the September 2024 position (45.3). In driving improvement, the Collaborative Response & Assurance Group (CRAG), chaired by the Cabinet Secretary, continues to meet weekly with all HSCP Chief Officers.

The table shows significant improvements in West Dunbartonshire HSCP which in part relate to the stable, experienced leadership and effective recruitment to vacant posts. The team led the implementation of the review of the assessment process which has allowed families to review care homes sooner reducing the number of days delayed. The teams efforts to tackle delays has resulted in achieving the CRAG trajectory ahead of time moving West Dunbartonshire HSCPs status from 'Moderate Reductions Required' to 'Remain Low'.

9. BETTER CARE: GP Out Of Hours Activity

The number of patients using the GP out of Hours Services

For Information Only



Summary

Current Position (including against trajectory):

A total of **11,959** GP Out Of Hours contacts were made during October 2024. **No Target.**

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2025:

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

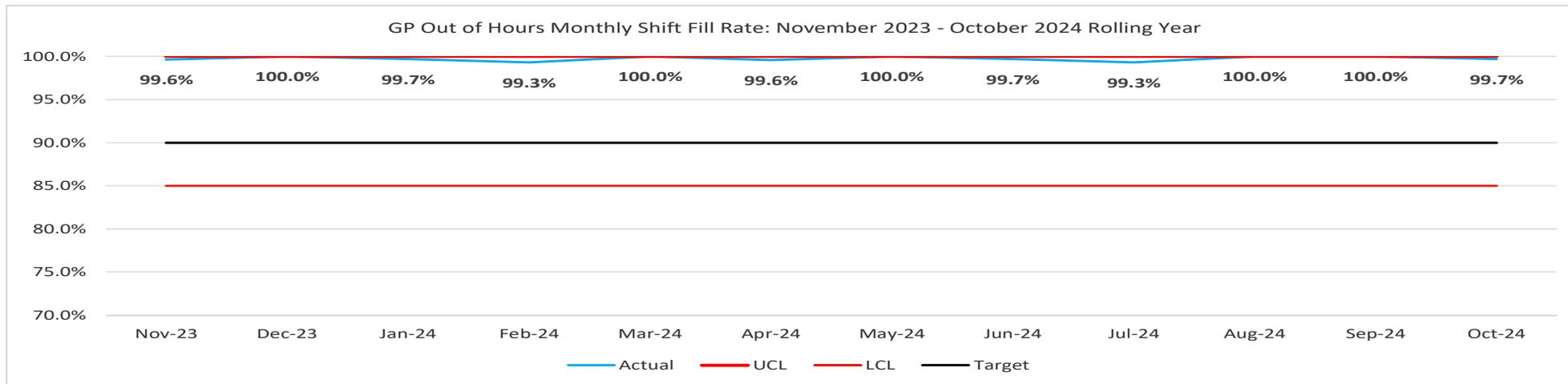
Overall, the GPOOH Service activity represents a monthly average of 14,489 site visits, home visits and GP advice contacts for the period November 2023 - October 2024.

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

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

Target
90%

Performance
99.7%



Summary

Current Position (including against trajectory):

In October 2024, **99.7%** (287) of the 288 scheduled shifts were open against the NHSGGC’s target of 90%. **Above the target by 9.7%.**

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2025:

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

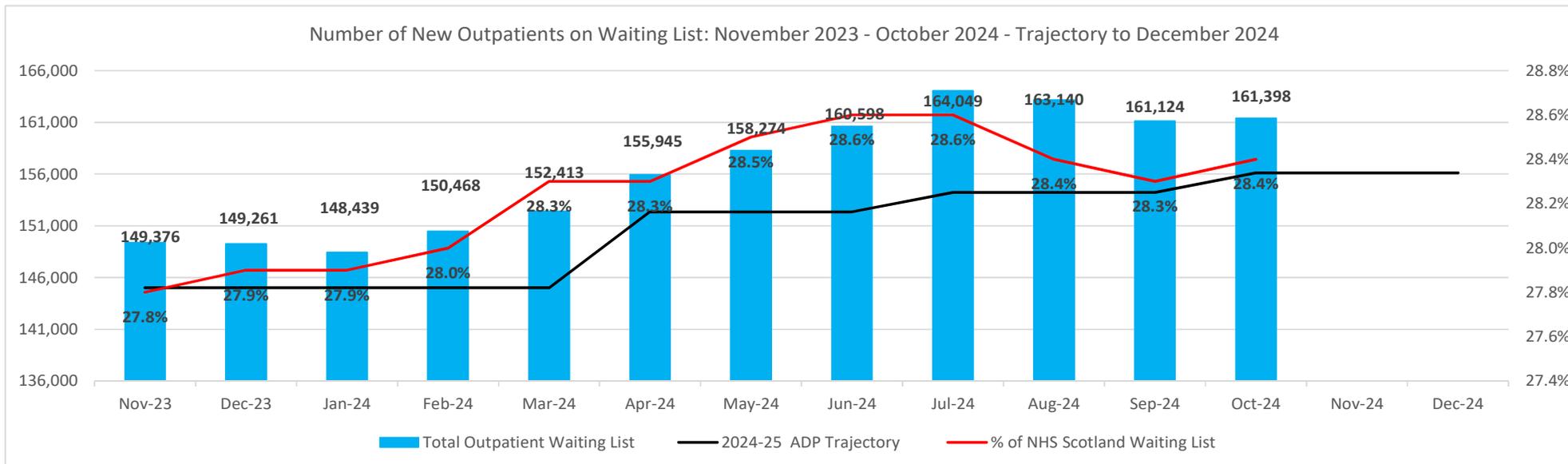
As seen in the chart above, overall performance in relation to the number of scheduled GP OOH shifts that are open to patients remains positive with performance continuing to consistently exceed the 90% target.

11. BETTER CARE: New Outpatient Wait List

The number of new outpatients on the new outpatient waiting list

Target
156,111

Performance
161,398



Summary

Current Position (including against trajectory):

As at the end of October 2024, there were a total of **161,398** patients waiting for a new outpatient appointment, a marginal increase (0.2%) on the previous months' position. Current performance is above the 2024-25 ADP trajectory of 156,111 by December 2024. **Above trajectory by 3.4%.**

Current Position Against National Position:

28.4% of NHS Scotland's outpatients waiting for a first new outpatient appointment at the end of October 2024 were NMSGGC patients.

Projection to 31 March 2025:

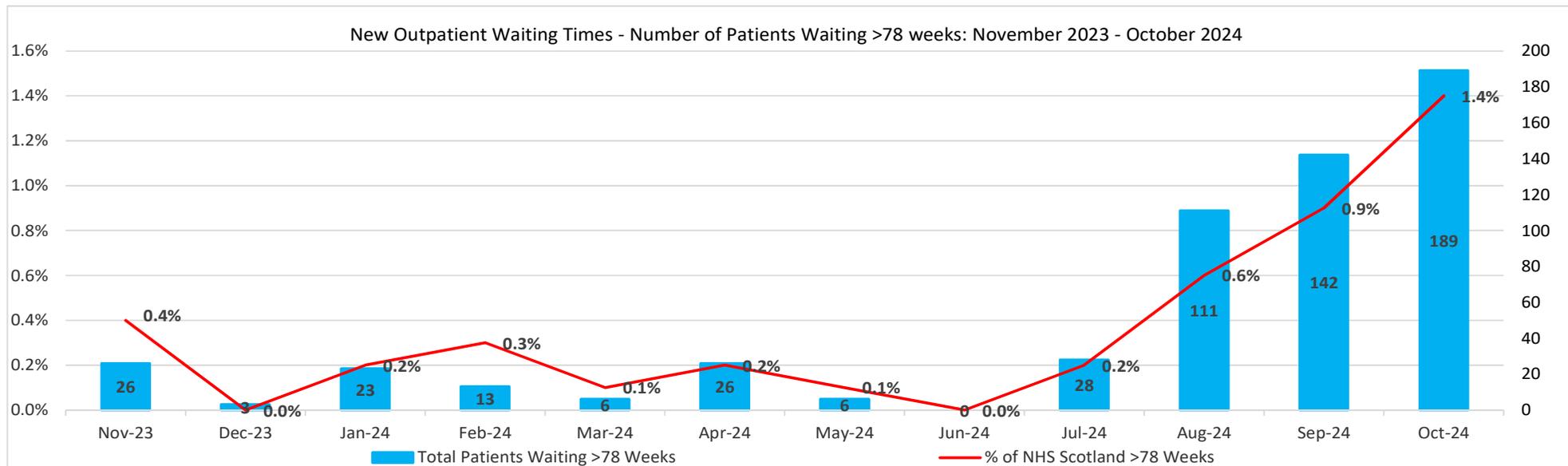
2024-25 ADP target is no more than 157,991 patients on the new outpatient waiting list by March 2025.

Actions to reduce the number of new outpatients on the waiting list are outlined in slide 26.

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

Target
0

Performance
189



Summary

Current Position (including against trajectory):

At the end of October 2024, there were a total of 189 patients waiting >78 weeks for a first new outpatient appointment. Current performance is above the 2024-25 ADP reduction target of no new outpatients waiting >78 weeks by the end of June 2024.

Current Position Against National Position:

1.4% of NHS Scotland's total patients waiting >78 weeks for a first new outpatient appointment at the end of October 2024 were NHSGGC patients.

Target to 31 June 2024:

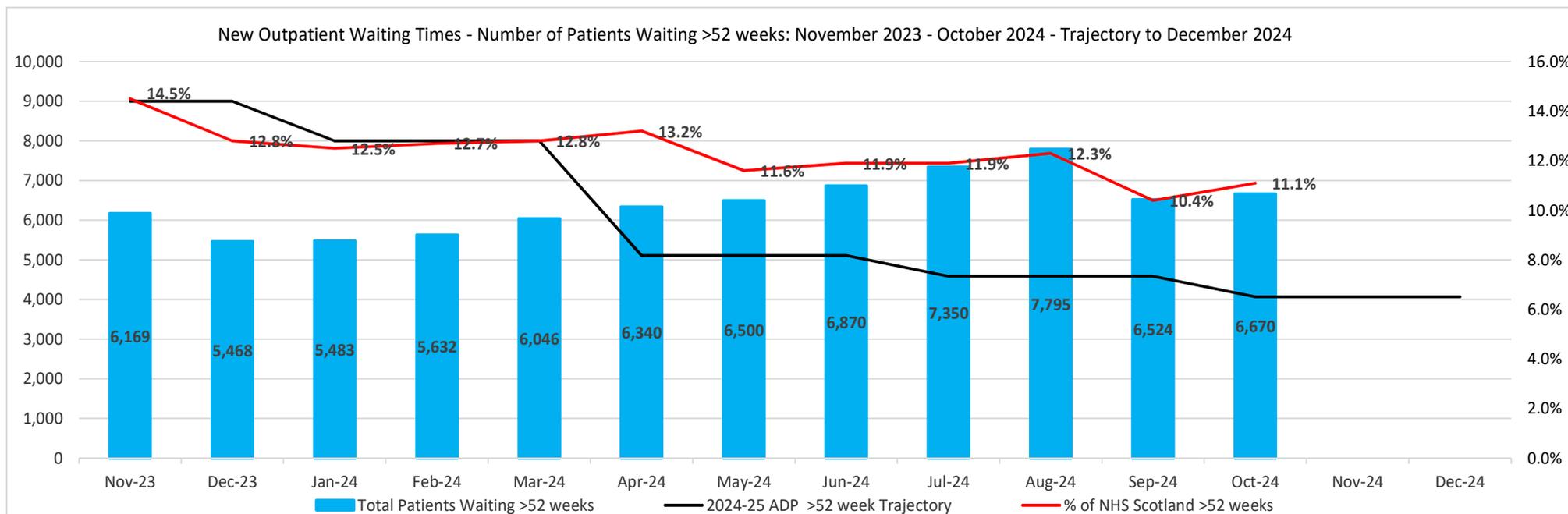
2024-25 ADP target is no new outpatient should be waiting >78 weeks by June 2024. Current performance is above the target of no new outpatients to be waiting >78 weeks by June 2024.

Actions to reduce the number of new outpatients on the waiting list are outlined in slide 26.

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

Target
4,069

Performance
6,670



Summary

Current Position (including against trajectory):

At the end of October 2024, there were a total of **6,670** patients on the new outpatient waiting list waiting >52 weeks for an appointment representing a 2% increase on the previous months' position. Current performance is above the 2024-25 ADP trajectory of no more than 4,069 new outpatients to be waiting >52 weeks by the end of December 2024. **Above the trajectory.**

Current Position Against National Position:

11.1% of NHS Scotland's outpatients waiting >52 weeks for a new outpatient appointment at the end of October 2024 were NHSGGC patients.

Target at 31 March 2025:

2024-25 ADP target is no more than 3,548 new patients to be waiting >52 weeks for a new outpatient appointment by March 2025.

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

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

Key Actions

Key actions in place across a range of specialties to help further reduce the number of new outpatients waiting >78 weeks include:

- Trauma and Orthopaedics (182 of the 187 patients in Trauma and Orthopaedics are spinal patients) - The non-spinal patients were for Foot and Ankle subspecialty where additional capacity has been generated. All previous measures of maximising Extended Scope Practitioner (ESP) Acute staff capacity continues. Medical workforce changes are imminent for substantive and locum consultant support. The MSK ESP sessions are now being appointed to and will have facilitated a turn around in the position by January 2025.

Key actions in place across a range of specialties to help further reduce the number of new outpatients waiting >52 weeks include:

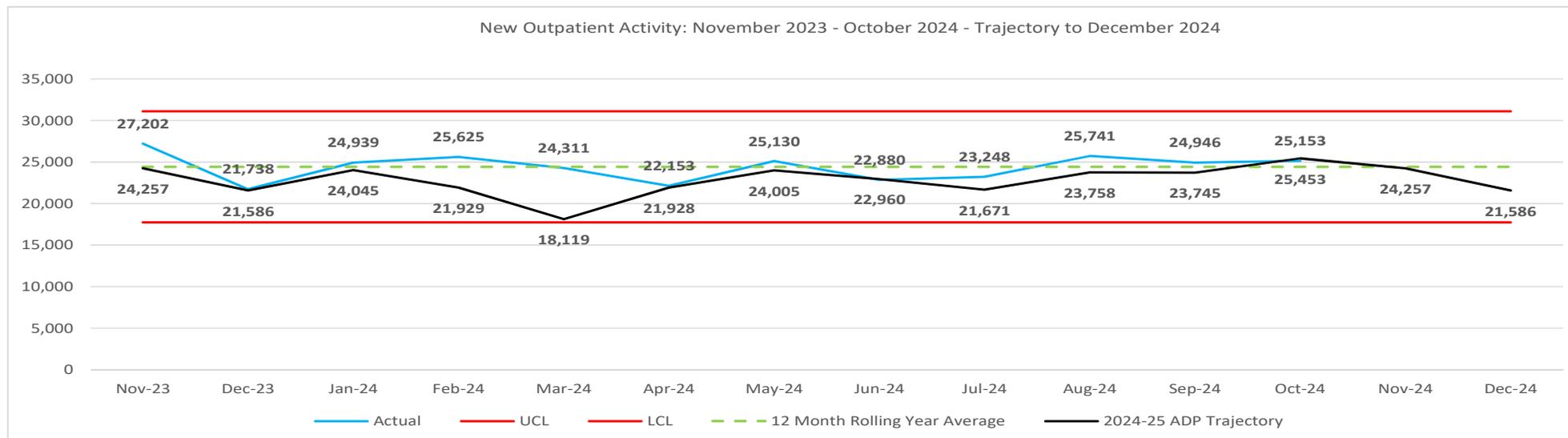
- Trauma and Orthopaedic services had 2,774 patients over 52 weeks at the end of October 2024. Spinal subspecialty patients remain the largest proportion of patients waiting at 50%. The actions undertaken as noted above will support reduction in patient numbers waiting however further review of the likely capacity over the last quarter is being undertaken to inform consideration of further additionality. Cross sector smoothing of outpatient referrals continues to balance the wait at all sites. Additional locum support in Clyde and North Sectors funded until March 2025.
- Gynaecology had 1,717 patients waiting >52 weeks at the end of October 2024. The service continues to be challenged in balancing Urgent Suspicion of Cancer (USOC) and routine demand. Expansion of workforce with locum cover to support outpatients exclusively is now in place. Insourcing continues to support general Gynaecology outpatient management. Additional funding has also also allocated to support Waiting List Initiative (WLI) activity.
- Neurosurgery had 266 patients waiting >52 weeks for a new outpatient appointment at the end of October 2024. Replacement consultant posts have been recruited with the first consultant commenced and the second planned for January 2025. A few WLI clinics have been covered by clinicians.
- Ophthalmology had 442 patients >52 weeks at the end of October 2024. Locum consultant support in place to cover extended consultant sickness. Optometry posts now appointed to WLI sessions approved for clinics.

14. BETTER CARE: New Outpatient Activity

The number of new outpatients seen

Target
163,520

Performance
169,251



Summary

Current Position (including against trajectory):

A total of **169,251** new outpatients were seen during the period April - October 2024, above the 2024-25 ADP trajectory of 163,520. **Above trajectory by 4%.**

Current Position Against National Target:

No national position relevant.

Projection to 31 March 2025:

2024-2025 ADP target of 273,456 new outpatients to be seen by March 2025.

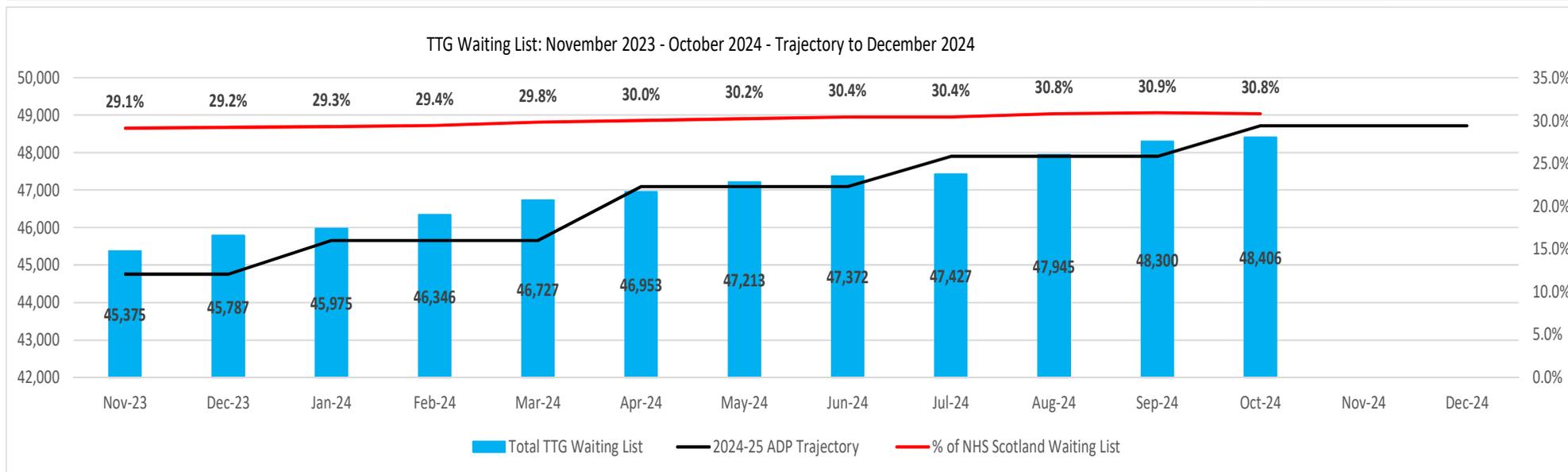
As seen from the chart above, NHSGGC continues to exceed the planned activity levels providing 5,731 more patients with access to the new outpatient care they need.

15. BETTER CARE: TTG Waiting List

The number of TTG patients on the TTG waiting list

Target
48,712

Performance
48,406



Summary

Current Position (including against trajectory):

At the end of October 2024, there were a total of **48,406** patients on the TTG waiting list waiting for an inpatient/daycase procedure, an increase on the previous months' position. Performance is within the 2024-25 ADP trajectory of no more than 48,712 TTG patients on the TTG waiting list by the end of December 2024.

Within trajectory by 0.6%.

Current Position Against National Position:

30.8% of NHS Scotland's total TTG patients waiting at the end of October 2024 were NHSGGC patients.

Projection to 31 March 2025:

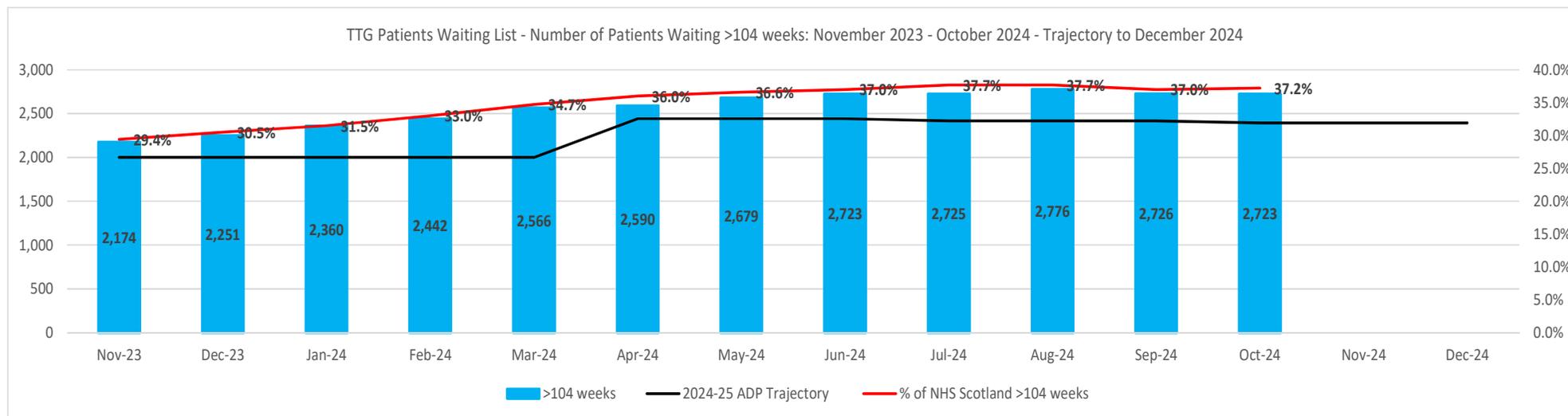
2024-25 ADP target of no more than 49,522 patients on the TTG waiting list by March 2025. Performance is currently within the planned year end position.

Current performance is within the planned position (1%) for the end of October 2024. Capacity continues to be targeted at urgent, highest priority cases and long waiting patients. Actions to reduce the number of patients waiting are outlined in slide 32.

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

Target
2,393

Performance
2,723



Summary

Current Position (including against trajectory):

At the end of October 2024, there were a total of **2,723** TTG patients waiting >104 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is above the planned position of no more than 2,393 TTG patients waiting in this timeband by the end of December 2024. **13.8% above trajectory.**

Current Position Against National Position:

37.2% of NHS Scotland's total patients waiting >104 weeks at the end of October 2024 were NHSGGC patients.

Projection to 31 March 2025:

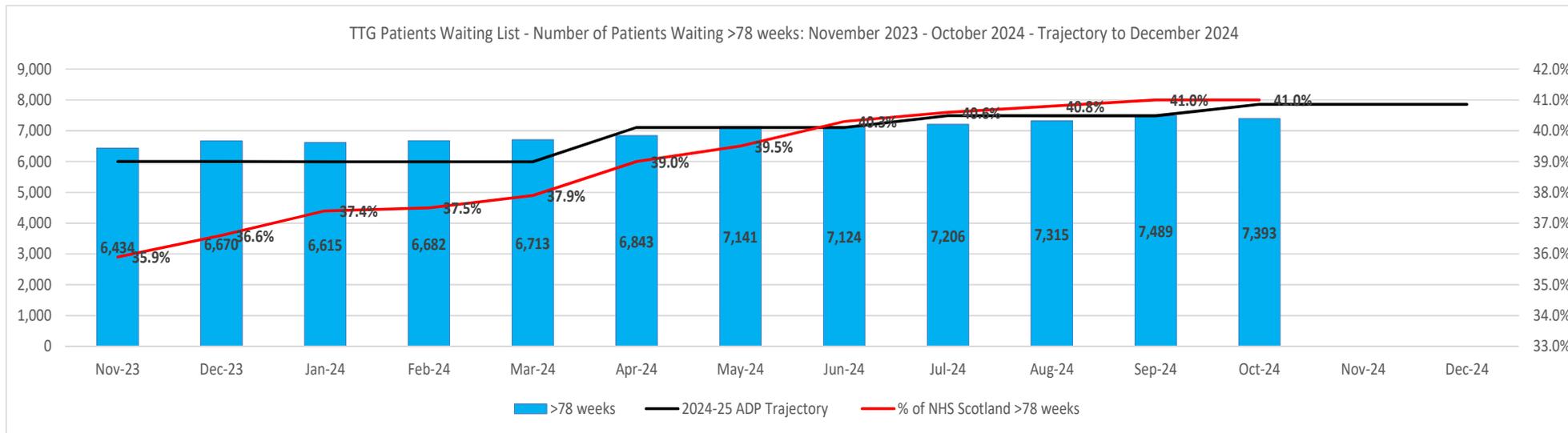
2024-25 ADP target of no more than 2,369 patients to be waiting >104 weeks by the end of March 2025.

Actions to reduce long waiting TTG patients are outlined on slide 32.

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

Target
7,854

Performance
7,393



Summary

Current Position (including against trajectory):

As at October 2024 month end, a total of **7,393** TTG patients were waiting >78 weeks for an inpatient/daycase procedure on the TTG waiting list, within the 2024-25 ADP target of no more than 7,854 by the end of December 2024. **Within trajectory by 5.9%.**

Current Position Against National Position:

41.0% of NHS Scotland's total patients waiting >78 weeks at the end of October 2024 were NHSGGC patients.

Projection to 31 March 2025:

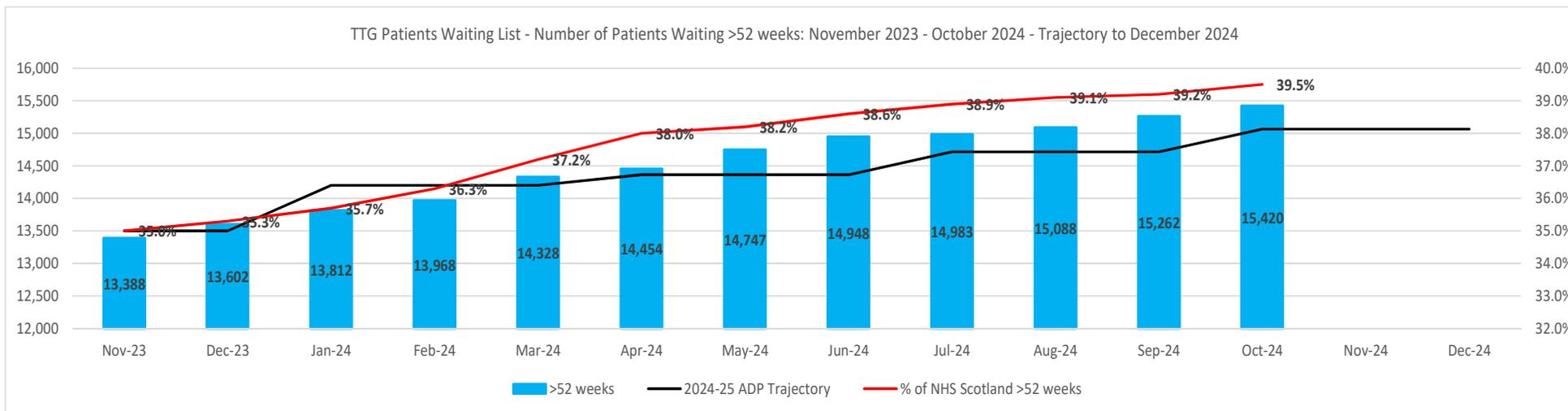
2024-25 ADP of no more than 8,224 TTG patients waiting >78 weeks by March 2025. Current performance is ahead of the year end planned position.

Actions to reduce long waiting TTG patients are outlined on slide 32.

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

Target
15,065

Performance
15,420



Please note: October data is provisional and reflects the week ending 28 October 2024

Summary

Current Position (including against trajectory):

At the end of October 2024, there were a total of **15,420** TTG patients waiting >52 weeks for an inpatient/daycase procedure on the TTG waiting list. Current performance is above the 2024-25 ADP target of no more than 15,065 by December 2024. **2.4% above trajectory.**

Current Position Against National Position:

39.5% of NHS Scotland's total patients waiting >52 weeks at the end of October 2024 were NHSGGC patients.

Projection to 31 March 2025:

2024-25 ADP of no more than 15,417 TTG patients waiting >52 weeks by March 2025. Current performance is marginally above the planned year end position for March 2025.

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

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

Key Actions

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

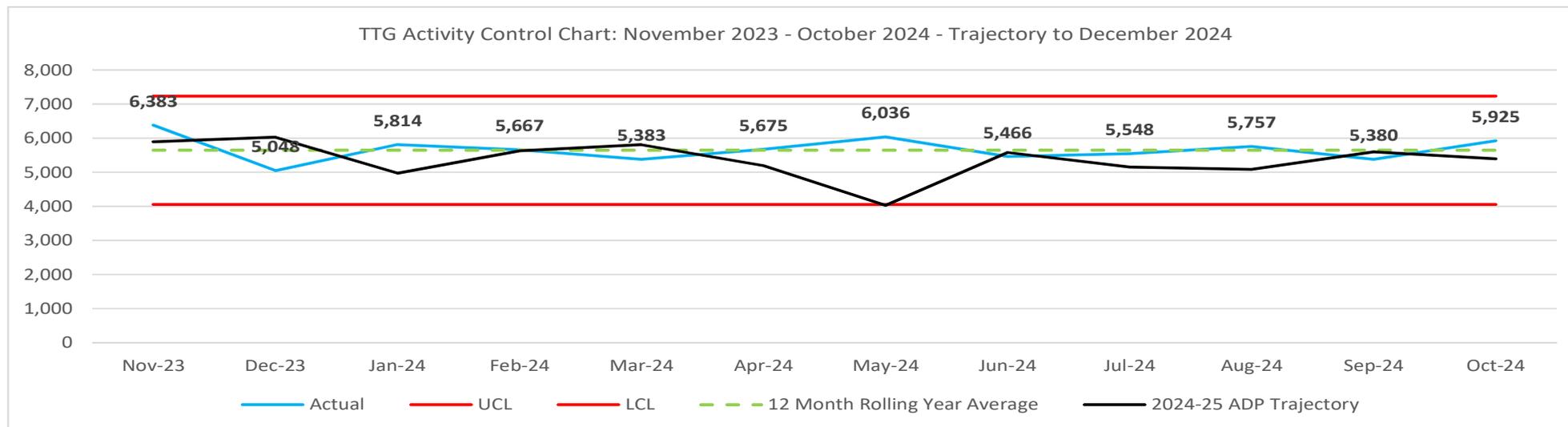
- Trauma and Orthopaedics has seen a small reduction (591 in September to 568 patients waiting >104 weeks at the end of October 2024). Substantive consultant has commenced November 2024. Small recovery from previous month in weekly elective sessions. Theatre teams being asked to deliver improvement in Ortho elective session delivery.
- The revised plan for expansion of Orthopaedic elective activity via surgical hubs at Gartnavel General Hospital (GGH) and IRH submitted and positively received by the SG remains unfunded. Locum support for Knee and Upper limb operative care targeting longest waiting patients for lists.
- Transfer of Orthopaedic patients to Forth Valley National Treatment Centre capacity undertaken. Over 140 patients have been referred for review and management, to date 26 patients have had surgery, with a further 14 booked before 3 December 2024.
- Gynaecology (617 patients waiting >104 weeks at the end of October 2024) - a review of theatre utilisation was undertaken with sessions identified where use of hours can be improved. Cover of theatre sessions is currently compromised due to maternity leave in Obstetrics, options for cover through locum is being pursued.
- Neurosurgery introduction of Endoscopic Spinal Surgery now in place, management of long waiting patients expected from January 2025. This will support the management of long waiting patients through current theatre capacity.
- Plastic surgery management of long waiting routine patient care is challenged (255 patients waiting >104 weeks at the end of October 2024). Delivered sessions reviewed to ensure job plans cover offered theatre sessions. Sessions being reinstated in the North. Additional WLIs supported to address the backlog of patients relating to smaller duration procedures both breast and non-breast. Plans for management of patients awaiting risk reduction surgery are ongoing though will require additional investment and capacity. Locum Breast consultants being appointed, these posts are funded to end of March 2025.
- Theatre workforce development with recruitment of 12 Operating Department Practitioners now being developed through the Degree programme. Assistant Perioperative Practitioner (B4) role embedding across sectors with further September 2024 cohort of nine in training at Clyde College.

19. BETTER CARE: TTG Inpatient/Daycase Activity

The number of TTG inpatient/Daycases seen

Target
36,039

Performance
39,787



Summary

Current Position (including against trajectory):

A total of **39,787** patients were seen during the period April - October 2024, exceeding the 2024-25 ADP trajectory of 36,039 for April - October 2024. **Above trajectory by 10%.**

Current Position Against National Target:

No national target relevant.

Projection to 31 March 2025:

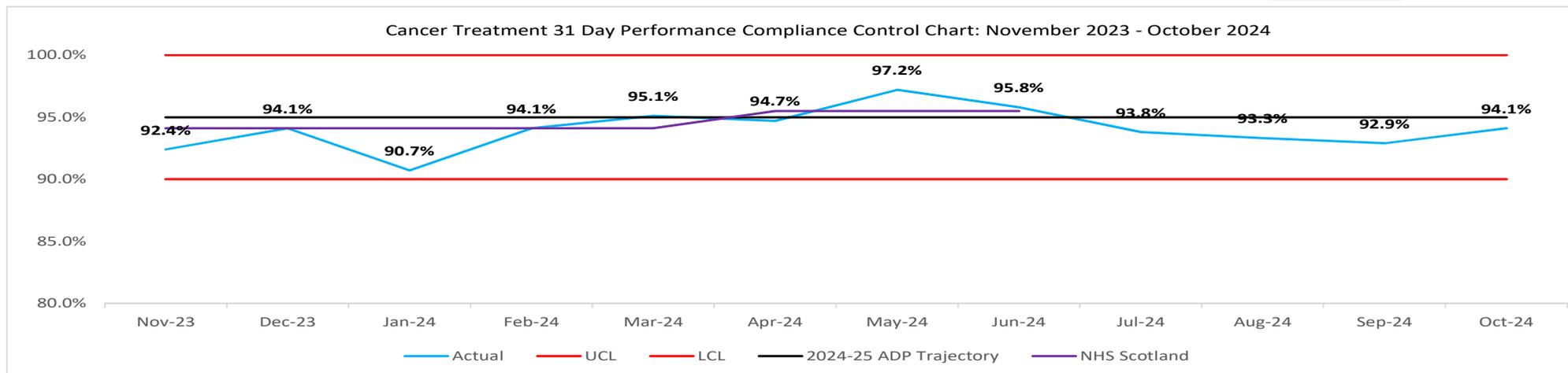
2024-25 Annual Delivery Plan target is for 64,359 TTG patients to be seen by March 2025. Performance exceeded the planned position of 36,039 between April - October 2024 and remains on track to meet the year end planned position.

As seen from the chart above, NHSGGC continues to exceed planned activity levels providing 3,748 more patients with access to the inpatient/daycase treatment they need.

20. BETTER CARE: Access to Cancer Services Treatment Time: % of Patients Treated within 31 days of Decision to Treat
95% of patients should wait no more than 31 days from decision to treat to first cancer treatment

Target
95%

Performance
94.1%



Please note: data from July 2024 onwards is provisional and subject to validation. The published data July - September 2024 is scheduled to be published during December 2024.

Summary

Current Position (including against trajectory):

The latest provisional position is **94.1%** (573 of the 609 eligible patients started treatment within 31 days) for the month ending October 2024, an improvement on the previous months' position. Below **target by 0.9%**.

Position Against National Target:

At the quarter ending June 2024, the latest national published position, NHSGGC's performance (96.7%) was above the latest national position of 95.5%.

Projection to 31 March 2025:

The 2024-25 Annual Delivery Plan target at 95% achieved in March 2025.

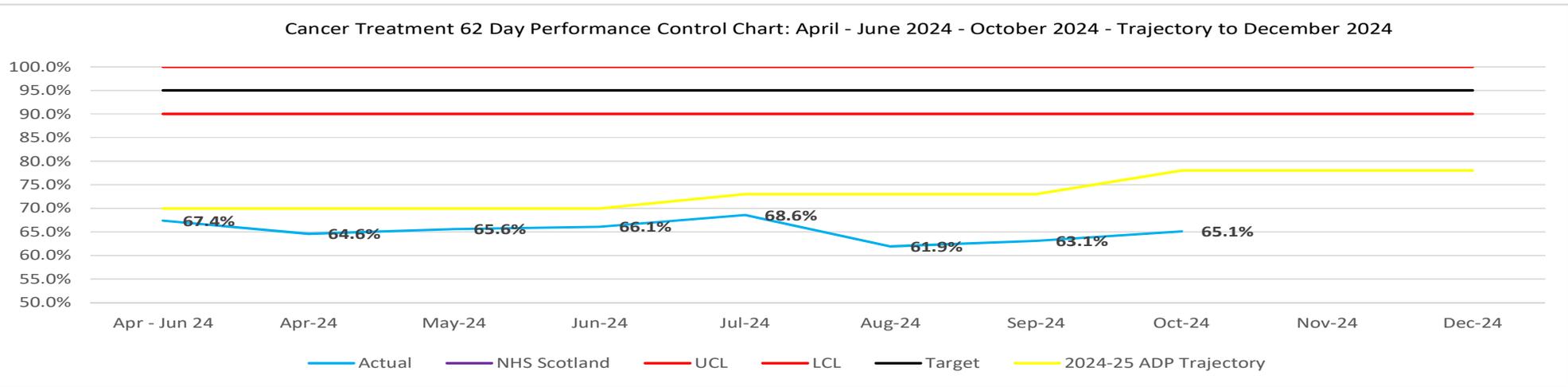
Key Actions

Current performance highlights an improvement on the previous months' performance increasing from 92.9% in September 2024 to 94.1% in October 2024. A total of eight of the ten cancer types exceeded the 95% target. The cancer types below target were Ovarian (91.7% - 22 of the 24 eligible referrals started their treatment within 31 days, a reduction on the 100.0% reported the previous month) and Urological (83.2% - 114 of the 137 eligible referrals started their treatment within 31 days, a reduction on the 85.9% reported the previous month). Actions to address performance in relation to Urology are outlined in slides 36 and 37.

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

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

| | |
|-----------------------------------|------------------------------------|
| Trajectory 78.0% | Performance 65.1% |
|-----------------------------------|------------------------------------|



Please note: data from July 2024 onwards is provisional and subject to validation. The published data July - September 2024 is scheduled to be published during December 2024

Summary

Current Position (including against trajectory):

The latest provisional position is **65.1%** (248 of the 381 eligible referrals were seen) for the month ending October 2024, an improvement on the previous month's position of 63.1%. **Below the trajectory of 78%.**

Against National Target:

At the quarter ending June 2024, the latest national published position, NHSGGC's performance (67.4%) was below the national position of 73.2%.

Projection to 31 March 2025:

2024-25 Annual Delivery Plan trajectory of 80% of patients starting their first cancer treatment within 62 days of receipt of urgent referral by March 2025. Work is underway to improve the current position as described in the next two slides.

Current performance highlights a further improvement for the second consecutive month. In terms of volume of patients, the main challenges to performance continue to be in Colorectal (32.7% - 18 of the 55 eligible referrals started their treatment within 62 days) however, the volume of USOC referrals has increased by 86.6% on pre-pandemic levels, Urology (35.3% - 24 of the 68 eligible referrals started their treatment within 62 days of referral) again the volume of USOC referrals has increased by 61.2% on pre-pandemic levels and lung (75.0% 30 of the 40 eligible referrals started their treatment within 62 days of referral). Other lower volume cancer types challenged during October 2024 include, Ovarian (28.6% - two of the seven eligible referrals started their treatment within 62 days of referral), again the volume of USOC referrals has increased by 244.4% and Head and Neck (60.0% - 12 of the 20 eligible referrals started their treatment within 62 days of referral), and the volume of USOC referrals have increased by 53.0% on pre-pandemic levels. Key actions to address performance in those cancer types facing ongoing challenges are outlined in the next two slides.

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

Overall

- Overall performance should be seen in the context of the increase in the number of USOC referrals since pre-pandemic. By way of context the number of USOC referrals increased by 74.4% during the period April - October 2024 when compared to the same period in 2019-20, increasing from 26,099 in 2019-20 to 45,512 in 2024-25.
- A Short Life Working Group with Primary Care has agreed actions to ensure only appropriate referrals are classified as USOC. New Breast and Urology GP referral templates were launched in mid August 2024 to facilitate the appropriate prioritisation of referrals and demand management. An early review of the impact has shown positive results, with both specialities indicating an initial substantial decrease (Urology 24%, and Breast 15%).

Colorectal - October 2024 Performance: 32.7% - 18 of the 55 eligible referrals started their treatment within 62 days of referral (below the October 2024 trajectory of 55.0%).

- Colorectal performance reduced from 34.0% in September 2024 to 32.7% in October 2024 and Colonoscopy delays continue to be the main reason for breach. The Endoscopy Insourcing continues delivering six Endoscopy lists running on a Saturday. This is in addition to the initiatives already in place and previously reported and with the patient mix, which includes bowel screening, the Saturday sessions will scope approximately 150 patients per month for six months.
- The Acute Clinical Governance Committee supported new guidelines for qFIT score that will assist with streamlining patients. These changes are progressing and once fully implemented a reduction of 15% is anticipated in tracked Colorectal patients classified as priority 3. Plans for clinical revalidation of patients on Endoscopy waiting list as Category 3 or Category 4 are being developed.
- Booking mechanism for Urgent CT Staging to be altered, direct booking process (piloted in South Sector) has been rolled out in North and Clyde Sectors in October 2024.
- The option for extending the mobile unit provision funding for Quarter 4 is under consideration.

Head & Neck - October 2024 Performance: 60.0% - 12 of the 20 eligible referrals started their treatment within 62 days of referral (below the October 2024 trajectory of 80.0%).

- Head & Neck performance increased from 36.4% in September 2024 to 60.0% in October 2024.
- Within ENT a number of patients remain over 14 days for first outpatient appointment despite additional clinics being run. The service is working on more sustainable diagnostic capacity through a Diagnostic Hub.
- As part of the Optimal Head & Neck Diagnostic programme, SG has provided non-recurring funding to enable the initial implementation of the Diagnostic Hub. Recruitment has commenced and Clinical Nurse Specialists are anticipated to be in post within the next three months. Impact will be gradual from six months after Clinical Nurse Specialists are in post with full implementation in 18 months.

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

Head & Neck (Continued)

- Further bids for the Optimal Head & Neck Pathway for the remainder of 2024-25 were submitted to the SG. A bid for capital equipment to support the staff who are currently being trained to undertake biopsy has been approved.
- OMFS continues to provide mutual aid to NHS Lanarkshire. A new consultant started in post on 18 November 2024 to support this.

Upper GI - October 2024 Performance: 74.1% - 20 of the 27 eligible referrals started their treatment within 62 days of referral (below the October 2024 trajectory of 83.0%).

- Upper GI performance increased from 69.0% in September 2024 to 74.1% in October 2024. The endoscopy actions mentioned earlier continue to support the Upper GI position.

Urology - October 2024 Performance: 35.3% - 24 of the 68 eligible referrals started their treatment within 62 days of referral (below the October 2024 trajectory of 50.0%).

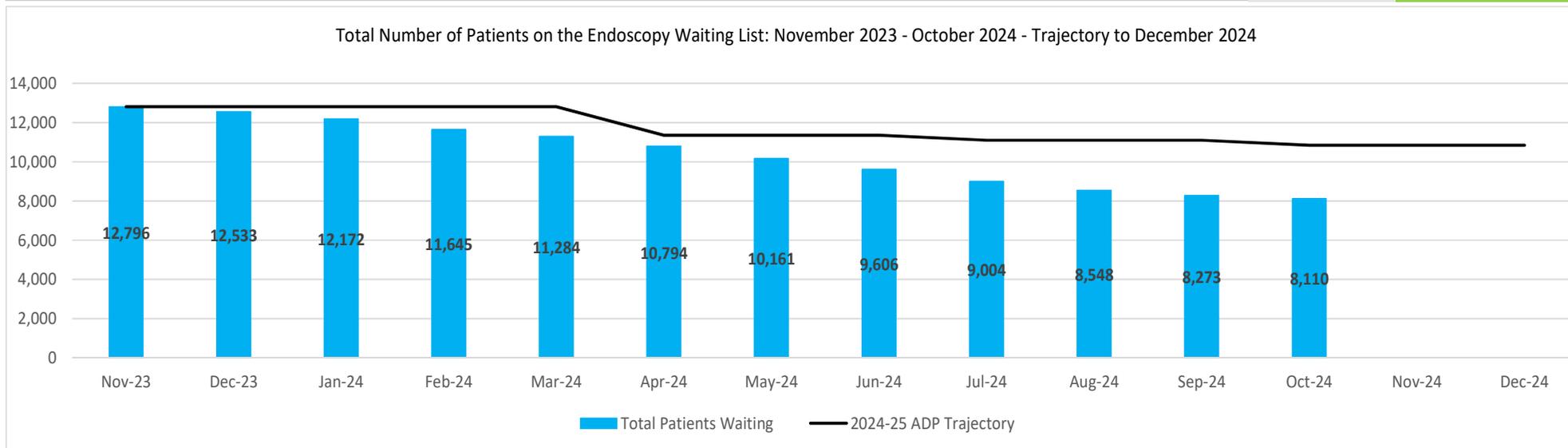
- Urology performance increased from 27.1% in September 2024 to 35.3% in October 2024. The focus remains on reducing the backlog of patients currently waiting over 62 days, substantial additional treatment capacity is required to improve the performance.
- The prostate pathway has been mapped and steps removed to aid early diagnosis. The main blockages continue to be Transrectal Ultrasound (TRUS)/Trans Perineal (TP) biopsy and FLEXI, oncology clinic appointment following MDT and the capacity for Robotic Assisted Laparoscopic Prostatectomy (RALP).
- Additional WLI funding is in place for TP Biopsy/TRUS and TURBT. Sectors have worked together to smooth the waits for TRUS and TP Biopsy across the Board and TP Biopsy is at two to three weeks in November 2024.
- The Urology Filters and Cascades model, to stream patients direct to test and shorten the diagnostic pathway, was tested in the North Sector and has demonstrated positive impact and shortened the time from referral to prostate biopsy. The model was rolled out across NHSGGC in November 2024.
- NHS Ayrshire & Arran started undertaking RALP procedures from January 2024, and NHS Lanarkshire ceased sending referrals for RALP patients since the start of October 2024 and both will help reduce the demand on NHSGGC.
- The Service contacted NHS Lanarkshire to understand their service delivery model and pathways, as they are performing better than most other Health Boards for Urology. This information has been shared with the Urology teams to assist with the implementation of changes that would support better management of patients in NHSGGC.
- Delays continue from MDT to OPA and decision to treat, particularly in the prostate pathway. This is due to review at both the surgical and oncology clinics with waits at 35 days and 14 days respectively. Oncology recruitment is progressing to fill a consultant vacancy and options to run combined clinics will be further explored.

22. BETTER CARE: Diagnostics – Endoscopy Waiting List

Number of patients on the Endoscopy waiting list

Target
10,850

Performance
8,110



Summary

Current Position (including against trajectory):

As at October 2024 month end, there were **8,110** patients on the overall waiting list, representing a 2.0% reduction on the previous months' position. Current performance is within the 2024-25 ADP trajectory of no more than 10,850 patients on the Endoscopy Waiting List by the end of December 2024. **25.3% within trajectory.**

Current Position Against National Position: Target at 31 March 2025:

No relevant national position.

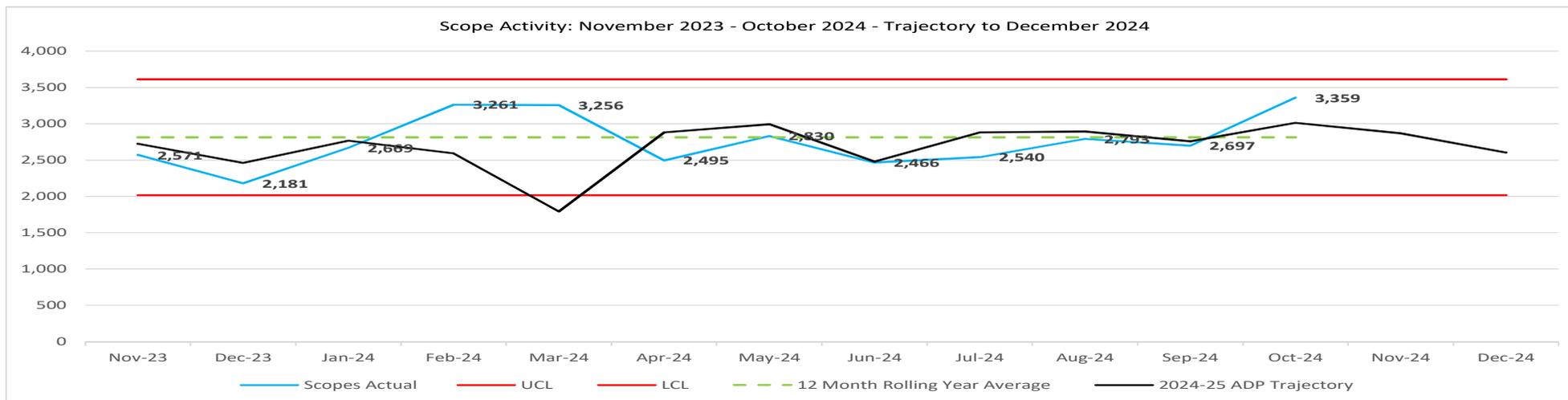
2024-25 ADP target of no more than 10,600 patients on the endoscopy waiting list by March 2025. Current performance is ahead of the year end planned position for March 2025.

23. BETTER CARE: Diagnostics - Endoscopy Activity

Number of Endoscopy tests carried out

Target
19,898

Performance
19,180



Summary

Current Position (including against trajectory):

A total of **19,180** endoscopies were carried out during April - October 2024, below the 2024-25 ADP trajectory of 19,898. **Below trajectory by 3.6%.**

Current Position Against National Target:

No national target relevant.

Target at March 2025:

2024-25 ADP target of 32,950 endoscopies will be carried out by March 2025. Whilst performance is 3.6% below the April - October 2024 planned position of 19,898 endoscopies to be carried out, we remain on track to deliver the year end planned position.

It should be noted that in endoscopy where the actual procedure extends to therapeutic management, the Endoscopy will be recorded as TTG activity and not Diagnostic Endoscopy Activity. Current TTG activity is well above (10%) the expected position.

Actions to support Endoscopy activity include:

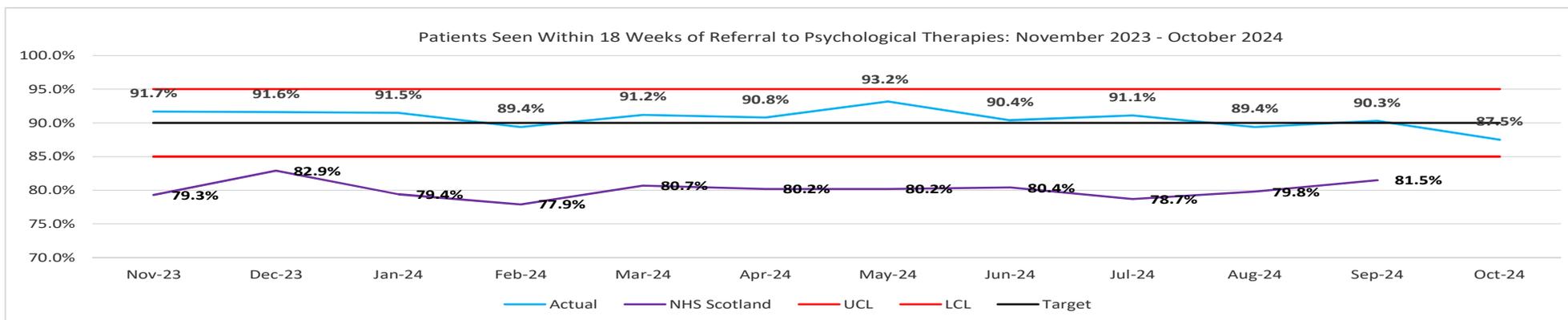
- Access to mobile endoscopy unit - currently funded to the end of December 2024 via SG. SG have confirmed they will not fund Quarter 4 as anticipated.
- Additionality from WLIs and Insourcing for weekend activity.
- Training of Nurse Endoscopists.

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

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

Target
90%

Performance
87.5%



Please note: The national published October - December 2024 data is scheduled to be published in March 2025.

Summary

Current Position (including against trajectory):

In October 2024, **87.5%** eligible referrals were seen <18 weeks of referral, a reduction on the previous months' position. Whilst compliance reduced, the overall number of patients seen increased by 17% (195 more patients seen) compared to the previous month. **2.5% under the national target of 90%.**

Current Position Against National Target:

National Target 90%. Performance for the latest published position (quarter ending September 2024) was 90.3%, above the national position of 81.5%. Pre-published Quarter 2 estimation meets the 90% standard.

Projection to 31 March 2025:

Expected to meet the national target of 90%.

Key Actions

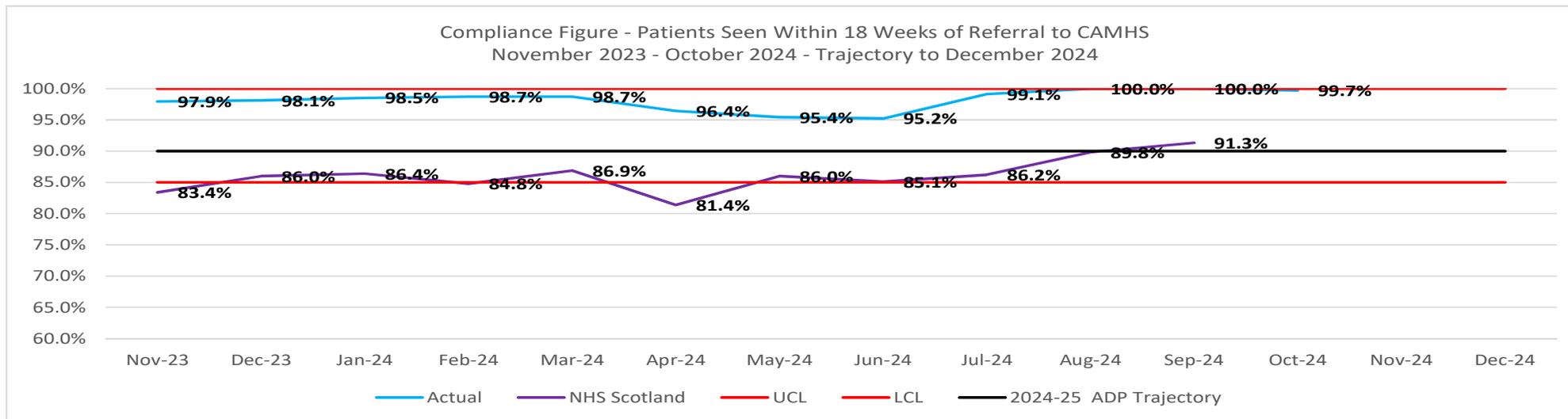
- The number of patients seen who had been waiting >18 weeks increased by 50% on the previous month, increasing from 112 to 168 patients seen in October 2024.
- Pressures remain across the system regarding the number of people waiting >18 weeks to be seen and every effort is being made to mitigate these pressures. Services continue to prioritise actions to deliver against the standard and reduce the number of long waiting patients.
- The 160+ services monitored for Psychological Therapies (PT) activity are, as a whole, managed to collectively deliver the standard. A small number of local short-term initiatives, targeting long waits, increases both the number accessing a PT (total number starting a PT) and the number starting a PT who had waited over target.
- The review of SG Mental Health funding and the impact on PT funded posts alongside decisions affecting vacancies and recruitment may impact on maintaining the delivery of the target to March 2025.
- Additional services commenced reporting PT activity that did not previously meet the national definition for PT treatment.

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

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

Target
90%

Performance
99.7%



Please note: The national published October - December 2024 data is scheduled to be published in March 2025.

Summary

Current Position (including against trajectory):

In October 2024, 99.7% of eligible CAMHS patients referred for treatment started treatment <18 weeks of referral, **exceeding the 2024-25 ADP trajectory and the national target of 90%. Above the 2024-25 ADP target by 9.7%.**

Current Position Against National Target:

National Target 90%. Performance for the latest quarterly published position (September 2024) was 100%, above the national position of 91.3%.

Projection to 31 March 2025:

2024-25 ADP target of 90%. Currently exceeding the national target.

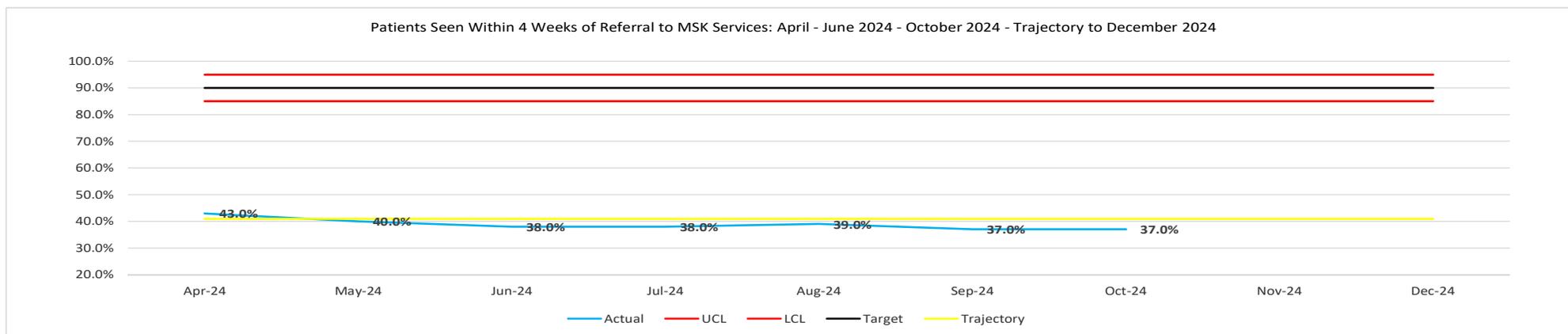
Current monthly performance continues to consistently exceed the national waiting times target of 90% and the national average position.

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

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

Target
41%

Performance
37.0%



Please note: The release of the next publication containing national data will be during the summer 2025. Data is now released annually.

Summary

Current Position (including against trajectory):

In October **37%** of patients were seen within four weeks, the same as the previous months' position and **below the national target of 90% and the trajectory of 41%**. This figure relates to the percentage of urgent referrals seen. Until the routine waiting times are closer to the four week target, the percentage of patients seen within four weeks will not vary greatly as they constitute the urgent referrals.

Current Position Against National Target:

Performance for the latest national published position (quarter ending March 2024) is 65%, above the national position of 51%.

Projection to 31 March 2025:

The trajectory for the maximum routine waiting times has been revised due to the actual referral rates being higher than previous trajectory data. The main issue for the service at present is the ongoing increase in demand (up 13.3% on last year and a further 9.5% increase to date this financial year). Referrals were over 7,000 in October 2024 (approx. 1,200 referrals more than previous months). This rise in demand, along with vacancy levels and loss of 0.9 wte to support spinal orthopaedic waiting times work has resulted in maximum routine wait increasing to 15 weeks (expected to reduce to 14 weeks early November 2024). As a result, performance is unlikely to meet the trajectory of 41% by March 2025.

The programme of quality improvement work underway to further improve and sustain the improvements made to date are outlined on slide 43.

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

Key Actions

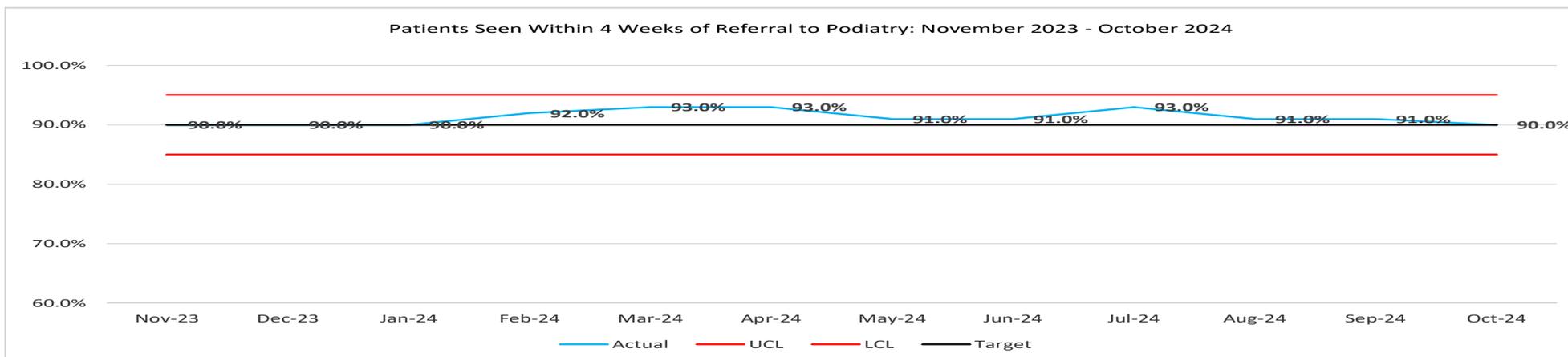
- A “Streamlining Patient Pathways” project is underway within MSK aimed at managing patients with Osteo Arthritis (OA) more effectively. Patients with a known diagnosis of OA are sent information and exercises at the point of referral. They are also offered an appointment with a Healthcare Support Worker or to attend a class providing OA education/information. This was a test of change within West Quadrant and will be rolled out in January 2025.
- A test of change where GP APPs, in their MSK sessional commitment, assessed routine self referred patients at point of referral to provide bespoke advice and supported self management information. This utilised their skillset to replicate their role within GP practice and focuses on patients who self refer (i.e. they have not already seen a GP APP or other Health Care Practitioner). The learning from this will inform future changes in the service delivery model to maximise efficiency (e.g. Patient Initiated Review (PIR) was utilised as part of the project to ensure that the service did not breach the Access Policy by being seen before others on the waiting list - 76% of patients did not opt back in by PIR when they reached the 12 week point i.e. top of waiting list). This is a priority project within the MSK service moving forward and project work will commence in January 2025 (to allow other work to be completed).
- The MSK service has scoped out the number of referrals where the evidence base states that the patient is “less likely” to benefit from MSK. Early indicators are that “widespread body pain” (i.e. non MSK condition) equates to around 3.6% on average of each staff caseload. This would equate to just over 2,000 new patient appointments each year. The service has asked clinical staff to manage these patients differently with supported self management information (staff were emailed week beginning 21 October 2024). The service will be mindful that any actions do not impact on any other Primary or Secondary Care services. If these patients can be identified at vetting they will be sent a package of appropriate self management. If they cannot be identified at vetting then they will receive a consistent package of self management when they are seen as a new patient. As yet it is unknown the percentage of patients that can be identified at vetting.
- Any return slots not utilised continue to be merged and converted to new patient slots as part of an ongoing test of change to improve efficiency. This resulted in an additional 195 new patient appointments in October 2024.
- The service has started supporting Orthopaedics with patients waiting for a spinal appointment. This will impact on MSK waiting times and the revised trajectory. Funding has been received to offer extra hours and overtime to minimise the impact and the service is currently scoping out which staff are able to undertake extra hours and overtime to mitigate this risk.
- The service has taken a Moving Forward Together approach using the clinical roadmap to work towards the MSK service vision. The service identified three priority projects (in addition to waiting times work). Two of these projects should support waiting times work, namely PIR and contacting patients at point of referral (or prior to referral). These projects will commence in January 2025. HOS has recently met with HIS who may have capacity to support this work (using QI methodology).
- The service is currently working with Digital Health Team to explore waiting list validation and use of Netcall. A further meeting has been arranged to progress.

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

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

Target
90%

Performance
90.0%



Summary

Current Position (including against trajectory):

90% of eligible podiatry patients were seen <4 weeks of referral in October 2024, a slight reduction on the previous months' position. **Currently meeting the national target.**

Current Position Against National Target:

No national position available.

Projection to 31 March 2025:

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

Key Actions

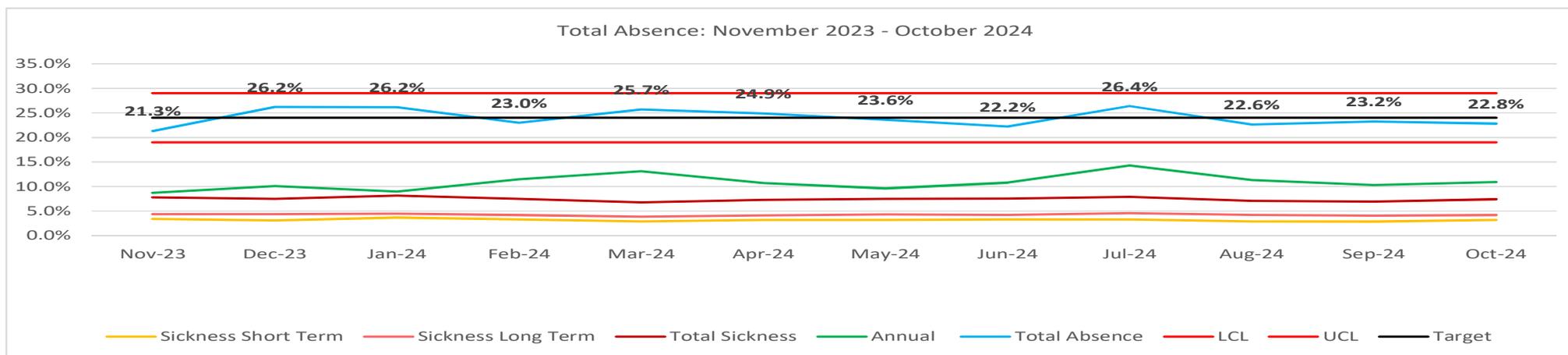
As seen from the chart above, performance continues to meet the 90% target. Whilst there was a marginal reduction in compliance with the target, the overall number of podiatry patents seen increased by 19.0% when compared to the previous month increasing from 3,043 in September 2024 to 3,618 in October 2024. The proportion of those seen <4 weeks increased by 17.2% increasing from 2,769 in September 2024 to 3,245 in October 2024.

28. BETTER WORKPLACE: Staff Absence Total

The reasons for absence across NHSGGC

Target
24.0%

Performance
22.8%



Summary

Current Position:

During October 2024, overall absence across NHSGGC was 22.8%, a slight decrease on the 23.2% reported the previous month. The highest levels of absence across NHSGGC were due to annual leave (10.9% an increase on the 10.3% the previous month) and sickness absence (7.4% an increase on the 6.9% the previous month).

Current Position Against National Target:

No relevant national target.

Projection to 31 March 2025:

No projection has been agreed.

Overall absence across NHSGGC was 22.8% in October 2024, a reduction on the 23.2% reported the previous month. Actions to address sickness absence are outlined in the next slide.

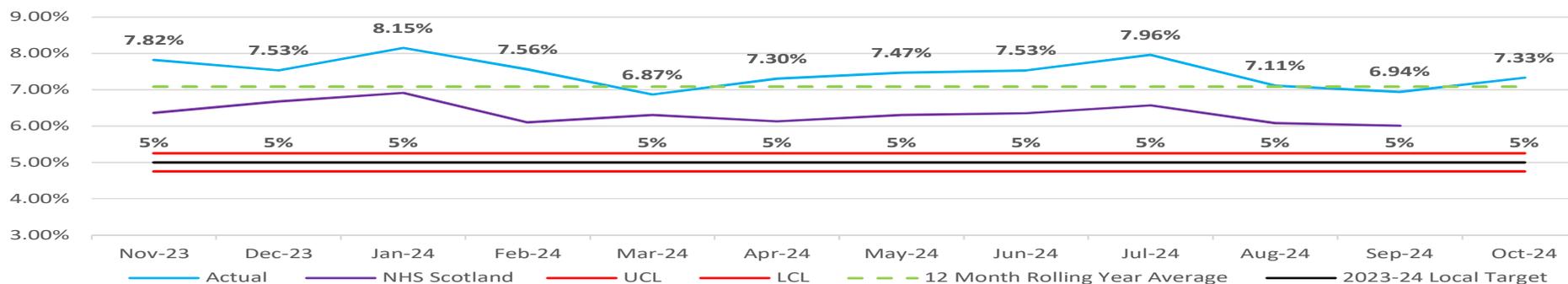
29. BETTER WORKPLACE: Staff Sickness Absence Rate

Reduce sickness absence percentage to meet local target of 5%

Target
5.0%

Performance
7.3%

Sickness Absence Control Chart: November 2023 - October 2024



Summary

Current Position (including against trajectory):

Current performance **7.33%**, an increase on the previous months' position. **2.33% above the 2024-25 ADP target of 5.0%**.

Current Position Against National Target:

Above national average of 6.01% for September 2024. October 2024 national data unavailable.

Projection to 31 March 2025:

2024-25 ADP target of 5% and national target of 4%. Current performance is above both targets.

Key Actions

Current performance of 7.33% (3.18% short term and 4.16% long term) represents an increase (0.39%) on the September 2024 position (6.94%). Overall, short term absence increased on the previous month by 0.33%, and long term absence increased by 0.08%. Acute conveys an increase of 0.39%, HSCPs increased by 0.59%, the Estates and Facilities position increased by 0.45% and Corporate Services increased by 0.39% when compared to the previous month. Trajectories are in place for each area to reduce sickness absence.

The actions to reduce the high level of sickness absence across NHSGGC include the Depute Director of Human Resources leading focused meetings with Directors and Heads of Human Resources to review the reasons for the levels of sickness absence in hotspot areas and agreeing actions to address these. During November 2024 meetings were held with the following: Estates & Facilities (10.85%) and agreed actions include the provision of mental health support resources to employees, the introduction of an E&F Attendance Group to improve attendance with representatives from management, staff side and HR, and a review of employees with over 10 absences to ensure cases are progressing appropriately as this increased during the last month; Glasgow City HSCP (8.02%) and agreed actions include providing weekly management information to allow more timely intervention and the Senior Management Team have committed to reviewing all cases over 6 months in duration; Women and Children's Directorate (7.28%) and actions agreed include undertaking attendance audits in 3 key areas namely, Theatres, Emergency Department and Queen Elizabeth Labour Ward, the Senior Management Team have agreed to review the longest cases and protecting management time for Senior Charge Nurses to undertake attendance management meetings with members of staff.

30 . Control Limits

| RATIONALE | | | | |
|---------------|--|---------------------------------------|---|--------------|
| BETTER HEALTH | | | | |
| No | Measure | Targets | Control Limits | Slide Number |
| 1 | Alcohol & Drugs Waiting Times - % of referrals that start treatment <3 weeks of referral | National Target | Based on 5% variance from target | 6 |
| BETTER CARE | | | | |
| No | Measure | Targets | Control Limits | Slide Number |
| 2 | Unscheduled Care: A&E 4 Hour Waits | National Target | Based on 5% variance from trajectory | 7 |
| 3 | Unscheduled Care: A&E Attendances | Local Target | Not Applied | 9 |
| 4 | Delayed Discharges: Number of Acute Delayed Discharges | 2024-25 ADP Target | Based on 5% variance from trajectory | 12 |
| 5 | Delayed Discharges: Number of Mental Health Delayed Discharges | Local Target | Based on 5% variance from trajectory | 14 |
| 6 | Delayed Discharges: Number of Acute bed days lost to delayed discharges | 2024-25 ADP Target | Based on 5% variance from trajectory | 16 |
| 7 | Delayed Discharges: Number of Mental bed days lost to delayed discharges | Local Target | Based on 5% variance from trajectory | 18 |
| 8 | Total number of Delayed Discharges per 100,000 adult population | | | 20 |
| 9 | GP Out Of Hours Activity | Local Target | Based on 5% variance from target | 21 |
| 10 | GP Out Of Hours: % of Scheduled Shifts Open | For Information | Not Applied | 22 |
| 11 | Number of patients on the New Outpatient Waiting List | 2024-25 Planned Care Reduction Target | Not Applied | 23 |
| 12 | Number of New Outpatients Waiting >78 weeks | 2024-25 Planned Care Reduction Target | Not Applied | 24 |
| 13 | Number of New Outpatients Waiting >52 weeks | 2024-25 Planned Care Reduction Target | Not Applied | 25 |
| 14 | New Outpatient Activity | 2024-25 Planned Care Reduction Target | Standard deviation is based on 12 month rolling average | 27 |
| 15 | Number of patients on the TTG Waiting List | 2024-25 Planned Care Reduction Target | Not Applied | 28 |
| 16 | Number of TTG Patients Waiting >104 weeks | 2024-25 Planned Care Reduction Target | Not Applied | 29 |
| 17 | Number of TTG Patients Waiting >78 weeks | 2024-25 Planned Care Reduction Target | Not Applied | 30 |
| 18 | Number of TTG Patients Waiting >52 weeks | 2024-25 Planned Care Reduction Target | Not Applied | 31 |

30. Control Limits (Continued)

| RATIONALE | | | | |
|------------------|---|---------------------------------------|---|--------------|
| BETTER CARE | | | | |
| No | Measure | Targets | Control Limits | Slide Number |
| 19 | TTG Inpatient/Daycase Activity | 2024-25 Planned Care Reduction Target | Standard deviation is based on 12 month rolling average | 33 |
| 20 | Access to Cancer Services Treatment Time - % of patients starting treatment within 31 days of decision to treat | National Target | Based on 5% variance from target | 34 |
| 21 | Access to Cancer Services - % of patients starting first cancer treatment within 62 days of receipt of urgent referral with a suspicion of cancer | National Target | Based on 5% variance from trajectory | 35 |
| 22 | Diagnostics: Endoscopy Waiting List | 2024-25 Planned Care Reduction Target | Not Applied | 38 |
| 23 | Diagnostics: Endoscopy Activity | 2024-25 Planned Care Reduction Target | Standard deviation is based on 12 month rolling average | 39 |
| 24 | Access to Psychological Therapies - % eligible referrals starting treatment <18 weeks of referral | 2024-25 Planned Care Reduction Target | Based on 5% variance from target | 40 |
| 25 | Access to Child and Adolescent Mental Health Service - % eligible referrals starting treatment <18 weeks of referral | 2024-25 Planned Care Reduction Target | Not Applied | 41 |
| 26 | MSK Physiotherapy Waiting Times - % of patients seen <4 weeks | National Target | Based on 5% variance from trajectory | 42 |
| 27 | Podiatry Waiting Times - % of patients seen <4 weeks | National Target | Based on 5% variance from target | 44 |
| BETTER WORKPLACE | | | | |
| No | Measure | Targets | Control Limits | Slide Number |
| 28 | Staff Absence (Total) | Local Target | Not Applied | 45 |
| 29 | Staff Sickness Absence Rate | Local Target | Based on 5% variance from target | 46 |
| 29 | Short Term Absence Rate | Local Target | Not Applied | 46 |
| 29 | Long Term Absence Rate | Local Target | Not Applied | 46 |
| BETTER VALUE | | | | |
| No | Measure | Targets | | Slide Number |
| 30 | Rationale for Control Limits Applied | | | 47 |